

Applying culturalist methodologies to discern COVID-19's impact on communities of color

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Abstract

The coronavirus disease 2019 (COVID-19) pandemic has disproportionately impacted communities of color (CoC) amid increasing incidents of racial injustices and racism. In this article, we describe our culturalist methodologies for designing and implementing a multi-ethnic, interdisciplinary national needs assessment developed in partnership with CoC. Instead of a typical western-centric social science approach that typically ignores and perpetuates structural racism and settler colonialism, the research team implemented culturalist and community-partnered approaches that were further contextualized to the context of structural racism and settler colonialism. The culturalist approach yielded two sets of themes both related to the impact of the pandemic on CoC. The first set involved syndemic factors that contribute to the adverse impact of COVID-19. These include historical trauma; racism, racial stress, and discrimination; and cultural mistrust. The second set consisted of factors that potentially mitigate the impact of the COVID-19. These include cultural protective factors; community engagement; communal ethos, and data disaggregation. Our methodologies and the resulting findings encourage research praxis that uplifts the shared effects of the social determinants of health while honoring unique

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cultural and contextual experiences—a lesson that social science researchers largely have yet to learn.

KEYWORDS

communities of color, COVID-19, culturalist and decolonizing methodology, health disparities, needs assessment, race and ethnicity, researchers of color

1 | INTRODUCTION

On January 31, 2020, the US Department of Health and Human Services declared coronavirus disease 2019 (COVID-19) a health emergency for the United States; and in March 2020, declared that there was a COVID-19 pandemic in the nation. It became apparent that COVID-19 was and would continue to have a disproportionately adverse impact on tribally, racially, and ethnically diverse communities (hereafter referred to as communities of color (CoC—i.e., African American/Black/Africana¹; Latinx/Afro-Latinx; Asian American, Native Hawaiian, Pacific Islander; and American Indian and Alaska Native²). From a syndemic perspective (synergies of co-occurring epidemics; Mendenhall & Singer, 2020), multiple interconnected systems can contribute to the worsening of underlying health conditions, socioeconomic disparities, and heightened disease among CoCs (Poteat et al., 2020; Wilson et al., 2014). And while a deluge of COVID-19-related research emerged at a national and global level, it did not adequately reflect research by, from, and for communities of color with careful attention to culture and context. Inadequate surveillance systems for reporting COVID-19 also led to significant gaps in information obscuring any nuanced understanding of COVID-19's syndemic impact on CoCs. Further, COVID's differential impact on subgroups within common racial/ethnic categories was rendered invisible, resulting in inaccurate and incomplete portrayals of diverse COVID-19 experiences for people of color.

Recognizing this dearth of valid, reliable, and nuanced data from which to draft legislation and public policy, the Congressional Tri-Caucus³ expressed an urgent need for credible data about COVID-19's impact on five priority populations in the United States: (1) Black (including African American, Caribbean American, Afro-Latinx, and African immigrant); (2) Latinx, including those who are undocumented; (3) Asian American; (4) Native Hawaiian and Pacific Islander American; and (5) American Indian and Alaska Native (AIAN). The subsequent response to this urgent need brought together researchers of color, national civil rights organizations, community-based organizations, and subject matter experts in a variety of fields of expertise. The aim of this paper is to describe our culturalist methodological approach to designing and implementing a multi-ethnic, interdisciplinary national needs assessment of the impact of COVID-19 on COC and exemplars of what it yielded.

A multiethnic and interdisciplinary research team was assembled representing The Alliance of National Psychological Associations for Racial and Ethnic Equity (The Alliance) who partnered with the National Urban League

¹We use the term "Black or Africana" to refer to people of African ancestry throughout our report. We initially use "Black/Africana" rather than "Black/African American" to refer to individuals in our sample who are participants of African ancestry, because it does not mask cultural or linguistic distinctions or national origins such as persons of African ancestry from the Caribbean, Latin America, and continental Africa etc., who were living in the U.S. during the COVID-19 pandemic. The term "Africana" is a more inclusive term that represents people of African ancestry from different locations. However, we use "Black" (Flanagin et al., 2021), the more familiar shorthand, throughout this article to describe the collective Black/Africana samples or communities.

²American Indians and Alaska Natives (i.e., AIANs) have a unique political tribal Nation status as Indigenous Peoples of the United States and in relation to the federal government of the United States. As a result, we acknowledge both the political/tribal as well as the racial/ethnic status of AIAN populations in including AIANs in the Communities of Color phrase. Parallel to African/Black, Latinx, Asian, Native Hawaiian, and Pacific Islander populations, AIANs are racialized (settlers ignoring or undermining tribal sovereignty) through structurally racist and race-based discriminatory practices endemic to settler colonial structures and policies.

³The Tri-Caucus includes The Congressional Asian Pacific American Caucus, The Congressional Hispanic Caucus, and two Democratic American Indian Members of Congress, Congresswoman Haaland and Congresswoman Davids.

(NUL), a national civil rights organization that served as a fiscal agent and provided other support. The Alliance is a collaborative body of national psychological associations and a research center that includes The Asian American Psychological Association, The Association of Black Psychologists, The Indigenous Wellness Research Institute, The National Latinx Psychological Association, and The American Psychological Association. To ensure an inclusive process, each Alliance group partnered with several community-based (e.g., the Utah Pacific Islander Civic Engagement Coalition) and university-based partners (e.g., Research for Indigenous Social Action and Equity (RISE) Center) from their respective communities. The National Urban League served as both the fiscal agent and the bridge to national civil rights organizations like Asian Americans Advancing Justice, the National Coalition on Black Civic Participation, the League of United Latin American Citizens, UnidosUS, and the National Congress of American Indians among other groups.

Community-based participatory research (CBPR) was essential to the successful completion of this rapid needs assessment process. Through its extensive network of relationships with communities across the country, the Alliance collectively connected with over 80 trusted community-based organizations across the country. The primary goal was to gather data to support evidence-based public policy, civil rights advocacy, and local community-led social justice campaigns.

To ensure a robust, interdisciplinary needs assessment the research collaborative invited a group of subject matter experts representing a variety of disciplines (i.e., Public Health, Economics, Polling, Epidemiology, Health Policy, Social Policy, and Education) to join the team. These experts conducted a series of rapid, discipline-specific mini-studies to further inform, nuance, and allowing the triangulation of their data with the Alliance's findings (see the National Urban League Alliance COVID-19 website for the full subject matter expert reports and each Alliance organization report).

In recent years, tribal, racial, and ethnic groups have increasingly demanded the development of culturally grounded health research in which their cultural worldviews are front and center in the design, development, and implementation of research. For example, AIAN communities have called for health research to be culturally centered since "culture is medicine" (Bassett et al., 2012); Latinx communities have noted that "la cultura cura" (culture heals; Tello, 1988); and many Black communities strive to live the African proverb "sankofa: go back and fetch it [one's cultural traditions] to move forward" (Grills, 2004). As researchers of color, the Alliance agreed that established constructs, measurements, and procedures that serve mainstream US health assessments do not have equal applicability for diverse Tribal/racial/ethnic communities because they usually undermine the traditional knowledge, beliefs, and practices of these populations (Smith, 2021). Joining a growing number of CoC, the Alliance committed to [re]culturing the research process by incorporating culturally centered methodologies that reflect ancestral and community-based knowledge and the "logic and internal validity" by which communities "live, learn and survive" (Martin & Mirraabooa, 2003). The present research was conducted by researchers of color who intentionally addressed this gap through collaborative, interdisciplinary, multimethod, and multilingual research that highlighted the unique circumstances and realities of tribally, racially, and ethnically minoritized groups in the United States.

The four research questions guiding the needs assessment were defined by the Congressional Tri-Caucus. They included: (1) What are the differential pandemic experiences among African American, Asian American, Native Hawaiian/Pacific Islander American, Latinx, and American Indian and Alaskan populations? (2) How is COVID-19 affecting the health and mental health of communities of color? Has it exacerbated existing health problems? (3) Given the 2008 recession, and the fact that communities of color have not recovered, how will these communities be affected in the wake of the pandemic? and (4) How has COVID-19 impacted the economic status of these communities?

CoC have borne a disproportionate burden of the COVID-19 pandemic and deserves needs assessments that are rooted in their cultural knowledge, protocols, practices, and socio-historical context. To date, this is the first US-based project of this scale that involves (a) researchers who are members of the communities being studied, (b) an interdisciplinary team, and (c) large-scale community collaboration.

1.1 | Setting the context: Structural racism, settler colonialism, and COVID-19

1.1.1 | Structural racism

What are the drivers of the disparate impact of COVID-19 on communities of color? Part of the answer to this question has to do with what some have referred to as the social determinants of health that, for communities of color, are shaped by structural racism. Chronic and pervasive social, economic, and health inequities place CoC at increased risk of getting sick and dying from COVID-19. These include pervasive inequities in access to: quality and culturally safe medical care (i.e., inaccessible, inadequate, and discriminatory care); appropriate housing (substandard and overcrowded); access to healthy food (food desert environments); clean and accessible water; quality education (under-resourced public education); and exposure to damaging environmental hazards, pollutants, and toxins—all of which produce cumulative and chronic adverse health outcomes that were well entrenched before COVID-19.

At the heart of the perpetuation of these pervasive inequities is structural racism—a system in which institutional structures, practices (formal and informal), values, and norms work in concert with one another to perpetuate racial group inequities, often across generations. It is, as Krieger (2014) notes, “the totality of ways in which societies foster racial discrimination, via mutually reinforcing [inequitable] systems of discrimination (e.g., in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.) that in turn reinforce discriminatory beliefs, values, and distribution of resources” (p. 650). As Saito (2020) notes, while many policies and practices may not explicitly name race (e.g., Jim Crow laws which required medical facilities to be racially segregated), the lasting impact and cost of these practices in US systems and structures are ongoing (e.g., inadequate access to healthcare facilities in racially segregated communities). Moreover, these inequities drive the disproportionately high chronic disease burden (e.g., diabetes, obesity, and heart disease) and the corresponding elevated morbidity and mortality rates found in CoC.

COVID-19 is exacerbating existing health inequities across the country (Gravlee, 2020; Okonkwo et al., 2021). The confluence of environmental and socioeconomic inequities and pre-existing chronic disease conditions create a perilous synergistic effect—known as a syndemic—accelerating the hazardous impact of COVID-19 on communities of color. These intersecting networks typically share common social (e.g., structural racism/discrimination exposure) and structural (e.g., poverty) underpinnings that accelerate poor population health outcomes among CoC.

1.1.2 | Settler colonialism

Racialization is foundational to the formation and perpetuation of settler colonialism in the United States (Saito, 2020). It is a distinct type of colonialism where the settlers did not come to just extract resources and labor for their homelands but came to permanently stay. They facilitated strategies, policies, and practices to eliminate, erase and render invisible or disappear AIANs from their lands and traditional territories (via genocidal, ethnocidal, and epistemicidal policies and practices; Walters et al., 2011) and convert Indigenous land into settler property. It has meant the genocide of Indigenous peoples, the “...reconfiguring of Indigenous land into settler property and the theft of people from their homelands (in Africa) to become the property of settlers to labor on stolen land” (Rowe & Tuck, 2016). It also meant “making the land profitable” by importing racialized migrant “Others” to serve as a source of manipulatable, accessible, and disposable labor (Saito, 2020) and constructing foreignness which facilitates disposability by normalizing the idea that immigrants of color may be lawfully disappeared at any time. For example, when Mexican Americans came to be seen as a “surplus” population during the Great Depression, one-third (over 1 million people) were forcibly deported from the United States; 60% of whom were US citizens (Moore, 1970).

Just as race is constructed and racial hierarchy flows from that construction, race has always been at the core of the US settler-colonial imperative. Addressing racism without addressing settler colonialism means tripping down the same good but insufficient path of racial justice witnessed for the last half-century—i.e., enforcement of civil rights, application of constitutional remedies, and expansion of opportunities within extant state settler colonial

structures that remain unyielding in their determination to maintain settler structures, racial status quo (Saito, 2020), and the persistence and adaptability of structural racism (Bell, 1992). In other words:

Much light can be shed on contemporary racial dynamics if we are to come to grips with the foundational and continuing colonization of Indigenous lands and peoples, the function of enslaved African labor in the settler's early efforts to consolidate and profit from occupied land, the ways in which the settler class maintained its hegemony in the wake of the abolition of chattel slavery, and the strategies subsequently utilized to recruit, exploit, and maintain a preferably [exploitable and] disposable labor force consisting largely of migrants [and refugees] of color" (Saito, 2020, p. 4).

Incorporating the histories of CoC in the research process through a settler-colonial framework allows us to see how structures of racial subordination have been strategically employed to consolidate the settler state, augment settler class power and wealth, create racialized "others" in service of the settler class, and perpetuate narratives that deny and disavow settler colonial violence that, in turn, frees future generations from accountability. Thus, the "peaceful" settler hides behind narratives of progress and Western superiority that rationalizes or justifies violence against CoC; as a result, there is a constant need to deny, disavow and obscure the "conditions of its own production" (Glenn, 2015; Veracini, 2010). Eliminating structural racism requires us to move beyond non-discrimination frameworks to decolonizing frameworks (Glenn, 2015; Saito, 2020) which includes the settler-colonial epistemological framework and its colonized research methods.

1.2 | Changing the paradigm: Scholars of color conducting research with their communities

The needs assessment was designed to provide a snapshot of COVID-19's impact including potential adverse outcomes related to physical health, mental health, finances, employment, business, education, gender differences in unpaid work, food security, technology, housing, vaccination intent and messaging, children's well-being, basic needs including utilities and Wi-Fi access, racial stress, and discrimination. In contrast to the typical deficits/problem focus found in many psychology studies involving people of color (Akhtar & Jaswal, 2013; French et al., 2020), the Alliance intentionally sought to identify culturally-specific protective factors used by CoC to mitigate COVID-19's risks and adverse effects. Furthermore, it was also important to understand how disparities related to the pandemic could be explained by prevailing social processes (e.g., discrimination) and socio-demographic differences (e.g., documentation status, nativity, or ethnicity).

In response to the Tri-Caucus request, the Principal Investigator reached out to each Alliance organization to work in partnership and to gather a team of researchers with culture, community, and research experience specific to their respective racial/ethnic populations. Each organization established how they would conduct their unique within-group research rooted in cultural knowledge, protocols, and practices. The Alliance also collaborated on the co-creation of a set of shared cross-group survey items and data collection methods. Initially, weekly online meetings were held to refine the core shared and organization-specific features of the needs assessment protocols and methods. These weekly meetings served as a platform for the researchers to discuss and share ideas, instruments, data collection methodologies, and cultural and historical information relevant to their respective groups. Even though this was a collaborative effort that relied on consensus, each Alliance organization retained the agency to explore COVID-19 issues from their own perspective, methods, and tools.

There are limited examples of multicultural collaboration (Osborn et al., 2020), wherein research design, execution, and dissemination of the findings are conducted by a collective of *scholars of color* in partnership with local CoC community-based organizations. Although prior efforts have been made to improve the well-being of CoC through CBPR (Stacciarini et al., 2011) and participatory action research (Etowa et al., 2007; Martinez et al., 2009), they rarely reflect decolonized methods capable of lifting the collective voice of minoritized populations in the United States.

1.3 | Culturalist methodologies—culturally centered, culturally derived and ancestrally informed methodologies

Culturally centering and, therefore, decolonizing our research methodologies requires us to change the stories we live by through both liberatory counternarratives and decolonized methodologies. Thus, we must ensure that our own knowledge, origin stories, visions, and experiences are rooted outside a settler-colonial framework (i.e., colonized knowledge) and centered by, with, and in the cultural revitalization of our communities (Smith, 2021) and in social justice (Skypes 1989). This requires honest accounts of who we are, where we have come from, what has been done to us, how we have resisted or been complicit with racialized thought and practice, and how we have survived and thrived (Walters et al., 2020).

Decolonizing methodologies refers to decentering the dominance of Eurocentric modes of knowledge production and neocolonial (and settler colonial) paradigms (Denzin & Lincoln, 2008) and in its place privileging the voices of CoC that have been ignored, erased, and/or marginalized (Bermúdez et al., 2016). As an integrated approach, it is a framework from which to generate new methods or modify existing ones with the goal of decentering the influence of Eurocentric theories, research methods, and tools while simultaneously dismantling internalized settler colonialism that can permeate thought ways and daily living (Walters et al., 2020). Some Indigenist scholars and scholars of color are moving away from decolonizing methodologies as a framework because of its “decentering” stance which in fact still centers the colonizers. Instead, the focus is more on the actual centering of indigenous knowledge, practices, and lifeways. In contrast to decolonizing methodologies, we prefer to use the term “culturalist methodologies,” which moves away from reacting to western hegemonic structures and, instead, uses the perspective of specific cultural realities and ideologies as the starting point. In fact, “when Indigenous peoples become the researchers and not merely the researched, the activity of research is transformed” (Smith 2009, p. 193). The research goals are prioritized differently, the view of *the problem* is framed differently (Smith 2009), and the wisdom of community members is centered.

A culturalist methodological approach (CMA) proposes that the actions, protocols, and practices that guide everyday research processes are rooted in original instructions (i.e., ancient teachings), knowledge, worldviews, epistemologies, and cultural values that have been handed down across generations since time immemorial for each tribal and ethnic/racial population. The centering of culture in CMA also seeks to revitalize culturally-based relational ways of being and worldviews through the research process. Moreover, it recognizes and honors cultural strengths, social norms, and processes within CoC’s lived political, historical, and social context, privileging their voices, lives, and experiences. CMAs are rooted in each tribal, racial, and ethnic group’s epistemologies and their corresponding core values and actions—this not only provides a foundation for collective and individual action but also provides protocols for healthful living.

As researchers of color, starting with the lens of culture, historical context, and socio-political realities, the Alliance adopted the culturalist perspective in the execution of the research process. This began with (a) valuing of cross-race/ethnicity collaboration, (b) eschewing methods and reporting results that lead to comparisons of our communities, and (c) prioritizing the lens of culture to determine **who** conducted the research; **what** research questions led the work; **how** the research was to be conducted (e.g., community-engaged/participatory, in-language, oversampling ethnic groups/immigrant statuses); **why** we as researchers of color needed to continually engage in self-reflection to decolonize ourselves from the biases and assumptions inherited from our socialization in western-centric research; **how** factors like cultural mistrust and experiences of racism and racial stress influenced COVID-19 related behaviors and attitudes; **how** a protective factors/strengths-based approach grounded in cultural healing practices/coping methods operated in the midst of COVID-19; and **what** within group, ethnic-specific differences must be uplifted (e.g., undocumented status among Latinx populations; disaggregating ethnic subgroups within certain racial groups).

Translating this to our research approach required that we recognize the interconnectedness of COVID-19 with structural racism and settler colonialism (McKay et al., 2020) and the need for cultural principles and practices

to inform what and how the research was conducted. This recognition set the foundation and context from which culturalist methodological approaches were developed by the Alliance. Through this project, as researchers of color, we aimed to elevate our collective voices; share how the pandemic has impacted our families and communities; and employ culturalist methodologies that provide exemplars of what has and could help racial/ethnic groups cope, survive, and, ultimately, thrive through and beyond this syndemic.

2 | METHODS

A mixed-methods design was used consisting of community surveys, polling, key informant interviews, simulation modeling, analysis of anonymized longitudinal student achievement data, and primary analyses of the Census Bureau's Household Pulse Survey (HPS). The community surveys were conducted by Alliance organizations between December 2020 and April 2021. Each organization used a multi-pronged outreach approach that included a Qualtrics panel coupled with each organization's access to various local and national Tribal/racial/ethnic networks. Figure 1 provides an overview of the study's diverse methods and samples.

To ensure a diverse and balanced sample, the study considered within racial group, ethnic, and tribal diversity; census-based sampling; and regional stratification. This yielded a total national survey sample of 24,944 respondents, 154,064 elders (ages 65+) from the Census Bureau's Household Pulse Survey (HPS), and 2.1 million youth of color from the education subject matter expert's study (see Table 1).

Our subject matter experts used a variety of research methods such as simulation modeling, analysis of administrative data, and surveys. For **example**, our education subject matter expert, NWEA (Kuhfeld et al., 2021), analyzed the MAP Growth reading and math assessments across the 2018–2019, 2019–2020, and 2020–2021 school years of 2.7 million third–eighth grade CoC students in 17,000 public schools. The Epidemiology subject matter expert (Yi et al., 2021) examined disparities in COVID-19 outcomes among Asian patients seeking care in the country's largest safety-net system between March 1 and May 31, 2020 ($n = 85,328$). Surname matching was used to classify misclassified Asian Americans and to characterize specific Asian American groups.

While it may appear that only standard western-centric research practice was used, in fact, the needs assessment was grounded in several culturalist methods. Below we describe seven thematic examples of the culturally centered aspects of the needs assessment along with a few exemplar findings they yielded. These seven themes are clustered into two domains: factors that contributed to and mitigated against COVID-19's adverse impact.

The first set of themes involved eliciting syndemic factors that contribute to the adverse impact of COVID-19. These included historical trauma; racism, racial stress, discrimination; and cultural mistrust. All three have the potential to shape our understanding of the ways in which COVID-19 either negatively impacts the lives of CoC (e.g., disparate access to broadband, food, health care, etc.) or influences CoC responses to COVID (e.g., vaccine hesitancy, stress responses, and mental health). The second set of themes involves factors that have the potential to mitigate the impact of the COVID-19. These included culture as a protective factor; community engagement; the communal ethos (family and community); and data disaggregation which collectively affirm the essential role of cultural beliefs/traditions in prevention/healing; relational ties; partnership with CoC to increase the validity of the research; and the importance of disaggregating racial sub-group data.

3 | RESULTS

Results are presented at two levels: (1) the culturalist research methods themes and (2) exemplar findings that emerged as a result of using culturalist methods.

Data collection period: **December 2020 through April 2021**
 Survey sample: N= **24,944**
 Household Pulse sample: N= **154,064**
 3–8th graders sample: N= **2.7 million**

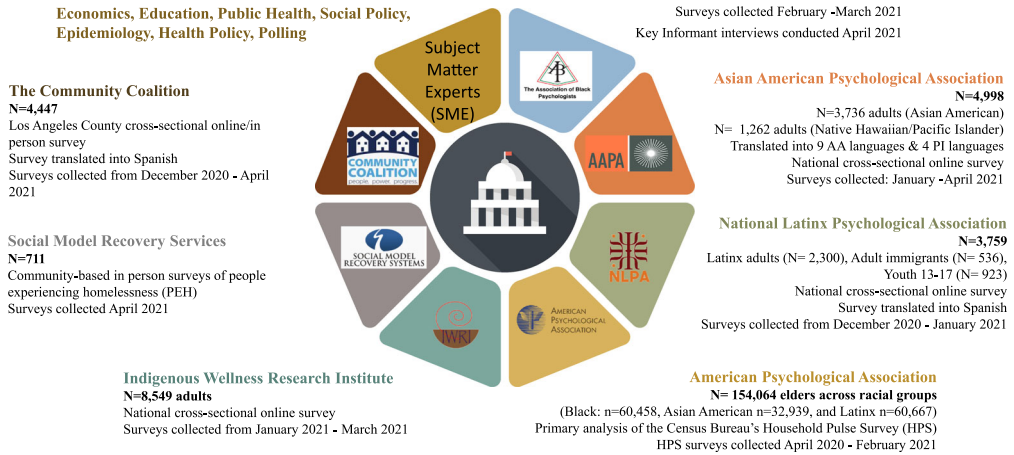


FIGURE 1 Methods in brief note. For the purpose of this article, APA's sample was not included in this manuscript

TABLE 1 Communities of color samples

Sample	N
Indigenous	8549
Black	2480
Asian	3736
Native Hawaiian/Pacific Islander	1262
Latinx	3759
Black and Latinx People Experiencing Homelessness LA County	711
L.A. County Black and Latinx communities	2950
Total community survey sample size	24,944
Census Bureau Household Pulse Survey (HPS)	154,064
NWEA students of color assessment	2,100,000

3.1 | Factors that contribute to COVID-19's adverse impact

3.1.1 | Historical trauma

Historical trauma (HT) is conceptualized as an event or set of events systematically perpetrated on a group of people who share a specific group identity that causes catastrophic upheaval (Walters et al., 2011). Although there is an emerging and parallel field of racial trauma (Bryant-Davis, 2005; Carter, 2007; Comas-Díaz 2016) that explores the relationships between racial violence and discrimination on psychological and physical health, we opted to focus

more on historically traumatic events as these are inclusive of racial violence, land-based dispossession, and environmentally based historical traumas (e.g., buffalo kills) as mechanisms of subordination and subjugation.

Historically traumatic events (e.g., massacres; forced relocation; native boarding schools; enslavement; internment camps; medical experimentation; mob violence; roundups and expulsions, etc.) are designed to eradicate a people (e.g., tribe, community, families--i.e., racial group genocide); eradicate their lifeways (e.g., culture, language, identity, religion--i.e., ethnocide) and/or eradicate their thought ways (e.g., worldviews, knowledge, epistemologies--i.e., epistemicide) (Walters et al., 2011). These events are collective and communally experienced events and often comprised of compounding legacies of assaults over generations (Evans-Campbell, 2008; Walters et al., 2011, Williams-Washington & Mills 2018). Data suggests that these events can have pernicious bio-psycho-social-cultural-spiritual effects that can persist across generations through a myriad of mechanisms from biological to behavioral to spiritual (Grills et al., 2020; Nagata, 1990; Walters et al., 2011; Yehuda et al., 2005).

Pandemics are potentially noxious. As public health crises, they place CoC in psychological jeopardy. They can consist of governmental (vaccine development and testing) as well as public responses that can trigger painful reminders of past historically traumatic events (i.e., Tuskegee Syphilis), activate justifiable mistrust and suspicion (vaccine hesitation), and expose CoC to public activation of discriminatory practices and attitudes targeting specific groups (e.g., anti-Asian discrimination). As a result, the Alliance incorporated a set of 17 shared items in their group-specific survey including items to determine if the pandemic triggered specific thoughts about past historically traumatic events (e.g., in tribal/Native history, smallpox-infested blankets were given to Natives). Moreover, we documented unique disturbances related to historical trauma thoughts such as having unusual or vivid dreams that disturbed sleep.

During development for the survey, IWRI's team heard many stories from Native community members about the activation of anxiety, difficulty sleeping and concentrating as well as high levels of stress due to remembrances of similar historically traumatic events in their families and communities, particularly from Alaska Natives elders who had survived the Spanish Flu epidemic of 1918–1919 in Alaska. The lack of adequate government response triggered near-extinction events for many remote Alaska Native villages; the death toll was devastating, and communities took radical action to protect themselves. Specifically, some Alaska Native community members took up arms and barricaded villages to block outsiders from coming into the villages to stop the spread of the disease. Despite such incredible resilience and ultimate survivance, as COVID-19 unfolded, some elders who survived that time as young children were now experiencing (as reported by community members in various health fields) high levels of stress, worry, confusion, and disturbing dreams related to their childhood Spanish Flu experiences. It was critical then, that as a CoC research team, we document the impact of triggered HT-related thoughts during this pandemic, as these triggers could exacerbate underlying stress, worsen pre-existing mental health conditions, or aggravate ongoing physical health conditions. Moreover, examining HT triggers could play an explanatory role in understanding vaccine uptake, hesitancy, and protective behaviors.

COVID-19 ignited memories and worries about historical trauma and stress across several of the other Tribal/racial/ethnic populations. For example, in terms of troubling COVID related thoughts, 23% of the AIAN, 32% of Black, 30% of Latinx, 26% of the LA County Latinx and Black respondents, and 20% of the Black and Latinx people experiencing homelessness in LA County reported thinking a lot about historical traumas faced by elders and ancestors suggesting that past, mass-based group historical trauma for CoC can be triggered by current events that are heavily impacted by ongoing structural racism and settler colonialism.

3.1.2 | Racism, racial stress, and discrimination experiences

Race is the primary basis through which settler-colonial violence is perpetrated against CoC. As such, race is one lens through which we interpret observed COVID-related inequities such as disproportionate health and mental health burden experienced by CoC due in part to their overrepresentation as essential workers (Roberts

et al., 2020). According to the Centers for Disease Control and Prevention (2021), the disproportionate representation of people of color among essential workers is a significant contributor to their COVID-19 exposure, infection, and mortality.

Several of the Alliance organizations examined the racialized experiences of their communities, including racial discrimination experiences and their impact on health and well-being. The Alliance also recognized that race is a vehicle for pitting groups against one another; thus, the Alliance chose to disseminate its findings without perpetuating racial hierarchies and comparisons by examining race through each organization's unique lens rather than presenting comparative analyses across groups.

Latinx Americans, who represent about 18.5% of the US population (US Census Bureau 2020), make up over a quarter (28%) of all essential workers in the food and agriculture sector, and almost half (40%) of workers in industrial, commercial, residential facilities and service sectors (Poydock & McNicholas, 2020). Perhaps not surprisingly, 41% of the Latinx adult sample were essential workers. Over two-thirds (67%), of these essential workers, reported that they and/or someone in their household had to continue to work even though they and/or someone in their household were in close contact with people who were potentially infected with the COVID-19 virus. Furthermore, 40% reported getting less medical care during the COVID-19 pandemic, while 28% indicated they and/or someone in their home were unable to access medical care for a serious condition.

Our Economics subject matter expert report (Hamilton et al., 2021) noted that when labor markets tighten, they do so more for Black and Latinx workers than for White workers. These labor market differences cannot be fully explained by education or any other individual characteristics. In fact the report indicated that, (1) racial disparity persists or worsens with higher levels of education, including college degree attainment; (2) wages for Black college graduates tend to be more unstable and take a more substantial hit during economic downturns; (3) in comparison to White men, Black women, Latinx women, and Latinx men are crowded into "essential work" referred to as occupational crowding (the degree to which a racial, ethnic or gender group is over, under, or proportionally represented in an occupation given the group's educational attainment and the educational requirement for jobs); (4) the crowding index is highest for Black women, who are 80% more likely than White men to be in low-wage high-health risk occupations, followed by Latinx women; and (5) while income is often used by researchers, practitioners, advocates, and policymakers to describe local economic conditions and drive policy decisions, it as an inadequate indicator of economic well-being, mobility, and security, especially across race and generation. Wealth is argued to be the economic indicator that more accurately reveals White and COC disparity.

Although other researchers have noted the significance of understanding the syndemic nature of the co-occurring COVID-19/Racial Injustice pandemics (Gravlee, 2020; Shim & Starks, 2021), few have offered ways to study the integrated effects or impacts of this interconnection on specific racial/ethnic groups. ABPsi's needs assessment survey included race-based measures/items to assess several racism-related factors: the Everyday Discrimination Scale (Williams et al., 1997); top socioeconomic concerns in the Black community amid COVID (study-specific generated items); perceptions of police violence (the AP/NORC Poll), race-based COVID worries (study-specific items such as fear of dying from COVID-19 for self, Black friends/family members); and other study-specific, race-based COVID issues (i.e., COVID's threat to one's health; experience with having been denied COVID testing or treatment because of race).

Concerns about COVID-19 as a threat to one's health were positively associated with perceptions of the seriousness of police violence and worse mental health by Black respondents. The intersection of race and COVID-19 was also evident in the types of worries reported. One-fourth expressed worry about their race contracting COVID-19 and one-third worried about Black friends and family members dying or contracting COVID-19. Surprisingly, the unvaccinated were more likely to report lower discrimination scores. It could be that the unvaccinated group included those with fewer experiences of racial discrimination assessed by the measure, or those with lower levels of conscious awareness about racism. For example, our Polling subject matter expert report (Belcher 2020) found that 34% of Black respondents who reported vaccine hesitancy feared they would be used as a test subject.

Significant mental health distress emerges when structural racism and discrimination are activated in times of public health crises. Recognizing the surge of anti-Asian racism fueled in part by political rhetoric (Darling-Hammond et al., 2020), the Asian American research team included measures of racial discrimination experiences in their study. Findings reflected the syndemic impacts of anti-Asian racism and pandemic-related stressors and how they negatively impact Asian Americans' health and wellbeing. For example, sociodemographic factors, coping strategies, and other pandemic-related stressors placed Asian Americans facing racial discrimination at double the risk for clinically significant psychological distress. AAPA's study also found that 75% of Asian American respondents now believe the United States is more physically dangerous for people from their racial/ethnic group, a startling figure pointing to the profound racial trauma felt at the community level. For the AIAN sample, the sixth top driver of substance use during the COVID-19 was being discriminated against for being Indigenous. Specifically, 36% of AIAN respondents who reported experiencing anti-AIAN discrimination, reported increasing alcohol or drug use as a result of the pandemic.

One striking manifestation of structural racism was the types of help needed cited across COC and how this might differ within subpopulations for some groups. This was found with respect to food insecurity, inaccessible health and mental health services, housing insecurity, lack of access to internet/Wi-Fi, and insufficient resources to pay utility bills. For example, 24% of Asian language respondents reported food insufficiency (vs. 3% of English language Asian American respondents); 52% of Asian language respondents needed help accessing food (vs. 26% English language Asian American respondents). Forty-three percent of Black respondents needed more help with food during the pandemic and 80% did not live within a mile of a food bank. Fifty-two percent of Latinx adults ran out of food and did not have money to buy more; 47% of all Latinx adult immigrants reported having difficulty getting enough food or healthy food; and 53% of Latinx youth reported their meals only included a few kinds of cheap foods because their families did not have enough money for healthy meals. And the highest need reported by AIAN was food assistance (37%). In terms of WiFi and Internet access, 25% of AIANs had Wi-Fi or internet needs and 28% had utility needs; 23% of Black respondents needed help with Wifi/internet connectivity and 32% needed help with utilities; and 19% of Asian American respondents had Wi-Fi or Internet needs and 22% had utility needs. Finally, difficulty accessing a healthcare provider dramatically increased during COVID-19 ranging from 28% to 70% across the different Tribal/racial/ethnic groups.

3.1.3 | Cultural mistrust

Cultural mistrust is a variable typically examined among some CoC because of its potential influence on help-seeking behaviors for health or mental health problems—for example, “medical mistrust” among some Black people may limit their seeking medical services or participation in clinical trials (Thompson et al., 2021). ABPsi used the Cultural Mistrust Inventory-short form (Irving 2002) and found that when controlling for essential worker status, the unvaccinated group (those who were not vaccinated or who were not and did not plan to get vaccinated) showed statistically significant (at $p < 0.05$) higher cultural mistrust scores than those who were vaccinated with either one or two doses of vaccination). Using a culturalist approach, ABPsi also included medical mistrust items related to vaccination decisions. They addressed concerns based on the Tuskegee Experiment and science-based factors (i.e., the vaccine's safety, effectiveness, and side effects). Culturally based decision drivers were also included such as the Africana cultural value of communalism (e.g., concern for family, the community, and the greater good). The three most frequently reported factors associated with vaccine hesitancy were all science-related concerns (e.g., safety, effectiveness) and each was reported by over half of the sample. The subject matter expert polling data shed further nuanced light on this issue.

Features of cultural mistrust were found in our nationally representative Poll data report (Belcher, 2020). Specifically, 34% of Black respondents, 25% of Latinx respondents, and 19% of Filipino, Vietnamese, and Native Hawaiian respondents who did not intend to take the vaccine worried that people of color were being used as test

subjects. In addition, Black and Native Hawaiian respondents tended to agree more readily that the pandemic was disproportionately affecting people of color and to see race at play in multiple aspects of the healthcare system. For example, 68% of Black respondents, 43% of Filipino respondents; 58% of Native Hawaiian respondents, 46% of Latinx respondents; and 53% of Vietnamese respondents believed when it comes to COVID-19 people of color receive a lower quality of health care than Whites. They also believed that people of color are less likely to be offered the latest, most advanced treatments for COVID-19. This was the case for 58% of Black respondents; 46% of Latinx respondents; 56% of Native Hawaiian respondents; 43% of Latinx respondents; and 43% of Vietnamese respondents.

AAPA examined vaccine hesitancy rates through a structural racism lens which required consideration of historical disinvestment in Native Hawaiian and Pacific Islander American communities causing education and income disparities. Disinvestment has fueled mistrust of American systems of care among Native Hawaiian and Pacific Islander American populations arguably contributing to their COVID-19 vaccine hesitancy. Those suffering the most from disinvestment (lower-income households) show gradient effects of the impact. Sixty percent of Native Hawaiian and Pacific Islander American respondents with a household income less than \$25,000 were vaccine-hesitant compared to 28% of those with household incomes greater than \$100,000; similarly, 63% of those with a high school degree or GED were vaccine-hesitant compared with 16% of those with a graduate degree.

3.2 | Factors that mitigate the impact of COVID-19

3.2.1 | Culture as a protective factor

By examining culture as a protective factor and source of resilience, Alliance partners resisted participating in the typical myopic, deficit set of narratives about CoC found in social science research. Each group centered their community's worldview to identify community-driven cultural assets that could be leveraged to help their communities recover and heal from the pandemic.

From a culturalist perspective, ABPsi elicited cultural assets employed by the community to mitigate the pandemic's impact. Despite generations of enslavement and settler colonialism, African cultural retentions and the African worldview survived and can be found across the African diaspora (Holloway, 2005; Grills et al. 2018). These retentions include the centrality of spirituality, a belief in life after death, veneration of the ancestors, a communal orientation, and notions of family and community that are not centered solely around the nuclear family. These cultural principles can be found operating across Africana cultural contexts. ABPsi elicited information about several cultural values such as *communalism*—a relational/interpersonal orientation which, from an African-centered perspective, argues that life can only grow in relationships (Adelowo 2015); *music* as a communal, spiritual, and stress mitigating healing practice (Robinson, 2015); and *spirituality* (partly captured in the Akan proverb “except God, I fear none” and the Hutu proverb “If you pray to God for blessings at the same time you are sitting on a fireplace, he will give you ashes”). Measures were included that assessed the extent to which these cultural protective factors were operating (or not) during the syndemic. Despite the tremendous health and mental health burden of the syndemic (e.g., increased use of substances and unhealthy eating) and challenges to *communalism* (e.g., difficulty connecting in traditional ways such as the church, funerals, family reunions due to isolation related to COVID-19 restrictions), Black respondents held on to communalism through increased quality time spent with partners, spouses, children, and other family members in the home; reaching out virtually to friends and supports via telephone and online, and practicing various forms of spirituality (e.g., reliance on prayer, meditation, and listening to music). The latter coping strategies have historically been positive ways of coping with crises in the Black community (Bryant-Davis, 2005). ABPsi found among others, the following positive coping strategies: two in three (67%) Black respondents talked with family and friends, almost half (46%) listened to music, and 33% engaged in spirituality/used spiritual practices.

In the NLPA specific component of the study, it was also important to capture how Latinx adults and youth relied on community and culturally congruent forms of healing and coping. Consistent with the literature (e.g., Adames & Chavez-Dueñas, 2016; Capielo Rosario et al., 2020; Garcini et al, 2021), a majority (60%) of participants engaged in different forms of community service and support (e.g., donating time as well as supplies and funds to people in need) reflecting the cultural principle of *personalismo* (personalism—sense of self-worth based on inner qualities; Bermúdez et al., 2010), others talked with family and friends (54%) reflecting the cultural value of *familismo* (i.e., familia-family as a priority over self; Lugo Steidel & Contreras, 2003); reliance on spirituality and cultural healing (54%), as well as listening to music and engaging in hobbies (61%) as ways to cope with and manage stress during the pandemic. More than two-thirds of Latinx participants indicated they experienced some positive change in their lives during the pandemic. For example, improvements in spousal and parent-child relationships were among the most commonly identified areas of growth.

Mirroring ABPsi and NPLA's findings, in the general LA County sample 74% of Black and Latinx respondents talked to family and friends, 42% listened to music, and 24% used their religious or spiritual practices to cope with the stress of COVID. Similar findings were noted for the sample of people experiencing homelessness in the skid row area of LA County where 54% talked to family and friends, 34% listened to music, and 24% used their religious or spiritual practices to cope.

IWRI identified several culturally-based coping strategies among their AIAN participants. Nearly 40% of their AIAN sample who were experiencing COVID-19 symptoms accessed traditional medicines to manage or treat symptoms post-recovery. One-third cooked traditional plants or foods to purify the air, eat, or to create salves and other medicines. Twenty-eight percent smudged, cleansed, or brushed off with smoke or plants (e.g., sweetgrass, cedar, sage, etc.) and 27% used root medicines to chew or to make teas. Nearly one out of four received some type of bodywork (e.g., healing hands and lomilomi). About one out of five got prayed over by a healer, elder, or traditional person and 18% made or received medicine bags/bundles or other objects for healing and/or protection. Five to ten percent got cleaned/brushed off by someone, put goods/offerings (i.e., prayer ties/tobacco) out for their healing, cleaned and aired out their homes, and gathered/harvested traditional plant medicines and food to aid their healing and recovery.

Among all AIAN participants, whether experiencing COVID-19 symptoms or not, over one-third (39%) talked with family or a friend and 27% talked with a medicine person or spiritual advisor. Other culturally based coping strategies included: music-related activities (31%), the use of spiritual and cultural activities such as praying for family and friends (36%) using traditional medicine (33%), smudging/cleaning oneself spiritually (31%), and reaching out to Native elders or leaders (27%). Almost half (49%) cooked together more as a family, 39% reported exercising more, and 38% reported working together as a family on culturally related arts and crafts. In addition, 33% reported helping others in the community as a family and 33% practiced or learned Tribal languages.

Reconnection to land, water, and sacred places is fundamental to Native cultures and identities. Land-based activities can activate remembering ancestral teachings, elevate mood, decrease stress, and revive the spirit. Nearly one in five participants reported an increase in physical activities during the pandemic including getting outdoors (19%), walking (17%), or hiking (15%), outdoor home-based activities such as gardening (16%), spending time on ancestral lands or cultural sites (16%), camping (14%), and spending time on the water (13%).

3.2.2 | Community engagement

Culturalist research cannot occur without centering both community involvement (Grills et al., 2018) and community needs, priorities, and worldviews (Smith, 2021). Each Alliance organization adopted their own community engagement approach which ranged from seeking the advice of cultural experts to participatory research approaches that included community members as equal participants in the research process.

ABPsi engaged two scientific and cultural content guides as co-investigators to ensure cultural integrity (e.g., the infusion of African principles and application of ABPsi's ethical standards). A community-based Institutional Review Board (IRB), which included a Black community representative, was used to review culturally responsive plans for community engagement that ensured the project would be beneficent ("do no harm"). ABPsi also engaged 18 Black community-serving organizations and other on-the-ground stakeholders to (1) connect with community-based survey respondents and community informants who provided information to complement the national survey data; and (2) provide nuanced contextual and cultural information about the study's primary locations. Key informant information revealed how social determinants of health may have impacted mental health as well as physical health in those contexts. For example, they reported that environmental inequities (policies that permit the disproportionate location of factories and chemical plants in or close by Black communities) created toxic environmental conditions that exacerbated pre-existing health conditions (asthma and heart disease), which in turn increased fear among Black respondents about their risks for severe COVID-19 outcomes. Other issues emerged such as stigma associated with standing in food lines for some Black respondents and the challenge presented by COVID-19 restrictions to traditional cultural principles such as communalism (i.e., reliance on community supports such as the Black church). Overall, the engagement of community stakeholders provided invaluable information that complemented survey data and enhanced culturally responsive recommendations for policy and clinical practice.

The Asian American and Native Hawaiian and Pacific Islander American (NH/PI) research team prioritized the wisdom of their communities by engaging throughout the course of the project with 51 community partners. This included the NH/PI partners connecting with the NH/PI National COVID-19 Response Team and specifically its Data and Research Council. Before engaging in research activities, NH/PI partners received CBPR training. Community partners set the research priorities, developed some of the survey items, and vetted all items in the survey. They held online town hall meetings and "Koviki Talk," a weekly Zoom and Facebook Live streamed event to capture and prioritize the needs of the community. Ongoing collaborations with their community partners helped them to identify potential community needs and COVID-19 impacts—such as increased racism, fear for safety, and educational disruptions for children and adults in school—and also the antecedents, correlates, and sequelae of these needs and impacts. The research team offered to tailor the survey instrument to meet the needs of their community partners, including adding questions of interest to a particular partner. They also prioritized research access by accommodating data collection to meet the diverse and unique needs of each community. NH/PI researchers also utilized community health workers to translate and interpret the survey; and the NH/PI media council and community-based organizations promoted the survey and coordinated data collection with existing community-based organization activities. In addition to administering the survey online, data collection occurred at vaccine drives, food distribution drives, churches, bars, restaurants, and over the phone.

NLPA knew that issues related to documentation status, discrimination, and key social determinants of health for Latinx and Latinx immigrants (Carlos Chavez et al., 2021), might partly explain the health and economic disparities Latinx communities experienced during the COVID-19 pandemic (Martinez et al., 2021). Therefore, NLPA ensured their study included measures to understand how documentation and discrimination impacted Latinx immigrant communities, particularly Latinx with vulnerable documentation statuses (e.g., undetermined). To do so, NLPA researchers shared study materials with immigrant rights activists and community organizations, who then widely shared the survey and recruitment materials to their networks (i.e., social media, emails to coalition partners, and internal emails within their advocacy organizations). This, in partnership with Latinx immigrant-serving organizations, provided important insights about how Latinx immigrants who were not US citizens were at a higher risk of COVID-19 contagion, wage or job losses, and food insecurity than Latinx with US citizenship. Findings also indicated that discrimination experienced by Latinx immigrants exacerbated food insecurity and psychological distress, regardless of documentation status.

Community engagement was essential to the remarkable sample size achieved in the AIAN study. The study was conducted in partnership with 12 community-based organizations and institutions including the Center for Native American Youth, IllumiNative, Native Organizers Alliance, University of Michigan Research for Indigenous

Social Action and Equity; Mni Wiconi Clinic and Farm; Department of Native Hawaiian Health, Papa Ola Lokahi; and the American Indian Cultural Center of San Francisco. They were also supported by an AIAN COVID-19 Alliance Native Advisory Board Team. The online survey link was sent out to all of the researchers' partner organizations (at least 20,000 people) including 50+ Native organizations, over 75 tribes, 60 universities (including tribal colleges and Native student organizations) and half a dozen media outlets. The resulting sample size of 8549 AIAN respondents is one of the largest if not the largest single study sample of Indigenous people collected to date in the United States.

3.2.3 | The communal ethos: The Role of family and the collective

Research has shown that being socially connected and having strong familial networks are important predictors of resilience during pandemics and natural disasters and serve as important psychological, spiritual, social, and cultural sources of support in times of collective crises (Gauthier et al., 2021). Each of our Tribal/racial/ethnic populations, culturally, is considered communal or collectivistic (Markus & Kitayama, 1991); yet, how relationships are defined and the ways in which family and other relationships impact stress, coping, health, and mental health vary considerably between and within CoC (Campos & Kim, 2017). Therefore, each Alliance organization developed its own strategies to examine the role of the collective and family in this study.

For many COC, the pandemic disrupted daily lives and opportunities to connect with significant familial and cultural/ceremonial systems due to physical distancing policies and lockdowns to reduce the spread of COVID-19. Though AIAN communities took immediate action and created strategic efforts to stop the spread of COVID-19 via strict stay-at-home orders, lockdown of roads to prevent outsiders from entering reservation communities, and shelter-in-place orders, the AIAN data revealed that the social isolation from critical familial and social networks also created stress for community members. Although there was "turtling-up" (i.e., intensified togetherness through clustering in pods/small household groups), nearly half of the Native participants still reported high levels of social isolation from extended family members contributed to their sense of loneliness. Although ruptures in critical familial and social support systems were activated during the pandemic, Indigenous respondents also acknowledged positive coping strategies in response—(e.g., by remaining physically distanced but socially, spiritually, and emotionally close through the engagement of cultural activities and responsibilities. For example, over one-third of the AIAN participants reported working together more as a family on culturally based art, practicing or learning their tribal languages, and helping others in the community as a family to cope with pandemic stress.

ABPsi found changes in family and child life. Married/partnered individuals spent more time with their spouse/partner; parents spent more quality time with their children under 17, and families and friends provided needed informal support such as hugs and visits. The interview data with community informants revealed that communities offered programs to address food insecurity often through churches; some residents opened their homes to those who needed housing due to COVID-related loss of employment or housing, and community-based organizations provided their sites as COVID-19 testing and vaccination locations.

NLPA found that 54% of all Latinx adults in their sample talked to family and friends which helped them cope with COVID-19. This coping strategy was used most by younger Latinx aged 18–24 (18%) and 25–44 (25%) years old.

3.2.4 | Data disaggregation

Erasing, aggregating, and othering populations not only exempts them from data but forestalls any opportunity to leverage potential critical, life-saving data-driven policy solutions. Social scientists and governmental entities can contribute to the mitigation of pandemics like COVID-19 by disaggregating data and reporting race and ethnicity to

avoid concealing potential health disparities and meaningful cultural practices. In addition, “reporting race and ethnicity should not be considered in isolation but should be accompanied by reporting of other sociodemographic factors and social determinants, including concerns about racism, disparities, and inequities, and the inter-sectional of race and ethnicity with these other factors” (Flanagin et al., 2021).

Many CoC are often represented as monoliths despite the tremendous diversity within each community. Aggregating data by race and ignoring unique, ethnic group differences can obscure important group-specific needs. Recognizing that research should aim for inclusivity by providing comprehensive categories and sub-categories (Flanagin et al., 2021), the Alliance made an intentional decision to collect rich sociodemographic information to allow for appropriate data disaggregation. For example, because of the expected heterogeneity within the Black sample, one specific adaptation employed by ABPsi was the inclusion of items about nativity. Respondents could specify whether they were born in the United States, and if so, whether their parent(s) or grandparent(s) were also born in the United States. If respondents or their parents/grandparents were not born in the United States, they could indicate whether they were from a country in the African diaspora (e.g., a country on the African continent, Caribbean nation state, or elsewhere in the world). A disaggregated analysis of these data allows ABPsi to explore varying degrees to which an African worldview and psychological factors that may be protective across cultural and intergenerational contexts are operating. This intergenerational heritage might also be important in examining individual and communal impacts and coping responses during the syndemic as a function of diasporic differences in nativity.

Race, sexual orientation, gender identity, and immigration status are key correlates of Latinx economic, physical, and psychological well-being (Adames et al., 2020; Cerezo et al., 2020; Garcini et al., 2020). The reality, though, is that Latinx Americans are typically clustered together in research, thus omitting the specific countries of origin and historical contexts (Hayes-Bautista & Chapa, 1987). In the NLPA study, 45% of Latinx adults identified as Mexican American while 15% and 6% identified as Puerto Rican and Cuban respectively. In addition, 9% self-identified as Central American, 12% South American, and 13% “Other” (e.g., Multiethnic, Hispanic, and Latinx). While most self-identified their race as White (47%), 12% identified as multiracial, 10% as Indigenous, 8% as Biracial, 6% as Black, 2% as Asian or Pacific Island American, and 15% as “Other” (e.g., Hispanic, Latinx, and Spanish). As a result, NLPA can disaggregate Latinx ethnic groups (i.e., Central American and South American) based on country of origin/descent and racial self-designation breaking the dominant practice of “bundling up” all Latinx individuals into one single group. NLPA’s research team also knew it was important to examine how COVID-19’s impact was experienced across their racial and ethnic groups. To illustrate, youth data revealed that Afro-Latinx and Latinx Indigenous youth experienced more incidences of discrimination when wearing a mask (37% and 25%, respectively) than other Latinx youth subgroups.

In addition to ethnicity and nativity, NLPA captured potential differences in COVID-19 impact as a function of documented and undocumented status. This gave NLPA a nuanced understanding of how immigrant versus non-immigrant status impacted the lives of diverse members of the Latinx community during the pandemic. NLPA found that US citizenship served as a protective shield (e.g., 1 in 4 immigrants with US citizenship had COVID-19 symptoms but was never tested compared with three in four immigrants without US citizenship who had COVID-19 symptoms but were never tested).

For IWRI, culturalist methodologies meant disaggregating collapsed data and population categories and centering Indigenous-specific experiences. Indigenous populations such as AIAN, Native Hawaiian, Indigenous Pacific Island, and Indigenous Latinx populations all too often experience erasure in national health studies. As a result, the IWRI research team specifically collected data not only on AIAN populations, but also on Native Hawaiian, Indigenous Pacific Island American populations from US Territories (e.g., Chamorro from Guam), and Indigenous populations from Mexico (e.g., Náhuatl; Mixteco), Central America (e.g., Maya; Kuna), and South America (e.g., Quechua; Aymara; Tsáchila). Ancestry, tribal membership/enrollment, or (in the case of Indigenous Latinx populations and NH/PI populations) Indigenous group affiliation by village or with ties to Hawaiian Homestead lands were included in their final sample. By specifically focusing on recruitment as well as providing inclusive enrollment

criteria, IWRI ensured greater visibility of Indigenous populations that are otherwise typically collapsed into “other” or collapsed into larger group identities (e.g., Latinx).

According to recent population estimates, 22.4 million Asian Americans, single race and multiracial, live in the United States (American Community Survey ACS 2019). The racial category Asian American represents a diverse group consisting of individuals tracing their heritage from 21 countries in East Asia, Southeast Asia, and the Indian subcontinent. Asian subpopulations can be left marginalized and invisible and their specific socioeconomic and health needs can go unrecognized (Nadal et al., 2015). Often hidden are the large differences in economic well-being across the diverse Asian American groups within the aggregate Asian racial category. For example, Hmong Americans (28%), Bhutanese Americans (33%), and Burmese Americans (35%) have the highest poverty rates of all Asian groups (Lopez et al., 2017). Our Public Health subject matter expert report (Ponce et al., 2021) pointed out the importance of understanding the wide variations in immigration histories—for example, a recent refugee fleeing war or oppression has strikingly different socioeconomic and health experiences than an immigrant who came to the United States in the 1970s as a physician.

Absent of a public information request, disaggregated Asian American data is not publicly available in all states except the state of Hawaii. As part of the topical area of this report, Ponce et al. (2021) compiled the available public health evidence to present the case for data disaggregation for the Asian American population. This study is the first to examine COVID-19 mortality nationwide for disaggregated Asian subgroups and in California specifically, which is home to the largest number of immigrants in the United States. They identified variables driving mortality that can potentially be impacted by policy measures. This compilation of data and the empirical investigations not only support the “why” and the “how” of Asian data disaggregation but can be used as the building block for further study and policy actions. For example, once hidden, now revealed, the share of deaths occurring among Filipino Americans is higher than all AA/NH/PI other groups, with about 42% of all Asian American deaths among Filipino Americans. Vietnamese Americans were the second subgroup with the largest proportion of deaths at about 14% of the total. Taking age into consideration yet another compelling picture emerges. The number of COVID-19 deaths among the 65+ age group was up to 16 times higher among Japanese American respondents than among the 18–64 age group. However, the number of COVID-19 deaths among the 65+ age group was less than five times higher than among the 18–64 age group for Southeast Asians: Hmong, Cambodian, Laotian, Indonesian, Thai, Filipino, and Vietnamese Americans.

While Ponce et al. (2021) acquired California mortality data for Asian American subgroups for 2020, such a data set is not available for the entire nation and is not available in all states. In the absence of data, they argue that workarounds are needed to estimate national statistics on mortality from COVID-19 for Asian American subgroups (see the full Ponce et al report that includes clear recommendations for workarounds on the National Urban League Alliance COVID-19 website). At the very least, they recommend that researchers should present public-facing data for groups in at least three categories: *East Asian*—Chinese, Japanese, Korean, Taiwanese, Mongolian, and Okinawan; *Southeast Asian*—Burmese, Cambodian, Hmong, Indonesian, Laotian, Malaysian, Thai, Filipino, and Vietnamese; and *South Asia*—Asian Indian, Bangladeshi, Bhutanese, Nepalese, Pakistani, and Sri Lankan). Disaggregated Asian American data can make visible the needs of smaller Asian American subpopulations (namely Southeast Asians) who suffered disproportionately from COVID-19 and who face sociodemographic stressors that make them vulnerable to poor health outcomes.

Finally, disaggregation of Asian Americans from Native Hawaiian and Pacific Island Americans is imperative (Ponce et al., 2021). “Native Hawaiian and other Pacific Islander” refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. As Ponce and her team point out, the Native Hawaiian and Pacific Islander label encompass over 20 communities, each with their own distinct traditions, languages, and relationships with the United States. This has led to significant socioeconomic disparities related to the different historical relationships between various NH/PI groups and the United States (Morey et al., 2020). For example, those born in Guam, Hawaii, and the Commonwealth of the Northern Mariana Islands are considered US citizens. Native Hawaiians, in particular, were declared US citizens in 1898 after the illegal overthrow of the

Hawaiian Kingdom. They further note that overall, NH/PI populations were lower on median age, income as a percent of poverty, and educational attainment compared to the total US population.

The socioeconomic diversity of the NH/PI group necessitates the collection and reporting of disaggregated data for NH/PI populations. The overall NH/PI population is more likely to live in multigenerational homes and to be immigrants than the general US population. However, there is great heterogeneity among NHPI subgroups including with respect to COVID-19's impact. For example, in 2020, among the working-age population (18–64 years) Samoans had the highest share of NH/PI COVID-19 deaths with 39% of total deaths. "Other/Multiple NH/PI Race" (NH/PI with no subgroups specified, Other/Unknown, and Marshallese) have the second-largest share of COVID-19 deaths among NH/PIs at 28%, followed by Tongan Americans (16%), Chamorro/Guamanian Americans (9%), and Fijian Americans (9%).

4 | DISCUSSION

The Tri-Congressional Caucus asked the Alliance to gather data to support evidence-based public policy, civil rights advocacy, and local community-led social justice campaigns to address the impact of COVID-19 on CoC. Our collaborative group was keenly aware that the impact of COVID-19, while adding a significant layer of burden to our communities, was intertwined with a host of other social forces. First, the COVID pandemic cannot be separated from the structural racism and settler colonialism that our communities have long endured. In addition, the disproportionate exposure to adverse social determinants of health among CoC exacerbates the COVID-19 impact. For these reasons, instead of a traditional social science approach that typically ignores such factors, the Alliance decided that a culturalist (decolonized) methodological approach coupled with a focus on syndemics would be more informative.

Our culturalist approach included a number of alternative procedures. First, although much of traditional science research is investigator-driven, collaborating with community-based organizations and stakeholders yielded more reliable and valid data. Community representatives were invaluable partners in developing culturally specific strategies for survey recruitment and data collection as well as identifying community stakeholders for interviews. As experts on their communities, community partners offered a racial equity lens for understanding their communities that questionnaires alone could not have captured. Survey respondents and interviewees seemed even more open to participating because members of their own Tribal/racial/ethnic groups were collecting the data. Second, our culturalist approach also reinforced the need to guard against a "one size fits all" approach with respect to the generation of research questions and the methods (sampling and measurement) used to address those questions. This strategy is in contrast to typical research methods that frequently combine various Tribal/racial/ethnic groups into one collective. Third, our culturalist approach led us to ground our needs assessment in culture and context. That approach permitted a syndemic perspective that enabled us to ask questions to capture the impact of historical factors, social determinants of health (including racism and discrimination), and prevailing social justice issues instead of examining the pandemic as an isolated event. The findings suggested that historical trauma, pre-existing health, economic disparities, and racial stress and discrimination along with social justice issues all contributed to the impact of the pandemic on CoC. These factors are too often overlooked in traditional research. Fourth, for reasons described in previous publications (Burlew et al., 2019), our culturalist methodological approach led us to intentionally opt against the race/ethnicity-comparative approach which is so common in traditional social science research designs. Instead, our methods allowed for unique issues to emerge across and within specific Tribal/racial/ethnic groups. Understanding the unique co-factors of COVID-related outcomes was more valuable to addressing the impact of the pandemic than comparing the means and percentages across Tribal/racial/ethnic groups.

The culturalist approach ultimately yielded seven themes clustered into two categories. The first set of themes involved syndemic factors that contributed to the adverse impact of COVID-19. These included historical trauma,

racial stress and discrimination, and cultural mistrust. Exemplar findings demonstrated how all three shaped the ways in which COVID-19 either negatively impacted the lives of CoC (e.g., disparate access to broadband) or influenced the response of CoC to COVID-19 (e.g., vaccine hesitancy). The second set of themes involved factors that have the potential to mitigate the impact of the COVID-19. These included resilience and the role of cultural protective factors, the role of the collective and the family, community engagement, and data disaggregation. Exemplar findings of the cultural protective factors along with the role of the collective and the family affirmed that interpersonal relationships, community networks, and cultural traditions played essential roles in healing within certain Tribal/racial/ethnic groups. The engagement of community partners created opportunities to learn about community issues that may otherwise not have been revealed. For example, as mentioned earlier, the NH/PI team increased their understanding of community needs by partnering with community stakeholders to host online town hall meetings and weekly live-streamed events called "Koviki Talk." The final theme in our culturalist approach, data disaggregation, revealed not only important differences across Tribal/racial/ethnic groups but also within-group differences. For example, data disaggregation revealed that, while most Asian Americans were receptive to vaccination, Korean Americans and Filipino Americans expressed higher levels of vaccine-hesitancy.

As with all research, this study had limitations. The design was cross-sectional although the pandemic is dynamic. The majority of the respondents completed the survey before full availability of vaccines or the temporary pause of the Johnson & Johnson (J & J) vaccine, which raises questions regarding whether their responses might differ now that more of the nation has become vaccinated or as a result of the J & J pause. Additional research is necessary to assess the generalizability of our cross-sectional snapshot to time points after widespread vaccine availability. In addition, the urgency of the project led us to use an online platform to collect much of the survey data. This reliance on technology may have restricted the participation of subgroups who are either unfamiliar with or who have limited access to technology such as the elderly, rural communities, and low-income communities. Moreover, all Tribal/racial/ethnic research teams that used online survey panels encountered challenges identifying malicious bots masquerading as authentic data.

Despite the limitations, the project and its culturalist (decolonized) methodological approaches have numerous strengths. First, this multiracial, mixed methods, community-engaged study with a large sample provides useful information to equip federal agencies as well as national and local organizations with data-driven policy recommendations and action steps for advocacy organizations concerned with civil rights to advance health and racial equity. Second, the project is an example of how research praxis can be done in ways that account for the shared effects of the social determinants of health while honoring unique cultural and contextual experience—a lesson that too many researchers have yet to learn. Third, the large samples provide sufficient cases to assess psychometric properties for different Tribal/racial/ethnic groups on measures for future research. Too often, the proportion of Tribal/racial/ethnic minorities in existing studies is small and the researchers typically do not examine the psychometrics for smaller subgroups within their sample. The large sample also provides sufficient data to explore the inter-relationships of variables that are typically included to investigate syndemic and contextual factors. Fourth, our needs assessment procedures can serve as a model for collaboration across Tribal/racial/ethnic groups. While agreeing on a common data set, the teams were free to add additional content and to shape the procedures to fit their groups' unique circumstances. Fifth, the research provides preliminary findings/evidence for generating new or culturally adapted interventions to address co-occurring health and mental health issues. Finally, the collaborative and methodological approaches utilized in this needs assessment can serve as a model for rapid assessment when an urgent need for actionable information exists across multiple Tribal/racial/ethnic groups.

5 | CONCLUSION

Community psychologists are uniquely equipped to address the issues that emerged in this study. First, community psychologists are trained to consider culture, context, and other circumstantial and environmental factors in understanding behavior and outcomes. Our syndemic perspective exposed a number of cultural (e.g., importance of

spirituality, connection to others, music, specific traditions) and contextual (e.g., historical trauma, cultural mistrust, race-related stress, and poverty) factors that should not be ignored in addressing the impact of COVID-19 on CoC. In our case, along with the role of pre-pandemic structural racism, cultural factors emerged that may be protective in their effect (e.g., spirituality, a communalistic worldview, strong family connections, and other culturally grounded community and culturally derived responses). Second, our study also reinforces the value-added of community engagement in research. Community psychologists are particularly skillful in this regard and could deepen research practice by continuing to develop and apply community engagement methods in diverse research approaches (i.e., mixed-methodologies) and cross-ethnic efforts. Third, researchers and community psychologists of color are well situated to address the health needs of their own populations in their own language and attuned to their lived experiences. We have the insiders' perspective that many others lack as well as shared experience which is key to building trust and rapport with CoC. Community psychologists understand this and are encouraged to partner where possible with researchers and scholars of color. Finally, our culturalist methodology acknowledged the unique cultural strengths, histories, social norms, and processes of each Tribal/racial/ethnic group rather than forcing all to conform to a common, too often Eurocentric, approach. This is an opportunity for community psychologists to deepen the field's understanding and use of culturalist methodologies. In conclusion, roles for community psychologists might include (1) developing effective research and intervention strategies that consider culture and context (2) collaborating with community partners in addressing COVID-19, (3) educating practitioners and policymakers to better understand and address apprehensions among communities of color related to vaccine hesitancy or reluctance to seek medical or mental health treatment, (4) collaborating with researchers of color on research and intervention efforts with communities of color, and (5) conducting research using culturalist methodological approaches.

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CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

DATA AVAILABILITY STATEMENT

Research data are not shared.

PEER REVIEW

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