

## Study: Immigration fears stopped families from using public benefits

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Concerns about immigration prompted nearly one-third of families with an undocumented parent to stop using public benefits, a recent survey found.

“Our study underscores the importance of social needs screening and referral services by pediatric healthcare providers,” researchers from the Baylor College of Medicine and Texas Children’s Hospital Center for Child Health Policy and Advocacy wrote in “Public Benefit Use and Social Needs in Hospitalized Children with Undocumented Parents,” (Masciale M, et al. *Pediatrics*. June 10, 2021, <https://doi.org/10.1542/peds.2020-021113>).

The team conducted anonymous surveys of 399 families at Texas Children’s Hospital about their need for and use of public health benefits. A quarter of the families had at least one undocumented parent, but 87% of the children in those families were U.S. citizens and would qualify for benefits.

The survey was conducted in 2019 while federal officials were discussing expanding their ability to consider immigrants’ use or likely use of public programs when deciding whether they could enter the U.S. or advance through the immigration process. The rule went into effect in early 2020 despite **opposition from the Academy** and other advocates but was discontinued in March 2021.

Among families with undocumented parents in the survey, 75% used Medicaid or the Children’s Health Insurance Program (CHIP). About 46% reported food insecurity, more than double the rate for families without an undocumented parent.

Roughly 40% of families with an undocumented parent were using the Supplemental Nutrition Assistance Program (SNAP), and 43% were using the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Each of these rates was higher than for families without undocumented parents.

Researchers said they were surprised to find that when looking only at families who believed they were eligible for public benefits, usage rates were similar between families with and without undocumented parents despite their disparate levels of need.

“These findings may be explained by bureaucratic obstacles (such as registration systems and paperwork) as well as immigration-related fear described in the undocumented population,” they wrote.

Age restrictions aside, immigration concerns topped the reasons families with an undocumented parent did not enroll in SNAP or WIC. Ineligibility due to citizenship status was the most common reason parents gave for not enrolling in Medicaid/CHIP. Lack of insurance in turn kept many from having well-child visits.

About 29% of the families with an undocumented parent said they stopped using public health benefits due to immigration concerns.

“Providers should take this into consideration and follow American Academy of Pediatrics guidance on counseling families about immigration-related concerns,” authors wrote. “Given the fear associated with using public benefits, disparities in food security among families with undocumented parents may be addressed by connecting families with trusted community organizations and local food banks, which are an underutilized resource potentially associated with less fear. Finally, the inpatient setting may offer an opportunity to identify and address sensitive stressors unique to families with undocumented parents.”

## **Resources**

- [AAP policy "Providing Care for Children in Immigrant Families"](#)
- [Immigrant Child Health Toolkit](#)
- [AAP News stories about immigration](#)

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