Many immigrant families are experiencing disproportionate economic and financial challenges during the COVID-19 pandemic, challenges that are more acute because of recent changes to federal immigration policy. A revised “public charge” rule, which took effect in February 2020, just before the pandemic hit the US, makes receipt of Medicaid, food stamps, and certain other public benefits a negative factor in immigrants’ applications for green cards. Like many families around the country, immigrants in Houston are experiencing “chilling effects,” avoiding benefits and other supports for themselves or their children out of fear of the public charge rule or immigration enforcement. The COVID-19 pandemic adds another layer of challenges, given that many immigrant workers and families are vulnerable to the health and economic impacts of the pandemic but may fear accessing health care services and supports they need.¹

Public benefit agencies, local institutions, and mainstream service providers in Houston are working to support immigrants despite limited resources. But improving access to public or private mainstream programs requires addressing concerns, such as the public charge rule, that may keep many immigrant families from accepting supports. Moreover, the widespread economic impact and increased isolation caused by the COVID-19 pandemic have exacerbated existing challenges to immigrants’ access to services in Houston. Although the pandemic has encouraged more coordination among governments and service providers to disseminate critical information to immigrant communities, many immigrants have been excluded from direct financial assistance, including federal stimulus payments.² This situation
has many policymakers, service providers, and advocates worried about immigrants’ health and well-being and the effectiveness of local recovery efforts.

In this brief, we focus on recent chilling effects in immigrant communities in Houston and emerging efforts of public benefit programs, safety-net health care providers, food banks, legal service organizations, and other immigrant-serving community-based organizations to engage and support immigrant families amid fear and confusion about the rule. We began this research in early 2020, as the new public charge rule neared its implementation on February 24, and supplemented our findings with information collected in March and April, as the COVID-19 pandemic unfolded. Although the perspectives are from early in the pandemic, the findings can inform communities as they work to recover from the crisis and support their residents.

We find that service providers in Houston are facing tensions between federal, state, and local stances on immigration, limitations in their ability to keep up with and inform families about changing immigration policies, and difficulties coordinating a unified message on a large scale. Despite these challenges, Houston has several strengths and opportunities that position it to help immigrant families navigate the public charge rule, COVID-19, and the safety net. Conversations with immigrants and service providers during spring 2020 offered useful perspectives on ways to address outstanding challenges around the rule in Houston and the additional complexity introduced by the pandemic.

Background

As part of a broader policy agenda to limit immigration to the United States, the Trump administration has instituted a revised public charge rule (box 1) that could significantly alter the admissions and adjustments process for permanent residency and temporary visas. The administration moved to significantly expand the rule’s scope in 2018, and an active public comment period on the draft rule followed. The final, revised rule, released in August 2019 and originally scheduled to go into effect in October 2019, was temporarily held up by legal challenges. It took effect nationwide on February 24, 2020, although litigation is still under way.

**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 that could lead to benefit use “at any time in the future,” including income and assets, age, health, family size, and education and skills, like English proficiency (Protecting Immigrant Families 2020a).
The new rule expands the list of benefits to be considered in a public charge determination to include the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps; nonemergency Medicaid for nonpregnant adults ages 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, although 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 exempted, 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 2020a).

Research has shown that many immigrant families are avoiding public programs because of chilling effects around the public charge rule (Bernstein et al. 2019; Bernstein et al. 2020), as well as widespread confusion and misunderstanding about details of the rule, including which benefit programs are considered and to whom the rule applies (Bernstein, McTarnaghan, and Gonzalez 2019). For instance, most adults in immigrant families surveyed do not understand that the rule does not apply to applications for citizenship or that the rule does not consider benefits used by the children of green card applicants (Bernstein et al. 2020). Research suggests that misinformation about the rule is leading to spillover to programs it does not list—such as the Special Supplemental Nutrition Program for Women, Infants, and Children or free or reduced-price school lunches—and is affecting people it does not directly concern, such as US-citizen children of immigrant parents and program-eligible green card holders, who will not be subject to a future public charge test (Bernstein et al. 2020; Straut-Eppsteiner 2020).

The confusion and fear are affecting communities across the country, where many service providers are observing a drop in program participation among immigrant families (New York City Mayor’s Office of Immigrant Affairs 2020; Protecting Immigrant Families 2020b; Straut-Eppsteiner 2020; Tolbert, Artiga, and Pham 2019) and fielding many questions from clients about whether accessing certain programs would lead them to be considered a “public charge.” Service and legal assistance providers are facing their own information challenges trying to stay on top of complex policy and legal developments. Although national efforts such as the Protecting Immigrant Families campaign have spoken out widely against the rule and educated service and legal assistance providers who work with immigrant families, many gaps remain.

Although drops in program participation are of urgent concern, particularly when many immigrant workers and families are vulnerable to the health and economic impacts of the COVID-19 pandemic (Gelatt 2020; Gonzalez et al. 2020), it is important to recognize that, generally, eligibility for many federal programs is limited for noncitizens. However, we also know that immigrant families with members who are indeed eligible for safety-net programs (e.g., children who are US citizens) face many
challenges to accessing them, such as language or cultural barriers, a lack of information, varying eligibility for members in “multiple-status” households,7 and fear of authorities (Fortuny and Chaudry 2011; Gelatt and Koball 2014; Perreira et al. 2012), all of which are in addition to the chilling effects specific to the revised public charge rule. Constrained access to the safety net because of these barriers limits options for health insurance coverage and likely contributes to the high uninsurance rates among noncitizens (Capps and Gelatt 2020): in 2018, 23 percent of lawfully present immigrants (including green card and temporary visa holders) and 45 percent of undocumented immigrants were uninsured compared with 9 percent of US-born and naturalized citizens.8 During a public health crisis, limited access to health insurance poses a serious challenge; for uninsured people, concerns about health care costs and a lack of a usual source of care may lead them to forgo COVID-19 testing and treatment.9 Although otherwise-Medicaid-eligible individuals can access emergency Medicaid coverage regardless of their immigration status, only five states (California, Delaware, New York, Oregon, and Pennsylvania) had determined as of April 2020 that emergency Medicaid would cover COVID-19 testing and treatment; Washington State determined it would cover only testing (Capps and Gelatt 2020).

Moreover, federal economic relief legislation in response to the pandemic has excluded many immigrant families. People must file taxes using a Social Security number to receive the one-time pandemic tax rebate (“stimulus payment”) under the Coronavirus Aid, Relief, and Economic Security Act. This requirement means that families cannot receive the rebate if a member files taxes using an Individual Taxpayer Identification Number or files jointly with a spouse who does not have a Social Security number. This exclusion particularly affects undocumented immigrants and multiple-status households that include US-citizen spouses and children. Undocumented immigrants are also excluded from expanded unemployment insurance because this benefit requires recipients to have authorization to work in the US.10

Limited eligibility for federal programs and spillover chilling effects that are discouraging immigrant families from seeking out any type of public or private support pose risks for families and public health. This case study aims to understand these dynamics in Houston and explores developing chilling effects around the public charge rule, emerging local responses to mitigate chilling effects, and key lessons for navigating the rule and the unique challenges immigrant families face during the COVID-19 crisis.

Study Approach

This case study of Houston, along with a similar study focused on Las Vegas (McTarnaghan et al. 2020),11 investigates emerging local attempts to support immigrant families in the context of chilling effects around the public charge rule and the COVID-19 pandemic. To capture a range of perspectives and experiences, we conducted focus groups with adults in immigrant families and interviewed key informants during a site visit to Houston in mid-February 2020; follow-ups took place by telephone and email in March and April. Houston was selected because of its diverse immigrant population and reputation as a major immigrant destination, as well as its state- and local-level policy climate (box 2).
We interviewed a total of 55 people across 16 organizations, including public benefit programs, safety-net health care providers, food banks, legal service agencies, and other immigrant-serving community-based organizations. Our interviews explored safety-net access for immigrant families, fears around participation in programs because of immigration concerns, understanding of the public charge rule, and perceptions of local efforts to communicate information about the public charge rule.

We partnered with immigrant-serving nonprofit organizations in Houston to recruit community residents for three two-hour focus groups. Participants were 18 years or older and either were immigrants or were living with immigrant relatives. Because the research team included fluent Spanish speakers, two focus groups were conducted in Spanish. To expand the diversity of perspectives, the third focus group was conducted in English and interpreted consecutively into Mandarin. A total of 35 adults in immigrant families participated in the focus groups.

The March and April follow-ups were with eight interviewees whom we asked about the challenges of meeting immigrants’ needs during the COVID-19 crisis and the local responses that had emerged. To search for evidence of messaging around the public charge rule and of nascent targeted outreach efforts to immigrants amid the pandemic, we scanned local news articles, the websites and social media pages of organizations we had interviewed, and websites of local government agencies. This search took place between March and mid-May 2020.

Although they have been lightly edited for clarity, the quotations presented in this brief reflect the voices of the interviewees and focus group participants.

Our study was conducted shortly after the Supreme Court’s ruling that allowed national implementation of the public charge rule and in the early stages of the COVID-19 pandemic’s spread to the US. As such, our findings offer a unique insight into the experiences of immigrant families in a major metropolitan urban area during a period of changing immigration policies and an unprecedented public health crisis. Findings described here may not capture new local responses that may have taken place following our data collection period.

BOX 2
Profile of Immigrant Communities in Houston

Houston, situated within Harris County in Texas, is often described as one of the most diverse cities in the US. Immigrants drove nearly a third of Houston’s population growth in 2018 and to date are about a quarter of the city’s population (New American Economy 2019). Mexico, El Salvador, India, Vietnam, and Honduras are the most common countries of origin among immigrants in Houston, although a rapidly growing number are from Cuba, Nigeria, and Venezuela (Capps and Soto 2018). Just over 4 in 10 children in Houston are children of immigrants.

Close to 1 in 3 workers in Houston is an immigrant, making immigrants a robust share of the overall workforce in the city (New American Economy 2019). Immigrants are also a large share of the workforce in industries that have experienced significant job losses during the COVID-19 pandemic, including accommodation and food services, manufacturing, and retail (Capps and Soto 2018).
Almost a quarter of residents in the greater Houston metropolitan area are native Spanish speakers, and after English and Spanish, Vietnamese is the most commonly spoken language. Nearly 60 percent of residents in the Houston metropolitan area who were born outside the US have limited English proficiency, meaning that they speak English less than "very well."^d

Close to a third of immigrants in the Houston metropolitan area are estimated to be undocumented.^a

^e Authors' analysis of the 2018 American Community Survey one-year estimates.

Chilling Effects in Houston

Consistent with research that has documented chilling effects around the public charge rule among immigrant families (Bernstein et al. 2019, 2020), interviewees and focus group participants confirmed that many immigrants in Houston are reluctant to participate in public programs because of immigration concerns. Many interviewees noticed drops in enrollment when the public charge rule was in the news (e.g., in December 2018, when the comment period closed; in summer 2019, when the final rule was published ahead of the original fall 2019 implementation date; and in February 2020, when the rule ultimately went into effect). Interviewees noted that immigrants were avoiding federal programs such as SNAP, Medicaid, and the Children’s Health Insurance Program as well as local programs such as the Harris Health Financial Assistance Program (formerly known as Gold Card) because of public charge concerns. Our findings illustrate concerns about the public charge rule across groups of people with different countries of origin and provide examples of how reduced access to benefits has affected immigrants in Houston and how they are coping without these supports.

Varying Concerns around the Public Charge Rule

Participants in the Spanish- and Mandarin-language focus groups reinforced service providers’ observations about immigrants and the public charge rule. Many focus group participants expressed confusion about what the rule means, who it affects, and what programs are included. In two of the three groups, parents of children with disabilities were worried that their children’s special needs, such as transportation to school or school-based services, could make them a public charge. In the third group, one parent articulated challenges to getting services for her son who has autism because of his undocumented status:
[My son] didn’t qualify [for special needs programs]. People ask me, “How, if there are so many programs here?” But it’s because every place I went to, they asked me for his Social Security number. It’s for children who are born here. Kids born here get the therapies.

A few notable differences emerged. Most participants in the Spanish-language focus groups reported that their families were using or had used public benefits such as Medicaid and SNAP, while only a few of those in the Mandarin-language group said the same. Many Mandarin-language focus group participants said they were unaware of eligibility criteria and did not understand the application process for public programs. Many participants across the two language groups were aware of the public charge rule, but they had different immigration concerns. Many adults in the Mandarin-language group were worried that the rule would affect their ability to sponsor family members from abroad for admission to the US. In contrast, many adults in the Spanish-language groups revealed that they were undocumented and were worried that using public benefits would limit their opportunities to obtain a green card in the future.

Impacts of Chilling Effects and Coping Mechanisms

Interviews and focus groups showed that the impacts of forgoing benefits were heavily concentrated in the areas of health and nutrition. Examples include avoidance of services for children with special needs, hunger among older adults who avoided SNAP benefits, and delays to receiving medical attention for worrisome health conditions and injuries. One interviewee related a story about how some immigrants reacted when they heard about the rule:

Last summer, when public charge first came out, we had to do emergency interventions because older refugees were going hungry and not using food stamps. People would drop food stamps without asking if the rule even applied to them. One of our most trusted employees in the community had to go visit these seniors and hold their hands and tell them that they were going to be OK and that they should keep using food stamps and they weren’t going to get deported. But then, because they dropped food stamps, they have to apply all over again and get all their paperwork together that they might have lost. They believed the news and took action, then they came in here to let them know they dropped their benefits.

Interviewees also shared examples of strategies immigrant families were using to cope without aid from public programs, including crossing the US-Mexico border to buy medicine, going to the emergency room for care, paying out of pocket for medical services, and relying on informal sources of care such as traditional healers or unlicensed providers with foreign medical degrees. One interviewee said:

I know people that are undocumented. They go to meat markets that have a doctor on site, and it only costs $30. They seek out people like this who don’t ask for information and that are cheap. Maybe they were doctors in their own country. There are unconventional means of medical care, like herbal care. These doctors are at flea markets and supermarkets. Very creative. People buy medicine from different countries.
Interviewees and focus group participants identified clinics and federally qualified health centers as among the entities that immigrant families trust most, and a few said that building on that trust could be one way to encourage families to participate in programs for which they qualify.

Challenges to Addressing Chilling Effects

The diverse immigrant communities in Houston and the differing stances of state and local immigration policies provide a rich landscape for assessing the impact of federal immigration policies on local communities. Our findings illustrate challenges that service providers and immigrant families face in the context of the public charge rule in Houston. These findings include tensions between federal, state, and local stances on immigration, limitations on service providers’ ability to keep up with and communicate about changing immigration policies, and difficulties coordinating a unified message around public charge among service providers.

Local, State, and Federal Policy Interactions

Several interviewees and focus group participants highlighted that Houston has a diverse immigrant population and a reputation as a welcoming city. Some focus group participants and interviewees mentioned that local political actors, such as the Harris County judge and Houston mayor, have made immigrants feel welcome by voicing support for them. Still, one interviewee said that even within Houston, factors such as the threat of deportation can make immigrant families feel less welcome. Also, focus group participants noted that even though Houston seems more accepting than other jurisdictions in Texas and nationally, they sometimes encounter anti-immigrant sentiments and discrimination within Houston.

Interviewees and focus group participants highlighted the stark contrast between Houston’s policies toward immigrants and those of other parts of Texas. Many service providers noted that surrounding counties are less welcoming of, and make fewer services and supports available for, immigrants. Several focus group participants also remarked that the immigration climate is vastly different in Houston than at the state and federal level. For example, one focus group participant said the governor expresses animosity toward immigrants, a statement that drew nods and verbal assents from other participants. Another focus group participant described a jarring difference in the rhetoric coming from Houston government and that coming from the Trump administration.

The contrasts between federal, state, and local immigration policies were concerning for many focus group participants, who voiced worries that policies would change and participation in benefit programs would harm their immigration status or lead to deportation (even though the current rules suggest otherwise). Many focus group participants also said immigrants were afraid of trusting government with their personal information.
Limited Capacity among Service Providers to Understand and Communicate Changing Policies

Interviews in Houston highlighted that service providers have limited capacity to process and communicate complex information about the public charge rule to immigrant families. Interviewees at local organizations were concerned about the lack of funding and time for staff members to educate themselves on rapidly evolving federal immigration policies such as the public charge rule. Even for organizations that diligently keep up with immigration policy developments, providing that information to immigrant families in a quick and accessible way is difficult. Some interviewees described monitoring immigration policy changes and educating the community on them as exhausting. One service provider said:

There has been a fatigue on immigration policies in the last couple of years. Philanthropy and organizations are like, "Here we go again!" We are always on [reactive] mode trying to get on top of public charge, asylum, everything.

The information gaps around the public charge rule that service providers articulated were also apparent in the focus groups. Although some participants had received information about the rule through sources like their home country's consulate and local health clinics, most said their main sources of information were the news media, family, and social networks. No focus group participants reported receiving any information that encouraged them to participate in benefit programs for which they are eligible. Focus group participants expressed a strong desire for credible information about how the rule would affect their immigration cases. One focus group participant expressed a desire for detailed information, asking the following:

How will it affect us personally? If the occasion arises when we want to get papers, what do we do? I heard, if you have a tourist visa, this will affect you. We need someone to clear up our doubts, but we want specifics and clarity.

Service providers were frustrated that they could not give clear “yes” or “no” answers to their clients’ questions about the public charge rule. Some interviewees noted that the long-standing policy was defined clearly enough that in previous years, they could provide immigrant families with unambiguous advice about whether to participate in public benefit programs based on their immigration status. However, because the new policy is complicated and highly case-specific, the service providers said, they can no longer provide that guidance to many families. Many interviewees were also worried that because changes to immigration policies have been unpredictable, any guidance they do feel safe giving about participation in public benefit programs might no longer be accurate in the future. Service providers were concerned that potentially wrong guidance could break long-standing trust with immigrant communities. One interviewee noted:

All this time, we said these things were not possible; now we are not seen as trustworthy. It makes me not as enthusiastic about my reassurances like I could before. This is the new normal.

Interviewees agreed that expanding and improving trainings on the public charge rule for service providers, especially those on the front lines, is crucial to addressing information gaps. Some
interviewees said that their frontline staff members were asking for training and talking points on the rule but that providing those resources had been challenging because of limited funding. Some focus group participants acknowledged that limited funding is likely impairing organizations’ ability to provide them with resources on the rule. Interviewees at health care organizations said they are ready to educate immigrant families but are frustrated with the lack of resources. One service provider said:

Funding opportunities to mobilize themselves…should be available for communities….There are great communities that do need help in Houston but don’t have the access and support system to help them. Yes, we need funding for the clinics—if I obtain funding for my clinic, it will open the door to educate others. We’ll help the people. We don’t have anyone allocated to give them that information, nor do they have public charge knowledge.

Coordination and Information Challenges for Service Providers

Nearly all service providers acknowledged that some organizations in Houston are, individually, doing important work to help immigrants navigate the public charge rule. However, they observed that large-scale coordination among service providers and consistent messaging do not exist. Several interviewees from organizations that do not provide legal services said their lack of expertise in immigration law made producing mass communication campaigns difficult. Interviewees recognized that even though education efforts around the rule, especially through the Houston Immigration Legal Services Collaborative, are developing, more work is needed to organize a unified, consistent message. Some interviewees said that high visibility is key to effective messaging but that engaging in mass campaigns is difficult without the right communications platform. One interviewee, for example, said that efforts like webcasts and presentations work well for communicating to community members but that amplifying the message is important for making an impact. Some interviewees noted that having a collaborative of organizations working on the issue was only the first step toward mounting an effective education campaign. Reaching immigrants and providing them with information on the public charge rule will require community organizing, according to one interviewee:

I am part of the Houston Immigration Legal Services Collaborative….But I don’t think it’s enough because there are a lot of people who open little shops and process immigration paperwork but can’t represent you, so lots of fraud going on in Houston in terms of access for immigrants. Whenever there are policy changes, people look to make money. We do have organizations such as the Immigration Legal Services Collaborative….We do have a lot of good ones, but how do the clients know how to reach them? The community has to mobilize a lot.

Some service providers said that their inability to reach some immigrant families can impede efforts to communicate accurate information about the public charge rule. For example, connecting with immigrants who have limited internet access or limited literacy is challenging when an organization does not have the resources to address those needs. Further, interviewees said immigrants who have little or no contact with social service organizations are both especially vulnerable to misinformation and difficult to reach. As some interviewees articulated, the Houston metropolitan area has many resources for immigrants, but immigrants living in outlying areas do not benefit from them. One interviewee noted that in some cases, forces such as displacement and gentrification that have
accompanied Houston’s growth have pushed immigrant families from the city to outlying areas, disconnecting them from key services and supports. Interviewees noted that without access to social service organizations, immigrants on Houston’s periphery are less likely to be connected with attorneys who can answer their questions about the public charge rule.

New Challenges during the COVID-19 Crisis

In Houston, immigrant families are feeling the negative economic impacts of the COVID-19 crisis, yet many lack access to relief efforts created through federal legislation in response to the pandemic. Follow-up interviews revealed some of the struggles that immigrant families were experiencing. Even though some funds for addressing immigrants’ needs during the pandemic are available locally, they are not always enough to meet the need and are not available to all immigrants. Also, because of families’ ongoing concerns about the public charge rule, convincing them to accept public benefits and other emergency relief to help them navigate financial and health challenges is difficult. Finally, service and legal assistance providers are experiencing new challenges related to the COVID-19 crisis, including trying to meet an increase in need with limited funding and coordinating home and work responsibilities because of remote work.

Economic Impacts and COVID-19 Relief Efforts

According to the Texas Workforce Commission, more than 15 percent of the Harris County labor force has filed an unemployment insurance claim since March 2, around the onset of the pandemic in the US. Some immigrants, especially those who are undocumented, are facing COVID-19 infection risks in high-exposure jobs considered essential, while those in nonessential businesses are experiencing job losses. Interviewees noted, and anecdotes in news articles have illustrated, that concerns about exposure to the virus are compounded for immigrants who work in industries considered essential in Texas such as construction, restaurants, and cleaning services. Some interviewees said that immigrants who continue to go to work are also worried about being stopped by police during their commute on suspicion of violating stay-at-home orders and potentially asked about their immigration status. Meanwhile, interviewees noted that immigrants who have lost jobs because of the pandemic face unique challenges to accessing supports. They emphasized that undocumented immigrants and multiple-status families are not eligible for federal relief supports such as the economic impact (“stimulus”) payments and unemployment insurance benefits.

Houston has tried to fill some of the gaps in federal assistance during the pandemic for its residents. One major effort was through a rental assistance program administered to families by a trusted nonprofit organization. But the fund was exhausted within hours, reflecting the high level of need for such aid. Also, Harris County recently doubled its $15 million fund to provide cash payments to families affected by the pandemic, including those who are undocumented. In some instances, nonprofit and other community-based organizations have made relief funds available specifically for immigrant families in need. But the aid is far from comprehensive, and most is dependent on philanthropic support. Further, even though some COVID-19 relief funds prioritize immigrants,
especially those who do not qualify for federal or other government relief, one interviewee noted that some funds are limited to clients of the granting organization or to certain categories of immigrants, such as domestic violence survivors or members of LGBTQ populations.

At one organization that focus group participants rated as highly trusted, challenges persisted in getting aid to families even though the assistance is not government funded. An interviewee from the organization noted that he could not convince a client to accept the aid even though the client trusted him and his organization:

> [Potential fund grantees] find out through social media, through our page, and others that share the information, and they do trust me. There was one applicant who was granted, was approved for the grant in cash, but he didn’t want to give his address so we had to pick someone else because we couldn’t force anyone to give us their information for us to send the check.

**Public Charge Concerns in the COVID-19 Context**

Some interviewees said pre-pandemic chilling effects of the new public charge rule were also preventing families from accessing public programs during the COVID-19 crisis. Immigrant families’ questions are two-tiered, with one tier focused on whether families are eligible for relief benefits and the other on whether the benefits would lead to their being considered a public charge. Interviewees mentioned that immigrants are hesitant to receive any help from the federal relief packages, including cash assistance and unemployment insurance, despite a strong need. Interviewees also noted that many immigrants still associate any type of relief effort or service with the government, an association that dissuades them from seeking out those supports. Those fears extend to nongovernmental programs. One interviewee said nonprofit organizations that help immigrant families with basic needs are also reporting that families are not accepting that aid out of fear that it will lead to their being considered a public charge.

Interviewees were concerned that immigrants were avoiding being tested and treated for COVID-19. One interviewee highlighted an anecdote involving a client who had decided against seeking treatment:

> One of the applicants for our emergency fund was a person who was undocumented and who recovered from COVID-19. She told me that she had to make a decision whether to get medical care and become a public charge or dying.

Across the city, several organizations are making resources related to and information about COVID-19 available on their websites, in some cases in multiple languages. However, we found that few resources explicitly noted that basic needs programs, COVID-19 testing, and COVID-19 treatment will not be considered in public charge determinations. One interviewee related that a recent push by advocates for Harris County to clarify in its messaging that anyone can get a COVID-19 test, regardless of immigration or health insurance coverage status, had been successful. Nevertheless, interviewees noted, families continue to fear accessing services and supports related to COVID-19.

One interviewee pointed out that information gaps about COVID-19 persist, which has made educating immigrants about testing and treatment difficult. Few undocumented immigrants are seeking
out testing, and one reason is a lack of information about where to obtain tests. Interviewees said that reaching undocumented immigrants to educate them on COVID-19 resources has been especially challenging, and organizations have limited staff capacity and funds to reach out to everyone in need. Some local efforts to meet educational needs are emerging. For example, the Houston Immigration Legal Services Collaborative created a living document to provide resources during the COVID-19 pandemic for immigrants and immigrant-serving organizations. The crowdsourced, publicly available document provides information on testing sites and treatment, updates on immigration policies, and resources for obtaining basic needs and cash assistance in the Houston area.25 Also, the Houston Health Department created a hotline, available in multiple languages, for residents with questions about COVID-19.26

**Impacts on Service Providers**

Some interviewees said they had changed their operations significantly to comply with social-distancing measures. For community health clinics, this new reality is especially difficult because they are contending with not only concerns about increased risk of exposure to COVID-19 but also reductions in client fees, an inability to conduct fundraisers to support operations, and reductions in volunteer time.27 According to a survey fielded in March through the Greater Houston Community Foundation and United Way of Greater Houston, about 3 in 4 organizations reported that their greatest organizational need is funding to offset lost revenue for general operations (Greater Houston Community Foundation 2020).

Service providers working from home are facing other challenges. Interviewees who can do their jobs from home said that balancing work and home responsibilities had been difficult. One interviewee highlighted that most workers in social service fields are women, on whom responsibilities for child care have often fallen, particularly during the pandemic.28 For women and other workers who are primary caregivers, the additional child care and other home responsibilities are exacerbating the challenges of working from home. Many interviewees also noted that their and other nonprofits were dealing with an increase in demand for services, while others said they were contending with reduced funding because of the pandemic. One service provider said:

> The critical problem here...is that so many of the organizations are on reduced staffing and hours and because their funding is nowhere close to sufficient for the need they’re being asked to provide for...I’m so frustrated because I can see things that need to be done and ways I can be helpful or start conversations, but I can’t. I can only nudge the balls I have rolling already.

Another service provider said that those providing legal assistance face particular challenges:

> [Legal service provision] takes more time. It’s a shifting of everything—some organizations may have policies that you can’t take work home with you because they’re on servers. On top of having to do process by phone and mail and that USCIS [US Citizenship and Immigration Services] is low on staff, it continues to slow everything down. Legal services immigration field is predominantly female—for folks who have children, it’s hard to juggle it all. It’s much harder to maintain productivity working from home. If you’re meeting with a client for the first time, how do you build that rapport?
Opportunities to Address Chilling Effects in Houston

Despite the challenges outlined earlier, opportunities exist to help Houston's immigrant families navigate the public charge rule, the COVID-19 crisis, and the safety net. Our findings here highlight the city's strengths and promise, including a robust immigrant-serving social service infrastructure and emerging efforts to address the chilling effects of the public charge rule.

Existing Immigrant-Serving Infrastructure

**HEALTH CARE**
Harris Health System is a public health care system for Harris County residents. Harris Health's Financial Assistance Program, formerly known as Gold Card, makes health care more affordable for low-income families. Low-income Harris County residents are eligible to receive assistance for medical care on a sliding scale. According to one interviewee, immigrants are a substantial share of the population that Harris Health serves. Most interviews and focus group discussions revealed that immigrant families are highly aware of this program and either do or have relied on it.

**LEGAL SERVICES**
The Houston Immigration Legal Services Collaborative facilitates access to legal services for immigrant families in Houston. Even before the announcement of the revised public charge rule, the collaborative brought together immigration stakeholders from around Houston to coordinate access to legal services for immigrant families and to share information about developments that affect immigrant families. Several interviewees referenced the collaborative as a key source of information about the public charge rule.

**ALTERNATIVE SUPPORTS**
Interviewees and focus group participants described several alternatives to government programs like Medicaid, the Children's Health Insurance Program, and SNAP in the community, including financial assistance for free or low-cost care at community clinics; the Houston Food Bank; food pantries through mobile units, churches, and school market sites; food fairs; and food delivery programs. Many interviewees said dependence on these alternative supports to meet basic needs had increased in the past few years.

Emerging Efforts

**LEGAL AID–SOCIAL SERVICES PARTNERSHIPS**
Many interviewees recognized that partnerships between the social service and legal service sectors are crucial to counteracting misinformation about the public charge rule. To that end, some social service organizations have teamed up with legal service providers to bring attorneys on site to answer clients’ public charge questions. Other social service organizations have leveraged existing resources, such as local legal assistance hotlines, to provide information to immigrant families.
ADVOCACY EFFORTS ON PUBLIC CHARGE

Interviewees mentioned that the Houston Food Bank had been a vocal advocate against the revised public charge rule, especially around the comment period in late 2018. Also, Harris Health is joining with several other large public hospital systems in Texas to work on messaging about the rule. Included in that effort will be documents that answer frequently asked questions about the public charge rule and a system that refers patients to immigration legal services.

INTERNAL TRAININGS

Representatives of some organizations said they had engaged their staffs in internal trainings on the public charge rule using national resources such as materials from Protecting Immigrant Families. Interviewees said that even though the Houston Food Bank is not a legal services organization, it had done a good job of training staff members and provided extensive information during the public charge rule’s comment period.

Lessons Learned for Serving Immigrant Communities in Houston

Although many efforts are under way to help immigrants navigate the compounded effects of the public charge rule and COVID-19 in Houston, much remains to be learned about how to maximize advocacy and education efforts on the ground. Conversations with immigrants and service providers offered useful perspectives on a path forward for immigration stakeholders in Houston to coalesce around education on the public charge rule and to help immigrant families. These lessons include the following:

- **Make training on the public charge rule available for all frontline staff.** Although funding will determine the viability of a broader messaging campaign, a crucial starting point is increasing training for frontline staff, in both organizations that lack training capacity and those that are already engaged in training but want to refine their message. This will be especially important for frontline staff at smaller health care organizations, which generally lack in-house legal services and are interacting with immigrants seeking COVID-19 testing and treatment. Having the resources to guide families toward legal assistance and basic need and federal relief supports will help reduce the negative impacts of the public charge rule during the pandemic. Also, making continuing legal education credits available on the public charge rule is another way to create targeted training for professionals.

- **Leverage and strengthen partnerships.** Houston has infrastructure in place to help immigrant families access legal aid and health care supports. Service providers agreed that expanding collaborations is an important next step toward a coordinated campaign on the public charge rule. Such partnerships can create opportunities for immigrants to speak to a lawyer before making decisions about public program participation.

- **Message consistently and simply.** The intricacies of the public charge rule are difficult to parse even for legal professionals, and service providers emphasized that the key to helping immigrants understand how the rule might affect them is simple and consistent messaging. One
resource that emerged as an effective tool among interviewees was the stoplight graphic from the Protecting Immigrant Families campaign. The graphic encourages families to think about “who” would be subject to the public charge rule (i.e., those adjusting their status in the US), rather than “which benefits” would be considered (Medicaid, SNAP, etc.). Also, the graphic communicates information visually and uses legal terminology sparingly, which makes it more accessible.

- **Create a model for rapid response and messaging.** Rapidly changing immigration policies have exhausted service providers, who are constantly fighting to keep up with developments. Some providers suggested that having a large-scale plan for educating providers about changes, communicating with families about how they could be affected, and advocating for the reversal of harmful policies would help them act quickly on issues that affect immigrant families.

- **Limit collection of sensitive information.** One strategy that was suggested to assuage immigrant families’ fears of accessing assistance was for organizations that provide basic needs supports to limit the information they collect, especially immigration status.

- **Mobilize the community.** A key element to effecting change is empowering immigrants to educate their communities about immigration policies and mobilizing them to advocate for themselves.

## Conclusion

Amid changing federal immigration policies, service providers face many challenges to helping immigrant families in Houston access the services they need to be healthy and thrive. These barriers include tensions between federal, state, and local stances on immigration that make dispelling fears and mistrust of government among immigrant families difficult, limited capacity among service providers to understand and communicate about federal immigration policies, and limited coordination on education around the public charge rule. As is the case nationally, chilling effects are widespread among immigrant families in Houston, and the consequences of forgone benefits add significant weight to immigrants’ health and nutrition needs.

The need to overcome these challenges is elevated during the COVID-19 pandemic. The exclusion of many immigrant families from federal relief efforts makes much-needed aid out of reach for those struggling with the negative employment and financial impacts of the crisis. For some immigrants in Houston, assistance from new local funds to address pandemic-specific needs is also out of reach because of ongoing concerns about the public charge rule.

Nevertheless, Houston has many strengths that position the city to help immigrant families. Service providers highlighted existing infrastructure and emerging efforts to address the harm of the public charge rule and to help families struggling economically during the pandemic. They also articulated insightful lessons to inform efforts to help immigrant families in Houston. Many of these lessons will be relevant to other US localities as they navigate the COVID-19 pandemic and the emerging needs of immigrant families amid the chilling effects of the public charge rule that dissuade families from accessing essential supports.
Notes


5 See the Protecting Immigrant Families website at https://protectingimmigrantfamilies.org/.

6 Green card holders must wait five years before becoming eligible for major federal programs, and temporary visa holders and undocumented immigrants are not eligible at all, although the rules vary by state, immigration status, age, and income (Capps and Gelatt 2020). Also see “Table: Medical Assistance Programs for Immigrants in Various States,” National Immigration Law Center, last revised June 2020, https://www.nilc.org/issues/health-care/medical-assistance-various-states/.

7 Immigrant families often include people with various immigration, residency, and citizenship statuses (e.g., US-born and naturalized citizens, green card holders, and people who lack permanent residency). These families are often called mixed- or multiple-status families. We use “multiple-status” in this brief because “mixed-status” most commonly refers to households that include undocumented immigrants (Passel and Cohn 2009).


11 Both case studies were originally part of a project to compare community responses to the public charge rule in five US cities. However, because of the COVID-19 public health emergency, we could not complete data collection in the remaining three cities.

12 These consisted of seven individual interviews, five paired interviews, and four group interviews that had a total of 38 participants. Here and throughout, for simplicity, we refer to study participants representing organizations as “interviewees” and immigrant participants from community member focus groups as “focus group participants.”


14 Prior research has highlighted the low rates of public program participation among the Asian American and Pacific Islander communities (Minton and Giannarelli 2019).
Refugees are exempted from provisions in the new public charge rule that consider prior benefit receipt, so this is a case of spillover.

The county judge is the head of the Commissioners Court, which is a governing body with administrative, legislative, and judicial responsibilities in Harris County. See the Harris County judge’s website at https://cjo.harriscountytx.gov/.

For more information on the Houston Immigration Legal Services Collaborative, see the section of this brief titled “Existing Immigrant-Serving Infrastructure.”


The Houston Immigration Legal Services Collaborative maintains a list of sources of funding at https://www.houstonimmigration.org/allinthistogther/.


“COVID19 Information and Action: A Live List of Resources for Immigrant Advocates in Greater Houston,” Houston Immigration Legal Services Collaborative, accessed July 6, 2020, https://docs.google.com/document/d/18fMWQiXGSeY9zoR-h0n38k7oejksNIIUEgZwuMjEDQ/edit#heading=h.doedljBaicnk.


“Harris County Hospital District Financial Assistance Program,” Harris Health System Policy and Regulations Manual, last reviewed December 19, 2019.


31 To view this graphic, see Protecting Immigrant Families 2020c.

References


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