



Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019

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The current administration’s new “public charge” rule took effect in February 2020, significantly expanding the criteria for determining whether applicants for permanent residency, or green cards, may be denied based on past or potential use of government benefit programs. Even before the rule took effect, evidence shows the proposed rule produced widespread chilling effects nationally, meaning eligible immigrant families—including those who would not be subject to the rule—avoided enrolling in public benefit programs for fear of immigration consequences (Bernstein et al. 2019; Bernstein, McTarnaghan, and Gonzalez 2019; Straut-Eppsteiner 2020; Tolbert, Artiga, and Pham 2019).

This phenomenon has become even more alarming during the COVID-19 pandemic, in which many immigrant families are vulnerable to acute medical and economic hardship. Families may avoid medical care and public supports for fear of being deemed a public charge, despite formal clarification by the federal government that COVID-19 testing and treatment will not be considered. Given the economic and public health crisis, it is critical to understand how the rule is affecting immigrant families, where these families are getting their information about the rule, and which sources they trust to communicate accurate messages about the rule and its impacts.

This brief draws on unique data gathered from the Well-Being and Basic Needs Survey (WBNS), a nationally representative, internet-based survey conducted in December 2019. This survey round assessed awareness and knowledge of the public charge rule, sources of information on the rule, and chilling effects reported by adults in immigrant families who speak English or Spanish. The survey included 1,747 nonelderly adults who were born outside the US (foreign born) or live with one or more foreign-born family members (hereafter called adults in immigrant families), who make up about one-quarter of all nonelderly adults in the US, according to the 2018 American Community Survey. We find the following:

- The public charge rule's chilling effects on receipt of public benefits in 2018 persisted at similar levels into 2019. More than one in seven adults in immigrant families (15.6 percent) reported that they or a family member avoided a noncash government benefit program, such as Medicaid, the Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), or housing subsidies, in 2019 for fear of risking future green card status. More than one in four adults in low-income immigrant families (26.2 percent) reported chilling effects during that period.
- Between 2018 and 2019, there was a statistically significant increase (from 21.8 percent to 31.0 percent) in chilling effects among adults in immigrant families where at least one member was not a permanent resident, the group most likely to be directly affected by the rule through future green card applications.
- Among adults reportedly avoiding noncash government benefit programs because of green card concerns, nearly half said their families avoided Medicaid/CHIP or SNAP and one-third avoided housing subsidies. Smaller but substantial shares of adults also reported spillover effects to public programs excluded from the public charge rule, including free or low-cost medical care programs for the uninsured (20.8 percent); the Special Supplemental Nutrition Program for Women, Infants, and Children, or WIC (16.3 percent); Marketplace health insurance coverage (14.1 percent); and free or reduced-price school lunches (13.0 percent).
- Two-thirds of adults in immigrant families (66.6 percent) were aware of the public charge rule, and 65.5 percent were confident in their understanding about the rule. Yet, only 22.7 percent knew it does not apply to citizenship applications, and only 19.1 percent knew children's enrollment in Medicaid will not be considered in their parents' public charge determinations.
- Adults in immigrant families were most likely to trust government agencies and legal professionals for information about how using public benefits would affect their or a family member's immigration status. US Citizenship and Immigration Services (USCIS) was the most trusted source (66.1 percent), followed by legal professionals (63.0 percent), state government agencies (55.6 percent), and local government agencies (50.7 percent). However, very small shares reported getting information on the public charge rule from these sources; most reported getting information on the rule from the media or personal networks, which they trust less.

Background

As part of a broader policy agenda to limit immigration, the administration has enacted significant changes to implementation of public charge determinations (box 1), part of the admissions process for permanent residency and temporary visas. The administration moved to significantly expand the rule in 2018. After circulating drafts of the new rule and a vigorous public comment period,¹ litigation efforts temporarily halted implementation of the final rule.² However, Supreme Court rulings in January and February allowed the administration to begin implementing the rule nationally while legal challenges continued in the lower courts. The rule took effect nationwide on February 24, 2020.³

BOX 1

What Is the New Public Charge Rule?

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

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

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

Research has predicted the rule’s implementation will exclude many applicants from Asia, Latin America, and Africa, reducing the number and demographic diversity of green card recipients.⁴ Because most future green card applicants are not actually eligible for many of the benefits included in the rule, most admissions denials will not owe to applicants’ prior benefit receipt but to other negative factors in the rule,⁵ which some describe as a “wealth test.”⁶

However, there is significant concern about the widespread chilling effects produced by the rule, as immigrant families avoid benefit programs and other resources for which they may be eligible for fear of

risking a potential public charge determination. Before the rule change, immigrant families already faced barriers to accessing public programs, such as language or cultural barriers, lack of information, fears about immigration consequences and future opportunities to naturalize, and varying program eligibility among family members in multiple-immigration-status households (Fix and Zimmerman 1999; Fortuny and Chaudry 2011).⁷ The new public charge rule’s complexity—along with the broader enforcement-oriented immigration policy climate—raises additional barriers and may have spillover effects on families and programs not targeted by the rule. More than 200 pages long, the new regulation is confusing to both families and service providers about who is subject to a public charge test, whose benefit receipt will be considered, and which programs will be considered. This confusion may explain why many families have opted out of programs to avoid potential risks to their immigration status despite suffering negative consequences to their health and well-being (Bernstein, McTarnaghan, and Gonzalez 2019; Greenberg, Feierstein, and Voltolini 2019; Protecting Immigrant Families 2020b; Straut-Eppsteiner 2020). In addition, legal professionals may advise extreme caution and avoidance of benefit programs because of potential immigration consequences (Bernstein, McTarnaghan, and Gonzalez 2019) and their limited understanding of benefits eligibility (Straut-Eppsteiner 2020).

Our previous analysis of survey data collected in December 2018, during the public comment period on the then-proposed rule, found that one in seven adults in immigrant families and one in five in low-income immigrant families reported chilling effects in the previous year (Bernstein et al. 2019). Qualitative follow-up interviews with survey respondents in spring 2019 highlighted their fear and confusion about the rule, a reliance on the media for information and little access to professional advice, and hardship for adults and children after losing supports (Bernstein, McTarnaghan, and Gonzalez 2019). This brief draws on new WBNS data collected from adults in immigrant families in December 2019, after release of the final rule but before implementation. These data reinforce and update our previous findings about the rule’s chilling effects but also provide new insights into awareness and knowledge of the rule, where immigrant families are getting their information on public charge, and which sources they trust to provide helpful information about how using public benefits could affect their immigration status.

Findings

More than one in seven adults in immigrant families (15.6 percent) reported that they or a family member avoided a noncash government benefit program, such as Medicaid/CHIP, SNAP, or housing subsidies, in 2019 for fear of risking future green card status. More than one in four adults in low-income immigrant families (26.2 percent) reported chilling effects during that period.

Among all adults in immigrant families, 15.6 percent reported chilling effects on their participation in noncash public benefits programs in the previous year for fear of how it might affect future green card applications (figure 1). Reported chilling effects were higher (26.2 percent) among adults in low-income immigrant families (i.e., with family incomes below 200 percent of the federal poverty level; data not shown).

The overall share of adults in immigrant families reporting chilling effects in 2019 was not significantly different from the share reporting chilling effects in 2018 (15.6 percent in 2019 versus 13.8 percent in 2018), after controlling for the demographic characteristics of adults in each round of the survey.

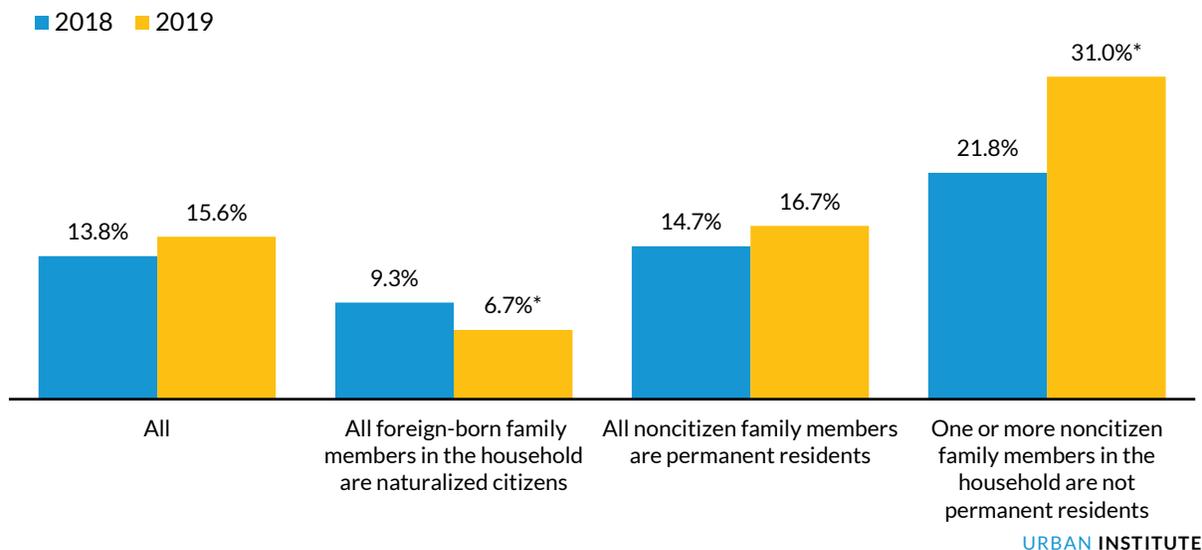
Between 2018 and 2019, there was a statistically significant increase (from 21.8 percent to 31.0 percent) in chilling effects among adults in immigrant families where at least one member was not a permanent resident, the group most likely to be directly affected by the rule through future green card applications.

Reported chilling effects increased among adults in households most likely to be directly affected by the public charge rule; adults in immigrant families in which at least one foreign-born family member is not a permanent resident reported higher rates of chilling effects in 2019 than in 2018 (31.0 percent versus 21.8 percent), a difference significant at the 0.10 level.

Additionally, adults in households in which no family members could be subject to the rule were the only group to report a small but statistically significant decline in chilling effects; the share of adults in households in which all foreign-born family members are naturalized citizens reporting chilling effects dropped from 9.3 percent in 2018 to 6.7 percent in 2019, also significant at the 0.10 level (figure 1).

FIGURE 1

Share of Adults in Immigrant Families Who Avoided Noncash Government Benefits in the Past Year Because of Green Card Concerns, Overall and by Household Citizenship and Immigration Statuses, December 2018 and 2019



Source: Well-Being and Basic Needs Survey, December 2018 and December 2019.

Notes: Adults are ages 18 to 64. Estimates are regression adjusted for a respondent's gender, age, race and ethnicity, educational attainment, family size, chronic health conditions, residence in an urban or rural area, internet access, homeownership status, citizenship status, family composition, census region, and family income as a percentage of the federal poverty level; the presence of children under age 19 in the respondent's household; whether the respondent participated in both the 2018 and 2019 survey rounds; and how long the respondent has been a member of the KnowledgePanel.

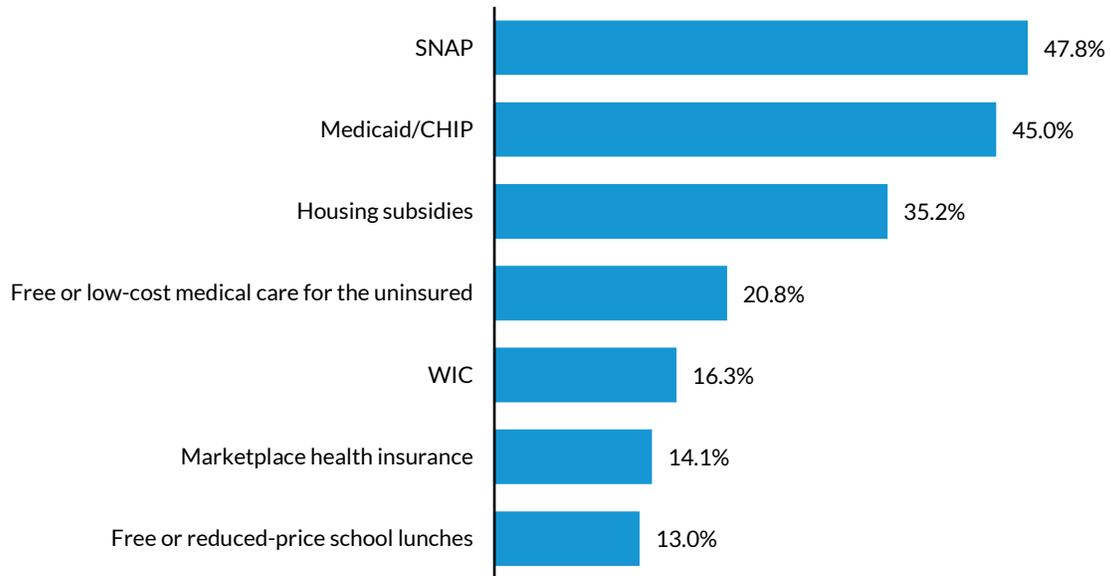
*/**/*** Estimate differs significantly from 2018 at the 0.10/0.05/0.01 level, using two-tailed tests.

Among adults reportedly avoiding noncash government benefit programs because of green card concerns, nearly half said their families avoided Medicaid/CHIP or SNAP and one-third avoided housing subsidies. Smaller but substantial shares of adults also reported spillover effects to public programs excluded from the public charge rule.

Among adults in immigrant families reporting chilling effects, 47.8 percent avoided SNAP, 45.0 percent avoided Medicaid or CHIP, and 35.2 percent avoided housing subsidies. Notably, about one in four adults (24.9 percent; data not shown) in these immigrant families reported avoiding a program not named in the final public charge rule, including free or reduced-cost medical care for the uninsured (20.8 percent), WIC (16.3 percent), health insurance purchased through the Marketplaces (14.1 percent), and free or reduced-price school lunches (13.0 percent; figure 2).

FIGURE 2

Benefits Avoided by Adults in Immigrant Families Who Reported Avoiding Noncash Government Benefits in the Past Year Because of Green Card Concerns, December 2019



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

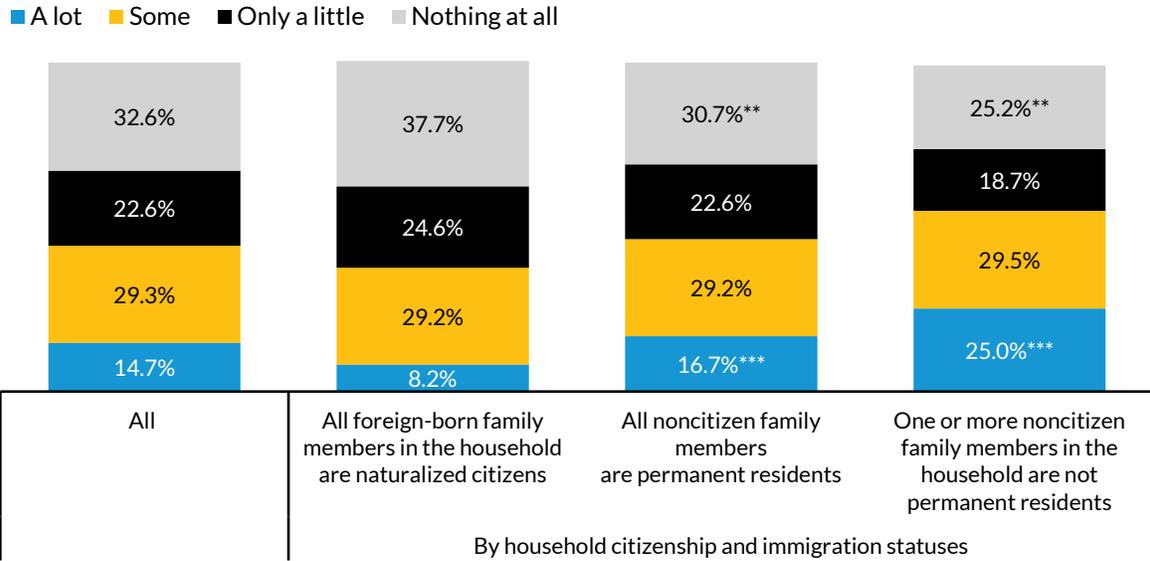
Notes: Adults are ages 18 to 64. SNAP is the Supplemental Nutrition Assistance Program. CHIP is the Children's Health Insurance Program. WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.

Two-thirds of adults in immigrant families (66.6 percent) were aware of the public charge rule, and 65.5 percent were confident in their understanding about the rule. Yet, only 22.7 percent knew it does not apply to citizenship applications, and only 19.1 percent knew children's enrollment in Medicaid will not be considered in their parents' public charge determinations.

Among adults in immigrant families, 66.6 percent reported hearing “only a little,” “some”, or “a lot” about the public charge rule, and 32.6 percent reported hearing “nothing at all.” Unsurprisingly, awareness of the rule was greatest among the group most likely to be directly affected by it, families in which a member may apply for a green card in the future. Nearly three-quarters of adults in households where one or more foreign-born family members are not permanent residents (73.2 percent) heard about the rule, compared with 68.6 percent of adults in households where all noncitizen family members are permanent residents and 62.0 percent of those in households where all foreign-born family members are naturalized citizens (figure 3).

FIGURE 3

How Much Adults in Immigrant Families Have Heard about the Public Charge Rule, Overall and by Household Citizenship and Immigration Statuses, December 2019



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

Notes: Adults are ages 18 to 64. Categories are based on the citizenship and immigration statuses of the foreign-born family members in the household, but each group may contain US-born family members, including the respondent. Estimates are not shown for 0.8 percent of adults in immigrant families who did not report how much they have heard about the public charge rule. **/** Estimate differs significantly from adults in households where all foreign-born family members are naturalized citizens at the 0.10/.05/.01 level, using two-tailed tests.

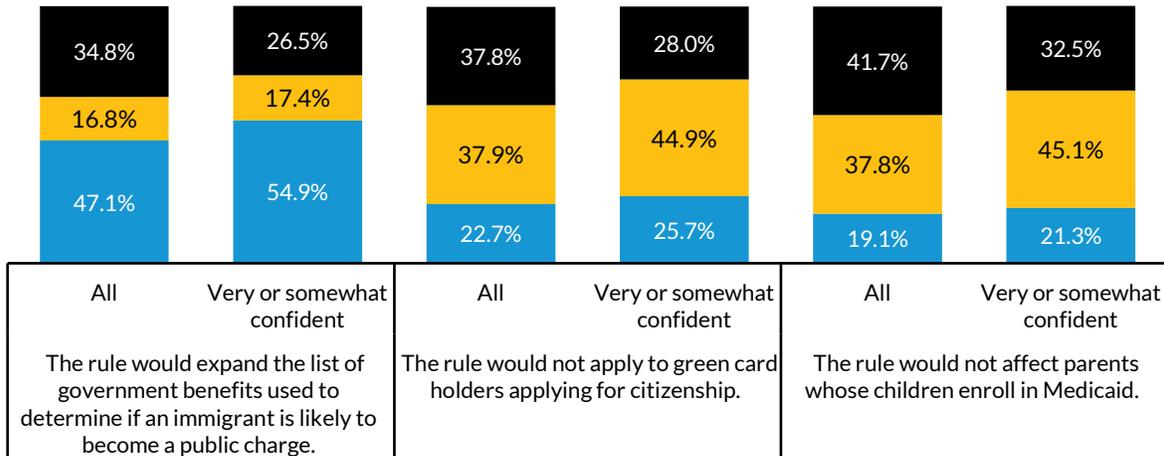
However, most adults in immigrant families who have heard about the rule (i.e., excluding those who have heard nothing about the rule) either do not know or do not understand what the rule does and who it applies to. Though 47.1 percent of that group knew the new rule expanded the list of benefits considered in public charge determinations, only 22.7 percent knew it does not apply to citizenship applications, and 19.1 percent knew children’s enrollment in Medicaid will not be considered in their parents’ public charge determinations (figure 4).

Misunderstanding and lack of knowledge about the rule is similarly high among people confident in their understanding of the rule. Two-thirds of adults in immigrant families who are familiar with the public charge rule (65.5 percent) reported being very or somewhat confident that they understand it (data not shown). Though most respondents (54.9 percent) who were very or somewhat confident about their understanding of the rule knew the rule expanded the list of government benefits considered in public charge determinations, only 25.7 percent knew the rule will not apply to green card holders applying for citizenship, and 21.3 percent knew it will not affect parents whose children are enrolled in Medicaid (figure 4).

FIGURE 4

Understanding of Key Parts of the Public Charge Rule among Adults in Immigrant Families Who Have Heard About the Rule, Overall and among Respondents Very or Somewhat Confident in Their Understanding of the Rule, December 2019

■ Answered correctly ■ Answered incorrectly ■ Did not know



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

Notes: Adults are ages 18 to 64. Respondents were asked whether the above statements about the public charge rule were true or false. Respondents were randomly assigned to different wording for the second and third statements (e.g., “would apply” versus “would not apply” for the second statement). We present the true statements in this chart. Missing data are not presented, so totals do not add up to 100.

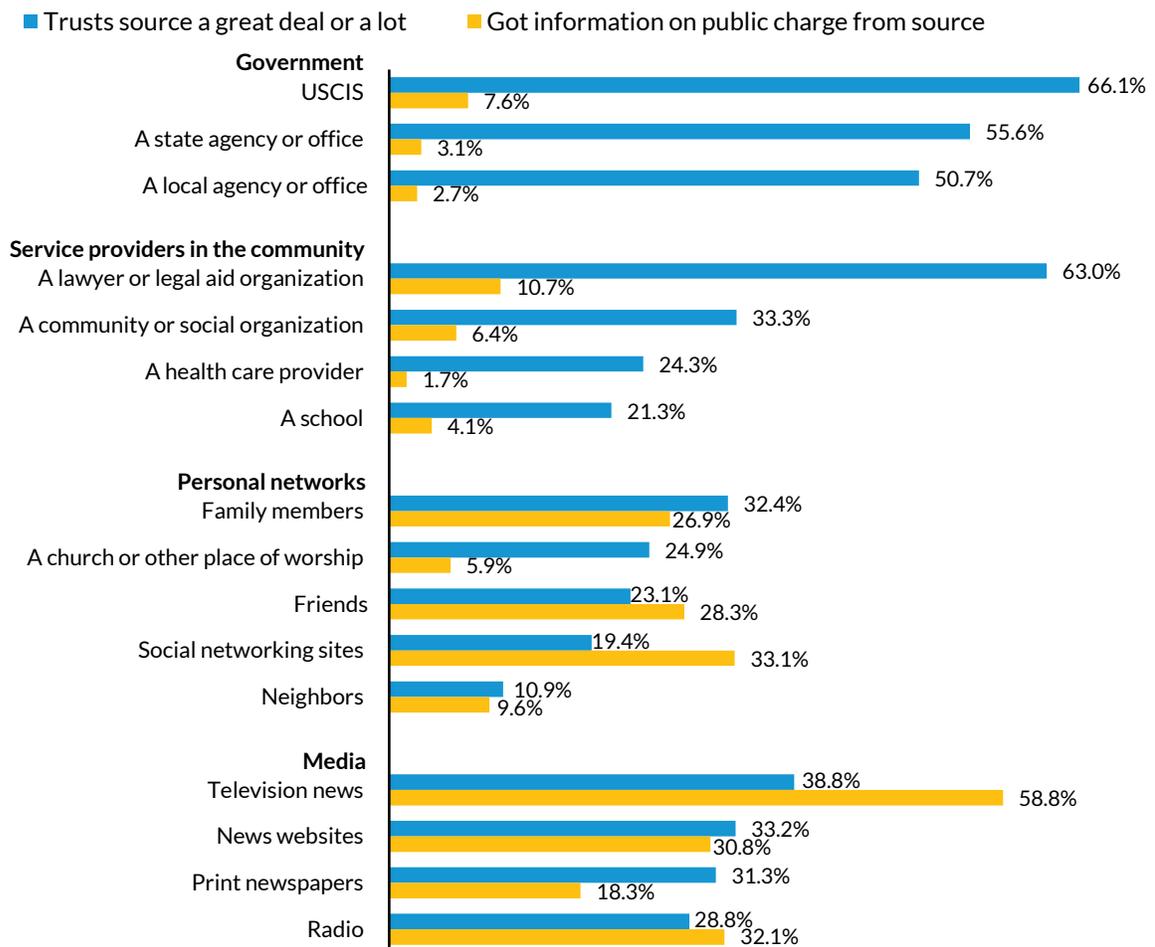
Adults in immigrant families were most likely to trust government agencies and legal professionals for information about how using public benefits would affect their or a family member’s immigration status. However, very small shares reported getting information on the public charge rule from these sources; most reported getting information on the rule from the media or personal networks, which they trust less.

Adults in immigrant families who have heard about the public charge rule were most likely to report high levels of trust in government sources, like USCIS and state and local agencies, to provide helpful information if they had a question about how use of public benefits would affect their or their family member’s immigration status. However, adults in immigrant families rarely reported getting information on the public charge rule from these trusted sources. Most adults reported trusting information from USCIS a great deal or a lot (66.1 percent), but only 7.6 percent reported hearing about the public charge rule from this source. This was similar for state agencies, which 55.6 percent of adults reported trusting but only 3.1 percent reported getting information from, and local agencies, which 50.7 percent of adults trusted but only 2.7 percent got information from. Similarly, 63.0 percent of respondents would trust the advice of a lawyer or legal aid organization, but only 10.7 percent heard about the rule through this source (figure 5).

Relatively low shares of adults in immigrant families reported receiving information on public charge from community or social organizations (6.4 percent), despite these sources having been a focus of many recent education and funding efforts related to the rule.

The sources from which adults in immigrant families were most likely to have received information on the rule were considered less trustworthy. Television news was the most common source of information about the rule (58.8 percent of respondents). However, only 38.8 percent of adults reported a high level of trust in television news as a source of information about public benefits use and immigration status. Similarly, 33.1 percent of respondents learned about the rule from social media, but only 19.4 percent placed a high level of trust in social media (figure 5).⁸

FIGURE 5
Trusted Sources of Information on How Using Public Benefits Affects Immigration Status and Sources of Information on the Public Charge Rule Consulted by Adults in Immigrant Families Who Have Heard About the Rule, December 2019



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

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

Discussion

That chilling effects observed in 2018 among immigrant families persisted into 2019—and increased among families most likely to be affected by the public charge rule—is alarming in the unprecedented context of the COVID-19 pandemic. Given limited access to and fear of participation in public benefits programs and disproportionate exposure to the virus from working in the most directly affected industries, immigrant communities are particularly vulnerable to threats to health and well-being during the current crisis (Gelatt 2020; Gonzalez et al. 2020). USCIS released guidance on March 13 clarifying that seeking out testing for or treatment of COVID-19-related illness would not be considered in public charge determinations, but the implementation details remain unclear, and the fear and confusion swirling around the rule will be difficult to pierce. The Supreme Court also rejected requests to suspend implementation of the rule during the pandemic.⁹ Many worry that immigrant families may be afraid to enroll in public programs that expand access to medical testing and treatment for COVID-19, putting into sharp relief the public health risks of these chilling effects.¹⁰

Though most adults in immigrant families reported being confident in their understanding of the rule, the vast majority either did not know or did not understand basic elements of the rule and who it applies to. Most people did not know that receipt of Medicaid by children (most of whom are US citizens and eligible for federal benefits) will not be considered in parents' applications for green cards. Most respondents also did not appear to know that citizenship applications do not include a public charge test. This suggests parents may pull their eligible US-citizen children out of crucial benefit programs, and current green card holders may choose not to enroll in safety net programs for which they may be eligible for fear of risking their citizenship prospects. Several other research studies, including our own work last year, have documented evidence of such spillover chilling effects in families beyond those directly affected by the rule (Bernstein, McTarnaghan, and Gonzalez 2019; Straut-Eppsteiner 2020) and to programs not listed in the rule (New York City Mayor's Office of Immigrant Affairs 2020). Given the large number of multiple-immigration-status families affected by the COVID-19 crisis, many US citizens and green card holders are at elevated risk of experiencing hardship. Excluding multiple-immigration-status families and those lacking Social Security numbers from federal relief measures like the Coronavirus Aid, Relief, and Economic Security, or CARES, Act risks leaving out many people in need (NILC 2020).

Our findings show that the sources from which immigrant families have been getting information about the public charge rule are not the sources they are most likely to trust on questions related to public benefits and immigration matters. They also uncover the lack of knowledge and the extent of misunderstanding about the public charge rule and who it applies to, suggesting chilling effects are likely to spill over not only to US citizen children and current green card holders but to programs not considered in public charge determinations, such as WIC and health insurance available through the Marketplaces.

Efforts to educate people about the public charge rule must account for the fact that though some people think they understand the rule—perhaps because of information they received through the

media—many are actually still unsure or misinformed about how the rule works. Disseminating accurate information through trusted messengers, mitigating barriers to trusted organizations, and improving media accuracy could help correct widespread misinformation and confusion about the rule and mitigate chilling effects.

As noted, in addition to USCIS, state and local agencies are highly trusted sources of information on how benefit receipt could affect immigration status, but very low shares of respondents got their information about the public charge rule from these sources. This suggests state, county, and municipal officials and agencies could play a more prominent role in sharing accurate information on the public charge rule. Given who immigrants reported trusting most, expanding state and local government outreach to complement a focus on community-based organizations is important. Many government agencies have responded to the current public health crisis quickly and tried to ensure COVID-19 information is accessible and understandable to multilingual populations.¹¹ To overcome chilling effects and prevent immigration concerns from becoming a barrier, those government agencies' messaging around COVID-19 has emphasized the imperative of seeking care. The effectiveness of such efforts is still to be seen.

Legal professionals are also highly trusted sources of information, but a very low share of respondents reported getting information on the public charge rule from lawyers. This reflects significant barriers to accessing such services: likely cost, but also potentially fear, lack of information, or language barriers. Given social distancing measures and economic hardship, legal assistance providers are even less accessible in the COVID-19 context. Ensuring immigrants have access to legal assistance continues to be important, and *pro bono* legal assistance hotlines and resources, such as have been developed in New York, could be leveraged as trusted sources during the pandemic.¹²

These survey results echo previous findings from qualitative interviews (Bernstein, McTarnaghan, Gonzalez 2019) and illustrate that most people get information on the new public charge rule from media sources and personal networks. Assisting journalists in mainstream media and media in other languages, to ensure accurate reporting and refer target audiences to trustworthy information could help families navigate life and death decisions about accessing health care and income and nutrition supports.

The COVID-19 pandemic has highlighted how a policy environment where immigrant families fear accessing critical health services for themselves or their children poses risks for all of our communities, where immigrant families reside and contribute, many in first-responder roles critical to sustaining society and fighting the pandemic. Chilling effects may deter immigrant families from partaking in health care and other supports family members may need during the current crisis. Immigrant families are also being disproportionately affected by the economic turmoil brought on by COVID-19, but so far the supports included in federal stimulus legislation are unavailable to all immigrant families (NILC 2020). Not only does excluding this group endanger many people suffering from economic and medical hardship, it also limits the impact of efforts to protect community well-being and boost the overall economy.

Data and Methods

Data and Sample

We draw on data from the December 2019 round of the Well-Being and Basic Needs Survey, a nationally representative, annual survey of adults ages 18 to 64 launched in December 2017. This analysis is based on the WBNS core sample and an oversample of noncitizens. For each round of the WBNS, the core sample is a stratified random sample of approximately 7,500 nonelderly adults drawn from Ipsos' KnowledgePanel, a probability-based online panel recruited primarily from an address-based sampling frame, and includes a large oversample of adults in low-income households.¹³ The additional oversample of approximately 300 noncitizens is designed to support analyses of current policy issues affecting immigrant families. The panel includes only respondents who can complete surveys administered in English or Spanish, and adults without internet access are provided free internet access and web-enabled devices to participate.

To assess chilling effects and related issues, we constructed weights for analyzing nonelderly adults who are foreign born or living with a foreign-born relative in their household. The weights are based on the probability of selection from the KnowledgePanel and benchmarks from the American Community Survey for nonelderly adults in immigrant families who are proficient in English or primarily speak Spanish.¹⁴ The language criterion is used in the weighting to reflect the nature of the survey sample, because the survey is only administered in English or Spanish. Our full analytic sample for this brief consists of 1,747 adults in immigrant families.

Measures

CHILLING EFFECTS WITHIN A FAMILY

We define chilling effects as either not applying for or stopping participation in a noncash government benefit program, such as Medicaid or CHIP, SNAP, or housing subsidies, within the previous 12 months because of concerns that the respondent or their family member could be disqualified from obtaining a green card.¹⁵ We collected information on avoidance of these programs and programs not listed in the public charge rule, including WIC and Marketplace health insurance coverage.¹⁶ A respondent could define family as both their immediate family and other relatives who may live with them or in another household. Respondents may have reported chilling effects for a program for which they may not have been eligible; some parents likely reported chilling effects on the program participation of a US-citizen child, or a higher-income respondent may have reported chilling effects on a relative with lower income. When assessing the types of programs for which respondents reported chilling effects, we limit the sample to the 304 adults in immigrant families who reported any chilling effect on participation in public programs.

AWARENESS OF THE PUBLIC CHARGE RULE

We asked all adults in immigrant families in our sample to report how much they had heard about the public charge rule:¹⁷ a lot, some, only a little, or nothing at all.

GENERAL UNDERSTANDING AND CONFIDENCE IN UNDERSTANDING OF THE PUBLIC CHARGE RULE

For the following measures, we report estimates for the 1,210 adults in immigrant families who reported having heard at least a little about the public charge rule.

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

Understanding of the public charge rule. To gauge understanding of key elements of the rule, we asked respondents to report whether three statements about the rule were true or false (respondents could also answer “don’t know”). These statements cover (1) whether the rule would expand the list of government benefits used to determine if an immigrant is likely to become a public charge (true), (2) whether the rule would apply to green card holders applying for citizenship (false), and (3) whether parents could have a harder time getting a green card if their children enroll in Medicaid (false). Respondents were randomly assigned to affirmative or negative versions of the second and third statements. Figure 4 shows the true version of each statement.¹⁸

SOURCES OF INFORMATION AND TRUSTED SOURCES

The following two measures are also based on the 1,210 adults in immigrant families who reported having heard at least a little about the public charge rule.

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

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

Analysis

We first compare chilling effects between 2018 and 2019 overall, by family income as a percentage of federal poverty level, and by the citizenship and immigration statuses of family members (including the respondent) living in the household. These estimated changes are regression adjusted to control for any changes in the demographic characteristics of the adults in immigrant families participating in each round of the survey. We control for a respondent’s gender, age, race and ethnicity, educational attainment, family size, chronic health conditions, residence in an urban or rural area, internet access, homeownership status, citizenship status, family composition, census region, and family income as a percentage of the federal poverty level; the presence of children under age 19 in the respondent’s household; whether the respondent participated in both the 2018 and 2019 survey rounds; and how

long the participant has been a member of the KnowledgePanel. For the group of adults in immigrant families who avoided any noncash government program, we also report the specific programs they avoided.

We then examine awareness of the public charge rule overall and by household citizenship and immigration statuses.¹⁹ We assess knowledge of the rule overall and among those who reported being very or somewhat confident in their understanding of the rule. Finally, we compare respondents' sources of information about the rule with the sources they would trust most if they had a question about how using public benefits would affect their immigration status. All estimates are weighted to represent the national population of nonelderly adults in immigrant families (as described above) and account for the complex survey design.

Limitations

One limitation of the WBNS is its low response rate, which is comparable with that of other panel surveys accounting for nonresponse at each stage of recruitment. However, studies assessing recruitment for the KnowledgePanel have found little evidence of nonresponse bias for core demographic and socioeconomic measures (Garrett, Dennis, and DiSogra 2010; Heeren et al. 2008), and WBNS estimates are generally consistent with benchmarks from federal surveys (Karpman, Zuckerman, and Gonzalez 2018). WBNS survey weights reduce but do not eliminate the potential for errors associated with sample coverage and nonresponse, which are likely greater for the subgroup of adults in immigrant families. Though the weights are designed to produce nationally representative estimates for adults in immigrant families, the survey's design implies our analytic sample of 1,747 adults in immigrant families has precision comparable to a simple random sample of approximately 750 adults, increasing the sampling error around our estimates.

In addition, because the WBNS is only administered in English and Spanish, our analytic sample does not describe the experiences of the full spectrum of adults in immigrant families. Our study excludes adults with limited English proficiency whose primary language is not Spanish. We estimate that the excluded adults who do not speak English or Spanish represent between 5 and 15 percent of all nonelderly adults in immigrant households as defined for this brief; according to the 2018 American Community Survey, 5 percent of this group speaks English less than well²⁰ and speaks a primary language other than Spanish.

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

Notes

- ¹ [Inadmissibility on Public Charge Grounds](#), 83 Fed. Reg. 51114 (Oct. 10, 2018).
- ² [Inadmissibility on Public Charge Grounds](#), 84 Fed. Reg. 41292 (Aug. 14, 2019).
- ³ The Supreme Court ruling on the national injunction in January did not apply to Illinois, which had a separate case before the court that was ruled on in February.
- ⁴ Jeanne Batalova, Michael Fix, and Mark Greenberg, “Through the Back Door: Remaking the Immigration System via the Expected ‘Public-Charge’ Rule,” Migration Policy Institute, August 2018, <https://www.migrationpolicy.org/news/through-back-door-remaking-immigration-system-expected-public-charge-rule>.
- ⁵ Randy Capps, Julia Gelatt, and Mark Greenberg, “The Public-Charge Rule: Broad Impacts, but Few Will Be Denied Green Cards Based on Actual Benefits Use,” Migration Policy Institute, March 2020, <https://www.migrationpolicy.org/news/public-charge-denial-green-cards-benefits-use>.
- ⁶ Adam Liptak, “Supreme Court Allows Trump’s Wealth Test for Green Cards,” *New York Times*, January 27, 2020, <https://www.nytimes.com/2020/01/27/us/supreme-court-trump-green-cards.html>.
- ⁷ Immigrant families often include various immigration, residency, and citizenship statuses, such as US-born and naturalized citizens, green card holders, and people who lack permanent residence. These families are often called mixed- or multiple-status families. We use multiple-status because mixed-status most commonly refers specifically to households including undocumented immigrants (Passel and Cohn 2009).
- ⁸ In this context, social media are platforms such as Facebook, Twitter, WhatsApp, or WeChat.
- ⁹ Lawrence Hurley, “US Supreme Court Refuses to Block Trump Immigration Policy during Pandemic,” *Reuters*, April 24, 2020, <https://www.reuters.com/article/us-usa-court-immigration-idUSKCN2263FQ>
- ¹⁰ Catherine Kim, “Low-Income Immigrants Are Afraid to Seek Health Care amid the COVID-19 Pandemic,” *Vox*, March 13, 2020, <https://www.vox.com/identities/2020/3/13/21173897/coronavirus-low-income-immigrants>.
- ¹¹ “Resource Guide for State and Local COVID-19 Emergency Responses,” *New American Economy*, April 1, 2020, <https://www.newamericaneconomy.org/uncategorized/15553/?emci=2cfe09ee-7773-ea11-a94c-00155d03b1e8&emdi=2c4823b1-2874-ea11-a94c-00155d03b1e8&ceid=377678>; “Resources in Languages Other Than English,” *Protecting Immigrant Families*, February 2020, <https://protectingimmigrantfamilies.org/know-your-rights/>; “A Round-Up of Multilingual Resources on COVID-19,” *Switchboard*, April 23, 2020, <https://switchboardta.org/blog/a-round-up-of-multilingual-resources-on-covid-19/>.
- ¹² “City Announces Expansion of ActionNYC Outreach and Immigration Legal Services in Brooklyn, Manhattan, and Queens,” *New York City Mayor’s Office for Economic Activity*, March 28, 2018, <https://www1.nyc.gov/site/opportunity/news/029/city-expansion-actionnyc-outreach-immigration-legal-services-brooklyn->.
- ¹³ For additional information on the design of and weighting in the WBNS, see Karpman, Zuckerman, and Gonzalez (2018).
- ¹⁴ We define adults with English proficiency as those who speak English at least well, as classified in the American Community Survey. Adults with limited English proficiency are those who speak English less than well. This is a broader measure than is commonly used to define English proficiency; in most analyses, a person must speak English very well to be classified as proficient in English (Wilson 2014). We use the following measures for weighting: gender, age, race and ethnicity, educational attainment, presence of children under age 18 in the household, census region, homeownership status, family income as a percentage of the federal poverty level, access to the internet, and family composition. We benchmark non-Hispanic respondents who are not white or black by two categories: (1) other race born in Asia and (2) multiple races or other race not born in Asia.
- ¹⁵ We drew on measures developed by researchers at the University of California, Los Angeles, for an immigrant follow-up survey to the California Health Interview Survey. For the exact wording of this and other questions on the WBNS, see the survey questionnaire at

https://www.urban.org/sites/default/files/wbns_2019_questionnaire.pdf.

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

- ¹⁶ We asked about additional programs not listed in the public charge rule because of reports that families were avoiding such programs; see, for example, Emily Moon, “Why Is Participation in Food Assistance Programs Like WIC Declining?” *Pacific Standard*, May 8, 2019, <https://psmag.com/news/why-is-participation-in-food-assistance-programs-like-wic-declining>.
- ¹⁷ This question was asked later in the survey than the questions on chilling effects. For the exact wording of this and other questions on the WBNS, see the survey questionnaire at https://www.urban.org/sites/default/files/wbns_2019_questionnaire.pdf.
- ¹⁸ Respondents were randomly assigned to one of two versions of this question. For the exact wording of this and other questions on the WBNS, see the survey questionnaire at https://www.urban.org/sites/default/files/wbns_2019_questionnaire.pdf.
- ¹⁹ We allocate missing citizenship status data for respondents using their responses to the Ipsos panel profile question on citizenship; absent that information, we impute respondent citizenship status.
- ²⁰ See endnote 14 for a definition of English proficiency.

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