



Immigrant Families in California Faced Barriers Accessing Safety Net Programs in 2021, but Community Organizations Helped Many Enroll

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The pandemic exposed the nation's deep inequities in social vulnerability and underscored the importance of a robust and accessible safety net that can help families through an economic and public health emergency. Immigrant families in California and other states were especially hard hit by the pandemic but also faced unique barriers to accessing the safety net (Bernstein, Gonzalez, et al. 2021; Clark et al. 2020; De Trinidad Young et al. 2020). Major federal pandemic relief initiatives followed long-standing practices of excluding undocumented immigrants from eligibility for public assistance, and some of these exclusions initially affected families with citizens and other lawfully present family members (Broder et al. 2021).¹ Even among eligible immigrant families, language barriers, complex eligibility rules, a fear of immigration consequences, and a lack of cultural competence among some program staff compounded the difficulties many people face in meeting the complex requirements of established health, nutrition, housing, and cash assistance programs that predated the pandemic (Bell et al. 2022; Bernstein, Gonzalez, et al. 2021; Moynihan et al. 2015; Perreira et al. 2012).

Understanding the difficulties navigating safety net programs that eligible immigrant families in California share with other families, as well as their unique barriers, can inform policies that help such families obtain needed assistance. Strategies to address these barriers are especially relevant as California closes gaps in eligibility based on immigration status for full-scope Medicaid (known as Medi-

Cal in California) and a state-funded food benefit for immigrants known as the California Food Assistance Program.²

Drawing on data from the December 2021 round of the Urban Institute’s Well-Being and Basic Needs Survey (WBNS), a nationally representative survey of nonelderly adults, we assessed family participation in and experiences with seven public benefit programs among adults in California immigrant families in 2021. Respondents could have reported program participation for themselves, a spouse or partner, or their children under age 19 who live with them. We also estimated the share of adults in immigrant families who reported they did not apply for noncash public benefit programs because of concerns about adversely affecting their or a family member’s immigration status.

Our analysis focused on adults with family incomes below 400 percent of the federal poverty level (FPL), or about \$51,500 for a single adult and \$106,000 for a family of four in 2021.³ Though eligibility varies by income across benefit programs, self-reported program participation is limited among families with incomes above this threshold.⁴ We include adults in immigrant families and “US-born families.” US-born families are those in which all members were born in the US. We define adults in immigrant families as those who were born outside the US or live with any family members born outside the US. A majority of these adults are in families in which all members born outside the US are either naturalized citizens or permanent residents or in which adults who are not permanent residents live with citizen children.⁵ However, because the WBNS is conducted only in English and Spanish, it does not fully capture the experiences of adults in immigrant families who speak other languages.⁶ We find the following:

- In December 2021, about two-thirds of adults in California immigrant families with family incomes below 400 percent of FPL reported their families applied for or participated in one or more safety net programs in the past 12 months. Their participation rates were similar to those for adults in US-born families for each program. Participation rates were highest for Medi-Cal and the Children’s Health Insurance Program (CHIP), followed by the Supplemental Nutrition Assistance Program (or SNAP, known as CalFresh in California) and unemployment insurance.
- Most adults in California immigrant families reported positive experiences when applying for or participating in safety net programs, but more than 4 in 10 reported difficulties accessing benefits and interacting with program staff. Adults in immigrant and US-born families reported these challenges at similar rates.
- Community organizations played a key role in connecting immigrant families to the safety net. Among adults whose families applied for or participated in programs, those in immigrant families were more than twice as likely as those in US-born families to have received application assistance from a community organization for at least one program (20 versus 8 percent).
- Many adults in immigrant families avoided applying for benefits over worries about affecting their or a family member’s immigration status. Approximately one in four adults in immigrant families reported avoiding noncash public benefit programs such as Medi-Cal, CalFresh, and housing subsidies because of green card and other immigration concerns in 2021.

California has taken meaningful steps to expand access to the safety net in recent years. In addition to using state funding to extend eligibility for Medi-Cal and the California Food Assistance Program to undocumented immigrants, the state established temporary relief programs for undocumented workers during the pandemic, such as cash assistance provided via the Golden State Stimulus payments.⁷ At the federal level, the reversal of the Trump administration's public charge rule and an executive order directing federal agencies to improve customer experiences for people who interact with federal programs could also help alleviate barriers for eligible immigrants and their families.⁸ But the findings in this brief suggest eligible families in California continue to face hurdles in obtaining assistance for which they qualify, and immigration concerns add to the challenges facing immigrant families. The findings also highlight the important role of community organizations in helping eligible immigrant families apply for benefits. As the country emerges from the pandemic, addressing administrative burdens and other barriers that prevent eligible immigrant families from getting needed support can foster a more inclusive and responsive safety net.

Results

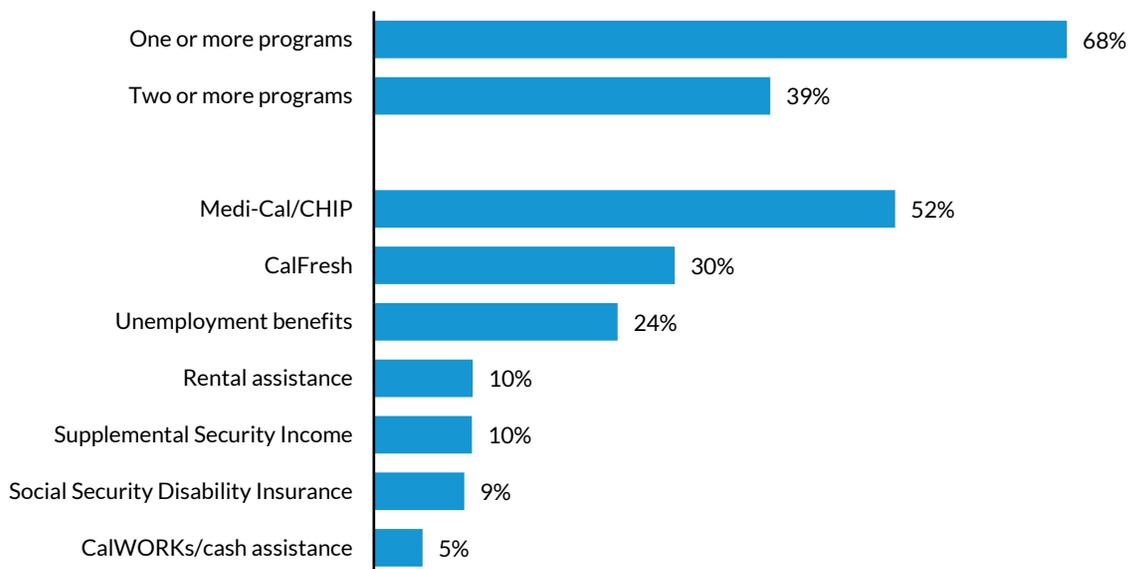
In December 2021, about two-thirds of adults in California immigrant families with incomes below 400 percent of FPL reported their families applied for or participated in one or more safety net programs in the past 12 months.

In California, most adults in both immigrant and US-born families with incomes below 400 percent of FPL reported they or a family member had applied for or participated in one or more of the seven programs included in the WBNS in the past year. The difference in application and participation rates between adults in immigrant families (68 percent; figure 1) and US-born families (62 percent; data not shown) was not statistically significant. We also observed similar patterns by family immigration status across each program, which was consistent with 2021 data from federal surveys for California and the US, as discussed later in the Data and Methods section. Some immigrant families may have received Medi-Cal, CalFresh, or other benefits for an eligible citizen child even if the child's immigrant parents were ineligible; in other instances, immigrant adults may have been eligible for state-funded benefits.⁹

As shown in figure 1, Medi-Cal/CHIP was the most frequently reported benefit adults in immigrant families applied for or received (52 percent), followed by CalFresh (30 percent). Additionally, approximately 1 in 4 adults in immigrant families (24 percent) reported receiving or applying for unemployment benefits, reflecting the effects of the recession, when unemployment insurance claims reached a record high. About 1 in 10 adults in immigrant families (10 percent) reported applying for or receiving rental assistance. About 4 in 10 adults in immigrant families (39 percent) reported they or a family member applied for or participated in two or more programs.

FIGURE 1

Share of Adults in California Immigrant Families with Family Incomes below 400 Percent of FPL Whose Families Applied for or Participated in Select Safety Net Programs in the Past 12 Months, December 2021



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Source: Well-Being and Basic Needs Survey, December 2021.

Notes: FPL is federal poverty level. CHIP is the Children's Health Insurance Program. Medi-Cal is California's Medicaid program. CalFresh is California's Supplemental Nutrition Assistance Program. CalWORKs is California Work Opportunity and Responsibility to Kids, which is California's Temporary Assistance for Needy Families program. Adults are ages 18 to 64. Estimated participation rates for adults in immigrant families did not differ significantly from estimates for adults in US-born families, which are not shown.

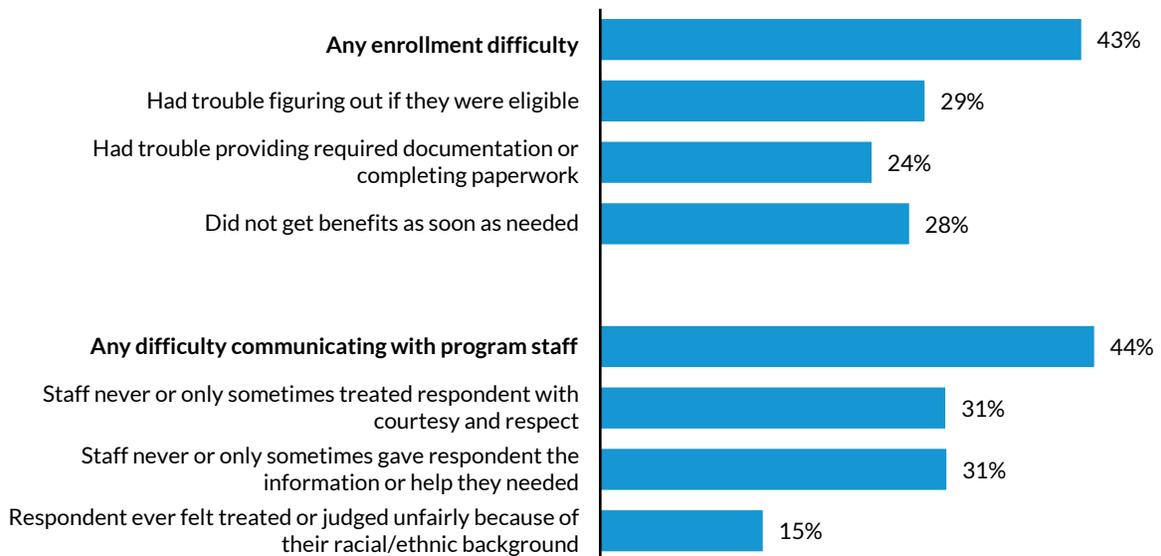
Though most adults in California immigrant families reported positive experiences applying for or participating in safety net programs, more than 4 in 10 reported difficulties accessing benefits and interacting with program staff. Adults in immigrant and US-born families reported these challenges at similar rates.

A majority of adults in immigrant families did not report challenges enrolling in the programs they or their families participated in or applied for, but 43 percent of adults in immigrant families reported some difficulty applying for one or more programs (figure 2). This share was not statistically different from the share of adults in US-born families who reported these challenges (50 percent; data not shown). Difficulties with enrollment for adults in immigrant families include having trouble navigating eligibility (29 percent), having trouble providing required documentation or paperwork (24 percent), and not getting benefits as soon as needed (28 percent).

Further, about 44 percent of adults in immigrant families who interacted with the staff of one or more programs reported difficulties communicating with those staff; this share was the same for adults in US-born families (data not shown). About 3 in 10 adults in immigrant families (31 percent) reported staff for at least one program never or only sometimes treated them with courtesy and respect, and the same share reported staff never or only sometimes gave them the information or help they needed for

one or more programs. Just over 1 in 7 adults (15 percent) reported ever feeling treated or judged unfairly because of their racial or ethnic background.

FIGURE 2
Share of Adults in California Immigrant Families with Family Incomes below 400 Percent of FPL Reporting Challenges Enrolling in or Interacting with the Staff of One or More Safety Net Programs in the Past 12 Months, December 2021



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Source: Well-Being and Basic Needs Survey, December 2021.

Notes: FPL is federal poverty level. Adults are ages 18 to 64. Estimates are based on adults reporting their families applied for or participated in one or more of the following programs in the past 12 months: Medi-Cal or CHIP, CalFresh, unemployment insurance benefits, rental assistance, Supplemental Security Income, Social Security Disability Insurance, and CalWORKs or other cash assistance.

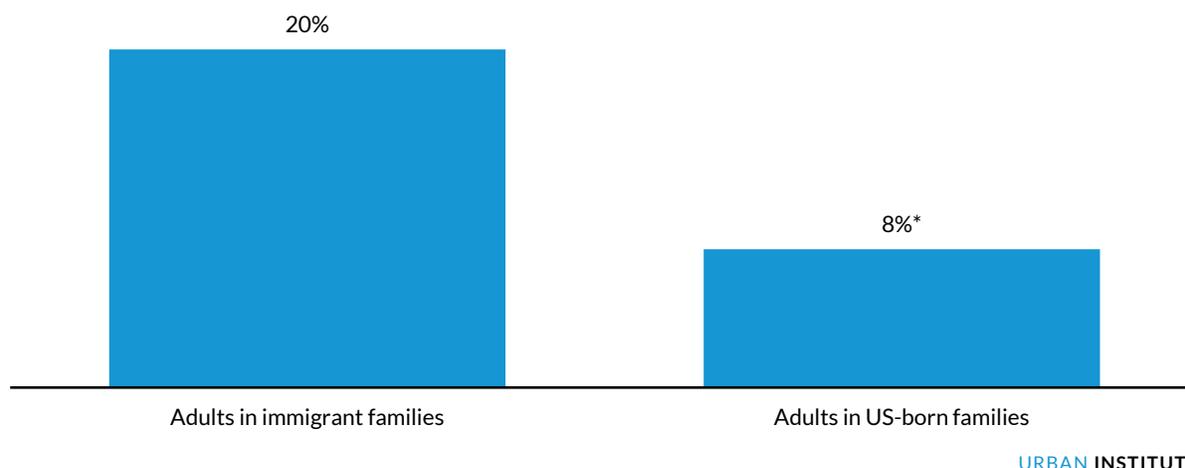
In addition to experiencing challenges with enrollment and interacting with program staff, some adults in immigrant families faced language barriers. More than one in six Spanish-speaking adults in immigrant families (18 percent) reported difficulty finding information for one or more programs in their preferred language (data not shown). Because the WBNS was only administered in English and Spanish, we cannot fully capture experiences for immigrants who have limited English proficiency and speak languages other than Spanish, for whom information in their preferred language may be far more limited.¹⁰

Community organizations played a key role in connecting immigrant families to the safety net.

Among adults whose families applied for or participated in at least one safety net program in the past year, those in immigrant families relied more heavily on community groups for application assistance. This may reflect a greater need for assistance among immigrant families due to language barriers, a lack of familiarity with safety net programs, and immigration-related concerns (Perreira et al. 2012). Twenty

percent of adults in immigrant families and 8 percent of adults in US-born families reported that a community organization helped them apply for at least one program (figure 3). This suggests community organizations are helpful resources for many people navigating the safety net, but immigrant families are also at greater risk of having their needs go unmet if these resources are limited or unavailable.

FIGURE 3
Share of California Adults with Family Incomes below 400 Percent of FPL Reporting Receiving Application Assistance for One or More Safety Net Programs in the Past 12 Months, among Those Who Applied or Participated, December 2021



Source: Well-Being and Basic Needs Survey, December 2021.

Notes: FPL is federal poverty level. Adults are ages 18 to 64. Estimates are based on adults reporting their families applied for or participated in one or more of the following programs: Medi-Cal or CHIP, CalFresh, unemployment insurance benefits, rental assistance, Supplemental Security Income, Social Security Disability Insurance, and CalWORKs or other cash assistance.

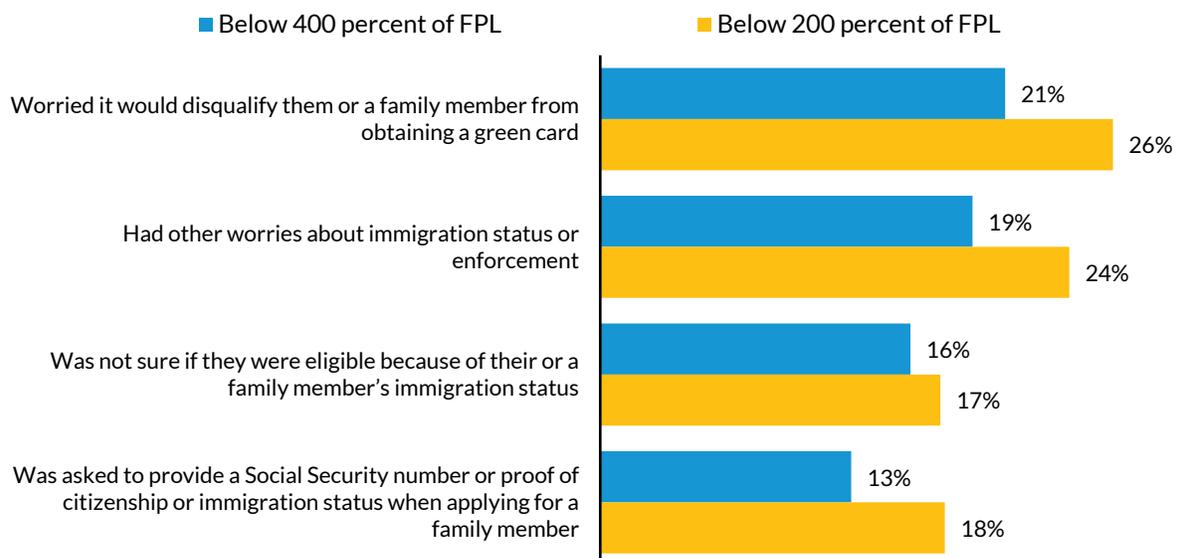
* Estimate differs significantly from that for adults in immigrant families at the 0.01 level, using two-tailed tests.

Many adults in immigrant families avoided applying for noncash benefit programs because of green card and other immigration concerns in 2021.

About one-quarter of adults in immigrant families (26 percent) with family incomes below 400 percent of FPL reported they or a family member avoided noncash safety net programs such as Medi-Cal, CalFresh, or housing subsidies in the past year because of immigration concerns (data not shown). The share of adults in immigrant families with family incomes in this range who avoided benefits includes those who did not apply for or stopped participating in a program because they worried it would disqualify them or a family member from obtaining a green card (21 percent) and those who did not apply or participate because of other worries about immigration status or enforcement (19 percent; figure 4).

FIGURE 4

Share of Adults in California Immigrant Families with Family Incomes below 200 Percent or 400 Percent of FPL Who Avoided One or More Noncash Government Benefit Programs in the Past 12 Months Because of Select Immigration-Related Reasons, by Family Income Level, December 2021



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Source: Well-Being and Basic Needs Survey, December 2021.

Notes: FPL is federal poverty level. Adults are ages 18 to 64.

In addition, approximately one in six adults in immigrant families (16 percent) with incomes below 400 percent of FPL reported their family did not apply for one or more noncash benefit programs in the past year because they were unsure whether they were eligible based on their or a family member's immigration status. Nearly one in seven of these adults (13 percent) reported not applying because they were asked to provide a Social Security number or proof of citizenship or immigration status when applying for a family member (e.g., an undocumented parent applying for a citizen child).

About one in four adults in immigrant families with family incomes under 200 percent of FPL, who are more likely to be eligible for safety net programs based on income, reported chilling effects on program participation due to concerns about green cards (26 percent) or other immigration consequences (24 percent). Though reported chilling effects varied by income, we do not publish estimates for adults with incomes between 200 and 400 percent of FPL because of sample size limitations. Estimated chilling effects on participation in noncash programs due to immigration concerns were not significantly different from such estimates for 2020 (data not shown). In some cases, families may have continued participating in one safety net program but avoided another, enrolled a child but avoided applying for benefits on behalf of an adult, or considered applying multiple times in a year while weighing immigration concerns against needs for assistance differently at each occasion (Bernstein et al. 2019; Bernstein, Gonzalez, et al. 2021; Bernstein, Gonzalez, McTarnaghan, et al. 2020).

Discussion

Many adults in immigrant and US-born families in California relied on federal and state safety net programs to meet their health, food, and housing needs and to replace lost income in 2021 as the nation began recovering from the pandemic. But a substantial share of these families reported difficulties navigating enrollment, negative interactions with program staff, and trouble getting benefits as soon as needed. Though adults in immigrant and US-born families with incomes below 400 percent of FPL in California reported these challenges at similar rates, immigrant families had to overcome other unique challenges. Many adults in immigrant families reported not applying for noncash benefits because of difficulty understanding how their immigration status affected their eligibility, concerns about jeopardizing a family member's ability to get a green card, or other worries about immigration or enforcement. Among those who did apply for or receive safety net benefits, many received application assistance from community organizations, highlighting the important role these organizations play in connecting immigrant families to government services.

Mitigating the Chilling Effects of the Public Charge Rule and Other Immigration Concerns

The Trump administration's expansion of the public charge rule in 2019 discouraged eligible immigrant families from participating in safety net programs (Barofsky et al. 2020; FRAC 2021),¹¹ and many families continued avoiding these programs during the pandemic despite elevated need (Babey et al. 2021; Bernstein, Karpman, et al. 2021). Chilling effects also extended to families not subjected to public charge determinations, such as green card holders and naturalized citizens, and to families with citizen children. This highlights the widespread confusion and fear that have persisted even after the end of the expanded public charge rule (Bernstein, Karpman, et al. 2021; Guerrero et al. 2021; Haley et al. 2021). The Trump administration's public charge rule has not been in effect since March 2021, after the Biden administration stopped defending the rule following a federal court order vacating the rule (Protecting Immigrant Families 2021b).

The Biden administration is now seeking to codify a narrower definition of public charge that would only consider the use of cash assistance programs for income maintenance or institutionalized long-term care at government expense, and the rule is expected to be finalized sometime during the summer of 2022.¹² However, some immigrants may not be aware of these recent developments, or they may be reluctant to apply because of lingering mistrust (Bernstein, Gonzalez, et al. 2021; Protecting Immigrant Families 2021a).¹³ Continued clear and frequent messaging from state and federal agencies about who is and is not subjected to public charge determinations can help assuage fears and dispel misinformation (Vision Strategy and Insights 2020).

Further, some immigrants may be reticent to share sensitive information like their or a family member's immigration status because they fear immigration enforcement consequences or mistrust government agencies (Alulema and Pavilon 2021; Gómez and O'Leary 2019). Federally funded programs typically require Social Security numbers and immigration information for determining

eligibility, but family members not applying for benefits for themselves, such as undocumented immigrant parents applying for benefits for US-citizen children, are not required to provide this information.¹⁴ Even among eligible applicants, a fear of exposing other family members' statuses could lead them to forgo benefits (Yu et al. 2020). In line with federal guidance, California has acted to reduce privacy concerns for program applicants by clarifying that programs will not contact US Citizenship and Immigration Services about family members who are not applying for benefits and that Social Security numbers and immigration status information are only required for the individual family members applying for benefits.¹⁵

Increasing Support for Community-Based Enrollment Assistance

Leveraging the strengths of community-based enrollment assisters, including the availability of multilingual and multicultural staff and the greater trust some immigrants have in community organizations over government agencies, could help more immigrants navigate complex eligibility requirements (Greenberg et al. 2019; Yoshikawa et al. 2014). Through the Medi-Cal Health Enrollment Navigators Project, California has made funding available to counties and community organizations for increasing outreach to hard-to-reach populations, including immigrants. California also recently extended funding for this program through 2025–26 and could consider expanding on this program.¹⁶ In addition, California has made funding available for nonprofit organizations that provide free immigration legal services through the One California program.¹⁷

Reducing Language Barriers

Because the WBNS was only conducted in English or Spanish, our findings around language access understate language barriers' role in making it difficult for immigrant families in California to participate in safety net programs. Moreover, people who speak languages other than English and Spanish will likely have a harder time getting information and help in their languages, including information about how participation in safety net programs could affect public charge determinations (California Food Policy Advocates 2018).¹⁸

Programs funded under the US Department of Health and Human Services, such as Medi-Cal, are required to provide taglines in the top 15 non-English languages spoken in California alerting participants with limited English proficiency about their right to request information in their preferred language.¹⁹ Though the Trump administration weakened federal requirements to provide these taglines, California continued to enforce this language access provision.²⁰ These taglines can help promote language access, but they are also easy to miss because they often appear at the end of mailed communications and may not capture the diversity of language needs.²¹ Steps programs can take to improve language access include conducting further analyses of the linguistic profile of local communities to send communications in common languages and expanding the availability of multilingual staff.

Additionally, federally funded programs must provide meaningful access to participants with limited English proficiency under Title VI of the Civil Rights Act of 1964, but some programs may not be

complying.²² For example, the California Employment Development Department, which administers unemployment benefits, had not been providing adequate interpretation or translation services to unemployment benefit applicants and beneficiaries. Consequently, immigrants hoping to get assistance in languages other than English faced even greater challenges during the pandemic, when call volumes for assistance with unemployment benefits were especially high. After facing legal challenges, the department is implementing changes, including increasing the number of multilingual call center staff and translating written materials, that may help reduce some of the language barriers applicants have faced.²³

Improving Customer Service Experiences

Changing workplace culture within safety net program offices to prioritize positive customer experiences and implement accountability standards, such as fielding and publishing the results of customer experience surveys, may improve interactions between program participants and staff (Child and Family Policy Institute of California 2013). Additionally, safety net program administrators could leverage strategies from human-centered design to make their programs more responsive to families' needs; this could entail continually asking program participants what processes are most challenging and what might help alleviate those challenges and implementing suggested solutions.²⁴

Reducing Administrative Burdens in the Enrollment Process

Addressing burdensome paperwork requirements can also improve customer service experiences by reducing delays in benefit receipt and preventing eligible families from losing benefits (Unrath 2021). In Medi-Cal, federal restrictions preventing the program from disenrolling beneficiaries from coverage during the public health emergency reduced administrative burdens associated with recertifying eligibility during the pandemic. However, these restrictions will be lifted once the public health emergency ends, and California, like other states, is preparing for this unwinding (Boozang and Striar 2021). To mitigate coverage losses, Covered California, the state's health insurance Marketplace, will automatically enroll former Medi-Cal participants in the lowest-cost silver plan, which those individuals must then effectuate by paying their premiums or, if they do not have a premium, agreeing to terms and conditions online or by phone (Covered California 2022). The state has also developed communication strategies to inform beneficiaries about the upcoming change and how to prepare for recertification.²⁵ In addition, California's 2022–23 budget includes a policy to maintain multiyear, continuous Medi-Cal eligibility for children up to age 5.²⁶ The state could consider extending this policy to other age groups.

Conclusion

California has been at the forefront of efforts to expand safety net access for immigrants. In addition to extending federally funded Medi-Cal and CHIP coverage to lawfully residing pregnant women and children who have not met the five-year waiting period for qualified immigrants, California has used state funding to provide Medi-Cal coverage to other qualified adult immigrants during the waiting period and to other lawfully present immigrants.²⁷ The California Food Assistance Program draws on

additional state funding to provide nutrition benefits for immigrants excluded from CalFresh because of their immigration statuses. In June 2022, California became the first state to extend food assistance to undocumented immigrants ages 55 and older through this program.²⁸

In recent years, California has also used state funds to gradually expand Medi-Cal eligibility to undocumented immigrants, including children in 2016, adults under age 26 in 2020, and adults ages 50 and older as of May 2022.²⁹ In June 2022, California adopted a state budget that includes expanded access to full-scope Medi-Cal for all California residents with low incomes, regardless of immigration status.³⁰ This expansion will take effect January 2024 and will extend coverage to undocumented adults ages 26 to 49 with low incomes, the only group of low-income immigrants in California currently without access to full-scope Medi-Cal coverage.³¹

As California broadens safety net eligibility for immigrant families, federal policies such as public charge, complex eligibility rules, fears of repercussions for immigration status, and language barriers will remain complex obstacles these families must overcome to access the safety net—beyond the administrative burdens facing all families seeking aid. Even though many immigrant families manage to participate in safety net programs despite these challenges, other families avoid such programs because of confusion about eligibility or immigration concerns. Renewed efforts at the federal and state levels to review and ameliorate programmatic barriers and close information gaps provide an opportunity to make the safety net more inclusive and effective for all California residents, including income-eligible immigrants. Community organizations can also serve as strong intermediaries to guide families through complex program enrollment processes and ensure they get assistance with health, nutrition, housing, and other basic needs.

Data and Methods

Data and Sample

This brief draws on data from the December 2021 round of the Urban Institute’s Well-Being and Basic Needs Survey, a nationally representative, internet-based survey of more than 8,000 adults ages 18 to 64 designed to monitor changes in individual and family well-being as policymakers consider changes to federal safety net programs. For each round of the WBNS, we draw a stratified random sample (including a large oversample of adults in low-income households) from the KnowledgePanel, a probability-based internet panel maintained by Ipsos that includes households with and without internet access.³² Participants can complete the survey in English or Spanish.

The analytic sample for this study is composed of participants in the WBNS core sample and an oversample of noncitizens. It includes 1,080 adults in California, 542 of whom are in immigrant families. We define adults in immigrant families as those who were born outside the US or live with a relative born outside the US. Immigrant families can include a mix of US-born or naturalized citizens, noncitizen permanent residents, and nonpermanent residents. We define adults in US-born families as those who were born in the US and whose relatives living with them were all born in the US. Our analysis focuses

on the sample of 685 California adults with annual family incomes below 400 percent of FPL, including 371 in immigrant families and 314 in US-born families.

We constructed a set of weights to produce state-representative estimates for nonelderly adults in California, including those in immigrant and US-born families. The weights adjust for unequal probabilities of selection from the KnowledgePanel and benchmarks from the American Community Survey for nonelderly adults in California who are proficient in English or primarily speak Spanish. The language criterion is used in the weighting to reflect the survey sample, because the survey is only administered in English or Spanish.³³ Measures used to create weights include the respondent's gender, age, race or ethnicity, educational attainment, nativity, and citizenship status; the presence of children under 18 in the respondent's household; homeownership; family income as a percentage of FPL; internet access; and family composition. For further information about the survey design and content, see Karpman, Zuckerman, and Gonzalez (2018).

Measures

We asked adults with annual family incomes below 400 percent of FPL whether they or a family member had participated in or applied for one or more of the following safety net programs in the past 12 months:

- Medicaid (known as Medi-Cal in California), Medical Assistance, CHIP, or any state- or government-sponsored health plan for which eligibility is based on income or disability
- the Supplemental Nutrition Assistance Program, known as CalFresh in California
- a federal, state, or local government housing program that lowers rent, such as a housing voucher or public housing
- unemployment insurance benefits
- Supplemental Security Income
- Social Security Disability Insurance
- cash assistance from a state or county welfare program, including Temporary Assistance for Needy Families, known as CalWORKs in California

Though previous Urban briefs have focused on more-restricted samples of adults in immigrant families based on income (i.e., those with family incomes below 200 percent of FPL), we use a wider income range for this analysis because of the inclusion of a broader set of safety net programs that have more variation in income-based eligibility. For measures of both family income and family program participation, the family includes the respondent, their spouse or partner, and any of their children or stepchildren under age 19 living with them.

Adults who reported that they or someone in their family had participated in or applied for one or more of these programs were asked to report their past-year experiences with each program. First, respondents were asked how often (never, sometimes, usually, or always) they were treated with

courtesy and respect, were given the information or help they needed, and were able to find information in their preferred language if they speak Spanish or are bilingual in English and Spanish. Respondents could indicate that they did not communicate with program staff for one or more programs. Next, respondents were asked whether there was ever a time in the past 12 months when they

- had trouble figuring out if they or a family member were eligible for a program,
- had trouble providing required documentation or completing other paperwork,
- had someone from a community organization (e.g., a navigator or benefit assister) help them or their family apply for a program,
- did not get benefits as soon as needed, or
- felt treated or judged unfairly because of their racial or ethnic background.

We also asked adults in immigrant families whether they avoided noncash government benefits such as Medi-Cal, the Supplemental Nutrition Assistance Program, and housing subsidies in the past 12 months over immigration concerns. This includes adults whose families decided not to apply for or stopped participating in noncash benefits because they worried it would disqualify them from obtaining a green card. It also includes adults whose families did not apply or participate because of other worries about immigration status or enforcement.³⁴ Earlier analyses of the WBNS used a narrower definition of chilling effects that only considered green card concerns as reasons for avoiding programs (Bernstein et al. 2019; Bernstein, Gonzalez, Karpman, et al. 2020).

We also asked adults in immigrant families whether they were deterred from participating in noncash benefit programs because they were (1) confused about whether their immigration status made them ineligible or (2) asked to provide a Social Security number or proof of citizenship or immigration status when applying for a family member. Although these questions have not been tested previously, the national WBNS data show that adults in families with nonpermanent residents were more likely than those in families with naturalized citizens and families with permanent residents to report avoiding programs for these reasons. These patterns are expected because nonpermanent residents would be more likely to be concerned about exposing their immigration status, increasing our confidence in these measures. Because the WBNS questions about immigration-related barriers did not define the family unit, some respondents may have included both their immediate family and other relatives who live with them or in another household, which would be a broader definition of family than that used for our measures of family income and program participation.

Analysis

We estimate the share of adults with family incomes below 400 percent of FPL who reported family participation in each of the seven safety net programs included in the survey by family immigration status. Among adults whose families participated in one or more programs, we assess the share reporting challenges when interacting with one or more programs. We limit the following estimates to adults who reported communicating with program staff: share reporting they were never or only

sometimes treated with courtesy and respect, share given the information or help they needed, share able to find information in their preferred language, and share treated or judged unfairly because of their racial or ethnic background. For each measure, we tested differences between adults in immigrant and US-born families using two-tailed independent sample *t*-tests. Finally, we estimated the share of adults in immigrant families with family incomes below 200 percent and below 400 percent of FPL who reported avoiding noncash government programs because of immigration concerns.

Limitations

This analysis has several limitations. One is the low cumulative response rate for the WBNS, which incorporates the panel recruitment rate, the rate at which recruited panel members complete a demographic profile survey for their households, and the survey completion rate. Although the WBNS's response rate is low, it is comparable with that for other nonfederal surveys and new experimental federal surveys that use probability and internet-based designs for rapid data collection and analysis (Karpman and Long 2015; Karpman, Long, and Huntress 2015).³⁵ Moreover, studies assessing recruitment for the KnowledgePanel have found little evidence of nonresponse bias for core demographic and socioeconomic measures (Garrett, Dennis, and DiSogra 2010; Heeren et al. 2008), and WBNS estimates are generally consistent with benchmarks from federal surveys (Karpman, Zuckerman, and Gonzalez 2018). The survey weights reduce but do not eliminate the potential for error associated with sample coverage and nonresponse, which are likely larger for the subgroup of adults in immigrant families. Though the weights are designed to produce representative estimates for nonelderly adults in California, the survey's design effect increases the sampling error around our estimates and limits our ability to detect whether small differences between adults in immigrant and US-born families are statistically significant.

In addition, the WBNS does not capture the experiences of immigrants in California who do not speak English or Spanish. According to the 2019 American Community Survey, about 5 percent of such Californians speak English less than well and speak a primary language other than Spanish.

Measurement error is likely for questions related to the immigration and citizenship statuses of respondents and relatives in their households, particularly among adults who are undocumented or have been in the US for a short time (Van Hook and Bachmeier 2013). Further, though studies have found that federal survey respondents generally underreport receipt of public benefits, self-reported participation is slightly higher in the WBNS than in federal surveys such as the American Community Survey and the Current Population Survey, or CPS (Karpman, Zuckerman, and Gonzalez 2018; Meyer, Mok, and Sullivan 2009; Wheaton 2008).

For this brief, we conducted an additional analysis comparing family program participation reported in the WBNS with that reported in the CPS among adults in California. Patterns of self-reported participation among all adults in California were consistent across each of the seven programs in the 2017 WBNS and the 2017 CPS, but participation rates were higher in the WBNS. Program participation questions in subsequent rounds of the WBNS were limited to adults with incomes below 400 percent of FPL. For this income group, we found larger differences in participation rates between the 2021 WBNS

and the 2021 CPS, which may reflect differences in how income is measured in each survey. However, patterns of participation by family immigration status among adults in California with incomes below 400 percent of FPL were generally consistent between the two surveys, and differences in participation rates among adults in immigrant versus US-born families were relatively small. Moreover, differences in participation by family immigration status in both the WBNS and the CPS were not statistically significant for most programs after controlling for the demographic, socioeconomic, and geographic characteristics of adults in each group.

Finally, because we aggregate experiences across programs, we cannot determine how or whether experiences differ by family immigration status for individual programs. However, because program participation rates were similar for immigrant and US-born families, we expect that differences in experiences are not driven by different participation patterns (e.g., one group having a greater likelihood of participating in programs with worse customer service).

Notes

- ¹ “Immigrant Eligibility for Public Programs during COVID-19,” Protecting Immigrant Families, last updated March 26, 2021, <https://protectingimmigrantfamilies.org/immigrant-eligibility-for-public-programs-during-covid-19/>; and Julia Gelatt, Randy Capps, and Michael Fix, “Nearly 3 Million U.S. Citizens and Legal Immigrants Initially Excluded under the CARES Act Are Covered under the December 2020 COVID-19 Stimulus,” Migration Policy Institute Newsroom, January 2021, <https://www.migrationpolicy.org/news/cares-act-excluded-citizens-immigrants-now-covered>.

State and philanthropic funds have provided disaster relief assistance to undocumented people during the pandemic. See Office of Governor Gavin Newsom, “Governor Newsom Announces New Initiatives to Support California Workers Impacted by COVID-19,” news release, April 15, 2020, <https://www.gov.ca.gov/2020/04/15/governor-newsom-announces-new-initiatives-to-support-california-workers-impacted-by-covid-19/>.

- ² Melissa Montalvo and Jeanne Kuang, “California’s Plan to Provide Food Assistance to Undocumented Residents Leaves Some Out,” CalMatters, June 14, 2022, <https://calmatters.org/california-divide/2022/06/california-food-assistance/>.
- ³ In previous briefs, we focused on more-restricted samples based on income (i.e., adults in immigrant families with family incomes below 200 percent of FPL). For this brief, we include adults with higher incomes because the analysis focuses on a broader set of safety net programs with more variation in income-based eligibility.
- ⁴ Because of the lower program participation rates among adults with family incomes above 400 percent of FPL, we did not ask this group questions about family program participation on the December 2021 WBNS and excluded the group from our analysis. National data from both the December 2017 WBNS and the 2021 Current Population Survey show that only about 4 percent of adults with family incomes above 400 percent of FPL reported family participation in Medicaid or CHIP in the past year, about 2 percent reported participation in the Supplemental Nutrition Assistance Program, and less than 1 percent reported receiving rental assistance or receiving cash assistance from a state or county welfare program.
- ⁵ Among adults in immigrant families in California, 33 percent live in households where all foreign-born family members are naturalized citizens; such families may also include US-born family members (including the respondent). Another 31 percent live in households where all noncitizen family members are permanent residents; such families may also include naturalized foreign-born and US-born family members (including the respondent). The remaining 36 percent live in households where at least one noncitizen family member is not a permanent resident; such families may also include US-born family members and foreign-born family members who are naturalized or permanent residents (including the respondent). Among all adults in California immigrant

families with family incomes below 400 percent of FPL, 79 percent were in families in which all members born outside the US are naturalized citizens or permanent residents or in which nonpermanent resident adults live with US-citizen children.

- ⁶ We estimate these excluded adults represent between 5 and 15 percent of all nonelderly adults in California immigrant households as defined for this brief. According to the 2019 American Community Survey, about 5 percent of such Californians speak English less than well and speak a primary language other than Spanish.
- ⁷ Office of Governor Gavin Newsom, “Governor Newsom Announces Golden State Stimulus, a Budget Proposal to Help Low-Income Californians through \$600 Rapid Cash Payments, and Calls for Extension of Eviction Moratorium,” news release, January 6, 2021, <https://www.gov.ca.gov/2021/01/06/governor-newsom-announces-golden-state-stimulus-a-budget-proposal-to-help-low-income-californians-through-600-rapid-cash-payments-and-calls-for-extension-of-eviction-moratorium/>; and Gavin Newsom, “Governor Newsom Announces New Initiatives to Support California Workers Impacted by COVID-19.”
- ⁸ Currently, US Citizenship and Immigration Services (USCIS) administers public charge tests based on the 1999 interim field guidance policy in place before the 2019 public charge rule. For more information, see USCIS, “USCIS Updates Public Charge Resources Webpage to Provide Information on the Public Charge Ground of Inadmissibility and Public Benefits Available to Noncitizens,” news release, June 3, 2022, <https://www.uscis.gov/newsroom/alerts/uscis-updates-public-charge-resources-webpage-to-provide-information-on-the-public-charge-ground-of>.

“Executive Order on Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government,” White House Briefing Room, December 13, 2021, <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/12/13/executive-order-on-transforming-federal-customer-experience-and-service-delivery-to-rebuild-trust-in-government/>.
- ⁹ Among adults in California immigrant families with family incomes below 400 percent of FPL and children under age 19, 95 percent lived with citizen children, according to the 2019 American Community Survey.
- ¹⁰ Only Spanish-speaking and bilingual adults who interacted with program staff were asked questions about whether they were able to find information in their preferred languages. Bilingual adults are defined as those who speak English and Spanish.
- ¹¹ Randy Capps, Michael Fix, and Jeanne Batalova, “Anticipated ‘Chilling Effects’ of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families,” Migration Policy Institute Newsroom, December 2020, <https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real>.
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