

# One in Six Adults in Immigrant Families with Children Avoided Public Programs in 2022 Because of Green Card Concerns

*Millions of Children Exposed to Greater Risks of Material Hardship*

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Immigrant families with children experience high levels of hardship compared with all-US-born families, and immigration-related concerns can inhibit participation in public safety net programs that could alleviate hardships (Haley, Gonzalez, and Kenney 2022).<sup>1</sup> Concerns about safety net program participation were especially salient during discussions about the Trump administration's expanded public charge rule, which considered the use of noncash public benefits, such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, or housing assistance, in applications for green cards or temporary visas.<sup>2</sup> Leading up to and after the new rule's publication, many immigrant families, including those with children, avoided public benefits for fear of jeopardizing future immigration status (Barofsky et al. 2020; Bernstein et al. 2019; Haley et al. 2020, 2021; Straut-Eppsteiner 2020). Despite halting of the Trump-era regulation in March 2021, immigrant families with children continued to express reluctance to participate in public programs in 2021 during the COVID-19 pandemic, even among families for whom the rule would not have applied (Haley, Gonzalez, and Kenney 2022).<sup>3</sup> Avoidance of these supports because of immigration concerns has the potential to affect millions of families' health and well-being and their children's long-term development (Boudreaux, Golberstein, and McAlpine 2016; Edmunds and Alcaraz 2021; Gundersen and Ziliak 2015; Sandstrom and Huerta 2013; Taylor 2018; Thompson 2017; Whitaker, Phillips, and Orzol 2006).

In this fact sheet, we draw on data from the Urban Institute's December 2022 Well-Being and Basic Needs Survey (WBNS) to provide an update on the share of adults in immigrant families living with children under age 19 who avoided noncash government benefits in the past year because of concerns that receiving benefits would affect their or a family member's ability to obtain a green card in the future (also known as chilling effects). We also assess the share of adults in immigrant families with children who reported select material hardships in the 12 months before the survey. We compare estimates for adults in immigrant families living with children to those not living with children. We find that one in six adults in immigrant families living with children avoided safety net programs because of green card concerns, affecting an estimated three to four million children, even as many of their families were experiencing material hardships.

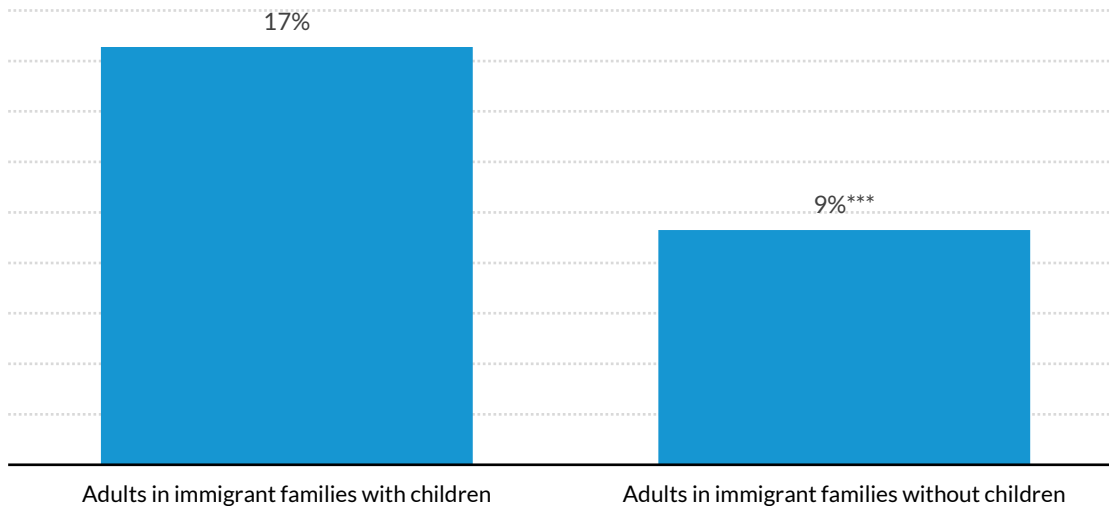
## FINDINGS

***One in six adults in immigrant families with children avoided noncash government benefits in the past year because of green card concerns.***

In December 2022, 17 percent of adults in immigrant families living with children under age 19 reported that they or a family member avoided noncash government benefits because of green card concerns (figure 1).<sup>4</sup> This rate was nearly twice as high as that for adults in immigrant families who did not live with children (9 percent).<sup>5</sup> This implies that between three and four million children were in families avoiding benefits in 2022 (data not shown).<sup>6</sup>

FIGURE 1

Share of Adults in Immigrant Families Who Avoided Noncash Government Benefits in the Past Year Because of Green Card Concerns, by Presence of Children under Age 19 in the Household, December 2022



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Source: Well-Being and Basic Needs Survey, December 2022.

Note: Adults are ages 18 to 64. For question wording, see [https://www.urban.org/sites/default/files/2023-02/WBNS\\_2022\\_questionnaire.pdf](https://www.urban.org/sites/default/files/2023-02/WBNS_2022_questionnaire.pdf).

\*/\*\*/\*\* Estimate differs significantly from adults in immigrant families living with children under age 19 at the 0.10/0.05/0.01 level, using two-tailed tests.

About 6 percent of adults in immigrant families with children reported avoiding Medicaid/Children's Health Insurance Program (CHIP) coverage for themselves or someone else in the family in 2022 because of green card concerns (table 1). Adults in immigrant families with children also reported that someone in the family avoided SNAP (8 percent) or housing subsidies (6 percent) because of green card concerns. Adults in immigrant families with children avoided most of these programs at higher rates than those without children. About two percent of adults in immigrant families with children reported avoiding Medicaid/CHIP because of green card concerns specifically for a child (data not shown).

TABLE 1

Noncash Programs that Adults in Immigrant Families Avoided in the Past Year Because of Green Card Concerns, by Presence of Children under Age 19 in the Household, December 2022

|  | Adults in immigrant families with children | Adults in immigrant families without children |
|--|--|---|
| <b>Respondent or someone else in the family avoided:</b> |  |   |
| Medicaid/CHIP  | 6%   | 4%  |
| SNAP   | 8%   | 4%*   |
| Housing subsidies  | 6%   | 1%***   |

Source: Well-Being and Basic Needs Survey, December 2022.

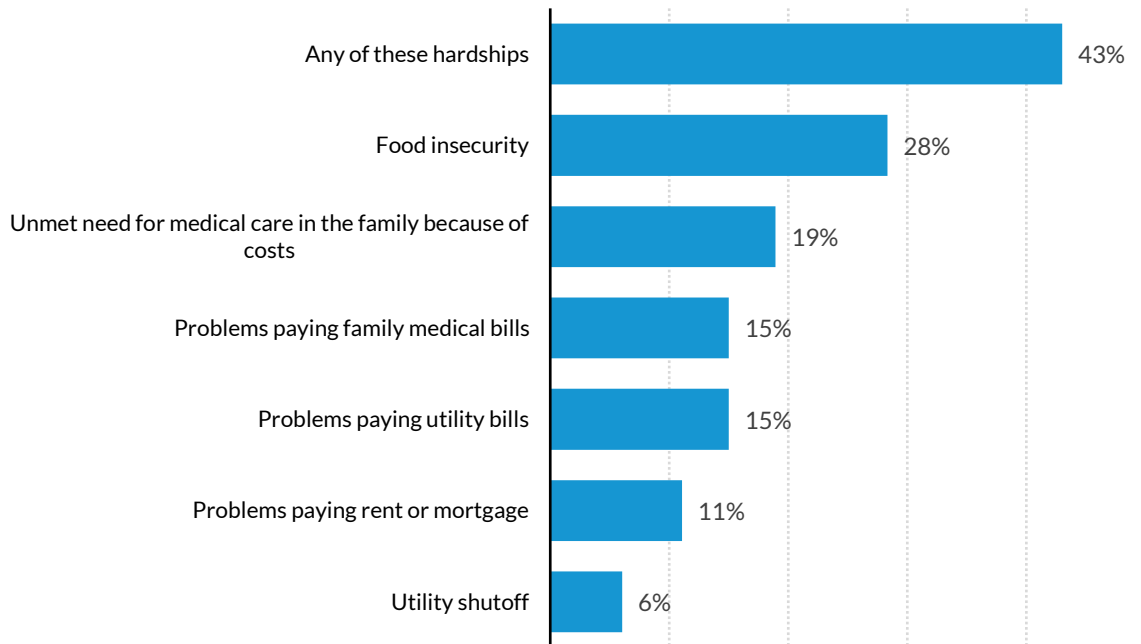
Notes: CHIP = Children's Health Insurance Program; SNAP = Supplemental Nutrition Assistance Program. Adults are ages 18 to 64. For question wording, see [https://www.urban.org/sites/default/files/2023-02/WBNS\\_2022\\_questionnaire.pdf](https://www.urban.org/sites/default/files/2023-02/WBNS_2022_questionnaire.pdf).

\*/\*\*/\*\* Estimate differs significantly from that for adults in immigrant families living with children under age 19 at the 0.10/0.05/0.01 level, using two-tailed tests.

**Immigrant families with children avoided safety net programs in 2022 despite 4 in 10 adults experiencing one or more forms of material hardship.**

Over 4 in 10 (43 percent) adults in immigrant families with children reported at least one of six different types of material hardship in 2022 (figure 2). Most commonly, adults in immigrant families with children reported food insecurity (28 percent), unmet need for medical care in the family because of costs (19 percent), or problems paying family medical bills (15 percent) or utility bills (15 percent). About 11 percent of these adults reported problems paying the rent or mortgage, and 6 percent reported having their utilities shutoff in the past year. Rates of each of these material hardships were similar between adults in immigrant families with and without children (data not shown).

**FIGURE 2**  
**Share of Adults in Immigrant Families with Children Reporting Material Hardships in the Past 12 Months, December 2022**



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Source: Well-Being and Basic Needs Survey, December 2022.

Note: Adults are ages 18 to 64 living with children under age 19. For question wording, see [https://www.urban.org/sites/default/files/2023-02/WBNS\\_2022\\_questionnaire.pdf](https://www.urban.org/sites/default/files/2023-02/WBNS_2022_questionnaire.pdf).

## DISCUSSION

Our findings show that one in six adults in immigrant families with children reported avoiding safety net programs in 2022, even in the face of significant material hardship. Research has shown that health, nutritional, and housing supports have positive impacts on children’s health and well-being (Boudreaux et al. 2016; Gundersen and Ziliak 2015; Taylor 2018; Thompson 2017). Hardships associated with not obtaining these supports could contribute to children’s poor mental, cognitive, and behavioral health outcomes and lower educational attainment (Edmunds and Alcaraz 2021; Sandstrom and Huerta 2013; Whitaker, Phillips, and Orzol 2006).

This analysis implies that chilling effects may be keeping as many as three to four million children in immigrant families from accessing public benefits that could help them address basic needs. Additional outreach and education

are needed to assure families that using safety net benefits for eligible family members, including the US citizen children of noncitizen parents, will not jeopardize families' immigration status. Efforts would also need to be accompanied by other improvements to program enrollment and renewal processes, given prior research finding higher reporting of some enrollment challenges among immigrant families with children than comparable families without immigrant members (Haley, Gonzalez, and Kenney 2022). Linguistically and culturally responsive assistance from trusted community-based organizations could help build trust and aid families in accessing the support they need (Gonzalez, Karpman, and Alvarez Caraveo 2022). Ultimately, efforts to expand eligibility to those who are excluded from publicly subsidized coverage and other supports because of their immigration status would also likely be required to help ensure that these families' basic needs are being met (Buettgens and Ramchandani 2023; Rao, Girosi, and Eibner 2022).

## DATA AND LIMITATIONS

The WBNS is a nationally representative survey of adults ages 18 to 64 that monitors individual and family well-being as policymakers consider changes to the safety net.<sup>7</sup> To assess chilling effects and related issues, we oversampled noncitizen respondents and constructed weights for analyzing nonelderly adults who are foreign-born or living with a foreign-born relative in their household (referred to as “adults in immigrant families”). The weights are based on the probability of selection from the KnowledgePanel and benchmarks from the American Community Survey for nonelderly adults in immigrant families who are proficient in English or primarily speak Spanish.<sup>8</sup> The language criterion is used in the weighting to reflect the nature of the survey sample because the survey is only administered in English or Spanish. The WBNS has a low cumulative response rate, and the survey weights mitigate but do not eliminate potential nonresponse bias. However, 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 sampling frame for the WBNS also excludes or underrepresents certain groups of adults, including those who are homeless, have low literacy levels, and are not proficient in English or Spanish. For further information on the survey design and content, see Karpman, Zuckerman, and Gonzalez (2018).

## NOTES

<sup>1</sup> Jason DeParle, “Safety Net Barriers Add to Child Poverty in Immigrant Families,” *The New York Times*, April 13, 2023, <https://www.nytimes.com/2023/04/06/us/politics/child-poverty-immigrants.html>.

<sup>2</sup> Jonathan Beier and Essey Workie, “The Public-Charge Final Rule Is Far from the Last Word,” Migration Policy Institute, September 2022, <https://www.migrationpolicy.org/news/public-charge-final-rule-far-last-word>.

<sup>3</sup> “USCIS Updates Public Charge Resources Webpage to Provide Information on the Public Charge Ground of Inadmissibility and Public Benefits Available to Noncitizens,” US Citizenship and Immigration Services, June 3, 2022; “Public Charge,” National Immigration Law Center, accessed October 30, 2023, <https://www.nilc.org/issues/economic-support/pubcharge/>.

<sup>4</sup> Chilling effect estimates for adults in immigrant families with children have fluctuated slightly between 2018 and 2022 with no consistent trend, ranging between 16 percent and 20 percent (data not shown).

<sup>5</sup> Underlying this pattern could be that more safety net programs are targeted toward children, making families with children more likely to potentially qualify for such benefits, or other differences between families with or without children. Further, most children in immigrant families are citizens, so children may be eligible for benefits even if their immigrant parents are not. For the share of children in immigrant families who are citizens, see “Children in U.S. Immigrant Families,” Migration Policy Institute, accessed November 15, 2023, <https://www.migrationpolicy.org/programs/data-hub/charts/children-immigrant-families>.

<sup>6</sup> We used two approaches to estimate the number of children living in families with immigrants who could be affected by program avoidance. First, we calculated the total number of children under age 19 living with adults in immigrant families (defined in the WBNS as English- or Spanish-speaking adults ages 18 to 64 who are foreign-born or live with one or more foreign-born relatives) using the 2021 American Community Survey (21 million children). Second, we estimated the number of

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children in immigrant families when defining family more narrowly to include only children living with at least one immigrant parent (18 million). We applied the 17 percent chilling effect estimate to these two estimates and found 3.6 million and 3.0 million children, respectively. We note that our chilling effect estimate is likely to have a significant amount of measurement error because of factors such as misreporting and our inability to determine how many immigrant families were eligible for benefits. As such, our estimate of the number of children affected also likely has significant measurement error. For estimates of the number of children living with at least one immigrant parent, see “Children in U.S. Immigrant Families,” and Cary Lou, Hamutal Bernstein, Erica Greenberg, Devlin Hanson, Gina Adams, and Karina Fortuny, “Visualizing Trends for Children of Immigrants,” Urban Institute, accessed November 2, 2023, <https://apps.urban.org/features/children-of-immigrants/>.

<sup>7</sup> For more information about the WBNS, see “The Well-Being and Basic Needs Survey” at <https://www.urban.org/policy-centers/health-policy-center/projects/well-being-and-basic-needs-survey>.

<sup>8</sup> We define adults with English proficiency as those who speak English at least well, as classified in the American Community Survey. Adults with limited English proficiency are those who speak English less than well. This is a broader measure than is commonly used to define English proficiency; in most analyses, a person must speak English very well to be classified as proficient in English. We use the following measures for weighting: gender, age, race and ethnicity, educational attainment, presence of children under age 18 in the household, census region, homeownership status, family income as a percentage of the federal poverty level, access to the internet, and family composition. We benchmark non-Hispanic respondents who are not white or Black by two categories: (1) other race born in Asia and (2) either multiple races or other race not born in Asia.

## REFERENCES

- Barofsky, Jeremy, Ariadna Vargas, Dinardo Rodriguez, and Anthony Barrows. 2020. “Spreading Fear: The Announcement of the Public Charge Rule Reduced Enrollment in Child Safety Net Programs.” *Health Affairs* 39 (10): 1752–1761. <https://doi.org/10.1377/hlthaff.2020.00763>.
- Boudreaux, Michel H., Ezra Golberstein, and Donna D. McAlpine. 2016. “The Long-Term Impacts of Medicaid Exposure in Early Childhood: Evidence from the Program's Origin.” *Journal of Health Economics* 45: 161–75. <https://doi.org/10.1016/j.jhealeco.2015.11.001>.
- Bernstein, Hamutal, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman. 2019. “One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018.” Washington, DC: Urban Institute.
- Buettgens, Matthew, and Urmi Ramchandani. 2023. “The Health Coverage of Noncitizens in the United States, 2024.” Washington, DC: Urban Institute.
- Edmunds, Chrisse, and Melissa Alcaraz. 2021. “Childhood Material Hardship and Adolescent Mental Health.” *Youth and Society* 53 (7): 1231–1254. <https://doi.org/10.1177/0044118X211001896>.
- Garrett, J. Joe, Michael Dennis, and Charles A. DiSogra. 2010. “Non-response Bias: Recent Findings from Address-Based Panel Recruitment.” Presented at the Annual Conference of the American Association for Public Opinion Research, Chicago, May 13–16.
- Gonzalez, Dulce, Michael Karpman, and Clara Alvarez Caraveo. 2022. “Immigrant Families in California Faced Barriers Accessing Safety Net Programs in 2021, but Community Organizations Helped Many Enroll.” Washington, DC: Urban Institute.
- Gundersen, Craig, and James P. Ziliak. 2015. “Food Insecurity and Health Outcomes.” *Health Affairs* 34 (11). <https://doi.org/10.1377/hlthaff.2015.0645>.
- Haley, Jennifer M., Dulce Gonzalez, and Genevieve M. Kenney. 2022. “Immigration Concerns Continued to Deter Immigrant Families with Children from Safety Net Programs in 2021, Compounding Other Enrollment Difficulties.” Washington, DC: Urban Institute.
- Haley, Jennifer M., Genevieve M. Kenney, Hamutal Bernstein, and Dulce Gonzalez. 2020. “One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019.” Washington, DC: Urban Institute.
- . 2021. “Many Immigrant Families with Children Continued to Avoid Public Benefits in 2020, Despite Facing Hardships.” Washington, DC: Urban Institute.

- Heeren, Timothy, Erika M. Edwards, J. Michael Dennis, Sergei Rodkin, Ralph W. Hingson, and David L. Rosenbloom. 2008. "A Comparison of Results from an Alcohol Survey of a Prerecruited Internet Panel and the National Epidemiologic Survey on Alcohol and Related Conditions." *Alcoholism: Clinical and Experimental Research* 32 (2): 222–29. <https://doi.org/10.1111/j.1530-0277.2007.00571.x>.
- Karpman, Michael, Stephen Zuckerman, and Dulce Gonzalez. 2018. "The Well-Being and Basic Needs Survey: A New Data Source for Monitoring the Health and Well-Being of Individuals and Families." Washington, DC: Urban Institute.
- Rao, Preethi, Federico Girosi, and Christine Eibner. 2022. "Expanding Insurance Coverage to Undocumented Immigrants in Connecticut." Santa Monica, CA: RAND Corporation. <https://doi.org/10.7249/RRA1964-1>.
- Sandstrom, Heather, and Sandra Huerta. 2013. *The Negative Effects of Instability on Child Development: A Research Synthesis*. Washington, DC: Urban Institute.
- Straut-Eppsteiner, Holly. 2020. *Documenting through Service Provider Accounts Harm Caused by the Department of Homeland Security's Public Charge Rule*. Los Angeles, CA: National Immigration Law Center.
- Taylor, Lauren A. 2018. "Housing and Health: An Overview of the Literature." Washington, DC: Health Affairs.
- Thompson, Owen. 2017. "The Long-Term Health Impacts of Medicaid and CHIP." *Journal of Health Economics* 51: 26–40. <https://doi.org/10.1016/j.jhealeco.2016.12.003>.
- Whitaker, Robert C., Shannon M. Phillips, and Sean M. Orzol. 2006. "Food insecurity and the risks of depression and anxiety in mothers and behavior problems in their preschool-aged children." *Pediatrics* 118 (3): e859–68. <https://doi.org/10.1542/peds.2006-0239>.

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