



# INTERDISCIPLINARY RESEARCH LEADERS

ISSUE BRIEF | November 2020

## Immigrants Organizing to Advance Equity and Justice for Families in Bridgeport, Connecticut

### WHY WE DID THIS STUDY

Bridgeport is the largest city in Connecticut with a population of almost 150,000 (U.S. Census Bureau, American Community Survey, 2017<sup>1</sup>). It is a vibrant northeastern city with a growing immigrant population (Abraham et al., 2019<sup>2</sup>). Government census data indicate that approximately 30 percent of Bridgeport residents are immigrants, disproportionately from Latin America and the West Indies (Abraham et al., 2019<sup>2</sup>). Bridgeport is also one of the poorest cities in Connecticut, yet located within the wealthiest and most economically unequal region of the state, Fairfield County (Abraham et al., 2019<sup>2</sup>; Bertrand, 2014<sup>3</sup>). More than 20 percent of Bridgeport residents, and 30 percent of all immigrant children in Bridgeport, lives at or below the federal poverty line. Forty-three percent of Bridgeport residents, 59 percent of all immigrant children, are low income, as defined as 200 percent of the federal poverty line or below (author calculations, U.S. Census Bureau, American Community Survey 2017<sup>1</sup>). Immigrants are more likely to be employed than their nonimmigrant counterparts yet are no more likely to escape poverty (author calculations, U.S. Census Bureau, American Community Survey 2017<sup>1</sup>). This demographic profile reveals the economic precarity of low-income immigrant families in Bridgeport and raises several questions about how parents and their children experience this economic marginality and its implications for health and wellbeing.

#### Bridgeport is the largest city in Connecticut

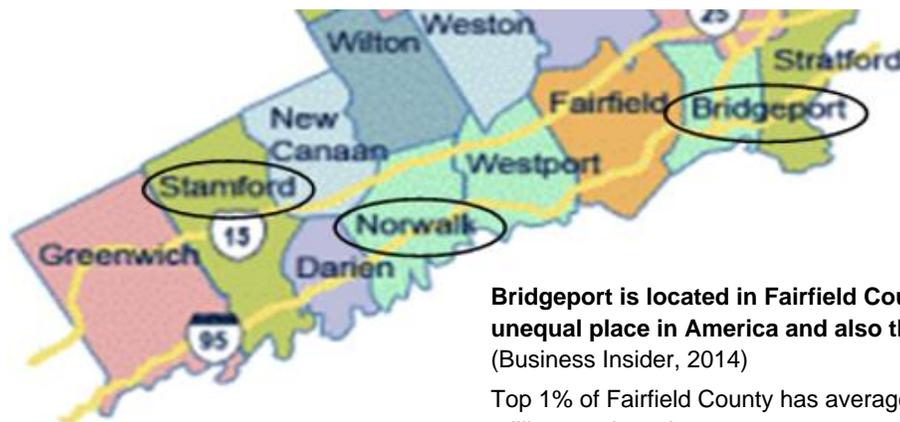
Population: 146,579 (2017)

Foreign Born: 29.6%,  
Latinx 39.2%

Non-English language  
spoken at home: 47.5%

Poverty rate: 20.8%

Bridgeport; 9.2% Norwalk;  
9.3% Stamford; 43% at  
200% poverty



**Bridgeport is located in Fairfield County, the most unequal place in America and also the wealthiest (Business Insider, 2014)**

Top 1% of Fairfield County has average income of \$6 million, 73 times bottom 99%.

Bottom 20% of population has 2.3% share of County's income while top 5% has 30%.

To better understand the immigrant experience in Bridgeport – and particularly, to learn from immigrants *in their own voice* about their experiences working and raising children – we partnered with Make the Road Connecticut (MRCT). MRCT is a community organization in Bridgeport that helps immigrants participate in their communities and improve their educational and economic well-being through legal and support services, civic engagement, transformative education, and policy innovation. We ask the following research questions:

- What are the employment experiences of immigrants residing in Bridgeport?
- What are the caregiving and early learning opportunities in Bridgeport for the children of immigrant parents with diverse employment experiences?
- How do community factors (strengths and challenges) contribute to parents' work and caregiving strategies and their children's health and wellbeing?

We used a variety of data gathering approaches to answer these exploratory research questions including focus groups, interviews, youth photography (also known as the photovoice method, Wang et al., 1998<sup>4</sup>), and secondary analysis of census and other survey data to gain insights on economic, social, and political sources of marginalization; immigrant experiences with paid work and caregiving; and the ways in which systems support or compromise access to key services and institutions.

We used a community-based participatory action research approach for this study that engaged youth and adults in activities to define community needs and identify community assets that could help to improve child and family well-being in Bridgeport.

## WHAT WE FOUND

- Employment, caregiving, and health challenges are significant stressors for immigrant families in Bridgeport.
- Community infrastructure in Bridgeport is fragmented and under-resourced. Low quality jobs restrict economic mobility for immigrant families and these families lack good information and access to affordable, quality child care programs, educational supports, and health services.
- The current political climate heightens risks for immigrant families, especially for those with mixed citizenship status or those without documentation.
- Together with MRCT, Bridgeport immigrant families and community members are engaged in creative and effective strategies to advocate for their needs and address systemic barriers.

## Employment Conditions

The immigrant residents of Bridgeport who we talked with in one-on-one interviews and focus groups discussed regularly experiencing economic hardship, food insecurity, and housing and transportation problems despite their high levels of labor force attachment. They described a variety of work experiences including jobs cleaning houses, taking care of other families' children, working as store clerks, in food preparation, as gardeners, day laborers and as home health aides. Most described wanting to work and enjoying many aspects of the work they do. However, their jobs paid low wages, and often entailed long commutes outside of the city (as far away as New York City), unreliable and inadequate public transportation, unpredictable work schedules, work during nonstandard hours, and few, if any, benefits.

**“No benefits at all. Um, and this is all because of the hours. You know, if you're working less than, um, you now, I think it is 30 hours, you don't get any benefits...So if there's a day, if I need the day off, I don't get paid for that. You know, I don't get paid time off, I don't get, uh sick days, vacation days, you know, personal days, none of that stuff.”**

*–Homecare worker whose employer will not allow her to work enough hours to qualify for benefits*

In addition, study participants reported numerous workplace violations committed by their employers, including payment of wages lower than minimum wage, required overtime work off the clock, and the withholding of wages. In addition, in some cases immigration problems compromised job stability.

## Caregiving challenges

The aforementioned job-related stressors were particularly difficult for parents who struggled to juggle paid work with caregiving responsibilities in a community with limited childcare and early education options. Most of the mothers we interviewed and who participated in focus groups reported looking for work near home so they could be nearby in case their children needed them, although some could only find work in neighboring communities. Additionally, parents reported disproportionately using informal care arrangements, such as relatives or friends, citing a need for flexibility around unpredictable and nonstandard work schedules, greater familiarity and trust in relative and friend caregivers, and the lower cost of informal arrangements. Formal childcare centers were described as in short supply, or too expensive, or in some cases not trustworthy. Several participants were unaware of existing government childcare subsidy programs or assumed that they did not qualify for these programs. Some participants mentioned that the high cost of childcare sometimes kept mothers out of the labor market altogether.

**“It’s difficult to find child care where they don’t charge all that you earn working... I mean, you have to turn to your family because you have no choice. I mean, you have to work to pay your, your bills and you can’t work just so that someone takes care of your child.”**

*–Focus group participant discussing high cost of formal child care programs*

Parents of school-aged children indicated that they struggled to align work with children’s needs, given limited bus routes, unsafe intersections, and poor lighting that caused safety concerns. We learned that many immigrant youth and parents who participate in MRCT activities are engaged in actions to improve transportation access and address school policies that punish children who experience interruptions at school due to transportation-related problems. Some mothers sought jobs that allowed them the flexibility to engage in their children’s schooling and participate in school reform efforts to improve the quality of their children’s education. Other parents expressed frustration that they worked long hours and too far from their children’s school to get involved.

## Access to key services and institutions

Both parents and youth that we spoke with expressed concern about inequitable opportunities and representation for Spanish-speaking parents. We learned about MRCT’s Committee of Mothers in Action campaign to improve language access in schools and demand a voice in the decision-making process. Mothers spoke passionately about this work, and their successes with increasing representation on school committees and increasing access to interpreters and Spanish-language materials. Active participation in their children’s schools was understood by parents as especially important in order to change the aforementioned transportation problems facing their children and to address longstanding concerns about under-resourced classrooms and buildings, inadequate course offerings, and other school-related problems affecting their children’s education. To adequately engage in these issues, some immigrant parents needed to be able to communicate in Spanish with school officials.

Our study also addressed immigrant families’ experiences with health care services for their children. Parents reported using a range of public health care facilities when they or their family members were sick or injured. Many also relied on home remedies and informal medical care from lay people in the community. Some parents did not seek formal clinical care services because of cost concerns. Problems with finding affordable healthcare, especially for families without insurance, were sometimes compounded by poor treatment by health professionals. Several interview participants reported being turned away from care or denied prescription refills, presumably due to a lack of insurance. Some participants felt they had been discriminated against because of their insurance status or their status as undocumented immigrants.

**“...We sometimes die because we’re scared to go for, for a check-up because of the high prices and because they also don’t give us the attention. When they know we don’t have insurance, they put us aside.”**

*–Focus group participant discussing discrimination experienced by health care providers*

## WHAT THESE FINDINGS MEAN

Our findings on employment conditions are relevant to several ongoing employment policy reforms at local, state, and federal levels, such as those aimed at increasing the minimum wage, instituting mandatory paid sick day and leave policies, and fair work week policies that are intended to provide hourly employees with more advance notice of and greater input into their scheduled work hours. Our findings also underscore the importance of other kinds of assistance to reduce job stressors and employment-related problems. For example, help with immigration-related assistance and language supports might prevent avoidable work interferences or misunderstandings. And greater investment in public transportation – increasing the reliability and frequency of bus routes, for example – could reduce tardiness and absenteeism as would the provision of supplemental transportation services for workers with evening and nighttime hours, when public transportation may not be available or raises safety concerns for some workers.

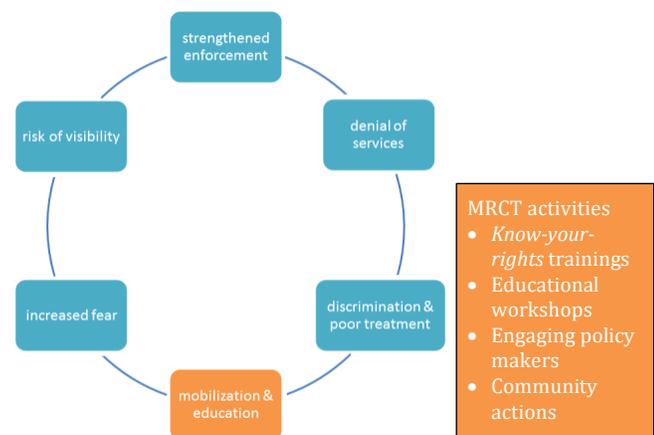
Our findings also highlight the lack of affordable, high quality, formal childcare programs that align with families’ work schedules and their limited knowledge of existing childcare subsidy programs and public preschool programs. Even when immigrant families qualify for government subsidy programs, they might lack information about how to apply or believe their children are not eligible due to parents’ immigration status. Financial incentives to encourage home-based and center-based providers to participate in state subsidy programs and to extend hours beyond regular daytime schedules can increase both the affordability and availability of care to low-income immigrant families.

Regarding access to healthcare, our findings suggest several challenges that must be overcome in order to deliver affordable, high quality health care services to immigrant families. Given the precarious employment conditions of immigrant families, health insurance options delinked from jobs are critically important. That said, our findings indicated that families with and without insurance reported multiple challenges obtaining the health care services and medications they needed due to perceived discrimination from providers. Greater enforcement of anti-discrimination policies and the establishment of local trainings with providers about the health care needs of immigrant families might result in more positive treatment by the health care system.

Regarding both child care and health care services, to increase parental knowledge about low-cost programs and services, effective outreach that enlists the support of community institutions is critical. Information about programs and services can be disseminated through schools, doctors’ offices, grocery stores, libraries, and immigrant-serving agencies like MRCT. The development of trusting relationships with individuals in these institutions is crucial, however, for maximum effectiveness.

Finally, immigrant families’ concerns and fears across multiple domains have heightened in recent years due to the increased use of negative political rhetoric, legal practices and policies that heighten risks for undocumented immigrants, mixed citizenship status families, and even legal immigrants. We learned through this study that immigrant families involved with MRCT have countered those risks through participation in mobilization, education, and advocacy efforts to protect the safety and well-being of their community members. These include the formation of special committees to focus attention on particular systemic inequities, and the development of trainings, such as know-your-rights trainings, educational workshops, and direct-action campaigns that engage policy makers and raise awareness. These activities are designed to equip community members to collectively and effectively advocate for themselves.

### MRCT activities respond to heightened risks to immigrants in current political climate



## MORE ABOUT THIS STUDY

This study included four components: (1) a community assessment that used American Community Survey and Data Haven survey data on Bridgeport and key stakeholder interviews with Bridgeport residents and services providers; (2) focus groups conducted in Spanish and English with immigrants referred to us from MRCT staff and from participants themselves; (3) parent workshops that engaged the MRCT Mother's Committee in discussion and education related to women's health, gender roles, and women's rights in and outside of the home; and (4) a youth photography project that was undertaken by the MRCT youth committee that resulted in a "gallery walk" where youth displayed and discussed their photos which captured important aspects of their community and family life.

## SOURCES

- <sup>1</sup> Author Calculations. United States Census Bureau, American Community Survey. 2017.
- <sup>2</sup> Abraham, M., Seaberry, C., Ankrah, J., Bourdillon, A., Davila, K., Finn, E., McGann, S., Nathan, A. (2019). *Fairfield County Community Wellbeing Index, 2019*. New Haven, CT: DataHaven. Available at [ctdatahaven.org](http://ctdatahaven.org).  
[https://www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven\\_FairfieldCounty\\_Community\\_Wellbeing\\_Index\\_2019.pdf](https://www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven_FairfieldCounty_Community_Wellbeing_Index_2019.pdf)
- <sup>3</sup> Bertrand, N. (2014). This Connecticut metro area is the most unequal in America. *Business Insider*, December 9, 2014.  
<https://www.businessinsider.com/this-northeast-metro-area-is-the-most-unequal-place-in-america-2014-12>
- <sup>4</sup> Wang, C. C., Yi, W. K., Tao, Z. W., & Carovano, K. (1998). Photovoice as a participatory health promotion strategy. *Health promotion international*, 13(1), 75-86

## STUDY CONTACT INFORMATION:

Julia Henly ([jhenly@uchicago.edu](mailto:jhenly@uchicago.edu)), Michele Kilpatrick ([michelekilpatrick@gmail.com](mailto:michelekilpatrick@gmail.com)), and Julio López Varona ([julio.lopez@maketheroadct.org](mailto:julio.lopez@maketheroadct.org)) Make the Road Connecticut staff members Barbara Lopez, Alison Martinez Carrasco, Luis Luna, Mary Elizabeth Smith, and Wendy Cardenas also contributed to this project.