

**The Ripple Effects of the COVID-19 Pandemic on Community-Based Organizations: A  
Mixed-Method Study**

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## Abstract

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### The Ripple Effects of the COVID-19 Pandemic on Community-Based Organizations: A Mixed-Method Study

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**Introduction:** The COVID-19 pandemic has interrupted the lives of older adults who rely on the services of Community-Based Organizations (CBO). Because of the COVID-19 protocols, CBOs needed to adjust to a new environment and shift their programming from in-person to remote service. This study aimed to understand 1) the CBO's ability to provide services to older Asian Americans, Native Hawaiians, and Pacific Islander adults, and 2) how the COVID-19 pandemic affected the well-being of CBO employees during the COVID-19 pandemic. **Methods:** Data for this study came from a parent study that investigated changes in CBO's capacity to provide services as a result of the COVID-19 pandemic. 64 CBO representatives completed an electronic survey, and 37 of them completed a semi-structured interview. **Results:** 80% of the participants reported increased demand for services, 55% experienced staffing challenges, 88% increased their online presence, and 52% reported hiring new employees as a result of the pandemic. Qualitative interviews identified six categories of discussion among CBO employees: 1) organizational pressure and sustainment, 2) organizational changes, 3) organizational collaboration, 4) stress, 5) sleep, and 6) mental health. **Conclusion:** CBOs made many changes to their operation and staffing in response to the COVID-19 pandemic, and employees went through significant burdens during this process. Further research is needed on how CBO employees can be better supported during public health emergencies.

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## 1 Introduction

### 1.1 Health Disparities of Asian American Immigrant Communities

Asian Americans (AA), Native Hawaiians, and Pacific Islanders (NHPI) are the fastest-growing racial/ethnic group in the United States (US). Specifically, between 2000 and 2019, the AA group increased by 81%. Native Hawaiians and Pacific Islanders (NHPIs) are the third fastest growing group and have increased by 61%<sup>1</sup>. Many people from these communities immigrate to the United States in search of better employment opportunities<sup>2</sup>, education for themselves and their children<sup>3</sup>, or political asylum<sup>4</sup>. As they adapt to life in the US, immigrants face challenges in their daily lives including language barriers, difficulty finding employment, and preserving their culture as they adjust to a new culture and environment.<sup>5-7</sup>

AANHPI experiences significant health disparities compared to non-Hispanic Whites. AANHPI adults were found to have high prevalence rates of cardiovascular diseases<sup>8</sup>, type two diabetes,<sup>9</sup> cancer,<sup>10</sup> and depression.<sup>11</sup> Studies show that many health disparities in these communities are attributed to being uninsured or underinsured. In comparison to non-Hispanic White groups, 17% of AANHPI adults were found to be uninsured<sup>12</sup>. AANHPI were also less likely to have primary care providers, leading to less access to healthcare services compared to non-Hispanics Whites.<sup>13</sup>

### 1.2 COVID-19 Impact on Immigrant Communities

The COVID-19 pandemic magnified the health disparities experienced by the AANHPI communities. According to Doan et al, AANHPI immigrants had a disproportionately higher incidence of hospitalization and mortality during the height of the pandemic,<sup>14</sup> in part due to socioeconomic inequities which existed prior to the pandemic.<sup>15</sup> Health disparities researchers report that older AA adults who were undocumented, low-income, and have limited English

proficiency were most affected by COVID-19, including those who were hesitant to seek medical attention due to anti-Asian xenophobia.<sup>16</sup>

Pandemic protocols such as social distancing, self-quarantine, and stay-at-home orders to prevent the spread of SARS-CoV-2 did not provide the required protection to many AANHPI families. Many immigrants were required to work in high-risk environments despite the safety protocols, especially those employed as front-line workers. Similar to many under-resourced communities, AANHPI individuals who live below the poverty line worked throughout the COVID-19 pandemic<sup>17</sup>, for example, AANHPI women worked as frontline workers in the food and childcare industry<sup>18</sup>. Additionally, more than two million AANHPIs were employed in the transportation, healthcare, and service sectors with many experiencing increased risk of exposure to COVID-19 due to their occupational<sup>19</sup>.

### 1.3 Older Adults were the Most Vulnerable During the Pandemic

The pandemic disproportionately affected older adults' physical health, particularly those diagnosed with underlying conditions such as cardiovascular disease, diabetes, hypertension, and chronic kidney disease.<sup>20</sup> 80% of COVID-19-related deaths in the US were found to be among older adults that were 65 years of age and older in March 2020.<sup>21</sup> Among older Asian Americans, Chu et al. found that those 45 years and older had a higher rate of COVID-19-attributable deaths compared to non-White Hispanics.<sup>22</sup>

The pandemic also impacted older adults' social well-being. Before the pandemic, older adults engaged in social activities with their neighbors, family, and friends<sup>23</sup> by volunteering or participating in social events (e.g., Senior fitness classes) hosted by community-based organizations (CBO).<sup>24</sup> Participating in social activities allowed them to be more active and receive social support from others, improving the quality of their lives.<sup>25</sup>

While preventative measures reduced the spread of Covid-19, research shows that they also led to loneliness and self-isolation in older adults.<sup>26</sup> A systematic review of 10 studies

found that the stay-at-home orders from the pandemic increased psychological stress among older adults such as depression, loneliness, poor sleep quality, and anxiety <sup>27</sup>.

#### 1.4 The Importance of CBOs Serving Older Asian Immigrants Pre-Pandemic

CBOs are trusted places where older adults can receive essential services in a culturally-relevant manner from assistance for legal issues to adult-learning programs. <sup>29</sup> Their role became even more important during the COVID-19 pandemic as CBOs were “well-equipped with cultural acuity, language capacity, and familiarity with local norms,” which are necessary to improve health outcomes and assist with the delivery of healthcare among AA communities. <sup>32</sup> However, the pandemic created many challenges for CBOs, leading them to prioritize their programs and shift them from in-person to remote service. <sup>30,31</sup> The purpose of the study is to examine the impact of the COVID-19 pandemic on community-based organizations’ operations using the mixed methods data collected on CBOs serving older AANHPI adults.

#### 1.5 Research Questions

- A. How did the COVID-19 pandemic affect CBOs’ ability to provide services to older Asian American, Native Hawaiians, and Pacific Islander adults?
- B. How did the COVID-19 pandemic affect the well-being of CBO employees?

## 2 **Methods**

### 2.1 Parent Study

#### 2.1.1 Study Design

The data were taken from a parent study titled, “Understanding Community-Based Organizations’ Capacity to Serve Older Asian American and Pacific Islander Adults During The COVID-19 Pandemic.” This study examined 1) how the COVID-19 pandemic has impacted the CBOs operation and sustainment, and 2) how older AANHPI adults coped with social isolation,

accessed culturally tailored health information, and used technology. This study was a mixed methods study using a sequential explanatory design. The study team collaborated with a community-based organization that serves AANHPI throughout the study. The partnering CBO provided insights into recruitment, connected the research team with potential CBOs, and interpreted findings together with the research team.

All CBOs participating in the study completed an electronic quantitative survey. A subsample of those who completed the electronic survey were randomly selected for a phone-based semi-structured interview.

## 2.2 Theoretical Approach

The study was guided by the Resource Dependency Theory (RDT), an organizational theory that describes how an external environment affects the strategic and tactical management of the organization (See *Appendix A*). The RDT captures six constructs: Munificence, Dynamism, Dependence, Interdependence, Adaptability, and Demand for Resources and Acquisition. Munificence measures how access and availability of resources are required for a business to survive and grow in its external environment. Dynamism examines how quickly an environment changes. Yeager et al argue that decision-making for organizations becomes more challenging, the more change there is because there is greater uncertainty about the future.<sup>33</sup> Dependence and Interdependence capture an organization's dependability and relationships with other organizations. The ability of an organization to change to meet environmental demands is examined through Adaptability. Lastly, the Demand for Resource Acquisition assesses an organization's ability to obtain resources from the external environment in order to sustain an internal environment. The electronic survey and semi-structured interview guide were informed by RDT. Examples of interview guide questions are described in *Appendix A*.

### 2.3 Participants and Recruitment

Two representatives from each CBO serving older AANHPIs adults were recruited, one person from leadership and another person from operational in order to capture both the perspectives. The study team identified 40 CBOs who participated in past studies.<sup>34</sup> This list was augmented with the information provided by the partnering CBO. The study team sent two email messages to the CBOs with an invitation to join the study a week apart. The email message had an attached study flyer with the study team contact information and asked the potential CBO participants to forward the study invitation to their partnering CBOs. The study team also contacted health organizations such as the American Public Health Association to promote the study.

Two employees from each CBO were invited to join the study: one in a leadership position (e.g., presidents, associate directors, and program managers) and one person from an operational role (e.g., social worker and outreach specialist). Interested participants contacted the study team via email or phone. When the study team made contact with the potential participant, the study team provided information about the purpose of the study and the mixed methods data collection. Once participants consented to enroll, the study team provided the option to complete the quantitative survey via phone or through an electronic survey link sent via a secure email. Of the 68 participants who made contact with the research team, 64 participants were enrolled and completed the survey, one refused, one was ineligible, and two consented initially and asked for the link to the online survey, but did not complete the survey.

Once the survey was completed, the study team emailed a random sample of 37 CBO representatives to participate in the in-depth semi-structured interviews. Participants who met eligibility requirements, showed interest, and provided verbal consent, were scheduled for a semi-structured interview. This study was approved by the Institutional Review Board and Ethics Committee of the Fred Hutchinson Cancer Research Center.

## 2.4 Survey Data Collection

CBOs had an option to complete the survey via phone or online. The study team called participants who preferred to be contacted over the phone to collect the survey data. For participants who preferred an online survey, the study team emailed a secured survey link to REDCap. The survey consisted of questions regarding demographics, CBO site descriptors, COVID-19 impact on the organization, and clients' experiences with racism and discrimination (See *Appendix B*). Once the electronic survey was completed, the study team sent a \$50 gift card to compensate for their time and effort.

## 2.5 Semi-structured Data Collection

The research team used a semi-structured interview guide to capture the qualitative data. Examples of questions included, "What are some of the changes that your organizations had to make to adapt to the demands of COVID-19?", "How has your organization collaborated with other organizations to support each other during the COVID-19 pandemic?", and "How has COVID-19 affected your capacity (physical health and emotional well-being) to serve older AA and NHPI?". The interviews were conducted over the phone and lasted 60–90 minutes. 37 CBO representatives completed the semi-structured interviews and received \$50 as compensation for their time and effort.

## 2.6 Data analysis

*Survey data analysis:* 64 survey data were analyzed using SAS Version 9.4. The SAS program was used to generate categorical variables and means for continuous variables. *Semi-structured interview data analysis:* 37 audio transcripts were uploaded and transcribed into ATLAS.ti Version 8. The research team from the parent study coded the data using inductive and deductive coding approach.

### 3 Current Study

*The current study is an analysis of the data* to examine how the COVID-19 pandemic affects CBOs' ability to provide services for their older AANHPI clients and CBO staff's well-being. Electronic surveys (N=64) and semi-structured interviews (N=37) were used to analyze the current study (See *Appendix C*). A descriptive report of the survey data was generated using Microsoft Excel with frequency for categorical variables and means for continuous variables. For the qualitative data, the summary of the coded data created by the parent research team was organized into categories.

### 4 Results

#### 4.1 Characteristics of CBO Participants

Table 1 shows the characteristics of the CBO representatives (N=64). About half of the participants (52.6%) were Directors or Presidents, followed by Associate Directors/Vice Presidents (4.84%) and Program Managers/Coordinators (32.36%). 11.29% of participants were board members, retired pastors, research assistants, social workers, outreach specialists, and program aides. Participants described their organizations as community centers (52.31%), health clinics (16.92%), senior centers (29.23%), and as "social service providers" (55.38%). CBOs mainly served low-income clients (90.77%); more than half served clients with English as a second language (84.64%) and immigrant communities (81.54%). The majority of clients were Asian American and Pacific Islander (95.38%), about a third of CBOs also served non-Hispanic whites (35.38%), Hispanic or Latino (32.31%), Black or African American (32.31%), American Indian or Alaska Native (21.54%), and Middle Eastern or North African (23.08%). Additionally, most of the clients were 60 years of age and older (90.77%), followed by those between the ages of 45 to 59 years old (73.85%).

Table 1: Characteristics of the Community-based Organizations Representatives (N=64)

	n (%)
<b>Position titled</b>	
Director/President	32 (52.61)
Associate director/Vice president	3 (4.84)
Program manager/Coordinator	20 (32.36)
Others*	7 (11.29)
<b>Type of organization</b>	
Community center	34 (52.31)
Health clinic	11 (16.92)
Senior center	19 (29.23)
Social service provider	36 (55.38)
<b>Constituencies served</b>	
Immigrants	53 (81.54)
Limited English speaking/English as a second language individuals or households	55 (84.64)
Low-income individuals or households	59 (90.77)
Refugees	21 (32.31)
Other	12 (18.46)
<b>Ethnic Group served</b>	
Asian American Pacific Islander	62 (95.38)
White	23 (35.38)
Hispanic or Latino	21 (32.31)
Black or African American	21 (32.31)
American Indian or Alaska Native	14 (21.54)
Middle Eastern and North African	15 (23.08)
<b>Age group served</b>	
0-17	27 (41.54)
18-24	30 (46.15)
25-44	32 (49.23)
45-59	48 (73.85)
60 years and older	59 (90.77)

\*Board member, Retired pastor, Research assistant/Social worker, outreach specialist, Program aide

## 4.2 CBO's Ability to Provide Services for Older AANHPI Adults During the Pandemic.

### 4.2.1 Impact of the COVID-19 Pandemic on CBOs Operation

Most participants (80%) reported an increase demand for services and an increased demand for new services (75%). Many participants (69%) mentioned experiencing service disruption in their programs as a direct result of the pandemic (See Table 2). Organizations also described losing

revenue (38%), having staffing challenges (55%), and experiencing service programming and disruption (69%). Although CBOs have lost revenue, less than half of CBOs were able to receive additional funding (See Table 3) from the County government (28%), State government (38%), Federal government (45%), and nonprofit organizations/foundations (46%).

Table 2: Effect of the COVID-19 Pandemic on the Organization\*

	n=64	Percentages
Lost revenue	25	38%
Staffing challenges	36	55%
Increased demand of services	52	80%
Increased demand of new services	49	75%
Service programming and disruption	45	69%

\*Many survey questions are multi-selected questions therefore, the percentages listed in the table will not add up to 100%.

Table 3: CBOs Revenue Source\*

	n=64	Percentages
County government	18	28%
State government	25	38%
Federal government	29	45%
Other nonprofit/foundations	30	46%

\*Many survey questions are multi-selected questions therefore, the percentages listed in the table will not add up to 100%.

#### 4.2.2 CBO Response to the Pandemic

Due to COVID-19 protocols, 88% of participants needed to increase their online presence to better serve their clients. Remote working conditions introduced an increase in unanticipated expenditures (64%) including new technology, cleaning supplies, and cancellation fees. More than half of the participants hired new employees (52%) with 12% of participants

reporting on furloughed staff. Lastly, 12% of participants stated that employees had to increase their employee hours while 20% experienced reduced hours.

Table 4: CBO Response to The Pandemic\*

	n=64	Percentages
Increased online presence	57	88%
Increased of unexpected expenditures**	39	64%
Hired new employees	34	52%
Furloughed staff	8	12%
Increased staff employee hours	8	12%
Reduced current staff/paid employee hours	10	20%

\*Many survey questions are multi-selected questions therefore, the percentages listed in the table will not add up to 100%.

\*\*Adoption of new cleaning/disinfectant protocols, new technologies, cancellation fees, unexpected marketing expenditures as a result of scheduling changes.

#### 4.2.3 Adaptability: Organizational Pressure and Sustainment.

Part of the pandemic protocols was social distancing and social isolation. Many participants discussed the difficulty of hosting an in-person service. For most organizations, programs and events were either canceled or postponed. Virtual classes were offered to replace in-person services, resulting in new challenges such as accessibility issues among older adults. Several organizations also discussed that many of their clients were too fearful to leave their homes due to the rise in discrimination against older AA adults. Because of this, CBOs offered delivery or pick-up programs for food, medication, and cleaning products to assist their client's needs.

*“So, due to COVID and anti-Asian hate, we actually started a weekly food distribution at our community center. The majority of the people we serve are low-income, seniors, living in Chinatown or from surrounding neighborhoods. So we serve about 200 families on average a week.”*

A few CBOs have also discussed the importance of providing mental health resources to older AANHPI clients as they have reported a feeling of depression, anxiety, and loneliness. Additionally, resources were provided virtually and in multiple languages to better accommodate their clients. Some CBO representatives also helped translate materials for their clients. A couple of participants also discussed playing a role in advocating against anti-Asian discrimination and dispelling any harmful myths.

#### 4.2.4 Dependence and Interdependence: Organizational Collaboration

When asked about organizational collaboration, many participants discussed partnering with other organizations to provide up-to-date and accurate COVID-19 information for their clients. This includes safety protocols, testing resources, and vaccine availability. By collaborating with different organizations, they were able to increase the number of services offered to their clients, such as food delivery and housing.

*“We are working closely with other local community partners to educate the communities regarding the importance of vaccination and also to help the community members to get appointments for their vaccination. So this is, again, because of the pandemic, it's presenting new opportunities for us to work together”*

CBOs worked closely with local hospitals and health departments to provide COVID-19 testing and on-site vaccination events. Participant's felt that the pandemic helped communications with the government to be quick and reliable.

*“So, how can I put it this way? With the government entities, I believe now we rely more on the e-mail communication. In the past, those government entities may require us to fax them, to give them a call for communication rather than e-mail communication, but then the pandemic presented us with new opportunities to develop a more reliable way of communication”.*

#### 4.2.5 Munificence and Dynamism: Organizational Changes

Many participants discussed shifting from in-person to remote services in order to assist clients while following COVID-19 protocols. CBOs reached clients either by phone or in-person appointments when able. Most organizations reported difficulty adapting to a new working environment and assisting clients due to the lack of technology infrastructure.

*“But during that—like, at the beginning of the pandemic, the phone system was old, not updated, storage was limited, and a lot of clients failed to, like, get in touch, like, through the phone calls, phone calls”.*

Many participants discussed needing to invest in new technology devices and software to be able to work remotely, provide services to their clients, and protect the health of their employees. CBOs that functioned as community and cultural centers had difficulty staffing in-person roles due to COVID-19 protocols. Personal Protective Equipment (PPE) was also difficult to secure for clients and employees. To better serve clients, CBOs increased staff members, reallocated funding, and sought out COVID-19 resources and grants.

*“Because I felt like if our employees felt protected and taken care of, that everything will be okay. And um, so we did everything. I mean, everything you can think of. Ripping apart air conditioning systems, air flow systems [meaning to prevent the spread of covid]. We bought our plexiglass palettes to install everywhere. I literally have a war chest of PPE: masks, sanitizers, and of course testing. Because we're a healthcare place, we – we implemented employee testing. Of course, all the temperature, I mean the basics, that was in place immediately.”*

### 4.3 The Well-Being of CBO Employees

#### 4.3.1 Stress Levels of CBO Employees

When asked about participants' stress levels, more than half of CBO representatives reported experiencing mild stress (55.75%). This followed with occasional worries or minor

stress-related symptoms such as feeling a little anxious, sad, angry, or mild trouble sleeping. 32.79% of CBO representatives reported experiencing moderate stress and 11.48% of participants with severe stress.

Table 5: CBO Employee's Stress Levels as a Result of COVID-19 \*

	N=61	Percentages
Mild stress such as occasional worries or minor stress-related symptoms such as feeling a little anxious, sad, angry, or mild trouble sleeping.	33	55.74
Moderate stress with frequent worries, often feeling anxious, sad, or angry, or some trouble sleeping.	20	32.79
Severe stress with constant worries or feeling extremely anxious, sad, or angry, or frequent trouble sleeping.	7	11.48

\*Many survey questions are multi-selected questions therefore, the percentages listed in the table will not add up to 100%.

#### 4.3.2 Stress, Sleep, and Mental Health Among CBO Employees

Many employees who worked from home mentioned an increase in stress due to their inability to disengage with work responsibilities at home. With protocols and work from home policies, a few mentioned being unable to spend time with family. Participants who worked in-person were afraid of contracting COVID-19 and putting their family at risk.

*“I haven’t seen my family in a really long time. This is really hard. A lot of my friends had been back at home and they were seeing each other more so than they would have if the pandemic hadn’t had happened because everyone just kind of came home. And so that, that stress alone was super hard for me being away from friends and family and just not being able to go.”*

Employees also felt an immense amount of pressure especially when assisting clients who were overwhelmed and upset. The pandemic also took a negative toll on participants' physical

health. An increase in weight gain, migraines, fatigue, and loss of appetite were frequently mentioned. Most CBO employees expressed difficulty balancing work and home life as many employees took on additional responsibilities and worked extra hours during the pandemic. Most participants discussed the challenges of continuing to work at home (e.g., responding to emails). The increased in work demands took an emotional, physical, and mental toll on their health.

*“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.”*

## **5 Discussion**

This study aimed to understand how COVID-19 affected CBO's ability to provide services, and how the pandemic affected CBO employees' well-being. CBOs played a key role in disseminating and providing culturally tailored COVID-19 resources to older AANHPI adults. The CBOs were able to continue serving their clients by providing virtual and phone services. Most participants discussed the importance of technology to continue assisting their clients. Collaboration with local governments and other organizations has allowed CBOs to continue to offer services and add new ones as well in response to the pandemic.

This study reveals that CBOs across the country worked hard to adapt to a new environment in response to the COVID-19 pandemic with heavy reliance on technology. Other studies corroborated the commitment of CBOs to provide essential services, frequently going above and beyond the organization's initial mission.<sup>30</sup> Organizational collaborations were crucial to overcome the challenges of the COVID-19 pandemic because it allowed CBOs to obtain assistance while still being able to serve their clients. Some of those collaborations were with local governments<sup>35</sup> and private sectors.<sup>36</sup>

This study also shows that the CBOs' commitment to the community came at the expense of staff members' well-being. Findings from the qualitative interviews showed that staff members were overworked, and working from home made it more difficult to draw a clear line between work and home lives. The findings from this study show that many employees experienced significant stress, anxiety, and had low sleep quality. Future intervention research may be needed to address the mental distresses experienced by the employees of CBOs during the pandemic.

The pandemic forced many people to familiarize themselves with technology, creating a new challenge for older adults. CBOs assisted older adults with COVID-19 resources and programs through Zoom, telephone, and social media. It is not clear if these resources were usable for older adults given the barriers to using technology. Across the U.S., technology was identified as a major barrier for accessing programs and resources for older adults, low-income households, ethnic groups, rural residents, and people with limited English proficiency or who speak English as a second language.<sup>38-40</sup> Public health practice may want to invest in educating older adults on the use of technology through programs and classes to close the digital divide.

## **6 Strengths and limitations**

The strength of this study is the ability to use both quantitative and qualitative data to understand how the pandemic has affected organizational structure and employee well-being. This study has two limitations. First, the sample size for the survey size is small. A second limitation is the inability to generalize the findings of CBOs serving other communities.

## **7 Conclusion**

This study examined how the COVID-19 pandemic impacted on CBOs' operation, and their ability to assist and support older AANHPI adults. This study shows that organizations heavily relied on technology to continue to provide services and protect the health of their clients and

staff. To prevent COVID-19 among older adults, and improve access to immunizations and testing, collaboration between other organizations and the government was essential. While CBOs have displayed resilience over the course of the pandemic, it is also important to note how COVID-19 had negatively affected the health of their staff.

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## Appendices

### Appendix A: Theoretical Framework

Constructs and Definitions of Resource Dependency Theory		Sample questions from the interview guide
Munificence	The availability and accessibility of resources necessary for an organization's survival and development within its external environment	<i>"What are some existing organizational resources and information that helped your organization navigate the COVID-19 pandemic and continue to provide support to the community?"</i>
Dynamism	The rate of environmental change or innovation	<i>"What are some of the changes that your organization had to make to adapt the demands the COVID-19?"</i>
Dependence	The extent that an organization relies on another organization for the resources that it requires to exist (e.g., material, human resources; legitimacy)	<i>"What COVID-19 related assistance has your organization received from state and local government, public health agencies, donors, and funder?"</i>
Interdependence	Dependence among organizations within a given field upon each other	<i>"How has your organization collaborated with organizations to support each other during the COVID-19 pandemic?"</i>
Adaptability	Ability of an organization to change in an attempt to address environmental demands	<i>"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?"</i>

Demand for  
Resources  
Acquisition

The need to acquire resources from the  
external environment to sustain an internal  
environment

*“How has the COVID-19  
pandemic influenced your  
organization’s ability to adapt and  
respond to future crises?”*

## Appendix B: Sample Questions from the Electronic Survey

1. Which of the following describes your organization? Select all that apply.
  - Community center
  - Health clinic
  - Senior center
  - Social service provider
  - Other
2. Which age group does your organization mostly serve? Please only select the population(s) that you serve most of the time, even if from time to time your organization serves people outside that age group. Select all that apply.
  - 0 – 17 years old
  - 18 – 24 years old
  - 25 – 44 years old
  - 45 – 59 years old
  - 60 years and older
3. Where did you receive additional funding from? Select all that apply.
  - County government
  - State government
  - Federal government
  - Other non/profit foundations
  - Corporate company or group
  - Organizational fundraising events
  - Other
  - Prefer not to answer

## Appendix C: Joint Tables of Quantitative and Qualitative Findings

Categories	Quantitative survey results (n=64)	Qualitative excerpts	Analytical integration
Organizational pressure and sustainment.	57 CBOs had an increased their online presence (e.g., live streaming their program).	<i>"First change is all in-person services are on pause, uh, and we replaced to phone services. And also, we, uh – and also the, you know, Meals on Wheels programs, uh, services got increased. And we have lots of, uh, you know, grocery distribution through the, um, uh, federal state, city level of distribution."</i>	The COVID-19 pandemic resulted in many CBOs increasing their services by adding more delivery programs.
	56 CBOs had moved their organization to a full or partial working environment to offer services and programs virtually or by phone to their clients.		
Impact on older AA and NPHI	52 CBOs had an increased demand of services.	<i>"And, you know, for, um, any older adults or individuals who do not have, um, you know, website or computer access to register online, they're able to, um, call to a hotline or a phone number that are located on the vaccine registration website. But again, they do not have language, uh, um, assistance, so everything is done in English, and our Korean American older adults who are lacking in the English proficiency are not able to receive the necessary services and, um, the vaccines that they're, they should be getting."</i>	CBOs increased their online presence due to COVID-19, but many clients did not have access to technology devices or had limited digital literacy.
	45 CBOs experience service and programming disruption.		
	25 CBOs have closed temporarily as a result of COVID-19 pandemic.		
	39 CBOs experienced an increase of unanticipated expenditures. *		
	25 CBOs have lost revenue.		Virtual and phone services made it difficult for CBOs to assist their clients. Many staff discovered that in order to assist their clients, they needed to work longer hours.
	CBOs also received additional funding: 30 from other Nonprofits and Organization 29 from the Federal government. 25 from the State government. 18 from the County government.	<i>"Because we cannot meet in person—we cannot, we couldn't have a meeting personally with the clients. So, we had to explain all the things over the phone or sometimes the e-mail or text message only. So, it took, like, way more time to make my clients understood what I was saying. So, I had to, like, personally extend my, like, working hours, daily hours."</i>	
	34 CBOs hired new employees.		
	10 CBOs reduced current staff/employee.		
	8 CBOs increased staff and paid employee hours.		

Sleep, Stress, and Mental Health.	<p>33 participants experienced mild stress such as feeling a little anxious, sad, angry, or mild trouble sleeping.</p> <p>20 participants experienced moderate stress with frequent worries, often feeling anxious, sad, or angry, or some trouble sleeping.</p> <p>7 participants experienced severe stress with constant worries or feeling extremely anxious, sad, or angry, frequent trouble sleeping.</p>	<p><i>“But the other side is physically and mentally like a hardship, kind of, especially during the pandemic because of, like, anxious people sometimes, they are very upset when they contact me. – So, that can be very stressful to, like, make a conversation with the anxious people, upset people. Yeah.”</i></p> <p><i>“Wash your hands, cover your face, don’t touch your face, wear a mask, keep socially distant and like I said, it just – the more and more you saw the death statistics or the infection rates, you start getting really fearful. You start, you know, high rate of anxiety.”</i></p>	Assisting upset clients and seeing the COVID-19 death and infection rates resulted to an increase of anxiety and stress among CBO employees.
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\*Expenditures include cleaning and disinfecting protocol, new technologies, cancellation fees, unexpected marketing expenditures as a result of scheduling changes etc.

