

Health Policy Fact Sheet

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Despite Documented Status, Many California Immigrants Have Negative Perceptions or Experiences of Public Charge Policy

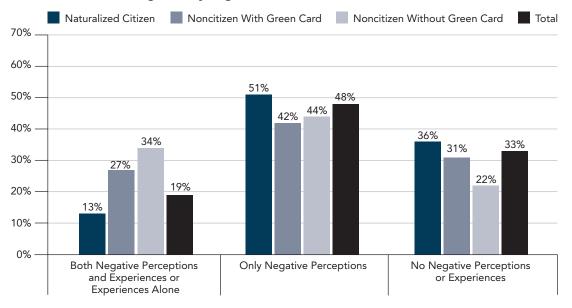
Michael A. Rodriguez, Kathryn G. Kietzman, Brenda Morales, and Nadereh Pourat

he health of immigrants is a topic of major concern, underscored by the large population of immigrants and the reliance of the U.S. economy on this population for essential labor needs. Unfortunately, the restrictive federal policy environment adversely shapes the health of immigrants. One such restrictive policy is the Public Charge Rule.^{1,2}

Much of the research documenting how immigrants' access to health care is adversely impacted by the public charge rule is focused on

immigrants with undocumented status and their children. This research has highlighted how fears of being deported due to being labeled a public charge discourages the use of public services even among those who are eligible.³ While recent research has examined California's Latinx and Asian immigrants' perceptions of their lived experiences in the U.S., there is limited population-based research on how legal status modifies the impact of adverse perceptions of policies such as the public charge rule.

Exhibit 1: Negative Perceptions and Experiences of Public Charge Among Latinx and Asian Immigrants by Legal Status, California, 2018–2020



Sources: 2018, 2019, and 2020 California Health Interview Surveys

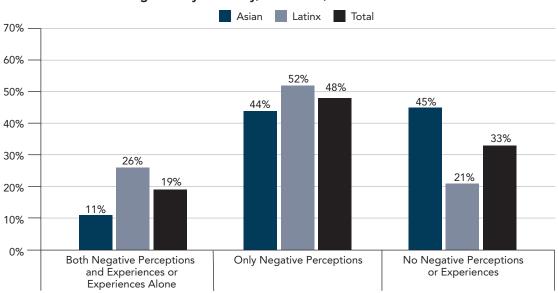


Exhibit 2: Negative Perceptions and Experiences of Public Charge Among Latinx and Asian Immigrants by Ethnicity, California, 2018–2020

Sources: 2018, 2019, and 2020 California Health Interview Surveys

In this fact sheet, we report on data from the Research on Immigrant Health and State Policy Study (RIGHTS) that are related to the experiences and perceptions of Latinx and Asian immigrants in California. RIGHTS is a follow-on survey of the 2018, 2019, and 2020 California Health Interview Surveys (CHIS). Respondents reported their perceptions and experiences when accessing health care and using other public benefits. Understanding how immigrants' behaviors are affected by perceptions of public charge policies is important, as such behaviors can impact careseeking behaviors and perpetuate inequities in health care access and outcomes.

Our findings show that across legal status, two-thirds (67%) of respondents had negative perceptions and/or experiences related to the public charge policy (Exhibit 1). Furthermore, a substantial proportion (42%) of immigrants with legal status in California (i.e., noncitizens with green cards) reported negative perceptions.

Exhibit 2 compares negative perceptions and/or experiences with public charge by ethnicity. We found that higher proportions of Latinx immigrants than Asian immigrants had negative public charge perceptions and/or experiences.

Implications

Our findings indicate that a majority of Latinx and Asian immigrants, most of whom are legally in the U.S., have negative perceptions and/or experiences of public charge in California. Consistent with previous findings, we continue to see a strong link between ethnicity and negative perceptions and experiences. ^{2,4}

These findings suggest the need for further research on the effects of immigrants' perceptions and experiences on access to care and related health outcomes. It is especially noteworthy that restrictive immigrant policies affect immigrants' experiences in California irrespective of their legal status.

The findings also highlight differences between Latinx and Asian immigrants that have implications for community implementation of interventions and policies designed to prevent the negative effects of public charge. Lessening disparities in the health of immigrants requires examining the policies that may contribute to negative structural environments and adversely shape behaviors that put immigrants at greater risk for health inequities.

Methodology

The RIGHTS respondents included CHIS respondents ages 18 or over and born in any country in Latin America (e.g., Mexico, Central America, South America, or the Caribbean) or Asia (including South and Southeast Asia, but excluding countries in the Middle East). In order to measure for negative perceptions of public charge, we used one item from a series of statements that ask immigrants about their perceptions concerning different topics, such as perceived discrimination and perceived safety in their communities. The respondents reported how often they believe the following happens: "Immigrants are prevented from getting citizenship or sponsoring family if they have used government benefits, such as Medi-Cal, food stamps, or housing subsidies. Do you think that this happens...Always, Usually, Sometimes, Rarely, or Never?" Responses to this question were recoded as "yes" (always, usually, sometimes) and "no" (rarely or never).

The experience of public charge question asked, "Was there ever a time when you decided not to apply for one or more government services, 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?" Responses to this question were "yes" or "no." Using the two questions about perceptions and experiences of public charge, we created a variable combining responses to both questions and set up four categories: (1) respondents who answered "yes" to both having experiences of public charge and having negative perceptions of public charge; (2) respondents who answered "yes" to having experiences of public charge, but "no" to having negative perceptions of public charge; (3) respondents who answered "yes"

to having negative perceptions of public charge, but "no" to experiences of public charge; and (4) respondents who had neither experiences nor negative perceptions of public charge and responded "no" to both questions.

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Endnotes

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