

Discrimination, Health, and Vaccine Acceptance among Chinese, Korean, and Vietnamese Americans amid COVID-19

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Aims, purpose, or objectives of the grant: The racialization of COVID-19 in the United States contributed to a sharp increase in anti-Asian discrimination and violence against Asian Americans (AA). Little research has been conducted to understand how Asian Americans were affected by heightened levels of racial hostility during the COVID era. Guided by the Vulnerable Populations framework (Flaskerud & Winslow, 1998), this study aimed to explore the mental health outcomes during the pandemic and how these were mediated by resource availability (individual resilience, community mitigation, prevention knowledge) and relative risk (perceived risk of infection, fear of COVID-19, discrimination).

Sample: The sample consisted of 316 Chinese/Taiwanese (54%), Korean (5%), and Vietnamese Americans (40%) in the survey, and eight community/religious leaders who participated in the interviews. About 57% identified themselves as immigrants and 89% used a language other than English at home. Approximately 40% had high school or less education.

Setting: The study was conducted in the state of Arizona. Participants were recruited from communities via our existing community partners, social media networks and snowballing.

Methodology: A mixed-methods approach, including a longitudinal survey and interview, was utilized to examine the experiences and impact of COVID-19 in our target population. We used valid and reliable survey items and 10 interview probing questions to address the study aims. Participants received incentives for their time and effort.

Summary of Results: While age and gender were held constant, our survey results suggest that a higher level of racial discrimination and fear of COVID-19 at Wave I predicted higher rates of depression and PTSD at Wave II. Resilience was associated with more COVID-19 preventive behaviors and lower rates of depression and PTSD.

Conclusions: We uniquely researched health disparities by collecting ethnically disaggregated data among fast-growing AA groups in Arizona and addressed the double victimization: by COVID-19 and by discrimination. These findings suggest a critical need to assess our target population's mental health status and connect them with timely and appropriate treatments and resources.

Implications: This time-sensitive research collected perishable data to identify factors influencing the unequal mental health outcomes in three AA subgroups. Our findings from survey and community and religious leaders provide meaningful information to enhance individual, community, and policy-level decisions related to our target population in the face of a pandemic.

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