



One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019

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In 2018, the Trump administration proposed sweeping changes to the “public charge” rule that would make it more difficult for applicants to obtain green cards or temporary visas if they have used noncash public benefits such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, or housing assistance. Though the rule was not implemented until February 2020, research indicates that “chilling effects,” whereby immigrant families avoided programs specified in the rule as well as other public programs out of fear of immigration-related consequences, were widespread even before implementation (Bernstein et al. 2019a; Bernstein et al. 2019b; Straut-Eppsteiner 2020; Tolbert et al 2019). Newly released estimates find that over 1 in 7 adults in immigrant families (15.6 percent) reported that they or a family member avoided a noncash government benefit program such as SNAP, Medicaid, or housing subsidies in 2019 (Bernstein et al. 2020).

Public program avoidance is particularly worrisome in families with children because the entire family could face financial hardships, psychological distress, and problems accessing needed health care if they avoid critical benefit programs and their essential needs are not met. Moreover, food insecurity and uninsurance among children are not only harmful to their well-being in the short term: they can also have long-term consequences on their learning, growth, and development. Although the public charge rule excludes benefits used by children as a factor in their parents’ public charge determination, reluctance to participate in public programs out of fear or confusion about immigration consequences could make it even harder for immigrant families with children to address their basic needs. This could

place immigrant families' health and well-being at risk, especially during the current COVID-19 pandemic and recession.

This brief draws on unique data gathered from the Well-Being and Basic Needs Survey (WBNS), a nationally representative, internet-based survey conducted in December 2019. The survey questions analyzed here assess awareness and knowledge of the public charge rule, sources of information on the rule, and chilling effects reported by adults in immigrant families who speak English or Spanish. The survey sample included 1,747 nonelderly adults who were born outside the US (foreign born) or who live with one or more foreign-born family members (adults in immigrant families); such adults constitute about one-quarter of all nonelderly adults in the US, according to the 2018 American Community Survey. This brief focuses primarily on the 949 surveyed adults in immigrant families living with children under age 19. Our main findings are as follows:

- One in five adults in immigrant families with children (20.4 percent) reported that they or a family member avoided a public benefit such as SNAP, Medicaid or the Children's Health Insurance Program (CHIP), or housing subsidies in 2019 for fear of risking future green card status; 10.0 percent of those without children avoided such a program. Among adults in low-income immigrant families with children, over 3 in 10 (31.5 percent) reported these chilling effects.
- In 2019, 10.2 percent of adults in immigrant families with children reported that they or someone in their family avoided SNAP, 9.6 percent reported avoiding Medicaid/CHIP, and 7.0 percent reported avoiding housing subsidies. This was higher among adults in low-income families with children, of whom 17.1 percent reported avoiding SNAP, 14.8 percent reported avoiding Medicaid/CHIP, and 10.6 percent reported avoiding housing subsidies. Further, some reported spillover chilling effects for other programs not included in the public charge rule.
- Overall, 11.4 percent of adults in immigrant families with children reported they or a family member avoided a nutrition program (SNAP; the Special Supplemental Nutrition Program for Women, Infants, and Children, or WIC; or free or reduced-price school lunches) and 10.6 percent reported they or a family member avoided a medical program (Medicaid/CHIP, programs that provide free or low-cost medical care, or health insurance purchased through the Marketplaces created by the Affordable Care Act) because of green card concerns. Among those with low incomes, chilling effects for nutrition programs and medical programs were even higher, at 17.1 percent and 16.1 percent, respectively. Most who reported chilling effects indicated avoiding more than one public benefit program.
- The majority of adults in immigrant families with children (69.8 percent) were aware of the public charge rule, and over 6 in 10 of those aware of the rule were very or somewhat confident in their understanding of it. But nearly 4 in 5 adults in immigrant families with children who were confident in their understanding of the rule did not understand that children's Medicaid enrollment is not a factor in their parents' public charge determination.

- Respondents identified several information sources as trustworthy, including US Citizenship and Immigration Services (63.3 percent), legal professionals (60.2 percent), state government agencies (53.0 percent), and local government agencies (49.0 percent), although those were not their main sources of information about the rule.

These findings indicate that fear and confusion related to the public charge rule may be causing some immigrant families with children to avoid critical benefit programs. Such chilling effects are very concerning given that access to nutritious food, affordable health insurance coverage, and stable housing are essential to children's healthy development and to families' material well-being and psychological health, particularly during the COVID-19 pandemic when the need for public assistance is high.

Background

Adequate nutrition, health care, and financial stability are essential to children's healthy development (American Academy of Pediatrics 2016). Avoiding benefits such as SNAP, WIC, or free and reduced-price school lunch can put children at higher risk of going hungry and not getting sufficient nutrition to help them grow and learn (Carlson et al. 2016; Carlson and Neuberger 2017). Disenrolling or failing to enroll children in subsidized health insurance coverage, such as Medicaid/CHIP or Marketplace coverage, could place them at higher risk of being uninsured and lacking access to needed medical care that addresses their emotional, developmental, behavioral, and physical health needs (Paradise and Garfield 2013; Sommers, Gawande, and Baicker 2017). Beyond the immediate effects of not having their needs met, children who lack adequate nutrition and health care can face long-term consequences such as lower educational attainment and poorer health (Cohodes et al. 2014; Gundersen and Ziliak 2015; Miller and Wherry 2019; Murphey 2017; Wherry, Kenney, and Sommers 2017).¹ Moreover, given the spillover effects of parents' health and well-being on their children, unmet needs among parents can have adverse consequences on children, thus affecting the entire family.² Addressing barriers to meeting children's basic needs is especially urgent given the COVID-19 crisis, because economic and medical hardship will lead to increased need for supports.

As part of a broad policy agenda to limit immigration, the Trump administration has implemented significant changes to public charge determinations (box 1), part of the process for obtaining permanent residency status and temporary visas. The expansion of the rule was proposed in 2018 and took effect nationwide on February 24, 2020.³ The new public charge rule will not consider a child's benefit use in a parent's public charge determination, and this includes benefits received by US-born citizen children, who make up most children in immigrant families. However, the rule could affect families with children if parents respond by forgoing public benefit programs for themselves or their children out of fear or confusion around the rule.

Reluctance to participate in public programs could make it even harder for immigrant families with children to address their basic needs during the current public health and economic crisis (Page et al. 2020). Despite federal guidance encouraging immigrants to seek care for COVID-19 symptoms and indicating that use of COVID-19-related health services will not count negatively in public charge

determinations,⁴ immigrants' hesitance to seek needed care out of fear or confusion could exacerbate the spread of the disease in immigrant communities (Gonzalez 2020). The Supreme Court ruled that public charge implementation does not need to be halted during the pandemic despite several state attorneys general calling for the federal government to do so.⁵ Moreover, the severe economic downturn is adversely affecting immigrant families and increasing their need for assistance: evidence shows that Hispanic families with noncitizens are disproportionately experiencing hardships during the pandemic, including high rates of food insecurity (Gonzalez et al. 2020).⁶

BOX 1

What Is the New Public Charge Rule?

The new public charge rule vastly expands the criteria through which immigrant applicants may be denied admission to and residency in the US for having received public benefits or being deemed likely to receive public benefits in the future. Departing from past practice, where only primary reliance on cash benefits or long-term medical institutionalization were considered, the new rule redefined the “totality of circumstances” test to consider not only previous use of certain cash *and* noncash benefits but also a wide range of personal characteristics, including income and assets, age, health, family size, and education and skills, such as English proficiency.

The new rule expands the list of benefits to be considered in a public charge determination to include SNAP (formerly known as food stamps), nonemergency Medicaid for nonpregnant adults age 21 and over, and Section 8 housing assistance or public housing. The revised public charge determination does not consider receipt of federally funded Medicaid for emergency care, pregnancy-related care, or care for children under age 21.

The rule applies to applications for green cards from within the US and abroad, applications for temporary visas from abroad, and changes or extensions to temporary visas from within the US (e.g., student visas). The rule does not apply to citizenship applications or green card renewals, though a green card holder who leaves the US for more than six months may be subject to a public charge test. Several humanitarian admission groups are exempt, including refugees and asylees; survivors of trafficking, domestic violence, or other serious crimes (T or U visa applicants and holders); Violence Against Women Act self-petitioners; and special immigrant juveniles (Protecting Immigrant Families 2020).

Findings

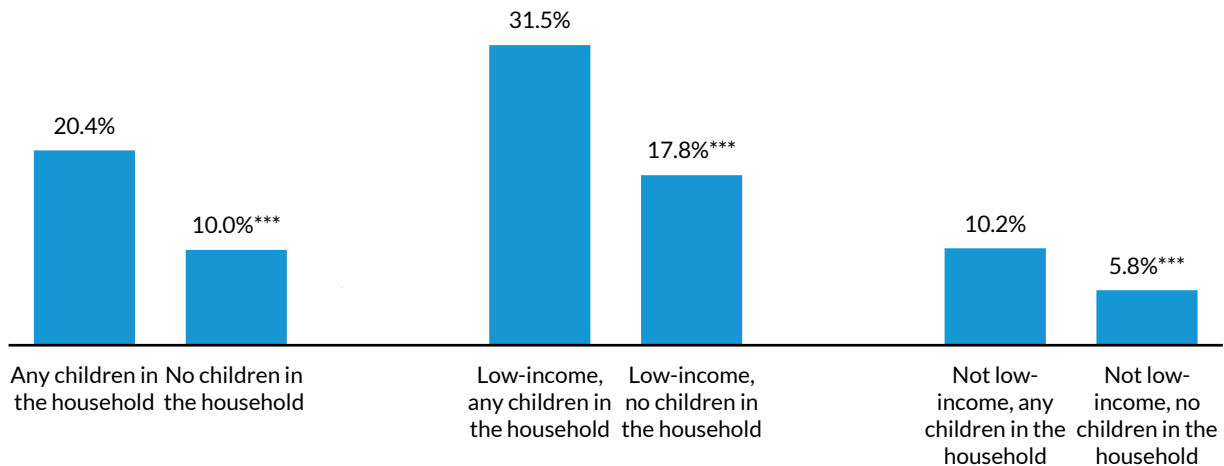
Adults in immigrant families with children were twice as likely as those not living with children to report chilling effects on receipt of public benefits in the past year.

Adults in immigrant families with and without children reported chilling effects on participation in public benefit programs such as SNAP, Medicaid/CHIP, or housing subsidies during the past year because of green card concerns. As shown in figure 1, 20.4 percent of adults in immigrant families living with children reported these chilling effects in 2019 compared with 10.0 percent among those without children in the household.⁷

Among low-income adults in immigrant families with children (those with family incomes below 200 percent of the federal poverty level, who are more likely to be eligible for public benefit programs), chilling effects were even higher, with 31.5 percent reporting that they or someone in the family avoided a public benefit program in the past year. Further, even among those who did not have low incomes and were less likely to qualify for public benefits, 10.2 percent reported avoiding public benefits because of green card concerns.

Avoidance of public programs among adults in immigrant families with children in December 2019 was statistically unchanged from the rate in December 2018, indicating that worries about the public charge rule persisted in 2019.⁸

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 and Family Income, December 2019



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Source: Well-Being and Basic Needs Survey, December 2019.

Notes: Adults are ages 18 to 64. Low-income adults are those with family incomes below 200 percent of the federal poverty level.

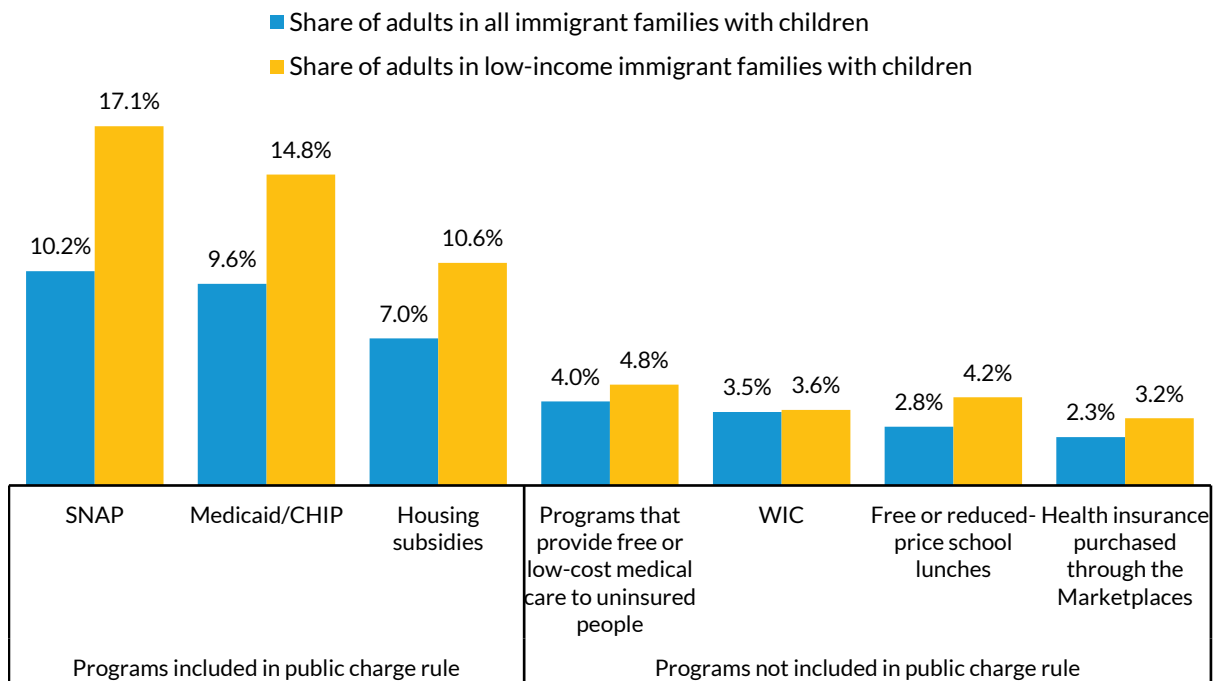
*/**/** Estimate differs significantly from adults in immigrant families living with children at the 0.10/0.05/0.01 levels, using two-tailed tests. See the Data and Methods section for details on question wording.

Adults in immigrant families with children reported avoiding programs included in the public charge rule as well as additional public benefit programs not included in the rule.

Among adults in immigrant families with children, the programs avoided most frequently by family members are those identified as negative factors in adults' public charge determinations: SNAP (10.2 percent), Medicaid/CHIP (9.6 percent), and housing subsidies (7.0 percent; figure 2).⁹ Among adults in low-income families, for whom overall reported chilling effects were higher, 17.1 percent reported someone in the family avoided SNAP, 14.8 percent reported someone avoided Medicaid/CHIP, and 10.6 percent reported someone avoided housing subsidies.

But some adults in these families also indicated that they or someone in the family avoided a program that was not included in the final public charge rule, such as other programs that provide free or low-cost medical care to uninsured people (4.0 percent overall and 4.8 percent among those with low incomes), WIC (3.5 percent overall and 3.6 percent among those with low incomes), free or reduced-price school lunches (2.8 percent overall and 4.2 percent among those with low incomes), and health insurance purchased through the Marketplaces (2.3 percent overall and 3.2 percent among those with low incomes).

FIGURE 2
Share of Adults in Immigrant Families with Children under Age 19 Who Avoided Noncash Government Benefits in the Past Year Because of Green Card Concerns, by Program Avoided and Family Income, December 2019



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Source: Well-Being and Basic Needs Survey, December 2019.

Notes: Adults are ages 18 to 64. Adults in low-income families are those with family incomes below 200 percent of the federal poverty level. SNAP is the Supplemental Nutrition Assistance Program. CHIP is the Children’s Health Insurance Program. WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.

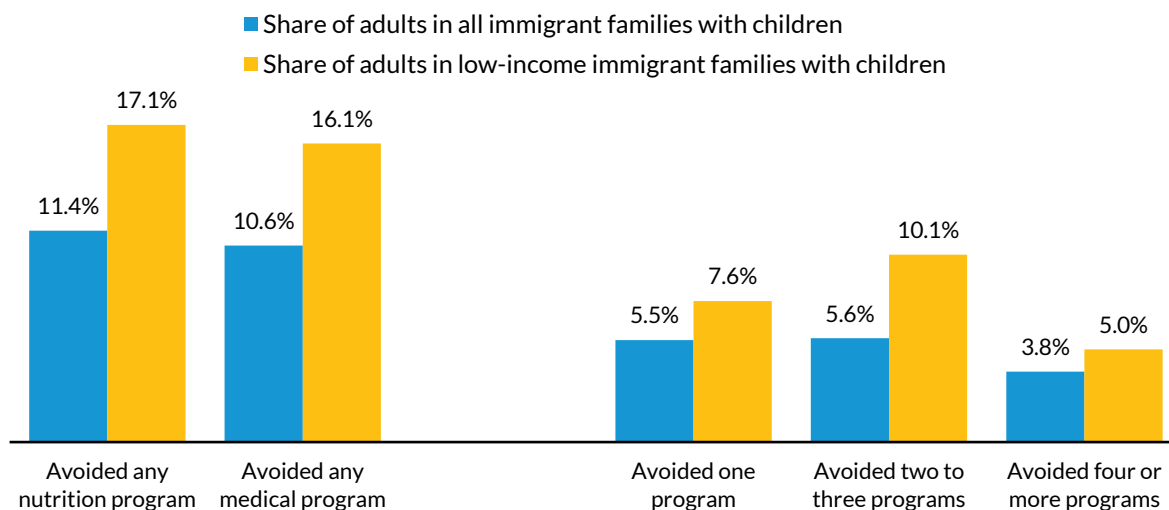
Most adults in immigrant families with children who reported chilling effects indicated avoiding more than one public benefit program.

As shown in figure 3, 11.4 percent of adults in immigrant families with children reported that they or another family member avoided one or more nutrition programs (SNAP, WIC, and free or reduced-price school lunches) and 10.6 percent avoided one or more medical programs (Medicaid/CHIP, programs

that provide free or low-cost medical care, and health insurance purchased through the Marketplaces).¹⁰ About one in six (17.1 percent) adults in low-income families with children reported that they or a family member avoided one or more nutrition programs, and 16.1 percent say their families avoided one or more medical programs.

The majority of adults in immigrant families with children who reported chilling effects on specific programs indicated avoiding more than one benefit program. Overall, 5.5 percent reported avoiding only one program, 5.6 percent reported avoiding two or three programs, and 3.8 percent reported avoiding four or more programs. Among adults in low-income families, 7.6 percent said someone in the family avoided one program while 10.1 and 5.0 percent reported avoiding two to three programs or avoiding four or more programs, respectively.

FIGURE 3
Share of Adults in Immigrant Families with Children under Age 19 Who Avoided Noncash Nutrition and Medical Government Benefits in the Past Year Because of Green Card Concerns, and Share Who Avoided One or More Noncash Government Benefit Programs, by Family Income, December 2019



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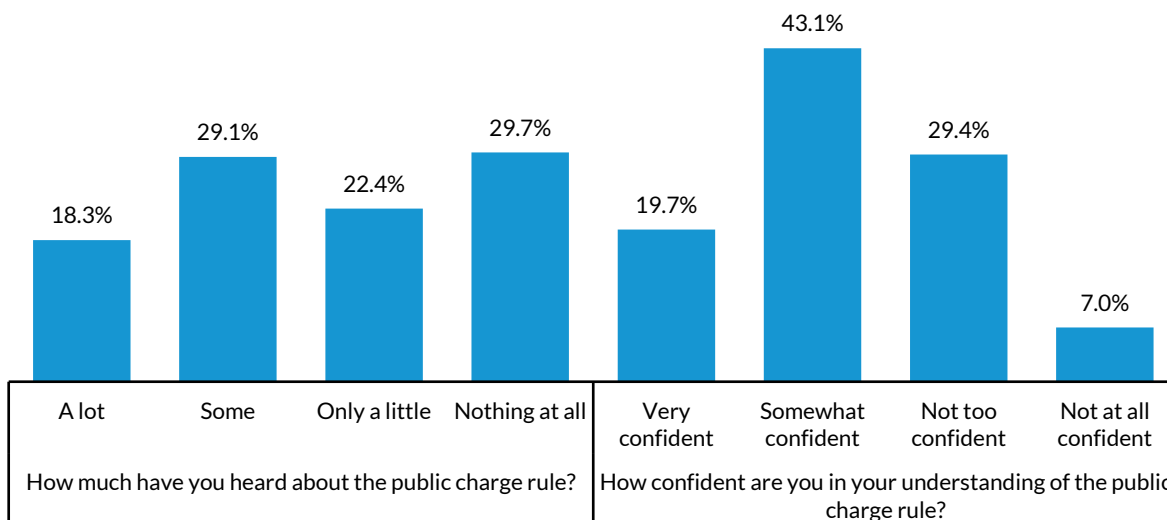
Source: Well-Being and Basic Needs Survey, December 2019.

Notes: Adults are ages 18 to 64. Adults in low-income families are those with family incomes below 200 percent of the federal poverty level. Medical programs include Medicaid/CHIP, programs that provide free or low-cost medical care, and health insurance purchased through the Marketplace. Nutrition programs include SNAP, WIC, and free or reduced-price school lunches. Additional respondents reported avoidance of housing benefits; these are not shown in the left panel of the figure. SNAP is the Supplemental Nutrition Assistance Program. CHIP is the Children's Health Insurance Program. WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.

Although the majority of adults in immigrant families with children were aware of the public charge rule, most did not understand that children's enrollment is not considered a factor in their parents' public charge determination.

Nearly 7 in 10 adults in immigrant families with children (69.8 percent) reported being aware of the public charge rule; nearly half reported they had heard a lot (18.3 percent) or some (29.1 percent) about it, and about another 1 in 5 (22.4 percent) reported hearing only a little (figure 4). Under one-third reported hearing nothing at all (29.7 percent). Among those with at least a little awareness of the rule, most reported they were confident in their understanding of it, with over 6 in 10 reporting they were very (19.7 percent) or somewhat (43.1 percent) confident in their understanding of it.

FIGURE 4
Reported Awareness of the Public Charge Rule and Confidence in Understanding of the Rule Among Adults in Immigrant Families Living with Children under Age 19, December 2019



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Source: Well-Being and Basic Needs Survey, December 2019.

Notes: Adults are ages 18 to 64. Only adults in immigrant families who heard “a lot,” “some,” or “only a little” about the public charge rule were asked about how confident they are in how well they understand the rule. Estimates are not shown for 0.5 percent of adults in immigrant families living with children who did not report how much they have heard about the rule and for 0.8 percent who did not report how confident they are in their understanding of the rule.

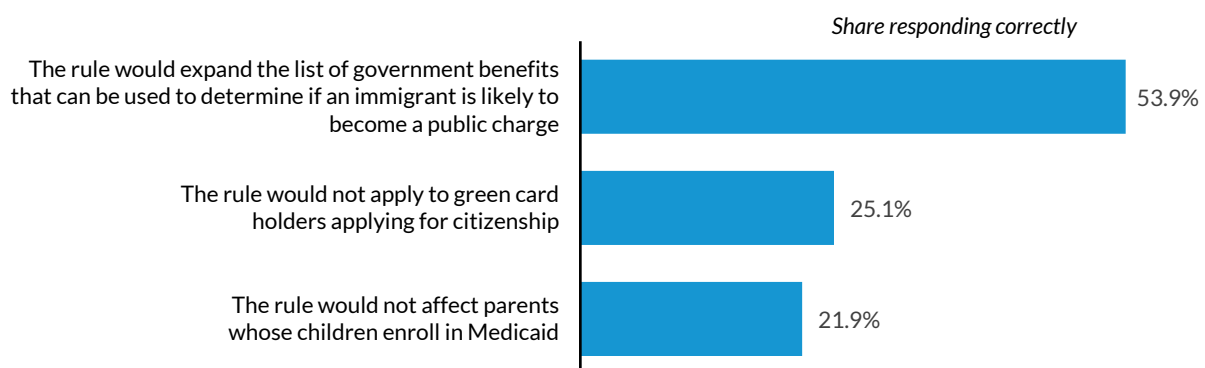
Yet many respondents who expressed confidence in their understanding of the rule appear to misunderstand the rule’s details, including whether a child’s enrollment in a public benefit program is a factor in their parents’ public charge determination (Figure 5).

Only about half (53.9 percent) of adults in immigrant families with children who expressed confidence in understanding the rule answered correctly when asked whether the rule would expand the list of government benefits that can determine whether an immigrant is likely to be labeled a public charge. Just under one-third (31.9 percent) did not know, and the remainder answered incorrectly (13.2 percent; data not shown).

Misunderstanding was even higher for two statements asking about additional details on the rule. Only 21.9 percent knew that the rule would not affect parents whose children enroll in Medicaid. Nearly

half (45.9 percent) responded that they believed a child’s enrollment in Medicaid would affect their parents’ public charge determination, and 30.9 percent indicated they did not know (data not shown). Thus, over three-quarters (76.8 percent) of adults in immigrant families with children did not understand that children’s enrollment is not factor in their parents’ public charge determination. And just 25.1 percent understood that the rule would not apply to green card holders applying for citizenship.¹¹

FIGURE 5
Understanding of Key Parts of the Public Charge Rule among Adults in Immigrant Families Living with Children under Age 19 and Who Were Very or Somewhat Confident in their Understanding of the Rule, December 2019



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Source: Well-Being and Basic Needs Survey, December 2019.

Notes: Adults are ages 18 to 64. Respondents were asked whether they believed statements about the public charge rule were true or false. Respondents were randomly assigned to different wording for the second and third statements (e.g., “would apply” versus “would not apply” for the second statement). This figure lists the true statements.

Respondents identified several sources of information about the public charge rule that they considered trustworthy, but these were not their main sources of information about the rule.

Among adults in immigrant families with children, many who were familiar with the rule reported a great deal or a lot of trust in government sources such as US Citizenship and Immigration Services (63.3 percent), legal professionals (60.2 percent), state government agencies (53.0 percent), and local government agencies (49.0 percent) to provide information on how public benefits use would affect their or their family members’ immigration status (table 1).

However, these were not among their main sources of information about the rule. The most common sources for getting information on the public charge rule were television news (60.7 percent), social media (36.3 percent), radio (33.7 percent), news websites (30.3 percent), friends (29.7 percent), and family members (29.5 percent). However, none of these sources were identified by a majority of respondents as being trusted a great deal or a lot. For example, though more than 6 in 10 reported hearing about the public charge rule through television news, just 36.5 percent had a high level of trust in that medium as an information source.

Adults in immigrant families with children were more likely than adults without children to report having received information on the public charge rule from many of the sources that were more rarely

cited overall: 13.7 percent reported receiving information from a lawyer or legal aid organization (compared with 6.5 percent among those without children), 12.4 percent from neighbors (compared with 5.7 percent among those without children), 8.4 percent from a community or social organization (compared with 3.8 percent among those without children), 7.3 percent from a church or other place of worship (compared with 4.0 percent among those without children), and 5.4 percent from a school (compared with 2.2 percent among those without children). They were also more likely than their counterparts without children to report having received information on the rule from social media (36.3 percent compared with 28.7 percent) or print newspapers (21.0 percent compared with 14.7 percent).

Those with children in the household were also more likely than those not living with children to report trusting television news (36.5 percent versus 29.6 percent), community or social organizations (33.0 percent versus 24.9 percent), print newspapers (29.5 percent versus 23.5 percent), schools (21.9 percent versus 18.2 percent), and social media networks (20.6 percent versus 14.1 percent).

TABLE 1

Trusted Sources of Information on How Using Public Benefits Affects Immigration Status and Sources of Information on the Public Charge Rule Consulted by Adults in Immigrant Families Who Have Heard about the Rule, by Presence of Children under Age 19 in the Household, December 2019

	Trusts a Great Deal or a Lot in...		Got Information on Public Charge from...	
	Any children in household	No children in household	Any children in household	No children in household
Government				
US Citizenship and Immigration Services	63.3%	61.2%	7.5%	7.7%
A state agency or office	53.0%	49.8%	3.7%	2.2%*
A local agency or office	49.0%	45.7%	2.1%	3.5%
Service providers in the community				
A lawyer or legal aid organization	60.2%	55.8%	13.7%	6.5%**
A community or social organization	33.0%	24.9%*	8.4%	3.8%***
A health care provider	22.9%	24.9%	1.7%	1.7%
A school	21.9%	18.2%*	5.4%	2.2%**
Personal networks				
Family members	33.8%	29.8%	29.5%	23.2%
A church or other place of worship	24.8%	21.7%	7.3%	4.0%*
Friends	24.5%	21.2%	29.7%	26.3%
Social networking sites	20.6%	14.1%***	36.3%	28.7%***
Neighbors	10.1%	9.8%	12.4%	5.7%**
Media				
Television news	36.5%	29.6%*	60.7%	56.2%
News websites	30.8%	29.9%	30.3%	31.4%
Print newspapers	29.5%	23.5%*	21.0%	14.7%**
Radio	28.1%	23.9%	33.7%	29.9%
Sample size	949	798	949	798

Source: Well-Being and Basic Needs Survey, December 2019.

Notes: Adults are ages 18 to 64. Health care providers may include hospitals, doctor's offices, health clinics, or other health care providers. Social networking sites may include platforms such as Facebook, Twitter, WhatsApp, or WeChat.

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

Discussion

These findings indicate that fear and confusion related to the public charge rule may be causing some immigrant families with children to avoid critical benefit programs. This is concerning given that access to nutritious food, affordable health insurance coverage, and stable housing are essential to children's healthy development and families' material well-being and psychological health. In 2019, one in five adults in immigrant families with children, and over 3 in 10 of those in low-income families, reported chilling effects on their family's participation in food, health, or housing programs out of fear about their future green card status. And nearly four-fifths of those who were confident in their understanding of the public charge rule did not understand that children's enrollment in Medicaid would not be considered a factor in their parents' public charge determination. Chilling effects may have grown even greater since then, following implementation of the public charge rule in February 2020.

Chilling effects among immigrant families are a particularly serious concern during the COVID-19 pandemic when the need for public assistance is higher. Immigrant households may be at greater risk of exposure to the virus or of losing their livelihood given their job profiles (Berube and Bateman 2020; Gelatt 2020). Already, over half of Hispanic adults have experienced job or income losses during the pandemic, and more than 4 in 10 have cut back spending on food (Karpman et al. 2020). The economic fallout caused by the crisis appears to be disproportionately affecting Hispanic families living with noncitizens (Gonzalez et al. 2020).¹² To the extent that immigrant families are reluctant to pursue government benefits because they are concerned doing so will affect their immigration status, that reluctance could increase hardship experienced by children in the face of the economic contraction.

Safety net eligibility rules for SNAP and Medicaid excluded many immigrants even before the pandemic, including many lawfully present noncitizens (Broder, Moussavian, and Blazer 2015; Siskin 2016).¹³ And Congress's relief efforts under the pandemic are leaving out some immigrant families: for instance, relief payments under the CARES Act are not available to people in families in which someone is undocumented or lacks a Social Security number, including US citizen children with undocumented parents (National Immigration Law Center 2020). Broader public and private emergency relief efforts that include all families, including those with noncitizen family members, would help more families meet their children's basic needs.¹⁴

Given the concerns that participating in public benefits will affect a family member's immigration status, addressing material hardship among immigrant families may also require expanding direct assistance through trusted networks, such as food distribution through schools or other community organizations (Schwabish et al. 2020). Engaging immigrant communities through organizations and networks with linguistic and cultural knowledge as well as with trusted relationships predating the crisis is likely important for supporting well-being (Chaudry, Fortuny, and Pedroza 2014; Greenberg, Feierstein, and Voltolini 2019).

Further, recent increases in uninsurance among children nationwide may have been influenced by people not understanding that enrolling children in Medicaid will not affect their parents' ability to obtain a green card. Over the past decade, gaps in uninsurance and Medicaid/CHIP participation

between children with and without noncitizen parents declined dramatically, and by 2016, the uninsurance rate among all children had fallen to a historic low (Kenney, Haley, and Wang 2018). By 2018, however, the overall number of uninsured children had risen by about 400,000 (Whitener et al. 2020).

More effective communication is needed to explain the details of the rule to families, including the specific benefits and scenarios that will not be considered negative factors. Families with children reported higher reliance for information from some sources, such as legal professionals and community or social organizations, than those without children, and they identified several trusted sources of information across all levels of government. These trusted sources could be used for disseminating clear, accurate, culturally appropriate interpretations of the rule in several languages.

These data do not indicate whether parents are avoiding benefits for themselves, their children, or both. But research indicates that parental health and financial well-being affect children and that parents' use of benefits, such as Medicaid coverage, has positive spillover effects on children such as increasing their access to health services and reducing their unmet needs for care.¹⁵ Thus, even if parents understand that their children's benefit use will not affect their own public charge determination and maintain children's enrollment, if they avoid benefits for themselves, the continued implementation of the public charge rule is likely to harm children.

The Trump administration is continuing to implement the public charge rule despite the COVID-19 crisis.¹⁶ Though US Citizenship and Immigration Services has communicated that the use of health care related to the pandemic will not count negatively in future public charge determinations and is encouraging noncitizens to seek care for COVID-19 testing and treatment, it is not clear whether this is being sufficiently communicated to immigrant families or whether they will trust that COVID-19 medical service use will not be held against them in the future (Gonzalez 2020).¹⁷ Beyond avoiding COVID-19-related testing and care, immigrant families will be at much higher risk of not being able to meet basic needs during the economic downturn if concerns about the public charge rule discourage them from participating in public benefit programs they are eligible for. If this causes more children to go without food and medical care they need or experience other forms of deprivation, adverse short- and long-term repercussions could follow for the children, their families, and their communities.

Data and Methods

Data and Sample

We draw on data from the December 2019 round of the Well-Being and Basic Needs Survey, a nationally representative, annual survey of adults ages 18 to 64 launched in December 2017. This analysis is based on the WBNS core sample and an oversample of noncitizens. For each round of the WBNS, the core sample is a stratified random sample of approximately 7,500 nonelderly adults drawn from Ipsos's KnowledgePanel, a probability-based online panel recruited primarily from an address-based sampling frame, and includes a large oversample of adults in low-income households.¹⁸ The

additional oversample of approximately 300 noncitizens is designed to support analyses of current policy issues affecting immigrant families. The panel includes only respondents who can complete surveys administered in English or Spanish, and adults without internet access are provided free internet access and web-enabled devices to participate.

To assess chilling effects and related issues, we constructed weights for analyzing nonelderly adults who are foreign born or living with a foreign-born relative in their household. 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.¹⁹ 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. Our full analytic sample consists of 1,747 adults in immigrant families. Of these, 949 lived in a household with children under age 19. We note that, in some cases, the child living in the household with the adult may be in a different family from the adult (for instance, in a household consisting of two unrelated families living in the same household).

Measures

CHILLING EFFECTS WITHIN A FAMILY

We define chilling effects as either not applying for or stopping participation in a noncash government benefit program, such as Medicaid or CHIP, SNAP, or housing subsidies, within the previous 12 months because of concerns that the respondent or their family member could be disqualified from obtaining a green card.²⁰ We collected information on avoidance of these programs and programs not listed in the public charge rule, including WIC and Marketplace health insurance coverage.²¹ A respondent could define “family” as both their immediate family and other relatives who may live with them or in another household. Respondents may have reported chilling effects for a program for which they may not have been eligible; some parents likely reported chilling effects on the program participation of a US-citizen child, or a higher-income respondent may have reported chilling effects on a relative with a lower income.

AWARENESS OF THE PUBLIC CHARGE RULE

We asked all adults in immigrant families in our sample to report how much they had heard about the public charge rule:²² a lot, some, only a little, or nothing at all.

UNDERSTANDING AND CONFIDENCE IN UNDERSTANDING OF THE PUBLIC CHARGE RULE

For confidence in understanding of the rule, we report estimates for the 693 adults in immigrant families living with children who reported having heard at least a little about the public charge rule.

Confidence in understanding of the rule. For this measure, respondents could indicate they were very, somewhat, not too, or not at all confident in how well they understood the public charge rule.

For understanding of the public charge rule, we report estimates for the 445 adults in immigrant families with children who reported they were very or somewhat confident in their understanding of the rule.

Understanding of the public charge rule. To gauge understanding of key elements of the rule, we asked respondents to report whether three statements about the rule were true or false (respondents could also answer “don’t know”). These statements cover (1) whether the rule would expand the list of government benefits used to determine if an immigrant is likely to become a public charge (true), (2) whether the rule would apply to green card holders applying for citizenship (false), and (3) whether parents could have a harder time getting a green card if their children enroll in Medicaid (false). Respondents were randomly assigned to affirmative or negative versions of the second and third statements. Figure 5 shows the true version of each statement.²³

SOURCES OF INFORMATION AND TRUSTED SOURCES

The following two measures are also based on the 693 adults in immigrant families living with children who reported having heard at least a little about the public charge rule.

Sources of information about the public charge rule. To understand where adults in immigrant families have been getting their information, we asked respondents who had heard about the rule to report all the sources from which they had heard about it, listing options encompassing governments, service providers, personal networks, and media.

Trusted sources on public benefits use and immigration. We asked respondents to report how much they would trust various sources to provide helpful information if they had a question about how using public benefits could affect their immigration status or that of someone in their family, listing the same source options above. Respondents could report that they trusted each source a great deal, a lot, somewhat, not much, or not at all.

Analysis

We first compare chilling effects between adults in immigrant families living with children (defined as those with a child under age 19 present in the household) and adults in immigrant families not living with children, overall and by income group (we define low-income families as those with incomes below 200 percent of the federal poverty level). We also report the specific programs respondents avoided as a share of all adults in immigrant families living with children.

We then examine respondents’ awareness of the public charge rule and confidence in their understanding of the rule. Next, we assess knowledge of three statements about the rule among those who reported being very or somewhat confident in their understanding of the rule. Finally, we compare respondents’ sources of information about the rule with the sources they would trust the most if they had a question about how using public benefits would affect their immigration status. All estimates are weighted to be representative of the national population of nonelderly adults in immigrant families (as described above) and account for the complex survey design.

Additional tabulations (not shown) compare chilling effects reported in December 2019 with those reported in the prior round of the survey in December 2018.

Limitations

One limitation of the WBNS is its low response rate, which is comparable with that of other panel surveys accounting for nonresponse at each stage of recruitment. 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). WBNS survey weights reduce but do not eliminate the potential for errors associated with sample coverage and nonresponse, which are likely greater for the subgroup of adults in immigrant families. Though the weights are designed to produce nationally representative estimates for adults in immigrant families, the survey's design implies our analytic sample of 1,747 adults in immigrant families has precision comparable to a simple random sample of approximately 750 adults, increasing the sampling error around our estimates.

Further, because the WBNS is only administered in English and Spanish, our analytic sample does not describe the experiences of the full spectrum of adults in immigrant families. Our study excludes adults with limited English proficiency whose primary language is not Spanish. We estimate that the excluded adults who do not speak English or Spanish represent between 5 and 15 percent of all nonelderly adults in immigrant households as defined for this brief; according to the 2018 American Community Survey, 5 percent of this group speaks English "less than well"²⁴ and speaks a primary language other than Spanish.

Last, some measurement error is likely for questions related to the citizenship statuses of respondents and relatives in the household, particularly among adults who are undocumented or have been in the US for a short time (Van Hook and Bachmeier 2013).

Notes

¹ Elaine Waxman, "Many Families Are Struggling to Put Food on the Table. We Have to Do More," *Urban Wire*, May 7, 2020, <https://www.urban.org/urban-wire/many-families-are-struggling-put-food-table-we-have-do-more>.

² Emily M. Johnston, Jennifer Haley, and Genevieve M. Kenney, "Penalizing Immigrants for Obtaining Medicaid Coverage Puts Child and Family Well-Being at Risk," *Urban Wire*, December 6, 2018, <https://www.urban.org/urban-wire/penalizing-immigrants-obtaining-medicaid-coverage-puts-child-and-family-well-being-risk>.

³ The Supreme Court ruling on the national injunction in January did not apply to Illinois, which had a separate case before the court that was ruled on in February.

⁴ "Public Charge," US Citizenship and Immigration Services, last reviewed March 27, 2020, <https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge>.

⁵ Harper Neidig, "Supreme Court Denies Motion to Block Trump 'Public Charge' Rule during Pandemic," *The Hill*, April 24, 2020, <https://thehill.com/regulation/court-battles/494603-supreme-court-denies-motion-to-block-trump-public-charge-rule-during>.

⁶ Elaine Waxman, "Many Families Are Struggling to Put Food on the Table. We Have to Do More," *Urban Wire*, May 7, 2020, <https://www.urban.org/urban-wire/many-families-are-struggling-put-food-table-we-have-do-more>.

⁷ As indicated in the Data and Methods section, for some adults in immigrant families living with children, the child living in the household may be in a different family from the adult (for instance, in a household consisting of two unrelated families). Hereafter, adults in immigrant families living in a household with children are referred to as adults in immigrant families with children.

Benefit avoidance may be higher among those living with children than those not living with children because families with children often have greater eligibility for benefits, especially families with US citizen children (for whom eligibility is broader), and because families with children may include more family members overall.

⁸ We used regression-adjusted estimates that control for gender, age, race and ethnicity, educational attainment, family size, respondent's chronic conditions, overlap across years, panel tenure, urban-rural residence, internet access, homeownership, presence of children under age 19 in the household, family composition, region, family income, and respondent's citizenship status in comparing 2018 and 2019, finding that the regression-adjusted rates for 2018 (17.9 percent) and 2019 (19.9 percent) were not statistically different.

⁹ Avoidance of specific programs is calculated as the share of all adults in immigrant families with children who report avoiding each program. Other analysis of the WBNS (Bernstein et al. 2020) assesses avoidance of particular programs among only those adults reporting any chilling effects, so shares are higher. We calculate shares of all adults in families with children here because of the smaller sample of adults in families with children. If Bernstein and colleagues (2020) had calculated avoidance of specific programs among all adults in immigrant families using the approach we use here, the overall shares of adults in immigrant families avoiding each program would be as follows: SNAP (7.5 percent), Medicaid/CHIP (7.1 percent), housing subsidies (5.5 percent), programs that provide free or low-cost medical care to uninsured people (3.3 percent), WIC (2.6 percent), free or reduced-price school lunches (2.0 percent), and health insurance purchased through the Marketplaces (2.2 percent).

¹⁰ As shown, additional respondents reported avoidance of housing benefits but neither nutrition nor medical benefits.

¹¹ As shown in figure 4, shares are calculated among those who reported being very or somewhat confident in their understanding of the rule. Shares would be lower if they were calculated out of all adults in immigrant families with children, with 43.8 percent knowing that the rule would expand the list of government benefits considered in a public charge determination, 22.2 percent knowing the rule does not apply to applications for citizenship, and 19.5 percent knowing that children's enrollment in Medicaid will not be considered in a parent's public charge determination.

¹² Elaine Waxman, "Many Families Are Struggling to Put Food on the Table. We Have to Do More," *Urban Wire*, May 7, 2020, <https://www.urban.org/urban-wire/many-families-are-struggling-put-food-table-we-have-do-more>.

¹³ "Immigrant Eligibility for Health Care Programs in the United States," National Conference of State Legislatures, October 19, 2017, <https://www.ncsl.org/research/immigration/immigrant-eligibility-for-health-care-programs-in-the-united-states.aspx>. "Understanding the Impact of Key Provisions of COVID-19 Relief Bills on Immigrant Communities," National Immigration Law Center, April 1, 2020, <https://www.nilc.org/issues/economic-support/impact-of-covid19-relief-bills-on-immigrant-communities/>. Kelly Whitener, "COVID-19 and Immigrant Health." *Say Ahhh!* (blog), Georgetown University Center for Children and Families, April 10, 2020, <https://ccf.georgetown.edu/2020/04/10/covid-19-and-immigrant-health/>.

¹⁴ Gina Adams, "Stabilizing Supports for Children and Families during the Pandemic." *Urban Wire*, April 2, 2020, <https://www.urban.org/urban-wire/stabilizing-supports-children-and-families-during-pandemic>. Faith Mitchell, "How Philanthropy Can Partner with Government to Meet Critical Needs during COVID-19," *Urban Wire*, May 11, 2020, <https://www.urban.org/urban-wire/how-philanthropy-can-partner-government-meet-critical-needs-during-covid-19>.

¹⁵ Emily M. Johnston, Jennifer Haley, and Genevieve M. Kenney, "Penalizing Immigrants for Obtaining Medicaid Coverage Puts Child and Family Well-Being at Risk," *Urban Wire*, December 6, 2018, <https://www.urban.org/urban-wire/penalizing-immigrants-obtaining-medicaid-coverage-puts-child-and-family-well-being-risk>.

¹⁶ Lawrence Hurley, "U.S. Supreme Court Refuses to Block Trump Immigration Policy during Pandemic," *Reuters*, April 24, 2020, <https://www.reuters.com/article/us-usa-court-immigration-idUSKCN2263FQ>.

¹⁷ Whitney L. Duncan and Sarah B. Horton, “Serious Challenges and Potential Solutions for Immigrant Health During COVID-19,” *Health Affairs Blog*, April 18, 2020, <https://www.healthaffairs.org/doi/10.1377/hblog20200416.887086/full/>. Elizabeth Hlavinka, “Public Charge and COVID-19; ‘Perfect Storm’ for the Undocumented.” *MedPage Today*, April 23, 2020, <https://www.medpagetoday.com/infectiousdisease/covid19/86123>. Usha Lee McFarling, “Fearing Deportation, Many Immigrants at Higher Risk of Covid-19 Are Afraid to Seek Testing or Care.” *Stat News*, April 15, 2020, <https://www.statnews.com/2020/04/15/fearing-deportation-many-immigrants-at-higher-risk-of-covid-19-are-afraid-to-see-testing-or-care/>.

¹⁸ For additional information on the design of and weighting in the WBNS, see Karpman, Zuckerman, and Gonzalez (2018).

¹⁹ 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 (Wilson 2014). 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) multiple races or other race not born in Asia.

²⁰ We drew on measures developed by researchers at the University of California, Los Angeles, for an immigrant follow-up survey to the California Health Interview Survey. For the exact wording of this and other questions on the WBNS, see the 2019 survey questionnaire at the “Well-Being and Basic Needs Survey,” Urban Institute, accessed June 2, 2020, <https://www.urban.org/policy-centers/health-policy-center/projects/well-being-and-basic-needs-survey>.

We learned in follow-up interviews to the 2018 survey that some respondents did not understand the distinction between two separate survey items measuring chilling effects: “not applying for a program” versus “stopping participating in a program.” Consequently, we combined the responses to report on the items together: either not applying for or dropping out of a noncash assistance program. Follow-up interviews to the 2019 survey also suggested measurement error: because the survey is self-administered and internet based, it may have led some respondents to read questions too quickly and not fully process the information. Future cognitive testing will be needed to assess the extent of misunderstanding. We cannot disentangle this potential mode effect from other factors that could contribute to measurement error, such as recall bias and heightened social desirability bias in the context of a phone interview.

²¹ We asked about additional programs not listed in the public charge rule because of reports that families were avoiding such programs; see, for example, Emily Moon, “Why Is Participation in Food Assistance Programs Like WIC Declining?” *Pacific Standard*, May 8, 2019, <https://psmag.com/news/why-is-participation-in-food-assistance-programs-like-wic-declining>.

²² This question was asked later in the survey than the questions on chilling effects. For the exact wording of this and other questions on the WBNS, the 2019 survey questionnaire at the “Well-Being and Basic Needs Survey,” Urban Institute, accessed June 2, 2020, <https://www.urban.org/policy-centers/health-policy-center/projects/well-being-and-basic-needs-survey>.

²³ Respondents were randomly assigned to one of two versions of this question. For the exact wording of this and other questions on the WBNS, the 2019 survey questionnaire at the “Well-Being and Basic Needs Survey,” Urban Institute, accessed June 2, 2020, <https://www.urban.org/policy-centers/health-policy-center/projects/well-being-and-basic-needs-survey>.

²⁴ 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 (Wilson 2014).

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