

The background of the entire page is a vibrant mosaic of small, irregularly shaped tiles in various colors including red, orange, yellow, green, and blue. A white rectangular text box is positioned in the upper half of the page, containing the title and subtitle. A yellow checkmark is placed to the right of the main title.

**THE 2020 WASHINGTON STATE**

# **Health Equity ✓ for Immigrants**

**REPORT**

# ACKNOWLEDGEMENTS



WASHINGTON IMMIGRANT  
**SOLIDARITY  
NETWORK**

**NoHLA**  
Northwest Health Law Advocates



**ACLU**  
Washington

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***The Health Equity for Immigrants Campaign*** is a partnership between the *Washington Immigrant Solidarity Network*, *El Centro de la Raza*, and *Northwest Health Law Advocates*, with support from the *ACLU of Washington*.

**DECEMBER 2020**



## ACKNOWLEDGEMENTS

We are deeply grateful to the over 6,000 individuals who generously entrusted us with their experiences and dedicated their time and energy to respond to the *WAISN Immigrant Health Access Survey* and participate in community listening sessions.

This report was only possible because of the extensive network of community partners who contributed resources, insight, translation services, funding, promotion, distribution, and outreach support.

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## ACKNOWLEDGEMENTS

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For a full list of community partners  
who contributed to survey outreach  
and recruitments efforts please see  
**Appendix 2.**

*"We are deeply grateful to the over 6,000  
individuals who generously entrusted us  
with their experiences and dedicated  
their time and energy to respond."*



## THANK YOU!

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# ABOUT THE HEALTH EQUITY FOR IMMIGRANTS CAMPAIGN

## PURPOSE

*El Centro de la Raza, the Washington Immigrant Solidarity Network (WAISN), and Northwest Health Law Advocates (NoHLA) with support from the ACLU of Washington have partnered to work on health equity for immigrants.*

Public health coverage programs include immigration status restrictions, which exclude many people from accessing these vital programs. The COVID-19 public health emergency has made it clear that immigrant communities and people of color need better access to health care coverage and services. We work with community leaders and impacted community members to learn more about the health care needs in the community and what should be prioritized for new coverage programs and services.

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***Launched in September 2020, the campaign has three focus areas:***

1

### **Education**

Conduct workshops and trainings about existing health care access programs and services.

2

### **Identifying Gaps**

Work alongside community leaders and impacted community members to identify the most urgent gaps in care and services via focus groups and surveys.

3

### **Policy/Legislative Initiatives**

Use community-identified priorities to shape policy agendas and propose legislation. We work with community leaders and impacted community members to communicate these priorities to elected officials and policy makers.

## VISION

Improve access to affordable health care coverage and services for all Washington residents, regardless of immigration status. This includes individuals who are uninsured and underinsured due to immigration status restrictions.

## CAMPAIGN PRINCIPLES\*

**1**  
**Center community in this work:** communities should identify problems, help name solutions, and define terms of success.

**2**  
**Community members' and community leaders' involvement is necessary for the success of the campaign:** involvement from community leaders and impacted community members is equally important to this work.

**3**  
**Involve multiple sectors to improve health care access:** prior health policy advocacy experience is not needed, just an interest to learn more and get involved.

**4**  
**Recognize structural racism contributes to poor health:** use a strengths-based approach where the impact of racism and other forms of discrimination is acknowledged, and community members are treated as experts in their own lives and experiences.

**5**  
**Health policy priorities may include:** creation of new programs, expansion of services currently available, or defense of existing programs at both the state and local level.

**6**  
**Health equity includes linguistic and cultural accessibility:** health care providers and staff should share linguistic and cultural identities with the communities they serve.

\* These principles will be updated and refined based on community input and as the campaign evolves.



# EXECUTIVE SUMMARY

## INTRODUCTION

In 2018, the undocumented immigrant population in Washington State (WA) was an estimated 240,000 people, or approximately 5.2% of the total WA population.<sup>1,2</sup>

Undocumented individuals have limited access to health insurance options due to eligibility restrictions, leading to high uninsured rates compared to their documented counterparts.<sup>3</sup> As of 2018, an estimated 46% of undocumented individuals were uninsured in WA, compared to just 7% uninsured in the overall population in WA.<sup>2,4</sup>

These eligibility restrictions are a barrier to obtaining healthcare coverage and significantly impact access to care. Compared to the insured population, those who are uninsured are less likely to have a regular doctor or get timely and routine care, and are more likely to be hospitalized for preventable conditions.<sup>2,3, 5-8</sup>

### The Health Equity for Immigrants Campaign

*El Centro de la Raza*, the *Washington Immigrant Solidarity Network (WAIN)*, and *Northwest Health Law Advocates (NoHLA)* with support from the *ACLU of Washington* have partnered to work toward health equity for immigrants. In September 2020, these four organizations launched the Health Equity for Immigrants Campaign to improve access to affordable health care coverage and services for all Washington residents, regardless of immigration status. This includes individuals who are uninsured and underinsured due to immigration status restrictions.

---

The campaign coordinated a community assessment involving two key components:

- 1 **The WAIN Immigrant Health Access Survey** and
- 2 **Community Listening Sessions.**

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The objective of the survey and community listening sessions was to conduct a community-based assessment of access barriers for health insurance and health services for adult immigrants in WA, especially in the context of the COVID-19 pandemic.



### WAISN Immigrant Health Access Survey

Design, distribution, and analysis of the survey is a product of the WAISN Health Access Survey Team, which included immigrant-led community organizations, public health researchers, and health policy experts.

#### *The WAISN Immigrant Health Access Survey Team:*

- Washington Immigrant Solidarity Network (WAISN)
- Casa Latina
- El Centro de la Raza
- Latinx Health Board
- Latinos Promoting Good Health
- American Civil Liberties Union (ACLU) of Washington
- Northwest Health Law Advocates (NoHLA)
- University of Washington School of Public Health
- University of Washington Latino Center for Health (LCH)

This survey recruited respondents over age 18 who would likely not be eligible for existing state-funded health insurance options due to immigration status, including undocumented individuals, current DACA recipients, individuals with temporary protected status (TPS), individuals with temporary work permits, and mixed status families.

The anonymous online survey was available in 10 languages (English, Spanish, Garifuna, Simplified Chinese, Vietnamese, Korean, Somali, Amharic, Russian, and Arabic), and distributed from September to November, 2020.

The final survey sample consisted of 5,728 eligible responses based on age (over age 18) and geographic location (currently residing in WA). Respondents reported living in 36 out of 39 counties in WA, reported age ranges from 18 to over 85, identified as 68.7% female and 30.3% male, and 97.7% identified as being of Latinx or Hispanic origin.

*This survey recruited respondents over age 18 who would likely not be eligible for existing state-funded health insurance options*



### Community Listening Sessions

Northwest Health Law Advocates (NoHLA) and El Centro de la Raza held listening sessions with community-based organizations, social service and health care providers, and immigrant serving groups. The goal of the sessions was to gather information about health care access gaps experienced by immigrant communities in WA. The information gathered from the listening sessions was intended to supplement the information captured in the 2020 WAISN Immigrant Health Access survey.

## KEY FINDINGS | From the WAISN Survey and Community Listening Sessions



**A large majority, (87%), of survey respondents do not have health insurance.**



**Key barriers to obtaining health insurance** are **1)** lack of eligibility due to immigration status (62%) and **2)** high cost (46%).



**Key barriers to accessing needed healthcare services** are **1)** lack of health insurance (66%) and **2)** high cost (59%).



**Many individuals are unable to access key healthcare services:** **1)** Dental care (54%), **2)** Primary and preventive care (37%), **3)** Vision care (32%), **4)** Prescription medications (13%), **5)** Reproductive health care (13%). Additionally, many listening session participants reported lack of access to behavioral health services.



**Survey respondents cited concern about the public charge rule as a reason that either they or a family member *did not*:** **1)** Seek care for a serious medical condition (15%), **2)** Access needed healthcare services (12%), **3)** Engage with a primary care provider (10%), and **4)** Have health insurance (7%).



**Community leaders shared that distrust of the healthcare system and sharing information with the government,** including on health coverage applications, is a barrier to accessing care.



**Survey respondents are currently facing severe financial instability; 90% of respondents lost their job or report lower income** since February 2020, and 85% are currently working paycheck to paycheck (compared to 55% before February 2020).



**Survey respondents are facing conditions that may increase COVID-19 exposure, including:**

- **Inadequate workplace COVID-19 safety/protective precautions**
- **Lack of access to testing even when symptomatic**
- **Inability to take time off work if they or a family member is ill**
- **Inability to safely quarantine at home if they or a family member is ill**



**Survey respondents are essential workers; 95% cannot work from home** and many work in positions that may not have enforced workplace safety regulations.

## RECOMMENDATIONS

### Healthcare Access Equity

- 1 **Pursue equity in health coverage** by creating parity in publicly-funded health coverage programs for all WA state residents without regard to immigration status.
- 2 **Facilitate trusted healthcare options for immigrants by**
  - 1) engaging with immigrant-led and immigrant-serving organizations and community members to identify best ways to increase trust in the healthcare system *and*
    - 2) providing funding for geographically, linguistically, and culturally accessible care.
- 3 **Facilitate education and outreach** about existing health coverage programs, COVID-19 vaccines, and public charge.
- 4 **Address COVID-19 risk factors** by providing
  - 1) paid medical leave,
  - 2) free COVID-19 testing at community and worksite locations (including lab and processing fees),
  - 3) free isolation and quarantine facilities *and*
    - 4) free COVID-19 vaccines to all low-income individuals in WA without regard to immigration status. All services should be culturally and linguistically accessible.

### Occupational Equity

- 1 **Provide a robust unemployment benefits package** that is accessible to all low-income individuals in WA without regard to immigration status.
- 2 **Address worker safety** by
  - 1) regulating employers' use of COVID-19 safety/ protection measures *and*
    - 2) enforcing regulations with civil penalties.

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Due to recruitment and sampling limitations, the survey team notes that the survey sample is not representative of the entire immigrant community in WA. However, our attempts at widespread recruitment of a historically hard to reach population resulted in a large sample that can contribute valuable information to our collective understanding of the health access barriers of the immigrant community.



## INTRODUCTION

# HEALTH INSURANCE AND HEALTH ACCESS

Access to health insurance significantly impacts whether we can get the healthcare we need, when we need it. Lack of insurance limits access to healthcare services, and is correlated with poor health outcomes, including being less likely to receive preventative care or appropriate management of chronic health conditions.<sup>9</sup> Immigrants are less likely to be insured than their U.S. citizen counterparts, and undocumented individuals in particular are more likely to be uninsured due to immigration status eligibility restrictions for publicly funded health coverage options.<sup>3,10</sup>

In 2018, the undocumented immigrant population in Washington State (WA) was an estimated 240,000 people, or approximately 5.2% of the total WA population.\*<sup>1,2</sup>

Undocumented individuals have limited access to health insurance options due to eligibility restrictions, leading to high uninsured rates compared to their documented counterparts.<sup>3</sup> As of 2018, an estimated 46% of undocumented individuals were uninsured in WA, compared to just 7% uninsured in the overall population in WA.<sup>2,4</sup> Undocumented immigrant status is the strongest predictor of being uninsured in WA; undocumented individuals are 11.1 times as likely to be uninsured as U.S.-born citizens.<sup>2</sup>

Affordable health insurance options remain limited for undocumented individuals in WA. Undocumented individuals in WA are unable to purchase subsidized health insurance plans on the Exchange (also known as Qualified Health Plans or QHPs).<sup>13</sup> Once children age out of the Children's Health Program, no comprehensive coverage program exists for them; undocumented adults age 19 and above are not eligible for CHIP, Medicaid or Medicare, except during pregnancy.

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\* The number of undocumented immigrants in the U.S. is difficult to measure as there is no accurate official data source, and while statistics can be estimated using complex statistical methods they likely include a notable margin of error.<sup>11,12</sup>

At this time, coverage options for undocumented adults in WA include the poorly named Alien Emergency Medical (AEM) Program, which provides limited coverage for income-eligible undocumented individuals with certain medical conditions and treatment needs, including emergency room care, hospital admissions, cancer, dialysis, anti-rejection medication, and COVID-19 assessment and testing.\*<sup>14</sup>

Theoretically, undocumented adults can access health insurance through an employer or purchase a private insurance plan. However, many undocumented individuals work in contract-based, low-wage, or part-time positions that do not offer employer-sponsored coverage options.<sup>3</sup> The cost of an unsubsidized private insurance plan is prohibitive and is not an option for low-income individuals and families.

Washington state has committed to addressing inequities in health care coverage in the past. From 1987 until 2013, state residents including immigrants with income up to 200% of the federal poverty level could access affordable coverage through the state's Basic Health Program. The program was terminated, when the Affordable Care Act (ACA) came into effect. While the ACA allowed many low-income individuals to access newly expanded Medicaid coverage, Washington's decision to terminate the Basic Health Program created a gap in coverage for low-income immigrants.<sup>15</sup>

WA continues to have a major gap in health coverage access by not providing an affordable option to undocumented individuals.<sup>16</sup> This lack of health insurance means that undocumented adults in WA face a significant financial barrier in accessing needed health care services.<sup>2</sup> Uninsured adults are less likely to have a primary care provider or receive consistent medical care.<sup>17</sup> The lack of an affordable insurance option for undocumented adults in WA perpetuates this financial barrier.

Extensive evidence shows that cost acts as a barrier to healthcare, and for low-income populations we see that even small payments can prevent access to healthcare.<sup>18,19</sup> These barriers to healthcare coverage significantly impact access to care. Compared to the insured population, those who are uninsured are less likely to have a regular doctor or get timely and routine care, and are more likely to be hospitalized for preventable conditions.<sup>2,3, 5-8</sup>

After implementation of the ACA in 2014, newly insured low and middle-income adults were more likely to access consistent health care and preventative services, and less likely to forgo necessary care.<sup>17</sup> Compared to those who remained uninsured, these newly insured adults also reported improved financial security related to medical costs, namely fewer problems with current medical bills and less concern about future medical bills.<sup>17</sup>

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\* For more information on coverage options available to immigrants in Washington state, see <https://nohla.org/wordpress/img/pdf/HealthProgramsImmigrantsWA.pdf>

## HEALTH DISPARITIES AND COVID-19

Existing financial barriers to accessing healthcare services have increased since the beginning of 2020 with the fallout from the COVID-19 pandemic, which has disproportionately destabilized the financial security of the undocumented community.

Immigrants are over-represented in industries hard-hit by government shut-downs and social distancing such as accommodation and food-services, building services, personal services, and services to private households.<sup>20</sup> Non-citizens represent over half the workforce in some of these hard hit industries.<sup>20</sup>

Immigrants are also over-represented in industries that play a crucial role in the pandemic response, such as health and long term care, essential retail and wholesale, cleaning and janitorial services, manufacturing, and agriculture.<sup>20</sup> Individuals who work in these industries may have a higher likelihood of being exposed to the virus that causes COVID-19, as they are in close contact with others, cannot work from home, and may not have paid sick days.<sup>21,22</sup> Immigrant workers may also experience inadequate access to workplace safety measures (personal protective equipment, physical distancing measures, hand hygiene, etc.) and may feel greater pressure to continue to work while ill due to financial pressure.<sup>23</sup> Furthermore, their precarious legal status can make undocumented workers less likely to file a claim if their rights are violated in the workplace.<sup>24</sup>


As lay-offs and business closures lead to unemployment, some immigrants face further inequity in access to relief and safety-net programs. Many, including undocumented individuals, those with temporary work permits, and those who obtained green cards within the past 5 years, are unable to access federal programs such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF).<sup>20</sup> Additionally, due to immigration status restrictions, many undocumented immigrants were not eligible for cash relief payments from the federal COVID-19 relief package.<sup>20</sup>

We now see substantial evidence nationally and in WA that historically marginalized individuals, including immigrants, are experiencing higher incidence and severity of COVID-19 cases.<sup>21,25,26</sup> This is likely related to a complex combination of factors, including those already discussed such as occupational exposure and barriers to accessing needed healthcare services, along with others, often referred to as the “social determinants of health,” related to the effects of long-standing societal inequity and racism resulting in individuals from historically marginalized groups having a higher prevalence of medical conditions which may contribute to more severe disease.<sup>21,23</sup> Many immigrants also do not speak English as their primary language, which presents as yet another barrier to equitable access to COVID-19 related information and services.

Inequity in COVID-19 cases, hospitalizations, and deaths in historically marginalized communities is present in WA.<sup>25,26</sup> Rates for confirmed COVID-19 cases and hospitalizations in WA are higher for Native Hawaiian/Pacific Islanders, Latinx individuals, and Black individuals than for Whites.<sup>25</sup> Specifically, as of December 16, 2020, WA Department of Health data demonstrates that Latinx people make up 34% of COVID-19 cases in WA, yet only represent 13% of the state’s population.<sup>25</sup>

Several survey team members have worked closely with immigrant community members in WA since the onset of the pandemic and have witnessed continued barriers to COVID-19 care. Many clients have sought care at testing locations advertising free COVID-19 tests that result in hidden costs for sample and processing fees, sometimes exceeding \$150 for uninsured individuals. WA advocacy groups also worked with individuals who, after spending weeks hospitalized for COVID-19, were refused follow-up care based on inability to pay.

*We now see substantial evidence nationally and in WA that historically marginalized individuals, including immigrants, are experiencing higher incidence and severity of COVID-19 cases.*





## SECTION 1

# THE 2020 WAISN IMMIGRANT HEALTH ACCESS SURVEY





# ABOUT THE WAISN IMMIGRANT HEALTH ACCESS SURVEY

## SURVEY EVALUATION TEAM

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## FUNDING FOR THIS PROJECT WAS PROVIDED BY:

The American Civil Liberties Union of Washington

The Washington Immigrant Solidarity Network

The James A. McDermott, M.D. Global Health Endowed Fellowship

*The objective of the Washington Immigrant Solidarity Network (WAISN) Health Access Survey was to conduct a community-based assessment of access barriers for health insurance and health services for adult immigrants in WA, especially in the context of the COVID-19 pandemic.*





## ABOUT THE WAISN IMMIGRANT HEALTH ACCESS SURVEY

*The Washington Immigrant Solidarity Network (WAISN)* is an organization based in WA that was founded to build capacity among immigrant and refugee rights organizations and to respond to deportations.

Among other activities, WAISN operates a hotline run by a network of volunteers that provides support to those at risk of or facing deportation. At the onset of the COVID-19 pandemic WAISN expanded their hotline services and created an online community database, the *Resource Finder*, to provide support to clients, regardless of immigration status, who were facing economic hardship in the wake of widespread employment insecurity. Soon after, WAISN further broadened their scope to provide referrals for COVID-19-related testing and care that is accessible to all WA residents, regardless of immigration status.

The objective of the *Washington Immigrant Solidarity Network (WAISN) Health Access Survey* was to conduct a community-based assessment of access barriers for health insurance and health services for adult immigrants in WA, especially in the context of the COVID-19 pandemic.

Design, distribution, and analysis of the WAISN Health Access Survey is a product of the *Health Access Survey Team*, a collaboration between members of the following organizations:

- *Washington Immigrant Solidarity Network (WAISN)*
- *Casa Latina*
- *El Centro de la Raza*
- *Latinx Health Board*
- *Latinos Promoting Good Health*
- *American Civil Liberties Union of Washington (ACLU-WA)*
- *Northwest Health Law Advocates (NoHLA)*
- *University of Washington School of Public Health*
- *University of Washington Latino Center for Health (LCH)*

*(Section continues on next page)*

## ABOUT THE WAISN IMMIGRANT HEALTH ACCESS SURVEY

The Health Access Survey Team met weekly starting in May 2020 to define the goals of the survey, develop the survey instrument, and coordinate recruitment efforts.

This survey recruited respondents over age 18 who would likely not be eligible for existing state-funded health insurance options due to immigration status, including undocumented individuals, current DACA recipients, individuals

with temporary protected status (TPS), individuals with temporary work permits, and mixed status families.

Details about the research methods, survey tool, data cleaning and analysis, and limitations for the WAISN Health Access Survey can be found in **Appendix 3**.



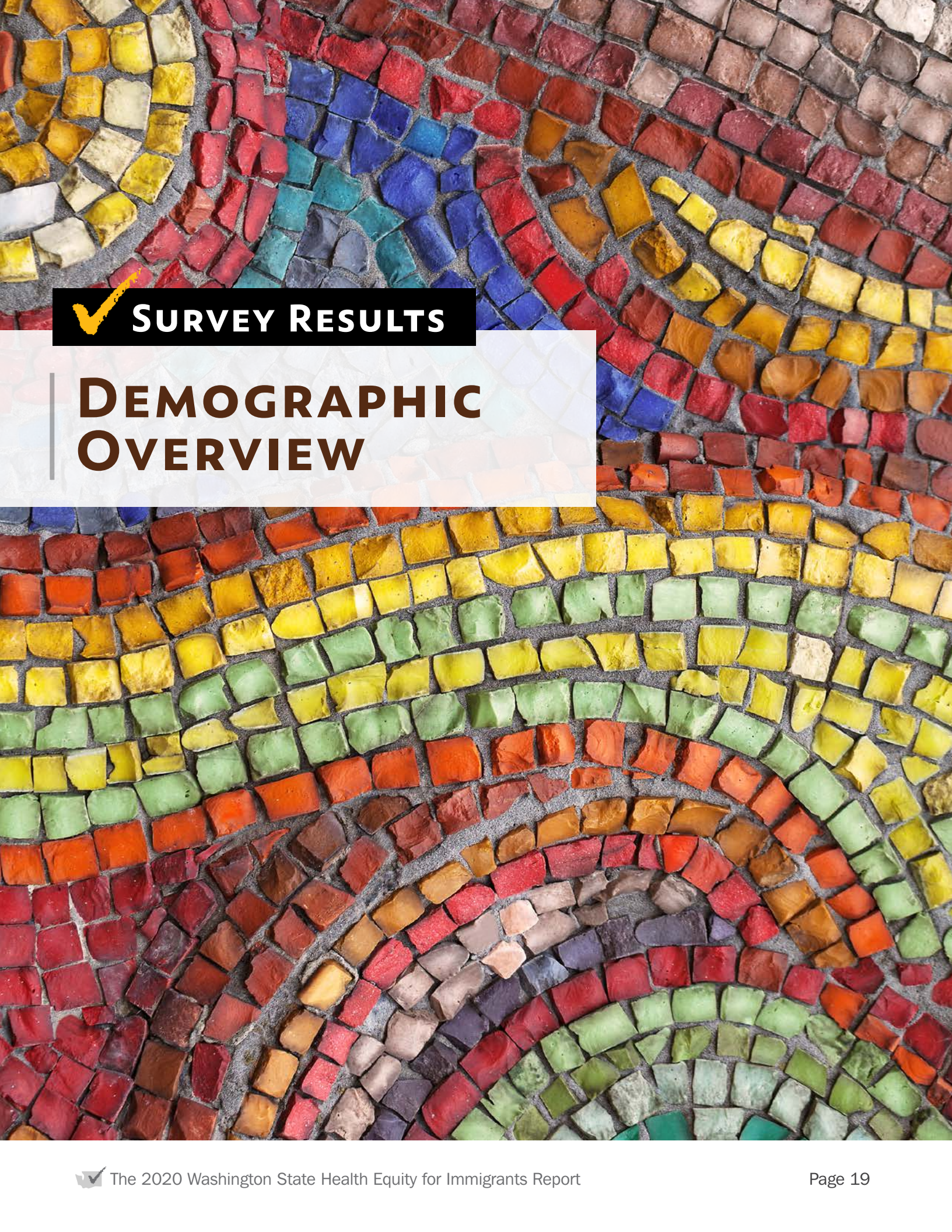
### IN THE WORDS OF SURVEY RESPONDENTS:

#### BARRIERS TO OBTAINING HEALTH INSURANCE

*“I lost my job when the pandemic started, had pneumonia and COVID and couldn’t work anymore. Lost my health insurance because I had it through my employer and now I can’t afford it.”*

*“No soy elegible para un seguro médico, lo necesito mucho.”*  
(I’m not eligible for health insurance, I really need it.)

#### BARRIERS TO ESTABLISHING A PRIMARY CARE PROVIDER



 **SURVEY RESULTS**

**DEMOGRAPHIC  
OVERVIEW**


# SURVEY RESULTS: DEMOGRAPHIC OVERVIEW

## Survey Eligibility

Survey respondents self-identified as immigrants, including undocumented individuals, current DACA recipients, individuals with temporary protected status (TPS), individuals with temporary work permits, and mixed status families. Respondents were asked not to complete the survey if all members of their household had either US citizenship or a green card.

To be eligible to take the survey, respondents had to answer two questions affirming they were **1) over age 18 or responding on behalf of someone over age 18 and 2) currently living in Washington State**. A total of 54 respondents did not meet the age requirement and 41 did not meet the location requirement so were unable to continue with the remainder of the survey. Ultimately, 5,728 respondents met those two primary requirements and continued with the survey (*Table 1*).

**Table 1**

WAISN Health Access Survey response totals 	
Eligible survey responses	5,728
Ineligible because of age requirement ( <i>not over age 18</i> )	54
Ineligible because of location requirement ( <i>not currently living in WA</i> )	41
Did not respond to both eligibility questions	31
<b><i>Total survey responses</i></b>	<b>5,854</b>

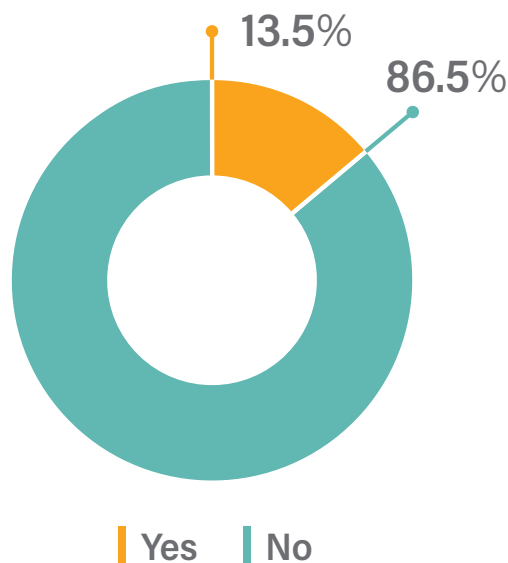
## **Immigration Status**

To protect respondent anonymity and support respondent comfort completing the survey, the survey instrument did not include any questions asking respondents to directly disclose their own immigration status.

The survey included one question about immigration status, in which respondents were asked if either they or a household member had a temporary work permit. In response to this question, 13.5% of respondents reported either they or a member of their household had a temporary work permit (*Graph 1*). The survey team decided to include this question with the hope that this information would allow the research team to calculate a rough estimate of respondents and/or households without work permits, which may include undocumented respondents.

Based on response to this question, we can estimate that the remaining 86.5% of respondents and/or respondents' households fall under one of the following categories: undocumented individuals, current DACA recipients, individuals with temporary protected status (TPS), and mixed status families.

**Graph 1**  
*“Do you or does anyone in your household have a temporary work permit?”*  
In the total sample (n=5,263)



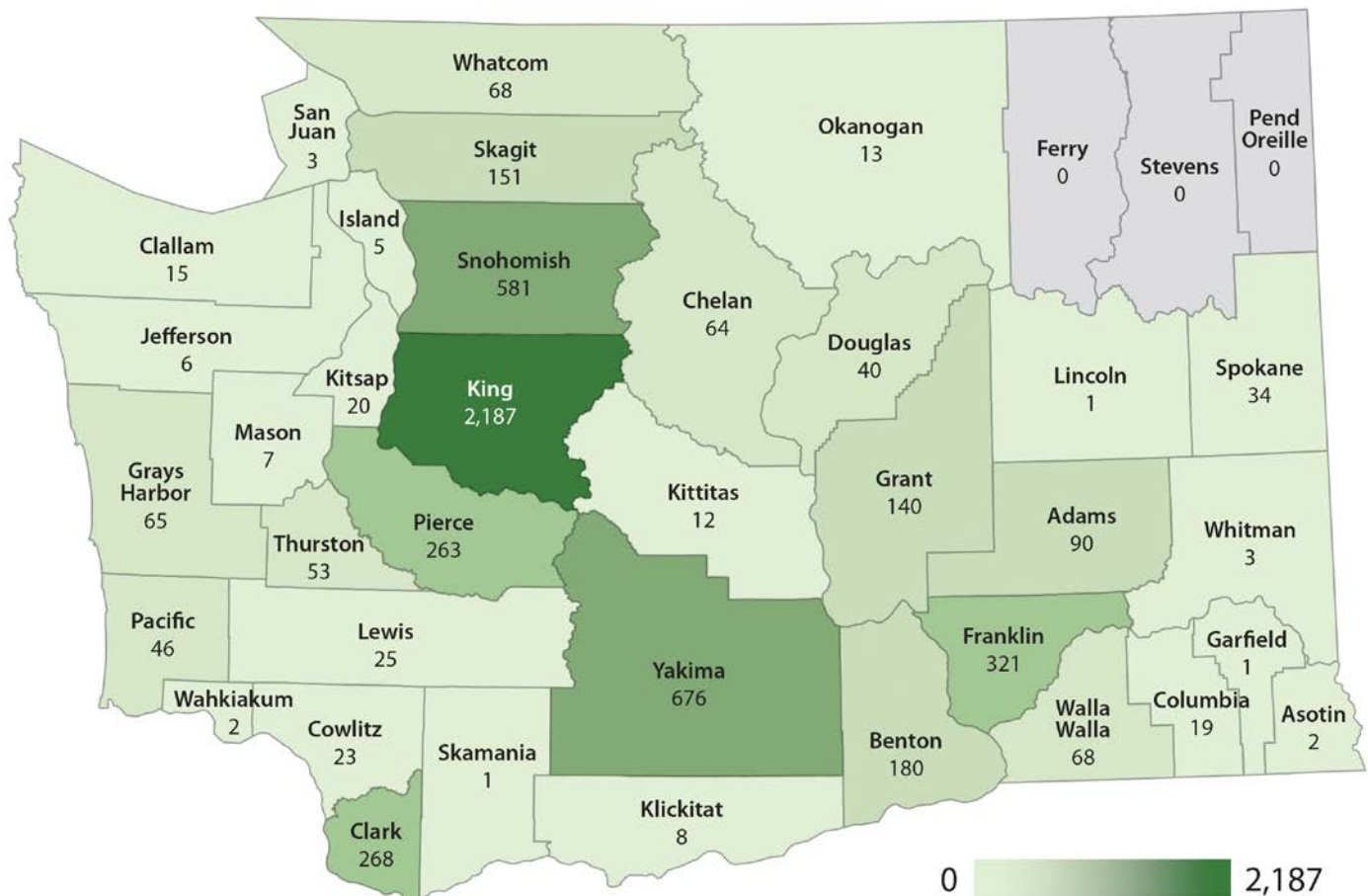
### Geographic Location & Household Size

One of the goals of the survey team was to recruit respondents from across Washington State. Respondents reported living in 36 out of 39 counties in WA (*Map 1*), with 38.8% of respondents in King County, 12% in Yakima County, and 10% in Snohomish County.\* Respondents lived in 289 different zip codes in WA (see *Map 2* for Washington State and *Map 3* for King County).

#### Map 1

#### *Response distribution by county in Washington State*

In the total sample (n=5,640)



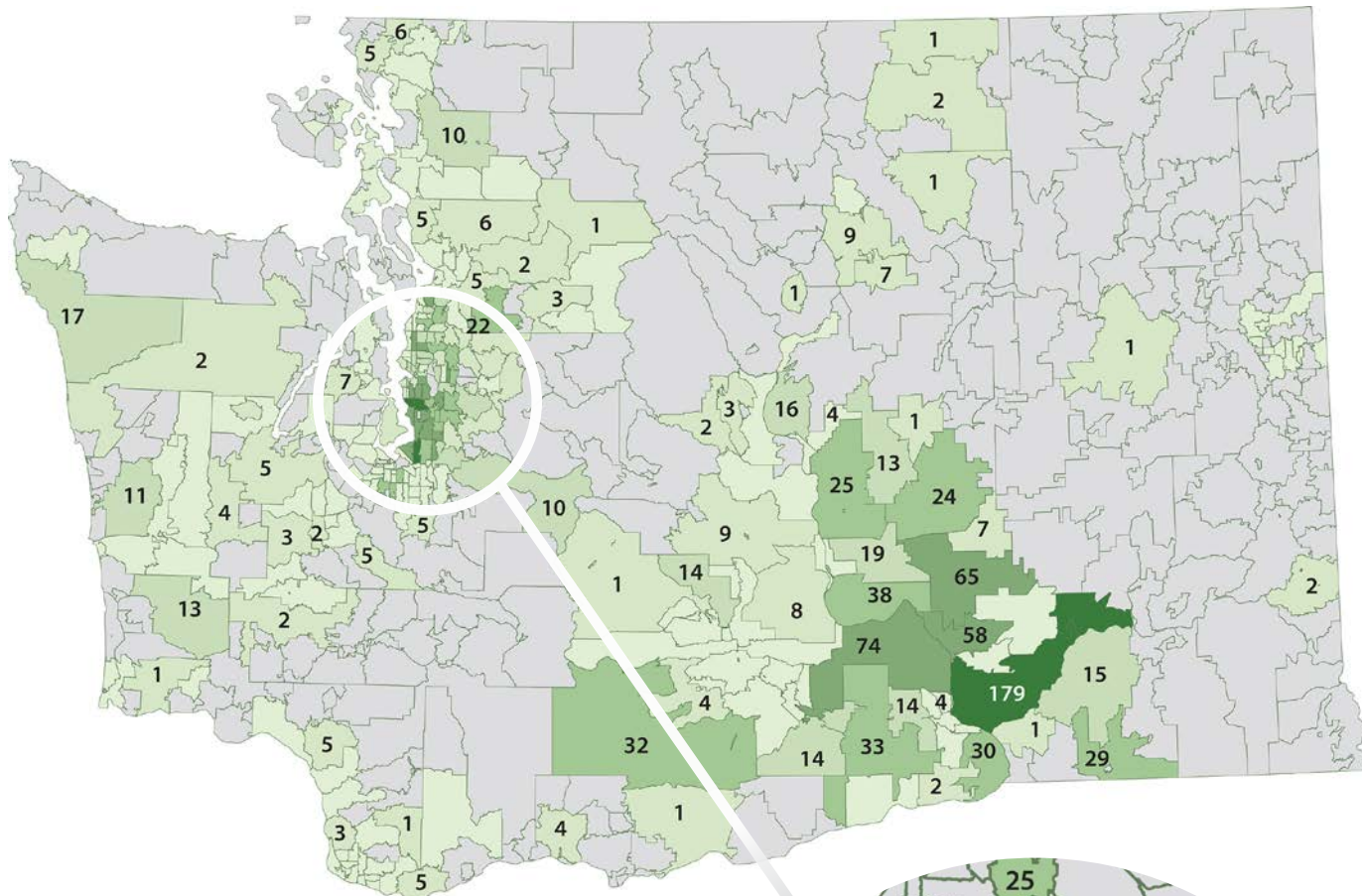
\* Complete respondent county data can be seen in **Appendix 4**.

# SURVEY RESULTS: DEMOGRAPHIC OVERVIEW

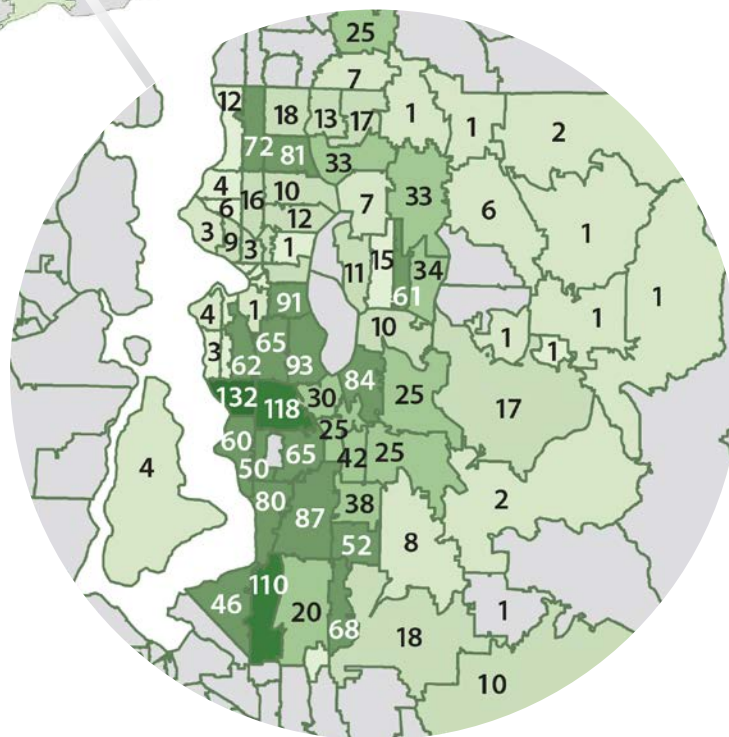
**Map 2**

*Response distribution by zip code in Washington State*

In the total sample (n=4,946)



**Map 3**  
*Response distribution by zip code in King County*





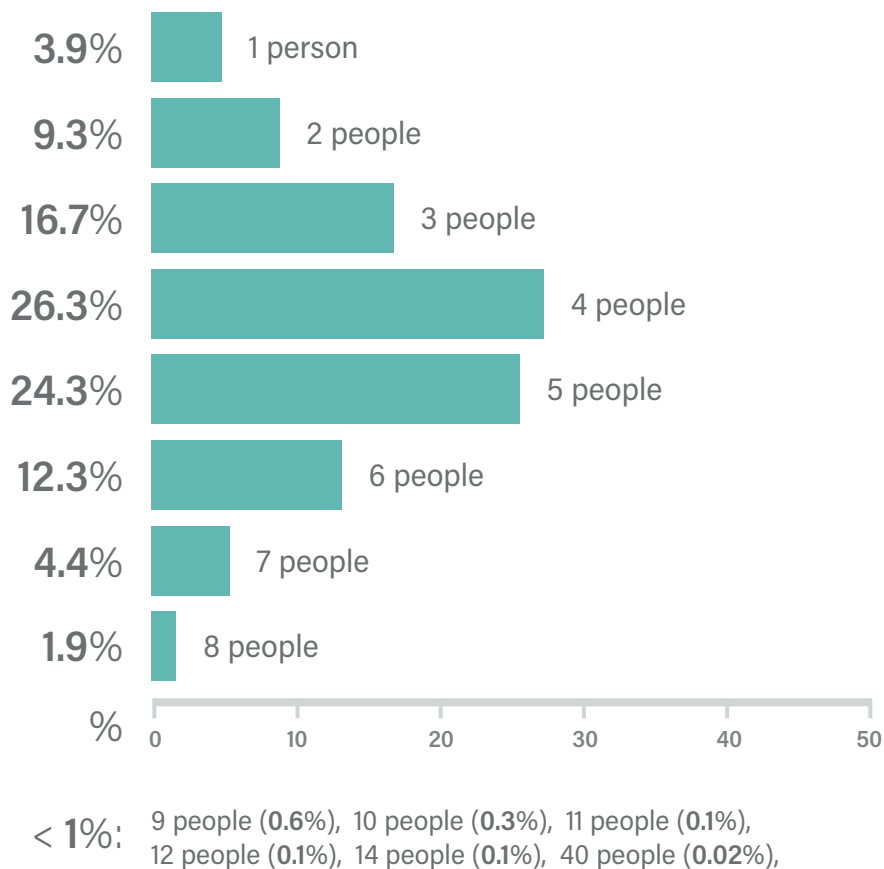
## SURVEY RESULTS: DEMOGRAPHIC OVERVIEW

The survey team felt it was important to collect information on household size in the context of the COVID-19 pandemic, since within-household virus spread is a major contributor to community spread.<sup>27</sup> Respondents reported living in households with between 1 and 40 occupants, with the majority (70.1%) living with 4 or more total household members (*Graph 2*).

### Graph 2

#### *Respondent household size*

In the total sample (n=5,106)

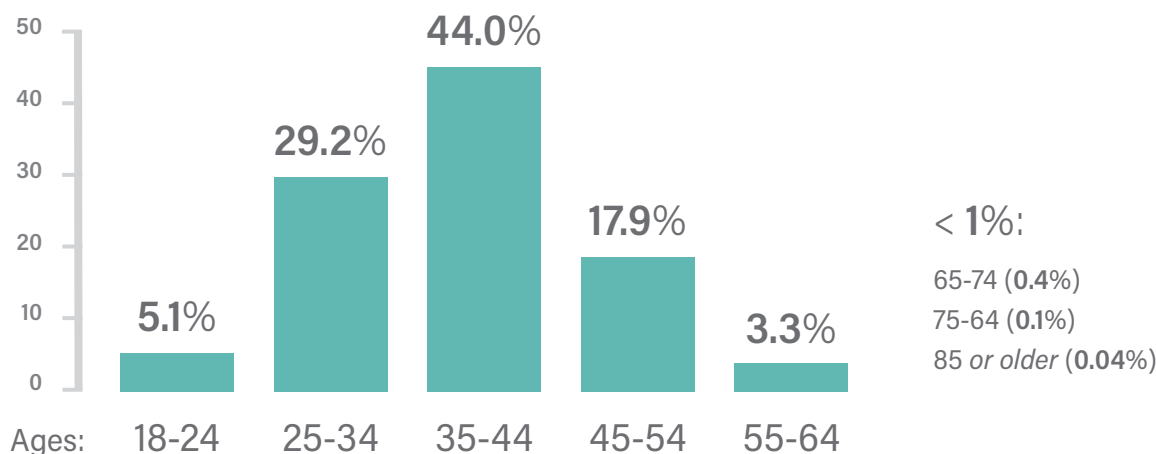


### Age & Gender

Respondents reported age ranges from 18 to over 85, with 29.2% age 25–34, 44% age 35–44, and 17.9% age 45–54 (*Graph 3*). A notably larger proportion of respondents identified as female (68.7%) compared to male (30.3%), with less than 1% identifying as trans-female, trans-male, genderqueer/gender non-conforming, or something else (*Graph 4*).

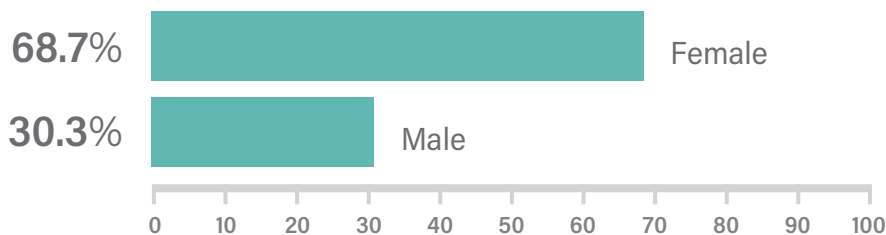
#### Graph 3 Respondent age ranges

In the total sample (n=5,504)



#### Graph 4 Respondent gender

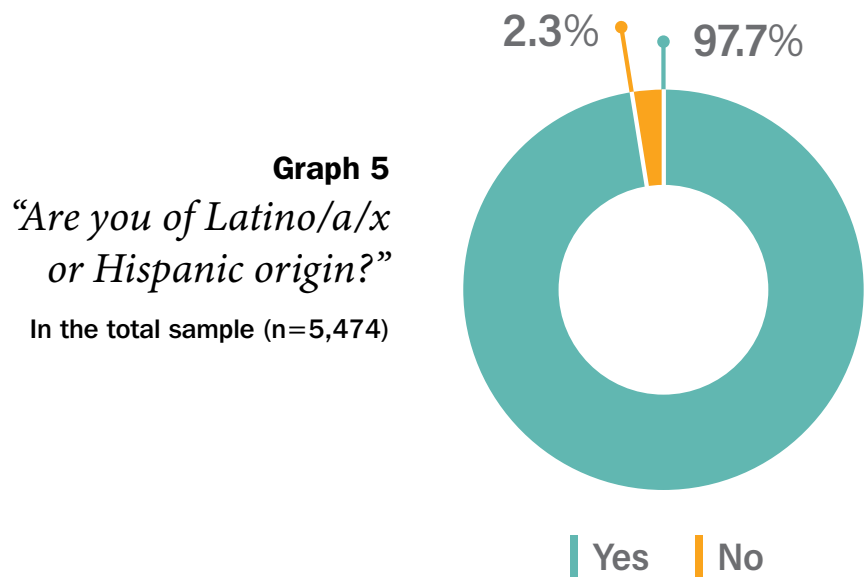
In the total sample (n=5,476)



< 1%: Something Else (0.4%), TransFemale (0.3%), Genderqueer/Gender Nonconforming (0.2%), TransMale (0.1%)

### **Race, Ethnicity, & Language**

The survey asked respondents two questions related to race and ethnicity. First, the survey asked respondents to identify if they were of Latino/a/x or Hispanic origin, to which 97.7% responded “Yes” (Graph 5).



### **IN THE WORDS OF SURVEY RESPONDENTS:**

*“Trabajo con contratista en el campo y ellos no dan seguro médico”*  
(I work with a contractor in the fields and they don’t provide health insurance)

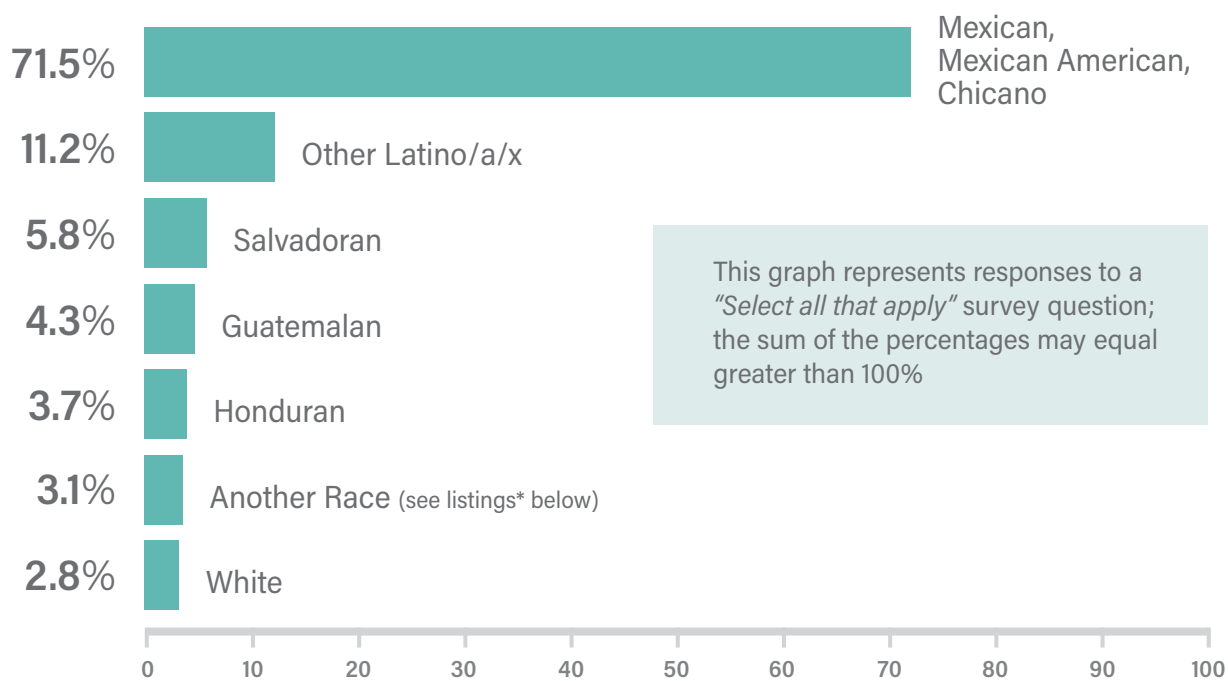
## SURVEY RESULTS: DEMOGRAPHIC OVERVIEW

The survey also included a question with a list of race, ethnicity, and country of origin options, in which respondents could select all that applied to them. For this question, 71.5% of respondents identified as Mexican/Mexican American/Chicano, 11.2% as “other Latino/a/x,” 5.8% as Salvadoran, 4.3% as Guatemalan, 3.7% as Honduran, 2.8% as White, 1.7% as Indigenous of Latin America, and 0.5% as Black or African American. Respondents cited a total of 34 different racial, ethnic, and cultural categories, including “stateless refugee,” with the remaining categories representing less than 0.5% of the total sample (*Graph 6*).

### Graph 6

“What categories describe you? [Select all that apply]”

In the total sample (n=5,401)



< 2%: Indigenous of Latin America (1.74%), Black or African American (0.52%), Korean (0.41%), Filipino (0.24%), Chinese (0.22%), Samoan (0.17%), American Indian or Alaska Native (0.15%), Middle Eastern or North African (0.13%), Cuban (0.11%), Asian Indian (0.09%), Vietnamese (0.09%), Afghan\* (0.06%), Cambodian\* (0.06%), Garifuna\* (0.04%), Jamaican\* (0.04%), Thai\* (0.04%), Tongan\* (0.04%), Congolese\* (0.02%), Ethiopian (0.02%), Japanese (0.02%), Laotian\* (0.02%), Nigerian\* (0.02%), Oromo\* (0.02%), Polynesian\* (0.02%), Somali (0.02%), Stateless refugee\* (0.02%)

\* These categories were added by the research team during data analysis based on free-text “Other” responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.

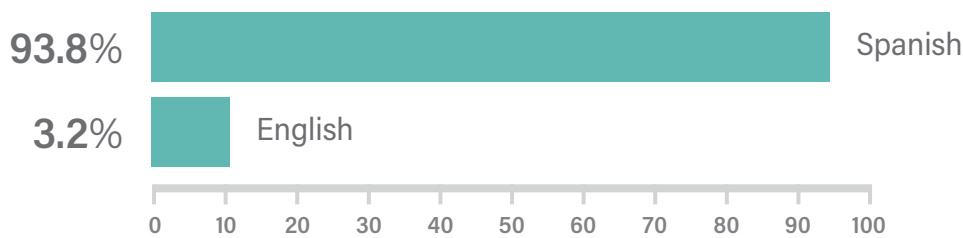
## SURVEY RESULTS: DEMOGRAPHIC OVERVIEW

The survey also asked about the respondents' primary language. Most respondents reported speaking Spanish as their primary language (93.8%), followed by English (3.2%) (*Graph 7*). Survey respondents reported 38 different primary languages in total; remaining languages all represented less than 1% of the total sample. The next seven languages in order of percent spoken were Mixtec, Korean, Mam, Portuguese, Garifuna, Arabic, and Triqui.

### Graph 7

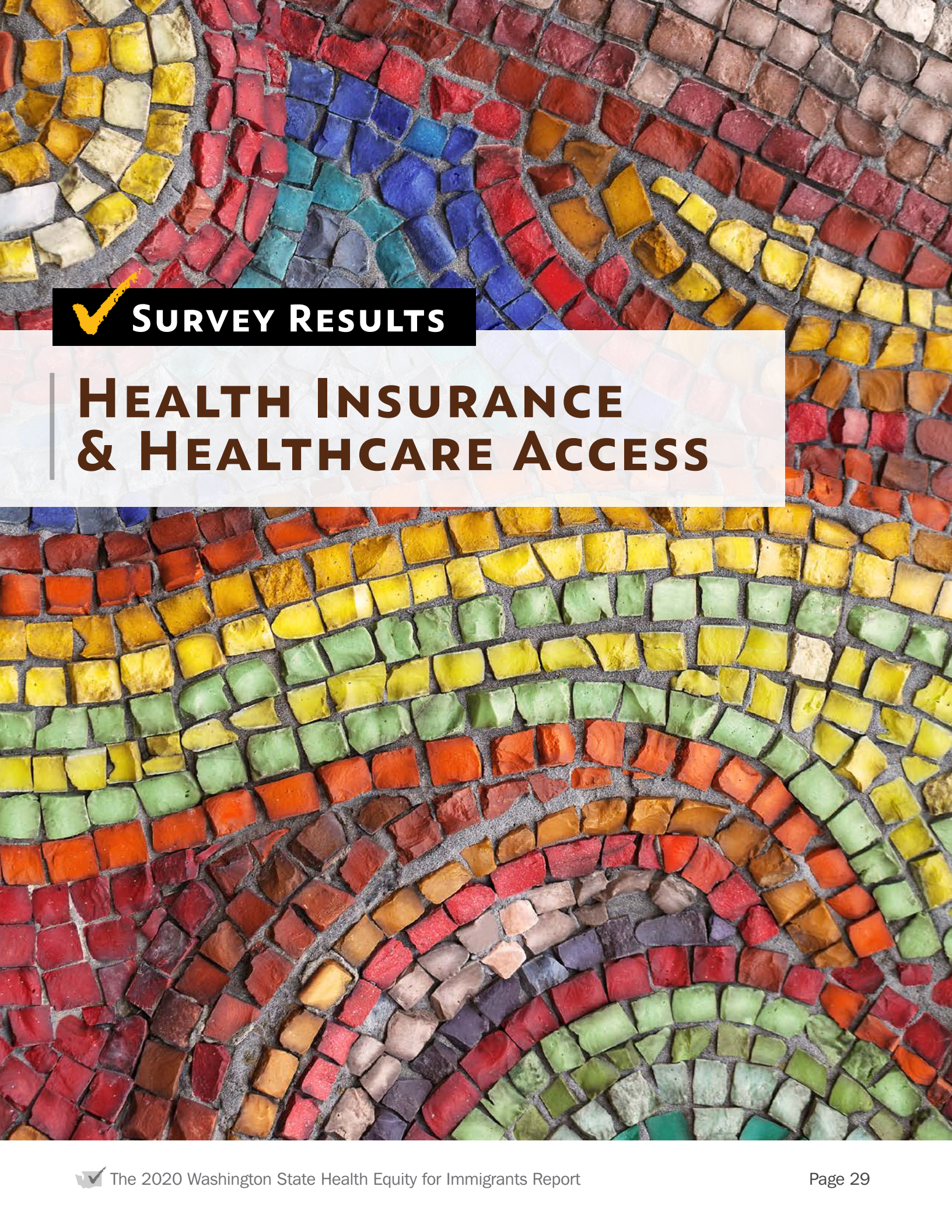
#### *Respondent primary language*

In the total sample (n=5,459)



< 1%: Mixtec (0.64%), Korean (0.37%), Another language (0.27%), Mam (0.22%), Portuguese\* (0.18%), Arabic (0.11%), Garifuna (0.11%), Triqui\* (0.11%), French\* (0.09%), Mandarin (0.09%), Tagalog (0.09%), Vietnamese (0.09%), Samoan\* (0.07%), Cantonese\* (0.04%), Khmer\* (0.04%), Oromo\* (0.04%), Russian (0.04%), Tongan\* (0.04%), Tzeltal\* (0.04%), Amharic\* (0.02%), Dari\* (0.02%), Karanga\* (0.02%), Me'phaa\* (0.02%), Pashto\* (0.02%), Purepecha\* (0.02%), Quiché\* (0.02%), Sindhi\* (0.02%), Somali (0.02%), Swahili\* (0.02%), Thai\* (0.02%), Tigrinya\* (0.02%), Yucatec Maya\* (0.02%), Zapoteco\* (0.02%)

\* These categories were added by the research team during data analysis based on free-text "Other" responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.



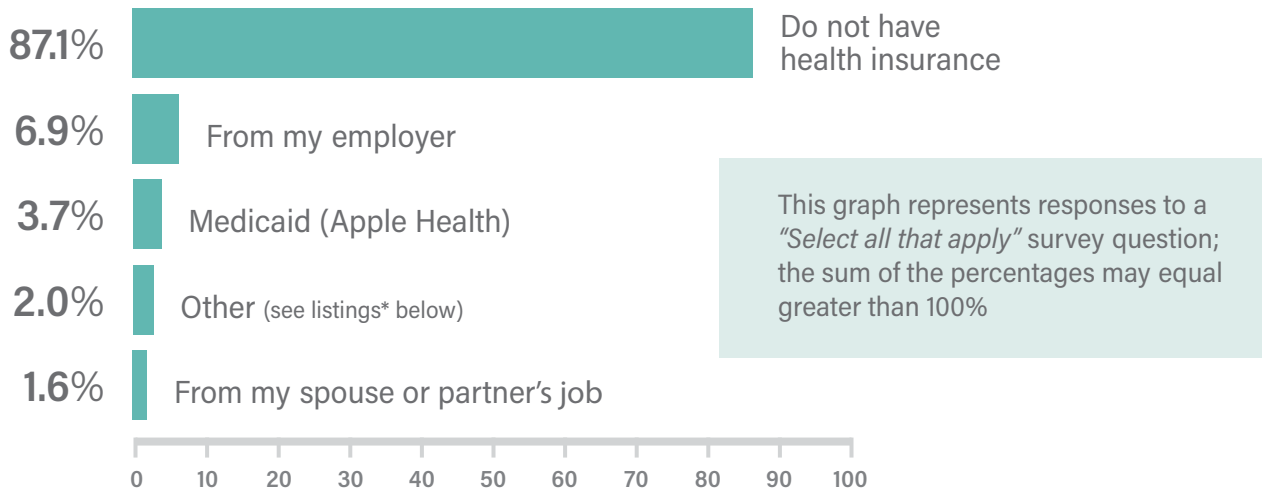
 **SURVEY RESULTS**

# HEALTH INSURANCE & HEALTHCARE ACCESS

## Health Insurance Access

Most respondents (87.1%) reported having no health insurance. Smaller percentages of respondents reported having health insurance from their employer (6.9%), Medicaid (Apple Health) (3.7%), or insurance from a spouse or partner’s job (1.6%), and less than 1% reported having Medicare (*Graph 8*).\*\*

**Graph 8**  
*Respondent health insurance status*  
 In the total sample (n=5,186)



< 1%: Hospital charity care or clinic sliding scale\* (0.64%), Medicare (0.64%), Insurance I purchased (0.35%), Coverage for reproductive services only\* (0.17%), From my parent's job (0.12%), Coverage for children in the household only\* (0.08%), Indian Health Service (0.06%), Coverage for cancer services only\* (0.04%), Coverage for dialysis only\* (0.02%)

\* These categories were added by the research team during data analysis based on free-text "Other" responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.

\*\* Of note, while only 0.6% of respondents mentioned using hospital charity care or a sliding scale system at a community clinic in free-text responses, if this option had been included in the list of original categories this percentage would have likely been much greater. The survey team did not include this option in the original response choices for the survey question since charity care and sliding scale systems are not formal systems of insurance.

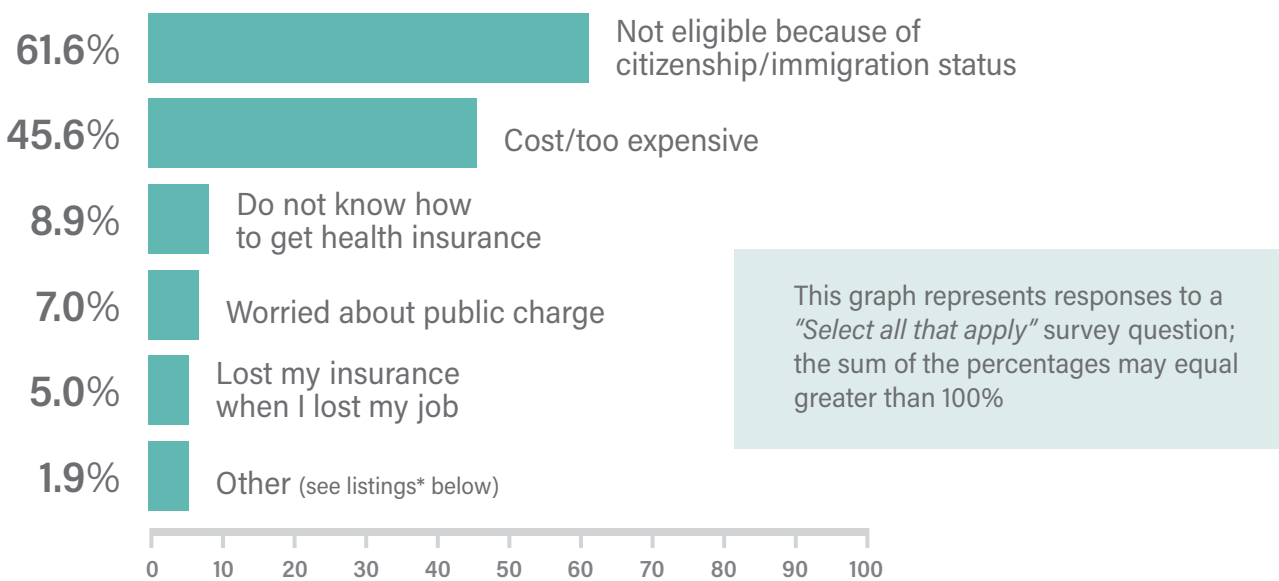
## SURVEY RESULTS: HEALTH INSURANCE & HEALTHCARE ACCESS

For respondents who did not have health insurance, the majority reported the main reasons for not having health insurance were ineligibility due to citizenship/immigration status (61.6%) and/or cost (45.6%). A smaller percentage of respondents cited lack of knowledge of how to get health insurance (8.9%) and concern about public charge (7%) as barriers to obtaining health insurance (*Graph 9*).

### Graph 9

#### *Barriers to obtaining health insurance*

For respondents who reported not having health insurance (n=4,369)



< 1%: Do not believe in health insurance (0.21%), Use hospital charity care or sliding scale at a clinic\* (0.21%), Unable to access insurance through employer\* (0.11%), Not eligible for other reasons\* (0.07%), Lost reproductive benefits after giving birth\* (0.05%), Switched insurance companies, delay between providers (0.02%)

\* These categories were added by the research team during data analysis based on free-text "Other" responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.

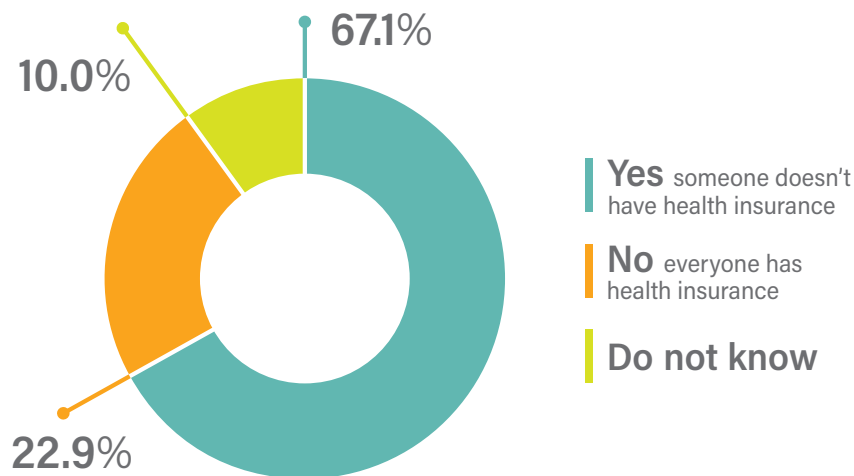


When asked about insurance access for other members of the household, 67.1% reported that another member of their household did not have health insurance (*Graph 10*), and that eligibility because of immigration status (59.1%) and cost (59.6%) were the primary reasons their household member did not have health insurance (*Graph 11*). A smaller percentage reported worry about public charge (8.7%), lack of knowledge of how to get insurance (7.2%), or losing insurance due to job loss (6%) as the main reasons for a household member not having insurance.

**Graph 10**

*Respondents who reported that another household member does not have health insurance*

In the total sample (n=4,846)



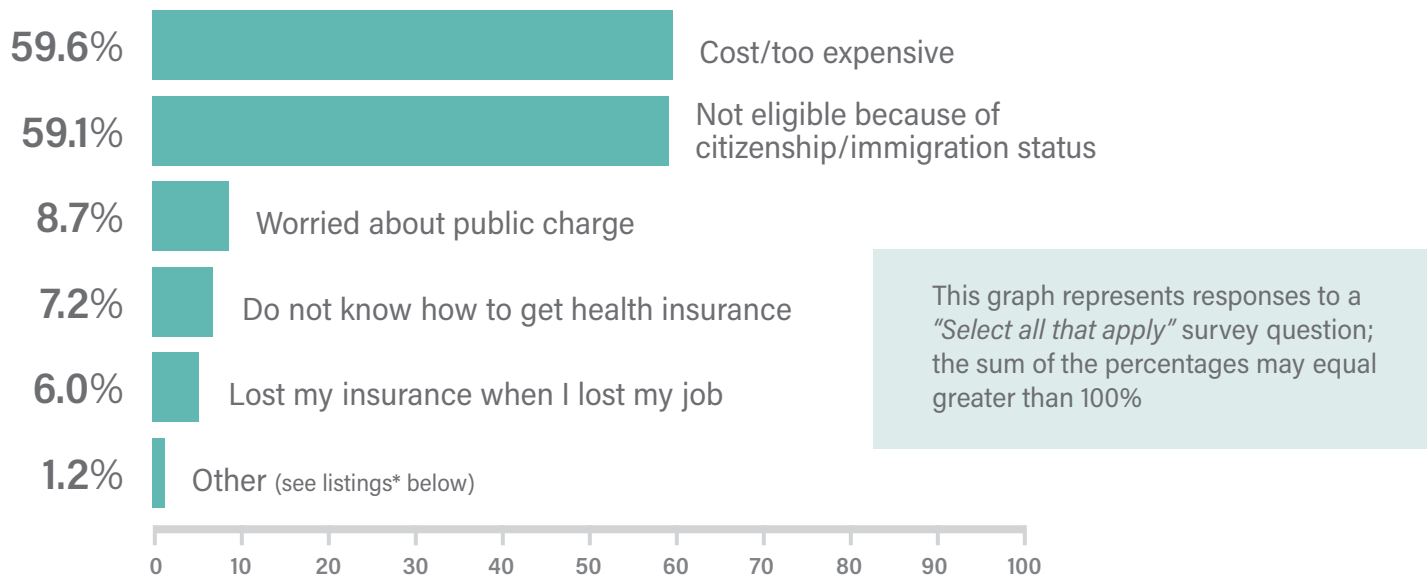
**IN THE WORDS OF SURVEY RESPONDENTS:**

*“My wife was laid off October 2nd, 2020. I had insurance through her job.”*

## SURVEY RESULTS: HEALTH INSURANCE & HEALTHCARE ACCESS

### Graph 11 *Barriers to the respondent's household member obtaining health insurance*

For respondents who reported a household member beside themselves did not have health insurance (n=3,170)



< 1%: Do not believe in health insurance (0.22%), Job doesn't offer insurance/they don't work enough hours to obtain insurance through work\* (0.19%), Switched insurance companies, delay between providers (0.16%), Live alone, don't have other household members\* (0.09%), Unemployed\* (0.06%)

\* These categories were added by the research team during data analysis based on free-text "Other" responses that did not fit into existing categories. See Appendix 3 for more information on the data analysis process.

### IN THE WORDS OF SURVEY RESPONDENTS:

*"Perdi el seguro después del embarazo."  
(I lost insurance after my pregnancy.)*



## **IN THE WORDS OF SURVEY RESPONDENTS: BARRIERS TO OBTAINING HEALTH INSURANCE**

*“No tengo dinero para agarrar un seguro.”*

**(I don’t have the money to get insurance.)**

- *“I lost my job when the pandemic started, had pneumonia and COVID and couldn’t work anymore. Lost my health insurance because I had it through my employer and now I can’t afford it.”*

- *“Trabajo con contratista en el campo y ellos no dan seguro médico.”*  
**(I work with a contractor in the fields and they don’t provide health insurance.)**

- *“No entiendo cómo funciona el deducible y no gano lo suficiente para pagarlo.”*  
**(I don’t understand how deductibles work and I don’t make enough money to pay for [health insurance].)**

- *“My wife was laid off October 2nd, 2020. I had insurance through her job.”*

- *“I don’t qualify for health insurance and it’s unfortunate in these times of need.”*

- *“Busque una aseguranza médica pero no hay para personas que no tengan seguro social.”*

**(I looked for health insurance but there isn’t any for people that don’t have a social security number.)**

- *“Expired DACA need new Alien ID number in order to get any State insurance.”*

*“Tengo muchos gastos, soy mamá soltera con 4 hijos y el seguro se me hace caro.”*

**(I have a lot of expenses, I am a single mother with four children and health insurance is expensive for me.)**

- *“Perdi el seguro después del embarazo.”*  
**(I lost insurance after my pregnancy.)**

- *“Soy una inmigrante y no tengo ningún beneficio.”*  
**(I am an immigrant and I don’t get any benefits.)**

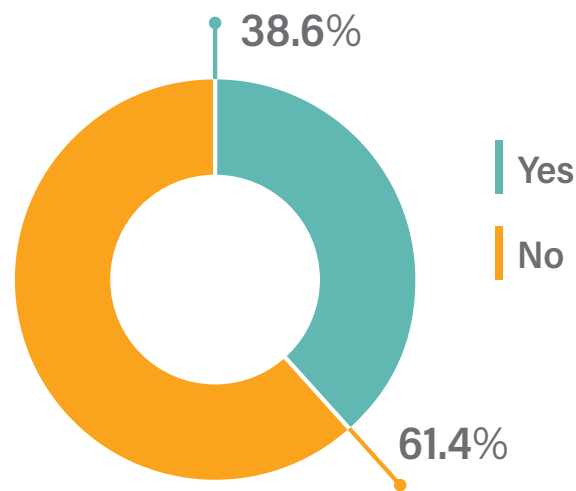
- *“En mi trabajo, restaurant, no proporcionan ese beneficio.”*

**(In my work, in restaurants, they don’t provide that benefit [health insurance].)**

### Primary Care Engagement

The survey asked respondents about engagement with a primary care provider. The majority of respondents (61.4%) reported not having an established primary care provider in the past two years (*Graph 12*). Of those respondents who reported having no primary care provider, the key reasons cited for not having an established primary care provider were lack of health insurance (66.7%) and cost (36.2%) (*Graph 13*). Smaller percentages reported worry about public charge (9.6%) lack of knowledge of where to go for care (5.9%), and being unable to find a provider who speaks their language (2.2%).

**Graph 12**  
*“In the last 2 years, have you had one person you think of as your personal doctor or health care provider?”*  
In the total sample (n=5,213)



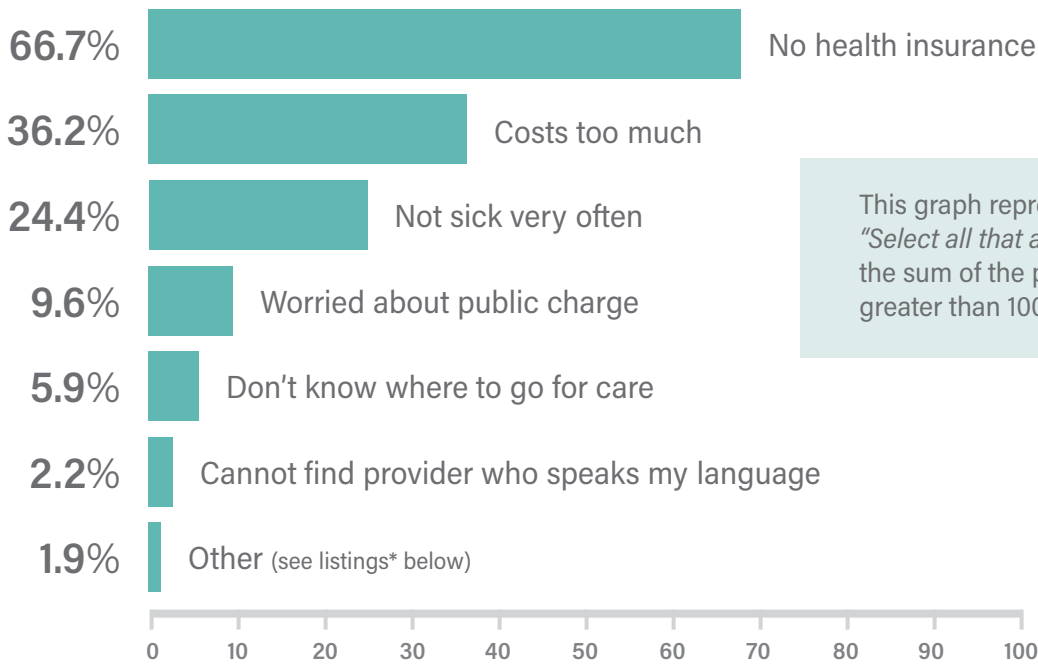
### IN THE WORDS OF SURVEY RESPONDENTS:

*“I don’t qualify for health insurance and it’s unfortunate in these times of need.”*

**Graph 13**

*Barriers to establishing a primary care provider*

For respondents who reported not having a primary care provider (n=3,057)



This graph represents responses to a "Select all that apply" survey question; the sum of the percentages may equal greater than 100%

< 1%: Do not have transportation (1.93%), Do not have enough time (1.60%), Do not use doctors/treat myself (1.50%), Recently moved to the area (1.14%), Only go to the clinic when necessary/don't see a provider often\* (0.23%), The clinic changes the provider\* (0.20%), Don't like the providers at the clinics I can afford\* (0.03%)

\* These categories were added by the research team during data analysis based on free-text "Other" responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.

**IN THE WORDS OF SURVEY RESPONDENTS:**

*“Me corte y ocupaba cocerme.”  
(I cut myself and I had to  
stitch myself up.)*



**IN THE WORDS OF SURVEY RESPONDENTS:  
BARRIERS TO ESTABLISHING A PRIMARY CARE PROVIDER**

*“No entiendo como trabajo mi aseguranza.”*

**(I don’t understand how my insurance works.)**

- *“Can’t have a primary doctor without insurance.”*
- *“No se a donde ir que no piden seguro social.”*  
**(I don’t know where to go where they won’t ask for a social security number.)**
- *“No soy elegible para un seguro médico, lo necesito mucho.”*  
**(I’m not eligible for health insurance, I really need it.)**

*“A los mexicanos no nos ayudan.” (They don’t help us [Mexicans].)*

- *“Porque nos preguntan que si tenemos seguro médico y uno les dice que no y ya no nos ponen atención.”*  
**(Because they ask us if we have health insurance, and if we tell them no then they don’t pay attention to us.)**

- *“No me enfermo gracias a Dios, no tengo médico.”*  
**(I don’t get sick thank God, I don’t have a doctor.)**

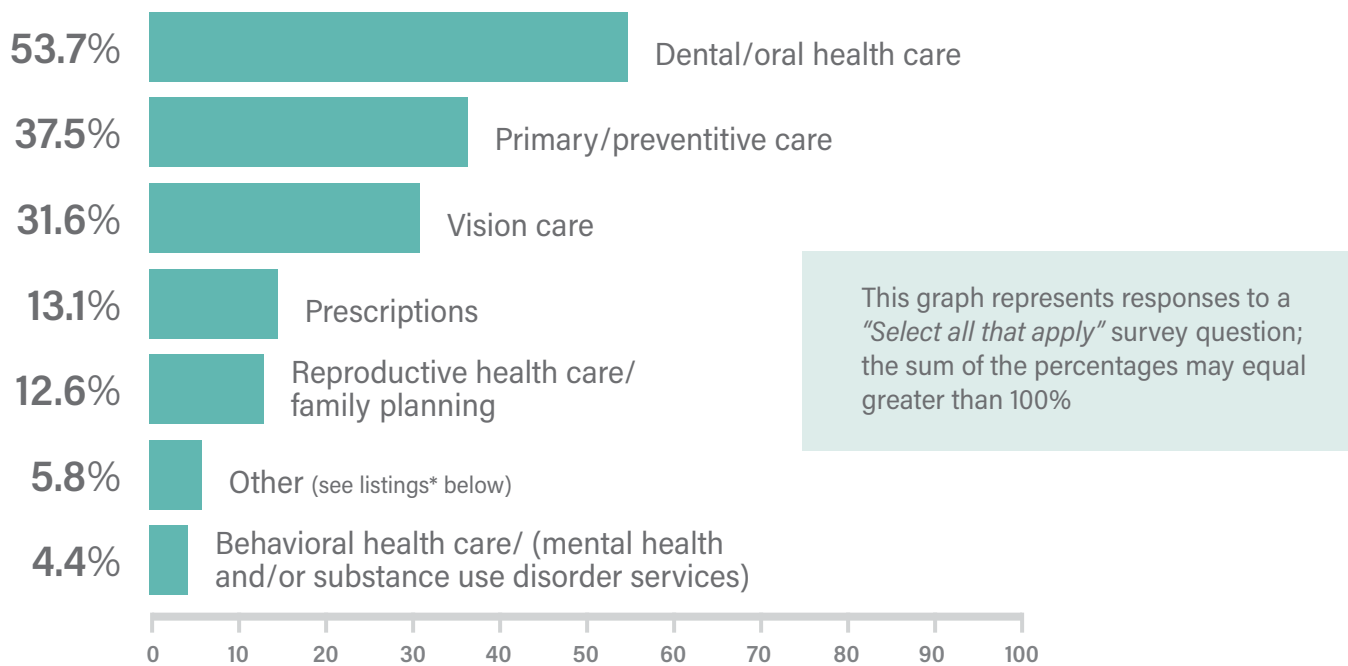
*“I don’t qualify for health insurance and it’s unfortunate in these times of need.”*

- *“Solo voy a la clínica de campesinos cuando necesito.”*  
**(I just go to the farmworker clinic when it’s necessary.)**
- *“Ir a emergencia.”*  
**(I go to the emergency room.)**

### General Health Services Access & Engagement

The survey also asked respondents about their engagement with and access to services across the healthcare spectrum. The three services that respondents most wanted to access but were unable to access in the past 2 years were dental care (53.7%), primary care (37.5%) and vision care (31.6 %) (*Graph 14*). A smaller percentage of respondents indicated they were unable to access needed prescriptions (13.1%), reproductive health care/family planning (12.6%), and behavioral health services (4.4%). The majority of “other” free-text entries for this question reflected respondents’ inability to access a broad range of specialty services, surgical services, and diabetes care.

**Graph 14** *Health services that respondents wanted or needed to use but were unable to access in the past 2 years* In the total sample (n=4,702)



< 1%: Diabetes care\* (0.89%), Other misc. specialist services\* (0.49%), Gender affirming care (0.30%), Surgical procedure\* (0.32%), Screenings (mammograms, etc.)\* (0.17%), Emergency services\* (0.15%), Radiology services\* (0.13%), Cancer services\* (0.11%), Neurological services\* (0.11%), Thyroid care\* (0.11%), Hypertension care\* (0.09%), Rheumatological services\* (0.09%), Cardiology services\* (0.09%), Audiology services\* (0.06%), Dermatology services\* (0.06%), Gastrointestinal services\* (0.06%), Chiropractic services\* (0.04%)

\* These categories were added by the research team during data analysis based on free-text “Other” responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.

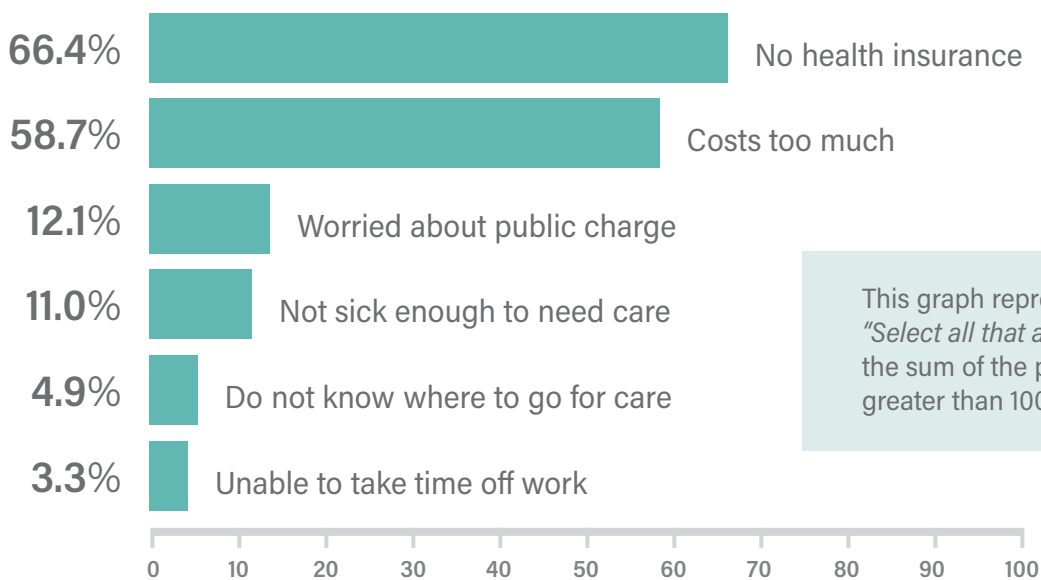
## SURVEY RESULTS: HEALTH INSURANCE & HEALTHCARE ACCESS

Respondents who reported being unable to access at least one wanted or needed service were then asked about their barriers to access. Most respondents indicated that lack of health insurance (66.4%) and cost (58.7%) were the primary barriers to accessing those services. A smaller percentage of respondents indicated that concern about public charge (12.1%), lack of knowledge of where to go for care (4.9%), inability to take time off work (3.3%), lack of transportation (2.5%), and inability to find a provider who speaks their language (2.2%) also served as barriers.

### Graph 15

#### *Barriers to accessing needed healthcare services*

For respondents who reported difficulty accessing needed or wanted healthcare services in the past 2 years (n=4,095)



This graph represents responses to a "Select all that apply" survey question; the sum of the percentages may equal greater than 100%

< 3%: Do not have transportation (2.47%), Other (2.25%), Cannot find provider who speaks my language (2.17%), Unable to find a provider who accepts my insurance (1.25%), Recently moved to the area (0.78%), Do not use doctors/ treat myself (0.63%), Due to issues related to the COVID-19 pandemic (scheduling issues, offices closed, etc.)\* (0.20%), Concerns related to immigration status\* (0.15%), Services were not covered by existing insurance plan\* (0.12%), Only go to the clinic when truly necessary/when I feel really bad\* (0.07%), Unable to get an appointment\* (0.05%)

\* These categories were added by the research team during data analysis based on free-text "Other" responses that did not fit into existing categories. See Appendix 3 for more information on the data analysis process.





**IN THE WORDS OF SURVEY RESPONDENTS:  
BARRIERS TO ACCESSING NEEDED SERVICES**

*“Ultrasonidos y exámenes y son muy caros ganó muy poco para pagar algo demasiado caro.”*

**(Ultrasounds and exams are very expensive, I earn very little to pay for something so expensive.)**

- *“Así tenemos los servicios básicos en esta clínica pero cuando se trata de algo más grande un operación otros estudios ya te mandan a otra clínica muy cara que no puedes pagar.”*

**(We can get basic services in the clinic, but when we need something bigger like an operation or other studies, they send you to another very expensive clinic that you can't pay for.)**

- *“Necesito una resonancia magnética. Como no tengo seguro tengo que esperar, ya voy a cumplir un año esperando.”* **(I need an MRI. Because I don't have insurance I have to wait, and have already been waiting a year.)**

- *“I have asthma and since I lost my job in February I can't afford to even keep buying my inhalers since I don't have health insurance anymore. I can't afford to pay \$200–\$300 up front for medicine every 3 weeks for the inhalers when I need to figure out how to get food on the table especially because we don't qualify for Ebt food stamps. We've been eating off food banks.”*

- *“He tenido 2 emergencias médicas y por falta de seguro estoy pagando billes muy altos.”* **(I have had two medical emergencies and because I don't have insurance I am paying very expensive bills.)**

*“Necesito ayuda, tuve cancer de seno y tengo chequeos y bills en Colección.”*

**(I need help, I had breast cancer and I have medical appointments and bills in collection.)**

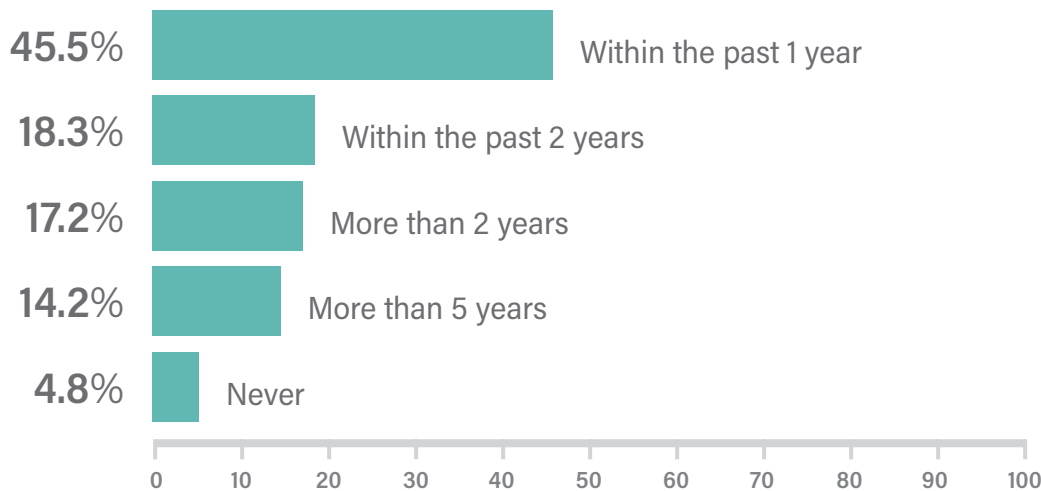
- *“Me corte y ocupaba cocerme.”* **(I cut myself and I had to stitch myself up.)**

The survey asked all respondents about the length of time since their last provider visit for a routine checkup, for which 45.5% reported seeing a provider for a routine checkup in the past year, 18.3% reported a routine checkup within the past two years, 17.2% reported more than two years, 14.2% more than 5 years, and 4.8% had never seen a provider for a routine checkup (Graph 16).

**Graph 16**

*Length of time since respondents' last provider visit for a routine checkup*

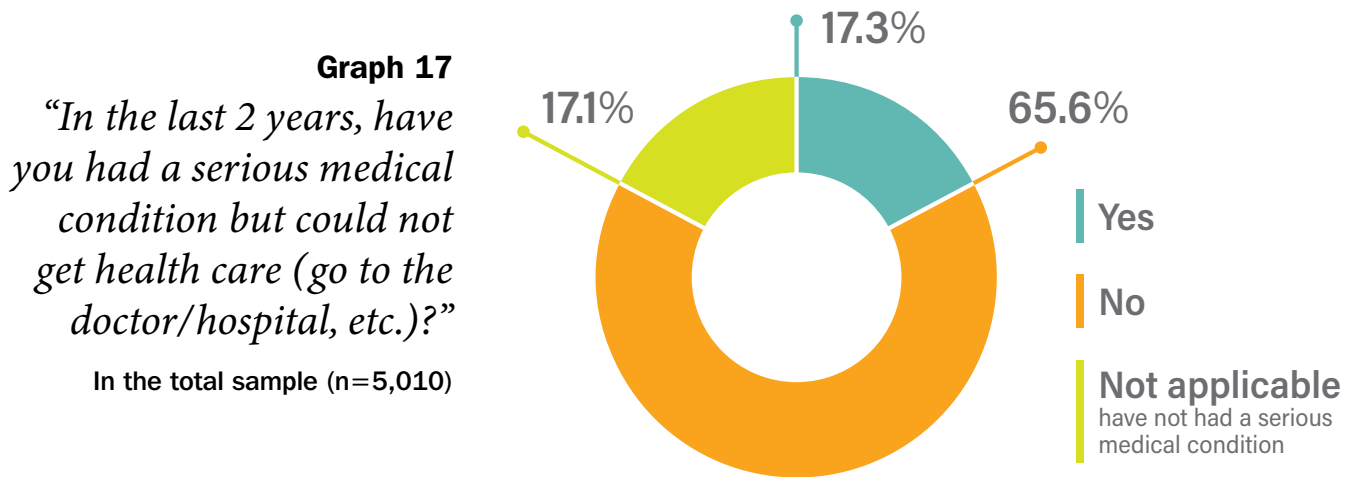
In the total sample (n=5,038)



**IN THE WORDS  
OF SURVEY  
RESPONDENTS:**

*“I lost my job when the pandemic started, had pneumonia and COVID and couldn’t work anymore. Lost my health insurance because I had it through my employer and now I can’t afford it.”*

The survey also asked respondents if they had experienced a serious medical condition but had been unable to access healthcare in the past two years. In the total sample of respondents, 17.3% reported not being able to access needed health care in the case of a serious medical condition (*Graph 17*).



**IN THE WORDS OF SURVEY RESPONDENTS:**

*“Because of no insurance wasn't able to be referred to specialist therefore couldn't [access health services].”*

**BARRIERS TO ACCESSING  
HEALTHCARE FOR A SERIOUS  
MEDICAL CONDITION**

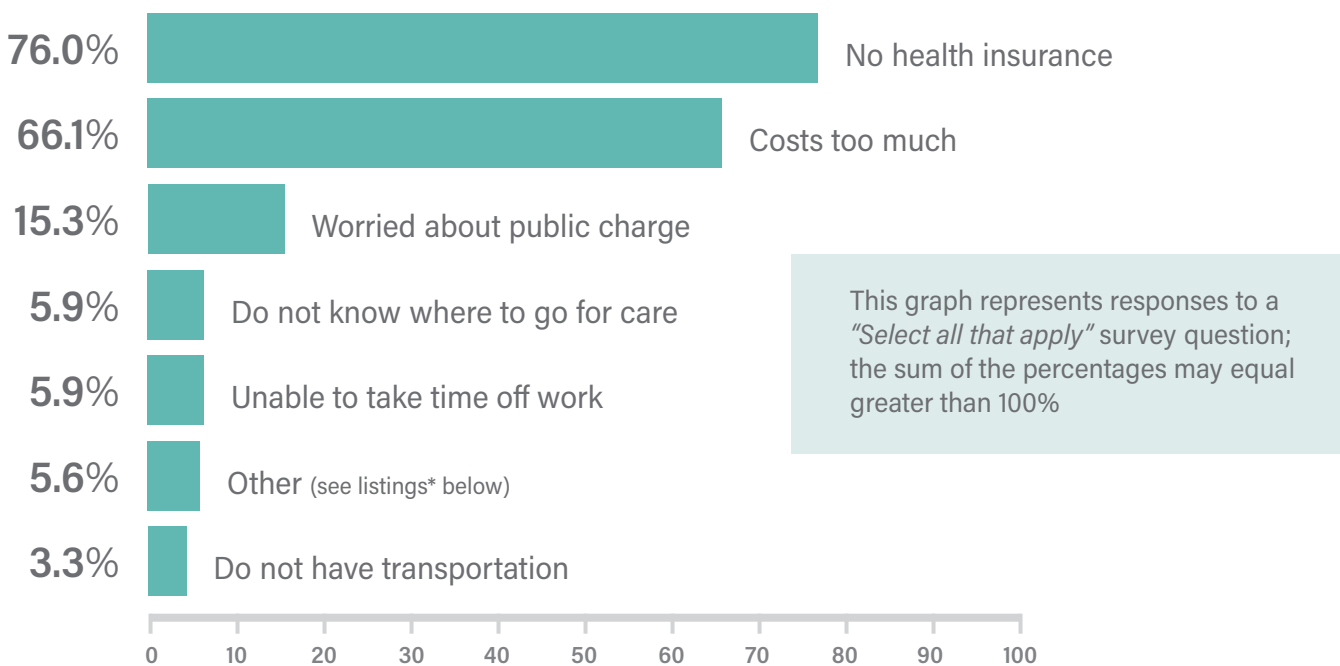
## SURVEY RESULTS: HEALTH INSURANCE & HEALTHCARE ACCESS

Of those respondents who reported being unable to access medical care for a serious medical issue in the past 2 years, 76% indicated lack of health insurance and 66.1% indicated cost as the main barriers. A notable percentage cited concern about public charge (15.3%), and a smaller percentage reported an inability to take time off work (5.9%), lack of transportation (3.3%), and being unable to find a provider who speaks their language (2.1%) as barriers (*Graph 18*).

### Graph 18

#### *Barriers to accessing healthcare for a serious medical condition*

For respondents who reported being unable to access healthcare for a serious medical condition in the past 2 years (n=844)



< 3%: Cannot find provider who speaks my language (2.13%), Do not use doctors/treat myself (1.66%), Recently moved to area (1.54%), Unable to find a provider who takes my insurance (0.83%), Did receive attention (0.83%), Did receive some medical attention but not satisfied with care received (0.71%), Due to issues related to the COVID-19 pandemic (scheduling issues, offices closed, etc.) (0.59%), Did receive some medical attention but struggled with payment (0.47%), Unable to obtain a specialist referral (0.36%), Unable to obtain an appointment (0.24%)

\* These categories were added by the research team during data analysis based on free-text "Other" responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.



**IN THE WORDS OF SURVEY RESPONDENTS:  
BARRIERS TO ACCESSING HEALTHCARE  
FOR A SERIOUS MEDICAL CONDITION**

*“Debo ya biles de cuando he ido al hospital y no los he podido pagar.”*

**(I already owe money and when I went to the hospital I couldn't pay the bills.)**

■ *“Debo mucho dinero a lo hospitales.”*

**(I owe a lot of money to the hospitals.)**

■ *“Me da miedo que sea muy caro y no tenga cómo pagar.”*

**(I'm scared that it will be really expensive and I can't pay.)**

■ *“Pienso que por qué soy latino no toman en serio mi enfermedad.”*

**(I think because I am Latino they don't take my illness seriously.)**

■ *“Me dio miedo por lo caro y no supe a donde ir.”*

**(I was scared of the cost and didn't know where to go.)**

*“Because of no insurance wasn't able to be referred to specialist therefore couldn't [access health services].”*

*“Tiene un problema en la rodilla pero no lo pueden operar debido a que no tiene aseguranza.”*

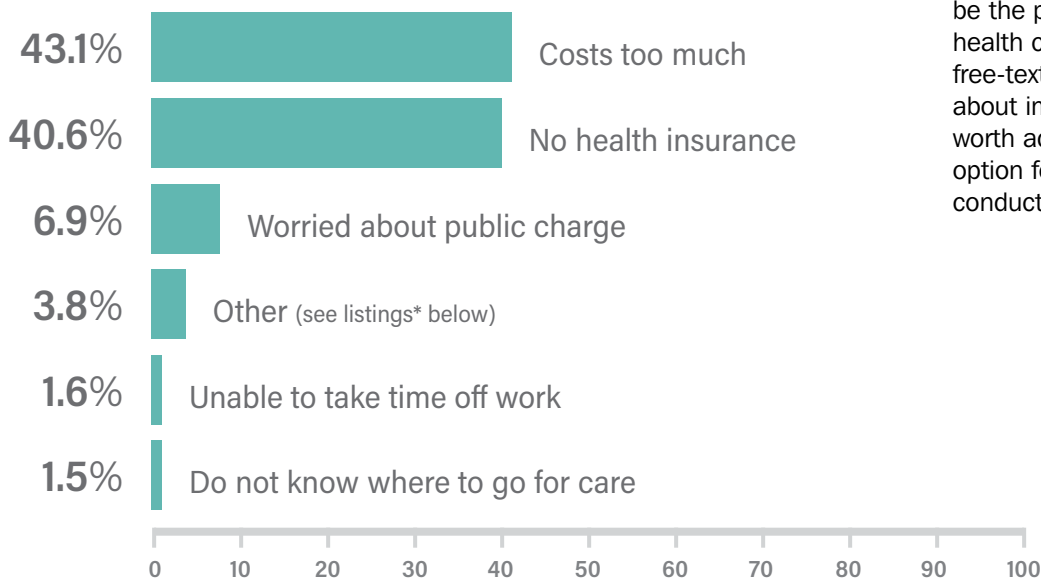
**(They have a problem with their knee but couldn't operate on it because they don't have insurance.)**

## SURVEY RESULTS: HEALTH INSURANCE & HEALTHCARE ACCESS

The survey also asked respondents to pick just one overall barrier for the respondent or the respondent’s household to get health care (compared to other questions where respondents could “select all that apply” from the list of response options). Respondents reported the number one barrier to healthcare access was cost (43.1%), closely followed by lack of health insurance (40.6%), with a smaller but notable percentage concerned about public charge (6.9%) (*Graph 19*). Just 1.5% reported the primary barrier was lack of knowledge about where to go for care.\*\*

**Graph 19**  
*Number one barrier to accessing healthcare services for the respondent or household members*

In the total sample (n=4,854)



\*\* Of note, 0.8% of respondents added a free-text response that lack of eligibility due to immigration status was their primary barrier to accessing healthcare (*Graph 19*). The survey team did not include this option, as in our conceptualization of this question we considered that immigration status could be a barrier to accessing health insurance, but would not necessarily be the primary barrier to accessing health care. Based on the number of free-text responses indicating concern about immigration status, it may be worth adding an additional response option for this question if we were to conduct this survey question again.

< 1%: Cannot find provider who speaks my language (0.87%), Not eligible because of citizenship/immigration status\* (0.76%), Recently moved to area (0.66%), Do not have transportation (0.58%), Do not use doctors/treat myself (0.45%), Unable to find a provider who takes my insurance (0.43%), Have insurance/able to access care\* (0.29%), Only the children in my household are eligible for health insurance\* (0.21%), Need more information about options\* (0.04%), Don't need care regularly\* (0.04%), Unable to access quality care\* (0.02%), Unable to obtain an appointment\* (0.02%)

\* These categories were added by the research team during data analysis based on free-text “Other” responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.



## IN THE WORDS OF SURVEY RESPONDENTS: NUMBER ONE BARRIER TO ACCESSING HEALTHCARE SERVICES

### “Discrimination.”

- “Costs too much because I don’t have health insurance.”
- “No calificó para aseguranza médica debido a mi estatus migratorio.”  
(I don’t qualify for health insurance because of my immigration status.)
- “Para mis hijos ellos tienen su cupón médico pero yo y mi pareja no tenemos sólo vamos cuando es muy urgente asistimos a la clínica de campesinos que es donde es más económico.”  
(My children have health insurance but my partner and I don’t, we just go when it’s very urgent, we go to the farmworker clinic which is more affordable.)
- “Desconozco información no se si tengo opciones.”  
(I don’t have enough information, I don’t know if I have options.)
- “Can’t get private insurance as undocumented, or it is very expensive.”

- “Si nos ayudan con bajos recursos pero al final hay algunas cosas que no se pueden pagar porque están muy caras como citas con dentista y oculista terapias.”

(They help us with a sliding scale but in the end there are some things that we can’t pay for because they’re very expensive, like dental and vision appointments.)

- “No tengo social security para poder comprar seguro médico! Y Para mi es frustrante!” (I don’t have a social security number to be able to buy health insurance! This is really frustrating for me!)

“En la mayoría de seguros te piden seguro social y yo no cuento con uno.”

(Most insurances ask you for a social security number and I don’t have one.)

- “Muy caro y yo soy madre soltera.”  
(Very expensive and I am a single mom.)
- “No tenemos derecho a seguro por falta de documentos.” (We don’t have the right to insurance because we don’t have documents.)

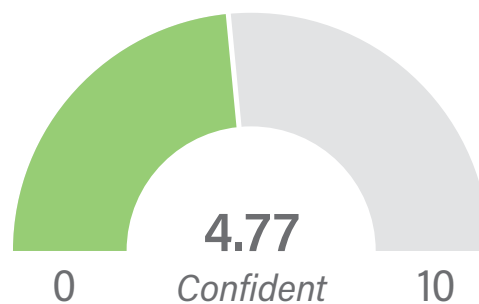
## SURVEY RESULTS: HEALTH INSURANCE & HEALTHCARE ACCESS

The survey asked respondents to rate, on a scale from 1 to 10, their confidence in being able to obtain affordable, good quality care for a problem that happened in the near future. Respondents reported an average confidence level of 4.77/10 (*Graph 20*).

The survey also asked respondents about challenges in coping with medical bills. A majority of respondents (65.7%) reported having difficulty paying medical bills in the last 2 years (*Graph 21*).

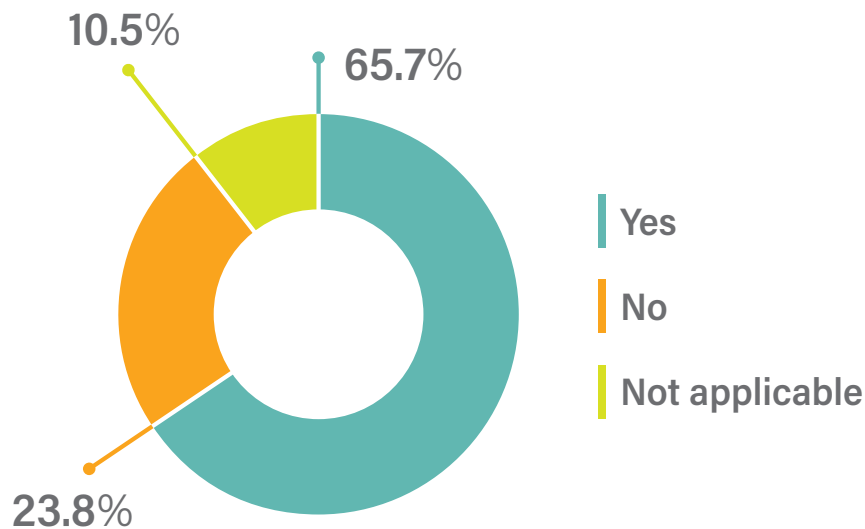
**Graph 20**  
*“How confident are you that you could get affordable, good quality care for a health problem that happened tomorrow?”*

In the total sample (n=4,659)



**Graph 21**  
*“In the last 2 years, have you ever had difficulty paying medical bills?”*

In the total sample (n=4,949)



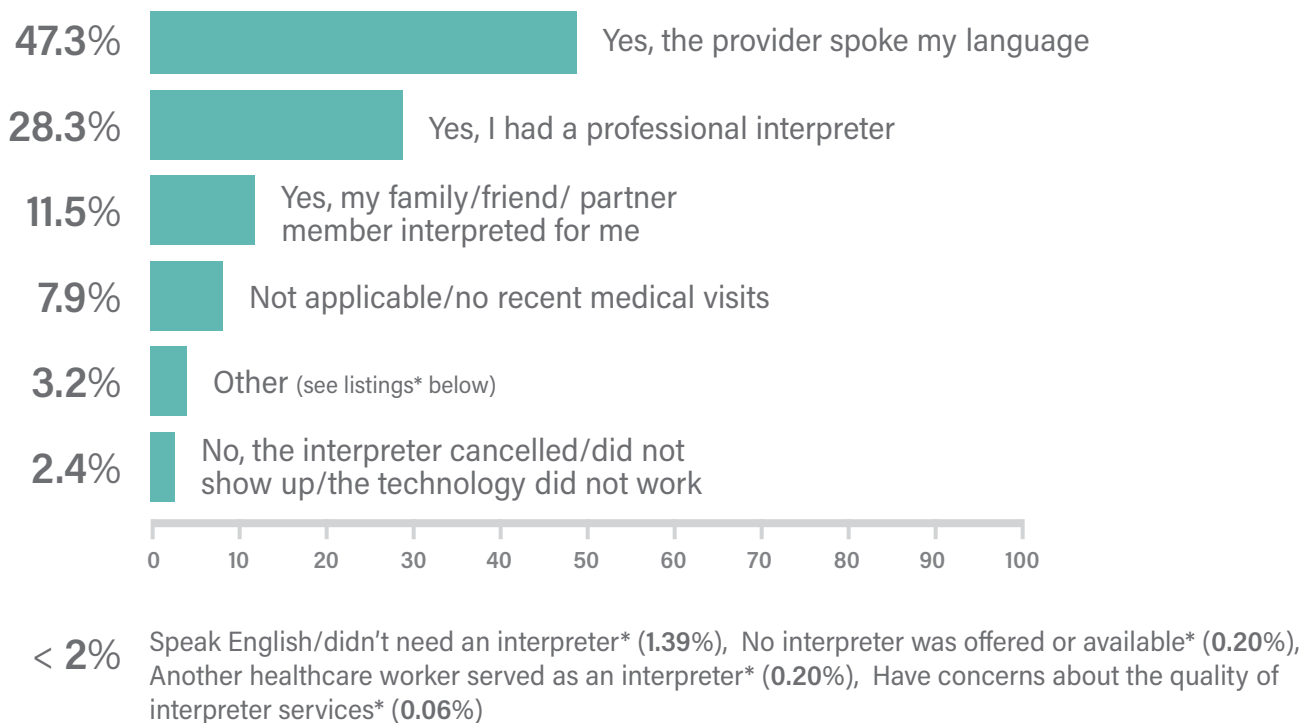


The survey also asked about language accessibility during medical appointments. Most respondents indicated they were able to speak to their medical provider in their preferred language at their last medical visit, either because the provider spoke their preferred language (47.3%), or through a professional interpreter (28.3%). A smaller percentage of respondents reported that a family member interpreted for them (11.5%), or that there was some issue with the interpreter services (2.4%) (*Graph 22*).

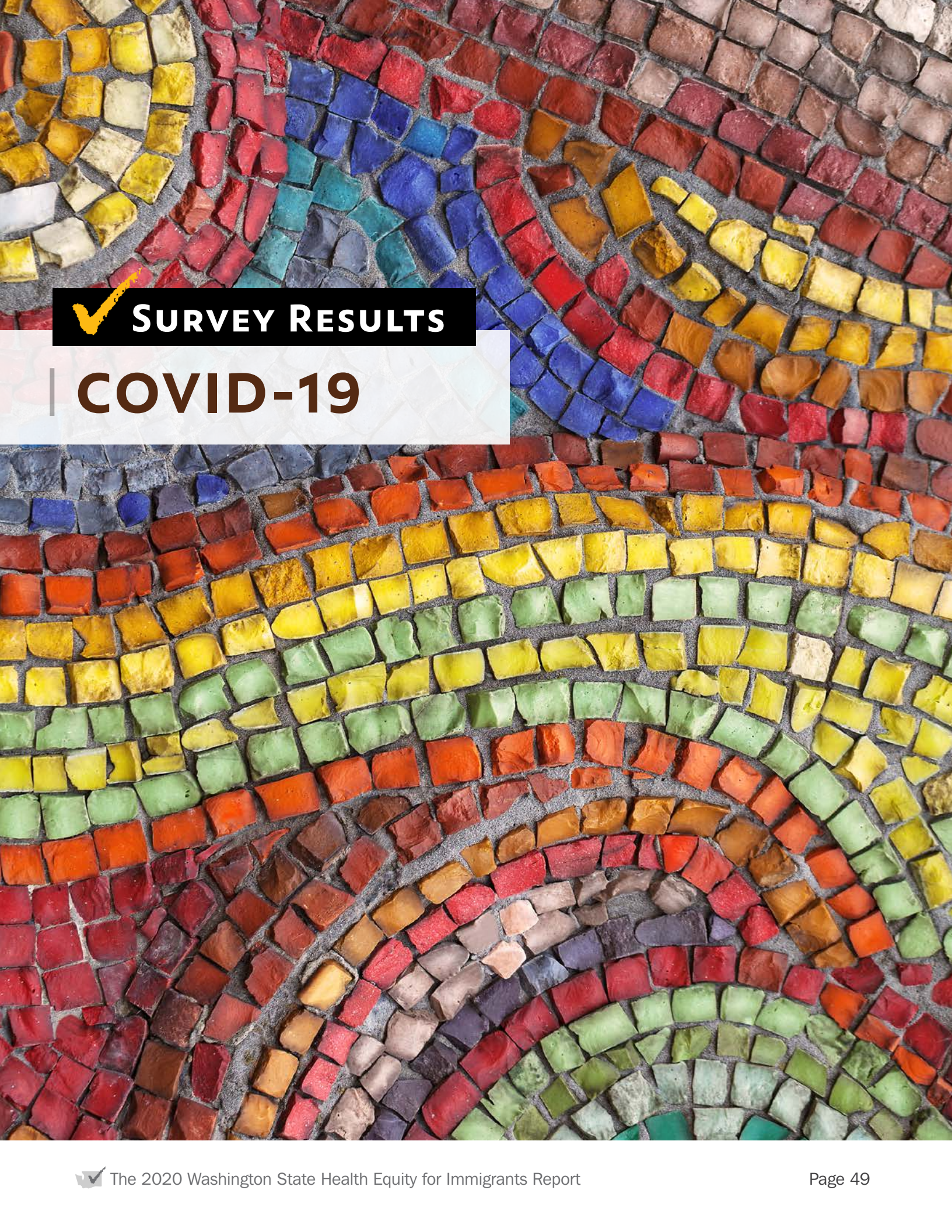
**Graph 22**

*Respondent ability to speak in their preferred language with a medical provider at their most recent medical visit*

In the total sample (n=4,951)



\* These categories were added by the research team during data analysis based on free-text "Other" responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.



✓ **SURVEY RESULTS**

**COVID-19**

### Access to Information about COVID-19

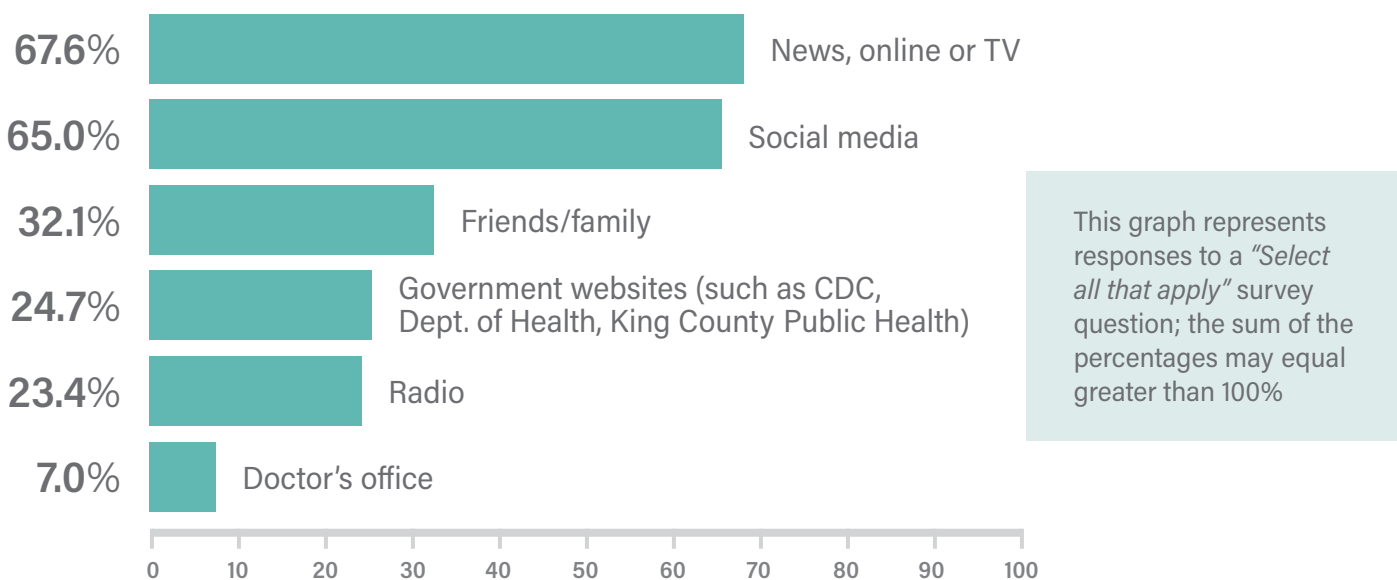
To better inform future public health outreach and communication efforts during the ongoing COVID-19 pandemic, the survey team asked respondents about how they accessed information about COVID-19. The majority of respondents get information about COVID-19 from online or television news (67.6%) and/or social media (65%) (*Graph 23*). Respondents also cited accessing COVID-19 related information from friends and family (32.1%), government websites such as the CDC and Department of Health (24.7%), and radio (23.4%).

Smaller percentages of respondents accessed information from doctors offices (7%), WAISN (6%), WhatsApp (4.5%), and faith/religious groups (4%).

**Graph 23**

*“How do you get information about COVID-19? [Select all that apply]”*

In the total sample (n=4,922)



This graph represents responses to a “Select all that apply” survey question; the sum of the percentages may equal greater than 100%

< 6% WAISN (5.99%), WhatsApp (4.53%), Faith/religious groups (4.00%), Other\* (1.44%), Workplace\* (0.22%), School/child's school\* (0.18%), Community organizations (NGOs, etc)\* (0.16%)

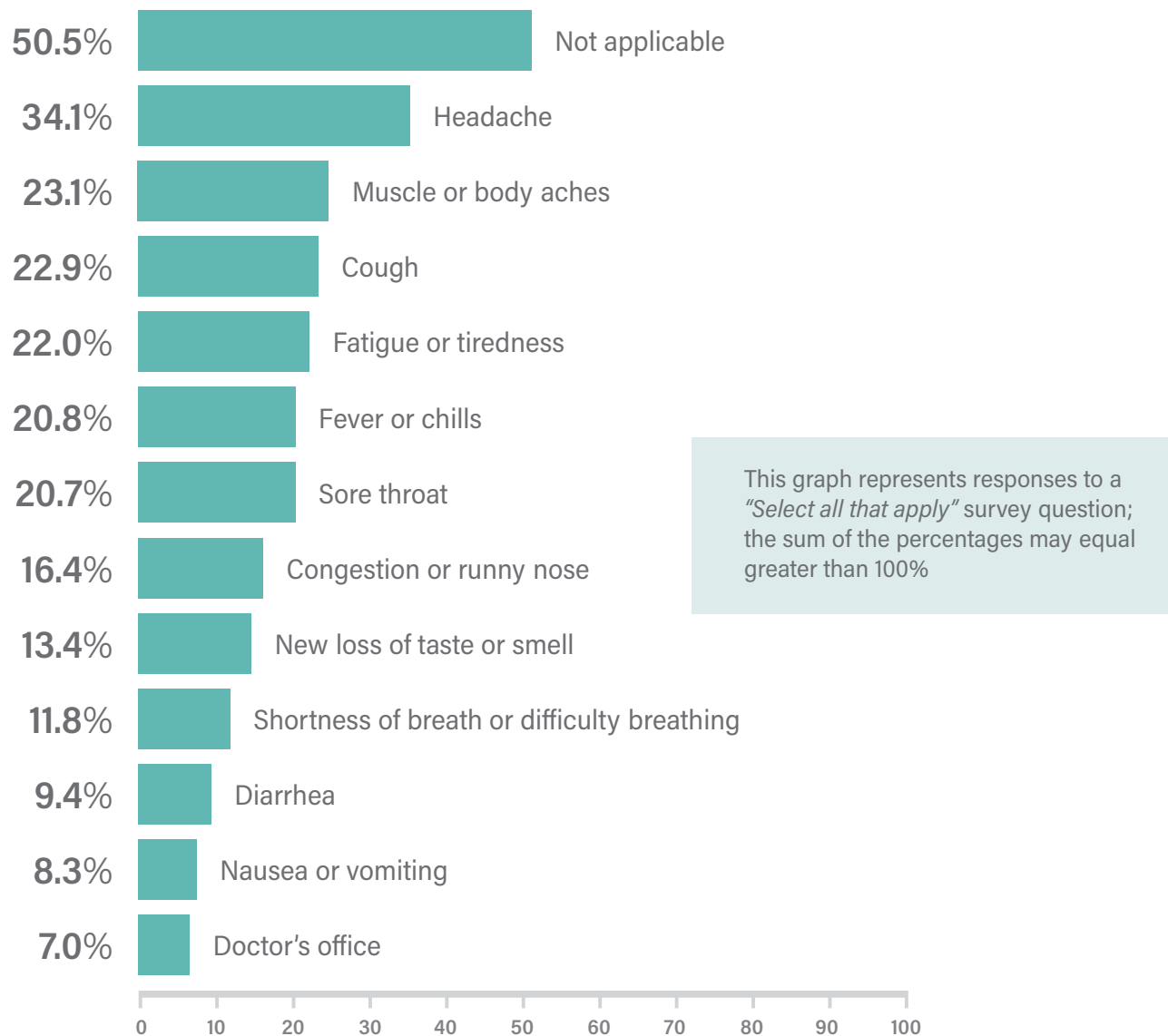
\* These categories were added by the research team during data analysis based on free-text “Other” responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.

### Potential Exposure to COVID-19

The survey asked respondents to select from a list of COVID-19 related symptoms as designated by the CDC at the time the survey was written. Just under half of respondents (49.5%) reported having one or more COVID-19 symptoms since January 2020 (*Graph 24*).

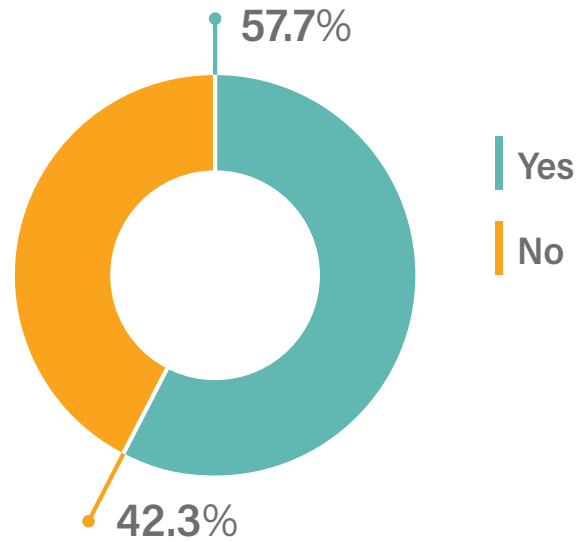
**Graph 24**

*“Have you had any of these symptoms since January 2020?  
[Select all that apply]”* In the total sample (n=4,290)



Additionally, the survey asked respondents about their ability to self-isolate in the case of contracting COVID-19, defined in the survey question as staying in a location with a separate bedroom or bathroom, either in the respondents own home or elsewhere. For this question, 42.3% of respondents reported they are not (or were not) able to self-isolate if they were to contract, or had previously contracted, COVID-19 (Graph 25).

**Graph 25**  
*Respondent ability to safely self-isolate at home for two weeks (stay in a separate bedroom/bathroom) if sick with COVID-19*  
In the total sample (n=4,796)



**IN THE WORDS OF SURVEY RESPONDENTS:**

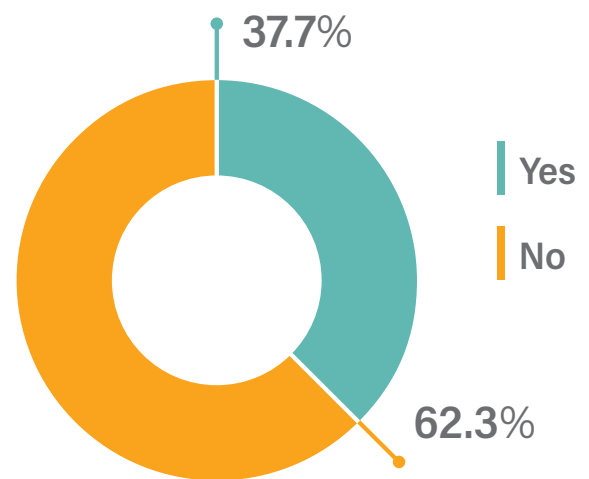
*“Mi esposa tuvo covid 19 y yo la atendía y me contagie.”*  
(My spouse had COVID-19 and I took care of him and I got infected.)

### Access to Testing & Care Related to COVID-19

The survey also asked respondents about testing and care related to COVID-19. In the total sample, 37.7% of respondents reported being tested for COVID-19 (*Graph 26*). This is 11.8% fewer than the percentage of respondents who reported having had one or more COVID-19 symptoms (*Graph 24*).

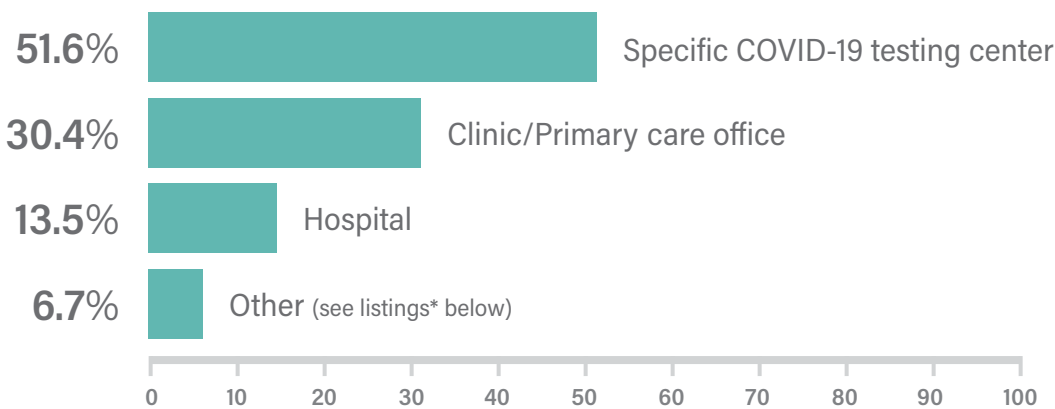
Of those respondents who were tested for COVID-19, 51.6% received testing at a dedicated COVID-19 testing center, 30.4% at a primary care clinic, and 13.5% at a hospital (*Graph 27*).

**Graph 26**  
*“Have you been tested for COVID-19?”*  
 In the total sample (n=4,914)



### Graph 27 COVID-19 testing locations

For respondents who reported getting tested for COVID-19 (n=1,846)



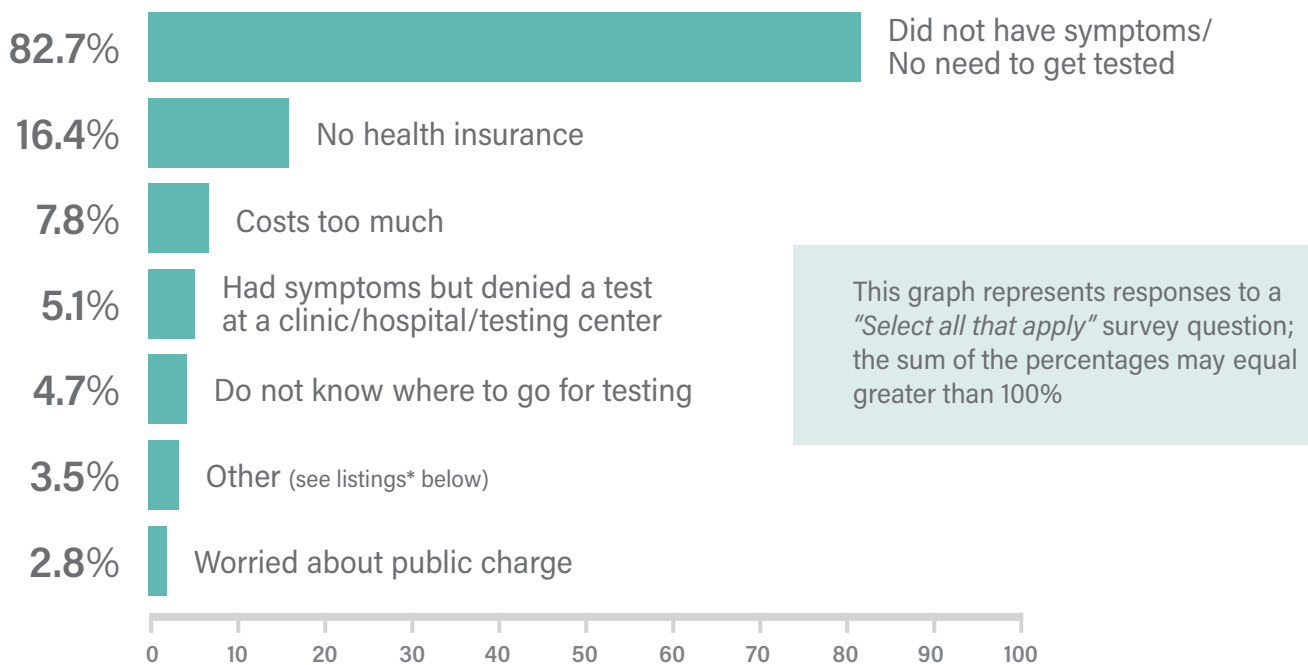
**< 2%** Workplace\* (1.19%), Pharmacy/drug store\* (0.27%), Home test kit\* (0.22%), Detention center/jail\* (0.16%), Shelter/food bank\* (0.16%), Army/National Guard\* (0.11%), Urgent care\* (0.05%)

\* These categories were added by the research team during data analysis based on free-text “Other” responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.

## SURVEY RESULTS: COVID-19

For respondents who did not get tested for COVID-19, the survey asked about barriers to testing. The majority (82.7%) reported that they did not have symptoms or that they did not feel they needed to get tested (*Graph 28*). For the remaining respondents, the primary barriers to accessing COVID-19 testing were lack of health insurance (16.4%) and cost (7.8%). Other reasons for not getting tested included being denied a test despite being symptomatic (5.1%), lack of knowledge of where to go for COVID-19 testing (4.7%), and concern about public charge (2.8%).

**Graph 28** “What are the reasons you did not get tested for COVID-19? [Select all that apply]” For respondents who reported not getting tested for COVID-19 (n=2,995)



< 2% Do not have transportation (1.54%), Unable to take time off work (1.47%), Do not use doctors/treat myself (0.57%), Cannot find provider who speaks my language (0.47%), Recently moved to the area (0.40%), Had symptoms in January/February before testing was available\* (0.40%), Symptoms seemed to be caused by something else\* (0.37%), A close contact already had a negative/positive test\* (0.30%), Advised not to get tested by a provider\* (0.20%), Fear related to the testing process (cost of test, exposure to COVID-19 at a testing site, painful swab, etc.)\* (0.17%), No exposure/no positive contacts\* (0.07%), Fear related to a positive result (being unable to work, being hospitalized, etc.)\* (0.03%), Not eligible to register at testing site (insurance/social security number)\* (0.03%)

\* These categories were added by the research team during data analysis based on free-text “Other” responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.



**IN THE WORDS OF SURVEY RESPONDENTS:  
BARRIERS TO TESTING FOR COVID-19**

*“Miedo.” (Fear.)*

- *“En mi casa estamos todos con Covid 19.”*  
(In my house we all have COVID-19.)
- *“Tuve miedo de salir positiva porque soy el sustento de mi familia que son mis 2 niños pequeños, no puedo parar de trabajar, yo no tendría como pagar mis gastos.”*  
(I was afraid to have a positive result because I am the provider for my family and have 2 small children, I can’t stop working, I wouldn’t have a way to pay my bills.)
- *“It is to dangerous to go, what if someone there already has it and I might get it.”*
- *“No tengo idea del costo de esta prueba.” (I don’t have any idea how much the test will cost.)*
- *“Porque mi esposa salió positiva he ise la cuarentena con ella.”*  
(Because my spouse was positive and I quarantined with her.)

- *“Mi papá murió de COVID 19 y nos dijeron que ya nosotros estuvimos infectados.” (My father died of COVID-19 and they told us that we had already been infected.)*
- *“Mi esposa tuvo covid 19 y yo la atendía y me contagie.”*  
(My spouse had COVID-19 and I took care of him and I got infected.)
- *“They asked me for insurance and a social.”*

*“No queríamos que nos dejaran hospitalizados porque toda mi familia nos enfermamos.”*

**(We didn’t want to all be left hospitalized because my whole family was sick.)**

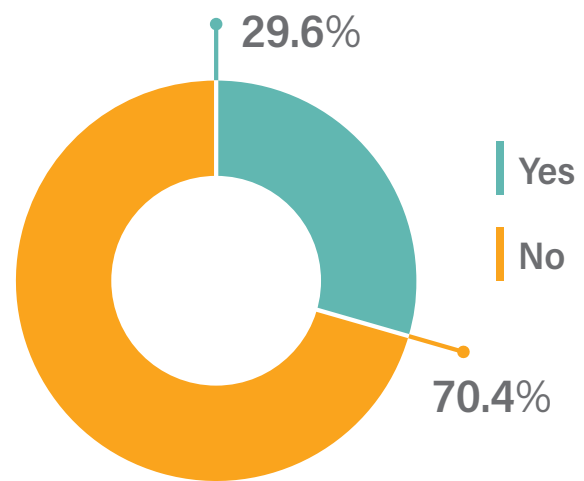
- *“Mis 2 hijos fueron afectados por Coronavirus en abril yo los tuve que cuidar.”*  
(My two children were affected by Coronavirus in April and I had to take care of them.)



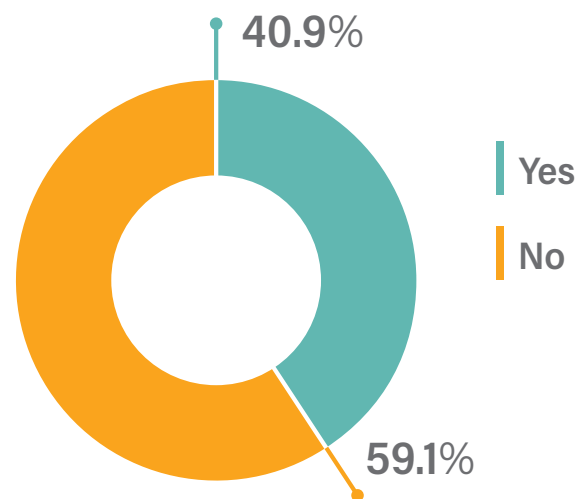
In the total sample, 29.6% of respondents reported either they or a household member received some type of healthcare service related to COVID-19, defined in the survey as including getting tested, visiting a primary care office, having a phone/online visit, visiting the emergency room, or staying in the hospital (*Graph 29*).\*

Of the respondents who reported either they or a household member received some type of care related to COVID-19, 40.9% reported difficulty paying medical bills related to COVID-19 care (*Graph 30*).

**Graph 29**  
*“Did You and/or anyone in your Household get care (get tested, visit a primary care office, have a phone/online visit, visit the emergency room, stay in the hospital) related to COVID-19?”*  
In the total sample (n=4,773)



**Graph 30**  
*“Have You and/or anyone in your Household had a hard time paying medical bills for testing or care related to COVID-19?”*  
For respondents who reported either they or a household member received care related to COVID-19 (n=1,317)



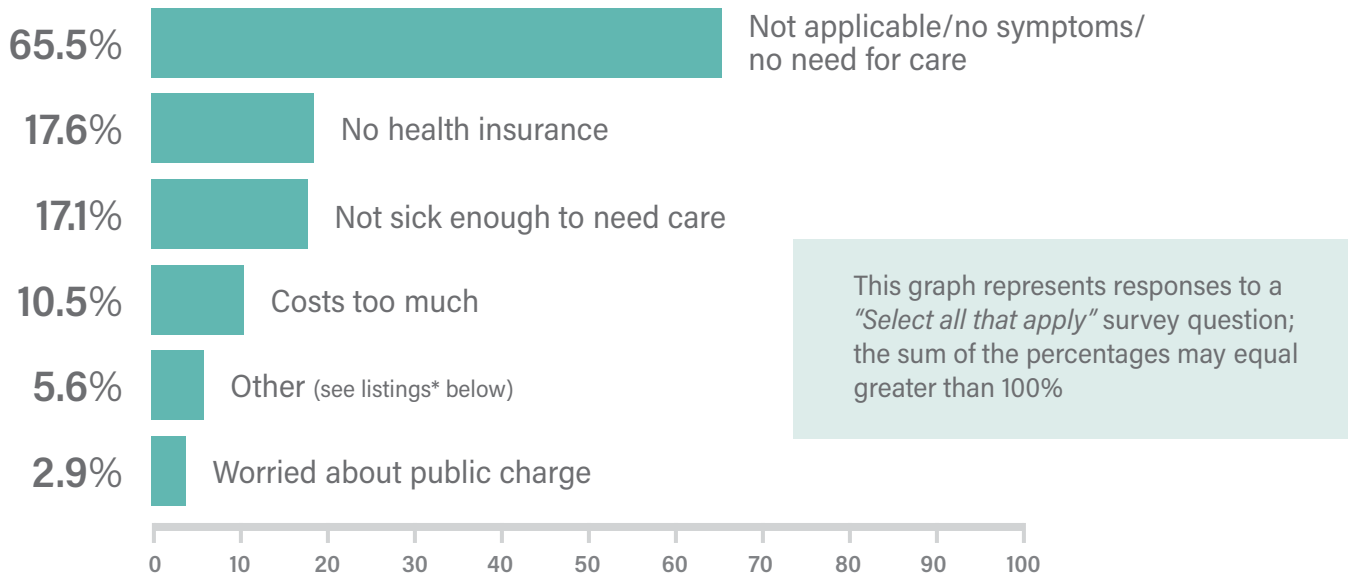
\* Of note, this percentage is smaller than the percentage of respondents who reported getting tested for COVID-19 (*Graph 26*). It is possible that this question was confusing for survey respondents due to the length of the text.

The survey also asked about barriers to care if either the respondent or a household member had COVID-19 symptoms but did not seek care. The majority of respondents (65.5%) reported this question was not applicable because they did not have symptoms or felt they were not sick enough to need care. For the remainder of respondents, the top two barriers for seeking care for COVID-19 symptoms were lack of health insurance (17.6%) and cost (10.5%) (*Graph 31*). A smaller percentage of respondents cited concern about public charge (2.9%) as a barrier to accessing COVID-19-related care.

**Graph 31**

*Barriers to accessing health care for COVID-19 symptoms for the respondent and/or household members*

In the total sample (n=4,412)



**< 2%** Unable to take time off work (1.86%), Do not know where to go for care (1.75%), Do not use doctors/treat myself (1.04%), Do not have transportation (0.93%), Do not have enough time (0.66%), Cannot find provider who speaks my language (0.29%), Chose to isolate/quarantine at home\* (0.25%), Had a negative COVID test\* (0.23%), Recently moved to the area (0.18%), Fear related to getting care\* (0.16%), Had symptoms in January/February before COVID-related care was available\* (0.11%), Saw a provider and was advised to treat self at home\* (0.11%)

\* These categories were added by the research team during data analysis based on free-text "Other" responses that did not fit into existing categories. See **Appendix 3** for more information on the data analysis process.



**IN THE WORDS OF SURVEY RESPONDENTS:  
BARRIERS TO CARE FOR COVID-19**

*“Me dio miedo perder el trabajo.”  
(I was scared to lose my job.)*

- *“No fui a la clínica por miedo y porque no tengo seguro medico.”  
(I didn’t go to the clinic due to fear and because I don’t have health insurance.)*
- *“Me quedé sin trabajo porque dure como 2 semanas para tener fuerzas para levantarme y aparte el lugar donde trabajaba no aguantó la pandemia y cerró para no abrir nunca más.” (I’m now unemployed because it was two weeks before I had the strength to get up, and the place where I worked couldn’t withstand the pandemic and closed and will not open again.)*
- *Couldn’t afford to self isolate for 2 weeks. Would have to take time off work, unable to afford treatment if any.*
- *“El hospital es muy caro no puedo pagar.” (The hospital is very expensive, I can’t pay.)*

- *“A mi esposo lo atendieron en el hospital y llego una factura que no hemos podido pagar.”*

**(My husband was cared for in the hospital and then a bill arrived that we couldn’t pay.)**

- *“Si estuvo internado por 8 días no podía respirar bien, y estamos pagando por mes.” (I was hospitalized for 8 days, I couldn’t breathe well, and we are paying [the bills] monthly.)*

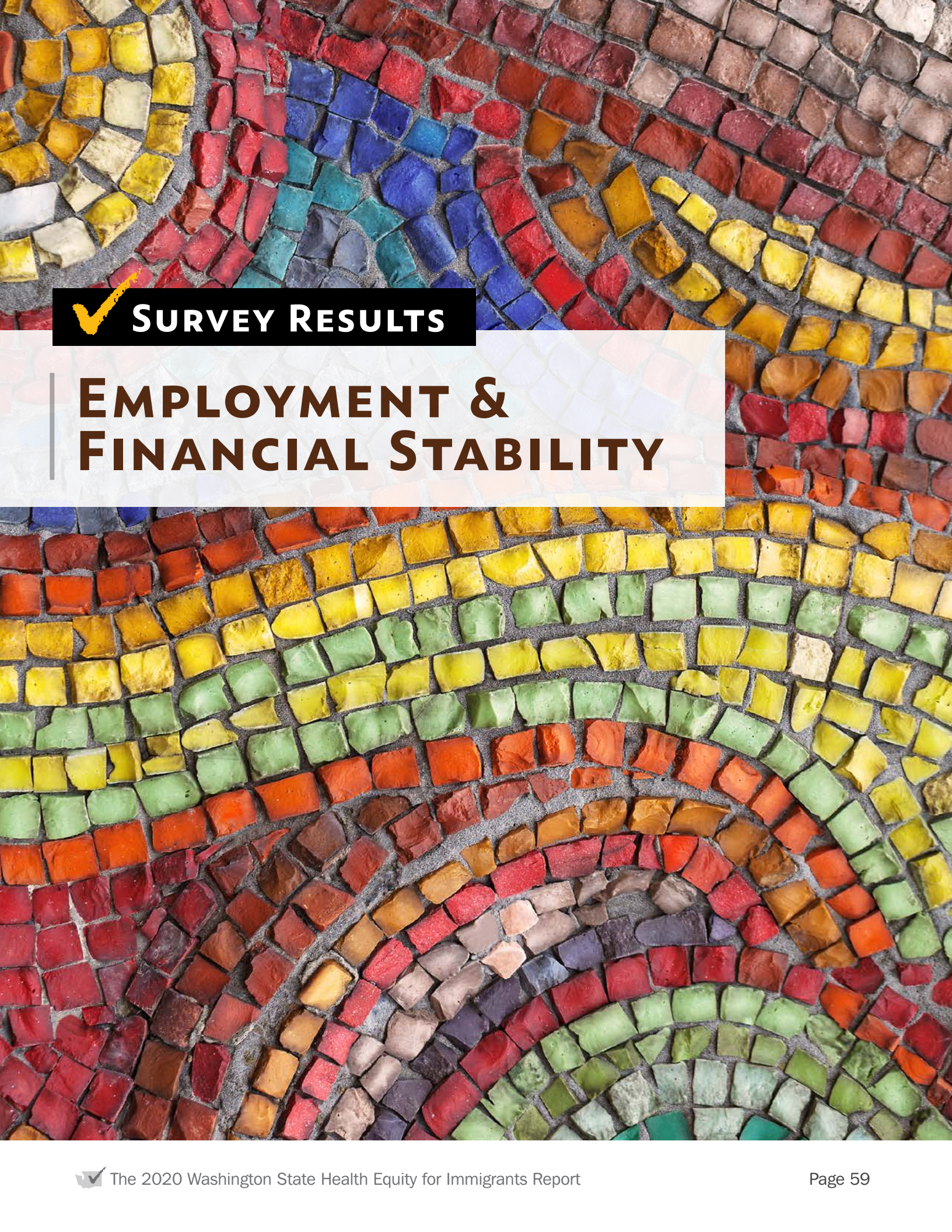
- *“Scared to go, undocumented.”*

*“No queríamos que nos dejaran hospitalizados porque toda mi familia nos enfermamos.”*

**(We didn’t want to all be left hospitalized because my whole family was sick.)**

- *“Di positivo al covid pero no quise ir al hospital por miedo y estuve en casa con los síntomas.”*

**(I was positive with COVID but I didn’t want to go to the hospital out of fear, and I was at home with symptoms.)**



## **SURVEY RESULTS**

# **EMPLOYMENT & FINANCIAL STABILITY**

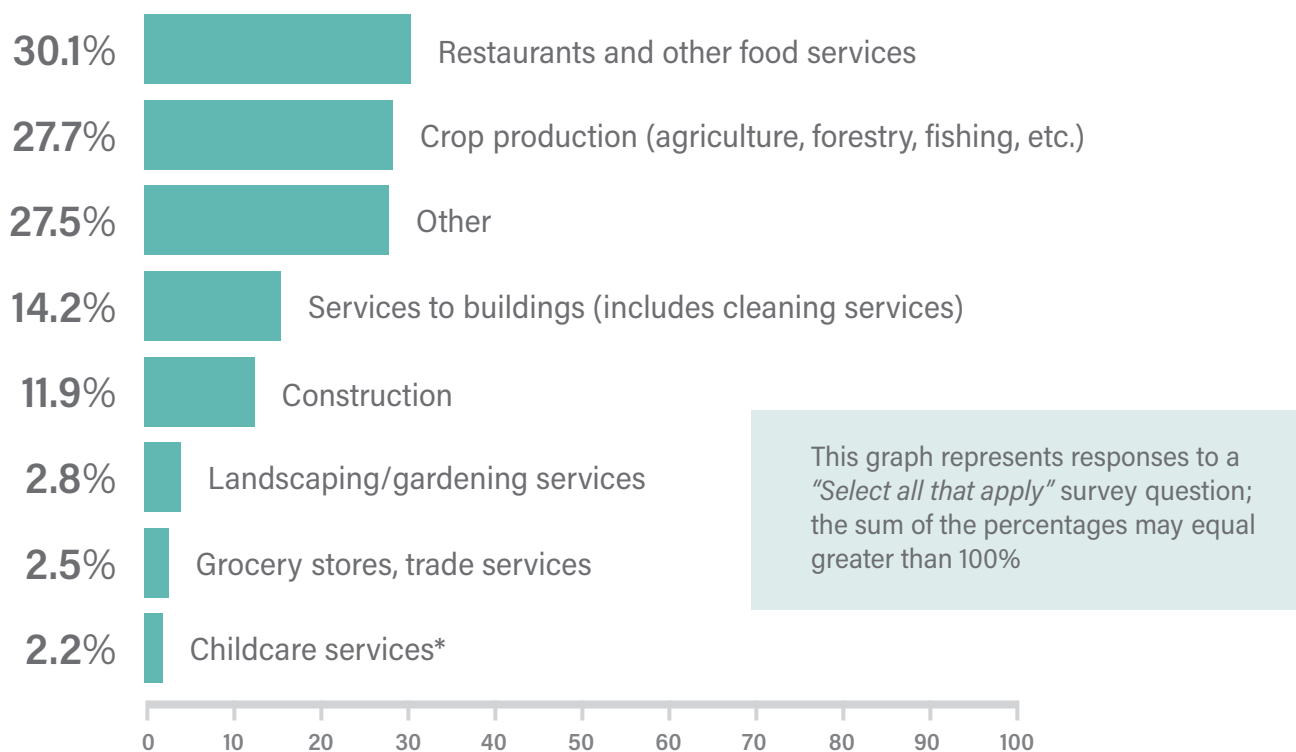
## Occupation

The survey asked respondents several questions related to occupation. The top 6 occupation categories listed by respondents were restaurants and other food services (30.1%), crop production (27.7%), services to buildings (including cleaning services) (14.2%), construction (11.9%), landscaping/gardening services (2.8%), grocery stores/trade services (2.5%), and childcare services (2.2%) (Graph 32).

### Graph 32

*“What type of work do you do? [Select all that apply]”*

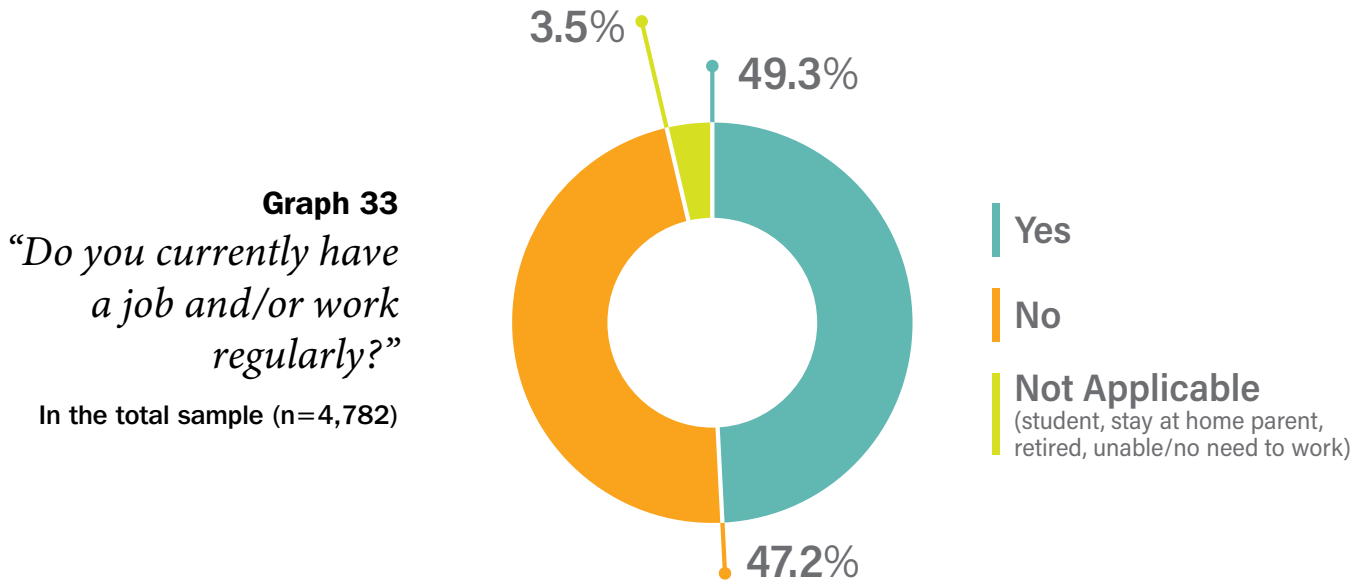
In the total sample (n=4,539)



< 2% Healthcare and Social Services (1.83%), Business and professional services\* (1.10%), Homemaker\* (0.99%), Currently unemployed\* (0.90%), Elementary, middle school, or high school services (0.75%), Colleges, universities, and professional schools services (0.66%), Personal appearance services\* (0.46%), Transportation and driving services\* (0.35%), Auto and mechanic services\* (0.20%)

\* These categories were added by the research team during data analysis based on free-text “Other” responses that did not fit into existing categories. See Appendix 3 for more information on the data analysis process.

Just under half of respondents (49.3%) reported being employed or working regularly at the time of survey completion, and 3.5% reported not working due to being a student, stay at home parent, retired, or unable or not needing to work (*Graph 33*). The remainder (47.2%) reported that they were not working regularly.



### COVID-19 & Employment

Given concerns about workplace COVID-19 exposures for immigrant communities,<sup>21,22</sup> the survey asked several questions to assess potential exposures in the workplace. One question asked respondents about COVID-19 safety measures consistently provided by their workplace. Of respondents working at the time of the survey, 95.2% were provided with masks, 84% were provided with hand sanitizer, 72.3% were provided with gloves, 68.1% were separated 6ft from co-workers, and 2% reported they did not have any safety measures provided by their job (*Graph 34*).

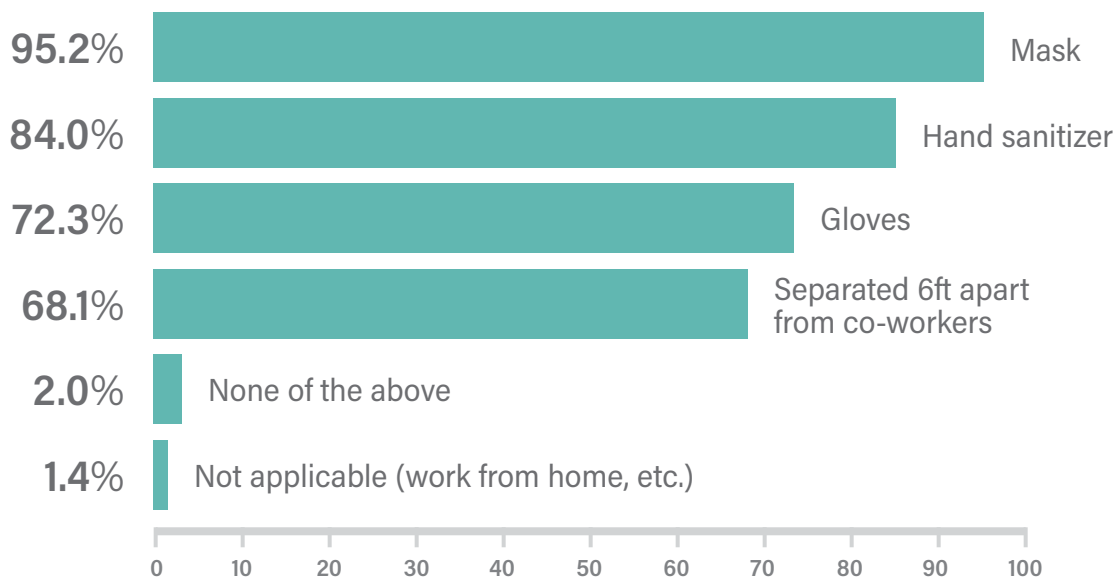
## SURVEY RESULTS: EMPLOYMENT & FINANCIAL STABILITY

Inversely, these data indicate inadequate COVID-19 safety precautions and a risk for COVID-19 exposure since 31.9% of working respondents are not separated 6ft apart from co-workers, 27.7% are not provided with gloves, 16% are not provided with hand sanitizer, and 4.8% are not provided with masks in their workplace (*Graph 34*).

### Graph 34

*COVID-19 safety measures consistently provided by the respondent's workplace during the three months prior to survey completion*

For respondents who report currently having a job and/or working regularly (n=2,352)

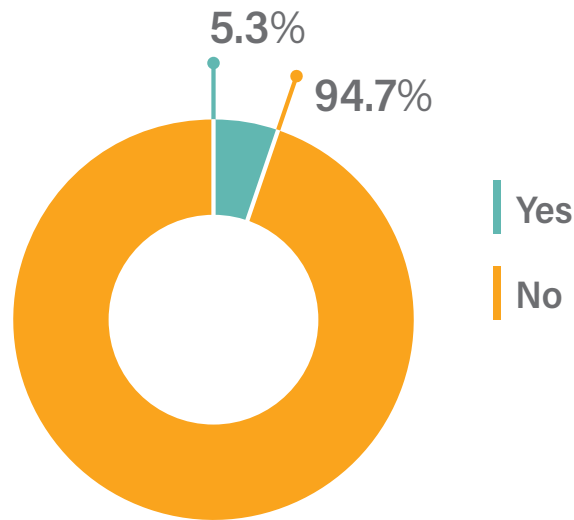


This graph represents responses to a "Select all that apply" survey question; the sum of the percentages may equal greater than 100%

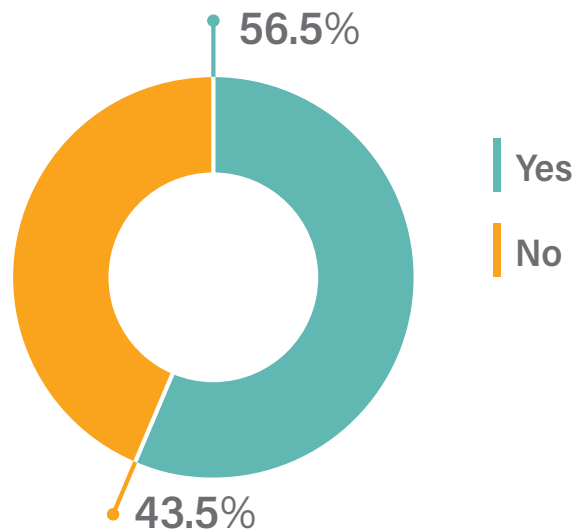
Survey data indicate that the vast majority of survey respondents are essential workers. Of respondents who reported working at the time of the survey, 94.7% reported not being given the option to work remotely during the COVID-19 pandemic (*Graph 35*).

Additionally, survey responses speak to respondents' inability to access workplace sick-leave options; 56.5% of respondents reported they would be at risk of losing their job if they miss work due to themselves or a household member being ill (*Graph 36*).

**Graph 35**  
*Ability to work from home*  
For respondents who report currently having a job and/or working regularly (n=2,331)



**Graph 36**  
*“Do you risk losing your job if you miss work because you or a family member is sick?”*  
For respondents who report currently having a job and/or working regularly (n=2,214)



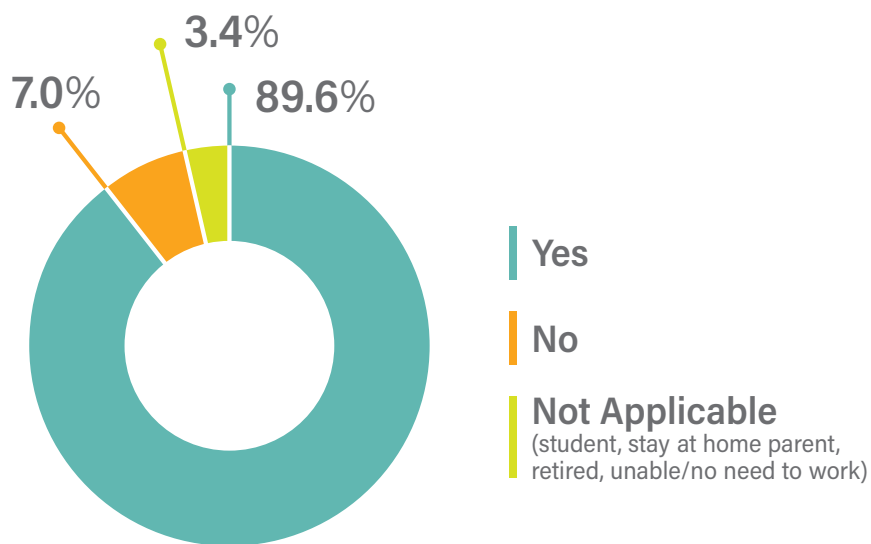


## Financial Stability

Considering the economic hardship related to the COVID-19 pandemic and the close connections between cost of healthcare and healthcare access, the survey asked several questions regarding respondent financial stability. The vast majority (89.6%) of respondents reported losing their job or a decrease in income since the start of the COVID-19 pandemic in February 2020 (*Graph 37*). Additionally, 86.3% of respondents reported a household member lost their job or had a reduction in income related to the COVID-19 pandemic (*Graph 38*).

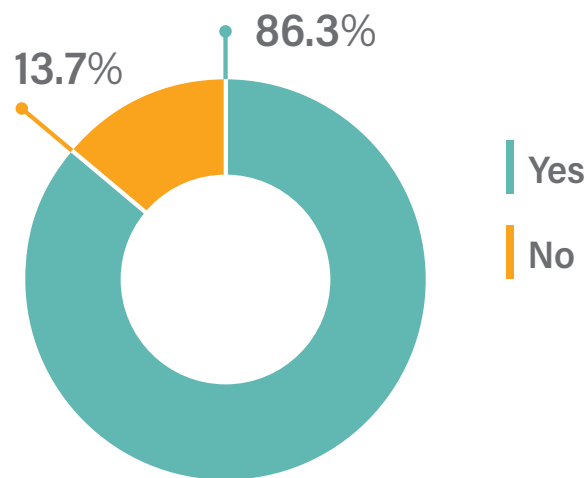
**Graph 37**  
*“Did you lose your job, or did your income go down, since February 2020 because of the COVID-19 pandemic?”*

In the total sample (n=4,805)



**Graph 38**  
*“Is there anyone in your Household who lost their job, or whose income went down, since February 2020 because of the COVID-19 pandemic?”*

In the total sample (n=4,745)

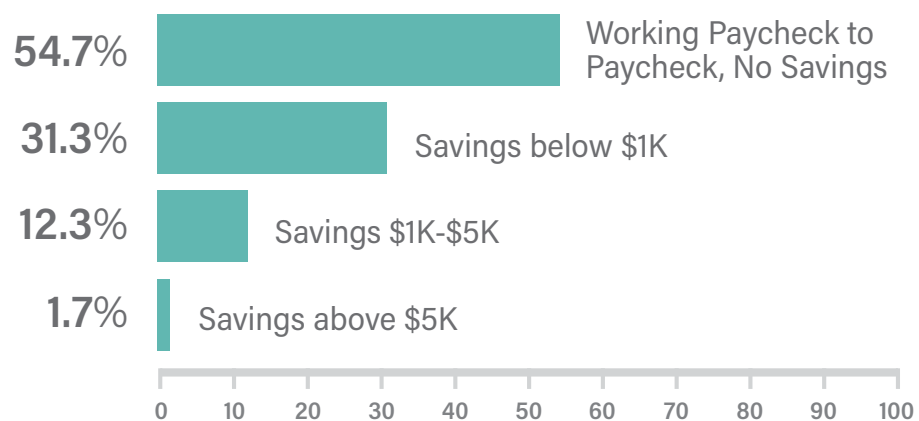


## SURVEY RESULTS: EMPLOYMENT & FINANCIAL STABILITY

Survey responses show a notable change in household financial situation from before onset of the COVID-19 pandemic to the time of survey data collection. Prior to the onset of the COVID-19 pandemic, 54.7% of respondents' households were working paycheck to paycheck, 31.3% had savings below \$1000, 12.3% had savings between \$1000–5000, and 1.7% had savings over \$5000 (Graph 39). At the time of data collection, 85.3% of respondents were working paycheck to paycheck, just 11.8% had savings below \$1000, only 2.4% had savings between \$1000–5000, and 0.5% had savings over \$5000 (Graph 40).

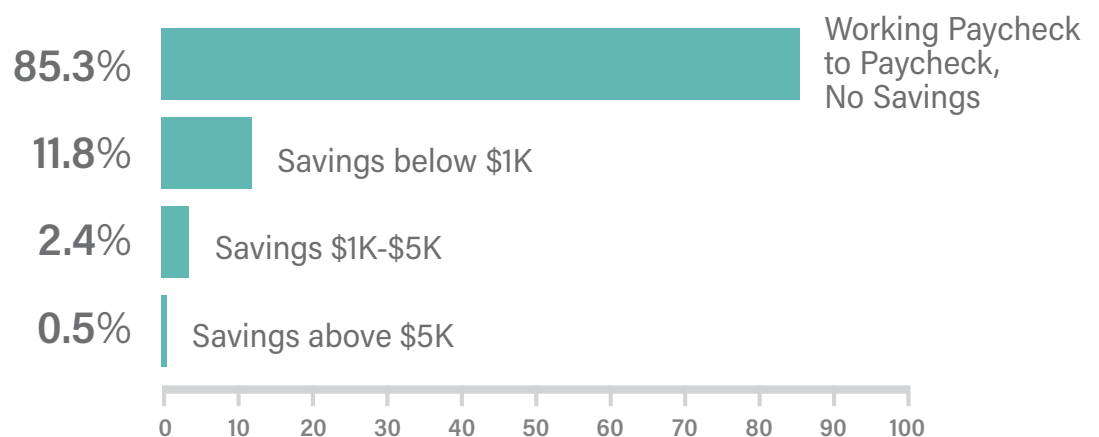
**Graph 39**  
*Household financial status before February 2020*

In the total sample  
(n=4,686)



**Graph 40**  
*Household financial status at the time of survey completion*

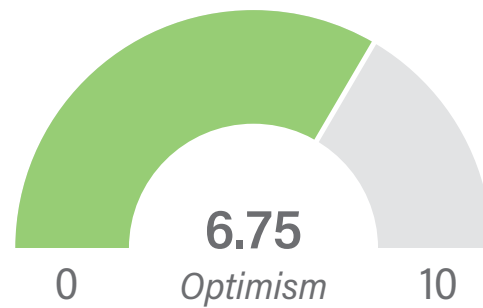
In the total sample  
(n=4,436)



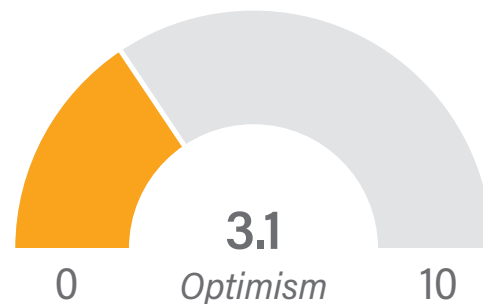
## SURVEY RESULTS: EMPLOYMENT & FINANCIAL STABILITY

Respondent answers indicate a change in optimism about their financial situation from before the COVID-19 pandemic as compared to the time of survey data collection. Before the COVID-19 pandemic, respondents indicated an average “optimism” rating of 6.75/10, with 0 being not optimistic at all and 10 being very optimistic about their financial situation (*Graph 41*). Comparatively, respondents reported an average rating of 3.1/10 at time of data collection (*Graph 42*).

**Graph 41**  
*“Before the COVID-19 pandemic started, how optimistic did you feel about your financial situation?”*  
In the total sample (n=4,694)

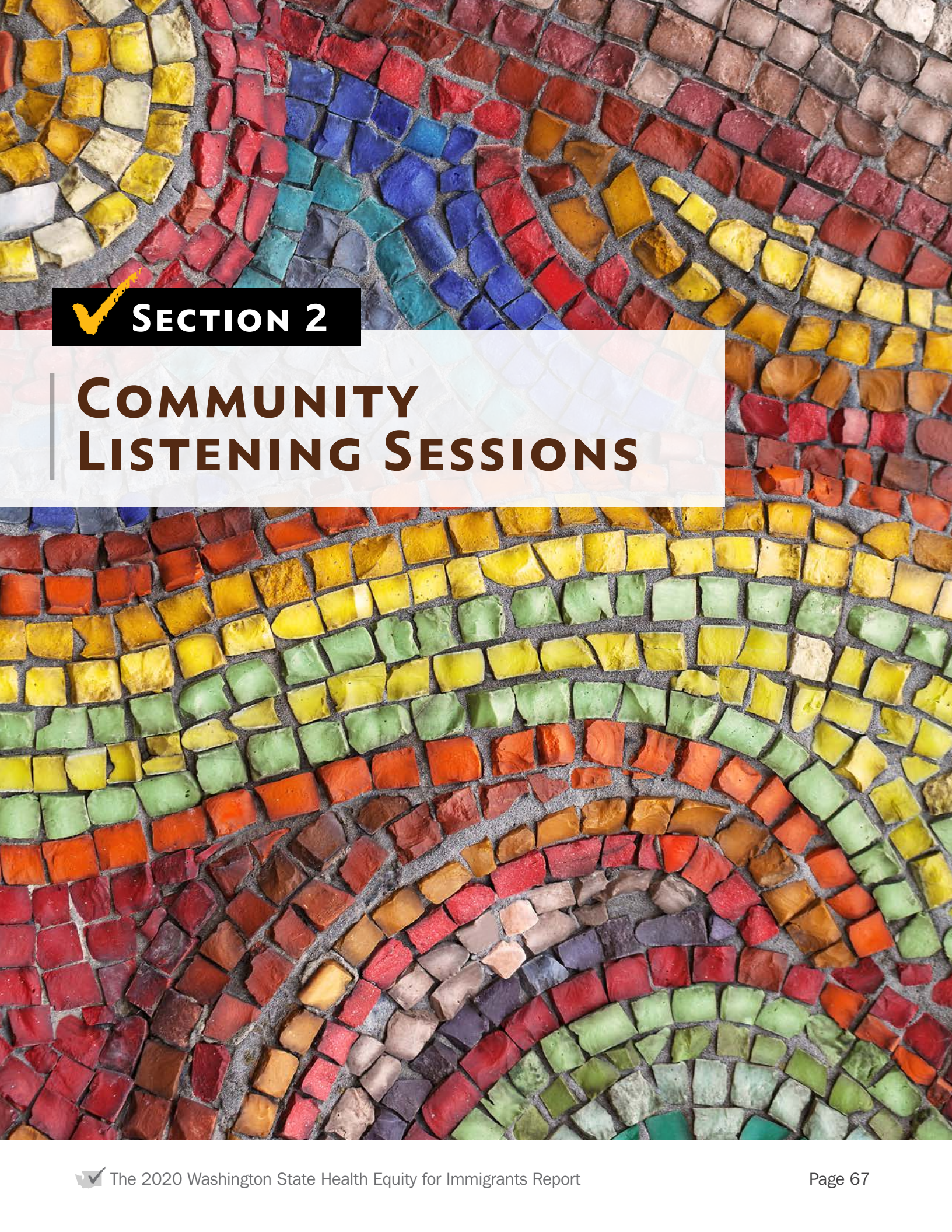


**Graph 42**  
*“Now, how optimistic do you feel about your financial situation?”*  
In the total sample (n=4,355)



### IN THE WORDS OF SURVEY RESPONDENTS:

*“En mi casa estamos todos con Covid 19.”* (In my house we all have COVID-19.)



✓ SECTION 2

# COMMUNITY LISTENING SESSIONS



## ABOUT THE COMMUNITY LISTENING SESSIONS

*Northwest Health Law Advocates (NoHLA) and El Centro de la Raza* held listening sessions with community members, community-based organizations, social service and health care providers, and immigrant serving groups.

The goal of the sessions was to gather information about health care access gaps immigrant communities in WA experience to inform future policy efforts. The information gathered from the listening sessions is intended to supplement the information captured in the *WAISN Immigrant Health Access Survey*.

**The listening sessions were held September–November 2020 and were all conducted by a NoHLA or El Centro staff member virtually via Zoom.** The number of participants in each session ranged from eight to 112, with a total of 189 participants across four sessions. Each session started with a presentation of the different health care programs currently available to immigrants and a question-and-answer session. This was followed by a facilitated discussion. Participants were asked to respond to specific questions and prompts with an opportunity to provide additional input not already addressed through the prompts. Participants responded orally on Zoom as well as through the Zoom chat function.

The prompts used to facilitate the discussion were intended to identify specific services or types of care that are most needed but difficult to access in the immigrant community, barriers to accessing care, and any groups within the immigrant community that should be prioritized.

### Questions posed to community listening session participants:

1

**What types of health care services or care are most needed but difficult to access for the communities you work with?**

What are some of the health care services people need but are not able to get? (e.g., primary care, specialty care, diagnostics like radiology or labs, prescriptions, medical equipment, dental, vision, physical/occupational/speech therapy, etc.)

2

**What are the main barriers immigrants face in accessing these health care services?**

Why are they not able to access the care they need? (e.g., cost, lack of insurance, transportation, linguistic or cultural barriers, others?)

3

**Are there any specific subgroups within the immigrant community that should be prioritized because of their special or urgent care needs?**

(e.g., younger or older groups, postpartum extension coverage, young adult extension, etc.)

---

The last question was followed with a direct prompt to the group about their interest in prioritizing postpartum extension or young adult health age-based expansion. These were legislative proposals in past legislative sessions and expected to be reintroduced in 2021 as strategies to expand coverage. While these options are important, participants opted to prioritize strategies that provide a holistic approach to health access expansion, which would include coverage to all people currently left out.



# COMMUNITY LISTENING SESSION RESULTS

## Key themes from the community listening sessions:

1

**Participants expressed a need for access to comprehensive, affordable health coverage**

2

**Immigrants continue to face difficulty accessing primary/preventive care, behavioral health services, dental/oral health care, vision services, prescriptions, long term care services, and care for management of chronic conditions**

3

**Affordability remains an issue** (even at sliding fee scale clinics)

4

**Transportation is a barrier to care**

5

**Participants expressed interest in coverage and reimbursement for cultural remedies**

6

**Subgroups identified as particularly vulnerable** were older adults, single mothers, and LGBTQ+ individuals, among others



 **SECTION 3**

**FINDINGS & POLICY RECOMMENDATIONS**



# KEY FINDINGS



**The key findings of the combined data from the community listening sessions and over 5,700 responses to the WAISN Immigrant Health Access Survey are as follows:**



**A large majority, (87%), of survey respondents do not have health insurance.** This striking statistic in the setting of the COVID-19 pandemic speaks to the urgent need for an insurance option in WA that is accessible regardless of immigration status.



**Key barriers to obtaining health insurance** are **1)** lack of eligibility due to immigration status (62%) **and 2)** high cost (46%). Additionally, a notable percentage of respondents (9%) reported lack of knowledge about how to get health insurance. Survey responses support reports from community health workers that many adult immigrants are not aware of nor notified of existing programs, such as AEM, despite being eligible for them.



**Key barriers to accessing needed healthcare services** are **1)** lack of health insurance (66%) **and 2)** high cost (59%). Furthermore, the majority of respondents (66%) reported having difficulty paying medical bills. Even for respondents who accessed COVID-19 related care, 41% experienced difficulty paying for medical bills related to that care.



**Many individuals are unable to access key healthcare services:** **1)** Dental care (54%), **2)** Primary and preventive care (37%), **3)** Vision care (32%), **4)** Prescription medications (13%), **5)** Reproductive health care (13%). Additionally, many listening session participants reported lack of access to behavioral health services. Additionally, 61% of respondents reported not having a primary care provider, and 17% of respondents with a serious medical condition reported being unable to access care for that issue.



**Survey respondents cited concern about the public charge rule as a reason that either they or a family member *did not*:** **1)** Seek care for a serious medical condition (15%), **2)** Access needed healthcare services (12%), **3)** Engage with a primary care provider (10%), **and 4)** Have health insurance (7%).

Respondent concerns about the public charge rule support existing reports from immigrant-led organizations that community members continue to experience uncertainty about engaging with healthcare systems due to immigration policies.



**Community leaders shared that distrust of the healthcare system and sharing information with the government, including on health coverage applications, is a barrier to accessing care.**



**Survey respondents are currently facing severe financial instability; 90% of respondents lost their job or report lower income** since February 2020, and 85% are currently working paycheck to paycheck (compared to 55% before February 2020). The COVID-19 pandemic highlights the danger of healthcare access that is tied to employment; survey responses speak to the combined burdens of widespread unemployment and loss of health insurance leading to increased healthcare access barriers.



**Survey respondents are facing conditions that may increase COVID-19 exposure, including:**

- **Inadequate workplace COVID-19 safety/protective precautions.** Survey data indicate inadequate COVID-19 safety precautions and a risk for workplace COVID-19 exposure; 32% of working respondents are not separated 6ft apart from co-workers, 28% are not provided with gloves, 16% are not provided with hand sanitizer, and 5% are not provided with masks in their workplace.

- **Lack of access to testing even when symptomatic.**

Respondents reported lack of health insurance, high cost, being denied a test despite having symptoms, lack of knowledge about where to get tested, and concern about public charge as barriers to accessing COVID-19 testing.

- **Inability to take time off work if they or a family member is ill.**

57% of respondents reported they risk losing their job if they miss work due to illness. Additionally, many respondents specifically reported fear around getting tested for COVID-19 because they could not afford to take time off work to self isolate.

- **Inability to safely quarantine at home if they or a family member is ill.** 42% of respondents reported that they would not be able to self-isolate if they contracted COVID-19.



**Survey respondents are essential workers; 95% cannot work from home** and many work in positions that may not have enforced workplace safety regulations.



## POLICY RECOMMENDATIONS

The Health Equity for Immigrants Campaign partners conducted the WAISN Immigrant Health Access Survey and community listening sessions to assess healthcare access barriers for adult immigrants in WA, especially in the context of the COVID-19 pandemic. COVID-19 has exacerbated and highlighted the disparities that have long existed in our state. **The results clearly show that, to equitably address this pandemic and keep every community safe, the voices of historically marginalized communities must be centered, and all WA residents must be provided access to quality and affordable health care options, regardless of immigration status.**

---

### IN THE WORDS OF SURVEY RESPONDENTS:

*When I was sick my spouse had broken their arm and I didn't want to be a financial burden for the family.*



### BARRIERS TO CARE FOR COVID-19

*"I'm now unemployed because it was two weeks before I had the strength to get up, and the place where I worked couldn't withstand the pandemic and closed and will not open again."*

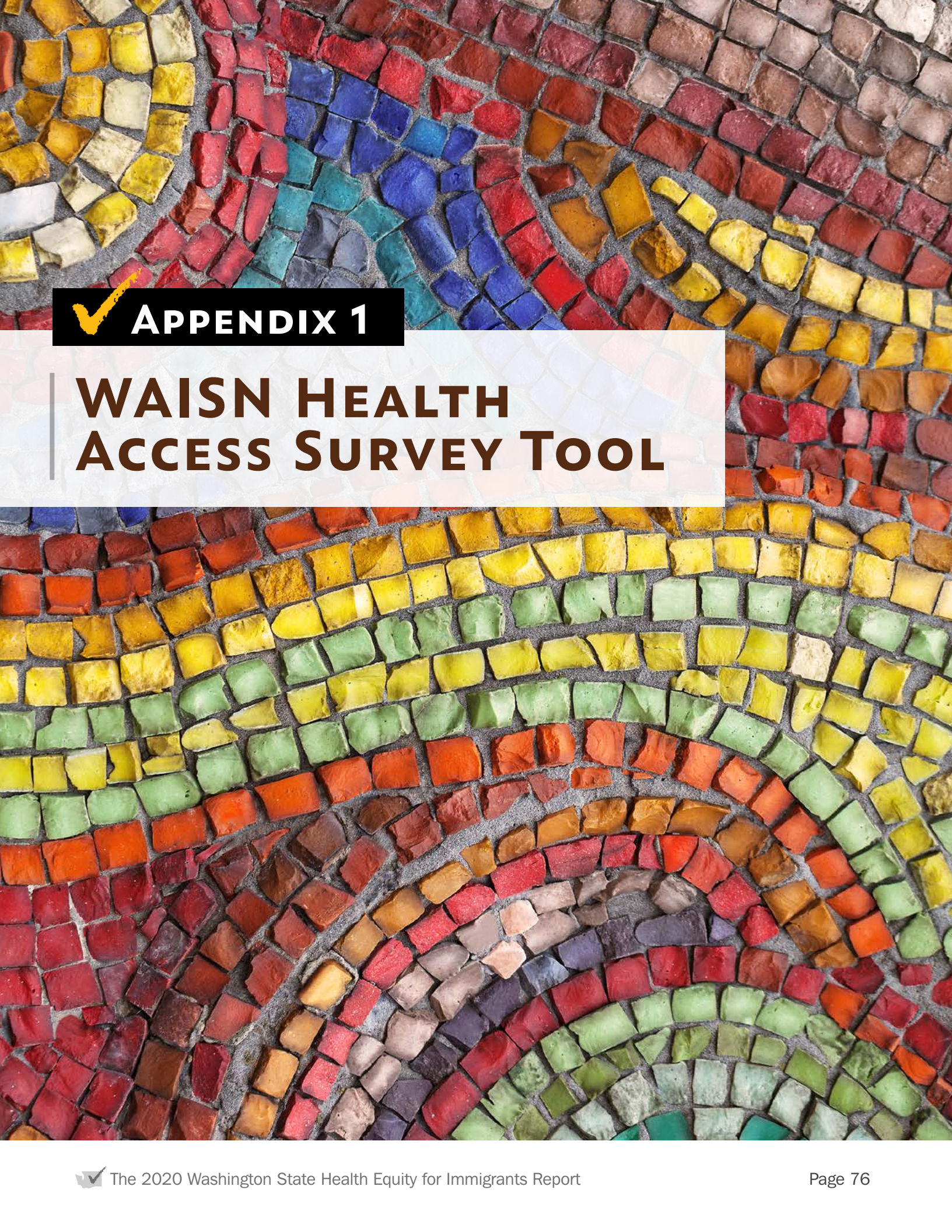
## RECOMMENDATIONS

### Healthcare Access Equity

- 1 Pursue equity in health coverage** by creating parity in publicly-funded health coverage programs for all WA state residents without regard to immigration status.
- 2 Facilitate trusted healthcare options for immigrants by**
  - 1) engaging** with immigrant-led and immigrant-serving organizations and community members to identify best ways to increase trust in the healthcare system *and* **2) providing** funding for geographically, linguistically, and culturally accessible care.
- 3 Facilitate education and outreach** about existing health coverage programs, COVID-19 vaccines, and public charge.
- 4 Address COVID-19 risk factors** by providing **1) paid** medical leave, **2) free** COVID-19 testing at community and worksite locations (including lab and processing fees), **3) free** isolation and quarantine facilities *and* **4) free** COVID-19 vaccines to all low-income individuals in WA without regard to immigration status. All services should be culturally and linguistically accessible.

### Occupational Equity

- 1 Provide a robust unemployment benefits package** that is accessible to all low-income individuals in WA without regard to immigration status.
- 2 Address worker safety** by **1) regulating** employers' use of COVID-19 safety/ protection measures *and* **2) enforcing** regulations with civil penalties.



 **APPENDIX 1**

**WAISN HEALTH  
ACCESS SURVEY TOOL**

# WAISN HEALTH ACCESS SURVEY TOOL



Below is the text of the English language version of the survey as seen by respondents on the Qualtrics survey platform. Grey text reflects section headings or skip logic and was not visible to survey participants.

Start of Block: Introduction

## WAISN HEALTH ACCESS SURVEY

This voluntary, anonymous survey hopes to collect information to improve the health and wellbeing of immigrants in Washington state. This survey includes questions about health insurance, COVID-19 (Coronavirus), work, and finances.

**The survey will take about 15–20 minutes.**

**At the end of each week 8 participants will be contacted to get a \$50 Visa gift card as a thank you for taking this survey.**

If you want to be considered for the gift card giveaway, at the end of the survey you will have the option to go to a different form to leave a name (you can leave a nickname instead of your legal name if you would feel more comfortable) and a phone number and/or email address. Your contact information will not be connected to your survey responses.

### **Who Should Fill Out This Survey?**

You should fill out this survey if you are an immigrant who lives in Washington state including: undocumented individuals, current DACA recipients, individuals with temporary protected status (TPS), individuals with work permits, and mixed status families.

**REMINDER:** IF EVERYONE in your household HAS U.S. Citizenship or a Green Card, then DO NOT fill out this survey!

**Survey results will be compiled into a report that may be publicly available, but the report will not contain any personally identifiable information.** Survey information is being collected using Qualtrics. Any information given in this survey will also be subject to Qualtrics' privacy policy which can be found here.

To make sure we have accurate data, please only fill out this survey once.

**1. I am over the age of 18  
(or I am completing this survey for  
someone who is over the age of 18).**

- Yes
- No

**Skip To: End of Survey If I am over  
the age of 18 (or I am completing  
this survey for someone who is  
over the age of 18). = No**

**2. I live in Washington State.**

- Yes
- No

**Skip To: End of Survey If I live  
in Washington State. = No**

**3. What county do you currently live in?**

- Adams (1) ... Not sure (40)

**[Drop-down list of all counties  
in Washington State]**

**End of Block: Introduction**

**Start of Block: Demographics**

**You can skip any question that  
you do not want to answer.**

**This section includes general  
demographic questions.**

**4. What is the zip code  
where you currently live?**

---

**5. What is your age?**

- 18–24
- 25–34
- 35–44
- 45–54
- 55–64
- 65–74
- 75–84
- 85 or older

**6. What is your gender?**

- Female/Woman
- Male/Man
- TransFemale/TransWoman
- TransMale/TransMan
- Genderqueer/Gender nonconforming
- Something else. Please specify:

---

**7. Are you of Latino/a/x  
or Hispanic origin?**

- Yes
- No

**8. What categories describe you?**

*[Select all that apply]*

- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Black or African American
- Somali
- Ethiopian
- Indigenous of Latin America
- Mexican, Mexican American, Chicano
- Cuban
- Guatemalan
- Honduran
- Salvadoran
- Other Latino/a/x
- Middle Eastern or North African
- Native Hawaiian
- Samoan
- White
- Another race. Please specify:

\_\_\_\_\_

**9. What is your primary language?**

- English
- Spanish
- Garifuna
- Mixtec
- Mam
- Mandarin
- Vietnamese
- Korean
- Tagalog
- Russian
- Somali
- Arabic
- Another language. Please specify:

\_\_\_\_\_

**10. How many people, INCLUDING yourself and children, live or stay at your address right now?**

\_\_\_\_\_

**11. Do you or does anyone in your household have a temporary work permit?**

- Yes
- No

**End of Block: Demographics**



**Start of Block:**

**Health insurance and healthcare**

**You can skip any question that you do not want to answer.**

**This section includes questions about health insurance and healthcare.**

**12. What type of health insurance do you have? [Select all that apply]**

- Do not have health insurance
- From my employer
- From my spouse or partner's job
- From my parent's job
- Insurance I purchased
- Medicaid (Apple Health)
- Medicare
- Indian Health Service
- Other. Please specify:  
\_\_\_\_\_

**Display This Question If What type of health insurance do you have? [Select all that apply] = Do not have health insurance**

**13. You answered that you do not have health insurance. What are the main reasons you do not have health insurance? [Select all that apply]**

- Cost/too expensive
- Lost my insurance when I lost my job
- Not eligible because of citizenship/immigration status
- Do not know how to get health insurance
- Switched insurance companies, delay between providers
- Do not believe in health insurance
- Worried about public charge
- Other. Please specify:  
\_\_\_\_\_

**14. In the last 2 years, have you had one person you think of as your personal doctor or health care provider?**

- Yes
- No

**Display This Question: If In the last 2 years, have you had one person you think of as your personal doctor or health care... = No**

**15. You answered that there is no one you think of as your personal doctor or healthcare provider. What are the main reasons?** *[Select all that apply]*

- No health insurance
- Costs too much
- Not sick very often
- Recently moved to the area
- Do not know where to go for care
- Cannot find provider who speaks my language
- Worried about public charge
- Do not use doctors/treat myself
- Do not have transportation
- Do not have enough time
- Other. Please specify:  
\_\_\_\_\_

**16. In the past 2 years, which health services did you want/need to use, but could NOT use?** *[Select all that apply]*

- None/did not need care
- Primary/preventive care
- Reproductive health care/family planning
- Behavioral health care (mental health and/or substance use disorder services)
- Vision care
- Dental/oral health care
- Gender affirming care
- Prescriptions
- Other. Please specify:  
\_\_\_\_\_

**Display This Question: If In the past 2 years, which health services did you want/need to use, but could NOT use? [Select a... != None/did not need care**

**17. You answered that there were services you wanted/needed but could NOT use. What were the main reasons you could not use those service(s)?** *[Select all that apply]*

- Not sick enough to need care
- No health insurance
- Costs too much
- Recently moved to the area
- Do not know where to go for care
- Unable to find a provider who accepts my insurance
- Cannot find provider who speaks my language
- Worried about public charge
- Do not use doctors/treat myself
- Do not have transportation
- Unable to take time off work
- Other. Please specify:  
\_\_\_\_\_

**18. About how long has it been since you last visited a doctor for a routine checkup (general physical exam, not an exam for a specific injury/illness)?**

- Within the past 1 year
- Within the past 2 years
- More than 2 years
- More than 5 years
- Never

**19. In the last 2 years, have you had a serious medical condition but could not get health care (go to the doctor/hospital, etc.)?**

- Yes
- No
- Not applicable/have not had a serious medical condition

**Display This Question: If In the last 2 years, have you had a serious medical condition but could not get health care (go t... = Yes**

**20. You answered that in the last 2 years you had a serious medical condition but could not get healthcare (go to the doctor/hospital, etc.). What are the main reasons you could not get care?**  
*[Select all that apply]*

- No health insurance
- Costs too much
- Recently moved to the area
- Do not know where to go for care
- Unable to find a provider who accepts my insurance
- Cannot find provider who speaks my language
- Worried about public charge
- Do not use doctors/treat myself
- Do not have transportation
- Unable to take time off work
- Other. Please specify:

---

**21. OVERALL, what do you think is the number one barrier for you or your household to get health care?**

- No health insurance
- Costs too much
- Recently moved to the area
- Do not know where to go for care
- Unable to find a provider who accepts my insurance
- Cannot find provider who speaks my language
- Worried about public charge
- Do not use doctors/treat myself
- Do not have transportation
- Unable to take time off work
- Other. Please specify:  
\_\_\_\_\_

**22. How confident are you that you could get affordable, good quality care for a health problem that happened tomorrow?**



Scale 0–10  
(0 = not confident at all,  
10 = very confident)

**23. In the last 2 years, have you ever had difficulty paying medical bills?**

- Yes
- No
- Not applicable

**24. In your last medical visit were you able to speak in your preferred language with the provider?**

- Yes, the provider spoke my language
- Yes, my family member interpreted for me
- Yes, I had a professional interpreter
- No, the interpreter cancelled/did not show up/the technology did not work
- Not applicable/no recent medical visits
- Other. Please specify:  
\_\_\_\_\_

**25. Does anyone in your HOUSEHOLD (other than you) NOT have health insurance?**

- Yes, someone doesn't have health insurance
- No, everyone has health insurance
- Do not know

**Display This Question: If Does anyone in your HOUSEHOLD (other than you) NOT have health insurance? = Yes, someone doesn't have health insurance**

**26. You answered that someone in your HOUSEHOLD does NOT have health insurance. What are the main reasons they do not have health insurance?**

*[Select all that apply]*

- Cost/too expensive
- Lost my insurance when I lost my job
- Not eligible because of citizenship/immigration status
- Do not know how to get health insurance
- Switched insurance companies, delay between providers
- Do not believe in health insurance
- Worried about public charge
- Other. Please specify:  
\_\_\_\_\_

**End of Block:**

**Health insurance and healthcare**

**Start of Block: COVID-19**

**You can skip any question that you do not want to answer.**

**This section includes questions about COVID-19 (also known as Coronavirus).**

**27. How do you get information about COVID-19? *[Select all that apply]***

- WhatsApp
- Social media
- WAISN
- Government websites (such as CDC, Department of Health, King County Public Health)
- Faith/religious groups
- News- online or TV
- Radio
- Friends/Family
- Doctor's office
- Other. Please specify:  
\_\_\_\_\_

**28. Have you had any of these symptoms since January 2020?**

*[Select all that apply]*

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue or tiredness
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Not applicable

**29. Have you been tested for COVID-19?**

- Yes
- No

**Display This Question: If Have you been tested for COVID-19? = Yes**

**30. When you were tested for COVID-19, where did you go?**

- Clinic/Primary care office
- Hospital
- Specific COVID-19 testing center
- Other. Please specify:  
\_\_\_\_\_

**Display This Question: If Have you been tested for COVID-19? = No**

**31. What are the reasons you did not get tested for COVID-19?**

*[Select all that apply]*

- Did not have symptoms/ No need to get tested
- Had symptoms but denied a test at a clinic/hospital/testing center
- No health insurance
- Costs too much
- Recently moved to the area
- Do not know where to go for testing
- Unable to find a provider who accepts my insurance
- Cannot find provider who speaks my language
- Worried about public charge
- Do not use doctors/treat myself
- Do not have transportation
- Unable to take time off work
- Other. Please specify:  
\_\_\_\_\_

**32. If you get sick with (or already had) COVID-19, do you have (or did you have) the ability to isolate in your own home (stay in a separate bedroom and bathroom), or stay somewhere by yourself (such as a hotel) for two weeks to protect the other people you live with?**

- Yes
- No

**33. Did YOU and/or anyone in your HOUSEHOLD get care (get tested, visit a primary care office, have a phone/online visit, visit the emergency room, stay in the hospital) related to COVID-19?**

- Yes
- No

**Display This Question: If Did YOU and/or anyone in your HOUSEHOLD get care (get tested, visit a primary care office, have a... = Yes**

**34. Have YOU and/or anyone in your HOUSEHOLD had a hard time paying medical bills for testing or care related to COVID-19?**

- Yes
- No
- Not applicable/did not receive care or testing

**35. If YOU and/or anyone in your HOUSEHOLD was sick with COVID-19 symptoms (for example: cough, shortness of breath, or fever) but did NOT get CARE, what are the reasons you did not? [Select all that apply]**

- Not applicable/no symptoms/no need for care
- Not sick enough to need care
- No health insurance
- Costs too much
- Recently moved to the area
- Do not know where to go for care
- Cannot find provider who speaks my language
- Do not use doctors/treat myself
- Worried about public charge
- Do not have transportation
- Unable to take time off work
- Do not have enough time
- Other. Please specify:  
\_\_\_\_\_

**End of Block: COVID-19**

**Start of Block:**

**Occupation/Financial Stability**

**You can skip any question that you do not want to answer.**

**This section includes questions about work and finances.**

**36. Did you lose your job, or did your income go down, since February 2020 because of the COVID-19 pandemic?**

- Yes
- No
- Not applicable (student, stay at home parent, retired, unable/no need to work)

**Display This Question: If Did you lose your job, or did your income go down, since February 2020 because of the COVID-19 pa... != Not applicable (student, stay at home parent, retired, unable/no need to work)**

**37. What type of work do you do?**

*[Select all that apply]*

- Crop production (agriculture, forestry, fishing, etc.)
  - Construction
  - Restaurants and other food services
  - Elementary, middle school, or high school services
  - Landscaping/gardening services
  - Grocery stores, trade services
  - Services to buildings
  - Hospital services
  - Colleges, universities, and professional schools, services
  - Other. Please specify:
- 

**38. Do you currently have a job and/or work regularly?**

- Yes
- No
- Not applicable (student, stay at home parent, retired, unable/no need to work)

**Display This Question: If Do you currently have a job and/or work regularly? = Yes**



**39. In the last three months, when you go to work, what COVID-19 safety measures are CONSISTENTLY provided by your job?** *[Select all that apply]*

- Mask
- Gloves
- Hand sanitizer
- Separated 6 ft apart from co-workers
- None of the above
- Not applicable (work from home, etc. )

**Display This Question: If Do you currently have a job and/or work regularly? = Yes**

**40. Did your job give you the option to work from home during the COVID-19 pandemic?**

- Yes
- No

**Display This Question: If Do you currently have a job and/or work regularly? = Yes**

**41. Do you risk losing your job if you miss work because you or a family member is sick?**

- Yes
- No

**42. BEFORE the COVID-19 pandemic started, how optimistic did you feel about your financial situation?**

Not optimistic at all

Very optimistic



Scale 0–10

(0 = not optimistic at all, 10 = very optimistic)

**43. NOW, how optimistic do you feel about your financial situation?**

Not optimistic at all

Very optimistic



Scale 0–10

(0 = not optimistic at all, 10 = very optimistic)

**44. Is there anyone in your HOUSEHOLD who lost their job, or whose income went down, since February 2020 because of the COVID-19 pandemic?**

- Yes
- No

**45. How was your household’s (including you) financial situation BEFORE the COVID-19 pandemic started in February 2020?**

- Working Paycheck to Paycheck, No Savings
- Savings below \$1K
- Savings \$1K–5K
- Savings above \$5k

**46. How is your household’s (including you) financial situation NOW?**

- Working Paycheck to Paycheck, No Savings
- Savings below \$1K
- Savings \$1–5K
- Savings above \$5k

**End of Block:**  
**Occupation/Economics**

**End of Survey.**

Thank you for filling out this survey! To make sure we have accurate data, please only fill out this survey once.

**Please send this survey link to other people who might be interested:**

*[link was included here]*

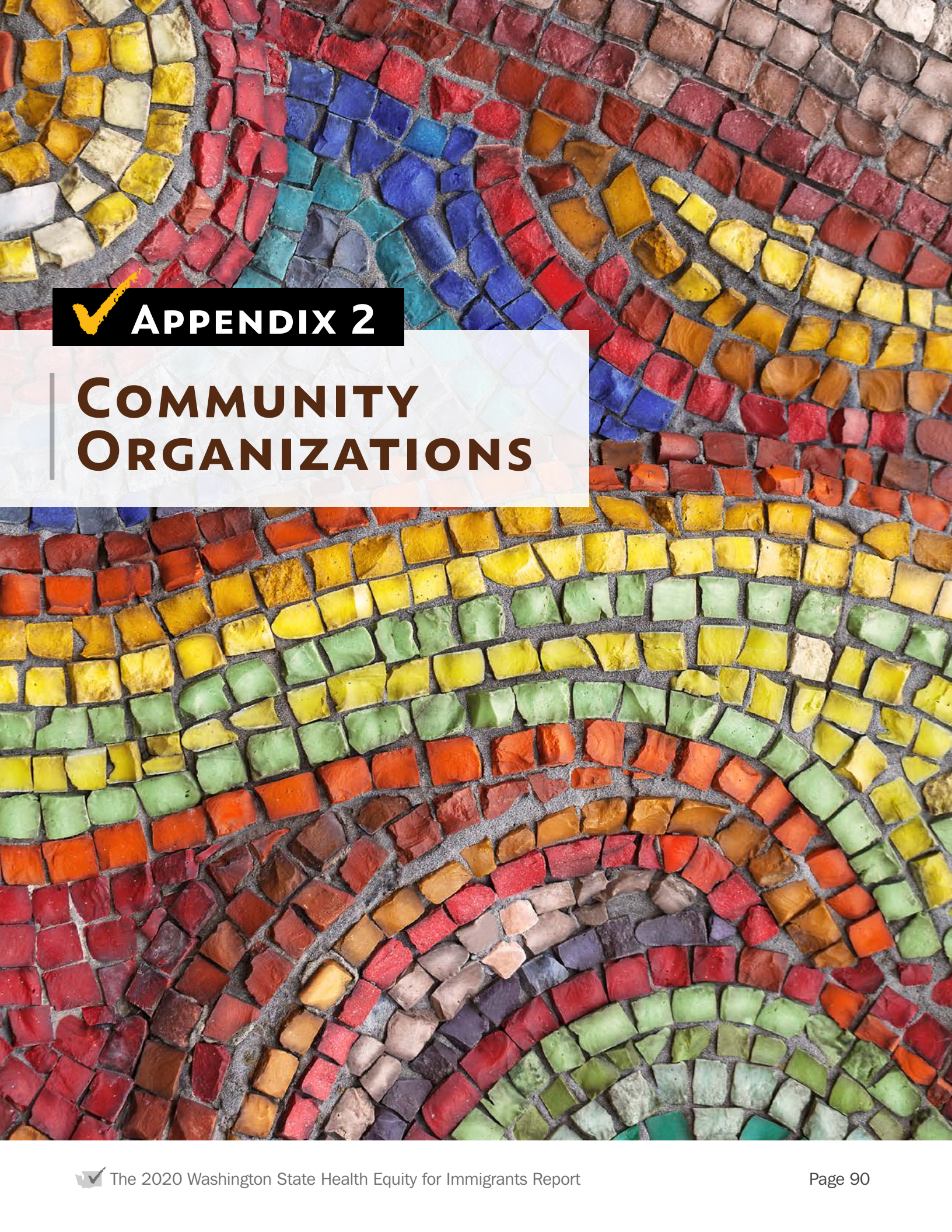
**At the end of each week 8 participants will be contacted to get a \$50 Visa gift card as a thank you for taking this survey.**

**If you want to be considered for the gift card giveaway, please click here to fill out this form** *[link was included here]* and leave a name (it can be a nickname instead of your legal name if you would feel more comfortable) and phone number and/or email address. Your contact information will not be connected to your survey responses.

**Interested in more resources?**

**WAISN hotline:** 1-844-724-3737 and more information about WAISN here: <https://www.waisn.org/>

**Washington State Department of Health COVID-19 Assistance hotline:** 1-800-525-0127 and more information about COVID-19 here: <https://www.doh.wa.gov/Emergencies/COVID19>

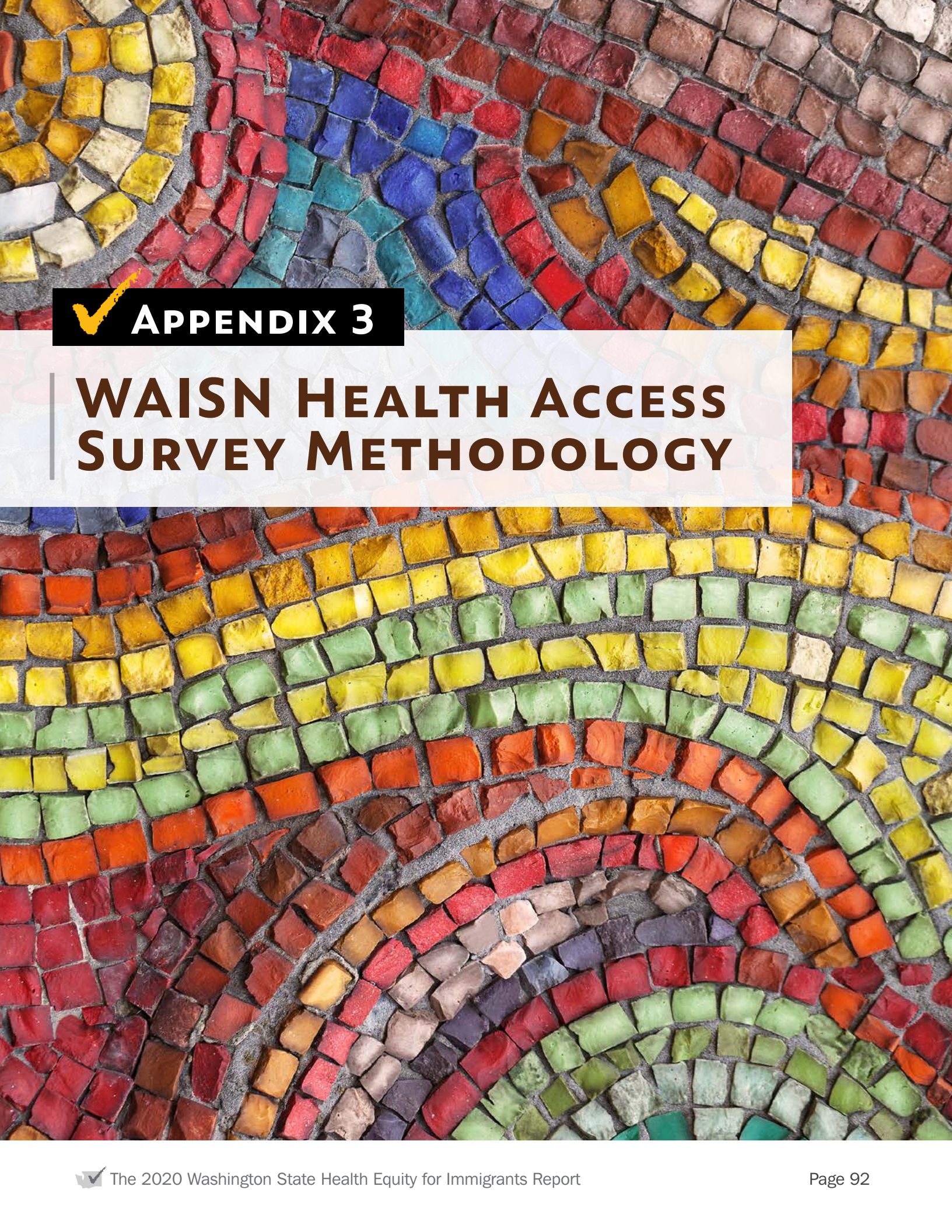


 **APPENDIX 2**

**COMMUNITY ORGANIZATIONS**

**Community organizations provided with information about health survey distribution, in alphabetical order:**

Asian Counseling and Referral Service	Immigrant Rights Advocates	Skagit Rapid Response Network
Ayuda Mutua Skagit Network	King County Immigrant and Refugee Commission	Spokane Immigrant Rights Coalition
Catholic Charities Housing	King County Office of Equity and Social Justice	TriCities Immigrant Rights Coalition
Catholic Community Service of Western WA	King County Promotores Network	Twisp WA Immigrant Support Group
Central WA Justice for our Neighbors	Kitsap Immigrant Assistance Center	Walla Walla Immigrant Rights Coalition
Centro Integral Educativo Latino de Olympia	La Casa Hogar	Walla Walla Mutual Aid Network
Columbia Basin Health Association	Latino Civic Alliance	Washington Association for Community Health
Comité De Derechos Humanos de Forks	Latinos En Spokane	Washington Sin Fronteras
Community Health Board Coalition	League of United Latin American Citizens	Wenatchee CAFE
Community to Community	Moses Lake Community Health Center	Wenatchee for Immigrant Justice
Crimson Group	Nuestra Casa	Whidbey Island Indivisible Group
Dreamers Without Borders	OneAmerica	Whidbey Rapid Response Team
ERACE Kitsap	Organización Centroamericano	WSU Tri Cities Dreamers
Ethiopian Community Board	Pacific County Immigrant Support	WWU Blue Group
Firelands WA	Protecting Immigrant Families - WA	Yakima Immigrant Response Network
Hand in Hand Cafe	Raiz Planned Parenthood	
Interim CDA	Seattle Office of Immigrant and Refugee Affairs	
Jefferson County		



 **APPENDIX 3**

# **WAISN HEALTH ACCESS SURVEY METHODOLOGY**



# RESEARCH METHODS

## Overview

This cross-sectional survey sample consisted of voluntary respondents recruited through a combination of convenience, purposive, and snowball sampling. Data included in this report were collected between September 11, 2020 and November 22, 2020. A total of 5,854 responses were recorded, with 5,728 eligible survey responses (see Table 1). Survey responses were collected online using Qualtrics and responses were anonymous. The survey was written in English and professionally translated into 9 other languages: Spanish, Simplified Chinese, Vietnamese, Korean, Russian, Amharic, Arabic, Somali, and Garifuna. The survey team selected these languages based on information from the King County language tiers<sup>29</sup> along with input from survey team members with extensive experience working with the target population.

The survey consisted of 46 questions divided into four topic sections: **1)** demographic information, **2)** health insurance and healthcare, **3)** COVID-19, and **4)** work and finances. Some survey questions were adapted from questions included in an existing health survey produced by El Centro de la Raza. Remaining survey questions were written collaboratively by members of the survey team. A complete copy of the English version of the survey instrument is in Appendix 1.

The introductory page of the survey included a bolded and highlighted section “Who should fill out this survey?” which specified that survey respondents should identify as immigrants, including undocumented individuals, current DACA recipients, individuals with temporary protected status (TPS), individuals with temporary work permits, and mixed status families. The introductory page of the survey also included a bolded and highlighted statement reminding respondents not to complete the survey if all members of their household had either US citizenship or a green card.

All respondents were required to complete two initial screening questions to be eligible to take the full survey. Each respondent was required to respond to two yes/no questions to confirm that: **1)** the respondent is over age 18 or responding on behalf of someone who is over age 18, and **2)** the respondent currently lives in WA. An answer of “no” to either of those questions prevented the respondent from completing the remainder of the survey. The respondent was then required to select from a drop-down list the WA county in which they currently live.

All remaining survey questions were optional to respect potential privacy concerns of respondents and to support a trauma-informed approach to data collection. Survey respondents were notified at the beginning of each section that any question could be skipped if the respondent was not comfortable providing an answer.

### **Anonymity**

The survey team took great care to protect the anonymity of respondents because the sample includes individuals with precarious immigration statuses. The survey did not ask for any personally identifying information (name, date of birth, or contact information), and respondents' IP addresses were not captured by the survey software. We also did not include any questions that asked the respondents to directly identify their own immigration status.

After completing the survey, respondents had the option to click on a link to a different website to voluntarily leave contact information to be entered into a giveaway as a thank you for completing the survey. In the giveaway, 8 respondents per week were randomly selected to receive a \$50 Visa gift card. Contact information included a name (which could be a nickname or alias if the respondent felt more comfortable), and either a phone number or email address. To protect respondent privacy this contact information was not connected to the survey responses.

### **Outreach and Recruitment**

Respondents were recruited through email, social media, and phone outreach by community organizations working with immigrants in WA. Anyone with access to the survey link was able to take the survey. Social media recruiting included posts and videos on the WAISN Facebook page and Facebook ads placed by the ACLU-WA. WAISN sent a text with the survey link to members of the WAISN network who were signed up for WAISN text alerts. The survey was promoted on the WAISN website, and emails and texts about the survey were sent out through WAISN's contact list and through the United We Dream contact list. One member of the survey team promoted the survey through a Facebook live event with Jaime Mendez, a reporter for Univision Seattle. The survey team also distributed information about the survey to WA organizations focused on serving the immigrant community, of which a complete list is included in Appendix 2. Many of these organizations distributed survey information to the community members they serve via email or social media.

After completing the survey, the closing page encouraged respondents to forward the survey link to others they thought might be eligible to take the survey.

### Sample

The final survey sample consisted of 5,854 collected responses, with 5,728 eligible responses based on age (over age 18) and geographic location (currently residing in WA). Respondents reported living in 36 out of 39 counties in WA. Respondents were between the ages of 18 and 74, and identified as 68.7% female and 30.3% male. Most respondents (93.8%) reported speaking Spanish as a primary language, and 97.7% identified as being of Latinx or Hispanic origin. Further details about the demographics of the survey respondents can be found in the survey results section on page 19.

### IN THE WORDS OF SURVEY RESPONDENTS:



*I looked for health insurance but there isn't any for people that don't have a social security number.*

**BARRIERS TO OBTAINING HEALTH INSURANCE**

**BARRIERS TO ESTABLISHING A PRIMARY CARE PROVIDER**

*“No entiendo cómo funciona el deducible y no gano lo suficiente para pagarlo.”*  
(I don't understand how deductibles work and I don't make enough money to pay for [health insurance].)





# DATA CLEANING AND ANALYSIS

## Quantitative Data

The data collection tool used by the survey team, Qualtrics, was set to capture all survey responses including incomplete surveys. All survey responses with at least one question answered were kept and included in the report.

The software also captured surveys where the survey link had been opened but in which no questions were answered. These blank surveys were not included in the total response count, as they did not include any data points and could have included individuals who simply opened the link out of curiosity and were not representative of the target sample population.

Questions with an “other” free-text response option were also included in the survey.

Depending on the number of similar responses, for some we were able to create new categories for free-text responses based on shared traits. Some responses entered as free-text “other” responses fit with response categories already listed in the survey instrument and were re-assigned accordingly. The results section and relevant graph for each survey question includes details about any added categories for that question.

For all survey questions, response data were analyzed by frequency to assess general trends.

## Qualitative Data

Questions for which we provided an “other” free-text option produced rich, qualitative data. Many of these free-text responses went beyond straightforward categories and lent insight into respondents’ complex experiences navigating the issues addressed in this survey. Over 99% of the free-text responses were either written in English or Spanish. Free-text responses written in English were left as is, with minor corrections for obvious spelling errors. A bilingual English-Spanish member of the research team translated responses written in Spanish into English, and then another bilingual English-Spanish member of the research team verified the translations. The survey team used Google-AI translation services to translate the <1% of free-text responses that were not in English or Spanish.

The research team included a small number of these direct quotes from survey respondents alongside the corresponding quantitative results in this report in boxes titled “In their own words.” The survey team selected quotes that expanded on frequently reported themes or lent insight into the complexities of the themes addressed in the survey.

### Missing Data

Many respondents did not answer every question in the survey. To increase respondents' comfort with the survey tool, the survey team intentionally chose to make all questions optional except for the first two eligibility questions and one question about WA state county of residence. The survey instrument included reminders at the beginning of each section that respondents could skip any question they did not want to answer. Data analysis for each individual question only included data for those respondents who answered that specific question.

### IN THE WORDS OF SURVEY RESPONDENTS:

*“Solo voy a la clínica de campesinos cuando necesito.”*  
(I just go to the farmworker clinic when it's necessary.)



**BARRIERS TO ESTABLISHING A PRIMARY HEALTH PROVIDER**

**BARRIERS TO ACCESSING NEEDED SERVICES**

*“No puedo costear el dentista debido a que solo tengo lo suficiente para mantener a mi familia.”*  
(I can't afford the dentist because I only have enough [money] to support my family.)



# LIMITATIONS

## Question Format

In examining responses to the question about employment options, the research team realized that the way employment options were phrased in the survey instrument was not presented in accessible language and were potentially confusing. We received 1,049 free-text “other” responses for this specific question, many of which fit in the listed response options. As such, it seems that some respondents may not have clearly understood the response options as presented in the survey. If we were to conduct the survey again, the research team would reformulate and re-test that question. For this report, the research team either organized the free-text responses into existing categories or created additional categories to accommodate those responses that didn’t fit.

## Data Collection and Recruitment Methods

Our survey data are cross-sectional, meaning that they were collected at a specific point in time. We can report relationships or patterns that we observe in the data, but cannot claim that one variable predicts another.

Our recruitment methods relied on the reach of WAISN’s community partners and Facebook promotion, along with survey respondents forwarding the survey link to others in their community. This means that those not

connected with WAISN or one of WAISN’s partners, or not connected to Univision’s Facebook materials may not have had access to the survey.

The survey team intentionally designed an anonymous survey to support the privacy of survey respondents. Since survey responses were anonymous, the survey team was unable to use traditional methods to guard against duplicate responses such as rejecting repeat responses originating from a single IP address, or rejecting responses with the same personally identifying information.

The survey team enabled Google reCaptcha within the survey, which flags surveys possibly completed by a bot. Only 3 eligible survey responses were flagged by the reCaptcha tool; the survey team audited these three responses and none were concerning based on survey completion time or response choice selection.

The team also enabled a Qualtrics function which flagged responses submitted using the same device and browser as a previously submitted response. The research team audited these flagged responses (n=542), of which 525 were eligible to continue with the survey. At maximum, half of these eligible flagged responses could theoretically be duplicates, which would be 262 out of the total 5,728 eligible responses, or 4.6% of eligible responses.



## LIMITATIONS

Due to reports from community and survey team members that there may be some households who share a device, and thus would use the same device to allow different members of the household to take the survey, the team decided to include survey results originating from the same browser. However, the research team acknowledges that these methods were not foolproof and there is a possibility that some respondents could have answered the survey more than once.

### **Convenience Sample**

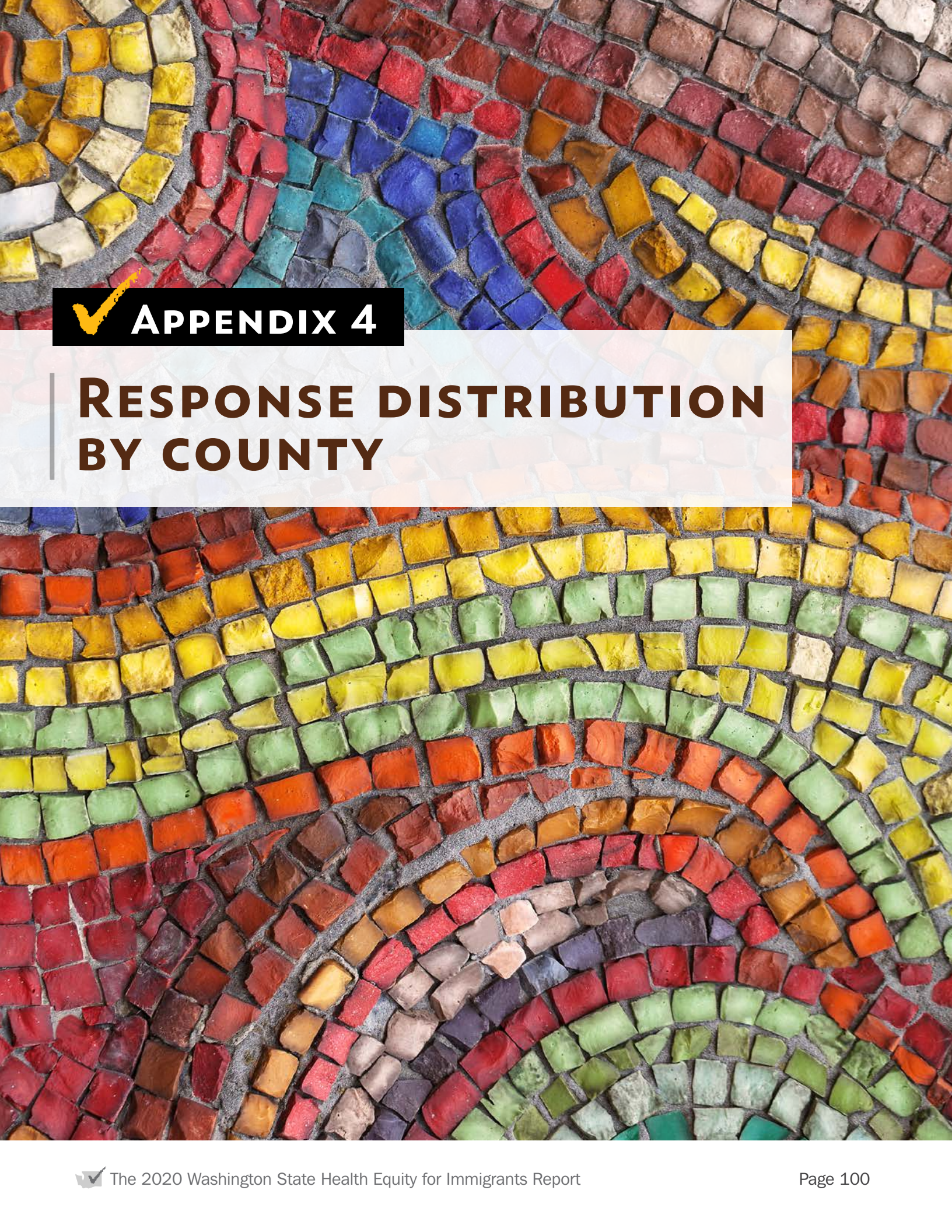
The sampling methods used to reach individuals from the immigrant community could lead to selection bias. Individuals who interact with the organizations who distributed survey information may have engaged with services provided by those organizations, which could mean those individuals are more likely to be financially insecure or have more complex social situations.

The online survey format could have prevented those without reliable internet access or access to a personal device (phone, laptop, etc.) from taking the survey.

Additionally, while the survey was available in 10 languages, the survey was not available in all languages spoken by immigrants in Washington State, including certain indigenous languages from Central American such as Mam. This barrier could have prevented immigrants who do not speak one of the languages the survey was available in from taking the survey.

The racial/ethnic composition of our sample is primarily respondents who identify as having Latinx or Hispanic origin. Other population-based data for the undocumented immigrant community in WA suggest that the percent of undocumented individuals in WA who identify as Latinx is likely to be closer to 67%,<sup>1</sup> compared to 97.7% in this survey. Our survey sample also skews towards respondents who identify as female, with 68.7% of survey respondents identifying as female, compared to population estimates that the percent of female undocumented individuals in WA is closer to 46%.<sup>1</sup> Of note, these estimates cannot be directly compared since the total sample for this survey is not just undocumented individuals, but also includes current DACA recipients, individuals with temporary protected status (TPS), individuals with temporary work permits, and mixed status families.

Due to these limitations, the survey team notes that the survey sample is not representative of the entire immigrant population in WA. However, our attempts at widespread recruitment of a historically hard to reach population resulted in a large sample that can contribute valuable information to our collective understanding of the health access barriers of the immigrant community.



 **APPENDIX 4**

**RESPONSE DISTRIBUTION  
BY COUNTY**

# RESPONSE DISTRIBUTION BY COUNTY

**Table – 2** *Respondent county in Washington State*  
In the total sample (n=5,640)



County	%	Count
Adams	1.60%	90
Asotin	0.04%	2
Benton	3.19%	180
Chelan	1.13%	64
Clallam	0.27%	15
Clark	4.75%	268
Columbia	0.34%	19
Cowlitz	0.41%	23
Douglas	0.71%	40
Ferry	0.00%	0
Franklin	5.69%	321
Garfield	0.02%	1
Grant	2.48%	140
Grays Harbor	1.15%	65
Island	0.09%	5
Jefferson	0.11%	6
King	38.78%	2,187
Kitsap	0.35%	20
Kittitas	0.21%	12
Klickitat	0.14%	8

County	%	Count
Lewis	0.44%	25
Lincoln	0.02%	1
Mason	0.12%	7
Okanogan	0.23%	13
Pacific	0.82%	46
Pend Oreille	0.00%	0
Pierce	4.66%	263
San Juan	0.05%	3
Skagit	2.68%	151
Skamania	0.02%	1
Snohomish	10.30%	581
Spokane	0.60%	34
Stevens	0.00%	0
Thurston	0.94%	53
Wahkiakum	0.04%	2
Walla Walla	1.21%	68
Whatcom	1.21%	68
Whitman	0.05%	3
Yakima	11.99%	676
Not sure	3.17%	179
<b>Total</b>	<b>100%</b>	<b>5,640</b>



✓ 2020 REPORT

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