

# Immigration and Child and Family Policy

Randy Capps and Karina Fortuny

Paper 3

Prepared for

The Urban Institute and Child Trends

Roundtable on Children in Low-Income Families

Olivia Golden and Kristin Anderson Moore, moderators

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This paper is part of the Urban Institute's *Assessing the New Federalism* project, a multiyear effort to monitor and assess the devolution of social programs from the federal government to the state and local levels. Olivia Golden is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies changes in family well-being.

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The number of U.S. immigrants has more than tripled over the past 35 years, as has the number of children with immigrant parents. The share of children under age 18 with at least one immigrant parent was only 6 percent in 1970; today it is over 20 percent. Many U.S. child and family policies were designed during the 1960s—the Great Society era and a time of relatively low immigration. The characteristics of low-income families today are markedly different than they were when Great Society programs were enacted. A large and growing share of low-income children lives in immigrant families. These families are mostly two-parent families and generally have at least one working parent; a significant share of immigrant parents, however, is undocumented with limited formal education and English skills. Thus, while low-income immigrant families with children are mostly working families, the low-skilled jobs in which the parents work result in high poverty and hardship rates for these children.

This report assesses how the changing demographics of the low-income child population are affecting child and family policies in the United States. The report draws on findings from more than a dozen studies commissioned under the Urban Institute's *Assessing the New Federalism* project during the late 1990s and early 2000s. The findings in these reports are based on analyses of data from the U.S. Census, various years of the Current Population Survey (CPS), and the 1999 and 2002 National Survey of America's Families (NSAF). The NSAF, the core survey for the *Assessing the New Federalism* project, provides extensive information on the demographics of parents and children—including their nativity and country of birth, as well as income, poverty, economic hardship, and participation in public benefit programs. Data on the citizenship and legal status of parents and children are drawn from the census and CPS; Urban Institute researchers have assigned legal status to noncitizens in these data.<sup>1</sup> The census provides data on languages spoken by immigrants and their children, as well as English proficiency and school attendance.

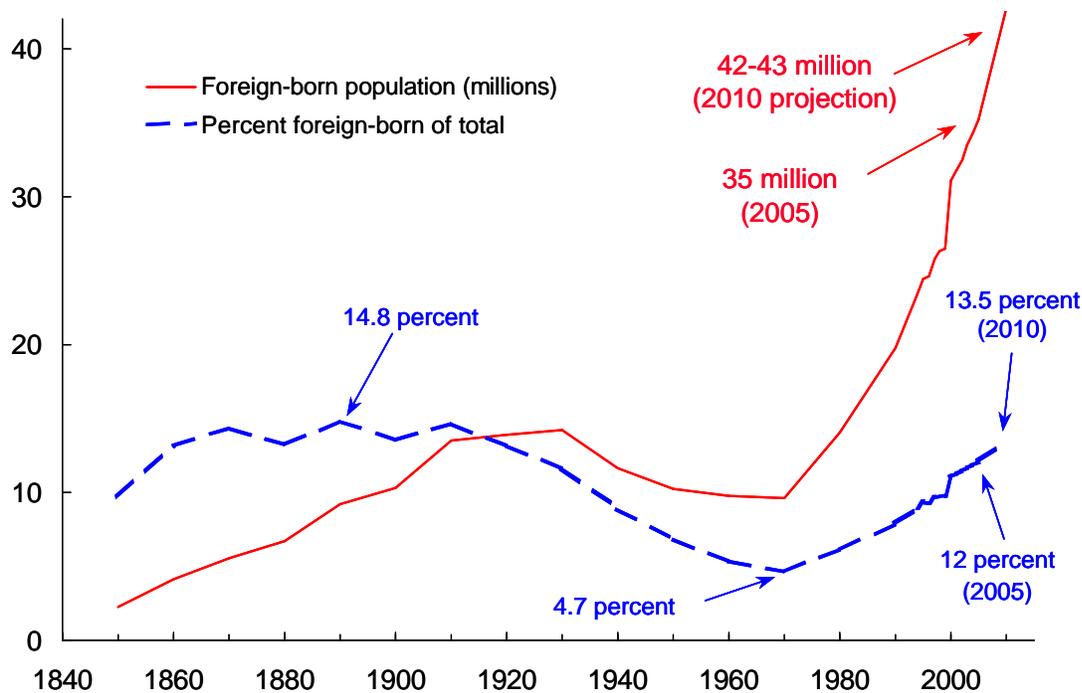
Children of immigrants are defined consistently throughout the Urban Institute's research as children with at least one parent born outside the United States.<sup>2</sup> Children's circumstances vary greatly depending on where their parents were born, and some of these variations are discussed in this report. But there are also great similarities among children from immigrant backgrounds, particularly within the low-income population. In these analyses, low-income children are those living in families with incomes below twice the federal poverty level (FPL), or about \$38,000 for a family of four in 2004. Many public programs have eligibility levels between 100 and 200 percent of FPL, including the Food Stamp Program, Medicaid, the Women Infants and Children Program, and the National School Lunch Program.

## Immigration Has Tripled the Foreign-Born Population in 35 Years

Between 14 and 16 million immigrants entered the country during the 1990s, up from 10 million during the 1980s and 7 million during the 1970s.<sup>3</sup> Immigration flows, measured by the number of immigrants during the 1990s, have exceeded those in any decade in the nation's history, and immigration has continued at the same pace since 2000. Legal immigration has ranged from 700,000 to more than 1 million people a year since 2000, while, according to the best estimates, undocumented migration is now adding more than 500,000 foreign-born people a year (Passel 2006).

The total foreign-born population passed 35 million in 2005, according to the CPS (figure 1). This total is more than 4 million people higher than in 2000 and more than triple the figure of 10 million in 1970. The foreign-born share of the U.S. population more than doubled from less than 5 percent in 1970 to 12 percent in 2005. With sustained high levels of immigration, the foreign-born population may reach 42–43 million and account for over 13 percent of the total U.S. population by 2010. Although in absolute numbers the foreign-born population is at a record high, the foreign-born share of the population will remain below the peaks of over 14 percent during the late 1800s and early 1900s.

FIGURE 1: United States Foreign-Born Population, 1850–2010

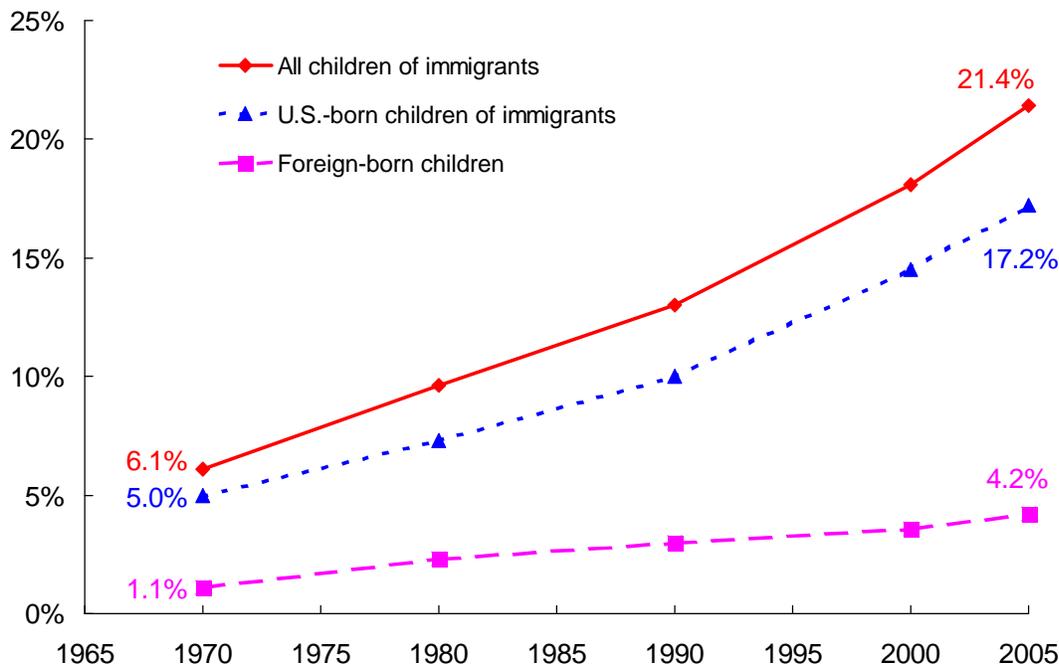


Sources: U.S. Census of Population and Housing, U.S. Current Population Survey (CPS), various years, and Urban Institute projections (2004) for 2010.

Sustained high levels of immigration have also led to a rapid increase in the number of children with immigrant parents. Between 1970 and 2005, the share of children under age 18 with at least one immigrant parent more than tripled, from 6 to 21 percent (figure 2). By 2005, immigrants represented one in eight of all U.S. residents, but their children represented one in five of all children under age 18. Children of immigrants represented an even higher share—28 percent—of all children who were low-income.

The relatively large share of children with immigrant parents is due in part to higher fertility among immigrant women, and to the fact that more immigrant women than U.S.-born women are of childbearing age (Ford 1990; Forste and Tienda 1996). Since immigrants on average have lower incomes than U.S. natives, a higher share of children of immigrants is lower-income than children of natives (Reardon-Anderson, Capps, and Fix 2002). Immigrants from Latin American countries—who now make up over half the U.S. foreign-born population—have the highest rates of childbearing and are the most likely to be low-income.

**FIGURE 2: Proportion of U.S. Children under Age 18 with Immigrant Parents, 1970–2005**



Sources: Urban Institute tabulations from 2005 U.S. CPS, Annual Social and Economic Supplements; 1970, 1980, 1990 and 2000 Census Integrated Public Use Microdata Samples (IPUMS).

Notes: Children of immigrants have at least one parent born outside the United States. Immigrants exclude individuals born in Puerto Rico.

### **Three-Quarters of Children of Immigrants Are Latino or Asian**

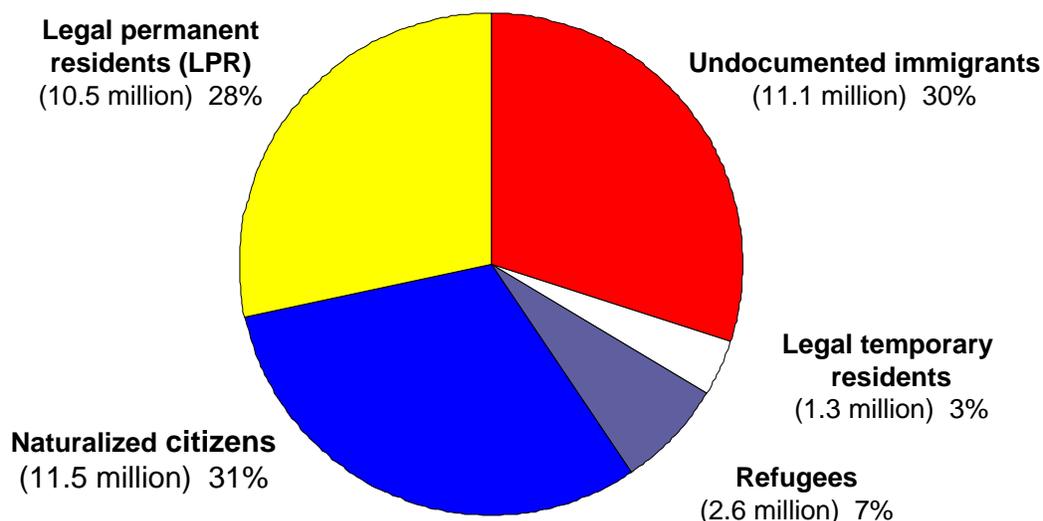
Historically, the vast majority of U.S. children have been from European or African backgrounds. During the previous great wave of immigration in the late 1800s and early 1900s, virtually all immigrants came from Europe. Throughout most of the rest of the 20th century, almost all children born to immigrants were non-Hispanic whites. But beginning in the 1960s and 1970s, the origins of immigrants began to shift away from Europe and toward Latin America and Asia. As of 2005, over half of all immigrants were born in Latin America—one-third in Mexico—and another quarter in Asia; only 18 percent were born in Europe and 3 percent in Africa. As a result of the shifting origins of immigrants and the relatively low birth rate of native-born women in the United States, shares of Latino and Asian children are increasing rapidly, especially among the low-income population. In 2005, 19 percent of all U.S. children were Latino and 4 percent were Asian; in 1970, these shares were only 6 and 1 percent.<sup>4</sup>

This immigration-led demographic change is being felt acutely by public programs and U.S. institutions that serve children, including schools, health providers, and social service agencies. These institutions are seeing increasing numbers of Latino and Asian children from immigrant backgrounds. For instance, the number of school-age children (kindergarten through 12th grade) speaking Spanish doubled from 3.4 to 7.1 million between 1980 and 2000, while the number speaking Asian languages tripled from 0.4 to 1.5 million.<sup>5</sup> The share of children of immigrants among the low-income population in need of public benefits or services has increased dramatically as a result of their rising poverty and the increasing share of immigrant parents who are limited English speakers with relatively little formal education. In many cases, immigrant children's access to needed benefits and services is further complicated by the lack of citizenship or legal status among their parents.

### **Three-Quarters of Children of Immigrants Are U.S.-Born Citizens, but Many Have Undocumented Parents**

Most adult immigrants are not U.S. citizens, and many are undocumented. The vast majority of their children, however, are U.S.-born citizens. There are currently roughly equal numbers of undocumented immigrants and legal immigrants who have not yet become citizens.<sup>6</sup> In 2005, there were 11.1 million undocumented immigrants, representing 30 percent of the total foreign-born population, compared with 10.5 million legal permanent residents, or 28 percent of the total (Passel 2006). A slightly higher number—11.5 million, or 31 percent of all immigrants—was naturalized citizens (figure 3). A relatively small share of immigrants (10 percent) was composed of refugees or legal temporary residents such as students and temporary workers.<sup>7</sup>

**FIGURE 3: Citizenship and Legal Status of U.S. Immigrants, 2005**



## 37.0 million foreign-born in 2005

Source: Passel (2006).

Note: Data shown include an estimate of immigrants who were not counted in the official Current Population Survey data, so totals are higher than in other published data, especially for undocumented immigrants.

Among children in immigrant families, the vast majority are U.S.-born citizens.<sup>8</sup> In 2005, 80 percent of children in immigrant families were U.S. citizens, while only 6 percent were permanent residents and 10 percent were undocumented.<sup>9</sup> Even among families with undocumented parents, 66 percent of the children were U.S. citizens. Among preschool-age children (under 6), over 90 percent of children of immigrants are U.S.-born citizens (Capps, Fix, et al. 2004). The share of children who are foreign-born increases with age. By the teenage years (12–17), 10 percent of children of immigrants are permanent residents and 15 percent are undocumented, while 68 percent are native-born citizens.<sup>10</sup>

Most immigrant families, therefore, include a mixture of citizens and noncitizens. In 2002–03, over half (57 percent) of children of immigrants lived in 4.6 million mixed-status families, in which one or more parents were noncitizens and one or more children were citizens.<sup>11</sup> Mixed-status families include those where all parents are noncitizens and all children are citizens, as well as those including citizen and noncitizen parents. Moreover, in many mixed-status families, the younger children are U.S.-born citizens while the older children and parents are foreign-born noncitizens.

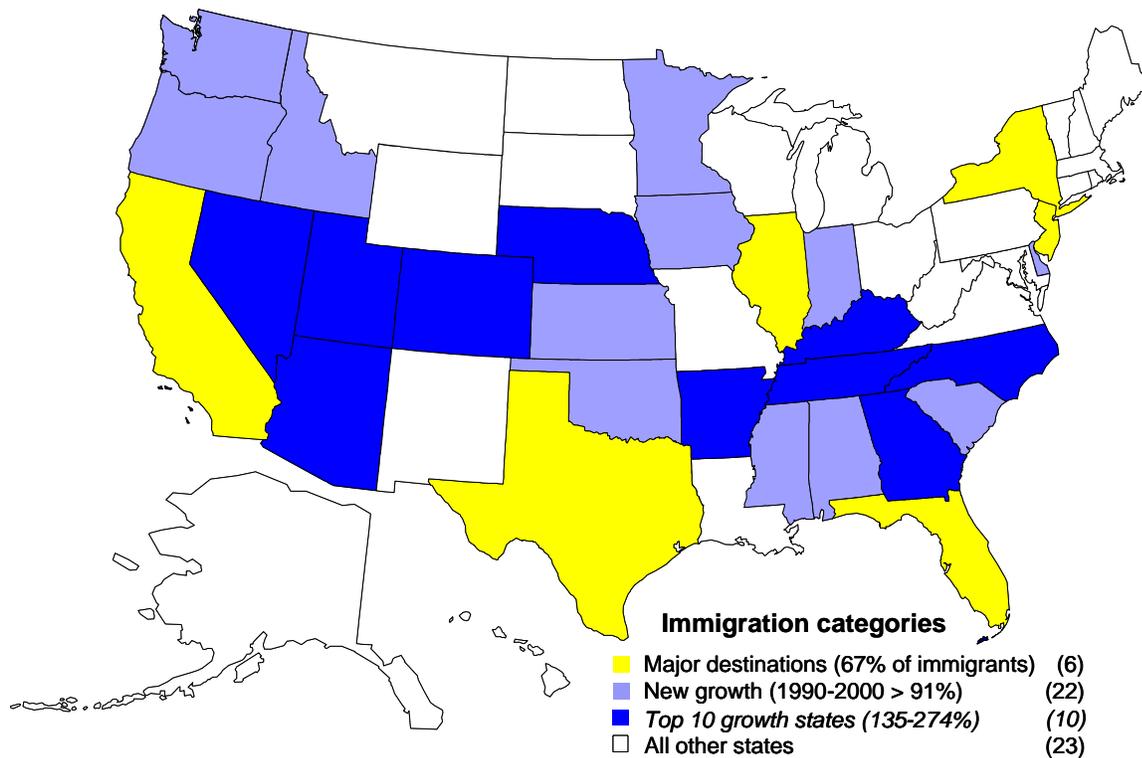
Mixed-status families are even more common for low-income children, complicating their access to social benefits and services. In 2002–03, almost two-

thirds (62 percent) of children of immigrants in mixed-status families were low-income, and 20 percent of all low-income children lived in mixed-status families. Since most children of immigrants are citizens, noncitizen eligibility restrictions for public benefits and social programs do not apply to them. Immigrant parents, however, may be ineligible if they are undocumented or legal permanent residents; they may also be reluctant to participate in public benefit programs. Fear of deportation among undocumented parents and concerns about citizenship applications among legal immigrant parents have been shown to deter applications for TANF, food stamps, Medicaid, and other programs (Holcomb et al. 2003; Rodriguez et al. 2003). These issues are most acute for states with large immigrant populations: in California, almost half (47 percent) of low-income children lived in mixed-status families in 2002–03. But because immigrants are dispersed across the country, most states now have significant numbers of children in mixed-status families among the low-income population.

### **Immigrants Are Concentrated but Dispersing Rapidly**

U.S. immigrants are heavily concentrated: two-thirds lived in the country's six largest states—California, New York, Texas, Florida, Illinois, and New Jersey—in 2000. California alone accounted for 28 percent of all immigrants (Capps, Fix, and Passel 2002). The number of immigrants grew more rapidly during the 1990s, however, in 22 “new growth” states across the West, Midwest, and Southeast (figure 4). Between 1990 and 2000, these states experienced growth in the foreign-born population exceeding 91 percent, the growth experienced by Texas (the most rapidly growing large immigrant state). For instance, North Carolina—the state with the fastest growth rate overall—saw its immigrant population increase by 274 percent during the 1990s.<sup>12</sup> Compared with the foreign-born in bigger settlement states, immigrants moving to new growth states arrived more recently, are poorer, are less educated, speak English less well, and are more likely to be undocumented.

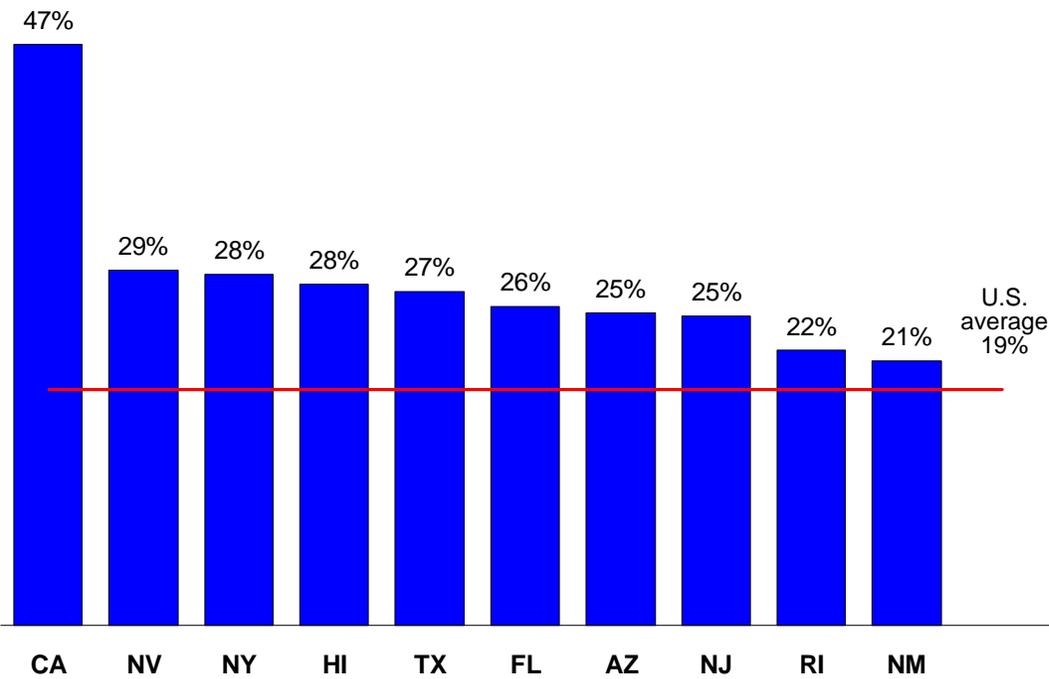
**FIGURE 4: Immigrant Dispersal across the United States, 1990–2000**



Source: Urban Institute tabulations from the 1990 and 2000 Census.

The six large settlement states face great challenges in integrating newcomers because of the scale of the population. These challenges are most acute in elementary schools, where the shares of children of immigrants are highest. In California, for instance, nearly half of all children in pre-kindergarten through 5th grade had immigrant parents in 2000 (figure 5). In Nevada, New York, Hawaii, Texas, Florida, Arizona, and New Jersey, a quarter or more of children in these elementary grades were children of immigrants.

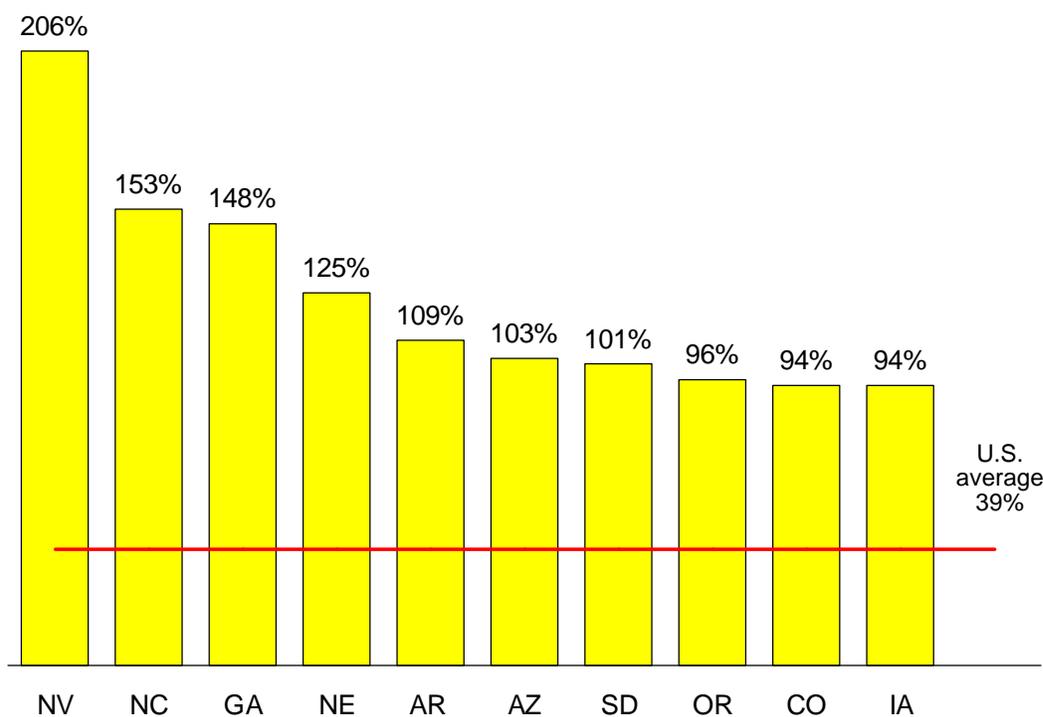
**FIGURE 5: States with the Highest Shares of Children of Immigrants in PK to 5th Grade, 2000**



Source: Urban Institute tabulations from the 2000 Census.

The newer growth states face important challenges as well, since most of them experienced little or no immigration during most of the 20th century. These states are seeing the size of the school-age population of children of immigrants increase rapidly, at the same time that the number of children of natives may decrease. For instance, between 1990 and 2000, the number of children of immigrants in pre-kindergarten through 5th grade tripled in Nevada and more than doubled in North Carolina, Georgia, Nebraska, Arkansas, Arizona, and South Dakota (figure 6). The overall shares of children of immigrants in the elementary school population, however, were relatively low in 2000 in many of these states: 10 percent or less in Georgia, North Carolina, Nebraska, Arkansas, and South Dakota (Capps, Fix, Murray, et al. 2005).

**FIGURE 6: States with the Highest Percent Growth in Children of Immigrants in PK to 5th Grade, 1990–2000**



Source: Urban Institute tabulations from the 1990 and 2000 Census.

New growth states have fewer resources, such as bilingual teachers or health interpreters, to serve newcomers' children. In large settlement states, large and increasing shares of immigrants are naturalized citizens and can therefore vote and participate fully in civic society. In many new growth states, most immigrants are undocumented, have few rights, and may be fearful of interacting with public agencies. But regardless of where they settle, most immigrant families include workers.

### **Children of Immigrants Are Poorer Despite Parental Work and Two Parents in the Home**

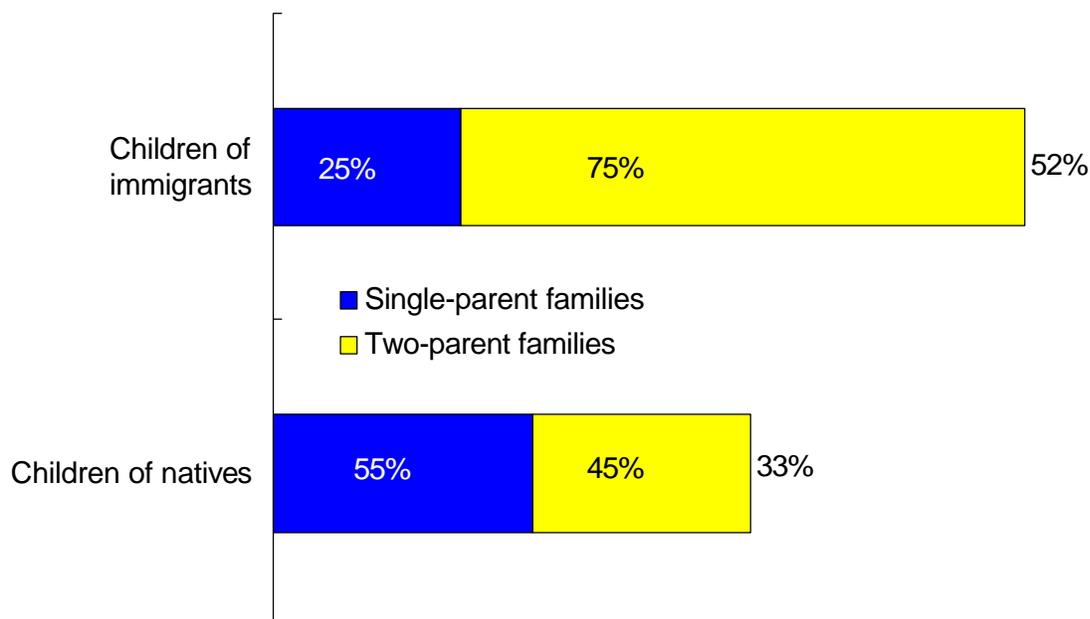
Most immigrants come to the United States for work, but they generally work in lower-skilled and lower-wage occupations than natives. Foreign-born men, regardless of whether they immigrated legally or illegally, are just as likely as native-born men to work (Capps et al. 2003). In 2001, one in nine U.S. residents—but one in seven workers—was foreign-born.<sup>13</sup> Moreover, about one in five low-wage workers (those earning less than twice the minimum wage)<sup>14</sup> and two in five low-skilled workers (those without high school degrees) were immigrants. A much larger share of immigrant than native workers had not finished high school (30 versus 8 percent). Immigrants dominated the comparatively small U.S. population with less than a ninth grade education: 75 percent of all workers with less than a ninth grade

education were foreign-born. Additionally, almost half (46 percent) of immigrant workers were limited English proficient (LEP).<sup>15</sup>

Work is not an antidote for poverty in immigrant families, because so many immigrants work in low-wage and low-skilled jobs. In 2001, working immigrant families with children were twice as likely as working native families to be low-income (42 versus 21 percent). One-quarter of all low-income working families with children included immigrant parents, and almost half of low-income immigrant families (47 percent) had adults who worked at least part-time on average in 2001 (Capps, Fix, Henderson, et al. 2005).<sup>16</sup>

In 2002, a larger share of children of immigrants than natives lived in two-parent families (82 versus 70 percent). The presence of a second parent is associated generally with better developmental outcomes (Vandivere, Moore, and Brown 2000). But while living with two parents may be associated with other positive outcomes for children, it does not prevent poverty in immigrant families. Specifically, children of immigrants in two-parent families were twice as likely as children of natives to be low-income (47 versus 22 percent). Overall, half of children of immigrants (52 percent) lived in families with incomes below 200 percent of FPL, compared with 33 percent of children of natives (figure 7).

**FIGURE 7: Share of Children in Low-Income Families, and Share Living in Single- or Two-Parent Families, 2002**



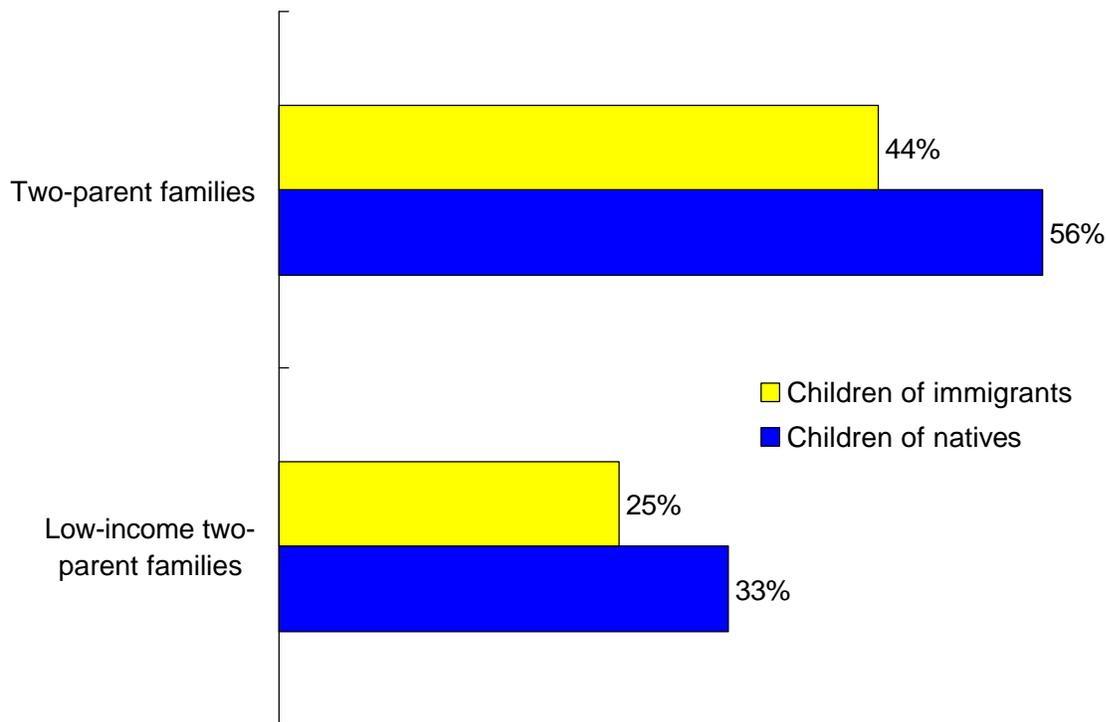
Source: Urban Institute tabulations from the 2002 National Survey of America's Families.

Note: Low-income families are those with income below 200 percent of the federal poverty level.

Lower incomes in two-parent immigrant than native families are associated strongly with lower wages for immigrant workers. Lower rates of full-time employment and lower work effort for immigrant than native women are also part of the explanation (Hernandez 2004).

Although they are more likely to live with both their parents, children of immigrants are less likely than natives to have a mother who works part-time. In 2001, among children living in two-parent families, 44 percent of immigrants' children had mothers who worked at least part-time, compared with 56 percent of children of natives. Maternal employment was lower for both children of immigrants and those of natives in low-income families, but the gap between immigrants and natives remained. One-quarter of low-income children of immigrants in two-parent families had mothers who worked at least part-time, compared with one-third of comparable children of natives (figure 8).

**FIGURE 8: Share of Children with Working Mothers in Two-Parent Families, 2002**



*Source:* Urban Institute tabulations from the 2002 National Survey of America's Families.

*Note:* Low-income families are those with income below 200 percent of the federal poverty level. Working mothers are those who worked at least 1,000 hours in 2001.

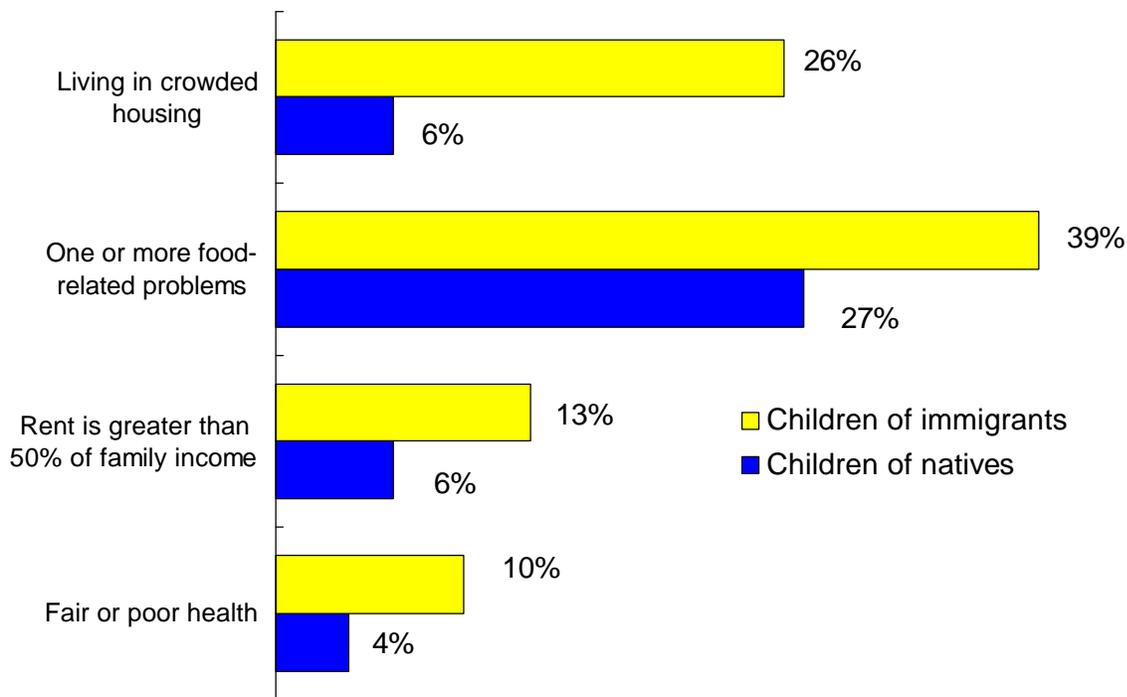
### **Poverty and Economic Hardship Are Greater among Children of Immigrants**

Poverty is rising among children of immigrants, due to both the increasing concentration of immigrants in low-wage jobs and the shifting origins of immigrants from Europe and Canada to Latin America and Asia. Between 1970 and 2002, the

poverty rate among school-age children of immigrants almost doubled from 12 to 23 percent, while the rate for non-Hispanic white and black children remained relatively constant.<sup>17</sup> Nonetheless, non-Hispanic blacks remain the poorest group of children. In 2002, their poverty rate was 32 percent, three times the rate for non-Hispanic white children (9 percent) and 10 percentage points higher than the rate for the mostly Asian and Latino children of immigrants.

Poverty is associated with higher food and housing hardship in immigrant than native families. In 2002, 39 percent of children of immigrants lived in families with one or more food-related problems, compared with just 27 percent of children of natives (figure 9).<sup>18</sup> Children of immigrants were twice as likely as those of natives to live in families paying at least half of income for rent or mortgage (13 versus 6 percent), and four times as likely to live in crowded housing (26 versus 6 percent).<sup>19</sup> Children of immigrants were also twice as likely to be reported in fair or poor health: 10 versus 4 percent.<sup>20</sup>

**FIGURE 9: Food, Housing, and Health Hardship among Children, 2002**



Source: Urban Institute tabulations from the 2002 National Survey of America’s Families.

Higher economic hardship among children of immigrants suggests that they have greater needs for public benefits and other social service supports than do children of natives. Most of the types of benefits needed in immigrant families are associated with low-wage work: tax credits, housing, food assistance, health insurance coverage, and child care subsidies. Yet, children in immigrant families

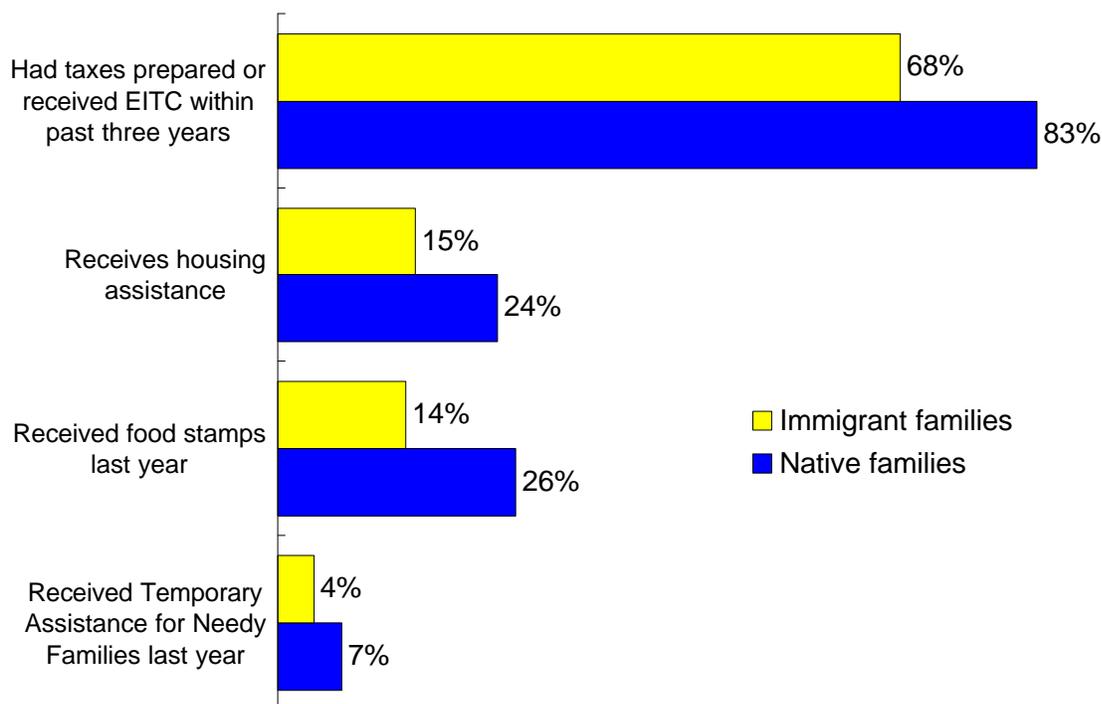
are substantially less likely than those in native families to receive these benefits and services, when controlling for income and parental work.

### **Public Benefit and Service Receipt Is Lower among Children of Immigrants**

Despite higher poverty and hardship rates, children in immigrant families show lower participation in a wide range of public benefit programs and other social services, with the exception of public health care coverage. Most of these children live in mixed-status families, where parents are ineligible for benefits because they are undocumented or recent legal immigrants. Further, as described below, various barriers may prevent immigrants and their children from participating even when they are eligible.

In 2002, low-income working immigrant families with children were significantly less likely than native families to have heard about or received the earned income tax credit (EITC): 68 versus 83 percent (figure 10).<sup>21</sup> Low-income working immigrant families were just over half as likely as their native counterparts to receive Temporary Assistance for Needy Families (4 versus 7 percent) or food stamps (14 versus 26 percent).<sup>22</sup> Immigrant families were also substantially less likely to receive housing assistance in the form of housing subsidies, vouchers, or public housing (15 versus 24 percent). Thus, public tax, income, and benefit programs appear less likely to reach children in working immigrant families despite higher poverty and food and housing hardship (Capps, Fix, Henderson, et al. 2005).

**FIGURE 10: EITC and Public Benefit Receipt among Low-Income Working Families, 2002**



Source: Urban Institute tabulations from the 2002 National Survey of America's Families.

EITC = earned income tax credit

Notes: Low-income working families are families with children, with incomes below 200 percent of the federal poverty level, and adults who worked at least 1,000 hours on average in 2001.

Health care coverage for children and their parents is also considerably lower in immigrant than native families, though coverage is improving. In 2002, children in low-income working immigrant families were twice as likely to be uninsured as those in native families (28 versus 13 percent). Among adults in these families, uninsured rates were considerably higher: 56 percent for immigrants and 29 percent for natives. Lower rates of employer-provided insurance accounted for all these gaps for children and most of the gaps for adults, as the rates of public coverage through Medicaid and State Children's Health Insurance Program (SCHIP) are about the same for immigrants' as natives' children (Capps, Fix, Henderson, et al. 2005).

Program participation and benefits receipt are lower in immigrant than native families for two primary reasons. First, 29 percent of immigrants—and 37 percent of low-income immigrants—are undocumented and therefore ineligible for most public programs, including the EITC, TANF, food stamps, and Medicaid. The presence of undocumented adults makes some immigrant families entirely ineligible for EITC, but U.S.-citizen children remain eligible for TANF, food stamps, and Medicaid even when their parents are undocumented. Undocumented parents,

however, often do not understand that children born in the United States are eligible for these programs, and they may be afraid that they or other family members will be deported if they apply for benefits (Capps, Ku, et al. 2002; Capps, Hagan, and Rodriguez 2004).

Second, the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) restricted TANF and Medicaid eligibility for legal immigrants to citizens, refugees, those in the country for at least five years, and other small groups. Food stamp eligibility was further limited to immigrant adults working at least 10 years in the United States, although this restriction was changed to five years of residence in 2003, when all legal immigrant children were granted eligibility regardless of U.S. tenure (Capps, Koralek, et al. 2004). California, New York, and other large immigrant states restored eligibility for some of these programs using state-only funding; recent legal immigrants in the majority of states, however, remain ineligible for most of these programs.<sup>23</sup> Not surprisingly, legal immigrant participation fell sharply in food stamps and other benefit programs following welfare reform (Cunnyngham 2003; Fix and Passel 2002). These drops have extended to U.S. citizen children with legal immigrant parents, who are often fearful that applying for benefits might affect their citizenship applications or ability to sponsor relatives to immigrate in the future.

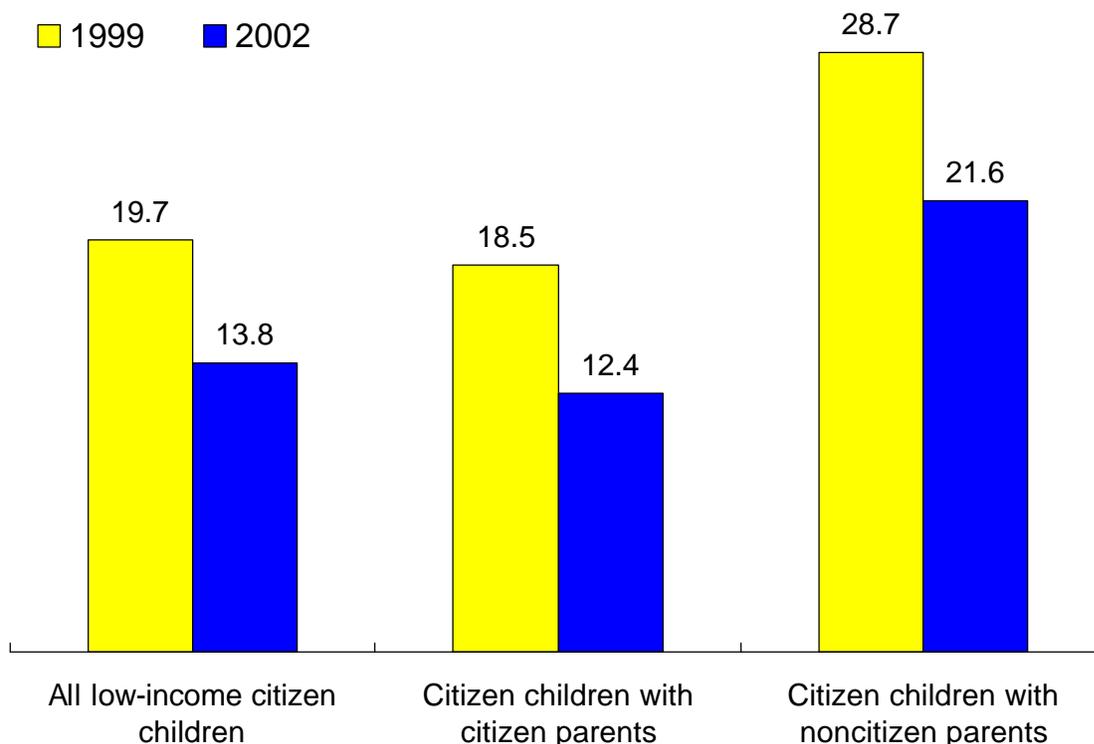
Recent restorations in the Food Stamp Program and the expansion of income eligibility for Medicaid and SCHIP hold promise to reverse some declines in access to benefits among children of immigrants. The 2003 food stamp restorations reversed eligibility restrictions for several hundred thousand legal immigrants—children as well as adults—and occurred during a period of application simplification and other access improvements. The number of immigrants for whom food stamps eligibility was restored, however, has not yet been calculated (Capps, Koralek, et al. 2004).

Eligibility is not the whole story, however. Immigrants face several other access barriers to health care coverage and public benefits access (Holcomb et al. 2003). First are noncitizen parents' fears of applying for coverage or benefits for their children; these fears are common among both undocumented and legal immigrants. Second are language barriers that may deter immigrants from applying or prevent them from completing initial applications or renewals. Third, many immigrants work informal sector jobs, or for other reasons may be unable to provide the employment and income information needed to apply. Fourth, legal immigrants in some states may be asked to verify their sponsors' incomes in addition to their own before applying for benefits. Verifying sponsors' income adds one additional hurdle to the application process, and immigrants may be unable to contact their sponsors or be reluctant to share information about them with public agencies. Finally, immigrants may be unaware of the eligibility rules or application procedures surrounding these programs. Outreach to immigrant communities,

assistance with applications, and provision of interpreter services are key strategies to overcome these barriers.

Recent gains in public health care coverage among children of immigrants, however, suggest that many of these factors can be overcome. The inception of SCHIP in 1998 and subsequent access improvements and outreach programs have increased children of immigrants' coverage under both Medicaid and SCHIP, with substantial improvements in coverage for children with noncitizen parents between 1999 and 2002 (Capps, Kenney, and Fix 2003). Between 1999 and 2002, the share of low-income children without health insurance dropped from 29 to 22 percent among citizen children with at least one noncitizen parent; among children with citizen parents, the uninsured rate dropped from 19 to 12 percent (figure 11). Increased public coverage through Medicaid and SCHIP accounted for most of the improvement: public coverage rose by 12 percentage points among citizen children with noncitizen parents and by 13 points among children with citizen parents. Expanded health care coverage of low-income children represents one of the major policy gains of the past decade, a gain shared by children in immigrant families.<sup>24</sup>

**FIGURE 11: Uninsured Rates of Low-Income Citizen Children, by Citizenship of Parents, 1999–2002**



Source: Urban Institute tabulations from the 1999 and 2002 National Survey of America's Families.

Notes: Low-income families had incomes below 200 percent of the federal poverty level in 2001.

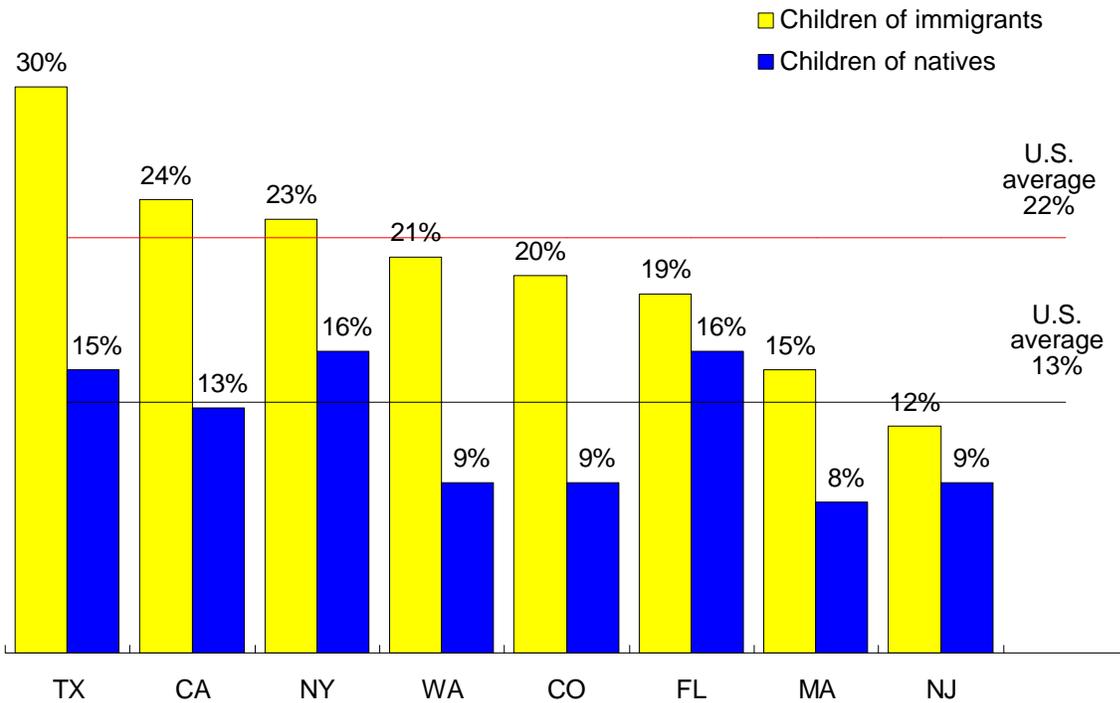
## Poverty, Hardship, and Health Insurance Coverage Vary by State

The Urban Institute's *Assessing the New Federalism* project focused on state variations in demographics, public policies, and consequences for families with children. The NSAF was conducted nationally, with sufficient samples for state-level analysis for 13 states. Eight of these states—California, Colorado, Florida, Massachusetts, New Jersey, New York, Texas, and Washington—were represented in the 2002 NSAF by sufficient samples of children in immigrant families for analysis. These eight states accounted for 68 percent of all U.S. immigrants in 2005. This subsample of states also includes five of the six states with the biggest immigrant populations, as well as two new growth states (see figure 4).

There is a strong regional pattern of poverty among children of immigrants. Looking at the eight states with large immigrant populations represented in the NSAF, the highest poverty rates for children of immigrants are in the West and South, and the lowest rates are in the Northeast, with the exception of New York (figure 12). Among these eight states, Texas had the highest poverty rate for children of immigrants (30 percent), well above the national average (22 percent). California and New York also had poverty rates at or above the national average, while Massachusetts and New Jersey had the lowest rates.

While state variation in poverty among children of natives closely matched the pattern for children of immigrants, the gap in poverty between immigrants' and natives' children was highest in the West and South. When compared with the Northeast, states in the West and South have larger shares of immigrants from Mexico and undocumented immigrants. With the exception of California and Texas, states in these regions also tend to have immigrant populations that arrived more recently than states in the Northeast.

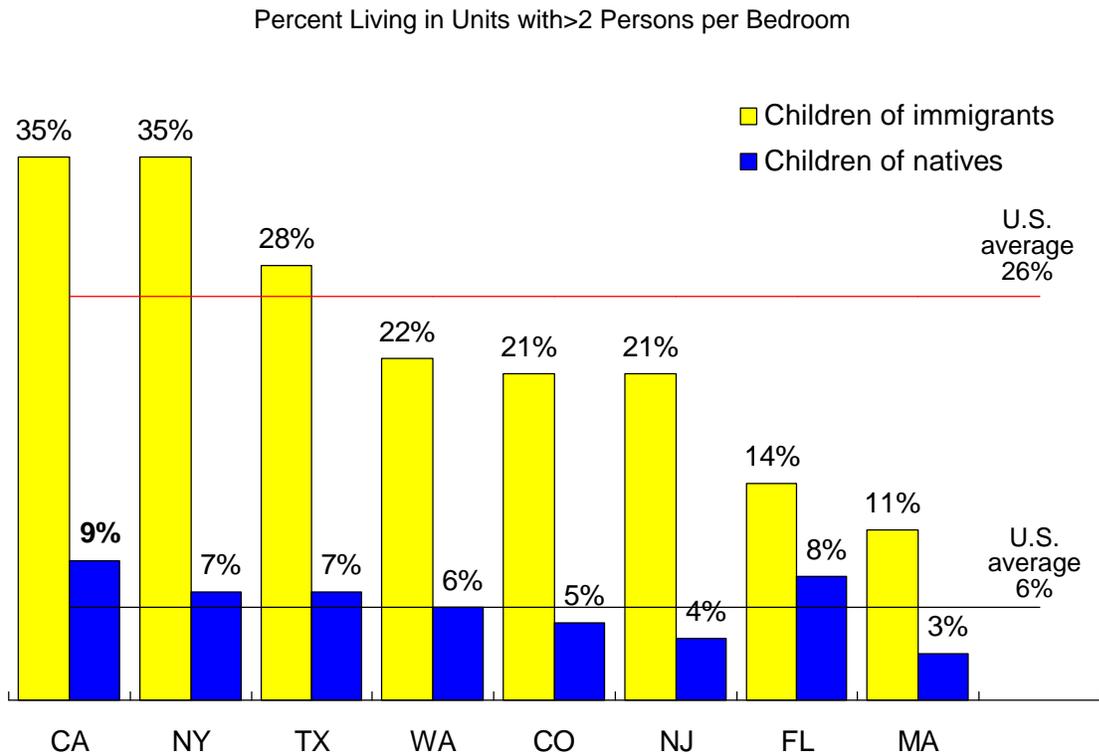
**FIGURE 12: Poverty Rates for Children of Immigrants and Natives, Selected States, 2002**  
 Percent Living in Families with Incomes below federal poverty level



Source: Urban Institute tabulations from the 2002 National Survey of America's Families.

The states with the most expensive housing, on the other hand, have the highest crowding rates for children in immigrant families (figure 13). In 2002, California and New York had the highest crowded housing rate for children of immigrants (35 percent, versus 26 percent nationally). The rate for Texas was slightly above the national average. In these three states, the crowding rate for children of immigrants was four to five times as high as the rate for natives. In the other states, crowding rates for children of immigrants were lower, and the gap versus natives was smaller. The crowding rate for children of natives did not reach 10 percent in any of these eight states. Thus, where either housing costs are high (e.g., California and New York) or poverty rates are high (e.g., in Texas), immigrant families are more likely than native families to economize by doubling up on housing.

**FIGURE 13: Crowded Housing Rates for Children of Immigrants and Natives, Selected States, 2002**



Source: Urban Institute tabulations from the 2002 National Survey of America's Families.

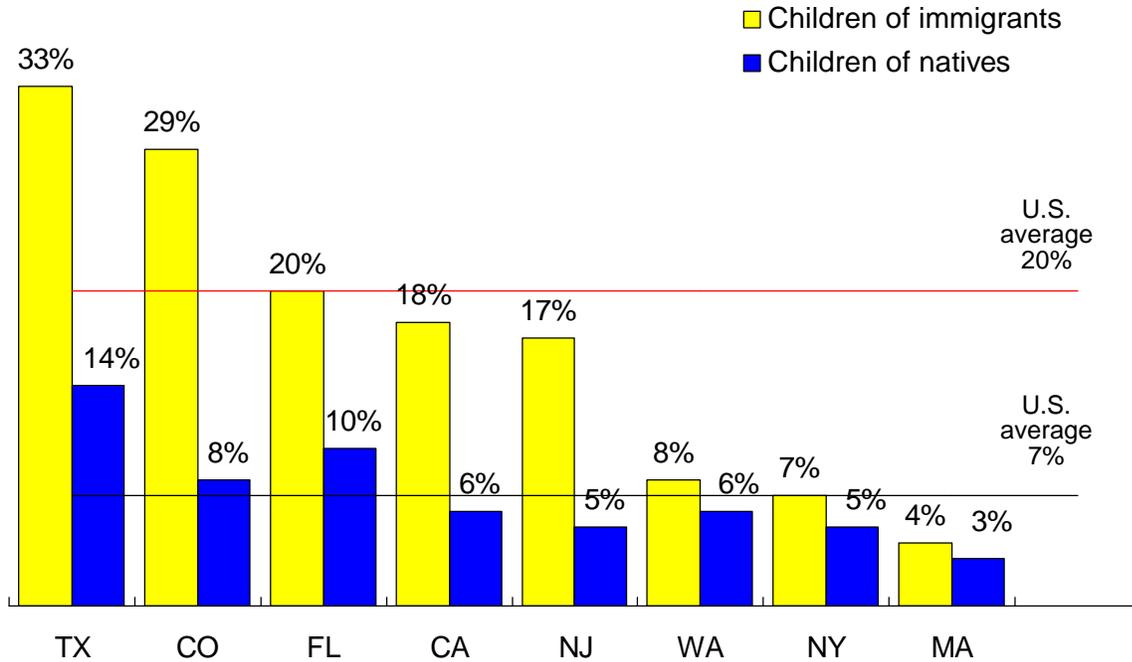
Note: Crowded housing is defined as more than two people per bedroom.

There is also substantial variation in health insurance coverage for children of immigrants; this variation follows the regional pattern for poverty but is exaggerated by differences in state coverage of legal immigrants (figure 14). In 2002, 33 percent of children of immigrants in Texas and 29 percent in Colorado were uninsured, much higher than the national average (20 percent). Florida and California's rates were near the national average (20 and 18 percent, respectively), while rates for the other four states were below the national average. Massachusetts had the lowest uninsurance rate (4 percent).

Texas, Colorado, and Florida were the only three states among these eight that did not restore Medicaid eligibility for legal immigrants in the United States less than five years, after their eligibility was cut off by PRWORA in 1996 (Zimmermann and Tumlin 1999). More recently, Massachusetts, New York, Illinois, and some California counties have extended health insurance coverage to undocumented immigrants. In California, counties throughout the state have formed Children's Health Initiatives (CHI) in the past five years. These CHI programs include outreach activities to enroll children eligible for the existing state programs and expansions of coverage to include children that are ineligible for Medi-Cal or Healthy Families because of high family incomes or immigration

status. As of January 2006, 17 of 58 counties offered, and another 14 counties were planning to implement, Healthy Kids, a local health insurance program that aims to provide universal coverage for children. Most, but not all, Healthy Kids programs provide coverage regardless of immigration status.

**FIGURE 14: Proportion without Health Insurance for Children of Immigrants and Natives, Selected States, 2002**



Source: Urban Institute tabulations from the 2002 National Survey of America's Families.

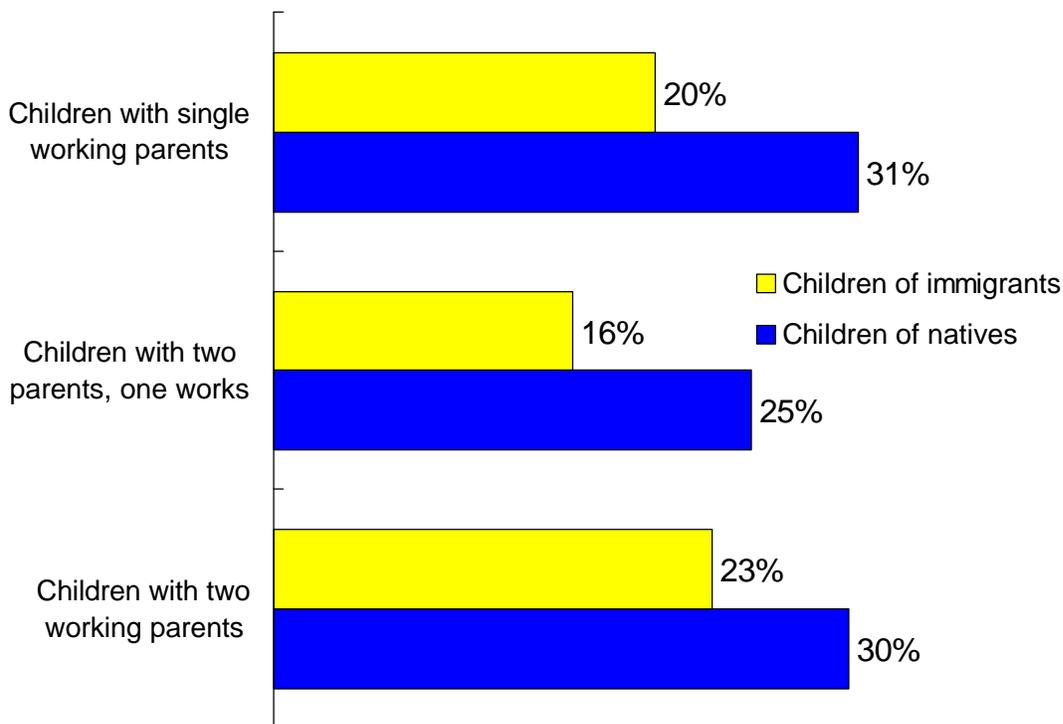
### Contributors to School Readiness among Children of Immigrants

Children of immigrants are at risk for slower cognitive and language development, as well as poorer academic performance in school, due to many of the factors discussed in this report. Poverty, lower parental education, and limited English proficiency have all been associated with gaps in school readiness for children of immigrants (Hernandez 1999). Limited English proficient parents and those without a high school education may also be less likely to help children with homework and participate in school activities (Capps, Fix, Murray, et al. 2005). When compared with children of natives, immigrants' children are less likely to be read to by parents in the preschool years (age 0 to 5), receive help from parents during middle childhood (age 6 to 17), and participate in after-school activities during their adolescent years (age 12 to 17; see Reardon-Anderson, Capps, and Fix 2002).

While the evidence is clear that children’s development is more strongly influenced by factors in the home such as parent-child interaction, for young children the extent, type, and quality of early care and education also contribute to developmental outcomes. Cognitive and language development are supported by higher-quality care and by participation in center care (NICHD Early Child Care Research Network 2000, 2002; Smolensky and Gootman 2003). Children of immigrants show lower rates of participation in center-based early care and education programs, and their lower participation may be one factor that contributes to lower language and cognitive scores upon school entry.

In 2002, about half (47 percent) of children of immigrants under age 6 received child care from a source other than their parents, compared with two-thirds (66 percent) of children of natives (Capps, Fix, et al. 2004). Twenty-six percent of children of natives were in center-based care, compared with just 17 percent of children of immigrants. The gap in center-base care between children of immigrants and those of natives narrows somewhat but does not disappear when both parents work. In 2002, this gap was 7 percentage points for children with two working parents, versus 11 percentage points for children with single working parents and 9 percentage points for children with two parents, only one of whom worked (figure 15). Thus, the work patterns of immigrant parents are part but not all of the explanation for lower incidence of center-based care among their children.

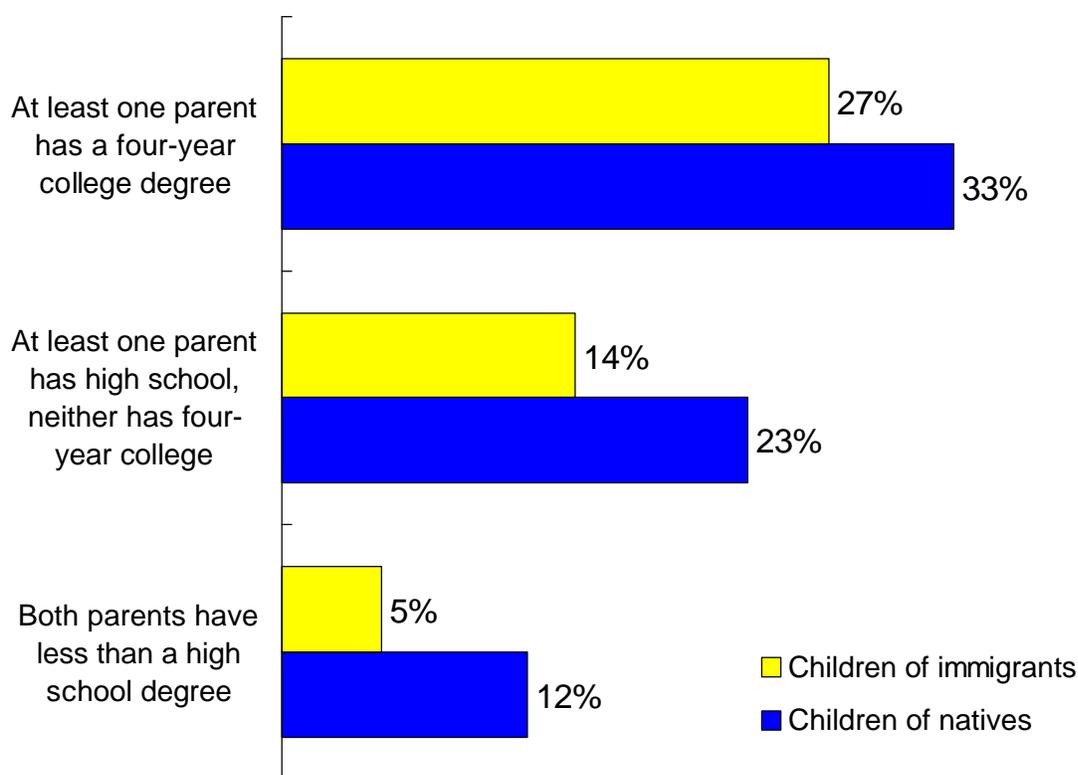
**FIGURE 15: Share of Children under 6 in Center-Based Care, by Parental Work, 2002**



Source: Urban Institute tabulations from the 2002 National Survey of America’s Families.

Rates of participation in center-based child care are particularly low for children whose parents have the least amount of formal education. In 2002, the share of children under age 6 in center-based care was only 5 percent for children of immigrants with parents lacking high school degrees, compared with 12 percent of comparable children of natives. At the higher end of the educational spectrum, where at least one parent had a four-year college degree, 27 percent of children of immigrants were in center-based care, compared with 33 percent of children of natives (figure 16). Thus, center-based care enrollment is substantially lower for children with less well-educated parents, among both immigrant and native families.

**FIGURE 16: Share of Children under 6 in Center-Based Care, by Parental Education, 2002**



Source: Urban Institute tabulations from the 2002 National Survey of America's Families.

The NSAF did not report the quality of child care arrangements, so it is not possible to analyze the share of children of immigrants versus natives in high-quality, developmentally appropriate arrangements using these data. Center-based care may not be the best arrangement for some children, particularly at younger ages, and there are indications that quality of center-based child care programs may be lower for low-income families (Adams, Zaslow, and Tout 2006). Nonetheless, the fact that so many immigrant parents are LEP and lack a significant formal education suggests the need for center-based or other high-quality care to narrow gaps in school readiness and achievement.

## Conclusion

Children of immigrants represent a large and growing share of all U.S. children: they are currently over 20 percent of all children and 28 percent of low-income children. In less than a generation, children of immigrants will be more than a quarter of all children graduating from high school and entering the labor force. Children of immigrants are already almost half of school-age children in California and over a quarter in several other states, including New York, Florida, and Texas. Their numbers are growing rapidly in both large and small states across the country—doubling or tripling in some cases.

The well-being and academic preparation of children of immigrants will be important to the future productivity of the U.S. labor force and the size of the future tax base—at the federal, state, and local levels. During the 1990s, immigrants represented fully half of the growth in the U.S. labor force (Sum, Fogg, and Harrington 2002); by 2015, they may represent all of that growth.

As the number and proportion of children whose parents are immigrants increase, states will face questions about the best policy responses to promote children's health, development, and well-being. Key areas of policy, as summarized above, include health insurance, child care, and benefits for families. States and the federal government have made significant investments in health care for low-income children, and children of immigrants have benefited with improved insurance coverage. For younger children, more attention is being paid to school preparation, as states invest in pre-kindergarten and other early education programs (Takanishi 2004).

Among school-age children, the federal No Child Left Behind (NCLB) Act has ushered in an era of school reform with a strong focus on immigrants' children. The act requires schools to improve the performance of LEP students—as well as black, Hispanic, Asian, low-income, and disabled students—on assessments of reading and mathematics beginning in 3rd grade (U.S. Department of Education 2002). Many children of immigrants fall into one or more of these protected groups. Schools that do not sufficiently improve the performance of students in these groups over an extended period are subject to interventions, including allowing parents to send their children to another school, offering supplemental services such as after-school programs, and possibly even restructuring or closing schools (Capps, Fix, Murray, et al. 2005).

A further potential issue for states is how to respond across the range of individual programs to the overall needs of immigrant families. The federal government may provide guidance for policy development in some areas—for instance, elementary and secondary education through NCLB. For the most part, however, state and local governments have both the freedom and the responsibility

for developing programs that meet the needs of their constituencies, which in most states include large, growing numbers of children in immigrant families.

While U.S. immigration policy remains relatively generous in terms of the scale of immigrant admissions, there is no policy at the federal level for immigrant integration. While federally funded programs address the needs of children in immigrant families—EITC, TANF, food stamps, and Medicaid, for instance—eligibility restrictions based on citizenship and legal status and other barriers to participation reduce immigrants' access to these programs for their children. Therefore, much of the cost of immigration—as well as the responsibility for integrating immigrants and their children—falls to the states and local governments.

As this report was written in spring 2006, Congress was debating whether to legalize some or all of the 11–12 million undocumented immigrants in the United States. The U.S. Senate had passed a bill allowing undocumented immigrants in the country for at least two years to apply for temporary work permits, and later permanent residency, which would put them on a path to citizenship.<sup>25</sup> The U.S. House of Representatives, on the other hand, passed a bill with a stronger focus on enforcement. The House bill made conviction for illegal presence in the United States a felony and did not include provisions for temporary work permits or a path to citizenship.<sup>26</sup>

This debate's outcome, which is currently unclear, has important implications not only for unauthorized adults but also for the approximately 5 million children, about two-thirds of them citizens, living with undocumented parents. So far, the implications of these alternative policies for children have not been considered during the debate in Congress and in the public, but the implications would clearly be substantial. Stepped-up enforcement could lead to deportation or coerced emigration of parents and, potentially, family separation. It could also lead to the temporary emigration of citizen children with their parents. Such emigration could reduce schooling and other costs for the states but would be traumatic for the children and could deprive them of the education and skills needed to succeed in the U.S. labor force if they were to return to the United States as adults. Leaving the country along with their deported parents could also lead these children to feel disengaged and reduce their allegiance to the United States. On the other hand, granting a form of legal status—whether temporary or permanent—to undocumented parents has the potential to improve the well-being of their children by enhancing parental prospects in the labor market and increasing the children's access to needed public benefits and services. Legalization could also, however, lead to increased health and social service costs for states and provide incentives for future illegal immigration.

The issues raised in this paper offer several important avenues for further research and policy development at the federal, state, and local level. Key questions include the following:

- What child care arrangements work best for working immigrant families, and which types of early education programs are best suited to the developmental needs of children in these families?
- How are low-income children of immigrants—particularly those who grow up in non-English-speaking families—faring in school? Have the provisions of NCLB that focus specifically on low-income, LEP, Hispanic and Asian children led to improvements in their performance? Are there model schools that effectively prepare children of immigrants academically and meet the NCLB guidelines?
- Can adult education, English as a Second Language, job training and other programs be developed to meet the employment needs of immigrants? If combined with opportunities for advancement, will such workforce development programs help immigrant families emerge from poverty, to the benefit of their children?
- How can the specific forms of economic hardship experienced in immigrant families—especially crowded housing—best be ameliorated? What types of housing options are available for immigrants in expensive markets such as California and New York?
- How can the isolation of immigrant families and their wariness of participating in public benefit and service programs be overcome? How successful have outreach strategies been, for instance in the Medicaid and SCHIP programs? Are there other ways to tap into immigrants' informal networks of family and friends to help address the needs of children in these families?
- How are states and local communities successfully building infrastructure for integrating immigrant families? What forms does this infrastructure take—bilingual staff, outreach and application assistance, interpretation assistance, capacity development for community-based organizations development of culturally appropriate services, and growth in leadership potential in immigrant communities?
- How are children in undocumented families faring in the recent climate of intense public attention to immigration and stepped-up enforcement? Are undocumented parents now even more wary of approaching the government for assistance for their children? Have large numbers of undocumented parents been deported, and what has happened to their children? Or are undocumented parents optimistic about their children's prospects, since so many of the children are citizens?

The answers to these questions are important not only for the academic study of immigrant integration, but also for policies to aid states and local communities in the reception of newcomer families and the preparation of their children for the future workforce.

1. For a description of the methods underlying assignment of legal status to noncitizens in these data sources, see Passel (2005); Passel and Clark (1998); and Passel, Van Hook, and Bean (2004, 2006). Legal status was assigned to noncitizens in order to better estimate their eligibility for public benefits, as undocumented immigrants are generally ineligible for these programs.

2. In two-parent families, if either one or both parents are foreign-born, then the children are considered children of immigrants. Children of natives have either a single native-born parent or, in the case of two-parent families, two native-born parents. Children of Puerto Rican origin are not considered children of immigrants, as Puerto Rico is a U.S. territory.

3. These estimates are based on the census and legal admissions data from the U.S. Department of Homeland Security. The exact number of entries is difficult to estimate because many are illegal immigrants, and there is a significant undercount of unknown size in the census.

4. These figures are based on Urban Institute analysis of the 2005 U.S. CPS and the 1970 U.S. Census.

5. These figures are based on Urban Institute analysis of the 1980, 1990 and 2000 U.S. censuses.

6. Legal immigrants—legal permanent residents (LPR) in official U.S. immigration terminology—are immigrants admitted permanently to the United States, usually for employment or because they have a close family member who is a U.S. citizen or LPR. After five years—three years if married to a U.S. citizen—LPRs are eligible to apply for citizenship. In most cases, they must pass a naturalization test to become citizens.

Undocumented immigrants are those who entered the United States illegally (often across the border with Mexico), overstayed a valid visa (such as a tourist or student visa), or otherwise violated the terms of their immigration status. Additionally, a small number of undocumented immigrants—about 300,000—have been granted temporary protected status, which allows them to work and remain in the United States temporarily; immigrants from El Salvador make up most of this group.

7. Adding refugees who had not yet become citizens with the other LPRs, there were a total of 11.8 million LPRs in 2005, slightly higher than the estimated total of undocumented immigrants (11.1 million). In figure 3, the refugee slice includes refugees who are LPRs and refugees who have become citizens (Passel 2006).

8. Any child born in the United States or born abroad to U.S. citizen parents is automatically a U.S. citizen.

9. A very small share of children of immigrants—4 percent—are naturalized citizens and refugees.

10. A small share of children of immigrants age 12–17 are naturalized citizens and refugees (7 percent).

11. These figures and the figures on mixed-status families in the paragraphs that follow are based on Urban Institute analysis of the CPS Annual Social and Economic Supplements, averaged for 2002–03.

12. The next nine states in order of 1990–2000 foreign-born population growth rates were Georgia (235 percent), Nevada (202 percent), Arkansas (196 percent), Utah (171 percent), Tennessee (169 percent), Nebraska (165 percent), Colorado (160 percent), Arizona (136 percent), and Kentucky (135 percent).

13. Workers are defined as people age 18 to 64 who are in the civilian workforce; report positive wage and salary earnings for 2001; and have worked at least 25 weeks (i.e., at least some hours over the course of six months) or 700 hours (i.e., full-time-equivalent for 20 weeks).

14. In 2001, the federal minimum wage was \$5.15. Some states set minimums above the federal standard.

15. In all households where a language other than English is spoken, the census asks whether members of the household over age 5 speak English “very well,” “well,” “not well,” and “not at all.” The census categorizes all people speaking English “well,” “not well,” or “not at all” as limited English proficient.
16. Adults in these families worked an average of at least 1,000 hours each in 2001. This includes families where both parents worked at least 1,000 hours as well as those where one parent worked full-time (at least 2,000 hours) and the other parent did not work at all.
17. Urban Institute tabulations from 2002 CPS and 1970, 1980, 1990 and 2000 censuses. Non-Hispanic white and black children include children of immigrants, but the vast majority are children of natives.
18. The NSAF asked adults if (1) they or their families worried that food would run out before they got money to buy more, (2) the food they bought did run out, or (3) one or more adults ate less or skipped meals because there was not enough money to pay for food. If the NSAF respondent answered “yes” to any of these three questions, the family was considered to have problems affording food.
19. Crowded housing is defined as more than two people per bedroom.
20. In the NSAF, the most knowledgeable adult respondent was asked if the child was in excellent, very good, good, fair, or poor health. In health assessment surveys, Latinos—who make up a large majority of the children of immigrants in the NSAF—tend to be more likely to report fair or poor health than other ethnic groups, even when they have similar outcomes on objective health measures (Weigers and Drilea 1999).
21. The NSAF first asks respondents if they have heard about the EITC, and then asks them if they have received it. The NSAF also asks respondents if they filed a federal tax return and for those who filed, if they received help in completing their return from a “community service group or paid preparer such as H&R Block.” The estimates shown here include families where NSAF respondents had heard about *and* received the EITC within the past three years, *or* who had used tax preparers. Most families using tax preparers likely received the EITC without hearing about it.
22. TANF and food stamp participation were reported for the year before the survey (2001).
23. In 2004, according to CPS data and our estimates of legal status of noncitizens, the number of LPRs within the five-year group for which eligibility is barred was about 2.6 million, although many of these immigrants had incomes too high to qualify for most public benefit programs.
24. [http://www.covercaliforniakids.org/documents/USC\\_Study.pdf](http://www.covercaliforniakids.org/documents/USC_Study.pdf); [http://www.ihps-ca.org/localcovsol/\\_pdfs/WebsiteTableDocument%20050906.pdf](http://www.ihps-ca.org/localcovsol/_pdfs/WebsiteTableDocument%20050906.pdf)
25. Comprehensive Immigration Reform Act of 2006 (S. 2611), passed by U.S. Senate on May 25, 2006.
26. Border Protection, Antiterrorism, and Illegal Immigration Control Act of 2005 (H.R. 4437), passed by U.S. House of Representatives on December 16, 2005.

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## ABOUT THE AUTHORS

Randy Capps is a senior research associate in the Urban Institute's Center on Labor, Human Services, and Population. His research interests include immigration policy, immigrant settlement, welfare reform, and workforce development.

Karina Fortuny is a research associate in the Urban Institute's Center on Labor, Human Services, and Population. Her research interests include immigration policy, child care, and education policy.