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Overview of Tesfa Program Data

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Executive Summary

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Lived Experiences of Amharic-Speaking Ethiopian Community Members: Highlights from Tesfa Program Data

Executive summary

Introduction: This report captures the stories and experiences of Amharic-speaking residents in King County during the Covid-19 pandemic collected through the Tesfa Program. Building upon this data, the report recommends targeted strategies and approaches for organizations and policymakers to deliver more effective and culturally appropriate interventions for this community. The report highlights the community's access to public health information sources, socioeconomic impacts, and lived experiences during the pandemic. To date, the COVID-19 pandemic has caused millions of infections and deaths globally. In the United States, more than 40 million cases and 600,000 deaths occurred by June 2021. racial and ethnic minorities and immigrants are disproportionately affected by the pandemic. In September 2021, the CDC reported that after adjusting for age, Black/African American persons were 2 times more likely than a white person to die from covid and close to 3 times more likely to be hospitalized from COVID.[1] We see a similar heightened risk for people of color compared to Whites in King County. Race and ethnicity are suspected to be markers for underlying conditions that affect health including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers. Additionally, those with limited English language skills may experience difficulties accessing healthcare, information and services.[2] This can be because of language barriers but it can also be an indicator of being unfamiliar with US health care and social services systems and having limited computer/technology skills. Our data suggest that Ethiopian-born immigrants in King County were severely impacted- both in terms of incidence of Covid-19 and socioeconomic impacts- by the pandemic. In addition, language, socioeconomic, and technology barriers hindered this population from accessing public health and social services resources during the Covid-19 pandemic. Many individuals and families in this community experienced dramatic livelihood changes, including loss of jobs and reduced working hours as a result of the pandemic.

Our team observed a significant information gap about COVID-19 and related resources among Ethiopian-born residents. In response, the Tesfa Program was launched at the onset of the pandemic to offer scientifically accurate and linguistically and culturally appropriate information to the Amharic-speaking community. In collaboration with Strengthening Care Opportunities through Partnership in Ethiopia (SCOPE), we studied the impact of COVID-19 on the population through a community survey and analysis of recorded program discussions throughout the pandemic. What follows is a summary of our methods, key findings, and recommendations.

Methods: We applied both quantitative (analysis of survey data) and qualitative (analysis of recorded question & answer sessions from the Tesfa Program) methods.

Quantitative Method: Community Survey

Our team conducted an online and phone survey from April to May 2021 among 173 adults who attended at least one Tesfa Program weekly information session. The survey was collected in Amharic, and the participants completed the questionnaire online through a link texted to them unless they needed assistance by phone. The questionnaire included participants' demography, public health information sources, technology literacy and accessibility, and socioeconomic impacts of COVID-19. We analyzed the data using descriptive statistics and summarized the results using tables and figures. Detailed analysis of this data and the questionnaire can be seen in the full survey analysis.

[1] https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html
[2] https://kingcounty.gov/depts/health/covid-19/data/race-ethnicity.aspx; https://www.communitiescount.org/covid19vulnerable

Qualitative Method: Analysis of Discussion Sessions

The qualitative approach contained two components: analysis of Tesfa program weekly discussion recordings and key informant interviews. Weekly phone call information sessions and Q&A discussions were held from April 2020 to June 2021. Topics covered included:

- COVID-19 transmission and prevention methods
- Unemployment benefits
- Remote learning
- Social support
- Pandemic relief funds for individuals and small business owners
- Stimulus checks
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- COVID-19 vaccine
- other timely or emerging resources/topics

Efforts were made to ensure most hosts and speakers of the weekly conference call program were Amharic speakers. When guests didn't speak Amharic, interpretation was provided so guests could share their expertise with participants. Our analysis included all recordings of the first 12 months – 50 recordings in total with an average length of 90 minutes. The analysis focused on questions and comments raised by participants during the discussion in order to capture their most pressing needs at discrete time points during the pandemic. Each recording was analyzed by an Amharic-speaking researcher trained in qualitative methods and coded for themes. The results were synthesized thoroughly, and key quotes from participants were added to reflect lived experiences of people in the community.

Key Survey Findings:

Demographics
About two-thirds of respondents (61.4 %) were 35-54 years of age, and 60% were female. All respondents spoke the Amharic language and ~84% identified as following the Orthodx Christian faith.

Technology
Almost all survey participants had a cellphone (99%), and 88% had a personal computer. About 60% of respondents would use a computer to get health-related information, and 74% use a cellphone. Nearly all (96%) had email and 94 % use social media; Facebook (67%), Viber (66%), Telegram (58%), and WhatsApp (57%). However, 84% reported they had at least some difficulty applying online for unemployment benefits, and 20% of respondents were not comfortable downloading files, applications, or programs on a phone or computer.

Trusted Sources of Information
The most trusted source of health information was the Washington State Department of Health (87%); people frequently used virtual handouts (71%) and social media articles (51%) to learn about COVID-19 testing. Around 65% respondents trusted COVID-19 vaccine information from an Amharic-speaking Ethiopian community member.

Vaccination
By the middle of May 2021, 58% of the survey participants were vaccinated. 37%, however, had difficulty signing up and getting to a vaccination site.

COVID-19 Impact

Surprisingly, 45% of the participants had at least one COVID-19 positive family member over the course of the pandemic (as of the survey date), with 7 being the maximum number of COVID-19 infected people per household.

Economic Impact

The pandemic also had a huge economic impact on the community; 69% had a decrease in their household income, and 63% had at least one household member who lost their job.

Key Q&A Analysis Findings:

Findings from the Q&A analysis were in alignment with the results of the survey. The most frequently raised questions pertained to the struggles of the Amharic-speaking Ethiopian community to access and use different social and public health services. Out of 228 questions raised throughout the sessions, 43% were about getting extra information on public health and safety net programs; 26% were about challenges participants had in navigating systems, including unemployment benefits and healthcare testing and vaccination; and the rest were on health misinformation and the challenges of remote learning.

Social Safety Net Services and *Unemployment*

Accessing social safety net services, including services that support basic needs, was cited as a highly stressful experience for many participants. One participant said, *"We stopped working on March 2 (two months ago) 2020. Since we were positive for COVID-19, we haven't yet received unemployment benefits. How are we supposed to live without having the income to buy something to eat?"* Another added, *"I am an unemployed single mother; my unemployment benefit stopped two months ago. I have past due rent, and I have no other means of income except food stamps. How can I get help?"*

Many participants struggled to understand and comply with the requirements to receive unemployment and US government stimulus despite the high levels of income lost and need for assistance among this group. Participants' reactions to the challenges ranged from minor confusion to high-level desperation of accessing critical services. Participants raised strong preferences for communicating with the respective bodies through a phone call. However, phone calls were not the mainstay of information on service provision. Instead, many service providers relied heavily on websites and online application/**appointment** portals to provide information and initiate services. Due to challenges with access to technology and limited/lack of familiarity with navigating online platforms and applications, some participants experienced deeper feelings of being hopeless and helpless. A worried participant said,

"*I quit my job because I had COVID-19, and my spouse also lost his job because of COVID-19. We applied for unemployment (a month ago), and it shows active status, but we haven't yet received payment. I am having a hard time reaching customer service. My hands were hurting out of calling every day and all the time. After a long time, I finally got a chance to speak with someone, and she couldn't help me because she said she didn't have access to my account and I should talk to the claim department. I feel like she didn't want to help me. What shall I do?*"

Healthcare & Misperception

Participants frequently raised their suspicion and frustrations related to vaccination. One participant who had a deep-rooted concern about the safety of vaccines said, "*When we go to the health facility, they give a lot of vaccines at once to our children. Why do they give them too much at a time? They sometimes give about 6 vaccines at a time. I do not trust most of the vaccines, and I always think about that. Someone told me that they would give something wrong to children (he heard from CNN). To what extent is that correct? I suspect that there would be something unethical. When we take our children for vaccination, I hear diseases and drugs I never heard of. I always hesitate to accept that it is right. Could you please tell us what is right?"*

Similarly, some participants noted concerns about a link between vaccination and autism and noted distrust and skepticism around vaccination. "*I have heard a mother who had a child with autism saying that her child developed autism following vaccination. Since we want our children to be healthy, we cannot refuse their vaccination. Even if they give them 5 or 6 vaccines at a time, we accept the offer. But how could we know which vaccine is good or has less adverse effects for our children or which is not?"*

Several participants also had concerns about the language translation service they received. Although the availability of language translation in the medical system is essential and was available, people questioned its quality and level of confidentiality.

Virtual Education

Parents were confused and concerned about how to track their children's school performance. Parents with less technological literacy struggled to communicate with teachers and support their children to their satisfaction in a fully remote environment. A participant said, *"I am a mother of middle schoolers, and I used to know their teachers. But this time, the communication is via email, which requires a computer and email skills, and I am not good at it. I am asking my children if they are getting the necessary help, and they say they are attending classes and doing homework. What other ways are there to communicate with teachers?"*

Reconciling Themes in the Quantitative and Qualitative Data

Although most themes from the two data sources (survey and Q&A analysis) were in alignment, a few tensions emerged from the data that warrant further exploration. In particular, high levels of self-reported access and comfort with technology and challenges with online service provision both emerged as themes. In addition, sources of trusted information were nuanced with Washington State DOH being noted as the most trusted source, while vaccine specific data suggested that information would be more trusted if it came from Amharic-speaking community members. An exploration of these key tensions is below:

Technology Literacy:

Survey responses showed a high level of access to technology among respondents with the vast majority reporting having computer and phone access with an internet connection and about three-fourths of respondents using either of the devices to access health-related information. While access and self-described comfort with technology was high among survey respondents, our team observed major barriers in utilizing online services for social assistance and/or making appointments on online platforms in both the qualitative and quantitative data analyses. About 84% of survey respondents reported difficulty applying for unemployment benefits. Analysis of weekly community discussions further highlighted the challenges for Amharic-speaking community members in successfully completing online applications to access services with high degrees of frustration, application errors, uncertainty about benefit status, and inability to get in touch with adequate support services to help complete necessary forms.

"I have applied for unemployment benefits but incorrectly filled out the form. I haven't received any payment. What should I do? I realized that I overlooked some of the questions after I submitted the form. Should I reapply as a new applicant, or is there a way to correct my application?"

To address concerns of in-person transmission of the SARS-CoV-2, many services pivoted away from walk-up or in-person services in favor of contactless online portals. Our data analysis suggests that this caused hardship for the Amharic-speaking community and created barriers to accessing services. This suggests that access to technology and internet connection alone may not be sufficient in predicting ease of use for online platforms by the public. Online forms, applications, and interfaces should be carefully crafted to be accessible, reduce errors, coach respondents, and provide culturally relevant customer support through the phone.

Trusted Sources of Health Information:

The theme of trusted sources of information in the survey and qualitative analysis revealed a nuanced view within the community. The most trusted source for health information identified by survey respondents was the

Washington State Department of Health, indicating that the DOH has tremendous potential to influence and drive health behaviors for this community. When asked about the vaccine, however, the majority of survey respondents (65%) indicated they were more likely to trust COVID-19 vaccine information from an Amharic-speaking Ethiopian community member. In community discussions, participants also confirmed that community members placed high value and trust in information from Amharic-speaking service providers and community members.

"*.... We want to talk to the doctor who speaks our language directly; we don't want to tell all secrets to the translator who would eventually tell it to the doctor with whom we don't directly communicate with."*

While social media was not listed as a highly trusted source in the survey, a large majority of our survey respondents indicated presence on multiple social media platforms. In addition, qualitative analysis of community discussion Q&As revealed instances of misinformation spread through social media that were brought forward as questions for expert panelists to address directly.

This suggests that DOH should consider incorporating more Amharic-speaking messengers in their communications and pursue community outreach strategies that include social media campaigns tailored to this population that directly dispel misinformation. More study in this area is needed to explore how to ensure trust in health messages within this community and dispel misinformation.

Recommendations

Further analysis, discussion, and insights on Tesfa Program data can be found in the full survey and Q&A reports. The following is a summary of key recommendations from our analyses (with the data source identified next to each one):

Communications & Technology

1. Tailor and test health messages for this community that consider appropriate language, cultural norms, messenger (preferably members of the Amharic-speaking community), and accessibility. (Survey)
2. Tailor health messages to increase awareness and directly address misinformation and conspiracy theories. (Q&A)
3. Health information messages should be in Amharic and feature members of the Amharic-speaking community. (Survey)
4. Leverage trust in public health institutions, specifically the Washington State Department of Health (DOH). (Survey)
5. Disseminate targeted health information on community-accepted online platforms for a broad reach, but provide an option for person-to-person support. Utilize Facebook, Viber, Telegram, and WhatsApp to reach this community. (Survey)

Personalized Assistance

1. Provide expert guidance via a call-in support center for services that require an online application, and ensure adequate staffing to reduce wait times. (Q&A)
2. Prioritize support for accessing unemployment benefits and navigating other financial resources to prevent pandemic-induced mental health issues due to financial hardship. (Survey)
3. Provide free transportation services to vaccination sites, paid work leaves or financial incentives for vaccination, and more accessible mechanisms for making vaccine appointments for this community. (Survey)
4. Develop communications and outreach programs, including social workers, who can help Amharic speakers navigate education and relief resources. (Q&A)

Policy/Research

1. Provide training and professional counseling services to expand job opportunities to this community. (Survey)

2. Health education and promotion targeting this community should consider socioeconomic status, feasibility, and practicability. (Survey)
3. Study and develop interventions that support transitioning immigrants to the US. (Q&A)

Conclusion*:* Both quantitative and qualitative data demonstrate that COVID-19 adversely affected the Amharic-speaking residents of King County. The pandemic exacerbated the existing struggles of this community to navigate social and health systems. Community members craved information, financial support, and other benefits that could ease their struggles and increase access to critical support. Inability to fully leverage online services and platforms profoundly affected the community's ability to access social services and learn about public health information. In addition, social and public health services and messages tailored for the general population may not be reaching the Amharic-speaking community as intended, leaving a vacuum of information and increased susceptibility to conspiracy theories, fake news, and misinformation spread on applications familiar to and accessible to this community. A system that bridges the gaps and increases access to services through the recommendations above would substantially improve the immigrant community's health and quality of life.