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LIVED EXPERIENCES OF AMHARIC-SPEAKING ETHIOPIAN COMMUNITY MEMBERS: ANALYSIS OF TESFA PROGRAM'S Q&A WEEKLY SESSION DATA

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

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BACKGROUND

The COVID-19 pandemic has caused millions of cases of severe disease and death since December 2019. By June 2021, more than 40 million cases and more than 600,000 deaths occurred in the United States, with ethnic minorities and immigrants disproportionately bearing the impacts of the pandemic (1). Amharic is one of the major languages other than English spoken in the Seattle area. According to the 2014 US Census, the number of Ethiopian-born residents in King County ranked third in the country (2). Language, socioeconomic, and other communication barriers have hindered community members from coping with the dramatic changes to their livelihoods caused by the COVID-19 pandemic.

The Tesfa Program conducted a survey in the spring of 2021 to examine the sociodemographic characteristics, technology literacy and access, language skills, sources of trusted health information, and experiences and impact of COVID-19 of Amharic-speaking Ethiopian communities living in King County. The survey's goal was to better understand the community's experiences during the pandemic and determine how future public health and social service efforts might better engage them. This report summarizes results from the Tesfa Program survey, conducted among Tesfa Program participants from the Ethiopian community in King County between April to May 2021 (n=173). The survey results informed the design of the Tesfa Program's outreach and engagement toolkit to improve the capacity of agencies that serve the Ethiopian community in King County. We hope this survey will serve as a basis for future studies that consider immigrant communities.



RECOMMENDATIONS

The following recommendations are based on the results of the survey:

Tailor and test health messages for this community that consider appropriate language, cultural norms, and accessibility.

Most survey respondents from the Ethiopian community in King County were in the labor force and had lower education and household income levels. Many respondents were frontline workers who could not work remotely and took risks to avoid socioeconomic hardship during the pandemic. Respondents indicated struggles with housing, child care, and food security that also contributed to their struggles during the pandemic. Thus, specially tailored health messages on platforms commonly accessed by this community will be more impactful at supporting community health. Future interventions should consider that almost all of the respondents have access to a cellphone and/or computers and the internet, and more than half of the respondents used virtual handouts (70.5%) and social media articles (51.4%) to learn about the COVID-19 test.

Provide free transportation services to vaccination sites, paid work leave or financial incentives for vaccination, and more accessible mechanisms for making vaccine appointments for this community.

37% of survey respondents struggled to make a vaccine appointment or get to a vaccination site. Given the disproportionate burden of Covid-19 on this community, special accommodations should be made to improve access to vaccines. In addition, future initiatives should avoid fully online registrations for vaccination and provide a walk-in option to promote access.





Health information messages should be in Amharic and feature members of the Amharic-speaking community.

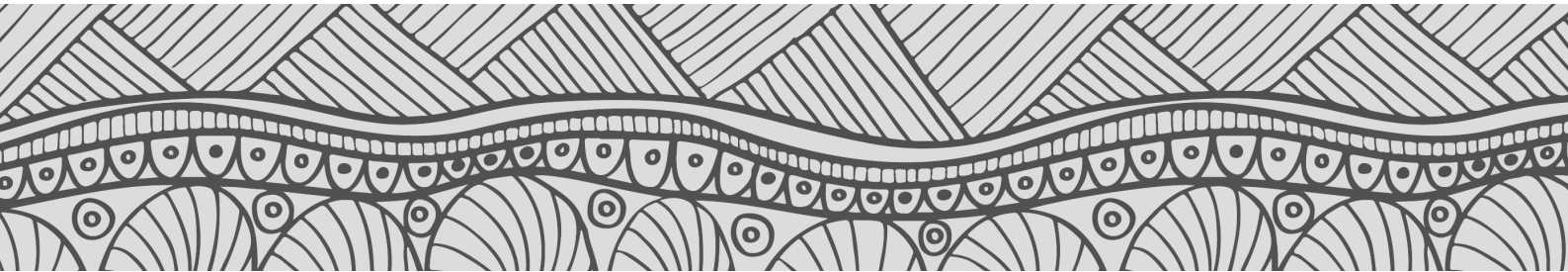
Survey respondents trusted health information from Amharic-speaking Ethiopian community members, and about one-third were not comfortable writing/ reading English. Therefore, health information targeting this community would have more influence if prepared in Amharic and featured Ethiopians. Repeated and targeted health education might be helpful to refute conspiracy theories by increasing perceived susceptibility, severity, and benefit. Lower English literacy rates among survey respondents may indicate higher susceptibility to misinformation like anti-vaccine conspiracy theories. Efforts should be made to combat misinformation with messages from trusted, community-specific sources.

Disseminate targeted health information on community-accepted online platforms for a broad reach, but provide an option for person-to-person support.

The vast majority of the survey respondents had computers, cell phones, and internet access, and most were comfortable using a computer. While this may represent an overestimation for the community as a whole (given the survey was provided online), it indicates general comfort with accessing information online. Online information should make use of videos and graphics to help readers better navigate the site. Long paragraphs of text should be avoided. Given language challenges and the complexity of health information and services, we strongly recommend supplementing online materials with communication options that allow for person-to-person dialogue to clarify information, respond to questions, and help navigate complex systems. Examples include call centers and office hours.

Utilize Facebook, Viber, Telegram, and WhatsApp to reach this community.

The majority of survey respondents used Facebook, Viber, Telegram, and WhatsApp for communication and learning about current events. It is worth noting that other popular social media applications such as Instagram and TikTok were not commonly used, according to survey respondents. Thus, public health information dissemination with a targeted social media strategy may be highly effective but should be tailored for this population.





Leverage trust in public health institutions, specifically the Washington State Department of Health (DOH).

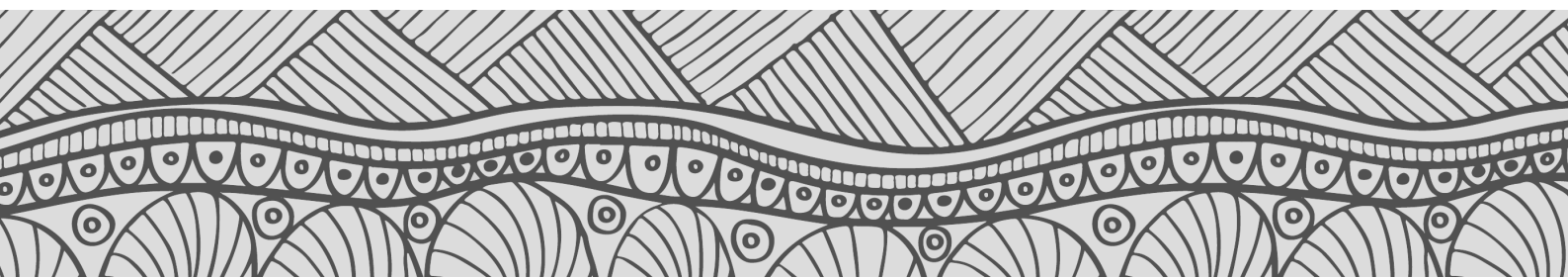
Survey respondents from the Amharic-speaking Ethiopian community indicated high levels of trust in information sourced from DOH. Health information that comes from the Department of Health (DOH) should be translated and tailored to fit this community.

Online health information materials should be available in virtual PDFs that don't need to be downloaded.

Survey respondents indicated difficulty with downloading PDFs from the internet. One interpretation of this challenge may be that many community members access the web on cell phones and downloads affect cell phone data charges. Future interventions should consider using virtual PDF files to increase accessibility.

Health education and promotion targeting this community should consider socioeconomic status, feasibility, and practicability.

The prevalence of COVID-19 was high in our survey respondents and indicated a disproportionately high number of COVID-19 cases among Amharic-speaking community members. Thus, health information disseminated on preventing disease and the importance of taking necessary precautions in this community will have paramount significance in lowering disease incidence. Many respondents were essential workers with jobs that require people to be physically present in the workplace, placing additional risk on respondents. Members of this community who took the survey also reported lower income levels and larger household sizes, posing challenges for people who need to be isolated from other family members due to potential exposure to COVID-19. Health education and promotion targeting this community should consider the feasibility of recommendations in communications for its targeted audience. Thus, unless the strategies to prevent diseases are well-considered, proposed harm reduction interventions may be unrealistic (e.g., strict social distancing or isolation).





Prioritize support for accessing unemployment benefits and navigating other financial resources to prevent pandemic-induced mental health issues due to financial hardship.

The COVID-19 pandemic disproportionately impacted the economic and employment outlook of this community. The pandemic was a double burden- it laid-off workers and exacerbated financial problems. Many members who maintained employment were frontline workers who were at higher risk of contracting COVID-19.

Provide training and professional counseling services to expand job opportunities to this community.

Improving the socioeconomic status of this community can improve the general health and financial stability of its members.

Aims of the Survey

The survey aimed to describe sociodemographic characteristics, sources of trusted health information, technology utilization and access, and the impacts of COVID-19 on the Amharic-speaking residents of King County.



SURVEY METHODS

Design: A survey was conducted among Amharic-speaking Ethiopian communities living in Washington State, USA.

Study population: All adult Ethiopian descendants who can speak Amharic living in Washington State were eligible to participate in the survey, although the majority of the respondents identified as King County residents.

Sampling technique: The survey link to the online questionnaire was texted weekly to 300+ Tesfa Program participants and their network referrals, based on those who had not yet completed the survey. The Tesfa team also called each number on the list, offering to either conduct the survey over the phone, send a new survey link via text or email, or take the member off our contact list. Note: For less than 12 hours, the survey link was posted on Tesfa's Facebook and Instagram pages (see "Data Collection").

Study period: April 11 to May 15, 2021.

Data collection: The survey material was prepared in English and translated into Amharic. It included questions about sociodemographic characteristics, internet access, technology - computer and cellphone accessibility and usage, language skills, sources of health information, and the health and economic impacts of COVID-19. Initially, the English and Amharic versions of the survey were used to collect data online. However, within the first few hours of launching the survey online, the team noted a large number of scam responses. The program team took the survey offline immediately and posted only the Amharic version of the questionnaire with limited access. We also collected information from 14 participants using interviews over the phone using fluent Amharic speakers with training on how to administer the questionnaire over the phone. In total, 173 Amharic speakers in Washington State completed the survey.

Analysis technique: We used R statistical software for analysis. We used appropriate measures of central tendency and dispersion, based on the nature of the distribution, to summarize continuous variables and frequency distribution for categorical variables. Tables and graphs were used to present the results.



RESULTS

1.1 Sociodemographic characteristics

A total of 173 Amharic-speaking individuals living in Washington State participated in the survey. About two-thirds of respondents were 35-54 years of age; 60% were female; about 84% were Orthodox Christian followers; only 3% were born in the USA; 67% of the households had children under 18 years of age, and more than 75% of the households had three or more members (Table 1).

Variable		Frequency	%
Age in years			
	18-24	7	4.40%
	25-34	27	17.10%
	35-44	51	32.30%
	45-54	46	29.10%
	55-64	23	14.60%
	66+	4	2.50%
Religion			
	Orthodox Christian	139	83.70%
	Muslim	8	4.80%
	Protestant	12	7.20%
	Others	7	4.20%
Native language			
	Amharic	140	84.30%
	Guragigna	10	6.00%
	Tigrigna	10	6.00%
	Oromiffa	6	3.70%
Birth country			
	USA	5	3.10%
	Ethiopia	151	93.20%
	Other	6	3.70%
Age when immigrated to the USA			
	As a child (<20)	23	16.10%
	20-49	112	78.30%
	>50	8	5.60%
Household size			
	1-2 people	38	23.30%
	3-4 people	64	39.30%
	> 5 people	61	37.40%
Family members living in a household			
	Children	115	66.50%
	Parents	18	10.40%
	My grandchild	3	1.70%
	My nephew(s)/niece(s)	9	5.20%
	My sibling(s)	12	6.90%
	Spouse/significant other	80	46.20%
	My in-laws	7	4.00%

Table 1: Socio-demographic characteristics





1.2 Education and income

About 93% of respondents attended formal school in Ethiopia, and 50% attended formal school in the USA. About 60% of the households had a monthly income of less than \$3,500 (Table 2), and 14% of them worked in professional or managerial level positions.

- Of the 108 (63.2%) respondents who provided information about their occupation, one-third of them were employed as drivers or were on janitorial services (Figure 1).

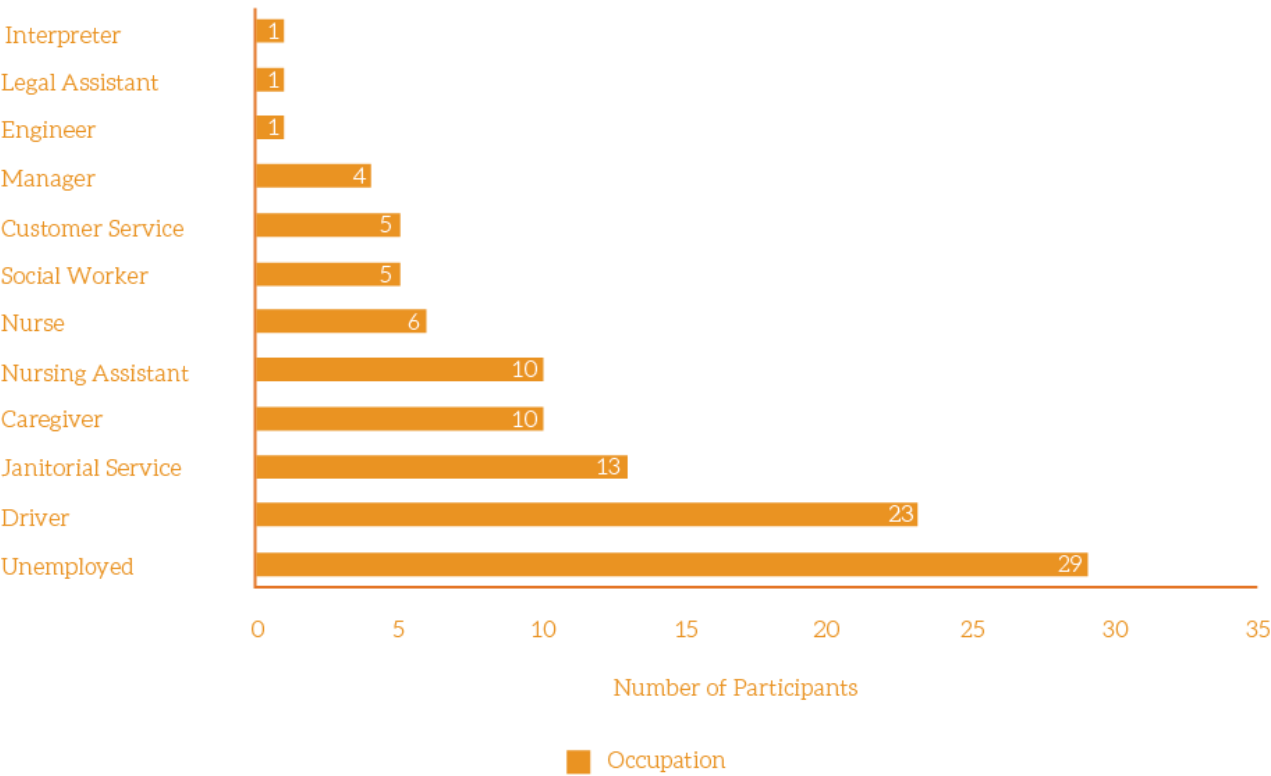
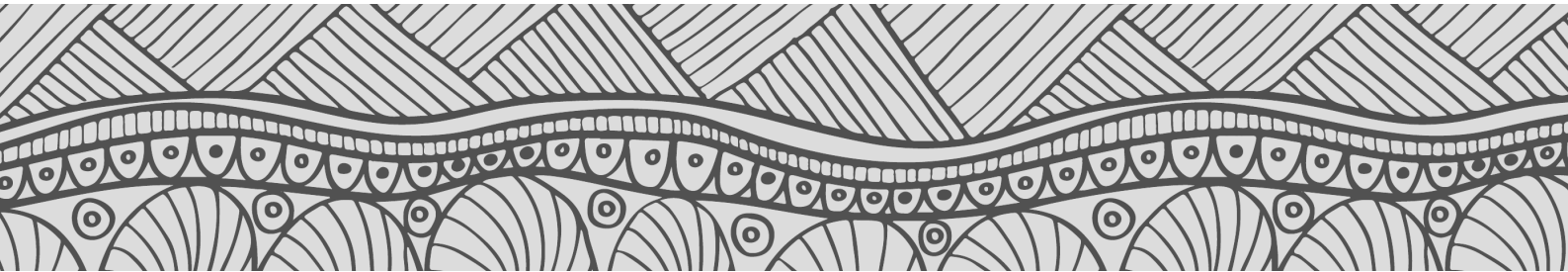


Figure 1: Occupation of participants





Variable		Frequency	Percent (%)
Highest level completed in Ethiopia			
	Primary school	15	10.40%
	Some secondary school	13	9.00%
	Secondary school	56	38.90%
	College, university, etc	59	41.00%
Highest level completed in the USA			
	Less than high school	7	9.20%
	High school or GED	9	11.80%
	Associate degree/trade school	21	27.60%
	Bachelor's degree	16	21.10%
	Master's degree or higher	12	15.80%
Household monthly income			
	\$0-\$500	8	5.8
	\$500 - <\$1500	27	19.4
	\$1,500 - <\$2,500	30	21.6
	\$2,500 - < \$3,500	19	13.7
	\$3500+	28	20.1
	Preferred not to report	27	19.4

Table 2: Education and income of participants (household)

1.3 Language skills

Approximately 85% of respondents were native Amharic speakers; 95% were comfortable reading in Amharic, and about 74% were comfortable reading material written in English (Table 3).





Variable		Frequency	%
Reading in English	Not comfortable	1	0.60%
	Somewhat comfortable	42	25.90%
	Comfortable	56	34.60%
	Very comfortable	63	38.90%
Writing in English	Not comfortable	2	1.20%
	Somewhat comfortable	42	25.80%
	Comfortable	58	35.60%
	Very comfortable	61	37.40%
Speaking in English	Not comfortable	0	0.00%
	Somewhat comfortable	60	37.00%
	Comfortable	51	31.50%
	Very comfortable	51	31.50%
Reading in Amharic	Not comfortable	5	3.10%
	Somewhat comfortable	6	3.70%
	Comfortable	26	16.00%
	Very comfortable	125	77.20%
Writing in Amharic	Not comfortable	5	3.10%
	Somewhat comfortable	7	4.30%
	Comfortable	22	13.60%
	Very comfortable	128	79.00%
Speaking in Amharic	Somewhat comfortable	6	3.80%
	Comfortable	21	13.10%
	Very comfortable	133	83.10%

Table 3:Participants' Language skills

1.4 Cellphone and computer accessibility

Almost all respondents (99%) had a cellphone for personal use; about 98% of them also had internet access.

- The vast majority (88%) had a computer with internet access, of whom 95% were at least somewhat comfortable using a computer (Table 4).
- About 60% of respondents would use a computer to get health and medical-related information, and 74% would use a cellphone for the same purpose (Figure 2).



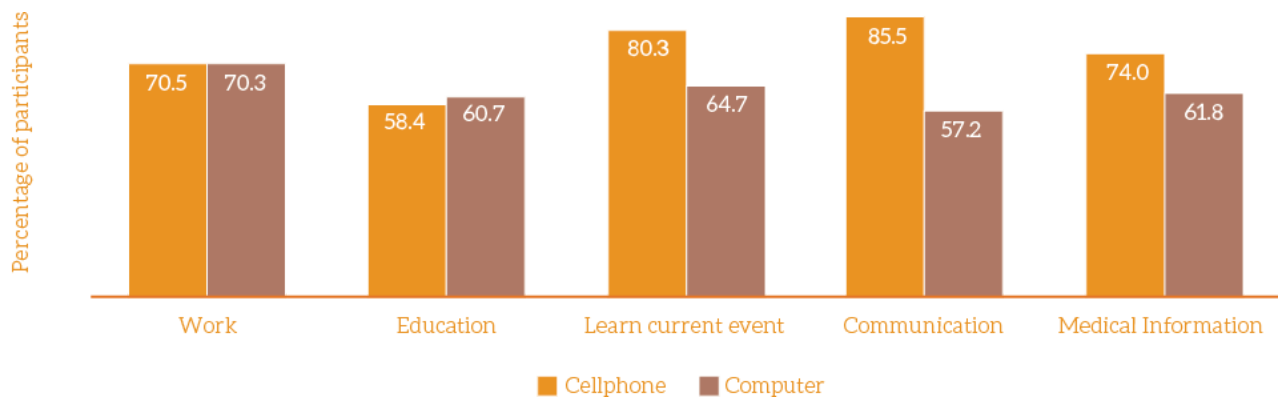


Figure 2: Use of cellphone and computer

Variable		Frequency	%
Have internet access at home		164	97.60%
Have cell phone for personal use		165	98.80%
Uses cellphone to access the Internet		160	97.60%
Current phone plan			
	Monthly data plan	124	76.10%
	Per data usage	21	12.90%
	Other	18	11.10%
Have a computer with internet access		147	88.00%
School supplied computer		32	21.90%
Computer use comfort level			
	I don't know how to use	8	4.8
	Somewhat comfortable	59	35.3
	Comfortable	100	59.9

Table 4: cellphone and computer accessibility and use





1.5 Internet communication

Nearly all, 96.4% (161/173), respondents have email, and 94.0% use social media; Facebook (67.1%), Viber (65.9%), Telegram (58.4%), and WhatsApp (57.2%) (Figure 3). About 20% of respondents are not comfortable downloading files, applications, or programs on a phone or computer (Table 5).

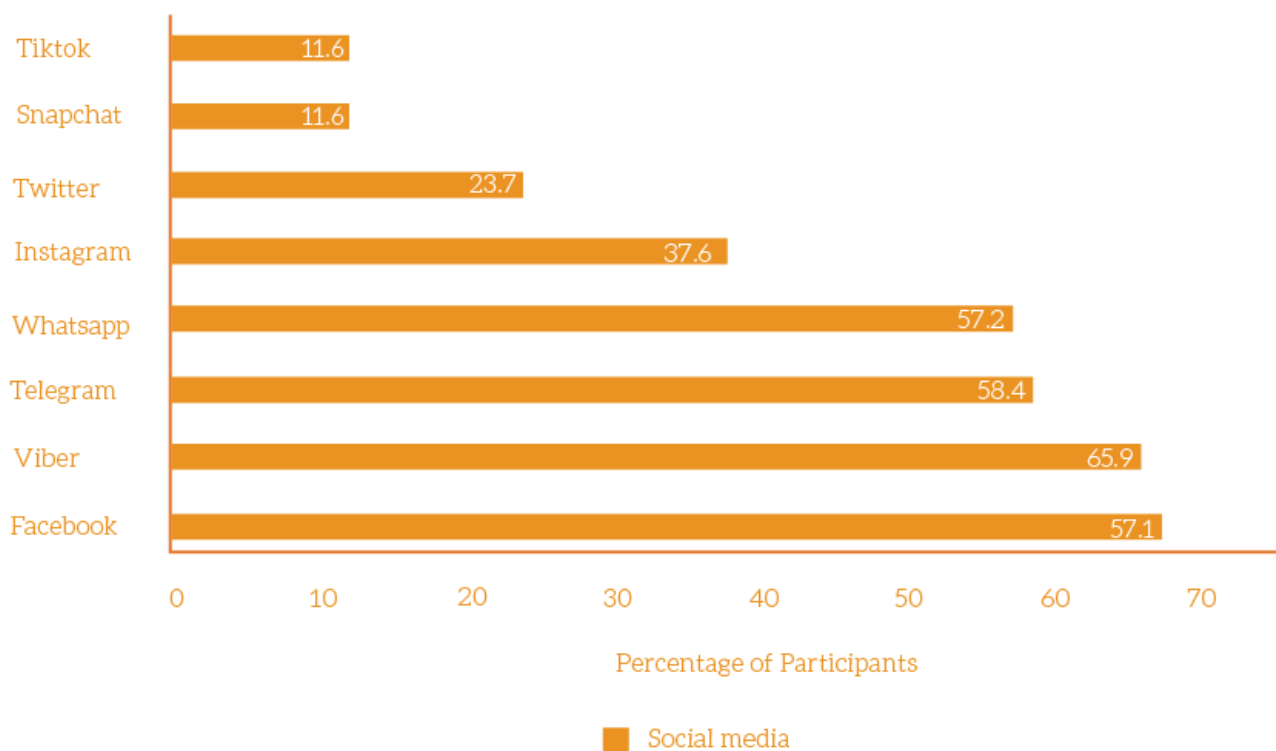
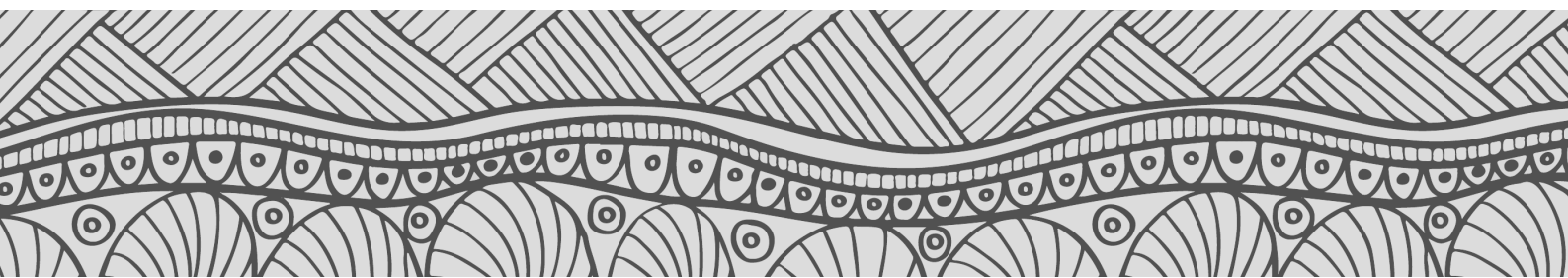


Figure 3: Top social media use





Variable		Frequency	%
Comfortable in joining			
	Online webinar on Skype or Zoom	149	92.00%
	Finding and getting information from the Internet	157	97.50%
	Downloading files from the Internet	130	81.20%
	Creating and sending an email	156	96.30%
	Sending and opening attachments in an email	149	92.00%
	Downloading a new application or program on a phone or computer	126	80.30%
Communicate with friends and family			
	Phone	162	93.60%
	Text message	125	72.30%
	Email	106	61.50%
	Viber	125	72.30%
	Telegram	97	56.10%
	WhatsApp	104	57.20%
	Social media (Facebook, Instagram, Snapchat)	76	43.90%

Table 5: Internet communication

1.6 Health-related information

About 83% (139) of participants had health insurance. Almost half, 45.2% (71/157) of the participants had at least one family member test positive for COVID-19. About 65% (107) of respondents said they would more likely trust COVID-19 vaccine information if it comes from an Amharic-speaking Ethiopian community member.

One respondent reported that seven of their household members tested positive for COVID-19, the survey answer's maximum for COVID-19 cases in a household. More than half of respondents (57.7%) were already vaccinated by mid-May 2021, but 37% of respondents had difficulty getting to a vaccination site and signing up to get the vaccine (Table 6).





More than half of the respondents used virtual handouts (70.5%) and social media articles (51.4%) to learn about the COVID-19 test (Figure 4). Public health/Department of Public Health is the only health information source trusted by more than 50% of the respondents (Figure 5).

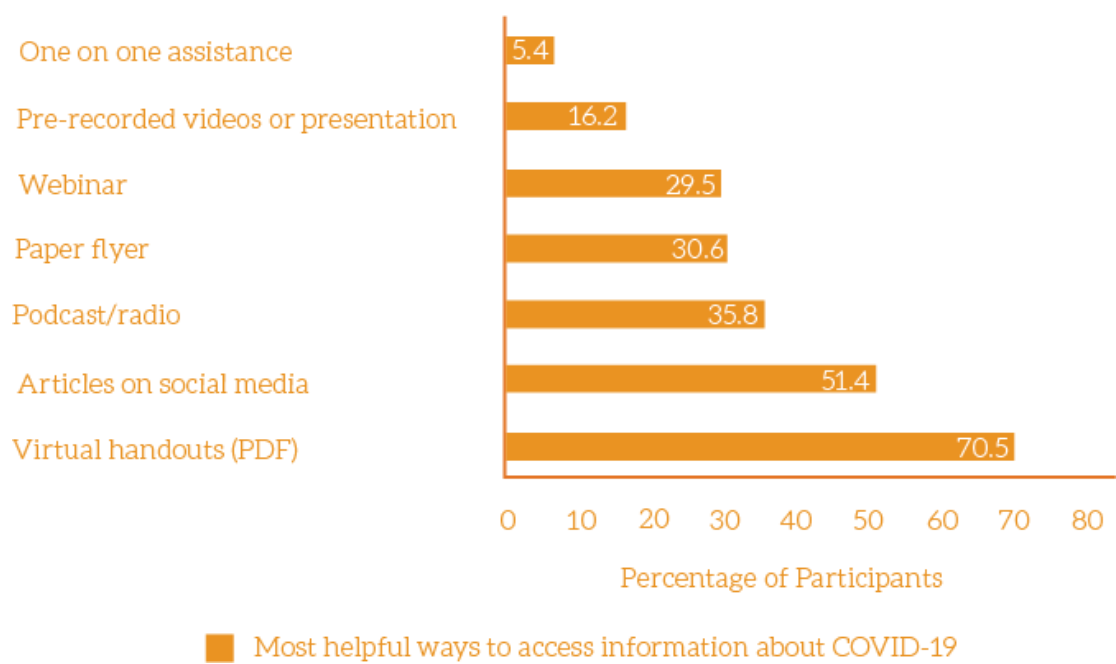
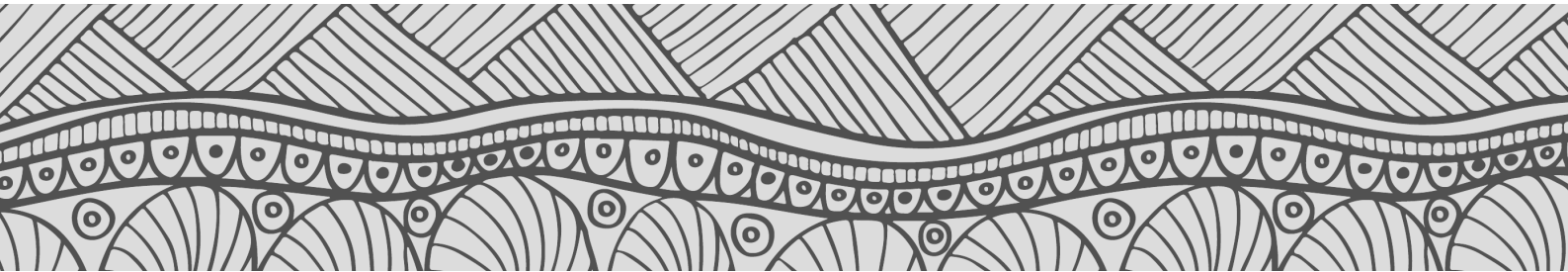


Figure 4: Best way to learn information about the current COVID-19





Variable		Frequency	%
Type of health insurance			
	Medicaid	21	15.10%
	Medicare	62	44.60%
	Through employer	56	40.30%
How many households had COVID-19?			
	0	86	54.80%
	1-2	36	22.90%
	3-4	21	13.40%
	> 5	14	8.90%
Trust the government approval process to ensure the COVID-19 vaccine is safe for the public			
	Full trust	70	42.40%
	Mostly trust	55	33.30%
	Somewhat trust	39	23.60%
	Do not trust	1	0.60%
How difficult was it to and a vaccination site and sign up to get the vaccine?			
	Very difficult	5	5.30%
	Somewhat difficult	30	31.90%
	Not difficult at all	59	62.80%
Likelihood of vaccinated			
	Already received the vaccine	89	54.30%
	Absolutely certain	36	22.00%
	Somewhat certain	28	17.10%
	Not likely	11	6.70%

Table 6: Health-related information

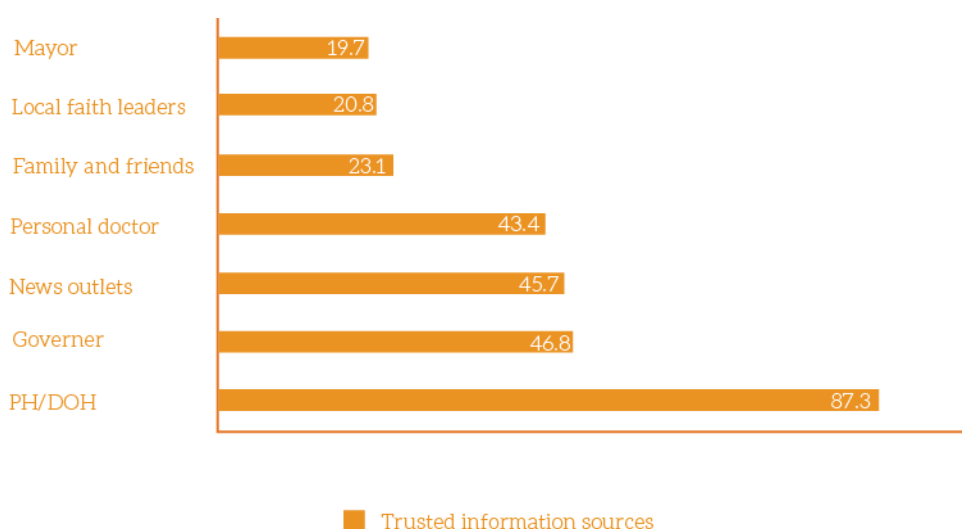


Figure 5: Trusted health information sources





1.7 Impact of COVID-19 on household income

The COVID-19 pandemic changed the total household monthly income of 68.9% of respondents. Among 62.6% (102/163) of respondents, at least one household member lost employment due to the COVID-19 pandemic, and 92.2% (94/102) applied for unemployment benefits. About 88.3% (83/94) received unemployment benefits. Only 15% reported no difficulty applying for unemployment benefits (Figure 6-8).

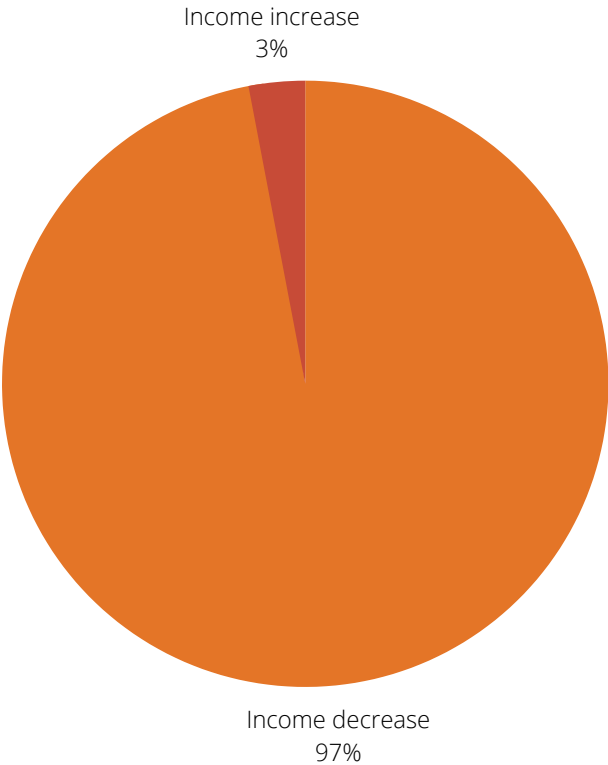
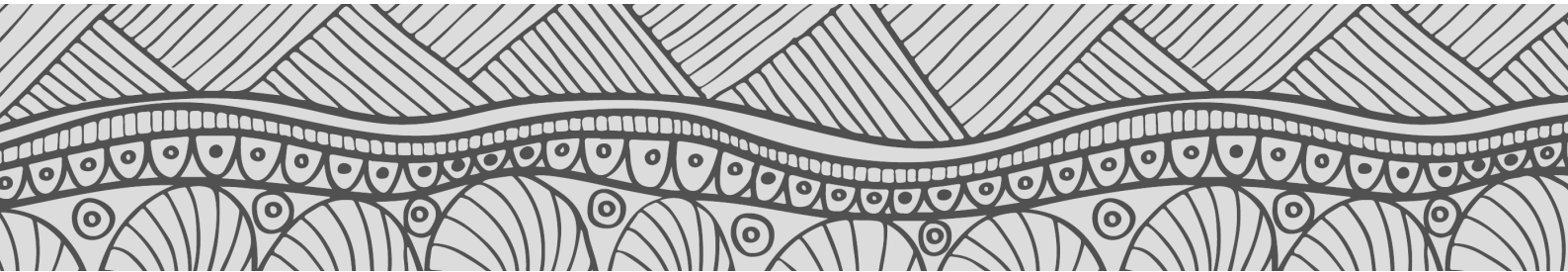


Table 6: Health-related information





Reasons for not applying for unemployment benefit

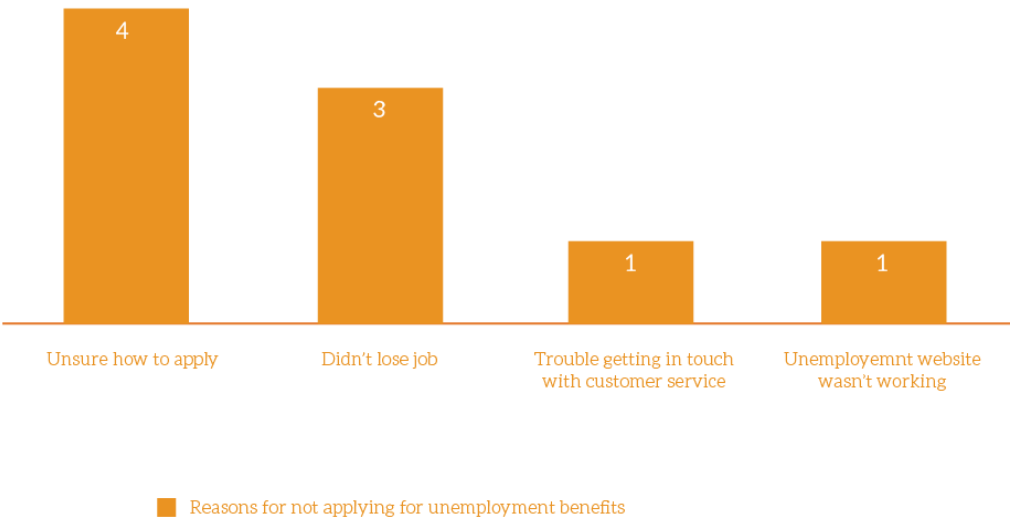


Figure 7: Reasons for not applying for unemployment benefit

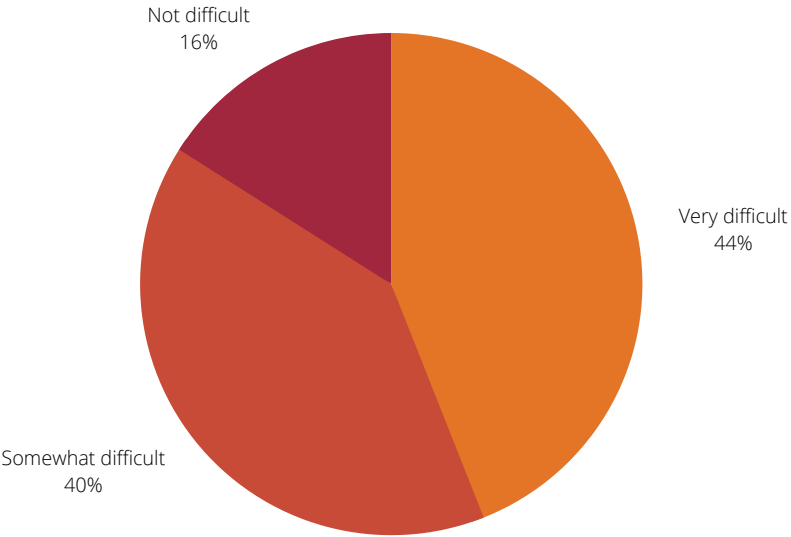
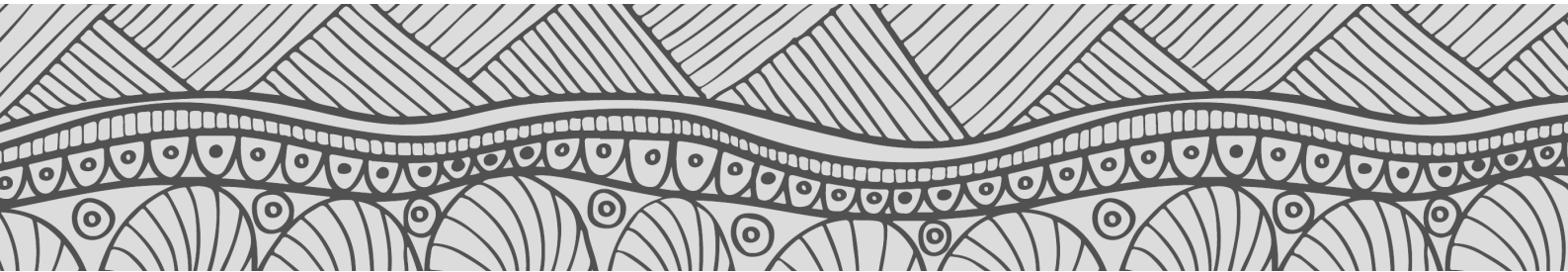


Figure 8: Difficulty of applying for unemployment benefit




DISCUSSION

The vast majority of participants took the survey online. Thus, we believe responses regarding access and ease of use for technology are likely to overestimate the community's overall ability and comfort with technology. Similarly, we expect that this survey may overestimate the socioeconomic status, levels of education, and language skills of the Amharic-speaking community, given that the most disenfranchised members of the community (those without access to the internet in this case) did not respond to the survey.

Yet, our team believes certain findings may be more broadly applicable than the results indicated by the survey. About 60-70% of the respondents indicated they were comfortable or very comfortable in reading, writing, and speaking in English. Thus, health and medical information prepared in English might not reach more than 30% of the population. More than 90% had formal education in Ethiopia, and 18.5% had earned at least a four-year degree in the US. On the other hand, 36.7% of Washingtonians had at least a four-year degree in 2018 (3). This indicates that Amharic-speaking Ethiopian community members living in King County have lower educational attainment than the average citizen, impacting their occupation and household income.

Only 20% of participants reported an annual household income of above \$42,000. The income is consistent with prior reports of the median annual income of the Ethiopian diaspora being \$36,000 (1). In stark contrast, the median annual household income in Washington state in 2019 was \$78,687. About 45% of the respondents have an income close to or less than the poverty level for four-family households - \$26,500 (4). Thus, the Amharic-speaking Ethiopian residents in King County have a lower income and lower levels of educational attainment than the general Washingtonian (5). People who are low-income disproportionately suffer from health problems because of barriers to care that include insecure housing, child care, and food insecurity. Similarly, lower levels of education are associated with poor health outcomes (5). This population would benefit from health messages tailored to their specific needs. Public health messaging targets the greatest number of people, meaning the messaging may not reach those on the margins. Thus, tailored, culturally appropriate messages that resonate with the day-to-day experiences, values, and challenges of this population could help to maximize the Ethiopian community's comprehension of public health guidance and positively influence health behaviors.

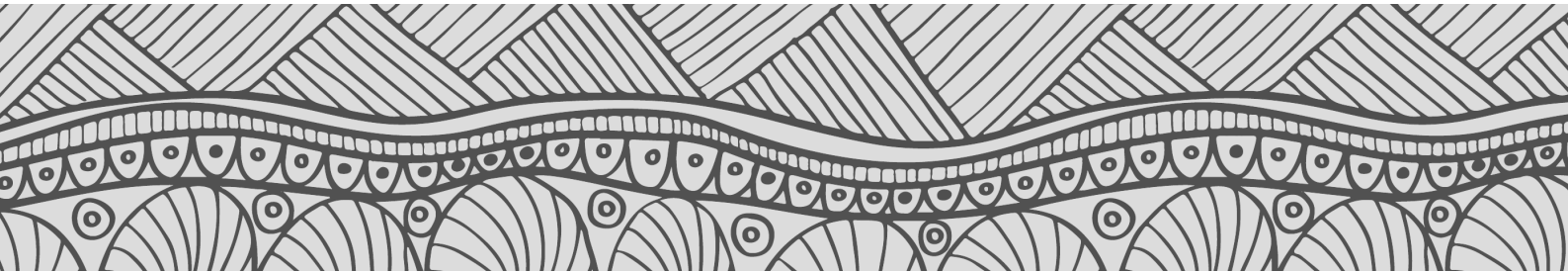





Most survey respondents were in labor fields that classified them as essential workers; only 15 (13.9%) of the participants had professional-level jobs such as nursing, social work, or management. The proportion is lower than the general Ethiopian diaspora in the US (20%) (1). Since most respondents were essential workers or in the service industry, remote work was not an option, and social distancing would be difficult to practice. In addition, it is likely that practicing isolation at home (where space may be limited) after a suspected exposure or infection would be very difficult. Thus, there may be special considerations for this community and others with lower socioeconomic status communities that are at high risk. Future interventions and health education and promotion programs targeting this community should consider their socioeconomic status, feasibility, and practicability.

Almost all participants had access to the internet and computer in their house and had cell phones, and the majority were comfortable using the computer and/or cell phones (likely an overestimate of this population at large given the nature of the survey). The majority of respondents used it for communication, often over social media. Health information disseminated via the internet and/or phone could widely reach this community. More specifically, future health information dissemination using Facebook, Viber, Telegram, and WhatsApp- the most popular social media platform used by respondents- may be more effective in addressing the Amharic-speaking community.

About half of the survey respondents reported that at least one household member had tested positive for COVID-19. As of April 2021, there were about 101,953 confirmed positive COVID-19 cases in King County (6), making the prevalence 4.5%. The prevalence among the Amharic-speaking community was much higher, though the data is at the household level. This could be because their work – janitorial services, driving, and home and nursing care – were frontline jobs that required physical presence and did not have the luxury of remote work. About 58% of the Amharic-speaking community had received one dose of the COVID-19 vaccine as of April/May 2021. Considering the COVID-19 vaccine was available for everyone in April, the vaccination prevalence in the Amharic-speaking community in King County was encouraging. The vaccination rates were similar to the King County vaccination rate, in which over 70% of its qualified population received the COVID-19 vaccine in June 2021 (7). This number could have been increased with fewer barriers in getting to vaccination sites or using the online registration systems.



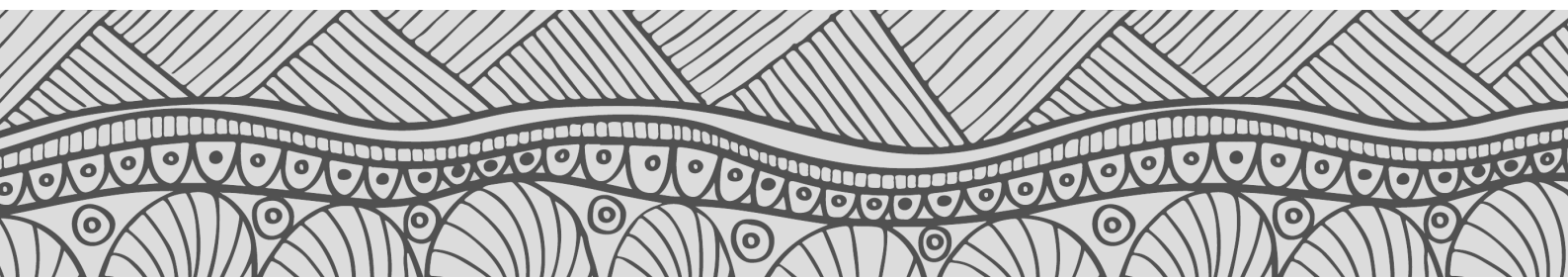


About 37% of survey respondents reported difficulty getting to vaccination sites and signing up to get the vaccine. The high prevalence of COVID-19 among survey respondents signifies a critical need for improving vaccination efforts in this community. More support, including transportation, the ability to leave work to get the vaccine, and accessibility to signing up for a vaccination appointment, is needed to improve the Ethiopian community's access to life-saving vaccines.

About 65% of participants are more likely to trust health and vaccine information that comes from Amharic-speaking Ethiopian community members. Similarly, information from DOH is relied upon by nearly 90% of the respondents. Thus, organizations serving these communities should think of having professional Ethiopian language speakers to render the required message from DOH to prevent disease transmission and death, now and in the future. Public health advertisements that feature members of the Amharic-speaking community are also likely to be effective.

Severe financial hardship caused by the pandemic has been r in this group (68.9%) compared to the general adult and/or low-income population. After the coronavirus outbreak, about 21% of adults and 31% of lower-income adults' financial situation worsened in the US (8). A disproportionately higher number of survey participants (63%) had at least one unemployed household member. The unemployment rate in the US reached 14.8% in April 2020 and then decreased but remained at 6.1% in April 2021 (9). Even though 92.2% of participants applied for unemployment and 83.3% received benefits from those who applied, the majority of respondents (85%) had some difficulty submitting an application.

Overall, this community was hit hard by financial losses brought by the COVID-19 pandemic. This impact may affect individuals' decisions to seek health care and practice public health messaging. The emotional toll and the stress related to financial hardship may also have adverse mental health effects. Communities and agencies should provide support for accessing unemployment benefits and other financial relief resources to prevent mental health complications from the pandemic.



LIMITATIONS OF THE STUDY

There is very limited information about the Ethiopian community in Washington State. Taking into consideration the limitations related to sampling, study population inclusion criteria, and data collection techniques, the results from this study can be generalized to the whole Ethiopian community.

The sampling method for this survey drew largely from participants in the Tesfa Program. As a result, the sociodemographic composition of participants may not perfectly represent the Amharic-speaking community at large in Washington. Study participants were recruited using both social networks of volunteers, leaders of the Tesfa Program, and the network of Tesfa Participants (300+ program participants). However, the online nature of the survey didn't give all eligible population members an equal opportunity to participate and likely introduced some degree of selection bias. Therefore, we cannot say with certainty that our findings are entirely generalizable to the Ethiopian or Amharic-speaking community.

Some of the questions presented in the survey may lead respondents to answer favorable outcomes out of fear of judgment from others. Many survey questions, such as language proficiency and computer skills, are prone to social desirability bias. Therefore, some of the measures might be overestimations of the true values in this community. In addition, there could be an information bias that emerged from people's variable interpretation of the survey questions.

Even with these limitations, we still believe our survey reached a broad demographic of Amharic-speaking Ethiopians in Washington and generally represents the demographics, behavior, access, beliefs, and public health attitudes of this community. These findings and recommendations benefit both public health and social service providers seeking to work with this population.

Conclusion:

COVID-19 severely impacted Amharic-speaking residents of Washington State, especially in King County. The prevalence of disease and economic crisis were (and remain) extremely damaging to this community. Substantial efforts should be made to prioritize access to health information, vaccines, treatment, and safety net/financial assistance since the pandemic has disproportionately impacted this population. Refer to the recommendations section for future public health and social services delivery to more effectively engage this unique community in King County.



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ANNEX: QUESTIONNAIRE

(English and Amharic)

Note: We changed the survey to be entirely in Amharic so this English is provided for your convenience.

Tesfa Community Survey

We are reaching out to ask the Amharic language speakers in King County to participate in our survey. This survey questions about using technology, issues around COVID-19, employment, and basic background info. We are collecting this information to create a best practice guide for social service and public health providers to better connect with the Amharic-speaking community.

All of your answers are anonymous and will only be used as part of the larger dataset. This survey will take between 15-20 minutes to complete. As a thank you, we are offering a \$10 gift card for your time.

We know some of these are sensitive questions and we appreciate your thoughtful responses. All of these questions are specifically chosen to help the community be better served in the long run. Thank you for partnering with us on this adventure. Please email tesfaprogramkc@gmail.com or text/call and leave a voicemail at (503) 663-8391 if you have any questions or need assistance via phone to complete the survey.

መግቢያ

በኪንግ ካውንቲ የሚኖሩ አማርኛ ተናጋሪ ማህበረሰቦች በዚህ የዳሰሳ ጥናት እንዲሳተፉ በመጠየቅ ላይ እንገኛለን። ይህ የዳሰሳ ጥናት ቴክኖሎጂን ስለመጠቀም፣ በ COVID-19 ዙሪያ ያሉ ጉዳዮችን፣ ሥራን እና መሠረታዊ ዳራ መረጃን ይጠይቃል። ይህንን መረጃ የምንሰበስበው ከአማርኛ ተናጋሪው ማህበረሰብ ጋር በተሻለ ሁኔታ ለመገናኘት ለማህበራዊ አገልግሎት እና ለህብረተሰብ ጤና አገልግሎት ሰጪዎች የተሻለ የአሰራር መመሪያ ለመፍጠር ነው።

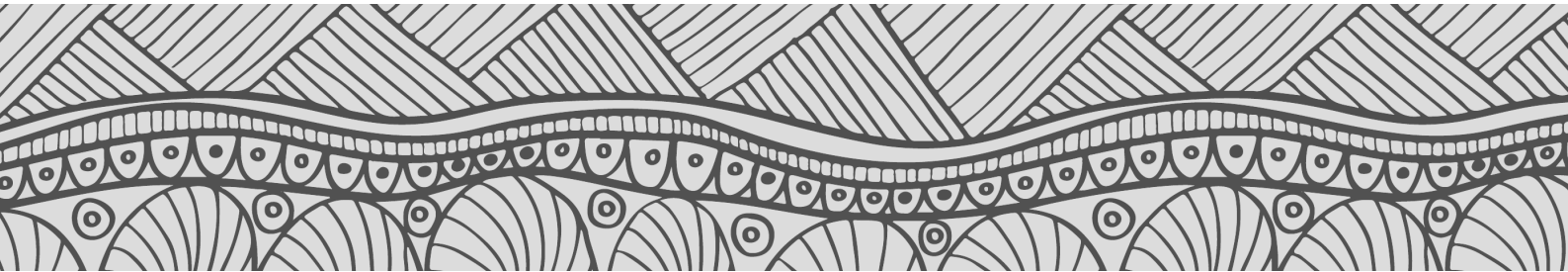
ሁሉም መልሶችዎ በሰዎች ዘንድ የማይታወቁ ናቸው። በምስጢር የሚጠበቁ ሲሆኑ ለጥናቱ አባላት ብቻ ያገለግላሉ። ይህ የዳሰሳ ጥናት ለማጠናቀቅ ከ15-20 ደቂቃዎች ይወስዳል። እንደምስጋና፣ ለእርስዎ ጊዜ የ10 ዶላር የስጦታ ካርድ እናቀርባለን።

ከነዚህ ውስጥ ጥቂቶቹ ስሜታዊ ጥያቄዎች መሆናቸውን እናውቃለን እናም ሃላፊነት የተሞላበትን ምላሾችዎን እናደንቃለን። እነዚህ ሁሉ ጥያቄዎች በተለይ የተመረጡት ህብረተሰቡን በረጅም ጊዜ በተሻለ ሁኔታ እንዲያገለግል ለማገዝ ነው። በዚህ ላይ ከእኛ ጋር በመተባበርዎ እናመሰግናለን። የዳሰሳ ጥናቱን ለማጠናቀቅ ማንኛውም ጥያቄ ካለዎት ወይም ድጋፍ ከፈለጉ እባክዎ በሚከተለው ኢሜይል tesfaprogramkc@gmail.com ያግኙን ወይም በስልክ ቁጥር (503) 663-8391 የድምጽ መልእክት ይተውልን



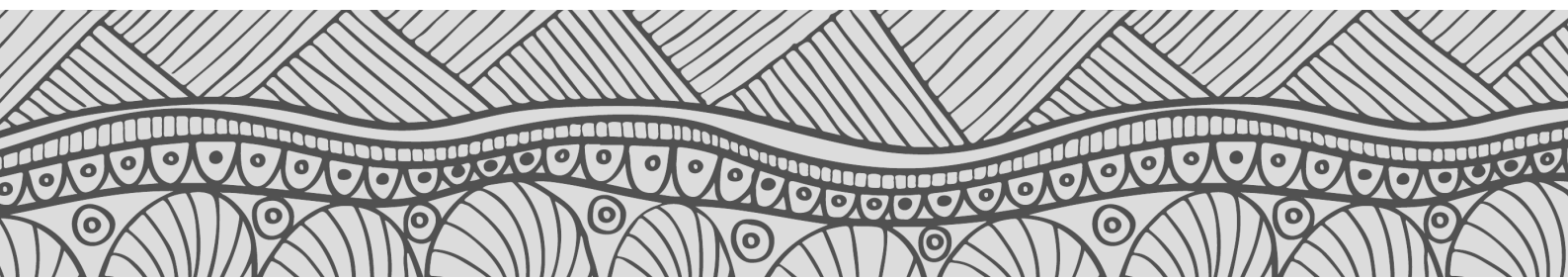


TECHNOLOGY	
QUESTION	ANSWER CHOICES
1. Do you have a cell phone available for your own personal use? ለራስዎ የግል አገልግሎት የሚውል ሞባይል አለዎት?	a. Yes አዎን b. No የለም → Q5 ጥያቄ ቁጥር 5
2. Do you use your cell phone or tablet to access to the internet (via Wi-Fi or data)? የሞባይል ስልክዎ ወይም ታብሌትዎ የኢንተርኔት አገልግሎት ለማግኘት የጠቀሙበታል ወይ?	a. Yes አዎን b. No የለም
3. What do you use your cell phone for? Please select all that apply: ሞባይል ስልክዎን ለምን አገልግሎት ይጠቀሙበታል ? እባክዎ የሚመለከታቸውን በሙሉ ይምረጡ	a. Do work-related tasks ለስራ እና ተያያዥ ጉዳዮች b. For homework for school or for education purposes ለት/ት ወይም ቤት ስራ ለመስራት c. Learn about current events or read the news ዜና ና ወቅታዊ ጉዳዮችን ለመከታተል d. Communicate with friends or family members ከቤተሰብ እ ከጓደኛ ጋር ለመገናኘት e. Get health or medical information የጤና መረጃ ለማግኘት f. Other (What else do you use the smartphone for?) ሌላ ካለ ይጠቀሱ-----
4. What is your current phone plan? የሞባይል ስልክ አገልግሎት ሽፋንዎ ምንምን ያካታል	a. Monthly data plan (picture text messages included) ወርሃዊ ኢንተርኔት አገልግሎት (የምስል መልእክቶችን ጨምሮ) b. Pay extra for picture text messages ለምስል መልእክቶች ተጨማሪ ክፍያ ይከፍላሉ c. Pay per data usage በተጠቀሙት የኢንተርኔት ልክ መጠን ይከፍላሉ d. Don't Know አላውቀውም
5. Do you have at least one computer in your household with internet access?	a. Yes አዎን b. No የለም → Q9 ጥያቄ ቁጥር 9





በቤትዎ ውስጥ የኢንተርኔት አገልግሎት የሚያገኙበት /መዳረሻ ያለው ቢያንስ አንድ ኮምፒውተር አለዎት?	
6. Is the computer school supplied or not? ኮምፒውተር ከትምህርት ቤት የተቀበሉት ነው	c. Yes አዎን a. No የለም
7. How comfortable are you using a computer? ኮምፒውተር ለመጠቀም ምን ያህል ምችነት ይሰጣዎታል	a. I don't know how to use a computer ኮምፒውተርን እንዴት እንደምጠቀም አላውቅም b. Not at all comfortable በፍጹም አይመቸኝም c. Somewhat comfortable በተወሰነ ይመቸኛል d. Very Comfortable በጣም ይመቸኛል
8. What do you use a computer for? Please select all that apply: ኮምፒውተርን ለምን ይጠቀሙብታል? እባክዎ የሚመለከታቸውን በሙሉ ይምረጡ	a. Do work-related tasks ከሥራ ጋር የተያያዙ ጉዳዮችን ያከናውኑ b. For homework for school or for education purposes ለትምህርት ቤት ወይም ለትምህርት ዓላማ ለቤት ሥራ c. Learn about current events or read the news ስለ ወቅታዊ ክስተቶች ለማወቅ ወይም ዜናን ለማንበብ d. Communicate with friends or family members ከጓደኞች ወይም ከቤተሰብ አባላት ጋር ለመገናኘት e. Get health or medical information የጤና መረጃ ለማግኘት f. Other (What else do you use the computer or smartphone for?) ሌላ (ኮምፒውተርን ወይም ስማርትፎንን ለሌላ ለምን ይጠቀማሉ?)
9. Do you have internet access in your household? በቤትዎ ውስጥ የኢንተርኔት አገልግሎት አለዎት?	a. Yes አዎን → Q11 ጥያቄ ቁጥር 11 b. No የለም c. Don't know አላውቅም
10. Do you have an email address? የኢሜል አድራሻ አለዎት?	a. Yes አዎን b. No የለም
11. Do you use social media websites or app(s), such as Facebook, WhatsApp, and others? እንደ ፌስቡክ ፣ ዋትስአፕ እና ሌሎች ያሉ የማኅበራዊ ሚዲያዎችን ወይም መተግበሪያዎችን ይጠቀማሉ?	a. Yes አዎ b. No የለም → Q16 ጥያቄ ቁጥር 16 c. Prefer not to answer መልስ ላለመስጠት ይመርጣሉ → Q16 ጥያቄ ቁጥር 16
12. What social media website or app(s) do you use? Please select all of the ones you use. የትኛውን ማኅበራዊ ሚዲያ (ዎች) ይጠቀማሉ? እባክዎን የሚጠቀሙባቸውን ሁሉ ይምረጡ ::	a. Facebook ፌስቡክ b. Instagram ኢንስታግራም c. Twitter ትዊተር d. TikTok



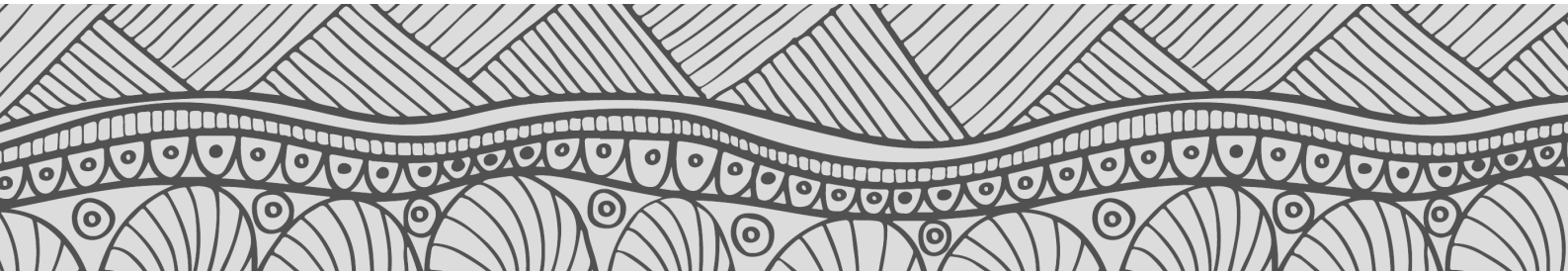


	<p>ቴክቶክ</p> <p>e. WhatsApp ዋትስአፕ</p> <p>f. Viber ቫይበር</p> <p>g. Telegram ቴሌግራም</p> <p>h. Snapchat ስናፕ ቻት</p> <p>i. Other: (What is it called?) ሌላ: (ምን ይባላል?)</p>
<p>13. How do you communicate with friends and family? Please select all that apply: ከጓደኞችዎ እና ከቤተሰብዎ ጋር እንዴት ይነጋገራሉ? እባክዎ የሚመለከታቸውን በሙሉ ይምረጡ</p>	<p>a. Phone ባስልክ</p> <p>b. Text Message በጽሁፍ መልእክት</p> <p>c. Email በኢሜይል</p> <p>d. Viber ቫይበር</p> <p>e. Telegram ቴሌግራም</p> <p>f. WhatsApp ዋትስአፕ</p> <p>g. Messaging on social media (i.e. Instagram, Facebook, Snapchat) በማህበራዊ አውታረመረቦች (ለምሳሌ ኢንስታግራም፣ ፌስቡክ፣ ስናፕ ቻት) ላይ መልእክት በመላክ</p> <p>h. Other: (What is it called?) ሌላ: (ምን ይባላል?)</p>
<p>14. Are you or others in your household comfortable...? እርስዎ ወይም ሌሎች ቤተሰቦችዎ የሚከተሉት ጉዳዮች ይመቻችዋል...?</p>	<p>Joining an online webinar on Skype or Zoom? በኢንተርኔት ቀጥታ የሚተላለፉ ኮንፈረንሶችን ወይም በስኬይፕ ወይም በዙም መሳተፍ?</p> <p>a. Yes አዎን</p> <p>b. No የለም</p> <p>Finding and getting information from the internet? ከኢንተርኔት መረጃ መፈለግ እና ማግኘት?</p> <p>a. Yes አዎን</p> <p>b. No የለም</p> <p>Downloading files from the internet? ፋይሎችን ከኢንተርኔት ማውረድ?</p> <p>a. Yes አዎን</p> <p>b. No የለም</p> <p>Creating and sending an email? ኢሜል መክፈትና እና መላክ?</p> <p>a. Yes አዎን</p> <p>b. No የለም</p> <p>Sending and opening attachments in an email?</p>





	<p>ፋይሎችን በኢሜል መላክ እና መክፈት?</p> <p>a. Yes አዎን</p> <p>b. No የለም</p> <p>Downloading a new application or program on your phone or computer?</p> <p>አዲስ መተግበሪያ ወይም ፕሮግራም በስልክዎ ወይም በኮምፒውተርዎ ላይ ማውረድ?</p> <p>c. Yes አዎን</p> <p>d. No የለም</p>
COVID-19	
QUESTION	ANSWER
15. Do you have health insurance? የጤና መድን አለዎት?	a. Yes አዎንb. No የለም→ Q22
16. What type of health insurance do you have? ምን ዓይነት የጤና መድን ሽፋን አለዎት?	a. Medicare ሜዲኬሮ b. Medicaid/ Apple Health ሜዲኬይድ / አፕል ጤና c. Insurance through your Employer በአሰሪዎ በኩል መድን
17. How many people in your household (including yourself) were diagnosed with COVID-19? በቤትዎ ውስጥ ስንት ሰዎች (ራስዎን ጨምሮ) በ COVID-19 ተይዘው ነበር?	Drop Down: a. None የለም b. 1-10 1-10 c. Don't Know አላውቅም d. Prefer not to answer መልስ ላለመስጠት እመርጣለሁ
18. What resources do you use to learn about the COVID-19 disease? Please pick your top 3 resources. ስለ COVID-19 በሽታ ለማወቅ ምን ምን ምንጮችን ይጠቀማሉ? እባክዎን የበለጠ የሚጠቀሙባቸው 3 የመረጃ ምንጮች ይምረጡ ::	a. WA State Department of Health ዋሽንግተን ስቴት የጤና መምሪያ b. Public Health Seattle King County ኪንግ ካውንቲ ሲያትል ጤና መምሪያ c. Center for Disease Control & Prevention (CDC) የበሽታ መቆጣጠሪያ እና መከላከል ማዕከል (ሲ.ዲ.ሲ.) d. Personal Doctor የግል ሐኪም e. Social Media ማህበራዊ ሚዲያ f. Newspapers ጋዜጦች g. Local News የአካባቢ ዜና h. National News ብሔራዊ ዜና



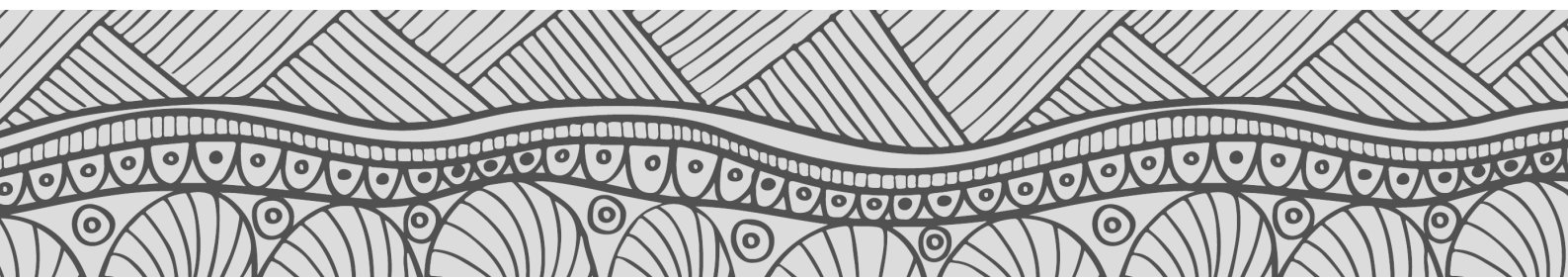


	<div><div>i. Radio ሬዲዮ</div><div>j. Tesfa Weekly Events የተስፋ ሳምንታዊ መርሃ ግብሮች</div><div>k. Faith leaders የእምነት መሪዎች</div><div>l. Friends & Family (Word of mouth) ጓደኞች እና ቤተሰቦች (ወሬ)</div><div>m. None የለም</div><div>n. Other: What other resources do you use? ሌላ-ምን ሌሎች ሀብቶች ይጠቀማሉ?</div></div>
<div><div>19. What of the following best helps you learn information about the current COVID-19 situation? Please pick all applies.</div><div>ስለ ወቅታዊው የ COVID-19 ሁኔታ መረጃን ለማግኘት ከሚከተሉት ውስጥ የትኞቹ የበለጠ ይረዱዎታል? እባክዎን የሚጠቀሙባቸውን ሁሉ ይምረጡ ::</div></div>	<div><div>a. Paper flyer/handout በራሪ ወረቀት / ጽሑፎች</div><div>b. Virtual handout/PDF የኢንተርኔት ጽሑፍ / ፒ.ዲ.ኤፍ.</div><div>c. Podcast/radio ፖድካስት / ሬዲዮ</div><div>d. Pre-recorded presentation or video ቀድሞ የተቀዳ ትምህርት ወይም ቪዲዮ</div><div>e. Webinar with open question & answer sessions ዌብናር/ኮንፈረንስ ከክፍት ጥያቄ እና መልስ ክፍለ-ጊዜዎች ጋር</div><div>f. One on one assistance አንድ በአንድ እርዳታ</div><div>g. Articles on social media የማህበራዊ ሚዲያ መጣጥፎች</div><div>h. Other: What helps you learn? ሌላ: - ለመማር ምን ይረዳዎታል?</div></div>
<div><div>20. Who on this list do you trust to tell you information and guidance about COVID-19? (Select your top 3)</div><div>ከሚከተሉት ውስጥ ስለ COVID-19 መረጃ እና መመሪያ ሲነግርዎ መገንን ያምናሉ? (የእርስዎን ምርጥ 3 ይምረጡ)</div></div>	<div><div>i. Washington State Department of Health የዋሽንግተን ስቴት የጤና መምሪያ</div><div>j. Governor የዋሽንግተን ስቴት አስተዳዳሪ</div><div>k. Your Mayor ከንቲባዎ</div><div>l. Personal doctor የግል ሐኪም</div><div>m. News outlets የዜና አውታሮች</div><div>n. Local Faith Leaders የአካባቢው የእምነት መሪዎች</div><div>o. Family & Friends ቤተሰብ እና ጓደኞች</div></div>





<p>21. Do you trust the government approval process to ensure the COVID-19 vaccine is safe for the public?</p> <p>የ COVID-19 ክትባቱ ለሕዝብ ደህንነቱ የተጠበቀ መሆኑን ለማረጋገጥ በመንግስት የማረጋገጫ ሂደት ያምናሉ?</p>	<p>a. Fully Trust ሙሉ በሙሉ አምናለሁ</p> <p>b. Mostly Trust በአብዛኛው አምናለሁ</p> <p>c. Somewhat Trust በተወሰነ ደረጃ አምነት አምናለሁ</p> <p>d. Do not trust አላምንም</p>
<p>22. Are you more likely to trust the COVID-19 vaccine information if the info comes from an Amharic-speaking Ethiopian community member?</p> <p>የኮረና ክትባት የሚመለከት መረጃ ከአማርኛ ተናጋሪው የኢትዮጵያ ማህበረሰብ አባል ቢሰጠው የበለጠ የሚያምኑት ይመስለዎታል?</p>	<p>a. A lot more likely በሚገባ የማምነው ይመስለኛል</p> <p>b. A bit more likely በመጠኑ የማምነው ይመስለኛል</p> <p>c. It makes no difference ልዩነት አይኖረውም</p> <p>d.</p>
<p>23. What were or are your main concerns surrounding the COVID-19 vaccine? Please select all that apply.</p> <p>የኮረና ክትባት በተመለከት ያለዎት ቅሬታ ወይም ስጋት ምንድነው? ከሚከተሉት አማራጮች የሚመለከታቸውን ይምረጡ::</p>	<p>_____</p>
<p>24. Have you received the vaccine? የኮረና ክትባት ተክትበዋል?</p>	<p>a. Yes አዎ</p> <p>b. No → Q34 አልተከተብኩም → ጥ34</p>
<p>25. How difficult was it finding information about the vaccine and where to get vaccinated? ስለ ክትባቱ መረጃ ማግኘትና ክትባቱን መከተብ ምን ያክል አስቸጋሪ ነበር?</p>	<p>a. Very Difficult -->Q36 በጣም አስቸጋሪ ነበር -->ጥ36</p> <p>b. Somewhat Difficult -->Q36 ትንሽ አስቸጋሪ ነበር -->ጥ36</p> <p>c. Not difficult at all -->Q36 ምንም አስቸጋሪ አልነበረም -->ጥ36</p>
<p>26. Once eligible, how likely are you to receive the COVID-19 vaccine? የኮረና ክትባት ለማግኘት መስፈርቶች ቢያሟሉ የመከተብ እድለዎ ምን ያክል ነው?</p>	<p>a. Already received the vaccine →Q37 ተክትቢያለሁ →ጥ37</p> <p>b. Absolutely Certain → Q37 በርግጠኝነት እከተባለሁ →ጥ37</p> <p>c. Somewhat certain → Q37 የምከተብ ይመስለኛል →ጥ37</p> <p>a. Not Likely አልከተብም</p>





27. What would make you feel more certain or comfortable to get the vaccine? ምን ቢሆን ነው ከትባቱን እንደሚከተቡ እርግጠኛ የሚሆኑት ወይም ለመከተብ ፍላጎት የሚኖርዎት?	Open ended question _____
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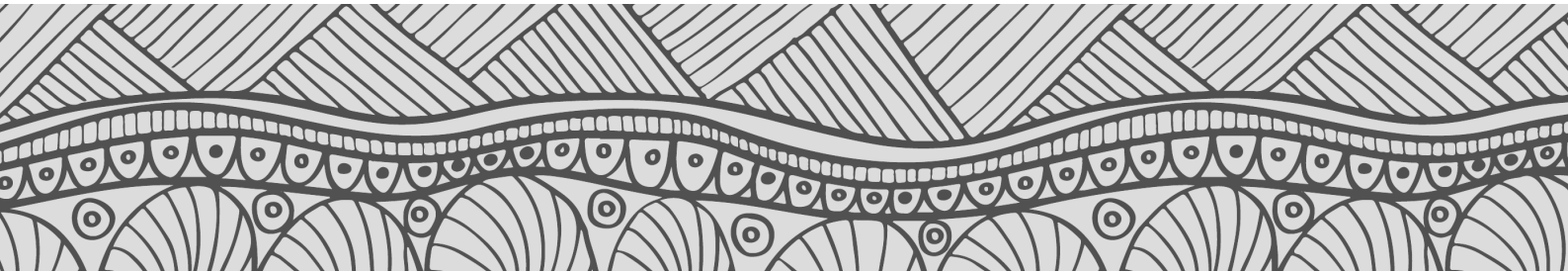
EMPLOYMENT	
QUESTION	ANSWER CHOICES
28. What do you do for work? ስራዎት ምንድን ነው?	a. Stay at home parent/caretaker በቤት ውስጥ ልጅ አሳዳጊ Taxi/Uber/Lyft Driver ታክሲ/ Uber/Lyft ሹፌር b. Healthcare/Nursing Assistant የጤና ሙያተኛ/ የነርስ ረዳት Sales Person የሽያጭ ባለሙያ/ ካሸር c. Tech/IT የኮምፒውተር ባለሙያ d. Grocery Store/Retail የመጠጥ ቤት ሰራተኛ /ሻጭ e. Childcare በመዋለል ህጻናት ሰራተኛ f. Public Transportation (i.e. metro driver) የህዝብ መጓጓዣ (ማትሮ ባስ) ሹፌር g. Parking attendant ፓርኪንግ ሰራተኛ h. I am not currently employed. በአሁኑ ሰዓት ስራ የለኝም i. Other: What is your job? ሌላ: ሥራዎ ምንድን ነው? _____
29. What is your household's CURRENT monthly income? This is the total for everyone in the household. A rough guess is great. በዚህ ወቅት የቤትዎ (ቤተሰብዎ) ወርሃዊ ገቢ ስንት ነው? በቤትዎ ውስጥ የሚኖሩት የሁሉንም ቤተሰቦች ገቢ ይጨምራል። ግምትም ቢሆን ችግር የለውም።	a. _____ per month _____ በ ወር b. Prefer not to answer አለመናገር እመርጣለሁ
30. Did the COVID-19 pandemic change your TOTAL household monthly income? የኮረና ወረርሽኝ የቤተሰብዎ ወርሃዊ ገቢ ቀይሮታል ወይ?	a. Yes አዎ b. No → Q39 የለም →ጥ41
31. How has your household monthly income changed during the COVID-19 pandemic? እንዴት ነው የኮረና ወረርሽኝ የቤተሰብዎን ወርሃዊ ገቢ የቀየረው?	a. Increased ጨመረው b. Decreased ቀነሰው
32. Did you or anyone in your household lose employment in the past year?	a. Yes አዎ b. No → Q45 የለም →ጥ45





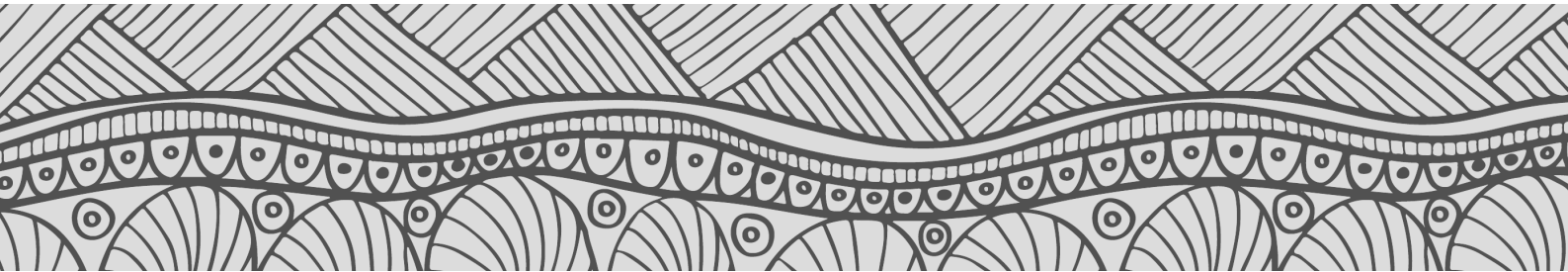
እርስዎ ወይም ሌላ የቤተሰብ አባል ባለፈው አንድ ዓመት ስራውን ያጣ ሰው አለ?	
33. Did you or anyone in your household apply for unemployment benefits in the past 12 months? ባለፉት አስራ ሁለት ወራት እርስዎ ወይም ሌላ የቤተሰብ አባል የስራ እጦት ድጎማ (አንዲምፕሎይመንት በነፊት) ለማግኘት ያመለከተ አለ?	a. Yes → Q43 አዎ →44 b. No የለም
34. Why didn't you apply for unemployment? Please select all that apply. ለምንድን ነው የስራ እጦት ድጎማ (አንዲምፕሎይመንት በነፊት) ለማግኘት ያላመለከቱት?	a. Didn't lose job ስራዬን ስላልለቀቅኩኝ b. Lack of access to computer በኮምፒውተር እጥረት ምክንያት c. Not comfortable using a computer ኮምፒውተርን ለመጠቀም ምቹ አይደለም d. Unsure how to apply እንዴት ማመልከት እንዳለብዎ እርግጠኛ አይደለም e. Trouble using website ኢንተርኔት መጠቀም ላይ ችግር f. Trouble getting in touch with customer service ከደንበኞች አገልግሎት ጋር መገናኘት ላይ ችግር g. Unemployment website የስራ አጥነት መመያ ድር ጣቢያ እየሰራ አልነበረም wasn't working h. Other: What is your reason? ሌላ-የእርስዎ ምክንያት ምንድነው?
35. How difficult was it for you or the people in your household to apply for unemployment benefits? እርስዎ ወይም ሌላ የቤተሰብ አባል የስራ እጦት ድጎማ (አንዲምፕሎይመንት በነፊት) ለማግኘት ማመልከቻ መላክ ምን ያክል ከባድ ነበረ?	a. Very difficult በጣም አስቸጋሪ ነበር b. Somewhat difficult ትንሽ አስቸጋሪ ነበር c. Not difficult at all ምንም አስቸጋሪ አልነበረም
36. Were you or anyone in your household able to receive unemployment benefits? እርስዎ ወይም ሌላ የቤተሰብ አባል የስራ እጦት ድጎማ (አንዲምፕሎይመንት በነፊት) ያገኘ አለ?	a. Yes አዎ b. No የለም

DEMOGRAPHICS	
QUESTION	ANSWER CHOICES
37. What is your gender identity? ጾታ?	a. Male ወንድ b. Female ሴት





38. What is your practicing religion? የምን እምነት (ሀይማኖት) ተከታይ ነዎት?	a. Ethiopian Orthodox Christian የኢትዮጵያ ኦርቶዶክስ ክርስትያን b. Muslim እስልምና c. Protestant ፕሮቴስታንት d. Catholic ካቶሊክ e. Other ሌላ
39. What is your age? In full years እድሜዎት ስንት ነው? በሙሉ ዓመት	_____
40. What is your native language? የአፍ መፍቻ ቋንቋዎ ምንድን ነው?	a. Amharic አማርኛ b. Guaragigna ጉራጊኛ c. Tigrigna ትግርኛ d. Oromiffa ኦሮምኛ e. Other ሌላ
41. How comfortable are you... ምን ያህል ይችላሉ	Reading in English? እንግሊዘኛ አንብቦ መረዳት a. Not comfortable at all ምንም አልችልም b. Somewhat comfortable በመጠኑ እችላለሁ c. Comfortable እችላለሁ d. Very Comfortable/Fluent በጣም/ በሚገባ እችላለሁ Writing in English? እንግሊዘኛ መጻፍ e. Not comfortable at all ምንም አልችልም f. Somewhat comfortable በመጠኑ እችላለሁ g. Comfortable እችላለሁ h. Very Comfortable/Fluent በጣም/ በሚገባ እችላለሁ Speaking English? እንግሊዘኛ መናገር a. Not comfortable at all ምንም አልችልም b. Somewhat comfortable በመጠኑ እችላለሁ c. Comfortable እችላለሁ d. Very Comfortable/Fluent በጣም/ በሚገባ እችላለሁ
42. How comfortable are you.... ምን ያህል ምችት ይሰማዎታል/ይችላሉ	Reading in Ahmaric? አማርኛ አንብቦ መረዳት a. Not comfortable at all



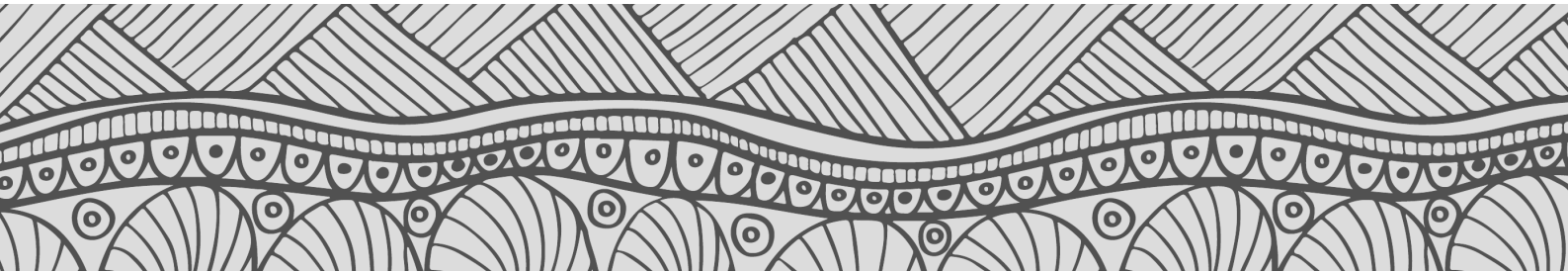


	<p>ምንም አልችልም</p> <p>b. Somewhat comfortable በመጠኑ እችላለሁ</p> <p>c. Comfortable እችላለሁ</p> <p>d. Very Comfortable/Fluent በጣም/ በሚገባ እችላለሁ</p> <p>Writing in Ahmaric? አማርኛ መጻፍ</p> <p>a. Not comfortable at all ምንም አልችልም</p> <p>b. Somewhat comfortable በመጠኑ እችላለሁ</p> <p>c. Comfortable እችላለሁ</p> <p>d. Very Comfortable/Fluent በጣም/ በሚገባ እችላለሁ</p> <p>Speaking in Ahmaric? አማርኛ መናገር</p> <p>a. Not comfortable at all ምንም አልችልም</p> <p>b. Somewhat comfortable በመጠኑ እችላለሁ</p> <p>c. Comfortable እችላለሁ</p> <p>d. Very Comfortable/Fluent በጣም/ በሚገባ እችላለሁ</p>
43. What zip code do you live in? የሚኖሩበት የአከባቢ መለያ ቁጥር (zip code) ስንት ነው?	a. (Types in Zip Code) _____ (የሚኖሩበት የአከባቢ መለያ ቁጥር መይም zip code ይጻፉት)
44. In what country were you born? የተወለዱበት አገር የት ነው?	a. United States →55 አሜሪካ →55 b. Ethiopia ኢትዮ ጵያ c. Outside US and Ethiopia ሌላ አገር
45. When did you immigrate to the US? ወደ አሜሪካ መቼ መጡ?	a. as a child ልጅ እያለሁኝ b. In your 20s/30s/40s 20-49 ዓመት እያለሁ c. 50s & older 50 ዓመትና ከዛ በላይ እያለሁ d. Prefer not to answer መናገር አልፈልግም
46. How many people currently live in your household (including yourself)?	a. 1-2 people 1-2 ሰው/ሰዎች b. 2-4 people 2-4 ሰዎች



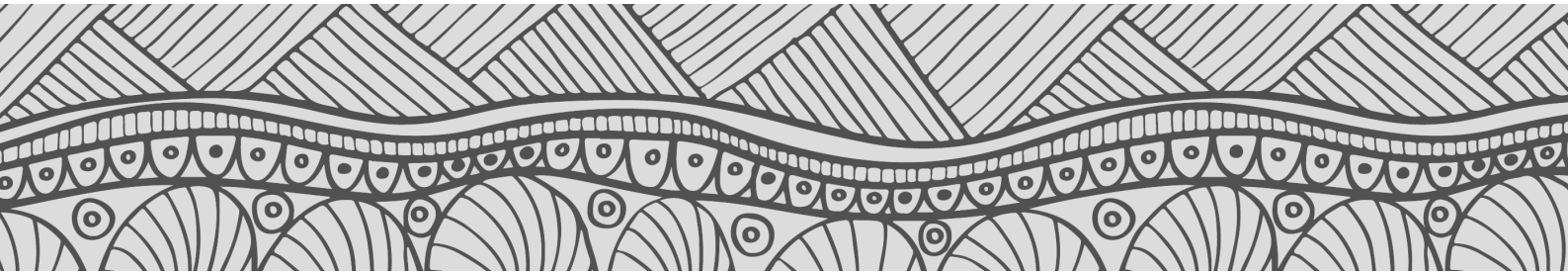


አሁን በሚኖሩበት ቤት ውስጥ ስንት ሰው ይኖራል ወይም የቤተሰብዎ ቁጥር ስንት ነው?	c. 4-6 people 4-6 ሰዎች d. 6 or more people 6 ወይም ከዛ በላይ e. Prefer not to say መናገር አልፈልግም
47. Are there any children under the age of 18 in your household? በቤተሰብዎ ውስጥ ከ18 ዓመት በታች የሆነ ልጅ አለ?	a. Yes አለ b. No የለም
48. What family members live in your household? (select all that apply) ከርስዎ ጋር በአንድ ቤት ውስጥ የሚኖሩ የቤተሰብ አባላት እንማናቸው? ትክክል የሆነውን ሁሉ ይምረጡ	a. My Child/Children ልጄ/ልጆቼ b. My Parent(s) ወላጆቼ c. My Grandchild/grandchildren የልጆቼ ልጆች d. My grandparent(s) አያቶቼ e. My nephew(s)/niece(s) የእኔ እህት/ወንድም ልጅ f. My sibling(s) እህቴ/ወንድሜ/ እህት ወንድሞቼ g. My spouse/significant other ባለቤቴ/ወዳጄ h. My in-laws አማኞቼ
49. Did you attend school in Ethiopia? እትዮጵያ ውስጥ ተምረው ነበር?	a. Yes አዎ b. No → Q 60 አልተማርኩም → ጥ 60
50. What is the highest degree of education you completed in Ethiopia? በኢትዮጵያ የደረሱበት ከፍተኛ የትምህርት ደረጃ የትኛውን ነበር?	a. No formal education ምንም አልተማርኩም b. Some secondary school መለስተኛ ሁለተኛ ደረጃ c. Secondary School ሁለተኛ ደረጃ ጨርሻለሁ d. Tertiary School ኮሌጅ ወይም ዩኒቨርሲቲ e. Prefer not to say መናገር አልፈልግም
51. Have you attended school in the US? አሜሪካ ውስጥ ተምረዋል	a. Yes አዎ a. No 63 → አልተማርኩም → ጥ 63
52. What is the highest degree of education you completed in the US? በአሜሪካ የደረሱበት ከፍተኛ የትምህርት ደረጃ የትኛውን ነበር?	a. Some High School የተወሰነ ሁለተኛ ደረጃ b. Certificate ሰርቲፊኬት c. High School ሁለተኛ ደረጃ ጨርሻለሁ d. Associates Degree ዲፕሎማ (Associates Degree) e. Bachelor's Degree የመጀመርያ ድግሪ f. Master's Degree





	<p>የሁለተኛ (ማስተርስ) ድግሪ</p> <p>g. Ph.D. or higher ፒ.ኤች.ዲ (Ph.D.)ና ከዛ በላይ</p> <p>h. Trade School → የቢዚነስ ወይም ንግድ ትምህርት</p> <p>i. Prefer not to say መመለስ አልፈልግም</p>
<p>53. Thank you for taking this survey. Please select from the following gift cards to be sent to you.</p> <p>በዚህ የዳሰሳ ጥናት ስለተሳተፉ እጅግ አድርገን እናመሰግናለን። ስጦታ ስላዘጋጀን ከሚከተሉት የስጦታ ካርዶች (gift card) የሚፈለጉትን ይምረጡ</p>	<p>a. Amy’s Merkato አሚ መርካቶ</p> <p>b. Target ታርጌት</p> <p>c. Amazon አማዞን</p> <p>d. Safeway ሴፍወይ</p>
<p>54. How would you like this gift card to be delivered?</p> <p>የስጦታ ካርዱ እንዴት ነው እንዲደርስዎት የሚፈለጉት?</p>	<p>d. Email በኢሜይል</p> <p>e. Mailed → Q64 በፖስታ → ጥ65</p>
<p>55. What is your email address?</p> <p>ኢሜይልዎትን (Email) ይጻፉ?</p>	<hr/>
<p>56. What is your name & mailing address?</p> <p>After the surveying is complete and we send your gift card, all personal information will be removed from our records.</p> <p>ስምዎት ማን ይባላሉ? የዳሰሳ ትናቱ ካለቀ በኋላ ስምዎትንና እርሱዋን ሊገለጽ የሚችሉትን መረጃዎች ከማህደራችን እንሰርዛቸዋለን</p>	<hr/>





Final screen:

Thank you for completing the survey. The information you have shared will help King County organizations better serve the Ethiopian community in the future. After the surveying is complete and we send your gift card, all personal information will be removed from our records.

መዝግያ

በዚህ የዳሰሳ ጥናት በመሳተፍዎ በድጋሚ እናመሰግለን። የሰጡን ምላሾች የኪነግ ካውንቲ ድርጅቶች የኢትዮጵያ ኮሚኒቲ ማህበረሰብን ለማገልገል ይጠቀሙበታል። የዳሰሳ ጥናቱ ከተጠናቀቀና እርስዎም የሰጡታ ካርድዎታን ካገኙ በኋላ ስምዎትንና እርሱዋን የሚገልጹትን መረጃዎች ከማህደራችን እንሰርዛቸዋለን።

If you have any questions or concerns, please email tesfaprogramkc@gmail.com, and we will get back to you. Thank you for your time and support!

ይህንን የዳሰሳ ጥናት በተመለከተ ጥያቄ ወይም ቅሬታ ካለዎት፣ በዚህ አሜሪካ tesfaprogramkc@gmail.com መልእክት ይላኩለን እኛም በተሎ እንመልሳለን።

ለሰጡን ጊዜና ላደረጉልንን ትብብር እጅግ አድረገን እናመሰግለን።

