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Walden University

College of Health Sciences and Public Policy

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Amos Oketch

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Walden University
2023

Abstract

Local Leadership Strategies to Mitigate the Effects of the Public Charge Rule and COVID-19 Among Undocumented Immigrants

by

Amos Oketch

M. Phil, Walden University, 2020

MA, Dr. Ambedkar, Marathwada University, 1991

BA, ML Shukhadia University, 1989

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

February 2023

Abstract

Scholars have focused on the effects of implementing the federal-level Public Charge Rule (PCR) and COVID-19 on undocumented immigrants' health and socioeconomic well-being. Researchers have demonstrated that many federal assistance programs that benefit the general population in the wake of the pandemic exclude undocumented immigrants due to PCR restrictions; thus, they are disproportionately affected and suffer social and socioeconomic disparity. Researchers have yet to establish consensus strategies and interventions at the local and state levels to fill the gap and support disadvantaged communities during the pandemic to ensure equitable care and mitigate harm. Thus, this study aimed to identify the strategies and structures that state and local leaders can use to mitigate the combined adverse effects of implementing the PCR and the health and economic crisis among undocumented immigrants in the wake of the COVID-19 pandemic. The social construction and policy theory guided this study. Using a mixed method Delphi design, data from sixteen experts working closely with the immigrants were collected via three survey rounds and analyzed using thematic analysis, summary statistics, and factor analysis. The results of these analyses indicated eight strategies based on their feasibility and importance in assisting undocumented immigrants. State and local governments can benefit from the results of this study by using the knowledge of the strategies to inform positive social change through local leaders, service providers, and government agencies that support immigrant groups in the COVID-19 crisis response and develop future programs in other regions beyond PCR and the COVID pandemic.

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Dedication

This study is dedicated to one, Bernard Samson Oketch Awino, my father, first teacher and lifelong mentor who introduced me to the notion that a day without learning is anything but a wasted day. And, to all the teachers of this world. Also, to Jackie and my siblings for providing stability amidst difficult circumstances. Finally, to my children Rodgers, Rani, Cloy, Dana, Niki, Brad, and Zuri, without you I would be lost.

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Chapter 1: Introduction to the Study

In February 2020, the United States Department of Homeland Security (DHS) implemented the Public Charge Rule (PCR; USCIS, 2020). The PCR is a statute used to classify immigrants in the United States as likely or liable to become a public charge because of insufficient proof of economic resources (USCIS, 2020). Many scholars (Batalova et al., 2018, Perreira et al., 2018; Ponce, 2018; Urban Institute, 2019) have pointed out the disproportionate effects of the PCR policy on undocumented immigrants. The implementation of the PCR coincided with the onset of the COVID-19 pandemic. As Capps et al. (2020) explained, many federal programs assisting the general population with socioeconomic fallout of the pandemic exclude undocumented immigrants whose situations are more precarious given the disproportionate pre-COVID effects of the PCR rule. The compound effect of the PCR and the pandemic is a source of health and socioeconomic disparity among undocumented immigrants (Gancini et al., 2020). Thus, excluding undocumented immigrants from the federal programs calls for strategies and interventions at the local and state levels to fill in the gap and support the disadvantaged communities during this pandemic to ensure equitable care mitigate harm (Yu et al., 2020).

The goal of this study was to explore the strategies that can be used by local leaders to effectively respond to the needs of undocumented and multistatus immigrant families to mitigate the combined effects of the PCR and the COVID-19 pandemic through the consensus of experts working close to the undocumented immigrants. This

study's outcome can inform local leaders on best practices and strategies to assist vulnerable sections of the community during a crisis or similar situations. The study's social change implication is that it adds to the debate towards fairer and equitable immigration policies and policy implementation equity.

Chapter 1 provides the background of the study, purpose statement, research questions, theoretical framework, and the study's nature. Also, the chapter provides critical definitions, assumptions, scope and delimitations, and the study's significance.

Background of the Study

In 2019, the United States DHS changed the PCR; USCIS,2019 under section 201(a)(4) of the immigration and nationality act (Capps et al., 2019). Before the rule change, the public charge determination, based on guidance issued in 1999, applied only to cash benefits, such as Temporary Assistance to Needy Families (TANF) or Supplemental Security Income (SSI) from Social Security. The new rule expands those criteria to include noncash benefits such as Medicare, housing, and food assistance. As Alonso-Yoder (2019) explained, the new rule expands the range of services that immigration officials can consider in determining a noncitizen's likeliness of becoming a public charge. Thus, it makes it hard for potential immigrants (noncitizens) to obtain green cards or become permanent residents if they participate in an expanded range of federal means-tested public benefits programs (Capps et al., 2019).

The implementation of the PCR in February 2020 coincided with the onset of the COVID-19 pandemic, making conditions of undocumented and multistatus immigrants

more precarious due to the disproportionate effects of PCR pre-COVID (see Perreira et al., 2018; Ponce et al., 2018). Capps et al. (2019) of the Migration Policy Institute reported that an estimated 1.4 million spouses and 3.7 million children who are US citizens or legal residents in mixed family status are excluded from the COVID relief efforts because their parents are in the country illegally. Also, Capps et al. (2020) pointed out many immigrant families are likely not participating in public benefit programs because of pre-COVID immigration consequences related to the PCR policy, occasioned by the highly publicized PCR public comments in the fall of 2018, visible immigration enforcement, other policy changes, and negative rhetoric about immigration. A survey by Sommers et al. (2020) indicated that almost 1 in 8 low-income people in Texas has friends or family who avoided public programs or medical care because of immigration-related concerns. As Clark (2020) described the predicament, "The intricacies of poverty, limited access to healthcare, and fear of legal repercussions place vulnerable immigrant communities within the US at high risk for acquiring SARS-CoV-2 and developing severe COVID-19" (para. 2). According to Deslatte et al. (2020), the COVID crisis has revealed the connection between communities affected disproportionally by underlying health conditions, policy-reinforced disparities, and susceptibility to the disease.

Some scholars have made a call to action. For example, Garcini et al. (2020) pointed out that the pandemic and anti-immigration policy's compound effect is a source of health disparities that require action (p. 230). According to Hargreaves et al. (2020), undocumented immigrants live in precarious conditions and face barriers to assessing

public health and social services in their localities; thus, it complicates the public health rationale of extending pandemic strategies to all the efforts to control the COVID-19 pandemic spread. Also, lessons from previous outbreaks, such as the HIV epidemic, should point to the benefits of rights-based approaches to ensure an effective and proportional response to the COVID-19 pandemic. Thus, advocating for vulnerable groups in society, such as undocumented immigrants, should be a cornerstone of efforts to contain the pandemic's spread, particularly at the local level of government. As Deslatte et al. (2020) pointed out, local governments have a history of mutual aid and familiarity with local communities and are thus capable of meeting these challenges. This study fills the gap of the strategies local leaders can use in the call to action to assist vulnerable sections of the community.

Many federal policies are implemented at the local level; thus, this study focuses on exploring and identifying strategies used by local leaders to address the combined socioeconomic effects of COVID-19 on undocumented and multifamily immigrants amid the PCR implementation. This study's outcome can inform local leaders on best practices and strategies to assist vulnerable sections of our community during a crisis or similar situations. The study can provide targeted advice to governments and agencies dealing with the immigrant community. This study's social change implication is that it adds to the debate regarding fairer and equitable immigration policies and policy implementation equity.

Problem Statement

The general problem is that the PCR implementation and COVID-19 disproportionately affect immigrant families, primarily undocumented, multistatus families (Batalova et al., 2018, Perreira et al., 2018; Ponce, 2018; Karpman, & Zuckerman, 2021). Many government assistance programs support the general population while excluding undocumented multistatus families from federal relief efforts (Capps et al., 2019). According to the Urban Institute (2020a), these families are already suffering the consequences of this new rule (PCR) regarding increased insecurity, fear, and discouragement from seeking or accepting help from the government or private sources because of the risk to their immigration status. The Urban Institute's prepandemic Well-Being and Basic Needs Survey (WBNS) found that many immigrant families were afraid to receive noncash public assistance to help meet their needs (Karpman, & Zuckerman, 2021). Thus, there is a need to address the health and socioeconomic disparities arising for undocumented immigrants due to the compound effect of the expanded PCR and COVID-19 pandemic. Given the integral local leadership role in the design and implementation of policies at the local level, this study focused on the local level leadership strategies for dealing with the effects of the PCR amid the health and economic challenges of the COVID-19.

Purpose

The compound effects of the implementation of the PCR and COVID-19 pandemic disproportionately affect undocumented immigrants (see Batalova et al., 2018,

Perreira et al., 2018; Ponce, 2018; Karpman & Zuckerman, 2021). Thus, the purpose of this mixed method modified Delphi study was to explore the strategies that local leaders are using or can use to mitigate the combined adverse effects of the implementation of the PCR, and health and economic crises in the wake of the COVID-19 pandemic among the undocumented immigrants in Texas.

Research Question(s)

The research question for this study was:

Research Question: What strategies can local leaders use to address the compound effects of implementing the PCR and the COVID pandemic among undocumented immigrants?

This research question focused on identifying the level of consensus of critical strategies that local leaders can use to mitigate against the disproportionate effects of the PCR and the pandemic among undocumented immigrants. Strategies identified can be used by local leaders to address policy-reinforced disparities in the state.

Theoretical Framework

The social construction public policy theoretical framework (Schneider et al., 2014) guided this research. It recognizes that reform laws can significantly produce instrumental and expressive effects for making meaning on norms and values within society. The theory focuses on socially constructed values applied to the target population and knowledge and its impact on people and democracy. Regarding immigration policy or immigrant groups, this theory can help explain why some groups are advantaged more

than others outside the traditional notions of political power and how policy designs can exacerbate or change them. According to Schneider and Ingram (1993), the amount and quality of service that is given to the target population by the government (politicians) is influenced by political power (strong or weak) and the public image of the target population (social construction). Thus, using the lens of this theory, one can examine the social construction of the target population (immigrants) and the resultant policy design (immigration public charge policy). Also, this lens allows scholars to explain the consequences of such construction and the participation levels or use of benefits (public benefits) by the target population (immigrants). Accordingly, the theory can be instrumental in explaining how a degenerative policy (PCR) influences local leadership response to the target population (immigrants; Schneider & Ingram,1999).

Nature of the Study

A mixed method Delphi design was used in this study to help reach a consensus among a panel of experts of local leaders on strategies to assist undocumented immigrants. A mixed method is when a researcher incorporates both qualitative and quantitative methods of data collection and analysis in one study (Creswell,1999). This was a sequential study where qualitative methods of analysis in the initial round (Round 1) informed the later quantitative methods in the later rounds (Rounds 2 & 3); thus, a mixed method was appropriate (Breton et al., 2021; Creswell et al. 2003). Mixed methods studies are consistent with implementation research because of the complexity of studying implementation phenomena (Palinkas et al., 2015). The mixed method was

supported by a Delphi process. Delphi is a single technique that integrates the elements of both qualitative and quantitative methodologies in addressing a specific research problem (Ogbeifun et al., 2016). Mixed method Delphi process is used in much explorative research (Breton et al., 2021; Hong et al., 2019; Mason et al., 2021; Shawahna, 2021).

Delphi design is consistent with developing a consensus through experts' opinions on the subject matter (Habibi et al., 2014; Jiang et al., 2017; Linstone & Turloff, 1975; McPherson et al., 2018). Delphi method was initially developed by Dalkey and Helmer (1963) at the Rand Corporation to coordinate experts' analyses. The process usually starts with open-ended, qualitative questions with the researcher's coordination and feedback in multiple iterations with quantitative results in the final rounds. The original application goal was to collect expert opinions on military strategies. Over the years (Keeney et al., 2011), because of its flexibility, Delphi method use has expanded beyond military application to forecasting the social and economic impact of technology change and is now an established and adaptable research methodology used to query experts and ultimately transform expert opinion into group consensus (McPherson et al., 2018). Also, accordingly to McPherson et al. (2018), the Delphi research method is useful when looking at solutions to societal problems through experts' opinions.

The advantages of using the Delphi method relevant to this study include that the Delphi method is flexible to operationalize (McPherson et al.2018). The communication between researcher and experts can be completed electronically, making it an ideal approach for helping a group develop a consensus, which can then be used in various

situations that can benefit from experts' input. Delphi Method is an appropriate choice (McPherson et al., 2018; Skulmoski et al., 2007) when the research question involves collecting personal information from experts and those working in the field in order to establish priorities or consensus not existing prior. According to Hsu and Sanford (2007), compared to the usual group interactions, the Delphi method offers respondents anonymity, thus reducing dominant groups' influence and avoiding the pressure of conformity. Also, the method allows controlled feedback to participants in the form of summaries of panel views (Hsu & Sanford, 2007; McPherson et al., 2018). The Delphi study results are amenable to descriptive statistical analysis, thus providing quasi-objective support of results.

However, there are limitations associated with the traditional approach or classical Delphi method. For instance, consolidating and revising questions is subjective and can be influenced by the group. Also, coordinating a group of experts can prove daunting in terms of the time required to complete a study. There is no guarantee that a useful consensus will be reached regardless of the rounds in the study.

Thus, modified Delphi use is common depending on the phenomenon and the goal of the study. According to Toronto (2017), the method allows collecting information from experts in geographically diverse areas, especially with electronic methods or e-platforms, which also accords a lower cost of data collection. (Brady, 2015; Skulmoski et al., 2007). Delphi studies lack the complexity inherent in other study designs making it is

a good tool for community-based research and decision making. Therefore, for this study, an e-Delphi technique was employed to streamline the communication process.

Key Terms and Definitions

Consensus: Reaching a consensus is the product of an iterative process that occurs after the expert panel expresses their opinion in several rounds to arrive at a general agreement or the judgment arrived at by most of those participating (McPherson et al., 2018). For this study, a consensus is an agreement of 80% of the panel of experts.

COVID-19: Coronavirus disease or outbreak caused by severe respiratory syndrome coronavirus 2 (SARS-Cov-2) first detected in Wuhan, China (Velavan & Meyer, 2020).

Desirability: Refers to when an opinion or action or forward-looking strategy is implanted with no adverse effects (Linstone & Turloff, 1975).

Expert: A person with knowledge and experience with the issues under investigation (Adler & Ziglio, 1996).

E-Delphi: A classical Delphi applied wholly using an online platform: online survey using Delphi method (Toronto, 2017)

Feasibility: Feasibility means an action or forward-looking strategy can be implementable without obstacles and widely accepted by the public (Linstone & Turloff, 1975).

Legal permanent resident (LPR) or green card holder: Any person not a citizen of the United States living in the US under legally-recognized and lawfully-recorded

permanent residence as an immigrant. Also known as “permanent resident alien,” “resident alien permit holder,” and “green card holder.” Immigrants with LPR status or who hold a green card are allowed to live and work permanently in the US (USCIS, 2020).

Means-tested public benefit programs: Refers to government assistance and state and federal welfare programs that use a family’s income or resources against the federal poverty line as a base for eligibility (Hass et al., 2006).

Multistatus family: This refers to families with various immigration, residency status, US born and naturalized citizens, green card holders, and people who lack permanent residence status (Bernstein et al., 2019).

Public charge: An alien who has become or is likely to become primarily dependent on the government for subsistence, as demonstrated by either receiving public cash assistance for income maintenance or institutionalization for long-term care at government expense (USCIS, 2020).

Public Charge Rule: The inadmissibility statute used to classify immigrants in the United States as likely or liable to become a public charge because of insufficient proof of economic resources (USCIS, 2020).

Self-sufficiency: Unlikelihood of a potential immigrant to rely on public benefits programs or be a public charge (USCIS, 2020).

Undocumented/unauthorized immigrant: Used in this study to refer to foreign-born nationals who do not have a legal right to be in the US (USCIS, 2020).

Assumptions

This study was carried out under the assumption that the individuals included in the expert panel would know (a) the PCR policy and the issues associated with its implementation, (b) the difficulties faced by undocumented immigrants associated with the COVID-19 pandemic, and (c) the administrative and legislative policies as well as nongovernmental advocacy targeting undocumented immigrants. Also, it was assumed that the respondents participating in this study provided authentic and reliable information. An adequate number of experts participated in each study round to reach a consensus. Each provided the information promptly and according to the policy guidelines outlined by Walden's IRB.

Scope and Delimitations

This mixed method Delphi study's scope is how a panel of experts views effective strategies to mitigate against the combined effects of PCR implementation and socioeconomic consequences of the current COVID-19 pandemic among undocumented and multistatus family immigrants in Texas.

Therefore, criterion sampling procedures were used to select and recruit an expert panel of 15-25 participants from the three major counties in Texas (Dallas, Harris, and Tarrant). Also, I used iterative rounds in which open-ended questions are asked in the initial rounds with rating and ranking strategies on the Likert scale in the subsequent rounds. The strategies were rated on the Likert scale on feasibility and ranked in order of importance. Delbecq et al. (1975) recommended 45 days for conducting a Delphi study.

As Burkholder et al. (2016) explained, delimitations narrow the study by stating what the study does not include in terms of participants, time, and location. Thus, for this study, several delimitations restricted the scope of the study. First, the expert (person with experience working with undocumented/multifamily immigrants) must have been located within the three large counties with undocumented immigrants' largest presence; thus, experts from other parts of Texas were excluded. Also, experts' responses were restricted to the strategic responses to PCR and COVID-19 targeting undocumented multistatus family immigrants. Thus, the study did not address other immigrant categories such as temporary visa workers. Finally, the purposive sampling adoption implies that other knowledge-based strategies to address undocumented immigrants were not included in this study.

Limitations

The cost involved in executing a survey questionnaire and recruiting experts with heterogeneous knowledge on all dimensions of the problem was a challenge for this study. As an immigrant, I had to maintain an acute awareness of my lived experiences to avoid making them a source of bias. Also, the data were from self-reporting respondents; thus, the accuracy of the results was dependent on the integrity and honesty of the respondents while answering the questions in the questionnaires. Given that this Delphi study represented expert opinion at a given time, duplicating the expert panel's unique characteristics may not be possible. Thus, it may have limited the transferability of the results.

Significance

This study may be significant to practice, policy, and social change. First, regarding significance to practice, the results of this inquiry provided insights into state and local leadership strategies for supporting undocumented immigrant families in dealing with the effects of the expanded PRC and COVID-19. Second, identifying leadership strategies and structures for helping vulnerable immigrants is pivotal for addressing their humanitarian concerns and the feed-forward effects of a degenerative policy which may result in significant changes in policy. Third, this study's social change implication is that it adds to the debate towards fair and equitable immigration policies and policy implementation equity. For scholars, the study adds to the growing evidence on the social construction and policy design theory's empirical applications as a tool for policy analysis.

Summary

Chapter 1 introduced and provided a background to this explorative qualitative Delphi design inquiry on local leaders' strategies to address the health and socioeconomic disparities of the combined effects of PCR implementation and COVID-19 on undocumented immigrants. The study was guided by Schneider et al.'s (2014) social construction and policy design framework, which explains how policy designs are influenced by the social construction of the target population and vice versa. This study's results could provide valuable insights to governments and agencies working with undocumented immigrants on best practices to provide them assistance. Also, lessons

could apply to other vulnerable members in the community in similar situations and could inform future government responses to other pandemics should they arise in the future. The potential limitation of this study is that it relied on an expert panel's opinion at a given time, which may change with a different panel, thus, could impact transferability. Chapter 2 contains a detailed literature review that includes; my search strategy for relevant articles, a detailed discussion of the theoretical framework, and a review of key concepts found in the literature. Also, the chapter justifies literature selection, theories, and concepts, addresses critical variables related to the study, and the significance of the study.

Chapter 2: Literature Review

The purpose of this mixed Delphi study was to explore the strategies that state-level leaders are using to mitigate the combined adverse effects of the implementation of the PCR and the health and economic crises in the wake of the COVID-19 pandemic among the undocumented immigrants in Texas. The literature reviewed for this study found that others have examined the effects of the PCR and state and local leadership's influence in implementing or enforcing federal immigration policies. As I reviewed the literature, several themes were apparent. First, previous studies (Ayón, 2018; Heinrich, 2018; Huo et al.,2018; Pereira et al., 2018; Ponce et al., 2018; Rhodes et al., 2015; Robbins, 2018; Twersky, 2019) pointed to negative consequences of the PCR to immigrant families' applications for immigrant visas and their health. The enforcement and prepandemic negative consequences of PCR have compounded the health and economic crisis of the COVID-19 among the immigrant population. Karpman, & Zuckerman, (2021) from the Urban Institute pointed out that immigrants (undocumented or mixed families) grapple with the twin problem of whether they (a) qualify for public services or (b) if they are going to be a public charge if they use the public assistance. An immigrant considered likely to be a public charge implies they are likely to be reliant on government assistance programs and risks the likelihood of being denied admission into the US or denied a green card. Thus, it is challenging to provide much-needed services to immigrant families who find it harder to seek or accept government assistance.

As Maciose (2020) pointed out, many undocumented people's lives are not based on exclusion from mainstream society but consist of work and social life, keeping jobs, and family-related activities like other citizens. Thus, like everybody else, they are susceptible to the shocks of life while also contributing significantly to the federal, state, and local revenues. For example, a report by American Immigration Council (2020) shows that immigrants in Texas constituted 22% of Texas's workforce, with immigrant-led households contributing $26.3 billion in federal state taxes and $12.3 billion in state and local taxes. Undocumented immigrants in Texas paid an estimated $2.6 billion in federal taxes and $1.6 billion in state and local taxes. Third, the federal government declared a national emergency in all the 50 states in the wake of COVID-19 and initiated programs targeting the general population; however, the implementation has mainly been done by state and local governments. Therefore, the state plays a significant role through its specific strategies and policies championed by the leaders and policymakers. The public leaders' and policymakers' perceptions are influenced by the public social construction of the target population and are more inclined to pursue policies and strategies that result in political capital for them (Schneider et al., 2014; Schneider & Ingram,1993). Thus, given their negative social construction, there are few strategies adopted by state-level and local governments targeting noncitizens. Suro and Findling (2020) from the Center for Immigration Studies, New York (CMSNY) pointed out the resources allocated to the immigrant population under current programs have been limited with too few beneficiaries. Also, despite the robust literature on the chilling

effects of PCR and the socioeconomic and health challenges associated with the COVID-19, there is scant literature on strategies by the state and local leadership in dealing with the adverse effects of enforcement of such policies on the vulnerable segments of the immigrant population-undocumented and multistatus families. Therefore, this research fills this gap by focusing on state leadership strategies in dealing with the effects of the expanded rule amidst the health and economic crisis to the undocumented multistatus families in Texas.

Therefore, in this study, I explored the strategies that can be adopted by the state government and leaders in response to the challenges faced by multistatus families because of PCR and amid the health and economic crisis caused by the COVID 19 pandemic and the underlying assumptions that drive the chosen strategies. Specifically, I addressed the question of what strategies local leaders can use to address the compound effects of implementing the PCR and the COVID pandemic among undocumented immigrants.

In the next sections, I discuss my search strategy for relevant articles, offer a detailed discussion of the research design and theoretical framework used, and review key concepts found in the literature. The theory discussion revolves around Schneider et al.'s (2014) social construction and policy design. Next is the justification for selecting literature and a discussion of theories, key concepts, and variables related to the study. The final section addresses the significance of this study.

Literature Review Strategy

In order to meet the goals of this study, a detailed literature review was undertaken. The keywords associated with this search were *restrictive immigration laws, immigrants, immigration, Public Charge Rules, public benefits, self-sufficiency, COVID-19, pandemic* and *permanent residents, strategies, enforcement, integration, Delphi method* or *design, social construction,* and *policy design*. For optimum results, I searched both EBSCOhost and other databases using the Walden University library. The databases yielding results included Sage Journals, Google Scholar, ProQuest, CQ Researcher, Taylor & Francis, Public Administration Abstracts, SocIndex, Political Science Complete, and USCIS databases. The use of Boolean operators was employed to help narrow the research. Also, OR was used to find sources that contain a range of synonyms, for instance, "multi-status family" OR "immigrants" OR "undocumented immigrants" OR "illegal aliens" OR "illegal immigrants." While AND was used for sources containing more than one keyword, for example, AND "Social construction and policy design" OR "Public Charge Rule" OR "benefits." Also, immigrants" OR "immigrant" OR 'immigration policy" AND "Social construction and policy design." The search was limited to publications in the last five years except for the research into the theoretical framework.

Research Design Literature

Delphi Method

Delphi method is a research method that is useful when looking at solutions to societal problems though expert opinion (McPherson et al., 2018). The goal of the Delphi process is to structure information on a topic about which scholars have little information and the research questions answered by a geographically diverse panel of experts. Also, the Delphi method is easy to operationalize, and communication between the researcher and the experts can be completed electronically; thus, multiple situations can benefit from the insights of experts (p. 404-405). Delphi method was originally developed by Dalkey and Helmer (1963) at the Rand Corporation to coordinate the analyses of group of experts. The process usually starts with open-ended, qualitative questions with the coordination and feedback provided by the researcher in multiple iterations with quantitative results in the final rounds. Initial application was concentrated on collected expert opinions on military strategies. Because of its flexibility Delphi method use has expanded beyond military application to forecasting the social and economic impact of technology change and is an established and adaptable research methodology is used to query experts and ultimately transform expert opinion into group consensus (Keeney et al., 2011; McPherson et al., 2018).

Assumptions of the Delphi Method

The Delphi method involves questioning human subjects(experts) on their ideas and opinions via a series of interactive rounds, thus, is a human enterprise and falls

within the purview human science paradigm (McPherson et al.,2018). In order to understand and accept result of research based on a human paradigm, there is need to identify the assumptions that underpin the study. The assumptions (Creswell & Poth, 2018) are ontological, epistemological, axiological, and methodological. First, reality is constructed and has multiple views that can change and be influenced by changing human experiences. Second, identified experts (Hsu & Sanford,2007) can share their subjective opinions or ideas which (Creswell & Poth,2018) can be capture within the Delphi iterative process. Third, given that the Delphi processes and language are inductive (Creswell & Poth,2018), thus, they can be molded and modified during the process to reach or come closer to a consensus about inquiry. Also, statistical analysis can be used on the first-round data to provide an objective and impartial analysis of data that can be used by the experts for reflection and additional insights without the group pressure to conformity (HSU & Sanford,2007). In addition, (Asselin & Harper,2018; McPherson et al., 2018), consensus can be achieved through a group process in (Hasson et al.,2000) without compulsion and confidentially.

Variants of the Delphi Method

Skulmolski et al., (2007) points out many variants to the Delphi design: classical Delphi, modified Delphi, real-time Delphi (Keeney et al., 2011), and (Toronto,2017) E-Delphi. Other variants include; Policy and Decision Delphi (Rauch,1979).

Classical Delphi consists of two or more rounds of questionnaires given to an expert panel by email or postal mail. The first questionnaire uses an open-ended approach

to ask the experts for their opinions on issues. The result is quantitatively analyzed and synthesized into critical themes. The second questionnaire asks the panel to use its expertise to rank these statements. The process continues until a consensus is reached.

Modified Delphi usually substitutes the first round with face-to-face interviews or focus groups. In the subsequent rounds, the experts receive the questionnaires through email or postal mail, and the process continues until consensus is achieved (Linstone & Turloff,1975, Keeney et al.,2011.

Policy Delphi (Rauch,1979) is a tool of analysis for policy issues and not decision-making. The expert panel consists of lobbyists and politicians to gain a consensus on a forward-looking policy related to a specific topic.

Real-Time Delphi (Gnatzy et al.,2011), the participants receive a hyperlink to a welcome page where they read the approach's details and access the initial questionnaire. The goal of this method is to reduce the attrition rate while maintaining the anonymity of participants.

Regarding e-Delphi (Skulmoski et al., 2007), it is like classical Delphi carried out via mail or online surveys. With E-Delphi (Toronto,2017; Donohoe et al., 2012), the researcher carries out the Delphi study using an online survey platform to collect data and control and facilitate communication between the researcher and experts.

Delphi Process

The Delphi method (Keeney et al., 2011; McPherson et al., 2018) uses a process of collecting data from a panel of experts via several iterations to gain a consensus

pursued by the researcher. The number of rounds is debatable; however,2-3 is generally used (Skulmoski, Hartman, & Krahn,2007; Asselin & Harper,2014; & McPherson et al., 2018). As for the sample size, (Skulmoski et al. 2007) suggests an expert panel for a Delphi study consists of 12-20 experts on the same subject matter or discipline.

Identification and the Selection of Participants

In general, the criteria for identifying experts for the study are established at the beginning of the study. The purposive sampling technique can be used to recruit participants in a Delphi method (McPherson et al., 2018). Thus, participants are not randomly selected; and representativeness is not assured. The selection is based on a purpose, specifically to use their expertise on a chosen topic. Therefore, the researcher must decide on how to conceptualize and define what expert and experience entail. The method can be undermined if participants without expert knowledge and experience are recruited. Also, (McPherson et al.2018), the researcher needs to gain participants' commitment to multiple iterations of the process and participant's retention; thus, it is vital to inform the participants in a timely fashion and keep them engaged.

The number of participants varies depending on the study's stated objectives, and the success of a study using Delphi methods hinges on the panel size and the quality of their expertise (Hsu & Sandford,2007; McPherson et al.2018). Thus, the elements of size and expertise are critical and must be addressed. The number of participants depends on the topic and the resources available to the researcher. Thus, participants can range from

as few as 10 to more than 1000. Many studies using Delphi studies have 12-15 experts (McPherson et al., 2018).

Delphi Data Analysis

There is no consensus on a standard approach to analyzing data from the Delphi rounds (Hasson et al.,2000; Keeney et al., 2011). For example, data collection and analysis can simultaneously occur in Round 1. Qualitative data analysis techniques-content analysis and frequency counts can be used on qualitative data collected in round 1. Propriety software such as NVivo can assist with data analysis. Quantitative data collected in Round 2 can be analyzed using descriptive statistics (Hasson et al., 2000).

Defense of the Delphi Method

The Delphi method is flexible to operationalize (McPherson et al.2018). The communication between researcher and experts can be completed electronically, making it an ideal approach for helping a group develop a consensus, which can then be used in various situations that can benefit from the input of experts. The Delphi method is an appropriate choice (McPherson et al., 2018; Skulmoski et al., 2007) when the research question involves collecting personal information from experts and those working in the field in order to establish priorities or consensus not existing prior. According to Hsu and Sanford (2007), compared to the usual group interactions, the Delphi method offers respondents anonymity, thus reducing the influence of dominant groups and avoiding the pressure of conformity. Also, the method allows controlled feedback to participants in the form of summaries of panel views (Hsu & Sanford, 2007; McPherson et al., 2018). The

Delphi study results are amenable to descriptive statistical analysis, thus providing quasi-objective support of results (Toronto,2017). The method allows collecting information from experts in geographically diverse areas, especially with the use of electronic methods or e-platforms, which also accords a lower cost of data collection.

Limitations of the Delphi Method

It may be challenging to keep the participants engaged in the Delphi method through the iterative rounds of data gathering, which may influence or weaken the study as the group works towards a consensus. Also, according to Keeney et al. (2006), the experts may be hesitant to share their dissenting views and sometimes may change their opinion toward a consensus, especially when more relevant information can be identified, causing the experts to doubt their own views. However, advances in electronic communication and measurements accord researchers flexibility (McPherson et al.2018). For example, e-platforms such as Survey Monkey, Qualtrics, and NVivo enable researchers to quickly respond to the emerging data set and provide a faster response to the participants, thus, potentially maintaining their enthusiasm, which is critical for study success.

Recent Application of the Delphi Method

The use Delphi Method is now widespread and is found in various sectors, regions, and countries in the world, reflecting diverse applications (Sossa et al., 2019). Also, the traditional Delphi method has changed to the extent that recent application corresponds more to a modified Delphi characterized by anonymity, the presentation of

alternatives to consensus, and a smaller number of rounds (Sossa et al., 2019; Cabero,2013). For instance, in a literature review, de Loë et al. (2016) found 21 studies done with two rounds. In the same literature review by de Loë et al. (2016), the use of a smaller number of experts accounts for 45.6% of Delphi applications. Studies by Di Zio et al. (2017), Aengenheyster et al. (2017), Zulean et al. (2017), Santos et al. (2017), and Rintama¨ki et al. (2016) were done in one round. In their review, Sossa et al. (2019) found indicators different from the traditional descriptive statistics of central tendency or standard deviation, interquartile range, or variance. Examples include using Wilcoxon ranked pairs to compare two related samples (Barnes & Mattsson,2016), *k*-means to measure experts' competence (Cabero & Barroso, 2013), the Kolonogorove-Smirnov test to analyze normality of distribution (Forster,2015) and the Mann-Whitney test to verify potential bias in answers (Wagner et al. (2016). The trends indicate fewer rounds, low ranges in the number of participants, and the potential discovery of new indicators or techniques to complement the traditional descriptive analysis with central tendency and dispersion measures.

Rationale of the Delphi Method for this Study

Although other qualitative research traditions, such as narrative, grounded theory, and case study, were considered, the Delphi method was chosen for this study because (a) the participants were spread over several Texas counties, making a face-to-face interview costly, (b) the panel of experts were busy professionals who may need flexibility during the survey rounds, and (c) the Delphi method provides an opportunity to learn from

experts with the least amount of time. As Donahue et al. (2008) argued, the Delphi method is suitable for complex societal problems, particularly where (a) ethical, political, legal, or social dilemmas dominate economic or technical ones, (b) face-to-face interaction may not be possible due to cost and geographical constraints, and (c) communication between the experts is nonexistent. The choice of the Delphi method is consistent with phenomenon under study because immigration policy and undocumented immigrants in the US are controversial and complex issues characterized by polarized views (Garcini et al.2020). As Gordon (1994) asserted, Delphi is a powerful tool when used to answer appropriate questions.

Theoretical Foundation

The social construction and policy design (SCPD) theoretical framework (Schneider et al., 2014) guided this research. The theory is grounded on Berger and Luckmann (1967) seminal work *Treatise on social reality*, which postulated that social reality is constructed and the social being determines the individual consciousness. However, the SCPD was first introduced by Schneider and Ingram (1993), who focused on socially constructed values applied to the target population and knowledge and the resultant impact these values have on people and democracy. The theory explains why some groups are advantaged more than others outside the conventional political power ideas and how policy designs exacerbate or change such advantages. In a nutshell, the theory explains (a) how policy designs can influence the social construction of a policy's targeted population (b) the role of power in the relationship, and (c) how policy designs

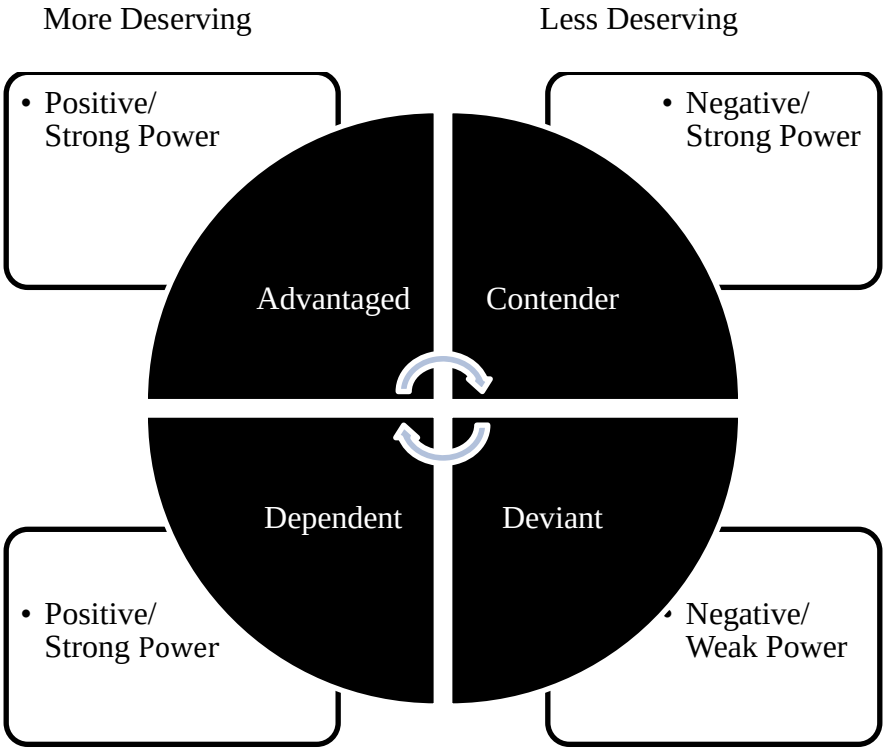
"feed forward" to shape politics and democracy (Schneider & Ingram,1993, 1997; Schneider et al., 2014). Social constructions influence policy agenda and the selection of policy tools, including the reasoning that legitimizes policy selections. Social constructions are ingrained in policy as messages absorbed by the population and, as such, influence their perception and participation levels (Schneider & Ingram,1993, 1997; Schneider et al., 2014). Thus, reform laws or policies can significantly produce instrumental and expressive effects for making meaning on norms and values within society. The theory postulates that systematically-biased policy patterns are produced because policymakers are incentivized to reward positively constructed groups, particularly the powerful, and pressured to develop onerous policies for negatively constructed groups, especially to the groups with little power. Schneider and Sidney (2009) and Schneider et al., (2014) explained two characteristics of target population-social construction and political power to help understand policymakers' constraints and motivations to design policies that create, maintain, or increase disparities between or among groups. Social construction is defined as, "the cultural characterizations or popular images of the persons or groups whose behavior and wellbeing are affected by public policy" (Schneider & Ingram, 1993, p. 334).

Also, social constructions are stereotypes about a particular group of people that have been created by politics, culture, socialization, history, the media, literature, religion, and other similar factors. Those with positive social constructions are deemed deserving, intelligent, public spirited, and hardworking, while the negatively viewed

groups are branded undeserving, selfish, or lazy (p. 335). Political power can be seen in votes, wealth, and the propensity of the group to mobilize for action and access to politically influential individuals or institutions (Schneider and Ingram 1993). Thus, the confluence of social construction and perceived political power produces four group types; advantaged, contenders, dependents, and deviants(see fig 1).

Figure 1

The Social Construction Matrix



Advantaged groups are characterized as deserving and politically powerful; thus, they are more likely to receive beneficial treatment from policymakers. The contenders are politically powerful but with a low reputation. According to this theory, they also receive beneficial treatment depending on the prevailing political climate; otherwise, they

are subject to harsh policy treatment should public interest demand it. (Kreitzer & Smith, 2018) Dependent groups are sympathetic and positively constructed with little or no political power. Policymakers have little incentive to make easily available benefits to them. Thus, when benefits are allocated., they tend to be more symbolic or have strings attached, for instance, social welfare programs. Deviants are target populations mainly associated with negative stereotypes and have little political power. Policymakers gain political mileage for developing punitive policies for groups designated as deviants (p. 769). On the other hand, policy design refers to the content of the public policy, as seen in the texts of such policies and associated activities (Schneider & Ingram,1997). Thus, as a theory of public policy, SCPD can be pivotal in explaining why public policies fail to solve public problems and can perpetuate injustices, may not support democracy, and produce inequality in the society (Ingram & Schneider 1997, 2005; Schneider et al., 2014).

Assumptions and Propositions of SCPD

Peirce et al. (2014), the assumptions of SCPD can be divided into three categories: (a) model of the individual, (b) power, and (c) political environment. Regarding the individual, the theory assumes that people rely on mental heuristics. Mental heuristics process information in a biased manner, people subjectively use social construction, and social reality is relative. On power, SCPD assumes power is unequally distributed among individuals within a given political environment. While in the political environment, SCPD assumes that policy creates future politics. Policies convey messages

to citizens affecting their orientation and participation, and the policies are formulated in an environment of political uncertainty.

These assumptions underpin the theory's six propositions. The first proposition involves political or policy messages that affect target group behavior. According to Ingram et al. (2007), those signs will guide the beneficiary's political orientation and participation in the policy process. If a target group is punished, their participation will be less active, and they will most likely not receive government political incentives. For instance, PCR is restrictive to immigrants and influences participation levels. According to Suro and Findling (2020) from the Center for Migration Studies, immigrants avoid applying for public benefits for fear of jeopardizing their chances of getting a green card.

The second proposition applies to political power and social construction of the target population, as they influence the distribution of benefits and resource allocation (Ingram et al. 2007), in other words, how benefits and burdens are distributed. There is a dependent and reciprocal relationship between the two concepts (Silvestre, 2015); thus, a change in one of the concepts can change the other. For instance, the change in the social construction of HIV persons from negative to positive allowed more resources devoted to HIV awareness, prevention, and maintenance programs.

The third proposition establishes a link between political power and social construction with policy design. It concerns how power and social construction affect policy and vice versa. For instance, policy design will include or exclude the socially constructed groups based on their relative power, where positively constructed groups

benefit due to more favorable perception (Ingram et al.,2007). Social construction is also associated with knowledge of policies that can imply the ability to influence politics (Pierce et al., 2014)

The fourth proposition regards how public approval affects social construction. Thus, it is concerned with policymakers' actions for the group's social construction in anticipation of social approval. Political leaders use "anticipatory feedback strategies" in designing public policies that generate support and forestall opposition (Schneider and Ingram, 2019, p. 206). The politicians hope for approval when policies benefit the powerful groups socially constructed as deserving and allocate costs or punishment to the groups seen as undeserving, especially if those groups lack political power. For instance, politicians seeking re-election want to project a positive image. Thus, positively constructed groups are incentivized to construct policy designs while the undeserving are sidelined (Ingram et al., 2007).

The proposition postulates that social construction changes or can change over time. Also, policy designs can create change. Thus, policymakers legitimize actions, and policy design can effectively change a target group's social construction. Finally, it identifies the degenerative policymaking context, and different policy designs correspond to different patterns of change (Ingram et al.,2012). As for this dissertation, the target population, degenerative policy, and feed-forward propositions are more relevant.

Target Population, Degenerative Policy, and Feed Forward Effects

The degenerative policy is characterized by "the exploitation of derogatory social constructions, manipulation of symbols or logic, and deceptive communication that marks the true purpose of policy" (Ingram & Schneider, 2005, p. 11). The socially perceived deservingness of different social groups (Liang 2018) is embedded in group-centric, degenerative policy design, which in turn conveys and reinforces the messages regarding the categorization of target populations, engendering profound implications for multiple aspects of democracy, for example, justice, citizenship, democratic institutions, problem solving.

The treatment of target groups through policy design (Ingram et al., 2007, p.98) has lasting effects on the target population's political orientation and participation patterns. The social construction of a group categorizes as worthy and deserving and contributing to the general welfare or undeserving and less worthy and being a public charge to the society (Schneider et al., p.110). In many aspects of various policy constructs, the more deserving a target population is perceived, the greater or fewer benefits or burdens the group is expected to receive from the government (Schneider et al., 2014). Thus, in the lenses of the target population, categorization means the social stations of groups of people regarding their deservingness of government's attention, including rights to public services (Liang, 2018, p. 62). A critical aspect of this notion is that the feed-forward effects of a degenerative policy can institutionalize and cement the existing construction and implied social meaning of target populations within a broader

scale across institutions and culture (Schneider et al., 2014; Liang, 2019). Public policy is both a creation and product of the intersection of institutional environments and political power; thus, when policies that embrace negative constructions of certain groups are backed by the authority of the state or local government, then it legitimizes these negative constructions and perpetuates the across the society (Ingram & Schneider, 2017, p. 21). Thus, Pierce et al. (2014) pointed out a cyclical dynamic among policy design, target population, and feed-forward effects. For instance, either the policy is a function of social construction and power creating a proposition of target populations, or social construction is a function of policy design creating a proposition of feed-forward effects. Herein lies the significance of the feed-forward effects in the target population, policy, and policymakers' dynamics.

Leaders (political and social actors) tend to behave in ways that conform to collectively defined and politically institutionalized rules, norms, identities, beliefs, and practices with direct or indirect value judgments and normative implications on their justification (Liang, 2018). Thus, public officials/leaders who undertake various policy implementation and possess discretionary authority are perceived as essential policymakers. Schneider et al. (2014, p.115) posited that street-level bureaucrats categorize clients and vary their services based on their perceived deservingness. Hence, public officials are amenable to the feed-forward effects of degenerative policies that send messages on who is essential in the society, who deserves public benefits, and who should be punished or ignored (Schneider & Ingram, 2005, p. 19). More importantly,

public administrators decide based on the policy regime's underlying logic (Liang, 2018, p. 63).

Recent Application of the Social Construction and Policy Design

The SCPD has been used extensively in multiple disciplines. However, of 111 articles targeting federal, state, local or international policies, the federal policies take almost 61%, with state policy accounting for 12%, and local policy a paltry 6%, thus few studies use SCDP to highlight how state and local governments deal with distribution of social welfare, public health, and criminal justice (Peirce et al.,2014). For this study, the undocumented immigrants and multistatus families were located within the deviant quadrant of the social construction matrix. According to Pierce et al. (2014), the deviant population is the most researched target population. More recent application relevant to this dissertation includes studies by Liang (2018), who applied the theory to examine the feed-forward effects of a degenerative policy in allocating benefits to a target population (Latino) in an environmental phenomenon. The study linked Latino environmental justice concerns with restrictive immigration policies. Allen and Mcneely (2017) applied SCPD in studying the effects of restrictive immigration laws on citizen children of multistatus Latino parents in the enrolment in public health services, which found no effects on enrollment numbers. Neshkova and Guo (2018) examined the participation of the target population in agency decision making and concluded that agencies' political power and social construction are strong indicators of agency openness to the public. Moreno (2018) applied SCPD on the Arizona bill (Senate Bill 1070) and its influence on Latino public

participation. Schneider and Ingram (2019) also found the 2016 Arizona Legislations and policies favorable to the positively identified target population. Groan-Myers and Hatch (2019) used the lenses of social construction and policy feedback theory to demonstrate the relationship between local government policies, property owners' goals, segregation, service inequality, and political dichotomy. Kreitzer and Smith (2018) provided a new perspective for reproducing and replicating SCPD. They used the crowdsourcing method for studying the target population to provide a systematic categorization of the salient groups and consensus around the construction group.

The Rationale for Social Construction and Policy Design Framework

The PCR policy meets the design elements of the SCPD: target population, goals to be solved, rules and rationales, presence of benefits and burdens, tools, implementation structure, and social construction (Schneider & Ingram, 1997; Schneider & Sidney, 2009). Immigrants' social construction influences PCR implementation and the delivery of welfare policy (public assistance) to undocumented immigrants. The increased number of undocumented immigrants implies competition for limited resources between legal residents and the undocumented. Competition for services has a critical implication for who gets what, when, and how, and the SCPD theory addresses it (Schneider & Ingram, 1993, p. 334). The administrative discretion of front-line bureaucrats and societal consensus reveals itself through the ultimate allocation of benefits and service to those needing public assistance. Thus, state, and local level leaders' judgments, decisions, and actions assume a critical significance (Thomann & Rapp, 2018, p. 533).

In this regard, the social construction of the target population has tremendous effects on public leaders. As Schneider and Ingram (1993) asserted, “There are strong pressures for public officials to provide a beneficial policy to powerful, positively constructed target populations and to devise punitive, punishment-oriented policy for negatively constructed groups” (p. 334). Also, the stereotypes about the power and deservingness of the target population can explain the inequalities in the distribution and allocation of public benefits (Pierce et al., 2014; Schneider et al., 2017). In other words, understanding the positive and negative of the target population helps explain even though all peoples are presumed equal before the law, policy designs tend to distribute benefits to some people while almost always punishing others (Schneider et al. 2014, p.105). Thus, this study explores the effects of two degenerative policies, immigration, and public benefits, on the allocation of benefits to a vulnerable group (undocumented multi-status family immigrants). Thus, it provides a lens for analyzing and understanding the public policy process and design with the social construction and target population theory. Also, government policies are more geared to benefit sections of the community that are positively constructed and less for negatively publicly perceived communities. As Liang (2018) and Schneider and Ingram (2019) pointed out, the targeted population’s negative social construction provides no real incentive for the leaders or policymakers to assist the bad people. Thus, this study focused on an underresearched area in applying the SCPD theory to the allocation of benefits to a deviant population.

Social Construction of Multistatus/Undocumented Immigrants and PCR

Many studies focused on the presence of social construction of immigrants inherent in US public policies or in the political rhetoric surrounding the passage of legislation targeting immigrants, leading to the conclusion that target immigrants are embedded in US public policy. The social construction ranges from negative to positive, communicating that target immigrants are either undeserving or deserving of public policy benefits. As Newton (2005) asserted, the national immigration policy debate has been effectively presented as one of deserving versus undeserving policy targets. Also, the policy origins are in the rhetoric of political elites:

These social constructions of immigrants, both positive and negative, have become a part of our national discourse on the issue. They also provide important political currency for elected officials, who have the skill and access to avenues of communication through which they can advance these constructions to serve their policy agendas. (Newton 2005, 141). For example, the framing of undocumented immigrants as "illegal aliens," connotes unlawful behavior; thus, by criminalizing their migratory behavior, the state can justify its efforts to restricts undocumented immigrants' access to healthcare. As such, the state of illegality becomes a risk factor for the immigrant's health, social vulnerability, and abuse (Bianchi et al., 2019).

Target Population

The PCR target population is immigrants (undocumented/illegal), which is identified as deviants in the Snyder's et al. social construction matrix. Deviants have little

power and negative social construction. They are associated or characterized as dangerous, immoral, violent, disgusting, and a burden. Thus, the expected policy design is punishment and benefits when necessary (Schneider & Ingram, 2019). Because of the negative construction, the deviants have low participation in policy designs. The deviants believe participation will become costly and may attract the leaders' abuse; thus, they will avoid interactions with the government and, in many cases, will not participate much in politics even when eligible to vote or get services (pp. 207-209). For instance, Suro and Fiddling (2020) pointed out that many immigrants refuse to apply for public benefits because of fear of jeopardizing their chances of applying for a green card (Schneider & Ingram, 2019). Elected officials acting tough on a deviant group receive positive feedback from the general population. In other words, punishing dangerous, violent, and disgusting people is good politics. In this regard, strengthening the PCR, qualifying for public benefits, increasing immigration fees, building the border wall, and eliminating sanctuary cities can be seen in the same light. In general, policy designs on deviants (powerless and negatively constructed target groups) have a self-reinforcing feedback mechanism to ensure the deviants mount no resistance. Also, lawmakers would prove themselves as tough on bad people. However, actions from advocacy groups and progressives have helped the cause of deviants. For instance, proimmigrant rallies and media coverage were responsible for failing to pass several anti-immigrant laws in Arizona (SB1377, HB2370, SB1452, and HB2370; Schneider & Ingram, 2019, p. 277).

Policy Goals and Rationale of PCR

The PCR policy goals are premised on the idea that aliens coming into the U. S. should be self-reliant (Demetree, 2019; USCIS 2020). Under INA Act section 212(a)(4), an alien applying for admission or adjustment of status is inadmissible if they are likely to become a public charge. Schneider et al. (2014) theorized that restrictive policies reflect the ideas of upholding justice and legitimizing burdens to the negatively socially constructed target groups. The Department of Homeland Security (UCSIS,2020) justifies the PCR based on protecting the national treasury from dependents and maintaining self-sufficiency for its citizens. Thus, it frames the target population as dangerous and a threat to national security thus deserves sanctions. Several sections of the amended INA Act of 1952 states:

8 USC § 1601 (PDF) (1): "Self-sufficiency has been a basic principle of United States immigration law since this country's earliest immigration statutes."

8 USC § 1601 (PDF)(2)(A): "It continues to be the immigration policy of the United States that – aliens within the Nation's borders do not depend on public resources to meet their needs, but rather rely on their own capabilities and the resources of their families, their sponsors, and private organizations."

8 USC § 1601 (PDF) (2)(B): It is also the immigration policy of the United States that "the availability of public benefits does not constitute an incentive for immigration to the United States."

Thus, policy rhetoric will direct public anger toward the target population. The political leadership is incentivized by the political capital to be gained by implementing the policy. For instance, focusing on the use of public benefits is an effective way of galvanizing conservative support- acting tough on immigration is always a winning strategy (Demetree 2019; Shear & Baungaertner,2018).

Benefits and Burdens

In this study, undocumented immigrants are identified as deviants within Schneider et al.'s (2014) social matrix quadrant. Thus, the policy (PCR) benefits and burdens allocations are expected to be heavily skewed towards policy burdens and less on policy benefits (see Table 1).

Table 1

Benefits and Burdens for Deviants

Components of SCPD	Perceptions
Undocumented Immigrants	Less deserving and weak political power
Social Constructions	Dangerous, immoral, violent, illegal, dependents on public coffers
Expected Policy Design	Burden & punishment
Expected Feedback from Target group	Negative and low participation in public policy discourse
Expected Feedback from the public	Positive feedback for inflicting punishment on these "dangerous", "illegal", "dependents on public Coffers", and negative feedback for providing benefits with the accusation such as soft on crime etc.

Note: Adapted from Social constructions, anticipatory feedback strategies, and deceptive public policy by A. L. Schneider, & H. M. Ingram,2019, Policy Studies Journal, 47(2), 206–236. https://doi.org/10.1111/psj.12281.

The Rules and Policy Tools for Compliance

Consistent with Schneider et al.'s (2014) postulation, policymakers choose measures that use coercive, intimidation, and forceful means to ensure compliance and meet policy goals. PCR contains the language of exclusion evident from the primary immigration law, the Immigration and Nationality Act of 1952 (the INA, or the Act), as amended.

Section 212(a)(4) of the INA (8 USC 1182(a)(4)):

> Any alien who, in the opinion of the consular officer at the time of application for a visa, or in the opinion of the Attorney General at the time of application for admission or adjustment of status, is likely at any time to become a public charge is inadmissible[…] In determining whether an alien is excludable under this paragraph, the consular officer or the Attorney General shall at a minimum consider the alien's-(I) age; (II) health; (III) family status; (IV) assets, resources, and financial status; and (V) education and skills.

Thus, the amendment to the law which has been in existence since 1891, now defines a public charge and requires immigration officers to consider at the very least the applicants' age, health, family status, finances, and education skills (Bier,2019). Thus, through these policy amendments, immigrants can be denied visas and entry outside the

country. In contrast, those in the country may be denied services, and deportation proceedings can be started against them. In a report by Cato Institute (2020), the new PCR makes the following changes: First, it departs from the use of the degree of dependency to an absolute amount by changing the meaning of public charge to use of any means-tested public benefits for than 12 months in any given 36-month period. It removes the previous primary dependent standard of 51% of the sponsor's income (UCSIS, 2020). Secondly, benefits under consideration are expanded to include the likelihood to use both cash and non-cash benefits (federal, state, or local). Also, it provides a new process for estimating the likelihood of becoming a public charge. The new law goes beyond considering the five factors of age, health, family status, finances, and education, but defines them granularly and assigns negative and positive weights.

Literature Review of Key Variables

Multistatus Families and Undocumented Immigrants

Batalova and Bolter (2020) of the Migration Policy Institute (MPI) estimated that close to 47 million immigrants lived in the US in 2016, of whom 11.3 million were illegal aliens (24% of the immigrant population and about 3% of the entire US population). Over half of the illegal immigrants are settled in three states: California (27%), Texas (14%), and New York (8%). There are 1.597 million undocumented aliens in Texas, of which an estimated 72% are of Mexican origin (see Table 2). Harris County leads in Texas with 412,000, followed by Dallas County with 247000, and Tarrant County with 109,000(appendix B). The three counties account for more than 48% of unauthorized

immigration in Texas. According to the American Immigration Council (AIC; 2020), 1.4 million US citizens in Texas live with one undocumented family member, and one in seven children in the state was a citizen with at least one undocumented family member. Preston (2020) and the Center for Immigration Studies (2020) estimated that there are 908,891 mixed family status households in the US in 2018, with undocumented and US citizen members who would face financial hardship or risk falling into poverty if restrictive immigration policy is enforced on undocumented breadwinners (such as deportation). Mixed-status families include members with different statuses. For instance, they have a constellation of citizens, permanent legal residents, undocumented immigrants, and those in legal uncertainty such as recipients of Temporary Protected Status (TPS) or Deferred Action for Childhood Arrivals (DACA; Castañeda & Melo, 2014). In many instances, a family may have a combination of undocumented parents and citizen children. Thus, these families face unique challenges that are not shared with same status citizens or immigrant families. Their relationship to the state differs among individual members who are sharply separated based on rights and opportunities. Therefore, immigration policies impact these families in very intimate and unique ways. The state categorizes the individuals through the power to demarcate boundaries and define exclusion. The recent changes in the public charge policy rules imply that these families are the target of harmful rhetoric and policies. While the immigrant receives desperate policy treatment (based on rights and opportunities; Maciose,2016), they do not live a life of exclusivity. Many of them live the life of undocumented persons and, at the

same time, work and have a social life, hold jobs, have weddings, and participate in many activities that other citizens do. Thus, they are susceptible to the shocks of life like everybody else.

Table 2

Undocumented Immigrants in Texas, 2019

Top Countries of Origin	*N*	%
Mexico	1,156,315	64.90%
El Salvador	139,067	7.80%
India	72,247	4.10%
Guatemala	51,020	2.90%
Honduras	109,006	6.10%
China	19,191	1.10%
Dominican Republic	1,553	0.10%
Philippines	10,347	0.60%
South Korea	8,552	0.50%
Colombia	10,453	0.60%
Venezuela	33,332	1.90%
Ecuador	2,365	0.10%
Haiti	*	*
Jamaica	2,175	0.10%
Peru	3,529	0.20%
Vietnam	19,141	1.10%
Nicaragua	5,228	0.30%
Nigeria	31,160	1.70%

Top Countries of Origin	*N*	%
Poland	*	*
Canada	1,978	0.10%
Pakistan	7,083	0.40%
Brazil	3,345	0.20%
Russia	1,228	0.10%
Argentina	2,897	0.20%
Ethiopia	2,460	0.10%
Ghana	2,435	0.10%
Nepal	8,620	0.50%
Thailand	1,847	0.10%
Ukraine	*	*

Note. Adapted from 2019 State-level unauthorized population and eligible-to -naturalize estimates by Center for Migration Studies, 2022, http://data.cmsny.org/ . In the public domain.

* Data values under 1,000 have been suppressed

Public Charge

The Public Charge Rule has been around since 1882. The Immigration Act of 1882 considered immigrants unable to take care of themselves without becoming a public charge, not appropriate for citizenship, and they could be denied entry. A similar notion was upheld by the Immigration Act of 1891 and Immigration Act of 1903 that allowed the deportation of an alien if they became a public charge within the first 2 years of entry

into the US (The subsequent Acts of 1952 and 1965 expanded the term to 5 years). A major change took place in 1996, with the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), in which sponsors of immigrants were required to shoulder more financial responsibility by requiring them to reimburse the government for means-tested public benefits provided to the immigrants. However, the amendments to the Act under section 212(a)(40(A) published as the final rule redefined the Public Charge Rule and now requires immigration officers to consider at the very minimum the applicants' age, health, family status, finances, and education. The new rule became effective nationwide on February 24, 2020. Under the new rule, applicants for immigrants' visas or status change must demonstrate they are not likely to be a public charge (Bier, 2019; USCIS,2020).

COVID-19 and the CARES Act

The novel coronavirus (COVID-19), first labeled as SARS-CoV2, emerged in Wuhan, China, at the end of 2019 (Li et al., 2020). The virus quickly spread to all Chinese provinces, and the World Health Organization declared the spread of COVID-19 a pandemic on March 11, 2020. In the US, Trump's administration declared a national emergency on March 13, 2020. Several states also declared an emergency and initiated various measures that included shelter-in-place and closure of non-essential businesses to combat the virus's spread. Even though specific measures varied by state, a report by Loweree et al. (2020) of AIC indicates that these orders and activities negatively impact the US economy. For instance, since the pandemic-related lockdown began, 51 million

Americans filed for unemployment benefits through mid-July. Also, the US's gross domestic product decreased by 4.8% in the first quarter of 2020. In addressing the economic slowdown, the US Congress passed several stimulus measures to support individuals, businesses, and governments across the country. One notable piece of legislation is the H.R.748, "Coronavirus Aid, Relief, and Economic Security" or CARES Act (US 116th Congress, 2020)). The CARES Act gives provision for close to $ 2 trillion targeting emergency assistance that includes direct payments to individuals, families, and businesses impacted by COVID-19. The Act also provides for expanded COVID-19 testing and treatment through increased funding to Medicaid and community health centers. However, while a section of the immigrant population benefits from these provisions-direct payments, increased access to medical testing and equipment, and unemployment benefits (Loweree et al., 2020; Clark et al., 2020) many mixed family immigrants are excluded from these provisions because of their immigration status or the status of close relatives. For instance, to qualify for direct payments under the CARES Act, noncitizens who lack social security numbers but file federal income tax using Individual Taxpayer Identification Numbers (ITINs) are considered ineligible. Thus, the CARES Act creates disproportionate impacts for mixed families based on their status or close family members.

Public Charge, COVID-19, and Leadership Strategy

The United States Citizenship, and Immigration Services (USCIS 2020) office encourages "all those, including aliens, with symptoms that resemble Coronavirus

Disease 2019 (COVID-19; fever, cough, shortness of breath) seek necessary medical treatment or preventive services." The website message declares that the treatment or preventive services will not negatively affect any alien as part of a future Public Charge analysis. Also, it stresses that the Public Charge grounds final rule implemented on February 24, 2020 "does not restrict noncitizens' access to testing, screening, or treatment of COVID-19 through public sources and to a vaccine, if ever devised, to combat the virus—critical to defending and protecting Americans' health and its health care resources." Despite the declaration, many immigrants are apprehensive about using public services and are limiting their interactions with medical institutions and their dependence on public assistance programs. Duncan and Horton (2020) of Health Affairs.Org observed that immigrants are reluctant to access healthcare due to restrictive policies (Public Charge Rule). Widespread confusion and misinformation surround the PCR rule contributing to many immigrant parents pulling out their citizen children from Medicaid. The use of the term public charge to describe those who receive social programs and benefits not only labels people but also connotes "deservedness," thus shaping service and policy responses toward them. The term public charge involves perceptions distinct from the formal assertion of rights or policies and informs the decisions made about access to public services. In response to the COVID-19 pandemic, there is a possibility that noncitizens who are granted legal or policy rights to healthcare can still be denied by front-line health staff if they are not perceived of as deserving of care. The health implications for target populations subjected to this kind of

discrimination can be profound, and this epidemic can have a severe impact beyond "defending and protecting Americans' health." Clark et al. (2020) observed that immigrants are disproportionately affected by COVID-19. For instance, despite paying an estimated $4.2 billion in taxes in 2018 alone, undocumented immigrants are excluded from the COVID-19 federal economic relief through Coronavirus Aid, Relief, and Economic security (CARES) Act because Individual Taxpayers Identification Numbers (ITINs) holders are not eligible.

In response to the gaps or exclusion from the federal assistance programs, the states and private sector agencies have initiated programs to assist noncitizens affected by the pandemic. In Texas, several local jurisdictions have initiated grants for direct assistance to the vulnerable communities to supplement the cares act. For instance, Harris County started a $30 million fund that includes immigrants. Similarly, the City of Austin created a $15 million fund, and Fort Bend County $19.5 million. However, as Suro and Findling (2020) pointed out, lengthy application procedures exacerbated by poor messaging have kept many undocumented immigrants from accessing the funds. Also, anti-immigrant rhetoric and policy messaging make it harder for those who work with these groups, such as public health agencies, providers, and front-line medical staff at the community health centers and hospitals, to gain and maintain immigrant patients' trust, alleviate their fears, and encourage them to seek medical health (Duncun & Horton, 2020). As Suro and Fiddling (2020) pointed out, the underlying policy message of the PCR signals that the receipt of public benefits through public treatment or paid by

Medicaid, for example, might be considered when weighing the immigration status of noncitizens, thus encouraging noncitizens to use the resources offered by the private sector and discouraging them from applying for or accepting public aid, even if they desperately need it. Studies by Bernstein et al. (2020) and Sommers et al. (2020) confirmed that negative policy (PCR) messages affected immigrants' perceptions of the use of public health assistance. Considering the nature and scale of the COVID-19 pandemic, the CARES Act provisions excluding sections of the immigrant population (multi-status/undocumented) may be counterproductive, punitive, and negate social justice humanitarian objectives of the immigration policy reforms.

Summary and Conclusion

Using the lenses of Schneiders et al. (2014) SCPD, I identified PCR as a degenerative policy (of exclusion) and a reflection of the prevailing social construction of the target population (immigrants). Thus, I argue leaders(local/national), through these policy choices of social construction, infuse their own beliefs and perception to pursue strategies that mirror the target population's public perception while taking into account the expected capital for their political ambitions. As (Moreno 2018; Schneider et al.,2014; Schneider & Ingram,1997) observes, leaders extract political capital from their actions towards a deviant targeted population, and punishing this group yields similar effects to allocating benefits to a positively constructed group. Thus, leadership responses also influence how the target population perceives their position within the national and local contexts and their participation levels (public benefits). Also, the pre-COVID-19

effects of the PCR feed into the immigrant's perception of the use of government assistance in the wake of the COVID-19 pandemic (Suro & Fidling,2020). For instance, the PCR's policy messages invoke fear on the immigrants to minimize their interactions and use of public assistance because they do not risk their chances of getting a green card. Therefore, a minimum gap must exist between the policy messages and agencies or organizations' efforts working with the policy target population. Immigrants' perceptions underscore the importance of actions and strategies adopted by leaders working near immigrants in building trust, allaying fears, and encouraging the use of critical public assistance. Consistent with SCPD, political capital is gained from punishing the deviant groups, and predictably there is much literature on restrictive measures and very little on allocating benefits to the same group.

Therefore, I seek to fill the gap with this study by exploring local leadership strategies to assist a negatively constructed target population(immigrants) amidst our generation's biggest health concern (COVID-19). Given that leaders and policymakers are influenced by (Adelman 2020), their ideological stances on the value or risk of immigration or policy target population understanding the underlying drivers or assumptions for leader's strategy options is an important goal in this study. I will be drawing from experiences from three major counties in Texas (Harris, Dallas & Tarrant) and with the largest immigrant population. In doing so, I will be linking the effects of a degenerative policy (PCR) and allocation of benefits and burdens to a target population

(multi-family immigrants). In the next chapter, I address research design and rationale, methodology, and my role as a researcher, and trustworthiness.

Chapter 3: Research Method

The purpose of this mixed method Delphi study was to explore the strategies that state and local leaders can use to mitigate against the combined adverse effects of the implementation of the PCR and the health and economic crisis in the wake of the COVID-19 pandemic among undocumented immigrants. A mixed method study is when a researcher incorporates both qualitative and quantitative methods of data collection and analysis in one study (Creswell, 1999). In this study, the mixed method was supported with a Delphi process. Delphi is a single technique that integrates the elements of both qualitative and quantitative methodologies in addressing a specific research problem (Ogbeifun et al., 2016).

This chapter describes the mixed method Delphi method and procedures that are used in this study, focusing on local leadership strategies to address the compound effects of the implementation of the PCR and the COVID pandemic among undocumented immigrants. In addition, the chapter contains the justification for using a Delphi design, the methodology for this study, including explaining the role of the researcher, participant selection, instrumentation, data collection and analysis plan, and ethical issues. This chapter includes explanations of threats to data quality.

Research Design and Rationale

One research question guided this study: What strategies can local leaders use to address the compound effects of implementing the PCR amid the COVID pandemic among undocumented immigrants?

According to Burkholder et al. (2016), research questions define the objective of the study. The research questions' wording has a bearing on the study's approach and the research design. As Onwuegbuzie and Leech (2004) pointed out, a qualitative research question's main characteristics are their intent to describe, discover, or explore an experience or process. A quantitative approach is used to test and confirm hypotheses and obtain a breadth of understanding of the phenomenon of interest (Teddlie & Tashakkori, 2003). A qualitative approach is consistent with the study goal to explore strategies to address the disproportionate effects of the PCR and the pandemic on undocumented immigrants through the lenses of experts working close to the immigrants.

Given that this was a sequential study where qualitative methods of analysis used in the initial round (Round 1) informed the later quantitative methods (Rounds 2 & 3), a mixed method was appropriate (see Breton et al., 2021; Creswell et al., 2003). Mixed methods studies are consistent with implementation research because of the complexity of studying implementation phenomena (Palinkas et al., 2015). The benefit of a mixed design was that a combination of quantitative and qualitative approaches provided a better understanding of the phenomena or research issues than using one approach (Creswell & Plano,2011).

Along with the mixed method design, a Delphi method was chosen. Delphi method's purpose is to develop a consensus through expert opinion on a phenomenon (Habibi et al., 2014; Jiang et al., 2017; Linstone & Turloff, 1975; McPherson et al., 2018). Thus, it is consistent with this study's goal of building a consensus among an

expert panel of local leaders working closely with undocumented immigrants on strategies to address the disproportionate effects of implementing the PCR amid the pandemic. Mixed method Delphi process is used in much explorative research (Breton et al., 2021; Hong et al., 2019; Mason et al., 2021; Shawahna, 2021). Delphi method is a single technique that integrates the elements of both qualitative and quantitative methodologies in addressing a specific research problem (Ogbeifun et al., 2016). Also, according to Linstone and Turloff (2002, p. 4), using the Delphi method is appropriate when:

- The problem is not amenable to precise analytical techniques but can benefit from subjective judgments on a collective basis;
- The individual contributors to the study problem are from diverse background and expertise and have no history of adequate communication;
- Face to face interaction is not possible;
- Cost and time constraints prohibit frequent group meeting;
- Other group communication processes can enhance the efficiency of face-to-face meeting;
- The anonymity of participants is needed; and
- Avoidance of the ‘bandwagon” effect is needed.

Accordingly, the Delphi method was preferred because all the reasons outlined by Linstone and Turloff were valid for this study. Donohoe et al. (2012) and Toronto (2017) suggested using electronic communication to streamline communication and make the

process more transparent for the expert panel. Electronic communication makes collecting information from experts in geographically diverse areas possible with lower costs of data collection; it is less costly than conventional paper and pen, face-to-face interviews, or other types of survey (McPherson et al., 2018; Toronto,2017). Also, self-administered web questionnaires allow experts to participate at their convenience and tend to provide respondents with a greater sense of privacy if personal identifying information, such as one's name, is not collected (Burkholder et al., 2016; Toronto, 2017). In the light of the potential advantages of quick feedback, cost-effectiveness, and flexibility that an e-Delphi presents, it was the preferred method for this study.

This study's research importance was that local leaders can leverage the potential key strategy learnings to address the communities' disproportionately affected health and economic concerns (undocumented/multi-family immigrants. policy-reinforced disparities; Deslatte et al., 2020). As (Page et al.,2020) asserted, administrators must address undocumented immigrants' needs during the COVID -19 crisis. Also, the strategies can address humanitarian concerns and promote social equity. Thus, there is a potential to affect positive social change through this mixed method Delphi study.

Role of the Researcher

The role of a researcher is to collect and analyze data during the survey period. Given the anonymity and lack of face-to-face interaction with participants will be unlikely. Consequently, professional, supervisory, instructor, and related power relationships are very remote. The participants for this study were selected using a

purposive sample. The guiding criteria were knowledge and experience working with the immigrant community. Participants were then contacted via email, minimizing personal interaction. Participants did not receive any compensation for their assistance. However, they will receive a copy of the research results and the conclusions. As an immigrant, I must maintain an acute awareness of lived experiences to avoid making them a source of bias.

Methodology

Participants Selection and Logic

This study followed the guidelines used in previous Delphi studies (Bhardwaj & Patnaik, 2019; Bijak & Wiśniowski, 2010; Delbecq et al., 1975; El-Gazzar, 2016; Grisham, 2008; McPherson et al., 2019; Nguyen et al.,2018; Okoli & Pawloski, 2004; van Voorst,2019). The proposed participants for this study were experts with experience working with undocumented/multifamily immigrants. Experts meeting this criterion were recruited and asked to participate in the study. The study was completed through a series of rounds of data collection (Dalkey & Helmer,1963). The initial round consisted of open-ended questions aimed at generating expert opinions. In the subsequent rounds. the participants rated and ranked Likert- type questionnaires. Thus, the overall procedure served the dual purposes of generating expert opinions and ranking them in order of significance (Okoli & Pawloski, 2004; Schmidt,1997).

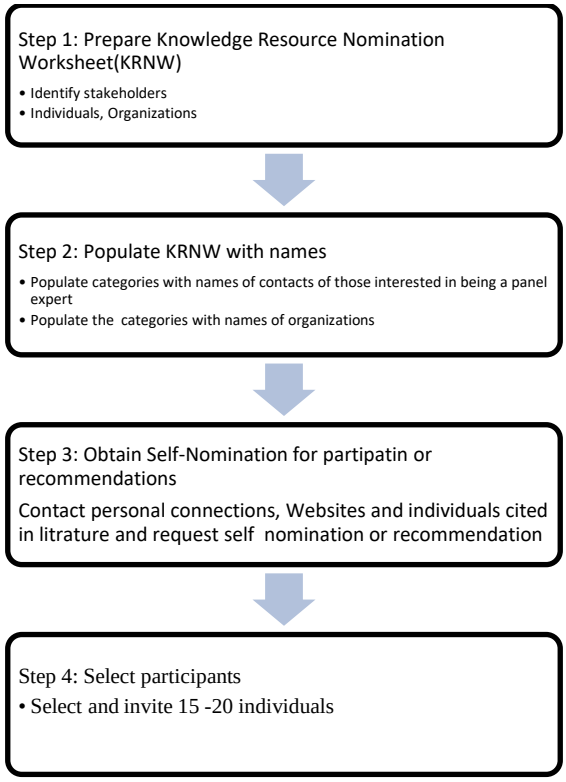
A purposive snowball and criterion-based sampling technique was used to recruit participants (Tracy,2019). Purposive sampling is appropriate when information is held by

a specific group of people and requires a high degree of interpretation, and experts were needed for data gathering. Snowball sampling is a recruitment strategy whereby participants or contacts recommend others for participation in the study (Marcus et al., 2017). Also, as Marcus et al. posited, the snowball method is a cost-effective and practical way to recruit participants that the researcher does not have direct access. The criterion for this study included (a) knowledge and proximity to the immigrants; (b) leadership experience in local government, non-Governmental organizations (NGO); or a field practitioner working with immigrants' programs; (c) at least a bachelor level education; and (d) 3 years of experience (see Appendix E). The Knowledge Resource Nomination Worksheet (KRNW) process identified, selected, and invited participants (Okoli & Pawloski, 2004). A description of the steps is in Figure 2 and Appendix C.

The selection will follow the following steps (Figure 2).

Figure 2

Selection Steps



Prepare KNW

In the initial step, the relevant categories of stakeholders are identified through literature reviews. For this study, the relevant stakeholders from the literature are:

- Local government administration;
- Scholars and academicians;
- Immigrant advocacy groups and
- Individual field practitioners are working with the immigrant population.

Populate KRNW

In this step, specific names and organizations found in the literature (e.g., county and city governments, nonprofits, among other units of government), including personal connections, were populated into three stakeholder categories (see Appendix C for the sample KRNW). The study participants were drawn from leaders and service providers in Texas-Dallas, Harris, and Tarrant counties. The goal was to have experts in policy formulation and program implementation among the immigrant population. Therefore, (a) the potential participants must work in counties that have funds or policies in place to assist the immigrant communities, and (b) the county must have at least 100,000 undocumented immigrant population. The list of counties/cities with the programs or funds earmarked for the immigrants was sourced from counties' websites and the National League of Cities (NCL) local action tracker (2020). While the county's undocumented population was obtained from the Migration Policy Institute (2020) estimates on undocumented immigrants 2014-2018 report (Appendix B). The three top counties (Harris, Dallas, & Tarrant) with the highest number of undocumented immigrants served as the study's target population.

Self-Nominate or Recommend

The recommendation process in the previous step to identify potential participants meeting the description in appendix D was used. The participants were identified in two steps: (a) looking at the relevant information from the official websites of the counties, and (b) assistance from county officials and leaders of partner organizations to

recommend other potential participants. The individuals identified were then invited via email if they would like to self-nominate their participation or recommend someone else. A demographic questionnaire was sent to the participants to ensure the participants meet the required criteria (Appendix D).

Selection and Invitation

Individuals identified as meeting the expert criteria were contacted via email sent on the Survey Monkey platform to formally participate in this study. Participants were invited via email embedded in the survey monkey platform, and the information and consent form were sent in the same manner. Experts were asked to nominate others as well, in an effort to reach the target number of participants. The target panel size for this proposed study is between 15-25. Thirty participants will be recruiting initially with the goal of retaining at least 15 at the end the study. The number of participants varies depending on the study's stated objectives and on whether the researcher uses a homogenous or heterogeneous sample (Hsu & Sandford,2007; Linstone & Turloff, 1975; McPherson et al., 2018; Skumolski et al. 2007).

Instrumentation

This Delphi study was carried out entirely via online surveys using the Survey Monkey platform to send invitations to potential panel members and collect and summarize the responses. A direct email complemented the online surveys and provided more details on the survey's motivation and goals (Hirschhorn 2019). Three rounds of self-administered questionnaires were proposed for this study based on recommended

three rounds (Adler & Ziglio,1996; Delbeq et al.,1975; Linstone & Turloff,1975; Skumolski et al.,2007).

The initial question was aimed to solicit expert opinions on the strategies currently in use or that can be used to provide services to undocumented/multifamily immigrants during a crisis. Thus, it was an open-ended question requiring the panel to provide more than one answer. The first-round responses were analyzed for themes that formed the base for second- and third-round questions. In the subsequent rounds, participants were asked to rate and rank a list of strategies derived from the Round 1 Questionnaire. The analysis of data collected was done using SPSS software and NVivo for qualitative data analysis. In order to bolster the participation rate and minimize nonresponse, an initial phone call was made to the potential panelist to request participation once the list was finalized. Email follow-up with nonresponders and setting deadlines for survey responses to keep the interest up and expedite the data collection process were employed.

Initial Question for the Study

Directions

For the following question, please provide the response that best reflects best experiences and opinion (provide a minimum of five responses).

What strategies can local leaders use to address the compound effects of implementing the PCR and the COVID pandemic among undocumented immigrants?

The initiating question for this Delphi study is to explore the strategies that can assist local leaders in providing support to undocumented immigrants in the wake of the COVID-19 pandemic (appendix E). The following are descriptions of the steps in the proposed rounds to collect data.

Round 1

The initial open ended brainstorming question is administered electronically to the participants on the Survey Monkey platform. In the initial round, the panel of experts were asked to list and briefly describe a minimum of five responses to the question (Hirschhorn, 2019; Okoli & Pawlowski, 2004). The results were then used to prepare a list of strategy themes and the survey instrument for Round 2. For feedback and validation of responses in this round, the list of strategies developed were given to the participants along with a copy of their initial response to remind them of their previously chosen strategies (Okoli & Pawloski, 2004; Schmidt, 1997). At this stage, the participants were invited to suggest additional items they may have missed from the initial response. The additional responses were analyzed and used to update the Round 2 questionnaire. The responses were consolidated into a single list with a description of each issue or strategy on the list (Schmidt,1997; Schmidt et al.,2001).

Round 2

The focus of Round 2 was narrowing down the strategies within the themes identified from Round 1 (McPherson et al., 2018) based on their practicality and expected benefits to the undocumented immigrants. Thus, panelists were provided with a list of

strategies/factors and asked to rate them on a 5-point Likert-type scale(appendix H). The response parameters for the feasibility(practicality) scale were: (1) strongly disagree (2) disagree (3) neither disagree nor agree (4) agree, and (5) strongly agree. Those strategies rated 4 and above were retained for the next round (Okoli & Pawlowski, 2004). The process reduced the list of strategies to a manageable size.

Round 3

Strategies with scores of 4 and above were presented as a list to the panel of experts for ranking. The panel was asked to rank the top 10 strategies from a randomly ordered consolidated list (appendix J). The panelists ranked the strategies in order of priority (importance) if they believed leaders should adopt the strategies. The top mean-ranked strategies will be the ones deserving the attention of the local leaders. The goal of presenting the strategies list to the expert panel in a random order was to reduce or minimize the risk of bias in ranking the strategies by the panelists (Schmidt et al., 2001).

Data Analysis Plan

Electronic questionnaires administered in three rounds were the primary data collection instruments for this study. The data collected using the survey monkey platform were transferred either into SPSS (quantitative) or NVivo (qualitative) for analysis. For the first-round data, thematic content analysis was used to analyze and code participants' Round 1 response. As Brady (2015) pointed out, thematic content analysis is the most common analytical process to evaluate Delphi studies' first-round data. The six steps of thematic analysis developed by Braun and Clarke (2012) were applied in this

study. Therefore, familiarity with the collected data was established before starting the analysis. Data were reviewed thoroughly for understanding prior to raw coding data and developing them into additional potential categories. This was an inductive process, and the guiding criteria for analysis were emerging themes based on the initial questions prompt and relevance of the data to the study objective. Thus, the initial coding was data driven based on their meaning or relevance to the study goals with the help of NVivo qualitative analysis software. Coding of the responses was then carried out using frequency counts of particular words, phrases, or groups of words used to describe the strategies. Also, constant comparison techniques and the coding process commenced as soon as members of the expert panel started submitting their responses to avoid delays in processing data. Codes and categories were adjusted constantly as more responses came in until all possible responses were received. Data received in any given round were analyzed and included for the next round despite any participant dropping out before the next round. The codes provided a summarized overview of the key points and shared meanings recurring through the data. There were no pre-existing coding frames; thus, themes will be generated by going over the codes developed from the data and identifying patterns among them based on Chapter 2 literature review and the initial question prompt. Themes are then reviewed and compared with the data to ensure they are accurate reflection of the data. At this stage attempts will be made to group the codes under the broad themes of: What strategies are important, feasible, and effective or impactful. Also, member checking the data in which participants will get a copy of their

responses to the first-round questionnaire (Lincoln & Guba, 1985, Okoli & Pawloski, 2004; Schmidt, 1997).

Regarding quantitative data, summary statistics (mode, median and interquartile ranges) will be used. The analysis of the first-round data and themes generated will form the foundation of Round 2 questions. Round 2 results are analyzed using summary statistics to establish median rating, mode, and their non-parametric measures of dispersion (frequency percentage and interquartile range). The top-rated strategies are moved to round 3. The top mean-ranked strategies by the panel in the final round will be recommended for adoption by local leaders.

A Summary of the Delphi Process

Planning Stage

The planning stage included a review of literature for themes and gaps, determining criteria for expert selection, and preparing questionnaires and needed letters.

Round 1

The brainstorming phase included generating strategies/factors that experts in immigrants' issues consider critical in assisting undocumented immigrants in crisis. The process involved sending out a Round 1 questionnaire to participants to list potential strategies/factors regardless of order. Also, it included receiving and carrying out content analysis of participants' responses, summarizing strategy/factor themes, and creating a list to construct the Round 2 questionnaire.

Round 2

The goal of Round 2 was to narrow down the strategies and factors. The panel rated the strategies based on their level of agreement on whether the strategies are practical, effective, and important(relevant). The scale was 1-5 (strongly agree and strongly disagree). Analyzing Round 2 results included using descriptive statistics (mean/mode) to establish the median rating of the expert panel's opinion on the strategies critical for assisting undocumented immigrants. A consolidated list of strategies/factors was retained for ranking in the next round.

Round 3

Round 3 included establishing the final level of consensus and ranking the top 10 strategies/factors in order of importance. Descriptive statistics (mean/mode) were used to establish a consensus.

Analysis of the Results

At this stage, the study's summary was provided to the participants. Participants were asked to review the final report on consensus and comment on the findings. Considerations will be taken for participants' final comments and before making conclusions based on the data.

Methodological Assumptions, Limitations, and Delimitations

The first methodological assumption addressed was whether a valid instrument could be developed and administered within the time allotted. Concerning the development of a valid instrument, this assumption was held in check using one initial

question and then moving on to rating and ranking the responses. The second assumption was that the survey can be delivered and results collected in a relatively limited period per the standards for completing a Walden University class. The assumption was that notices would be given and responses recorded in a timely fashion. If such was accomplished, the study would be completed within a time frame that allows for a higher validity level. The strategy is to complete the study within a narrow time frame to prevent tainting from outside sources. The study's timely completion is necessary because of the rapidly changing political and economic environment and the potential for legislative changes to existing immigration law. There is also the changing landscape of COVID-19. A third assumption was that the local jurisdiction chosen from which to draw the sample was, in fact, representative of the broader state population. The sample size used was based on accepted practices in conducting Delphi research (McPherson et al., 2018; Skulmoski et al., 2007). The final issue to be addressed as a potential limitation is that of survey type. Web-based surveys (Cox,2016) present unique ethical and security considerations compared to other types of surveys, especially data storage issues, and respondent data breaches. Thus, in this study, respondents' confidentiality, and anonymity as per Walden's IRB were adopted.

Issues of Trustworthiness

Delphi method (McPherson et al., 2018) is grounded on the human science paradigm; thus, it is appropriate to evaluate the study using the Delphi method using a criterion developed for qualitative research studies. Lincoln and Guba (1985) pointed out

that all trustworthiness elements must be present in a qualitative study for proper execution. Thus, in this study, trustworthiness, credibility, transferability, and confirmability were addressed.

In this study, dependability meant that instruments used to collect data yield consistent results across all data collected. Thus, there must be consistency in data collection, analysis, and reporting (Burkholder et al., 2016, p. 75). To ensure reliability in the study, inquiry audit and triangulation strategies will be adopted. Credibility implies that the results of this study are believable. The strategy suggested by Guba and Lincoln (1989), Merriam (2009), and Burkholder et al. (2016) of peer briefing, member checking, triangulation, and reflexivity was relevant for this study.

Regarding the transferability or external validity of this study, reliance on researcher reflexibility was imperative. Such an effort focused on documenting all the notes, memos, self-critical analyses of biases, my role in the research process, and adjustments made during the study. Thus, detailed accounts of how the study was undertaken and data analysis will be available to other researchers and reviewers. In that regard, making a sufficient description of the study's background and an underlying assumption so readers can apply the results to other settings was a priority. Also, as much as possible, efforts were made to diversify the study participants to incorporate many views and situations. Finally, on the issue of confirmability, other researchers should be able to come to the same conclusion using the same data (Guba & Lincoln,1989). In this study, a confirmability audit was used, as suggested by Guba and Lincoln.

Ethical Procedures

Adhering to ethical procedures was critical for this study and was a priority at all participant recruitment stages, data collection, storage, and analysis, and sharing. In conducting this study, there was strict adherence to the ethical standards outlined by Walden University and the Institutional Review Board (IRB). Thus, no data were collected until approval by the IRB. Also, informed consent was obtained from each Participant. All participants received an informed consent form via email. The email included details such as the purpose and duration of the study, procedures, risks or benefits associated with the study, the statement that participation is voluntary and they could stop if they chose to, and how the confidentiality of data will be maintained. IRB approval number for this study is # 12-07-21-0985655.

Care was taken to safeguard each participant's privacy and identity; no written or electronic signatures were obtained to reveal their names and settings changed not to collect participants' unique internet protocol (IP) addresses. Data were maintained using a secured computer with access limited to only the learner and those approved by Walden policy and ethical guidelines. Backup and storage were on a password protected USB drive and stored in a locked personal file cabinet. All data will be stored for 5 years after completing this study before shredding, deleting, and destroying all materials. Thus, attention was given to protecting participants' anonymity using an anonymous database to collect responses to the survey. The adoption of the anonymous collection method helped relieve the group conformity pressure among participants.

No harm was expected from the researcher or the respondents as there was no face-to-face interaction. Participants were only required to give their expert opinion regarding the best strategies to provide relief to undocumented/multistatus immigrant families. The research was also submitted to the Walden IRB for approval and followed the informed consent checklist guidelines.

Summary

In this mixed research, using the Delphi method, the goal was to reach a consensus on the strategic priorities that assist the immigrant population in the wake of PCR implementation and the COVID-19 pandemic. The lessons learned will be potentially applicable to other similar scenarios should they occur in the future. The methods outlined in this chapter will set the stage for data and collections described in the next section.

Chapter 4: Results

This mixed study method was designed to explore local leaders' strategies to support undocumented immigrants against the combined adverse effects of implementing the PCR and the COVID-19 pandemic. Given that the study was explorative, a Delphi method was used to collect data and answer the research question through a qualitative question in the first round and later through rated and ranked quantitative questions in Rounds 2 and 3 (see Strang,2017).

Specifically, the study addressed one research question: What strategies can local leaders use to address the compound effects of implementing the PCR and the COVID pandemic among undocumented immigrants? Given that in a Delphi study it is vital to consider the experience or the knowledge in selecting experts to determine the reliability and validity of results (Giannarou & Zervas, 2014; Hemmat et al., 2019), data for this study were collected from experienced professionals and leaders working closely with the immigrant community. This panel of experts was the foundation of this study (Keeney et al., 2011). Chapter 3 presents the data analysis and results. The first part describes the setting and demographics and the final part describes data collection and analysis, evidence of trustworthiness, results, and a summary.

Study Setting

Data for this study were collected electronically on the Survey Monkey platform. The panelists completed the surveys independently at a time and physical setting of their choosing without my presence or insight into their environment. The responses were text

narrative for Round 1, rate, and rank for Rounds 2 and 3, respectively. Thus, with no observations, no personal or organizational conditions influenced their participation or participant experiences at the time of this study. Also, there were no influences on interpreting the results or responses. The potential for undue influence to complete the survey was avoided by not offering incentives or rewards to complete the survey.

Demographics

The participants were selected via the snowball method and qualified based on their experience working with the immigrant population. The criteria for this study included:

1. Knowledge and proximity to the immigrants,
2. Leadership experience in local government, nongovernmental organizations (NGO), or a field practitioner working with immigrants' programs,
3. At least a bachelor level education, and
4. Three years of experience.

The final panel consisted of diverse experts; three experts worked with the local government, two were scholars/academicians, three were health experts, three were people working with NGOs as legal experts, and two program were experts/community leadership. The academic qualification ranged from a bachelor's to Ph.D. (See Table 3). Panelists' recruitment spanned 4 weeks, as the snowball method of recruitment dictated the pace of recruitment. Initial recruitment was from my professional network and

additional recommendations from the panelists, other professionals, and field practitioners.

Table 3

Final Round Panelists Profile

Name	Education/ Degree	Agency	Years of Experience	Area of Expertise
Panelist 1	PhD	Public Institution/Community Leader	15+	Scholar/ Academician
Panelist 2	Masters	State Govt	15+	Program Development/ Implementation
Panelist 3	JD.	Legal/Community Leader	7+	Immigration law/Advocacy
Panelist 4	JD.	Legal/Community Leader	10+	Immigration law/Advocacy
Panelist 5	Masters	City Government	10+	Program Development Implementation
Panelist 6	Masters	City Government	10+	Program Development Implementation
Panelist 7	Masters	Health/NGO	10+	Program Implementation/Advocacy
Panelist 8	Masters	Health/NGO	10+	Program Implementation/Advocacy
Panelist 9	Masters	NGO/Community Leader	10+	Program Implementation/Advocacy
Panelist 10	Masters	NGO/Community Leader	15+	Program Implementation/ Advocacy
Panelist 11	JD.	Legal/Community Leader	5+	Immigration law/Advocacy
Panelist 12	Masters	Public Institution	25+	Scholar/Academician
Panelist 13	Bachelors	Community Leader	7+	Program Implementation/Advocacy
Panelist 14	PhD	Health/Community leader	20+	Health Advocacy
Panelist 15	Bachelors	Community Leader	15+	Program Implementation/Advocacy
Panelist 16	Masters	Health/NGO	10+	Health

Data Collection

Delphi methodology guided data collection. I employed a purposive sampling method, specifically criterion and snowball sampling. Invitations to participate in Round 1 were sent out to 38 panelists who met the eligibility requirements for the study. Those with experience working closely with the immigrant community were the basis of the recruitment of all the panelists. Thirty-eight recruitment e-mails were sent, and consent was provided either by replying in the affirmative or completing the survey. Sending questionnaires or surveys online is common practice in Delphi studies (El-Gazzar et al., 2016; Jiang et al., 2016). Twenty-two experts responded for the first and 16 responded for the second round and the final round. Six panelists dropped in the second round. The response rate was 57.9%, 72.7%, and 100% for Rounds 1, 2, and 3 respectively (see Table 4). The data collection period was between December 12th and May 24. Data collection utilized a qualitative approach for Round 1; one open-ended brainstorming research question was used to explore strategies that can be used to assist undocumented immigrants in dealing with the fallout effects of COVID and PCR (Appendix A). Data from Round 1 were used to develop the Round 2 questionnaire (McPherson et al., 2018). In the second, the panelists rated the strategies on feasibility and were allowed to comment on their responses. I used a 6-point Likert scale to collect more detailed data and facilitate consensus among the expert panel. This 6-point Likert scale data collection methodology has been used in several research studies (Johnson et al., 2019; Maher et al., 2020; Meibos et al., 2019). While in the third round of data collection, panelists were

asked to rank the strategies based on importance or priority (Okoli & Pawlowski, 2004). In this round, the panelists were not given a chance to comment on their selection. The Round 3 questionnaire was developed from Round 2 data analysis.

Data were collected entirely online via the survey monkey platform. An automatic reminder was set up to remind participants if they never responded within four days. The data collection was done within a span of 5 months for all three rounds (from December 12th through May 24th,2022. All survey data were downloaded in PDF, XLS, and SPV formats from SurveyMonkey and transferred to MS Excel, MS Word, and SPSS for analysis.

Table 4

Survey Response Rate

Round	Invitations(*n*)	Completed Surveys(*n*)	Completion Rate (%)
1	38	22	57.9
2	22	16	72.7
3	16	16	100

Data Analysis

The iterative nature of the Delphi methodology resulted in initial participation influencing the remaining rounds of data collection. Specifically, participants added and deleted information throughout the first two rounds. Sample responses from each round are provided throughout this chapter. The panelists' participation was tracked with tools

embedded in the survey monkey platform used for data collection. Qualitative data were analyzed using NVivo, MS Word, and MS Excel, and quantitative data were analyzed using SPSS. In addition, a separate Excel spreadsheet was used as a backup for tracking expert panel recruitment and key dates throughout the data collection process. Panelists were assigned a number to ensure confidentiality. The spreadsheet consisted of participants' names, locations, and e-mail addresses. In addition, columns were used to note when recruitment e-mails and follow-up requests were sent, when responses were received, when responses had been reviewed, and when Rounds 2 and 3 were received.

Round 1: Brainstorming

Round 1 survey was guided by one research question: What strategies can local leaders use to deal with the fallout of covid 19 and PCR among undocumented immigrants? Responses from 22 participants were received online on a survey monkey platform. Round 1 survey was completed within 5 weeks (12/5/21-2/27/22). I used tools embedded in the survey monkey platform and Microsoft Excel spreadsheets for the initial analysis and data transfer. The open-ended question in Round 1 yielded 82 potential strategies. The initial step in the analysis involved reviewing the open-ended responses thoroughly to familiarize me with the data and compiling an initial list of all the strategies. In the analysis process, the guide was the emerging themes based on the initial question prompt, existing literature, and the relevance of the data to the overall study objective. Each strategy statement was subjected to a thematic analysis. I noted the frequency counts of particular words, phrases, or groups of words used to describe the

strategies to guide coding and categorization. Thus, I kept making several adjustments to the codes and categories. The codes were organized under eight broad themes or categories based on the purpose of the study and findings from the literature review. I supplemented the analysis process with NVIVO and MS Word coding. I used the comment function in word to code broad categories and transfer the comments into the final comment sheet. I then compared the findings using the two different methods for similarities, misses, and overlaps. The process brought out some additional themes that were left out from the initial coding. Also, I narrowed the coded themes based on how many times they appeared. The analysis yielded eight broad themes or categories of trusted communication, local government action and involvement, targeted education and training, economic support, nongovernmental actions, health advocacy and assistance, virtual communication, and involvement of the immigrant community leaders and pro immigrant legislation and policies (See table 5). Once the categories were identified, I placed all 82 strategies under the relevant category or subcategory (see Appendix C). The top categories based on the number of strategy suggestions were education (13), health and advocacy action (13), government action (12), legislative and policy action (11), trusted communication (10), and family support and community leader's action (11; see table 5). I refined the initial list by combining strategies, splitting more nuanced strategies, and discarding irrelevant or repeated strategies. This iterative process resulted in twenty-six (26) strategies for Round 2 based on how closely they reflected the broad themes, frequency, and uniqueness of the overall data.

Table 5

Strategy Recommendation by Category or Theme

Category /Theme	Strategies Distribution
Trusted Communication	10
Government Action	12
NGO Action	9
Education	13
Health Advocacy & Assistance	13
Economic Support	4
Legislative or Policy Actions	11
Family Support & Community Leaders	10
Total	82

Trusted Communication

The expert panel recommended using trusted communication as a strategy to assist undocumented immigrants. Panelists provided nine strategy suggestions related to this theme. This strategy works for all stakeholders; for instance, Panelists 1, 4, and 5 suggested leaders should work through community churches where these immigrants attend services who can communicate in multiple languages or communicate through interpreters if the immigrants speak a foreign language. Also, the panelists suggested approaching ethnic businesses that serve immigrant groups to assist with communication, use of local community sports clubs like soccer, and basketball, working with country-of-origin embassies, and use of community-based organizations to carry the health message to the immigrants. Panelist 8 recommended the use of websites or online communication. Panelist 21 recognized that online communication can be difficult for some who may not

have access to computers and suggested phone usage to supplement the efforts to bolster the engagement of the immigrant community.

Local Government Action and Involvement

Government action plays an integral part in the quest to assist undocumented immigrants. Panelists provided as many as 12 strategies related to government action. Panelist 14 suggested that local government agencies and leaders can help clarify confusing messaging on immigration policies and the effect of public health resources on immigration, coordinate efforts among stakeholders, build trust, and encourage open dialogue around immigrant issues.

Targeted Education and Training to the Immigrants

The panelists provided 14 strategies related to education specific to the target population. The strategy suggestions ranged from Informational workshops to skill identification, health awareness, assistance program availability, and dispelling misinformation on rules and policies.

Economic Support

The expert panel addressed strategies to provide economic support (Panelists 2, 4, 6, & 14). The specific strategies include establishing job placement centers, providing equal access to benefits to all regardless of immigration status, and taking advantage of the skill sets in the labor market to reduce labor shortages.

Nongovernmental Actions and Involvement

Strategy suggestions underscored the importance of NGOs in assisting undocumented immigrants. Overall, 11 strategies were provided for this category. The strategies covered broad areas that included providing clarity in policies, health, and legal advocacy, conducting needs surveys, and providing direct material support to undocumented immigrants. Panelist 5 suggested organizing nongovernmental organizations and funding for these purposes.

Health Advocacy and Assistance

Many panelists addressed access to health care and suggested partnering with insurance companies to provide affordable medical group insurance for immigrants (panelists), volunteering from health workers, and community business owners. Free tests and vaccination were suggested (Panelist 4). Keeping the cost of health care affordable and providing mental health to all were also discussed.

Involvement of Immigrant Community Leaders

Many of the panelists identified the involvement of the community in assisting the undocumented immigrants in key areas providing affidavit sponsorship for family visa petitions (Panelist 15), the establishment of mentor families, and pairing for social and emotional support. Community leaders can work with the local governments in identifying ways to manage the living conditions of the immigrants, especially those living in large family settings, work with career centers in creating and identifying job

opportunities for immigrant families, and Panelist 16 recommended adoption of immigrant families.

Pro Immigrant Legislation and Policies

Panelist 7 noted that Public Charge is no longer the law but acknowledged the lingering effect as "excessive or unjustified administrative and other barriers that impede access to immigration benefits and fair, efficient adjudications of these benefits" (USCIS,2020). Panelists recommended thirteen strategies for policy or legislation changes. The strategies call for specific and administrative changes. Panelists 7 and 16 called for changes in laws and ordinances (e.g., 219g Partnership with ICE/DPHS), ending for-profit jail and detention facility contracts with ICE, and reducing paper and ID requirements to obtain COVID-19 Vaccine and treatment and policy changes to accommodate immigrants. Panelists 11 and 14 suggested providing legal help to the immigrant, establishing robust legal aid and resource centers, and providing legal assistance, shelter, and other resources to assist the immigrants.

Round 2: Rating

In Round 2, the panelists were presented with 26 strategies to rate on a scale of 1-6, with one being strongly disagree and six strongly agree (see Appendix H). Using a 6-point Likert scale was a deviation from the original plan to benchmark the cut-off score at four because of the change to a 6-point Likert scale from a 5-point Likert scale. A 6-point Likert scale was used to ask the panelist to choose whether they agree with the presented strategies, with a Likert scale of 1=strongly disagree and 6=strongly agree. Also, a

comment section was included with each strategy for additional comments. Twenty-two invitations were sent out, with 16 completing the survey, representing a 72.7% response rate. Data were exported to Excel from survey monkey with all the associated narratives for coding analysis and summary statistics used for analysis. Round 2 Likert scale ratings for each recommended strategy were analyzed using an Excel spreadsheet to determine the level of agreement. In Delphi studies, there is no agreed definition or cut-off for a consensus. The applicable measure for consensus for this study was 70% of the panelists choosing the upper tiers of the 6-point Likert scale, Responses of "strongly agree," "agree," and "slightly agree" with a mean score of 5 or greater. Similar methods have been used to determine consensus with Likert scale data in Delphi studies (Naseem & Ahmad, 2020). Twenty-five strategies that had a consensus score of more than 70% and rated 5 or better were moved to Round 3 for ranking in order of importance or priority. Okoli and Pawlowski (2004) recommended 20-23 items for ranking. No new themes emerged from additional comments provided as all the comments were clarity related. However, one strategy was not moved to round three because the consensus score was 56.3%. The consensus score consisted of scores of 4 and above. For example, a score of 86.67% for SR2-1 means that 13 of the panelists rated the strategy 4 or higher. All other strategies had a score of 80% or higher and were moved to the next round for ranking (see table 6).

Table 6

Round 2 Components with Consensus

Strategy	Round 2 Consensus	Mean Rate	Consensus %0
SR2-1	Providing trusted communication to undocumented immigrants.	5.53	81.3%
SR2-2	Clarity of(in) government policies and actions.	5.27	81.3%
SR2-3	Providing targeted education and training to immigrants.	5.2	87.6%
SR2-4	Providing economic support.	5.27	87.5%
SR2-5	Health advocacy and assistance.	5.53	93.8%
SR2-6	Involving Non-governmental Agencies, Associations and Organizations.	5.47	81.3%
SR2-7	Involving Immigrant Community Leaders.	5.8	93.8%
SR2-8	Pro-Immigrant legislation and policies.	5.79	93.8%
SR2-9	Providing legal help.	5.6	93.8%
SR2-10	All stakeholders' involvement.	5.13	87.6%
SR2-11	Resource mobilization for immigrant programs.	5.47	93.8%

Strategy	Round 2 Consensus	Mean Rate	Consensus %0
SR2-12	Empowering and encouraging local leadership decision-making.	5.6	93.8%
SR2-13	Working through Immigrant communities' churches and schools.	5.67	93.8%
SR2-14	Providing mentorship to undocumented immigrants.	5.33	87.5%
SR2-15	Adopting undocumented immigrant families.	4.8	56.3%
SR2-16	Social and emotional support for the undocumented immigrants	5.2	81.3%
SR2-17	Establishing targeted resource centers and Infrastructure development targeting undocumented immigrants.	5.27	87.6%
SR2-18	Open dialogue on immigrant issues	5.27	87.5%
SR2-19	Coordination of efforts of all stakeholders	4.6	93.8%
SR2-20	Promote equality.	5.4	81.3%
SR2-21	Organizing immigrant community self-help groups	4.4	93.8%

Strategy	Round 2 Consensus	Mean Rate	Consensus %0
SR2-22	Skill Identification to develop educational programs for immigrants	4.73	93.8%
SR2-23	Needs assessment of the immigrant community	5.6	93.8%
SR2-24	Encourage or mobilize Volunteers.	5.47	87.5%
SR2-25	Policy or legislation changes.	5.6	93.8%
SR2-26	Affordable and flexible payment methods for health services.	5.27	87.6%

Also, for internal consistency of data, Cronbach Alpha for the reliability of data and α=.936 is strong (Cronbach's Alpha based on standardized items = .983; *N* of items = 26).

Round 3: Ranking

In Round 3, the panelists were asked to rank 25 strategies on a scale of 1-25 based on priority or importance with one 1 being the most important and 25 the least important (see Appendix I). Thus, the possible score range was 25-625. The closer the cumulative score was to 25 the higher the ranking. A strategy was considered important if the panelists believed that local leaders should adopt the strategies if they consider them influential and impactful. The strategies were presented in random order. All 16 invitees responded. However, two of the panelists sent incomplete answers, and partial responses

were included in the analysis. The top ten strategies reflected the main categories of education, policy or legislative actions, economic support, legal help, community involvement, government action, and providing trusted communication (See Table 7).

Table 7

Round 3 Results and Strategies Listed in Order of Importance

Strategy	Score	Rank	Average Score
Skill Identification is an effective strategy for developing educational programs for immigrants.	130	1	8.13
Policy or legislation changes.	131	2	8.19
Needs Assessment of the immigrant community.	136	3	8.50
Providing economic support.	157	4	9.81
Providing mentorship to undocumented immigrants.	159	5	9.94
Providing legal help.	163	6	10.19
Providing trusted communication to undocumented immigrants.	164	7	10.25
Open dialogue on immigrant issues	179	8	11.19
Involving Immigrant Community Leaders.	183	9	11.44
Resource mobilization for immigrant programs.	185	10	11.56
Providing targeted education and training to immigrants.	186	11	11.63
Organizing immigrant community self-help groups.	186	12	11.63
Social and emotional support to undocumented immigrants.	187	13	11.69
Establishing targeted resource centers and Infrastructure development targeting undocumented immigrants.	189	14	11.81
Coordination of efforts of all stakeholders	199	15	12.44
Involving Non-governmental Agencies, Associations, and Organizations.	202	16	12.63
Promote equality	202	17	12.63
Working through Immigrant communities' churches and schools.	210	18	13.13
Empowering and encouraging local leadership decision-making.	212	19	13.25
Encourage or mobilize Volunteers.	220	20	13.75
Health advocacy and assistance.	223	21	13.94
Pro-Immigrant legislation and policies.	227	22	14.19
Clarity of government policies and actions	229	23	14.31
All stakeholders' involvement.	239	24	14.94
Affordable and flexible payment methods for health services.	266	25	16.63

Also, for internal consistency of round data 3, Cronbach Alpha for the reliability of data and α=.874 was strong (Cronbach's Alpha based on standardized items = .876; *N* of items = 25).

Finally, a factor analysis was carried out to synthesize the main categories after ranking by the panelists. In previous Delphi studies (Gisbert-Trejo et al., 2020; van Pelt et al., 2022), a factor analysis was used to evaluate underpinning relationships of large variables and summarized into fewer components. The results are discussed in the next section.

Factor Analysis

In Round 3, the participants ranked 25 strategies using principal components analysis (PCA) on the 25-question survey that ranked strategies to assist undocumented immigrants based on importance. In the assessment of the suitability of PCA, the correlation matrix showed that all variables(strategies) had at least one correlation coefficient greater than 0.3(r>0.3). The overall Kaiser Meyer-Olkin (KMO) measure was 0.875; thus, a classification of "middling" to "meritorious" according to Kaiser (1974). Also, the data were factorable because of the absence of an identity matrix in the data.

The PCA analysis shows that 8 components with eigenvalues greater than one explained 27.94%, 15.79%, 12.56%, 8.52%, 7.93%, 6.83%, 6.73%, and 4.19% respectively for a cumulative 85.78% of the total variance (see Appendix J). A visual examination of the scree plot (figure 3) shows that eight components should be retained (see Catrell, 1966). In addition, the eight components met the interpretability criterion

and thus were retained. The components (1-8) align with broad categories identified from Round 1 analysis with strong loadings of strategies of trusted communication, community support, and targeted education in Component 1, government action and NGO involvement in Component 2, economic support and involving NGOs on Component 3, legislative or policy action and legal help on Component 4, health advocacy and economic support on Component 5, community support on Component 7, and targeted education on Component 8. Component loadings are shown in Table 8.

Table 8

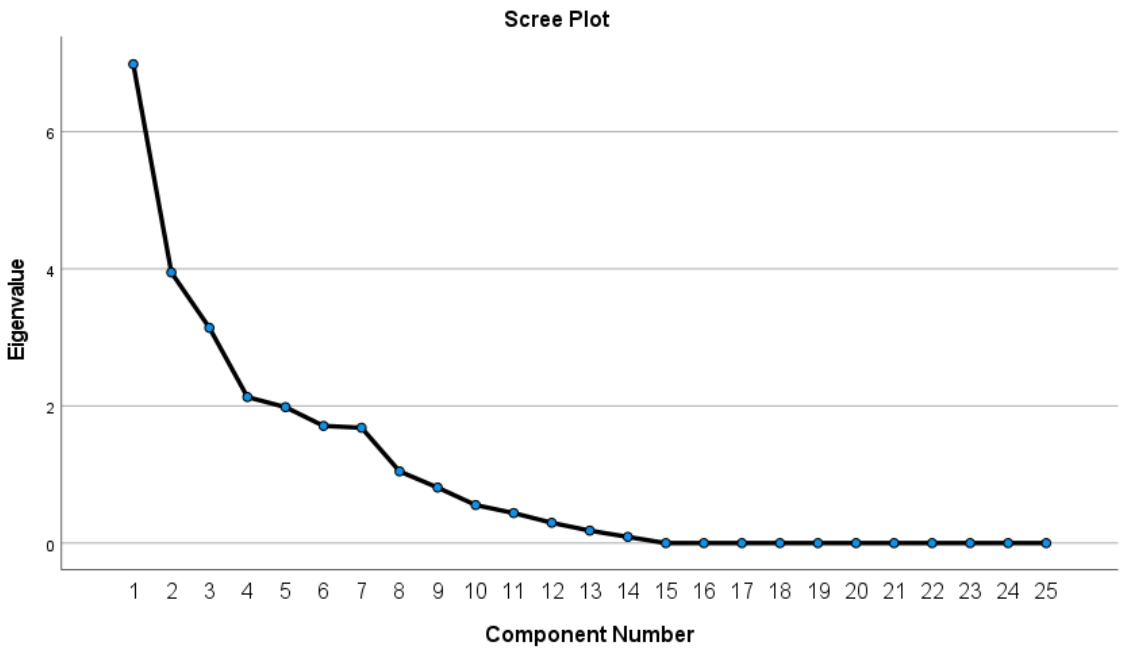
Rotated Structure Matrix for PCA with Varimax Rotation of 8 Components

	Component							
Strategy	1	2	3	4	5	6	7	8
SR-20	**0.894**	-0.016	-0.052	0.157	-0.222	0.214	0.061	0.136
SR3-3	**0.831**	0.044	0.123	0.011	0.33	0.045	0.126	-0.179
SR3-1	**0.784**	0.223	0.088	-0.257	-0.128	0.203	-0.058	0.327
SR3-12	**0.78**	0.206	-0.08	-0.066	0.365	-0.036	0.121	0.098
SR3-19	-0.074	**0.93**	0.244	0.099	0.082	-0.049	0.087	0.083
SR3-9	0.109	**0.765**	0.233	0.263	-0.31	0.046	0.162	-0.135
SR3-17	0.086	**0.736**	0.08	0.126	0.027	0.07	-0.562	0.045
SR3-23	0.374	**0.697**	0.086	-0.124	0.345	0.211	0.291	-0.061
SR3-16	-0.155	0.058	**0.887**	0.048	0.194	0.126	-0.098	0.143
SR3-10	0.063	0.275	**0.843**	0	0.161	0.111	0.053	0.095
SR3-18	0.14	0.442	**0.637**	0.145	-0.337	0.05	0.291	0.075
SR3-5	0.195	0.4	**0.6**	0.331	0.006	-0.31	0.177	-0.32
SR3-7	-0.138	-0.037	0.102	**0.85**	0.24	0.105	-0.054	0.289
SR3-8	-0.076	0.315	0.155	**0.832**	0.128	-0.195	0.201	-0.11
SR3-24	0.003	0.444	-0.271	**0.695**	-0.026	0.204	-0.373	-0.111
SR3-2	0.193	-0.024	0.587	**0.647**	0.118	-0.056	-.022	-0.18
SR3-4	0.079	-0.013	-0.022	0.318	**0.841**	0.025	0.184	-0.081
SR3-14	0.042	0.139	0.332	-0.021	**0.735**	0.158	-0.363	0.37
SR3-25	0.201	-0.09	0.445	0.266	**0.719**	0.103	0.124	0.229
SR3-22	0.085	-0.009	0.112	-0.178	0.027	**0.918**	-0.026	-0.287
SR3-15	0.093	0.136	-0.001	0.219	0.355	**0.802**	0.1	0.291
SR3-11	0.487	0.054	0.144	0.111	-0.176	**0.689**	0.265	0.275
SR3-6	0.256	0.231	0.05	-0.019	0.125	0.191	**0.901**	0.069
SR3-21	0.58	-0.093	0.162	0.036	0.159	-0.075	0.02	**0.731**
SR3-13	0.211	0.04	0.332	0.492	0.266	0.13	0.21	**0.545**

Note. The bold represents the components that loaded highly on the strategies.

Figure 3

Scree Plot



Note. The scree plot (see Cattell, 1966) with an inflection point will illustrate one of the criteria used to determine the number of components to retain for rotation and interpretation.

Study Results

This study's results were derived from the analysis of expert panel responses for themes, patterns, and relationships using a mixed method approach. The results indicated potential strategies for assisting undocumented immigrants that the expert panel agreed upon. The qualitative data represents the perspectives of those with experience working with immigrants. Also, it presents a pathway for equitable access to work and health resources for a target population. Due to everyone’s unique contexts and perspectives, a

consensus was not reached on every strategy identified by an expert panel. Complete lists of areas of agreement and disagreement are presented in table 6. The final, agreed-upon accepted strategies are presented in table 7. A factor analysis was carried out to consolidate ranked and recommended strategies into eight components or categories (table 8).

Final Components/Strategies

The 25 strategies ranked by the expert panel fell into eight components from the PCA analysis (see table 8). All components show strong positive loading of variables(strategies), suggesting a positive correlation. The strategies with strong loadings on the components are shown in bold and identified below (see table 8).

Component 1

Organizing immigrant community self-help groups (0.894), providing targeted education and training to immigrants (0.831), providing trusted communication to undocumented immigrants (0.784), and working through Immigrant communities' churches and schools (0.780). All these strategies have strong loadings on component 1, thus, describes strategies that addresses issues of access to program and services.

Component 2

Promote equality (0.93), all stakeholder's involvement (0.765), open dialogue on immigrant issues (0.736), and encourage or mobilize Volunteers (0.697) have large positive loadings on component 2, so this factor describes strategies that encourage or

promote equity, effective communication, and inclusivity of all stakeholders for undocumented immigrants.

Component 3

Establishing targeted resource centers and Infrastructure development targeting undocumented immigrants (0.887), resource mobilization for immigrant programs (0.843), coordination of efforts of all stakeholders (0.647), involving non-governmental agencies, associations, and organizations (0.600) have positive loadings on component 3, thus, describes strategies for reduction of pressures on service providers and strengthening collaboration of all stakeholders.

Component 4

Pro-Immigrant legislation and policies (0.850), providing legal help (0.832), policy or legislation changes (0.695), and clarity of government policies and actions) have positive loadings on component 3, thus, the factor describes strategies aimed at state-local laws and policies that influence leaders assisting undocumented immigrants. Also, addressing the gap in legal services.

Component 5

Health advocacy and assistance (0.841), providing economic support (0.735), and Affordable and flexible payment methods for health services (0.719) have strong positive loadings with component 4, thus, describes strategies to address the health access and economic issues affecting undocumented immigrants.

Component 6

Needs assessment of the immigrant community (0.918), social and emotional support to the undocumented immigrants (0.802), and empowering and encouraging local leadership decision making (0.689) have strong loadings on component 6, thus, this factor describes strategies to identify the needs and impact of policy changes on undocumented immigrants, and empower local leadership decision making on immigrant issues.

Component 7

Involving immigrant community leaders (0.901) has a strong loading on component 7, thus, describes the strategy of identifying trusted individuals and trusted organizations in addressing undocumented immigrants' issues.

Component 8

Skill Identification an effective strategy to develop educational programs for immigrants (0.731), and providing mentorship to undocumented immigrants (0.545) have strong positive loadings on component 8, thus, describes the strategies to address training and skill development among undocumented immigrants.

Evidence of Trustworthiness

This study included member checking as a method to establish consensus in each round and establish credibility and trustworthiness. The iterative nature of the study supported credibility as panelists reconsidered the strategies in all three rounds. Data were validated through member checking during Round 2 and Round 3 of the study. No

responses or comments indicating disagreement were recorded. Member checking is used in the Delphi method to reach a consensus throughout each round of surveys. Participants reviewed answers for each round and made any corrections or changes. They were asked to reflect on the summarized responses from the expert panel and either agree, disagree, or add to the list of strategies. The participants reflected confidentially on the responses from the other participants. Transferability was addressed through a panel of peer reviewers. The dissertation committee served as reviewers in addition to two colleagues in the field with experience working with immigrants. In addition, descriptions were provided regarding how data were collected, analyzed, and interpreted. These descriptions assist in determining how the study may be repeated. Dependability was addressed through the consistency of the findings. The use of open coding of responses using NVIVO and MS Word enabled me to condense repeated responses and ensure that future researchers can follow the data collection process and the decisions made throughout the process through audit trails. Colleagues served as peer reviewers and checked the research plan and implementation in order to ensure dependability. While peer reviewers checked the summary of results from each round, numerical identities were used. Confirmability was provided using peer reviewers and the dissertation committee, who helped to ensure I limited bias in the analysis. In addition, an audit trail was used throughout the study to show how decisions were made when analyzing the data. The study's validity is determined by its usefulness in creating future strategies for assisting a target population in crisis. Also, credibility elements are included in the IRB

approval of the survey instrument before data collection and sourcing all the strategies for Round 1 responses.

Summary

The panelists brainstormed, rated, and ranked strategies for assisting undocumented deal with the combined effects of PCR and COVID-19 based on their feasibility and importance. Factor analysis was used to synthesize ranked strategies into fewer components. Regarding the response to the research question, the panelists responded with broad strategies that were deemed feasible and important for assisting undocumented immigrants.

Allocation of benefits to a negatively socially constructed target population is a contentious topic. The responses of the expert panel provide a pathway for equitable access to economic and health resources for undocumented immigrants (Schneider et al., 2014). SCPD provided the framework needed to gain insights into policy designs and create pathways to aid a target population. In this study, the unique contribution of the application of SCPD to addressing the PCR and COVID -19 effects on undocumented immigrants can be understood through the experiences and perspectives of leaders working close to the immigrants.

In the final chapter 5, I discuss the interpretation of the findings, recommendations for future research, the implications of the study, and the importance of this study in future research.

Chapter 5: Discussion, Conclusions, and Recommendations

This mixed methods Delphi study aimed to explore the strategies local leaders can use/are using to mitigate against the combined adverse effects of implementing the PCR and COVID-19 pandemic and the resultant health and economic crisis among undocumented immigrants. This Delphi study was conducted in three rounds. The findings of this study represent the consensus opinions of experts working closely with the immigrant population on potential strategies that leaders can use to assist undocumented immigrants in crisis. Sixteen experts participated in all three rounds of the Delphi study. The final panel consisted of diverse experts, with three working with the local government, two scholars/academicians, three health experts, three working with NGOs, three legal experts, and two program experts/community leaders. The multiple iterations in the study involved brainstorming, rating, and ranking potential strategies. In Round 1, participants brainstormed the strategies local leaders can use to assist undocumented immigrants in dealing with the fallout from the PCR and Covid pandemic implementation. Responses from Round 1 were grouped into 11 categories (see Appendix I) and used to inform 26 strategies presented for a rating in Round 2. The panel of experts rated 26 strategies on a Likert-type scale of 1-6. All the strategies were rated on feasibility and importance. All strategies except one achieved a consensus score of at least 80% (or rated five or greater) in Round 2 ratings by the panel of experts. Thus, they were moved to Round 3 for ranking. The outcome of Round 3 is a list of 25 strategies that local leaders can use to assist undocumented immigrants in dealing with the

compound effects of the PCR and COVID-19 pandemic. The ranked strategies were synthesized into eight components using factor analysis for better understanding and implementable data (Appendix M). This final chapter includes an interpretation of the study findings in connection with the theoretical framework, limitations of the study, recommendations, implications, and final thoughts.

Interpretation of Findings

The findings are interpreted through the lens of the theoretical framework guiding this study. The theory that supported this study is the social construction and policy design (SCPD; Schneider et al., 2014). As the findings showed, the connection between the PCR and COVID-19 pandemic highlights the feed-forward effects of a degenerative policy (PCR) on program implementation among a negatively socially-constructed target population. Also, through the strategy recommendations, the impressions of the leader's policy interpretation and service provision to a negatively socially constructed group are manifested.

The research question was designed to provide a pathway to assisting undocumented immigrants, a group identified by Schneider and Ingram (1993) as "deviants" who often have little power, are subject to punitive policies or treatment, and are generally negatively constructed. Sixteen experts working closely with the immigrants agreed on 25 strategies that local leaders could employ to address the fallout effects of the PCR and COVID-19 among undocumented immigrants. Also, the strategy recommendations agreed on by the expert panel reflect the pathway for continuous efforts

to deal with the lingering effects of the PCR rule even though the implementation has stopped.

The results show that the expert panel reached a consensus on the feasibility of 25 strategies that would assist undocumented immigrants in a crisis (80%, or a rating of 5 or greater on a 6-point Likert scale). Similar methods have been used in determining consensus with Likert scale data used in Delphi studies (Naseem & Ahmad, 2020). The findings of this study are presented in eight components of strategies focused on addressing the issues of undocumented immigrants. In the following sections, the findings and interpretation for each of the eight components are discussed in relation to the peer-reviewed literature.

Component 1: Access to Program and Services

The panelist recommended several strategies to enhance access to programs and services. These include (a) organizing immigrant community self-help groups, (b) providing targeted education and training to immigrants, (c) providing trusted communication to undocumented immigrants, and (d) working through immigrant communities' churches and schools. Existing literature supports these measures as important in addressing the access barrier to services. For instance, a review of literature by Hacker et al. (2015) found that 15 articles recommended outreach to targeted immigrants to educate them on current laws and the system and give culturally appropriate guidance in healthcare areas to assist undocumented immigrants access services.

Component 2: Equity, Effective Communication, and Inclusivity

The strategies of promoting equality, all stakeholder involvement, open dialogue on immigrant issues, and encouraging or mobilizing volunteers loaded heavily on Component 2, indicating the importance of equity in the health and economic services and programs. Watson et al. (2020) pointed out health equity, economic security, and environmental justice as factors that affect marginalized communities. Thus, advocates for measures that address health equity and economic and environmental justice. The drivers are access to quality healthcare, affordable housing, and affordable housing. Also, they suggested a human rights approach to deal with the pandemic and health inequity issues.

Component 3: Enhancing Collaboration and Partnership

The expert panel pointed out the need to strengthen cross-sector partnerships across stakeholders to provide coordinated and integrated services that meet the needs of undocumented immigrants. Also, the panelists recommended establishing targeted resource centers and infrastructure development targeting undocumented immigrants, resource mobilization for immigrant programs, coordination of efforts of all stakeholders, and involving non-governmental agencies, associations, and organizations. The strategies have the potential to ease the pressure off service providers who are already overburdened by strained organizational capacity. Deslatte et al. (2020) support the collaboration and networking between stakeholders as significant in disseminating new ideas and programs across various government entities.

The panelists recommended the following strategies: the involvement of the community in assisting undocumented immigrants in key areas, providing affidavit sponsorship for family visa petitions, the establishment of mentor families, pairing for social and emotional support, and community leaders working with the local governments to identify ways to manage the living conditions of the immigrants, especially those living in large family settings, work with career centers in creating and identifying job opportunities for immigrant families, and recommend adoption of immigrant families. Crawford (2017) pointed out that prioritizing relationships, dialogue, and collaboration with undocumented community members was vital to their decision-making process.

NGOs are a critical fourth estate in the efforts to assist undocumented immigrants. The strategies cover broad areas that include providing clarity in policies, leading health, and legal advocacy, conducting needs surveys, and providing direct material support to undocumented immigrants, as well as organizing non-governmental organizations and funding for these purposes. Support for the active participation of NGOs is widespread in the literature. Deal et al. (2021) recommended strengthened collaborations with local governments, relevant charities and community groups, civil society groups, public health teams, and healthcare professionals to develop engagement strategies with precarious migrant communities and other excluded groups to strengthen vaccine uptake. Policymakers should actively involve communities in the planning and implementation

stages to develop trust and encourage widespread participation in COVID-19 vaccination programs.

The panelists recognized the crucial role of the local government in policy-making and implementation. The local government's role is vital in clarifying its policies and coordinating with all stakeholders on matters affecting the immigrant community. The local government is at a vantage point to build trust with the immigrant community and can work with country-of-origin embassies through established federal channels. Local governments can play a pivotal role through their education program inclusivity. In alignment with the panelists, Demeke et al. (2021) observed the critical role of government messaging in clarifying logistics to access vaccines and dispelling misinformation. For instance, the definition of public charge changed as President Trump included several services that could affect official immigration enforcement or application. Also, several federal and state governments during the Biden administration explained that vaccine receipt did not affect immigration.

Component 4: Legislative and Policy Changes

The panelists agreed that strategies that target policy changes or rule changes drive equity in service provision. The experts' opinions working with the immigrant population were reflected by nine initial strategies that address policy and rule changes to promote equity in resources and service provision targeting undocumented immigrants. The opinions of the panelists were supported by many previous studies calling for a change in the administrative laws and ordinances that promote fear among immigrants

are needed. For instance, Wilson and Stimpson (2020) opined that federal and state policies, past and recent, are accelerants to the pandemic spread among vulnerable communities and the related economic impact. Also, Grace et al. (2018) pointed out that though the rules and policies could be rewritten or undone, the social norms that exacerbate xenophobia have a lingering effect that is more difficult to deal with in the short run. Therefore, deliberate policy action is needed for sustained efforts to address undocumented immigrants' issues. The panelists recommended providing legal help to the immigrant, establishing robust legal aid and resource centers, and providing legal assistance, shelter, and other resources to assist the immigrants.

Component 5: Access to Health and Economic Empowerment

The panelists recommended health advocacy and making healthcare affordable to immigrant families as an important strategy to assist undocumented immigrants and, specifically, partnering with insurance companies to provide affordable medical group insurance for immigrants, volunteering from health workers and community business owners, free tests, and vaccinations, keeping the cost of health care affordable and providing mental health to all. These strategies can help provide health to the immigrants and protects the community at large, especially with infectious and contagious diseases such as COVID-19. Perreira and Pedroza (2019) recommended advocacy of strategies to support migrant populations in accessing COVID-19 vaccinations and the wider healthcare system, specifically undocumented migrants, and those in high-risk settings such as asylum centers/accommodation, to ensure they are aware of options available to

them and to allow equitable vaccine uptake among migrants currently outside of health systems. Also, this can provide identification of new access points for covid 19 vaccine to improve accessibility to the vaccine for vulnerable members of society. Deal et al. (2021) argued, "Vaccine hesitancy and low awareness around entitlement and relevant access points could be easily addressed with clear, accessible, and tailored information campaigns, co-produced and delivered by trusted sources within marginalized migrant communities."

Direct economic support includes undocumented immigrants in social safety net programs and direct employment. The panelists recommended specific strategies, including establishing job placement centers, providing equal access to benefits to all regardless of immigration status, and taking advantage of the skill sets in the labor market to reduce labor shortages. Page et al. (2020) and Wilson and Stimpson (2020) recognized the negative health and economic impact of Covid on families and the importance of immigrants to the US economy, thus challenging policymakers toward an all-inclusive economic and health policy.

Component 6: Identifying Needs and Impact of Policy Changes

The was near unanimity among the panelists on the needs assessment for undocumented immigrants. Identifying the needs of the immigrant community provides pointed information on the service needs, gaps, and barriers. Ornelas et al (2020) recommended the evaluation of public health programs across legal statuses for better understanding and addressing inequities. Yu et al (2020) identified empirical evaluation

of the public charge rule as a needed research area as it could inform future policy revisions.

Component 7: Identifying Trusted Individuals and Organizations

Providing trusted communication to immigrants is essential for clarifying policies and health outreach activities among undocumented immigrants. The panelists recommended working through community churches where these immigrants attend services, where they can communicate in multiple languages or communicate through interpreters if the immigrants speak a foreign language, approaching ethnic businesses that serve immigrant groups to assist with communication, using local community sports clubs like soccer and basketball, working with country of origin embassies, and use of community-based organizations to carry the health message to the immigrants. Also, online communication can be supplemented with phone communications for those who may not have access. In recent articles (Deal et al.,2021; Demeke et al.,2021), authors have supported trusted communication to counter low confidence in the vaccines, lack of information, distrust of the health and vaccination system, lack of defined access to the health services, language barriers, and perceived lack of entitlements.

Component 8: Training and Skill Development

The panelists agreed to target education for the immigrant community as a vital strategy to enable undocumented immigrants to cope in the adopted country. The strategy suggestions covered a wide range, including informational workshops on skill identification, health awareness, assistance program availability, and dispelling

misinformation on rules and policies. The strategy targets language proficiency, poverty, and access to public resources, as they are interlinked. The strategy aligns with existing literature. For instance, Demeke et al. (2022) pointed out that population-specific education that leverages trusted stakeholders such as physicians, local state leaders, trusted media outlets, and community-based leaders can commute directly to the immigrant communities via their native languages on vaccine education can positively influence vaccine intake among undocumented immigrants.

Limitations of the Study

The study did not go into the long-term effects of the PCR and the pandemic among undocumented immigrants. The study examined the strategies from the viewpoints of policymakers and implementers but not from the policy beneficiaries or targets. Thus, the recommendations are from the perspectives of the leaders working closely with the immigrants and do not include undocumented immigrants' perspectives.

Recommendations

The long-term effects of the covid pandemic and lingering effects of PCR among the immigrant community and the needed state and local leadership role are still under-researched areas that need more work. Also, additional research is needed regarding the effects of the recommendations of this study on undocumented immigrants. Regarding future policy directions, I recommend the following:

- A robust communication on strategies that support undocumented immigrants' access to the COVID-19 vaccines and the healthcare system in general.

- Provision of easily accessible information on COVID-19 vaccine benefits and side effects in multiple formats and languages. Information can be delivered through trusted community sources such as NGOs, community groups, and churches.
- Strengthening the collaboration between all the stakeholders- the local government, relevant charities (NGOs)s, community groups, civil society groups, and public healthcare groups to develop engagement strategies with the undocumented immigrants. Involve the community leaders in the planning and implementation of programs to create trust and encourage participation not only in COVID-19 vaccination and other programs.
- Revisiting state and local level restrictive policies that foster fear and increase the perception of discrimination among undocumented immigrants. The measure should strike a balance between nations' interests and the humanitarian concerns of all.

Implications

As undocumented immigrants continue to grapple with the effects of the PCR and COVID -19 pandemic and leaders seek ways to serve this section of society better, this study adds to an under-researched area of the strategies that can be used to assist a negatively constructed target population. The strategies agreed upon by the panelists can provide a resourceful list of practical strategies that local leaders can use to assist immigrants. Stakeholder policymakers, service providers, and advocates of immigrant

issues will also find it a helpful resource list regarding pandemics. The strategies represent a culture of solving community problems and creating a more equitable society. This study adds to the debate on fairer and equitable immigration policies and policy implementation equity. Also, the study adds to the growing evidence of the social construction and policy design theory's empirical applications as a tool for policy analysis. The study has generated important insights into potential strategies that address the plight of undocumented immigrants that goes beyond the PCR and the COVID-19 pandemic. For instance, the lessons in the treatment of vulnerable members can provide useful insights in addressing issues of workplace discrimination.

Conclusion

The study has identified potential strategies for assisting undocumented immigrants in crisis that local leadership can use to assist this group, identified in the literature and in this study as vulnerable. However, implementing the strategies will require the involvement of all the stakeholders and an understanding the peculiarities and needs of undocumented immigrants. It requires understanding the challenges of access to services, targeting, and delivery of services to undocumented immigrants. Therefore, it calls for a needs assessment by the stakeholders, as recommended by the panelists, to understand the uniqueness of the predicament facing undocumented immigrants. Understanding the immigrants' peculiar circumstances will allow local leaders to tailor and decide on which strategies will effectively respond to the issues. As the PCR rule implementation has been stopped, the lingering effects are still on efforts needed to focus

on long-term trust-building. Also, the COVID-19 pandemic is becoming manageable, and many restrictions on the general population are being lifted; the focus needs to shift to recovery and prevention plans that include undocumented immigrants. The strategy implementation will require concerted efforts from all federal and local stakeholders. Thus, it is critical that the local leaders leverage on the synergy of shared efforts and expertise of all the stakeholders working closely with the immigrants. As the panelists recommended, resources and empowerment are needed locally for effective response. Local leaders should focus on strategies that promote more equitable distribution of service provision and policy messaging that has clarity and promote social equity.

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Appendix A: Literature Search Strategy

Search Log

Database	Search Terms	Results	Notes
Thoreau: multidata base Search	"Multi-status family" OR "immigrants" OR "undocumented immigrants" OR "illegal aliens" OR "illegal immigrants" AND "Public Charge Rule" OR "benefits"	2259	Too large
Thoreau: multidata base Search	"Multi-status family" OR "immigrants" OR "undocumented immigrants" OR "illegal aliens" OR "illegal immigrants" AND "Public Charge Rule" OR "benefits" AND "social construction	3	
Thoreau: multidata base Search	"Multi-status family" OR "immigrants" OR "undocumented immigrants" OR "illegal aliens" OR "illegal immigrants" AND "Public Charge Rule" OR "benefits" AND "Texas"	72	
Thoreau: multidata base Search	"Undocumented immigrants" AND "covid-19" OR "coronavirus" OR "2019-ncov"	19	

	Inclusion peer reviewed Articles within the last 5 years		
Sage	“Immigrants” OR “immigration policy” OR “multi status families” AND “public charge” OR “benefits”. Search limited to publications within the last 5 years	652	Search too wide
SocINDEX	“Immigrants” OR “immigration policy” OR “multi status families” AND “public charge” OR “benefits”. Search limited to publications within the last 5 years		
Business source and political science complete	“Immigrants” OR “immigration policy” OR “multi status families” AND “public charge” OR “benefits”. Search limited to publications within the last 5 years	255	
EBSCO	“immigrants” OR “immigrant” AND “social construction” AND US. Limited to peer reviewed scholarly within the last 5 years	57	

Public Administration Abstracts	“immigrants” OR “immigrant” AND “social construction” AND US. Limited to peer reviewed scholarly within the last 5 years	1	
Taylor & Francis	Immigrants” OR “immigration policy” OR “multi status families” AND “public charge” OR “benefits”. Search limited to publications within the last 5 years		
Business source and political science complete	immigrants” OR “immigrant” Or ‘immigration policy” And “Social construction and policy design”	1	
Thoreau: multidata base Search	Public Charge Rule	627	

Appendix B: Unauthorized Immigrants in Texas by County

Unauthorized Immigrants in Texas by County	
County	Number
Harris County, TX	466,000
Dallas County, TX	278,000
Tarrant County, TX	114,000
Hidalgo County, TX	100,000
Travis County, TX	84,000
Bexar County, TX	83,000
El Paso County, TX	58,000
Collin County, TX	46,000
Fort Bend County, TX	38,000
Cameron County, TX	36,000
Webb County, TX	32,000
Denton County, TX	32,000
Montgomery County, TX	27,000
Williamson County, TX	16,000
Galveston County, TX	13,000
Jefferson County, TX	12,000
Brazoria County, TX	12,000
Brazos County, TX	11,000
McLennan County, TX	10,000

Nueces County, TX	10,000
Austin-Matagorda-Waller-Warton-Colorado Counties, TX	9,000
Bell County, TX	9,000
Smith County, TX	8,000
Potter County, TX	7,000
Hays County, TX	7,000
Midland County, TX	7,000
Ellis County, TX	6,000
Ector County, TX	6,000
Lubbock County, TX	5,000
Gregg County, TX	4,000
Kaufman County, TX	4,000
Wichita County, TX	3,000
Guadalupe County, TX	3,000
Johnson County, TX	3,000

Note. Source: Migration Policy Institute (MPI). County Estimates of Unauthorized Immigrant Population in Texas,2014-2018

Appendix C: Sample Knowledge Resource Nomination Worksheet

Individual	County	City	Organization
Name#1 & e-mail	County name, Representative. Name#1 & e-mail Address	City name, Representative. Name#1 & e-mail Address	Organization name, Representative. Name#1 & e-mail Address
Name#2 & e-mail	County name, Representative. Name#2 & e-mail Address	City name, Representative. Name#2 & e-mail Address	Organization name, Representative. Name#2 & e-mail Address
Name#3 & e-mail	County name, Representative. Name#3 & e-mail Address	City name, Representative. Name#3 & e-mail Address	Organization name, Representative. Name#3 & e-mail Address
Name#4 & e-mail	County name, Representative. Name#4 & e-mail Address	City name, Representative. Name#4 & e-mail Address	Organization name, Representative. Name#4 & e-mail Address
Name#5 & e-mail	County name, Representative.	City name, Representative.	Organization name, Representative.

	Name#5 & e-mail Address	Name#5 & e-mail Address	Name#5 & e-mail Address
Name#6 & e-mail	County name, Representative. Name#6 & e-mail Address	City name, Representative. Name#6 & e-mail Address	Organization name, Representative. Name#6 & e-mail Address
Name#7 & e-mail	County name, Representative. Name#7 & e-mail Address	City name, Representative. Name#7 & e-mail Address	Organization name, Representative. Name#7 & e-mail Address

Appendix D: Participation Criteria

In order to participate in this research study, you must meet the eligibility criteria listed below.

I am in a leadership position with the local government or NGO or advocacy groups or field practitioner working with/in programs targeting undocumented/mixed family immigrants.

I have an interest in supporting and addressing humanitarian and socio-economic equity concerns of undocumented/mixed family immigrants in Texas.

I have three or more years of leadership or field experience in advocacy, legislation, program or projects targeting undocumented immigrants.

Please confirm your eligibility or lack thereof to participate in this study by choosing on one of the options below.

----Yes, I confirm that I meet all the eligibility criteria.

----No, I do not meet all the eligibility criteria and will not be able to participate in the study.

Appendix E: Round 1 Questionnaire

Instructions

Dear Research Participant,

Thank you for agreeing to participate in this study. The estimated time to complete this questionnaire is 30 to 45 minutes, depending on the amount of detail you provide. Please complete the questionnaire by (insert date). Invitation for Round 2 will be sent by (insert date). Please provide your email address in order to be invited to participate in the subsequent rounds.

Open- Ended Question

The goal is to generate strategies to support undocumented immigrants through expert opinion of leaders working closely with the immigrant population. The initial step is to identify potential strategies. Please try to provide at least 4 to 5 recommendations in response to the question

Q. What strategies can local leaders use to address the compound effects of implementing the PCR and the COVID pandemic among undocumented immigrants?

Appendix F: Round 1 Initial Coding

Leadership Strategies for Assisting Undocumented Immigrants Round 1 Survey
Prompt: What strategies can local leaders use to address the compound effects of implementing the Public Charge Rule (PCR) and the COVID pandemic among undocumented immigrants? Please, provide at least five strategies and explain the choice of strategy as needed.
NB: thematic categories are informed by a thorough review of existing literature and immerging themes from the responses

Panelist	Strategy Recommendations	Code Categories	Meaning & Patterns
Panelist 1	Implementing the PCR and the COVID pandemic among undocumented immigrants' populations, require multipronged approaches as follows. 1. Work through community churches where these immigrants attend services. 2. Communicate through interpreters if the immigrants speak foreign languages. 3. Reach these undocumented immigrants through schools where their kids are attending. 4. Ethnic businesses that serve immigrant groups could be approached to assist with communication. 5. Local community sports clubs like soccer, basketball etc., could be used to reach out to these groups.	Access to services communication or information. Volunteer service Community Involvement	Provide trusted Communication
Panelist 2	1. Conduct informational workshops for immigrants on available social services, including housing and food stamps; 2) Educate immigrants on their rights, including the right to speak up and voice their concerns; 3) Places of worship e.g., churches, temples, and synagogues should partner with employers for job placements for immigrants; 4) Establish mentor families from immigrants' cultural backgrounds, and pair them with new immigrants for social and emotional support; and 5) Initiate and provide skill identification and assessment services - immigrants could have desirable skills for jobs but are unaware their skills are required.	Providing access services Education or Skill development Social safety nets Mentorship, employment	Targeted Education
0Panelist 3	1. Education - talking to the immigrant population using members of the immigrant community.2. Holding vaccination drives in immigrant community churches, shopping centers, etc. 3. Explain the importance of testing - protects them and their loved one	Education Access to healthcare benefits awareness	Access to Healthcare
Panelist 4	1. Work with country-of-origin embassies for resources available through these countries and the USA. 2. Identify churches and other religious organizations in the communities they live in, and be part of that community. Most churches will provide resources such as food and sometimes free health screening and vaccinations. 3. Work with local government officials to identify ways to manage the living conditions of the immigrants, specifically those who live in as large families in small spaces. The immigrant community and local government leaders can work together without disclosing the immigrant status of the individuals. The focus would be strictly on managing Covid19. 4. Immigrant business community can also work with career centers to create job opportunities for the documented immigrants. The non-documented immigrants have an opportunity to work with the guidance of the community leaders in areas where legal documentation is not required. 5. Immigrant communities can consider adapting their undocumented immigrant neighbor in support with resources such as food, medications, etc.	Communication/awareness Providing Social safety nets Improve living conditions Employment, job creation Business community Adopting a family	Economic Support Community Support Effective Communication
Panelist 5	1. Education. Educating the loved ones of the undocumented immigrant that can get vaccinated to do so. This is one way of protecting loved ones. 2. Offer "Self-pay " for services such as testing, etc. 3. Refer them to free community wellness services such as "Mobile clinic with THR" through non-profit organizations such as churches. 4. Volunteer at the Free health Fairs, thus giving expert services for free. 5. Offer pro bono services for those of us that "Have our own practices. Because we do not have to get approval from anyone to do so".	Education Access to services Volunteer, pro bono service	

Panelist 6	USCIS stopped applying the public charge rule in March 2021. Leaders can employ the following strategies to address the compounding effects of the COVID pandemic among undocumented immigrants. 1. Education- there is a lot of misinformation among communities. Leaders should educate their communities and make it continual. 2. Equal Access to benefits to all regardless of immigration status 3. Mental Health access to all regardless of immigration status 4. Leadership understanding racial and economic disparities in their communities so they can be better leaders 5. Leadership policy changes and implementation to accommodate ALL under their leadership, especially where immigrants are concerned.	Remove restrictive laws/Policy changes. Education Access to services Leaders' awareness Address economic & Racial disparity	Change laws and polices
Panelist 7	1. Education - Hold community education forums to help and assure the undocumented immigrant population that some of the adverse impacts of the PCR are overblown and that they should still seek assistance for housing and healthcare without the fear that such help would be used to disenfranchise them, deport them or deny them immigration benefits that they otherwise qualify for. 2. Advocacy- Local leaders should advocate against some of the attempts by national elected leaders who use PCR to even restrict further the viable paths the undocumented persons may use to become lawful residents. 3. Reduction of Paperwork and ID requirements to obtain COVID-19 Vaccine and treatment will help persuade undocumented immigrants to seek treatment without fear that their information may be passed on to ICE and make them a target for deportation 4. Change Local laws and Ordinances (e.g., 219g partnership with ICE/Homeland Security) that place the undocumented immigrants at risk due to fear of seeking police assistance in emergencies which may result in immigration arrests. 5. End for-profit jail and detention facility contracts with ICE that creates incentives for local sheriffs and police departments to seek and detain undocumented immigrants that become sources of revenue as they are paid by ICE for each bed space they provide to detain such immigrants.	Education Rule/Policy changes, advocacy, administrative reforms	Policy/Rule changes Advocacy and Administrative reforms
Panelist 8	1. Leaders should create systems and structures for sharing resources, such as paper newsletters and websites where undocumented immigrants can obtain necessary information. 2. Educate undocumented immigrants that government support for a coronavirus case does not put someone at risk under public charge 3. Educate the people on Public Charge and the Coronavirus assistance programs available near them. 4. Leaders need to Identify and integrate a set of core values when dealing with undocumented immigrants because a pandemic is no time to discriminate. 5. Encourage open dialogue and facilitate discussions that respect all viewpoints and allow everyone to be heard. 6. Support the undocumented who are unaware of their full rights while in the US and are unable to receive proper legal support when facing deportation. 7. Encourage NGO to support the number of organizations providing aid to immigrants, both documented and undocumented	Education NGO Support, Communication, Resource sharing, Shared values, Encouraging dialogue, Legal help Websites(online)	NGO Action, Economic support, Open dialogue, Virtual communication
Panelist 9	a. Free vaccination for all Public charges, b. Free tests for all Public Charges, c. Avoiding congestion in Immigration detention centers, d. medical attention to PCRs diagnosed with COVID-19, e. Healthcare education for all regarding COVID-19	Access to health services, Health Education, infrastructure development	Access to healthcare, Targeted Education, Infrastructure development
Panelist 10	1) Temporarily suspend the Public Charge Rule.	Reform or remove restrictive laws	Law/Policy changes
Panelist 11	1. Effective communication between Government agencies and immigrants. 2. Education of immigrants' families as to how the rule is being implemented and who is affected in order to make an informed decision about public program participation. The information should be available in multiple languages. 3. Government agencies and local organizations should build trust between the local government and	Effective communication Education, Information sharing, Government action, NGO action, Legal help	

	immigrants as this is the bedrock of exclusive support. It eliminates the fear of accepting governmental help. 4. Establishing robust legal aid and resource centers for immigrants.		
Panelist 12	Local leaders need to first coordinate among themselves an organization in the DFW area, which addresses this concern for each homogeneous group migrating from Africa.	Coordination or Cooperation of multi-agency efforts	Coordination, All stakeholders
Panelist 13	1. Organize information sessions on immigration laws for new immigrants; 2) Establish job placement centers; 3) Organize immigrant welfare groups; 4) Keep a list of social services organizations, e.g., charities where immigrants can receive services; 5) Partner with insurance companies to provide affordable medical group insurance for immigrants	Communication, employment, community involvement, NGOs, Insurance providers, resource list, affordable services	Communication Employment NGO action, Affordable care
Panelist 14	1. Create awareness and improve communication 2—coordination among stakeholder agencies and organizations 3. Create confidence and good relationship between immigrants and local organizations 4. Provide legal assistance, shelter, and other resources to assist the immigrants 5. Survey to identify the impact of the Public Charge Rule (PCR) and the COVID pandemic on the immigrant community.	Communication, NGOs, Legal assistance, economic and social support, impact survey, trusted communication, Needs/impact survey	Legal Help, Economic support, Trusted communication Needs Survey
Panelist 15	to volunteer healthcare workers, doctors, and business owners able to volunteer their services will curb the charge that may domino to affect low-income citizens if not kept in check 2. The undocumented immigrants increase the size of the economy if their skills are tapped on; they would contribute immensely in tax revenue while self-sufficient with no charge to the Public. 3. The local leaders need to urge immigrants to protest to the federal government for legislation to fund any liabilities incurred by the local government's leaders, community leaders, and church leaders 3. Stopping illegal immigration and securing the border should be a DHS priority; hence the local leaders will not have to deal with undocumented immigrants in the middle of the Covid Pandemic. 4. Non-profit charitable organizations, in most cases, do not require proof of citizenship or permanent residency status; hence the local leaders can identify national or local agencies to offer benefits to the undocumented immigrants. 5. Most undocumented immigrants may be able to secure a sponsorship with an affidavit of support from a citizen relative or an or any or any citizen family	Volunteers, skill development, legislation advocacy, NGOs, and family support. Economic support Funding local govts	Education Legislation Advocacy Family involvement Economic Support
Panelist 16	Public Charge is no longer the law. It identified excessive or unjustified administrative and other barriers that impede access to immigration benefits and fair, efficient adjudications of these benefits.	Legal reforms	Legislative changes
Panelist 17	1. Identify the immigrants and their needs and address them as needed. Provide them immigrants with temporary work permits to enable them to vend for themselves and their families. Start the process of documenting the immigrants with the ultimate goal of assimilating them into citizenship with time. Some of the immigrants have skills that can be utilized in the labor market, thus reducing the labor shortage. Document the immigrants, and provide necessary skills for those not well educated while connecting the skilled ones to relevant employers.	Need identification, employment, a pathway to citizenship, and skill development.	Economic support, Skill development, education, Employment
Panelist 18	1. Organize local non-profit group/s which can be financed to assist such needy groups.	Non-Profits involvement	NGO Action

Panelist 19	Access to health care. Most undocumented immigrants lack access to affordable health care; there, we must encourage them to make sure they maintain COVID 19 rules and regulations. 2. We would encourage them to develop new skills in order to maintain being needed in the economy. 3. Keep communication open with other relatives and friends who may be in the same predicament	Healthcare access, skill development, Open communication	Communication/dialogue Skill development Access to healthcare
Panelist 20	1. Leaders will need to encourage immigrants to have an open-door policy without fear of incrimination due process of being deported. 2. Community of the immigrants will need to be encouraged to create a coalition and have community leadership to help represent the immigrants and what they are interested in. 3. Churches, Mosques, Synagogues, and places of worship need to be areas of freedom for these groups of people to freely use for their shelter and medical and food donations where the need is required. 4. Encourage affordable ways to help educate and advocate for access to learning facilities to help improve these individuals' well-being. 5. Community leaders and the local government need to treat the immigrants with equality and utmost respect as if they are all legal immigrants.	Education, community involvement, and community-based churches. Advocacy Affordable services	Education Community involvement, Policy Advocacy Affordable services
Panelist 21	Strategies to assist undocumented immigrants. City and state depts should communicate with agencies that frequently work with immigrants' communities and have the capacity to deliver the message in multiple languages in a culturally appropriate manner. Key messaging from government officials on the changed definition of the public charge rule. For example, that vaccination does not influence immigration. Use of community-based organizations to carry the health message to the immigrants. Provide targeted education to the immigrant population. Community leaders can use telephone messaging to access hard-to-reach immigrant communities or those without access to computers.	communication Government messaging Community-based organizations	Trusted communication Clarity in messaging Community involvement
Panelist 22	COVID-I9 pandemic is a health issue, and remedial measures should be in place worldwide regardless of any human status. Whether nonimmigrants, immigrants, or residents. This is because infectious diseases don't discriminate, and potential effects might be irreversible if not controlled. Concerning nonimmigrants, Disseminating or spreading the information leading to vaccination and treatment may be done through Organizations such as faith-based churches, non-governmental organizations, or setting up some centers like parking lots of various malls stadia as well as volunteering doctors.	Communication through NGOs and other community-based media Non- discrimination	Trusted communication Equity in service provision Resource centers

Appendix G: Strategies and Broad Themes

Trusted Communication Targeted at Immigrants
• Leaders should create systems and structures for sharing resources, such as paper newsletters and websites where undocumented immigrants can obtain necessary information. • Keep communication open with other relatives and friends who may be in the same predicament. • Create awareness and improve communication • Effective communication between Government agencies and immigrants • Work through community churches where these immigrants attend services • Communicate through interpreters if the immigrants speak a foreign language • Ethnic businesses that serve immigrant groups could be approached to assist with communication • Local community sports clubs like soccer, basketball, etc., could be used to reach out to these groups • Use of community-based organizations to carry the health message to the immigrants
Government Action
• Community leaders and the local government need to treat the immigrants with equality and utmost respect as if they are all legal immigrants. • Stopping illegal immigration and securing the border should be a DHS priority; hence the local leaders will not have to deal with undocumented immigrants in the middle of the Covid Pandemic • Coordination among stakeholder agencies and organizations • Create confidence and good relationship between immigrants and local organizations • Educate undocumented immigrants that government support for a coronavirus case does not put someone at risk under public charge • Leaders need to Identify and integrate a set of core values when dealing with undocumented immigrants because a pandemic is no time to discriminate • Encourage open dialogue and facilitate discussions that respect all viewpoints and allow everyone to be heard

- Government agencies and local organizations should build trust between the local government and immigrants as this is the bedrock of exclusive support. It eliminates the fear of accepting governmental help
- Identify the immigrants and their needs and address them as needed
- Work with country-of-origin embassies for resources available through these countries and the USA
- Leaders must encourage immigrants to have an open-door policy without fear of incrimination due process of being deported.
- Key messaging from the government officials on the changed definition of the public charge rule. For example, vaccination does not affect immigration status.

Non-Governmental Agencies Action

- Churches, Mosques, Synagogues, and places of worship need to be areas of freedom for these groups of people to freely use for their shelter and medical and food donations where the need is required.
- Organize local non-profit group/s which can be financed to assist such needy groups
- Organize immigrant welfare groups
- Keep a list of social services organizations, e.g., charities where immigrants can receive services.
- Non-profit charitable organizations, in most cases, do not require proof of citizenship or permanent residency status; hence the local leaders can identify national or local agencies to offer benefits to the undocumented immigrants.
- Places of worship, e.g., churches, temples, and synagogues, should partner with employers for job placements for immigrants.
- Conduct a survey to identify the impact of the Public Charge Rule (PCR) and the COVID pandemic on the immigrant community
- Support the undocumented who are unaware of their full rights while in the US and are unable to receive proper legal support when facing deportation.
- Encourage NGOs to support the number of organizations providing aid to documented and undocumented immigrants.

Population Specific Education

- Encourage affordable ways to help educate and advocate for access to learning facilities to help improve these individuals' well-being.

- Encourage immigrants to develop new skills to maintain relevancy in the economy.
- Organize information sessions on immigration laws for new immigrants
- Conduct informational workshops for immigrants on available social services, including housing and food stamps
- Initiate and provide skill identification and assessment services - immigrants could have desirable skills for jobs but are unaware their skills are required.
- Educate immigrants on their rights, including the right to speak up and voice their concerns
- Education - hold community education forums to help and assure the undocumented immigrant population that some of the adverse impacts of the PCR are overblown and that they should still seek assistance for housing and healthcare without the fear that such help would be used to disenfranchise them, deport them or deny them immigration benefits that they otherwise qualify for.
- Educate the people on Public Charge and the Coronavirus assistance programs available near them
- Education- there is much misinformation among communities. Leaders should educate their communities and make it continual.
- Education. Educating the loved ones of the undocumented immigrant who can get vaccinated does so. Vaccination is one way of protecting loved ones.
- Education of immigrants' families as to how the rule is being implemented and who is affected in order to make an informed decision about public program participation. The information should be available in multiple languages.
- Provide necessary skills for those not well educated while connecting the skilled ones to relevant employers
- Education - talking to the immigrant population using members of the immigrant community.

Use of Virtual Communication

- Use electronic means to reach specific immigration group

Health Advocacy and Assistance

- Partner with insurance companies to provide affordable medical group insurance for immigrants

- Volunteer healthcare workers, doctors, and business-owned able to volunteer their services; this will curb the domino effects on low-income citizens seeking health care if service costs are not kept in check
- Free tests and vaccination for all undocumented immigrants
- Medical attention to PCRs diagnosed with COVID-19. Healthcare education for all regarding COVID-19
- Avoiding congestion in Immigration detention centers
- Mental Health access to all, regardless of immigration status
- Offer "Self-pay " for services such as testing, etc.
- Refer them to free community wellness services such as "Mobile clinic with THR" through non-profit organizations such as churches.
- Volunteer at the Free health Fairs, thus giving expert services for free
- Offer pro bono services for those of us that "Have our own practices. Because we do not have to get approval from anyone to do so".
- Access to health care. Most undocumented immigrants lack access to affordable health care; there, we must encourage them to make sure they maintain COVID 19 rules and regulations.
- Holding vaccination drives in immigrant community churches, shopping centers, etc.
- Explain the importance of testing - protects them and their loved ones.

Economic Support

- Establish job placement centers
- The undocumented immigrants increase the size of the economy if their skills are tapped on; they would contribute immensely in tax revenue while self-sufficient with no charge to the Public.
- Equal access to benefits to all regardless of immigration status
- Some of the immigrants have skills that can be utilized in the labor market, thus reducing the labor shortage

Pro-immigrant Legislation or Policies

- Public Charge is no longer the law. It was identifying excessive or unjustified administrative and other barriers that impede access to immigration benefits and fair, efficient adjudications of these benefits.
- Temporarily suspend the Public Charge Rule.
- Advocacy- Local leaders should advocate against some of the attempts by national elected leaders who use PCR to even restrict further the viable paths the undocumented persons may use to become lawful residents.
- Reduction of Paperwork and ID requirements to obtain COVID-19 Vaccine and treatment will help persuade undocumented immigrants to seek treatment without fear that their information may be passed on to ICE and make them a target for deportation.
- Change Local laws and Ordinances (e.g., 219g partnership with ICE/Homeland Security) that place the undocumented immigrants at risk due to fear of seeking police assistance in emergencies which may result in immigration arrests.
- The end-for-profit jail and detention facility contracts with ICE create incentives for local sheriffs and police departments to seek and detain undocumented immigrants that become sources of revenue as they are paid by ICE for each bed space, they provide to detain such immigrants.
- Leadership policy changes and implementation to accommodate ALL under their leadership, especially where immigrants are concerned.
- Provide them immigrants with temporary work permits to enable them to fend for themselves and their families
- Start documenting the immigrants with the ultimate goal of assimilating them into citizenship with time.

Family Support & Community Leaders

- Most undocumented immigrants may be able to secure a sponsorship with an affidavit of support from a citizen relative or any citizen family.
- Establish mentor families from immigrants' cultural backgrounds, and pair them with new immigrants for social and emotional support
- Leadership understanding racial and economic disparities in their communities so that they can be better leaders
- Work with local government officials to identify ways to manage the living conditions of the immigrants, specifically those who live in as large families in small spaces. The immigrant community and local government leaders can work

together without disclosing the immigrant status of the individuals. The focus would be strictly on managing Covid-19.

- The immigrant business community can also work with career centers to create job opportunities for the documented immigrants. The non-documented immigrants have an opportunity to work with the guidance of the community leaders in areas where legal documentation is not required.
- Immigrant communities can consider adapting their undocumented immigrant neighbor in support with resources such as food, medications, etc.
- The local leaders need to urge immigrants to make a protest to the federal government for legislation to fund any liabilities incurred by the local government's leaders, community leaders, and church leaders.
- The community of the immigrants will need to be encouraged to create a coalition and have community leadership to help represent the immigrants and what they are interested in.
- Immigrant community leaders need to first coordinate among themselves and form an organization that addresses this concern for each homogeneous group migrating into the US.
- Identify churches and other religious organizations in the communities they live in, and be part of that community. Most churches will provide resources such as food and sometimes free health screening and vaccinations.

Legal Help

- Establishing robust legal aid and resource centers for immigrants
- Provide legal assistance, shelter, and other resources to assist the immigrants

Appendix H: Questionnaire for Round 2

The following overall strategy categories emerged from your responses in Round I

-Providing trusted communication to the immigrants

-Stakeholders involvement

-Local government action and involvement

-Targeted education and training to the immigrants

-Economic support

-Non-Governmental actions and involvement

-Health Advocacy and assistance

-Involvement of Immigrant community leaders

-Pro-Immigrant Legislation and policies

These categories have been used to develop the following questions for Round 2.

On a scale of 1-6 (1 strongly disagrees and six strongly agree), please rate the following strategies that leaders can use to assist undocumented immigrants in dealing with the compound effects of the public charge rule (PCR) and COVID-19 pandemic based on practicality(feasibility) and importance. Please note that a strategy is practical or feasible if it has the potential to be implemented.

S1. Providing trusted communication to undocumented immigrants.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

1	2	3	4	5	6

S2. Clarity of government policies and actions

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S3. Providing targeted education and training to immigrants

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S4. Providing economic support.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S5. Health advocacy and assistance.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S6. Involving Non-governmental Agencies, Associations and Organizations.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S7. Involving Immigrant Community Leaders.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S8. Pro-Immigrant legislation and policies.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S9. Providing legal help.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S10. All stakeholders' involvement.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S11. Resource mobilization for immigrant programs.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S12.Empowering and encouraging local leadership decision-making.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S13. Working through Immigrant communities' churches and schools.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S14. Providing mentorship to undocumented immigrants

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S15. Adopting undocumented immigrant families.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S16. Social and emotional support for the undocumented immigrants

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S17. Establishing targeted resource centers and Infrastructure development targeting undocumented immigrants

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S18.Open dialogue on immigrant issues

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S19. Coordination of efforts of all stakeholders

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S20. Promote equality

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S21. Organizing immigrant community self-help groups

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S22. Skill Identification is an effective strategy for developing educational programs for immigrants

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S23. Needs Assessment of the immigrant community

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S24. Encourage or mobilize Volunteers.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

S25. Policy or legislation changes

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

1	2	3	4	5	6

S26. Affordable and flexible payment methods for health services

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

The survey link is https://www.surveymonkey.com/r/RPXD6K6.

Appendix I: Questionnaire for Round 3

In this final round of data collection, you are presented with the strategies from Round 2, which you rated as practical or feasible and had a mean score of 5 or more.

From the list below presented in a random order, please rank each of the selected strategies from the most to least important, with one (1) being the most and twenty-five (25) being the least important. Please note that a strategy is important if you believe local leaders should adopt the strategies- if you consider them influential and impactful.

_Providing trusted communication to undocumented immigrants.

_Clarity of government policies and actions

_Providing targeted education and training to immigrants

_Health advocacy and assistance.

_Involving Non-governmental Agencies, Associations, and Organizations.

_Involving Immigrant Community Leaders.

_Pro-Immigrant legislation and policies.

_Providing legal help.

_All stakeholders' involvement.

_Resource mobilization for immigrant programs.

_Empowering and encouraging local leadership decision-making.

_Working through Immigrant communities' churches and schools.

_Providing mentorship to undocumented immigrants

_Providing economic support.

_Social and emotional support for the undocumented immigrants

_Establishing targeted resource centers and Infrastructure development targeting undocumented immigrants

_Open dialogue on immigrant issues

_Coordination of efforts of all stakeholders

_Promote equality

_Organizing immigrant community self-help groups

_Skill Identification is an effective strategy for developing educational programs for immigrants

_Needs Assessment of the immigrant community

_Encourage or mobilize Volunteers.

_Policy or legislation changes.

_Affordable and flexible payment methods for health services.

Appendix J: Total Variance Factor Analysis

Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.605	18.420	18.420	4.605	18.420	18.420
2	4.415	17.660	36.079	4.415	17.660	36.079
3	2.903	11.612	47.692	2.903	11.612	47.692
4	2.526	10.103	57.795	2.526	10.103	57.795
5	2.086	8.344	66.138	2.086	8.344	66.138
6	1.992	7.969	74.108	1.992	7.969	74.108
7	1.640	6.558	80.666	1.640	6.558	80.666
8	1.279	5.114	85.780	1.279	5.114	85.780
9	.972	3.890	89.670			
10	.799	3.197	92.867			
11	.687	2.748	95.616			
12	.471	1.883	97.499			
13	.325	1.299	98.797			
14	.188	.752	99.549			
15	.113	.451	100.000			
16	1.038E-15	4.151E-15	100.000			
17	4.060E-16	1.624E-15	100.000			
18	3.059E-16	1.224E-15	100.000			
19	2.302E-16	9.207E-16	100.000			
20	2.147E-17	8.589E-17	100.000			
21	-1.786E-16	-7.143E-16	100.000			
22	-2.378E-16	-9.511E-16	100.000			
23	-3.827E-16	-1.531E-15	100.000			
24	-4.311E-16	-1.725E-15	100.000			
25	-5.940E-16	-2.376E-15	100.000			