Immigration Status as a Social Determinant of Health: An Analysis of an East San José-Based Community Farm

By

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ABSTRACT. The state of California is home to more immigrants than any other state. Local community-based organizations and public health nonprofits are essential in both meeting and advocating for the needs and rights of immigrant populations. Prior research has documented the several social determinants of health and significant barriers to good health faced by immigrant communities, including higher rates of power, generally lower rates of health insurance, utilization of services and treatment, as well as a greater number of negative experiences within the healthcare system. Immigrant communities additionally often experience discrimination and racism which can further contribute to health disparities. This study examined various factors important for achieving good health including location of health service utilization. Furthermore, this study assessed the role of local nonprofits in being able to understand their clients and how to best serve and meet their needs. To do this, spatial data related to an East San Jose nonprofit was analyzed. Findings make clear the essential role of community health centers in providing low-cost, high-quality care.

INTRODUCTION

This community farm is a public health nonprofit located in East San José, California that aims to connect people from diverse backgrounds and build community through food and farming. This community farm offers a wide variety of programs to engage the East San José community while also offering organically grown produce at a low price. The community farm primarily serves low-income residents of East San José, many of whom are undocumented immigrants. Recently, this community farm has become a certified enrollment site for CalFresh and has assisted clients in applying for CalFresh benefits. Employees at the community farm intend to extend their assistance to include other government aid programs as well, such as WIC (Women, Infants, and Children) and Covered California programs like Medi-Cal. However, the community farm has faced significant barriers in registering clients for government benefits, with the two main obstacles being fear and ineligibility due to citizenship status. Following the Trump
Administration’s Public Charge Rule, which has since been vacated nationwide, the undocumented immigrant population has expressed great concern in applying for government-sponsored aid programs, out of fear that their residency status may be compromised. Additionally, undocumented immigrants are often unable to receive the same amount and type of government benefits as citizens. Specifically, for Medi-Cal, California’s Medicaid, undocumented immigrants are unable to receive full coverage and can only receive coverage for emergency or pregnancy-related services.

In this way, employees at the community farm have been made aware that a vast majority of the East San José community, more than they can provide for, are not only poor and lack access to healthy and fresh produce, but also struggle in receiving government benefits as undocumented immigrants and are often left uninsured. This project will consider the historically documented long-term health outcomes of immigrants as compared to citizens as well as the characteristics and general health of immigrant communities, including the general sense of fear and mistrust. The purpose of the project is to identify the health-related consequences of immigration status and health insurance coverage and assess whether current social programs and policies in the State of California are sufficient in ensuring the health of all community members, including undocumented immigrants, and if not, to identify and recommend necessary changes.

This study utilizes spatial data using Google Earth mapping. All emergency rooms, hospitals, medical centers, urgent cares, and health clinics or community health centers were identified and mapped using Google Earth in the East San Jose area surrounding the location of the community farm.

LITERATURE REVIEW

The state of California houses more immigrants than any other state, about 11 million, or 25% of the entire nation’s immigrant population (Johnson, Perez, and Mejia 2021). In 2019, 27% of California’s population consisted of foreign-born immigrants, more than double the percentage in any other state. The majority of California immigrants reside in five counties: Santa Clara, San Mateo, Los Angeles, San Francisco, and Alameda (Johnson et al. 2021). In these five California counties, foreign-born immigrants make up at least one-third of the population. Additionally, half of California children have at least one immigrant parent (Johnson et al. 2021). While the majority, 53%, of immigrants in California are documented, the state is still home to more than 2 million undocumented immigrants, constituting about 6% of the entire state’s population (Hayes and Hill 2017). The term “undocumented” is given to refer to those who enter the U.S. without legal permission or with a legal visa that is no longer valid (Ornelas, Yamanis,
and Ruiz 2020). It is also important to consider that most undocumented immigrants in California immigrate from Latin America and Mexico (Hayes et al. 2017). The majority of undocumented immigrants, specifically 66%, are now long-term residents, having lived in the U.S. for ten years or more. Yet despite the large immigrant, both documented and undocumented, population in California, and specifically in the Bay Area, state and local programs and policies have not been sufficient in reducing disparities, particularly health disparities between undocumented foreign-born immigrants and U.S.-born residents. The existing literature on Latinx/Hispanic undocumented immigrants in the U.S. highlights the physical and psychological dangers associated with migration as well as common barriers to good health. Additionally, research reveals and explains the “healthy immigrant” paradox and the generally better health outcomes of immigrants as compared to U.S.-born citizens.

Migration

Voluntary migration is often the result of an economic or financial crises as well as a lack of educational and professional opportunities (Ornelas et al. 2020). Others migrate to escape “political instability, persecution, war or violence” or entrenched poverty and hunger (Ornelas et al. 2020). Even when escaping persecution or poverty, immigrants are not deemed “refugees” and are not granted asylum, meaning they are still at risk of being detained or deported (Gamblyn and Teague 2017). Evidence exists that links traumatic and stressful pre-migration living conditions with poor mental health and a higher risk for depression and posttraumatic stress disorder (Ornelas et al. 2020). Immigrants experience physical and mental exhaustion, specifically those who attempt the journey to cross the U.S.-Mexico border (Ornelas et al. 2020). Commonly encountered hazards include dehydration, extreme heat, and wild animals (DeLuca, McEwen, and Keim 2010). In the Tucson, Arizona sector of the U.S.-Mexico border, 100 immigrants die each year from heat-related injuries (DeLuca et al. 2010). Stricter regulation and surveillance of the U.S.-Mexico border due to policies that have sought to deter and criminalize immigration has resulted in the rise of deaths and injuries of immigrants attempting to cross the border (Androff and Tavassoli 2012).

Those attempting to cross the border often pay for guides and are susceptible to different forms of trauma, including extortion, drug trafficking, and abandonment by guides (Ornelas et al. 2020). Immigrant women are specifically vulnerable to physical and sexual abuse while border-crossing (Ornelas et al. 2020). Immigration detention has also become a significant risk to those crossing the border. In 2018 alone, U.S. Immigration and Customs Enforcement (ICE) detained 400,000 people, making immigration detention the “fastest-growing form of incarceration in the United States, and immigrants… the fastest-growing population in federal prisons” (Ornelas et al. 92).
A report from the U.S. Civil Rights Commission found multiple human rights cases of abuse including verbal and physical abuse, a lack of medical care, a lack of access to legal counsel, and the separation of parents and children within detention centers (Misra 2015). The various factors relating to migration, including dangerous, traumatic, and even abusive journeys through the border as well as possible detention in horrid conditions all increase health vulnerability (Migration Data Portal 2021). Without access to adequate medical care, nutrition, or basic hygiene and sanitation while on the journey and within ICE detention centers, immigrants are more likely to face health challenges (Migration Data Portal 2021). In fact, the longer immigrants are detained, the more likely they are to develop severe mental disorders and psychosocial issues (Migration Data Portal 2021).

**Barriers to Good Health**

While undocumented immigrants are likely to face difficulties during their migration that can negatively impact both their mental and physical health, it is not until they are settled in the U.S. that they are met with unaccommodating social and political factors that act as barriers to good health. Undocumented immigrants are twice as likely as the general population to experience food insecurity and have poverty rates three times higher than the national rate of 13.5% (Gamblyn et al. 2017). Poverty is so high among undocumented immigrant populations because of limited job opportunities as well as the ability of employers to pay unfair wages to employees without legal status. Undocumented immigrants pay billions of dollars in taxes and contribute to California’s economy through their work in several industries, yet they are often subjected to not only low or unpaid wages but also inadequate working conditions and threats from their employers (Costa 2018). Without the right to employment and fair wages, the median household income of undocumented immigrants is almost $20,000 lower than the median household income of the nation, at just $36,000 (Gamblyn et al. 2017). Poverty in itself acts as a social determinant of health by limiting access to adequate nutrition and healthy foods, safe shelter, parks and recreational spaces for play and exercise as well as access to clean air and water, all of which can have significant impacts on health (AAFP 2015). Poverty is associated with an increased likelihood of poor health outcomes and lower life expectancy. Research of income and mortality data of 1.8 billion de-identified tax records and Social Security Administration death records from 2001 to 2014 found a gap in life expectancy of over 14 years between the richest 1% and the poorest 1% (Chetty, Stepner, Abraham, Lin, Scuderi, Turner, Bergeron, and Cutler 2016).

Undocumented immigrants are also significantly more likely to be uninsured and face barriers to accessing quality medical care and treatment. The Migration Policy Institute
found that 71% of undocumented immigrants lack health insurance, compared with 40% of lawful permanent residents, 17% of naturalized citizens, and 15% of U.S.-born citizens (Capps, Fix, Van Hook, and Bachmeier 2013). Without insurance coverage, it is difficult for undocumented immigrants to access healthcare and medical services. In a 2014 to 2017 study that sampled documented and undocumented Hispanic/Latino immigrants as well as citizens with high cholesterol, hypertension, or diabetes aged 18-74 years in the Bronx, New York, Chicago, Illinois, San Diego, California, and Miami, Florida, undocumented and documented immigrants reported significantly lower access to “a usual health care provider” and insurance coverage (Guadamuz, Duarzo-Arvizu, Daviglus, Perreira, Calip, Nutescu, Gallo, Castaneda, Gonzalez, and Qato 2020). The study also found that undocumented immigrants had significantly lower treatment rates than documented immigrants and naturalized citizens (Guadamuz et al. 2020). A 2007 study that compared access to and use of healthcare services for Mexicans and Latinos by citizenship and immigration status similarly reported that undocumented immigrants had fewer physician visits and were less likely to have a usual source of care (Ortega, Fang, and Perez 2007).

Undocumented immigrants are generally ineligible for many federal insurance plans and public benefits programs. Specifically, undocumented immigrants do not qualify for Medicare, and their access to Medicaid is limited to emergency or pregnancy-related services (AAFP 2015). Undocumented immigrants are likewise ineligible to enroll in the Children’s Health Insurance Program (CHIP), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and are ineligible for healthcare subsidies under the Affordable Care Act (ACA) and cannot purchase unsubsidized health coverage on ACA exchanges (The Hastings Center; National Immigration Forum 2018). Undocumented immigrants cannot receive benefits from the Supplemental Nutrition Assistance Program (SNAP), also known as CalFresh, but they can apply and receive benefits for their children who are U.S. citizens or legal residents and they are eligible to receive benefits through Women, Infants, and Children (WIC) (National Immigration Forum 2018). Federal policies excluding undocumented immigrants were found to be among the most commonly cited barriers to healthcare among undocumented immigrants (Hacker, Anies, Folb, and Zallman 2015). Without health insurance and exclusion from most public benefits, undocumented immigrants often avoid healthcare and wait until their situation becomes critical before seeking services (Hacker et al. 2015). Undocumented immigrants are also more likely to report negative experiences within the healthcare system (Ortega et al. 2007). These negative experiences include cultural incompetency or the lack of healthcare providers able to communicate with patients in their native languages as well as the general feeling of not being able to communicate with healthcare providers because of patients’ inability to speak English (Hacker et al. 2015). Undocumented immigrants also reported feeling
that emergency room physicians did not believe them (Chandler, Malone, Thompson, and Rehm 2012).

Immigrant communities are also often targets of discrimination and racism which creates high levels of stress and fear, both of which can have significant health implications. The Trump Administration’s immigration policy that aimed to deter and strictly regulate immigration has created “resounding levels of fear and uncertainty” within immigrant populations (Artiga and Ubri 2017). Specifically, among undocumented immigrants, there is extreme concern about being deported and separated from their children (Artiga et al. 2017). Following the Trump Administration’s immigration policies, everyday life has become so stressful for undocumented immigrants that many of them leave their house only when necessary, limit their driving, and have stopped participating in recreational activities (Artiga et al. 2017). The impact of chronic stress includes major disruptions of important body systems, like the immune, digestive, cardiovascular, sleep, and reproductive systems (U.S. Department of Health and Human Services). Persistent stress can additionally contribute to chronic health problems like heart disease, high blood pressure, diabetes as well as depression and anxiety (U.S. Department of Health and Human Services).

General Health of Immigrant Populations

While it is clear that undocumented immigrants face significant barriers to good health, the existing literature has not explicitly established poorer long-term physical health outcomes among undocumented immigrants as compared to documented immigrants (Ro and Van Hook 2021). In fact, it has been difficult to observe any significant health differences between documented and undocumented immigrants (Ro et al. 2021). In a study that examined data from the National Agricultural Workers Survey (NAWS) from the years 2000 to 2004, 2008 to 2010, and 2014 to 2015, it was found that incidence rates of chronic conditions and musculoskeletal pain were lower among undocumented farm workers than documented farm workers (Hamilton, Hale, and Savinar 2019). Additionally, twice as many documented farm workers reported a lifetime diagnosis of at least one chronic condition as compared to undocumented farm workers (Hamilton et al. 2019). Some scholars refer to this as the “healthy immigrant” phenomenon or the idea that “healthy people are more likely than unhealthy people to engage in risky activities such as undocumented labor migration” (Ro et al. 2021). In other words, the “healthy immigrant” phenomenon, also known as the “immigrant paradox,” or “immigrant advantage,” is the theory that immigrants have better health and health outcomes than U.S. citizens (Hall and Cuellar 2016). This phenomenon may be exacerbated by the “salmon bias,” a theory of emigration selection when immigrants often return to their home country after becoming ill or disabled whereas healthy immigrants stay in the host
country (Hall et al. 2016). With significant evidence documenting barriers to good health, researchers have attempted to explain why their findings have not supported physical health disparities by citizenship status. For instance, undocumented immigrants have, on average, spent less time in the U.S. as compared to documented immigrants, and longer time in the U.S. is associated with worse health outcomes (Hamilton et al. 2019). Thus, the previous literature hypothesizes that “deteriorating health and chronic disease development” is associated with time spent in the U.S. (Hall et al. 2016). A 2013 study that utilized data from the 2002 Mexican Family Life Survey and the 2001 to 2003 National Health Interview Surveys similarly found that U.S.-born Mexicans reported worse health outcomes than Mexican-born immigrants. Research also highlights that the undocumented immigrant population in the U.S is rapidly aging, and lacks access to care for chronic illnesses (Wiltz 2018). Instead, undocumented immigrants, even seniors, avoid preventative care, thereby worsening their chronic conditions (Wiltz 2018). In their underutilization of healthcare services, undocumented immigrants also often have to combat untreated mental health issues (Hacker et al. 2015).

Immigration-related stressors, including fear of deportation, institutionalized racism, the effects of the social determinants of health, distrust of governmental institutions, and isolation act as risk factors for mental health problems (APA). The previous literature makes clear that U.S. immigrants, particularly those who are undocumented, experience disproportionate rates of mental health problems as compared to the general population (Cohut 2020). Specifically, a study from 2017 reveals that undocumented Mexican immigrants are significantly more likely to develop depression or anxiety than the general population (Garcini, Pena, Galvan, Fagundes, Malcarne, and Klonoff 2017). Even more so, the children of Asian Americans, Pacific Islanders, and Latinx immigrants have higher rates of depression, anxiety, and post-traumatic stress disorder as compared to children of white European immigrants (Kim, Nicodimos, Kushner, Rhew, McCauley, and Stoep 2018).

**METHODS & ANALYSIS**

This study includes a map that identifies and pinpoints the location of nearby hospitals, emergency rooms, urgent care, health clinics, and medical centers in the area surrounding the community farm in East San José as well as in the four zip codes most frequently identified in a survey among community farm participants.

*Google Earth Mapping*
Google Earth was utilized on October 31st, 2021 to map and pinpoint hospitals, emergency rooms, urgent cares, and medical clinics in the East San José area surrounding the community farm as well as in the most frequently documented zip codes highlighted in a survey of community farm participants. The distribution of these facilities was analyzed in order to assess the accessibility of healthcare services in East San José. Particular attention was paid to the type of facility, whether it be a clinic or emergency room, in relation to its geographical location.

**FINDINGS**

*Google Earth Mapping & Healthcare Accessibility*

Following the process of identifying and mapping healthcare facilities on Google Earth, it became apparent that the vast majority of facilities in the East San Jose area are health clinics. Unlike hospitals, emergency rooms, and urgent cares, clinics provide primary care services including preventative and outpatient care as well as provide medical attention for those who are sick.

**Figure 1. Map of local healthcare facilities.**
The area known as East San José is outlined in red and health clinics were pinpointed in blue, urgent cares in purple, medical centers in brown, emergency rooms in red, and hospitals without an emergency room in orange. The community farm’s location was marked with a green star. Marked by a white pinpoint are the four most common zip codes among survey participants. The entire East San José community contains only one emergency room, in the northeast corner of the map. Under federal law, hospitals that receive federal funding are required to provide emergency care for all individuals, regardless of immigration status (County of Santa Clara Health System 2019). Federal and California state laws protect patients’ medical records and patients will not be asked about their immigration status when receiving care (County of Santa Clara Health System 2019).

Although a variety of health clinics exist, it is most important to consider community health centers, which are clinics supported by the Federal Government’s Health Resources and Service Administration (HRSA). Community health centers are located in high-need areas and provide comprehensive care services based on an individual’s ability to pay. These clinics are required to offer transportation, translation, case management, and health education services in order to reduce barriers to high-quality care. According to the HRSA, there are a multitude of community health centers located within five miles of the community farm (Figure 2). Some of these locations were unidentifiable during the Google Earth mapping and identification process.

Figure 2. Community health centers within five miles of the community farm.

(Gathered from the HRSA Data Warehouse site searching for all centers within five miles of 647 S King Rd, San José, CA 95116) (https://findahealthcenter.hrsa.gov/).
One nearby community health center includes the Overfelt Neighborhood Health Clinic, marked by the “A” pinpoint, which serves over 5,400 low-income individuals and families each year within its six locations throughout the Bay Area. The Overfelt Clinic provides primary care and behavioral health services as well as offers health education and insurance enrollment program. Another is the Asian Americans for Community Involvement (AACI) Clinic, marked by the “B” pinpoint, which provides health services regardless of an individual’s insurance coverage, their ability to pay, or their immigration status.

**Healthcare Coverage**

The consequences of lacking health insurance are well-documented and understood. Gaps in insurance coverage are responsible for at least 18,000 annual preventable deaths (Institute of Medicine Committee on the Consequences of Uninsurance 2003). The uninsured are more likely to go without needed health services because of cost and are more likely to report poorer quality care (Schoen, Doty, Collins, and Holmgren 2005). Uninsured patients are less likely to have a usual source of care, meaning chronic conditions are less likely to be properly addressed and managed (Doty, Collins, Holmgren, Davis, and Kriss 2006; Osborn, Schoen, Huynh, and Holmgren 2006). Without medical insurance, patients are forced to spend significant out-of-pocket expenses that can create financial strains and even result in bankruptcy (Schoen et al. 2005. This is exacerbated by the presence of chronic conditions, as uninsured patients with chronic conditions are twice as likely to use emergency rooms and inpatient hospital services than insured patients with chronic conditions (Doty et al. 2006).

While many groups of immigrants do qualify for health coverage under the Affordable Care Act including lawful permanent residents, lawful temporary residents, those fleeing persecution, those granted protected status as well as those on worker or student visas, undocumented immigrants do not qualify for a health plan under Covered California (Covered California). Undocumented immigrants also do not qualify for Medicaid or Medicare (Norris 2021).Although undocumented immigrants cannot buy health plans in the exchange, some states provide coverage for undocumented immigrant children and pregnant women (Norris 2021). Children under the age of 19 are eligible for full Medi-Cal benefits regardless of immigration status as long as all other eligibility requirements are met (California Department of Health Care Services 2021). Undocumented immigrants may additionally qualify for Medi-Cal if younger than 26, are a DACA recipient, or are currently or recently pregnant (Covered California). Medi-Cal has recently been expanded to include low-income Californians over 50, regardless of immigration status as well (Gutierrez 2021).
Some undocumented immigrants report fear of their residency status being discovered when applying for government benefits. The responses also indicate concern that applying for benefits will somehow render immigrants and their families unable to change their residency status in the future. This may stem from ex-President Donald Trump’s 2019 Public Charge Final Rule that defines “public charge” as a non-citizen who receives one or more public benefits for more than 12 months within any 36-month period (U.S. Citizenship and Immigration Services 2021). Under this rule, non-citizens seeking admission to the U.S. or seeking to adjust their status to that of a lawful permanent resident would be unable to do so if during their application it is likely that they would at any time become a public charge (U.S. Citizenship and Immigration Services 2021). However, this rule is no longer applicable and was vacated in November 2020. However, it is clear that the harmful effects of public charges still remain. These responses additionally indicate the lack of understanding about the qualifying requirements for government benefits. It is important to consider the extent of this fear and lack of knowledge and how it affects immigrant populations in accessing important benefits.

**RECOMMENDATIONS**

*Recommendations for Future Research*

Future research must seek to understand the long-term health consequences of immigration status. Specifically, future research should attempt to identify the differing experiences of documented and undocumented immigrants in the U.S. and how this contributes to health outcomes. Future studies might utilize longitudinal data in order to study how U.S. social and political factors specifically affect the long-term health of immigrants, specifically undocumented immigrants. The previous literature is relatively new. It was not until the late 1970’s and 1980’s that immigrants from Mexico and Latin America began to arrive en masse to the United States (Budiman, Tamir, Mora, and Noe-Bustamante 2020). Thus, foreign-born immigrants today are relatively young, with the largest age group being 40 to 44 as of 2018 (Budiman et al. 2020). As immigrants, particularly undocumented immigrants, begin to age, barriers to health, like lack of insurance coverage and access to consistent, quality preventative care, and healthcare services, will become more prominent, especially as this population begins to develop chronic illnesses. Future research must explore the aging undocumented immigrant population and observe how barriers to health converge to worsen health outcomes among older immigrants.

*Best Practices Recommendations*
While this community farm has a number of programs that are utilized frequently by its many clients, the research findings suggest that to better assist them with health-related concerns, the community farm should implement a community initiative program that disseminates information and resources about government aid, health insurance, and mental health services. Specifically, the community farm should educate its clients on how to apply for government aid programs and the qualifications necessary to apply, how to receive health insurance, and connect them with one of the vastly important and nearby community health centers. The community farm might consider implementing educational group workshops or informational sessions to address these various points. It is important that the community farm additionally works to ensure that its clients have access to consistent and quality healthcare services, especially mental health services. The following program models and grant recommendations may also be of interest for utilization at the community farm.

Cash Assistance Program for Immigrants (CAPI) & California Food Assistance Program (CFAP)

The Cash Assistance Program for Immigrants (CAPI) and the California Food Assistance Program (CFAP) are both California state-funded programs created with the intent to support immigrant families following the passage of the Personal Responsibility and Work Opportunity Act, also known as the Federal Welfare Reform Act of 1996 (California Immigrant Policy Center Public Benefits). CAPI provides monthly cash benefits to aged, blind, and disabled non-citizens who are ineligible for Supplemental Security Income (SSI) or State Supplemental Payments (SSP) because of immigration status (California Immigrant Policy Center Public Benefits). The Welfare Reform Act of 1996 made SSI/SSP benefits available only to citizens and specific legal non-citizens, like those granted asylum, admitted as a refugee, granted conditional entry or those lawfully admitted for permanent residence, largely restricting undocumented immigrants (Social Services Administration 2019). In order to qualify for CAPI, a person must meet the eligibility requirements for SSI/SSP except for immigration status, be aged, blind, or disabled, be a resident of California, and have resources below the limit of $2,000 for an individual or $3,000 for a couple (Kimberlin, Mesquita, Schumacher 2021). An applicant must also apply for SSI/SSP and show proof of their ineligibility status, which must only be due to immigration status, to qualify for CAPI (Kimberlin et al. 2021). Thus, CAPI has made cash benefits available to many who otherwise would not have access to the already existing programs.

The California Food Assistance Program (CFAP) is a California supplemental nutritional program that provides state-funded food stamp benefits to qualified immigrants who are ineligible for federal food stamps (California Immigrant Policy Center Public Benefits).
These benefits are equivalent to Cal-Fresh, or California’s Supplemental Nutrition Assistance Program (SNAP) benefits. Undocumented immigrants are ineligible for Cal-Fresh benefits, which is a key resource ensuring families have access to food (Kimberlin et al. 2021). CFAP has provided food stamp benefits to Californian undocumented immigrants who otherwise would be rejected from receiving Cal-Fresh benefits (Dangor 2021).

**Medicaid Expansion**

California Governor Gavin Newsom just recently expanded Medicaid eligibility to include undocumented residents over the age of 50 (Dangor 2021). This law, which will go into effect in 2022, has made Medi-Cal, California’s Medicaid, available to 235,000 low-income undocumented Californians, ensuring their access to critical healthcare services, including preventative services, long-term care, and in-home support services (Office of Governor Gavin Newsom 2021). This expansion program is essential, given the aging population of undocumented immigrants in California. Additional Medi-Cal expansions in California have made children and young adults under the age of 26 eligible for benefits regardless of immigration status (Office of Governor Gavin Newsom 2021). These separate Medicaid expansion programs have aimed to guarantee healthcare benefits to undocumented immigrants at various ages, with the hope to one day achieve universal healthcare in California (Dangor 2021).

**California Laws Protecting Undocumented Workers**

Between 2013 and 2017, the State of California has passed seven laws to protect workers from discrimination based on their immigration status (Costa 2018). California’s AB 263 from 2013 prohibits employers from using threats or retaliating against employees based on their immigration status (Costa 2018). California’s SB 666 from 2013 makes it easier for immigrant workers to sue employers for damages after facing threats or retaliation (Costa 2018). California’s AB 524 from 2013 expanded the definition of “criminal extortion” to include threats based on immigration status (Costa 2018). California’s SB 54 from 2017, also known as the California Values Act, made courts and government buildings more accessible to undocumented immigrants through decreasing risk of ICE detention when pursuing workplace violations (Costa 2018). California’s AB 450 from 2017, also known as the Immigrant Worker Protection Act, requires employers to notify employees within 72 hours when ICE requests to review an employee’s immigration paperwork as well as when employers receive information about ICE audits (California Immigrant Policy Center Protecting Workers Rights). These worker protection laws have helped ensure that immigrant workers, particularly undocumented immigrant workers, can work and receive equal pay for their work.
California Laws Protecting Immigrant Civil Rights

California has additionally enacted laws aimed at protecting the civil rights of immigrants. Specifically, California’s Transparent Review of Unjust Transfers and Holds (TRUTH) Act makes sure that local law enforcement agencies provide those in their custody with basic due process and information about their rights if federal immigration authorities attempt to make contact with them (State of California Department of Justice Office of the Attorney General). Additionally, California’s Racial and Identity Profiling Act requires California law enforcement agencies to collect and report data about complaints that assert racial or identity profiling (State of California Department of Justice Office of the Attorney General). This law also expanded the definition of racial and identity policing and requires all law enforcement agencies to collect demographic information on the people they “stop” as defined by the law. California’s Immigrant Victims of Crime Equity Act requires state and local officials to certify the “helpfulness” of immigrant crime victims in assisting the investigation or prosecution of a crime and protect immigrant victims and family members from deportation (State of California Department of Justice Office of the Attorney General). Immigrant victims must also have access to their crime reports. Lastly, California’s Transparency and Responsibility Using State Tools (TRUST) Act details that if local law enforcement wishes to comply with an ICE detention request, the individual in question must be convicted of specific crimes or meet “criminal criteria” (State of California Department of Justice Office of the Attorney General). Previous California legislation signed by Governor Newsom allows undocumented immigrants to serve on government boards and commissions, bans arrests for immigration violations in courthouses and expanded California’s college student loan program for Dreamers, or young immigrants brought to the country illegally as children, to be eligible to earn a graduate degree at the University of California and California State University schools (Willon 2019).

California Organizations Fighting for Immigrant Rights

Esperanza Immigrant Rights Project is a project of Catholic Charities of Los Angeles (Esperanza Immigrant Rights Project). Based in Los Angeles, this organization has a community education program that works to educate immigrants about their rights and forms of relief and resources available to them. Esperanza additionally works with lawyers to provide pro-bono representation of immigrants in need, including unaccompanied children and detained adults (Esperanza Immigrant Rights Project). Esperanza hosts immigration law training as well as utilizes volunteers to better engage the Los Angeles area.
Founded in 1969 in Oakland, Centro Legal De La Raza provides legal services and assistance to low-income immigrants, Black, and Latinx communities through legal representation, education, and advocacy (Centro Legal De La Raza). Centro Legal operates various immigration clinics around the Bay Area and also offers pro-bono legal representation to vulnerable community members, including undocumented immigrants. This organization additionally advocates for the rights of immigrant community members. By working with various local and national partners, Centro Legal participates in a multitude of advocacy efforts, like providing data and legal support for the City of Oakland’s lawsuit against a business that defrauded immigrants. Recently, Centro Legal has been at the forefront in preventing unjust deportations and keeping families together (Centro Legal De La Raza).

The Unity Council, another nonprofit with a long history in Oakland, offers free services, tools, knowledge, and resources to community members in need (The Unity Council). Unity Council owns and manages three affordable housing and apartment properties, has a career center that helps clients with job searches and applications as well as holds cover letter and resume writing workshops. Unity Council additionally distributes prepared meals weekly, runs a multicultural senior center and preschool program, and runs a farmer’s market multiple times a week that accepts WIC, SNAP, and EBT cards. Unity Council’s youth programs offer jobs, internships, and culturally competent mentoring opportunities for young adults at any stage of their educational or professional careers (The Unity Council).

Grant Funding Recommendation

The California Wellness Foundation funds equity in access and particularly supports universal coverage and access to care, the radical transformation of the healthcare system, and securing healthcare access for priority populations (The California Wellness Foundation). Specifically, the California Wellness Foundation funds organizations that defend immigrants’ rights, protect access to healthcare services, and create positive change in immigrant communities. Even more so, the foundation funds organizations that make an effort to better connect individuals to needed health and social services and public benefits programs. The California Wellness Foundation also funds organizations that focus on community well-being, specifically those that prioritize equitable access to parks and outdoor spaces as well as those that make an effort to empower underserved communities through community organizing, leadership development, and technical assistance and training (The California Wellness Foundation). This grant would be used to help provide quality healthcare to underserved and marginalized communities, particularly immigrant communities. This grant could be used at the community farm to create a program or hire individuals to advocate for the
health needs of community farm clients and help them navigate the healthcare system. This grant could also be used to bolster the public assistance program at the community farm and help give more clients access to information and resources and help them apply for government benefits. Lastly, this grant could be used to give the community farm the resources to address environmental conditions that significantly affect East San José community members and advocate for more just and equitable environmental policies.

CONCLUSION

This report examined immigration as a social determinant of health and assessed the relationship between immigration status, health insurance coverage, frequency and quality of health-related services, location of health service use, the prevalence of chronic conditions, the existence of fear and distrust of government, and the general sense of confusion surrounding government aid programs. Additionally, this report pinpointed the location of various healthcare facilities, including community health centers, near the community farm’s East San José location and highlighted the importance of these facilities among the survey population.

This report highlighted that those without health insurance are considerably less likely to utilize healthcare services as frequently as those with health insurance. Additionally, it was found that those without health insurance are more likely to utilize health-related services at community health clinics and emergency departments as compared to those with health insurance who often receive services at hospitals or medical centers. Those without health insurance also reported receiving significantly lower-quality medical care than those with insurance.

The implications of lacking health insurance are important to consider, specifically within immigrant populations where individuals often lack access to insurance. Additionally, survey responses highlighted the sense of fear of the institution of government and a lack of knowledge about qualifying for government aid programs. This must be addressed in order to ensure immigrant communities have access to much-needed aid. Organizations like this community farm that serve in-need immigrant communities must educate their clients and debunk the myths surrounding government aid programs and ensure their populations have information and resources about health insurance as well as access to quality medical care through the various community health centers in the Bay Area. Although federal and state social policies and programs must be altered to allow immigrants, especially undocumented immigrants, to receive the same level and quality of benefits as U.S.-born citizens, the Bay Area should serve as a model for various other high-need, immigrant communities. Not only has the State of California
expanded legislation to include social service benefits to undocumented immigrants, but the expanse of Bay-Area based organizations, like this community farm, and the abundant presence of community health centers have proven able to adequately care for impoverished immigrant communities while at the same time have continuously advocated for the rights of immigrants across the U.S.
APPENDICES

Appendix A: Summer 2021 Survey
Capstone Survey

Thank you for taking this survey. This information will help us address needs in the community.
Gracias por realizar esta encuesta. Esta información nos ayudará a abordar las necesidades de la comunidad.

* Required

1. Do you have health insurance? / ¿Tienes seguro médico?

   Mark only one oval.

   ☐ Yes / Sí
   ☐ No
   ☐ I’m not sure / No sé

2. How often do you see a doctor or other healthcare provider? / ¿Con qué frecuencia visita a un médico u otro proveedor de atención médica?

   Mark only one oval.

   ☐ More than once a month / Más de una vez al mes
   ☐ Every couple months / Cada dos meses
   ☐ Once every six months / Una vez cada seis meses
   ☐ Once a year / Una vez al año
   ☐ Less than once a year / Menos de una vez al año
   ☐ Other: ________________________________
3. Where do you most frequently utilize healthcare services? / ¿Dónde utiliza con más frecuencia los servicios de salud?

*Mark only one oval.*

- Hospital/Medical Center / Hospital/Centro médico
- Emergency Department / Departamento de Emergencia
- Health Clinic / Clínica de salud
- Urgent Care / Atención de urgencias
- None / Ninguno
- Other: __________________________

4. How would you describe the quality of your medical care? / ¿Cómo describiría la calidad de su atención médica?

*Mark only one oval.*

- Poor / Pobre
- Adequate / Adecuado
- Good / Bueno
- Great / Excelente
- Other: __________________________
5. Do you have any of the following conditions? Mark all that apply. / ¿Tiene alguna de las siguientes condiciones? Marque todo lo que corresponda.

*Check all that apply.*

- [ ] Alzheimer's or other dementias / Enfermedad de Alzheimer o otras demencias
- [ ] Arthritis / Artritis
- [ ] Asthma / Asma
- [ ] Cancer / Cáncer
- [ ] Chronic kidney disease / Enfermedad renal crónica
- [ ] Chronic obstructive pulmonary disease / Enfermedad pulmonar obstructiva crónica
- [ ] Depression or anxiety / Depresión o ansiedad
- [ ] Diabetes
- [ ] Heart disease / Enfermedad del corazón
- [ ] Heart failure / Insuficiencia cardiaca
- [ ] Hepatitis
- [ ] High cholesterol / Colesterol alto
- [ ] Hypertension / Hipertensión
- [ ] Osteoporosis
- [ ] Stroke / Ocidente cerebrovascular médico
- [ ] None of these / Ninguno de esos

Other: ____________________________

6. How often do you participate in Veggielution events? / ¿Con qué frecuencia participa en eventos de Veggielution?

*Mark only one oval.*

- [ ] Once a week / Una vez por semana
- [ ] Once a month / Una vez al mes
- [ ] Once every few months / Una vez cada pocos meses
- [ ] A few times a year / Algunas veces al año
- [ ] Other: ____________________________
7. What is your zip code? / ¿Cuál es su código postal? *


8. Were you born in the U.S.? / ¿Nació en los EE. UU.?

Mark only one oval.

☐ Yes / Sí
☐ No

Thank You!!! Gracias!!!

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REFERENCES


Capps, Randy, Michael Fix, Jennifer Van Hook, and James Bachmeier. 2013. “A demographic, socioeconomic, and health coverage profile of unauthorized


Esperanza Immigrant Rights Project. *Our Programs*. ([https://www.esperanza-la.org/programs](https://www.esperanza-la.org/programs)).


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