EL CENTRO DE LA RAZA
Community Needs Assessment
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2020-2021 REPORT
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The years 2020 and 2021 were challenging for many within our communities given the COVID-19 pandemic, George Floyd’s murder, and the community movement that preceded King County’s declaration of racism as a public health crisis. COVID-19 and unintended consequences of efforts to slow its spread impacted community health, safety, and the economy, and the Latino/Hispano/a community is no exception. El Centro de la Raza’s goal is to advocate for the community at the local and state level to create policies that address the needs of South King County and the Latino/Hispano/a community.

The El Centro de la Raza (ECDLR) team partnered with the University of Washington’s Institute of Translational Health Sciences (ITHS) Community Voices program to conduct a community needs assessment in support of this goal and to better understand community needs. The assessment is based on a survey of the Latino/Hispano/a communities in eight South King County cities, followed by focus groups. This report summarizes the methods and key findings.
Survey and Focus Group Methods

ECDLR’s goal for the 2020–21 Community Needs Assessment was to identify the needs of the Latino/Hispano/a community and to improve, sustain, and create effective programs and services that best serve the community. The Community Needs Assessment focused on South King County to identify the needs of these growing Latino/Hispano/a communities. A team of ECDLR staff, community volunteers, and the University of Washington’s ITHS Community Voices program co-developed a survey and focus group guide to inform the community needs assessment. ECDLR community partners gave final approval on all aspects of the study design and implementation. Survey and focus groups were conducted to better understand community needs and their context. The Community Needs Assessment survey employed a convenience sample of people engaged in ECDLR services, supports, and/or activities. We then conducted focus groups with a subset of survey respondents to better understand the context of identified challenges, needs, and strengths.

Key Findings

- The most common unmet needs of households were rent and housing, food, healthcare, employment, transportation, and childcare.
- Almost 80% of the participants rented a house or apartment and less than 15% of them applied and received financial assistance.
- Over 60% of participants reported no health insurance.
- A lack of, or limited, culturally appropriate and trustworthy information about COVID-19 vaccine cost, coverage, and side effects contributed to vaccine hesitancy.
- Less than 10% of participants used Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), and school meal programs to access food—some from fear of government retaliation for accessing public resources.
- A majority of participants (81.5%) report job stability as a main source of stress. During the pandemic, 22% of the respondents lost their jobs and were unable to provide financial support to their households; 40% of the participants experienced reduction in hours and/or wages.
- Half of the participants were discriminated against or treated unfairly because of their race or ethnicity one or more times during the COVID-19 pandemic.
- The majority (80%) practiced safe behaviors to protect themselves against COVID-19.

The survey and focus group discussions with people connected to ECDLR showed
significant unmet basic needs—housing, food, healthcare, employment, and childcare supports. Well over half (58%) of respondents had one or more basic needs unmet (Figure 31; page 25). Below are some findings to help illustrate the extent of needs:

- Three-fourths (75%) experienced food insecurity, including times when there was not enough food.
- One-third (29%) lost employment during the pandemic, and 25% experienced food insecurity.
- One-third (30%) had food and/or housing needs (24% reported both as co-occurring needs).
- Nearly half (40%) reported food and/or healthcare/medication needs (12% reported both).

Respondents’ experiences show that people who could benefit from services are having challenges accessing care. Specifically:

- Over one-third (35%) are seeking dental care, 19% primary healthcare, and 16% vision care.
- Barriers to health coverage were the high cost of insurance (42%) and/or ineligibility given immigration status (37%).
- Nearly half (45%) had a housing need and 18% had benefitted from housing or rental assistance.
- Survey respondents and focus group participants noted that a lack of information about COVID-19 vaccination, such as how to access care and who is eligible, were challenges in the community.

When considering these findings, it is important to remember they come from a convenience sample of families engaged in supports provided by ECDLR. The higher proportion of the sample compared to the county pre-pandemic were food insecure, more lacked a bachelor’s degree, and were over 65 years of age (see Appendix A). The findings suggest that families engaged in community supports are more likely to have multiple needs or challenges accessing care, and nearly half are seeking supports for basic housing, healthcare, and food security.
Recommendations

The following recommendations are based on 2021 survey findings as well as ECDLR staff experiences from years of providing services to support the Latino/Hispano/a community. Recommendations by basic support type are as follows:

- **Expand household and financial assistance** programs to include emergency housing and, for lower-income households, payment of rent and utilities and financial resources for the purchase and improvement of their homes.

- **Ensure access to comprehensive health** insurance and high-quality, culturally appropriate health services for uninsured and underinsured community members. Include subsidies available in South King County for lower-income and immigrant community members and ensure access to services by providing support for care that would otherwise be inaccessible.

- **Strengthen food security** initiatives and services aimed at ensuring access to nutritional, culturally appropriate food for lower-income residents. This includes nutritional education initiatives to ensure awareness of, and capacity for, healthy food consumption as well as business initiatives to produce/distribute local, culturally diverse, healthy food.
Expand education services that increase access to education, such as financed or free childcare and before and after school programs, as well as transportation services for lower-income students, regardless of geography. This includes support for virtual and distance education, such as technical resources (internet and computers) as well as social and emotional supports.

Create employment support and incentive programs to promote employment of lower-income and marginalized community members, including those with physical or intellectual disabilities. And ensure that employees, regardless of citizenship, are protected from unsafe and unfair practices and have benefits with paid leave for medical disability or medical emergency of the employee or their family members.

Continue and expand campaigns combating discrimination based on race, ethnicity, and nationality. Ensure campaigns address the harm perpetuated by negative social and cultural stereotypes and that they eradicate these stereotypes.

Ensuring that people have high-quality programs in their language, are safe from discrimination, and are served by Latino/Hispano/a professionals when possible, supports increased access and use of these critical services. Improving access, comprehensiveness, and use of programs and other supports will, over time, increase health equity as well as help remediate the adverse impact of the pandemic felt by many Latino/Hispano/a families.
INTRODUCTION

This Community Needs Assessment reports results from the partnership of ECDLR and the Community Voices program at the University of Washington ITHS, a collaboration between a community-based organization and educational institution to support the community. ECDLR is an organization grounded in the Latino/Hispano/a community of Washington state, whose mission is to build the Beloved Community by unifying all racial and economic sectors; to organize, empower, and defend the basic human rights of our most vulnerable and marginalized populations; and to bring critical consciousness, justice, dignity, and equity to all the peoples of the world. ECDLR envisions a world free of oppression based on poverty, racism, sexism, sexual orientation, and discrimination of any kind that limits equal access to the resources that ensure a healthy and productive life in peace, love, and harmony for all peoples and our future generations.

ECDLR provides 43 culturally and linguistically integrative programs and services, including emergency and human services, child and youth programs, financial education and asset-building programs, housing and economic development programs, and community organizing and advocacy programs. All programs and services provided help support lower-income Latino/Hispano/a people, people of color, immigrants, and refugees throughout South King County. In January 2020, ECDLR expanded its operations with a new office in Federal Way to help meet the demand for culturally and linguistically relevant services in Latino/Hispano/a communities throughout South King County. Expanding programs and services to lower-income children, youth, adults, and seniors in South King County is not only an investment in the families and communities ECDLR serves but also a reflection of its experience connecting people to community-based resources.

ECDLR conducts a needs assessment every three years to thoroughly explore the economic, behavioral, educational, and health needs identified by individuals from the Latino/Hispano/a community and uses those findings to improve and sustain the programs that best serve the needs of the community. ECDLR conducted the most recent needs assessment in 2017 and found that Latino/Hispano/a people experienced challenges with (1) sustainable employment, (2) affordable housing, (3) inclusion and social cohesion with people within and outside of the community, (4) structural and personal discrimination, and (5) access to healthcare and education. The 2020–21 needs assessment expanded to include the needs of the growing Latino/Hispano/a communities across eight cities in South King County as well as examine the impact of the pandemic.

ECDLR partnered with ITHS’s Community Voices program on this project. ITHS is excited to have been a partner on the community needs assessment project and in the production of this report. From the beginning, ECDLR collaborated with a scientific expert through ITHS’s Community Voices program to ensure that the project was
scientifically grounded and community relevant. The team believes this report will provide foundational data for practitioners and researchers working and collaborating with Latino/Hispano/a communities across the country.

BACKGROUND

Latino/Hispano/a people are driving demographic growth in the U.S. and key to our nation’s economic strength. Latinos accounted for more than half (52%) of all U.S. population growth (Krogstad, 2020). Latino/Hispano/a people comprise 13% of the population in Washington state and 10% of King County (U.S. Census Bureau, 2019a). Over 53% of Latino/Hispano/a people living in King County reside in the South King County corridor (Auburn, Burien, Covington, Des Moines, Federal Way, Kent, Tukwila, SeaTac, and White Center).

Latino/Hispano/a people are an engine for the U.S. economy, demonstrating high rates of workforce participation and entrepreneurship. Latinos demonstrate disproportionately strong rates of workforce participation and have been on the front lines of the pandemic in essential jobs like those in the healthcare, food supply chain, service, hospitality, transportation, and restaurant industries (UnidosUS, 2020).

Latino/Hispanos/a immigrants, documented and undocumented, are key economic contributors at the local, regional, and national levels, with high rates of entrepreneurship. Latino/Hispanic-owned businesses have enormous potential for greater job creation, as witnessed by the high demand for ECDLR’s Small Business Development program. Many immigrants and refugees start small businesses to support families, resulting in the expansion of community-based economic development. Participation rates in ECDLR’s Small Business Development program have dramatically increased during the pandemic, with enrollment levels at an all-time high, reflecting the significant resilience and resourcefulness of the communities ECDL serves.

King County is committed to and invests in equitable economic and social development, and promotes policies centered on equity, diversity, and inclusion. People of color, including Latino/Hispano/a people, still face racial and ethnic health disparities. Latino/Hispano/a people are 2.6 times more likely than white people to avoid receiving medical services due to costs, and 5.4 times more likely to not have health insurance (Communities Count, 2020). These disparities are rooted in the inequities that Latino/Hispano/a people endure in their daily life because of the challenging social conditions that they are exposed to, such as the lack of, or low-quality access to, healthcare, education, employment, food, and safe neighborhoods. The Latino/Hispano/a population in King County had lower rates of medical visits, health insurance coverage, and prenatal care compared to non-Latino/Hispanic white people (Office of Minority Health, 2021). During the same year, Latino/Hispano/a
people, compared to non-Hispanic white people, had lower educational attainment, more than twice as many individuals living in poverty, and higher unemployment rates (U.S. Census Bureau, 2019b).

The COVID-19 pandemic was no exception; Latino/Hispano/a people were disproportionately infected. In the first week of May 2020, 35% of King County’s 490 COVID-19 cases were among Latino/Hispano/a residents, though they are only 15% of the county’s population (King County, 2021b; Communities Count, 2019). The COVID-19 mortality rate for Hispanic residents was 2.5 times higher than that of non-Hispanic whites; and the rate of cases per 100,000 Hispanic residents was almost four times higher compared to non-Hispanic white people (Kamb, 2020).

Possible explanations as to why Latino/Hispano/a people have been one of the most affected groups during this global health crisis stem from a) unequal access to healthcare, including limited or difficult access to diagnostic testing, and/or b) fear of seeking medical treatments because of their legal status (Kamb, 2020). Housing and work conditions are also likely contributing factors to this devastating situation for the community. For example, it is common for Latino/Hispano/a people to live in large multigenerational or multi-family households for social and/or economic support, often in small spaces, making it difficult to socially distance and thus increasing the spread of the virus (Baquero, Gonzalez, et al., 2020).

Many of the Latino/Hispano/a people in King County work in jobs that were deemed “essential” during the pandemic, such as construction, maintenance, cleaning, service industry, and agriculture, making them more vulnerable to unsafe working conditions and limited access to benefits and rights such as healthcare (Baquero, Ornelas, et al., 2020). Analyses of Seattle’s workforce showed that 9% of essential workers were Latino/Hispano/a people. Across all workers, essential and not, 9% were Latinx (Balk, 2020). Latino/Hispano/a people also face language barriers and limited access to health information, making some more likely to be unaware of best practices to protect their health (Calo, et al., 2020).

Disparities in food security for people of color in Washington state increased during the pandemic. According to the Washington State Food Security Survey (WAFOOD) report, people of color, including Latino/Hispano/a people, were 1.5 times more likely to be food insecure than non-Latino/Hispanic white respondents (Drewnowski, et al., 2020). In King County, the Latinx community, compared to other ethnic groups, has faced the greatest disparity in food insecurity (Bolt K et al., 2019; Seattle Foundation, 2020).

Given the changes in the political environment at the national, state, and local levels, and the challenges endured during the global pandemic, ECDLR deemed it crucial to conduct a needs assessment with the aim to explore deeply the economic, behavioral, and health needs identified through the voice of the community. To achieve this, ECDLR, along with ITHS’s Community Voices program, conducted a survey and two focus groups to identify Latino/Hispano/a people’s experiences and
perspectives on housing, transportation, employment, financial security, food security, healthcare, education, discrimination and safety, and services used before and during the COVID-19 pandemic.

METHODS

Surveys and focus groups were conducted to better understand community needs and their context. The Community Needs Assessment survey employed a convenience sample of people engaged in ECDLR services, supports, and/or activities. The survey was distributed in two ways: by staff who conducted the survey among people accessing supports and/or ECDLR services, and through social media alerts such as Facebook posts and Twitter feeds. Thus, the sample is likely to over-represent community members receiving services. We then conducted focus groups with a subset of survey respondents to better understand the context of identified challenges, needs, and strengths. The 2020–21 Community Needs Assessment focused on South King County to identify the needs of these growing Latino/Hispano/a communities.

The information gathered and presented in the report were rooted in the principles of community-based participatory research (CBPR) practice, where community members, as leaders, actively participated in each phase of this project, including planning, implementing, and analyzing. Following the CBPR approach, researchers and community leaders ensured that all questions were relevant to the community, data collection and analysis were culturally appropriate, and information gathered was useful.

Survey

Voluntary and convenience sampling methods were used to recruit participants. Survey data collection occurred from September 8, 2020 to June 30, 2021, using multiple approaches. The sample goal was roughly 96 surveys from 8 cities (a total of 768). The final sample includes 578 respondents.

To participate in the 2020–21 Community Needs Assessment survey/data collection, respondents had to be 18 years old or older, self-identify as Latino/Hispano/a, be fluent in Spanish or English, and live in South King County. A total of 711 respondents started the survey, and analysis was limited to 578 completed or partially completed surveys (see Appendix for more details). Overall, 133 surveys were excluded from analysis because participants did not include a city or zip code; did not reside in South King County; didn’t identify as Hispanic, from Latin America, or Indigenous from Latin America; or only answered a few questions. Participants resided in eight cities: Auburn, Burien, Des Moines, Federal Way, Kent, Renton, SeaTac, and Tukwila (Figure 1) and 30 different zip codes.
ECDLR, ITHS Community Voices program partners, and volunteers integrated the 2017 Community Needs Assessment questions with questions relevant to the growing Latino/Hispano/a community in South King County. The 2020 survey included questions regarding COVID-19 to address concerns of the pandemic. ECDLR staff and volunteers revised the survey language to ensure readability and cultural appropriateness in both Spanish and English. Volunteers programmed the survey in REDCap to support data collection.

The survey was shared with people engaging in ECDLR direct services and programs and through social media links (Facebook, etc.). All data collectors received training prior to implementing the survey. Training included an overview of the survey questions, how to administer the REDCap survey, testing the survey to familiarize themselves with the system, and ways to answer participants’ questions and concerns. Some respondents completed the survey on tablets at ECDLR facilities in South King County. Other respondents completed the online survey by clicking a personalized link sent to their email.

The survey had 56 questions covering seven topics: demographics, housing, food access, financial security, community experience, childcare and education, and healthcare and health needs. At the end of the survey, participants were asked if they would like to receive a thank you gift card of $25 for their time and then received an invitation to participate in a focus group. Respondents who agreed to either question were directed to a separate REDCap database to collect their information for mailing their gift card and registering for the focus group.

We analyzed results using SPSS Statistics. Not all questions were answered by all respondents. Surveys had a median of nine missing responses, with some missing as low as two responses. Five questions in the availability of childcare section of the survey had over 100 missing responses. Reported percentages are based on the numbers of participants that answered the questions.

**Focus Groups**

Individuals who completed the survey and agreed to participate in the focus group were contacted by trained researchers via email and phone to confirm participation. We conducted two focus groups with a total of 10 participants who identified as women (5) and men (5). All participants selected Spanish as their preferred language for participating in the sessions.

Prior to the focus group, the researcher obtained verbal consent. The consent process informed participants about confidentiality and risks and benefits of their participation in the session. Participants were asked for permission to be recorded during the session. A bilingual (Spanish-English) trained graduate research assistant moderated the focus groups, which lasted approximately 90
The audio recording was transcribed and translated into English prior to data analysis.

The moderator guide was co-developed by the ECDLR research team and community partners, who gave final approval after a four-month review of tools and methods. In addition to ensuring questions and methods were culturally appropriate, the team updated questions to, for example, ask about experiences during the pandemic and of discrimination. Questions included the same domains of the socio-determinants of health covered in the 2017 Community Needs Assessment Survey as well as questions related to the COVID-19 pandemic. The guide covered seven categories (housing, healthcare, food security, employment, education, discrimination, and service use) and was developed in English and Spanish.

The following section describes findings from the survey, supplemented with thoughts shared by focus group participants to illustrate or give greater context.
FINDINGS

Demographics

Race

All respondents self-identified as Latino/Hispano/a. When asked what race they identified with, 26% of survey respondents identified as white and 25% as indigenous from Latin America (Figure 2). One third (36%) selected “other race” and most often identified as Latino/Hispano/a from a country in Latin America.

Language

Over 88% of the respondents selected Spanish as their preferred language (Figure 3). More than half (53%) spoke only Spanish and 35% mentioned that they were bilingual with Spanish as the dominant language. The remaining participants (12%) selected English as their preferred language.

Age, Gender, and Sexual Orientation

Most respondents (74%) were between 25 and 49 years old, followed by 12% between 50 and 64 years old (Figure 4). Only 10% were between 18 and 24 years old and 4% 65 years or older; 1% preferred not to answer.

Two-thirds (67%) of the respondents identified as female (cis-gender), while the rest (32%) identified as male (cis-gender). One percent described some other status, including transgender, non-binary, non-conforming, and/or genderqueer; numbers for specific alternative statuses were too small to report. Most respondents (93%) shared that their sexual orientation was straight; the remaining 7% selected lesbian, gay, queer, and other.

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**Figure 2.** Race

**Figure 3.** Language Spoken
Education and Disabilities

One-fourth of respondents (26%) reported having a high school or General Educational Development (GED); 14% had some college, technical school, or associate degree; 7% had a bachelor’s degree; and 1% had a graduate degree (Figure 5). Very few (1%) reported having not attended school. Less than 10% shared that they had a disability that impacted their ability to walk, live, hear and/or learn.
Household Composition, Housing, and Financial Stability

Housing

Nearly half respondents (45%) reported having lived in the South King County area for ten or more years (Figure 6). The majority (78%) rented a house or apartment, and 11% reported owning a house or condominium.

Household Composition

Most respondents’ households included four or more members living under one roof (Figure 7). About one-fourth (26%) of respondents resided in a six-person household. Nearly three-fourths (74%) of the survey respondents were living with a person 18 years old or under.

Financial Stability

Nearly all (95%) of respondents identified money or financial need as a main source of stress, and most (89%) indicated housing costs were a source of stress (Figure 8). Focus group participants described challenges finding affordable and safe housing in Seattle. More than half (59%) of respondents shared that they did not earn enough to cover monthly household expenses (Figure 12).

Despite the difficulty of securing and affording housing, most survey respondents (92%) reported not receiving public housing assistance (Figure 9). In focus groups, participants reported that lack of information on how to successfully complete the application was a barrier to affordable housing. A focus group participant described it this way: “There’s very little information, because to be honest, we know very few people who have applied and have gotten a response regarding that. In the area where I live, the Latino friends and neighbors we have, there are people who have applied, but nobody has been told, ‘We can provide you with alternative housing.’ Everyone who has applied has been denied, so we don’t know how to apply or how they fill out the forms. There’s no reliable information for people to use that path.”

“About 5 years ago, I was looking to rent in Seattle, and the rents were very expensive. I couldn’t afford to pay for all that. So, I had to come to rent in Tukwila, which is a little cheaper, and it was the only place I found.”
Housing Conditions
Respondents reported experiencing housing conditions that pose risk to their health and safety (Figure 15). Over one-fourth (26%) reported exposure to mold, 21% pests (e.g., rodents and insects), 12% structural problems inside their home (e.g., water leaks and holes in the floor), 11% inadequate or unsafe wiring and electricity, 11% inoperable plumbing, and 10% structural problems outside their home (e.g., crumbling foundation and unsafe steps).

Most survey respondents (89%) shared that they reported a 2019 household annual income $49,999 or lower (Figure 11). Most (90%) reported a monthly household income of $3,500 or less during the pandemic. In comparison, the national monthly median household income is $5,600 (U.S. Census Bureau, 2021).

Household Experiences with COVID-19 Pandemic
More than half of the survey respondents shared that the COVID-19 pandemic greatly impacted their ability to cover their financial obligations or essential needs, including rent or mortgage payments, utilities, and groceries. A focus group participant shared, “I have some rent backed up and it’s going to go up for me and it’s going to be harder for me, very hard, and the way it’s going, I haven’t even recovered the hours. It’s going to be even harder for me to pay rent.” Focus group participants voiced challenges finding and making a living wage and how co-living with other families helps them make ends meet.
Health

Nearly three-fourths (72%) of survey respondents identified personal health as one of the main sources of stress (Figure 8). More than half (66%) reported not having health coverage. The remaining participants received health coverage through public health assistance (11%), employers (11%), spouse/partner (5%), parent (1%), or private healthcare plans (1%) (Figure 12).

Respondents noted the barriers to health coverage were the high cost of insurance (42%) and/or ineligibility given immigration status (37%; Figure 13). Some (7%) shared that their primary barrier for obtaining healthcare services when needed was not knowing how to access healthcare coverage. Focus group participants explained that it is more challenging for uninsured people to meet basic healthcare needs, and some participants reported it was disheartening when healthcare costs exceeded the ability to pay given income, which is similar to findings from other sources (WAISN, et al., 2020).

One focus group participant noted, “Healthcare has a cost and I think it’s expensive because [healthcare providers] decide how much you must pay according to your income. If a person has minimal income, the service is already expensive, and access to healthcare is limited.”
When survey respondents were asked what kept them from seeking care, the three greatest reasons were lack of health insurance (50%), concern about the cost for services (48%), and not having money to cover the pay (32%; Figure 14).

When respondents were asked where they go when they get sick or need advice about their health, most visited community clinics or health centers (68%), followed by the doctor’s office (12%), hospital emergency room (5%), and urgent care (1%; Figure 15). Thirteen percent mentioned they do not have a usual place to go.

When asked which healthcare services they most needed access to, the three most common desired services were dental care (35%), primary care (19%), and vision care (16%; Figure 16). Other services included reproductive healthcare or family planning (9%), behavioral health (9%), and prescriptions (5%). Respondents noted that healthcare access would improve if clinics were open longer and on weekends (55%) and had instructions in Spanish (42%; Figure 17).

Multiple focus group participants shared that they were satisfied with the medical attention or quality of healthcare they and their families received. Some attributed their satisfaction to the availability of resources in Spanish, including detailed and trustworthy information they received from the providers and medical facilities regarding treatment or medical procedure.

Roughly two-thirds (63%) of participants reported visiting community clinics or health centers as first options when seeking health assistance. When asked about their emergency healthcare, well over half (64%) said they found providers who spoke their same language, that they understood what the providers were telling them about their health (65%), and that it was easy to understand the information providers shared during the visit (60%; Figure 18). Experiences with interpreter services were not always positive. Focus group participants shared that they felt their concerns were not fully communicated to the healthcare professionals by interpreters and that their negative experiences with interpreters negatively impacted their quality of healthcare services.

One focus group participant stated: “I’m currently going up to [name of clinic] or [name of clinic], which is in Seattle, not in my home area. They always let you know when they have information regarding the disease or things like that and especially in your own language.”
Healthcare and COVID-19

Survey respondents and focus group participants reported that the stresses of quarantining, isolation, and fear of getting COVID-19 impacted physical and mental health. A focus group participant expressed,

“The stress generated from the quarantine. The fact that we’ve all been isolated for a long time and the fact that we have to take appropriate precautions all the time so that we don’t get contaminated and [within] the family because some got infected but especially the uncertainty of not knowing what’s going to happen.”

Almost all survey respondents (98%) shared that they made changes to their life to protect themselves and their household from COVID-19 since February 2020 (Figure 19). Specifically, participants responded that they practiced social distancing (86%) and wore masks when indoors or in crowded spaces outdoors (84%). More than half (58%) of the respondents were able to isolate or quarantine if they were exposed to, or became sick from, COVID-19. Respondents shared that they followed media coverage related to COVID-19 (e.g., watching or reading the news) (58%), and nearly half (47%) of the participants changed travel plans to minimize non-essential travel. Similarly, focus group participants expressed taking precautions to protect themselves and their families. A participant shared, “When COVID started, what I started doing was informing myself on what the virus is, the disease...”
and everything, and how it affects you and what the symptoms are. I started gathering information and once I started, I began purchasing alcohol, sanitizer, gloves, and masks; a lot of masks because I change my mask and gloves every day when I’m going to buy. I always use gloves. That’s how I’ve protected myself from the virus.”

The Latino Center for Health’s report on vaccine hesitancy stated that 70% of Latino/Hispano/a people are willing to get the vaccine (Latino Center for Health, 2021). This finding was supported by information gathered during the Community Needs Assessment focus groups. A focus group participant expressed the reason for getting the vaccine:

“In my case, if the vaccine is available, I’m going to get it. I’m also the type of person who thinks about family and the community, and everybody who could get infected with COVID. Well, it’s better for us to get the vaccine if the possibility is available.”

In Washington state, 76% of the population over 12 years old has received one dose of the COVID-19 vaccine compared to 43% of Latino/Hispano/a people (Latino Center for Health, 2021; Washington State Department of Health, 2021). In King County, the county with the highest vaccination rates, 86% of the population has at least one dose, whereas 68% of Latino/Hispano/a people have at least one dose (King County, 2021a). Lack of knowledge and the perceived need to have health insurance and pay for the vaccine were some leading factors for vaccine hesitancy and inability to get vaccinated (Latino Center for Health, 2021). This hesitation and information gap also emerged during the focus group discussions. For example, one participant expressed information needs:

“I don’t have the knowledge. I was just checking, reading, but others say that you don’t qualify yet, so I have to check that.”

Changes Made to Protect Self & Household Since COVID-19 Pandemic

In my case, if the vaccine is available, I’m going to get it. I’m also the type of person who thinks about family and the community, and everybody who could get infected with COVID. Well, it’s better for us to get the vaccine if the possibility is available.”
Food Security and Access

More than half (57%) of survey respondents reported that prior to the pandemic, they often or sometimes ran out of food and could not get more food due to financial constraints (Figure 20). A focus group participant expressed how she accessed food during the pandemic when she could not make ends meet:

“During the time that my husband wasn’t working, to be honest, I went to the food bank, which is located here, near where I live. There were churches that would give away boxes of food, so that was how we were able to get food, and well, sometimes I would help out other people when they didn’t have food. I would take them some, but that’s how I would get food.” Another said, “I gradually found places where to find additional food because of the scarcity of the financial income I was experiencing, but it’s currently very difficult with this disease.”

When we asked respondents about food security, almost half (43%) reported that they ate less than they should before the pandemic because of lack of money to spend on food. Food insecurity worsened during the pandemic to 62%, an increase of nearly 20% (Figure 21).

One focus group participant shared the helpfulness of having access to food banks as supplemental resources: “I live here in Auburn. There are plenty of food banks here and family members let you know, and you take some things from there. There has always been help here. I went for a while, and I was greatly benefitted with that help here.”

Few respondents (8%) reported that they have used SNAP and WIC food benefits. Focus group participants who did not use SNAP or/and food banks reported they were fearful of retaliation from the government because of their immigration status. A focus group participant shared,

“There were many families who didn’t have access to food. The Federal Way Food Bank is small, so there aren’t any people who speak Spanish at the Federal Way Food Bank, so people are sometimes scared and aside from that, at one point, the military was serving, the guard, so a lot of people wouldn’t go to the Food Bank because they felt kind of intimidated because they didn’t have documents.”
Education

When respondents were asked about access to daycare, childcare, before school, and/or afterschool programs, 12% mentioned that it was difficult to access these educational programs for infants and 10% for other school age children through 18 years old (Figure 22). Focus group participants shared those costs and location were the main barriers to accessing these educational programs. A focus group participant shared:

“There is a need for free programs because I’ve seen educational programs, some are paid programs and there are very few which are free”.

A majority (63%) of respondents mentioned that if they had a summer learning program available in their community, they would enroll their child if they were closer and free, which aligns with observations made by the Office of Seattle Public Instruction (OSPI, 2020).

Education and COVID-19

During the pandemic, almost half (47%) of the survey respondents mentioned that, due to lockdowns, educating children at home was one of the most significant sources of stress (Figure 8). About one-third (30%) reported handling the day-to-day demands of educating children at home not well or not well at all (Figure 23). A focus group participant summed up her experience: “I also have my children and it is difficult for them and it is difficult for them because it's not the same as personally going to the class or going to school compared to just being here at home. I mean, from home; it’s difficult to tell them to wake up or do this and that, do homework. It's not the same as when they go to school. It’s very difficult.”

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Just over one-third (34%) of respondents shared that both parents and children are experiencing more difficulties than prior to the pandemic (Figure 24). A focus group participant discussed the difficulty of weighing the pros and cons of virtual learning during the pandemic: “I have my daughters in school all the time at home. Well, one of them was really tired of studying at home. She wanted to go to school and everything and it was frustrating for me because it’s a risk. I have issues with my lungs...having them go to school and come back and they could get infected, so for me, it was a very tough decision to say no because she likes to interact with her classmates”.

Employment

Most respondents (82%) reported that job stability was a very significant or somewhat significant source of stress (Figure 8). Likewise, almost all participants (95%) shared that they experienced very significant or somewhat significant stress over money concerns (Figure 25). Over half of the participants (56%) were employed, and of those, 27% were employed part-time, 22% were employed full time, 7% were self-employed, and 1% had more than one job. For the remainder, about one-fifth (22%) were unemployed, stay-at-home homemakers (16%), had other sources of income (3%) or retired (2%; Figure 26).

Employment and COVID-19

About half (41%) of the respondents experienced a reduction in hours and/or wages due to the COVID-19 pandemic. Almost one third (29%) shared that they lost their employment, with an additional 19% furloughed due to the pandemic. Ten percent of the participants noted that they would not get paid if they didn’t go into work due to illness and 8% risked losing their job/business due to not going in, given COVID-19 risks (Figure 33; page 25). A focus group participant shared, “In my circle, a lot of people lost their job when quarantine started and it was hard for them to get another one, starting and accessing a new employment, or relocating is like the greatest difficulty.”
Participants in the focus group shared the challenges they faced maintaining their employment during the pandemic. A participant stated, “The difficulty I’ve currently faced during the pandemic regarding employment is transportation. I live in Auburn and my job is located all the way in Redmond, so up to four coworkers would carpool in a single car. Now, I have to use one car or in this case, I get a ride with another guy. We actually use the mask in the car and we come back together, but that’s been a problem too, like transportation for work.”

Focus group participants also highlighted the responsiveness of some employers during the pandemic. Safety measures and distribution of personal protective equipment from employers were highlighted as mitigation strategies to lower infection rates. Participants also noted continued provision of benefits for those who needed to quarantine and receive health services. A participant shared, “Well, in my case, the boss took everything we have; sanitizer, soap, personal distance, plenty of distance, a mask was always required. I think it was a great measure because the company has 200 employees in just one area, and only two have gotten infected, but not at the company, they got infected elsewhere, outside of the company.”

Some participants added their voice to recognize the benefits that they experienced from their company, including additional payments if they lost their job or when they worked during the peak of the pandemic: “I work for a company that has paid us for working during the pandemic as essential worker. They gave us a bonus, one in June and another in December for being at risk for exposure.”
Discrimination

Roughly 40% of the respondents had experienced discrimination, harassment, or unfair treatment because of their race and ethnicity. One focus group participant shared, “People discriminate against you for your race and for your appearance as a Latino. I have experienced it and to be honest, it doesn’t feel good at all that they look down on you just because of your skin color or your race.”

Respondents mentioned experiencing discrimination, harassment, or unfair treatment in several settings including housing (32%), the workplace (31%), schools (17%), the police and criminal system (14%), and civil legal system (7%; Figure 27). A focus group participant shared, “I’ve had several incidents with discrimination, even at work. I’ve had three jobs where I’ve had to face very different people and I have experienced racism. Until one day, somebody made me very mad and yes… I had to complain to someone, a supervisor, telling him how I was being treated.”

Discrimination is a source of chronic stress that affects the emotional health of people who endure any type of discrimination in any setting. A participant described, “I think there’s a lot of discrimination, and I’m a little afraid of walking in the streets because of that, because they look at you ugly or make you problems.”

Discrimination and COVID-19

The COVID-19 pandemic included an increase in hate incidents and crimes in diverse communities, with race, ethnicity, and ancestry as the main sources of bias motivation (U.S. Department of Justice, 2020). Almost half (44%) of survey respondents shared that they have been treated unfairly because of their race or ethnicity one or more times during the COVID-19 pandemic (Figure 28).

Almost half (40%) of the respondents thought that people expressing racist or racially insensitive views had become more common during the pandemic (Figure 29).
Community Needs

Among the convenience sample of stakeholders and people engaged in ECDLR’s service operations, nearly half (45%) had a housing or rent need, 30% a food need, and 23% a healthcare and/or medication need (Figure 30). More than half (58%) of survey respondents reported an unmet basic need, and 43% reported unmet needs in two or more areas of daily living (Figure 31).

These findings suggest community needs for additional basic supports, including housing and rental assistance, food, employment, health, and childcare. Well over one-third of the survey respondents (43%) reported multiple unmet basic needs, such as housing, employment, and more food.

When survey respondents were asked to respond about additional needs for services beyond basic needs, they most often indicated instruction in English as a second language (57%; Figure 32). Others mentioned nearly as frequently training on “knowing your rights,” healthcare access, financial counseling, legal services, and tax preparation assistance.
The survey and focus group discussions with people connected to ECDLR showed significant unmet basic needs in the areas of housing, food, healthcare, employment, and childcare supports. Well over half (58%) of respondents had one or more unmet basic needs. Additional findings illustrate the extent of needs:

- Three-fourths (75%) experienced food insecurity, including times when there was not enough food.
- One-third (29%) lost employment during the pandemic, and 25% had experienced food insecurity.
- One-third (30%) had food and/or housing needs (24% reported both as co-occurring needs).
- Nearly half (40%) reported food and/or healthcare/medication needs (12% reported both).
- Some respondents’ experiences show that people who could benefit from services are having challenges accessing care. Specifically:
  - Over one-third (35%) are seeking dental care, 19% primary healthcare, and 16% vision care.
  - Barriers to health coverage were the high cost of insurance (42%) and/or ineligibility given immigration status (37%).
  - Nearly half (45%) had a housing need and 18% had benefitted from housing or rental assistance.

Survey respondents and focus group participants noted that a lack of information about COVID-19 vaccination, such as how to access care and who is eligible, were challenges in the community.

It is important when considering these findings to remember that they are from a convenience sample of families engaged in supports provided by ECDLR. This convenience sample differs from the general population of people identifying as Latino/Hispano/a in King County. A higher proportion of the sample was female, under 64 years old, and lacked a bachelor’s degree compared to the county’s Latino/Hispano/a population overall (Table A4).

Nonetheless, the findings suggest that families engaged in community supports are more likely to have multiple needs or challenges accessing care, and nearly half are seeking supports for basic housing, healthcare, and food security. In the face of these challenges, however, survey respondents are resilient and have supports they access. Most respondents changed their behaviors to ensure their safety during the pandemic (Figure 25). When connected with healthcare providers, roughly two-thirds...
found providers who spoke their same language and understood what providers were telling them about their health and the information shared during the visit (Figure 26).

**Recommendations**

The following recommendations are based on 2021 survey findings as well as ECDLR staff experiences from years of providing services to support the Latino/Hispano/a community. Communities in South King County engaged with community-based organizations to meet basic needs require support in the areas of financial stability, housing, health, food security, education, employment, and community safety. Services that are accessible and culturally responsive are more likely to be effective. Additional measures are needed to ensure programs and services are in language and can be easily accessed by Latino/Hispano/a residents regardless of citizenship status or geography. Recommendations by basic support type are as follows:

**Household and Financial Stability**

- Expand financial assistance programs for lower-income households to include payment for rent and utilities and for the purchase and improvement of homes.

- Expand programs aimed at providing emergency housing for people who have been evicted or have limited resources and are at risk of losing housing.

- Ensure safe and affordable housing projects for lower-income people in places with easy access to health, education, and food services.

- Ensure free assistance, advice, and legal representation for lower-income tenants to support efforts to ensure landlords provide safe and stable housing conditions.

- Continue and expand economic relief funds for people with limited resources who are adversely affected by the COVID-19 pandemic. This includes:
  - Assistance for people struggling with medical incapacity, death of family members, and loss of employment or working hours.
  - Support for people who must isolate after COVID-19 exposure, including coverage of medicine and childcare.

**Health**

- Ensure access to comprehensive health insurance and high-quality, culturally appropriate health services for uninsured and underinsured community members. This includes:
  - Mental, primary/preventive, dental, and visual healthcare services.
  - Ongoing dissemination of health services, healthcare insurance, and subsidies available in South King County for lower-income and immigrant community members.
  - Ensure community members are aware of how to maintain physical and behavioral
health. This includes culturally appropriate information describing mental health concerns and prevention strategies as well as services to address behavioral health concerns.

- Promote representation of Latino/Hispano/a health personnel across health services and support equitable and stable working conditions.
- Ensure access to services by providing support, including free transportation services to medical services and centers, qualified interpreters and translators, childcare, and financed or free access to medicines and medical treatments.

**Food Security**

- Strengthen initiatives and services aimed at ensuring access to nutritional, culturally appropriate food for lower-income residents. This includes:
  - Additional food distribution programs to finance food in any commercial establishment to increase food security.
  - Distributing basic food items in places frequented by community members, such as schools and places of worship.
  - Develop and promote food and nutrition education initiatives to ensure awareness of and build capacity for healthy food consumption.
  - Encourage and support business initiatives and ventures aimed at the production and/or distribution of ethnically and culturally diverse, healthy food.

**Education**

- Expand services that increase access to education, such as financed or free childcare and before and after school programs, as well as transportation services for lower-income students, regardless of geography.
- Expand support for virtual and distance education, such as providing technical resources (internet and computers) as well as social and emotional supports.

**Employment**

- Create incentive-based systems for worksites to promote employment of lower-income and marginalized community members, including those with physical or intellectual disabilities.
- Create programs and initiatives that prepare community members with best practices to find, interview, and negotiate when searching for employment opportunities.
Enhance business development and entrepreneurship programs for lower-income community members on starting a business, business management, and business administration.

Create programs that train lower-income employees, regardless of immigration status, on employee rights, unfair labor practices and reporting guidelines, and resources for legal representation.

Create benefits programs that ensure pay leave due to medical disability or medical emergency of the employee or their family members.

**Discrimination**

Continue and expand campaigns combating discrimination based on race, ethnicity, and nationality. Ensure campaigns address the harm perpetuated by negative social and cultural stereotypes and that they eradicate these stereotypes.

Implement efforts to reverse systemic racism and center racial equity to improve access to quality education, employment, housing, healthcare, and other resources that promote financial stability.

Improving access, comprehensiveness, and use of programs and supports will increase health equity as well as help remedy the adverse impact of the pandemic felt by many Latino/Hispano/a families. Ensuring that people have high-quality programs in their language, are safe from discrimination, and are served by Latino/Hispano/a professionals when possible support increased use of these critical services.
Acknowledgments

The meaning of selflessness is manifested through the team of people who contributed to the development of this Community Needs Assessment. Through bi-weekly meetings over a two-year period, developing survey tools, training staff and volunteers to conduct the surveys, coordinating meetings, note taking, researching data, editing, re-writing sections, translating the executive summary and so much more, we arrive at this assessment. We are eternally grateful for those community minded individuals who made it a success.

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Los años 2020 y 2021 fueron desafiantes para varios integrantes de nuestras comunidades como consecuencia de la pandemia de COVID-19, el asesinato de Gorge Floyd y el movimiento comunitario que precedió la declaración del Condado de King del racismo como una crisis de salud pública. El COVID-19 y los efectos secundarios de los esfuerzos para prevenir su propagación impactaron la salud, la seguridad y la economía de la comunidad, y la comunidad Latina/Hispana no es la excepción. El propósito de El Centro de la Raza es incidir a favor de la comunidad a nivel local y estatal para crear políticas que atiendan las necesidades del Sur del Condado de King y de la comunidad Latina/Hispana.

El equipo de El Centro de la Raza (ECDLR) se asoció con el Programa Voces Comunitarias del Instituto Ciencias de la Salud Traslativas (ITHS por sus siglas en inglés) de la Universidad de Washington para llevar a cabo una evaluación de las necesidades de la comunidad para apoyar su propósito y para comprender mejor sus necesidades. La evaluación está basada en una encuesta dirigida a la comunidad Latina/Hispana en ocho ciudades del Sur del Condado de King, y de de grupos focales. Este informe resume la metodología y los principales hallazgos.
El objetivo de ECDLR con la Evaluación de las Necesidades de la Comunidad 2020-21 fue identificar las necesidades de la comunidad Latina/Hispana y mejorar, mantener y crear programas y servicios efectivos que la beneficien. La Evaluación de Necesidades de la Comunidad se centró en el Sur del Condado de King para identificar las necesidades de la creciente comunidad Latina/Hispana. Personal de ECDLR, voluntarios comunitarios y el Programa Voces Comunitarias del ITHS de la Universidad de Washington desarrollaron conjuntamente la encuesta y la guía para los grupos focales. Los socios comunitarios de ECDLR dieron su aprobación final a los aspectos relacionados con el diseño e implementación del estudio. La encuesta y los grupos focales fueron se llevaron a cabo para conocer mejor las necesidades de la comunid y su contexto. La Evaluación de las Necesidades de la Comunidad aplicó una muestra por conveniencia de personas involucradas en los servicios, apoyos y/o actividades de ECDLR. Posteriormente, llevamos a cabo grupos focales con algunos de los encuestados para comprender mejor el contexto de los desafíos, necesidades y fortalezas identificadas.

Principales Hallazgos

- Las necesidades insatisfechas más comunes de los hogares fueron renta y vivienda, alimentación, servicios de salud, empleo, transporte y cuidado de niños/as.
- Aproximadamente el 80% de los/las participantes rentaban una casa o un apartamento y menos del 15% de ellos/as aplicaron y recibieron ayuda económica.
- Más del 60% de los/las participantes informaron no tener seguro de salud.
- La falta o limitada información culturalmente apropiada y fiable acerca del costo, la cobertura y los efectos secundarios de la vacuna de COVID-19 contribuyeron a la reticencia a la vacuna.
- Menos del 10% de los participantes usaron el Programa de Asistencia Nutricional Complementaria (SNAP por sus siglas en inglés); el Programa Especial de Nutrición Complementaria para Mujeres Niños y Niñas (WIC por sus siglas en ingles) y programas de comedores escolares para acceder a la alimentación, algunos por temor a retaliaciones del gobierno por acceder a servicios públicos.
- La mayoría de los participantes (81.5%) indicó la estabilidad laboral como la principal causa de estrés. Durante la pandemia, 22% de los encuestados perdieron sus trabajos y no pudieron brindar apoyo económico a sus hogares; 40% de los encuestados experimentaron reducción en las horas de trabajo y/o en los salarios.
- La mitad de los encuestados sufrió de discriminación en su contra o tratado injustamente por su raza u origen étnico una o más veces durante la pandemia de COVID-19.
- La mayoría (80%) llevó a cabo prácticas de autocuidado para protegerse del COVID-19.
La encuesta y las discusiones en los grupos focales con personas vinculadas a ECDLR mostró considerables necesidades insatisfechas-vivienda, alimentación, empleo y apoyo en el cuidado de niños. Más de la mitad (58%) de los encuestados tenía una o más necesidades básicas insatisfechas (gráfico 31). A continuación, algunos hallazgos que permiten ilustrar la magnitud de las necesidades:

- Tres cuartos (75%) experimentó inseguridad alimentaria, habiendo veces donde no tenía suficiente comida.
- Un tercio (29%) perdió el empleo durante la pandemia, y 25% experimentó inseguridad alimentaria.
- Un tercio (30%) tuvo necesidades alimentarias y/o de vivienda (24% indicó las dos como necesidades concurrentes).
- Cerca de la mitad (40%) indicó necesidades alimentarias y/o de atención en salud/medicamentos (12% reportaron ambas necesidades).

La experiencia de los/las encuestados/as muestra que las personas que podrían beneficiarse de servicios están teniendo dificultades están teniendo dificultades accediendo a la atención. Específicamente:

- Más de un tercio (35%) buscan atención odontológica, 19% atención médica primaria, y 16% atención oftalmológica.
- Las barreras para la cobertura en salud fueron el alto costo del seguro (42%) y/o la inelegibilidad por el estatus migratorio (37%).
- Cerca de la mitad (45%) tuvo una necesidad de vivienda y el 18% se ha beneficiado de asistencia para la vivienda o para la renta.
- Los encuestados y los participantes de los grupos focales señalaron que la falta de información sobre la vacuna de COVID-19, así como la manera de acceder a ella y quién era elegible, fueron desafíos para la comunidad.

Al considerar estos hallazgos, es importante recordar que estos provienen de una muestra por conveniencia de familias beneficiadas de los servicios que brinda ECDLR. El mayor porcentaje de la muestra comparado con el condado en la pre-pandemia sufría inseguridad alimentaria, la mayoría no tenía título universitario, y eran mayores de 65 años (ver apéndice A). Los hallazgos sugieren que las familias beneficiarias de ayudas comunitarias son más propensas a tener múltiples necesidades o dificultades para la atención, y cerca de la mitad están buscando asistencia para vivienda básica, atención médica y seguridad alimentaria.
Recomendaciones
Las siguientes recomendaciones se basan en los hallazgos de la encuesta 2021 así como en las experiencias del personal de ECDLR en años de brindar servicios para asistir a la comunidad Latina/Hispana. Las recomendaciones por tipo de atención básica son las siguientes:

- Ampliar los programas de asistencia a los hogares y los programas de ayuda financiera de tal manera que incluyan vivienda de emergencia y, para familias de bajos ingresos, el pago de la renta y servicios y recursos financieros para la compra y mejoramiento de sus viviendas.

- Asegurar el acceso a cobertura integral en salud y servicios de atención médica de calidad y culturalmente apropiados para los/las integrantes de la comunidad sin seguro médico o con seguro insuficiente. Incluir subsidios disponibles en el Sur del Condado de King para integrantes de la comunidad de bajos recursos e inmigrantes y garantizar el acceso a servicios brindando asistencia para la atención que de otra forma sería inasequible.

- Fortalecer las iniciativas y los servicios de seguridad alimentaria dirigidos a asegurar el acceso a comida nutricional, culturalmente apropiada para residentes de bajos recursos. Esto incluye iniciativas de educación nutricional que garantice concientización y capacidades para el consumo de alimentación saludable, así como iniciativas de negocio para producir/distribuir alimentación saludable local, culturalmente diversa.
Ampliar los servicios educativos que incrementen el acceso a la educación, tales como cuidado de niños financiado o gratuito y programas para antes y después del horario escolar, así como servicios de transporte para estudiantes de bajos recursos, independientemente de la ubicación geográficas. Esto incluye asistencia para la educación virtual y a distancia, así como recursos técnicos (internet y computadores) y apoyo social y emocional.

Crear apoyo al empleo e incentivar programas para promover el empleo de integrantes de la comunidad de bajos recursos y marginalizados, incluyendo aquellos con discapacidades físicas o intelectuales. Así mismo, garantizar que los empleados, independientemente de su estatus migratorio, sean protegidos de prácticas inseguras e injustas y se beneficien de la licencia remunerada por incapacidad médica o emergencia médica del empleado o de los integrantes de su familia.

Continuar y ampliar las campañas para combatir la discriminación basada en la raza, el origen étnico y la nacionalidad. Asegurar que las campañas aborden el daño ocasionado por los estereotipos sociales y culturales negativos y se dirijan a erradicar estos estereotipos.

Garantizar que las personas accedan a programas de alta calidad en su idioma, exentos de discriminación, y que sean atendidos por profesionales Latinos(as)/Hispanos(as) siempre que sea posible, favorece un mayor acceso y uso de servicios esenciales. Mejorar el acceso, integralidad, y la utilización de los programas y otros apoyos, con el tiempo, amplia el acceso equitativo a la salud y ayuda a remediar el impacto adverso de la pandemia experimentado por muchas familias Latinas/Hispanas.
Appendix

Additional Sample Description
Survey respondents were excluded from the sample when they lived out of the selected cities or did not self-identify as Latino/Hispano/a (Table A1). Roughly 25% of the sample identified as living in a zip code that spanned multiple cities (Table A2). A higher proportion of survey respondents were female, younger than 65, and did not have a bachelor’s degree compared to King County overall (Table A4).

Survey Participants

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<tr>
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South King County Cities in Sample

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Respondents by Zip Code

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<tr>
<td>Total</td>
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</tbody>
</table>

Missing City 9
Entire Total 578
## Select Demographics of Sample and County

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Sample</th>
<th>King County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
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</tr>
<tr>
<td>18-64</td>
<td>96%</td>
<td>64%</td>
</tr>
<tr>
<td>65+</td>
<td>4%</td>
<td>4%</td>
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<tr>
<td>Prefer not to answer</td>
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<tr>
<td><strong>Gender</strong></td>
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</tr>
<tr>
<td>Female cisgender</td>
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<td>47%</td>
</tr>
<tr>
<td>Male cisgender</td>
<td>67%</td>
<td>53%</td>
</tr>
<tr>
<td>Other</td>
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<tr>
<td><strong>Other characteristics</strong></td>
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<tr>
<td>Less than a bachelor’s degree</td>
<td>91%</td>
<td>73.5%(^b)</td>
</tr>
<tr>
<td>Experienced food insecurity pre-pandemic</td>
<td>43% (Figure 29)</td>
<td>28%(^c)</td>
</tr>
</tbody>
</table>

\(^a\) Based on 2018 estimates from [King County Population Dashboard—Communities Count](https://kingcounty.gov/population)

\(^b\) 2019 data from [American Community Survey—King County](https://www.census.gov/)

\(^c\) 2018-19 data from [Behavioral Risk Factor Surveillance System—King County](https://www.cdc.gov/)
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