

CALIFORNIA IMMIGRANT WELFARE COLLABORATIVE
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Summit on Immigrant Needs and Contributions Held

SANTA CLARA COUNTY APPROVES EXPANSION OF HEALTH CARE ACCESS FOR ALL CHILDREN

Concluding an 18-month period of intensive research and policy planning, Santa Clara County held its Summit on Immigrant Needs and Contributions on Dec. 6, 2000. At the day-long gathering of service providers, local government representatives, and community members, event planners presented the findings of an extensive study examining the experiences and social service needs of immigrants living in Santa Clara. A wide range of policy recommendations based on those findings was also presented. Further demonstrating its commitment to improving the lives of its immigrant residents, Santa Clara approved on December 5 an initiative to provide health care to *all* needy children residing within its limits.

Sponsored by the Santa Clara County Office of Human Relations, Citizenship and Immigration Services division, the Summit on Immigrant Needs and Contributions led off with an examination of the study's purposes and methods. In a

morning plenary session, Richard Hobbs, director of Citizenship and Immigration Services and Summit project director, explained that the county is "now the demographic center of immigration in Northern California." Fully one-

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HEALTHY FAMILIES FOR PARENTS

State Requests Federal Funding

California has submitted a waiver request to the federal Health Care Financing Administration, proposing to expand Healthy Families coverage to parents of children who are enrolled in Healthy Families or Medi-Cal. Under the Dec. 20, 2000, proposal, the state would provide health, dental, and vision coverage to an estimated 300,000 uninsured parents in families earning up to 200 percent of the federal poverty level (FPL). The extension of eligibility would include parents with incomes below 100 percent of the FPL but who do not qualify for Medi-Cal because of the assets test. The submission does not include details regarding which immigrants would be eligible for the expanded coverage. The state requested federal approval by February 2001, with a target implementation date of July 1, 2001.

Under the proposal, parents would receive benefits based on the state employee package, including dental and vision care, treatment for specialized health conditions, and mental health services. Parents with incomes at or below 150 percent of the federal poverty level would pay premiums of \$20 per month; those with incomes above 150 percent of the FPL would pay \$25 per month for coverage. Maximum family payments would range from \$42 to \$54 per month for families below 150 percent of the FPL, and from \$62 to

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CIWC Holds Advocacy Trainings in Oakland and Los Angeles

The California Immigrant Welfare Collaborative's Advocacy Forum 2000, held recently in Oakland and Los Angeles, featured panels of presenters with expertise in conducting advocacy at the federal, state, and local levels. The skills-building trainings offered a wealth of information for participants, many of whom represented newly established community-based organizations.

The agenda gave participants the chance to break off into smaller discussion groups. In those sessions, participants heard presentations on the "nuts and bolts" of conducting advocacy, including explanations of the budgetary process.

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third of the county's 1.8 million population is made up of immigrants, Hobbs said. When the U.S.-born children of these immigrants are added, 1.1 million (or 60 percent of the county's population) are of "direct immigrant lineage."

Beyond demographics, Hobbs suggested, understanding the reasons motivating immigrants to come to the U.S. is key to assessing both the contributions made by today's immigrants and their needs. Such an assessment should, therefore, take into account the impact that the global economy has had on immigration. In that context, immigrants' significant contributions to the new economy, much of which has been driven by technology, must also be recognized. But according to the Summit study, immigrants in Santa Clara—home to the Silicon Valley—continue to face obstacles in gaining access to social services and safety net benefits.

Summit study: Research methods and projects. The study presented at the Summit consists of four separate research projects and methods: (1) a random sample survey of the 5 largest immigrant nationalities in Santa Clara County (Mexican, Vietnamese, mainland Chinese, Filipino, and Indian); (2) random samples of the 16 largest immigrant nationalities receiving any public assistance in Santa Clara County (encompassing 98 percent of all Santa Clara immigrants receiving aid); (3) results of focus groups conducted with immigrants from these dominant immigrant nationalities in the county; and (4) findings of Immigrants Building Community, a platform for participatory action research involving immigrants from Bosnia, Iran, Somalia, Mexico, and Vietnam. The study also includes findings from surveys of mental health, health care, and housing service providers, as well as nonprofit agencies in Santa Clara providing services to immigrants.

Immigrants' income. The study includes profiles of immigrant groups' income levels and earning ability. The study reports that in Santa Clara County

- Mexican and Vietnamese immigrants earn a little more than half the average income of U.S.-born workers, while immigrants from India earn 60 percent more per hour than their U.S.-born counterparts;
- Mexican women earn 51 percent of U.S.-born women's hourly wages and 39 percent of U.S.-born men's hourly wages; and
- 42 percent of immigrant households live on incomes of less than \$50,000 per year, with 71 percent of Mexican households and 59 percent of Vietnamese households living on less than \$50,000 per year (placing them near poverty levels).

Housing costs. According to the study, all of the largest immigrant groups in Santa Clara pay more per month for

housing than their U.S.-born counterparts.

Educational levels. The study found that immigrant families (especially Mexican and Vietnamese families) are less likely than U.S.-born families to have members with at least a high school education. However, on the other end of the spectrum, immigrant families—particularly those from China and India—are more likely than U.S.-born families to have members who completed post-graduate studies.

Health insurance. As reported in the study, immigrants in Santa Clara County are 12 times as likely to be uninsured as U.S.-born persons. Mexicans are 17 times as likely to be uninsured, and the rate of Vietnamese lacking insurance is 14 times greater than that of U.S.-born persons.

Barriers to access. The study identifies the lack of English language skills and time constraints as the two leading barriers keeping immigrants from obtaining social services, education, public benefits, and other resources.

Experiences of discrimination. Immigrants reported that they experience discrimination most frequently at the hands of their work supervisors, police, coworkers, and job interviewers, in that order.

Immigrants' needs inadequately met. The study found that compared to the U.S.-born population, immigrants in Santa Clara indicated far greater needs in every major area studied. Immigrants are four times as likely to have unmet needs in nutrition assistance, housing, and dental and eye care. In the areas of employment training, general medical care, transportation, and job placement assistance, immigrants' needs are three times as likely to go unmet. In child care and assistance starting a business, immigrants' needs are twice likely to be unmet.

Policy recommendations. Based on the study's findings, Summit planners devised a wide-ranging set of policy recommendations, which includes calls for

- increased efforts by institutions throughout the county to broaden knowledge of cultures and cultural proficiency by keeping statistics on immigrants' countries of origin, creating more staffing positions coded as bilingual, and producing a publication with information on the 16 largest immigrant groups with the greatest needs;
- the creation of a community-based language bank to help improve immigrants' understanding of important written materials and provide critically needed interpretation services;
- a "systematic and dramatic increase in the community education of immigrants" to help improve their access to important information (such as an expanded immigrant resource guide, translated into the appropriate languages, and pretrial diversion programs for immigrant offenders unfamiliar with the immigration consequences of charges of child

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\$77 for those above 150 percent of the FPL. With some exceptions, parents who currently have job-based insurance must wait three months before enrolling.

By offering coverage to parents, the state assumes that it will increase enrollment of eligible children, improve the health status of children and their families, and provide support to workers who are not offered or who cannot afford health insurance. The state will track enrollment and retention levels of children by income, ethnicity, geographic region, and age before and during the five-year waiver period. It will also examine how parental coverage influences the health status of children enrolled in Healthy Families. Additional funds will be invested in school-based outreach, and the state will revise its media campaign to promote parental coverage.

Public comments on the waiver request will be solicited at two hearings: the first on Jan. 16, 2001, in Los Angeles, at 320 West 4th Street, from 9 a.m. to noon, followed by one on Jan. 17, 2001, in Sacramento, at 714 P Street, 1st Floor Auditorium, also from 9 a.m. to noon. In addition, the state will accept written comments submitted by Jan. 31, 2001, to: CHSA, 1600 Ninth Street, Room 450, Sacramento, CA

Advocacy Trainings (continued from page 1)

Presenters also explained the workings of legislative sessions in Sacramento and Washington, D.C., highlighting the most effective ways for advocates to convey their communities' concerns to lawmakers.

Reflecting the diversity of groups that have joined in recent years to advocate on behalf of immigrants, the panelists were drawn from agencies focusing on health issues, community organizing, policy research, workers' rights, and civil rights. Event participants expressed appreciation for both the panelists' breadth of knowledge and the accessibility of their presentations.

The Los Angeles training was held on Dec. 5, 2000, at Immanuel Presbyterian Church in Koreatown, while the Oakland training took place on December 14 at Preservation Park. Copies of the table of contents from the training manual as well as select articles are available. Interested persons should contact Mike Muñoz at 213-639-3900 or munoz@nilc.org to request copies.

95814, or faxed to 916-654-3343.

The waiver request and attachments can be downloaded from the following Internet address: www.mrmib.ca.gov/MRMIB/HFP/HFPParentProposal.html.

Recommendations (continued from page 2)

abuse and domestic violence);

- the creation of innovative programs by county institutions to address specific needs documented in the Summit study, such as increased access to English as a second language services, functional context bilingual job training, bilingual education, affordable housing, health care, and nutrition assistance;

- changes in federal and state policy to restore immigrants' access to social safety net services; relieve limited English-proficient CalWORKs recipients from the pressures of unrealistic time limits on benefits eligibility; to enable all immigrants to drive legally and receive higher education; and to improve the lots of H1-B visa holders and their spouses, who contend with "tenuous [and] contingent working and living conditions"; and

- enactment of federal legislation to provide lawful status to immigrants and an end to employer sanctions.

Consistent with the Summit's goals, on the day before the event convened, the county's board of supervisors adopted the Children's Health Initiative. Under the plan, which provides access to benefits by way of Medi-Cal, Healthy Families, or a county-created program called Healthy Kids, all children under 19 in Santa Clara County, regardless of immigration status, will be able to obtain health coverage (see "Santa Clara County Proposes Program to Provide Health Coverage to All Uninsured Children," CALIFORNIA UPDATE, Oct. 20, 2000, p. 1).

During the Summit's afternoon sessions, participants shared their views on priorities and committed to following up on and implementing the policy recommendations described above. Advocates and service providers interested in working on these issues should contact Rand Quinn, executive director of Services, Immigrant Rights and Education Network (SIREN), at 408-286-5680.

[Special thanks to Richard Hobbs for sharing the text of his remarks summarizing the Summit study's findings and recommendations.]