

Gaps in Health Services for Immigrants in Arizona's Metro Areas

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The two largest counties in the state of Arizona, Maricopa and Pima, are home to almost 75% of the state's population, which includes over 750,000 immigrants. 156,854 of these foreign-born residents in Maricopa and Pima counties do not have health insurance, which is about 1 in every 5 people. Foreign-born uninsured residents have a dire need for accessible and affordable health services. According to the Health Resources and Services Administration (HRSA), Maricopa and Pima Counties are designated "Medically Underserved Areas." This means that both counties suffer from a shortage of health services for residents, as measured by the HRSA using factors such as the poverty rate and infant mortality rate.

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 Arizona.

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 growing populations of immigrants, Arizona 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 Arizona 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 8 cities in Maricopa and Pima Counties with more than 2,000 foreign-born uninsured residents (FBU). The size of each circle indicates the number of FBU residents in each city: a larger circle indicates a higher demand for health clinics. The accessibility of healthcare in the city is shown by the color, which corresponds to the number of federally qualified health clinics per 1,000 FBU residents. Dark blue circles are cities with a higher ratio of health clinics per foreign-born uninsured residents; bright orange circles are those with very few health clinics in proportion to the number of foreign-born residents without health insurance. The larger bright orange circles, like Mesa, are therefore the places with larger 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 most demand

- **Phoenix has the largest demand for health services**, since it is home to the largest foreign-born uninsured population of 83,591 residents. This is about half the FBU population in Maricopa and Pima counties. However, the significant population of those needing services in Phoenix is relatively underserved, with only 0.60 health clinics per 1,000 FBU.
- **The next two largest cities, Tucson and Mesa, have a similar level of demand for health services.** Tucson is home to 18,055 uninsured foreign-born residents and Mesa is home to 16,658. However, **Tucson has much better access to health services than Mesa**; Tucson has 28 federally-funded health clinics (1.55 per 1,000 FBU) while Mesa only has 4 such clinics (0.24 per 1,000 FBU).

Highest access to health services

- **Scottsdale has the highest access to health services**, with 1.79 clinics available for every 1,000 FBU. However, Scottsdale has relatively low demand, with a FBU population of 2,799, or less than 2 percent of the entire FBU population in Maricopa and Pima Counties.
- **Tucson has relatively high access to health services** (1.55 clinics for every 1,000 FBU), but only 11 percent of the FBU population in Maricopa and Pima Counties live there.
- In sum, although one major city and one suburb have higher access, the vast majority (87 percent) of the FBU population in **Maricopa and Pima Counties** do not live in those two places.

Lowest access to health services

- **The five least-served cities are Mesa, Tempe, Chandler, Avondale, and Glendale.** These cities have less than 0.5 clinics per 1,000 FBU residents, highlighting the acute lack of access to critical health services. 23 percent of all uninsured foreign-born Maricopa and Pima County residents live in these cities.
- Four of these cities, **Mesa, Tempe, Chandler, and Avondale, are all located on the southern outskirts of Maricopa County.** For those without access to a car, traveling to Phoenix for vital health services is difficult and time-consuming.

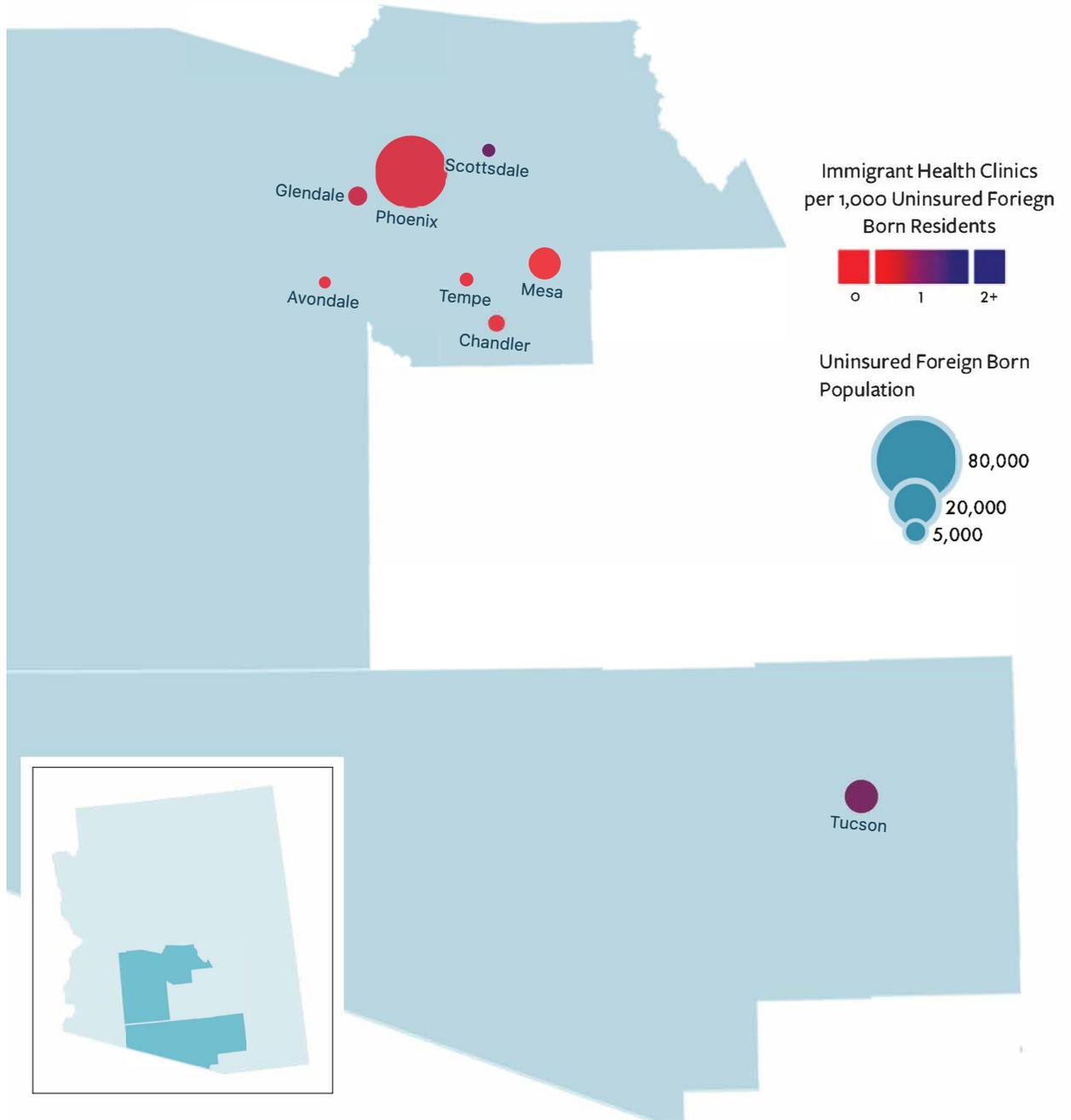


Figure 1: Healthcare Services Accessibility in Arizona’s Metro Areas

This map shows 8 cities in Arizona with at least 2,000 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.

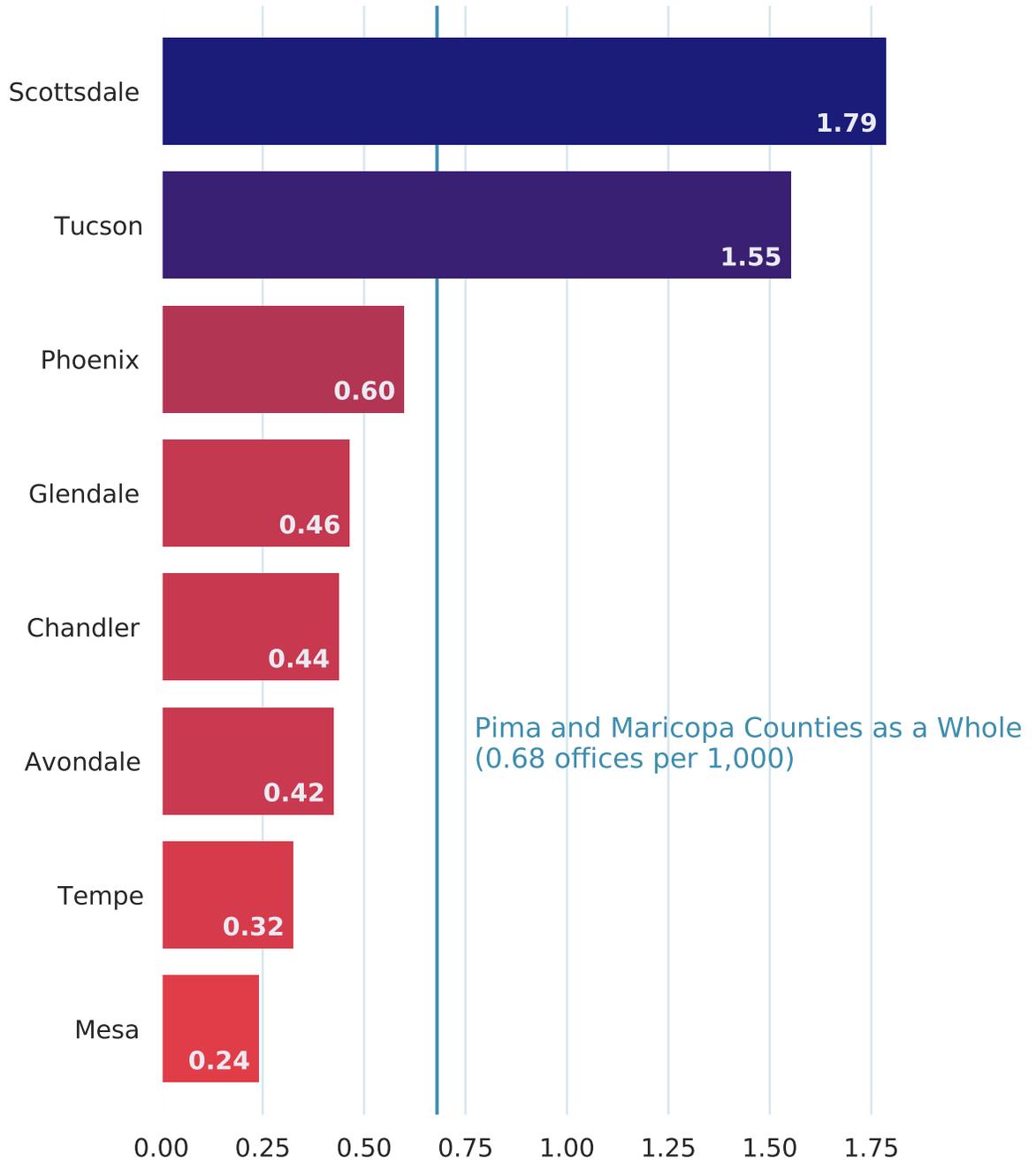


Figure 2: Ranking of Arizona Cities by Number of Health Clinics per 1,000 Foreign-Born Uninsured Residents

This chart ranks the 8 Arizona cities with the largest numbers of uninsured foreign-born residents (greater than 2,000). 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.



Explaining the Health Services Gap Between Cities

Why are there such large discrepancies in the access to health services across mid-sized and large cities in Arizona? There are a few demographic patterns to consider, beginning with the difference in wealth between the least-served city, Mesa and the best-served city, Scottsdale. Mesa, the least-served city, has a median household income of \$58,181. In comparison, the most-served city of Scottsdale has a median household income of \$88,21. Furthermore, Mesa has a poverty level of 14.8%, nearly double Scottsdale's poverty rate of 7.6%. Even compared to Maricopa County's median household income of \$64,468 and its average poverty rate of 12.2%, Scottsdale's high household income and low poverty rate paint a picture of a wealthier suburb with a small FBU population that is sufficiently served by a few health clinics.

Another pattern is the difference in racial/ethnic make-up between Scottsdale and Mesa. Scottsdale, the best-served city, contains the lowest proportion of Hispanic or Latino residents of the cities in Figure 1, with only 10.2% of residents identifying as such. In the least-served city Mesa, 27.7% of the population identifies as Latino or Hispanic.

However, when comparing the wide gaps of health services between Tucson and Phoenix, the two largest cities on the map, we find that there is no notable difference in private wealth; both have slightly higher than average rates of poverty level compared to their respective counties, and slightly lower than average household incomes. We also find no notable difference in the proportion of Hispanic or Latino population in these two cities; 43.2% of Tucson residents are Hispanic or Latino compared to 42.6% of Phoenix residents.

Instead, we suggest that uninsured immigrants in Tucson may have much better access to health services due to the city's rich history of activism in providing sanctuary to migrants at the border.¹ Tucson is widely considered to have inspired the first nation-wide "sanctuary movement," which lasted from the 1980s, during the civil wars in Guatemala, El Salvador, Honduras and Nicaragua, through the 1990s. This movement stemmed from the bold

activism of religious groups in housing asylum-seekers from Central America. Our investigation into immigrant access to health services show that Tucson's activist legacy may continue to the modern-day, as Tucson contains a much higher concentration of federally funded health clinics compared to any other Arizona city with comparably high demand for these health services.

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 Phoenix. 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.

¹ Hernandez, Dan. 2019. "Arizona City Fights to Spread Compassion for Migrants Amid Border Crisis." *The Guardian*, July 12.



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