



Public Health

in affiliation with



Riverside County Public Health COVID-19 Needs Assessment

Asian American/Asian Residents Profile

July 2022

Contents

ACKNOWLEDGEMENTS	2
EXECUTIVE SUMMARY	3
INTRODUCTION	5
About RUHS – Public Health.....	5
About HARC	5
METHODS	7
RESULTS: COVID-19 Needs Assessment.....	8
<i>Weighted Data</i>	8
<i>Understanding the Data</i>	8
Demographics	9
<i>Race/Ethnicity</i>	9
<i>Age</i>	11
<i>Gender Identity</i>	12
<i>Sexual Orientation</i>	13
<i>Household Size</i>	14
<i>Income and Poverty</i>	15
<i>Political Affiliation</i>	17
<i>Geography</i>	18
COVID-19 Attitudes and Behaviors	19
<i>Impact of COVID-19</i>	19
<i>Delay/Absence of Healthcare During COVID-19</i>	21
COVID-19 Diagnosis	23
<i>COVID-19 Treatment</i>	23
<i>COVID-19 Recovery</i>	23
COVID-19 Vaccination	24
Disproportionate Impact of COVID-19 on Communities of Color.....	26
COVID-19 Information Seeking.....	27
Trust in Local Government.....	27
CONCLUSION	28

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EXECUTIVE SUMMARY

Introduction

The purpose of this report is to provide the results of a county-wide needs assessment by racial/ethnic category. The report provides survey results about Asian American/Asian residents.

Established in 1926, the Riverside University Health System – Public Health (RUHS – Public Health) is the local public agency responsible for ensuring the health and well-being of county residents and visitors in service of the well-being of the community. HARC, Inc. (Health Assessment and Research for Communities) is a nonprofit research and evaluation organization based in Riverside County. HARC advances quality of life by helping community leaders use objective research and analysis to turn data into action. RUHS – Public Health and HARC partnered to produce this report, as well as a series of other reports to understand the impact of COVID-19.

Methods

Ace Printing purchased a random sample of 40,000 households in Riverside County. HARC and Ace mailed an “invitation package” to all 40,000 households, which included a cover letter (in English and Spanish), a paper survey in English, a paper survey in Spanish, a pre-paid return envelope, and a \$2 bill as a pre-incentive. Each survey was printed with a unique identifier code so that each household could only participate once.

Results

The results from a total of 603 surveys are included in this report. When weighted, these 603 surveys represent more than 134,000 Asian American/Asian residents.

Demographics

Asian American/Asian (7.4%) is the third-largest racial/ethnic group in Riverside County. About 1 in 10 Asian American/Asian adults (9.7%) are living below the poverty line. Asian American/Asian residents are more prevalent in the Northwest and Southwest regions of Riverside County; there are relatively few Asian American/Asian residents in the Coachella Valley.

COVID-19 Attitudes and Behaviors

For Asian American/Asian residents, COVID-19’s greatest daily life impacts were work/school participation (51.9% “to a great extent”) and social life or relationships (45.6%

“to a great extent”). The most common negative COVID-19 experience was worrying about friends and family (69.6%), followed by fear of getting sick (65.5%).

Results show that 35.1% of Asian American/Asian residents did not get needed dental care and 25.8% did not get needed medical care during the pandemic.

COVID-19 Diagnosis and Vaccination

Approximately 14.5% of Asian American/Asian residents reported having tested positive for COVID-19.

Most Asian American/Asian adults in Riverside County (93.6%) are fully vaccinated against COVID-19; only 3.3% of Asian American/Asian residents are unvaccinated and do not plan to get vaccinated. Reasons for not being vaccinated include wanting to wait longer to see the reactions of others (52.8%) and concerns about it being a new type of vaccine (52.6%).

Disproportionate Impact of COVID-19 on Communities of Color

Most Asian American/Asian residents “strongly agree” or “somewhat agree” that people of color are facing more of both a health impact (54.4%) and an economic impact (55.7%) of COVID-19 than are white residents.

COVID-19 Information Seeking

Residents were asked how well they trust information from members of their community. Many Asian American/Asian residents trust the information from their community “moderately” (51.6%) or “very” (19.8%); however, 8.5% do not trust the information at all.

Trust in Local Government

When asked how much one trusts local government (such as county public health departments), 52.3% of Asian American/Asian residents said they trust local government “a moderate amount,” 31.3% said “a lot,” and 13.6% said “a little.” Only 2.8% said they trust local government “none at all.”

INTRODUCTION

The purpose of this report is to provide the results of a county-wide COVID-19 needs assessment by race and ethnicity. The report focuses on residents who identify as non-Hispanic Asian American/Asian alone (for brevity, this hereafter is referred to as “Asian American/Asian”).

For brevity, detailed methods and appendices have been removed from this report, and only the most pertinent pieces of information remain. The initial report includes comprehensive analyses and information regarding survey development, sampling protocol and timeframes, and data weighting. If desired, please contact Riverside University Health System – Public Health (RUHS – Public Health) or HARC for a copy of the initial report.

This report is a custom analysis of data collected from a county-wide study measuring COVID-19 attitudes and health needs. This project was supported by Epidemiology and Laboratory Capacity Enhancing Detection funds, which expands upon previous COVID-19 awards and is provided by the Centers for Disease Control and Prevention by way of the Paycheck Protection Program and Health Care Enhancement Act Response Activities for Cross-Cutting Emerging Issues. The present report was developed by HARC, Inc., on behalf of RUHS – Public Health.

About RUHS – Public Health

Established in 1926, RUHS – Public Health is the local public agency responsible for ensuring the health and well-being of county residents and visitors in service of the well-being of the community. RUHS – Public Health’s values of respect, integrity, service, and excellence are demonstrated through their strong partnerships with community-based organizations, academic institutions, tribal organizations, faith-based organizations, local governmental agencies and community leaders, local business, social service providers, nongovernmental organizations, and other relevant partner organizations necessary to improving the health and well-being of Riverside County’s community.

About HARC

HARC, Inc. (Health Assessment and Research for Communities) is a nonprofit research and evaluation organization based in Riverside County. HARC advances the quality of life by helping community leaders and residents use objective research and analysis to turn data

into action. HARC specializes in providing data that helps improve the social determinants of health.

METHODS

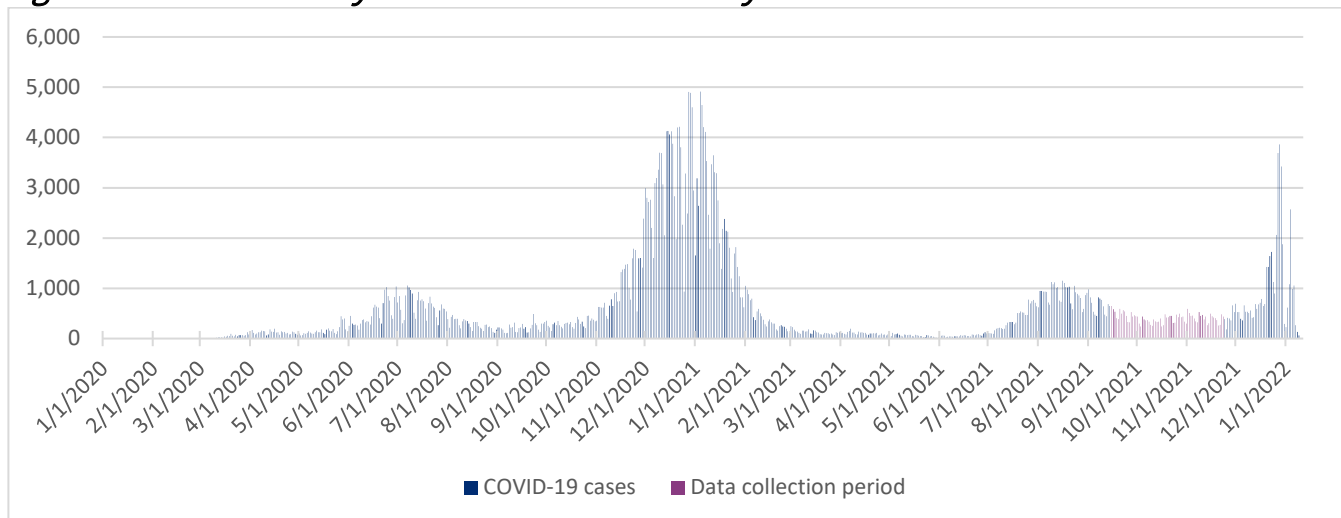
Ace Printing purchased a random sample of 40,000 households in Riverside County. HARC and Ace mailed an “invitation package” to all 40,000 households, which included a cover letter (in English and Spanish), a paper survey in English, a paper survey in Spanish, a pre-paid return envelope, and a \$2 bill as a pre-incentive. Each survey was printed with a unique identifier code so that each household could only participate once. Invitation packages were mailed out in eight batches of 5,000 on the following dates:

- Batch 1: 9/15/21
- Batch 2: 9/16/21
- Batch 3: 9/21/21
- Batch 4: 9/22/21
- Batch 5: 9/24/21
- Batch 6: 9/27/21
- Batch 7: 9/29/21
- Batch 8: 9/30/21

Residents were offered a \$25 Visa card as a post-incentive; as such, those who returned the survey were sent a \$25 Visa card within two weeks of receipt of their paper survey. On 11/24/21, the completed dataset was sent to a statistician for weighting. Weighting is important to ensure that the results of the survey appropriately represent the county. Missing data were imputed using a hot deck method. Iterative proportional fitting was used to ensure marginal distributions for age, sex, race by ethnicity, and household income aligned. In the end, a response rate of approximately 21.5% was achieved.

Figure 1 below provides additional context to the data collection timeline. That is, data were being collected right after the detection of the Delta variant and before the detection of the Omicron variant. The purple cases in the figure below indicate the data collection period.

Figure 1. COVID-19 Daily Cases in Riverside County



Note: Data in the chart are from RUHS - Public Health.

RESULTS: COVID-19 Needs Assessment

Weighted Data

A fair amount of demographics from the surveys were approximately similar to Riverside County demographics; however, there were some slight biases towards older and White-identifying individuals. Thus, the survey results were weighted to account for these demographic differences to provide a more representative illustration of the county.

All results that follow were weighted according to the United States Census Bureau, American Community Survey, 1-year estimates (Household Income, Age, and Sex), and the Decennial Census, 2020 (Race, Ethnicity, and Race by Ethnicity). This weighting essentially “corrects” the skewed data.

Understanding the Data

While figures/tables may include estimates such as “percentages,” “frequencies,” “counts,” etc., these all refer to weighted estimates and percentages. Furthermore, the survey results contain data for and are weighted for the **adult population only**. Thus, this report may refer to “residents” several times, and these residents are always Riverside County residents who are ages 18 and older.

Because this report is based on weighted data analyzed by a variety of categories, there are times when the data may become unreliable (**statistically unstable estimates**). These statistically unstable estimates are based on the ratio of the standard error of the estimate to the estimate itself. When this ratio exceeds 30%,¹ the estimate is deemed unreliable and should not be interpreted. When this occurs in the report, the unstable estimate in the figure/table is highlighted in red.

¹ California Health Interview Survey (n.d.). UCLA Center for Health Policy Research.
<https://healthpolicy.ucla.edu/chis/faq/Pages/default.aspx#e4>

Demographics

The results from 603 surveys are included in this report. When weighted, these 603 surveys represent more than 134,000 Asian American/Asian residents. Nearly all Asian American/Asian survey participants (99.6%) completed the survey in English.

Race/Ethnicity

The survey's racial/ethnic categories were drawn from the U.S. Census.² Survey participants were asked, "Are you of Hispanic, Latino, or Spanish origin?" Survey participants were then asked, "Which one of these groups would you say best represents your race?" and were presented with the following options: "White/Caucasian," "Black/African American," "Asian," "American Indian/Alaska Native," "Native Hawaiian/Pacific Islander," "Multiracial/more than one race," or "Other." For the "Other" category, they were invited to write-in their response.

Race was crossed with ethnicity to provide clarity on the number of people identifying as Hispanic/Latinx (e.g., when asked about race, respondents may choose "other" since Hispanic is not an option). There are five racial/ethnic categories used in the full report: Hispanic/Latinx; not Hispanic, White alone (referred to as White); not Hispanic, African American/Black alone (referred to as African American/Black); not Hispanic, Asian American/Asian alone (referred to as Asian American/Asian); and not Hispanic, other (referred to as "other"). The Hispanic/Latinx category includes people of all racial identities. The White, African American/Black, and Asian American/Asian categories include people only of one racial identity. The "other" category includes people who identified their race as American Indian/Alaska Native, Native Hawaiian/Pacific Islander, "multiracial/more than one race," or "other." This report focuses on the non-Hispanic Asian American/Asian participants.

"Asian American/Asian" is a category that includes populations from a diversity of national, cultural, and racial backgrounds (e.g., Filipino, Chinese, Vietnamese, Asian Indian, Korean, etc.).³ Pacific Islanders, although sometimes included in the "Asian American/Asian" category, are excluded from the "Asian American/Asian" category here, in keeping with the

² The survey's racial categories differ slightly from that of the 2020 U.S. Census: The Census uses only the terms "White" (not also "Caucasian") and "Some Other Race" (not "Multiracial/more than one race" or "Other"). See "Additional Instructions for Respondents." 2020. US Census. <https://www.census.gov/programs-surveys/decennial-census/technical-documentation/questionnaires/2020/response-guidance.html>

³ The survey did not ask participants to specify what national origin they identify with. However, this information is collected by the U.S. Census. According to the U.S. Census, in Riverside County the five largest national origin groups among the total Asian American/Asian (alone) population are Filipino (38.6%); Chinese, except Taiwanese (14.7%); Vietnamese (11.0%); Asian Indian (9.0%); and Korean (6.8%). American Community Survey 5-Year Estimates. Table ID B02015. (2020.) "Asian Alone by Selected Groups." U.S. Census Bureau. <https://data.census.gov/cedsci/table?q=Asian%20riverside%20county&tid=ACSDT5Y2020.B02015>

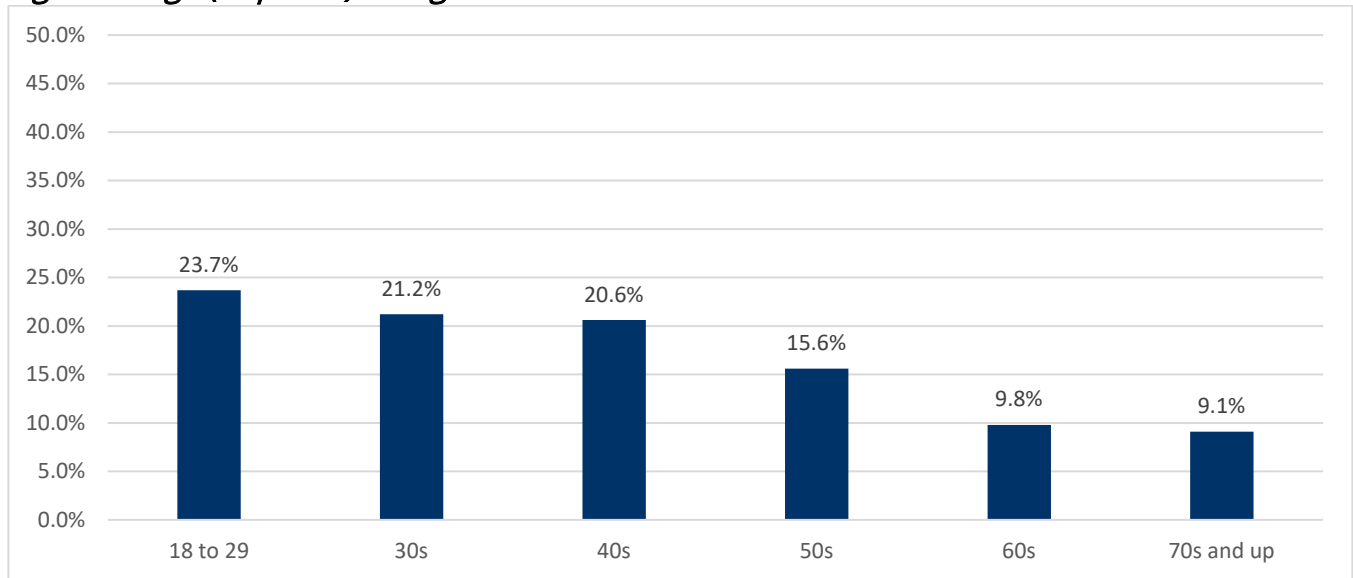
U.S. Census. This acknowledges the unique experience of Pacific Island people (including Native Hawaiians) as being subject to a history of U.S. colonialism in the Pacific (e.g., Hawaii, Guam, and American Samoa). On the other hand, those of “Asian American/Asian” heritage have historically been subject to other processes, including U.S. imperialism, country of origin-driven immigration, and U.S. demand for immigrant labor.

Age

Asian American/Asian residents ranged in age from 18 to 89; the average age was 44.

As illustrated in the figure below, the largest age group among Asian American/Asian residents was 18 to 29 (23.7%), followed by 30s (21.2%) and 40s (20.6%).

Figure 2. Age (Imputed) Categories: Asian American/Asian Residents



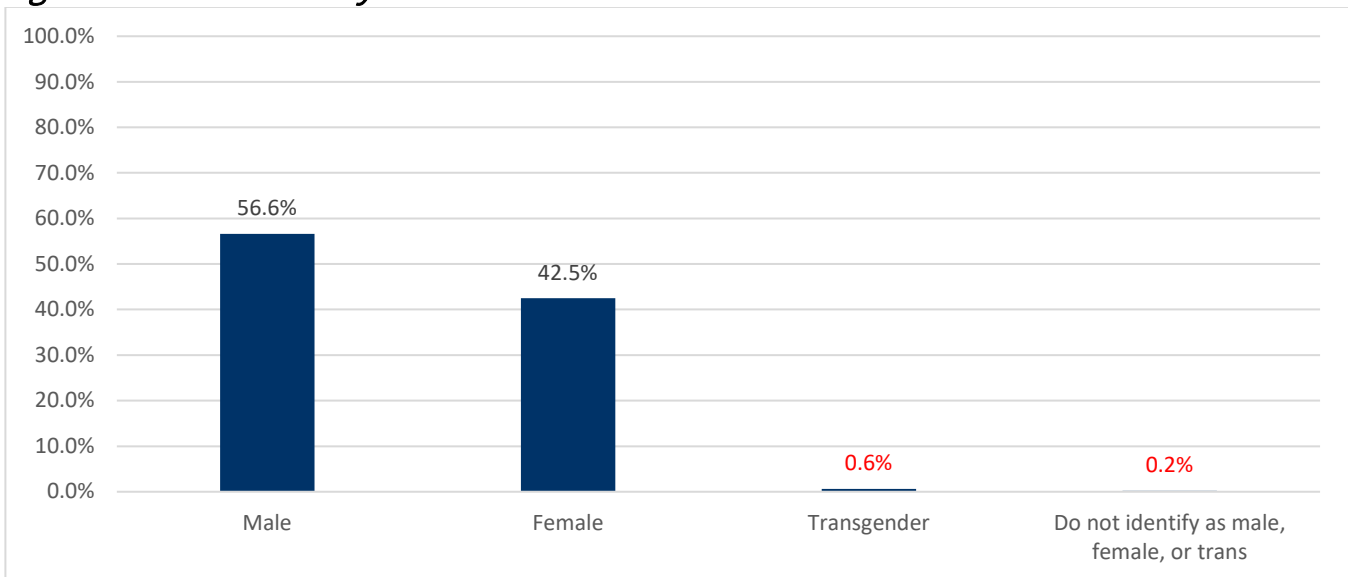
Note: $n = 134,028$.

Gender Identity

Two questions were utilized to measure gender identity per best practices established in the field of survey research.⁴ First, residents were asked, “What sex were you assigned at birth, on your original birth certificate?” Response options were “male” and “female.” Results showed that 56.7% were male and 43.3% were female.

Next, residents were asked about their current gender identity: “How do you describe yourself?” Residents could indicate “male,” “female,” “transgender,” or “do not identify as female, male, or transgender.” As illustrated below, 56.6% identified as male, and 42.5% identified as female. The percentages of those identifying as transgender or as neither male, female, nor transgender were statistically unstable.

Figure 3. Gender Identity: Asian American/Asian Residents



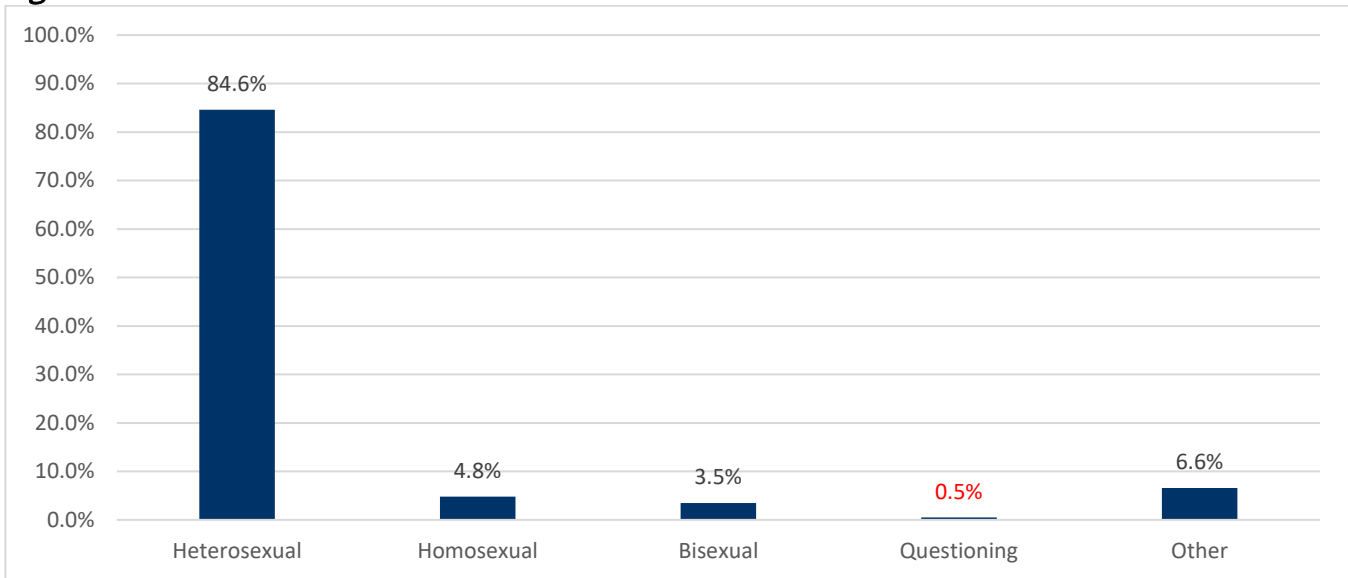
Note. $n = 133,026$.

⁴ Williams Institute (2009). Best practices for asking questions about sexual orientation on surveys (SMART). Available online at <https://williamsinstitute.law.ucla.edu/publications/smart-so-survey/>

Sexual Orientation

To measure sexual orientation, participants were asked, "Do you consider yourself to be..." and presented with a list of responses to select from. As illustrated below, 84.6% of Asian American/Asian residents identified as heterosexual (i.e., straight), 4.8% identified as homosexual (i.e., gay or lesbian), 3.5% as bisexual, and 6.6% as "other."

Figure 4. Sexual Orientation: Asian American/Asian Residents

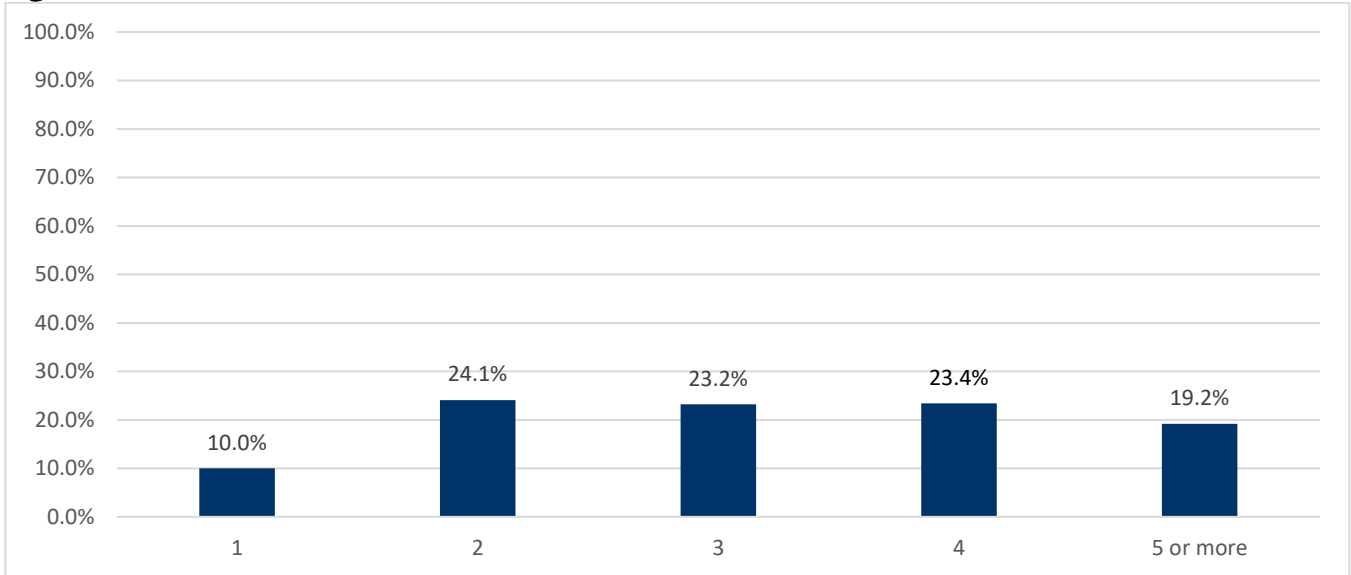


Note: $n = 124,420$.

Household Size

As illustrated below, about 10.0% of Asian American/Asian adults live alone. At the other end of the spectrum, 1 in 5 Asian American/Asian adults (19.5%) live in homes with five or more people.

Figure 5. Household Size: Asian American/Asian Residents

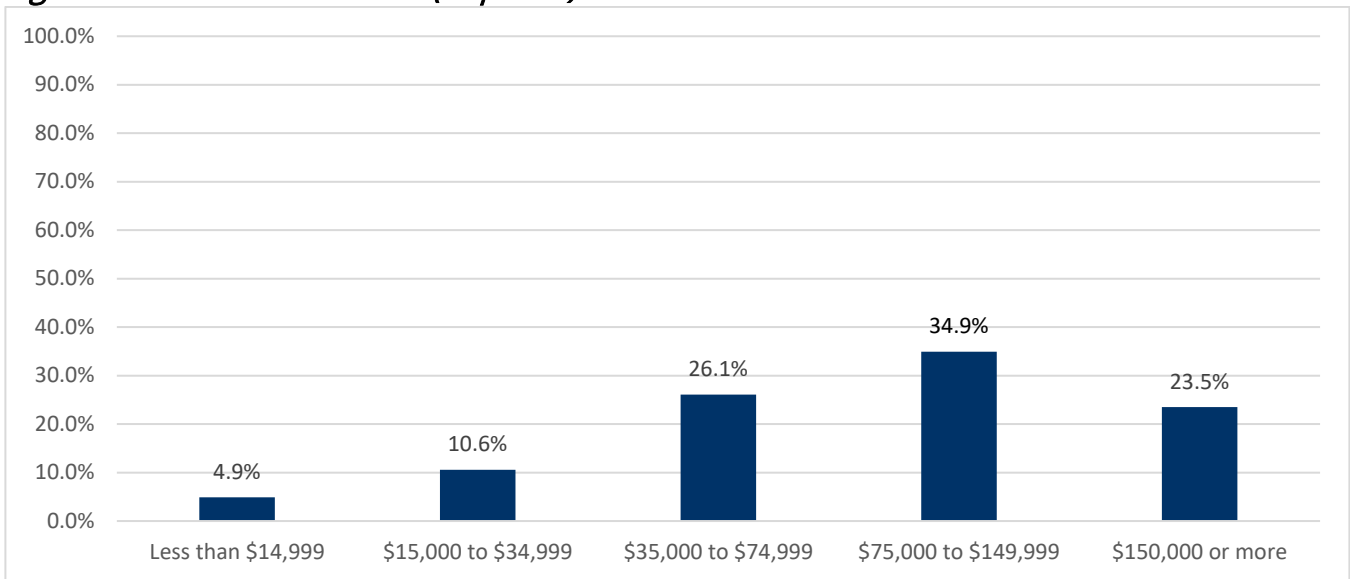


Note: $n = 132,165$.

Income and Poverty

Residents were asked, “Last year, what was your household income from all sources before taxes?” The average income was \$107,190, whereas the median was \$90,000. As illustrated below, about half (58.4%) of Asian American/Asian adults live in households with an annual income of \$75,000 or more.

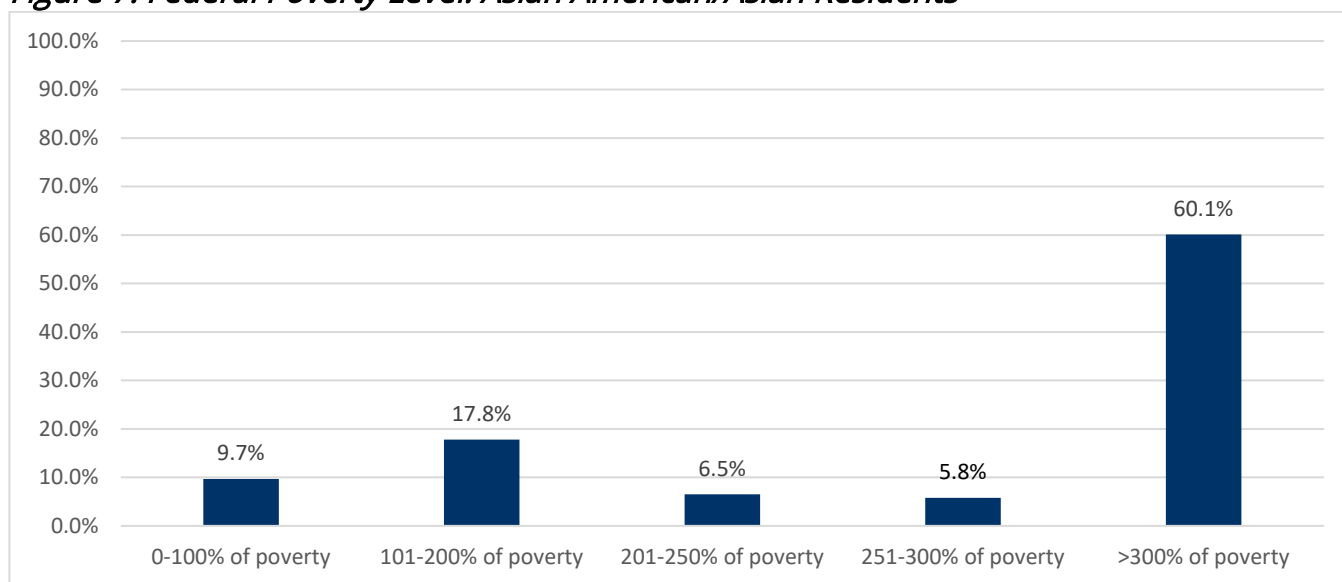
Figure 6. Household Income (Imputed): Asian American/Asian Residents



Note: $n = 134,028$.

By using household income and the number of people within the household, the federal poverty level (FPL) was calculated with the Department of Health and Human Service's guidelines for poverty in 2021. As illustrated below, most (60.1%) Asian American/Asian residents live at or above 300% of the poverty guidelines (and thus, are relatively financially stable); however, 1 in 10 Asian American/Asian adults (9.7%) are living in poverty.

Figure 7. Federal Poverty Level: Asian American/Asian Residents

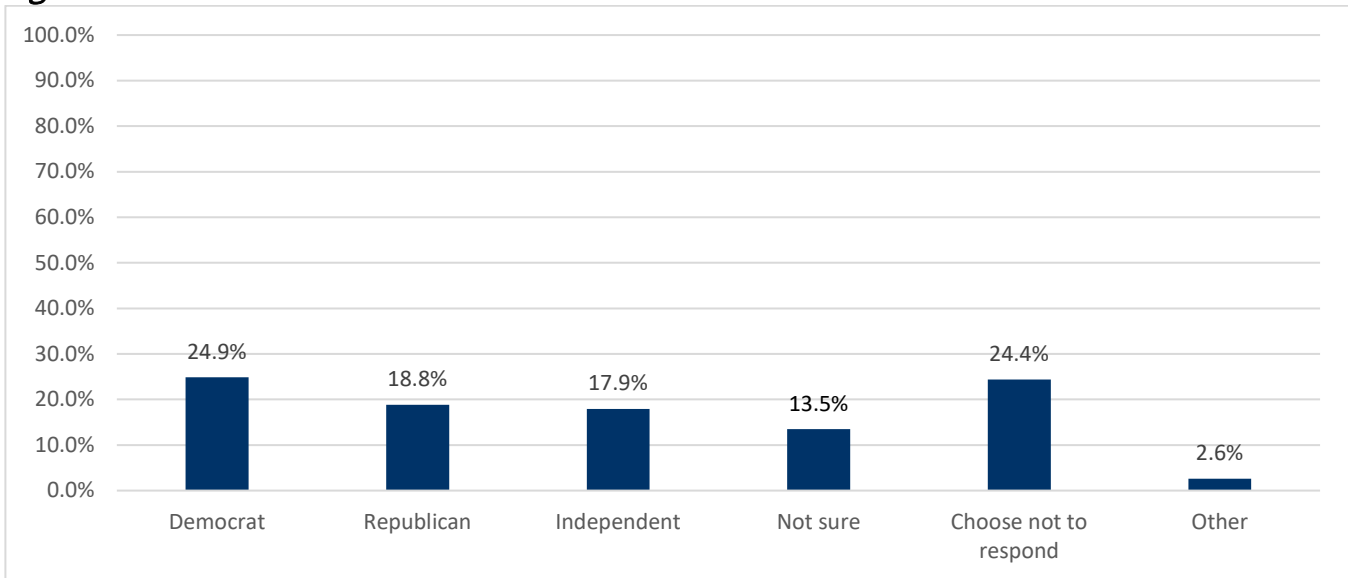


Note: $n = 106,100$.

Political Affiliation

Residents were asked, “Generally speaking, do you think of yourself as a...?” and were presented with a list of responses to select from. As illustrated below, approximately 1 in 4 Asian American/Asian participants (24.4%) chose not to respond, while another 1 in 4 identified as Democrats (24.9%).

Figure 8. Political Affiliation: Asian American/Asian Residents

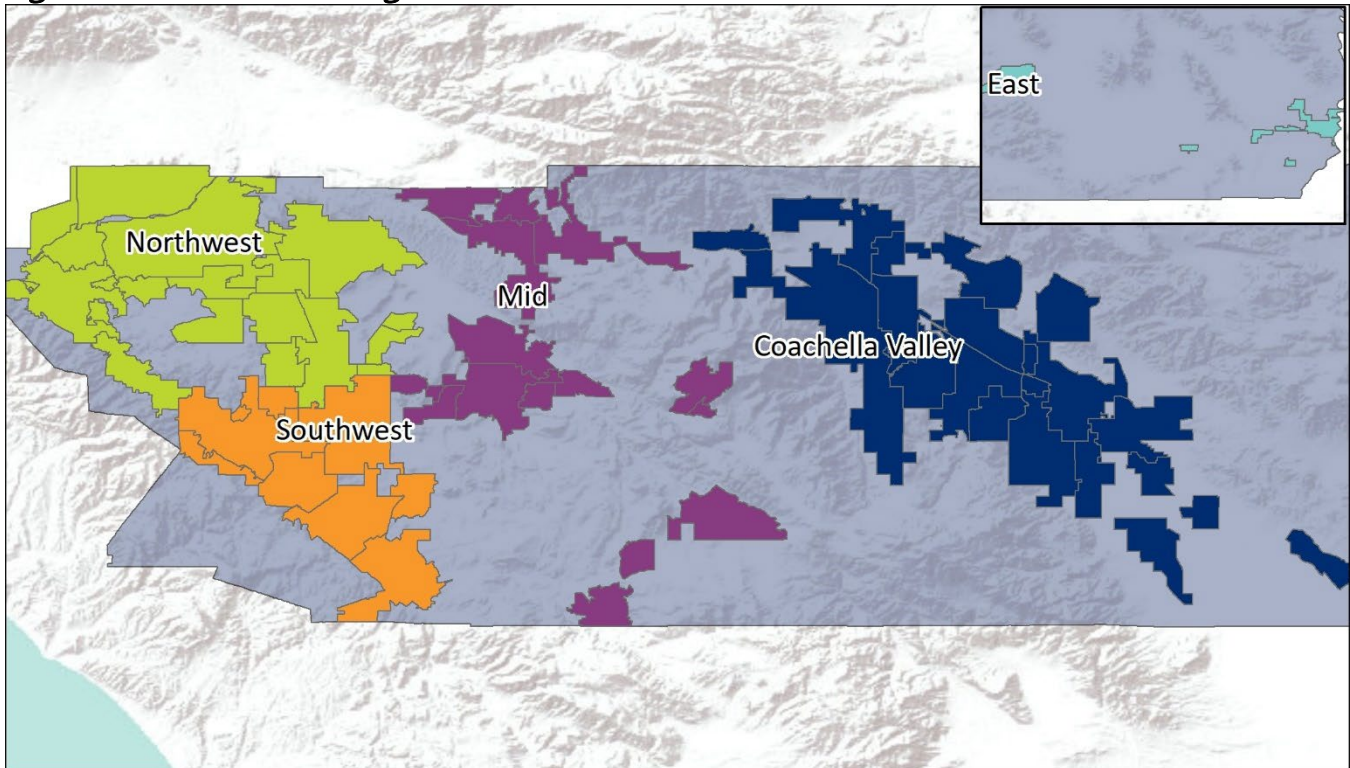


Note: $n = 130,516$.

Geography

There are five Riverside County Public Health regions: the Coachella Valley, East, Mid, Northwest, and Southwest, as illustrated below.

Figure 9. Public Health Regions



The region with the largest Asian American/Asian population is Northwest (9.3%), followed by Southwest (8.8%), Mid (4.9%), and the Coachella Valley (3.6%). There were not enough residents from the East region to generalize the results with any statistical reliability.

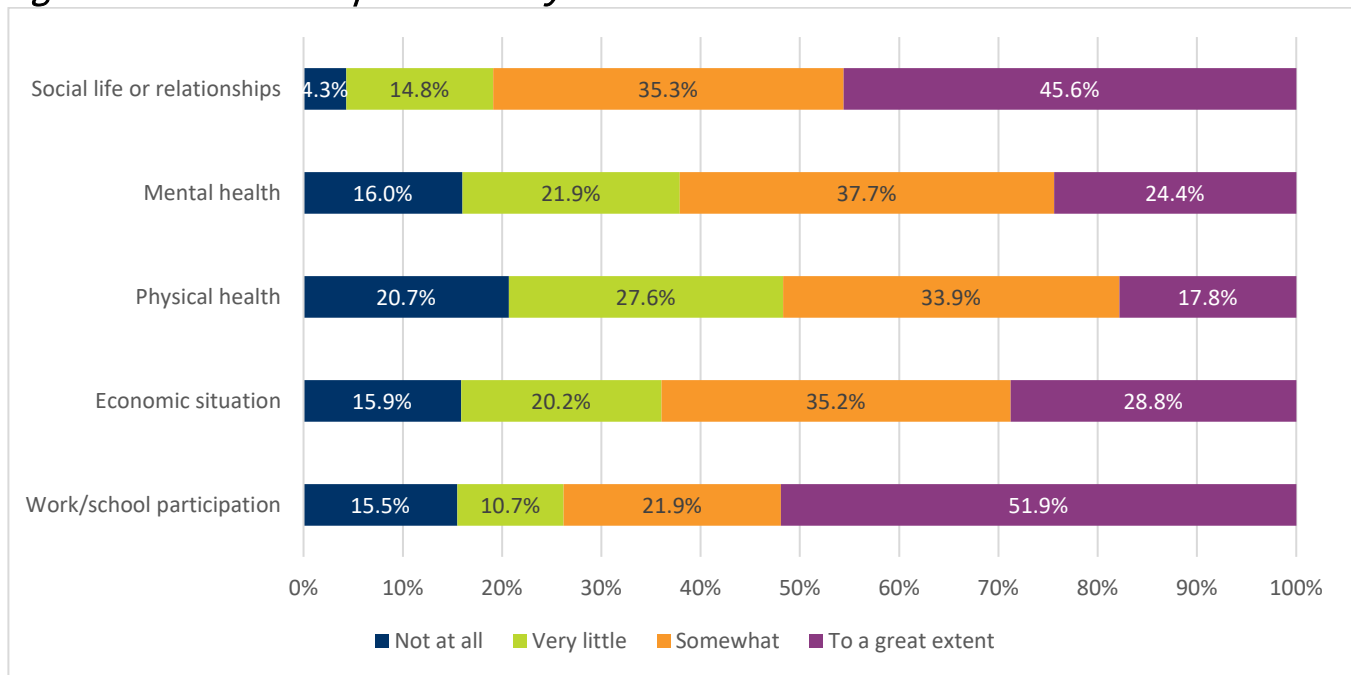
COVID-19 Attitudes and Behaviors

Impact of COVID-19

The world has forever changed since the first case of COVID-19. To understand areas of impact, residents were asked, “How had the COVID-19 pandemic impacted your personal daily life with regards to...” and were given a list of options.

For Asian American/Asian residents, the most impacted life domains were work/school participation (51.9% “to a great extent”) and social life or relationships (45.6% “to a great extent”).

Figure 10. COVID-19 Impacts on Daily Life: Asian American/Asian Residents

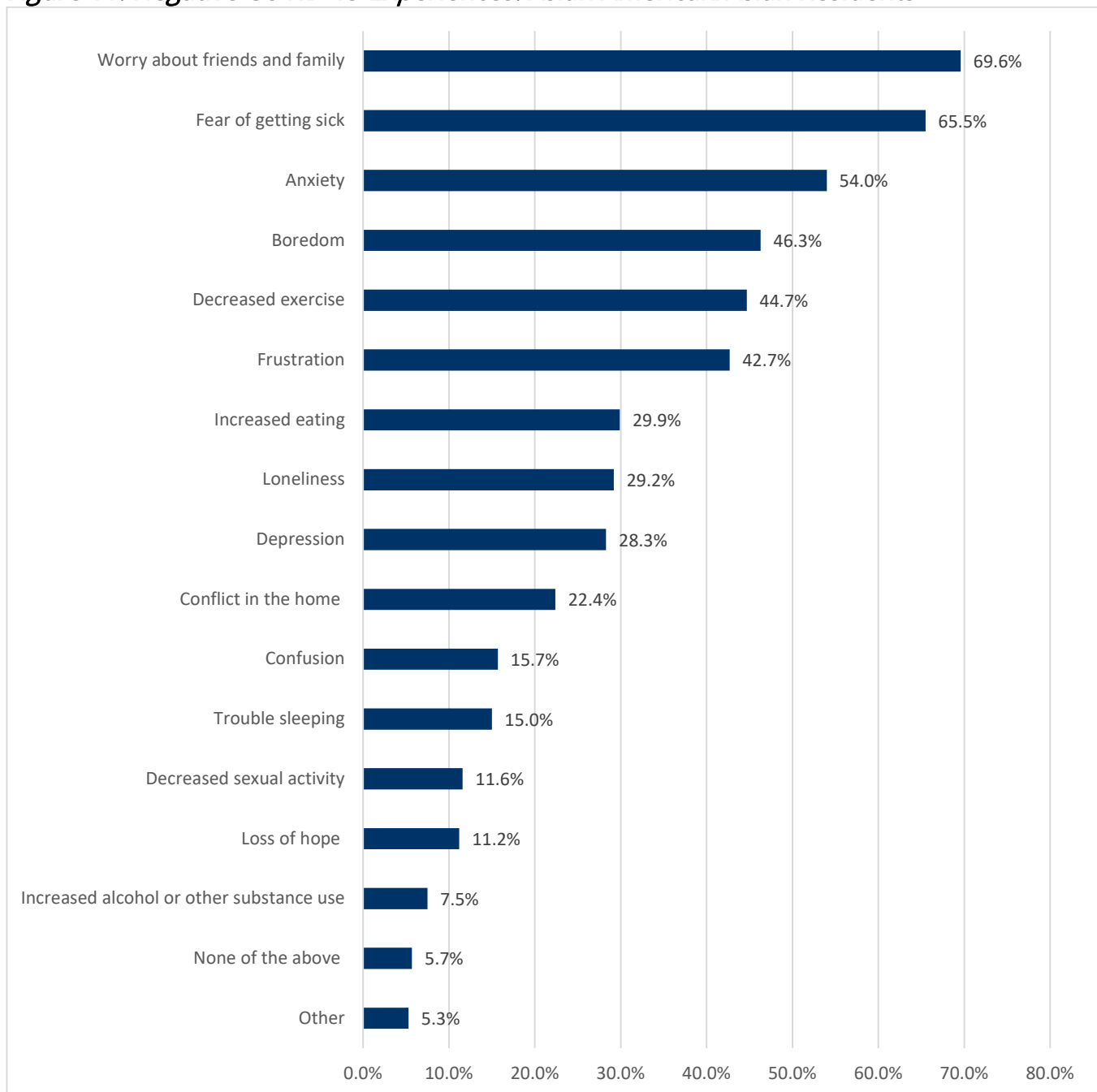


Note: Economic situation: $n = 130,080$; mental health: $n = 130,102$; physical health: $n = 129,200$; social life or relationships: $n = 131,903$; work/school participation: $n = 126,645$.

Residents were also asked to select from a list of ways in which they were affected by COVID-19. They were asked, "COVID-19 had also affected how people feel and act. Which of the following have you experienced due to COVID-19? Please select all that apply."

As illustrated in the figure below, most Asian American/Asian residents worried about friends and family (69.6%), were afraid of getting sick (65.5%), and experienced anxiety (54.0%).

Figure 11. Negative COVID-19 Experiences: Asian American/Asian Residents



Note: $n = 132,950$.

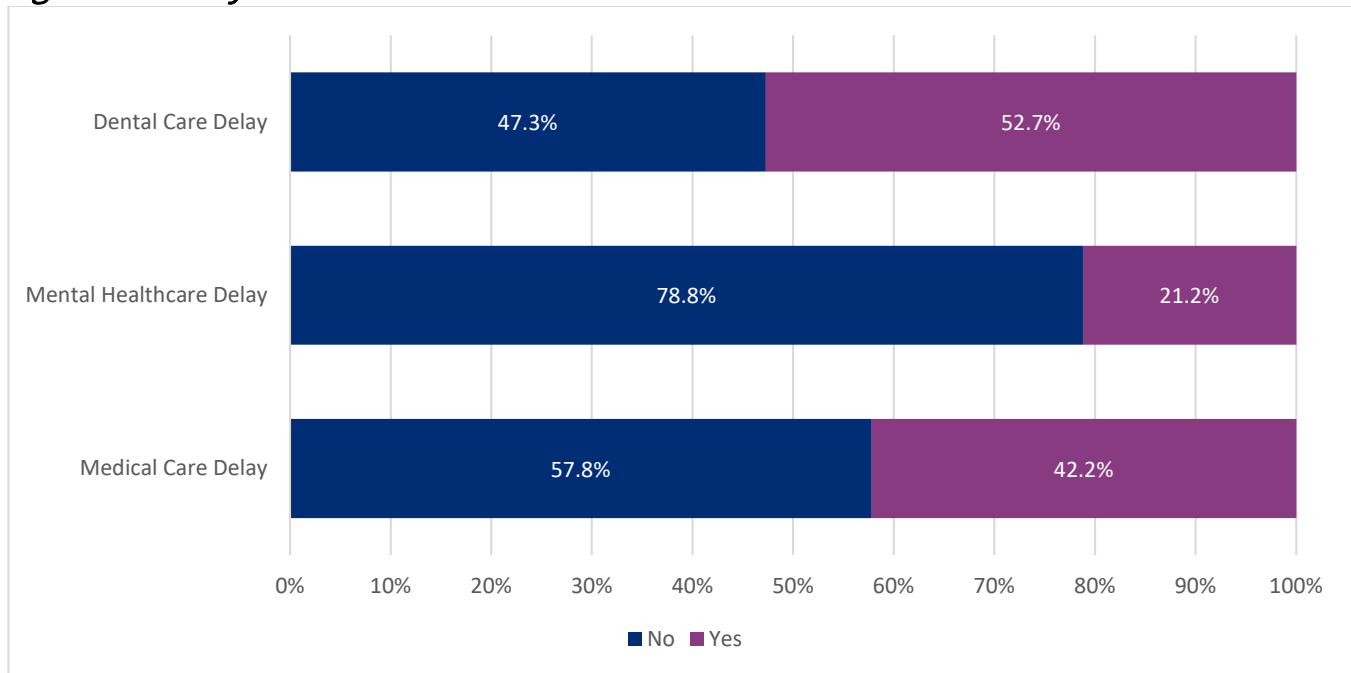
Delay/Absence of Healthcare During COVID-19

Access to regular, affordable healthcare is critical to the overall health and well-being of an individual. As a result of COVID-19, many day-to-day activities were either delayed or canceled. Among these activities was access to healthcare, which is dangerous as a disruption in care can increase the risk of life-threatening medical emergencies.⁵

To assess the delay in healthcare, residents were asked, “At any time in the last 12 months, did you DELAY getting _____ because of the coronavirus pandemic?” and could rate three types of care: dental care, mental healthcare, and medical care.

As illustrated below, more than half (52.7%) of Asian American/Asian residents reported delaying necessary dental care due to the pandemic. Approximately 42.2% of Asian American/Asian residents delayed needed non-COVID-19-related medical care, and 21.2% delayed needed mental healthcare.

Figure 12. Delays in Healthcare: Asian American/Asian Residents



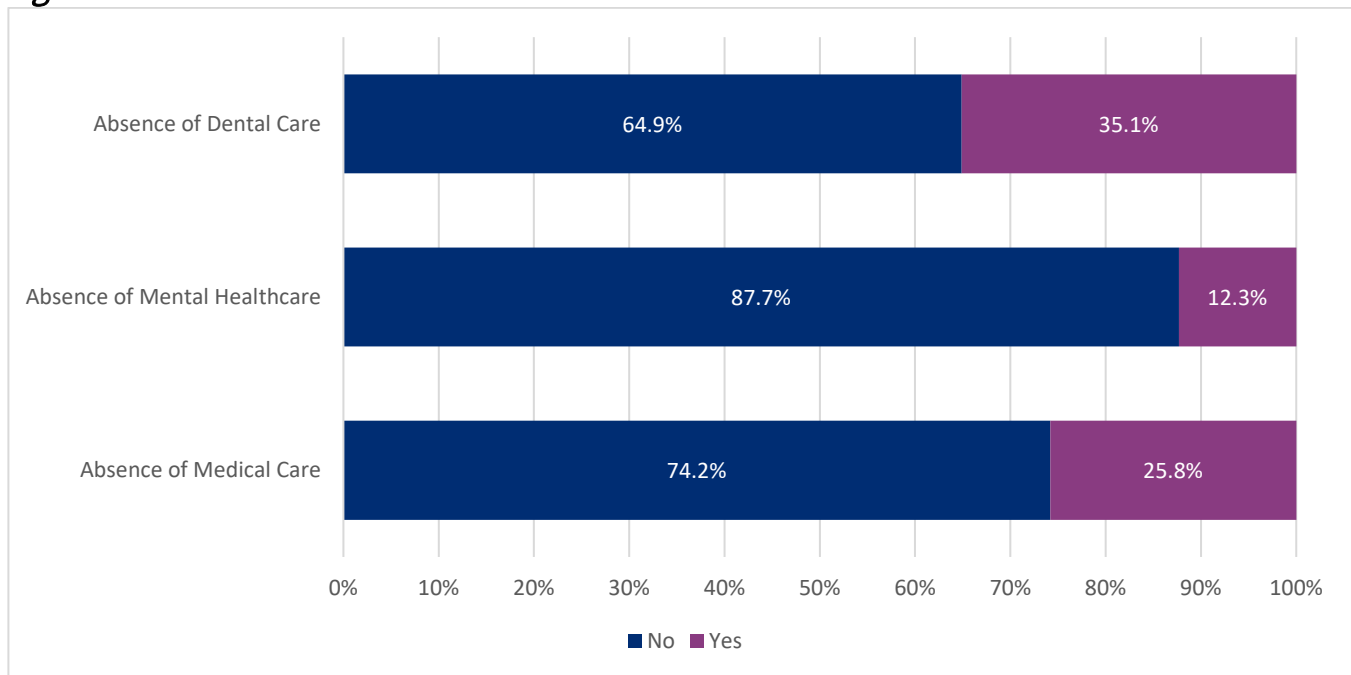
Note: Dental Care: $n = 132,123$; Mental Healthcare: $n = 125,470$; and Medical Care: $n = 130,809$.

⁵ Czeisler MÉ, Marynak K, Clarke KE, et al. Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns – United States, June 2020. MMWR Morb Mortal Wkly Rep 2020;69:1250-1257. DOI: <http://dx.doi.org/10.15585/mmwr.mm6936a4external> icon

Whereas the above question asked about delays in healthcare, the next question asked about the absence of healthcare. Residents were asked, "At any time in the last 12 months, did you need _____ for something other than coronavirus, but DID NOT GET IT because of the coronavirus pandemic?"

As illustrated below, 1 in 3 Asian American/Asian residents (35.1%) went without necessary dental care in the past year due to the pandemic. Similarly, 1 in 4 Asian American/Asian residents (25.8%) went without needed non-COVID-19-related medical care in the past year.

Figure 13. Absence of Healthcare: Asian American/Asian Residents



Note: Dental Care: $n = 132,123$; Mental Healthcare: $n = 125,470$; and Medical Care: $n = 130,809$.

COVID-19 Diagnosis

Residents were asked, “Have you ever tested positive for COVID-19?” Approximately 14.5% of Asian American/Asian residents tested positive for COVID-19. This represents approximately 18,800 Asian American/Asian residents.

COVID-19 Treatment

Many people infected with COVID-19 had to seek emergency medical care throughout the pandemic. Typically, when people experience trouble breathing, persistent pain, confusion, inability to wake, or pale, gray, or blue skin, emergency care is recommended immediately.⁶

Residents who stated they tested positive for COVID-19 were then asked, “Did you have an overnight stay in a hospital for suspected or diagnosed COVID-19?”

A total of 9.4% of Asian American/Asian participants with a positive COVID-19 test have had an overnight hospital stay due to COVID-19.

COVID-19 Recovery

Most people infected with COVID-19 recover quickly (i.e., within weeks); however, some people experience symptoms for a prolonged period (e.g., a month or more).⁷

Among the residents who tested positive for COVID-19, they were further asked, “If you know, or believe, that you had COVID-19: have you recovered to your usual state of health?”

Most Asian American/Asian residents with COVID-19 have recovered to their usual state of health (84.4%). However, 15.6% reported not having fully recovered to their usual state of health.

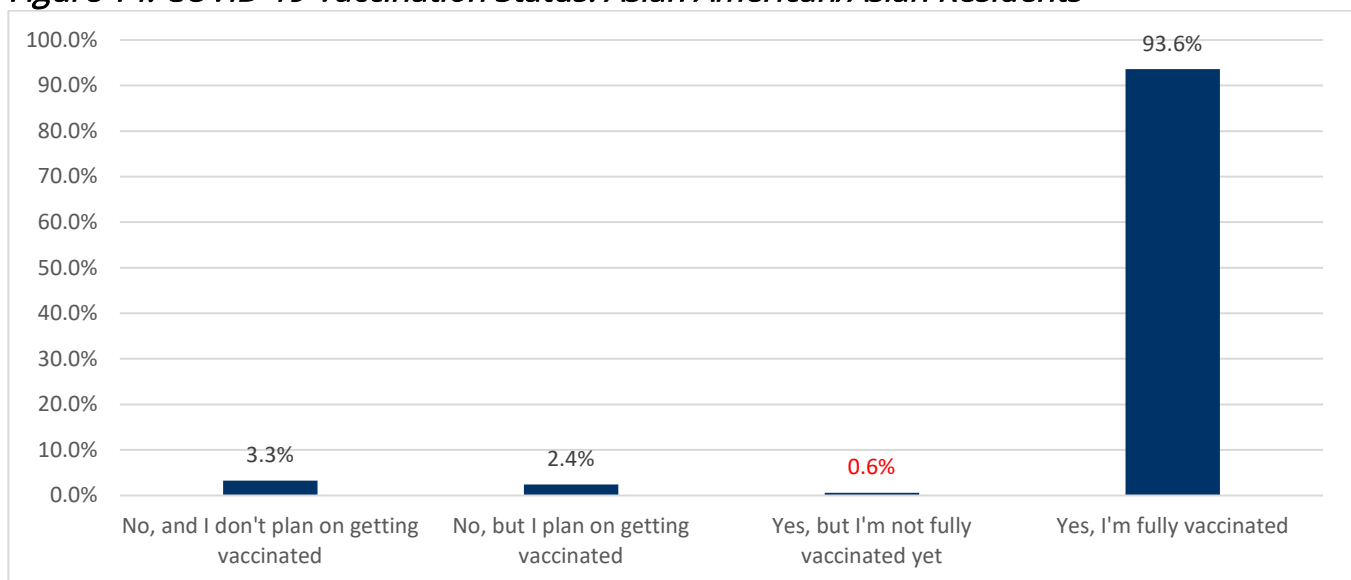
⁶ What to do if you are sick? (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

⁷ Post-COVID Conditions (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>

COVID-19 Vaccination

In California, the COVID-19 vaccine was distributed in a phased approach to reach populations with the highest risk of acquiring the disease or of the highest risk of developing severe illness. However, at the time of the data collection (September to November 2021), the general adult population was eligible for the COVID-19 vaccine and had been so for several months. As such, residents were asked, “Have you had the COVID-19 vaccine?” As illustrated below, a large majority of Asian American/Asian residents (93.6%) were fully vaccinated.

Figure 14. COVID-19 Vaccination Status: Asian American/Asian Residents



Note: $n = 132,975$.

As of July 2022, COVID-19 vaccines are safe and effective at reducing the risk of acquiring and transmitting the virus for the population six months and older.⁸ However, there are some who still choose not to receive the COVID-19 vaccine. Participants who had *not* been vaccinated (both those planning and not planning to get vaccinated) were then asked, “What is/are the main reason(s) you have not taken the vaccine?” and were then encouraged to select all that apply, including an “other, please specify” option.

This question included many statistically unstable estimates, and therefore, a figure was not included. The most cited reasons for lack of vaccination include “I want to wait longer

⁸ Benefits of Getting a COVID-19 Vaccine (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html>

COVID-19 Vaccine for Children and Teens (2022). Centers for Disease Control and Prevent. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html>

and see what reactions others have" (52.8%) and "I have concerns about it being a new type of vaccine (mRNA vaccine)" (52.6%).

Disproportionate Impact of COVID-19 on Communities of Color

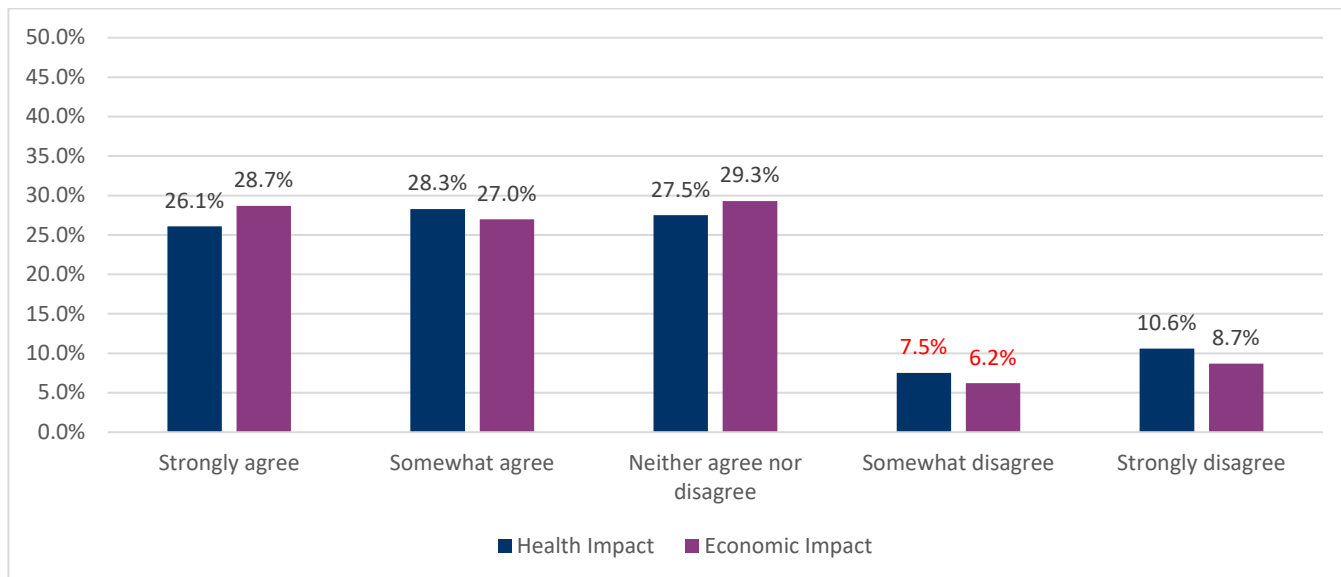
The COVID-19 pandemic exacerbated a variety of health, social, and economic problems. Among these areas, health inequities were highlighted among communities of color as racial and ethnic minorities were disproportionately at risk of becoming ill or dying from COVID-19.⁹

To understand perceptions of these health inequities, residents were provided with two statements to rate their agreement/disagreement:

- “People of color (e.g., African Americans, Latinos) are facing more of the health impact of coronavirus (COVID-19) than whites.”
- “People of color (e.g., African Americans, Latinos) are facing more of the financial/economic impact of coronavirus (COVID-19) than whites.”

As illustrated in the figure below, most Asian American/Asian residents strongly agree or somewhat agree that people of color are facing more of a health impact *and* an economic impact of COVID-19 than are whites (54.4% and 55.7%, respectively).

Figure 15. Disproportionate Impact of COVID-19 on Communities of Color: Asian American/Asian Residents



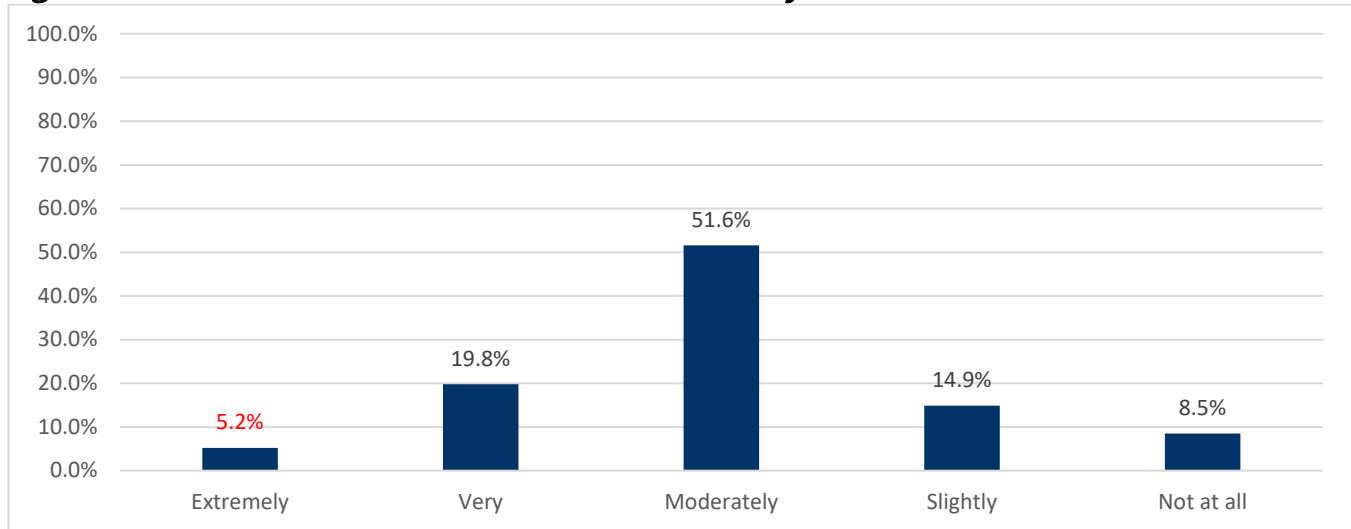
Note: Health impact $n = 132,808$. Economic impact $n = 132,569$.

⁹ Health Equity Considerations and Racial and Ethnic Minority Groups (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

COVID-19 Information Seeking

Residents were asked, "How well do you trust information from members of your own community?" As illustrated below, about half of Asian American/Asian residents (51.6%) trust information from their own community "moderately."

Figure 16. Trust in Information from Own Community: Asian American/Asian Residents

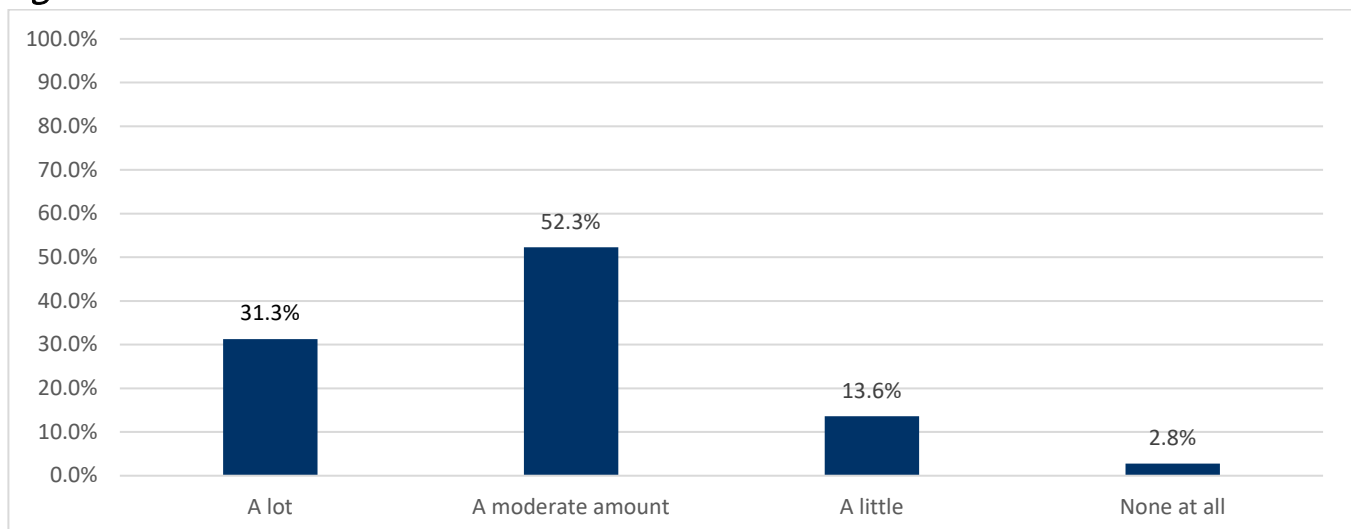


Note: $n = 133,001$.

Trust in Local Government

Residents were asked, "How much do you trust local government such as County Public Health departments?" As illustrated in the figure below, most (52.3%) Asian American/Asian residents have at least a moderate amount of trust for their local government; 2.8% have no trust at all.

Figure 17. Trust in Local Government: Asian American/Asian Residents



Note: $n = 132,807$.

CONCLUSION

The purpose of this report was to provide a profile of COVID-19 needs in the Asian American/Asian community in Riverside County. The information provided here can help to inform outreach and education, as well as to understand specific attitudes and behaviors towards COVID-19 and vaccination for Asian American/Asian adults in our county.

Overall, local Asian American/Asian residents have been negatively impacted by COVID-19. Many residents reported being impacted to a great extent in their work/school participation (51.95%) and social life or relationships (45.6%). There has also been a substantial amount of worry about friends and family (69.6%), fear of getting sick (65.5%), and anxiety (54.0%) among Asian American/Asian residents.

Fortunately, the vast majority Asian American/Asian residents (93.6%) are fully vaccinated against COVID-19. Those who are not vaccinated primarily want to wait to see what reactions others experience (52.8%) and are concerned about the newness of the vaccine (52.6%).

Altogether, this report provides information about Asian American/Asian residents regarding their attitudes and behaviors and the impact of COVID-19. Health and human service agencies may use this report to respond appropriately with outreach and education.