

Are Immigrants in Massachusetts Accessing Welfare?
An Exploratory Study of Families in Boston and the Merrimack Valley

by

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B.A., English Literature
B.A., Psychology
University of California, Los Angeles, 1995

SUBMITTED TO THE DEPARTMENT OF URBAN STUDIES AND PLANNING
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER IN CITY PLANNING
AT THE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY
JUNE 2000

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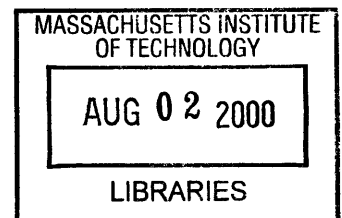
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ARE IMMIGRANTS IN MASSACHUSETTS ACCESSING WELFARE?

An Exploratory Study of Families in Boston and the Merrimack Valley

by

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Submitted to the Department of Urban Studies and Planning
on May 18, 2000 in partial fulfillment of the
requirements for the Degree of Master in City Planning

ABSTRACT

A survey was conducted of forty four immigrant heads of households in Boston and the Merrimack Valley to ascertain the employment status of household heads and the use of public benefits by immigrant headed families. The study surveyed Spanish and Portuguese speaking individuals at 300% or below of the poverty level with children under the age of 18. The survey measured demographic and employment characteristics of respondents, use of public benefits among all family members, and barriers individuals faced in accessing benefits for their families. The researcher hypothesized that immigrants with lower educational status and poor English proficiency would earn lower wages than individuals with higher educational status and better English proficiency. Additionally, it was also hypothesized that families headed by undocumented immigrants, despite the presence of citizen children, would be the least likely of all groups of immigrant headed households to access public benefits.

Findings revealed that immigrants with low educational status and poor English proficiency indeed earned lower wages than individuals with higher educational status and better English proficiency. Results regarding benefits use among families revealed interesting patterns of benefits use. As hypothesized, families headed by undocumented immigrants had low rates of health benefits, food stamps, and cash aid usage. However, families headed by permanent residents and temporary visa holders also had low rates of welfare usage. Proposed reasons for these low rates of public benefits usage include linguistic barriers, fears of deportation among undocumented immigrants, confusion about eligibility criteria, and bureaucratic responses towards immigrant families. The conclusion includes policy recommendations for addressing these issues and suggestions for further research.

INTRODUCTION

In August 1996, President Clinton signed into law the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), commonly known as welfare reform. This legislation, which replaced Aid to Families with Dependent Children with the Temporary Assistance for Needy Families (TANF) block grant, affected all welfare recipients, but mandated changes arguably impacted immigrants most drastically by making many non-citizen groups ineligible for federal means-tested benefits. The welfare reform legislation also included several other provisions of direct consequence to immigrants. Public welfare agencies were required to report the status of undocumented immigrants residing in the United States to the Immigration and Naturalization Service (INS); the affidavit of support, an immigration document signed by a sponsor pledging to financially support the immigrant and repay any benefits accessed, was legislated as enforceable until the immigrant becomes a citizen or works for ten years; deeming provisions were instituted, allowing the sponsor's income to count towards the immigrant's overall income in determining eligibility for welfare benefits; and states were given the option to restrict state benefits for immigrants. The passage of PRWORA created fear and confusion in immigrant communities throughout the United States, resulting in a rapid decline in welfare usage among even qualified immigrants eligible for federal benefits (Fix and Passel, 1999).

The national incidence of declining welfare use among non-citizens elicits particular concern about states with large concentrations of immigrant populations such as Massachusetts, the seventh largest immigrant receiving state in the United States. Massachusetts, along with states such as California, has always maintained relatively inclusive welfare policies for immigrants, a pattern that has continued even after welfare reform. However, studies in California have found that immigrants in that state continue to avoid public benefits programs, demonstrating the disjunction between state policy and immigrant reaction to the federal law. It is therefore imperative to examine trends in specific regions such as Massachusetts to ascertain whether national patterns are replicated or diffused due to liberal state policies (Zimmerman and Tumlin, 1999).

If immigrants in Massachusetts, like immigrants throughout the country, are failing to access public benefit programs, there is cause for concern. Official estimates differ, but approximately 54% of all non-citizen households in the United States average earnings at 200% below the poverty level (Fix and Passel, 1999). The high proportion of immigrants hovering near the poverty level requires deeper examination of how welfare policies are impacting immigrant incomes, employment outcomes, and the status of children within households.

Background

Federal Changes

The PRWORA legislation, which has been amended twice since its inception in 1996, created two categories of immigrants – “qualified” and “unqualified”. Qualified immigrants include permanent residents, refugees, asylees, and several other categories of non-citizens while unqualified immigrants include undocumented individuals and those classified as PRUCOL (Permanently Residing under Color of Law). The category of qualified non-citizens was further divided into immigrants who entered the United States before August 22, 1996 and individuals who enter after this date. Table 1.1 below details the federal PRWORA regulations affecting qualified immigrants.

Prior to the passage of PRWORA, undocumented immigrants had been ineligible for federal means-tested programs and remained ineligible under the new law. However, PRWORA instituted changes in verification and reporting requirements affecting unqualified, and particularly undocumented, immigrants (see Table 1.1). The new law mandated all government agencies administering SSI, housing assistance, or TANF to report quarterly to the INS the names and addresses of individuals unlawfully residing in the United States. Unqualified immigrants remained eligible for some limited federal benefits programs such as emergency Medicaid, public health programs, K-12 public education, and child nutrition programs.

The PRWORA legislation, in addition to changing eligibility requirements for qualified immigrants and instituting new verification procedures, also mandated affidavit of support enforcement and deeming for specific groups of qualified immigrants. Individuals seeking to

gain permanent residency after December 19, 1997 must find a sponsor with an income level 125% of the poverty line. If the sponsored immigrant accesses federal means-tested benefits, the sponsor could potentially be asked to repay all benefits used. Affidavits of support are enforceable until the immigrant becomes a citizen or works for ten years. PRWORA also instituted deeming for new immigrants seeking to apply for benefits. Deeming refers to inclusion of the sponsor's income in determining the immigrant's eligibility for federal means-tested benefits.

Table 1.1¹

PROGRAM	IMMIGRANT CATEGORY	
	QUALIFIED IMMIGRANT ENTRY BEFORE WELFARE LAW (in U.S. prior to 8/22/96)	QUALIFIED IMMIGRANT ENTRY AFTER WELFARE LAW (in U.S. on or after 8/22/96)
Food Stamps	Eligible if: <ul style="list-style-type: none"> • Under 18 years old • Were 65 years or older on 8/22/96 • Receiving disability assistance • Meet exemptions for veterans, Hmong/Lao tribe members, 40 quarters work, refugees, or Native Americans born outside U.S. 	<ul style="list-style-type: none"> • Five year bar • Exemption for veterans, Hmong/Lao tribe members, 10 years of work experience, refugee, Native Americans born outside U.S.
Non-Emergency Medicaid	Eligible <i>except</i> State option: state option to deny eligibility	Eligible <i>except</i> <ul style="list-style-type: none"> • 5-year bar: Barred for first 5 years after obtaining qualified status. • Deeming: After first 5 years, persons using new affidavits of support are subject to deeming until citizenship or until 10 years work credit. No deeming for persons using older affidavits of support. • State option: State option to deny or provide eligibility (except states providing Medicaid may not draw from federal matching funds for persons during five year bar.
State Children's Health Insurance Program (CHIP)	Eligible	Eligible <i>except</i> <ul style="list-style-type: none"> • 5-year bar: Barred for first five years after obtaining qualified status. • Deeming: After first 5 years, persons using new affidavits of support are subject to deeming until citizenship or until 10 years work credit. No deeming for persons using older affidavits of support.

¹ This immigrant eligibility chart was published by the National Immigration Law Center, September 1999.

Temporary Assistance for Needy Families (TANF)	Eligible <i>except</i> <ul style="list-style-type: none"> • Deeming: State option to deem for 3 years for persons using old affidavits of support. • State option: State option to deny eligibility. 	Eligible <i>except</i> <ul style="list-style-type: none"> • 5-year bar: Barred for first 5 years after obtaining qualified status. • Deeming: After first 5 years, persons using new affidavits of support are subject to deeming until citizenship or until 10 years work credit. No deeming for persons using older affidavits of support.
State Public Benefits	Eligible <i>except</i> <ul style="list-style-type: none"> • State Option: State option to deny eligibility unless meet veterans, 10 years work, or refugee exemption. • Deeming: State option to deem for general cash assistance programs only. 	Eligible <i>except</i> <ul style="list-style-type: none"> • State Option: State option to deny eligibility unless meet veterans, 10 years work, or refugee exemption. • Deeming: State option to deem for general cash assistance programs or for other state public benefits.

Public Charge

Perhaps one of the most lasting effects generated by PRWORA is the exacerbation of immigrant fears about public charge regulations. Public charge refers to a long-standing term utilized by the INS to define immigrants who enter the United States and become dependent upon the government for financial support. If an immigrant is expected to utilize public benefits due to age, income, or any other characteristics, the INS may deny the individual permission to reside permanently in the United States². Advocates throughout the country have documented widespread fear among non-citizens to access any public benefits after welfare reform because of a growing perception in immigrant communities that use of all benefits, including those such as health benefits not considered in public charge determinations, may contribute to denial of permanent residency (Morse, 2000). Additionally, many permanent residents believe that public charge considerations may hinder their chances of naturalizing although use of benefits has no impact upon citizenship determinations. In May 1999, the federal government issued a clarification about the specific criteria considered in public charge determinations to defuse immigrant fears, but dissemination of this information into communities has been relatively slow (Schlosberg and Wiley, 1998).

² The specific factors utilized to decide whether an immigrant might become a public charge in the future are age, health, income, family size, education and skills.

Massachusetts

PRWORA provisions allowing states to decide whether pre-August 22, 1996 immigrants remain eligible for benefits spurred differing policies in each state. Analysts initially predicted a “race to the bottom” among states in cutting TANF and Medicaid to pre-1996 qualified immigrants, but most states have retained benefits for this group. Some states have also initiated state-funded substitute programs to replace benefits for all qualified immigrants. In Massachusetts, the state government has chosen to retain TANF and Medicaid for pre-August 22, 1996 immigrants and has provided state-funded TANF, food stamps, disability, and Medicaid programs for post-August 22, 1996 immigrant groups. However, benefits for all state-funded programs are not fully commensurate with federal benefit levels (Zimmerman and Tumlin, 1999). The table below details the benefits provided by Massachusetts and the eligibility criteria for benefits receipt.

Table 1.2³

PROGRAM	Qualified Immigrants*	Qualified Immigrants With 10 Years of Work**	PRUCOLS (Permanently Residing Under Color of Law)	Eligible If No Proof of Status?
TAFDC	<p><i>YES except:</i></p> <ul style="list-style-type: none"> • Persons who entered on or after 8/22/96 barred for first 5 years after obtaining qualified status. • After first 5 years, deeming for persons using affidavit of support. 	<p><i>YES except:</i></p> <p>Persons who entered on or after 8/22/96 barred for first 5 years after obtaining qualified status.</p>	NO	NO
State TAFDC No Deeming	<p><i>YES if:</i></p> <ul style="list-style-type: none"> • Ineligible for TAFDC because of 5-year bar or immigration status. • Meet 6 month residency requirement. 	<p><i>YES if:</i></p> <ul style="list-style-type: none"> • Meet 6 month residency requirement. 	<p><i>YES if:</i></p> <ul style="list-style-type: none"> • Meet 6 month residency requirement. 	NO
Federal Food Stamps	<p><i>YES if:</i></p> <ul style="list-style-type: none"> • Are under 18 years old, 65 years or older and disabled*** 	<p><i>YES if:</i></p> <p>Meet 6 month residency requirement</p>	<p><i>YES if:</i></p> <p>Meet 6 month residency requirement</p>	NO
State Food Stamps No Deeming	<p><i>YES if:</i></p> <ul style="list-style-type: none"> • Meet 60 day residency requirement 	<p><i>YES if:</i></p> <ul style="list-style-type: none"> • Meet 60 day residency requirement 	<p><i>YES if:</i></p> <ul style="list-style-type: none"> • Meet 60 day residency requirement 	NO

³ This Massachusetts immigrant eligibility chart was produced by the Massachusetts Immigrant and Refugee Advocacy Coalition, January 2000.

MassHealth Standard (Federal Medicaid)	YES if: <ul style="list-style-type: none"> Receiving SSI or Medicaid or in a long term care facility as of 6/30/97; or Had an application for long term care pending as of 7/1/97. EXCEPT: 5-YEAR BAR: Barred for first 5 years after obtaining qualified status.	YES except: <ul style="list-style-type: none"> Persons who entered on or after 8/22/96 barred for first 5 years after obtaining qualified status. 	YES only if: <ul style="list-style-type: none"> Receiving SSI on 8/22/96 Receiving Medicaid or in long term care facility as of 6/30/97; or Had an application for long term care pending as of 7/1/97 	NO
MassHealth Basic (State)	YES	YES	YES	NO
MassHealth Family Assistance (State)	YES	YES	YES	NO
MassHealth Commonhealth (State)	YES	YES	YES	NO
MassHealth Limited (Federal)	N/A	N/A	N/A	YES
CMSP (Children's Medical Security Plan)	YES	YES	YES	YES

*Qualified immigrants include LPRs, people paroled for one year or more, refugees, asylees, people granted Withholding of Removal, Cuban/Haitian immigrants and certain Certain battered women and children under the Violence Against Women Act (VAWA). If applying for EAEDC, STAFDC or state food stamps, the applicant must pursue naturalization if eligible
**Refugees, Asylees, Withholding of Removal, Cuban/Haitian Entrant, and Amerasian Immigrants
***Must have been lawfully residing on August 22, 1996

Implications

Policy makers clearly intended PRWORA to reduce the immigrant welfare caseload and increase self-sufficiency of immigrant families, but the legislation also spurred many unexpected consequences. In 1998 and 1999, despite federal restoration of SSI and food stamps to several groups of immigrants, use of all federal means-tested benefits fell among immigrant families with at least one member eligible for these programs. Both researchers and immigrant advocates attribute this decline to fear and confusion in immigrant communities about verification and

reporting, eligibility for federal programs, and affidavit of support requirements (The National Immigration Law Center, 2000).

This decline in immigrant family usage of benefits has generated important questions about the condition of children within these families and the employment status of immigrants not receiving welfare. In many immigrant families, citizen children reside in non-citizen headed households. The differential access rates between native headed and immigrant headed households with citizen children raises concerns about equitability of access for a citizen group (Fix and Zimmerman, 1999).

Reductions in immigrant welfare use do not necessarily imply that these families are earning a higher income through employment. Immigrant workers tend to work in low-wage, high turnover jobs that fail to raise families above the poverty line. The interplay of declining welfare use and poor labor market positions among immigrant workers – particularly workers with low education levels and poor English proficiency - heightens concerns that these families may be sinking quickly below the poverty level.

Purpose of the Study

This study examines immigrants' access to public benefits in Massachusetts regions with high concentrations of non-citizen populations. Although trends of low welfare use, underemployment, and increasing poverty have been documented in high immigrant states such as California and New York, little data exist on the situation of immigrants in Massachusetts. This study examines whether national patterns of low rates of welfare use among immigrants is applicable to Massachusetts, the reasons for these low rates, and the characteristics of families not accessing welfare, including education level, employment status, and English fluency. The study focuses upon respondents who speak Spanish and Portuguese because these two linguistic groups comprise a large proportion of the non-refugee, immigrant population in Massachusetts.

Research Question

The main research question for this study is: Are low-income families headed by immigrants accessing benefits in Massachusetts?

This larger question includes several components. These subquestions are as follows:

1. How does family composition affect the likelihood that a household will access benefits?
2. What are the characteristics of heads of households in families most and least likely to use benefits, including education status, English fluency level, employment status and duration of residence in the United States?

Hypothesis

My hypothesis can be summarized in the following points:

1. Large percentages of immigrants in Massachusetts do not utilize Medicaid, food stamps, and cash aid even when they are eligible.
2. Immigrant families that face multiple barriers in negotiating the welfare system and accessing secure employment do not access public benefits. These barriers include poor English fluency, low levels of education, and recent arrival to the United States. It is also proposed that households with at least one undocumented parent and citizen children are less likely to access benefits than legal immigrants of any status with citizen or non-citizen children.
3. Immigrant families not accessing welfare work in low-paying and temporary jobs that provide an income at 200% poverty line. Immigrants who receive benefits such as cash aid, food stamps, or MassHealth also occupy labor market positions characterized by poor wages.
4. Even immigrant families at 300% of the poverty level are more likely to access Free Care (a state sponsored health coverage program) than private or employer sponsored health insurance. This hypothesis implies that immigrants between 200% and 300% of the poverty level are not receiving employer-sponsored health insurance.

Literature Review

Welfare Use by Immigrants

The debates about immigrant welfare use that emerged in the late 1980s and early 1990s centered on the premise that immigrants use public benefit programs at a higher rate than natives. In the late 1970s and early 1980s, a consensus emerged that immigrants received neither more nor less welfare income than natives, and in fact, some groups such as black and Hispanic immigrant families received welfare at a much lower rate than their native born counterparts (Jensen and Tienda, 1988). By the early 1990s, however, several prominent researchers asserted that welfare use had grown substantially among immigrant populations during the 1980s and early 1990s, particularly among newer immigrants. These newer immigrants in fact had higher welfare participation rates and longer spells of welfare use than native born individuals (Borjas, 1991; Borjas and Hilton, 1996).

These claims of higher welfare use among immigrants prompted Congress to consider cutting or severely restricting benefits for immigrants. Several studies conducted by the Urban Institute during this time demonstrated that immigrant welfare use was largely concentrated among refugees and elderly immigrants. In 1994, refugees and elderly immigrants constituted 21% of all immigrants but 40% of all welfare users. Working age immigrants who did not enter as refugees used welfare at the same rate as natives in 1994, while poor immigrants were less likely than poor natives to use public benefits (Fix, Passel, and Zimmerman, 1996). Despite these findings, Congress sharply cut welfare benefits for immigrants in the 1996 legislation. Later restorations of SSI and food stamps for the elderly and youngest non-citizens offset some of the consequences of the legislation, but working age non-citizens continue to be ineligible for SSI and food stamps.

The Impact of Welfare Reform

Declines in Welfare Use

Since PRWORA, welfare use has dropped significantly among the entire welfare population, but non-citizen households have experienced sharper declines in welfare use than citizen households.

According to a study released by the Urban Institute, between 1994 and 1997, use of public benefits fell by 35% among non-citizen households versus 14% among native households. For immigrant households at 200% below the poverty line, the comparative decline is even more precipitous – 51% for non-citizen households versus 31% for citizen households. These patterns hold for all welfare programs, including Medicaid, food stamps, and cash aid. Although immigrants constituted only 9% of the welfare population in 1994, they have accounted for 23% of the overall drop in benefits use since welfare reform. During the time period the study examines, immigrants had not yet lost their eligibility for welfare in most states, highlighting a process parallel to eligibility concerns occurring in immigrant communities after welfare reform. Mainstream media announcements regarding the cut in benefits for immigrants, case worker warnings to immigrant families, and reports carried in ethnic media all possibly contribute to changes in immigrant access patterns of public benefits (Fix and Passel, 1999).

Other studies have documented declines in specific federal benefits programs. The United States Department of Agriculture recently released a report indicating that the number of individuals receiving food stamps fell by eight million between 1994 and 1998 with the sharpest decline occurring between 1997 and 1998. The number of legal immigrants accessing food stamps fell by 72%, accounting for 13% of the total decline in food stamp usage (United States Department of Agriculture, 1999). The UCLA Center for Health Policy Research has documented a smaller but still worrisome decline of Medicaid use among non-citizen households. Between 1995 and 1997, Medicaid coverage fell more than 6% for citizen children with non-citizen parents and more than 5% for non-citizen children with no significant increase in job-based health insurance during this same period (Brown, Wyn, and Ojeda, 1999).

Mixed Status Families

Much of the empirical data documenting declines in overall welfare use among non-citizens belies an increasingly important finding about these households – that diversity exists in patterns of benefit use among different types of immigrant headed households. A study by the Urban Institute demonstrates that nearly one in ten families with children in the United States is a mixed status household, a family in which different members have varying immigration statuses. In households headed by non-citizens, the parent is most commonly a legal or undocumented

immigrant while children may be undocumented, legal non-citizens, or native born. According to the Urban Institute, 89% of children in mixed status families are citizens. These families are particularly vulnerable to changes in welfare laws because though they comprise about 9% of all families, they constitute 14% of families with incomes 200% of the poverty level (Fix and Zimmerman, 1999).

The study by the UCLA Center for Health Policy underscores the differential impact of welfare reform on immigrant families based on their composition. Between 1995 and 1997, non-citizen children were the most likely of all groups of children to lack health insurance (43%) while citizen children of non-citizen parents had a comparably high rate of poor coverage (27%). In contrast, citizen children of both U.S. born and naturalized citizens had high rates of Medicaid coverage with only 12% and 14% respectively lacking health insurance. The authors state that this pattern persists for nearly every income group, parental education status, family structure, and ethnicity. However, Latino children are the most vulnerable to welfare reform due to low education levels, poor access to job-based health coverage, and low English fluency among Latino heads of household. As a result, Latino children have the lowest levels of health insurance coverage of all immigrant groups in the United States (Brown, Wyn, and Ojeda, 1999).

The presence of citizen children in mixed status families raises concerns about the differential treatment of citizen children based upon family composition. PRWORA may not have intentionally targeted citizen children in immigrant families to lose benefits, but, according to the Urban Institute, two factors must inform any discussion of the consequences of welfare reform for these children. Firstly, the pervasive fear resulting from verification and reporting requirements as well as public charge concerns deters immigrant parents from accessing benefits for themselves and their children regardless of their immigration status. Secondly, PRWORA clearly prohibits working age qualified immigrants from accessing SSI and food stamps, in-kind income that accrues to the entire family, not only the head of household. As a result, citizen children in immigrant headed households lose the additional income available to a citizen child in a citizen headed household (Fix and Zimmerman, 1999).

Employment Status of Immigrants

The declining rate of welfare use among immigrants underscores the importance of examining immigrant employment patterns to ascertain whether these families may have replaced welfare benefits with stable income able to raise them above the poverty level. Studies conducted throughout the 1980s and 1990s demonstrate that the immigrant families most likely to access benefits are also most likely to hold low-paying, insecure jobs. In a study examining the labor market outcomes of low skilled immigrants using 1980, 1990, and 1994 data, Enchautegui (1998) found that immigrants comprise 30% of all workers without a high school diploma, and the poverty rates among these individuals is increasing faster than for natives with similar education backgrounds. These immigrants work in a relatively narrow set of occupations characterized by high turnover, low mobility, and low pay. Although the unemployment rate of immigrant tends to be below the unemployment rate of natives, immigrants earn lower wages than natives in comparable jobs. Furthermore, Enchautegui found no tendency for immigrant representation in low-skilled occupations to decline with increased duration of United States residence (Enchautegui, 1998).

Other studies have uncovered specific characteristics that determine immigrant outcomes in the labor market. Individuals with poor English fluency and low education levels generally earn lower weekly wages than immigrants with higher education levels and better English fluency. Among various groups of immigrants, Latinos had the fewest years of schooling, the lowest level of English fluency, and the highest rates of labor force participation. Among all immigrant groups, Latinos also had the lowest rates of unemployment although most groups of low-skilled immigrants exhibited high rates of labor force participation. High labor force participation does not necessarily translate into higher earnings with low-skilled immigrant men receiving 78% and low-skilled immigrant women earning 86% of the median income earned by comparable native workers (Meisenheimer, 1992).

Patterns of low wages among immigrants have been exacerbated during the last thirty years. In a recent study, Schoeni (1998) found that both immigrant women's participation rates in the labor force and weekly earnings have declined since 1970. Decreasing returns to employment among

immigrant women can be almost fully explained by controlling for education levels, fertility, and English language fluency. Immigrant women earned substantially lower wages than U.S. born women despite working twenty to thirty hours more per year than their U.S. born counterparts (Schoeni, 1998).

These studies, though not directly examining welfare recipients, illustrate the types of jobs available to low-skilled immigrant workers. Research efforts initiated by advocacy organizations document the workforce participation experiences of immigrants currently or previously on welfare. For example, the Equal Rights Advocate in Northern California conducted a study of 150 randomly selected immigrant women to ascertain the barriers they face in accessing public benefits and employment. A large majority of these women stated that poor English fluency, low levels of education, and a lack of skills prevented them from finding jobs that paid well and allowed them advancement opportunities. Furthermore, many of the women stated that the jobs available to them are often temporary in nature, sometimes lasting for only a few months (Ng, 1999). The findings of the Equal Rights Advocates and other researchers suggest that immigrants are not replacing lost welfare benefits with earnings from stable jobs, raising concerns about the condition of these families and the children living within them.

Immigrants in Massachusetts

The foreign born population in Massachusetts consisted of 583,000 individuals in 1995 and is projected to reach 600,000 in the first few years of the twenty-first century. In Suffolk County and Middlesex County, home to the largest number of the immigrants in the state, there were almost 280,000 foreign born residents in 1995 (Massachusetts Office for Refugees and Immigrants, 1997).

Immigrants in Massachusetts arrive from dozens of countries throughout the world, but the Spanish and Portuguese speaking populations are the largest immigrant groups in the state. About 14% of all immigrants arriving in the last three decades come from Portugal, the Azores Island, and Brazil. The Spanish speaking, non-Puerto Rican population was relatively small in numbers before 1980, but this population has increased sharply after 1980, accounting for 10%

of all new immigrants in the last decade. These immigrants primarily come from El Salvador and the Dominican Republic (Sum, Fogg, 1999).

The profiles of immigrants in Massachusetts demonstrate a diverse population with varying education levels, employment positions, and labor force participation. Although high percentages of immigrants have college degrees, substantial proportions have educational attainment at or below the high school level. Approximately 30% of foreign born individuals in Massachusetts have less than a high school degree compared to 14% of the native population. Comparable percentages of immigrants (29%) and native born citizens (31%) have high school degrees. Immigrants with low education levels tend to have labor force participation rates comparable to natives, but they cluster in specific sectors such as service, construction, and manufacturing industries at a much higher rate than native born workers. (Sum, Fogg, 1999).

The earnings of immigrants in Massachusetts is highly correlated with years of schooling just as it is for native workers, but immigrant workers earn less than their native counterparts for all levels of education, usually between 75%-85% of the wages of native workers at the same level of education. Among immigrant workers, high English fluency results in a wage premium. Workers with little or no proficiency in English earn 15% to 25% less than their immigrant peers who speak English well (Sum, Fogg, 1999).

The lower wages earned by immigrants is perhaps reflected in the higher poverty rates of immigrants in Massachusetts when compared to natives. In 1989, approximately 15.5% of immigrant headed families lived below the poverty level compared to 5.2% of native headed families. Among immigrant female headed households, 39.3% are below the poverty line compared to 21.1% of native born households. The picture for immigrant families is particularly bleak when we examine the situation of children. In immigrant headed families, approximately 40.1% of all children are poor compared to only 11.4% of children in native headed families. The poverty rates are highest among households headed by an immigrant with less than a high school education, with 20.9% of this population living below the poverty level (Sum, Fogg, 1999).

Methodology

This study combines both quantitative and qualitative research methods to create a nuanced picture of how immigrants in Massachusetts are faring after welfare reform. Data was obtained from surveys that sampled immigrant clients of local non-profit organizations.

Surveys were distributed to a non-random sample of Spanish and Portuguese speaking households through social service agencies in the Boston and Merrimack Valley areas. The data collection period was approximately three months. Two types of surveys were distributed – a long survey asking detailed questions about family background, household information, and welfare use characteristics and a shorter survey collecting much of the same information in less detail. Questions were also asked about the head of household’s education level, English fluency, and employment status. The surveys were administered in the native language of the respondent. A double translation method was employed to ensure reliability of the translation from English to Spanish and Portuguese. The survey was pre-tested with five respondents to ensure clarity, relevance, and comprehensiveness. Qualitative data was gathered through in-depth, open-ended interviews with four families and service providers.

Data Collection

Forty four heads of households from Boston and the Merrimack Valley, two areas with high immigrant concentrations, were surveyed. The study focused upon Portuguese and Spanish speaking individuals because they constitute the largest immigrant populations in Massachusetts. The survey targeted low-income immigrants with children under the age of eighteen. Respondents were clients of non-profit agencies in Boston and the Merrimack Valley. Respondents with incomes up to 300% of the poverty level were included in the survey. Families with incomes up to 200% of the poverty level are eligible for various benefits depending upon children’s age and immigration status, but households up to 300% of the poverty level are eligible for Free Care.

The types of organizations to which surveys were distributed included multi-service organizations, agencies organizing public housing residents, Early Head Start programs, health

clinics, and agencies providing English as a Second Language and Citizenship classes. The survey cannot be categorized as a random survey because only a small proportion of all immigrants utilize the services of non-profit organizations and may not be representative of the entire immigrant population. Many of the community organizations did not have the resources to randomly contact members of their caseload. Thus, surveys were distributed to individuals who visited the agency or attended their classes. It is probable that individuals who are more likely to seek help are over represented in the pool of respondents, while those individuals who have no access to community agencies are underrepresented. Among those who completed the survey, a certain type of respondent – literate in their own language with some time availability – are more likely to be represented in this sample.

Working with community organizations allowed greater access to a larger pool of immigrants than would otherwise be possible, and the depth of information collected provides a snapshot of immigrant interaction with the welfare system. However, several problems arose in working with community organizations since they were not compensated for their efforts due to resource constraints. Many agencies were unwilling to expend the time necessary to complete the longer surveys, which required an in-depth interview. Many organizations also found it difficult to distribute shorter surveys to clients and were slow in returning completed surveys. A large number of returned surveys were ineligible for the study because respondents had no children, were immigrants from European or Asian countries, or had children over the age of eighteen. Still, the information gathered sheds some light on the varied situations of immigrant families in Boston and the Merrimack Valley and creates an entry point for further research.

The questionnaire specifically addressed the following topics:

1. What are the characteristics of immigrant households that would be eligible for welfare if only income levels were considered? In particular, the variables included:
 - Household and family composition
 - Education level of household head
 - English fluency level of household head
 - Employment status of head of household

2. What is the welfare use profile of the household? Questions asked included:
- Are members in the household currently receiving health benefits, cash aid, and food stamps?
 - If not, what reasons prevent the family or specific members within the family from accessing benefits?

Data Analysis

The data collected from the survey interviews provided preliminary information about the patterns of immigrant welfare usage in Boston and the Merrimack Valley. The qualitative analysis shed light on some little understood aspects of observed behavioral changes. For example, is the lack of participation in benefits programs the result of fear of deportation, active discouragement from caseworkers, the result of increased job instability, or some other variable? The qualitative analysis also adds a time-variant perspective that might be absent in the snap-shot of the population gathered through the sample survey instrument. Findings are reported along the dimensions identified as important in the review of the literature (e.g., family composition and nativity status of family members) as well as according to any other emerging important variables.

DEMOGRAPHIC COMPOSITION OF THE SAMPLE POPULATION

Demographic information collected on the forty four survey respondents included language spoken, country of origin, immigration status, marital status, income level, educational level, and number of children. The typical respondent had a relatively low educational status – high school degree or below, was more comfortable speaking her native tongue than English, had one to two children born in the United States, and lived in a household with an income of less than \$20,000 per year. Approximately half of respondents were single mothers. This “typical” profile of sample respondents is reflective of immigrant population as a whole in Massachusetts on some dimensions such as educational status but differs on aspects such as marital status and income. According to the 1997 Current Population Survey, 30% of immigrant head of households had less than a high school education and 29% had a high school degree or GED. In the sample for this study, approximately 70% had a high school degree or below, 10% more than the overall Massachusetts immigrant population⁴.

Among all families in Massachusetts with immigrant heads of household, 64.7% of householders were married, while 32.5% of families were headed by a woman with no spouse or partner present. The distribution of family types was slightly different among survey respondents. Approximately 55% of respondents were married or currently living with their partners, and 45% were female head of households without a spouse or partner present. Among individuals sampled, all respondents were below 300% of the poverty level (with the majority between 0% - 200% of the poverty line), which is not representative of the immigrant population as a whole. However, since the study focused only on households eligible for benefits, this study did not sample higher income immigrant households. For example, in the 1990 census, only 15.5% of immigrant headed households were below the poverty line in 1997, while 45.2% of all survey participants were below the poverty line.

⁴ Figures for the Current Population Survey and Census are taken from Sum, Andrew, and Neal Fogg. 1999. *The Changing Workforce: Immigrants and the New Economy in Massachusetts*. Boston: MassINC and Citizens Bank.

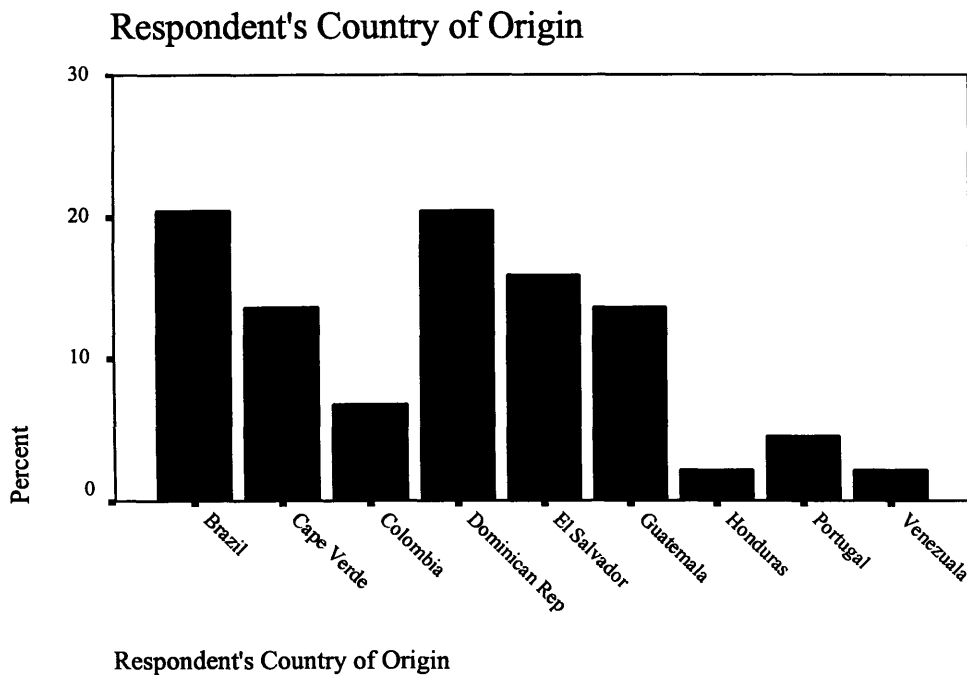
Language Spoken

All individuals surveyed were of Spanish or Portuguese background. A few individuals indicated that they were fluent in both English and their native tongue. However, a large proportion of individuals were monolingual. About 38% (38.6%) of respondents spoke Portuguese as their primary language, and 56.8% spoke Spanish as their primary language. The remaining 4.5% indicated that they were comfortable speaking both English and Spanish.

Place of birth

The respondents' places of birth were varied, ranging from El Salvador to Cape Verde. The largest percentage of respondents were born in the Dominican Republic and Brazil. Graph 1.1 shows the various countries in which respondents were born.

Graph 1.1



Gender

Forty two of the forty four respondents participating in the survey were women. According to service providers, women are more likely than men to access the services and classes available to immigrants. If we had randomly surveyed the general population in the community, it is probable that a larger percentage of respondents would have been men.

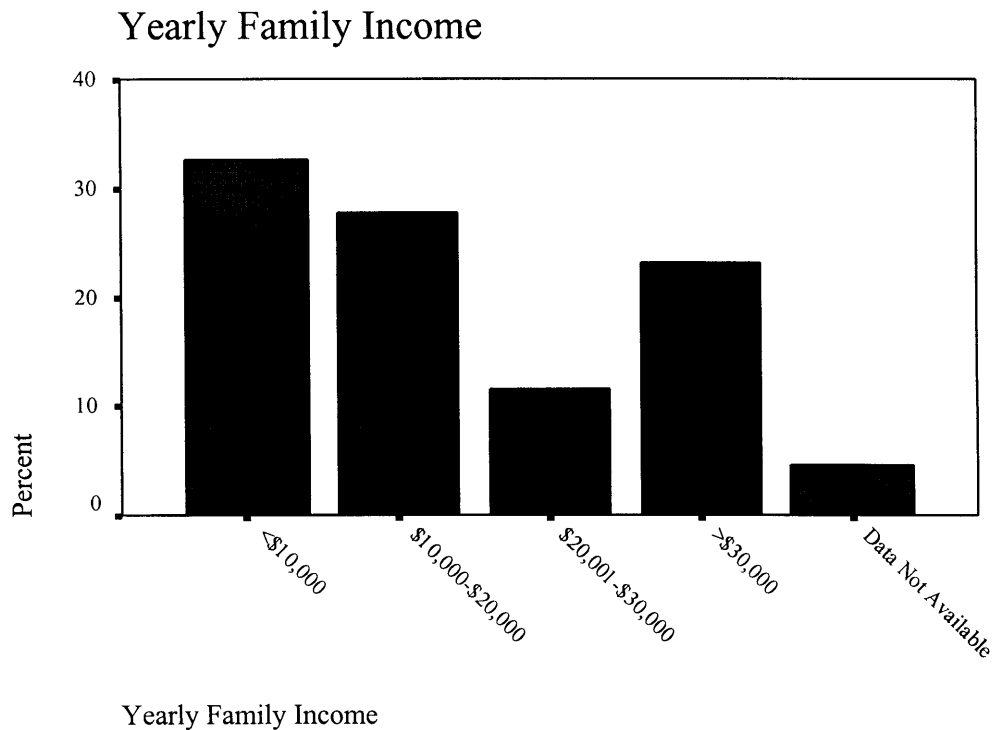
Educational level

More than half (56.8%) of respondents did not have a high school diploma or GED, and 14.3% of respondents had a high school degree or GED. About seven percent of respondents had at least some college education, while 19% had an associate or bachelor's degree.

Income Level

The income level for a family was calculated by combining the income of the respondent (if working) and the respondent's spouse or partner (if present and working). The incomes of other individuals in the household such as cousins, friends, and aunts were not included in the income calculation. About 32.6% of families earned less than \$10,000 per year, while another 27.9% earned \$10,000 to \$20,000 per year. Graph 1.2 presents respondents by income level.

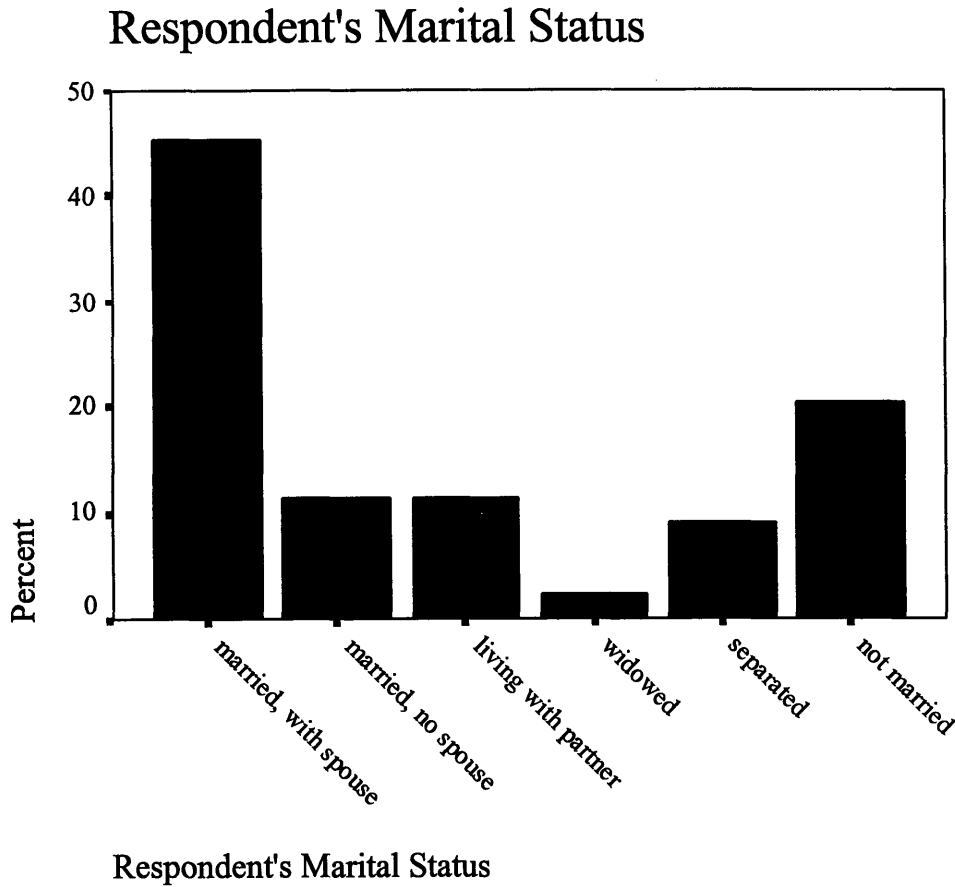
Graph 1.2



Marital status

The respondents had varying marital statuses. More than 45% percent of respondents were married and living with their spouses at the time of the survey. Approximately 20% were unmarried. Graph 1.3 below shows respondents' marital statuses.

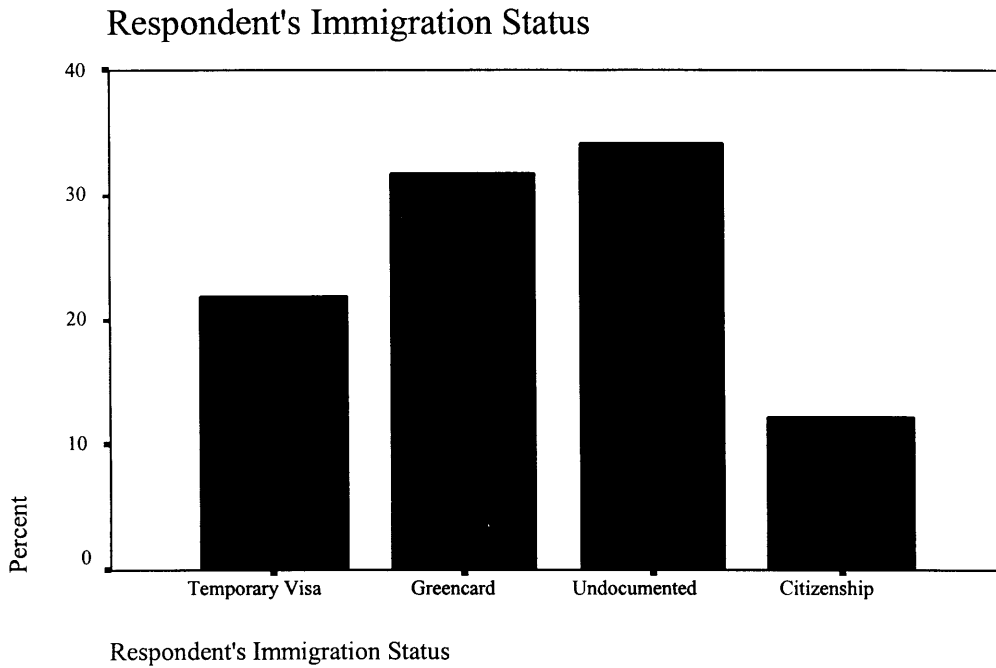
Graph 1.3



Immigration Status

The citizenship status of the respondents were ascertained by asking them whether they held any documents allowing them to stay in the United States and, if so, what type of document they possessed. Similar questions were asked regarding their children. A large percentage of respondents were undocumented with 34.1% of individuals reporting that they had no legal documents allowing them to remain in the United States. Another 29.5% of respondents were permanent residents, commonly known as green card holders. The respondents' children were overwhelmingly American citizens, although a small percentage were undocumented or held greencards. The graph below, 1.4, provides a breakdown of respondents by immigration status.

Graph 1.4



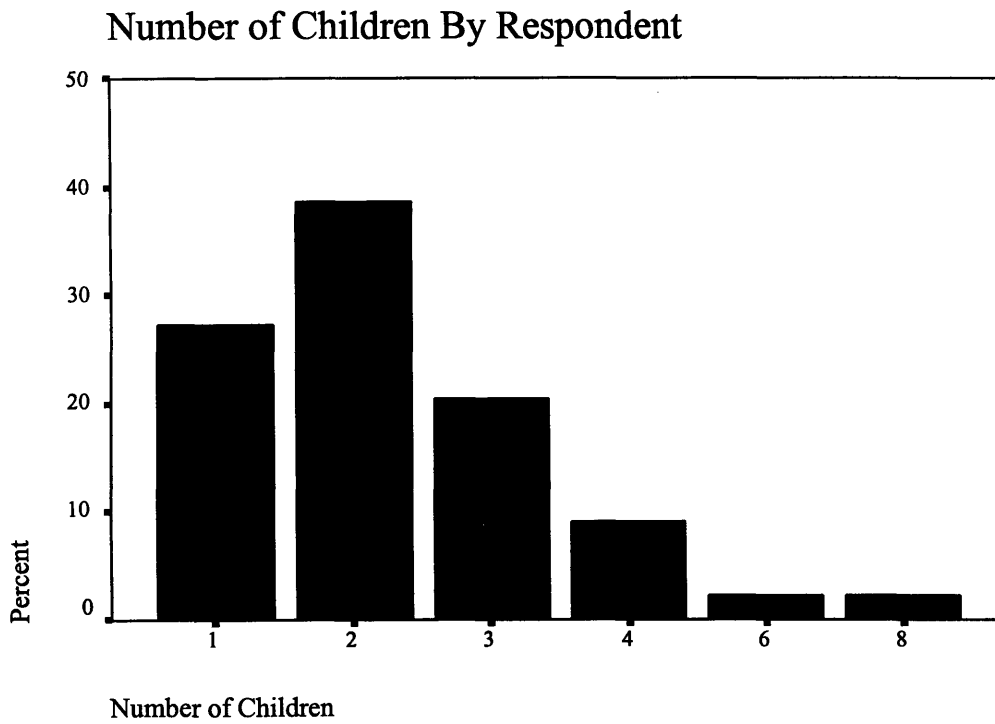
Years in the United States

Most respondents had entered the United States before 1996, the year that the welfare reform law was passed. More than half (54.5%) had been in the United States for more than ten years, 31.8% had been here for four to nine years, and 13.6% percent had lived in the United States for three years or less.

Number of Children

The largest percentage of respondents had two children (38.6%). Graph 1.5 provides a breakdown of number of children by respondents.

Graph 1.5



Number of Children Born in the United States

A large percentage of respondents had at least one child who had been born in the United States. Nearly half (45.5%) of participating families had at least one child born in the United States, while 29.5% of respondents had two or more children born here. Only 13.6% of families did not have children born in the United States. The sample in this study is relatively reflective of the larger composition of mixed status families in the United States. As stated above, roughly 89% of children in mixed status families are citizens. In this study, 86.9% of children in mixed status families were citizens.

EMPLOYMENT PROFILE OF SAMPLE IMMIGRANT HOUSEHOLDS

The study examined the employment profile of each respondent and the respondent's spouse or partner. This information was used to construct household variables such as family income, eligibility for public benefits, and household relationship to the federal poverty level. Additionally, cross tabulations provided information on the number of households with citizen children and parental job-based insurance, respondent immigrant status and job-based insurance, and respondent immigration status and poverty level.

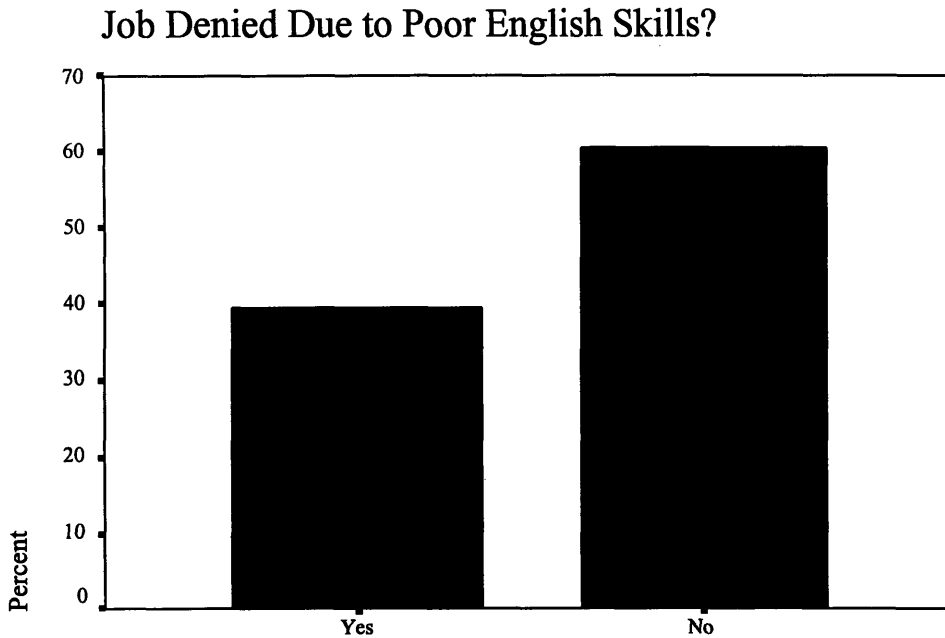
Respondents' Employment Profile

Work History

The survey asked respondents a number of questions about their employment history including whether they are currently working, the type of work in which they are engaged, hours worked, income level, and the number of jobs they have held during the past three years. Approximately 50% of all respondents (51.2%) are currently working. Of these individuals currently working, the overwhelming majority (84.2%) reported working in service sector jobs such as housecleaning and fast food service. The remaining 15.8% of individuals reported working in the manufacturing sector, particularly in plastic and bottle factories. A majority of working respondents (85.7%) worked 40 or fewer hours per week with 38.1% of respondents working 15 to 30 hours per week and 47.6% of respondents working 31 to 40 hours per week. The other 14.3% of respondents claimed to have worked more than 40 hours during the previous week.

I examined whether individuals proficient in English had higher percentages of participation in the labor force compared to respondents with low English proficiency. Cross-tabulation showed that 59.1% of individuals who understood English very well or well were employed at the time of the survey. Of respondents who understood English not well or not at all, 45% of respondents were working at the time of the survey. A large percentage of respondents stated that they had been denied jobs due to limited English skills. The graph below shows the percentage of respondents denied a job due to limited English proficiency.

Graph 2.1



Have You Been Denied a Job Because of Limited English Skills?

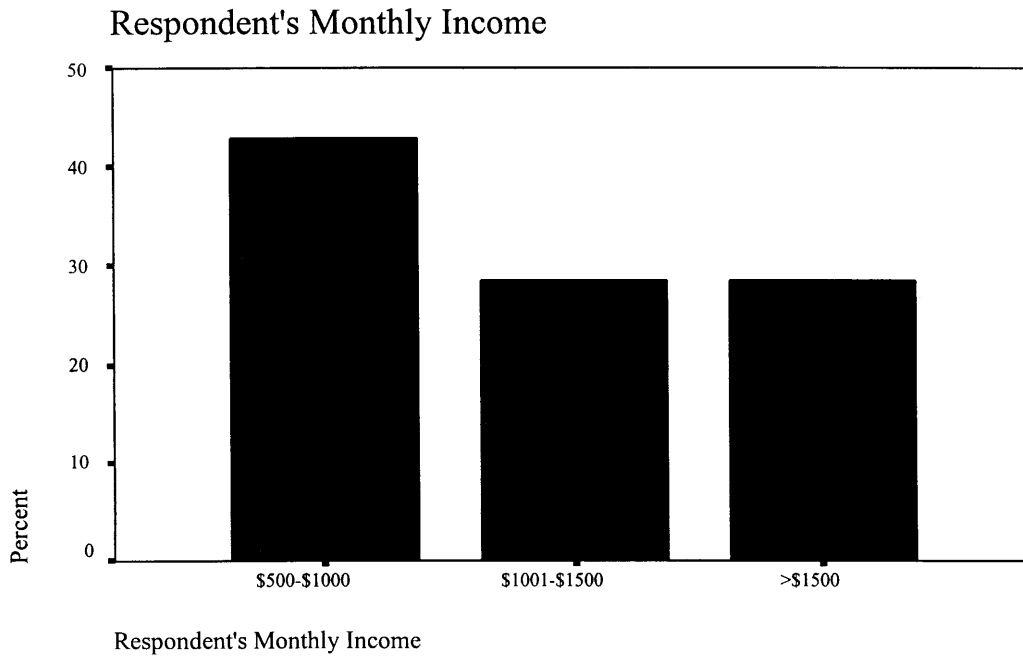
Most respondents (89.8%) had worked in one to two jobs during the past three years. One third of participants had worked in two jobs, while 36.1% had worked one job during the previous three years. The remaining respondents had worked in 3-5 jobs during the past three years (11.2%) or had not worked at all (19.4%). Those individuals who had not worked at all cited reasons such as wanting to stay home to care for children, lack of childcare, or lack of education and skills for not working.

Income Levels

Among working respondents, we asked about income levels and then cross-tabulated this information with educational status, immigration status, number of years at the particular job, level of English proficiency and number of years living in the United States. We sought to better understand the relationship between income and other characteristics that individuals bring into the workplace. The respondents' monthly incomes were relatively low with 42.9% reporting that their earnings were less than \$1000 per month. Another 28.6% respondents earned between

\$1001 and \$1500 per month and 28.6% stated they earn more than \$1500 per month. The graph below shows respondents' monthly earnings.

Graph 2.2



Cross-tabulation showed that respondents with lower educational levels had lower earnings than individuals with higher educational levels. Among individuals earning less than \$1000 per month, 44.4% had less than a high school degree, 33.3% had a high school degree, and 22.2% had an associate's degree or higher. The table below shows the results for the income levels of participants by educational status⁵.

Table 2.1

INCOME LEVEL (per month)	EDUCATION LEVEL			
	No High School	High School/GED	Some College	College Degree
\$500-\$1000	44.4%	33.3%	----	22.2%
\$1001-\$1500	66.7%	----	----	33.3%
>\$1500	33.3%	16.7%	16.7%	33.3%

³All tables in this study total 100% horizontally.

Respondents' income levels also differed according to immigration status. Undocumented immigrants tended to have the lowest earning levels with 57.1% of all undocumented immigrants earning less than \$1000 per month. Citizens also showed low overall earnings levels, although this finding could be result of a small citizen sample size. The table below shows the earning levels of individuals according to their immigration status.

Table 2.2

IMMIGRATION STATUS	INCOME LEVEL (per month)		
	\$500-\$1000	\$1000-\$1500	>\$1500
Temporary Visa	40.0%	60.0%	----
Greencard	25.0%	----	75.0%
Undocumented	57.1%	14.3%	28.6%
Citizenship	50.0%	25.0%	25.0%

The other factors we examined with relation to earnings levels were number of years working at current job, English proficiency, and the number of years in the United States.

Cross-tabulation showed that individuals working at a job less than three years had the lowest wages. However, individuals working at a particular job for more than three years did not have a wage premium above respondents who had been working at a job for one to three years. The table below shows respondents' monthly income according to time at a particular job.

Table 2.3

Time at last job	INCOME LEVEL (per month)		
	\$500-\$1000	\$1000-\$1500	>\$1500
Less than 1 year	100.0%	----	----
1 – 3 years	25.0%	50.0%	2.0%
More than 3 years	33.3%	22.2%	44.4%

Respondents with lower English proficiency (55.5%) were more highly represented in the group with very low earnings compared to individuals with better English proficiency (44.4%). In

contrast, individuals who understood English well were much more highly represented (80%) in the group of participants with monthly earnings above \$1500 compared to individuals with low English proficiency (20%). Table 2.4 gives further information about respondents' income according to English proficiency.

Table 2.4

INCOME LEVEL (per month)	ABILITY TO UNDERSTAND ENGLISH			
	Very Well	Well	Not Well	Not at All
\$500-\$1000	22.2%	22.2%	44.45	11.1%
\$1001-\$1500	16.7%	33.3%	33.35	16.7%
> \$1500	33.3%	50.0%	16.7%	----

The other factor—number of years in the United States—that we examined gave mixed results. Our sample population overrepresented individuals who had been in the United States for more than ten years. Results showed that individuals who had been in the United States for a longer number of years did not earn a higher income than newer immigrants. The results of the tabulation are given below in Table 2.5.

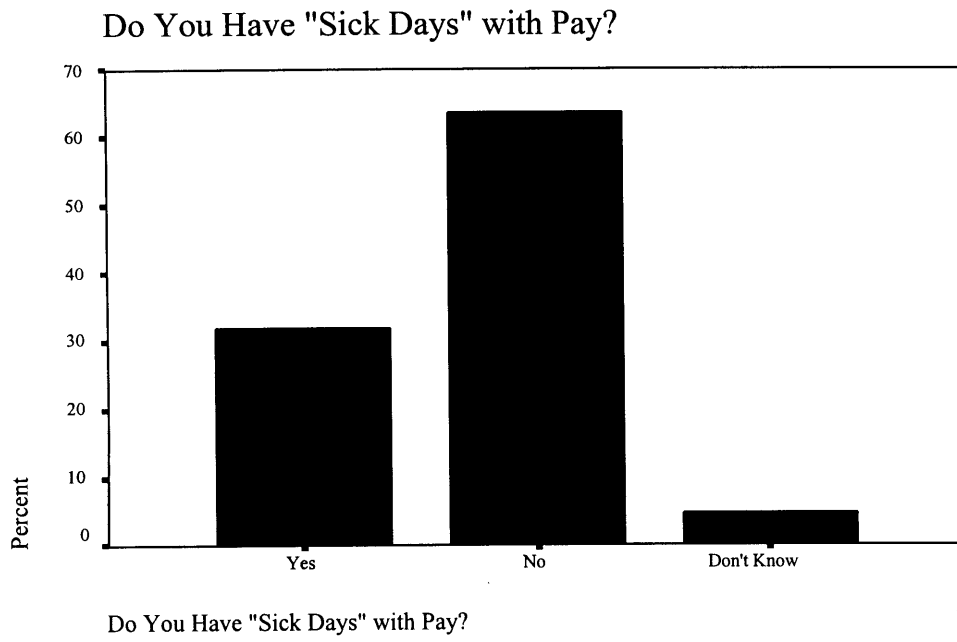
Table 2.5

Number of Year in the United States	INCOME LEVEL (per month)		
	\$500-\$1000	\$1000-\$1500	>\$1500
1 – 3 years	50.0%	25.0%	25.0%
4 – 9 years	33.3%	66.7%	----
More than 10 years	42.9%	21.4%	35.7%

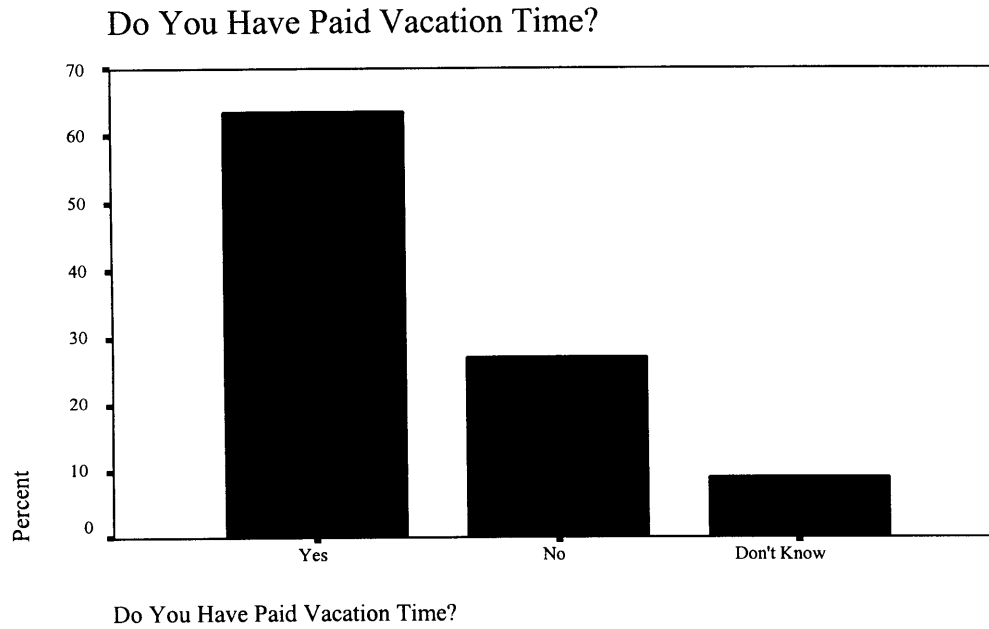
Job Based Benefits

We examined whether respondents received a variety of benefits through their jobs, including paid “sick days”, paid vacation time, and health insurance. The only benefit received by most respondents (63.6%) was paid vacation time. Approximately a quarter (27.3%) of participants stated that they have no paid vacation time while 9.1% were uncertain. A majority of respondents claimed they neither receive “sick days” with pay (63.6%) nor employer sponsored health insurance (66.7%). The graphs below show the participants’ responses for receipt of different job-based benefits.

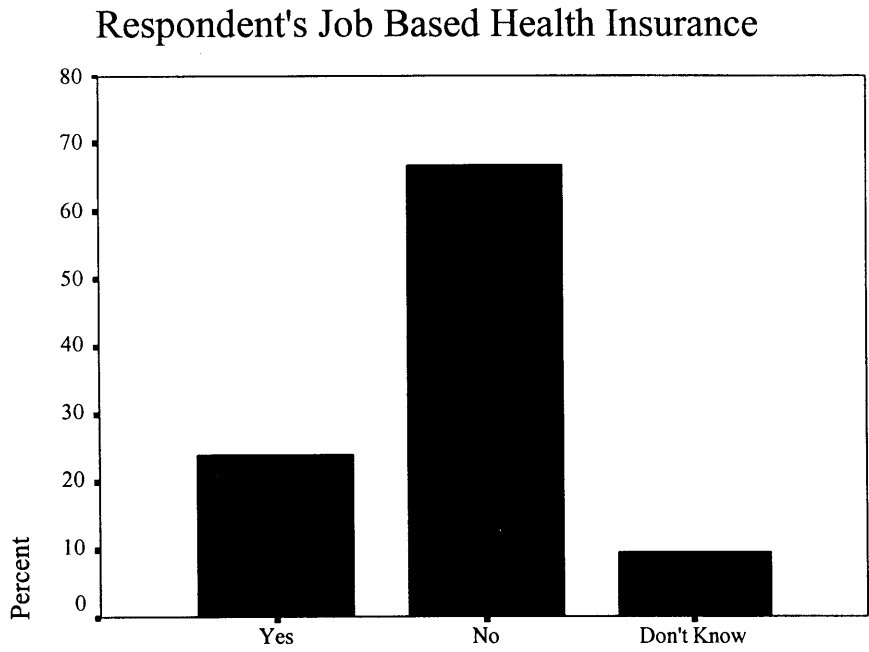
Graph 2.3



Graph 2.4



Graph 2.5



Do You Receive Health Insurance Through Your Employer?

Respondents in the sample had low rates of job-based health insurance receipt regardless of immigration status. Undocumented immigrants had the lowest rates overall with only 12.5% receiving job-based health benefits. Both temporary visa holders and citizens had a 25% rate of employer sponsored health insurance receipt, while half of greencard holders had job-based insurance.

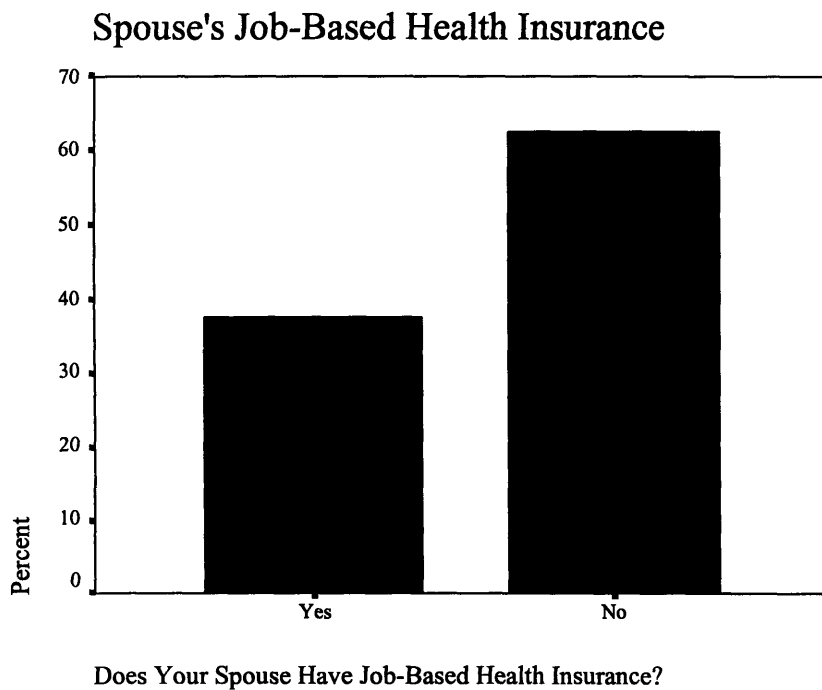
Spouses' Employment Profile

More than half (56.8%) of respondents' had spouses or partners who were working at the time of the survey. Only a small percentage of respondents' spouses (4.5%) were unemployed. The remaining respondents (37.2%) were unmarried or separated from their spouses/partners. Working spouses' and partners' employment patterns differed somewhat from the respondents'. Spouses and partners, who were all male, tended to work more hours, have higher monthly incomes, and higher rates of job-based health insurance. Like respondents, spouses and partners

overwhelmingly worked in the service industry (65.2%). The remaining individuals worked in manufacturing, construction, or other industries.

The majority of spouses and partners (66.7%) worked between 31 and 40 hours per week. Nine percent worked 15 to 30 hours per week, and another 9% worked more than 40 hours per week. Almost two-thirds (63.6%) of spouses and partners earned more than \$1500 per month, while only 9.1% earned less than \$1000 per month. The graph below shows the income breakdown for respondents' spouses and partners. Spouses' and partners' rate of job-based insurance was slightly higher than for respondents. Approximately one-third (37.5%) of working spouses and partners had job-based health insurance that covered their entire families. The other 62.5% had no job-based insurance at all.

Graph 2.6



Household Profile

The household profile was constructed utilizing information from the respondents' and spouses'/partners' employment histories. Three-quarters of all households surveyed had at least

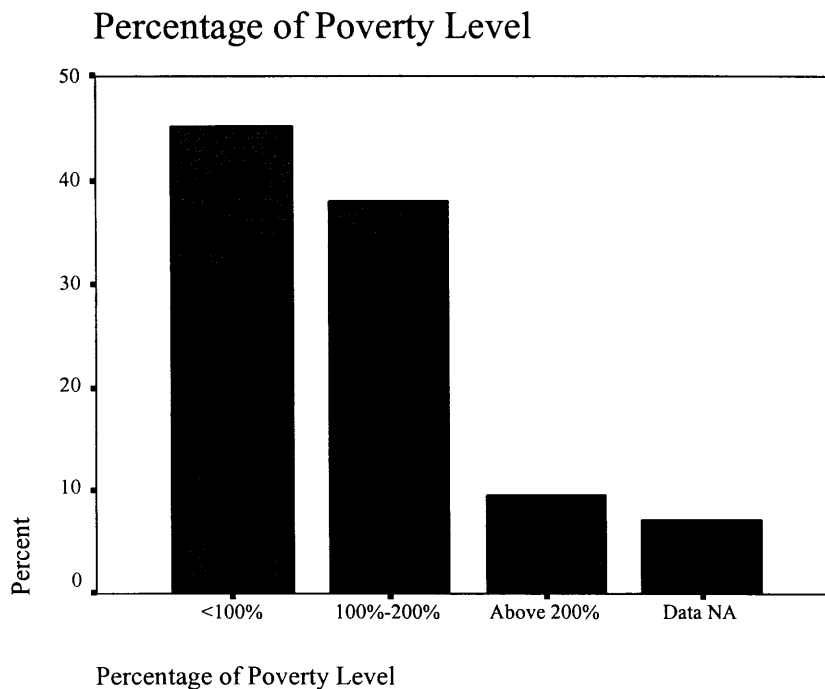
one family member working. The information below includes families with no income from employment.

Income

Approximately half (51.2%) of all households had monthly incomes below \$1500. Data were not available for 4.5% of cases and 44.2% of households had monthly incomes above \$1500.

Income levels were also used to calculate each household's relationship to the poverty level for the year 2000. Slightly less than half (45.2%) of households were below the federal poverty line. Another 38.1% of families fell between 100% and 200% of the poverty line, while the remaining families were between 200% and 300% of the poverty line.

Graph 2.7

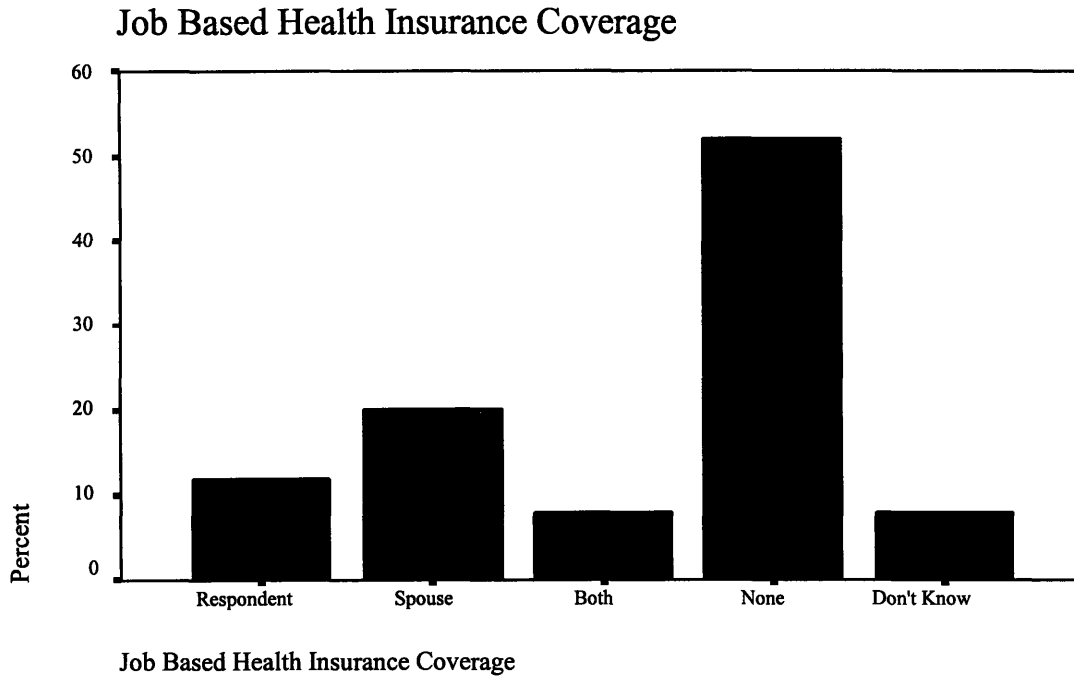


Job-Based Benefits

Of the 70.3% of working households in the survey, 40% had job-based health insurance, either through the respondent or partner/spouse. More than half (52%) of all families had no job-based health insurance and 8% of respondents did not know whether or not their families were covered

by job-based health insurance. The graph below shows the job-based health insurance status of families.

Graph 2.8



A cross-tabulation was conducted to determine the percentage of families with citizen children that have and do not have job-based health insurance. Fifty percent of all families with citizen children have no job-based insurance coverage, while 60% of families without citizen children have no job-based insurance coverage. Table 2.6 provides further information on families' job-based health insurance coverage based on children's citizenship status.

Table 2.6

FAMILY w/CITIZEN CHILDREN	RECEIVES JOB BASED HEALTH INSURANCE				
	Respondent	Spouse	Both	None	Don't Know
Yes	10%	20%	10%	50%	10%
No	20%	20%	----	60%	----

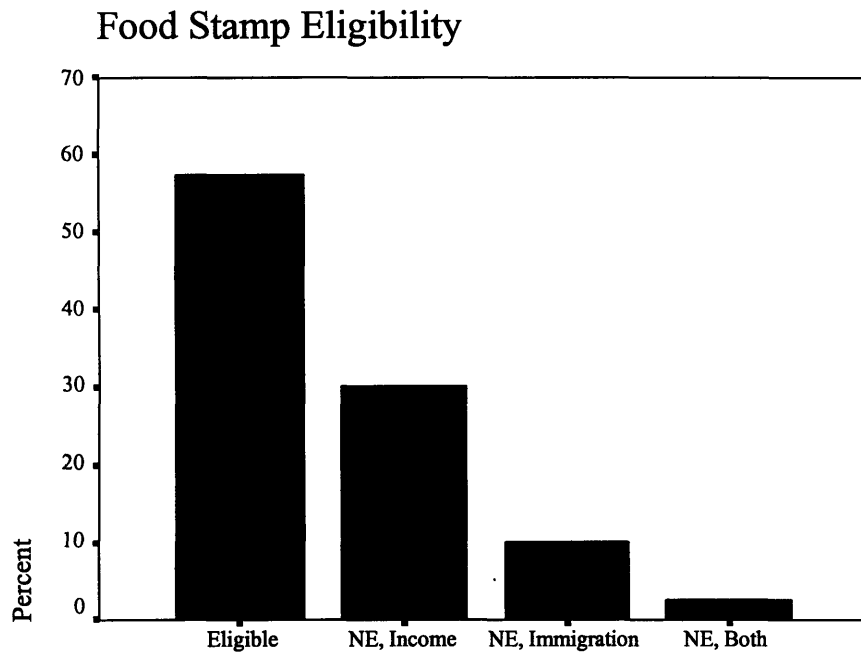
UTILIZATION OF PUBLIC BENEFITS AMONG RESPONDENT FAMILIES

Family Eligibility for Public Benefits

Income levels were used to calculate families' eligibility for federal and state health insurance, food stamps, and public cash assistance (called Temporary Assistance to Families with Dependent Children in Massachusetts). Families' immigration statuses, which would impact eligibility, were not taken into account in the first set of calculations. The purpose was to understand the percentage of families that would be eligible for various benefits if income was the only determining factor. Approximately three-fourths (75.6%) of families were eligible for federal/state Medicaid (MassHealth) based on their income. The percentage of eligible families (61%) fell for food stamps, which has slightly lower earned income thresholds than Medicaid, and fell even more for cash aid (43.9% eligible), which is the most restrictive benefits program of all.

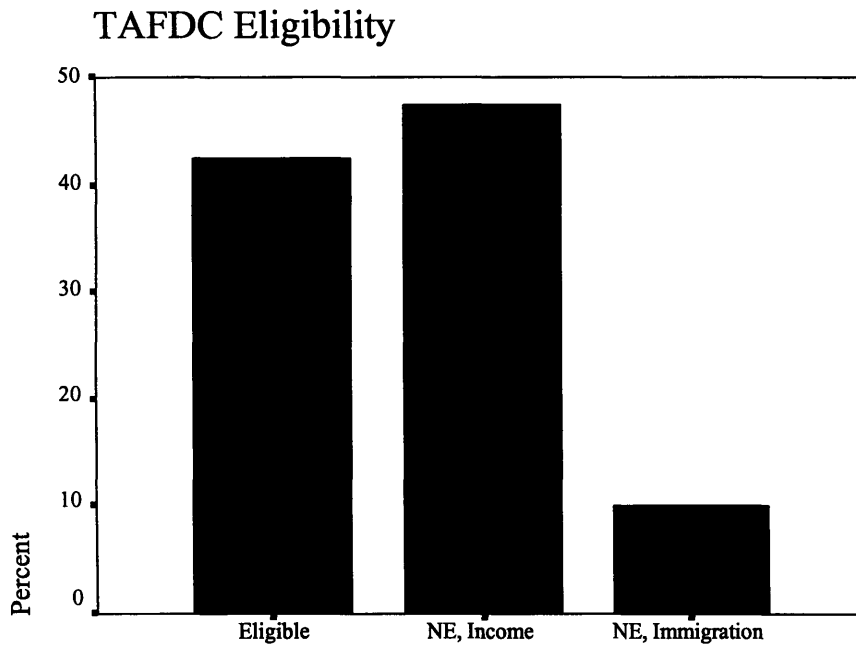
Family immigration statuses and income levels were then combined to calculate overall family eligibility for various public benefits programs. For MassHealth, eligibility according to immigration status was not applicable since all immigrants who are income eligible are eligible for variations of MassHealth or the Children's Medical Security Plan programs. For food stamps, 57.5% of participating families were eligible for the program based on both immigration status and income, while 42.5% of families were eligible for Transitional Assistance to Families with Dependent Children (TAFDC) based on these same criteria. The graphs below show percentages of families eligible for food stamps and TAFDC based on income level and immigration status.

Graph 3.1



Eligibility for Food Stamps Based on Family Income and Immigration St

Graph 3.2



Eligibility for TAFDC Based on Income and Immigration Status

Health Insurance

Respondents' Health Insurance Coverage

Among respondents, 60% have health insurance coverage, while 40% have no health insurance. This figure is slightly higher than the national average of 29.9% for all poor adult women in the United States.⁶ Free Care, a state health program that provides limited coverage to individuals with no health insurance, was not counted as an insurance program. The percentage of uninsured above includes Free Care recipients. Of all respondents sampled, the majority (47%) were covered by MassHealth while 13% of individuals had private coverage purchased by themselves or their employers. The uninsured participants all utilized Free Care Services. It is positive to note that many undocumented immigrants are utilizing Free Care if they are not eligible for other programs. Almost three-quarters (72.7%) of all individuals without health insurance were undocumented immigrants.

Respondents also had higher percentages of utilization of particular health insurance programs depending upon their immigration status. The majority of individuals (61.9%) in the MassHealth program were greencard holders or citizens. About one fourth (23.1%) of undocumented immigrants in the sample were enrolled into MassHealth. Clearly, these individuals were utilizing MassHealth Limited, a federally funded emergency insurance program for individuals who do not qualify for Medicaid. This program, which covers only emergencies, does not include hospitalization, prescription coverage, or long-term care. Undocumented immigrants were most highly represented in the group receiving Free Care. Two-thirds of all Free Care recipients were undocumented immigrants. The table below provides detailed information on health insurance coverage of respondents by immigration status.

⁶ Figures for national health insurance coverage are drawn from the U.S. Census Bureau website. The internet address is <http://blue.census.gov/hhes/hlthins/hlthin98/hi98t2.html>.

Table 3.1

IMMIGRATION STATUS	RESPONDENTS' HEALTH INSURANCE STATUS			
	Mass Health	Free Care	Private through Employer	Private through Self
Undocumented	23.1%	61.5%	15.4%	----
Documented	72.0%	12.0%	8.0%	8.0%

Spouses'/Partners' Health Insurance Coverage

The information available on spouses' and partners' health insurance coverage was relatively limited. Spouses' and partners' immigration status was not asked in the survey. Thus, the only data available on spouses' and partners' was the overall percentage of individuals enrolled into specific health insurance programs. Half of all spouses and partners utilized Free Care or were uninsured. The remaining 50% had insurance through their employers (31%) or were enrolled in MassHealth (19%).

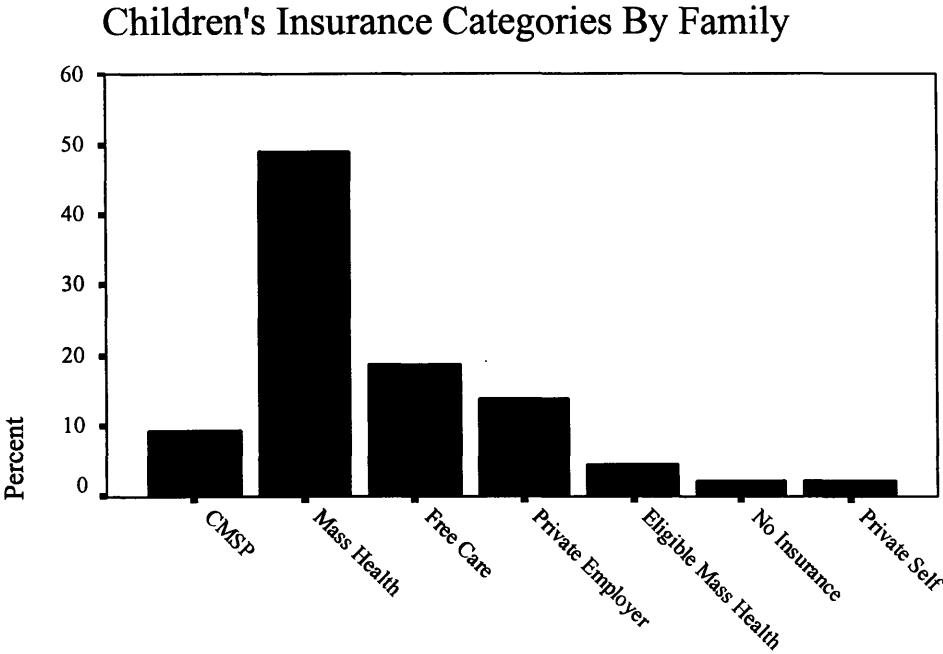
Children's Health Insurance Coverage

Respondents provided information on each of their children and their current health insurance coverage. Among all children in the survey (not by family), more than half (56.5%) were covered by MassHealth. The remaining children were covered through the Children's Medical Security Plan (5.4%) or private insurance either through employers or purchased by parents (11.8%). One quarter (25.9%) of children were uninsured or had Free Care. This figure is comparable to national figures. According to 1998 census projections, 25.2% of poor individuals under age 18 nationally lack health insurance.

Health insurance coverage among children was also examined by family. The results were slightly different than insurance coverage among individual children. Nearly fifty percent (48.8%) of all families had MassHealth insurance coverage for their children. Another 4.7% of families received MassHealth for eligible children in the family. Other children in these families received Free Care or the Children's Medical Security Plan (CMSP). Approximately eighteen percent (18.6%) of families utilized Free Care to meet their children's health care needs. The

graph below provides a more detailed look at family utilization of different health plans for children.

Graph 3.3



Children's Insurance Categories By Family

Children’s enrollment in various health insurance programs was cross-tabulated with respondents’ immigration status and children’s immigration status. About seventy percent (71.4%) of children utilizing Free Care had undocumented parents, while only 25% of children enrolled in MassHealth had undocumented parents. Children enrolled in MassHealth and CMSP overwhelmingly belonged to families where the parents are legal immigrants. The chart below provides further information on children’s enrollment in health insurance programs according to respondents’ immigration status. Most children enrolled in Mass Health were citizens (68.8%) or greencard holders (18.8%). Among children utilizing Free Care, 50% were citizens, 40% were undocumented immigrants, and the remaining children were temporary visa holders.

Table 3.2

CHILDREN'S INSURANCE	RESPONDENT'S IMMIGRATION STATUS	
	% Undocumented	% Documented
CMSP	----	100%
Mass Health	25.0%	75.0%
Free Care	71.4%	28.6%
Private through Employer	33.3%	66.7%
Private through Self	----	100%

We also calculated the percentage of children in MassHealth or CMSP whose parents do not have job-based insurance. Of respondents and spouses with no insurance, 41.7% of their children are enrolled in MassHealth while 1/3rd utilize Free Care. Children in families with job-based health insurance also utilize MassHealth and CMSP at relatively high rates. Table 3.3 gives a breakdown of children's health insurance coverage according to parents' job-based health insurance status.

Table 3.3

RECEIVES JOB BASED HEALTH COVERAGE	CHILDREN'S HEALTH INSURANCE				
	CMSP	Mass Health	Free Care	Private by Employer	Private by Self
Respondent	33.3%	66.7%	----	----	----
Spouse	40.0%	20.0%	----	40.0%	----
Both	----	----	----	100.0%	----
None	41.7%	33.3%	----	8.3%	----

Children's utilization of various health insurance programs was cross-tabulated with the family's relationship to the poverty level. Analysis showed that of families eligible for Mass Health based on income, 66.7% of MassHealth recipients were below the poverty line and the other one-third of children were between 100%-199% of the poverty level. Among children utilizing Free

Care despite eligibility for CMSP or MassHealth, one-third were below the poverty line and two-thirds were between 100%-200% of the poverty level.

Among families above 200% of the poverty level, one-fourth were covered by employer sponsored insurance. The remaining families were covered by CMSP (25%), Free Care (25%), or were uninsured (25%).

Food Stamps

The percentage of families eligible for food stamps based on both income and immigration status was 57.5%. Of all families in the sample, only 22.5% were receiving food stamps at the time of the survey. Among families who were income eligible for food stamps but currently not receiving them, 64.3% were below the poverty level and 35.7% were between 100%-200% of the poverty line. Of families both income and immigration eligible for food stamps but currently not receiving them, two-thirds were below the poverty line and one third were between 100%-200% of the poverty line.

We examined the immigration status of respondents from families eligible for food stamps based on both income and immigration status but currently not receiving them. Twenty percent of these families were headed by an undocumented parent, 50% were headed by immigrants with greencards or temporary status, and 30% were headed by citizen parents. Among families eligible for food stamps and not receiving them, 88.9% of households contained citizen children. The tables below provide further information on food stamp receipt among participants. Interestingly, citizen headed households had very low rates of welfare usage despite eligibility. It is not clear whether this results from a small sample size or a characteristic of the particular families sampled. Among households headed by undocumented immigrants, permanent residents, and temporary visa holders, varying percentages of eligible families did not access food stamps at the time of the survey.

Table 3.4

HOUSEHOLD RECEIVING FOOD STAMPS	FAMILY ELIGIBILITY FOR FOOD STAMPS			
	Eligible	No, b/c of Income	No, b/c of Immigration	No, b/c of Income & Immigration
Yes	100%	----	----	----
No	44.4%	37.0%	14.8%	3.7%

Table 3.5

RESPONDENT'S IMMIGRATION STATUS	HOUSEHOLD ELIGIBILITY FOR FOOD STAMPS		
	Eligible	Not Eligible, Income	Not Eligible, Income and Immigration
Temporary Visa	50%	25%	25%
Greencard	81.8%	18.2%	-----
Undocumented	38.5%	38.5%	23%
Citizenship	60%	40%	---

Table 3.6

RESPONDENT'S IMMIGRATION STATUS	% WITHIN ELIGIBLE HOUSEHOLD RECEIVING FOOD STAMPS
Temporary Visa	None
Greencard	75%
Undocumented	60%
Citizenship	None

I also analyzed two other respondent characteristics that might be related to food stamp receipt - education status and English proficiency – among families eligible for food stamps. Among individuals without a high school diploma, 57.1% did not receive benefits, while 42.9% received

benefits. Among respondents with a high school diploma, one-third received benefits and 66.7% did not. The cross-tabulation of English proficiency and food stamp use showed that higher percentages of eligible individuals with poor English proficiency received food stamps than individuals with higher English proficiency. The table below provides a breakdown of respondents' English proficiency and food stamp receipt.

Table 3.7

RECEIVING FOOD STAMPS	RESPONDENT'S ABILITY TO UNDERSTAND ENGLISH		
	Well	Not Well	Not at all
Yes	33.3%	66.7%	----
No	33.3%	33.3%	33.3%

Cash Welfare

The percentage of families eligible for cash welfare was relatively low at 42.5%. Of all families participating in the survey, only 14.6% were receiving cash welfare (TAFDC). Among eligible families, 35.3% were receiving the benefit at the time of the survey, while more than 70% were not accessing cash aid. Among families income eligible for cash welfare but currently not receiving it, 91% were below the poverty level and 9% were between 100%-200% of the poverty line. Of families both income and immigration eligible for food stamps but currently not receiving them, 90% were below the poverty line and 10% were between 100%-200% of the poverty line.

An examination of eligible families currently not receiving cash welfare showed that permanent residents headed 44.4% of these households. Another one-third of eligible, non-TAFDC receiving families were headed by undocumented immigrants, and 22.2% were headed by individuals holding temporary visas. Of eligible families not receiving TAFDC, 90% were comprised of children who are United States citizens. The charts below contain specific information about TAFDC receipt among families in the sample.

Table 3.8

HOUSEHOLD RECEIVING TAFDC	FAMILY ELIGIBILITY FOR TAFDC		
	Eligible	No, b/c of Income	No, b/c of Immigration
Yes	100%	----	----
No	27.3%	54.5%	18.2%

Table 3.9

RESPONDENT'S IMMIGRATION STATUS	HOUSEHOLD ELIGIBILITY FOR TAFDC		
	Eligible	Not Eligible, Income	Not Eligible, Income and Immigration
Temporary Visa	25%	50%	25%
Greencard	72.7%	27.3%	-----
Undocumented	38.5%	46.2%	15.4%
Citizenship	20%	80%	---

Table 3.10

RESPONDENT'S IMMIGRATION STATUS	% WITHIN ELIGIBLE HOUSEHOLD RECEIVING TAFDC
Temporary Visa	None
Greencard	42.9%
Undocumented	40%
Citizenship	100%

The cross-tabulation for education status and English proficiency among families eligible for TAFDC yielded slightly different results from the food stamp tabulation for these variables. Very low educational status respondents were more highly represented than individuals with higher education levels among cash welfare recipients. Among individuals without a high school diploma, 45.5% received the benefit, while 54.5% did not. Among respondents with a high school diploma or higher, there were no individuals receiving cash welfare at the time of the survey.

The cross-tabulation of English proficiency and cash welfare usage showed no specific pattern of welfare use based on understanding of English. Both participants who understand and do not understand English well had low rates of cash welfare usage. The chart below shows respondent welfare receipt by English proficiency level.

Table 3.11

RECEIVING CASH BENEFITS	ABILITY TO UNDERSTAND ENGLISH		
	Well	Not Well	Not at all
Yes	66.7%	33.3%	----
No	60.0%	20.0%	20.0%

Why Are Families Not Accessing Public Benefits?

Several questions on the survey asked respondents not currently utilizing health benefits, food stamps, or cash welfare why they were not accessing these benefits. The response rate to these questions was very low. Except for a few respondents, individuals left these questions blank. Those respondents who answered (five or six eligible respondents for each benefit) stated that they believed receipt of benefits would jeopardize their chances of obtaining permanent residency or citizenship depending on their current immigration status. Only one individual had actually utilized cash welfare or food stamps previously and then lost the benefit due to time limits. Some individuals, particularly those who speak Portuguese, claimed that caseworkers at the Department of Transitional Assistance, which administers TAFDC and food stamps, often assumed respondents were Spanish speaking and provided Spanish forms.

To better understand the reasons why immigrants are not accessing benefits, we spoke with several service providers who work directly with clients and immigrant head of households regarding barriers noncitizens face in accessing benefits. Several individuals cited language barriers as an issue in accessing benefits. Many Spanish speaking interviewees stated that they are never provided with a Spanish caseworker or translator, and they must always bring their own translators when they visit the DTA.

Both service providers and immigrants stated that the barriers challenging undocumented and documented immigrants differ. Among undocumented immigrants, heads of households applying for health benefits, food stamps, or cash welfare for their children are often asked about their own immigration status. These questions lead them to believe that they could possibly be deported and should not be accessing benefits. Other individuals are harassed by caseworkers and then denied assistance despite their family's eligibility. For example, one undocumented woman applied for food stamps for her children, and the case worker requested additional documentation regarding her spouse's income. The woman returned with her husband's pay stubs, but the caseworker insisted she required the spouse's Social Security Number and work visa. When the applicant stated that she could not provide these documents, her application was immediately denied.

Among documented immigrants, many individuals are concerned about public charge issues. They believe if they access health or other benefits and leave their country, they will not be allowed to reenter the country. Others fear if they access public benefits, they will not be able to sponsor relatives from their home countries.

Another issue of concern is disseminating the message regarding eligibility to immigrants. Many individuals receive documents in their own language stating that immigration status of the parent does not affect children's eligibility, individuals can sponsor family members even if they access health benefits, and all children, regardless of immigration status, are eligible for specific health programs. However, immigrants often do not trust these materials because they do not reflect their own experiences with front line workers. Immigrants may be more likely to trust individuals from their own culture speaking their own language than nameless documents issued from a public agency.

DISCUSSION

Findings from the survey can be utilized to narrate a broad story about the situation of low-income immigrants in Massachusetts and the issues they face regarding employment and benefits use. It is clear that a large proportion of low-income immigrants have difficulty accessing “good” employment due to a lack of education and skills and low English proficiency. As demonstrated in the findings, individuals with higher educational status and proficiency in English had a wage premium over immigrants with fewer years of education and poor English proficiency. Thus, this story is partially a human capital story – immigrants need access to education, skills training and English classes to improve their employment status.

It is important to note, however, that the issues faced by these immigrants goes beyond human capital needs. Specifically, families that are eligible for income support and food stamps are not accessing these benefits due to a variety of factors including a lack of information, an often uncooperative bureaucracy, and confusion about eligibility criteria. At particular risk are families headed by undocumented immigrants with citizen children, who are less likely than all other groups to access health benefits, food stamps, and cash aid. Other families headed by legal immigrants also face confusion about whether they are eligible and how to access benefits.

This confusion, which must be addressed through outreach to communities, is seemingly further exacerbated by the staff of public agencies. I do not have empirical evidence regarding the knowledge and attitudes of caseworkers dealing with food stamp and cash aid applicants, but qualitative information suggests that many of these staff are uninformed about the laws regarding immigrants and often display negative attitudes towards immigrant families. For example, an undocumented woman with citizen children whom I interviewed stated that she had applied for cash welfare and food stamps for her children at the Department of Transitional Assistance. The case worker asked for her Social Security Number. In response, the applicant stated that due to her immigration status, she was applying for benefits only her children. The case worker then told her that she is a burden upon American taxpayers and turned down her application. Other immigrant head of households reported similar experiences with DTA case workers. Currently, it is illegal to request the Social Security Number of immigrants applying for benefits only for

their children, but caseworkers continue to request this documentation, either out of ignorance or negative feelings towards undocumented immigrants.

Based on interviews with various community organizations, it appears that caseworkers are overworked, each reviewing hundreds of applications. Additionally, supervisors at the management level seem antagonistic towards undocumented immigrants, thus transmitting the message to case workers that it is acceptable to treat undocumented immigrants disrespectfully. On the DTA's website, the Commissioner is quoted as stating that she sees no problem in reporting undocumented immigrants who apply for benefits for their children to the Immigration and Naturalization Service since these individuals are illegally in the country. Such attitudes deter undocumented immigrants from seeking assistance for their families despite their children's legal entitlement to these programs.

The following sections provide detailed discussions about the findings from each section of the survey and recommendations for policy and further research.

Employment

Analysis regarding respondent and household labor force status revealed several interesting findings. Participants in the survey did not exhibit the high job turnover that is commonly highlighted in the literature. However, findings described by other researchers including low wages, poor benefits, high participation in the service sector, and the prevalence of low wages among individuals with low English proficiency and education status were all present among the sample population. Additionally, participants with low English proficiency were more highly represented among the group currently not working than high English proficiency individuals. Undocumented respondents were more highly represented in the group with low earning levels and lack of job-based benefits.

These findings hold several implications for policy. Firstly, children in families headed by household members with low English proficiency and low education status are more likely to be poor. Undocumented immigrants heading mixed households face even more challenges in

acquiring jobs with benefits and adequate pay. These issues must be addressed by city and state employment agencies (such as One Stop Career Centers) and employers. Job training centers must match up individuals with jobs that pay adequately and include benefits as well as identify free English As A Second Language and educational courses offered by non-profit organizations or public agencies to upgrade individuals' skills. Low-income worker participation in public programs could offer these individuals the opportunity to access education and training services through the Department of Transitional Assistance. Further recommendations involving enrollment of eligible individuals into food stamp and cash welfare programs will be discussed later in the paper.

Employers should offer on-the-job training to employees that include English proficiency and educational courses. Funds can be set aside by the state or city to funnel through employers or employers can be mandated to spend a certain percentage of training funds on low-income workers. Receipt of job-based benefits presents a complex issue that cannot fully be discussed in this paper. Unions, particularly the AFL-CIO that has recently directed efforts towards organizing immigrant workers, could possibly play a role in demanding higher pay and better benefits for low-income workers. At the very least, unions, worker advocacy organization, and non-profit organizations working with employers should encourage employers to participate in the MassHealth Family Assistance Program, which provides state-sponsored insurance with some co-payment from employers.

Public Benefits

Households headed by undocumented immigrants, permanent residents, and temporary residents that include citizen children have low utilization rates of all public benefits, although usage of health benefits is higher than use of cash welfare and food stamps. In some cases, citizen families also have lower usage rates of benefits but the reasons why are unclear. A high percentage of these households are under the poverty level, raising concerns that these families do not have access to a stable income or public benefits. Although individuals with low English proficiency do make use of benefits for their families, a large percentage of households headed by persons with low English proficiency are not enrolled in Mass Health or CMSP, cash welfare,

and food stamp programs. Service providers state that this lack of enrollment may be due to the complexity of the applications for these programs, the lack of translated applications and informational materials, and the low numbers of outreach and case workers able to interact with immigrants appropriately, both culturally and linguistically. To ensure that families all eligible families are enrolled into health and welfare programs, additional funding should be allocated to translating all materials into immigrants' native languages, training caseworkers to explain the application in a culturally sensitive way to immigrants, and increasing the number of bicultural and bilingual outreach workers at schools, public agencies, and community health clinics.

Another issue of concern is the high percentages of eligible immigrant families headed by temporary residents, permanent residents, and undocumented immigrants currently not making use of public benefits to varying degrees. Service agencies state that this lack of utilization stems from two factors – fear of deportation and fear that enrollment in programs will impact their chances of eventual temporary residence receipt. Currently, many undocumented individuals who visit the Department of Transitional Assistance to apply for food stamps or cash welfare or the Division of Medical Assistance to apply for health benefits are asked for their Social Security Numbers (SSN), both by the case worker and on the applications, although they are applying for their children. Both agencies should specifically direct workers to not ask for the SSNs of individuals not applying for benefits for themselves. The applications should also clearly state that SSNs are not required for individuals in the household not applying for benefits.

For individuals attempting to change to legalized status, the new public charge guidance - which specifically states that enrollment in health insurance programs and children's receipt of food stamps will not affect the head of household's attempts to attain a greencard – must be more widely disseminated. Although the guidance has been issued by the Department of Immigration and Naturalization, widespread efforts have not been made to bring this message to immigrant communities.

Outreach to families regarding enrollment into public benefits programs and public charge issues must be undertaken more intensively. Currently, the Division of Medical Assistance (DMA) has made much effort to enroll households into MassHealth through outreach to families with

children participating in the federal Free Lunch program at public schools, new mothers enrolled in the federal Women, Infants, and Children program, and low-income immigrants visiting free health clinics. Because such outreach already exists for MassHealth programs, the DMA should simply intensify these efforts by adding more bilingual and bicultural outreach workers. However, the Department of Transitional Assistance had not made a consistent effort to enroll immigrant families into the food stamps and cash welfare programs. This agency should similarly focus upon outreach through public schools, public housing units, health clinics, and other services utilized by potentially eligible immigrant families.

Large percentages of families eligible for MassHealth or CMSP are currently utilizing Free Care. Individuals enrolled in Free Care are informed of their eligibility for MassHealth by the hospital administering the program, but immigrants can choose to utilize Free Care rather than other programs. Outreach workers from DMA should be available at these hospitals to answer families' questions about MassHealth and CMSP. Among families between 200%-300% of the poverty level utilizing Free Care, outreach should focus upon steering families towards CMSP, which is available to higher income families through a co-payment option.

In addition to attracting more immigrants into benefits programs through intensified outreach, the Division of Medical Assistance and the Department of Transitional Assistance must document noncitizens' use of benefits by language and country of origin. While conducting this study, we repeatedly requested these agencies for demographic information of past and current recipients, but they claimed that this information is not regularly collected regarding current recipients or MassHealth, food stamps, and cash welfare leavers. To monitor the changes in noncitizens' use of public benefits programs, it is essential that this information is gathered regularly and made available to the public and the immigrant advocacy community.

Suggestions for Further Research

Future research regarding immigrants' employment in Massachusetts can explore the service industries where immigrants are concentrated. The types of immigrants who work in these sectors, the workers' organizations or unions serving these groups, and possibilities for change

must all be documented for a better understanding of immigrants' labor status position in Massachusetts.

This study illuminated the low educational status and poor English proficiency of many immigrants currently working in low wage jobs. Further research could explore how current job training and ESL services are targeting such individuals and how current services can be expanded to better assist this population.

Further research on immigrants and welfare reform in Massachusetts can take a variety of directions. A large sample survey of immigrants in Massachusetts is required to extrapolate to the entire immigrant population. Such a study could collect information regarding immigrants' past and current welfare use, rates of welfare usage decline, and reasons for this decline. Public data gathered by the 2000 Census or by other agencies can be utilized to compare sample rates of welfare use with public records. Finally, a comparative study of the employment and welfare use status of immigrants in several states could elucidate the differences within each region but the broad issues facing immigrant populations throughout the country.

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