Healthcare Avoidance Among Immigrant Families in Alameda County

Advika Anand
District 1 Office, David Haubert
July 2026

Abstract

This report examines why eligible immigrant families in Alameda County District 1 avoid enrolling in healthcare services provided by the government, despite qualifying for coverage. Drawing on national survey data, historical policy analysis, and interviews with local health organizations, it finds that fear of immigration enforcement, intensified by new federal data-sharing requirements between Medi-Cal and ICE, is a central driver of healthcare avoidance. Gaps in language access for smaller immigrant communities and the loss of trusted community partnerships compound the problem. The report recommends that District 1 renew funding for community-based outreach partnerships and expand translation services to underserved language groups.

Introduction

Alameda County District 1 is home to a large and diverse immigrant population, nearly 34% of residents, coming from Latin America, Asia, and countries around the world. This diversity is part of what makes the district strong. But for many low-income immigrants in the area, there's a problem that often goes unnoticed: healthcare avoidance.

Immigrants are facing new barriers under the current administration. Recent increases in immigration enforcement, including surges in ICE raids, have spread fear throughout immigrant communities. Thousands of arrests have been made in California since ICE crackdowns began in 2025, and that fear has reached Alameda County directly: the Alameda County Immigration Legal Education Partnership (ACILEP), a legal services network that supports undocumented individuals and families, received a 500% increase in calls in 2025.

This growing fear, among both documented and undocumented immigrants, has fed distrust in government institutions. That distrust is a major reason immigrants in Alameda County avoid the healthcare programs they qualify for: many worry that sharing personal information with the government could later be used against them. As a result, thousands of eligible immigrants are missing out on coverage and skipping treatment they need. Immigrants have become scapegoats under current government policy, and many families now live cautiously, uncertain whether even a routine interaction with a government program could put them at risk.

This report explores why documented and undocumented immigrants in Alameda County distrust government systems, tracing the historical and current policies that have shaped that distrust, and uses that context to explain why eligible immigrants

avoid enrolling in the healthcare programs available to them. It closes with recommendations District 1 can implement to address the issue.

Background & Context

Programs

California offers several healthcare programs for immigrants. One of the most widely used is Covered California, which provides lower-income Californians with discounted health insurance to help meet the Affordable Care Act's coverage requirements. Nearly 42% of Californians do not receive health insurance through an employer, and under the state's ACA regulations, every resident is required to carry insurance or pay a penalty. That penalty is significant: adults owe $950 per year and dependents under 18 owe $450, meaning a family of four could face roughly $2,300 in penalties for going uninsured.

Rather than buying from a private insurer, which can be costly for lower-income households, Covered California offers premium tax credits and reduced-cost plans to anyone earning between 100% and 400% of the Federal Poverty Level, roughly $33,000 to $132,000 depending on household size. Covered California, however, is only available to documented immigrants.

Medi-Cal is the other major program, offering free or low-cost coverage to individuals and families earning up to 138% of the Federal Poverty Level. Unlike Covered California, Medi-Cal is also open to undocumented immigrants: 1.6 million undocumented immigrants in California currently use Medi-Cal, with 88% actively receiving benefits. Both programs are critical for helping low-income residents access care without facing financial ruin, and Alameda County has a substantial population that depends on them..

Policy Landscape

Policy at both the state and county level has shaped immigrants' experiences in California for decades, and immigration has been a point of political conflict since the state's founding. In its early decades, California held a strongly nativist stance. The Alien Land Laws, for example, targeted Japanese immigrants by barring "aliens ineligible for citizenship" from owning or leasing land. During the Great Depression, the Mexican Repatriation forcibly deported roughly 400,000 Mexicans from California to free up jobs for white Americans, despite an estimated 60% of them being U.S. citizens. In 1994, Governor Pete Wilson ran his re-election campaign on Proposition 187, which would have denied undocumented immigrants access to public services. It passed with 59% of the vote but was struck down by federal courts and formally overturned in 1999.

These policies defined California as a state with strong anti-immigrant sentiment for nearly a century. Over the last three decades, the state has taken deliberate steps to reverse that legacy. California now identifies as a "sanctuary state," and the California Values Act (SB 54) prohibits state and local law enforcement from using their resources to investigate, detain, or arrest individuals for federal immigration enforcement purposes.

Alameda County's own record is mixed. Former Sheriff Greg Ahern, who served four terms between 2007 and 2023, was repeatedly criticized by immigration advocates for cooperating with ICE. As a leader of the California State Sheriffs' Association, an organization known for opposing both criminal justice reform and protections for undocumented immigrants, Ahern opposed SB 54, the 2017 law that bars jail officials from notifying ICE before releasing someone in custody. Before the law passed, Ahern's office routinely alerted ICE to release dates, even without being asked, and Alameda County received a $1 million federal grant for cooperating with immigration enforcement. After SB 54 took effect, Ahern began posting inmate release dates publicly, a workaround that arguably served the same purpose without direct involvement.

The county's history includes the Angel Island Immigration Station in the San Francisco Bay, where Asian immigrants, unlike their European counterparts at Ellis Island, could be detained for months and subjected to invasive interrogation. Nearly 235,000 Chinese and Japanese immigrants passed through the station, and although it sat outside Alameda County's borders, it was the primary point of entry for many immigrants who later settled here.

More recently, the county has taken independent steps to protect immigrants from federal enforcement. As of 2026, ICE has detained 60,311 immigrants nationwide, operates 456 facilities, and monitors 180,701 immigrants through its Alternatives to Detention program. Since the start of Trump's second term, 52 immigrants have died in ICE custody, a fourfold increase over the rate under the Biden administration. Although ICE policy requires public disclosure of in-custody deaths within 48 hours, the information released is often too limited to explain what happened or what medical care, if any, was provided. Immigrants have also reported being denied healthcare access and basic necessities while in custody, and the administration has revoked longstanding guidance that once discouraged ICE from conducting enforcement at hospitals and health clinics.

In response, Alameda County has taken several steps to help immigrants feel safer. The Alameda County Social Services Agency offers financial, food, healthcare, and

educational assistance to immigrants, including programs specifically for refugees such as Refugee Cash Assistance and Refugee Supportive Services. In January, the Board of Supervisors unanimously approved rules barring immigration agents from using county-owned property, including parking lots, garages, and nonpublic areas of buildings, to stage operations, process detainees, or conduct surveillance. The Board also adopted an emergency response plan for use in the event of an ICE operation in the county.

California's anti-immigration history still shapes how immigrant communities view the government today, but both the state and Alameda County have shown a clear reversal in stance through the policies described above.

What National Data Shows

Despite California's reputation as one of the more protective states against ICE enforcement, national trends continue to drive uncertainty among immigrants in Alameda County. The following figures illustrate that fear:

- 41% of immigrants say they are concerned that they or a family member could be detained or deported, compared to 26% in 2023
- This fear is most prominent among undocumented immigrants (75%)
- Concerns have grown among documented immigrants, from 33% to 50%, as well as among naturalized citizens, from 12% to 31%
- Around half of immigrants say they feel "less safe" since President Trump took office
- 22% immigrants say they personally know someone who has been arrested, detained, or deported since Trump's second term began

Methodology

This study used a combination of published statistics by research organizations and an interview with a local healthcare nonprofit to gather a complete understanding of reasons behind immigrant avoidance of government healthcare programs, and realistic solutions that Alameda County District 1 can implement.

KFF: This is a non-profit organization based in San Francisco, and is an independent source for health policy research, polling, and journalism. This study cites several surveys conducted by KFF (some in collaboration with The New York Times). In addition to statistics, KFF publishes recommendations to address problems, such as immigrant distrust in the government. Some of this study's recommendations take inspiration from these sources.

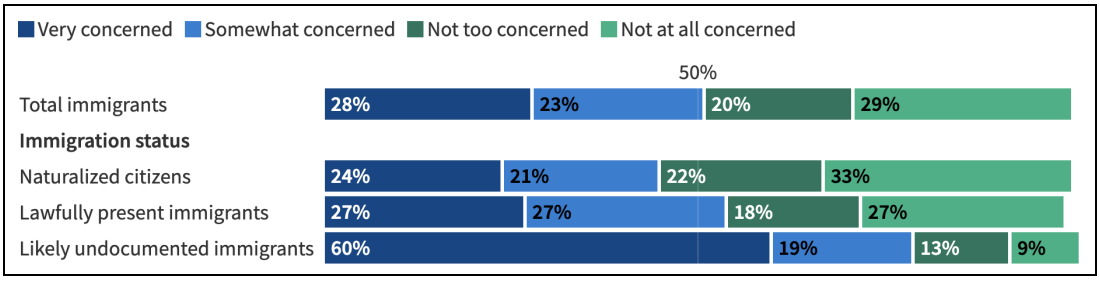
Local Healthcare Nonprofit: This is a nonprofit clinic that provides medical, dental, and behavioral health services to a largely low-income patient base. The clinic's mission is to provide healthcare services to all community members, regardless of their background. Given their extensive experience working with low-income immigrants, I interviewed the organization's President to understand her perspective on why immigrants avoid healthcare programs. Her experience with this community gave meaningful insight into fears among immigrants, problems that go unnoticed, and potential solutions.

Findings

Fear & immigration enforcement

California is one of the few states that extends healthcare coverage to undocumented immigrants through Medi-Cal, which accounts for 4-5% of the state's total healthcare spending. As of January 2026, following a series of court rulings, the Trump administration is requiring California to share sensitive data on Medi-Cal recipients, including names, addresses, Social Security numbers, and immigration status. This data flows from the Centers for Medicare and Medicaid Services (CMS) to the Department of Homeland Security (DHS) and Immigration and Customs Enforcement (ICE) for immigration enforcement purposes. California previously held a firm stance against sharing this kind of data, and the new requirement puts the 1.7 million low-income undocumented immigrants who rely on Medi-Cal at risk. Even recipients who un-enroll cannot undo the fact that their data has already been shared, and all of them originally enrolled under the promise that their information would stay protected. To many, the protection California once offered has effectively been dismantled.

Survey data shows this fear is becoming widespread. In 2025, 51% of immigrant adults said they were "very concerned" or "somewhat concerned" that health officials or providers might share their information with ICE or U.S. Customs and Border Protection, a number likely to have grown further after the January ruling. This concern has already changed behavior: about one in seven (14%) immigrant adults, including 48% who are likely undocumented and 20% who are parents, say they or a family member have avoided seeking medical care since January 2025 because of immigration-related concerns. The implications are real: low-income families who cannot afford care without government assistance are now choosing to go without treatments they need.



To many immigrants, watching others face consequences for using government programs sends a clear message that those services should be avoided. In conversation, a local nonprofit health center leader described this as a "chilling effect": many immigrants believe that if they use the programs they qualify for, they will face repercussions.

Service Restrictions

Alameda County has invested heavily in translation services, including over-the-phone interpretation, bilingual county employees, and translated meeting transcripts, all intended to make county resources accessible in the languages immigrants are most comfortable using. But in speaking with a local nonprofit health center leader, I learned that translation only addresses part of the problem. Immigrants living under constant fear of enforcement are missing the human connection they need, and hearing from trusted community leaders who can explain processes and available resources makes people far more comfortable engaging with them.

Translation services also tend to overlook smaller language groups. County efforts, understandably, focus on larger populations such as Latino communities, but this leaves less-recognized groups underserved. During the COVID-19 pandemic, Mam-speaking residents were significantly affected, and because few translated government resources existed for them online, many turned to local nonprofits for help instead. The same was true for speakers of other indigenous languages. A CalMatters report found that the sheer number of smaller indigenous languages made county-level translation efforts largely insufficient during the pandemic. That gap, combined with the speed at which misinformation spread, led hundreds of thousands of community members to avoid vaccination and become more vulnerable to the disease. Several people interviewed for that report said they had heard rumors that vaccines caused deaths, and others avoided a second dose after experiencing side effects they believed had harmed them.

Access is also a barrier on its own. Many resources exist only online, and enrollment requires extensive paperwork that slows processing and creates backlogs. For

immigrants who are already wary of interacting with government employees, that complexity makes enrollment even harder.

Recommendations

Working With Local Community Organizations

In conversations with a local nonprofit health center leader, I learned that many immigrants seek care from her organization specifically because they trust local voices. Local leaders share a personal connection with community members and are seen as trustworthy in a way that government offices often are not. Alameda County District 1 has several local nonprofits it could partner with to build a safer environment for immigrants, including the Afghan Coalition and the Tiburcio Vasquez Health Center.

District 1 has partnered with nonprofits before, including during COVID-19, when uncertainty about vaccines and services was at its peak. Those partnerships have since lapsed, and the district is no longer providing the resources or funding needed to sustain them.

District 1 already invests significant time and resources in translation services, but those services are far less effective without community trust behind them. Renewing and expanding partnerships with local organizations would strengthen those existing efforts at a much larger scale.

Translation Services

Beyond organizational partnerships, District 1 should prioritize the needs of smaller indigenous immigrant groups, many of whom speak languages such as K'iche, Q'anjob'al, Mam, and Akateko. These groups have previously been misidentified as Spanish-speaking, leading to communication breakdowns. District 1 should hire more translators and staff who can communicate directly with these groups, and should pair that hiring with partnerships with community organizations that can help build the human connection translation alone cannot provide.

Conclusions

Immigrant families in Alameda County District 1 are not avoiding Medi-Cal and Covered California because they don't need coverage. They are avoiding it because decades of anti-immigrant policy, followed by a sharp escalation in federal enforcement and data-sharing since 2025, have taught them that engaging with government programs carries risk. That fear cuts across documented and undocumented immigrants alike, and it is measurable: in survey after survey,

immigrants report avoiding care, distrusting health officials, and feeling less safe than they did even a few years ago.

Alameda County has already shown it is willing to push back against federal overreach, from barring ICE from county property to building an emergency response plan for enforcement actions. The same commitment should extend to healthcare access. Renewing partnerships with trusted community organizations and closing language gaps for smaller immigrant groups are both within District 1's reach, and both directly address the reasons immigrants gave for staying away from the coverage they are entitled to. Rebuilding that trust will not happen through translation services or outreach campaigns alone, but through consistent, visible follow-through that shows immigrant families the county is on their side.

Works Cited

vera-institute.files.svdcdn.com/production/downloads/publications/Alameda_County_Immigrant_Population_Profile.pdf?dm=1748631023.

Ali-Ahmad, Ayah. "Alameda County Approves $3.6 Million to Scale up Immigrant Defense amid ICE Surge." The Oaklandside, 15 Oct. 2025, oaklandside.org/2025/10/15/alameda-county-approves-3-million-increase-immigrant-defense-ice-surge/.

"More than Half of California Adults Have Job-Based Coverage." UC Berkeley Labor Center, 4 Aug. 2023, laborcenter.berkeley.edu/more-than-half-of-california-adults-have-job-based-coverage/.

"Penalty." Covered CaliforniaTM, www.coveredca.com/learning-center/tax-penalty-details-and-exemptions/penalty/.

"How Covered California Subsidies Work." How Covered California Subsidies Work 2026 / Savings - Cover Health CA, www.coverhealthca.com/learn/how-subsidies-work.

"Medi-Cal: Covered CaliforniaTM." Medi-Cal / Covered CaliforniaTM, www.coveredca.com/health/medi-cal/.

www.dhcs.ca.gov/wp-content/uploads/2026/06/Fast-Facts.pdf.

"CA's Anti-Immigrant Proposition 187 Is Voided, Ending State's Five-Year Battle with ACLU, Rights Groups." American Civil Liberties Union, 13 Sept. 2005, www.aclu.org/press-releases/cas-anti-immigrant-proposition-187-voided-ending-states-five-year-battle-aclu-rights.

"Sacramento Bee: California Must Recognize Historic Forced Deportations, Lawmakers Say. 'Ripped Families Apart.'" Senator Lena A. Gonzalez, sd33.senate.ca.gov/news/sacramento-bee-california-must-recognize-historic-forced-deportations-lawmakers-say-ripped.

Barry, Kyle C., et al. "ICE-Friendly Policies. A String of Jail Deaths. Why Does This Sheriff Keep Getting Elected?" The Appeal, theappeal.org/ice-friendly-policies-a-string-of-jail-deaths-why-does-this-sheriff-keep-getting-elected/.

Tracreports.Org, tracreports.org/immigration/quickfacts/.

"Refugees, Immigrants & Asylees." Refugees, Immigrants and Asylees, socialservices.alamedacountyca.gov/our-services/Immigrants-and-Refugees/immigrants-and-refugees.

Kffbritw. "Key Facts on Health Coverage of Immigrants." KFF, 12 June 2026, www.kff.org/racial-equity-and-health-policy/key-facts-on-health-coverage-of-immigrants/.

Kffdrishtip. "Potential Implications of the New Medicaid Data Sharing Agreement Between CMS and ICE ." KFF, 2026, www.kff.org/immigrant-health/potential-implications-of-the-new-medicaid-data-sharing-agreement-between-cms-and-ice/.

Getahun, Hannah. "COVID Misinformation Plagues California's Indigenous Speakers." CalMatters, 10 Nov. 2021, calmatters.org/health/coronavirus/2021/11/covid-indigenous-language-barriers/.