Asian Pacific Islander (API) Task Force's COVID-19 Response Report

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API Task Force Members:

Health Equity and Community Engagement Division (Austin Public Health)

- Sinying Chan
- Binh T. Ly
- Gunjen Mittal
- Vivian Newdick

Asian American Resource Center (Park and Recreation Department)

- Van Doan
- Leila Grace Pandy
- Sona Shah
- Jonathan Van

Austin History Center (Austin Public Library)

- Ayshea Khan

Please direct any question about this report to:

Binh T. Ly | Binh.Ly@austintexas.gov
Gunjen Mittal | Gunjen.Mittal@austintexas.gov

COVID-19 is a global pandemic and was declared a local disaster in Austin on March 6, 2020, by Mayor Steve Adler. Austin Public Health (APH) has been leading this emergency response for over a year and a half. A mass response was needed to set up large scale testing and vaccination operations. At the same time, an intersecting response emerged with focused outreach on communities who often bear the brunt of disasters. This situation is tied to race, socio-economic, and immigration status and is often called the social determinants of health. Under this framework, the Asian Pacific Islander (API), Hispanic/Indigenous/Latinx, and Black/African Diaspora, Senior and Faith-Based Task Forces were created. Each of these task forces focuses on ensuring that the City's response is based on equity and shifting *from a one-size fits all approach to employing strategies that address systemic gaps and barriers faced by specific communities.*

This report highlights effective strategies and activities of the API Task Force. Perhaps more importantly, this report presents identified opportunities to implement tested processes and continuing successful engagement of the Asian Pacific Islander (API) communities residing in Austin/Travis County.

During the COVID-19 response, the API Task Force employed four strategies to reach the API Community:

- Built community by deepening relationships and collaborations among sister departments, community leaders, and community-based organizations.
- Built translation, interpretation, and bilingual direct service capacity internally, within the COVID Response, and externally, in coordination with community leaders and organizations, to make services accessible.
- Innovated ways of distributing reliable, culturally, and linguistically pertinent information to the API community, especially after stay-at-home orders were in place and in-person outreach was no longer an option.
- Addressed urgent needs with the rise in Anti-Asian violence and harassment and the need for culturally and linguistically appropriate mental health services.

This report will provide context to opportunities for APH to operationalize successes and lessons learned. More immediately, it provides the **Health Equity Unit (HEU)** a strong foundation to continue this work that can be summarized in five areas:

1. Coalition- and Community-Building
2. Service Delivery Improvement
3. Language Access Improvement
4. Mental-Health-Resources-Building
5. Documentation and Training

The details of the recommendations are as followed:

Recommendations: Coalition and community building

- Convene an API Coalition that meets monthly or quarterly to share resources, discuss, and strategize on improving service delivery to people with limited English proficiency and API communities. Start with organizations we worked with during the response.
- Connect community-based organizations to funding opportunities to build capacity in areas identified as needs.

Recommendations: Service delivery improvement

- Prioritize using the social justice interpretation vendor, Language Access Austin, who trains and hires local API interpreters who themselves are community leaders who have proven record of connecting their community to services.
- Continue Health Equity Unit's annual API health fair, to address ongoing health disparities.
- Consider conducting events in the API community's primary language.
- Create multilingual communication materials tied to outreach efforts. For flyer, consider creating a one-pager with only key phrases translated. This is more cost effective and easier to distribute.
- Create more opportunities for Health Equity Unit (HEU) staff to inform Social Services funding.
- Hire community connectors who speak multiple languages to reach linguistically isolated API community members.

Recommendations: Build language access capacity to improve service delivery

- Create community translation reviewer part time temporary positions for Arabic, Burmese, Chinese, Korean, Spanish, and Vietnamese. These Subject Matter Experts will review print and digital content before publication and continue to develop glossaries in these languages to support the standardization of translations published by Austin Public Health.
- Create a permanent APH language access team, lead by the Language Access Coordinator, to operationalize translation/interpretation request processes, training and evaluation for front-facing APH services, and community engagement with language access planning at the forefront for key APH initiatives.
- Support multilingual communities by establishing a formal training role for the Language Access Coordinator by achieving a license for Austin Public Health from a nationally accredited Health Care interpreting organization *(in process)*
- Build APH's capacity and community-based organizations' language access capacity by offering licensed interpretation trainings.

Recommendations: Innovate ways to distribute reliable, culturally, and linguistically pertinent information

- Provide technical support to other APH programs to set up appropriate on-line platforms and remote simultaneous interpretation, to ensure multilingual services based on the MY API Live model.
- Continue MY API LIVE as a platform for APH/HEU to address non-COVID health disparities in API community.

Recommendations: Address urgent needs with Anti-Asian violence and mental health
- Monitor national trends and reach out to the national organization StopAAPIHate for updates and analysis on Texas.
- Reach out to Austin Independent School District (AISD) and other independent school districts to discuss how to incorporate awareness of Anti-Asian violence into the current anti-bullying campaign.
- Work with community-based partners to develop mental health strategies for the Health Equity Unit.

Recommendations: Documentation and training
- Work with the Asian American Resource Center (PARD) to develop a training on "How to Work with the Asian-American Pacific Islander Community" for City employees *(in progress)*
- Work with the Austin History Center (APL) to document and archive the activities and learnings from the response *(in progress)*

The COVID-19 emergency response has been immensely productive and also immensely challenging. The API Task Force's day-to-day work in the community, and the systems and processes that developed from that work, have sustained us. In the past year, APH's capacity to serve the most disadvantaged has grown by leaps and bounds. The recommendations stated above are hard-learned lessons that will be exciting to track as we continue to support a diverse and growing API population.

The City of Austin activated its Emergency Operations Center on February 5, 2020 in anticipation of an outbreak of COVID-19. An unpresented disaster ensued whereby schools, businesses, and major festivals were closed. By March 17th, Austin Public Health closed its outward facing services and stopped in-person outreach activities, creating a tremendous challenge.

February 2020 was the local beginning of a global pandemic and the City of Austin responded with mass contact tracing, testing facilities, emergency communications, and "social distancing" became part of our daily vocabulary. This large-scale response required an unprecedented reconfiguration of public health services.

The Asia-Pacific Islander Task Force

While the mass response was reaching the public, an intersecting response focused outreach toward communities who often bear the brunt of disasters, a situation which is tied to race, socio-economic, and immigration status. With this social determinants of health and equity framework, APH formed the Immigrant Task Force which later evolved into the Asian Pacific Islander (API), the Hispanic/Latinx, and Black/African Diaspora Task Forces. These task forces supported a shift from *a one-size fits all approach to employing strategies that address systemic gaps and barriers faced by specific communities*.

The API Task Force consists of members of Health Equity and Community Engagement (APH), Asian American Resource Center (AARC, PARD), Austin History Center (AHC, APL) and had its first meeting on August 24, 2020. **Our goal was to strategize and collaborate to improve delivery of information, resources, and services while meeting urgent needs that are specific to the API community.**

To meet that goal, APH was intentional in bringing the appropriate staff to form the API Task Force. Gunjen Mittal for her position as the Neighborhood Liaison and for her deep knowledge of trauma-informed care and mental health. She co-led the Task Force and became the anchor of the group and the community. Sinying Chan for her position as a Program Coordinator with extensive knowledge and experience in bringing services to the API community and working with community partners. Vivian Newdick for her role as a Language Access Coordinator and her ability to support the diverse linguistic needs of the API community. The Task Force was led by Binh T. Ly, who is a Community Engagement Specialist, with knowledge of the diverse immigrant communities and understand internal processes to further support, connect and advance our work.

API Task Force and the Model Minority Myth

According to the APH Dashboard, as of June 28, 2021, API makes up 3% of COVID positive cases, 2.6% deaths, 2.1% hospitalization cases. Aggregated APH COVID-19 data show that API have lower rates of cases, deaths, and hospitalizations than other racial groups.

However, aggregated data does not provide a clear picture of those within the API community who are most impacted by COVID-19. Based on the work of the Health Equity and Community Engagement Division and the API Task Force, we know with eyewitness certainty that there are thousands of people in the API community who face underemployment, food insecurity, chronic diseases, housing cost burdens, transportation and language barriers. These challenges were exaggerated by the pandemic, just as they were for other communities of color. In the API community, these injustices are often overlooked because of the Model Minority Myth, which perpetuates the belief that Asians are wealthy and healthy and glosses over the sectors of the API community who are low-income workers, immigrants, and refugees.

Anti-API Violence

API communities also face a surge of threats, harassment, and violence as we are scapegoated for the cause of this pandemic in powerful political rhetoric. Seniors and women are especially prone to attacks as documented by recognized national organizations and news media. Necessarily, responding to the rise in anti-Asian violence became part of the COVID-19 response for the API Task Force.

I.   First area of achievement: Build Community and Improve Service Delivery

At the start of the pandemic, under the Immigrant Task Force, we met with Go Austin/Vamos Austin (GAVA), to seek insights on the immediate needs of community and their approach on how to build community. In the meeting, they offered **"build relationships, not transactions."** This idea resonated with us and guided API Task Force's response.

As a health department and as a City, we had never encountered an emergency response with such restrictions on human interactions. It forced us to set up new operations, build new teams with staff from different departments and across agencies. We worked on the same goal - to test, to vaccinate and to offer social services to our community. The initial systems to test and vaccinate the public privileged those who speak English and are able to navigate digital platforms and left many people behind.

We had to work through partnership with community leaders, community-based organizations, and other City departments to reach the most disenfranchised API community. We drew upon our pre-COVID connections to learn, listen, and respond to what they were seeing on the ground. One of such organization is Austin Asian Community Health Initiative (AACHI), who assisted with getting food and personal protective equipment (PPE) to community while tirelessly enrolling each of their members for testing and, later, vaccination. To assist navigating APH's portal, each of their Community Health Workers (CHWs), helped individual Burmese, Nepali, Arabic, Chinese, Vietnamese, and Korean speakers navigate our systems. We heard from CHWs, that they helped clients set up email addresses, which clients were then unable to access it due to their limited English. The CHWs dedicated many hours trying to land appointments during the early days of COVID for each of their hundreds of clients. This hands-on approach was what was needed to navigate our systems.

APH understood the challenges and implemented new systems to address the barriers, including setting up the Equity Line, led by Delilah Lopez, to assist residents over-the-phone with making appointments. This process is another example of necessary collaboration with community organizations and leaders. The Austin Vietnamese Medical Professional Society (AVAMPS), who have decades of experience providing health services to the Vietnamese community, gathered over one hundred names of Vietnamese seniors and caretakers who needed the appointment-support services of the Equity Line. That relationship later evolved to a joint vaccination event where over 179 API community members were served. They were also instrumental in conducting community education in Vietnamese to address questions, concerns and dispel misinformation on the vaccines.

For other API communities that do not have an organized structure like an association, we relied on identified, trusted community leaders. This was the strategy used to reach the Burmese and Nepali communities in particular. We learned that providing information is not enough. The most effective wrap around strategy was working with a community interpreter, who already has contacts with community members, who then arranged to meet the community members at APH sites for vaccination, assisted with filling out paperwork, and provided interpretation throughout the entire process. This hands-on approach also required close coordination. with APH's Language Access Coordinator, Vivian Newdick. It shows that having an on-site interpreter will not necessarily turn people out. Rather, **community engagement and language access must work together to ensure equitable access**.

Other effective work also involved building spaces where community leaders and medical professionals could guide discussions in Burmese regarding COVID information. To that end, we supported two community Q/A sessions with Burmese-speaking doctors and nurses. This work led to the increase in community member seeking vaccination through APH.

Myanmar community conversation on COVID19 Vaccines, May 3, 2021, via Zoom

As we responded to COVID, Winter Storm Uri hit and put every engagement tool and relationship front and center. The storm brought snow and below freezing temperatures and compromised access to gas, water, and electricity. The crisis brought to the surface the immediate need for emergency information, warm shelters, food, and water. The API Task Force immediately worked with Corporate Public Information Office (CPIO) to get out resources about emergency shelters, food distribution and messaging around carbon monoxide poisoning in multiple languages.

We received messages such as "60 Nepali and African families need bread, eggs, milk and water" or "10 Myanmar people in Del Valle need food and water." And turn around immediately to our contact with South Asian's International Volunteer Association (SAIVA) to deliver hot meals of rice and lentils or to The North Austin Muslim Community Center (NAMCC) to deliver eggs, milk, bread, and other staples. The needs extended to diapers and infant formula and we received messages from our partners, such as: "Got it – please send me the specific formula needed. I will check around" or "We should be able to get food to Del Valle." The response and action were immediate and agile. The two highlighted organizations relied heavily on volunteers to be able to serve. For SAIVA, building out their volunteer infrastructure became a clear goal for meeting linguistic, transportation, and basic needs of the API community; all of which are acutely important during an emergency response. For NAMCC, they are looking to serve beyond 300 families a week and are looking for funding to build out onsite storage and facility space.

Our collaboration work was also internal among City's Departments. During this response, we worked closely with the Asian American Resource Center (AARC) (part of Parks and Recreation) and Austin Public Library. Through the AARC, we piloted a community connector position to do outreach and education in the Myanmar community (a community connector is a city employee who is also a recognized community leader and skilled communicator who communicates with community members about APH or City programs, and also informs APH about the perspective of community members regarding projects and programs). We worked with Jonathan Van as a community connector. Jonathan passed out information, PPE and made calls to the Myanmar community to tune into MY API LIVE. Through his outreach, the Myanmar community has the highest call-in rate to our MY API Live interpretation line.

AARC also leveraged their existing programs to reach API seniors and promoted bystander trainings as a response to the rise in anti-Asian harassment and violence. We also relied on each other to share skills and build capacity around technology and virtual platforms to use for My API Live, a bi-weekly broadcast on APH's Facebook Page to deliver information in multiple languages.

Our work with Austin Public Library was twofold: documentation and focused service delivery. Austin History Center's Asian Pacific American Archivist Ayshea Khan has been with the Task Force at formation and has been instrumental in creating space and providing historical context for the API Task Force and the larger API community to understand, process and act as the community were confronted with harassment, violence and ultimate mass killings of six Asian

women in Atlanta. Ayshea is now working with us to document our response and collect oral histories to preserve our activities and impact at this historical moment.

The other aspect of our work with APL was on joint efforts to shift mass strategies to focus on neighborhood-based strategies in delivering testing then vaccination. We worked closely with APL staff to bring a vaccine clinic to Little Walnut Creek Library and collaborated on outreach to over 40 apartment complexes, local businesses, churches, mosques, and temples. In vaccine operations, involving our partners in the planning and implementation is critical and the API Task Force is the glue in that relationship. It was through this joint planning that we were able to home in on who we needed to reach: (1) construction workers who have earlier working hours (2) Food service workers who have down time in between service (3) parents/guardians before they pick up kids at school. Hours of operations were considered for this population and in-person interpretation is offered in Arabic, Spanish, and Vietnamese. And we worked closely with JIS/PIO to create multilingual flyers to promote the clinic. The goal was to increase the then vaccination rate from 36% to 75% for adult (16+) in zip code 78753 and 78758.

APH vaccination clinic at Little Walnut Creek Library, multilingual flyer

II. Build Language Access Capacity and Improve Service Delivery

During our emergency, APH built language access capacity inward, improving internal processes and procedures, and outward, coordinating with community groups and leaders, in order improve service delivery to Limited English Proficiency (LEP) community members, many of whom are from the API communities. With the leadership of Vivian Newdick, Language Access Program Coordinator, the API Task Force was able to:

1. Establish key roles in Emergency Response structures for translation, translation review, and interpretation.
2. Push for new processes to build capacity for APH translation and interpretation services.
3. Connect interpreters with community members and APH resources.
4. Find opportunities to hire community members as interpreters or translators.
5. Build capacity by training departments and programs utilizing interpretation devices and education around language access services for vulnerable populations.
6. Get community and organizations feedback on clients and community members preferences with regards to interpretation and translation.
7. Push for high quality, community-approved services through knowledge of contracts/master agreements.
8. Build interpretation request process/on-line form.
9. Incorporate local interpreters into outreach efforts.
10. Uphold standards of culturally and linguistically appropriate services (CLAS) in APH communications.

Prevent Disease Flyer in Arabic   *Prevent Disease Flyer in Korean*

As a result of this efforts, APH now has three community translation reviewers to review Burmese, Korean and Arabic translated materials before distribution to the public. This program built the foundations of consistent translation in all languages by working with translation

agencies to build glossaries (which are portable among agencies). This will achieve consistency, accuracy, and efficiency in all future translations into these languages.

On the interpretation front, we added "press 3 for Vietnamese" on APH's COVID response phone tree and have seen an increased use of Over-the-Phone (OTP) interpretation by 56% in number of calls made and 60% increase in length of calls compared to the previous year, during non-COVID response *(see Voiance Report).* This number does not include calls to 3-1-1, with whom APH has an agreement to receive calls about COVID-19 on its behalf, particularly in registering for the vaccine.

III. Innovate

During this unprecedented pandemic, we had to create a way to get accurate information out to the API community in a reliable, consistent, and accessible way. We existed in the realm of a paradigm shift in the middle of the response from broad messaging to focused messaging and the willingness of APH leadership to allow the API task force to try out new things.

This led to the creation of MY API LIVE – a biweekly Facebook Live broadcast hosted by Gunjen Mittal, an API Task Force member. The first episode aired on October 23, 2020 and we completed episode 15 on Friday, July 9th. Each episode starts with a warm greeting, "Good morning uncle and aunties," which sets the tone for who we are addressing. Early shows provided basic information to help the API community with testing, what to do if someone at home tested positive for COVID, and, later, guidance on vaccination and misinformation. We devoted a timely full episode to raise awareness about growing anti-Asian violence and empower community to take action.

My API Live Flyer

MY API LIVE reached an average of 3,099 people, with an average of 107 viewers. It has become the most viewed content on APH's Facebook page. Through MY API LIVE, we accomplished the following:

1. Came up with a way to reach the most people at one time—Facebook Live
2. Pre-planned simultaneous interpretation in Burmese, Vietnamese, Mandarin
3. Content and outreach were guided by:
   a. Cross collaboration with APL and AARC.
   b. AACHI, SAIVA and other community organizations shared their communities' experiences to develop scripts for broadcast.
   c. Internal insights from the Myanmar and Nepali communities about gaps and barriers they were seeing.
   d. Interpreters' feedback and ideas for episodes.
   e. API task force members' own knowledge and experiences in the community.
4. Collaborated with the Emergency Response Public Information structure (JIS) to get the most up to date information for translation of promotional documents and technical support.

We have conducted structured interviews on MY API LIVE to assess how effective this tool is in reaching community. Our goal is to understand if and how the Health Equity Unit could continue using this platform to reach the API community. We received a diverse array of responses which we are still analyzing, but the following are clear take-aways:

- Listeners appreciate hearing information in their native language.
- Listeners considered the information as authoritative since it came from APH.
- Listeners were highly impressed by our interpreters skills.
- Listeners reported that they got essential COVID-19 knowledge from MY API Live. Specifically, they mentioned learning about social distancing, hand washing, and masking. One respondent from a community particularly hard-hit by COVID said that her family stayed healthy because of these measures.
- Listeners are eager that we dive deeper into mental health discussions, which we covered in one episode. They also suggested we branch out into children's nutrition, chronic diseases, general virus protection (not just COVID), and free health clinics.
- All respondents who saw the mindfulness exercise said they enjoyed it. This exercise was created weekly and led by the My API Live host, Gunjen Mittal.
- The great majority of listeners found MY API Live through community leaders, specifically, Task Force Member and Burmese community leader Jonathan Van.

One of the biggest surprises was the listeners' reaction the mindfulness exercise. Mental health is one of those "elephant in the room" topics in the API community. Turning to Gunjen's expertise in this area, mental health and self-care became the interactive introduction to every episode. The unanimous positive feedback from the community creates an opportunity for the

Health Equity Unit to further develop strategies in addressing mental health needs of the API community, with the guidance and expertise of Gunjen.

Early in the pandemic, API Task Force members, Gunjen and Binh were invited to be part of the selection committee for a mental health grant administered by the Social Services Branch. It is through our involvement in this process that we gained insight into the services offered by grantees and were able to connect with culturally and linguistically appropriate mental health services for the API community during My API Live and in other settings.

IV. Address Urgent Needs: Anti-Asian Violence

Across the United States, there has been a spike in incidences of racial harassment and violence towards the API community. From March 19, 2020 to March 31, 2021, the number of hate incidents reported to StopAPIHate.org rose sharply from 3,795 to 6,603. The City of Austin and the API Task Force responded to the rise in violence against Asian and Asian American in at least four efforts:

(1) Council passes Resolution 20200409-076 on April 9, 2020 to condemn such acts of violence and harassment.
(2) API Task Force members support community-led conversations to raise awareness on COVID 19 Racism and conduct bystander intervention trainings
(3) API Task Force (and Equity Office) promoted the national reporting system, StopAPIHate.org, to track cases of racial harassment and violence.
(4) Austin Public Health and Austin Public Library released statements to stand in solidarity with the API community.

On April 19, 2020, a group of community-based organization convened a virtual town hall to bring attention to the rise in anti-Asian violence after the stabbing of a Myanmar family of three on March 14th, in Midland, Texas. The perpetrator thought they were "Chinese and infecting people with the coronavirus." The town hall event was led by Austin Asian Community Health Initiative (AACHI) and sponsored by a few City's Departments: Equity Office, APH, AARC, AHC, and Office of Police Oversight. The town hall provided a space for community members and leaders to share their stories and experience, connect to the larger historical context of anti-Asian violence in the United States, and call for solidarity with Black and Brown communities.

After bringing attention to the issues, the group promoted bystander intervention trainings. The AARC is continuing that work this summer with two more trainings.

After the town hall event, the organizers recognized a need to track the growing incidents. An informal coalition of City's Departments and organizations involved in the town hall, decided to create our own local tracking report in eight languages. However, after a few months, with few reports, we pivoted to promoting the national efforts called Stop AAPI Hate, that were led by the Asian Pacific Planning and Policy Council (A3PCON), Chinese for Affirmative Action (CAA), and the

Asian American Studies Department of San Francisco State University. The following are the findings of the [Texas Report,](#) released on August 2020:

Types of incidents:

(1) Verbal harassment (63%) and shunning (24%) constitute the most common form of hate incidents reported by Asian Americans in Texas.
(2) Physical assaults constituted 22% of reported incidents — more than twice the national rate (9%).
(3) Potential civil rights violations, including workplace discrimination, being barred from establishments, and being barred from transportation, constituted 13% of reported incidents.

Common trends:

(4) Youth reported 16% of the incidents in Texas, compared to nationally, where youth report 10% of the incidents.
(5) Seven out of ten respondents are non–Chinese, reflecting that broader segment of the Asian American community are being racially profiled.
(6) Men reported as many incidents of harassment as women, which counters the national pattern, where women report 70% of incidents.
(7) Incidents included reports from the five largest cities in Texas, including Houston, San Antonio, Dallas, Austin, and Fort Worth.

The latest efforts on this issue are led by the Equity Office and AHC in conversation with the Department of Justice's Community Relations Services to potentially provide assistance and trainings to work with communities to address the issue. There are currently no organized efforts from the City of Austin with institutional funding and resources to operationalize addressing Anti-Asian violence and harassment.

Conclusion

The API Task Force worked across departments and units to reach the least served of the API community during the COVID-19 response. The work was uplifting and rewarding despite the challenges of inventing new models of focused outreach. New relationships with community-based and community leaders were formed, while others were deepened. This resulted in a strong web of services, innovations, language access and direct service improvements, and insights into the capacities of Task Force members moving forward. As the overlapping challenges of COVID-19 and inequitable social determinants of health continue, the API Task Force recommends continuing the services and approaches highlighted above as the only effective means of creating lasting service relationships with low-income, LEP, refugee, and immigrant members of the API community.