



Immigrant-Serving Organizations' Perspectives on the COVID-19 Crisis

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The economic and financial challenges surrounding the COVID-19 crisis are disproportionately affecting many immigrant workers and families across the US. An array of barriers, such as program eligibility rules and lack of language access, put federal, state, and local relief programs out of reach for many families. Community-based organizations (CBOs) serving immigrants with low incomes are on the front lines to support these families and fill the gaps in many government initiatives. But these organizations must deal with the challenges that the COVID-19 crisis imposes on their own staff and capabilities and with chilling effects that may discourage immigrant families from accepting support. In this brief, we provide perspectives from organizations across the country that serve these families, sharing their view on what is happening in immigrant communities; what federal, state, and local response efforts have and have not done to support immigrant families; and how their organizations have taken action to respond to this crisis.

We partnered with the Protecting Immigrant Families, Advancing Our Future campaign (the PIF campaign), which is co-chaired by the National Immigration Law Center (NILC) and the Center for Law and Social Policy (CLASP), to gather national information on the immigrant-serving field during the early stages of the COVID-19 crisis (May to June 2020). We analyzed grant materials submitted by organizations to the PIF campaign in late April 2020 and fielded an online survey to applicants in early June to capture what was happening among immigrant-serving organizations.

We found that because of the economic crisis, organizations across the country are seeing an increase in unmet basic needs, such as cash, food, and housing, in the immigrant communities they serve. **Forty percent of survey respondents reported cash as either the first or second most pressing need among immigrant families, followed by food (38 percent), employment (37 percent), and housing (31 percent).**

Despite these urgent needs, chilling effects caused by fear of the public charge rule and immigration enforcement continue to deter immigrant families from accessing available services and supports they need, including new pandemic-specific relief. **Large shares of survey respondents reported that “almost everyone” or “many” immigrant families were avoiding the key federal relief programs of federal pandemic unemployment compensation (43 percent), the Paycheck Protection Program (34 percent), or stimulus payments (29 percent).**

Compounding these challenges are the continued exclusion of many immigrant families from federal coronavirus-relief efforts, limited pandemic-relief resources, and cultural and linguistic barriers to reaching immigrant families with information about the crisis and available supports. **Seventy-seven percent of survey respondents reported that exclusion of immigrants from relief efforts limited the effectiveness of local and state responses in helping immigrant families. In considering which efforts had been more or less effective, 79 percent said the state or local response for food had been “very” or “somewhat” effective while 24 and 29 percent considered this to be the case for responses on mental health and cash assistance, respectively.**

Organizations serving immigrant families with low incomes are stepping in to close gaps in these communities’ needs. They report taking several approaches, such as helping immigrant families apply for public programs, creating emergency funds for immigrants left out of federal relief, and capitalizing on renewed energy at state and local levels to advocate for immigrant access to the safety net. But these organizations themselves also need to deal with the challenges imposed by the COVID-19 crisis: budgets stretching too thin as needs grow, difficulty reaching families who lack access to the internet and technology, and disrupted work routines. **When asked what the single greatest challenge was to conducting work in the crisis, 32 percent of survey respondents cited limited funding to support an increase in clients’ needs.**

We follow our findings with some suggested priorities for practice, policy, and research intended to inform efforts to help support immigrant families during the pandemic. These are including immigrants in federal relief; communicating about the public charge rule; supporting immigrant-serving organizations; including immigrants in mainstream services; pushing state and local policy efforts and digital access; and emphasizing employers’ roles in protecting workers.

Background

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 expand the rule in 2018. Although preliminary injunctions blocked implementation of the Department of Homeland Security rule released in August 2019, it moved to national implementation in late February 2020; shortly after, the COVID-19 pandemic spread to the US. In March 2020, the administration announced that services related to the testing, treatment, and prevention of COVID-19 would not be considered in the public charge test. The new public charge

policy was in effect while we conducted this research.¹ Litigation efforts across the country are ongoing to determine the rule's future.

In 2018, the PIF campaign led advocacy against the federal government's proposal to expand the public charge rule. The campaign brings together over 500 organizations representing health, economic security, child welfare, civil and immigrant rights, food security, faith and social justice, and other sectors to protect and defend access to health care, nutrition programs, public services, and economic supports for immigrants and their families at the local, state, and federal levels.²

A growing body of evidence has documented widespread chilling effects around the new rule, meaning immigrant families are avoiding critical public supports because of fear of potential immigration consequences (Bernstein et al 2020; Tolbert, Artiga, and Pham 2019) as well as confusion and misunderstanding about the rule (Bernstein, McTarnaghan, and Gonzalez 2019); these chilling effects are also spilling over to many public programs beyond those listed in the rule (Bernstein et al. 2020). Chilling effects around the rule and concerns about immigration status are compounded by and intertwined with fears that use of public programs might allow immigration enforcement agencies to identify and deport undocumented immigrants (Straut-Eppsteiner 2020).

Today the COVID-19 crisis is severely affecting the finances and well-being of many immigrant workers and families (Gonzalez et al. 2020).³ Immigrant workers are overrepresented both in industries hardest hit by the recession and industries considered essential during the pandemic (Gelatt 2020). Immigrant families with low incomes face a confluence of factors that systematically disadvantage them, such as language barriers to accessing information, a higher risk of exposure to the virus at work, precarious financial circumstances stemming from job losses or reductions in income, and a higher risk of exposure to the virus among households living in overcrowded or multigenerational housing (Cholera et al. 2020; Clark et al. 2020; Ross, Diaz, and Starrels 2020).⁴ Moreover, high uninsurance rates, the high cost of medical care, and fear of accessing services because of immigration concerns create challenges for immigrants seeking testing and treatment (Capps and Gelatt 2020).

Federal pandemic economic relief legislation, particularly the pandemic tax rebate ("stimulus payment")⁵ and federal pandemic unemployment benefits made available through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, has excluded millions of immigrants and their families. Immigrant families cannot receive the pandemic tax 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, many of which include US-citizen spouses and children. Undocumented immigrants are also excluded from unemployment insurance because this benefit requires recipients to have authorization to work in the US.⁶

Because of chilling effects produced by the public charge rule and fear of immigration enforcement, many immigrant families may fear accessing critical health care services and public or private supports they need.⁷ Language, technology, and administrative barriers also pose challenges for immigrant families who are eligible for supports (International Rescue Committee 2020). State and

local efforts to respond to the crisis where federal relief falls short, such as through eviction moratoria, emergency response funds, and access to food banks, have varied and been limited by local needs that far outpace available resources.⁸

Our partnership with the PIF campaign permitted us to hear from the immigrant-serving field at the beginning of the COVID-19 crisis, a time when other methods of data collection were difficult to implement, and collect data on emerging issues and strategies to support immigrant families. Our primary research questions were as follows:

- What are the impacts of the COVID-19 crisis on immigrants, and what are their most pressing needs?
- Are immigrants avoiding programs and supports that they need for fear of immigration status or enforcement consequences?
- How are pandemic-relief efforts at the federal, state, and local level supporting immigrant communities, and what are the gaps?
- What new challenges and opportunities are immigrant-serving organizations facing, and what strategies are they using to support immigrant communities?

In April 2020, the PIF campaign invited proposals for grants between \$10,000 to \$100,000 from CBOs and coalitions of such organizations across the country to promote education and advocacy to mitigate the harm of the public charge rule and foster immigrant communities' access to basic needs programs. The PIF campaign received nearly two hundred applications in response. Although the request was not specifically for proposals in response to the pandemic, it ultimately provided a snapshot of how organizations and communities were being affected by and responding to it.⁹ After applicants were given an opportunity to opt out of the research study, our team coded 182 applications in NVivo qualitative data analysis software using key themes matching the research questions. Although any given application might not have touched on all themes, we read the application text submitted to capture insights on our key questions. The reviewed applications, many of which describe consortium efforts,¹⁰ cover around 300 immigrant-serving organizations. They span 39 states and the District of Columbia, with California accounting for 24 percent of the 182 applications. We refer to applicants or applications in this brief when drawing on this material.

We also invited all applicants to participate in a short online Qualtrics survey to collect targeted information on key research questions, additional perspectives through open-ended prompts, and contact information for use in follow-up research. We asked about the organizations' challenges and programming during the crisis, needs and avoidance of programs among low-income families served by the organization, and effectiveness of state and local policy efforts. We emailed a survey invitation to the primary contact in each of the 182 applications, and the survey was open from May 29 through June 12, 2020. We obtained 120 initial responses; we included 99 in the final analytic sample.¹¹ Survey respondents were distributed across 37 states and the District of Columbia, with 23 percent in California. The organizations who responded are mostly involved in community outreach and education (78 percent), policy and advocacy (62 percent), and legal assistance (52 percent).¹² We refer

to survey respondents when describing information from survey quantitative or open-ended text data. We use “clients” when describing individuals those organizations serve.

In this brief, we have identified organizations by state to help provide context for quotes and examples. We describe and highlight observations from applicant organizations on the communities and state and local settings they are situated in. Our findings do not provide systematic information across or within states, although they may mention specific policies or practices highlighted by applicants. The information we present should not be interpreted as systematic characterizations of conditions or policies in specific states.

The sources of information used in this study are limited because they rely on self-reported information from staff in immigrant-serving organizations, who are providing their perceptions of experiences of the immigrant families they serve. Participants do not constitute a representative sample but provide a variety of perspectives from across the country. One broader challenge is understanding the experiences of those who are hardest to reach: individuals and families who are not in contact with any organizations. One survey respondent from Florida put this poignantly:

“A lot of families won’t be included in data and statistics because they’ve either given up trying to get benefits or don’t try in the first place as they fear immigration penalties. So, our answers are reflective of families that have actually come forward seeking assistance. There are so many that have just remained in the shadows, as always. So, while it would be difficult to quantify, your survey is so important in that it not only represents the families we can speak to, but it is amplified by the vast number of families who have remained silent.”

BOX 1

What Is the New Public Charge Rule?

The new “public charge rule”—comprising two rules, one from the Department of Homeland Security for US Citizenship and Immigration Services processing within the US and one from the Department of State for visas issued at consulates abroad—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, such as English proficiency (Protecting Immigrant Families 2020).

The new rule expands the list of benefits to be considered in a public charge determination to include federally funded SNAP (the Supplemental Nutrition Assistance Program, 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, and it does not include purely state or locally funded health care, housing, or nutrition benefits.

The public charge test 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). It 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 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 2020).

Litigation is ongoing on the regulations, both in general and specific to implementation during the COVID-19 national emergency.

Experiences of Immigrant Communities in the Crisis

Immigrant-serving organizations shared insights on how the overlapping public health and economic crises have posed significant strain on immigrant families' ability to meet urgent basic needs such as food, rent, and health care, as well as mental health needs. They also report that the timing and intersection of the COVID-19 crisis and the new public charge rule are leading to worrisome chilling effects in requesting and accessing relief programs. Many in immigrant communities do not fully understand how pandemic-related services and supports would be considered in a public charge determination.

Hit Hard by the Economic Crisis and Urgent Basic Needs

Organizations reported that their clients have experienced significant economic hardship during the crisis because they work in industries affected by shutdowns and have lost income. Several emphasized that their clients had low-wage jobs and were already barely able to cover living expenses before the crisis, noting that the crisis had shined a light on the precarity and poverty those clients faced daily. An applicant organization from Minnesota mentioned that a local hotel and restaurant workers union reported 80 percent or higher unemployment among its members. An applicant in New York reported that over 40 percent of clients served since the start of the crisis had reported a job loss. An applicant in California reported that “the local demand for food assistance has nearly tripled as farmworkers [lost jobs].” Applications described immigrant families not being able to pay rent and facing the threat of eviction, rising food insecurity due to income loss, families' need for child care, and health risks associated with the imperative to continue work in essential occupations.

One applicant from Louisiana shared the multiple stresses that members of their organization were facing:

“Since the outbreak, the closure of schools, and the loss of work, many of our members are facing very real food insecurity and poverty, worrying about how they will feed their children and keep a roof over their heads. Undocumented and very low-income people are excluded from stimulus funds provided by the federal government relief package. Although courts are

closed, we have had members facing eviction due to harassment and the added vulnerability of being undocumented.”

Another applicant from Massachusetts described the overwhelming circumstances and confluence of barriers faced by immigrant families:

“[Organization] staff have been fielding countless phone calls and emails on behalf of immigrant families seeking help to keep themselves afloat—finding food pantries, worried about evictions and keeping the power turned on. Many immigrant families will not benefit from the government aid available to US citizens, such as unemployment benefits, because of their immigration or employment status. Those who are able to apply for certain benefits face long waits and confusing changes to benefits as the crisis situation evolves. Some do qualify for some benefits or community assistance, but cannot access them because they cannot find information in their native language. Many constituents are reporting unsafe working conditions without adequate protective measures. Some have had their hours cut or been let go from their jobs without savings. Language barriers leave many in the dark about housing and job rights, life-saving community resources, and critical information about the virus to help keep their families safe.”

When asked to rank immigrant families’ needs during the pandemic, survey respondents emphasized basic needs (figure 1). Two-fifths of respondents (40 percent) reported cash as either the first or second most pressing need among immigrant families, followed by food (38 percent), employment (37 percent), and housing (31 percent). Survey respondents also suggested additional key needs in open-ended responses, such as costs of essential expenses including funerals, car repairs, bus fares, diapers, or child care. Although legal assistance was lower on the list than basic needs such as rent and food, one survey respondent from Florida noted that the need for legal assistance will rise as “stays on evictions are lifted, immigration enforcement is resumed, and family law issues involving child support emerge.” Indeed, many grant applications emphasized legal assistance needs.

Although workplace safety was outranked by more basic needs in the survey results, applications described it as a major area of concern. Applicants emphasized that their clients are experiencing unsafe working conditions and inadequate access to personal protective equipment (PPE). One applicant from the Washington, DC metropolitan area clearly stated the impossible decision that their Latino clients are facing:

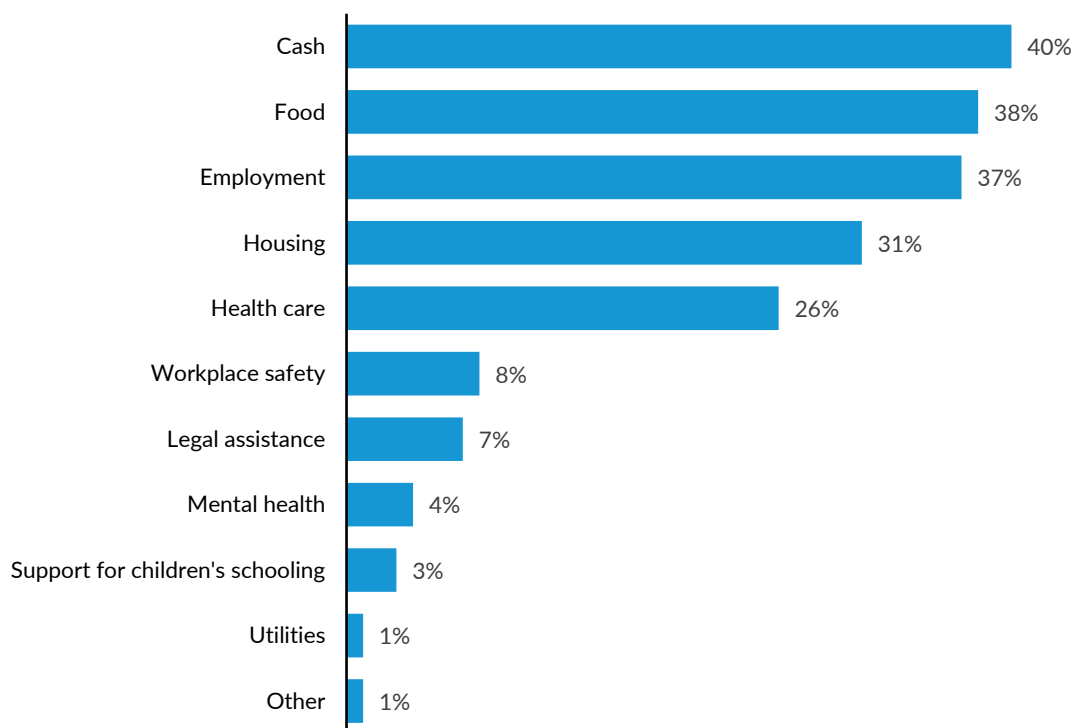
“Due to the lack of protections, Latinos are being forced to choose between losing the means to their livelihood (potentially including health care benefits) and taking care of their health, prompting people to continue working when experiencing symptoms of infection.”

A survey respondent in Colorado highlighted the vulnerability that undocumented workers face to advocate for themselves regarding work conditions:

“The families we are working with are struggling to make ends meet, get reliable information, and to get PPE if they are still working. None of them feel comfortable pushing back in the workplace as they don’t have documentation, so they work whether protected or not. All that are participating in the informal economy are seeing a massive drop in income.”

FIGURE 1

Most or Second Most Pressing Needs During the COVID-19 Crisis for Immigrants in Low-Income Households



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Source: Urban Institute—PIF Documentation Partnership Survey Summer 2020

Notes: Survey respondents were asked “When you think about the immigrants in low-income households your organization works with, what are their most pressing needs during the COVID-19 crisis?”

Survey respondents shared that immigrant families were facing not only urgent financial crises because of loss of income but also a range of other challenges, such as rising food costs, mental health and domestic violence risks, and a risk of exposure to the virus at work and in their housing. Several applicants and survey respondents highlighted the mental health stresses and compounding effects of the isolation during the pandemic, a rise in discrimination and hate crimes, and unrest over police violence and racial inequality. Several survey respondents mentioned the turmoil following George Floyd’s death and the importance of recognizing how those events affect and traumatize immigrant communities.

Fear of Accessing Pandemic Services and Supports

Many service providers, advocates, and other leaders are concerned about how the COVID-19 crisis intersects with chilling effects around the public charge rule and the possibility that immigrant families are, despite urgent need, avoiding public assistance and relief programs for fear of immigration consequences or enforcement.¹³

Survey respondents reported that many immigrant families are avoiding public supports, both standard public assistance programs and pandemic relief programs, because of immigration enforcement or immigration status concerns.¹⁴ Among respondents who did not reply “not applicable,” over half (between 57 and 58 percent; data not shown) reported that “almost everyone” or “many” immigrant families they serve are avoiding Temporary Assistance for Needy Families, Medicaid, or SNAP, all programs that would be considered in the new public charge determination. Significant shares also reported families are avoiding public programs not included in the rule but that are important in a public health crisis: emergency Medicaid (44 percent), free or low-cost medical care for the uninsured (41 percent), and Marketplace health insurance coverage (37 percent).¹⁵ This is consistent with previous research documenting chilling effects across many programs (Bernstein et al. 2020).

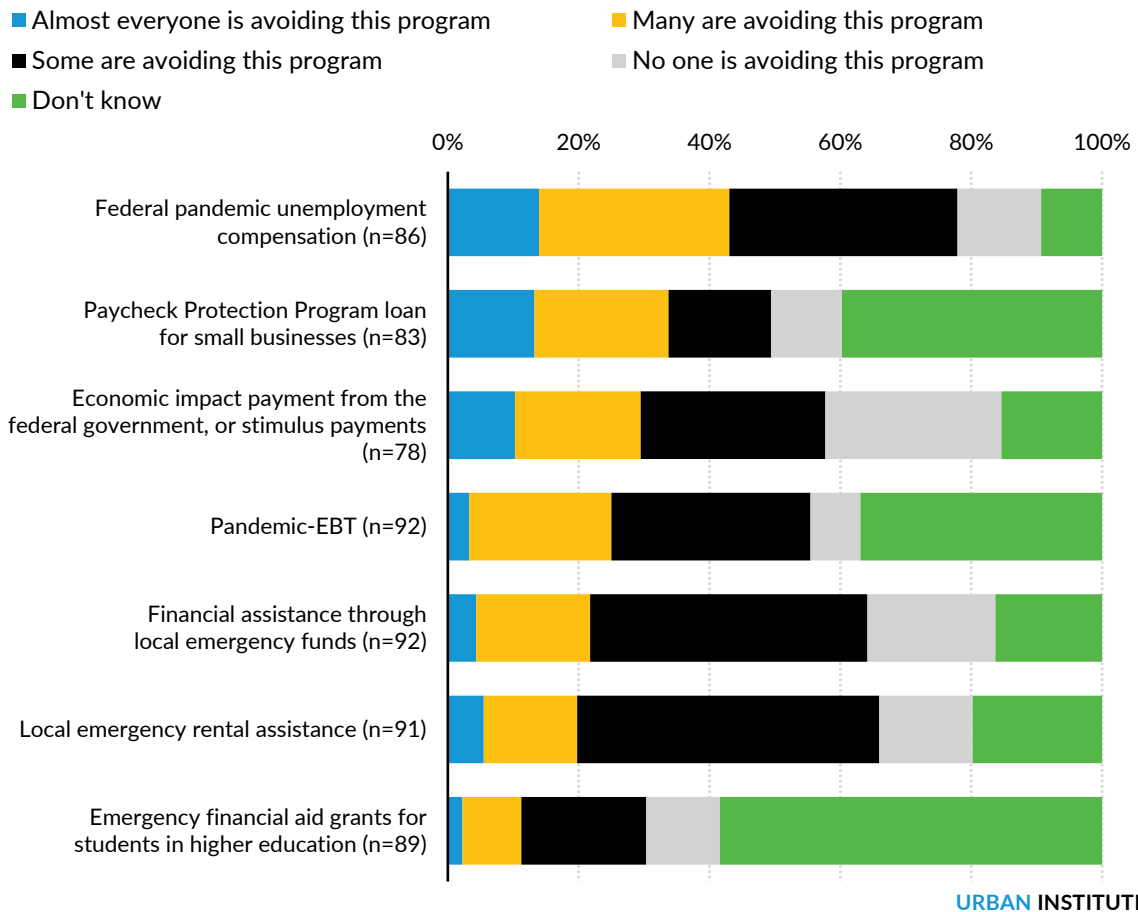
Survey respondents also reported that many immigrant families are avoiding relief programs specific to the pandemic (figure 2). Among respondents who did not reply “not applicable,” large shares reported that “almost everyone” or “many” immigrant families were avoiding the key federal relief programs of federal pandemic unemployment compensation (43 percent), the Paycheck Protection Program (34 percent), or stimulus payments (29 percent).¹⁶ Fewer but still large shares reported that immigrant families are avoiding local programs, such as local emergency funds (22 percent) or local emergency rental assistance (20 percent). None of these programs would be taken into consideration under the new public charge rule.

One in every five respondents (20 percent) chose “not applicable” when asked about whether families were avoiding the stimulus payment. Although this is challenging to interpret, it may reflect an awareness among respondents that this and other pandemic-relief programs have eligibility requirements that exclude many immigrant families (discussed more in the next section). In write-in responses, many respondents emphasized that many of their clients are ineligible for the stimulus payment and pandemic unemployment programs.

“Don’t know” responses were as high as 58 percent for emergency financial aid grants for students in higher education, 40 percent for the Paycheck Protection Program, and 37 percent for Pandemic EBT. (Uncertainty was much lower for unemployment compensation, the stimulus payment, financial assistance through local emergency funds, and local emergency rental assistance, at 9, 15, 16, and 20 percent, respectively.) The uncertainty on some of these questions suggests that many respondents had trouble answering, which means there is a risk of measurement error. Some of these programs were very well publicized and widely recognizable, such as the stimulus payment and unemployment programs; others were less universal or less widely understood. For example, Pandemic EBT rolled out relatively slowly as a state option program;¹⁷ the high rates of uncertainty from survey respondents suggests that additional outreach and information may be useful.

FIGURE 2

Avoidance of COVID-19 Relief Programs Because of Immigration Concerns by Immigrants in Low-Income Households



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Source: Urban Institute—PIF Documentation Partnership Survey Summer 2020

Notes: Survey respondents were asked “When you think about the immigrants in low-income households your organization works with, to what degree are they avoiding the following new COVID-19 relief programs because they are afraid of immigration enforcement or hurting their immigration status?”

In the survey, the response option for federal pandemic unemployment compensation was listed as “Unemployment insurance benefits,” and Pandemic EBT was listed as “P-EBT.”

The reported percentages exclude “Not applicable” responses, which ranged from 5 percent for financial assistance through local emergency funds, to 20 percent for the stimulus payment.

Respondents were also concerned about clients avoiding COVID-19 testing and treatment. The uncertainty around this phenomenon (which is by definition hard to observe and happening behind closed doors for those disconnected and most in need) is a serious concern given how many immigrant families include essential workers (Gelatt 2020). We asked survey respondents how much they thought immigration enforcement or immigration status concerns had deterred immigrant families served by their organization from seeking COVID-19 testing or treatment even if the family suspects an infection.¹⁸ These survey results are limited because organizations are reporting on what they think is happening in the communities they serve. And similar to the results above, many of our organization

respondents were uncertain, as 20 percent responded “don’t know.” 43 percent reported that “some” clients are avoiding testing or treatment because of immigration enforcement or immigration status concerns. An additional 26 percent indicated that “almost everyone” or “many” had been deterred from testing or treatment by immigration concerns.¹⁹ These findings indicate a pressing need to understand and address immigrant families’ concerns. These findings also suggest the need for greater pandemic-specific outreach and community education that targets immigration concerns and provides timely information to families about shifting policy.

A major theme in the applications was the lack of understanding in immigrant communities about which programs would be considered in a public charge determination, including crisis-relief programs and services for COVID-19 testing or treatment. Although United States Citizenship and Immigration Services announced on March 13 that COVID-19 testing, treatment, and prevention would not be considered in a public charge determination, applicants expressed concern about families’ understanding.²⁰ An applicant from Texas shared, “The coronavirus pandemic deepened already existing fears and concerns across immigrant communities in the United States that seeking testing, treatment and support from public programs could be used for public charge purposes.” Similarly, another applicant from Texas shared, “there is the unfortunate misconception that receiving assistance or treatment for COVID-19 may be a negative mark on a public charge test.” A survey respondent from North Carolina shared that eligible immigrants fear accessing unemployment insurance would affect their or a family member’s immigration status. In addition, one application from the Washington, DC, metropolitan area pointed out that the federal government’s March announcement was unlikely to reassure people who are experiencing chilling effects around the rule and avoiding services and supports. As mentioned, our data collection took place before late July, when the rule’s implementation was enjoined by a federal court for the duration of the national health emergency. Evolving legal developments may contribute to the confusion that immigrant families have about the rule and how it applies to their circumstances.

Immigrant Inclusion in Policy Responses to the Crisis

Although there are indications that chilling effects are discouraging eligible immigrant families from taking part in COVID-19 relief efforts, these policies and programs themselves also have significant gaps that leave immigrants out. Federal crisis relief has excluded many immigrant families, and government initiatives at the state and local level vary in their reported success in meeting the immigrant families’ needs. Eligible families also face barriers accessing supports made available by CBOs and local and state governments.

State and Local Government Relief Responses

Many states and localities have been active in pandemic response efforts to fill in the gaps left by federal efforts and support residents (National Immigration Law Center 2020). The grant applications mentioned several initiatives across the country and described applicant organizations’ involvement as partners and advocates, including efforts to develop local emergency funds, expand access to social

programs, and provide supports for small businesses. One application described efforts to urge New York City leadership to create a fund for New Yorkers excluded from the CARES Act stimulus payments and unemployment insurance benefits.²¹ Similarly, an applicant in Arizona reported working with the state legislature to create a resiliency fund for undocumented workers who will not receive federal stimulus payments. In North Carolina, an applicant was focusing on increasing access to the state's child welfare services and programs, Medicaid, SNAP, WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children), and early education government initiatives to make them available to more children in immigrant families. An applicant in California reported that a Community Development Financial Institution is partnering with a major city to provide relief loans to vulnerable small businesses that cannot access federal supports because of the owner's immigration status. One concrete policy change recommended by some applicants is to modify the documentation requirements of relief programs that are limited to people with Social Security numbers, also allowing individuals who have an Individual Taxpayer Identification Number to apply. Changes like this have taken place for utility and rent assistance programs in some localities.

California's response stood out in the applications because multiple organizations mentioned the existing state-level assistance fund for undocumented immigrants. One applicant organization noted being involved in the implementation of the fund, having been awarded \$5 million to distribute debit cards to 20,000 people. The applicant explained, however, that community need was far greater, with an estimated 450,000 undocumented individuals living in their service region.

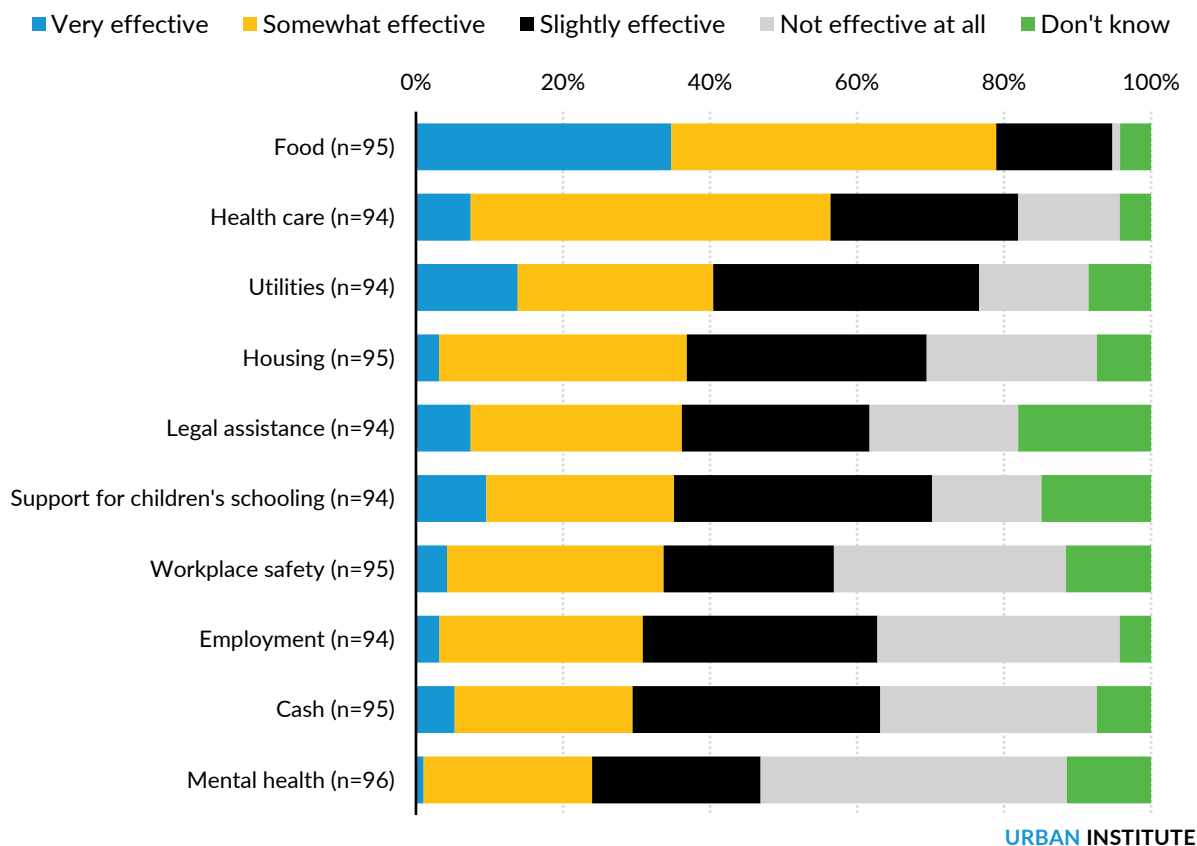
The applications also highlighted that in some cases, immigrant-serving organizations must navigate between collaborative local governments and adversarial state governments. One applicant in Florida mentioned:

“While Florida's state-level leaders tend to follow the federal government in supporting laws and policies that threaten immigrant families' access to public benefits, many leaders on the local level actively oppose such efforts and are pushing affirmative policies and programs for immigrant families instead.”

The survey asked how effective state and local efforts have been in helping low-income immigrants in their communities across different areas of need (figure 3). Among respondents who did not reply “not applicable,” 79 percent said the state or local response for food had been “very” or “somewhat” effective, followed by 56 percent reporting those levels for health care. Mental health came in last, with only 24 percent reporting that quality of response to address mental health needs.

FIGURE 3

Effectiveness of State and Local Policies to Help Immigrants in Low-Income Households During the COVID-19 Crisis



Source: Urban Institute—PIF Documentation Partnership Survey Summer 2020.

Notes: Survey respondents were asked “How effective have local and state relief responses been in helping immigrant families in low-income households in your community during the COVID-19 crisis in each of the following areas?”

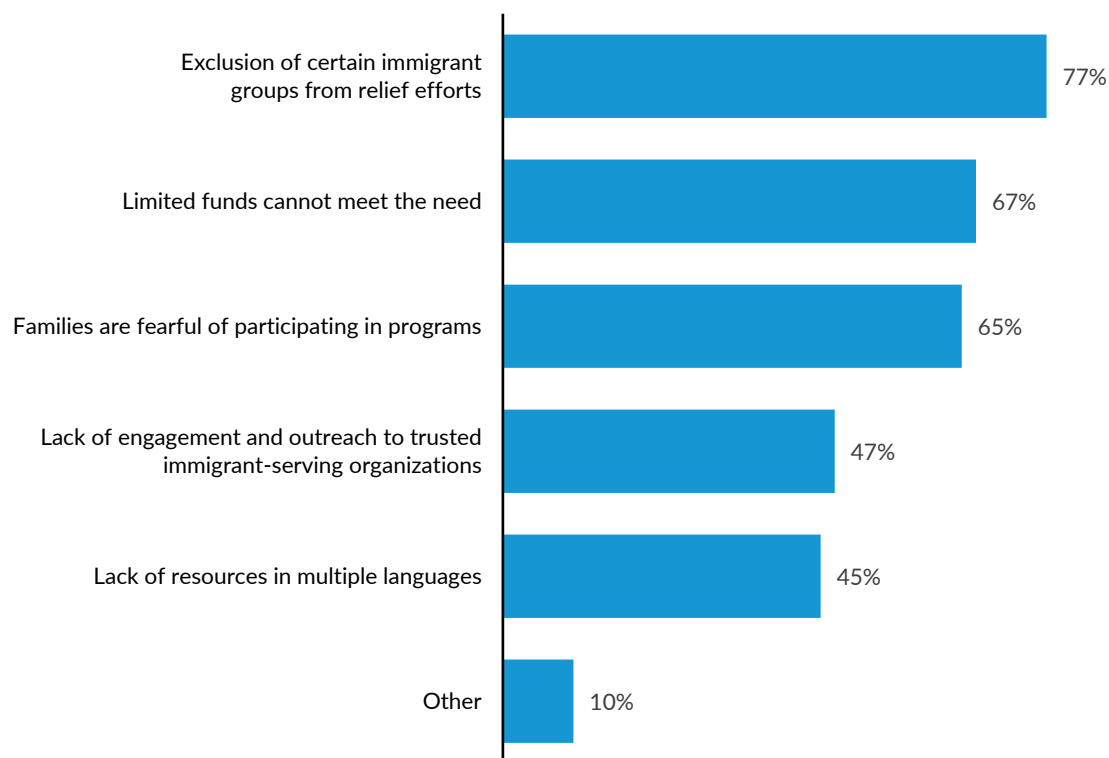
The reported percentages exclude “Not applicable” responses, which ranged from 0 percent for housing, employment, and mental health to 2 percent for utilities.

Gaps and Challenges Around Accessing Available Services

Although state and local government efforts are active in ensuring immigrant inclusion in many places, many organizations also emphasized the gaps between such efforts and community needs. When asked about the reasons for lack of effectiveness of local and state responses in helping immigrant families (figure 4), applicants most commonly cited exclusion of certain immigrant groups from relief efforts (77 percent). Sixty-seven percent cited limited funds, and 65 percent cited fear of participating in programs.

FIGURE 4

Biggest Reasons Local and State Relief Responses Have Not Been Effective in Helping Immigrant Families in Low-Income Households During the COVID-19 Crisis



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Source: Urban Institute—PIF Documentation Partnership Survey Summer 2020

Notes: Survey respondents were asked “What are the biggest reasons that local and state relief responses have not been effective in helping immigrant families in low-income households in your community during the COVID-19 crisis?” Respondents were able to select all responses that applied.

Organizations reflected on the key role of immigrant-serving CBOs in responding to local needs. One survey respondent in Illinois emphasized that her local government had not been leading response efforts for immigrant families: “Our community has come together to help my organization collect and deliver food, cleaning supplies (for [families with a COVID-19 infection]), and masks. None of which is led by local government.” Another respondent in Ohio noted similarly, “More funding needs to be available to grassroots community-based organizations that are trusted by the community and that had to fill the inadequacies of state and county agencies.”

For eligible families, applicants highlighted several additional barriers that immigrant families are facing in trying to get help, including a lack of information, language barriers, and a lack of digital access. One applicant from Minnesota noted the digital divide between Latino people with low incomes and the rest of the nation:

“The challenges to provide Spanish-language information to our community are now compounded with the need to address technology and internet access for low-income Latinos, who have some of the lowest levels of digital access and skill.”

Survey respondents underscored how technological and linguistic barriers are particularly problematic when clients apply for unemployment benefits; others explained that the lack of information about relief programs often leads immigrant families to assume they are ineligible even if they are not.

Applications also emphasized how important issues of immigrant enforcement and cooperation of local police are for the communities they serve. Many applications described abusive policing and immigration enforcement practices and the climate of fear produced by US Immigration and Customs Enforcement (ICE) and local police. They mentioned practices such as local police requesting proof of citizenship, detaining people for ICE, and abusive treatment in local ICE offices. Applicants in a range of states reported having to continuously fight anti-immigrant policies and legislative proposals at the state and municipal levels; others explained they face xenophobic sentiments among residents in addition to those battles. This ongoing context of immigration enforcement also contributes to the climate of fear producing chilling effects that keep many immigrant families from seeking help.

Response of the Immigrant-Serving Field to the Crisis

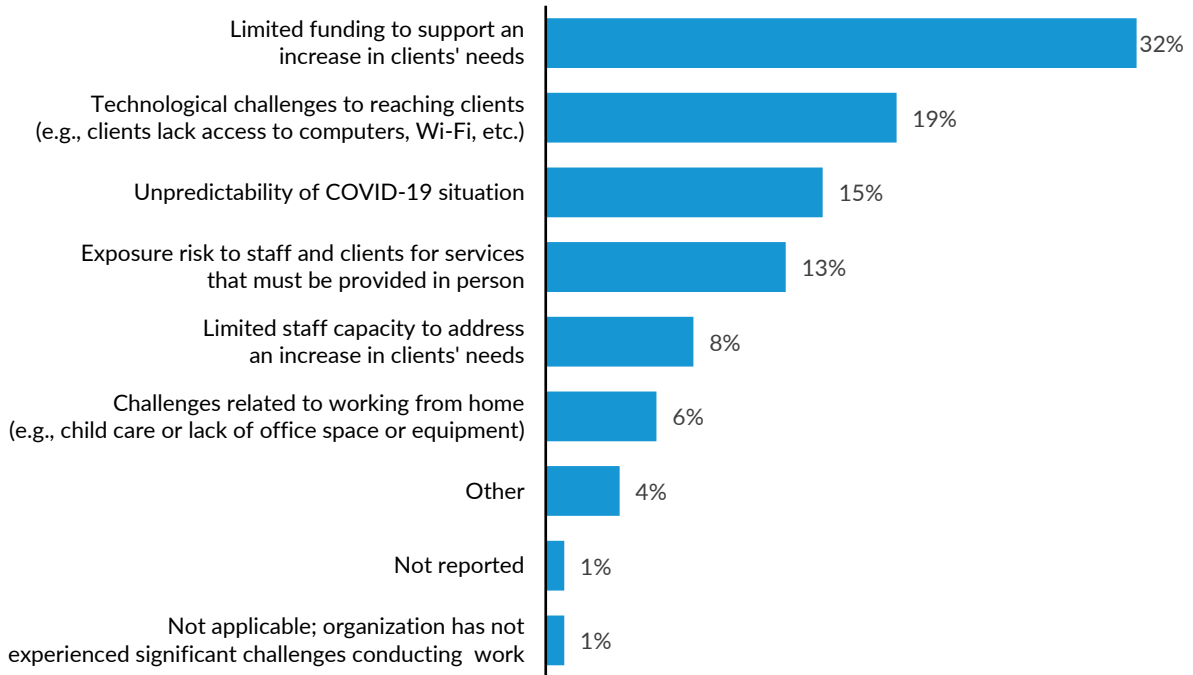
The increase in urgent and basic needs among immigrant families, the exclusion of undocumented individuals and multiple-status families from relief programs, the limitations of state and local efforts, and the continued effects of the public charge rule have all made the work of immigrant-serving organizations more essential than ever. As the field has stepped in to provide support during these crises, it also has had to pivot operations in response to shutdowns and social distancing measures. These changes have occurred as organizations contend with hostile policy environments in many parts of the country. The COVID-19 crisis has disrupted organizations' planned work and advocacy, increased demand on their services, and required them to shift their strategies and communications. But the crisis has also opened up some new opportunities as more institutional actors have turned their attention to immigrant well-being, new partners have come to the table, and digital strategies have expanded to reach more audiences.

Disruptions to Work and Pressures of the Crisis

Organizations reported that the crisis not only interrupted plans for services, education, and advocacy efforts, it also necessitated new strategies for existing operations and newly required activities. About two-fifths (41 percent) of survey respondents reported that the crisis had affected their organization's ability to conduct its work “a great deal,” while an additional 38 percent reported that their organization had been affected “a moderate amount” (data not shown). When asked what the single greatest challenge was to conducting work in the crisis, 32 percent (figure 5) cited limited funding to support an increase in clients' needs, followed by 19 percent citing the technological challenges in

reaching clients. Other top reasons included the unpredictability of the crisis (15 percent) and the risk that staff and clients face when providing in-person services (13 percent).

FIGURE 5
Single Biggest Challenge to Organization’s Ability to Conduct Its Work in the COVID-19 Context



URBAN INSTITUTE

Source: Urban Institute—PIF Documentation Partnership Survey Summer 2020.

Note: Survey respondents were asked “Which one is the single biggest challenge to your organization’s ability to conduct its work in the COVID-19 context?”

Applications suggested that the crisis had stalled plans that had been in motion before the outbreak, including efforts to expand community outreach to inform families about resources, educate people about the public charge rule, assist with program enrollment, advocate for state legislation that would expand the safety net to undocumented immigrants, and hire new staff.

Organizations were under pressure to respond to the extensive and urgent need in their communities. Many reported an increase in the volume of requests for help and that the increased demand was straining their abilities to support families. One applicant from California noted how the increased demand posed challenges because the organization is a known source of support for their community in times of crisis:

“While [organization] has successfully moved its operations to remote platforms, it has been challenging to respond to the realities of the COVID-19 crisis and the high volume of community requests. We receive more than 300 calls per week through our hotlines, as more immigrants—many who are undocumented, uninsured, facing language barriers, and low-wage—are turning to [organization] for information and assistance.”

Immigrant-serving organizations also need to deal with the effects of the pandemic on their own staff. Several survey respondents underscored that they often feel overwhelmed by how their communities are being affected and how this has taken a toll on the mental health of the organization's employees. A respondent from New York described the challenge as follows:

“Mental health has been a significant challenge. We are all (staff and volunteers) also being impacted by the COVID crisis—job loss, economic insecurity, and the fear of COVID impacting our families [in our home country]... It has been difficult to balance community work with our own mental health needs.”

Shift in Strategies from In-Person to Remote

Applicants reported that their organizations have shifted to remote work and modified their approach to services and communications so they can reach clients they can no longer connect with in person. They reported shifting to virtual methods of service delivery and communications, using platforms such as YouTube, Facebook, Twitter, Instagram, Zoom, Skype, WhatsApp, and Google Hangouts, as well as short videos on websites, radio and television, and traditional methods such as phone calls or text messages, email, newsletters, or postal mail. Many reported providing education and training, such as on COVID-19 in the workplace for advocates and workers, in virtual settings; they also reported providing education on the public charge rule for community providers, local attorneys, or members of immigrant communities.

Applicants mentioned barriers to reaching the community during this time of need, including gaps in capacity to address language needs, inability to reach clients with limited internet access, literacy, and technological proficiency; and difficulty reaching clients facing unstable housing situations because of employment loss and school closures. One applicant in Florida shared concerns about not reaching those facing barriers: “We are committed to working virtually while it remains unsafe to assemble in person. We know this will be a challenge for some of our folks who have lower literacy and technology skills.” The barriers around digital access were frequently mentioned and have required organizations to be creative in using a combination of communications approaches.²²

Although nearly all organizations reflected on a shift to virtual services, some described the need for continued in-person outreach. For example, one applicant in New Jersey described doing on-the-ground outreach to educate immigrant community members at high risk of exposure to the virus on proper use of PPE and safety practices:

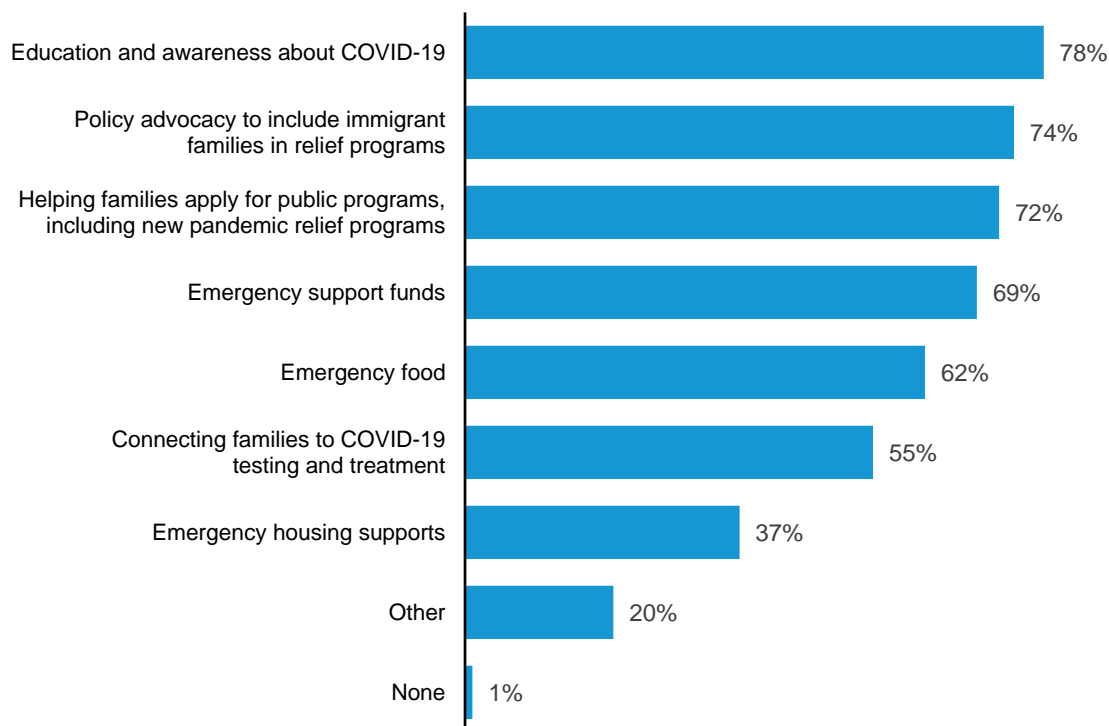
“Not wanting to put members at risk, a core group of ten members and staff trained in OSHA safety protocols ...set out to do on the ground outreach, educating immigrant community members on PPE, proper hygienic practices, and resources available to them in this challenging time... while other organizations have shifted to primarily digital outreach, we have redoubled our on the ground outreach, specifically targeting community members who may not otherwise have the means (e.g. limited access to internet and/or language barriers) to learn about how best to protect themselves and care for their families.”

Although providing some services remotely and creatively using telephone technology offers an important lifeline for many, organizations reported that some in-person engagement is still needed and must be conducted with appropriate safety precautions.

Range of New Programming Efforts

Despite the disruptions and challenges imposed by the pandemic, immigrant-serving organizations are responding to the increased demand for support through a wide range of programs and activities. The survey results suggest that many organizations are pursuing multiple activities: 78 percent report education and awareness efforts, 74 percent report policy advocacy for inclusion in relief programs, 72 percent report providing assistance applying for public programs, and 69 percent report providing emergency support funds, among other activities (figure 6). As written responses under the “Other” category, survey respondents also described providing legal assistance to protect labor rights, connecting domestic violence victims who are sheltering in place with their abusers with supportive services, and connecting people to mental telehealth services.

FIGURE 6
Organization’s Activities to Support Immigrant Families in Low-income Households to Address COVID-19-Related Challenges



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Source: Urban Institute—PIF Documentation Partnership Survey Summer 2020

Notes: Survey respondents were asked “What type of activities has your organization done to support immigrant families in low-income households to help them address COVID-19-related challenges?”

The applications also provided information on the types of efforts that developed in the early months of the pandemic. Many applicants mentioned creating their own emergency relief funds to provide cash or financial assistance to families in urgent need and who were excluded from federal relief. Most explained that they were disbursing these funds through small cash payments or gift cards, such as quick grants of \$200 for hospitality and restaurant workers or relief stipends of \$500 to undocumented families. Others described emergency help to meet specific needs such as food, rent, utilities, or medical bills. One applicant in Massachusetts described a \$65,000 emergency relief fund they created to provide “microgrants of up to \$500 to help pay rent, utility, or medical bills” for local families; another applicant in Georgia described expanding a program originally designed to support people affected by deportations to include all immigrants affected by the crisis. Another applicant from Louisiana described a mutual aid operation comprising 75 volunteers and 100 donors and drawing on local partnerships to help address “immediate needs of food, diapers, and utility bills to over 400 families who are out of work and school due to the pandemic.”

Another key area of work applicants described was communication efforts to educate families about the virus, provide information on available resources, assist them with enrollment in programs, and refer them to health services and other service providers. This outreach included efforts to translate and make accessible health and safety recommendations and know-your-rights information, including tenants’ rights, and to develop and share bilingual materials on new federal relief programs such as family paid leave, stimulus payments, and the Paycheck Protection Program. One applicant in Arizona mentioned phone banking to inform families about public benefits they might be eligible for; another in the same state described creating an English and Spanish website to help clients navigate services during the crisis. An applicant from California described a new resource guide that included information on a wide range of services and needs, including “free food resources, free learning services, resources for college students, mental health and medical services, and immigrant rights.” Some applications described partnering with health care organizations to connect families to health care services and working with local health clinics to screen clients, share health information and distribute face masks, or share information with clients about health care supports and services.

Several organizations described ramping up their messaging around the public charge rule to update information and explicitly communicate that COVID-19 testing and treatment will not be considered in future public charge determinations. An applicant in Massachusetts described a “COVID-19 guide” with “widespread outreach to community-based organizations, religious institutions, and directly with immigrant families, [to clarify] that the federal government will not factor into public charge analyses any testing or treatment for Coronavirus.” An applicant in Arizona is using a new podcast series to “dispel myths and tackle questions around public charge, the stimulus, and accessing healthcare for COVID-19, and how it might affect immigrant admissibility.” An applicant from Massachusetts reported using social media to answer frequently asked questions and communicate information to “ensure that immigrants [know] they could get COVID-19 testing and care without fear, even if they were undocumented.”

One applicant in Michigan described their advocacy efforts with the state, mentioning their efforts to persuade state officials to provide clear communication about public charge concerns relating to COVID-19 testing and treatment and emergency Medicaid.

New Opportunities and Openings

Along with challenges, the COVID-19 crisis has also brought opportunities for immigrant-serving organizations. Organizations recognized that public attention to immigrants' well-being and concern over their exclusion from public benefits have grown, new collaborations with government agencies and innovative efforts at the state and local level have arisen, and the organizations have potential to reach new audiences with shifts to digital communication tools.

Several applications highlighted how the pandemic has exposed disparities in health care access and economic impact, and this exposure has promoted renewed political momentum for improving immigrant well-being. Others highlighted how knowledge about the pandemic's disproportionate impact on the Latino and immigrant community has focused efforts to counter that hardship with increased enrollment in public programs and increased Spanish-language capacity to support public health messaging. Some applicants described new partnerships and collaborative efforts that emerged during the early months of the pandemic. One applicant in Tennessee articulated a greater interest on the part of state agencies and how they planned to strengthen or begin new relationships with state and county agencies in health and human services, public health, and emergency services:

“Because of COVID-19, state agencies are currently much more invested in learning about the barriers and needs of immigrant communities during this pandemic. This provides us with a unique opportunity to build new relationships with agencies and advocate for policy changes that reduce fears and expand benefits access for immigrant communities both now during this crisis and in the future.”

One organization in the Washington, DC, metropolitan area described how it had expanded its Spanish language public health education and referral services to meet community needs during the crisis. Another described a new collaboration with Virginia food banks to ensure services are provided regardless of immigration status and efforts to reassure the public that no information will be shared with immigration enforcement authorities. This type of collaboration between immigrant-serving organizations and mainstream assistance organizations suggests a promising development for immigrant families' inclusion.

The shift to digital platforms offers an opportunity to expand audiences, and several applications noted the broader reach of their services and the payoff for the development of new infrastructure through digital platforms. Being able to access audiences through, for example, Facebook pages with many followers offers the possibility of reaching broader audiences for community awareness. One survey respondent in South Carolina articulated this advantage:

“In some ways going virtual has helped our direct community outreach and education. [Organization] staff has been able to host a number of Facebook live events and webinars and participate in similar events hosted by partner organizations and grassroots community

organizations across the state. These resources are more widely viewed and shared and have interactive comments from the community, then some for in-person outreach.”

Priorities for Practice, Policy, and Research

This brief highlights the significant need in immigrant communities given the financial and public health crisis, the vibrant response in the immigrant-serving field, and a growing willingness on the part of some state and local policymakers to develop immigrant-inclusive and language-accessible programming and supports.

This study of early crisis experiences in the immigrant-serving field suggests several policy and practice priorities:

- **Inclusion in federal relief:** The exclusion of undocumented immigrants and multiple-status families from federal relief measures such as the stimulus payment and expanded unemployment benefits in the CARES Act poses risks for immigrant families’ well-being and, by extension, their broader communities. The exclusion goes beyond undocumented immigrants alone, because many are in multiple-status families. Estimates suggest 7.9 million people have been excluded from the stimulus payments, 3.5 million of whom are children.²³
- **Communication on the pandemic and public charge rule:** Reports from immigrant-serving organizations indicate an urgent need for the federal government (as well as state and local agencies) to clarify and communicate that COVID-19-related treatment and supports will not be considered in a public charge determination. The reports of these organizations suggest that more communication and reassurance are needed to ensure that immigrant families are not avoiding urgent treatment and support programs that they or their children need. Our recent research has emphasized that given the high levels of trust immigrant families have in information coming from state and local government agencies, they have a key role to play in communicating information to immigrant families about safety-net participation and immigration (Bernstein et al. 2020)
- **More support for immigrant-serving organizations:** The field has been responding creatively to massive need in many immigrant communities, and immigrant-serving CBOs are playing a critical role in reaching families as trusted providers in fearful and hard-to-reach communities. But organizations report that limited funding is hampering their work and the ability to scale up to meet demand. While they work in this challenging environment to fill the gaps left by policy responses and partner with government authorities to improve, disseminate, and implement programming, additional resources from philanthropy and the private and public sector would bolster their efforts.
- **Inclusion by mainstream providers:** Beyond specifically immigrant-serving organizations, intentional inclusion efforts are needed on the part of mainstream organizations that interface with the public, such as food banks, hospitals and clinics, schools, public health agencies, and benefits agencies. Immigrant-serving organizations emphasize that these mainstream

providers should, for example, ensure information is available in multiple languages and on platforms that immigrants are accessing (e.g., multilingual radio or television outlets and social media platforms), provide information in a culturally competent manner, and recognize how immigration concerns often prevent people from seeking help. That may mean noting explicitly that services are available regardless of immigration status, avoiding collection of information such as Social Security numbers, and partnering with organizations that already have the trust of communities to improve community awareness and overcome reluctance.

- **State and local government relief efforts:** States and localities have stepped in with a wide range of programming to support residents during the crisis. Some are intentionally developing resources for immigrant families who are not eligible for other programs, and others are making efforts to ensure mainstream programs are publicized and implemented to effectively support immigrant community members. This has ranged from emergency cash funds to eviction moratoria to paid leave, as well as communications around COVID-19 prevention and treatment.²⁴ Organizations suggest more work is needed from state and local leaders on such efforts to expand access for immigrant families, address barriers, and mitigate fear that may be keeping families from seeking help.
- **Improving digital access:** As more organizations are avoiding providing services in person because of public health concerns and shut-down orders and as schools remain closed, digital access has become increasingly critical for many families. Expanding broadband access and access to technology to allow more families to engage in activities from their homes is important to promote access and well-being. Although many organizations have pivoted quickly to provide services remotely, many families may still be left out if significant efforts are not made to reduce inequity.
- **Employer role:** Immigrant workers are concentrated in many essential industries in which remote work is not possible, such as food production, maintenance, and health care (Gelatt 2020). The financial pressures on low-income families to continue working despite health risks, and the exposure that workers face at work, make clear that employers must take seriously their role in protecting their workers. The spike in COVID-19 cases in the meatpacking industry, where 40 percent of workers are immigrants,²⁵ highlights the urgent need for protective measures for workers in essential industries who must also work in close quarters (Dyal et al. 2020). Measures such as keeping workers at appropriate distance from one another, screening workers for illness, installing physical barriers (e.g., Plexiglas) between workers, and providing paid sick leave will be crucial to preventing workplace spread of COVID-19.

Future research can address many of the questions that this study opened and track changing developments as the crisis and recovery evolve. What are the critical needs across immigrant communities during this crisis, and what are the most effective policy and program options for addressing them? What is the scope and reach of emergency supports in supporting the hardest to reach? What are the real and perceived barriers that immigrant families experience to access

mainstream and targeted supports? Who is being left out and why? What can we learn about outreach strategies, trust, and the role of CBOs in serving immigrant communities during the crisis? What is the impact of immigrant-inclusive policies for not only the well-being of immigrant families but also their communities? Although our results provide some key information from the perspective of immigrant-serving organizations on how communities are faring and what supports they are receiving, we found a lot of uncertainty about specific relief efforts. We need to better understand the gap between policy and protection efforts and their implementation. Survey and interview research directly with immigrants and their family members would shed light on how families are experiencing the crisis, what is happening at their workplaces, where and how they are getting information on support efforts, whether they are taking part in programs or receiving legal protections and the barriers they face, what they view as effective or out of reach in their communities, and their strategies of resilience and self-help. We also saw innovation at the state and local levels. The field would benefit from more information on policy developments and funding choices as well as from the perspectives of service providers and state and local government authorities regarding the decisions they are making, the challenges and opportunities they face, and what information they need to craft and implement better policy. Research should consider the experiences of immigrants in different geographic contexts, from different regions of origin, racial backgrounds, occupations, and with different immigration statuses in the US, acknowledging this diversity is important for effective policy responses.

There are enormous challenges to quantifying the chilling effects and understanding how many people are avoiding supports or health care services, but it is important to understand more about how this crisis is playing out in immigrant families and how leaders in mainstream organizations, public agencies, and immigrant-serving CBOs can engage and coordinate effectively. The expertise, experience, and political will for improving access to supports for immigrant families varies widely across states and localities, and opportunities to expand capacity may arise given that increased attention is being paid to the role of “essential workers” and how this crisis is disproportionately affecting communities of color. Involving trusted immigrant-serving organizations is critical for the success of such efforts.

Notes

¹ While drafting this brief in July 2020, a federal court issued a preliminary injunction, barring the administration from implementing the DHS rule (for US Citizenship and Immigration Services processing within the US) so long as the government has declared a national emergency related to the pandemic, and the Department of State rule (for visas issued at consulates abroad) while the case proceeds. In August, a judge on the US Court of Appeals for the Second Circuit narrowed the district court’s order by indicating that the injunction will apply only to New York, Connecticut and Vermont. For now, the DHS public charge regulations cannot be applied in those states but can be applied elsewhere. The preliminary injunction barring implementation of the Department of State regulation remains in effect. See “[Judge Halts Immigration Rule on Public Benefits, Cites Virus](#),” *Associated Press*, June 29, 2020; and “[CA2 Limits Public Charge Injunction to Vermont, Connecticut, and New York](#),” American Immigration Lawyers Association, August 12, 2020, <https://www.aila.org/infonet/make-the-road-new-york-et-al-v-cuccinelli-10>.

- ² “The Protecting Immigrant Families, Advancing our Future Campaign,” Protecting Immigrant Families, accessed July 28, 2020.
- ³ Giovanni Peri and Justin Wiltshire, “The Role of Immigrants as Essential Workers during the COVID-19 Pandemic,” Global Migration Center, accessed July 28, 2020.
- ⁴ Muzaffar Chishti and Jessica Bolter, “Vulnerable to COVID-19 and in Frontline Jobs, Immigrants Are Mostly Shut Out of U.S. Relief,” *Policy Beat* (Migration Policy Institute blog), April 24, 2020; Sophia Tareen, “Coronavirus Complicates Safety for Families Living Together,” *Associated Press*, May 12, 2020.
- ⁵ Meg Wiehe and Lisa Gee, “Analysis: How the HEROES Act Would Reach ITIN Filers,” Institute on Taxation and Economic Policy, May 14, 2020.
- ⁶ “Understanding the Impact of Key Provisions of COVID-19 Relief Bills on Immigrant Communities,” National Immigration Law Center, May 27, 2020.
- ⁷ Hamutal Bernstein, Michael Karpman, Dulce Gonzalez, and Stephen Zuckerman, “Immigrant Families Hit Hard by the Pandemic May Be Afraid to Receive the Help They Need,” *Urban Wire*, May 19, 2020; Shelby Gonzalez, “Administration Should Reverse Anti-Immigrant Policies That Will Worsen Impacts of Health and Economic Crises,” Center on Budget and Policy Priorities, May 6, 2020.
- ⁸ Sara McTarnaghan, Hamutal Bernstein, Carolyn Vilter, and Adaeze Okoli, “Including Immigrants in State and Local Support Responses during the COVID-19 Pandemic,” *Urban Wire*, July 6, 2020.
- ⁹ Applications were accepted in three tiers: Tier C grants for individual organizations with funds ranging between \$10,000 and \$20,000, Tier B grants for small groups of organizations with funds ranging between \$20,000 and \$50,000, and Tier A grants for larger consortia of organizations with funds ranging between \$50,000 and \$100,000.
- ¹⁰ Our review included 89 applications in Tier C, 57 in Tier B, and 36 in Tier A.
- ¹¹ We excluded respondents who did not complete the survey (defined as missing data for 60 percent or more of survey questions). This exclusion did not substantively affect patterns in the data. Two of the 99 responses in the analytical sample came from organizations that were not originally invited to participate because they were not the principal contacts for their (consortium) applications, but they were invited to participate at the request of the applying organization.
- ¹² This reports results to the survey question: “In which of the following areas does your organization help immigrant families?” Survey respondents could select all responses that applied among the following options: Legal assistance; health care; basic needs provision (i.e., food, housing assistance, utilities, etc.); community organizing; community outreach and education; labor rights; policy and advocacy; entrepreneurship and employment; education (i.e., early childhood education, English classes); other.
- ¹³ Gonzalez, “Administration Should Reverse Anti-Immigrant Policies That Will Worsen Impacts of Health and Economic Crises.”
- ¹⁴ This reports results to the survey question and introduction: “We are trying to understand to what extent immigrant families are avoiding assistance programs because they are afraid of immigration enforcement or hurting their immigration status, even when they or family members might be eligible and experiencing hardship. This is also known as the ‘chilling effect.’ When you think about the immigrants in low-income households your organization works with, to what degree are they avoiding the following assistance programs **because they are afraid of immigration enforcement or hurting their immigration status?**” Respondents chose between the following options: No one is avoiding this program; some are avoiding this program; many are avoiding this program; almost everyone is avoiding this program; not applicable; and don’t know.
- ¹⁵ Substantial shares of respondents were unsure, responding “don’t know” if immigrant families are avoiding Marketplace health insurance coverage (34 percent), government housing assistance (28 percent), and TANF (19 percent). In contrast, uncertainty about the extent of chilling effects was much lower for SNAP (6 percent), Medicaid (8 percent), and free or low-cost medical care for the uninsured (8 percent).

- ¹⁶ We note that interpretation of numbers reported to be “avoiding” the stimulus payment or Pandemic EBT may be different given that eligible families may have received funds automatically.
- ¹⁷ Jason DeParle, “[Hunger Program’s Slow Start Leaves Millions of Children Waiting](#),” *New York Times*, May 26, 2020.
- ¹⁸ Survey respondents were asked “When you think about the immigrants in low-income households your organization works with, to what degree are they avoiding getting tested or treated for COVID-19, even if they suspect they have been infected, **because they are afraid of immigration enforcement or hurting their immigration status?**” Respondents chose between the following options: No one is avoiding COVID-19 testing or treatment; some are avoiding COVID-19 testing or treatment; many are avoiding COVID-19 testing or treatment; almost everyone is avoiding COVID-19 testing or treatment; and don't know.
- ¹⁹ On this survey question, there was no “not applicable” option provided.
- ²⁰ “[Public Charge](#),” US Citizenship and Immigration Services, accessed July 6, 2020.
- ²¹ In April, the city government announced a \$20 million fund to provide a one-time payment of \$400 per individual to 20,000 immigrant workers and their families as pandemic cash relief. See “[Mayor de Blasio Announces New York City COVID-19 Immigrant Emergency Relief Program with Open Society Foundations](#),” Office of the Mayor of New York City, April 16, 2020.
- ²² “[Reimagining Service Delivery for Hispanic Families During COVID-19](#).” Webinar hosted by the National Research Center on Hispanic Children & Families on July 15, 2020.
- ²³ Meg Wiehe and Lisa Gee, “[Analysis: How the HEROES Act Would Reach ITIN Filers](#),” Institute on Taxation and Economic Policy, May 14, 2020
- ²⁴ Sara McTarnaghan, Hamutal Bernstein, Carolyn Vilter, and Adaeze Okoli, “[Including Immigrants in State and Local Support Responses during the COVID-19 Pandemic](#),” *Urban Wire*, July 6, 2020; and Hamutal Bernstein, Sara McTarnaghan, Adaeze Okoli, and Carolyn Vilter, “[Three Principles to Ensure COVID-19 Recovery Information Reaches Immigrant Communities](#),” *Urban Wire*, July 9, 2020.
- ²⁵ Stephen Groves and Sophia Tareen, “[U.S. Meatpacking Industry Relies on Immigrant Workers. But a Labor Shortage Looms](#),” *Los Angeles Times*, May 26, 2020.

References

- Bernstein, Hamutal, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman. 2020. “[Amid Confusion Over the Public Charge Rule, Immigrant Families Continued Avoiding Benefits in 2019](#).” Washington, DC: Urban Institute.
- Bernstein, Hamutal, Sara McTarnaghan, and Dulce Gonzalez. 2019. “[Safety Net Access in the Context of the Public Charge Rule: Voices of Immigrant Families](#).” Washington, DC: Urban Institute.
- Capps, Randy, and Julia Gelatt. 2020. “[Barriers to COVID-19 Testing and Treatment: Immigrants without Health Coverage in the United States](#).” Washington, DC: Migration Policy Institute.
- Cholera, Rushina, Olanrewaju O. Falusi and Julie M. Linton. 2020. “Sheltering in Place in a Xenophobic Climate: COVID-19 and Children in Immigrant Families.” *Pediatrics* 146 (1).
- Clark, Eva, Karla Fredricks, Laila Woc-Colburn, Maria Elena Bottazzi, and Jill Weatherhead. 2020. “[Disproportionate Impact of the COVID-19 Pandemic on Immigrant Communities in the United States](#).” *PLoS Neglected Tropical Diseases* 14 (7).
- Dyal Jonathan W., Michael P. Grant, Kendra Broadwater, Adam Bjork, Michelle A. Waltenburg, John D. Gibbons, Christa Hale, et al. 2020. “[COVID-19 Among Workers in Meat and Poultry Processing Facilities – 19 States](#).” *Morbidity and Mortality Weekly Report* 69: 557–61.
- Gelatt, Julia. 2020. *Immigrant Workers: Vital to the U.S. COVID-19 Response, Disproportionately Vulnerable*. Washington, DC: Migration Policy Institute.

- Gonzalez, Dulce, Michael Karpman, Genevieve M. Kenney, and Stephen Zuckerman. 2020. "Hispanic Adults in Families with Noncitizens Disproportionately Feel the Economic Fallout from COVID-19." Washington, DC: Urban Institute.
- International Rescue Committee. 2020. *Protecting the Economic Wellbeing of Immigrants and Refugees during COVID-19: Lessons Learned by the IRC in the First 30 Days*. New York: International Rescue Committee.
- National Immigration Law Center. 2020. *Shared Crisis, Shared Solutions: State and Local Advocacy for an Immigrant-Inclusive Response to the COVID-19 Crisis*. Los Angeles: National Immigration Law Center.
- Protecting Immigrant Families. 2020. "Changes to Public Charge: Analysis and Frequently Asked Questions." Washington, DC: Protecting Immigrant Families.
- Ross, Jonathan, Channele Diaz, and Joanna Starrels. 2020. "The Disproportionate Burden of COVID-19 for Immigrants in the Bronx, New York." *JAMA Internal Medicine* 180 (8): 1043–44.
- Straut-Eppsteiner, Holly. 2020. "Documenting through Service Provider Accounts Harm Caused by the Department of Homeland Security's Public Charge Rule." Washington, DC: National Immigration Law Center.
- Tolbert, Jennifer, Samantha Artiga, and Olivia Pham. 2019. "Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care among Health Center Patients." Washington, DC: Kaiser Family Foundation.

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