Gaps in Health Services for Immigrants in the Bay Area

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A joint publication from the Berkeley Interdisciplinary Migration Initiative

The Problem: Spatial Mismatch in Health Services

There are over one million noncitizens and close to 2.4 million foreign-born residents living in the 9-county Bay Area. Many of these immigrants live in the region's suburbs, bedroom communities, and mid-size cities. Yet immigrant-focused health clinics remain concentrated in the historic 'immigrant gateway' cities, such as San Francisco and Oakland.[1] We face a problem of spatial mismatch between where immigrants increasingly live and where health services are located.

Access to health clinics close to home is critical for immigrants. Travelling many miles, often an hour or more by public transit, is simply not an option for many immigrants who work long hours and have limited access to transportation. Local, culturally-sensitive clinics that serve low-income or uninsured populations help put healthcare within reach and build trust. This is especially important now, when fear of immigration enforcement or being judged a "public charge" may scare immigrants away from seeking health services for themselves or their family members, including children. This is especially important now, when fear of immigration enforcement or being judged a "public charge" may scare immigrants away from seeking health services for themselves or their family members, including children, even in the face of a pandemic.

The Berkeley Interdisciplinary Migration Initiative (BIMI) mapped healthcare facilities[2] as well as the demand for healthcare across the Bay Area to identify service gaps. To identify where those with the highest need for affordable and culturally sensitive health services live, we use Census Bureau data to map foreign-born residents without health insurance. The map in Figure 1 shows the 27 cities in the Bay Area with more than 2,000 foreign-born uninsured residents (FBU); the size of each circle is proportional to the number of FBU residents in each city. 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 are well-served cities; bright red circles are those with very few health clinics for local residents. The differences in color between well-served urban centers and the worse-served edge cities and suburbs shows the spatial mismatch between where immigrants live and where services are concentrated.[3]

With this information, thousands of local stakeholders, including policymakers and philanthropists, can work to meet the needs of these underserved communities.

1 Singer, A., Hardwick, S., & Brettell, C., eds. (2008). Twenty-First Century Gateways: Immigrant Incorporation in Suburban America. Washington, D.C.:Brookings Institution.
de Graauw, E., Gleeson, S., & Bloemraad, I. (2013). Funding Immigrant Organizations: Suburban Free Riding and Local Civic Presence. American Journal of Sociology, 119(1), 75–130.

2 Clinics supported by the Health Resources and Services Administration, which provide comprehensive and culturally competent primary care to "low-income populations, the uninsured, those with limited English proficiency, migratory and seasonal agricultural workers, individuals and families experiencing homelessness, and those living in public housing" (https://data.hrsa.gov/data/about).

3 Every city would have the same color if clinics were positioned to match where uninsured immigrants live—that is, if every city had the Bay Area average of one clinic per every 570 FBU residents (1.7 clinics per 1,000).

BIMI

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Key Findings

• **South Bay Area suburbs** (including Santa Clara, Mountain View, Sunnyvale, and North Fair Oaks) **are among the least-served cities in the Bay Area.** North Fair Oaks is the only city with more than 2,000 FBU residents but no immigrant health clinics.

• **San Jose, with 1.4 clinics per 1,000 foreign born uninsured, is lagging behind the Bay Area average of 1.7,** despite being the largest city in the region, with almost double the FBU population of San Francisco or Oakland. Nearby South Bay suburbs cannot rely on San Jose to fill the gaps in their own healthcare accessibility challenges.

• **Berkeley, San Francisco and Oakland** are the **best served cities.** There are 4.4 immigrant-serving health clinics per 1,000 FBU residents in Berkeley, 3.4 in San Francisco, and 2.6 in Oakland. All three cities have a history of welcoming immigrants and local civic engagement, as well as key educational, philanthropic and healthcare institutions that are building blocks to build immigrant-friendly organizations.

• **Smaller cities and suburbs** surrounding San Francisco, Berkeley and Oakland **are relatively less well-served.** Researchers call this a problem of "suburban free riding," when suburban officials do not adequately invest in local social service providers, relying instead on providers in larger cities nearby to fill service gaps. As a result, low-income immigrant residents of cities like South San Francisco, Daly City, San Pablo, and Richmond are likely having to travel to San Francisco, Berkeley or Oakland for healthcare. Even a relatively short trip can cost $5–10 in round-trip BART and bus fares, not to mention time away from other obligations at work and home.

• **Immigrants in Contra Costa County face very limited resources.** Every city in Contra Costa County with at least 2,000 uninsured foreign-born residents has fewer healthcare clinic resources, by population, than the average in the Bay area. There is an especially severe spatial mismatch for the most distant suburbs in East Contra Costa where fast-growing immigrant populations are the most geographically isolated from the care they need. Without access to a car, travelling from East Contra Costa to clinics in Berkeley, Oakland, or San Francisco requires multiple forms of public transit and can take 2–4 hours round trip.

• The bar chart in figure 2 highlights the mismatch between well-served cities such as **San Francisco with twice the Bay Area average of 1.7 clinics per 1,000 FBU,** and other cities such as **Antioch, Redwood City, and Santa Clara with half the average level of service or less.** This suggests that the **inaccessibility of healthcare in under-served cities stems from the uneven distribution of health clinics across the Bay Area rather than an overall lack of clinics in the region.**

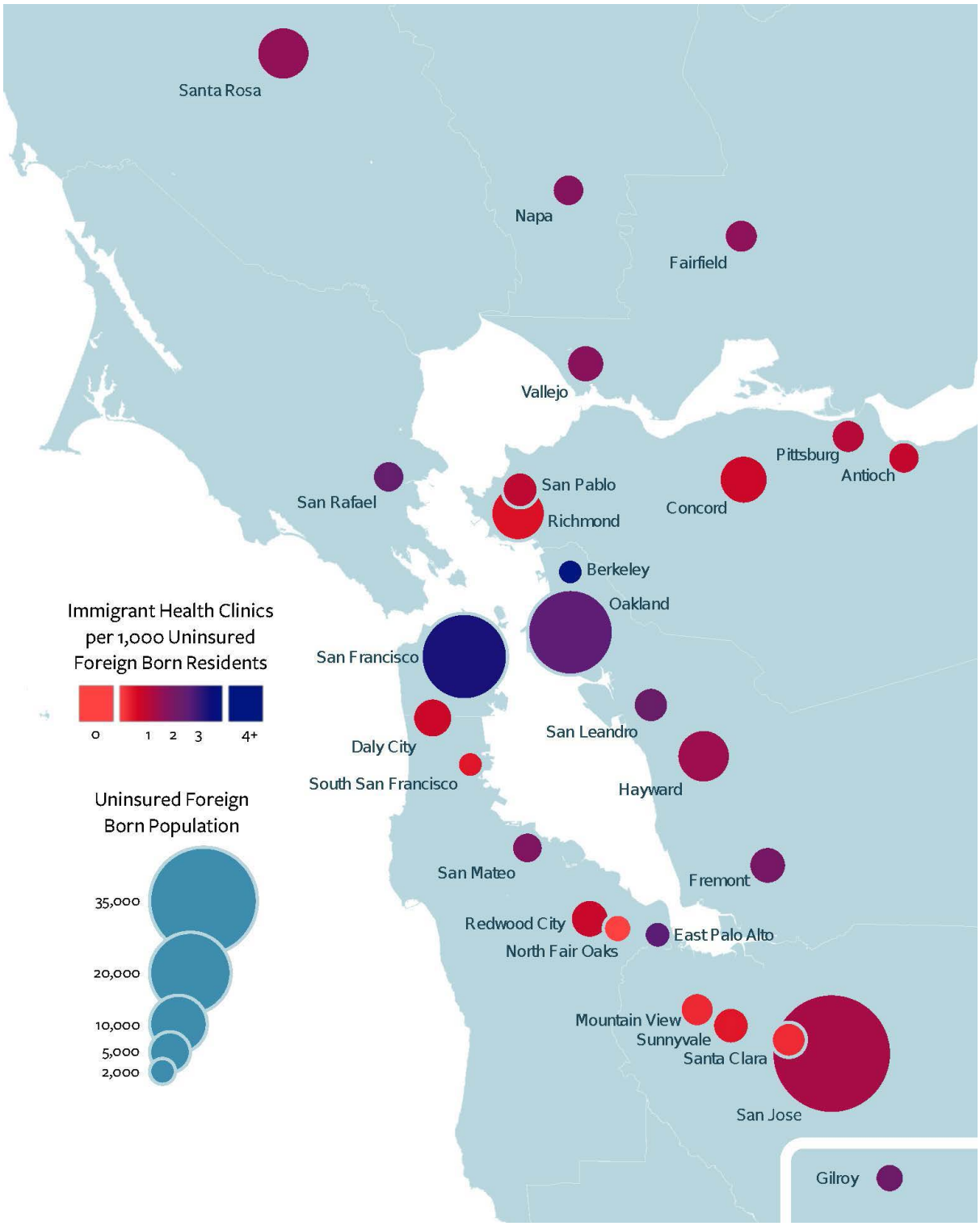

Figure 1. Healthcare Services Accessibility

This map shows 27 cities in the Bay Area with at least 2,000 foreign-born residents without health insurance. The circle sizes are proportional to the total foreign born uninsured population, and the colors correspond to the number of health clinics per 1,000 foreign born uninsured residents.

Data Sources: American Community Survey 2013–2017 5-Year Estimates and Health Resources Services Administration.

Figure 2. Ranking of Cities by Number of Health Clinics per 1,000 Foreign-Born Uninsured Residents

This chart highlights the 27 Bay Area cities with the largest uninsured foreign-born populations (greater than 2,000)—the people most likely to rely on immigrant-focused health clinics as their primary source of healthcare. For each city, the number of health clinics per 1,000 foreign born uninsured residents is shown.

Data Sources: American Community Survey 2013–2017 5-Year Estimates and Health Resources Services Administration.

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About the Author

Carl Plant holds a B.A. in Mathematics from UC Berkeley and recently completed a policy research fellowship with the Berkeley Interdisciplinary Migration Initiative, concentrating on spatial inequality and data visualization. He has studied public policy analysis and structural inequity through the Blum Center's Global Poverty & Practice Minor and further coursework. Carl has previously worked for the California Senate Office of Research in the areas of human services and welfare policy, and is now a policy analyst for Wisconsin's Legislative Fiscal Bureau.

Alizée Natsoulis is an undergraduate student at the University of California, Los Angeles where she studies Human Biology and Society (B.S.). She is an undergraduate research fellow with the Berkeley Interdisciplinary Migration Initiative, working on the Mapping Spatial Inequality Project. Through her work with BIMI, she hopes to make research findings more accessible to the general public, and bring to light public health problems faced by immigrant communities.

Jasmijn Slootjes is the Executive Director of the Berkeley Interdisciplinary Migration Initiative (BIMI) at the University of California, Berkeley. Jasmijn completed her Ph.D. about health and labor market integration of different immigrant groups in the Netherlands (VU University Amsterdam, 2017) and a Master of Science in Migration, Ethnic Relations and Multiculturalism (Utrecht University 2012). Before joining BIMI she worked at Google and was a Pat Cox Fellow at the Migration Policy Group in Brussels.