



Shifting Immigration Policies Jeopardize Immigrant Families with Children

Challenges to Basic Needs and Health Care

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May 2025

With one in four US children growing up in an immigrant family (Haley et al. 2025), recent changes in immigration and support policies threaten to limit access to health care and vital services for millions of children and their families. Even before the Trump administration began implementing expanded immigration enforcement efforts in January 2025, many immigrant families with children expressed concern about participating in essential activities, such as visiting health care settings and taking children to school because they did not want to draw attention to their or a family member’s immigration status (Bernstein et al. 2025). Congress is now considering increased funding for immigration enforcement and reductions in access for immigrant families to food assistance, the child tax credit, and health insurance coverage through Medicaid and the Affordable Care Act Marketplace.

In this brief, we focus on experiences and concerns reported by adults in immigrant families living with children under age 19 (hereafter used interchangeably with “immigrant families with children”). We present estimates of these adults’ reported challenges meeting basic housing, food, and health needs and worry over the possible immigration consequences of seeking health care and participating in noncash basic needs programs, such as Medicaid and the Supplemental Nutrition Assistance Program (SNAP). We also examine concerns about deportation and actions taken to prepare for potential changes in immigration status. We present estimates for immigrant families with children overall and separately for adults in mixed-status families, green card and citizen families, and all-citizen immigrant families with children (see box 1 for definitions), using data from the Urban Institute’s December 2024

Well-Being and Basic Needs Survey (WBNS). Data were collected from December 4 through 22, 2024, following the election but before the new administration took office. We find the following:

- Many immigrant families with children struggled to meet their basic food, housing, and medical needs in 2024, especially those in mixed-status families.
 - » Nearly half of adults (47 percent) in all immigrant families with children and 58 percent in mixed-status families with children reported one or more material hardships, such as food insecurity and problems paying medical bills. Forty-seven percent of adults in green card and citizen families with children and 37 percent in all-citizen immigrant families with children reported one or more material hardships.
 - » Among all immigrant families with children, food insecurity was the most commonly reported hardship (34 percent), followed by unmet need for medical care because of costs (22 percent) and problems paying family medical bills (19 percent).
- Despite high levels of hardship, many adults in immigrant families with children reported avoiding noncash government benefits, such as Medicaid and SNAP, due to immigration concerns.
 - » Among all adults in immigrant families with children, 18 percent avoided noncash government benefits because of worry about affecting future green card status.
 - » This avoidance was most common for adults in mixed-status families with children, at 29 percent, compared with 8 percent of adults in all-citizen immigrant families and 18 percent in green card and citizen families.
- In December of 2024, many adults in immigrant families with children reported that they were worried about going to health care settings because they did not want to draw attention to their or a family member's immigration status.
 - » About 19 percent of all adults in immigrant families with children worried “a lot” or “some” about visiting a doctor's office, health clinic, or hospital because of not wanting to draw attention to their immigration status or that of a family member. Adults in mixed-status families with children reported this concern (38 percent) at higher rates than adults in all-citizen immigrant families (13 percent) and green card and citizen families with children (14 percent).
- Concern about deportation was prevalent among immigrant families with children, and many took steps to prepare for potential changes to a family member's immigration status.
 - » Among all adults in immigrant families with children, 37 percent worried that they, a family member, or a close friend could be deported. This worry was highest among adults in mixed-status families.
 - » Twenty-three percent of adults in immigrant families with children took protective steps to prepare for changing immigration policies, including seeking legal advice (14 percent),

obtaining or renewing important documents (14 percent), and renewing immigration status or applying for another status or citizenship (14 percent).

These data suggest that millions of children in immigrant families could face increasing risks of not being able to meet basic needs, such as food, housing, or health care, as well as increased family stress and negative mental health impacts due to current immigration policies. Having access to supports that allow children of immigrants to reach their full potential is of paramount importance to their short- and long-term well-being but also for that of the nation, which relies on their and their parents' contributions to the workforce and society. Expanded immigration enforcement actions increase risks of destabilizing families with children, including through family separation and Immigration and Customs Enforcement (ICE) activity in health care facilities and schools, as would policies that discourage or curtail access to benefits and services for which they may be eligible. As immigration and basic needs programs' policies evolve, it will be important to monitor their impact on immigrant families with children. Doing so can help policymakers identify and implement policies that would mitigate harm to immigrant families with children in the short term and help promote positive outcomes for communities in the long term.

BOX 1

Family Citizenship and Immigration Status Definitions

In this brief, we focus on differences across the following groups of immigrant families:

- **All-citizen immigrant families.** Households where all family members are naturalized or US-born citizens
- **Green card and citizen families.** Households where at least one family member is a permanent resident (i.e., a green card holder) and all other members are either naturalized or US-born citizens or permanent residents
- **Mixed-status families.**^a Households where one or more members are undocumented and all other members are either naturalized or US-born citizens, permanent residents, or have another lawful immigration status

^a Our definition of adults in mixed-status families excludes (1) adults living in families with at least one noncitizen who does not have a green card but who is living in the US with other lawful temporary immigration status and (2) adults in families where everyone is undocumented. We include these two groups when providing estimates for all adults in immigrant families. We do not disaggregate data for these two groups because of small sample sizes.

Background

Recent Shifts in Immigration and Basic Needs Program Policies

Among the numerous immigration policy changes in the Trump administration's second term¹ has been the rescission of the “sensitive locations” or “protected areas” guidance that previously limited immigration enforcement activities in locations such as doctor's offices, clinics, and hospitals.² This is in addition to policies in Florida and Texas pre-dating the current federal administration that required hospitals to collect immigration status from patients (Pillai and Artiga 2024).³ Media reports show that increased immigration enforcement is occurring in health care and education settings, contributing to immigrant families' fear of going to places that are important to their children's health and well-being.⁴ Recent research shows that adults in immigrant families are avoiding these sites because of recent immigration policy developments (Capote et al. 2025; Pillai et al. 2025; Schumacher et al. 2025). Enforcement policies not only affect undocumented immigrants and their family members but also extend to immigrant families composed of all US citizens or green card holders (Bernstein et al. 2025). Enforcement activities have expanded well beyond undocumented immigrants, with the detention and deportation of US citizens and green card holders, and contested processes that have produced rapid deportations and limited arrested individuals' access to due process.⁵ Increased immigration enforcement is creating an overall climate of fear that has many immigrant families—including those with US citizens and green card holders—on edge.

Moreover, basic needs program eligibility for immigrants is already significantly restricted, and undocumented immigrants, with few exceptions such as with emergency Medicaid, are not eligible for most federally funded programs (Broder and Lessard 2024). The first Trump administration sought to expand consideration of noncash public benefits receipt (such as Medicaid and SNAP) in applications for green cards or temporary visas. After a period of litigation, this expansion of the public charge rule went into effect in 2020 briefly before it was paused as it continued to be challenged in the courts, until the Biden administration reverted to longstanding public charge guidance dating back to 1999. Changes to the public charge rule, and continued debate around these changes, have contributed to persistent chilling effects on public program participation among immigrant families, which can include US citizens and lawfully present immigrants who may be eligible for programs (Barofsky et al. 2020; Bustamante et al. 2022; Gonzalez et al. 2024; Haley et al. 2020, 2021).

Recently proposed policies would further restrict immigrant families' access to basic needs programs, either through changes in eligibility, reduced federal funding, or potential chilling effects on participation. For instance, a proposed rule seeks to restrict access to the Affordable Care Act (ACA) Marketplaces for Deferred Action for Childhood Arrivals (DACA) recipients, whose eligibility for the marketplaces had been expanded under the Biden administration.⁶ And, Congress is considering proposals that affect immigrants' access to basic needs programs as part of its reconciliation bill, such as withholding Medicaid funding from states that use their own funds to provide Medicaid coverage to undocumented immigrants; removing eligibility for qualified immigrants such as refugees for subsidized

ACA Marketplace coverage, SNAP, and Medicare; and reducing eligibility of mixed-status families for the child tax credit.⁷

Additionally, the administration has sought to leverage data across agencies to support enforcement efforts.⁸ A recent memorandum of understanding (MOU) between the Internal Revenue Service (IRS) and the Department of Homeland Security will allow ICE to request information about tax-paying immigrants for whom ICE has deportation orders.⁹ Another MOU between the Department of Homeland Security and the Department of Housing and Urban Development establishes a partnership to facilitate data sharing, which will seek to identify immigrants who are ineligible for housing assistance and refer them for immigration enforcement action.¹⁰ And, an executive order directs federal agencies to identify federally funded programs that provide cash or noncash benefits to undocumented immigrants and increase scrutiny to ensure undocumented immigrants do not receive federally funded benefits.¹¹ The MOUs and executive order do not change current immigrant eligibility criteria—as noted, undocumented immigrants are not eligible for most federally funded programs—but they may contribute to misinformation about who is or is not eligible. They also may contribute to chilling effects on program participation and further retraction from essential activities resulting from worry about affecting immigration or citizenship status or individuals’ concerns about exposing themselves or vulnerable family members to the government.

Potential Repercussions for Children’s Health and Well-Being

If increased immigration enforcement leads to family separation, such disruptions could create significant instability in families and have catastrophic effects on children. Fear of immigration enforcement can lead to severe stress for people in immigrant families, which could have detrimental impacts on children’s physical and mental health (Artiga and Ubri 2017; Martinez et al. 2018). Parental deportation and family separation are associated with even stronger negative impacts on children’s mental health and can lead to economic instability and interruptions to needed health care, education, and social services (Capps et al. 2015; Cervantes et al. 2018; Chaudry et al. 2010; Lopez et al. 2022).

About 90 percent of children in immigrant families are US citizens and as such could qualify for government benefits if they meet other program eligibility criteria (Haley et al. 2025). However, if adults in immigrant families are avoiding essential activities, such as going to the doctor, or are discouraged from accessing health and nutrition programs for which they or their children are eligible, adverse consequences for their and their children’s health and well-being may ensue. Children may miss vaccinations, visits for chronic conditions or special health care needs, or health and developmental screenings, all of which may lead to onset or worsening of health conditions and long-term impacts on health (Friedman and Venkataramani 2021; De Trinidad Young et al. 2023; PHR 2025). Parents who miss out on health care because of immigration concerns could also experience poorer health, which would have ripple effects on their children (Polnaszek et al. 2024). Additionally, avoiding food assistance programs such as SNAP and other basic needs programs may contribute to increased food and financial insecurity, which are associated with negative health and economic outcomes for parents

and children (Gundersen and Ziliak 2015; Sandstrom and Huerta 2013; Whitaker, Phillips, and Orzol 2006).

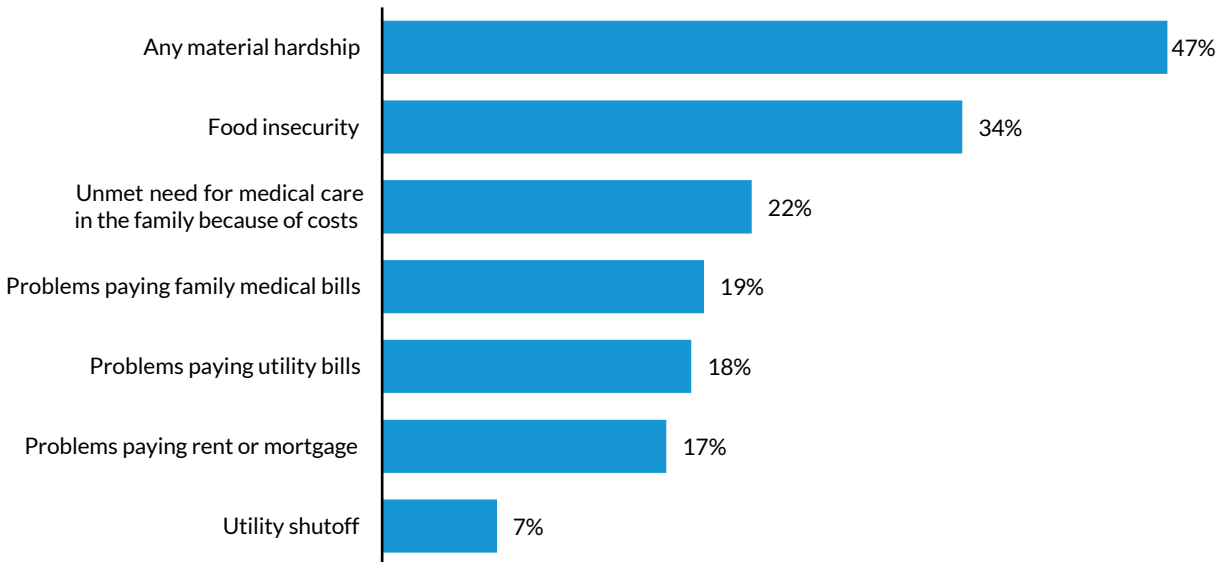
In the section that follows, we present WBNS estimates on material hardship, basic needs program avoidance due to immigration concerns, deportation concerns, and protective steps taken to prepare for potential changes in immigration status among immigrant families with children. These data were collected in the aftermath of the 2024 election, before families experienced immigration policy developments implemented under the new federal administration.

Findings

Many Immigrant Families with Children Had Challenges Meeting Their Basic Needs in 2024, Especially Mixed-Status Families

Overall, almost half (47 percent) of all immigrant families with children reported that their households had trouble meeting one or more basic needs in 2024 (figure 1). This included food insecurity (34 percent) and medical hardships like unmet need for medical care in the family because of costs (22 percent) and problems paying family medical bills (19 percent).

FIGURE 1
Nearly Half of Immigrant Families with Children Reported Challenges Meeting Their Basic Needs



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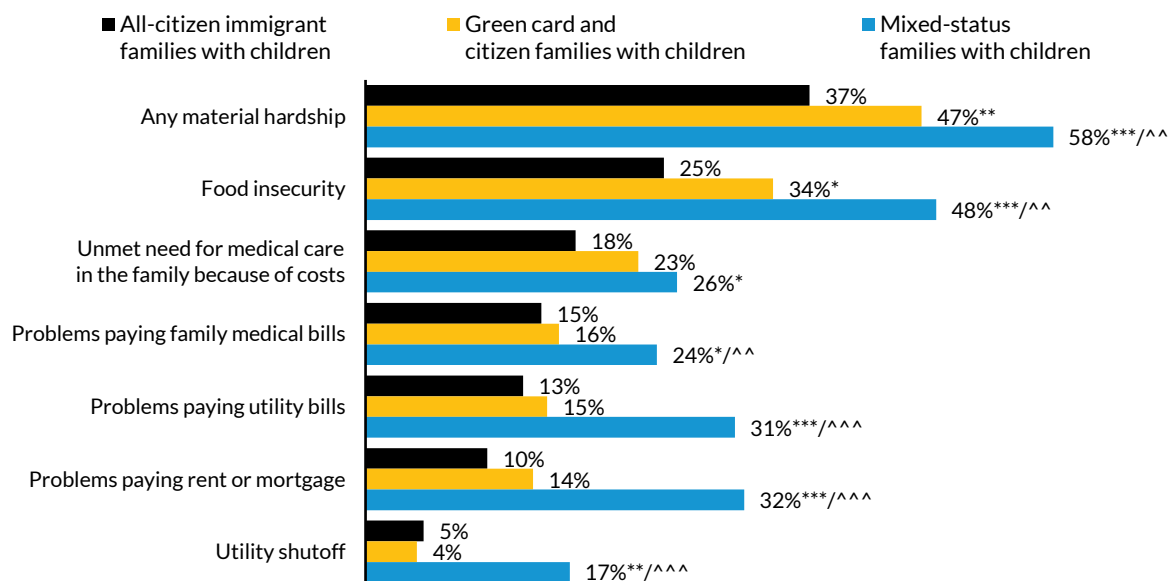
Source: Well-Being and Basic Needs Survey, December 2024.

Notes: Figure shows the share of adults ages 18 to 64 in immigrant families with children under age 19 who reported material hardships in the last 12 months.

Mixed-status families with children disproportionately reported that their households experienced material hardships (figure 2): 58 percent reported one or more hardships, compared with 47 percent of green card and citizen families with children and 37 percent of all-citizen immigrant families with children. These patterns generally held across all the specific types of hardships that we could examine. For example, mixed-status families with children were nearly twice as likely to report food insecurity as all-citizen immigrant families (48 percent vs. 25 percent) and almost 1.5 times as likely to report this hardship compared with green card and citizen families (48 percent vs. 34 percent). Medical hardship was also elevated among mixed-status families with children. Over one in four (26 percent) of these families reported unmet need for medical care in the family because of costs, compared with fewer than one in five (18 percent) in all-citizen immigrant families with children. Adults in mixed-status families with children were also more likely than their counterparts in green card and citizen families and all-citizen immigrant families to report problems paying family medical bills (24 percent vs. 16 percent vs. 15 percent). Additionally, mixed-status families with children reported challenges meeting their housing and housing-related needs. Many reported problems paying utility bills (31 percent), problems paying the rent or mortgage (32 percent), and utility shutoff (17 percent), rates that were higher than in other immigrant families with children.

FIGURE 2

Mixed-Status Families with Children Had Disproportionate Challenges Meeting Their Basic Needs



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Source: Well-Being and Basic Needs Survey, December 2024.

Notes: Figure shows the share of adults ages 18 to 64 in immigrant families with children under age 19 who reported material hardships in the last 12 months, by family citizenship and immigration status. Estimates for mixed-status families have limited precision. See data and methods for more information.

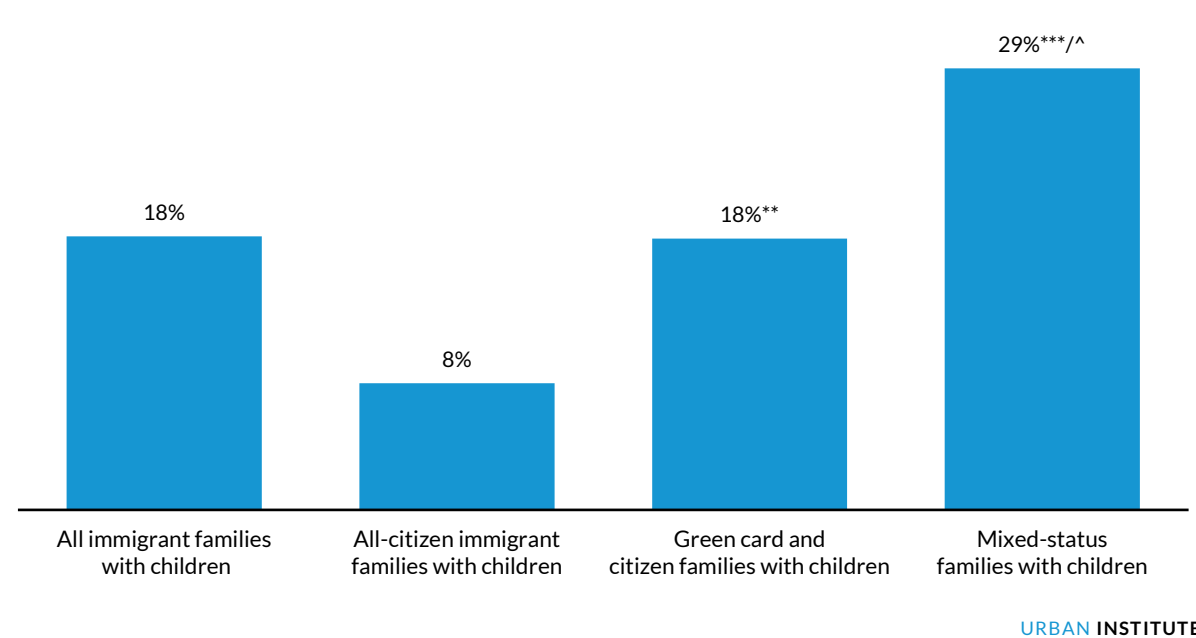
*/**/*** Estimate differs significantly from adults in all-citizen immigrant families with children at the 0.10/0.05/0.01 level, using two-tailed tests.

^/^/^ Estimate differs significantly from adults in green card and citizen families with children at the 0.10/0.05/0.01 level, using two-tailed tests.

On Top of High Levels of Hardship, Many Adults in Immigrant Families with Children Reported Avoiding Noncash Government Benefits Due to Immigration Concerns

Among all adults in immigrant families with children in December 2024, 18 percent reported that in the prior year they or someone in the family avoided noncash government benefits, such as Medicaid and SNAP, because of worry about affecting future green card status (figure 3). Almost 3 in 10 (29 percent) adults in mixed-status families with children reported that someone in the family avoided noncash government programs because of such concerns. Misinformation about basic needs program eligibility, lack of knowledge about eligibility for basic needs programs, or generalized worry about use of benefits affecting immigration status may be contributing to spillover effects on immigrant families with only citizens or green card holders: 8 percent of adults in all-citizen immigrant families and 18 percent in green card and citizen families reported avoiding noncash government benefits because of concerns about disqualifying a family member or relative from obtaining a green card.

FIGURE 3
Over a Quarter of Adults in Immigrant Families with Children Avoided Basic Needs Programs Because of Immigration Concerns



Source: Well-Being and Basic Needs Survey, December 2024.

Notes: Figure shows the share of adults in immigrant families with children who reported avoiding noncash government benefits in the last 12 months because of green card concerns, overall and by family citizenship and immigration status. Estimates for mixed-status families have limited precision. See data and methods for more information.

*/**/*** Estimate differs significantly from adults in all-citizen immigrant families with children at the 0.10/0.05/0.01 level, using two-tailed tests.

^/^/^ Estimate differs significantly from adults in green card and citizen families with children at the 0.10/0.05/0.01 level, using two-tailed tests.

BOX 2

Chilling Effects on Basic Needs Program Participation Among All Adults in Immigrant Families

As in prior years, the December 2024 WBNS assessed chilling effects on basic needs program participation among all immigrant families, with and without children. Among adults in all immigrant families, one in seven (14 percent) avoided noncash government programs because of green card concerns (data not shown).^a

This share was higher in mixed-status families (28 percent) compared with green card and citizen families (15 percent) and all-citizen immigrant families (6 percent; data not shown). Adults in immigrant families with children were more likely than those without children to report chilling effects (18 percent vs. 10 percent; data not shown).

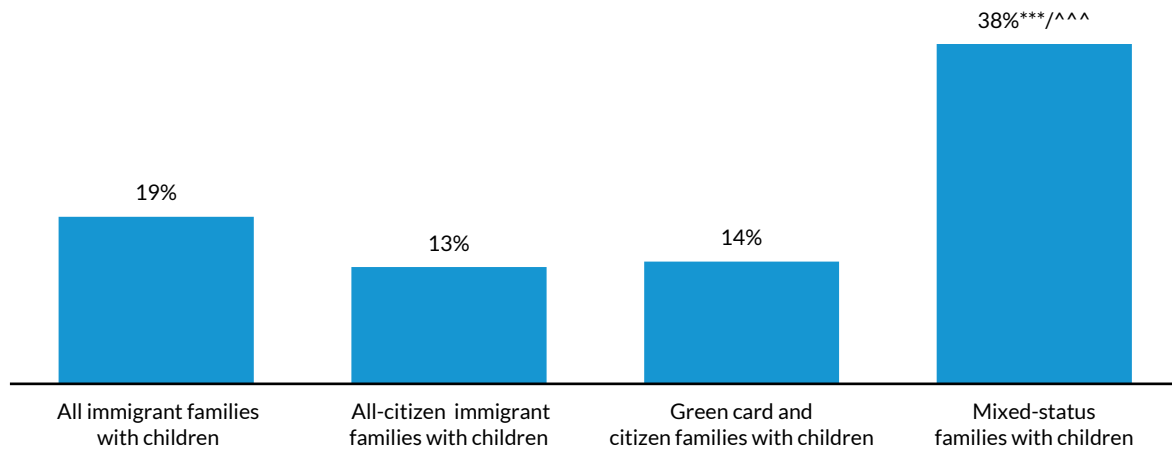
^a Chilling effects estimates for immigrant families overall have fluctuated slightly between 2018 and 2024 with no consistent trend, ranging between 12 and 15 percent (data not shown).

Many Adults in Immigrant Families with Children Worried About Going to Health Care Settings Because They Do Not Want to Draw Attention to Immigration Status

Overall, 19 percent of adults in immigrant families with children worried “a lot” or “some” about visiting a doctor’s office, health clinic, or hospital because of not wanting to draw attention to their immigration status or that of a family member (figure 4). About 4 in 10 adults (38 percent) in mixed-status families with children reported this concern, a rate nearly three times as high as adults in all-citizen families (13 percent) and green card and citizen families (14 percent) with children. Thirteen percent of adults in mixed-status families with children reported worrying “a lot” about visiting a doctor’s office, clinic, or hospital compared with 4 percent of all-citizen immigrant families and 5 percent of green card and citizen families with children (data not shown).

FIGURE 4

Many Adults in Immigrant Families with Children Were Worried About Visiting Health Care Settings Because of Immigration Concerns



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Source: Well-Being and Basic Needs Survey, December 2024.

Notes: Figure shows the share of adults ages 18 to 64 in immigrant families with children who reported they are worried “a lot” or “some” about visiting a doctor’s office, health clinic, or hospital because of not wanting to draw attention to immigration status of someone in the family, overall and by family citizenship and immigration status. Estimates for mixed-status families have limited precision. See data and methods for more information.

*/**/** Estimate differs significantly from adults in all-citizen immigrant families with children at the 0.10/0.05/0.01 level, using two-tailed tests.

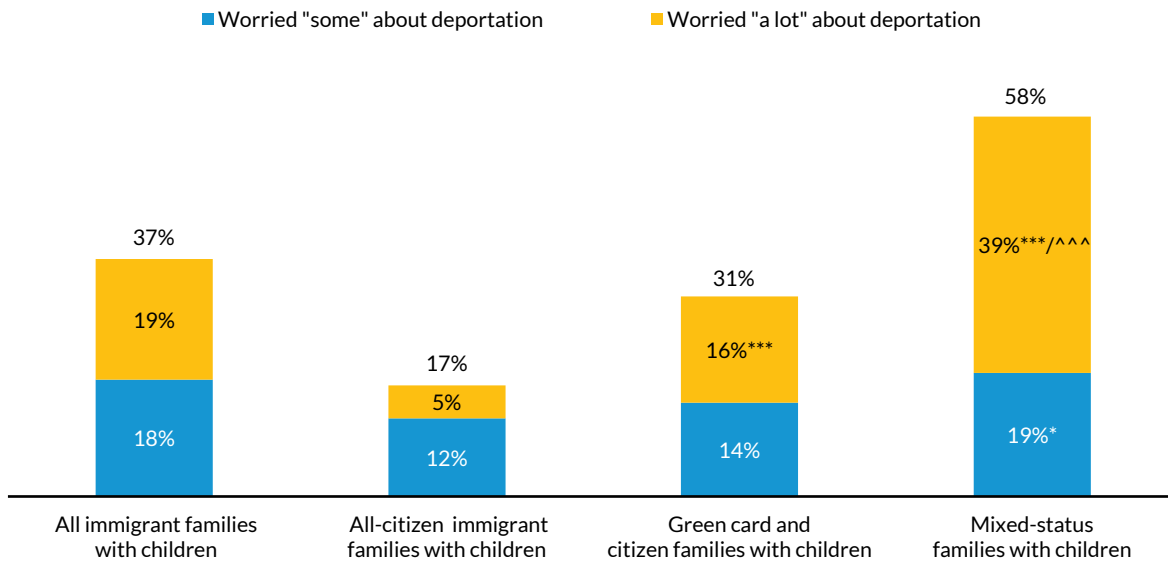
^/^/^ Estimate differs significantly from adults in green card and citizen families with children at the 0.10/0.05/0.01 level, using two-tailed tests.

Concern About Deportation Was Prevalent among Immigrant Families with Children, and Many Took Steps to Prepare for Potential Policy Changes

More than one in three adults in immigrant families with children (37 percent) worried about deportation of themselves, a family member, or a close friend (figure 5). This included 18 percent who worried “some” about deportation and 19 percent who worried “a lot” about deportation. Almost 6 in 10 (58 percent) adults in mixed-status families with children reported worrying “a lot” or “some” that they, a family member, or close friend could be deported, which included 19 percent who worried “some” and 39 percent worried “a lot” about deportation. Although concern about deportation of family and close friends was lower among adults in all-citizen immigrant families and green card and citizen families compared with mixed-status families, it was present in each of these groups, speaking to generalized fears that are affecting all immigrant families with children: 17 percent of adults in all-citizen immigrant families with children were worried about deportation, as were 31 percent of adults in green card and citizen families with children.

FIGURE 5

Over a Third of Adults in Immigrant Families with Children Were Worried About Deportation for Themselves, a Family Member, or a Close Friend



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Source: Well-Being and Basic Needs Survey, December 2024.

Notes: Figure shows the share of adults in immigrant families with children who reported worry that they, a family member, or a close friend could be deported, by family citizenship and immigration status, overall and by family citizenship and immigration status. Estimates for mixed-status families have limited precision. See data and methods for more information.

*/**/*** Estimate differs significantly from adults in all-citizen immigrant families with children at the 0.10/0.05/0.01 level, using two-tailed tests.

^/^/^/^ Estimate differs significantly from adults in green card and citizen families with children at the 0.10/0.05/0.01 level, using two-tailed tests.

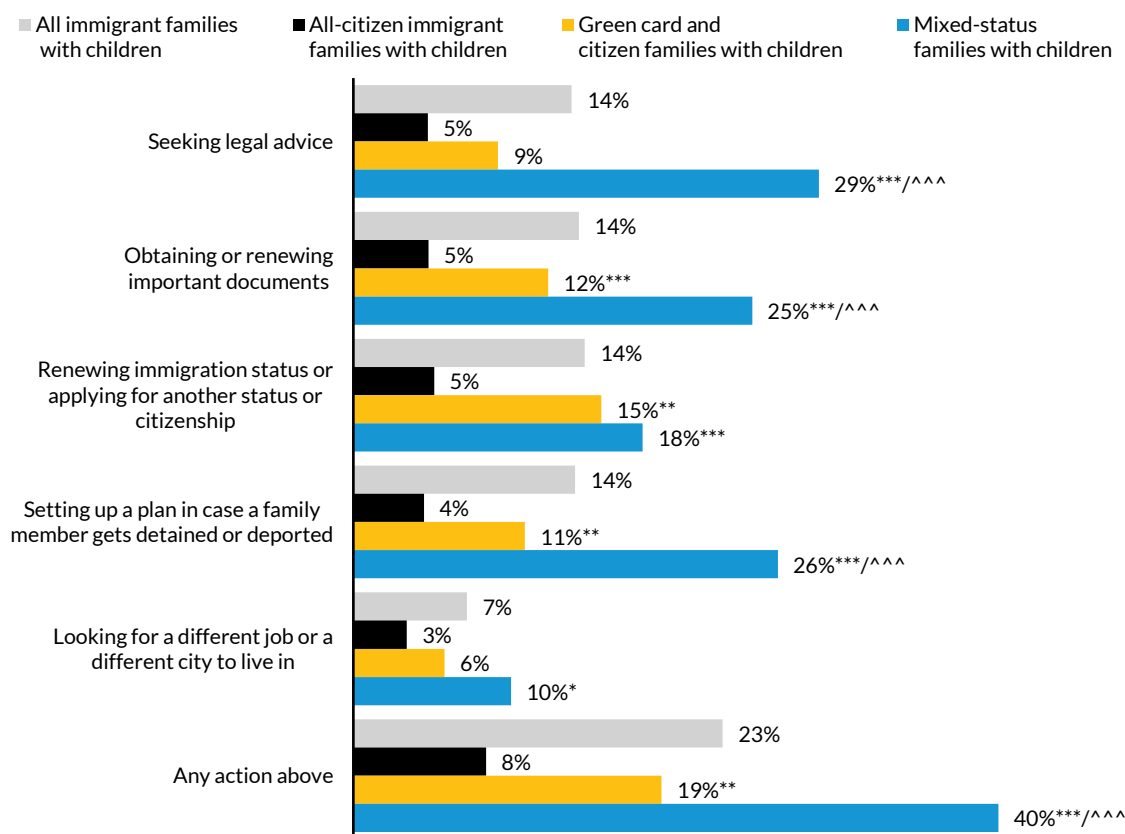
With concern about deportation high among adults in immigrant families with children, many were taking protective steps to prepare for anticipated immigration policy changes. In response to the recent election results, nearly one in four (23 percent) adults in immigrant families with children reported their families have taken one or more steps to prepare for a potential change in immigration status. Protective actions included seeking legal advice (14 percent), obtaining or renewing important documents (14 percent), and renewing immigration status or applying for another status or citizenship (14 percent).

Adults in mixed-status families with children were more likely than adults in other immigrant families to be taking protective steps, with 40 percent saying they took one or more protective actions. Three in ten (29 percent) adults in mixed-status families with children sought legal advice, and 26 percent set up a plan in case a family member gets detained or deported. A quarter (25 percent) renewed or obtained important documents, and almost one in five (18 percent) renewed their or a family member's immigration status or applied for another status or citizenship. A few (10 percent) reported looking for another job or another city in which to live.

Some adults in immigrant families with children who contain only citizens and green card holders also took protective steps, even if at lower rates than adults in mixed-status families. For example, 15 percent of adults in green card and citizen families with children reported renewing a family member's immigration status or applying for another status or citizenship, and 11 percent reported setting up a plan in case a family member gets detained or deported. About 5 percent of adults in all-citizen immigrant families with children reported that they or a family member sought legal advice, and 8 percent reported taking one or more protective actions.

FIGURE 6

Adults in Immigrant Families with Children Take Action to Prepare for Policy Changes



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Source: Well-Being and Basic Needs Survey, December 2024.

Notes: Figure shows the share of adults in immigrant families with children reporting taking steps to prepare for a potential change in their or a family member's immigration status, overall and by family citizenship and immigration status. Estimates for mixed-status families have limited precision. See data and methods for more information.

*/**/** Estimate differs significantly from adults in all-citizen immigrant families with children at the 0.10/0.05/0.01 level, using two-tailed tests.

^/^/^ Estimate differs significantly from adults in green card and citizen families with children at the 0.10/0.05/0.01 level, using two-tailed tests.

Conclusion

Children of immigrants constitute one in four children in the US, 90 percent of whom are US citizens, and grow up to form critical parts of the US economy and society (Batalova, Fix, and Gelatt 2024; Haley et al. 2025). As adults, children of immigrants work in essential fields such as health care, helping to fill health care provider shortages across the nation (Pillai, Pillai, and Artiga 2024). Children of immigrants also tend to experience upward mobility and reach similar or better economic and educational outcomes as children of US-born parents (Abramitzky and Boustan 2022). Additionally, these children's parents are a crucial part of the US workforce, bolstering key industries, such as construction, health care, and agriculture (Batalova, Gelatt, and Fix 2024). Failing to support children of immigrants now, as their families live with the stress and uncertainty of rapidly changing immigration policies, could stunt their educational and economic futures and cause many communities across the country to miss out on their future contributions to the workforce, economy, and society.

Many immigrant families with children had trouble meeting their basic needs in 2024, resulting in food insecurity and medical hardship. However, immigration status and enforcement-related concerns deterred many from accessing basic needs programs for which at least some family members could be eligible and contributed to worries about visiting health care settings, all of which are crucial to families' and children's health and well-being. Following the 2024 election and before the launch of the new administration, many immigrant families with children were taking protective steps to prepare for potential immigration policy changes. Avoidance of public programs, worry about visiting health care settings, deportation fears, and protective actions were most pronounced among adults in mixed-status families with children, yet these concerns and behaviors were also prevalent in households with children consisting only of citizens and green card holders. This underscores the reality that immigration enforcement policies do not just impact undocumented immigrants or mixed-status-family members; they can have repercussions for immigrant families regardless of individuals' citizenship and immigration status. Evidence suggests that these fears have increased and impacted families' everyday lives as the administration has implemented its assertive enforcement agenda (Capote et al. 2025; Pillai et al. 2025; Schumacher et al. 2025). The risks for families may multiply if proposed budget increases for immigration enforcement and cuts to basic needs program eligibility move forward.

Data and Methods

This brief draws on data from a nationally representative sample of adults ages 18 to 64 who participated in the December 2024 round of the WBNS. The WBNS is an internet-based survey designed to monitor changes in individual and family well-being as policymakers consider changes to federal basic needs 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. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of nonelderly adults based on benchmarks from the Current Population Survey and

American Community Survey. Participants can complete the survey in English or Spanish. For further information on the survey design and content, see the report by Karpman, Zuckerman, and Gonzalez (2018).¹²

To assess experiences of adults in immigrant families, 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.¹³ 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.

Limitations

The WBNS has several limitations, including a low cumulative response rate; the survey weights and regression adjustment 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 experiencing homelessness, those who have low literacy levels, and those who are not proficient in English or Spanish. Because the survey is only fielded in English and Spanish, we do not capture the experiences of adults in immigrant families who do not speak these languages. Finally, estimates for adults in mixed-status families are subject to greater sampling error than estimates for the overall sample of adults in immigrant families. The effective sample size, referring to the unweighted sample size from a simple random sample that would produce the same level of precision as the estimates with the design effect, is 107 for adults in mixed-status families with children.

Notes

- ¹ Muzaffar Chishti and Kathleen Bush-Joseph, “In First 100 Days, Trump 2.0 Has Dramatically Reshaped the U.S. Immigration System, but Is Not Meeting Mass Deportation Aims,” Migration Policy Institute, April 25, 2025, <https://www.migrationpolicy.org/article/trump-2-immigration-first-100-days>.
- ² Department of Homeland Security, “Statement from a DHS Spokesperson on Directives Expanding Law Enforcement and Ending the Abuse of Humanitarian Parole,” January 21, 2025, <https://www.dhs.gov/news/2025/01/21/statement-dhs-spokesperson-directives-expanding-law-enforcementand-ending-abuse>.
- ³ Maya Kauffman, “New York City health clinic now asking for proof of citizenship, citing Trump,” Politico, February 27, 2025, <https://www.politico.com/news/2025/02/27/health-clinic-patients-proof-of-citizenship-trump-00206539>.
- ⁴ Kristen Schorsch, “Fearful amid ICE crackdowns, some immigrants are skipping health care,” NPR, February 10, 2025, <https://www.npr.org/sections/shots-health-news/2025/02/10/nx-s1-5290063/migrants-chicago-delayed-health-care-immigration-crackdown-fears>.

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- ⁵ Christi, Muzaffar and Kathleen Bush-Joseph. 2025. “In First 100 Days, Trump 2.0 Has Dramatically Reshaped the U.S. Immigration System, but Is Not Meeting Mass Deportation Aims.” Washington, DC: Migration Policy Institute.

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Acknowledgments

This brief was funded by the David and Lucile Packard Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

The authors thank Michael Karpman and Elaine Waxman for their comments on an earlier version of this brief.



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