

Report on the Harms of Public Charge

Working together through a grant from the Protecting Immigrant Families (PIF) campaign, CACF: The Coalition for Asian American Children and Families and the NYC Department of Health and Mental Hygiene (DOHMH) conducted community-based research from September 2020 to January 2021 to document the harms of public charge on New York City's immigrant communities.

What is public charge?

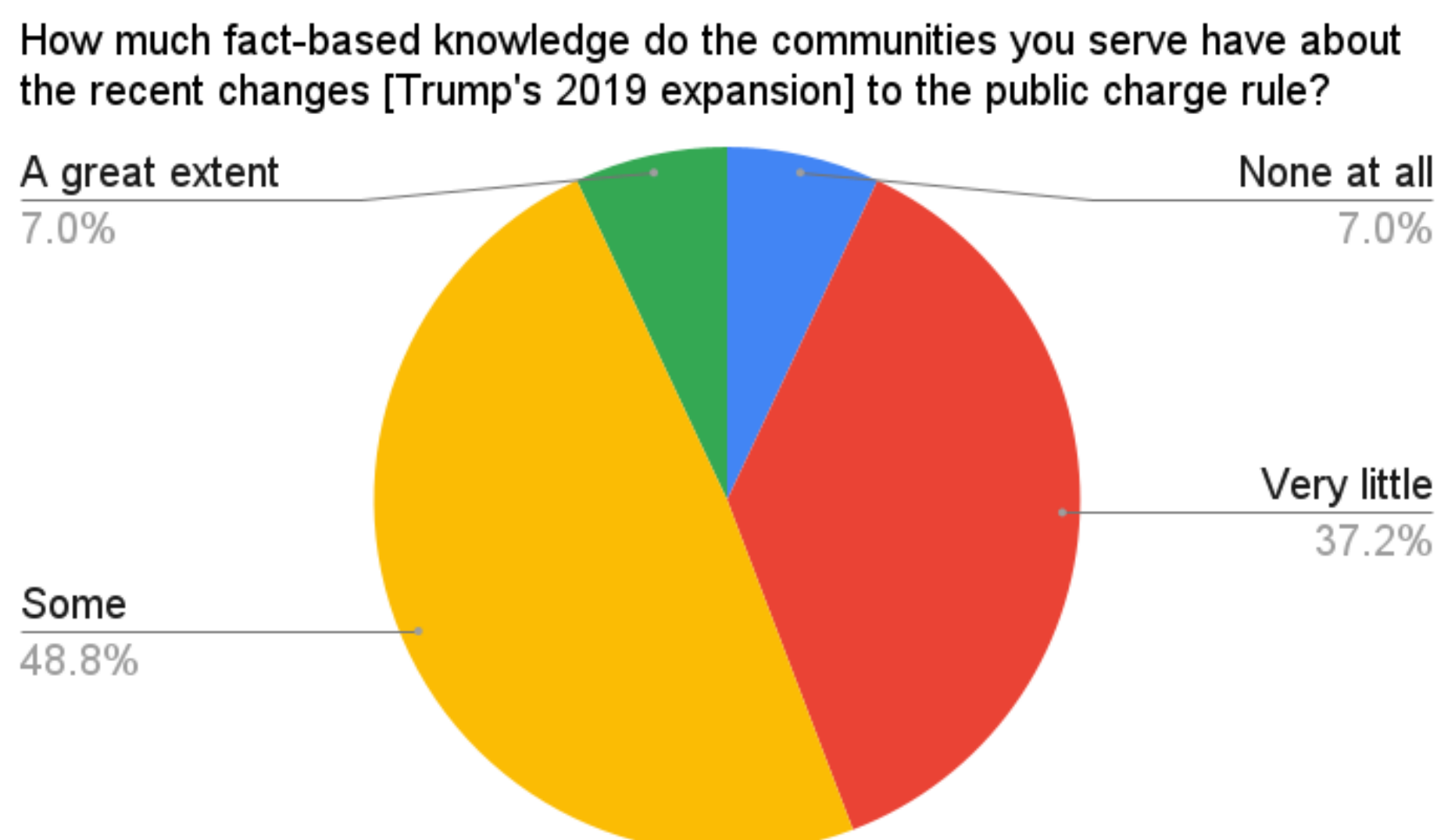
According to the 1999 Interim Field Guidance, a public charge is defined by the United States federal government as a person who is, has become, or is likely to become “primarily dependent on the government for subsistence, as demonstrated by either (i) the receipt of public cash assistance for income maintenance or (ii) institutionalization for long-term care at government expense.”¹ If a person applying for admission to the country or for lawful permanent resident status is determined to be a public charge, they may be denied.

In August 2019, the Trump administration expanded the definition of public charge; any legal immigrant who received one or more public benefits, including Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), federally-funded Medicaid, and public housing assistance, for more than 12 months within any 36 month period could be classified as a public charge and therefore risk having their visa or change of status application denied. The Biden administration reversed this rule in March 2021 and is imminently planning to finalize a rule in August 2022 that will more closely align with the original public charge definition from the 1999 Interim Field Guidance.

What does our research show?

Focus groups and a rapid online survey were conducted from September 2020 to January 2021 to better understand the harms of public charge on New York City's immigrant communities. Participants included staff members from over 10 community-based social and health service organizations that provide health outreach, education, and insurance enrollment services primarily for immigrants in New York City.

Participants reported that many of their clients from immigrant communities had a lack of knowledge about the August 2019 change to the public charge rule, as shown in the graph below:



¹ United States federal government. Department of Justice. (1999). *Field Guidance on Deportability and Inadmissibility on Public Charge Grounds* (Vol. 64, No. 101). Federal Register.

Moreover, the Trump administration's expansion of public charge led to a clear chilling effect on immigrants' access to vital resources. Our research highlighted that the fear of being labeled as a public charge led people to not access public benefits:

Nearly **80%** of participants reported that they had clients who decided not to apply for one or more non-cash government benefits, such as SNAP or housing subsidies, because the client was worried that it would disqualify them or a family member from obtaining a green card.

This harmful impact was seen specifically in the context of access to health insurance and healthcare:

- **58%** of participants reported that some or many of their clients who were eligible for health insurance chose not to enroll.
- **43%** of participants reported that some or many of their clients who previously had insurance chose to disenroll or to not renew their health insurance.

Over 60% of participants reported having clients who avoided or delayed care when ill (either with COVID-19 symptoms or symptoms of other illnesses).



Of these clients, 3 in 5 avoided or delayed care because they “feared that accessing free care would get them labeled as a ‘public charge.’”

Importantly, the chilling effect expanded beyond just those directly affected by public charge; many parents whose children were not at risk of being labeled a public charge still chose not to apply for benefits for their children out of the fear that it may impact the entire family:

50% of participants reported that they had clients who chose to disenroll or refused to renew health insurance (including Children’s Medicaid, Child Health Plus, or a qualified health plan) for their children.

Anecdotes from the focus groups corroborated the findings of the rapid online survey:

"With public charge, if there is somebody with a green card or somebody undocumented, they think it is going to affect everyone. Even sometimes people with citizenship will say, 'Oh, there is public charge, so I don't need Medicaid anymore.'"

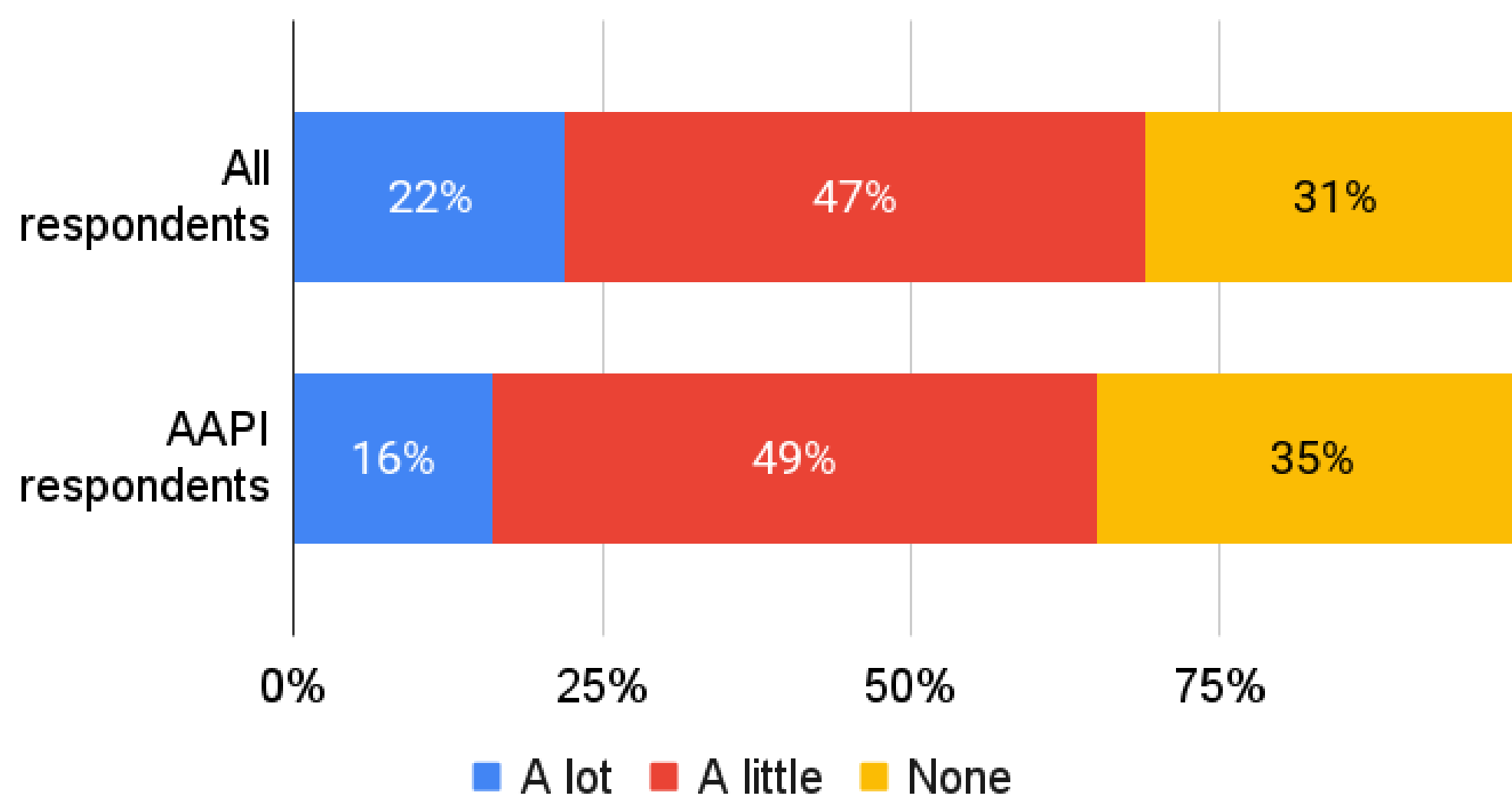
"Clients are so fearful to take the Essential Plan or any free insurance. They say they don't want it, even after I reassure them that the Essential Plan is not a public charge. They keep asking me to reconfirm, but they are still too scared and choose to forgo it."

Why is this research relevant?

Despite the Biden administration's reversal of the public charge rule in March 2021, there continues to be a lack of information about public charge in immigrant communities, and the fear that accessing public benefits will impact one's immigration application persists. This belief was confirmed by a poll conducted by PIF and BSP Research in September 2021 of 1,000 Americans in mixed status immigrant families:²

46% of families who needed assistance during the COVID-19 pandemic abstained from applying for assistance due to concerns over immigration status.

How much have you heard about the Biden Administration's changes made to the Trump public charge rule earlier this year?



How does this research connect to vaccine access?

As the findings of the poll from September 2021 show, immigrant communities in the United States have experienced a lack of clear, accessible information about the reversal of the public charge rule. Moreover, **CACF's research from September 2020 to January 2021 demonstrates how fear caused by confusion surrounding public charge directly impacts access to vital healthcare services.** As we continue through the third year of the COVID-19 pandemic affecting our daily life, it is important to look at the connection between public charge and immigrant access to and uptake of vaccines. Even though the United States government's official policy is that COVID-19 vaccines are free and available to anyone, **there are still many immigrants who have abstained from getting the vaccine due to fear of providing information to the government and/or of the effect that getting the vaccine may have on their immigration status.**

Since the government does not collect vaccine data related to immigration status, it is unclear exactly how many immigrants in the United States have been vaccinated. However, several studies have shown that in both Latinx and AAPI communities, there are barriers to vaccine uptake caused by concerns surrounding immigration status:

² BSP Research. (2021). Immigrant Mixed Status Families Toplines Summary. Protecting Immigrant Families. <https://protectingimmigrantfamilies.org/wp-content/uploads/2021/12/PIF-Poll-Toplines-Memo-FINAL-1.pdf>

In a poll of 778 Latinx adults, **35%** of respondents disclosed that they "are concerned that by getting the COVID-19 vaccine they might negatively affect their own or a family member's immigration status."³

In a study of 1646 AAPI adults, **25%** of respondents reported they were "unsure," "probably no," or "definitely no" about getting the COVID-19 vaccine (reason not provided).⁴

The AAPI study was unique in its efforts to understand vaccine hesitancy because the survey was provided in languages other than English, including Simplified and Traditional Chinese, Korean, and Vietnamese, allowing for many more people to participate and demonstrating the important role that language accessibility has had in vaccine access and hesitancy. Recently, DOHMH released a report on the health of AAPI New Yorkers that highlighted that almost half (46%) of all AAPI New Yorkers speak English "less than very well", compared to less than a quarter (23%) of New Yorkers overall.⁵ Given the clear language barriers that exist, it is vital that any messaging about the COVID-19 pandemic is provided in multiple languages. In addition, there must be access to appropriate vaccine sites, flexible hours for vaccination, and efforts to combat mistrust of the healthcare system and government in order to encourage vaccine uptake in all communities.

Our research with PIF and DOHMH, as well as other external recent studies, shows a need for targeted efforts in providing accurate and accessible information on public charge, including an explanation of the current state of public charge and how taking preventive measures against COVID-19 like testing and vaccination have no effect on one's immigration status. There also must be more linguistically accessible and culturally relevant information and outreach on how and where immigrant communities can get the COVID-19 vaccine.

³ Artiga, S., Brodie, M., Hamel, L., Safarpour, A., & Stokes, M. (2021). KFF COVID-19 Vaccine Monitor: COVID-19 Vaccine Access, Information, and Experiences Among Hispanic Adults in the U.S. *Kaiser Family Foundation*. <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-access-information-experiences-hispanic-adults/>

⁴ Ta Park, V. M., Dougan, M., Meyer, O. L., Nam, B., Tzuang, M., Park, L. G., Vuong, Q., & Tsoh, J. Y. (2021). Vaccine willingness: Findings from the COVID-19 effects on the mental and physical health of Asian Americans & Pacific Islanders survey study (COMPASS). *Preventive Medicine Reports*, 23(101480). <https://doi.org/10.1016/j.pmedr.2021.101480>

⁵ New York City Department of Health and Mental Hygiene. (2021). *Health of Asians and Pacific Islanders in New York City*. The Official Website of the City of New York. <https://www1.nyc.gov/assets/doh/downloads/pdf/episrv/asian-pacific-islander-health-2021.pdf>

Policy Recommendations:

- **Create and disseminate educational materials about access to services and public benefits in multiple languages**
 - **As the definition of public charge continues to evolve, it is vital to share with all communities how to safely seek the care, services, and benefits they need**
 - **The PIF Campaign released [videos](#) in 9 languages explaining how getting the COVID-19 vaccine does not affect public charge**
 - **CACF created two [flyers](#) in 9 languages about COVID-19 testing and how it does not affect public charge**
- **Create and disseminate linguistically accessible and culturally relevant educational materials about the COVID-19 vaccine**
 - **CACF [created](#) a flyer with answers to frequently asked questions about the COVID-19 vaccine, a palm card defining commonly used terms during the COVID-19 pandemic, and a video with information on COVID-19 vaccination in 12 languages**
- **Ensure quality and accountability of language services in healthcare settings through campaigns like [Lost in Translation](#) at CACF**
- **Uplift the work of the [PIF Campaign](#), including their push to pass the LIFT the BAR Act (H.R.5227)**
- **Increase access to health care and coverage by supporting [Access Health NYC](#), a city-wide initiative that funds community-based organizations to provide health education, outreach, and assistance to all New Yorkers**
- **Support the Community Health Workers initiative at DOHMH**

Community-focused research, including focus groups and a rapid online survey, was supported by the following community-based social and health service organizations providing health outreach, education, and insurance enrollment services in New York City: African Services Committee, Arab American Family Support Center, Chinese-American Planning Council, Grand Street Settlement, HANAC, Henry Street Settlement, Korean Community Services, Make the Road New York, Mekong NYC, New York University Center for the Study of Asian American Health, Polonians Organized to Minister to Our Community, South Asian Council for Social Services, United Chinese Association of Brooklyn, and Voces Latinas. Populations served by organizations included immigrant and low-income families from Asian American, Latinx, African American, Arab American, and European communities.