

# **Putting Food on the Table:**

Food Insecurity, Nutrition Assistance, and COVID-19 Trends Among Food-Insecure Immigrant Communities in Washington, D.C.



# **Putting Food on the Table:**

Food Insecurity, Nutrition Assistance, and COVID-19 Trends Among Food-Insecure Immigrant Communities in Washington, D.C.

# Introduction

Food insecurity, or the state of having limited or unreliable access to healthy and affordable food, is a well-documented factor contributing to poor health outcomes in children and adults. In children, food insecurity has been associated with an increased risk of hospitalization in early childhood, behavioral and cognitive issues, and generally poorer overall health and development. 1,2,3,4 In adults, food insecurity has been associated with conditions, such as diabetes, hypertension, obesity, coronary heart disease (CHD), and depression, 5,6,7,8 and managing these conditions also becomes more challenging in the setting of food insecurity and inadequate safety net resources, e.g., public benefits programs, perhaps due to physical and mental stressors induced by lower consumption of fresh produce, whole grains, and other nutritious foods. 9,1011,12,13

Prior to the COVID-19 pandemic, immigrant families were more likely to be food insecure than their U.S. citizen counterparts. Although COVID-19 has increased the rate of food insecurity among U.S. families generally, stakeholder interviews and evidence from the literature highlight the disproportionate impact of COVID-19 on food security among food-insecure immigrant households in Washington, D.C., with one organization reporting a nine-fold increase in weekly clients. Limited access to and/or use of a safety net of public benefits programs contributes to this disparity, despite their demonstrated protection against hunger, food insecurity, and adverse health outcomes. 818,19,20

# Methodology

This report was informed by relevant literature and interviews with 21 nonprofit and grassroots organization service providers, policymakers, and academic researchers in the D.C. metropolitan area. All interviews were conducted between May 2020 and August 2020. One interview was conducted at the nonprofit where the individual works, and the rest were conducted either over the phone or through Zoom, a video-based platform. A follow-up survey was distributed via email to all interviewees, and 12 completed surveys were returned.

# **Findings**

### **Eligibility for Public Benefits Programs**

Immigrants' eligibility for specific public benefits programs differs based on documentation status. 15,21,22 Understanding the regional safety net can be particularly challenging for immigrants in the D.C. metropolitan area, as available programs and eligibility requirements vary among different jurisdictions for some programs. For example, certain programs are available to immigrants in the region. regardless of immigration status, such as DC Healthcare Alliance (DCHA) and the Immigrant Children's Program (ICP). However, immigrants are only eligible for DCHA and ICP if they have D.C. addresses. Conversely, non-citizens, including undocumented immigrants and most adult green card holders within their first five years of gaining Lawful Permanent Resident (LPR, i.e., green card) status, are not eligible for programs, including the Supplemental Nutrition Assistance Program (SNAP), Medicaid, Social Security Income (SSI), and Temporary Assistance for Needy Families (TANF). Moreover, the first five years after gaining LPR status have been reported as the time during which foodinsecure immigrants are the most vulnerable.<sup>23</sup>

Throughout the pandemic, eligibility has varied for COVID-19 related federal aid. For example, the Coronavirus Aid, Relief, and Economic Security (CARES) Act provided a one-time stimulus check to individuals below a specified income threshold, beginning in April 2020. Undocumented immigrants and others using an Individual Taxpayer Identification Number (ITIN) were not eligible for this aid, with the exception of those with spouses in the armed forces who held a valid Social Security number. The CARES Act also excluded mixed-status households, such as those with at least one person using an ITIN in lieu of a Social Security number, from receiving the stimulus payments.<sup>24</sup> This left many immigrant families without this form of assistance in meeting economic challenges due to COVID-19.

In December 2020, the CARES Act was amended by Congress to include 3.5 million more people in mixed-status households.<sup>25</sup> Additionally, DC Cares and Events DC are currently providing financial assistance to those excluded from Unemployment Insurance (UI) and Pandemic

Unemployment Assistance (PUA).<sup>26</sup> While these efforts have helped fill critical gaps in aid for immigrants initially ineligible for government-sponsored relief, they did not begin until several months after the initial implementation of the CARES Act, which may have led to an extended period of financial uncertainty.

## Fear of or Confusion About U.S. Immigration Enforcement When Seeking Public Benefits

National surveys among immigrant communities suggest that underlying fear of or confusion about U.S. immigration policy and enforcement has discouraged them from seeking aid.<sup>24,27,28,29</sup> This was exacerbated by the implementation of a new public charge rule by the Trump administration in 2019, which assessed whether an individual is likely to depend on government assistance in the future and, for the first time ever, considered participation in SNAP, Medicaid (with some exceptions), Medicare Part D, and some housing programs in the public charge determination.30 If someone was determined to be a likely public charge, immigration authorities could deny them visas or LPR status. This 2019 public charge rule created a chilling effect among immigrants and their families; the fear of being denied a visa caused some immigrants to decline accessing vital benefits for which they were eligible, regardless of whether public charge applied to them. In March 2021, the Department of Justice, under the Biden administration, declined to defend the public charge rule in courts, resulting in the Supreme Court dismissing the 2019 public charge rule, which is now no longer in effect. The negative impact of the rule, however, remains.

Although fear and confusion associated with policies, such as the public charge rule, were heightened under the Trump administration, it is important to note that these sentiments, particularly among undocumented immigrants, are not new. A classic example of this is the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PROWRA), which has been a lingering source of confusion in immigrant communities, particularly regarding the type of legal status required for participating in the federal nutrition programs.<sup>31</sup>

The literature and interviews with direct service providers have highlighted that perceptions of current immigration policies have resulted in the disenrollment from public benefits programs that may or may not be part of the public charge rule, the avoidance of various nongovernmental social and health services among immigrants, and the hesitation to provide personal information for emergency food services and aid in general.

In a 2019 report by the Urban Institute, nearly 1 in 7 adults born outside the U.S. or living with at least 1 person born outside the U.S. reported avoiding a government-sponsored benefit program included in the public charge rule out of fear that it would impact their or their family member's future LPR status. SNAP was the most common program from which participants disenrolled. The authors also cited a spillover effect to programs not included in the public charge rule, such as WIC, along with confusion about the programs considered in a public charge test and the types of immigration applications to which the rule applied.<sup>25</sup> These trends of program disenrollment and/or avoidance despite eligibility are consistent with existing literature and interviews of local service providers.<sup>23,26,32</sup>

These historical trends raise concern about avoidance of other government programs created in response to the COVID-19 pandemic for which immigrant families may be eligible and face no public charge concerns, such as the Pandemic Electronic Benefit Transfer (P-EBT) program. P-EBT was created in response to school closures, with the goal of assisting children and families who have lost access to free or reduced-price school meals under the federally funded National School Lunch Program and School Breakfast Program.<sup>17</sup> P-EBT, like school meals programs, is not subject to the public charge rule, and is available to any child, regardless of immigration status.33 The effects of the public charge rule on engagement with child nutrition programs such as these have yet to be analyzed, but may mirror prior avoidance and disenrollment trends with SNAP and other public benefits programs.

# Beyond Fear and Government Policies: Challenges Faced by Immigrants Earning Incomes That are Unable to Provide Food Security

Washington, D.C., has been reported as one of the top four most expensive cities in the United States.<sup>34</sup> Cost of living in this region has had a significant impact on the food security of immigrants who are unable to earn enough money to provide a reliable source of healthy food for themselves and their household, especially during COVID-19. This cost includes essential items, medical care, transportation, child care, and housing. These and other factors can take priority over purchasing nutritious foods, resulting in consumption of more shelf-stable products that have fewer nutritional benefits.

Though immigrant communities often reside in underresourced and low-income areas, this does not necessarily mean they live far from stores that sell fresh produce. In 2012–2016, D.C. Wards 1, 2, and 4 each consisted of a foreign-born population over 20 percent, and had 10 or more grocery stores for populations ranging from 77,000 to 84,000,35,36 which is drastically different from Wards 7 and 8, which had a population of 81,946 and 86,384, respectively, and a combined total of three grocery stores and 6.8 percent of a foreign-born population. Despite this, immigrants largely lack choice in their food purchases, particularly in those that they deem affordable, familiar, culturally appropriate, and healthier.<sup>37</sup> National studies cite that a lack of affordable transportation options and fear of contracting COVID-19 also have hindered immigrants' willingness and ability to travel to traditional grocery stores, stores that sell more culturally-appropriate foods, farmers' markets, and various food distribution locations. Interviews with local community leaders provide evidence that this also may be a trend in the D.C. area. 13,37,38

#### The Vital Role of Local Nonprofit and Grassroots Efforts

In response to increased needs brought on by COVID-19, service providers from local nonprofit and grassroots mutual aid efforts that were part of this research have largely led the expansion of low-barrier food distribution programs and culturally- and linguistically-appropriate services, including a program specifically designed for food relief targeting D.C. communities with a high proportion of immigrating people without documentation. While this and similar programs have been vital to fill the gaps in government-sponsored COVID-19 aid not provided to food-insecure immigrants due to strict eligibility criteria, there are still significant areas of unmet need among these communities.

Among programs run by nonprofits and other communitybased efforts, client requirements to access emergency food services are minimal, with many places not requiring government-issued identification. Staff members who speak the languages of their communities are available whenever possible. Many stakeholders cited the predominance of linguistically-appropriate resources for Spanish-speaking communities, and acknowledged the need for expanded language services for other immigrant communities in the region (e.g., Amharic). This disparity was attributed largely to a lack of capacity to expand existing services. This is a particularly important aspect of community-based services. as language barriers are central to many obstacles facing immigrants attaining food security in the D.C. area and nationally.39,40 There also are ongoing efforts to provide culturally-appropriate foods and opportunities for community members to connect through the organization (e.g., cultural food exchanges). Staff members interviewed also are keenly aware of the social, political, and economic issues that immigrant communities face.

In addition to providing emergency relief, these organizations are typically the entities tasked with

educating immigrants about community-level and government resources for which they are eligible while simultaneously ameliorating their hesitation in using these resources, which can often be traced back to fears of immigration enforcement and the public charge rule. While this hesitation continues to exist, these organizations and service providers have succeeded in providing comfort, guidance, and trust within immigrant communities throughout the region.

# Moving Forward: Program and Policy Recommendations

The interview and survey data demonstrate that community stakeholders do not believe enough is being done at the state or federal level to address the increase in food insecurity among immigrants due to COVID-19. It is estimated that amidst the pandemic, 42 percent of the immigrant population in the D.C. area experienced food insecurity. While local nonprofits and grassroots efforts have provided significant assistance to immigrants in the D.C. area during this time, not all the pressure should be placed on them. In conjunction with continued operation of community-based efforts, many barriers that immigrants face in accessing more affordable, fresh, and culturally-appropriate foods, can be minimized by key changes in local policy.

# **Public Benefits Eligibility**

Employed undocumented immigrants pay taxes via ITINs, yet they do not qualify for many of the public benefits programs that their taxes are funding. SNAP, which has long served as an essential resource for low-income communities facing food insecurity, is a notable example. For undocumented immigrants to gain access to the same opportunities for assistance, eligibility requirements for public benefits programs should either exclude citizenship status altogether or allow those with ITINs to enroll. These requirements should be standardized nationally so that one's state of residence does not impact their access to government-funded assistance — a particularly prevalent issue in the D.C. area.

# **Transportation**

Transportation plays a crucial role in immigrants' abilities to buy culturally-appropriate foods outside of their neighborhood and access emergency food programs that require transportation. The Washington Metropolitan Area Transit Authority (WMATA), the District Department of Transportation (DDOT), and the DC Department of Human Services (DHS) is currently working on a pilot program to

provide free or reduced-fare transportation to low-income residents in the DMV, as measured by their use of public assistance programs. <sup>42</sup> This means that some immigrants would not be eligible to participate in the pilot program or the larger program that may result from it, as their eligibility for public assistance programs is very limited. In light of this, these transportation entities should establish another measure for low-income households so that immigrants who are not eligible for public benefits also can qualify for this potential benefit. In addition to public transportation, the District also should provide opportunities to obtain a driver's license without a Social Security number.

### **Linguistic Support**

As previously noted, language barriers have contributed significantly to disparities in accessing public and community assistance. In D.C., non-English speakers have a right to free interpretation services and documents in their language when using public services, programs, and activities in the city, as mandated by the D.C. Language Access Act. They also have the right to file a complaint if they are denied appropriate language services. While the Act has been implemented, few direct service providers, whether governmental or nongovernmental, are aware of its requirements and the services it requires them to provide. To ensure that immigrants have equal access to beneficial programs in D.C., there should be increased efforts to raise awareness of and enforce the D.C. Language Access Act, especially at locations that serve a large non-English speaking population.

### **DC Cares Program**

On the DC Cares Program website, there is only an English and Spanish translation option.<sup>43</sup> Since the DC Cares Program's purpose is to financially support undocumented and other communities that were left out of previous financial programs, it is important to provide language support for other immigrant communities that are not predominantly fluent in English or Spanish.

# **Extend Recertification for Public Assistance Programs**

Several stakeholders interviewed have seen the positive impacts the recertification extension for public assistance programs has had on their community members who have used them during the pandemic. Before the pandemic, individuals had to go in person to recertify their benefits and apply every six months for the DCHA program. According to the stakeholders interviewed, this was difficult because many of those who apply for public assistance programs work full-time jobs, and that barrier prevents them from

recertifying their benefits. The retention rate of recertifying benefits prior to the pandemic was barely over half of D.C. residents who use public assistance programs.<sup>44</sup> Extending the recertification period and providing more education on how to recertify for public assistance programs are essential for families to be more food secure.

### Citizenship and the Public Charge Rule

Citizenship status is a major determinant of food security. Citizenship eligibility requirements and the lingering effects of the public charge rule have hindered the ability of immigrating individuals without documentation to apply for public assistance programs. Many are fearful to apply for the few programs they have access to. In light of this, federal policies should be put in place to provide feasible pathways to citizenship and economic opportunities. The Biden administration has introduced a new immigration bill that would create an eight-year pathway to citizenship.<sup>45</sup> Vulnerable immigrant families, such as the ones who use the resources provided by the interviewees at nonprofit and grassroots organizations who were interviewed for this report, do not have eight years. The pathway to citizenship must be reduced to meet the needs of food-insecure immigrant communities. While the elimination of the public charge rule is the first step toward regaining trust in communities with a high proportion of people without documentation, more must be done to relieve the fear associated with using public assistance programs in order to ultimately lead toward healthier communities.

# **Acknowledgments**

This report was written by D.C. Hunger Solutions, including contributing writers Megan Phan and Lisa Marquez. D.C. Hunger Solutions would like to thank key stakeholders from the following organizations for providing their valuable insight:

- Capital Area Food Bank;
- Catholic Charities DC;
- Children's Health Center at Columbia Heights;
- CentroNía;
- Food Justice DMV:
- Food Research & Action Center;
- FreshFarm;
- La Clínica del Pueblo;
- Martha's Table;
- Mary's Center;
- Mary House;
- Milken School of Public Health, The George Washington University; and
- Thrive DC.

# **Endnotes**

- <sup>1</sup> Cook J.T., Frank D.A., Berkowitz C., Black M.M., Casey P.H., Cutts D.B., Meyers A.F., Zaldivar N., Levenson S., Heeren T., Nord M. (2004). Food insecurity is associated with adverse health outcomes among human infants and toddlers. *Journal of Nutrition*, 134(6): 1432-1438.
- Alaimo K., Olson C.M., Frongillo E.A. (2001). Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development. *Pediatrics*, 108: 44-53.
- <sup>3</sup> Huang Y., Potochnick S., Heflin C.M. (2018). Household Food Insecurity and Early Childhood Health and Cognitive Development Among Children of Immigrants. *Journal of Family Issues*, 39(6): 1465-1497.
- <sup>4</sup> Chilton M., Black M.M., Casey P.H., Cook J., Cutts D., Jacobs R.R., Heeren T., Ettinger de Cuba S., Coleman S., Meyers A., Frank D.A. (2009). Food Insecurity and Risk of Poor Health Among US-Born Children of Immigrants. *American Journal of Public Health*, 99(3): 556-562.
- <sup>5</sup> Caspi C.E., Tucker-Seeley R.D., Adamkiewicz G., Roberto C.A., Stoddard A.M., Sorensen G.C. (2017). Food hardship and obesity in a sample of low-income immigrants. *Journal of Immigrant and Minority Health*, 19(1): 130-137.
- <sup>6</sup> Smith M.D., Coleman-Jensen A. (2019). Food insecurity, acculturation and diagnosis of CHD and related health outcomes among immigrant adults in the USA. *Public Health Nutrition*, 23(3): 416-431.
- <sup>7</sup> Letiecq B.L., Mehta S., Vesely C.K., Goodman R.D., Marquez M., Moron L.P. (2019). Central American Immigrant Mothers' Mental Health in the Context of Illegality. *Family and Community Health*, 42(4): 271-282.
- Eung C.W., Epel E.S., Willett W.C., Rimm E.B., Laraia B.A. (2014). Household food insecurity is positively associated with depression among low-income supplemental nutrition assistance program participants and income-eligible nonparticipants. *The Journal of Nutrition*, 145(3): 622-627.
- <sup>9</sup> Berkowitz S.A., Berkowitz T.S.Z., Meigs J.B. et al. (2017). Trends in food insecurity for adults with cardiometabolic disease in the United States: 2005-2012. *PLoS One*, 12: e0179172.
- <sup>10</sup> Berkowitz S.A., Gao X., Tucker K.L. (2014). Food-insecure dietary patterns are associated with poor longitudinal glycemic control in diabetes: results from the Boston Puerto Rican Health study. *Diabetes Care*, 37: 2587-2592.
- <sup>11</sup> Gundersen C., Ziliak J. (2014). Food insecurity and health outcomes among multigenerational households. *The FASEB Journal*, 28: 805-811.
- <sup>12</sup> Anderson L., Hadzibegovic D.S., Moseley J.M., Sellen D.W. (2014). Household food insecurity shows associations with food intake, social support utilization and dietary change among refugee adult caregivers resettled in the United States. *Ecology of Food and Nutrition*, 53: 312-332.

- <sup>13</sup> Cordeiro L.S., Sibeko L., Nelson-Peterman J. (2018). Healthful, Cultural Foods and Safety Net Use Among Cambodian and Brazilian Immigrant Communities in Massachusetts. *Journal of Immigrant and Minority Health*, 20: 991-999.
- <sup>14</sup> Gonzalez D., Karpman M., Kenney G.M., Zuckerman S. (2020). Hispanic Adults in Families with Noncitizens Disproportionately Feel the Economic Fallout from COVID-19. *The Urban Institute*.
- <sup>15</sup> Walsemann K.M., Ro A., Gee G.C. (2017). Trends in food insecurity among California residents from 2001 to 2011: Inequities at the intersection of immigration status and ethnicity. *Preventive Medicine*, 105: 142-148.
- <sup>16</sup> Brewer M., Kimbro R.T., Denney J.T. (2019). Food Insecurity Among Hispanic Immigrant and Nonimmigrant Households with Children. Family and Community Health, 42(4): 283-291.
- <sup>17</sup> Schanzenbach D., Pitts A. (2020). Estimates of Food Insecurity During the COVID-19 Crisis: Results from the COVID Impact Survey, Week 1 (April 20-26, 2020). *Institute for Policy Research Rapid Research Report*.
- <sup>18</sup> Tatian P.A., McTarnaghan S., Arena O., Su Y. (2018). State of Immigrants in the District of Columbia: Data Profiles of Immigrants from Latin America, Asia, Africa, and the Carribean. *The Urban Institute*.
- <sup>19</sup> Ettinger de Cuba S., Weiss I., Pasquariello J., Schiffmiller A., Frank D.A., Coleman S., Breen A., Cook J.T. (2012). The SNAP Vaccine: Boosting Children's Health. *Children's HealthWatch*.
- <sup>20</sup>Mabli J., Ohls J. (2015). Supplemental Nutrition Assistance Program participation is associated with an increase in household food security in a national evaluation. *The Journal of Nutrition*, 145(2): 344-351.
- <sup>21</sup> Bitler M., Hoynes H.W. (2011). Immigrants, Welfare Reform, and the US Safety Net. *National Bureau of Economic Research.*
- <sup>22</sup>Skinner C. (2012). State immigration legislation and SNAP take up among immigrant families with children. *Journal of Economic Issues*, 46: 661-682.
- <sup>23</sup>Kaushal N., Waldfogel J., Wight V. (2014). Food Insecurity and SNAP Participation in Mexican Immigrant Families: The Impact of the Outreach Initiative. The B.E. *Journal of Economic Analysis and Policy*, 14(1): 203-240.
- <sup>24</sup>Cholera R., Falusi O.O., Linton J.M. (2020). Sheltering in Place in a Xenophobic Climate: COVID-19 and Children in Immigrant Families, 146(1): 1-4.
- <sup>25</sup>Gelatt J., Capps R., Fix M. (2021). Nearly 3 Million U.S. Citizens and Legal Immigrants Initially Excluded under the CARES Act Are Covered under the December 2020 COVID-19 Stimulus. Migration Policy Institute. Retrieved from <a href="https://www.migrationpolicy.org/news/cares-act-excluded-citizens-immigrants-now-covered">https://www.migrationpolicy.org/news/cares-act-excluded-citizens-immigrants-now-covered</a>.
- <sup>26</sup>DC Cares Eligibility Guide. Retrieved from <a href="https://production.powerappsportals.com/eng-dcc-2021">https://production.powerappsportals.com/eng-dcc-2021</a>.
- <sup>27</sup>Bernstein H., Gonzalez D., Karpman M., Zuckerman S. (2020).
  Amid Confusion over the Public Charge Rule, Immigrant Families
  Continued Avoiding Public Benefits in 2019. The Urban Institute.

- <sup>28</sup>Potochnick S., Chen J., Perreira K. (2017). Local-Level Immigration Enforcement and Food Insecurity Risk among Hispanic Immigrant Families with Children: National-Level Evidence. *Journal of Immigrant and Minority Health*, 19:1042-1049.
- <sup>29</sup>Munger A.L., Lloyd T., Speirs K.E., Riera K.C., Grutzmacher S.K. (2015). More than Just Not Enough: Experiences of Food Insecurity for Latino Immigrants. *Journal of Immigrant and Minority Health*, 17: 1548-1556.
- <sup>30</sup>Government of the District of Columbia. Accessed in October 2021. https://coronavirus.dc.gov/release/public-notice-public-charge-rule-faqs-covid-19-information.
- <sup>31</sup> National Council of La Raza. (n.d.). *Immigrant Access to Food Stamps and Nutrition Services: A Latino Perspective*. NCLR: Washington, D.C.
- <sup>32</sup>Twersky S.E. (2019). Restrictive state laws aimed at immigrants: Effects on enrollment in the food stamp program by U.S. citizen children in immigrant families. *PLOS ONE*, 14(5): e0215327.
- <sup>33</sup> Hadley C., Galea S., Nandi V., Nandi A., Lopez G., Strongarone S., Ompad D. (2007). Hunger and health among undocumented Mexican migrants in a US urban area. *Public Health Nutrition*, 11(2): 151-158.
- <sup>34</sup>Smith, J. (2020). DC Ranks Fourth Among Most Expensive Cities in US. The DC Post. Retrieved from <a href="https://thedcpost.com/washington-dc-fourth-most-expensive-city/">https://thedcpost.com/washington-dc-fourth-most-expensive-city/</a>.
- 35 Demographics of DC wards was collected from statistics available on the Census Reporter website <a href="https://censusreporter.org/">https://censusreporter.org/</a>.
- <sup>36</sup>Grocery store data was found on a report the DC Food Policy Council created highlighting new healthy food stores in wards 7 and 8 <a href="https://dcfoodpolicycouncilorg.files.wordpress.com/2020/07/healthy-food-stores-2-pager-final.pdf">https://dcfoodpolicycouncilorg.files.wordpress.com/2020/07/healthy-food-stores-2-pager-final.pdf</a>.
- <sup>37</sup>Hammelman, C. (2018). Investigating connectivity in the urban food landscapes of migrant women facing food insecurity in Washington, DC. Health and Place, 50, 89–97. <a href="https://doi.org/10.1016/j.healthplace.2018.01.003">https://doi.org/10.1016/j.healthplace.2018.01.003</a>.

- <sup>38</sup> Vasquez-Huot L.M., Dudley J.R. (2020). The Voices of Latinx People: Overcoming Problems of Food Insecurity. Journal of Hunger & Environmental Nutrition, DOI: 10.1080/19320248.1717713.
- <sup>39</sup>Sano, Y., Garasky, S., Greder, K.A. et al. J Fam Econ Iss (2011) 32: 111. https://doi.org/10.1007/s10834-010-9219-y.
- <sup>40</sup>Maynard, M., Dean, J., Rodriguez, P. I., Sriranganathan, G., Qutub, M., & Kirkpatrick, S. I. (2019). The Experience of Food Insecurity Among Immigrants: a Scoping Review. *Journal of International Migration* and Integration, 20(2), 375. <a href="https://doi.org/10.1007/s12134-018-0613-x">https://doi.org/10.1007/s12134-018-0613-x</a>.
- <sup>41</sup> DC Food Policy Council. (2020). Food Access & Food Security in the District of Columbia: Responding to the COVID-19 Public Health Emergency (Report). Retrieved from <a href="https://dcfoodpolicycouncilorg.files.wordpress.com/2020/09/food-security-report-9-24-20.pdf">https://dcfoodpolicycouncilorg.files.wordpress.com/2020/09/food-security-report-9-24-20.pdf</a>.
- <sup>42</sup>A detailed report of this pilot program can be found at <a href="https://thelabprojects.dc.gov/fare-subsidy">https://thelabprojects.dc.gov/fare-subsidy</a>.
- 43https://www.dccares2021.org/en-US/.
- <sup>44</sup>Lazere E. (2019, March 17). No Way to Run a Healthcare Program: DC's Access Barriers for Immigrants Contribute to Poor Outcomes and Higher Costs. DC Fiscal Policy Institute.https://www.dcfpi.org/ all/no-way-to-run-a-healthcare-program-dcs-access-barriers-forimmigrants-contribute-to-poor-outcomes-and-higher-costs/#\_ edn1.
- <sup>45</sup>A fact sheet of the immigration bill issued by the White House https://www.whitehouse.gov/briefing-room/statementsreleases/2021/01/20/fact-sheet-president-biden-sendsimmigration-bill-to-congress-as-part-of-his-commitment-tomodernize-our-immigration-system/.