

A Profile of Low-Income Working Immigrant Families

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Like other low-income working families, immigrant families need income, food, and housing assistance, as well as health coverage and child care.

Immigrants are a large and growing part of America's labor force. They accounted for half the growth in the U.S. workforce during the 1990s (Sum, Fogg, and Harrington 2002). In 2001, immigrants were 11 percent of the U.S. population, but 14 percent of all workers and 20 percent of low-wage workers in the U.S. economy (Capps, Fix et al. 2003).¹ Immigrants are overrepresented among all U.S. workers but especially among lower-paid workers.

Many Americans work hard yet struggle to pay bills and provide for their children (Acs, Ross Phillips, and McKenzie 2000). Immigrant families are no exception, since such a high share of immigrant workers earns low wages. In 2001, one-quarter of all children living in low-income families had one or more foreign-born parents (Fix, Zimmermann, and Passel 2001). Almost half (47 percent) of all low-income immigrant families fit our definition of working families, where adults on average worked at least part-time (1,000 hours) in 2001.² For low-income native families, this rate is 40 percent. These figures suggest that unemployment, underemployment, and episodic employment are common for low-income families headed by both immigrants and natives.

Despite similar levels of work effort among their parents, children of immigrants are substantially more likely than children with U.S.-born parents to be poor, have food-related problems, live in crowded housing, lack health insurance, and be in fair or poor health (Capps 2001; Reardon-Anderson, Capps, and Fix 2002).

While children of immigrants exhibit high levels of need for public benefits and services, current laws restrict immigrant eligibility for many major federal and state-funded programs. Undocumented immigrants are generally ineligible for all public benefits except emergency health services. The 1996 welfare reform law restricted many *legal* immigrants' eligibility for these programs as well (Fix and Passel 2002).

Despite significant benefit restorations in 1997 and 2002, most legal immigrants with less than five years of residency in the United States are ineligible for cash welfare, food assistance, public health insurance, housing assistance, and other major federal benefits (National Immigration Law Center 2002).³ Although over three-quarters of children in immigrant families are U.S. citizens and therefore not subject to these eligibility bars (Capps 2001), their access to benefits may be affected by their parents' lack of citizenship, as well as other factors including language barriers, cultural misunderstandings, and fear of interaction with government agencies (Rodriguez, Hagan, and Capps 2004).

In previous studies, we profiled immigrant workers. In this brief we extend that analysis to benefit and service use among families of immigrant workers with children. Our analyses are based on data from the 2002 National Survey of America's Families (NSAF).⁴ The benefits examined here include the Earned Income Tax Credit, cash welfare, food stamps, housing assistance, health insurance coverage, and child care.

Defining Low-Income Working Immigrant Families

Our focus in this brief is on families that include working adults, specifically those with family incomes below twice the federal poverty level (FPL) in 2001 and with adults who on average worked at least part-time (1,000 hours) during 2001.⁵ Our definition of working families includes four groups:

- single-parent families in which the parent worked at least part-time for 1,000 hours;
- two-parent families in which both parents worked part-time for a total of 2,000 hours or more;
- two-parent families in which one parent worked full-time (at least 2,000 hours) and the other parent did not work at all; and
- a small number of families with three or more working adults, in which the adults on average worked at least 1,000 hours in 2001.

We classify families where the highest earner was born outside the United States as “immigrant” families and those where the highest earner was U.S.-born as “native” families.

Poverty in Working Immigrant Families

In 2001, one-quarter of all low-income working families were immigrant families. Working immigrant families were about twice as likely as working native families to be either low-income (under 200 percent of FPL) or poor (under 100 percent of FPL). Forty-two percent of immigrant families were low-income, compared with 21 percent of native families, and 12 percent of immigrant families were poor, compared with 5 percent of native families (figure 1).⁶

Public Benefit Participation

Despite higher levels of economic hardship, low-income working immigrant families are less likely than native families to report receiving public benefits in four major areas: tax credits, income assistance, food assistance, and housing subsidies.

Earned Income Tax Credit

As a result of policy changes over the past 15 years, the Earned Income Tax Credit (EITC) has grown from a relatively small program into one larger than TANF, food stamps, or SSI (Blank and Schmidt 2001). In 2002,

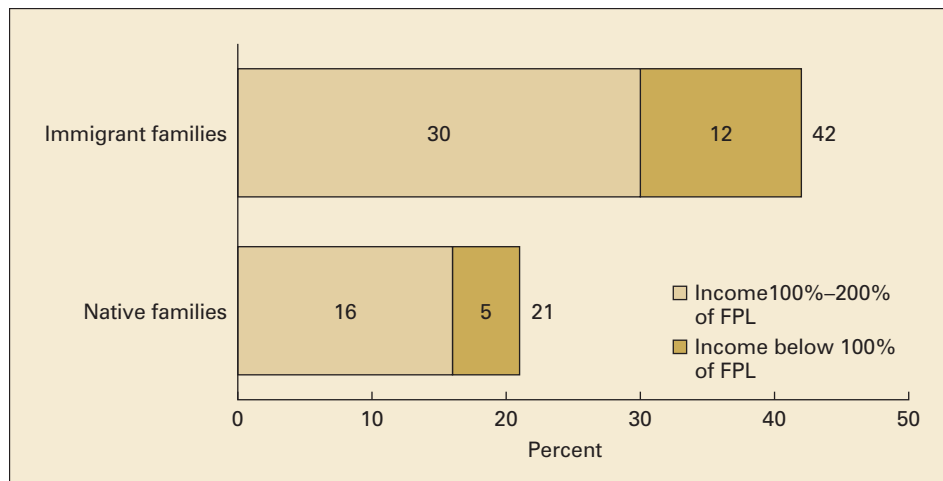
low-income working immigrant families were significantly less likely than native families to have heard about the EITC or to have received it in the past three years (figure 2).⁷ Seventy-nine percent of native families had heard about the EITC, about three times the share for immigrant families (26 percent). Native families were about four times as likely as immigrant families to report receiving the EITC during 1999–2002 (57 versus 14 percent).

These figures do not tell the whole story, however. Many low-income working families may have received the EITC without being able to identify the program by name, particularly if someone else (such as a community organization worker or a paid tax preparer) filled out their tax return.⁸ If we assume that all families receiving assistance in preparing their tax return also received the EITC, then the gap between immigrants and natives narrows considerably.⁹ In 2002, 83 percent of low-income native families either had their taxes prepared for them or received the EITC within the past three years, compared with 68 percent of immigrant families. In other words, our upper bound estimate of working immigrant families’ EITC receipt combines those who reported receiving the benefit and those who used tax preparers.

Our upper bound estimate is close to overall EITC receipt levels found in recent studies. For instance, Burman and Kobes (2003) show that between 80 and 86 percent of eligible families with children took advantage of the EITC from 1990 to 1999, and Berube and Tiffany (2004) conclude that about 15 to 20 percent of tax filers who are eligible for the EITC did not claim it in 2001.¹⁰

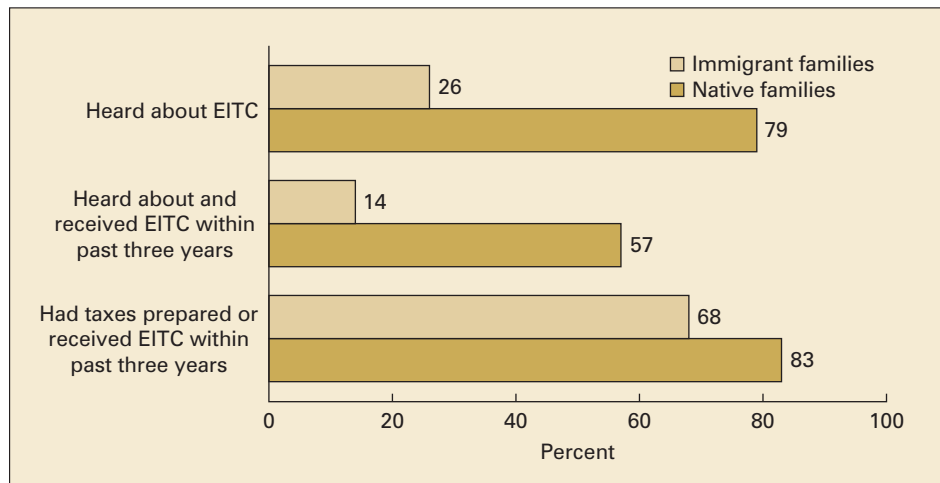
Regardless of how EITC receipt is measured, our findings show a significant gap between low-income working immigrant and native families. Lower EITC receipt among immigrants is explained in part by legal status, as 29 percent of immigrant workers are undocumented and therefore ineligible for the EITC (Capps, Fix et al. 2003).¹¹ Lower EITC

FIGURE 1. Low-Income and Poverty Rates for Working Families, 2001



Source: Authors' calculations using the 2002 National Survey of America's Families.

Notes: Working families are families with children in which adults worked at least 1,000 hours on average in 2001. Low income is income below 200 percent of the federal poverty level (FPL) or the sum of the light and dark gold sections of the bars. All differences between immigrant and native families are statistically significant at the $p < .05$ level.

FIGURE 2. *Earned Income Tax Credit Receipt among Low-Income Working Families, 2002*

Source: Authors' calculations using the 2002 National Survey of America's Families.

Notes: Low-income working families are families with children, incomes below 200% of the federal poverty level, and adults who worked at least 1,000 hours on average in 2001. EITC = Earned Income Tax Credit. All differences between immigrant and native families are statistically significant at the $p < .05$ level.

receipt among immigrants may also be a function of lower awareness, which could be addressed through outreach and community-based tax assistance.

Our analysis also suggests that working immigrant families are highly dependent on tax preparers for their EITC benefits. Many professional preparers charge high fees (Maag 2005) or offer refund anticipation loans with interest rates as high as several hundred percent (Annie E. Casey Foundation 2003). Nationally in 1999, low-income families lost an estimated \$1.75 billion in EITC benefits to tax preparers through fees and refund anticipation loans (Berube 2003).

Temporary Assistance for Needy Families and Food Stamps

Low-income working immigrant families were only about half as likely as their native counterparts to receive Temporary Assistance for Needy Families (TANF) (4 versus 7 percent) or food stamps (14 versus 26 percent) during 2001 (figure 3). Beyond income support, TANF use among low-income immigrant families may also affect their child care arrangements by limiting access to federal

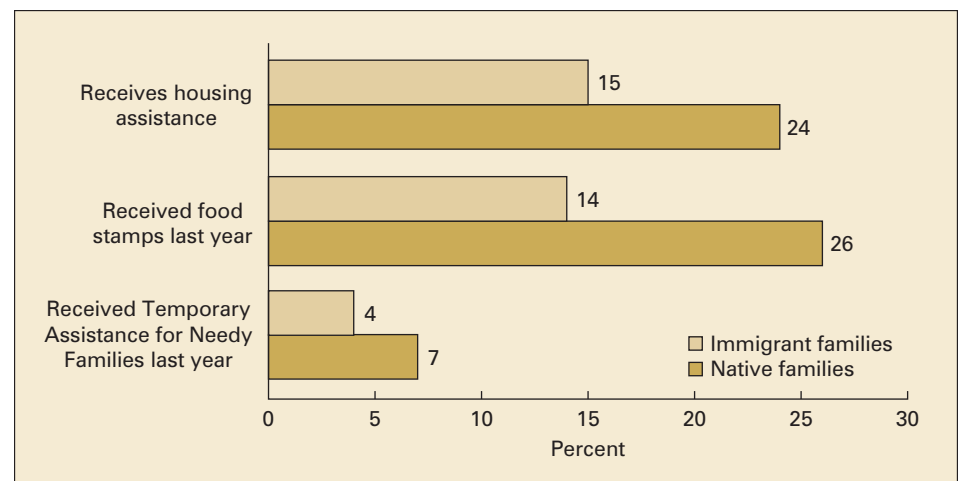
and state child care subsidies. While many low-income children of immigrants may be eligible for child care subsidies, they are unlikely to gain access to them in those states that reserve most subsidies for TANF families.

Although we did not estimate TANF or food stamp eligibility, many members of immigrant families were likely ineligible due to lack of citizenship. Over three-quarters of children of immigrants are themselves citizens

(Capps 2001), but many of their parents are undocumented or legal immigrants who are ineligible for these benefit programs. Food stamp use by noncitizens and their children is lower than for the total eligible population: in 2001, only 40 percent of eligible noncitizens and 34 percent of citizen children living with noncitizen adults participated in the Food Stamp Program, compared with 62 percent of all eligible individuals (Cunningham 2003).

Housing Assistance

Low-income immigrant families were also less likely to have received housing assistance from public sources in 2002 (15 versus 24 percent, as shown in figure 3). The NSAF asked respondents whether the government pays their rent, they live in public housing, or an agency gives them a voucher to help pay rent. We consider anyone who answered "yes" to any of these three questions to have received housing assistance. Some immigrant families include undocumented immigrants and therefore may be ineligible for housing assistance or afraid of the consequences of seeking assistance. Welfare reform barred undocumented immigrants from receiving housing assistance and required

FIGURE 3. *Public Benefit Participation among Low-Income Working Families, 2002*

Source: Authors' calculations using the 2002 National Survey of America's Families.

Notes: Low-income working families are families with children, incomes below 200% of the federal poverty level, and adults who worked at least 1,000 hours on average in 2001. All differences between immigrant and native families are statistically significant at the $p < .05$ level.

public housing authorities to report undocumented residents to the immigration authorities.

Health Insurance Coverage for Children and Adults

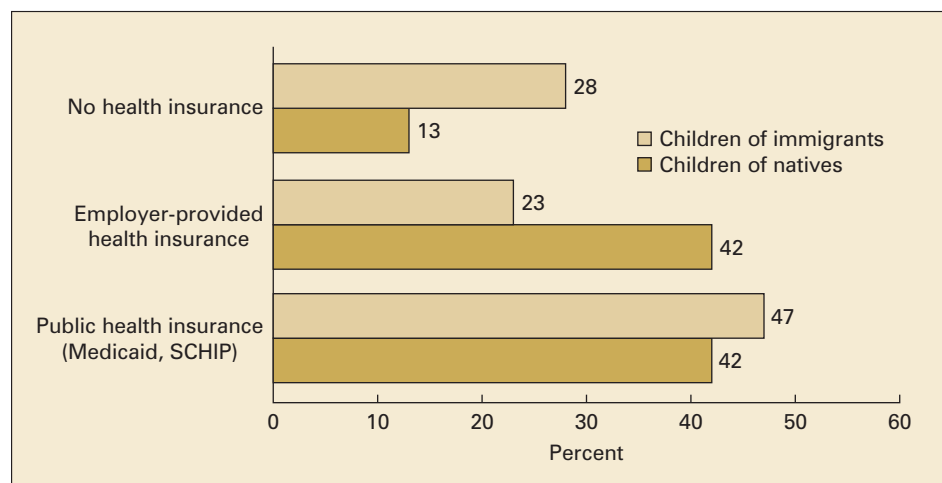
In low-income working families, most children are covered by either employer-provided or public health insurance. Yet a sizable share of children lack health insurance altogether.

Children in low-income working immigrant families were more than twice as likely as those in comparable native families to lack health insurance coverage in 2002 (28 versus 13 percent, see figure 4). This gap in uninsurance is entirely explained by low employer coverage: children in immigrant families were only about half as likely as those in native families to be covered under an employer-provided health plan (23 versus 42 percent). At the same time, children in immigrant families were *more* likely to have received public health insurance coverage through Medicaid or the State Children's Health Insurance Program (SCHIP) (47 versus 42 percent). When comparing the 2002 and 1999 NSAF data, we found improvements in the coverage of low-income citizen children with noncitizen parents under Medicaid and SCHIP (Capps, Kenney, and Fix 2003).¹²

Uninsurance among children of immigrants has been associated with restricted access to a usual source of health care (Capps 2001). Additionally, lack of insurance may lead to lower use of preventive health care, and to a higher incidence of acute and chronic health problems (Brown et al. 1999).

The share of immigrant *adults* in low-income working families without health insurance is double the share of uninsured children in these families. While adults are more likely than children to be covered under an employer-provided health plan, they are far less likely to be covered through Medicaid or another public program.

FIGURE 4. Health Insurance Coverage of Children in Low-Income Working Families, 2002



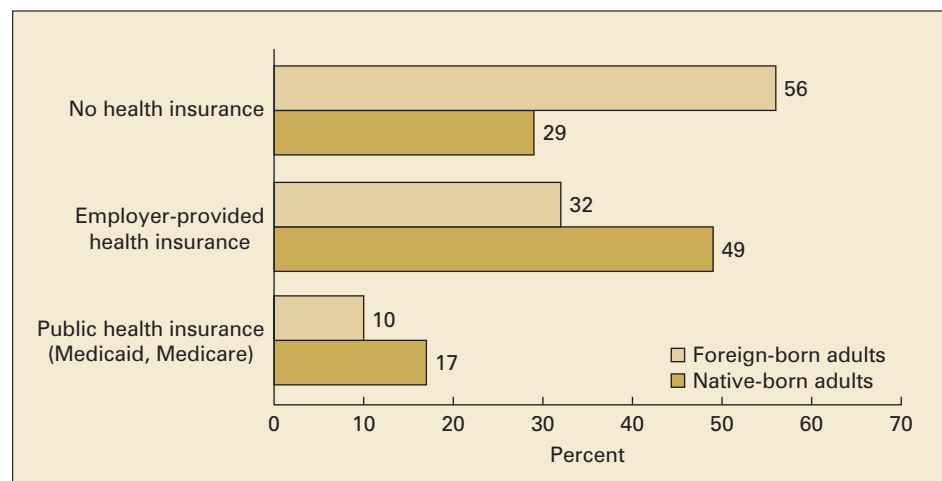
Source: Authors' calculations using the 2002 National Survey of America's Families.

Notes: Low-income working families are families with children, incomes below 200% of the federal poverty level, and adults who worked at least 1,000 hours on average in 2001. All differences between children of immigrants and children of natives are statistically significant at the $p < .05$ level.

In 2002 more than half of foreign-born adults in low-income working families were uninsured, almost twice the level for comparable native-born adults (56 versus 29 percent, as shown in figure 5). Only about one-third of foreign-born adults (32 percent) had employer-provided health insurance, compared with almost half (49 percent) of natives. Unlike children of immigrants, foreign-born adults were *less* likely than low-

income natives to be covered by Medicaid or another public program (10 versus 17 percent). Low coverage of immigrant adults under Medicaid and other public programs owes to the fact that the eligibility expansions and outreach efforts during the 1990s were aimed mostly at children. That said, important noncitizen eligibility restrictions remain in place for both adults and children—most notably eligibility bars for all undocumented

FIGURE 5. Health Insurance Coverage of Adults in Low-Income Working Families, 2002



Source: Authors' calculations using the 2002 National Survey of America's Families.

Notes: Low-income working families are families with children, incomes below 200% of the federal poverty level, and adults who worked at least 1,000 hours on average in 2001. All differences between foreign-born and native-born adults are statistically significant at the $p < .05$ level.

immigrants and, in many states, for legal immigrants during their first five years in the United States.

Child Care Arrangements for Young Children of Immigrants

Child care arrangements for preschool-age children (ages 0 to 5) vary widely between low-income working immigrant and native families.¹³ Overall, children of immigrants are significantly less likely to be in any regular nonparental child care arrangement (37 percent versus 57 percent of children of natives, as shown in table 1). This gap may be explained in part by family structure and preferences for different care arrangements. Low-income working immigrant families are more likely to include two parents than native families, but the second parent in immigrant families is less likely to work than in native families (Reardon-Anderson et al. 2002). Immigrants' lower use of child care may be the result of the higher share of second parents in immigrant families—usually mothers—who stay at home and provide child care rather than work. However, the gap in child care arrangements may also result from access barriers such as language, legal status, and limited availability of nearby care.

When we look in more detail at child care arrangements for low-income working families, 19 percent of children of natives under age 6 are in center-based care (which includes day care centers, Head Start, nursery school, preschool and pre-kindergarten), compared with only 12 percent of children of immigrants. The quality of center-based child care may be uneven and not necessarily higher than that provided by other sources (such as parents, relatives, or nannies and baby-sitters). There is evidence, though, that high-quality child care centers enhance school readiness, especially among 3- and 4-year-olds (Capizzano and Adams 2003). As a result, lower use of center-based care among children of immigrants may slow development of the English language and other skills needed to prepare for school. Additionally, child care centers are an important site for interaction between children of immigrants and children and adults from other backgrounds, suggesting that higher use of child care centers by working immigrant parents could speed their children's long-term integration (Brandon 2004).

Children living in low-income working immigrant families are also significantly less likely to be in child care provided by other relatives than are children in native families (17 versus 28 percent) or in care provided by non-relatives (such as nannies and

babysitters) in the home (1.7 versus 3.3 percent). There is no difference in the share of immigrants' and natives' children cared for in another home by a non-relative (6 percent). These findings show that immigrant families' lower use of child care is not confined to center-based care. Weaker social networks, ineligibility for child care subsidies, or other access barriers may help explain why these non-parental child care arrangements are less common in low-income working immigrant families than native families. Different preferences may also be part of the explanation.

Conclusion

Immigrants compose a large and growing share of all U.S. workers, and of low-income working families. In 2001, immigrants were one-fifth of all low-wage workers, and immigrant families were one-quarter of all low-income working families. Like other low-income working families, immigrant families face economic hardship; they need income, food, and housing assistance, as well as health coverage and child care for their children. According to our data, however, low-income working immigrant families are less likely than comparable native families to receive these needed benefits and services.

Working immigrant families are less likely to receive the EITC than are native families. Moreover, they appear to depend more on tax preparers to receive the EITC and may receive lower net tax gains as a result. Some immigrant families are ineligible for the EITC because the workers in the family are undocumented. Yet, since only about a quarter of low-income working immigrant families have even heard of the EITC, more outreach about the program in immigrant communities is clearly needed. The heavy use of paid tax preparers by immigrants—and other low-income workers—also suggests a role for community-based organizations to provide free or inexpensive tax preparation assistance.

In the case of public benefits—TANF, food stamps, and housing

TABLE 1. *Child Care Arrangements for Children Age 0 to 5 in Low-Income Working Families, 2002 (percent)*

	Children of natives	Children of immigrants
Parental care/no care arrangement	37.3	56.8
Any type of regular arrangement	56.7	36.5
Center-based care	18.6	12.2
Relative care	28.3	16.6
Non-relative care outside the home	6.5	6.0
Nanny/baby-sitter care inside the home	3.3	1.7

Source: Authors' calculations using the 2002 National Survey of America's Families.

Notes: Excludes children age 5 enrolled in kindergarten. Low-income working families have children, incomes below 200 percent of the federal poverty level, and adults who worked at least 1,000 hours on average in 2001. All differences between children of immigrants and children of natives are statistically significant at the $p < .05$ level.

assistance—low use levels may be the result of restrictions on noncitizen eligibility (i.e., bars on all undocumented immigrants and most legal immigrants without five years of residency). Uninsurance rates are higher for low-income working immigrants and their children than for comparable natives and their children, despite the successful enrollment of many eligible children of immigrants in Medicaid and SCHIP. Eligibility barriers for legal immigrants are still in place in many states with large immigrant populations, limiting the potential of Medicaid and SCHIP to close these uninsurance gaps.

Efforts to restore federal benefits to all legal immigrants could increase participation in these programs, both directly for ineligible adults and indirectly for children in families with ineligible adults. The Immigrant Children's Health Improvement Act, which has been debated over several years in Congress, would restore Medicaid and SCHIP eligibility to all legal immigrant children, regardless of their length of residency in the United States. The 2003 Farm Bill has already restored food stamp eligibility to all legal immigrant children. But undocumented adults and children—as well as legal immigrant adults in the country for less than five years—will likely remain ineligible.

Even with eligibility restorations, some other barriers to immigrant participation in public benefit programs may remain. Many immigrants do not speak English well and find it difficult to understand eligibility requirements and to communicate with workers in social service agencies. Many state and local governments have made progress in accommodating non-English speaking immigrants, but expanding access has proven more difficult for speakers of less common languages and for immigrants in areas with less experience communicating with newcomers. Immigrants also often fear that receipt of benefits might influence their applications to become U.S.

citizens or to sponsor family members (Holcomb et al. 2003).

Finally, the relatively small share of children in low-income working immigrant families in child care, especially center-based care, may point to access barriers. While immigrant parents may prefer to provide their own child care, doing so reduces family incomes since one of the parents must forgo work. The lower share of children of immigrants in center-based care may also be problematic if it slows their school readiness. Possible access barriers to child care include cost, availability, language, and cultural competence. Head Start and other programs that subsidize child care are therefore important forms of support for low-income working immigrant families.

Notes

1. We define low-wage workers as those earning less than twice the minimum wage. In 2001 the minimum wage (set by the federal government at \$5.15 an hour) was effective in all but 11 states, which set minimum wage levels higher than the federal standard.
2. This includes families where both parents worked part-time as well as those in which one parent worked full-time and the other parent did not work at all.
3. Currently, eligibility for Temporary Assistance for Needy Families and for Medicaid/State Children's Health Insurance Program is limited to legal immigrants who have been in the United States for at least five years or fit into certain exempt groups, including refugees and asylees. In 2003 food stamps eligibility was restored to all legal immigrant children regardless of length of U.S. residency, but legal immigrant adults must be in the country for at least five years or fit into an exempt group to be eligible for food stamps. As of spring 2005, a limited number of state and local governments provided comparable cash assistance, food assistance, and/or health insurance to some legal immigrants ineligible for federal benefits. None of these state or local programs extend eligibility to undocumented immigrants, with the exception of undocumented children, who are eligible for health insurance in New York and some California counties.
4. The NSAF provides information on a nationally representative sample of the civilian, noninstitutionalized population under age 65 and their families; it also provides state-representative data for 13 states. For more information on the survey methods and data reliability, see Abi-Habib, Safir, and Triplett (2004).
5. Poverty was measured using income figures from the year before the survey (i.e., 2001). In 2001 the federal poverty threshold was \$17,650 for a family of four, and slightly higher for larger families and lower for smaller families. Low-income here refers to incomes twice this threshold. Hours of work were also measured for the year before the survey. For more details on our definition of low-income working families, see Acs et al. (2000).
6. All differences between children in working immigrant families and those in native families—as well as differences between children and parents—are statistically significant at $p < 0.05$ unless noted otherwise.
7. The NSAF first asks respondents if they have heard about the EITC, and then asks them if they have ever received it. All those answering “yes” to both questions are then asked if they received the EITC over the past three years.
8. The NSAF first asks if respondents filed a federal tax return, and for all those who filed, asks them if they received help in completing their tax return from a “community service group or paid preparer such as H&R Block.”
9. A substantial share of families who had their taxes prepared may not have received the EITC, but we have no way of knowing for sure whether they received it, since the NSAF only asks about EITC receipt when the respondent has heard of the EITC. It is more likely, however, that the vast majority of families who used tax preparers received the EITC even if they didn't hear about it.
10. Our measure of low-income—twice the FPL—is slightly higher than the cutoff for EITC eligibility. In 2002, the maximum income for EITC receipt was \$33,200 (Berube 2003), or about 183 percent of the poverty level for a four-person family (\$18,100).
11. Some of these undocumented workers, however, may live in families with legal immigrant or citizen workers who are eligible for the EITC.
12. Trends in health insurance coverage for *noncitizen* children between 1999 and 2002 were inconclusive, based on a comparison between NSAF and U.S. Current Population Survey data for the same period.
13. The child care arrangements referred to here are the “primary” forms of child care used by these families; families may also be using other forms of child care on an irregular or less frequent basis. We exclude 5-year-old children enrolled in school from

the sample because they spend a large share of their time during parents' working hours in school. We do not examine after-school child care arrangements for these children.

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This series presents findings from the 1997, 1999, and 2002 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin). As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on the NSAF can be obtained at <http://newfederalism.urban.org>.

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

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