

Gaps in Health Services for Immigrants in the Central Valley

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Immigrants' Access to Health Clinics in the Central Valley

More than 540,000 noncitizens and close to 900,000 foreign-born residents live in the Central Valley, composed of Kings, Merced, Fresno, Stanislaus, Madera, Tulare, Kern, and San Joaquin counties. A large proportion of these immigrants do not have health insurance (167,772 total or nearly 20% of all immigrants) and rely on free or low-cost healthcare services from health clinics. Access to healthcare is a major issue in the region. All eight Central Valley counties have Medically Underserved Areas and Populations, and Madera is designated as a county-wide MUA by the Health Resource Service Administration.¹

Access to health clinics close to home is critical for immigrants. Having a regular source of primary care, in particular, is essential for maintaining health. Traveling 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.

¹ The Health Resources Services Administration defines Medically Underserved Areas/Populations as “areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population” (<https://data.hrsa.gov/tools/shortage-area/mua-find>)

The Berkeley Interdisciplinary Migration Initiative (BIMI) mapped healthcare facilities² as well as the demand for healthcare across the Central Valley to identify the most pressing gaps in health services. 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 18 cities in the Central Valley 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 immigrant-focused 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 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 Stockton, are therefore the places with the biggest gaps in available services. With this information, thousands of local stakeholders, including policymakers and philanthropists, can work to meet the needs of these underserved communities.

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>).



Key Findings

Cities with the largest demand

- **Fresno, Bakersfield, and Stockton** have the highest numbers of foreign born individuals without health insurance and the highest demand for health clinics. These three cities offer poor access to health services, with 1.5 or fewer clinics per 1,000 foreign born without health insurance.

Areas with the best access to healthcare

- Among cities with more than 2,000 foreign-born residents without health insurance, **Turlock, Merced, and Tulare** have the highest number of health clinics per each 1,000 foreign-born residents without health insurance. These three mid-sized cities are all located along Highway 99, the main avenue used to travel through the Central Valley. Easy access makes these cities strategic locations for health clinics, and perhaps more desirable for health providers to live in.
- **Kings County** has the lowest foreign born uninsured population (5,190). Yet, with 20 total clinics and an **average of 3.9 clinics per 1,000 FBU**, it is the county with the best access to health services for immigrants by far.

Gaps between demand and supply

- **Stockton** has the second largest foreign-born uninsured population (15,962) after Fresno (24,665), and yet it is among cities with the worst access to healthcare or the biggest mismatch between the demand for and supply of health services, with only 1.1 clinics per 1,000 FBU. Nearby cities of **Lodi** and **Tracy**, with .70 and .93 health clinics per 1,000 FBU, cannot rely on Stockton to fill the gaps in their own healthcare accessibility challenges.
- Among cities with greater than 2,000 FBU, **Mendota, Arvin, Lodi** and **Tracy** have the biggest health service gaps. Because these four cities differ significantly amongst themselves, service gaps probably exist for different reasons. Differences between these cities include:
 - Mendota and Arvin are small, agricultural towns, each with more than 90% Hispanic/Latino populations and around 50% foreign-born residents while Lodi and Tracy are mid-sized cities with relatively fewer immigrants (19% and 25%, respectively)
 - Mendota and Arvin are not in proximity to a major highway like Lodi (close to the 99) and Tracy (close to the 205), meaning they are only accessible by smaller highways or roads
 - Mendota and Arvin both have the lowest median household incomes of all Central Valley cities with greater than 2,000 FBU, while Tracy (\$88,390) and Lodi (\$54,339) are among the wealthiest.

A lower proportion of immigrants in Lodi and Tracy may explain why immigrant health services are not prioritized. Yet, with more than 2,000 FBU each, these cities still have a demand for immigrant focused health services that is currently unmet. On the other hand, the relatively poorer cities of Mendota and Arvin, despite having high immigrant and especially high Latino populations, probably lack resources and funding to provide much needed immigrant-focused health services.

- Surprisingly, the three counties with the highest foreign-born uninsured populations, **Fresno, Kern and San Joaquin**, have the worst access to healthcare for immigrants with 1.3, 1.4 and 1.2 clinics per 1,000 FBU. These are the **most populated** counties in the Central Valley and have experienced **relatively high population growth** (11.2% in San Joaquin County, 7.4% in Fresno and 7.2% in Kern from 2010-2019) compared to other Central Valley counties and California as a whole (6.1%). High population growth may explain health service gaps, as the number of clinics has not kept up with increased demand. By contrast, the best-served county, Kings, has had 0% population growth since 2010.

Cities below 2,000 FBU but with at least 1 clinic

- Out of the 289 total health clinics, 166 (around 40%) are in cities with less than 2,000 foreign-born uninsured residents.
- Some of the best served cities actually have less than 2,000 FBU. This includes small towns like **Le Grand** and **French Camp** that have 4 and 6 health clinics respectively, for populations of only around 200 foreign-born uninsured residents.
- Some mid-sized cities with just under 2,000 FBU like **Hanford, Atwater** and **Kerman** also have relatively high access to health clinics, with **4 or more health clinics per 1,000 FBU**.

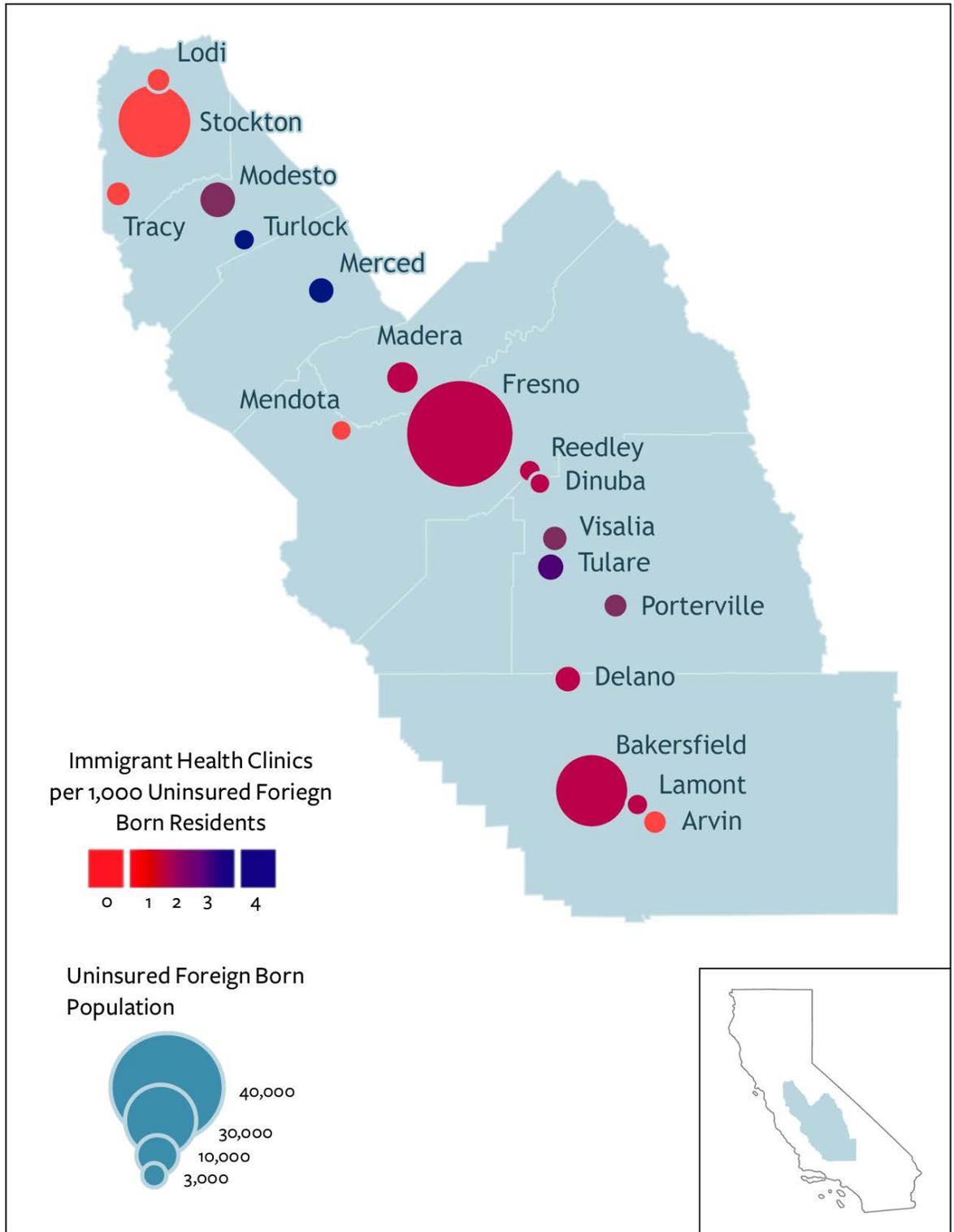


Figure 1. Healthcare Services Accessibility

This map shows 18 cities in the Central Valley 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 the Health Center Service Delivery Sites (HCSD) dataset from the Health Resources and Services Administration website.

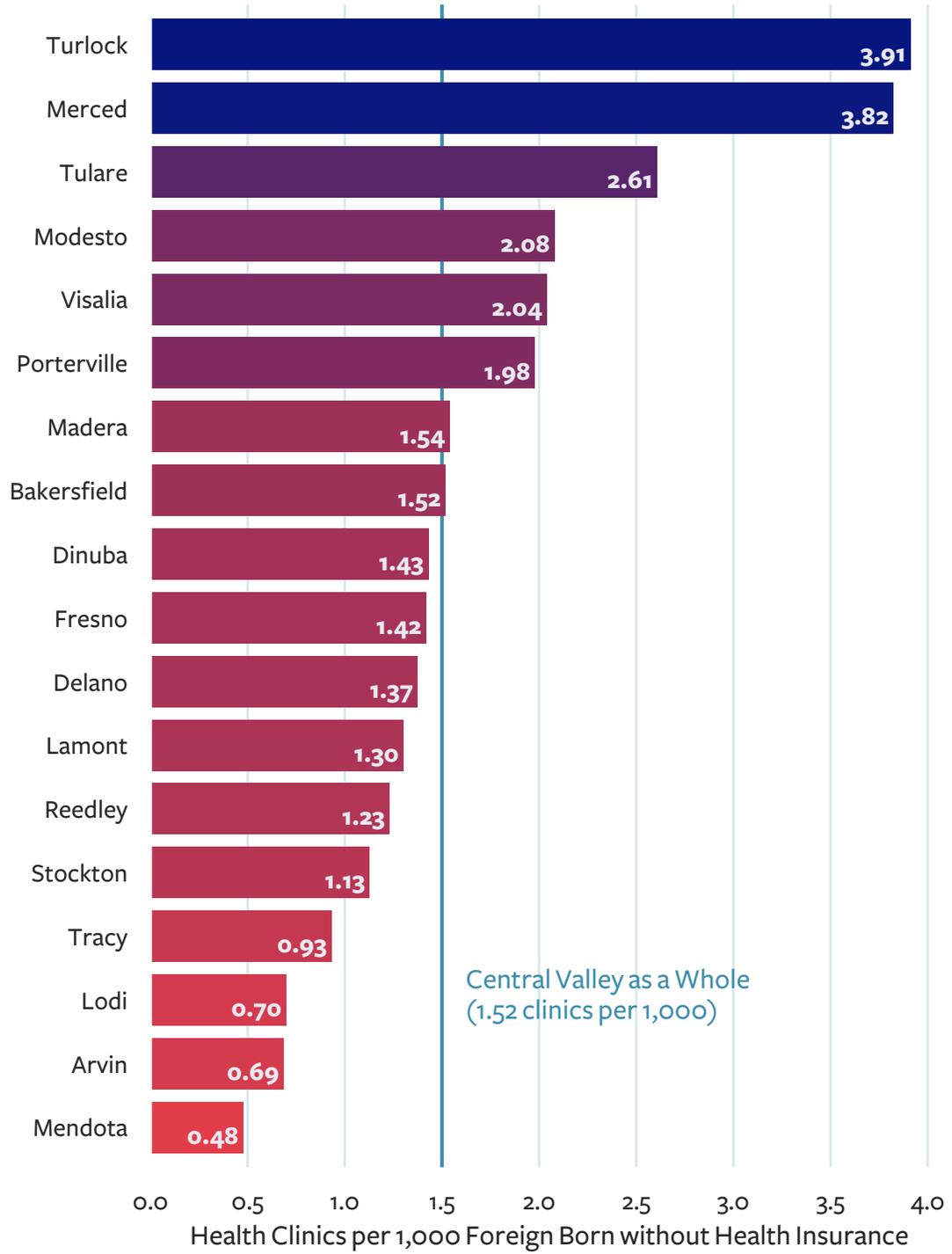


Figure 2. Ranking of Cities by Number of Health Clinics per 1,000 Foreign-Born Uninsured Residents

This chart highlights the 18 Central valley 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 the Health Center Service Delivery Sites (HCSD) dataset from the Health Resources and Services Administration website.



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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.