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Publication Date

2002

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*Henry E. Brady, Michael S. Clune, Laurel Elms, Anita K. Mathur,
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Welfare Policy Research Project



CALIFORNIA POLICY RESEARCH CENTER
UNIVERSITY OF CALIFORNIA

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About the California Policy Research Center

The California Policy Research Center (CPRC) is a University of California program that applies the extensive research expertise of the UC system to the analysis, development, and implementation of state policy as well as federal policy on issues of statewide importance. CPRC provides technical assistance to policymakers, commissions policy-relevant research on statewide issues, and disseminates research findings and recommendations through publications and special briefings.

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The views presented in this report are those of the authors and not necessarily those of CPRC, the Welfare Policy Research Project, or the Regents of the University of California.

About the Welfare Policy Research Project

In August 1997, California's legislation to implement federally mandated changes to the welfare system was signed into law. The legislation requested that the University of California undertake tasks to help monitor and evaluate implementation of the California Work Opportunity and Responsibility for Kids (CalWORKs) program and other relevant welfare policies. CPRC undertook these new responsibilities and, in 1998, created the Welfare Policy Research Project (WPRP). WPRP convened a 15-member advisory board, comprised of senior legislators, state and county officials, and a public-interest advocate.

In accord with its legislative mandate, WPRP (1) is operating a research grants program to support applied welfare-policy research sought by state and local officials; (2) has helped to establish the California Census Research Data Center, with secure operating facilities at UC Berkeley and UCLA; (3) is developing and will maintain an Internet-accessible welfare research database to provide timely information on welfare-related research being conducted in California; and (4) is sponsoring and organizing forums for policymakers on cutting-edge welfare-related research issues and findings. In addition, WPRP provides technical assistance on policy-related issues to state and local officials.

Future Report

The final report from this project will employ matched longitudinal administrative and survey data to investigate the dynamics—entries and exits—of welfare use and to examine the experience and behaviors of immigrant families under CalWORKs.

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EXECUTIVE SUMMARY

In 1996, Congress passed two major bills that severely restricted legal immigrants' access to federally funded public-assistance programs: the Personal Responsibility and Work Opportunity Reconciliation Act and the Illegal Immigration Reform and Immigrant Responsibility Act. California's CalWORKs legislation, effective January 1998, permitted state monies to be used to provide substitute benefits for immigrants no longer qualified for federal assistance. However, CalWORKs legislation also specified new sponsorship rules that made a substantial portion of immigrants ineligible for these state-funded benefits.

We are conducting a three-year study that addresses public-policy concerns regarding the impact of welfare reform on California immigrants. Our state has the largest share of immigrants in the nation, and they play an increasingly important role in its economy. At mid-decade, California was home to 35% of the nation's legal permanent residents and 40% of its estimated five million undocumented immigrants.

In this summary, which offers an overview of our first year's findings, we examine how changes in welfare rules and/or perceptions of those rules affected California immigrant-household public-assistance participation in the 1990s. Changes in these patterns have clear implications for both the well-being of the affected households and the fiscal obligations of state and local governments.

Our analysis draws on the Census Bureau's annual Current Population Survey (CPS) and Surveys of Income and Program Participation (SIPP) from several years to describe the characteristics of native and immigrant households, their participation in major public-assistance programs, and changes in these characteristics and participation over time. The major public-assistance programs we considered were Aid to Families with Dependent Children (AFDC)/California Work Opportunity and Responsibility to Kids (CalWORKs), Food Stamps, Supplemental Security Income (SSI), and Medi-Cal.

We also compared the participation rates of noncitizen immigrant households with those of households headed by naturalized citizens and the native-born population. Households are classified as native or immigrant based on the birthplace of the household head. Immigrant household heads may be either naturalized citizens or noncitizens, and such households often include the native-born children of foreign-born parents or other household members.

Our ability to consider issues of welfare dynamics—what determines a family's decision and ability to begin receiving public assistance or not and to continue or discontinue receiving it—is limited by the length of time households were followed in the CPS and SIPP surveys and the number of households that could not be recontacted for followup interviews. Nevertheless, we were able to obtain a detailed view of changes and trends over the decade.

Demographic and Public-Assistance Trends

Immigrant households represent an increasing proportion of all California households and make up a significant proportion of the California population receiving public assistance. Throughout the decade, immigrant households constituted approximately 40% of state households

participating in AFDC/CalWORKs programs. Immigrant households as a whole are more likely than natives to use public assistance. However, naturalized-citizen households report lower rates of assistance than native households, and immigrant households' rates of program participation have declined faster than those of native households.

Demographic Trends

- ▶ The proportion of California immigrant households has risen rapidly since the early 1990s. In 1990, immigrant households represented 22% of all California households; by the year 2000, the figure was 28%.
- ▶ Of all households containing a child, the proportion headed by an immigrant climbed from 32% in 1990 to 38% in 2000.
- ▶ Less than a third of foreign-born household heads were naturalized citizens in the early 1990s; by 2000, 45% were.

Trends in Public-Assistance Participation

- ▶ Immigrant households were more likely than native households to receive public assistance. Enrollment in each of the four major programs peaked in the mid-1990s, and in each one immigrant households were about twice as likely as native households to participate.
- ▶ Higher participation rates among immigrant households were concentrated in noncitizen households. For example, in 1993, 13.6% of noncitizen households received AFDC, compared to 4.5% of naturalized-citizen households. In 1999, CalWORKs participation had declined to 7.0% for noncitizen households and 2.6% for naturalized-citizen households. With respect to AFDC/CalWORKs and Food Stamp program participation rates, naturalized-citizen households more closely resembled native households than they did noncitizen immigrant households.
- ▶ Naturalized-citizen households reported lower rates of assistance than native households. In 1999, for example, 2.6% of naturalized-citizen households participated in CalWORKs compared to 3.1% of native households.
- ▶ AFDC/CalWORKs and Food Stamp participation rates declined substantially among both native and immigrant households after the caseloads peaked in mid-decade. However, the decline was steeper for immigrant households (10.8% in 1993 to 5.0% in 1999) than for native households (from 5.5% to 3.1% for those years). Similarly, immigrant participation in the Food Stamp program declined from 13.5% in 1993 to 6.2% in 1999, while native participation dropped from 6.1% to 3.8%. Medi-Cal and SSI participation showed no substantive decline.
- ▶ Although immigrant household participation rates in public-assistance programs declined in the 1990s, the significant increase in the absolute number of immigrant households in

California's population offset that decline. As a result, the percentage of the welfare caseloads comprising immigrant households remained relatively constant throughout the decade (approximately 40% for all four of the major programs).

General Characteristics of Participant Households

Participation in public-assistance programs, whether by immigrants or native-born, was associated with household heads whose characteristics generally make consistent labor-force participation more difficult.

- ▶ A household had a greater likelihood of participating if the household head was young, female, unmarried, less educated, and had more than two children.
- ▶ Conversely, a household had a lower likelihood of participating if the household head was older, male, married, better educated, had no more than two children, and if there were other adults in the household.

Nevertheless, there were anomalies. Some characteristics associated with lower participation rates among native households did not seem to have as pronounced an effect among immigrant households. These characteristics are described in the next two sections.

Characteristics Associated with Higher Participation Rates Were More Prevalent Among Immigrant Households

Some characteristics associated with higher participation rates were more prevalent among immigrant households than among native households. For example:

- ▶ *Lack of a high school diploma.* Failure to graduate from high school roughly doubled the likelihood of receiving assistance and was four times as common in immigrant households as in native households.
- ▶ *Having more children.* Households with three or more children were twice as likely to participate in public-assistance programs as households with two or fewer children. Immigrant households were three times more likely than native households to have three or more children.
- ▶ *Low income.* Although immigrant and native households with similar income levels reported roughly equivalent rates of public-assistance participation, immigrant households were twice as likely as native households to be below 200% of the federal poverty line.

Characteristics Associated with Lower Participation Rates Were Common Among Assisted Immigrant Households

Immigrant households were more likely than native households to have certain characteristics typically associated with a lower rate of public-assistance participation, yet they remained more likely than native households to receive assistance. For example:

- ▶ *Married head of household.* Being a recipient of public assistance was over three times more common among immigrant households headed by married couples than native households headed by married couples. Half of immigrant households receiving public assistance were headed by married couples, compared to only one in five such native households.
- ▶ *Multiple earners in household.* The proportion of households with two or more earners was higher among immigrants (51%) than natives (44%). Yet participation rates among immigrant households were double those of native households with the same number of earners.

These anomalies suggest that, among immigrant households, other factors overshadowed characteristics that were associated with a lower likelihood of participation. For example, the relation between educational background and wages may offset the presence of multiple adult earners in a household: The combined earnings of two or more adult earners in an immigrant household may be insufficient to support the family if the adults can find only low-wage, part-time work.

Explaining the Decline in Immigrant Participation Rates

Three factors could have contributed to declining participation rates in public-assistance programs among immigrant households: (1) changes in the demographic characteristics of immigrant and native households, (2) shifts in the economy, and (3) changes in welfare and immigration policies.

- ▶ *Demographic changes.* While there was a slight decline in the proportion of immigrant households with characteristics associated with higher participation rates, changes in household composition, marital status, and education were minimal for both native and immigrant households. Therefore, such changes could not have contributed substantially to the decline in immigrant participation rates.
- ▶ *Economic changes.* In the latter half of the 1990s, as the California economy improved, immigrants' labor-force participation and earnings also improved, while their reliance on public assistance decreased.

Immigrant public-assistance participants became more likely to report earnings. In 1993, immigrant AFDC participants were less likely than natives to receive any income from earnings, but by 1995 this relationship had reversed. This change predated both the enactment and implementation of new welfare law and programs. By 1999, 83% of immigrant households on cash assistance reported some income from earnings, compared to 77% of native households on cash assistance. Similar patterns were found among Food Stamp and Medi-Cal beneficiaries.

There were increases in labor-force participation among poor households (under 200% of the poverty line) who did not receive cash assistance. Between 1993 and 1999, the proportion of poor immigrant households who received all their income from earnings rose by 10 percentage points (from 44% to 54%). The proportion of comparable native

households rose six points (from 21% to 27%).

- ▶ *Welfare and immigration policy changes.* After controlling for demographic and economic characteristics, immigrants still experienced sharper declines in public-assistance participation than natives. This suggests that other factors, such as changes in welfare and immigration policies, contributed to the decline in participation among immigrant households.

In the mid-1990s, changes in federal immigration and welfare rules specifically denied federally funded welfare benefits to most noncitizen immigrant households and immigrant households who had resided in the U.S. for less than five years. Subsequently, these immigrant households' program participation rates declined far more dramatically than those of native households. Changes in federal welfare and immigration policies are key factors in explaining this steep decline.

Impact of Welfare Reform on Immigrant-Household Well-Being

An issue of great concern is whether immigrant households were adversely affected in a disproportionate way by actual and/or perceived changes in welfare rules. We estimated potential effects on households leaving assistance programs by examining poverty rates and hunger and food insufficiency among poor, nonassisted native and immigrant households.

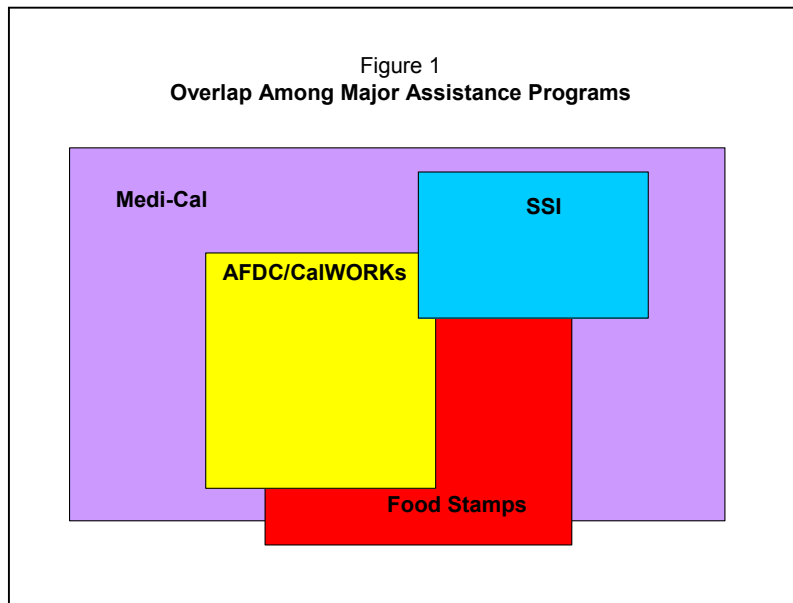
- ▶ Immigrant households experienced a greater decline in poverty than native households. Although immigrant households were much more likely to be impoverished than native households, their poverty rate declined substantially (from 25% in 1993 to 17% in 1999), while the poverty rate among native households remained stable (about 10% over the same period).
- ▶ In every year between 1995 and 1999 for which CPS data were available, immigrant households were more likely to be food-insecure than native households, partly because they were more likely to be poor. However, poor immigrant households who had left public assistance or never received it did not appear to become more food-insecure over time, either absolutely or relative to native households. Nor is there any indication that immigrants forgo assistance at the cost of heightened food insecurity. (However, these latter findings are not borne out by other credible studies, for example, the California Food Policy Advocates' 1997–98 surveys of immigrant households receiving food stamps.)

Next Step

This study reflects initial findings from a three-year WPRP study on California immigrant families and welfare reform. In the final phase of the study, we will conduct additional analyses to estimate the likelihood of immigrant families entering and exiting public assistance.

INTRODUCTION

Immigrant-headed households represent an increasing proportion of all California households and make up a significant percentage of the California population receiving public assistance. Figure 1 shows the possible extent of overlap in participation among California households in the four major assistance programs and their approximate relative size. Our estimates indicate that the percent of California households headed by an immigrant has grown from 22% to 28% between 1990 and 2000. Of households containing a child, the proportion headed by an immigrant climbed from 32% in 1990 to 38% in 2000. Immigrant-headed households also make up a significant proportion of California households participating in public-assistance programs. Throughout the 1990s, immigrant-headed households made up approximately 40% of California households receiving Aid to Families with Dependent Children (AFDC) or CalWORKs, as the federal Temporary Assistance to Needy Families (TANF) program is known in California. (For a description of CalWORKs [or TANF], Food Stamps, Supplemental Security Income [SSI], and Medi-Cal, see Appendix A. For a study of the three largest immigrant-specific programs, see Appendix B.)¹



The large proportion of immigrants in the welfare system has made immigrants' experience of great importance to welfare policymakers and program administrators at all levels of government. Although California has experienced substantial flows of immigrants into the state, the proportion of the public-assistance population comprised of immigrants has remained relatively steady across the decade. Any potential growth in the proportion of immigrants in the welfare system due to the larger immigrant population has been offset by the simultaneous decline in public-assistance participation among immigrants over the course of the decade.

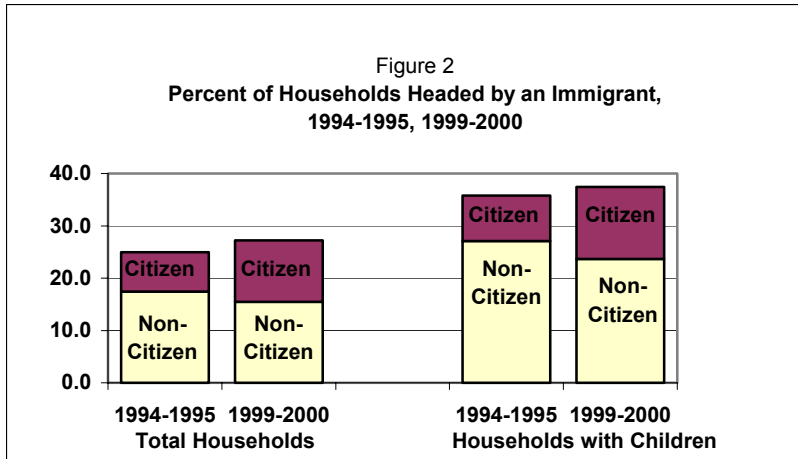
¹ The largest three were established by federal legislation: the 1986 Immigration Reform and Control Act (IRCA), the 1986 Omnibus Budget Reconciliation Act (OBRA), and the refugee and entrant (R&E) programs.

There are several reasons to expect shifts (both up and down) in the patterns of participation in public welfare programs by immigrants during the 1990s. The end to the five-year ban on public assistance for immigrants granted legal residency under the Federal Immigration Reform and Control Act (IRCA) of 1986 and increasing rates of immigration in recent years might have led to greater program participation. However, the 1990s were also marked by the recovery of the California economy and the implementation of the California Work Opportunity and Responsibility to Kids (CalWORKs) program, events likely to reduce immigrant participation in public-assistance programs. Analysis and discussion surrounding this decline in participation among California immigrants will be the primary focus of the report.

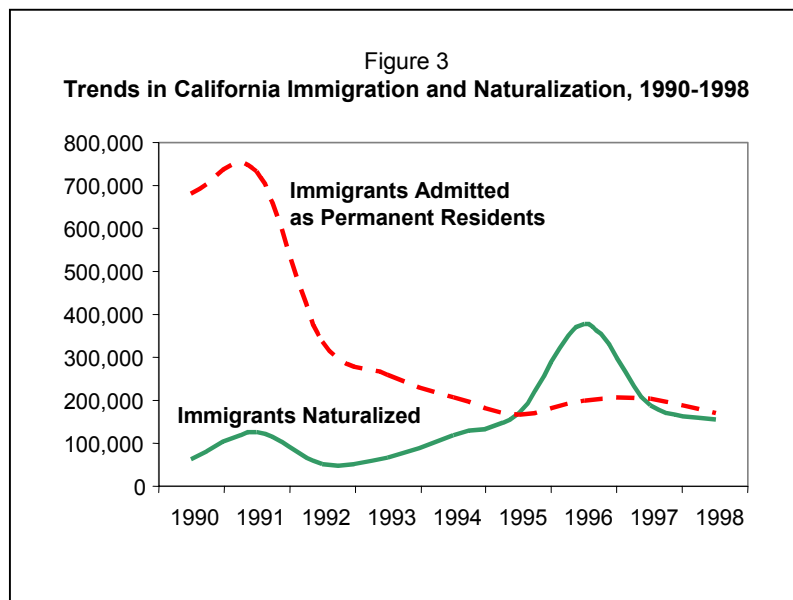
The remainder of the report is divided into six main sections. The first describes immigration into California over the past decade and looks at immigrant composition in terms of country of origin. The second, "Welfare Reform in California," provides an overview of the major assistance programs in California and program eligibility changes regarding immigrants that occurred with the onset of welfare reform. The following two sections respectively identify trends in program participation among immigrants and native households over the course of the decade and discuss possible explanations for the difference in participation trends between immigrant and native households. "Impact of Welfare Policy on the Well-Being of Leavers and Nonstarters" investigates the impact of welfare policy changes on the well-being of low-income immigrant households who left or never participated in assistance programs. The final section discusses the limitations of this analysis and our expectations for our final report. A description of the data used for our analysis (from the Current Population Survey and the Survey of Income and Program Participation) can be found in Appendix C.

IMMIGRANTS IN CALIFORNIA IN THE 1990S: COMPOSITION AND CHANGES

Over the last decade the proportion of immigrant-headed households has risen in California. By 2000, 28% of all households in California were headed by an immigrant (Figure 2). Between 1991 and 1998 approximately 2.2 million immigrants in California became permanent residents, representing 30% of the entire U.S. immigrant population attaining U.S. permanent residency.



There has also been a rapid increase in naturalizations among immigrants in California (Figure 3). Since the early 1990s, 1.25 million California immigrants have become naturalized citizens. California naturalization rates have grown faster than the rate of immigration during the decade, raising the proportion of Californian immigrants who were naturalized from 23% in 1994 to 40% in 2000.



California is also home to 40% of the estimated five million undocumented immigrants in the United States. This undocumented population is roughly equivalent in size to the immigrant population adjusting to permanent residency in the first eight years of the decade based on Immigration and Naturalization Service estimates given in the year 2000.

About one-half of recent immigrants in California come from Mexico and Central America, and an additional one-third come from Asian countries. The majority of California's Asian

immigrants have ties to the Philippines, Vietnam, and the People's Republic of China.² While highly educated immigrants achieve economic outcomes on a par with similarly educated natives, many recent immigrants (particularly those from Indochina, Mexico, and Central America) are poorly educated. Over 40% of immigrants in California have less than a high school education.³ This lack of education, as well as factors such as language, technical skill, and cultural barriers, has contributed to the overrepresentation of immigrants in the low-wage labor market, and to the substantial proportion of immigrants participating in California's public-assistance programs.

WELFARE REFORM IN CALIFORNIA

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), a massive overhaul of the AFDC program, was enacted into federal law in August 1996.⁴ PRWORA has a number of objectives, including: to end federal welfare as an entitlement by replacing open-ended federal matching grants to states with capped block grants; to make family welfare benefits temporary by limiting federal aid to five years over a lifetime and imposing far more stringent work requirements on most parents; to significantly reduce the rate of nonmarital births; and to severely restrict legal immigrants' access to federally funded public assistance programs.

The new federal law divided immigrants into two newly defined groups: *qualified* immigrants and *not-qualified* immigrants. General categories of qualified immigrants include those who are lawful permanent residents (holders of "green cards"), refugees, asylum seekers, persons granted withholding of deportation/removal, persons paroled into the United States for at least one year, Cuban/Haitian entrants, and certain victims of domestic violence. Not-qualified immigrants include all other immigrants—undocumented immigrants as well as many immigrants who do not have green cards but nonetheless are lawfully present in the United States. Not-qualified immigrants are banned from federal public benefits with a few exceptions, such as emergency services under Medicaid and immunizations.

PRWORA treats immigrants differently depending upon their date of arrival in the United States. Preenactment immigrants are those who entered or enter the United States prior to August 22, 1996. Postenactment immigrants are those who entered or enter the United States on or after that date. Qualified immigrants who entered the United States on or after August 22, 1996, are barred from receiving Medicaid and TANF benefits during their first five years in the United States. Most qualified immigrants are also denied eligibility for food stamps and Supplemental Security Income (SSI) regardless of arrival date.

² McCarthy and Vernez (1998).

³ Ibid.

⁴ The discussion in this section largely relies on the *Guide to Immigrant Eligibility for Federal Programs* from the National Immigration Law Center, 4th edition, 2001.

After PRWORA was implemented, two subsequent acts restored some benefits to immigrants. Public Law 105-33, signed in 1997, restored SSI and Medicaid for pre-enactment disabled and elderly legal immigrants. Public Law 105-185, signed in 1998, restored food stamps eligibility for children, disabled immigrants, and some elderly immigrants who were lawfully present in the United States on August 22, 1996. However, even after these restorations, many qualified immigrants remained ineligible for federally funded food stamps, TANF, SSI, and Medicaid. The Center on Budget and Policy Priorities estimates that after the food stamp restoration, of the approximately 262,000 legal immigrants in California who were denied food stamps by the 1996 welfare law, only about 56,700 were restored these benefits by Public Law 105-185.⁵ Legal immigrants who remain ineligible for federal food stamps include most pre-August 22, 1996 entrants who are between the ages of 18 and 65, as well as most immigrants who entered the country after August 22, 1996.

While federal funding for immigrants is restricted, states may decide to provide substitute benefits to ineligible immigrants at their own expense. Over half of the states are spending their own money to replace some TANF, Medicaid, food stamps, and/or SSI benefits that were previously provided by the federal government. California is one of only two states that has chosen to provide substitute benefits for all four major assistance programs.⁶

While these state-funded substitute programs offer crucial support to immigrants who have been denied federal assistance, they often provide lower benefits than the original federal programs. California, however, generally provides substitute payments equivalent to federally funded benefits. California provides immediate CalWORKs, Medi-Cal, and designated Healthy Families coverage for qualified immigrants regardless of their date of entry into the United States.⁷ Post-enactment immigrants can receive state-funded SSI or food stamp benefits only through September 2001.⁸ In addition, sponsor “deeming” rules⁹ in the state-funded SSI, Food Stamp, and CalWORKs programs may make some immigrants ineligible for these programs. (See Appendix D for a more detailed description of eligibility requirements for federal and California-funded benefit programs compiled by the National Immigration Law Center, January 2002.)

⁵ Carmody and Dean (1998).

⁶ Zimmermann and Tumlin (1999).

⁷ Qualified immigrants are: (1) lawful permanent residents (LPRs), including Amerasian immigrants; (2) refugees, asylees, persons granted withholding of deportation, conditional entry (in effect prior to April 1, 1980), or paroled for at least one year; (3) Cuban/Haitian entrants; and (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty. Parent/Child of such battered child/spouse are also qualified. Victims of trafficking (who are not included in the “qualified” immigrant definition) are eligible for all benefits funded or administered by federal agencies, without regard to their immigration status.

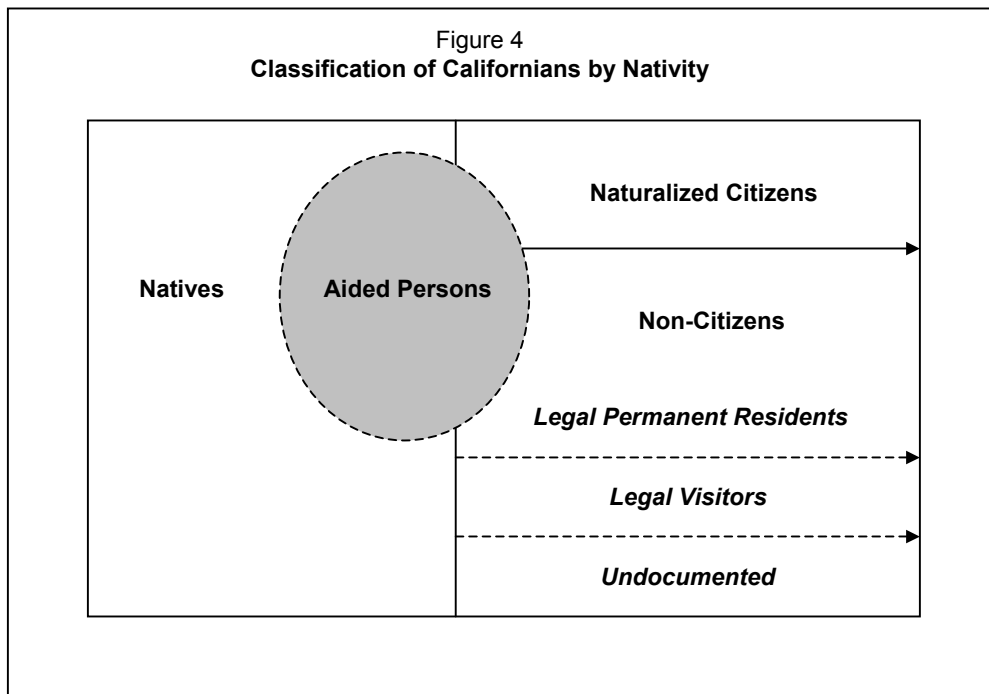
⁸ Post-enactment immigrants can receive state-funded SSI and food stamps on an ongoing basis only if their sponsors are abusive, disabled, or deceased.

⁹ Under immigrant sponsor deeming, the income and resources of an immigrant’s sponsor are added to those of the immigrants in determining eligibility for benefits.

TRENDS IN PROGRAM PARTICIPATION AMONG IMMIGRANT AND NATIVE HOUSEHOLDS

Despite the increase in the absolute number of immigrant-headed households in California during the 1990s, their program participation rates have declined at a greater pace than those of households headed by native-born. This section provides detailed evidence and discussion of this decline in public assistance participation among California’s growing immigrant population.

Throughout our analyses, we focus on immigrant *households* rather than individuals. In examining public assistance use, a focus on households or families rather than individuals can yield very different results. These differences are largely due to the presence of recipient native-born children in the households of their foreign-born parents; classifying such recipients as immigrant rather than native increases estimates of immigrant recipiency and lowers that of natives.¹⁰ The immigrant status we assign to the households is that of the household head, who may be identified as native, naturalized immigrant, or noncitizen. In the data we use it is not possible to distinguish between noncitizen immigrants who are legal permanent residents, legal visitors, or undocumented immigrants (Figure 4).



Declines in Participation Are Steeper for Immigrants Than for Natives

Households headed by immigrants are more likely to receive public assistance than are native-headed households. In the mid-1990s, for example, immigrant households were about twice as likely

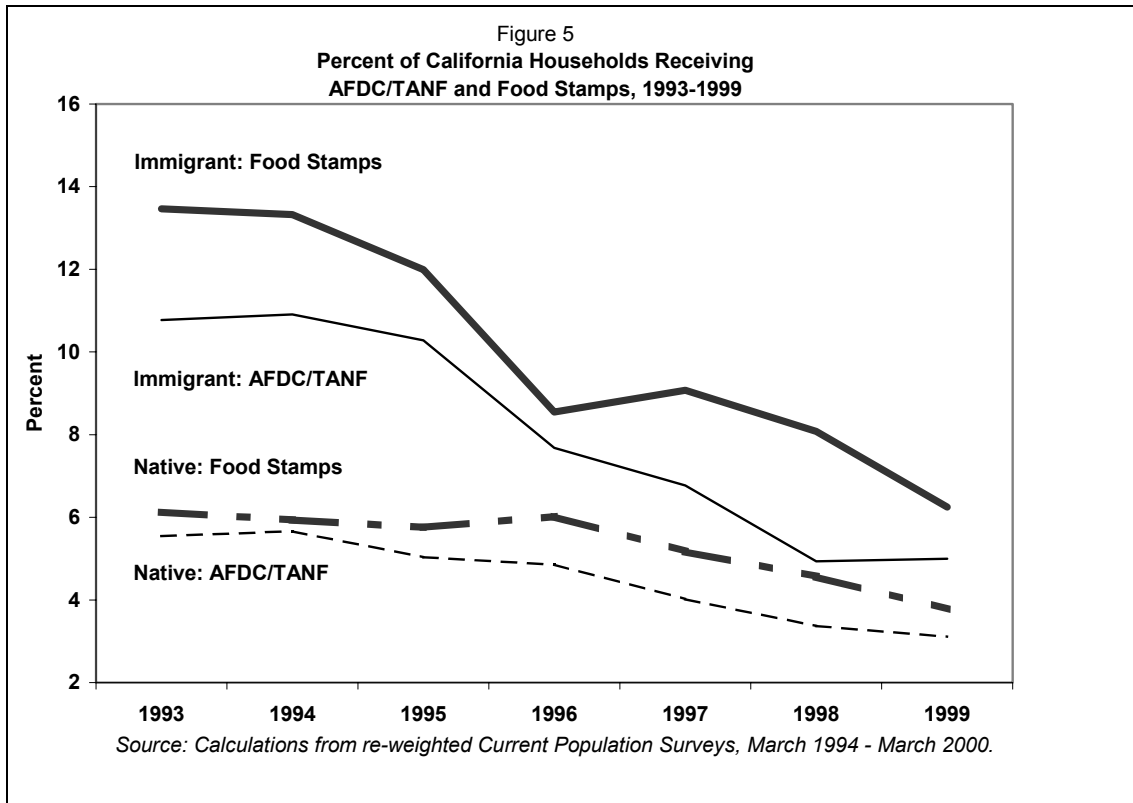
¹⁰ In this report we do not separately address families with native head of households that contain immigrant members. Only 6% of households headed by a native had an immigrant member, while 58% of households headed by an immigrant had a native member.

to participate in each of the four major public assistance programs. Higher levels of participation among immigrant households are concentrated within noncitizen households. In 1999, 7.0% of noncitizen households received TANF, compared to 2.6% of naturalized-citizen households. In fact, throughout the 1990s, households headed by naturalized citizens generally reported lower levels of participation in AFDC/TANF and Food Stamp programs than natives.

Program	Year							1993-99
	1993	1994	1995	1996	1997	1998	1999	
AFDC/TANF								
Native	5.5	5.7	5.0	4.9	4.0	3.4	3.1	4.5
Immigrant	10.8	10.9	10.3	7.7	6.8	4.9	5.0	8.1
Naturalized	4.5	3.0	4.0	3.5	3.2	3.3	2.6	3.4
Noncitizen	13.6	14.3	13.2	10.5	9.2	6.1	7.0	10.5
Food Stamps								
Native	6.1	5.9	5.8	6.0	5.2	4.6	3.8	5.3
Immigrant	13.5	13.3	12.0	8.5	9.1	8.1	6.2	10.1
Naturalized	5.9	4.9	5.5	4.6	3.9	5.2	3.3	4.7
Noncitizen	16.8	16.9	15.0	11.2	12.5	10.1	8.6	13.0
Medi-Cal								
Native	12.4	14.2	13.5	13.1	12.8	12.5	12.3	13.0
Immigrant	26.2	29.8	28.9	25.6	22.9	22.2	23.4	25.6
Naturalized	19.7	17.3	17.2	17.5	18.8	17.5	19.5	18.2
Noncitizen	29.1	35.0	34.3	31.0	25.6	25.5	26.6	29.6
SSI								
Native	4.2	4.2	4.4	4.6	4.1	3.7	4.5	4.2
Immigrant	8.4	7.4	7.3	6.5	5.3	5.9	7.3	6.9
Naturalized	10.3	6.4	6.4	7.0	7.0	6.9	8.9	7.6
Noncitizen	7.6	7.8	7.8	6.2	4.2	5.2	5.9	6.4

Source: Calculations from re-weighted Current Population Surveys, March 1994-March 2000.

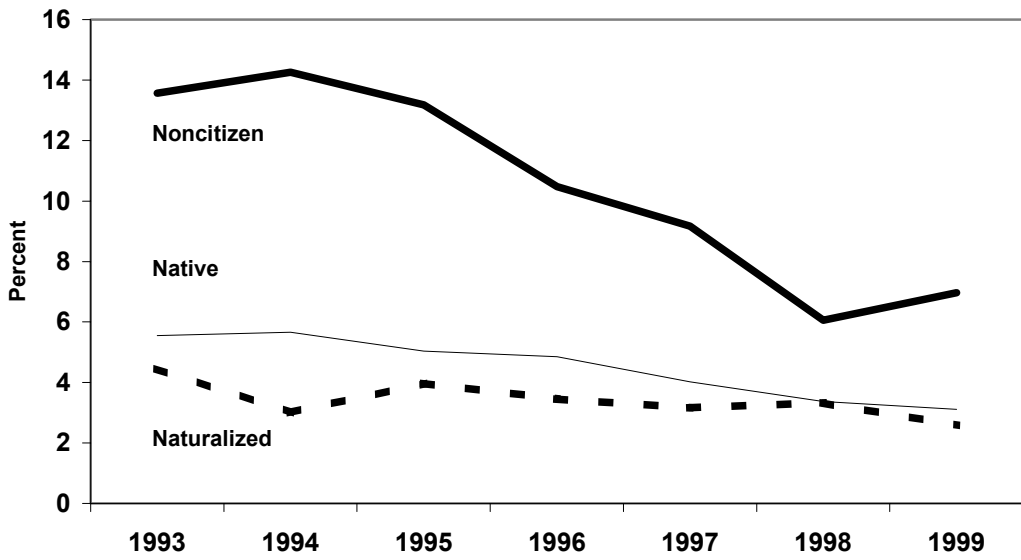
However, the declines in participation among immigrant households have surpassed the declines among native households. Table 1 identifies trends in levels of participation in the four major public assistance programs during the 1990s. Substantial drops in household participation in both AFDC/TANF and Food Stamp programs are notable, although participation in Medi-Cal and SSI show no similar trend. Immigrant participation in AFDC/TANF programs dropped from 10.8% in 1993 to 5.0% in 1999 (a 50% decline), whereas native participation dropped from 5.5% to 3.1% (a 40% decline) (Figure 5). Participation in the Food Stamp program followed a similar pattern. As a result of the steeper decline among immigrants, the five-percentage-point gap between native and immigrant TANF participation rates at mid-decade dropped to two percentage points by 1999. (For a depiction of the comparative drop in participation rates in the AFDC/TANF and Food Stamp programs, broken down further into noncitizen and naturalized immigrants, see Figures 6 and 7.)



Naturalized citizens resemble natives in terms of participation trends to a much greater degree than they resemble noncitizen immigrants. Immigrant households who have entered the country recently (residing in the United States for less than five years¹¹) have undergone the most dramatic declines in benefit receipt. This finding will be discussed in more detail in “Trends in Program Participation Among Immigrant and Native Households.”

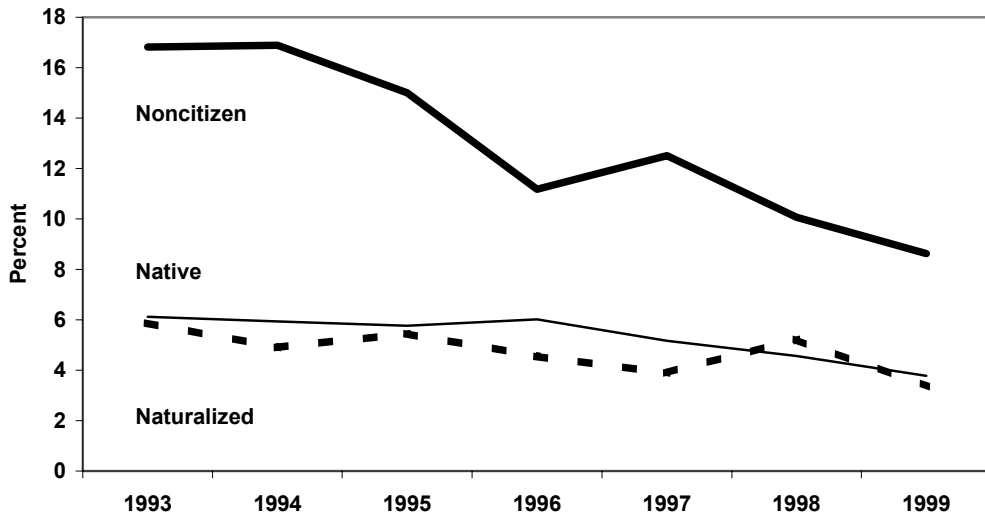
¹¹ In the CPS, the year of entry reported by immigrants is provided in collapsed groups (e.g., 1992–1994). An identification of entrants entered in the previous five years is not always possible; in some years, recent immigrants are identified as those who entered in the previous four or six years.

Figure 6
**Percent of Immigrant Households Receiving AFDC/TANF
 by Citizenship Status, 1993-1999**



Source: Calculations from re-weighted Current Population Surveys, March 1994 - March 2000.

Figure 7
**Percent of Immigrant Households Receiving Food Stamps
 by Citizenship Status, 1993-1999**



Source: Calculations from re-weighted Current Population Surveys, March 1994 - March 2000.

The Immigrant Proportion of Public-Assistance Participants Is Constant

At the same time that rates of public-assistance participation declined, the proportion of California households headed by immigrants rose to 28% of all California households. With the decline in participation offsetting the growth in population size, the proportion of participating households headed by an immigrant has remained relatively stable across the period, hovering at around 40% of the caseloads in each program (Table 2). The notable exception to this relatively steady trend occurred in the 1996–1998 period, when the proportion of AFDC, Food Stamp, and SSI households headed by immigrants dipped. In subsequent years, participation rates again increased to between 37% and 39%, but generally remained somewhat below those seen earlier in the decade.

	Year						
	1993	1994	1995	1996	1997	1998	1999
Households on AFDC/TANF	39.4	39.1	42.9	36.5	37.3	34.5	38.3
Households on Medi-Cal	41.4	41.0	44.1	41.6	38.7	39.1	42.4
Households on Food Stamps	42.3	42.6	43.4	34.2	38.3	39.0	39.2
Households with SSI	40.3	37.1	37.7	34.1	31.6	36.6	38.5

Source: Calculations from re-weighted Current Population Surveys, March 1994–March 2000.

EXPLANATIONS FOR DECLINING PARTICIPATION AMONG IMMIGRANTS

Three factors could have influenced immigrant households' declining rates of participation in public-assistance programs: (1) changes in demographic characteristics of immigrant and native households, (2) shifts in the economy, and (3) welfare and immigration policy changes.

Demographic Changes

Demographic characteristics strongly influence participation in public-assistance programs. For example, programs that are directed at households with children will be strongly affected by changes in fertility patterns. Participation in public-assistance programs is also associated with household heads that have characteristics that generally make labor-force attachment more difficult; the probability of participation in public-assistance programs is greater if the household head is young, female, unmarried, less educated, and when there are several children in the household.

At least some of the differences in program participation between native and immigrant households lie in these characteristics, and changes in rates of participation over the decade could also be linked to changes in these characteristics. To explore this possibility, we first pool data across years to create profiles of recipient populations. Each year in the pooled sample is drawn from households in the first year they are interviewed for the Current Population Survey. After constructing these profiles, we examined trends in participation while controlling for differences in household characteristics.

Profiles of Participant Households

Tables 3 and 4 provide two complementary ways of describing the characteristics of households receiving assistance. In Table 3, columns describe the characteristics of households participating in AFDC/TANF, Medi-Cal, Food Stamps, or SSI by the nativity status of the household head, with comparative figures for these populations as a whole. These figures allow us to contrast what types of households tend to participate in these programs, and how they differ by the nativity status of the head. For example, in the fourth row and first column of Table 3 (sex of the head of household) we find that 69.5% of all California households receiving AFDC/TANF have a female head of household. Broken down by nativity we find that 75.3% of native-headed households who receive AFDC/TANF have a female head of household compared with only 60.2% of immigrant-headed households receiving AFDC/TANF.

Households	AFDC/TANF			Medi-Cal			Food Stamps			SSI			Whole Population		
	All	Native	Immigrant	All	Native	Immigrant	All	Native	Immigrant	All	Native	Immigrant	All	Native	Immigrant
	819	505	314	2487	1488	999	1031	627	404	759	496	263	15303	11458	3845
Age of Head															
15–19	1.9	2.4	1.0	1.3	1.7	0.7	1.8	2.4	0.9	0.6	0.4	1.0	0.7	0.7	0.6
20–24	11.3	13.4	7.8	6.3	6.6	5.7	9.9	11.4	7.7	2.2	2.5	1.5	4.6	4.5	5.1
25–29	15.0	16.3	12.9	10.4	9.9	11.2	13.7	15.4	11.2	2.8	2.9	2.5	8.8	8.0	11.1
30–34	16.8	18.4	14.3	12.4	11.6	13.6	18.0	17.9	18.1	5.5	5.8	5.0	11.4	10.4	14.3
35–44	29.3	28.6	30.5	23.2	22.1	24.8	27.6	26.2	29.9	14.7	15.8	12.6	24.1	23.2	26.9
45–54	15.1	11.1	21.5	15.8	15.6	16.1	14.9	12.2	19.2	18.4	19.4	16.6	19.1	19.1	19.1
55–64	7.3	6.5	8.5	11.3	12.2	10.0	8.1	7.8	8.7	17.3	18.5	15.1	11.9	12.5	10.1
65+	3.4	3.4	3.4	19.3	20.3	17.9	5.9	6.9	4.4	38.5	34.7	45.7	19.4	21.6	12.8
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Education of Head															
8 th grade	21.7	6.1	46.8	22.5	8.4	43.5	21.4	6.1	45.1	24.7	16.7	39.8	8.6	2.7	26.2
9–12 th	25.2	26.7	22.8	18.7	19.2	18.1	23.9	25.0	22.3	16.5	17.9	13.9	8.5	7.1	12.5
HS graduate	30.5	37.4	19.5	27.5	33.3	18.8	28.9	35.6	18.5	23.6	27.4	16.4	23.8	25.3	19.3
Some College	15.3	21.8	4.9	15.5	21.6	6.5	16.2	23.1	5.5	15.9	20.2	7.8	21.5	24.9	11.4
AA Degree	4.1	5.6	1.9	5.6	6.9	3.7	4.8	6.0	3.0	5.9	6.1	5.3	8.9	10.0	5.6
Bachelor's	1.8	1.4	2.5	7.8	8.2	7.2	2.9	3.0	2.8	11.0	9.7	13.6	18.9	19.7	16.6
Advanced Degree	1.3	1.1	1.7	2.4	2.5	2.2	1.9	1.2	2.8	2.5	2.1	3.3	9.8	10.3	8.3
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Health of Head															
Has Disability	17.6	19.3	14.8	26.3	33.3	15.8	20.1	24.3	13.5	50.2	58.6	34.3	11.9	13.1	8.1
No Disability	82.4	80.7	85.2	73.7	66.7	84.2	79.9	75.7	86.5	49.8	41.4	65.7	88.1	86.9	91.9
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sex of Head															
Female	69.5	75.3	60.2	55.9	61.9	47.1	66.0	72.7	55.5	58.4	62.2	51.3	41.1	42.8	36.1
Male	30.5	24.7	39.8	44.1	38.1	52.9	34	27.3	44.5	41.6	37.8	48.7	58.9	57.2	63.9
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Marital Status of Head															
Married	32.3	21.3	50.1	42.9	31.5	59.8	36.1	23.2	56.0	34.9	26.7	50.2	53.9	50.6	63.6
Widowed	5.2	4.4	6.5	11.1	11.4	10.7	7.1	7.4	6.6	20.1	18.4	23.2	9.5	10.2	7.4
Divorced/Separated	28.5	33.4	20.6	23.1	29.7	13.1	26.3	31.9	17.6	25.5	32.3	12.6	17.6	19.5	11.9
Never Married	34.0	41.0	22.9	23.0	27.4	16.4	30.5	37.5	19.8	19.6	22.6	14.0	19.1	19.7	17.1
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Continued

Households	AFDC/TANF			Medi-Cal			Food Stamps			SSI			Whole Population		
	All	Native	Immi-grant	All	Native	Immi-grant	All	Native	Immi-grant	All	Native	Immi-grant	All	Native	Immi-grant
	819	505	314	2487	1488	999	1031	627	404	759	496	263	15303	11458	3845
Number of Adults															
1 Adult	42.0	50.1	28.8	34.5	42.7	22.2	38.9	47.3	26.0	41.6	46.7	32.0	30.6	33.9	20.8
2 Adults	39.0	37.6	41.2	41.5	40.1	43.6	44.3	42.4	47.4	33.0	32.3	34.3	53.5	54.5	50.7
3 + Adults	19.1	12.3	30.0	24.0	17.1	34.2	16.7	10.3	26.7	25.4	21.0	33.7	15.8	11.5	28.5
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Children															
no children	8.1	8.7	7.2	36.6	42.4	27.9	14.9	17.9	10.3	72.0	75.0	66.3	59.1	64.5	43.0
1 child	25.2	28.6	19.7	19.7	21.4	17.1	21.2	25.2	15.1	11.3	11.8	10.5	15.6	14.6	18.6
2 children	28.2	31.1	23.6	20.5	19.4	22.3	27.7	28.7	26.1	9.1	7.3	12.5	15.1	13.5	20.0
3 + children	38.5	31.6	49.5	23.2	16.8	32.7	36.1	28.2	48.4	7.6	5.9	10.7	10.1	7.4	18.4
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age of Children															
Has Child Under Age 6	57.0	57.2	56.6	36.6	30.8	45.2	52.6	50.2	56.2	9.6	8.8	11.0	19.8	16.4	30.1
No Children Under Age 6	43.0	42.8	43.4	63.4	69.2	54.8	47.4	49.8	43.8	90.4	91.2	89.0	80.2	83.6	69.9
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Earners															
0	36.4	36.8	35.8	36.9	41.6	29.8	35.6	37.4	33.0	61.0	63.7	55.7	19.9	21.1	16.3
1	38.4	38.3	38.6	31.8	31.4	32.3	40.0	39.6	40.5	22.0	21.8	22.4	34.7	35.4	32.7
2	19.6	20.1	18.9	21.8	19.9	24.6	19.4	19.1	19.8	12.0	10.2	15.4	35.1	35.2	34.9
3 or more	5.6	4.8	6.7	9.5	7.0	13.2	5.0	3.9	6.7	5.1	4.3	6.5	10.2	8.3	16.0
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Poverty Ratio**															
under 1.00	62.2	60.1	65.5	39.5	36.3	44.2	63.5	60.7	67.8	26.8	26.6	27.3	13.3	10.4	22.0
1.00 to 1.49	17.4	17.8	16.6	21.9	21.2	22.9	19.8	19.6	20.1	31.0	28.7	35.3	10.1	8.5	14.9
1.50 to 1.99	8.0	7.8	8.1	11.0	10.3	12.1	7.7	8.7	6.1	13.0	12.9	13.1	8.9	7.9	12.0
2.00 to 2.99	8.0	9.3	5.9	12.2	14.0	9.6	6.8	8.2	4.6	13.1	14.4	10.6	15.2	14.9	15.8
3.00 to 3.99	2.0	2.5	1.1	6.3	7.5	4.4	1.1	1.6	0.2	7.7	8.7	5.7	13.2	14.2	10.1
4.00 to 4.99	0.9	0.6	1.4	3.4	4.1	2.4	0.3	0.1	0.5	2.9	3.3	2.1	10.3	11.2	7.8
5.00 and over	1.6	1.8	1.2	5.7	6.6	4.4	0.9	1.1	0.6	5.5	5.3	5.9	28.9	32.8	17.3
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
* Note: Actual percentages may not total to exactly 100.0% due to rounding.															
** The poverty ratio is the ratio of family income to the official poverty threshold. The poverty threshold varies by family size and composition and considers only pre-tax money income.															
Source: Calculations from re-weighted Current Population Surveys, March 1994–March 2000 Pooled Data.															

In Table 4, the same benefits columns are shown, but figures represent program participation rates within each demographic category. For example, the same table cells in Table 4 indicate that 9.1% of all California female headed-households receive AFDC/TANF as compared to 2.8% of all California male headed-households. Among natives and immigrants, we find that 7.8% of native California female-headed households receive AFDC/TANF compared to 13.6% of immigrant California female-headed households.

Table 4
**Percentage of California Recipient Households with Selected Characteristics
That Receive Public Assistance (1994–2000 Pooled Data)**

Households	AFDC/TANF			Medi-Cal			Food Stamps			SSI		
	All	Native	Immi- grant	All	Native	Immi- grant	All	Native	Immi- grant	All	Native	Immi- grant
	5.4	4.4	8.2	16.3	13	26	6.7	5.5	10.5	5	4.3	6.8
Age of Head												
15–19	14.2	14.3	14.3	31.1	31	33.3	17	17.9	19	4.7	2.4	14.3
20–24	13	13.3	12.8	22.1	19.4	29.2	14.5	13.9	15.9	2.4	2.5	2.1
25–29	9.2	8.9	9.6	19.3	16	26.3	10.6	10.5	10.6	1.6	1.5	1.6
30–34	7.9	7.8	8.2	17.7	14.5	24.7	10.6	9.4	13.2	2.4	2.4	2.4
35–44	6.5	5.4	9.3	15.6	12.4	24	7.7	6.2	11.7	3	2.9	3.2
45–54	4.2	2.6	9.3	13.4	10.6	21.9	5.3	3.5	10.5	4.8	4.4	6
55–64	3.3	2.3	6.9	15.4	12.7	25.7	4.6	3.4	9	7.2	6.4	10.3
65+	0.9	0.7	2.2	16.2	12.2	36.2	2.1	1.7	3.7	9.8	7	24.4
Education of Head												
8 th grade	13.5	9.9	14.6	42.3	39.7	43	16.7	12.2	18	14.2	26.6	10.4
9–12th	15.8	16.5	14.8	35.8	34.8	37.6	18.9	19	18.7	9.6	10.9	7.5
HS graduate	6.9	6.5	8.2	18.8	17.1	25.2	8.2	7.7	10.1	4.9	4.7	5.8
Some College	3.8	3.9	3.7	11.7	11.3	14.8	5.1	5.1	5	3.7	3.5	4.6
AA Degree	2.5	2.5	2.8	10.3	9	17.3	3.7	3.3	5.6	3.2	2.6	6.5
Bachelors	0.5	0.3	1.3	6.7	5.4	11.3	1	0.8	1.7	2.9	2.1	5.6
Advanced Degree	0.7	0.4	1.6	3.9	3.1	6.9	1.3	0.7	3.4	1.3	0.8	2.8
Health of Head												
% with disability	7.9	6.5	15.1	36	32.9	50.6	11.4	10.1	17.3	21	19.4	28.8
Sex of Head												
Female	9.1	7.8	13.6	22.1	18.8	33.9	10.8	9.3	16.1	7	6.3	9.7
Male	2.8	1.9	5.1	12.2	8.6	21.5	3.9	2.6	7.3	3.5	2.9	5.2
Marital Status of Head												
Married	3.2	1.8	6.4	12.9	8.1	24.4	4.5	2.5	9.2	3.2	2.3	5.4
Widowed	3	1.9	7	19	14.5	37.7	5	4	9.5	10.5	7.8	32
Divorced/Separated	8.7	7.5	14.3	21.3	19.8	28.7	10.1	8.9	15.6	7.2	7.2	7.2
Never Married	9.6	9.2	10.9	19.6	18	24.9	10.8	10.4	12.2	5.1	5	5.6
Number of Adults												
1 Adult	7.3	6.5	11.4	18.3	16.3	27.8	8.6	7.6	13.1	6.7	6	10.5
2 Adults	3.9	3	6.6	12.6	9.6	22.4	5.6	4.3	9.8	3.1	2.6	4.6
3+ Adults	6.4	4.7	8.6	24.6	19.3	31.1	7.1	4.9	9.8	8	7.9	8.1
Number of Children												
no children	0.7	0.6	1.4	10.1	8.5	16.9	1.7	1.5	2.5	6	5	10.5
1 child	8.6	8.6	8.7	20.5	19.1	23.9	9.2	9.5	8.5	3.6	3.5	3.9
2 children	10	10.2	9.6	22	18.6	28.9	12.4	11.6	13.8	3	2.3	4.3
3+ children	20.3	18.9	22.1	37.2	29.6	46.3	24	20.9	27.7	3.7	3.4	4

Continued

	AFDC/TANF			Medi-Cal			Food Stamps			SSI		
	All	Native	Immi-grant	All	Native	Immi-grant	All	Native	Immi-grant	All	Native	Immi-grant
Age of Children % with child < 6	15.4	15.4	15.4	30	24.4	39	17.9	16.8	19.6	2.4	2.3	2.5
Number of Earners												
0	9.8	7.7	18.1	30.1	25.6	47.6	12	9.7	21.2	15.2	13.1	23.3
1	5.9	4.8	9.6	14.9	11.5	25.7	7.8	6.1	13	3.1	2.7	4.7
2	3	2.5	4.4	10.1	7.3	18.3	3.7	3	6	1.7	1.2	3
3 or more	2.9	2.5	3.4	15.1	10.9	21.4	3.3	2.5	4.4	2.4	2.2	2.8
Poverty Ratio**												
under 1.00	24.9	25.3	24.4	48.1	45.2	52.3	32	31.8	32.4	10	11	8.5
1.00 to 1.49	9.2	9.3	9.1	35.3	32.4	40	13.2	12.7	14.2	15.2	14.7	16.3
1.50 to 1.99	4.7	4.4	5.6	20	14.9	26.2	5.8	6.1	5.4	7.2	7.1	7.4
2.00 to 2.99	2.8	2.7	3.1	13.1	12.2	15.8	3	3	3.1	4.3	4.2	4.6
3.00 to 3.99	0.8	0.8	1	7.7	6.9	11	0.5	0.6	0.3	2.9	2.6	3.8
4.00 to 4.99	0.5	0.2	1.3	5.4	4.8	8	0.2	0.1	0.7	1.4	1.2	2
5.00 and over	0.3	0.2	0.6	3.2	2.6	6.6	0.2	0.2	0.3	0.9	0.7	2.2
<p><i>Note: Percentages in this table are taken out of the total California population; therefore, they do not sum to 100%.</i></p> <p><i>** The poverty ratio is the ratio of family income to the official poverty threshold. The poverty threshold varies by family size and composition and considers on pre-tax money income.</i></p> <p><i>Source: Calculations from re-weighted Current Population Surveys, March 1994–March 2000 Pooled Data.</i></p>												

In this section we report only comparisons between native and the broad definition of immigrant households (including both noncitizen and naturalized immigrant households). One must keep in mind that immigrant recipients who are naturalized citizens more closely resemble the demographic characteristics of native recipients than they do those of noncitizen immigrant recipients.

Age of Head. Table 4 indicates that California households with a younger head are more likely to receive AFDC/TANF, Medi-Cal, and Food Stamps. For the young households traditionally considered most at risk, participation rates are similar for natives and immigrants; among households with older heads, immigrant-headed households are two to three times more likely to receive public assistance. Although younger householders may have a greater propensity to participate in AFDC/TANF, Medi-Cal, and Food Stamp programs, it is not the case that young households make up the majority of these caseloads at any given point in time. Table 3 shows that the largest percentage of recipient households fall into the 35–54 age range.

Unlike the trend for AFDC/TANF, Medi-Cal, and Food Stamps, households headed by older adults are much more likely to receive SSI than households headed by younger members (see Table 4). Older-immigrant headed households (age 45 and up) are about twice as likely as older native-headed households to receive SSI. Because native-headed households are much more likely to have older heads (see Whole Population column in Table 3), the differences in overall

rates of SSI receipt between natives and immigrants are smaller than they would be if the age distribution among immigrants and natives were more nearly equal.

Education. Education is strongly linked to participation in the four public-assistance programs examined. Table 4 indicates that household heads with less than a high school degree are twice as likely to receive AFDC, Medi-Cal, food stamps, and SSI than household heads who are high school graduates. For example, about 16% of household heads who have completed only grades 9–12 receive AFDC/TANF compared to 7% of household heads who have a high school degree. If the household head has some college or an associate degree completed, the likelihood of receiving aid decreases by a few percentage points. Barely 1% of households with a bachelor’s or other advanced degrees receive AFDC or food stamps in California, although a slightly greater proportion receive Medi-Cal and SSI (11% and 4%, respectively).

Education strongly differs between native and immigrant heads of recipient households. According to Table 3, nearly half of all immigrant-headed households receiving AFDC/TANF or food stamps did not enter high school, while this was true of only 6% of recipient native households. Among the least educated, immigrants report higher levels of participation in AFDC/TANF and Food Stamp programs than natives. Table 4 indicates that 15% of immigrant householders with an 8th grade level of education receive AFDC/TANF compared with only 10% of similarly educated native householders. Among households with some high school or more completed, however, natives and immigrants tend toward similar levels of program participation. Table 4 shows only a two-percentage-point difference in AFDC/TANF receipt among native and immigrant householders with some high school or high school completed, and a negligible difference in AFDC/TANF receipt between immigrants and natives with some college or an associate’s degree completed.

In contrast to AFDC/TANF, Medi-Cal, and food stamps, SSI receipt is much higher among less educated native households than among similarly educated immigrant households (27% of native householders with an 8th grade-only education receive SSI compared to only 10% of immigrant householders with an eighth grade-only education). Immigrant householders who have a high school education or postsecondary education have higher rates of participation in SSI than natives who have completed high school or a postsecondary degree.

Health. The health of the household head plays more of a role in the likelihood of public assistance receipt of Medi-Cal, food stamps, and SSI than it does for AFDC/TANF. Table 4 shows that only 8% of California households with a disabled head receive AFDC/TANF. A slightly larger proportion (11%) of disabled-headed households receive food stamps. A much larger proportion of all disabled-headed households in California receive Medi-Cal and SSI (about one-third and one-fifth, respectively). Immigrant households with a disabled head are more likely than disabled native households to receive assistance from any of the four programs. Immigrant households with a disabled head are about twice as likely as native households with a disabled head to receive AFDC/TANF and Food Stamp benefits, and are approximately one and a half times more likely to receive Medi-Cal or SSI.

Sex, Marital Status of Head, and Number of Adults in the Household. Overall, households headed by women are approximately three times more likely to receive AFDC and food stamps, and two times more likely to receive Medi-Cal and SSI than households headed by men (see Table 4). There is somewhat less of a gender difference in public-assistance receipt among immigrant-headed households than among native-headed households. Immigrant households headed by women are three times more likely to receive AFDC/TANF than immigrant households headed by men, while native households headed by women are four times more likely to receive AFDC/TANF as native male-headed households. Immigrant households headed by women are twice as likely to receive food stamps as immigrant households with a male head, while native female-headed households are 3.5 times as likely to receive food stamps as native male-headed households. Gender differences in Medi-Cal and SSI receipt among natives and immigrants are somewhat less dramatic than those for AFDC/TANF and the food stamp program, although the basic trend is similar.

Among households that receive public assistance, immigrant households are less likely to be headed by a woman than are native households. For example, Table 3 shows that 75% of native AFDC/TANF recipient households are headed by a woman compared to only 60% of immigrant recipient households. This finding is related to the sharp difference in composition between immigrant and native recipient households: Half of immigrant recipient households are married, and three-quarters contain at least two adults. In contrast, only 20%–30% (depending on the program) of native recipient households are married, and approximately one-half contain two or more adults (see Table 3). Nonetheless, within each marital status category, immigrant-headed households are more likely to receive benefits than native households (see Table 4). Married immigrant households are about three times more likely than married native households to participate in the AFDC/TANF, Food Stamp, and Medi-Cal programs.

Number and Age of Children in the Household. With the exception of SSI, the more children there are in a household, the more likely the household is to receive public assistance. Table 4 indicates that 20% of households with three or more children in them receive AFD/TANF compared to 8.6% of households with one child. Controlling for the number of children in a household, participation rates for natives and immigrants in AFDC/TANF and food stamps are similar. However, nearly half of immigrant-headed households receiving these types of aid have three or more children, while less than a third of native-headed participants have three or more children.

Households with young children are also more likely to receive assistance. Of those households who receive AFDC/TANF and food stamps, more than half (immigrant and native households alike) have at least one child under the age of six (see Table 3). Recipency rates for AFDC/TANF and Food Stamp programs are similar for native and immigrant households when matched on the number of children or presence of young children in the household. However, the same does not hold true of Medi-Cal recipency, which is approximately 1.5 times higher for immigrant-headed households regardless of the number or age of children in the household (see Table 4).

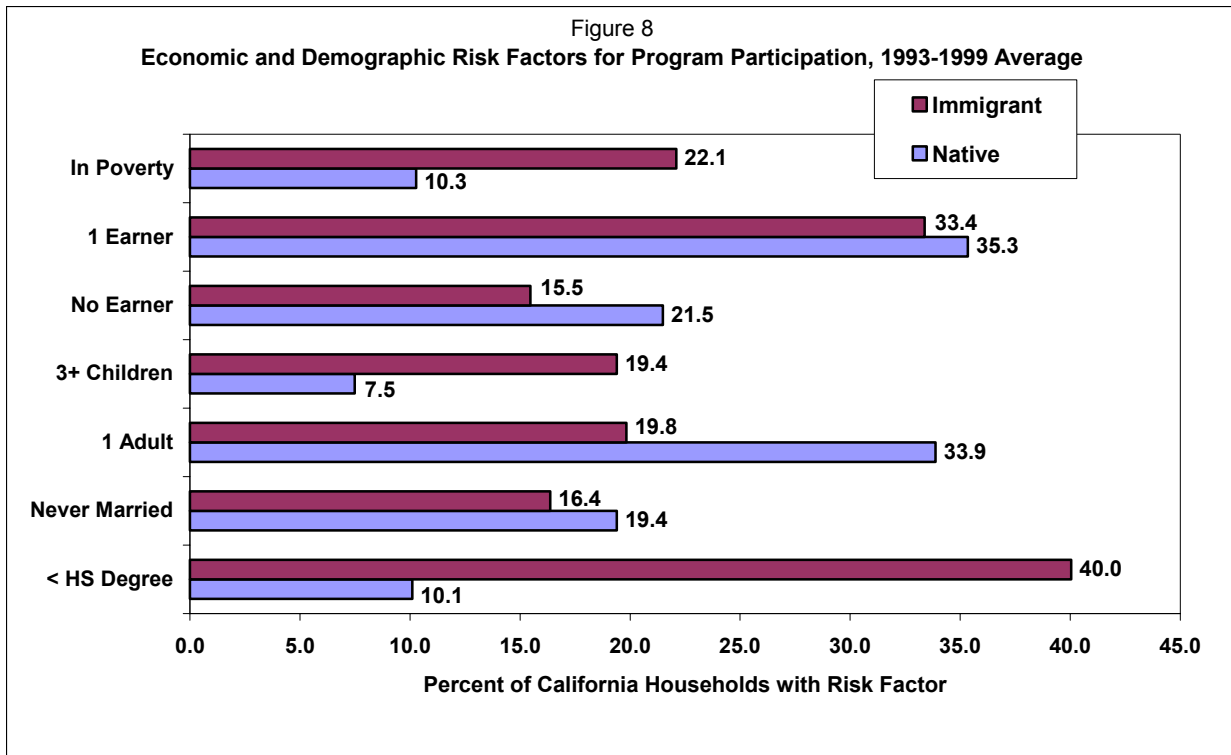
Profile Summary

Program participation other than SSI receipt is clearly associated with the presence of household heads who have characteristics that impede labor-force participation (i.e., being young, female, unmarried, and less educated). Program participation also increases with the presence and number of children in the household, and disabilities of the head. Participation generally declines as the number of adults, earners, and income in a household increases. Participation is also less prevalent among households headed by older or more educated persons. These associations tend to hold true for both native and immigrant-headed households, but in general, certain characteristics associated with higher levels of program participation are more prevalent among immigrant households.

However, even though several high-risk characteristics are more prevalent among immigrant households (low education, more children in the household, and being poor: see Table 5 and Figure 8), households with characteristics that would be considered “low-risk” for participation in public-assistance programs (such as being married or having multiple adults in the household) are also much more common among immigrant recipients. This finding suggests that, among immigrant households, other variables may be overpowering the expected effects of these “low-risk” characteristics. For example, the interaction between educational background and wages may offset the presence of multiple adult earners in a household: The combined earnings of two or more adult earners in an immigrant household may be insufficient to support the family if the adults can find only low-wage, part-time work. We intend to examine these and other possible explanatory factors in greater depth in our next report.

		Year						
		1994	1995	1996	1997	1998	1999	2000
Native	< HS Degree	11.5	10.2	10.0	10.3	10.0	9.7	9.0
	Never Married	18.0	18.9	20.0	19.7	18.9	20.3	19.8
	1 Adult	31.4	34.3	33.9	34.2	33.2	34.8	35.4
	3+ Children	8.2	7.2	7.3	7.0	7.7	7.5	7.6
	No Earner	22.0	21.6	22.5	22.8	21.4	20.7	19.4
	1 Earner	33.6	34.1	35.7	34.7	35.3	36.5	37.5
	In Poverty	10.9	11.0	10.2	10.4	10.2	9.9	9.2
Immigrant	< HS Degree	38.8	43.6	43.9	38.5	39.7	40.1	35.7
	Never Married	15.1	15.5	15.5	17.0	17.1	17.2	17.1
	1 Adult	17.2	18.8	21.1	21.0	21.0	21.5	18.2
	3+ Children	21.3	21.1	19.8	18.2	17.5	18.9	18.9
	No Earner	17.2	18.1	16.6	16.0	14.2	13.9	12.2
	1 Earner	31.5	31.9	33.9	34.1	33.6	34.3	34.4
	In Poverty	24.5	25.5	22.8	23.9	21.7	19.7	16.6

Source: Calculations from re-weighted Current Population Surveys, March 1994–March 2000.



The California Economy Background

California's economy experienced a steep recession beginning in 1989 that bottomed out only in late 1993. During this period, the state lost 720,000 jobs. It took until 1997 for the state to recoup these lost jobs in the sharp upturn that followed. The impact of the 1989–1993 recession varied markedly by region. Southern California was hit earlier and harder because of the decline in the aerospace and construction industries. The recovery started earlier and has been stronger in the north, partly owing to the computer technology sector in the Silicon Valley. The impact of the recession was mildest in the Central Valley.¹²

California experienced a strong economic upturn from 1994 to 2000 that improved employment and income opportunities for every sector of its population. Californians held 13.5 million jobs in 1998: 7.4 million (55% of the total) in Southern California, 3.2 million (25%) in the Bay Area, 2.1 million (15%) in the Central Valley, 0.5 million (4%) in the Central Coast, and 0.2 million (1%) in the rest of the state.¹³ In 1999–2000, the unemployment rate had declined to 4.9% from over 9% in 1994; during the same period the labor force grew at 2.9% annually, and the annual growth rates in civilian and nonfarm employment were 3.1% and 3.4%, respectively.

¹² Legislative Analyst's Office (1998).

¹³ Ibid.

Economic Characteristics of Immigrant Households

Immigrant Public-Assistance Participants Are Now More Likely to Report Earnings

Since 1994, immigrant households have seen both a substantial increase in labor-force attachment and a decline in poverty. From 1994 to 2000 there has been a decline in the proportion of AFDC/TANF recipients with no income from earnings and an increase in the proportion who derive 75% or more of their income from earnings (Table 6). This trend is found for both immigrants and natives. In 1993, immigrant AFDC participants were less likely than natives to report any income from earnings, but by 1995 this relationship had reversed. Generally from 1995 forward, immigrant AFDC/TANF participants were more likely than native participants to report earnings. In 1999, 83% of immigrant participant households reported some income from earnings, whereas only 77% of native participant households did so. Note that this trend in immigrant earnings preceded the enactment of PRWORA (Table 6).

	Year						
	1993	1994	1995	1996	1997	1998	1999
All Households							
No Income from Earnings	42.1	42.5	39.0	40.7	32.8	32.8	21.1
Any Income from Earnings	57.9	57.5	61.0	59.3	67.2	67.2	78.9
75+% Income from Earnings	21.3	21.8	23.3	16.4	20.5	21.3	36.6
Immigrant Households							
No Income from Earnings	44.8	42.6	36.4	33.7	33.9	23.0	17.5
Any Income from Earnings	55.2	57.4	63.6	66.3	66.1	77.0	82.5
75+% Income from Earnings	20.6	21.4	25.9	22.6	19.3	24.4	42.9
Native Households							
No Income from Earnings	40.4	42.5	40.9	44.7	32.1	37.9	23.5
Any Income from Earnings	59.6	57.5	59.1	55.3	67.9	62.1	76.5
75+% Income from Earnings	21.8	22.1	21.2	12.8	21.2	19.6	32.6
<i>Source: Calculations from re-weighted Current Population Surveys, March 1994–March 2000.</i>							

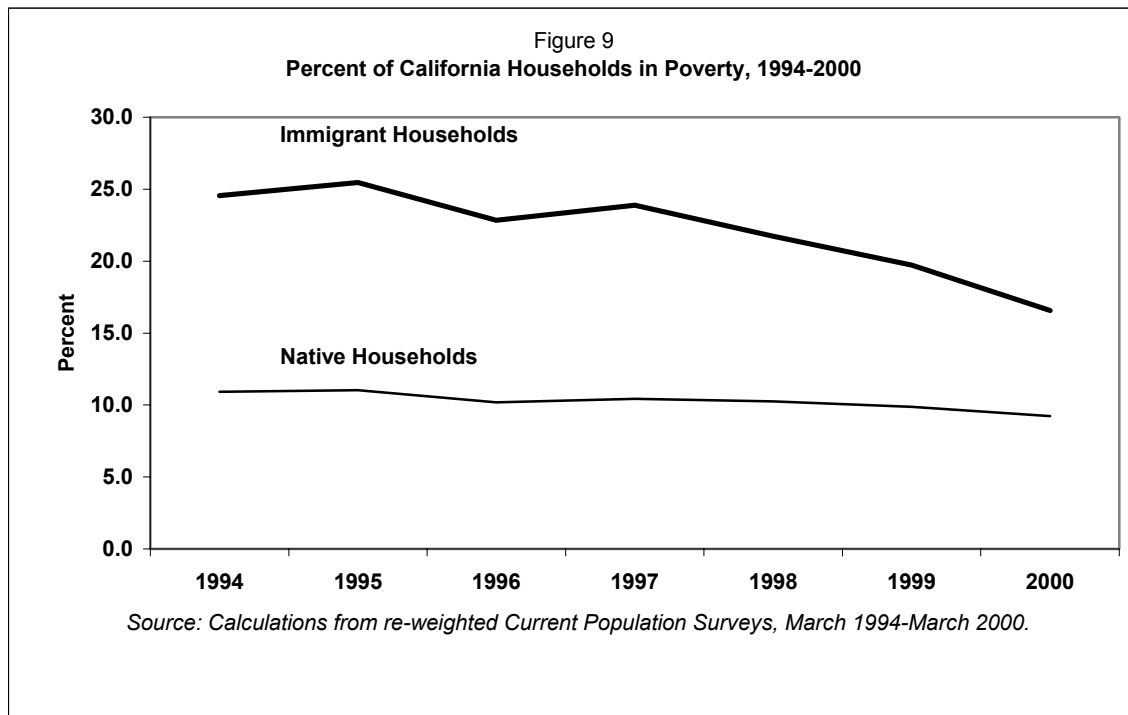
Increase in Labor-Force Attachment Among Poor Immigrant Households

There have been increases in labor-force attachment among poor households (under 200% of the poverty line) who do not receive AFDC/TANF. These increases have been more marked among immigrant households than among native households (Table 7). In 1993, about 44% of poor immigrant households reported receiving all of their income from earnings; by 1999, this percentage rose to 54%. Among poor natives, only 21% reported receiving all of their income from earnings in 1993, and this percentage increased to only 27% by 1999. Not only are immigrant households more likely than native households to obtain a greater proportion of their incomes from their own earnings, but poor immigrant households not receiving public assistance are more likely to replace these forgone welfare subsidies with earnings.

	Year						
	1993	1994	1995	1996	1997	1998	1999
All Households							
0%	37.0	36.9	38.5	37.1	35.6	36.2	33.4
100%	29.6	32.2	33.6	34.9	37.5	35.6	37.7
Immigrant Households							
0%	22.5	23.0	24.4	24.4	21.4	21.8	21.1
100%	43.9	47.2	47.3	49.8	55.0	52.9	53.6
Native Households							
0%	45.4	45.9	48.9	45.8	44.4	45.8	41.9
100%	21.4	22.6	23.5	24.6	26.6	24.1	26.7

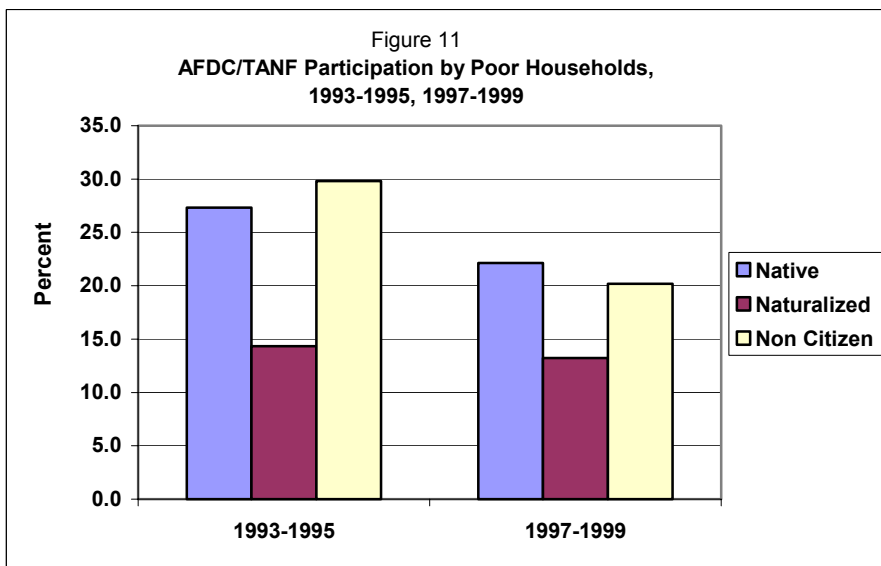
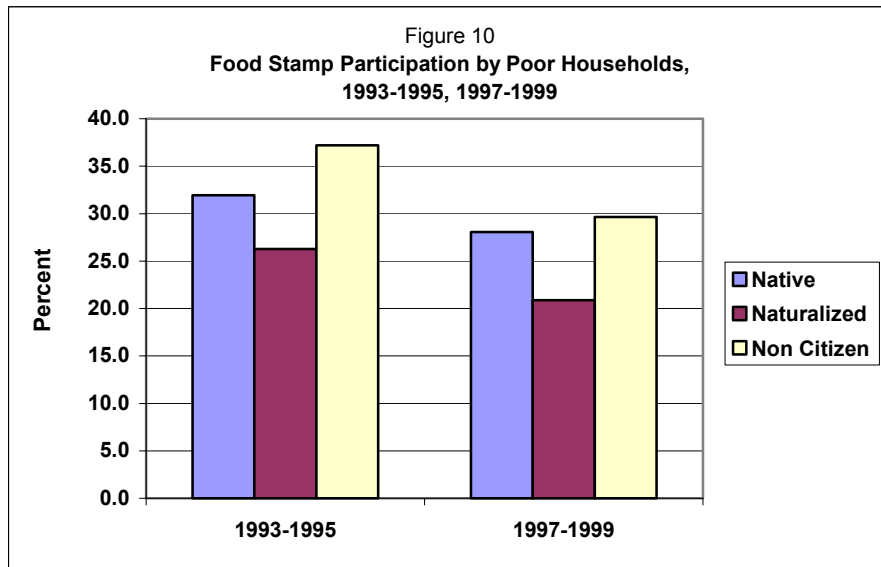
Source: Calculations from re-weighted Current Population Surveys, March 1994–March 2000.

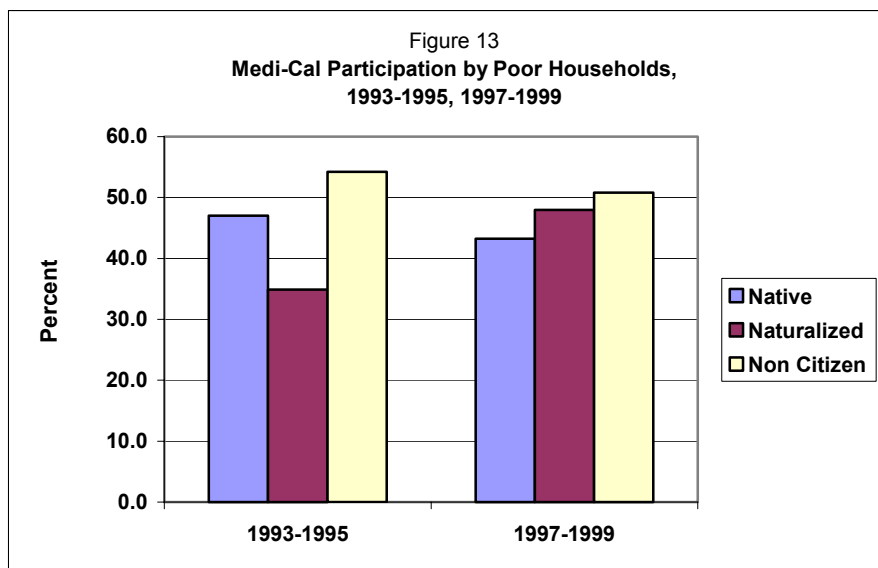
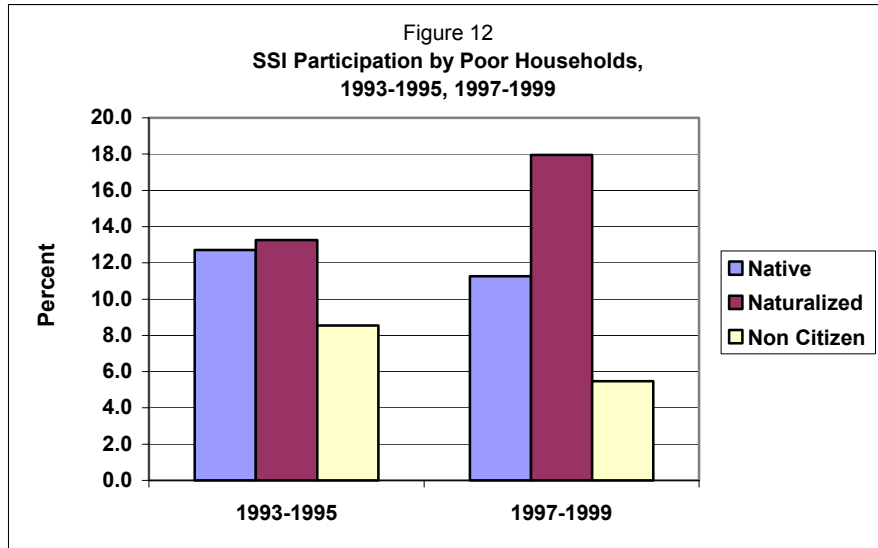
Decline in Immigrant Poverty. Immigrant households have experienced a greater decline in poverty over the past decade than have native households (Figure 9). The poverty rate among immigrant households has declined substantially since the mid-1990s, from 25% in 1994 to 17% in 2000. The poverty rate among natives has remained stable at approximately 10%.



Despite the steeper decline in the poverty rate among immigrant households, immigrants in California remain more impoverished than natives. When considering the entire period from 1993 to 1999, impoverished noncitizen immigrants are more likely than natives to participate in AFDC/TANF and Food Stamp programs. However, the greater participation in AFDC/TANF

and Food Stamp programs among poor noncitizen immigrants primarily occurred in the early part of the decade (1993–1995). In later years (1997–1999), poor noncitizen immigrants became more nearly equal with natives in Food Stamp participation (Figure 10) and dropped below natives in AFDC/TANF participation (Figure 11). In the earlier part of the decade, poor noncitizen immigrants were considerably less likely than natives to participate in SSI, and the gap grew even wider in the latter half of the decade. Poor naturalized immigrants, however, greatly increased their participation in SSI during the latter half of the decade (Figure 12). Although there were declines in participation among both groups, poor noncitizen immigrants remained more likely than natives to participate in Medi-Cal in both the early and later parts of the decade (Figure 13).





California's economic expansion in the second half of the 1990s undoubtedly contributed to an improvement in the incomes of immigrant families. However, many of California's immigrants remain in precarious labor-market positions. An economic downturn could easily force many low-income immigrant families to seek public assistance once again.

Controlling for Number of Earners Does Not Eliminate the Difference Between Native and Immigrant Participation. Our analysis of CPS data indicates that economic characteristics at the level of individual households, such as the number of earners in the household and the poverty status of the household, greatly affect the probability of welfare participation. Dual-earner households are less likely to report receiving public assistance than single-earner households, but households with three or more earners become as likely or slightly *more* likely to receive public assistance than households with two earners (see Table 4). This is equally true for both native and immigrant households. However, no matter how many earners they have, a greater percentage of immigrant households report receiving assistance than native households. For

instance, dual-earner immigrant-headed households are nearly twice as likely to receive AFDC, Medi-Cal, Food Stamps, or SSI as dual-earner native households.

Welfare Policy

Because of state-funded substitute programs, immigrant eligibility in California for public-assistance programs has not been as restricted as it has been in other states. However, there is some evidence that immigrants are no longer enrolling themselves or their children in public-assistance programs to the same extent as they had prior to reform.

Wendy Zimmermann and Michael Fix of the Urban Institute studied Medi-Cal, AFDC/TANF, and General Assistance approvals in Los Angeles county from January 1996 to January 1998.¹⁴ They found that monthly approvals of noncitizen-headed Medicaid and TANF cases dropped by 52% over the two-year period, while the approval of citizen-headed cases showed no decline at all. Similarly, declines in application approvals from 1996 to 1998 were large among citizen children of noncitizen parents (a 48% decline overall). In contrast, there was actually a 6% increase in application approvals among citizen children of citizen parents during 1996–1998.

Noncitizen and Recent Immigrants Have the Largest Decline in Benefit Receipt

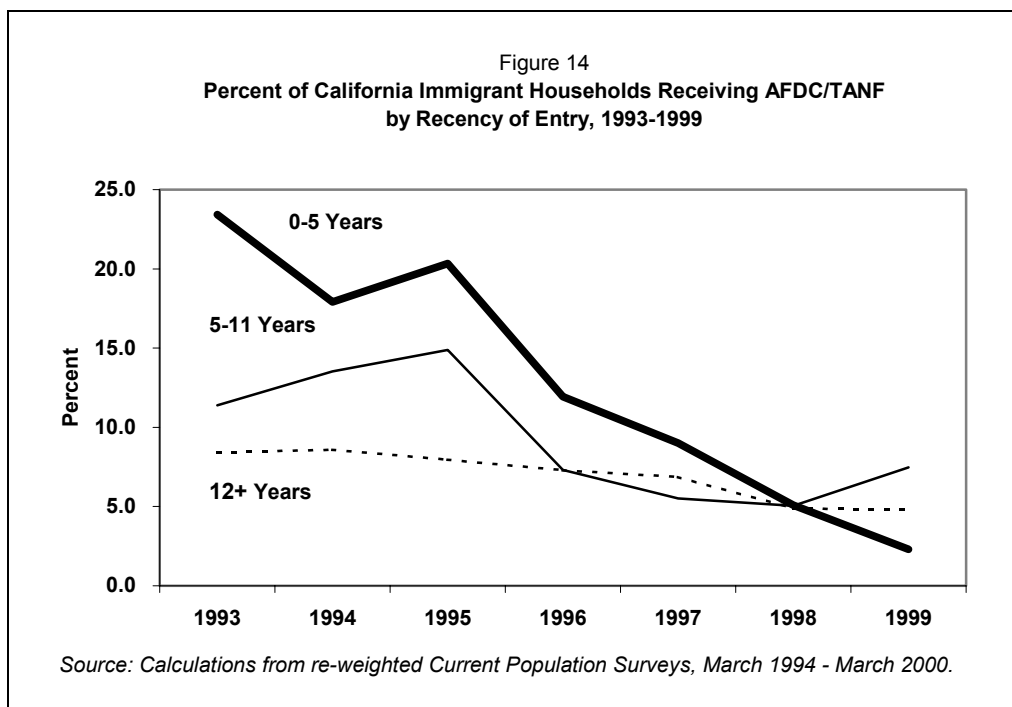
The 1996 federal welfare reforms created a divide between noncitizen immigrants who had entered the country recently (after 1996) and those who were long-time residents. Welfare-reform policy specifically sought to restrict aid to noncitizen immigrants entering the country after the enactment of reform. Our findings show that it is indeed households headed by immigrants of more recent entry that have undergone the most dramatic declines in benefit receipt.

Immigrants residing in the United States for five years or less make up only 10% of all immigrant-headed households, but contributed heavily to the decline in participation. Reductions in receipt of AFDC/TANF and food stamps—the programs with the strongest trends over the decade—are particularly dramatic among noncitizens (see Figures 6 and 7) and recent immigrants (Table 8). In 1993, nearly a quarter of households headed by immigrants who had entered in the previous five years reported receiving AFDC benefits; in 1999, less than 3% reported receiving such benefits (Table 8 and Figure 14). Similar declines are noted in food stamp receipt, while rates of Medi-Cal and SSI receipt dropped by two-thirds in the same period.

¹⁴ Zimmermann and Fix (1998).

Entry	Year						
	1993	1994	1995	1996	1997	1998	1999
AFDC/TANF							
0-5 yrs	23.4	17.9	20.3	11.9	9.0	5.1	2.3
5-11	11.4	13.5	14.9	7.3	5.5	5.0	7.5
12+ yrs	8.4	8.6	8.0	7.3	6.9	4.9	4.8
Food Stamps							
0-5 yrs	24.5	20.2	16.7	13.3	10.8	8.8	2.3
5-11	14.8	15.3	17.1	9.6	10.3	9.1	8.7
12+ yrs	11.2	11.2	10.1	7.7	8.6	7.7	6.2
Medi-Cal							
0-5 yrs	35.2	38.3	30.3	30.6	17.6	17.1	10.6
5-11	26.4	37.0	37.1	31.1	27.7	32.9	26.4
12+ yrs	24.6	25.6	26.6	23.4	22.2	20.4	24.3
SSI							
0-5 yrs	8.9	8.5	8.2	3.2	0.0	2.5	2.7
5-11	5.5	6.0	7.2	5.6	4.9	6.9	6.3
12+ yrs	9.3	7.7	7.2	7.2	6.0	6.1	8.0

Source: Calculations from re-weighted Current Population Surveys, March 1994-March 2000.



Steeper Decline in Participation Among Immigrants Remains After Household Characteristics Are Held Constant

Examination of household profiles over time indicates that while the proportions of households in some “high-risk” categories have declined, changes related to household composition, marital status, and education are moderate and similar for both native and immigrant households. Nonetheless, some differences in participation trends between native and immigrant households may be partly attributed to differing household or householder characteristics.

In this section, the likelihood that households will participate in selected public-assistance programs is examined in a multivariate setting, allowing the simultaneous consideration of household characteristics, nativity, and time trends. After controlling for economic and noneconomic characteristics, immigrant participation still showed sharper declines than were found among natives.

Tables 9–12 predict participation in the four major public-assistance programs in 1993–1995 and 1997–1999. Table 9 predicts AFDC/TANF participation, Table 10 predicts Food Stamp participation, Table 11 predicts Medi-Cal participation, and Table 12 predicts SSI participation. Each of the three columns within these tables describes a different model for estimating the probability of participation in a particular program. The first model provides estimates of only the effects of nativity, time, and changes in nativity over time. The second model adds in household demographic characteristics—age, education, sex of the household head, and household composition—to examine the extent to which native-immigrant differences remain after controlling for risk factors. The third model adds an indicator of household poverty level. With this broad measure of financial well-being we aim to investigate whether native-immigrant differences remain after setting aside the impact of the improving economy.

	Model 1: Nativity and			Model 2: Plus Household Demographics			Model 3: Plus Poverty		
	Coef-ficient	SE	Odds	Coef-ficient	SE	Odds	Coef-ficient	SE	Odds
Nativity									
Immigrant	0.527	0.184	1.694	-0.275	0.213	0.760	-0.504	0.227	0.604
Native (excluded category)									
Age									
< 25				0.633	0.134	1.883	0.224	0.141	1.251
25+ (excluded category)									
Education									
< HS				0.781	0.105	2.184	0.365	0.111	1.441
HS (excluded category)									
> HS				-1.137	0.104	0.321	-0.814	0.112	0.443
Composition									
No Children				-2.540	0.137	0.079	-2.568	0.138	0.077
1 Adult- 1 Child				0.568	0.148	1.765	0.329	0.158	1.390
2+ Adult w/ Children (excluded category)									
1 Adult - 2+ Children				1.542	0.115	4.674	1.001	0.126	2.721
Sex of Head									
Male				-1.028	0.078	0.358	-0.804	0.097	0.448
Female (excluded category)									
Poverty Level									
Less than 1.5 Times Poverty							2.268	0.107	9.660
1.5 to 3 Times Poverty							1.666	0.115	5.291
3 Times Poverty (excluded category)									
Year									
1993	-0.046	0.161	0.955	0.004	0.187	1.004	-0.019	0.201	0.981
1994	0.078	0.154	1.082	0.192	0.178	1.212	0.185	0.191	1.203
1995	-0.056	0.161	0.945	0.130	0.184	1.139	0.180	0.197	1.197
1996 (excluded category)									
1997	-0.371	0.173	0.690	-0.336	0.197	0.715	-0.350	0.211	0.705
1998	-0.255	0.169	0.775	-0.420	0.194	0.657	-0.410	0.207	0.664
1999	-0.588	0.190	0.556	-0.516	0.212	0.597	-0.467	0.227	0.627
Immigrant*Year									
1993	0.440	0.259	1.553	0.742	0.299	2.100	0.755	0.317	2.128
1994	0.374	0.241	1.454	0.319	0.281	1.376	0.323	0.292	1.381
1995	0.156	0.253	1.169	0.008	0.297	1.008	0.082	0.305	1.085
1996 (excluded category)									
1997	0.099	0.272	1.104	0.070	0.318	1.073	0.148	0.324	1.160
1998	-0.340	0.285	0.712	-0.254	0.328	0.776	-0.254	0.337	0.776
1999	0.026	0.322	0.974	0.286	0.360	1.331	0.330	0.370	1.391

Note: Shaded odds are not statistically significant.

Source: Calculations from re-weighted Current Population Surveys, March 1994 - March 2000.

Table 10 Logistic Regression Models Predicting Food Stamp Participation, 1993–1995, 1997–1999									
	Model 1: Nativity and Time			Model 2: Plus Household Demographics			Model 3: Plus Poverty		
	Coef- ficient	SE	Odds	Coef- ficient	SE	Odds	Coef- ficient	SE	Odds
Nativity Immigrant Native (excluded category)	0.435	0.168	1.545	-0.318	0.182	0.728	-0.652	0.208	0.521
Age < 25 25+ (excluded category)				0.558	0.124	1.747	0.027	0.135	1.027
Education < HS HS (excluded category) > HS				0.796	0.094	2.217	0.331	0.104	1.392
Composition No Children 1 Adult- 1 Child 2+ Adult w/ Children (excluded category) 1 Adult - 2+ Children				-0.187	0.098	0.829	-1.960	0.102	0.141
				0.518	0.140	1.679	0.263	0.158	1.301
				1.483	0.110	4.406	0.874	0.127	2.396
Sex of Head Male Female (excluded category)				-0.906	0.080	0.404	-0.633	0.087	0.531
Poverty Level Less than 1.5 Times Poverty 1.5 to 3 Times Poverty 3 Times Poverty (excluded category)							2.745	0.100	15.565
							2.130	0.104	8.415
Year 1993 1994 1995 1996 (excluded category) 1997 1998 1999	-0.188	0.148	0.829	-0.186	0.167	0.830	-0.239	0.184	0.787
	-0.142	0.144	0.868	-0.106	0.161	0.899	-0.169	0.177	0.845
	-0.105	0.145	0.900	0.025	0.161	1.025	0.061	0.176	1.063
	-0.285	0.150	0.752	-0.245	0.167	0.783	-0.230	0.184	0.795
	-0.157	0.146	0.855	-0.265	0.165	0.767	-0.242	0.180	0.785
	-0.633	0.170	0.531	-0.593	0.187	0.553	-0.578	0.208	0.561
Immigrant*Year 1993 1994 1995 1996 (excluded category) 1997 1998 1999	0.624	0.239	1.866	0.932	0.271	2.540	1.033	0.295	2.809
	0.631	0.224	1.879	0.638	0.256	1.893	0.705	0.272	2.024
	0.189	0.232	1.208	0.076	0.268	1.079	0.182	0.281	1.200
	0.238	0.238	1.269	0.247	0.275	1.280	0.323	0.288	1.381
	-0.013	0.241	0.987	0.104	0.275	1.110	0.143	0.291	1.154
	0.137	0.278	1.147	0.468	0.318	1.597	0.587	0.342	1.799

Note: Shaded odds are not statistically significant.
Source: Calculations from re-weighted Current Population Surveys, March 1994 - March 2000.

Table 11 Logistic Regression Models Predicting Medi-Cal Participation, 1993–1995, 1997–1999									
	Model 1: Nativity and Time			Model 2: Plus Household Demographics			Model 3: Plus Poverty		
	Coef- ficient	SE	Odds	Coef- ficient	SE	Odds	Coef- ficient	SE	Odds
Nativity									
Immigrant	0.767	0.114	2.153	0.240	0.127	1.271	0.059	0.135	1.061
Native (excluded category)									
Age									
< 25				0.198	0.098	1.219	-0.188	0.103	0.829
25+ (excluded category)									
Education									
< HS				0.871	0.065	2.389	0.617	0.068	1.853
HS (excluded category)									
> HS				-0.827	0.058	0.437	-0.631	0.061	0.532
Composition									
No Children				-0.817	0.052	0.442	-0.841	0.055	0.431
1 Adult- 1 Child				0.364	0.117	1.439	0.238	0.127	1.269
2+ Adult w/ Children (excluded category)									
1 Adult - 2+ Children				1.133	0.102	3.105	0.735	0.111	2.085
Sex of Head									
Male				-0.660	0.050	0.517	-0.463	0.053	0.629
Female (excluded category)									
Poverty Level									
Less than 1.5 Times Poverty							1.603	0.070	4.968
1.5 to 3 Times Poverty							1.677	0.066	5.349
3 Times Poverty (excluded category)									
Year									
1993	-0.292	0.105	0.747	-0.298	0.113	0.742	-0.309	0.118	0.734
1994	-0.021	0.098	0.979	0.028	0.105	1.028	0.025	0.110	1.025
1995	-0.128	0.101	0.880	-0.630	0.108	0.533	-0.052	0.113	0.949
1996 (excluded category)									
1997	-0.268	0.104	0.765	-0.244	0.111	0.783	-0.194	0.115	0.824
1998	-0.129	0.101	0.879	-0.169	0.109	0.845	-0.146	0.114	0.864
1999	-0.191	0.105	0.826	-0.114	0.112	0.892	-0.089	0.116	0.915
Immigrant*Year									
1993	-0.340	0.173	0.712	0.477	0.190	1.611	0.528	0.202	1.696
1994	-0.268	0.157	0.765	0.171	0.175	1.186	0.156	0.186	1.169
1995	-0.078	0.161	0.925	-0.035	0.182	0.966	0.043	0.192	1.044
1996 (excluded category)									
1997	-0.133	0.163	0.876	0.101	0.184	1.106	0.087	0.194	1.091
1998	0.107	0.163	1.112	-0.054	0.181	0.947	-0.008	0.192	0.992
1999	0.192	0.174	1.212	0.040	0.195	1.041	0.149	0.205	1.161

Note: Shaded odds are not statistically significant.
Source: Calculations from re-weighted Current Population Surveys, March 1994 - March 2000.

Table 12
Logistic Regression Models Predicting SSI Participation, 1993–1995, 1997–1999

	Model 1: Nativity and Time			Model 2: Plus HH Demographics			Model 3: Plus Poverty		
	Coef-ficient	SE	Odds	Coef-ficient	SE	Odds	Coef-ficient	SE	Odds
Nativity									
Immigrant	0.274	0.197	1.315	0.094	0.205	1.099	-0.096	0.212	0.908
Native (excluded category)									
Age									
< 25				-0.745	0.225	0.475	-0.917	0.228	0.400
25+ (excluded category)									
Education									
< HS				1.001	0.103	2.721	0.776	0.107	2.173
HS (excluded category)									
> HS				-0.532	0.099	0.587	-0.349	0.102	0.705
Composition									
No Children				0.831	0.096	2.296	0.870	0.099	2.387
1 Adult- 1 Child				0.339	0.245	1.404	0.281	0.251	1.324
2+ Adult w/ Children (excluded category)									
1 Adult - 2+ Child				-0.154	0.109	0.857	-0.249	0.233	0.780
Sex of Head									
Male				-0.704	0.078	0.495	-0.490	0.082	0.613
Female (excluded category)									
Poverty Level									
Less than 1.5 Times Poverty							0.518	0.135	1.679
1.5 to 3 Times Poverty							1.701	0.092	5.479
3 Times Poverty (excluded category)									
Year									
1993	-0.177	0.166	0.838	-0.129	0.170	0.879	-0.119	0.174	0.888
1994	-0.182	0.163	0.834	-0.129	0.166	0.879	-0.115	0.170	0.891
1995	-0.218	0.168	0.804	-0.167	0.171	0.846	-0.174	0.175	0.840
1996 (excluded category)									
1997	-0.297	0.170	0.743	-0.256	0.173	0.774	-0.186	0.176	0.830
1998	-0.264	0.170	0.768	-0.234	0.172	0.791	-0.209	0.176	0.811
1999	-0.083	0.166	0.920	-0.005	0.169	0.995	0.003	0.173	1.003
Immigrant*Year									
1993	0.546	0.285	1.726	0.605	0.292	1.831	0.725	0.302	2.065
1994	0.282	0.281	1.326	0.190	0.288	1.209	0.177	0.296	1.194
1995	0.131	0.293	1.140	0.005	0.299	1.005	0.136	0.308	1.146
1996 (excluded category)									
1997	0.183	0.294	1.201	0.107	0.301	1.113	0.116	0.309	1.123
1998	0.240	0.286	1.271	0.201	0.293	1.223	0.278	0.300	1.320
1999	0.119	0.294	1.126	0.146	0.301	1.157	0.316	0.310	1.372

Note: Shaded odds are not statistically significant.

Source: Calculations from re-weighted Current Population Surveys, March 1994 - March 2000.

According to the first model, which does not account for demographic characteristics, California households are in general becoming less likely to participate in public-assistance programs (particularly AFDC/TANF and Food Stamps) over the course of the decade (see *year* coefficients). There is, however, a difference between natives and immigrants in participation over time. Immigrant participation is greatest in early years and declines relative to natives over time, thus narrowing the gap between the two groups (see *immigrant* year* interaction coefficients in the tables).

The first model also indicates that even while controlling for changing rates of participation over time, immigrants are overall still more likely to participate in public assistance programs than natives. For example, in Table 9, Model 1, the odds ratio for *nativity* indicates that immigrants are 69% more likely than natives to participate in AFDC/TANF.

Because there are factors that predispose some households to participate more heavily in public-assistance programs, Model 2 in Tables 9–12 adds controls for noneconomic characteristics of the household and householder. The coefficients for household characteristics are consonant with the unadjusted effects discussed earlier in this section: participation decreases with the age of the householder, educational attainment, number of adults in the house, male headship, and time, and increases with number of children.

The inclusion of noneconomic characteristics drives the overall difference between native and immigrant participation down substantially, and in some programs when we compare native and immigrant households with similar characteristics, immigrants become *less likely* than natives to participate.¹⁵ For example, the odds ratio for *nativity* in Table 9, Model 2 indicates that when time trends as well as demographic characteristics are controlled for, immigrants are 76% *less likely* than natives to participate in AFDC/TANF.

From the second model, we also find that changes in participation over time are not diminished when household characteristics are considered. This is true for overall participation as well as for the participation of immigrants relative to natives. Given similar household characteristics, immigrants are still somewhat more likely to participate in public-assistance programs than natives in 1993 and 1994 and less likely to participate in 1995 through 1999.

In addition to demographic characteristics, the third model contains controls for poverty level. Results from this model indicate that after controlling for time trends as well as economic and noneconomic household demographics, immigrants are *less likely* to participate in public assistance programs than are natives.¹⁶ Controlling for all of these factors, immigrants are 60% less likely than natives to participate in AFDC/TANF (see *nativity* odds ratio, Table 9 Model 3). After accounting for demographics and poverty level, immigrants are also less likely than natives to use aid in 1995 through 1999, and participation among immigrants relative to natives decreases over time.

¹⁵ In the AFDC/TANF and Food Stamp programs, immigrants are shown to be less likely to participate once demographic characteristics are controlled for. For Medi-Cal, immigrants are still more likely than natives to participate; however, the difference is driven down substantially by the inclusion of demographic controls. In the case of SSI, participation between natives and immigrants of similar demographic characteristics is equivalent.

¹⁶ This holds true for all programs with the exception of Medi-Cal, where probability of participation is equal for immigrants and natives.

We conclude from this analysis that over time, the relative decline in program participation for immigrants versus natives does not result simply from shifts in demographic characteristics or labor-force participation. Rather, the decline exists even when setting aside those changes. This could indicate that other factors, such as welfare policy changes, are further influencing the decline in participation among immigrant households.

IMPACT OF WELFARE POLICY ON THE WELL-BEING OF LEAVERS AND NONSTARTERS

One of the issues of most concern is whether changes in welfare rules or perceptions of those rules have affected natives and immigrants differently. In the preceding section, the most dramatic declines in aid receipt were noted among noncitizens and recent immigrants, the two groups most directly affected by changes in welfare rules. These declines may be occurring because immigrants are not applying for or are being denied aid because of the deeming of sponsors' income, concerns about INS public charge regulations, mistaken beliefs about eligibility, and/or inaccurate information from eligibility workers. Declines in aid rolls could also be occurring because they are driven by declines in "new-to-aid" cases, in which recent immigrants might be overrepresented, rather than departures, in which fewer recent immigrants might be expected. These questions about why fewer immigrants are applying for or receiving aid cannot be settled with the currently available survey data. However, we can estimate potential effects on households leaving aid by examining poverty rates and hunger and food insufficiency among poor native and immigrant households that do not receive aid.

Immigrant households have experienced a greater decline in poverty than native households.

Although a higher percentage of immigrants are impoverished than natives, the poverty rate among immigrant households has declined substantially since the mid-1990s (from 25% in 1994 to 17% in 2000). The poverty rate among natives has remained stable at approximately 10% (Figure 9). This decline in poverty among immigrants may indicate that some immigrants who leave assistance do so because they are better off than they were.

Unaided immigrants do not appear to become more food-insecure over time. The Census Bureau periodically adds supplementary questions to the CPS in order to gather more detailed information on particular topics of interest. Food-security questions were added each year from 1995 to 1999 and provide data on household food expenditures, use of food assistance programs, and food insecurity/hunger. Respondents are categorized according to their reported level of hunger: food-secure, food-insecure without hunger, food-insecure with moderate hunger, or food-insecure with severe hunger. Matching the supplemental food security data to the March CPS enables us to look at the amount of hunger experienced by native and immigrant families who participate (or do not participate) in public-assistance programs. Because of sampling issues, only 1995, 1997, and 1999 supplements were matched with the March CPS interview data.

In every year between 1995 and 1999, households headed by immigrants are more likely to be food-insecure than households headed by natives (Table 13). For example, in 1995, approximately 88% of

natives were food-secure, 8% were insecure but with no hunger, and 4% were insecure with either moderate or severe hunger. In that same year, only 77% of immigrant households were food-secure, with 16% being insecure without hunger, and 7% being insecure with moderate or severe hunger. However, immigrants are not becoming more food-insecure over time, either absolutely or relative to natives. In 1995, immigrants were 87% as likely as natives to be food-secure, and by 1999 they were 93% as likely as natives to be food-secure.

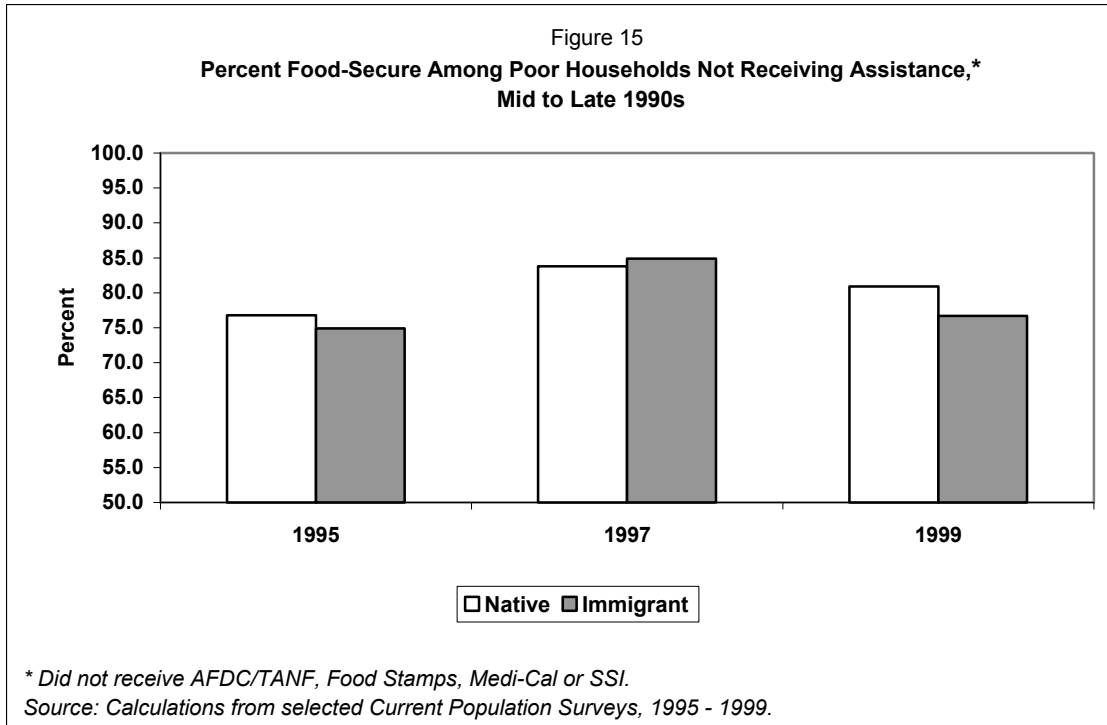
	Year				
	1995	1996	1997	1998	1999
Percent Secure					
Native	88.4	89.4	92.0	88.8	91.0
Immigrant	77.1	81.7	86.4	85.1	84.9
Immigrant/Native	0.872	0.914	0.939	0.958	0.933
Percent Insecure without Hunger					
Native	7.6	5.5	5.2	6.7	6.1
Immigrant	15.8	13.2	9.8	11.8	10.7
Percent Insecure with Moderate Hunger					
Native	2.9	4.1	2.2	3.5	2.5
Immigrant	6.4	4.8	2.7	2.8	3.8
Percent Insecure with Severe Hunger					
Native	1.1	1.0	0.6	1.0	0.4
Immigrant	0.7	0.3	1.0	0.3	0.6

Source: Calculations from selected Current Population Surveys, 1995–1999.

Furthermore, among a subsample of natives and immigrants who are below 185% of the federal poverty level but not participating in any of the major assistance programs, the two groups are extremely similar in terms of reported food security (Figure 15). This was the case in each of the years that matched public-assistance/food-security data were available.

Our findings using annual CPS data differ from the California Food Policy Advocates' (CFPA) recent findings. In 1997–1998, CFPA conducted surveys of immigrant households receiving food stamps to measure the impact of Food Stamp program cuts on legal immigrant households in Los Angeles and San Francisco counties. Their findings were based on interviews using CPS questions with immigrant households who had previously received food stamps in the San Francisco and Los Angeles areas. CFPA found increases in food insecurity among immigrant households, especially among households who were denied food stamp benefits as a result of policy restrictions.¹⁷ Their results are more sensitive to the effects of program changes since they focused on households who were already receiving food stamps. Furthermore, the CFPA study was able to distinguish between households denied benefits and those who were not. By contrast, our analyses include many households who never received food stamps, and were presumably less likely to be food-insecure than households who felt the need for food stamps. Households already receiving food stamps may be at higher risk for food insecurity than other poor nonrecipient households.

¹⁷ California Food Policy Advocates (1998).



EXPECTED EXTENSION TO CURRENT ANALYSIS

The public-use surveys explored in this report provide cross-sectional estimates of program participation, based on self-report, for California households in the last decade. A limited amount of longitudinal analysis can be pursued with these data. In the CPS, a housing unit remains in the sample for two years, although the household or household members dwelling in that unit may change or be lost from the sample, while in the SIPP a household is followed for eight or more waves of interviews at four-month intervals. In analyses not reported here, we examined transitions of households onto and off of public assistance for those households appearing in samples for two years. Sample sizes for transitions off of aid were insufficient to provide reliable estimates over time. The results of transitions onto aid were consistent with the patterns discussed in the cross-sections, with higher rates of transition onto aid apparent for immigrants, particularly noncitizen households. More-detailed analyses require careful consideration of the effects of sample attrition, however, and are best performed in tandem with analyses supplemented with longitudinal administrative data.

Self-reports of assistance tend to understate actual receipt, and variations in reported assistance differ even between the surveys used in this report. Therefore, the final report from this project will employ matched longitudinal administrative and survey data to investigate the dynamics—entries and exits—of welfare use. Linking to administrative data will allow us to calibrate and verify reported participation and estimate biases in figures relying solely on public-use survey files. Linking to administrative data also adds an objective longitudinal component that will allow us to track program participation beyond the relatively short window available in the

surveys, and address potential difficulties with attrition or refusal to respond in the surveys. While survey data generally provide richer information on personal characteristics than do administrative records, the administrative data often provide supplemental information about language use, legal status of immigrants, and geographic mobility—factors that may play key roles in immigrants’ use of welfare.

APPENDIXES

A. Description of Major Assistance Programs in California

The four major public-assistance programs in California are CalWORKs (California's AFDC/TANF program), Food Stamps, SSI, and Medi-Cal. Brief descriptions of these programs follow.

CalWORKs

The California Work Opportunity and Responsibility to Kids (CalWORKs) program was created by the California Welfare-to-Work Act of 1997 to replace the Greater Avenues for Independence (GAIN) program. The GAIN program was California's version of the federal AFDC program. In 1996, when AFDC was replaced by TANF, California created CalWORKs to conform to the new federal law. CalWORKs is a public-assistance program that provides cash aid and services to certain eligible low-income California families with children. CalWORKs differs from GAIN in that cash aid is no longer an entitlement and federal dollars are no longer provided to states in the form of open-ended matching grants, but in the form of capped block grants. Households are limited to a five-year lifetime limit for receipt of adult benefits, and adults must now comply with more stringent work requirements to remain eligible for assistance (CalWORKs Program Description, California Department of Social Services).

Food Stamps

The federal Food Stamp program in California helps low-income individuals purchase food. Adults without children are able to receive food stamps, but the vast majority of food stamp recipients in California are female heads of household. As with CalWORKs, able-bodied adults are subject to work requirements. Food stamps are only a supplement; they are not sufficient to cover the entire cost of food for a typical family. Therefore, most households must spend some of their own cash in order to buy enough food for a given month. Food stamp benefits are federally funded, although states pay roughly half of administrative costs. Unlike TANF/CalWORKs, food stamps are not time-limited (Food Stamp Program Description, California Department of Social Services).

Supplemental Security Income

Supplemental Security Income (SSI) is a federal cash assistance program that provides income support to low-income individuals who are 65 or older, blind, or disabled. SSI recipients are not expected to work, and benefits are not time-limited. California contributes an additional amount of money to the federal SSI payment called the State Supplementary Payment (SSP). SSI/SSP benefits are available to children as well as adults. Individuals who receive SSI/SSP assistance are not eligible to receive food stamps since the additional SSP is expected to help pay for food; other members of the household may receive food stamps if they do not receive SSI/SSP and are otherwise eligible.

Medi-Cal

Medi-Cal is the name given to the Medicaid program in California. It is a need-based medical assistance program that is funded by a combination of federal and state funds. Recipients who

qualify for cash aid programs such as CalWORKs and SSI typically qualify for and enroll in Medi-Cal.¹⁸

¹⁸ Page and Ruiz (1999).

B. Review of Cash- and Medical-Assistance Programs Targeted Exclusively Toward Immigrants

The central focus of this report is to examine the impact of welfare reform on California's immigrant families. The purpose of the subsidiary study described in this appendix is to understand the dynamics of the three largest sets of immigrant-specific cash and medical-assistance programs during the 1990s. The three sets of programs were established by federal legislation: the 1986 Immigration Reform and Control Act (IRCA) and the 1986 Omnibus Budget Reconciliation Act (OBRA), and refugee and entrant (R&E) programs over a period of years. All were targeted exclusively toward immigrants; all were enacted and implemented by state action; and in all three medical assistance was made available through Medicaid (Medi-Cal in California). The study we describe here focuses on the years 1987–1997, for which we had readily available data.

The primary issues we examined were participation trends over time in these programs, the characteristics of the participants, and the proportion who came from other public-assistance programs or who left these three sets of programs to enroll in other programs, including those not restricted to aiding immigrants alone. These issues are important to policymakers and policy researchers not only because they provide information for program assessment, but also because understanding the dynamics of immigrant-specific programs is helpful in thinking about welfare reform and its impact on immigrant families in California.

IRCA Programs

The federal Immigration Reform and Control Act of 1986 (IRCA) created several medical-assistance programs to support amnesty aliens who gained legalization as a result of the act and aliens covered under both the Special Agricultural Worker (SAW) and Replenishment Agricultural Worker (RAW) programs. In particular, IRCA provided for a State Legalization Impact Assistance Grant (SLIAG) to reimburse 50% of state costs for providing two types of assistance: full medical assistance to the aged, blind, disabled, and children under 18, and emergency and pregnancy-related medical assistance only, to all others. Programs that were developed in response to IRCA provided full assistance up to the end of 1994; limited-scope assistance was rarely, if ever, used.

OBRA Programs

The federal Omnibus Budget Reconciliation Act (OBRA) of 1986 allowed for the provision of emergency health services—including labor and delivery, 60-day postpartum, certain nonemergency pregnancy-related services, and dialysis—to immigrant aliens without satisfactory immigration status. In contrast to IRCA programs, OBRA programs provided assistance to aliens who did not have proof of permanent residency (green card), permanent residency under color of law (PRUCOL), or amnesty status, but who were otherwise eligible for Medi-Cal.

R&E Programs

The third category includes programs that offered cash and medical assistance to refugees and entrants (R&E). Entrants are Cubans and, more recently, Haitian refugees who are given special treatment; once they arrive on U.S. soil, they are admitted as residents and offered the same treatment as residents are entitled to. R&E programs can be grouped into three subcategories:

- ▶ The Refugee Demonstration Project (RDP) provided cash assistance to refugee families with dependent children that met certain criteria. In particular, the RDP supported children who were deprived because of the absence, incapacity, death, or unemployment of either or both parents. Only families that were time-eligible and resided in an area in which targeted assistance or training programs were available were eligible for support. (All refugees who entered the United States were eligible for these programs during the first eight months of their residence if they did not qualify for AFDC or Medi-Cal.) The RDP programs were available until January 1994.
- ▶ R&E cash programs provided assistance to refugees from Cambodia, Laos, Vietnam, and a few other countries, and entrants from Cuba and Haiti for their first 18 months in the United States. (Unaccompanied children were not subject to the 18-month restriction.)
- ▶ R&E medical-assistance programs were for certain refugees and entrants who did not otherwise qualify for Medi-Cal under the cash-assistance programs.

The section just below describes the data sources used for this subsidiary study and offers a brief discussion of the overall Medi-Cal-eligible population. We then present findings on the three sets of programs. We close by briefly discussing the limitations of our findings.

A note on terminology: Everywhere, “caseload” refers to the average caseload over the course of a given year rather than the total number of people enrolled at any point during that year.

Medi-Cal Eligibility Data System and Medi-Cal-Enrolled Population.

The Medi-Cal Eligibility Data System (MEDS) contains records of monthly participation in cash- and medical-assistance programs for all Medi-Cal enrollees in California. The MEDS records also include information on the demographic variables of race, sex, and date of birth. However, the dataset does not include important demographic or economic information such as citizenship status, family structure, or earnings.

The California Department of Health Services (CDHS) collects individual Medi-Cal records from the counties and develops the longitudinal statewide MEDS sample. UC DATA constructed the dataset used for this report—the Statewide Longitudinal Dataset, Persons, 10% sample (LDB)—as part of a contract with the California Department of Social Services. The latest version of the LDB—a random sample that covers 10% of the overall Medi-Cal-enrolled population—contains data from 1987 to 1997. As such, it is representative of the Medi-Cal “enrolled” population.

For a backdrop of the characteristics and behaviors of participants in immigrant-targeted programs in detail, it is helpful to have an overview of the characteristics and behaviors of the general population receiving public assistance.

Demographics

Table 14 presents the demographic characteristics of the overall MEDS caseload for each year from 1987 through 1997. The racial composition changed in three respects:

- ▶ The percentage of blacks decreased steadily from 14% in 1987 to 9% in 1997.
- ▶ The percentage of whites (from Europe, the Middle East, and North Africa) decreased sharply from 43% in 1987 to 29% in 1990 and then remained stable.
- ▶ The trend among Hispanics was the reverse. From 28% in 1987, the percentage increased sharply to 47% in 1990 and then remained around 50%.

Table 14
Demographic Characteristics of Newly Enrolled Persons in Medi-Cal by Year, 1987–1997

Demographics		Cohort										
		1987*	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Race	Asian or Pacific Islander	4%	4%	4%	4%	4%	4%	4%	4%	4%	5%	5%
	Black	14%	12%	11%	9%	8%	8%	8%	8%	9%	8%	9%
	Cucasian	43%	41%	33%	29%	28%	27%	26%	27%	27%	27%	27%
	Hispanic	28%	32%	41%	47%	50%	51%	52%	51%	51%	52%	51%
	Native American	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%
	Southeast Asian	3%	3%	3%	4%	4%	4%	4%	3%	3%	2%	2%
	Unidentified	7%	7%	8%	7%	6%	6%	6%	6%	6%	6%	6%
Sex	Female	59%	58%	59%	59%	58%	57%	56%	56%	56%	56%	56%
	Male	41%	42%	41%	41%	42%	43%	44%	44%	44%	44%	44%
Age at First Assistance		20.9	20.6	20.0	20.0	19.5	19.5	19.4	18.9	18.5	18.9	18.9
Number of Entrants		917,800	970,100	1,027,600	1,173,400	1,301,900	1,306,800	1,271,600	1,167,800	1,048,500	916,000	754,000

* Figures for 1987 are based on extrapolated data from April 1987 through December 1987.

The average age at first eligibility decreased steadily from 20.9 in 1987 to 18.9 in 1994 and then remained relatively constant. The one aspect that remained consistent throughout the period was the female/male composition, which each year hovered around the average of 57% female/43% male.

Caseload

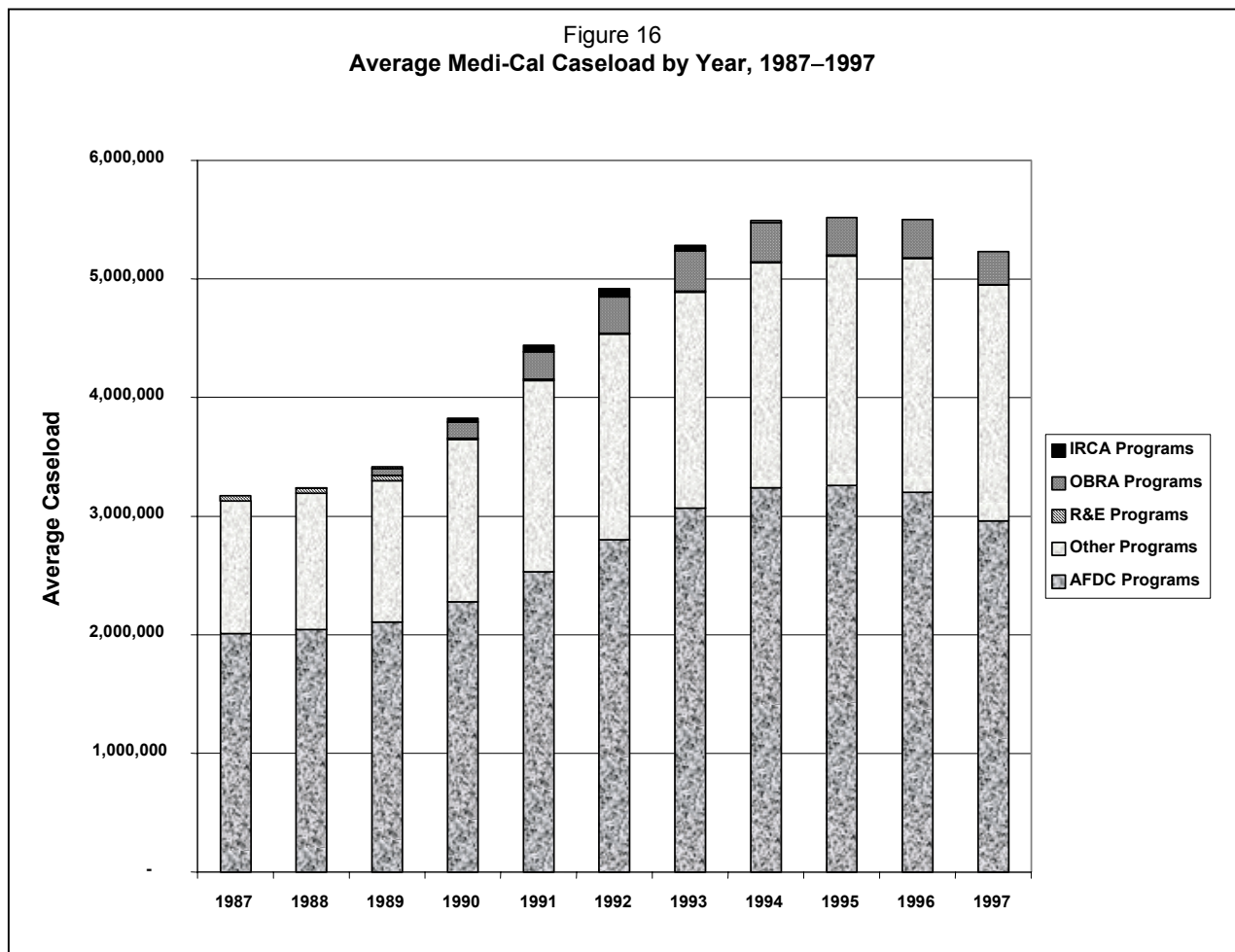
Since the LDB sample is representative of the Medi-Cal enrollee population, we can estimate the overall caseload for each year and for each cohort entering eligibility. We can also separate the caseload by program group as follows:

- ▶ AFDC: Aid to Families with Dependent Children programs
- ▶ IRCA: Immigration Reform and Control Act programs

- ▶ MED: Medical Assistance and Medical Indigence programs
- ▶ OBRA: Omnibus Budget Reconciliation Act programs
- ▶ R&E: Refugee and Entrant programs
- ▶ SSI/SSP: Supplemental Security Income and State Supplementary Payment programs
- ▶ Other: Other programs

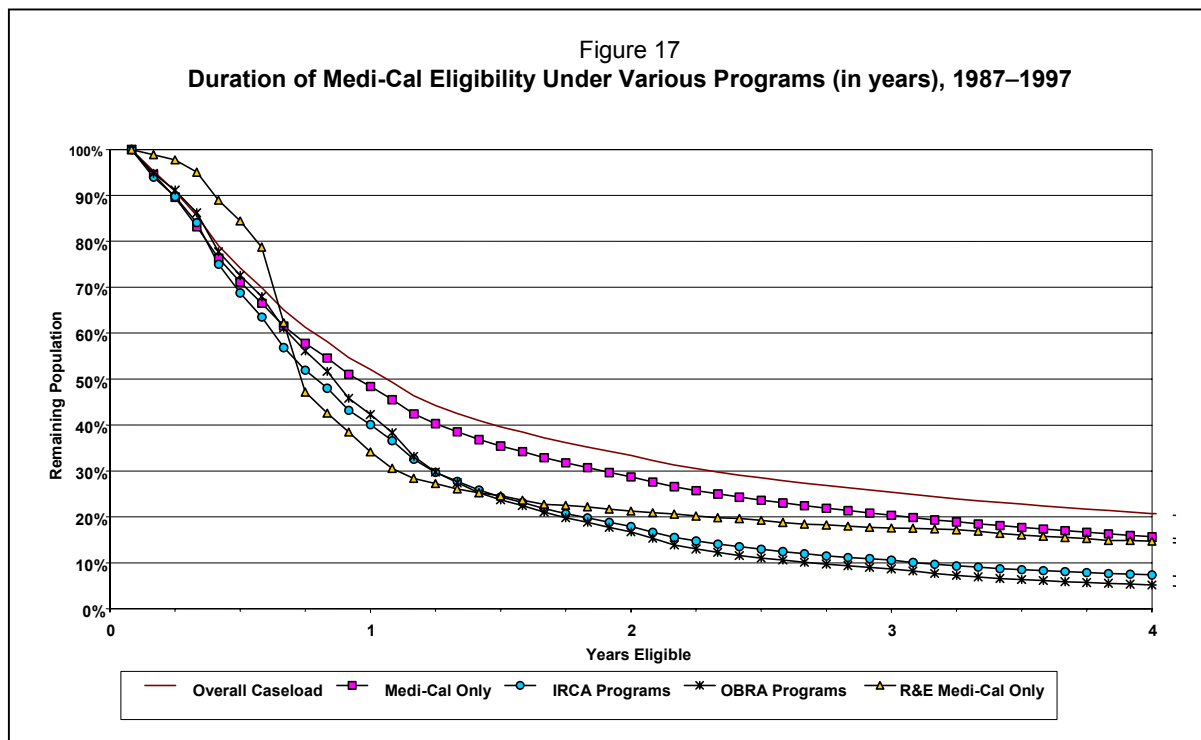
As noted, only the IRCA, OBRA, and R&E programs are exclusively targeted toward immigrants. The other program categories mainly include nonimmigrants.

The last line of Table 14 presents the number of new Medi-Cal enrollees from 1987 through 1997, and Figure 16 shows the changing size and composition of the caseload across program groups from year to year. The immigrant programs were a very small part of the overall caseload. Combined, they were far outweighed by AFDC and SSI/SSP programs and were smaller even than the MED programs alone (not shown). Programs targeting immigrants represented less (sometimes much less) than 10% of the overall Medi-Cal caseload during each of the 11 years of this study.



The number of new Medi-Cal enrollees started at 918,000 in 1987, increased steadily to a peak of 1,307,000 in 1992, and decreased sharply to 754,000 in 1997. Correspondingly, the average annual overall caseload started at 3.2 million in 1987, increased significantly from a similar level in 1989 to 5.5 million in 1994, leveled out for two years, and decreased slightly in 1997 to 5.2 million. A growing AFDC caseload explains the bulk of this increase, with increases in the MED and OBRA programs explaining a significant amount as well. (There are time limits on some of the programs we discuss, e.g., the RDP. But time limits can explain only a small part of the dramatic fall-off in numbers. This discussion is about Medi-Cal cases in general—a substantial portion of which had no time limits between 1987 and 1997.)

We can capture the dynamics of public assistance in two ways. First, we can look at the length of the average enrollment in Medi-Cal or AFDC as appropriate, for both the overall caseload as well as for participation in certain types of programs. Figure 17 presents how long people remained enrolled in Medi-Cal after their first entry during 1987–1997. Participants left programs at a very high rate during the first year of eligibility; just over 50% of recipients of cash and medical assistance continued to receive aid beyond their first year of eligibility. Twenty-five percent continued on these programs after the third year of eligibility. Approximately 8% never lost eligibility (not shown).



Second, we can look at transitions between programs; we can track where people came from before participating in a certain program as well as where they went afterward. We deal with the dynamics of transition separately for each immigrant-targeted program below.

As noted above, these three immigrant-specific program groups define the majority of identified immigrant participation in public-assistance programs. In the earlier years R&E programs were

the center of activity, IRCA and OBRA came into prominence in the early 1990s, and OBRA increasingly predominated through the 1990s.

Participants in Immigrant-Targeted Programs

The OBRA programs carried by far the largest caseload of cash- and medical-assistance programs for immigrants in 1987–1997, with the R&E and IRCA programs following in descending order. They also provided the least amount of financial and medical support of all the public-assistance programs and thus can be viewed as a last resort among people who sought assistance. Participants in these programs were likely to be poorer and have fewer resources to help them gain citizenship or residency status than the average immigrant and should not be considered representative of the immigrant caseload overall.

Refugee and Entrant Programs

Three types of programs make up the R&E program group. First, the Refugee Demonstration Project (RDP), available until January 1994, provided cash or medical assistance to refugee families with dependent children that met three criteria:

- ▶ The children were deprived because of the absence, incapacity, death, or unemployment of either or both parents.
- ▶ The family resided in an area in which targeted assistance or training programs were available.
- ▶ The family was RDP time-eligible.

Second, as noted, refugee and entrant cash programs specifically provided assistance to refugees from Cambodia, Laos, Vietnam, and a few other countries, and entrants from Cuba and Haiti for their first 18 months in the United States. These were the largest immigrant-targeted programs in the late 1980s and early 1990s, but their enrollment declined sharply thereafter.

Third, refugee and entrant medical-assistance programs were for those who did not otherwise qualify for Medi-Cal under the cash-assistance programs. These medical-assistance programs continued at least until 2000, but their enrollment was too small to register on the bar chart (see Figure 16).

Demographics

Compared to the overall caseload, participants in R&E programs were more likely to be Asian (10%), Southeast Asian (49%), or white (38%). They were also older (29.5 years old on average at first assistance) and more equally distributed between females (49%) and males (51%).

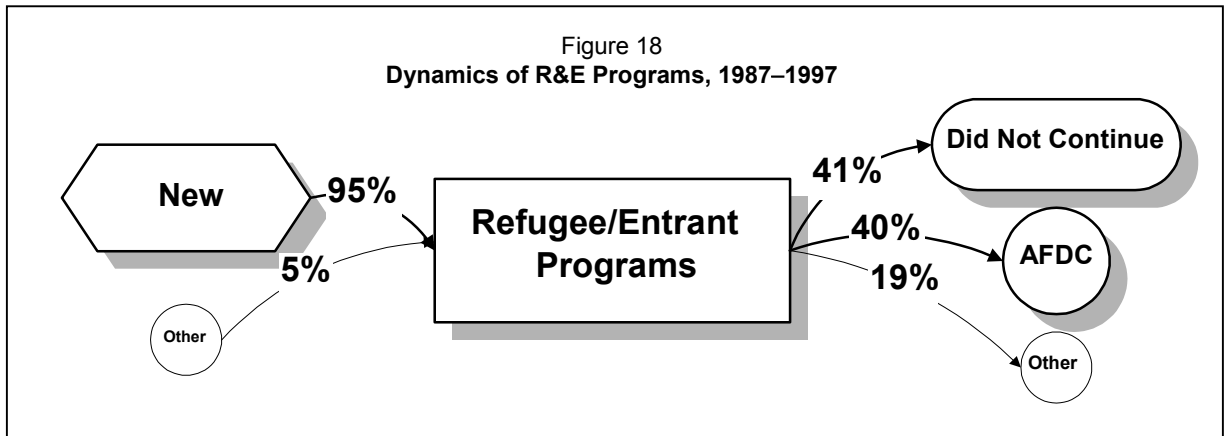
Caseload

The average caseload started at 43,000 in 1987, reached a peak of 46,000 in 1989, and then dropped to under 10,000 for the remainder of the period. (These numbers are represented by the extremely thin bands toward the top of the bars in Figure 16.)

Program Dynamics

Over the study period about 85% of those enrolled under R&E programs received cash assistance, and the remaining 15% received medical assistance through Medi-Cal-only programs. These two groups exhibited different dynamics. Compared to the AFDC caseload, more people on R&E cash assistance stayed on aid during the initial eight months and the last 16 months in a 36-month period of observation. However, compared to the general caseload, fewer people remained on R&E cash assistance between the ninth and the twentieth months of observation (not shown). On the other hand, during the same 36 months more people on R&E medical assistance stayed on aid during the initial six months than in the overall Medi-Cal caseload. For the rest of the observation period, the opposite was the case (Figure 17).

Throughout the study period, the vast majority of R&E recipients (95%) had started under an R&E program. Once on an R&E program, they tended to stay on cash assistance (not shown) and medical assistance (Figure 17) for longer than participants in other programs. Once they left the R&E programs, about 40% left cash and medical assistance altogether, while another 40% transitioned to AFDC programs (Figure 18).



IRCA Programs

Demographics

Created in response to changes in immigration laws, particularly with regard to the United States-Mexico border, the IRCA programs in California especially affected Hispanics, who composed over 95% of all participants. IRCA participants differed from the overall Medi-Cal caseload with regard to sex (71% female) and were considerably older (29 years of age on average at first assistance).

Caseload

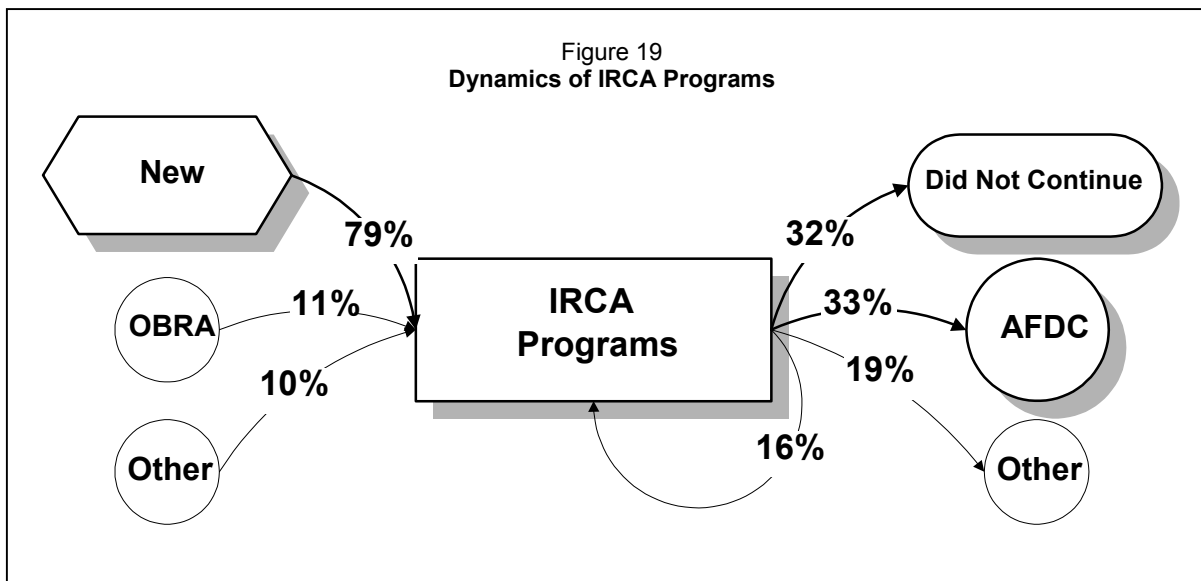
IRCA cases started to show up in 1988, steadily increased to a peak of 69,000 in 1992, and dropped significantly in 1994 and 1995 to very nominal levels (Figure 16). After 1995, there were less than 100 participants per year.

Program Dynamics

People who participated in IRCA programs remained on cash and medical assistance for a much shorter period than those in the general caseload. As seen in Figure 17, only 40% of participants

remained enrolled for more than a year, and only 17% remained eligible for more than two years. Interestingly, this is not the direct result of the type of public assistance provided: Although most IRCA programs were limited to emergency and pregnancy-related services, these programs were very seldom used.

While the great majority of IRCA participants (about 80%) first received cash and medical assistance under IRCA programs, significant numbers transitioned into an IRCA program from AFDC, MED, and OBRA programs. In contrast to R&E cash-aid participants, IRCA participants stayed on public assistance for a shorter period (not shown). However, like R&E participants, those who did leave IRCA programs were just as likely to transition to AFDC (33%) as they were to leave cash and medical assistance altogether (32%; see Figure 19).



OBRA Programs

The Omnibus Budget Reconciliation Act of 1986 allowed for the provision of emergency medical services—including labor and delivery, 60-day postpartum care, certain nonemergency pregnancy-related services, and dialysis—to immigrant aliens without satisfactory immigration status. That is, in contrast to IRCA programs, OBRA programs provided assistance to aliens who did *not* have proof of permanent resident alien status, permanent resident status under color of law (PRUCOL), or amnesty alien status but otherwise were eligible for Medi-Cal. Thus, OBRA programs provided limited medical assistance to undocumented and nonimmigrant aliens, whereas IRCA programs provided either full or limited medical assistance to documented amnesty aliens.

Demographics

The demographic characteristics of participants under OBRA programs differed moderately from the general Medi-Cal caseload. Hispanics constituted the bulk of the population (96%), much higher than their general Medi-Cal caseload average of 50% for 1990–1997 (see Table 14). Females made up 73% of all OBRA participants, again much higher than at most 59% during

1987–1997 among the general Medi-Cal caseload. Age is the only category that almost matches the overall Medi-Cal caseload, with an average age of 21.5 for those first gaining eligibility for Medi-Cal through an OBRA program.

Caseload

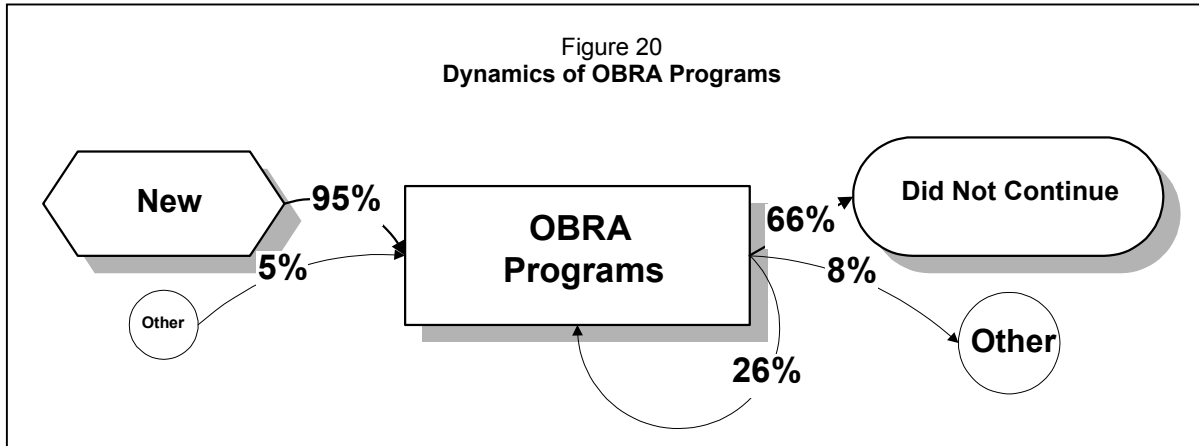
OBRA programs had by far the largest enrollment of the immigrant-targeted programs. As seen in Figure 16, OBRA programs had four times the caseload of IRCA programs from 1988 to 1992 but also sustained this level of participation from 1992 through 1997, while participation in the other immigrant-targeted programs was shrinking. The OBRA caseload started with 1,200 in 1988, increased dramatically to a peak of 340,000 in 1993, remained steady until 1996, and then dipped slightly to 280,000 in 1997 (Figure 16).

Program Dynamics

The duration of spells for people on assistance under OBRA is of particular importance: OBRA participants stayed on cash and medical assistance for the shortest period of time, even shorter than IRCA program participants (Figure 17) This finding contrasts with the view that immigrants were disproportionately taking up public-assistance resources in this period. In combination with the findings in the main body of this report, it is possible to conclude that as a result of OBRA's dynamics, identified immigrants when on aid *did not* take up as many resources as immigrants and natives in other programs.

The extremely small difference between the duration of eligibility for people receiving assistance under OBRA and IRCA demonstrates that even though people may have been eligible for a longer period of assistance under IRCA, longer participation rarely occurred. For example, at two years, only 17% of IRCA participants and 15% of OBRA participants retained eligibility, and the percentages declined steadily from there. This 2% gap endured for the entire period of analysis and represents a small difference when compared to the overall caseload.

The overwhelming majority (95%) of OBRA participants started on OBRA programs (Figure 20). This is consistent with the purpose of OBRA programs: to provide assistance to those undocumented aliens and nonimmigrants, who were not eligible for Medi-Cal otherwise. Correspondingly, only 5% of all OBRA participants already had Medi-Cal eligibility through another program. This pattern of near-exclusive use of OBRA held true after eligibility under an OBRA program ended: in percentage terms, very few OBRA participants moved to another assistance program. Instead, they either returned to an OBRA program after a period of nonreceipt (about 26%) or left assistance entirely (66%).



Limitations of Analysis

This analysis is lacking in two main respects. First, the use of the 10% sample of the Medi-Cal records prevents analysis of small programs that are important for policy considerations, such as the Cash Assistance Program for Immigrants (CAPI). With the universe of the MEDS sample, we will be able to get a more reliable picture of such groups.

Second, the focus of the analysis is on cash and medical assistance in the immigrant-targeted programs, not the immigrants' use of cash- and medical-assistance programs in general. This choice was imposed on us because the MEDS lacks relevant information such as citizenship and earnings.

C. Data Sources

The report draws on large-scale public-use surveys conducted by the Bureau of the Census between 1990 and 2000 to provide both a preliminary descriptive and analytic view of native and foreign-born populations and their participation in the major public-assistance programs in California during the last decade. The Current Population Survey (CPS) provides estimates of program use and household characteristics for annual surveys fielded between March 1994 and March 2000, and the Survey of Income and Program Participation (SIPP) follows participants with interviews spaced at four-month intervals for panels of households sampled between 1990 and 1996. Linkages between these data sources and longitudinal administrative records using confidential identifiers are anticipated.

The Survey of Income and Program Participation

The Census Bureau has conducted the Survey of Income and Program Participation (SIPP), a longitudinal panel study of U.S. residents, almost yearly since 1984, including studies beginning in 1990, 1991, 1992, 1993, and 1996. Each of these studies consists of a multiwave set of interviews with the same households three times each year for about two and a half years. Each interview includes a repeated set of core items and a topical module with more detailed questions. The core questionnaire asks respondents about their participation in a wide range of public-assistance programs, including Aid to Families with Dependent Children, Medi-Cal, Food Stamps, and Supplemental Security Income. These core waves collect information about respondents' participation during the four months prior to each interview. With three interviews per year, the data cover program participation for all 12 months. One of the topical modules has a set of items on migration history, including country of birth and citizenship status. While program questions are asked during each wave of the survey, the migration history questions are only asked during one interview wave. Individuals not interviewed during this wave cannot be classified by immigration status.

The Current Population Survey

In 1994, the Census Bureau began collecting data on nativity as part of their monthly survey of the labor force, the Current Population Survey (CPS). In the survey conducted in March of each year, the CPS also probes interviewees about their receipt of public assistance and program participation in the previous year. Use of the combined data from the March CPS between 1994 and 2000, which reflect program participation between 1993 and 1999, yields a total sample of 31,821 observations for California households, of which 8,714 households were headed by a non-native. Because CPS data are weighted by the Census Bureau to reflect national totals, data were reweighted using the techniques described in MaCurdy and O'Brien-Strain¹⁹ to match estimates produced by the California Department of Finance. Households selected in the CPS sample are interviewed on a rotation schedule: They are interviewed the month they are originally sampled and the three months afterward, and then again for four months one year later. Tables in this section that delineate characteristics by year draw upon the full California samples; when data are pooled across years, households are included only for the first year they are sampled for the CPS.

In addition to the March survey, the Census Bureau adds supplemental questions focusing on special topics to selected monthly surveys. Between 1995 and 1999, supplemental questions on

¹⁹ MaCurdy and O'Brien-Strain (1997).

food security and hunger were asked in five separate surveys. Each of those surveys also contained questions on nativity, and although they did not inquire about receipt of public assistance in those supplements, there was overlap between the March samples and the Food Security Supplement samples in three years. The use of these supplements allows the contrasting of native and immigrant food security before and after the implementation of CalWORKs, and during the period of greatest decline in use of public assistance.

Measuring Program Participation with Survey Data: Why Estimates from the CPS and the SIPP Can Differ

To measure levels of participation in public-assistance programs, we rely in part on two large-scale national surveys, the Current Population Survey (CPS) and the Survey of Income and Program Participation (SIPP). Although the Census Bureau conducts both of these surveys, they often produce considerably different estimates of participation levels among native and immigrant populations in California. Here we briefly discuss the three main types of reasons for these variations: differences in sampling methods, the time frame of questionnaire items, and response rates.

Differences in sampling method and sample size contribute to the disparities in the two surveys' estimates of public-assistance usage and income. The large sample size of the CPS increases its precision in measuring the program usage of subgroups such as immigrants. In contrast, the SIPP often contains too few cases to make reliable estimates of program participation among immigrant subgroups within even a state as populous as California. In addition, the CPS sample is representative at the state level, while the unweighted SIPP is not. However, the SIPP oversamples low-income individuals to produce more accurate estimates of participation in federal programs for the needy. Both the CPS and the SIPP use noninstitutionalized U.S. households as their sampling unit, but they do not conduct the household interviews in the same way. The SIPP attempts to collect responses from all household residents over age 14, but the CPS asks a single person about the entire household, possibly increasing the inaccuracy of the responses.²⁰

Differences in the time frame of the reciprocity questionnaire items are probably the most important source of variation in the CPS and SIPP estimates. The CPS asks respondents about their program usage during the year preceding the interview, while the SIPP asks respondents about their usage during the past four months. Although we constructed a collapsed 12-month measure of participation in the SIPP to match the annual measure in the CPS, the way respondents answer the questions in the two surveys may lead to significant differences in participation measurements. CPS interviewees are asked to remember their program status over 12 months and may therefore have recall problems much greater than in the SIPP. Not only do CPS respondents face a more difficult challenge in recalling their activity during a year, some may also provide answers based more on their current status rather than their activity over the year.²¹ Given these differences in question wording, the SIPP consistently displays greater program usage and higher income levels than does the CPS.

²⁰ Lewis et al. (1998).

²¹ Ibid.

Directly related to these question-wording variations are the differences in the frequency of measurement. The CPS includes income and program items only once per year, while the SIPP includes the core income and program items in each of the three interview waves per year. The frequency of measurement may allow the SIPP to catch some of the shorter welfare spells missed by the CPS.²²

Finally, the degree of nonresponse varies between the two surveys, with the CPS reaching levels roughly one and a half times as high as the SIPP for income and welfare reciprocity items.²³ The March Supplement to the CPS that includes the income and program participation items occurs much later in the survey than similar items in the SIPP, possibly accounting for some of the increased level of nonresponse in the CPS over the SIPP.²⁴ Measurement of reciprocity is also affected by panel attrition in the SIPP, with younger and poorer individuals more likely to be missed from one interview wave to the next. Both surveys impute missing values for households and individuals.

²² Swartz and McBride (1990).

²³ Jabine et al. (1993); Citro and Kalton (1993).

²⁴ Lewis et al. (1998).

D. California Immigrant Welfare Collaborative: Major Benefit Programs Available to Immigrants in California, January 2002

PROGRAM	“QUALIFIED” IMMIGRANTS ¹ WHO ENTERED THE UNITED STATES BEFORE AUGUST 22, 1996	“QUALIFIED” IMMIGRANTS WHO ENTERED THE UNITED STATES ON OR AFTER AUGUST 22, 1996	“NOT QUALIFIED” IMMIGRANTS ²
SUPPLEMENTAL SECURITY INCOME & STATE SUPPLEMENTAL PAYMENT (SSI/SSP)	Eligible only if: <ul style="list-style-type: none"> • Receiving SSI (or application pending) on August 22, 1996 • Qualify as disabled³* • Veteran, active duty military, their spouse, unremarried surviving spouse, or child* • Lawful permanent resident with credit for 40 quarters of work⁴* • Refugee, asylee, granted withholding of deportation, Cuban/Haitian entrant, Amerasian, but only <i>during first seven years after getting status</i> • American Indian born in Canada or other Native American tribal member born outside the United States 	Eligible only if: <ul style="list-style-type: none"> • Veteran, active duty military, their spouse, unremarried surviving spouse, or child* • Lawful permanent resident with credit for 40 quarters of work (but must wait until five years after entry before applying) • Refugee, asylee, granted withholding of deportation, Cuban/Haitian entrant, Amerasian, but only <i>during first seven years after getting status</i> • American Indian born in Canada or other Native American tribal member born outside the United States 	Eligible only if: <ul style="list-style-type: none"> • Receiving SSI (or application pending) on August 22, 1996 • American Indian born in Canada or other Native American tribal member born outside the United States
STATE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)	Eligible if: <ul style="list-style-type: none"> • Are 65 years or older⁵ but do not meet immigrant eligibility criteria for federal SSI (above)* 	Eligible if: <ul style="list-style-type: none"> • Are either 65 years or older or a person with disabilities, but do not meet immigrant eligibility criteria for federal SSI (above)* 	Eligible only if: <ul style="list-style-type: none"> • Are permanently residing in the United States under color of law (PRUCOL), and are either 65 years or older or a person with disabilities

¹ Qualified immigrants are: (1) lawful permanent residents (LPRs), including Amerasian immigrants; (2) refugees, asylees, persons granted withholding of deportation, conditional entry (in effect prior to April 1, 1980), or paroled for at least one year; (3) Cuban/Haitian entrants; and (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty. Parent/child of such battered child/spouse are also qualified. Victims of trafficking (who are not included in the “qualified” immigrant definition) are eligible for all benefits funded or administered by federal agencies, without regard to their immigration status.

² Not qualified immigrants include all noncitizens who do not fit within the “qualified immigrant” categories.

³ Must have been lawfully residing in the United States on August 22, 1996.

⁴ LPRs can earn credit if they have worked 40 qualifying quarters. Immigrants also get credit toward their 40 quarters for work performed: (1) by parents when the immigrant was under 18; and (2) by spouse during the marriage (unless the marriage ended in divorce or annulment). No credit is given for a quarter worked after December 31, 1996 if a federal means-tested benefit (SSI, Medi-Cal, food stamps, CalWORKs, or Healthy Families) was received in that quarter.

⁵ Qualified immigrants with disabilities, who were not lawfully present in the United States on August 22, 1996, are also eligible for CAPI.

* Eligibility may be affected by deeming: a sponsor’s income/resources may be added to the immigrant’s in determining eligibility. For SSI, an LPR whose sponsor signed a traditional affidavit of support (I-134) is subject to deeming for three years after gaining LPR status. Deeming is not applied if the immigrant becomes disabled after entry. An LPR whose sponsor signs a new affidavit of support (I-864) is subject to deeming until she becomes a citizen or has credit for 40 quarters of work—12-month exception for immigrants who would go hungry or homeless without assistance, and domestic violence victims (exception extended if abuse has been recognized by court, administrative law judge, or INS). CAPI deeming rules are identical to the SSI rules, except that, regardless of which affidavit was signed: (1) victims of abuse are exempt, and (2) post-August 22, 1996 entrants (whose sponsors do not have a disability) are subject to 10 years of deeming.

Major Benefit Programs Available to Immigrants in California, Continued

PROGRAM	“QUALIFIED” IMMIGRANTS WHO ENTERED THE UNITED STATES BEFORE AUGUST 22, 1996	“QUALIFIED” IMMIGRANTS WHO ENTERED THE UNITED STATES ON OR AFTER AUGUST 22, 1996	“NOT QUALIFIED” IMMIGRANTS
FEDERAL FOOD STAMPS	Eligible only if: <ul style="list-style-type: none"> • Are under 18 years old⁶ • Were 65 years or older on August 22, 1996⁶ • Are receiving disability-related assistance⁷ • Refugee, asylee, granted withholding of deportation, Cuban/Haitian entrant, Amerasian, <i>but only during first seven years after getting status</i> • Lawful permanent resident with credit for 40 quarters of work⁴ • Veteran, active duty military, their spouse, unremarried surviving spouse, or child • Member of Hmong or Laotian tribe during the Vietnam era, when the tribe militarily assisted the United States; spouse, surviving spouse, or child of tribe member • American Indian born in Canada or other Native American tribal member born outside the United States 	Eligible only if: <ul style="list-style-type: none"> • Refugee, asylee, granted withholding of deportation, Cuban/Haitian entrant, Amerasian, <i>but only during first seven years after getting status</i> • Lawful permanent resident with credit for 40 quarters of work⁴ • Veteran, active duty military, their spouse, unremarried surviving spouse, or child** • Member of Hmong or Laotian tribe during the Vietnam era, when the tribe militarily assisted the United States; spouse, surviving spouse, or child of tribe member** • American Indian born in Canada or other Native American tribal member born outside the United States 	Eligible only if: <ul style="list-style-type: none"> • Member of Hmong or Laotian tribe during the Vietnam era, when the tribe militarily assisted the United States, who is now lawfully present in the United States; spouse, surviving spouse or child of tribe member • American Indian born in Canada or other Native American tribal member born outside the United States
STATE FOOD STAMPS	Eligible only if: <ul style="list-style-type: none"> • Do not meet immigrant eligibility criteria for federal food stamps (above) 	Eligible only if: <ul style="list-style-type: none"> • Do not meet immigrant eligibility criteria for federal food stamps (above)** 	Eligible only if: <ul style="list-style-type: none"> • Lawful temporary resident
CHILD NUTRITION PROGRAMS: WOMEN, INFANTS AND CHILDREN (WIC), SCHOOL LUNCH & BREAKFAST, AND SUMMER FOOD	Eligible	Eligible	Eligible

⁶ Must have been lawfully residing in the United States on August 22, 1996.

⁷ Must have been lawfully residing in the United States on August 22, 1996. Disability-related benefits include: Social Security disability, state disability or retirement pension, railroad retirement disability, veteran’s disability, disability-based Medi-Cal, or possibly General Assistance for certain immigrants with disabilities.

** Eligibility may be affected by deeming: a sponsor’s income/resources may be added to the immigrant’s in determining eligibility. For federal food stamps: deeming does not apply to lawful permanent residents (LPRs) whose sponsor signed a “traditional” affidavit of support (I-134). An LPR whose sponsor signed a new affidavit of support (I-864) is subject to deeming until she becomes a citizen or has credit for 40 quarters of work—with 12-month exception for immigrants who would go hungry or homeless without assistance, and domestic violence victims (exception extended if abuse has been recognized by court, administrative law judge, or INS). State food stamp deeming rules are identical to the federal food stamp rules, except that immigrants with new affidavits of support are subject to 3 years of deeming, and there is no time limit on the domestic violence exemption.

Major Benefit Programs Available to Immigrants in California, Continued

PROGRAM	“QUALIFIED” IMMIGRANTS WHO ENTERED THE UNITED STATES BEFORE AUGUST 22, 1996	“QUALIFIED” IMMIGRANTS WHO ENTERED THE UNITED STATES ON OR AFTER AUGUST 22, 1996	“NOT QUALIFIED” IMMIGRANTS
CALWORKS (replaced AFDC)	Eligible	Eligible***	Eligible only if: <ul style="list-style-type: none"> • Granted indefinite stay of deportation/removal, indefinite voluntary departure, or • Permanently residing in the United States under color of law (PRUCOL)
FULL SCOPE MEDI-CAL	Eligible	Eligible	Eligible only if: <ul style="list-style-type: none"> • Permanently residing in the United States under color of law (PRUCOL) • American Indian born in Canada or other Native American tribal member born outside the United States
HEALTHY FAMILIES	Eligible	Eligible	Not eligible
EMERGENCY MEDI-CAL OR COUNTY EMERGENCY SERVICES (includes labor/delivery)	Eligible	Eligible	Eligible
MEDI-CAL PRENATAL CARE	Eligible	Eligible	Eligible
MEDI-CAL LONG-TERM CARE	Eligible	Eligible	Eligible <ul style="list-style-type: none"> • Court order prevents state from denying long-term care services based on immigration status (<i>Crespin v. Belshe</i>)
CHILD HEALTH AND DISABILITY PREVENTION PROGRAM (CHDP)	Eligible	Eligible	Eligible

*** Eligibility may be affected by deeming: a sponsor’s income/resources may be added to the immigrant’s in determining eligibility—an LPR whose sponsor signed a new affidavit of support (I-864) is subject to deeming until she becomes a citizen or has credit for 40 quarters of work—with 12-month exception for immigrants who would go hungry or homeless without assistance, and domestic violence victims (exception extended if abuse recognized by court, administrative law judge, or INS).

Major Benefit Programs Available to Immigrants in California, Continued

PROGRAM	“QUALIFIED” IMMIGRANTS WHO ENTERED THE UNITED STATES BEFORE AUGUST 22, 1996	QUALIFIED” IMMIGRANTS WHO ENTERED THE UNITED STATES ON OR AFTER AUGUST 22, 1996	“NOT QUALIFIED” IMMIGRANTS
CALIFORNIA CHILDREN’S SERVICES (CCS)	Eligible	Eligible	Eligible
IN-HOME SUPPORTIVE SERVICES (IHSS)	Eligible****	Eligible****	Eligible only if: <ul style="list-style-type: none"> Permanently residing in the United States under color of law (PRUCOL)
MEDICARE (“PREMIUM FREE”) <p>Eligibility is based on work history. Part A is premium-free; Part B must be purchased.</p>	Eligible	Eligible	<p>Part A (Hospitalization)</p> <p>Eligible only if:</p> <ul style="list-style-type: none"> Lawfully present, and eligibility for assistance is based on employment performed while authorized to work <p>Part B (Outpatient)</p> <p>Eligible only if:</p> <ul style="list-style-type: none"> Lawfully present (those ineligible for Part A Medicare may purchase Part B)
PREMIUM “BUY IN” MEDICARE <p>(same immigrant rules apply to the Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, and Qualified Individual 1 and 2 programs)</p>	Eligible only if: <ul style="list-style-type: none"> Lawful permanent resident who has resided continuously in the United States for at least five years 	Eligible only if: <ul style="list-style-type: none"> Lawful permanent resident who has resided continuously in the United States for at least five years 	Not Eligible
NON-EMERGENCY COUNTY MEDICAL SERVICES	Eligible	Eligible	Varies by county (no change from prior law)
GENERAL ASSISTANCE	Eligible	Eligible	Generally ineligible (no change from prior law)

Source: National Immigration Law Center, January 10, 2002.

**** Eligibility may be affected by deeming: all or some of a sponsor’s income/resources may be added to the immigrant’s in determining eligibility—an LPR whose sponsor signed a traditional affidavit of support (I-134) is subject to deeming for 3 years after gaining LPR status. In IHSS, 3-year deeming is not applied if the immigrant becomes disabled after entry. An LPR whose sponsor signs a new affidavit of support (I-864) is subject to deeming until she becomes a citizen or has credit for 40 quarters of work—with 12-month exception for immigrants who would go hungry or homeless without assistance, and domestic violence victims (exception extended if abuse is recognized by court, administrative law judge, or INS).

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