

Asian American COVID-19 Experience

Prepared by: Matthew Chin, Lan N. Đoàn, Stella S. Yi, Jennifer A. Wong, and Simona C. Kwon



About the NYU Center for the Study of Asian American Health (CSAAH)

The NYU Center for the Study of Asian American Health (CSAAH) is a National Institutes of Health (NIH) National Institute on Minority Health and Health Disparities (NIMHD) funded Specialized Center of Excellence based in the Section for Health Equity within NYU Grossman School of Medicine's Department of Population Health at NYU Langone Health.

Established in 2003 through an NIH NIMHD Project EXPORT (Excellence in Partnership, Outreach, Research, and Training) Center grant, CSAAH is the only center of its kind in the country that is dedicated to research and evaluation on Asian American health and health disparities. CSAAH's work is guided by a population health equity framework. In close collaboration with over 75 local and national community partners, we have evolved our mission and goals to advance health disparities research within a health equity framework.

CSAAH's guiding principles are as follows:

- We believe in systemic change through multi-pronged strategies and working with diverse stakeholders;
- We believe in equitable collaboration and partnerships;
- We believe in action-oriented research;
- We believe in strengthening the research capacity of both community and academic partners to fully engage in the research process;
- We believe in multi-cultural evaluation.

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For more information, please contact:

Dr. Stella Yi, MPH, PhD

NYU Center for the Study of Asian American Health

Email: Stella.Yi@nyulangone.org

ABOUT

After almost a full year since COVID-19 was officially declared [a national emergency in the United States](#), there is still an incomplete picture for how the pandemic is affecting the Asian American population – particularly how its effects have varied across different Asian American subethnicities across the country.

We have closely followed academic research, news media, and community reports for details on how COVID-19 has impacted Asian American communities and have organized our findings about the six largest Asian American subgroups (presented first in aggregate and then disaggregated from largest to smallest population count) in the tables below.

Until race/ethnicity data collection and reporting standards improve, it is especially important for policymakers to communicate actively with community-based organizations (CBOs), whose first-hand experiences and direct reach into the communities they serve are the best opportunity to fill gaps in the current data landscape.

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	COVID-19 Risk Factors				Livelihood		
	COVID-19 Related Outcomes	Risk of Exposure	Pre-existing/Comorbid Conditions	Barriers to Care	Businesses	Unemployment	Other
Asian Aggregate	<ul style="list-style-type: none"> •35% increase in excess deaths for the first seven month of 2020 - second highest increase compared to other racial groups¹ •60% higher risk of hospitalization than whites² •50% higher risk of testing positive than whites^{2,3} •Healthcare worker COVID-19 death-to-case ratio three times greater than white health care workers⁴ 	<ul style="list-style-type: none"> •72% of high contact medical occupations have a higher percentage of Asian American workers than total share of Asian American population⁵ •26-29% live in multigenerational households⁶ •17.7% live in a household with at least one healthcare worker⁷ 	<ul style="list-style-type: none"> •High rates of diabetes in NYC (12-15%), California (10%), Hawaii (10%), and Texas (9%)⁸ •High rates of hypertension in Hawaii (30%)⁸ •High rates of asthma in Arizona (19%) and Hawaii (15%)⁸ •High rates of smoking among men in NYC (22-23%)⁸ 	<ul style="list-style-type: none"> •30% are limited English proficient⁹ •Fear of public charge¹⁰ 	<ul style="list-style-type: none"> •Are only 6% of the US population but Asian American-owned businesses make up 26% of food and accommodation, 17% of retail trade, 13% of healthcare and social services, and 11% of education services⁵ 	<ul style="list-style-type: none"> •Unemployment among the highest compared to other racial groups in August 2020 (10.7%)¹¹ •Among unemployed women, Asian Americans had the highest rates of long-term unemployment (44%) compared to other racial groups¹² 	<ul style="list-style-type: none"> •Immigrants concerned about public charge are afraid to accept eligible public assistance¹⁰ •Undocumented individuals unable to receive stimulus checks or unemployment insurance¹⁰
Chinese	<ul style="list-style-type: none"> •Highest mortality in NYC Public Hospitals, 44% higher than white patients¹³ 	<ul style="list-style-type: none"> •High number of essential food service workers¹⁰ •25% live in multigenerational housing⁹ 	<ul style="list-style-type: none"> •High rates of diabetes (16%) and pre-diabetes (38%) in NYC¹⁴ •High rates of smoking among adult men in NYC (26%)^{8,15} •40% higher odds of being obese or overweight compared to non-Hispanic whites in California¹⁶ 	<ul style="list-style-type: none"> •Not getting testing due to fear of xenophobic violence^{17,18} •41% are limited English proficient⁹ 	<ul style="list-style-type: none"> •Chinatown businesses disproportionately affected^{19,20} 	<ul style="list-style-type: none"> •76% of Chinese Progressive Association's clients in NYC report being out of work¹⁰ •50% of community members at the Chinese American Planning Council in NYC reported losing their jobs or income¹⁰ 	<ul style="list-style-type: none"> •Only 20 percent of Chinese Progressive Association's clients in NYC received unemployment insurance¹⁰ •Rise in illegal evictions due to someone in the household testing positive for COVID-19¹⁰ •Xenophobia/hate crimes/being blamed for the pandemic^{21,22}

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	COVID-19 Related Outcomes	COVID-19 Risk Factors			Livelihood		
		Risk of Exposure	Pre-existing/Comorbid Conditions	Barriers to Care	Businesses	Unemployment	Other
Asian Indian/South Asian	<ul style="list-style-type: none"> •South Asians had the second highest positivity and hospitalization rates in NYC Public Hospitals¹³ 	<ul style="list-style-type: none"> •Many South Asians work on the frontline as healthcare, fulfillment center, and hospitality and gig economy workers²³ •23% Asian Indians live in multigenerational households²⁴ 	<ul style="list-style-type: none"> •South Asians are four times more likely than the US general population to have heart disease or diabetes²³ •Asian Indians have high rates of diabetes nationally (11%), in NYC (21%), California (11%), Arizona (9%), and Texas (11%)⁸ •Asian Indians have high rates of asthma in Los Angeles (16%)⁸ 	<ul style="list-style-type: none"> •High limited English proficiency among South Asian subgroups²³ •Fear of unemployment or stigma - One out of ten South Asian survey respondents in national community survey reported they would not seek testing if it was available and affordable due to ²³ •Across South Asian subgroups increased need for affordable laptops, phones, and accessible internet²³ •20% Asian Indians are limited English Proficient²⁴ 	Unknown	Unknown	<ul style="list-style-type: none"> • Among South Asians, increased gender-based domestic violence issues, exacerbated by stay-at-home orders²³ •Especially limited resources for South Asians in the US South outside of religious and cultural institutions²³ •Social isolation among South Asians especially for seniors²³ •Food insecurity among Asian Indians - 17% no longer able to get the food resources they were receiving before COVID-19 and 7% not having a way to get to the food store since the pandemic started²⁵

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	COVID-19 Related Outcomes	COVID-19 Risk Factors			Livelihood		
		Risk of Exposure	Pre-existing/Comorbid Conditions	Barriers to Care	Businesses	Unemployment	Other
Filipino	<ul style="list-style-type: none"> •Are 4% of the nursing workforce but make up 31.5% of COVID-19 related deaths among all nurses²⁶ •Make up 25% of the Asian population but 30% of COVID-19 deaths among Asians in California²⁷ 	<ul style="list-style-type: none"> •One in every four Filipino adults in the US is working as a frontline health worker²⁷ •33% live in multigenerational households²⁸ •In California, 80% of Asian health care worker deaths are Filipino²⁷ 	<ul style="list-style-type: none"> •Two times the odds of having hypertension than non-Hispanic whites in California.¹⁶ High rates found nationally (30%), in NYC (29%), California (35%), Los Angeles (30%) Arizona (30%) and Hawaii (32%)⁸ •Three times the odds of having diabetes than non-Hispanic whites in California¹⁶ . High rates found nationally (9%), in NYC (11-20%), Los Angeles (12%), Arizona (14%), and Hawaii (13%)⁸ •Three times the odds of being overweight or obese in California than non-Hispanic whites¹⁶ •High smoking rate in NYC (18%)⁸ •High rates of asthma nationally (15%), in California (18%), Arizona (16%), and Hawaii (14%)⁸ 	<ul style="list-style-type: none"> •18% are limited English proficient²⁸ 	Unknown	Unknown	<ul style="list-style-type: none"> •Food Insecurity - 8% reported not having enough money to buy the food they need. 13% no longer getting food resources they were receiving before the pandemic.²⁵ •Xenophobia/hate crimes/being blamed for the pandemic^{22,29}
Vietnamese	<ul style="list-style-type: none"> •Account for 28% of the cases among Asian Americans in Santa Clara County but make up 19% of Asian Americans³⁰ 	<ul style="list-style-type: none"> •Many working in high contact industries such as nail and hair salons³¹ •32% live in a multigenerational household³² 	<ul style="list-style-type: none"> •In Santa Clara County more Vietnamese adults have been diagnosed with diabetes than for all other Asian ethnicities, Pacific Islanders, and whites combined³¹. High diabetes rates found in NYC (12%)⁸ •Second highest smoking rates among all Asians (16%)³³ •High rates of hypertension in NYC (29-34%) and Los Angeles (33%)⁸ 	<ul style="list-style-type: none"> •Misinformation circulating on social media regarding how to treat COVID-19³¹ •49% are limited English proficient³² 	<ul style="list-style-type: none"> •Nail and hair salon industry severely affected³¹ •Challenges for small retail businesses transitioning to online shopping³⁴ •Language barriers navigating government loan bureaucracy³⁴ 	<ul style="list-style-type: none"> •Women particularly affected due to nail and hair salons shutting down and needing to oversee children's education³¹ 	<ul style="list-style-type: none"> •Social isolation for elderly - community centers are closed³¹ •Food insecurity - 7% report not having the money they need to buy food . 12% Report no longer getting the food resources they were receiving before the pandemic²⁵ •Xenophobia/hate crimes/being blamed for the pandemic²²

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		COVID-19 Risk Factors			Livelihood		
	COVID-19 Related Outcomes	Risk of Exposure	Pre-existing/Comorbid Conditions	Barriers to Care	Businesses	Unemployment	Other
Korean	<ul style="list-style-type: none"> •Have a "disproportionate share of COVID-19 deaths among Asian Americans" in California³⁵ 	<ul style="list-style-type: none"> •20% live in a multigenerational household³⁶ 	<ul style="list-style-type: none"> •Highest rate of adult smoking among all Asian subgroups (20%)³³ •High rates of diabetes in NYC (12%), California (9%), and Los Angeles (14%)⁸ 	<ul style="list-style-type: none"> •37% are limited English proficient³⁶ 	Unknown	Unknown	<ul style="list-style-type: none"> •Food Insecurity - 11% of Korean adults no longer being able to get the food resources they were receiving before COVID-19²⁵
Japanese	Unknown	<ul style="list-style-type: none"> •19% are living in multigenerational households³⁷ 	<ul style="list-style-type: none"> •70% higher odds of diabetes compared to non-Hispanic whites in California.¹⁶ High rates found in NYC (13%) and Hawaii (9%)⁸ •40% higher odds of being obese or overweight than non-Hispanic whites in California¹⁶ •High rates of asthma in California (16%), Los Angeles (23%), and Hawaii (17%)⁸ 	<ul style="list-style-type: none"> •16% are limited English proficient³⁷ 	Unknown	Unknown	<ul style="list-style-type: none"> •Xenophobia/hate crimes/being blamed for the pandemic^{22,38}

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