Gaps in Health Services for Immigrants in Coastal Southern California

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There are almost 2.5 million non-citizens and about 5.1 million foreign-born residents living in the coastal region of Southern California, which encompasses Los Angeles county, Orange county and San Diego county. The foreign-born population for all of California is estimated at 10.5 million, which means that these counties account for about half of the foreign-born population of the entire state. A large proportion of these immigrants do not have health insurance (663,222 total or 13% of all immigrants in the region) and they rely on free or low-cost healthcare services from federally funded health clinics. Access to healthcare is a major issue in the region, which is further aggravated by the large demand for migrant-serving resources in Southern California more broadly. This brief focuses on 35 cities with over 3,000 foreign-born uninsured (FBU) residents in coastal Southern California. We find that the high demand for health services, relative to other regions in the state, is met with comparatively worse access. Coastal Southern California cities have an average of only 0.76 health clinics per 1,000 FBU, about half the number of federally funded health clinics in the Bay Area (1.5 per 1,000 FBU) and Central Valley (1.7 per 1,000 FBU).

Access to health clinics that are close to home is vital for immigrant communities. Beyond the human need for access to basic primary care services, accessible local health clinics alleviate pressures to travel to distant migrant-serving health providers. These commutes are typically time-consuming and expensive; further, finding appropriate transportation can be arduous in the face of language barriers. Traveling many miles for health care is simply not an option for many immigrants already burdened by long working hours and the poor public transportation infrastructure in Southern California.

Anti-immigrant sentiment provides another barrier to access. The stigma against the immigrant community perpetuates fear amongst people seeking support. When faced with the fear of imminent action by immigration enforcement or being judged a “public charge,” many immigrants avoid seeking health services for themselves or their family members, including children. Given its large populations of immigrants, California must go beyond providing the bare minimum of health services and provide services that are culturally-sensitive and inclusive of low-income and uninsured populations.

The Berkeley Interdisciplinary Migration Initiative (BIMI) mapped healthcare facilities as well as the demand for healthcare across coastal Southern California to identify the most pressing gaps in health services. To identify the highest demand for affordable and culturally-sensitive health services, we used American Community Survey data from the U.S. Census Bureau to map where foreign-born residents without health insurance live. The map in **Figure 1** shows the 35 cities in the coastal South region, encompassing Los Angeles, Orange and San Diego counties, with more than 3,000 foreign-born uninsured residents. The size of each circle indicates the number of FBU residents in each city. Larger circles indicate a higher demand for health clinics. The accessibility of healthcare in the city

is shown by the color, which corresponds to the number of immigrant-focused health clinics per 1,000 FBU residents. Dark blue circles represent cities with a higher ratio of health clinics per FBU residents; bright red circles are those with very few health clinics in proportion to the number of foreign-born residents without health insurance. The largest bright red circles, like Los Angeles city, are therefore the places with the biggest gaps in available services and many potentially underserved residents. **Figure 2** ranks cities by the prevalence of clinics per 1,000 foreign-born uninsured residents. With this information, local stakeholders, including policymakers and philanthropists, can work to meet the needs of these underserved communities.

Key Findings

Cities with the largest demand

- **Los Angeles, Anaheim and Santa Ana are some of the cities that have the highest numbers of uninsured immigrants but offer poor access to health services.** Los Angeles alone is home to over 240,000 foreign-born uninsured residents (FBU). However, Los Angeles only has 0.66 clinics per 1,000 FBU. Anaheim has 0.44 and Santa Ana has 0.34 clinics per 1,000 FBU.
- **San Diego city also demonstrates a large demand for services and has comparatively better access to health services**, at 1.22 health clinics per 1,000 FBU. San Diego has the second largest FBU population in the region, about 40,000 FBU. It has nearly double the access to services compared to Los Angeles city, despite the lower number of residents.

Lowest access to health services

- **All of Orange County's cities with over 3,000 FBU residents have relatively low access to health services, regardless of average median household income in these cities.**
- **Santa Ana** and **Anaheim**, in particular, are two Orange County cities with **high demand for federally-funded health services** (between 25,000-30,000 FBU) **and low median household income, but which have very low access to health services.** Specifically, both cities have median household incomes that are far below the $90,234 median income for Orange County; Santa Ana has a median income of $66,145 and Anaheim has a median income of $71,763.
- Orange County also contains **two wealthier cities that have the worst access: Irvine has zero federally qualified health clinics and Costa Mesa only has 0.15 health clinics per 1,000 FBU.** Irvine and Costa Mesa have higher median incomes than Santa Ana and Anaheim ($105,126 and $84,138 respectively) and comparatively lower demand (about 6,000 FBU), suggesting that they are home to mostly wealthier, insured residents. However, **this leaves the over 6,000 uninsured immigrants in each of these cities with a severe lack of federally-funded health infrastructure.** Furthermore, Irvine and Costa Mesa residents are not located near cities with much better access, as the entire county is underserved.

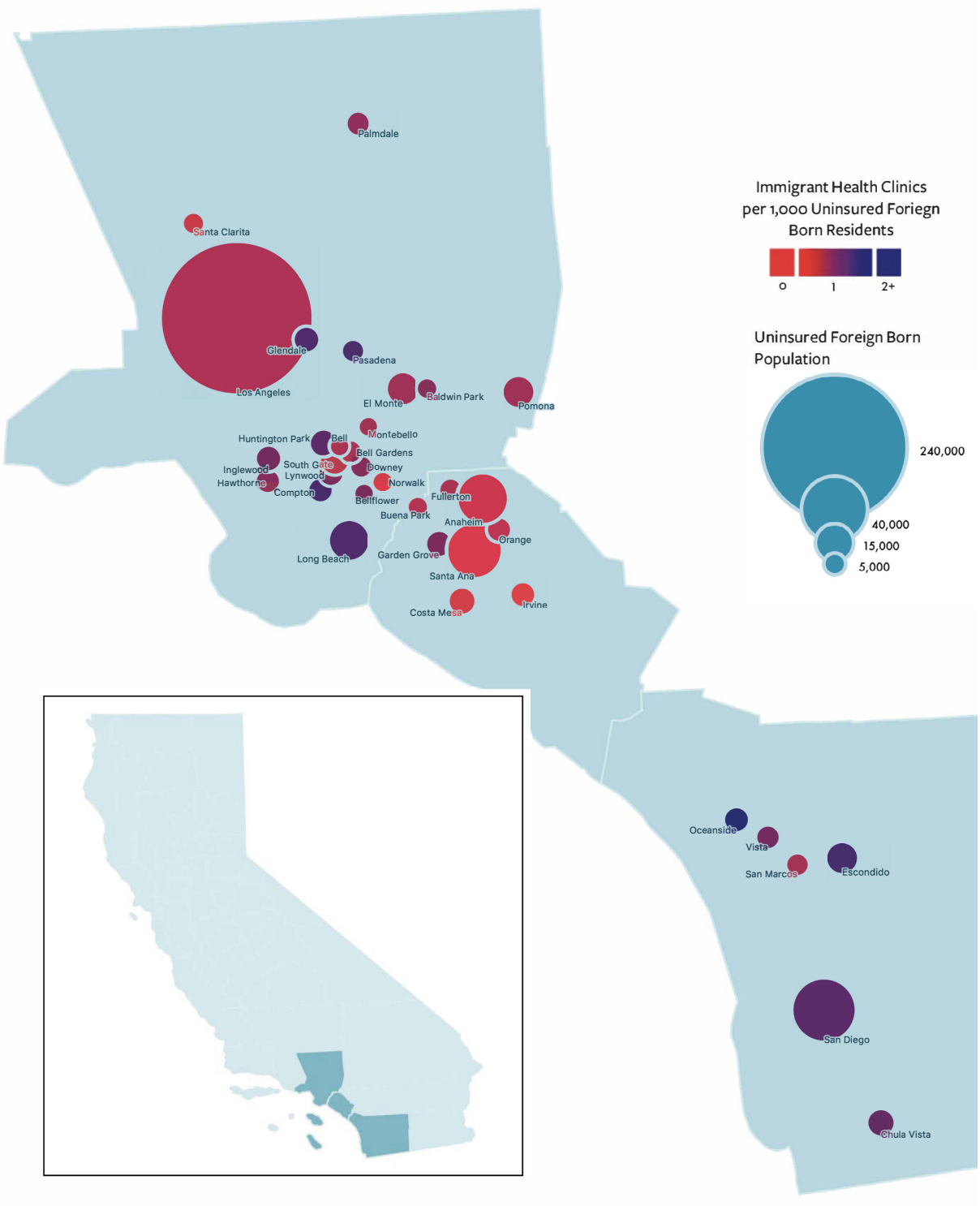

Figure 1: Healthcare Services Accessibility in coastal Southern California counties

This map shows the 35 cities in coastal Southern California counties with at least 3,000 foreign-born residents without health insurance. Uninsured immigrants are more likely to rely on federally-funded health clinics as their primary source of healthcare. The circle sizes are proportional to the total foreign born uninsured population, and the colors correspond to the number of federally-funded health clinics per 1,000 foreign born uninsured residents.

Data Sources: American Community Survey 2019 5-Year Estimates and Health Resources Services Administration.

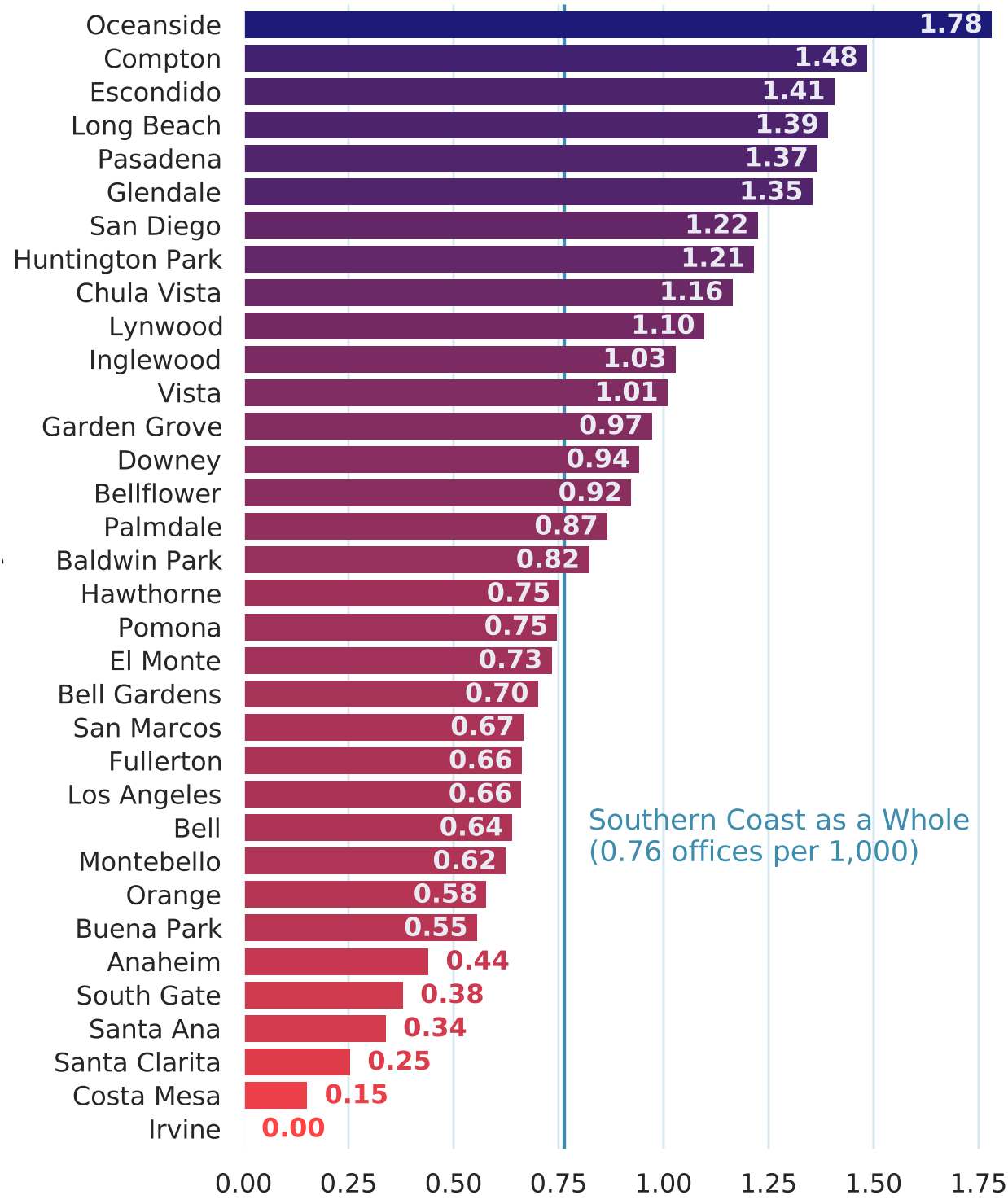

Figure 2: Ranking of Coastal Southern California Cities by Number of Health Clinics per 1,000 Foreign-Born Uninsured Residents

This chart ranks the 35 cities in coastal Southern California with the largest numbers of uninsured foreign-born residents (at least 3,000). For each city, the number of health clinics per 1,000 foreign born uninsured residents is shown.

Data Sources: American Community Survey 2019 5-Year Estimates and Health Resources Services Administration.

Key Findings

Highest access to health services

- **Oceanside has by far the best access to healthcare** across this region, with an average of 1.78 clinics per 1,000 FBU. This is notable considering that out of the cities in the South Coast region with more than 3,000 FBU, **Oceanside has a relatively low demand, with a FBU population of 5,616, less than 1% of the FBU population in the region.** One possible explanation for this discrepancy between the low population of FBU residents in Oceanside and its high accessibility of services could be the **proximity to the major Marine Corps Base, Camp Pendleton.** The existence of a military base in the region could produce a stronger health infrastructure. Camp Pendleton also temporarily housed tens of thousands of Southeast Asian refugees in 1975.

- **All cities in San Diego county have consistently higher access** to health clinics than Los Angeles and Orange counties. San Diego county boasts a **legacy of welcoming and resettling more refugees than any other county in California.** We speculate that this history contributes to **a stronger nonprofit service infrastructure** for both refugees and immigrants.

- **Compton, Pasadena, and Long Beach are cities in Los Angeles County with relatively high access.** They may differ from other cities in LA County in their **rich history of civil rights activism for Black, Latino, and refugee communities.** While the minority communities in these cities still do not have equal opportunity in every facet, a history of activism may help create better access to federally-funded health services for uninsured immigrants today.

    - **Compton** is located in the exact geographic center of **Los Angeles County**, and has been a focal point in the struggle for civil rights in Los Angeles. After the Second World War, Compton was one of the few suburbs in which African Americans could buy homes, and decades later it became a destination for Latino families as well. Currently, Compton has a Hispanic/Latino population of 68%. As a hub for civil rights activism for its historically Black communities, Compton provides relatively better access to services for its newer immigrant communities compared to other suburbs in the county.

    - **Pasadena** and **Long Beach** also reflect a history of activism — both cities were hubs of the Southern California Chicano movement and Civil Rights movement of the 1960s and 70s. Furthermore, Long Beach became home to the largest Cambodian population outside of Cambodia after accepting its first wave of refugees escaping the Khmer Rouge in 1975. This history of integrating diverse communities could contribute to the better access to federal health funding that we see today.

Areas for Further Study

Further research is needed. First, using cities as the unit of analysis, especially in larger cities, might overlook important variation in service capacity between neighborhoods within a city, like Los Angeles. Our team is now conducting more granular analyses using geospatial models. A geospatial model would also better account for the fact that a clinic near the edge of a city boundary might serve residents in numerous cities. Second, the presence of clinics does not necessarily mean that they cater to or reach uninsured immigrant populations. This brief highlights the differences in possible capacity across place, not immigrants' actual use of services. Last, when comparing larger and smaller cities, this analysis counts all clinics as essentially equal. Possibly, in places with high demand, clinics may have more doctors, longer hours, and more services. Rather than increase the number of clinics, some places might increase the capacity of existing clinics. Our mapping of service accessibility is a first step to beginning these conversations on how to ensure the health and well-being of our immigrant neighbors.

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