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Through Their Eyes: How Immigration Enforcement Is Undermining the Health and Wellbeing of Children and Families

Insights from Community Health Workers Across California

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Introduction

Children and families need safe, stable, and supportive conditions to be healthy and well—including health care, stable housing, nutritious food, economic security, supportive relationships, and communities that promote safety, belonging, and opportunity. Yet the rising cost of living is making it increasingly difficult for many families to meet even their most basic needs. For immigrant families, these economic pressures are intensified by a broader climate of fear, uncertainty, and exclusion created by rapidly changing immigration policies and enforcement practices.

Since taking office, the Trump administration has introduced a series of policy and administrative changes that undermine nearly every aspect of life for immigrant families. These include expanding immigration enforcement with an estimated 205,000 children—including more than 145,000 U.S. citizen children—experiencing the detention of a parent; sharing data across government agencies in ways that make many immigrants fearful of accessing basic services; broadening the scope of the public charge rule to introduce more discretion, bias, and confusion and hinder utilization of supports and services; restricting eligibility for and access to Medicaid, Children's Health Insurance Program (CHIP), and Affordable Care Act (ACA) coverage for some immigrant populations; and other actions that increase barriers to health care, nutrition assistance, housing, and other public supports while heightening the risk of detention, deportation, and family separation.



Together, these actions—and the uncertainty they create—are erecting barriers to supports for immigrant families and widespread fear that discourages many from seeking health care and other services for which they or their children remain eligible. For many, fear of immigration consequences has become part of everyday decision-making: whether to schedule a doctor’s appointment, apply for housing assistance, visit a food pantry, or seek other supports they need. [Research](#) has shown that immigration-related fear and confusion can discourage families from accessing programs and services for which they are eligible. For mixed-status families in particular, fear of deportation can shape whether families seek care, enroll in programs, or engage with systems intended to support children and families.

To better understand how immigration policy and enforcement practices are affecting the health and wellbeing of immigrant families and their children, the Center for the Study of Social Policy (CSSP), in partnership with The Children’s Partnership (TCP), conducted a qualitative study with community health workers (CHWs), promotores, and other trusted frontline providers serving immigrant communities in California. We designed this study to generate timely, community-grounded evidence that can inform advocacy and policy solutions.

We sought to understand how immigration policy and enforcement practices are shaping access to health care and impacting the health and wellbeing of children and families, and how providers and community-based organizations are adapting to support families in a rapidly changing environment.

CHWs and other frontline providers are uniquely positioned to observe these impacts because they work alongside families as they navigate health care, public benefits, and other systems. They often share language, culture, and community connections with the families they serve. Many live in the communities they serve and are affected by the same economic pressures and day-to-day challenges as the families they support. Some are navigating immigration concerns within their own families and communities and witness firsthand the effects of immigration and enforcement policies. Their perspectives provide important insight into how immigration policy and enforcement practices shape families’ daily lives, access to services, and overall health and wellbeing.

Across interviews, participants consistently described four overarching themes that illustrate how immigration policy and enforcement practices are affecting immigrant families:

- 1. Economic conditions are worsening for immigrant families and their children.**
- 2. Immigration policy and enforcement practices are creating a chilling effect and reducing access to health care.**
- 3. Immigration enforcement is undermining the health, mental health, and wellbeing of children and families.**
- 4. CHWs are providing critically important support to families but struggling themselves.**

Together, these findings illustrate how immigration policy and enforcement practices are compounding existing challenges, making it harder for families to safely and consistently access health care and other essential supports, and undermining the conditions children and families need to be healthy and well. They also underscore the important role that CHWs and other frontline providers play in helping families access information, resources, and support during a time of growing uncertainty.

California Context

California is home to the nation's largest and one of its most diverse immigrant populations, with communities representing a wide range of countries, cultures, and languages. The state's varied regional contexts—including distinct immigrant communities, local resources, and immigration enforcement environments—provide an important opportunity to examine how immigration policies and enforcement practices affect families' experiences in different communities in distinct ways. The vulnerability of the state's longstanding investments in health care and other supports for immigrant families also illustrate how federal immigration policies can constrain state and local efforts to promote health and wellbeing, creating barriers to accessing essential services—even in a state with a strong commitment to immigrant inclusion.

In California, just under half (44%) of the state's 8.6 million children under age 18 live with at least one immigrant parent. This means that more than 3.8 million children in California live in immigrant families, more



than 90% of whom are U.S. citizens. Many of these families are mixed-status families: one in five California children live in these households. Additionally, California is home to more than 138,000 active DACA (Deferred Action for Childhood Arrivals) recipients—more than any other state.

California's Medi-Cal Community Health Worker Benefit



California created a historic opportunity to advance health equity and strengthen community-based care through the Medi-Cal Community Health Worker (CHW) benefit.

The benefit, established in 2022, allows trusted community-based providers to deliver health education, navigation, advocacy, and preventive services that help families access and maintain care. However, utilization has remained low—as of 2025, only about 1% of Medi-Cal members under age 21 had accessed CHW services.

As a result, advocates are focused on strengthening implementation, increasing uptake, improving reimbursement and accountability, and ensuring community-based organizations can fully participate so the benefit reaches the children and families it was designed to serve.

California's CHW benefit is one of the most far-reaching efforts by any state to integrate a community-rooted, community-centered workforce into the Medicaid system at scale—and CHWs are already making a meaningful difference for Californians. They are among the state's most effective resources for supporting coverage enrollment and retention, work that H.R. 1 will make even more critical and increasingly challenging in the coming year. California invests in physicians and other providers to deliver care; we need to make the same commitment to CHWs.

These trusted community partners play an essential role in connecting families to health care, legal resources, and other supports; helping families navigate changing policies; and strengthening continuity of care.

In California, the cost of living is the highest of any state and families increasingly struggle to afford housing, food, gas, childcare, and other essentials. Californians consistently identify the cost of living as their top concern. Inflation has increased the cost of everyday essentials—including groceries and gas—placing additional strain on family budgets. The high costs of housing, transportation, and food leave many California families struggling to meet their basic needs. Nearly 16 million Californians, or 40% of the population, cannot afford the basic cost of living, including enough food. Housing costs are 88% higher than the national median and have grown substantially in recent years. Utilities cost 58% more than the national average. For families with modest incomes,¹ roughly 44% of household spending goes to housing and utilities alone.

California has taken important steps to promote the health and wellbeing of immigrant families, including through the ongoing Health4All campaign, which aims to remove exclusions to health coverage and ensure all Californians can enroll in coverage regardless of immigration status. In 2024, California became the first state in the country to provide full-scope Medicaid (Medi-Cal in California) coverage to all income-eligible residents, regardless of immigration status. This expansion is credited with including 1.6 million immigrants in the state-funded health coverage program and bringing the uninsured rate in the state down to a record low of 6.9% in 2024.

At the same time, the immigrant families who make up a vital part of California's communities are navigating a broader climate of uncertainty and exclusion as recent federal and state policy changes make it harder to seek care, access supports, and provide for their children's wellbeing.

Specifically, the recently enacted federal budget law, H.R. 1, includes historic reductions to health care and food assistance that will put significant strain on California's safety net. Beginning October 1, 2026, H.R. 1 significantly narrowed eligibility for Medicaid, CHIP, and the Supplemental Nutrition Assistance Program (SNAP) for many humanitarian immigrants and other lawfully residing immigrants who were previously eligible for these programs. Estimates suggest that H.R. 1 could cause 1.3 million Californians to lose Medi-Cal coverage, put roughly 1 million Californians at risk of losing food



assistance, and reduce the value of CalFresh (California's SNAP program) benefits for the 3 million households who participate. These changes contribute to deepening fear and uncertainty among immigrant families, discouraging engagement with public programs and undermining the trust built through the Health4All campaign.

Federal funding cuts, including those passed in H.R. 1, are placing a heavy fiscal burden on state and local budgets, with county leaders estimating that federal cuts will cost California counties \$9.5 billion a year. While California's 2026–27 state budget included investments intended to soften the impacts of H.R.1, in response to significant Medi-Cal cost pressures and budget deficits, California lawmakers recently adopted changes to Medi-Cal that will negatively affect immigrant eligibility and coverage. Beginning in 2026, California froze new enrollment in full-scope Medi-Cal for certain undocumented adults ages 19 and older who are not pregnant. Although the state budget delayed planned Medi-Cal dental changes until July 1, 2027, some immigrant adults will lose access to Medi-Cal dental benefits, while emergency dental services will remain covered. The UCLA Center for Health Policy Research estimates that approximately 200,000 asylees, refugees, and other humanitarian immigrants will lose eligibility for full-scope Medi-Cal because of H.R. 1, and 550,000 undocumented adults will be affected by the Medi-Cal enrollment freeze. Although children will not be explicitly affected by these changes, parents' Medicaid eligibility often has a "welcome mat" effect on child enrollment. As a result, advocates have raised concerns that loss of Medi-Cal access will yield downstream harms for health access for all children in immigrant families. Advocates also warn that similar eligibility changes could affect the California Food Assistance Program (CFAP).² When families cannot consistently afford essentials their children need, including health care, children's health and wellbeing are put at risk.

1 Based on the Family Budget Calculator.

2 The California Food Assistance Program (CFAP) is a state funded program that provides benefits equivalent to CalFresh to qualified immigrants who are not eligible for CalFresh because of the restrictions in the 1996 welfare reform law.

Changes to the Public Charge Test

The public charge test is an assessment that immigration officers perform when processing certain immigration applications. As part of the assessment, immigration officers will look at an applicant's age, health, income, past use of certain federal public benefits, etc. to determine whether the applicant seems likely to become primarily dependent on the government for support in the future.

The Department of Homeland Security (DHS) issued a [new public charge rule](#) that went into effect on September 18, 2026. The rule replaced the Biden Administration's 2022 public charge rule that specified how the public charge test should be applied and named the benefits that were relevant to a public charge determination. The new public charge rule instead gives DHS officers broad latitude to make their own determinations of what benefit programs may or may not apply in a public charge test. Even though the language of the public charge law has not changed, the new rule changes how officers can interpret the law when they review certain green card applications and it introduces bias and confusion into an already complex process.

It is important to note that the public charge test applies only to some immigrants who are directly applying for a green card and to green card holders who plan to be out of the U.S. for more than 6 months. The public charge test does NOT apply to immigrants who apply for a green card on the basis of their status as a refugee, asylee, survivor of domestic violence, trafficking, or serious crimes (VAWA, T, U), special immigrant juvenile (SIJ), or other humanitarian immigration statuses.

Nevertheless, the complexity of public charge law—and now the lack of guidance and clarity from DHS—will likely lead immigrants and citizens with immigrant family members to forego critically-needed public benefits. [Research](#) has consistently shown that past changes to public charge policy that broadened its scope have had a chilling effect, leading many eligible immigrants and mixed-status families to avoid or forgo health care and other essential supports because of fear and uncertainty about potential immigration consequences.



Research Finding #1: Economic Conditions are Worsening for Immigrant Families and their Children

In our research, CHWs and other frontline providers described immigrant families navigating a convergence of challenges. Like many families across California, immigrant families are facing rising costs of living and increasing difficulty meeting basic needs. At the same time, immigration policies and enforcement practices are making it harder for many families to access the supports they rely on, while the community-based organizations serving them have fewer resources available to respond. Together, these intersecting challenges undermine the conditions that support child and family health and wellbeing.

Providers consistently described how rising costs of living are making it more difficult for families to meet basic needs. They described parents and caregivers struggling to find stable work, afford food and housing, and provide for their families. Bonnie, a CHW in the Bay Area, shared that:

“Their [parents’] health is not the greatest because of that stress, the stress of making ends meet in general—finding a job and everything. If they don’t have a work permit, they don’t have the means to be able to work.”

Grace, a CHW working with families in California’s Central Valley, similarly described hearing from parents who were struggling to find steady work while trying to cover costs of rent and food:

“They were struggling on finding a job...but now with all this immigration [enforcement] going on...and they’re struggling now...they’re like, no, we’re not making it...we’re struggling to pay rent, we’re struggling to pay [for] food...so they were applying in different places, but sometimes they [are] not having luck.”

Providers consistently described housing as one of the most significant challenges facing families. As housing becomes increasingly unaffordable, families are doubling and tripling up—living multiple families in one home, struggling to keep up with rent, and making difficult tradeoffs to meet other basic needs. Jasmine, a CHW in San Diego, shared that a lot of people are:

“Losing their homes, so a lot of housing insecurity has been happening lately, especially here in San Diego. Housing is super expensive. I’ve seen apartments where there’s at least two families, or if not, both the parents are working, or one parent is working two full-time jobs just to make barely ends meet, or just for the rent...and, you know...your home is supposed to be home...not a place where you feel unsafe, where you feel like at any moment you can be kicked out because you’re not making rent...where, you know, you have to sacrifice one basic necessity over the other...it’s been very unfortunate to see that everything is rising. But the pay is still the same and people are losing a lot of benefits at the same time. So, it’s just staggering and it’s just building up...one stress on top of the other for a lot of families.”



The Role of CHWs in Supporting Families

CHWs and other frontline providers help families navigate a range of supports including health care, public benefits, housing, and legal services.

In their day-to-day work, California's CHWs and other frontline providers support families in a number of ways, from helping them enroll in Medi-Cal, CalFresh, WIC, housing, and other programs to providing health and mental health education, home visits, exercise classes, support groups, counseling, sexual and reproductive health education and resources, connecting families to legal assistance, and helping meet immediate needs such as rental assistance, food, diapers, and formula.

Some provide intensive, ongoing support, some focus on navigation and referrals, and others organize informational fairs or lead health education and fitness workshops and “charlas.” Many CHWs and other frontline providers partner with other organizations with expertise in topics that matter to families, bringing them in for workshops or sessions. They help families understand and navigate program eligibility rules, policy changes, and available resources, complete paperwork, make appointments, communicate with agencies and providers, understand complex processes, and successfully access the services and supports for which they qualify.

CHWs help immigrant families navigate complex and often-changing rules to determine for themselves what supports or resources are safe to access at a time when immigrant communities are increasingly under surveillance and attack. Across models, relationships with families are central to their work.

As families' needs become more urgent, providers described a shift in their work from general resource navigation to crisis response, including requests for emergency housing assistance and food. Daria, a CHW in San Diego described this shift, noting:

“Now it's direct services. An emergency. ‘I need funds for this,’ ‘I'm going to get evicted,’ ‘[I] need food,’ ‘We've gone without,’ ‘Can you help us lower our bills?’ etc.”

Jasmine, also working in San Diego described hearing similar concerns, noting that requests for tenant rights information and eviction laws had become increasingly common and families are often “doubling up” and sharing housing:

“So, there's a lot of questions about eviction laws and knowing your rights as tenants. I've delivered a couple of workshops on that because the rent has been going up so much lately that I don't think I've seen an apartment of one single family.”

At the same time, providers described growing barriers to health care and other essential supports. Families are losing eligibility for programs they previously relied on—including Medi-Cal—leaving many uncertain about where to turn for care and assistance. Jasmine in San Diego shared that:

“There's been a lot of concerns about Medi-Cal at certain clinics, there's been...a huge decline in the number of patients that they're receiving because a lot of people are losing their access to Medi-Cal...”

Iris, a CHW in the Bay Area, described how upcoming changes to Medi-Cal dental coverage would leave many families without affordable options for care, explaining:

“We provide dental services, preventative care, and then a lot of patients are receiving notices that they will lose access to dental...for particular undocumented patients after July... So they're out, they're left with no access to dental, besides them paying out of their own pocket, right?”³

3 At the time of this interview, proposed changes to Medi-Cal Dental which would have eliminated routine benefits for certain immigrants were planned to go into effect in July 2026. Although the state budget delayed planned Medi-Cal Dental changes until July 1, 2027, some immigrant adults will lose access to Medi-Cal dental benefits, while emergency dental services will remain covered.

Grace, a CHW working with families in the Central Valley, also described how changes in health coverage are disrupting ongoing care, leaving families uncertain about where to turn and increasing stress during an already difficult time:

“They were so stressed because...their Medi-Cal had changed, now they couldn’t see the same doctor, and they were in the middle of, you know, doing some exams...that was causing them a lot of anxiety and panic.”

As immigrant families face growing needs and barriers to care, providers described having fewer resources available to respond. They connected this challenge to broader fiscal uncertainty across California. Many local governments are facing significant fiscal pressures as cities including San Diego and San Francisco confront budget gaps. In San Francisco, the board of supervisors finalized a budget that cut three health-department

clinics, as they worked to close a projected budget deficit. More recently, the mayor’s final budget included a \$1.4 million funding cut for the San Francisco Rapid Response Network, the primary immigration hotline verifying ICE sightings and connecting immigrant families to legal support.

Against this backdrop, Hugo, a CHW working with families in the Bay Area, described how funding cuts are affecting both community organizations and the families they serve:

“I think right now people are just living in fear, right? Not knowing what’s gonna happen to them. Moving forward, with all of the policy changes that are happening, with all of the cuts that are being made, people are...trying to figure out you know, what they’re gonna do about their quality of life moving forward...a lot of services that were provided to residents before, that helped them are being cut, and it’s because...organizations are not, like, being funded, right? Because of these big budget cuts that are happening within our city too...so that’s what people are just scared about...losing their housing, and then health care as well.”

Candice, a CHW working with families in California’s Central Valley, described how these broader funding pressures have reduced her organization’s ability to provide emergency assistance, even as more families struggle to stay housed:

“I think [it] has been really hard to see people being moved out of their homes. Not being able to offer assistance, that sort of assistance in emergencies. And now we’re very limited in what we can offer...We’re limited to some utility assistance, but we can no longer offer rental assistance.”

Taken together, these interviews show how immigrant families are navigating intersecting challenges: growing economic hardship, increasing barriers to essential supports, and fewer resources available through community organizations. As families face rising costs, lose access to critical supports, and have fewer places to turn for help, the conditions that support family health and well-being are increasingly undermined.



Research Finding #2: Immigration Policy and Enforcement Practices are Creating a Chilling Effect and Reducing Access to Health Care

In our conversations with CHWs and other frontline providers, we heard that families are increasingly making decisions about whether to apply for or seek health care and other supports based on fear and uncertainty created by rapidly changing immigration policies and enforcement practices—rather than their eligibility or what they believe is best for themselves or their children. Families are delaying or foregoing care and assistance because they are unsure what programs remain available, whether using them could affect their immigration status, or if the information they provide could expose them to enforcement actions.

Much of this fear is fueled by uncertainty around changing immigration policies, including public charge (see *textbox on Changes to the Public Charge Test*). CHWs described spending time helping families separate rumors from accurate information and understand whether accessing programs such as health care, nutrition assistance, or other supports could have immigration consequences. Even when families remain eligible for services, fear and uncertainty often discourage them from applying or staying enrolled.

Evelyn, a CHW in the Bay Area, described the chilling effect this uncertainty has created for families:

“...Fear comes in where [families say], no, I don’t want to get anything from the government, because I don’t want to get in trouble later.”



Candice, a CHW in the Central Valley, similarly shared that some families are choosing to go without needed assistance because of these concerns, and that they would:

“Just rather do without.”

She went on to explain:

“One common question is, what is a public charge? Will applying for WIC, will applying for food stamps hinder my ability to...fix my citizenship in the future...That has always been some people’s concern, even though they need the assistance... They try to get by as much as they can without it. But I think, now more than ever, people don’t want to apply for services.”

Bonnie in the Bay Area similarly described families seeking reassurance not only about their eligibility for services, but about whether applying could have consequences for their immigration status in the future:

“They are very...insistent in asking, oh, is this gonna damage me if I apply? I don’t know if this is public charge or not. Questions about not just eligibility, but about what are the real costs of applying to different community services.”

Daria in San Diego added:

“Everybody, there hasn’t been a single client that I have spoken to who hasn’t been in fear that what I give them isn’t going to be used against them or even when getting food assistance...[I] tell them, oh, you need to give me your signature, just so I can internally track...And there’s these fears of, no, if I sign this, is this gonna impact citizenship? Are they gonna be able to use this against me? Am I gonna lose income as a result? And so, there’s just a lot of fears that [have] risen now that didn’t really used to be there previously.”

For CHWs and other frontline providers, rapidly changing policies—including public charge—have also made it increasingly difficult to provide families with clear guidance. As Bonnie in the Bay Area explained:

“I feel like I’m not in the position to tell them, ‘Oh, this is completely safe.’ And for me, that’s the biggest challenge, because I want them to have a better quality of life, but at what cost? What’s the cost of that? And, well, my job is mainly [to] connect them, getting the services more available for them. But I don’t know what’s going to happen in the future if this...all these services that they... I help them to apply for, are going to damage them at some point.”

Concerns about information sharing between government agencies have further intensified these fears. Providers described growing fears among families that personal information shared with health care or public benefit programs could be used for immigration enforcement. Many noted that reports that Medi-Cal enrollee information had been shared with DHS contributed to families’ decisions not to apply for or renew coverage. Kerry in the Central Valley explained:

“There was news saying that Medi-Cal was actually sharing their information with ICE, and that definitely impacted the community. A lot of them did not want to, they’re not renewed because of that reason.”



Jasmine who works in the San Diego area described how these concerns have led some families to avoid re-enrolling in Medi-Cal—even when they remain eligible:

“Medi-Cal, if you’re undocumented,...you’re no longer able to apply, but if you were already enrolled, you were allowed to re-enroll. And so, a lot of people that were able to re-enroll just decided to not enroll...because even though they could have, and they could have kept Medi-Cal, because of the fear of immigration enforcement, like ICE, and because of that whole thing when a couple months ago, we learned that...DHS had access to a lot of personal information. A lot of people stopped applying for Medi-Cal...they stop trying to apply for any benefits...They don’t want their information out there...”

Candice in the Central Valley added:

“They are afraid that applying for services or putting their information out there could put them at risk.”

Evelyn in the Bay Area shared her concerns, noting that families are reluctant to apply for or use benefits because they say:

“I don’t want them to report my information...”

Adding:

“...Families will miss out on certain benefits because they have that fear of being reported.”

Uncertainty around public charge and fears of immigration enforcement are also changing how families make decisions about health care, weighing risks when deciding whether to seek care or attend appointments. CHWs described families delaying or avoiding preventive care, routine appointments, specialist visits, and even emergency care because they fear leaving home, entering health care facilities, or encountering immigration enforcement.



Daria in San Diego described how fears of immigration enforcement impact families' decisions around seeking care:

"The main concern has been...fears about, is my information going to be given to ICE? Are they able to take me out of my house? Fears about going to doctor's appointments. It's sometimes even attending mental health appointments."

She went on to share:

"There were less people showing up to clinics, less people showing up to their in-person appointments, because there was so much fear that they were going to be kidnapped."

Evelyn, a CHW in the Bay Area described families missing appointments when enforcement activity was highly visible in the news:

"...It was big on the news that...ICE was out there. And we did have a lower appointment show...We had a higher no-show rate. And we still see it, if it's [ICE] out there, families will do no show. I had a mom and I said, oh, you missed your appointment. What happened? She goes, well, I didn't even take my second grader to school because they said ICE was going to be at the school, so...I had my kids and I couldn't make it to the appointment. Again, now they're missing their immunizations...so there's definitely an impact."

Grace, a CHW in the Central Valley, described families avoiding emergency care despite serious medical concerns:

"With all this going on now with immigration... I saw a lot of people preventing themselves from going to the ER...and that was scary, because, you know, sometimes I saw...their sugars are very elevated, they're over 300... and...[they say]...I don't think I'm gonna take my mom to the hospital, because we're afraid of this and that going on with immigration... But then it was the challenge of us saying no, you know? If your mom is having symptoms... and they could get worse, you need to take her to the ER. So, I did [see]...people were stopping from going and preventing from getting the care they needed...."

Grace also shared the story of a patient who delayed seeking emergency care despite experiencing serious symptoms because he was uncertain where he could receive care following changes to his Medi-Cal coverage:

"I had a patient that was struggling, not being able to see a doctor already for the past 3 months, and he was having difficulty with his foot turning blue, and he was afraid to go to the ER..."

She ultimately helped him reconnect to his previous provider by navigating changes to his Medi-Cal coverage.

Candice in the Central Valley described similar decisions among families who are weighing the perceived risks of seeking care against those of delaying it—even when a medical condition is serious:

"For example, I know somebody who had a referral, and it was in Los Angeles. They had to go to a specialist in Los Angeles, and they put that off. They did. They felt it was too big of a risk given, you know, the political climate and everything you're seeing on the news with the immigration enforcement and the sweeps and the deportations."



She added:

“...Their condition was actually not good at all. They were having a lot of seizures. It seemed like very serious, what they were dealing with...so I was surprised to see them put that off.”

The result, she explained, is that families are increasingly questioning whether health concerns are serious enough to seek care:

“And same thing with other people, you know...I have had people come to me and ask me what I think. Should I take my kid to the clinic?...They’re trying to think through and brainstorm and say, you know, maybe it’s not that serious. And maybe he just needs some more time at home. Maybe I could put off going even to the clinic here a little bit longer. And if things get worse, then I’ll go. So...they do hesitate. I’m starting to see that a lot more.”

Other providers noted that parents often continue to prioritize care for their children while delaying care for themselves. Lisa, a CHW in the Central Valley, shared:

“They may have Medi-Cal, but they just don’t want to make the appointment because they’re scared of going. Mostly for parents. I know most parents, they’ll make the appointments for their kids.”

Together, these interviews show how immigration policy and enforcement practices are creating barriers to health care and other essential supports, including for families who remain eligible for them. Fear and uncertainty about immigration consequences, how personal information may be used, and the possibility of encountering immigration enforcement are leading some families to forgo benefits, drop or not renew coverage, miss routine and preventive care, and delay seeking care even when health concerns are serious. Families are being forced to weigh their need for care and support against what they fear accessing it could mean for themselves and their families. As a result, families often do not feel safe seeking the care and support they need.

Research Finding #3: Immigration Enforcement is Undermining the Health, Mental Health, and Wellbeing of Children and Families

Across our interviews, CHWs and other frontline providers described how immigration enforcement disrupts the conditions families need to stay healthy and safe. They shared that fear of family separation, chronic stress, social isolation, and barriers to care and other supports are affecting caregivers and children alike.

Families are changing everyday routines to reduce the risk of encountering immigration enforcement. Providers shared that some families are avoiding public spaces, limiting travel, keeping children home from school, delaying errands, and withdrawing from social activities. These changes not only restrict access to care and essential resources but also disrupt the relationships, routines, and community connections that support family wellbeing.

Mona, a CHW in the Bay Area, described how fear has reshaped daily life for some families:

“It’s a barrier to their everyday life. Like earlier I mentioned the grocery shopping, she can’t go there...she cannot go for a simple walk near their home, because it seems like she...feels really anxious. Maybe somebody’s watching them. Somebody’s...taking her away from her family. And then, now, they become...very seriously isolated, and then they don’t hang out with friends, they don’t go to...even doctor’s office, because what if they reported their situation, you know, their immigration status to someone else?...it seems like just they’re in a prison. You know, it’s simply their fear has turned their world into a prison.”



Evelyn in the Bay Area shared the story of a mother who stopped taking her children to the park because she feared being detained:

“...I’m thinking of one mom specifically right now that didn’t want to take her kids to the park because, with everything that was happening in the news and this... administration, where she was just like, I’m not even going to take my [child] to the park and, for [her] older child with [an] obesity issue...she was encouraged to take the older child to the park...I had gotten her a stroller... and then she said, to be honest, I just don’t want to go out. I don’t want to put myself in a situation where, you know, we might get picked up.”

Hugo, also based in the Bay Area, described how fear has led some families to isolate themselves at home:

“[They were] in their houses not coming out. And [they were] just so scared, that something was gonna happen to them.”

He and his colleagues began visiting families at home to provide support:

“We were going to their houses, you know, just checking in with them, making sure that, you know, they were okay, if we needed to... send them food...even to just talk to them about their kids, because then they started to not let their kids go to school.”

Providers also described the significant emotional toll of living with ongoing uncertainty and fear. They shared that many caregivers are experiencing anxiety and stress related to detention, family separation, and uncertainty about the future. Mona in the Bay Area explained:

“They are struggling with the fear and anxiety on a daily basis.”



Candice in the Central Valley noted:

“I’ve definitely seen the anxiety and the fears.”

Grace in the Central Valley described seeing increased anxiety among families:

“I think right now we’re seeing a lot of people more in the ER...with...anxiety attack or panic attack.”

She went on to share the additional burden on parents who are trying to care for their children while managing these fears:

“And working and being mom and dad at the same time is very hard for them. So, I have seen...the anxiety...that stress on them. And, a few of them that...they don’t have documents, so they feel fear what’s gonna happen, you know, if they get caught or something with their kids. What’s gonna happen. They are always...Every day, thinking how each day is gonna be for them...so those are the things that I have seen on a few of them, that they struggle because they’re alone.”

Providers described the profound impact that immigration detention and family separation can have on family wellbeing. Evelyn, who works with families in the Bay Area, shared the story of a mother whose health improved significantly after her partner, who had been detained, was released and reunited with the family:

“This family, the dad had been arrested, detained, and he actually had an open political asylum case, so he was detained without cause. You know, they did finally get a lawyer...and he was out within a couple of months, but seeing her recently, and this happened, he was released, maybe 6 weeks ago. And I see her now, and she looks completely different. Like I didn’t even recognize her because now she’s smiling. She’s back because he’s been released and all, you know it was just him coming back home because he was, again, he was [the] breadwinner. And so that’s where I see the impact, like what was happening [the impact his detention was having on her wellbeing]. And again, she’s got a small baby. She needs to be well in order to take care of this baby, right? I could see where if you’re that stressed, if you’re going through all this stuff, it’s gonna be challenging to take care of a little one that needs attention, that needs you.”

For some parents, fear of family separation has become so pervasive that they are making contingency plans to ensure their children would be cared for if they are detained or deported. Grace in the Central Valley described parents seeking information about how to prepare for this possibility:

“I had...2 or 3 [moms] coming to me saying that they needed to know where they could fill paperwork...to [give] custody to someone in case immigration took them and, and then their kids are left here in school. So, they needed to fill out those forms. And make sure they feel that their kids were gonna be safe to leave them with their relatives or with a friend, in case something happened to them. So, they came looking for that information, saying, where can we do this? How can they...help us in case something happens, and they’re at work, and it happens? I want to make sure my kids are not gonna suffer and I could leave them with somebody safe until I could get back to them.”

As caregivers experience stress, uncertainty, and fears related to immigration enforcement, children also carry the weight of these challenges. Providers described children worrying about whether their parents would return home safely at the end of the day, fearing detention and deportation, and taking on responsibilities beyond what is typical for their age.

Lisa who works in the Central Valley noted:

“I see kids stressing out, they look stressed.”

Noel in San Diego described the connection between caregiver stress and children’s wellbeing:

“I see them more stressed. I have seen that it impacts them in their mental health a lot, especially those populations, yes, I have seen the stress. If the adults of the family are not good, how is it gonna be there? The children are the impact, no?”

Ava, who works with families in the San Diego area, recalled a parent sharing that her daughter no longer wanted to attend school because she wanted to stay home to protect her mom. As she explained:

“We had a community member who told me that, ‘My daughter is telling me, ‘I don’t want to go to school. I want to stay at home to protect you.’ Which is very sad and it affects me as well.”

Francis, a CHW who leads works with youth in the Bay Area, noted that some have based their college acceptance decision on remaining close to home in case a family member is targeted by immigration enforcement:

“I’ve had several conversations where it’s played a factor in where they’re gonna go to college. Some of them will be accepted to places that aren’t so far away. It’s still drivable, flyable,...but because they’re so worried about what their family is going to experience, they feel like they’re leaving behind their family to kind of just fend for themselves.”

Candice, who works with families in the Central Valley shared that young people are discussing the possibility of a parent being detained:

“Her and her friends talk, and there is a little bit of anxiety there of what could happen in the future. They know that some of their parents are you know, undocumented and that when they’re out and about, you know, at their jobs, it could be a risk for their family.”





She went on to share another story of a young adult whose mental health was affected by delays in processing her DACA renewal:

“I believe, like a lapse with her [renewal]...I’m not sure how long, but there was an issue there where she hadn’t heard back, and her employer couldn’t keep her on...I know that she felt, you know, very hopeless. She started to become depressed because otherwise, you know, she’s...she’s a good student, and a very proactive young lady, and it’s, like, a huge barrier for her, so it not only, affected her mentally...and I could see that anxiety, but also for her parents and her siblings. That’s one family. That’s one case. Especially kids who have parents who are undocumented, and they hear about these things. They worry that somebody will come to their school, or their parent will be taken away while they’re at work.”

Jasmine, a CHW in the San Diego area, described how these pressures can lead young people to take on adult responsibilities within their families. She shared the story of a 16-year-old who stepped in to help support her family after her father was injured at work but was too afraid to file for workers’ compensation because of concerns about his immigration status.

As Jasmine explained:

“Recently, I did have a 16-year-old reach out because she had four other siblings. And her mom didn’t work because her mom was taking care of her younger siblings, and her dad was the only one who worked, but her dad...he was undocumented, he got into an accident and wasn’t able to work...So, at this point, she’s just, she was taking over this role...finding out ways on how are we going to make rent, how are we going to make ends meet pretty much at the end of the day. He doesn’t have Medi-Cal either. So, they have a lot of doctors’ expenses as well that are just going on top of all these bills just piling up. And so, she was just trying to ask for any jobs, any help with a resume, any access to any food distributions to just get something in. Her main concern was rent. She wasn’t sure if they were going to be able to make rent by the end of the month, so she was just trying to get some kind of cash. And that’s why she was working on trying to get help on working on her resume.”

Together, these accounts illustrate that immigration enforcement affects far more than families' ability to access services. It shapes where families go, how they spend their time, how they care for one another, and whether they feel safe participating in their communities. The ongoing threat of detention and family separation creates stress that reverberates across generations, affecting caregivers' wellbeing and children's sense of security.



How Immigration Enforcement Impacts Different Communities

CHWs and other frontline providers shared that families experience some aspects of immigration enforcement differently depending on their immigration status, migration history, language, culture, family structure, and prior experiences with government institutions.

For some families, past experiences with conflict, displacement, persecution, or government surveillance shape how they understand risk and respond to current immigration enforcement and policies. CHWs working in Asian immigrant communities described how media coverage of immigration raids and family detention can trigger traumatic memories for refugees who fled political violence or spent time in refugee camps before coming to the U.S. Others noted that concerns about immigration enforcement often intersect with fears of anti-Asian racism and violence, creating additional stress and uncertainty for families.

They also described how cultural norms, language barriers, and familiarity with government systems influence whether and how families seek support. Some CHWs noted that stigma around mental health, particularly among some immigrant communities, can make it difficult for families to discuss stress, anxiety, and trauma, or seek available resources. Other emphasized that limited English proficiency and unfamiliarity with systems in the U.S. can make it harder for families to understand policies, assess risks, and navigate available supports.

Family roles and structures also shape how immigration enforcement affects families. CHWs described how detention or absence of a family member can place additional responsibilities on partners and children, particularly when families rely on one primary wage earner. Some noted that women who were previously caring for children at home may need to quickly seek employment and new sources of support when a partner is detained. Others described how when an undocumented parent is injured and unable to access care due to lack of health coverage, the eldest child often needs to step up to help keep the family afloat financially. Extended families living together can also provide important support while also creating additional challenges, including increased financial pressure and greater housing needs.

Together, these experiences highlight that immigrant families are not a monolith, and the impacts of immigration enforcement and policies on families are shaped by their histories, cultures, access to resources, and relationships. CHWs and other frontline providers play an important role in understanding these nuances and helping families access support in ways that are responsive to their unique circumstances.

Research Finding #4: CHWs Are Providing Critically Important Support to Families but Struggling Themselves

CHWs and other frontline providers have long played a critical role in connecting families to health care and other resources and strengthening continuity of care. In this moment of heightened uncertainty, changing policies, and increased fears among immigrant families, they described adapting their work to help families understand their options, navigate complex systems, and access the care and supports they need. Across interviews, CHWs described serving as trusted sources of information, reassurance, resource navigation, emergency planning, and connections to legal support.

Bonnie in the Bay Area described how families often turn to CHWs not only for information but trusted guidance and support:

“Some people just call me to say hello when they know I’m working...just to hear a voice that is willing to be there for them. So, I think this role, it’s very important for families and especially for immigrant families that are not connected to any service...They need someone that takes their hands and say[s], okay, let’s go together.”

She described how this support can help families navigate complex systems and avoid significant financial harm. Bonnie shared an example of helping a family access Medi-Cal’s retroactive eligibility protections, which can cover eligible medical expenses incurred before enrollment is approved:

“...They have the right person in front of them because I go with them through the process. If they have a debt from the clinic or from the [health] system, sometimes they are willing to pay it. They think they have to pay it and most of the time they have Medi-Cal, but since Medi-Cal is retroactive, they apply to Medi-Cal.”

She explained that this support can make a significant difference for families. Bonnie described one family that received a substantial medical bill after the birth of a baby and did not know that Medi-Cal could retroactively cover the costs. With her help, the family was able to avoid \$26,000 in medical debt:



“After [the baby was born], the bill was generated, but [Medicaid] can still cover those costs, and sometimes they don’t know. Most of the time they don’t know. So, thanks to our work, we can save them that money that... sometimes [it] is a lot of money. I have a client that has had a debt of \$26,000 that if she didn’t have someone as a family specialist [help her], she will have that debt forever. So, things like that have a big impact, I would say, with families.”

Grace in the Central Valley described the trust families place in CHWs and promotores:

“They always come to me...even with different questions or needs...because they feel comfortable, I think the promotora is kind of the bridge to get other help and support.”

Jasmine in San Diego emphasized the important role CHWs play in helping families access resources during a time of uncertainty:

“As you’re seeing...there’s a lot of struggles, there’s a lot of uncertainty, there’s a lot of fears, and sometimes, as a community, we don’t know about the resources and benefits that are out there. So being able to connect the people to that...can be really life-changing to a lot of people.”



Providers described how this support can help families overcome barriers that might otherwise prevent them from receiving needed care. Grace, in the Central Valley, who earlier shared the story of a patient who delayed seeking care for a serious diabetes-related foot condition, added:

“So I was next to him, really helping him and really advising him to go to the ER to get that foot look[ed at]...finally, we were able to, have him schedule something with the program at Medi-Cal and he was able to get in to see the doctor that he wanted, and we switched his insurance that he had before...so I was glad he got to be seen. So, that’s just one example, but yeah, it was a lot of anxiety and stress with that.”

CHWs and other frontline providers described expanding their roles as families’ needs grow and resources become more difficult to navigate. They are building community partnerships, including with legal service providers, expanding community education, and using flexible approaches (e.g., walk-ins, home visits, zoom sessions) to ensure families can continue accessing support.

As CHWs and other frontline providers take on expanded roles, they described growing challenges sustaining this work, including low pay and limited capacity. Noel in San Diego emphasized the importance of CHWs while sharing how inadequate compensation is affecting the workforce:

“I believe our role as a community health worker/promotora is so important, but I don’t, honestly, I don’t see a lot of support... because of the pay, the pay is not too much. It’s a low pay.”

She described how low pay can make it difficult to retain CHWs:

“Sadly, I have seen some of my coworkers leave this position because of the same, because they’re not receiving good payment or good enough hours in order to do [their work]. But education is essential. In-person education to the families and meeting them where they are in order to help them.”

Kerry, a CHW in the Central Valley, shared similar concerns, noting that she works two jobs and that:

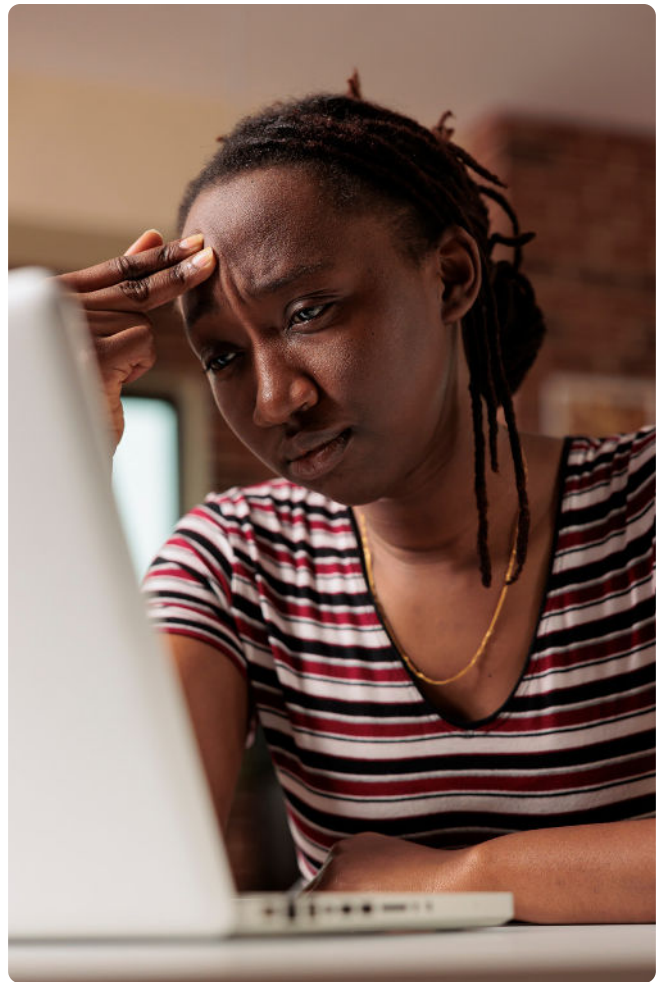
“The CHW and promotores are way underpaid.”

CHWs Are Experiencing the Impacts of Immigration Policy and Enforcement Alongside the Communities They Serve

CHWs are often deeply connected to the communities they serve, and many are experiencing the impacts of immigration policies and enforcement alongside the families they support.

Iris, a CHW in the Bay Area, described how exclusion from health care and other supports affects undocumented members of her own family and community, contributing to isolation, stigma, and significant mental health challenges:

“This sibling of mine...lacks access to work permit, lacks access to Medi-Cal, and now... does not receive access to substance use treatment, mental health services...and feels very invisible in the system, in the sense of...they do not belong in this country. And that creates more stigma, more isolation, more... self-guilt that...they are the problem, because they’re not receiving care, because they’re not thriving financially, and there’s...there’s no address [in] the county or the state, there’s no visibility of these individuals who are isolated and undocumented, who are having a lot of severe anxiety and losing their jobs, no access...this situation, this weaponization, it’s impacting their mental health, particularly for undocumented community families...”



Ava in San Diego described the growing pressure providers are experiencing as they try to meet families’ needs:

“We’re feeling very, like, overwhelmed, because there’s only so much we can do. We can’t take care of everything. We do try our best to refer, to provide services as much as we can, but yeah...So as of right now, we’re very overwhelmed, scared for the families.”

The experiences shared by CHWs and other frontline providers underscore both the importance of their work and the growing challenges they face. As families navigate increasing uncertainty and barriers to care, CHWs are taking on expanded roles to provide trusted information, reassurance, navigation, and support. Their work helps families remain connected to essential services and make decisions that protect their health and wellbeing, even as the broader environment becomes increasingly difficult to navigate.

Policy Recommendations

Across our interviews, CHWs and other frontline providers consistently emphasized that policies must ensure families can safely access the supports they need to be healthy, including consistent health care. They also shared that as immigrant families face greater barriers to health care, housing, nutrition, income supports, and other basic needs—barriers that are intensifying as California begins implementing H.R. 1’s new eligibility restrictions and work requirements—CHWs and other frontline providers need support too. The following policy recommendations reflect what families and the providers who serve them need to navigate this challenging moment and build a stronger foundation for family wellbeing.

1. Protect immigrant families’ ability to access the supports they need to be healthy

At the federal level, policymakers should eliminate eligibility exclusions and waiting periods for programs to ensure immigrant families can consistently access health care and other essential supports, including housing, nutrition, income supports, and affordable childcare. This includes policy changes such as allowing all immigrants to purchase Marketplace coverage regardless of status, codifying DACA recipients’ eligibility for Medicaid and ACA coverage—including subsidies, eliminating the five-year waiting period that has long barred lawfully present immigrants from Medicaid, CHIP, and other public programs, and directly reversing the newer exclusions under H.R. 1 that stripped eligibility from many lawfully present immigrants—most of whom hold humanitarian statuses, including refugees, asylees, and survivors of trafficking and domestic violence.



Until these changes are made at the federal level, states should ensure that state-funded programs continue to help fill gaps created by federal exclusions and that immigrant families can access available supports without unnecessary barriers. In California, this begins with the state restoring access to full-scope Medi-Cal for adults affected by the 2026 enrollment freeze, preserving comprehensive Medi-Cal coverage—including dental benefits—for immigrant adults, and eliminating new premiums that could create financial barriers to maintaining coverage. All families need stable coverage that allows them to seek care when they need it and maintain continuity of care over time. For children in particular, insurance status correlates with parents’. Even though they remain eligible, the data indicates that children in immigrant families are already falling off coverage because their parents are.

California’s 2026–27 budget delayed—but did not resolve—a set of Medi-Cal rollbacks that all take effect July 1, 2027, absent further legislative and budget action. Next year and in the years that follow, it should be a priority for the state to fully restore, not just further delay, its Health4All commitments. Four asks converge on this deadline:

- **Restore full-scope enrollment access.** Reverse the enrollment freeze in effect since January 1, 2026, which has already barred new full-scope Medi-Cal enrollment for undocumented adults 19 and older and contributed to a sharp coverage drop-off: over 86,000 immigrants without legal status left or were denied Medi-Cal in the first two months of 2026 alone.
- **Preserve adult preventative dental coverage.** Prevent the elimination of regular dental benefits for adults with Unsatisfactory Immigration Status (UIS), currently delayed to July 1, 2027.
- **Reject new premiums.** Prevent the \$30–\$50 monthly premium for UIS adults ages 19–59 from taking effect July 1, 2027; the decision was left to the incoming administration and should be a first-year priority to reverse.
- **Maintain humanitarian coverage.** Preserve full-scope Medi-Cal for asylees, refugees, and survivors of trafficking and domestic violence—roughly 200,000 people—who would otherwise be moved to emergency-only coverage on the same July 1, 2027 date.

California should also expand the California Food Assistance Program (CFAP) to cover immigrants excluded from CalFresh, ensuring nutrition support keeps pace with health coverage protections. Sustaining this progress will require long-term investment. To continue advancing health coverage and equity for immigrant families, California should pursue durable revenue solutions to sustain Medi-Cal and other programs suffering from losses of federal funding, rather than relying on incremental, year-to-year budget decisions.

2. Invest in CHWs and other trusted frontline providers who are essential partners in supporting families with benefit enrollment, retention, and navigation

CHWs and other community-based service providers not only help families apply for and retain benefits, but also ensure they receive clear, accurate, and accessible information about program eligibility, available resources, and their rights. Policies that create fear, confusion, or uncertainty about immigration consequences, including public charge, discourage families from accessing programs and services that support their health and wellbeing. California can mitigate these effects by investing in frontline, family-facing support.

California should harness the momentum of its Medi-Cal CHW benefit and the investments made to date to build a more stable, sustainable foundation for the CHW workforce going forward. The priorities outlined below continue to be driven forward by advocates across California, and now more than ever is the time to build on that momentum.

- **Provide stable financing and workforce development.** State policymakers should provide stable financing, equitable compensation and workforce development opportunities, and ongoing training and support for CHWs and other frontline providers. As part of these efforts, they should focus on reforming billing and financing structures to better reflect the full scope of CHW work, including the time spent building trust and relationships, providing navigation, education and community engagement, and connecting families to broader health and social supports.

- **Strengthen implementation of California's Medi-Cal CHW benefit.** California should strengthen implementation of its Medi-Cal Community Health Worker benefit by reducing administrative barriers, increasing awareness and uptake among eligible providers and families, and supporting community-based organizations that employ and train CHWs. Medi-Cal managed care plans (MCPs) should be engaged as key partners in increasing awareness and uptake of the benefit.
- **Establish MCP accountability metrics for CHW integration.** The California Department of Health Care Services (DHCS) should establish clear accountability metrics for Medi-Cal MCPs that incentivize meaningful integration of the CHW model into care delivery and ensure equitable access to CHW services. MCPs should also be held accountable for the quality, consistency, and sustainability of their contracting relationships with community-based organizations (CBOs), including timely reimbursement and equitable contracting practices. Metrics should be developed in partnership with the Community Health Worker/Promotores/Representatives (CHW/P/R) coalition and consumer representatives to track model fidelity, cultural responsiveness, and prevention.
- **Ensure transparent, sustained funding for CHW investments.** California's 2026–27 state budget included several investments related to CHWs: \$8 million for clinic navigators to assist individuals navigating new federal work requirements; \$15 million for CHW/P/R training and expansion and up to \$6.6 million in existing funds to extend the [CHW/P/R Immigrant Community Health & Resilience Partnership](#)⁴ for one year. While these investments mark a recognition of the value of CHWs and navigators as important in supporting benefit access, enrollment, and retention, such investments must be sustained. The state should consider continued and ongoing funding to support CHWs navigators operating in both clinic and CBO settings in the coming years, bolstering the state's robust CHW and navigator infrastructure and giving organizations the predictability to plan staffing, training, and services accordingly.

⁴ The CHW/P/R Immigrant Community Health & Resilience Partnership is a partnership between HCAI and the California Department of Social Services (CDSS), building on CDSS's Regional Network Hubs for immigrant families—which connect immigrant families and mixed status families to legal services, information, and community-based support.

As California works to shield residents from coverage losses driven by H.R. 1 and eligibility changes, CHWs will remain critical to that response—helping families navigate new redetermination and work-reporting requirements and stay covered and connected to the services for which they remain eligible.

At the federal level, advocates should push for permanent recognition of CHWs as a reimbursable Medicaid provider type, sustained workforce development funding through the Health Resources and Services Administration (HRSA), and Center for Medicare & Medicaid Services (CMS) guidance that protects states' flexibility to design and fund CHW Medicaid benefits like California has.

3. Protect families' privacy and ensure health and social service systems remain separate from immigration enforcement

Policymakers should strengthen privacy and confidentiality protections, limit information sharing with immigration enforcement agencies, and ensure families have clear information about their rights and available services. Families should be able to seek health care and other essential supports without fear that their personal information will be used against them or their loved ones.

In California, SB 81 (Arreguín), signed into law in September 2025, offers a model for this kind of protection at the state level. The law requires California healthcare facilities to designate non-public areas to protect patient

privacy, directs providers to establish clear procedures for responding to immigration enforcement in health spaces, and treats immigration status and place of birth as protected medical information under the [Confidentiality of Medical Information Act \(CMIA\)](#). It restricts healthcare providers, plans, and contractors from disclosing information for immigration enforcement purposes absent a valid judicial warrant or court order. Prior to its passage, current law did not strictly prohibit health care facilities from sharing patients' immigration status with immigration enforcement, leaving immigrants and their families vulnerable when accessing essential health care services.

Notably, advocates have since undertaken efforts to require the Attorney General to publish an annual public report on immigration enforcement incidents at safe locations like health facilities—adding an accountability and transparency layer to verify that SB 81's protections are being enforced in practice. State leaders should implement this and other necessary measures to ensure California's immigrant communities are genuinely protected when accessing safe spaces like health facilities—not just on paper, but in practice.

At the federal level, policymakers should restore “sensitive locations” protections that limit immigration enforcement actions at hospitals, clinics, schools, and other settings, and press CMS and the U.S. Department of Health & Human Services (HHS) to affirm that patient information collected for health care purposes cannot be shared with immigration enforcement agencies.



Conclusion

Immigrant families and their children are facing growing challenges as immigration policy and enforcement practices compound existing barriers to health, stability, and wellbeing. Across California, CHWs and other frontline providers described how immigration policy and enforcement practices are creating barriers, fear, and uncertainty that make it harder for families to safely and consistently access health care and other essential supports. These barriers have far-reaching consequences, undermining the conditions families need to remain healthy, care for one another, and participate fully in their communities.

At the same time, CHWs and other frontline providers are helping families navigate changing policies, stay connected to care and resources, and access critical supports. Their experiences underscore both the essential role of trusted frontline providers and the need for policies that reduce barriers for families, improve systems, and strengthen the workforce that supports them. Protecting the health and wellbeing of children and families requires ensuring families can safely access the care and resources they need, while investing in trusted providers who help make that possible.



About the Center for the Study of Social Policy

For 45 years, the Center for the Study of Social Policy (CSSP) has worked to advance anti-racist, intersectional, and human-centered policy and practices to support those who face the greatest barriers to wellbeing and self-determination in a society that is racially, socially, and economically unjust. CSSP believes that all children, youth, and families should have what they need to thrive. To advance this mission, we are guided by our commitment to racial justice and expertise in family autonomy, economic justice, and health justice. Our work connects policy, systems, communities, and the experiences of children, youth, and families to drive change. Learn more at cssp.org.

About The Children's Partnership

The Children's Partnership (TCP) is a California-based children's policy and advocacy organization committed to advancing child health equity through public policy, research and community engagement. TCP envisions a California where all children—regardless of their race, ethnicity or place of birth—have the resources and opportunities they need to grow up healthy and thrive. Learn more at childrenspartnership.org.

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Appendix

Research Methods

Study Purpose

This rapid-response qualitative study examined how immigration policy and enforcement practices are affecting the health and wellbeing of immigrant children and families, including families' access to health care, public benefits, and other essential supports. The study also explored how CHWs and other frontline providers are responding to a rapidly changing policy environment and supporting families amid growing uncertainty.

Qualitative Approach

CSSP used a qualitative interview approach to better understand how families experience immigration policy and enforcement practices in their daily lives and how these changes affect access to care and other supports.

Between May and June 2026, CSSP conducted 60-minute, semi-structured interviews virtually via Zoom with CHWs, promotores, care coordinators, care managers, and other frontline providers serving immigrant communities in California. Participants were identified through outreach conducted by CSSP's project partner, The Children's Partnership, who helped connect CSSP with trusted providers serving immigrant communities across the state.

Interviews focused on how immigration policies and enforcement practices are impacting families' access to health care, public benefits, and other services; how families are responding to changing conditions; and how providers and organizations are adapting to support families. Participants were compensated for their time and expertise.

With participants' consent, interviews were recorded and transcribed by CSSP staff. Two CSSP staff members reviewed and coded transcripts to identify common themes and patterns across conversations. The findings presented in this report reflect themes that emerged consistently across interviews. They are not intended to represent the experiences of all immigrant families in California, but rather to provide insight into how policies and systems are experienced by families and the providers who support them.

Interview Participants

CSSP conducted in-depth interviews with 14 CHWs, promotores, care coordinators, care managers, and other

trusted frontline providers. Participants were selected because of their direct work with immigrant families and their ability to provide insight into how immigration policy and enforcement practices affect families' health, wellbeing, and access to supports. Participants represented organizations providing health care, housing, and other supports, benefits navigation, family support, community outreach, and connections to social and legal services.

Regions Represented

Interviews included providers working in three regions of California: San Diego, the Bay Area, and the Central Valley.

Within each region, CSSP spoke with four to six providers who work closely with immigrant communities prominent in that area. This approach allowed us to understand both shared experiences across communities and the ways local context—including immigrant communities served, available resources, and enforcement environments—shape families' experiences.

Communities Served

Participants worked with diverse immigrant communities, including Latine, Afghan, East African, and Asian American and Pacific Islander communities. Some providers work primarily with immigrant families of a particular nationality or ethnicity due to their unique language skills or community relationships. Others offer more broad-based support to whoever is seeking assistance. This approach allowed us to hear multiple provider perspectives from the same region while also learning about the experiences of distinct immigrant communities and the ways local context shapes families' experiences.

Why CHWs Offer a Unique Perspective

CHWs and other trusted frontline providers offer a unique perspective because they work alongside families as they navigate health care, public benefits, and other supports. They help families understand complex systems while building relationships rooted in trust, language access, and community connection.

Because of their close relationships with families, CHWs are often among the first to see how policy changes, administrative barriers, and enforcement fears affect families' ability to access supports and decisions about seeking care and services. Many share language and cultural connections with the families they serve, and live in the communities where they work. Some also experience the impacts of immigration policies within their own families and communities, providing important insight into how these policies shape family health and wellbeing.