

**Understanding Healthcare Services Distribution among King County Community-
Based Organizations Serving Immigrant and Refugee Populations**

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Executive Summary:

King County is the largest county in Washington State with over 2 million residents, and according to the most recent census data, approximately 23.1% of King County residents are foreign-born.¹ Despite nearly a quarter of the population being born outside the United States, immigrants and refugees in King County still face a myriad of challenges in accessing healthcare services.²⁻⁵ One common avenue to access healthcare services is through community-based organizations (CBOs), but the network of healthcare CBOs has not been well documented. To address this gap, I conducted a survey of CBOs in King County that serve immigrant and refugee populations to assess the role that CBOs play in delivering healthcare services. Primarily, I wanted to understand what gaps and overlaps, if any, exist in healthcare service provision to immigrants and refugees in King County. I also sought to understand how CBOs were working together to provide these services, if at all.

To answer these questions, I developed a survey that was distributed to CBOs in King County who work with immigrants and refugees. The survey covered the history of the organization, the populations they serve, healthcare services provided, and the facilitators and barriers they encounter in service provision, including ways in which they work with other CBOs to provide services. The survey was sent out to a total of 60 CBOs, 10 of which completed the survey. The websites of all 60 identified CBOs were also searched for relevant healthcare services to provide more depth in the analysis.

Based on the survey results and the information extracted from CBO websites, several gaps and overlaps in healthcare services were identified. There was a great deal of overlap in the number of behavioral health and senior health services, assistance signing up for insurance benefits, and community health education. Additionally, the majority of organizations were located in South and Central King County. However, few organizations provided services related to dentistry, optometry, obstetrics/maternal health, or traditional medicine. Transportation services were also significantly lacking in all regions of King County.

Therefore, it is recommended that grant-making agencies in King County prioritize funding for maternal health, traditional medicine, and transportation services across racial and ethnic groups of immigrants and refugees. Additional funds should be allocated to unique programs that seek to provide multi-agency trainings and health education sessions, especially where the target populations of the participating agencies are similar. In this way, CBOs can bridge the gap of needed services to ensure that the immigrant and refugee populations in King County are able to access all healthcare services and maintain their health.

Introduction

Individuals who immigrate and seek refuge in the United States face a myriad of challenges that can negatively impact the health of individuals and communities.^{2,3} While foreign-born residents make up approximately 7% of the US population, nearly a quarter of King County's residents reported being born outside of the United States.^{1,6} Even in a county with such a high proportion of foreign-born residents, there are many challenges that face immigrants and refugees in these communities. While many immigrants face barriers in accessing jobs, schools, and other social services, there are many unique reasons that immigrants particularly lack access to healthcare. In the literature, lack of physical access to healthcare (transportation, language barriers, etc.), lack of insurance, fear of stigmatization, and concerns about healthcare costs are cited as some of the primary barriers to healthcare access.⁷⁻¹⁰

Fortunately, there are many community-based organizations (CBOs) that seek to fill these gaps. CBOs are key players in helping immigrants and refugees access healthcare services in King County. This includes the provision of direct healthcare services like general appointments, mental health counseling, and in-home visits. Referrals to other local clinics/CBOs for services and provision of health education also comprise the suite of healthcare services. However, while we know that CBOs offer these services, there is a lack of research about how these services are distributed across King County, both in terms of geography and ethnic populations. Additionally, the limited funding that is available to CBOs increases competition for an increasingly small slice of the non-profit pie, resulting in competition between CBOs to gain the most funding and provide the most services. This competition results in a muddled picture of what resources are available and how CBOs can work together to provide these services equitably across King County.

Methods & Scope

I constructed a survey to be distributed to all community-based organizations in Seattle that 1) work with immigrant and refugee populations and 2) provide healthcare services. In my definition of healthcare services, I included the provision of direct healthcare services such as providing access to appointments with physicians, dental services, and preventative services (like blood pressure screenings). I also included referrals to other clinics/CBOs as part of healthcare service provision. Finally, health education was included as part of healthcare provision. The complete survey is attached in Appendix B.

The survey was distributed to 60 CBOs in King County. These CBOs were identified through Google searches using terms such as "immigrant," "refugee," "asylum seeker," "community organization," "healthcare services," "Seattle," and "King County. After searches yielded repetitive results, it was determined that saturation had been reached. The website or Facebook page of each organization was searched for activities and programs relating to healthcare as defined above. Organizations were contacted an initial time with information about the survey topics and an estimated date of when the survey would be available. Within a week, a follow-up email was sent with the survey link. A reminder email was sent approximately one week later. When emails were not available, calls were placed to the organizations in addition to Facebook messages where applicable.

The survey remained open and available to all CBOs for 3 weeks. After the survey closed, the results were analyzed and compiled. If there were responses that required clarifications, respondents were contacted by email or phone call. Additionally, the websites of all 60 identified organizations were searched for a listing of services and programs provided; these website publications were also utilized to determine how widely services were advertised to target populations and contrasted with responses from organizations that filled out the surveys.

Results

Organizations and Clients Descriptions

A total of 10 CBOs completed the survey for a 16.6% response rate. These organizations were founded between 1971 and 2019 and served between 1,700 and 76,177 clients in the past calendar year (median=7,222 clients). Organizations had a median of 17 full-time staff and 3 part-time staff; all had fewer than 60 unpaid volunteers at their sites. All organizations reported that more than 50% of their staff spoke more than one language with Spanish, Arabic, and Somali being the top three most spoken languages among staff (n = 5, 4, and 3 respectively).

Of the 7 organizations that reported an annual budget for the last calendar year, the median budget was about \$710,000 USD. Organizations also reported on the sources of funding that they had received in the last year. The most common sources of funding were grants and contracts at the city level (n=8), fundraisers, donations, foundation grants, and grants/contracts at the state level (n = 7). Other income sources included corporate contributions (n = 5), federal grants and contracts (n = 4), and fee-for-service programs (n = 2).

Most organizations who completed the survey indicated that over 80% of their clients were immigrants (n = 7) and refugees (n = 5). The majority of these immigrant and refugee populations were described as coming from Mexico, El Salvador, Somalia, Ethiopia, and Eritrea. However, other main countries of origin included Afghanistan, Vietnam, China, Hong Kong, Taiwan, and Bhutan.

Healthcare Overlaps

Through both the completed surveys and the information that CBOs published on their website, there were several areas of overlap wherein organizations had duplicated services being provided to client bases. When considering the overlaps in healthcare services, it is important to note that these overlaps may arise out of necessity. When asked about the greatest barriers to providing healthcare services for immigrants and refugees in King County, nearly all organization contacts highlighted the importance of linguistically and culturally appropriate services. The services with the largest overlap among organizations were provided to a wide variety of people, across racial/ethnic groups, ages, and genders. The repetition of such services may be necessary in order to ensure that the provided services are meeting the unique needs of the populations they are intended to reach. However, several overlaps were identified and are described below.

The first and largest area of overlap was in the provision of behavioral health services, specifically group and individual mental health counseling services. Of the organizations that responded to the survey, only three provided behavioral health services. However, of the 60 organizations that were contacted, 24 mentioned that behavioral health services were part of the comprehensive service package offered to clients.

Another service area where community organizations overlapped was senior health services. Most often, this consisted of educational classes that were provided to senior citizen immigrants and refugees. Only one survey respondent indicated that their organization provided health education classes to seniors, but ten of the organizations' websites indicated that senior service health classes were offered. Typically, organizations did not further limit participation in classes to other demographic characteristics, but some organizations did indicate that their services were geared towards particular racial/ethnic groups such as Vietnamese immigrants.

Another overlap in service provision among King County CBOs is providing assistance signing clients up for Medicare, Medicaid, and other forms of government/private insurance. This overlap stood out most when looking at the survey results. Eight out of ten organizations indicated that they help clients sign up for Medicare/Medicaid while seven organizations indicated that they provide assistance signing up for other forms of insurance. However, during the website review, only three organizations explicitly mentioned this form of assistance on their website. Despite this difference in how services are publicized, the majority of organizations are actually providing assistance with insurance enrollment.

The last tangible service area that had consistent overlaps was in community health education. This was touched upon briefly in the discussion on senior health programs, but seven and eight respondent organizations indicated that they do infectious/chronic disease prevention education efforts and community health outreach events respectively. On their websites, 14 organizations reported that they participate in community health outreach events to educate the public on a variety of issues, including diabetes awareness, lead poisoning reduction, and HIV testing.

Finally, based on survey results, there is a large overlap in geographic service provision. Eight of the ten responding organizations are located and provide services exclusively in Central and South King County. The remaining two respondents indicated that they provided services across all regions of King County, including the Central and South regions. This geographical segregation of services reflects the higher percentage of immigrants, refugees, and people of color who live in Central and South King County as a result of historical redlining practices in the county. However, it is still important to note that communities of color exist outside of these geographical boundaries, and healthcare needs to be accessible to those who live in North and East King County as well.

Healthcare Gaps

There were several gaps that were also able to be identified from the survey results and organization websites. These gaps were in direct service provisions, as well as supporting services that aid in accessing healthcare.

In terms of direct service provision, one of the biggest gaps was dentistry and optometry services. These services are sometimes considered part of general insurance benefits as part of employment. However, due to undocumented immigration status and the trauma that may be associated with permanent relocation to a new country, many immigrants and refugees may not be able to find work that provides high quality insurance. An undocumented/non-citizen immigration status for many immigrants is a factor that several CBO respondents indicated was a significant barrier to providing healthcare services. Employers may seek to take advantage of their undocumented immigrant and refugee employees through withholding benefits such as pay and adequate insurance. This amplifies the need for more dentistry and optometry services to be provided by health-focused CBOs in King County, even if that is simply more partnerships with healthcare clinics such that referrals can be provided for clients who need them.

Another direct service area that needs attention is obstetrics and maternal health services. Only a single responding organization noted that obstetrics care was provided for clients, and overall, only three organizations total had obstetrics listed as an area of care on their websites. “Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period,” as defined by the World Health Organization.¹¹ This is a critical time to provide support for migrant and refugee women as they navigate new healthcare systems, social networks, and community organizations. Additionally, the 2018 fertility rate among immigrant women in the US was 61 births per thousand compared to a fertility rate of 50 births per thousand among native-born women, further supporting the need to advertise and provide maternal health services through CBOs.¹²

Another gap in healthcare service provision is traditional and indigenous medicine. As was discussed earlier, CBOs prioritize providing culturally and linguistically sensitive services to their client population in order to build trust and adequately provide for the needs of their clients. However, only one organization that responded indicated that traditional medicine is part of the services they provide. Additionally, only one organization had traditional medicine listed as a provided service on their website. Previous research has shown that immigrant and refugee communities of various races and ethnicities continue to utilize traditional medicine after immigration to the United States.¹³⁻¹⁵ Therefore, traditional medicine could be incorporated into CBO service provision where appropriate to meet the needs of client populations.

The final identified gap in healthcare services among CBOs is transportation services. Although this is not a direct healthcare service, transportation is vital to ensure that individuals are able to reach their healthcare providers and appointments without undue burden. Only one organization indicated that transportation was available to clients on the survey, and only one organization had transportation services listed on their website. Five out of the 10 responding organizations also noted that transportation was a significant barrier to providing healthcare services to immigrant and refugee populations in their experience; this has been further supported by previous research indicating that transportation remains a significant barrier to healthcare access for different immigrant groups across the United States.

Recommendations

A total of 4 recommendations have been developed based on the findings of the CBO survey and the information that was made publicly available on non-responding CBO websites. These recommendations are intended to be used by funding organizations to ensure that the gaps and overlaps in healthcare service provision for King County immigrants and refugees are addressed in an equitable way.

First, organizations who intend to provide or supplement maternal health programs should have prioritized funding in future grant cycles. While obstetrics care is generally not part of the services provided by community-based organizations, there are many opportunities to support pregnant individuals and their children. For example, CBOs could offer workshops for mothers that engage on topics such as proper nutrition during pregnancy (including nutritious meals from clients' home countries), accessing childcare in the US, and navigating the US healthcare system for birthing and their child's future healthcare needs. Additionally, CBOs have an opportunity to engage in resource provision for expecting individuals in the form of diapers, formula, etc. and providing access to basic necessities and community "recycling" programs where families donate unused cribs, clothing, etc. and others have the opportunity to reuse them. More direct funding for these types of programs should be made available to CBOs to ensure that mothers and their children are provided for and have support and connections to lean on during pregnancy, birth, and the postpartum period.

Second, funding organizations should provide more targeted resources for programs that integrate traditional medicine into healthcare provision and education efforts. Both the CBO respondents and prior research have highlighted the importance of providing linguistically and culturally appropriate services for immigrant and refugee populations. With many immigrant populations continuing to seek out traditional medicine services after immigrating to the United States, there is a missed opportunity for CBOs providing healthcare services to integrate traditional medicine into their care programs for these populations. Funding organizations should emphasize the inclusion of traditional medicine programs and services into CBO healthcare provision.

Additionally, there is a great need for funding transportation services among CBOs that provide healthcare to refugee and immigrant populations. With the many pressures that exist for immigrants and refugees in a new country, transportation to and from healthcare services is an additional burden that makes it increasingly difficult to access healthcare. Very few CBOs responded or indicated on their website that they provide transportation services to healthcare appointments and programs that they offer. Many of the responding organizations did indicate however that transportation is a main barrier to providing healthcare services for immigrants and refugees, and this is echoed in previous research on healthcare barriers where authors noted that individuals on Medicaid and those with low incomes bore the largest impact of transportation barriers.^{16,17} Therefore, it is recommended that funding organizations prioritize transportation services to ensure that the array of current healthcare services can actually be accessed by the populations they are intended to serve.

Finally, there is an opportunity to streamline community outreach projects and topics among CBOs. Nearly all CBOs that responded to the survey indicated that they engage in community outreach and health education on a regular basis. As such there are opportunities for interagency collaboration to provide jointly offered trainings and programs when topics are able to be discussed in English or some other common language between participants. Funding agencies should prioritize resources for multi-agency trainings and programs offered by CBOs, especially among CBOs that have similar or overlapping target populations.

Limitations:

This project has several limitations. First, the survey had a very low response rate (16.6%) from all CBOs contacted (n = 60 organizations). Supplementary information was gleaned from the publicly available websites of CBOs who did not respond to the survey; however, questions about the accuracy of the healthcare service information available on the websites still remain. In several instances, the survey results conflicted with the findings from the organizations' websites such that few websites indicated providing a service and yet many responding organizations indicated providing that service. This makes it difficult to truly assess the scope and spread of healthcare service provision among CBOs in King County.

Second, this study focused on organizations that provided at least some form of healthcare services; other organizations that provided only social services, legal services, arts and cultural opportunities for immigrant and refugee populations were not included in the survey.

Finally, this study is focused on King County, Washington and may not reflect the experiences of CBOs, immigrants, or refugees in other Washington State counties or other states altogether. However, this study was not intended to be representative of the CBO network of the United States and is intended only to represent the immigrant/refugee CBO network within King County.

Conclusions

There is a strong network of community-based organizations in King County that serve immigrant and refugee populations. Furthermore, King County has an extensive funding base, enabling the CBO network to maintain a wide reach and offer a variety of healthcare services to their target populations. However, even within King County, there are a variety of overlaps and gaps in healthcare service provision that prevent the equitable distribution of healthcare services for immigrants and refugees.

Many organizations overlapped in the provision of behavioral health and senior health services, assistance signing up for insurance benefits, and community health education. Additionally, the majority of organizations were located in South and Central King County. However, based on qualitative responses from participating CBOs, these overlaps are intentional in order to provide linguistically and culturally tailored and appropriate services to each organization's respective client population. Additionally, the majority of immigrant and refugee populations are located in South and Central King County, aligning with the distribution of CBOs in those county regions.

However, there were also a great deal of gaps in healthcare service provision for immigrants and refugees in King County. Namely, very few organizations provided services related to dentistry, optometry, obstetrics/maternal health, or traditional medicine. Transportation services were also significantly lacking in any region of King County. Therefore, it is recommended that funding agencies in King County prioritize the use of funds to provide maternal health, traditional medicine, and transportation services for a variety of racial and ethnic groups of immigrants and refugees. Additionally, more funds should be allocated to unique programs that seek to provide multi-agency trainings and health education sessions, especially where the target populations of the participating agencies are similar. In this way, we can bridge the gap of needed services to ensure that the immigrant and refugee populations in King County are able to access all healthcare services and stay healthy.

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Appendix A: Table of community-based organization healthcare services provided by survey response and website publication

Service	# Survey Respondents (n = 10)	# Website Publications (n = 60)
Direct Healthcare	-	-
None	5	N/A
Individual mental health counseling	2	24
Group mental health counseling	2	
General healthcare services	2	12
Dentistry	2	4
Optometry	1	2
Pharmacy	2	4
Obstetrics/maternal health	1	3
Traditional medicine	1	1
Home care	1	4
Drug addiction treatment	1	5
Vaccinations (including COVID19)	1	0
HIV testing	2	1
Transportation to healthcare services	1	1
Referrals		
Refer directly to healthcare service	8	0
Refer to other CBOs for healthcare services	8	0
System navigation	8	4
Case management	5	7
Assistance signing up for Medicare	7	3
Assistance signing up for Medicaid	7	
Assistance signing up for other insurance	6	
Healthcare Education/Outreach		
Infectious disease prevention education	7	14
Chronic disease prevention education	7	
Community outreach events	8	
Collaboration with other CBOs		
Healthcare services	10	0
Non-healthcare services	7	0

Appendix B: Survey

Organization Description

1. What is the name of the organization you work for?
2. What year was the organization founded?
3. How many full time staff are currently employed at your organization?
4. How many part time staff are currently employed at your organization?
5. How many unpaid volunteers are currently serving at your organization?
6. What percentage of your full- and part-time staff speak more than one language?
 - 0-25%
 - 26-51%
 - 51-75%
 - 76-100%
 - Do not know
 - Refuse to answer
7. Aside from English, which language(s) are spoken by your full- and part-time staff?
 - Spanish
 - Mandarin Chinese
 - Hindu
 - Urdu
 - Bengali
 - Punjabi
 - Nepali
 - Arabic
 - Malay
 - Tagalog
 - Russian
 - Portuguese
 - Somali
 - Korean
 - Japanese
 - Other _____
8. What is your organization's annual budget?
9. In the last year, what sources of funding has your organization received?
 - Federal grants and contracts
 - State grants and contracts
 - City grants and contracts
 - Fundraisers
 - Donations
 - Foundation grants
 - Corporate contributions
 - Funds from religious organizations
 - Fee-for-service programs
 - Other _____

- I don't know
- I'd prefer not to answer

Populations Served

10. In the previous year, what was the number of unduplicated clients that your organizations served?
11. In the previous year, what percentage of your clients had immigrated to the United States?
12. In the previous year, what percentage of your clients were refugees or asylum seekers?
13. Please list the top three countries of origin for your clients in the previous year.
14. In which region(s) of King County does your organization have programs or facilities?
 - North King County (Shoreline, Lake Forest Park, Bothell, Skykomish)
 - Central King County (Seattle, Bellevue, Redmond, Kirkland)
 - East King County (Sammamish, Issaquah, Snoqualmie, North Bend)
 - South King County (SeaTac, Renton, Federal Way, Enumclaw)
15. How does your organization find new clients?
 - Clients are referred by other community-based organizations
 - Clients are referred by immigrant/refugee resettlement agencies
 - Clients reach out to us directly
 - Online advertisements (eg Facebook)
 - Radio advertisements
 - TV advertisements
 - Participation in community events (eg setting up a booth at a local health fair)
 - Other _____

Healthcare Services

16. Which direct healthcare services are provided by your organization?
 - Individual mental health counseling
 - Group mental health counseling
 - Drug addiction treatment/recovery services
 - General healthcare services (eg regular check-ups with a physician)
 - Dentistry
 - Optometry
 - Obstetrics/maternal health services
 - HIV testing
 - Pharmacy services
 - Home care
 - Disability services
 - Transportation to healthcare appointments/services
 - Traditional medicine
 - Other _____
 - None of the above
17. For each healthcare service you check above, please describe the frequency with which these services are offered. For example, please indicate whether certain services are

offered continuously throughout the year, monthly, weekly, once a year, or during specific seasons/timeframes, etc.

18. For each healthcare service you checked above, please describe the population(s) who utilize these services. For example, please indicate whether certain programs are geared specifically towards female-identifying individuals, only immigrants or refugees, adults or children, individuals with disabilities, etc.
19. Which referral and assistance programs are provided by your organization?
 - Referrals to healthcare services (including scheduling)
 - Referrals to other community-based organizations for healthcare services (including scheduling)
 - System navigation
 - Healthcare case management
 - Assistance signing up for Medicare
 - Assistance signing up for Medicaid
 - Assistance signing up for other insurance programs/social services
 - Other _____
 - None of the above
20. For each referral/assistance service you checked above, please describe the frequency with which these services are offered.
21. For each referral/assistance service you checked above, please describe the population(s) who utilize these services.
22. Which healthcare education and outreach programs are provided by your organization?
 - Infectious disease prevention education (eg HIV, COVID19, influenza, etc.)
 - Chronic disease prevention education (eg diabetes, heart disease, lead poisoning, etc.)
 - Community outreach events (eg community health fairs, screening drives, etc.)
 - Other _____
 - None of the above
23. For each health education service you checked above, please describe the frequency with which these services are offered.
24. For each health education service you checked above, please describe the population(s) who utilize these services.

Non-Healthcare Services

25. Please select which non-healthcare services your organization provides.
 - Naturalization/citizenship classes
 - Educational programs/tutoring for youth
 - ESL classes
 - Other adult education (eg GED, computer literacy, etc.)
 - Housing assistance
 - Employment assistance/training
 - Legal assistance
 - Political advocacy for immigrant/refugee populations
 - Senior services
 - Childcare/youth services

- Community events
 - Other _____
 - None of the above
26. For each additional service you checked above, please describe the frequency with which these services are offered.
27. For each additional service you checked above, please describe the population(s) who utilize these services.

Collaboration with other CBOs

28. Do you work with other King County community-based organizations (CBOs) to provide healthcare services to immigrant and refugee populations? This includes direct healthcare services, referrals, assistance applying for insurance/benefits, and healthcare education/outreach.
- Yes
 - No
29. Please list the CBOs you collaborate with and describe which healthcare services this collaboration is intended to provide.
30. Do you work with other King County community-based organizations (CBOs) to provide non-healthcare services to immigrant and refugee populations? This includes ESL classes, housing assistance, employment assistance, etc.
- Yes
 - No
31. Please list the CBOs you collaborate with and describe which services this collaboration is intended to provide.
32. In your experience, what are the greatest facilitators to providing healthcare services to immigrant and refugee populations in King County?
33. In your experience, what are the greatest barriers to providing healthcare services to immigrant and refugee populations in King County?
34. Are you comfortable being contacted again for follow-up on survey answers?
- Yes
 - No
35. Please list the best email at which you can be contacted for follow-up.