Welcoming Communities? Immigrant Access to Services in the Bay Area's Mid-Sized Cities

A BIMI Policy Report

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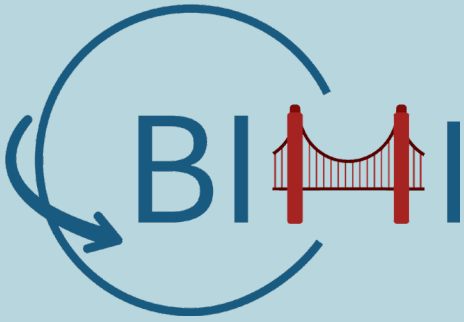
Preface

During the Spring 2019 semester, undergraduate research assistants conducted research on twelve mid-sized Bay Area cities under the supervision of Irene Bloemraad, Professor of Sociology and Director of the Berkeley Interdisciplinary Migration Initiative. Using US Census data from the American Community Survey, interviews with community stakeholders, including city council members and representatives from community-based organizations, and data from BIMI's Mapping Spatial Inequality interactive map, student researchers examined immigrants' access to vital health, legal and social services across the 9-county Bay area. Over the summer, undergraduate research assistants Carl Plant, Sydney Pon and Eliza Hollingsworth synthesized and deepened the analysis, pulling out themes from across the 12 city case studies. This research was completed thanks to the generous support of the Berkeley Collegium grant and the Unger Family Foundation.

This report lays out the research findings and provides policy recommendations for how mid-sized cities in the Bay Area can better serve the many immigrants residents in their communities.



Executive Summary

How well are mid-sized cities in the Bay area serving their immigrant-origin residents? What are the barriers that immigrants face in accessing services? This report examines 12 Bay Area cities with populations between 30,000-230,000 people, communities that do not attract the attention of traditional immigrant-receiving cities like San Francisco, San Jose or Oakland, but where immigrants make up 19 to 52% of all city residents. The research draws on Census Bureau data, interviews with community stakeholders, and data from the Berkeley Interdisciplinary Migration Initiative's Mapping Spatial Inequality interactive map.

We identify and examine three key obstacles to accessing services faced by immigrants. First, there is a geographic mismatch between where services are located and where immigrants live. None of the 12 mid-sized Bay Area cities we examined provide immigrants with sufficient access to affordable legal and health services. Health and legal aid clinics are often located far from immigrants who live outside of central cities, creating a "spatial mismatch"[1] between services and those who need them. In addition, language barriers matter. Immigrants with limited English proficiency represent an increasing proportion of the Bay Area's population, yet health and legal aid clinics have not expanded language services across all non-English speakers who need their help. Finally, immigrants' limited trust and engagement with service providers and local government creates significant challenges. Distrust and fear deepen the barriers to accessing services.

In short, the confluence of geographic distance, language barriers, and lack of trust leaves many immigrants unable to access essential services, especially outside of the region's biggest cities.

The disconnect between immigrants and access to services has resounding consequences. Immigrants, particularly those of precarious legal status, experience poor health and instability. This not only harms immigrants, but also the communities where they live. Limited access to health and legal services diminishes immigrants' capacity to hold employment, feel a sense of belonging, and contribute to their communities. Improving access to services is an investment that ultimately benefits local economies and communities as well as millions of immigrants.

Among our key recommendations to improve immigrants' access to services:

1. **Mid-sized cities and local stakeholders need to invest in learning about and learning from the immigrant communities in their city.** This involves collecting and analyzing data on language abilities, service needs, and basic demographics. It also requires consultation processes that bring immigrant residents into city hall and community-based meetings. To improve such consultation, city officials and service providers must work to build leadership and civic capacity within immigrant communities as well as bridges to decision-makers and stakeholders.

2. **Cities and other stakeholders, in collaboration with county or state officials, should collaborate to create a service database to coordinate and advertise programs.** Many services do exist, even if further away than ideal. But often immigrants, public officials and those who help or serve immigrants do not know where these services are located. Better information on where services are located and what is offered can also help government and foundations direct resources to new areas or expanded language access.

3. **Cities and local stakeholders should develop a two-prong strategy to expand services accessible to immigrant residents.** Creating new services and organizations is not easy. As a short-term strategy, we recommend the use of existing facilities, such as health centers and libraries, to offer immigrant-focused health, legal and social services, building on existing programs. In the long-term, local governments and nonprofits should invest in multilingual immigrant health and legal services with accessible, permanent locations in every Bay Area city, including the creation of new organizations to mirror the diversity of the Bay Area's immigrant population.

The Challenge: Limited Access to Immigrant Services

Many of the 2.3 million immigrants in the San Francisco Bay Area do not have access to vital social services, such as health care in their native language or aid with immigration law. Although San Francisco, San Jose and Oakland are home to a substantial number of organizations providing these services, immigrants are increasingly living in mid-sized cities and suburbs in the wider nine-county Bay Area, places where services are more sparse.[1] In fact, there is a "new geography" of poverty and migration, driven by the rising cost of living in urban centers. Low-income immigrants in particular are more likely to move to suburban communities that have historically not provided them with services. Immigrants now make up one third of the poor[i] residents of Bay Area suburbs.

Foundations and policymakers have not caught up to this new reality, creating a geographic disconnect between service providers, funding, and the needs of the immigrant population. For many of these immigrant populations, the nearest affordable health or legal services take an hour or more to reach by public transit (see Map 1). Lack of interpreters and translation at these facilities is another obstacle to medical and legal aid. A third barrier is distrust and fear: even when immigrants find services provided in their own language and are able to travel to them, immigrants often avoid accessing such services out of distrust in the government and service providers which is driven by fear of immigration enforcement and the recent change to the public charge rule.

i Unless otherwise noted, we count people as 'low-income' if their household's income falls below 200% of the Federal Poverty Line. This line is adjusted for household size, but not variation in the cost of living across the United States nor differences in benefits or expenses. We use 200% of the Federal line to account for the high cost of living in the Bay Area; for example, we would count a family of 3 earning less than $39,000 per year as low-income.

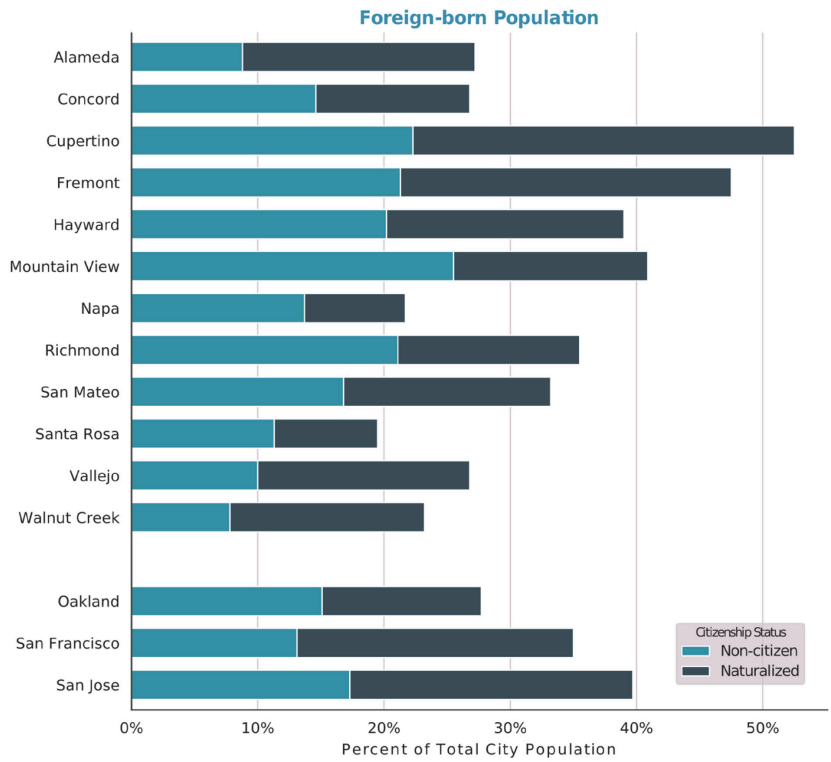


Chart 1–The longstanding immigrant-receiving cities of San Francisco, San Jose, and Oakland have foreign-born residents making up 28–40% of their population, while several of the 12 mid-sized cities we studied have significantly higher rates of foreign-born residents, up to 53%. The highest proportions of non-citizens among the foreign born population were also found in the mid-sized cities, while San Francisco, San Jose, and Oakland had more naturalized citizens. (Source: American Community Survey, 5-Year Estimates 2013–2017).

A Concern for All

These barriers to service access carry critical consequences for the health and well-being of immigrants and the communities that they live in. Over the last thirty years in the United States, social services are increasingly provided through nonprofit organizations and public-private partnerships. All stakeholders—from city officials and service providers to immigrants themselves—need to understand how community-based organizations can effectively reach the people who need their services the most.[1]

Legal services are often key to immigrant well-being. Without the ability to obtain visas or work authorization, or to get help in navigating the U.S. immigration system, immigrants may be socially isolated and subjected to precarious and exploitative employment situations. The fear of falling out of status, or the uncertainty of long wait times for immigration processing, from asylum claims to naturalization applications, have substantial impacts on immigrants and their families. Some risk detention and deportation. Unstable legal status is a significant stressor with mental and physical health repercussions.[2]

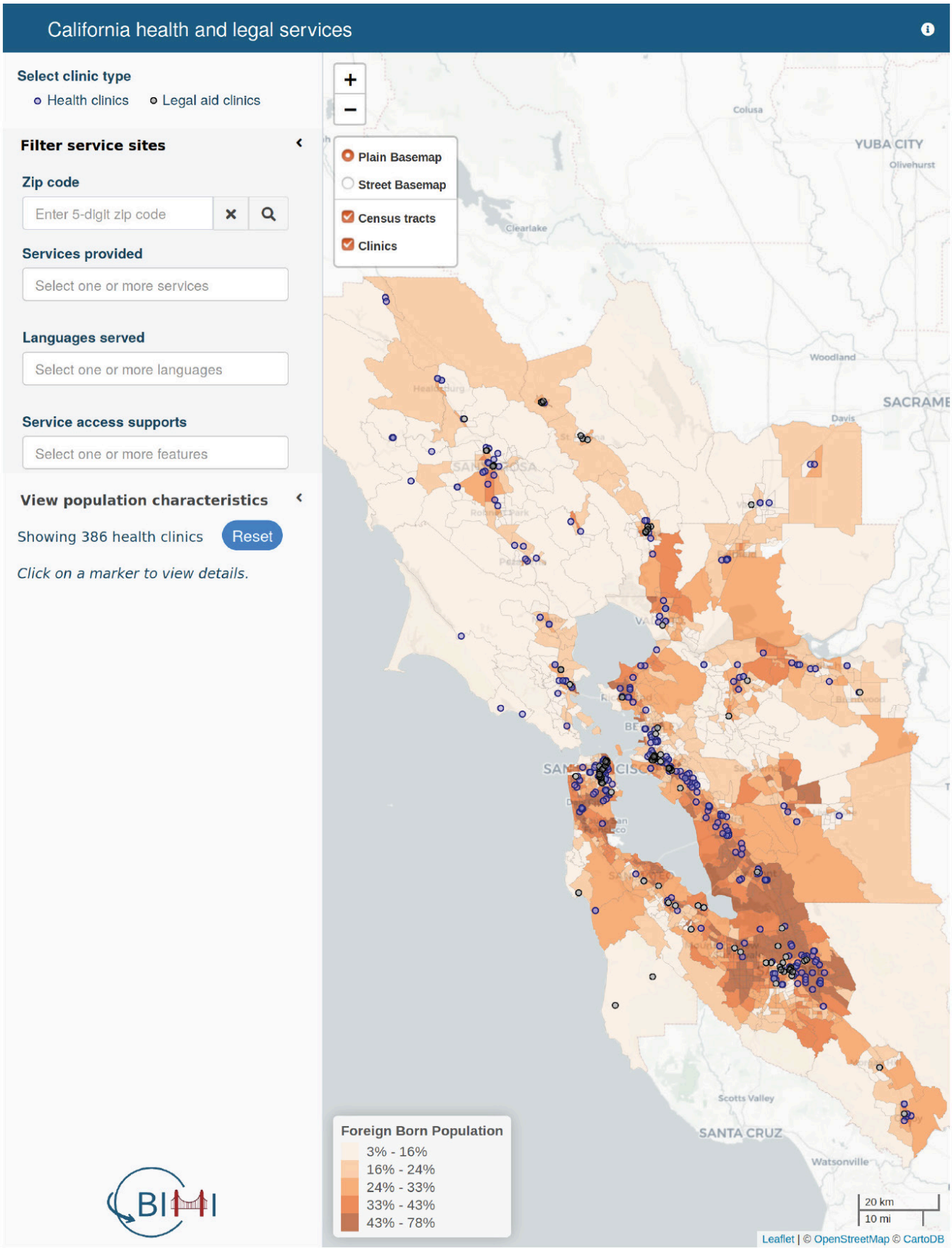
Access to health is another concern. Non-citizens are more than twice as likely as native-born residents to have no regular access to healthcare—from doctor's office visits to emergency room care—and this effect extends to the US-born children of immigrant parents.[3,4] Yet immigrants are often barred from accessing health services, either by explicit regulations or barriers such as a lack of translation, cultural awareness, or outreach.[1] In spite of the expansion of Medi-Cal benefits to undocumented Californians under the age of 26 from 2020 onwards, most undocumented immigrants are still uninsured. These individuals cannot receive care without help from the organizations that provide free or affordable health services in their communities.[5] As a result, immigrants in the Bay Area, especially the 248,000 without insurance,[5] rely on community-based immigrant-focused organizations for healthcare. The lack of health clinics often results in untreated illnesses, injuries, and other conditions.[6]

Lack of access to services not only harms immigrants, but also the communities where they live. Limited health and legal services diminishes immigrants' capacity to hold employment, feel a sense of belonging, and contribute to their communities. Improving immigrant access to services is an investment that ultimately benefits local economies and communities as well as millions of immigrants.

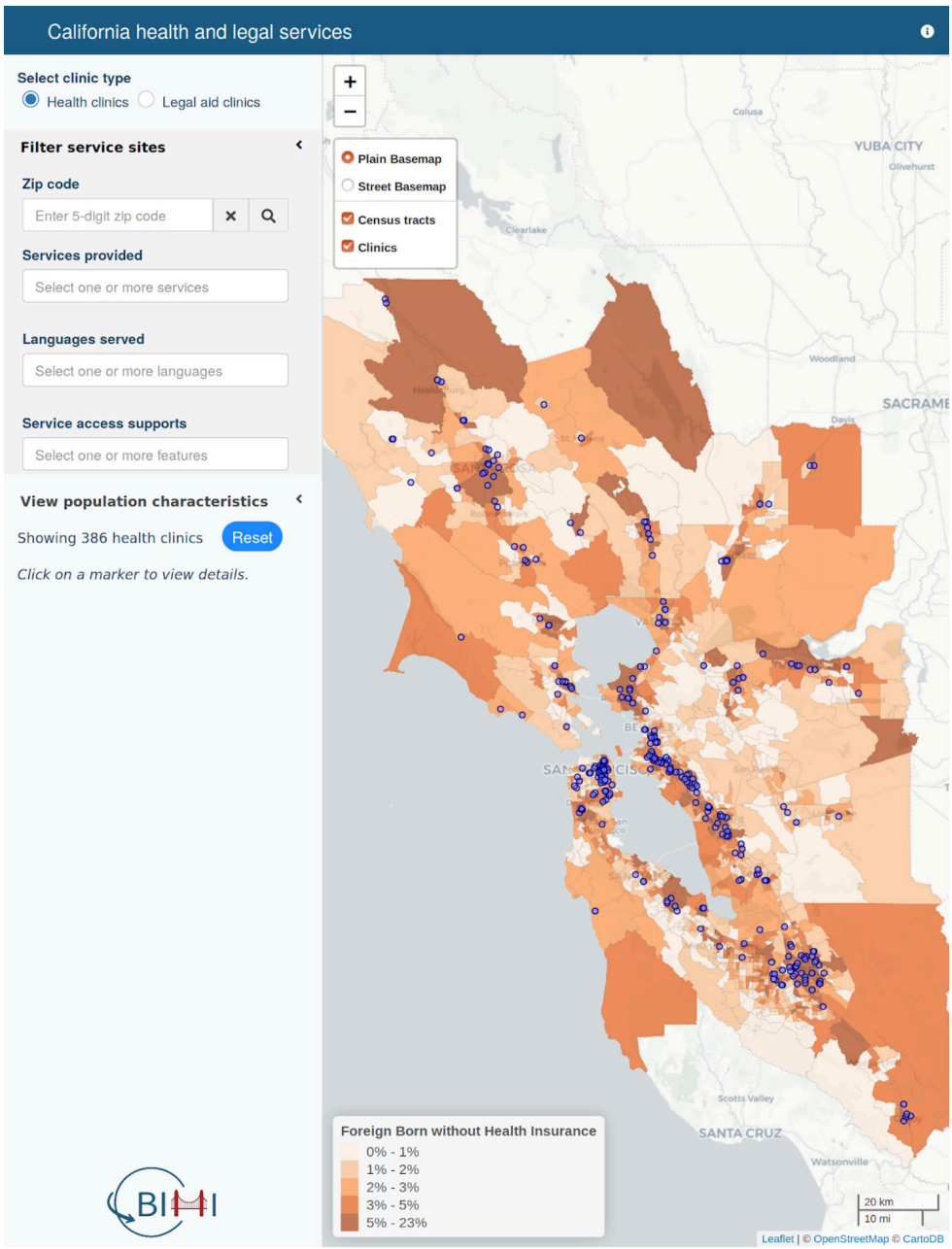
What We Did

We studied mid-sized cities and suburbs—places with populations ranging from 30,000 to under 250,000 people —in the nine-county Bay Area. We believe that mid-sized cities can especially benefit from targeted research on how to improve immigrants' access to services. Currently, the area's three largest cities—San Francisco, San Jose and Oakland—have a relatively high density of immigrant-serving nonprofits and better-established support for their immigrant populations. The vast majority of existing research focuses on these largest cities, in spite of the high immigrant populations elsewhere. However, immigrants increasingly make their home in smaller cities in the Bay Area, but these communities are often ill-equipped to serve their immigrant populations.[1] Our aim is to inform policymakers and community members about areas of unmet needs for immigrant services and offer recommendations to address these gaps.

We examined 12 mid-sized Bay Area cities with populations under 250,000: Alameda, Concord, Cupertino, Fremont, Hayward, Mountain View, Napa, Richmond, San Mateo, Santa Rosa, Vallejo, and Walnut Creek. While some of these mid-sized cities have long been home to sizable immigrant populations, others are experiencing more recent increases in immigration as gentrification and high cost of living displace immigrants from larger cities. We drew from a series of research briefs written on each of the cities by research assistants under the supervision of Professor Irene Bloemraad. Researchers drew on Census Bureau data, interviews with community stakeholders and data from the Berkeley Interdisciplinary Migration Initiative's Mapping Spatial Inequality interactive map. This mixed-method approach provides insight into the experiences of immigrant communities by identifying barriers to accessing resources, and often a striking absence of services altogether.



Map 1–Spatial mismatch: Immigrant health and legal services (blue and black dots respectively) cluster in the large cities, leaving the growing populations of immigrants in the suburbs without adequate access. Notice dark orange areas such as Cupertino and Pleasanton (high percentage foreign born) with few if any services (source: American Community Survey, 5-Year Estimates 2013–2017). Interact with this data at https://bimi.berkeley.edu/mapping-spatial-inequality



Map 2–Immigrants without health insurance, shown here by darker orange census tracts, are one of the key demographics who rely on immigrant-focused health clinics for care (source: American Community Survey, 5-Year Estimates 2013–2017). These clinics (blue dots) cluster in San Francisco, Oakland, and San Jose, despite the increasing prevalence of uninsured immigrants in the mid-sized cities and suburbs of the region, where housing is much more affordable. Interact with this data at https://bimi.berkeley.edu/mapping-spatial-inequality

What We Found

We identify three main issues throughout the 12 cities which create obstacles for service providers and immigrants seeking services: geographic separation between where services are provided and where immigrants live; linguistic barriers; and lack of trust and civic engagement.

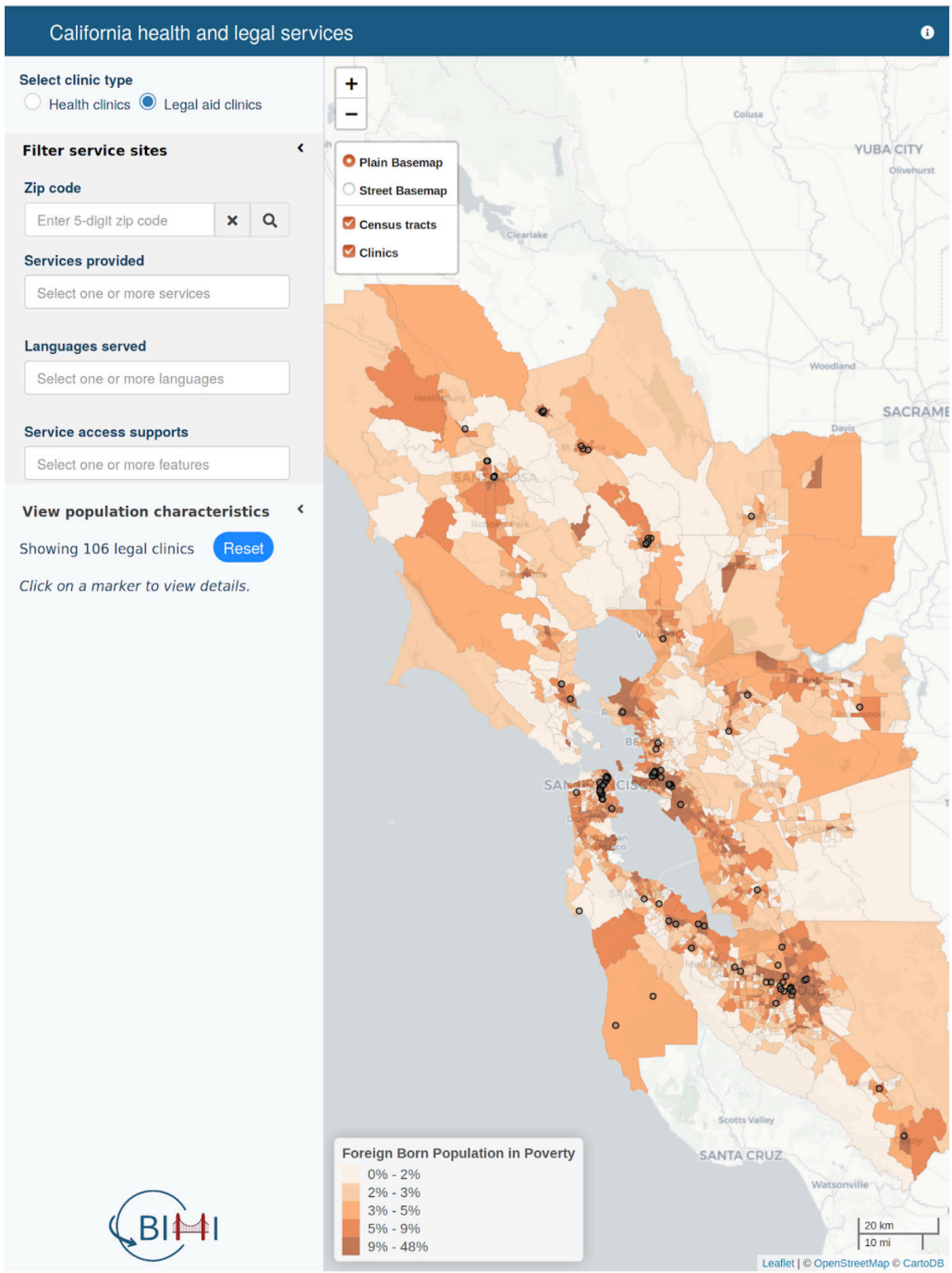
Spatial Mismatch of Legal and Health Services

There are more than 80 immigrant-centered health and legal service providers in each of the three big cities in the Bay Area (San Francisco, Oakland, and San Jose). But 58% of low-income immigrants (370,000 people) live in the suburbs and mid-sized cities of the region, where these services are out of reach.[5] Even though low-income immigrants are increasingly living in the suburbs and ex-burbs, services are still located primarily in the large cities, creating a 'spatial mismatch.' The reality of this geographic barrier is described by Rosario, an immigrant and parent living in East Contra Costa County where she sees nowhere to turn for care:

"Sometimes [I had] you know a daily headache, and [I would ask myself], 'where do I make an appointment?' [...] 'Where? Where do I go?' And sometimes my husband would have something, and I would ask myself, 'where? Where do I go?'" [8]

The same spatial barrier faced by Rosario prevents immigrants across the Bay Area from accessing the services they need. Many mid-sized cities in the region lack legal and health services for immigrants entirely. These communities are home to hundreds of thousands of immigrants, about a quarter of whom are living in poverty.[5] Even the mid-sized cities that do have some service providers tend to have much greater demand per facility than in San Francisco, San Jose or Oakland: **there are 1.5 times as many uninsured immigrants per health clinic in the suburbs and more than twice as many low-income non-citizens per legal clinic.**[ii] In Walnut Creek, for example, there are 4,300 low-income immigrants—making up 39% of the city's low-income population—yet the nearest immigrant health clinic is an hour's bus ride away in Concord.[5] The geographic barrier to reaching legal aid is often even greater due to the smaller number of legal clinics and severe under-staffing. When one of the 5,500 non-citizens living in Petaluma (40% of whom are in poverty)[5] needs assistance with their legal status, they would have to travel about 20 miles (more than 2 hours by bus) to San Rafael or Santa Rosa for aid. These long travel times exacerbate a hurdle already faced by many who live in outer-rim suburbs: long commute times to and from work mean that service providers without late evening appointment times are inaccessible.[7]

ii We are using the population of uninsured immigrants as an estimate of the number who need low-cost health clinics. Similarly, low-income immigrants without citizenship are most likely to need legal aid.



Map 3 – This map visualizes the foreign born population living in poverty earning less than 150% of the federal poverty line (source: American Community Survey, 5-Year Estimates 2013–2017) and legal aid clinics (shown here by black dots) in the 9-County Bay Area (source: BIMI Mapping Spatial Inequality Project). While residents of San Francisco, Oakland, and San Jose have relatively good access to legal services, immigrants earning less than 150% of the federal poverty line make up a large part of many suburbs and exburbs (shown here in darker orange) where legal services are few and far between. Interact with this data at https://bimi.berkeley.edu/mapping-spatial-inequality

The region's three big cities are served by well-connected and established organizational powerhouses. The Asian Law Caucus, for example, provides counsel and deportation defense to over a thousand immigrants a year in San Francisco,[8] and Oakland-based La Clínica serves 87,000 patients.[9] Both of these organizations are almost fifty years old, founded before many immigrants began settling in the suburbs. The lack of such large, well-established organizations in the suburbs is fundamental to the spatial barrier immigrants face. Nevertheless, a few suburbs are catching up in terms of organizational capacity. When it comes to health clinics, Santa Rosa, Petaluma, Hayward, and Fremont have large organizations operating 5–10 clinics each.[iii] Less-served cities, if they have an immigrant-serving clinic at all, are more likely to have a small organization that only operates a single clinic, or one or two clinics operated by larger organizations that are attempting to serve a much larger area. OLE Health, for example, attempts to serve all of Napa County and the Fairfield area with just eight clinics, and RotaCare Bay Area's ten free clinics are spread from Monterey to Pittsburg. Some other cities have a county-run free clinic, typically funded by federal Health Care for the Homeless grants. However, these organizations too are stretched thin, trying to serve diverse populations across a large geographic region with few brick-and-mortar facilities.

When it comes to legal services, no mid-sized city or suburb has a large organization focused just on serving their particular immigrant communities like San Francisco and Oakland do. The regional organizations that serve the suburbs struggle with limited staff and hours,[10] and there are large regions with no office of any kind. The most well-served cities are the largest and most central to their county or sub-region, thereby attracting the most attention from organizations attempting to serve the entire Bay Area. Napa, for example, has one office from each of the three largest organizations,[iv] plus a fourth run by another agency, Puertas Abiertas. Yet even these four offices in the same city see more demand for services than they can meet. Giovanni Esquivel, the program director for Puertas Abiertas, described extremely long lines and having to turn people away due to lack of capacity in their legal services. Meanwhile Fairfield, with a 40% larger low-income immigrant population than Napa, has no legal services at all.

Beyond simply taking time to catch up to changing demographics, immigrant-serving organizations are also absent from the suburbs because they struggle to find qualified staff and supportive governments. **All of the immigrant legal services in Eastern Contra Costa combined have just 13% of the staff of legal service offices in Oakland,** for a population of immigrants two-thirds the size of Oakland's.[10] Health organizations in the suburbs also described "difficulty in procuring culturally competent, bilingual staff."[3] Too often, city governments see immigrant services as a problem for the big cities, or for county agencies and non-profits to solve. Yet the geographic distribution of health and legal services, and ethnic enclaves (see Maps 1-3), shows that this spatial barrier exists within and between cities, not just at the county or regional level. Even when mid-sized cities do attempt to advocate for their immigrant residents, some miss low-income immigrants because these cities are also home to many wealthy immigrants. Other cities are unaware of recent immigration or immigrants that are socially isolated by their legal status—including those without papers, H-4 visa holders,[v] and asylees.

iii Respectively, Santa Rosa Community Health, Petaluma Health Center, Tiburcio Vasquez Health Center, and Tri-City Health Center.

iv Charities, International Institute of the Bay Area, and Bay Area Legal Aid

v The H-4 visa is for spouses of high-skilled H-1B visa holders.

What We Should Do About Spatial Mismatch

While geographic inequalities in access to services exist on a local level,[1] overcoming them will require collaboration with higher levels of government as well as service providers and immigrant communities. Starting with places such as Fairfield, Concord, Richmond, San Mateo, and Cupertino that have the most severe unmet needs for services, we need immediate action using existing facilities or by bringing in mobile resources to temporarily overcome barriers to services. At the same time, it is necessary to lay the groundwork for future strong immigrant-serving institutions in every city.

Focusing first on short- and medium-term recommendations, several cities and counties are currently using mobile clinics operated out of busses or vans to provide health or legal services. By parking in different locations throughout the week or month these can cover a large area at relatively low cost, without requiring residents to travel long distances to reach services. **Many existing mobile health clinics are not being used to reach immigrant communities.** Solano County, for example, has a mobile clinic that only operates two days a week, while Contra Costa's mobile clinics almost exclusively serve homeless shelters. By coordinating with the various immigrant communities in each city, these resources could have a much greater reach. In other cities, mobile clinics have demonstrated an excellent ability to reach immigrant communities and even help connect immigrants to permanent locations for care.[11,12] **Legal services can also be provided through this model, and without the same equipment costs that mobile health clinics have.**

Another way to quickly offer services in areas where they are currently out of reach is to **make use of existing facilities, expanding the services offered to include immigrant-centered programs.** This includes legal and medical centers that are not currently serving immigrants, as well as public facilities such as schools and libraries. School-based clinics in Richmond currently provide health services for school-aged children and are important for serving undocumented and low-income students. Going a step further, Tiburcio Vasquez Health Center has adapted school health clinics to serve immigrant parents and other community members in Hayward and Union City. In all twelve cities, public libraries offered ESL and citizenship classes, free drop-in legal service, tax assistance, technology training, and more. Building on these efforts, several counties already have 'Lawyers in the Library' programs where volunteer attorneys offer drop-in consultations. Ensuring that these programs can serve immigrants well and expanding their hours are steps in the right direction. Outreach is also key: an interview with a librarian from Walnut Creek revealed that participation in ESL programs is fairly low and greater outreach via flyers, social media, or word-of-mouth is needed.

Utilizing mobile clinics and existing public facilities are cost-effective ways to quickly meet the needs of cities and neighborhoods that are isolated from existing service providers. But they are not as stable and predictable as dedicated permanent facilities, nor can they offer the same capacity. **For the long term, every city and suburb in the Bay Area needs a plan to foster strong, immigrant-focused health and legal institutions.** Napa's relatively high level of immigrant legal services offers an excellent example of one strategy to achieve this: bringing in well-established service providers from outside. 78% of Napa's immigrants are Spanish-speaking,[5] a group that each of the outside legal aid agencies is well-equipped to serve. Cities with other large immigrant populations, however, must take care that organizations coming from outside are aware of their particular linguistic and cultural communities and are equipped to serve them. Large regional organizations could also serve more cities if they coordinate better with each other to avoid all locating in the same city, although many other factors constrain site location. The "fragile economics of service provision"[13] often require sites to attract a baseline number of paying clients, which is harder to do the more sparsely populated an area is. Even when a new location is feasible, organizations can't quickly or cheaply move an office to match the shifting geography of need.[13]

Santa Rosa and Petaluma are both good models for a different strategy: cultivating a strong immigrant-serving institution from within the city. Santa Rosa Community Health has 11 clinics across the city while Petaluma Health Center operates 7 clinics covering Petaluma and neighboring Rohnert Park. One key factor that helped these institutions grow was **steady, long-term funding from the county and other levels of government.** Administrative capacity, especially in grant writing, is also key to their ongoing success. While organizations of their size can devote considerable resources to managing funding sources, smaller organizations would benefit from city assistance. Partnerships with government agencies or private coalitions, such as the California Primary Care Association, could also help institutions get established. Similar strategies and supports could be used to help a legal aid organization become well-established in a city and grow its capacity. **As organizations are developed, it is important to also consider what institutional features best serve the particular immigrant communities in a given city.** Both Santa Rosa Community Health and Petaluma Health Center are structured as Federally Qualified Health Centers (FQHCs), for example, opening up certain funding sources but also changing how clients must register and pay. Many immigrants prefer "specialized clinics for women and/or free health clinics run by community organizations over FQHCs [...] which may signal the presence of more culturally competent care in community and specialty clinic settings."[7]

Regardless of whether a city brings in an existing organization from outside or helps a new one develop, they will need to provide ongoing support to help organizations thrive. Funding and advocating on behalf of these organizations—to private funders, the county and the state—is vital. Promoting immigrants as a core part of the city, as San Francisco and Oakland do, also opens valuable doors for organizations.[1] Cities should also take concrete actions such as improving public transit to make health and legal centers accessible.

Linguistic Barriers

Immigrant communities with limited English proficiency (LEP) have constituted a significant portion of Bay Area residents for decades. **Currently, 17.3% of the nine-county Bay Area's 7 million residents—over 1.24 million people—speak English "less than very well."**[13] Limited English proficiency contributes to decreased access to a range of services, including health and legal services.

While 42% of individuals with limited English proficiency in the Bay Area speak Spanish as their primary language, an increasing proportion of them have another primary language. Since 2000, Asian and Pacific Islander communities have been the nine-county Bay Area's fastest growing immigrant group, growing at a rate of 37%.[14] **As of 2017, 41% of LEP individuals in the Bay Area speak API languages.**[15] In Contra Costa County, about 41% of Spanish speakers have limited English proficiency, whereas over 50% of Vietnamese, Chinese, and Khmer speakers are LEP.[15] Thus, it is essential for providers and city leaders to understand the diverse backgrounds of the local immigrant population when it comes to service provision. In Concord, a vocational nurse at La Clínica's Monument Center noted that the Spanish-speaking immigrant community has a larger institutional presence in local services, while other immigrant populations are less represented. This was echoed in interview data from city officials in Hayward, who cited non-Spanish-speaking groups as particularly in need of language services. People with limited English proficiency who speak Cantonese, Dari, and Vietnamese collectively comprise well over 100,000 Bay Area residents, yet continue to be neglected in language outreach.[16]

Even though federally-funded medical providers are obliged to provide interpretation for non-English speaking patients under the Civil Rights Act, many patients are not given adequate interpretation or any interpretation at all. The law does not provide specific requirements of how many languages must be available, and does not provide any funding to fulfill this requirement. **Clinics and providers who are already compensated little for their services face another financial hurdle: the steep fees of in-person or phone interpreters, or the hiring of additional bilingual staff.** Without additional funding, it is unreasonable to expect community-based clinics to provide all the necessary language interpretation.

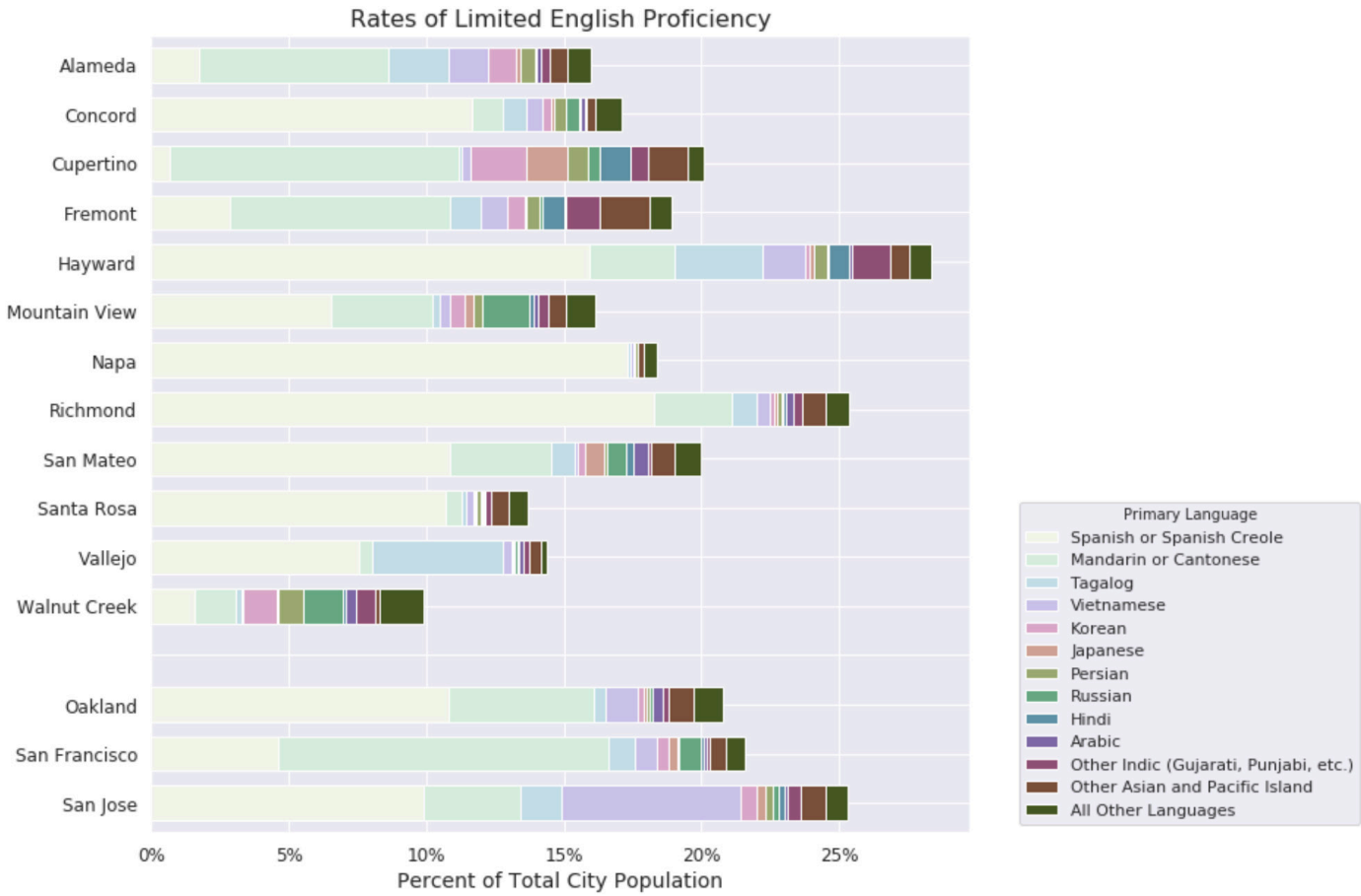


Chart 2 – In most of the 12 mid-sized cities we studied, 15 to 20 percent of the population can not speak English well. Of these, large proportions speak languages such as Tagalog or Vietnamese that are often under-served. Note: Census data do not distinguish between Mandarin and Cantonese. (Source: American Community Survey, 5-Year Estimates 2013–2017).

Unlike medical providers, legal aid providers are not under any obligation to provide translation services for clients with limited English proficiency. While legal aid workers understand the necessity of translation for their clients, many simply lack the resources to provide it. Government offices similarly struggle to serve their constituents: Laurel James, an analyst from the Hayward City Manager's office, stated that "The biggest challenge the City Council faces is translating documents and information." A majority of legal aid clinics in the Bay Area provide Spanish language services. However, with few exceptions, translation for other languages is not provided. **Immigrants who do not speak English or Spanish, as a result, have few options for receiving immigration-related legal aid in the Bay Area.**

Staff from the International Rescue Committee's Oakland office, which serves refugees and asylees throughout the nine-county Bay Area, cited undocumented Eritrean immigrants in suburban areas as particularly isolated from legal aid. This service provider brought up the misconception that African immigrants have stable legal status and highlighted the lack of outreach in the Tigrinya language by service providers. Crucially, demographic data with information on specific African languages is not systematically collected. This makes quantifying the issues African immigrants face by language group virtually impossible.

Language barriers were mentioned as a primary barrier in connecting immigrants to services by public officials from two-thirds of the cities studied—Alameda, Concord, Walnut Creek, Fremont, Hayward, Richmond, Vallejo, and San Mateo. Officials with backgrounds ranging from law enforcement to refugee assistance agreed that their cities do not provide adequate translation of written information and interpretation in legal, health, and social services.

Even these officials may be unaware of the extent of translation needs in their communities. In Contra Costa County, for example, service providers brought up Afghan immigrants and refugees as lacking access to interpretation in Dari and Pashto. The needs of this community are significant, as their population in Contra Costa County is estimated to be over 3,000. Even so, community members have long disputed existing data on the Afghan-American population as underestimates of reality. While the 2017 American Community Survey data puts the Afghan population at just 3,106 in the city of Fremont, the president of Fremont's Afghan American Association estimated it to be over 25,000.[17] The disconnect between data and reality leads to gaps in the language services available. A community's linguistic and cultural needs cannot be addressed without a sense of their scale.

What We Should Do About Linguistic Barriers

Comprehensive data on immigrants' languages and proficiency in English is vital to understand and address the need for language access in services. Such data should include details such as literacy in one's native language and other languages, and specific regional languages or dialects spoken. **We recommend that providers consistently collect language data from their clients as a first step to address language gaps in services.** As it stands now, publicly available census data lacks key details[vi] that service providers need to overcome language barriers. Collecting more accurate and detailed demographic data is a pragmatic first step towards more effective service provision.

In fact, Santa Clara County undertook this task with its Asian and Pacific Islander (API) Health Assessment in 2017,[18] a comprehensive survey of API residents' backgrounds and health needs. The API Health Assessment includes findings for subgroups not specifically mentioned in the Census. Research like the API Health Assessment is a useful model for cities and counties to more accurately understand their populations' linguistic needs.

Despite the lack of comprehensive knowledge of the languages spoken in the Bay Area, it is clear that a need exists for more interpretation and—better yet—multilingual staff within the health and legal sectors. **Providers are aware of this need, but are unable to comprehensively address it due to insufficient funding.** Investing in bilingual legal and health services will dramatically improve their effectiveness. Increasing the languages spoken at clinics would reduce errors in service provision, and thus reduce unnecessary follow-ups and save providers money in the long run. There is a dire need for interpretation in languages aside from Spanish, brought up in interviews and reflected in the Berkeley Interdisciplinary Migration Initiative's interactive map of services. This need will only continue to increase as more Asian and Pacific Islander immigrants move to the Bay Area. We recommend that service providers focus their efforts on Central and Southeast Asian communities who lack English proficiency and are not served by most health and legal clinics in the area. Therefore, funding should target Vietnamese, Cantonese, and Dari speakers in particular, who are underserved by community organizations.

While phone interpretation is an immense help, it cannot match the effectiveness of in-person bilingual staff. Research has repeatedly shown that physicians speaking their patients' native language dramatically reduces confusion around medication usage and diagnoses.[19]

vi The Census aggregates languages from the same language family—there are no individual data for Amharic, Tigrinya, and Somali, and Farsi and Dari are grouped as one language, as are Mandarin and Cantonese. It does not include literacy data for non-English speakers.

Providers consistently rank in-person interpretation as superior to phone or video,[20] and meetings with in-person interpreters are longer on average than those with phone interpreters, suggesting that more thorough services may be provided with in-person interpreters. **As such, at both health and legal clinics, bilingual staff should be recruited and trained to serve limited English proficiency immigrants, instead of using phone interpreters.**

The Challenge of Distrust and Limited Engagement Between Immigrants and Government/Service Providers

"Especially in our current political climate, [making immigrants feel] comfortable with looking for resources or even accessing them if they're available [is a challenge for service providers]. We do make these resources available and even then sometimes they go unutilized because of that fear that is out in the community [...] Lack of trust to some degree."

- Nurse from Santa Rosa Community Health.

Fear of immigration enforcement leads to distrust of mainstream public services and dampens immigrants' willingness to seek services.[21] In July 2019, the Trump administration warned of impending mass Immigration and Customs Enforcement raids throughout the United States, including in the Bay Area, deepening fears and mistrust among undocumented families.[17] With the highest number of migrants apprehended at the US-Mexico border in May 2019 since 2006,[18] the current administration's zero-tolerance policy around immigration, as well as their anti-immigrant rhetoric, have had a profound impact on the fear and distrust in immigrant communities.

The effects of fear and mistrust on immigrant service-seeking are evident in the Bay Area. In Santa Rosa, a general mistrust of local government entities has been prevalent in the immigrant community despite the city's impressive eleven health clinics and five legal clinics. In November 2017 the city of Santa Rosa was struck by the Tubbs Fire, a wild fire that brought great destruction to the city. In the wake of the fire, while FEMA assistance was available for documented immigrants, rumors of ICE activity and fear of deportation among non-citizens pushed many to avoid government assistance.

The lack of trust has deep roots and does not only impact service-seeking, but also results in a lack of representation of the interests of immigrant communities at the political level. According to the Mayor of Santa Rosa, the city is striving to engage with immigrant issues post-Tubbs fire and rebuild their community, but struggling to identify and work with "undocumented populations" due to a fear of local government officials. Since non-citizens cannot run for office, some immigrant communities need to rely on others to speak for them. Roseland, a heavily Latinx immigrant community, was recently annexed to the city of Santa Rosa and in 2020, Roseland will elect its first city council representative. However, the city has had trouble engaging people to run for the seat, we were told. But beyond elected office, **public officials need to do outreach and leadership development from a broader set of residents, including non-citizens.** Fear and limited civic engagement results in immigrant communities' needs not being heard and identified at the political level. This has resulted in a challenge for local governments and clinics to identify the needs of and provide for immigrant communities.

Continued attacks on immigrant communities do not make this any easier. Fear and misinformation around the change to the public charge rule has spread quickly and created confusion among immigrant communities. "Public charge" is a designation used by US immigration officials that refers to an individual who depends on government assistance beyond a certain threshold. An individual who applies for legal permanent residence (LPR) status or other adjustment to immigration status is subject to a public charge test: if they are determined to be a public charge, their status adjustment is denied. The rule change, which takes effect on October 15, 2019, radically expands the definition of "public benefits" to include "cash benefits for income maintenance, SNAP, most forms of Medicaid, Section 8 Housing Assistance under the Housing Choice Voucher (HCV) Program, Section 8 Project-Based Rental Assistance, and certain other forms of subsidized housing."[22] Both US nationals and noncitizens are likely to experience a "chilling effect;" that is, many immigrants and their families who are otherwise eligible for public benefits may forgo services out of fear of immigration consequences.[24] According to a report by the Kaiser Family Foundation, "15 to 35% of citizen children with at least one noncitizen parent could disenroll from Medicaid and CHIP, affecting up to 2 million nationwide."[24] Stories by service providers across the US cite misinformation and confusion around the change as reasons why many families, including im-

migrant mothers, are disenrolling from benefits. For instance, a pregnant woman working on a visa brought in a Korean language news article titled "If You Receive Food Stamps, You Won't Get Your Residency," with a subtitle that included WIC[vii]; she is fearful that she won't be able to receive a green card as a result of her WIC benefits.[25] In Richmond, a Project Coordinator of a community health clinic expressed her concern over the impact of false information:

"There are still a lot of myths out there. For example, I spoke to one lady with two kids, and she told me there was no way [...] she would ever use CalFresh. She knew that she was eligible because she was already receiving other benefits that had the same income threshold. [S]he heard from her friend [...] that she was potentially risking losing her kids.... I explained to her that that's not how it works, but that was a real fear that she had."

Although the genesis of fear and distrust is linked to federal policies, this collective anxiety of government entities spills over into local contexts. Despite being a sanctuary city with many symbolic resources, including a section on their city website dedicated to "Undocumented Residents," Hayward struggles with trust as a barrier to reaching immigrants. As a director of policy in Contra Costa County explains:

"The struggle is, [the public charge rule change] is something we have almost no control over from a policy perspective. That makes it extremely difficult. The actions we can take here locally are limited in terms of continuing to set the right tone, speak about our values, oppose policies that we know are going to be harmful and have bad impacts on human beings and the economy. But beyond that, the structural and system reforms have got to mostly come from the federal government."

vii WIC refers to the Special Supplemental Nutrition Program for Women, Infants, and Children, a federally-funded state grant that provides healthcare referrals and nutritious foods to low-income pregnant women, infants, and children up to age 5.

In the midst of changing federal policies, cities have tried to be supportive of immigrants. Santa Clara County officials sued the Trump administration[26] over the public charge rule change and provided factsheets about the impact of the policy on their county website. Several county and city websites with an immigrant resources tab have included "Know Your Rights" pamphlets with listed phone numbers to report ICE activity. In fact, a third of the cities studied—Alameda, Fremont, Hayward, and Richmond—are sanctuary cities and almost all have policies which restrict police officers' cooperation with immigration officials. Though these are necessary steps to reduce fear, counties and cities must work to curb the real distrust that exists within immigrant communities with effective programs and practices.

What We Should Do About Fear and Dis-engagement

Some cities are making strides to increase engagement through collaboration, a successful approach which could be replicated in other cities. **Cities can mitigate fear with careful, sustained outreach.** After the 2016 presidential election, a city representative in Concord cited tension between the older, conservative Caucasian residents and the community in the Monument district, a population of primarily low-income Latinx residents. Language barriers posed a challenge for communication among immigrants, local officials and Concord police which resulted in a disconnect within the city. Frequent collaboration among the police department, schools, and local CBOs has established greater trust among low-income and undocumented immigrants and families.[10] In fact, members of the Concord police department "regularly meet with immigrant families in an elementary school in one low-income neighborhood, and parents are asked to share any concerns they have about issues affecting their community."[10]

Networking is also important. **Suburban CBOs often face isolation and hardship due to understaffing and lack of funding, so they turn to churches or schools for outreach efforts and integration into the community.** A representative from Monument Impact cited that a surge in demand for legal services with the implementation of DACA prompted legal aid clinics to share information and resources among each other, and increased collaboration has lasted to this day.[10] Even so, there is still a need for political and civic engagement within the community. Much like Santa Rosa, Concord was impacted by a lawsuit that prompted them to split the city council into districts. For the first time ever, a representative would be elected for the Monument district. However, not a single person ran for the post, so two people moved into the district to run. Although there are significant efforts to include immigrants in the community, there are still barriers of trust and engagement to overcome.

One immediate step city and county officials should take to build trust and engagement is further investing in and advertising the availability of comprehensive, searchable databases of resources for immigrants. Santa Clara County has an easily filterable and searchable website[27] that aggregates resources from a wide range of service providers, including ESL classes and resources at community-based organizations. The Berkeley Interdisciplinary Migration Initiative has also developed a legal services and health clinic database for the 9-county area. Up-to-date databases like these will make it easier for immigrants and their advocates to identify available and appropriate services. Such resources must subsequently be shared in immigrant communities and among trusted individuals who work with immigrants in order to ensure the databases are trusted and used.

Following the model of partnerships in Concord, **city governments should also hold regular community meetings with community-based organizations (CBOs) to share information and resources.** When all officials and service providers are well-informed on the issues within the community, it is much easier to give consistent information to immigrants, especially considering the confusing nature of issues like the public charge rule, which could result in negative snowball effects for spreading misinformation. Moreover, CBOs are vital for trust-building. Service providers at CBOs have direct contact with immigrants and the issues that are prevalent in those communities. Thus, CBOs can act as a bridge between immigrants and government officials and provide input on problems facing the people they serve.

Similarly, ambassadorship programs can build bridges between immigrant and non-immigrants residents, and build solidarity within immigrant communities. Some health-based nonprofits offer promotores programs where participants are tasked with outreach efforts to their social networks and other community members.[8] Women, who more typically seek out resources, are often a part of this program and reach out to their networks of other women. Talking to a trusted friend or colleague builds trust and willingness to access resources. These programs would highly benefit from men joining and engaging hard-to-reach populations, such as undocumented day laborers who are typically less likely to seek medical care. Ambassadorship programs can also foster civic engagement and bridge the gap between immigrants and local governments. Mountain View has a Spanish Civic Leadership Academy that recruits Latinx people to join and learn more about local government and civic engagement. Community engagement can foster inclusiveness and allow immigrants to see how they are a vital part of the city.

Conclusion

The themes explored in this report paint a picture of why hundreds of thousands of Bay Area residents living in suburbs and mid-sized cities are not able to reach the immigrant health and legal services essential to their well-being and necessary to contribute to the communities they live in. We offer a set of recommendations that cities, counties, and community-based organizations can implement to overcome challenges of spatial mismatch, linguistic barriers, and a lack of trust and engagement. Removing these barriers will take long-term investment in immigrant services, but there are also important steps that can be taken in every city to immediately begin to close the gaps between immigrants and the services they need.

In the Short-Term:

- **Utilize existing facilities such as libraries and mobile clinics to provide immigrant-centered services.** Several cities and counties have mobile clinics available, and all have libraries and other public facilities that have potential to bring basic immigrant services directly into neighborhoods where immigrants live. This would lower geographic barriers immigrants face, foster trust, and provide an opportunity to hire bilingual staff who speak the most needed languages for each region.

- **Better map immigrants' needs for services and linguistic support, and share information more broadly.** Many cities and service providers are unaware of existing gaps in service provision, poverty levels and lack of health insurance among local immigrant communities, which languages are spoken by their residents, and what the level of English proficiency is. This information is key to understanding the needs of local immigrant communities and targeting funding and services to those who need it the most. Data should be made accessible in an easy to understand and visual way, so stakeholders can easily identify the most important needs of immigrant communities.

- **Further develop immigrant services search tools.** Many immigrants are not aware of available services, whether linguistic support is provided, or whether services are free. Many service providers would also benefit from a reliable service directory for increased coordination between agencies and referrals.

- **Increase collaboration between immigrant residents, community-based organizations and cities.** This is especially critical for building trust. It will also allow trusted locations, such as some community-based organizations' facilities or public libraries, to be used to their full potential.

In the Long-Term:

- **Build more health and legal services, especially in suburbs and edge cities.** In the long term, the spatial barrier of living far away from the nearest service providers cannot be overcome without investing in new sites within reach of every neighborhood. Expanding local presence will also help match services to the cultural and linguistic needs in particular neighborhoods and build trust with local communities.

- **Increase funding for health and legal services to hire more multilingual staff.** Existing health and legal service locations are chronically underfunded and understaffed. A lack of legal and health services will have long-term impacts on the well-being of immigrants and their ability to contribute to the communities they live in. Increasing available funding and hiring new staff is also an opportunity to hire multilingual individuals, thus addressing both linguistic and spatial barriers.

- **Create one integrated, comprehensive and centralized database of services for the region.** Expanding off existing databases and city or private service directories, a central database with up-to-date information on all the immigrant services in the region will be a critical outreach tool and help providers coordinate with one another. Making the database publicly accessible in as many languages as possible will help bridge linguistic barriers.

These suggestions are highly actionable and feasible within a city budget and staff. Several of the short-term recommendations can be put into effect with little new funding. The long-term recommendations will require significant investment, but this is unavoidable for a problem of this magnitude—and is on par with the level of investment cities, counties, and non-profits make in other sectors of the population. Cities spend considerable funds on other expenses, such as golf courses,[29] that provide benefits, but investing in the health and stability of immigrant communities achieves at least as much and arguably quite a bit more in terms of public benefit for each public dollar spent. Cities and other stakeholders need to take this opportunity to show their commitment to the well-being of all their residents.

Appendix

	Total Population	Total Population	% Foreign-Born	Naturalization Rate of Foreign-Born	Poverty Rates*		% of Poor who are Foreign-Born	Number of Immigrant-serving Locations	
					Overall	Foreign-Born		Health	Legal Aid
Alameda	76,973	77,000	27.2%	32.5%	18.9%	28.0%	40.3%	1	0
Concord	127,269	127,000	26.8%	54.7%	27.2%	36.8%	36.2%	6	1
Cupertino	60,207	60,000	52.5%	42.5%	8.6%	9.7%	59.3%	0	0
Fremont	230,105	230,000	47.5%	44.9%	11.9%	10.7%	42.8%	7	1
Hayward	154,358	154,000	39.0%	51.8%	28.8%	28.1%	38.1%	14	0
Mountain View	79,808	80,000	40.9%	62.4%	16.8%	20.4%	49.7%	1	0
Napa	78,702	79,000	21.7%	63.3%	25.9%	38.4%	32.2%	4	4
Richmond	107,702	108,000	35.5%	59.4%	38.9%	44.5%	40.7%	6	2
San Mateo	102,938	103,000	33.2%	50.6%	20.5%	26.4%	42.7%	3	1
Santa Rosa	171,790	172,000	19.5%	58.0%	29.6%	39.5%	26.1%	15	5
Vallejo	119,499	119,000	26.8%	37.3%	33.6%	29.4%	23.4%	5	1
Walnut Creek	67,646	68,000	23.2%	33.4%	16.4%	27.4%	38.8%	0	1
Oakland	412,779	413,000	27.7%	54.6%	38.4%	49.9%	36.0%	73	18
San Francisco	850,547	851,000	35.0%	37.3%	24.3%	30.9%	44.5%	83	27
San Jose	1,012,230	1,012,000	39.7%	43.7%	24.2%	26.8%	43.9%	66	14
Alameda County	1,602,357	1,602,000	32.4%	47.1%	24.6%	27.1%	35.7%	139	21
Contra Costa County	1,114,128	1,114,000	24.8%	46.6%	23.1%	29.8%	32.0%	39	6
Marin County	254,628	255,000	18.1%	53.4%	18.8%	32.5%	31.4%	22	3
Napa County	137,415	137,000	22.3%	54.4%	24.6%	34.6%	31.3%	10	11
San Francisco County	850,547	851,000	35.0%	37.3%	24.3%	30.9%	44.5%	83	27
San Mateo County	757,264	757,000	34.8%	43.0%	18.6%	23.2%	43.4%	30	8
Santa Clara County	1,881,436	1,881,000	39.0%	46.6%	20.4%	22.3%	42.6%	82	22
Solano County	424,465	424,000	20.4%	41.0%	27.3%	31.0%	23.1%	33	2
Sonoma County	494,366	494,000	16.7%	56.9%	26.3%	37.8%	24.0%	49	6
Big 3 cities combined	2,275,556	2,276,000	35.8%	42.9%	26.8%	31.5%	42.1%	222	59
Remainder of 9-county area	5,241,050	5,241,000	29.0%	46.9%	21.0%	24.1%	33.3%	267	47

* Poverty is defined as having an income below 200% of the Federal Poverty Line to account for Bay Area cost-of-living

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