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Beyond Gaman:

Critical Factors Involved in Little Tokyo's

COVID-19 Pandemic Response

A thesis submitted in partial satisfaction of the

requirements for the degree Master of Arts

in Asian American Studies

by

Emiko Otera Kranz

2022

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ABSTRACT OF THE THESIS

Beyond Gaman:
Critical Factors Involved in Little Tokyo's
COVID-19 Pandemic Response

by

Emiko Otera Kranz

Master of Arts in Asian American Studies

University of California, Los Angeles, 2022

Professor Karen N. Umemoto, Chair

Gaman is a value associated with the endurance of individuals of Japanese descent unjustly incarcerated by the U.S. War Relocation Authority during World War II; this sentiment rings familiar in the COVID-19 pandemic, throughout which the public has been urged to remain resilient despite social determinants of health-related issues disproportionately impacting cultural communities. This study focuses on the culturally tailored programs and services of three Little Tokyo-based organizations, with five “Critical Factors” that enabled effective organizing during the COVID-19 pandemic identified through interviews with twelve key staff members: Trust, Financial Capacity, Physical Space, Organizational Capacity, and Legacy Investment. These findings shed light on the strengths of and challenges faced by Little Tokyo community organizers, emphasize the unique role of community-centered organizations in addressing health needs, and inform a conceptual model for Community-Centered Health—a model that advocates for building systems of care rooted in trusting relationships and predicated upon gratitude.

The thesis of Emiko Otera Kranz is approved.

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University of California, Los Angeles

2022

Dedication

It's my honor to have been and to be trusted by my wonderful interviewees and their organizations—Keiro, LTCC, and LTSC—as well as my committee members in developing and presenting this research. I'd like to extend special thanks to Mike Murase and Kristin Fukushima for the extensive additional time they gave to help me align my research with Little Tokyo community interests before the formal interview stage; this was pivotal!

To those by my side through this process—family (Dad, Mom, Nick, Granpa, & all my cousins, aunties, and uncles); housemates (Sharon, Carmen, & Toshio); mentors (Alan Nishio, Craig Ishii, Dr. Kelly Fong, Dr. Lily Welty-Tamai, Dr. Lucy Burns, & all the amazing faculty I had the privilege to work with and learn from); cohortmates in both AASD (California Girls!) and CHS (Janice & Jane); students of all the classes I TA'd for; dear friends (Della, Amanda, Valerie, Erika, Katherine, Rachel, Luca, Alex, Reine, Kent, Lindsey, Grace, Abner, Danny, Tora, Shilin, & many, many more); the Little Tokyo community I love; and all who came before me who made this journey possible: I'm here today because of you.

Thank you always!

Emi/Emiko

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Preface

“Hiroko, 73, described, ‘Many of us [residents] are excitedly waiting as we hold our chopsticks. I’d like to express my deepest appreciation from the bottom of my heart’” (Nakamura, 2020).

Chapter 1

Introduction

Gaman, “enduring the seemingly unbearable with patience and dignity,” is a Japanese virtue associated with the endurance of individuals of Japanese descent unjustly incarcerated by the U.S. War Relocation Authority during World War II (Jisho, *n.d.*). This sentiment rings familiar in the COVID-19 pandemic, a public health emergency that has revealed the critical problem of insufficient public health infrastructure across the world, throughout which the public has been urged to resiliently comply with mandates for the sake of the collective’s wellbeing. However, the shortcomings of said infrastructure do not elicit equal effect across populations: morbidity associated with COVID-19 infection suggests syndemic nature of the pandemic, in which social determinants of health such as co-occurrence of disease, inequities across racial, socioeconomic, and age groups, as well as other factors, are associated with increased severity of symptom burden (Cabildo, Graves, Kim, & Russo, 2021; Courtin & Vineis, 2021).

As of May 2022, over 2.9 million cases of COVID-19 have been recorded in Los Angeles (LA) County (“LA County Daily COVID-19 Data,” 2022) and disproportionate rates of death continue to climb amongst communities of color, especially in vulnerable subpopulations such as those over 65 years of age as well as those living alone (Garcia et al., 2021). While these rates climb, the need for outreach to and resources for vulnerable populations becomes increasingly apparent; as such, it is important to assess current efforts that provide this critical support. The role played by local nonprofits in providing for the populations they have historically served has been pivotal to protecting those who may be difficult to reach or distrustful of government and larger medical institutions (Suva et al., 2022; Woodard et al., 2022).

This study focuses on the work that three Little Tokyo-based organizations have done and continue to do in both developing and implementing programs and services to address

specific needs of the communities they serve, highlighting critical factors that enabled organizing in the face of the COVID-19 pandemic and produced positive health outcomes. Programs and services covered in this study address food security, COVID-19 vaccine access, social service support, education, and small business support. Through interviews with twelve staff members, five “Critical Factors” key to the development and implementation of programs and services in the COVID-19 pandemic were identified: Trust, Financial Capacity, Physical Space, Organizational Capacity, and Legacy Investment. In documenting these details, this study sheds light on the unique strengths of and challenges faced by community organizing that bridge gaps in access to resources left by government initiatives and proposes a conceptual model for Community-Centered Health—a model that advocates for building systems of care rooted in trusting relationships and predicated upon gratitude.

Research Questions

- 1A. What factors enabled Little Tokyo-based organizations to develop new programs and services to address new and exacerbated needs of constituents in the COVID-19 pandemic?
- 1B. What factors enabled Little Tokyo-based organizations to shift existing programs and services to better address new and exacerbated needs of constituents in the COVID-19 pandemic?
2. How are these factors influenced by historical and present-day contexts?
3. How do these factors interact with one another?

Chapter 2

Terminology & Frameworks

Social Ecological Model

The Social Ecological Model provides a framework for researchers to understand the various levels comprising society and how each level exerts influence or must be considered when designing a research approach or intervention (Stokols, 1996). Scholars have proposed a range of layers, with the original model proposed by Bronfenbrenner (1992) presenting relationships in terms of Microsystems, Mesosystems, Exosystems, and Macrosystems. Works based on this model, such as those by Krug et al. (2002) and Abekah-Nkrumah et al. (2020), bring in greater specificity by introducing layers such as Individual, Relationships, Organizational, Policy, and more; this study utilizes Societal, Community, Organizational, Interpersonal, and Individual levels (**Appendix A**) to investigate the dynamics involved in Little Tokyo's COVID-19 response organizing and account for complexities of inter/intracommunity influence.

Community

The definition of community is often adapted to the work in which the term is situated, leading to varietal definitions based on geographic location, interpersonal interaction, and other factors (Fennema, 2004). Due to the focus on interactions between community, organizations, and in the interpersonal realm, it is most appropriate for this work to utilize a definition that speaks to interaction across all of these levels. This study here defines “community” as “those participating in a program or service on either the providing or receiving side of benefits,” focusing on “community-centered organizations” whose work reflects prioritization and understanding of their constituents through stakeholder engagement and leadership’s expression of motivators. This alternative to “community-based organizations” is used in recognizing that

not all organizations historically or physically based in community adapt to prioritize the changing needs of their constituents. It is important to note that Little Tokyo-based organizations do not only serve the needs of Japanese Americans (JAs), but a racially and socioeconomically diverse community across Southern California; as such, “community” is discerned from “JA community” in this work, whereby the former broadly applies to all participating in programs and/or services and the latter is restricted to those of Japanese descent.

Intergenerational Trauma

The nature of intergenerational trauma is described in myriad ways through both traditional academic texts as well as artistic renderings, all of which work toward conveying the personal feeling of passing on histories whose memories may or may not be desired. The work of Grace M. Cho (2008) utilizes an experimental approach to conveying intergenerational trauma through a merging of traditional academic analysis and experimental writing that brings the reader to empathize with the struggles faced by those whose perspectives they become immersed in, a “haunting”; this style aligns with the reverberations of memories of the World War II JA incarceration across generations, although this study is presented with a bias toward traditional academic presentation. “Intergenerational trauma” is henceforth defined in this study as “emotional affect passed across generational lines that may never be fully remembered nor completely forgotten.”

Racialized Experiences

Social construction of race occurs continually through various temporal and geographic spaces (Rothenberg, 2007) and can be performed positively (e.g., community building, filial piety) and/or negatively (e.g., racism, Yellow Peril). Asian Americans, often subjected to the assumption of being “forever foreigners” no matter their citizenship status or American generational identity (Zhou, 2004), have historically grappled with racialized experiences that

associate people of Asian descent with disease and still grapple with the same notions today as seen by increased reporting of anti-Asian hate during the COVID-19 pandemic (He et al., 2021; Vachuska, 2020). Moreover, race as a social determinant of health—social factors of the environments in which people develop that affect their health (Braveman & Gottlieb, 2014)—points to the dire need for intersectional investigation of how racialization is implicated in histories of health in racial groups. Considering highly charged racialized experiences in health such as the San Francisco Chinatown quarantines (Shah, 2001), medical neglect of JAs in the World War II incarceration (Varner, 2020; Camp, 2018; Jensen, 1999), and racist rhetoric perpetuated by American politicians in the pandemic’s early onset (Kim & Kesari, 2021), understanding the role of racialized experiences in Asian American health discourse is critical to this research. “Racialized experiences” are henceforth defined as “positive or negative experiences, past or present, that have influenced the social construction of an individual’s or community’s development of racial identity.”

Cultural Health Beliefs

Over 20 years ago Tervalon and Murray-García (1998) proposed the framework of cultural humility, which pushes healthcare providers to develop knowledge and practice that integrates self-reflection on engagement with diverse communities. Imploring providers to recognize when they subscribe to stereotypes and shift toward patient-focused care that minimizes bias and hegemonic pressure from the provider’s side, the authors advocate for “developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations” (Tervalon & Murray-García, 1998). This framework was created in opposition to cultural competence, defined as “a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals and enables the system, agency, or professionals to work effectively in cross-cultural situations” (Gallegos et al.,

2008). Contention between the two terms often comes down to rhetoric: researchers argue “competence” implies that one may be able to become fully competent, whereas humility reinforces the need for continual self-evaluation (Greene-Moton & Minkler, 2020). While scholars have also merged the two concepts to try and make the best of both worlds (Campinha-Bacote, 2019; Stubbe, 2020), problems persist: advice on leading conversations with patients using cultural “competemility” still places facilitation largely in the hands of physicians while placing the labor of education on patients and overwhelmingly focuses on the Individual level without engaging stakeholders on wider social ecological levels such as the Organizational or Community levels.

Rather than relying on either of these frameworks to provide basis for this research, I instead separate out Intergenerational Trauma, Racialized Experiences, and Cultural Health Beliefs to enhance the flexibility of analysis, accounting for how the JA diaspora consists of a vast array of migrant histories that influence these three facets of health attitude development both independently and in tandem. The definition here proposed of Cultural Health Beliefs is derived from research on Asian American breast cancer survivors that develops a model for understanding Asian American health behaviors in which relationships between patients and “Powerful Others” (e.g., religious figure influence, luck, healthcare providers) and “Inter-intrapersonal Factors” (e.g., belief in influence of individual, familial, and cultural backgrounds on health)—the latter of which is influenced by acculturation—manifest in a variety of health communication styles involved in health outcomes (Lim, Baik, & Ashing-Giwa., 2012). Cultural Health Beliefs is here defined as “perceptions of factors involved in health outcomes and quality as influenced by community-level histories, religious beliefs, and traditions.”

Resilience

Resilience is often brought up in discussions of disaster and survival; while usually

accompanied by a positive connotation, the celebration of such must be critically reviewed to extract why resilience was necessary in a given situation. A scoping review of literature examining “health systems resilience” proclaims current attempts at defining the concept are “too scattered” and thus require further work to operationalize the term for utility in health research (Turenne et al., 2019). Studies investigating how resilience can “compensate” for the detrimental effects of stress derived from perceived racial discrimination find resilience elicits a “modest effect” on stress, though modification of this effect by social determinants such as education level and family support structures illuminate the complexity of such research which may present difficulties in pinning down the exact mechanisms of resilience as a modifier (Spence et al., 2016).

While recent literature focused on policy and prioritization of health needs calls for post-pandemic recovery initiatives to address inequities in health care access, maternal health, and racial health disparities (Penkler et al., 2020), such calls fail to critique the reactive nature of resilience whereby addressing the root causes of inequities is better suited to positively impacting health outcomes. Resilience is unnecessary if there is no challenge; while this may be “easier said than done” when it comes to addressing health inequities, this assertion aims to illustrate how resilience should tend toward being temporary rather than permanent. Moreover, the presence of resilience ought to draw attention to needs for structural and institutional change: as put by Ruth Wilson Gilmore (2007), racism may be better understood as “state-sanctioned... vulnerability to premature death,” drawing attention to the responsibility of higher institutions to recognize the violence they enact on cultural communities through inadequate wellness resource delivery that necessitates community organization intervention. “Resilience,” drawing from the spirit of *gaman*, is here defined as “the capacity to endure unrelenting challenge rooted in systemic inequities that need be addressed.”

Proposed Conceptual Model: Interaction Between Community-Centered Health Factors

To organize all the factors presented in this research in grounded theory, I here propose a conceptual model of “Community-Centered Health” detailing the intertwining of factors across social ecological levels (**Figure 1**). This model draws on the social ecological model to promote understanding of how every element involved in shaping community-centered health is interconnected. On the Societal level, the production and perpetuation of three key “Societal Influences”—intergenerational trauma, racialized experiences, and cultural health beliefs—are accounted for in red; these Societal Influences, external and internal to the JA community, shape the first Critical Factor of Trust on the Community level. Community Trust then facilitates the development of the other four Critical Factors through a feedback loop of organizing experiences, with both positive and negative experiences on this community scale affecting how each factor manifests on the Organizational level. All Societal Influences and Critical Factors then feed into the development and implementation of programs and services, layering the Organizational level with the Interpersonal: considering the ways in which program and service delivery also rely on interpersonal relationships, such as with collaboration within and across organizations as well as in relationships between clients and service providers, it is thus critical to acknowledge how development and implementation are facilitated on the Interpersonal level in addition to their conception on an Organizational level. An additional form of trust, Interpersonal Trust, is also shaped by the synthesis of Influences and Critical Factors and goes on to affect the receipt of outcomes from program and service implementation. These outcomes are produced on the Individual level resulting from programs and services, feeding back into the shaping of trust depending on how programs and services are received.

Through this conceptual model, we can better understand the interconnectedness of past and present in producing health outcomes for a community: with trust initially shaped by

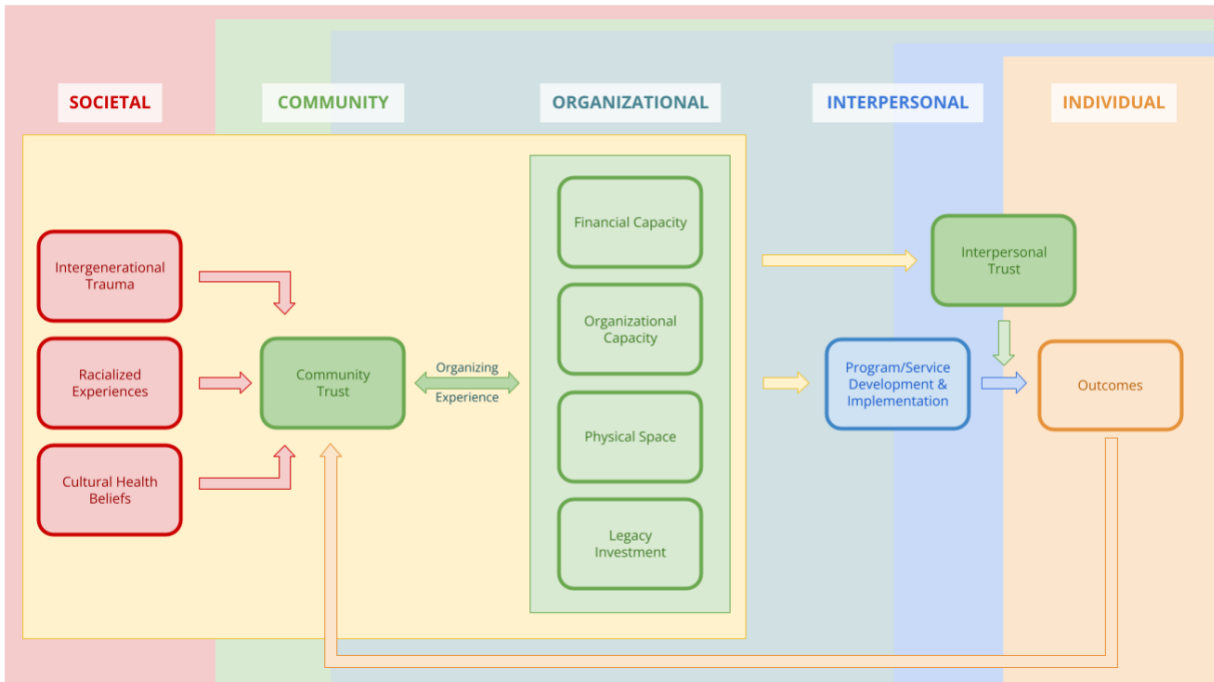


Figure 1. Conceptual Model of Community-Centered Health

historical traumas and continually molded by both contemporary challenges and dynamics of present-day organizing, the need to understand both temporal realms becomes ever clearer. Well-rounded outcomes cannot be built on the past alone, as community contexts constantly change—if not for the influence of work experience and reception of outcomes feeding back into trust, responses built solely upon the past histories of a community past may not account for the newfound diversity in populations needing services. For example, if an organization were to disregard the developing diversity of languages spoken by affordable housing residents, access to food security programs for these residents might be severely limited by a language barrier; conversely, if an initiative’s organizing focuses on a present-day need yet lacks attention to the historical mistrust of government programs, service recipients may be overly hesitant to engage.

This model moves health program and service organizing past reliance on frameworks of cultural competence and cultural humility in its prioritization of understanding the malleability of trust: whereas cultural competence and humility teachings are often rooted in understanding the

past, this model asserts that sound program and service design must draw from both the past and the present. Utilizing this framework, I will explore the multitude of factors involved with Little Tokyo-based organizations' responses in support of their constituents throughout the COVID-19 pandemic.

Chapter 3

Population & Context

Historical Context

JA community formation is best understood as independently defined in pre-World War II and post-World War II contexts due to the variance in Japanese migration motivations and international political influence. For the purposes of this research, all people of Japanese descent living in the United States are considered “JA” and a part of the JA community. Though the Little Tokyo community is not comprised solely of JAs, the community’s historical and contemporary development are largely attributed to labor put forth by JAs.

Pre-1965 Migrants & Descendants

Migrants began traveling to the United States from Japan in the mid-19th century seeking economic and settlement opportunities (Kihara, 2021), with concentrated enclaves forming along the West Coast and in Hawai`i (Lee, 2015). These enclaves constructed communities of support with businesses, community centers, and organizations that provided space for activities and services geared toward Japanese needs (Lee, 2015).

Following the bombing of Pearl Harbor, “wartime hysteria” of the United States government validated the government’s unjust incarceration of individuals of Japanese descent in “militarized zones” along the West Coast under Executive Order 9066; this led to the harrowing of established Japanese/JA communities in the United States (such as Little Tokyo), as well as the traumatic experience of “Camp” by those incarcerated (Nagata et al., 2019). “Camp” is the euphemism used by many who experienced the incarceration to refer to the time spend in what the government termed “relocation centers” and “internment camps,” though “internment” is legally inaccurate in describing the nature of Camp as only non-citizens may be interned (“Terminology,” n.d.); over two-thirds of those detained were American citizens, and

thus cannot be considered “interned.” “Incarceration” is more commonly utilized in recent study (Nagata et al., 2019) and widely proclaimed by various scholars, institutions, and organizations as the proper term to describe this historic injustice (“Terminology,” n.d.). The Camp experience was not only traumatic in its duration, with detainees subjected to poor dietary, health, and housing management, but also in its lasting effects on families and individuals who felt their livelihoods, security, and dignity were taken along with their freedoms (Jensen, 1997).

While Issei (first generation JAs) and Nisei (second generation JAs) comprise the majority who directly experienced Camp, the consequences of this violently negative racialized experience manifests in intergenerational trauma and thus influences cultural health beliefs. These concentration camps, consisting of tightly packed barracks and large shared spaces for eating and personal hygiene practice, were prime spaces for passing infectious diseases such as flu, polio, malaria, and tuberculosis (Varner, 2020); compounded with shortages of resources including medical staff, proper equipment for maintaining sanitary environments, and hospital beds (Fiset, 2020), inmate access to proper health care was meager at best. The War Relocation Authority, which organized the construction and maintenance of these concentration camps, proclaimed in its self-assessment of mortality and illness statistics that the health of prisoners was better than the average United States citizen’s—however, a key flaw in this analysis lies in the poor documentation of health statuses in Camp, limiting reliability of mortality and illness statistics in Camp (Jensen, 1999). Interviews with former detainees bring to light perspectives from the inside: those who experienced the incarceration, some of whom had their medical licenses at the time of detention, overwhelmingly reported substandard care from the War Relocation Authority in addressing issues of climate, sanitation, diet, and disease (Jensen, 1999).

Although prisoners actively sought opportunities to enjoy hobbies and build community within Camp, tensions within families and communities around decisions such as the “loyalty

questionnaire” and disrupted family dynamics (e.g. shift away from patriarchal structures) gave rise to considerably higher levels of mental health-related diagnoses during incarceration and following release (Nagata et al., 2019). JA citizens of the United States had their faith in their country shaken, resulting in feelings of mistrust and betrayal (Nagata et al., 2015); furthermore, the somatic manifestation of cardiovascular disease, mortality, and premature death among those who experienced the incarceration climbed to nearly twice the rate of JAs who were not incarcerated (Jensen, 1997).

Following the end of World War II, JA communities reestablished themselves along the West Coast as well as in other states (Lee, 2015). While not all descended from the pre-World War II migrant population have ancestors who experienced Camp, this historical injustice is nevertheless noted for its significant impact on community development following release from incarceration sites, influencing the landscape of organizations and services as a result of distrust in government authority and reverberating as intergenerational trauma (Nagata et al., 2015). JA community members descended from pre-World War II Japanese migrants tend to identify by their generation in the United States (Masuda, Matsumoto, & Meredith, 1970), starting from the Issei and continuing to Nisei, Sansei, Yonsei, and Gosei—first, second, third, fourth, and fifth generation, respectively. These generational identities rise in number as new generations of JAs are born in the US.

Post-1965 Migrants & Descendants

Post-World War II, migrants from Japan known as Shin Nikkei—the “new generation,” with “Shin” meaning “new” and “Nikkei” meaning “those of Japanese descent residing outside of Japan”—entered the United States largely drawn by opportunities for work and higher education (Toyota, 2012). While many Shin Issei migrated for these reasons, some Shin Issei, as well as Shin Nisei, integrated into the communities established by pre-World War II JAs through

social connections and job opportunities. Although their personal histories are not built on the Camp experience, Shin Nikkei find belonging in communities built on familiar value systems and contribute perspectives shaped more closely by modern-day Japanese culture that inform programs and services offered for the diversifying JA community (Toyota, 2012).

The profiles of Societal Influences such as intergenerational trauma and racialized experiences in the Shin Nikkei population differ from the pre-World War II JA population due to closer proximity to the modern-day Japanese culture of Japan (e.g., language proficiency) and differing social contexts in the United States stemming from changes in post-1965 immigration law (e.g., preference for highly skilled laborers and long-term residency without explicit promise of citizenship) (Toyota, 2012). Cultural health beliefs also differ due to perceptions of hegemony in physician-patient relationships, insurance status (whereby the Japanese government provides universal coverage and the United States government currently does not), and other factors, illustrated in the case of end-of-life care planning differences across English-speaking JAs, Japanese-speaking JAs, and Japanese living in Japan (Matsumura et al., 2002).

Little Tokyo

Little Tokyo began as an area of primarily Japanese and JA-owned businesses in 1885 after Kame Restaurant opened on First Street ("Little Tokyo Historic District," 2019). Before World War II, approximately 35,000 Japanese and JA families lived and worked in and near Little Tokyo, comprising a majority of the residents ("Little Tokyo Historic District," 2019). During the War, businesses were taken up by Black business owners and the area became known as Bronzeville (Nakagawa, 2020); this sustained many of the buildings over the time that the Japanese and JA business owners were incarcerated. Upon returning to Los Angeles from Camp, a number of organizations began in Little Tokyo, reclaiming the space for serving the JA community; however, with only about a third of the community returning after the War,

significant organizing efforts were needed to regain ownership of and access to buildings as the city and many Japan-based corporations sought to redevelop Little Tokyo for their own purposes ("Historical Perspective", n.d.).

Contemporary Context

It is important to note that the present-day JA community in the United States is, on average, well-positioned socioeconomically in terms of income, academic achievement, and more: according to Pew Research Center's "Japanese in the U.S. Fact Sheet" (Budiman, 2021), as of 2019, the median household income was \$82,980 compared to \$68,793 in the overall United States population (Semega et al., 2020); 34% have a Bachelor's degree and 18% hold a postgraduate degree, compared to 20% and 13% of the overall United States population, respectively (Budiman, 2021). Given the role social determinants of health such as financial wellbeing and access to educational attainment play in health and quality of life outcomes, the privileges afforded by the JA community through this, on average, high level of socioeconomic standing, must be considered in setting context for the community's ability to organize and accrue resources.

Little Tokyo

Little Tokyo is geographically set in Service Planning Area 4 of Los Angeles County and currently situated between Temple Street on the north end, 3rd Street on the south end, Los Angeles Street on the west end, and Alameda Street on the east end, containing nearly 400 restaurants and businesses with around 50 designated "legacy businesses" that have been open for over 20 years ("Historical Perspective", n.d.). The area is also home to a number of affordable housing buildings such as Little Tokyo Towers and Casa Heiwa, home to diverse resident populations; the overall demographic breakdown of Little Tokyo affordable housing residents in 2013 stood at 39.6% Asian, 25.9% Black, 19.5% Hispanic, and 12.2% White

(Painter et al., 2016), reflecting rates similar to the overall Little Tokyo population ("Little Tokyo (Japantown) neighborhood in Los Angeles, California (CA)—90012 subdivision profile" n.d.). 22% were married at the time of survey, with the remaining population single, divorced, separated, or widowed; additionally, nearly half of households were assessed as at risk of linguistic isolation, measured by the absence of an individual over the age of 14 who is fluent in English (Painter et al., 2016). Of all the affordable housing residents living in Little Tokyo, 90% speak English less than well, own no technology with internet access, and do not drive ("LTSC Partners with Wesley Health Centers to Vaccinate Low-Income Seniors," 2021). Service Planning Area 4 is also home to the largest population of unhoused people in Los Angeles County, with over one-third of the population living in the Downtown district in which Little Tokyo is situated ("2020 Homeless Count By Service Planning Area," n.d.).

This work is further contextualized by intercommunity tensions that are important to note in understanding potential limitations and/or challenges in service provision, reach, and collaborative efforts. The presence of unhoused communities in the geographic space of Little Tokyo has been a point of contention between local organizers and business owners, with varying levels of (dis)approval of city-led sweeps removing unhoused individuals from the area (Vives, 2022). While this work does not focus on services specifically for unhoused populations, the author pays mind to how the success of programs and services discussed demonstrate potential for community-centered organizations to expand care for this population. Additionally, the author acknowledges criticism of one organization of focus, Keiro, by many community members for the 2016 sale of its nursing home facilities and subsequent use of funds stemming from this sale; many critics contest this as an inappropriate reallocation of donations that donors intended solely for support of the facilities (Nakanishi & Monnier, 2015). Though feelings of discontent and betrayal from longtime donors and other constituents have complicated cohesive

community investment in the organization's recent efforts, the author finds great value in Keiro's work supporting collaborative efforts and programming for vulnerable populations throughout the COVID-19 pandemic and thus uplifts their efforts in this research.

Community Access to Resources in the COVID-19 Pandemic

Food Security. Food security concerns spiked at the beginning of the COVID-19 pandemic, with Los Angeles reporting that 34% of all households experienced food insecurity between April to December 2020 ("Food Insecurity in Los Angeles County: Before and After the COVID-19 Pandemic," 2021). While Asian Americans typically appear to report low levels of food insecurity, studies disaggregating California Health Interview Survey data find that variables such as speaking a non-English language at home, being foreign-born, and degree of acculturation were significantly associated with increased food insecurity (Becerra, Mshigeni, & Becerra, 2018): importantly, the authors here find that the prevalence ratio of food insecurity amongst foreign-born JAs stands at 2.11 times the prevalence of food insecurity amongst US-born JAs. Considering nearly a third of residents in Little Tokyo are foreign-born and 70% of its older adult residents live alone (Schoen, n.d.), as well as the large population of limited English-speakers, attention to this vulnerability in food access should be considered high priority for the neighborhood.

COVID-19 Vaccine Access. General vaccination rates in the United States are closely tied with both levels of knowledge about health resources as well as historical mistrust in government health guidance and services (O'Connor, 2020). Factoring in barriers presented by lack of translated materials, transportation access, and internet literacy, navigating public COVID-19 appointment signup resources in California that largely relied on MyTurn.org proved challenging to older adults (Fuchs et al., 2021; Whiteman et al., 2021). The COVID-19 vaccine became available to people over the age of 65 years on January 13th, 2021; in March of 2021,

disparities in vaccine access across racial and age groups were already apparent. By this one-month mark, Asian and White-identifying vaccine recipients in LA County maintained similar vaccination rates at 38.8% and 36.9% of each population vaccinated, respectively (“COVID-19 VACCINATIONS IN LA COUNTY,” n.d.), reflecting what one may see as similar access to vaccinations. However, concerns arise when looking at disparities across age groups: disaggregating the 65 years and older group shows a nearly 30% difference in vaccination status between those aged 65-79 years old (40.3%) and those 80 years and over (13.1%), raising concerns regarding low vaccination rates in what is considered a subpopulation at high risk of mortality due to COVID-19 symptom burden.

Brown School of Public Health’s Vaccine Preventable Death Analysis of California suggests 21,730 deaths attributed to COVID-19 infections could have been prevented if 100% of the population were vaccinated as of May 2022 based on data drawn from the Centers for Disease Control and Prevention (“Vaccine Preventable Death Analysis,” n.d.). According to the LA County Department of Public Health website, LA County is currently about 88% vaccinated with at least one dose for residents over the age of 18 in May 2022; comparatively, in late May of 2021, LA County was approaching 60% (**Appendix B**). At this point, Little Tokyo had already reached the 95% and over threshold for vaccination, even with its high rates of older adults living alone and linguistically isolated—a striking figure that may lead those unfamiliar with the neighborhood to wonder what factors led to the apparent success of a COVID-19 vaccination campaign and potential prevention of avoidable deaths by COVID-19.

Small Business Security. Economic disruptions that began early on in the COVID-19 pandemic hit small businesses much harder than larger chains and corporations despite the availability of government aid through initiatives like the Coronavirus Aid, Relief, and Economic Security Act (Bartik et al., 2020). Bartik et al. (2020) found in a sample of over 5,800 United

States businesses surveyed from March 28 to April 4, 2020 that most firms whose monthly expenses exceed \$10,000 only had enough money to cover about two weeks' worth of expenses, leading to concerns regarding their ability to survive the already uncertain closure period; although various funding sources became available through government systems, not all businesses had the capacity and knowledge to properly determine eligibility or apply.

A large portion of Little Tokyo businesses are restaurants, with many of these spaces serving more than just food: among these are legacy businesses that have been around for generations, providing community gathering space for meals shared with friends, families, and community members. From March 2020 through February 2021, an estimated 13.5% of restaurants in the United States permanently closed down as inferred through assessment of mobile phone location data, over 5% above the 8% rate seen in recent years before the COVID-19 pandemic (Crane et al., 2022); comparatively, from March 2020 through May 2021, 25 of 400 businesses in Little Tokyo closed, a rate of about 6.25% (Nakayama, 2021)—less than half of that seen on a national scale, and even less than the pre-pandemic 8% estimation.

Chapter 4

Collaboration & Methods

Community-Based Participatory Research

Because this research focuses on the work done by community-centered organizations, it is critical that the goals of this study align with those of the organizations interviewed to ensure maximum benefit to the organizations with minimal harm; as such, Community-Based Participatory Research practices have been applied in the study's conception and implementation. Community-Based Participatory Research is a strategy for research that engages community members on more equal terms with the research team than traditional research methods, empowering these communities and prioritizing attention to their interests (Coombe et al., 2020).

The study design began with preliminary meetings (**Appendix C**) with contacts from each of three organizations to discuss participation, capacity building, and goal alignment between the researcher and organization. Through these preliminary meetings, a community-aligned goal of “documenting the development and implementation of COVID-19 response programs and services” was established, assuring coherence of the study to the interests of the organizations. These preliminary meetings also gave space to ask initial questions that informed question design for the formal interviews used for primary data collection. This process ensured that time in the formal interviews was utilized effectively and also helped bring to light topics that the organizations were interested in learning about through this study.

Collaborating Organizations

This research focuses on three geographically Little Tokyo-based organizations which each play unique roles in the development and implementation of programs and services supporting various segments of the community in Little Tokyo and across the broader LA

County. Little Tokyo Service Center (LTSC), Keiro, and Little Tokyo Community Council (LTCC) were chosen as the organizations centered in this study.

Established in 1979, the LTSC is a nonprofit organization whose current mission is “to provide a comprehensive array of social welfare and community development services to assist low income individuals and other persons in need, contribute to community revitalization and cultural preservation in Little Tokyo and among the broader Japanese community in the Southland, and to provide such resources to neighboring Asian Pacific Islander and other low income communities” (“About Us,” n.d.). Its core service areas address needs through social services, mental health support services, small business consulting, and education, with additional programs and services developed in observation of the changing needs in the Little Tokyo community and among service recipients.

Keiro is a nonprofit organization that started in 1961; the organization’s mission remains “to enhance the quality of senior life in Our Community” (“Our History,” n.d.). Though initially known for its specialized senior care facilities, the organization has since pivoted to focusing on the provision of grant support to organizations offering programs and services to seniors as well as educational programming focused on helping the ageing JA community improve and maintain their quality of life.

LTCC is a 501(c)3 nonprofit that coordinates a coalition of businesses and organizations in Little Tokyo. The organization began in 1999, adopting the mission “By bringing together a broad range of Little Tokyo stakeholders to speak with one voice, we protect, preserve, and promote the character and values of our historic community” (“Mission,” n.d.). Recently, LTCC has developed programs such as Haunted Little Tokyo and Delicious Little Tokyo, weeks-long programs that promote local businesses and organize festivities, to enhance the vibrancy of the Little Tokyo community landscape.

Interviews

Preliminary meetings were initiated with key contacts at each organization (two from LTSC, one from LTCC, and two from Keiro) via email to begin the conversation about a study approach that would align with each organization's mission and current focus. During these preliminary meetings, key contacts generated lists of suggested interviewees for formal interviews according to the study's communicated research interests as well as the interests of the organization, then provided introductions or contact information. Suggested interviewees were then contacted via email and asked if they could meet and to learn about the project before the formal interviews. A total of 12 interviewees agreed to participate in the study. Two suggested interviewees from LTSC met with the study lead to assist with formal interview question design; the other ten interviewees indicated preference to meet during the formal interview, with the study description, intended questions, and consent form sent at least 12 hours in advance (**Appendix D**). In consultation with key contacts and suggested interviewees, interviews were scheduled as either individual interviews or group interviews of up to three participants. Group interviews were notably beneficial when interviewing young professional women under the age of 35 years, as these participants often downplayed their own individual contributions to program and service development which were more likely to be recognized by the other participants. Formal Interview Questions were finalized following preliminary meetings and guidance from committee members (**Appendix E**).

Two interviews were conducted in groups (one of two interviewees, another of three), with the other seven conducted individually. Formal interviews were hosted and recorded on Zoom following a semi-structured question format. Zoom was chosen as a platform due to UCLA student access to the licensed version as well as for its transcription function that enables transcriptions to be attributed to the individual talking, easing the transcription process in a group

setting. Hosting interviews via Zoom also ensured safety of the interviewee and researcher as both parties were able to complete the interview in an environment personally chosen for privacy and safety. In consultation with interviewees, interviews were hosted for 60 – 120 minutes depending on the number of participants and topics covered. Interviews and follow-up communication for clarification regarding transcripts occurred between December 2021 to March 2022.

Data Processing

Transcripts were downloaded from recorded Zoom meetings, cleaned, timestamped, and coded for key factors that contributed to program and service development and implementation. Codes were then grouped on a Microsoft Excel sheet into five Critical Factors by program or service area (**Appendix F, G**) with specific examples extracted from transcripts and compiled into a Microsoft Word document for ease of reference. Direct quotations reflecting key evidence were also pulled from transcripts and compiled in said Word document. Interviewees were contacted to confirm accurate representation of their perspectives when selecting specific examples and direct quotations for use in this work.

Chapter 5

Findings

Findings include (1) descriptions of key programs and services developed from interviewee input as well as (2) reviews of key elements of program/service planning and implementation either identified by two or more interviewees or explicitly noted by an interviewee as either key to a program/service’s planning and/or implementation success or a significant challenge. All information presented is drawn from interviews unless otherwise cited. **Figure 2** puts relevant events presented in **Population & Context** in contrast with programs and services described in this chapter.

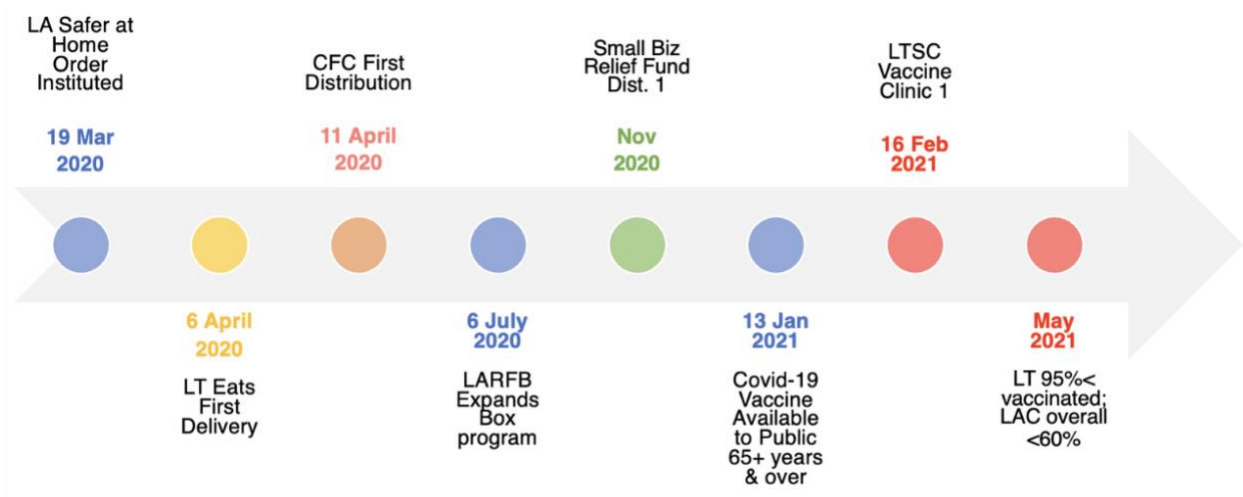


Figure 2. Timeline of Significant Events

Description of Key Programs

Little Tokyo Eats

Following Los Angeles county’s Safer At Home order in March of 2020, Little Tokyo stakeholders convened at an LTCC meeting via Zoom to discuss pandemic-related needs of vulnerable populations. Considering the temporary discontinuation of programs such as Little Tokyo Nutrition Services—which utilized kitchen and cafeteria space in Little Tokyo Towers to provide meals to residents of affordable housing buildings, halted services at the start of the

pandemic, and has now restarted—leaders prioritized food security for affordable housing residents. With understanding of older adults’ (over the age of 60 years) susceptibility to serious health complications associated with COVID-19 infection, as well as drastically decreased business for local restaurants early on in the pandemic, Little Tokyo Eats (LT Eats) was conceptualized as a contact-free delivery program for affordable housing residents in Little Tokyo that sourced meals from small businesses also based in Little Tokyo. The service was made available to tenants of all six affordable housing units in the neighborhood: Little Tokyo Towers, Casa Heiwa, San Pedro Firm Building, Daimaru Hotel, Far East Building, and Miyako Gardens.

Collaboration between LTSC, Keiro, and LTCC gave rise to LT Eats, with Mike Murase of LTSC serving as lead coordinator for the program during its 65-week run. LTSC and LTCC handled the early program planning and coordination with small businesses, with LTSC mainly responsible for program implementation. Keiro, in regular communication with LTSC, provided financial support, subsidizing meals worth \$10 down to \$3 for residents participating in the program; LTSC reported the number of meals served on a weekly basis to Keiro as means of tracking program impact and evaluating ongoing need.

Initially planned for a three- to four-month run, LT Eats began with its first delivery on April 6th, 2020, and continued every Monday, Wednesday, and Friday until the final delivery on June 30th, 2021. Over the course of these 65 weeks, volunteers dedicated 2,222 hours in bringing a total of 18,930 meals to nearly 600 Little Tokyo-based affordable housing residents; LT Eats alone accumulated \$191,830 in revenue for the 15 restaurant partners providing meals, covering the costs of producing the meals, paying staff, and keeping up with bills and maintenance for the restaurants. Keiro supplied over 70% of the funds for LT Eats, with the remainder paid by residents participating in the program. While city and county food distribution programs were

created and expanded to alleviate food insecurity, programs such as the Los Angeles Regional Food Bank Box program did not generate a more streamlined distribution plan for enhanced community reach until July 6th (Blackmon et al., 2021)—highlighting the importance of local programs as stopgap measures while larger government programs expand their reach.

Community Feeding Community

Acknowledging the pandemic’s early impact on job security, as well as LT Eats’s limited coverage of restaurant support and food security, LTCC and LTSC began planning an additional meal pickup program: Community Feeding Community (CFC). The program initially cast a broad net of support, advertised as a service for those displaced or whose jobs were impacted by the pandemic; later in 2020, organizers decided to shift their target population to those working in arts and culture. Though these groups were deemed “target populations,” no employment documentation was required to receive meals at the Wednesday and Saturday distributions. This decision expanded opportunities to support a greater variety of subpopulations, such as unhoused people who could not register for LT Eats as well as others not residing in affordable housing units. Meals were provided free of charge, with all meals purchased at menu price using donations collected by LTCC specifically intended for CFC.

LTCC and LTSC worked together on program planning and implementation: ordering meals, mobilizing volunteers, and ensuring minimal overlap between restaurants supported by LT Eats and those supported by CFC. The program was largely advertised through GoLittleTokyo social media, both in soliciting donations and inviting participants to receive meals. Throughout its 23-week duration, CFC served 10,425 meals thanks to the generosity of 638 donors whose contributions totaled to over \$195,000. From the first distribution on April 11th, 2020, the program went on to support 84 local businesses in Little Tokyo and the neighboring Arts District; of these 84, 75 businesses received repeat support.

COVID-19 Vaccination Clinics

In the earliest phase of COVID-19 vaccine distribution in the US, the distribution site closest to Little Tokyo was Dodger Stadium, over two miles away; however, many Little Tokyo affordable housing residents did not have access to private transportation that would provide minimal human contact compared to public transportation and rideshare services, limiting their ability to access vaccines with peace of mind. Additionally, the MyTurn platform widely utilized for appointment scheduling in California is only available through the internet, further limiting accessibility for those with minimal technological fluency. Understanding the barriers presented by these limitations, LTSC sought means to bring a vaccine clinic to Little Tokyo.

Through partnerships with Wesley Health Centers and White Memorial Hospital, as well as financial support from Keiro, LTSC hosted its first of six COVID-19 vaccine clinics at the Terasaki Budokan in February of 2021. Early clinics provided the vaccine for adults over the age of 65 years as the first qualifying group, with later clinics expanding provisions for essential workers according to LA County distribution guidelines. These efforts delivered over 500 doses to Little Tokyo residents and workers, with full services—from outreach to registration to day-of support—available in English, Japanese, Spanish, Chinese, and Korean. While funding for a position at LTSC to coordinate COVID-19-related programs such as vaccine clinics stressed work specifically focused on Little Tokyo, collaboration between the LTSC-funded staff and staff funded by the same grant in Chinatown and Skid Row enabled the sharing of ideas and resources when organizing for the constituents of these geographically defined neighborhoods.

Description of Key Services

Social Services

Social service support is a cornerstone of LTSC; case workers provide support to clients throughout LA County and mental health services across Southern California (and even a few

cases in Northern California) from offices at the LTSC headquarters as well as within the Little Tokyo Towers building for residents to have direct access. Before the pandemic, residents were able to walk in for appointments and receive in-person services. Upon receiving guidance from the LA Department of Mental Health, mental health services switched to telehealth early in the pandemic to minimize contact. Offices no longer took walk-in appointments and instead had to maintain a scheduling system, reducing the number of clients seen due to limitations on shared space; however, social workers noted that face-to-face contact in an outdoor setting was utilized for clients whose mental health (ex. required services but did not respond well to phone-based delivery) and resource (ex. food) needs required in-person assistance on a case-by-case basis. Additionally, when Safer At Home was first enacted, social workers called each individual unit of Little Tokyo Towers, as well as the rest of their clients, to make a wellness check and ensure that residents and clients understood what was expected in the county's public health mandates. About 400 calls were made by four social workers to Little Tokyo Towers alone, with a total of over 3,000 checks made across all social service programs and staff via phone calls, Zoom meetings, food pantry deliveries, and outdoor visits in the first two months of Safer At Home. Wellness checks were provided in Japanese, Korean, Chinese, English, and Spanish.

Despite these challenges, positive shifts were also made: through its partnership with Keiro, LTSC was able to expand its Client Assistance Fund—previously used for flexible emergency short-term funding of client needs such as rent and bill support—to branch off a COVID-19 Emergency Assistance Fund, providing funds for essential resources similarly to the Client Assistance Fund as well as funds for wellness items meant to help combat feelings of social isolation early in the Safer At Home time period. In 2020, over \$71,500 of emergency cash assistance was provided to families (“COVID-19 Information,” n.d.). With a case worker's formal request and, ultimately, approval by Keiro financial officers, residents could receive items

like magazine subscriptions, walking shoes, and other small items that could keep them occupied when social interactions were limited.

These items served as stopgap measures until it was considered safe for residents to share space again; LTSC began providing in-person activities through Far East Lounge and the Budokan after a majority of clients were fully vaccinated. Upon observing differences in mood throughout Safer At Home—with some residents seeming more depressed, others more irritable—case workers prioritized reinstating social activities to help residents reestablish routines and outlets for their physical, mental, and emotional energy. Notably, the expansion of their COVID-19 Emergency Assistance Fund, which was later collapsed back into the Client Assistance Fund, enabled LTSC case workers to nearly double the client population served from March 2020 to March 2021.

Educational Services

Both LTSC and Keiro provided forms of educational services prior to the pandemic. LTSC hosted a variety of workshops related to internet use, technological literacy, and other subjects in the Far East Lounge space based in Little Tokyo. In response to the pandemic, Far East Lounge closed and LTSC focused its educational efforts focused on the distribution of COVID-19-related educational materials directly to housing units, ensuring residents were aware of any upcoming changes in mandates and guidance. Additionally, case workers received regular updates on opportunities such as vaccination clinics from the COVID-19-specific Program Manager to share with clients during sessions, equipped with information about potential side effects and how LTSC services could support residents should they choose to be vaccinated through the organization's clinics.

Keiro pre-pandemic educational services consisted mostly of in-person events that took place in partnering community centers, with topics chosen in consultation with community

center staff. At the onset of the COVID-19 pandemic, staff were called upon to switch to online webinar design, covering a range of activities from health and wellness workshops to gardening and backyard barbecuing to bingo to end-of-life care planning. Keiro staff noted that online programming granted greater ease of tracking event engagement, with over 2,700 older adults engaging with weekly virtual programming in 2020 ("Keiro During the Pandemic", n.d.).

Small Business Support

Small business support is provided through small business consultation services with LTSC; LTCC works together with LTSC by providing marketing and promotional event organizing. Both forms of organizing shifted to meet changes in needs throughout various phases of the COVID-19 pandemic. LTSC funds two small business counselors, whose jobs pre-pandemic focused on providing one-on-one consultations with small business owners to give support for features such as dining space aesthetics, menus, marketing, and more. When the pandemic started, counselors shifted their roles to more organizing-focused tasks such as COVID-19 guideline information distribution, small business grant and loan writing assistance, and adapting restaurant order fulfillment to meal delivery service platforms such as GrubHub. In 2020, 300 small businesses received counseling and resource support ("COVID-19 Information," n.d.). Counselors were also involved in the implementation of LT Eats and CFC.

Using GoLittleTokyo accounts on social media platforms like Instagram and Facebook, LTCC provides marketing support for small businesses by featuring their products in posts and content in addition to helping businesses start and maintain their own social media accounts. In 2021, LTCC staff also revived events such as Haunted Little Tokyo and Delicious Little Tokyo, two programs that were initially started to highlight local businesses and bring festive energy to the neighborhood. Given that many restaurants were being supported by initiatives like LT Eats and CFC, these programs shifted to highlight more retail businesses. As another means of

financial support, LTCC and LTSC also started a donations-based Small Business Relief Fund for distribution to businesses in need, granting \$2,000 of community-generated funds to those eligible: 47 of the 50 selected recipients were legacy businesses.

Identification of Key Concepts

Italics indicate key concepts attended to in coding.

Little Tokyo Eats

Five interviewees covered the LT Eats program: Gene Kanamori (Keiro), Brad Fujikuni (Keiro), Mike Murase (LTSC), Ikuko Ashihara (LTSC), and Nicole Oshima (LTSC). These five interviews were all separate individual interviews.

Organizers explained that a *shared sense of responsibility* for the wellbeing of older adults and Little Tokyo small businesses was foundational to the conception of LT Eats. Keiro President and CEO Gene Kanamori and Director of Finance & Administration Brad Fujikuni both noted that organizational leadership felt concerns for the potential impact of a looming pandemic on older adults' safety and isolation even before the Safer At Home order was issued; as such, they initiated contact with LTSC, expressing a desire to extend funding support for some form of programming. When Mike Murase, Director of Service Programs at LTSC, was appointed to lead LT Eats, the program finalized its dual focus on supporting both older adults in affordable housing in Little Tokyo as well as local restaurants; Murase recalled that, similarly to the JA World War II incarceration experience, many in the community *felt uncertainty as they did not know how long Safer At Home* would last—heightening the prioritization of a program that could address food insecurity and social isolation for residents as well as financial uncertainty for restaurants. On the positive side, Murase also recalled receiving support from JAs living outside of Little Tokyo who *emphasized they were “proud”*: “They use the word “proud”: they’re proud that Little Tokyo community is doing this...they say, ‘I’m proud to be a JA

because you guys are doing this.””

Once LT Eats was conceptualized, Murase recognized how Keiro’s *financial support as a singular committed source* provided a funding stream more flexible and expedient than fundraising from many smaller sources:

You know, we would have done...fundraising from multiple sources but...Keiro—and Gene Kanamori, and the Keiro board—stepped up and said, "We want to help with this and will provide the funds," so that made fundraising as a job...which could have taken a lot more resources... made it a lot easier to have one committed source.

Kanamori, in turn, explained that the *preexisting relationship* between the organizations through professional and personal connections was key in Keiro’s early willingness to provide funding:

So I told [LTSC’s Executive Director]...“I’m really good with the idea. But, you know, the execution I’m really concerned about, so you guys have to tell me how you going to execute the plan.” So the next time I went there, they said, “Well, you know, we’re gonna have Mike Murase set it up.” I told them “Done deal. Yeah, I’m good to go if Mike’s the head of it, I have full confidence that the execution will be...just about perfect.” And you know what, it was.

Further, Fujikuni noted that funds were continually distributed for the program based on evaluation of benefit (e.g. need for ensuring food security during Safer At Home) rather than a timeline, requiring *ongoing communication* with LTSC staff to inform continuation. When asked about what measures Keiro used to assess whether it would continue sponsoring LT Eats,

Fujikuni responded:

How many meals per week, you know, how many people we’re serving...I remember talking to Gene...maybe September...2020... We both just agreed that there’s no way we can stop this program...unless there was an alternative...unless all of a sudden, all these people are going to go and go shopping for themselves...or someone else is going to provide a meal for them...it’s irresponsible, it really is just unthinkable for us to not continue the same.

Importantly, Murase highlighted the critical role of *staff infrastructure* to creating LT Eats: small business counselors had *existing connections* with local family-owned restaurants, and social workers, as well as community organizers, already *maintained deeply trusting relationships* with their clients in addition to being prepared to provide support in *five preferred*

languages. Enrollment information, order forms, and any additional communication were available in English, Japanese, Chinese, Korean, and Spanish.



Figure 3. LT Eats order forms, courtesy of Mike Murase.

Because LTSC either owns or works closely with all six affordable housing buildings in Little Tokyo, LT Eats coordinators already *possessed keys to the buildings* that enabled ease of access for meal deliveries during the period of heightened security that took place during Safer At Home; Murase underscored the importance of this in the program’s implementation phase. Further, the implementation of LT Eats relied heavily on volunteer assistance, which Fujikuni noted as a necessity LTSC could *mobilize volunteers on a scale* difficult for Keiro to meet—making their collaboration essential. Initially, LTSC Volunteer Coordinator Ikuko Ashihara turned down Murase’s request to manage the volunteer force, but later took on the position and was in charge of recruiting, training, and dispatching LT Eats volunteers; however, Ashihara also manages cases as an intake coordinator with LTSC and communicated that it would *not be sustainable* for her to continue balancing multiple roles, later requesting that leadership hire a new coordinator once the program was well-established:

I remember, at the same time... I also started running the food pantry...so just finding the volunteers for that, as well on top of LT Eats...and also my regular job...we cannot put the brake on that either. And I had... really heavy cases...it was a lot on my plate. So, I

asked Margaret to find someone to replace me.

Nicole Oshima was later *hired* as part-time LT Eats Volunteer Coordinator, dedicated specifically to streamlining the program's volunteer system. Oshima recognized that while the job was very manageable for her, this was largely due to the *extensive training* she received from seasoned LTSC staff as well as the *foundation* set up by Murase and Ashihara before she joined the LT Eats team. With her sole focus on developing the LT Eats-specific volunteer program, Oshima paid attention to LTSC staff capacity and prioritized expanding the external volunteer network to *minimize staff members' time and need for emotional commitment*.

When Oshima began her role with LT Eats, about five or six volunteers helped at least once a week with deliveries as "regulars"; by the end of the program, Oshima had increased the number of regular volunteers engaging with LT Eats to 25. By building this strong, committed volunteer network, Oshima was able to *minimize the amount of time spent by LTSC staff on helping with LT Eats* so they could focus more on their main workloads. Both Ashihara and Oshima acknowledged that the *passion* volunteers had for serving with LT Eats played a significant role in continued, reliable support. Ashihara explained that the *face-to-face interaction* between volunteers and residents receiving meals contributed to the *direct gratification* felt by volunteers in the work, with Oshima also noting that many volunteers would offer to *help beyond the main delivery aspect* of the service. Moreover, Oshima observed that the experience brought both a sense of *routine and socialization to volunteers*, contributing to a process of community building amongst volunteers as well as between volunteers and the residents they delivered meals to:

I think that it created...a lasting connection for them to the space of Little Tokyo as well. It'll probably just remind them of why they liked it... and hopefully...changed how they thought of it...maybe less of the commercial space, and more that people actually do live here. And we need to be helping them...protecting the elderly residents and... that there's always an opportunity for you to help in the community.

Community Feeding Community

Three interviewees covered the CFC program: Kristin Fukushima (LTCC), Kisa Ito (LTCC), and Megan Teramoto (LTSC). This interview took place in a group setting with all three interviewees participating.

Because of the nature of collaborative small business support that Kristin Fukushima, Managing Director of LTCC, and Kisa Ito, Go Little Tokyo Project Director, maintain with LTSC Small Business Counselor Megan Teramoto, the three were *already in communication* when planning of LT Eats was underway. Fukushima noted that, with *the recognition that the number of businesses supported by LT Eats was limited*, LTCC saw a need for further organizing to bring financial support to more restaurants as well as to expand the reach of meal provision beyond affordable housing residents. Both Ito and Teramoto explained that the existing partnership between LTCC and LTSC had already yielded a *highly productive working relationship* among the three of them; as such, transitioning into organizing together felt seamless, with Teramoto providing the CFC team with insight into LT Eats’s coverage to *ensure minimal overlap* of businesses supported through a new program according to Ito:

If we weren't in contact with each other...none of it would have been nearly as successful because, you know, we probably would have been duplicating efforts here and there, so...I think all of us feel like we only did a little bit, but you know, together, it really...did accomplish a lot, so I think...that's [a] major part of it.

Funds used to purchase meals for CFC were raised *entirely through donations*, which Fukushima highlights as critical to ensuring that money was *channeled directly* to restaurants connected with LTSC and LTCC—especially legacy businesses. All three underscored the importance of being able to direct funds in a way that paid attention to the special role small businesses play in Little Tokyo’s sense of community: Fukushima joked about choosing businesses to support, quipping, “I don’t want to lose a Café Dulce versus a Starbucks,”

reflecting the evident *prioritization of small businesses over large chains*. Furthermore, Fukushima credits Teramoto with playing a key role in *communicating small businesses' financial needs* to the CFC Team, advocating for which restaurants should be selected in weeks when a greater sum of funds raised enabled the purchase of more meals than average. Teramoto in turn highlighted the role Ito played as a *bilingual Japanese speaker*, deepening trust and enabling smoother communication with small businesses managed by Japanese-speaking staff, which Ito later expanded upon:

...Sometimes, Kristin would have me communicate with [Japanese businesses] to get [past] that like, first layer of..."You can trust us like, we are who we say we are, and we want to like give you this money," but you know...having to build so much trust in a very short amount of time across, like, the neighborhood, would not have been possible without the team; so I think...the reason why it worked out is because, between everyone, we had like, cast a pretty wide net.

Additionally, Teramoto explained how participation in CFC also provided an opportunity for *skill development on the restaurant side*: she proclaimed her confidence in restaurants' abilities to now provide large catering orders that they might not have had prior experience with.

Vaccine Clinics

One interviewee, Ayumi Nagata (LTSC), covered the COVID-19 vaccine clinics in an individual interview.

Ayumi Nagata, Program Manager at LTSC, was *hired to manage COVID-19-related* programs and services at LTSC in late January of 2021. Nagata explained that *in communication with LTSC case workers, as well as with her background as a case worker* previously employed at LTSC, she was well aware of the barriers presented by technological literacy, transportation, and language fluency in accessing COVID-19 vaccination appointments made available by LA County through MyTurn. When an *LTSC board member connected Nagata with a contact at Westlake Clinics*, she was able to move forward with planning an LTSC-run vaccination clinic hosted at the Terasaki Budokan—which Nagata noted was ideal for its *large space, proximity to*

Little Tokyo-based affordable housing, and good Wi-Fi connection. Later clinics were also run in connection with White Memorial Hospital, a partnership made through a *previous LTSC social work intern.*

Nagata credits the success of LTSC vaccine clinics to having “all the right elements” necessary for providing the service: LTSC staff had the *language capacity* to make calls to 560 affordable housing residents in Little Tokyo and all other eligible clients served by LTSC, as well as to take vaccine clinic attendees through their entire appointment in their preferred language; community members who felt unsure of attending county-run clinics made appointments for the LTSC-run clinic citing greater feelings of *trust* with an organization they hold preexisting connections with; LTSC staff members participated in the facilitation of clinics, enhancing the *feeling of familiarity* with attendees and providing extra services such as walking residents home in a demonstration of collectivism that Nagata noted was “very LTSC.” Further, Nagata mentioned that staff involvement in the clinics was good for *organizational morale*, as the program had a definitive start and finish with concrete outcomes—not only were staff members able to share space in person after a long period of remote work, but they were able to reconnect with residents and see the positive impact of this work:

...the vaccine clinic was really helpful because there's so many unknowns with [COVID-19]—there's always, I mean, [COVID-19] keeps mutating, right? Literally and figuratively! ...so I think the vaccine clinic for us, and staff...was nice to do something that had a clear beginning, middle, and end. There's a very clear outcome and it feels good for everybody, we all work together, and it's done. I think we kind of needed that too.

Social Services

Six interviewees covered topics related to Social Services: Ayumi Omoto (LTSC), Margaret Shimada (LTSC), Ryoko Nakamura (LTSC), Ikuko Ashihara (LTSC), Gene Kanamori (Keiro), and Brad Fujikuni (Keiro). Shimada and Omoto were interviewed in a group; all other interviews took place individually.

One of the first actions taken by LTSC social services was to carry out wellness checks with all clients—Ayumi Omoto, social worker at LTSC, explained that wellness checks were also utilized as a way to combat the social isolation she expected would be exacerbated by the Safer At Home order, providing a means to show residents that *someone cared* for them during uncertain times:

...Most of our clients are seniors. And so, [wellness checks] really helped, even if it was like, for five minutes, that face-to-face contact. Because many of them were isolated and, you know, confused in the beginning, and just to have a reassurance of “If I need something” or just knowing that somebody cared...was nice. Because a lot of the Community...a lot of seniors were kind of dependent on going to the community centers or like, senior centers, for meals or classes, and that all stopped suddenly. And so just having somebody, a social worker, therapist, that they could count on...was nice.

Margaret Shimada, Director of Social Services at LTSC, Ryoko Nakamura, LTSC case worker and Community Relations Coordinator, as well as Ikuko Ashihara, all mentioned similar *observations of mood changes* and anxiety among affordable housing residents, making clear the need to act quickly. Shimada said that LTSC was *noticeably quicker* than usual in its mobilization of support with counseling and wellness checks, highlighting how case workers’ *extant understanding* of their clients’ living situations and community contexts enabled expedient organizing as well as creative thinking when it came to coming up with solutions for problems like food access and isolation: for example, clients living in their cars who were not eligible for LT Eats were able to receive meals from drive-through restaurants contacted by LTSC case workers.

However, it is important to note that not all interactions between social workers and their clients were wholly positive. Japanese/English bilingual staff like Nakamura explained that they were drawn to this work in *understanding the difficulties experienced by clients who have limited English proficiency*, initially motivating their work as social workers providing services in Japanese. Nakamura also noted that residents’ *adherence to health and safety guidance given by*

social workers seemed to be connected to residents expressing more traditional Japanese health perspectives on the power dynamics between patients and providers, strictly following guidelines to stay inside; however, this came with a caveat. Nakamura observed that some residents expected LTSC to distribute care in a fashion similar to the Japanese government:

I...try to educate the community, especially focusing on the difference between [the] United States and Japan. But for residents, because we speak Japanese, they expect us to be like [the] Japanese Government; so...in the middle of the pandemic when the vaccines, you know, [were] being approved...They were like “Oh, you guys [are] going to provide vaccines for us right?” And that was already...[their] expectation. And we wish we could...We got a lot of...harsh comments from residents and communities at that time, like “Why, why don't you guys do this, why you are not [sic] doing this,” so yeah, I spent a lot of time explaining to them like, we wish...we had access, but it's up to the county.

Fortunately, continued wellness checks also documented the positive changes in community wellness following COVID-19 vaccination efforts and *reopening of spaces for in-person activities*. The most memorable example of this “return,” as Shimada put it, is in older adults’ participation with Little Tokyo Table Tennis at the Budokan:

Budokan has become a central hub and the seniors have really marked their space with a number of different activities, including ping pong! Ping pong is one of the most popular activities. I asked one of the seniors, “Oh, have you been playing for a while?” And she replied, “Oh no, I just started...but I wanted to get out, and I wanted to be with people,” and so she started! Impressively, she and other seniors pretty much run that themselves... And then afterwards they go into the Community Room, have coffee, and just gather. And at the end of the day, that's what you want to see: sort of a return to connectedness and relationships.

Support through Keiro’s COVID-19 Emergency Assistance Fund was also identified for the large role it played in supporting client needs early in the pandemic. Expanded from the preexisting Client Assistance Fund that already had documentation and fund allocation processes set up between the organizations, Omoto explained that the COVID-19 Emergency Assistance Fund both enabled case workers to *diversify the items funded* for their clients as well as provided a sort of *emotional relief* to case workers in being able to obtain nearly guaranteed funds for purchases not traditionally supported by government sources. Shimada further explained that

while the documentation process was upheld to maintain accountability with Keiro, an *early conversation with Kanamori* led to downscaling the amount of required paperwork in order to expedite the approval process: “If the Community didn’t have that, that trust—it’d be a much different story in terms of how we got through the pandemic.” Both Kanamori and Fujikuni confirmed that Keiro’s *existing partnership* with Shimada and LTSC as a whole was central to reworking Assistance Funds into more flexible spending platforms—importantly, Kanamori noted that the most important function of these funding programs is in allowing case workers to *address layers of concern* (e.g. food security, rent, personal mental health needs) that may block clients from making breakthroughs in their mental health state:

Because a lot of the social service workers, they try to help their clients, but they can't get to square one because their clients are concerned about food; concerned about paying for their prescription; they're concerned about their safety. They're concerned about their rent, so they can't get past that to get to the root cause of what their mental state is.

It is also important to note that a major theme recurring in conversations around social services was the mental health of social service staff themselves. Omoto appreciated how *LTSC at the organizational level, as well as the board*, did what they could to mitigate staff stress; however, Shimada followed up with the recognition that oftentimes the pandemic impact was “*insidious*”—exhaustion often came on suddenly for staff despite the organization’s best efforts to maintain attentiveness to their needs. Nakamura also gave her perspective on how her *empathetic drive* for affordable housing residents’ situations drove her work to support them, explaining how she saw “We [at LTSC] could be the last friend” for many whose local friends and family might have moved away or passed. She further elaborated on a sense of responsibility to *pay work forward*, as she wishes to do her part now in hope that LTSC will be there for her future.

However, despite Nakamura’s genuine love for her work, she was honest about the emotional toll work during the pandemic took on her—higher incidences of client outbursts were

sometimes difficult to process personally, despite her deep understanding of clients' emotional states. Given these challenges, Nakamura highlighted LTSC's *availability of "mental health days off"* as well as *access to therapy sessions for staff*. Similarly, Ashihara qualified that while she finds great meaning in case work as well as with her time coordinating volunteers for LT Eats, her capacity was limited to manage emotionally heavy cases dealing with chronic conditions on top of coordinating a new program. Fortunately, *Ashihara felt comfortable in advocating for herself* with Shimada, requesting LT Eats volunteer coordination be handed off to a new staff member so she could focus on her cases.

Educational Services

Three interviewees covered Educational Services: Ayumi Nagata (LTSC), Gene Kanamori (Keiro), and Brad Fujikuni (Keiro). All interviews were conducted individually.

The bulk of educational services delivered by LTSC before a majority of residents were fully vaccinated took the form of flyers containing guidance on vaccines, masking, and business guidelines such as required posting of proof of vaccination status. Nagata explained that her approach to developing materials was *guided by meetings with other LTSC staff* and involved pulling from four informational sources: the LA Department of Public Health, the *Los Angeles Times*, the *New York Times*, and the Centers for Disease Control and Prevention. She went on to describe how limiting her scope to four resources was important to mitigate information overload, as oftentimes synthesizing from too many sources could be draining; however, since she was able to *focus solely* on COVID-19-related programs and education, as well as *work with coworkers* such as small business counselors and social workers to tailor resources to their unique needs, she saw how her role served as *capacity expansion* for the larger organization and reflected on the need to "pace [herself]." In addition to the support received from her LTSC colleagues and other Little Tokyo community members, Nagata found support in collaboration

with groups funded by the same COVID-19 assistance grant serving Chinatown and Skid Row communities. This *external collaboration*, Nagata mentioned, helped reframe her approaches to some aspects of educational material and program design through the sharing of resources and ideas:

[On] this [COVID-19] grant, actually, we also subcontract with two other organizations: one is called [Los Angeles Community Action Network], and they serve the Skid Row community. And another one is called [Southeast Asian Community Alliance], they serve the Chinatown community. So they're able to reach community that we're not able to reach, and sometimes we share resources. They do things in a very interesting way too... for example, [Los Angeles Community Action Network], if they say, "Let's do a vaccine clinic," the residents that live in Skid Row, they're not going to come. But if you say, "We're going to have an open house, and if you're interested in learning about vaccines, you're welcome too, or you can just hang out with us." And there's also opportunity for them to get a vaccine if they wanted to, but it's really open-ended.

Kanamori recalled that the initial shift of educational series to a virtual platform was challenging both in terms of reconfiguring connections with community members as well as in balancing the fatigue of being in front of a computer for extended periods of time. Despite these difficulties, both Kanamori and Fujikuni credit Keiro staff, especially younger staff members, with *rising to the occasion* and adapting online workshops in response to attendee feedback. Importantly, Kanamori observed how young staff went beyond applying their existing technological skills by designing creative workshops such as backyard gardening. Integral to this adaptability, according to Kanamori, were younger staff members' abilities to *combine experience* with marketing, development, and fundraising into their workshop design process:

I think what, what this pandemic has done is...unleashed the imagination and creativity of people too...especially the young folks. And so I think that's what has, has helped us to get through this...they're thinking about, you know, marketing, development, fundraising, right...my staff, they, they're pretty much up on a lot of different things. They come into my office with a lot of different ideas. And I think it's good. I really do. So, I think the staff has his lot to do with our successes this past year.

Moving forward, Fujikuni explains that it is likely Keiro will *continue with a combination of virtual and in-person* workshops given the tremendous performance by staff throughout the

COVID-19 pandemic.

Small Business Support

Three interviewees covered Small Business Support: Megan Teramoto (LTSC), Kristin Fukushima (LTCC), and Kisa Ito (LTCC). All interviewees partook in one group interview together.

All three interviewees pushed the importance of *maintaining communication* with small businesses to ensure needs were addressed as extensively as possible—Teramoto explained how small business counselors were responsible for assisting with loan or grant application writing, helping business owners get in touch with the city, as well as connecting businesses to Fukushima and Ito for any marketing or neighborhood issues. She further elaborated on how *extensive communication with businesses focused on finances*—such as detailing their financial situations, rent costs, and any other difficulties—helped inform the LTSC/LTCC collective’s approach to suggesting grants to specific businesses:

We assessed based on like, who remained open, who wants to stay open, and...then the next step was kind of like, how much can they do on their own, without us having to ...step in and redo their whole business, because there are a lot of businesses that don't need our help at all... but we would still check in with them, just to see what they need. We were kind of able to assess finances at a certain point...what they're going to need in terms of financing and capital and then, when grants would pop up...we would assess based on their sales and how they were doing in terms of like, customers...and then on the backend we had information like...how far they were behind on rent, or how much the rent actually is compared to this [business].

These lines of communication were also utilized to distribute COVID-19 information and guidance, especially those required for compliance with LA Department of Health mandates, translated into the business owners’ preferred languages by Ito or LTSC staff because most were only available in English and Spanish. While translations have been mentioned many times in this work, Fukushima underscored the *urgency of having properly translated materials for*

business owners:

Department of Health things were [always] changing; we were worried about them coming in and being like, “Oh, you're not in compliance, we're going to shut you down,” right? The work that, like, Megan was doing around making sure people knew their role, making sure they have the right things posted, like signage for their customers—all of that was so key, and constantly changing, and never in-language, and also just like, really scary...I can't read things when there's that much jargon in English...what are [limited English-speaking] folks going to do? And I think it now that we're like, two years out, it feels like a distant dream and I don't even think about that stuff. But...at the time, it really felt like our hair was on fire...

In addition, small business counselor and LTCC connections with business owners who were more financially stable further supplemented small business support, demonstrating the importance of *connections between these business owners*.

On top of supporting businesses with day-to-day functioning, LTCC events and social media provided platforms to assist businesses not included in other programs—with meal delivery programs largely benefitting restaurants, retail businesses were more centered in events such as Delicious Little Tokyo than in previous years. This *creative problem solving*, Fukushima noted, contributed to *a deeper sense of trust* between businesses and LTCC; she highlighted the fact that much of this work brought business owners to *rely on the younger generation of Little Tokyo leadership* not only for technical support, but also for their ability to organize and design new approaches to address issues. Moreover, Ito recognized that the leadership of the interviewees' respective organizations—senior staff and board members—invested a great deal of *trust* in this team's organizing process, enabling them to make swift decisions. Teramoto noted that, while receiving input from the various stakeholders involved in Little Tokyo's economic wellness is valuable, an *oversaturation of information could sometimes lead to slower execution*; as such, this trust was vital in expediting processes of planning and execution. The Small Business Relief Fund provided another means of support for businesses connected to LTCC and LTSC; this fund, similarly to CFC, is *backed entirely by community donations*. Fukushima points to the

importance of *maintaining relationships and engagement within and outside* the Little Tokyo community to ensure support, especially in disaster response, is as strong as possible.

Fukushima went further to explain that she sees the reverberations of *mistrust* fostered by the JA incarceration of World War II have been influential in the myriad ways Little Tokyo organized support for its various constituents:

...The history of [Little Tokyo] had already been laid out—so we already had a really incredible base and structure that we can work from that...But also our history, like the way World War II has shaped the way our community interacts with each other, leans on each other, because we're like, “We can't trust the government,” or like, “They're not going to be the ones to save us, we're only going to save ourselves with each other,”...that sense has always been there.

However, beyond that, she reflects on how the personal and historical connections of JAs across Southern California and the rest of the United States are crucial to how the community cares for itself through “kansha”:

You know, we talked about it as “kansha,”...the sense of like, what we do for each other, and I think that was really magnified during the pandemic...This is what we need to do to survive...more of the [sense that] “People care about me in this neighborhood,” and also providing a way for broader community to show their support too.

While kansha was explicitly referenced in this interview on small business support, echoes of the concept were discussed further when talking with Fukushima, Ito, and Teramoto about the general experience of organizing during the COVID-19 pandemic, setting up an important point of contrast against the study’s initial focus on gaman.

Chapter 6

Discussion

Coding of the data collected from these findings has been sorted into five “Critical Factors” situated in the middle of the proposed conceptual model of Community-Centered Health, here discussed for the way in which each is influenced by upstream factors on the Societal level (intergenerational trauma, cultural health beliefs, and racialized experiences) and go on to influence downstream outcomes (program/service development and implementation, outcomes). The broad category of “Challenges” is also included to capture the impact of adversity that shaped Little Tokyo’s COVID-19 pandemic response.

Critical Factors

Trust

Referenced in every interview, trust plays a key role not only as a standalone Critical Factor in the engagement of community members with programs and services, but also influences all aforementioned factors as conceptualized in this research on the Community and Interpersonal levels as it adapts through organizing experiences and affects outcomes derived from program and service development and implementation. Both explicit mentions of trust as well as implied trust (confiding sensitive information, regular personal communication, etc.) are coded as trust.

Upstream influences on trust can be best understood through the mechanisms described in **Historical Context**. These influences are illustrated in later points of discussion, such as in the cases of manifestations of intergenerational trauma in motivations for Little Tokyo-driven program and service development, negative racialized experiences with microaggressions directed at English-language fluency in sympathetic service provision by social workers, and donations made in the name of support for organizations aligned with cultural health beliefs.

While these examples take place in the recent past and recur in present-day contexts, they are best understood as rooted in histories of trauma, racialization, and socially constructed health beliefs conceived on a Societal level that trickle down to the narrower social ecological levels.

Trust influences all above described programs and services in some form: trust enabled expedient funding by Keiro for the beginnings of LT Eats; donors trusted LTCC would use funds raised to directly support local restaurants; Little Tokyo housing residents trusted LTSC's vaccine advisories when making vaccine clinic appointments; clients trusted case workers' abilities to provide mental health support; young staff at Keiro were entrusted with switching educational programs to a new platform; small business counselors were trusted to give sound financial advice. While more examples could be listed, what is most important to recognize is how trust lies at the foundation of program and service development and implementation resultant from the relations built by and between these three organizations. The success of programs and services delivered seen in these outcomes then feeds back into this Community level sense of trust in organizations' abilities to meet needs, further informing the development of the four other Critical Factors on the Organizational level.

With business owners understanding the community-wide role played by LTSC small business counselors as well as LTCC staff, networks of trust were expanded as business owners could see the work this team had produced for other Little Tokyo-based enterprises. Similarly, trust was instrumental to the strategic allocation of financial support to small businesses, especially legacy businesses; with owners entrusting counselors with intimate details regarding their financial situations, counselors were better able to determine the direction of available funding streams to best meet the needs of small businesses. These trusting relationships enabled thorough support of small businesses throughout the pandemic, with efforts by LTSC and LTCC ensuring that cornerstones of the community—restaurants where many go after a long day of

meetings, shops where memories between friends have been made, businesses where community members go to buy gifts for family—were able to reopen once they felt they could safely do so.

Trust also facilitated the flexibility of funding channels between Keiro and LTSC. While conversations such as the one between Shimada and Kanamori are on the Interpersonal level, the trust from these sorts of connections extends into the Organizational level, yielding trusting relationships between staff involved in the processes necessary to set up a funding stream. Even if trust were to exist on an Interpersonal level, that does not necessarily equate to trust on an Organizational level given that there must be extensive faith in a whole organization's abilities to mobilize properly. In particular, trust took the shape of connections that existed before the COVID-19 pandemic started; these long-held bonds provided, in their own way, infrastructure for initiatives to be built upon.

In terms of outcomes on the Interpersonal level, clients were able to lean on trusting relationships with their case workers when communicating needs at the beginning of the pandemic, a critical point when resources such as PPE and food were difficult to acquire, especially for vulnerable groups; this trust was drawn upon throughout the pandemic, with case workers noting the high level of adherence to advice such as staying home and engaging in minimal contact outside of one's living arrangement as likely attributed to cultural health beliefs in following care provider's guidance on good health practice. Even further, this trust played a role in encouraging vaccination at LTSC-run clinics, especially for undocumented people.

Interestingly, lead staff Murase, Kanamori, Shimada, and Fukushima all alluded to the element of mistrust in government institutions as a motivator of organizing by citing inability to rely on timely and adequate distribution of support. Considering these four interviewees are all descendants of the pre-1965 Japanese migrant population with ancestors who were incarcerated, this analysis connects aforementioned sentiments of mistrust to manifestations of

intergenerational trauma tied to the World War II incarceration. As described in additional analyses of the role intergenerational trauma plays in informing other Critical Factors, this mistrust appears to have propagated from understandings of personal and community-wide histories of incarceration imbued with emotional affect although the interviewees themselves did not experience Camp, inspiring the approaches they took to develop and implement programs and services during the COVID-19 pandemic.

Though mistrust was certainly brought up as a driver of service design—with programs like LT Eats built on the uncertainty of Safer At Home’s duration—negative motivators were not as centrally focused throughout interviews as positive motivators were. As such, it is pertinent to revisit *kansha*: literal meanings from Japanese include “appreciation,” “thanks,” or “gratitude” (Mori, 2019), a more concrete yet related definition compared to how *kansha* was introduced in *Small Business Support*. Described as “what we do for each other” by Fukushima, in the Little Tokyo context *kansha* seemingly encapsulates this sense of trust in one another through what community has done, is currently doing, and will do in the future. This sense of investment in the name of gratitude captures the feeling that work done in Little Tokyo prioritizes what is best for all not in the name of resentment, but goodwill. Rather than turning to a spirit of *gaman* to persevere and be resilient through the pandemic, the focus on *kansha* appears to give more agency to Little Tokyo-based organizations in their work to actively assesses and addresses the changing needs of various constituents in the community.

Financial Capacity

The availability of and ability to raise funds for use in program and service implementation are encompassed here in Financial Capacity. As LT Eats and the COVID-19 Emergency Assistance Fund illustrate, funding partnerships between organizations as in the case with LTSC and Keiro provide more than the money required to run a program or service: the

availability of flexible funding also expands the capacity of these organizations, allowing staff to focus on other programmatic aspects and job-related duties. Beyond logistical bandwidth, the provision of reassurance in funding requests made by social workers contributes to staff morale, addressed later in *Organizational Capacity*.

Fundraising efforts were also key to the success of many LTCC-driven programs and services: CFC and the Small Business Relief Fund were made possible by the donations of community constituents, a phenomenon later analyzed in *Legacy Investment*. While all organizations mentioned some form of donations—material and monetary—LTCC programs and services were designed around the accrual of funds garnered from community members. The decision to build programs around fundraising illustrates organizers’ belief in the power of community fundraising, with demonstrated success seen through the hundreds of thousands of dollars raised for CFC and the Small Business Relief Fund.

Through the lens of Community-Centered Health, Financial Capacity can be understood as informed through a synthesis of intergenerational trauma rising from the negative racialized experience of Camp: with the rise of organizations specifically focused on serving the health needs of LA’s JA community due to collective mistrust of government services and preference for those aligned with JA cultural health beliefs, many community members with the means to make philanthropic donations (a considerable population given the on-average greater socioeconomic positioning of JAs) have turned to these organizations that have served their families through generations, as evidenced by the large funds raised for programs such as CFC and the Small Business Relief Fund. Trust between the larger community and the organizations then reassures donors that their funds will be used as intended. Interorganizational trust also plays a role in maintaining flexible funding streams: Kanamori’s trust in Murase and Shimada laid the foundation for Keiro’s decision to extend financial support to LTSC programs and

services, while organizational infrastructure upheld documentation processes necessary to maintain accountability for funds allocated.

As the successes yielded through outcomes as well as during the organizing experience enter a reinforced feedback loop with trust, accrued financial capital not only goes toward executing programs and services for constituents, but also toward expanding infrastructure within the organization. The availability of funds further extended organizational productivity through hiring of program staff. Though not explicitly covered in interviews, the hiring of COVID-19 program-specific staff such as Nagata and Oshima enabled staff like Ashihara to redirect focus back to the main aspects of their jobs, an Organizational level process made possible through the LTSC leadership's ability to write grant proposals for large funding allocations to sponsor multiple staff additions.

Physical Space

Physical Space refers to the availability of and familiarity with facilities appropriately equipped for the varietal needs of described programs and services in addition to elements connected to the geographic neighborhood of Little Tokyo. Physical spaces such as the affordable housing units in Little Tokyo as well as office space and large open spaces for hosting vaccine clinics played key roles in making programs such as food delivery and vaccine clinics, as well as well-rounded social services support, possible. LTSC's ownership of keys to all affordable housing buildings eliminated the need for additional communication channels, streamlining the delivery process for LT Eats. Additionally, with control over office space for meeting with clients, services were able to continue with minimal interruption as LTSC was able to operate offices on their terms without having to coordinate with third-party building management. Furthermore, LTSC-managed housing buildings include telephones through which case workers were able to make calls: LT Eats signups, vaccine clinic appointments, as well as

wellness checks were all made possible through phone calls. The LTSC COVID-19 vaccine clinics' close proximity to LTSC, the Terasaki Budokan, and other organizations that provide direct services, made it easier to access populations that are traditionally difficult to reach (e.g., older adults with limited to no transportation or internet access) for provision of resources. Ownership of large, open spaces such as the Terasaki Budokan's basketball courts simplified the process of hosting large-scale events, further expanding the reach of organizations' influence.

A very concrete example of the effect physical space had on the quality of life of Little Tokyo residents is illustrated through Shimada's description of "return" to community through ping pong at the Budokan: emphasizing how residents have taken the initiative to set up their own social spaces, this example further underscores the impact of having an available, local space for socializing. The facility was not yet operating before the COVID-19 pandemic began; however, Shimada, Omoto, and Murase all made note of the difference it has made in older residents' abilities to facilitate their own forms of community building that can mitigate social isolation. Attending activities in a space within Little Tokyo that is owned and operated by LTSC may also contribute to feelings of comfort and safety, minimizing risk of encountering negative racialized experiences that may be more common in non-Little Tokyo-based settings.

The conceptualization and building of these spaces hinged greatly on the financial capacity of the Little Tokyo community, similarly influenced by racialized experiences and intergenerational trauma as suggested through the Community-Centered Health. With the historic reliance on ethnic enclaves as safe spaces for cultural expression in the United States (Li et al., 2016), as well as the emotional effect of belonging attached to the space, the return to Little Tokyo following Camp demonstrates the generations-old value of this neighborhood to the JA community. In the present-day context, the geographic proximity of services offered in Japanese and other non-English languages also makes the physical space valuable for residents

who prefer receiving services in languages other than English, catering to particular cultural health needs. On the Community level, physical space also requires a sense of trust in program execution: LT Eats and the COVID-19 vaccine clinics were wholly organized by Little Tokyo, in Little Tokyo, for Little Tokyo. The spaces utilized were familiar to organizing staff and recipients alike, contributing to ease of service execution, such as in LT Eats, as well as feelings of comfort, as in the case of vaccine clinics.

Organizational Capacity

Organizational capacity refers to the professional skills and infrastructure of an organization, including the personal mental and emotional health of its staff. Though initially conceptualized as pertaining solely to infrastructural components from preliminary conversations with key organizational staff, when interviewing a greater variety of staff members, the importance of staffs' personal capacity for mental and emotional wellness throughout the pandemic was mentioned in nearly every interview. Similar to *Financial Capacity* and *Physical Space*, the aspect of professional training and skill development within *Organizational Capacity* can be tied to access to resources in connection with socioeconomic standing as well as the availability of programs for mentorship and leadership development within the JA community. However, the empathetic drive that often flows into soft skills can also be seen as informed by intergenerational trauma and racialized experiences: those emphasizing the importance of developing programs and services out of a sense of duty stemming from *kansha* often draw from the shared memory of self-sufficiency efforts in Camp. Similarly, interviewees like Nakamura cited previous experiences with microaggressions regarding English-speaking skills as motivation for working with clients whose English proficiency is limited—reflecting an instance of shared negative racialized experiences that informs trust built on sympathy.

Multilingual staff played a central role in the dissemination of information and

development of materials: the availability of staff who could provide more accurate, human translations rather than automated translations enabled the interpretation of complex materials containing jargon-heavy COVID-19 guidance. The critical nature of this language capacity was explicitly stated for programs such as LT Eats and COVID-19 vaccine clinics, which required great amounts of direct communication with limited English-speaking constituents, and implicitly valued when discussing how Japanese-speaking case workers and small business consultants leveraged their language fluency in building and maintaining trusting relationships. However, in the case of social worker-client interactions, service delivery in Japanese could sometimes lead to expectations stemming from cultural health beliefs of residents who migrated from Japan, causing some strain in communication.

Most of the program and service leaders interviewed have over 5 years of experience working with Little Tokyo-based organizations, thereby developing a greater depth of knowledge of the people, spaces, and programs playing key roles in the community; this contributes to the logistical success of program and service implementation as well as the establishment of deep connections with community members such as clients, small business owners, and residents that feed back into a sense of community trust. While seasoned staff with many years of experience bring vast institutional knowledge to the table, organizational leaders often praised the adaptability of their staff—especially younger team members, as noted by Kanamori—speaking to the capabilities of staff at varying points in their careers. The investment of staff leaders into younger staff members' development, such as in the case of Oshima receiving training from supervisors, not only encourages the continuity of work quality across new hires but also the professional development of staff members just starting out in their career journeys. Oshima continued to prioritize expansion of the volunteer program to reduce the number of hours LTSC staff put into LT Eats, as their assistance with the program was an additional responsibility on

top of existing caseloads—through her understanding of case workers’ capacities, Oshima was able to identify an approach to ameliorating excessive exhaustion amongst LTSC staff helping with LT Eats.

Furthermore, these three well-established organizations—all of which are over 20 years old—also benefit from the support of board members, as in the case of the COVID-19 vaccine clinics wherein a board member connected Nagata to Wesley Clinics for vaccine distribution. Similarly, Nakamura and Omoto commended the board of LTSC for its prioritization of staff members’ mental health at the onset of the pandemic; it is important to note how this prioritization draws from the collective mourning for past LTSC executive director Dean Matsubayashi in September 2019, a loss that greatly affected LTSC staff as well as the larger Little Tokyo community, spurring conversation around supporting an entire organization through an emotional period in time.

In this vein, a balance of personal motivations and emotional strain tied to working through the pandemic was largely focused on by those in social work. Given the high levels of emotional labor often necessitated in this field, it is unsurprising that the additional toll of pandemic-derived uncertainty had a negative effect on case workers’ stress levels; interviewees gave insight on the different ways in which they processed this stress, with Nakamura citing resources made available by LTSC and Ashihara conveying her process of communicating with supervisors when she felt her workload was negatively impacting her work quality and energy levels. While celebrating empathetic motivations such as Nakamura’s in driving this work forward is important, understanding the ways in which community-centered organizations may stave off burnout among staff is highly beneficial to the future of nonprofit management.

Legacy Investment

To encapsulate the spirit of donation support and volunteerism, “Legacy Investment” is

here defined as “the investment of money and/or time into community-based efforts from constituents neither geographically located nor employed in a given community setting.” Social capital is often referred to when discussing the pooling of resources within ethnic communities by large social networks, encouraging economic growth and mobility for all involved (Li, 2004). While many may consider social capital an appropriate term for explaining the motivations of those invested in a community, in this work, *Legacy Investment* here specifically references those who neither live nor work in the Little Tokyo neighborhood yet base their involvements in ties of legacy. This phenomenon is illustrated through the donation systems that funded programs and services like CFC and the Small Business Relief Fund, as well as in cases of individual donations not covered in this work; as Fukushima observed, donations provided a means for those outside of the physical Little Tokyo space to feel they could help in some way.

Similarly, volunteer involvement demonstrates *Legacy Investment* of time by volunteers. While LT Eats coordinators noted many volunteers were local to the downtown LA area, some who volunteered on a weekly basis would come from as far as the San Fernando Valley—traveling a considerable distance to deliver meals and see residents. As described by coordinators, a reciprocal relationship developed between the program outcomes and volunteers themselves: seeing the thankfulness of residents when delivering meals for LT Eats provided gratification for volunteers that encouraged them to return. Given the volume of meal requests, coupled with the frequency of deliveries three times a week, continued volunteer investment was crucial to the continuity of programs such as LT Eats.

This investment may be understood through the mechanism of intergenerational trauma: while descendants of those incarcerated in Camp did not directly experience the removal of JAs from Little Tokyo, the loss of property, nor the meaningfulness of returning to community space post-war, understanding family histories and the role Little Tokyo plays in them likely

constituted a key factor in motivating donations and volunteer time. Drawing from Murase's emphasis on those who neither live nor work in Little Tokyo currently expressing pride in programs such as LT Eats, we observe an instance of processed intergenerational trauma giving rise to feelings of ownership of and appreciation for efforts to support Little Tokyo constituents.

It is important to recognize donations and volunteering are not only offered by those of Japanese descent; while the upstream factors implicated in trust building and legacy investment pertain to the JA community in this example of Community-Centered Health, philanthropic contributions are not limited to JAs. By presenting themselves as reputable organizations making volunteer and donation opportunities available for individuals—as well as companies in some cases—to donate time and money, Little Tokyo-based organizations are better able to expand their programs and services through these engagements.

Challenges

While these explored Critical Factors highlight the strengths that contributed to Little Tokyo-based organizations' responses, a number of challenges complicated or limited these responses in ways that are important to understand for future organizing. Consideration of the ways in which historically underserved and exploited communities are limited in their access to health resources such as vaccinations presented an ethical challenge to the organizing efforts around LTSC COVID-19 vaccination clinics. Nagata explained that, in the early planning stages of the first round of clinics, LTSC faced the ethical dilemma of whether they should move forward with the partnership while understanding how taking up clinic capacity could further the disproportionate impact of gaps in COVID-19 vaccine access in Black and Brown communities; however, the organization decided to move forward with focusing on Little Tokyo residents over the age of 65 years since, at the time, the population was easily accessible to LTSC and the sole eligible vaccine recipient group. Although the efforts made by LTSC were certainly in the best

interests of a local vulnerable population, the social privilege leveraged in this partnership does raise questions for future consideration of how the JA community recognizes its resource privileges and acts with the interests of other communities externally situated from Little Tokyo's physical location and socially conceived boundaries in mind.

The conceptualization of operational boundaries was discussed in terms of geographic boundaries perceived by interviewees as well as those drawn by grant-distributing institutions. Many interviewees noted that the Little Tokyo neighborhood's small size made organizing more manageable in terms of the small businesses assisted and meals delivered; however, opposite this strength is the limited focus on Little Tokyo constituents where there exists potential to extend resources beyond the physical delineation of the neighborhood. Such limited focus, is, nonetheless, to be expected given that these organizations were established to serve Little Tokyo and are often funded specifically for service to constituents tied to the geographic area—as in the case of grant distributions, which often require the definition of a specific target population for services. Designing and distributing more grants that encourage cross-community collaboration, such as the grant funding Nagata's position in addition to her Chinatown and Skid Row counterparts, could help inspire beneficial connections that enhance distinct communities' abilities to collectively organize and deliver reciprocal support.

While interviewees often tout the diversity and inclusiveness of the Little Tokyo community, both in those delivering services and those served, a "limited empathy" for certain community members may be observed when assessing recipient populations. Particularly, while interviewees accounted for the ways in which social services supported unhoused individuals connected to LTSC, little mention was made of unhoused individuals living in the physical neighborhood of Little Tokyo or in the other five programs and services described in this research. Although this study focused on certain programs intended to deliver support to specific

populations in Little Tokyo, there was minimal conversation on the ways in which programs and services with potential for broader reach—such as social services, vaccine clinics, and CFC—could address the needs of the Little Tokyo unhoused community or the nearby Skid Row community.

In acknowledging the limitations of funds and organizational capacity to expand program and service reach to another unique community, especially in the face of a pandemic's extenuating circumstances, as well as with the understanding that interviews took place retrospectively after programs had already concluded, this critique points to the potential for future responses to tap into lessons learned during emergency service provision early in the COVID-19 pandemic. LT Eats served a very specific vulnerable community of Little Tokyo-based affordable housing residents, while CFC cast a broader net of support by not requiring documentation to receive meals; the balance between these two programs and the populations they served enabled LTSC, Keiro, and LTCC to provide for the wellness of a vulnerable community already tied to organizational support while also extending resources to other vulnerable communities in a manner that may be utilized in the future.

Lastly, although the collaboration between these three organizations demonstrates a shift toward bridging siloes, Kanamori, Murase, and Fukushima all emphasized the need for organizations to further unify and push collectively against larger institutions not meeting the needs of Little Tokyo. At present, while LTCC does facilitate communication between various stakeholders within Little Tokyo, the diverse range of organizational interest and leadership can complicate alignment when developing a response to crises like the COVID-19 pandemic. Gathering more organizational support for advocacy efforts—for example, pushing the county to allocate funding to community-based food pantry programs rather than funneling money into more general programs that do not provide culturally appropriate pantry staples—can help raise

the volume of a community's calls. Additionally, the continued prioritization of bridging siloes helps ensure organizations are in sustained communication, which can reduce the duplication of efforts and even expedite organizing as seen with the programs and services of focus in this work.

Chapter 7

Limitations & Future Directions

This study covers the work of three of the many organizations based in Little Tokyo; this decision was made to maintain focus within the scope of a thesis project, but by no means represents all of the work done by Little Tokyo-based organizations to support the diverse needs of the community. The research process is straightforward—centered on interviews with key staff members—and is thus easily reproduced and may be used as a starting point for future work in collaboration with more organizations in Little Tokyo and beyond. However, it must be noted that the researcher has spent many years working with various organizations based in Little Tokyo, developing rapport that may have expedited the process of getting in contact with interviewees; additionally, the JA community's generally positive views on academic research and institutions were conducive to this process. Further, this study was limited to documentation and analysis through connections with historical concepts, although organizations expressed interest in evaluation of program and service effectiveness; this decision was once again made in the interest of maintaining focus for the purposes of an M.A. thesis. However, the findings may be utilized to generate frameworks within which measures of program and service success may be assessed.

The subjectivity of this study is also limited to the perspectives represented in its interviews. Future studies may take a critical approach in which factors such as value systems are analyzed for congruency when applied to relations within and outside the JA community; particular points of interest expressed by informants include (mis)treatment of local unhoused communities through sweeps and displacement in the midst of a pandemic, as well as racial tensions that arose during the civil unrest responding to injustice and police brutality in 2020.

Expecting larger healthcare and medical institutions to develop the depth of knowledge

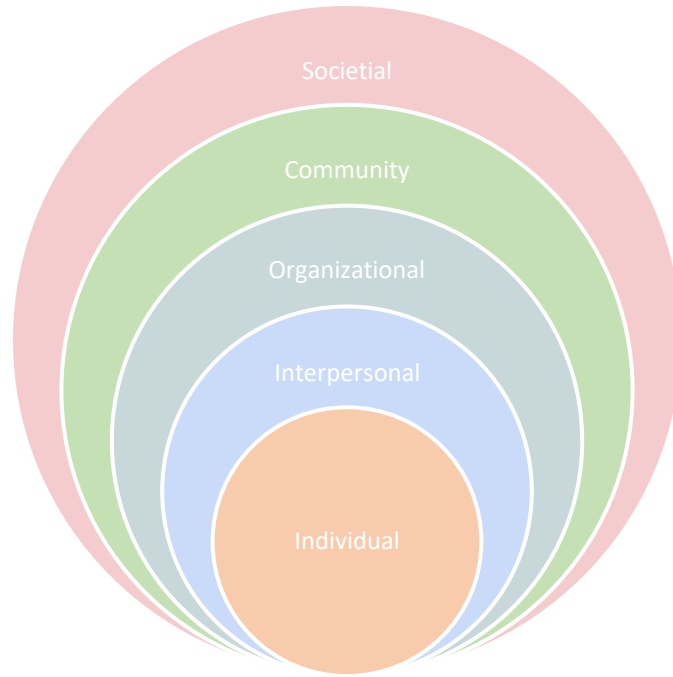
required for such thorough community-centered health is aspirational, to say the least; as such, this research points to the need for stronger partnerships between community-centered organizations and institutions such as hospitals and city/county health departments. Such partnerships can facilitate connections between difficult-to-reach populations and available health resources, extending the reach of larger institutions that may be limited in their agility when it comes to providing emergency support. However, it is critical that these partnerships are balanced in collaboration rather than exploitative of connections: proper compensation for community-centered organizations is key in ensuring organizational capacity is maintained or even enhanced in partnerships. Rather than directing funding to internal staff promotions that simply tack buzzwords like equity, diversity, and inclusion onto shallow initiatives, such well-funded health institutions ought to look for opportunities to partner with organizations that have already built foundations of rapport with the communities said institutions seek to serve. Doing so would enhance the strength in self-determination of cultural communities, promoting agency in providing the best support possible for their constituents.

Chapter 8

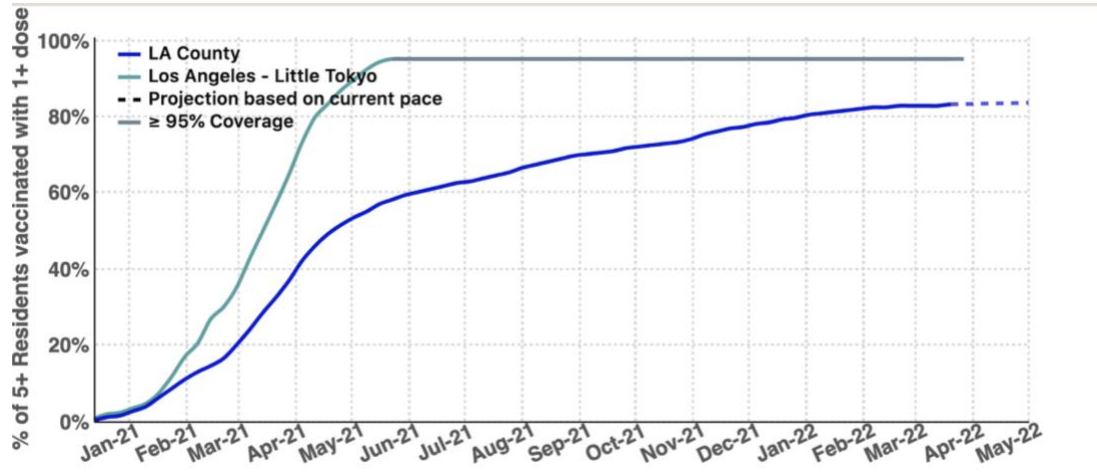
Conclusion

The dedication of community-centered organizations to providing well-informed care is critical to bridging gaps in resource accessibility, especially for vulnerable populations; such dedication has been captured in the findings of this study, which proposes the conceptual model of Community-Centered Health Practice to further understanding of how past and present experiences and beliefs interact with the five Critical Factors identified, then go on to play a pivotal role in developing and implementing care for communities. LTSC, Keiro, and LTCC are but three organizations in a diverse landscape of resources that shifted programs and services to both maintain and enhance support for their constituents; the efforts made by these organizations, through the tireless work of their staff, fostered an image of resilience that harkens back to an image deeply rooted in negative racialized experiences and intergenerational trauma, in *gaman*, from Camp. Through this connection, we come to question whether resilience is something to be proud of: I here contend that a future wherein resilience is not requisite to survival is the future we should look toward. This study seeks to move away from prizing resilience and toward celebrating community-centered practice that reckons with histories of trauma while acknowledging areas where sound infrastructure leads to the building of strengths in program and service design and implementation, ultimately prioritizing the value of trust over trauma. In applying such priorities not only to organizing in the face of disasters, but to everyday organizing, we can refocus our vision on nurturing the health and happiness of communities as their constituents see fit—beyond resilience, beyond *gaman*, and instead in gratitude, “what we do for each other,” *kansha*.

Appendix A: Study Social Ecological Model



Appendix B: Los Angeles County COVID-19 Vaccination Rates



Appendix C: Preliminary Meeting Outline

- Self intro
- [Organization staff] intros
- Introduction to thesis
 - Topic
 - Influence of shared community values on development of COVID-19 pandemic response
 - Interviews
 - Looking to talk to constituents of LTSC, Keiro, and LTCC
 - Also group interviews of volunteers, esp Yonsei/Gosei/Shin Nikkei young adults
 - Potentially key informants as well, those who have received/benefited from services
 - How to mold project to help further [organization's] goals
- Ask about [organization] programs/services
 - What was offered at the beginning of pandemic?
 - What is currently offered?
 - What are some notable shifts/pivots that occurred?
- Potential for collaboration
 - How might this work align with current goals/aims of [organization]?
 - What factors immediately come to mind when thinking about the development of/shift in programs and services?
 - Are there any other topics you would be interested in me researching?
- Future directions
 - IRB submission
 - Formal interviews
 - Group interviews

Appendix D: Consent Forms

University of California, Los Angeles

RESEARCH INFORMATION SHEET (Group)

*Beyond Gaman: Critical Factors in
Three Little Tokyo-Based Organizations' Pandemic Responses*

INTRODUCTION

Emiko Kranz, B.S., and Karen Umemoto, Ph.D., from the Asian American Studies Department at the University of California, Los Angeles are conducting a research study. This study is self-funded. You were selected as a possible participant in this study because *of your role in program/service development at a Little Tokyo-based Organization*. Your participation in this research study is voluntary.

WHAT SHOULD I KNOW ABOUT A RESEARCH STUDY?

- Someone will explain this research study to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind.
- Your decision will not be held against you.
- You can ask all the questions you want before you decide.
- All participants will be asked to keep what is shared during the group interview between the participants only. However, complete confidentiality cannot be guaranteed.

WHY IS THIS RESEARCH BEING DONE?

This project aims to identify the key factors involved in Little Tokyo-based organizations' shifts in services in response to the COVID-19 pandemic.

HOW LONG WILL THE RESEARCH LAST AND WHAT WILL I NEED TO DO?

Participation will take a total of about 120 minutes. This interview will take place in a group with other participants listed in email communication from the research team. Any follow-up will be conducted via brief emails for clarification purposes.

If you volunteer to participate in this study, the researcher will ask you to do the following:

- Respond to questions in a semi-structured interview format.
- Draw on knowledge of past and current programs/services.
- Clarify on points at a later date as necessary.

ARE THERE ANY RISKS IF I PARTICIPATE?

There are no anticipated risks or discomforts.

ARE THERE ANY BENEFITS IF I PARTICIPATE?

The results of the research may be used to inform future programs and services that better position communities in the face of a disaster.

What other choices do I have if I choose not to participate?

Your alternative to participating in this research study is to not participate.

HOW WILL INFORMATION ABOUT ME AND MY PARTICIPATION BE KEPT CONFIDENTIAL?

The researchers will do their best to make sure that your private information is kept confidential. Information about you will be handled as confidentially as possible, but participating in research may involve a loss of privacy and the potential for a breach in confidentiality. All participants will be asked to keep what is said during the focus group between the participants only. However, complete confidentiality cannot be guaranteed. Study data will be physically and electronically secured. As with any use of electronic means to store data, there is a risk of breach of data security.

Use of personal information that can identify you:

Names, work done with your respective organization, and organizational affiliation may be used to identify you.

How information about you will be stored:

Data will be maintained on password-protected hardware and Box drives.

People and agencies that will have access to your information:

The research team (Kranz, Umemoto) will have information access. Participants in interviews will have access only to transcripts of interviews which they participated in.

The research team and authorized UCLA personnel may have access to study data and records to monitor the study. Research records provided to authorized, non-UCLA personnel will not contain identifiable information about you. Publications and/or presentations that result from this study will not identify you by name.

Employees of the University may have access to identifiable information as part of routine processing of your information, such as lab work or processing payment. However, University employees are bound by strict rules of confidentiality.

How long information from the study will be kept:

Data will be maintained for up to five years following closure of the study.

USE OF DATA FOR FUTURE RESEARCH

Your data including de-identified data may be kept for use in future research.

WHO CAN I CONTACT IF I HAVE QUESTIONS ABOUT THIS STUDY?

The research team:

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact Emiko Kranz at emi.kranz@gmail.com.

UCLA Office of the Human Research Protection Program (OHRPP):

If you have questions about your rights as a research subject, or you have concerns or suggestions and you want to talk to someone other than the researchers, you may contact the UCLA OHRPP by phone: (310) 206-2040; by email: participants@research.ucla.edu or by mail: Box 951406, Los Angeles, CA 90095-1406.

WHAT ARE MY RIGHTS IF I TAKE PART IN THIS STUDY?

- You can choose whether or not you want to be in this study, and you may withdraw your consent and discontinue participation at any time.
- Whatever decision you make, there will be no penalty to you, and no loss of benefits to which you were otherwise entitled.
- You may refuse to answer any questions that you do not want to answer and still remain in the study.

You will be given a copy of this information to keep for your records.

*I agree to participate in this interview, which will be **audio and video recorded** over Zoom. I understand that I may review and request to strike items from transcripts. I agree to allow information and quotations from this interview to be used by Emiko for her research project. I also agree to the following use of my interview:*

_____ Use my true identity

_____ Do not use my true identity

_____ Other stipulations:

Print name of interviewee: _____

Signature of interviewee: _____ Date: _____

Signature of interviewer: _____ Date: _____
University of California, Los Angeles

RESEARCH INFORMATION SHEET (Individual)

Beyond Gaman: Critical Factors in Three Little Tokyo-Based Organizations' Pandemic Responses

INTRODUCTION

Emiko Kranz, B.S., and Karen Umemoto, Ph.D., from the Asian American Studies Department at the University of California, Los Angeles are conducting a research study. This study is self-funded. You were selected as a possible participant in this study because *of your role in program/service development at a Little Tokyo-based Organization*. Your participation in this research study is voluntary.

WHAT SHOULD I KNOW ABOUT A RESEARCH STUDY?

- Someone will explain this research study to you.
- Whether or not you take part is up to you.
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This project aims to identify the key factors involved in Little Tokyo-based organizations' shifts in services in response to the COVID-19 pandemic.

HOW LONG WILL THE RESEARCH LAST AND WHAT WILL I NEED TO DO?

Participation will take a total of about 120 minutes. Any follow-up will be conducted via brief emails for clarification purposes.

If you volunteer to participate in this study, the researcher will ask you to do the following:

- Respond to questions in a semi-structured interview format.
- Draw on knowledge of past and current programs/services.
- Clarify on points at a later date as necessary.

ARE THERE ANY RISKS IF I PARTICIPATE?

There are no anticipated risks or discomforts.

ARE THERE ANY BENEFITS IF I PARTICIPATE?

The results of the research may be used to inform future programs and services that better position communities in the face of a disaster.

What other choices do I have if I choose not to participate?

Your alternative to participating in this research study is to not participate.

HOW WILL INFORMATION ABOUT ME AND MY PARTICIPATION BE KEPT CONFIDENTIAL?

The researchers will do their best to make sure that your private information is kept confidential. Information about you will be handled as confidentially as possible, but participating in research may involve a loss of privacy and the potential for a breach in confidentiality. Study data will be physically and electronically secured. As with any use of electronic means to store data, there is a risk of breach of data security.

Use of personal information that can identify you:

Names, work done with your respective organization, and organizational affiliation may be used to identify you.

How information about you will be stored:

Data will be maintained on password-protected hardware and Box drives.

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The research team (Kranz, Umemoto) will have information access. Participants in interviews will have access only to transcripts of interviews which they participated in.

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Employees of the University may have access to identifiable information as part of routine processing of your information, such as lab work or processing payment. However, University employees are bound by strict rules of confidentiality.

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Data will be maintained for up to five years following closure of the study.

USE OF DATA FOR FUTURE RESEARCH

Your data including de-identified data may be kept for use in future research.

WHO CAN I CONTACT IF I HAVE QUESTIONS ABOUT THIS STUDY?

The research team:

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact Emiko Kranz at emi.kranz@gmail.com.

UCLA Office of the Human Research Protection Program (OHRPP):

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- Whatever decision you make, there will be no penalty to you, and no loss of benefits to which you were otherwise entitled.
- You may refuse to answer any questions that you do not want to answer and still remain in the study.

You will be given a copy of this information to keep for your records.

*I agree to participate in this interview, which will be **audio and video recorded** over Zoom. I understand that I may review and request to strike items from transcripts. I agree to allow information and quotations from this interview to be used by Emiko for her research project. I also agree to the following use of my interview:*

_____ Use my true identity

_____ Do not use my true identity

_____ Other stipulations:

Print name of interviewee: _____

Signature of interviewee: _____ Date: _____

Signature of interviewer: _____ Date: _____

Appendix E: Formal Interview Questions

Little Tokyo Eats

1. Please describe the program.
2. What were your roles in the program?
3. What inspired the conception/development of this program?
4. What needs were identified that this program aimed to address?
5. Who else was involved in its conception and execution?
6. What measures did you use to assess reach and impact?
7. Please describe any challenges you experienced when designing, implementing, or adjusting this program to meet different needs.
 - a. What changes would you make, looking back?
8. What aims/goals/achievements were met or made?
 - a. Why were these successes possible?
9. What role did collaboration play in the implementation of these shifts?
10. Though the program has ended, how did its implementation change priorities or perspectives for your organization in ways that can be seen today?
11. Wrap-up

Community Feeding Community Group

1. Please describe the program.
2. What were your roles in the program?
3. What inspired the development of this program?
4. What needs were identified that this program aimed to address?
5. Who else was involved in its conception and execution?
6. What measures did you use to assess reach and impact?
7. Please describe any challenges you experienced when designing, implementing, or adjusting this program to meet different needs.
 - a. What changes would you make, looking back?
8. What aims/goals/achievements were met or made?
 - a. Why were these successes possible?
9. What role did collaboration play in the implementation of these shifts?
10. Though the program has ended, how did its implementation change priorities or perspectives for your organization in ways that can be seen today?

Social Services Group

1. What is your role with social services at LTSC?
2. When the pandemic began, what services needed to shift?
3. What signs indicated services needed to change?
4. Who was involved in implementing this shift?
5. What measures did you use to assess reach and impact?
6. Please describe any challenges you experienced when shifting your services.
 - a. What changes would you make, looking back?
 - b. Ryoko mentioned mediating residents' expectations between Japanese health services and American health services. What role did this mediation play in designing and implementing adjusted services?
7. What aims/goals/achievements were met or made?
 - a. Why were these successes possible?
8. Do you think this shift will affect the future of services provided by LTSC? Why or why not?

Vaccine Clinics

1. Please describe the process of setting up and running the clinics.
2. Why did LTSC decide to host these clinics?
 - a. How did you decide the location for services?
3. Who was involved in the planning and implementation of the clinics?
4. What measures did you use to assess reach and impact?
 - a. Were there different outreach efforts created for different populations?
5. Please describe any challenges you experienced when designing, implementing, or adjusting this program to meet different needs.
 - a. What changes would you make, looking back?
6. What aims/goals/achievements were met or made?
 - a. Why were these successes possible?
7. Has your experience with providing this service impacted your vision of the future of LTSC services? Why or why not?

Education

1. Please describe the programs and educational materials you were involved with.
2. When the pandemic began, what programs needed to shift?
 - a. How could you tell these shifts needed to happen?
3. Who was involved in implementing this shift?
4. What measures did you use to assess reach and impact?
5. Please describe any challenges you experienced when designing, implementing, or adjusting programs or materials to meet different needs.
 - a. What changes would you make, looking back?
6. What aims/goals/achievements were met or made?
 - a. Why were these successes possible?

7. Do you see this reframing of educational programs and services having a lasting impact on the way your organization provides education in the future? Why or why not?

Volunteer Organizing

1. Please describe your role in the program you assisted with.
2. Recruitment
 - a. Sustainability
 - b. Training
 - c. Trends in connections/demographics/networks
 - i. Which/how were generational networks were engaged
3. Interesting things that came up in conversation (if can be shared)
4. Outcomes
 - a. Continued involvement
 - b. Impact (emotional, identity, fulfillment/purpose, etc)
5. Please describe any challenges you experienced when designing, implementing, or adjusting this program to meet different needs.
 - a. What changes would you make, looking back?
6. What aims/goals/achievements were met or made?
 - a. Why were these successes possible?
7. Has your experience with providing this service impacted your vision of the future of LTSC services? Why or why not?

Appendix F: Program Coding Matrix

LT Eats		
Concept	Primary	Source
shared responsibility	trust	Kanamori, Fujikuni
Safer At Home uncertainty	trust	Murase
Keiro financial support	financial	
existing relationship	capacity	Murase
ongoing communication	trust	Kanamori
trusting relationships	org capacity	Fujikuni
5 languages	trust	Murase
key possession	org capacity	Murase
volunteer mobilization	physical space	Murase
role balance sustainability	org capacity	Fujikuni
	financial	Ashihara
hiring	capacity	Oshima
extensive training	org capacity	Oshima
program foundation	org capacity	Oshima
minimize staff commitment	org capacity	Oshima
passion	Legacy inv	Oshima, Ashihara
direct gratification	Legacy inv	Ashihara
additional help offer	Legacy inv	Oshima
routine, socialization	Legacy inv	Oshima
CFC		
Concept	Primary	Source
preexisting regular meetings	org capacity	Ito
understanding of other programs	org capacity	Fukushima
productive working relationship	org capacity	Ito, Teramoto
minimal overlap	org capacity	Teramoto
direct money channel	trust	Fukushima
funding program thru donations	Legacy inv	Fukushima
prioritization small businesses	trust	Fukushima
comm small biz financial needs	trust	Teramoto
bilingual Japanese	org capacity	Ito
skill dev for restaurants	org capacity	Teramoto

COVID-19 Vaccine Clinics		
Concept	Primary	Source
hired COVID-19 spec staff	financial capacity	
comm with case workers	org capacity	
background as case worker	org capacity	
board member connection	org capacity	
budokan space	physical space	
budokan wifi	physical space	Nagata
previous intern connection	org capacity	
language capacity	org capacity	
trust with clients	trust	
familiarity with staff present	trust	
organizational morale	org capacity	

Appendix G: Service Coding Matrix

Social Services		
Concept	Primary	Source
wellness check care	trust	Omoto
mood changes	org capacity	Shimada, Nakamura, Ashihara
quick from existing understanding	org capacity	Shimada
	financial	
diverse funding for items (EAF)	capacity	Omoto
emotional relief from funding	Legacy inv	Omoto
early convo with Kanamori --> less doc	trust	Shimada
existing partnership --> assist flex	trust	Kanamori, Fujikuni
prioritize client outcomes	trust	Kanamori
Board/Org concern for mental health	Legacy inv	Omoto
insidious impact	org capacity	Shimada
empathetic drive	Legacy inv	Nakamura
Pay work forward	Legacy inv	Nakamura
availability of mental health resources	org capacity	Nakamura
self-advocacy	org capacity	Ashihara
Educational Services		
Concept	Primary	Source
coworkers brainstorming	org capacity	Nagata
sole focus on covid programs	org capacity	Nagata
co-working	org capacity	Nagata
capacity expansion for org	org capacity	Nagata
external collab	org capacity	Nagata
young staff rising to occasion	org capacity	Kanamori
combined experience --> good workshops	org capacity	Kanamori
continue virtual/in-person programmig	org capacity	Fujikuni
Small Business Support		
Concept	Primary	Source
maintaining communication w biz	org capacity	Teramoto, Fukushima, Ito
in-depth financial communication	trust	Teramoto
connecting businesses together	Legacy inv	Teramoto
creative problem solving --> trust	org capacity	Fukushima
Trust from orgs on work	trust	Ito
community-based donations	Legacy inv	Fukushima
external relationships/engagement	org capacity	Fukushima
mistrust/intergen trauma	trust	Fukushima
kansha	Legacy inv	Fukushima

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