



Adults in Low-Income Immigrant Families Were Deeply Affected by the COVID-19 Crisis yet Avoided Safety Net Programs in 2020

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Many immigrant families have suffered significant economic hardships and health impacts during the COVID-19 crisis and have faced barriers to participation in safety net programs or other supports. These barriers include restrictive immigrant eligibility rules for federal assistance and policies and practices that discourage eligible family members from program participation. Expansion of the “public charge” rule to consider use of noncash public benefits, such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, or housing assistance, in applications for green cards or temporary visas, as well as the broader immigration policy context under the Trump administration, heightened existing barriers for eligible individuals. Studies have found declines in immigrant families’ participation in key federal safety net programs during the Trump administration (Capps, Fix, and Batalova 2020; New York City 2019) and chilling effects related to concerns around the public charge rule (Barofsky et al. 2020; Bernstein, Gonzalez, Karpman, et al. 2019, 2020, 2021; Straut-Eppsteiner 2020; Tolbert, Pham, and Artiga 2020).

In this brief, we provide evidence on persistent chilling effects among low-income immigrant families during the pandemic. To do so, we draw on data from the Urban Institute’s Well-Being and Basic Needs Survey (WBNS), a nationally representative internet-based survey conducted in December 2020. Here, chilling effects are avoidance of noncash benefit programs or other assistance because of concerns about future green card status or immigration status or enforcement. We define adults in immigrant families as adults who were born outside the US (foreign born) or who live with

one or more foreign-born family members. We focus on adults with family incomes below 200 percent of the federal poverty level given the relevance of safety net programming for this population. Our analysis also compares these adults' experiences by family citizenship and immigration status (box 1). We find the following:

- In December 2020, adults in low-income immigrant families had suffered serious employment impacts from the economic crisis, had experienced high rates of food insecurity in the past year, and were worried about meeting their basic needs in the next month.
 - » About half of adults in low-income immigrant families reported that the pandemic negatively affected their or a family member's employment (51.8 percent).
 - » More than 4 in 10 adults in low-income immigrant families (41.4 percent) reported food insecurity in the past year. More than 1 in 4 reported problems paying family medical bills (26.8 percent) or that a family member did not get needed medical care because of costs (25.7 percent) in the past year. More than 1 in 5 reported problems paying rent or a mortgage (21.7 percent) or utility bills (22.6 percent).
 - » Many adults in low-income immigrant families reported being worried about paying for basic needs in the next month, including having enough to eat (43.2 percent) and being able to pay rent or a mortgage (50.8 percent), utility bills (49.1 percent), or medical costs (52.1 percent).
 - » Adults in low-income immigrant families with green card holders and those in such families with nonpermanent residents were more likely than adults in families with naturalized citizens to be worried about meeting many of these needs in the next month.
- Despite facing hardships, more than 1 in 4 adults in low-income immigrant families (27.5 percent) reported they or a family member avoided noncash benefits or other help with basic needs because of green card or other immigration concerns in 2020.
 - » Adults in families with nonpermanent residents were more likely than adults in other low-income immigrant families to report these chilling effects (43.9 percent).
 - » More than 1 in 8 adults in low-income immigrant families reported that someone in the family avoided a nutrition program (13.2 percent), almost 1 in 9 reported avoiding a health program (10.9 percent), and just under 1 in 10 reported avoiding a housing assistance program (9.8 percent).
 - » Adults in families with nonpermanent residents were more likely to have experienced chilling effects for each type of assistance: 22.0 percent reported avoiding a nutrition program, 18.2 percent reported avoiding a health program, and 17.0 percent reported avoiding a housing assistance program.
 - » Adults reported avoiding programs targeted by the expanded public charge rule, such as SNAP, but also avoided programs excluded from the rule, such as unemployment insurance, free or low-cost medical care for uninsured people, and emergency rental assistance.

BOX 1

Family Citizenship and Immigration Status

For this brief, family citizenship and immigration status categories are constructed around such statuses of the foreign-born family members in the household.^a We define each category as follows:

- **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 respondent).
- **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 respondent).
- **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 respondent).

^a In our sample of adults in low-income immigrant families, 35 percent were in families with naturalized citizens, 36 percent were in families with green card holders, and 29 percent were in families with nonpermanent residents.

Background

Immigrant families in the US face systematic barriers to participation in safety net programs, including limitations on program eligibility. They also face a range of challenges that deter eligible family members from program participation, such as language or cultural barriers, lack of information, fears about immigration consequences (Fix and Zimmerman 1999; Fortuny and Chaudry 2011), and logistical and administrative issues (Fortuny and Pedroza 2014). Further, noncitizens' eligibility for many federal programs is limited. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 established that many lawfully present noncitizens would not qualify for key federally funded programs, including SNAP, Medicaid, the Children's Health Insurance Program (CHIP), and Temporary Assistance for Needy Families, limiting eligibility based on immigration status, year of arrival, and number of years of green card status. With some exceptions, such as for refugees and asylees, immigrants must hold a green card for five years to be eligible for federal programs (Perreira and Pedroza 2019).¹

Undocumented immigrants and temporary visa holders are not eligible for federal safety net programs such as Medicaid or SNAP, though they can receive assistance from emergency Medicaid, public health programs that offer immunizations and treatment of communicable diseases, noncash disaster relief, school breakfast and lunch programs, WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children), charitable food assistance, and assistance through homeless shelters.² Eligibility restrictions mean the household benefit level is lower for households with a mix of immigration statuses (e.g., in which there are eligible US-citizen children and ineligible adults). Some

states have filled gaps for certain programs; for example, many states have eliminated the five-year bar for pregnant women and children for Medicaid and CHIP, California is using state funds to cover Medicaid for undocumented young adults, and a new initiative in Illinois uses state funds to cover Medicaid for undocumented seniors. This has created a complex patchwork of rules.³

Federal assistance authorized in response to the pandemic has followed similar principles: many immigrant families were ineligible for the economic impact payments and the expansion of unemployment insurance benefits authorized in March 2020 by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Subsequent legislation that included additional economic impact payments provided payments to some mixed-status families.⁴

Even if families have members eligible for assistance programs, such as US-citizen children, many do not participate because they fear interaction with government agencies or exposure to immigration enforcement authorities. The Trump administration's rhetoric and many changes to immigration and enforcement policies further deterred immigrant families with eligible family members from accessing programs (Pierce and Bolter 2020). Confusion and fear around the expansion of the public charge rule also contributed significantly to heightened chilling effects.⁵

The new public charge rule was recently permanently blocked and is no longer in force; the government has returned to the 1999 field guidance⁶ in place before the Trump-era expansion.⁷ However, studies found that chilling effects began long before the rule took effect in February 2020, as communities heard about the proposed changes and the government rulemaking process unfolded in 2018 (Barofsky et al. 2020; Bernstein, Gonzalez, Karpman, et al. 2019, 2020; Straut-Eppsteiner 2020; Tolbert, Pham, and Artiga 2020). Our research found that adults in immigrant families reported avoiding not only noncash benefit programs included in the new public charge rule, such as Medicaid and SNAP, but programs that would not be considered, such as WIC or health insurance through the Marketplaces. These chilling effects also extended to people who would not be directly affected by a public charge test, including naturalized and US-born citizens and green card holders (Bernstein et al. 2019; Bernstein, McTarnaghan, and Gonzalez 2019) and children (Haley et al. 2020). Even though the expanded rule is no longer in force, chilling effects may persist given the years of confusion and misinformation that have shaped perceptions of the risks of participating in safety net programs.

Reluctance to participate in and lack of access to safety net programs became even more worrisome in the context of the COVID-19 crisis, which has disproportionately affected people of color, many of whom are part of immigrant families. Such families face structural factors that have put them at greater risk for hardships during the pandemic, such as higher uninsurance rates, a higher likelihood of living in multigenerational housing and dense urban areas, jobs that cannot be done remotely, reliance on public transportation, and lower incomes (Artiga and Rae 2020). National COVID-19 infection, death, and vaccination data capture racial and ethnic disparities but do not measure nativity or citizenship. However, extensive news coverage and studies have focused on hardships experienced in immigrant communities during the pandemic (Gelatt, Batalova and Capps 2020; Gonzalez et al. 2020; Make the Road Nevada and Center for Popular Democracy 2021),⁸ and

several studies have analyzed the potential health risks such communities face (Artiga and Rae 2020; Cholera, Falusi, and Linton 2020; Clark et al. 2020; Svajlenka 2020).

The results we report below provide estimates of chilling effects for 2020, when the pandemic and its associated financial and health hardships hit communities across the US. To contextualize these effects, we also provide information on economic impacts and hardship experienced in low-income immigrant families. An accompanying brief examines chilling effects and hardship among adults in immigrant families with children (Haley et al. 2021).

Our methods vary from those used in our previous research on chilling effects using the WBNS (Bernstein, Gonzalez, Karpman, et al. 2019, 2020, 2021; Haley et al. 2020). First, as noted, our estimates are for adults in low-income immigrant families, instead of adults in all immigrant families. Second, we expanded our definition of chilling effects to include avoidance of not only noncash government benefit programs but also other sources of help for meeting basic needs. We also include in our estimates of chilling effects anyone who reported they or a family member avoided benefits because of concerns not only about green card status but also about immigration status or enforcement. These broader measures better reflect the reality that multiple immigration-related concerns deter immigrant families from program participation (FRAC and NILC 2020; Straut-Eppsteiner 2020).

Results

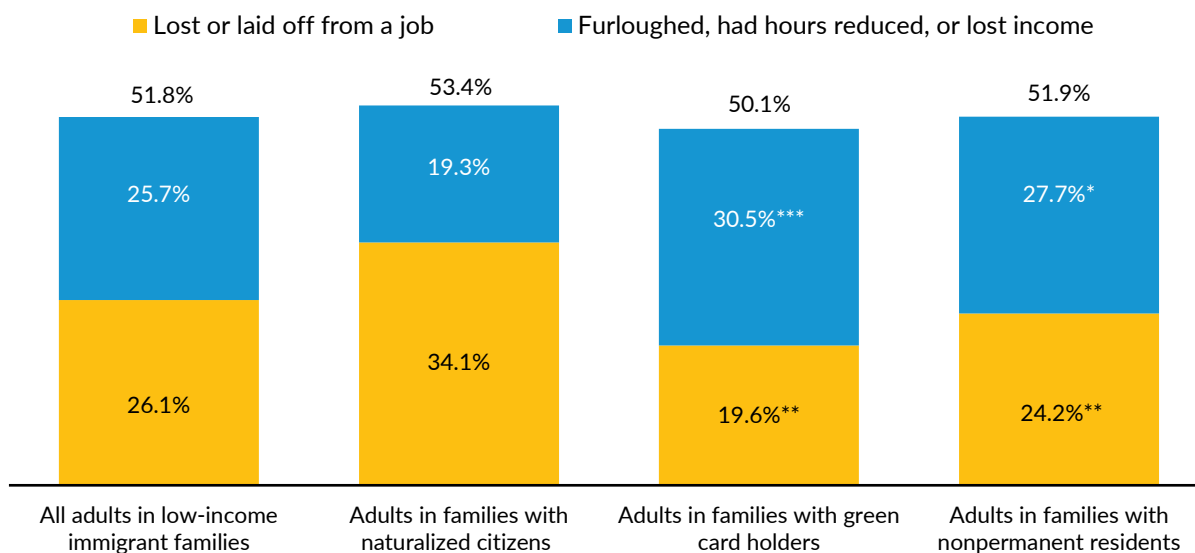
In December 2020, adults in low-income immigrant families had suffered serious employment impacts from the economic crisis, had experienced high rates of food insecurity in the past year, and were worried about meeting their basic needs in the next month.

When the survey was fielded, about half of adults in low-income immigrant families reported the pandemic had negatively affected their or a family member's employment (51.8 percent; figure 1). This includes more than one in four who reported they or their spouse or partner lost a job or were laid off (26.1 percent) and one in four who reported another negative impact on family employment (25.7 percent), including that someone in the family was furloughed, had their work hours reduced, or lost earnings or income.⁹

Though adults in families with naturalized citizens were more likely to report they or their spouse had lost or been laid off from a job (34.1 percent) than adults in other immigrant families, they were less likely to report other negative impacts on family employment (19.3 percent). Among adults in families with green card holders, 19.6 percent reported they or their spouse had lost or been laid off from their job, and 30.5 percent reported other family employment impacts. Among adults in families with nonpermanent residents, 24.2 percent reported the former and 27.7 percent reported the latter. Differences between adults in families with green card holders and those in families with nonpermanent residents were not statistically significant.

FIGURE 1

Share of Adults in Low-Income Immigrant Families Who Reported the Pandemic Negatively Affected Family Employment, Overall and by Family Citizenship and Immigration Status, December 2020



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

Notes: Adults are ages 18 to 64. Low family income is below 200 percent of the federal poverty level. 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. See box 1 for definitions of family citizenship and immigration status categories and the data and methods section for details on question wording.

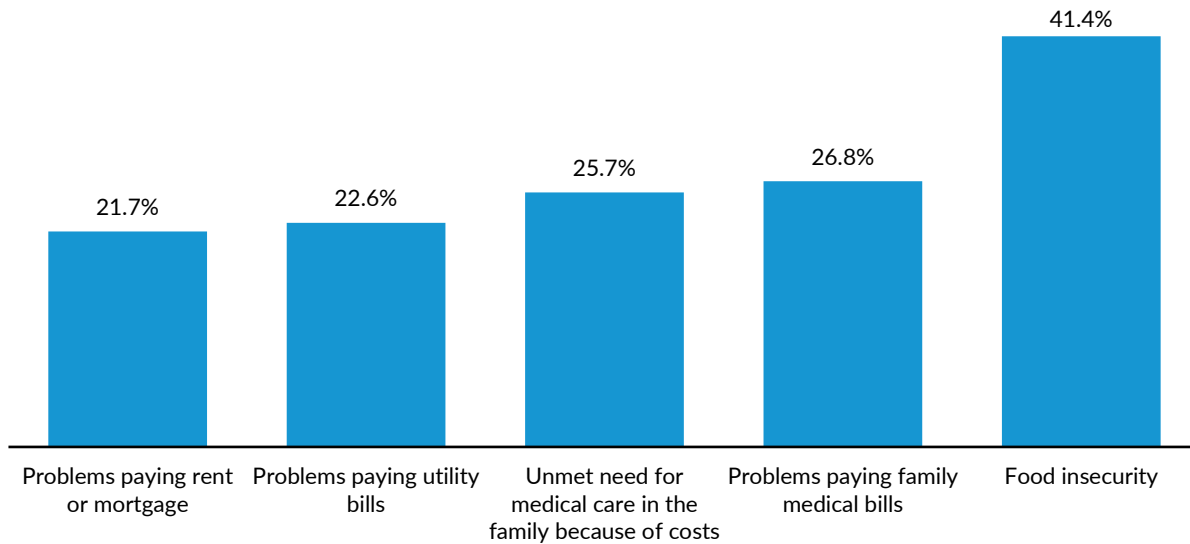
//*** Estimate differs significantly from that for adults in families with naturalized citizens at the 0.10/0.05/0.0 level, using two-tailed tests.

More than 4 in 10 adults in low-income immigrant families (41.4 percent) reported experiencing food insecurity in 2020, which was the most commonly reported form of material hardship (figure 2). More than 1 in 3 adults in low-income immigrant families (36.8 percent) reported some form of medical hardship in the previous year (data not shown), including problems paying family medical bills (26.8 percent) and a family member not getting needed medical care because of costs (25.7 percent). Adults in low-income immigrant families also reported problems paying utility bills (22.6 percent) and rent or a mortgage (21.7 percent).

Adults in families with nonpermanent residents were more likely (36.2 percent) than adults in families with green card holders (25.2 percent) and adults in families with naturalized citizens (20.5 percent) to report problems paying family medical bills (data not shown). Adults in families with nonpermanent residents (29.3 percent) were also more likely than adults in families with green card holders (19.0 percent) and in families with naturalized citizens (18.1 percent) to report problems paying the rent or mortgage (data not shown). Rates of food insecurity, problems paying utility bills, or unmet need for medical care in the family showed no statistically significant differences by family citizenship and immigration status (data not shown).

FIGURE 2

Share of Adults in Low-Income Immigrant Families Who Reported Material Hardships in the Past 12 Months, December 2020



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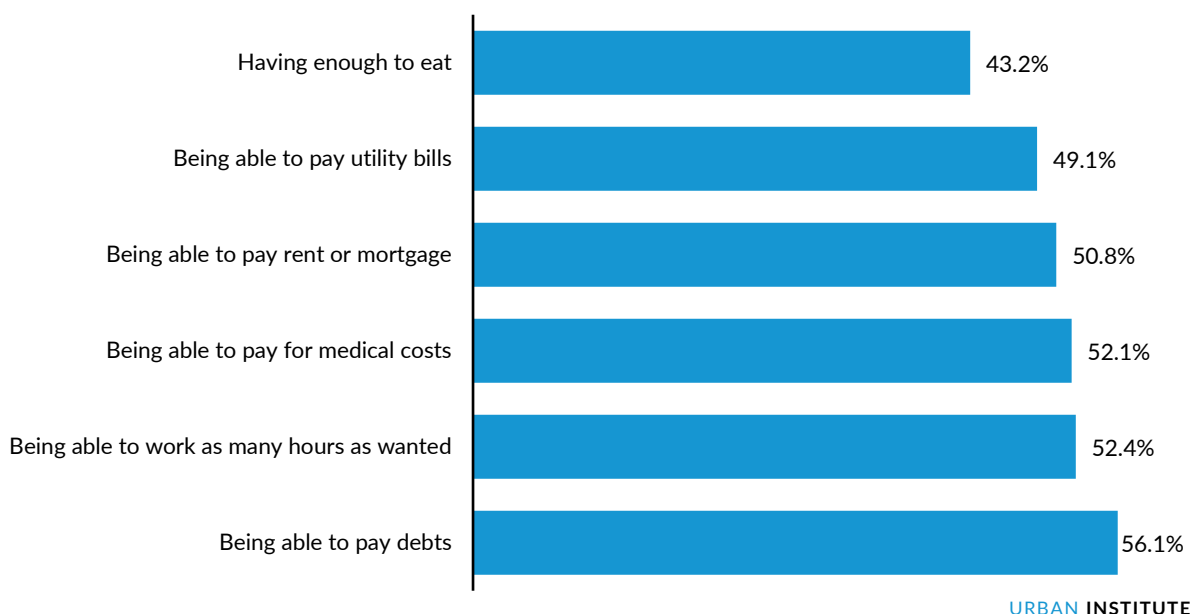
Source: Well-Being and Basic Needs Survey, December 2020.

Notes: Adults are ages 18 to 64. Low family income is below 200 percent of the federal poverty level. See the data and methods section for details on question wording.

Many adults in low-income immigrant families were also worried about being able to pay for basic needs in the next month, including having enough to eat (43.2 percent) and being able to pay rent or a mortgage (50.8 percent), utility bills (49.1 percent), or medical costs (52.1 percent). As shown in figure 3, more than half also worried about being able to work as many hours as they wanted (52.4 percent) or being able to pay debts (56.1 percent).

FIGURE 3

Share of Adults in Low-Income Immigrant Families Who Worried about Meeting Needs in the Next Month, December 2020



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

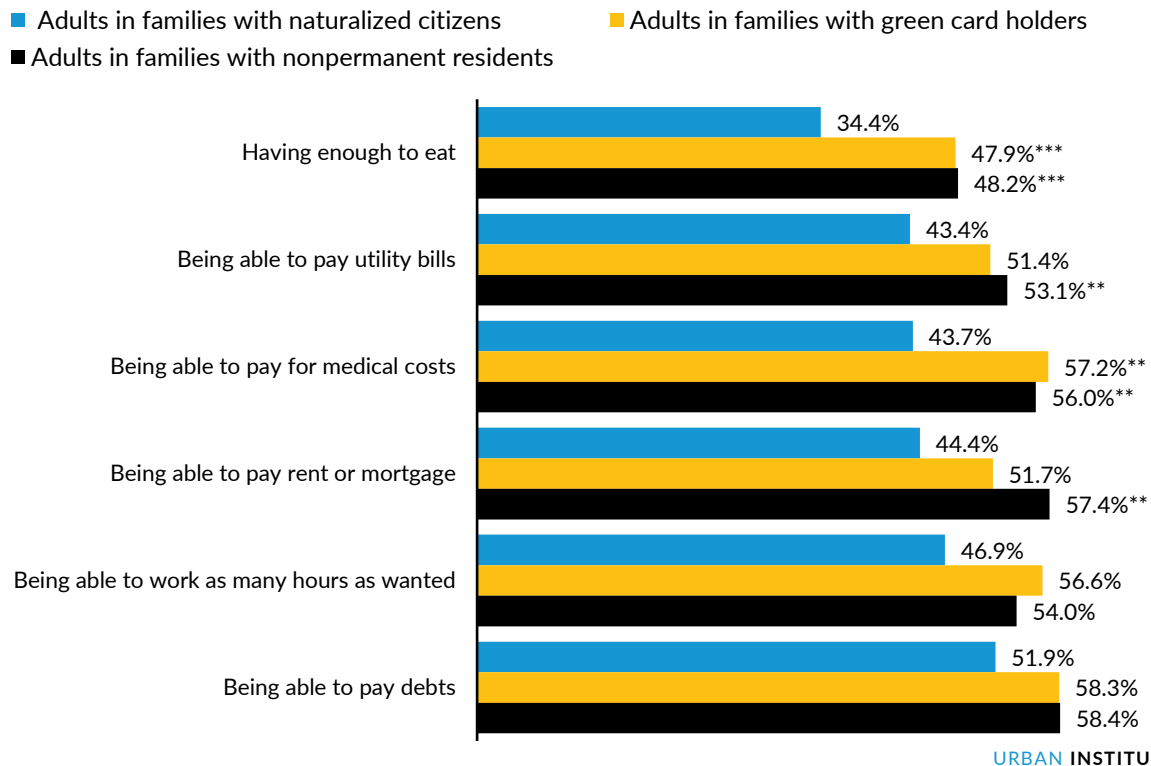
Notes: Adults are ages 18 to 64. Low family income is below 200 percent of the federal poverty level. “Worries” refer to respondents who were “somewhat” or “very” worried about having difficulty in the next month. See the data and methods section for details on question wording.

Adults in families with naturalized citizens were less likely than adults in other immigrant families to be worried about their abilities to meet basic needs in the next month (figure 4). For example, about one-third of adults in families with naturalized citizens (34.4 percent) were worried about having enough to eat in the next month, compared with nearly half of adults in other families (48.2 percent of adults in families with nonpermanent residents and 47.9 percent of adults in families with green card holders). Similarly, 44.4 percent of adults in families with naturalized citizens were worried about being able to pay the rent or mortgage in the next month, compared with more than half of adults in other immigrant families (57.4 percent of adults in families with nonpermanent residents and 51.7 percent of adults in families with green card holders).

In addition, more than half of adults in families with nonpermanent residents (56.0 percent) and adults in families with green card holders (57.2 percent) were worried about being able to pay for medical costs in the next 30 days, compared with 43.7 percent of adults in families with naturalized citizens. Differences in uninsurance rates by family citizenship and immigration status followed a similar trend: 61.9 percent of adults in families with nonpermanent residents were uninsured or lived with an uninsured spouse, partner, or child under age 19, more than twice the rate for adults in families with naturalized citizens (28.1 percent; data not shown). In addition, 4 in 10 adults in families with nonpermanent residents (40.4 percent) did not report having a usual source of health care,

compared with roughly 1 in 5 (19.2 percent) adults in families with naturalized citizens (data not shown).

FIGURE 4
Share of Adults in Low-Income Immigrant Families Who Worried about Meeting Needs in the Next Month, by Family Citizenship and Immigration Status, December 2020



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

Notes: Adults are ages 18 to 64. Low family income is below 200 percent of the federal poverty level. “Worries” refer to respondents who were “somewhat” or “very” worried about having difficulty in the next month. See box 1 for definitions of family citizenship and immigration status categories and the data and methods section for details on question wording. Differences between estimates for adults in families with green card holders and those in families with nonpermanent residents were not statistically significant.

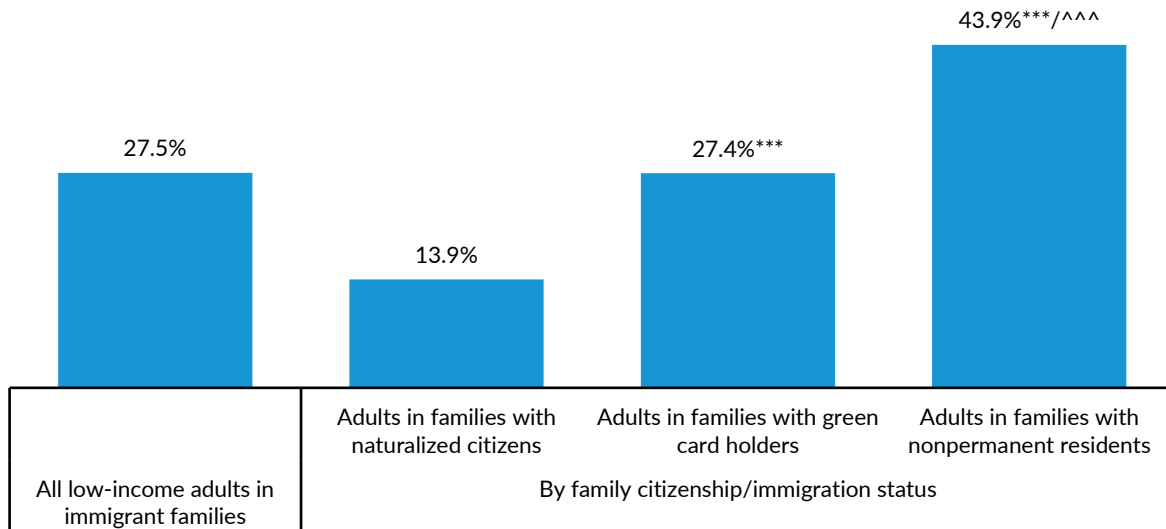
*/**/*** Estimate differs significantly from that for adults in families with naturalized citizens at the 0.10/0.05/0.0 level, using two-tailed tests.

Despite facing hardships, more than one in four adults in low-income immigrant families (27.5 percent) reported they or a family member avoided noncash benefits or other help with basic needs in 2020 because of green card or other immigration concerns, and this rate was particularly high among families with nonpermanent residents.

Compared with adults in other low-income immigrant families, those in families with nonpermanent residents were most likely to report chilling effects: more than 4 in 10 (43.9 percent) avoided noncash benefits or other help with basic needs because of immigration-related concerns, compared with more

than 1 in 4 adults in families with green card holders (27.4 percent) and 1 in 7 adults in low-income families with naturalized citizens (13.9 percent; figure 5).

FIGURE 5
Share of Adults in Low-Income Immigrant Families Who Avoided Noncash Government Benefits or Other Assistance in the Past Year Because of Immigration Concerns, Overall and by Family Citizenship and Immigration Status, December 2020



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

Notes: Adults are ages 18 to 64. Low family income is below 200 percent of the federal poverty level. See the data and methods section for details on question wording and box 1 for definitions of family citizenship and immigration status categories.

*/**/*** Estimate differs significantly from that for adults in families with naturalized citizens at the 0.10/0.05/0.0 level, using two-tailed tests.

^/^/^ Estimate differs significantly from that for adults in families with green card holders at the 0.10/0.05/0.0 level, using two-tailed tests.

Respondents most commonly reported avoiding programs that help people meet nutrition and health needs (table 1). More than 1 in 8 adults in low-income immigrant families reported that someone in the family avoided a nutrition program (13.2 percent), almost 1 in 9 reported avoiding a health program (10.9 percent), and just under 1 in 10 reported avoiding a housing assistance program (9.8 percent).

TABLE 1

Share of Adults in Low-Income Immigrant Families Who Avoided Noncash Government Benefits or Other Assistance in the Past Year Because of Immigration Concerns, Overall and by Family Citizenship and Immigration Status, December 2020

	Adults in Low-Income Immigrant Families with			
	All	Naturalized citizens	Green card holders	Nonpermanent residents
Share reporting avoiding the following benefits or assistance (%)				
<i>Health</i>				
Medicaid ^a or CHIP for someone in the family	8.1	5.0	7.0	13.0***/^ ^^
Medicaid or CHIP for a child	2.6	1.8	2.3	3.9**
Free or low-cost medical care through a clinic of health center for people without health insurance	6.7	2.2	6.9**	12.1***
Any health program above	10.9	5.3	10.3	18.2***/^ ^^
<i>Food and nutrition</i>				
SNAP ^a	9.2	5.7	7.7	15.2***/^ ^^
P-EBT	4.2	1.6	3.0	8.8***/^ ^^
WIC	4.6	2.3	4.1	8.0***/^ ^^
Free or reduced-price school lunches	3.0	1.8	0.9	6.8**/^ ^^
Emergency food assistance	5.7	3.1	5.5	9.0***
School-provided replacements for school meals	3.0	1.7	1.9	6.0**/^
Any food/nutrition program above	13.2	6.7	12.4**	22.0***/^ ^^
<i>Housing</i>				
Housing subsidies ^a	6.6	3.5	4.9	12.2***
Emergency rental assistance	6.6	1.6	6.9**	12.4***
Any housing program above	9.8	4.0	9.5**	17.0***
<i>Unemployment insurance</i>	7.4	3.1	4.4	16.1***
<i>Emergency cash assistance</i>	6.5	2.0	5.6**	13.0***
Sample size (N)	1,076	334	368	374

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 Benefits 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. See the data and methods section for details on question wording and box 1 for definitions of family citizenship and immigration status categories.

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

*/**/** Estimate differs significantly from that for adults in families with naturalized citizens at the 0.10/0.05/0.01 level, using two-tailed tests.

^^/^ ^^ Estimate differs significantly from that for adults in families with green card holders at the 0.10/0.05/0.01 level, using two-tailed tests.

Adults reported avoiding programs targeted by the expanded public charge rule, such as Medicaid, SNAP, and housing subsidies. But they also avoided programs not included in the rule, such as unemployment insurance (7.4 percent); free or low-cost medical care through a local health clinic or health center for people without health insurance (6.7 percent); emergency rental assistance (6.6

percent), cash assistance (6.5 percent), or food assistance (5.7 percent) from a local government or community organization; nutrition programs, such as WIC (4.6 percent), P-EBT (4.2 percent),¹⁰ free or reduced-price school lunches (3.0 percent), and replacements for school meals (3.0 percent); or Medicaid or CHIP for a child (2.6 percent).

Consistent with overall chilling effect patterns, adults in families with nonpermanent residents were most likely to avoid health and nutrition assistance. Among these adults, 18.2 percent avoided a health program, compared with 10.3 percent of adults in families with green card holders and 5.3 percent in families with naturalized citizens. Twenty-two percent of adults in families with nonpermanent residents avoided a nutrition program, compared with 12.4 percent of adults in families with green card holders and 6.7 percent in families with naturalized citizens.

Though not significantly different from the shares among adults in families with green card holders, adults in families with nonpermanent residents were more likely than adults in families with naturalized citizens to avoid housing programs (17.0 percent versus 4.0 percent), emergency cash assistance (13.0 percent versus 2.0 percent), and unemployment insurance (16.1 percent versus 3.1 percent) because of green card or other immigration concerns.

Discussion

The data in this brief document the serious economic impacts suffered by low-income immigrant families during the COVID-19 pandemic in 2020. More than half of adults in these families reported serious employment impacts, 4 in 10 reported food insecurity, and 1 in 4 reported having challenges paying for medical care or going without medical care because of costs. But many of these families were reluctant to participate in key nutrition, health, housing, or cash safety net programs or to receive other assistance that could help them meet basic needs.

The public health and economic crises of 2020 put into sharp relief the risks to well-being when low-income immigrant families lack access to safety net programs or avoid accessing programs for which they or their family members are eligible because of immigration-related concerns. These risks are particularly pronounced not only for households where one or more adults are nonpermanent residents or green card holders but even for some households where all foreign-born members are naturalized citizens. In this section, we discuss several policy options for mitigating persistent chilling effects on immigrant families' participation in safety net programs and for addressing other gaps in their access to benefits.

Engaging with communities to communicate changes to the public charge policy. The recent reversal of the Trump administration's expanded public charge rule could increase immigrant families' participation in safety net programs, but chilling effects will likely persist, unless government agencies and their community partners clearly communicate the policy change and help immigrant families access benefits. Federal, state, and local agencies can develop communications strategies to build trust and reassure immigrant families that accessing critical basic supports or seeking medical care will not affect their or their family members' immigration statuses;¹¹ such efforts can be informed by

partnering with organizations trusted in specific communities and engaging communities to understand families' concerns, barriers to program access, and possible strategies for mitigating these effects.

Addressing barriers to program access for eligible families. Agencies and policymakers can also address the broader barriers that have prevented eligible immigrant families from participating in safety net programs at rates comparable with those of their low-income US-born counterparts (Perreira and Pedroza 2019). Many immigrant families include a combination of immigration and citizenship statuses across members, and the vast majority of children in these families are US-born citizens. Such families face both the logistical and administrative barriers to accessing benefits encountered by all families and additional barriers specific to immigrant communities. The latter can include language barriers, fear of sharing information, tendencies to avoid interacting with public authorities for fear of contact with immigration enforcement agencies, and fears of being determined a public charge. State- and local-level agencies' and programs' efforts to develop immigrant-inclusive communications and programming have varied widely,¹² and they can do more to encourage immigrants to access programs. To ensure immigrant families' access to safety net and emergency relief programs, states can spread awareness about programs and mitigate immigration-related fears;¹³ to do so, they can reduce the amount of information requested on application forms, avoid requesting the Social Security number or immigration status of individuals applying for benefits for relatives, improve translated materials, protect confidentiality, train program workers on complex eligibility rules, and work with community-based partners that immigrant communities trust (Hager 2020).

Expanding eligibility and filling in eligibility gaps. Current eligibility rules for federal safety net programs exclude many noncitizens, including many with lawful status. These restrictions have come under new scrutiny during the pandemic, given recognition of the role of essential workers and of undocumented immigrants' and mixed-status families' disconnection from safety net and emergency relief programs.¹⁴ Eligibility for federal pandemic relief funding has been one contested area of public policy. CARES Act economic impact payments excluded undocumented immigrants and all people in mixed-status families in which any family member lacked a Social Security number. Subsequent relief in December 2020 opened payments to US-citizen and legal immigrant spouses and children in mixed-status households that included one tax filer with a Social Security number. The recent American Rescue Plan additionally provided payments for US-citizen children of undocumented immigrants who have an individual taxpayer identification number (ITIN). Undocumented immigrants themselves, however, are still excluded.¹⁵

Many states and localities have stepped in to provide supports for those ineligible for federal pandemic assistance. This has included local cash relief programs for undocumented immigrants, many supported by philanthropy,¹⁶ and state-level efforts such as California's \$75 million cash assistance fund for undocumented immigrants,¹⁷ recent passage of a \$2.1 billion fund to provide cash assistance to undocumented immigrants in New York,¹⁸ and more permanent changes like Illinois's expansion of Medicaid to low-income seniors who are undocumented or ineligible because of the five-year bar.¹⁹ Recent legislative efforts in states such as Colorado, New Mexico, and Washington have also

expanded access to tax credits for filers with ITINs (CBPP 2021). In addition, some federal legislation has been proposed that would change program eligibility rules for immigrants more broadly, though the political feasibility is unclear.²⁰

Changing immigration policies. The results of this study suggest low-income immigrant families in which all foreign-born members are naturalized citizens should be at less risk than those in which not all noncitizen members have a green card. However, these data do not permit us to attribute differences to citizenship alone. Further research is needed to understand how citizenship may function as a protective factor in situations of acute need, how citizenship relates to safety net program participation, and how both play out in multiple-status families. As eligibility rules and chilling effects continue keeping many in immigrant families away from safety net programs, expanding access to green cards and citizenship by improving the functioning of the immigration system is another consideration. Current legislative proposals such as the US Citizenship Act would create pathways to citizenship for many undocumented immigrants and a wide range of policies to expand access to lawful admissions processes. The bill would also address access to health care benefits for recipients of Deferred Action for Childhood Arrivals and others who would be put on a path to citizenship through mechanisms in the bill, but gaps in access would remain (NILC 2021a, 2021b). Reforming admissions policies requires overcoming significant legislative hurdles, but regulatory changes (e.g., to application processing rules, application fees, or the citizenship test) that may be more expeditious can also put more people on the path to citizenship.

Immigrants' access to safety net programs has long been more restrictive than such access for US-born adults. Federal, state, and local governments and their partners can work to engage and serve more people in need, especially those who face systematic barriers to program participation and have suffered significant hardships during the pandemic.

Data and Methods

This brief draws on data from a nationally representative sample of adults ages 18 to 64 who participated in the December 2020 round of the Urban Institute's Well-Being and Basic Needs Survey. The WBNS is an internet-based survey designed to monitor changes in individual and family well-being as policymakers consider changes to federal safety net programs. For each round of the WBNS, we draw a stratified random sample (including a large oversample of adults in low-income households and an additional oversample of noncitizens) from the KnowledgePanel, a probability-based internet panel maintained by Ipsos that includes households with and without internet access. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of nonelderly adults based on benchmarks from the Current Population Survey and the American Community Survey. Participants can complete the survey in English or Spanish. For further information on the survey design and content, see Karpman, Zuckerman, and Gonzalez (2018).

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.²¹ 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. A total of 7,737 adults were in the core sample for the December 2020 WBNS and 433 adults were in the noncitizen oversample. Overall, 2,046 adults in immigrant families participated in the survey.

This brief focuses on the 1,076 adults in immigrant families with low family incomes (i.e., below 200 percent of the federal poverty level in 2020). We focus this brief on adults in low-income immigrant families given the relevance of safety net programs for this population. Whereas the definition for adults in immigrant families may include any relative living in the household (e.g., grandparents), family income is defined narrowly as that for the respondent, their spouse or partner, and their children under age 19.

Chilling Effects within a Family

We define chilling effects as avoidance of public benefits and other programs because of immigration concerns.²² This includes adults who responded “yes” to one or more of the following survey questions, covering both noncash government benefits and other help with basic needs:

1. Was there a time in the past 12 months when you or someone in your family **decided not to apply for** one or more noncash government benefits, such as Medicaid or CHIP, SNAP (or food stamps), or housing subsidies, because you were worried it would disqualify you or a family member or relative from obtaining a green card?
2. Was there a time in the past 12 months when you or someone in your family **stopped participating in** any noncash government benefits, such as Medicaid or CHIP, SNAP (or food stamps), or housing subsidies, because you were worried it would disqualify you or a family member or relative from obtaining a green card?
3. Was there a time in the past 12 months when you or your family did not apply or participate in noncash government benefits because of other worries about immigration status or enforcement?
4. Was there a time in the past 12 months when you or your family did not get **other help** with basic needs like rent, food, or medical care because of worries about obtaining a green card or other worries about immigration status or enforcement?

Respondents were asked separately whether they (1) avoided Medicaid or CHIP for someone in the family and (2) avoided Medicaid or CHIP for a child in the family.

We collected information on avoidance of programs that were and were not listed in the public charge rule. Respondents 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, and higher-income respondents may have reported chilling effects on a relative with lower income.

See Bernstein and coauthors (2021) for our findings regarding chilling effects among all immigrant families in 2020. Our earlier studies (Bernstein et al. 2019; Bernstein, Gonzalez, Karpman, et al. 2020) used a narrower definition of chilling effects that only considered green card concerns as reasons for avoiding programs.

The entire questionnaire is available for all other details on question wording.²³

Limitations

One limitation of the WBNS is its low response rate, which is comparable with that of other panel surveys that account 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.

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 2019 American Community Survey, 5 percent of this group speaks English less than well and speaks a primary language other than Spanish.

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

Last, the impacts of the pandemic on survey research, including the findings in this report, are not yet fully understood. Comparing 2020 results with those from earlier years should be approached with caution, particularly for subgroup estimates, which are subject to greater sampling error than estimates for the overall sample of adults in immigrant families.

Notes

- ¹ Federal means-tested programs subject to the five-year bar include Medicaid (except for emergency Medicaid), the Children’s Health Insurance Program, Temporary Assistance for Needy Families, the Supplemental Nutrition Assistance Program, and Supplemental Security Income. For more information, see Broder, Moussavian, and Blazer (2015).
- ² Though people may be ineligible for federally funded benefits, some may be eligible for other programs and supports in certain states or localities. For detailed information about immigrant eligibility rules, see Congressional Research Service (2016).
- ³ See Julia Gelatt, Hamutal Bernstein, and Heather Koball, “State Immigration Policy Resource,” Urban Institute, May 4, 2017, <https://www.urban.org/features/state-immigration-policy-resource>.
- ⁴ Julia Gelatt, Randy Capps, and Michael Fix, “Nearly 3 Million US Citizens and Legal Immigrants Initially Excluded under the CARES Act Are Covered under the December 2020 COVID-19 Stimulus,” Migration Policy Institute, January 2021, <https://www.migrationpolicy.org/news/cares-act-excluded-citizens-immigrants-now-covered>.
- ⁵ For more background on the public charge rule, see Bernstein, Gonzalez, Gonzalez, and coauthors (2020).
- ⁶ 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>.
- ⁷ Chantal da Silva, “Biden Administration Says It Won’t Defend Trump’s ‘Public Charge’ Rule as It Defies ‘Nation’s Values,’” *Forbes*, March 20, 2021, <https://www.forbes.com/sites/chantaldasilva/2021/03/10/biden-administration-says-it-wont-defend-trumps-public-charge-rule-as-it-defies-nations-values/?sh=5441738570ea>. In addition, the White House issued an executive order requiring federal agencies to review the policy; see the White House, “Executive Order on Restoring Faith in our Legal Immigration Systems and Strengthening Integration and Inclusion Efforts for New Americans,” February 2, 2021, <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/02/02/executive-order-restoring-faith-in-our-legal-immigration-systems-and-strengthening-integration-and-inclusion-efforts-for-new-americans/>.
- ⁸ Massachusetts Immigrant and Refugee Advocacy Coalition, “Community Survey: The Impact of COVID-19 on Immigrants in Mass,” Massachusetts Immigrant and Refugee Advocacy Coalition, accessed May 14, 2021, <https://www.miracoalition.org/resources/covid19/community-survey-the-impact-of-covid-19-on-immigrants-in-mass/>.
- ⁹ Adults whose families lost jobs include those who reported they or their spouse or partner lost or was laid off from a job. Adults 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 age 19 lost or was laid off from a job.
- ¹⁰ P-EBT is the Pandemic Electronic Benefit Transfer program.
- ¹¹ On April 12, 2021, US Citizenship and Immigration Services released a statement to partners seeking help in clarifying the policy change to the public; see <https://www.uscis.gov/sites/default/files/document/notices/SOPDD-Letter-to-USCIS-Interagency-Partners-on-Public-Charge.pdf>.
- ¹² Sara McTarnaghan, Hamutal Bernstein, Carolyn Vilter, and Adaeze Okoli, “Including Immigrants in State and Local Support Responses during the COVID-19 Pandemic,” *Urban Wire* (blog), Urban Institute, July 6, 2020, <https://www.urban.org/urban-wire/including-immigrants-state-and-local-support-responses-during-covid-19-pandemic>.

- ¹³ Center on Budget and Policy Priorities, memo to interested parties, regarding supporting immigrants by maximizing opportunities in the American Rescue Plan, memo, April 15, 2021, <https://drive.google.com/file/d/1xMbrP8hH2WQQaHydMzctJ85yu0yVT0ZD/view>.
- ¹⁴ See NILC (2020) and “COVID-19 Highlights the Need to Support Immigrants Now and into the Future,” Grantmakers Concerned with Immigrants and Refugees, May 15, 2020, <https://www.gcir.org/news/covid-19-highlights-need-support-immigrants-now-and-future>.
- ¹⁵ Gelatt, Capps, and Fix, “Nearly 3 Million US Citizens and Legal Immigrants Initially Excluded under the CARES Act Are Covered under the December 2020 COVID-19 Stimulus,” Migration Policy Institute.
- ¹⁶ The Emma Lazarus Campaign from Open Society Foundations provided support for cash assistance programs for undocumented immigrants in 30 jurisdictions across the US, including Philadelphia, Denver, New Orleans, Harris County, Atlanta, and Nevada (Open Society Foundations 2021).
- ¹⁷ Office of Governor Gavin Newsom, “Governor Newsom Announces New Initiatives to Support California Workers Impacted by COVID-19,” press 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 See FPI (2021) and Annie Correal and Luis Ferré-Sadurní, “\$2.1 Billion for Undocumented Workers Signals New York’s Progressive Shift,” *New York Times*, April 8, 2021, <https://www.nytimes.com/2021/04/08/nyregion/covid-relief-undocumented-workers-nyc.html>.
- ¹⁹ “Coverage for Immigrant Seniors,” Illinois Department of Healthcare and Family Services, accessed May 17, 2021, <https://www.illinois.gov/hfs/Pages/CoverageForImmigrantSeniors.aspx>.
- ²⁰ Federal legislation includes Health Equity and Access under the Law, the HEAL Act, which would remove the five-year bar for Medicaid and CHIP for all federally authorized immigrants who would otherwise be eligible and would give undocumented immigrants access to health insurance through the Marketplaces; see “The HEAL for Immigrant Women and Families Act,” National Asian Pacific American Women’s Forum, accessed May 17, 2021, <https://www.napawf.org/heal>.
- ²¹ 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) either multiple races or other race not born in Asia.
- ²² 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.
- ²³ For the exact wording of all questions on the Well-Being and Basic Needs Survey, see the survey questionnaire at https://www.urban.org/sites/default/files/2021/02/16/wbns_2020_questionnaire.pdf.

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