

Health Policy Brief

March 2021

One in 4 Low-Income Immigrant Adults in California Avoided Public Programs, Likely Worsening Food Insecurity and Access to Health Care

Susan H. Babey, Joelle Wolstein, Riti Shimkhada, and Ninez A. Ponce

“One out of 4 (25%) low-income immigrant adults reported avoiding public programs out of fear that participating would negatively impact immigration status.”

SUMMARY: Recent changes to immigration rules have expanded the number of public programs considered when identifying immigrants who are likely to become a “public charge,” or dependent on the government as their primary means of support. Policies and systems that perpetuate fear and confusion around immigration status contribute to the avoidance of public programs, which has serious implications for health and well-being. One out of 4 (25%) low-income immigrant adults in California reported avoiding public programs such as Medicaid or nutrition assistance programs out of fear that participating would negatively impact their own immigration status or that of a family member.

More than one-third (37%) of immigrants who reported avoiding public programs in the past

year were uninsured, compared to less than one-fifth of immigrants who did not avoid public programs (16%). In addition, more than half of those who avoided public programs in the past year were food insecure (54%), compared to just over one-third who had not avoided public programs (36%). Even groups not subject to the public charge rule reported avoiding public programs: More than one-quarter (27%) of lawful permanent residents reported avoiding public programs, even though the public charge rule does not apply to their applications for citizenship.

These findings emphasize the adverse consequences that exclusionary immigration policies can have on health, and they highlight the need for accurate information from resources that people trust.

Immigration officials in the U.S. use the term “public charge” to describe people applying for lawful permanent residency (also called a “green card”) who are deemed likely to become primarily dependent on the government as their main source of support in the future. A proposal first made in 2018 and finalized in 2020 expanded the number of public programs considered in determining who is likely to be deemed a public charge. Additional programs

not previously considered include the Supplemental Nutrition Assistance Program (SNAP), formerly called food stamps; federally funded Medicaid; and several housing assistance programs. Subsequent court challenges have kept the new rule in the news.¹ In February 2021, the Biden administration began the process of permanently reversing the changes by calling for an immediate review of the public charge rule.

 The
California
Endowment

Support for this policy brief was provided by a grant from The California Endowment.

“Hesitancy to participate in public programs can negatively impact health and access to health care.”

Research suggests that even before the rule was implemented, there was a chilling effect in 2018 and 2019 among eligible immigrants who qualified for public programs but avoided participating in them out of concern it would affect their own immigration status or that of a family member.^{2, 3} Chilling effects were also observed among immigrants not subject to the rule changes.⁴ Hesitancy to participate in public programs like SNAP (or CalFresh in California) and Medicaid (or Medi-Cal in California) can negatively impact health and access to health care. Decreased participation in Medicaid leaves more individuals uninsured, reducing their access to health care services. Community health centers reported decreased use of such health care services as preventive care and prenatal care among immigrant patients shortly after the final rule was published in 2019.⁵ Reduced participation in nutrition programs such as SNAP could contribute to worse health outcomes, particularly for children, as well as increased hardship if families experiencing food insecurity forgo food assistance.⁶

This policy brief uses data from the 2019 California Health Interview Survey (CHIS) to describe the characteristics of adults who reported avoiding participation in public programs due to concerns that it could negatively impact their own immigration status or that of a family member. The brief also examines the association of avoiding public programs with access to health care and food insecurity. Measures are described in more detail under “Data Source and Methods” at the end of this policy brief. Please note that all data presented in this brief were collected prior to the COVID-19 pandemic.

One in 4 Low-Income Immigrant Adults Avoided Public Programs

In California in 2019, one-quarter (25%) of immigrant adults with incomes below 200% of the federal poverty level (FPL) reported avoiding public programs out of fear it would negatively impact immigration status, and 55% of those who avoided public programs reported doing so in the past year. The proportions who avoided public programs

Percentage Who Ever Avoided Public Programs Out of Concern Over Negative Impacts on Immigration Status, Adults Born Outside U.S., Ages 18 and Older, Income Below 200% FPL, California, 2019

Exhibit 1

	Ever Avoided Public Programs
Age	
18–34	34% *
35–49	28% *
50–64	17%
65+	17%
Race/Ethnicity	
Latinx	30% *
Black	45% * †
Asian	14% *
White	6% †
Family Composition	
No children	17%
Married with children	36% *
Single with children	32% *
English Proficiency	
Speaks English only	6% †
Very well or well	25% *
Not well or at all	29% *
Citizenship Status	
Naturalized citizen	16%
Noncitizen, Lawful Permanent Resident (LPR)	27% *
Noncitizen, not permanent resident	42% *
Overall	25%

Source: 2019 California Health Interview Survey

Note: There were no respondents of other races who reported avoiding public programs.

*Significantly different from those identifying as Ages 50–64, White, No Children, Speaks English Only, Naturalized Citizen, $p < 0.05$.

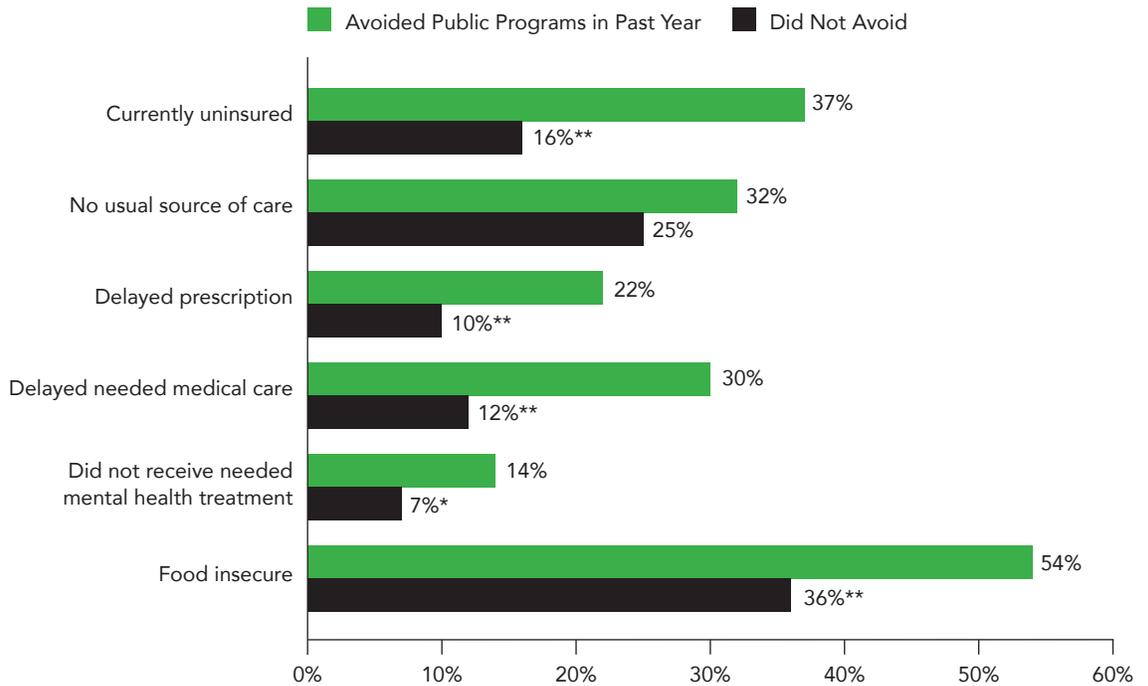
† Estimate is not statistically reliable.

were higher for adults younger than 50 compared to older adults, for Latinx and Asians compared to whites, for families with children compared to those without children, and for those with limited English proficiency compared to those who speak only English (Exhibit 1). In addition, more than one-third (34%) of noncitizens reported avoiding public programs (data not shown). This percentage was higher among noncitizens who are not

permanent residents than among noncitizen lawful permanent residents (LPR) (42% and 27%, respectively). It is worth noting that more than one-quarter of LPR adults reported avoiding public programs, suggesting a chilling effect, since LPR immigrants applying for citizenship are not subject to the public charge rule (although it could affect family members, depending on their immigration status).

“More than one-quarter of LPR adults reported avoiding public programs, suggesting a chilling effect.”

Exhibit 2

Health Care Access and Food Insecurity by Avoiding Public Programs in Past Year, Adults Ages 18 and Older, Born Outside U.S., Income Below 200% FPL, California, 2019


Source: 2019 California Health Interview Survey

**Significantly different from "Avoided Public Programs in Past Year," $p < 0.05$, * $p < .10$

“Immigrants who reported avoiding public programs in the past year had worse access to health care and higher food insecurity.”

Food Insecurity and Uninsurance Were High Among Those Who Avoided Public Programs

Immigrants who reported avoiding public programs in the past year had worse access to health care than those who did not avoid public programs (Exhibit 2). More than one-third of immigrants who reported avoiding public programs in the past year were uninsured, compared to less than one-fifth of those who did not avoid public programs (37% vs. 16%). The percentage who reported

delays in needed medical care, delays in getting prescription medication, and not receiving needed mental health treatment was twice as high among those who had avoided public programs in the past year as among those who had not. Immigrants who reported avoiding public programs in the past year also had higher food insecurity, with more than half of those who avoided public programs in the past year being food insecure (54%), compared to just over one-third of those who had not avoided public programs (36%).

Conclusions and Recommendations

In 2019, 1 out of 4 low-income immigrant adults in California reported having ever avoided public programs like Medicaid or SNAP out of fear it would disqualify them for lawful permanent residency (a green card) or citizenship, even before the public charge rule went into effect. This avoidance of public programs has important implications for health and well-being. The percentages of those having food insecurity, being uninsured, and delaying needed medical care were all higher among those who reported avoiding public programs than among those who did not avoid public programs.

In addition, the percentages who reported avoiding public programs were higher among certain population groups, including Latinx, Asians, families with children, and those with limited English proficiency. Even groups not subject to the public charge rule reported avoiding public programs: More than one-quarter (27%) of LPR immigrants reported avoiding public programs, even though the public charge rule does not apply to applications for citizenship.⁷

Other research provides evidence that the announcement and subsequent release of the new public charge rule led to a chilling effect on enrollment in public programs like Medicaid and SNAP.^{2, 3} These studies show that eligible immigrants began avoiding public programs in 2018, well before the rule went into effect, and that declines in participation accelerated once the rule was officially published for public comment. The findings presented in this brief highlight the potential negative consequences for health and well-being of avoiding public programs like SNAP and Medicaid.

In addition, previous research demonstrates widespread confusion and misunderstanding about which programs are included under the new rule and who will be subject to the rule. For example, according to research by the Urban Institute, only 23% of California adults in immigrant families knew that the public charge rule does not apply to applications for citizenship.⁸ The finding presented in this brief that 27% of LPRs reported avoiding public programs may have resulted from confusion around the public charge rule.

Our findings, along with previous research, provide evidence of disenrollment from or avoidance of public programs. In addition, our findings indicate that avoiding public programs is associated with adverse health outcomes. Taken together, these findings suggest the need for strategies to provide accurate information about immigration rules, as well as the need to consider the public health consequences of rules impacting participation in public programs. The following strategies may help protect the health of Californians, particularly during a pandemic:

- ***Provide accurate, reliable information to overcome misinformation and confusion.*** The documented confusion about the public charge immigration rule, along with evidence presented here of avoidance of public programs by those not affected by the public charge rule, highlights the need for accurate information from sources that people trust. More than one-quarter of LPRs in California reported avoiding public programs, even though citizenship applications are not subject to the public charge rule. According to a survey conducted by the Urban Institute, some of the most

“These findings suggest the need to consider the public health consequences of rules impacting participation in public programs.”

“*Inclusive policies that provide access to public programs could help combat the chilling effects of the public charge rule.*”

trusted sources of information on public charge were community legal organizations and state and local agencies.⁸ Investments in information campaigns led by these types of organizations can provide a path for communicating accurate information about public programs and their relationship to immigration. In addition, the finding that avoidance of public programs was higher among nonnative English speakers suggests that this information needs to be provided in-language.

- ***Avoid and reverse policies that negatively impact participation in public programs.***

Several studies have documented disenrollment or avoidance of public programs associated with changes to the public charge rule. Inclusive policies that provide access to public programs could help combat the chilling effect of the rule. This brief provides evidence that avoidance of public programs such as Medicaid and SNAP was linked to several adverse health outcomes, including high levels of food insecurity and lack of health insurance. In addition, previous research suggests that disenrollment from public programs would disproportionately impact California children.⁹ Our findings provide further evidence that avoidance of public programs was higher among families with children.

It is difficult to build trust in immigration policies, and policies like the current public charge rule cause families to fear participating in public programs that provide health care, nutrition, and housing support. These public programs serve as a crucial safety net for California families. To protect public health, exclusionary policies that lead to disenrollment from public programs benefiting health should be avoided.

Data Source and Methods

This policy brief presents data from the 2019 California Health Interview Survey (CHIS), which collected data from 22,160 adults. Interviews were conducted in English, Spanish, Chinese (Mandarin and Cantonese), Vietnamese, Korean, and Tagalog. CHIS has a complex survey design that requires analysts to use survey weights to provide accurate variance estimates and statistical testing. All analyses presented in this policy brief incorporate these survey weights.

Beginning in 2019, adults born outside the U.S. or its territories were asked, “Was there ever a time when you decided not to apply for one or more noncash government benefits, such as Medi-Cal, food stamps, or housing subsidies, because you were worried it would disqualify you or a family member from obtaining a green card or becoming a U.S. citizen?” Those surveyed were also asked whether this had happened in the past 12 months. Analyses presented in this brief are limited to adult California immigrants with household incomes below 200% FPL (n=1,394), because those with higher incomes are much less likely to be eligible for public programs such as CalFresh and Medi-Cal.

Author Information

Susan H. Babey, PhD, Joelle Wolstein, MPP, PhD, and Riti Shimkhada, MPP, PhD, are research scientists at the UCLA Center for Health Policy Research. Ninez A. Ponce, MPP, PhD, is a professor at the UCLA Fielding School of Public Health and director of the UCLA Center for Health Policy Research.

Funder Information

Support for this policy brief was provided by a grant from The California Endowment.

Acknowledgments

The authors would like to thank the center's Communications Department for assistance with production and dissemination, Julian Aviles for statistical support, and Andrew Juhnke and Parneet Ghuman for CHIS data access support. The authors are grateful to the following reviewers for their thoughtful and thorough reviews: Laurel Lucia, MPP, director of the Health Care Program at the UC Berkeley Labor Center; Tia Shimada, MPH, director of programs, and Betzabel Estudillo, MSW, senior advocate, Nourish California; and Steven P. Wallace, PhD, associate director of the UCLA Center for Health Policy Research and a professor in the Department of Community Health Sciences at the UCLA Fielding School of Public Health.

Suggested Citation

Babey SH, Wolstein J, Shimkhada R, Ponce N. 2021. *One in 4 Low-Income Immigrant Adults in California Avoided Public Programs, Likely Worsening Food Insecurity and Access to Health Care*. Los Angeles, Calif.: UCLA Center for Health Policy Research.

Endnotes

- 1 https://www.ilrc.org/sites/default/files/resources/2020.01.08_public_charge_timeline.pdf
- 2 Bernstein H, Gonzalez D, Karpman M, Zuckerman S. 2020. *Amid Confusion Over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019*. Washington, D.C.: Urban Institute.
- 3 Capps R, Fix M, Batalova J. *Anticipated "Chilling Effects" of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families*. 2020. Washington, D.C.: Migration Policy Institute. <https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real>
- 4 Bernstein H, Karpman M, Gonzalez D, Zuckerman S. 2021. *Immigrant Families Continued Avoiding the Safety Net During the COVID-19 Crisis*. Washington, D.C.: Urban Institute.
- 5 Tolbert J, Artiga S, Pham O. 2019. *Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care Among Health Center Patients*. San Francisco, Calif.: Kaiser Family Foundation.
- 6 *Changes to "Public Charge" Inadmissibility Rule: Implications for Health and Health Coverage*. 2019. San Francisco, Calif.: Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/public-charge-policies-for-immigrants-implications-for-health-coverage/>
- 7 The public charge rule applies to applications for lawful permanent residence (green cards), as well as to new applications for temporary visas or extensions or changes to existing visas. It does not apply to applications to become naturalized citizens.
- 8 Bernstein H, Gonzalez D, McTarnaghan S, Karpman M, Zuckerman S. 2020. *One in Six Adults in California Immigrant Families Reported Avoiding Public Benefits in 2019*. Washington, D.C.: Urban Institute.
- 9 Ponce NA, Lucia L, Shimada T. 2018. *Proposed Changes to Immigration Rules Could Cost California Jobs, Harm Public Health*. Los Angeles, Calif.: UCLA Center for Health Policy Research, UC Berkeley Labor Center, and California Food Policy Advocates.



The California Health Interview Survey covers a wide array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. It is based on interviews conducted continuously throughout the year with respondents from more than 20,000 California households. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, the California Department of Health Care Services, and the Public Health Institute. For funders and other information on CHIS, visit chis.ucla.edu.

10960 Wilshire Blvd., Suite 1550
Los Angeles, California 90024



The UCLA Center
for Health Policy Research
is part of the
UCLA Fielding School of Public Health.

UCLA
FIELDING
SCHOOL OF
PUBLIC HEALTH

The analyses, interpretations, conclusions,
and views expressed in this policy brief are
those of the authors and do not necessarily
represent the UCLA Center for Health Policy
Research, the Regents of the University
of California, or collaborating
organizations or funders.

PB2021-2

Copyright © 2021 by the Regents of the
University of California. All Rights Reserved.

Editor-in-Chief: Ninez A. Ponce, PhD

Phone: 310-794-0909
Fax: 310-794-2686
Email: chpr@ucla.edu
healthpolicy.ucla.edu



Read this publication online