Immigrant Community Survey (English)

Washington State is working on new health insurance coverage options for undocumented immigrants. The Immigrant and Refugee Health Alliance wants to hear about your experience with health insurance and health care. Your thoughts will help shape the state's outreach and enrollment efforts once the coverage options become available. Your responses are anonymous and confidential. You will not be asked for any personally identifiable information.

1. If free or low-cost health insurance was available, how likely would you or your family be to enroll?

Very Likely	Uncertain	Very Unlikely
Likely	Unlikely	

2. What might prevent you from getting free or low-cost health insurance? (Check all that apply)

I am concerned about the cost

I am unsure of the value of insurance as it applies to me / my family / my circumstances

I am not comfortable giving my information to a government entity because of deportation concerns

It is difficult to understand insurance plans and what is covered without assistance

Enrolling in insurance is too complicated and I do not have assistance

It is difficult to navigate the online insurance website

I am not comfortable entering my information on a website

Other (please specify)

None of the above.

3. What resource would be most helpful when enrolling in health insurance? (Select one)

Navigating the website and submitting my application

Assistance selecting a plan suited to my needs

Easy to understand descriptions of what is covered by the health insurance plan

In-person assistance in my own language

In-person assistance from someone in my community

4. What is the top barrier preventing you from seeking health care (which includes medical, dental, mental health care and substance use disorder services)? (Check all that apply)

Lack of insurance

Cost

Lack of a usual healthcare provider

Lack of trust of healthcare providers

Fear of deportation

Lack of transportation

Difficulty scheduling appointments to receive care

Lack of appointment availability when not working

Lack of time

Language barrier

Other (please specify)

5. Where do you currently receive health care services? (Check all that apply)

Emergency room

Urgent care

Community clinic

Free clinic

Public health clinic

A private provider's office

Other (please specify)

None of the above

6. What is your country of origin?

Afghanistan Eritrea Ethiopia Brazil Ghana Guatemala Canada Haiti Cambodia Honduras China India Colombia Kenya Dominican Republic Ecuador Korea Mexico El Salvador

Nicaragua Turkey
Nigeria Uganda
Peru Ukraine
The Philippines Venezuela
Russia Vietnam
Samoa Zimbabwe

Somalia Other (please specify)

7. What is your preferred language? (Check all that apply)

Amharic **Pashto** Arabic Persian Armenian Polish Bengali Portuguese Punjabi Burmese Chinese (including Mandarin and Romanian Cantonese) Russian Dari Samoan

English Serbo-Croatian Farsi Spanish French Swahili

German Tagalog (including Filipino)

Greek Tamil Gujarati Telugu Haitian Thai Hawaiian **Tigrinya** Hebrew Torubu Turkish Hindu **Hmong** Twi Igbo Ukrainian Ilocano Urdu Italian Vietnamese

Khmer Other (please specify)

Yiddish

Korean Laotian Malayam Marathi Marshallese Navajo Nepali Oromo

Japanese

8.	Is there anything else you want to share? Please share any experience or insights you want Washington Health Benefits to be aware of as they develop insurance offerings for undocumented immigrant communities and an effective outreach campaign.
tha un	e recognize the next question may make you uncomfortable. We ask it because we want to be sure at we can interpret this survey to make the most accurate statements about the needs of documented immigrants. Please know that your survey responses are confidential and will <u>never</u> be ked to you.
9.	Are you a citizen?
	Yes
	No
10.	If no, are you a lawful permanent resident with a green card?
	Yes
	No