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Adaptive Resilience of Community Organizations Serving Older Asian American Adults During  
the COVID-19 Pandemic

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**Abstract**

Adaptive Resilience of Community Organizations Serving Older Asian Americans During the  
COVID-19 Pandemic

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Community-based organizations (CBOs) play a central role in helping older Asian American adults access critical services. Older Asian American adults are at a higher risk for negative outcomes from COVID-19 compared to younger adults. Additionally, increased racial discrimination and social isolation leaves older Asian American adults more vulnerable to mental health and physical health issues. This study interviewed six participants from three CBOs serving older Asian American adults in Washington state. The purpose was to understand the COVID-19 pandemic's impact on resource endowments and organizational resilience as CBOs adapted to the evolving needs of older Asian American adults. From these interviews, four themes were uncovered: organizational resourcefulness, technology as a connector and an isolator, racial discrimination and systemic racism, and personal and organizational resilience. Despite many hardships throughout COVID-19, CBOs serving older Asian American adults have

adapted and endured. Future research should further explore the link between personal, community, and organizational resilience in CBOs.

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## **INTRODUCTION**

### **OLDER ASIAN AMERICAN ADULTS**

The COVID-19 pandemic has magnified the needs of vulnerable communities in the United States. High-risk groups such as older adults have been affected financially, socially, and medically. In 2019, it was estimated that 8.9% of all older American adults (65 and over) lived in poverty.<sup>1</sup> Compounding these financial challenges, many older adults' inability to socialize with others in their social groups has increased isolation, leading to higher rates of poor mental health.<sup>2</sup> In a report from the Centers for Disease Control and Prevention, anxiety and depression increased significantly compared to 2019.<sup>3,4</sup> Social isolation is also of concern, as it has been correlated to a 30% higher level of mortality.<sup>5,6</sup>

Older Asian American adults are more vulnerable during COVID-19 than the average older adult. In addition to previously mentioned challenges, the anti-Asian sentiment created an added stressor for older Asian American adults.<sup>7</sup> Prior to the COVID-19 pandemic, measures of hate crimes against Asian Americans decreased from 2003 to 2017<sup>8</sup> but this has since increased to nearly 3800 reported hate crimes from March 19, 2020 to February 28, 2021.<sup>9</sup> These racially motivated events often occurred in public spaces such as businesses, streets, and parks.<sup>10</sup> Nearly 60% of respondents were not Chinese, indicating that the anti-Chinese xenophobia is also affecting other Asian Americans.<sup>10</sup> Additional studies have shown that both online and in-person racism against Asian Americans also has risen since the start of the COVID-19 pandemic, with 31% of Asian Americans being the subject of racial discrimination and 26% fearing violent racial discrimination.<sup>11</sup> These experiences have been magnified by more recent media attention of violent attacks on elders that have occurred in California, including the murder of Vicha

Ratanapakdee,<sup>12</sup> the murders of Soon Chung Park, Hyun Jun Grant, Suncha Kim, Yong Yue, Xiaojie Tan, and Daoyou Feng in Georgia,<sup>13</sup> and Amarjeet Johal, Jasyinder Kaur, Amarjit Sekhon, and Jaswinder Singh, in Indiana.<sup>14</sup>

The racially-motivated attacks have affected both the physical health, and the mental health of the Asian American community.<sup>15</sup> With the increase in blatant racial discrimination and lock downs during the pandemic, there has been a corresponding increase in depressive symptoms in Asian American communities.<sup>16</sup> In addition, studies have shown that Asian individuals saw the highest rise in depression compared to other ethnic or racial groups.<sup>3</sup> The increased reports of anti-Asian racism have added fear and worry to the lives of many in the Asian and Asian American community.<sup>17</sup> There is concern that the mental health of elders, due to fear and increased social isolation, may be even worse.<sup>7</sup>

#### **COMMUNITY-BASED ORGANIZATIONS**

Community-based organizations (CBOs) are a critical source of resources for older Asian American adults. Prior to the pandemic, older Asian American adults experienced challenges accessing culturally and linguistically concordant social and medical services; this has continued during the COVID-19 pandemic.<sup>18</sup> CBOs often act as an intermediary between individuals and federal resources, helping to bridge the gap in services between what the government provides and what individuals need.<sup>19</sup> With limited government support, many older Asian American adults have increased their reliance on trusted CBOs for social support and access to resources.

CBOs play a critical role in providing client services\* and caregiver services† for older adults.<sup>20</sup> Many CBOs have continued to offer their programs during the COVID-19 pandemic. However, the adjustment to remaining open during the pandemic has come with challenges for many smaller organizations.

The unpredictability and turbulence introduced by the COVID-19 pandemic put a demand on CBOs' resources and operation. A survey conducted by the National Council on Aging with 1,003 CBOs across the United States show that 45% of CBOs have lost vast amounts of revenue, volunteer workforce, and operation staff. For example, 92% of CBOs reported reduced volunteer workforce and 42% reported reduced hours or layoffs during the COVID-19 pandemic.<sup>21</sup> For CBOs serving older Asian American adults, findings from a survey by The Center for Effective Philanthropy show that CBOs serving historically marginalized groups have seen an increased demand in services and decreased funding.<sup>22</sup> This loss in funding limits the ability of CBOs to appropriately address and adjust to the needs of the older Asian American adults they serve as they have limited ability to invest in infrastructure (e.g., technology, cleaning supplies and other personal protective equipment, social distancing measures) and other necessary services.<sup>21,23</sup> Due to safety restrictions with the COVID-19 pandemic, in-person services are challenging to offer; this has increased many organizations' reliance on technology such as telehealth.<sup>24</sup> Compounding the issues of technological investment, digital literacy can be a barrier for older adults. Many older adults may choose not to participate due to discomfort with technology and a lack of training or support.<sup>25</sup> The uncertainty introduced by the COVID-19

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\* Client services include: home delivered meals, congregate meals, transportation, personal care, homemaker services, information and assistance, nutrition education and counseling, adult day care, case management, outreach, chores, and legal assistance.<sup>20</sup>

† Caregiver services include: respite, access assistance, counseling, support group, training, and supplemental services based on need.<sup>20</sup>

pandemic, which has led to the aforementioned challenges, has forced organizations to learn to adapt to a constantly changing and often unpredictable environment.

## **ORGANIZATIONAL RESILIENCE**

Organizational theories focused on crisis management have explained how organizations can continue to operate during crises like the COVID-19 pandemic. These theories often describe resources that are necessary to survive in a resource-scarce setting (e.g., decreased funding). To survive the COVID-19 pandemic and to support their older Asian American clientele, CBOs must continue to develop their organizational adaptability and resilience. Organizational adaptability is the capacity to respond to a changing environment and evolving demands.<sup>26,27</sup> While there are many differing definitions of resilience, this study recognizes organizational resilience as the ability to endure, respond, and recover despite hardship.<sup>26,28-30</sup> Both communities and organizations can develop resilience and these are interconnected; for a community to thrive, the organization must be equipped to survive and address a crisis.<sup>26</sup> This means responding to ever-changing crises and continuing services and programs in spite of these stressors. In order to build organizational resilience, an organization must be equipped with multiple resource endowments.<sup>28</sup>

It is imperative that these irreplaceable organizations survive so that older Asian American adults can continue to utilize their services. As these CBOs continue to serve older Asian American adults, a better understanding of the impact of COVID-19 on CBOs' ability to adapt to the ongoing pandemic is needed. This includes organizational stressors, strategies for emerging adaptability and resilience, and adapting to the needs of their clientele, the older Asian American adults.

## **STUDY AIMS**

The purpose of this project is to conduct a qualitative study to investigate the impact of COVID-19 on 1) CBOs' resource endowments and 2) CBOs' ability to develop organizational resilience to respond to the changing needs of older Asian American adults during COVID-19.

## **METHODS**

This qualitative study includes semi-structured interviews with leaders and staff from CBOs serving older Asian American adults in Washington State to understand the impact of the COVID-19 pandemic on each respective organization and its ability to adapt to the changing environment and client needs. Researchers consulted a community partner bi-weekly to help ensure that recruitment and interviews were centering CBO needs. Researchers aimed to recruit two individuals from each organization: one person in a leadership role and one person in direct services/staff role. Six semi-structured interviews were conducted between February and March 2021.

## **RECRUITMENT AND DATA COLLECTION**

CBOs located in Washington state were recruited for this study. Researchers created a list of CBOs serving older Asian American adults in Washington State; this list was augmented by the community partner to ensure completeness. First, identified CBOs were sent recruitment emails from this list. The recruitment email described the study purpose, the data collection methods, and asked interested individuals to fill their contact information into a REDCap survey for subsequent screening (see *Appendix B*). The study team contacted both CBOs and other

researchers, inviting them to share the recruitment email with other organizations who may be interested.

Within 48 hours after a potential participant had filled out the REDCap contact information survey, a research study member called them to conduct a screening. Participants were eligible if they were 1) employed by a CBO that serves older Asian American adults (age 60 years or older) and 2) in a leadership or direct service/program staff role at a CBO that served older Asian American adults and 3) their organization was located in Washington state. When a participant was eligible, they were e-mailed an online survey. Upon completion of the survey, participants were mailed a \$50 check and invited to participate in a semi-structured interview. Semi-structured interviews lasted between 60 – 90 minutes and were conducted via phone in English. Participants received a second \$50 check after completion of the interview. This paper includes findings from the interviews only.

### **SEMI-STRUCTURED INTERVIEW GUIDE**

The Fusion of Crisis Management and Resilience framework (see *Appendix A*) informed the semi-structured interview guide.<sup>28</sup> This framework describes how an organization develops resilience or can improve their existing resilience during time of crisis management. The framework describes two types of crises: *routine hardship* or *discontinuous events*.

*Routine hardship* is a continuous or cyclical crisis. Routine hardship forces the organization to continuously evaluate its resources (cognitive, behavioral, emotion-regulation, relational), and improve them based on unmet needs (preparing, restoring) in order to survive. The development of resilience is often ongoing during the experience of routine hardship.

*Discontinuous events* are single events that occur at a single point in time. These events are difficult to predict and can cause catastrophic difficulties for any organization. The

framework describes that an organization will focus on cognitive and behavioral resources and contextual reinforcement when building resilience after a *discontinuous event*. The development of resilience often begins after the occurrence of the discontinuous event.

As seen in *Appendix A*, routine hardship and discontinuous events are interconnected, and routine hardship can weaken an organization's resources and leave them more vulnerable to discontinuous events. For example, while the COVID-19 pandemic may initially have been viewed as a discontinuous event (one brief state shut down), it has forced many organizations into a cycle of routine hardship due to its unexpectedly longer lasting physical, social, and economic consequences.

Guided by this framework, 22 interview questions were developed to understand how the COVID-19 pandemic (crisis) impacted CBOs and their ability to develop or maintain resilience through their resource endowments. The interview guide includes cognitive, behavioral, emotion-regulation, and relational resource endowments as well as the positive outcomes of resilience (see *Appendix C*). Cognitive resources include an organization's vision, purpose, knowledge, and expertise in their field. Behavioral resources include organizational structure and decision-making processes. Emotion-regulation resources discuss mental fortitude, and staff's abilities to cope with stress and adverse events. Lastly, relational resource endowments refer to the connections within an organization and the external network that may aid in the exchange of information and goods.

## **DATA ANALYSIS**

The interviews were audio-recorded and transcribed. A codebook was developed using a deductive coding method based on the interview guide and conceptual model. Inductive coding was used to revise the codebook: when new concepts emerged, the two coders discussed the

concepts and then added a new code or altered a code definition to improve inter-rater reliability. The coders independently coded one transcript, then reconciled their coding and revised the codebook; this process was conducted across all six transcripts with coders meeting once or twice per week for four weeks. The final codebook included 23 codes (see *Appendix D*). The transcripts and the codes were uploaded into Atlas.ti version 8.4.25.0. Researchers conducted selective coding to understand the interrelationship between concepts and derive themes.

## **RESULTS**

The six participants represented three different organizations in Washington State. Two of the individuals were leaders (president, chief executive officer, board member), two of the individuals were staff (case manager, program manager, educator), and two of the individuals were hybrid roles of both leader and staff. While many of these individuals mentioned that their organization served all Asian Americans or even Native Hawaiians and Pacific Islanders, all participants identified as full or partially either Japanese, Chinese, or Korean. Due to small sample size, detailed participant demographics have been excluded from reporting.

### **DEMOGRAPHICS OF PARTICIPATING CBOs**

While one organization specialized in serving one ethnic group, all other organizations specialized in serving multiple ethnic groups. All six participants served Japanese individuals. Five participants indicated serving Cambodian, Chinese, Filipino, Hmong, Korean, Laotian, Micronesian, Mien, Native Hawaiian, Pakistani, Samoan, Thai, Tongan, and Vietnamese ethnic groups. Four participants indicated serving Asian Indian, Guamanian or Chamorro, and Indonesian ethnic groups. The organizational structure for serving multiple ethnic groups

differed: one organization hired specialists to work with individual ethnic groups, another organization had all staff and leaders serve all ethnic groups.

Additionally, participants were asked to rate their level of interaction with clients, list their type of organization, and describe the constituent groups that they served. Details of the participating organizations can be found in Table 1. Three participants interacted with clients more than 50% while three participants interacted with clients less than 50% of their work time, which aligned with the aforementioned leadership and direct service roles of the participants. Organizations represented a variety of types of services including community center, social service provider, advocacy organization, civil rights group, health clinic, and senior center. All six participants reported that organizations served immigrants and limited English speaking or English as a second Language individuals and households. Five participants reported that organizations also served low-income individuals or households.

Table 1: Demographics of Participating CBOs<sup>‡</sup>

Participant Number	Interact with Clients	Type of Organization	Constituencies Served
1	Less than 50%	Community center	Immigrants, Limited English Speaking/English as a second Language individuals or households
2	More than 50%	Social service provider	Immigrants, Limited English Speaking/English as a second Language individuals or households, low-income individuals or households, refugees, victims of violence
3	More than 50%	Community center, Supports other agencies	Immigrants, Limited English Speaking/English as a second Language individuals or households, low-income individuals or households, refugees
4	Less than 50%	Advocacy organization	Immigrants, Limited English Speaking/English as a second Language individuals or households, low-income individuals or households, refugees
5	Less than 50%	Civil rights group	Immigrants, Limited English Speaking/English as a second Language individuals or households, low-income individuals or households, refugees, students, elderly, professionals
6	More than 50%	Community center, health clinic, senior center, social service provider	Immigrants, Limited English Speaking/English as a second Language individuals or households, low-income individuals or households, refugees

## THEMATIC ANALYSIS

When participants discussed their organization’s experiences during COVID-19, four themes were identified: organizational resourcefulness, technology as a connector and isolator, racial discrimination and systemic racism, and personal and community resilience. While organizational resourcefulness and technology were seen as endowments to enable personal and

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<sup>‡</sup> This data has been represented by participant rather than by organization due to differing responses from participants at the same organization.

community resilience, racism was viewed as both separate events and systemic barriers to allowing older Asian American adults to survive. Community organizations were viewed as one way to help older Asian American adults process and address the racism they endured.

### **Organizational resourcefulness to acquire and share critical resources**

When examining organizational relationships as a resource endowment to aid organizational resilience, a theme of organizational resourcefulness through acquiring and sharing critical resources emerged. Many organizations relied heavily on receiving from, giving to, and collaborating with other like-minded organizations. When considering other organizational collaborations, all organizations worked with other organizations in a social network. One participant mentioned that their strong organizational network was built on many personal relationships. Many organizational collaborations included supporting each other's events, exchanging resources like utilization of facilities, referrals for another organization's services, and/or cross-marketing. While collaborations were viewed as beneficial, there were some difficulties with inter-organizational relationships. One participant discussed the tension of collaborating with others: the difficulty of wanting to focus on the work at hand and perform independently versus partnering with organizations who wanted to promote their services and were less focused on the initial project.

*“Let’s just get this done. We don’t really care whose name is on there. We just rather it get done, you know, but I think most organizations are pretty altruistic like that, but there are some that are not, and I think that’s why sometimes you just feel like, ‘Let’s just do it ourselves,’ because we know our motivations and we don’t really care. And that’s just why I’m gonna say that we try to make sure that we include the other people who helped*

*us out so that they know that it's not about, you know, people trying to grandstand or anything."*

Additionally, organizational relationships were used to help acquire financial resources. Because many individuals financially suffered from the pandemic, many donations from individual donors decreased. Some organizations noted that any form of payment to address the decrease in finances helped. Many organizations mentioned acquiring loans from the federal government as central to their survival and to the services that directly impacted older Asian American adults.

*"So it's pretty simple 'cause we prevent the layoff of employees and then most of our services are kind of direct service. So that if we lay off the employees, like case managers, that means that we could have closed the program as well. So we helped the case managers to get their own petition and then that allow agency to kind of provide a service continually."*

Layoffs would have been seen as negative not only for employees, but also for the older Asian American adults that the organization serves. Thus, relying on organizational relationships, such as those with banks, to acquire federal loans and share critical resources like COVID-19 information, was central to enabling the organization to remain open without sacrificing employees or services. These resources also enabled employees to transition into a fully remote or hybrid (in-person and remote) working style, with services offered over the phone or through webconferencing. Thus, many organizations increased their investment in and reliance on technological infrastructure such as internet, computers, and phones.

## **Technology as a connector for organizations and an isolator for older adults**

All participants viewed technology as a necessity for organizations to remain open, however it was also viewed as a barrier for older adults. Investing in technological infrastructure such as telehealth, video conferencing, or phone appointments was viewed as central in allowing an organization to adapt and respond to the evolving safety needs of the community and continue communicating with the community. Conversely, all participants mentioned that older Asian American adults did not have reliable access to internet nor the digital literacy to be able to transition with others, and therefore were more difficult to communicate with after the transition to e-mail, video conferencing, and phone. This led to increased isolation for the older adults, while younger individuals were able to transition to the online setting.

*“Also like, their mental health, because they are less capable to use a lot of technology that young people are able to use, right, during the pandemic. So, their lives are – they suffer a lot more from depression and anxiety due to the social isolation compared to young people.”*

Despite understanding the limitations of technology for older adults, most organizations did not have an effective strategy to address the technological barriers facing older adults. While family members could assist individuals with setting up a video call or e-mail, some older adults did not have family around to help. One case manager described the difficulty of seeing technology as a barrier and the subsequent unmet need in the older adults they served.

“I, uh, mentioned earlier that the church and temple is a center of our Asian seniors, and whenever I call my clients they always miss the service in church. And even they cry and miss the time so badly. And I know that how that impacts their mental health significantly. But there’s no way I can help them in terms of accessing religious service

‘cause I cannot go to their home. I cannot provide the laptop or tablet to turn on the service through YouTube.”

There was a tension some participants expressed between the increasing need to rely on technology in this socially distanced setting, and how that increased or maintained connections to younger clients while acting as an isolator for older adults. These participants expressed hope that organizations would better prepare older adults in the future, but this need was mainly unaddressed. Racial discrimination and stories of hate crimes also heightened the social isolation that many older adults were experiencing.

### **Heightened racial discrimination during COVID-19**

Racial discrimination, while not new, was viewed as heightened during COVID-19. Two types of racism occurred: interpersonal and systemic. Interpersonal racism most often referred to verbal harassment, where individuals were blamed for the pandemic. Some participants viewed this type of harassment as common in Washington.

*“People have yelled at them. People have spat on them. I mean it just seems like everyone has at least one story about being spat on or yelled at.”*

This was discussed as a contributing factor to why many elders were fearful of leaving their homes or going outside in public spaces. Some individuals also shared the confusion that the older Asian American adults felt when encountering this racism. These attacks had significant effect on the mental health of the individuals; these participants described stress related to these attacks as taking a toll on their clients or themselves.

Additionally, there was an underlying feeling that COVID-19 had uncovered systemic racism that already existed; that the issues currently faced by older Asian American adults were one manifestation of a larger issue. Some participants from the same organization discussed the

deep-seeded systemic racism and its effect on older Asian American adults and the broader Asian American community.

*“Everything that impacts the community because of relative deprivation or disparities and the systemic racist institutions that operate in our community are impacting the community worse now than ever before.”*

One participant expanded upon the challenges many elders faced due to systemic racism. Elders did not have enough fresh food but could not or were too scared to go to the grocery store because of the virus and the racist attacks. Some elders lost their homes during the pandemic. Some elders had not been able to commute due to fears of attacks on public transportation and safety concerns regarding COVID-19, so they are unable to leave their homes. Sometimes these individuals had to choose between accessing social services that are crucial for their survival and their physical safety on public transport. Another participant at a different organization mentioned that older Asian American adults have had to drop out of benefit programs such as Medicare or Medicaid because they cannot access case managers to fill out legal forms, and do not know how to access the case managers virtually. They cannot fill out the forms independently because of technological or linguistic barriers. Many participants also discussed the more recent hardships for their clients who had trouble accessing COVID-19 vaccines; as discussed previously, many elders did not have access to technology for online appointments and many of the websites were exclusively offered in English.

*“And the people who are supposedly offering services don’t understand that. There’s a language barrier. There’s a cultural barrier. And so now when you talk about doing vaccinations and testing, that exacerbates that gap even more because there’s the issue*

*of, you know, fear. There's the issue of distrust of physicians, if you understand that I'm saying. It's like a conundrum."*

Some organizations reacted to these events through educational toolkits or forums for their staff and clientele. Multiple organizations mentioned acting as a voice against racial discrimination and hate crimes, with one organization advocating for statements from the local and federal government condemning anti-Asian violence. One organization mentioned that they had initially served only Chinese Americans but expanded to advocate for the entire Asian community's political needs including fighting racial discrimination. One participant from this organization reflected on the increased political power that grows from a pan-Asian unification.

*"Our Asian community pulls its strength by pulling together."*

### **Emergence of Personal, Community, and Organizational Resilience**

To combat these compounding issues related to technological infrastructure and racism, all participants described turning to their organization, their coworkers, and their own inner strength. Organizational resilience emerged as adaptability and preparedness to face future crises. This came from a belief that the changing needs of the COVID-19 pandemic forced organizations to learn how to respond to current needs with new solutions, thus increased future capacity to respond to crises.

*"I think that having done all of those things that in the future everyone on staff is gonna be a lot more confident that we can try new things and they can work really well and it will turn out well, and just kind of more confident that we can get through the future crises or emergency."*

Staff were viewed as central to helping form organizational resilience. One participant discussed the new skills that staff learned in order to be able to adapt to the crisis and provide organizational flexibility.

*“I’m really impressed with the solutions we’ve come up with and all of the different skills that everyone on staff has had to learn while we – especially while we’ve pivoted a lot of our events to being online.”*

Additionally, many individuals discussed the stress and anxiety of living and working during the COVID-19 pandemic. To combat their situations, individuals mentioned coping mechanisms like increased television viewing, increased exercise, increased work, or turning to others. Resilience emerged in the form of both survival and a drawing of inner strength to endure through the situation. Most participants valued mental fortitude, and while some participants had trouble sleeping, a sign of anxiety, one participant discussed relying on ancestors to endure.

*“You just have to stay strong given everything that’s happened to your ancestors, everyone else, you’ve gotta stay strong, so I keep that in mind. So, the history of what happened historically to my family and to Chinese people in general, I think, I keep in mind that this is why you have to stay strong, and especially the southern – that that is for the Southern Chinese population. So, for me, I think that knowing that history, and knowing that people always get through these things, that I think I’m decent compared to most folks.”*

## **DISCUSSION**

### **FINDINGS**

This study examined the impact of COVID-19 on CBOs' resource endowments and the emerging resilience of these CBOs while responding to the changing needs of older Asian American adults. CBOs were flexible in relying on current resource endowments while acquiring and sharing new resource endowments. One of these resource endowments was technology. All organizations described technology as necessary to adapt their services and maintain the safety of both their clientele and their staff. Despite the fear from both COVID-19 and racial discrimination, most organizations were able to continue serving their older Asian American adults in a virtual or hybrid capacity. However, this experience often included some frustration and additional stress for the older Asian American adults and CBO staff and often took time to adjust to the process. In the face of many hardships, the resilience of staff and older Asian American adults emerged during the COVID-19 pandemic.

CBOs relied on relational resource endowments to obtain and share critical resources. Organizational network utilization has consistently been listed as an indicator of an organization's resilience, with a larger and more developed network correlated with higher levels of resilience.<sup>27,31</sup> This reliance on relational capability aligns with past research, which indicated relationships often led to other resource endowments, as this study showcased a strong tie between network and financial resources.<sup>28</sup> The tension of partnership versus promotion of reputation, however, was not frequently discussed in the literature. This was only discussed by one participant, and therefore may not be a common occurrence in CBO collaborations.

Similar to participants' discussion of digital literacy in older Asian American adults versus younger generations, previous studies have discussed an age-related digital divide

between older and younger adults, with older adults less likely to utilize the internet than younger generations.<sup>32,33</sup> Another study discussed the intersectionality of digital illiteracy, namely that it is not only age, but gender, socioeconomic status, norms, and many other factors that may play a role in the likelihood of an individual adopting technology into their life.<sup>34</sup> While intersectional identities were not directly explored in this study, many CBOs that participated served low-income households and individuals whose primary language was not English; thus findings were consistent with results stating a lower likelihood of digital literacy.<sup>32–34</sup> Interestingly, academic research has more recently focused on technology as an intervention to address social isolation in adults. While this appears to directly conflict with discussions of technology as an isolator, many of these interventions varied in effectiveness and support or training.<sup>35</sup> This indicates that providing technology in addition to trainings may help older Asian American adults overcome their digital illiteracy and subsequent social isolation.

Participants' description of heightened racial discrimination against older Asian American adults during COVID-19 was consistent with current data indicating increased reports of hate crimes and anti-Asian xenophobia.<sup>9</sup> The reports of interpersonal interactions resulting in racial discrimination during COVID-19 support studies conducted earlier during the COVID-19 pandemic in 2020.<sup>36–38</sup> Additionally, systemic racism in the form of linguistic barriers aligned with previous research on accessibility of Medicare and other health services.<sup>39,40</sup>

Finally, the emergence of personal and community resilience and its interconnectedness with organizational resilience emerged as a theme from the interviews. As staff discussed adaptability through the emergence of pivoting and developing new skills, previous literature has determined a strong relationship between adaptability and resilience.<sup>29</sup> This is similarly linked in

the conceptual model, where organizing and adjusting to routine hardship is part of the cycle for developing resilience.<sup>28</sup>

## **IMPLICATIONS**

Increased reliance on technology was a central theme across all organizations, with many organizations adapting their processes to increase reliance on remote services and workstations, rather than in-person programs. Knowing that many older Asian American adults struggle with digital literacy, it is imperative that organizations develop strategies to aid older Asian American adults in both obtaining and learning to use digital devices such as smart phones or laptops. Future interventions should focus on creating methods of communication with older Asian American adults that are usable in a digital era and should teach older Asian American adults the basic functionality needed to improve their digital skills. These interventions should be tailored for the multiple identities that older Asian American adults hold, including culturally and linguistically appropriate adjustments given the diversity of the Asian American diaspora.

Additionally, while the results of this study closely aligned with Williams et al.'s *Fusion of Crisis Management and Resilience* model, the dark side of resilience did not naturally emerge during interviews. Future studies should focus on both positive outcomes from developing resilience and explore the dark side of resilience to better understand the implications of developing resilience. Studies may also choose to expand upon the interaction of personal and community resilience in relation to organizational resilience; while the current model captures staff and leadership resilience, it does not focus on clients' or consumers' resilience.

This study focused on community-based organizations serving older Asian American adults, rather than the older Asian American adults. The COVID-19 pandemic was, hopefully, a rare occurrence and previous studies had not extensively focused on this population or group of

CBOs. While many studies are currently evaluating the needs of target clientele, fewer studies are focused on the CBOs and their needs. This provided a unique window into CBO organizational behavior during a unique event, the COVID-19 pandemic. Future studies should strive to include CBO staff and leadership as well as perspectives from older Asian American adults in order to fully understand older Asian American adults' needs and institutional or systemic barriers to addressing those needs.

### **STRENGTHS AND LIMITATIONS**

Due to the COVID-19 pandemic, interviews were conducted over the phone. Unexpectedly, this allowed for increased accessibility as interviewers did not need to travel to participants or vice versa. Future studies should similarly consider the impact of increased accessibility for participants, as dedicating time for travel and an interview can be a barrier for some individuals.

One limitation of this study, however, is the small sample size. This was representative of the smaller number of organizations specialized in serving older Asian American adults in Washington state, as well as difficulties due to COVID-19. Despite this small sample size, this study represents approximately one-fourth to one-half of CBOs specialized in serving older Asian American Adults in Western Washington.

While researchers strived to gather representatives from organizations serving many different Asian ethnic groups, all participants personally identified as East Asian. East Asians were overidentified in this sample while Southeast and South Asians, as well as Middle Eastern individuals, were not included in this sample. Future studies should include ethnic diversity of groups served and ethnic diversity of participants themselves. This would also allow for data disaggregation in future studies.

## **CONCLUSION**

The COVID-19 pandemic has uncovered many difficulties for older Asian American adults and for the CBOs that serve them. However, despite challenges of technological infrastructure, racial discrimination, and racial attacks, individuals and organizations have endured. CBOs' many resource endowments, including their resourcefulness and willingness to exchange resources, have allowed them to continue despite the COVID-19 pandemic. These CBOs have remained adaptable and resilient to the changing environment and the evolving needs of their older Asian American clientele.

## **POSITIONALITY STATEMENT**

KeliAnne Hara-Hubbard is ethnically Chinese and Japanese American and identifies as an East Asian American woman. I am a United States citizen and do not identify as an immigrant, so I approach this research as a partial insider and a partial outsider. I acknowledge that my community committee member, secondary coder, and myself all identify as college-educated, Asian women of varying East Asian ethnicities, with Dr. Linda K. Ko identifying as a Hispanic and Asian woman. While our participants were also East Asian, this may have left out stories from others in the Asian diaspora. I hope that in the future, we will be able to include more individuals from the Asian diaspora and disaggregate our data to better highlight the stories of this diverse community.

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## APPENDIX

### APPENDIX A: CONCEPTUAL MODEL

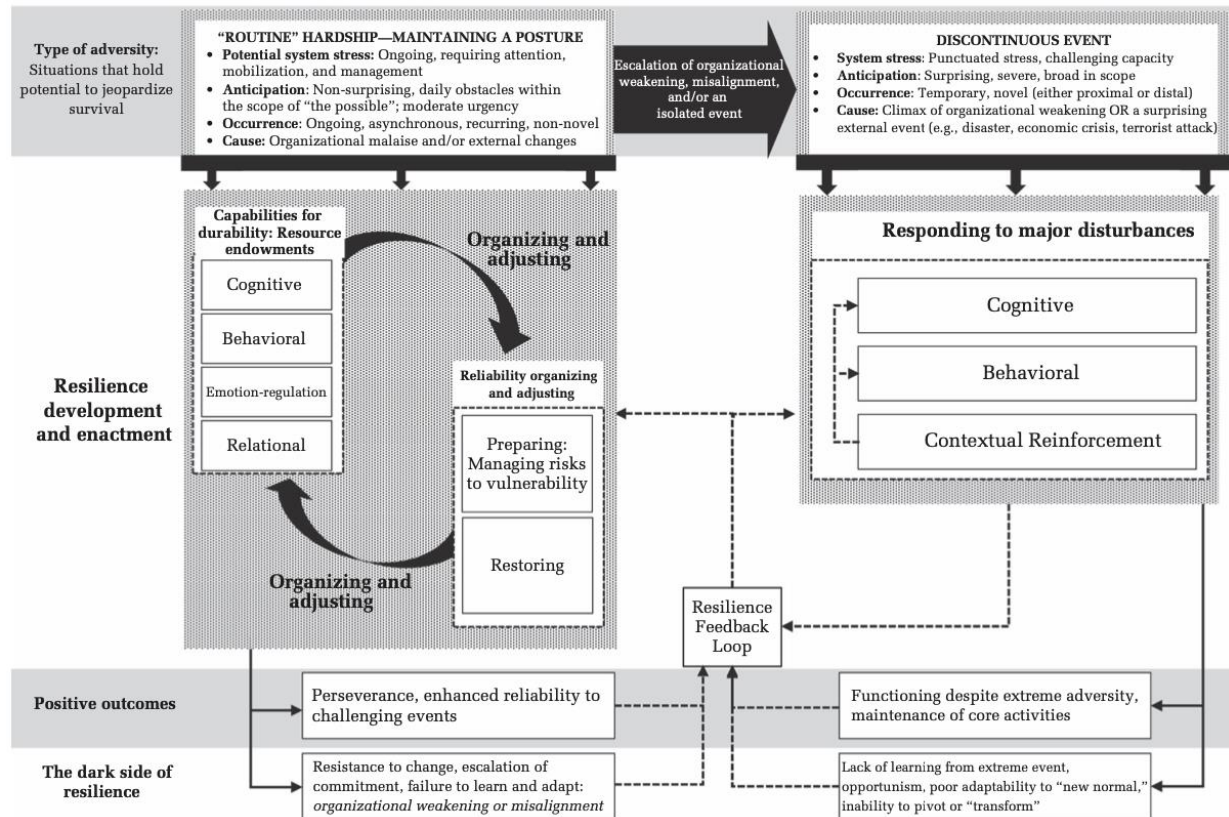


Figure 1: Process view of the Fusion of Crisis Management and Resilience<sup>28</sup>

## **APPENDIX B: RECRUITMENT E-MAIL**

Subject: Invitation to Participate in AARIN/Fred Hutch COVID-19 Survey

Body:

Dear [NAME],

I am writing to invite your organization to participate in a COVID-19 study entitled, “Understanding community-based organizations’ capacity to serve older Asian American and Pacific Islander adults during the COVID-19 pandemic.” This study is being conducted in partnership with the Fred Hutchinson Cancer Research Center (Fred Hutch) and the Asian American Resources and Information Network (AARIN).

Participation will involve completing an online survey of 60-90 minutes. The survey explores the impact of COVID-19 on your organization’s operations and your personal experiences. You will receive \$50 for completing the online survey. Upon completion of the survey, you have the option to participate in a separate phone interview.

If you would like to participate, please indicate your interest by providing your information in the link [ATTACH LINK]. Our team will then follow-up to explain the study and answer questions.

If we do not hear from you, we will send you one more reminder at the beginning of next week, and then follow-up by phone. If you do not wish to participate, simply respond to this email and write, “No, I do not wish to participate” and we will not contact you further.

Thank you for taking the time to read this email and I look forward to your response!

Respectfully,

Eun Jeong Lee, PhD (Asian American Resources and Information Network)

Linda K. Ko, PhD (Fred Hutchinson Cancer Research Center)

**APPENDIX C: SEMI-STRUCTURED INTERVIEW QUESTIONS**

<b>Theoretical Framework Domain</b>	<b>Interview Question</b>
<b>Type of Adversity (Crisis)</b>	
Impact of COVID-19	<p>9. Can you tell me about major challenges that your organization faced to serve older AA and NHPI during the COVID-19 pandemic?</p> <p>10. Can you tell me how these challenges have evolved or changed throughout the pandemic, beginning in February (at the start of the pandemic), several months after in the summer to now with vaccinations becoming available to older adults?</p>
Racism and Racial Discrimination	<p>18. Can you share with me incidents related to racial discrimination and/or hate crimes that your organization (you or staff member) or clients have experienced since the COVID-19 pandemic?</p>
<b>Resilience Development and Enactment</b>	<p>4. What are some existing organizational resources and information that helped your organization to navigate the COVID-19 pandemic and continue to provide support to the community?</p>
Cognitive resource endowment	<p>8. What was the role of your organization’s mission and vision in continuing to serve older AA and NHPI during the pandemic?</p>
Behavioral resource endowment	<p>14. How has COVID-19 affected your job satisfaction? How about your ability to continue to meet the demands of your work?</p> <p>21. Can you describe how COVID-19 has affected your workplace culture and attitudes?</p>
Emotion-regulation resource endowment	<p>13. How has COVID-19 affected your capacity (physical health and emotional well-being) to serve older AA and NHPI?</p> <p>16. What are employees doing or have done to cope with stress, improve their sleep, or deal with sadness and loneliness?</p>
Relational resource endowment	<p>5. What COVID-19 related assistance has your organization received from state and local government, public health agencies, donors, and funders?</p> <p>6. How were these funds used to support your organization?</p>

	7. How has your organization collaborated with other organizations to support each other during the COVID-19 pandemic?
<b>Reliability Organizing and Adjusting</b>	2. What are some of the changes that your organization had to make to adapt to the demands of the COVID-19? 11. How has your organization been able to respond to these evolving needs?
Preparing: managing risks to vulnerability	20. Can you describe a “lesson learned” from serving older AA and NHPI during the COVID-19 pandemic that you would like your organization to remember during a future crisis?
Restoring	15. How has your organization been able to respond to these physical and mental health concerns? 19. Can you describe the measures that were taken within your organization in response to this racial discrimination, if any?
<b>Positive Outcomes</b>	3. Thinking about the changes that your organization made due to COVID-19, can you tell me about the changes you expect to continue after the COVID-19 pandemic ends? 22. How has the COVID-19 pandemic influenced your organization’s ability to adapt and respond to future crises?
<b>The dark side of resilience</b>	N/A
<b>General CBO Questions</b>	1. What are the major programs that are being delivered now and why? How is this program being delivered?
<b>General AA and NHPI Questions</b>	12. Can you describe the needs of older AA and NHPI that are currently unmet and why those needs are not met?

**APPENDIX D: CODEBOOK**

Code #	Code	Definition	Inclusions/Exclusions	Example
<b>1.0</b>	<b>Organizational Pressures &amp; Sustainment</b>			
1.1	Programs Delivered	Programs that are being delivered, how they are being delivered.	Includes programs currently being delivered, programs cancelled, and prioritization process. Include new programs started. Include program-specific changes.	<i>So the organization originally, uh, focuses on three core service areas: healthy aging, family wellness, community engagement. Healthy aging, of course, includes our biggest and oldest program, which is our homecare service. This particular program actually has not been impacted by COVID. We were able to, um, continue to keep it going, um, since March of last year with the state lockdown to place our workers, and our program was considered as an essential, um, service for our elderly population.</i>
1.2	Organizational Changes	Adaptations that the organization has made to adapt to COVID-19.	May include safety protocols, shifting to online offerings, changes in grant applications or cutting expenses. Also includes changes made to respond to barriers. Exclude program-specific changes (include instead in 1.1 Programs Delivered). Includes organizational norms prior to organizational change.	<i>To make, uh, remote working possible for all of our staff members. And for some work settings, I mean pre COVID that could have already been going on. Maybe they were in groups, right? But for us, this was like the first time any one of us had to work from home. So this was quite a new transition for everybody, including myself, including all the leaders. You know, we always thought everybody had to be onsite at the office to provide the needed services, to connect with our people.</i>
<b>2.0</b>	<b>Organizational Relationships</b>			

2.1	COVID-19 Assistance Received from other organizations	Resources (financial and non-financial) that have been received and used by organization.	Includes how funds were used to support organization. Exclude assistance received if assistance was also given in organizational collaboration. Include mentions of no assistance received.	<i>And then we were able to raise some don – individual, um, donor dollars from that, um, fundraiser. And then we also worked with, um, private foundations and, um, local Asian departments to, uh, to provide emergency food boxes. So a lot of, uh, dollars were spent on getting the food boxes, the Korean food boxes prepared and, um, get them out. Um, and then our homecare department, you know, uh, they were in very desperate need of, um, PPE, like, you know, masks, gloves, you know, thermometers for them to use whenever they enter a senior's home.</i>
2.2	COVID-19 Assistance Given to other organizations	Resources (financial and non-financial) that have been given by organization.	Includes actions not taken, such as not applying for grants to allow other organizations more monetary support. Includes assistance given during COVID-19.	<i>We – some – we've allowed other organizations to use our facility for some of their virtual events. So they'll do filming or broadcasting from our facility.</i>
2.3	Organizational Collaborations	Relationships that have been formed to support each other.	Include relationships that existed prior to COVID-19. Do not double code with 2.1 or 2.2; only includes mutual relationships (rather than one-way).	<i>Um, our – some of our offices are building a tech library, um, in partnership with some of the funding organizations, and we really want to build, uh, resources for our seniors so that they can be educated, they can be equipped with the right technology, they can be connected with the, you know, right internet service or mobile internet service and things like that so that they will not be isolated, um, in the future.</i>

3.0		Impact on older AA and NHPI		
3.1	Application of Mission and Vision	Role of organization's mission and vision in continuing to operate during COVID-19 and/or serving older AA and NHPI.	Includes participant's definition of mission and vision.	<i>I think, like, our mission is still very—like, very important, um, to continue our service now. And I think we've been doing pretty good in continuing fulfilling the mission. Like, we are trying to provide a very comprehensive, like, service to our clients. We try not to set up extra boundaries for them when it comes to, like, service, and when it comes to especially, like, to meet their basic needs. And we are also, like, during the pandemic, we've also encountered the Black Lives Matter movement. And I think our organizations have been also doing a lot to advocate for our minority clients</i>
3.2	Challenges faced during COVID-19	Barriers that organization encountered in continuing to serve or trying to serve older AA and NHPI.	Includes more general challenges if older AA and NHPI are not explicitly mentioned. Also includes challenges faced in serving other clientele. Also includes how challenges have changed throughout the COVID-19 pandemic.	<i>Uh, their lack of, um, um, technology access, um, and, um, we're talking about people that are, um, used to getting things done in person, right? Um, that's been the most difficult thing, to stop them from coming to see us, right?</i>

3.3	Unmet Needs of Clientele	Needs of older AA and NHPI that are currently unmet and why they are currently unmet.	Includes needs of other groups organization serves that are also unmet.	<i>Um...so, um, many – I-I think – at this current, um, condition – situation with the COVID, uh, being the major barrier, um, many of our seniors are, uh, very much isolated because they cannot come out to centers, to our agencies, and then mingle with each other and then, you know, talk about things, and get resources, information. So isolation is something that I am most worried about for our seniors.</i>
<b>4.0</b>	<b>Stress, Sleep, and Mental Health</b>			
4.1	Effect of COVID-19 on Personal Well-Being	Participant's physical and emotional health during the COVID-19 pandemic.	Includes how health has changed compared to before the COVID-19 pandemic. Include participant mentioning no effect. Excludes changes made that do not mention personal health.	<i>Um, but just in general, it's hard for me to support myself, um, during this time. Um, but luckily, like, physically, I don't have, um, severe, like, illness during the pandemic, um, but I have been very concerned about, um, COVID.</i>
4.2	Effect of COVID-19 on Peers' Well-Being	Physical and emotional health of colleagues, staff during the COVID-19 pandemic.	Includes mention of friends' or families' physical and emotional health.	<i>I mean I think a lot of people are in bad states right now, so you know, I – I'm – so I'm not sure who's better or worse. I – I, uh – again, not everyone lives intergenerationally, but I think more Asian Americans and Pacific Islander Americans live intergenerationally, and that's helped out.</i>

4.3	Effect of COVID-19 on Job Satisfaction, Performance, and Workplace Culture	Job satisfaction, changing responsibilities, and ability to continue working during COVID-19 pandemic.	Includes positive, negative, and neutral workplace attitudes.	<i>Yeah, um, I think it does have impact, like, on my well-being, um, as just an individual living through this pandemic. Uh, I also have a huge concern of contracting the COVID and I am also, like, worry about my family as well. Um, so that kind of like limits my ability in general to do my work. Um, I just need to try harder to fulfill my responsibilities on a day to day basis.</i>
4.4	Organizational response to health concerns	Organization's response to stress, sleep, or mental health of employees and clients.	Excludes increase in safety precautions (PPE, social distancing, technological infrastructure). Excludes changing back to in-person visits after vaccination. Includes when organization is not addressing health concerns.	<i>Like, um, team meetings or department meetings or even all staff meetings, we've been trying—we've been, like, reminding a lot of times to just maybe exercise at home, to take breaks, you know, to take breaks while we're serving our clients, to take care of ourselves. And we um—like, we, we did not have any kind of, like, _____ or retreat last year, but we did, like, even ask for vacation days, um, to take breaks and to take care of ourselves.</i>
4.5	Coping with stress and mental health	Personal or peers' strategies for coping with stress, sleep, or mental health.	Excludes increase in safety precautions (PPE, social distancing, technological infrastructure).	<i>And I've also, um, learned to, um – so I'm actually spending more hours at home doing exercises and also, uh, emotionally taking care of myself</i>

4.6	Coping using Mindfulness	Desire to provide a mindfulness program for clients and/or employees.	Includes resources that would facilitate participation in this program.	<i>Yeah, absolutely. I mean, I'm not unfamiliar with mindfulness at all. Um, it's actually been evaluating mindfulness can mean a lot in our daily service. Um, so, for someone like me as a counselor, when I'm providing counseling or my clients, I usually will, based on the clients' needs, I will introduce this mindfulness technique to cope with their depression and their anxiety. And I sometimes will do my meditation, doing a meditation session with my client together within the session</i>
<b>5.0 Racism and Discrimination</b>				
5.1	Racial discrimination during COVID-19	Stories about racism or fear of racial discrimination during COVID-19 pandemic.	Includes personal encounters, encounters from peers/friends/family, or encounters from the news. Includes when participant does not have experiences of COVID-19 related discrimination to share.	<i>Um, so, I—I did have, like, a lot of clients, like, who were on the street and just got verbally assaulted by strangers, saying, like, just calling, like Asians and with some very cursing words. And I have seen that happen and clients share that with me from time to time. And how they express it usually is like, "Oh, I got this, I met this white guy or black guy, he just yelled at me out of nowhere. I didn't understand what he was talking about, but he was definitely not friendly, and I felt really offended, and I also felt scared. Um, I didn't know how to respond. I don't know if I got, I would just get beaten up on the street" sort of stuff.</i>

5.2	Racial discrimination before COVID-19	Stories about racism or fear of racial discrimination before COVID-19 pandemic.	Includes personal encounters, encounters from peers/friends/family, or encounters from the news. Includes general comments that where it is unclear if they were before or during COVID-19.	<i>But I still remember the very first time I got to the state, when I walked on the street, like, to the campus, I just saw, like, the two—two Chinese international students walking in front of me got pushed off the sidewalk by an African-American guy on the street. Um, and I still remember this scene really, really until now. And that was my very first interpretation of what racial discrimination could be like in the U.S.</i>
5.3	Personal response to racial discrimination	Personal feelings and actions taken after encounter.		<i>It's just like, I just feel sad and also sometimes very helpless when I hear these stories.</i>
5.4	Organizational response to racial discrimination	Organizational actions taken proactively or reactively in relation to COVID-19 racial discrimination.	Also includes response to Black Lives Matter movement.	<i>So, I remember we have this—sorry, I forgot the name, but we have this discussion group happening once or twice a month to just, like, to discuss about diversity and, like, race-related topics to have this safe space to discuss and also educate ourselves on the matters. And especially during the Black Lives Matter, we've been speaking out _____ on media or on other platforms to, just to, um, to support, to advocate for our African-American allies in the movement.</i>
<b>6.0</b>	<b>Outcomes</b>			

6.1	Personal and Community Resilience	Personal ability to endure or thrive during crises.	Includes community member resilience. Includes expressions of hope or positivity for the future. Includes appreciation or joy expressed during COVID-19.	<i>Um...yeah, I think now it's also – with the vaccines, um, you know, it's really exciting and encouraging. I think it's giving a lot of people hope that they didn't necessarily have before. And so we've been able to welcome back some of our customers that were not comfortable before they had the vaccine, some volunteers, um, and that's been really exciting. Um, and exciting for them, you know, to see people again and to kind of feel that relief of a little more certainty that they're vaccinated now.</i>
6.2	Organizational Resilience	Organization's long-term ability to endure or thrive during crises.	Includes actions taken (or not taken) in continue surviving pandemic.	<i>I really do feel like we can take anything down now. There's not – no mountain high enough for us to go through.</i>
6.3	Organizational Adaptability	Organization's reaction to crises and ability to quickly respond.	Includes changes that did not occur that participant wished occurred.	<i>So I think this is a miracle. I really, truly think it's a miracle, and it's our team efforts, you know, and it's our ability – I think it really comes from our ability to adapt to or, you know, be flexible to whatever challenge that we're going through.</i>

6.4	Continuing Organizational Changes	Changes that the organization has made that will continue after the COVID-19 pandemic ends.	Includes changes the participant hopes will continue after the COVID-19 pandemic ends.	<p><i>So, to respond to that, first, we're trying to prepare just to be more ready to classify that. Like, to maintain the accessibility that we have already established in our future service so that if anything similar happens in the future, we won't take as much time as this time to respond to it and to continue also with it for our clients. And also, I think, I definitely believe the management team, they try very hard to diversify the source of funding as well. Because we know that no funding is forever, is foreverly safe. [Laughter]</i></p>
6.5	Negative Outcomes	Organization outcomes that the participant suggests are negative outcomes from the COVID-19 pandemic.		<p><i>Um, before it was like a lot of you'd go to work, you work while you're there onsite, and then you go home, and there was separation. And now there's not as much separation, which, you know, has, uh, negative impacts, but it's also, I think, um...meant that a lot of our staff has become more emotionally invested in the organization.</i></p>

## APPENDIX E: CODEBOOK SUMMARY

Code	# of Quotes
<b>1.0 Organizational Pressures and Sustainment</b>	
1.1 Programs Delivered	121
1.2 Organizational Changes	48
<b>2.0 Organizational Relationships</b>	
2.1 COVID-19 Assistance Received from other organizations	38
2.2 COVID-19 Assistance Given to other organizations	12
2.3 Organizational Collaborations	43
<b>3.0 Impact on older AA and NHPI</b>	
3.1 Application of Mission and Vision	13
3.2 Challenges faced during COVID-19	97
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