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Document Description:

Analysis of Tesfa Program's Question & Answer (Q&A) Weekly Session Data

Document nickname:

Q&A Analysis

Title Idea:

Lived Experiences of Amharic-Speaking Ethiopian Community Members:

Analysis of Tesfa Program's Q&A Weekly Session Data

Background

The Tesfa Program started at the onset of the pandemic to offer scientifically accurate and linguistically appropriate information about COVID-19 to the Amharic-speaking population in King County. The first live conference call discussion took place on the first Sunday of April 2020. Since that day, the live program has continued every Sunday until June 2021.

For this analysis, UW SCOPE analyzed the questions asked during the first year. The live sessions were recorded and most had a predictable format. Each week, the main host would introduce the program and share emerging information and resources related to the pandemic. Some sessions included special guests representing nonprofits, medical providers, etc. that were able to elaborate on a specific topic (e.g., an organization helping unemployment applicants). However, participants were encouraged to ask questions at any time during the program (by raising their hands via pressing *6 in the audio conference system). Most questions came during the discussion sessions, which would happen after the hosts provide information and/or after the special guests made their presentation. The program was intentionally formatted to allow room for questions while providing relevant and accurate information through presentations.

The average session length was 90 minutes, varying between 30 minutes to 120 minutes. An average of 30 participants were on the live call each week and about 10-20 folks watched the recorded audio later in the week through Tesfa Program's YouTube page. Overall, the live conference calls served more than 300 unique Amharic speaking participants.

Topics of presentations were designed to be responsive to important developments through the week but also questions that participants shared. Topics covered included information about COVID-19 transmission and prevention methods, unemployment benefits, remote learning, social support, pandemic relief funds for individuals and small business owners, stimulus packages, general election, and the COVID-19 vaccine. All program hosts were Amharic speakers. When guests didn't speak Amharic, interpretation was provided so guests could share their expertise with participants.

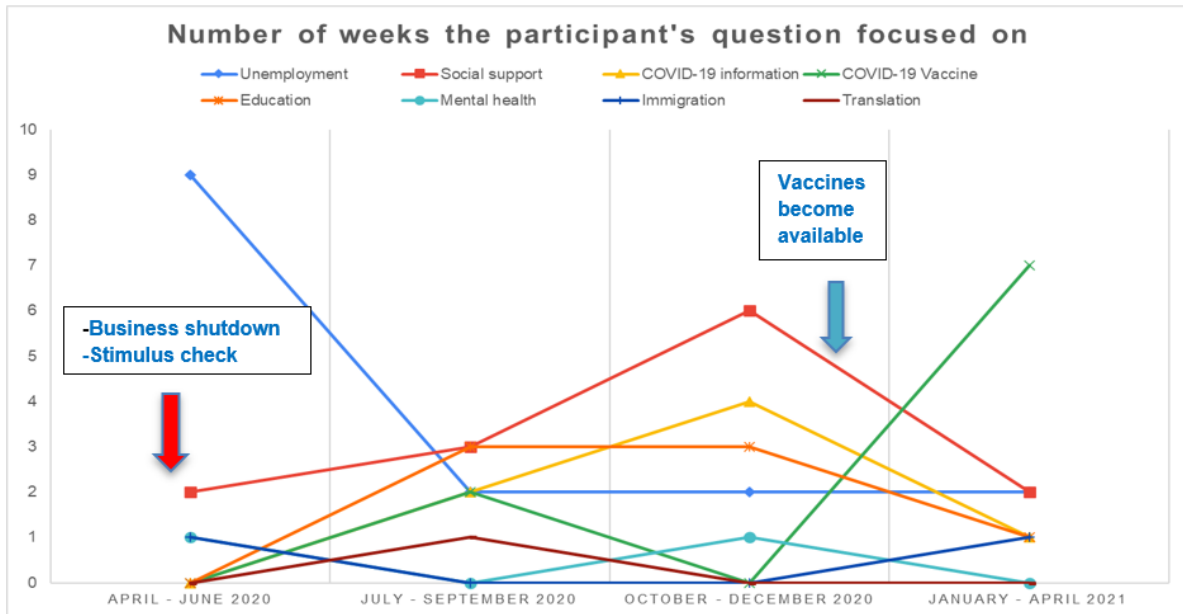
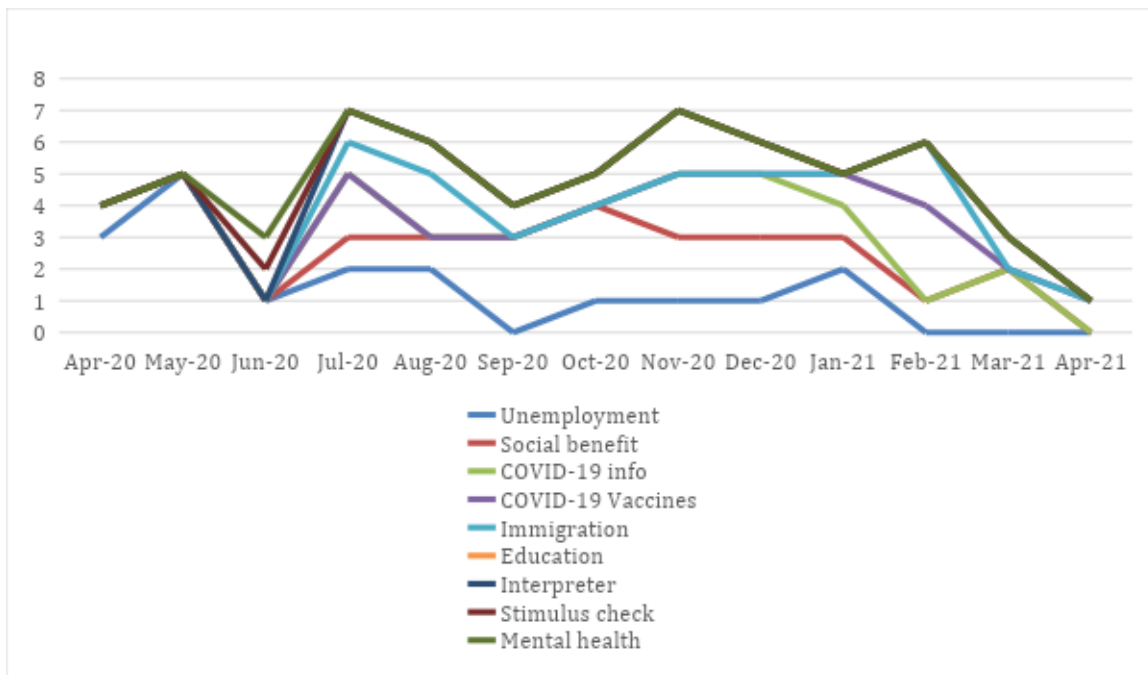


Figure 1: Number of weeks the participant's question focused on specific focus areas, April 2020 – April 2021.



Methods: Out of the available recordings from April 2020 to June 2021, UW SCOPE analyzed 50 recording sessions between April 2020 to April 2021. Our analysis focused on questions raised by the participants during the course of the pandemic to capture the needs, perceptions, challenges, and instances of resilience among this population throughout the first year of the pandemic. We used a flexible design to analyze question & answer sessions (referred to as “Q&A”) – pulling themes and capturing quotes from the information and discussion of each session. We employed phenomenology (“including key quotes”) and thematic analysis (finding common themes, ideas, or patterns) in compiling this report. Trained data analysts and native Amharic speakers extracted data from each Q&A recording and reviewed the results for flow and coherence. A debrief report was prepared for each recording and was organized based on key themes. Analysis themes include:

- Service access barriers (e.g. experience errors on the online application in addition to feelings of confusion, frustration, desperation, and suspicion)
- Immigration-related support
- Social benefits and unemployment (e.g. eligibility for available services, how to contact)
- COVID-19 and vaccination (e.g. the nature of the disease, COVID-19 vaccine)
- Education and social support (e.g. virtual class challenges, school financial aid)

Our team conducted a thematic analysis of the debrief reports (n= 50) that summarized issues raised during Q&A sessions across time. The team extracted themes, sub-themes, frequency, and key quotes from the discussions and grouped them according to the focus area.

Result

Table 1 Summary of themes and categories

Theme	Subtheme	Frequency	Percent
Service use struggle (26.3%)	Confusion	30	13.16%
	Frustration	10	4.39%
	Suspicion	5	2.19%
	Desperation	15	6.58%
Seeking information (42.5%)	Dealing with online application and errors	16	7.02%
	Immigration-related support	17	7.46%
	Eligibilities with available services	15	6.58%
	Social benefits and unemployment	22	9.65%
	Seeking contact address	12	5.26%
	Other issues	15	6.58%
Health literacy and misconceptions (17.5%)	The nature of COVID-19	14	6.14%
	COVID-19 Vaccine	21	9.21%
	Other health issues	5	2.19%
Remote learning-related challenges 13.6%	Virtual class challenges	17	7.46%
	School financial aid	14	6.14%
Total		228	100.0%

Theme 1: Struggling with the US social and public health systems

During Tesfa Program weekly community conversations, some of 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, 60 (26%) were about challenges participants had in navigating systems, including unemployment benefits, testing, and vaccination. Participants' reactions to system-related challenges ranged from minor confusion to high-level desperation about accessing critical services. The feelings they experienced while interfacing with social and public health systems are summarized in the following subthemes:

Subtheme 1.1: Confusion

Many people described how their living situation changed during the emergence of the pandemic. Except for essential businesses, most public services were delivered virtually. Following a rise in unemployment and the pending economic crisis, the US government provided stimulus checks and unemployment benefits to support families affected by the pandemic. The Amharic-speaking community in King County was severely impacted by the economic downturn [Evidenced by Tesfa program survey]. As a result, the community had a high need for accessing unemployment benefits and struggled to comply with the requirements of unemployment benefits and stimulus checks to get financial support in time. The confusion in accessing financial support was overwhelming. Out of the 68 system struggle concerns, 30 (44%) were expressions of the participants' confusion. In most of these questions, participants raised how they were uncertain about making decisions and getting the support they desired. One participant who had been waiting for unemployment benefits said:

"I applied for unemployment and filed a weekly claim, but the system somehow shows me as disqualified. I think I should be qualified. When I called unemployment, I could not speak to customer service because of the very long waiting time. What shall I do? Do I have to reapply?"

Many participants raised questions about communicating with the respective bodies through a phone call. Organizations might provide detailed information through their website, but people strongly preferred to speak with a service provider directly. Without this direct line of communication, participants noted difficulty resolving confusion by referring to other resources, which require reading and technological proficiency.

"My husband and I are eligible for unemployment benefits, and we applied for that more than a month ago. However, we never received any support. We don't have any information about why that is happening. Why are we not receiving the unemployment benefit we deserve?"

When people did get responses from benefit offices, they struggled to figure out the next step. Participants reported variable answers given to different people and questioned why their situation was different. Some felt their case was overlooked. One participant asked:

"I used to work in the Airport but stopped working starting from March 2020. Since then, I have been submitting an unemployment claim every week but did not receive any benefit until now. Making a direct call to the respective bodies is impossible. I am very concerned about what I should do. What do you advise me?"

Some people had a very limited understanding that unemployment benefits were available to them. A participant who was suspicious about the nature of the payment said,

"Is the unemployment payment a loan that I am supposed to pay later, or is it just a non-refundable gift?"

Others had a hard time finding an alternative solution when they failed to get the expected unemployment benefit. One woman said:

"I am a single parent, and my daughter is attending a virtual class. I was laid off because of COVID-19 and got unemployment benefits, but I restarted working for three days only to find out that I can't work while my daughter is attending class from home. But I became

disqualified from unemployment benefits. I have to appeal to unemployment, but before then, I want to know if I can get childcare so that I will be able to work. So do you have information if I can get the childcare?"

These quotes reflect a general confusion people had at accessing social services expressed.

Subtheme 1.2: Frustration

Financial and social stressors that accompanied the COVID-19 pandemic have created considerable frustration among the Amharic-speaking community. People feared being homeless or not being able to feed members of their family/household. They expressed disappointment in response to the challenging public health and social service navigation systems. One participant hoping the unemployment benefit would cover their expenses said,

"My unemployment application was approved, but it is on hold because my green card has expired. My citizenship application was being processed, and I had an interview appointment. However, it got canceled because of COVID-19. What shall I do? I have a mortgage and family; I don't know how to continue life without having an income to pay my bills and expenses."

Delayed unemployment benefits exacerbated the feelings of frustration and anger in some people. Ultimately, some individuals were discouraged by government agencies responsible for the financial support. For example, one participant who felt abandoned said,

"We stopped working on March 2 (two months ago). 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?"

During the discussions, some individuals raised that the unemployment benefit was their only source of income, and the need for urgent financial support was brought to light:

"I am an unemployed single mother; my unemployment benefit has stopped for over two months. I have past house rents, and I have no other means of income except food stamps. How can I get help?" said a woman who feared being homeless.

Participants were stressed about their future due to the continued unemployment and the economic crisis. Some people who received the unemployment benefit were suspicious about a possible interruption of their payment. This issue was more pronounced among people who were in complicated living circumstances. A woman with several household responsibilities questioned,

"If a person could not go back to work due to various reasons, is it possible to get the financial benefit? For example, I stopped work due to injury, then gave birth, but unfortunately, my child was born before his due date, and he needs my care. Even if I am allowed to go to work, I cannot work due to my situation. Will my financial support continue, or will they stop it?"

Subtheme 1.3: Desperation

Fifteen (6.6%) of the questions raised indicated desperation and extreme frustration with the US system in the Amharic-speaking community in King County. Unemployment benefits, employment retention schemes, and COVID-19 initiated refunds have helped families and communities overcome the severe economic and social hardships caused by the pandemic while staying at or working from home. However, the process of applying for unemployment benefits, online education, and utility bill increments has left Amharic-speaking communities in King County desperate. A prominent source of desperation came from being unable to reach customer service and resolve the issue on time. A seemingly 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 doesn't have access to my account and I should talk to the claim department. I feel like she didn't want to help me," and asked, "What shall I do?"

System errors or misinformation after they started earning unemployment payments were also causes of concern in this community. Halting unemployment benefits for reasons they don't understand was also a source of desperation. One participant shared his family's experience and asked,

"We have been receiving unemployment for a couple of weeks now, but this week we were denied because they said we were working for an organization we don't know. What shall we do?"

While being unemployed or earning decreased household income, paying bills during the COVID-19 pandemic was difficult. One participant asked:

"Our utility fee has been growing over time for the last few months. The situation has stressed us. Our landlord is increasing the fee that we pay for water, sewage, and other payments. Things are doubling and tripling. Whom should we contact? I don't know the reason; It could be because we are black. We Ethiopians also hesitate to ask questions since [we worry that our questions] might offend the other person. What do you advise me?"

Children's virtual education was another cause of desperation. Due to the COVID-19 pandemic, classes were taught remotely. This has added a burden to parents who don't have experience or training in supporting students taking virtual classes. One mom asked,

"My children are bored of remote learning, and sometimes we quarrel with each other. What do you advise us?"

Subtheme 1.4: Suspicion

Physical or social distancing, face masks, and other public health safety measures have been implemented to prevent COVID-19 transmission. Vaccination is a critical component of the response to end the COVID-19 pandemic. However, not everyone has information on vaccine development, nor are reports about vaccine trials and production well understood. Some Amharic-speaking Ethiopian communities living in King County indicated suspicion or

doubts about the vaccine trial and whether or not it included diversified study participants in the discussion sessions. For example, a participant asked,

"When the vaccine was studied, was it really tested in a diverse enough population?"

Similarly, parents are concerned if they should let their children get the vaccine. One asked,

"How is the vaccine progress in children less than 18? How credible would it be, and how are we going to decide if our children should be vaccinated?"

Vaccines are highly effective in preventing severe illness, hospitalization, and death due to COVID-19. However, even if vaccinated people have a reduced risk of transmitting the disease, it doesn't mean they cannot transmit the disease at all. Wearing facemasks has been recommended even for vaccinated people to minimize the risk of spreading the infection to unvaccinated people. This recommendation was not clear for some members of this community. A participant questioned this decision saying,

"If the vaccine will prevent us from developing COVID-19, why would we continue wearing face masks?"

Some also had a deep-rooted concern about the way vaccines are administered to children. One participant 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 thought that. Someone told me that they 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, people link vaccination to autism and have difficulty trusting vaccine efficacy.

"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?"

Said a participant who had a strong suspicion about the role of vaccines.

Theme 2: Dire need of further information

In the Tesfa program weekly community conversations, members of the Amharic-speaking Ethiopian in King County sought information about unemployment benefits, the nature of COVID-19, vaccination, education, social support, and the stimulus package. Out of 228 total questions raised throughout the sessions, 127 (53.1%) were about more information, including contact addresses of offices or agencies or individuals. The feelings they experienced while facing the system are summarized in the following subthemes.

Subtheme 2.1: Dealing with online application and errors

Routines have changed during the pandemic. Remote working has slowly replaced in-person jobs. Reliance on online interfaces, as opposed to in-person services, also increased. This, in turn, led to a spike in the use of online applications to access services, like unemployment benefits. Online applications, however, can pose challenges for less tech-savvy individuals and communities and create barriers to accessing services. Many members of this community believed they were disqualified because of errors they made during the online application process. One participant, who thought he was disqualified for unemployment benefits because of the wrong answer for one question, said,

"My unemployment application got disqualified because of the 'no' response to a question that asks if applicants have applied for three jobs," and asked, "what shall I do? Do I have to appeal, and how?"

Another participant, who filed for unemployment using the wrong application form, asked,

"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?"

Many participants expressed that minor errors on the unemployment application form prevented them from accessing assistance. Some participants had difficulty filing online applications because their names appear differently on different documents, which they felt could have been solved easily if they were speaking in person with an officer or expert. They also don't know what to do next to correct errors in the online format. While talking about his friend's experience, whose name is not uniformly documented through different documents, one participant said,

"I am asking a question my friend had since he cannot join the Q&A session today. His name on the state ID and his green card is different; just the order of last and first names is changed. He completed the unemployment application form using the name on the ID, which is different from the name on the SSN. As a result, he is not getting unemployment benefits. How could he get support? How difficult is the situation to let him get financial assistance as soon as possible."

Another uber driver participant also asked a similar question,

"I'm an uber driver, and I have filed taxes too. I have changed my name and have difficulty applying for unemployment. They say they want me to go to the unemployment office in person. Is there a resource person who can help me apply for unemployment?"

Subtheme 2.2: Immigration-related support

COVID-19 has also profoundly impacted the immigration system. The COVID-19 related federal response heavily delayed the State Department's overseas visa processing. This has

affected families, as indicated by questions raised and discussed during the Q&A. One participant asked,

"My parents have started the process to bring my siblings from Ethiopia. The process was denied earlier since we were late in responding to the respective office. Now, we want to restart the process and bring them. The application has a deadline, but the embassy in Ethiopia is closed, and they are not doing DNA tests. What should I do?"

There seems to be a suspicion that receiving COVID-19 relief funds might affect the immigration process. A participant who applied for asylum was unsure if getting disaster relief funds would affect his immigration process. He asked,

"I have filed for asylum and am in the process. If I get the Seattle COVID-19 disaster relief fund, will it affect my asylum application?"

Subtheme 2.3: Social benefits and unemployment

Social benefits have been a critical component of alleviating the economic and social crises caused by the COVID-19 pandemic. Social benefits vary from student financial aid, vouchers, meals, or rent assistance. Amharic-speaking Ethiopian community participants wanted to know more about these services. Participants were interested to learn about the financial support for students. A participant asked,

"Which colleges' students are approved to get financial support from United Way?"

Many others were interested in learning about the available social benefits and asked about the eligibility criteria. For example, one participant asked,

"Who deserves to get COVID-19-related social service? Should I stop my job to get some social benefits?"

Some participants who applied and secured the chance to get the social benefits were unsure how to follow up to receive the benefit. A participant said,

"Recently, I won a lottery to cover my monthly house rent from a program that provides relief assistance. They told me they would email my landlord, but she did not receive the email yet," and asked, "what should I do? Whom should I ask? Could it mean I missed the opportunity?"

Even though these social benefits decreased the likelihood of financial crisis for families, undocumented immigrants had minimal options and wondered if any programs existed to assist them. One undocumented immigrant asked,

"I don't have social security, are there any ways I can get assistance?"

The economic disruption of COVID-19 has deeply impacted small businesses. Through the Q&A, targeted refund schemes emerged as an essential tool for minimizing small business crises. However, some Amharic-speaking Ethiopian communities who own small businesses had no information about small businesses benefit programs and asked for the contact

address of the programs discussed during Tesfa programs Q&A sessions. For example, one participant asked,

"Can I get the contact address of the small business owners' 3000 refunds for COVID-19 prevention supplies?"

Subtheme 2.4: Eligibilities with available services

Knowledge of eligibility criteria for various services was critical in accessing different benefits. Out of the 121 information-seeking questions, 19 (16%) were about eligibility to different services available in the area. The eligibility inquiries included a wide range of questions comprising unemployment service, education, social support, and other services. One participant who was not sure about their eligibility for unemployment benefit said,

"I am a new immigrant to the US. I just got my social security and green card and couldn't find a job because of COVID-19. What can I do? Am I eligible for some income?"

Unemployment coupled with a recent move to the area compounded challenges for members of this community.

Uncertainty about the eligibility criteria for services had some people weighing the risk of COVID-19 infection and the cost of living. A woman who was concerned about her husband stopping his job due to fear of COVID-19 said,

"I want to ask about my husband, who is above 65 years of age and quit his job for being in the high-risk category of the COVID-19, if he is still eligible for unemployment?"

Subtheme 2.5: Seeking contact address

The rapid change to virtual/online services only during the pandemic caused a critical hardship among Amharic-speaking communities in King County. Many people did not know how to access resources and navigate the websites of different organizations. As a result, they asked questions about the websites and phone numbers of various entities. A participant who wanted to contact the unemployment office asked,

"I am an Uber driver. Can you please give me the website and the phone number for unemployment benefits?"

In fact, participants struggled to perform basic google searches to find an organization's phone number or contact. Many others asked about websites for different organizations. *"Could you please give us the website for King County rental assistance?"* said a participant who was in dire need of rental assistance.

This was not limited to financial and social resources. It also applied to resources for COVID-19 testing, where people struggled to find a nearby testing center. One participant, who had a travel plan, asked,

"Could you please give us websites of COVID-19 testing centers? Is there a designated testing center for travelers, or is it possible to get tested anywhere?"

Subtheme 2.6: Other issues

While the Tesfa program weekly calls disseminated information about COVID-19 and its impacts on the community, many discussion points tangential or unassociated with the pandemic also surfaced during the community questions and answer sessions. Some topics included questions related to the 2020 census, the 2020 presidential election, and other health issues were raised by participants. These questions described how community members struggled to use various public services and comply with government regulations properly. For example, participants described difficulty with completing the census form and mail-in ballots. Examples of the questions received included:

"Could you please demonstrate to us how to fill the census form?"

"What questions does the census ask?"

"Do we need a stamp to mail a ballot?"

These questions indicate difficulty understanding and unfamiliarity with essential civic processes in the US that could be caused by a language barrier or other communication gap.

Theme 3: Health literacy and misconceptions

Of all the questions raised, 14 (6.1%) were related to SARS-CoV-2 variants, signs, and symptoms and the chance of reinfection; 21 (9.2%) questions were in regards to the COVID-19 vaccine; 5 questions were on other health-related issues.

Subtheme 3.1: The nature of COVID-19

New variants of SARS-CoV-2 have been reported throughout the pandemic as the virus mutates. Information about mutation and variants was concerning and unclear to the Amharic-speaking Ethiopian community in King County. For example, the participant asked:

"Does the virus mutate? Is there any information on how the virus mutates?"

"How is the new SARS-CoV-2 strain different from the old one?"

"Is the new UK COVID-19 variant seen in Washington?"

"How many types of COVID-19 are there? I hear people talking about COVID-19 strains observed in different places?"

Many participants also expressed questions and concerns about COVID-19 symptoms and how they impact vulnerable populations. Symptoms can appear between 2 to 14 days after exposure to the virus.s. Participants asked:

"What are the common symptoms observed among hospitalized COVID-19 patients?"

"How long does it take for someone to recover from COVID?"

"Is the severe form of COVID, i.e., MISIC affecting children present in Seattle? What age are children being affected?"

Participants were also curious about COVID-19 immune responses. Individuals who recover from COVID-19 have a rare chance of reinfection because they maintain antibodies produced in response to their first infection for months which support immunity. However, they can spread the virus. Participants asked:

"How likely is the chance of acquiring COVID for the second time? Could a COVID-19 infected but recovered person transmit the infection? What does antibody-positive" mean?"

On October 22, 2020, the FDA approved Remdesivir, a drug that treats individuals 12 years of age and above, weighing at least 40 kg, with COVID-19 infection that requires hospitalization. A participant, frustrated about the availability of treatment, asked the clinician co-host:

"My question is about the COVID medicine called Remdesivir; I hear that there is a shortage of that drug. Did you experience any shortage of that drug in the hospital where you work?"

Subtheme 3.2: COVID-19 Vaccine

Researchers began developing COVID-19 vaccines from the beginning of the pandemic and thousands have participated in clinical trials to ensure its safety and effectiveness. The Tesfa program's Q&A session participants were eager to learn about vaccine development. Participant asked:

"How is the COVID vaccine research going on? At what level is its progress?"

"Who is eligible to take the vaccine? When will the COVID-19 vaccination start? Are African Americans and Asians getting the vaccine first?"

"Will taking the vaccine be enforced in the future? Would unvaccinated people be prohibited from flying, going back to work, church?"

Based on the results, the FDA has authorized Moderna and Pfizer-BioNTech for the American public in December 2020 and Johnson & Johnson in February 2021. Before everyone became eligible to receive it, one Amharic-speaking participant asked, *"Why isn't everybody getting a vaccine?"*

Other concerns raised about the vaccines were overdose and side effects of the second dose of the vaccine. In the discussion sessions, the effectiveness of one and two doses of Moderna and Pfizer vaccines were discussed. Participants asked:

"I heard that the Moderna and Pfizer vaccines have an efficacy of 85% or more during the first round. What is the side effect when we take the second dose? Don't you think it would be an overdose to take the second dose?"

"Is a person who contracted COVID before expected to get the vaccines? Doesn't the prior infection protect from reinfection?"

"Some people are getting sick after the second dose of vaccine; why is it?"

When Johnson-Johnson was suspended in April 2021, the Tesfa program Q&A session expressed their concern about vaccines.

"Some community members are skeptical about getting vaccinated, especially after the Johnson & Johnson blood clot side effect and its suspension. What do you say to these people?"

"How is the efficacy of Johnson & Johnson different from the other vaccines?"

Subtheme 3.3: Other health-related issues and misconceptions

Mental health, domestic violence, language translation services, and health insurance were health-related topics raised by participants in the Tesfa Program that transcended the pandemic. Communal misconception on the topic of mental health was thoroughly addressed. Culturally, people connected mental health with evil spirits and sometimes failed to seek proper medical care.

"What do you advise some families who prohibit their family members with mental health issues from taking their medicine?"

"Some people worry about seeing mental health issues documented in the record of children since the children may notice that when they get older. Due to that, they refrain from seeking mental health care for their children. Could you please advise?"

Similarly, confidentiality and other cultural barriers have been raised as constraints to seek support. When a panelist from the Somali community shared their experience on domestic violence, a woman who was worried about the long-standing cultural barriers said:

"In our culture, domestic violence and mental health need confidentiality. How does the Somali community break the cultural barrier and let people open up to discuss their problem to counselors freely?"

People also had concerns about the language translation service they received. Although the availability of language translation in the medical system is essential, people question its level of confidentiality.

"...We want to talk to the doctor directly; we don't want to tell all secrets to the translator," said a woman who was worried about the way the service is delivered.

Clients' feelings on the language performance of interpreters were also a concern. One participant said,

"I am a diabetic patient; when I want to discuss with my doctor, I always ask for interpreters. But one day, I found a Somalian acting as an Amharic interpreter; he was not giving me the translation I required. I had a challenging time. There should be people who can perfectly speak Amharic."

The pandemic also urged people to get health insurance, and many people asked questions about possible ways they could get health insurance for themselves and their families. Participants asked:

"My husband has no insurance; how can I get it for him?"

"Do pending asylums qualify for Obama care?"

Theme 4: Remote learning and social support challenges

Thirty-one (13.6%) questions were related to education themes such as financial aid, college admission, before and after school programs, lunch, admission, and school lunches. Fourteen (6.1%) questions were related to how to get social benefits.

Subtheme 4.1: Virtual class challenges

One of the most significant impacts of COVID-19 was its effect on the education system, and all classes were conducted virtually from March 2020-June2021. Amharic-speaking parents and students in King County struggled with this transition and related stressors. Parents were confused and concerned about how to track their children's performance. One participant said:

"How could we know students are understanding what they are learning and follow their educational performance while they are learning from home?"

Parent's comfort with using technology essential for online learning was also noted as a critical problem:

"I am a mother of middle schoolers, and I used to know their teachers. But this time, the communication is via email, which requires 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?"

"I have a child who was promoted to 6th grade. He is learning from home due to COVID, but he does not understand how to use the computer; when I asked him why, he told me that he would be happy and better understand when he is with other students. What should I do? How could I help him understand better?"

The language barrier was a major constraint to parents who wanted to support their students at home. Three mothers, through an interpreter, said:

"We do not have the capacity to teach our kids at home and resources that speak our language. I am worried, and I don't think my son would catch up last spring; I think I am dealing with the same situation this year, and I have the language barrier to communicate. For example, if the internet goes out, and I don't have the skill and the language to fix it, the day will pass without my son attending the classes. Likewise, if my son needs academic support, would I get a chance to speak with an Amharic speaker to get across what I want?"

Parents became more concerned about their children's education during the pandemic and wanted to know more about supporting them. A mother who wanted to understand her child's grade asked panelists from Seattle Public School,

"The grading system is different from Ethiopia's grading system. In Ethiopia, everything is out of 100, but it is 1-4 here. I barely understand the performance of my child. Can you please send the hard copy of the grade report [including what it means] of each student to the families?"

Families were also worried about their children's zoom fatigue and sought solutions to solve it:

"My children are bored of remote learning, and sometimes we quarrel with each other due to that. What do you advise us on that?"

These challenges substantially impacted parent-child relationships, and people requested resources to strengthen parent-child relationships. The changing or poor academic performance of their children was also an issue parents faced. One parent asked:

"I am a mother of twin boys who had a strong academic performance and social connections in middle school. Now they are transitioning to high school. Regardless of their strong background, my sons struggled to connect and academically cope in these virtual classes socially. What ways are there to help my sons get connected with their peers and get academic support?"

The issue was more pronounced among parents who had disabled children. One of the mothers said:

"I have a child with mild autism, and he is poor at school. He did not attend well in the last spring quarter. How can we help this type of student with special needs when they learn from home?"

Subtheme 4.2: School financial aid

The prominent school-related financial resource raised in the weekly calls was the school feeding program. School feeding programs are essential components of education for low-income people. Parents who would get support through that platform have frequently sought help to understand how this financial support changed during the pandemic. One of the P-EBT (Pandemic Electronic Benefits Transfer) programs was the primary focus area for most participants. Parents asked:

"For low-income people whose children would get free school lunch, what financial support is available to replace or augment the free lunch service?"

"Will the P-EBT continue in the coming Fall quarter for the students?"

"My question is about P-EBT. Does it include preschool children, or does it include only KG and above?"

"Who is eligible for school feeding support explained in the presentation? Is it for those who were registered before, or can it include new students?"

Conclusion

During the COVID-19 pandemic, Amharic-speaking residents of King County experienced economic, social, and systemic challenges that substantially impacted their living conditions. In addition to the language and cultural struggles, this community faced radical livelihood transitions that were a shocking experience for many people. Community members craved information, financial support, and other benefits that could relieve the crisis they faced. When community members did receive support, poor customer service and/or their unfamiliarity with the US system led them to seek more help and feel neglected and less supported. Community needs for financial and social support and how they received those supports were different. People preferred to communicate with service providers via phone calls and speak directly to individuals instead of automated systems or internet forms. The reason for not preferring the internet-based forms is primarily related to unfamiliarity and

lack of technical skills. Failures to access services in the way they desired made them feel like outsiders whose problems were overlooked by the public health and social service providers. The Tesfa Program Q&A sessions raised many misconceptions on COVID-19, vaccination, and other health topics. As observed from some of the questions raised in the discussion sessions, conspiracy theories, fake news, and misinformation had a non-ignorable contribution in driving the orientation of the community.

Technology literacy immensely contributed to the anxiety and confusion that abounded in the community. Overall, the way the public health and social service systems render information and deliver services to the community did not satisfy a considerable proportion of Amharic-speaking immigrants. A system that bridges the gap until people completely transition to the usual US system would substantially improve the immigrant community's health and quality of life.

Recommendations

- **Provide expert guidance and support on services that require an online application:** In most discussion sessions, especially related to unemployment benefits, the questions were related to online applications and associated errors. Improving the technology literacy of the public through different training packages and having expert guidance or support, such as from the Ethiopian Community in Seattle, could help decrease the struggle of this community with the US social and public health systems. In addition, adjusting the system to allow for more in-person and/or over-the-phone services could minimize the overwhelming confusion related to online applications.
- **Develop communications and outreach programs, including social workers, who can help Amharic speakers navigate education and relief resources:** Many participants were unaware of available social supports, even if the participants seemed desperate for support. Participants of the Q&A sessions thanked the host and panelists for providing detailed information on social programs and asked for the contact addresses of the resource centers. Social workers who can help this community navigate the systems and receive specialized support will improve the experience, health, and wellbeing of this community. Continuous training and information sessions on the available social resources will potentially benefit people. Furthermore, governmental and non-governmental organizations would serve better if they provide opportunities for this community to give input around social service delivery so the systems can be friendlier to immigrants.
- **Tailor health messages to increase awareness and combat confusion.** Doubt and misperception about health information and the system were pervasive. The Vaccine and COVID-19 related conspiracies had negative impacts on this community. Tailored health messages that address community concerns, fears, and questions in the languages they can understand can help correct the misinformation. Designing a system that could continually address the health information needs of the community will have an enormous impact on minimizing the negative effects of fake news and improving the public's health awareness.
- **Directly address misinformation and conspiracy theories.** There is a wide range of health misconceptions. Programs and Public Health interventions that address myths and conspiracy theories will correct misperceptions before they are entrenched and improve health awareness in this community.

- **Study and develop interventions that support transitioning immigrants to the US:** A way to smoothly transition community members, such as the new immigrants, into the system could help overcome challenges for people accessing social systems (healthcare, financial support, education services). Participants experienced a wide range of challenges because they couldn't properly use available services. Programs that strengthen people's understanding of the system need more attention.
- **Improve language translation services and expand offerings for language translation services:** Providing information in a person's native language will increase understanding and may increase people's trust and acceptance. Language translation alone is not solving the wide range of problems experienced by non-English speaking communities. Participants in the Tesfa Program noted credibility concerns about the service. As a result, assistance beyond the language translation is needed to familiarize those immigrants with the US system. The trust people have in their respective language translators needs to be regularly monitored. More specifically, validating the quality of care people get through the language translator service by comparing it with the service they get with a physician speaking their native language might help design better alternatives that could improve the quality of medical care.