

Welcoming Communities? Immigrant Services in the Bay Area





Research

- Survey experiments, legal info, network data, field research

Training

- Future experts & thought leaders

Engagement

- Go-to place for accurate information

BIMI's mission



The Challenge:

- Immigrants' fear of government, including service-seeking
- Increased poverty, more ethno-racial diversity in suburbs
- BUT more limited tradition of community-based service organizations



Our goal: Increase access

1. Generate evidence-based research to measure CBO spatial inequality
2. Educate decision-makers about spatial deprivation
3. Provide access-to-service information to immigrants and others



What we are doing:

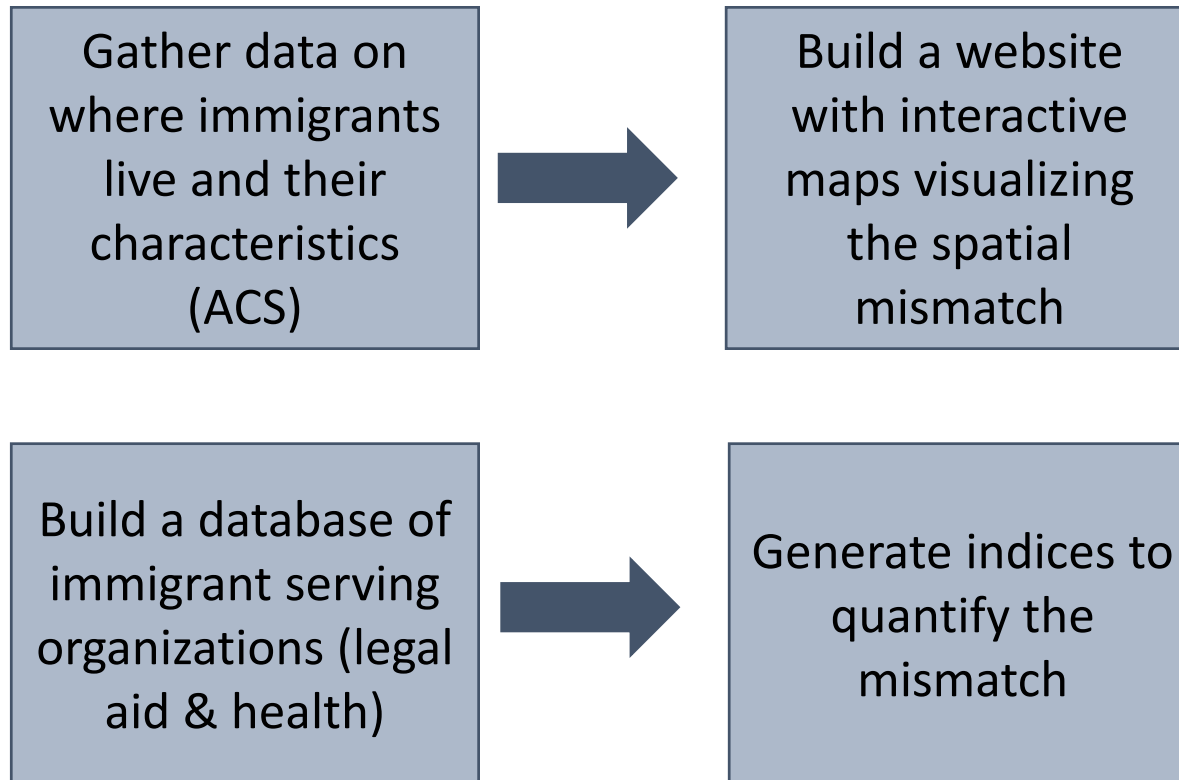
Gather data on
where immigrants
live and their
characteristics
(ACS)



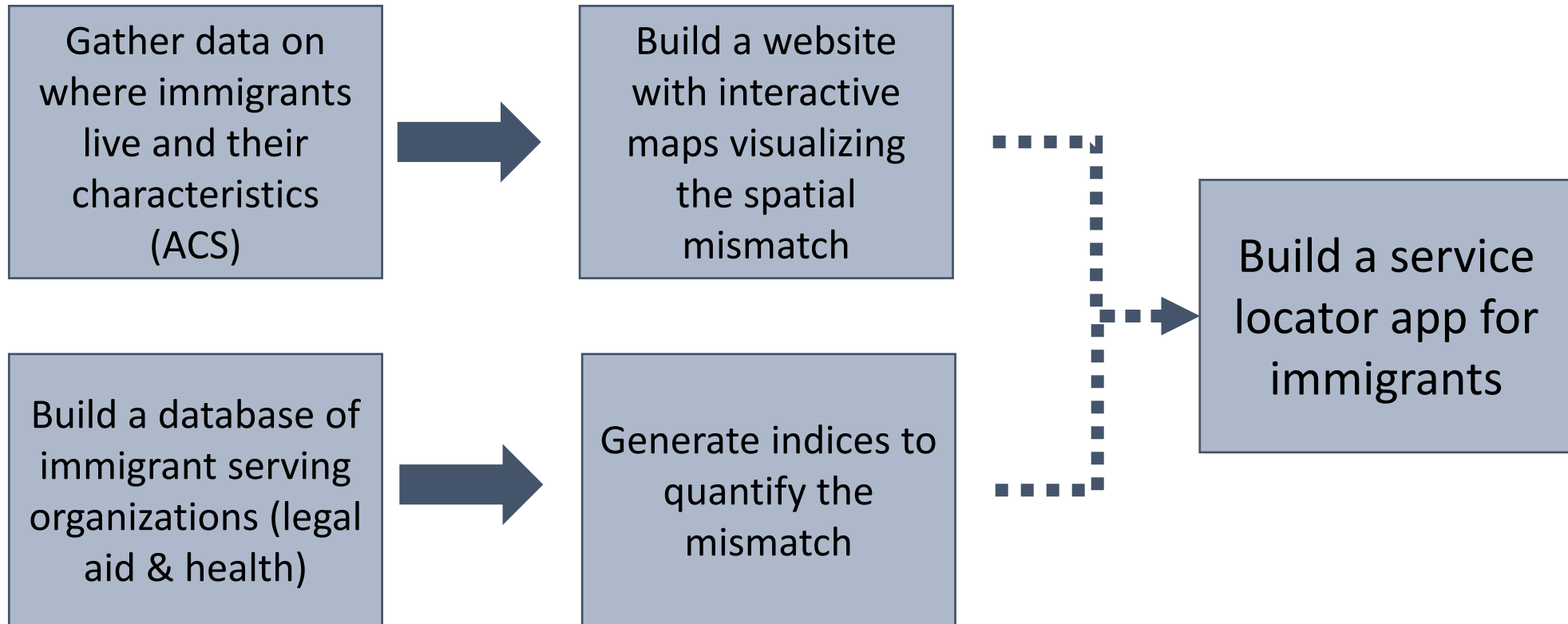
Build a database of
immigrant serving
organizations (legal
aid & health)

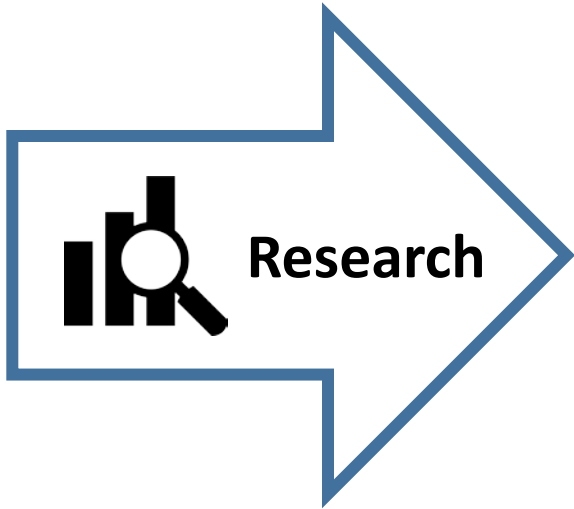


What we are doing:



What we are doing:





Data: health clinics

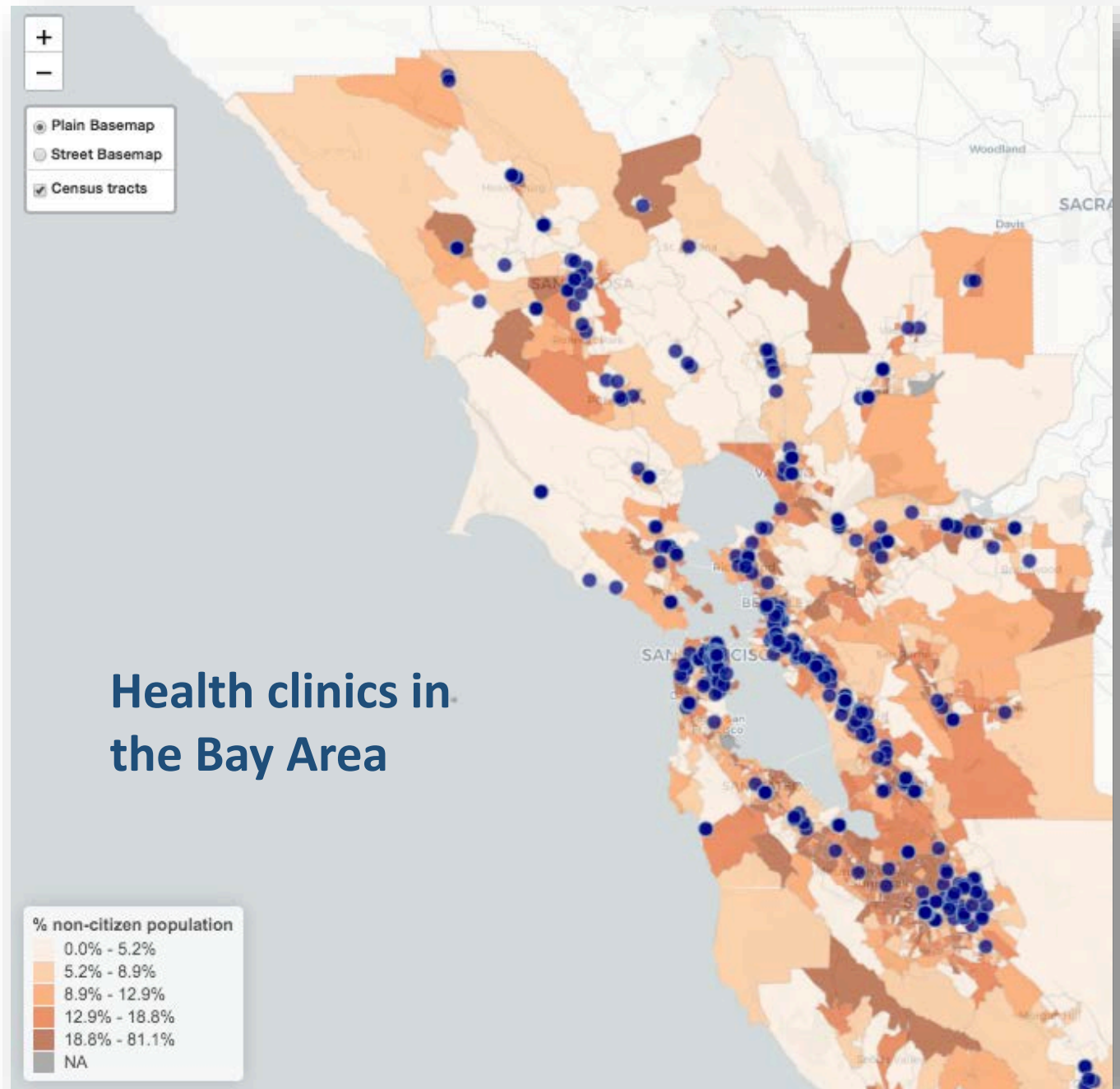
435 federally-funded health centers that are “community-based and consumer-run organizations that serve populations with limited access to health care.”

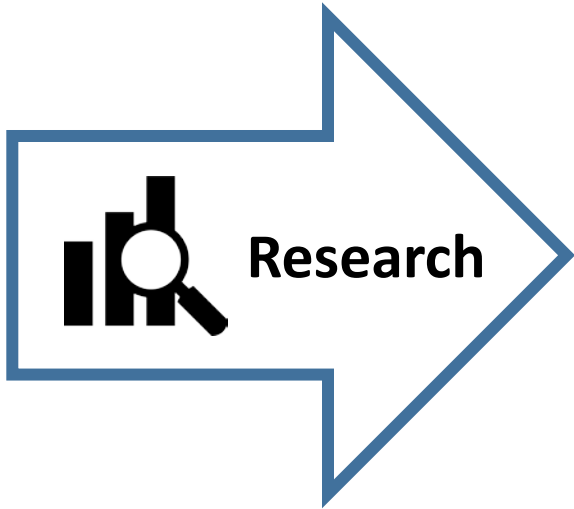


Data source: Health Resources and Services Administration Data Warehouse (HDW) from the U.S. Department of Health and Human Services

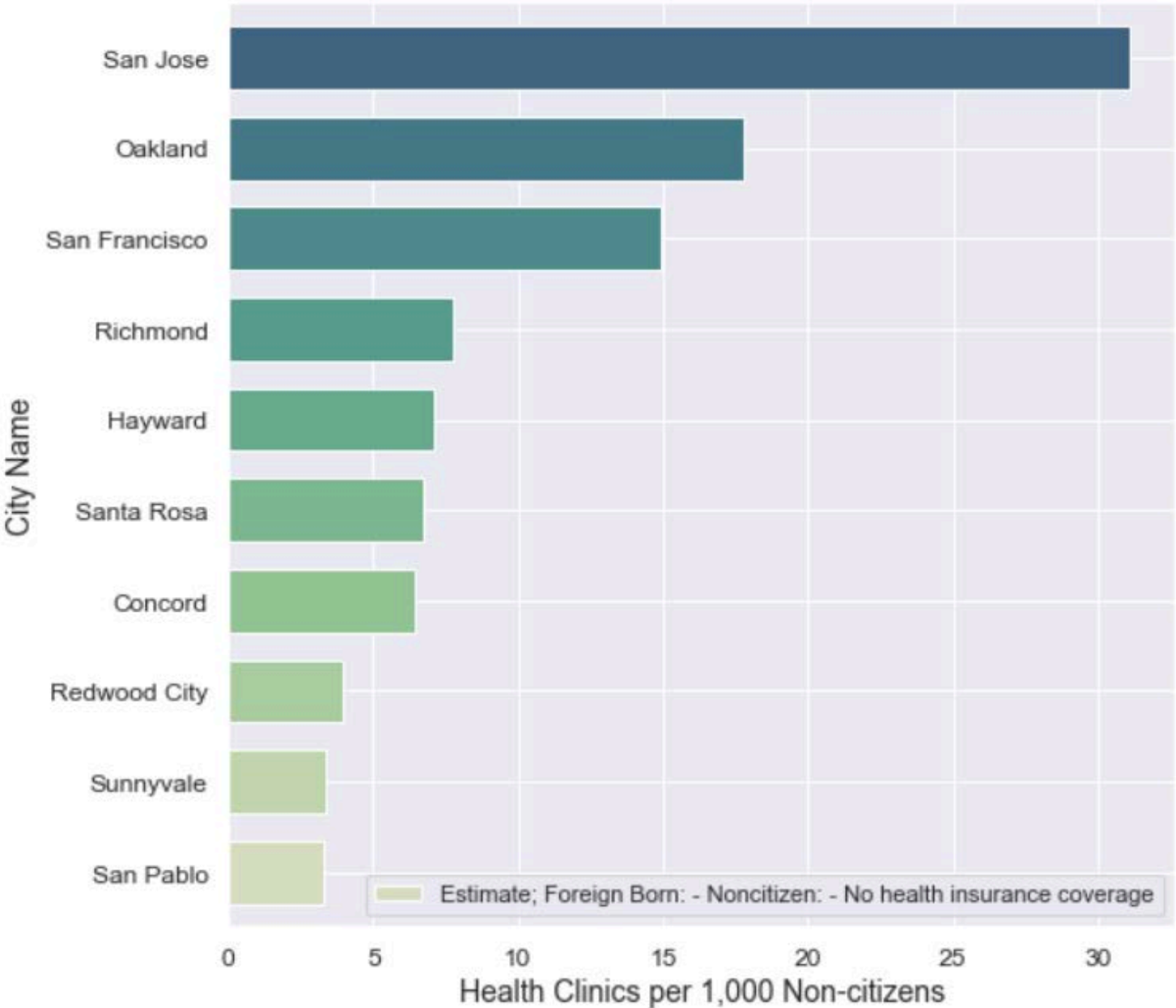
American Community Survey (ACS) data:

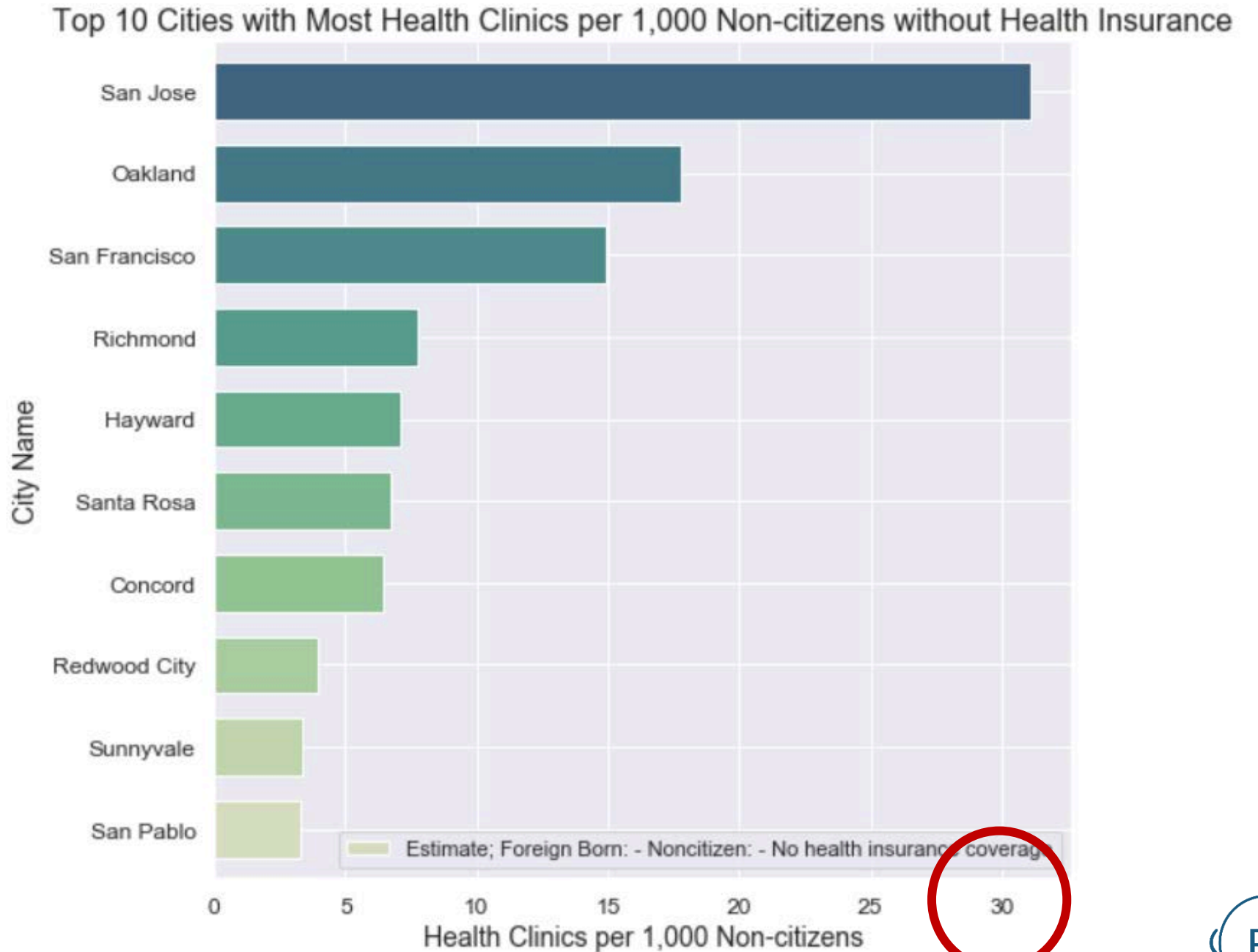
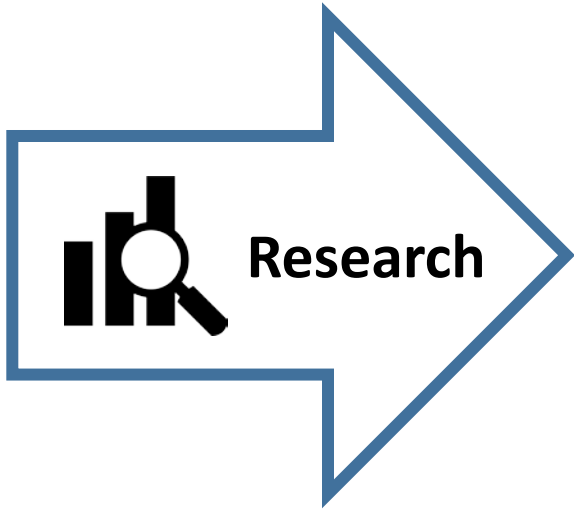
- % non-citizen population
- % foreign-born population
- % recent immigrants
- % foreign-born in poverty
- % foreign-born without health insurance
- % population with limited English proficiency





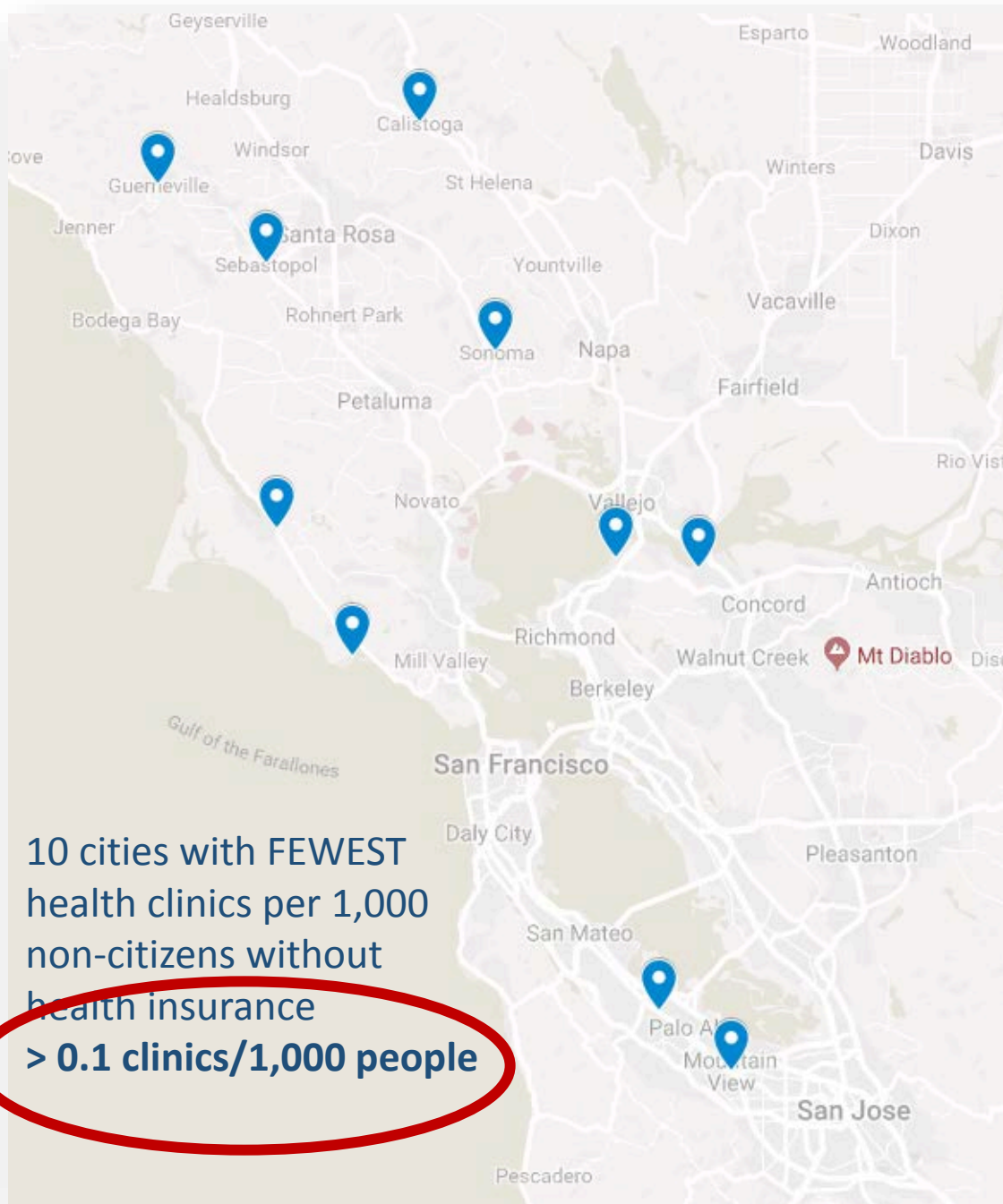
Top 10 Cities with Most Health Clinics per 1,000 Non-citizens without Health Insurance

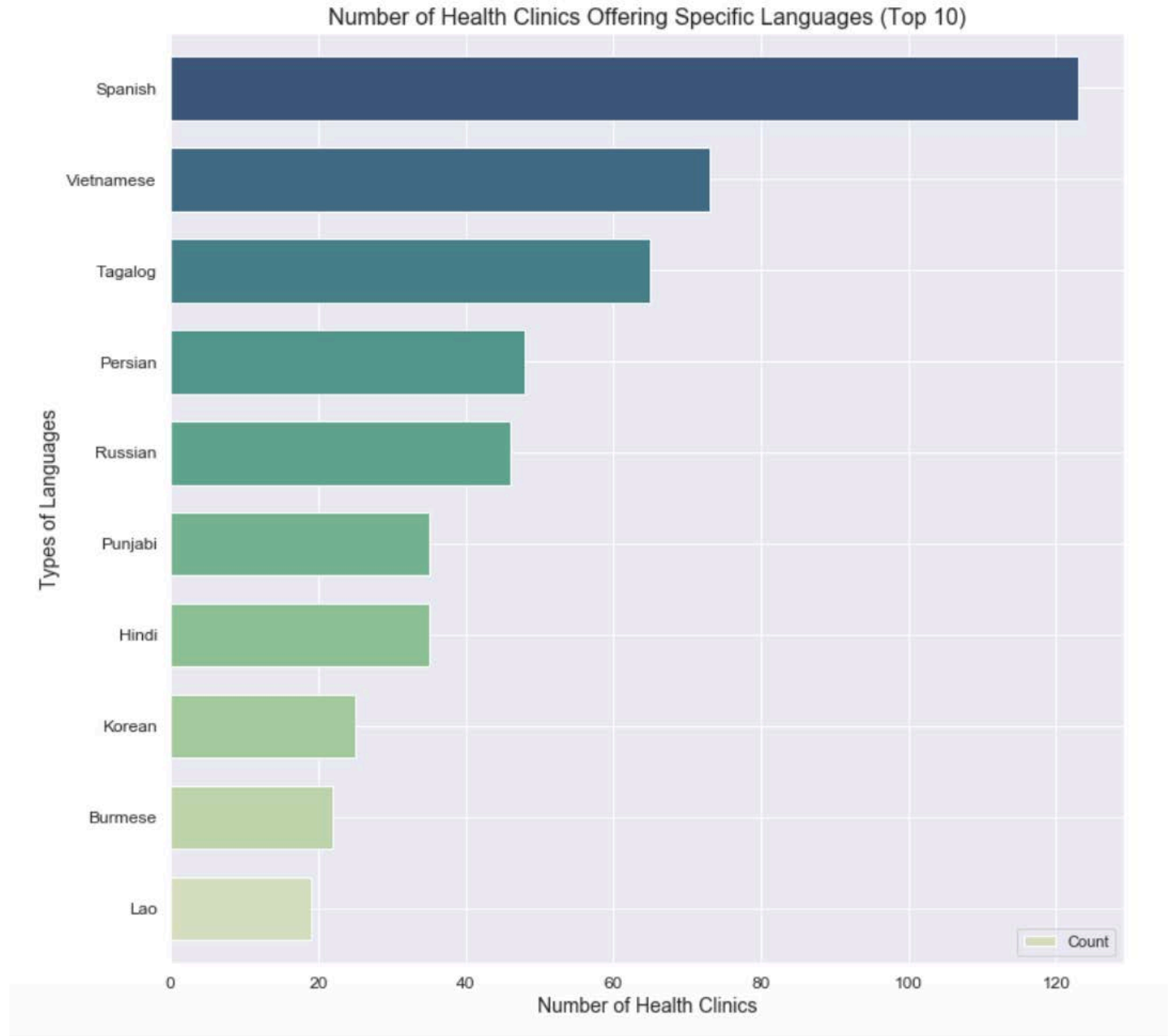
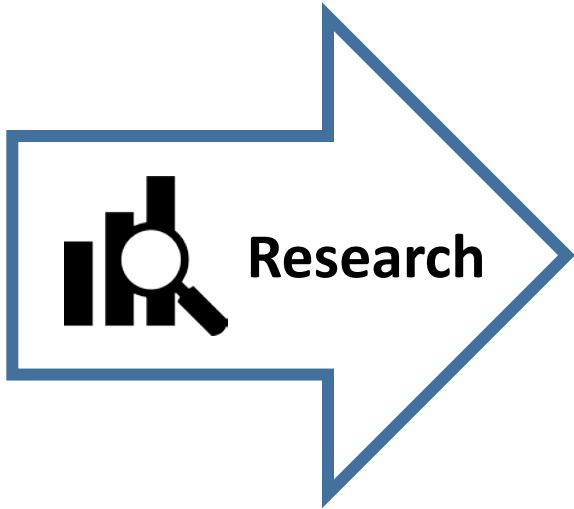


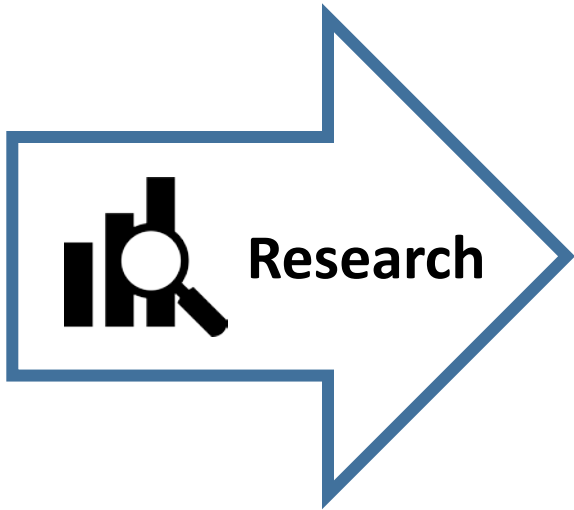




Research





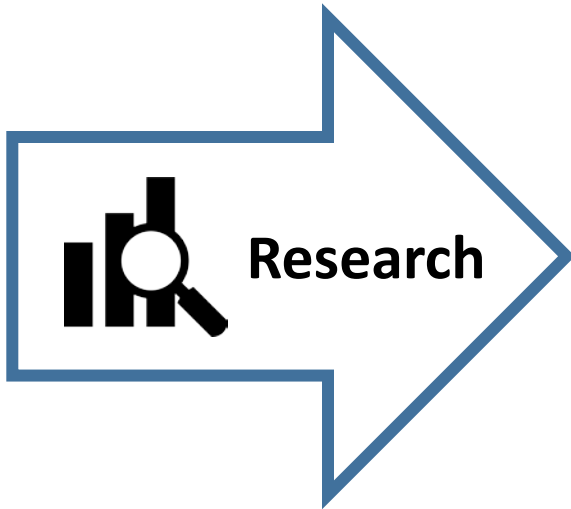


Data: legal aid clinics

Database includes 93 legal aid clinics in the 9-County Bay Area offering legal aid to immigrant populations.



Data sources: Immigrant Advocates Network (IAN), Recognized Organizations and Accredited Representatives Roster of The United States Department of Justice, Catholic Legal Immigration Network, One Degree

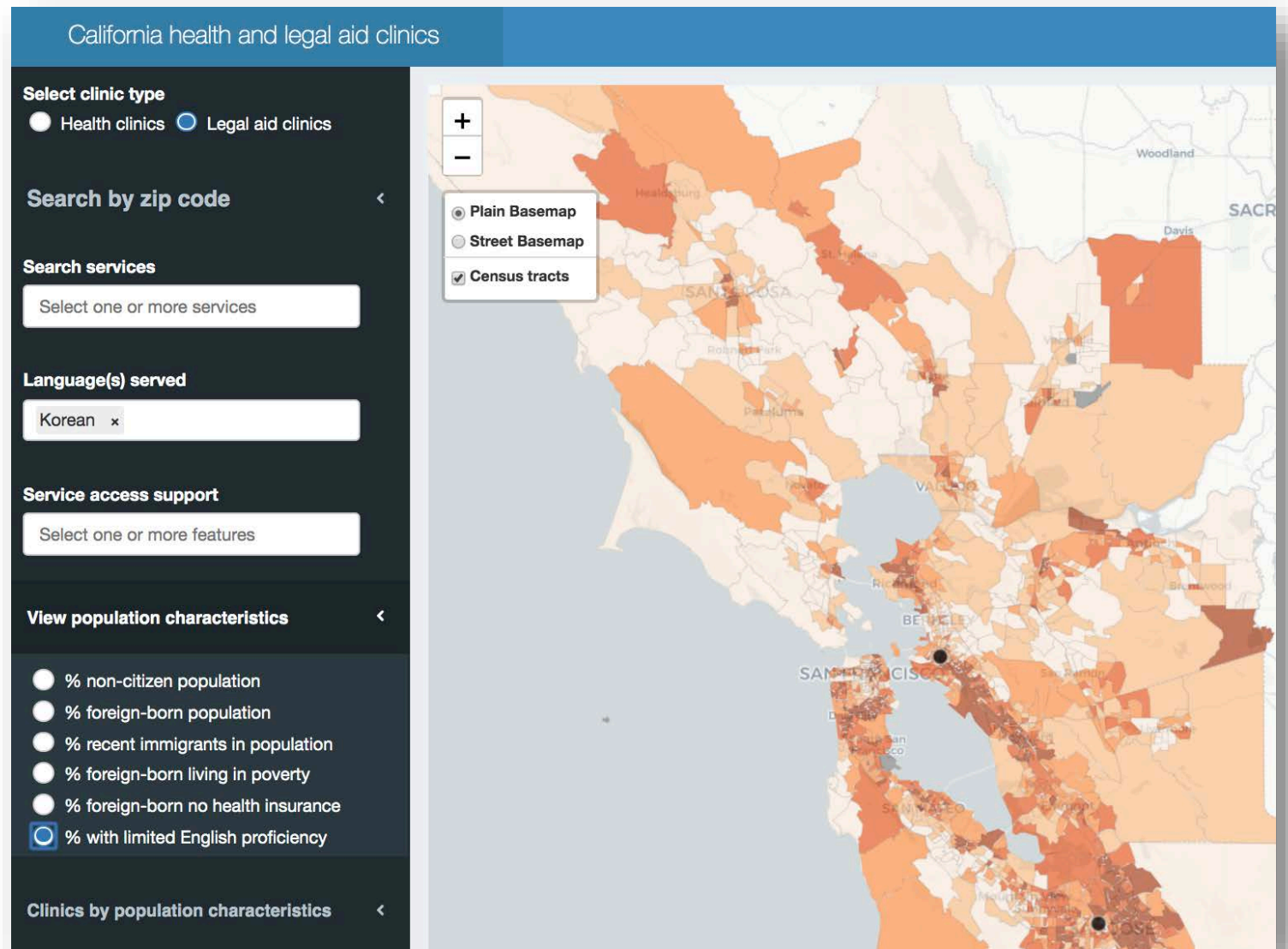


→ Interactive web map

Filters:

- Services
- Languages served
- Service access support (e.g. free services, hours open, etc.)

→ Developing a spatial immigrant service deprivation index





Next steps

- Expand geographically
- Expand types of services
- Launch interactive web map
- Develop service deprivation index
- Study the impact of service deprivation on immigrant integration and well-being



Connecting stakeholders & researchers



**Public
engagement**

Attempts to Cancel DACA Produce Negative Effects on Health

Esther Yoona Cho

A joint publication from Berkeley Interdisciplinary Migration Initiative & Haas Institute for a Fair and Inclusive Society

Undocumented immigrants have poorer physical and mental health relative to their documented counterparts. The precarity of their immigration status poses a risk on its own, putting them in a position where they are more vulnerable to poverty, violence, unstable relationships, workplace hazards, and discrimination. Furthermore, due to the stigma and shame associated with being undocumented, studies have shown that they are more likely to have low self-esteem, depression, and anxiety. These physical and mental conditions can lead to higher rates of stress-related chronic illnesses. Undocumented immigrants face significant barriers to accessing health care, which compounds their chances of having negative health outcomes. Federal law excludes undocumented immigrants from accessing governmental health care unless it is emergency care, leaving states and localities to fill this gap and provide free or reduced access to medical services. Even in places where undocumented immigrants are eligible for health services, however, studies show that they avoid them because they are afraid that their personal information may get into the hands of Immigration and Customs Enforcement (ICE).

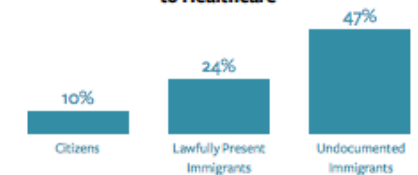
Given these conditions, the provisional relief program Deferred Action for Childhood Arrivals (DACA) is shown to have improved the physical and mental health of its recipients despite its temporary nature. DACA began in 2012 under the Obama Administration as a stopgap response to the push for comprehensive immigration reform by immigration activists and advocates across the country. Through DACA around 800,000 undocumented young people in their late teens to their early 30s were able to access

For more, see Mallet, M. and L. García Bedolla. 2019. "Transitory Legality: The Health Implications of Ending DACA." *California Journal of Politics and Policy* 11(2): 1-25.

Undocumented immigrants face significant barriers to accessing health care, which compounds their chances of having negative health outcomes.

work permits, driver's licenses, higher education, and health care. DACA status opened up access to health coverage through jobs or higher education institutions, allowing them to get treatment without fear, seek preventative care, and relieve some of the anxiety around the threat of deportation (Siemons 2016; Venkataramani 2017; Gonzales et al 2013).

Immigration Status Impacts Access to Healthcare



Uninsured Rates among Nonelderly Adults by Immigration Status, 2017.

Source: Kaiser Family Foundation analysis of 2017 American Community Survey.

Marie Mallet (Sorbonne) and BIMi affiliate Lisa García Bedolla illuminate the power of changes in immigration status by examining the health of DACA beneficiaries after the announcement of its repeal in 2017. They find that these undocumented youth and young adults experienced negative, and for some, worse health outcomes after the announcement of its repeal, especially when it comes to their mental and psychological health. Drawing on interviews with Latinx DACAmented young people in California, they show that going in and out of protected immigration status – what they call “transitory legality” – can potentially be more



Acknowledgements

This research was supported by CITRIS and the Banatao Institute and a UCB Collegium Grant.



Project team:

- P.I. Prof. Irene Bloemraad
- P.I. Prof. Veronica Terriquez
- Dr. Jasmijn Sloom
- Dr. Patty Frontiera
- Dr. Jon Stiles
- Angel Ross, PhD candidate

BIMI Collegium Fellows:

- Arnold Foda
- Arabi Hassan
- Carina Hernandez
- Tamara Jafar
- Sarah Oshel
- Adriana Ramirez
- Angelica Rodriguez

BIMI research assistants:

- Calvin Chan
- Erica Cho
- Yasmine El Hage
- Angelo Dagonel
- Christopher Moreno
- Tommy Poa
- Musab Reza

UC Santa Cruz research assistants:

- Laura Barajas
- Valeria Mena
- Jose Orellana
- Angelina Santiago
- Jared Semana
- Lydia de la Riva



Stay connected!

Share your thoughts

Dr. Jasmijn Slootjes

jasmijnslootjes@Berkeley.edu

Prof. Irene Bloemraad

bloemr@Berkeley.edu

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