



The Associated Press-NORC
Center for Public Affairs Research

AAPI ADULTS HAVE MORE CONFIDENCE AND TRUST IN MEDICAL PROFESSIONALS LIKE DOCTORS AND SCIENTISTS THAN GOVERNMENT OFFICIALS, AND MOST ARE STRESSED ABOUT HEALTH CONCERNS

Personal finances are a source of stress for most AAPI adults, along with health concerns. And many are also stressed about discrimination, with 1 in 4 experiencing a hate crime or incident in the last year.

When asked about confidence in medical professionals to act in the best interest of public health, AAPI adults report the most confidence in doctors, nurses, scientists, and medical researchers according to a new AAPI Data/AP-NORC Poll. Nine in 10 express at least some confidence in each



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of these professions, and about 6 in 10 are extremely or very confident. Fewer express the same level of confidence in alternative medicine practitioners (58%), and more than half (56%) are not confident in the federal government to do what is best for public health.

Five Things You Should Know About the AAPI Data/AP-NORC Poll Among Asian American, Native Hawaiian and Pacific Islander adults in the U.S.:

1. AAPI adults report the most confidence in doctors and nurses (92%) and scientists and medical researchers (92%) to do what is best for public health, while 56% are not confident in the federal government to do the same.
2. 32% are extremely or very concerned about medical records being shared with immigration enforcement, and 21% are somewhat concerned.
3. 79% have used alternative medicine to treat or prevent a health issue in the last year and about half cite a recommendation or prescription by a medical doctor, friends or social media.
4. 1 in 4 have experienced a hate crime or incident in the last year, most commonly being verbally harassed or abused (15%) or being called a racial or ethnic slur (13%).
5. 59% think it is at least somewhat likely they will be discriminated against because of their race or ethnicity in the next 5 years, and 47% because of their immigrant background or status.

Trust in various healthcare professions to do what is best for AAPI adults and their families mirrors confidence in doing what is best for public health. They are most likely to trust doctors and nurses (80%), pharmacists (74%), and mental health counselors (58%), as well as public health officials in state government (45%). Fewer trust public health officials in the federal government (27%), alternative medicine practitioners (27%), health insurance providers (22%), or hospital executives (20%). These findings are similar to [June 2025](#).

When it comes to federal health policy, most AAPI adults favor restricting processed foods to remove added sugar or dyes (74%) but are more divided on revising federal dietary guidelines to prioritize meats, dairy and fats (31% favor and 26% oppose). More oppose than favor changes to vaccine policies.

Most AAPI adults have used a form of alternative medicine to treat or prevent health problems in the last year. Seventy-nine percent have used one of the approaches asked about, most commonly dietary supplements (62%) or probiotics (46%). And about half (55%) have used non-dietary approaches, including mindfulness-based stress reduction techniques (32%) or movement practices, such as Yoga, Tai Chi, or Qigong (21%).

Among those who have used one of these approaches, about half cite a recommendation or prescription from a medical doctor (53%), say conventional medicine was too expensive (50%), or received a recommendation through friends or social media (50%). On the other hand, those who have not used any of the alternative medicines asked about cite concerns about effectiveness (40%) and safety (37%), or say their doctor did not recommend them (35%). Thirty-two percent say they were too expensive.

Looking at concerns about health care, about half are extremely or very concerned about not being able to afford treatment options, while about 1 in 3 are concerned about treatments not being taken seriously by providers or medical records being shared with immigration enforcement. Fewer are concerned about not having access to language services (11%).

The survey also covers mental health topics and finds that 3 in 4 AAPI adults cite personal finances (75%) and health concerns (74%) as a major or minor source of stress, while 59% say the same about relationships with friends or family.

And while discrimination is a source of stress for fewer AAPI adults than other issues, 48% still say it is a source of stress in their life right now including 11% who say it is a major source. One in 10 have experienced a hate crime in the last year, and another 2 in 10 have experienced a hate incident. These findings are similar to reports among AAPI adults in [June 2025](#), and mark a decline compared with [October 2023](#).

Few AAPI adults experience discrimination very often, but most have experienced it at some point in their community (64%) or when applying for jobs (60%), and about half have experienced it when getting health care from doctors (51%) or dealing with the police (53%). About 6 in 10 AAPI adults think it is likely they will face discrimination because of their race or ethnicity in the next 5 years, including 29% who say it is extremely or very likely, and about half say the same about their immigrant background or status.

And while most AAPI adults do not feel symptoms of anxiety, those who experienced a hate crime or incident are more likely than those who did not to experience moderate or severe anxiety (28% vs 14%),

as are those who cite health concerns, personal finances, personal relationships, or discrimination as stressors in their lives.

The nationwide study was conducted by The AP-NORC Center for Public Affairs Research and AAPI Data from March 23-30, 2026, using the Amplify AAPI Monthly Survey drawing from NORC's Amplify AAPI® Panel designed to be representative of the U.S. Asian American, Native Hawaiian, and Pacific Islander household population. Online interviews were offered in English, the Chinese dialects of Mandarin and Cantonese, Vietnamese, and Korean with 1,228 Asian American, Native Hawaiian, and Pacific Islanders aged 18 and older living in the United States. The margin of sampling error is +/- 4.5 percentage points.

AAPI ADULTS HAVE THE MOST CONFIDENCE AND TRUST IN MEDICAL PROFESSIONALS LIKE DOCTORS AND SCIENTISTS AND ARE DIVIDED ON CURRENT FEDERAL HEALTH PRIORITIES.

Most AAPI adults have confidence in doctors, nurses, scientists, and medical researchers to act in the best interest of the public's health. Few place the same amount of confidence in alternative medicine practitioners or the federal government.

AAPI Democrats are more confident than AAPI Republicans in doctors, nurses, scientists, and medical researchers but are less confident in alternative medicine practitioners or the federal government.

AAPI adults with a college degree are more likely than those without one to be extremely or very confident in doctors and nurses (67% vs. 52%) and scientists and medical researchers (68% vs. 46%).

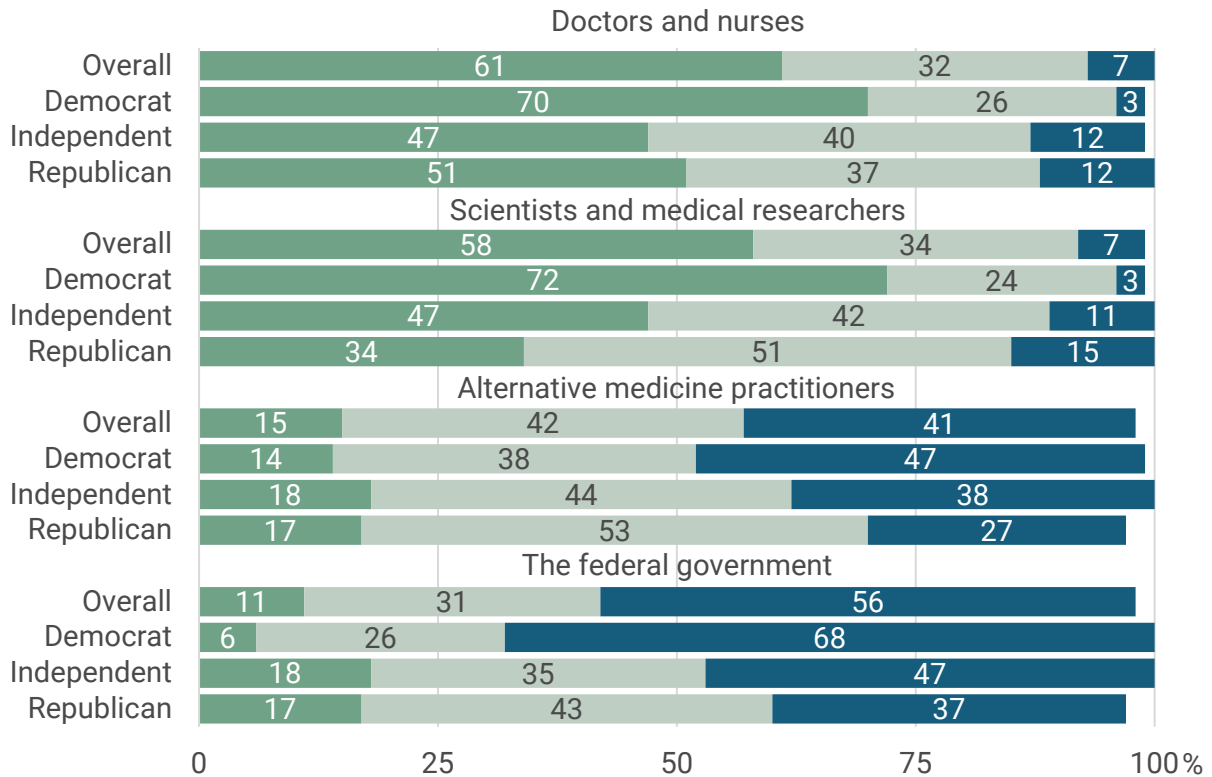
And AAPI men are more likely than AAPI women to have a lot of faith in doctors and nurses (66% vs. 56%) and the federal government (14% vs. 8%).

Fifty-six percent of AAPI adults under 30 have little to no confidence in alternative medicine practitioners compared with 28% of those 60 or older.

Few AAPI adults have confidence in the federal government to act in the best interest of the public's health.

Percent of AAPI adults

■ Extremely/very confident ■ Somewhat confident ■ Not very/not at all confident



Question: How confident are you in each of the following to act in the best interest of the public's health?

Source: AAPI Data/AP-NORC poll conducted March 23-30, 2026 with 1,228 AAPI adults nationwide.



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Most AAPI adults trust doctors and nurses, pharmacists, and mental health counselors to do what is right for them and their family most or all the time and about half say the same about public health officials in their state government. Less than a third, meanwhile, place a lot of trust in alternative medicine practitioners, public health officials in the federal government, health insurance providers, or hospital executives. These numbers are similar to the AAPI population a year ago, according to a [February 2025 AAPI Data/AP-NORC Poll](#).

More AAPI Republicans than AAPI Democrats trust public health officials in the federal government (37% vs 22%), while more AAPI Democrats trust public health officials in their state government (54% vs. 38%), and mental health counselors (66% vs. 43%). Most, regardless of partisanship, trust doctors, nurses, and pharmacists.

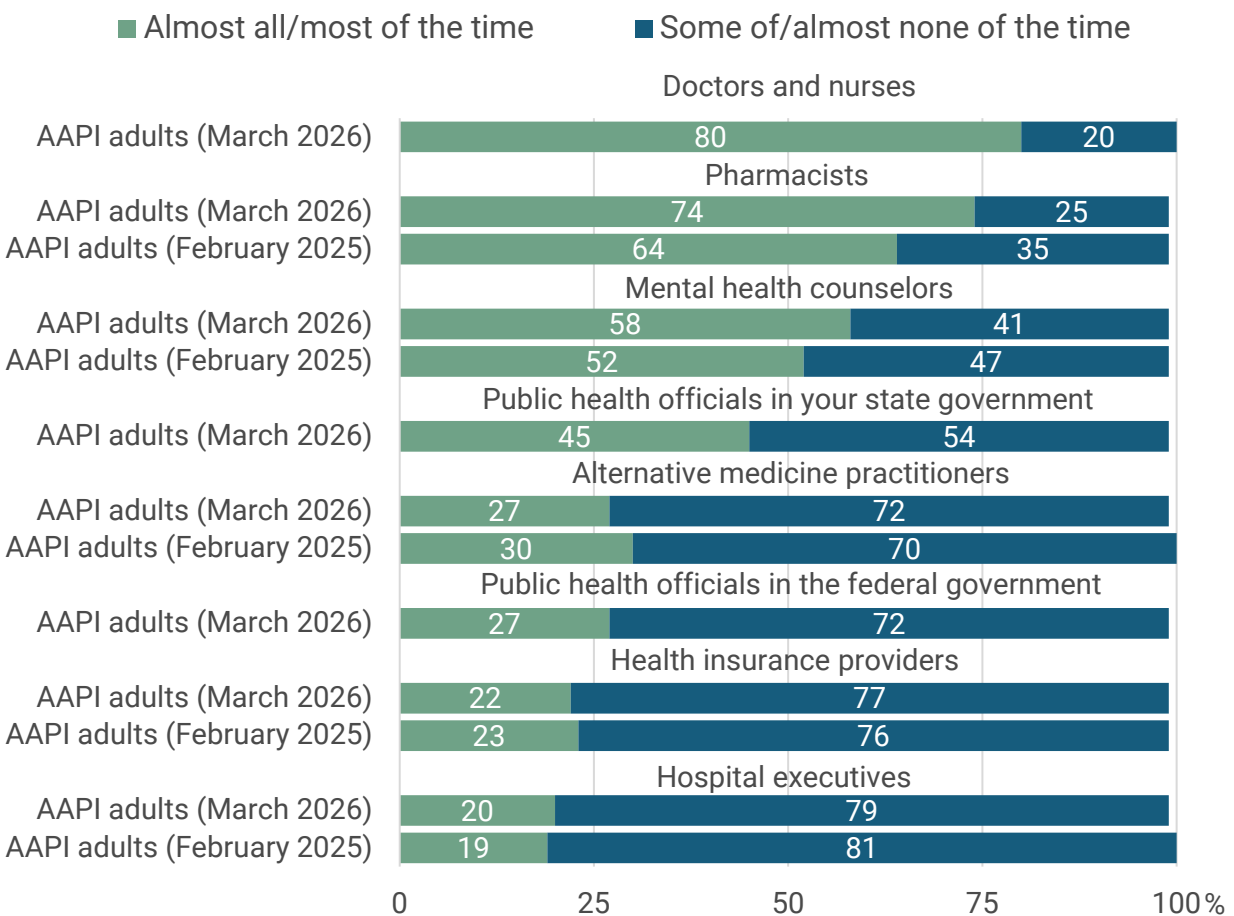
AAPI adults with a college degree are more likely than those without one to trust doctors and nurses (84% vs. 75%), and mental health counselors (64% vs. 51%).

AAPI adults under 30 also tend to place more trust in mental health counselors compared with those 60 or older (67% vs. 47%).

AAPI adults who primarily speak a language other than English are more likely than those who primarily speak English to trust public health officials in the federal government (31% vs. 22%).

Most AAPI adults trust doctors, nurses, pharmacists and mental health counselors to do what is right for them and their family.

Percent of AAPI adults



Question: In general, how much of the time do you think you can trust the following health care professions to do what is right for you or your family?

Source: AAPI Data/AP-NORC polls conducted March 23-30, 2026 with 1,228 AAPI adults and February 4-11, 2025 with 1,170 AAPI adults nationwide.



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Looking at health care policies, 3 in 4 AAPI adults favor restricting processed foods to remove ingredients like added sugar or dyes, but they are split about revising federal guidelines to prioritize meat, dairy, and fats. More oppose than favor changes to vaccine policies. The share of AAPI adults who favor and who oppose restricting processed foods and reconsidering government recommendations for vaccines is similar to findings from a [February 2025 AAPI Data/AP-NORC Poll](#) and a [January 2025 AP-NORC Poll of U.S. adults](#).

Most AAPI Democrats and Republicans favor restricting ingredients in processed foods, while a larger share of Republicans favor reconsidering government recommendations for vaccines, delaying the recommended schedules for vaccines given after birth, or revising federal dietary guidelines.

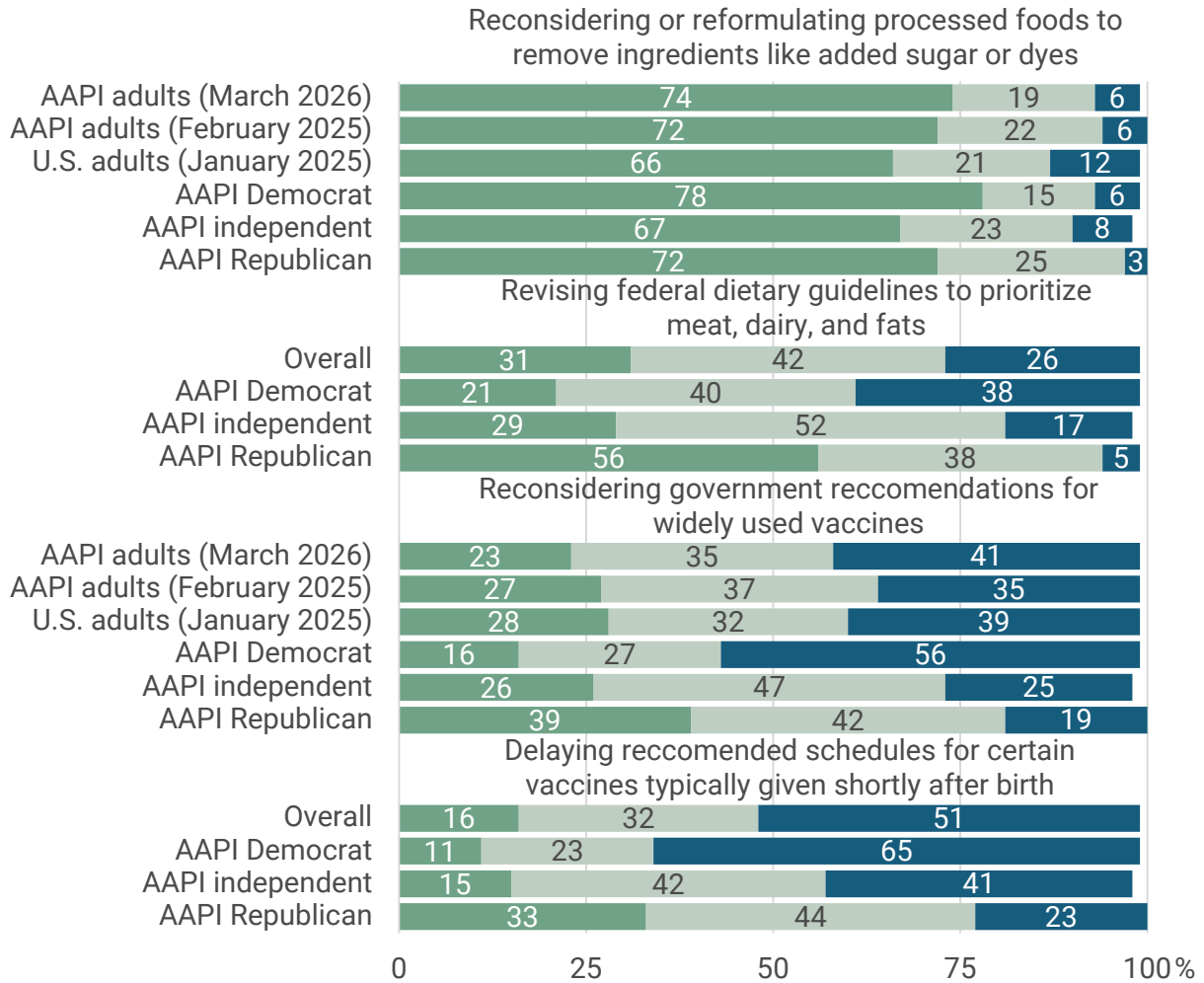
Compared with those without, more AAPI adults with a college degree oppose delaying recommended schedules for certain vaccines (61% vs. 38%) and revising federal dietary guidelines (38% vs. 12%).

And AAPI adults under 30 are more likely than those 60 or older to oppose reconsidering government recommendations on vaccines (56% vs. 37%) or delaying recommended schedules for vaccines typically given shortly after birth (67% vs. 40%).

Most AAPI adults favor restricting processed foods.

Percent of adults

■ Strongly/somewhat favor ■ Neither favor nor oppose ■ Strongly/somewhat oppose



Question: Would you favor, neither favor nor oppose, or oppose each of the following?

Source: AAPI Data/AP-NORC polls conducted March 23-30, 2026 with 1,228 AAPI adults and February 4-11, 2025 with 1,170 AAPI adults and AP-NORC poll conducted January 9-13, 2025 with 1,147 adults nationwide.



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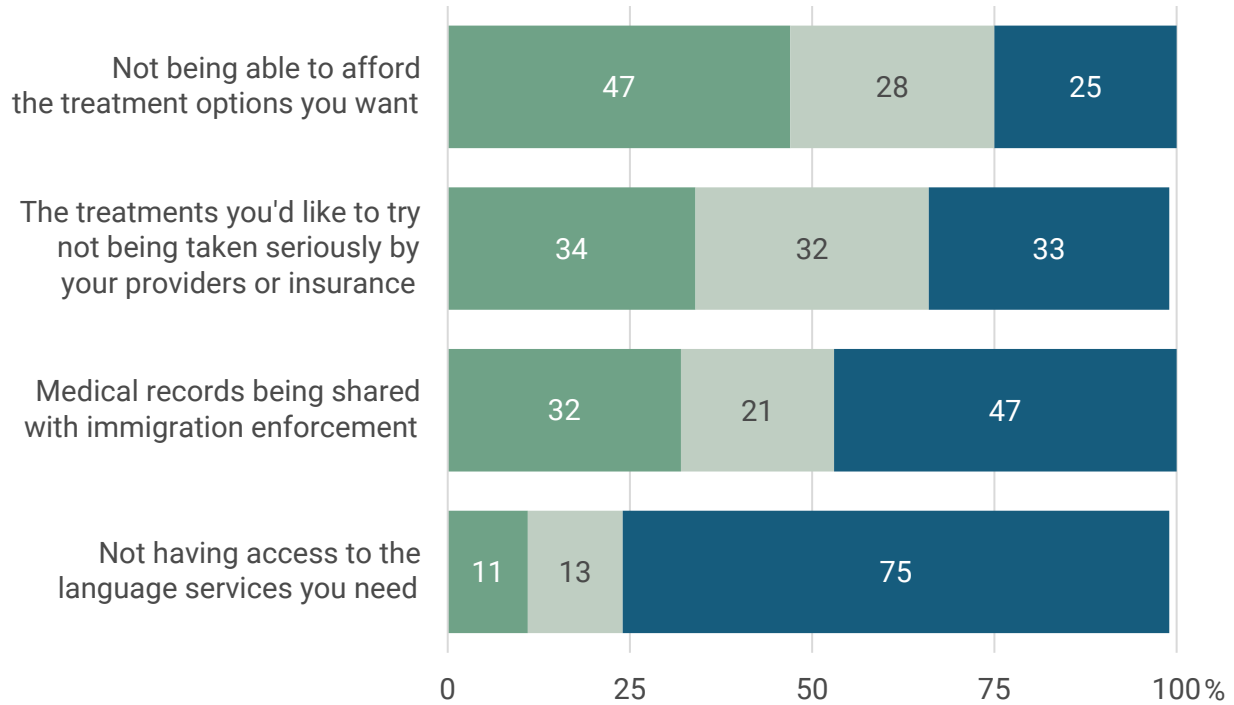
When it comes to their health care, about half of AAPI adults are extremely or very concerned about not being able to afford the treatment options they want, while a third say the same about the treatments they would like to try not being taken seriously by their providers or insurance, or their medical records being shared with immigration enforcement. Fewer are concerned about not having access to the language services they need.

Not all AAPI adults are equally concerned about medical records being shared with immigration enforcement. Those who primarily speak a language other than English at home are more concerned than English speakers (36% vs. 25%), as are AAPI Democrats compared with Republicans (37% vs. 19%).

Half of AAPI adults worry a lot about not being able to afford treatment options they want.

Percent of AAPI adults

■ Extremely/very concerned ■ Somewhat concerned ■ Not very/not at all concerned



Question: How concerned are you about each of the following when it comes to your health care?

Source: AAPI Data/AP-NORC poll conducted March 23-30, 2026 with 1,228 AAPI adults nationwide.



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MOST AAPI ADULTS HAVE USED SOME FORM OF ALTERNATIVE MEDICINES TO TREAT OR PREVENT HEALTH PROBLEMS.

Seventy-nine percent of AAPI adults have tried alternative medicine in the past year. Dietary supplements and probiotics are the most commonly used, with 70% of AAPI adults using at least one. Fifty-five percent of AAPI adults have tried some form of alternative medicine or treatment beyond a dietary supplement or probiotics, including mindfulness-based stress reduction techniques, movement practices, chiropractic therapy, or acupuncture.

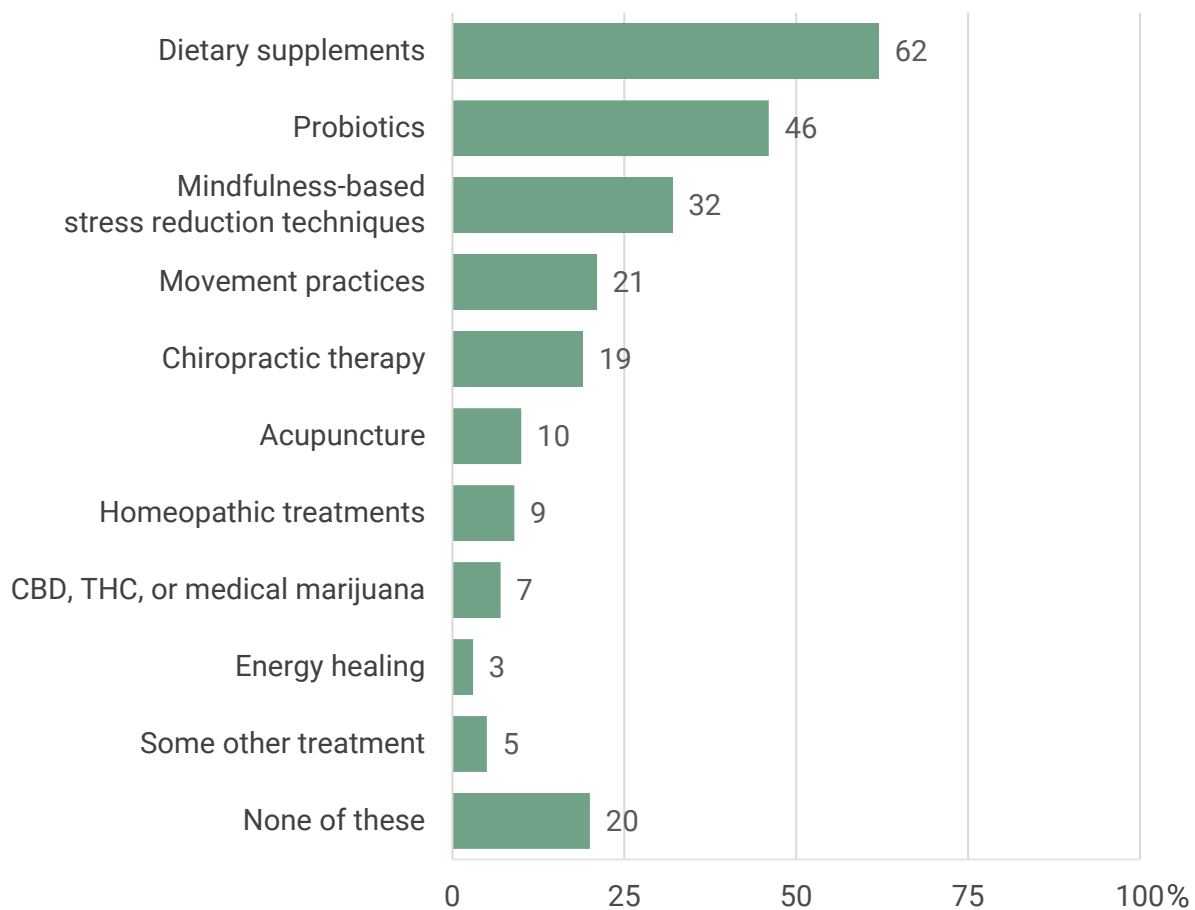
More AAPI women than men have tried any form of alternative medicines and treatment (85% vs 73%) and are also more likely to have tried less common treatments beyond dietary supplements and probiotics (60% vs 49%).

AAPI adults with a college degree are more likely to have used dietary supplements (66% vs. 57%), probiotics (51% vs. 41%) or mindfulness-based stress reduction techniques (37% vs. 26%).

And those born inside the United States more often take THC, CBD, or medical marijuana than those born outside the country (11% vs. 4%).

Dietary supplements and probiotics are among the most popular alternative medicines used among AAPI adults.

Percent of AAPI adults who say yes



Question: In the past year, which, if any, of the following have you used to treat or prevent health problems?

Source: AAPI Data/AP-NORC poll conducted March 23-30, 2026 with 1,228 AAPI adults nationwide.

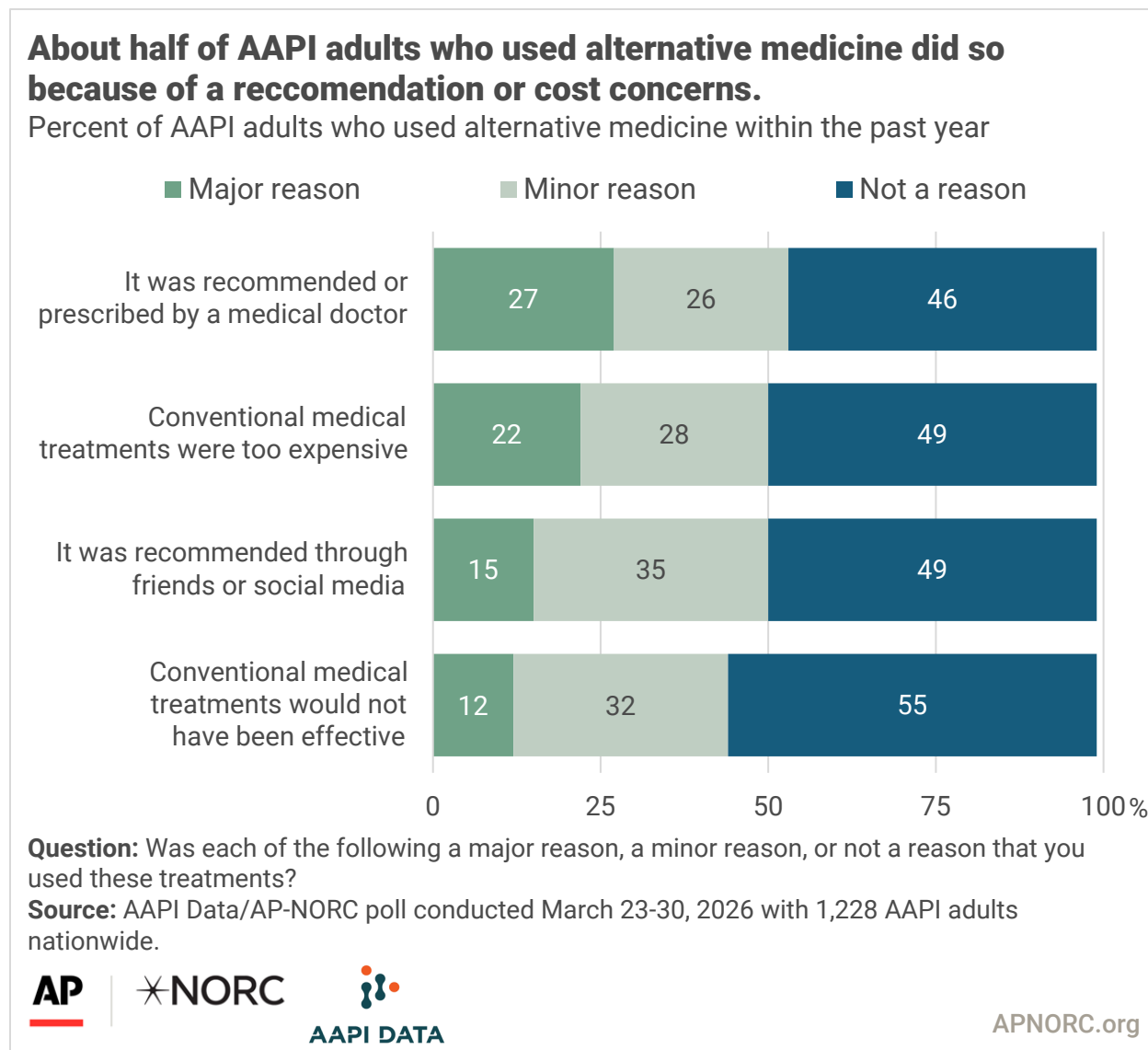


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Among those who say they used some form of alternative medicine in the past year, about half say recommendations by doctors, friends or social media, the cost of conventional medical treatments, or their ineffectiveness were reasons in choosing to do so.

AAPI Republicans were more motivated by a belief that conventional medical treatments would not have been effective than AAPI Democrats (54% vs. 37%).

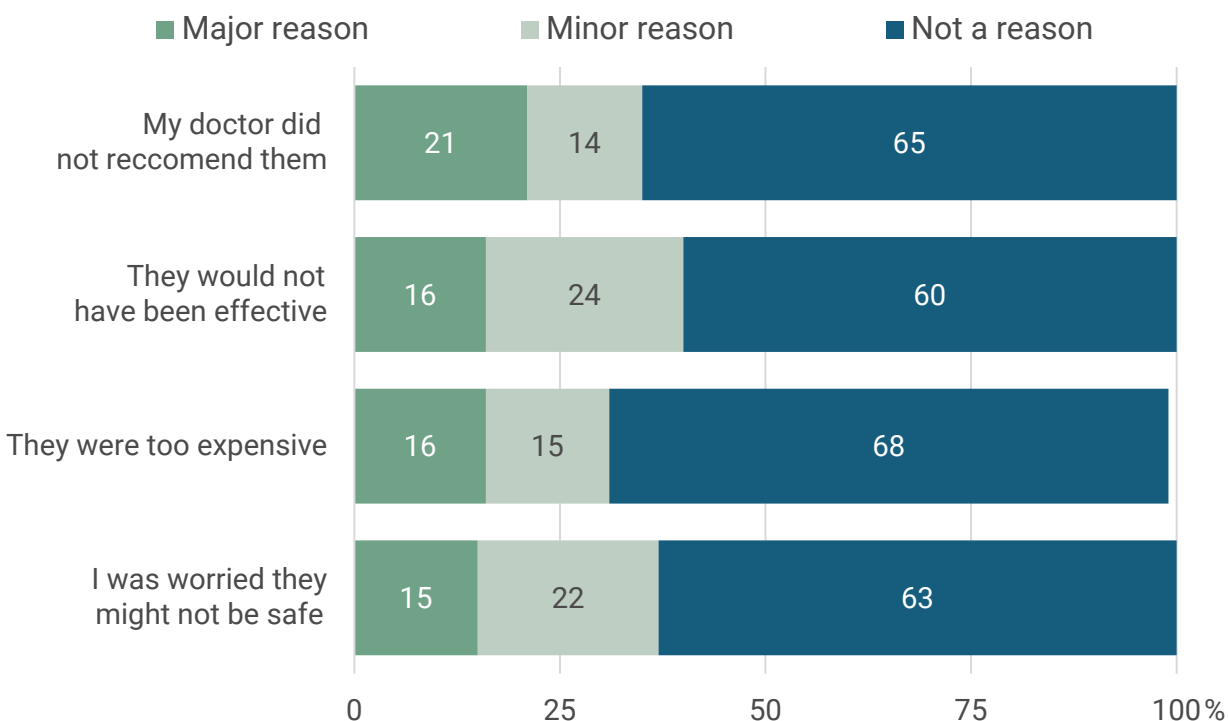
More AAPI adults making under \$50,000 than those making \$100,000 or more say the high price of conventional treatments is a minor reason for trying alternative medicine (65% vs. 40%).



Among those who chose not to use an alternative form of medicine, about 1 in 3 say the treatment's cost, worries about its safety, or lack of doctor recommendations were reasons not to do so. Four in 10 think they would not have been effective.

Few AAPI adults chose not to use alternative medicine because of price or ineffectiveness.

Percent of AAPI adults who did not use alternative medicine within the past year



Question: Was each of the following a major reason, a minor reason, or not a reason that you have not used these treatments?

Source: AAPI Data/AP-NORC poll conducted March 23-30, 2026 with 1,228 AAPI adults nationwide.



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HEALTH CONCERNS AND PERSONAL FINANCES ARE TOP SOURCES OF STRESS FOR AAPI ADULTS.

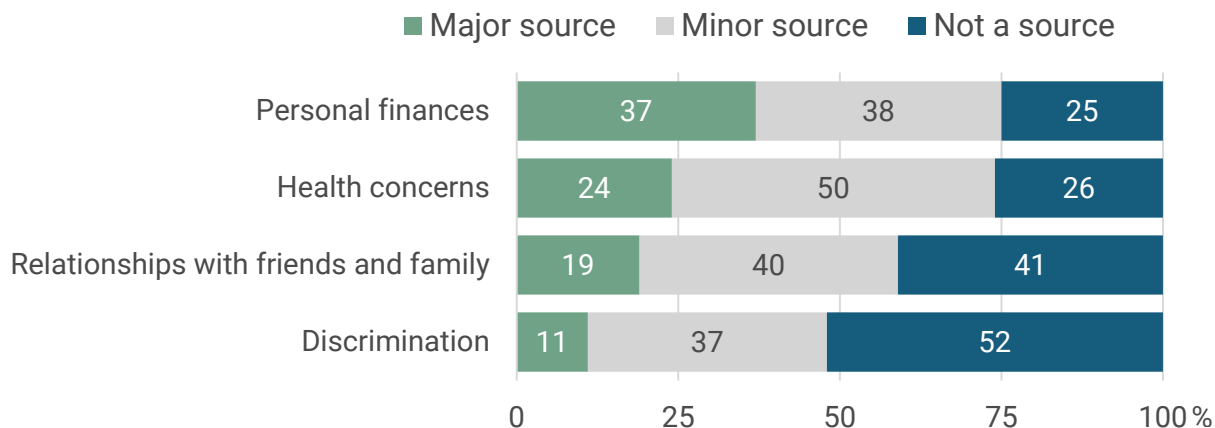
Personal finances and health concerns are sources of stress for most AAPI adults. Three quarters are stressed about their personal finances, including 37% who cite it as a major source. A similar share is stressed about health concerns, with 24% who are majorly stressed. AAPI adults also experience stress about relationships with family and friends (59%) and discrimination (48%).

Those in households making less than \$50,000 per year are more likely to cite personal finances and health concerns as source of stress compared with those making \$100,000 or more.

And adults age 60 or older are less likely than younger adults to cite personal relationships and personal finances as sources of stress and are more likely to be stressed about health concerns.

Personal finances are the most significant stressor for AAPI adults.

Percent of AAPI adults



Question: Is each of the following a major source of stress, a minor source of stress, or not a source of stress in your life right now?

Source: AAPI Data/AP-NORC poll conducted March 23-30, 2026, with 1,228 AAPI adults nationwide.



AAPI DATA

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MANY AAPI ADULTS HAVE FACED DISCRIMINATION BECAUSE OF THEIR RACE OR ETHNICITY, INCLUDING 1 IN 4 WHO HAVE EXPERIENCED A HATE CRIME OR INCIDENT IN THE LAST YEAR.

One quarter of AAPI adults report having personally experienced either a hate crime or hate incident in the past year. This report uses the U.S. Department of Justice definition of hate crimes as involving physical assault, property damage, and threats of assault or property damage, and classify other actions, such as verbal harassment, racial or ethnic slurs, and being spit or coughed upon as hate incidents.

Overall, one in 10 report experiencing a hate crime, such as threats of physical assault (6%), threats to personal property (6%), destruction or damage of property (5%), or physical assault (3%).

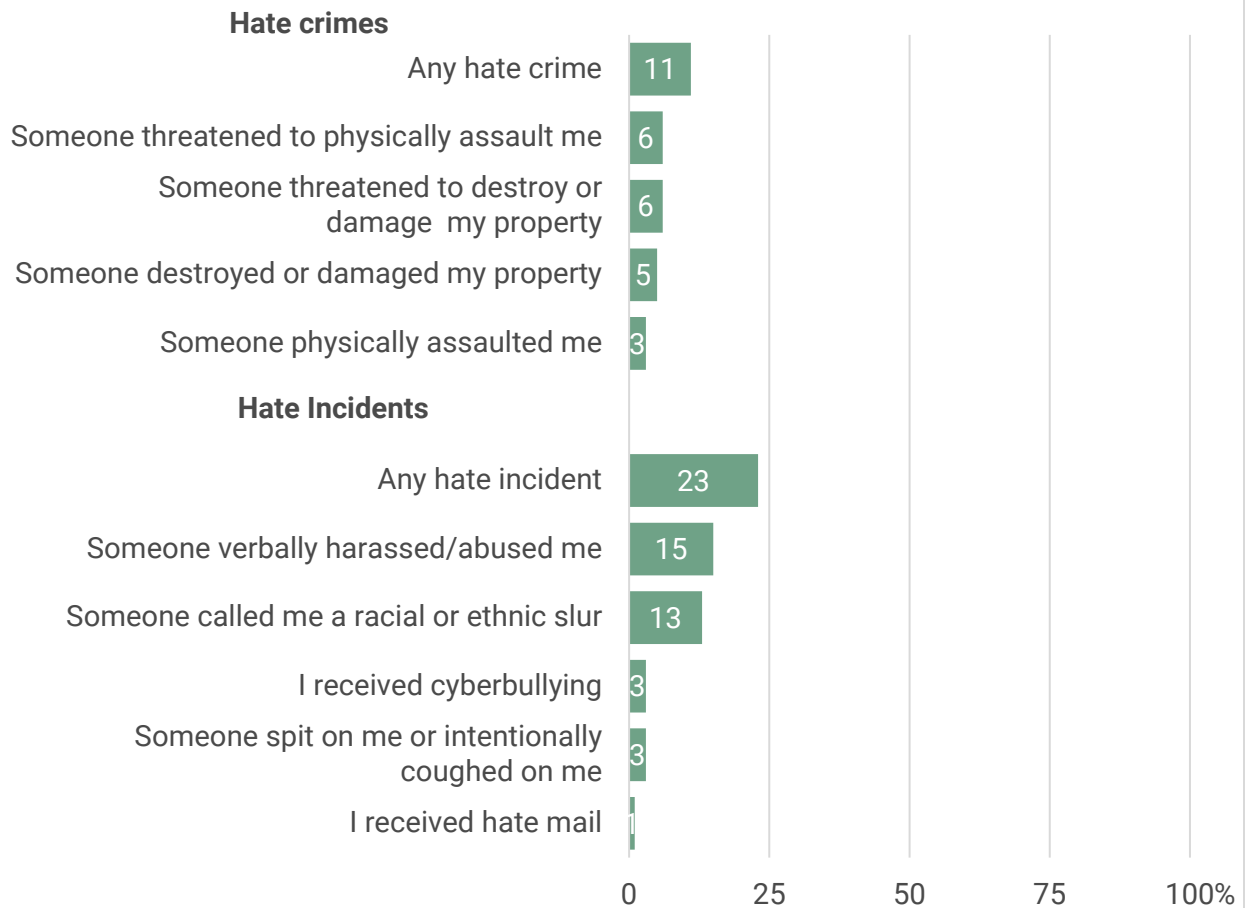
Additionally, two in 10 AAPI adults experienced a hate incident in the past year, such as verbal harassment or abuse (15%), being called a racial or ethnic slur (13%), cyberbullied (3%), spit or coughed on (3%), or sent hate mail (1%).

Eight percent of AAPI adults experienced both hate crimes and incidents this year.

	Experienced a hate crime	Did not experience a hate crime
Experienced a hate incident	8	14
Did not experience a hate incident	3	72

One quarter of AAPI adults experienced a hate crime or incident in the past year.

Percent of AAPI adults



Question: Please indicate if you have experienced any of the following incidents in the last 12 months specifically because of your race or ethnicity.

Source: AAPI Data/AP-NORC poll conducted March 23-30, 2026, with 1,228 AAPI adults nationwide.



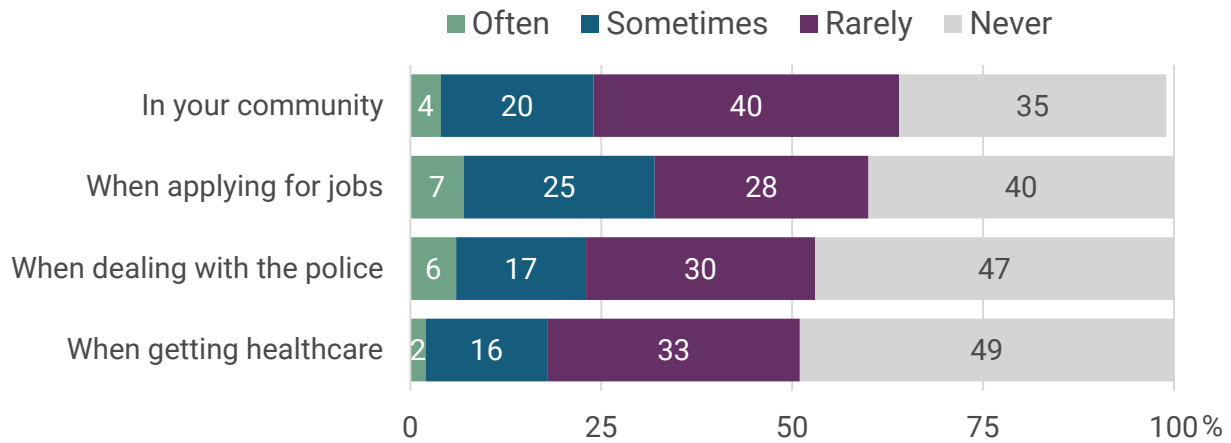
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Reports of experiencing hate crimes or incidents are largely unchanged compared with nearly a year ago in [June 2025](#). Reports are lower than the inaugural AAPI Data/AP-NORC survey in [October 2023](#) when 36% of AAPI adults reported experiencing a hate crime or incident.

While most AAPI adults do not report experiencing discrimination often, many have personally experienced discrimination at some point. Six in 10 AAPI adults have experienced discrimination in their community or when applying for jobs, and half have experienced discrimination when dealing with the police or getting health care.

AAPI adults experience discrimination across many scenarios.

Percent of AAPI adults



Question: In each of the following situations, how often would you say you personally have been discriminated against because of your race or ethnicity?

Source: AAPI Data/AP-NORC poll conducted March 23-30, 2026, with 1,228 AAPI adults nationwide.



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Those who speak a language other than English at home are more likely to report they have experienced discrimination when applying for jobs (66% vs 50%), dealing with the police (60% vs 41%), or getting health care (56% vs 42%).

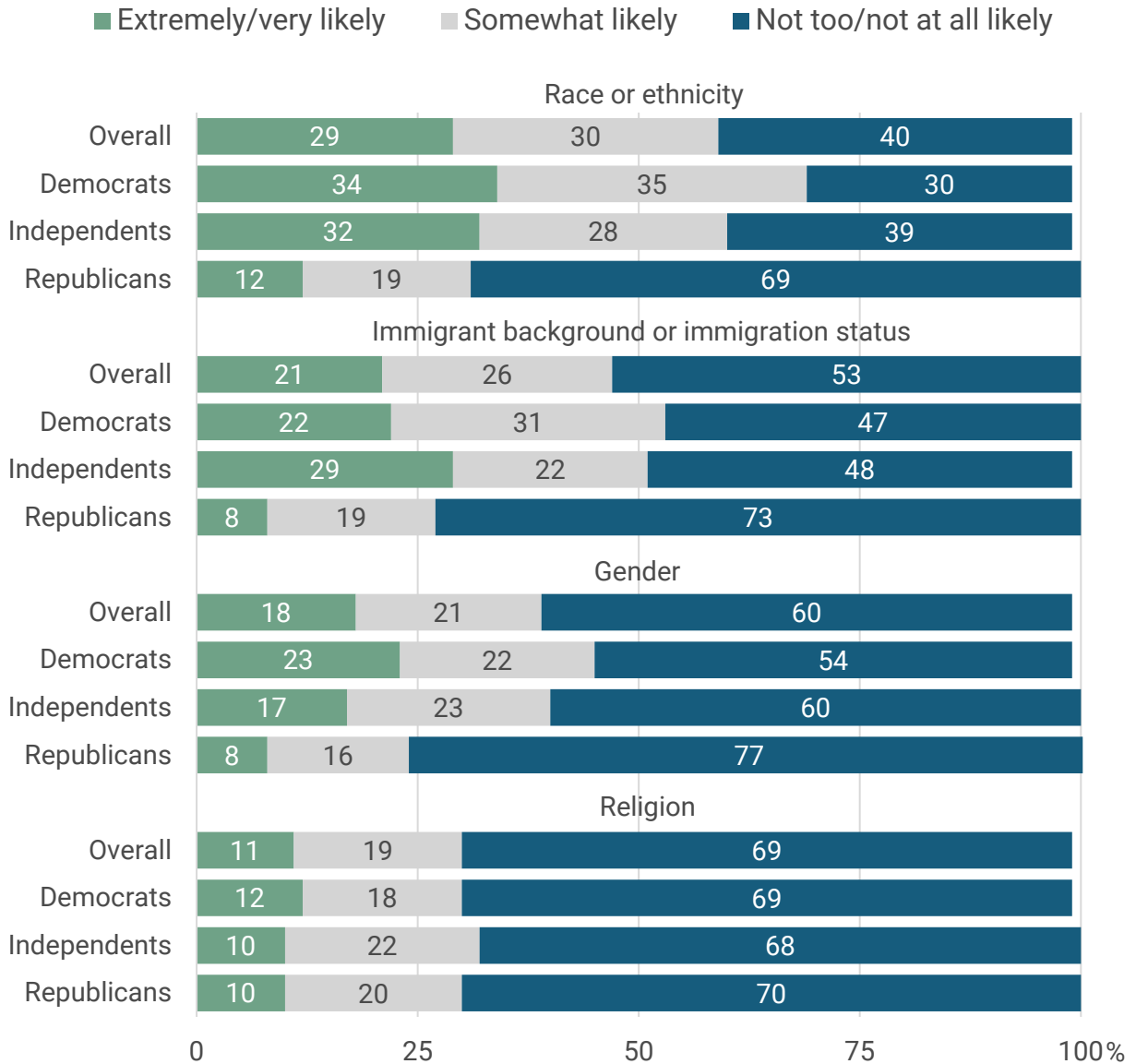
Rates of reported racial or ethnic discrimination among AAPI communities have remained largely unchanged since [June 2025](#) and [October 2023](#).

Most AAPI adults, 59%, say it is at least somewhat likely they will experience racial or ethnic discrimination sometime in the next five years. Half say the same regarding immigration status, while fewer think it is likely they will experience discrimination based on gender (39%) or religion (31%). Individuals who are religious are more likely than those who are atheist or non-religious to say it is likely they will experience religious discrimination (38% vs 17%).

Republicans are less likely than Democrats to anticipate experiencing discrimination based on race, gender, or immigration status in the near future. One quarter of AAPI Republicans say it is at least somewhat likely they will experience discrimination based on gender or immigration status. In contrast, about half of AAPI Democrats say it is at least somewhat likely. When it comes to discrimination based on race or ethnicity, 3 in 10 AAPI Republicans say it is somewhat likely they will experience this, compared with 7 in 10 AAPI Democrats.

AAPI Republicans are less likely to anticipate experiencing discrimination based on race, ethnicity, immigration status, or gender.

Percent of AAPI adults



Question: How likely do you think it is that you will personally face discrimination because of each of the following within the next five years?

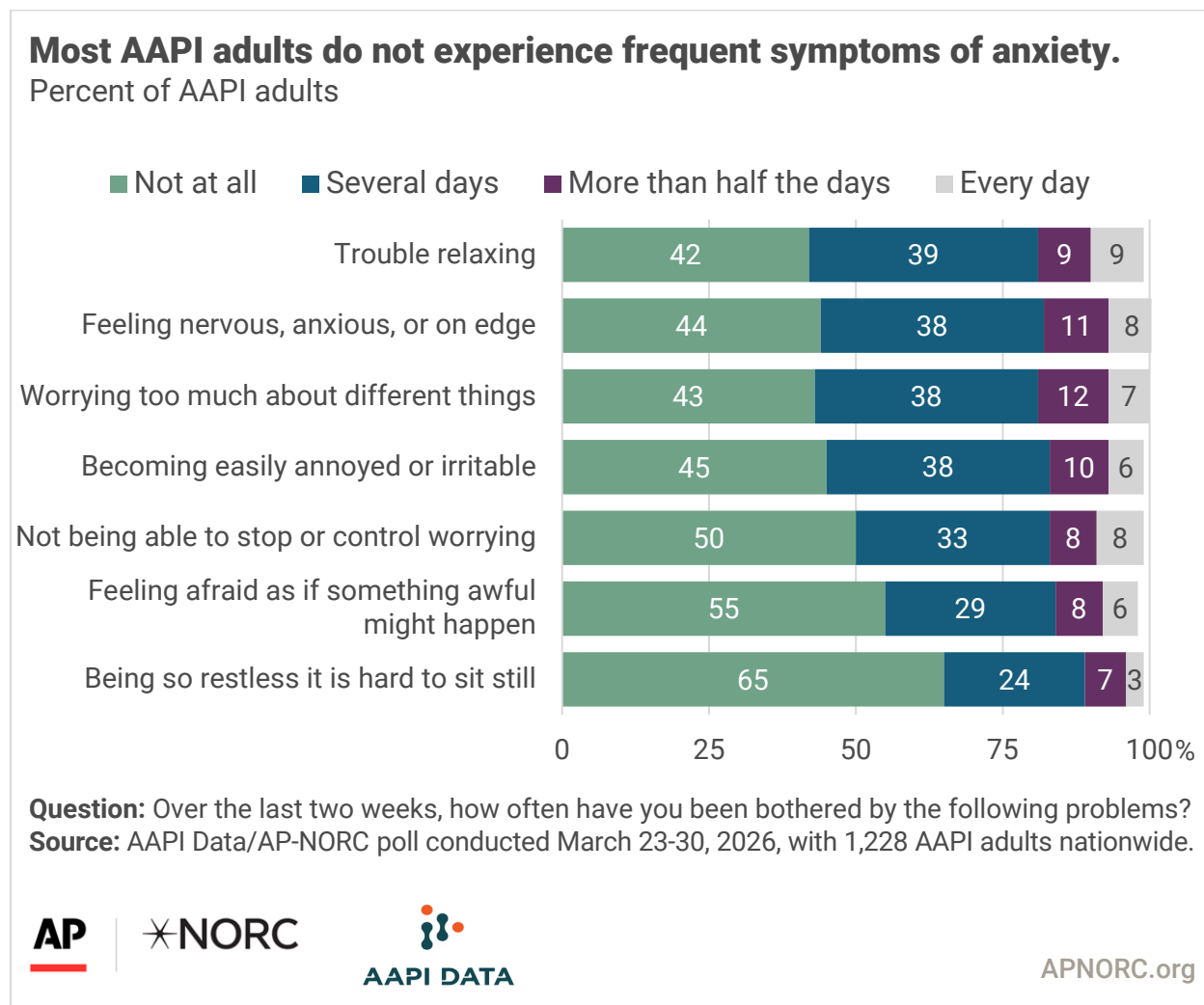
Source: AAPI Data/AP-NORC poll conducted March 23-30, 2026, with 1,228 AAPI adults nationwide.



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THOUGH MOST AAPI ADULTS EXPERIENCE MINIMAL ANXIETY, RATES ARE HIGHER AMONG YOUNGER AND LOWER INCOME AAPI ADULTS, AS WELL AS THOSE WHO EXPERIENCED HATE IN THE LAST YEAR.

In general, AAPI adults do not report feeling significantly anxious recently. Just 2 in 10 felt nervous or on edge, worried too much or uncontrollably, had trouble relaxing, or became easily irritable, more than half the days or every day. One in 10 felt deeply afraid or restless more than half the days or every day.



These responses were computed into the General Anxiety Disorder-7 (GAD-7) scale, a seven-item screening tool measuring levels of anxiety, worry, and nervousness.¹

All responses are summed to calculate the total GAD-7 score. Scores range from 0-21 with increasing scores indicating greater severity of symptoms of anxiety.

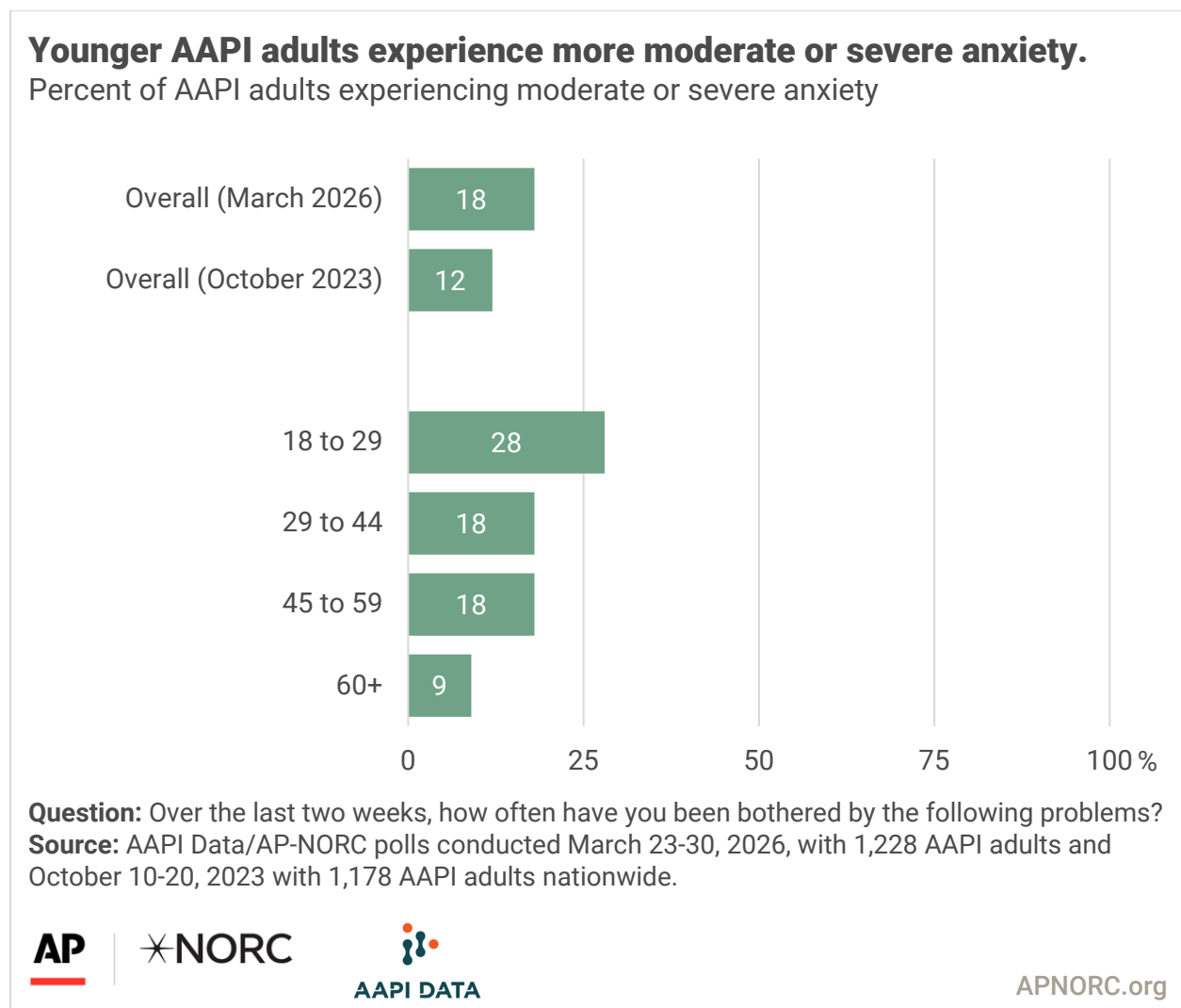
¹ The Generalized Anxiety Disorder 7-item (GAD-7) is an initial screening tool used to identify probable cases of generalized anxiety disorder. Source: Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of internal medicine, 166(10), 1092-1097. <<https://pubmed.ncbi.nlm.nih.gov/16717171/>>

The following cut-offs are associated with levels of anxiety severity:

- Score 0-4: Minimal Anxiety
- Score 5-9: Mild Anxiety
- Score 10-14: Moderate Anxiety
- Score greater than 15: Severe Anxiety

An overall score of 10 or above is considered a higher risk of an anxiety disorder.

Most AAPI adults (54%) are considered to experience minimal anxiety. An additional 28% experience mild anxiety, 12% moderate anxiety, and 6% experience severe anxiety. This is largely similar to rates of anxiety in [October 2023](#).



AAPI adults who reported either a hate incident or crime are more likely than those who did not to experience moderate or severe anxiety (28% vs 14%). And those who were subjected to a hate crime are more likely to experience moderate or severe anxiety than those who did not (34% vs 16%).

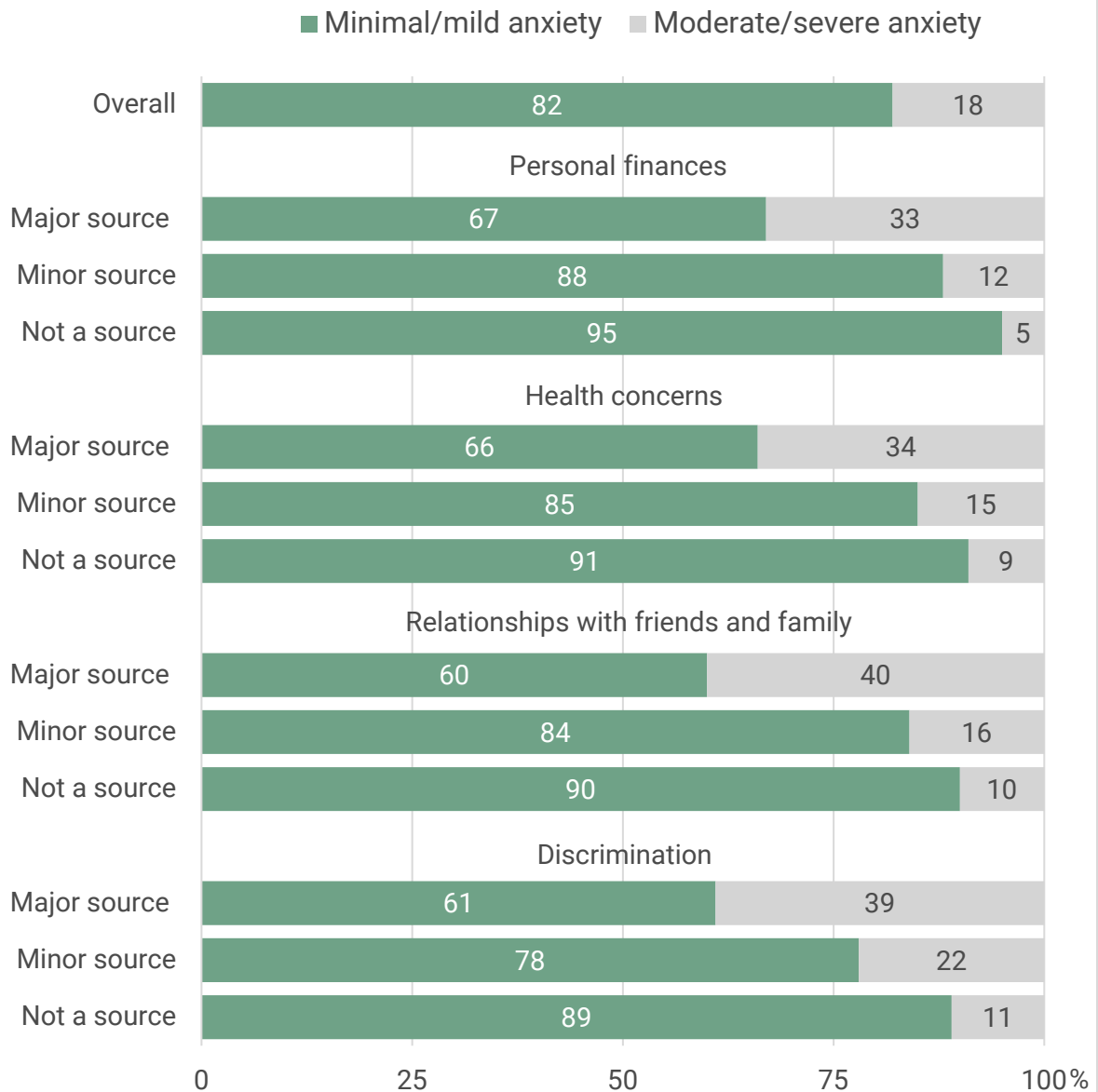
Though levels of reported hate incidents and hate crimes have declined since [October 2023](#), levels of anxiety among those who experienced these events have not.

AAPI adults who say health concerns, personal finances, personal relationships, or discrimination are stressors in their lives are more likely than those who do not to experience moderate or severe anxiety.

One third of those who say health concerns or personal finances are a major stressor experience moderate or severe anxiety. Among those who say personal relationships or discrimination are major stressors, 4 in 10 experience moderate or severe anxiety.

AAPI adults experiencing stressors are more likely to also be experiencing moderate or severe anxiety.

Percent of AAPI adults



Question: Is each of the following a major source of stress, a minor source of stress, or not a source of stress in your life right now?

Source: AAPI Data/AP-NORC poll conducted March 23-30, 2026, with 1,228 AAPI adults nationwide.



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SURVEY METHODOLOGY

This survey was conducted by The Associated Press-NORC Center for Public Affairs Research and AAPI Data with funding from the University of California (UC) Berkeley.

Data were collected using the Amplify AAPI Monthly survey drawing from NORC's Amplify AAPI® Panel designed to be representative of the U.S. Asian American, Native Hawaiian and Pacific Islander (AANHPI) household population. The survey was part of a larger study that included questions about other topics not included in this report.

Amplify AAPI is a blend of multiple sample designs. Each stage seeks to provide maximum coverage of the AANHPI population, and all are combined through base-weighting to arrive at a representative overall cross-section of AANHPI in the United States. The first stage included recruitment of approximately 850 active AANHPI panelists from NORC's flagship probability panel, AmeriSpeak. These panelists now serve as members of both the AmeriSpeak and the Amplify AAPI panels. During the initial recruitment phase of the AmeriSpeak panel, randomly selected U.S. households were sampled with a known, non-zero probability of selection from the NORC National Sample Frame or a secondary national address frame, both with over 96% coverage of all U.S. addresses, and then contacted by U.S. mail, email, telephone, or field interviewers (face to face). Those excluded from the sample include people with P.O. Box only addresses, some addresses not listed in the USPS Delivery Sequence File, and some newly constructed dwellings population. The U.S. Postal Service delivery-sequence file (DSF) and National Consumer Address File have been used in a subset of years as a supplemental sample during AmeriSpeak panel recruitment for low coverage states.

The second stage began in the spring of 2022, when Amplify AAPI recruited 150 households from a 30,000-sample pool as a pilot to test the sample design's feasibility and participation rates. In 2023, Blue Shield Foundation of California and UC Riverside/AAPI Data sponsored a recruitment effort in California generating 1,150 additional panelists. Finally, the Rockefeller Foundation funded a national recruitment effort, including new recruits and those from the 2022 Pew Asian American Survey, generating 4,700 panelists who are eligible for the monthly survey.

By providing recruiting and interviewing in the languages noted below, Amplify AAPI covers approximately 90 percent of Asian language "linguistically isolated" households, that is, households in which no adult can speak English or Spanish at least "well."

Interviews for this survey were conducted between March 23-30, 2026 with Asian Americans, Native Hawaiians and Pacific Islanders 18 years of age or older representing the 50 states and the District of Columbia. Panel members were randomly drawn from the Amplify AAPI Panel, and 1,228 completed the survey via the web. Panel members were invited by email. Respondents were offered a small monetary incentive for completing the survey. In addition to English, the survey was offered in the Chinese dialects of Mandarin and Cantonese, Vietnamese, and Korean, depending on respondent preference. The weighted household panel recruitment rate is 26.3 percent and the survey completion rate is 26.7 percent, for a weighted cumulative response rate of 7.0 percent.

The overall margin of sampling error is +/-4.5 percentage points at the 95 percent confidence level, including the design effect. The margin of sampling error may be higher for subgroups. Sampling error

is only one of many potential sources of error and there may be other unmeasured error in this or any other survey.

Quality assurance checks were conducted to ensure data quality. In total, 81 interviews were removed for nonresponse to at least 50% of the questions asked of them, for completing the survey in less than one-third the median interview time for the full sample, or for straight-lining all grid questions asked of them. These interviews were excluded from the data file prior to weighting.

Once the sample was selected and fielded, and all the study data were collected and made final, a poststratification process was used to adjust for any survey nonresponse as well as any noncoverage or under and oversampling resulting from the study specific sample design. Poststratification variables included age, gender, census region, race/ethnicity, education, U.S. born, and Asian origin. Weighting benchmarks were obtained from the American Communities Survey (ACS) 5 years data 2020-2024. The weighted data reflect the U.S. Asian American, Native Hawaiian and Pacific Islander (AANHPI) household population, including all 50 states and the District of Columbia.

Complete questions and results are available at www.apnorc.org. For more information about the study, email info@apnorc.org.

Additional information on the Amplify AAPI Panel methodology is available at: <https://amplifyaapi.norc.org/>. For more information about the panel, email Amplifyaapi-bd@norc.org.

ABOUT THE ASSOCIATED PRESS-NORC CENTER FOR PUBLIC AFFAIRS RESEARCH

The AP-NORC Center for Public Affairs Research taps into the power of social science research and the highest-quality journalism to bring key information to people across the nation and throughout the world.

- The Associated Press (AP) is an independent global news organization dedicated to factual reporting. Founded in 1846, AP today remains the most trusted source of fast, accurate, unbiased news in all formats and the essential provider of the technology and services vital to the news business. More than half the world's population sees AP journalism every day. www.ap.org
- NORC at the University of Chicago is one of the oldest objective and nonpartisan research institutions in the world. www.norc.org

The two organizations have established The AP-NORC Center for Public Affairs Research to conduct, analyze, and distribute social science research in the public interest on newsworthy topics, and to use the power of journalism to tell the stories that research reveals. Learn more at www.apnorc.org.

ABOUT AAPI DATA

AAPI Data is a leading research and policy organization producing accurate data to shift narratives and drive action toward enduring solutions for Asian American (AA) and Native Hawaiian/Pacific Islander (NHPI) communities across the nation. AAPI Data aspires to transform public and private systems to ensure that all AA and NHPI communities are recognized, valued and prioritized. Learn more at aapidata.com.