

UNMASKING COVID-19

IMPLICATIONS OF THE PANDEMIC'S DISPROPORTIONATE IMPACT ON NATIVE HAWAIIAN AND PACIFIC ISLANDER COMMUNITIES IN CALIFORNIA

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Disclaimer

The views expressed herein are those of the authors and not necessarily those of the University of California, Los Angeles. The authors alone are responsible for the content of this report.

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EXECUTIVE SUMMARY

Native Hawaiian and Pacific Islander (NHPI) communities in California have been disproportionately impacted by the ongoing COVID-19 pandemic. In this policy report, we highlight ways that the State of California might work to mitigate the short- and long-term effects of the pandemic for NHPIs and all members of the state's diverse population. This process entails privileging community-led solutions to addressing health equity locally and nationally. With regard to the NHPI population in California, achieving health equity also involves addressing both pre-existing inequities and those which were exacerbated—in and beyond the area of health—as a result of the pandemic. In both cases, NHPI community-led policy recommendations should inform all phases of the research and advocacy process. Outlined in this policy report, and elaborated upon in three accompanying research briefs, we discuss the importance of: (1) disaggregating the ethnic and racial data under the “Asian American and Pacific Islander” (AAPI) umbrella category; (2) promoting funding equity for and the sustainability of NHPI community-based organizations throughout the state; and (3) ensuring accessible, free, and reliable translation of materials into NHPI languages for community members interfacing with state government and government affiliated agencies.

KEY FINDINGS

1. There is a **lack of disaggregated NHPI and subgroup data** that could uncover disparities and inequities which would justify much needed support for NHPI community-centered support services.
2. The continued use of the Asian American and Pacific Islander (AAPI) label in data collection and community organizing efforts **largely renders NHPI needs invisible**; additionally, organizations claiming to serve AAPIs often direct only a small fraction of AAPI resources to NHPI services and communities.
3. Funders such as state and local government agencies often **do not have knowledge or familiarity about NHPI communities and the historical, cultural, and political contexts** that frame their lived experiences. As a result, NHPI organizations must expend valuable time and scarce resources repeatedly educating government agencies and other funders in order to advocate for funding.
4. The **use of place-based funding approaches by funders has proven ineffective in directing resources to NHPIs** since our communities are geographically dispersed throughout the state.
5. NHPI communities **do not have access to translation services and resources translated into their preferred languages**.
6. Government documents and materials about NHPI communities **lack appropriate NHPI language diacritics**.

RECOMMENDATIONS

- 1. Standardize racial and ethnic data, including a disaggregated category for Native Hawaiians and Pacific Islanders (NHPIs) and NHPI sub-groups,** across all healthcare agencies as part of their data collection practices.
- 2. Aggregate NHPI data to the smallest geographic unit possible** to preserve precision and minimize data suppression while maintaining compliance with data privacy laws.
- 3. Provide annual funding and equity-based funding for community-based organizations** that primarily serve historically underinvested communities, including NHPIs.
- 4. Fund the publication of annual reports** summarizing NHPI data collected by state agencies across major issue areas including health, education, employment, and criminal justice. Relatedly, create an **NHPI community advisory board** to review the data and provide input and feedback regarding the report's development and dissemination.
- 5. Provide immediate resources for in-person and online NHPI translators** for a set amount of time each day in medical and public health services provided by and/or affiliated with the government for COVID-19-related response.
- 6. Sustain NHPI translation resources** discussed in Recommendation #5 and expand translation services within three to five years to other publicly supported areas including, but not limited to, civic engagement, corporations, correctional facilities, education, housing, immigration, judicial systems, and social services.
- 7. Include links on all government-affiliated websites** for NHPI community organizations as the state integrates NHPI translation services.
- 8. Accept and utilize NHPI language diacritics** (e.g., glottal stops, macrons) in government documents and related translation materials.
- 9. Disclose and make publicly accessible the contact information of NHPI translation services** as part of all state government and government-affiliated services.

INTRODUCTION

The ongoing COVID-19 pandemic has exacerbated preexisting structural inequalities affecting Native Hawaiian and Pacific Islander (NHPI) communities in California (Penaia et al., 2021). These inequalities include, but are not limited to, high levels of economic insecurity as working-class individuals; multiple linguistic barriers to accessing affordable and quality healthcare and social services; and inadequate political representation across all sectors of state government (Morey et al., 2020). Dr. Raynald Samoa, the Clinical Lead for the U.S. National Pacific Islander COVID-19 Response Team, put it succinctly: “The pandemic is unmasking the current conditions of poor health access and lower socioeconomic conditions” of Native Hawaiians and Pacific Islanders (Huang, 2020). Moreover, the agricultural, construction, medical, retail, and service industries of California forced many NHPI, African American, Latinx, Southeast Asian, and Native American communities to continue working in-person despite the threat of the pandemic given their classification as “essential workers” since the outbreak of the pandemic in March 2020.¹ Nevertheless, a key challenge to fully understanding the disproportionate impact of the

1. According to the Asian Pacific American Labor Alliance (APALA), more than 2 million Asian American and Pacific Islander essential workers are on the front lines of the COVID-19 crisis. Please refer to the APALA *2021 Annual Report* and to Stephanie Russo Carroll, Desi Rodríguez-Lonebear, Randall Akee, Annita Lucchesi, and Jennifer Rai Richards’s article, “Indigenous Data in the Covid-19 Pandemic: Straddling Erasure, Terrorism and Sovereignty,” *Items*, June 11, 2020.

pandemic on NHPI communities today is a lack of accurate and available data. Although in 1997 the federal Office of Management and Budget Directive No. 15 mandated the use of an NHPI category when collecting demographic data, the State of California continues to subsume NHPIs under the “Asian American” category. In comparison to the ethnic and class diversity of the Asian American community, NHPIs in California are marginalized Indigenous populations from Melanesia, Micronesia, and Polynesia.² With their ties to these areas of the Pacific Islands region and the United States, NHPIs have historically possessed multiple citizenship and non-citizenship statuses. In this regard, NHPIs are U.S. citizens, U.S. nationals, and foreign nationals of sovereign governments in the Pacific.

As a result of U.S. wars in Afghanistan, Iraq, Japan, Okinawa, Philippines, Korea, and Vietnam, the United States has developed colonial, economic, military, and political relationships with Pacific Island countries (Compoc, Enomoto, and Ho, 2021). In Oceania, the United States now governs Hawai’i as a “state”; manages American Samoa, the Commonwealth of the Northern Mariana Islands, and Guam as “unincorporated territories”; and dictates military policies with the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau under the “Compacts of Free Association.” Since the late nineteenth

2. In this report, we interchangeably use the terms “Pacific Islands,” “Pacific,” and “Oceania” to refer the Indigenous communities of this large region that encompasses Melanesia, Micronesia, and Polynesia.

century, the U.S. military has also occupied and polluted many of the local environments of these countries. The U.S. military's creation of airports, bases, firing ranges, and harbors subsequently displaced many NHPs from their ancestral and communal lands, as well as severely limited their pursuits for higher education. As a result, many NHP youth—men, women and, increasingly, transgender individuals—enlisted in the U.S. Armed Services. By the early twenty-first century, NHPs had established communities around churches, military bases, and industrial centers in Arizona, Arkansas, California, Florida, Nevada, New York, Oregon, Texas, Utah, and Washington. In each case, they sought better educational and economic opportunities, as well as increased access to healthcare. Climate change and sea level rise, coupled with the heightened geopolitical tensions between China, Taiwan, and the United States, have also generated new forms of economic development, diplomacy, and outmigration across Oceania (Wesley-Smith and Smith, 2021). Today, 333,617 NHPs, the largest NHP immigrant community in the continental United States, now reside in California. These NHP households include Chamorus, Chuukese, Fijians, Māori, Marshallese, Native Hawaiians, Palauans, Sāmoans, Tahitians, and Tongans, to name a few.³

3. In this policy report and the accompanying research briefs, we use the preferred spelling of NHP terms as understood and practiced by the NHP community- and faith-based organizers in California. For information about the US Census categories and definitions, please visit the US Census Bureau website: <https://www.census.gov/topics/population/race/about.html#:~:text=Native%20Hawaiian%20or%20other%20Pacific,Samoa%2C%20or%20other%20Pacific%20Islands>.

In this report, we detail the implications of the pandemic's disproportionate impact on Native Hawaiian and Pacific Islander communities in the state of California (Samoa et al., 2020). Presently, NHPs have a higher COVID-19 crude mortality rate than members of other ethnic groups: 123 deaths per 100,000 people. NHPs alone also have a higher rate than the state's total crude mortality rate of 84 deaths per 100,000 (Ponce, Shimkhada, and Tulua, 2021). Yet this greater mortality rate has not been met with adequate availability nor accessibility of resources and funding in California. Prior to the pandemic, NHP churches, community-based organizations (CBOs), and student collectives throughout the state documented the pre-existing structural inequalities in education, employment, health, and housing (Empowering Pacific Islander Communities [EPIC] and Asian Americans Advancing Justice-Los Angeles, 2014). Following their lead, we center NHP community-based policy discussions about: (1) disaggregating ethnic and racial data for NHPs and NHP sub-groups; (2) funding California NHP CBOs to achieve health equity; and (3) implementing language translation resources and services for NHPs. Although our primary audience is the California Asian American and Pacific Islander Legislative Caucus, any state agency can use our report and the associated policy briefs to elevate NHPs as a marginalized community within the dominant "Asian American" category; identify shared public policy concerns among NHPs and other populations in California; and mitigate the short- and long-term effects

of COVID-19 in California more generally. In short, NHPs represent a vital community from which to assess the harm of the pandemic and from which to achieve greater equity for NHPs as well as other “essential worker” demographics in California and nationally.

RESEARCH QUESTIONS & METHODOLOGY

Research Questions

Given the historical context of NHP communities in California and the continued development of the COVID-19 pandemic, we ask: What has been the COVID-19 pandemic’s impact on Native Hawaiian and Pacific Islander (NHP) communities in California? Relatedly, what impact did preexisting health- and non-health-related factors have on the COVID-19 pandemic’s impact on California’s NHP communities? Lastly, how have NHP community-based organizations responded to the pandemic’s impact on community members and what steps have they taken to mitigate the harm done?

To answer these questions, we invited NHP community leaders from across the state to take part in a series of focus group conversations, which in turn led to the development of three research briefs. Research Brief #1 examines NHP data disaggregation and the consistency of data collection categories for understanding the full impact of the pandemic on California’s NHP communities. Research Brief #2 focuses on funding for NHP CBOs and the COVID-19 pandemic’s impact on the funding needs, priorities, and programming

offered. And Research Brief #3 highlights the importance of language translation resources and services for NHP community members who have Limited English Proficiency (LEP) and seek resources as a result of the disproportionate impact of the pandemic.

The Importance of a Community-Engaged Research Approach

In 2021, the Presidential COVID-19 Health Equity Task Force identified “community-led solutions to address health equity” as the first of five priorities in achieving greater health equity for communities of color and other underserved populations in the United States. The other four priorities included data and equity-driven decision making; accountability for health equity outcomes; investment in public health and health care workforce; and coordination at the highest levels of government. With regard to community-led solutions, the Task Force stated, “Communities hold expertise to identify and implement solutions that address their specific needs. Therefore, the government should invest in community-led solutions that offer communities in need of funds that are easily accessible” (Presidential COVID-19 Health Equity Task Force, n.d.) Focusing on community-led approaches to addressing historical and ongoing disparities in health equity and in doing so, seeking to center NHP community voices, this project has its roots in the ethics, protocols, and values of community engaged research. As Māori scholar Linda Tuhiwai Smith explains, Indigenous communities like the NHPs of California seek “to make a positive difference in

the lives of Indigenous peoples; to improve health, social, and economic outcomes; to regenerate languages and cultures; to remove institutional barriers to Indigenous participation; [and] to restore Indigenous Knowledge and values as a way of living and being” (Smith, 2018).

Such an approach entails the inclusion of community members and organizations as active partners throughout the entire research process—specifically the framing and development of research questions, the collection of “data,” and the analysis and interpretation of the “data.” By adhering to these ethics, higher education scholar Tania D. Mitchell argues that academics, community members, policy makers, and others can create authentic relationships, enact social change, and redistribute power in society (Mitchell, 2008). The larger project is what the Italian theorist Antonio Gramsci calls counterhegemony, or the way people develop ideas and discourse to challenge dominant assumptions, beliefs, and established patterns of behavior (Cox and Schilthuis, 2021).⁴ With our orientation to community-engaged research, NHPI cultural sensibilities, and counterhegemonic positions, we developed the “Unmasking COVID-19” Research Project in Fall 2020. Our research team is co-led by Keith L. Camacho (Professor of Asian American Studies at the University of

4. For a fuller treatment of hegemony and counterhegemony, refer to Antonio Gramsci, *Further Selections from Prison Notebooks*, translated and edited by Derek Boothman (Minneapolis: University of Minnesota Press, 1995). We especially thank Kawika Liu, a Native Hawaiian medical doctor and research team member, for flagging the significance of Gramsci’s notion of counterhegemony in NHPI community-based organizing in California.

California, Los Angeles), Kevin Escudero (Assistant Professor of American Studies and Ethnic Studies at Brown University), and Maryann Heather (Senior Lecturer at the University of Auckland and a physician at the Etu Pasifika Auckland Clinic). Taking a comparative approach to examining the pandemic’s impact on NHPI communities in the United States and Aotearoa New Zealand, we aim to understand the pandemic’s disproportionate impact on these communities despite the two nations’ contrasting approaches to managing the pandemic and halting its spread.

In Spring 2021, with funding from the California Asian and Pacific Islander (API) Legislative Caucus, the UCLA Asian American Studies Center circulated a Call for Proposals for UCLA faculty-led research projects examining the impact of the COVID-19 pandemic on API communities statewide. In doing so, the Center sought to draw upon the broad array of UCLA faculty expertise to better understand the current and future impacts of the pandemic as well as to propose innovative approaches for reducing the impact on some of the state’s most marginalized communities. Given Keith L. Camacho’s role as a faculty member in the Asian American Department at UCLA and his affiliation with the university’s Asian American Studies Center, we applied for funding from the Center to carry out the project’s California-specific research.

Study Design and Process

We began our California fieldwork by reaching out to community leaders across the greater Los Angeles region. Having collaborated with these community leaders on various educational programs prior to the pandemic, we wanted to gauge their interest in our research project. In this regard, we held several in-person, phone, and virtual meetings with NHPI community leadership during the 2020-2021 academic year. These organizations included Empowering Pacific Islander Communities; the Kutturan Chamoru Foundation; Le Gafa Samoa; the Marshallese Youth of Orange County; the Native Hawaiian and Pacific Islander Data Policy Lab at the UCLA Center for Health Policy Research; the Pacific Island Ethnic Art Museum; and the Southern California Pacific Islander COVID-19 Response Team. Given the enthusiastic response of many of the organizations' leaders, we convened a Zoom meeting where we could all meet one another, learn about each other's work, and take part in a preliminary focus group discussion regarding the pandemic's impact on the lives of NHPI individuals throughout California. This virtual meeting and focus group took place on March 21, 2022 and lasted for one and a half hours. The discussion began with introductions and a brief dialogue about the kinds of advocacy, mobilization, and support that each individual and organization provided for NHPI community members throughout the pandemic. We then spent the remainder of our time together in Zoom "breakout rooms" discussing community needs that these leaders saw develop as a result

of the pandemic and the relationship between pre-existing inequities and the pandemic's disproportionate impact on NHPI communities statewide.

Afterwards, Keith L. Camacho and Kevin Escudero sent a follow up email to all of the focus group participants to gauge their interest in continuing the conversation and potentially co-authoring a series of research briefs that would later be shared with state legislators in Sacramento. Approximately half of the participants from the March 21st virtual focus group expressed an interest in continuing the conversation. As a result, we set up a series of weekly Zoom meetings in April 2022 and May 2022 for the members of this reconstituted group to work together to outline and co-author a series of policy briefs exploring the research questions posed at the beginning of this report. During our Zoom meeting on April 11, 2022, attendees identified a preliminary set of topics from our first meeting that they were interested in developing into a series of research briefs. Through subsequent weekly meetings we continued to refine these topics, spent time in breakout rooms collectively drafting our briefs using the Google Docs platform, and solicited feedback from other groups at the end of each meeting.

Our briefs are anchored in NHPI community leaders' own experiences and daily observations, as well as their consultations with members of the communities that they support. Some groups, such as those who co-authored Policy Brief #1, chose to incorporate secondary data from the U.S. Census and UCLA Center for Health Policy Research. The

group which co-authored Policy Brief #2 even decided to gather additional data to better understand funding streams that NHPI serving organizations utilized prior to and during the pandemic. They did so by fielding an online survey of NHPI community organization leaders about the funding that they historically received and that they obtained during the pandemic in May 2022. The co-authors of Policy Brief #3 relied on medical and public health statistics about the mortality rate of NHPIs during the pandemic and national laws and policies about official NHPI languages. They also featured personal NHPI testimonies of resilience and survival during the pandemic whenever federal and state agencies failed to accommodate the NHPI community members, such as the Marshallese and Fijians, who have Limited English Proficiency (LEP).

The research brief writing process culminated with an in-person two-day seminar on May 19, 2022 at UCLA's Luskin Conference Center. At the seminar, groups presented full drafts of their policy briefs and received feedback about ways to prepare their briefs for publication and dissemination. Groups then had an additional two to three weeks to refine their policy briefs as they continued to meet over Zoom periodically. Keith L. Camacho and Kevin Escudero circulated the final policy briefs among the group during the week of June 27, 2022 prior to them being submitted to staff members at the UCLA Asian American Studies Center for layout and formatting. Maryann Heather, a Sāmoan medical doctor and project co-Principal Investigator, unfortunately

could not join our in-person and virtual sessions in Spring 2022. As a community leader, Heather led the efforts to vaccinate the Pasifika population and mitigate the spread of COVID-19 in Aotearoa New Zealand. Nevertheless, our research team remains in correspondence with Heather on a regular basis given her role as a project co-PI.

Utilizing a collaborative, community-centered process, Keith L. Camacho and Kevin Escudero then took a step back and asked how they could support the work and amplify the voices of community leaders working “on the ground” each day. Ultimately, the three policy briefs both reflect and advance these sensibilities. The briefs also represent the vital perspectives of community leaders and the NHPI communities that they work with across Los Angeles before and during the pandemic. The policy briefs likewise feature their recommendations for state legislators regarding ways to reduce the pandemic's disproportionate impact on all communities in California, including members of the NHPI communities.

DATA & FINDINGS

During our multiple group sessions held over the span of several months, California NHPI community leaders and members of our research team collectively identified three overarching themes related to the COVID-19 pandemic's impact on NHPI communities in California. Below, we elaborate on these three themes and explain how they inform our project's three accompanying research briefs.

Need for Data Disaggregation

NHPI community stakeholders have been underscoring the importance of disaggregating ethnic and racial data among the "Asian American" category for over a decade. By doing so, NHPI CBOs can critically examine the preexisting and ongoing structural inequalities that have led to the disproportionate effects of the COVID-19 pandemic. This can be clearly seen in the finding that NHPs are 2.9 times more likely to have died from COVID-19 than White Americans (Gee et al., 2022). Also at stake for NHPI communities is their high incidence of pre-existing cancer, diabetes, heart disease, mental health, obesity and other illnesses, a full understanding of which is limited by the absence of disaggregated ethnic and racial data and exacerbated by the presence of structural co-determinants like poverty and racism before and during the pandemic.⁵

5. For a sampling of this critical health literature, please refer to Sora Park Tanjasiri, Michele Mouttapa, Lola Sablan-Santos, Jie W. Weiss, Alisa Chavarria, Jasmine

As the authors of Policy Brief #1 explain, "Standardized racial and ethnic data collection and reporting categories are essential for addressing health emergencies such as pandemics and reducing health inequities in California. This data allows policymakers, health agencies, and community-serving organizations to obtain an accurate view of the impact and progression of diseases and health conditions among California's diverse communities" (Chang et al., 2022). In this respect, the disaggregation of the "Asian American" category would allow policy makers (1) to better allocate funds to mitigate the rise in anti-Asian racism, xenophobia, and violence in California, as with Senate Bill 1161 and Assembly Bill 2549, and (2) to better allocate funds to achieve greater educational, health, and political equity for NHPI communities in California (Serrano, 2022).

Calls for Increased Support of CBOs

Given the high mortality rate of NHPs in California and the pandemic's disproportionate impact on the community, 'Alisi Tulua, a Tongan health policy educator and research team member, reminded us of the urgency to acquire the medical and social services needed to address the harmful effects

DeGuzman Lacsamana, Vanessa Tuione May, Lourdes Quitugua, Marina Tupua, and Dorothy Schmidt-Vaivao, "Design and Outcomes of a Community Trial to Increase Pap Testing in Pacific Islander Women," *Cancer Epidemiology, Biomarkers & Prevention* vol. 28, no. 9 (2019): 1435-1442, and Nicola L. Hawley and Stephen T. McGarvey, "Obesity and Diabetes in Pacific Islanders: the Current Burden and the Need for Urgent Action," *Current diabetes reports* 15, no. 5 (2015): 1-10.

of “long COVID” in NHPI communities during and after the pandemic (Berger et al., 2021). By long COVID, Tulua was referring to the symptoms of COVID-19 that persist beyond three weeks (Ibid.). Thus, she asserted, “It is important that this work continues and is sustained in future years and is able to grow.” NHPI community leaders subsequently welcomed increased opportunities to partner more closely with the administrative staff of the California Department of Health Care Services, the California Department of Social Services, the California State Legislature, the Federal Emergency Management Agency, the Los Angeles County of Public Health, and related federal and state agencies. In this regard, NHPI CBOs often called for more opportunities to engage federal and state agencies, private foundations, and universities in an effort to share and analyze data and distribute resources.

We also found that NHPI CBOs have been proactively responding to and meeting community needs throughout the COVID-19 pandemic. Increased funding from the federal and state governments as well as from private foundations, for example, allowed NHPI CBOs to test, vaccinate, and offer food and related provisions to NHPI community members. At the same time, Richard Calvin Chang, a Native Hawaiian attorney, statistical analyst, and research team member, noted that NHPI CBOs have expended much capital, labor, and time in advocating for resources from local healthcare agencies who know little or nothing about NHPis. That

is, many NHPI CBOs—and NHPI churches and artist and student collectives more generally—continue to explain the cultural, legal, political, social, and religious diversity of NHPI communities in California. This has in turn occupied the limited time available to meet the ongoing needs of community members.

The authors of Research Brief #2 describe the significance of increased and sustained funding for NHPI CBOs in California. They write, “NHPI community-based organizations (CBOs) are uniquely positioned to respond to community needs in a culturally appropriate and effective manner and have developed trust with the community over many years. Yet, these NHPI CBOs have historically experienced financial underinvestment which has impeded their ability to serve the needs of California’s NHPI community resulting in widening health disparities. The State of California’s commitment to equitable funding and resource allocation to mitigate the ongoing physical, social, and economic harms of the pandemic on the NHPI community will advance the State’s goal toward greater health equity” (Tulua et al., 2022). Rev. Pausa Kaio Thompson, a Sāmoan pastor and theologian at the Dominguez Samoan Congregational Christian Church in Compton and research team member, underscored the ethical dimensions for funding NHPI CBOs: “NHPI children and elders have been more vulnerable during the pandemic and so we have to ethically ensure the well-being of this group.”

Translated Material and Service Needs

With the support of Asian American and NHPI organizations, NHPI communities have received valuable information about COVID-19 and the resources to address this public health crisis in California. Two notable examples include the In-Language Materials and Talk Story series of the Southern California Pacific Islander COVID-19 Response Team (SoCal PICRT) and the Multilingual Resource Hub of the UCLA Asian American Studies Center (AASC).⁶ As such, these platforms and their staff frequently translated information about COVID-19 into various NHPI languages (e.g., CHamoru, Fijian, Marshallese, Native Hawaiian, Sāmoan, and Tongan). Following the guidance from the Centers for Disease Control and Prevention and California public health agencies, these platforms provided printed and spoken materials in NHPI languages on topics including COVID-19 home care, guidelines for social distancing and the use of facemasks, and Medicare access, among other issues. Seeking to reach as many NHPI community members as possible, SoCal PICRT and the AASC also utilized multiple social media platforms like Facebook, Twitter, and Zoom to disseminate relevant and accurate information. Together, SoCal PICRT and the AASC reveal the possibilities for achieving health equity by way of community and university partnerships. They likewise

6. The archives for the In-Language Materials and Talk Story series of the Southern California Pacific Islander COVID-19 Response Team and the Multilingual Resource Hub of the UCLA Asian American Studies Center are available online, respectively, at: <https://www.pacificislanderhealth.org/> and <https://www.translatecovid.org/>. Accessed on July 2, 2022.

demonstrate that structural inequalities persist in the realm of language and translation.

The authors of Research Brief #3 found that the government and governmental affiliated agencies in California do not recognize the linguistic barriers among NHPI community members who have Limited English Proficiency (LEP). As one Marshallese elder expressed, “How can you serve us, if you can’t communicate with us?” Despite the fact that the colonial and postcolonial countries of the Pacific region recognize NHPI languages as the official languages of their respective governments, the State of California does not currently provide translation services and resources for NHPI communities. As a linguistic minority group in California, NHPI communities have few organizations that serve them (Language and Communication Access Plan, 2019). This makes it especially challenging for the Marshallese, Tongans, Sāmoans, and Fijians who have the highest LEP among the NHPI communities in California. In response to these circumstances, the authors of Research Brief #3 expressed, “By offering translation resources for NHPIs, the state of California can reduce the high NHPI infection rate of SARS-CoV-2; help NHPIs access medical and public health resources currently made available to other ethnicities and races; provide training and job opportunities for NHPI translators; and decrease the overall negative impact and vulnerability of the state of California to the COVID-19 pandemic” (Silk et al., 2022).

CONCLUSIONS & RECOMMENDATIONS

As we close our report, we return to the directives of the 2021 Presidential COVID-19 Health Equity Task Force, specifically their priority that “community-led solutions” should inform any effort to achieve health equity among the communities of color and other underserved populations in the United States. With their skills, resources, and community knowledge, Native Hawaiian and Pacific Islander community-based organizations are ready and willing to provide their guidance and leadership during and after the pandemic. As with the development of this policy report and accompanying three research briefs, we encourage California’s Asian and Pacific Islander Legislative Caucus and related state agencies to continue developing authentic, trusting relationships with NHPI CBOs, as well as collaborate with them in enacting meaningful, enduring, and positive social change (Mitchell, 2008). As we have detailed, NHPI CBOs and their diverse communities represent a vital population from which to assess the harm of the pandemic and from which to achieve greater equity for NHPs as well as other “essential worker” demographics in California and nationally. NHPI CBOs listed in our appendix can serve as key points of contact for additional information about the disaggregation of ethnic and racial data, working to ensure funding equity for NHPI CBOs, and ensuring accurate and reliable translation of NHPI languages for state government and governmental affiliated agencies. We also respectfully ask that NHPI CBOs

be properly compensated for their time, labor, and expertise. This should also be supplemented by increased educational opportunities and pathways for advancement in the local, state, and federal government.

Elaborating on the three overarching themes of this report and the project’s three policy briefs, we recommend that the State of California:

- 1. Standardize racial and ethnic data, including a disaggregated category for Native Hawaiians and Pacific Islanders (NHPs) and NHPI sub-groups**, across all healthcare agencies as part of their data collection practices. This will assist in ensuring that public health agencies in California are able to utilize consistent numbers, ratios, or percentages when analyzing the experiences of NHPI populations.
- 2. Aggregate NHPI data to the smallest geographic unit possible** to preserve precision and minimize data suppression while maintaining compliance with data privacy laws.
- 3. Provide annual funding and equity-based funding for community-based organizations** that primarily serve historically underinvested communities, including NHPs.
- 4. Fund the publication of annual reports** summarizing NHPI data collected by state agencies across major issue areas including health, education, employment, and criminal justice. Relatedly, create an **NHPI community advisory board** to review the data and provide input

and feedback regarding the report's development and dissemination.

5. Provide **immediate resources for in-person and online NHPI translators** for a set amount of time each day in medical and public health services provided by and/or affiliated with the government for COVID-19-related response.
6. **Sustain NHPI translation resources** discussed in Recommendation #5 and expand translation services within three to five years to other publicly supported areas including, but not limited to, civic engagement, corporations, correctional facilities, education, housing, immigration, judicial systems, and social services.
7. **Include links on all government-affiliated websites** for NHPI community organizations as the state integrates NHPI translation services.
8. Accept and utilize **NHPI language diacritics** (e.g., glottal stops, macrons) in government documents and related translation materials.
9. Disclose and make publicly accessible the **contact information of NHPI translation services** as part of all state government and government-affiliated services.

To assist with the implementation of these recommendations, we urge the California Asian Pacific Islander (API) Legislative Caucus to create a permanent Native Hawaiian and Pacific Islander (NHPI) staff position. The individual in this role would be well-situated to lead the implementation of the policy recommendations enumerated above. Given the need for this individual to have a well-established history of partnering with members of the NHPI community statewide and an understanding of California legislative and policy infrastructure, we recommend that this position be based in Sacramento, be an associate-level (not entry-level) role, and be a permanent position. Critical to the development of this staff position's job description is a series of conversations with NHPI community leaders and related stakeholders across California (for a detailed list of some of these key leaders and organizations, please refer to this report's appendix).

Lastly, given the uncertainty regarding the long-term effects of COVID-19 on individual and community health, we recommend that the State of California ensure that NHPIs are included alongside other racial/ethnic minority and Indigenous communities in programs and/or funding mechanisms which support research and interventions related to what has become known as "long COVID."

APPENDIX: CALIFORNIA NHPI ORGANIZATIONS AND ORGANIZATIONAL CONTACTS

Central Valley Pacific Islander Alliance

5631 W. Beechwood Avenue
Fresno, CA 93722
<https://cvpia.org/>

Dominguez Samoan Congregational Christian Church

109 S. Aprilia Avenue
Compton, CA 90220
(917) 723-1893 | dominguezsamoanccc@gmail.com

Empowering Pacific Islander Communities

c/o Community Partners
P.O. Box 741265
Los Angeles, CA 90074-1265
www.empoweredpi.org

Kutturan Chamoru Foundation

3307 Oregon Avenue
Long Beach, CA 90806
(562) 972-0969 | Info@kutturanchamoru.org |
<https://www.kutturanchamoru.org/>

Marshallese Youth of Orange County

13101 Aspenwood Avenue
Garden Grove, CA 92840
(714) 583-0123 | <https://www.marshalleseyouth.org/>

National Pacific Islander Education Network (NPIEN)

4425 Pixie Avenue
Lakewood, CA 90712
Will Safotu, President
Victor C. Thompson, Ed.D., Executive Director
(562) 544-3385 | npien@npien.com | www.npien.com

Orange County Asian and Pacific Islander Community Alliance, Inc. (OCAPICA)

12912 Brookhurst Street, Suite 410
Garden Grove, CA 92840
(714) 636-9095 | ocapica@ocapica.org | www.ocapica.org

Pacific Island Ethnic Art Museum

695 Alamos Avenue
Long Beach, CA 90802
(562) 216-4170 | team@pieam.org | <https://www.pieam.org/>

The Young Serving All Mankind Our Alofa (S.A.M.O.A.)

25850 Avalon Avenue
San Bernardino, CA 92404
(909) 258-9661 | TheYoungSAMOA@gmail.com

REFERENCES

- Anesi, Juliann, Camacho, Keith L., Chang, Richard C., Escudero, Kevin, Gasaiwai, Savenaca, Gogue, Demeturie T.-L., Penaia, Corina S., Silk, Kelani, Thomas, Karla B., Thompson, Pausa K., and Tulua, 'Alisi. "Unmasking COVID-19: Implications of the Pandemic's Disproportionate Impact on Native Hawaiian and Pacific Islander Communities in California." Research discussion at the May 19 Unmasking COVID-19 Seminar, Los Angeles, May 2022.
- Asian Pacific American Labor Alliance (APALA). *2021 Annual Report*. Washington: APALA, 2021. https://www.apalanet.org/uploads/8/3/2/0/83203568/2021_apala_annual_report.pdf
- Berger, Zackary, Altiery de Jesus, Vivian, Assoumou, Sabrina A., and Greenhalgh, Trisha. "Long COVID and Health Inequities: The Role of Primary Care." *The Milbank Quarterly* 99, no. 2 (2021): 519-541.
- The California Complete Count–Census 2020 Office. *Language and Communication Access Plan: CA Census 2020*. Sacramento: The California Complete Count–Census 2020 Office, 2019. <https://census.ca.gov/wp-content/uploads/sites/4/2019/06/LACAP.pdf>
- Carroll, Stephanie R., Rodriguez-Lonebear, Desi, Akee, Randall, Lucchesi, Annita, and Richards, Jennifer R. "Indigenous Data in the Covid-19 Pandemic: Straddling Erasure, Terrorism, and Sovereignty." *Items*, June 11, 2020. <https://items.ssrc.org/covid-19-and-the-social-sciences/disaster-studies/indigenous-data-in-the-covid-19-pandemic-straddling-erasure-terrorism-and-sovereignty/>
- Chang, Richard C., Liu, Kawika, Penaia, Corina S., and Wong, Nikki. *Standardizing Disaggregated Racial and Ethnic Data Collection and Reporting Practices to Ensure Equity and Accurately Reflect California's Diversity*. Los Angeles: UCLA Asian American Studies Center, 2022.
- Compos, Kim, Enomoto, Joy L., Ho, Kasha H. "From Hawai'i to Okinawa: Confronting Militarization, Healing Trauma, Strengthening Solidarity." *Frontiers: A Journal of Women Studies* 42, no. 1 (2021): 204-224.
- Cox, Robert Henry, and Albert Schilthuis, "Hegemony and counter-hegemony," in *The Wiley-Blackwell Encyclopedia of Globalization*, edited by George Ritzer (Blackwell Publishing Ltd., 2012), 1-4.
- Empowering Pacific Islander Communities (EPIC), and Asian Americans Advancing Justice Los Angeles (AAJC). *A Community of Contrasts: Native Hawaiians and Pacific Islanders in the United States*. Los Angeles: EPIC and AAJC, 2014. https://archive.advancingjustice-la.org/sites/default/files/A_Community_of_Contrasts_NHPI_US_2014.pdf
- Gee, Gilbert C., Morey, Brittany N., Bacong, Adrian M., Doan, Tran T., and Penaia, Corina S. "Considerations of Racism and Data Equity Among Asian Americans, Native Hawaiians, and Pacific Islanders in the Context of COVID-19." *Current Epidemiology Reports* 9, no. 2 (2022): 77-86.
- Gramsci, Antonio. *Further Selections from the Prison Notebooks*, translated and edited by Derek Boothman (Minneapolis: University of Minnesota Press, 1995).
- Hawley, Nicola L., and McGarvey, Stephen T. "Obesity and Diabetes in Pacific Islanders: The Current Burden and the Need for Urgent Action." *Current Diabetes Reports* 15, no. 5 (2015): 1-10.
- Huang, Josie. "In LA County, Pacific Islanders are Dying from Coronavirus at a Rate 12 Times Higher than Whites. These Leaders are Fighting Back." *LAist: We Explain LA*, April 30, 2020. <https://laist.com/news/pacific-islanders-coronavirus-death-rate-california>
- Mitchell, Tania D. "Traditional vs. Critical Service-Learning: Engaging the Literature to Differentiate Two Models." *Michigan Journal of Community Service Learning* 14, no. 2 (2008): 50-65.

- Morey, Brittany N., Tulua, 'Alisi, Tanjasiri, Sora P., Subica, Andrew M., Kaholokula, Joseph K., Penaia, Corina S., Thomas, Karla B., Chang, Richard C., Tran, Vananh D., Ponce, Ninez A., Ong, Paul, and Ong, Elena. "Structural Racism and its Effects on Native Hawaiians and Pacific Islanders in the United States: Issues of Health Equity, Census Undercounting, and Voter Disenfranchisement." *AAPI Nexus* 17, no. 1&2 (2020).
- Penaia, Corina S., Morey, Brittany N., Thomas, Karla B., Chang, Richard C., Tran, Vananh D., Pierson, Nicholas, Greer, John, and Ponce, Ninez A. "Disparaities in Native Hawaiian and Pacific Islander COVID-19 Mortality: A Community-Drive Data Response." *American Journal of Public Health* 111, no. S2 (2021): S49-S52.
- Ponce, Ninez A., Shimkhada, Riti, and Tulua, 'Alisi. *Disaggregating California's COVID-19 Data for Native Hawaiians and Pacific Islanders and Asians*. Los Angeles: UCLA Center for Health and Policy Research, 2021. <https://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=2135>
- Presidential COVID-19 Health Equity Task Force. *Presidential COVID-19 Health Equity Task Force: Final Report and Recommendations*. Washington: Presidential COVID-19 Health Equity Task Force, 2021. https://www.minorityhealth.hhs.gov/assets/pdf/HETF_Report_508_102821_9am_508Team%20WIP11-compressed.pdf
- Samoa, Raynald, Kaholokula, Joseph K., Penaia, Corina, Tupai-Firestone, Ridvan, Fa'amoe-Timoteo, Elena, and Aitaoto, Nia. "COVID-19 and the State of Health of Pacific Islanders in the United States." *AAPI Nexus* 17, no. 1&2 (2020).
- Serrano, Camille. "Support Two Bills in the Legislature to Stop AAPI Hate Crimes." *Cal Matters*, March 10, 2022. <https://calmatters.org/commentary/2022/03/support-two-bills-in-the-legislature-to-stop-aapi-hate-crimes/>
- Silk, Kelani, Quenga, Heidi, Keli'i, Kawehi, Tevaseu, Tia A., Thomas, Karla B., and Camacho, Keith L. *Native Hawaiian and Pacific Islander Communities Require Language Translation Resources and Services to Mitigate their Status as the Most Affected Population by the COVID-19 Pandemic*. Los Angeles: UCLA Asian American Studies Center, 2022.
- Smith, Linda T. "The Art of the Impossible—Defining and Measuring Indeigenous Research?" In *Dissident Knowledge in Higher Education*, edited by Marc Spooner and James McNinch, 21-40. Regina, SK CA: University of Regina Press, 2018.
- Tanjasiri, Sora P., Mouttapa, Michele, Sablan-Santos, Lola, Wiess, Jie W., Chavarria, Alisa, Lacsamana, Jasmine D., May, Vanessa T., Quitugua, Lourdes, Tupua, Maria, and Schmidt-Vaivai, Dorothy. "Design and Outcomes of a Community Trial to Increase Pap Testing in Pacific Islander Women." *Cancer Epidemiology, Biomarkers & Prevention* 28, no. 9 (2019): 1435-1442.
- Tulua, 'Alisi, Gasaiwai, Savenaca, Thompson, Pausa K., Alvord, Christopher, and Escudero, Kevin. *Funding Equity for Native Hawaiian and Pacific Islander Organizations and the COVID-19 Pandemic*. Los Angeles: UCLA Asian American Studies Center, 2022.
- United States Census Bureau. "About the Topic of Race." United States Census Bureau. Last modified March 1, 2020. <https://www.census.gov/topics/population/race/about.html#:~:text=Native%20Hawaiian%20or%20Other%20Pacific,Samoa%2C%20or%20other%20Pacific%20Islands>
- Wesley-Smith, Terence, and Smith, Graeme. "Introduction: The Return of Great Power Competition." In *The China Alternative: Changing Regional Order in the Pacific Islands*, edited by Graeme Smith and Terence Wesley-Smith, 1-40. Canberra, AU: Australian National University Press, 2021.



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