

Community Outreach Workers' Perspectives on Public Charge: Impacts on Work and Immigrant Communities

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SUMMARY

Our study examines Community Outreach Workers' (CWs) perspectives on how the "public charge" rule has impacted immigrant communities in California's Central Valley. Interviews conducted with 43 CWs between October 2021 and June 2022 demonstrated how public charge concerns impacted their work and revealed strategies they adopted to address the multifaceted consequences of public charge policy on immigrant communities. We emphasize how policy uncertainty can be (1) an *acute* threat to health in public health emergencies and/or times of high anti-immigrant sentiment, and (2) a *chronic* threat to immigrant health and wellbeing. Future efforts to address public benefits-related concerns during periods of public health emergencies and/or high anti-immigrant sentiment should be responsive to CWs' needs and build upon existing, effective practices.

HISTORY OF PUBLIC CHARGE AND IMPACTS TO IMMIGRANT COMMUNITIES

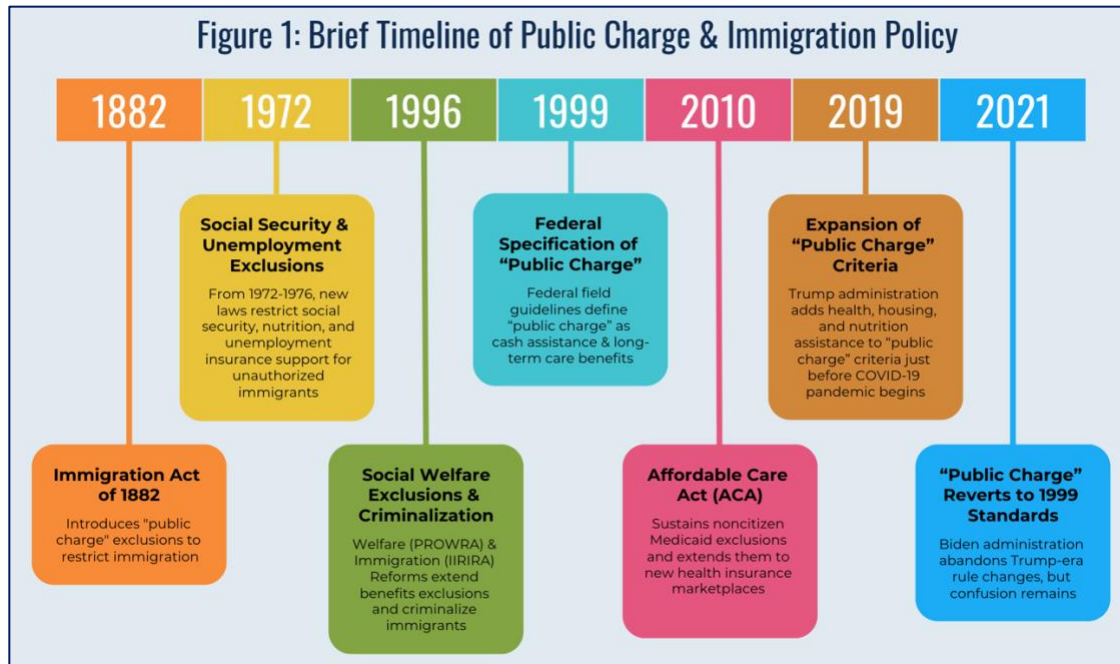
The "public charge rule" makes certain noncitizens unable to enter the U.S. or gain permanent residence if they use specific public benefits. The rule first emerged in legislation in 1882, and in 1999 the federal government classified cash assistance or publicly funded long-term care services as "public charge" benefits. In 2019, the Trump administration expanded public charge criteria to include certain health, housing, and nutritional assistance programs. While the Biden

KEY FINDINGS

1. CWs regularly encountered public charge related concerns when helping immigrants navigate health and safety-net benefits.
2. CWs knew of various programs and funding sources for which immigrant families were eligible and frequently used legal aid referrals to avoid exacerbating misinformation or distress among clients.
3. Both longstanding and recent immigration policies impacted CWs' work, suggesting that public benefits-related fears may persist beyond any one administration or public health emergency.

administration rescinded these changes, recent confusion and misinformation around the rule has had a "chilling effect" on public benefits use by eligible noncitizens and their families.¹

The public charge rule, and similar policies that exclude immigrants from using public benefits, reflect longstanding stigmatization and criminalization of welfare and safety net benefit use in the U.S. As **Figure 1** indicates, restrictive public policies in the mid-1990s excluded many immigrants from public benefit programs and prohibited Lawful Permanent Residents (LPRs) from accessing benefits during their first five years of residence, and the 2010 Affordable Care Act (ACA) extended these exclusions and barred undocumented immigrants from newly formed health insurance exchanges.



Additionally, recent heated political debates have fueled exclusionary rhetoric at the federal and state level and created uncertainty in the administration of policy to immigrants. While in recent decades California has enacted more immigrant-inclusive policies—such as extending the state’s Medicaid program (Medi-Cal) to income-eligible noncitizens—that mitigate the enduring criminalization of welfare and safety net benefit use at the federal level, exclusionary rhetoric can create tension and confusion around immigrants’ benefits eligibility. Federal policy changes have re-stigmatized certain immigrant groups—particularly those from Latin America—with anti-immigrant rhetoric, creating tension with recent public health emergencies, compounding fears of immigration enforcement, and leading to an avoidance of benefit use.²

In this study, we therefore considered the challenges CWs experienced when coordinating services and the avoidance of benefits during COVID-19 among immigrants as not just an acute or emergency risk to health, but also a chronic, persistent problem within this broader history of public charge and benefits use criminalization.

CWs’ VITAL ROLE RESPONDING TO COVID-19 AND PUBLIC CHARGE CHALLENGES IN IMMIGRANT COMMUNITIES

Workers played an essential role in connecting immigrant and mixed-status families (families in which members have different legal statuses) with health and wellbeing resources during the pandemic and amid a time of volatile policy changes that impacted the use of public benefits. While the CWs we spoke with held various titles (see **Figure 2**), their work often included similar, overlapping activities, such as coordinating COVID-19 education, testing, and vaccination services; connecting community members with food, housing, and unemployment assistance; and helping navigate complex issues related to noncitizens’ eligibility for safety-net resources.

Wearing multiple hats and adapting quickly to changing circumstances, CWs responded to community needs through several notable strategies:

CWs' PERSONAL PUBLIC CHARGE EXPERIENCES

"I am slightly aware of [public charge] because I have seen it with my own eyes, with my own family members." – Yolanda, COVID-19 vaccine and testing site employee*

"I know that personally, my family members were scared to apply for Medi-Cal because they thought this is a trap, like, 'I'm going to go in and apply and they're going to just take me away.' That's the thing that I have seen. They're like, 'No, I don't want to go. I'm scared that I'm just going to be in the system for them to find me.'" – Elena, community health worker and COVID-19 testing and vaccination coordinator

First, as our team's previous research brief illustrated, CWs **brokered trust** with clients through their continued presence in the community and through shared personal experiences and knowledge of public charge.³

Second, CWs engaged in **multiple strategies** as they assisted clients in applying for benefits and navigating bureaucratic barriers. They collaborated with various governmental and non-governmental organizations (including legal aid organizations), engaged in creative workarounds, participated in various training courses, and sought updated information on public charge-related policies and programs to share with the community.

Third, CWs **identified many barriers** that complicated their efforts, especially federal public benefits exclusions. They observed fear of negative immigration consequences related to applying for a variety of benefits (governmental and non-governmental) and expressed that federal benefits exclusions often appeared intractable, especially for undocumented clients.

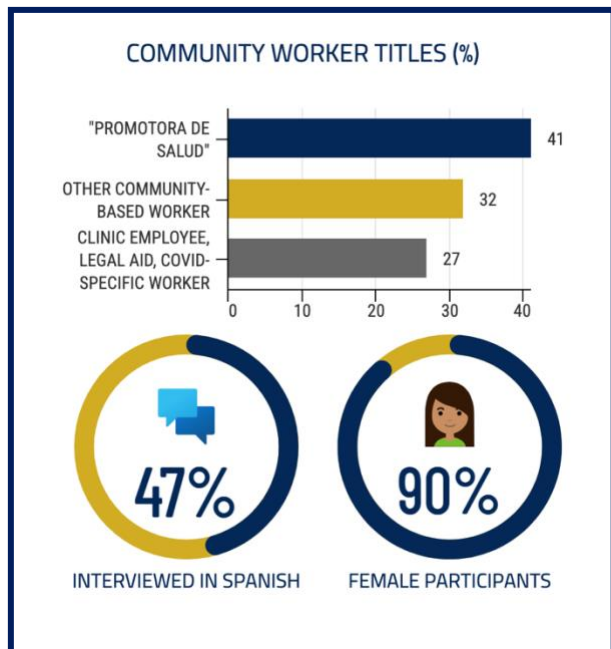
CWs EXPRESSED VARIED EXPERIENCES AND KNOWLEDGE OF PUBLIC CHARGE

CWs' integral role in helping mitigate public charge fears among their clients reflected how embedded their work was in their communities. We found that most CWs who were familiar with or knowledgeable about public charge had

firsthand experiences with public charge concerns themselves, in their families, or among close relatives. Beyond their deep commitments to the communities they served, many of the CWs we spoke with were immigrants themselves—some undocumented—and/or members of immigrant or mixed-status families. CWs who did not have firsthand experiences also mentioned frequently encountering clients who avoided services due to public charge. CWs' varied experiences and knowledge of public charge often shaped how they understood clients' concerns with public benefits and built trust to mitigate these fears when connecting families with services and support networks.

Personal public charge experiences - Most CWs who were knowledgeable about public charge shared personal experiences navigating the immigration system and the complexities of the public charge rule. This included managing their own legal status or that of their family members. For example, Mayra, a *promotora*, spoke about her own confusion determining which public benefits would count as a public charge when enrolling her own children in health care. Like Mayra, many other CWs described being confused about public charge.

Figure 2: Demographic Characteristics of Study Participants



Indirect public charge experiences – Even CWs who expressed less familiarity with the public charge rule frequently observed avoidance and confusion among their clients due to public charge fears. They described some of the reasons that clients expressed to them for avoiding benefit—even when eligible. We have highlighted some of these conversations in the pop-out boxes throughout this brief, illustrating the unique perspective

that CWs had in observing public charge on the ground. These reflections emphasize the need for reliable, sustainable collaborations among community workers and legal advice networks.

CWs ADOPTED STRATEGIES TO AVOID PUBLIC CHARGE CONFUSION AND MISINFORMATION

Referrals to legal aid organizations and/or immigration attorneys – CWs emphasized that they did not want to exacerbate public charge confusion and misinformation. Many acknowledged that while community and social networks could be a source of information for immigrants, these connections could also lead to misinformation if undocumented immigrants turned to unreliable sources. CWs tried to identify and share resources to help clients be aware of and avoid faulty information sources. A key strategy they adopted to disrupt misinformation was to refer clients to attorneys or other legal aid organizations.

CWs also established clear boundaries for their clients around the extent to which they could assist with benefits enrollment, and they refrained from discussing specific implications for a client’s legal status. CWs cited existing partnerships with legal professionals as a primary resource for helping clients obtain the right information on public charge.

CWs’ INDIRECT PUBLIC CHARGE EXPERIENCES

“...Yes [public charge] was a large stress...the whole world did not even want someone to know their name. A lot of [people] stopped receiving the help from food stamps. Pregnant women did not want WIC [Special Supplemental Nutrition Program for Women, Infants, and Children]...” – Sofia, promotora

“...[Those government applications] don't ask your immigration status, but they ask for your [social] security number. [But] even the driver's licenses for undocumented [immigrants] are different. People sometimes don't even want to take out their license, don't even want to do anything because there's a distinction. They tell them, 'If I don't have a good [social security number] and I'm going to put down my ITIN [noncitizen tax identifier], it's better to stay quiet and not do it.'” – Carmen, promotora

For example, community worker Elena, who spoke about her own family's Medi-Cal enrollment fears, described how she had a go-to "person" to whom she could refer specific questions. "I have my one person that I ask," she explained. "Thankfully, we have contacts, too. I do know where to send [clients]. I don't want to misinform, but I swear, I have a person I can lead you to..."

In many cases, and despite firsthand knowledge and technical training to stay up to date on policy changes, CWs often preferred to refer clients to external legal services. In such cases, CWs essentially served as a central hub, a counterpart to other social networks, that would help break chains of misinformation.

Maintaining up-to-date knowledge of various programs and funding sources - In their day-to-day work, public charge fears primarily surfaced during enrollment discussions with undocumented clients or those in the process of applying for naturalization. Encountering a variety of legal statuses required CWs to be knowledgeable about funding restrictions and program eligibility for different public benefits and safety net programs. CWs were highly aware of which programs had funding that would cover clients in their respective situation. For example, if the clients lived in a mixed-status household, they could enroll families through eligible household members to ensure they received the needed assistance. For CWs who worked in healthcare settings, this also required knowledge of programs that met client's urgent health needs, such as specific Medi-Cal enrollment criteria.

Other strategies included establishing memorable distinctions with clients on different funding sources for programs. Some CWs used federal-versus-state funding delineations as a proxy for helping clients differentiate between programs that would or would not count as a public charge. CWs noted that if a program was state funded, it was less likely to be a public charge. If the program was federally funded,

CWs exercised caution to determine which benefits might be a risk for public charge in current or future legal status applications and/or naturalization. However, this navigation for funding was not always straightforward, as such boundaries were sometimes blurry (for example, between federal Medicaid and state Medi-Cal eligibility), and because the policies seemed to change frequently.

In some cases, CWs noted that lack of policy clarity meant that they were not able to assist certain clients through government channels. They especially expressed concern over sharing inaccurate information and potentially compromising clients' immigration circumstances, and they frequently referred clients to non-governmental resources, such as religious organizations, that stepped up to fill immediate gaps without legal status restrictions. Such organizations often implemented strategies to mitigate fears and avoid confusion included removing barriers to immigrant enrollment, such as (1) requiring proof only of in-state residence, (2) not asking for social security, tax ID, or any other identifier, and (3) having documents available in Spanish so that clients could also review information for themselves.

CWs IDENTIFIED ONGOING PUBLIC CHARGE CHALLENGES

Despite these strategies, CWs emphasized how the public charge rule changes and persistent immigration concerns complicated their work. First, CWs noted that *acute* public charge fears related to recent policy changes existed alongside *chronic* immigration enforcement threats that immigrant clients lived with over the years due to their legal status. The presence of chronic immigration concerns endured in clients' immediate healthcare decision-making.

Specifically, fears of deportation surfaced in discussions with their clients during enrollment and outreach for public benefit programs/services. These fears reintroduced for

CWs IDENTIFIED ONGOING PUBLIC CHARGE CHALLENGES

“Remember the previous [Trump] administration. We have always had fear due to our immigration status, always, and more with the past administration like everything [increased], the fears of the community...”— Carmen, promotora

“...There's still that fear of like, ‘Well, if I go get any type of medical care, I might be sent to jail, or I might get deported.’” – Yolanda, COVID-19 vaccine and testing clinic coordinator

“Those resources that are not going to be considered a public charge are not going to last. The pandemic does not have an end in sight, and the resources little by little have been reducing, they have been taking them away...”—Sofia, promotora

many immigrants the difficult decision whether to avoid the interacting with government-associated agencies or prioritize their immediate health needs.

Additionally, public charge policy changes compounded threats to health from COVID-19. CWs expressed that the Trump administration had done significant damage with public charge policy changes. Both before and during COVID-19, these public charge fears influenced how clients navigated benefit enrollment and services.

Moreover, the timing of the public charge policy changes—which went into effect just as the virus proliferated in the U.S.—left immigrant communities vulnerable to the social and economic consequences of COVID-19 and put their health and safety at risk. Changes to public charge intersected with increased health and welfare needs during COVID-19. Among the CWs we spoke with, sustained fear among immigrant communities drove a noticeable avoidance and delay of accessing services. CWs observed that immigrants had to weigh their fear of public charge and becoming visible to government entities against their health needs.

While CWs felt that the end of Trump-era public charge changes and the creation of state policies that extended benefits to immigrants during COVID-19 helped ease client concerns,

many emphasized that changes in political leadership and immigrant-accessible COVID support were temporary. CWs braced themselves for the removal of these temporary benefits afforded to immigrants, and they were wary of the potential for future restrictive changes in public charge policy. These uncertainties exacerbated doubt and undermined credibility in CWs when they most needed communities to trust them.

FUTURE DIRECTIONS FOR ADDRESSING PUBLIC CHARGE IN THE CENTRAL VALLEY AND CALIFORNIA

Public charge, and federal public benefits exclusions, are a persistent threat to immigrant communities and how they navigate public benefit use. CWs are a vital source of information when it comes to understanding how public charge, and other immigration-related concerns such as deportation or naturalization, continue to impact immigrant communities. This is likely because both their embedded professional roles in their communities and their lived experiences with public charge concerns attunes many CWs to its lived consequences.

Figure 3: Community Outreach Ecosystem



The persistent impacts of public benefit exclusions in general require addressing two key areas for CWs in the Central Valley.

First, policymakers should consult with CWs to develop productive legal partnerships that center their expertise while identifying areas for effective collaboration and support. In the Central Valley, this also includes addressing the lack of legal infrastructure through investment in the education of legal professionals. For example, the [California Immigration Legal Fellowship](#) has brought a number of legal fellows to the Central Valley. Such efforts represent a step in the right direction toward building the supportive legal infrastructure that would enhance the impact of CWs' work. Ultimately, CWs need more numerous and sustainable legal aid connections to do their work effectively. The CWs in our study cited referrals to legal aid as a key strategy to address and mitigate public charge misinformation. However, not all CWs may have a reliable legal expert to consult, and some may rely on informal handoffs without a system for client follow-up. This indicates a need for investment in helping organizations establish partnerships

and increasing funding for organizations to have reliable legal support.

Second, CWs in Central Valley, and California more broadly, must have the proper resources to navigate public charge fears and concerns. CWs need resources to streamline communication and ensure information dissemination is consistent with any future changes in public charge and other benefits policies. Resources should also account for inflections in public charge fears that may surface during public benefit policy changes or changes in political leadership that often prompt public confusion. CWs cited training through their organizations as helpful ways to receive updated information. However, during periods of frequent changes or times of immediate health needs, these training courses might not be able to stay up to date.

State policymakers working on the issue of disaster response and its gaps, particularly regarding immigrants and the safety net, should form a task force to better understand the critical role of Community Outreach Workers. Such a task force might examine how best to support CWs through investments in raising CW training/standards and legal aid partnerships in legal aid deserts.

Our findings suggest that the confusion and chaos that emerged around public charge rule changes have persisted well beyond the Biden administration's revocation of the Trump-era rule, and these necessitate permanent solutions beyond any one emergency.

REFERENCES

1. Haley, J.M., G.M. Kenney, H. Bernstein, and D. Gonzalez. 2020. "One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019." Urban Institute, June 18, 2020.
2. Capps, R., M. Fix, and J. Batalova. 2020. "Anticipated 'Chilling Effects' of the Public-Charge Rule Are Real: Census Data Reflect Steep

Decline in Benefits use by Immigrant Families.”
Migration Policy Institute. December, 2020
3. Van Natta, M., A. Arias, M. Escobar, B.
Castañeda-Castañeda, and N. Contreras
Quezada. 2023. “Responding to a Public Health
Disaster: Community Outreach Workers and
COVID-19 in California’s Central Valley.” UC
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Brief.

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