

A Report on the Impact of the COVID-19 Pandemic on the Health and Social Welfare of the Filipino Population in Hawai'i

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Abstract

Hawai'i's Filipino community has been deeply impacted by coronavirus disease 2019 (COVID-19). This article reports the findings for the Filipino population from the Hawai'i Emergency Management Agency (HI-EMA) Community Care Outreach Unit (CCO) Unit evaluation assessment of the impact of COVID-19 on the health and social welfare of individuals across the state. The survey was conducted from August–September 2020. We propose recommendations to mitigate the impact of the pandemic on this community, including the following actions: (1) developing linguistically and culturally appropriate support for all COVID-19 related services, especially for the high number of older Filipinos with limited English proficiency, (2) providing support and resource information in locations that are accessible to Filipino communities, and (3) supporting those already doing work to address the deep and diverse needs in the Filipino community with funding. Building partnerships between existing Filipino organizations, health and social service providers, and state agencies will contribute to sustainability over time.

Abbreviations and Acronyms

CCO = Community Care Outreach
HIDOH = Hawai'i State Department of Health
HI-EMA = Hawai'i Emergency Management Agency
ICIHSW = Impact of COVID-19 on Individual's Health and Social Welfare
LEP = limited English proficiency
PPE = personal protective equipment

Introduction

Hawai'i's Filipino community has been deeply impacted by coronavirus disease 2019 (COVID-19). As of August 4, 2021, there have been 5964 COVID-19 cases reported among those identifying as Filipino, representing 20% of the cases statewide.¹ Among the Filipino population, there have been 450 hospitalizations and 117 deaths, which is 23% of the total COVID-19 deaths in the state.¹ These numbers are disproportionate as the Filipino population comprises 16% of Hawai'i's state population.¹

There are several reasons for the marked disparities of COVID-19 outcomes among Filipinos. The Filipino community in Hawai'i is largely an immigrant population (56%), which may be a factor in language and communication challenges.²⁻⁴ Many Filipinos are frontline healthcare workers or in other essential roles, increasing their exposure.² Additionally, many Filipinos work in service sector industries (eg, restaurants, tourism), which have been heavily impacted economically, resulting in furloughs and layoffs.⁵ Filipinos also have higher

rates of chronic disease, which makes them more susceptible to poor outcomes from COVID-19.⁶⁻⁸

The Filipino population in Hawai'i has many strengths that provide significant support during this pandemic. These strengths include systems for grassroots assistance, health communication networks, and coordination to reach those impacted.^{2,7,8} For instance, the FilCom CARES Project, formed in response to the COVID-19 pandemic, represents a partnership between the Filipino Community Center and The Legal Clinic. The purpose of this partnership is to provide Filipino community outreach and support.⁹ Specific activities have included a 3-station radiothon to increase COVID-19 awareness and reinforce public health messaging among Filipino listeners. FilCom CARES has also sponsored COVID testing events and translation of COVID-19 materials into Ilokano and Tagalog languages.

On the state level, to manage the response to COVID-19, the Hawai'i Emergency Management Agency (HI-EMA) Community Care Outreach Unit (CCO) Unit developed and conducted an evaluation assessment called the Impact of COVID-19 on Individual's Health and Social Welfare (ICIHSW) to assess the impact of COVID-19 disease on the citizens of Hawai'i and make recommendations to mitigate the situation. Due to the disparities noted above, the Filipino community was identified as a special vulnerable population. Within this context, gaining a greater understanding of the impact, needs, and threats to the health and social welfare of Filipinos in Hawai'i during the COVID-19 crisis was essential. The findings for the Filipino population in Hawai'i and recommendations to mitigate the impact of the pandemic on this community are presented. Detailed methods for the ICIHSW survey questions, administration, and analyses, as well as specific data for each of Hawai'i's counties and other vulnerable populations can be found elsewhere.¹⁰

Methods

The ICIHSW questionnaire included 35 questions that asked about demographics, household profile, health and well-being, living expenses, and personal beliefs and activities regarding COVID-19 prevention. Recruitment strategies included the use of survey shepherds, snowball sampling via website and social media advertisements, word-of-mouth, paper surveys with return postage mailers, and links distributed to Filipino groups. The survey data was collected across a period of intense COVID-19

disease activity (August 12, 2020–September 5, 2020). Several questions asked about respondents’ expectations for 3 months in the future (November 2020–December 2020). Descriptive analysis of the data is presented to give a basic overview of the status of the COVID-19 burden for Filipinos in Hawai‘i.

Results

Demographics

Of the 7927 respondents to the survey statewide, 904 (11.6%) reported being most closely identified with Filipino. The majority of Filipino respondents (75.9%) were female, one-half were young (18–34 years), over one-third were middle-aged (35–54 years), and 14.4% percent were older (55 years or older) as shown in Table 1. Most Filipino participants (95.2%) reported multiple members in the household. Over one-third (36%) had at least 1 person aged 65 years or older in the home and almost half (46.8%) had at least 1 child younger than 18 years in their household. Nearly 70% of Filipino respondents (n=617) expected to have a household member attend school in the fall of 2020. Expected challenges for students included insufficient funds to purchase school supplies (n=161; 18.1%), lack of face-covering (n=86; 9.7%), and language barriers (n=20; 2.3%). A total of 82.3% (n=729) reported that English was the language spoken in the home. Translation needs that were described as “not met” centered on health (n=9), social services (n=3), and educational services (n=4).

Finances, Housing, and Employment

Almost 42% of those who answered the annual family income question reported a family income of \$75 000 or less. Nearly 70% reported that their family income went down due to COVID-19 (compared to 60% for the state), while about 40% reported the decrease as moderate or large. Over 60% reported that family members experienced reduced work hours (42.2%) or lost their jobs (20.3%) because of COVID-19 (Table 2). Compared to all respondents across the state, a smaller percentage of Filipinos expected to remain living in the home they owned or rented in 3 months (Table 3). As shown in Table 4, across 10 questions about having enough money to pay for everyday essentials, a higher percentage of Filipino respondents estimated more significant challenges than all respondents across the state. For instance, 15.7% reported trouble paying for food at the time of the survey, and almost one-third (32.4%) expected to have such difficulty in 3 months. These findings are higher than the 12.5% of respondents across the state who reported having difficulty paying for food at the time of the survey and the 23.1% who expected to be challenged in 3 months.

Health and Well-being

Nearly two-thirds (61.1%) of Filipino respondents reported someone in the household had at least 1 chronic disease, with

high reported rates of diabetes (28.8%), asthma (30.0%), kidney disease (6.9%), and obesity (19.3%). Filipino respondents had twice the rates of diabetes and kidney disease compared to all respondents across the state. Almost 13% reported a mental illness (Table 5). When asked about caring for someone in the family with COVID-19, the respondents stated notable resource

	n ^b	% ^c
Gender		
Female	681	75.9
Male	191	21.3
Non-binary ^a	25	2.8
Age		
18–24	258	28.8
25–34	192	21.4
35–44	188	21.0
45–54	130	14.5
55–64	82	9.1
65 and older	47	5.2

^a Non-binary refers to the self-reported sexual identity of the survey respondent.

^b Totals may not equal to 904 due to unanswered/missing data.

^c Percentages may not equal 100% due to unanswered/missing data.

	Filipino Respondents		Statewide ^a
	n ^b	% ^c	%
Income Range (2019)			
Less than \$40 000	142	15.7	17.2
\$41 000–\$75 000	229	25.4	20.7
\$76 000–\$125 000	235	26.1	26.3
\$126 000 or more	42	15.7	22.1
Choose not to answer	154	17.1	13.7
Employment or Work Hour Changes After COVID-19			
No effect	270	30.0	37.0
Increased work hours	67	7.4	11.2
Reduced work hours	380	42.2	32.2
Lost job	183	20.3	19.6
Impact On Household Income			
No effect	286	31.7	39.9
Yes, a little	270	29.9	24.4
Yes, a moderate amount	182	20.2	18.1
Yes, a large amount	164	18.2	17.6

^a All respondents in Hawai‘i.¹⁰

^b Totals may not equal to 904 due to unanswered/missing data.

^c Percentages may not equal 100% due to unanswered/missing data.

Housing Situation	Filipino Respondents		Statewide ^a	
	TODAY Where Do You Live	Where Are You Most Likely To Live In 3 MONTHS?	TODAY Where Do You Live	Where Are You Most Likely To Live In 3 MONTHS?
	n ^b (%) ^c	n ^b (%) ^c	%	%
A home, condo, or apartment that you OWN	498 (55.5)	369 (41.1)	58.2	48.2
A home, condo, or apartment that you RENT	358 (40.1)	276 (31.0)	38.1	32.8
Houseless: Live with others that you know, in their home or apartment	45 (5.1)	43 (4.8)	3.5	4.0
Houseless: Live in a public shelter	1 (0.11)	6 (0.7)	0.3	0.4
Houseless: Live in a tent, car, or outside	0 (0)	10 (1.1)	0.2	0.9

^a All respondents in Hawai'i. ¹⁰ ^b Totals may not equal to 904 due to unanswered/missing data. ^c Percentages may not equal 100% due to unanswered/missing data.

	Filipino Respondents		Statewide ^a	
	Today n (%)	In 3 months n (%)	Today %	In 3 months %
Essentials				
Food	140 (15.7)	286 (32.0)	12.5	23.1
Rent or mortgage	164 (18.4)	318 (35.7)	14.5	28.2
Auto expenses (eg, gas, insurance, car payments)	163 (18.3)	306 (34.2)	14.0	24.7
Medicines	96 (10.8)	213 (23.9)	8.4	15.4
Utility bills (eg, electric, water, internet)	171 (19.2)	301 (33.7)	13.9	23.4
Cell phone, internet, cable bill	167 (18.7)	281 (31.5)	13.4	22.1
Care for children and older persons	59 (6.6)	112 (12.6)	5.3	9.2
Healthcare	126 (14.1)	227 (25.5)	10.4	18.3
Public transportation	54 (6.1)	104 (11.7)	4.0	6.8
Other debts	201 (22.6)	318 (35.6)	15.8	25.0

^a All respondents in Hawai'i. ¹⁰

Chronic Disease	Filipino Respondents		Statewide ^a
	n	%	%
Diabetes	257	28.8	19.1
Heart disease	122	13.7	12.5
Asthma	268	30.0	25.5
Lung disease	26	2.9	3.3
Kidney disease	61	6.9	3.8
Mental illness	114	12.8	15.0
Obesity	172	19.3	18.8
Cancer	43	4.8	5.3

^a All respondents in Hawai'i. ¹⁰

barriers, such as lack of space in their home for isolation (67.6%), lack of cleaning supplies (46.1%), and no thermometer in the home (27.7%). Only 55.5% reported that if they got COVID-19, there would be a family member available to care for them.

Access to and Use of Information and Resources

Consistent with all respondents across the state, the vast majority reported having internet access in the home, and almost all (99.5%) reported access to a working cell phone. Only 3.4% (n=31) of respondents reported ever calling the statewide assistance hotline (211) for social service assistance. Of these, only 29% (n=9) reported 'yes,' they received the assistance requested, 29% (n=9) reported not receiving the assistance, and 42% (n=13) reported being directed to a website. The majority of Filipino respondents stated they used the Centers for Disease

Control and Prevention website (54%), followed by the Hawai'i State Department of Health (HIDOH) website (24.7%), for reliable information. Other sources noted included television news reports, church and community leaders, and community organizations. Table 6 shows challenges in receiving needed assistance. For Filipinos, rental assistance was the most difficult to apply for, as only 71% noted they could complete this application. Health insurance and health benefits were more accessible for these respondents, with more than 90% able to complete these applications. The most common challenge reported for completion was not having the required documents (Table 6).

Personal Beliefs and Activities Regarding COVID-19 Prevention

The majority of Filipino respondents (89.3%) considered COVID-19 to be quite severe. However, only 53.7% indicated that older persons and those with chronic disease were at higher risk for COVID-19, 70.2% felt they could recognize if a family member with COVID-19 needed to go to the hospital, and 68.8% knew where to go for COVID-19 testing. A smaller

percentage (37.3%) said they would know how to provide care for someone in their family with COVID-19. Nearly two-thirds (62.1%) reported that they practice social distancing usually or all of the time, 85.9% said they wear a face covering usually or all of the time, and 91.5% reported good hand hygiene practices.

Type of Assistance ^a	If YES, Were You Able To Complete The Application?	
	Yes n (%)	No n (%)
Prequalification for financial hardship relief	87 (85.3)	15 (14.7)
Rental assistance	23 (71.9)	9 (28.1)
Food stamps	80 (84.2)	15 (15.8)
Health insurance	159 (96.4)	6 (3.6)
Health care benefits (eg, Med-QUEST or WIC)	133 (91.7)	12 (8.3)

Abbreviation: WIC, Special Supplemental Nutrition Program for Women, Infants, and Children.

^a Type of assistance applied for in Hawai'i between August 12, 2020, and September 5, 2020.

	n ^a	% ^b
Attitude Question		
Perceived Severity of COVID-19		
Not serious	6	0.7
Low level	12	1.3
Moderate level	79	8.8
High level	255	28.2
Very high level	551	61.0
Knowledge Questions		
Know vulnerable populations (e.g., older persons or those with chronic disease)	485	53.7
Know where to go for COVID-19 testing	621	68.8
Know how to provide medical care for someone at home with COVID-19	336	37.3
Able to recognize when a family member with COVID-19 would need to go to the hospital	633	70.2
Behaviors Questions		
"Usually" or "Always" practice social distancing by staying at least 6 feet away from others when not at home	561	62.1
"Usually" or "Always" wear a face covering when outside of your home	775	85.9
Family members wash hands the "same frequency" or "more frequently" since COVID-19	825	91.5
Have a thermometer that works at home	652	72.3
Resources Questions		
Problems would face if someone lives with had COVID-19		
Lack of space for isolation	607	67.6
No face mask	40	4.5
No hand sanitizer	67	7.5
Not enough cleaning supplies	411	46.1
Have someone be available to care for you if you got COVID-19	501	55.5

Abbreviation: COVID-19, Coronavirus disease 2019.

^a Totals may not equal to 904 due to unanswered/missing data.

^b Percentages may not equal 100% due to unanswered/missing data.

Discussion

The results indicated many gaps in social, health, and financial service infrastructures for the Filipino community to mitigate the effects of the pandemic. These challenges are considered with solutions to assist in addressing and decreasing these disparities. Recommendations should be achieved by collaborating with Filipino workgroups, communities, local partners, and state agencies to ensure sustainability and cultural and linguistic relevance.

COVID-19 Beliefs, Knowledge, Actions, and Resources

Results revealed challenges for Filipino respondents in COVID-19 prevention, care, and knowledge on mitigating COVID-19. Recommendations to resolve these challenges include the following actions: (1) constant outreach to Filipino communities to increase their knowledge and awareness of isolating infected household members, disinfecting procedures, and providing alternative housing; (2) adequate Filipino contact tracers for those who test positive for COVID-19; (3) availability and resources for materials and supplies for individuals and households; (4) proper representation of Filipino language speakers for services provided (ie, in-person, phone, and video conferencing); and (5) create a resource hub with COVID-19 updates and information (eg, guidelines, testing, and vaccine) in English and Filipino languages.

Education and Communication

Many challenges experienced by the Filipino community resulted from a lack of information regarding prevention or response to COVID-19. These challenges are further complicated by language barriers. The Philippines is home to over 110 languages, making Filipinos ethno-linguistically diverse.⁴ The most commonly spoken Filipino languages are Ilokano and Tagalog.¹¹ Of the 17.8% Tagalog speakers in the state, 51.7% have limited English proficiency (LEP). Ilokano is the second most common language spoken at home in Hawai'i at 16.5%; 61.3% of Ilokano have LEP.¹¹ Recognizing this language diversity will help provide culturally appropriate information. Linguistic needs vary by age group. In this evaluation, 82.3% of respondents (n=729) reported that English was the language spoken in the home, and 86% (n=775) were younger than 55. Given the younger age of the sample, it may not show the full array of needs from older generations.

Ongoing educational outreach, including a coordinated education campaign strategy, is needed. Short videos with Filipino actors or infographics in English and Filipino languages can be circulated online or on broadcast media to provide health education. Actors, successful business leaders, respected community figures, church leaders, and social media influencers among the younger generation can serve as opinion leaders in the Filipino community to counter the vast misinformation

floating around and being shared on social media. Key topics should include the following themes: (1) how to protect vulnerable older persons or the chronically ill from COVID-19; (2) what types of medical care can be provided at home when caring for family members infected with COVID-19; (3) how to access hotels for quarantine when there is no space to isolate at home; (4) how to sign up for unemployment or financial relief, rental support, food stamps, Med-QUEST, and secure the documentation needed for eligibility; and (5) how to use 211 (while ensuring it is user-friendly for Tagalog or Ilokano speakers). Websites and social media platforms should be used to make this information discoverable and shareable.

Household Concerns

Most Filipinos reported that others live in their home. It is important to meet the needs of families and individual by ensuring (1) availability of food resources in all Filipino communities across the state, following the models of the Department of Education "Grab-and-Go" Student Meals, Food Bank Emergency Assistance, and The Pantry; (2) outreach to specific Filipino communities (Kalihi, Waipahu, and 'Ewa Beach on O'ahu) to increase knowledge and awareness of isolating infected household members, disinfecting procedures, and providing alternative housing; (3) adequate Filipino contact tracers to communicate with Filipinos who have tested positive for COVID-19; (4) availability and resources for COVID-19 safety materials and supplies for individuals and households; (5) promotion and access to testing and availability at clinics, community health centers, and hospitals in the community; and (6) proper representation of Filipino language speakers for services provided (i.e., in-person, phone, and videoconferencing). Partnering with Filipino community organizations, such as churches, can assist in the disbursement of supplies to Filipino families directly, either at central locations such as community grocery stores, churches, or directly to homes. CARES funds should be disbursed immediately to provide cleaning supplies, personal protective equipment (PPE), and thermometers to households. It is also important to provide free COVID-19 testing at these locations.

Financial Strain

The Filipino respondents had a higher burden of problems paying for essentials compared to statewide results pre-pandemic, which has worsened during the pandemic. Within 3 months, limitations in the funds available to pay for essentials (eg, food, home and auto expenses, medicines, utilities, care for children and older persons, and phone and internet) were projected to widen. As frontline health care workers and in other essential roles, this has made Filipinos particularly vulnerable to the health and socioeconomic effects of this pandemic.¹²⁻¹³ COVID-19 has also drastically impacted the tourism industry, an industry that employs many Filipinos.¹³ Solutions include (1) financial assistance for Filipino households that have members that lost

employment or experienced substantially decreased income, (2) incentives to Filipino households that have members who are essential workers, (3) access and knowledge of financial support services provided in Filipino languages, (4) facilitation of unemployment benefit payments, (5) translational services for all employment services, and (6) assistance for Filipino parents of existing child care services and financial aid.

Health

Because of the high rates of chronic disease, Filipinos are at greater risk of severe COVID-19 illness.^{6,7,14,15} There is a need for more medication management and delivery services to protect older adults and those with chronic diseases from COVID-19 infection. One such example is *Our Kupuna*, a program that delivers medications to older adults across the state. Chronic diseases and other medical conditions must continue to be addressed and treated during the pandemic.

Workgroups, local partners, and state agencies should ensure (1) encouragement of providers to provide support to Filipinos on maintaining their health appointments and prescription medications; (2) adherence to policies that establish and sustain health insurance, access to healthcare, allow paid sick leave for workers, and increased access to telehealth, especially in their native languages; (3) daily or weekly check-ins of Filipinos households that test positive and provide support (including financial aid, information, food, and cleaning supplies); (4) continued promotion and access to testing at clinics, community health centers, and hospitals in the community; and (5) improvement and maintenance of care coordination among providers and health institutions to focus efforts on technology needs and training on telehealth for Filipinos, including those who need a translator present. Other solutions include (6) engagement of community members and organizations to assist in the development and dissemination of culturally and linguistically appropriate health information around chronic disease, as well as COVID-19-related information for LEP individuals; (7) translational services to all health services; (8) collaboration with HDOH to address adequate PPE at worksites for essential workers; and (9) organizational strain and need for support for staff and human resources are addressed.

Mental health is a concern, particularly in the stress of the pandemic. Factors that may affect mental health may be employment stresses due to the high number of Filipinos who work in essential positions, financial strain due to the pandemic, and high health-related issues; hence, more services are needed. It is critical to work with Filipino workgroup, local partners, and state agencies to ensure (1) culturally appropriate mental health services for Filipinos are provided, (2) the cultural stigma of mental health in Filipinos is addressed, (3) translation services for all mental health services are provided, and (4) collaboration with faith-based organizations and outreach groups to be accessible to the community to combat isolation and facilitate connectivity.

Limitations

Limitations to this assessment include that Filipino respondents were predominately female (76%), which may not represent the Filipino population in the state. Also, because 28.76% of the Filipino respondents were 18–24 years, they may have more access to resources than older Filipinos, whose difficulties in receiving services may not have been captured in the survey. The survey had a large sample size but was not a random or population-based sample. Results may not represent the full array of needs and impacts of the Filipino community or the representative proportion of those impacts and needs in the state. Of the Filipino respondents, 1453 reported some form (part or full) of Filipino heritage, and 904 reported that they most closely identified as Filipino. The ICIHSW survey was conducted in August 2020, and impacts may have changed since publication. Since the survey was conducted, many grassroots organizations and collaborations have addressed these challenges in the Filipino population in the state. Needs may have changed, though certainly many remain.²

Conclusions

The ICIHSW survey revealed there are numerous areas where support is needed for Filipinos during the COVID-19 pandemic. In conclusion, 3 overarching recommendations to meet the needs of the Filipino community at this time are offered. The first is to include and develop linguistically and culturally appropriate support for all COVID-19-related services. Individuals that need assistance over the telephone should have access to translators or speakers who can speak in the Filipino languages. Adequate dissemination of information is also needed to minimize misinformation. For example, the 2 Hawai'i-based Filipino newspapers can also be utilized to share information widely.

The second recommendation is that support and resource information should be accessible to Filipino communities where Filipino communities reside. Areas like Kalihi, Waipahu, and 'Ewa Beach have the highest number of Filipino residents in the state. Services such as food distribution, COVID-19 testing and vaccine drives, unemployment benefit application services, and other outreach should be conducted in these areas. Many Filipinos rely on public transportation, so distance is an added burden. Assistance to bridge these gaps in services and support could decrease Filipinos' hardship during the pandemic. The workplace is another setting to reach out to the most vulnerable Filipinos who are still employed. In-language education and outreach initiatives should be part of the incentive to essential workers.

The final recommendation is to provide support and funding to those already doing work to address the deep and diverse needs in the Filipino community. These groups ensure education and services that are culturally and ethno-linguistically appropriate for the diverse Filipino populations in the state. Building

partnerships between existing Filipino organizations, health and social service providers, and state agencies will contribute to sustainability over time.

Conflict of Interest

None of the authors identify a conflict of interest.

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