

EXECUTIVE SUMMARY

Community-based Organizations' Capacity to Serve Older Asian American and Native Hawaiian/Pacific Islander Adults during the COVID-19 Pandemic

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BACKGROUND

Older Asian American and Native Hawaiian/Pacific Islander (AA & NHPI) adults are a rapidly growing racial/ethnic group in the United States (U.S.).¹ In 2020, in the absence of an effective vaccine for COVID-19, public health strategies consisted of isolation, quarantine, social distancing, and community containment.² While the preventive strategies lowered the risks for exposure, these strategies also affected older adults' experience of social support.³ For older AA & NHPI adults, these experiences were further magnified due to language barriers to accessing health information, limited ability to network with culturally relevant groups, and increased racism that was fueled by the pandemic.⁴⁻⁶

Community-based organizations (CBOs) are key settings for providing social services, community health education, and connections to resources such as healthcare, legal services, and health programs.⁷⁻⁹ CBOs are particularly important settings among immigrant and underserved populations because of their reach and long-standing, trusted relationship with the communities they serve.⁷⁻⁹ During the pandemic, many

organizations reported challenges transitioning to remote work, especially because they lacked infrastructure, personnel, and funding to support such a transition.¹⁰ CBOs that serve older AA & NHPI adults were particularly vulnerable to this change as many were thrust into not only restructuring their program but doing so in a culturally and linguistically appropriate manner. To capture the experiences of these CBOs across the country, a community-academic partnership between Fred Hutchinson Cancer Research Center, the University of Washington, and the Asian American Resource and Information Network (AARIN; <https://aarin.org/>) undertook a collaborative study.

OBJECTIVE

The purpose of this study was to examine the impact of the COVID-19 pandemic on 1) CBOs' capacity to serve older AA & NHPI adults during the pandemic, 2) CBOs' ability to continue to provide services, and 3) organizational and social issues affecting the AA & NHPI community. In this executive summary, we report on the design and findings of the study. We also provide recommendations for CBOs in five key areas, based on our findings.



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RESEARCH DESIGN

We used a mixed method design with surveys and qualitative interviews. We recruited our study participants in three main ways: 1) reaching out to CBOs who have participated in our past studies; 2) promoting the study among collaborators from academic/research institutions, city/state health agencies, and professional conferences with interest groups/caucuses focused on Asian health; and 3) contacting the CBOs that we researched online. Surveys and qualitative interviews were conducted between January and April 2021. We recruited 65 leaders and staff members from 40 CBOs serving older AA & NHPI adults nationally. Sixty-five individuals participated in the survey and 37 in the qualitative interviews. Descriptive analysis was conducted with the survey data, followed by thematic analysis of the interview data.

FINDINGS

Survey Participants

Table 1 shows the demographic profile of survey participants. The majority of participants identified as being part of an Asian subgroup (93%). Many reported being Chinese (33%), Korean (22%), Japanese (14%), Vietnamese (6%), and Samoan (6%). Some identified as being Filipino, Native Hawaiian, Cambodian, and Thai. Most participants were women (75%) and a mean age of 48 years. The majority reported speaking a language other than English (75%). Many responded as being full-time employees (81%), holding a leadership position at their organization (56%), and reported working at the CBO for nine years, on average. The majority graduated from college (89%), were born outside of the U.S., and had lived in the U.S. for 28 years, on average.

Impact of COVID-19 on CBOs' Capacity and Operation

Table 2 shows the impact of the COVID-19 pandemic on CBOs' capacity and operation. Many CBOs were impacted by the increased demand for services (80%) and created new services (75%) while experiencing programming disruption (69%), decreased staffing (55%), and loss of revenue (38%). Some CBOs temporarily closed their organizations (38%), while others closed permanently (3%). Participants mentioned expanding their existing programs and creating new ones in response to increased needs caused by the COVID-19 pandemic, including social service

Table 1. Demographic Profile of Survey Participants (n=65)

Characteristics	Percent
Non-Hispanic White	5%
Non-Hispanic Black or African American	2%
<i>AA & NHPI subgroups*</i>	
Chinese	33%
Korean	22%
Japanese	14%
Vietnamese	6%
Samoan	6%
Filipino	3%
Native Hawaiian	3%
Cambodian	2%
Thai	2%
Gender	75% Women
Average age, mean (range)	48 years (range: 24–76)
Speak another language besides English	75%
Full-time employees	81%
Holds a leadership position	56%
Average years at workplace, mean (range)	9 years (range: 3 months–28 years)
College graduate and above	89%
Born outside of the U.S.	58%
Average years living in the U.S., mean (range)	28 years (range: 6-56)
Provides services to clients more than 50% of the time at work	61%

*Note: 2% of respondents did not identify their Asian Ethnicity

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referrals, health services and education, housing support, mental health counseling, caregiving support, home-delivered meals, and legal counsel. To remain in operation, many CBOs increased their online presence (88%) and resorted to their organization's financial reserves (Table 3). While many reported hiring new employees while staying in operation (52%), others reported reducing staff's working hours (15%), using furloughs (12%) and laying off staff members (8%).

COVID-19 Impact on Revenue and Expenditure

Many participating organizations reported experiencing revenue losses, and 70% incurred unexpected expenditures, such as purchase of personal protective equipment for staff and clients, technology expenses to structure programs online, and marketing expenditures to notify clients of new events, schedules, and programs (Table 4). Receipt of additional funds and/or stimulus funds to support day-to-day operations was noted by 79% of the respondents.

Table 2. Impact of COVID-19 on CBOs' Capacity and Operation (n=65)

	Percentage
Increased demand for services	80%
Demand for new services	75%
Have closed temporarily	38%
Have closed permanently	3%
Lost revenue	38%
Staffing challenges	55%
Supply problems	25%
Services and programming disruption	69%

Table 3. CBOs' Response to the Pandemic (n=65)

	Percentage
Increased online presence	88%
Used financial reserves	20%
Hired new employees	52%
Reduced hours of staff/paid employees	15%
Laid off staff/regular employees	8%
Furloughed staff/regular employees	12%

Table 4. Revenue Sources (n=65)

	Percentage
Other nonprofit/foundations	46%
Federal government	45%
State government	38%
County government	28%
Corporate company or group	12%
Organizational fundraising events	17%

Changes in Needs and Services

Table 5 shows that CBOs experienced changes in their programs and services during the pandemic. Some organizations reported stopping their congregate meal services entirely (33%) or reducing their services (11%). At the same time, an increase in home delivery meals were noted (23%). We also found that CBOs increased their programming for referrals to social services (62%), health services and education (49%), mental health counseling (44%), and legal counseling (26%). Some CBOs introduced new programs focused on supporting caregivers (38%) and housing (28%) during the pandemic.



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Table 5. Changes of Needs and Services to Serve Older Adults

Service	Stopped Entirely	Reduced	Increased	Introduced in response to pandemic	Have never offered
Congregate meals	33%	11%	15%	3%	34%
Caregiver support	21%	31%	8%	38%	2%
Health services & education	5%	28%	49%	5%	11%
Home-delivered meals	3%	5%	31%	23%	36%
Housing support	11%	26%	8%	28%	3%
Legal counsel including immigration	3%	20%	26%	5%	44%
Transportation	13%	28%	18%	6%	34%
Mental health counseling	2%	11%	44%	8%	33%
Social services/referrals	2%	20%	62%	5%	11%

Qualitative Interviews

Thirty-seven out of 65 participants participated in the semi-structured interviews. We identified five themes from the qualitative data.

- 1. Organizational resourcefulness to acquire and share critical resources:** Despite financial and operational hardships, organizations survived through personal and professional relationships and by pivoting their operation. Many CBOs mentioned being regularly connected to other organizations through virtual meetings organized by funders. Information and best practices were shared on how to pivot programs as well as refer clients to collaborating organizations during service shortage. Others intentionally refrained from submitting funding applications for direct services when they discovered that other organizations closer to the community were applicants, to reduce the competition pool. At times, a natural synergy emerged among collaborators. For example, a CBO shared a story about how their organization was able to address delivery of free meal services to older clients by partnering with Access Transportation (a rideshare program for people with disabilities). The bus operation became irregular because of lack of space to socially distance clients during transport, providing an opportunity to operate as meal delivery transportation to seniors.
- 2. Organizational flexibility to adjust programs and operations:** All CBOs reported that the COVID-19 pandemic increased demand for services that were offered pre-pandemic, such as healthcare, social services, and housing, and created new needs for critical programs that connect their clients to COVID-19 resources. A few organizations spoke to their role in translating and disseminating accurate, up-to-date COVID-19 safety information, especially with regards to social distancing, quarantine resources, testing, and vaccine availability. Many mentioned providing personal protective equipment, COVID-19 testing, and outreach to their older clients when the vaccine was available. Given that the pandemic confined elders to their homes, many onsite programs needed to pivot to home services. For example, organizations mentioned shifting their programs to delivery or pick-up models for goods like food, medication, and cleaning products. Some organizations added mental health offerings to meet the demands of elders who suffered from loneliness, depression, and anxiety due to social isolation and anti-Asian hate.

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- 3. Technology as a connector for organizations and an isolator for older adults:** For their older clients' safety, many organizations shifted programs from in-person to virtual settings or no-contact service while responding to the increased demands for healthcare, education, housing, mental health counseling, caregiving support, home-delivery meals, and legal counseling. The majority of the organizations similarly discussed this transition as being a big pivot. These changes meant high technology costs at the onset of the shift to remote services, especially for organizations that existed primarily as community and cultural centers. Most participants identified limited technological literacy among their older clients. Thus, while technology was a potential solution for CBOs to continue their services, it was also identified as the most significant barrier for their clients. Even with compatible computers and platforms, CBOs reported older clients' struggle to use online platforms and virtual programs. They mentioned that limited technological literacy and isolation, coupled with the lack of non-English resources or language services, marginalized some elders from receiving virtual resources altogether and further led to loneliness, isolation, and increased mental health issues during the pandemic.
- 4. Heightened racial discrimination during the COVID-19 pandemic:** Many participants described racism as being commonly experienced in the community (whether directly or via microaggressions), and some shared their

personal experience or experiences of their clients. CBOs noted that the hostile political rhetoric heightened hate crimes against Asian Americans. Some individuals mentioned the role of interpersonal and systemic racism in negatively impacting older AA & NHPI adults. While all CBOs saw racial discrimination as being detrimental to the community, needing immediate action, some also felt they could not respond proactively because they were inundated with needs to respond to the COVID-19 pandemic. Still, most CBOs directly addressed racial discrimination by releasing a statement, joining rallies, providing bystander intervention training, creating discussion forums in collaboration with law enforcement officers, and applying to grants to address anti-Asian hate.

- 5. Organizational resilience:** While all CBOs discussed the detrimental impact of COVID-19 on their community, they also mentioned staying strong to continue serving those in need. One participant eloquently referenced the strengths of their ancestors who also had to overcome many adversities while settling as immigrants. Others mentioned the necessity of staying strong given that the community was experiencing a double pandemic of COVID-19 and heightened racial discrimination among AA & NHPI groups. CBOs expressed immense pride for their community and the work that they do, and this was reflected in their commitment to serve the community better. Some mentioned using the situation as a learning moment to better prepare them to face future emergency crises and adapt.



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RECOMMENDATIONS FOR SERVICE PROVIDERS

1 - Network

Network with local and national organizations to learn new information, access resources, and collaborate on programs that are synergistic to the organization's mission and vision.

2 - Evaluate Existing Services

Evaluate existing services and programs to prioritize emerging demands and needs of clients during the pandemic.

3 - Improve Assessability

Improve accessibility of mobile phones and online/virtual platform services by providing technology education, technical support, printed language-concordant instruction manuals, and voice recordings for older clients.

4 - Review Existing Programs

Review existing programs and identify areas that can integrate ways of dismantling interpersonal and systemic racism, provide bystander intervention training to employees and clients, and join forces with other CBOs to collectively advocate for enhancing the stories of AA & NHPI older adults in national discussions around equity, diversity, and inclusivity.

5 - Promote Resilience

Invest in promoting resilience in the organization by exchanging resources and expertise with other organizations and proactively taking steps to celebrate the accomplishments of the staff and the organization at large.



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Recommended Citation:

Ko, L.K., Lee, E.J., Hara-Hubbard, K.K., Quigley, T., Wong, D., Bishop, S. (2021). Community-based Organizations' Capacity to Serve Older Asian American and Native Hawaiian/Pacific Islander Adults during the COVID-19 Pandemic. Seattle: Health Communication Research

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