



RESEARCH REPORT

Three in 10 Adults in California Immigrant Families with Low Incomes Avoided Safety Net Programs in 2020

Building Trust and Improving Access to Safety Net Programs in the
Pandemic Recovery

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Three in 10 Adults in California Immigrant Families with Low Incomes Avoided Safety Net Programs in 2020

Many immigrant families avoided safety net and pandemic relief programs in recent years over concerns that their participation would have adverse immigration consequences. These chilling effects on program participation occurred in the context of a restrictive immigration policy environment under the Trump administration, including the expansion of the “public charge” rule, which was associated with declines in participation in Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and other key safety net programs (Barofsky et al. 2020; Bernstein, Gonzalez, et al. 2019; Bernstein, Gonzalez, Karpman, et al. 2020; Bernstein, Karpman, et al. 2021; FRAC and NILC 2020; Straut-Eppsteiner 2020; Tolbert, Pham, and Artiga 2020).¹ Though the Biden administration has reverted to prior guidance on the public charge rule and reversed many other immigration policy changes, chilling effects may continue to deter adults from seeking safety net supports for which they or their children are eligible.

About half of adults in California live in a household with one or more immigrant family members, and half of children in California have an immigrant parent.² California has expanded immigrants’ access to the safety net more so than any other state by offering Medicaid to undocumented children, young adults, and, beginning in 2022, adults ages 50 and over (Cha and McConville 2021).³ However, many families still fear immigration consequences of accessing supports to meet their basic needs. In 2019, we found that many California immigrant families avoided noncash benefits such as health, nutrition, or housing assistance for fear of risking future green card status (Bernstein, Gonzalez, McTarnaghan, et al. 2020). Such interruptions in access to supports will make it more challenging for California immigrant families with low incomes to recover from the COVID-19 crisis, during which many of these families faced numerous health and financial risks and hardships (Artiga and Rae 2020; Bernstein, Gonzalez, and Karpman 2021).

Building on previous work assessing material hardship and chilling effects on program participation (Bernstein, Gonzalez, and Karpman 2021; Bernstein, Gonzalez, McTarnaghan, et al. 2020), this study provides on-the-ground perspectives of immigrant families and immigrant-serving health and nutrition support providers in California. We spoke with families and providers as policy priorities were shifting in the early months of the Biden administration,⁴ between March and May 2021. These interviews shed light on immigrant families' experiences during the pandemic, their access to safety net programs and emergency resources, and strategies to build trust with such families and improve their safety net access under the new federal administration. The voices of adults in immigrant families and immigrant service providers who have navigated the pandemic can help inform continued and new investments in programming and navigation assistance.

In this report, we draw on data from the Urban Institute's December 2020 Well-Being and Basic Needs Survey (WBNS), a nationally representative internet-based survey of adults ages 18 to 64. We focus on the survey's sample of 307 adults in California immigrant families with low family incomes, given the relevance of federal and state safety net programs for this population. We define low income as below 200 percent of the federal poverty level and adults in immigrant families as adults who were born outside the US or who live with one or more family members born outside the US.

To complement the 2020 survey findings and collect emerging perspectives after the shift in the federal administration, we also report results from follow-up telephone interviews with 19 of the 307 WBNS respondents in California immigrant families with low incomes (hereafter referred to as "interviewees"), which we conducted in March through April 2021; to understand experiences of program participation, we interviewed both respondents who did and did not report chilling effects. We also report on results from nine telephone interviews in May 2021 with people who work at organizations in California that connect immigrant families to health, nutrition, and other support programs (hereafter referred to as "service providers"). One limitation of this study is that the survey and interview data collection were only conducted in Spanish and English, so the perspectives of immigrants with limited English proficiency and who do not speak Spanish are excluded. All but one of the adults in immigrant families interviewed were Hispanic/Latinx.⁵ For the service provider interviews, we intentionally selected organizations that serve a diverse range of immigrant populations.

The December 2020 survey results showed the following:

- About half of adults in California immigrant families with low incomes reported their families lost work or income during the pandemic. One in three of such adults reported food insecurity

in 2020. One in five reported unmet needs for medical care due to costs, and similar shares reported problems paying family medical bills or utility bills.

- Three in 10 adults in California immigrant families with low incomes reported avoiding public benefit programs or other assistance in 2020 because of green card or other immigration concerns. This affected both basic safety net programs, like CalFresh (California's Supplemental Nutrition Assistance Program) and Medi-Cal (California's Medicaid program), and pandemic emergency programs, like the Pandemic Electronic Benefit Transfer program (P-EBT), unemployment assistance, and emergency cash, rental, or food assistance, as well as health care services for uninsured patients.

In addition, our interviews with adults in immigrant families with low incomes and service providers in California revealed the following:

- During the pandemic, California immigrant families navigated the complexities of job losses due to businesses shutting down, reduced work hours, and challenges returning to work, where some faced risks of exposure to the coronavirus. This created significant economic insecurity that fluctuated during the pandemic and affected not only the people we spoke with but all relatives living in their households.
- California service providers reported that enrollment in Medi-Cal and CalFresh increased among many new and existing clients, many in immigrant families. Some people were newly eligible for the programs because of a change in employment or loss of income.
- Nevertheless, these families faced ongoing barriers to enrollment and program participation, including limited eligibility for federally funded programs, concerns about the immigration consequences of their participation, burdensome application processes, and language and technology barriers.
- California immigrant families also turned to private and philanthropic supports in their communities, most commonly food assistance.
- Many interviewees were aware of the reversal of the expanded public charge rule, and a large share of those were less hesitant to participate in public programs given the change in federal immigration policies.
- Views on the prospects of immigration policy changes were mixed; some interviewees were cautiously optimistic or unsure about what the policy changes initiated under the new federal

administration meant for them, and others felt positively about the administration's early policy actions.

Lastly, our interviews with adults in immigrant families and service providers in California pointed to several potential ways policymakers and other stakeholders can increase immigrant families' access to safety net programs:

- Expand partnerships with culturally specific organizations to help shape and implement strategies for outreach and enrollment, by tapping into existing networks to gather input on language access and engagement strategies and by contracting directly with such organizations for translations, outreach, education, and enrollment.
- Tailor outreach strategies to the sources of information and places that immigrant families rely on. Multiple approaches can be leveraged, such as engagement with trusted government and community leaders, in-language media, and distribution of information in commonly frequented spaces in communities.
- Develop enrollment strategies that resonate with immigrant families by maximizing referrals to reach those who are unaware of programs, matching families to services based on need, limiting the collection of sensitive information, and, when needed, connecting families to legal aid resources that can advise on how participation could affect immigration status.
- Increase funding and capacity for enrollment navigators who provide culturally and linguistically sensitive services that can effectively support families through enrollment and beyond.

Background

Immigrant families in the US face systematic barriers to participation in safety net programs: limitations on program eligibility for both undocumented immigrants and many immigrants with legal status,⁶ language and cultural barriers, lack of information, fears about the immigration consequences of program participation (Fix and Zimmerman 1999; Fortuny and Chaudry 2011), and logistical and administrative issues (Fortuny and Pedroza 2014). These barriers intensified during the Trump administration, when the long-standing “public charge” rule was expanded amid a host of immigration policy changes,⁷ including heightened immigration enforcement, termination of temporary protections against deportation, cuts to refugee admissions, and restrictions on asylum applications (Pierce and Bolter 2020). This policy context led many immigrant families to avoid interacting with public

authorities and participating in key safety net programs (Barofsky et al. 2020; Bernstein, Gonzalez, et al. 2019; Bernstein, Gonzalez, Karpman, et al. 2020; Bernstein, Karpman, et al., 2021; FRAC and NILC 2020; Haley et al. 2021; Straut-Eppsteiner 2020; Tolbert, Pham, and Artiga 2020).⁸

In its first months in office, the Biden administration has reversed many immigration policy changes,⁹ including the expansion of the public charge rule. Though the rule took effect in February 2020, its chilling effects long preceded that date, starting with the 2018 public comment period and prolonged legal challenges.¹⁰ In March 2021, the federal government reverted to the 1999 field guidance on public charge, which considers only public cash assistance for income maintenance or institutionalization for long-term care at government expense as grounds for being deemed a potential public charge. In April 2021, US Citizenship and Immigration Services released a statement to partners seeking their help clarifying the policy change to the public.¹¹ Through its first Unified Agenda of Federal Regulatory and Deregulatory Actions,¹² the administration has also signaled it plans to clarify the public charge policy through a rule-making process (Protecting Immigrant Families 2021).

California has done more than most states to expand immigrants' eligibility for public programs and fill gaps in federal safety net eligibility rules. It is 1 of 23 states (and the District of Columbia) that have chosen to extend federally funded Medicaid to both lawfully residing pregnant mothers and children during the first five years after obtaining qualified status (known as the five-year bar).¹³ Unique in the US, California extends Medi-Cal eligibility to undocumented children and young adults under age 26 (ITUP 2019). And in June 2021, Governor Newsom and the state legislature agreed to expand Medi-Cal eligibility to undocumented immigrants ages 50 and over beginning in May 2022 (Cha and McConville 2021).¹⁴ California also uses state funds through its California Food Assistance Program to extend SNAP eligibility to qualified immigrants during the five-year bar. Members of the state legislature have also proposed expanding SNAP eligibility to undocumented immigrants.¹⁵ Additionally, California has established the Cash Assistance Program for Immigrants, which provides assistance to elderly, blind, and disabled noncitizens who are ineligible for Supplemental Security Income or state supplemental payments solely because of their immigration status.¹⁶ When mixed-status immigrant families were excluded from initial federal stimulus payments during the pandemic, California allocated \$75 million for Disaster Relief Assistance for Immigrants, which provided cash payments to undocumented immigrants through immigrant-serving nonprofit partners.¹⁷ In early 2021, the state also provided one-time cash assistance, called Golden State Stimulus payments, to eligible immigrants who filed 2020 taxes with individual taxpayer identification numbers (and were newly eligible for the state earned income tax credit).¹⁸

Despite these state-level efforts, chilling effects deterred many California immigrant families from participating in public programs. Research conducted early in the Trump administration found that fear and insecurity related to changes in federal immigration policies and heightened immigration enforcement led many immigrant families to avoid engaging with public services (Ben-Porath et al. 2020; Children’s Partnership and California Immigrant Policy Center 2018). In previous research using the 2019 WBNS (Bernstein, Gonzalez, McTarnaghan, et al. 2020), we found that 17.7 percent of adults in California immigrant families reported that they or a family member did not participate in a noncash safety net program, such as Medi-Cal, CalFresh, or a housing program, that year for fear of risking future green card status.¹⁹ Other analyses of American Community Survey data also showed that in California, as at the national level, noncitizens’ participation in Temporary Assistance for Needy Families, SNAP, and Medicaid dropped more quickly than citizens’ participation in the programs between 2016 and 2019.²⁰ Similarly, participation in those programs among US-citizen children with any noncitizens in their households declined over that period more quickly than did participation among children with only citizens in their households.

Even with California’s efforts to expand immigrant families’ access to the safety net, eligibility restrictions, fears of immigration consequences, and lack of program awareness deter many of these families from participating in key programs. Building greater awareness of programs, trust, community outreach, and navigation assistance can help families get the support they need. This report provides new evidence from survey data and interviews to illuminate the experiences of California immigrant families with low incomes during the pandemic and highlight opportunities for building trust with and expanding access to safety net programs for families who have not received basic supports.

Hardships Experienced and Supports Used during the Pandemic

During the COVID-19 crisis, California immigrant families navigated the complexities of job losses due to businesses shutting down, reduced work hours, and challenges returning to work, where some faced risks of exposure to the coronavirus. These families struggled to afford basic needs, and a job loss or reduced hours for one individual also affected other household members’ well-being. Some families turned to support programs to mitigate hardship, most commonly charitable food assistance, and some participated in safety net programs like MediCal and CalFresh to meet their basic needs. Service providers reported increased enrollment in such programs among new and existing clients,

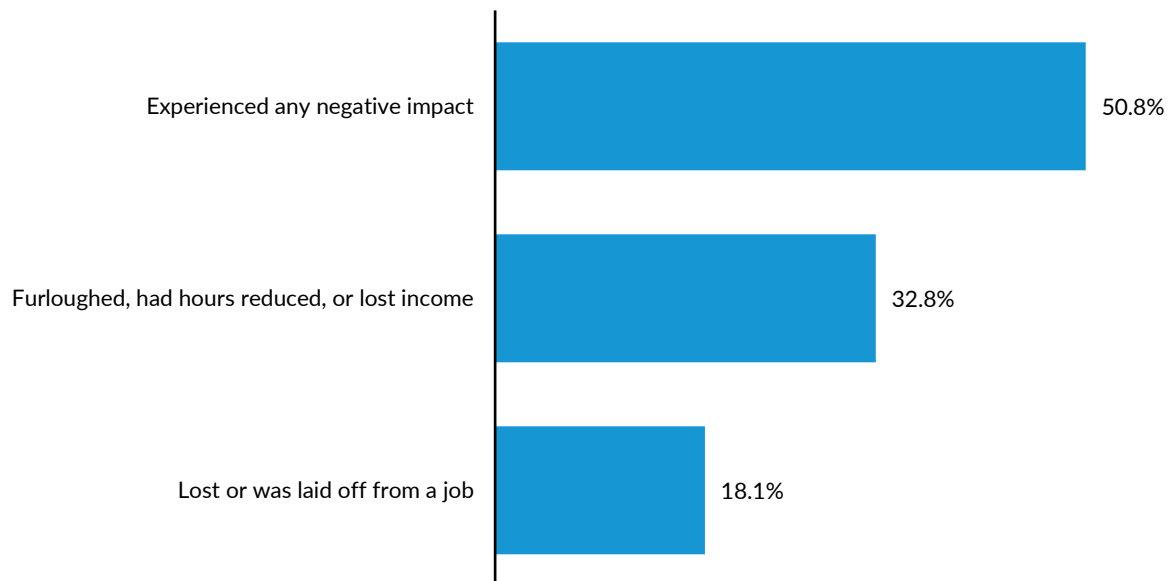
many in immigrant families, and some people became newly eligible for the programs after a change in employment or loss of income.

Impacts on Family Employment

In December 2020, about half of adults in California immigrant families with low incomes (50.8 percent) reported the pandemic had negatively affected their family employment, including 18.1 percent who reported they or a spouse or partner lost or were laid off from a job and 32.8 percent who reported they or someone in their family was furloughed, had their hours reduced, or lost income. Overall, adults in immigrant families with low incomes were more likely than other adults in California to report a negative impact on their family employment during the pandemic (47.9 percent versus 37.4 percent; data not shown).

FIGURE 1

Share of Adults in California Immigrant Families with Low Incomes Who Reported the Pandemic Negatively Affected Family Employment, December 2020



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Source: Well-Being and Basic Needs Survey, December 2020.

Notes: Adults are ages 18 to 64. Low family incomes are below 200 percent of the federal poverty level. "Experienced any negative impact" includes adults reporting that someone in the family lost or was laid off from a job, was furloughed, had hours reduced, or lost income. Estimates of those reporting a furlough, reduced hours, or lost income exclude adults who also reported they or their spouse or partner lost or was laid off from a job but include adults who reported a child under 19 lost or was laid off from a job.

Insights from our interviews add complexity to this picture. Some interviewees had experienced a mix of employment losses and reduced work hours across their family members; a few mentioned that both they and their spouse were laid off at the onset of the pandemic, but only one spouse had returned to work as of the interview. One interviewee said her husband had his work hours reduced and decided to find a different job with full-time hours to better make ends meet:

Anteriormente, [mi esposo] estaba trabajando en una compañía de reparación de zapatos...entonces cambió de trabajo a [uno de] construcción. Afuera, al aire libre, aguantando el frío, a veces la lluvia, [y] el sol. Y eso era a lo que no estaba él acostumbrado...Y recibía bonos a fin de año, y pues en esta otra compañía, no.

Previously, [my husband] was working at a shoe repair company...then he changed jobs to [one in] construction. Outside, outdoors, enduring the cold, sometimes the rain, [and] the sun. He was not used to that...And he used to receive bonuses at the end of the year, and now with this new company, he doesn't.

Some interviewees did not experience a pandemic-related negative impact on their family income. Among these, two were not working because they were receiving Social Security benefits, and one was also receiving financial support from relatives not living in the household. Another interviewee said she and her family work in agriculture, and because it is an essential industry, they continued to work during the pandemic.

Exposure, or worry about exposure, to the coronavirus affected some immigrant families' employment. A few interviewees were laid off because another employee at their work contracted COVID-19 and the entire workplace shut down to prevent an outbreak. One of these adults, who was laid off in November 2020, had not yet been called back to work as of the interview. Another interviewee unemployed at the time of the survey said she was not considered for a job because the potential employer was concerned that she lives in an area where COVID-19 cases had been particularly high. Conversely, another stopped working because she worried about being exposed to the virus at her job. In addition, a few interviewees noted it was generally difficult to find work during the pandemic because employers were not hiring. One interviewee described the impact of being out of work as follows:

Durante la pandemia fue que a mi papá le dio el [COVID-19], y pues todos vivimos en la misma casa, [así que] tuvimos que parar de trabajar...No me permitieron a mí regresar al trabajo, [así que] tuvimos más o menos tres, cuatro meses con dificultades de completar pagos.

My dad got [COVID-19] during the pandemic, and we live in the same house, [so] we had to stop working...I wasn't allowed to return to work, [so] we had about three or four months where we struggled to pay our bills in full.

Many interviewees were relieved that a family member had regained employment but were concerned that these family members were not working as many hours as they would prefer. One interviewee's husband was laid off for a week near the beginning of the pandemic and had since returned to work, but his new schedule was unpredictable. A few interviewees mentioned that they or their spouses were only working a few hours per day. One person articulated her frustration at being unable to pick up more hours at work:

Uno anteriormente trabajaba las nueve [horas], pero ahorita con estos recortes, es difícil. Aunque uno quisiera trabajar más horas, pues ya no se puede—los patrones ya no quieren pagar poquito más. Por esa razón, ya no dan más horas.

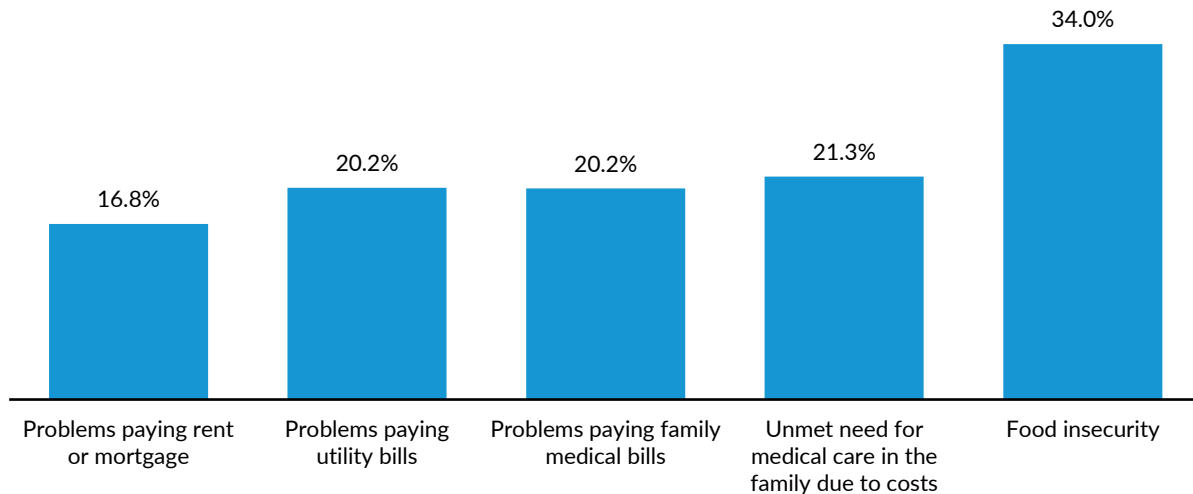
Previously we worked all nine [hours], but now with these job cuts, it's difficult. Even if you wanted to work more hours, you aren't able to do so—the bosses don't want to pay a little bit more. For that reason, they don't give you more hours.

Material Hardship

Job losses and reductions in income created or compounded material hardship for adults in California immigrant families with low incomes, and their abilities to meet basic needs changed quickly and evolved throughout the pandemic. One in three of such adults (34.0 percent) reported food insecurity in the past 12 months in December 2020, and one in five reported an unmet need for medical care in the family due to costs (21.3 percent), problems paying family medical bills (20.2 percent), and problems paying utility bills (20.2 percent) during the same period. About one in six (16.8 percent) of these adults reported problems paying the rent or a mortgage.

FIGURE 2

Share of Adults in California Immigrant Families with Low Incomes Who Reported Material Hardships in the Past 12 Months, December 2020



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Source: Well-Being and Basic Needs Survey, December 2020.

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

Our conversations with adults in California immigrant families with low incomes shed light on WBNS survey findings on hardship. One interviewee's daughter, son-in-law, and grandson moved in with her because the daughter lost her job and could not pay the rent. Another interviewee was having trouble paying utility bills but did not have her utilities shut off because of a moratorium on utility suspension. However, she still owed money to the utility company as of the interviews. Another interviewee shared the following:

[En] el trabajo, [hubo] mucho descanso de compañías, y sí fue muy difícil para pagar la renta...los billes, y todo eso por falta de un ingreso. Porque como vivimos [de cheque a cheque], cuando te descansan del trabajo, ya se te acaba el ingreso.

[At] work, [there were] a lot of layoffs from companies, and it was very difficult to pay the rent...the bills, and everything else because of the lack of income. Because we live [paycheck to paycheck], when they lay you off, your income runs out.

A few interviewees were making trade-offs between paying for basic needs and paying for other goods and services. One said her family had to cancel their electricity and phone, cable, and internet services to pay for rent and food. Another accrued unpaid electricity bills when her family lost work, and though she had managed to catch up on payments, her family was barely making ends meet:

Sí hemos podido pagar ahorita ya, pero estamos al día. O sea, no podemos...darnos lujos...como ropa o cosas así. Pues ahorita no, estamos limitados en todo ese tipo de cosas.

We have been able to pay now, but we are just keeping afloat. In other words, we can't...afford luxuries...like clothing or things like that. At the moment, we are limited on all of those types of things.

According to some service providers, an already high cost of living in many of the parts of the state only adds to financial strain. One shared the following:

Ya de por sí, esta área donde trabajamos es un área muy cara. La gente de bajos o medios recursos siempre tiene que decidir entre pagar la renta o pagar comida. Durante la pandemia, nos hemos dado cuenta que las familias no tenían para la renta, para los otros pagos, y mucho menos para la comida.

This area we work in is already very expensive. People with low or moderate incomes always have to decide between paying rent or paying for food. During the pandemic, we have realized that families did not have enough to cover rent, their other bills, and much less for food.

Most of the interviewed service providers were staff members at organizations that connect clients to health care programs, and many were concerned about medical hardship and interruptions to health care for their immigrant clients. One service provider said some of her clients were not going to the emergency room when needed because of cost concerns. Two service providers also noted that their clients had experienced interruptions in medical care because of closures of health care provider's offices to mitigate the spread of the virus. These service providers were also concerned that worries about coronavirus exposure fueled fears of traveling to and visiting a doctor's office. In addition, service providers worried that telehealth visits were inaccessible for immigrant clients with limited technology access or low technology literacy.

Programs and Supports Accessed

To deal with economic hardships during the pandemic, some immigrant families turned to safety net programs or other private local supports. Specifically, access to nutritional supports during the pandemic was critical for many families, as indicated by high rates of charitable food use reported on the WBNS. In the survey, just over 4 in 10 adults in California immigrant families with low incomes (44.4 percent) reported that someone in the household received charitable food in the past 12 months (data not shown). In addition, the support program interviewees most frequently mentioned was charitable food distribution from food banks, churches, and other locations. Many interviewees mentioned picking up charitable food more than once in the past year. Typically, they described these experiences as sitting in a drive-through line without interacting with staff and having food, such as

milk, meat, fruits, and vegetables, dropped off in their trunk in a socially distanced way. Despite this resource's importance to many families, some interviewees acknowledged challenges with these services: Families can face multihour-long car lines, and if they do not arrive at the food pick-up a few hours before the announced start time, all the food may be gone.

Many interviewees had also participated in safety net programs in the past year; as noted above, only half of interviewees reported chilling effects on the WBNS. Many interviewees mentioned receiving CalFresh and Medi-Cal. Some said they qualified for these programs before the pandemic and continued using them during the pandemic, whereas others mentioned they only qualified during the pandemic because of reduced income.

During the pandemic, service providers saw increased enrollment in CalFresh and Medi-Cal among their new and existing clients, many in immigrant families. Some adults became newly eligible for the programs after a job loss. People who lost employer-sponsored health insurance also became newly eligible for subsidized health insurance during the crisis. Two service providers mentioned people had delayed enrolling in the coverage they were newly eligible for until the summer of 2020, when the situation had become more desperate. One mentioned that they had seen an increase in men enrolling, which defied the norm of primarily women applying for programs. One service provider shared:

A lot of people were losing their jobs, they were coming to do adjustments to their insurance coverage. A lot of people who were on Covered California [the state Marketplace] and lost [their] job became eligible [for Medi-Cal]. It was a lot to adjust to, especially at the beginning. It was a big rush to get everyone enrolled and to make adjustments to their programs...For me, it was mostly the people who lost their jobs and became income eligible that came to me.

One respondent shared the impact of accessing both Medi-Cal and CalFresh, saying, "That's how we survived, with food stamps and Medi-Cal. If not, we would not have survived." A service provider shared that fear of high medical costs pushed some applicants to participate in health coverage programs despite immigration-related concerns:

A lot of our clients did get COVID-19, and people were really worried about what the potential cost would mean to them. Even though we provided a lot of education about COVID-19 care being free and that they shouldn't be fearful of that, people didn't necessarily know that. We received a lot of requests for help with renewals or help [to] get some sort of coverage, which was a good thing. Sometimes you can't convince someone because of fear of public charge to enroll, and I think we saw a shift in that. So, there were more people interested in maintaining and keeping benefits, because they were worried about the cost.

In addition to core safety net programs, pandemic-specific assistance programs were a resource for some adults in California immigrant families. A respondent with young children mentioned that her

children's school sent her a P-EBT card without her having requested it. Interviewees who noted they were eligible also accessed other pandemic-specific assistance programs, such as expanded unemployment insurance and stimulus checks. Some mentioned receiving the stimulus checks and using them immediately to cover unpaid bills, like rent and utility bills. One interviewee described the importance of the stimulus payment to keeping her family afloat:

We were able to get the stimulus, and with that we were able to pay the rent, what we owed because...our savings went to, like, zero. Finally, when the first stimulus check dropped in, we were able to pitch in all together and pay what we had owed already, and we were just like, 'We just need to be able to afford next month's rent and...somehow we are going to make it.'

Challenges to Accessing Safety Net Programs and Community Resources

Though some interviewees successfully partook in safety net programs, we also learned of the significant barriers adults in California immigrant families with low incomes face when trying to access such programs. Limited eligibility for federally funded programs is one of the most salient barriers, but interviewees were also worried about jeopardizing immigration status if they or their family members were to enroll in public programs. WBNS results from 2020 show many families avoided programs because of immigration concerns, affecting their participation in both core safety net programs, like CalFresh and Medi-Cal, and pandemic-related emergency programs, such as P-EBT, emergency cash or rental assistance, and unemployment insurance, as well as health care services for uninsured patients. In addition to immigration concerns, other challenges to access included eligibility barriers, burdensome application processes, language barriers, and technology barriers.

Eligibility Barriers

Service providers often highlighted that the key barrier for connecting clients to services is immigrants' restricted eligibility for federally funded public programs. Service providers frequently brought up their clients' immigration statuses; a few estimated that about half of their clients are undocumented. Several acknowledged that knowing their clients' immigration statuses is critical to knowing their eligibility for programs. However, families can be uncomfortable being asked these questions. Some providers said their organizations have screening processes to determine what programs families might be eligible for; these processes intend to make client engagement more effective by reducing the number of sensitive questions case managers must ask. Additionally, some

service providers mentioned their organizations offer training to their providers so they are better equipped to have empathetic conversations with immigrant families in their native languages. Highlighting eligibility as a key barrier to immigrants' participation in public benefits, one interviewee shared the following:

Y por esa [razón], muchas familias carecen de obtener las cosas que necesitan para sobrevivir, por no tener los documentos necesarios y porque se encuentran al ir llenando la solicitud, que le piden ciertos requisitos [de inmigración] y no los tienen. Entonces, la solicitud se cancela.

And for that [reason], a lot of families are unable to obtain the things they need to survive, because they don't have the necessary documents and because when they apply, they are asked to meet certain [immigration] criteria and they don't meet those criteria. As such, the application is canceled.

Some service providers mentioned referring ineligible clients to community supports like food banks. One service provider shared:

When you are enrolling, they will tell you they can't afford food and rent. You can't tell them to apply to food stamps, because they are undocumented, so you refer them to other food services. It's not easy to refer; we have to do some research, help them find a food bank, find a church to find rent assistance. Not as easy as walking into an office and getting signed up.

Interviewees were also aware of how varied eligibility rules affect their access to programs. One interviewee in a mixed-status family, in which some family members were undocumented, said the support her family received was limited; her family qualifies for Section 8 housing assistance, but they only receive a prorated amount of monthly rent support because they have undocumented family members. Others mentioned that only some members of their families qualified for benefits, noting, for example, that citizen children can participate in Medi-Cal, and recipients of Deferred Action for Childhood Arrivals, or DACA, can get unemployment insurance. Many interviewees mentioned that they did not qualify for benefits themselves but they had enrolled their US-citizen children in safety net programs.

Other eligibility issues unrelated to immigration status also arose in the interviews. A few interviewees noted that despite their income being too high to qualify for public benefits, they still did not make enough money to make ends meet. Fluctuations in income also complicated determining program eligibility, which was especially difficult because of the pandemic-related changes in income described above. Some service providers worried that their clients' health insurance coverage statuses had changed but they were likely ineligible for Medi-Cal; despite losses of employer-sponsored insurance or reductions in income that make it difficult to afford private insurance, some clients' incomes were still too high to qualify for Medi-Cal.

Adults living in multifamily households faced unique challenges. One such interviewee said she was denied CalFresh because her caseworker told her others in her household, who moved in during the pandemic, already received that benefit:

Se presenta uno y te piden tu documentación...[Por] lo regular, te piden tus últimos tres talones, cuántos niños, cuántos miembros en la familia. Entonces, es difícil porque si, por ejemplo, uno declara que viven 12 personas más en la casa, te piden toda la información de esas personas. Y si esas personas ya están recibiendo esa asistencia, entonces te dicen que no, porque ya hay personas que reciben en ese lugar. Entonces, ellos consideran tal vez que estás haciendo fraude. Entonces es un caos.

You show up and are asked for your documents...Usually, they ask you for your last three pay stubs, how many kids, how many family members. It's hard because, if, for example, you declare that 12 other people live in the home, they ask you for all those people's information. And if those people are already receiving assistance, then they tell you no, because there are already people that receive assistance in the home. So, they think that maybe you are committing fraud. It's chaos.

Immigration Concerns

Many interviewees said they hesitated to or did not participate in public programs because of immigration concerns. They most commonly feared that using benefits could affect future immigration status adjustment or citizenship prospects, but a few also mentioned fear of deportation. Some fears were related to public charge, but that was not the exclusive reason for interviewees' immigration concerns. Interviewees also worried about the documentation requested when applying for programs. One person whose children use Medi-Cal was asked for a Social Security number during enrollment, which made her hesitate to enroll. However, she eventually enrolled her children because a friend told her that her Social Security number was not required to submit the application. Another interviewee was originally hesitant to enroll in a public program until an attorney told her it was ok for her to use benefits and to call if she faced immigration-related issues. Five interviewees specifically mentioned public charge as the reason for not participating or hesitating to participate in public benefits. One person said she did not want to participate in programs because she was hoping to become a citizen in a year.²¹ Another interviewee highlighted her concern about applying for programs during the Trump administration, saying, "Yes, [I was worried] because...at the time, we had [a] different president, and he was all against immigrants. I was really worried that maybe immigration was going to be called on me because I was applying for food stamps."

Many service providers also mentioned immigration concerns as a primary barrier to connecting immigrant families with services. Some providers specifically said enrolling people who are in the

process of applying for a green card can be more complicated, because they fear using public programs will affect their pending or future applications. One service provider sharing the following:

También tuvimos muchas familias [de estatus migratorio mixto] [que solicitaron beneficios]. Muchos de ellos al principio aplicaron muy bien, pero al tener la entrevista, prefirieron no continuar con el proceso. No sé si es porque una de las personas [de la familia] es indocumentada, y todavía tienen miedo de la carga pública, y que les vaya a afectar a la otra persona [de la familia] que es indocumentada a la hora de hacer un trámite para inmigración...En el mes de abril [2020], tuvimos unas 16 familias, 3 me cancelaron la aplicación por miedo [a la carga pública].

We also had many mixed [status] families [apply for benefits]. A lot of them did apply just fine, but when they had to do the interview, they preferred to not continue the process. I don't know if it's because one of the [family members] is undocumented, and they are still afraid of public charge, and that it's going to affect the undocumented [family] member when it is time to address their immigration status...In the month of April [2020] alone, out of 16 families, 3 cancelled their applications because of fear [of public charge].

Results from the December 2020 WBNS shed light on the extent of these chilling effects. About one in three adults in California immigrant families with low incomes (30.9 percent) reported avoiding noncash benefit programs or other help with basic needs because of green card or other immigration concerns (table 1). About 10.5 percent of such adults avoided a health program, 12.3 percent avoided a food or nutrition program, and 9.4 percent avoided a housing program. These chilling effects affected participation in pandemic emergency relief efforts as well as basic safety net programs: Adults in California immigrant families with low incomes avoided unemployment insurance (7.4 percent), emergency cash assistance (6.7 percent), emergency rental (5.9 percent) and food assistance (5.9 percent), and P-EBT (4.5 percent). Also relevant to the health crisis, 6.2 percent avoided free or low-cost medical care through a clinic or health center for uninsured patients.

TABLE 1

Share of Adults in California Immigrant Families with Low Incomes Who Avoided Noncash Government Benefits or Other Assistance in the Past Year Because of Immigration Concerns, December 2020

	Adults in low-income California immigrant families
All (%)	30.9
By type of benefits or assistance avoided (%)	
<i>Health</i>	
Medicaid ^a or CHIP for someone in the family	8.5
Medicaid or CHIP for a child	2.4
Free or low-cost medical care through a clinic or health center for people without health insurance	6.2
Any health program above	10.5
<i>Food and nutrition</i>	
SNAP ^a	9.4
P-EBT	4.5
WIC	4.3
Free or reduced-price school lunches	2.1
Emergency food assistance	5.9
School-provided replacements for school meals	2.8
Any food and nutrition program above	12.3
<i>Housing</i>	
Housing subsidies ^a	7.6
Emergency rental assistance	5.9
Any housing program above	9.4
<i>Unemployment insurance</i>	7.4
<i>Emergency cash assistance</i>	6.7
Sample size	307

Source: Well-Being and Basic Needs Survey, December 2020.

Notes: CHIP = Children's Health Insurance Program. SNAP = Supplemental Nutrition Assistance Program. WIC = Special Supplemental Nutrition Program for Women, Infants, and Children. P-EBT = Pandemic Electronic Benefit Transfer. Adults are ages 18 to 64. Low family income is below 200 percent of the federal poverty level. School-provided replacements for school meals include meal delivery, grab-and-go meals, or any combination of these.

^a Usage considered in public charge determinations under the revised rule in effect in 2020.

A few service providers at organizations serving Asian American and Pacific Islander (AAPI) populations noted that their clients were often concerned that applying for benefits would negatively affect the sponsor who submitted an immigration application on their behalf, or that applying for benefits would somehow damage the relationship between the applicant and the sponsor. Only one service provider at an organization serving Hispanic/Latinx immigrants noted this concern. As a service provider at an organization serving AAPI communities noted:

The thing that really affects my clients is sponsorships. A lot of time, they don't want to apply because their sponsors say no. For them, they say, 'It's a big favor for them to sponsor and give the affidavit of support. I don't want our relationship to go sour because we applied to benefits.' And they don't want to [apply] behind [their sponsor's back].

Burdensome Applications

Interviewees shared that burdensome applications may deter people from applying for or completing their applications for services. Some interviewees emphasized that they are asked for numerous documents when filling out an application for public programs, and it can be challenging to collect all the required documentation and fill out the required forms. One interviewee who underwent a complicated application only to realize they did not qualify because their income was too high described these challenges as follows:

A mí realmente se me hizo como, no sé, difícil porque...no calificué, y...me pidieron como muchos documentos y pruebas y más pruebas. Mucha documentación...y luego para que al final me dijeran que no.

It became very, I don't know, difficult for me, because...I did not qualify, and...they asked me for many documents, and proof upon proof. A lot of documentation...only for them to tell me no at the end of the day.

Another said that her husband applied for Social Security benefits because of a health condition but was denied; they sought out an attorney to appeal the denial, which was still unresolved a year later at the time of the interview. Service providers echoed interviewees' accounts, noting that program applications require excessive documentation, some of which specifically deters people from applying. A few service providers also mentioned that proof of employment was difficult to obtain; one service provider's organization helps workers who get paid in cash establish sufficient documentation for applications and has worked with the county to allow notarized letters as an alternative to other traditional forms of proving employment.

Some interviewees said it was difficult to reach someone by phone who could answer questions about their application status or how to apply. Two brought up the difficulty of obtaining unemployment insurance benefits in particular. One interviewee recounted her experience trying to access unemployment insurance benefits:

A penas hace poquito logré contactarme después de estar marcando a veces dos horas al día, cuatro días a la semana. Trataba de comunicarme con alguien; entraba la llamada y [decía], 'Su llamada va a ser contestada en orden como ha sido recibida.' Y bueno, bravo, ya entró mi llamada y pasan dos, tres horas...para que alguien te conteste.

Only recently I was able to finally get in contact with them after having dialed two hours a day, four days a week. I would try to talk to someone, the call would go in, and [it would say], 'Your call will be answered in the order it was received.' So, great, my call has gone in, and then I spent two, three hours...until someone responds.

Language Barriers

According to service providers, families sometimes discontinue their applications for benefits if their first exposure to a program occurs in English, even if information about a program is available in a commonly spoken language like Spanish or Mandarin. Many service providers noted that they have multilingual staff and have coordinated processes to serve people in languages such as Arabic, Burmese, Mandarin, Russian, Spanish, Tagalog, and Vietnamese. Some organizations have processes to quickly transfer incoming phone calls to a staff member who can assist with enrollment in the caller's language. A service provider from an AAPI-serving organization also mentioned specifically advocating for in-language resources that use accessible language; they mentioned that state-provided multilingual materials for Covered California, the state Marketplace, and dental insurance have helped support their conversations with clients. The same person also mentioned the importance of making materials available in languages for smaller immigrant groups that make up a large share of their client base, such as using Bangla to reach the Bangladeshi population in Southern California.

Though some interviewees mentioned language barriers, most either knew enough English to try to navigate enrollment on their own or were able to get information in their preferred language. Two interviewees mentioned understanding some English but preferring to have information in Spanish. One said she had come across application documents in English that she did not understand, and she asked for translation help from friends and relatives. However, our interviewees were systematically likely to be able to navigate English- or Spanish-language resources, given that they participated in the survey panel, which only conducts surveys in English and Spanish. In addition, our interviews did not include adults who speak primary languages other than English and Spanish, who may face greater language barriers.

Technology Barriers

A few interviewees noted they were not very familiar with technology or online applications and encountered technology challenges when enrolling for programs. Some service providers also identified the digital divide and technological barriers as challenges to completing enrollment. In particular, elderly adults faced difficulties navigating texting, email, or using the application website on a mobile phone. Uploading documents to a portal was also a challenge. Similarly, one interviewee mentioned that she tried to apply for Medi-Cal during the pandemic and needed to print documents to complete her application, but she lacked a printer. Others filled out online applications but did not submit them. To overcome many of these challenges, a few applicants relied on children in the

household to help parents and older relatives navigate technology, though one service provider said she preferred to avoid this:

With this pandemic, we had to fall back to our children. When I knew there was a child in the home, because they were on the application, and I needed income or proof of something, I would ask [the parents] to email me something and they didn't know how to do that. I would ask their high schooler to send me an email. They weren't hesitant [to apply], but they did have technological barriers, especially our immigrant clients who aren't that tech savvy, so we had to rely on their children. The purpose of our organization is to avoid that, but during the pandemic, we had to rely on that.

Reflections on the Change in the Federal Administration

Uncertainty about how immigration policy will change in the future makes it difficult for immigrants to trust, for example, that accessing public programs today will not affect their immigration status if a future administration decides to reverse the existing rules (Gonzalez et al. 2020). The recent change in the federal administration offers a unique opportunity to explore if and how shifts in immigration policy could affect immigrants' trust in accessing public programs, especially in the context of the reversal of the expanded public charge rule. Though the December 2020 survey data were collected before the Biden transition, the interviews, though limited in number, provide insights into emerging perspectives on the ground.

Interviewees and service providers had mixed views on the prospects for improved immigration policies; some interviewees were cautiously optimistic or unsure about what changes in the federal administration meant for them, and others felt positively about the administration's early policy actions. Many interviewees were aware the expanded public charge rule had been reversed, and a large share of those were less hesitant to participate in public programs given the change in federal immigration policies. Among service providers, some worried that chilling effects would continue, whereas others observed that news on the policy reversal was changing immigrant families' perceptions of participation in safety net programs.

Perceptions of the Shifting Policy Environment

Our prior work shows that specific policies, such as the expanded public charge rule, have shaped immigrants' willingness to participate in public programs (Bernstein et al. 2021; Bernstein, McTarnaghan, and Gonzalez 2019; Gonzalez et al. 2020). But perceptions of how welcoming federal, state, and local leadership and policy environments are to immigrants could also shape immigrants'

willingness to interact with public programs. As noted, many interviewees were cautiously optimistic or unsure about how changes in the federal administration might affect their lives: Some interviewees perceived that the new administration's stance on immigration is more welcoming to immigrants than that of the former administration, but they were still waiting to see whether and how the shift would change their lives. One of the interviewees who felt that President Biden is more accepting of immigrants shared the following:

[Biden] no es racista como el que acaba de salir. El otro sí era muy racista, no quería a los latinos [para] nada...[Biden] es más cortés con la gente...no habla tan déspota de la gente.

[Biden] is not racist like the president that just left office. The other one was very racist. He did not like Latinos at all...[Biden] is more courteous with people...he does not speak like a despot about people.

One interviewee said he had supported Biden but was still unsure, though hopeful, about how the new administration could change his life. Another said she perceived that the Biden administration had good intentions for immigrants, but she had not heard anything in the news recently about changes to immigration policies. A few mentioned specific immigration policies, like the humanitarian crisis at the US-Mexico border and a history of deportations under the Obama-Biden administration, that made them doubt things would change for immigrants. One interviewee said:

[Durante el gobierno de] Donald Trump, no hubo muchas deportaciones. Sí hubo, pues, pero...no fue tanto [como] cuando estuvieron [Biden] y Barack Obama. En esos tiempos pues sí hubo muchas más deportaciones. Y es lo mismo que está sucediendo ahorita.

When Donald Trump [was in office], there weren't a lot of deportations. Well, there were some, but...not [like] when it was [Biden] and Barack Obama. During that time there were a lot more deportations. And that's the same thing that is happening now.

Still, many interviewees were optimistic that policies under the new administration would positively affect them. Specifically, one interviewee believed the new administration is improving economic and labor, immigration, and climate change policies. One interviewee perceived that the Biden administration had already proven effective at achieving policy goals, citing how it has been tackling the COVID-19 crisis by improving vaccination coverage:

Como pues de las vacunas, pues sí, [Biden] prometió que iba a ser vacunada mucha gente y sí, eso sí se ve que sí se está haciendo.

Regarding the vaccines, [Biden] did promise that he would vaccinate a lot of people, and yes, it does look like he is doing that.

Awareness of the Changes to Public Charge Policy

In our interviews with adults in California immigrant families with low incomes, we observed that the new administration and reversal of the expanded public charge rule had begun to remove some fears around accessing public programs. Of the 19 interviewees, 9 had heard the rule had been reversed, and of those, 6 said they felt more comfortable participating in programs given the change in federal immigration policies; 2 of the 6 specifically mentioned reversal of the public charge rule as the reason. Most of these interviewees had heard about the latest rule change on the news, with 1 interviewee specifically mentioning a local news station. Another heard about the policy change on Facebook. One interviewee shared the following:

Yo sé que con Biden ya lo quitó eso de la carga pública; él lo quitó y ya me sentí más cómoda [participando en programas del gobierno].

I do know that Biden got rid of public charge; he ended it and I felt more comfortable participating [in public programs].

Some interviewees felt the shifting policy environment did not make a difference, however. A few of these interviewees noted that eligibility requirements for public programs were the same under the new administration and they did not qualify for programs. Some interviewees who either did not use programs themselves or did not describe being worried about the immigration consequences of program participation were optimistic that other immigrants would be comfortable accessing programs under the new administration's policies.

Service providers' perspectives were mixed about whether the new administration's reversal of the expanded public charge rule could change immigrant families' trust in participating in safety net programs. Some service providers did not think the change would make a major difference and that immigrants' fears of participating in public programs would persist, and some were not optimistic about the change in policy or thought it was too early to predict the effects of such changes. As one said, "[The] weight is a little bit lighter, but [I] don't think a lot has changed. We have rules that have shifted, but the same fear is there." However, other service providers did believe the changes in policy might help reduce immigrant families' fears about enrolling in public programs. One such provider shared, "When Trump was president, no one wanted to enroll, people would specifically cite a fear. Now that Biden is in, no one has mentioned fear specifically because of the president."

Some service providers felt positively about the reversal of the revised public charge rule. One described feeling relieved when the rule was reversed, after having seen many eligible immigrants avoid public programs both when the rule was under debate and when it was in effect. Another service provider noted that the changes in the rule and federal administration were encouraging for

her immigrant clients; that provider had seen significant media coverage on the reversal of the expanded rule, said some clients had heard from Medi-Cal and CalFresh agencies explaining the recent changes to the rule,²² and observed that applications for emergency Medi-Cal had begun to rebound among their undocumented clients. In contrast, another service provider was frustrated with what they perceived as a lack of media coverage on changes to the rule:

I have heard nothing about public charge rule on the news, just once, with the announcement. I don't see the same advertisement. When clients ask us, and we let them know that the rule has changed, most of them don't know that it has changed. [The media] are good at putting fear, but not reversing it.

Opportunities for Reaching Immigrant Families and Building Trust

Our study findings show that California immigrant families with low incomes were at the crossroad of multiple challenges in 2020. On the one hand, they were deeply affected by the economic crisis. But because they were concerned about immigration consequences, many of these families also avoided safety net programs, including emergency programs and supports made available during the pandemic. Though chilling effects on program participation resulting from the expanded public charge rule predated the pandemic, they are even more concerning in the context of an economic recession, when access to safety net programs can be invaluable to helping families weather and recover from the crisis.

Our interviews also highlight how adults in California immigrant families with low incomes consider several factors when deciding whether to participate in safety net programs, including perceived eligibility, their and their families' immigration statuses, and the immigration policy environment. A single policy change, such as the expanded public charge rule, can profoundly affect these decisions, and uncertainty about whether current immigration policies could be reversed by future administrations prevent some immigrants from accessing safety net programs (Gonzalez et al. 2020). Structural barriers related to program applications, such as immigrants' limited eligibility, burdensome applications, and language barriers, also make it challenging for immigrants to access and navigate supports.

Expanding eligibility for safety net programs among undocumented immigrants and those otherwise ineligible because of their immigration status is one way to improve immigrant families' access to such programs. However, much of the remaining work needed to effectively counteract

chilling effects and other access challenges requires building trust between immigrant families and the stakeholders interested in expanding their safety net access. The new federal administration has not only reversed the expanded public charge rule, as discussed, but it has invested in health, nutrition, rental assistance, and tax credits through provisions of the American Rescue Plan Act. These actions give federal, state, and local-level actors the opportunity to address systematic barriers and increase immigrants' access to safety net programs.²³ Drawing from our interviews, this section presents four opportunities for reaching immigrant families and building trust.

Expand Partnerships with Culturally Specific Organizations to Help Shape and Implement Outreach and Enrollment Strategies

Community-based advocacy organizations and service providers are critical partners to state and local governments in designing and implementing outreach and enrollment strategies. The staff at community-based organizations we interviewed described being trusted messengers of information for immigrant families. They also have grounded experience with the barriers immigrant families face accessing programs, which is critical to developing effective, culturally sensitive strategies for informing immigrants about the programs for which they are eligible and helping them enroll.

In some cases, service providers who assist with enrollment were already collaborating with county officials to improve enrollment processes, though this happens inconsistently across California and on an ad-hoc basis. One service provider mentioned that this relationship has helped solve enrollment challenges for immigrant families:

Nos hemos unido más [con el condado] durante la pandemia, porque hemos trabajado más con la comunidad con todos estos pequeñitos detallitos o buscando formas para que ningún caso sea negado...El condado mejoró durante COVID-19 dándole más flexibilidad a los clientes sobre cualquier documentación.

During the pandemic, we have become more united [with the county] because we have worked together with the community more frequently, with all of these little details or looking for ways to make sure no case is rejected...The county got better about giving clients more flexibility around documentation during COVID-19.

Relationships between public benefit programs and community-based organizations could be deepened or further supported to improve both the design of safety net programs and outreach to immigrant communities about such programs. Community organizations have a unique understanding of local subpopulations and their different needs; one service provider working for an AAPI-serving charitable food organization mentioned that her organization works with food distribution centers to

tailor food items to the specific diets of Hindu communities and other religious groups with dietary restrictions.

A nuanced understanding of community populations can also help inform language access strategies, by considering not only the languages spoken locally but the literacy or other concerns that affect how immigrant families receive messaging from county or state agencies. One service provider shared that it would be great to improve translations in materials from the state and county and ensure they are culturally appropriate and written in understandable and clear language that the community uses:

The translation is not a good translation, and it's almost word for word. I wish that we didn't translate things word by word. Taking in consideration who are the letters for, the level of education, and that direct translation doesn't have the same meaning in other languages: This is one of the biggest challenges with our community when they are applying to benefits, they just don't understand the information, even if it's in their same language.

To increase partnerships and communication among state and county officials and immigrant-serving organizations, more regular and formal structures could be implemented for providing input on the state's or county's information and materials about safety net programs. However, doing so should avoid placing burdens on already overstretched local organizations. To achieve this, government officials can leverage connections with state or local offices of immigrant affairs, and seek feedback on their materials from existing immigrant-serving networks. Culturally specific community-based organizations can also share resources and knowledge on issues affecting immigrants' access to social services and could be contracted directly by state and local governments for translations, outreach, education, and enrollment.

Tailor Outreach Strategies to the Sources of Information and Places Immigrant Families Rely On

Consistent, high-quality publicly available information about safety net services and supports can help connect families with programs. Interviewees and services providers alike emphasized that information is most commonly spread through word of mouth (e.g., conversation, social media, or text messages) or television, rather than through formal outreach efforts.

Misinformation and rumors about program eligibility and immigration consequences can hamper outreach efforts, so clear information and trust in the messenger are both important. Several interviewees noted that they are careful to review the source of information they receive, saying they prefer a .gov website for any information about benefits. This is consistent with findings from the

2019 WBNS that showed a preference for receiving such information from a government source (Bernstein, Gonzalez, Karpman, et al. 2020). Interviewees also identified specific individuals they trust to convey this information. One said they would trust state and local leaders, especially a governor or local representative, especially if they speak about people's well-being regardless of immigration status. Another interviewee trusted staff at community-based organizations, especially those with preexisting commitments to and relationships with immigrant communities. A third interviewee trusted medical professionals, especially those who speak her language.

In-language television and radio programs are broad means for reaching target populations. For Spanish speakers, interviewees mentioned Univision and Telemundo as key sources of information on support programs. Some of the service providers predominantly serving AAPI communities mentioned local television channels like Channel 26 in the Bay Area, which broadcasts in Mandarin. One interviewee mentioned that Spanish-language radio can reach farm workers like himself, who can listen to the radio while working. Our interviews highlighted that television channels share information about safety net programs in different ways; they may have a newscaster share service providers' addresses and contact information during a segment on the evening news, air one-minute commercials about services in between news segments, or bring in a service provider to lead a segment about specific programs like Medi-Cal and CalFresh. Building relationships with relevant media outlets takes time and effort, however. One service provider said she had developed a strong relationship with Univision through her frequent personal appearances to share information about CalFresh enrollment during the pandemic. This outreach method is cost efficient for her organization and had been personally rewarding for the interviewee because she developed an ongoing relationship that allowed her to choose which information she wanted to present:

[To talk about] CalFresh, I am on Univision a lot. Especially during the last year, [I] have been there every other month. I have been working very hard on this partnership, and now I do anything they ask me for, so now I can request to talk about CalFresh...I take the opportunity to update our community...I do a big effort, always tell them to text or call us, and I try to be positive, friendly, and compassionate...[Our relationship with] Univision [has] been good, but it took time. This year, our working relationship has become very strong, and I'm so grateful for that.

To reach immigrant families, state and local programs and immigrant-serving organizations can develop clear and succinct materials and disseminate and conduct outreach with them in spaces community members commonly frequent, like workplaces, grocery stores, laundromats, schools, and churches. One interviewee shared that when immigrant-serving organizations came directly to the fields, set up a table, distributed pamphlets, and answered questions, farm workers could more easily access resources for legal and basic needs. Providing information through multiple channels is key:

Using both paper-based and digital outreach strategies can reach people who rely on different sources of information and have different digital access and abilities. As noted, outreach from program agencies to alert participants about changes in the public charge rule was a promising example. Service providers also employed other innovative outreach strategies during the COVID-19 crisis (box 1).

BOX 1

Innovative Outreach Strategies for the COVID-19 Context

Service providers had to adapt their existing outreach strategies to handle the challenges of the pandemic. Remote work and new limitations on in-person gatherings compounded some of the barriers organizations have traditionally had to overcome, such as those related to language and technology access. Service providers also developed new strategies to ensure immigrant families had all the information needed to determine their eligibility for governmental and community supports.

The strategies service providers used before the pandemic and were able to continue using during the pandemic include

- word of mouth, from years of developing trust as a reliable service provider;
- websites for their organizations that list services, locations, and hours;
- prior partnerships with other service providers to provide referrals, especially if partners provide services outside of a service provider's scope of work;
- direct outreach by *promotores* (community health workers serving Hispanic/Latinx communities), community-based staff, and volunteers;
- 211 hotlines, which service providers can use to share up-to-date information about new pandemic services;
- TV and radio outreach in target languages; and
- posting posters and flyers at grocery stores.

The strategies deployed by service providers during the pandemic include

- expanded social media outreach, with posts and livestreams discussing available benefits;
- collaboration with faith-based community leaders to disseminate enrollment information;
- mass telephone calls to check in with all organization members or previous clients;
- socially distanced door knocking, funded by grants specific to the pandemic and federal funding for community health worker programs; and
- new partnerships to identify potential new clients (e.g., students at a local community college).

Develop Enrollment Strategies That Resonate with Immigrant Families

Making immigrant families aware of safety net programs and other supports through effective outreach can be challenging, and additional support is needed to ensure such families are (1) successfully matched to appropriate programs based on need and eligibility and (2) supported in completing their application processes. Interviews with service providers and adults in California immigrant families with low incomes point to three enrollment strategies that can help: matching families based on need rather than to a specific program, limiting the collection of sensitive information to the minimum required, and, when needed, connecting families to legal aid resources that can provide immigrants with referrals or resources on how their program participation could affect immigration status.

Private and safety net supports are part of a shared ecosystem to address basic needs, but outreach and enrollment for these resources are often siloed. Nonprofit organizations, including food banks, multiservice agencies, and health clinics, are often the first point of service for families because of their presence in the community and relatively low barriers to access (e.g., for food distribution).

Several service providers emphasized that their organizations aim to match families to the most robust services available according to their needs and eligibility. Often this points to enrollment in safety net programs like CalFresh or Medi-Cal. But for families lacking eligibility for such programs, other options might be more suitable. Given this, interviewees and service providers found it important that organizations be able to offer enrollment support to people who are eligible for and interested in public programs while also offering or referring families to low- or no-cost supports. According to some service providers, this encourages families to take the first step of getting in the door, and then they can work with a social worker or resource navigator to match to the best service available. One service provider offered a critical insight into how this works in practice: Rather than doing outreach around a specific program, such as Cal-Fresh, her organization prioritizes outreach around a need, such as food insecurity. This helps connect people who may have preconceived notions about their abilities to access certain programs. That service provider shared the following:

Our message has always been that we help everybody, and there is something for everyone. We never say Medi-Cal, because people may have a negative connotation, or sometimes have an experience where people have been denied and they couldn't access it. Our message is that health care is very important, especially in times like this. We can help get you into a program, because there's a program for everyone...That has worked really well for us, saying we can help everybody, and we can make sure their health gets taken care of, regardless of who you are, how much money you make, and where you come from.

This strategy also resonated with many interviewees, who highlighted service providers' important role in opening doors to support programs. Many interviewees described first learning about safety net programs like Medi-Cal or WIC (the Supplemental Nutrition Assistance Program for Women, Infants, and Children) when they were already receiving a service, through social workers or attendants at clinics or food banks, and in one instance, a doctor. One interviewee described such an experience:

En el banco de comida hay trabajadoras sociales, y siempre anuncian...si alguien de los que está visitando en el momento necesita otro tipo de ayuda fuera del que ellos pueden brindar. Ofrecen [ayuda los] trabajadores sociales si uno necesita médico, si necesita estampillas de comida, o si necesita ayuda monetaria. Entonces eso es bien importante, que [están] allí siempre disponible.

There are social workers at the food bank, and they are always advertising...to the people who are visiting at that time if they need help beyond what they offer. The social workers offer assistance if you need a doctor, if you need food stamps, or if you need cash assistance. So that is very important, that they are always available there.

Second, interviewees and service providers alike noted that services are more accessible when minimal personal information is collected, and private and nonprofit supports are most accessible when they do not require an application process. As noted, requesting sensitive information like immigration status or a Social Security number presents significant barriers to program participation for members of immigrant families. Collecting only the information necessary for receiving a benefit (e.g., not asking about the immigration status of family members who are not receiving the benefit and may be ineligible) could reduce fears when applying. Service providers viewed the lesser amount of information and documentation required for accessing nonprofit and private programs as an asset. Private programs can also audit their screening and application forms to ensure all data collected are necessary based on funding requirements or other agreements. Removing collection of unnecessary personal details may reduce immigrant families' barriers to accessing safety net programs generally.

Third, interviews with service providers point to the need for robust connections to legal aid providers who are well informed on how program participation can affect an individual's immigration case. For some immigrant families, especially those adjusting to green card status or planning to change their immigration status or naturalize, navigating eligibility for and the potential consequences of program use is complex. In some cases, individualized legal attention is required. More active partnerships and referral networks between legal aid workers and service providers can help ensure enrollment navigators and others conducting outreach have up-to-date legal information. When necessary, this would also help enrollment navigators make referrals to specific legal aid based on a

person's needs. However, legal aid capacity, especially related to immigration, is constrained in many communities.

Increase Funding and Capacity for Enrollment Navigators

Navigating the program options, eligibility requirements, and application processes for safety net programs is complicated, and compared with other adults, immigrant families may face additional barriers related to their lack of familiarity with programs or language access. We find that enrollment navigators, or people who can assist with the enrollment process, are a key support. Most interviewees who did not report major challenges with enrollment had someone assist them during the enrollment process.

Enrollment navigators in nonprofit organizations, especially those with specific cultural and linguistic capacities for working with various immigrant populations, can also bring needed sensitivity to the application process. These staff members may be uniquely qualified to help immigrant families with enrollment, perhaps more so than their counterparts in government who may lack the training, cultural sensitivity, or time and resources to provide needed enrollment support. Our interviews with both service providers and adults in immigrant families with low incomes in California highlighted the challenges such families have experienced with county workers: Some people we spoke with raised concerns about these workers' disrespectful attitudes and potential discrimination toward immigrants, and others mentioned the lack of availability of public agency employees to spend adequate time with families. One service provider noted that some of her organization's families feared interacting with social workers. However, *promotores* do not elicit the same fear and are considered effective, trusted enrollment navigators. Enrollment navigators can support and advocate for the needs of immigrant families in ways county staff may be unable to. One service provider attributed this to both the limited resources and capacity of county staff and the mission of nonprofit agencies:

We hear from our clients, we witness how our clients are treated, and there is a huge difference in how [the clients are treated]. I know the county's workers are overwhelmed with the number of cases, and that it is not an easy job and that it's stressful, but sometimes they are just rude, disrespectful, and don't have the patience. It's hard to witness how they treat our clients sometimes. Then the food banks or any other agencies where we have interns or volunteers, and it's completely different...We have the desire to help our clients, and we want them to be successful, we want them to be approved so they get their benefits to feed their families. So, we do everything we can. We make them feel good about taking that step. A lot of them just don't want to apply, so the people we help [come to us] as a last resort....How someone is treated, it really affects things. It's like customer service: if they have bad experience, they are not going to try again.

Starting an application is just part of the process, and service providers said they employ various strategies to ensure their clients complete enrollment and that applicants partake in available services. One service provider described regularly checking in with clients:

We follow up with every single person. If it's a nonurgent issue, at 30 days we are calling them, asking if they have received anything in the mail or gotten any calls, and we are also checking the system. [At] 6 months [after enrollment], we are calling families to make sure they are maximizing their services. 'Have you gone to the dentist? What about the eye doctor?' If things are not okay, we are helping resolve those issues. If they haven't used their benefits, we encourage and even offer to make those appointments, so they can see their doctors. [At] 12 months, we check in about renewals.

Additionally, enrollment navigators are mindful that eligibility is not the only consideration for families deciding whether to enroll in safety net programs. As mentioned above, some may be pressured by family members or sponsors to avoid benefits, and others may perceive the programs as conflicting with their values of self-reliance. An enrollment navigator or social worker can build longer-term rapport with individuals and families to help them assess both their needs and the resources available to them. This may take time; one service provider noted it is important to be available to people when they are ready, saying, "When you push, they get suspicious about why they are being pushed. Patience is very important, so we can educate as much as possible."

However, service providers said they need additional funding to connect with families and support them through the enrollment process. Getting more assistance to families, including increasing the number of support staff members, can shorten wait times for clients trying to reach people for answers to their questions about public benefits. More support would also allow workers to make fruitful connections to address a family's or individual's multiple service needs and support them in forming relationships that help ensure individuals' and families' long-term needs are met. One provider shared that addressing clients' multiple service needs requires significant resources:

Agencies are wearing so many hats, but they don't get funding for that. We get funded to do Medicaid enrollment, but all of that time we are spending at 8 p.m. trying to find shelter for someone, helping someone who has been evicted, or a domestic violence victim who needs a house, or someone who doesn't have food and is worried about breakfast tomorrow morning—all of these things are unsupported. That wraparound part is really unfunded and unsupported.

The findings of this study highlight the economic hardships experienced by California immigrant families with low incomes during the pandemic, the lifeline that safety net and community supports can offer, and the barriers such families face to greater access to these programs. Efforts to expand this access will be more successful if they reflect the real experiences of families and are developed and delivered by service providers trusted in their communities. Counteracting chilling effects and

other challenges to accessing safety net programs requires making families aware of the programs for which they are eligible, helping them navigate enrollment processes, and building trust between immigrant families and the stakeholders interested in expanding their safety net access. Improving safety net access for immigrant families can help support a stronger and more equitable pandemic recovery.

Data and Methods

Survey Data

The brief draws on data from the December 2020 round of the Urban Institute's Well-Being and Basic Needs Survey. The WBNS is a nationally representative annual survey of adults ages 18 to 64 designed to monitor changes in individual and family well-being as policymakers consider changes to federal safety net programs. For each round of the survey, we draw a stratified random sample (including a large oversample of adults in low-income households) of approximately 7,500 adults from the KnowledgePanel, a probability-based internet panel maintained by Ipsos that includes households with and without internet access.²⁴ The analytic sample for this report, based on the WBNS core sample and an additional oversample of noncitizens, includes 1,079 adults in California, 550 of whom are in immigrant families. We define adults in immigrant families as those who were born outside the US or live with a relative who was born outside the US. We focus on the 307 adults in immigrant families in California with low family incomes (below 200 percent of the federal poverty level in 2020) given the relevance of safety net programs for this population.²⁵

We constructed a set of weights for analysis of nonelderly adults in California, including those who were and were not in immigrant families. The weights are based on the probability of selection from the KnowledgePanel and benchmarks from the American Community Survey for nonelderly adults in California who are proficient in English or primarily speak Spanish. The language criterion is used in the weighting to reflect the survey sample, because the survey is only administered in English or Spanish.²⁶ For further information about the survey design and content, see Karpman, Zuckerman, and Gonzalez (2018).

We define chilling effects as avoidance of public benefits and other programs in the past 12 months due to immigration concerns. This includes adults whose families decided not to apply for or stopped participating in noncash benefits or did not get other help with basic needs because they were worried it would disqualify them from obtaining a green card or because of other worries about

immigration status or enforcement.²⁷ Respondents could define family as both their immediate family and other relatives who may live with them or in another household. Earlier analyses of the WBNS used a narrower definition of chilling effects that only considered noncash benefits and only focused on green card concerns as reasons for avoiding programs (Bernstein, Gonzalez, et al. 2019; Bernstein, Gonzalez, Karpman, et al. 2020).

Our data have several limitations. One is the low response rate of the WBNS, which is comparable with that of other panel surveys accounting for nonresponse at each stage of recruitment.²⁸ The survey weights reduce but do not eliminate the potential for error associated with sample coverage and nonresponse, which are likely larger for the subgroup of adults in immigrant families. In addition, the WBNS does not capture the experiences of immigrants in California who do not speak English or Spanish.²⁹ Finally, measurement error is likely for questions related to the immigration and citizenship status of respondents and relatives in their households, particularly among adults who are undocumented or have been in the US for a short time (Van Hook and Bachmeier 2013).

Semistructured Interview Data

Follow-up interviews with survey respondents. To learn more about WBNS survey respondents' experiences accessing support programs and their perspectives on the changed immigration policy context, we conducted 30-minute semistructured interviews by telephone with 19 people from California immigrant families with low incomes. Interviews were conducted in Spanish or English and took place in March and April 2021.

Through our recruitment criteria, we sought to capture a sample that included mostly Spanish speakers, adults who had and had not reported chilling effects in 2020, adults who lived in different regions in California, and adults of varied ages. As table 1 shows, our interviewees were diverse in age, family immigration and citizenship status,³⁰ and other demographic characteristics.

TABLE 1

Interviewees' Demographic and Family Characteristics

	Number of interviewees
Sex	
Female	13
Male	6
Age	
18 to 34	5
35 to 44	8
45 to 64	6
California region	
Central	7
Northern	1
Southern	10
Not specified	1
Reported chilling effects on survey	
Yes	10
Family citizenship and immigration status	
In families with naturalized citizens	3
In families with green card holders	5
In families with nonpermanent residents	11
Race/ethnicity	
Hispanic/Latinx	18
Other	1
Marital status	
Married	9
Living with a partner	1
Not married or living with a partner	9

Sources: Reported chilling effects and family citizenship and immigration status come from the December 2020 Well-Being and Basic Needs Survey. Remaining characteristics come from Ipsos' panel profile questions, which respondents complete when they first join the KnowledgePanel and is updated annually.

When we describe the prevalence of certain comments among immigrant family interviewees, “few” refers to up to 3 people, “some” refers to 4 to 6, “many” refers to 7 to 12, and most refers to 13 or more people. As noted, we refer to the adults who participated in interviews as “interviewees” for simplicity.

Interviews with health and nutrition service providers. To complement insights from interviews with WBNS respondents, capture a broader set of perspectives on non-Spanish-speaking immigrant communities in the state, and shed light on the barriers immigrant-serving organizations face and the strategies they deploy to meet the needs of immigrant families, we conducted 45-minute semistructured interviews by telephone with nine people who work at immigrant-serving organizations in California. We conducted the interviews, in either Spanish or English, in May 2021.

We identified immigrant-serving organizations to capture the diversity of regions in the state and diversity of immigrant communities served. Three organizations primarily focused on nutrition programs and six primarily focused on health programs, but many were multiservice agencies that work across a range of basic needs programs. The providers we spoke with were mostly enrollment assisters and outreach specialists for health and nutrition programs, and most were in direct service roles at their organizations. Most of the service providers interviewed were also immigrants themselves.

When we describe the prevalence of comments among service providers, “few” refers to 1 to 2 people, “some” refers to 2 to 4, “many” refers to 5 to 6, and “most” refers to 7 or more people. As noted, we refer to results from these interviews as coming from “service providers.”

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Notes

- ¹ Randy Capps, Michael Fix, and Jeanne Batalova, “Anticipated ‘Chilling Effects’ of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families,” Migration Policy Institute, December 2020, <https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real>.
- ² The estimate for adults in households with immigrant family members in California is based on our analysis of 2019 American Community Survey data. The estimate for children with an immigrant parent in California is based on data from “Visualizing Trends for Children of Immigrants,” Urban Institute, last updated January 28, 2021, <https://apps.urban.org/features/children-of-immigrants/>.
- ³ Farida Jhabvala Romero, “‘So Thankful’: California to Offer Medi-Cal to 235,000 Undocumented Adults,” KQED, June 29, 2021, <https://www.kqed.org/news/11879724/so-thankful-california-to-offer-medi-cal-to-235000-undocumented-californians?emci=26de1242-95da-eb11-a7ad-501ac57b8fa7&emdi=c316091e-c1da-eb11-a7ad-501ac57b8fa7&ceid=158028>.
- ⁴ Muzaffar Chishti and Jessica Bolter, “Border Challenges Dominate, but Biden’s First 100 Days Mark Notable Under-the-Radar Immigration Accomplishments,” Migration Policy Institute, April 26, 2021, <https://www.migrationpolicy.org/article/biden-100-days-immigration>.
- ⁵ We use “Hispanic/Latinx” to reflect the different ways people with Latin American ancestry self-identify. Many see “Latinx” as more inclusive; unlike “Latino/a,” it is not gender specific. The Well-Being and Basic Needs Survey uses “Spanish, Hispanic, or Latino.”
- ⁶ For detailed information about immigrant eligibility rules, see Broder, Moussavian, and Blazer (2015) and CRS (2016).
- ⁷ For more information on the changes to the public charge rule advanced during the Trump administration and the current public charge policy, see “Public Charge Policy: Frequently Asked Questions,” Protecting Immigrant Families, updated April 5, 2021, <https://docs.google.com/document/d/1sp4rJmFdjYt0ikLfvJscn77RQcXt8kfvGoac1KZA0vU/edit>.
- ⁸ Capps, Fix, and Batalova, “Anticipated ‘Chilling Effects’ of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families,” Migration Policy Institute.
- ⁹ Chishti and Bolter, “Border Challenges Dominate, but Biden’s First 100 Days Mark Notable Under-the-Radar Immigration Accomplishments,” Migration Policy Institute.
- ¹⁰ The 1999 public charge rule can be found at [Field Guidance on Deportability and Inadmissibility on Public Charge Grounds](#), 64 Fed. Reg. 28689. See also “The ABCs of Public Charge,” Protecting Immigrant Families, March 2021, <https://protectingimmigrantfamilies.org/wp-content/uploads/2021/03/THE-ABCS-OF-PUBLIC-CHARGE.pdf>.
- ¹¹ See Tracy L. Renaud (senior official, US Department of Homeland Security), letter to interagency partners about reversal of the 2019 public charge rule, April 12, 2021, <https://www.uscis.gov/sites/default/files/document/notices/SOPDD-Letter-to-USCIS-Interagency-Partners-on-Public-Charge.pdf>.
- ¹² Sharon Block, “An Agenda to Continue Powering a Robust and Equitable Economic Recovery,” Office of Management and Budget blog, June 11, 2021. <https://www.whitehouse.gov/omb/briefing-room/2021/06/11/an-agenda-to-continue-powering-a-robust-and-equitable-economic-recovery/>.

- ¹³ “Medicaid and CHIP Coverage of Lawfully Residing Children & Pregnant Women,” Centers for Medicare & Medicaid Services, last updated December 11, 2019, <https://www.medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-women>.
- ¹⁴ Romero, “‘So Thankful’: California to Offer Medi-Cal to 235,000 Undocumented Adults,” KQED.
- ¹⁵ California also recently committed \$30 million to prepare the state food program to potentially accept applications from undocumented immigrants; see Anna Almendrala, “California Takes a Nibble at Offering Food Stamps to Undocumented Immigrants,” Bakersfield.com, July 15, 2021, https://www.bakersfield.com/ap/national/california-takes-a-nibble-at-offering-food-stamps-to-undocumented-immigrants/article_7c54d803-1f57-53d7-8ea2-651915fe3fec.html?emci=3081dc44-92e5-eb11-a7ad-501ac57b8fa7&emdi=142ffc6d-bfe5-eb11-a7ad-501ac57b8fa7&ceid=157614; and Tyche Hendricks, “‘Essential for Everyone’: Food Aid Bill for Undocumented Californians Gains Momentum,” JKQED, June 4, 2021. <https://www.kqed.org/news/11876704/essential-for-everyone-food-aid-bill-for-undocumented-californians-gains-momentum>.
- ¹⁶ “The California Blueprint: Two Decades of Pro-Immigrant Transformation,” California Immigrant Policy Center, accessed July 20, 2021, <https://caimmigrant.org/wp-content/uploads/2019/03/The-California-Blueprint-2016.pdf>.
- ¹⁷ This functioned alongside the philanthropy-funded California Immigrant Resilience Fund organized by Grantmakers Concerned with Immigrants and Refugees. See Office of California Governor Gavin Newsom, “Governor Newsom Announces New Initiatives to Support California Workers Impacted by COVID-19,” news release, April 15, 2020, <https://www.gov.ca.gov/2020/04/15/governor-newsom-announces-new-initiatives-to-support-california-workers-impacted-by-covid-19/>.
- ¹⁸ Office of California Governor Gavin Newsom, “Governor Newsom Announces Golden State Stimulus, a Budget Proposal to Help Low-Income Californians through \$600 Rapid Cash Payments, and Calls for Extension of Eviction Moratorium,” news release, January 6, 2021, http://cert1.mail-west.com/mfGyjsT/nmc7r/m7181fGgtmyuzja/swmi/iqwj/nqfGv9/81fGqv/3t2h781/cefkpkkps?_c=d%7Cze7pzanwmhlzgt%7C18187u2g3xcxsrp&_ce=1626452076.3565e2c1c2d960c153172c592b705990.
- ¹⁹ This was calculated among all California immigrant families, not just those in households with low incomes. In this report, the results from the 2020 WBNS focus specifically on immigrant families with low incomes and should not be compared with our findings on all immigrant families based on the 2019 survey.
- ²⁰ Capps, Fix, and Batalova, “Anticipated ‘Chilling Effects’ of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families,” Migration Policy Institute.
- ²¹ Though citizenship applications do not include a public charge test, many people mistakenly believe the expanded public charge rule would have affected citizenship prospects.
- ²² See, for reference, several California Health and Human Services Agency and Department of Social Services materials communicating the recent change to the expanded public charge rule: “Updates to the Public Charge Rule,” California Department of Social Services, updated June 2021, <https://www.cdss.ca.gov/Portals/9/CalFreshOutreach/Public-Charge-June2021.pdf>; “Public Charge Guide,” California Health and Human Services Agency, March 2021, [https://www.chhs.ca.gov/wp-content/uplo"ads/2021/03/CHHS-Public-Charge-Guide-3.15.21.pdf](https://www.chhs.ca.gov/wp-content/uplo); and “ALERT: Important Change to Public Charge Rule,” California Health and Human Services Agency, March 15, 2021, <https://www.chhs.ca.gov/blog/2021/03/15/alert-important-change-to-public-charge-rule/>.
- ²³ Center on Budget and Policy Priorities, memo to interested parties regarding “Supporting Immigrants by Maximizing Opportunities in the American Rescue Plan,” April 15, 2021, <https://drive.google.com/file/d/1xMbrP8hH2WQqAHydMzctJ85yu0yVT0ZD/view?usp=sharing>.

- ²⁴ Adults without internet access are provided free web-enabled devices and internet access to facilitate participation in the KnowledgePanel.
- ²⁵ Whereas the definition for adults in immigrant families may include any relative living in the household, family income is defined narrowly as that for the respondent, their spouse or partner, and their children under age 19 who live with them.
- ²⁶ We define adults with English proficiency as those who speak English at least well, as classified in the American Community Survey. Adults with limited English proficiency are those who speak English less than well. This is a broader measure than is commonly used to define English proficiency; in most analyses, a person must speak English very well to be classified as having English proficiency (Wilson 2014). We use the following measures for weighting: gender, age, race and ethnicity, educational attainment, presence of children under age 18 in the household, homeownership status, family income as a percentage of the federal poverty level, household internet access, family composition, family citizenship status, respondent nativity, and whether English or Spanish is the primary language for Hispanic/Latinx adults in immigrant families. We benchmark non-Hispanic respondents in immigrant families who are not white or black by two categories: (1) other race born in Asia and (2) multiple races or other race not born in Asia.
- ²⁷ We drew on measures developed by researchers at the University of California, Los Angeles, for an immigrant follow-up survey to the California Health Interview Survey. For the exact wording of this and other questions in the WBNS, see the survey questionnaire at https://www.urban.org/sites/default/files/2021/02/16/wbns_2020_questionnaire.pdf.
- ²⁸ However, studies assessing recruitment for the KnowledgePanel have found little evidence of nonresponse bias for core demographic and socioeconomic measures (Garrett, Dennis, and DiSogra 2010; Heeren et al. 2008), and WBNS estimates are generally consistent with benchmarks from federal surveys (Karpman, Zuckerman, and Gonzalez 2018).
- ²⁹ We estimate these excluded adults represent between 5 and 15 percent of all nonelderly adults in California immigrant households as defined for this brief. According to the 2019 American Community Survey, about 5 percent of such Californians speak English less than well and speak a primary language other than Spanish.
- ³⁰ Family citizenship and immigration status categories are constructed around such statuses of the foreign-born family members in the household. **Adults in families with naturalized citizens** live in households where all foreign-born family members are naturalized citizens. Such families may include US-born family members (including the interviewee). **Adults in families with green card holders** live in households where all noncitizen family members are permanent residents. Such families may include naturalized foreign-born and US-born family members (including the interviewee). **Adults in families with nonpermanent residents** live in households where at least one noncitizen family member is not a permanent resident. Such families may include US-born family members and foreign-born family members who are naturalized or permanent residents (including the interviewee).

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STATEMENT OF INDEPENDENCE

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