

Preliminary Data on the Impacts of COVID-19 on Filipino Immigrants in Hawai'i

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Abstract

Racial and ethnic minorities experience high rates of disease morbidity and mortality. Filipinos in Hawai'i have the second-highest coronavirus disease 2019 (COVID-19) cases and deaths. This exploratory study examined barriers to compliance with COVID-19 prevention practices for Filipino immigrants residing in O'ahu and Maui. Cross-sectional data were collected using mixed methods involving surveys and key informant interviews with Filipino community members. Survey responses (n=50) were collected identifying crucial factors to be addressed and preferences for receiving information related to COVID-19. Some Filipino customs and practices were a barrier to complying with COVID-19 prevention practices; nevertheless, cultural sensitivity was stressed for education messaging. In addition, family and community navigators should be equipped with the training and resources to disseminate COVID-19 information within their communities. Attitudinal, cultural, and linguistic barriers to promote health persist for Filipinos in Hawai'i. The COVID-19 pandemic has exacerbated these barriers due to the circulation of misinformation and lack of information among the Filipino communities of O'ahu and Maui regarding COVID-19 and local policies. Culturally appropriate support including providing tailored and linguistically appropriate COVID-19 information is recommended. Equipping or training a household member to help navigate COVID-19 policies as they change aligns with this community's emphasis on familial and social relationships.

Keywords

Coronavirus, COVID-19, Cultural sensitivity, Filipino, Hawai'i, Healthcare, Immigrants, Public health

Abbreviations and Acronyms

CARES = Coronavirus Aid, Relief and Economic Security
COVID-19 = Coronavirus disease 2019
FilCom = Filipino community
LCL = Philippine language and cultural lecturer
PHRN = public health registered nurse
RDS = respondent driven sampling
RN = registered nurse
RRN = retired registered nurse
SSD = social services director

Introduction

The coronavirus disease 2019 (COVID-19) pandemic has challenged healthcare systems globally. In the United States (US), there has been an overrepresentation of COVID-19 cases among racial and ethnic minorities who have experienced higher COVID-19 related morbidity and mortality. Minorities are overrepresented in disease incidence and this is compounded by incomplete data and a lack of data disaggregation between racial/ethnic minority subgroups.^{1,2} At the time of this study, from

July to August 2020, Filipinos in Hawai'i had the second-highest COVID-19 related rates behind Pacific Islanders.³ Filipinos comprise 16% of Hawai'i's population and between March 8 and December 26, 2020 before vaccines were available, made up 19% of COVID-19 cases. As of April 18, 2022, Filipinos represent 24% of COVID-19 deaths in the state.⁴

Research Aim

This exploratory, cross-sectional study examined barriers to compliance with COVID-19 prevention practices for Filipino immigrants residing in O'ahu and Maui from July to August 2020, to recommend culturally and linguistically responsive efforts to support this population.

Significance

In response to racial health inequities heightened by the COVID-19 pandemic, community and culturally relevant support services and programs for minority communities are needed more than ever. Culturally-based health programs that incorporate key members of ethnic minority communities have been shown to facilitate stronger government and community relationships.^{5,6} The fact that Filipinos are disproportionately represented in COVID-19 cases and deaths in Hawai'i emphasizes concerns about the health inequities Filipinos face.

Since immigrants are among the most vulnerable in the US experiencing health disparities, this research examined recommendations about how COVID-19 prevention communications can specifically target the Filipino immigrant community. Immigrants comprise about 56% of the Filipinos in Hawai'i.⁷ Therefore, the goal was to foster stronger relationships with a historically underserved community by involving them in developing COVID-19 prevention information that is culturally and linguistically responsive. The study offered participants an opportunity to collaborate in developing COVID-19 prevention-related information and disseminating resources tailored for the Filipino community.

Methods

Research Design

This exploratory study sought to examine how the COVID-19 pandemic affected barriers to compliance with COVID-19 prevention practices for Filipino immigrants residing in O'ahu

and Maui in summer 2020. Cross-sectional data from July 31, 2020 through August 8, 2020 were collected using mixed methods involving surveys and key informant interviews. In this way, data were meant to capture experiences of members of the general population in addition to those of community leaders who may have an informed perspective based on their community involvement during the second quarter after the pandemic began. This study was approved by the University of Hawai‘i IRB under expedited review (protocol #2020-00506). All research team members completed CITI research, ethics, and compliance training. Due to COVID-19 pandemic restrictions, all methods were conducted remotely.

Measurement and Instrumentation

A survey was developed using open-source survey instruments in the National Institutes of Health PhenX Toolkit.⁸ The survey (see **Appendix A**) asked questions regarding demographic information, perceived barriers to health, perceived local and federal government response to the COVID-19 pandemic, personal experiences during the pandemic, and main sources of information.⁹⁻²⁰ Interview questions (see **Appendix B**) were developed by the research team and included questions regarding perceived barriers to health and the impact of the COVID-19 pandemic on the general Filipino community, perceptions on public health policies, and recommendations for support and change for this community.

Sampling, Recruitment, and Data Collection

Eligible survey participants were 18 years of age or older, identified as Filipino, were immigrants originating from the Philippines, resided on the island of O‘ahu or Maui, and spoke English or Ilokano. Using respondent driven sampling (RDS), a convenience sample of 5 initial seeds was selected to participate in the survey. They were chosen from the researchers’ personal networks whom they believed would be good for recruiting more participants. RDS was utilized because this approach has been used to reach people in the community often difficult to contact.²¹

Participants chose their preferred method of taking the survey: online, through mail, or through phone call. The survey was offered in English and Ilokano. All 50 participants opted to take the survey online and were provided the link to complete the survey via Google Forms (Google, Mountain View, CA). Each participant was given a \$15 gift card for completing the survey. After taking the survey, each participant was encouraged to recruit three more eligible participants to receive an additional \$10 gift card. Potential participants’ contact information was collected and each of them was then contacted by the researchers.

Interviews were conducted with 5 key informants, 2 on O‘ahu and 3 on Maui, who were identified through the personal and professional networks of the researchers. Inclusion criteria included adults 18 years of age and older who were Filipino

community leaders perceived to represent the community. Interviews lasted 30 minutes and were conducted in English through video call using Zoom (Zoom Video Communications, Inc., San Jose, CA) or Skype (Microsoft Corp., Redmond, WA), or through phone call. Key informants were asked to translate non-English responses to English. Interview questions were asked virtually face to face or over the phone by 3 members of the research team, all of whom were trained to conduct key informant interviews by the team’s principal investigator. Each interview session was audio-recorded, then transcribed for analysis.

Data Management and Analysis

Deidentified survey responses were collected on an online Google Form. At the completion of data collection, the survey responses were exported into a spreadsheet. Responses collected in part or in full in Ilokano, were back translated into English by 1 of the researchers. Survey responses were analyzed using Microsoft Excel Software, version 16.38 (Microsoft Corp., Redmond, WA) using descriptive statistics and univariate analysis. The interview audio recordings were transcribed by the researchers and afterwards, all audio files were deleted. A codebook was created containing responses by key informants. Keywords from responses were coded and given descriptions to illustrate the associated broader theme present. The number of responses for each code was tallied by 2 individual coders, then consolidation of all themes was carried out by a third coder.

Results

Community Survey

Fifty respondents completed the survey. The mean age of participants was 31.4 (SD=12.14) and ranged from 18 to 61 years of age. Eighty-six percent were from Maui while 14% were from O‘ahu. Participants’ demographics are shown in **Table 1**. The top resources for receiving social support indicated were family (88%), friends (78%), and the religious community (22%). Other less commonly identified sources included mental health provider, health care provider, organizations, and coworkers. Respondents identified cough (76%), sore throat (76%), and shortness of breath (74%) as the main symptoms of people infected with coronavirus (**Table 2**). At the time of the survey administration, Maui and Honolulu counties were in “Act with Care” status where those at increased risk of contracting COVID-19 and the elderly were recommended to stay home.²² However, 48% of respondents believed they were required to stay home and 24% believed there were no government-imposed requirements in place (**Table 3**). Next, when asked about the challenges participants faced in getting COVID-19 information, 50% said that they have not had any challenges, 24% said that the information is too scary, and 20% did not trust the information they got (**Table 4**). Finally, **Table 5** shows that respondents relied mostly on Instagram, Facebook,

or YouTube (Mean=3.7, SD=1.33) for COVID-19 information, followed by local government officials (Mean=3.6, SD=0.98).

Key Informant Interviews

The occupations of the key informants (n=5) included social services director (SSD), Philippine language and cultural lecturer (LCL), registered nurse (RN), public health registered nurse (PHRN), and retired registered nurse (RRN). Three themes that emerged from the data included (1) cultural barriers to COVID-19 prevention, (2) the importance of cultural sensitivity in communicating with the Filipino community, and (3) the proposed solution of “community navigators.”

Cultural Barriers

Key informants identified customs and practices as a major barrier to Filipinos preventing their risk of exposure to COVID-19. The social nature of Filipinos was especially influential. A culture of caring for their own also encompassed the high prevalence of intergenerational households and family obligations to on-island and overseas relatives that may pose barriers to preventing their risk of exposure to COVID-19.

“We love to congregate - cook and eat together, laugh and be in close contact with family and friends, hugging and kissing upon meeting, and in between.” - SSD

“We are very sociable people, we love to socialize. That’s what makes us the way we are. So if you are telling us to social distance, you are really stripping our very core of being a social human being.” - PHRN

“When Filipinos are invited by friends and families for celebration of various occasions, Filipinos feel the shame not to attend as a courtesy of the invitation and friendship/relationship.” - RN

“Mostly I think it’s economic so a lot of us have to go to work or essential workers and that’s it, we have no choice. We have to pay rent so a lot of us are out there being exposed. We’re also supporting others, not only the family we have here but also in the Philippines.” - LCL

Cultural Sensitivity

Cultural sensitivity is essential in communicating COVID-19 information. The approach for the Filipino community in Hawai‘i should be specific. One informant stated that oftentimes the approach taken is a more Western approach, rather than having been adapted or constructed for Filipinos. When tailoring the COVID-19 response to Filipinos, it would be important to translate information into common languages spoken and seek appropriate locations through which they can be reached. The overall approach should involve taking into consideration Filipino culture, customs, and attitudes.

“If they can get information conveyed to them or accessible to them, in their language, in appropriate places [...] delivered in a culturally sensitive manner, not just “are you aware of the,” that’s a very Western approach. But getting somebody within the community to deliver the message, I think that would make a big difference ‘cause they listen to each other.” - LCL

“Yes, and that is also a barrier because our system is designed for English-speaking individuals - applications, and just the whole system in general.” - PHRN

“[Filipinos are heavily impacted by COVID-19 because of] perceived intimidation from the formal care system, perceived feeling of helplessness when confronted with a system that does not understand their language or their customs.” - RRN

“There are not enough information, especially with language access or cultural sensitivity.” - SSD

Community Navigators

Key informants suggested utilizing Filipino networks in training and equipping family members as “community navigators” to disseminate COVID-19 information and resources within their community. As sociable people described in cultural barriers, the social nature of Filipinos was identified by key informants as a positive aspect of Filipino culture able to be utilized in limiting the spread of COVID-19.

“Helping your own family members to navigate the healthcare system, I think that would help, so having someone within our informal network who has the resources, knowledge, and skill to do so. It would be great if we had community navigators who can educate and bring information to the community - sort of like neighbors helping neighbors.” - PHRN

“You need to approach and just push them in their native tongue. Maybe in churches you want to approach it in something related to religion. It depends, I think, on what pocket of the community you know like students, high school students, but you know I definitely think you would have to assemble a task force of some sort.” - LCL

“We need to focus on educating the Filipino families starting from the parents, and the parents will be the mentor of their children. We need to enlighten the Filipino families that to get COVID-19 is not predestined, but a reality that can be prevented.” - RN

“Pinoy are very caring of each other. Use this as a means of delivering community preventive health education.” - RRN

The community navigator role, as suggested by key informants, would be especially beneficial for intergenerational households. In this manner, the information would be better trusted and reach less accessible pockets of the community.

Table 1. Demographic Information of Survey Respondents and Sources of Social Support During the COVID-19 Pandemic			
		Mean n=50	SD
Measure	Age	31.4	12.14
	Household size (number of persons)	5.5	0.43
	Unemployed adults per household	1.9	0.20
	Adults working from home per household	0.8	0.21
		Number	%
Island of Residence	Maui	43	86
	O'ahu	7	14
Sources of Social Support	Family	44	88
	Friends	39	78
	Religious community	11	22
	All Others	15	30
	Not Applicable	3	6

Table 2. Participant Knowledge of COVID-19 Symptoms		
Symptom	Number n=50	%
Cough	38	76
Sore throat	38	76
Shortness of breath	37	74
Body temperature higher than 100.4 F or 38 C	35	70
Chest congestion	32	64
Headaches	31	62
Muscle or body aches	28	56
Fatigue or tiredness	27	54
Lost sense of smell or taste	26	52
Runny or stuffy nose	23	46
Sneezing	21	42
Vomiting	15	30
Diarrhea	14	28
Fever or chills	10	20
Abdominal discomfort	8	16
Unsure	6	12
Dry skin	1	2
Hair loss	1	2
Skin rash	1	2

Table 3. Participant Knowledge of COVID-19 Policies in Hawai'i

Requirement	Number n=50	%
Social distancing in public is required	40	80
We are required to wear masks when unable to social distance	35	70
We are required to wear masks at all times in public	31	62
We are required to stay at home	24	48
There are no requirements	12	24
There are COVID-19 guidelines, but no formal requirements	8	16
Only one family member may leave the home each day	5	10
Not applicable	2	4
Unsure	2	4

Table 4. Participant Challenges to Getting COVID-19 Information

Response	Number n=50	%
Have not had any challenges	25	50
Information is too scary	12	24
Do not trust the information I am getting	10	20
Unsure	6	12
Information is hard to understand	3	6
Information is difficult to see or hear	2	4
Other	1	2
Information is not available in my language	0	0

Table 5. Common COVID-19 Information Sources for Survey Participants

Source	1-5 Scale (Never-Always)		
	Mean	SD	Mode
Instagram, Facebook, or YouTube	3.7	1.33	5
Local government officials	3.6	0.98	4
Print or online news	3.4	1.28	3
Medical or health websites	3.3	1.08	3
TV or radio	3.2	1.27	3
Friends, family or neighbors	3.0	0.99	3
Federal government officials	2.9	1.06	3
Healthcare providers	2.8	1.14	3

Discussion

As one of the largest immigrant groups in the state and nationally,^{23,24} Filipinos have experienced barriers to health care access prior to the COVID-19 pandemic and continue to do so. In terms of cost of care and insurance coverage, Hawai'i's Filipino community believes that health insurance is important, but are not fully aware of all benefits their coverage provides them, especially in preventive health services.²⁵ Culturally and linguistically, Ilokano and Tagalog are the 2 most commonly spoken languages in homes in Hawai'i, other than English, at 17.6% each. Meanwhile, the number of Bisaya speakers is substantially less, reported in aggregate with other non-English languages.²⁶ In accessing the healthcare system, a study of Filipino immigrants in Australia found them to have low confidence in expressing themselves in English although they report high English proficiency.²⁷ As for employment related to the COVID-19 pandemic, Filipinos constitute a third of Hawai'i's nursing workforce²⁸ and combined with Native Hawaiians and Polynesians, comprise 50% of Hawai'i's overall essential workforce.³ On the other end of the spectrum, many Filipinos work in industries that were shut down due to the pandemic.³ These considerations are important in contextualizing this study, verifying findings that Filipinos represent workforces most impacted by the pandemic, and experience unfamiliarity with the healthcare system and cultural and linguistic barriers to healthcare.

The first year of the COVID-19 pandemic was marked by uncertainty through changing, and sometimes conflicting, public health recommendations and policies with most of the population who were unvaccinated. Therefore, timely dissemination of such information to the community was of utmost importance in preventing the spread of COVID-19. This study's data reveal that such timely and accurate information was not reaching segments of the Filipino immigrant community in Hawai'i. Public health recommendations and policies in the first year of the pandemic also failed to consider cultural barriers to limit COVID-19 spread and cultural sensitivity in disseminating information.^{29,30} This may have affected Filipino immigrants', and other ethnic group's, ability to prevent COVID-19 infection.

Both the survey responses and key informant interviews revealed that attitudinal, cultural, and linguistic barriers to health persist for Filipinos during the COVID-19 pandemic. Barriers to health-care access for Filipinos identified in this study are consistent with the literature. Filipinos rely heavily on relationships with family members, friends, and trusted community organizations (**Table 1**). However, friends, family, and neighbors were not cited as among the most common sources of COVID-19 information (**Table 5**). This further supports the suggestion by key informants to employ community navigators who are among these trusted individuals. Incorporating such key stakeholders would further aid in effective communication about COVID-19 to Filipino immigrants in Hawai'i, including receiving infor-

mation from trusted individuals who understand their culture. Social media (Instagram, Facebook, and YouTube) and local government officials were also identified as the most common sources of information on COVID-19 (Table 5); this points to an opportunity to tailor messaging for this group through such platforms and by official sources.

In Fall 2020, with funding from the City & County of Honolulu Coronavirus Aid, Relief and Economic Security (CARES) Act, the Filipino Community (FilCom) Center and the Legal Clinic collaborated with other local organizations to run FilCom CARES³ to provide community outreach, free COVID-19 testing, host community pop-up vaccination clinics, and disseminate COVID-19 resources in Philippine languages. FilCom CARES was created by community leaders in response to helping the Filipino and other communities in Hawai‘i. Though community vaccination and testing clinics are no longer being conducted, this community organization remains active in addressing other priority issues for the Filipino community. This study confirms the need for collaborative community efforts, such as FilCom CARES, to address health disparities. Additionally, community programs may reach a broader part of the community by training household members to help more community members navigate rapidly changing COVID-19 information and policies. Appropriate support should also be made available in Philippine languages commonly spoken in Hawai‘i: Ilokano, Tagalog, and Bisaya.

This paper opens the following questions for further study: How have barriers to COVID-19 prevention for Filipino immigrants changed since 2020? What impacts have community programs had on this population? In what ways can these community programs be improved for COVID-19 prevention and adapted for other diseases prevalent among Filipinos? What can we learn from organizing done for Filipino immigrants in other parts of the world or for other populations heavily impacted by COVID-19?

Limitations

The small number of participants reflected the limited timeline for this study of 9 days for recruitment and data collection, leaving the results open to selection bias. RDS was found to have been more successful on Maui, which has a population of about 170 000, with more respondents than on O‘ahu, which has a population of 970 000.³¹ Furthermore, about 34% of O‘ahu’s population and 53% of Maui’s population claim part or full Filipino ethnicity.³² This discrepancy may be attributed to the Maui community’s cohesiveness as a result of the smaller community size. Also, all respondents filled the survey out online, thereby missing segments of the Filipino immigrant population that do not have access to an internet-accessible device. The survey was only offered in English and Ilokano due to language abilities of the research team, excluding persons who speak other Philippine languages. Key informants interviewed were also

a small sample and heavily represented nurses, a reflection of internal limitations of the research team’s networks. Similarly to the surveys, key informants had to have access to a device with internet or call capabilities to participate.

Conclusion

This was a pilot study conducted in Summer 2020 to identify barriers to compliance with COVID-19 prevention practices for Filipino immigrants in the early days of the pandemic. Since then, many lessons learned about general prevention of transmission, the existence of vaccines and boosters, and way that the overall pandemic response could be addressed at the state and national levels have been recommended. Nonetheless, the needs and recommendations still hold, indicating the need to acknowledge cultural barriers and utilize cultural sensitivity in messaging to prevent COVID-19 spread among this population. Funding support and community efforts to address health disparities in communities should still and always be a priority to address the consequences of this pandemic among a community that has been hard hit by its effects.

Conflict of Interest

None of the authors identify a conflict of interest.

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Appendix A: Community Survey Questions

Demographics

- Age
- Island of residence: O'ahu or Maui

Household information

How many residents currently live in your household?

How many adults currently unemployed due to COVID-19 pandemic in your household?

How many adults in your household currently working from home?

Perceived local/government response

In the area in which you currently live, are there government-imposed requirements that affect your movement in and out of your home? [Please check all that apply]

- There are no requirements that affect my movement; I am free to come and go as usual
- Our government has some guidelines, but not formal requirements
- We are required to practice social distancing when we are in public
- We are required to stay at home, but can leave the house to meet basic needs (e.g. buying food or exercising)
- We are required to wear masks when social distancing is not possible (e.g. grocery stores)
- We are required to wear masks at all times in public
- We must request permission from the government to leave home
- Only one family member may leave the home each day
- Unsure
- Other (please specify) _____

Support networks and resources

Who are you receiving social support from? [Please check all that apply]

- Family
- Friends
- Religious community
- Mental health provider
- Health care provider
- Nonprofit and community organizations (list)
- Not applicable
- Other

Main information sources

What are the challenges you have faced in getting information about COVID-19? [Please check all that apply]

- The information is difficult for me to see or hear
- The information is not available in my language
- The information is hard to understand
- The information is too scary
- I do not trust the information I am getting
- Other
- Unsure

How often do you use or rely on the following sources to get information about the COVID-19 outbreak? Choose one answer for each of the following items listed: Never, Rarely, Sometimes, Often, or Always

- Friends, family or neighbors (not including Facebook or social media)
- Providers (e.g. doctor, pharmacist, nurse)
- Local government officials (e.g. Governor, Mayor)
- Federal Government (President, White House Coronavirus Task Force)
- Medical/Health websites (e.g. CDC, WebMD)
- Print or online news
- TV or radio
- Social Media (Instagram, Facebook, YouTube)

Which of the following are the main symptoms people infected with the coronavirus experience? [Please check all that apply]

- Fever or chills
- Shortness of breath
- Runny or stuffy nose
- Abdominal discomfort
- Chest congestion
- Vomiting
- Skin rash
- Hair loss
- Cough
- Dry skin
- Sore throat
- Body temperature higher than 100.4 F or 38.0 C
- Sneezing
- Diarrhea
- Muscle or body aches
- Lost sense of smell
- Headaches
- Fatigue or tiredness

Appendix B: Key Informant Interview Questions

1. What is your occupation?
2. How would you describe your affiliation and role within the Filipino community?
3. What do you think are the major barriers among Filipinos in preventing their risk of exposure to COVID-19?
4. What are the barriers Filipinos in Hawai'i face in seeking medical help?
5. How do you think these barriers in seeking medical help are related to COVID-19?
6. As you might know, the Filipino community in Hawai'i has the second-highest incidence of COVID-19. What do you think are the major causes of this?
7. Are there common comorbidities that you have observed in Filipinos diagnosed with COVID-19?
8. What impact have you seen on the Filipino community due to the COVID-19 pandemic? Please explain.
9. What do you think about the state's current coronavirus measures?
10. To what extent do you believe that these measures are effective in preventing coronavirus transmission especially among Filipinos? (e.g. social distancing guidelines, stay-at-home & work-from-home order, travel restrictions)
11. What do you think are the major barriers among Filipinos in following public health guidelines to prevent their risk of exposure to COVID-19?
12. What assistance do you think the Filipino community needs during the COVID-19 pandemic? Please explain.
13. What assistance is needed in the treatment of COVID-19?
14. What assistance is needed in COVID-19 testing (i.e. patient qualification, location, etc)?
15. What assistance is needed in COVID-19 prevention and control measures for the Filipino community?
16. What recommendations do you have to make it easier for Filipinos to access COVID-19 information? (i.e. testing, treatment, prevention measures, support)
17. What recommendations do you have to improve access to linguistically and culturally-appropriate COVID-19 resources for the Filipino community?
18. How can we use the positive aspects of Filipino culture to improve the health of Filipinos in Hawai'i in relation to COVID-19?
19. What other observations or suggestions do you have that may help us, or policy makers, tailor COVID-19 responses for the Filipino community?