



Changing the Playbook

Immigrants and the COVID-19 Response in Two U.S. Communities

Randy Capps
Michael Fix

Changing the Playbook

Immigrants and the COVID-19 Response in Two U.S. Communities

Randy Capps
Michael Fix

Migration Policy Institute

July 2022

Contents

Executive Summary	1
1 Introduction	5
2 Impact of the Pandemic on Immigrant Workers and Families	7
A. Health and Access to Care	7
B. Immigrant Workers: “Essential” Jobs and Unemployment	9
C. Immigrants’ Access to Federal, State, and Local Assistance	10
3 Case Study of the Response in an Early Epicenter: Worthington, Minnesota	12
A. COVID-19 Testing and Vaccination at the JBS Processing Plant	14
B. Outreach for Testing and Vaccination by Trusted Intermediaries	15
C. Distribution of Cash and Food Assistance through Local Nonprofits and Immigrant Community Networks	17
D. Building a Crisis Response by Strengthening Bonds among Immigrants and Connections to Broader Community Institutions	19
4 Case Study of the Response in a Disaster-Tested Community: Harris County, Texas	19
A. Geographic Targeting of Resources for Testing and Vaccination Campaigns	22
B. Expanding Vaccinations to Vulnerable, Underserved Communities	23
C. Providing Direct Assistance to Households, with and without Immigration-Status Restrictions	24
D. Disbursing Rental Assistance without Immigration-Status Restrictions	28
E. Adapting the Hurricane Response Model to the Pandemic and Ensuring a Focus on Immigrant Communities	29
5 Lessons Learned for Responses to Future Emergencies	30
About the Authors	34
Acknowledgments	35

Executive Summary

The COVID-19 pandemic has had a severe impact on communities across the United States. Immigrants have experienced some of its most acute effects over the past two years, with relatively high rates of infection, severe disease, death, and economic dislocation. And while many immigrants work in essential and front-line jobs that have put them at a heightened risk of exposure to the virus, some have been excluded from key federal government assistance programs such as stimulus payments, unemployment benefits, and health insurance coverage. State and local governments alongside civil society have stepped in to fill some of the gaps in assistance to immigrants who were barred from receiving federal assistance or health coverage, including unauthorized immigrants, immigrants on temporary visas, and lawful permanent residents with less than five years in that status.

These state, local, and civil-society responses have been as diverse as the communities they aim to support. This report examines the contrasting COVID-19 relief and recovery efforts in immigrant communities located in two very different parts of the country: The first, Worthington, Minnesota, is

a small Midwestern agricultural processing city that had one of the highest infection rates in the United States in Spring 2020. The other is Harris County, Texas—the county surrounding Houston, the nation’s fourth-largest city, home to large and well-established immigrant populations, and an area hit hard by both the public-health and economic effects of the pandemic. Both localities are among the most diverse in the country, with large Latino, Black, and Asian American and Pacific Islander populations. The analysis draws in part on 60 interviews that Migration Policy Institute researchers conducted with key stakeholders from local government, public-health and health-care providers, social service agencies, community-based organizations, immigrant-community leaders, and the philanthropic community. In order to understand how relief efforts evolved over time, the research was conducted at two time points: in Summer–Fall 2020, just after the pandemic’s first wave subsided, and in Summer 2021. During both data collection points, cases were relatively high in southern jurisdictions such as Harris County and relatively low in northern ones like Worthington.

State, local, and civil-society responses have been as diverse as the communities they aim to support.

This study describes both commonalities and unique elements in these two communities’ COVID-19 responses, and it identifies potentially useful lessons for the inclusion of immigrants in future disaster responses and recovery efforts in communities across the country. The following are among the key elements of these communities’ pandemic responses:

Playbooks for providing emergency assistance to immigrant families and communities written during prior crises were revised to address the new challenges posed by the pandemic. Following a 2006 immigration enforcement operation at a local pork processing plant and the 2016 election in which immigration issues featured prominently, Worthington-area faith and community leaders organized the Worthington Area Immigrant Advocates (WAIA) network. At first, the network primarily focused on immigration issues and legal and other support for immigrants, but as the pandemic resulted in widespread and varied health and economic support needs, its scope expanded to include the sharing of vital

information about COVID-19 testing, vaccination, and health-care options, and the distribution of cash, food, and housing relief to local residents. The network and its affiliated grassroots groups also built bridges between diverse local immigrant communities and institutions that were central to the pandemic response, such as local employers and health-care providers.

Houston-area governments, philanthropists, and service providers developed an infrastructure to distribute assistance after Hurricane Harvey hit in 2017, and they have since adapted this infrastructure to new emergencies such as COVID-19. Part of this infrastructure was a digital platform established by Connective, a local nonprofit agency, through which residents could fill out a common application process for different types of assistance, and that could be used to target aid to needy groups and the neighborhoods where they reside. The Hurricane Harvey Relief Fund's geographic targeting was used again to great effect during the pandemic, but local advocates involved in the planning process also ensured that COVID-19 relief efforts explicitly focused on vulnerable populations such as immigrants. Connective's platform was upgraded as new organizations—many serving immigrant communities—became involved in relief efforts. For example, in the first round of direct cash assistance, the Greater Houston Community Foundation selected, trained, and supported 44 grantee organizations to distribute Harris County-funded assistance to diverse immigrant communities via the platform.

Unrestricted funding from local sources was used to support immigrants who were ineligible for federal assistance. Unauthorized immigrants and some lawfully present immigrants without a permanent status were ineligible for federally funded cash and unemployment assistance during the pandemic, but local governments and private sources at least partially filled this gap in both Worthington and Harris County. Worthington lacks the large array of foundations that can be found in the Houston metropolitan area, and its city and county governments have much smaller tax bases. Despite these limitations, Catholic Charities and WAIA worked with congregations across Southwestern Minnesota to raise funding to provide cash and housing aid for immigrant families. Sharing Seeds (a local faith-based organization), Seeds of Justice (a local immigrant community organizing group), and WAIA also leveraged the resources of local parishes and public schools to deliver food assistance.

In the Houston area, Harris County and local foundations raised funds to fill assistance gaps for families with immigrant members barred from federal assistance. While most funding for direct cash assistance came from the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) and other federal sources that carried longstanding immigration-status eligibility restrictions, the county and private philanthropy together provided about 30 percent of direct assistance spent during 2020 and 2021 (\$50 million out of \$165 million), and this assistance did not carry such restrictions.

Additionally, the City of Houston and Harris County avoided barring federally ineligible immigrants from the more than \$400 million in federal rental assistance they distributed by making those payments to landlords rather than individual households. However, when some landlords did not cooperate with the terms of the rental assistance (e.g., by refusing to suspend evictions for extended periods), payments went directly to households and thereby carried federal immigration-status restrictions; in such cases, some private funding was used to supplement federal funding—as was done with direct cash assistance.

Targeting assistance geographically and by population can help ensure it reaches immigrant households that need it most. It has proved challenging to identify, reach, and serve the most vulnerable immigrant families—especially those living in areas with relatively poor social infrastructure, including outlying areas of Harris County and rural areas near Worthington. Targeting assistance to such locations is important, however, because immigrants increasingly live in these areas, rather than traditional city-center hubs, due to rising costs and limited housing supply in more urban areas.

Harris County, Houston, the Greater Houston Community Foundation, United Way, Connective, and other leaders of the Houston-area response used sophisticated measures of neighborhood need such as poverty rates, COVID-19 infection and vaccination rates, and the U.S. Centers for Disease Control and Prevention's Social Vulnerability Index (SVI) to identify the Census tracts where assistance was most needed. Connective's digital coordination platform allowed for these measures to be integrated into the process for dispersing assistance among the community-based organizations serving diverse populations and highly vulnerable neighborhoods. The distribution system was weighted to give more vulnerable households—including those living in tracts with high SVI scores—a higher likelihood of receiving assistance. The U.S. Treasury Department gave Harris County an award for its successful distribution of rental assistance to the neediest households using this approach.

Relief efforts benefit from identifying and empowering intermediaries who can develop trust with and provide outreach and information to immigrant families. Community trust has been a critical issue nationwide in the implementation of COVID-19 testing and vaccinations, with large numbers of immigrants and other vulnerable populations left behind due to misinformation and vaccine hesitancy. In Worthington, intermediaries who were well known to the local community—having worked for the public schools, agricultural extension service, and faith-based organizations—conducted door-to-door outreach to promote COVID-19 testing and vaccination, helped organize mass testing and vaccination sites, and distributed food and other emergency assistance to quarantined households. Worthington's immigrant neighborhoods were sufficiently small, dense, and well-connected that a small group of intermediaries could effectively reach most people. However, it was more challenging to conduct outreach and assistance using this one-on-one approach in more dispersed communities in the smaller towns and rural areas surrounding the city.

In Harris County, the scale and geographic spread of immigrant communities made such focused door-to-door approaches more challenging. The Houston and Harris County public-health departments generally relied on collaboration with established community-based organizations across the area to link immigrants with mass-testing and vaccination sites as well as mobile testing and vaccination programs in vulnerable communities. Houston in Action, a nonprofit that had engaged in 2020 Census outreach, brought together organizations to conduct outreach for testing and vaccinations in vulnerable and underserved communities.

A mix of communication methods, ranging from in-person outreach to social media, are required to reach immigrant communities that are diverse in terms of language, culture, and age. Intermediaries in Worthington and Harris County used similar communication strategies to reach immigrant populations. Social media, particularly Facebook, was useful in informing immigrants about COVID-19 testing and vaccination opportunities. For example, community leaders from Worthington's WAIA network and Seeds of Justice grassroots group used Facebook Live to stream video of the mass-testing event for pork

processing plant workers at the city's fairgrounds and to provide immigrants with the location, hours, and transportation options to the event. But communication via social media was generally managed by and worked best for reaching younger people. Phone calls and in-person contact proved to be more useful for reaching older immigrants, those who spoke less-common languages, and those with limited literacy. Door-to-door outreach proved particularly effective where more extensive two-way conversations were required—for instance, to understand barriers to vaccination and help individuals overcome their hesitancy—in both Harris County and Worthington. Neighborhood canvassing for the 2020 Census laid the groundwork for door-to-door outreach in Harris County, while in Worthington it was undertaken by community leaders with longstanding ties to local immigrant communities.

Preparing Emergency-Response Playbooks for the Future

The following tasks could build on these efforts and help communities prepare for future emergency response efforts:

- ▶ Revise emergency response playbooks by incorporating COVID-19 lessons and devising scenarios for potential emergencies that differ in scale and geographic scope, such as major storms and future public-health crises.
- ▶ Continue to expand networks and partnerships that developed coordinated responses to COVID-19 and define the next steps to engage immigrant communities in future emergency response efforts.
- ▶ Institutionalize networks that bridge gaps between immigrants and major institutions such as employers, health providers, and local governments, with a focus on supporting trusted intermediaries from local communities who can conduct outreach to the neediest immigrant families in future crises.
- ▶ Expand service delivery and outreach to rural and outlying urban areas where immigrants increasingly live.
- ▶ Increase the capacity of immigrant leaders and service organizations to participate in planning for future emergencies and to contribute to the development of policies that would effectively target the most vulnerable immigrant populations and the neighborhoods in which they live.
- ▶ Obtain community feedback to evaluate how disaster relief programs can be implemented efficiently, effectively, and equitably. Doing so might entail analyzing gaps in relief efforts to specific populations during the pandemic and assessing how eligibility rules and application procedures for multiple, complex programs might be more clearly communicated.
- ▶ Document how immigrant households used pandemic-era assistance and how their spending supported the recovery of local economies to generate public support for such efforts.

More than two years into the pandemic, COVID-19 cases have dipped and risen again, and new variants of the virus make it a persistent public-health threat. While employment rates have improved in many places, the country's economic prospects are uncertain due to inflation and supply-chain challenges. Immigrants remain particularly vulnerable to the disease and this economic dislocation, given the jobs

many perform, their limited health-care access, and the fact that many live in communities experiencing poverty, with limited transportation options, and other social vulnerabilities. These communities stand to gain from immigrants' economic contributions, which also increase tax revenues, and from improved health-care access that could benefit the health of the broader population. Even if COVID-19 fades, new natural disasters, public-health crises, and economic disruptions are likely in the future. Building on past experiences and leveraging the strengths of diverse local stakeholders will be critical to promoting the resilience of all members of U.S. communities in this and future crises.

1 Introduction

Despite its ebbs and flows over the last two years, the COVID-19 pandemic continues to have wide-reaching public-health and economic effects on the United States. It appears that COVID-19 may evolve into an endemic disease, and new waves are still arising, with unpredictable impacts on communities across the country depending on local climates and the seasons, the extent of vaccination and other public-health measures, and population characteristics. Throughout the pandemic, immigrants—who come from a diverse range of racial, ethnic, class, and economic backgrounds—have as a group experienced relatively high rates of infection and significant rates of hospitalization and death.

The pandemic has also prompted broad public policy and civil-society responses at the federal, state, and local levels. These have included four major stimulus packages passed by the U.S. Congress. The investments have helped cushion COVID-19's blow to U.S. communities, but they have also often excluded certain groups of immigrants depending on their status, income, health insurance coverage, and other factors. For example, the estimated 11 million unauthorized immigrants and their approximately 5 million children, most of them U.S. citizens, have been barred from some key forms of assistance, even though many unauthorized immigrants work in front-line jobs that have exposed them to the virus, live in crowded households that facilitate transmission among family members, and lack reliable access to health care.¹ At the same time, many legally present immigrants—including lawful permanent residents (also known as green-card holders) with fewer than five years in that status, nonimmigrants such as students and temporary workers, and asylum seekers—have limited or no access to the public benefits programs that help other U.S. residents weather hard times.

Throughout the pandemic, immigrants ... have as a group experienced relatively high rates of infection and significant rates of hospitalization and death.

This report examines contrasting COVID-19 relief and recovery efforts in immigrant communities over the first 18 months of the pandemic, with an emphasis on lessons those responses may hold for communities facing future public-health crises and natural disasters. The report includes two case studies. One is Worthington, Minnesota, a small agricultural community in the Upper Midwest. Worthington's population

¹ Julia Gelatt, Randy Capps, and Michael Fix, "Nearly 3 Million U.S. Citizens and Legal Immigrants Initially Excluded under the CARES Act Are Covered under the December 2020 COVID-19 Stimulus" (commentary, Migration Policy Institute, Washington, DC, January 2021); Julia Gelatt, *Immigrant Workers: Vital to the U.S. COVID-19 Response, Disproportionately Vulnerable* (Washington, DC: Migration Policy Institute, 2020).

has rapidly diversified as a local meatpacking plant has drawn workers from Latin America and other world regions. The report's second case study is Harris County, Texas, home of Houston—the fourth largest city in the United States and one of its fastest growing. Houston has large, well-established immigrant populations from Mexico, Vietnam, and China, and its recent growth has been powered by those from across the world, particularly Central America, Africa, and South Asia. Both Harris County and Worthington are among the most diverse jurisdictions in the country, with large Latino, Black, and Asian American and Pacific Islander (AAPI) populations.

The report compares the ways in which immigrant communities and their leaders as well as local nonprofit organizations and governments have responded to the pandemic in these rural and urban areas. The analysis addresses both public-health responses (i.e., COVID-19 testing, vaccination, and treatment) and economic supports for affected

An important area of focus is local programs that expanded eligibility to immigrants whose access to aid was restricted by federal and state policy.

immigrant workers and families (e.g., financial, food, and housing assistance). The report examines public and private funding sources, and the immigration-status restrictions and other barriers that can limit access to them. An important area of focus is local programs that expanded eligibility to immigrants whose access to aid was restricted by federal and state policy. Despite their limited reach compared to the massive federal stimulus programs, these local initiatives provided substantial support for many unauthorized immigrants and their families in a time of acute need.

The Worthington and Harris County case studies provide examples of public-health and economic-support initiatives for immigrant workers and families, and shed light on the challenges these types of initiatives have faced. The relief efforts highlighted include revising playbooks for community support developed during prior crises; securing support for immigrants who are ineligible for federal assistance due to their status; focusing programs geographically on immigrant-dense neighborhoods; linking immigrants to service-providers and other institutions via trusted intermediaries; and using social media alongside more traditional forms of communication to reach diverse immigrant populations.

The report explores some of the institutional and programmatic legacies of the health-care and economic-support initiatives in the two sites. Like the United States as a whole, neither Worthington nor Harris County had experienced a viral pandemic in the past century, and many responses were created out of whole cloth. But both sites had been forced to cope with events in their recent past that had profound impacts on their immigrant communities. In Worthington, that event was an immigration enforcement operation at the meatpacking plant—the largest employer in town—in 2006. In Harris County, there have been a series of recent storms and other disasters, the most severe of which was Hurricane Harvey in 2017. Relief efforts following these events set precedents for the COVID-19 response as immigrant communities were organized, with strong advocates in the local public, nonprofit, and philanthropic sectors that could plan and lead community-wide efforts.

This analysis is primarily based on qualitative data obtained through semi-structured interviews conducted by Migration Policy Institute researchers with 60 immigrant community leaders and representatives, public officials, philanthropists, and health-care and other service providers. The study captured changes

over time, allowing for comparisons between community responses early in the pandemic and those that occurred later, by including two rounds of interviews: one in late Summer and early Fall 2020, and the other in Summer 2021. At the time of the interviews, COVID-19 infections had subsided in Worthington, which generally followed a northern pattern of higher case reports in the winter and spring. Rates were higher in Harris County, where reports followed a southern pattern of higher reports in the summer. Data were not collected from either site during caseload peaks to avoid overburdening health-care providers and other key informants.

2 Impact of the Pandemic on Immigrant Workers and Families

While it has had substantial effects on every geographic and demographic component of the United States, COVID-19 has had a disproportionate impact on many immigrant communities. This section provides a nationwide overview of the pandemic's health and economic impacts on immigrants, as well as their access to federal, state, and local forms of pandemic assistance.

A. *Health and Access to Care*

Throughout the pandemic, caseloads and hospitalizations have been higher among Latino and Black U.S. residents than among those who are White or Asian, and low-income Latino and Black populations have been particularly susceptible to hospitalizations and deaths, given their high rates of chronic health conditions associated with more severe cases. According to the U.S. Centers for Disease Control and Prevention (CDC), age-adjusted hospitalization rates for Latino and Black people were more than twice the rate for non-Hispanic White people and about three times that for AAPI people in the period from March 2020 through February 2022.² A study of 70,000 recorded COVID-19 deaths among working-age adults (age 25 to 64) during 2020 also found higher death rates among Hispanic and Black adults, and attributed those higher deaths in part to lower educational attainment and higher likelihood of employment in occupations requiring face-to-face interaction. In this study, working-age adults whose highest level of education was high school or less had death rates three to five times as high as those with four-year or advanced college degrees in each major racial/ethnic group.³

Nationwide data on COVID-19's prevalence among immigrants compared to the U.S. born are scarce, but there have been a few quantitative studies of COVID-19's relative prevalence and severity among immigrants and Limited English Proficient (LEP) individuals, both foreign and U.S. born, in some states or localities. For instance, a review of Minnesota death records demonstrated that the COVID-19 mortality rate in 2020 was twice as high for immigrants as the U.S. born, after adjusting by age and gender to make the populations comparable. In this review, foreign-born men had a higher mortality rate than women.⁴

2 U.S. Centers for Disease Control and Prevention (CDC), "Disparities in COVID-19-Associated Hospitalizations: Racial and Ethnic Health Disparities," updated March 1, 2022.

3 Elizabeth B. Pathak, Janelle M. Menard, Rebecca B. Garcia, and Jason L. Salemi, "Joint Effects of Socioeconomic Position, Race/Ethnicity, and Gender on COVID-19 Mortality among Working-Age Adults in the United States," *International Journal of Environmental Research and Public Health* 19, no. 9 (2022): 5479.

4 Kimberly Horner, "Immigration Status: A Political Determinant of Health," *The Gender Policy Report*, University of Minnesota, November 16, 2021.

In a small nationwide survey conducted in April and May 2021, Spanish-speaking respondents were twice as likely as English-speaking respondents to report testing positive for COVID-19.⁵ A study of people hospitalized due to COVID-19 in a large Northeastern hospital system during March 2020 through February 2021 found that LEP individuals saw a greater increase in hospitalizations and when admitted, and had more severe COVID-19 cases than patients who were proficient English speakers.⁶

Relatively high rates of infection and severe COVID-19 cases among immigrants—particularly those who are Latino and/or Black—have been attributed to disparities in social determinants of health.⁷ Immigrants often live in multigenerational, crowded households that facilitate transmission of the virus to vulnerable members, such as the elderly.⁸ On average, noncitizens experience more economic hardship than U.S. citizens in the form of lower incomes, increased risk of food insecurity, poorer housing conditions, and difficulties paying bills, with the highest levels of hardship among Latino, Black, and unauthorized immigrants.⁹ Poverty, poor nutrition and housing, and the stress associated with difficulties supporting a household are risk factors for chronic conditions and more severe COVID-19 infections.

More limited health insurance coverage and access to care have also affected immigrants' health during the pandemic. In 2020, 26 percent of nonelderly lawfully present noncitizens were uninsured, compared to just 8 percent of U.S. citizens. The uninsurance rate for unauthorized immigrants was even higher, at 42 percent.¹⁰

Employer-based health coverage of immigrant workers has historically lagged that of U.S.-born workers, and it fell further when some immigrants lost their jobs when unemployment peaked in 2020. Many immigrants do not qualify for public coverage due to immigration-status eligibility restrictions in federal law that affect some groups of immigrants with legal status as well as unauthorized immigrants: in 2019, 45 percent of nonelderly foreign-born adults (more than 4 million people) had incomes low enough to qualify for Medicaid but were barred from participating due to their immigration status.¹¹ Even those immigrants who are eligible for Medicaid and other federal benefit programs may be reluctant to enroll due to fears that their participation in government programs could

More limited health insurance coverage and access to care have also affected immigrants' health during the pandemic.

5 Ipsos survey of 1,449 individuals for the Tufts University Priority Area Research Group on Equity in Health, Wealth, and Civic Engagement, conducted between April 23 and May 3, 2021. See Sam Brill, "COVID-19 and Language," Equity in America, Tufts University, accessed April 10, 2022.

6 Retrospective sample of 5,844 primary care patients hospitalized with COVID-19 at Mass General Brigham facilities between March 1, 2020, and March 1, 2021. See Priscilla G. Wang et al., "Is the Gap Closing? Comparison of Sociodemographic Disparities in COVID-19 Hospitalizations and Outcomes Between Two Temporal Waves of Admissions," *Journal of Racial and Ethnic Health Disparities*, February 23, 2022.

7 For an overview of how social determinants of health may affect racial/ethnic disparities in COVID-19 outcomes, see CDC, "Introduction to COVID-19 Racial and Ethnic Health Disparities," updated December 10, 2020.

8 In 2019, immigrant workers were four times as likely to live in crowded housing as U.S.-born workers. See Steven A. Camarota and Karen Zeigler, *Overcrowded Housing among Immigrant and Native-Born Workers* (Washington DC: Center for Immigration Studies, 2020).

9 For a full review of economic hardship indicators by race, ethnicity, U.S. citizenship, and immigration status, see John Iceland, "Hardship among Immigrants and the Native-Born in the United States," *Demography* 58, no. 2 (2021): 655–684.

10 Kaiser Family Foundation (KFF), "Health Coverage of Immigrants," updated April 6, 2022.

11 Federal Medicaid eligibility rules for adults exclude unauthorized immigrants, asylum seekers, nonimmigrant visa holders such as international students and H-1B high-skilled temporary workers, and in some states, lawful permanent residents (i.e., green-card holders) with fewer than five years in that status. See Valerie Lacarte, Mark Greenberg, and Randy Capps, *Medicaid Access and Participation: A Data Profile of Eligible and Ineligible Immigrant Adults* (Washington, DC: Migration Policy Institute, 2021), Table 1.

affect their immigration status or make them a target for immigration enforcement.¹² And whether or not they are insured, immigrants are less likely than the U.S.-born population to visit the doctor or the hospital due to language and cultural barriers, difficulties understanding the U.S. health-care system, and—in the case of some noncitizens—fears that seeking health care could have adverse immigration consequences.¹³

Despite these barriers, immigrants have a higher COVID-19 vaccination rate than the U.S. born. According to a national survey by the CDC, 92 percent of immigrant adults had taken at least one dose as of January 2022, compared to 83 percent of U.S.-born adults. Furthermore, immigrants were much less likely to say they were unwilling to get a shot—3 percent versus 11 percent.¹⁴

For those immigrants who are unwilling to be vaccinated, their hesitancy may be due to misinformation campaigns, worries about vaccine side effects, uncertainty about the severity of the disease, and religious or cultural beliefs. For immigrants, these concerns have often been amplified by language barriers and the more limited channels of broadcast and social media they use, particularly those in smaller language groups. More generally, some of the same social determinants that affect immigrants' ability to obtain health care have also erected barriers to vaccination: poverty, lack of health insurance and a usual source of care, employment in jobs without vacation or sick leave, and caregiving responsibilities in their multigenerational households. Additionally, some noncitizens—particularly unauthorized immigrants—have expressed fears that obtaining the vaccine could have immigration consequences or that their personal information would be shared with immigration authorities.¹⁵

B. Immigrant Workers: “Essential” Jobs and Unemployment

Immigrants hold many jobs that have both proved vital to the pandemic response and exposed them to its health risks. Heading into the pandemic, they were disproportionately employed in essential front-line occupations in health care and in industries associated with the food chain such as agriculture, food processing, and grocery stores.¹⁶ They were also more likely to work in positions that have required them to report to work in person. Working in these jobs led to greater COVID-19 exposure, and spikes in caseloads and hospitalizations occurred soon after the pandemic's emergence in early Spring 2020. Workers in often-crowded food processing plants were especially susceptible to the virus, with one study linking the presence of a large pork processing plant in a county—such as the one in Nobles County, Minnesota, where Worthington is located—to a 160-percent increase in per capita infections over the first 150 days of the pandemic relative to comparable counties without such plants. A total of 334,000 COVID-19 cases were attributed to meatpacking plants during the first year of the pandemic.¹⁷ High infection rates led

12 Hamutal Bernstein, Michael Karpman, Dulce Gonzalez, and Stephen Zuckerman, *Immigrant Families Continued Avoiding the Safety Net during the COVID-19 Crisis* (Washington, DC: Urban Institute, 2021).

13 Leighton Ku and Mariellen Jewers, *Health Care for Immigrant Families: Current Policies and Issues* (Washington, DC: Migration Policy Institute, 2013).

14 Emily Barone, “What We Can Learn from America's Most Recent COVID-19 Vaccine Converts,” *Time*, March 16, 2022.

15 Michael D. Niño, Brittany N. Hearne, and Tianji Cai, “Trajectories of COVID-19 Vaccine Intentions among U.S. Adults: The Role of Race and Ethnicity,” *SSM – Health* vol. 15 (September 2021): 100824; Dulce Gonzalez, Michael Karpman, and Hamutal Bernstein, *COVID-19 Vaccine Attitudes among Adults in Immigrant Families in California: Insights and Opportunities to Promote Equitable Access* (Washington, DC: Urban Institute, 2021).

16 Gelatt, *Immigrant Workers: Vital to the U.S. COVID-19 Response*.

17 Tina L. Saitone, K. Aleks Schaefer, and Daniel P. Scheitrum, “COVID-19 Morbidity and Mortality in U.S. Meatpacking Counties,” *Food Policy* vol. 101 (May 2021): 102072.

to prolonged absences for many workers who contracted COVID-19 and often affected the health and employment of workers' relatives, leading to a substantial need for assistance among immigrant families in Worthington and many other Midwestern meatpacking communities.

Immigrants are also over-represented in sectors that experienced large-scale layoffs and high unemployment.

Before the pandemic, approximately 6 million immigrants worked in leisure, hospitality, retail trade, and other industries that suffered massive job losses in Spring 2020.¹⁸ By March 2022, these sectors had mostly recovered, though unemployment in leisure and hospitality remained relatively high at 5.9 percent

versus 3.6 percent for the overall labor force.¹⁹ Like other major U.S. cities, Houston suffered a significant contraction in these industries during 2020.²⁰ Substantial job losses in these sectors led to record demand for unemployment insurance; cash, food, and rental assistance; and other forms of support for families across the country. For several months during 2020, immigrants—and particularly Latino, Black, and women immigrants—experienced higher unemployment than U.S.-born workers due to their disproportionate employment in hospitality and other hard-hit sectors, though their overall unemployment rates fell to near parity with the native born in 2021.²¹

High infection rates led to prolonged absences for many workers who contracted COVID-19 and often affected the health and employment of workers' relatives.

C. *Immigrants' Access to Federal, State, and Local Assistance*

Despite substantial job losses and exposure to COVID-19 as essential, in-person workers, many immigrants have been ineligible for the multiple rounds of federal assistance provided during the pandemic. For decades, unauthorized immigrants and some lawfully present noncitizens have been barred from federal means-tested assistance programs, the largest of which are the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and the Earned Income Tax Credit (EITC). When the U.S. Congress expanded unemployment insurance programs and authorized new cash stimulus payments in the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act); *Consolidated Appropriations Act for 2021*; and *American Rescue Plan Act*, it extended the bars on unauthorized immigrants and others without a Social Security number to these programs.²² Mixed-status households comprised of unauthorized immigrant adults and U.S.-citizen or lawfully present spouses or children can receive stimulus payments and participate

¹⁸ Gelatt, *Immigrant Workers: Vital to the U.S. COVID-19 Response*.

¹⁹ U.S. Bureau of Labor Statistics, "[The Employment Situation—March 2022](#)" (news release, April 1, 2022).

²⁰ For example, immigrant unemployment in the leisure and hospitality sector peaked at higher levels in California, Illinois, and New York than in Texas during the second and third quarters of 2020. See Julia Gelatt, Jeanne Batalova, and Christopher Levesque, *Immigrant and Other U.S. Workers a Year into the Pandemic: A Focus on Top Immigrant States* (Washington, DC: Migration Policy Institute, 2021).

²¹ Unemployment peaked at about 16 percent for all foreign-born workers and about 18 percent for Latino and African American immigrants in April 2020, when the rate was 14 percent for all U.S.-born workers. Rates have since fallen to parity among all immigrants and U.S.-born workers. See Migration Policy Institute, "[U.S. Unemployment Trends by Nativity, Gender, Industry, & More, Before and During Pandemic](#)," accessed May 31, 2022.

²² Xavier Roberts and Christian Burks, "[Immigrant Essential Workers and COVID-19](#)" (newsletter, National Conference of State Legislatures, July 2021). For a detailed review of immigrant eligibility for public means-tested benefit programs during COVID-19, see Protecting Immigrant Families, "[Immigrant Eligibility for Public Programs during COVID-19](#)," updated March 26, 2021.

in SNAP and TANF, though at lower benefit levels than households in which no members are ineligible due to their immigration status or lack of a Social Security number.²³

Lack of eligibility or partial eligibility for federal assistance programs reduced the effectiveness of these programs in lowering poverty among immigrants and their families during the pandemic. According to an analysis by the U.S. Census Bureau, the first two rounds of stimulus payments reduced the total number of U.S. residents in poverty by 11.7 million in 2020, while unemployment benefits reduced it by 5.5 million, EITC and other refundable tax credits by 5.3 million, SNAP by 2.9 million, and TANF by 500,000. For the first time, the poverty rate calculated using the Supplemental Poverty Measure (SPM)—which takes most government transfers into account—was lower than the rate based on the Federal Poverty Measure (FPL), which does not take such transfers into account. Among noncitizens, however, the SPM was equivalent to the FPL, demonstrating that government transfer programs had less of an impact on poverty in this population.²⁴

With these federal eligibility restrictions in place, many state and local governments alongside private philanthropy and the nonprofit sector stepped in to support immigrant workers and families during the pandemic. In April 2021, New York State created the largest public fund for federally ineligible immigrant workers—at \$2.1 billion—but even this fund was exhausted within six months due to high demand.²⁵ Several other states have authorized smaller relief programs that serve immigrants regardless of their status, including California, Connecticut, Illinois, Oregon, and Washington. A number of major cities (e.g., New York, Los Angeles, Chicago, Seattle, Boston, Minneapolis, Austin, Tucson, and Washington, DC) have established programs with at least some public funding, as have several counties (e.g., King County in Washington State; Santa Clara County, California; and Harris County, Texas).²⁶ Coalitions of philanthropists, advocates, and nonprofit service providers have also established statewide relief funds in Arizona, Minnesota, and South Dakota.²⁷

The remainder of this report describes how health care, income, food, housing, and other forms of assistance were funded, organized, and delivered to immigrant families in the study sites of Worthington and Harris County. The analysis focuses on strategies used to identify the neediest immigrant workers and families, enroll them in assistance programs, deliver assistance, and shore up service infrastructure to provide ongoing support.

23 U.S.-citizen and lawfully present spouses and children of immigrant adults without Social Security numbers (SSNs) were ineligible for the first round of stimulus payments authorized by the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act), but their eligibility was restored retroactively in the 2021 appropriations bill and *American Rescue Plan Act*; adults and children without SSNs were ineligible for all payment rounds. See Gelatt, Capps, and Fix, “Nearly 3 Million U.S. Citizens and Legal Immigrants Initially Excluded.”

24 Liana E. Fox and Kalee Burns, “[The Supplemental Poverty Measure: 2020](#)” (Current Population Reports, P60-275, U.S. Census Bureau, September 2021).

25 Annie Correal and Luis Ferré-Sadurní, “[New York Set Aside \\$2.1 Billion for Undocumented Workers. It Isn’t Enough](#),” *New York Times*, October 19, 2021.

26 Roberto Suro and Hannah Findling, “[State and Local Aid for Immigrants during the COVID-19 Pandemic: Innovating Inclusion](#),” Center for Migration Studies, July 8, 2020.

27 For a partial list of publicly and privately funded efforts, see Grantmakers Concerned with Immigrants and Refugees, “[Coronavirus / COVID-19: Immigrant Response Funds](#),” updated October 1, 2020.

3 Case Study of the Response in an Early Epicenter: Worthington, Minnesota

Worthington, Minnesota, alongside other Midwestern meatpacking communities, was one of the United States' early COVID-19 hotspots. The JBS pork processing plant there, which employs about 2,000 people, closed for two weeks in April 2020 as the virus rapidly spread. Approximately 1,400 workers were tested over three days during the closure, and about one-third tested positive.²⁸ Between the onset of the pandemic and November 2021, a total of 741 infections were reported in the JBS facility, the sixth highest among food processing plants in the country.²⁹ Nobles County, where Worthington is located, recorded about 7,000 cases from the onset of the pandemic through May 2022, the equivalent of 32 percent of its total population of about 21,700—the fourth highest per capita rate of any county in Minnesota and well above the nationwide rate of 25 percent.³⁰ Infections peaked locally during April and May 2020, with cases in this first wave exceeding even those seen in January 2022 during the more recent Omicron wave.

BOX 1

Demographics of Worthington and Nobles County, Minnesota

Like many other Midwestern agricultural communities, Worthington and the surrounding area rely heavily on immigrant labor, and that labor has greatly diversified the local population. In 2020, Nobles County was the third most diverse county in Minnesota and among the most diverse counties nationwide, according to the U.S. Census Bureau. In 2019, 28 percent of the population was Latino, 8 percent was Asian American, and 5 percent was Black. That year, 20 percent of the population was foreign born (4,300 people), well above the nationwide average of 14 percent. About two-thirds of local immigrants were born in Latin America—mostly in either Mexico or Guatemala—but there were also significant Asian and African immigrant communities. According to local sources, many Latin American immigrants were unauthorized, while many of those from Asia and Africa came to the United States as refugees.

Sources: U.S. Census Bureau, “[Racial and Ethnic Diversity in the United States: 2010 Census and 2020 Census](#)” (data tables, August 12, 2021); U.S. Census Bureau, “[ACS Demographic and Housing Estimates, 2019: ACS 5-Year Estimates Data Profiles](#)” (data table DP05 for Nobles County, MN, accessed November 8, 2021); U.S. Census Bureau, “[Nativity and Citizenship Status in the United States, 2019: ACS 5-Year Estimates Data Profiles](#)” (data table B05001 for Nobles County, MN, accessed November 8, 2021); U.S. Census Bureau, “[Place of Birth by Year of Entry by Citizenship Status for the Foreign-Born Population, 2019: ACS 5-Year Estimates Data Profiles](#)” (data table B05007 for Nobles County, MN, accessed November 8, 2021); author interviews with local immigrant community leaders and health and human services providers, August 2020.

The rapid onset of the pandemic in Worthington led to widespread illness, absences from work, and economic hardship. But the local economy was mostly insulated from the pandemic-induced recession experienced elsewhere due to the prominence of the JBS plant, agriculture, and associated support businesses—parts of the food chain industry, which generally fared well compared to other sectors during the crisis. Once the plant reopened in May 2020, Worthington experienced very little unemployment and few business closures, except for a handful of restaurants and retail establishments in the city's small

28 John Enger, “[Pork Processing Resumes at JBS Plant Shut Down by Pandemic](#),” MPR News, May 6, 2020.

29 *New York Times*, “[Coronavirus in the U.S.: Latest Map and Case Count, Outbreak Clusters: Food Processing Plants](#),” updated November 14, 2021.

30 *New York Times*, “[Coronavirus in the U.S.: Latest Map and Case Count, County Trends](#),” updated May 31, 2022.

downtown area. By one respondent's estimate, more than 80 percent of local workers were "essential" workers.³¹ The Nobles County unemployment rate fell from 3.3 percent in December 2020 to 2.0 percent in December 2021, and its unemployment rate was among the nation's lowest during this period.³² According to local sources, the unemployment rate fell during 2021 because the agricultural economy gained in strength and the JBS plant expanded.³³

Like the infection rate, the health-care and economic needs of families in Worthington peaked early in the pandemic, forcing local government and nongovernmental organizations to mount a rapid response. The foundation for the response was laid by a strong coalition of faith-based organizations as well as nongovernmental organizations that formed shortly after the 2016 presidential election. Following that election, the Trump administration issued an order greatly expanding the scope of interior immigration enforcement to include virtually all unauthorized immigrants in the United States.³⁴ This order, alongside a major shift in the federal government's orientation toward more restrictive immigration policies, rekindled the fear and uncertainty Worthington-area immigrants had experienced a decade earlier following a major immigration enforcement action. In December 2006, the local pork processing facility, then owned by Swift and Company, was one of six plants across the country raided by U.S. immigration authorities in a single day. Almost 1,300 unauthorized immigrants were arrested at these six locations, including more than 200 in Worthington.³⁵ This operation led to a well-organized, long-term humanitarian response for families in which a member had been arrested—one that set a precedent for the coordinated relief effort that emerged in the pandemic. In early 2017, a local Catholic church offered sanctuary to immigrants fearful of arrest, and several faith community leaders offered to stand by them in case of any emergency. These leaders formed the Worthington Area Immigrant Advocates (WAIA) network and invited representatives from local immigrant organizations and communities to join it.

Like the infection rate, the health-care and economic needs of families in Worthington peaked early in the pandemic, forcing local government and nongovernmental organizations to mount a rapid response.

WAIA continued to grow after 2017, and as the pandemic unfolded in 2020 and 2021, it brought together a range of faith- and community-based organizations to support the local immigrant population. The network includes, among others, Seeds of Justice (a grassroots group formed by local immigrant leaders),³⁶ the faith-based Sharing Seeds food assistance coalition,³⁷ a Catholic Charities affiliate, a housing assistance organization, an immigration law firm, agricultural-extension service officers, a free clinic for unauthorized immigrants, and a local hospital that is part of the Sanford Health system based in nearby Sioux City, South Dakota.

31 Author interview with local immigrant community leader, August 2020.

32 U.S. Bureau of Labor Statistics, "Labor Force Data by County, Not Seasonally Adjusted, November 2020–December 2021" (data table, November 3, 2021).

33 Author interviews with local immigrant community leaders and health and human services providers, June–July 2021.

34 For a discussion of this shift, see Randy Capps et al., *Revvig Up the Deportation Machinery: Enforcement under Trump and the Pushback* (Washington, DC, Migration Policy Institute, 2018).

35 Mark Steil, "Fear and Uncertainty in Worthington Follow Immigration Raid," MPR News, December 13, 2006.

36 Seeds of Justice, "Connecting Communities, Advocating for Resources and Creating Safe Spaces for Worthington," accessed April 10, 2022.

37 Kari Lucin, "Sharing Seeds Gets \$45,000 Grant from Worthington Regional Healthcare Foundation," *The Globe*, September 17, 2021.

A. *COVID-19 Testing and Vaccination at the JBS Processing Plant*

The JBS pork processing plant, as a major immigrant employer and community institution in Worthington, played a central role in the public-health response to the pandemic, though that response lagged the rapid spread of infection. During March 2020, as COVID-19 began to spread throughout the United States, local advocates began to express concerns about workers at the JBS plant. In early April, there was a highly publicized major outbreak at the Smithfield pork processing plant in Sioux Falls, South Dakota—about an hour away from Worthington—that heightened these fears because many people commute between the two cities. Workers at JBS in Worthington began to contact advocates about cases there, which were not yet widely reported. Some threatened to strike, and many did not show up for work in the days leading up to the plant's two-week shutdown for cleaning and modification of the workflow in late April and early May. The plant reopened after then President Donald Trump issued an executive order requiring food processing plants to stay open nationwide.³⁸ Minnesota Governor Tim Walz traveled to Worthington to talk about the order, and the JBS plant called and texted its workers to notify them they were required to return.

In late April 2020, after pressure from local advocates, a mass testing site was opened at the county fairgrounds by the City of Worthington, Nobles County, Minnesota Department of Health, and Sanford Hospital. Testing was already being conducted at Sanford Hospital and Avera, the local federally qualified health center, but immigrants reportedly had problems accessing it due to transportation barriers, scheduling difficulties, and costs as both facilities charged for testing. Sanford already had a strong relationship with JBS, which offers health insurance coverage to all new employees, and had formed a community advisory council with 30 governmental and nongovernmental partners to coordinate pandemic-response efforts. Over the course of three days in April, about 1,400 of the plant's approximately 2,000 workers were tested at the fairgrounds by Sanford and Minnesota Department of Health employees.³⁹

There was substantial political pressure from local hog farmers and all levels of government for the plant to return to full production, but this proceeded slowly and the plant was about 60 percent staffed two weeks after reopening. JBS allowed vulnerable employees and those who had contracted the virus to take 14 days of disability leave at 60 percent of wages and guaranteed their jobs when they returned.⁴⁰ In July 2021, more than a year after it reopened, the plant was still suffering labor shortages.

The mass testing process in Spring 2020 laid the groundwork for the rollout of COVID-19 vaccinations in Spring 2021. JBS acted quickly, and the Worthington plant became the third major food processing plant in the nation to offer vaccines on-site. The JBS head office requested that Sanford conduct the vaccinations and offered each worker a \$100 incentive. Sanford secured 2,000 doses, and on one day in March 2021, 1,550 workers were vaccinated, each receiving a single shot of the Johnson and Johnson vaccine; three weeks later in April, 150 more were vaccinated.⁴¹ According to a community leader, in June 2021, JBS announced that 87 percent of its workers at the Worthington plant were vaccinated.⁴²

38 The White House, "Executive Order 13917: Delegating Authority under the Defense Production Act with Respect to Food Supply Chain Resources during the National Emergency Caused by the Outbreak of COVID-19," *Federal Register* 85, no. 85 (May 1, 2020): 26313–26314.

39 Author interview with local immigrant community leader, September 2020.

40 Author interview with local immigrant community leader, September 2020.

41 Leah Ward, "JBS Workers Vaccinated En Masse," *The Globe*, March 2021.

42 Author interview with local immigrant community leader, August 2021.

After the mass vaccination at the JBS site, immigrants were also vaccinated in other local sites such as Sanford Hospital (which vaccinated 750–1,000 people over three days), public schools, Walmart, and local grocery and drugstores. In addition, vaccines were offered by the Minnesota Department of Health at another significant local employer: the Comfort Suites Hotel Events Center, where a substantial number of immigrant women work. There were also small vaccination drives at local churches. After the mass events, however, the pace of vaccinations slowed in Worthington and the surrounding rural area. As of May 2022, 62 percent of the Nobles County population was vaccinated, slightly below the nationwide average of 67 percent.⁴³ This vaccination rate has potentially left immigrants and others in Worthington vulnerable to infection—or reinfection—as caseloads have risen again in 2022.

B. Outreach for Testing and Vaccination by Trusted Intermediaries

For years prior to the pandemic, Worthington had developed strong interpersonal networks that one nonprofit sector leader described as “good old-fashioned Midwestern neighborliness.”⁴⁴ Despite political and social divisions between Worthington’s non-Hispanic White majority and its diverse immigrant communities, the aftermath of the 2006 meatpacking plant immigration enforcement operation and the 2016 presidential election brought these two communities together in new networks to deliver support for affected workers and their families. Because of the COVID-19 outbreak at the plant in Spring 2020, the virus spread much more quickly through Worthington’s immigrant communities than its wider population. The results of the mass testing of JBS workers, which revealed the extent of this early wave of infections, highlighted the need for support among these workers. Starting that spring, several local networks became involved in linking immigrant workers and their families with COVID-19 testing and, later, with vaccinations.

One such network was Unidos Minnesota, a group of about 30 to 35 adult and youth leaders of color who had come together before the pandemic to address issues such as funding for local schools and providing driver’s licenses for unauthorized immigrants. Leaders from this group helped coordinate the mass testing event at the JBS plant and conducted outreach to plant workers.

Difficulties had arisen in coordinating the testing: The Minnesota Department of Health could not get a full list of employees at the plant, and JBS did not know about the testing site and so did not send any staff there. Workers were required to provide plant IDs to be tested, but JBS took those IDs away when it shut the plant; as a result, workers had to return to the plant to get their IDs before they could be tested. Leaders from Unidos provided driving directions to the testing location and information about the ID requirement on Facebook. They were also present at the county fairgrounds on the first day of testing to direct people and answer their questions. These logistical efforts helped make the mass testing event a success.⁴⁵

Because of the COVID-19 outbreak at the plant in Spring 2020, the virus spread much more quickly through Worthington’s immigrant communities than its wider population.

43 *New York Times*, “Coronavirus in the U.S.: Latest Map and Case Count, County Trends”; *New York Times*, “Tracking Coronavirus in Nobles County, Minn.,” updated May 31, 2022.

44 Author interview with local health and social service provider, August 2020.

45 Author interviews with two local immigrant community leaders, August and September 2020.

During 2020, some immigrants in Worthington were hesitant to get tested, foreshadowing the vaccine hesitancy that would arise in 2021. Immigrants feared that if they were tested, they would have to tell their employers and could be forced to take time off without pay, or worse, lose their jobs. Many immigrants, particularly those who were unauthorized, preferred to keep working under the radar because they feared being quarantined for 14 days.⁴⁶ Due to the relatively high cost and limited availability of housing in Worthington and surrounding communities, immigrants often lived in crowded housing, making it difficult to quarantine from family members and often requiring entire households to quarantine. The cost of testing was another concern for some immigrants. While tests were free for JBS employees, local health providers often charged for them.

After the vaccination drives at the JBS plant and Comfort Suites, the pace of vaccinations slowed. In response, leaders from Unidos and other grassroots organizations conducted door-to-door outreach in the city's immigrant neighborhoods and in trailer parks in surrounding rural areas. Three Unidos members conducted in-person outreach to primarily Latino immigrants across Southwestern rural Minnesota, with one leader knocking on more than 400 doors by early August 2021.⁴⁷ Unidos had initially sent text messages to agricultural workers and families who had received cash assistance through their network, but its members found that in-person one-on-one contact was often necessary to help people overcome

In-person outreach proved to be especially important with newer immigrants and others who lacked information about where to get vaccinated.

their hesitancy and schedule a vaccination appointment. In-person outreach proved to be especially important with newer immigrants and others who lacked information about where to get vaccinated. Separately, a leader in the Worthington East African community also knocked on doors and met with individuals in that community to discuss the vaccine.

Our Lady of Guadalupe Free Clinic (OLGFC)—started in 2011 by volunteers from the Mayo Clinic and a local Catholic Church—was another important resource to link Worthington's immigrants with testing and vaccinations. Prior to the pandemic, the clinic scheduled primary care visits with about 100 patients every six weeks, with weekly follow up over the phone.⁴⁸ At the peak of COVID-19 infections in Spring 2020, OLGFC's coordinator and three volunteers screened immigrants and their family members—mostly Spanish speakers but also a few Ethiopian and Eritrean refugees—for COVID-19 symptoms over the phone, and then called a nurse at Sanford Hospital to schedule tests there.

One community leader described the process of creating personal connections with immigrants to overcome their hesitancy. First, she would ask if they were vaccinated or intended to get vaccinated. Second, she would describe her own fears and concerns about the vaccine, to validate their hesitancy. Next, she would ask how much they knew about the vaccine and about their personal experiences with COVID-19, including whether they had contracted the virus or knew someone who had. She would talk to them about how the vaccine could be painful and have minor side effects. Then, she would share stories of people who

46 JBS addressed this issue by providing plant workers with up to 14 days of disability leave, but some other local employers did not offer this option. A farmworker, for instance, requested a letter from a health provider when his employer pressured him to go back to work three days after he tested positive. Author interview with local immigrant community leader, August 2020.

47 Author interview with local immigrant community leader, August 2021.

48 Author interview with local health and social service provider, June 2021.

had gotten very sick or died from COVID-19, discuss religious objections, and talked about the potential financial impact on family members if someone died from the virus. Finally, she would share positive stories about other people who had been vaccinated.⁴⁹

Beyond such personal contact, intermediaries also made extensive use of social media to conduct outreach to encourage Worthington residents to get vaccinated. During the aftermath of the 2006 processing plant operation, a Spanish-language radio station was a major source of information. But the city no longer had any Spanish-language media at the time of pandemic, and most information was instead conveyed via social media (primarily Facebook) or word of mouth. During the JBS mass testing event, community leaders from groups such as Seeds of Justice and Unidos posted videos from the fairgrounds showing the testing process on Facebook Live. Both local Catholic priests (those leading the English- and Spanish-speaking parishes) were filmed getting the vaccine, and this was posted on Facebook. These community leaders also used WhatsApp, Instagram, Twitter, and text messages to communicate with local residents, and they found text messages to be effective for two-way communication with workers in environments such as the JBS plant and farms, where they cannot easily pick up the phone or return a call.⁵⁰

C. Distribution of Cash and Food Assistance through Local Nonprofits and Immigrant Community Networks

Networks of nonprofits and other trusted local intermediaries were also essential in providing food, income, and other basic forms of support to immigrants absent from work due to illness or otherwise affected by the pandemic. Local nonprofit charity organizations coordinated with the Worthington public school district to provide food assistance to the community. When schools were closed during Spring 2020, the district distributed 800 to 900 meals per day at eight sites—serving all family members and not asking for proof of income or other eligibility. The local Head Start program also provided 145 meals per day during that spring. Over the summer, the school district provided meals at 11 sites, up from the 3 to 4 sites used during summers before the pandemic. Sharing Seeds (the faith-based coalition) and Seeds of Justice (the immigrant leadership group) also contributed by providing extra groceries at school distribution sites, food banks, churches, and mass testing sites.⁵¹

In April and May 2020, more than 1,000 people—roughly 1 in 15 Worthington residents—were quarantined because a family member had tested positive for the virus.⁵² While quarantined at home, sometimes for weeks, these families were unable to access schools, food banks, or other sites where assistance was distributed. Sharing Seeds and Seeds of Justice organized groups from the OLGFC, Nobles County’s health department, school district staff, and volunteers to distribute food to people’s homes. These volunteers included members of local Latino, Vietnamese, East African, Karen, and Lao communities. Throughout May and June, they delivered food boxes to at least 200 families seven days per week, with more than 500 boxes delivered per day at the peak of these efforts.⁵³ When necessary, the meals were modified to account for the

49 Author interview with local immigrant community leader, August 2021.

50 Author interviews with two local immigrant community leaders, August and September 2020.

51 Author interview with three local health and social service providers, August 2020.

52 Author interview with three local health and social service providers, August 2020.

53 Author interview with three local health and social service providers, August 2020.

cultural tastes of different immigrant groups and to accommodate the needs of people who were severely ill with COVID-19. Additionally, the school district organized a food drive to support quarantined families with school-age children.

Local community leaders and health and social service providers generally reported that these comprehensive efforts to supply food assistance substantially reduced food insecurity and hunger during the early weeks and months of the pandemic when its impact on Worthington was most severe. The fact that assistance was open to anyone without eligibility requirements made these forms of food assistance accessible to immigrant families regardless of their members' status.

While most local relief efforts focused on food assistance, some other, limited local resources were provided to support immigrants who were ineligible for stimulus checks, unemployment benefits, and other forms of federal assistance. Catholic Charities established a fund for housing support, offering up to \$500 in rent and utility assistance to anyone who lost income due to the pandemic and could not qualify for federal and state programs due to their immigration status or for other reasons. This fund, which disbursed more than \$50,000 in assistance to a total of 114 families, was supported by private donations solicited from religious congregations and the general community. OLGFC and the local Head Start program provided referrals.⁵⁴

Unidos and a coalition of other racial justice organizations in Minnesota started a GoFundMe account that also provided three rounds of \$500 payments to affected families. Applicants were screened to determine that they were eligible as agricultural or agricultural support workers (e.g., child-care providers for agricultural workers) and unable to obtain unemployment benefits, pandemic stimulus payments, or Social Security. Locally, 400 families applied, and 255 received assistance. Many recipients were agricultural workers who were still working but had their hours cut, and they reportedly often used the money for partial rent payments and other bills.⁵⁵

Requests for housing and cash assistance were less common during Summer 2021 as more immigrant families got back on their feet and some were able to obtain federal stimulus payments. But demand for food assistance had rebounded by November 2021 as the COVID-19 caseload started to rise again due to relatively low vaccination rates, the onset of winter, and the Delta variant, with long lines at food banks and significant distribution of food by the JBS employees' union.

Assistance was also delivered through faith-based co-ethnic networks. Starting around 2010, the local Catholic Church had organized about 75 immigrants into "small communities"—groups of 10–12 immigrants who were most often from the same hometowns, many in the San Marcos region in Guatemala's Western Highlands. Before the pandemic, the groups met weekly, were active in the parish, conducted charity works, and supported each other financially and with necessities. By August 2020, 45 of the 75 immigrants involved in this initiative had tested positive for COVID-19, and the participants in these communities checked up on and helped each other by delivering food and running errands.⁵⁶

⁵⁴ Author interview with local health and social service provider, August 2021.

⁵⁵ Author interview with local immigrant community leader, August 2021.

⁵⁶ Author interview with local faith community leader, August 2020.

D. Building a Crisis Response by Strengthening Bonds among Immigrants and Connections to Broader Community Institutions

Worthington's pandemic response illustrates the importance of leveraging social capital in two ways: (1) by "bonding" or strengthening social ties among immigrant communities and the nongovernmental organizations that work with them, and (2) by "bridging" or developing ties to larger public and private institutional structures.⁵⁷ In smaller cities such as Worthington, tightly knit social networks involving a relatively small number of individuals can have a large impact. Worthington's networks revolved around faith-based institutions (Catholic and other churches) as well as specific groups of immigrants such as those from Somalia and the Guatemalan Western Highlands. Some networks formed and their leaders gained community trust during the responses to the 2006 immigration enforcement action at the city's meatpacking plant, and to the ramp up in immigration enforcement and accompanying rhetoric following the 2016 presidential election. The public-health crisis strengthened these network ties, binding immigrant families and community leaders more tightly during the emergency response.

But the pandemic and its socioeconomic impacts were too great for Worthington's community networks to combat alone. These networks also needed to leverage the resources of much larger institutions, including the state and local governments, health-care providers, and major local employers. For instance, Nobles County, the Minnesota Department of Health, Sanford Hospital, and Avera Health Center provided the COVID-19 tests and vaccinations for local public-health campaigns, while JBS and Comfort Suites offered locations for their administration. Representatives of local faith-based and community networks played key roles in coordinating testing and vaccination efforts, while also informing immigrants about these efforts and helping them overcome hesitancy and logistical barriers. Perhaps most importantly, Worthington's social networks bridged a wide cultural and power gap between the area's diverse immigrant communities and the large public and private institutions that mounted testing, vaccination drives, and other pandemic responses.

4 Case Study of the Response in a Disaster-Tested Community: Harris County, Texas

As the nation's fourth largest city, Houston experienced the pandemic's impact on a much larger scale than Worthington, even though a greater proportion of Worthington's population was infected at a single point in time. Harris County, the focus of this second case study, is home to Houston, several smaller cities, and unincorporated areas. The county has a set of safety-net health-care providers, multiservice agencies, and other community-based organizations that in recent years have come together to provide recovery assistance after Hurricane Harvey in 2017 and other natural disasters. As a major hub for immigration and refugee resettlement for several decades, the Houston area has also developed a large and diverse network

⁵⁷ A 2016 evaluation of refugee integration in Colorado defined social bonding as "interactions with members of their same ethnic or language group," and social bridging as "friendships with people outside their family or ethnic community." See Quality Evaluation Designs, *The Refugee Integration Survey and Evaluation (RISE) Year Five: Final Report* (Denver: Colorado Department of Economic Security, 2016), 21.

of voluntary resettlement agencies, law clinics and legal service providers, outreach and advocacy groups, and other immigrant-serving organizations. Some of these immigrant-serving institutions and foundations that support them organized into the Houston Immigration Legal Services Collaborative (HILSC) in 2015,⁵⁸ and HILSC has since broadened its mission from legal services to also include emergency and social services for immigrant communities. Together, the new nonprofit service-delivery infrastructure formed after Hurricane Harvey, the HILSC network, and the financial and logistical support of the City of Houston and Harris County governments formed the foundation for relief efforts that have supported local immigrant communities over the course of the pandemic.

BOX 2

Demographics of Harris County, Texas

In 2019, Harris County had a total population of 4.7 million, of whom 1.2 million (26 percent) were foreign born. The county's immigrants come from diverse origins: As of 2019, two-thirds were born in Latin America, with almost 500,000 from Mexico and more than 200,000 from Central American countries. There were also more than 260,000 Asian immigrants in the county, with substantial populations from Vietnam, India, and China, as well as 70,000 immigrants born in Africa. Harris County is home to large populations of refugees and asylum seekers. It also has an estimated 481,000 unauthorized immigrant residents—the second highest number of any county in the country after Los Angeles County, California. Rapid growth in the immigrant population has diversified Harris County's demographics: Its population was 43 percent Latino, 30 percent non-Hispanic White, 19 percent Black, and 7 percent Asian American in 2019, with no group constituting a majority.

Sources: U.S. Census Bureau, "[Nativity and Citizenship Status in the United States, 2019: ACS 5-Year Estimates Data Profiles](#)" (data table B05001 for Harris County, TX, accessed November 8, 2021); U.S. Census Bureau, "[Place of Birth for the Foreign-Born Population in the United States, 2019: ACS 5-Year Estimates Data Profiles](#)" (data table B05006 for Harris County, TX, accessed November 8, 2021); Migration Policy Institute Data Hub, "[Profile of the Unauthorized Population: Harris County, TX](#)," accessed November 8, 2021; U.S. Census Bureau, "[ACS Demographic and Housing Estimates, 2019: ACS 5-Year Estimates Data Profiles](#)" (data table DP05 for Harris County, TX, accessed November 8, 2021).

Multiple hurricanes and other natural disasters in recent years, the most severe of which was Hurricane Harvey in August 2017, have been formative experiences for many immigrants in the Houston metropolitan area. In a survey of people in 24 Texas Gulf Coast counties who were affected by Harvey, immigrants were almost twice as likely as U.S.-born respondents to report job or income loss. While they were less likely to report home damage, immigrants were less likely to have homeowners' insurance and less likely to seek federal assistance to cover such damage; almost 40 percent worried that seeking assistance could put them at risk of losing their immigration status or being deported. Immigrants were also more likely than the U.S. born to report financial troubles and difficulty accessing medical care after a storm.⁵⁹

In response to these challenges and to eligibility restrictions on federal and state aid, the Houston area philanthropic community established the Hurricane Harvey Relief Fund for home repairs. The Greater

⁵⁸ Houston Immigration Legal Services Collaborative (HILSC), "[About Us: History and Mission](#)," accessed November 9, 2021.

⁵⁹ Bryan Wu et al., *Hurricane Harvey: The Experiences of Immigrants Living in the Texas Gulf Coast* (Washington, DC, and Houston: KFF and Episcopal Health Foundation, 2018).

Houston Community Foundation led the initiative, coordinating the raising of \$114 million from private donors and its distribution to 123 nonprofit organizations in the first year after the hurricane. A common application process was set up through a new platform called Harvey Home Connect, and funding was targeted to four vulnerable populations—the elderly, low-income people, individuals with disabilities, and unauthorized immigrants—and to the zip codes in which these groups were concentrated. About 150,000 households were served in the first year, with 74 percent matching one or more of these vulnerability criteria.⁶⁰ The fund’s model of combining geographic and demographic targeting was used again to great effect in the distribution of cash and housing assistance to immigrants during the pandemic.

The fund’s model of combining geographic and demographic targeting was used again to great effect in the distribution of cash and housing assistance to immigrants during the pandemic.

During Hurricane Harvey, HILSC began developing a model for more equitable distribution of relief to communities affected by natural disasters in the Greater Houston area. In 2019, the collaborative launched its Humanitarian Action Plan⁶¹ with recommendations to better incorporate the region’s immigrants into disaster preparation, response, and recovery. To facilitate more equitable resource distribution, HILSC has advocated for: (1) dissemination of information about immigrant eligibility and application procedures for assistance; (2) targeting of resources to immigrant communities via the organizations that serve them; and (3) advocacy to government and funders to broaden immigrant access to relief funds.⁶² Along with its extensive network of immigration and social service providers, HILSC built on these prior experiences with disaster relief and planning to develop new tools and policies to support Houston-area immigrant communities during the pandemic.

Harris County did not experience as severe an outbreak of COVID-19 as Worthington did early in the pandemic, and the overall reported incidence of the disease has been lower. Between the pandemic’s onset and May 2022, approximately 22 percent of the county’s population tested positive, slightly below the rate of 26 percent for the United States overall.⁶³

In contrast to Worthington but like other major U.S. cities, Houston faced an economic crisis with widespread job loss and economic hardship during the early months of the pandemic. In a survey conducted in July–August 2020, most Houston households (57 percent) reported job loss or loss of earnings, and 63 percent reported serious financial problems such as difficulty affording food, exhausting savings, or inability to pay rent, mortgage, utility, credit card, or other bills. The same survey found that 81 percent of Black respondents and 77 percent of Latino respondents reported financial problems, compared with 34 percent of non-Hispanic White respondents.⁶⁴ Unemployment has remained high since then, and as of February 2022, the Houston metropolitan area’s unemployment rate of 5.3 percent was the fourth highest

60 FSG, Inc., *Learning from the Hurricane Harvey Relief Fund: Considerations for the Future* (N.p.: FSG, Inc., 2018).

61 HILSC, “Humanitarian Action Plan: Executive Summary,” updated March 2019.

62 HILSC, “Four Years after Harvey: Building a Disaster Equity Program,” accessed November 9, 2021.

63 *New York Times*, “Tracking Coronavirus in Texas: Latest Map and Case Count,” updated May 31, 2022.

64 NPR, Robert Wood Johnson Foundation, and Harvard University T.H. Chan School of Health, *The Impact of Coronavirus on Households in Major U.S. Cities* (N.p.: NPR, Robert Wood Johnson Foundation, and Harvard University T.H. Chan School of Health, 2020), 45–46.

of any major U.S. metropolitan area, after Cleveland, Detroit, and Las Vegas.⁶⁵ Industries that employ more immigrant women—such as restaurants, hospitality, and domestic or personal services—were harder hit than those such as construction that employ more immigrant men.

A. Geographic Targeting of Resources for Testing and Vaccination Campaigns

Throughout Harris County, there are large vulnerable populations—some comprised more of immigrants, some less so. Neighborhoods closer to the Houston city center have substantial resources that can be used to assist vulnerable populations, including hospitals, federally qualified health centers, multiservice agencies, and other community-based organizations. Others, particularly those in unincorporated outlying areas of Harris County, have considerably less developed social infrastructure. Poorer and outlying areas are also less likely to have retail outlets such as Walmart, Walgreens, and other pharmacies and grocery stores that offer COVID-19 tests and vaccines.

When the first peak in COVID-19 cases occurred in Spring 2020, Houston and Harris County established mass testing centers at stadiums and other large sites across the area. The testing centers sought to reach as many people as possible, but they generally required waiting in a vehicle or had hours-long lines for walk-ups—making them largely inaccessible to many immigrants and other residents without private transportation.

During Summer 2020, Harris County Public Health shifted its emphasis from larger sites to mobile units and events at community-based organizations. These modes of testing could be deployed in Census tracts with large vulnerable populations and high infection rates, and this same strategy was later used to distribute vaccines. The department mapped tracts across the county using the CDC’s Social Vulnerability Index (SVI), which includes measures such as race/ethnicity, English proficiency, socioeconomic status, household composition, housing conditions, and transportation access that often correlate with immigration status.⁶⁶

During the vaccination drive in Spring and Summer 2020, Harris County deployed 20 mobile units, each capable of delivering 200 vaccinations, to priority census tracts.⁶⁷ In addition to the SVI criteria listed above, the county’s targeting strategy also prioritized tracts with the lowest vaccination rates. The vaccines were delivered at locations such as churches and other faith-based organizations, community-based organizations, cultural events, and apartment complexes. Harris County also established a partnership to vaccinate workers at businesses and nonprofit multiservice centers, and it provided shuttles and Lyft or Uber rides for people who could not find transportation to vaccination sites.

65 U.S. Bureau of Labor Statistics, “Local Area Unemployment Statistics: Unemployment Rates for Large Metropolitan Areas, Not Seasonally Adjusted” (data table, April 6, 2022).

66 CDC Agency for Toxic Substances and Disease Registry, “At A Glance: CDC/ATSDR Social Vulnerability Index,” updated August 30, 2021.

67 Author interview with local health and social service provider, September 2020.

The City of Houston's Health Department also targeted testing and vaccinations to vulnerable populations. Like Harris County, the city collaborated with a broad range of multiservice centers and other community-based organizations, including worker advocacy groups. The city also brought mobile testing and vaccinations to street corners where day laborers gather. Multiservice centers offered some advantages for administering tests and vaccines because their staff were trusted by their clients and could also help them find cash, food, housing, and legal aid. Neither Harris County nor the City of Houston required individuals to show identification to receive the vaccine.

Federally qualified health centers and other community health clinics also conducted a substantial amount of COVID-19 testing and vaccinations. These clinics are located in low-income neighborhoods across Harris County, with many staffed by immigrants and experienced in serving immigrant populations. However, the community clinics—like other social infrastructure—are more concentrated in Houston's traditional immigrant neighborhoods than in suburban and unincorporated areas of Harris County. While some clinics are in large multiservice centers, others are smaller and have more limited capacity to provide tests and vaccines.

As of April 2022, Harris County Public Health had administered 809,000 vaccine doses and transferred another 135,000 doses to partner health-care agencies, mostly federally qualified health centers and community clinics. A total of almost 3 million Harris County residents had been fully vaccinated from all sources, accounting for about 63 percent of the county's population.⁶⁸

B. Expanding Vaccinations to Vulnerable, Underserved Communities

To promote COVID-19 vaccination, a network of about 50 Houston area nonprofit organizations started an effort called "Safer Together: Vaccination Access for All."⁶⁹ This network was initially organized by Houston in Action, a local nonprofit, to conduct outreach for the 2020 Census. Houston in Action had started its Census outreach by going door-to-door but then shifted to phone banks, text banks, and online communication when the pandemic hit, and at the same time began including messaging around COVID-19 testing and social distancing in the Census outreach.

In February and March 2021, Safer Together fielded a survey of about 100 Harris County health-care and social service agencies to identify those that were already conducting vaccinations and those that were interested in joining the effort. The network also identified zip codes with particularly vulnerable populations based on factors such as the SVI, COVID-19 positivity rates, social determinants of health, and gaps in vaccination coverage by the City of Houston, Harris County, major health-care providers, and community-based organizations. Using these two sets of information, Safer Together determined where it could leverage existing resources and where it needed to recruit new organizations to serve the most vulnerable populations.

⁶⁸ Harris County Public Health, "COVID-19 Vaccine Distribution," updated April 19, 2022.

⁶⁹ Houston in Action, "Safer Together: Vaccinations for All," accessed November 11, 2021.

In March through April 2021, the network conducted a vaccine outreach pilot in half a dozen neighborhoods in Houston and two suburbs. The pilot used a combination of phone banks, text banks, and door-to-door canvassing—as Houston in Action had done for the 2020 Census. Text banks proved to be the most cost-effective form of outreach for younger people, while older people responded better to phone banks. However, both old and young were skeptical of texts and calls from people they did not know, so the network attempted to first establish personal connections via trusted messengers, usually staff from community-based organizations with a presence in the neighborhood.

Both old and young were skeptical of texts and calls from people they did not know, so the network attempted to first establish personal connections via trusted messengers.

Door-to-door canvassing worked best for making initial contact with immigrant populations, particularly those without existing links to community institutions. Safer Together’s experience with the outreach pilot also led those who managed the initiative to recommend that translations of outreach materials be made available in a wider variety of languages, that future outreach efforts clearly communicate that no identification or health insurance is required to get vaccinated, and that payments be made available for people experiencing vaccination side effects who have no sick leave and could not afford to take time off from work.⁷⁰

Building on the pilot, Safer Together’s network partnered with medical providers to host vaccine clinics and conduct outreach. From early 2021 through early 2022, the network hosted more than 75 outreach events and 70 vaccine clinics, and helped more than 10,000 Harris County residents get vaccinated, leading to vaccination rates of more than 50 percent among people of color in the targeted vulnerable zip codes.⁷¹

C. *Providing Direct Assistance to Households, with and without Immigration-Status Restrictions*

The Houston metropolitan area also had a well-coordinated effort to distribute cash, housing, and other assistance during the pandemic. From April 2020 through September 2021, the City of Houston, Harris County, and private funders raised and distributed a total of about \$165 million in direct assistance, including federal funding. This assistance mostly took the form of one-time cash payments to households, ranging from \$1,200 to \$1,500, though there was some funding for food, housing, and other emergency assistance included in the Greater Houston COVID-19 Recovery Fund (see Box 3). Connective, a local nonprofit agency, had adapted how it uses Salesforce (a software platform commonly used to manage sales, marketing, customer service, and other relationship-based business interactions) to coordinate relief efforts following Hurricane Harvey.⁷² During the pandemic, Connective further adapted its use of the platform to coordinate and disburse COVID-19 direct assistance across several rounds of funding and the many different agencies that participated in delivering the assistance. Connective’s use of the platform also facilitated rapid dispersal of funding, drawing funds from multiple pools depending on eligibility rules, and allowed for tracking and evaluation of where the assistance went and who received it.

⁷⁰ Author interview with local immigrant community leader, August 2021, and follow-up correspondence, April 2022.

⁷¹ Author correspondence with local immigrant community leader, April 2022.

⁷² Salesforce, Inc., “Customer Stories: Connective,” accessed May 25, 2022.

While most of this pandemic assistance carried federal immigration restrictions and corresponding documentation requirements, a substantial share did not. Additionally, some of the unrestricted funding was disbursed through community-based agencies, allowing it to reach some of the most vulnerable immigrant households and neighborhoods in Harris County.

BOX 3

Houston and Harris County COVID-19 Assistance Funds in Chronological Order

- ▶ **Greater Houston COVID-19 Recovery Fund:** \$18 million in private philanthropic funds distributed during April 2020 through March 2021. The fund included food, cash, housing, and other forms of basic assistance, with payments delivered through various emergency and social service providers. There were no immigration-status restrictions.
- ▶ **Harris County COVID-19 Relief Fund:** \$30 million in county funds distributed during May through July 2020 via two mechanisms—a public website/call center and 44 community-based organizations. One-time cash payments, depending on household size, were disbursed. There were no immigration-status restrictions.
- ▶ **Catholic Charities Relief Fund:** \$67 million, primarily federal CARES Act funding, distributed as one-time cash payments from September through December 2020. Private philanthropy provided \$1.75 million in funding for immigrant households regardless of their members' status, but the remainder of the funding was reserved for households with U.S.-citizen or qualified noncitizen adults, based on federal law.
- ▶ **City of Houston Direct Assistance Fund:** \$20 million in CARES Act follow-on federal funding, distributed from December 2020 through January 2021 by the Baker Ripley multiservice agency. One-time cash payments were disbursed. Funding was reserved for households with U.S.-citizen or qualified noncitizen adults, based on federal law.
- ▶ **Emergency Rental Assistance:** \$428 million in U.S. Treasury Department funds (from various authorizing statutes), distributed from February through November 2021 by Catholic Charities and Baker Ripley. Payments were mostly made directly to participating landlords who agreed to halt evictions for specified periods of time. In later rounds, when landlords refused to cooperate, payments were made directly to households. There were no immigration-status restrictions on the landlord payments, but direct payments to households were reserved for households with U.S.-citizen or qualified noncitizen adults, based on federal law.
- ▶ **Harris County and Catholic Charities Fund:** \$30 million in federal *American Rescue Plan Act* funding, distributed from July through September 2021 by Catholic Charities as one-time cash payments. Funding was reserved for households with U.S.-citizen or qualified noncitizen adults, based on federal law.
- ▶ **Private philanthropic aid:** Philanthropies provided an additional \$900,000 in cash assistance for one-time payments to households, which were disbursed through Catholic Charities during its two rounds of assistance listed above. This funding carried no immigration-status restrictions.

Sources: Working Partner, *Supporting the Most Vulnerable in Times of Crisis: Lessons Learned about the Harris County COVID-19 Relief Fund* (Houston: Working Partner, 2020); Greater Houston Community Foundation and United Way of Greater Houston, *Greater Houston COVID-19 Recovery Fund* (Houston: Greater Houston Community Foundation and United Way of Greater Houston, 2021); Catholic Charities, Archdiocese of Galveston-Houston, "Catholic Charities Help: Data," updated December 29, 2020; Baker Ripley and City of Houston, "City of Houston Direct Assistance Additional Funding FAQ," updated December 3, 2020; Catholic Charities, Archdiocese of Houston, "Harris County Launches New \$30 Million COVID Relief Fund for Struggling Families," accessed November 13, 2021; author interview with a respondent in the local philanthropic community, September 2021; Houston-Harris County Emergency Rental Assistance Program, "About the Program: Help for Families Struggling during the Pandemic," updated November 11, 2021.

Federally Funded Assistance with Immigration-Status-Based Eligibility Restrictions

About 70 percent of the COVID-19 direct assistance in Harris County (\$115 million of the \$165 million) was drawn from federal funds. Attorneys for the county determined that these funds carried longstanding federal immigration restrictions limiting eligibility to households with adults who were U.S. citizens, lawful permanent residents, or other qualified immigrants. This was the same approach taken by many major jurisdictions nationwide.⁷³ The bulk of the federal funding (\$95 million) was passed through Harris County to Catholic Charities, which distributed it through the organization's COVID-19 Recovery Assistance program. Recovery Assistance was generally available to anyone in the county who met the income thresholds, while some funding was set aside for those living in Census tracts that met certain SVI thresholds. More than 50,000 households were served through this program.⁷⁴

This federally funded assistance required recipients to provide documentation of their U.S. citizenship or qualifying immigration status. To access the assistance, applicants were required to provide a valid U.S.-issued form of identification (such as a driver's license) and proof of income below a certain threshold. They were given three days to provide documentation, and Catholic Charities attempted to contact applicants three times each via email, texts, and phone calls before moving on to the next client on the list. The program had a high denial rate—between 30 and 40 percent—mostly due to documentation problems. About 4,500 households that applied were determined to be ineligible due to immigration-status restrictions.⁷⁵ Moreover, the stringent documentation requirements for Recovery Assistance may have deterred some immigrant households from applying, particularly those with noncitizen members who might have feared that accepting the funding could have immigration consequences.

The City of Houston's Direct Assistance Fund, disbursed through Baker Ripley multiservice agency, provided another \$20 million in cash assistance to approximately 20,000 households, drawn mostly from lists of those who were eligible but could not be served by other, earlier programs due to limited funding.⁷⁶ Like the Recovery Assistance program administered by Catholic Charities, the city's Direct Assistance program was primarily federally funded and incorporated the same immigration-status restrictions and documentation requirements.

Locally Funded Assistance without Immigration-Status Restrictions

A total of about \$50 million—or 30 percent of total direct assistance to Harris County residents—was obtained from local sources and did not carry immigration-status restrictions. The earliest and largest program without such restrictions was the \$30 million Harris County provided via its COVID-19 Relief Fund, which was drawn from county general revenues. From May through July 2020, the Relief Fund distributed

73 Washington State is one of the few jurisdictions that determined CARES Act funding could provide cash assistance to unauthorized immigrants. In August 2020, Washington created a \$40 million fund for immigrants who were ineligible for other federal assistance out of a pool of CARES Act funding that the state determined was not tied to immigration status. See Nina Shapiro, "Governor Creates \$40 Million Relief fund for Undocumented Immigrants," *The Seattle Times*, August 11, 2020.

74 Catholic Charities, Archdiocese of Galveston-Houston, "Catholic Charities Help: Data," updated December 29, 2020; Catholic Charities, Archdiocese of Houston, "Harris County Launches New \$30 Million COVID Relief Fund for Struggling Families," accessed November 13, 2021.

75 Author interview with local health and social service provider, July 2021.

76 Baker Ripley and City of Houston, "City of Houston Direct Assistance Additional Funding FAQ," updated December 3, 2020.

one-time cash payments to a total of about 22,000 households—focusing on immigrants, low-income people of color, people experiencing homelessness, survivors of domestic violence, and children aging out of foster care.⁷⁷ The fund required minimal documentation: a variety of forms of ID were accepted, and applicants were allowed to attest to their incomes. Payments were disbursed through checks, gift cards, and electronic transfers.

The Harris County fund employed a novel distribution system to reach vulnerable households via agencies that were already serving them. Half of the households participating in the county's Relief Fund (approximately 11,000) were clients of the 44 community-based organizations chosen to reach target populations and geographic areas. The Greater Houston Community

The Harris County fund employed a novel distribution system to reach vulnerable households via agencies that were already serving them.

Foundation identified agencies to participate, provided them with technical support where needed, and ensured that funds were equitably distributed. A number of the organizations distributing funds also helped to design the application and distribution processes, with the aim of reducing barriers to participation. This targeted approach ensured that the county residents who were most in need would receive assistance, but it also meant that large segments of the population that were not served by the selected agencies were much less likely to access the fund.⁷⁸

The other half of households participating in the Relief Fund obtained assistance via a public website and a 211 call center operated by the United Way. Participants were chosen by a lottery, weighted by the CDC's SVI—an approach that made assistance available to any county resident who met the eligibility criteria. One advantage of this approach was the public's general familiarity with accessing assistance using United Way's website and 211 number. This public portion of the fund, however, was rapidly oversubscribed, with 50,000 residents applying for 11,000 slots in just two days. Many immigrants reportedly had difficulty navigating the website due to limitations in digital literacy, while applicants more broadly had trouble reaching call-center operators due to the rush of applications.⁷⁹

Using both these approaches, the Harris County Relief Fund reached a diverse population. Among recipients, 84 percent were Latino or Black—a percentage that is higher than their share of the Harris County population (64 percent), and that reflects the relatively high vulnerability of these populations.⁸⁰ The nativity and immigration status of participants were not recorded.

A second major direct assistance fund without immigration-status restrictions was the Greater Houston COVID-19 Recovery Fund, formed by four major local funders: the United Way, the Greater Houston Community Foundation, the Houston Endowment, and the Arnold Foundation. Between April 2020 and March 2021, this initiative disbursed more than \$18 million to more than 200,000 individuals in about

77 Working Partner, *Supporting the Most Vulnerable in Times of Crisis: Lessons Learned about the Harris County COVID-19 Relief Fund* (Houston: Working Partner, 2020).

78 Author interview with three local health and social service providers, July 2021.

79 Author interview with three local health and social service providers, July 2021.

80 Working Partner, *Supporting the Most Vulnerable in Times of Crisis*.

100,000 households across the Houston metropolitan area—a figure that includes those provided with cash and other forms of assistance.⁸¹

The Greater Houston COVID-19 Recovery Fund, like the Harris County Relief Fund, was disbursed through a constellation of service providers that included large multiservice agencies such as Catholic Charities and Baker Ripley as well as dozens of smaller community-based organizations.⁸² The Greater Houston Fund also employed geographic targeting: Funds were allocated to neighborhoods based on poverty rates, COVID-19 cases per 1,000 residents, and unemployment insurance claims per 1,000 residents.⁸³ While the fund did not specifically target immigrants, and nativity data were not systematically collected for recipients, Latino and Black individuals were overrepresented among them.

There were also two smaller private funds that ran in parallel to the large federally funded assistance programs operated by Catholic Charities and Baker Ripley. The Houston Endowment and other private funders provided \$1.75 million to serve about 1,200 of the immigrant households that were ineligible for the Catholic Charities program due to the immigration status of their members.⁸⁴ According to a local philanthropic leader, another \$900,000 in private funding was also made available to households regardless of status and distributed through the Catholic Charities and Baker Ripley relief programs.⁸⁵

D. Disbursing Rental Assistance without Immigration-Status Restrictions

Houston and Harris County devoted even larger sums to housing assistance, which like direct cash assistance was mostly drawn from federal sources. However, since the rental payments mostly went to landlords instead of households, federal immigration-status restrictions did not come into play.

Between the beginning of the pandemic and November 2021, Houston and Harris County together provided \$428 million in Emergency Rental Assistance (ERA) to about 64,000 households.⁸⁶ In July 2021, the U.S. Treasury Department lauded the city and county for operating one of the most successful ERA programs in the country—in particular for distributing assistance equitably, providing culturally and linguistically relevant services, and targeting the neediest households.⁸⁷ The city and county targeted ERA assistance to areas with high SVI scores and those with low application rates for other forms of assistance (particularly

81 The fund provided financial assistance to about 20,000 individuals, housing assistance to about 13,000 individuals, and food assistance to about 221,000 individuals, with some people receiving assistance from multiple sources and/or multiple times. See Greater Houston Community Foundation and United Way of Greater Houston, *Greater Houston COVID-19 Recovery Fund* (Houston: Greater Houston Community Foundation and United Way of Greater Houston, 2021).

82 A total of 87 agencies disbursed assistance, and some of them also received institutional support. See United Way of Greater Houston and Greater Houston Community Foundation, “Greater Houston COVID-19 Recovery Fund Grantees,” accessed November 10, 2021.

83 United Way of Greater Houston and Greater Houston Community Foundation, “Disproportionately Impacted Communities,” accessed November 10, 2021.

84 Catholic Charities, Archdiocese of Galveston-Houston, “Catholic Charities Help: Data.”

85 Author interview with a respondent in the local philanthropic community, July 2021.

86 Houston-Harris County Emergency Rental Assistance Program, “About the Program: Help for Families Struggling during the Pandemic,” updated November 11, 2021.

87 U.S. Treasury Department, “Treasury Data: Amount of June Emergency Rental Assistance Resources to Households More Than All Previous Months Combined” (press release, July 21, 2021).

suburban areas), as well as apartment complexes with high eviction rates. The program was operated by Catholic Charities, which served about 25,000 households in three months, and by Baker Ripley. Six other agencies provided outreach for the program, and Catholic Charities' call centers had staff who could provide support in four languages (English, Spanish, Vietnamese, and Chinese).⁸⁸

Like the various rounds of cash assistance, the rental assistance program used Connective's Salesforce platform for targeted outreach, eligibility determination, and disbursement of funding. The platform facilitated a high level of centralization, application streamlining, and transparency, and it was a useful tool to avoid duplication of payments to tenants and landlords.

Payments were made directly to landlords, making their cooperation essential. During earlier rounds of assistance, landlords would sign up first, and they would be required to agree not to evict tenants as a condition of participation. In later rounds, as landlords were asked to meet stricter requirements (to not evict people for extended periods, for example), more declined to participate. When landlords declined, assistance was given directly to tenants instead, and immigrants who did not meet federal immigration-status eligibility criteria were once again excluded from direct payments.

E. Adapting the Hurricane Response Model to the Pandemic and Ensuring a Focus on Immigrant Communities

Houston-area institutions and networks—including the city and county governments—confronted the pandemic with a well-coordinated approach rooted in past experiences with recovering from natural disasters. Connective was able to leverage the digital platform it had used in response to Hurricane Harvey to centralize applications for and disburse assistance on a large scale, while enabling targeting and monitoring in these efforts and promoting transparency in how funds were spent. Harris County's COVID-19 response also benefitted from substantial and well-coordinated institutional resources, including several large nonprofit social service providers—in particular, Catholic Charities, Baker Ripley, and the Houston Food Bank—with experience serving immigrants and other diverse communities.

Yet, the pandemic brought to light the limitations of Harris County's disaster-relief model. The pandemic generated needs for a broader range of forms of assistance—in public health, health care, income, food, and housing—than prior emergencies, and affected the entire metropolitan area, not just certain neighborhoods. Difficulties arose in reaching certain geographic areas—outlying parts of Harris County with limited health and social service infrastructure in particular—and certain immigrant communities, especially those most mistrustful of government and hesitant to be vaccinated. Assistance needs have overwhelmed the resources available to most programs, and they have persisted for a longer period than was the case after previous natural disasters. Despite the inclusive process and centralized assistance delivery, there was considerable confusion among immigrants and other vulnerable populations about the numerous funds, especially their

The pandemic brought to light the limitations of Harris County's disaster-relief model.

⁸⁸ Author interviews with two local health and social service providers, July and August 2021.

differing eligibility rules and application processes. Moreover, rules that bar unauthorized and some lawfully present immigrants from federal programs left major gaps in assistance. Harris County and the philanthropic sector were able to partially fill these gaps through the COVID-19 Relief Fund and other sources, using the Connective platform to distribute this assistance in a streamlined manner.

5 Lessons Learned for Responses to Future Emergencies

This report's two case study sites—Worthington, Minnesota, and Harris County, Texas—offer a window into the wide variation in experiences with the COVID-19 pandemic and its economic fallout that exist across the United States, and into how public-health and emergency assistance has been provided to immigrant families. These two communities show clear contrasts in the scale and intensity of need, amount of assistance available to immigrants, range of providers involved in serving immigrant communities, and the degree of public-sector involvement in relief efforts.

Both the common and unique elements of these two communities' pandemic responses offer important lessons for communities across the nation as they grapple with the ongoing COVID-19 crisis and prepare for future emergencies. Key elements of the COVID-19 response in these communities were:

- ▶ **Revising playbooks for providing emergency assistance to immigrant families and communities written during prior crises.** Worthington's playbook was developed in response to the 2016 election and, before that, the 2006 immigration enforcement action at the largest employer in town, the local pork processing plant. In response to this earlier crisis, grassroots and faith-based organizations developed trust with immigrant communities (i.e., bonding social capital). Following the 2016 election, leaders in the local faith-based, immigrant, and nonprofit communities joined to form the Worthington Area Immigrant Advocates network. During the pandemic, this network expanded to incorporate a broader range of institutions, including the processing plant, other major employers, the local hospital, the county public health department, and the state health department, in a successful effort to develop bridging social capital. The network also expanded the scope of its activities to include information exchange, outreach, and disbursement of a broader range of assistance, such as COVID-19 testing and vaccinations, food, income, and other forms of basic assistance.

The Houston and Harris County governments—in collaboration with the local philanthropic sector and major social service agencies—dusted off their Hurricane Harvey response playbook. The city and county governments brought together funding from various sources, while the Greater Houston Community Foundation and United Way led a broad and inclusive nonprofit-sector effort that addressed some of the inequities that arose during Harvey relief efforts. The digital platform Connective developed to deliver assistance following Hurricane Harvey also provided the foundation for a centralized system to administer, disperse, and monitor the distribution of COVID-19 assistance. Hurricane Harvey relief had been targeted geographically to the most vulnerable communities; building on this and through the involvement of philanthropists and advocates, local COVID-19 assistance programs placed an additional focus on immigrants and other vulnerable populations.

- ▶ **Supplementing federal assistance that has immigration-status eligibility restrictions with unrestricted local funding.** Foundations, led by the Greater Houston Community Foundation, played important roles in raising and supplementing federal funding to serve Houston immigrant families that were unable to access other forms of relief due to their immigration status, while also providing technical assistance to community-based organizations and facilitating evaluation efforts. Supplementary funding from Harris County and private philanthropy also provided support to mixed-status immigrant households that were ineligible for federally funded assistance. And Connective's coordination platform allowed for the integration of different funding streams for different populations, enabling mixed-status households to receive benefits similar to the federal aid available to other households. In Worthington, meanwhile, smaller amounts of funding raised through faith-based networks and individual contributions formed a pool for direct assistance for immigrant families.
- ▶ **Targeting assistance geographically to the communities most in need.** Identifying, reaching, and serving the most vulnerable immigrant families during the pandemic has proven most challenging in areas where there is less service infrastructure, such as outlying areas of Harris County and rural areas near Worthington. Immigrants increasingly live in these areas—rather than traditional city-center hubs—due to rising housing costs and limited housing supply.⁸⁹

Harris County, Houston, Connective, the Greater Houston Community Foundation, and other leaders of the Houston-area response used sophisticated zip code and Census-tract level measures of neighborhood vulnerability such as poverty, health insurance coverage, COVID-19 infections and vaccinations, and the CDC's Social Vulnerability Index to identify areas with the most acute assistance needs. These needs were more widespread following the pandemic than those after Hurricane Harvey, requiring expanded economic aid and identification of community-based organizations that could conduct outreach and/or deliver aid in outlying, historically underserved Harris County neighborhoods.

- ▶ **Identifying and empowering trusted intermediaries who can provide outreach to immigrant families.** Community trust has been a huge issue nationwide in the implementation of COVID-19 testing and vaccinations, with large numbers of immigrants and other vulnerable populations left behind due to misinformation and hesitancy. In Worthington, a small pool of intermediaries emerged from institutions such as the Seeds of Justice and Unidos grassroots leadership groups, local public schools, agricultural extension agencies, and faith-based organizations—institutions that had developed trusting relationships with the area's diverse immigrant communities, including unauthorized Latino immigrants and refugees from Asia and Africa. These intermediaries grew up in Worthington and spoke the languages of various immigrant and refugee groups, enabling them to better understand the barriers people face in accessing COVID-19 tests and vaccinations; communicate testing, tracing, isolation, and other public-health practices; and overcome mistrust and hesitancy.

89 Several study respondents—including immigrant advocates and health and social services providers—cited the gentrification of inner-city Houston as driving more immigrants to less central urban neighborhoods and unincorporated areas outside the city limits. In Minnesota, service providers—particularly those with expertise in housing—described the extremely short supply of housing in Worthington that has led many pork processing workers to commute from other cities and rural communities as far as two hours away.

The sheer size of Harris County and its immigrant communities made deploying intermediaries more challenging. Still, Houston in Action's network—built during outreach for the 2020 Census—was able to identify new organizations and draw more financial support for existing ones to help them conduct vaccination campaigns in underserved areas. The network's door-to-door outreach approach, however, proved more costly and less effective in outlying areas of Harris County, in which housing is more dispersed and community-service infrastructure is weaker.

- ▶ **Using a range of communication strategies is essential to reach people of different ages and cultural and linguistic backgrounds.** Intermediaries in Worthington and Harris County noted several different strategies that were helpful in reaching different populations. As both general ethnic-based print and broadcast media have declined, social media has grown in importance. But social media has its limitation: users tend to be younger, meaning it may reach only part of a target population, and large amounts of misinformation are spread on these platforms. Telephone and in-person contact proved to be most useful for reaching older immigrants and those speaking less-common languages and/or with lower literacy. Door-to-door outreach was most effective where intensive conversations were required—for instance, efforts to overcome vaccine hesitancy—in both Harris County and Worthington.

Worthington and Harris County's experiences with supporting immigrant families during the pandemic also point to key areas where work is still to be done, including:

- ▶ **Continue to revise local emergency-response playbooks to incorporate what has been learned from the pandemic.** Incorporating strategies and lessons learned from different crises can help communities better prepare for emergencies that differ in scale, duration, and geographic scope, for instance natural disasters versus health emergencies versus severe economic recessions.
- ▶ **Institutionalize structures for emergency response.** This would include formalizing networks that bridge gaps between immigrant communities and governmental and nongovernmental institutions, and building out the infrastructure to deliver critical services in rural and outlying areas where immigrants increasingly live.
- ▶ **Sustain networks of trusted intermediaries to facilitate culturally and linguistically responsive outreach.** These key local actors can identify, educate, and extend assistance to the neediest immigrant families in future emergencies. Because the most trusted individuals are likely to themselves be from local immigrant communities, it will be necessary to hire locally for these networks.
- ▶ **Build the capacity of local service providers to contribute to the development of local, state, and national policies.** Community organizations, faith leaders, and immigrant advocates have been critical to integrating immigrants and other vulnerable groups into COVID-19 assistance plans. With support, such local actors may be able to contribute insights and expertise gained during the pandemic response in other policy areas as well, including workplace safety, health-care coverage and access, immigrants' eligibility for federal benefits, and interpretation and translation services.

- ▶ **Obtain community feedback to help identify gaps in relief efforts to specific populations.** Among other things, this process could solicit feedback on how eligibility rules and application procedures affected community participation in different programs, and how such program details can be more clearly communicated in future emergencies.
- ▶ **Document how immigrant households have used pandemic-era and other emergency assistance.** Doing so could increase public and political support for future assistance programs. In this regard, analyses of how spending by immigrant communities helped support the recovery of local economies might be particularly useful.

More than two years after the pandemic began, COVID-19 continues to affect the health and livelihoods of communities across the nation. Case rates have dipped and risen again, and new, highly contagious variants have proven able to infect individuals who have previously contracted COVID-19 or been vaccinated. While unemployment has subsided, inflation and supply-chain challenges are threatening economic stability. Immigrants remain particularly vulnerable to the pandemic's health and economic impacts due to their more frequent employment in jobs with interpersonal contact, barriers to accessing health care, and residence in communities with social vulnerabilities such as poverty, crowded and poor housing conditions, and lack of transportation. Federal pandemic relief is winding down, with little prospect for a new infusion from Congress, and many immigrants—both unauthorized immigrants and some lawfully present noncitizens—remain ineligible for major federal public benefits. In this context, immigrant families and communities will likely continue to rely heavily on local efforts to provide COVID-19 testing, vaccination, treatment, and economic support. At the same time, U.S. communities stand to gain from immigrants' sustained contributions to their economies and tax bases and from the public-health benefits that result from broad community access to basic health services.

Public-health experts have generally conceded that COVID-19 is poised to become endemic, and even if it were to fade, new infectious diseases and public-health crises lie in our globally interconnected future. As this report documents, these two very different U.S. communities have struggled with their COVID-19 responses and with extending them to their diverse immigrant populations. In each case, they have built on their past experiences to develop a range of often effective responses that could promote their—and their immigrant communities'—resilience in the face of this and future crises.

In each case, they have built on their past experiences to develop a range of often effective responses that could promote their—and their immigrant communities'—resilience in the face of this and future crises.

About the Authors



RANDY CAPPS

Randy Capps, a demographer, was Director of Research for U.S. Programs at the Migration Policy Institute (MPI). His areas of expertise include immigration trends, the unauthorized population, immigrants in the U.S. labor force, the children of immigrants and their well-being, and immigrant health-care and public-benefits access and use. He also has examined the impact of the detention and deportation of immigrant parents on children.

Prior to joining MPI, Dr. Capps was a researcher in the Immigration Studies Program at the Urban Institute. He received his PhD in sociology and his master of public affairs degree from the University of Texas.



MICHAEL FIX

Michael Fix is a Senior Fellow at MPI, having previously served as the Institute's President. His research focus is on immigrant integration and the education of immigrant children in the United States and Europe, as well as citizenship policy, immigrant children and families, the effects of welfare reform on immigrants, and the impact of immigrants on the U.S. labor force.

Before joining MPI, Mr. Fix was Director of Immigration Studies at the Urban Institute. He is a Policy Fellow with IZA in Bonn, Germany, and has in the past been a member of the National Research Council's Committee on the Integration of Immigrants, the National Academy of Sciences' Committee on the Redesign of U.S. Naturalization Tests, and the Committee on the Health and Adjustment of Immigrant Children. Mr. Fix received a JD from the University of Virginia and a BA from Princeton University.

Acknowledgments

The authors thank Jennifer Ng'andu and Martha Davis at the Robert Wood Johnson Foundation for their guidance and support during this project. The authors especially appreciate the foundation's flexibility throughout the COVID-19 pandemic as adjustments were made to the research design for this study. The authors also thank the Worthington Area Immigrant Advocates and Houston Immigration Legal Services Collaborative for helping identify fieldwork respondents in these two cities, as well as the dozens of members of these coalitions and other government officials, health-care providers, community leaders, and human service providers who participated in the study. At the Migration Policy Institute (MPI), the authors acknowledge former colleague Gaby Sanchez for assisting in the literature review for this report, as well as Lauren Shaw for her expert editing, Yoseph Hamid for the report's layout, and Michelle Mittelstadt for strategic outreach.

MPI is an independent, nonpartisan policy research organization that adheres to the highest standard of rigor and integrity in its work. All analysis, recommendations, and policy ideas advanced by MPI are solely determined by its researchers.

This report was prepared while Randy Capps was employed at MPI. The opinions expressed in this report are the author's own and do not reflect the view of the National Institutes of Health, the Department of Health and Human Services, or the United States government.

© 2022 Migration Policy Institute.
All Rights Reserved.

Design: Sara Staedicke, MPI
Layout: Yoseph Hamid, MPI
Cover Photo: iStock.com/Jacob Boomsma and iStock.com/simonkr

No part of this publication may be reproduced or transmitted in any form by any means, electronic or mechanical, or included in any information storage and retrieval system, without permission from the Migration Policy Institute. A full-text PDF of this document is available for free download from www.migrationpolicy.org.

Information for reproducing excerpts from this publication can be found at www.migrationpolicy.org/about/copyright-policy.
Inquiries can also be directed to communications@migrationpolicy.org.

Suggested citation: Capps, Randy and Michael Fix. 2022. *Changing the Playbook: Immigrants and the COVID-19 Response in Two U.S. Communities*. Washington, DC: Migration Policy Institute.

The Migration Policy Institute is an independent, nonpartisan think tank that seeks to improve immigration and integration policies through authoritative research and analysis, opportunities for learning and dialogue, and the development of new ideas to address complex policy questions.



www.migrationpolicy.org

1275 K St NW, Suite 800, Washington, DC 20005
202-266-1940

