NEW ORLEANS VIETNAMESE AMERICANS' PERCEPTIONS OF WESTERN ALLOPATHIC HEALTHCARE IN THE ERA OF COVID-19

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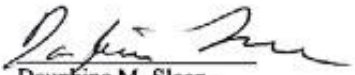

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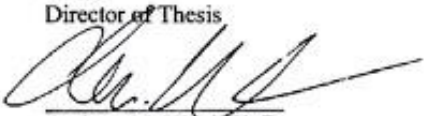

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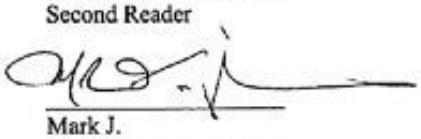

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Third Reader

Abstract

During the past several years, as development experts and theorists begin to explore the effects of the Covid-19 pandemic on global communities and migration flows, factors in sustainable growth such as health, self-efficacy, and culture must be re-examined in many urban areas. The Vietnamese-American community in New Orleans, Louisiana is a unique enclave that first came to be in the decade after the end of the Vietnam War and has since grown into a multigenerational, multifaith population with a legacy of full participation in the city's ongoing resilience efforts. This study evaluates via digital survey how experiences throughout the pandemic have affected Vietnamese perceptions of the ongoing value of Western allopathic healthcare practitioners. The researcher hypothesizes that Vietnamese-American trust in Western allopathic medicine has decreased over the pandemic period, particularly on demographic lines of age and education within the community. The study finds that regardless of generation/age, the Vietnamese-American community has increased use of traditional osteopathic practices and remedies over the course of the pandemic and has generally decreased interest in allopathic health services. This decreased affinity does not appear to be correlated with group experiences of discomfort and anxiety in public due to discrimination. Additionally, it finds that though high value is placed by the target population on mental wellbeing, there is not yet equivalent investment in mental health services, and perhaps less knowledge about available services.

Acknowledgements:

This work is primarily dedicated to Mark and Susan, my parents, who demonstrate every day that success is found in pursuing independence and holistic rigor of thought. It is with these tools that I have the heart to try and understand all people and the sense to know that life is greatest when you are working to help others.

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I. Introduction

The Vietnamese American population in New Orleans has experienced several waves of growth over several decades, and the community is currently composed of multiple generations with varied levels of connection to traditional Vietnamese culture. Affiliation to Vietnamese culture is even split within generations, given different waves of immigration (1975 – 1989) at the end of the Vietnam War with associated clustering effects, such as Southern Vietnamese Buddhist neighborhoods locating closer to Gretna, Louisiana, and Northern Vietnamese Catholic neighborhoods establishing themselves in Village de l'Est (Versailles). Given this diversity, it is not surprising that there are disparate attitudes towards best individual health practice, particularly towards receiving care from Western allopathic providers.[1,2] Existing literature ties perceptions of Western healthcare in Asian-American communities to common themes in migration studies: the industries in which most immigrants participate upon arrival, education levels and language ability, socioeconomic status, and acculturation. Continued cohesion in the Village de l'Est community can be largely attributed to the wide-spread destruction of New Orleans East during Hurricane Katrina in 2005 and subsequent reconstruction efforts, but has been a feature of the group since settlement after the Vietnam War.[3] Modes of reconstruction in unified rebuilding will be explored later in this paper, but

[1] Nguyen, Hoang Vu. 2017. "Disasters, Settlements and the Homeland: Vietnamese American Experiences of White Supremacy in New Orleans." 160-166

[2] In this context, allopathic medicine can be defined as medicine practice based in pharmacological or procedural intervention attempting to treat researched pathophysiology, administered by a provider licensed by the Federation of State Medical Boards. "About FSMB." FSMB. Accessed January 31, 2022

[3] VanLandingham, Mark J. 2017. *Weathering Katrina: Culture and Recovery among Vietnamese Americans*. 4, 35.

ultimately strengthened shared values in these communities.[4] The effects of Katrina in relation to community values and health practices have yet to be significantly explored. However, directly after Katrina, the New Orleans East LA Community Health Center (Noela CHS) was founded as a local clinic to serve the unique linguistic and cultural needs of the New Orleans East population. As will be discussed later, though it is no longer affiliated with Mary Queen of Vietnam church, the cohesion of much of the Vietnamese American community around the Catholic church and charitable initiatives originally sponsored the clinic.[5] The influence of Noela CHS on provider and care type preferences of the Vietnamese American community has yet to be qualitatively analyzed.[6]

At the 15-year mark of this post-Katrina rebuilding period, the ongoing Covid-19 pandemic and associated heightened racial discrimination against Asian-Americans signal a need for reevaluation of community relationships to Western allopathic healthcare.[7] This must be analyzed in the context of ongoing Vietnamese acculturation in New Orleans, particularly whether acculturation gaps between generations might negatively impact the trust various age groups have of allopathic health systems.[8] This study primarily investigates whether or not New Orleans Vietnamese trust of allopathic medicine has been negatively impacted due to the effects of the Covid-19 pandemic.

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[4] Truitt, Allison. 2019. "Bringing Buddha to the City: Metropolitan New Orleans and Vietnamese Buddhist Communities." 21.
[5] "About Us: Noela Community Health Center: New Orleans, LA." NOELA. https://www.noelachc.org/about-us/.
[6] Kaji, Aiko. 2017. "Center for Studies of Displaced Populations (CSDP) Working Papers Series Health Needs Assessment for Vietnamese Americans in New Orleans." 5.
[7] Abrams, Zara. 2021. "The Mental Health Impact of Anti-Asian Racism." 22.
[8] Le, Long. 2015. "Exploring the Function of the Anti-Communist Ideology and Identity in the Vietnamese American Diasporic Community." 1-2.

Effects include the influence of racial discrimination, increased fear of infection or harm within medical facilities, or other changes in daily behavior. Major subsequent research questions include: 1) to what extent is reliance on or aversion to traditional osteopathic Vietnamese medicine[9] tied to age and socioeconomic/educational status? 2) Has public discrimination against Asian-Americans due to the Wuhan, China origin of Covid-19 driven Vietnamese New Orleanians away from Western healthcare? 3) Has discrimination affected their attitude on the necessity of Covid-19 vaccination?

This work presumes that the pre-Covid baseline for community sentiment towards Western medicine would be strongly positive due to public health work and slow acculturation of the Vietnamese-American community to the United States over time.[10,11] This position is further investigated in the literature review and results sections. I hypothesize that qualitative data gathered via survey of the New Orleans Vietnamese American community will 1) indicate greater recent affinity for traditional osteopathic providers amongst older individuals and those with low English fluency. Simultaneously, I posit that younger members of the diaspora, with higher fluency levels and/or greater acceptance of mental health resources will show greater affinity for Western allopathic medicine in the era of Covid-19. Given preliminary findings from media and recent research, the study also proposes that 2) mental health strain is sustained by the community, skewing towards more acculturated youth during the ongoing pandemic due

[9] Here, traditional osteopathic medicine is defined as practices and treatments meant to advance the holistic wellness of the body. These may include acupuncture, topical ointments, meditation, etc. Practitioners in this case include licensed doctors of osteopathy in the United States and any other individual who has completed training of some kind in the United States or Vietnam per Vietnamese convention.

[10] Jenkins, Christopher N. H., Thao Le, Stephen J. McPhee, Susan Stewart, and Ngoc The Ha. 1996. "Health Care Access and Preventive Care among Vietnamese Immigrants: Do Traditional Beliefs and Practices Pose Barriers?" *Social Science & Medicine* 43 (7): 1049-1050

[11] VanLandingham, Mark J. 2017. *Weathering Katrina: Culture and Recovery among Vietnamese Americans*. Russell Sage Foundation.

to media exposure. These damages may 3) contribute to negative group sentiments towards Western medicine and vaccines.[12] It is the hope of the researcher that results may be used to eventually make recommendations for allocation of health funding for the Vietnamese-American community and contribute to the literature on specific evolution of Vietnamese diaspora over time.

I.I. Vietnamese immigration to New Orleans: history, religion, and culture

The significant history of the New Orleans Vietnamese community as it exists today began with the coinciding of two key factors: the redevelopment of New Orleans East and the refugee crisis following the Vietnam War. The marshy swamplands of New Orleans East were originally developed in the mid-20th century as a mostly white middle class suburb, and eventually marketed towards black first-time homeowners.[13] When infrastructure was confronted with environmental challenges of sinking buildings and water damage, the area quickly became associated with minimal industry and poorly maintained facades; many residents abandoned their property, though it is unknown how many exactly and who eventually returned. But the failed attempt to develop New Orleans East provided interested parties (Associated Catholic Charities) with the low-cost space to resettle the first wave of Vietnamese refugees that arrived in the United States in 1975 following the fall of Saigon to communist North Vietnam. New Orleans archbishop Phillip M. Hannan successfully secured apartment housing in the Village de l'Est

[12] Abrams, Zara. 2021. "The Mental Health Impact of Anti-Asian Racism." 22.
[13] Nguyen, Long T., Ted J. Kaptchuk, Roger B. Davis, Giac Nguyen, Van Pham, Stephen M. Tringale, Yen Lin Loh, and Paula Gardiner. 2016. "The Use of Traditional Vietnamese Medicine among Vietnamese Immigrants Attending an Urban Community Health Center in the United States." 116.

neighborhood for refugees waiting in Arkansas camps, establishing the group as a new significant cultural and ethnic presence in New Orleans.[14]

In his 2017 book, *Weathering Katrina*, Mark VanLandingham notes that the complex history of Vietnam as a country first organized on Confucian principles, then a French colonial holding, and eventually divided proxy state during the Cold War helps explain the new hybrid identity of Vietnamese Americans in New Orleans.[15] After the 1954 bifurcation of Vietnam into North and South[16], roughly two thirds of the Catholic population in the North relocated to the South. This substantial wave of internal displacement was followed by heightened American involvement in Vietnam and eventual loss of southern Vietnamese forces to the North in the Vietnam War.[17] Fearing Communist reeducation or forced labor, many Southern Vietnamese fled the country beginning in 1975. Over half of the roughly two million post-war Vietnamese refugees were permitted entry into and settlement in the United States. The juxtaposition of over a million Vietnamese lives lost in the war (overwhelming in comparison to the fifty-six thousand American lives) and the huge numbers of Vietnamese refugees immigrating directly to the United States underlines this fused Western-Eastern identity held by Vietnamese-Americans.[18] The roughly decade-long period of concentrated Vietnamese immigration to the United States from 1977 to the mid-1980s can be characterized by

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[14] Ibid, 115.
[15] VanLandingham, Mark J. 2017. *Weathering Katrina: Culture and Recovery among Vietnamese Americans*. 8.
[16] The Geneva Accords were signed by French and Viet Minh representatives in 1954 to provide for a cease-fire and temporary division of the country into two military zones at latitude 17 °N. All Viet Minh forces were to withdraw north of that line, and all French and Associated State of Vietnam troops were to remain south of it until 1965, when reunification would take place under Nguyen Cao Ky. Opposition to this reunification led to the conditions that instigated the Vietnam War with the United States.
[17] Ibid, 8.
[18] Hiltner, Stephen. "Vietnamese Forged a Community in New Orleans. Now It May Be Fading."

three waves of federally approved settlements: 1) a 1977 wave of more elite, educated, urban Vietnamese, 2) a 1978 wave of more ethnically and socioeconomically diverse Vietnamese, and 3) a third late 1980s wave of Vietnamese political targets protected by the Humanitarian Operation program[19] and children of American servicemen under the Amerasian Homecoming Act.[20] The initial Vietnamese that settled in Village de l'Est arrived in the United States as part of the aforementioned first wave after transfers from military camps in the South China Sea and then from Fort Chaffee, Arkansas.

Major religions, particularly Catholicism and secondarily Buddhism, play a critical role in the geographic distribution and unified identity of the New Orleans Vietnamese.[21] The majority presence of Vietnamese Catholics in New Orleans as opposed to Buddhists can be attributed to continued French cultural influence well after decolonization within the South Vietnam government, as well as Louisiana's shared roots in French Catholicism which made it an attractive option for group resettlement. The fall of the South to North Vietnamese forces in 1975 resulted in a Catholic majority of refugees associated with the Southern government fleeing to the US.[22] As will be discussed later, the success *and* insularity of New Orleans Vietnamese is bound up in several key socioeconomic factors: language, history, and perception by the receiving country. But in the initial decades of community development, the creation of a Catholic church community and securing of a physical space of worship was a critical project for

[19] The Humanitarian Operation program was a subprogram of The Orderly Departure Program, a UNHCR initiative that helped over 500,000 Vietnamese refugees immigrate to the U.S. before it ended in 1994.
[20] VanLandingham, Mark J. 2017. *Weathering Katrina: Culture and Recovery among Vietnamese Americans*. 10-12.
[21] Hiltner, Stephen. "Vietnamese Forged a Community in New Orleans. Now It May Be Fading."
[22] Bankston, Carl L. 2000. "Vietnamese-American Catholicism: Transplanted and Flourishing." 36.

preserving Vietnamese culture.[23] The Village de l'Est investment in its first church, the Vietnamese Martyrs chapel in 1973 laid the groundwork for the eventual establishment of Mary Queen of Vietnam Parish for the Southeast Asian Catholics in 1983, and the actual Mary Queen of Vietnam Catholic Church in 1986.[24] The rapid growth of the New Orleans East Vietnamese population, from about three thousand in 1978 to twenty five thousand in the 1990s, was supported with flourishing religious life, and continues to grow.[25] But despite community growth in this decade, three major barriers to allopathic healthcare access have been noted: culture (health beliefs and language), geographic and financial barriers, and perception of access.[26] With the majority of the adult population still composed of first-generation immigrants, it was important for Vietnamese residents of New Orleans East to have physicians with common language, and if not, to simply not seek medical attention at all.[27] In 1992, Vietnamese in New Orleans were less likely than whites to report seeing a physician one to two times a year, but more likely to report seeing no health providers annually at all.[28] Even at the time of Hurricane Katrina, Tulane Hospital was the only emergency facility remotely accessible to New Orleans East fifteen miles away. Only two Vietnamese-speaking Western allopathic physicians were present in the community right after the storm, per Do, and numbers of providers in the several years after are not known.[29]

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[23] Stein, Barry N., and Darrel Montero. "Vietnamese Americans: Patterns of Resettlement and Socioeconomic Adaptation in the United States." 580.
[24] Bankston, Carl L. 2000. "Vietnamese-American Catholicism: Transplanted and Flourishing." 19-20.
[25] Ibid, 20.
[26] Do, Mai P., Paul L. Hutchinson, Kathryn V. Mai, and Mark J. VanLandingham. "Disparities in Health Care among Vietnamese New Orleanians and the Impacts of Hurricane Katrina." 304-305.
[27] D'Avanzo, Carolyn E. "Barriers to Health Care for Vietnamese Refugees." *Journal of Professional Nursing* 8, no. 4. 245-246.
[28] Ibid, 246-248.
[29] Do, Mai. "Improved Health Care and the Rebound of the New Orleans Vietnamese Community after Hurricane Katrina." Scholars Strategy Network.

Religion, for a community so quickly uprooted from their home country and planted in the heterogenous receiving society of New Orleans, has been a means to preserve ethnic ties. Vietnamese language proliferates through liturgy and the role of the clergy is revered in the community.[30] In fact, the modern Vietnamese script *quoc ngu* is a product of French Jesuit evangelical work to translate scripture in Vietnam over the 18th and 19th centuries.[31] Thus the Vietnamese language is deeply interconnected to Western influence and religion. Within Vietnam, the association with France has created internal division, with Vietnamese Catholics being seen by Buddhist or other non-Catholic Vietnamese as foreign affiliates.[32] In the decades leading up to the Vietnam War, Catholics were opposed to Communist principles, but moralistic legislation was seen by Buddhists and other religious groups as an extension of lingering French rule. The religious undercurrent in the conflicts of the mid 20th century in Vietnam had significant bearing then on the distribution of refugee demographics after the war.[33,34] At the time of the fall of Saigon, American surgeons and physicians had brought a high standard of allopathic care to communities in Southern Vietnam that built on medical care promoted by the French during their earlier occupation. However, as will be discussed later, Vietnamese traditional medicine, derived from centuries of Chinese medical practice, centers around osteopathic techniques of ascertaining a patient's energy levels (*qi*) and mood, and prescribing herbal or dietary remedies to correct imbalances.[35] These practices

[30] Vidulich, Dorothy. "Religion Central for Vietnamese in U.S." 12-13.
[31] Do, Mai. "Improved Health Care and the Rebound of the New Orleans Vietnamese Community after Hurricane Katrina." Scholars Strategy Network, 37-42.
[32] Rutledge, Paul. Essay. In *The Role of Religion in Ethnic Self-Identity: A Vietnamese Community*, 58–62.
[33] Do, Mai. "Improved Health Care and the Rebound of the New Orleans Vietnamese Community after Hurricane Katrina." Scholars Strategy Network, 41.
[34] Khánh Huỳnh Kim. *Vietnamese Communism 1925-1945*, 89-92.
[35] Thai, Hue Chan. 2020. "Traditional Vietnamese Medicine: Historical Perspective and Current Usage." EthnoMed.

are rooted in texts dated prior to any Western contact, and traditional medicine (*Dong Y*, in general) is much easier to continue in the home environment, making it the predominant form of healthcare for many Vietnamese prior to and after immigrating.

Prior to significant US migration, Vietnamese Catholics lived in some tension with Vietnamese Buddhists, a separation that does continue in part in New Orleans.[36] Asian Studies scholar Allison Truitt notes that though Buddhist Vietnamese constitute only about a third of the total New Orleans Vietnamese population today, and though Catholicism has been the primary force anchoring and establishing the community in the city, Buddhist immigrants have played a critical role in repurposing spaces for the sacred.[37] These transformations serve not just to preserve culture, as indicated above, but to strengthen identity and claim to belonging in the United States. In fact, the more recent efforts of Vietnamese Buddhists to establish places of worship, most notably Van Minh Pagoda, contribute to the West Bank of New Orleans (another neighborhood to the east of the city) being described as a growing neighborhood.[38] Truitt notes that though they shared religious commonality, the Buddhist Vietnamese who settled in the Westbank of New Orleans rather than Versailles have been able to better integrate into the economy and society of greater Orleans Parish due to a lack of shared history with each other prior to the Vietnam War. Though little research has been done in recent years to survey numbers, the Westbank shows greater potential for Vietnamese-specific development and participation of Vietnamese Buddhist diaspora in education and health networks given

[36] Rutledge, Paul. Essay. In *The Role of Religion in Ethnic Self-Identity: A Vietnamese Community*, 56.
[37] Truitt, Allison. 2019. "Bringing Buddha to the City: Metropolitan New Orleans and Vietnamese Buddhist Communities." 22.
[38] Le, Long. 2015. "Exploring the Function of the Anti-Communist Ideology and Identity in the Vietnamese American Diasporic Community." 10.

the lack of a centralizing force like Mary Queen of Vietnam on lines of religious devotion and importance in the community.[39] Conversely, Village de l'Est is still known as an enclave, culturally more separate from general New Orleans identity.[40] Though anticommunism and associated ideological pride remains important to the general Vietnamese population in New Orleans, and lay at the center of its refugee identity, Buddhists in New Orleans have received significantly less institutional support and lack the benefit of demographic concentration that Vietnamese Catholics have; it remains to be seen if the long history of Western entanglement and stronger reception into the United States of the Vietnamese Catholics will influence perspectives on participation in health services.[41]

Another factor to consider in the history of the Vietnamese in New Orleans is the multi-generational aspect of the population. Inevitably, second, third, and even fourth generations of Vietnamese Americans have grown and developed in the city, and complex relationships to culture and between generations can be seen. Values like *hieu* (family piety), Confucian-based *on* (moral duty), ancestor worship linked to physical resting place, and patriarchal gender roles may cause tensions between older Vietnamese raised in Vietnam and their American-born descendants.[42] The grief and anxiety linked to separation from the burial sites of ancestors may also heighten elders' insistence on tighter familial relationships. Traditional thinking, such as the "Three Obediences" women must adhere to (respect father, husband, and eldest son), are often in conflict with

[39] Nguyen, Marguerite. 2015. "Vietnamese American New Orleans." 114–118
[40] Ibid, 22.
[41] Rutledge, Paul. Essay. In *The Role of Religion in Ethnic Self-Identity: A Vietnamese Community, 59*.
[42] Marsella, Anthony J., Jeanette L. Johnson, Patricia Watson, and Jan Gryczynski. 2008. *Ethnocultural Perspectives on Disaster and Trauma*. 329.

contemporary United States youth that have been quicker to blur gender distinctions.[43] And most importantly, as will be discussed later, attitudes towards mental health and post-traumatic stress disorder (PTSD) have been some of the most researched in the late 20th century and beyond, as it was estimated that up to ten percent of first wave Vietnamese suffered from PTSD, and traumatic responses to the Vietnam War were of public interest.[44] However, the traditional values mentioned correlate with strong stigma against discussion or treatment of mental disorders, and younger generations find themselves pressured into silence by elders who do not want to relive or explore the trauma of their refugee experience.[45,46] Choi, He, and Harachi find in their work on intergenerational cultural dissonance (ICD), that misunderstanding and elevated rates of youth behavioral issues are so common in immigrant families as to be mistaken for normative.[47] Specifically, the rates of ICD in immigrant families from non-Western societies are higher than their Western counterparts, in part due to the stress of visible difference from the mainstream American family unit.[48] Translating this concept to the Vietnamese of New Orleans, a 2018 *New York Times* article discusses the diminishing concentration of generations in New Orleans East via interviews with second and third generation immigrants. A second generation immigrant and grocery store owner says

[43] Nguyen, Marguerite. 2015. "Vietnamese American New Orleans." 117-118.
[44] Marsella, Anthony J., Jeanette L. Johnson, Patricia Watson, and Jan Gryczynski. 2008. *Ethnocultural Perspectives on Disaster and Trauma*, 333.
[45] Buchwald, Dedra, Spero M. Manson, Norman G. Dinges, Ellen M. Keane, and J. David Kinzie. "Prevalence of Depressive Symptoms among Established Vietnamese Refugees in the United States." 76-81.
[46] Do, Mai, Nhu Ngoc K. Pham, Stacy Wallick, and Bonnie Kaul Nastasi. 2014. "Perceptions of Mental Illness and Related Stigma Among Vietnamese Populations: Findings from a Mixed Method Study." 1294.
[47] Choi, Yoonsun, Michael He, and Tracy W. Harachi. 2008. "Intergenerational Cultural Dissonance, Parent-Child Conflict and Bonding, and Youth Problem Behaviors among Vietnamese and Cambodian Immigrant Families." 85.
[48] Jackson, H. M. (1987). Vietnamese social relationships: Hierarchy, structure, intimacy and equality. Interculture, 20, 2–17.

regarding youth's looser connections to culture that "as a culture, we used to be more family-oriented...but it's different now...every generation, it moves toward that American way, oriented toward the individual."[49] Cyndi Nguyen, councilwoman for New Orleans' 9th Ward, believes more positively that though many younger Vietnamese are losing touch with religious tradition, culture lives on through commerce, in the booming food industry, and in the dissemination of Vietnamese influence throughout all of New Orleans, not just Village de l'Est and the West Bank.[50]

Subsects and dissemination of demographics aside, there is an undeniably influential period of time in the recent history of the Vietnamese community that will play a major role in later sections of the paper. The impact of Hurricane Katrina in 2005 on the city of New Orleans had and still has repercussions over fifteen years later, and the Vietnamese are no strangers to the lasting damages. Yet, the largest body of research on that population to date comes from around that time, and indicates that of all areas in New Orleans, the Vietnamese enclaves in New Orleans East recovered more quickly and effectively than other groups.[51] Airriess et. al. find that intangible factors of shared historical refugee experiences, shared faith, and investment in physical space (Village de l'Est) prepared the Vietnamese for successful evacuation and return. Church-centered social capital that spanned ethnic and racial lines contributed to quicker, organized rebuilding of group and individual spaces.[52] Moreover, as the Vietnamese population

[49] Hiltner, Stephen. "Vietnamese Forged a Community in New Orleans. Now It May Be Fading."
[50] Yu, Hanh Cao. "Growing up American: How Vietnamese Children Adapt to Life in the United States. Min Zhou , Carl L. Bankston III." *American Journal of Education* 107, no. 4. 328-329.
[51] VanLandingham, Mark J. 2017. *Weathering Katrina: Culture and Recovery among Vietnamese Americans*. XVI.
[52] Airriess, Christopher A., Wei Li, Karen J. Leong, Angela Chia Chen Chen, and Verna M. Keith. 2008. "Church-Based Social Capital, Networks and Geographical Scale: Katrina Evacuation, Relocation, and Recovery in a New Orleans Vietnamese American Community." 1344.

ages, some of the risk in youth flight is mitigated by the bond post-Katrina rebuilding forged between younger and older members of the Vietnamese community.[53] This is balanced with earlier assertions of generational tensions along lines of mental health and Western culture. It is important to note that research coming out of the post-Katrina period does not find the recovery of the Vietnamese to be attributed to a "model minority" framework (that is to say, the white American preference for the stereotype of a quietly acculturated, successful Asian minority population), but rather by the singular and dynamic situation of the Vietnamese as refugees twice and thrice over, as Easterners in the West, and by the cultural factors mentioned in previous paragraphs.[54,55] Additionally, research surrounding Hurricane Katrina and the Vietnamese American population - specifically VanLandingham, Airriess et. al., Vu, and Do - finds significant declines and subsequent improvements in metrics of well-being like mental and physical health. The unprecedented reference point of Vietnamese reaction to Hurricane Katrina provides some basis for this paper to assert that the Covid-19 pandemic might have provoked a similar cohesive community response from the Vietnamese population. History of healthcare and health needs are discussed further in the literature review and constitute the need for this study.

I.II. Theoretical framework

This work considers the situation of the Vietnamese immigrant population in New Orleans, its evolution and its basis as a community of refugees, and seeks to connect

[53] D'Avanzo, Carolyn E. "Barriers to Health Care for Vietnamese Refugees." *Journal of Professional Nursing* 8, no. 4. 245-253.
[54] VanLandingham, Mark J. 2017. *Weathering Katrina: Culture and Recovery among Vietnamese Americans*. 3, 39.
[55] Wong, Paul, et. al. "Asian Americans as a Model Minority: Self-Perceptions and Perceptions by Other Racial Groups." *Sociological Perspectives* 41, no. 1. 95-98.

these factors to Sustainable Human Development, the idea that human societies, particularly as they evolve via migration, must live and meet their ends without compromising the well-being of future generations. The 1987 Brundtland Commission identifies such overarching holistic work towards sustainable development as "Our Common Goal." The goal is given as a call to action for global organization on the grounds of bettering all natural and engineered environments for human flourishing.[56] As such, applying an aspirations and capabilities model of migration to the earlier roots of the community and subsequent trajectory is most appropriate.[57] Economist and Nobel Laureate Amartya Sen details the holistic nature of Sustainable Human Development in *Development as Freedom*, suggesting that best practices of development take into account social, environmental, and political barriers to empowerment, among many others.[58] An interdisciplinary lens taking into account rational choices, globalization, and power structures between actors to explain migrants' relationships with their sending and receiving countries is in line with VanLandingham's discussion of post-Katrina recovery mentioned above.[59] Sen posited that humans both deserve and seek individually richer fuller lives, and capabilities like recreation, sexual orientation, religion, or duty may drive certain groups more than purely economic reasons. This can be applied to migration by suggesting that as people pursue these capabilities, they form more and more hybrid identities that drive globalization and specific channels of new migration.[60] Development

[56] Brundtland, Gro Harlem. "Our Common Future: Report of the World Commission on ... - United Nations." 8-11.
[57] de Haas, Hein. "A Theory of Migration: The Aspirations-Capabilities Framework." 2-3.
[58] Sen, Amartya. *Development as Freedom*. 10, 14-15.
[59] VanLandingham, Mark J. 2017. *Weathering Katrina: Culture and Recovery among Vietnamese Americans*. 3.
[60] Sen, Amartya. 2000. *Development as Freedom*. 74.

theorist Martha Nussbaum expands upon this concept; her work *Creating Capabilities* discusses the critical components of freedom and human rights, specifically these main capabilities that contribute to a happy life.[61] Among these capabilities are entitlements to human dignity such as control over the physical environment and affiliation to community. When further considering the data and results below, this model of migratory motivation will allow for a fuller picture of what contributes to sustainable healthcare. It considers push and pull factors of migration more nuanced than a motivation of economic opportunity alone.[62] The discussion above taking into account migrants' experience with cultural isolation from other New Orleans ethnic groups, intercommunal tensions, and long history is linked to their participation in healthcare via this theoretical bridge suggesting that human development is holistic.

It is worth noting that at this time in 2022, as the global threat of Covid-19 continues at different levels of severity, the possibility of a national, if not global aversion to medical interventions has been explored in media and public discussions. In regards to this study, though a general decrease in trust in Western allopathic providers may be observed in larger studies of the New Orleans or US South population as a whole, the above literature discussion dictates the necessity of a closer look at the Vietnamese-American response to Covid-19. When considering the aforementioned factors of cultural isolation, group identity centered around religion and the immigrant experience seem to suggest the presence of a concerted community pull away from Western allopathic providers. This may be for different reasons than the general population and may be intertwined with affinity for traditional osteopathic medicine, as explored later on.

[61] Nussbaum, Martha C. 2000. *Women and Human Development: The Capabilities Approach*. 11-15.
[62] Ibid, 11.

II. Literature review

II.I. Contributing factors towards attitudes on Western allopathic medicine

Hurricane Katrina that hit New Orleans and surrounding areas on August 29, 2005 and the period through the immediate years of recovery (2006 and 2007) are a helpful reference point for reviewing the literature on Vietnamese healthcare utilization patterns and pre-existing disparities. One of the more comprehensive studies on the population before and after Hurricane Katrina was conducted by Mai Do et. al. demonstrating a deep decline in health metrics and health services utilization directly after the storm in 2006 and 2007, but simultaneous reduction of internal community disparities along lines of socioeconomic status.[63] However, this equalization was found to be a product of wide emergency service availability, and by 2007, disparities in care had resurfaced.[64] Do et. al. found that among respondents, disparities in access to and participation in routine health exams by the Vietnamese population were most notable between education levels (less educated first generation Vietnamese were less likely to receive allopathic care before and after the storm) and between health insurance and non-insurance holders (after the storm, 77% of insurance holders reported receiving routine care compared to 43% of holders).[65] The study notes that at the time of completion, 2007, culturally appropriate and comprehensive healthcare remained a community need for New Orleans Vietnamese. Prior to Hurricane Katrina, 75% of respondents who had received an annual health exam had done so from a Vietnamese provider. Two years after Katrina however, only 41% of follow-up respondents who had received an annual health

[63] Do, Mai P., Paul L. Hutchinson, Kathryn V. Mai, and Mark J. VanLandingham. "Disparities in Health Care among Vietnamese New Orleanians and the Impacts of Hurricane Katrina." 301.
[64] Ibid, 301-302.
[65] Ibid.

exam had sought a Vietnamese provider.[66] Thus, as Covid-19 presents as the next public health crisis facing the community, it signals the need for an updated evaluation of health trends and preferences for providers and services.

In the post-storm period, significant work was done by Vu and VanLandingham evaluating physical and mental health of Vietnamese citizens prior to and after the storm. In general, group health was adversely impacted; mental and physical, even several years into reconstruction efforts, but with swift recovery by most study metrics.[67] This recovery was held in contrast to victims of Hurricane Andrew in Dade County, Florida, where depression rates remained near-constant two years after the incident. The discussion calls into question the resilience of the New Orleans Vietnamese. As a group, did their shared history of forced migration and flourishing over the decades prior to the storm prepare them to manage the trauma of Hurricane Katrina? This research provides a point of reference for the results section to determine whether utilization and trust of Western medicine is significantly affected in a community acclimated to disaster and to what extent cultural factors of targeted racism negate some of the shared history.

In his 2017 thesis on Vietnamese American experiences of white supremacy in New Orleans, Hoang Vu Nguyen discusses a critical feature of the Vietnamese relationship to other ethnic groups in the city in the wake of crises like Hurricane Katrina, and later, the 2010 BP oil spill.[68] His interview data reveals that in the recovery period after the storm, it was helpful for some older generations of Vietnamese, who had faced

[66] Ibid, 312-314.
[67] Vu, Lung, and Mark J. VanLandingham. 2012. "Physical and Mental Health Consequences of Katrina on Vietnamese Immigrants in New Orleans: A Pre- and Post-Disaster Assessment."
[68] Nguyen, Hoang Vu. 2017. "Disasters, Settlements and the Homeland: Vietnamese American Experiences of White Supremacy in New Orleans." 130-136.

extreme persecution in their sending and receiving countries, to affiliate themselves with white Americans and to appear at least superior in behavior and recovery to Black Americans. This concept demonstrates a "buying into" the aforementioned model minority myth, which posits Black Americans as lower on the racial totem pole in terms of success and tolerability, but still positions Asian American immigrants as secondary to white demographics. However, the centralized pull of Catholicism and Christianity provided the means for Vietnamese to help their Black neighbors in recouping financial loss and rebuilding structures in New Orleans East. [69]These competing race relationships illustrate Vietnamese maintenance of a separate cultural identity on a racial hierarchy. Similarly, following the Gulf of Mexico BP oil spill in 2010, the Vietnamese fishery industry in Louisiana and the Gulf South were internally strengthened by campaigns (facilitated by Mary Queen of Vietnam Community Development Corporation) against BP's compensation protocols.[70] However, messages strengthening pro-capitalistic industry and the suppression of ethnic minorities were highlighted in the public spotlight by local governance to enforce sentiments of white supremacy in the face of job loss and public discontent, further alienating New Orleans Vietnamese from white New Orleanians.[71] The effect of a decade of racially involved events also remains to be seen as the Vietnamese relationship to Western allopathic care is reevaluated below, but is important in establishing the barriers the community has overcome to be involved neighbors and respected by various ethnic groups.

II.II. Trends in utilization of medicine

[69] Ibid, 140.
[70] Ibid, 163.
[71] Nguyen, Hoang Vu. 2017. "Disasters, Settlements and the Homeland: Vietnamese American Experiences of White Supremacy in New Orleans." 136-140.

Literature on the specific health needs of the Vietnamese population in New Orleans is sparser in comparison to broader national needs for Vietnamese Americans. Here, this section considers first a 2017 health needs working paper prepared by Aiko Kaji for the Tulane University Center for Studies of Displaced Populations, and then broader health trends in the Vietnamese American population.

Kaji's working paper cites cancer-related disparities as the leading cause of death for New Orleans Vietnamese men and women, attributing this high mortality rate to poor utilization of cancer screening services amongst Vietnamese as compared to other Asian groups.[72] Cigarette smoking and cardiovascular disease, also infrequently detected due to low health service utilization, account for other major causes of death.[73] Mental health outcomes after crises like Hurricane Katrina and the BP oil spill constitute the majority of the other local data. Kaji notes that though Vietnamese may be more resilient compared to other ethnic groups in terms of recovering from traumas related to infrastructure and financial recuperation, the variety of crises faced by the community and stigma against mental health treatment (i.e. talk therapy, group counseling, medications) work detrimentally to effective long-term mental healthcare.[74,75] Economic factors, such as restoring lost property and regaining employment, caused significant mental stress after the hurricane, stress that may still go untreated, despite the time elapsed between the storm and present day.[76] Survey data revealed that lack of culturally Vietnamese

[72] Kaji, Aiko. 2017. "Center for Studies of Displaced Populations (CSDP) Working Papers Series Health Needs Assessment for Vietnamese Americans in New Orleans." 9.
[73] Ibid.
[74] Ibid, 10.
[75] Fancher, Tonya L., Hendry Ton, Oanh Le Meyer, Thuan Ho, and Debora A. Paterniti. 2010a. "Discussing Depression with Vietnamese American Patients." 266-68
[76] Kaji, Aiko. 2017. "Center for Studies of Displaced Populations (CSDP) Working Papers Series Health Needs Assessment for Vietnamese Americans in New Orleans." 9, 11.

providers, substance abuse as coping, and stigma against mental healthcare constitute disincentives for the community to seek allopathic care. Regarding general barriers to care, factors of language barrier, transportation problems, delay in seeking care, and lack of understanding where to go to receive healthcare are the biggest obstacles particular to receiving Western allopathic care. Though there are three registered urgent care facilities and one major hospital in New Orleans East, statistics on the utilization of these specifically by the Vietnamese population is unknown.[77] And as mentioned previously in Do's work,[78] insurance coverage presents as an overarching barrier to allopathic care. Additionally, sexual healthcare, such as Hep B and cervical cancer screenings, receive pushback from Vietnamese on cultural grounds. Premarital sex is discouraged amongst Catholics and there is strong stigma against engaging in sexual health practices.[79] Overall, cultural and linguistic consideration in public health materials and in health services was considered the most important directive to result from this working paper.

In Vietnam, two types of traditional medicine are generally practiced: *thuoc nam* (South) and *thuoc bac* (North), and consist largely of herbal drugs, medicinal plants, and non-medical therapies that target spiritual integration of mind and body.[80] Together, this is known as *Dong Y* (as mentioned previously), and despite French colonial influence, remained more popular with the Vietnamese public than Western pharmaceutical or procedural interventions in decades preceding the Vietnam War. This is mostly due to the

[77] "Locations Archive." LCMC Health Urgent Care.

[78] Do, Mai P., Paul L. Hutchinson, Kathryn V. Mai, and Mark J. VanLandingham. "Disparities in Health Care among Vietnamese New Orleanians and the Impacts of Hurricane Katrina." 301-302

[79] Kaji, Aiko. 2017. "Center for Studies of Displaced Populations (CSDP) Working Papers Series Health Needs Assessment for Vietnamese Americans in New Orleans." 18.

[80] Adorisio, Sabrina, Alessandra Fierabracci, Ariele Rossetto, Isabella Muscari, Vincenza Nardicchi, Anna Marina Liberati, Carlo Riccardi, Tran Van Sung, Trinh Thy Thuy, and Domenico V. Delfino. 2016. "Integration of Traditional and Western Medicine in Vietnamese Populations: A Review of Health Perceptions and Therapies." 1409.

locally-sourced, herbal nature of *Dong Y*.[81] Though, Adorisio et. al. argue in their 2016 research for the efficient integration of biomedically valid traditional medicine and Western allopathic practice for holistic wellness, there is a cultural gap between osteopathic and allopathic medicine amongst the Vietnamese.[82] Use of one may discourage or be at odds culturally and spiritually with the other (e.g. foregoing cervical cancer screenings due to a moral objection to premarital sexual wellness). However, Jenkins et al. found that, in a study sample from San Francisco, California, Vietnamese Americans could successfully integrate osteopathic and allopathic medicine into their lifestyle. Socioeconomic factors, marital status, and citizenship and insurance status were more predictive in whether or not an individual would seek a Western provider or allopathic service.[83] In following with earlier assertions about the difficulties of navigating United States' healthcare, Fancher et. al. determined in a 2010 study that Vietnamese Americans are more likely to seek medical care from primary care providers with whom they are comfortable, but consequently less likely to be appropriately treated or referred.[84]A variety of similar studies regarding physical health, specifically colorectal

[81] Thai, Hue Chan. 2020. "Traditional Vietnamese Medicine: Historical Perspective and Current Usage." EthnoMed.
[82] Ibid, 1414.
[83] Jenkins, Christopher N. H., Thao Le, Stephen J. McPhee, Susan Stewart, and Ngoc The Ha. 1996. "Health Care Access and Preventive Care among Vietnamese Immigrants: Do Traditional Beliefs and Practices Pose Barriers?" 1049-1056
[84] Fancher, Tonya L., Hendry Ton, Oanh Le Meyer, Thuan Ho, and Debora A. Paterniti. 2010a. "Discussing Depression with Vietnamese American Patients." 266.

cancer,[85] cardiovascular disease,[86] breast cancer,[87] and Hep B[88] have been published between 2010 and 2021 in regards to Vietnamese American cultural relationships with medical health and spiritual belief. In sum, leading causes for misunderstanding of medical conditions or hesitancy to seek condition-specific treatment stem from the spiritual basis for *thuoc nam* and *thuoc bac*. That is, the ailments of the body are ailments of the mind or soul, and imbalances in moral good, bad, or connection to the divine.[89,90] But as Ngo notes in 2014 research on determinants of use for traditional medicinal practices amongst Vietnamese Americans, younger generations continue to explore the space between osteopathic and allopathic medicine.[91] They seek to honor their elders in the comfort they take in culturally grounded practice like herbal medicine, wind scraping or coin scratching, and massage therapy as well as improve community health with allopathic interventions.[92] The rest of this study seeks to determine the extent of the relationship different generations and religious groups of New Orleans Vietnamese have

[85] Le, T. Domi, Patricia A. Carney, Frances Lee-Lin, Motomi Mori, Zunqiu Chen, Holden Leung, Christine Lau, and David A. Lieberman. 2014. "Differences in Knowledge, Attitudes, Beliefs, and Perceived Risks Regarding Colorectal Cancer Screening among Chinese, Korean, and Vietnamese Sub-Groups."
[86] Ton, Thanh G. N., Lesley Steinman, Mei Po Yip, Kiet A. Ly, Mo Kyung Sin, Annette L. Fitzpatrick, and Shin Ping Tu. 2011. "Knowledge of Cardiovascular Health among Chinese, Korean and Vietnamese Immigrants to the US." 127-128.
[87] Kim, Jong Gun, Hye Chong Hong, Hyeonkyeong Lee, Carol Estwing Ferrans, and Eun Mi Kim. 2019. "Cultural Beliefs about Breast Cancer in Vietnamese Women."
[88] Hwang, Jessica P., Aimee K. Roundtree, and Maria E. Suarez-Almazor. 2012. "Attitudes toward Hepatitis B Virus among Vietnamese, Chinese and Korean Americans in the Houston Area, Texas." 1091.
[89] Adorisio, Sabrina, Alessandra Fierabracci, Ariele Rossetto, Isabella Muscari, Vincenza Nardicchi, Anna Marina Liberati, Carlo Riccardi, Tran Van Sung, Trinh Thy Thuy, and Domenico V. Delfino. 2016. "Integration of Traditional and Western Medicine in Vietnamese Populations: A Review of Health Perceptions and Therapies." 1414.
[90] Nguyen, Long T., Ted J. Kaptchuk, Roger B. Davis, Giac Nguyen, Van Pham, Stephen M. Tringale, Yen Lin Loh, and Paula Gardiner. 2016. "The Use of Traditional Vietnamese Medicine among Vietnamese Immigrants Attending an Urban Community Health Center in the United States." 145-53.
[91] Ngo, Jacob Huy Dinh. 2021. "Determinants of Use For Traditional Medicinal Practices Within the Vietnamese American Community." 417–27.
[92] Ibid, 15

with osteopathic medicine and how that influence combines with external American cultural pressures from Covid-19.

III. Methodology

III.I. Overview

Given the necessity of a convenient sample due to the scope of the study and resources available to conduct the research, I determined that a digital survey administered anonymously via Qualtrics would be the most appropriate mode of data collection. Such a survey, with a combination of qualitative scaling and free response questions, allowed for submission of detailed data, while still establishing numerical and keyword trends. Questions posed to participants were divided into the following sections: consent script, demographic information, Covid-19 vaccination status, anti-Asian discrimination, and healthcare preferences before and during the COVID-19 pandemic. This structure ensured smooth transitions between question content, and minimized any convolution of participant answers that might be due to the order in which they encountered the material. No identifying information was collected, and compensation was available in the form of a link to an Amazon gift card anonymously distributed via a third-party software, Tango Card. A consent script was provided without requiring a signature; rather, it was gated by confirmation of review by the participant. These provisions qualified the study for an Exempt from Review status with Tulane University's Institutional Review Board.

III.II. Rationale for question content

As indicated in the introduction, an overall goal of this study is to make concrete recommendations for the improvement of healthcare for the Vietnamese American population in New Orleans. Specifically, I hope to determine the lines along which community members prioritize aspects of their health (mental vs. physical, chronic vs.

acute conditions) and how they go about seeking care. Questions focus on the experiences of the community during the ongoing COVID-19 pandemic to ascertain how they have felt in recent years about the need for allopathic and osteopathic medical treatment and how (or if) experiences of anti-Asian racism have changed group sentiments on healthcare. Demographic data collected initially about age, literacy in English and Vietnamese, and religious affiliation provide insight into trends in positive or negative sentiment towards health practices (Appendices A and B).

III.III. Recruitment, Distribution, and Compensation

Participants were recruited wholly through digital communications from community organizations. I sent a singular email to the following organizations' social media coordinators, on which they were blind carbon copied: Mary Queen of Vietnam (MQV) church, NOELA Community Health Center, Van Minh Pagoda, and Vietnamese American Youth Leadership Association (VAYLA) New Orleans. This email briefly asked that study advertisement materials be sent to the recipients' organization listserv (Appendix D). The email made clear the parameters of the survey and that forwarding of the ad materials to community members was dependent on organization-specific rules for distribution of such materials. Ultimately, social media coordinators for MQV, Van Minh Pagoda, and VAYLA New Orleans agreed to distribute ad materials. This distribution method was chosen to recruit as random a sample as possible of participants in the greater metropolitan New Orleans area with varied ages, generations of arrival to the United States, and linguistic capability. Available funding made it necessary to cap the number of participants at thirty, and time constraints ultimately required a cap at twenty-

six responses. Saturation was not reached at the closure of the survey; twenty-three responses were collected in total.

This study was awarded a grant from Newcomb-Tulane College of $1020 to compensate participants at an industry standard of $1/minute of time, and under the assumption that the survey can be completed in roughly 30 minutes. Each participant was thus provided with an anonymous collection link for a $30 Amazon.com gift card at the completion of the survey. The survey was available in English and Vietnamese as an added incentive to older participants, and to diversify the sample. Grant funding included provisions for paid translation work of the survey questions and responses.

III.IV. Data Analysis

Upon collection and closure of the survey, all data was organized by question and respondent in Qualtrics, and respondent submission order was randomized to ensure total privacy of the participants. Randomized data was exported to Google Sheets to allow for integration of generated tables and graphs to populate in the study text. All calculations were done with Sheets formulas and are linked to each graphic, as well as in the appendices (Appendix E). Much of the analysis done on survey data is framed as commentary on trends seen in participant free responses; any conjecture is described plainly as such.

III.V. Limitations

The foremost limitation in this study that dictates future related works is the convenient sample size available to the author. Funding allowed for the recruitment of twenty-six total participants. A period of two weeks was allotted to run the survey; this was due to the need to keep results gated to a uniform time period lest there be any

variations in responses due to current events or the passage of time. Consequently, twenty-three responses were collected before the close of the survey and the survey did not reach full saturation. Additionally, though an unexpected outcome, only one of the twenty-three responses was given through the Vietnamese language version of the survey. Had there been more than one Vietnamese language response, separate analysis of response pools in the two languages provided would have been necessary. Given the outlier nature of this one response, it was excluded from the analysis of data. Greater time and funding would allow for the recruitment of a larger sample size, likely with more linguistic diversity too.

Moreover, limitations to the qualitative nature of the study were dictated partially by the circumstances of Covid-19 itself. The study was originally intended to be conducted as a series of live interviews, which would have provided a larger data set of transcribed free responses. In this way, the study might have been expanded to address questions or concerns that arose from spoken interviews. The time required to arrange appropriate interview site and scheduling would have been too great for the allotted duration of the study (9 months). Other concerns included lack of funding to pay for transportation of researcher and subjects, as well as only offering subjects privacy rather than anonymity. Additionally, the time of participant recruitment, Covid-19 transmission rates in New Orleans remained high enough to be prohibitive to conducting live interviews. An expansion of this study would most certainly benefit from an interview component, especially one featuring a larger sample size.

In order to comply with IRB standards of subject privacy and anonymity, a word minimum was not required of free-response questions, resulting in many instances where

subjects chose not to provide a response or provided a very short response to an open-ended question. This resulted in a need to focus the results section on survey responses that would most directly answer research questions. A notable example of an exclusion to the results on the basis of poor free response quality is Question 68: “For what circumstances did you choose to see a doctor?” (Appendix C, Q68)

The ethnicity of the author and her lack of affiliation with the Vietnamese-American community in New Orleans at some level provides a non-biased view of the results of the survey. However, a lack of direct identification with the subject population may hinder the author’s ability to interpret free-response answers with full clarity of cultural meaning and intent.

IV. Results and Discussion

The survey results presented are a composite of graphical trends as well as select free responses illustrating key themes. It is important to note that the presented analysis draws on a selection of statistically significant relationships that can be made with a convenient sample of twenty-three total responses. Results primarily suggest common sentiments that are present in a small random sample of a large community, and further work might seek to identify these themes in a larger sample, thus highlighting more mathematical relationships.

IV.I. Impacts to Vietnamese-American trust of Western allopathic medicine

The overall goal of the study is to determine whether or not there is a negative effect on the New Orleans Vietnamese-American community's trust in Western allopathic medicine as a result of living through Covid-19. In regards to this question, the most valuable data comes from asking participants to directly compare their preferences in physician type and number of visits to physicians before and after the start of the pandemic.

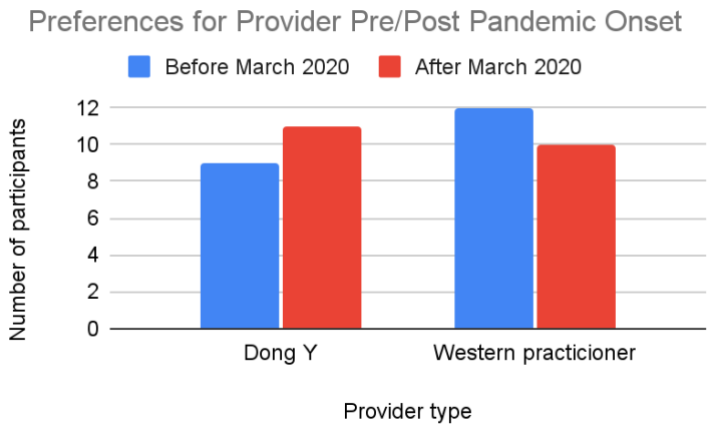

Figure 1: Changes in provider preference throughout the Covid-19 pandemic (Appendix C, Q89-90)

A general trend appears graphically, suggesting a slight increase in affinity for Dong Y practitioners and a slight decrease in affinity for Western practitioners over time. 42% of responses favor Dong Y prior to March 2020, compared to 58% after March 2020; 52% of responses favor Western practitioners prior to March 2020 with only 48% favoring them after March 2020 (Figure 1). Some of this change may be explained by a shared sentiment amongst participants that their interest in engagement with health services overall has decreased, whether that be from anxiety or an abundance of caution. Since the advent of Covid-19, participants report:

"I've avoided going to too many places, especially crowded places like doctors offices..." (Appendix C, Q79, R15)

"For now, because Covid made it so hard to go places and I was getting tired of seeing a bunch of doctors, I just have some medicine that works at nights when it's worse and I'm not seeing any specialists right now." (Appendix C, Q79, R16)

"I have not had a reason in 2022 to go to a doctor and I avoided going anywhere public even the doctor's office in 2020/2021." (Appendix C, Q79, R20)

However, the above trends can also be interpreted as an increase in faith in the personalized nature of Dong Y services in tandem with Covid wariness, with participants noting that:

"I felt unsafe to go to the doctors. I didn't feel the need to go to the doctors." (Appendix C, Q79, R6)

"I went to see the vietnamese pharmacist when I thought I had covid and didn't want to go anywhere else but it was just some bad air quality in my house I think." (Appendix C, Q79, R17)

"I have only gone to dong y for some supplements, I've avoided the other doctors if I don't need them." (Appendix C, Q79, R21)

Three relationships can be examined to consider the specific factors that contribute to an increased interest in seeing a Dong Y osteopathic practitioner and decreased interest in seeking care from Western practitioners. Firstly, participants were asked in the survey to give an estimated frequency interval for visits made to Dong Y providers before and after the beginning of the Covid-19 pandemic (Appendix C, Q69 and 80).

When comparing the maximum possible number of visits to Dong Y practitioners in a given year prior to March 2020 as reported by the sample (12) compared with the maximum possible visits after March 2020 (17), a 40% increase in annual visits is observed. Though the frequency of visits to Dong Y practitioners increased overall after March 2020, this may not be a direct correlation with distrust in Western allopathic practitioners, but rather an indication that participants feel wariness towards all medical practitioners.

Participants asked to provide a rationale for visits often indicated a return to the benefits of traditional medicine (cost, community ties, trust, or otherwise) when faced with some of the challenges of the Covid-19 pandemic:

"Every so often I do go back to the massage place, also because I know some of the ladies there and they know my mom." (Appendix C, Q81, R16)

"Last year during covid, I went to get acupuncture for some random low back pain. I felt a little safer here because they're so good with masks and I knew the staff from my old neighborhood." (Appendix C, Q81, R20)

"I do know some local dong y specialists, this is a little easier to drop in and pay per visit instead of making a regular doctor's appointment." (Appendix C, Q81, R22)

Secondly, participants were asked to give an estimated frequency interval for visits made to Western allopathic practitioners before and after the onset of the Covid-19 pandemic. The overall number of visits to Western practitioners compared to Dong Y practitioners was greater across both periods. But when contrasting the maximum possible number of visits to Western practitioners in a given year prior to March 2020 as reported by the sample (29) compared with the maximum possible visits after March 2020 (13), there is then a drastic 120% decrease in visits (Appendix C, Q73 and 84).

This relationship is reflected in more negative language chosen by participants when asked to give their rationale for their recent sentiments towards Western allopathic providers. Themes are centered almost exclusively around discomfort with catching Covid-19 in allopathic medical environments, or a distrust of allopathic services in general:

"I stopped seeing the doctors to avoid the spread of covid in order to not bring it home to my family." (Appendix C, Q85, R11)

"I've never seen an allopathic doctor and probably never will...I've never been to a western allopathic doctor and I'm not planning to." (Appendix C, Q74/85, R10)

"Like I said, without the insurance, I really just need to see maybe a doctor if something's really bad...all the same stuff as before, but also after covid I don't want to catch it in hospitals." (Appendix C, Q74/85, R17)

"One time my daughter did suggest to me to go for some back pain, I didn't feel like that doctor was very helpful...don't need to and I don't have any of these doctors I really like either." (Appendix C, Q74/85, R19)

Thirdly, a closer look at participant preferences in their own homes and personal experiences with traditional osteopathic medicine reveals a theme of strong community/family relationships discussed in the background. A much more consistent utilization of Dong Y is seen at home before and after March 2020, indicating that, for participants, the integration of home remedies into daily life fluctuates less than practitioner interactions (Appendix C, Q71 and 82).

An estimate of remedies/therapies at home considers the maximum possible utilizations by participants before March 2020 (108) and after March 2020 (118) as indicated in responses to Q71 and 82. This suggests a more modest 12% increase in Dong Y utilization throughout the pandemic. Rationales given for their consumption of at-home osteopathic interventions point to participants assigning strong cultural and even nostalgic value to Dong Y, as well as an increased belief in its benefit:

"My mom offered me things from her house or have family bring me things when they used to come back from Vietnam... It's stock piled from the last couple years before Covid and my wife likes it for the kids too." (Appendix C, Q72/83, R15)

"It's just something you do growing up, my mom loves giving me something and making me drink it without telling me what it is. But now it's like a comfort thing to use ointment or tea, I do think it helps with colds and stuff." (Appendix C, Q72, R16)

"I have always found some benefit with simple Vietnamese medicines; some Americans think it's weird but I'm pretty religious about ointments and incense and stuff to just make you feel better in little ways." (Appendix C, Q72, R20)

"I make my own pills with dry ingredients for my children and that seems to really help them. My mom taught me to do this so it's just my instinct...now I want extra protection against covid, i think it's good for the immune system to be healthy" (Appendix C, Q72/83, R19)

"I think it's safer than picking from all the stuff at the store." (Appendix C, Q83, R14)

Overall, these three analyses inform the broader initial result that the New Orleans Vietnamese-American community, throughout the course of the ongoing Covid-19 pandemic, has begun to more greatly favor traditional osteopathic interventions and distrust or prefer less Western allopathic interventions.

IV.II. Demographic ties to healthcare preferences

Further examination of this initial assessment along demographic lines is warranted, as this study aims to understand, in part, the evolutions of diaspora in large migrant communities. The ages of survey participants range from eighteen to seventy years old with an average age of 35.25 (Appendix C, Q49). Participants' responses were sorted by age range; these ranges were applied to given values of visits to Western practitioners over the course of the pandemic (Appendix C, Q18, 73, and 84). Though a limited view into all sentiment disparities between generations, later sections will discuss the ways in which generations in the community vary more - mainly in media consumption and attitudes towards mental health.

Data from Q18, 73, and 84 suggest a slight decrease in Western practitioner usage after March 2020, but it is not totally apparent from this sample that there is much difference between generations in the rates of growing distrust in Western medicine. Though older demographics have a higher starting rate of utilization of Western allopathic medical services, decrease in trust as measured by average decrease in visits over time is not particularly significant. This may indicate an error or simplification in the collection of data - participants could have been asked to give more specific data with more interval options or a larger number could have been surveyed.

The same style of analysis is applied to the education level of participants and their average change in decrease of trust/interest in Western allopathic medicine (Appendix C, Q51, 73, and 84).

A stronger trend is present when affinity for Western allopathic medicine is viewed through the lens of education completed by the participant. Once again, a pattern of decreased trust/interest in Western medicine throughout the pandemic is consistent with earlier findings, but the Likert-scale integers provided to respondents become difficult to assign to numerical values. Partial correlation is seen with higher education completed and higher sustained affinity for allopathic interventions. Participants with a college degree report an average of 2 visits to an allopathic provider prior to Covid-19 and 0.5 visits after the onset of the pandemic. Participants with a professional degree (masters or doctorate) report 1.5 annual visits on average prior to Covid-19 and 0.5 visits afterwards. Compared with drops from 1 to 0.4, 1.5 to 0.2, and 0.5 to 0.1 by participants with some high school education, a high school diploma, and some college education respectively, a higher affinity for Western medicine is seemingly maintained by more educated participants. This, however, is a somewhat more speculative conclusion to draw based on the very low numerical values being compared.

As discussed in the background and literature review, religion plays a significant role in the formation and preservation of subcommunities of the New Orleans Vietnamese-American population. This survey sample, of the participants that chose to identify religiously, is 67% Catholic, 24% Buddhist, and 14% other (non-specified) (Appendix C, Q57). This survey does not present a varied enough data set to draw meaningful conclusions about correlation between religion and affinity for traditional

medicine. However, these percentages serve to support the methodology of the survey; without identifying information, it is difficult to know how random the sample is across organizations which received the survey advertisement. Given that three Catholic and one Buddhist community center were contacted, there appears to be solid representation from each pool of potential participants. Moreover, free responses from survey data indicate a strong ongoing community that younger Vietnamese-Americans still draw upon when making health choices, which is in line with their historical background.

Similarly, I had hoped language would play a greater role in data collection and that differences might be compared between Vietnamese and English language reponses. The return of one Vietnamese language response and twenty-two English language responses has interesting implications for the future of the community in New Orleans, though it does not afford the opportunity for analysis linguistically or graphically. Future studies might better address the preservation or loss of Vietnamese language amongst diaspora in Louisiana and the United States and how this affects acculturation and perception of healthcare.

IV.III. Discrimination of grounds of anti-Asian-American sentiment and mental health

One of the potentially most influential factors on community shift away from Western medical interventions stems from experiences of anti-Asian-American sentiment endured by Vietnamese-Americans in New Orleans. Participants were asked to rate first their current feelings of safety based on distance from their home, as well as the frequency with which they experience anti-Asian racism and how this has led to shifts in their behavior. 81% of participants who answered the first question indicated feeling somewhat comfortable if not very comfortable in public establishments within two miles

of their home (Appendix C, Q63). However, the inverse statistic was true regarding the sample's perceptions of safety greater than two miles from their home: 81% of participants who answered the question feel somewhat uncomfortable or unsafe in public establishments beyond their immediate neighborhoods (Appendix C, Q63). This high rate of discomfort is supported and better understood by free response comments from participants regarding behaviors they have been inclined to change since the beginning of the Covid-19 pandemic:

"I dont like to go to downtown New Orleans as much, just because people dont wear masks. I have been yelled at sometimes too." (Appendix C, Q65-66, R13)

"I got very scared after someone hit my car in parking lot in September and I had to call the police as they were being rude and rude to my grand son, now he gets groceries and things for me." (Appendix C, Q65-66, R14)

"It's really more like micro aggressions at work or dumb stuff people will say to me at the store...I just try to mind my business and not upset them, even if they've been racist." (Appendix C, Q65-66, R16)

"Ever since the very sad event with the ladies in atlanta, I would say I'm very nervous about going out alone or going to work when it's just ladies on the schedule, but I can't change that." (Appendix C, Q65-66, R19)

"I would say that people are a little more aggressive or racist to older folks in our community, maybe something to do with language barriers...I certainly ask my parents to be as safe as possible." (Appendix C, Q65-66, R20)

I hoped to determine if the anxiety/stress expressed in free response answers and the level of discomfort felt by Vietnamese-Americans outside of their neighborhoods might be correlated with media consumption. A relationship between media consumption and feelings of anxiety, as well as perceived threat, would factor into mental health care

needs for the Vietnamese community. When comparing Questions 62 and 63, it is observed that only four respondents indicated feelings of comfort or partial comfort in greater New Orleans (R4, 7, 15, and 20) (Appendix E). A majority relationship between discomfort and regular media consumption could be interpreted as a trend in perceptions of anti-Asian racism in media affecting anxiety and stress, or at least be ground for further study. However, a brief inspection of the twenty-two responses reveals that, though the four respondents in question report largely daily or weekly media consumption, many other members of the sample report the same or high levels of media consumption and discomfort in greater New Orleans (Appendix C, Q62 and 63, R1-5).

Per my research questions regarding possible negative effects on mental health in relation to media habits, I suspected daily users of social media self-identify as more anxious or feeling unsafe. This idea originated from the assumption that increased exposure to anti-Asian sentiment online would increase feelings of danger in real life. The results however, as indicated by Table 1, are inconclusive to this end (Appendix E). Free response answers support inconclusive results with mixed sentiments on feelings of safety:

"I mainly see these displays of anti-asian sentiment online and not truly against me or said to me upfront. So I haven't changed my behavior or my daily routine." (Appendix C, Q65-66, R11)

"No I have not changed my routine or behavior in any way to avoid these upsets." (Appendix C, Q65-66, R4)

"Although I am aware of the asian hate, I don't act differently or change any behaviors." (Appendix C, Q65-66, R9)

"I don't think I've experienced really obvious actions of racism but I've seen a lot of things on the news that have upset my family, and we all try to be more vigilant these days, just being careful where we go at night and not spending too long out at stores and things like that." (Appendix C, Q65-66, R22)

These responses, along with the scaled responses as a whole, suggest a deeper, more universal current discomfort in public inherent to the community, an interesting yet unexpected finding. Nonetheless, it is not at all apparent that there is any correlation between social media usage and perceptions of real-life threats on the grounds of Vietnamese identity. A longer more detailed survey would likely be required to eliminate convolution factors and generate more diverse data.

Additionally, participants were asked to rank their feelings on mental health care and likeliness to pursue different avenues of treatment in the case of depressive or anxious symptoms. From this question, average likelihood in each response category was calculated and displayed graphically below (Figure 2):

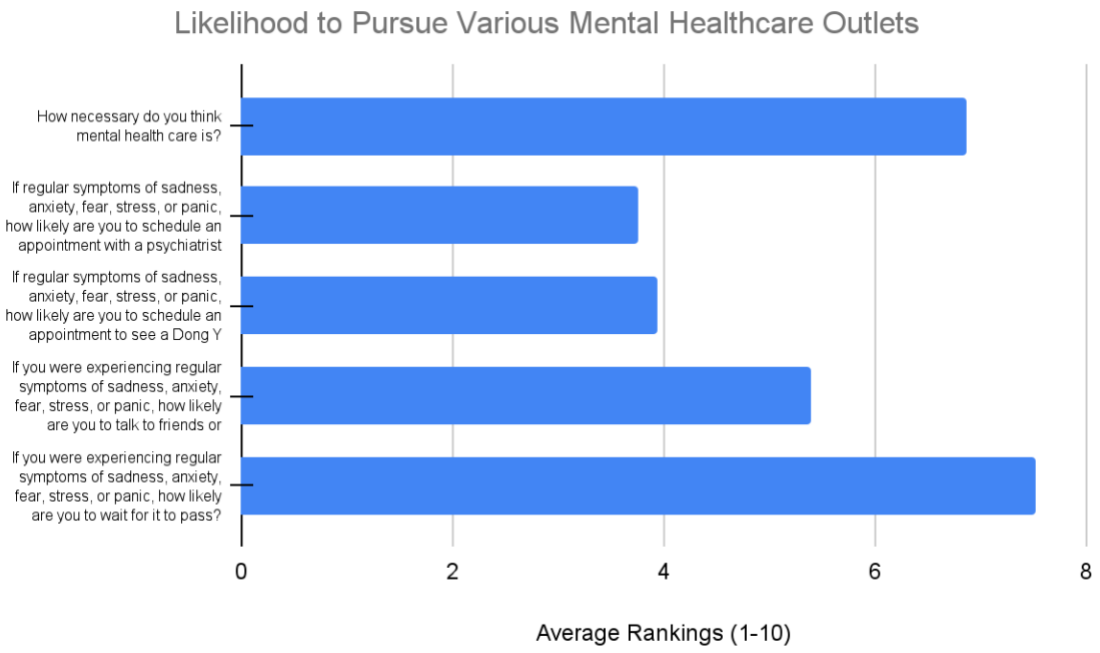

Figure 2: Average likelihood of all participants to pursue various courses of treatment/coping for symptoms of mental distress/anxiety (Appendix C, Q91)

Though as a collective, the sample places a relatively high importance on mental health care (6.9/10), it appreciates the likelihood of trying to cope alone even higher on a scale of 10 (7.5/10). The trend from earlier results of favoring Dong Y practitioners over Western allopathic providers holds here, albeit slightly - participants are more likely to schedule appointments with Dong Y (an average of 3.9/10) than psychiatric interventions (3.75/10). The more significant result of note is the difference between average importance placed in mental health versus likelihood to seek mental healthcare. This difference more importantly indicates a lack of appropriate mental health education or conversation amongst the Vietnamese-American community. As the pandemic evolves and wanes, historical precedent from the earlier discussion of Hurricane Katrina and the Vietnam War dictates that such events continue to affect communities in many dimensions for decades after, and mental health considerations are part of the resilience-building process.

IV.IV. Vaccination status and trust of Western allopathic medicine

Lastly, a final sub-question of this study treats vaccination status of members of the Vietnamese-American community and effects of anti-Asian discrimination on their willingness to get vaccinated against Covid-19. Participants were asked to indicate their vaccination status and provide date ranges for the doses they had received. I initially assumed dates of doses would be helpful in understanding nuances of decisions to get vaccinated and why some individuals might wait for subsequent doses. However, of the

22 respondents who provided vaccination status, only 1 respondent indicated that they had not been vaccinated due to concerns over the composition of the vaccine (Appendix C, Q59). Furthermore, 57% of respondents were vaccinated before May 2021 and 100% were vaccinated before December 2021. Further research might better conclude if there were complicating factors preventing certain community members from receiving a dose even earlier than December 2021 (such as insurance, exclusions for medical conditions, etc.) but it is evident that factors stronger than affiliation for a particular kind of provider or perceptions of discrimination from non-Asians in various industries influenced the sample's decision to get vaccinated. These results may tie into the introductory discussion on cultural sense of civic responsibility and identity during Hurricane Katrina.

V. Conclusion

In an era when growing concerns over global migration rates coexist with slow recovery from a global pandemic, it is critical to understand the supportive role that immigrant communities play in their receiving countries as well as identify ways in which domestic policy can support their sustained development. This study initially posited that stressors of the Covid-19 pandemic would shift preferences of elder Vietnamese-Americans towards traditional osteopathic medical care, while suggesting that younger community members would develop a greater affinity for Western allopathic medicine as a result of negative online interactions and anti-Asian discrimination. Results from various components of the digital survey conducted reveal that 1) rather, regardless of age, the sample trended towards heightened affinity for traditional osteopathic interventions. Appreciation of traditional home Vietnamese remedies have remained consistently high throughout the pandemic and may be tied to strong cultural appreciation. 2) Subsequent significant findings include the educational component of affinity for traditional osteopathic medicine over the course of the pandemic: individuals with a higher level of education attained were slightly more likely to visit Western allopathic physicians than less-educated community members. 3) Additionally, though Vietnamese-Americans in New Orleans seem to value mental health care conceptually, they are less willing to pursue health care of any kind to actively treat psychological stressors.

As is always the hope with development-based, this data may be used for a variety of policy projects and future surveys. The benefit that Dong Y practitioners and home remedies deliver to the Vietnamese American community, sustained and improved

over the pandemic, can be viewed as a launching point for further investigation into the availability and geographical distribution of providers. Rather than discarded entirely for Western medicine, osteopathic medicine can be capitalized upon as a point of connection between the Vietnamese community and development of even better health resources. Other studies might specifically quantify the health resources available to and conditions prevalent amongst this population before making funding allocation recommendations. Ideally, the knowledge that a multi-generational spread of Vietnamese-Americans may be in need of *and* receptive to improved mental health care education and interventions would inform development of health resources throughout New Orleans health systems (Tulane, LCMC, Ochsner, etc.). Finally, as studies continue to emerge from this unprecedented period of global history dominated by the Covid-19 pandemic, further correlations may be drawn between urban migrant communities around the world in the pursuit of innovative human development through inclusive healthcare.

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VII. Appendices

Appendix A: Survey Questionnaire (English Language)

The following appendix details the survey questions posed to all participants in the digital survey on Qualtrics, each bullet point representing a block of questions (the beginning of a page) and each table representing individual questions with their question type and all possible responses. The subsequent appendices detail the Vietnamese language version of these questions and all respondent data.

- Selection of survey language

Preferred language *(conditional question leading to branching of survey into English or Vietnamese languages)*	- English - Tiếng Việt

- Consent

Consent script *(full text of consent script)*	No response required
Confirmation of consent *(conditional question leading to branching of survey; participant is led to end of survey without compensation collection if they do not agree to proceed.)*	- I agree to proceed. - I do not agree and would like to end the survey.

*Should participants not agree and like to end the survey, they are directed to a force end page: “Thank you for considering the survey. Your consent is required for an ethical and valid response, thus, you are no longer eligible to continue. You may close this tab now.”

- Demographic Information

Age (*drop down, one response allowed*)	- 18 - 95+
Gender (*one response allowed, optional*)	- Male

	- Female - Other - Prefer not to say
Highest completed education level (*one response allowed, optional*)	- Some high school - High school diploma - Some college - Associate's degree - Bachelor's degree - Master's degree - Graduate degree (M.D., PhD, J.D., other)
Primary language (*one response allowed*)	- English - Vietnamese - French - Other (specify with free response)
Secondary language (if applicable) (*one response allowed*)	- English - Vietnamese - French - Other (specify with free response)
Occupation (*one response allowed*)	- Agriculture - Fishing - Business - Finance - Education - Healthcare - Service Industry - Medicine - Law - Law Enforcement - Other (specify with free response)
Citizenship status (*one response allowed, optional*)	- US born citizen (2nd generation) - US born citizen (3rd generation +) - Naturalized citizen - Green card holder - Other visa or status

Year immigrated to United States (if applicable) (*drop down, one response allowed*)	- Before 1964 - 2022
Religious Affiliation (*one response allowed*)	- Catholic - Buddhist - Other (specify with free response)
Do you have health insurance coverage? (*one response allowed*)	- Yes - No

- COVID-19 Experiences, Safety, Anti-Asian Sentiment

Have you received a Covid vaccine? (*conditional question leading to branching of survey; one response allowed*)	- Yes - No

*If yes:

Date of first dose Date of second dose (if applicable) Date of third dose (if applicable) (*matrix table style question, each date can be matched with a date option*)	- Before May 2021 - After May 2021 - Before December 2021 - After December 2021 - After March 2022

*If no:

What are your main reasons for not getting it? (click all that apply) (*multiple answers allowed*)	- Transportation difficulties/access - Inconvenience - I don't think it's necessary/important - I am afraid to get it/have other concerns about the composition of the vaccine - Other (specify with free response)

- COVID-19 Experiences, Safety, Anti-Asian Sentiment (continued)

How often do you go on social media (Facebook, Instagram, Tiktok, Youtube, etc.)? (*one response allowed*)	- Daily - Every few days - Weekly - Monthly - Never
How often do you watch broadcast television, listen to the radio, or read print/online news? (*one response allowed*)	- Daily - Every few days - Weekly - Monthly - Never
How comfortable do you feel in public (library, drugstore, grocery store, park, etc.) within your neighborhood of residence (<2 miles)? (*one response allowed*)	- Very comfortable - Somewhat uncomfortable - Unsafe - Hard to say
How comfortable do you feel in unfamiliar public establishments in broader New Orleans (>2 miles from your home)? (*one response allowed*)	- Very comfortable - Somewhat uncomfortable - Unsafe - Hard to say
Throughout the pandemic, how frequently have you been upset by or threatened by displays of anti-Asian sentiment? (*one response allowed*)	- Very often - Somewhat often - Occasionally - Infrequently - Not at all - Hard to say
Have you changed your behaviors or daily routine in any way to avoid these upsets or threats? (*free response*)	Text entry

- Healthcare Preferences, Usage Over Time (prior to March 2020)

Answer the following questions about your experiences prior to March 2020 (the generally accepted beginning of the Covid-19 pandemic) :	No response required

How many times per year did you see a doctor of any kind? (*one response allowed*)	- Less than once a year - Once a year - 1-2 times a year - 3+ times a year - Monthly or more often
For what circumstances did you choose to see a doctor? (*free response, forced*)	Text entry
How many times per year did you see a traditional Vietnamese practitioner *(Dong Y)*? (*one response allowed*)	- Less than once a year - Once a year - 1-2 times a year - 3+ times a year - Monthly or more often
For what circumstances did you choose to see this kind of doctor? (*free response, forced*)	Text entry
How many times per year did you use traditional Vietnamese medicines or remedies at home? (*free response, forced*)	- Less than once a year - Once a year - 1-2 times a year - 3+ times a year - Monthly or more often
What was your reason for doing this? (*free response, forced*)	Text entry
How many times per year did you see an allopathic Western practitioner (hospital, conventional doctor's office, etc.)	- Less than once a year - Once a year - 1-2 times a year - 3+ times a year - Monthly or more often
For what circumstances did you choose to see this kind of doctor? (*free response, forced*)	Text entry
Of your visits to an allopathic Western practitioner, how many times did you go to NOELA Community Health Center, if at all? (*free response, forced*)	- Less than once a year - Once a year - 1-2 times a year - 3+ times a year - Monthly or more often
For what circumstances did you choose to see a doctor here? (*free response, forced*)	Text entry

- Healthcare Preferences, Usage Over Time (after March 2020)

Answer the following questions about your experiences after March 2020 (the generally accepted beginning of the Covid-19 pandemic) :	No response required
How many times per year do you see a doctor of any kind? (*one response allowed*)	- Less than once a year - Once a year - 1-2 times a year - 3+ times a year - Monthly or more often
For what circumstances do you choose to see a doctor? (*free response, forced*)	Text entry
How many times per year do you see a traditional Vietnamese practitioner *(Dong Y)*? (*one response allowed*)	- Less than once a year - Once a year - 1-2 times a year - 3+ times a year - Monthly or more often
For what circumstances do you choose to see this kind of doctor? (*free response, forced*)	Text entry
How many times per year do you use traditional Vietnamese medicines or remedies at home? (*free response, forced*)	- Less than once a year - Once a year - 1-2 times a year - 3+ times a year - Monthly or more often
What is your reason for doing this? (*free response, forced*)	Text entry
How many times per year do you see an allopathic Western practitioner (hospital, conventional doctor's office, etc.)	- Less than once a year - Once a year - 1-2 times a year - 3+ times a year - Monthly or more often
For what circumstances do you choose to see this kind of doctor? (*free response, forced*)	Text entry

Of your visits to an allopathic Western practitioner, how many times do you go to NOELA Community Health Center, if at all? (*free response, forced*)	- Less than once a year - Once a year - 1-2 times a year - 3+ times a year - Monthly or more often
For what circumstances do you choose to see a doctor here? (*free response, forced*)	Text entry

- Care Preferences

Answer if applicable:	No response required
Which of these factors is most important to you when you see a traditional practitioner (Dong Y)? Which of these factors is most important to you when you see an allopathic Western practitioner? (*matrix table style question, each of the two questions can be matched with a factor option, one response per question required)*	- Cost - Distance - Ethnic/language background of physician - Size of their practice (large facility or small) - Familiarity with traditional medicine (acupuncture, acupressure, herbal medicine,...) - Familiarity with Western medical practices (bloodwork, variety of medical tests, prescription medications, etc.)
Overall, were you more likely to schedule a healthcare appointment with a traditional practitioner (Dong Y) or an allopathic Western practitioner **before March 2020?** (*one response allowed*)	- Dong y - Western practitioner
Overall, were you more likely to schedule a healthcare appointment with a traditional practitioner (Dong Y) or an allopathic Western practitioner **after March 2020?** (*one response allowed*)	- Dong y - Western practitioner

- Mental Health

Rank you answers 1-10 based on likeliness/preference:	No response
These questions were all grouped in a question box with individual sliding scales from 1-10: How necessary do you think mental health care is? If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to schedule an appointment with a psychiatrist or therapist? If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to schedule an appointment to see a Dong Y practitioner/herbalist/traditional nutritionist? If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to talk to friends or family? If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to wait for it to pass?	Scales from 1-10 (no fractional integers)

- End of Survey Message

Thank you for participating in this survey! Your answers are valued and appreciated! Please click the link here to be directed to your Amazon.com gift card!

Appendix B: Survey Questionnaire (Vietnamese Language)

- Selection of survey language

Preferred language/Ngôn ngữ khảo sát *(conditional question leading to branching of survey into English or Vietnamese languages)*	- English - Tiếng Việt

- Bằng lòng

Consent script *(full text of Vietnamese consent script)*	No response required
Xác nhận sự đồng ý *(conditional question leading to branching of survey; participant is led to end of survey without compensation collection if they do not agree to proceed.)*	- Tôi đồng ý để tiếp tục. - Tôi không đồng ý và xin kết thúc cuộc khảo sát.

*Should participants not agree and like to end the survey, they are directed to a force end page: “Cảm ơn bạn đã xem xét cuộc khảo sát. Cần có sự đồng ý của bạn để có phản hồi hợp lệ và có đạo đức, do đó, bạn không còn đủ điều kiện để tiếp tục. Bạn có thể đóng tab này ngay bây giờ.”

- Thông tin nhân khẩu

Tuổi tác (18+) (*drop down, one response allowed*)	- 18 - 95+
Giới tính (không bắt buộc) (*one response allowed, optional*)	- Nam - Nữ - Giới tính khác - Không muốn nói
Trình độ học vấn (*one response allowed, optional*)	- Học cấp 3 - Hoàn thành cấp 3 - Học đại học - Hoàn thành 2 năm đại học - Tốt nghiệp đại học

	- Tốt nghiệp thạc sĩ - Tốt nghiệp cao học (M.D., PhD, J.D., etc.)
Ngôn ngữ chính (*one response allowed*)	- Tiếng Anh - Tiếng Việt - Tiếng Pháp - Ngôn ngữ khác (may specify with free response)
Ngôn ngữ khác (nếu có) (*one response allowed*)	- Tiếng Anh - Tiếng Việt - Tiếng Pháp - Ngôn ngữ khác (may specify with free response)
Nghề nghiệp (*one response allowed*)	- Nông nghiệp - Ngư nghiệp - Kinh doanh - Tài chính - Giáo dục - Chăm sóc sức khỏe - Cung cấp dịch vụ - Luật - Cảnh sát - Nghề nghiệp khác (may specify with free response)
Trạng thái công dân (không bắt buộc) (*one response allowed, optional*)	- Công dân được sinh ở Hoa Kì (thế hệ thứ 2) - Công dân được sinh ở Hoa Kì (thế hệ thứ 3 trở đi) - Công dân Hoa Kì qua quá trình nhập cư - Người có thẻ Xanh - Trạng thái khác
Năm nhập cư sang Mĩ (nếu có) (*drop down, one response allowed*)	- Pre 1964 - 2022
Tôn giáo (*one response allowed*)	- Công giáo - Phật giáo

	- Tôn giáo khác (may specify with free response)
Bạn có bảo hiểm sức khỏe không? (*one response allowed*)	- Không - Có

- Trải nghiệm COVID-19, sự an toàn, cảm nhận về sự thù ghét người Á Châu (Covid-19)

Bạn đã được tiêm vac-xin Covid chưa? (*conditional question leading to branching of survey; one response allowed*)	- Không - Có

*If Có:

Ngày tiêm mũi số 1 Ngày tiêm mũi số 2 (nếu có) Ngày tiêm mũi nhắc lại (*matrix table style question, each date can be matched with a date option*)	- Trước tháng 3 năm 2021 - Sau tháng 5 năm 2021 - Trước tháng 12 năm 2021 - Sau tháng 12 năm 2021 - Sau tháng 3 năm 2022

*If Không:

Vì sao bạn bạn chọn không tiêm? (xin hãy chọn tất cả các lí do liên quan dưới đấy) (*multiple answers allowed*)	- Khó khăn trong việc di chuyển/tiếp cận - Không tiện - Không nghĩ rằng việc tiêm là cần thiết/quan trọng - Có khúc mắc/lo sợ về các thành phần trong vac-xin - Lí do khác (xin hãy nêu ra)

- Tiêu dùng truyền thông/An toàn / Thoải mái/Tâm lý chống người châu Á

Bạn thường xuyên sử dụng mạng xã hội tới mức nào? (Facebook, Instagram, Tiktok, Youtube,...) (*one response allowed*)	- Không bao giờ - Mỗi tháng - Mỗi tuần

	- Vài ngày một lần - Mỗi ngày
Bạn thường xuyên coi truyền hình, nghe vô tuyến, hay đọc báo giấy/online tới mức nào? (*one response allowed*)	- Không bao giờ - Mỗi tháng - Mỗi tuần - Vài ngày một lần - Mỗi ngày
Mức độ thoải mái của bạn tại nơi công cộng (thư viện, nhà thuốc, siêu thị, công viên,...) xung quanh khu bạn sống (< 2 dặm) là gì? (*one response allowed*)	- Khó nói - Nguy hiểm - Hiếm khi - Thỉnh thoảng - Thường xuyên
Mức độ thoải mái của bạn tại nơi công cộng (thư viện, nhà thuốc, siêu thị, công viên,...) xa khu bạn sống (> 2 dặm) là gì? (*one response allowed*)	- Khó nói - Nguy hiểm - Hiếm khi - Thỉnh thoảng - Thường xuyên
Trong khoảng thời gian có dịch bệnh, bạn có lo lắng về những sự thể hiện của quan điểm thù ghét người Á Châu không? (*one response allowed*)	- Không bao giờ - Nguy hiểm - Hiếm khi - Thỉnh thoảng - Nhiều lúc - Thường xuyên
Bạn đã có thay đổi hành vi hay thói quen hằng ngày nào để tránh những mỗi nguy hay sự khó chịu này không? (*free response*)	Text entry

- Ý kiến về hệ thống chăm sóc sức khỏe và việc tiếp cận

Trả lời các câu hỏi sau về trải nghiệm của bạn trước tháng 3 năm 2020 (thời điểm bắt đầu đại dịch Covid-19 thường được chấp nhận):	No response required

Bạn thường đi bác sĩ bao nhiêu lần một năm? (*one response allowed*)	- Không bao giờ - Ít hơn một lần một năm - Một lần một năm - 1-2 lần một năm - 3+ lần một năm - Hàng tháng hoặc thường xuyên hơn
Khi đó, bạn thường đi vì những lí do gì? (*free response, forced*)	Text entry
Bạn thường đến gặp bác sĩ Đông Y bao nhiêu lần một năm? (*one response allowed*)	- Không bao giờ - Ít hơn một lần một năm - Một lần một năm - 1-2 lần một năm - 3+ lần một năm - Hàng tháng hoặc thường xuyên hơn
Khi đó, bạn thường đi vì những lí do gì? (*free response, forced*)	Text entry
Bạn thường sử dụng tại nhà những kiến thức y học cổ truyền bao nhiêu lần một năm? (*free response, forced*)	- Không bao giờ - Ít hơn một lần một năm - Một lần một năm - 1-2 lần một năm - 3+ lần một năm - Hàng tháng hoặc thường xuyên hơn
Tại sao bạn lại chọn làm vậy? (*free response, forced*)	Text entry
Bạn thường đến gặp bác sĩ Tây Y (bệnh viện, phóng khám tư,...) bao nhiêu lần một năm?	- Không bao giờ - Ít hơn một lần một năm - Một lần một năm - 1-2 lần một năm - 3+ lần một năm - Hàng tháng hoặc thường xuyên hơn
Khi đó, bạn thường đi vì những lí do gì? *(free response, forced)*	Text entry
Trong những lần đến khám đó, bạn đã đến NOELA Community Health Center bao nhiêu lần (nếu có)? *(free response, forced)*	- Không bao giờ - Ít hơn một lần một năm - Một lần một năm

	- 1-2 lần một năm - 3+ lần một năm - Hàng tháng hoặc thường xuyên hơn
Khi đó, bạn thường đến đây vì những lí do gì? *(free response, forced)*	Text entry

- Kể từ tháng Ba năm 2020 – hiện nay

Trả lời các câu hỏi sau về trải nghiệm của bạn sau tháng 3 năm 2020 (thời điểm bắt đầu đại dịch Covid-19 thường được chấp nhận):	No response required
Bạn thường đi bác sĩ bao nhiêu lần một năm? (*one response allowed*)	- Không bao giờ - Ít hơn một lần một năm - Một lần một năm - 1-2 lần một năm - 3+ lần một năm - Hàng tháng hoặc thường xuyên hơn
Khi đó, bạn thường đi vì những lí do gì? (*free response, forced*)	Text entry
Bạn thường đến gặp bác sĩ Đông Y bao nhiêu lần một năm? (*one response allowed*)	- Không bao giờ - Ít hơn một lần một năm - Một lần một năm - 1-2 lần một năm - 3+ lần một năm - Hàng tháng hoặc thường xuyên hơn
Khi đó, bạn thường đi vì những lí do gì? (*free response, forced*)	Text entry
Bạn thường sử dụng tại nhà những kiến thức y học cổ truyền bao nhiêu lần một năm? (*free response, forced*)	- Không bao giờ - Ít hơn một lần một năm - Một lần một năm - 1-2 lần một năm - 3+ lần một năm - Hàng tháng hoặc thường xuyên hơn

Tại sao bạn lại chọn làm vậy? (*free response, forced*)	Text entry
Bạn thường đến gặp bác sĩ Tây Y (bệnh viện, phóng khám tư,...) bao nhiêu lần một năm?	- Không bao giờ - Ít hơn một lần một năm - Một lần một năm - 1-2 lần một năm - 3+ lần một năm - Hàng tháng hoặc thường xuyên hơn
Khi đó, bạn thường đi vì những lí do gì? (*free response, forced*)	Text entry
Trong những lần đến khám đó, bạn đã đến NOELA Community Health Center bao nhiêu lần (nếu có)? (*free response, forced*)	- Không bao giờ - Ít hơn một lần một năm - Một lần một năm - 1-2 lần một năm - 3+ lần một năm - Hàng tháng hoặc thường xuyên hơn
Khi đó, bạn thường đến đây vì những lí do gì? (*free response, forced*)	Text entry

- Sở thích chăm sóc

Trả lời nếu có:	No response required
Trong các yếu tố dưới đây, yếu tố nào là quan trọng nhất khi bạn quyết định gặp bác sĩ Đông Y? Trong các yếu tố dưới đây, yếu tố nào là quan trọng nhất khi bạn quyết định gặp bác sĩ Tây Y? (*matrix table style question, each of the two questions can be matched with a factor option, one response per question required)*	- Giá cả - Khoảng cách - Ngôn ngữ/dân tộc của bác sĩ - Quy mô của nơi làm việc - Trình độ hiểu biết về kiến thức y học cổ truyền (châm cứu, dò xét huyệt, cho thuốc nam,...) - Quen thuộc với các phương pháp y tế phương Tây (xét nghiệm máu, nhiều loại xét nghiệm y tế, thuốc kê đơn, etc.)
Tổng thể bạn thường hay đặt cuộc gặp với bác sĩ Đông Y hay bác sĩ Tây Y hơn trước	- Dong Y - Tây Y

tháng 3 năm 2020 không? (*one response allowed*)	
Tổng thể bạn thường hay đặt cuộc gặp với bác sĩ Đông Y hay bác sĩ Tây Y hơn **sau tháng 3 năm 2020?** (*one response allowed*)	- Dong Y - Tây Y

- Sức khỏe tinh thần

Xếp hạng câu trả lời của bạn 1-10:	No response
These questions were all grouped in a question box with individual sliding scales from 1-10: Bạn nghĩ việc chăm sóc sức khỏe tâm thần quan trọng đến mức nào? Nếu bạn trải nghiệm những cảm giác buồn, lo lắng, sợ hãi, áp lực hay hoảng loạn một cách thường xuyên, bạn sẵn lòng đặt cuộc hẹn với một nhà tư vấn tâm thần đến mức nào? Nếu bạn trải nghiệm những cảm giác buồn, lo lắng, sợ hãi, áp lực hay hoảng loạn một cách thường xuyên, bạn sẵn lòng đặt cuộc hẹn với một bác sĩ Đông Y đến mức nào? Nếu bạn trải nghiệm những cảm giác buồn, lo lắng, sợ hãi, áp lực hay hoảng loạn một cách, bạn sẵn lòng nói chuyện với bạn bè và gia đình đến mức nào? Nếu bạn trải nghiệm những cảm giác buồn, lo lắng, sợ hãi, áp lực hay hoảng loạn một cách thường xuyên, bạn chấp nhận đợi nó qua đến mức nào?	Scales from 1-10 (no fractional integers)

- End of Survey Message

Cảm ơn bạn đã tham gia cuộc khảo sát này! Câu trả lời của bạn được đánh giá cao và

đánh giá cao! Vui lòng nhấp vào liên kết tại đây để được dẫn đến thẻ quà tặng Amazon.com của bạn!

Appendix C: Survey Responses (English Language)

Data in the following two appendices was randomized by participant; the ID assigned to each response is based on the participant's average length of free text response. This sorting was applied to help the researcher visualize average size of text responses and identify key sentiments, as well as to further protect any possible identification of respondents from chronological grouping. The question numbers are dictated by the flow of the Qualtrics survey. Questions 1-48 were Vietnamese language questions and Questions 49-91 were English Language questions. All questions were optional for participant comfort.

Excel format:

https://docs.google.com/spreadsheets/d/1z_Qjh1vphBDBMS8FSh2AO__hMaitNIxl/edit?usp=sharing&ouid=109866657953801239474&rtpof=true&sd=true

Q49: Age (18+)	Numerical dropdown
R1	
R2	20
R3	18
R4	21
R5	21
R6	
R7	52
R8	42
R9	21
R10	21
R11	21
R12	21
R13	51
R14	70
R15	33
R16	29
R17	50
R18	58
R19	42
R20	28
R21	54
R22	32

Q50: Gender	Select one:
R1	Female
R2	Female
R3	Female
R4	Female
R5	Female
R6	
R7	Female
R8	Female
R9	Female
R10	Female
R11	Female
R12	Female
R13	
R14	Male
R15	Female
R16	Male
R17	Female
R18	Male
R19	Male
R20	Female
R21	Male
R22	Female

Q51: Highest completed education level	Select one:
R1	Some college
R2	Some college
R3	Some high school
R4	Some college
R5	Some college
R6	
R7	Some high school
R8	Some college
R9	High school diploma
R10	High school diploma
R11	Some college
R12	
R13	High school diploma
R14	Some high school
R15	Master's degree
R16	Bachelor's degree
R17	Some college
R18	Associate's degree
R19	High school diploma
R20	Bachelor's degree
R21	High school diploma
R22	Bachelor's degree

Q52: Primary language	Select one:
R1	English
R2	English

Q52: Primary language	Select one:
R3	Vietnamese
R4	English
R5	English
R6	Vietnamese
R7	English
R8	English
R9	English
R10	English
R11	English
R12	
R13	Vietnamese
R14	Vietnamese
R15	English
R16	English
R17	English
R18	English
R19	Vietnamese
R20	English
R21	Vietnamese
R22	English

Q53: Secondary language (if applicable)	Select one:
R1	Vietnamese
R2	Vietnamese
R3	English
R4	Vietnamese
R5	French
R6	English
R7	Vietnamese
R8	Vietnamese
R9	Vietnamese
R10	Vietnamese
R11	Vietnamese
R12	
R13	English
R14	English
R15	Vietnamese
R16	Vietnamese
R17	Vietnamese
R18	Vietnamese
R19	English
R20	Vietnamese
R21	English
R22	Vietnamese

Q54: Occupation	Select one or enter other:	Text entry:
R1	Other	
R2	Other	student
R3	Other	
R4		

Q54: Occupation	Select one or enter other:	Text entry:
R5	Other	
R6	Service Industry	
R7	Law Enforcement	
R8		
R9	Other	Student
R10	Other	
R11	Healthcare	
R12		
R13	Fishing	
R14	Other	retired
R15	Business	
R16	Education	
R17	Other	self-employed
R18	Service Industry	
R19	Service Industry	
R20	Healthcare	
R21	Service Industry	
R22	Other	Tech

Q55: Citizenship status	Select one or enter other:
R1	Naturalized citizen
R2	Naturalized citizen
R3	Naturalized citizen
R4	Naturalized citizen
R5	US born citizen (2nd generation)
R6	Naturalized citizen
R7	Naturalized citizen
R8	US born citizen (2nd generation)
R9	US born citizen (2nd generation)
R10	Naturalized citizen
R11	Other visa status
R12	
R13	Naturalized citizen
R14	Green card holder
R15	US born citizen (2nd generation)
R16	US born citizen (2nd generation)
R17	Naturalized citizen
R18	Naturalized citizen
R19	US born citizen (2nd generation)
R20	US born citizen (2nd generation)
R21	Naturalized citizen
R22	US born citizen (2nd generation)

Q56: Year immigrated (if applicable)	Numerical dropdown
R1	2003
R2	2002
R3	
R4	2006
R5	
R6	2006
R7	1997

Q56: Year immigrated (if applicable)	Numerical dropdown
R8	
R9	
R10	2011
R11	2006
R12	
R13	1988
R14	1976
R15	
R16	1997
R17	1977
R18	1977
R19	
R20	
R21	1978
R22	

Q57: Religious affiliation	Catholic Christian/Buddhist/Other
R1	Catholic/Christian
R2	Catholic/Christian
R3	Catholic/Christian
R4	Catholic/Christian
R5	Buddhist
R6	Catholic/Christian
R7	Buddhist
R8	Other
R9	Buddhist
R10	Other
R11	Other
R12	
R13	Catholic/Christian
R14	Catholic/Christian
R15	Buddhist
R16	Catholic/Christian
R17	Catholic/Christian
R18	Catholic/Christian
R19	Buddhist
R20	Catholic/Christian
R21	Catholic/Christian
R22	Catholic/Christian

Q58: Do you have health insurance coverage	Yes/No
R1	Yes
R2	Yes
R3	No
R4	No
R5	Yes
R6	No
R7	Yes
R8	Yes

Q58: Do you have health insurance coverage	Yes/No
R9	Yes
R10	Yes
R11	Yes
R12	
R13	Yes
R14	Yes
R15	Yes
R16	Yes
R17	No
R18	Yes
R19	No
R20	Yes
R21	Yes
R22	Yes

Q59: Have you received a Covid-19 vaccine?	Yes/No
R1	Yes
R2	Yes
R3	Yes
R4	Yes
R5	Yes
R6	Yes
R7	Yes
R8	Yes
R9	Yes
R10	Yes
R11	Yes
R12	
R13	Yes
R14	Yes
R15	Yes
R16	Yes
R17	Yes
R18	Yes
R19	No
R20	Yes
R21	Yes
R22	Yes

Q60: (if no) What are your main reasons for not getting it?	Choose selection (optional):
R1	
R2	
R3	
R4	
R5	
R6	
R7	

Q60: (if no) What are your main reasons for not getting it?	Choose selection (optional):
R8	
R9	
R10	
R11	
R12	
R13	
R14	
R15	
R16	
R17	
R18	
R19	I am afraid to get it/have other concerns about the composition of the vaccine
R20	
R21	
R22	

Q61: (if yes) Dates of the vaccine	Dose 1	Dose 2	Dose 3
R1	Before May 2021	After May 2021	Before December 2021
R2	Before May 2021	After May 2021	Before December 2021
R3	After May 2021	After May 2021	After December 2021
R4	Before May 2021	Before May 2021	
R5	Before May 2021	Before May 2021	After December 2021
R6	After May 2021	After May 2021	After December 2021
R7	Before May 2021	Before May 2021	Before May 2021
R8	Before May 2021	Before May 2021	After December 2021
R9	Before May 2021	Before May 2021	After December 2021
R10	Before May 2021	Before May 2021	Before December 2021
R11	Before May 2021	Before December 2021	After March 2022
R12			
R13	After May 2021	Before December 2021	After December 2021
R14	Before May 2021	Before December 2021	
R15	Before December 2021	After December 2021	
R16	After May 2021	Before December 2021	After March 2022
R17	After December 2021		
R18	Before May 2021	After May 2021	Before December 2021
R19			
R20	Before May 2021	After May 2021	Before December 2021
R21	After May 2021	After December 2021	
R22	After May 2021	Before December 2021	After March 2022

Q62: Media consumption	How often do you go on social media (Facebook, Instagram, Tiktok, Youtube, etc.)?	How often do you watch broadcast television, listen to the radio, or read print/online news?
R1	Daily	Weekly
R2	Daily	Never
R3	Daily	Never
R4	Daily	Monthly
R5	Daily	Monthly
R6	Weekly	Never
R7	Daily	Daily

Q62: Media consumption	How often do you go on social media (Facebook, Instagram, Tiktok, Youtube, etc.)?	How often do you watch broadcast television, listen to the radio, or read print/online news?
R8	Daily	Daily
R9	Daily	Every few days
R10	Daily	Every few days
R11	Daily	Every few days
R12		
R13	Monthly	Daily
R14	Never	Weekly
R15	Every few days	Weekly
R16	Daily	Weekly
R17	Monthly	Every few days
R18	Monthly	Every few days
R19	Every few days	Weekly
R20	Daily	Every few days
R21	Weekly	Every few days
R22	Daily	Weekly

Q63: Safety/comfort	How comfortable do you feel in public (library, drugstore, grocery store, park, etc.) within your neighborhood of residence (<2 miles)?	How comfortable do you feel in unfamiliar public establishments in broader New Orleans (>2 miles from your home)?
R1	Somewhat comfortable	Somewhat uncomfortable
R2	Somewhat comfortable	Somewhat uncomfortable
R3	Hard to say	Hard to say
R4	Very comfortable	Somewhat comfortable
R5	Somewhat uncomfortable	Somewhat uncomfortable
R6	Very comfortable	Somewhat uncomfortable
R7	Somewhat comfortable	Somewhat comfortable
R8	Somewhat uncomfortable	Somewhat uncomfortable
R9	Somewhat uncomfortable	Unsafe
R10	Very comfortable	Somewhat uncomfortable
R11	Somewhat comfortable	Somewhat uncomfortable
R12		
R13	Very comfortable	Somewhat uncomfortable
R14	Somewhat comfortable	Unsafe
R15	Very comfortable	Somewhat comfortable
R16	Somewhat comfortable	Somewhat uncomfortable
R17	Somewhat comfortable	Somewhat uncomfortable
R18	Somewhat comfortable	Unsafe
R19	Very comfortable	Somewhat uncomfortable
R20	Very comfortable	Somewhat comfortable
R21	Somewhat comfortable	Somewhat uncomfortable
R22	Somewhat comfortable	Somewhat uncomfortable

Q64: Throughout the pandemic, how frequently have you been upset by or threatened by displays of anti-Asian sentiment?	Choose selection:
R1	Occasionally
R2	Occasionally

Q64: Throughout the pandemic, how frequently have you been upset by or threatened by displays of anti-Asian sentiment?	Choose selection:
R3	Occasionally
R4	Infrequently
R5	Infrequently
R6	Occasionally
R7	Occasionally
R8	Occasionally
R9	Occasionally
R10	Occasionally
R11	Occasionally
R12	
R13	Somewhat often
R14	Very often
R15	Occasionally
R16	Somewhat often
R17	Occasionally
R18	Somewhat often
R19	Occasionally
R20	Somewhat often
R21	Occasionally
R22	Very often

Q65-66: Have you changed your behaviors or daily routine in any way to avoid these upsets or threats? Please explain briefly.	Text response:
R1	
R2	I would hold back from speaking against anti-asian statements to prevent getting targeted.
R3	
R4	No I have not changed my routine or behavior in any way to avoid these upsets
R5	Try to keep my head down in public
R6	no i don't do anything different for me but i watch out for my kids, it's probably hard to be in school right now when other kids are mean
R7	No
R8	I haven’t changed my behavior or daily routine much.
R9	Although I am aware of the asian hate, I don’t act differently or change any behaviors.
R10	no my routine didn’t really change to avoid the threats
R11	I mainly see these displays of anti-asian sentiment online and not truly against me or said to me upfront. So I haven’t changed my behavior or my daily routine.
R12	
R13	I dont like to go to downtown New Orleans as much, just because people dont wear masks. I have been yelled at sometimes too.
R14	I got very scared after someone hit my car in parking lot in September and I had to call the police as they were being rude and rude to my grand son, now he gets groceries and things for me.

Q65-66: Have you changed your behaviors or daily routine in any way to avoid these upsets or threats? Please explain briefly.	Text response:
R15	My concern has been mostly with my parents, I suspect they've had some bad encounters though we haven't talked much about it, so I haven't changed what I'm doing, but I'm definitely doing more things for them just in case.
R16	It's really more like micro aggressions at work or dumb stuff people will say to me at the store, and I'm embarrassed to admit it but I just try to mind my business and not upset them, even if they've been racist.
R17	No I have kept to myself mostly
R18	I don't do much different but I don't let my wife go to the store or to hair appointment alone
R19	ever since the very sad event with the ladies in atlanta, I would say I'm very nervous about going out alone or going to work when it's just ladies on the schedule, but I can't change that
R20	I would say that people are a little more aggressive or racist to older folks in our community, maybe something to do with language barriers. So I haven't felt like I need to change my behaviors, but I certainly ask my parents to be as safe as possible.
R21	I'm more cautious in public to not offend anyone, but I think everyone I know already did that.
R22	I don't think I've experienced really obvious actions of racism but I've seen a lot of things on the news that have upset my family, and we all try to be more vigilant these days, just being careful where we go at night and not spending too long out at stores and things like that.

Q67: How many times per year did you see a doctor of any kind?	Select option:
R1	Less than once a year
R2	Less than once a year
R3	Less than once a year
R4	Once a year
R5	1-2 times a year
R6	3+ times a year
R7	Once a year
R8	1-2 times a year
R9	Once a year
R10	1-2 times a year
R11	Once a year
R12	
R13	3+ times a year
R14	3+ times a year
R15	1-2 times a year
R16	3+ times a year
R17	Less than once a year
R18	3+ times a year
R19	Once a year
R20	1-2 times a year
R21	3+ times a year
R22	Less than once a year

Q68: For what circumstances did you choose to see a doctor?	Text response:
R1	emergencies
R2	emergency situations
R3	if i'm really sick
R4	For checkups or if I was severely ill
R5	Checkup
R6	For check ups and for health reasons
R7	High blood pressure
R8	Checkup
R9	I only go to the doctors for my yearly check up.
R10	extreme fatigue, migraine, strep throat, common cold, covid test
R11	Chose to see a doctor for an annual wellness visit.
R12	
R13	hypertension, general wellness, any issues with joints
R14	Headaches and my feet hurting, I also have diabetes and have to get medicine for that.
R15	I only really needed to go for my general check up and I think one dental issue.
R16	I have some neuropathic pain, maybe fibromyalgia, so my dad had asked me to see some doctors to figure it out before covid.
R17	only if something was bad, like I had to go to the emergency room once, but I don't have insurance so I avoid hospitals if I can.
R18	high blood pressure, diabetes, I also got surgery for glacoma 2 years ago and some follow up visits
R19	not have many health issues - I like to see natural doctors for any small issues
R20	I just went for PCP check ups and once for a dermatology issue.
R21	I had to get some follow up scans for breast cancer, and once to see a family doctor.
R22	I really don't see physicians much, I don't see much need, only if something seems really bad or I have major pain.

Q69: How many times per year did you see a traditional Vietnamese practitioner (Dong Y)?	Select option:
R1	Less than once a year
R2	Never
R3	Never
R4	Never
R5	Never
R6	Never
R7	Never
R8	Never
R9	Never
R10	Never
R11	Never
R12	
R13	1-2 times a year
R14	Once a year
R15	Never
R16	1-2 times a year
R17	3+ times a year
R18	Once a year
R19	Once a year

Q69: How many times per year did you see a traditional Vietnamese practitioner (Dong Y)?	Select option:
R20	Never
R21	1-2 times a year
R22	Less than once a year

Q70: For what circumstances did you choose to see a doctor?	Text response:
R1	my mom takes me
R2	
R3	
R4	
R5	N/a
R6	I do not go to traditional Vietnamese doctors
R7	Na
R8	I have never seen this kind of doctor
R9	I never have a reason to go to this doctor.
R10	i've never been to a doctor who specializes in eastern medicine
R11	I have never gone to a traditional vietnamese practitioner.
R12	
R13	muscle pain and back hurting, head hurting, wanting to be stronger
R14	Acupuncture mostly, that works for my feet and pain from walking.
R15	I don't like schedule appointments with these doctors, as far as I know only people my parents age would arrange to go.
R16	My parents are big into massage and wanted me to do some of this when medications for the pain weren't helping.
R17	it was way easier for me to go to this kind of doctor, I know a few in Nola East and they do everything at once, massage and needles and medicines.
R18	after the surgery my wife wanted me to do some exercises and get medicine from dong y
R19	This is the doctor I go to for re-centering, just helping with headaches or feeling under the weather, maybe creams if I'm feeling like it
R20	I would not have previously considered going for an official visit to a dong y specialist.
R21	massage and headache medicine - i get headaches they say is from breast cancer but I don't have that anymore
R22	Pretty much only if my mom or wife would recommend I go, it's more common here to just take medicines at home or stuff from abroad.

Q71: How many times per year did you use traditional Vietnamese medicines or remedies at home?	Select option:
R1	Less than once a year
R2	Once a year
R3	3+ times a year
R4	Once a year
R5	Monthly or more often
R6	3+ times a year

Q71: How many times per year did you use traditional Vietnamese medicines or remedies at home?	Select option:
R7	Never
R8	Less than once a year
R9	Never
R10	Never
R11	3+ times a year
R12	
R13	Monthly or more often
R14	Monthly or more often
R15	3+ times a year
R16	1-2 times a year
R17	Monthly or more often
R18	Monthly or more often
R19	Monthly or more often
R20	3+ times a year
R21	Monthly or more often
R22	3+ times a year

Q72: What was your reason for doing this?	Text response:
R1	my mom tells me to
R2	my parents would recommend them to me.
R3	
R4	It was something my mom always made for me whenever I was sick as a kid so it was a habit
R5	Tradition
R6	I have done this for years before immigrating to the US
R7	Na
R8	My parents force me to use it when i get a cold or feel any type of pain
R9	I only have western medicine at home.
R10	I don’t really use traditional viet medicine or remedies at home I prefer western treatments
R11	For any cold symptoms I was having like teas or foods with high protein.
R12	
R13	It's just easier to keep these products in the house, I know they work and my wife makes some teas and things like that.
R14	These are just things I know how to do, I wouldn't even call it medicine, but maybe I make some creams or oil for my feet.
R15	My mom offered me things from her house or have family bring me things when they used to come back from Vietnam.
R16	It's just something you do growing up, my mom loves giving me something and making me drink it without telling me what it is. But now it's like a comfort thing to use ointment or tea, I do think it helps with colds and stuff.
R17	all little things, cough and cold and head hurting and tummy hurting, this is all stuff you don't need to see a doctor for, just take care of yourself and check what's out of balance.
R18	I take medicine a the house, I think we buy most over the counter things at the vietnamese grocery. Vitamin pills and ginseng
R19	I make my own pills with dry ingredients for my children and that seems to really help them. My mom taught me to do this so it's just my instinct
R20	I have always found some benefit with simple Vietnamese medicines; some Americans think it's weird but I'm pretty religious about ointments and incense and stuff to just make you feel better in little ways.
R21	aches and pains are good with oils and pills or plant-based medicine

Q72: What was your reason for doing this?	Text response:
R22	Like I said, my family had always gotten little medicines from the asian stores or given me some when they come back from Vietnam.

Q73: How many times per year did you see an allopathic Western practitioner (hospital, conventional doctor's office, etc.)	Select option:
R1	Less than once a year
R2	Never
R3	Less than once a year
R4	Once a year
R5	Less than once a year
R6	3+ times a year
R7	Never
R8	1-2 times a year
R9	Once a year
R10	Never
R11	Once a year
R12	
R13	1-2 times a year
R14	3+ times a year
R15	1-2 times a year
R16	3+ times a year
R17	Less than once a year
R18	1-2 times a year
R19	Less than once a year
R20	1-2 times a year
R21	1-2 times a year
R22	Less than once a year

Q74: For what circumstances did you choose to see this kind of doctor?	Text response:
R1	emergencies
R2	
R3	
R4	If it was something physical or lasted longer than a few days then I would go to a doctor
R5	Ocassionsl
R6	For medical attention due to health reasons
R7	Na
R8	checkup
R9	I go for a yearly checkup!
R10	i've never seen an allopathic doctor and probably never will
R11	For an annual wellness visit only. I rarely go to doctors.
R12	
R13	big stuff, heart and breathing, getting a check up
R14	to check on using insulin and one time to get an x ray of my feet.
R15	Same reasons as above, it's just easier now that my insurance is pretty good.

Q74: For what circumstances did you choose to see this kind of doctor?	Text response:
R16	These were all the fibromyalgia visits and for some migraines too, I did get bounced around a lot between specialists though.
R17	Like I said, without the insurance, I really just need to see maybe a doctor if something's really bad
R18	these doctors do heart check ups and diabetes care and eye visits
R19	one time my daughter did suggest to me to go for some back pain, I didn't feel like that doctor was very helpful
R20	This was for the primary care and derm visit/follow ups
R21	for the breast cancer treatment which is no longer an issue
R22	I only went to the hospital before covid when I was worried I needed my appendix out, but it was just stomach pain from something else.

Q75: Of your visits to an allopathic Western practitioner, how many times did you go to NOELA Community Health Center, if at all?	Select option:
R1	Never
R2	Never
R3	Never
R4	Never
R5	Never
R6	Never
R7	Never
R8	Never
R9	Never
R10	Never
R11	Never
R12	
R13	Once a year
R14	Once a year
R15	Once a year
R16	Never
R17	Never
R18	1-2 times a year
R19	Never
R20	Never
R21	Once a year
R22	Never

Q76-77: For what circumstances did you choose to see a doctor here?	Text response:
R1	
R2	
R3	
R4	
R5	N/a
R6	I do not go here

Q76-77: For what circumstances did you choose to see a doctor here?	Text response:
R7	Na
R8	I just go to my regular clinic
R9	I don’t see this type of doctor.
R10	i’ve never gone to neither the western allopathic doctor nor NOELA community health center
R11	I have never gone to the NOELA Community Health Center.
R12	
R13	I think I was referred there for prescriptions and I saw a men's doctor.
R14	My doctor there asked me to get the x ray and talked to me about arthritis.
R15	This is the place where my GP is and then I go to a different dentist.
R16	I live in uptown so this wasn't super convenient for me, I do know where it is though.
R17	i'd go to new orleans east hospital if I had an emergency, I don't really need to go here.
R18	Other than the eye specialist, I go here for general health and the conditions I said before.
R19	I live on the westbank so this isn't convenient for me
R20	I don't live out in the east anymore and this is not super accessible to me anymore
R21	This visit was just a general visit for women's health
R22	i don't know very much about this center/have never had a reason to go here

Q78: How many times per year do you see a doctor of any kind?	Select option:
R1	Less than once a year
R2	Less than once a year
R3	Less than once a year
R4	Never
R5	Never
R6	3+ times a year
R7	Once a year
R8	1-2 times a year
R9	Never
R10	Never
R11	Never
R12	
R13	Less than once a year
R14	1-2 times a year
R15	Once a year
R16	Once a year
R17	1-2 times a year
R18	Once a year
R19	Once a year
R20	Once a year
R21	Once a year
R22	Never

Q79: For what circumstances do you choose to see a doctor?	Text response:
R1	emergencies
R2	emergency situations
R3	if i’m really sick

Q79: For what circumstances do you choose to see a doctor?	Text response:
R4	
R5	Checkup
R6	For regular check ups with different kinds of doctors
R7	High blood pressure and heart
R8	checkup
R9	I felt unsafe to go to the doctors. I didn’t feel the need to go to the doctors.
R10	usually see the doctor only in extreme circumstances or for a covid test
R11	I stopped seeing the Doctor as often to avoid seeing anyone with covid.
R12	
R13	to get medicines, make sure I am aging well, check on my heart and blood sugar
R14	I only went one time this year to ask some questions about the diabetes.
R15	I've avoided going to too many places, especially crowded places like doctors offices so I think I went once to try and get a prescription for dry eyes but that's it.
R16	For now, because Covid made it so hard to go places and I was getting tired of seeing a bunch of doctors, I just have some medicine that works at nights when it's worse and I'm not seeing any specialists right now.
R17	I went to see the vietnamese pharmacist when I thought I had covid and din't want to go anywhere else but it was just some bad air quality in my house I think
R18	I have only had to do one visit with the regular doctor this year.
R19	I have seen my massage/acupuncture doctor in february and to ask about some mindfulness
R20	I have not had a reason in 2022 to go to a doctor and I avoided going anywhere public even the doctor's office in 2020/2021
R21	I have only gone to dong y for some supplements, I've avoided the other doctors if I don't need them
R22	it just makes me really uncomfortable to be in hospitals or doctors offices, most stuff can be fixed with at home medicines and I'm pretty healthy. I also get nervous about covid and I think I will be for awhile.

Q80: How many times per year do you see a traditional Vietnamese practitioner (Dong Y)?	Select option:
R1	Less than once a year
R2	Never
R3	Once a year
R4	Never
R5	Never
R6	Never
R7	Never
R8	Never
R9	Never
R10	Never
R11	Never
R12	
R13	3+ times a year
R14	1-2 times a year
R15	Less than once a year
R16	Once a year
R17	1-2 times a year
R18	1-2 times a year
R19	Once a year
R20	Less than once a year
R21	Once a year

Q80: How many times per year do you see a traditional Vietnamese practitioner (Dong Y)?	Select option:
R22	Less than once a year

Q81: For what circumstances do you choose to see this kind of doctor now?	Text response:
R1	my mom takes me.
R2	
R3	
R4	
R5	Na
R6	N/A
R7	Na
R8	i have never seen this kind of doctor
R9	I never been to this type of doctor.
R10	I wouldn’t go to this type of doctor because I prefer western medicine
R11	As I mentioned I stopped seeing the doctors to avoid the spread of covid in order to not bring it home to my family.
R12	
R13	they were better with masks during Covid and I know my doctor from my neighborhood
R14	To keep getting accupunture but now they also do massages and give me a breathing treatment.
R15	I am planning to try and get acupuncture soon for this pain in the neck that won't go away but it makes me kind of nervous.
R16	Every so often I do go back to the massage place, also because I know some of the ladies there and they know my mom.
R17	All the medicine I really need and some good vitamins and things are here
R18	I still do acupuncture and get some of those supplements every few months.
R19	Dong y was the kind of doctor I saw in february, I haven't been to a western doctor
R20	last year during covid, I went to get acupuncture for some random low back pain, I felt a little safer here because they're so good with masks and I knew the staff from my old neighborhood
R21	same massage and acupuncture and to get more medicines
R22	I do know some local dong y specialists, this is a little easier to drop in and pay per visit instead of making a regular doctor's appointment.

Q82: How many times per year do you use traditional Vietnamese medicines or remedies at home?	Select option:
R1	Less than once a year
R2	Once a year
R3	1-2 times a year
R4	Never
R5	Monthly or more often
R6	3+ times a year
R7	Never
R8	Less than once a year
R9	Never
R10	Never
R11	Never

Q82: How many times per year do you use traditional Vietnamese medicines or remedies at home?	Select option:
R12	
R13	Monthly or more often
R14	Monthly or more often
R15	Monthly or more often
R16	3+ times a year
R17	Monthly or more often
R18	Monthly or more often
R19	Monthly or more often
R20	3+ times a year
R21	Monthly or more often
R22	Monthly or more often

Q83: What is your reason for doing this?	Text response:
R1	my mom tells me to.
R2	my parents recommend them to me.
R3	
R4	
R5	Tradition comfort
R6	Because of Covid it was easier to do home remedies
R7	Na
R8	i use it for pain
R9	I never been to this type of doctor.
R10	I don’t really use traditional vietnamese medicine or remedies at home
R11	Yes. Lots of at home remedies my mom read up on or told by extended family. These remedies included preventatives for colds.
R12	
R13	same as before, but also I got sick a little less during covid and didn't want to bother with a doctor
R14	I think it's safer than picking from all the stuff at the store and same as before too.
R15	I have been using more of the stuff from family abroad since it's stock piled from the last couple years before Covid and my wife likes it for the kids too.
R16	Same reasons as before, convenience and I have them on hand, I would say I'm more into things like mediation though that other Vietnamese people do, I feel like that's better for the mind and it's less about the body for me.
R17	same as before, when my kids were little, I think they were really healthy because we gave them vietnamese medicine, so I keep using it now. and everything is cheaper!
R18	same reason as before covid, but I definitely take more supplements to stay healthy because of covid, I don't want to be more susceptible to the side effects and take a long time to recover if I got it
R19	same as before but now I want extra protection against covid, i think it's good for the immune system to be healthy
R20	My girlfriend's family are big users of traditional medicine and they have had some anxiety throughout covid about staying healthy, so I use it more for them.
R21	better to stay healthy at home, even if we're being pretty safe from covid
R22	I've gotten a lot more into using these since covid started, I just like the integration of mind body and the convenience; my mom knows a lot about this stuff.

Q84: How many times per year do you see an allopathic Western practitioner (hospital, conventional doctor's office, etc.)	Select option:
R1	Less than once a year
R2	Never
R3	Less than once a year
R4	Never
R5	Never
R6	3+ times a year
R7	Never
R8	1-2 times a year
R9	Never
R10	Never
R11	Never
R12	
R13	Less than once a year
R14	Less than once a year
R15	Less than once a year
R16	Once a year
R17	Never
R18	Less than once a year
R19	Never
R20	Less than once a year
R21	Never
R22	Never

Q85: For what circumstances do you choose to see this kind of doctor?	Text response:
R1	emergencies
R2	
R3	
R4	
R5	Na
R6	Because they prescribe my medicine that I need to take
R7	Na
R8	checkup
R9	I felt unsafe to go to a doctor of any kind.
R10	I've never been to a western allopathic doctor and i'm not planning to
R11	As I mentioned I stopped seeing the doctors to avoid the spread of covid in order to not bring it home to my family.
R12	
R13	Medicines, and when they call me. I haven't gone this year at all.
R14	Diabetes but I don't think I need to go anymore, I just take care of it at home.
R15	Same as above, I have avoided any unnecessary visits to any specialists or services.
R16	I just had to see my OB GYN for a yearly visit but I haven't gone to pain/rheumatology or anything this year.
R17	No reason, insurance, all the same stuff as before, but also after covid I don't want to catch it in hospitals
R18	I haven't had to go in a couple months, they just call me to follow up with my heart issues.
R19	don't need to and I don't have any of these doctors I really like either
R20	I still have not been back to the doctor, I probably won't go for awhile, even to the dentist.

Q85: For what circumstances do you choose to see this kind of doctor?	Text response:
R21	just haven't needed to go and they didn't call me this year, I'd prefer not to go if they don't tell me I need to
R22	for the same reasons above, I just don't want to bother right now

Q86: Of your visits to an allopathic Western practitioner, how many times do you go to NOELA Community Health Center, if at all?	Select option:
R1	Never
R2	Never
R3	Never
R4	Never
R5	Never
R6	Never
R7	Never
R8	Never
R9	Never
R10	Never
R11	Never
R12	
R13	Once a year
R14	Never
R15	Less than once a year
R16	Never
R17	Never
R18	Less than once a year
R19	Never
R20	Never
R21	Never
R22	Never

Q87: For what circumstances do you choose to see a doctor here?	Text response:
R1	
R2	
R3	
R4	
R5	Na
R6	N/A
R7	Na
R8	i just go see my usual clinic
R9	I felt unsafe to go to a doctor of any kind.
R10	i’ve never been to an allopathic western practitioner and ive also never visited the NOELA community health center
R11	As I mentioned I stopped seeing the doctors to avoid the spread of covid in order to not bring it home to my family.
R12	
R13	Same doctor as before, to get medication and just to see how he is doing.
R14	I haven't been called about any more visits, and don't need to go back right now
R15	This is the one place I go for general health stuff and sometimes meds.

Q87: For what circumstances do you choose to see a doctor here?	Text response:
R16	Haven't been here and don't plan on doing so in the future.
R17	unless the dong y was telling me to go here, there's not really a reason.
R18	This was the office that called me for a follow up appointment this year
R19	like I said, not convenient for travel, too far away
R20	Still inconvenient in terms of distance and I don't know that they're better than other allopathic doctors
R21	Same as above, I do not need to go right now or the next few months I think
R22	for the same reasons above, I don't know anything about them and don't need to go here

Q88:	Answer if applicable: - Which of these factors is most important to you when you see a traditional practitioner (Dong Y)?	Answer if applicable: - Which of these factors is most important to you when you see an allopathic Western practitioner?
R1	Ethnic/language background of provider	Cost
R2	Ethnic/language background of provider	Cost
R3	Cost	Cost
R4		Cost
R5	Cost	Cost
R6		Ethnic/language background of provider
R7	Cost	Cost
R8	Familiarity with traditional medical practices (acupuncture, energy reading, herbal prescriptions, etc.)	Distance
R9	Familiarity with traditional medical practices (acupuncture, energy reading, herbal prescriptions, etc.)	Cost
R10	Size of their practice (large or small facility)	Distance
R11	Distance	Distance
R12		
R13	Familiarity with traditional medical practices (acupuncture, energy reading, herbal prescriptions, etc.)	Size of their practice (large or small facility)
R14	Ethnic/language background of provider	Distance
R15	Familiarity with traditional medical practices (acupuncture, energy reading, herbal prescriptions, etc.)	Size of their practice (large or small facility)
R16	Familiarity with traditional medical practices (acupuncture, energy reading, herbal prescriptions, etc.)	Distance
R17	Familiarity with traditional medical practices (acupuncture, energy reading, herbal prescriptions, etc.)	Cost
R18	Ethnic/language background of provider	Size of their practice (large or small facility)
R19	Familiarity with traditional medical practices (acupuncture, energy reading, herbal prescriptions, etc.)	Distance
R20	Familiarity with traditional medical practices (acupuncture, energy reading, herbal prescriptions, etc.)	Distance
R21	Ethnic/language background of provider	Size of their practice (large or small facility)
R22	Familiarity with traditional medical practices (acupuncture, energy reading, herbal prescriptions, etc.)	

Q89-90:	Overall, were you more likely to schedule a healthcare appointment with a traditional practitioner (Dong Y) or an allopathic Western practitioner before March 2020?	Overall, are you more likely to schedule a healthcare appointment with a traditional practitioner (Dong Y) or an allopathic Western practitioner after March 2020?
R1	Dong Y	Western practitioner
R2	Dong Y	Western practitioner
R3	Dong Y	Dong Y
R4	Western practitioner	Western practitioner
R5	Dong Y	Dong Y
R6	Western practitioner	Western practitioner
R7	Western practitioner	Western practitioner
R8	Western practitioner	Western practitioner
R9	Western practitioner	Western practitioner
R10	Western practitioner	Western practitioner
R11	Western practitioner	Western practitioner
R12		
R13	Dong Y	Dong Y
R14	Western practitioner	Dong Y
R15	Western practitioner	Western practitioner
R16	Western practitioner	Dong Y
R17	Dong Y	Dong Y
R18	Dong Y	Dong Y
R19	Dong Y	Dong Y
R20	Western practitioner	Dong Y
R21	Western practitioner	Dong Y
R22	Dong Y	Dong Y

Q91: Rank you answers 1-10	How necessary do you think mental health care is?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to schedule an appointment with a psychiatrist or therapist?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to schedule an appointment to see a Dong Y practitioner/herbalist/traditional nutritionist?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to talk to friends or family?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to wait for it to pass?
R1	10	4	1	3	8
R2	10	6	1	4	7
R3	8	1	1	9	7
R4	10	3	1	6	10
R5	8	3	5	5	10
R6	5	1	1	5	10
R7	5	6	3	3	10
R8	7				9
R9	8	2		3	5
R10	10	10	1	3	10
R11	10	5	5	2	10
R12					
R13	3	2	8	6	9
R14	4	4	8	8	6
R15	8	5	2	7	5

Q91: Rank you answers 1-10	How necessary do you think mental health care is?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to schedule an appointment with a psychiatrist or therapist?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to schedule an appointment to see a Dong Y practitioner/herbalist/traditional nutritionist?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to talk to friends or family?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to wait for it to pass?
R16	10	7	4	8	4
R17	3	2	7	5	8
R18	3	1	5	7	6
R19	7	3	9	6	3
R20	6	5	3	7	5
R21	4	2	6	5	7
R22	5	3	4	6	9

Appendix D: Survey Responses (Vietnamese Language and Translation)

Only one participant opted to take the survey in Vietnamese. The response below is in Vietnamese text with associated English translation.

Excel format:

https://docs.google.com/spreadsheets/d/1lJjzZkPK2Ua1j9k2PSsELqPD5XbeO1Gg/edit?usp=sharing&ouid=109866657953801239474&rtpof=true&sd=true

Q3: Age (18+)	Numerical dropdown
R23	46

Q4: Gender	Select one:
R23	Nữ
	Female

Q5: Highest completed education level	Select one:
	Học cấp 3
	High School

Q6: Primary language	Select one:
R23	Tiếng Việt
	Vietnamese

Q7: Secondary language (if applicable)	Select one:
R23	Tiếng Anh
	English

Q8: Occupation	Select one or enter other:	Text entry:
R23	Kinh doanh	
	Business	

Q9: Citizenship status	Select one or enter other:
R23	Công dân được sinh ở Hoa Kì (thế hệ thứ 3 trở đi)
	Citizens born in the United States (3rd generation onwards) *this was a translation error on the part of the translator, the more accurate response would be “1st generation immigrant.”

Q10: Year immigrated (if applicable)	Numerical dropdown
R23	2002

Q11: Religious affiliation	Catholic Christian/Buddhist/Other
R23	Phật giáo
	Buddhist

Q12: Do you have health insurance coverage	Yes/No
R23	Không
	No

Q13: Have you received a Covid-19 vaccine?	Yes/No
R23	Có
	Yes

Q14: (if no) What are your main reasons for not getting it?	Choose selection (optional):
R23	-

Q15: (if yes) Dates of the vaccine	Dose 1	Dose 2	Dose 3
R23	Trước tháng 3 năm 2021	Trước tháng 3 năm 2021	Trước tháng 12 năm 2021
	Before March 2021	Before March 2021	Before December 2021

Q16: Media consumption	How often do you go on social media (Facebook, Instagram, Tiktok, Youtube, etc.)?	How often do you watch broadcast television, listen to the radio, or read print/online news?
R23	Vài ngày một lần	Mỗi tuần
	Every few days	Every week

Q17: Safety/comfort	How comfortable do you feel in public (library, drugstore, grocery store, park, etc.) within your neighborhood of residence (<2 miles)?	How comfortable do you feel in unfamiliar public establishments in broader New Orleans (>2 miles from your home)?
R23	Hơi nguy hiểm	Hơi nguy hiểm
	Somewhat uncomfortable	Somewhat uncomfortable

Q18: Throughout the pandemic, how frequently have you been upset by or threatened by displays of anti-Asian sentiment?	Choose selection:
R23	Nhiều lúc
	Sometimes

Q19-20: Have you changed your behaviors or daily routine in any way to avoid these upsets or threats? Please explain briefly.	Text response:
R23	khong
	No

Q21: How many times per year did you see a doctor of any kind?	Select option:
R23	Ít hơn một lần một năm
	Less than once a year

Q22: For what circumstances did you choose to see a doctor?	Text response:
R23	kham suc khoe
	To get my health checked

Q23: How many times per year did you see a traditional Vietnamese practitioner (Dong Y)?	Select option:
R23	Ít hơn một lần một năm
	Less than once a year

Q24: For what circumstances did you choose to see a doctor?	Text response:
R23	uong thuoc
	To take medicine (*It's unclear as to what medicine but that's what it means)

Q25: How many times per year did you use traditional Vietnamese medicines or remedies at home?	Select option:
R23	Ít hơn một lần một năm
	Less than once a year

Q26: What was your reason for doing this?	Text response:
R23	no insurance

Q27: How many times per year did you see an allopathic Western practitioner (hospital, conventional doctor's office, etc.)	Select option:
R23	Không bao giờ
	Never

Q28: For what circumstances did you choose to see this kind of doctor?	Text response:
R23	suc khoe
	For health reasons

Q29: Of your visits to an allopathic Western practitioner, how many times did you go to NOELA Community Health Center, if at all?	Select option:
R23	Không bao giờ
	Never

Q30-31: For what circumstances did you choose to see a doctor here?	Text response:
R23	khong
	No - N/A

Q32: How many times per year do you see a doctor of any kind?	Select option:
R23	Ít hơn một lần một năm
	Less than once a year

Q33: For what circumstances do you choose to see a doctor?	Text response:
R23	No

Q34: How many times per year do you see a traditional Vietnamese practitioner (Dong Y)?	Select option:
R23	Ít hơn một lần một năm
	Less than once a year

Q35: For what circumstances do you choose to see this kind of doctor now?	Text response:
R23	kham suc khoe
	To get my health checked

Q36: How many times per year do you use traditional Vietnamese medicines or remedies at home?	Select option:
R23	Ít hơn một lần một năm
	Less than once a year

Q37: What is your reason for doing this?	Text response:
R23	no insurance

Q38: How many times per year do you see an allopathic Western practitioner (hospital, conventional doctor's office, etc.)	Select option:
R23	Ít hơn một lần một năm
	Less than once a year

Q39: For what circumstances do you choose to see this kind of doctor?	Text response:
R23	suc khoe
	For health reasons

Q40: Of your visits to an allopathic Western practitioner, how many times do you go to NOELA Community Health Center, if at all?	Select option:
R23	Không bao giờ
	Never

Q41: For what circumstances do you choose to see a doctor here?	Text response:
R23	khong
	No - N/A

Q42:	Answer if applicable: - Which of these factors is most important to you when you see a traditional practitioner (Dong Y)?	Answer if applicable: - Which of these factors is most important to you when you see an allopathic Western practitioner?
R23	Giá cả	Giá cả
	Cost	Cost

Q43-44:	Overall, were you more likely to schedule a healthcare appointment with a traditional practitioner (Dong Y) or an allopathic Western practitioner before March 2020?	Overall, are you more likely to schedule a healthcare appointment with a traditional practitioner (Dong Y) or an allopathic Western practitioner after March 2020?
R23	Dong Y	Dong Y

Q45: Rank you answers 1-10	How necessary do you think mental health care is?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to schedule an appointment with a psychiatrist or therapist?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to schedule an appointment to see a Dong Y practitioner/herbalist/traditional nutritionist?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to talk to friends or family?	If you were experiencing regular symptoms of sadness, anxiety, fear, stress, or panic, how likely are you to wait for it to pass?
R23	3	3	1	5	5

Appendix E: Table 1 - Media consumption contrasted with perception of personal safety in greater New Orleans

Participant	How often do you go on social media (Facebook, Instagram, Tiktok, Youtube, etc.)?	How often do you watch broadcast television, listen to the radio, or read print/online news?	How comfortable do you feel in unfamiliar public establishments in broader New Orleans (>2 miles from your home)?
R1	Daily	Weekly	Somewhat uncomfortable
R2	Daily	Never	Somewhat uncomfortable
R3	Daily	Never	Hard to say
R4	**Daily**	**Monthly**	**Somewhat comfortable**
R5	Daily	Monthly	Somewhat uncomfortable
R6	Weekly	Never	Somewhat uncomfortable
R7	**Daily**	**Daily**	**Somewhat comfortable**
R8	Daily	Daily	Somewhat uncomfortable
R9	Daily	Every few days	Unsafe
R10	Daily	Every few days	Somewhat uncomfortable
R11	Daily	Every few days	Somewhat uncomfortable
R12			
R13	Monthly	Daily	Somewhat uncomfortable
R14	Never	Weekly	Unsafe
R15	**Every few days**	**Weekly**	**Somewhat comfortable**
R16	Daily	Weekly	Somewhat uncomfortable
R17	Monthly	Every few days	Somewhat uncomfortable

R18	Monthly	Every few days	Unsafe
R19	Every few days	Weekly	Somewhat uncomfortable
R20	**Daily**	**Every few days**	**Somewhat comfortable**
R21	Weekly	Every few days	Somewhat uncomfortable
R22	Daily	Weekly	Somewhat uncomfortable

Table 1: Media consumption contrasted with perception of personal safety in greater New Orleans (Appendix C, Q62 and 63)

Appendix F :

Tulane Human Research Protection Office
Institutional Review Boards
Biomedical
Social Behavioral
FWA00002055

DATE: April 15, 2022

TO: Jordan Peck
FROM: Tulane University Social-Behavioral IRB

STUDY TITLE: New Orleans Vietnamese Americans' perceptions of Western allopathic healthcare in the era of Covid-19

REF #: 2021-1788
SUBMISSION TYPE: Initial Submission

ACTION: **EXEMPT**

On 04/15/2022, the Tulane University Social-Behavioral IRB provided a review and Exempt determination for the initial submission of this study, in accordance with the appropriate federal regulations.

The following items were submitted as part of the submission:

- CITI Certification (Other)
- D Sloan CITI Group 2 Certification (Other)
- English Flyer and Blurb (Flyer)
- J Peck Nola Vietnamese-Americans Protocol IRB JP edits 4-14-22.doc (Study Protocol)
- Phuc Bui Translator Certificate (Certification of Translation)
- Researcher-Translator Agreement (Letter of Support)
- Survey Questions Vietnamese (Questionnaires/Surveys)
- Updated Consent Script English 4/14/22 (Consent Script)
- Updated Consent Script Vietnamese 4/14/22 (Consent Script)
- Updated English Ad Materials (Website Posting)
- Updated Protocol with JF Edits (Study Protocol)
- Updated Vietnamese Language Ad Materials (Website Posting)
- Vietnamese Flyer and Blurb (Flyer)

Appendix G: Link to Extra Calculations

All graphs generated for the results and discussion section originate from the attached sheet and can be further examined here:

https://docs.google.com/spreadsheets/d/1VIApSzHopVYp3aPRDc8ie5qBGQ4Bbc23qNteBwhE4dc/edit?usp=sharing