



Immigrants at the Border of Equity & Opportunity

**Eliminating Barriers for Low-income
Immigrants in the United States**



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Executive Summary

The lived experiences of immigrants in the United States do not begin and end with their interaction with enforcement and deportation regimes, despite the dominance of these issues in political rhetoric. Too often, policy discussions are missing the perspectives of immigrants themselves. As a result, policymaking fails to address the complex and layered issues affecting immigrants' lives. Low-income immigrants face numerous disparities and inequities compared to native-born individuals and immigrants more broadly, but their voices are rarely centered in policy debates. To address this gap, in early 2023 the National Immigration Law Center (NILC) traveled to seven different cities across the U.S. to conduct focus groups and administer surveys to immigrants with low incomes and service providers working with those communities. The focus groups included both lawfully present and undocumented participants from Africa, China, Haiti, Korea, and Latin America living in California, Florida, Nevada, New York, Tennessee, and Texas.¹

This report provides a summary and analysis of this survey and focus group data and offers policy recommendations to address the barriers identified by participants. The analysis examines the study's quantitative surveys, focus group discussions, and priority-setting exercises. While other research projects focus on large-scale survey data, this report seeks to give voice to the words of immigrants on their own terms. As scholars have noted, focus groups tend to be more "contextual and less hierarchical" and can generate "high quality and interactive data."²

These findings paint a portrait of legal and economic precarity for low-income immigrants. As one Haitian immigrant from Florida explained, “Everybody is dealing with the same thing—it’s always papers, work, housing, food...” Nearly 70 percent of participating immigrants reported being food insecure, meaning they worried that food would run out before they got money to buy more in the past year. Almost half of all participants lacked health insurance, and well over half (56 percent) reported that lack of money had prevented them from getting needed health care. When asked about their top priorities, participants across all groups stressed the need for “papers and jobs”—that is, a path to legal immigration status and employment that pays a living wage with decent work conditions. Taken together, feedback from focus group participants depicts a reality that is not just determined by the broken U.S. immigration system, but also by a broken economic system that shapes the lives of immigrants and their families.

Focus group participants further identified systemic linguistic, and cultural impediments. More than half of the immigrant participants reported having difficulty applying for public benefits or receiving important health information because of language issues. Participants also described experiences of racial discrimination and lack of cultural competency among service providers. This report’s findings are consonant with those of a recent Kaiser Family Foundation and Los Angeles Times (KFF/LAT) survey, which found that Black and Hispanic immigrants report higher levels of discrimination at work, in their communities, and in health care settings.³ Further, African and Haitian participants in this study underscored their frustration at being lumped together with other Black communities, thus erasing their important cultural differences. One of the crucial findings of this research is that policies must ensure cultural competency and adopt strategies to combat racial discrimination and anti-Blackness.

There is no one-size-fits-all policy that will meet the needs of all low-income immigrants. However, the focus groups identified many obstacles that many immigrants share, including a lack of eligibility for health insurance and other public programs, the need for language access, and the persistence of workplace exploitation. By amplifying the voices of low-income immigrants describing the challenges they confront daily, this report issues a clarion call for state, local, and federal policymakers to implement proven strategies that enable immigrants and their families to overcome structural barriers and thrive.

Topline Findings About Low-Income* Immigrants Surveyed

Food insecurity:

- ▶ Nearly **70%** worried **food would run out** before they got money to buy more in the last year.

Health care:

- ▶ **Nearly half (47%) lacked health insurance.**
- ▶ **56%** reported that **lack of money** had **prevented them from getting needed health care.**

Housing:

- ▶ **57%** said it was a serious or moderate problem to find **affordable housing.**

Work:

- ▶ **44%** had problems **finding stable employment.**

Language Access:

- ▶ **More than half** had difficulty applying for public benefits or receiving important health information because of **language issues.**

Accessing Public Programs:

- ▶ **36% avoided using public programs** (health care, housing, food, employment) in the last two years because of **immigration concerns.**
- ▶ **42%** were concerned about **sharing personal information** on applications due to fear of immigration information being shared with immigration officials.
- ▶ **3 in 4** were unfamiliar with or unsure about the **“public charge” rule.**[†]

Tax Credits:

- ▶ **68%** were unaware of or unsure about their **eligibility for tax credits.**

Retirement:

- ▶ Only **5 participants (6%)** reported having a **retirement plan.**

*Low income is defined as having a family income below 200 percent of the Federal Poverty Level (FPL).

[†]For more information about the “public charge” rule, see pages 31-36 of this report.

Report Overview

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I. Low-Income Immigrants in the U.S.

Immigrants face unique obstacles to achieving economic stability and thriving. Foreign-born individuals often encounter language barriers and struggle to access information necessary to navigate systems in a new country. Undocumented immigrants confront additional challenges based on their immigration status, including a lack of eligibility for health care and basic needs programs. As of 2019, there are 14.8 million immigrants living in the U.S. with low incomes, defined as having a family income below 200 percent of the Federal Poverty Level (FPL).⁴ In 2019, 200 percent of the federal poverty threshold was \$33,042/year for a family of two and \$52,344/year for a family of four.⁵

"Everybody is dealing with the same thing—it's always papers, work, housing, food...."

Haitian immigrant (Miami)

Immigrants and native-born citizens share communities, workplaces, families, and futures. More than 1 in 20 Americans (22 million) live in mixed-status families where at least one undocumented person lives with U.S. citizens, Lawful Permanent Residents (i.e., LPRs or "green card" holders), or other lawfully present immigrants.⁶ Moreover, roughly 4.9 million U.S. citizen children have at least one undocumented parent.⁷ Unfortunately, mixed-status families are more likely to face economic and health care deprivation. A recent study found that adults in mixed-status families were more likely than adults in all-U.S.-born families or families where all immigrants were lawfully present to report material hardships, such as food insecurity, problems paying utility bills and housing expenses, and unmet health care needs.⁸

Overall, immigrants with low incomes represent only one-third of the 44 million immigrants living in the United States, and research has found that immigrants experience robust upward mobility both over time and across generations.⁹ However, this mobility is often delayed by structural impediments. Low-income immigrants tend to have lower levels of educational attainment and experience numerous disparities relative to both immigrants more broadly and U.S.-born residents. Low-income immigrants are also more likely to face language barriers because they are Limited English Proficient (LEP), meaning they speak English less than very well. While just under half (47 percent) of all immigrants in the U.S. are LEP, a majority (61 percent) of low-income immigrants are LEP.¹⁰

Low-income immigrants also lack health insurance at higher rates and are less likely to access public safety-net programs. Almost a third (32 percent) of all low-income immigrants are uninsured, as compared to 20 percent of immigrants overall and 8 percent of low-income individuals born in the U.S.¹¹ Meanwhile, low-income immigrants are less likely to receive public benefits such as Medicaid, cash assistance,¹² and the Special Nutrition Assistance Program (SNAP) (formerly known as "food stamps") compared to native-born individuals.¹³

COVID-19 helped shine a light on the socioeconomic disparities afflicting immigrant communities, even as it drove home the vital role immigrants play in the U.S. economy. Although immigrants were disproportionately concentrated in jobs deemed "essential" by the Department of Homeland Security at the height of the pandemic,¹⁴ immigrant adults faced higher levels of food insecurity, struggled more to pay bills, and

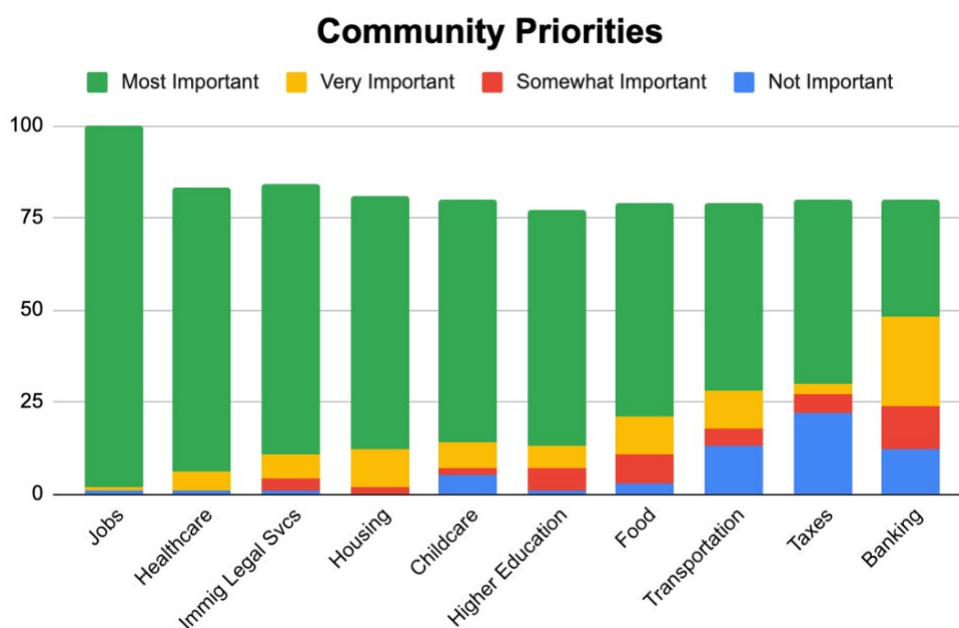
accessed relief programs at lower rates than U.S.-born residents, according to a 2021 survey.¹⁵ Another study comparing survey results before and at the peak of the pandemic similarly found that COVID-19 exacerbated preexisting disparities between immigrants and the native-born, with immigrants being less likely to have received relief in the form of SNAP or stimulus checks while increasingly struggling to afford food or rent.¹⁶

Policies implemented in response to the COVID-19 pandemic conclusively demonstrated that government interventions can be effective at reducing poverty and improving health equity. For example, the pandemic expansion of the Child Tax Credit (CTC) significantly reduced poverty, especially for children.¹⁷ And prior to the pandemic, studies found that expanding health coverage through the Affordable Care Act (ACA) increased financial security,¹⁸ reduced racial health disparities,¹⁹ and decreased poverty.²⁰ We have the tools to reduce economic and racial disparities—we just need Congress, states, and localities to take action.

II. Key Issues

The following section outlines key issues informed by low-income immigrants and service providers who participated in this study and proposes a series of policy recommendations to address these issues. The data from the surveys and analysis of the focus group discussions provide the empirical grounding for the identified issues and policy recommendations presented throughout the paper. Scholarly literature and NILC's policy expertise further informed the report's policy recommendations.

As part of the focus groups, NILC conducted a priority-setting exercise where participants were asked to rate ten options areas based on degrees of importance. The following chart illustrates that jobs ranked number one, with the vast majority of immigrant community members rating employment as "most important." Access to banking and tax issues ranked lowest on the list of priorities; however, participants also described a lack of familiarity with the U.S. financial and tax systems, indicating that low-income immigrants would likely benefit from increased education and support in areas of tax and finance.



i. Immigration Reform

The overarching priority that emerged from the focus groups was the pressing need for immigration reform and a pathway for undocumented immigrants to legalize their status. One Latinx focus group participant from Fresno declared, “Someone who has papers, he has no problems.”²¹ While access to legal status would not solve all the difficulties identified by the focus groups, legalization would go a long way to remove barriers. “Immigration—I feel that it is the only thing that stops me,” explained a Latinx immigrant from Las Vegas. He went on to describe how, with lawful immigration status, “I would have much more opportunities: better job, better house, better almost everything. It’s the only thing holding me back.” For the undocumented immigrants in the focus groups, finding an avenue to adjust their legal status was a primary concern.

Indeed, creating avenues for legalization would address many of the obstacles faced by undocumented participants in this study. There are an estimated 11 million undocumented immigrants living in the United States.²² That means that millions of immigrants live in fear of deportation on a daily basis while being excluded from most federal economic supports and basic needs programs. Legalization would help level the playing field and alleviate the perpetual fear experienced by immigrant communities and their family members.

Immigration Reform

It has been nearly four decades since the U.S. comprehensively revised its immigration laws. In 1986, President Reagan signed the Illegal Immigration Reform and Control Act (IRCA) into law, which allowed nearly 2.7 million undocumented immigrants to legalize their status.²³ Since the early 2000s, the U.S. undocumented population has held steady at around eleven million residents with no legal mechanism to adjust their immigration statuses.²⁴ A reform of our nation's immigration system is desperately overdue.

RECOMMENDATION: Congress should pass legislation to create a path to legal status and citizenship for immigrant residents to protect the rights of all workers and keep families together.

ii. Workplace Justice

Immigrant focus group participants overwhelmingly identified the need for stable jobs that pay a living wage under decent work conditions as a foremost concern—all but two focus participants identified jobs as a “most important” priority. Meanwhile, 44 percent of community participants reported having problems finding stable employment in the last year, and many attributed their employment conditions to their lack of work authorization. Participants also identified workplace exploitation as a major obstacle to their emotional and financial well-being. The focus groups highlighted the fact that undocumented immigrants are especially vulnerable to abuse in the workplace due to fear of retaliation from employers who threaten to report them to immigration authorities. Overall, the focus groups highlighted the urgent need for policy interventions to address labor exploitation for immigrant workers.

As one Latinx worker from Las Vegas explained, “There are jobs, but it is total abuse: emotional abuse, verbal abuse, and salary abuse.” The worker explained how being undocumented makes workers vulnerable to mistreatment in the workplace:

...what they say about the abuse—we put up with it because we know that it is difficult to get another job.... When you have that visa you say well, I’ll leave it, I’ll go to the other one. But we have to put up with it. We sometimes complain or say ‘why are you treating me like that?’ But if they want to, they take your job, then they fire you, and you’re left with nothing.

Similarly, another Las Vegas worker described:

I worked a decade as an ironworker, and me being undocumented with my other undocumented coworkers, I just saw the sheer amount of abuses that we were put through just because we *could* be put through them, right? Because no one’s going to speak up; we’re undocumented.

In addition to mistreatment, another Latinx Nevadan also reported unfair pay differentials between those with and without work authorization.

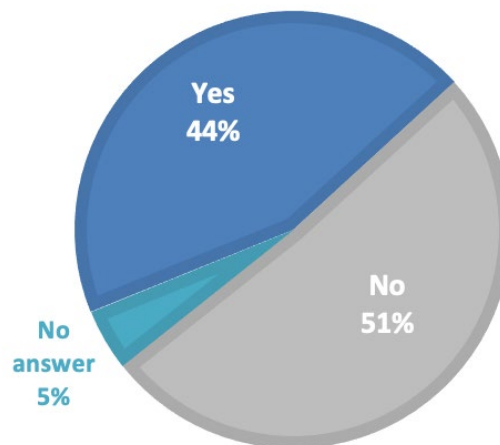
...People who do not have an immigration status are exploited. Even our men in construction are paid a measly \$14 when [citizens] make \$45 or \$50 an hour. For me, immigration status is a priority.

One reason for this wage difference is that employers are legally obligated to pay set prevailing wages under the Davis-Bacon Act,²⁵ but they pay employees without work authorization off the books at rates lower than the legally required rates.

Additionally, women who participated in the focus groups reported cases of gender-based discrimination and lower wages compared to men in the workplace. Gender issues were particularly salient for women with jobs in the construction industry. One Latinx woman from Nashville who worked in this field declared, “We need gender equality. Why? Because if I work eight hours, I... also want to earn the same as Pedrito who works eight hours earns.” Another woman from Nashville echoed her concerns, “Why because [someone] is a man, can he earn \$20 an hour, and I can earn \$15 doing the same job?” As women increase their participation in the construction industry, it is vital to ensure that labor laws and laws prohibiting discrimination and wage disparities on the basis of sex are enforced for immigrants as well as all workers.

Relatedly, several women described experiences with sexual harassment in the workplace. One Latinx woman from Las Vegas who worked as a construction plumber endured sexual harassment from a supervisor

Problems finding stable employment in the last year



“There are jobs, but it is total abuse: emotional abuse, verbal abuse, and salary abuse.”

Latinx Immigrant (Las Vegas)

at one job. Unable to bear the harassment any longer, the woman left that job, only to experience sexual harassment again under her supervisor at the new construction site. Her coworker reported the harassment to a manager because the woman was too scared to report the abuse herself. As she recounted:

I didn't want to [report the harassment] out of fear because I didn't want to tell my husband what was going on. Out of shame, out of embarrassment ... I was afraid because one of them spoke to me on the phone and said, 'You know there are laws.' He told me, 'Be careful what you talk about because I'm going after your immigration status.'

To address these patterns of exploitation and abuse, focus group participants discussed the need for better job opportunities and for increased enforcement of labor laws. As one Las Vegas woman said, "We need better oversight of labor inspectors for every workplace. That is why there is so much abuse."

Wage theft in the workplace was another pressing theme, with participants reporting rampant labor law violations. A Fresno immigrant noted:

So much...wage theft [is] happening, right? So, and then you wanna report...these places, even though with my community, there's a lot of these restaurants or grocery stores that are hiring at \$5 an hour, you know, and I would love to report them. I would love to have them all shut down. But then it's like no one is ready because they're like, 'Hey, at least I have this, you know, if not, where would I go otherwise?'

"...All the rent has been raised, the bills, the food. Automatically everything has gone up... and I thought that work was going to get better, but no. Before we were poor, but now we are worse. We are poorer."

Latinx Farmworker (Fresno)

California, where these workers live, has some of the strongest criminal penalties in the country for wage theft. Yet as one Fresno provider observed, "We have wonderful laws in California, but unfortunately, none of them trickle down to the real lives of farmworkers."

Meanwhile, climate change featured prominently as a driving factor of financial precarity in the focus groups held in Fresno, located in California's Central Valley, where immigrant labor is the engine driving agricultural production. Nationwide, an estimated 73 percent of farmworkers are foreign-born, and 41 percent of those are undocumented.²⁶ California has endured years of environmental disasters, including flooding, massive heatwaves, wildfires, and drought, all of which have had devastating impacts on farmworkers' livelihoods. Participants relayed the stress resulting from the loss of work hours due to rain and flooding. One Central Valley farmworker described:

I am a person who works in the fields ... and this [rain] has also affected me because of the work ... all the hours we have lost. I remember that in 2020 we still worked until Sundays, now we are going to work four days a week, five days. And now it is nothing, all the rent has been raised, the bills, the food. Automatically everything has gone up, and we are already in 2023. I thought that work was going to get better, but no. Before we were poor, but now we are worse. We are poorer.

Another Fresno farmworker echoed these concerns, "I've been five months without work, I am a little stressed right now because we can't even work in the fields due to the rain." With climate change projected to multiply climate disasters in years to come, immigrant farmworkers must be included in disaster preparedness planning for vulnerable regions.

As these stories from Fresno, Nashville, and Las Vegas demonstrate, immigrant workers—and undocumented workers, in particular—continue to face rampant abuse and wage theft in the workplace due to their vulnerable immigration status. These egregious violations call for Congress to take action to ensure that all workers are protected by providing a path to legal status and by strengthening the enforcement of the nation's labor laws. In addition, these widespread workplace abuses underscore the urgent necessity of the new Department of Homeland Security (DHS) deferred action (DA) for workers in labor disputes guidance. The new "DA for workers" guidance establishes a streamlined process for workers involved in a labor dispute at their workplace to request temporary protection from deportation and a work permit.²⁷ Federal, state, and local agencies should continue to implement policies that ensure a level playing field for all workers, regardless of immigration status.

Workplace Justice for All

Immigrants are often vulnerable to exploitation because of their legal status, and many focus group participants described rampant workplace abuses. All workers in the U.S., regardless of status, should have a right to a living wage and safe workplaces that are free of abuse.

- ▶ **RECOMMENDATION:** While there are laws on the books that provide protections in the workplace, lax labor law enforcement often renders those laws meaningless. Congress and state legislatures should increase funding for investigators and labor law enforcement at federal and state departments of labor.
- ▶ **RECOMMENDATION:** The new, streamlined process for workers in labor disputes to request deferred action from the Department of Homeland Security (DHS) is a crucial tool to protect from threats of immigration-related retaliation and the chilling effect such threats cause. DHS should maintain robust staffing to implement this program and labor law enforcement agencies—including state and local labor departments—should prioritize certifying violations consistent with this policy.
- ▶ **RECOMMENDATION:** It has been fourteen years since Congress last raised the federal \$7.25 minimum wage, the longest period in its history without an increase. As record-high inflation continues to skyrocket, Congress should raise the minimum wage to at least \$17 an hour to lift families out of poverty and ensure all workers earn a living wage.
- ▶ **RECOMMENDATION:** Undocumented workers are excluded from Unemployment Insurance (UI) benefits under federal law. During the peak of the COVID-19 pandemic, states provided temporary cash support to excluded workers in different forms, the largest of which was New York's \$2.1 billion Excluded Worker Fund. Building on the success of these programs, states have launched "safety-net for all" campaigns to provide alternatives to the UI system for excluded workers. States should enact permanent "safety-net for all" programs for all workers excluded from the federal UI system.

iii. Health care

Access to health care is a basic human need and is correlated to a range of health and socioeconomic outcomes. Correspondingly, immigrant focus groups placed health care high on their list of priorities. Fifty-six percent of low-income immigrants surveyed responded that lack of money had prevented them from accessing the health care that they needed. Cost barriers were tied to the fact that immigrant participants reported disproportionately high rates of being uninsured.

Nationwide, 32 percent of low-income immigrants lack health insurance, a rate higher than both immigrants overall (20 percent) and U.S.-born low-income populations (8 percent).²⁸ Survey respondents in this study reported even higher rates of uninsurance, with almost half of all participants stating that they lacked health coverage. One-third of participants also reported that their children were uninsured. Undocumented immigrants are ineligible for the federal Medicaid program, and most green card holders must wait five years until they are eligible for federal health coverage. Lack of access to public health insurance coverage was therefore a major obstacle to accessing necessary health care services.

Immigrants reported that they regularly either avoid or delay care because of cost, lack of access, and discrimination. An African immigrant in New York City described a pattern in his community, "I know quite a few people who were really very, very sick, but they will not go to the emergency room, and they ended up, some people ended up dying because they ... were scared of the bill. They didn't want to bring a bill to their family." Another African NYC immigrant compared health care to car maintenance: "We treat our body like a car. If it doesn't break down, we don't go to see a doctor."

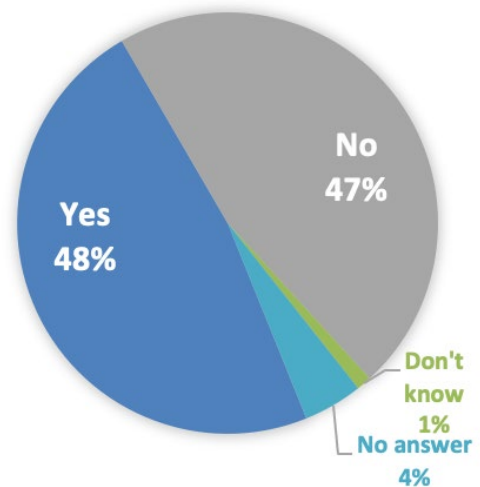
Immigrants also spoke about the challenge of taking days off work to seek care. One Latinx Las Vegas provider, who is also a recipient of Deferred Action for Childhood Arrivals (DACA), recounted:

I'm the only resource in my household. So if I go to the doctor, and the doctor goes, 'Well, you're going

"We treat our body like a car. If it doesn't break down, we don't go to see a doctor."

African Immigrant (New York City)

Health insurance coverage



"...I have never dared to be treated by a doctor in a hospital. Not here, not here. No, no, no, no, no, no, I haven't. I've done it for my children... I do go with them to the hospital because, yes, I feel more worried for the kids. But when it comes to my own health, I take penicillin... Don't feel pity for us—we do it because it's what we have to do. They are the resources we are left with."

Latinx immigrant (Las Vegas)

to need surgery,' guess what? I don't have the money for surgery. Or even going to the doctor and not being able to work. That's not a solution.

Providers and immigrants both related that immigrants tended to avoid preventive and primary care. As a Fresno provider explained:

Many of the immigrants [are] undocumented, have no insurance. They do not take days off because they don't wanna lose a day's work, you know, to go get a physical. So many times, they only go to hospital or an emergency room maybe after an accident.... But that is just something that is so overwhelming for them to think about that some of them spend probably a decade paying for their one emergency room visit.

A Las Vegas Latinx community provider added that a lack of paid sick days posed yet another obstacle to care. As she explained, "You know, can't go to a doctor and [be told], 'Oh well, you need to rest that knee for two weeks.' Because no, I got to go to work, or nobody eats."

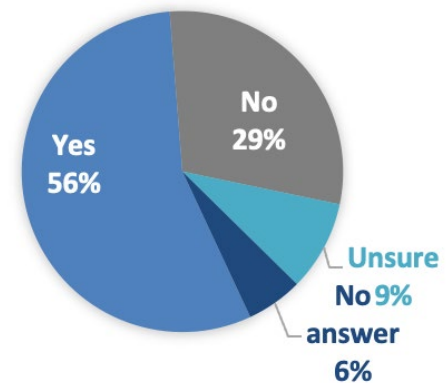
Many immigrants also shared that they sought health care for their children but avoided seeking care when they were sick themselves. As one Latinx Las Vegas woman described:

...I have never dared to be treated by a doctor in a hospital. Not here, not here. No, no, no, no, no, no, I haven't. I've done it for my children.... I do go with them to the hospital because, yes, I feel more worried for the kids, but when it comes to my own health, I take penicillin.... Don't feel pity for us—we do it because it's what we have to do. They are the resources we are left with.

Another Las Vegas parent echoed this approach: "In my case, when there is an emergency, I always use [health care] for my children. When we are adults, well, you know, we treat ourselves with what is homemade or as easy as possible." Across all focus group sites, surveys indicated that adult parents were much more likely to be uninsured than their children, a result that might be explained in part by the fact that children were more likely to be eligible for public programs like Medicaid due to being citizens born in the U.S.

The ACA was an important step toward providing health coverage for all Americans, but millions of immigrants are ineligible for both Medicaid and ACA health coverage because of their immigration status. Overall, noncitizens are more likely to be uninsured than U.S.-born individuals.²⁹ In order to fill the coverage gap, immigrants need access to public health coverage programs that have been successful in decreasing the uninsured population. Expanding access to state-funded medical coverage for all residents regardless of immigration status, as California has recently done, is a vital policy change that would help reduce rates of uninsurance nationwide.

Lack of money prevented access to needed health care



States such as Colorado and Washington have also sought to fill insurance gaps by providing undocumented residents state-funded subsidies to purchase private insurance on the state health insurance marketplace (or a parallel marketplace).³⁰ Congress and state governments should implement policies that realize the promise of health reform by ensuring that all Americans, regardless of immigration status, have access to coverage and care.

Health for All

The Affordable Care Act (ACA) was an important step toward providing health coverage for all Americans, but millions of immigrants are ineligible for both Medicaid and ACA health coverage. In order to fill the coverage gap, immigrants need access to public health coverage programs that have been successful in reducing the uninsured population and improving health outcomes.

- ▶ **RECOMMENDATION:** Congress should pass the Health Equity and Access Under the Law (HEAL) for Immigrant Families Act, legislation that removes cruel and unnecessary barriers to health care for immigrants of all statuses. The bill would include undocumented immigrants in the Affordable Care Act, state option Medicaid, and the Child Health Insurance Program, and would remove the 5-year waiting period and other eligibility restrictions to these health benefits for lawfully present immigrants.
- ▶ **RECOMMENDATION:** Congress should pass the Lifting Immigrant Families Through Benefit Access Restoration (LIFT the BAR) Act, which would lift an arbitrary five-year waiting period and other eligibility restrictions in immigrants' access to Medicaid, the Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and the Supplemental Security Income (SSI) program. Passing the LIFT the BAR Act will restore access to critical aid for green card holders, DACA recipients, individuals granted Special Immigrant Juvenile Status (SIJS), and other lawfully present immigrants.
- ▶ **RECOMMENDATION:** In the absence of federal action, states and localities should fill the gap and follow in California's footsteps, which became the first state in the nation to pass "health for all" legislation to expand access to the state's Medicaid program (Medi-Cal) to all low-income residents, regardless of immigration status in 2022. In addition, states should apply for ACA Section 1332 waivers, and explore other policy options, that allow all state residents, including undocumented immigrants, to enroll in high-quality, affordable health and dental plans.

iv. Housing for All

With the U.S. facing a historic affordable housing crisis and the cost of food skyrocketing due to inflation, housing and food also rose to the top of the priorities identified in the focus groups. As with other federal benefits, undocumented immigrants are barred from federal housing programs, and Lawful Permanent Residents (LPRs) must wait five years until they can access most housing assistance. An African immigrant

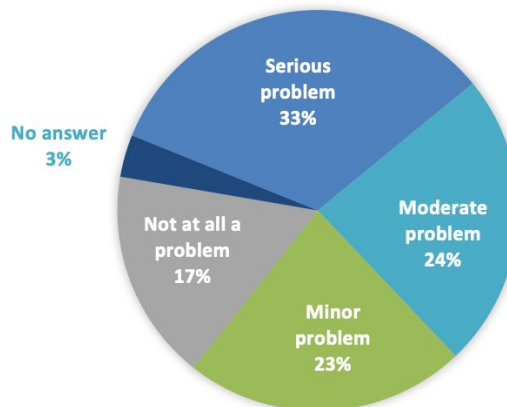
in New York summarized “...Housing is our big problem. Housing, housing, food. Food and food again. ‘Cause we hungry.” This need for housing was not limited to large cities, however; participants in every location stressed that housing costs were making their lives unsustainable. The housing crisis is not limited to large coastal cities, but rather reflects a phenomenon felt across the country.

A Fresno provider noted that one of the biggest issues for Central Valley immigrants was “...lack of housing in the rural community. It’s lack of housing, lack of any housing at all.” Moreover, skyrocketing costs for basic needs, such as food, divert scarce dollars from rental budgets. Another African New Yorker described:

The biggest struggle I have in this country right now is the rent. ‘Cause the thing is, before, we was like [learning] the minimum wage ... it was helping you to pay your rent. But with food cost getting higher, the money going to the food directly, you don’t know how to struggle to put down rent money together.

It is no secret that the United States is facing a severe housing crisis in the form of a shortage of affordable and available homes, especially for populations with low incomes.³¹ This shortage disproportionately harms Black, Latinx, and Indigenous households, which are more likely to be extremely low-income.³² While the housing crisis does not only affect immigrants, foreign-born residents confront unique obstacles in seeking housing. Immigrants in several focus groups described frustration with hurdles to accessing housing assistance programs like Section 8 vouchers or applying for low-income housing. “The process [for applying for Section 8] was very difficult, and we could not speak English,” described one Korean immigrant from Los Angeles. “So, while we tried, we ended up giving up later on.”

How much of a problem was it for you to find housing in good condition that you could afford?



“...Housing is our big problem. Housing, housing, food. Food and food again. ‘Cause we hungry.”

African Immigrant (New York)

Participants also talked about how a lack of a passport or Social Security number (SSN) made it difficult to obtain housing. One Latinx person from Nashville noted that landlords had only recently begun requiring tenants to show U.S. passports to rent units: “... Now in Nashville, the rents are very high, and also applying for a rental is very difficult if you don’t have a passport...Before, it was not like that.” Another Tennessee participant mentioned that, often landlords charged renters higher rates if they lacked certain documents. He explained:

We don’t have problems with not having a document because they charge you extra. That is, they ask you if you have a Social Security number. And you tell him no. [They say] ‘no, there’s no problem, you’re going to pay that much extra.’

These practices indicate that providing access to government-issued documents such as driver’s licenses would not only help ensure fairness for immigrants on the road but could also help reduce barriers to housing and other basic services.

In addition, Haitian immigrants in Miami depicted unsustainable overcrowding conditions. One participant described her experience:

We really had difficulties when we came here—there was not a single family who welcomed us. Then we met someone who said they could help us find a room in a house. But the place where the person found the room, is a place I can't say that three families should gather there, they prepare it so that eight families lived in it.

Immigrants repeatedly described feelings of vulnerability when staying as guests of family or friends without housing of their own. Participants also recounted how immigrants were taken advantage of in the housing market. As another Haitian immigrant explained, "Sometimes when people see that you just arrived, they jack up the price of rooms even when they know it's not good. When you explain the situation to someone else, and he/she tells you: Oh, they made you pay all that money for a room in a house?"

Another service provider highlighted the importance of housing and described the egregious conditions of existing housing:

If I had the ability legally to make something possible, it would be to get every Haitian family a home. Because it's deplorable. There's no water, there's mold, and that's how they're getting sick.

These findings indicate there is a dire need for policies to provide affordable housing in good conditions and to remove barriers that impede immigrant access to housing.

Housing for All

The nation is facing a severe shortage of affordable and available housing for U.S. residents with low incomes. Immigrants and BIPOC communities face additional obstacles to securing housing in the form of race and national origin discrimination. Congress should take immediate action to address the affordable housing crisis and strengthen fair housing enforcement.

- ▶ **RECOMMENDATION:** Congress should increase funding to protect existing affordable housing units and increase the supply of affordable housing. In addition, Congress should increase funding for housing vouchers, create a renter's tax credit, and strengthen federal protections under the Fair Housing Act.³³
- ▶ **RECOMMENDATION:** The Department of Housing and Urban Development (HUD) should strengthen fair housing enforcement by moving away from the current approach to housing, which is under-resourced and largely complaint-driven, towards a proactive strategy with adequate resources.³⁴

v. Food for All

Closely tied to housing were concerns about food, as many participants described higher costs as one of these elements making it hard to pay for both of these basic human needs. As one African community member explained, "...food is the most important thing because when you have food, the children are okay." Undocumented immigrants are barred from eligibility for the Supplemental Nutrition Assistance Program (SNAP), and most LPRs must wait five years to become eligible. But even eligible immigrants in the focus groups reported being unable to access the program due to its prohibitively low income test.

The fact that multiple families share the same dwelling to keep housing costs down has also inadvertently reduced access to food assistance.

Residential overcrowding due to an affordable housing epidemic affects eligibility for both food stamps and family food pantry allocations, as these benefits are based on the total number of household members. For example, the presence of multiple families in a single dwelling may raise the household income beyond the eligibility threshold even though the families are not sharing food or other economic resources. As another African participant described:

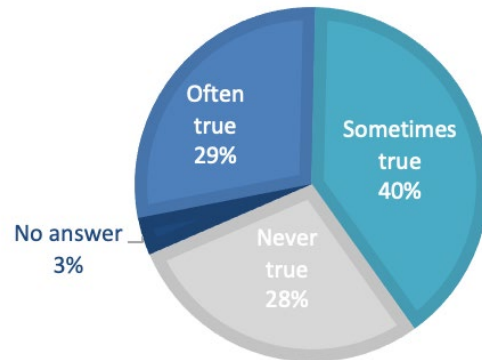
I think the biggest struggle I've had is to do with food and also trying to apply for SNAP [food stamps]. I mean certain people, not everyone can qualify for it, but being in the same household is really, really tough. And sometimes even when they're trying to navigate the food pantries, even though they have many, many people living in the same apartment but with different families. But they go by how many people living in the apartment. But you're not cooking for the whole, everyone in the apartment, you're cooking for your own family.

Consequently, the rising costs of both housing and food intersect to reinforce one another. Low-income immigrants thus confront an impossible choice between paying for the increased costs of housing or food.

The majority of immigrants surveyed reported experiencing food insecurity,³⁵ with nearly 70 percent worried food would run out before they got money to buy more in the last year. In contrast, only 10 percent of U.S. households overall reported being insecure as of 2021.³⁶ There are programs in place, including SNAP, that could be used to combat the food crisis happening across the country. However,

fully resourcing these programs requires an investment by Congress and state legislatures to both fund these programs based on need, and to reform eligibility guidelines that prevent individuals from accessing food based on unrealistic financial limits and inhumane immigration status barriers.

Worried food would run out before got money to buy more in last 12 months



.....
"*... Entry-level workers...are in this economic limbo, this purgatory where they make just enough, a little bit too much to get free health care, to get CalFresh [food stamps]. And really, you're talking about 10, 20, 50, 100 bucks. It's this little window of utter cruelty.*"

Korean Service Provider (Los Angeles)
.....

Food for All

Food insecurity continues to affect over 10 percent of the U.S. population,³⁷ and noncitizen immigrants are at higher risk of food insecurity than U.S.-born citizens.³⁸ A recent study concluded that access to the Supplemental Nutrition Assistance Program (SNAP) could eliminate food insecurity disparities among immigrants and U.S.-born citizens.³⁹

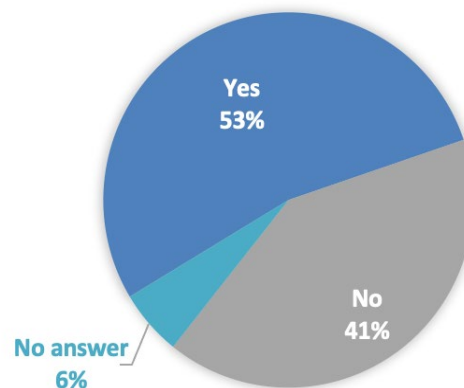
- ▶ **RECOMMENDATION:** Remove immigration status barriers to the SNAP program.
- ▶ **RECOMMENDATION:** Increase the SNAP benefit level and the gross income test so that more low-income workers have access to much-needed benefits.
- ▶ **RECOMMENDATIONS:** "Food for All" bills have been introduced in states including California and Oregon. "Food for All" legislation grants state-funded food assistance to people who are ineligible for the Supplemental Nutrition Assistance Program (SNAP) due to their immigration status. States should enact "food for all" policies to reduce rates of food insecurity nationwide.

vi. Language Access

Service providers stressed emphatically that language was a frontline obstacle to securing health care and services for immigrants. One Los Angeles provider noted: "I think the language access is the one thing that kind of ties all the issues together. It's just a lack of people not knowing what's available to them. 'Cause they just plain and simple just can't understand."

Immigrants also described systemic language barriers to a range of services, including health care, housing, food programs, and education. Beyond basic access to interpretation and translation services, participants pointed to problems with the quality of language access services, the use of children and family members as interpreters, and the need for plain language translations and digital literacy programs. Title VI of the Civil Rights Act, as well as Section 1557 of the Affordable Care Act, include the prohibition of discrimination based on national origin, which courts have interpreted to include discrimination based on limited English proficiency. Thus, both civil rights enforcement and the regulatory schemes of benefit programs can provide a legal and policy framework for addressing language barriers.

Had difficulty applying for public benefits or receiving important health information because of language issues



Immigrants emphasized that the language barriers were compounded by the challenge of navigating health and public benefits systems with complex eligibility rules. One Korean immigrant shared her challenges with filling out SNAP applications in Los Angeles, even though she was somewhat proficient in English:

In my case, I had been an English interpreter and translator in South Korea before I came to this country, so I thought my English was pretty good. But I find things like official documents really hard to understand. Sometimes they are way too complicated. For example, I fill out the paperwork to the best of my understanding for the food stamps ... and benefits like that. But as I am filling it out, I am asking myself whether I will face any disadvantages because I fill it out wrong. That fear gives me a really hard time. You know how subtle differences in the spelling of words, while not impacting the understanding of a document so much, can greatly impact the answers I fill out a form with. I do wish there were more places I could receive assistance with such matters, but contrary to my expectations, I could not find any.

"I think the language access is the one thing that kind of ties all the issues together. It's just a lack of people not knowing what's available to them. 'Cause they just plain and simple just can't understand."

Korean Service Provider (Los Angeles)

Similarly, a Nashville provider discussed the difficulty navigating Tennessee's Medicaid program, TennCare:

I think definitely one of our biggest issues is the language barrier because the TennCare system is just very convoluted as is. And it's like, a lot of English speakers have trouble with it! So when it's someone who doesn't speak English as their first language or not at all, it just makes it a lot more difficult for them.

A number of participants discussed the urgent necessity for language access when accessing medical care. Research has found that lack of language access (i.e. "language concordant care") correlates to poorer health outcomes in a health care setting.⁴⁰ One Latinx participant from Nashville shared her frustration with a doctor who wanted to operate on her without first explaining her diagnosis. She described how the doctor failed to communicate a diagnosis that made sense given her symptoms. "First, I had a hernia. Then, it was an appendix on the left side. Imagine an appendix—that is supposedly an appendix—on the left side!" Noting that the appendix is generally found on the lower-right side of the abdomen, she exclaimed, "I might be inexperienced because I did not study medicine, but I understand my pain!" Given the specialization of medical terminology, participants also underlined the need for interpreters trained in the medical field. In the words of one Houston Chinese community provider:

But specialists, I don't think there's [many] that speak Chinese. So that when they refer them to the specialist, the barrier of the English ... [is] worse because they cannot know what ... the specialist is telling [them].... They provide you a translator, but somehow, they are not knowledgeable [about] the content that they're translating. So most of the patients sometimes got a referral sheet and then went to the hospital and see the doctor. But [they don't] really know what's happening. And even though they need to have a surgery [in the] next a few days, you'll need to tell them when they cannot eat anything or something like that. Sometimes they don't really get the information.

As these anecdotes illustrate, trained medical interpreters are crucial to ensuring patients can make informed decisions about their health, correctly administer treatment, and prepare properly for medical procedures. In the health care context, accurate translation and interpretation can be a matter of life or death.

Another Latinx mother from Nashville explained that language also posed impediments to parents' communication with their children's teachers:

For me, a big part is the language. You go to schools, and you can't translate, you can't have a conversation with the teachers. And that is something very necessary that we as parents need because many times, we have the children translate for us. I've been where parents ask, 'What did they say, son?' Then the child tells them what he wants to hear. I tell them, 'no, no, no, he is not saying that. This is serious.'

The use of children to interpret for their parents raises serious questions about the well-being of both the parent and the child. Research has revealed that the use of ad hoc health care interpreters, such as children, results in adverse health outcomes.⁴¹ Furthermore, relying upon children for interpretation may have a negative impact on children.⁴² At the same time, participants reported that the use of ad hoc family interpreters was a common practice. One Korean immigrant related, "Every time [my dad] goes to the doctor appointment, I have to go there, and then I have to explain it. Thankfully that I was pre-med, I could explain about it. But all the medical terms [are] very difficult." Given that family members have not generally had the benefit of pre-med education, these focus groups reveal a concerning prevalence of immigrants who receive ad hoc interpretation from untrained family members.

Participants also expressed apprehension about the accuracy of translation services offered by providers. A Nashville Latinx woman complained that translators often mistranslate both substance and tone:

Translators often do not translate what you say.... I've had cases where the lady translates something I said very softly. Look, I told her, no, ma'am, I am not saying it like that. I came here upset.... So then she asked, 'Do you want a translator?' No ma'am. I tell you why—because you are not translating it the way I am saying it.

Another Latinx Tennessean similarly voiced frustration with the inaccuracy of translation services:

...They don't say things the way we want to say them. They change the conversation, and you even hear it. Sometimes it's like, 'I didn't say that!' Even though you don't know English, but you know a little bit, don't you? You understand. You know what I mean? No, no, that's not what I said.

A Houston Chinese community provider echoed these sentiments, noting that "Some interpreters just interpret whatever they understand and drop the rest." Another Houston provider observed that "maybe the interpreter's English is good enough to be an interpreter, but they still need background knowledge."

Unlike the profession of court interpreting, there are no uniform certification policies across states for interpretation services in areas such as health care, education, and social services. One of the Fresno Latinx providers explained that "one of the issues there is that ... as a state ... there's not really like a certifying institution ... 'cause I can say, 'I speak Spanish,' but that doesn't mean I can write it or speak well.... And that goes across different languages, whether they're written or not." Participants highlighted the need for standardized certification and testing for interpretation services in both health care settings and more generally.

Furthermore, providers noted the growing influx of populations speaking indigenous languages as an additional challenge. One Fresno provider working with Latinx immigrants said, "I've seen a large influx of

children coming through ... and a lot of Mixteco population coming through. I had never seen this before." Several other Fresno providers described frustration at the fact that many agencies believed that providing Spanish-language services was enough to meet the needs of all immigrant populations:

When you, you know, talk to someone and you say about language, you're like, oh yeah, that's fine, 'cause we speak Spanish. So I think there's always like, people forget that not everyone's Spanish-speaking, and that also includes a lot of our Central American minors that we're serving. There's a lot of children coming in that only know indigenous languages.

Another Fresno provider repeated that the problem was particularly acute for the unaccompanied minor population:

We see a lot of times, for example ... that these children that we realized don't speak Spanish, have through the whole process, never had interpretation in their languages. So they're just been through like a whole system in, like, the federal system without actually understanding anything or people understanding them.

In addition to raising concerns about the accuracy and availability of language access services, some service providers also spoke about the needs of low-literacy populations. Miami service providers working with Haitian immigrants cautioned that providing written materials translated into Creole is not enough to bridge the communication divide. One Florida provider explained:

Haitians speak Creole, but they don't read and write the language. That's also a very big barrier for them because people will assume that because you speak Creole, let's have a document in Creole. But they don't understand it.

Likewise, an African immigrant from New York City reiterated these concerns:

We're always into translation, interpretation. And that is based on education. There are people who speak a language but do not read and write that. And that has been a misconception for a long time in communication. You can send something home in French. But if their parent doesn't read French it, they're oblivious to it.

Accordingly, service providers must take into consideration communication strategies that also address communities with low literacy skills, including the use of plain text language as well as audio and video resources. Issues surrounding translation and literacy reinforce the need to recognize that immigrants and immigrant groups should not be treated as monolithic. Different linguistic abilities and needs exist within and between immigrant groups, and language access services cannot be delivered in a one-size-fits-all mode if they are to be effective.

Finally, accounting for literacy must also address the issue of digital literacy. According to a recent study, undocumented immigrant youth had the least access to devices and broadband out of all youth ages 15 to 17.⁴³ As one Fresno provider serving Latinx communities said,

Another thing is digital literacy, right? So after COVID, everything went online.... But the reality is that with just these systems...They have everything online, [but] our communities cannot connect. Our communities don't have the knowledge to connect, to start an email, right? ... There's pockets of areas that are not connected. So the digital divide with our communities is really, really apparent.

A Miami service provider described a similar situation among Haitian immigrants:

...They don't know how to use a computer, especially our Haitian people. Because back home, it's not everybody who has a chance to have a computer to know how to use it. Technology it's a big part for them.... Our youth are being raised by grandparents. So the older generation, even though they have a smartphone when they come ... they don't know if they have an email at the phone. The smartphone that they have with them, you have to go and check it for them, but they don't really know how to use it.

Language access thus encompasses a range of dimensions beyond spoken language.

Language Access

Without language access services, immigrants face barriers to accessing vital programs and services to make their families healthier and stronger. In some settings like health care, a lack of or low-quality interpretation and translation services can lead to poor health outcomes or even death.

- ▶ **RECOMMENDATION:** State and federal governments should move toward requiring qualified interpreters, already required under civil rights regulations,⁴⁴ to be certified in both their language and their specialty by investing in expanding the scope of existing certifications, funding training programs and developing programs to cover the costs of certifications for low-income interpreters.
- ▶ **RECOMMENDATION:** Congress should ensure that all federally funded programs include a budget for language services, including by providing reimbursement across Medicare, Medicaid, and ACA programs.
- ▶ **RECOMMENDATION:** Congress should create a Federal Office of Language Access along with a National Language Access Coordinator, responsible for providing interpretation and translation services for all federal agencies, as well as developing best practices and guidance for provision of language services for federal programs and recipients of federal funding.
- ▶ **RECOMMENDATION:** Every federal operating division should develop detailed instructions for ensuring access to information in-language within their own programs and by recipients of their funding, including when, how and in which languages translation and interpretation services are made available. Recipients of federal funding should be subject to periodic audits to ensure expectations are being followed.
- ▶ **RECOMMENDATION:** States should follow the example of states like New York and California and enact statewide language access policies by requiring language access coordinators in every agency, requiring translation of state produced documents in the top languages spoken in the state, and setting hiring expectations for multilingual state and local employees.

vii. Cultural Competence and Racial Bias

In addition to language and literacy challenges, focus group participants described experiencing a lack of cultural competence in their interactions with service providers as well as outright racial bias from both providers and the community more broadly. Title VI of the Civil Rights Act prohibits discrimination based on race, color, or national origin in programs or activities that receive federal funding, and Section 1557 of the ACA applies in the health care context. However, establishing acts of bias as enforceable discrimination under law can be yet another structural barrier for immigrants, even when these acts may impact care. As one New York provider working with African communities said:

I think the biggest issue is language access, interpretation, and all that. And secondly, biases and discrimination. When you go to a public agency, to different agencies, because you have an accent, they push you aside...

"They pretend that they know us..., but they don't know how we struggle. They don't know our realities. The African realities might be very different from the Latinx [or] the Asian ... they need to do to know who are their population, who are the people living in this country."

African Immigrant (New York City)

Overall, participants in both African immigrant provider and community focus groups expressed strong frustration at experiences of bias by public service providers and inferior access and treatment more broadly because of language barriers and racial stereotypes. One provider said, "When we talk, we speak with, we have a very strong accent, and people think that we're not educated, they think they're better than us and stuff like that." A community member also described feeling that African immigrants' skills were dismissed:

They forgot we speak, we study in French. So different language. It doesn't mean we are uneducated. Right? We are educated. A lot of people come in this country, they educated, they got a higher level of education. It's the same thing. Science is the same, but maybe it's English and French or whatever language is the different thing. It doesn't mean you don't speak that language, you are ignorant. But they think we are; we're not.

In sum, stereotyping and bias based on race coupled with a lack of language access and cultural competency in service provision remain persistent barriers identified by Black immigrant communities.

New York focus group participants also articulated frustrations about how Black African immigrants are often lumped together with other immigrant communities, and their differences are erased. "[Service providers] pretend that they know us...", said one community member, "but they don't know how we struggle; they don't know our realities. The African realities might be very different from the Latinx [or] the Asian ... they need to do to know who are their population, who are the people living in this country." As one provider explained, the erasure of African distinctiveness also extended to other Francophone Black immigrants: "It's like conflating French speakers. Haiti is French-speaking country. Sure, yeah. But the way we speak the language totally different. So because it's French, they conflate all of us to be the same."

Echoing observations made by African immigrant focus groups, Miami participants remarked upon the fact that Haitians are often grouped with other Black communities. One provider explained how social services and Census outreach were tailored for a homogenous Black audience without addressing the uniqueness of Haitian culture:

But it's not only 'cause of immigration, their immigration status, but because of how the system itself mistreats them. And also now if you look at it locally on a local level perspective here in South Florida ... there's a perception because we're Haitian we are Black. So programs that's set for Black people ... we should be part of it. And we are sitting the Census, when there's money that has been paid to promotional companies for...advertising [to] the Black community for the Census. And then these people have never done any promotion here to education about the Census because the perception is ... they're Black ... As a matter of fact, an African American pastor at a meeting ... said something that—oh they should understand that they are Black, and they should be part of anything that we are doing. And I said to the pastor, that's the ideal. But have you taken to consideration the language barrier? Have you taken to consideration that we not raise[d] in United States, we have to learn the system? And that's also part of I would say the discrimination against Haitians.... So for government, it's so easy to say, yeah we give money for the Black community, and including Haitians, and they feel like comfortable. But at the end, we Haitians, we see that, no, nothing is coming to us. The resources are not coming, the funding are not coming, and the programs aren't coming. So they tend to dismiss Haitians.

Another provider explained how it is crucial to understand the history of Haiti to understand the Haitian community today:

I think this is not part of the conversation in the United States—the historical trauma of Haitians.... We still carry the stigma, for instance, the way we behave. I'll give you an example: looking at the people in the eyes when talking to you. This is not part of our culture, but for an American, you'll think that I'm lying because I cannot 'cause I was raised not to look at people in the eyes. And that's all this thing. And when you look at our culture, we still carry out the slavery stigmatism. Also, looking at Haitians coming to United States, you have to look at also the history between United States and Haiti since the independence. How United States has treated Haiti. It is historical facts.

The challenge of differing cultural norms around eye contact was also mentioned in various focus group discussions. "So the eye contact, and that's like cultural. This, there's a little difference," said one African service provider. "It's rude my culture to look somebody in the eyes." A Fresno Latinx provider described similar norms in other immigrant communities:

How are we holding our companies, our government, our agencies accountable for them being culturally proficient? And I mean, I see the toxicity in places that serve people because they're not aware of cultural dynamics. I mean I know that the Hmong people won't look at you, some elderly won't look at you eye to eye because it's disrespectful. And the Mexican culture similarly. I learned how to look at people in the eye because of the American culture system, the educational system.

"How are we holding our companies, our government, our agencies accountable for them being culturally proficient? And I mean, I see the toxicity in places that serve people because they're not aware of cultural dynamics."

Latinx Provider (Fresno)

When providers or agencies fail to recognize cultural differences or make incorrect assumptions based on a lack of awareness of different norms, it leads to inequitable access and discriminatory provision of services. Proper training of agency and entity staff regarding the communities they serve is a necessary step to combat cultural disparities. Federal and state agencies should also use their civil rights enforcement mechanisms to their fullest extent to investigate acts of bias that may constitute racial or national origin discrimination, as well as failure of cultural competency that leads to disparities.

Cultural Competence and Racial Bias

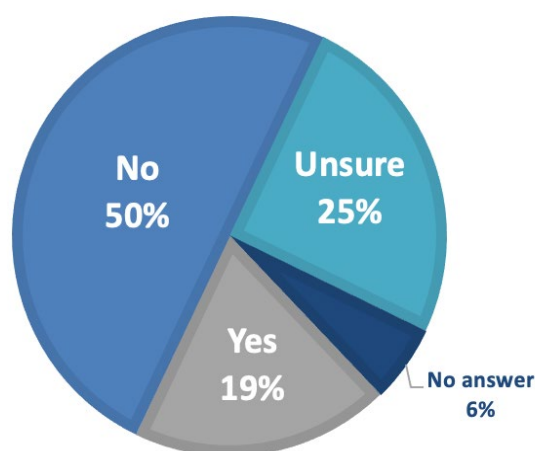
Beyond language access, cultural competence is another crucial dimension of providing accessible services to immigrant communities. Further, despite the existence of anti-discrimination laws, racial discrimination and anti-Blackness persist as obstacles to basic needs and equality.

- ▶ **RECOMMENDATION:** Federal and state programs should ensure cultural competence by funding community-based organizations led by representatives of the communities they serve, as immigrants know their communities best.
- ▶ **RECOMMENDATION:** All federal, state, and local agencies should work to improve their enforcement of anti-discrimination laws and policies and educate immigrant communities about their rights and the process for filing a complaint.

viii. Public Charge Concerns

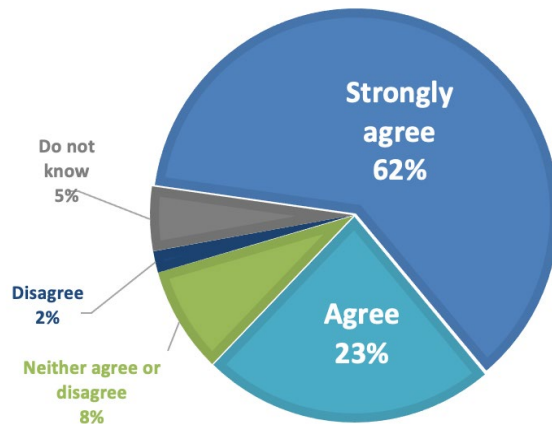
Beyond language access and cultural barriers, another major impediment for participants was concerns about the “public charge” rule or generalized worries about the immigration consequences of accessing public benefits. “Public charge” is a term used by U.S. immigration officials to refer to a person who is considered primarily dependent on the government for subsistence. If an immigration or consular official determines that someone is likely to become a “public charge,” the government can deny that person’s application for admission to the United States or an application for Lawful Permanent Resident status (i.e., a “green card”). Until President Trump entered the White House, the public charge test considered only two types of public benefits: public cash assistance for income maintenance and institutional long-term care at the government’s expense.

Familiar with the "public charge" rule



However, in 2018 the Trump Administration sought to change the definition of public charge to include a person who is likely to receive a far broader range of health care, nutrition, or housing programs. Rumors circulated widely that applying for programs such as Medicaid, food stamps/SNAP, or housing assistance would result in negative immigration consequences, including potential deportation. Under President Biden, the Trump rule was terminated, but the damage was already done. Immigrants continue to experience confusion and “chilling effects,” meaning that immigrant families avoid safety-net programs based on concerns about immigration-related consequences. Research has extensively documented the extent of the chilling effect, finding that one in four families in mixed-status families avoided public benefits because of immigration concerns as recently as 2022.⁴⁵

There is misinformation about “public charge” rules/the immigration consequences of accessing public benefits circulating among immigrants in my community.



The focus groups and surveys conducted for this study offer evidence that confusion persists about public charge and that the chilling effect endures in immigrant communities. Less than 1 in 5 of the immigrants who responded to the survey reported being familiar with the public charge rule. Half of the immigrant respondents reported that they were not familiar with the rule, and a quarter reported being “unsure” if they were familiar with public charge. The lack of knowledge about the legal term itself does not mean, however, that it is not impacting immigrants’ access to benefits. Three out of ten focus group participants reported avoiding public benefits not included in the public charge test because of immigration concerns.

Although it has been over three years since President Trump left office, and there have been extensive efforts to educate immigrant communities that they can receive health, food, and housing programs without immigration repercussions, immigrants continue to avoid programs. More than 8 in 10 providers surveyed agreed that there is misinformation about “public charge” rules circulating among immigrants in their community.

“The parents are afraid that ICE is going to come knocking at their door or somebody’s going to take their kids away.”

Haitian Community Provider (Miami)

More urgently, more than 9 in 10 of the providers surveyed answered that immigrant families who are eligible for public assistance programs are forgoing benefits due to fear of immigration consequences. Survey responses indicated that 36 percent of immigrants who participated in the focus groups had avoided at least one program because of immigration concerns in the last two years. Immigrants avoided programs that are not considered in the public charge test, including health care and/or health insurance, housing or rental assistance, and food or nutrition assistance.

Focus group discussions repeated many of the fears that have been well-documented by previous studies.⁴⁶ Providers and community participants continued to describe widespread fear and benefit avoidance among immigrants. As one Houston Chinese community provider shared:

Before they are applying [for] the benefit, the challenge, the concern is the public charge. Even though they don't know the terms, they know somebody told them. Even the immigration law attorney told them, if you want to be safe, do not touch anything. So public charge is the first concern for them.

A Haitian community provider in Miami said that immigrants feared that using benefits would result in deportation or losing their children: "The parents are afraid that ICE is going to come knocking at their door or somebody's going to take their kids away." Similarly, an African immigrant described: "If you take it, you apply for it, and you start using it—that's it. No more green card for you. No citizenship. Right? Knock on your door."

The rumor mill is perpetuated by misinformation spread by ethnic media, social media, and even immigration attorneys. As one Las Vegas provider explained:

The misinformation within the community itself, one person will hear it on Facebook or even on the news. They'll just hear it, and they'll pass it on.... They don't know the term public charge, but they understand inherently the concept of what if I grabbed these benefits and that affects my legal status when I'm trying to apply in the future. So that is a big problem. And even though there's been recent changes, I noticed that a lot of immigrants are still wary to receive services and resources just because they're afraid: how will this affect me down the road?

Another Vegas provider shared a similar account:

They're scared because they feel that if they give out their private information, their address, they'll be able to find out where they are, and they're going to go and deport them. And that's information that the media puts out or lawyers put out. So the media, yeah, it's not things that they make up—they've heard it somewhere from a reliable source. So they take it like, oh yeah, no, channel 34 said that if you go and apply to food stamps, you're not going to be able for a green card later on.

Avoided Programs in Last 2 Years Because of Immigration Concerns



A Nevada Latinx immigrant shared a personal account of having been told by an immigration attorney to disenroll from food stamps/SNAP:

A friend told me, 'Hey, one woman got some [food] stamps, and she couldn't fix her papers.' So I go to the lawyer. 'Hey, lawyer. It is true that if I get stamps, I can't fix my papers?' He said, 'Yes, drop them already.' I cut them off and never got them again.... That's why many of us don't get help, besides the fact that we don't inform ourselves because of the neighbors.... I have lost many things due to lack of information, because the neighbor told you, because she said if you get stamps ... you may not get your residence.

Another persistent myth that circulates is the notion that children will be required to repay benefits used by parents in the future. As one Las Vegas Latinx immigrant explained:

It is said that the children are going to pay if one applies for cash assistance, for example TANF..., [and] if they even ask for food assistance.... So I have never applied for it... We think that the children will pay for everything, for every benefit that has been applied for.

Providers shared that immigrants expressed numerous concerns about accessing benefits, including that they would be deported or be caught in an immigration raid, lose custody of their child, or their child would be conscripted into the military, among others. The focus group data therefore indicates that much more education about public charge is needed for community members, immigration attorneys, and the media.

Public Charge Concerns

Even though the public charge test does not consider most public benefits, such as housing, health care, and food and nutrition programs, immigrants continue to avoid basic needs programs due to misinformation and confusion about the public charge rule.

- ▶ **RECOMMENDATION:** Congress should strike the public charge test from federal immigration laws and fund a multi-lingual outreach and education program to educate immigrant communities that they can safely access public benefits without jeopardizing their present or future immigration status.

ix. Driver's Licenses

The barriers to full integration in communities and lack of stability as a result of inequitable access to driver's licenses was another prominent theme in focus groups conducted in the states without laws that allow all residents, regardless of immigration status, to obtain a license to drive.⁴⁷ Nashville focus group participants described having no choice but to drive unlicensed because they were ineligible for a driver's license due to their immigration status. They described driving as necessary for transportation in Nashville and the surrounding area and expressed their fears about the risks of driving unlicensed. As one Latinx Tennessean related:

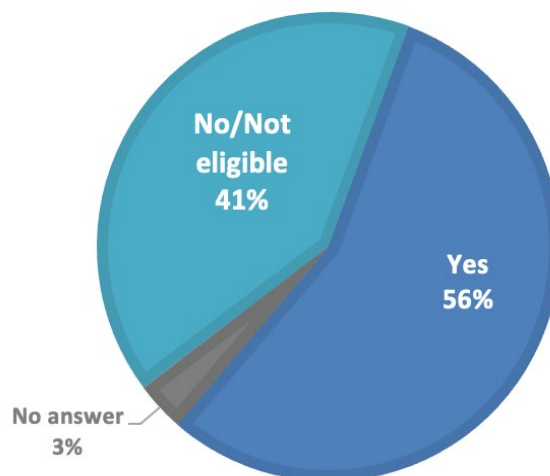
Another thing is driver's licenses.... Because you can be driving well, but the guy next to you or behind you—you don't know if he's driving well or what's happening to him, if he's on the phone or looking at something else. So, if you are at fault and you hit someone, you are sent to court. But if you are not at fault, you are also sent to court because you do not have a license.

In addition to needing licenses to drive, Nashville immigrants also described how barriers to licenses or other state-issued identity documents had ripple effects:

There are so many problems to get, for example, a loan for a car if there is no license. Thus, the price for the interest and for the down payment, for the house, the same for the insurance. I believe that someone who does not have a license pays triple the price of someone who does have a license. So it is a robbery in plain sight, as they said, it is a robbery.

Providing driver's licenses for all would also help immigrants avoid being taken advantage of by brokers and insurance agents who charge a penalty to those who are ineligible for licenses or identity documents because of their immigration status. As discussed previously, these economic impacts extend to housing, as those without state-issued identification may be charged higher rent.

Do you have a driver's license?



Driver's Licenses for All

In a country like the U.S. that lacks a robust public transportation system, driving a car is a fundamental necessity. In states that impose immigration status restrictions on driver's licenses, immigrants must drive in fear that being pulled over for a broken taillight will result in their families being torn apart.

- ▶ **RECOMMENDATION:** Many states plus the District of Columbia⁴⁸ have enacted legislation to expand access to driver's licenses for all residents, regardless of immigration status. The remaining states should follow suit and remove immigration status restrictions from their licenses to create safer roads and prevent immigrants from driving in fear.

x. Financial Justice

Survey data and focus group discussions indicated that there is a need for greater financial literacy on issues such as taxation and managing credit, the ability to access to banking and credit without barriers or usurious fees, and education about the availability of tax credits for immigrant communities. According to the Federal Deposit Insurance Corporation (FDIC), approximately 4.5 percent of U.S. households (approximately 5.9 million) were “unbanked” in 2021, meaning that no one in the household had a checking or savings account at a bank or credit union.⁴⁹ Meanwhile, more than 1 in 5 (23 percent) of immigrant focus group participants reported that they did not have a bank account. Further, only 5 participants out of 88 reported having a retirement plan.

Focus group participants discussed struggling with debt and access to credit. As one Las Vegas immigrant detailed, “we have tried to apply for a credit card, but since we don’t have a long bank account history because we recently opened our account less than about two years ago ... he told us it was too little.” A Fresno immigrant also described higher interest rates for borrowers using an Individual Taxpayer Identification Number (ITIN), a tax processing number used by immigrants (usually undocumented) who are ineligible for Social Security numbers.

It is difficult ... to apply for loans ... that you need to start a business. It is difficult because you do not have enough credit. They ask you for the Social Security number. So it has been very difficult.... They accept ITINs, but that then raises the interest rates so they are higher. That is one of the challenges faced by us Hispanics. With ITIN the interest rate is 23 percent, and with Social Security number it is 5 percent or even 3 percent.... That is why we Hispanics do not, we do not have the ability to say we are going to buy a house, because imagine 25 percent of such a large amount of money!

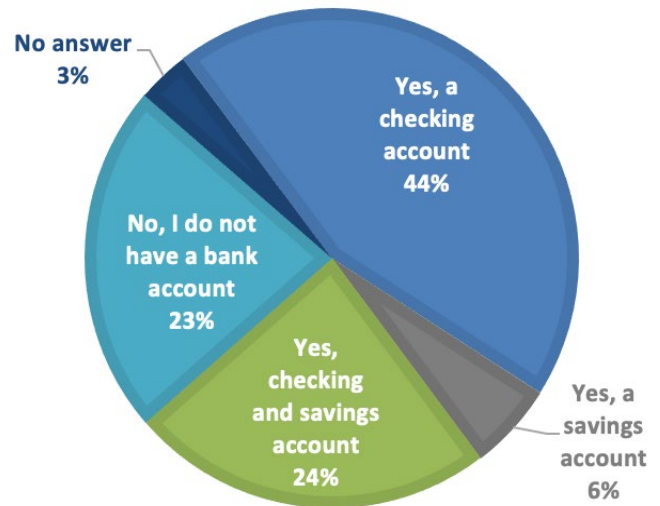
Participants in the focus groups thus indicated the need for better access to entry-level financial products and lines of credit for immigrant communities. On the other end of the spectrum, African immigrants in New York described the dark side of access to credit:

We broke our community credit. People go take credit cards, put himself in huge debts, and it becomes difficult with the interest becomes very difficult for you to get out of that. Yeah. So we need a lot of financial education.

While some immigrants are paid in cash, bank accounts are often important for being able to receive wages without being subject to fees. One Nevada provider recounted the consequences of being unbanked:

[There is] the culture of ‘guardar el diner bajo del colchón’ [keeping the money under the mattress] instead of going to the bank. So in these places that they paid that direct deposit, because they use a third party, they must have a bank account, or else they can use some of these other ways for receive the payment. But then it has these other unintentional fees, and then people feel like they’re taking away \$5 here, \$10 there, and it’s just difficult.

Do you have a bank account?



Furthermore, employers reportedly paid workers with prepaid debit cards instead of cash or checks. In some cases, employees are paid with debit cards because they lack a bank account and can't receive payments via direct deposit, a downside of being unbanked. The problem with prepaid debit cards is that they usually come with fees to use them, thus costing workers some of their wages. One Las Vegas provider detailed:

I think a lot of the employers are kind of approaching it with an almost predatory kind of approach a lot of the times with my clients, them being youth, either 16 to 20, if they're in age eligibility, if they work for Del Taco or something. They'll give them a prepaid card or a kind of direct deposit card that has astronomical ATM fees. They get charged to use it. Or sometimes they won't have a Visa logo, so they can only be used at certain locations that are tied into that corporation. So a lot of times it's just almost like a setup to keep them into a cycle, like a tight cycle.

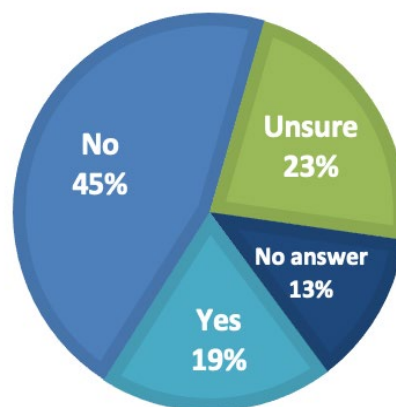
The issue of fees and the need for bank accounts also came up in the context of housing. Participants reported that landlords and vendors increasingly require services like Zelle to pay for rent or services. Services like Zelle either require a bank account or the use of prepaid debit cards often associated with transaction fees. While these financial services problems are not unique to immigrant communities, immigrants face particular barriers to accessing financial services, including limited English proficiency and lack of familiarity with U.S. systems.

Taxes were another area where education is needed. More than half (57 percent) of participants answered that they paid taxes (this number might have been impacted by the fact that most Miami participants had been in the U.S. for less than a year, and as such would not have been required to file taxes yet). A little more than half of immigrants in this study reported that someone in their family had an Individual Taxpayer Identification Number (ITIN).

Meanwhile, 68 percent of immigrants surveyed reported that they were either unaware (45 percent) or unsure (23 percent) of any tax credits for which they might be eligible. Some participants expressed frustration at the fact that undocumented immigrants are ineligible for many poverty-alleviating tax credits such as the Earned Income Tax Credit (EITC) or the COVID Economic Impact Payments (stimulus checks) due to their immigration status. In the words of one Fresno immigrant: "We as immigrants did not have stimulus payments like other people. We do not have help in many ways, not even when you pay all pay for with taxes, we do not see the benefits."

While undocumented immigrants were ineligible for stimulus checks, they could have received between \$3,000 and \$3,600 per U.S. citizen or lawfully present child during the pandemic expansion of the federal Child Tax Credit (CTC). However, due to lack of awareness of eligibility for tax credits coupled with barriers in accessing Individual Taxpayer Identification Numbers (ITINs), many immigrants were denied tax credits that lifted millions of Americans, especially children, out of poverty. All taxpayers should have equal access to

Are you aware of any tax credits you may be eligible for, such as the earned income tax credit (EITC) or the child tax credit (CTC)?



credits that are proven to reduce poverty and make families healthier and stronger. Congress should take action to remove Social Security number (SSN) requirements for the EITC and restore access to the CTC for children with ITINs.

Financial Justice

Immigrants face unique obstacles to integration into U.S. financial systems, including banking and access to credit. Further, in the last year for which we have comprehensive data, ITIN filers paid \$23.6 billion in total tax contributions.⁵⁰ Unfortunately, federal tax credits such as the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC) have Social Security number (SSN) requirements that exclude millions of taxpayers from those credits. Tax credits such as the CTC have bipartisan support and a proven track record of reducing poverty. Allowing ITIN taxpayers to access the same credits as other taxpayers is good public policy and an issue of basic fairness.

- ▶ **RECOMMENDATION:** Congress should increase funding to the Consumer Financial Protection Bureau (CFPB) and the U.S. Department of Treasury to advance financial literacy initiatives and fund community-based financial education programs targeting immigrant communities. CFPB should also investigate predatory lending and banking practices targeting immigrant communities.
- ▶ **RECOMMENDATION:** Federal, state, and local authorities should encourage the acceptance of ITINs for applicants for housing and other services and remove the barriers immigrants currently face in applying for ITINs.
- ▶ **RECOMMENDATION:** The Tax Cuts and Jobs Act (TCJA) of 2017 stripped eligibility for the CTC from approximately one million children who have ITINs. Congress should pass legislation to allow taxpayers and their dependents to claim the CTC using any Taxpayer Identification Number—either an SSN or an ITIN. Although the CTC SSN requirement is slated to expire in 2025, this eligibility should be codified into law. In addition, Congress should also remove the SSN requirement for the federal EITC.
- ▶ **RECOMMENDATION:** There are currently 10 states with state-level EITCs⁵¹ and 10 states with state CTCs⁵² that are available to residents with ITINs. The remaining states should pass immigrant-inclusive state EITCs and CTCs that are available to residents who file taxes with ITINs.

III. Conclusion

The words of the immigrants and service providers who participated in the focus groups tell a story of multiple intersecting obstacles to well-being and opportunity. Immigrants and providers related that low-income immigrants face unique barriers to meeting basic needs ranging from health care to housing to food. While the findings of the survey and focus groups shine a light on the many impediments facing low-income immigrants, we have tools that are proven to reduce disparities based on race and nation of origin. It is up to Congress and state governments to take action to implement these policies. Reforming our immigration laws to provide a pathway to citizenship for the millions of undocumented immigrants living in the United States is an urgent priority that Congress has failed to address for nearly four decades. In the meantime, states have been leading the way by enacting a range of policies that eliminate immigration status barriers to basic needs programs, including Health for All and Driver's Licenses for All. The COVID pandemic has demonstrated that the future of this nation depends on the health and well-being of all of us. As the voices of immigrants in this report make clear, it is time to enact policies that ensure all immigrants and their families have the opportunities and freedom to thrive. In the words of one African immigrant from New York, reforming our nation's immigration laws and implementing policies to help remove barriers for low-income immigrants is in the best interests of the nation as a whole:

Yeah, immigration especially. But just having that piece of paper is knowing that, you know what?
... I'm not looking for a handout because everyone thinks that people come here for a free handout.
No, we're willing to work hard. So help us. We want to stay. We love the country. Help us instead of pushing us down. Lift us up, and it would really benefit the whole country in the long run.

Policy Recommendations

1. Immigration Reform

Federal immigration reform that would provide a pathway to citizenship for immigrants living in the United States was identified as the top priority of all the focus groups conducted for this study.

- ▶ **RECOMMENDATION:** Congress should pass legislation to create a path to legal status and citizenship for immigrant residents to protect the rights of all workers and keep families together.

2. Workplace Justice for All

Immigrants are often vulnerable to exploitation because of their legal status, and many focus group participants discussed rampant workplace abuses. All workers in the U.S., regardless of status, should have a right to a living wage and a safe workplace that is free of abuse.

- ▶ **RECOMMENDATION:** While there are laws that provide workplace protection, lax labor law enforcement often renders those laws functionally meaningless. Congress and state legislatures should increase funding for investigators and labor law enforcement at federal and state departments of labor.

- ▶ **RECOMMENDATION:** The new, streamlined process for workers in labor disputes to request deferred action from the Department of Homeland Security (DHS) is a crucial tool to protect from threats of immigration-related retaliation and the chilling effect such threats cause. DHS should maintain robust staffing to implement this program and labor law enforcement agencies—including state and local labor departments—should prioritize certifying violations consistent with this policy.
- ▶ **RECOMMENDATION:** It has been fourteen years since Congress last raised the federal \$7.25 minimum wage, the longest period in its history without an increase. As record-high inflation continues to skyrocket, Congress should raise the minimum wage to at least \$17 an hour to lift families out of poverty and ensure all workers earn a living wage.
- ▶ **RECOMMENDATION:** Undocumented workers are excluded from Unemployment Insurance (UI) benefits under federal law. During the peak of the COVID-19 pandemic, states provided temporary cash support to excluded workers in different forms, the largest of which was New York's \$2.1 billion Excluded Worker Fund. Building on the success of these programs, states have launched "safety-net for all" campaigns to provide alternatives to the UI system for excluded workers. States should enact permanent "safety-net for all" programs for all workers excluded from the federal UI system.

3. Health for All

The Affordable Care Act (ACA) was an important step toward providing health coverage for all Americans, but millions of immigrants are ineligible for both Medicaid and ACA health coverage. To fill the coverage gap, immigrants need access to public health coverage programs that have been successful in reducing the uninsured population and improving health outcomes.

- ▶ **RECOMMENDATION:** Congress should pass the Health Equity and Access Under the Law (HEAL) for Immigrant Families Act, legislation that removes cruel and unnecessary barriers to health care for immigrants of all statuses. The HEAL Act would include undocumented immigrants in the Affordable Care Act, state option Medicaid, and the Child Health Insurance Program, and would remove the 5-year waiting period and other eligibility restrictions to these health benefits for lawfully present immigrants.
- ▶ **RECOMMENDATION:** Congress should pass the Lifting Immigrant Families Through Benefit Access Restoration (LIFT the BAR) Act, which would lift an arbitrary five-year waiting period and other eligibility restrictions in immigrants' access to Medicaid, the Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and the Supplemental Security Income (SSI) program. Passing the LIFT the BAR Act will restore access to critical aid for green card holders, DACA recipients, individuals granted Special Immigrant Juvenile Status (SIJS), and other lawfully present immigrants.
- ▶ **RECOMMENDATION:** In the absence of federal action, states and localities should fill the gap and follow in California's footsteps, which became the first state in the nation to pass "health for all" legislation to expand access to the state's Medicaid program (Medi-Cal) to all low-income residents, regardless of immigration status in 2022. In addition, states should apply for ACA Section 1332 waivers, and explore other policy options, that allow all state residents, including undocumented immigrants, to enroll in high-quality, affordable health and dental plans.

4. Housing for All

The nation is facing a severe shortage of affordable and available housing for U.S. residents with low incomes. Immigrants and BIPOC communities face additional obstacles to securing housing in the form of race and national origin discrimination. Congress should take immediate action to address the affordable housing crisis and strengthen fair housing enforcement.

- ▶ **RECOMMENDATION:** Congress should increase funding to protect existing affordable housing units and increase the supply of affordable housing. In addition, Congress should increase funding for housing vouchers, create a renter's tax credit, and strengthen federal protections under the Fair Housing Act.⁵³
- ▶ **RECOMMENDATION:** The Department of Housing and Urban Development (HUD) should strengthen fair housing enforcement by moving away from the current approach to housing, which is under-resourced and largely complaint-driven, towards a proactive strategy with adequate resources.⁵⁴

5. Food for All

Food insecurity continues to affect over 10 percent of the U.S. population,⁵⁵ and noncitizen immigrants are at higher risk of food insecurity than U.S.-born citizens.⁵⁶ A recent study concluded that access to the Supplemental Nutrition Assistance Program (SNAP) could eliminate food insecurity disparities among immigrants and U.S.-born citizens.⁵⁷

- ▶ **RECOMMENDATION:** Congress should remove immigration status barriers to the SNAP program.
- ▶ **RECOMMENDATION:** Congress should increase the SNAP benefit level and the gross income test so that more low-income workers have access to much-needed benefits.
- ▶ **RECOMMENDATIONS:** "Food for All" bills have been introduced in states including California and Oregon. "Food for All" legislation grants state-funded food assistance to people who are ineligible for the Supplemental Nutrition Assistance Program (SNAP) due to their immigration status. States should enact "food for All" policies to reduce rates of food insecurity nationwide.

6. Language Access

Without language access services, immigrants face barriers to accessing vital programs and services to make their families healthier and stronger. In some settings like health care, a lack of or low-quality interpretation and translation services can lead to poor health outcomes or even death.

- ▶ **RECOMMENDATION:** State and federal governments should move towards requiring qualified interpreters, already required under civil rights regulations, to be certified in both their language and their specialty by investing in expanding the scope of existing certifications, funding training programs and developing programs to cover the costs of certifications for low-income interpreters.

- ▶ **RECOMMENDATION:** Congress should ensure that all federally funded programs include a budget for language services, including by providing reimbursement across Medicare, Medicaid, and ACA programs.
- ▶ **RECOMMENDATION:** Congress should create a Federal Office of Language Access along with a National Language Access Coordinator, responsible for providing interpretation and translation services for all federal agencies, as well as developing best practices and guidance for provision of language services for federal programs and recipients of federal funding.
- ▶ **RECOMMENDATION:** Every federal operating division should develop detailed instructions for ensuring access to information in-language within their own programs and by recipients of their funding, including when, how, and in which languages translation and interpretation services are made available. Recipients of federal funding should be subject to periodic audits to ensure expectations are being followed.
- ▶ **RECOMMENDATION:** States should follow the example of states like New York and California and enact statewide language access policies by requiring language access coordinators in every agency, requiring translation of state-produced documents in the top languages spoken in the state, and setting hiring expectations for multilingual state and local employees.

7. Cultural Competence and Racial Discrimination

Beyond language access, cultural competence is another crucial dimension of providing accessible services to immigrant communities. Further, despite the existence of anti-discrimination laws, racial discrimination and anti-Blackness persist as obstacles to basic needs and equality.

- ▶ **RECOMMENDATION:** Federal and state programs should ensure that their programs are culturally competent by funding community-based organizations led by representatives of the communities they serve, as immigrants know their communities best.
- ▶ **RECOMMENDATION:** All federal, state, and local agencies should improve their enforcement of anti-discrimination laws and policies and educate immigrant communities about their rights and the process for filing a complaint.

8. Public Charge Concerns

Even though the public charge test does not consider most public benefits, such as housing, health care, and food and nutrition programs, immigrants continue to avoid basic needs programs due to misinformation and confusion about the public charge rule.

- ▶ **RECOMMENDATION:** Congress should strike the public charge test from federal immigration laws and fund a multi-lingual outreach and education program to educate immigrant communities that they can safely access public benefits.

9. Driver's Licenses for All

In a country like the U.S. that lacks a robust public transportation system, driving a car is a fundamental necessity. In states that impose immigration status restrictions on driver's licenses, immigrants must drive in fear that being pulled over for a broken taillight will result in their families being torn apart.

- ▶ **RECOMMENDATION:** Many states plus the District of Columbia⁵⁸ have enacted legislation to expand access to driver's licenses for all residents, regardless of immigration status. The remaining states should follow suit and remove immigration status restrictions from their licenses to create safer roads and prevent immigrants from driving in fear.

10. Financial Justice

Immigrants face unique obstacles to integration into U.S. financial systems, including banking and access to credit. Further, in the last year for which we have comprehensive data, ITIN filers paid \$23.6 billion in total tax contributions.⁵⁹ Unfortunately, federal tax credits such as the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC) have Social Security number (SSN) requirements that exclude millions of taxpayers from those credits. Tax credits such as the Child Tax Credit (CTC) have bipartisan support and a proven track record of reducing poverty. Allowing ITIN taxpayers to access the same credits as other taxpayers is good public policy and an issue of basic fairness.

- ▶ **RECOMMENDATION:** Congress should increase funding to the Consumer Financial Protection Bureau and the U.S. Department of Treasury to advance financial literacy initiatives and fund community-based financial education programs targeting immigrant communities.
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- ▶ **RECOMMENDATION:** The Tax Cuts and Jobs Act (TCJA) of 2017 stripped eligibility for the CTC from approximately a million children who have ITINs. Congress should pass legislation to allow taxpayers and their dependents to claim the CTC using any Taxpayer Identification Number – either an SSN or an ITIN. Although the CTC SSN requirement is slated to expire in 2025, this eligibility should be codified into law. In addition, Congress should also remove the SSN requirement for the federal EITC.
- ▶ **RECOMMENDATION:** There are currently 10 states with state-level EITCs⁶⁰ and 10 states with state CTCs⁶¹ that are available to residents with ITINs. The remaining states should pass immigrant-inclusive state EITCs and CTCs that are available to residents who file taxes with ITINs.

APPENDIX: Methodology

The project employed two research tools: written surveys and focus groups conducted separately with low-income immigrants with at least one U.S. citizen child and service providers working with those communities.⁶² One community focus group and one provider focus group were conducted at each research site. Written surveys were administered immediately prior to each of the focus groups and consisted of 47 multiple-choice questions for the directly impacted individuals and 27 multiple-choice and open-ended questions for the service providers. The written surveys incorporated questions derived from existing surveys such as the American Community Survey.⁶³

Seven research sites were selected, and fourteen focus groups were conducted in total between January and March 2023. The criteria for site selection were: 1.) states with the highest share of low-income immigrants; 2.) diversity of nations of origin, with three Latin American countries (the highest share of low-income immigrants in the U.S. is from Latin America), two Asian and Pacific Islander countries, and two countries with majority Black populations; 3.) immigrant policy environment/party control; and 4.) geography type (urban/rural).⁶⁴ To recruit participants, NILC partnered with community-based organizations (CBOs) that received grants to support their outreach and recruitment efforts and their coordination of logistics. Community participants were provided with childcare, transportation, and a meal and compensated with \$50 stipends. Provider participants were not compensated for their participation. Focus groups in English and Spanish were conducted by NILC staff, and Mandarin, Korean, and Haitian-Creole focus groups were conducted by interpreters trained by NILC staff.

Focus group participants largely exhibited typical characteristics of low-income immigrants in the U.S. However, participants skewed female, with 71 of the 88 participants identifying as women, and participants reported having higher education levels than low-income immigrants more generally.⁶⁵ Apart from the Miami focus group (12 of whom had been in the U.S. for less than a year, reflecting the trend of recent Haitian migration to Florida), participants tended to be long-time residents of the United States, with more than half (45) reporting having lived in the U.S. for over a decade. Consistent with research about the leading industry groups of employment for low-income immigrants, the top three occupations reported by immigrants in the focus groups were restaurant or food services (16), construction or building trades (8), and maintenance or cleaning (8).⁶⁶

Focus Group Sites

Focus Groups Total	Locations + Language
<ul style="list-style-type: none"> ▶ 7 Provider (60) ▶ 7 Community (88) 	<ul style="list-style-type: none"> ▶ Fresno, CA (Spanish) ▶ Houston, TX (Mandarin) ▶ Las Vegas, NV (Spanish) ▶ Los Angeles, CA (Korean) ▶ Miami, FL (Haitian-Creole) ▶ Nashville, TN (Spanish) ▶ New York City, NY (English)
<ul style="list-style-type: none"> ▶ African (1) ▶ Chinese (1) ▶ Haitian (1) ▶ Korean (1) ▶ Latinx (3) 	

Endnotes

1. The following focus groups were conducted in 2023: Fresno, California (Latinx) [March 13]; Houston, Texas (Chinese) [February 9]; Las Vegas, Nevada (Latinx) [January 30]; Los Angeles, California (Korean) [March 16]; Miami, Florida (Haitian) [February 22]; Nashville, Tennessee (Latinx) [February 2-3]; and New York, New York (African) [March 22-23].
2. Annalisa Frisina, "Focus Groups in Migration Research: A Forum for 'Public Thinking'?", in *Qualitative Research in European Migration Studies*, ed. Ricard Zapata-Barrero and Evren Yalaz (Cham: Springer International Publishing, 2018), 189–208. https://doi.org/10.1007/978-3-319-76861-8_11
3. Shannon Schumacher et al., "Understanding the U.S. Immigrant Experience: The 2023 KFF/LA Times Survey of Immigrants" (Kaiser Family Foundation, September 17, 2023), <https://www.kff.org/racial-equity-and-health-policy/poll-finding/kff-la-times-survey-of-immigrants/>.
4. Julia Gelatt, Valerie Lacarte, and Joshua Rodriguez, "A Profile of Low-Income Immigrants in the United States," migrationpolicy.org, November 15, 2022, <https://www.migrationpolicy.org/research/low-income-immigrants>
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11. Gelatt, Lacarte, and Rodriguez. p. 7.
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16. Félice Lê-Scherban et al., "Association Between Material Hardship in Families With Young Children and Federal Relief Program Participation by Race and Ethnicity and Maternal Nativity," *JAMA Health Forum* 4, no. 4 (April 21, 2023): e230508, <https://doi.org/10.1001/jamahealthforum.2023.0508>
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62. The goal of the selection process was to ensure the representation of low-income mixed-status families in the sample pool. Data from the focus groups indicates that a large number of the adult participants were undocumented immigrants with U.S. citizen children.
63. Surveys for immigrant community participants were broken into eight sections: 1.) demographics and household characteristics, 2.) employment and income; 3.) housing and neighborhood services; 4.) transportation; 5.) education; 6.) health; 7.) food and nutrition; 7.) financial services; and 8.) miscellaneous topics. The provider surveys were divided between questions about the characteristics of communities they served and provider perspectives on immigrant barriers to accessing social services and public benefits.
64. Data about low-income immigrant populations from: Gelatt, Lacarte, and Rodriguez, "A Profile of Low-Income Immigrants in the United States." p. 3.
65. MPI finds that 41% of all low-income immigrants have less than a high school diploma, whereas only 8% of focus group participants lacked secondary school credentials. 34% of focus group participants had a high school diploma or the equivalent, compared to 26% of all low-income immigrants. And 43% of participants had some college or associate degree compared to 16%. Only 11% of focus group participants had a bachelor's degree or higher, compared to 16% of all low-income immigrants. Gelatt, Lacarte, and Rodriguez. P.6
66. According to the Migration and Policy Institute (MPI), the top three industry groups employing low-income immigrants are: construction, accommodation and food services, and professional, scientific, management, administrative, and waste-management services. Gelatt, Lacarte, and Rodriguez. p.9.

