The Alameda County Public Health Department (ACPHD) is responsible for protecting the health and well-being of all county residents. This includes over 525,000 immigrants who live, work, attend school, vote, and engage in everyday activities in Alameda County.¹

Our health department’s guiding vision is to be a county where everyone – no matter who you are, where you live, how much money you make, or the color of your skin – leads a healthy, fulfilling, and productive life. To achieve this vision, we cannot solely focus on providing health education, access to healthcare and treating the sick. We have to work across sectors to address the broad factors (economic, social, environmental, political, and structural conditions) that influence people’s health and the options available to them. And we must ensure that all residents have access to the resources, opportunities, and power that is needed to achieve health and prosperity.

Throughout our nation’s history, immigrants have often faced exclusion and been denied access to resources that support basic needs such as healthcare, employment, housing, and social services.²

In order to achieve our vision of community health and safety we must work to reform any policies that systemically target and discriminate against any group of people, including immigrants.

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### Background: Immigration in Alameda County

As the most diverse county in the Bay Area and the fourth most diverse county in the United States³, Alameda County is home to over 1.6 million people of varying racial, ethnic, national, cultural, and linguistic backgrounds. **Nearly 1 in 3 Alameda County residents (32%) is an immigrant.** This includes at least 526,148 naturalized U.S. citizens, lawful permanent residents, temporary migrants, humanitarian migrants, and other foreign-born residents who were not U.S. citizens at birth.⁴

Available data suggests that over half of immigrants in Alameda County are naturalized U.S. citizens and at least another one-fifth have some other form of documented status.⁵⁶ This suggests **roughly 3 out of 4 immigrants are documented.** While there is no official count, a 2013 estimate indicates that Alameda County is home to over 129,500 undocumented immigrants.
immigrants. Most live in families with U.S. citizens and/or other immigrants with a range of different immigration statuses.

Driven by a complex array of factors including globalization, global economic inequality, foreign policies, and conditions in home countries such as poverty and oppression, immigrants come to Alameda County from all over the world (largely Asia followed by Latin America). Most seek a better life for themselves and/or families, including increased safety, freedom, and opportunity. In recent years, increased violence and other pressures in Central America has led to an unprecedented increase in the number of unaccompanied immigrant youth (UIY) coming to the U.S. without a parent or guardian. Alameda County is home to the second highest number of UIY released to sponsors in California (after Los Angeles County).

Immigrants are a vital and integral part of the social fabric of this county and nation. More than 60% of immigrants in Alameda County have been living in the U.S. for 17 or more years. As long-time residents, immigrants (and many of their U.S. born children) have developed extensive ties within schools and workplaces and made positive contributions to the larger community.
Immigrants contribute substantially to the local, state, and national economy as workers, job creators, tax payers, homeowners, and consumers. In California, immigrants comprise 35% of the state workforce, over 33% of business owners, and pay over $3 billion in annual state and local taxes.\textsuperscript{14-15-16} In Alameda County, close to 2 out of 5 workers (38%) in the civilian labor force are immigrants. In addition, more than 1 in 3 homeowners (35%) is an immigrant.\textsuperscript{17}

Immigration has an overall positive impact on long-term economic growth in this country. Immigrants typically contribute more through income, payroll, and other taxes to support public programs like Medicare and Social Security than they receive in government benefits, even though many of the immigrants who contribute to these programs will never have an opportunity to benefit from them.\textsuperscript{18,19}

While immigrants have relatively high employment rates, they are more likely to work in low-wage jobs, less likely to have health insurance from employers, and more likely to face barriers to accessing health and human service programs.\textsuperscript{20} Immigrants also often face extreme social vulnerability resulting from linguistic isolation, challenging processes of acculturation in the face of discrimination, and the inability to access basic needs such as housing and medical care.\textsuperscript{21} Together, these factors present \textit{multiple and cumulative risks to the physical and mental health of immigrants and their often mixed-status families}, which, in turn, have far-reaching implications for the broader community.

Immigration Policy/Culture & Links to Health

Immigration policies can promote immigration and support immigrant integration into communities or be restrictive and isolate or exclude immigrants from the broader community.\textsuperscript{22} While currently increasing in scale and intensity, anti-immigrant policies and sentiments are not new in this country. Throughout U.S. history and especially during times of economic turmoil or foreign wars, nativist fears have surged and anti-immigrant laws have been enacted (e.g., Chinese Exclusion Act of 1882, Immigration Act of 1924, Japanese Internment Executive Order of 1942, California Proposition 187).\textsuperscript{23}

The past decade has witnessed both pro- and anti-immigrant policies in the U.S. At the federal level, under the previous administration, funding for immigration enforcement increased and the Priority Enforcement Program (PEP) was established, leading to increased deportations. While federal policies increased immigration enforcement, a wave of pro-immigrant policies were passed at state and local levels, including legislation that expanded access to health care and led to programs like My Health LA, Healthy San Francisco, and expansion of Medicaid. Efforts were made to decrease the entanglement between law enforcement and Immigration and Customs Enforcement (ICE), which led to the termination of many agreements regarding federal immigration enforcement between state/local law enforcement agencies and the Department of Homeland Security.

More recently under the current administration, the introduction of anti-immigrant policies, such as executive orders that promote selective immigration bans/restrictions, more border security, and aggressive immigration enforcement, together with a rise in anti-immigrant rhetoric and sentiments, has led to increased anxiety and fear amongst immigrant communities.\textsuperscript{24,25,26} In this political and social climate, the role that state and local governments can play to ensure protection and promotion of health for all communities is increasingly important.

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Based on the extant literature and our local experience in Alameda County, this issue brief looks at how anti-immigrant policies/practices impact the physical and mental health of immigrants and the larger community, with a focus on four key pathways including: 1) fear and stress; 2) family separation; 3) public safety; and 4) impacts to programs and services.

**Fear & Stress**

Immigrants already face multiple, compounding sources of stress and trauma before, during, and after migration to this country. The dire conditions that drive immigrants to leave their home countries; dangers they encounter while in transit; difficult processes of acculturation, discrimination, and “othering” they can experience; and substandard living or working conditions they often endure all leave immigrants at increased risk of psychological distress.

Once in the U.S., policies and social climate that threaten immigrant communities increase stress, anxiety and hopelessness in immigrants of all status, adding to previous traumatic experiences.\(^{27,28}\) This stress is damaging to both physical and mental health, and its impacts extend throughout our communities.

Stress combined with fear of deportation for oneself or for a family or community member has wide ranging health impacts:

- **Fear and stress, particularly prolonged exposure to serious stress – known as toxic stress – can harm the developing brain as well as multiple organ systems, increasing risk for numerous health problems.**\(^{29,30}\)

- **Fear and stress experienced by children are associated with poorer health outcomes, including mental health issues, and decreased child educational and behavioral outcomes.**\(^{31}\) A recent study found that nearly 30% of undocumented parents indicated that their U.S.-citizen children are afraid either all or most of the time. Nearly half said that their child had been anxious, and three-quarters said that a child has shown symptoms of post-traumatic stress disorder (PTSD).\(^{32}\)
• Fear and stress about immigration policy and enforcement has been found to lead to low birth-weight in babies born to both immigrant and U.S.-born Latinas. Birth outcomes are important, as they are associated with long-term health, educational and economic outcomes.

• Immigrants, such as unaccompanied immigrant youth, who have experienced previous trauma in their home country and on their journey to seek refuge are more vulnerable to adverse mental health outcomes resulting from stress. Additionally, stress that serves as a reminder of past traumatic events can activate or re-activate symptoms of PTSD.

COPING WITH TRAUMA, STRESS, AND NOW FEAR:
The Experience of an Unaccompanied Immigrant Youth

One of the students in our program, age 15, fled his home country of Honduras after he witnessed the murder of his father by local gang members. His father was trying to protect him after gang members frequently harassed and threatened him. He made the decision to try to find refuge in the U.S. Upon being detained by authorities, he was held in a detention center for over a month where he had to sleep on the floor. This experience was confusing and traumatic for him.

He now lives with a family friend and works full-time, in addition to going to school, in order to pay for living expenses and send money home to his grandmother. The student worries about the safety of his grandmother and misses her. He often feels incredible guilt over the death of his father.

On top of all this, he fears that new immigration policies could affect his ability to stay in this country and that he might be deported back to the life-threatening situation he once fled.

- Staff, Alameda County Healthcare Services Agency, Center for Healthy Schools and Communities, Unaccompanied Immigrant Youth Care Team

Family Separation

More than half of children in Alameda County have at least one parent born outside the U.S. Current immigration policies and laws are based in part on the ideal of family unity. However, in practice, those policies/laws often separate families. Between 2003 and 2013 one-fifth to one-quarter of the 3.7 million people deported from the U.S. were parents of U.S. born children.

Parents are a critical influence on child development and future success, so the sudden loss of a parent can have long-term impacts for a child. Family separation can harm mental health, physical health, educational/behavioral outcomes, and economic well-being. Children with a parent that has been deported often suffer from irregular sleeping habits, increased anger and withdrawal, and decreases in academic achievement. When one parent is detained or deported, the remaining spouse or partner often experiences depression, which can affect children and cause poor developmental outcomes.
Families also struggle economically with the loss of income and household support after a family member is deported, threatening safety and economic security that can affect children’s long-term development.\textsuperscript{38,40} Children who have no other option but to be placed into the foster care system after their parents are deported are often separated from their families for years, if not indefinitely.\textsuperscript{42} In 2011, nationwide, 5,100 (of 397,607 total) children of deported parents were in the foster care system, and between 2011 and 2016 an estimated 15,000 more children were estimated to have been placed into foster care after their parents were deported.\textsuperscript{42}

\begin{shaking}
\textbf{SHAKING AND BREAKING UP OUR FAMILY: The Experience of an Immigrant Family Threatened by Detention & Deportation}

One of my clients is a working mother of five children. Her husband was recently pulled over and detained, and is now awaiting a deportation hearing. While he is being detained and if he is deported, the family’s household budget will be cut in half, and the mom will be solely responsible for supporting her entire family.

The children keep asking about where their father is, and the mom worries about the impact that stress will have when she tells them that he may not be coming home. She also worries about being evicted from the apartment that they rent. It has mold issues, which are not healthy for her child with asthma, but she doesn’t know if she could afford anything else on her income alone.

- Staff, Alameda County Public Health Department, Community Health Services (CHS) Division

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\textbf{Public Safety}

Immigrants in the U.S. commit crimes at very low rates, and communities with policies that promote the integration of immigrants experience lower crime rates.\textsuperscript{43,44,45} Research indicates that when local law enforcement is able to focus on community safety and avoid entanglement with federal immigration enforcement efforts, communities are safer and residents stay more engaged in the local economy.\textsuperscript{46} This has benefits for individual households, communities, counties, and the overall economy.\textsuperscript{45}

Fear of deportation increases immigrants’ vulnerability to crime and violence and decreases overall public safety.\textsuperscript{14,44,47} Immigrants who witness or are victims of crime are less likely to report them to authorities if they fear deportation for themselves or their family members.\textsuperscript{48,49,50} Increased involvement of police in immigration enforcement leads to a heightened mistrust of law enforcement among both undocumented and U.S.-born Latinos.\textsuperscript{51} Threat of deportation compromises the safety of victims of human trafficking, domestic and gender-based violence who may not report abuse out of fears related to immigration enforcement.\textsuperscript{42,52,53} This fear and the reduction in crime reporting has been occurring at an increased rate in the current political climate, where, for example, ICE has articulated a policy to detain immigrants at courthouses.\textsuperscript{54} It also increases immigrants’ vulnerability to exploitation, including wage theft and human trafficking.\textsuperscript{55,56,57} Beyond impacts to immigrant health and well-being, immigrant under-reporting of crimes is a threat to the public safety of all.
An anti-immigrant climate can also lead to increased hate crimes against immigrants. In the month following the November election, the Southern Poverty Law Center reported 315 hate incidents against immigrants across the nation.58

**Impacts to Programs and Services**

Immigrants change health-seeking and health-supportive behaviors for themselves and their family members if they fear being stopped by police and potential deportation.57,59,60,61,62,63

Across the country and in Alameda County, reports are emerging that immigrants, including authorized residents, are avoiding or delaying health care and withdrawing from government programs that provide support for basic needs out of fear of deportation, the uncertainty about the security of their personal information, and the potential impacts on a future path towards citizenship.64,65,66,67

For example, staff from the Alameda County Public Health Department’s Division of Communicable Disease Control and Prevention division have noticed that since January of 2017 clinics serving primarily immigrant and Latino populations are seeing evidence that clients are not seeking care for critical health concerns or early screenings for communicable diseases until late in pregnancy. This is very concerning because early prenatal care significantly reduces the risk for complications for both the mom and baby during pregnancy.

Additionally, staff working at our county health department’s Women, Infants and Children (WIC) program have been hearing from clients who are dropping out of the program due to fears that their participation will jeopardize their eligibility for a path to citizenship, and their worry that the information shared with the program will be turned over to immigration enforcement officials. WIC is an important program that helps to improve food security and supports the nutritional needs of low-income women and their young children, so, even though no immigrant will be deported, denied entry to the country or permanent status because they receive benefits from WIC, the impacts of decreased use of these resources will have serious, and potentially long term, impacts on children and families.68

Many systems to protect public health, such as monitoring disease outbreaks, rely on cooperation of residents with local and state agencies. If fear prevents staff from being able to reliably contact people at risk of exposure to a communicable disease, or deters people from seeking medical care and being screened for illnesses, all communities are put at risk. In addition to direct health risks, healthcare costs rise for all when utilization shifts from preventive services to higher-cost emergency care and hospitalization.69

A survey of staff at public health departments throughout the state reported that since November 2016 staff had witnessed or heard from clients about the following:

- Drops in program utilization or participation (25% N. California, 44% S. California)
- Being afraid to continue or sign up for public programs, services, and/or healthcare (56% N. California, 66% S. California)
- Increased fear, stress, or other mental and emotional health impacts (52% N. California, 62% S. California)
- Afraid to leave the house or neighborhood (26% N. California, 56% S. California)

**Immigration Policy in Alameda County**

Policies that attempt to isolate immigrants from the broader community are detrimental to individuals, communities, and our broader society. It is critical to the health of our communities and our country that we consider the public health ramifications of local, state, and federal immigration policies and practices and seek solutions that strengthen and improve public health.

Alameda County’s elected leaders have taken a strong stance in support of the protection of immigrant and refugee communities. In 2016 the County’s Board of Supervisors passed both a Due Process Resolution reaffirming that county resources are not to be used for immigration enforcement activities, as well as a Welcoming Resolution promoting efforts to effectively serve immigrant and refugee communities. In 2015 Alameda County’s Behavioral Health Care Services Agency set up a “No Wrong Door” fund to increase access to mental health services for unaccompanied immigrant youth. This year the County announced the establishment of a $1.5 million rapid response fund to provide critical legal and support services to Alameda County families facing the immediate threat of separation due to deportation. Cities in Alameda County including Oakland, Berkeley, Alameda, San Leandro and Fremont have all passed their own sanctuary policies that limit cooperation with Immigration and Customs Enforcement (ICE).

**Recommendations**

Shifts in the social and political climate around immigration have impacts that extend beyond individuals to affect entire communities including the schools, businesses and institutions that serve them. Our county and nation’s health is harmed when any segments of the population experience discrimination, are subjected to policies that limit access to health-enabling resources, or feel targeted or threatened in ways that create a climate of fear, uncertainty, and mistrust. In order to address these impacts we need
a multi-sector approach that also acknowledges the connection between local, state and federal policy. The recommendations below offer concrete actions and goals that can be championed by organizations and agencies, and that collectively, will help to ensure the health and well-being of all of our residents, including immigrant communities.

1. **Reduce fear and stress**
   - Support rapid response networks that provide legal and education services for residents impacted by immigration enforcement
   - Promote public messaging assuring that immigrants are welcome, safe, and belong in our communities
   - Collect and share facts and stories about contributions of immigrants to our communities, and that document health and social impacts of shifts in immigration policy

2. **Promote health-seeking and health-supportive behaviors**
   - Affirm health agency commitments to provide services to all residents regardless of immigration status
   - Develop and communicate messages assuring all clients are safe and welcome when accessing health services
   - Ensure that policies/procedures are in place to protect the safety of clients and their personal information in spaces where health services are provided
   - Monitor changes in enrollment and utilization of health promoting programs and expand outreach to encourage clients to use available needed services

3. **Increase public safety**
   - Support policies that separate local law enforcement and federal immigration enforcement, ensuring local resources are dedicated to community safety
   - Work with local law enforcement to ensure that reporting of crimes does not lead to deportation or other adverse consequences

4. **Protect children and families**
   - Expand access to legal services for families
   - Protect the health and welfare of children by creating linkages to comprehensive services within schools and communities
   - Provide training and assistance for families to create plans for their dependents in the case of an emergency

5. **Support civil rights and health for all**
   - Promote training for residents, including immigrants, about constitutional and civil rights
   - Reinforce Alameda County’s status as a welcoming county for all of its residents, regardless of national origin, religious beliefs, or immigration status
   - Protect against racial profiling based on “perceived” immigration status, ethnicity, religion, or national origin
   - Protect and expand access to affordable and quality health care for all
   - Support policies that improve the living and working conditions of vulnerable populations
   - Form multi-sector collaborations between community, advocacy, and government sectors to address health and build power amongst vulnerable populations, including immigrants
REFERENCES

9 Statutory Definition: 6 USC § 276(g)(2) is Unaccompanied Alien Child (UAC)
37 U.S. Census Bureau. 2015 American Community Survey 1-Year Estimate, Table B05009 Age and Nativity of Own Children under 18 years in Families and Subfamilies by Number and Nativity of Parents. Generated by ACPHD CAPE Unit using American FactFinder. May 1, 2017.


