Access to Transportation Among African Diaspora Communities in Washington State:

A Focus on King, Snohomish, and Pierce Counties

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NOV 2025

In collaboration with

PORSESH POLICY
RESEARCH INSTITUTE
Fact-based Analysis & Solutions

WASHINGTON STATE COALITION OF AFRICAN COMMUNITY LEADERS

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Published in November 2025 by PORSESH POLICY RESEARCH INSTITUTE (PR)
www.prresearch.us

Table of Contents

List of Abbreviations and Terms

African Diaspora Community Transportation Justice Project **(ADCTJP)**

Environmental Justice Task Force **(EJTF)**

Emigrate – to leave your country of origin to reside elsewhere (emphasis on leaving and country of origin)

Healthy Environment for All **(HEAL)** act- Law passed in 2021 which created a state-wide, coordinated approach to environmental justice.

Immigrate – to enter a new country of residence (emphasis on entering and new country)

Media perception – the influence media (like the news, social media, or radio broadcasts) can influence one's perspective about a particular issue or topic.

Porsesh Policy Research Institute **(PR)**

Resident Aliens - foreign-born individuals living in the US who are not citizens but have lawful permanent resident status.

Seattle Department of Transportation **(SDOT)**

Transportation Security Officers **(TSOs)**

United States **(US)**

Washington State **(WA)**

Washington State Coalition of African Community Leaders **(WSCACL)**

Washington State Department of Transportation **(WSDOT)**

Executive Summary

Key Findings

This report examines public transit experiences across King, Pierce, and Snohomish counties, highlighting persistent safety, access, and equity challenges despite ongoing improvements by WSDOT, SDOT, and local transit partners. Riders -- particularly women, elders, and newly immigrated individuals -- continue to face poorly lit stops, long or unsafe walking routes, limited emergency supports, and infrastructure gaps such as missing sidewalks, steep terrain, or inadequate shelters. Transit service is uneven: South King County, Eastside, and rural or isolated neighborhoods experience infrequent service, long waits, and limited early-morning or weekend options, disproportionately affecting mobility-impaired and limited-English-proficiency riders.

Differences in data availability and community engagement mechanisms across jurisdictions affect both agency planning and rider advocacy. Seattle and SDOT provide robust, transparent datasets and clear engagement pathways, while other areas operate with fewer resources, limiting visibility into transportation planning. Language and cultural barriers further restrict access, as many recent immigrants report confusion about fares, transfers, and trip planning, highlighting the need for multilingual signage, clearer maps, and community navigators. Unreliable service and unclear transfer policies contribute to missed appointments, work delays, and social isolation, underscoring the importance of targeted, equity-focused investments to ensure transit is safe, accessible, and dependable across the three counties.

Participants expressed a strong desire to engage in transportation justice initiatives and champion their community once made aware of resources and pathways for representation. While there are grants and avenues for community-driven improvements, transportation agencies can improve visibility and awareness in addition to providing application support to increase equitable leveraging.

Priority Recommendations

Safety & Security
• Expand trained, non-police safety personnel to bus routes. • Improve lighting, visibility, and cleanliness at underserved stops. • Install call boxes or panic buttons in lower-traffic areas.
Infrastructure & Amenities
• Standardize shelters and seating across ZIP codes; prioritize high-need areas. • Upgrade sidewalks to be ADA-compliant and weather-safe. • Increase amenities (benches, real-time info, trash cans) in low-income neighborhoods.
Service Reliability & System Design
• Increase frequency in South King County, Eastside, and during off-peak hours. • Improve transfer coordination and on-time performance. • Add stops closer to residential areas with unsafe or inaccessible routes. • Expand first-/last-mile supports (microtransit, community vans, bike-share).
Language Access & Cultural Inclusion
• Provide multilingual materials in high-need languages proactively (e.g., Krio, Lingala). • Deploy community navigators and multilingual staff support at hubs. • Improve wayfinding, signage, and education on fare systems and transfers.
Affordability & Equity
• Increase community awareness of transportation resources (e.g., Orca LIFT) and assist elders and LEP individuals with registration. • Ensure equitable, non-punitive fare enforcement practices.
Implementation Opportunities
• Leverage existing programs and resources such as SDOT's Transit Spot Improvement Program, OS-CONNECT, and the Taskar Center for Accessible Technology to support community-identified projects. • Build coalitions with organizations sharing similar goals to increase capacity for grant-funded projects. • Improve participation accessibility through on-the-ground canvassing, multilingual outreach, and partnerships with community navigators to include residents often left out of standard engagement methods.

Addressing safety, reliability, language access, and infrastructure disparities will require sustained, equity-centered investment and improved data transparency across jurisdictions. Strengthening community engagement -- especially in areas lacking robust planning resources -- will be essential for ensuring that public transportation is a safe, accessible, and affordable mobility option for all residents.

Introduction

Problem Statement

Washington State has experienced a significant demographic shift over the past decades, creating new realities that require policymakers, planners, and service providers to adapt their approaches to problems people may face. However, there is a lack of contextualized and community-centered data that reflects these changes and helps shape effective policies and services. The African diaspora is one of the fastest-growing communities in Washington, yet their transportation needs and perspectives are often overlooked. To ensure their voices are included, we must better understand their lived experiences through meaningful participation and engagement.

This community centered study aims to fill this gap by studying when, where, and how African immigrants and refugees travel, as well as the barriers that prevent them from reaching their destinations. The survey will capture daily transportation habits, unmet travel needs, and challenges related to affordability, availability of services, licensing, insurance, accessibility, and inclusion. By doing so, the project will generate data that can guide equitable transportation planning and urban design.

The project was initiated by the **Washington State Coalition of African Leaders (WSCACL)** in collaboration with **Porsesh Policy Research Institute (PR)** as part of the African Diaspora Community Transportation Justice Project (ADCTJP). It was developed to address the urgent need for accurate data that reflects the realities of African diaspora communities in Washington. Policymakers and planners often design infrastructure without enough consideration of the unique challenges faced by overburdened or vulnerable populations. This project emerged to bring those perspectives to the forefront and inform community planning, policy development, and service design.

This study represents the first comprehensive examination of transportation needs across multiple generations and the diverse African diaspora communities in King, Pierce, and Snohomish Counties. By identifying barriers and unmet needs, the project seeks to ensure that these communities are not left behind in future infrastructure investments and planning processes. The findings of this study are meant to capture foundational information yet uncaptured to inform future research and outreach. The goal is to strengthen equity and inclusion in transportation justice, ensuring that services and infrastructure reflect the lived realities of all communities.

Background

Literature Review

Historical and Contemporary Context

African immigrants are one of the fastest growing immigrant groups in the United States with an increase of the total number of African immigrants from 1990 to 2000 of 166% (Venters & Gany, 2009). Discussion of socio-environmental factors of the experiences of African immigrants in the United States should be studied within the historical context of forced immigration from the trans-Atlantic slave trade as well as acknowledging that ongoing socio-political factors and racism make integration a challenging experience for many**.** The bulk of forced immigration among Africans to the United States occurred between 1700 and 1840. With the end of slavery, there was a sharp reduction in the number of African immigrants that lasted through the 1950s, where immigration quotas for all African immigrants to the United States were set below 2000 annually due to Jim Crow laws and other racist policies (Venters and Gany, 2009).

United States immigration laws changed in 1965 with the Hart-Cellar Immigration Act, which established admission criteria to the United States based on professional skills and other social factors. African immigration after the 1965 act increased slowly and steadily through the 1980s. A surge in African immigration in the 1990's due to the Diversity Visa program has greatly increased the number of African Immigrants in the United States to this day. In 2009, out of the approximately one million African Immigrants living in the United States, over half immigrated between 1990 and 2000 (Venters and Gany, 2009).

As of 2023 in Washington State (WA), immigrants make up about 15.6% of the total population, with African immigrants making up about 6.6% of the total immigrant population. WA's immigrant population is mostly made up of Latin-American and Asian country origins, but there is a strong base of African immigrants – namely from Eastern Africa (Migration Policy Institute, 2023). Immigrant and diaspora communities in the United States often lack access to social safety nets as the US does not allow most immigrants, even those with legal documentation, to benefit from government policies supporting low-income families. Only citizens and 'resident aliens,' who are foreign-born individuals living in the US who are not citizens but have lawful permanent resident status, are eligible for the Earned Income Tax Credit which is the largest US poverty alleviation program. Other policies and programs which may be inaccessible to immigrants include the SNAP program, Temporary Assistance for Needy Families (Also known as TANF), Medicaid, and the Children's Health Insurance Program (Hamad, 2024). Responsibility

for providing support and social safety nets falls on non-profits, immigrants, and community organizations.

In a 2020 survey of United States (US) based immigrant-serving organizations conducted by the American Immigration Council and the Women's Refugee Commission, community organizations most frequently provide legal services, social assistance, and housing assistance (p. 2). From this survey of over 244 organizations, 37% reported providing transportation services, mostly to court hearings, asylum interviews, and other appointments. Only 31% of immigrant serving organizations aided navigating local transportation (p. 6). Immigrants and refugees are almost twice as likely as native-born adults to live in households without automobiles, making them more likely to use public transit or alternative ways to access transportation like borrowing cars and carpooling. As immigrants and refugees spend more time in the United States, they often adopt the transportation habits of native-born adults and switch to using personal vehicles (Blumenberg, 2009). This characterizes recent immigrants and refugees as reliant on social connections or public transit to move around in their daily lives. Barriers or a lack of access to public transportation can exacerbate social inequities and mobility for recent immigrants and refugees.

Creating accessible transportation services falls upon state and local governments. Recently, Washington State's Department of Transportation (WSDOT) has sought to address equity issues in planning and program development. In 2019, they established the Environmental Justice Task Force (EJTF) which is required to recommend measurable goals, model policies, mapping tools, and community engagement methods for reducing transportation inequities. Furthermore, the passing of the Healthy Environment for All (HEAL) Act provides funding to the EJTF to implement the recommendations from ETJF reports, elevating equity as a planning priority in public transportation.

WSDOT also has an Active Transportation Plan, which emphasizes equity as a priority for bicycle and pedestrian networks and monitors connectivity, safety, opportunity, participation, and partnership performance measures (Barajas, Natekal, & Abrams, 2022). The inclusion of active transportation in WSDOT's equity planning and programming can provide direct health benefits to communities and individuals as increased physical activity can reduce harmful chronic health impacts like diabetes and cardiovascular issues. Equitable improvement to both vehicle and active transportation greatly benefits communities in Washington and is a priority for WSDOT.

Social Determinants of Health

The World Health Organization defines social determinants of health as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems" (World Health Organization, 2025). Social determinants of health are most felt by low-income, BIPOC communities (Walsh, 2021). Subsequently, transportation is a social determinant of health since

barriers to transportation access can impact access to healthcare, access to healthy food, reduce opportunities for socialization, access to employment, and access to education (Dabelko-Schoeny *et al*., 2021; Park and Yi, 2023; Summers *et al.*, 2020; Walsh, 2021). All of these factors directly or indirectly alter health outcomes. Furthermore, access to transportation can depend on political, economic, and social systems, which determine individual factors like income, immigration status, gender, and physical ability. Structural factors like racism can exacerbate these barriers, further restricting access to transportation and altering health outcomes (Walsh, 2021).

Transportation barriers can impact people differently based on demographics. Older adults, for example, face an elevated risk of social isolation and a decrease in their quality of life when encountering transportation barriers. Furthermore, older adults also perceive access to transportation as the primary challenge to remain in their own homes and communities as they get older. For this age group, the availability of travel alternatives like sidewalks, transit, taxi, and automobiles determines most of the travel behavior expressed in older adults (Dabelko-Schoeny, 2021). Other populations where transportation can be essential to health is individuals with chronic diseases and disabilities (Park and Yi, 2023). Starbird *et al.*, (2018) describes transportation barriers leading to risk of delays in seeking medical care, worsening health, and higher healthcare costs. Those with chronic diseases may also require frequent doctors' visits or prescription pick-ups, which creates a greater need for safe, reliable transportation (Starbird *et al.*, 2018). Additionally, transportation can impact employment opportunities as unreliable transportation can impact individuals' job seeking, job attainment, and their ability to maintain a job (Walsh, 2021).

Immigrant Health

African immigrant populations or diaspora communities face unique challenges and impacts after immigrating to the US. One such impact is the ‘healthy immigrant effect,’ a well-documented phenomena where immigrants arrive in the US generally healthier than similar American populations of the same age. As immigrants stay in the US, alterations from their lifestyle back in their home country like nutrition, exercise, environmental exposure, and social support shift immigrant health profiles to the less healthy American profile (Venters and Gany, 2009). There is a growing body of research that suggests that immigrant’s health worsens with the amount of time they take residence in the US (Korsen & Dickson, 2015; Nkimbeng *et al.,* 2022). More recent survey findings have suggested that some immigrants may end up choosing to return to their country of origin once their health begins to fail (Nkimbeng *et al.,* 2022). With a worsening health status just from immigrating to the US, migrants also face challenges related to social inclusion and cultural integration which could have a compounding impact on health. Some migrants, particularly those who seek safety, may see improved health despite confounding factors since their stress levels and perceived risk of harm are reduced (Salami, 2021; Venters and Gany, 2009).

Africans typically emigrate for three reasons: better economic opportunities, forced migration (contemporarily due to political instability, famine, or war in country of origin), and

family reunification. Recent migration of older adults as part of family reunification and refugee admissions have resulted in a higher number of older adult immigrants, which can influence long-term health outcomes and wellbeing (Nkimberg, 2022). Not everyone who emigrates have the same health needs. For example, a refugee or asylum seeker may experience pre-migration trauma and display more depressive symptoms whereas those who migrated to join other family may not display depressive symptoms (Nkimberg, 2022). The varied experiences of African immigrants and refugees and the reasoning behind their decision to emigrate needs to be taken into consideration by state policies, community organizations, and other immigrant support organizations.

King County

In 2021, Walsh completed his thesis on barriers to subsidized public transportation in King County; Walsh's study found that the cost of transit, insufficient income, and lack of knowledge that subsidized public transportation programs existed as the greatest barriers to transit and subsidized transit. Walsh also found that public transportation is essential for very low to no income populations, which were consistently described as being recent immigrants and BIPOC. People earning low incomes, who were experiencing homelessness, reentering communities from the carceral system, do not have legal immigration status and were Black, Indigenous and other people of color, were most likely to be identified as in need of subsidized access to public transportation (Walsh, 2021).

Gaps

There is a plethora of literature investigating transportation barriers, social determinants of health for immigrants, and unique health challenges and outcomes for immigrants. Many immigrants are left without social security nets from the Federal government and so non-profit, immigrant, and community organizations seek to provide the necessary safety nets but often fall short on funding, limited capacity, and resources (Hamad, 2024; American Immigration Council, 2021). Much of this literature is compartmentalized into specific age groups, regions, and differing transportation types, including ride share services and electronic bikes (Lee, Smart, and Golub, 2021). WSDOT also identifies lack of available data relevant for equity assessments and funding as prominent constraints to equity planning and programming (Barajas, Natekal, & Abrams, 2022). Our study aims to qualitatively and quantitively identify barriers and facilitators to transportation within the African immigrant population in the King, Snohomish, and Pierce counties increasing the amount of equity data available to make meaningful recommendations to WSDOT and improve transportation access in the African diaspora or immigrant community in King. Snohomish, and Pierce counties.

Methodology

Research Methods

Approach and Research Tools

The study was conducted using a concurrent research design with a community-based participatory research (CBPR) approach. A CBPR approach was used to ensure community voices were accurately represented in the study and empower participants to take action at the local level to advocate for their needs. The researchers consulted community leaders throughout the conception, development, and implementation of this study. Data collection was heavily informed by a foundational document developed by community leadership, which highlighted the desire for a survey, community conversations, and key informant interviews (KII). During bi-weekly meetings with WSCACL's civic engagement committee, the community leaders assisted with co-designing tools through input on format and question appropriateness, as well as attention to community-identified priorities. Community leaders also provided ongoing feedback on implementation, and the report draft was provided to community leaders to verify that their communities' perspectives and experiences were accurately reflected. Their sustainable and active involvement was critical to providing depth and cultural contextualization to study endeavors.

Quantitative data was collected with KoboToolbox and paper surveys while cleaning and analysis occurred in R and ArcGIS. Qualitative data was collected using secure recording devices and analyzed using Dedoose (an encryption-protected data collection, excerpting, coding, and analysis software). All software used is HIPPA-compliant to align with the policies and procedures of the study team.

Sampling Strategy

This study falls under the African Diaspora Community Transportation Justice Project (ADCTJP) initiative. In addition to measuring the routine transportation habits of African immigrants and refugees, the study aimed to identify potential barriers and facilitators to transportation usage. Our study sampled at least 250 community members for the survey, employing a random stratified sampling approach to ensure representation across diverse age range, gender, ethnic, and social backgrounds.

Our partner organization, WSCACL, identified youth and seniors as groups of interest and organized targeted engagement events to ensure accurate representation of these age groups in our study. Community members were reached through the coalition's network of trusted community leaders, ensuring accessibility and active participation. These in-person events allowed us to capture a comprehensive and inclusive understanding of community dynamics. Snowball sampling was also employed as a secondary strategy, with participants asked to refer eligible friends, family, and acquaintances to the survey. The combination of virtual and in-person dissemination reduced barriers to participation, particularly for immunocompromised individuals and community members located farther away from study locations. All participants received $50 gift cards as compensation for their time and contributions. Transportation pamphlets, community outreach materials, and Hopelink Transportation Navigators were also present at several events to answer questions and connect participants with resources.

From WSCACL's 2022 Community Leaders outreach survey, the 20 outreach specialists indicated that they serve a total of over 46,902 community members from North, South, East, West, and Central Africa with 15% of their community members residing in Snohomish County, 50% residing in South King County, 10% of their community members residing in North King County, 10% residing in East King County, 10% residing in Seattle, and 5% of their community members residing in Pierce. The sample population demonstrated a similar breakdown, with 57.1% of participants from King County, 32.3% from Snohomish County, and 8.4% from Pierce. Only 2.2% of participants did not report their county.

Qualitative Data

The researchers gathered qualitative information through community conversations and individual interviews. 15 community conversation questions were drafted based on community leader feedback, multiple translation reviews to ensure contextual relevancy for non-English speaking participants, and literature review of common barriers to transportation in other related studies. These questions were reviewed by the community leaders before any data collection events. In total, there were 6 community conversation events and 4 individual interviews.

Community conversations were segments of pre-organized community events. These segments mimicked a question-and-answer format where the researcher asked a guiding question and relevant follow-up questions based on community responses. Community conversations ranged from 13 to 124 participants and answered up to 10 questions relating to barriers and facilitators to transportation that participants may encounter. Community conversations were recorded to ensure accurate transcription. All identifying information was removed from transcripts immediately after data collection and before data analysis.

Individual interviews were retroactively added to the study after some community members would approach the research team with additional insights and stories of their own experience that they did not want to share during the community conversation. Consent to record

individual interviews was asked before the participant began sharing, and only recorded interviews were included in the analysis to ensure accuracy of information and participant privacy. There were no leading questions asked during individual interviews, only follow-up questions based on the participants' discussion.

Community conversations and interviews were transcribed by hand using Audacity, a local audio software. The transcripts were then uploaded to Dedoose and coded. The codebook utilized a deductive, descriptive coding method where the codebook was predetermined based on community conversation questions, survey questions, literature review, and existing theories identified in the literature review. The codebook was first tested on a sample of text taken from the transcripts, and some codes were modified to more accurately reflect topics in the data. Codes were then categorized into different topic groups using code co-occurrence, code application, and code presence charts generated by Dedoose. From these code categories, themes were identified and defined. Themes were verified by comparison to similar transportation-based studies identified in the literature review, peer debriefing, and comparison with data from the survey results.

Quantitative Data

This study was guided in part by the "Four A's" framework, which emphasizes four dimensions of adequate transport—affordability, availability, accessibility, and acceptability (de Avila Gomide, Leite, and Robelo, 2005). Using these attributes as a guiding lens for the survey allowed the research team to capture both service provision and user experience, and to identify areas of concern in transit access for underrepresented or vulnerable populations.

The survey was developed and refined during weekly meetings with community leaders. Demographic questions mirrored the 2020 U.S. Census, while transportation-specific questions reflected priorities outlined in the community's application for a Transportation Justice Leadership Grant through Front and Centered. A preference for categorical questions was incorporated into the survey design. While surveys were primarily collected at in-person events, community leaders encouraged participants to share the survey link to reach individuals who faced attendance barriers.

Data collection was primarily completed using Kobo Toolbox, a secure web application for building and managing online surveys and databases. Physical copies were also provided upon request. To ensure data accuracy, a two-pass verification process was employed: in the first pass, a research team member entered survey responses into the database; in the second pass, a separate team member reviewed the entries against the original surveys to check for errors, inconsistencies, or missing values. Discrepancies were resolved through team discussion or reference to the original surveys, ensuring a clean and reliable dataset while maintaining participant confidentiality.

Analyses occurred in R (version 4.4.3) and primarily focused on descriptive statistics, including counts, percentages, and distributions for demographic and transportation-related variables. The team also conducted a missingness analysis to identify patterns of non-response and assess whether any systematic gaps existed in the dataset. This analysis informed interpretations

of the survey results and helped contextualize findings, particularly for variables with lower response rates.

Geospatial analyses were conducted in ArcGIS, combining survey responses with 2024 ZIP Code Tabulation Areas (ZCTAs), route and stop information from WSDOT, and the Washington Tracking Network's Overburdened Communities of Washington State dataset. While Census tracts are generally preferred for population-level analyses due to their stable boundaries and demographic homogeneity, only ZIP code data was collected from participants. This approach protected participant anonymity and facilitated mapping and visualization, particularly given small sample sizes. However, ZIP codes are primarily designed for mail delivery rather than demographic analysis, and their boundaries can be irregular or change over time. As a result, spatial patterns observed using ZIP codes should be interpreted cautiously and may not capture finer-grained variations evident at the Census tract level.

Additionally, the survey used a cross-sectional design and did not capture geographic information at the level of individual bus stops or travel patterns. Consequently, responses about safety, access, and service quality cannot be linked to specific locations, nor can we determine whether participants were referring to stops near their home, workplace, or other frequented areas. For analytic purposes, we assume that respondents described their typical travel environments; however, this assumption introduces uncertainty and should be considered when interpreting spatial or place-based findings. In this study, "high uncertainty" is defined as a ZIP code with a margin of error (MOE) greater than the total number of respondents from the ZIP code. Areas of high uncertainty are noted on maps when applicable.

At two events, quantitative data collection was condensed to a limited set of questions due to time and language barriers. These responses were captured as counts, forming a separate dataset used for simpler analyses (e.g., educational attainment by age). Certain analyses, such as cross-tabulations, were not performed on this subset.

Synthesis and Dissemination

Qualitative data (from community conversations and KII) and quantitative data (from virtual and physical surveys) were merged through narrative integration. Quantitative data was contextualized using community insights, while the qualitative data was enriched by statistics that helped inform the magnitude of issues experienced by the community.

To ensure effective dissemination, PR, in collaboration with WSCACL, will implement a multi-faceted strategy:

1. Virtual Launch Event: Upon completion of the research, we will host a virtual launch event to present our findings to key stakeholders, including community leaders, WSDOT, King County and Snohomish County representatives, and others.

2. Publication and Outreach: On the launch day, the full report will be published on PR's website and widely shared across our social media platforms. We will also engage WSCACL and other community partners to amplify dissemination efforts.
3. Video Summary: PR will produce a five-minute high quality narrated video highlighting key findings and recommendations. This video will be shared through our social media channels and distributed via mass email to all relevant stakeholders to maximize reach and impact.

Data Protection

Given the historical context of African immigration to the United States and the United States' history of racism, our study population may have experienced or historically experienced marginalization, trauma, and neglect, creating distrust in researchers and the government. We are committed to ensuring that all data will be private, confidential, and protected. As a community centered research institution, we have a comprehensive data protection mechanism to ensure that the research participants data is protected in each and every step of this research. All research data is anonymized, encrypted, and stored offline. Additionally, we never share data with 3rd parties for political, or commercial purposes. We delete all identifiable information once data collection is completed. Datasets are strictly protected as we put the safety, dignity, and privacy of our communities at the forefront of data collection and storage. We may use part or all anonymized, unidentifiable data for community centered or public interest research to support the cause of community.

During our data collection, students filling out surveys at a community Iftar event

Key Findings

Demographics

The study reached a total of 367 eligible participants across King, Pierce, and Snohomish County. While research aimed to capture the overall experiences of African descent communities related to transportation, priority sub-populations included youths (13.4%), seniors (13.9%), recently immigrated communities (51.5%), and individuals with disabilities (7.6%). When compared with available 2020 Census benchmarks, the study captures meaningful perspectives from priority groups; however, the age and disability distributions indicate only partial alignment with the broader eligible population. As a result, this report should be interpreted as reflecting the experiences of participants who engaged with the study rather than a fully representative sample. Limitations related to missing ZIP code data, English-dominant data collection, and the use of in-person engagement venues necessitate cautious interpretation. Individuals facing the greatest transportation, mobility, or digital-access barriers were likely underrepresented in this preliminary dataset. This limitation should be considered when interpreting spatial patterns in respondent distribution.

A map of participants by ZIP code indicates the geographical distribution of study respondents. Notably, 14.4% of participants did not report their ZIP code. Missing ZIP codes were significantly associated with age group ($\chi^2 = 199.93$, $df = 7$, $p < 0.001$), with most missing data coming from participants aged 55 and older. This suggests that Figure 1 may underrepresent the true geographic distribution of this age group. Additionally, the data collection methods (in-person events and exclusively virtual dissemination for those unable to attend) likely biased the respondent pool toward individuals able to commute or access the survey online. Consequently, participants facing the greatest transportation barriers may be underrepresented in this preliminary dataset.

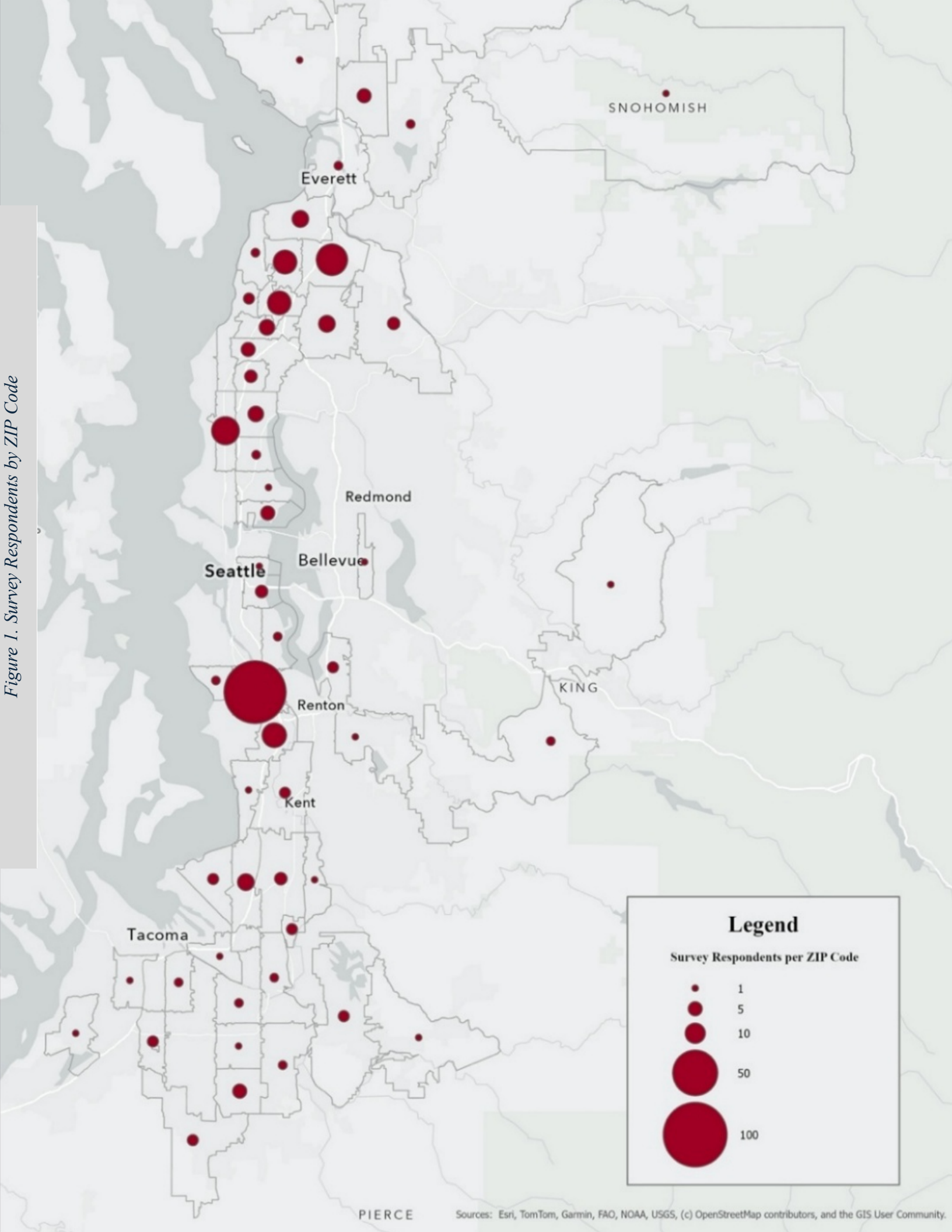


Figure 1. Survey Respondents by ZIP Code

Demographic information by county is presented below to highlight any differences in respondent distribution between geographic areas. For example, youth represent a disproportionate number of respondents from Snohomish, which might speak to the accessibility of the study for adults in that area.

Table 1. Gender by County

	King *(n=184)*	**Pierce** *(n=27)*	**Snohomish** *(n=104)*	**No Response** *(n=7)*
Gender				
Female	98 (51.6%)	16 (59.3%)	66 (63.5%)	5 (71.4%)
Male	88 (47.8%)	11 (40.7%)	38 (36.5%)	2 (28.6%)
Other	1 (0.5%)	-	-	-
No Response	-	-	-	-

Overall, the sample was fairly balanced by gender, with a slight overrepresentation of females in Pierce and Snohomish counties. This distribution aligns reasonably well with the community demographics identified in prior outreach surveys, though future data collection should ensure inclusion of male participants in underrepresented areas.

Table 2. Age Distribution by County

	King *(n=184)*	**Pierce** *(n=27)*	**Snohomish** *(n=104)*	**No Response** *(n=7)*
Age (yrs.)				
<18	10 (5.4%)	2 (7.4%)	33 (31.7%)	4 (57.1%)
18-24	13 (7.1%)	2 (7.4%)	14 (13.5%)	-
25-34	46 (25.0%)	6 (22.2%)	14 (13.5%)	1 (14.3%)
35-44	70 (38.0%)	8 (29.6%)	20 (19.2%)	1 (14.3%)
45-54	30 (16.3%)	6 (22.2%)	13 (12.5%)	-
55-64	11 (6.0%)	2 (7.4%)	9 (8.7%)	-
≥65*	3 (1.6%)	1 (3.7%)	1 (1.0%)	1 (14.3%)
No Response	1 (0.5%)	0 (0.0%)	-	-

*Note: Not reflected is an elder-specific event with 45 participants, where counties were not documented due to a change in data collection to adapt to demographic needs. Participants ≥65 accounted for 13.9% of the total study population.

Snohomish County participants skewed younger, with over 30% under age 18, while King County had a higher proportion of adults aged 35–44. These differences may reflect the accessibility of study events for youth and adults across counties and suggest potential underrepresentation of older adults in certain areas.

Table 3. Disability Status by County

	King *(n=184)*	**Pierce** *(n=27)*	**Snohomish** *(n=104)*	**No Response** *(n=7)*
Disability Status				
Yes	9 (4.9%)	2 (7.4%)	5 (4.8%)	1 (14.3%)
No	151 (82.1%)	25 (92.6%)	91 (87.5%)	5 (71.4%)
Other	14 (7.6%)	-	1 (1.0%)	-
I prefer not to answer	9 (4.9%)	-	-	-
No Response	1 (0.5%)	-	1 (1.0%)	1 (14.3%)

*Elder-specific event counts: Nine individuals noted disability status, so the total number of individuals with a disability is 28 (7.6%).

The overall prevalence of self-reported disability was 5.3%, with slightly higher representation in Pierce County. Seniors and participants from the elder-specific event accounted for a notable share of individuals with disabilities, highlighting the importance of accessibility considerations in transportation planning for this subgroup. Because data collection was primarily in-person, some participants with mobility challenges may have been underrepresented, although attendees were encouraged to share the survey link with relatives and friends unable to attend. Future efforts could include outreach in a wider variety of locations to ensure greater accessibility and participation.

Table 4. Length of Time in the U.S. by County

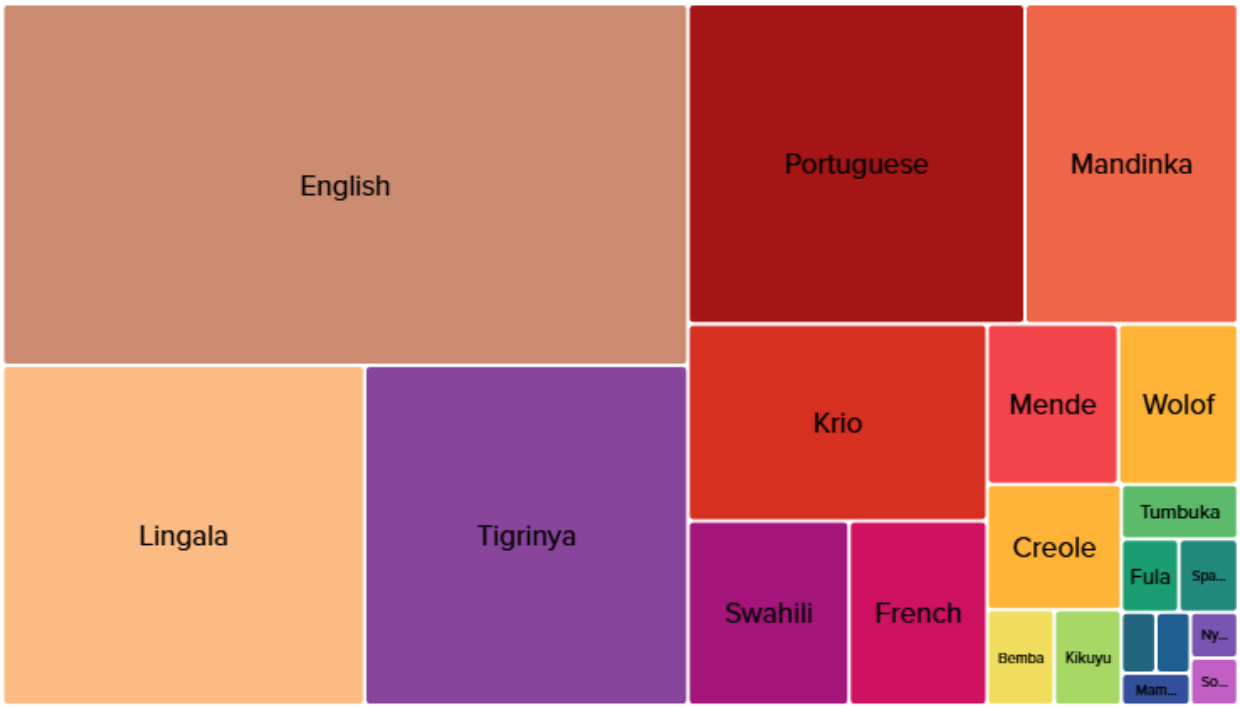
	King *(n=184)*	**Pierce** *(n=27)*	**Snohomish** *(n=104)*	**No Response** *(n=7)*
Length in the U.S. (yrs.)				
<1	77 (41.8%)	1 (3.7%)	4 (3.8%)	2 (28.6%)
1-3	59 (32.1%)	6 (22.2%)	7 (6.7%)	2 (28.6%)
4-6	10 (5.4%)	6 (22.2%)	15 (14.4%)	-
≥7	35 (19.0%)	14 (51.9%)	78 (75.0%)	3 (42.9%)
No Response	3 (1.6%)	-	-	-

King County participants were predominantly recent arrivals (<3 years in the U.S.), whereas Snohomish County had the highest proportion of participants residing in the U.S. for seven or more years. This variation highlights differences in immigration recency across counties, which could influence transportation needs and familiarity with local transit systems.

Language

Across the sample, respondents reported speaking 22 different home languages. English, either alone or in combination with another language, was the most common (31.9%), followed by Lingala (15.8%) and Tigrinya (14.1%).

Figure 2. Top Languages Spoken at Home

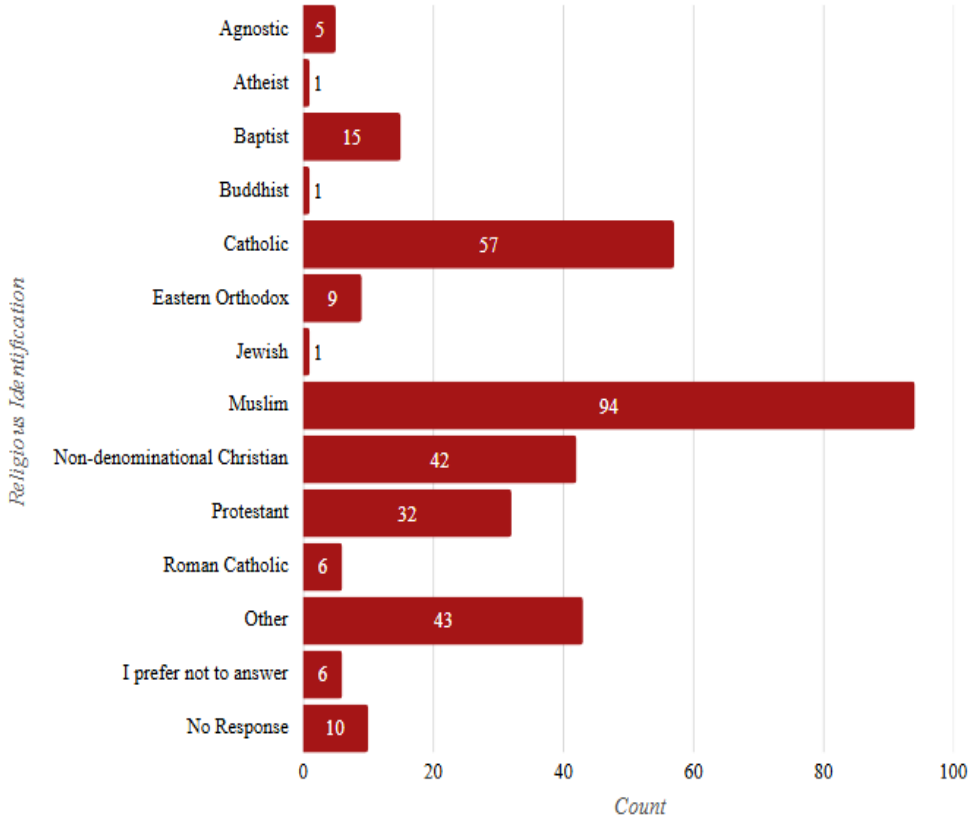


Additional languages mentioned include: Creole (8), Bemba (3), Kikuyu (3), Tumbuka (3), Fula (2), Spanish (2), Bambara (1), Kono (1), Mambwa (1), Nyanja (1), and Somali (1).

Most participants were monolingual (84.2%), while 14% were bilingual and 0.3% were trilingual. Because data collection was primarily conducted in English, some community members may have faced barriers to participation.

Religion

Figure 3. Participant Religions



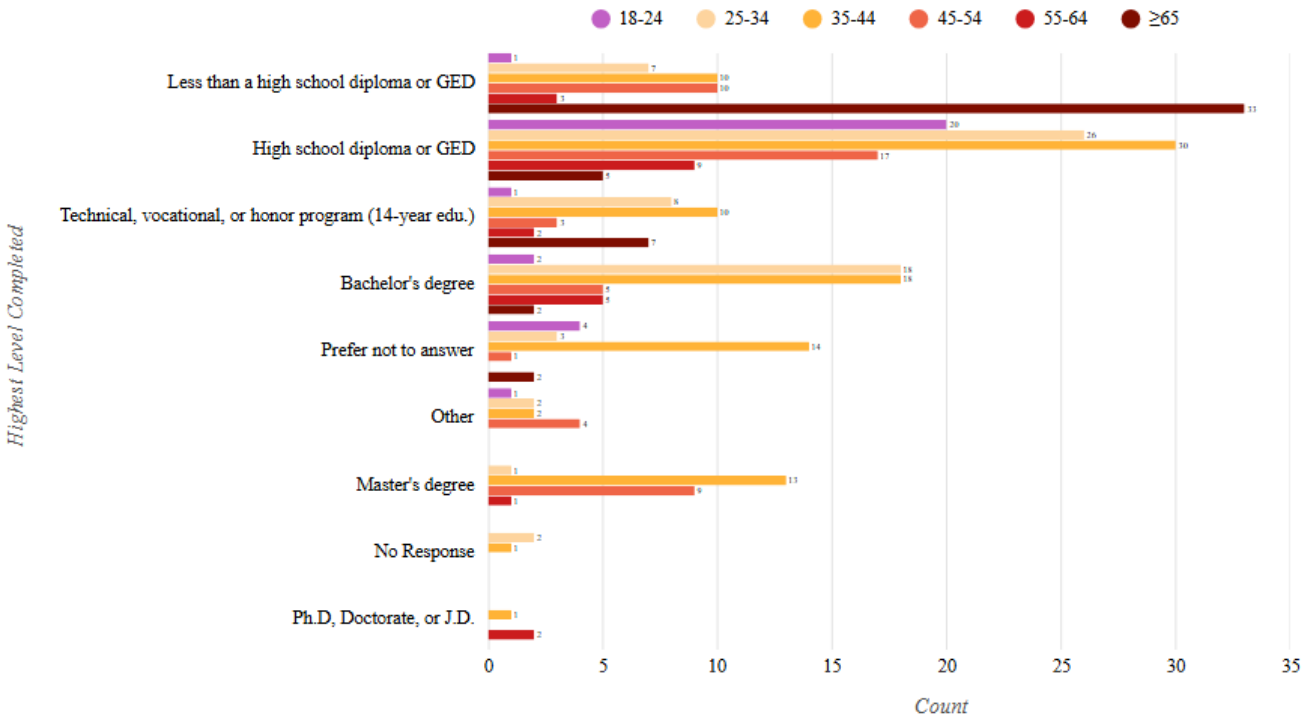
Most participants identified as Muslim, while various Christian denominations were listed separately to align with 2020 Census standards. Only a small number of participants reported being agnostic or atheist. Religious affiliation, as well as access to religious sites, is discussed further in the Themes section.

Socioeconomic Characteristics

Education

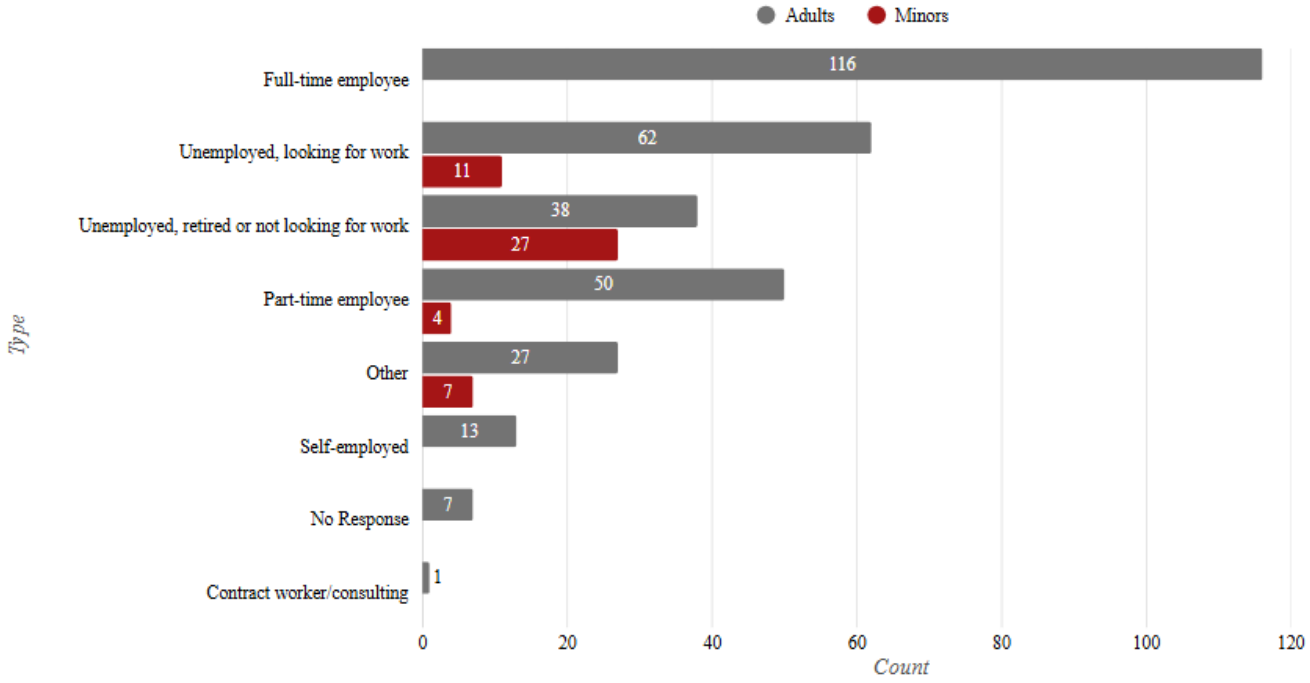
Among adult participants, the majority held a high school diploma or GED. Undergraduate and graduate degrees were most common among individuals aged 35–44, while a higher proportion of participants aged 55–64 reported holding a Ph.D., Doctorate, or J.D. Most seniors in the study did not obtain a high school diploma or GED.

Figure 4. Educational Attainment Among Adults



Employment

Figure 5. Employment Status by Age Group



Employment patterns varied by age group. Among youth, 11 participants reported being employed or engaged in similar work, 11 were actively seeking employment, and the majority (n=27) were not seeking employment. Among adults, the largest group identified as full-time employees (36.9%), while 19.7% reported being unemployed and actively seeking work. Most minors indicated they were unemployed and not seeking work.

Transportation Use Characteristics

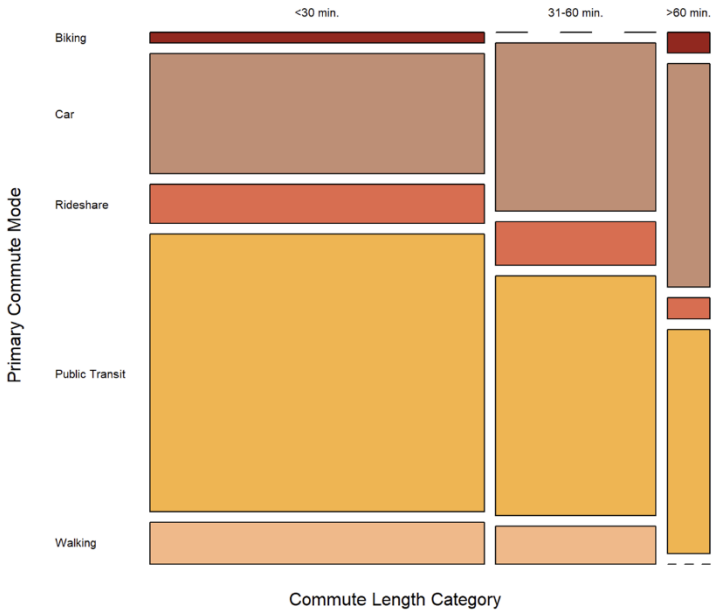
Approximately 53.4% of survey respondents are frequent public transit riders, 14.3% are infrequent riders, and 32% are non-riders. Frequent public transit riders are defined as riding daily or three or more times a week, infrequent riders use public transit a few times a month, and non-riders noted that they use public transit rarely or never. Because several subpopulations were too small to report publicly without risk of re-identification, additional details are included in supplemental materials shared with community navigators. These materials are available through our community partners for those interested in further information.

Table 5. Top Motivation for Public Transit Use by Age

Age Group	Motivation	Count	Percentage (%)
18-24	To socialize	16	55.172414
25-34	To socialize	30	44.776119
35-44	To socialize	50	50.505051
45-54	To socialize	29	59.183673
55-64	To socialize	10	45.454545
≥65	To access healthcare	2	33.333333
≥65	To socialize	2	33.333333

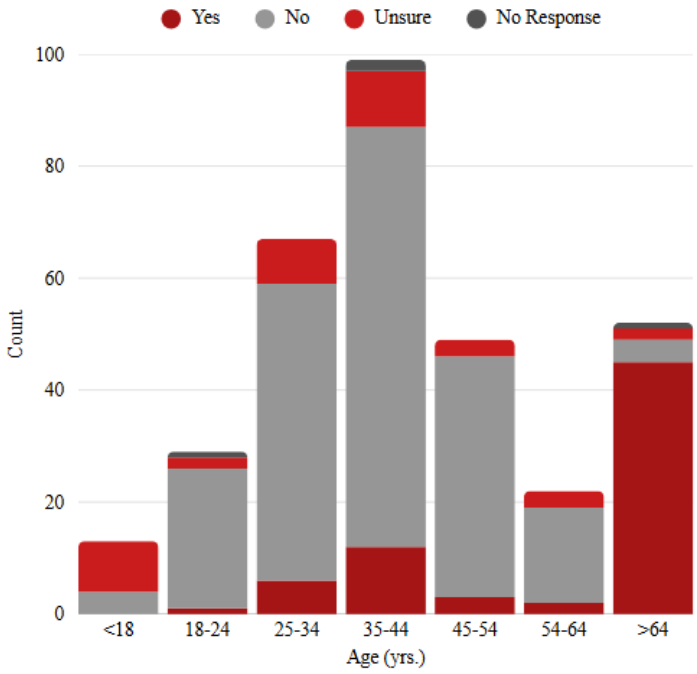
Among participants who reported using public transportation, socializing was the most common motivation, followed by traveling to work. Healthcare was a higher priority only for participants aged 65 or older, though this age group was underrepresented in the survey for this question. However, themes from the elder focus group reinforced that many older adults rely on public transportation to meet their healthcare needs.

Figure 6. Commute Mode Distribution by Commute Length



There was no statistically significant association between commute mode and commute length, although public transit remained the most common mode across all commute lengths. Among youth attending in-person classes, 39.5% traveled by car, 23.3% by public transit, 18.6% walked, 11.6% used rideshares, and 7.0% biked. These modes were often used in combination and reflect the primary transportation choices reported by students.

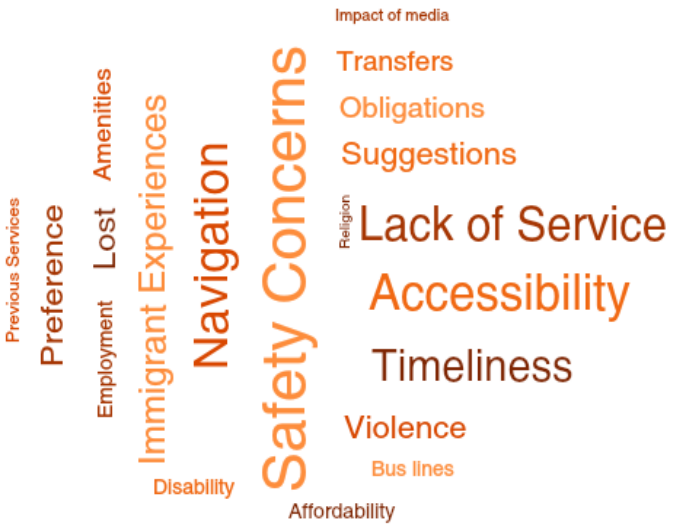
Figure 7. Injuries Attributed to Public Transit by Age



Injuries attributed to public transit were generally low across most age groups, with the notable exception of seniors — 86.5% of whom reported experiencing injuries related to public transit. Although the severity and specific transportation modes were not documented, many seniors attributed these injuries to buses departing before they were properly seated. Additional qualitative and quantitative data on transportation experiences -- including perceptions of cost, amenities, and safety -- are discussed further in the Themes section.

Themes

Figure 8. Word cloud displaying the frequency of topics.



Qualitative analysis highlighted coded themes that were of the highest concern for participants. The five overarching themes identified were safety, transit amenities and customer experience, transit system design and reliability, opportunity and convenience, and cultural differences and understanding. It is important to note that while safety (perceived or actual threat of violence) is an individual theme, safety concerns were prevalent in every aspect of this study. These concerns varied greatly from feelings of discomfort at dark transit stops to fear of crime at bus stops based on lived experience or media perception.

For clarity in this report, we used a three-digit code starting in the 500's to identify the community conversations for the subsequent sections and a three digit code starting in the 600's for the individual interviews. Qualitative data that was taken from survey data is marked as 701.

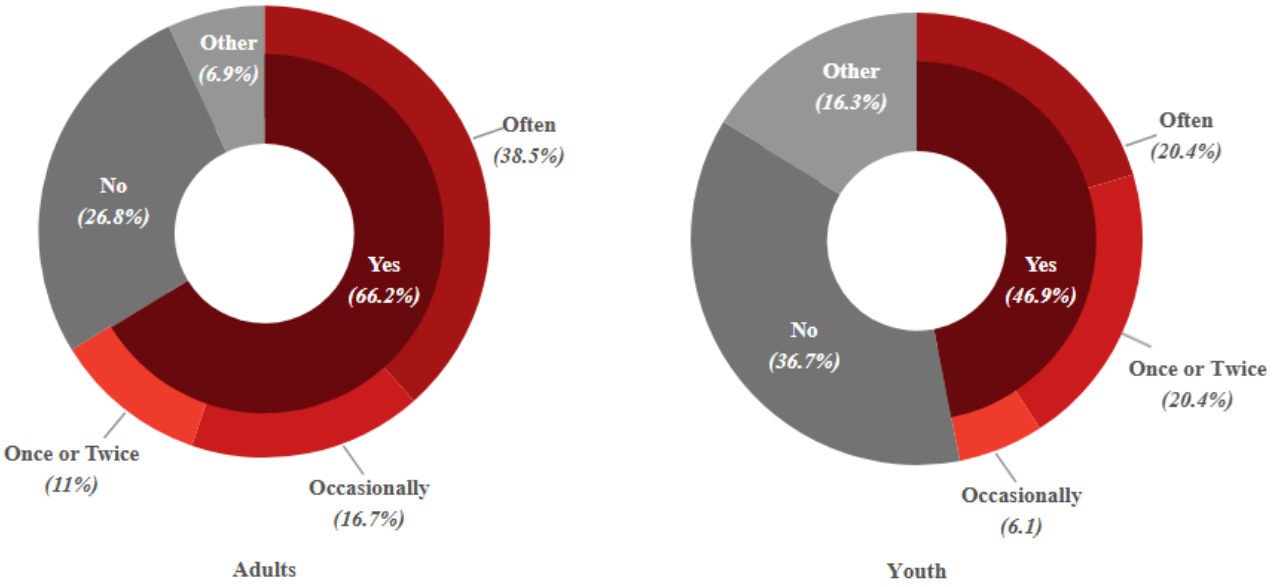
Safety

This theme sought to understand participants perceived and actual threat of violence while using any transportation mode. Witnessing, experiencing, or hearing about violent acts caused by individuals experiencing mental health issues, individuals experiencing substance abuse and addiction, and/or individuals experiencing homelessness was a major theme, particularly for families with young children, elderly, and participants experiencing disability. Safety concerns

were mentioned in every community conversation and 3 out of 4 individual interviews directly mentioned violence on the interviewee's person or someone they know while at transit centers or on public transit.

Violence was also mentioned in 4 out of the 6 community conversations, indicating that safety is the top concern for participants. While we did ask questions about safety in the interviews, they were often in the last few. Safety concerns were always mentioned before the researchers asked about safety directly.

Figure 9. Feeling Unsafe on Public Transportation



Adults experienced feeling unsafe more often (66.2%) than youth (46.9%), although youth only comprised 13.4% of the study population and – compared to all other age groups – used public transit the least. There were no statistically significant differences between genders, indicating that both men and women in the study population felt similarly unsafe.

The visibility of drug abuse on buses is a barrier, especially for families with young children. Several respondents expressed worry that their young children and family members were getting exposed to harmful substances while taking public transport (501, 502, 504, 505). “Getting on the bus is actually scary, especially having to go through the downtown corridors. You know, like people just on the bus either doing drugs or just like completely zoned out. And then the last time I got on the bus was with my daughter and it's like she's 11 and she has to see all this stuff... We even know what fentanyl smells like” (504). Cleanliness of buses in relation to drug use will be discussed later in the transit amenities and customer experience theme.

Other concerns related to drug use included triggering those in recovery (504) and concern over recent immigrants and refugees that may be unfamiliar with mental health conditions or

substance use. “For the guy coming into the city for just the first time taking the bus, does he really know what's going on? You know whether is this a drug crisis going on or is this mental health crisis, we can't tell the difference between that. Is this person just trying to be nice to us or are they trying to lie to us? We can't tell between that” (502).

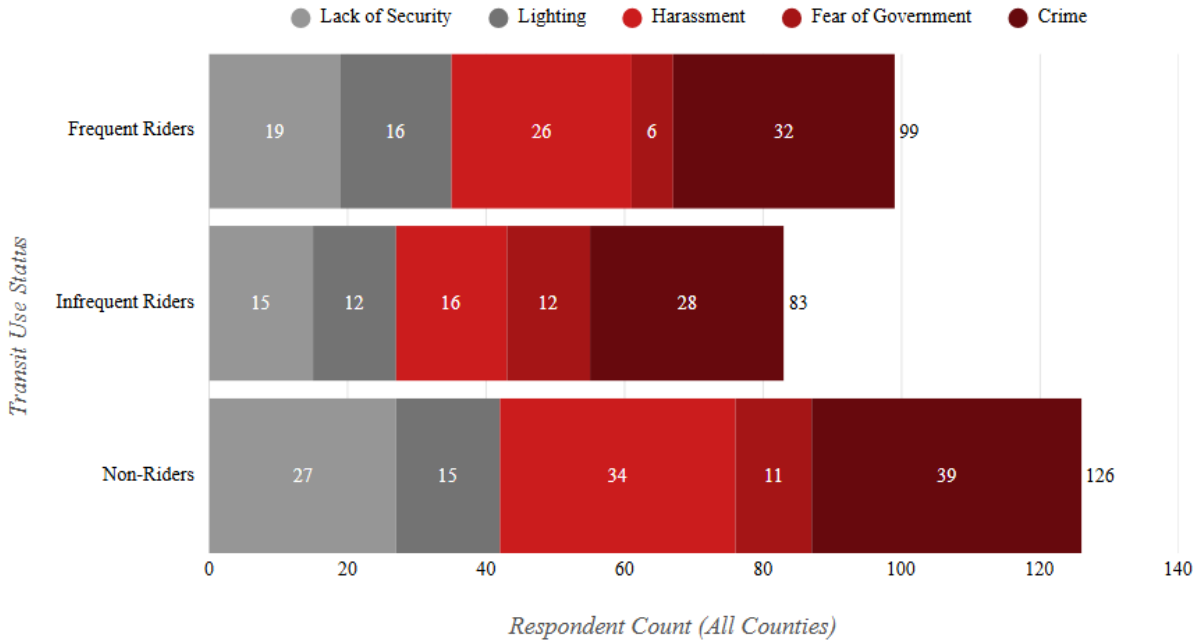
Every community discussed how unhoused individuals made them feel less safe, noting that tents and people sleeping at bus stops can be intimidating and dissuade participants from using transit. One community noted that it's not just the unhoused that are intimidating, but other people who hang out in the same areas. “There are people who join with [the unhoused], they sleep in that area but personally they have their own place to stay. But they spend the time there to study the area, what they can do, and you know for their own benefit to steal or to break something. It’s not only the homeless people” (501).

Violent acts mentioned being witnessed and/or experienced by participants ranged from windows being broken, robberies, physical altercations, sexual harassment and assault, and shootings. One participant described her experiences with reoccurring violent acts at the bus stop she used to commute:

> I was coming from [unintelligible] with the latest bus coming to Burien. Whenever I stopped there, the homeless would be there with guns. They would take my phone, they would take my pass. It became over and over. And one time they pointed a gun on me and I didn't have money or anything to give. Two times they took my phones. They took my pass. The third time they showed up with a pistol. I didn't have anything. It was a very unsafe area. To me, it was really, really dangerous. They nearly raped me. Thank goodness another car was coming behind (504).

This perspective was particularly common among women, as another participant noted that "It often feels like taking public transportation is a one-way ticket to robbery or harassment" (701).

Figure 10. Participant Concerns



Fear of crime and harassment emerged as the top safety concerns across all ridership groups. However, there was no significant difference in concern levels between different transportation users, suggesting that while safety is a priority, it does not strongly influence transportation behaviors within the sample population.

Researchers sought to determine whether political conditions during the study period (March–May 2025) influenced transportation behaviors in the African immigrant and refugee community. To explore this, a survey question assessed participants' fear related to government enforcement. Despite media reports of ICE presence at transit locations, fear of government enforcement was reported as the lowest concern among participants. Instead, respondents emphasized a desire for increased security, specifically through transportation security officers rather than police, to address concerns about crime and harassment.

Media also played a role in the perception of safety. Participants in 3 community conversations mentioned how watching violent acts in the media would alter their commutes to safer routes and use of public transportation (501, 502, 505).

> Every time you turn on TV, there's always an attack somewhere at the bus stop, either in Rainier or somebody's been robbed, or drivers are being injured because of rude passengers. And so that gives them that also that inability to like, why should I take a bus if there are all these attacks happening to people?... It terrifies [people, especially] elderly and young folks that really, you know, take time to like really move from point A to point B (502).

Elderly and participants experiencing disability were particularly sensitive to violent acts, citing their disabilities or age making it harder to get away from violent events. “I walk very, very slowly and when I get out of my house to catch the public transportation the homeless people wait outside, I have seen them there and I have seen people being stabbed different times. It scares me because I can’t walk faster” (501).

Several participants in the elderly group also reported that drivers did not wait for them to sit down before driving off, which can be dangerous for those who may be unsteady on their feet. A translator translated what two elderly women experienced: “both of them say that when they get in the bus, the driver makes the bus start working and she fall, and she almost break her leg” (506).

Transit Amenities and Customer Experience

The theme of transit amenities and customer experience came up in all 6 community conversations. It sought to capture the reasons why users might experience added stress on public transportation or why they might choose an entirely different mode, including interactions with other customers or with transit staff, the condition and location of shelters, and cleanliness. While the researchers did not directly bring up these topics in a question, participants brought these topics out of their own volition in community conversation sessions. The research team did ask follow-up questions to gain an understanding of where disparities in amenities at transit locations were located and how they impacted participants.

Participants frequently mentioned disparities in the condition of bus stops throughout cities and counties, which can be a barrier for transit users in cases of inclement weather (502, 504, 505). Locations that were mentioned as having inadequate shelters at bus stops were Pacific, Algona, Maple Valley, and Central District. These locations were often compared to bus stops up ‘north’, namely Shoreline and Lakewood (504). One participant describes the difference in perceived quality between bus stops:

> Here in Shoreline or Lakewood, there are bus stops with some shade, even though it can be cold, but still, I won't get wet, if you know what I mean... Let's say where I come from, [Central District], for me to catch the first bus, I need to walk like 18 minutes to catch the first bus. What if it's raining? I need to go to work. I need to do my stuff. What can I do (504)?

Lack of adequate shelter and seating is also an issue, particularly for elderly participants and those with physical disabilities (501). This barrier for the elderly and people experiencing disabilities also extends to sidewalks and the timeliness of buses, which will be discussed with the transit system design and reliability theme. While paratransit is available for those with mobility issues, one community leader mentioned that it can be difficult for members of their community to be approved for paratransit since they need a doctor's signature to be approved – which they would have to travel to and from appointments to receive (502).

Participants mostly approved of transit staff and security. While this will be discussed more in depth with the transit system design and reliability theme regarding the navigability of the transit system, most interactions with transit staff and security have been positive (501, 502, 504, 505, 506).

Photo 1: Stop # 41122 on route 128 in Tukwila. There are no pedestrian crossings or sidewalks for several stops along this stretch. Photo taken by Tasi Jones.

Photo 2 displays some of the differences which bus stops have in shelter and seating. All of these photos were taken within a mile of each other on 164th Street SW off I-5 exit 183 headed east. One stop, #142, only has a sign and two places to sit. It starkly contrasts with stop #3238 which has significantly better seating options and amenities and is within eyesight of #142. While stop #3238 serves a more frequented bus line, the disparities between structures of bus stops so close together highlight the importance of improving bus stops for less frequented routes. To the average pedestrian or rider, the differences in these stops side-by-side stops could seem bizarre, inefficient, or inequitable, even if they serve different levels or types of service. Stop #1579 represents a more comfortable bus stop than #142 on the same route, as it has shelter, a larger bench, and a trash can.

Photo 2: Top left is stop #1579. Top right is stop #142, with stop #3238 visible in the background (where the bus is stopped). Bottom is stop #3238, which services the orange line. Photos taken by Anna Erickson.

The cleanliness of buses was mentioned in several community conversations (505, 506) and in the short-response section of the survey (n=5). These concerns also related to safety and drug use on transit routes, which was discussed previously. A mother desired more disinfecting and stricter hygiene protocols, citing fear of what her daughter may be exposed to while taking transit. Another woman during the same community event mentioned how some buses were 'smokey' when she used transit (505). At a different event, a woman mentioned that the smell on some buses is bad, particularly after unhoused individuals used the bus (506). One participant described the buses as "dirty as hell. I never want to sit or touch anything" (701).

Participants also highlighted affordability as a key factor influencing transportation use. This concern was particularly pronounced among recent immigrants and refugees compared with those who had been in the United States for a longer period (502). While all youth are entitled to free public transportation, 12.2% of all youth respondents (n=49) reported spending $75 or more per month. Among recently immigrated youth (n=8), 25% paid for transportation, compared with 9.8% of youth residing in the U.S. for four or more years (n=41). These findings suggest the need for further investigation into disparities in access and indicate that additional outreach could help ensure that children fully benefit from available cost-saving resources.

Additionally, types of transportation used were constricted by personal budgets:

> You have to use public transportation as available, for me, when I got here first I [tried] to buy a bicycle at the garage sale so that's what I was using to commute to my job. And then after some time when I got financially stronger then I started riding, taking the taxi. Then I went to one of the auction places and I bought a small rickety car. From [then] up till now I have my own transportation. So it depends. So with all you various types of transportation, depending on the financial strength or whoever – I mean we have all used rides from friends (502).

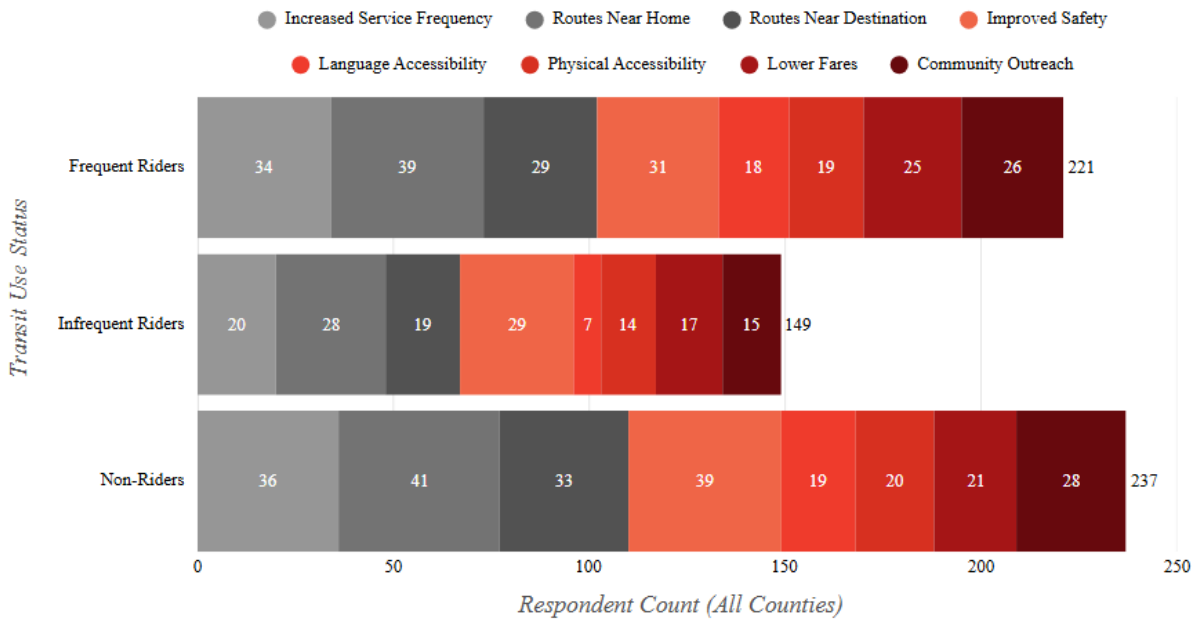
The research team noted that affordability was frequently raised at events focused on recent immigrants and refugees, often framed as questions about how the transit system worked—particularly regarding county-to-county transfers, general bus line transfers, and charges for each leg of a commute (506). Recent efforts by the Department of Transportation to ensure all passengers have paid for a ticket were also noted as a concern among recent immigrants and refugees (506).

These excerpts demonstrate that recent immigrants and refugees may face both financial and informational barriers when navigating the transit system, highlighting the need for targeted outreach and education on fare policies, transfers, and cost-saving resources. While WSDOT and regional transportation agencies provide a variety of written materials, feedback during the community validation phase suggests that translated video content could be more effective — particularly for older participants who may face challenges with written resources.

Transit System Design and Reliability

This theme captured issues related to the coverage, schedule, navigability, and frequency of the greater Seattle area's transit systems. Topics under this theme were discussed in all community conversations and one of four individual interviews. Navigability and transit frequency were the most discussed topics. The research team only asked questions on how participants navigated the transit system and who they turn to when they are lost. Participants commented organically on the frequency of transit, including lack of services, in every community conversation.

Figure 11. Participant Recommendations by Ridership Status



Results from the survey corroborated the importance of transit frequency. WSDOT defines level 1 frequency as a ≤12-minute headway during the day and a ≤15-minute headway at night and on weekends (WSDOT, 2023). Headways refer to the time between the arrival of two vehicles on the same route. For example, if someone just missed the bus for route 67, which has a headway of 15 minutes (equivalent to a level 2 frequency), they would have to wait approximately 15 minutes for the next bus for route 67 to arrive. High-frequency transit density in this community report is defined as the number of level 1 and 2 stops relative to the total number of stops within each ZIP code. Analyzing high-frequency transit density against participant desire can indicate areas of unmet.

Picture 3. Youth focus group discussing transit reliability.

As seen in Figure 12 (next page), the availability of high-frequency transit decreases heading east and south of Seattle. Approximately 7% of WA residents live within a half-mile of a level 1 route, which are primarily located in King County (WSDOT, 2023). Almost three times as many Washington residents (20%) live within a half-mile of a level 2 stop (WSDOT, 2023). While many Washington residents experience headways of 30 minutes or more, long headways can limit mobility and access to essential services. This reduced accessibility may contribute to broader socioeconomic inequities and health disparities, particularly for individuals who rely on transit as their primary mode of transportation

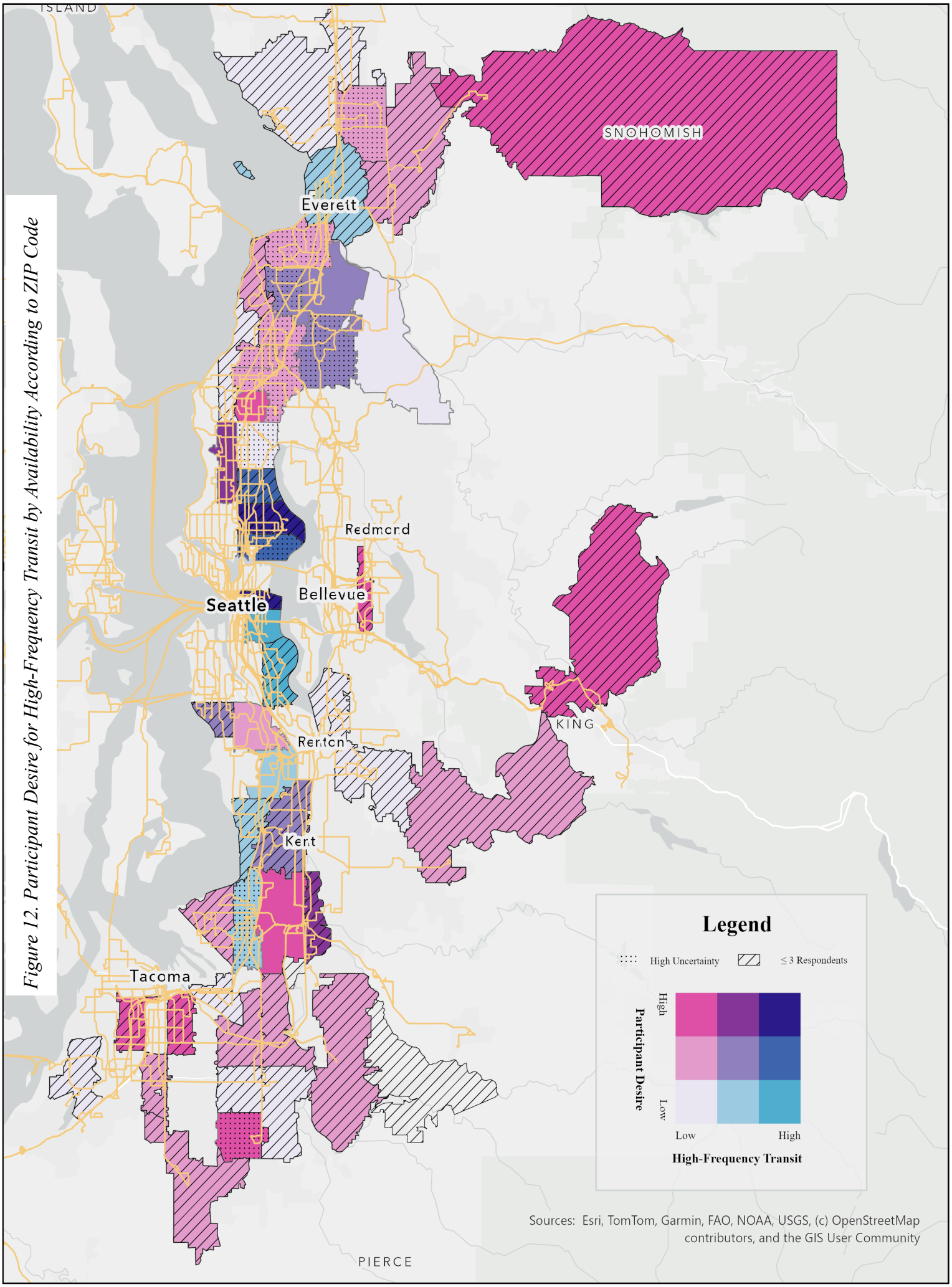


Figure 12. Participant Desire for High-Frequency Transit by Availability According to ZIP Code

Timeliness of transit was also one of the most discussed topics across data gathering events. Most participants mentioned that buses often show up later than scheduled (501, 504, 505, 506), with some participants recounting that it will take 30 minutes to an hour for a bus to arrive at the transit stop (502). Occasionally buses would show up two or even three at the same time – an occurrence called "bunching," which can result in poor on-time performance. Participants also noted that delays are typically worse on the weekends (501).

Besides buses arriving late to transit stops, participants expressed frustration with certain times or areas where there was no transportation at all. In some communities, they leave for church around 4-5 a.m., and those who do not have cars consistently have issues arriving on time due to the lack of early-hour buses (501). In terms of geographic location, participants cited areas they perceived as suffering from limited service, which included Maple Valley, Fife, Auburn, SeaTac, Puyallup, and Bonny Lake (501, 504, 505).

Participants named transit routes they find particularly difficult to access, which include: A line, E line, 917 (specifically from Algona to Auburn station), 161, 128, 906, 107, and 7 (501, 505, 506). Definitions of accessibility varied between individuals, but often related to location, abundance, or sidewalk condition.

Photo 4: Pedestrians must walk along the road shoulder for several stops along the 132 and 128 routes in Tukwila. During inclement weather, these stops can flood or become hazardous (particularly due to limited lighting). Photo taken by Tasi Jones.

As seen in Photo 4, the variation in pedestrian transit infrastructure can serve as a barrier for people with disabilities; riders attempting to use transit during inclement weather, and individuals concerned about physical safety or crime. Additionally, even in areas where there are curb ramps, leaves and puddles can accumulate during fall and winter, posing unexpected accessibility challenges.

A sub-theme, safety, was notably mentioned the most by women and elders. This will be discussed in this section since this perception of a threat to the participants stems from infrastructural design facilitating areas where participants feel unsafe. Participants found that lack of service in the winter to be a safety hazard since it is dark during commute times. One participant shared her experience:

> So I work in the downtown area, Pike Place, Belltown... Those buses to actually get home after six o'clock, they start running like once an hour, which can be pretty scary in the wintertime if you're just trying to meet with a girlfriend [or] get a drink after work, and then you're like, wait, where did all the buses go (504)?

Another participant in the survey wrote:

> The lack of buses at night has left me stranded and scared so many times. I haven't had ways to prevent harassment on the bus aside from running faster than the person bothering me (701).

We directly asked participants what their approach was to navigate the current transit system. Respondents in every community conversation mentioned using their phone or GPS through various navigational apps (google maps, apple maps, waze, etc..,). A few participants also mentioned they approach transit workers and bus drivers or rather ‘the people in yellow vests’ for navigational assistance (502, 505, 506). Some participants cite difficulty navigating the transit system using the maps at transit stops (502, 505, 604). This participant describes how she handles getting lost: “I've tried to use the bus a couple times, gotten lost a couple times. I feel like I'm looking at the map and I'm going the opposite direction of where I need to go. [I’m like] how did I get on this bus?” (505).

Most navigational issues occurred with elderly participants, some of whom struggled with asking other people (mostly bus drivers) for help due to language barriers (501, 504). A few participants described that bus drivers often don’t have the time to work through language barriers or assist with more detailed route navigation since the drivers are trying to stay on schedule (504). Another participant recounted when her elderly mother had gotten lost on the bus:

> [When my mom] was alive, she was on the bus, she paid fare and was on the bus and she got lost. [All day] she was on the bus so the bus driver when he went to park the bus, he asked her ‘where is your place?’ He called 911 for her. The 911 looked at her ID and reached out to me and they told me to come and pick her up. She said she didn’t understand when he told her it was the last stop (501).

Photo 5. Tigrayan elders discussing navigation at a community event.

Among the participants that desired increased language accessibility, the top three languages used at home were Portuguese (14%), Krio (11.6%), and Lingala (8.1%). While WSDOT produces materials in Portuguese, there are limited materials in Lingala, and no official translations in Krio (WSDOT, 2024). Document translation is available upon request, and Language Identification Cards allow viewers to access over-the-phone interpreters (WSDOT, 2024). These additional steps could potentially further alienate elderly people, who often find it preferrable to call a family member for assistance. WSDOT standards indicate that if 5% of a population or 1,000 people (whichever is less) that live within half a mile of a program, service, or activity "speak English less than well," information must be provided in their language. While the Washington State Office of Financial Management estimated the limited English proficiency (LEP) population by county in 2016, data on languages such as Krio and Lingala were not captured.

Transfers to different bus lines and trains were also discussed in every community conversation. A consistent theme when participants discussed transfers was frustrating with paying multiple fares to get to one destination, particularly changing county lines like from Peirce County to King County (501, 503, 505, 506). More recent immigrants and refugees also were confused on how multiple fares worked – some paid for multiple buses a day within the same county, and some were confused why they had to pay again switching between counties (506). A participant also noted that transfers are where she most often gets lost or confused about where to go:

> One of the things that I find challenging as an immigrant navigating the public transport system is navigating the system and understanding bus routes, the numbers, where this is going, where that is going. And then there's [these] whole transit centers that if I [need to] hop from one bus to another, I get lost. Like I said earlier, I have never gotten on a bus by myself and got to my destination on the bus. I will end up stopping somewhere and just like, okay, let me just get an Uber where I want to go because I always get lost (604).

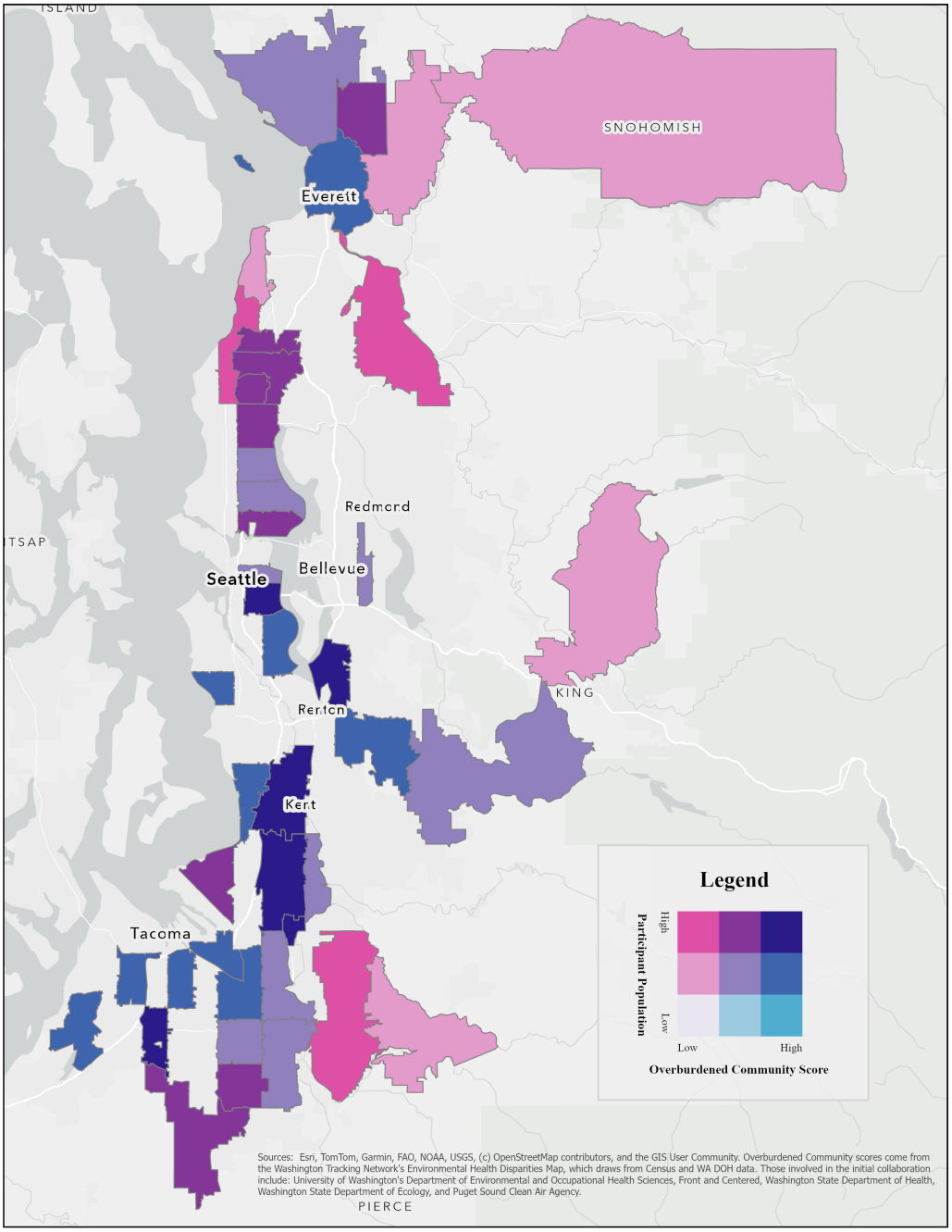
Another participant describes how multiple transfers can impact commutes: "I remember when my car had broken down and I think I worked in Seattle, like it took me like two buses, one, three I think, to get to where I needed to go. And you know, it would be frustrating if it was something like I had to do every day" (502). Participants mostly described transfers as 'frustrating,' 'confusing' or an 'inconvenience' (504, 505, 506, 604).

Opportunity and Convenience

This theme captured how participants engaged with public transportation and came up most often in response to barriers encountered on the way to work, medical appointments, cultural and religious events, or grocery stores. Despite coming up in all six community conversation events, however, the conversation was often brief. Additional topics include how participants select transportation modalities, as well as their priorities for public transportation improvements.

As seen in Figure 14 (below), community participants frequently resided in areas with a high Overburdened Community Score. Calculated by the Washington State Department of Health, the Overburdened Community Score reflects combined indices on environmental exposures, environmental effects, socioeconomic factors, and the presence of marginalized communities. Areas with a high score are priority locations for equity-focused interventions and often reflect limited access to high-paying jobs, healthcare, and parks. This limited access in turn reflects the importance of accessible public transportation.

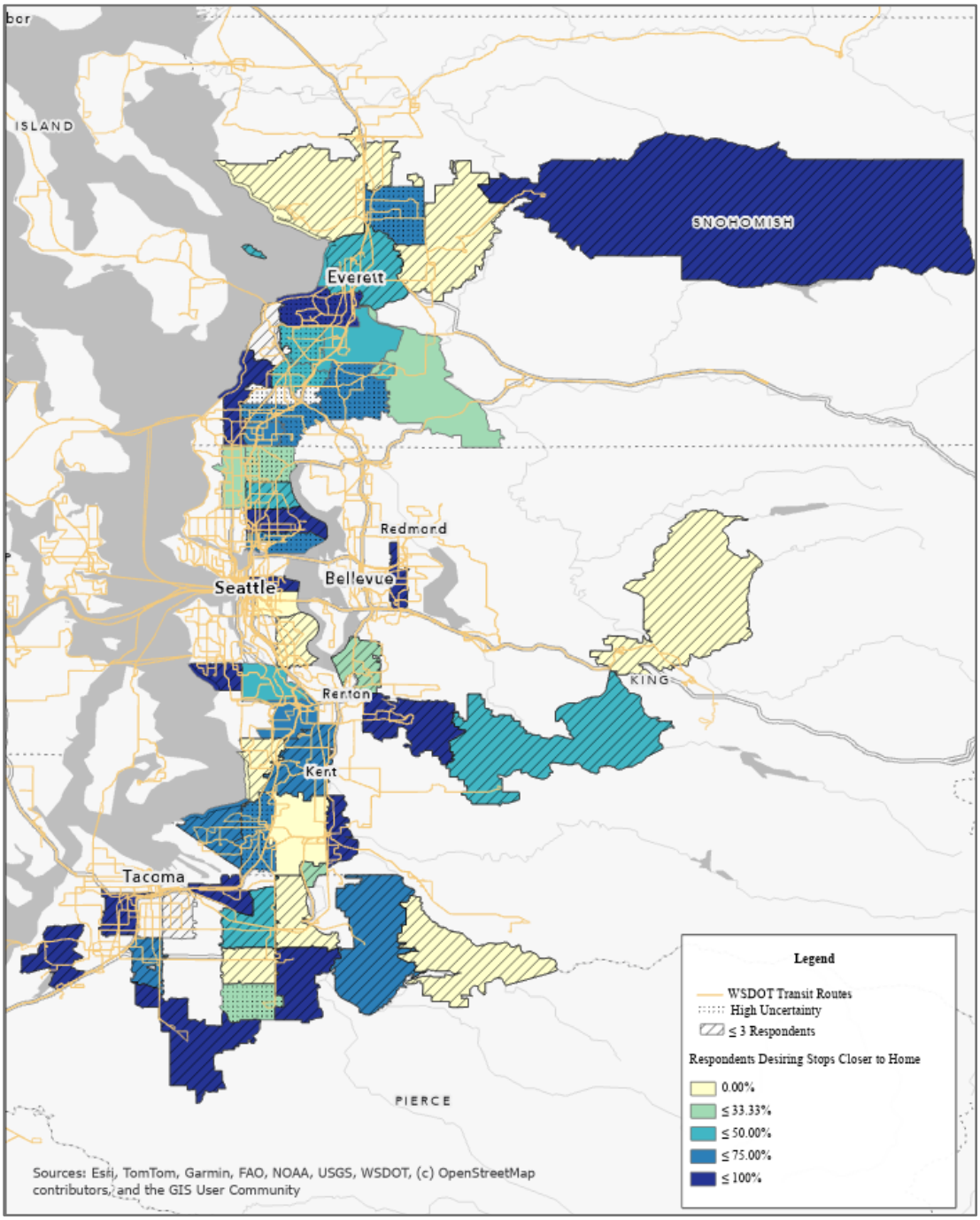
Figure 14. Respondent Population by Overburdened Community Score



When the participants were asked if they had missed medical appointments or were late to work due to issues with public transport, it was common for respondents to begin describing infrastructural barriers to even get to transit centers and bus stops. The largest complaint was that it often took respondents a long time to walk to bus stops (501, 504, 505). Additionally, when asked what they would do if they could make any improvement to public transportation, over 75% of respondents living in ZIP codes such as 98252 (Granite Falls), 98058 (Renton), and 98498

(Lakewood) indicated they would increase the number of stops closer to home. Figure 15 (see below) depicts the proportion of respondents by ZIP code citing nearby access as a recommended improvement. Overlaying a map of public transit routes, ZIP codes where nearby access was a priority for most respondents often had less routes compared to other areas where nearby access was proportionally less of a priority to respondents, corroborating community feedback.

Figure 15. Proportion of Participants Desiring Stops Closer to Home by ZIP Code



While participants agreed that leaving the house earlier was a good way to prevent missed appointments, participants also noted that buses were inconsistent in early morning hours: “if you're trying to navigate medical appointments and get it around your job, so you're trying to go to your doctor's appointment before you got to clock in at 8 o'clock, that time on the bus schedule - it's like between 5 and 7 a.m. - it's kind of tricky” (504).

A participant in the medical field shared her experience with patients using public transportation to get to their medical appointments:

> It's very challenging for us to get to get the bus or to get to their appointments on time because they live very far from where their providers are. And sometimes they have to take multiple buses to get to where they're at. So if they miss an appointment for whatever reason... they'll go [home]. A lot of the buses, they're not, I know they're ADA, but for the most part, you know, to get our caregivers to go and get [the patient] on the bus and then to get them from their wheelchairs to get on the bus and then go and struggle and all that stuff, it's a little bit of a challenge. And this is where we find caregivers saying, ‘I'm not taking that shift if I have to take them to the bus station because it's a lot’ (505).

This account was corroborated by an elder who lamented the amount of walking needed to access medical appointments: “Even when [the bus stop is] closer to my house it doesn’t come on time or soon for me and even after I take the bus I have to walk again to go to my destination” (501).

Another participant described how inadequate infrastructure, as touched on earlier, can also be a barrier for those who commute:

> Sometimes people have missed their appointments or gotten late to work. Because like, for example, during wintertime or like weather, when the weather's severe or situations like that, then you can't access public transport. And that means your business stops, but work still needs to happen. So you can't get free with those disruptions that are beyond your control sometimes (505).

Lack of reliable bus service in the early morning hours also impacts certain communities' ability to attend religious events.

Elders were particularly frustrated with the lack of or inconsistency of early buses:

> So like the early morning church, the bus doesn’t run and, in our community, we have to go to church very early and those who drive cars have no issue, but those who don’t have cars, it’s a very hard time to [get to church]. Nobody comes at 4 or 5 am to the community, but that’s the time [we] go to the church and there are no buses around that time (501).

Socialization was the top motivation for public transportation use among community members (though it was tied with healthcare among elders). While not directly addressed during community conversations, timing-related issues could impede the development and maintenance of social networks.

A subtheme that emerged from 5 community conversations and one individual interview was how participants preferred to interact with public transportation. Participants often used multiple forms of public and private transportation to reach the places they need to go, but the preference on which form of transportation was most amenable to them varied. One man describes why he preferred walking over taking the bus:

> I rode the bus and I was off at 9. And the last bus usually comes at 11. But I would not arrive home until after 12. So, it was even easier for me to walk. If I have to walk, I arrive home earlier than when I wait for the bus... Though the bus route was very close to me, I did not have a problem accessing the bus but because of the timing like she was saying, the timing was very poor for me. I prefer to walk rather than take the bus (502).

Financial barriers regarding personal vehicles were another factor participants considered when determining what transportation they use:

> I don't want to leave my car on the street. Somebody break into my car, insurance go up, which has happened multiple times, not to me in general, but to other people that I know... While [car owners] are [in downtown Seattle] socializing with other people, somebody else will just come and break into their car and they have these warnings against that. And if you report that you've made that claim to insurance, your insurance is going to go up and all that. So, people are kind of scared to go out because they don't want to go through that (502).

Other reasons for not using the bus system specifically included time-sensitivity, proximity of transit center (often bus versus train) to their destination, safety of transit stops and service along the route, anxiety around navigating the bus system, and exposure to drug use on transit stops (502, 504, 505, 604). Participants singularly mentioned paying for a Lyft of Uber when public transit fails one of the aforementioned factors.

Cultural Differences and Understanding

This theme sought to capture experiences that specifically belonged to immigrants and refugees including language barriers, cultural barriers, and understanding of the public transportation system in the greater Seattle area. While the researchers did not ask about recent immigrant and refugee experiences versus the experiences of those who immigrated a long time ago (10+ years ago), participants often characterized newly immigrated individuals differently than those who immigrated a while ago. Five out of six community conversations directly described how being an immigrant or refugee has impacted their experiences with public transportation. This appeared to be from a lack of understanding of how the bus system worked. Some community conversations were in communities where there were more recent immigrants so their perspectives could be included.

At the event which reached out to recent immigrants and refugees, many of whom did not speak English fluently, much of the community conversation unfolded as a Q&A session between the research team and community wherein the community used the research team as a source of information on the public transportation system. Here is an example of one such question:

> My question is when we came here, the bus were very fast arriving at the bus station. But now in this moment the bus takes very long to come for the bus station so they are not arriving on time. So why did they change? Why is at this moment it is more difficult for them to come on time compared to the past (506)?

Other participants described his confusion with paying fares for public transportation:

> Five months ago when we came here if you get on the bus without ticket nobody will tell you nothing. But today when we get on the bus people will ask for the ticket... We could go around without the ticket but now everyone must have a ticket before boarding (506).

Researchers noted that the man appeared to believe that he did not need to pay for the bus since he had gotten on the bus without paying fares in the past, most likely assuming that fares were voluntary or simply did not exist.

Another participant described how he had been loudly talking on the phone on the bus and had been kicked off, but he was unaware that such a rule existed (506). These findings imply that new immigrants and refugees might struggle to understand the public transportation system and corresponding sociocultural expectations of riding public transportation.

Part of this confusion with the public transportation system involves language barriers. A long-term resident participant describes how language barriers can influence understanding of the current system:

> There's no one to explain, okay, this is what's going on. It's not easy because they're explaining to you what you can understand, but [if] you're talking to somebody who's older [or] English is a second language, and you don't have the patience to explain why their bus is not here. Do they need to wait? Do they need to go across the platform to get another train (505)?

Linguistically, immigrants and refugees that had been in the US for longer periods of time often recounted stories in a 'then' versus 'now' format where 'then' was when they first came to the US and had to learn to navigate public and private transport and 'now' was described as owning their own cars and engaging with public transport in a more limited way that favored personal convenience.

Most grievances with public transportation and recent immigrants were related to navigating and understanding the transportation system (502, 504, 505, 506, 604). Transfers, as discussed previously, were the most egregious for recent immigrants to navigate. Another barrier was understanding cultural linguistics in relation to directions:

> I wanted to go to Tacoma and I took the bus from downtown. Somebody just told me [to go] about two blocks and take a right. What do you mean by two blocks and take a right? I never heard - I was so frustrated with that explanation. But again that's all they can offer me (502).

Exposures to systemic issues in the US are also a cultural barrier. Many recent immigrants and refugees are inexperienced with mental health and drug issues. The uncertainty and unpredictability of how other people experiencing such issues could act on public transportation leads to safety concerns:

> We are coming from a community or a country where we're not really experienced with mental health like it is here. So that's kind of like new for us. I've been here for a little while and I've worked as a crisis outreach specialist. So I'm kind of familiar with that. But for the guy coming into the city for just the first time taking the bus, does he really know what's going on? You know whether is this a drug crisis going on or is this mental health crisis, we can't tell the difference between that. Is this person just trying to be nice to us or are they trying to lie to us? We can't tell between that. So that's a struggle (502).

During our data collection at a community event, members of the Sierra Leonean community sharing their thoughts.

Discussion

Safety was the most urgent and consistently mentioned concern in the data collected. Participants' definition of safety was variable. Most often, it meant the participant perceived threat and/or violence to themselves or a family member at transit centers or while using transit. Some participants mentioned infrastructural issues like inadequate lighting. Only a couple of participants, namely elders and people with disabilities, mentioned factors like transit leaving before they are seated which created a fall hazard.

Most participants who reported safety concerns were women, particularly women with young children, elders, and people experiencing disabilities. The most common reports we collected in our data involved (1) experiencing or witnessing violence, drug use, and harassment, (2) feeling unsafe near unhoused people and communities, especially where there are groups of tents or people loitering, and (3) concerns about exposure to drug use on transit, particularly for those who travel with children. Participants emphasized a lack of knowledge about how to interact with people who appear to be experiencing mental health issues or under the influence of substances. This was especially true for recent immigrants who expressed that they did not have these issues in their home country and had little knowledge that such issues even existed.

Non-riders and frequent transit riders were more concerned about lack of security, harassment, and crime than infrequent riders. While stigmatization of safety issues around transit may influence this for non-riders, one would expect infrequent riders to show higher concern if this was the case. Additionally, frequent riders may be more cautious of safety issues if they've witnessed violence or harm at transit areas, even if they were not the subject of this harm. Regardless, safety concerns play a significant role in people's decisions whether to use public transit or not.

WSDOT made great strides in improving the safety and security of public transport over the past few years. Instead of using members of the police force for security, WSDOT have their own Transit Security Officers (TSOs). While providing extra security, TSOs often are a resource that participants use to help navigate the transit system or answer other transit-related questions

they may have. Further exploring the relationship between TSOs and transit users may uncover opportunities for building community engagement and trust.

Our study also found that there were significant service disparities between neighborhoods in terms of shelter and seating at bus stops (notably lacking in areas like Pacific, Algona, Maple Valley, and Central District) and the cleanliness and hygiene on buses. Cleanliness also extended to fear over drug exposure through contact without the person's knowledge. Participants were keen to point out differences in amenities and service quality between service areas, citing specific routes, stops, and even an escalator that had been out of service for a while.

Elders and people experiencing disabilities faced unique challenges compared to other transit users. Accessing seating, getting safely seated before transit started moving, and navigating poorly maintained sidewalks or bus stops were often a barrier for people with mobility issues. Most of these issues created trip or fall hazards, with some instances (like when a bus started moving too early) that resulted in minor personal injury to an elderly participant.

While there are a couple options for community vans and paratransit, community leaders often noted that the requirements for such services (doctors note, proof of injury, etc..,) are hard to obtain, particularly for elders who may not have access to personal transportation to get to a doctor's appointment. Language barriers and financial considerations may also create additional stressors to obtaining the required documents to just apply for paratransit.

Regarding uneven and cracked sidewalks that can also be a barrier for people with mobility issues to access transit, it is important to note that SDOT has an online map which documents the condition of sidewalks and WSDOT is currently working on creating a state-wide version. This is a huge step in ascertaining accessibility inequality on a state level and help bridge service gaps.

For the most part, participant interactions with transit staff, including TSOs and bus drivers, were mostly positive. Bus drivers were often the first person that participants went to for help if they were unsure of their route or had other transit-related questions. For recently immigrated participants, there was some confusion around fare systems and transfers stemming from travel between counties and inconsistent fare enforcement.

The most common complaints we heard in this study were low transit frequency and late or missing buses. Participants cited that buses would oftentimes "bunch" where several on the same route would arrive at the same time, creating significant gaps in service. Participants also reported regularly waiting 30-60 minutes at transit stops, with wait times stretching even longer in the evenings and on weekends. The placement of high-frequency routes is geographically uneven, leaving south and east Seattle underserved compared to north and west Seattle. Rural communities also faced longer bus arrival intervals, which made it less convenient for rural participants to choose public transportation over personal vehicles.

Participants described specific routes that were difficult to access or unreliable. These routes were A line, E line, and bus lines 917, 161, 128, 906, 107, and 7. Besides bus bunching and lower-frequency routes, physical access barriers for these routes also included inadequate sidewalks, poorly maintained or unsafe infrastructure, and long walking distances to and from bus stops to destinations. Additionally, infrastructural issues like lack of proper lighting at transit stops combined with low-frequency bus arrivals can leave people feeling stranded and unsafe. This insecurity is exacerbated in the winter time when people often commute to and from work in the dark and bus frequency is reduced in the evenings.

Furthermore, difficulty with navigating the transit system is common, especially for recent immigrants or those who are navigating through a language barrier. While phone-based apps are helpful, maps and signage at bus stops are confusing and often do not have languages that members of the African Diaspora community may speak on the signage at transit stops. Language-specific navigation issues disproportionately affect speakers of less-common languages. Bus drivers, who participants go to first for help, often lack time to assist riders with navigational issues especially if there are communication difficulties. Elderly riders are more often to get lost, as many will sit and wait until the end of the route if they lose their way.

We found that public transit in the greater Seattle area often fails to align with work, medical, or religious schedules due to long distances to bus stops, inconsistent early morning and late evening service, and infrequent routes in rural and underserved ZIP codes. Missed appointments or late arrivals were commonly due to first and last mile issues like long walks, unsafe conditions, or delayed arrival due to traffic. When encountering delays or inefficient routes, some participants would opt to walk, carpool, or use a rideshare service to get to their destination. Participants often relied on multiple modes of transportation (bus, walking, biking, ride share, etc..,) due to system gaps.

Recent immigrants and refugees faced unique challenges compared to those who have been in the area for a longer time. The longer immigrants and refugees are in the US, the more they assimilate into American culture. This was described by some immigrants who came to the US over a decade ago, where they described their transportation usage shift from a reliance on public transportation to owning their own vehicles as financial circumstances improved.

On public transportation, recent immigrants and refugees struggled more with language barriers and understanding fare systems, navigating transfers, and transit sociocultural norms. During our community conversation event with recent immigrants and refugees, many had basic or clarifying questions on how to use public transportation, which reveals a lack of educational outreach for people who are trying to establish themselves in the greater Seattle area.

Recommendations

Our recommendations build on the gaps we identified, the existing transportation equity initiatives operating in Washington, and the areas where further research or community partnership is needed Across all categories, one theme is consistent: traditional survey tools -- like simple Likert scales or “smiley face” feedback forms -- miss the nuance of riders’ lived experience. All stakeholders would benefit from more active, ongoing engagement with transit riders, including town halls, community-led conversations, and continuous dialogue that prioritizes qualitative context over generic satisfaction metrics. Improved participation accessibility, especially through on-the-ground canvassing in underrepresented areas and among LEP individuals, could directly support transportation justice goals and expand access to opportunities for communities that have historically been excluded.

To improve safety and security: (1) Increase visible, trained, non-police security personnel at high-traffic stops and on vehicles. While the transit system has seen great improvement in this due to WSDOT and SDOT safety initiatives, expanding some security to personnel to bus routes may be beneficial to supporting riders and increasing ridership. Additionally, installation of panic buttons or emergency support callboxes around lower-traffic stops could also improve safety by providing visible, easy access to emergency services. (2) Improving lighting, visibility, and cleanliness—particularly in underserved neighborhoods—would not only enhance comfort but directly reduce risks by increasing visibility and deterring unsafe behavior. (3) Ensure equitable distribution of safety infrastructure (cameras, call boxes, emergency lighting)

To improve public transportation infrastructure and amenities: (1) Standardize stops and seating to provide shelter and some form of seating – especially in communities with high proportions of mobility-impaired, elderly, or otherwise overburdened residents – would improve overall accessibility. Community organizations can support facility improvements by keeping residents informed about local town halls and advocacy opportunities, since many neighborhood upgrades are initiated or co-created by community members themselves. Encouraging and enabling participation in community outreach for the Seattle Transportation Plan and other regional planning initiatives could improve representation in initiatives like SDOT’s Transit Spot Improvement Program, which prioritizes equity-focused investments. (2) Sidewalks and walking routes should be upgraded to be ADA-compliant, weather-safe, and continuous, drawing on resources such as the OpenSidewalks project, OS-CONNECT, and Complete Streets and Active Transportation Initiative guidance. Community partners may be able to leverage programs like the Taskar Center for Accessible Technology’s Specialized Community-Led Impact Opportunity Grants to assess needs and initiate accessible design projects, and the Consolidated Grant program remains an important funding mechanism. (3) Increasing bus stop amenities -- benches, real-time arrival information, trash receptacles, and adequate lighting -- should be prioritized in low-income areas, alongside more frequent cleaning on high-use or high-complaint routes.

Service design and reliability also emerged as major concerns: (1) Increasing bus frequency is especially important in South King County, the Eastside, and during evenings, early mornings, and weekends. While this is a substantial undertaking, stakeholders can increase visibility by continuing to document need and engaging in community engagement initiatives. Transportation planners can also improve equitable access by making concentrated marketing efforts and providing language-accessible opportunities for comments. Transparency metrics on community outreach could also support engagement and assist with identifying representation gaps. (2) Riders also expressed the need for more stops located closer to residential neighborhoods, particularly where long or unsafe walks are required. Expanding first- and last-mile solutions -- such as microtransit, bike-share, or community van programs -- would further support riders with limited mobility options. Improving transfer systems, including cross-county fare integration, clearer signage at transit centers, and better coordination between lines, would reduce confusion and wait times.

Cultural inclusion and language access continue to be critical. Many participants indicated a need for more accessible resources to better understand fare systems, resources, behavior expectations, and basic navigation: (1) As languages such as Krio and Lingala are only translated upon request, community advocates can use the report findings to identify high-need languages and proactively request translations. This only addresses needs among literate individuals, however, and community navigators indicated that certain communities might be better served by audio and video resources as opposed to written ones. (2) Recruiting community navigators or peer mentors -- similar to Public Health–Seattle & King County's model -- could provide valuable in-person support for newly arrived immigrants and elders. (3) Ensuring that riders can access live multilingual help at transit hubs, and training drivers and staff to respond sensitively to limited-English-proficient riders, would significantly reduce confusion and increase dignity. Evaluating time-to-connection and time-to-resolution for customer support should also be part of performance assessment.

Affordability and equity concerns call for a review of existing fare structures, though this study is unable to ascertain how much affordability concerns were impacted by limited access (and consequently awareness of) reduced fare resources. Riders noted that they frequently experience duplicate charges during transfers or encounter barriers due to inconsistent rules across counties. Fare enforcement practices should ensure that limited-English speakers are not disproportionately penalized or criminalized. Additionally, further research is needed to identify potential reasons for large public transportation expenses among youth.

Conclusion

Community members repeatedly emphasized that safety, reliability, and accessibility are essential for increasing transit use -- especially among elders, women, and recent immigrants. Disparities remain evident in service frequency, shelter amenities, and infrastructure quality, particularly in South King County, the Eastside, and rural areas. Additionally, riders continue to face language and cultural barriers, leading to confusion around fares, transfers, and wayfinding. Infrequent service and long transfer times translate into missed appointments, job delays, and social isolation. While participants expressed appreciation for transit staff, they also emphasized the need for clearer multilingual resources and better trip-planning support. Ultimately, addressing these challenges will require intentional equity-focused investments, cross-county coordination, and more inclusive planning processes. Standard data collection approaches tend to exclude riders with the highest needs, so incorporating more diverse feedback methods -- developed alongside community navigators and grassroots partners-- will be essential to accurate assessment and equitable decision-making.

State investments such as those authorized under 2023 Engrossed Substitute House Bill 1125 (Section 111, supporting OS-CONNECT), the 2021 Healthy Environment for All (HEAL) Act, and Move Ahead Washington have improved equity, transparency, and multimodal accessibility data, but implementation and equity impacts vary across localities. WSDOT's performance-based project evaluation model could be a promising tool for evaluating equity-based improvements, especially if results are effectively disseminated for accountability. Assets identified in this research include a robust community support network and a strong desire to engage with transportation resources and communications. Easily located support for grant applicants and project identification could be particularly helpful for encouraging community advocacy, especially with the numerous overlapping jurisdictions and initiatives between federal, state, county, and local levels.

Acknowledgements

We would like to acknowledge the Indigenous people who have and continue to inhabit the land on which this research was conducted and the land that we occupy. We thank the Coast Salish peoples of this land, the land which touches the shared waters of all tribes and bands within the Duwamish, Puyallup, Suquamish, Tulalip, and Muckleshoot nations for their protection and stewardship of this land, as we acknowledge the injustices that were and continue to occur to the Indigenous peoples.

The following individuals and organizations played an integral role in the development and implementation of this study, including providing funding, survey dissemination, data collection, analysis and feedback. We are grateful for their time, perspectives, community outreach, and the trust and community capital they have contributed:

- Washington State Coalition of African Community Leaders (WSCACL)
- Front and Centered
- Washington State Department of Transportation

We would also like to extend our sincere thanks to the participating African diaspora communities, particularly the contributions of their community leaders in Washington for generously sharing their experiences, organizing the community events, participating in this research, and helping to circulate the survey within their networks. We would also like to extend a special thank you to WSCACL for partnering with our research organization and facilitating community events.

Disclosures

PORSESH POLICY RESEARCH INSTITUTE (PR) affirms that this research was conducted with full independence and in adherence to the highest ethical and professional standards. All data were collected, stored, and analyzed in accordance with established research ethics protocols, including obtaining informed consent from all participants and ensuring confidentiality throughout the study. The publisher and authors have no financial, professional, or personal conflicts of interest that could have influenced the design, implementation, or interpretation of this research.

This study's funding—provided by Front and Centered through the Washington State Coalition of African Leaders—did not play any role in shaping the research questions, data collection procedures, analytical decisions, or final conclusions. All methodological choices, interpretations, and recommendations reflect the researchers' independent and professional judgment. The limitations of the study have been transparently acknowledged to support accurate understanding and responsible application of the findings. The publisher and researchers remain committed to integrity, transparency, and accountability in all aspects of this work.

Appendices

A. References

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B. Research Tools

B.1. Group Consultation Questions

1. What kind of transportation do you prefer to use?
    a. What kinds of transportation do you know of?
2. Do you experience any safety issues while using public transportation?
3. Do you experience any physical or emotional discomfort while using transportation?
4. How does transportation impact your ability to attend community events and social gatherings?
5. How does transportation affect your ability to attend work or medical appointments?
6. How does public transportation impact your access to healthy food?
7. Who do you turn to when you have questions or concerns about public transportation?
8. What could be changed about public transportation that would benefit you?

B.2. Key Informant Questions

This list serves as a guide for the interviewer. Not every question may be asked, depending on topics and keywords participants mention (ex; mentioning grocery stores would allow the interviewer to use predetermined questions in the food category to gain more information). Interviews will be a max of 45 mins.
Key:
Questions that will ALWAYS be asked
Questions that will only be asked IF prompted
Introduction

1. What types of transportation do you use?
2. Where do you go when you use ____ transportation?
3. Do you have difficulty accessing _____ transportation?

Lifestyle

1. Have you ever missed an appointment, social gathering, work, or school from issues with _____ transportation?
    a. Do you have any health conditions where you need regular access to transportation for medical appointments or pharmacies?
        i. Could you tell me about any missed appointments or skipped prescription pickup due to transportation issues?
2. How does missing _____ make you feel?

Safety

1. How safe do you feel on _____ transportation?
    a. Do you experience any physical or emotional discomfort while using ___ transportation?

    b. Do you experience any physical or emotional discomfort while getting to or coming from _____ transportation?
2. What aspects of public transportation make you feel unsafe?
    c. What makes you feel safe?

Food

1. Do you use ____ transportation to go grocery shopping?
    a. What stores do you go to?
2. Does _____ transportation affect the way that you shop or what you shop for?
    a. Do you buy fresh fruits and vegetables or other perishable foods?

Information

1. Who do you turn to when you have questions or concerns about public transportation?
    a. How do you plan your route?
2. What do you do when you have trouble navigating or finding your way through _____ transportation?
    a. Who do you contact when you get lost using public transportation?

Wrap-up

1. What would you change about ____ transportation?
    a. What could benefit you?
    b. What could benefit other people you know?
2. In the future, how would you like WSDOT and other agencies to interact within your community?

B.3. Survey Questionnaire

Transportation Justice Survey

Demographics *(14 Questions)*

1. Initials (e.g., John Doe -> J.D.): _____
2. Which age group best describes you?

○ Under 18	○ 35-44	○ 55-64
○ 18-24	○ 45-54	○ 65+
○ 25-34		

3. What is your gender?

○ Male ○ Female ○ Non-binary ○ Other ○ I prefer not to answer

4. What ethnic community do you associate with? _____
5. What is your religious affiliation?

○ Agnostic	○ Buddhist	○ Jewish	○ I prefer not to answer
○ Atheist	○ Catholic	○ Muslim	○ Protestant
○ Baptist	○ Eastern Orthodox	○ Non-denominational Christian	○ Roman Catholic

○ Other (please specify): _____

6. Are you currently a student*?

○ Yes, I am a part-time student ○ Yes, I am a full-time student ○ No (skip question 6a) ○ I prefer not to answer (skip question 6a)

** Defined as someone enrolled in an educational institution, actively pursuing a course of study (including vocational training).*

6a. . How are your courses delivered?

○ *Most of my courses are hybrid*	○ *Most or all of my courses are online*	○ *I prefer not to answer*
○ *Most or all my courses are in person*	○ *Other*	

7. What is the highest grade or level of school you have completed? (Anywhere)

○ I prefer not to answer	○ Technical, vocational, or honor program (14-year education)
○ No formal education (never attended school)	○ Bachelor's degree
○ Elementary/primary school	○ Master's degree
○ Middle school/junior high	○ Ph.D. (Doctor of Philosophy), Doctorate, or J.D.
○ High school diploma (12-year education)	○ Other (please specify): _____
○ GED or alternative credential	

8. What is your employment status?

- ○ Part-time employee
- ○ Full-time employee
- ○ Retired
- ○ Unemployed, looking for work
- ○ Unemployed, not looking for work
- ○ Self-employed
- ○ Contract worker/consulting
- ○ Other (please specify): _____

9. What is the zip code at your primary residence? _____
10. How long have you lived in the United States?

○ Less than 1 year ○ 1-3 years ○ 4-6 years ○ 7+ years

11. How long have you lived in your current county of residence?

○ Less than 1 year ○ 1-3 years ○ 4-6 years ○ 7+ years

12. What is your first language? _____

13. What language do you primarily speak at home? _____
14. Do you identify as a person with a disability or other chronic condition?

- ○ Yes
- ○ No
- ○ Other (please specify): _____
- ○ I prefer not to answer

Transportation Usage *(12 Questions)*

1. What is your primary mode of transportation? Please select all that apply:

- ☐ Personal vehicle
- ☐ Public transportation (bus, train, light rail, etc.)
- ☐ Carpooling or rideshare (Uber, Lyft, etc.)
- ☐ Biking
- ☐ Walking
- ☐ Other (please specify): _____

2. During an average month, how often do you use public transportation?

- ○ Daily
- ○ A few times a week
- ○ A few times a month
- ○ Rarely (skip to 3)
- ○ Never (skip to 3)

2a. Approximately how long is your average commute?

- ○ *Less than 15 minutes*
- ○ *15-30 minutes*
- ○ *31-45 minutes*
- ○ *46-60 minutes*
- ○ *Over an hour (Please specify):* _____

2b. If 18 years old or younger: How often are you riding by yourself?

- ○ *Daily*
- ○ *A few times a week*
- ○ *A few times a month*
- ○ *Rarely*
- ○ *Never*

Transportation Justice Survey

3. How often do you assist older family members or community elders with public transportation?

   ○ Daily ○ A few times a month ○ Never
   ○ A few times a week ○ Rarely

4. Approximately how long does it take you to get to your primary mode of public transportation (e.g., bus stop, light rail station, etc.)?

   ○ Less than 15 minutes ○ 46-60 minutes
   ○ 15-30 minutes ○ Over an hour (Please specify): _____
   ○ 31-45 minutes

5. How do you usually get to your primary mode of public transportation?

   ☐ Car (driving self, skip to 5a) ☐ Dropped off by someone else ☐ Scooter (skip to 6)
   ☐ Bicycle (skip to 5c) ☐ Rideshare ☐ Other (please specify): _____
   ☐ Walking (skip to 5c)

   5a. Is there adequate parking? (Y/N/Unsure): _____
   5b. Do you feel secure leaving your vehicle at this location? (Y/N/Unsure): _____

   5c. Additional comments (optional):

6. In an average calendar **month**, how much do you spend on public transportation?

   ○ $0 - $75 ○ $151 - $250
   ○ $76 - $150 ○ If $251+, please specify: _____

7. During an average month, what are your main motivations for using public transportation? Please rank the seven following factors:

   a. _____For school
   b. _____For work
   c. _____To reach friends, family, or social events
   d. _____To reach grocery stores
   e. _____To reach exercise facilities
   f. _____To reach healthcare services
   g. _____Other (please specify): _____

8. Please evaluate how easy it is to access the following locations without driving on a scale from 1 to 5, with 1 being "difficult," and 5 being "easy":

   a. Fitness centers ____
   b. Safe outdoor spaces (e.g., parks) ____
   c. Primary healthcare location ____
   d. Religious centers ____
   e. Community centers ____
   f. Family's homes ____
   g. Friends' homes ____
   h. Grocery stores ____
   i. Shopping centers ____
   j. Entertainment centers (e.g., movie theaters, bowling alleys, etc.) ____
   k. The airport ____

Transportation Justice Survey

9. Have you ever felt unsafe while using your local public transportation?

O Yes, often O Yes, once or twice O I can't remember (skip to 10)
O Yes, occasionally O No, never (skip to 10) O I prefer not to answer (skip to 10)

9a. What were your primary safety concerns? Please select all that apply:

☐ *Harassment or discrimination*
☐ *Lack of security personnel*
☐ *Poor lighting at the stops/stations*
☐ *Police or other government enforcers*
☐ *Fear of crime (e.g., theft)*
☐ *Other (please specify):* _____

10. Have you ever experienced injury or pain that you attribute to your commute via public transportation?

O Yes O No O I'm not sure

11. Which improvements would make public transportation more accessible for you? Please select all that apply:

☐ More frequent service
☐ More routes in my neighborhood
☐ More routes closer to my desired areas
☐ Lower fares or more discount programs
☐ Improved safety and security measures
☐ More multilingual support and resources
☐ More accessible transit options (e.g., ramps, elevators, etc.)
☐ Better outreach and awareness of transportation services
☐ Better outreach and awareness of transportation resources (e.g., discount programs, contacts, etc.)
☐ Other (please specify): _____

12. If you could change one thing about you transportation system, what would you change? (optional)

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