

A DEMOGRAPHIC, SOCIOECONOMIC, AND HEALTH COVERAGE PROFILE OF UNAUTHORIZED IMMIGRANTS IN THE UNITED STATES

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THE ISSUE: The fate of the nation's estimated 11 million unauthorized immigrants is a key component of the comprehensive immigration reform debate unfolding in Congress. The population's characteristics, including income levels, workforce participation rates, English language proficiency, and health care coverage, need to be taken into account not just in the framing of legislation but, if enacted, its implementation. This issue brief, using an innovative methodology developed by demographers at The Pennsylvania State University to examine data from the Census Bureau's American Community Survey and Survey of Income and Program Participation, offers an updated profile of this population, building upon earlier work performed by the Migration Policy Institute.

I. Introduction

This issue brief provides new data on unauthorized immigrants in the United States, their demographic and socioeconomic characteristics, and their health care coverage. The data are drawn from the 2011 American Community Survey (ACS) — the most recent large nationally representative survey — with immigration status assigned based on responses to another recent national survey: the 2008 Survey of Income and Program Participation (SIPP). Unauthorized immigrants are differentiated from legal immigrants based on answers to a SIPP question about whether noncitizens have a green card (i.e., have lawful permanent resident or LPR status). The analysis marks the first time that self-reported data on LPR status have been used to generate a national profile of unauthorized immigrants.

The findings described in the brief include the age and gender of the unauthorized immigrant population; its employment patterns and income levels; and its health insurance coverage (employer and other private coverage, public coverage, and the uninsured).

The findings are intended to provide policymakers and the public with up-to-date information about the unauthorized immigrant population. The concluding section discusses the implications of the data for the immigration legislation currently before Congress, as well as for implementation of the *Affordable Care Act* (ACA), the health care reform law enacted in 2010 and set to be fully implemented in 2014.

Methods

The central challenge in using US government survey data to identify unauthorized immigrants lies in the fact that most nationally representative surveys (such as the decennial Census, American Community Survey, and Current Population Survey) ask respondents about their citizenship, but do not inquire about the immigration status of noncitizens. This weakness in the survey data has been overcome by algorithms that assign immigration status (unauthorized, LPR, naturalized citizen) based on the characteristics of immigrants — such as their national origins, time in the United States, education, occupation, etc. For this issue brief, we have used the 2008 SIPP, a recent nationally representative survey, to obtain information about the characteristics that distinguish unauthorized immigrants from their LPR and naturalized citizen counterparts. The SIPP includes two questions about whether noncitizens hold LPR status: whether they entered the United States with that status, and whether they entered under another status and later adjusted that status to LPR. The methodology employed here uses information about the characteristics of the unauthorized population observed in the SIPP to assign immigration status to immigrants in the 2011 ACS, which lacks questions about noncitizens' immigration status. This methodology, known as cross-survey multiple imputation, is described in greater detail in the Appendix.¹

In basic terms, this methodology involves combining the SIPP and the ACS and using multiple imputation statistical techniques to “fill in” the missing immigration status information for noncitizens in the ACS. Both surveys include key variables used

in the analysis in this brief such as: age, gender, family income, English proficiency, employment, industry of employment, and health insurance coverage. Thus, we draw on the strengths of the SIPP — the LPR status questions — as well as those of the ACS: large samples that yield reliable estimates for small populations, on multiple measures, and across many states.

Other estimates utilize the number of legal immigrants from US Department of Homeland Security (DHS) data and then subtract this number from the total noncitizen population to obtain a “residual estimate” of the unauthorized population. We do not use this residual method; instead, we set our national total of the unauthorized population at 11.1 million in 2011 — the latest number provided by the Pew Hispanic Center.²

We draw on the strengths of the SIPP — the LPR status questions — as well as those of the ACS.

One weakness inherent in all methods for assigning immigration status to noncitizens is that it can be difficult to identify legal immigrants who have entered on temporary

visas, such as students or workers, from green card holders (i.e. LPRs). We are able to identify some students who do not have LPR status, but some other temporary legal immigrants (such as Temporary Protected Status holders and H-1B workers) may be included in our “unauthorized” group. H-1B workers in particular may have different characteristics from many unauthorized immigrants, as they tend to be well educated and work in relatively high-paying jobs. The numbers of these temporary legal immigrants are small relative to the unauthorized population, however.

II. Findings

This brief provides new, updated estimates of the demographics, income levels, employment patterns, English proficiency, and health care coverage of unauthorized immigrants. The data described here add to the existing body of knowledge about the unauthorized population and provide insights into the potential impacts of proposed immigration reform legislation on the population.

Demographics of the unauthorized immigrant population. The unauthorized population is a young population, as previous demographic profiles have shown, but it also includes a relatively small share of children — the largest group being young adults.³ In 2011, there were 1.15 million unauthorized immigrant children ages 18 and under, accounting for 10 percent of the total unauthorized population (see Table 1).⁴ By

contrast, 24 percent of the total US population was under age 18 in the 2010 Census.⁵ The vast majority of children with unauthorized immigrant parents (82 percent) are US born and therefore citizens.⁶

Young adults comprise a large majority of unauthorized immigrants: 72 percent are ages 19 to 44. By contrast, just 36 percent of the total US population is ages 18 to 44.

Because so many unauthorized immigrants are young, very few are in retirement or near retirement ages. Just 17 percent of unauthorized immigrants are ages 45 to 64, versus 26 percent of the total population. And only 1 percent of these immigrants are age 65 or older, versus 13 percent of the total population.

Also in keeping with earlier portraits of the population, men comprise a majority (55 percent) of unauthorized immigrants.

Table 1. Estimated Unauthorized Immigrant Population, by Age and Sex, 2011

Age	Female	Male	Total	Share in Age Range
0-18	540,000	610,000	1,150,000	10%
19-24	640,000	940,000	1,580,000	14%
25-34	1,550,000	2,090,000	3,640,000	33%
35-44	1,270,000	1,520,000	2,790,000	25%
45-54	620,000	660,000	1,290,000	12%
55-64	260,000	240,000	500,000	5%
65+	60,000	50,000	110,000	1%
Total Unauthorized Immigrant Population	4,940,000	6,110,000	11,060,000	100%

Source: Analysis of data from 2011 American Community Survey (ACS) and the 2008 Survey of Income and Program Participation (SIPP) by James Bachmeier and Jennifer Van Hook of The Pennsylvania State University, Population Research Institute (PRI). See Appendix for detailed methods.

Income and poverty. The unauthorized immigrant population is mostly low-income: high shares have incomes below the poverty level and the income thresholds for various public health insurance and other benefit programs.⁷ In 2011, 32 percent of unauthorized adults and 51 percent of children had family incomes below the federal poverty level (FPL);⁸ 44 percent of adults and 63 percent of children had incomes below 138 percent of FPL, which is the cutoff for adult Medicaid eligibility under the ACA expansions (see Table 2).⁹ Parents had lower incomes than adults who were not parents: 38 percent of parents were poor versus 28 percent of non-parents

(not shown in the table). Large majorities of both parents and children had incomes below 400 percent of FPL, which is the top eligibility threshold for tax credits to help purchase insurance in the newly created health insurance exchanges under the ACA. These patterns of income for unauthorized immigrants are similar to those calculated in previous studies of the population,¹⁰ and likely result from employment in low-wage jobs. Income may be under-reported in the ACS data, particularly among those unauthorized immigrant adults employed in informal jobs, and so the poverty rates shown here may be somewhat overestimated.

Table 2. Estimated Unauthorized Immigrant Adults and Children, by Family Income Relative to the Federal Poverty Level, 2011

Family Income Relative to Federal Poverty Level	Adults Ages 19 and Over	%	Children Ages 18 and Younger	%
<100%	3,140,000	32%	580,000	51%
100-138%	1,200,000	12%	140,000	12%
139-200%	1,760,000	18%	170,000	15%
201-300%	1,630,000	16%	110,000	10%
301-400%	850,000	9%	50,000	4%
400% or Higher	1,340,000	14%	90,000	8%
Total Unauthorized Immigrant Population	9,910,000	100%	1,140,000	100%

Source: Analysis of data from the 2011 ACS and the 2008 SIPP by Bachmeier and Van Hook.

Employment patterns. Despite low incomes, a large majority of unauthorized immigrant families include working adults — more often men but sometimes women as well. In 2011, 87 percent of unauthorized men were in the labor force, and 79 percent were employed. The labor force participation of women who are unauthorized immigrants was lower (57 percent), as was their employment rate (48 percent, see Table 3). Eight percent of men and 9 percent of women were unemployed. The lower

labor force participation of women is partially explained by their child-rearing and other care-giving responsibilities: 57 percent of women not in the labor force had children under age 18 in the home. Altogether, 82 percent of unauthorized immigrant women were either in the labor force or had children at home. It is also possible that the true employment rate of unauthorized immigrant men and women in these data is under-reported due to informal work.

Table 3. Estimated Unauthorized Immigrant Population Ages 19 to 64, by Gender and Employment Status, 2011

Employment Status	Men	%	Women	%	Total	%
In the Labor Force	4,740,000	87%	2,480,000	57%	7,220,000	74%
Employed	4,300,000	79%	2,100,000	48%	6,400,000	65%
Unemployed	440,000	8%	380,000	9%	820,000	8%
Not in Labor Force	720,000	13%	1,860,000	43%	2,580,000	26%
All Unauthorized Adults Ages 19 to 64	5,460,000	100%	4,340,000	100%	9,800,000	100%

Source: Analysis of data from the 2011 ACS and the 2008 SIPP by Bachmeier and Van Hook.

A total of 7.22 million unauthorized workers were in the labor force. The employment and labor force participation rates shown here are slightly lower than those in previous profiles of the population and may reflect the impact of the ongoing recession and weak US labor market on unauthorized immigrants.¹¹ A slowdown in illegal immigration, particularly from Mexico, in recent years has also been associated with the relatively weak US economy.¹² The economic slowdown could also mean that some unauthorized immigrants have left the formal US labor market for informal work that is not captured in the data we analyzed.

The largest sectors of employment for unauthorized workers in 2011 were retail trade and services (see Table 4). However, significant shares of the population also worked in agriculture, construction, and manufacturing. Men were the vast majority of unauthorized workers in agriculture and construction as well as a substantial majority in manufacturing. More unauthorized immigrant women than men worked in personal services, including child care and other domestic work. The number of female unauthorized workers performing child care and other personal services may be somewhat understated in the data if a substantial share worked informally.

A total of 7.22 million unauthorized workers were in the labor force.

The share of unauthorized workers in agriculture shown here is somewhat higher than in previous profiles of the unauthorized (e.g., 10 percent versus 4 percent in a study of unauthorized workers in 2008), while the share employed in construction is lower (15 percent versus 21 percent in 2008).¹³ The share employed in manufacturing is similar (12 percent versus 13 percent). It may be that since the recession began, the number of unauthorized immigrants employed in construction fell, as that industry was especially affected by the recession's housing crisis.¹⁴ The most recent data from the National Agricultural Worker Survey (NAWS) for the 2007–09 period suggest that 48 percent of farmworkers were unauthorized,¹⁵ and recent estimates of the US hired farmworker population vary between 1 million and 1.23 million.¹⁶ Our estimate of unauthorized agricultural workers here is 610,000, which would represent between 50 percent and 61 percent of hired farmworkers.

Table 4. Estimated Employed Unauthorized Immigrant Population Ages 19 to 64, by Gender and Major Industrial Sector of Employment, 2011

Industry	Men	%	Women	%	Total	%
Agriculture	540,000	13%	70,000	3%	610,000	10%
Construction	910,000	21%	20,000	1%	930,000	15%
Manufacturing	520,000	12%	230,000	11%	750,000	12%
Retail Trade	920,000	21%	550,000	26%	1,470,000	23%
Personal Services	100,000	2%	310,000	15%	410,000	6%
Other Services	840,000	20%	740,000	35%	1,580,000	25%
All Other Industries	470,000	11%	190,000	9%	660,000	10%
All Unauthorized Workers	4,300,000	100%	2,100,000	100%	6,400,000	100%

Source: Analysis of data from the 2011 ACS and the 2008 SIPP by Bachmeier and Van Hook.

Adult English language proficiency. Only 30 percent of unauthorized immigrant adults ages 19 and older were English proficient in 2011 (see Table 5). Here we use the Census Bureau’s definition of English proficiency: speaking English as the primary language at home or speaking another language at home but also speaking English very well. The other 70 percent of unauthorized adults were Limited English Proficient (LEP), reporting that they spoke English “well” (21 percent), “not well” (31

percent), or “not at all” (18 percent).¹⁷

The SIPP and ACS both provide data on spoken English proficiency, not English literacy, and these data are based on reports by respondents to surveys administered in multiple languages. Other national profiles of unauthorized immigrants have generally used CPS data, which do not include English proficiency, and therefore the numbers presented here do not have a prior basis for comparison.

Table 5. Estimated Unauthorized Immigrant Population Ages 19 and Older, by English Proficiency, 2011

Level of Proficiency	Number of Adults	Share
English Proficient	2,930,000	30%
Speaks Only English	800,000	8%
Speaks English Very Well	2,130,000	21%
Limited English Proficient	6,970,000	70%
Speaks English Well	2,130,000	21%
Does Not Speak English Well	3,040,000	31%
Does Not Speak English at All	1,800,000	18%
Total Unauthorized Population Ages 19 and Older	9,910,000	100%

Note: Some totals may not add up due to rounding.

Source: Analysis of data from the 2011 ACS and the 2008 SIPP by Bachmeier and Van Hook.

Health insurance coverage for unauthorized immigrants and other groups.

While a substantial share of unauthorized immigrants has private health insurance coverage (primarily employment-based insurance), a large majority is uninsured. In 2011, 29 percent of unauthorized immigrant adults ages 19 and over reported employer or other private coverage, and the other 71 percent reported no insurance coverage at the time they answered the survey (see Table 6).¹⁸ Employer and other private coverage was substantially higher for LPRs, naturalized citizens, and US-born citizen adults; additionally, all three of these groups had substantial public coverage through Medicare, Medicaid, and other public programs — programs for which unauthorized immigrants do not qualify.¹⁹ As a result, LPRs, naturalized citizens, and US-born citizens had substantially lower uninsurance rates than unauthorized adults. About 7 million unauthorized immigrant adults were uninsured, representing 16 percent of the total uninsured adult population.

The insurance patterns displayed here for adults are similar to those described

in an earlier Migration Policy Institute (MPI) report. All four groups of adults (i.e., US-born citizens, naturalized citizens, LPRs, and unauthorized immigrants) had slightly lower employer and private coverage in 2011 than in 2007. These declines ranged from 2 percent for unauthorized adults to 6 percent for LPRs and naturalized citizens.²⁰ Health coverage through employers and other private sources likely dropped from 2007 to 2011 due to reduced employment and job quality associated with the recession. It is notable that the decline in coverage is similar among all adults, regardless of citizenship or immigration status. It is useful to remember that employment-based insurance may come from the worker or his or her spouse. Thus, some unauthorized immigrants may obtain employer-sponsored insurance through spouses who are not unauthorized.

Table 6. Health Insurance Coverage of the Adult (Ages 19 and Older) Population, by Citizenship, Immigration Status, and Nativity, 2011

Citizenship, Immigration Status, and Nativity	Employer and Other Private Coverage	%	Public Coverage	%	No Insurance Coverage	%
Immigrant Adults	18,230,000	46%	6,650,000	17%	15,080,000	38%
Unauthorized Adults	2,850,000	29%	0	0%	7,070,000	71%
Permanent Resident Adults	5,300,000	42%	2,320,000	18%	5,130,000	40%
Naturalized Citizen Adults	10,080,000	58%	4,330,000	25%	2,880,000	17%
US-Born Citizens	122,420,000	63%	44,210,000	23%	29,030,000	15%
All US Adults Ages 19 and Older	140,650,000	60%	50,860,000	22%	44,110,000	19%

Source: Analysis of data from the 2011 ACS and the 2008 SIPP by Bachmeier and Van Hook.

Children, including unauthorized immigrant children, are generally more likely than adults to have health insurance. In 2011, 8 percent of all US children lacked health insurance coverage versus 19 percent of adults. But 47 percent of unauthorized immigrant children were uninsured, mostly because their families' employer and other private coverage was far lower than for other children (see Table 7). Thirty-two percent of unauthorized children had public coverage, about the same as the rates for LPR and US-born citizen children; this is not surprising given that unauthorized and US-born citizen children often live in the same mixed-status families.²¹ Some unauthorized immigrant children may have received coverage through state and local programs,²² while others may have been uninsured but received emergency or other limited health services

through publicly funded clinics or through hospitals with public funding. It is also possible that the adults responding to the survey obtained vaccinations or other basic public health services for their children, which they reported as "public coverage." Federally funded Medicaid participants have their immigration status verified to prevent unauthorized immigrants from participating.

Employer and other private insurance coverage deteriorated between 2007 and 2011 for all groups of children except naturalized citizen children (i.e., foreign-born children of naturalizing parents). During this period insurance coverage overall (including both public and private sources) fell for LPR and unauthorized children.

Table 7. Health Insurance Coverage of the Child (Ages 18 and Younger) Population, by Citizenship, Immigration Status, and Nativity, 2011

Citizenship, Immigration Status, and Nativity	Employer and Other Private Coverage	Public Coverage*		No Insurance Coverage	
		%	%	%	%
Immigrant Children	1,280,000	36%	31%	32%	32%
Unauthorized Children*	240,000	21%	32%	47%	47%
Permanent Resident Children	590,000	36%	33%	31%	31%
Naturalized Citizen Children	450,000	63%	25%	13%	13%
US-Born Citizen Children	40,630,000	57%	36%	7%	7%
All US Children Ages 18 and Younger	41,910,000	56%	36%	8%	8%

Note: *Unauthorized immigrant children are ineligible for federally funded coverage through Medicaid and the Children's Health Insurance Program.

Source: Analysis of data from the 2011 ACS and the 2008 SIPP by Bachmeier and Van Hook.

Health insurance coverage by demographic and economic characteristics. Among the adult unauthorized immigrant population, there was little variation in insurance coverage by age, with the share of uninsured ranging from a high of 75 percent among those ages 19

to 24 to a low of 69 percent in the 35-to-54 age range (the age range with the highest employer coverage).

There was considerably more variation in insurance coverage by family income, with

much lower coverage in low-income than high-income families headed by an unauthorized immigrant. Taking adults and children together, more than three-quarters of unauthorized immigrants with family incomes below twice the poverty level (200 percent of FPL) were uninsured in 2011. Above this income level, the share of unauthorized immigrants without coverage dropped rapidly, reaching 28 percent for those with incomes above 400 percent of FPL (see Table 8).

Table 8. Share of the Unauthorized Population without Health Insurance Coverage, by Family Income Relative to the Federal Poverty Level, 2011

Family Income Relative to the Federal Poverty Level (FPL)	Share with No Coverage
Up to 138% of FPL	81%
139 to 200% FPL	77%
201 to 300% FPL	65%
301 to 400% FPL	52%
Over 400% FPL	28%

Note: The official cutoff for eligibility for adult Medicaid, including the expanded coverage for childless adults under the *Affordable Care Act*, is 133 percent of FPL, but there is a 5 percent income disregard, making the effective cutoff 138 percent of FPL.

Source: Analysis of data from the 2011 ACS and the 2008 SIPP by Bachmeier and Van Hook.

Health insurance coverage is also highly correlated with unauthorized immigrants' English proficiency.²³ In 2011, half of adults who spoke English as their primary language at home or spoke English very well were uninsured (see Table 9). The uninsurance rates for adults who did not speak English well or did not speak English at all were much higher: 83 percent and 90 percent respectively.

Table 9. Share of Unauthorized Adults Ages 19 and Over without Health Insurance Coverage, by English Proficiency, 2011

Level of Proficiency	Share with No Coverage
Does not Speak English at All	90%
Does not Speak English Well	83%
Speaks English Well	68%
Speaks English Very Well	50%
Speaks only English	50%

Source: Analysis of data from the 2011 ACS and the 2008 SIPP by Bachmeier and Van Hook.

Health insurance coverage for unauthorized workers in various industries. Unauthorized adults who worked in 2011 were more likely to have health insurance than those who did not: 32 percent versus 22 percent, primarily due to coverage through employment. But employer and other private coverage varied greatly by industry of employment, with the highest coverage in services except personal services (51 percent) and manufacturing (45 percent). Unauthorized workers in these sectors are therefore the least likely to be uninsured (see Table 10). Employer and other private coverage was much lower in agriculture, construction, retail trade, and personal services. Over three-quarters of the unauthorized immigrants working in these sectors were uninsured, with the highest uninsurance rate in agriculture (89 percent).

Table 10. Health Insurance Coverage of Employed Unauthorized Adults (Ages 19 and Over), by Major Industrial Sector, 2011

Industry	Employer or Other Private Coverage	%	No Coverage	%
Agriculture	70,000	11%	540,000	89%
Construction	140,000	15%	800,000	85%
Retail Trade	310,000	21%	1,160,000	79%
Personal Services	100,000	24%	310,000	76%
Manufacturing	340,000	45%	410,000	55%
Other Services	810,000	51%	770,000	49%
All Other Industries	320,000	48%	340,000	52%
All Unauthorized Workers	2,070,000	32%	4,320,000	68%

Source: Analysis of data from the 2011 ACS and the 2008 SIPP by Bachmeier and Van Hook.

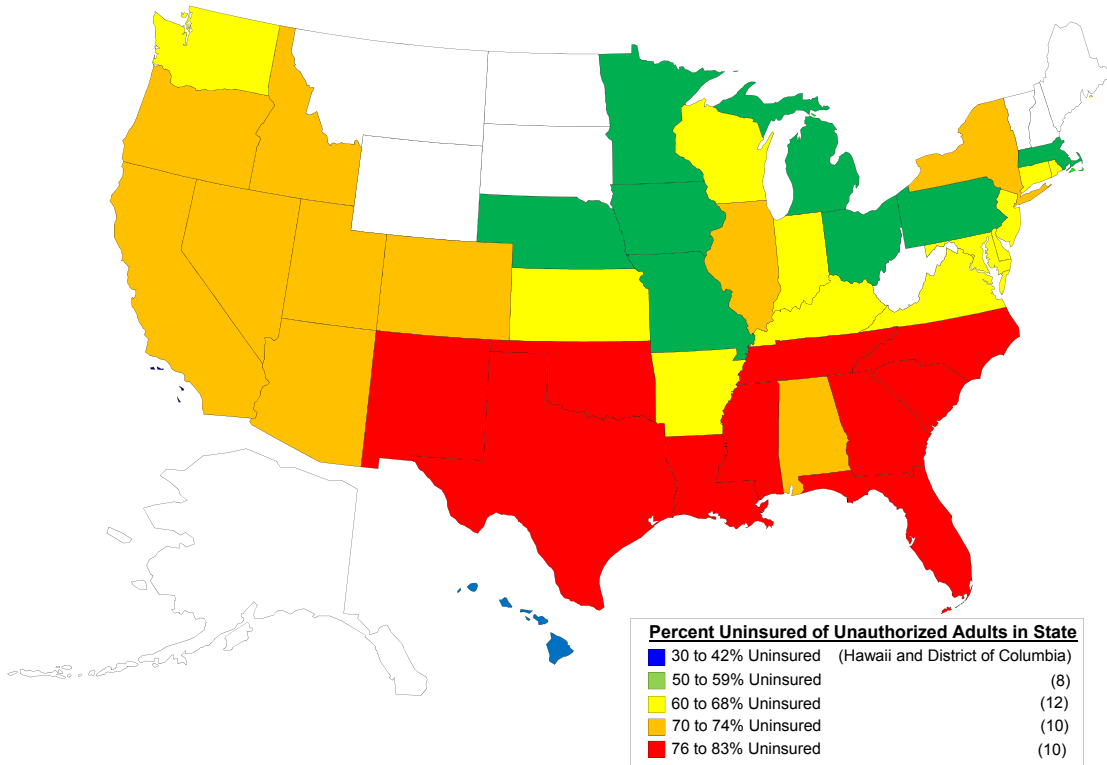
Health insurance coverage by state. There was also considerable variation in the unauthorized population’s coverage by state, with a general regional pattern of higher coverage in the Northeast and Midwest and lower coverage in the South and West.²⁴ This regional pattern parallels insurance coverage for the overall US adult population.²⁵ In 2011, more than three-quarters of unauthorized immigrant adults in all the Southern states were uninsured, except for Virginia, Kentucky, Alabama, and Arkansas (see Figure 1). More than 70 percent of unauthorized adults were uninsured in all the Western states except Washington. The lowest uninsurance rates for unauthorized immigrant adults (below 35 percent) were in Washington, DC, and Hawaii. These

state-level patterns of insurance coverage for unauthorized adults are similar to those calculated in an earlier MPI study of health coverage of unauthorized immigrants.²⁶

There was also considerable variation in the unauthorized population’s coverage by state, with a general regional pattern of higher coverage in the Northeast and Midwest and lower coverage in the South and West.

Health coverage of unauthorized children showed a similar pattern, but with higher overall coverage rates and relatively high rates in the large states of New York, Illinois, and Washington.²⁷ Lower child coverage levels were found in North Carolina, Georgia, Texas, Arizona, and Florida (see Table 11). The states with the highest coverage tend to have higher employer and private coverage for children, and some have public programs that are open to income-eligible children without exclusions based on citizenship or immigration status.

Figure 1. Share of Unauthorized Adults Ages 19 and Older without Health Insurance Coverage, by State of Residence, 2011



Note: The states that are not shaded on the map had samples too small to calculate insurance coverage reliably and include: Alaska, Maine, Montana, New Hampshire, North Dakota, South Dakota, Vermont, West Virginia, and Wyoming.
Source: Analysis of data from the 2011 ACS and the 2008 SIPP by Bachmeier and Van Hook.

Table 11. Share of Unauthorized Children Ages 18 and Younger without Health Insurance Coverage, for Selected States of Residence, 2011

Share without Coverage		
20 to 28 Percent	37 to 41 Percent	55 to 67 Percent
New York	New Jersey	Florida
Illinois	Maryland	Arizona
Washington	California	Texas
		Georgia
		North Carolina

Note: Samples were too small to calculate insurance coverage reliably in all but these 11 states.
Source: Analysis of data from the 2011 ACS and the 2008 SIPP by Bachmeier and Van Hook.

III. Policy Implications

The *Border Security, Economic Opportunity, and Immigration Modernization Act*, the immigration reform bill introduced in the Senate in April 2013, would provide a path to legal immigration status and eventually citizenship for most of the estimated 11 million immigrants in the United States. The bill would allow unauthorized immigrants in the United States since December 2011 to apply for Registered Provisional Immigrant (RPI) status, which would permit them to reside and work legally in the country if they met certain other conditions. In the original bill draft, the provisional period would be a minimum of ten years for most immigrants who legalize, after which time they might qualify to become LPRs if they met certain conditions, including work or care-giving for children and other family members over the ten-year RPI period.²⁸ The high employment rate of unauthorized immigrant men and high rate of employment or care-giving for women bodes well for their eligibility for LPR status, though future economic conditions could affect how many might qualify.

Once they achieve LPR status, immigrants could apply for citizenship after three years, bringing the total time between registration as an RPI and citizenship to a minimum of 13 years for most legalizing immigrants. The provisional period would be five years for two subgroups of the unauthorized: agricultural workers and their dependents,²⁹ and “DREAMers” — those who have been in the United States since age 15 and have either completed at least two years of college or served in the military.³⁰

As drafted, the Senate bill would exclude RPI status holders from most public benefits, including health insurance coverage during

the provisional period of up to ten years. Immigrants in provisional status also would be ineligible for the federal subsidies to purchase private health coverage that were authorized in the ACA and that go into effect in 2014.³¹ Additionally, the five-year waiting period for LPR adults to qualify for Medicaid coverage would remain in effect, meaning that legalizing adults may not be able to obtain federally funded Medicaid coverage until they become citizens: a process that would, except for DREAMers and agricultural workers, take at least 13 years after they legalize.

Key questions then are how RPI status holders would be able to afford insurance and how they would find alternative forms of health care given that they are ineligible for Medicaid or federal subsidies. Our data described here suggest that about 71 percent of unauthorized immigrant adults and 47 percent of unauthorized children — approximately 7.6 million

people — are uninsured currently. Of these, 7.2 million have incomes below 400 percent of the federal poverty level — the income cutoff for the ACA’s insurance subsidies — and 4.1 million have incomes below 138 percent of FPL — the cutoff for

the adult Medicaid expansion in the ACA. Not all of these immigrants would qualify for provisional status, and some would choose not to apply. Nonetheless, there could be a substantial population of legalizing immigrants who would qualify for Medicaid or ACA subsidies were it not for bars on their eligibility. Leaving such a large population uncovered for a long period of time — up to a decade — could have profound implications for community health clinics, hospitals, and other safety-net providers, as well as the state and local governments and private sources that fund them.

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Appendix³²

The methodological approach described here grew out of a research project aimed at understanding whether immigrants' health outcomes vary by their citizenship and immigration status (i.e., whether they are lawful permanent residents, refugees or asylees, legal temporary migrants, or unauthorized migrants). This project was funded by a grant from the National Institutes of Health and co-directed by Frank D. Bean from the University of California, Irvine and Jennifer Van Hook from The Pennsylvania State University.

The development of a method for imputing the immigration status of noncitizens in large-scale national surveys is necessitated by the fact that the immigration status information collected by these surveys is limited. Specifically, nearly all US government-sponsored nationally representative surveys ask respondents only whether they are foreign born and whether they are citizens; these surveys generally do not inquire about the immigration status of noncitizens.

In this technical appendix, we describe the methodology that we have developed in order to address these data limitations. We build on previous work that has sought to impute the immigration status of noncitizens in surveys lacking questions about immigration status, and develop a hybrid approach that incorporates elements of "survey-based" prediction methods and logically-based assignment algorithms.³³ Following a statistical approach described by Rendall et al.,³⁴ we pool two nationally representative surveys, one in which noncitizens' immigration status is observed (the "donor" sample) and one in which it is not (the "recipient" sample), and then use multiple imputation techniques to impute the immigration status of noncitizens in the recipient sample, based on immigration status models estimated in the donor sample. This technique involves three basic steps as described below.

Step 1: Pooling the Donor and Recipient Samples

The first step involved compiling and pooling data from the 2008 Survey of Income and Program Participation (SIPP) and the 2011 American Community Survey (ACS), which were used as the donor and recipient samples, respectively.

Donor Sample: The 2008 Survey of Income and Program Participation (SIPP).

The SIPP is the only nationally representative household survey that includes questions about the immigration status of noncitizen respondents, and thus serves as the "donor" sample. The SIPP is a longitudinal representative survey of the US noninstitutionalized population conducted by the US Census Bureau, and is designed to provide information about the dynamics of income, poverty, and public assistance program eligibility and participation. Each SIPP panel lasts for about three years and consists of approximately 12 waves, with each wave conducted about every four months. The survey questionnaire consists of a core set of questions asked every wave as well as questions from topical modules, which vary from wave to wave.

The questions regarding noncitizens' immigration status were included in a module on migration asked during Wave 2, which was administered between September 2008 and March 2009. Citizenship and immigration status can be identified using responses to three questions in the survey. All foreign-born respondents are asked whether they are naturalized US citizens and whether they possessed a lawful permanent resident (LPR) visa (i.e., a green card) upon first arriving in the United States. Those who answer that they are noncitizens and that they did not have LPR status upon arrival are asked a follow-up question: whether they have adjusted to LPR status since immigrating to the United States. Noncitizen, non-LPR arrivals who have not adjusted to LPR status are assumed to be unauthorized residents.³⁵ These responses

in SIPP are self-reported, as are the data from the ACS. They are subject to error or misinterpretation, but nonetheless represent perhaps the best available public data source with detailed information about immigration status and other related sociodemographic information.

The SIPP citizenship and LPR status questions are asked of all foreign-born Wave 2 respondents ages 15 and older (N=10,530). The SIPP does not ask these questions about respondents under age 15. The survey has a small sample, equivalent to just 0.034 percent of the total US population, and so it cannot be used for reliable analyses of small populations or below the national level.

Recipient Sample: 2011 American Community Survey (ACS).

The ACS is another nationally representative sample conducted by the Census Bureau. The ACS has a much larger sample than the SIPP, though: its sample is equivalent to 1 percent of the total US population (N=334,238 for the foreign-born population ages 15 and older). Another advantage of the ACS is that the survey is conducted every year, allowing it to provide data on US population characteristics that can be compared from year to year.

We pooled the samples of adults ages 15 and older in the SIPP and ACS to form a single data set that includes an immigration status indicator for noncitizens (coded as “missing” in the ACS observations), and several additional variables that are strongly associated with immigrants’ citizenship and immigration status (described below). With the exception of the immigration status variable, all of the other variables used in our imputation procedure are observed in both the SIPP and ACS samples, and coded identically.

Step 2: Logical Imputation of Citizenship Status to Noncitizens in the Recipient Sample

The second step entails “filling in” immigration status information for as much of the recipient sample as possible using characteristics available in the ACS. All naturalized citizens are coded as such on the immigration status indicator. Remaining noncitizens are coded as “legally resident” (i.e., LPRs and other lawfully present individuals) if they have characteristics that make it highly unlikely that they could be unauthorized. We identify *likely refugee arrivals* using information in the data on country of birth and year of arrival in conjunction with annual reports of new immigrant arrivals published by the Department of Homeland Security (DHS) and the legacy Immigration and Naturalization Service (INS).

In addition, we identify *university students* as those who immigrated as adults and are currently enrolled in college or graduate school. These students are assumed to have a valid student visa, and are thus placed in the legally resident category. *Veterans* and *active-duty military personnel* are also assumed to be in the country legally, as are *welfare recipients* (*state or federal Temporary Assistance for Needy Families, Supplemental Security Assistance, and/or General Assistance*), *public-sector employees*, and *persons in occupations* that require lawful status (e.g., law enforcement officers, diplomats, etc.). Those noncitizens who cannot be assigned into one of these “legally resident” categories have their immigration status imputed in the third step.

Step 3: Pooled-Sample Multiple Imputation of Immigration Status

We imputed the immigration status of noncitizens aged 15 and older in the ACS using multiple imputation, a commonly used and well-tested statistical technique.³⁶ Multiple imputation “fills in” the missing data based on associations observed in the SIPP data

between immigration status and a set of jointly observed covariates (i.e., characteristics that can be found in both data sets). Due to random variation in the imputation procedure, some individuals who are assigned unauthorized status in one imputation may be assigned legally resident status in a subsequent imputation, and thus the characteristics of the estimated unauthorized immigrant population vary slightly across imputations. To minimize this variation, we imputed immigration status ten times and the estimates presented in the issue brief are averaged across the ten imputations.

We could only impute immigration status to noncitizens aged 15 and older, because the SIPP does not include a green card question for respondents under age 15. To assign immigration status to noncitizen children under age 15 in the ACS, we matched all foreign-born children to their parents in each of the ten imputed data sets. When children are included, the total foreign-born sample of the 2011 ACS is 351,377. Noncitizen children are assigned unauthorized status

if they do not have a legally resident parent (using the imputations of citizenship status for the parents), as LPR status is almost always conveyed to children whose parents are LPRs. Unauthorized immigrant children have either two unauthorized parents or a single unauthorized parent; those children with one authorized and one legally resident parent are considered to be legally resident. In rare instances in which a child could not be matched to a parent, that child's immigration status is determined by the status of the household head.

The imputation model used to impute adults' immigration status included the following characteristics that are available in both the SIPP and ACS: world region of birth, duration of US residence, English language proficiency, age, sex, marital status, parental status, household size, educational attainment, homeownership, insurance coverage, labor force status, income-to-poverty ratio, and US state/region of residence.

Endnotes

- 1 Michael S. Rendall, Bonnie Ghosh-Dastidar, Margaret M. Weden, and Zahar Nazarov, "Multiple Imputation for Combined-Survey Estimation with Incomplete Regressors in One but not Both Surveys" (Working Paper WR-887-1, RAND, Santa Monica, CA, 2011), www.rand.org/content/dam/rand/pubs/working_papers/2011/RAND_WR887-1.pdf.
- 2 Jeffrey Passel and D'Vera Cohn, *Unauthorized Immigrants: 11.1 Million in 2011* (Washington, DC: Pew Hispanic Center, 2012), www.pewhispanic.org/2012/12/06/unauthorized-immigrants-11-1-million-in-2011/.
- 3 Jeffrey Passel and D'Vera Cohn, *A Profile of Unauthorized Immigrants in the United States* (Washington, DC: Pew Hispanic Center, 2009), www.pewhispanic.org/2009/04/14/a-portrait-of-unauthorized-immigrants-in-the-united-states/.
- 4 We define children as 18 and under, rather than 17 and under, to reflect the rules for Medicaid coverage, since health care coverage is one of the main topics addressed in this report.
- 5 Lindsay M. Howden and Julie A. Meyer, "Age and Sex Composition: 2010" (2010 Census Briefs No. C2010BR-03, US Census Bureau, May 2011), www.census.gov/prod/cen2010/briefs/c2010br-03.pdf.
- 6 Jeffrey Passel and D'Vera Cohn, *Unauthorized Immigrant Population: National and State Trends, 2010* (Washington, DC: Pew Hispanic Center, 2011), www.pewhispanic.org/2011/02/01/iii-births-and-children/.
- 7 We should note, though, that the children of unauthorized immigrants are likely to be more prosperous than their parents. An analysis by the Migration Policy Institute (MPI) shows a substantial decline in the poverty rate of Latino youth (ages 16 to 26) between the first and second generations: from 32 percent to 24 percent. See Jeanne Batalova and Michael Fix, *Up for Grabs: The Gains and Prospects of First- and Second Generation Young Adults* (Washington, DC: MPI, 2009), www.migrationpolicy.org/pubs/youngadults-upforgabs.pdf.
- 8 In 2011, the federal poverty level (FPL) was \$22,350 for a family of four. See US Department of Health and Human Services, Assistant Secretary for Policy Evaluation, "The 2011 HHS Poverty Guidelines," <http://aspe.hhs.gov/poverty/11poverty.shtml>.

- 9 The official cutoff for eligibility for adult Medicaid, including the expanded coverage for childless adults under the *Affordable Care Act*, is 133 percent of FPL, but there is a 5 percent income disregard, making the effective cutoff 138 percent of FPL. See Leighton Ku, “Ready, Set, Plan, Implement. Executing Medicaid’s Expansion” *Health Affairs*, 29(6): 1173-77.
- 10 Randy Capps, Marc. R. Rosenblum, and Michael Fix, *Immigrants and Health Care Reform: What’s Really at Stake?* (Washington, DC: MPI, 2009), www.migrationpolicy.org/pubs/healthcare-oct09.pdf.
- 11 Passel and Cohn, *Unauthorized Immigrant Population: National and State Trends, 2010*.
- 12 Passel and Cohn, *Unauthorized Immigrants: 11.1 Million in 2011*.
- 13 Passel and Cohn, *A Profile of Unauthorized Immigrants in the United States*.
- 14 Rakesh Kochhar, *Latino Labor Report, 2008: Construction Reverses Job Growth for Latinos 2011* (Washington, DC: Pew Hispanic Center, 2008), www.pewhispanic.org/2008/06/04/latino-labor-report-2008-construction-reverses-job-growth-for-latinos/.
- 15 Daniel Carroll, Annie Georges, and Russell Saltz, “Changing Characteristics of U.S. Farm Workers: 21 Years of Findings from the National Agricultural Workers Survey,” slide 14, presented at *Immigration Reform and Agriculture Conference: Implications for Farmers, Farm Workers, and Communities*, University of California, DC Campus, May 12, 2011, <http://migration.ucdavis.edu/cf/files/2011-may/carroll-changing-characteristics.pdf>.
- 16 William Kandel, *A Profile of Hired Farmworkers, A 2008 Update* (Washington, DC: US Department of Agriculture, Economic Research Service, 2008), www.ers.usda.gov/media/205615/err60_reportssummary_1_.pdf; Dixie Sommers and James C. Franklin, “Employment outlook: 2010-2020, Overview of projects to 2020,” *Monthly Labor Review*, page 14, US Bureau of Labor Statistics, January 2012, www.bls.gov/opub/mlr/2012/01/art1full.pdf.
- 17 We note that English proficiency will undoubtedly rise in the second generation, as only 7 percent of US-born Latino youth ages 16 to 26 report limited English proficiency. See Batalova and Fix, *Up for Grabs*.
- 18 The ACS asks respondents whether they and their household members have coverage “currently.” SIPP respondents are asked about any coverage during the past four months.
- 19 About 8 percent of unauthorized adults report “public coverage” in the SIPP/ACS data; however, they are ineligible for federally funded insurance coverage, except for emergency Medicaid. The Medicaid program verifies immigration status to ensure that unauthorized immigrants cannot participate. Moreover, many of those who reported “public coverage” may have gone to a public clinic or charity-care hospital where they received care that was not compensated through emergency Medicaid or any other public funding source. The group of unauthorized immigrants with “public coverage” therefore lacks comprehensive health insurance coverage as it is usually viewed, and we include them in the “no coverage” category.
- 20 Capps, Rosenblum, and Fix, *Immigrants and Health Care Reform: What’s Really at Stake?*, 13.
- 21 As noted earlier, an estimated 82 percent of children in unauthorized families are US-born citizens. In many of these families, the US-born children have older siblings who are unauthorized. See Passel and Cohn, *Unauthorized Immigrant Population: National and State Trends*.
- 22 In some areas, there are state or locally funded programs that provide insurance coverage to low-income children without regard to immigration status. Our data indicate that 64 percent of unauthorized immigrant children with public coverage lived in the District of Columbia or in one of the seven states that provide such coverage: California, Florida, Illinois, Massachusetts, New Jersey, New York, and Washington.
- 23 Here we limit the sample to adults 19 and older.
- 24 The sample in the ACS was insufficient to calculate insurance coverage for unauthorized immigrant adults in states with very small unauthorized populations. These include Alaska, Maine, Montana, New Hampshire, North Dakota, South Dakota, Vermont, West Virginia, and Wyoming.
- 25 Kaiser Family Foundation, “Health Insurance Coverage of Adults 19-24,” map, *Health Facts*, <http://kff.org/other/state-indicator/adults-19-64/#map>.
- 26 Capps, Rosenblum, and Fix, *Immigrants and Health Care Reform: What’s Really at Stake?*, 19.
- 27 The ACS sample only permits reliable analysis of health coverage for unauthorized immigrant children in 11 states.
- 28 *Border Security, Economic Opportunity, and Immigration Modernization Act*, S. 744, 113th Congress, Sec. 2101(b) and Sec. 2302(c)(3)(B), <http://thomas.loc.gov/cgi-bin/query/z?c113:S.744>.
- 29 *Ibid.*, Sec. 2212(a).
- 30 The group of DREAMers would be eligible to apply for citizenship as soon as they achieve LPR status, five years after initially legalizing. See *Border Security, Economic Opportunity, and Immigration Modernization Act*, Sec. 2103(b)(1)(A)(i).
- 31 *Ibid.*, Sec. (d)(4)(C).

- 32 The methodology described here, authored by Jennifer Van Hook and James D. Bachmeier, was developed with support of a grant from the National Institutes of Health, Grant Number RC2 HD064497, Frank D. Bean and Jennifer Van Hook (co-principal investigators).
- 33 David M. Heer and Jeffrey S. Passel, "Comparison of Two Methods for Estimating the Number of Undocumented Mexican Adults in Los Angeles County," *International Migration Review* 21(4): 1446–73; Enrico A. Marcelli and David M. Heer, "Unauthorized Mexican Workers in the 1990 Los Angeles County Labour Force," *International Migration* 35(1): 59–83; Passel and Cohn, *A Profile of Unauthorized Immigrants in the United States*.
- 34 Rendall, et al., "Multiple Imputation for Combined-Survey Estimation."
- 35 In the SIPP data released to the public, it is not possible to distinguish between legal temporary nonimmigrants and unauthorized or "other" migrants because detailed response categories are suppressed by the Census Bureau. Thus, it is possible that our unauthorized category includes a small number of legal temporary migrants such as students, temporary workers, short-term refugees, and individuals with Temporary Protected Status.
- 36 Paul D. Allison, *Missing Data* (Thousand Oaks, CA: Sage, 2002); Donald B. Rubin, *Multiple Imputation for Nonresponse in Surveys* (New York: Wiley, 1987).

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