



APIAHF

ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM

Asian American, Native Hawaiian, and Pacific Islander Networks for Community Health in the Age of COVID-19:

Results of a National Survey of Community-Based Organizations

NOVEMBER 2021

MISSION

APIAHF influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders.

VISION

APIAHF envisions a world where all people share responsibility and take action to ensure healthy and vibrant communities for current and future generations.





Juliet K. Choi
President & Chief Executive Officer

Dear Colleague and Friend:

We are pleased to present to you the results of a survey of community partner organizations that serve and are rooted in Asian American, Native Hawaiian, and Pacific Islander communities. APIAHF conducted this study to enable funders, elected officials, and federal and state agencies to more effectively promote health equity among these constituents, whose populations continue to grow rapidly.

According to the 2020 U.S. Census, Asian Americans now number at least 22.9 million, Native Hawaiians over 600,000, and other Pacific Islanders 1.0 million. Indeed, the Pew Research Center reported that Asian Americans are now recognized as the fastest-growing racial or ethnic group in the country. It is of vital importance that decision-makers at all levels gain a better understanding of the capacities and needs of our communities and the organizations we collectively depend upon.

This report provides information about community partners working on the front lines of public health and other domains critical to health and wellness outcomes. Collectively, this robust network of community organizations serves individuals and families in all fifty states, Puerto Rico, the U.S. Virgin Islands, and all the Pacific Territories.

The community organizations whose voices are amplified here are essential leaders and actors in addressing our country's coronavirus crisis, as well as ongoing health challenges with deep historical legacies. However, these same community partners often struggle to find the support they need. Of special note are the programs that they operate without the benefit of dedicated, sustained funding: the fact that organizations are using general operating dollars to support this work underlines how important it is, as well as the fact that this importance is not sufficiently acknowledged by those who make funding decisions.

In addition to efforts directly aimed at addressing COVID-19 and other health challenges, this report provides data about programs that address the so-called "social determinants of health," which, according to the CDC definition, are the conditions in places where people live, learn, work, and play that affect a wide range of health and quality-of-life outcomes. Again, it will be especially important for funders, elected officials, and governmental agencies to look at programs that are supported by these community partners with their general operating dollars.

















This report has been made possible by the inspiring, hard work and generosity of the 80 community partner organizations that participated in this study. Please kindly join me in acknowledging and thanking our community partners by listening to what they are saying through these pages, and by uplifting and supporting their work in every way you can, given your particular scope of influence.

With Gratitude,

A handwritten signature in blue ink, appearing to read "Juliet K. Choi", enclosed within a faint circular outline.



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EXECUTIVE SUMMARY

Even in the calmest of times, community-based organizations (CBOs) that focus on serving Asian Americans, Native Hawaiians, and Pacific Islanders (AA NH/PIs) are kept very busy promoting the health of their communities.

The needs of these communities are complex, owing to their great diversity in terms of national origin, language, history, socioeconomic status, educational attainment, geography, and culture. The advent of COVID-19 has only made their efforts more urgent and complicated.

This year as in the past, the Asian & Pacific Islander American Health Forum (APIAHF) has carved out time to reflect on questions that are central to its mission. This report has been a part of that effort, and is intended to answer the following questions:

- **How can we describe APIAHF's network of community partners in a simple way that reflects their diversity, as well as their commonalities?**
- **What are the priority needs of these partner organizations?**
- **What are their priority needs related to COVID-19?**
- **How can APIAHF and other organizations, as well as funders, elected officials, and federal and state agencies, be most helpful to these community partners?**

The results summarized below are drawn from an online survey completed by 80 community partner organizations between June 28 and August 15, 2021, which built upon a COVID-19 needs assessment survey that was conducted in April of 2020.¹ The 2021 survey was framed as a way to advance partnership, and so we refer to the CBOs that completed it as “partners” in this report.²

The priority audiences for this report are **funders, elected officials, and federal and state agencies**. APIAHF hopes that it will help them to become better allies to AA NH/PI communities, as well as the organizations that serve and represent them.

¹ Asian and Pacific Islander American Health Forum Coronavirus Needs Assessment. April 23, 2020. Accessed September 17, 2021 (see [here](#)).

² Note that not all of the CBOs that have formal project partnerships with APIAHF completed the survey, and that not all of the CBOs that completed the survey are currently engaged in formal partnerships with APIAHF. For more information on the methodology of the 2021 survey, see the Appendix.



EXECUTIVE SUMMARY (CONTINUED)

How can we describe APIAHF’s network of community partners in a simple way that nevertheless reflects their diversity, as well as their commonalities?



Our CBO partners are based in 31 states and the District of Columbia. They serve communities in every state, all of the Territories in the Pacific, Puerto Rico, and the U.S. Virgin Islands. Southeast Asian communities are served by 80% of the partners, East Asians by 64%, South Asians by 58%, Pacific Islanders by 44%, and Native Hawaiians by 34%. Most of them serve people from all age groups.



Most (53%) of these partners have vaccination programs that benefit from dedicated funding,³ and nearly as many (46%) have programs in health education. Over one-third have programs focusing on health care coverage (39%) and mental health (38%). The fact that these programs have “dedicated funding” indicates that their funders acknowledge an acute need for them.



The survey also asked about programs in the domain of “Social Determinants of Health” and related areas that are important to the promotion of wellbeing. Many have programs that benefit from dedicated funding focusing on: advocacy, including voter registration (38%); community organizing (36%); access to public benefits (28%); non-medical translation and interpretation (28%); housing assistance (27%); and food distribution (26%).

³ “Dedicated funding” refers to income through grants or contracts that are intended to support activity related to specific purposes. When a donor gives dedicated funding for a specific purpose, that can be taken as a concrete acknowledgment that they regard it as a priority.



EXECUTIVE SUMMARY (CONTINUED)

What are the priority needs of our network of community partners?

Much of the work being implemented by community partners is not supported by dedicated funding. By using their general operating funds for this work, they are indicating in a very concrete way that these activities are essential to them and their communities.

The following priorities of community partners need to be noted and supported by funders and policymakers:

- **Community Organizing:** 42%
- **Access To Public Benefits:** 41%
- **Advocacy & Voter Registration:** 40%
- **Food Distribution:** 36%
- **Education About Healthy Living, Nutrition & Physical Activity:** 35%
- **Health Care & Referrals:** 32%
- **Health Care Coverage, Outreach, Education & Direct Enrollment:** 30%
- **Health Problems, Treatment & Prevention Education:** 28%

Community partners also reported on program areas they would like to begin working on, if they had increased capacity.

These include:

- **Focus On People With Disabilities:** 38%
- **Programming On Addiction or Substance Abuse:** 29%
- **Sexual Health Services & HIV Prevention and Care:** 28%
- **Transportation To Medical Appointments:** 26%
- **Maternal and Child Health Care & Referrals:** 26%

In addition, partners were asked to report on challenges they faced in outreach, education, or direct enrollment for health care coverage. The top concerns raised were: language access, cultural barriers, and health care literacy (reported by 43% of partners); funding (21%); and staffing and volunteer issues, including recruitment and training (21%).



EXECUTIVE SUMMARY (CONTINUED)

What are the priority needs related to COVID-19?

Slightly over half (55%) of the partners surveyed reported that they had received funding for new programming to address the COVID-19 crisis, and 39% had received funding to make up for revenues lost due to COVID-19 and avoid shutting down existing programs or laying off staff. However, one in four (26%) reported not receiving any form of listed assistance to address the crisis.

In general, the needs expressed by partners in the 2020 survey were not very well satisfied as of the summer of 2021. This was particularly true with respect to “funding to make up for lost revenues and avoid shutting down existing programs or laying off staff”: 73% said in 2020 that they needed that kind of support, but in 2021 only 39% said they had received it.

Most partners ranked the following areas of work as “top priorities” going forward with respect to the pandemic:

- **Mental Health Programming:** 69%
- **Accessing Public Benefits Assistance:** 65%
- **Support For Addressing Racism & Other Forms Of Discrimination:** 64%
- **Interpretation & Translation:** 61%
- **Housing Support:** 61%
- **COVID-19 Materials in Languages Other Than English That Are Culturally Appropriate:** 51%



EXECUTIVE SUMMARY (CONTINUED)

How can advocates and funders be most helpful to community partners?

CBO partners requested that all of the advocacy topics listed in the survey be “top” priorities going forward. The advocacy areas listed included: health equity (top priority for 87% of partners), language access (86%), access to health insurance (83%), racial justice (83%), data equity (80%), immigration (70%), NH/PI representation (69%), and technology access (53%).

All of the topics listed in the survey as possible priorities for training and technical assistance were ratified as either medium or top priorities by the partners. The topical areas most often judged to be top priorities were: fundraising (51%), leadership development (46%), communications training (41%), advocacy (39%), best practices in community health education (35%), program development (35%), and program management (35%).

When asked what they most valued about APIAHF, community partners most often commented on advocacy work; opportunities for partnership; training and technical assistance; and the ability to obtain and share resources such as funding, information, and culturally appropriate materials in a wide variety of languages.



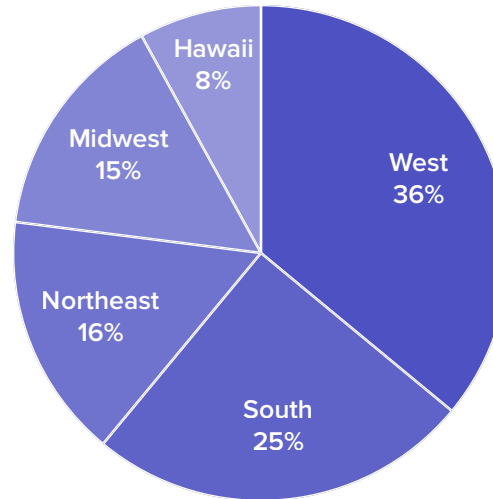
GEOGRAPHICAL COVERAGE

The survey was completed by 80 community partners that promote health in AA NH/PI communities.

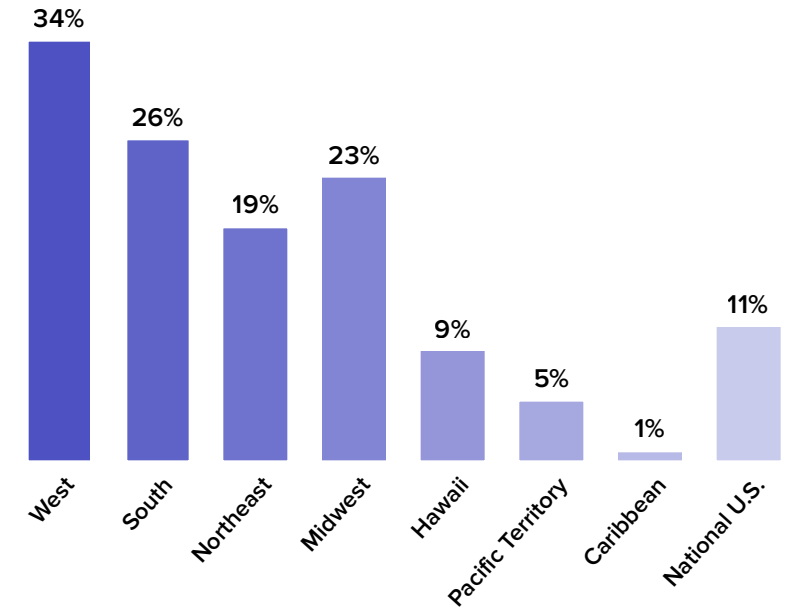
These organizations are based in 31 states and the District of Columbia, including 29 (36%) in the West, 20 (25%) in the South, 13 (16%) in the Northeast, 12 (15%) in the Midwest, and 6 (8%) in Hawai'i.⁴

They focus on serving communities in all of the Pacific Territories, all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Nine partners (11%) reported serving all states in the U.S.

WHERE COMMUNITY PARTNERS ARE BASED



GEOGRAPHIC AREAS SERVED BY COMMUNITY PARTNERS



⁴ This report uses the U.S. Census Bureau's regional designations (see [here](#)) except that Hawaii is counted as a separate entity. In addition, the report uses the term "Pacific Territories" to group together American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Guam, Palau, and the Republic of the Marshall Islands; and the term "Caribbean Territories" to designate Puerto Rico and the U.S. Virgin Islands.

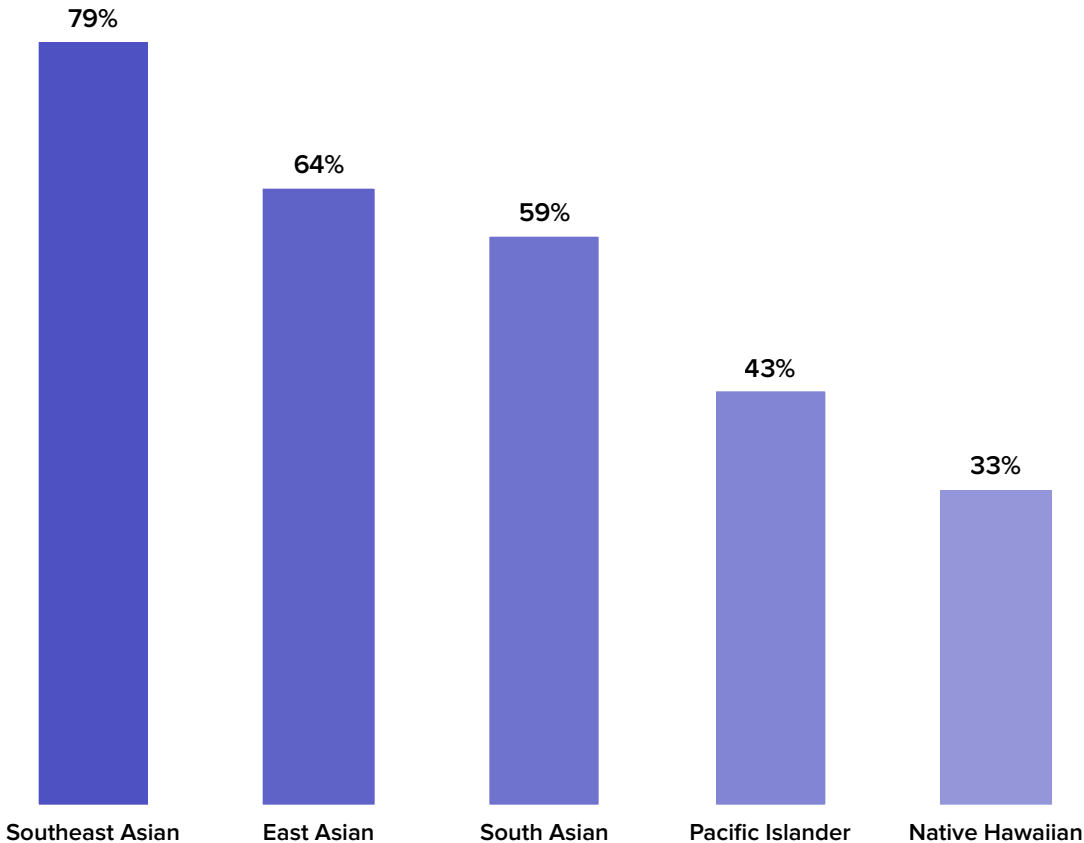


AA NH/PI ETHNIC COMMUNITIES SERVED

Community partners report providing services to people in all of the 38 different AA NH/PI ethnic communities listed as options in the survey. Southeast Asians are provided services by 64 (80%) of them, East Asians by 51 (64%), South Asians by 46 (58%), Pacific Islanders by 35 (44%), and Native Hawaiians by 27 (34%).⁵

A number of partners reported that they serve AA NH/PI communities other than those listed in the survey, including Afghan, Cham, Chien, Kiribati, Mien, and Tibetan.

Some partners also reported serving Black, African, Caribbean, and Haitian communities, as well as speakers of Spanish and Portuguese.



⁵ The ethnic categories used in this report are as follows: Native Hawaiian; Pacific Islander (including Carolinian, Chamorro, Chuukese, Fijian, Kosraean, Marshallese, Niuean, Palauan, Papua New Guinean, Pohnpeian, Samoan, Tokelauan, Tongan, and Yapese); East Asian (including Chinese, Japanese, Korean, Mongolian, and Taiwanese); South Asian (including Asian Indian, Bangladeshi, Bhutanese, Nepalese, Pakistani, and Sri Lankan); and Southeast Asian (including Burmese, Bruneian, Cambodian, Filipino, Hmong, Indonesian, Karen, Karenni, Laotian, Malaysian, Thai, and Vietnamese).

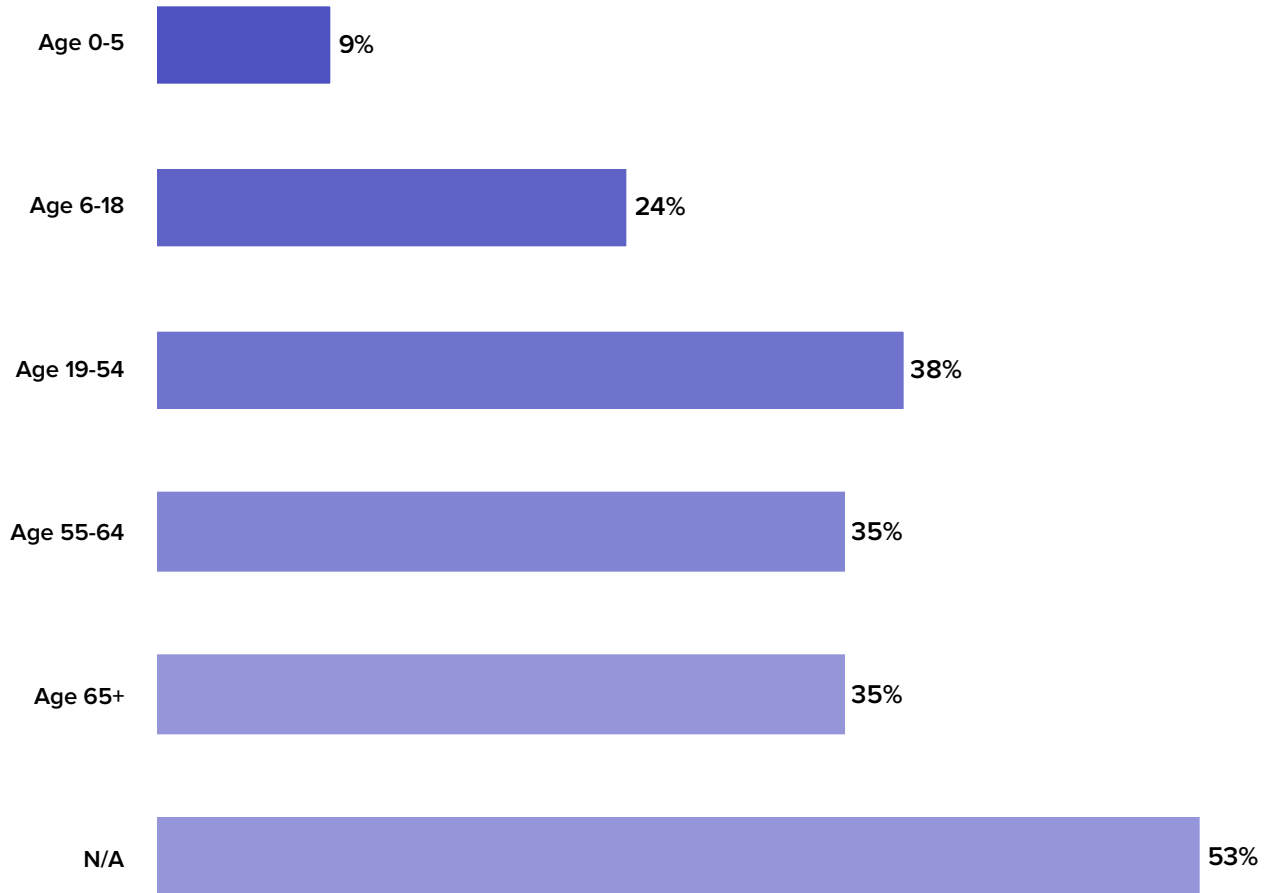


AGE GROUPS SERVED

A slight majority of community partners (53%) reported that they do not focus specifically on serving people from any particular age group or groups.

However, over one-third focus special attention on adults who are age 19-54 (38%), age 55-64 (35%), and/or age 65+ (35%).

Almost one in ten (9%) focus special attention on infants and younger children, and about one in four (24%) focus special attention on older children and adolescents.

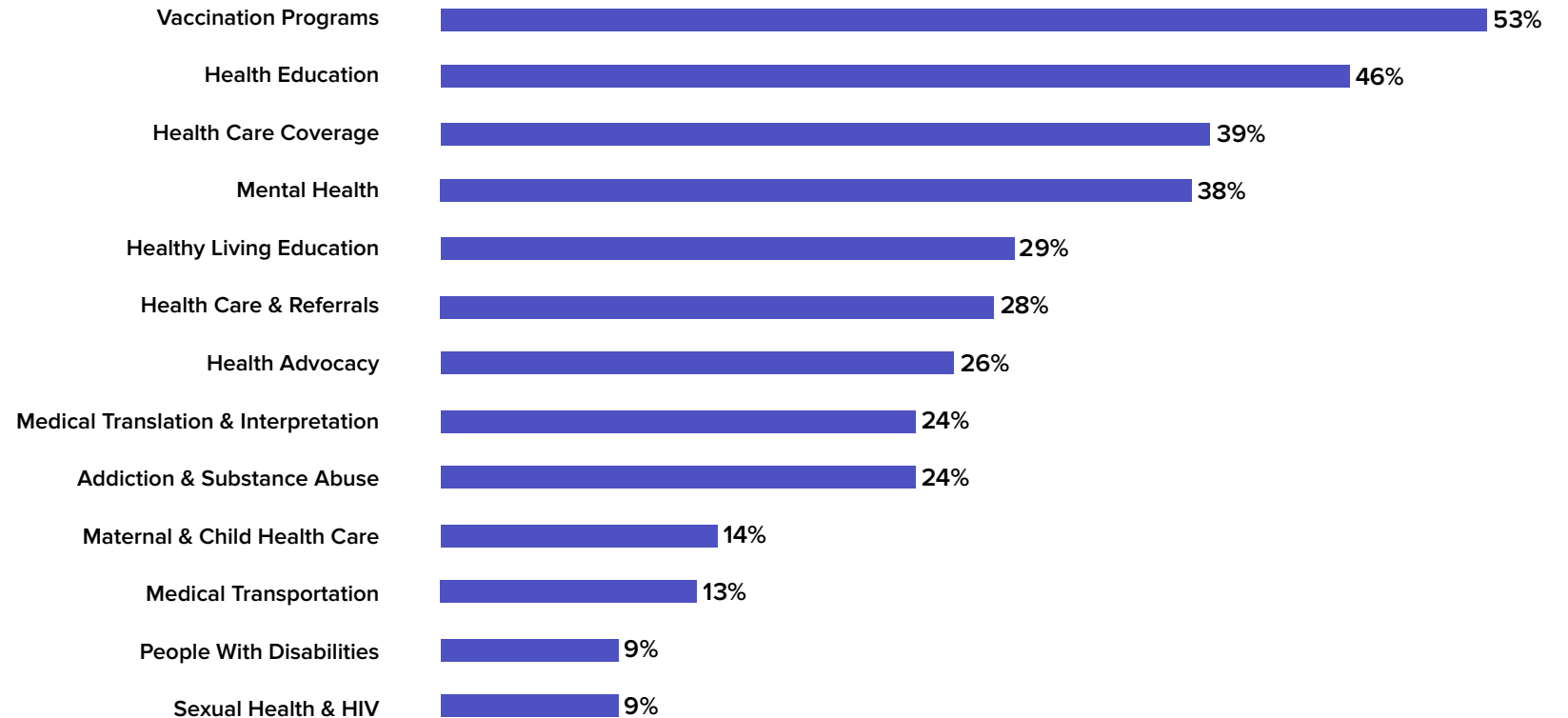




HEALTH-RELATED SERVICES PROVIDED WITH DEDICATED FUNDING

“Dedicated funding” refers to income through grants or contracts that is intended to support activity related to specific purposes. When a foundation, government, corporate, or other donor gives dedicated funding for a specific purpose, that can be taken as a concrete acknowledgment that they regard it as a priority.

Most (53%) community partners have vaccination programs that benefit from dedicated funding, and nearly as many (46%) have programs in health education. Over one-third have programs focusing on health care coverage (39%) and mental health (38%). The least common program areas to benefit from dedicated funding focused on people with disabilities, and on sexual health including HIV (each with 9%).





PRIORITIES FOR INCREASED SUPPORT IN HEALTH PROGRAMMING

This survey reveals a number of under-funded priorities among AA NH/PI community partner organizations.

At least one quarter of the partners in the survey carry out the following activities, despite the fact that they do not have dedicated funding for these program areas. By using their more flexible resources to support this work, partners are indicating in a very concrete way that those activities are extremely important to them and their communities. Funders and policymakers would be well advised to be cognizant of these findings.



**EDUCATION ABOUT
HEALTHY LIVING,
NUTRITION & PHYSICAL
ACTIVITY EDUCATION**

35%



**HEALTH CARE
& REFERRALS**

32%



**HEALTH CARE COVERAGE:
OUTREACH, EDUCATION &
DIRECT ENROLLMENT**

30%



**EDUCATION ABOUT HEALTH
PROBLEMS, TREATMENT &
PREVENTION EDUCATION**

28%



**FOCUS ON PEOPLE
WITH DISABILITIES**

25%



PRIORITIES FOR INCREASED SUPPORT IN HEALTH PROGRAMMING (CONTINUED)

Many organizations also report that they would like to provide a wide variety of new services, given increased capacity.

At least one-quarter of community partners would like to begin programs in the following areas:



PEOPLE WITH DISABILITIES

38%



ADDICTION & SUBSTANCE ABUSE

29%



SEXUAL HEALTH & HIV

28%



MEDICAL TRANSPORTATION

26%



MATERNAL & CHILD HEALTH CARE

26%

These are community needs that policymakers and funders need to hear more about.

In addition, some partners mentioned program areas that they currently focus on or would like to focus on in the future, and could be included in future versions of this survey.

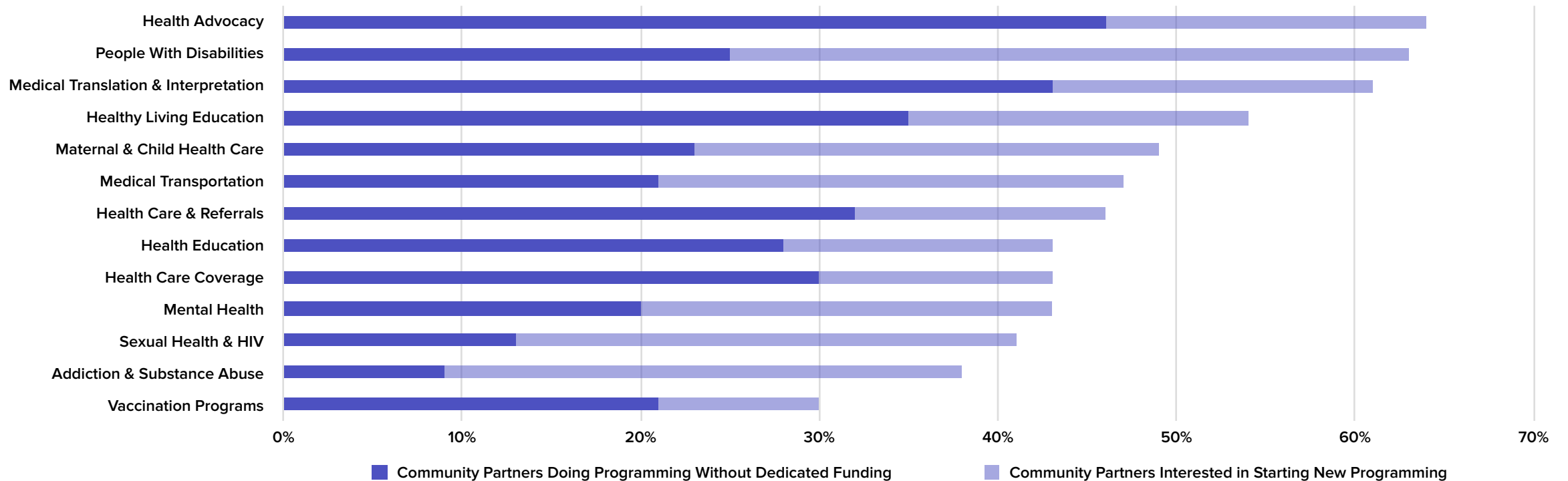
These Include:

- Professional development for health care workers and leaders
- Cultural awareness and competency
- Community-based research
- Organizational capacity-building in topic areas like health information management systems and accreditation



PRIORITIES FOR INCREASED SUPPORT IN HEALTH PROGRAMMING (CONTINUED)

These are community needs that policymakers and funders need to hear more about.





SOCIAL DETERMINANTS OF HEALTH & OTHER HEALTH-RELATED ACTIVITIES

The basic necessities of life — food, shelter, physical safety, participation in decision-making, and so on — are prerequisites for health.

These factors are often described as “social determinants of health” (SDOH), which are defined by the U.S. Centers for Disease Control and Prevention (CDC) as “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.”⁶

The U.S. Centers for Medicare and Medicaid Services (CMS) has attempted to bring attention to these factors through its Accountable Health Communities Model, whose main focus areas were integrated with the 2021 survey.⁷

⁶ Social Determinants of Health: Know What Affects Health. U.S. Centers for Disease Control and Prevention (CDC). Accessed September 20, 2021 (see [here](#)).

⁷ APIAHF made reference to the following in drafting this survey: The Accountable Health Communities Health-Related Social Needs Screening Tool. U.S. Centers for Medicare and Medicaid Services (CMS). Accessed September 20, 2021 (see [here](#) & [here](#)).



SOCIAL DETERMINANTS OF HEALTH & OTHER HEALTH-RELATED ACTIVITIES (CONTINUED)

Over one-quarter of the community partners that completed the survey reported receiving dedicated funding for the following program areas that are not typically framed in terms of health, but are nevertheless closely related to it. As a reminder: dedicated funding indicates that an organization's leaders and funders agree that a program area is worthy of targeted attention:



**ADVOCACY &
VOTER REGISTRATION**

38%



**COMMUNITY
ORGANIZING**

36%



**ACCESS TO
PUBLIC BENEFITS**

28%



**NON-MEDICAL
TRANSLATION &
INTERPRETATION NEEDS**

28%



**HOUSING
ASSISTANCE**

27%



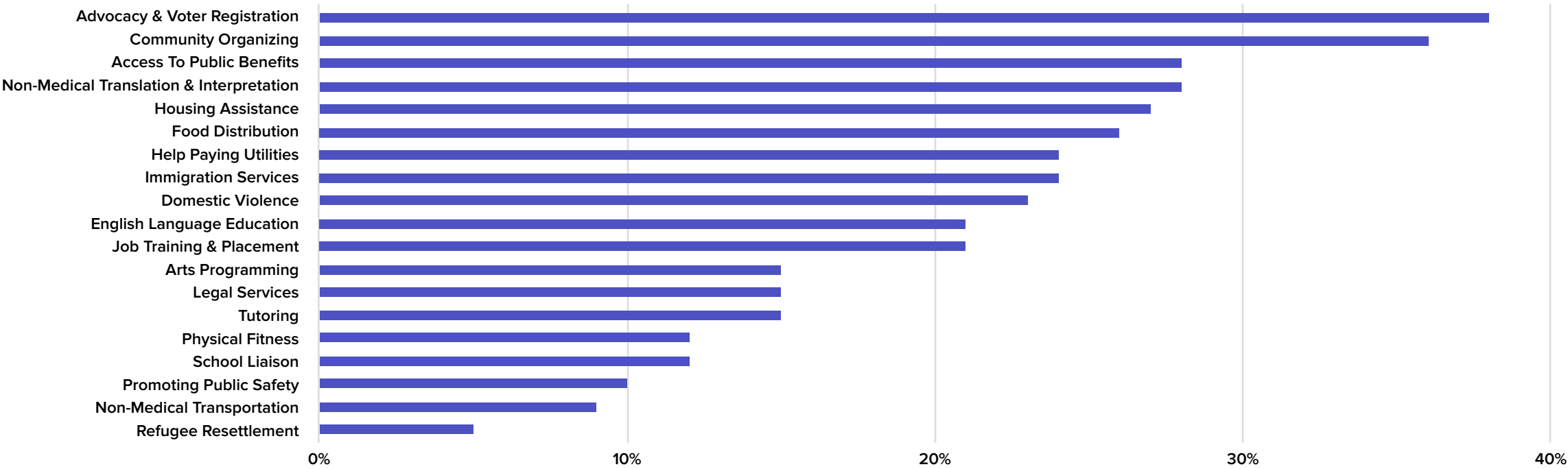
**FOOD
DISTRIBUTION**

26%



SOCIAL DETERMINANTS OF HEALTH & OTHER HEALTH-RELATED ACTIVITIES (CONTINUED)

Health-Related Work Being Implemented By Community Partners With Dedicated Funding





PRIORITIES FOR INCREASED SUPPORT: SOCIAL DETERMINANTS OF HEALTH & OTHER HEALTH-RELATED ACTIVITIES

The survey also asked partners to report on the health-related activities they are implementing *without* dedicated funding, as well as program areas that they would like to begin if they had increased capacity. In both cases, these are indicators of community and organizational priorities that funders should be paying more attention to.

Over one quarter of community partners reported that they are operating programs focused on the following topics, but without dedicated funding:

- **Community Organizing:** 42%
- **Non-Medical Translation & Interpretation:** 42%
- **Access To Public Benefits:** 41%
- **Advocacy & Voter Registration:** 40%
- **Food Distribution:** 36%
- **Promoting Public Safety:** 30%
- **Immigration Services:** 28%
- **School Liaison:** 28%
- **Arts Programming:** 26%
- **Physical Fitness:** 26%

In addition, at least one quarter of partners said they would like to begin programming in the following areas that are related to health:

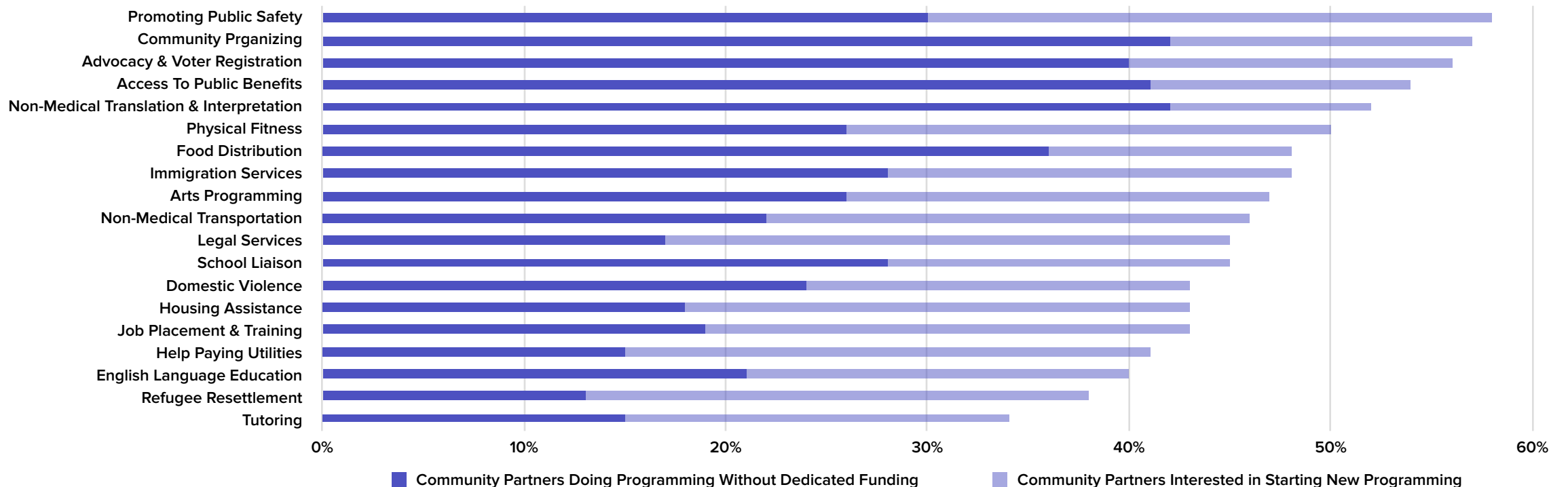
- **Promoting Public Safety:** 28%
- **Legal Services:** 28%
- **Help Paying For Utilities:** 26%
- **Housing Assistance:** 25%
- **Refugee Resettlement:** 25%

A number of partners also noted important areas of work that were not included among the survey options, including:

- **Community Leadership Development**
- **Women's Empowerment & Mentoring**
- **Adult Education & Technical Training**
- **Community Gardening & Greenspace Renewal**



PRIORITIES FOR INCREASED SUPPORT: SOCIAL DETERMINANTS OF HEALTH & OTHER HEALTH-RELATED ACTIVITIES (CONTINUED)

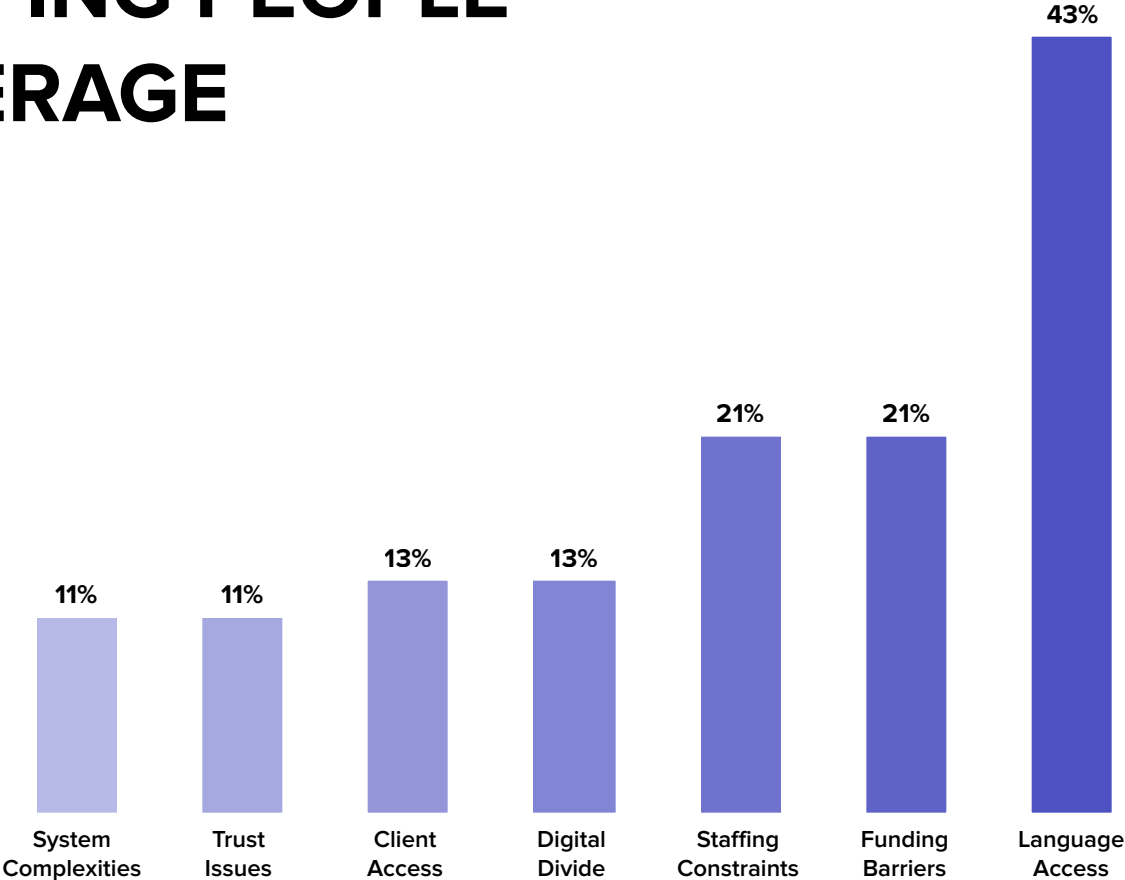




CHALLENGES FACED IN HELPING PEOPLE TO ENROLL IN HEALTH COVERAGE

Community partners were asked to report on challenges they faced in outreach, education, or direct enrollment for health care coverage, if they engage in that line of work. Forty-seven partners wrote about the following challenges:

- **Language Access:** Cultural barriers & health care literacy
- **Funding Barriers:** Limited public & private grants
- **Staffing Constraints:** Recruitment, training & volunteer issues
- **Digital Divide:** Limited knowledge & access to technology
- **Client Access:** Difficulty meeting due to COVID-19 & transportation issues
- **Trust Issues:** Fear of scams, public charge rules & deportation
- **System Complexities:** Complicated health care & enrollment system





PRIORITIES FOR TRAINING & TECHNICAL ASSISTANCE

Training and technical assistance (also known as Capacity-Building Assistance or CBA) is important to APIAHF's mission, and so we used this survey as an opportunity to learn about what kinds of training would be most helpful to community partners.

All of the topics that were included in the survey were listed as either a “top” or a “medium” priority by most partners. In fact, a full 24% of partners said that even the lowest-ranked topics should be a “top priority” for training and technical assistance. Over one-third of our partners listed the following topics as top priorities:

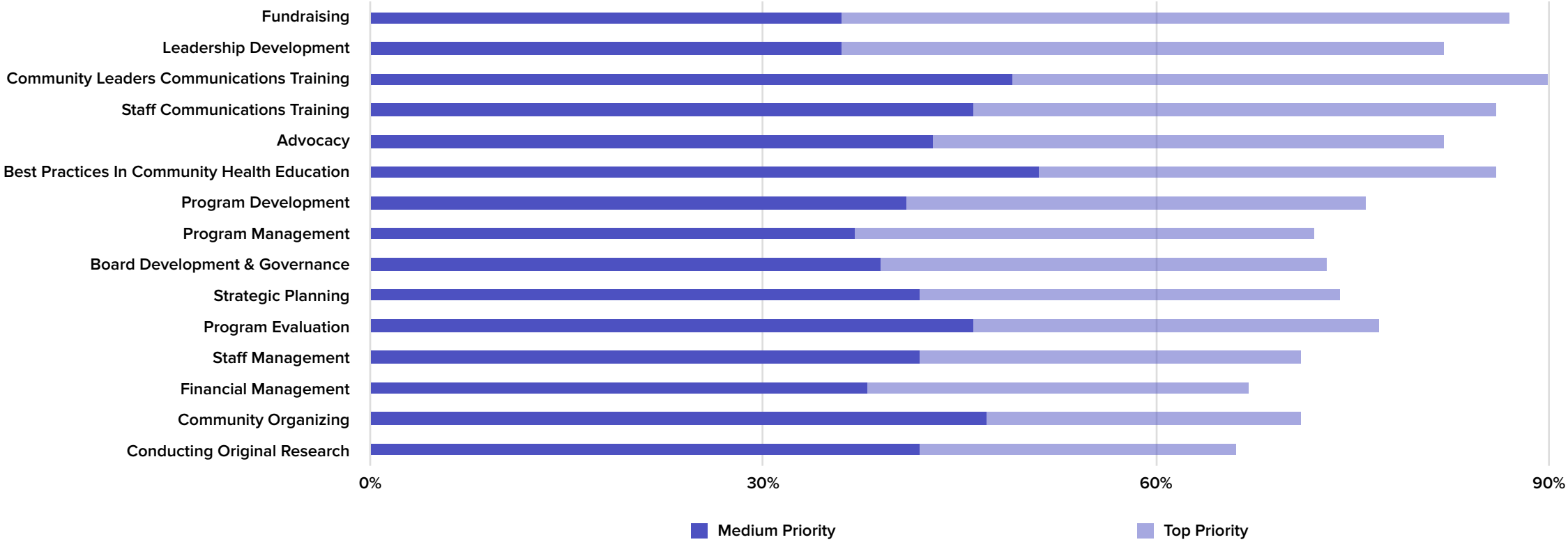
- **Fundraising:** 51%
- **Leadership Development:** 46%
- **Community Leaders Communications Training:** 41%
- **Staff Communications Training:** 40%
- **Advocacy:** 39%
- **Best Practices In Community Health Education:** 35%
- **Program Development:** 35%
- **Program Management:** 35%
- **Board Development & Governance:** 34%

In addition, a number of partners wrote comments saying that they would welcome training and technical assistance in the following areas:

- **Staff Education & Training:**
 - Office skills such as emailing, etiquette, and work ethics
 - Trauma-informed practices related to the pandemic
 - Cultural sensitivity
- **Succession Planning**
- **Intergenerational Team-Building**
- **Anti-Oppression, Anti-Black Racism Training & Related Organizational Development Support**



PRIORITIES FOR TRAINING & TECHNICAL ASSISTANCE (CONTINUED)

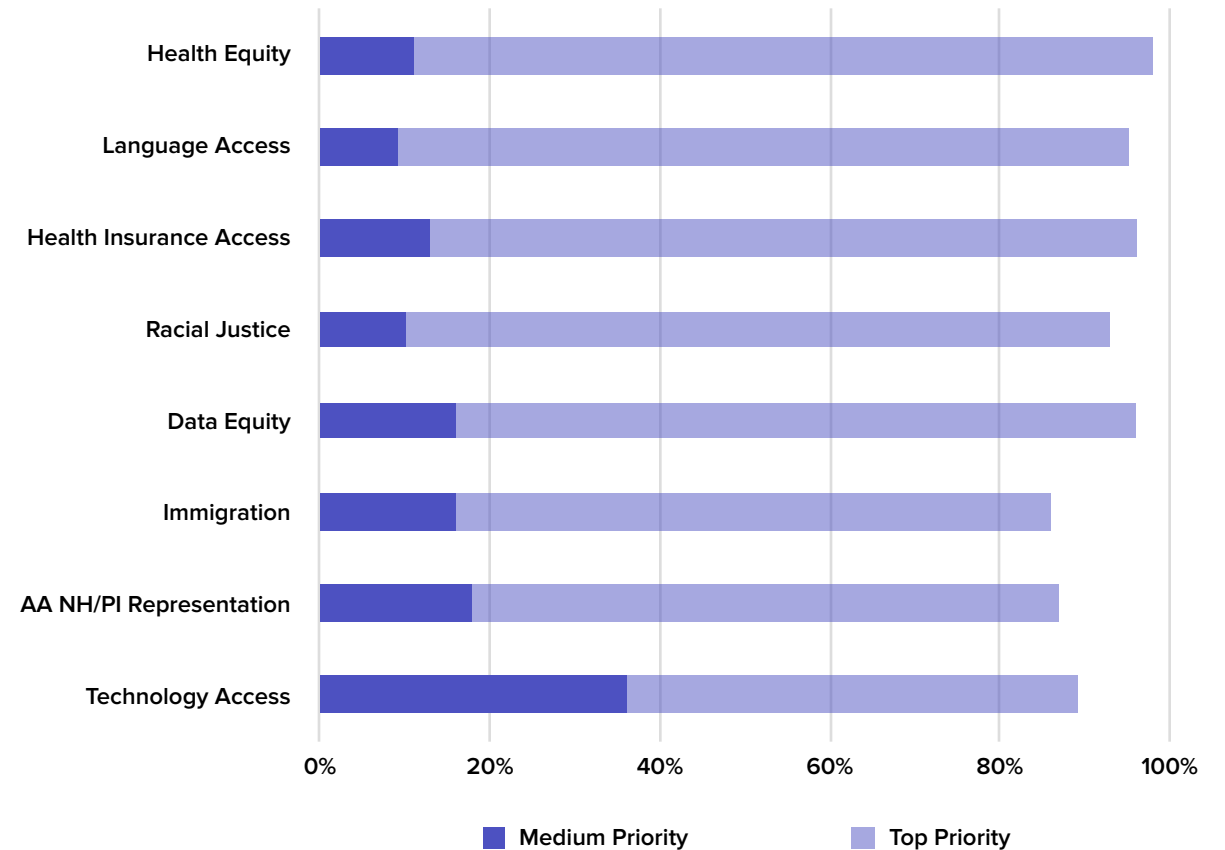




PRIORITIES FOR ADVOCACY

All of the advocacy topics given as options in the survey were validated as “top priority” by the majority of partners. Healthy equity was most commonly cited as a top priority, by 87% of partners, followed by language access (86%), access to health insurance (83%), racial justice (83%), and data equity (80%).⁸

In addition to the topics listed as survey choices, partners requested that more advocacy attention be focused on stable, more accessible funding support for community partners, and on AA NH/PI participation in decision-making processes.

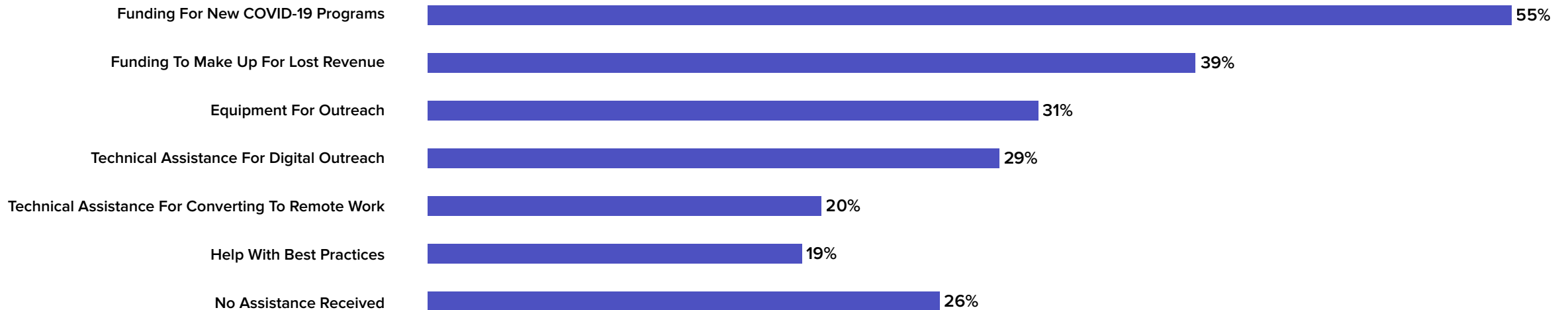


⁸ See Appendix on how advocacy priorities were defined.



RESOURCES THAT ORGANIZATIONS HAVE RECEIVED TO ADDRESS COVID-19

Slightly over half (55%) of the community partners surveyed reported that they had received funding for new programming to address the COVID-19 crisis, and 39% had received funding to make up for lost revenues and avoid shutting down existing programs or laying off staff. However, one in four (26%) reported not receiving any form of assistance to address the COVID-19 crisis.





RESOURCES THAT ORGANIZATIONS HAVE RECEIVED TO ADDRESS COVID-19 (CONTINUED)

Through a survey carried out in the spring of 2020, APIAHF asked community partners to report on resources that they needed in order to address the COVID-19 crisis. This gives us an opportunity to compare support that was actually received, with priorities expressed just over one year earlier.⁹

In general, the needs expressed by community partners were least well satisfied with respect to “Funding To Make Up For Lost Revenues” and avoid shutting down existing programs or laying off staff: 73% said in the spring of 2020 that they needed that kind of support, but in 2021 only 39% said they had received it.

The strongest match between needs expressed in 2020 and actual support received as of the summer of 2021 had to do with “Funding For New COVID-19 Programming”: 64% said that they needed this, and 55% said they had received it.

TYPES OF RESOURCES	RESOURCE NEEDED BY CBOS IN 2020	RESOURCE RECEIVED BY CBOS IN 2021	DIFFERENCE
Funding To Make Up For Lost Revenues	73%	39%	-34%
Funding For New COVID-19 Programming	64%	55%	-9%
Equipment For Outreach	58%	31%	-27%
Help With Best Practices	49%	19%	-30%
Technical Assistance For Digital Outreach	49%	29%	-20%
Technical Assistance For Converting To Remote Work	38%	20%	-18%

⁹ While the samples for the 2020 and 2021 surveys overlapped significantly, they were not exactly the same. This is one factor that limits our ability to draw firm conclusions from comparing results from the two surveys.



PRIORITIES FOR ADDRESSING COVID-19 GOING FORWARD

The survey asked partners to give one of the following ratings to sixteen areas of work related to the COVID-19 crisis going forward:



WE'RE DOING OK:

Community needs in this area are being sufficiently met



MEDIUM PRIORITY:

We need more of this, but it's not a top priority



TOP PRIORITY:

This is one of the top priorities for more assistance

All of the topical areas listed were ratified as either a medium or a top priority by the majority of community partners.

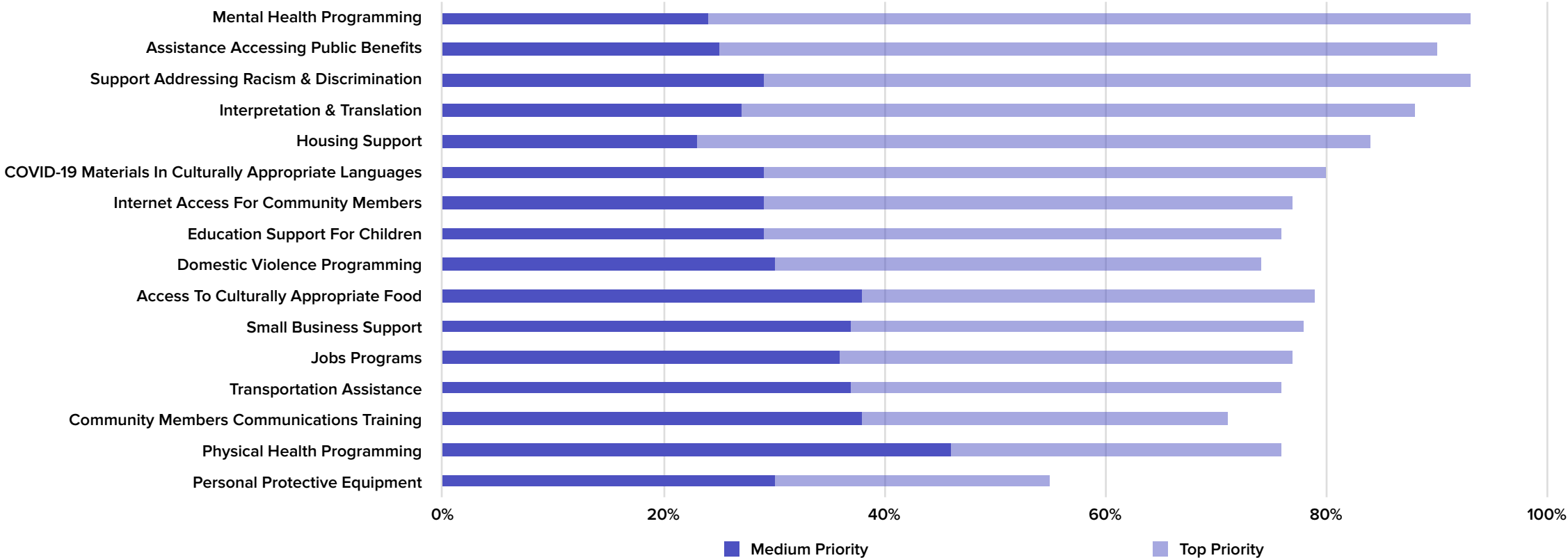
Over half of the partners that participated in the survey ranked the following areas of work as “top priorities” going forward:

- **Mental Health Programming:** 69%
- **Assistance Accessing Public Benefits:** 65%
- **Support Addressing Racism & Discrimination:** 64%
- **Interpretation & Translation:** 61%
- **Housing Support:** 61%
- **COVID-19 Materials In Languages Other Than English That Are Culturally Appropriate:** 51%

Some partners reported additional needs that were not included in the survey's list of options, including more or better vaccination programs, and funds to help clients pay for the basic necessities of life.



PRIORITIES FOR ADDRESSING COVID-19 GOING FORWARD (CONTINUED)





PRIORITIES FOR ADDRESSING COVID-19 GOING FORWARD (CONTINUED)

Again, comparison between the results of the surveys conducted in the spring of 2020 and the summer of 2021 is instructive.¹⁰ Many community needs apparently became even more pressing than they were judged to be in 2020.

This is particularly true with respect to the following:

- **Support Addressing Racism & Discrimination:** 36% Increase
- **Domestic Violence Programming:** 36% Increase
- **Transportation Assistance:** 35% Increase
- **Housing Support:** 25% Increase
- **Interpretation & Translation:** 19% Increase

In addition, new needs were identified in the 2021 survey. For example, needs for programming focused on mental health were not included in the 2020 survey, but were said to be community priorities by 93% of partners in 2021.

TYPES OF RESOURCES	RESOURCE NEEDED BY CBOS IN 2020	RESOURCE RECEIVED BY CBOS IN 2021	DIFFERENCE
Mental Health Programming	N/A	93%	N/A
Assistance Accessing Public Benefits	82%	90%	8%
Support Addressing Racism & Discrimination	57%	93%	36%
Interpretation & Translation	68%	87%	19%
Housing Support	59%	84%	25%
COVID-19 Materials In Culturally Appropriate Languages ¹¹	89%	80%	-9%
Internet Access For Community Members	64%	77%	13%
Education Support For Children	64%	76%	12%
Domestic Violence Programming	39%	75%	36%
Access To Culturally Appropriate Food	72%	79%	7%
Small Business Support	72%	78%	6%
Jobs Programs	N/A	77%	N/A
Transportation Assistance	41%	76%	35%
Community Members Communications Training	N/A	72%	N/A
Physical Health Programming	N/A	76%	N/A
Personal Protective Equipment	66%	55%	-11%

¹⁰ While the samples for the 2020 and 2021 surveys overlapped significantly, they were not exactly the same. This is one factor that limits our ability to draw firm conclusions from comparing results from the two surveys.

¹¹ In the 2020 survey, the relevant options were worded as follows: "In-language/culturally appropriate resources and updates on physical distancing, public health, applying for benefits programs, and other coronavirus-related topics" (result: 89%) and "Materials adapted to be culturally appropriate" (result: 77%).



PARTNER FEEDBACK

Forty-five community partners answered this optional survey question that only solicited narrative responses. Partners most often said that they appreciated APIAHF's advocacy work, being included in our partnerships, receiving training and technical assistance, and gaining access to resources.



ADVOCACY

20 Partners Commented

- Advocacy including and beyond health equity, including Limited English Proficient (LEP), immigration and data equity
- Federal focus that is informed by communities, leaders, and organizations at the grassroots
- Working on policy and systems change
- Focus on social justice
- Confronting bias and prejudice



PARTNERSHIP

17 Partners Commented

- Collaboration at all levels from the most local to national
- APIAHF listens to us and makes program adjustments when needed
- Commitment to serving the communities respectfully, as an organization and individual staff
- Effort put into identifying diverse partners in terms of geography and ethnicity
- Bringing people from different organizations, regions, and ethnic backgrounds together



CAPACITY BUILDING

11 Partners Commented

- Capacity-building and technical assistance
- Conferences and events
- Leadership development programs
- Coaching
- Training for smaller organizations



RESOURCES

10 Partners Commented

- Funding, especially for groups that would otherwise be excluded from federal grants
- Informational resources
- Resource sharing
- Materials in Asian and Pacific Islander languages



APPENDIX: METHODOLOGY

The data summarized in this report are based on an online survey conducted by APIAHF between June 28 and August 15, 2021 by a team composed of staff members from different functional areas within the organization. The team was led by Max Niedzwiecki, Ph.D., and included Jasmine Tran Britton, MPH; Erica Maria Cheung; Kamana’opono Crabbe, Ph.D.; Krystian Palmero; Donovan Ramos, M.A.Ed.; Emerson Shiang, MPH; Tracy Sun, MPH; and Princess Mae Visconde, MPH.

The survey was initially drafted in order to provide follow-up on the COVID-19 needs assessment survey that APIAHF conducted in April of 2020.¹² Questions were added by the team to reflect an expanded vision of the functions of the survey, which came to center on gathering a comprehensive range of relevant information about community partners and building stronger relationships with them. The survey instrument was further enriched through the incorporation of content related to Social Determinants of Health as reflected in tools produced by the U.S. Centers for Medicare and Medicaid Services (CMS),¹³ and through the thoughtful comments of AA NH/PI CBO leaders who generously agreed to pretest the survey instrument before it was finalized. The final survey instrument can be found [here](#).

Community partners were provided with the incentive of entrance into a drawing for a chance to obtain a \$1,000 contribution to their organization. Each organization that provided a completed survey was entered into the drawing, and ten winners were randomly selected with the help of an online random-choice generator.

Invitations to participate in the survey were emailed to 235 AA NH/PI community partners, 111 of which APIAHF had had formal partnerships with, and 124 of which were added to the sample in order to reach out to ethnic groups and geographical areas that were not as well represented among existing APIAHF partners. Partners that did not immediately respond were sent follow-up emails and were invited to complete the survey by phone or Zoom, an invitation which none of them accepted. Eighty (80) community partners completed the survey, yielding a response rate of 39%. The completion rate of the survey, representing the percentage of partners that began the survey and then ultimately completed it, was 87%.

¹² Accessed September 20, 2021 (see [here](#)).

¹³ The Accountable Health Communities Health-Related Social Needs Screening Tool. U.S. Centers for Medicare and Medicaid Services (CMS). Accessed September 20, 2021 (see [here](#) & [here](#)).



APPENDIX: ADVOCACY PRIORITIES

The survey's advocacy priorities were defined as follows:

- **Health Equity:** Advocating for equal access to quality and affordable health care
- **Language Access:** Ensuring that English language proficiency is not a barrier to accessing public services
- **Access To Health Insurance:** Protecting the Affordable Care Act and Medicaid expansion
- **Racial Justice:** Taking positions on hate crimes, discrimination and police and public safety reform
- **Data Equity:** Urging federal and local governments to collect and report on data specifically focused on different Asian American, Native Hawaiian, and Pacific Islander communities
- **Immigration:** Taking positions on paths to citizenship, refugee resettlement, right to asylum, immigrant detention, DREAM Act and rights of undocumented immigrants
- **NH/PI Representation:** Ensuring that Native Hawaiians and Pacific Islanders are recognized by government and others as distinct from Asian Americans
- **Technology Access:** Increasing opportunities for everyone to have access to the computers, cellphones and internet that they need



GRATITUDE & ACKNOWLEDGEMENTS

APIAHF sincerely thanks the community partners who took the time to share their strengths, needs, priorities, and hopes with us by completing the 2021 CBO survey.

We know how busy you are.

Our community partners inspire us - we so value you and look forward to continuing to grow our partnerships.

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