Immigration *A Megatrends Backgrounder*

A Publication of The Council of State Governments

The Council of
State Governments

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Executive Summary

The United States is commonly called a nation of immigrants, and there have been several waves of immigration in this country's history. Immigrants provide labor that contributes to the national economy, and they enhance the country culturally with their customs, traditions and cuisine.

Immigrants who came to the United States since 1990 comprise one-third of the foreign-born population currently residing here. In contrast to earlier waves of European immigrants in the 20th century, the recent influx of Asians and Hispanics is changing the racial and ethnic makeup of the country.
These predominantly Hispanic immigrants are younger, less educated and poorer, on average, than the native population and immigrants who came to this country before 1990. As native baby boomers age and edge towards retirement, many younger immigrants are in the workforce making Social Security and Medicare contributions that will be used by these retirees. The flipside is that many of these immigrants are not as well off economically as the native population, they face language and cultural barriers, and they have school-aged children who must be educated in American schools.

As the number of immigrants grow and the demographic makeup of these immigrants changes, states must address issues related both to population growth as well as social, economic and cultural diversity. While immigration affects every facet of state government, certain policy areas are particularly impacted.

Immigration has impacts on the educational system at all levels – elementary, secondary and post-secondary. Some issues include:

- immigration's contributions to increases in elementary school enrollment;
- gaps in educational achievement between natives and immigrants at the elementary and secondary levels;
- higher costs associated with educating children who do not speak English well; and
- differences among immigrant groups in their likeliness to pursue higher education.

As the population of schoolchildren becomes more diverse in this country, policy-makers are focusing their efforts on ways of teaching children who may not have a good understanding of English, training teachers to provide this education as well as other policies and programs targeted at specific immigrant populations. As with native children, investment in education for immigrants and their children is a vital social and economic interest.

As the population of the United States becomes more diverse due in large part to the influx of immigrants, the health care system must adapt to a number of changing conditions. There are several implications of immigration for the U.S. health care system, such as:

- racial and ethnic health disparities that may influence health care research and costs;
- cultural competency and health literacy that can affect the quality of health care; and
- the lack of health insurance among many immigrants.

Incentives for employers to provide health insurance benefits and expansion of access to public health programs are two ways to address access to care issues. Policy-makers can also promote linguistically appropriate and culturally competent health care through a variety of measures, such as encouraging or mandating access to medical translation and interpretation services as well as promoting foreign language skills and cultural competency in college health care curricula and professional education programs.

Socioeconomic conditions for the immigrant population have brought safety net issues to the forefront in several states. Compared to the native population, immigrants tend to have:

- higher unemployment rates;
- lower incomes, on average; and
- higher poverty rates.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 eliminated means-tested services for five years to immigrants arriving after August 1996 and then placed restrictions

on use thereafter. Although welfare reform restricted federal benefits to many immigrants, several states have created programs to provide a safety net for immigrants. Some states have implemented alternative welfare programs to offset the federal limitations of PRWORA. And some states are focusing on the overall socioeconomic advancement of immigrants outside the welfare system and setting up one-stop shops to meet the needs of the immigrant population.

In the area of public safety and justice, states face a wide range of issues related to immigration. In addition to the inherent illegality of some immigration, other specific issues include:

- a lack of understanding of U.S. laws and the American legal system and language barriers that can intensify the problems;
- the issuance of drivers' licenses and identification cards for illegal immigrants;
- rising gang-related violence in some immigrant communities; and
- little to no reimbursement from the federal government for state facilities house inmates awaiting deportation.

Policy-makers have a number of options to consider in addressing immigrant issues related to public safety and justice. States can promote programs that increase interaction and communications between law enforcement, and there are a number of programs designed to bridge language and cultural barriers. Several states are examining the issue of drivers' licenses for non-citizens and the use of *matricula consular* as identification cards. There are a number of options to help reduce gang activity, which is an important issue in some immigrant-dominated areas. In addition, there is proposed federal legislation that states need to be aware of that can influence state government's role in federal immigrant policy and the deportation process.

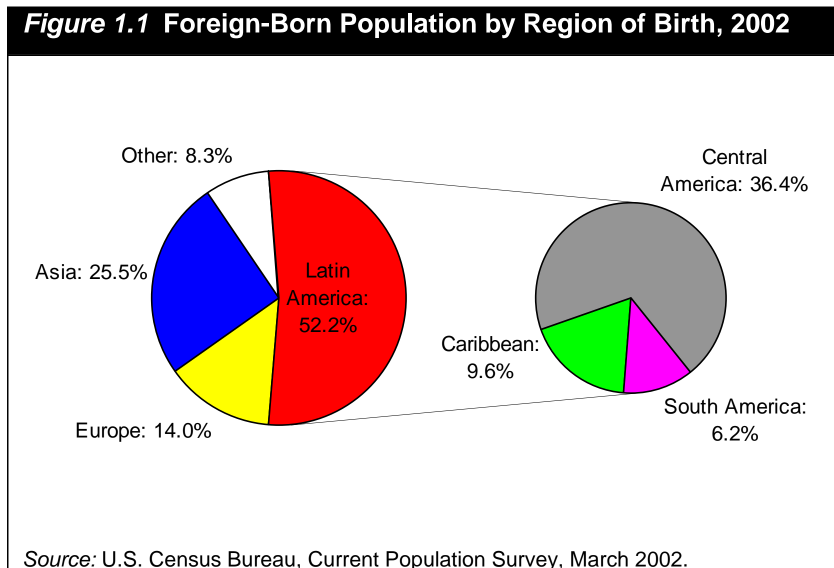
This *Megatrends Backgrounder* will look at immigration trends over the past decade, characteristics of the immigrant population and the geographic distribution of immigrants throughout the United States. It will then examine the impact immigration has on state policies and programs, specifically education, health care, welfare, and public safety and justice. The final section outlines possible policy options and highlights examples of state policies and programs that will help guide state officials as they formulate legislation and programs to deal with immigration's impact on various policy areas.

1. The Foreign-Born Population in the United States

The U.S. foreign-born population was measured at more than 31 million, according to Census 2000, comprising slightly more than 11 percent of the total population. During the last decade, the foreign-born population grew by more than 11 million people, an increase of 57 percent as compared with a 9.3 percent increase in the native population.[1]

This growth can primarily be attributed to migration from two areas — Latin America and Asia.[2] By March 2002, as shown in Figure 1.1, immigrants from Central America, which includes Mexico, accounted for more than one-third and Asian immigrants accounted for more than one-fourth of the foreign-born population in the United States.[3]

***Figure 1.1* Foreign-Born Population by Region of Birth, 2002**



Source: U.S. Census Bureau, Current Population Survey, March 2002.

This trend is expected to continue. In fact, by 2030 one-quarter of all Americans will be either Hispanic[4] or Asian.[5] And the Hispanic and Asian populations are expected to triple by 2050.[6] Between 2000 and 2050, the Hispanic population is expected to grow from 35.6 million to 102.6 million, or 188 percent.[7] During that same time period, the Asian population is expected to grow from 10.7 million to 33.4 million, an increase of 213 percent.[8]

Immigration at the State Level

The geographic distribution of the immigrant population is beginning to change. In the past, immigrants tended to locate in gateway cities, such as Los Angeles and New York, and most immigrants settled in the "Big Six" states of California, Texas, New York, Florida, Illinois and New Jersey. As outlined in Table 1.1, the percentage of foreign born grew in several states, not just the Big Six, between 1990 and 2000.

While the absolute number of immigrants is greatest in the Big Six states, the immigrant growth rate is higher in other places. Immigrants who came between 1990 and 2000 and those who came before 1990s and initially settled in gateway communities are now moving to growing areas throughout the country. Growth in the immigrant population in the 1990s was slow in the Big Six, but states that have not been traditional immigration magnets experienced a great deal of immigrant population growth. For instance, in the 1990s the immigrant population grew by more than 100 percent in 14 states and by more than 200 percent in Georgia and North Carolina.

***Table 1.1* Percent of Population that is Foreign Born, 1990 and 2000**

	1990	2000	% Change		1990	2000	% Change
United States	*7.9*	*11.1*	*57.4*				
Alabama	1.1	2	101.6	Nebraska	1.8	4.4	164.7
Alaska	4.5	5.9	49.8	Nevada	8.7	15.8	202.0
Arizona	7.6	12.8	135.9	New Hampshire	3.7	4.4	31.5
Arkansas	1.1	2.8	196.3	New Jersey	12.5	17.5	52.7
California	21.7	26.2	37.2	New Mexico	5.3	8.2	85.8
Colorado	4.3	8.6	159.7	New York	15.9	20.4	35.6
Connecticut	8.5	10.9	32.4	North Carolina	1.7	5.3	273.7
Delaware	3.3	5.7	101.6	North Dakota	1.5	1.9	29.0

Table 1.1 Percent of Population that is Foreign Born, 1990 and 2000 (cont.)

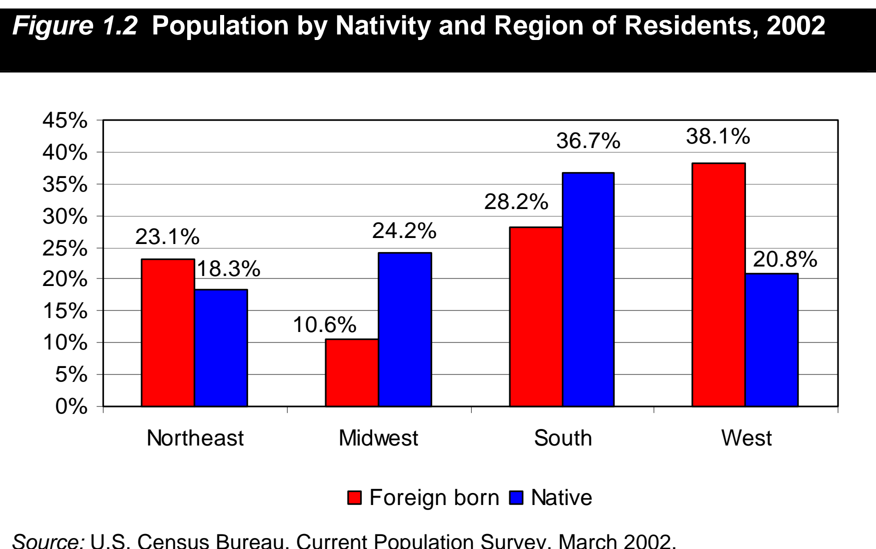
	1990	2000	% Change		1990	2000	% Change
Florida	12.9	16.7	60.6	Ohio	2.4	3.0	30.7
Georgia	2.7	7.1	233.4	Oklahoma	2.1	3.8	101.2
Hawaii	14.7	17.5	30.4	Oregon	4.9	8.5	108.0
Idaho	2.9	5.0	121.7	Pennsylvania	3.1	4.1	37.6
Illinois	8.3	12.3	60.6	Rhode Island	9.5	11.4	25.4
Indiana	1.7	3.1	97.9	South Carolina	1.4	2.9	132.1
Iowa	1.6	3.1	110.3	South Dakota	1.1	1.8	74.6
Kansas	2.5	5.0	114.4	Tennessee	1.2	2.8	169.0
Kentucky	0.9	2.0	135.3	Texas	9.0	13.9	90.2
Louisiana	2.1	2.6	32.6	Utah	3.4	7.1	170.8
Maine	3.0	2.9	NS*	Vermont	3.1	3.8	32.5
Maryland	6.6	9.8	65.3	Virginia	5.0	8.1	82.9
Massachusetts	9.5	12.2	34.7	Washington	6.6	10.4	90.7
Michigan	3.8	5.3	47.3	West Virginia	0.9	1.1	23.4
Minnesota	2.6	5.3	130.4	Wisconsin	2.5	3.6	59.4
Mississippi	0.8	1.4	95.8	Wyoming	1.7	2.3	46.5
Missouri	1.6	2.7	80.8	Puerto Rico	2.3	2.9	37.3
Montana	1.7	1.8	19.0				

*Not significantly different from zero at the 90-percent confidence level

Source: U.S. Census Bureau, *The Foreign-Born Population: 2000,* Census 2000 Brief, December 2003.

As highlighted in Figure 1.2, almost 40 percent of all immigrants reside in the West. The South has almost 30 percent of the foreign-born population while a little more than 20 percent reside in the Northeast. Although the percentage is growing, only 10.6 percent of the immigrant population currently resides in the Midwest.

Figure 1.2 Population by Nativity and Region of Residents, 2002



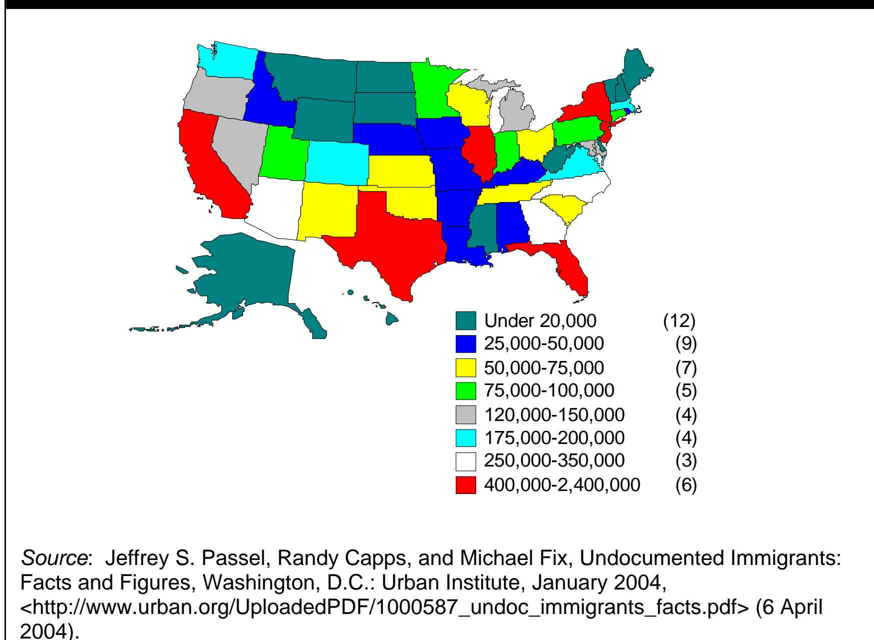
Source: U.S. Census Bureau, Current Population Survey, March 2002.

The growth rate of the foreign-born population in the last decade was highest in the South. The foreign-born population increased 88 percent between 1990 and 2000, while it increased by 65 percent in the Midwest, 50 percent in the West and 38 percent in the Northeast.[9]

Asian and Latin American immigrants, including those from Central America, the Caribbean and South America, are more likely to settle in the West.[10] More specifically, Central American immigrants tend to settle in the West and the South,[11] but Caribbean and South American immigrants tend to concentrate in the Northeast and the South.[12]

Census data do not include illegal immigrants, otherwise known as unauthorized or undocumented immigrants. This population has been estimated at 5.9 to 9.9 million.[13] Of this group, Mexicans are estimated at 3.4 to 5.8 million and non-Mexican Central Americans are estimated at 1.2 to 1.9 million.[14] Figure 1.3 shows the estimated distribution of undocumented immigrants throughout the states.

Figure 1.3 **Number of Undocumented Immigrants by State, 2002**



Source: Jeffrey S. Passel, Randy Capps, and Michael Fix, Undocumented Immigrants: Facts and Figures, Washington, D.C.: Urban Institute, January 2004, <http://www.urban.org/UploadedPDF/1000587_undoc_immigrants_facts.pdf> (6 April 2004).

Immigration – Not Just an Urban Phenomenon

Not only does immigration affect regional demographics, immigration patterns are changing the racial and ethnic composition of our cities, suburbs and rural areas as well. Over the past few decades, immigrants have tended to locate in cities. In fact, almost half of the foreign-born population lives in Los Angeles, New York, San Francisco, Miami or Chicago. Asian and Hispanic immigrants, however, are starting to settle in suburbs rather than central cities.

Immigrants have also located in rural areas. During the 1980s and 1990s, Hispanics migrated to towns and rural areas to pursue jobs in Georgia, Illinois, Iowa, Michigan, New York, Tennessee, Wisconsin and Washington and several other states.[15] In fact, Hispanics were responsible for more than one-quarter of all nonmetro population growth in the 1990s.[16]

Immigration Differences over the Years

In 1900, the foreign-born population totaled about 10 million. In 2000, that number had tripled to more than 31 million. However, at the turn of the 20th century, the proportion of the total population that was foreign-born (13.6 percent) was more than that at the turn of the 21st century (11.1 percent). This, however, is expected to change in the years to come, considering the younger ages of recent immigrants and their higher fertility rates.

Figure 1.4 **Total Foreign Born and Percent Foreign Born, 1900-2000**

	Total Foreign Born (in millions)	% Foreign Born
2000	31.1	11.1
1990	19.8	7.9
1980	14.1	6.2
1970	9.6	4.7
1960	9.7	5.4
1950	10.3	6.9
1940	11.6	8.8
1930	14.2	11.6
1920	13.9	13.2
1910	13.5	14.7
1900	10.4	13.6

Source: U.S. Census Bureau

Immigration increased dramatically after changes to federal immigration policy in 1965. As depicted in Figure 1.4, immigration declined between 1930 and 1970. Between 1970 and 1980 and between 1980 and 1990, the foreign-born population increased by approximately five million people. Between 1990 and 2000, however, the foreign-born population grew by more than 11 million people. Consequently, about one-third of the foreign-born population currently residing in the United States came to this country since 1990.[17]

Until 1970, most immigrants to the United States came from Europe. In 1900, Europeans accounted for 85 percent of the foreign-born population. In 1990, that percentage had dropped to 22 percent.[18]

In 1900, Asians and Latin Americans each accounted for less than 1.5 percent of the foreign-born population; by 1990, Asians accounted for 25 percent while Latin Americans accounted for 43 percent.[19]

The current wave of immigration is vastly different than past waves in several respects. Most notably, recent immigration has profoundly changed the racial and ethnic makeup of the United States. For most of its history, this country has been predominantly white and of European descent. However, Asians and Latin Americans comprise most of the recent immigrants. In addition, immigrants, most notably Latin Americans, have higher fertility rates than the native population. So immigrants and their families have a disproportionate affect on population growth.

Another difference is the average age of the recent wave of immigrants compared to previous waves. Immigrants, on average, are coming to this country at an earlier age. Refer to Figure 1.5. Before 1970, the median age of the foreign-born population was 62 but that had dropped to 37 by 1989. The foreign-born population coming to the United States after 1990 is even younger (28 years old). While the median age of immigrants is declining, the total U.S. population on average is growing older. The median age of the total population was 28.1 in 1970 and 35.1 in 2000.[20]

***Figure 1.5* Median Age of Foreign-Born Population, as of 2000**

	Total	Post-1990	1980-1989	1970-1979	Pre-1970
All Foreign-Born	38.1	28.4	37.0	46.0	62.0
Male	37.0	27.6	36.3	44.8	60.7
Female	39.3	29.1	37.9	47.0	63.0

Source: U.S. Census Bureau, Current Population Survey, March 2000,<http://www.census.gov/population/socdemo/foreign/p20-534/tab0216.pdf> (6 April 2004).

As shown in Figure 1.6, while 30.7 percent of natives are under 18 years of age, only 4.5 percent of naturalized citizens and 16.1 percent of legal immigrant non-citizens are. It is important to point out that undocumented immigrants, who are younger immigrants mainly from Central America and have higher fertility rates than natives, are not counted in these numbers. So the effects of their children in the school-age categories are understated. The majority of the foreign-born population falls into the 25-54 years-old category while fewer than half of the native population falls into this working-age category. While 12.3 percent of natives is 65 years of age or older, 19.5 percent of naturalized citizens and 4.8 percent of legal immigrants who have not been naturalized are in the same age category.

***Figure 1.6* Percentage of Population by Age, Nativity and Citizenship Status, 2002**

	Total	Native	Naturalized Citizen	Not a Citizen
0 to 4 years	6.9	7.7	0.5	1.3
5 to 9 years	7.1	7.7	0.7	3.0
10 to 14 years	7.5	8.0	1.2	4.7
15 to 19 years	7.1	7.3	2.1	7.1
20 to 24 years	6.9	6.6	3.6	11.8
25 to 29 years	6.5	5.9	5.4	13.9
30 to 34 years	7.2	6.6	8.4	14.6
35 to 44 years	15.7	14.9	22.0	21.4
45 to 54 years	14.0	13.9	21.1	11.7
55 to 64 years	9.2	9.1	15.6	5.8
65 to 74 years	6.4	6.5	10.5	3.3
75 to 84 years	4.3	4.5	6.9	1.2
85 years and over	1.2	1.3	2.1	0.3
Median Age	*35.6*	*35.1*	*47.8*	*32.8*

Source: U.S. Census Bureau, Current Population Survey, March 2002, Ethnic and Hispanic Statistics Branch, Population Division, <http://www.census.gov/population/socdemo/foreign/ppl-162/tab01-01.pdf> (12 April 2004).

Immigration's Contributions to the United States

Immigrants provide skilled and unskilled labor needed to keep the U.S. economy going.
Immigrants account for 11 percent of the total population, 14 percent of the total work force and 20

percent of the low-wage work force.[21] In the last decade, one out of every two new workers in the labor force was foreign born.[22]

Definitions

First generation – naturalized citizens, legal immigrants or undocumented immigrants born outside the United States.

Second generation – citizens who have at least one foreign-born parent.

Third-plus generations – citizens with both parents born in the United States.

Source: Roberto Suro and Jeffrey S. Passel, The Rise of the Second Generation: Changing Patterns in Hispanic Population Growth, Washington, D.C.: Per Hispanic Center, 2003.

Some industries in particular are dependent upon foreign-born labor and their families. By the end of the last decade, Chinese and Indian engineers accounted for about 25 percent of the senior executives in the high-tech firms in Silicon Valley and more than 30 percent of the region's scientific and engineering labor force.[23] More than 40 percent of the U.S. work force in private households services is an immigrant and 37 percent of the farming, forestry and fishing work force is immigrant.[24] In addition, 22 percent of the labor force in machine operators and assemblers are immigrants. In the farming sector alone, that percentage is much higher (76 percent were either undocumented workers or legal permanent residents.)[25]

Since immigrants increase the labor supply, they help keep consumer prices low and thus suppress inflation. On the other hand, in some instances immigrants may take jobs from native workers and help keep wages low for low-skilled people.

Immigrants and their descendants also create jobs. In 1997, for example, Asian American-owned businesses created $275 billion in revenue and employed 1.9 million people while Hispanic-owned businesses created $184 billion in revenue and employed 1.4 million people.[26]And foreign-born people comprise about 30 percent of all Ph.D.s in science and engineering, which contributes to innovations and job creation.

Immigration will continue to have a major impact on the U.S. economy. For example, the number of second-generation Hispanics in the work force is predicted to double, and one-quarter of the growth in the labor force between 2000 and 2020 will be from these children of immigrants. [27]

Immigrants enhance the country culturally with their customs, traditions and cuisine. And much has been said about the principles and values of immigrants. For instance, Hispanics have been characterized as having a good work ethic, a keen sense of personal responsibility and a strong emphasis on family, patriotism and spiritualism.[28] And Asian immigrants are known for being high achievers in education and regarding education as the primary pathway to recognition and success.[29] Asian culture also places high priority on family and respect for elders. They are also known for their good work ethic[30] and valuing groups and communities over individual achievement.[31]

2. Immigration's Impact on State Policies and Programs

Immigration is a federal policy that has profound effects at the state and local levels. While the federal government determines how many people from what countries can move to the United States, states must deal with the effects of this federal policy. As the number of immigrants grows and the demographic makeup of these immigrants changes, states must address issues related both to population growth as well as social, economic and cultural diversity.

There has been great debate over the fiscal impact of immigration in this country. The landmark study by the National Research Council (NRC) of the National Academy of Sciences, which was commissioned by the bipartisan Commission on Immigration Reform in 1990, found that immigrants and their children contribute more in taxes than they receive in federal, state and local government benefits combined over their lifetimes.[32] The same study found, however, that immigrants, like natives, use more state and local government services than they pay state and local taxes. The study estimated the average fiscal impact at the state and local levels of an immigrant to be -$25,000 but +$105,000 at the federal level.[33] Part of the reason for these fiscal costs is that recent immigrants tend to have relatively low levels of education and income (thus paying lower taxes) and their children, if they do not speak English well, are more expensive to educate.

More specifically, the NRC study found that the net effect of immigration depends on age and educational attainment of immigrants upon arrival. Those with less than a high school or just high school education upon arrival impose net costs while those with more than high school pay more taxes than they receive in services. Therefore, the impact on state government depends on the demographic makeup of the immigrant population.

While immigration affects every facet of state government, this section will examine the effects of immigration on some of the most impacted policy areas. More specifically, it will examine immigration's impact on education, health care, welfare, and public safety and justice.

Education

Immigration affects the educational system directly because some children immigrate to this country at an early age. The secondary effects may be greater though, as many immigrants have children once they arrive in this country. Immigration impacts the educational system at all levels – elementary, secondary and post-secondary – in several ways:

History of Modern Immigration Policy

The Immigration and Nationality Act of 1965 abolished national-origin quotas and established quotas for the Eastern and Western hemispheres. There was an emphasis placed on family reunification, refugees and skilled labor. A 1978 amendment abolished hemispheric quotas and created a worldwide that limited the number of people who could emigrate from any one country.

The Immigration Reform and Control Act of 1986 granted amnesty to undocumented immigrants who had lived in this country continuously between 1982 and 1986 and to some undocumented workers in the agricultural sector. The act also created penalties for employers that hire undocumented workers.

The Immigration Act of 1990 created a quota of 700,000 for three years then 675,000 per year after that. It granted amnesty to undocumented aliens who had family members granted amnesty by the 1986 law. The act established preferential treatment to immigrants from countries underrepresented in the United States, political refugees, immigrants with needed job skills and immigrants who had invested more than $1 million in American companies.

The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 required citizens wanting to sponsor the immigration of family members to earn at least 125 percent of the poverty threshold. It also mandated that undocumented immigrants who stay in the country more than six months cannot re-enter for three years and those who stay here for more than a year cannot re-enter for 10 years.

The Legal Immigration and Family Equity Act of 2000 granted another round of amnesty for undocumented immigrants.

After Sept. 11, immigration policy has been focused on national security. The Homeland Security Act of 2002 abolished the Immigration and Naturalization Service and empowered the new Department of Homeland Security to handle immigration issues.

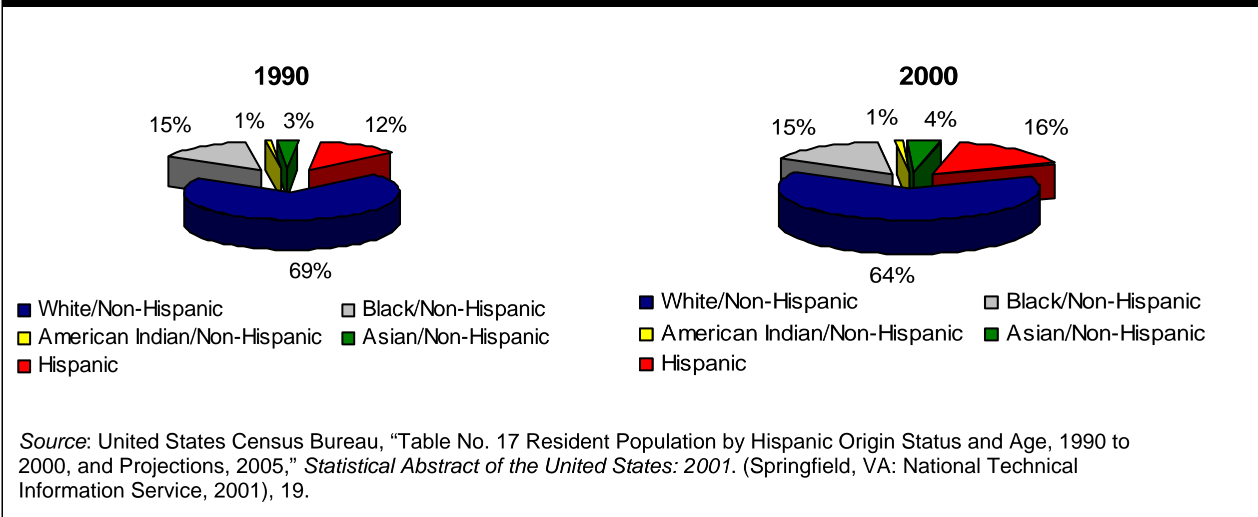
The centerpiece of immigration reform proposed by President Bush in January 2004 year is a temporary worker program that allows illegal immigrants already in the U.S. or prospective workers abroad to apply for the right to work legally in the country for a renewable three-year term. The immigration reform proposal also stipulates an unspecified increase in the number of green cards issued annually and incentives for workers to return home, such as retirement benefits in their home countries based on Social Security taxes paid in the U.S.

- Immigration is the driving force behind increases in elementary and high school enrollment.
- There are gaps in educational achievement between natives and immigrants at the elementary and secondary levels.
- Children with limited English skills are more expensive to educate.
- Although natives and immigrants have comparable college graduation rates, some groups of immigrants are more likely to pursue higher education than others.

Increases in School Enrollment

Because of immigration and higher fertility rates among immigrants, increasingly more children in the United States are from immigrant populations. In 1990, nearly 70 percent of all children in the U.S. were white/non-Hispanic. As Figure 2.1 shows, the percentage dropped to under 65 percent during the last decade. Although all minority populations gained incrementally, the largest change was found in the youth Hispanic population that increased by more than 44 percent over the last decade to constitute 16 percent of the population 19 and under in 2000, up from 12 percent in 1990. This trend is expected to continue. As a result of this increase in Latin American immigration, for instance, the number of second-generation Hispanics is predicted to double between 2000 and 2020.[34]

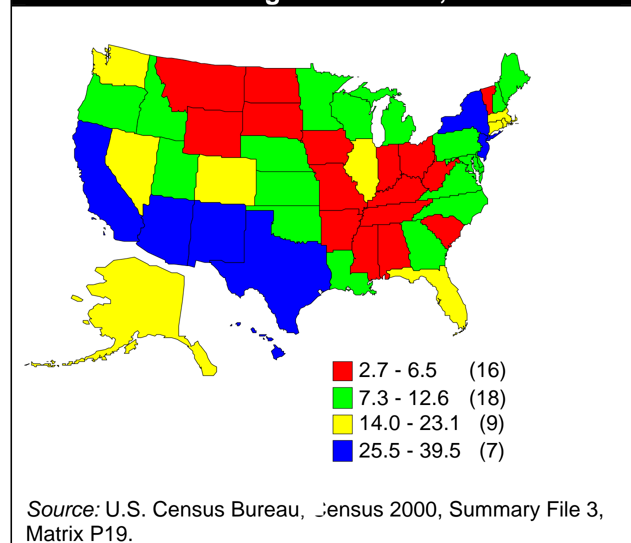
Figure 2.1: Ethnicity of Population Aged 0-19, 1990 and 2000



Source: United States Census Bureau, "Table No. 17 Resident Population by Hispanic Origin Status and Age, 1990 to 2000, and Projections, 2005," *Statistical Abstract of the United States: 2001.* (Springfield, VA: National Technical Information Service, 2001), 19.

Overcrowding in schools is caused by increases in enrollment because of immigration, the "baby boom echo" and domestic migration. This is of concern because research suggests improvements in student achievement are better in class sizes of between 13 and 20 students.[35] This is particularly true for disadvantaged students, such as those who do not speak English well. A 2000 report indicates that large schools and schools with a high minority population are more likely to be very overcrowded (over 25 percent overenrolled) and have buildings in less than adequate condition.[36]

***Figure 2.2* Percent of Persons 5 Years and Over Who Speak a Language Other Than English at Home, 2000**



Source: U.S. Census Bureau, Census 2000, Summary File 3, Matrix P19.

Achievements Gaps at the Elementary and Secondary Levels

Arguably the biggest challenge for state education agencies and the districts they serve centers on

Figure 2.3 **Average NAEP Reading Scale Scores**

	1975	1980	1984	1988	1990	1992	1994	1996	1999
Age 9									
White	217	221	218	218	217	218	218	220	221
Hispanic	183	190	187	194	189	192	186	195	193
Age 13									
White	262	264	263	261	262	266	265	266	267
Hispanic	233	237	240	240	238	239	235	238	244
Age 17									
White	293	293	295	295	297	297	296	295	295
Hispanic	252	261	268	271	275	271	263	265	271

Source: U.S. Department of Education, National Center for Education Statistics*, National Assessment of Educational Progress (NAEP), NAEP 1999, Trends in Academic Progress: Three Decades of Student Performance, based on 1999 Long-Term Trend Assessment.*

overcoming the language barrier that exists between students and teachers in schools that have large immigrant populations. The recent growth in immigration poses immediate challenges for the nation's schools to educate children who cannot speak English. The number of 5- to 24-year-olds who spoke a language other than English at home more than doubled between 1979 and 1999.[37] In seven states, more than one-quarter of the population speaks a language other than English at home while in nine states that percentage ranges between 14 and 23.1 percent of the population. In most states, however, that percentage ranges between 7.3 and 12.6 percent of the population. These statistics are illustrated in Figure 2.2

American schools now educate approximately 11 million children of immigrants, with about 5.5 million of them speaking English poorly or not at all.[38] There are 4.7 million English Language Learners (ELLs), also called Limited English-Proficient (LEP) students, in grades K-12, which is almost a 100 percent increase over the past decade.[39] Hispanic children account for almost 80 percent of these ELLs and 46 percent of Hispanic students are ELLs.[40]

Partly because of language barriers, many immigrant children and children of immigrants have fallen behind academically.[41] Refer to Figure 2.3. For instance, Hispanic students have consistently scored lower, on average, than white students in reading, according to the National Assessment of Educational Progress, which administered assessments in various subjects to samples of students from 1969 to 1999.

Between 1975 and 1999 Hispanic students' reading scores improved but remained lower than the scores of white children age 9, 13 and 17. In 1999, Hispanic 9-year olds were 13 percent below whites, 13-year olds were 9 percent lower and 17-year olds were 8 percent lower.[42]

Figure 2.4 **Average NAEP Mathematics Scale Scores**

	1973	1978	1982	1986	1990	1992	1994	1996	1999
Age 9									
White	225	224	224	227	235	235	237	237	239
Hispanic	202	203	204	205	214	212	210	215	213
Age 13									
White	274	272	274	274	276	279	281	281	283
Hispanic	239	238	252	254	255	259	256	256	259
Age 17									
White	310	306	304	308	309	312	312	313	315
Hispanic	277	276	277	283	284	292	291	292	293

Source: US Department of Education*, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), NAEP 1999, Trends in Academic Progress: Three Decades of Student Performance, based on 1999 Long-Term Trend Assessment.*

In mathematics, average scores for Hispanic students are also lower than average scores for white students. Hispanics scored higher at all three age levels in 1999 compared to scores in 1973 but continued to score lower than whites although the gap is decreasing.[43] This is shown in Figure 2.4.

As illustrated in Figure 2.5, science scores for Hispanic 9-, 13- and 17-year olds are also higher than in the 1970s but the gap between Whites and Hispanics has not changed between 1977 and 1999.[44]

There are differences on college entrance exams as well. The average SAT scores for college-bound seniors, by race and ethnicity, are outlined in Figure 2.6. In 2001, Hispanic students scored below the overall national average on the SAT and comprised 9 percent of all students taking the SAT that year.[45] Asian/Pacific Islander students also scored below the national average on the verbal portion of the SAT in both 1991 and 2001, but they scored above average on the mathematics portion in both years.

Figure 2.5 Average NAEP Science Scale Scores

	1977	1982	1986	1990	1992	1994	1996	1999
Age 9								
White	230	229	232	237	239	240	239	240
Black	175	187	196	196	200	201	202	199
Hispanic	192	189	199	206	205	201	207	206
Age 13								
White	256	257	259	264	267	267	266	266
Black	208	217	222	226	224	224	226	227
Hispanic	213	225	226	232	238	232	232	227
Age 17								
White	298	293	298	301	304	306	307	306
Black	240	235	253	253	256	257	260	254
Hispanic	262	249	259	261	270	261	269	276

Source: US Department of Education, *National Center for Education Statistics, National Assessment of Educational Progress (NAEP), NAEP 1999, Trends in Academic Progress: Three Decades of Student Performance, based on 1999 Long-Term Trend Assessment.*

Puerto Ricans[46] made the largest gain in verbal scores among racial and ethnic groups from 1991 to 2001, and Asian/Pacific Islanders made the second largest gain. Over the same period, however, the average verbal score for Mexican Americans dropped. On the mathematics section of the SAT, Asian/Pacific Islanders made the largest gain in scores (along with whites) while Puerto Ricans made the second largest. Once again, there was a decline in the average score for Mexican American students.

In addition to test scores, academic achievement can be measured in other ways. As illustrated in Figure 2.7, foreign-born persons aged 25 or older are less likely to have high school diplomas than natives in the same age group.[47] The foreign-born population is much more likely than natives to have less than a ninth-grade education and slightly more likely to have gone to high school but not graduated.

Figure 2.6 Average SAT Scores for College-Bound Seniors, 1991 and 2001

	Verbal			*Mathematics*		
Race/ethnicity	**1991**	**2001**	**10-year difference**	**1991**	**2001**	**10-year difference**
White	518	529	11	513	531	18
Mexican American	454	451	-3	459	458	-1
Puerto Rican	436	457	21	439	451	12
Other Hispanic	458	460	2	462	465	3
Asian/Pacific Islander	485	501	16	548	566	18
National Average	*499*	*506*	*7*	*500*	*514*	*14*

Source: College Entrance Examination Board, News 2000-2001, Table 9: SAT Averages Rose for Almost All Racial/Ethnic Groups Between 1991 and 2001.

As shown in Figure 2.8, Asian immigrants (86.8 percent), European (84.0 percent) and those from Other Regions, which includes Canada, Australia and Africa (82.0 percent) are slightly more likely than South Americans (80.9 percent) and much more likely than Central Americans (37.3 percent) to be high school graduates.

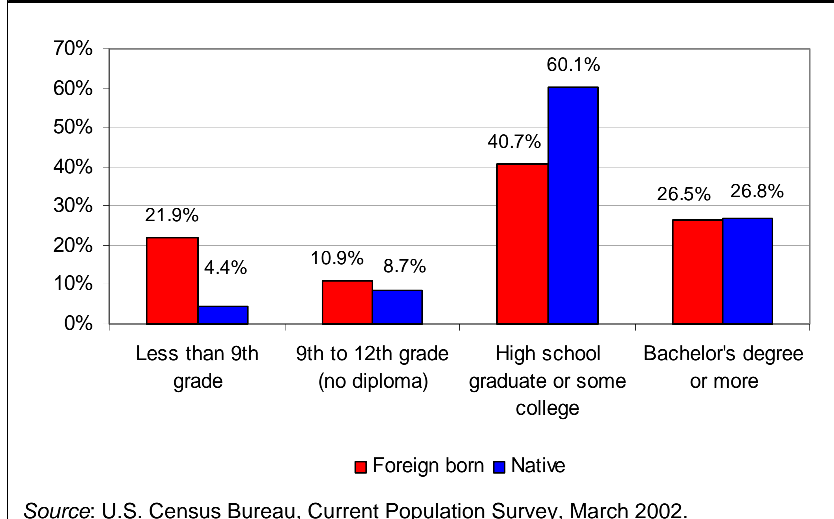
Increased Education Costs

It costs more to educate non-English speaking students than it does English speakers. However, there is no

research on exactly how much more. Recent estimates suggest that expenditures on a child in an English as a Second Language (ESL) or bilingual education program is 1.1 to 1.2 times the average expenditure on a regular education student.[48]

While some large urban districts are accustomed to as many as 80 to 100 different languages represented among their students, many smaller communities and rural districts are just beginning to realize the cost and preparation they will need to address the English proficiency achievement for their changing student populations.

Figure 2.7 Population by Nativity and Educational Attainment, 2002



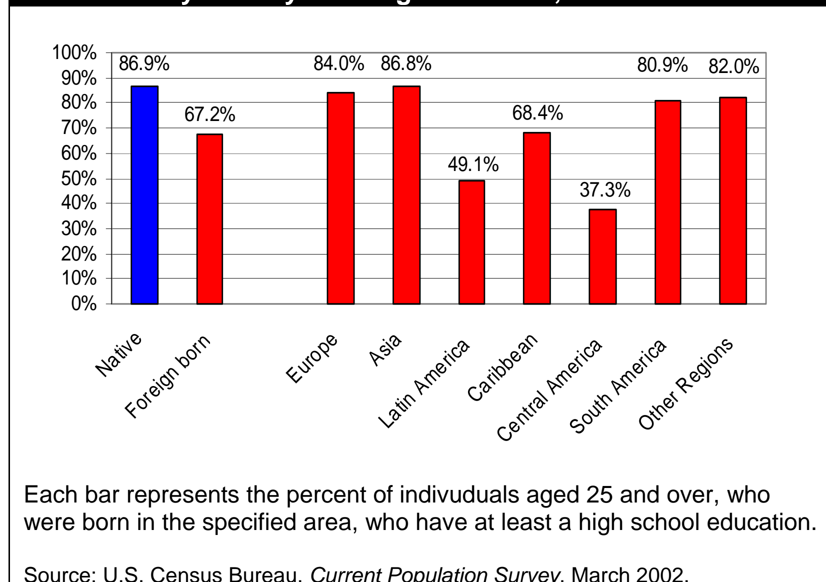
Source: U.S. Census Bureau, Current Population Survey, March 2002.

Despite the growing number of ELL students, only 30 percent of public school teachers instructing ELL students have received training for teaching such students, while fewer than 3 percent of teachers have earned a degree in ESL or bilingual education.[49]

Higher Education Gaps

In addition to challenges in elementary and secondary schools, the diverse population raises issues related to post-secondary education too. There is a wide disparity in higher educational attainment among the foreign-born population. For instance, immigrants from Asia (48.9 percent) are much more likely than those from Central America (6.0 percent) to have bachelor's degrees.[50]

Figure 2.8 Population with High School Education or More by Nativity and Region of Birth, 2002



Each bar represents the percent of indivuduals aged 25 and over, who were born in the specified area, who have at least a high school education.

Source: U.S. Census Bureau, *Current Population Survey*, March 2002.

Approximately 10 percent of Hispanic high school graduates, including both foreign born and native students, enroll in college compared to 7 percent of all graduates.[51] Asian high school graduates enroll at a higher rate. On average, 58 percent of Asian 18-24 year olds enroll in college and 35 percent of Hispanics in that same category are enrolled in college compared with 46 percent of whites.[52] This is partly due to the fact that Hispanics tend to wait a few years before going to college. Overall, however, Hispanics are well represented in the college population but not among the traditional college ages of 18 to 24.[53]

Another difference between racial and ethnic groups is the type of education pursued. Hispanics, for instance, are more likely to attend two-year colleges than are other groups of immigrants and natives.

While about one-quarter of 18- to 24-year-old whites attend two-year institutions, that percentage is much higher among Latinos (40 percent) in that age group.[54] Latinos are also more likely than whites to be part-time students.

Health Care

The nation's health care system must adapt to a number of changing conditions because of the impact of immigration. More specifically:

- Racial and ethnic health disparities may influence health care research and costs.
- Cultural competency and health literacy can affect the quality of health care.
- Many immigrants are uninsured.
- Because of changes in immigration policy since Sept. 11, some areas of the United States are experiencing doctor shortages.

Racial and Ethnic Health Disparities

A large body of research has documented substantial variation in access to care, quality of care and health outcomes among racial and ethnic groups in the United States. Minorities frequently have less access to care, receive lower quality care and have poorer health status than non-Hispanic whites. This can lead to health disparities among racial and ethnic groups. Asians, for example, have higher rates of stomach and liver cancers.[55] Hispanics have higher rates of cervical, esophageal, gallbladder and stomach cancer, and a disproportionate share of Hispanics die from cancer. [56] There are also differences among racial and ethnic groups when it comes to preventive medicine. Compared with non-Hispanic white women, for instance, Hispanic women are less likely to get mammograms,[57] and Asian and Hispanic women are less likely to get Pap smears.[58]

Hispanics suffer from certain chronic illnesses at higher rates than non-Whites. Hispanics are more likely to suffer from diabetes and have higher death rates from diabetes.[59] In contrast, Asians are less likely to be hospitalized for diabetes.[60] Hispanics have higher AIDS incidence rates than whites.[61] In addition, AIDS-related death rates are higher among Hispanics.[62]

These racial and ethnic health disparities are also present in immigrant populations. As the immigrant population grows and the country becomes more racially and ethnically diverse, health issues that are more prevalent among immigrants will likely gain more attention. For instance, there may be more demand for research funds devoted to diseases that affect the immigrant population disproportionately. Consequently, there may be a greater emphasis on prevention and treatment of these diseases, which is intertwined with the problems of cultural competency and health literacy as well as access to health insurance.

Cultural Competency and Health Literacy

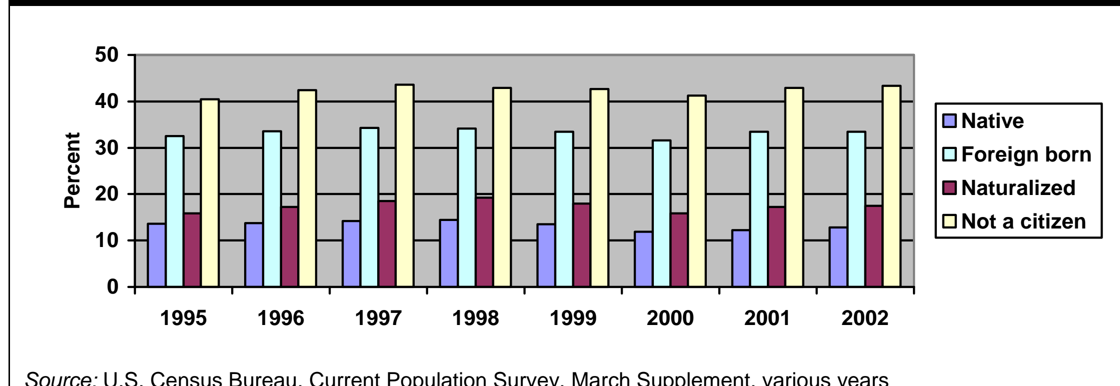
Cultural considerations and health literacy levels can play a large role in how well a patient understands health care information and makes appropriate health care decisions. The medical community must increasingly take these realities into consideration. People from different parts of the world view disease and illness in different ways. People from different cultures may shy away from certain treatments, and some cultures may prefer homeopathic or nontraditional treatment over mainstream medical treatments. Moreover, health literacy, which is the ability to read, understand and act on health information,[63] will become an even more important issue. Health literacy is low among poorly educated people and non-English speakers. Immigrants' health depends on their ability to process medical information, so health care professionals will need to find ways to communicate more effectively with these groups.

Inability to speak English well can serve as a barrier to health care access. For instance, patients who do not speak English are less likely to see primary care physicians and use preventive care services and more likely to receive emergency room treatment.[64] In addition, patients with chronic illnesses, such as asthma, are less likely to go to follow-up appointments and follow their medication regimen if there are language barriers between them and their doctors.[65]

Uninsured Immigrants

There are substantial health insurance coverage gaps among citizens and non-citizens. This coverage gap is illustrated in Figure 2.9.

Figure 2.9 **Percentage of Population without Health Insurance by Nativity, 1995-2002**



Source: U.S. Census Bureau, Current Population Survey, March Supplement, various years

The foreign-born population is more than twice as likely as natives to be uninsured. In 2002, for example, 12.8 percent of the native population did not have health insurance but 33.4 percent of the foreign-born population was uninsured. Most of this gap, however, can be explained by differences among two subgroups of the foreign-born population – naturalized citizens and noncitizens, who include undocumented as well as resident aliens. While 43.3 percent of noncitizens were uninsured in 2002, the percentage of naturalized citizens who were uninsured was 17.5 percent, which is slightly more than the percentage of natives without health insurance.

Some studies have looked at health insurance issues for immigrants. One study found several barriers to obtaining health insurance for Hispanic workers.[66] Cost can be an issue as can lack of employer coverage particularly if a job is low-wage or temporary. Hispanics may have previously been covered by either private insurance or Medicaid and were dissatisfied with coverage. Some, who are young and healthy, may not see the need for insurance. Language barriers and immigration concerns among illegals also form barriers to access.

Although being uninsured is linked to lower use of health care services, uninsured immigrants and their children still have health care needs and may access free clinics, emergency rooms and other public health care facilities for care.

Foreign-Born Medical Professionals

Immigration affects the supply of health care services as well as the demand for such services. Changes in immigration policy also have massive implications for the makeup of the health care work force in the United States. Tighter immigration policies following the Sept. 11 attacks have meant a shortage of doctors in underserved areas, because these areas rely disproportionately on foreign medical graduates. Between 1994 and 2001 the U.S. Department of Agriculture (USDA) granted 3,098 visa waivers to foreign medical graduates, with 2,527 going to rural health care providers.[67] The USDA decision following Sept. 11 to end their sponsorship of these physicians has serious implications for rural health care.

The impact these physicians have on rural areas is pronounced. If foreign medical graduates were removed from practice all together, one out of five rural counties that are currently “adequately served” would become underserved.[68] If these doctors could not practice in the United States, rural counties without primary care physicians would increase from 161 to more than 200.[69] Realizing the significance of foreign medical graduates to rural health care provision, the U.S. Department of Health and Human Services decided in 2003 to provide visa waivers for physicians willing to practice in rural areas.[70]

The recent nursing shortage has also led to calls for an increase in the number of nurses who are allowed to immigrate into the United States. Nurses from countries where English is commonly spoken, such as the Philippines and India, are increasingly being recruited by U.S. hospitals to deal with staffing shortages. A new H-1C visa category created by legislation in 1999 has made it easier for foreign-born nurses to fill positions in areas where there are health professional shortages. However, the increasing number of nurses from other countries has been controversial with U.S. nursing organizations that favor changes to work place conditions as the way to recruit and retain more nurses and curb the nursing shortage.

Welfare Assistance

The socioeconomic conditions for the immigrant population have brought safety net issues to the forefront in several states:

- The foreign-born population is slightly more likely to be unemployed than the native population.
- Foreign-born persons earn less than the native population on average.
- The foreign born are more likely to be poor than the native population.

Figure 2.10 **Economic Characteristics, as of 2000**

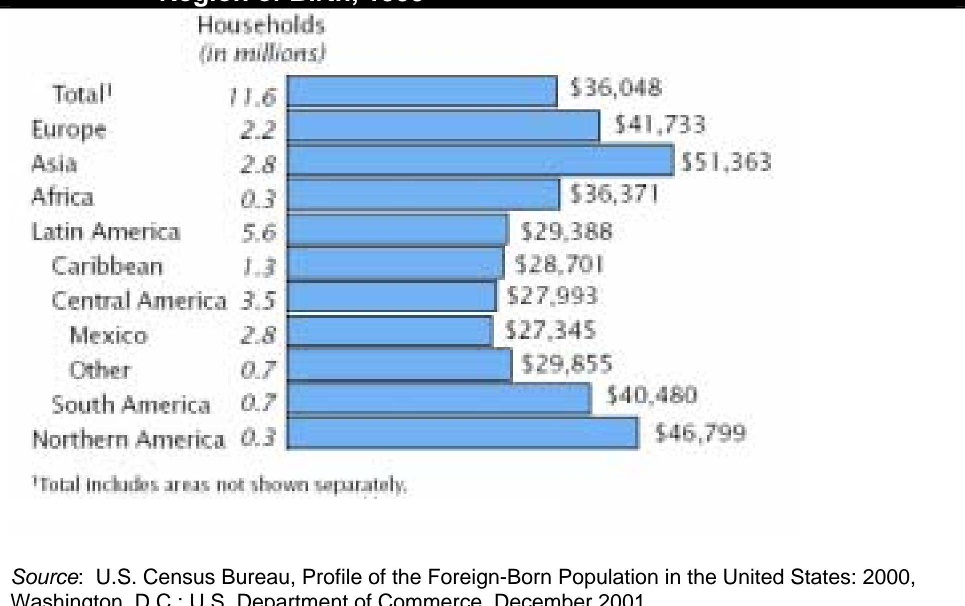
	Native	Foreign Born
Civilian unemployment rate (2000)	4.30%	4.90%
Median family household income (1999)	$41,383	$36,048
Below poverty level (1999)	11.20%	16.80%

Source: U.S. Census Bureau, Profile of the Foreign-Born Population in the United States: 2000, Washington, D.C.: U.S. Department of Commerce, December 2001.

Although restricted by the 1996 welfare reform act, the socioeconomic conditions for the immigrant population would otherwise make them more likely than natives to be eligible for welfare assistance. As Figure 2.10 shows, the unemployment rate in 2000 for the foreign-born population (4.9 percent) was slightly higher than for the native labor force (4.3 percent).[71]

While there is not much difference in the unemployment rates of the native and foreign-born populations, there is a larger difference in income. Median income in 1999 was $36,048 for immigrant households, $41,383 for native households and $40,816 for all households. There were wide variations in income among immigrant groups. Refer to Figure 2.11. Households with a householder born in Asia, Europe, Northern America,[72] South America and Africa had median incomes above the median for the foreign-born population, and households with Asian- and European-born householders also had median incomes above the median for the total population.

Figure 2.11 **Income of Foreign-Born Households by Householder's Region of Birth, 1999**

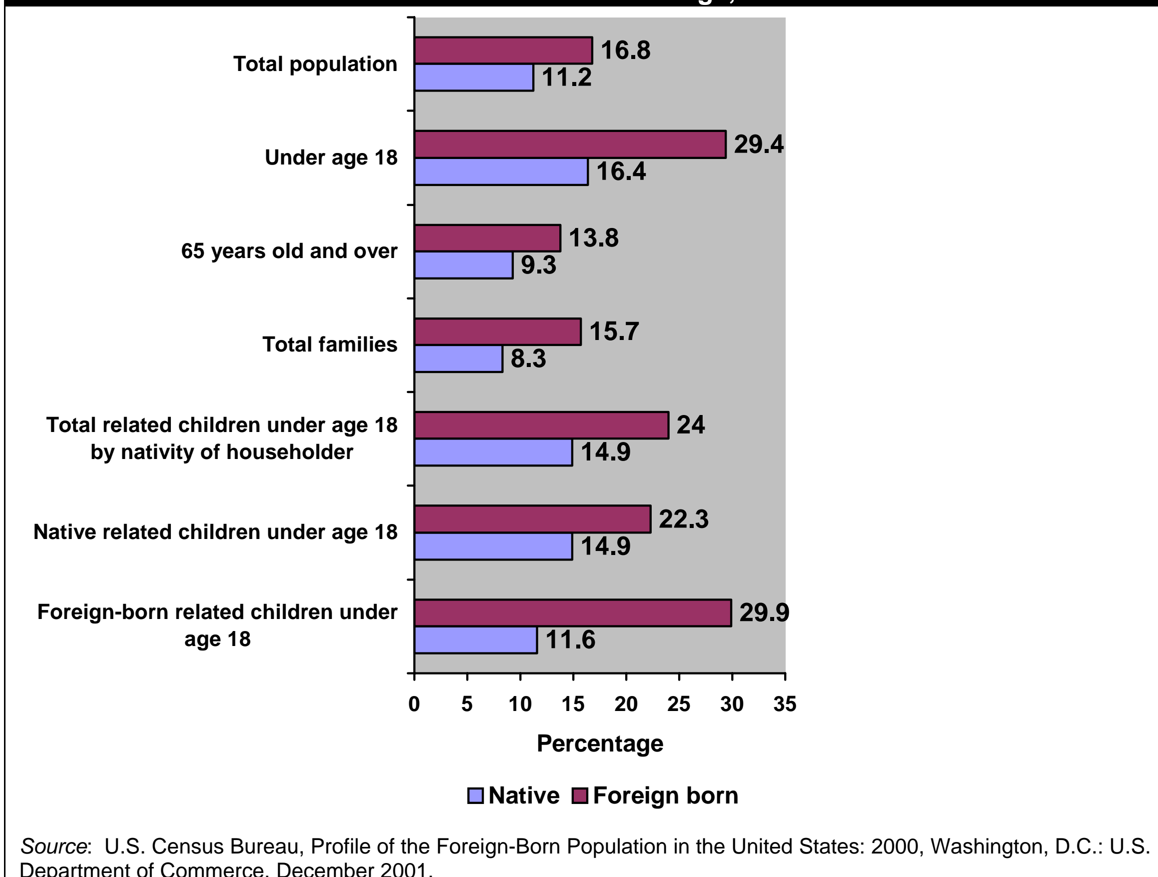


Source: U.S. Census Bureau, Profile of the Foreign-Born Population in the United States: 2000, Washington, D.C.: U.S. Department of Commerce, December 2001.

The foreign born are more likely to live in poverty. Figure 2.12 breaks down poverty rates into more specific categories. The foreign-born

population under the age of 18 is much more likely than their native counterparts to live in poverty. Children born in the United States to foreign-born parents have a higher poverty rate than children born to native parents. And the poverty rate for the foreign-born population 65 and over is higher than that of natives.

Figure 2.12 **Poverty Rates by Nativity, by Families of the Nativity of the Householder and for Related Children Under 18 Years of Age, 1999**



Source: U.S. Census Bureau, Profile of the Foreign-Born Population in the United States: 2000, Washington, D.C.: U.S. Department of Commerce, December 2001.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 eliminated means-tested services for five years to immigrants arriving after August 1996 and then placed restrictions on use thereafter. These are outlined in Table 2.1 on the next page. As expected, the proportion of noncitizens participating in Food Stamps, TANF and SSI has declined since PRWORA was enacted.[73]

***Table 2.1* Non-Citizen Benefit Eligibility under PRWORA**

		SSI	Food Stamps	Medicaid	TANF	State/Local Public Benefits
Qualified Immigrants	Legal residents, refugees and asylees, immigrants paroled into the U.S. for at least one year, battered spouses and children	Ineligible	Ineligible	Barred for first 5 years; state option afterwards	Barred for first 5 years; state option afterwards	State Option
Special Groups	With 40 Quarters of Work[1]	Barred for first 5 years; state option afterwards	Barred for first 5 years; state option afterwards	Barred for first 5 years; state option afterwards	Barred for first 5 years; state option afterwards	Eligible
	Military personnel and families[2]	Eligible	Eligible	Eligible	Eligible	Eligible
	Refugees/Asylees[3]	Eligible for first 7 years	Eligible for first 7 years	Eligible for first 7 years; state option afterwards	Eligible for first 5 years; state option afterwards	Eligible for first 5 years; state option afterwards
Unqualified Immigrants	Undocumented immigrants, asylum applicants, temporary visitors and others	Ineligible*	Ineligible*	Eligible for emergency services only*	Ineligible	Ineligible

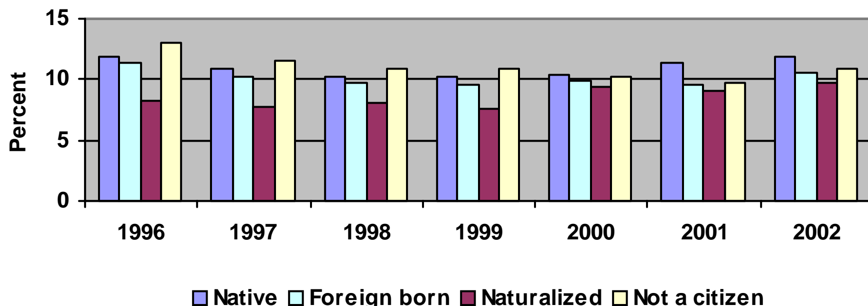
[1] Legal permanent residents who have worked at least 40 qualifying quarters as defined by the Social Security Act are exempted from certain bars on eligibility. No credit is given for quarters worked after 12/31/96 if the immigrant received a federal means-tested benefit in that quarter. Credit is also given for work performed by: (1) their parent (before the immigrant reaches age 18); (2) their spouse during the marriage (unless the marriage ended in divorce or annulment).
[2] Non-citizens are exempt from bars on eligibility if they are or were: (1) on active duty (currently); (2) honorably discharged; (3) the spouse, un-remarried surviving spouse and unmarried dependent child of a veteran or active-duty service member; (4) Filipino war veteran who fought under U.S. command in World War II.
[3] Those admitted for humanitarian reasons from abroad under the U.S. Refugee Act of 1980, persons admitted as asylum seekers, persons with deportation/removal withheld, Cuban-Haitian entrants, Amerasians.
* Certain exceptions apply to these categories.

Source: Audrey Singer, "Immigrants, their Families and their Communities in the Aftermath of Welfare Reform," *Research Perspectives on Migration*, Vol. 3 n. 1., 2001.

Medicaid

Without health insurance, some immigrants rely on Medicaid. As Medicaid costs continue to spiral upward, this issue has major fiscal impacts for the states. Figure 2.11 highlights the percentage of the native and foreign-born populations that receive Medicaid. The number of immigrant households participating in the Medicaid program has increased since 1996, but this increase is due to an increase in the number of U.S. citizen children living in immigrant households.[74]

Figure 2.11 Percentage of Population Receiving Medicaid, 1996-2002

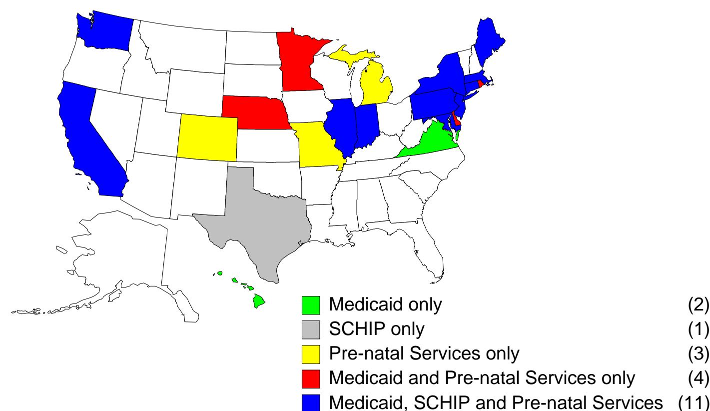


Source: U.S. Census Bureau, Current Population Survey, March Supplement, various years

Welfare reform passed in 1996 established new barriers to providing coverage for legal immigrants under Medicaid. As illustrated in Figure 2.12, many states, however, chose to cover immigrants without reimbursement from the federal government. In 2003, 18 states provided Medicaid coverage and 12 states provide SCHIP to some legal immigrants without federal reimbursement.[75] In addition, 19 states provide pre-natal services for pregnant immigrant women who were excluded from federal coverage when welfare reform passed. Because of the recent fiscal crises, however, some states are re-examining this process. For instance, New Jersey and Massachusetts eliminated coverage for legal immigrants in 2004.

Low-income noncitizen children are less likely to have health insurance than low-income citizen children.[76] Between 1996 and 2001, the percentage of citizen children with health insurance increased while the percentage of low-income noncitizen children with health insurance decreased. The increase in health insurance among citizen children is due to the State Children's Health Insurance Program (SCHIP) and expanded Medicaid services. In 2001, while more than 50 percent of low-income noncitizen children were uninsured, only 16 percent of citizen children were uninsured.[77] That year, nearly 47 percent of the insured low-income citizen children, including citizen children born to immigrant parents, were covered by either Medicaid or SCHIP while only 24 percent of low-income noncitizen children were covered.[78]

Figure 2.12 States Providing Health Coverage without Federal Reimbursement, 2003



Source: Kimberley Chin, Stacy Dean & Kathy Patchan, *How Have States Responded to the Eligibility Restrictions on Legal Immigrants in Medicaid and SCHIP?* Washington DC: Center on Budget and Policy Priorities, June 2002.

Illegal immigrants are not eligible for most public health services, but some states have provided services for this group of immigrants. Treating illegal immigrants can be costly. Consequently, several border hospitals are cutting services or closing down because of financial losses from treating illegal immigrants. Since the federal government does not reimburse for services to illegal immigrants, hospitals and emergency service providers lost more than $200 million and individual physicians faced losses of an additional $100 million.[79]

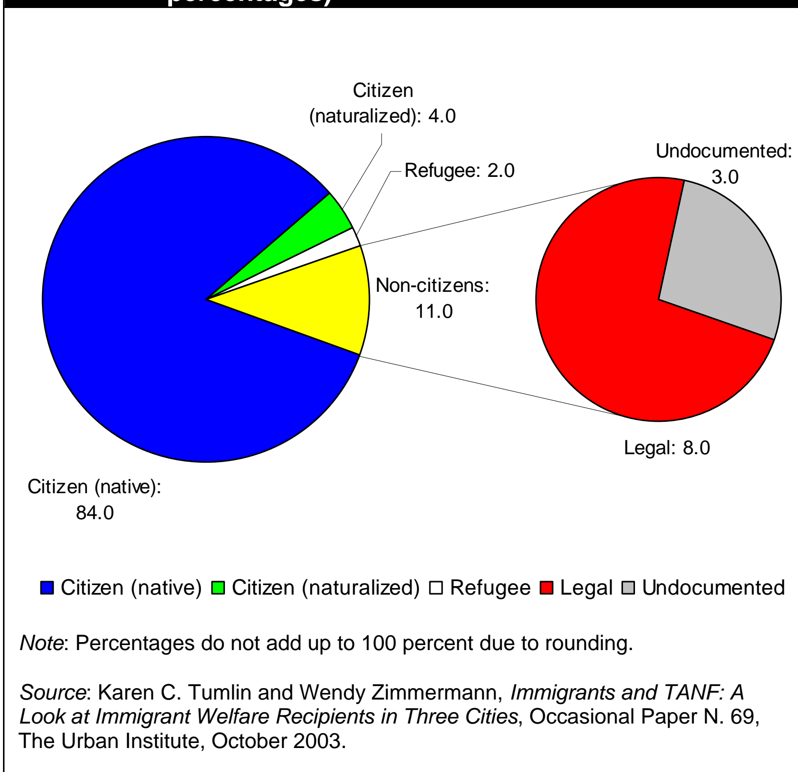
In tight fiscal times, states are finding it difficult to address the health needs of undocumented immigrants. Washington state in 2002, for instance, eliminated its Medically Indigent Fund, which was used in part to help cover medical costs of illegal immigrants. But this may cost the state more in the long run. An article in *The Seattle Post-Intelligencer* told the story of an illegal immigrant suffering from kidney failure. A kidney transplant would have cost about $100,000 plus an annual cost of $11,000 for medication. The immigrant is receiving dialysis, with an annual cost of $45,000, because it is covered by Medicaid as life-saving whereas a transplant is not.[80] In the past, the cost of transplants and drugs not covered by Medicaid would be paid for with money from the Medically Indigent Fund. Without these government funds, demand for charity care at non-profit clinics and hospitals is rising. Since undocumented immigrants are entitled to emergency care, there is a chance that there will be no cost savings from eliminating health services for them if their ailments go untreated until becoming bad enough to seek treatment in emergency rooms.

Temporary Assistance for Needy Families

PRWORA also allowed states to eliminate benefits for immigrants entering before August 1996, but only five states have opted not to provide TANF benefits to post-1996 legal immigrants who have resided in the United States for at least five years.[81]

As shown in Figure 2.13, in 2000, the foreign-born population, consisting of naturalized citizens, refugees and non-citizens, accounted for 16 percent of TANF caseloads; non-citizens accounted for 10 percent, refugees for 2 percent and naturalized citizens for 4 percent.[82]

Figure 2.13 Family Receipt of TANF, by Citizenship, Nativity, and Legal Status of Head and Spouse, 2000 (in percentages)



Note: Percentages do not add up to 100 percent due to rounding.

Source: Karen C. Tumlin and Wendy Zimmermann, *Immigrants and TANF: A Look at Immigrant Welfare Recipients in Three Cities*, Occasional Paper N. 69, The Urban Institute, October 2003.

Table 2.2 on the next page shows the number of native and foreign-born families receiving TANF and the change in this number between 1994 and 2000. Between 1994 and 2000, TANF participation declined among all types of households except naturalized citizens, which saw a 13 percent increase in families receiving TANF over that time period. However, eligible immigrant households are less likely than native-headed households to receive TANF. Most children in immigrant-headed households are U.S. citizens but are less likely than other children to receive TANF.[83]

Special challenges exist for people with limited English skills in accessing TANF-related benefits and services, which complicate the achievement of the program's dual goals of providing a safety net to low-income families while helping them become self-sufficient.[84] People with limited English skills encounter language barriers at many levels.[85] First, in state welfare offices, the posters, brochures and costumer service are generally provided in English only. Second, many LEPs face a choice of attending a TANF initial job search classes conducted in English or looking for prospective employers on their own.

Language barriers may keep immigrants from knowing about the availability of state-sponsored assistance for child care and transportation so that the person can pursue job-related activities such as ESL course work.

Table 2.2 **Family Receipt of TANF, by Citizenship, Nativity and Legal Status of Head and Spouse, 2000**

Status of Family Head/Spouse	Families Receiving TANF (thousands)	Percent Change from 1994
Total	1,608	-60.0
Native	1,344	-61.0
Foreign-born	264	-55.0
Citizen	1,403	-60.0
Native	1,344	-61.0
Naturalized	59	13.0
Non-citizen	168	-59.0
Legal	121	-65.0
Undocumented	47	-26.0
Refugee	37	-71.0

Source: Karen C. Tumlin and Wendy Zimmermann, *Immigrants and TANF: A Look at Immigrant Welfare Recipients in Three Cities*, Occasional Paper N. 69, The Urban Institute, October 2003.

Federal law dedicated new TANF funds to help states with supportive services such as special allowances for verified child care that enable parents to participate in employment and/or training. The children of undocumented immigrants, even if born in United States, are excluded from TANF-related child care allowance.[86] In response, some states have implemented special assistance programs for their immigrant populations. For instance, Pennsylvania supports undocumented immigrant parents of TANF-eligible children with child care subsidies, as long as the parent works minimum of 25 hours per week.[87]

Supplemental Security Income

Welfare assistance is growing among one segment of the immigrant population – the elderly. A growing proportion of the foreign-born population age 65 and over is receiving welfare; this is partly because some of them do not work in the United States long enough to earn Social Security so they receive SSI instead.[88] And, as noted above, the foreign-born population in the 65 and over category is more likely to live in poverty than their native counterparts. Interestingly, these elderly immigrants come to this country on the petition of their adult children, who tend to have middle- or upper-class incomes.[89]

Public Safety and Justice

In addition to the inherent illegality of some immigration, states are facing several immigration-related issues in the areas of public safety and law enforcement:

- Immigrants may not understand U.S. laws and the American legal system, and language barriers can intensify the problems.
- States are grappling with issue of drivers' licenses and identification cards for illegal immigrants.
- Gang-related violence is on the rise.
- State facilities house inmates awaiting deportation with little or no reimbursement from the federal government.

Immigrant Understanding of the American Legal System and Language Barriers

Immigrants may not have a clear understanding of the federal, state and local laws of the United States. This lack of knowledge, combined with cultural differences, can lead to encounters with law enforcement. One of numerous examples of cultural barriers clashing with the American legal system involves a Korean-born woman in Atlanta who beat her stepdaughter with a cane as a disciplinary measure. She was convicted of child cruelty but defended herself by saying it was an acceptable practice in Korea.[90] There are numerous other examples of cultural differences in child-bearing, health care and marital issues that have led to encounters with state and local law enforcement.

Many immigrants, especially those who are accustomed to corrupt, repressive and violent police forces in their native countries, fear law enforcement. Because of cultural and language barriers, police officers have difficulty communicating and persuading new immigrants to report crimes, serve as witnesses, provide information on crime problems or become employees of the police department.

As the number of non-English speakers grows, law enforcement officers are facing language barriers when dealing with suspects and convicted criminals. When a state trooper pulls over someone who does not speak English well, there is always the potential for misunderstanding. The same scenario exists for prison guards who only speak English and convicts with little or no understanding of English.

Drivers' Licenses and Identification Cards for Illegal Immigrants

Since the events of Sept. 11, the debate has grown over immigrants' access to drivers' licenses and state identity documents. Advocates for issuing licenses to undocumented immigrants argue that denying licenses to these immigrants makes everyone in the community less safe. Because many immigrants are likely to drive, with or without a license, unlicensed drivers would endanger public safety because they would tend to not be well-educated about driving laws and unlikely to be insured. These advocates argue that drivers who have access to training, testing, licenses and insurance are far less likely to cause traffic accidents than unlicensed drivers. Unlicensed drivers are almost five times more likely to be in a fatal crash than are validly licensed drivers,[91] and an average of 14 percent of all accidents are caused by uninsured drivers resulting in more than $4.1 billion in insurance losses per year.[92]

Opponents of issuing drivers' licenses to undocumented immigrants argue that issuing a drivers' license, in effect, turns an illegal alien into a *de facto* citizen and rewards illegal behavior. They also point to the fact that driving is a privilege and not a right. In addition, these opponents predict that allowing the issuance of licenses to undocumented immigrants would encourage additional flows of illegal immigrants.

A related issue involves Mexican-issued identification cards or *matricular consulares*. In some states, statutes identify *matricula consular* as a "reasonably reliable" document of indicating the owner's residency for driver's license issuance, residency verification, banking and other purposes. Supporters say the card allows immigrants to open bank accounts to keep money secure and helps prevent crime because aliens are not afraid to seek police help. More than 70 banks including large national banks such as Bank of America, Bank One and Citibank accept the cards. In some states, the cards are used to acquire a driver's license, enroll children in schools and obtain utilities.

Critics of the card say it is intended to circumvent federal immigration law and make it easier to live in this country illegally. And, police, other government officials and private companies typically responsible for turning illegal residents over to federal authorities are relenting. Also at issue is the lack of card security, which has led to multiple cards issued under the same name, address and photograph because the Mexican government does not have a centralized cardholder database and does not have the technology to verify identities of card applicants.

Criminal Activity of Immigrants

The estimates of non-citizens among more than 1.5 million incarcerated persons in the United States range from 4 to 7 percent.[93] Nearly half of the immigrants in state prisons (47 percent) come from Mexico, and a quarter of inmates are from Latin and Caribbean countries. These statistics indicate that between 70 and 80 percent of immigrant inmates in U.S. state prisons are of Hispanic origin. The vast majority of incarcerated aliens have entered the United States illegally, rather than entering the country legally and remaining past the authorized period of stay. Sentenced illegal aliens are generally poorer, less educated, younger, more likely to be male and Hispanic, and less likely to have dependents than the incarcerated legal aliens and U.S. citizens.[94]

The Federal Bureau of Investigation crime trends report for the first six months of 2003 reported that the number of murders, after years of steady decline, have leveled off and are slowly beginning to rise while the number of other crimes continue to decrease overall.[95] One of the key factors driving-up the number of murders is the resurgence of gang activity, particularly in Hispanic communities nationwide.

A recent report by the National Youth Gang Center found that gang activity, which experienced steady decline in the late 1990s, was up 2 to 3 percent in 2000 in cities with populations of more than 25,000. The gang homicide rate increased more than 50 percent from 1999 to 2002, the last year for which national figures are available.[96] Today gang violence seems to be concentrated in Hispanic communities

with a high population of illegal immigrants. Most gang violence is intra-Hispanic, often pitting Mexican gangs against other Central American ones.

The problem is not confined to large cities, however. Gang members are leaving large cities, such as Los Angeles and Chicago, for smaller cities throughout the country.[97] Hispanic gangs, for example, are emerging in small cities with average populations of approximately 50,000. Charlotte, N.C., Fairfax County, Va., and Gwinnett County, Ga., have all experienced a large upsurge in their Latino populations and, consequently, the number of Latino gangs and gang violence. In North Carolina, the number of Latino residents has increased 400 percent since the 1990s and has become a major factor in gang-related violence and murder.

State Resources and the Deportation Process

The costs of apprehending, prosecuting and incarcerating illegal aliens have become a major issue at state and local levels.[98] Considering an average annual cost of more than $30,000 to keep an inmate in prison, state officials are searching for ways to reduce or transfer to the federal government the expenses associated with incarcerating criminal aliens, and at the same time meet the public safety needs of the state. States are also pressing for deporting criminal aliens, and lobbying for stricter enforcement of anti-illegal immigration measures.[99]

According to the U.S. Bureau of Justice Statistics, as many as 250,000 aliens marked for deportation are now serving time in U.S. prisons, on probation or on parole.[100] The deportation process, which takes place at the federal level, can take several months. During that time, states pay for the incarceration costs of the deportees.

3. Policy Options

As the size of the immigrant population grows, state policy-makers will increasingly find it necessary to take the needs of this population into consideration when making any public policy. This section will look at policy options to address immigration issues in education, health care, welfare, and public safety and justice.

Education

As the population of schoolchildren becomes more diverse in this country, policy-makers are focusing their efforts on ways of teaching children who may not have a good understanding of English, training teachers to provide this education as well as other policies and programs targeted at specific immigrant populations.

Teaching Non-English Speaking Children

Achievement gaps at the elementary and secondary levels can largely be explained by language barriers, therefore state officials may want to pay special attention to improving the English language skills of immigrant children.

There are two major approaches to teaching English to non-English speaking students. First, ESL involves teaching children all subjects in modified English that they can more easily understand. The second approach, bilingual education, involves teaching children reading and writing skills in their native languages and then gradually shifting instruction to English. While ESL is more common than bilingual education,[101] there is no consensus on which method is best. Some experts emphasize that successful programs include some instruction in native language at first, phasing in English early on and employing teachers trained in working with non-English speakers,[102] but there is also evidence that English immersion programs have increased the academic achievement of immigrant children.[103] Furthermore, there is no consensus on the length of time needed for English Language Learners to become proficient in English.[104] Some studies have found that it can take up to eight years for ELLs to develop the English skills needed to be on par with native English-speakers in all core academic subjects."[105]

This lack of consensus has led to debates about the best way to educate these children with poor English skills. In Colorado, voters rejected an amendment in 2002 that would have required non-English speaking students to be taught using immersion instead of bilingual education. In Massachusetts, which 30 years ago was the first state to introduce bilingual education, voters passed an immersion amendment in 2002 that requires one year of English-only immersion for its non-English speaking K-12 students. California and Arizona passed similar immersion amendments in 1998 and 2000, respectively.

States are experimenting with ways of integrating curriculum content with language skills (see Example 3.1) and ways of integrating early childhood education, adult basic education and parenting education (see Example 3.2).

Example 3.1 Integrating Content and Language in Indiana

Rather than providing ESL courses as a separate curriculum, some schools in Indiana have recognized the need for integrating content and language as an optimal way to educate ELL students. The ELL student population in Indiana has more than tripled since 1992. The state uses the Interdisciplinary Collaborative Program (ICP) to help schools that display strong ESL needs in linking teachers who are uncertified in ESL with content-area teachers.

Professional development and peer collaboration fostered by the program assists the team of teachers in fusing language instruction with the content-area curriculum. The participating teachers attend two ICP workshops per year and three classes at the Summer Language Minority Institute. A Web-based conferencing and e-mail correspondence ensures an ongoing support for teachers. According to the program's coordinator, the teaching techniques that the ICP promotes are interactive and hands on. The program is designed to help teachers deal with students' knowledge of a subject teach vocabulary contextually. The ICP is funded by a five-year $1 million grant from the U.S. Department of Education.[106]

Example 3.2 Integrating Early Childhood Education, Adult Basic Education and Parenting Education in Nebraska

Some states are taking a comprehensive approach to educating ELL students by integrating early childhood education, adult literacy or adult basic education, and parenting education. One example is Nebraska Even Start, a predominately federally funded comprehensive family literacy program administered by the Nebraska Department of Education's Office of Children and Families.

Through a competitive application process, the state funds nine Even Start programs in metropolitan and rural areas. All Nebraska Even Start programs have a large component that is targeted for non-English proficient families. Children up to age seven and a parent or adult caregiver who could benefit from intensive literacy services can participate in the program. A family remains enrolled in the Even Start program as long as one parent and one or more eligible children are participating and working toward meeting their literacy goals. In this way, the program provides support not only to LEP children in school, but also to their families who are interested in improving their English over an extended period of months or even years.[107]

Teacher Preparation

Despite the large and growing numbers of English Language Learners in the United States, only 30 percent of public school teachers instructing ELL students have received proper training, while fewer than 10 percent of these teachers have earned a degree in English as a Second Language or bilingual education.[108] Schools with a large number of second language learners do not necessarily have a larger number of ESL or bilingual teachers. This should be a priority as should developing culturally sensitive teachers.[109]

One way to bridge this gap is to use teachers from abroad. The Visiting Teachers from Spain program, conducted through Spain's Ministry of Education and Culture, provides 1,152 teachers to 24 states. The program started in California in 1986 and expanded to other states after the Hispanic population soared during the 1990s.

Another method is to focus on teacher certification to make sure they possess the skills needed to effectively educate immigrant children. As shown in Table 3.1, most states offer ESL teacher certification or endorsement, while one quarter of states offer bilingual/dual language teacher certification or endorsement.

Table 3.1 State Offering ESL and Bilingual/Language Certification or Endorsement

	Offers ESL Certification or Endorsement	By Legislative Mandate?	Offers Bilingual/ Language Certification or Endorsement	By Legislative Mandate?
Alabama	X		X	
Alaska				
Arizona	X		X	
Arkansas	X			
California	X	Yes	X	Yes
Colorado	X	Yes	X	Yes
Connecticut	X	Yes	X	Yes
Delaware	X		X	
Florida	X			
Georgia	X			
Hawaii	X			
Idaho	X		X	
Illinois	X	Yes	X	Yes
Indiana	X	Yes	X	Yes
Iowa	X			
Kansas	X	Yes	X	Yes
Kentucky	X	Yes		
Louisiana				
Maine	X		X	
Maryland	X	Yes		
Massachusetts	X	Yes	X	Yes
Michigan	X		X	Yes
Minnesota	X	Yes	X	Yes
Mississippi				
Missouri	X	Yes		
Montana	X	Yes		
Nebraska	X	Yes		
Nevada	X	Yes	X	Yes
New Hampshire	X			
New Jersey	X	Yes	X	Yes
New Mexico	X		X	
New York	X	Yes	X	Yes
North Carolina	X	Yes		
North Dakota			X	
Ohio	X	Yes	X	Yes
Oklahoma				
Oregon	X			
Pennsylvania				
Rhode Island				
Tennessee	X			
South Carolina				
South Dakota				
Tennessee				
Texas	X	Yes	X	Yes

Table 3.1 State Offering ESL and Bilingual/Language Certification or Endorsement (cont.)

	Offers ESL Certification or Endorsement	By Legislative Mandate?	Offers Bilingual/ Language Certification or Endorsement	By Legislative Mandate?
Utah	X	Yes	X	Yes
Vermont	X			
Virginia	X	Yes		
Washington	X	Yes	X	Yes
West Virginia	X			
Wisconsin	X	Yes	X	Yes
Wyoming			X	

Source: Andrew McKnight & Beth Antunez*, State Survey of Legislative Requirements for Educating Limited English Proficient Students,* Washington, D.C.: National Clearinghouse for Bilingual Education, 1999. AND National Clearinghouse for English Language Acquisition, *Which States Offer Certification of Endorsement in Bilingual Education or ESL*? March 2002 update, <www.ncela.gwu.edu/askncela/09certif.htm> (29 March 2004).

Targeted Initiatives for Elementary and Secondary Education

While language skills acquisition is a primary problem, other issues contribute to achievement gaps. The National Hispanic Caucus of State Legislators has identified several priority areas, for example. Hispanic children are less likely to be enrolled in early childhood education programs than are other children. Cost and availability of high-quality pre-school programs is an issue for Latino children.[110] The pre-school programs Latinos tend to attend do not focus on literacy and language, have fewer qualified teachers and suffer from other problems, such as poor organization and management.[111] So policies that promote access to high-quality pre-school learning can help reduce the Hispanic achievement gap in education.

School attendance is a problem for some Hispanics as is a high rate of transferring schools.[112] Therefore, finding and implementing best practices for programs to reduce absenteeism and deal with problems associated with transferring schools may reduce these problems.[113]

Hispanic students may not know about available Advanced Placement and other college preparation courses. And Hispanics are less likely to participate in extra-curricular academic enrichment activities. Informing guidance counselors of this situation and encouraging them to reach out to the Hispanic population

Figure 3.1 Selected Policy Options Advocated by the National Hispanic Caucus of State Legislatures

Preschool Education
- Increase access to publicly funded preschool education programs
- Increase the quality of preschool programs

Effective Learning Time
- Implement best practices for programs to reduce dropout rates, absenteeism, truancy and tardiness
- Reduce class sizes
- Establish statewide databases to track students who transfer betweens school districts

Increase Academic Rigor
- Increase awareness among Hispanic parents of the importance of challenging coursework
- Increase access to AP classes and academic enrichment programs

Teacher Preparation
- Reduce disparities across schools in teacher quality
- Revamp professional training programs to increase number of bilingual teachers

Learning Resources
- Increase access to learning technology in the schools
- Increase access to computers and the Internet in homes

Source: The Center for Latino Educational Excellence, Closing Achievement Gaps: Improving Educational Outcomes for Hispanic Children. Washington, D.C.: National Hispanic Caucus of State Legislators, 2003.

may increase awareness of college opportunities and the steps students need to take to prepare for college. On a related note, Hispanic parents may not be knowledgeable about schools, college preparation and after-school activities. Hispanic parents may not understand the American education system and what classes their children need in order to go to college. Parents may also need information on what they can do, such as helping children with their homework.

As we enter the 21st century, access to computers and the Internet is becoming more important to the educational system. Many Hispanic households do not have computers or Internet access, nor do many schools that have large numbers of Hispanic students. Some states have devised programs to eliminate the "digital divide." Illinois' Eliminate the Digital Divide Program, for example, uses various funding sources to provide technology grants to those less likely to have computers and Internet access, including minorities.[114]

Higher Education Achievement Gaps

Policy efforts at increasing immigrant access to higher education have focused on eliminating cost barriers. However, there are other measures that may increase immigrant access to higher education.

The federal Illegal Immigration Reform and Immigrant Responsibility Act of 1996 mandates that states offering in-state tuition breaks for undocumented students must also do so for out-of-state-residents. Since policy guidelines were never issued, seven states have offered in-state tuition to illegal immigrants.[115] Texas was the first, followed by California, Utah, New York, Washington, Illinois, and Oklahoma. Two other states, Wisconsin and Maryland, came close to passing legislation, stopped only by a governor's veto. In Colorado, most colleges and universities already have policies restricting illegal immigrants from receiving the significantly lower in-state tuition. A proposed bill would turn existing policies into law.

Two states introduced legislation in 2003 to restrict immigrant access to higher education – Alaska and Virginia. When the Virginia General Assembly passed a bill last year to deny in-state tuition rates to undocumented immigrants, the governor vetoed that legislation.

At the federal level, the proposed Development, Relief and Education for Alien Minors (DREAM) Act would allow states to offer in-state tuition and other education benefits to undocumented residents. It would also allow undocumented migrants to remain in this country if they complete two years of military service, two years of college or 910 hours of community service within six years of high school graduation.

In addition to tuition issues, higher educational achievement for immigrants may be fostered by other measures as well. Hispanic students, for instance, are more likely to attend community colleges than four-year institutions. If they want to transfer to four-year institutions, there are often complications. Therefore, some experts advocate findings ways to promote transfer rates between community colleges and other institutions of higher education.[116]

Health Care Policy Options

Racial and ethnic disparities can be heightened due to lack of access to health care coverage, inadequate cultural competency, lack of appropriate training of health care professionals and the insufficient attention to the risk for low health literacy among immigrants. Incentives to employers to provide health insurance benefits and expanding access to public health programs are two ways to address access to care issues. Policy-makers can encourage linguistically appropriate and culturally competent health care through measures such as encouraging or mandating access to medical translation and interpretation services and promoting foreign language skills and cultural competency in college health care curricula and professional education programs.

Employer Incentives to Provide Health Insurance Benefits

Immigrants may lack health insurance for a variety of reasons. Hispanics, for instance, are more likely to work for employers in low-wage industries that do not provide health benefits. Private health insurance that is not provided or subsidized by employers can be cost prohibitive. State officials could target small

employers and employers in industries which employ many immigrants for incentives for providing insurance.[117] A program in New York state, called Healthy NY, provides publicly funded insurance and incentives for employers to provide coverage. Health NY encourages small employers to provide health insurance by creating state-sponsored benefit packages through HMOs. In addition, the working uninsured can purchase state-sponsored health insurance. Eligibility varies but is typically based on income.

Expansion of Publicly Funded Health Programs

Rather than creating incentives for employers to provide health insurance, states can also use the public health system to increase health care coverage. One way to do that is to aggressively market the State Children's' Health Insurance Program (SCHIP) to children in immigrant families. Currently, 12 states provide SCHIP coverage to legal immigrants without federal reimbursement. However, there are many U.S. citizen children born to immigrants who are eligible for SCHIP but do not receive it. By marketing the program to these families, more children could receive health insurance coverage.

There are other ways states can improve access to health care. The Illinois Department of Human Services Bureau of Refugee and Immigrant Services provides funding for three suburban health clinics in areas with large immigrant populations in order to improve services for these individuals. Suburban health clinics provide services for all impoverished immigrants whether they are legal or illegal. In addition to primary medical care, mental health services are available.[118] Family Health Plus, funded by New York state, covers adults who have low incomes but do not qualify for Medicaid. Health care is provided through managed care plans at no cost to the individual. The citizenship requirements for this program are the same as under Medicaid.

Cultural and Language Barriers

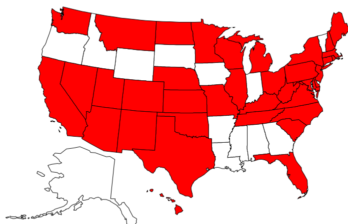
Federal health care programs require linguistically appropriate services. Managed care organizations with Medicaid, SCHIP or Medicare patients must provide access to language services. States often require that materials related to these managed care plans be translated into several languages. In some states, these managed care organizations are required to provide care that also takes cultural differences into consideration. Figure 3.2 displays the states requiring these organizations to provide materials in other languages, provide services for people not speaking English as their primary language and meet cultural competence standards which include skills enabling staff to understand and be sensitive to cultural differences and how they influence relationships between patients and providers.[119]

Most states already address language barriers in the public health care system in one way or another. Currently, 40 states have laws dealing with language barriers in health care.[120] The laws vary widely in their mandates. California and New York, for example, go into a great deal of detail on how health care providers should break down language barriers while other states leave a great deal to the discretion of health care providers.

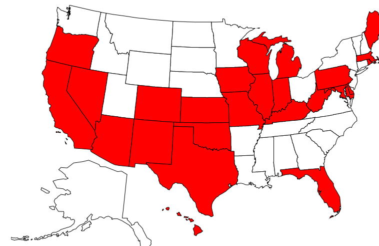
The Washington State Department of Social and Health Services provides certification of interpreters and contracts with interpretation service agencies through a competitive bidding process. On the positive side, health care providers have access to interpretation services at a fixed cost over the period of the government contract. On the downside, less than half of the interpreters who have taken the certification test since 1995 have passed and the state fiscal crisis has led to a cut in funding for the program.

Figure 3.2 **State Programs to Promote Linguistically Appropriate and Culturally Competent Health Care Services**

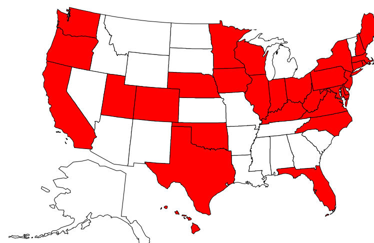
States Requiring Medicaid Managed Care Organizations to Provide Materials in Other Languages



States Requiring Medicaid Managed Care Organizations to be Culturally Competent



States Requiring Medicaid Managed Care Organizations to Provide Services for People Not Speaking English as a Primary Language



Source: Center for Health Services Research and Policy, The George Washington University Medical Center, *Negotiating the New Health System*, http://www.gwu.edu/~chsrp/Fourth_Edition/.

Minnesota has taken a different approach. The Minnesota Department of Human Services reimburses health care providers for interpretation services. There are several upsides to this approach. There are lower administrative costs than the Washington approach because Minnesota does not contract directly with interpreters nor put interpreters and health care providers in contact with one another nor does it take part in the certification of language service providers. On the other hand, the state has less control over the quality of interpretation services and providers are not always happy to pay for interpretation services and then wait for the state to reimburse them.

Massachusetts state law requires that all acute care hospitals provide interpretation services for non-English speaking patients in emergency rooms. Hospitals are allowed to provide language services via bilingual staff, interpreters on staff or contracted interpreters. Hospitals are also required to monitor their interpretation services. Issues with this law include a potential shortage of interpreters and the potentially high cost of the mandate.

Just speaking another language is not enough. There can be differences in dialect, sociocultural differences and problems with understanding medical terminology. There are several approaches states can take to deal with linguistic and cultural constraints. One approach is to promote foreign languages in college health care curricula and cultural competency in medical and nursing programs and professional education for doctors, nurses and other health care professionals.

Selected Recommendations of the Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care

The Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, part of the National Academies' Institute of Medicine, was asked by Congress to address the disparity issue. The committee formulated recommendations, many of which deal with linguistic and cultural barriers, to increase health care access and quality in the United States.

General Recommendations

- Increase general public's and health care providers' awareness of racial and ethnic disparities

Legal, Regulatory and Policy Interventions

- Promote sustained relationships among providers and patients which affects patient satisfaction, improves access to care and helps alleviate mistrust of health care providers
- Increase the proportion of racial and ethnic minorities among health professionals

Health Systems Interventions

- Provide financial incentives for practices that reduce cultural and language barriers
- Encourage broader use of linguistic interpretation services
- Support use of community health workers
- Support use of multidisciplinary teams of health care professionals, which have been shown to improve minority health outcomes

Patient Education and Empowerment

- Implement patient education programs, including books, pamphlets, in-person instruction and Web sites

Cross-Cultural Education in Health Professions

- Implement curricula focused on attitudes, knowledge and skills to address cultural barriers and help health care professional better communicate with patients

Source: Brian D. Smedley, Adrienne Y. Stith and Alan R. Nelson, eds. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, D.C: The National Academies Press, 2002.

Many state health departments and Medicaid programs prepare multilingual patient education materials to help non-English speakers understand how to use the health care system and deal with certain health care conditions, such as a diabetes asthma and heart disease.

The New Jersey Office of Minority and Multicultural Health, within the Department of Health and Senior Services, is devoted to ensuring access to health programs for the states racial and ethnic minorities. In support of this mission the Office is involved in several activities related to cultural competency. The office helps develop materials and courses in cultural competency in order to address gaps in access to health care. It also provides support and funding to promote community outreach. And it also assists policy-makers in collecting, reporting and analyzing data on minority health and improving health care access for racial and ethnic minorities.[121]

Washington state also recognizes the need for services and programs designed to overcome cultural barriers. The state sponsors several culturally competent maternal and child health programs. For instance, CHILD Profile develops education materials in Spanish and English that are mailed to the families of all children born in the state. The Children with Special Health Care Needs Program has a Multicultural Work Group, a Health Disparities Task Force and a Family Summit on Cultural Competence and Health Disparities. The Healthy Mothers, Healthy Babies Toll-Free Line provides multi-lingual services and referral information in multiple languages.

Welfare Assistance

Although welfare reform restricted federal benefits to many immigrants, several states have created programs to provide immigrants a safety net. States have implemented alternative welfare programs to offset the federal limitations of PRWORA. Nineteen states are using state funds to provide TANF-like assistance to legal immigrants on the similar terms as citizen TANF recipients. [122] For example, Pennsylvania offers state-funded TANF benefits to newly arrived lawful immigrants.[123] Other states offer programs with more limited benefits and services than TANF. New York, for example, provides post-PRWORA enactment immigrants with housing vouchers and cash assistance under its state-funded Safety Net Assistance (SNA) program. However, the SNA differs from TANF because it does not formally assess job-readiness or the need for language and professional training of the recipients before they enter the work force.

Much of this state assistance has focused on job and language skills. Many recent immigrants have been relatively low-skilled compared to natives and other waves of immigrants. Consequently, they have low-paying jobs that often lack opportunity for advancement. Therefore, some experts focus on job skills training, especially language skills, as a means of socioeconomic advancement for these immigrants.

The overall number of immigrants with limited English proficiency (LEP) grew by 52 percent from 14 million in 1990 to 21.3 million in 2000.[124] Almost half (46 percent) of all immigrant workers are currently in LEP category, nearly two-thirds of them speaking Spanish (73 percent). The quality of employment is strongly correlated with the ability to speak English: 62 percent of low-wage immigrant workers are LEP, compared with only 2 percent of low-wage native workers.[125]

Although time spent in the United States is directly related to the reduction of workers in LEP category, 29 percent of immigrant workers who have resided in the United States for 20 or more years can still be classified as such.[126] While some immigrants manage to learn English on their own, the provision of educational programs such as ESL clearly speeds the process. Immigrants also lack many occupational skills needed for better-paying labor positions. Based on experience, the most effective approach to professional and language training is integrating the two, providing instruction at the work site or tying it to a specific available job for the trainee.[127]

In most states, the largest provider of employment training and language education is the state community college system. Therefore, state officials can redesign community college programs to better meet the needs of immigrant workers who are inadequately proficient in English. State strategies to assist LEP workers in finding employment include:

- integrating ESL instruction, basic skills remediation and technology training into the job preparation programs;
- making employment and training services more accessible and responsive to the language needs of immigrant workers;
- providing fast track services for immigrants with high educational level but limited English proficiency; and
- establishing public sector/employer partnerships to provide need-based training at or near the work site, during work hours.[128]

Example 3.3 Latino Initiative, North Carolina Center for International Understanding

North Carolina's state university system has a unique program that assists state and local leaders in understanding issues concerning Latino and Hispanic immigration.

The Latino Initiative of North Carolina Center for International Understanding was launched in 1998 to bring together multidisciplinary teams including state legislators, mayors, county commissioners, law enforcement officers as well as health, business, church and education leaders. Between 1998 and 2002, 289 policy leaders and educators have participated in the Latino Initiative programs.

During two days of orientation, a week in Mexico and a day of follow-up evaluation and planning, these key community leaders develop networks to better respond to challenges that immigration creates for government services and community relations.

The alumni of Latino Initiative have an enhanced understanding of the root causes of Latino migration to the United States, a better perception of immigrants' needs and a shared knowledge of proven strategies to improve education, health care, employment, public policy and community outreach for the immigrant populations.

For more information, see North Carolina Center for International Understanding, Latino Initiative, on-line brochure. <http://www.ga.unc.edu/NCCIU/latinoinit.html> (22 March 2004).

Socioeconomic Advancement Programs

Some states are focusing on the overall socioeconomic advancement of immigrants outside the welfare system. For example, the Maryland Office for New Americans (MONA) was created in 1980 as a resource for refugees in need of services upon their arrival in Maryland. MONA helps refugees obtain services to assist with basic daily activities, such as grocery shopping, banking, using public

Example 3.4 New Iowan Centers

Iowa's Department of Workforce Development operates a network of New Iowan Centers to provide transitional assistance to new immigrants and refugees settling in the state. Through public-private partnerships and collaboration with the state's educational institutions, the centers provide a one-stop resource for immigrant workers to receive information on housing and employment services, sign up for ESL classes offered at community colleges, and get technical and legal assistance concerning forms and documentation.

The centers focus their efforts on three levels. On the individual level, centers provide information to aid in job searches, help with resumes and interviews, information on applicable immigration issues and ESL enrollment. At the employee level, center staff assist with cultural diversity awareness training in the workplace, offer Spanish language training for new employees and familiarize employees with labor regulations. At the community level, the centers collaborate with other state agencies to focus on community needs in general, including organizing public meetings on immigration issues and offering housing assistance to people who are new to the state.

For more information, see Iowa Department of Workforce Development, New Iowan Centers on-line resource. <www.iowaworkforce.org/ centers/newiowan/> (20 March 2004).

transportation and accessing emergency services. The program also deals with job skills, such as resume writing and interview techniques. A few years after its creation, MONA's activities expanded to help legal residents become naturalized citizens. The program provides information for these individuals to learn English, get medical assistance and access services such as legal representation.[129]

The Massachusetts Office for Refugees and Immigrants (ORI) was created in 1985 to help refugees make the transition to their new lives in Massachusetts. ORI helps these individuals and other immigrants access state and federal services and serves as their public advocate. ORI supports several programs for refugees and immigrants. For example, the Massachusetts Refugee Resettlement Program assists immigrants in finding jobs and improving job skills once working. The Citizen Assistance Program helps low-income immigrants become naturalized citizens. And there are refugee mutual assistance associations dealing with leadership training, social and youth services; and various health services.[130]

The Illinois Department of Human Services Bureau of Refugee and Immigrant Services aids refugees and immigrants in the transition by providing services such as English as a Second Language; job training and placement; and bilingual health and mental health services. The bureau has also provided funding for suburban health clinics in areas with large immigrant.[131]

Public Safety and Justice

Policy-makers have a number of options to consider in addressing immigrant issues related to public safety and justice. States can promote programs to increase interaction and communications between law enforcement, and there are a number of programs designed to bridge language and cultural barriers. Several states are examining the issue of drivers' licenses for noncitizens and the use of *matricula consular* as identification cards. There are a number of options to help reduce gang activity, which is an important issue in some areas. In addition, there is proposed legislation that states need to be aware of that can influence state government's role in federal immigrant policy and the deportation process.

Improving Relations and Communication Between Law Enforcement and Immigrants

State officials may want to consider promoting programs that increase interaction between immigrant communities and law enforcement. In some cities, nonprofit organizations collaborate with police departments to find alternative channels of communication between law enforcement and the various immigrant communities. Initiatives such as police-immigrant working group forums have proven effective. For example, Vera Institute of Justice in New York City is organizing working groups with representatives from the city's immigrant communities and police department officials for a series of forums on topics such as the community's crime rate, safety, policing needs and concerns, the relationship between the police and the community, and strategies for improving police-community relations. Such community working groups also assist police department in strengthening relations with immigrant communities through coordinated public education and outreach campaigns.[132]

Different versions of community policing programs have gained popularity in many states and cities. Community policing is defined as a "policing philosophy that promotes and supports organizational strategies to address the causes and reduce the fear of crime and social disorder through problem-solving tactics and police-community partnerships."[133] In some cities, the elements of community policing have helped improve the relations between law enforcement and immigrant communities. For example, Chicago Alternative Policing Strategy is a community policing initiative that involves regular meetings between community residents and police who work in the neighborhood. These meetings, held in such places as church basements and park buildings all over the city, facilitate the exchange of information about public safety and security needs within the community and help diffuse many negative perceptions that often exist in foreign-born communities about the police.[134]

Law Enforcement and Language Barriers

Some states and municipalities are educating their law enforcement officers in Spanish language. For example, Badges Without Borders is a program designed to educate Indianapolis police officers and firefighters in the language and culture of the growing Latino population in the city.[135] A similar program in Pennsylvania offers state police officers basic language training in Spanish.[136] In Kentucky, police officers receive a basic level of Spanish language instruction during basic training to help them communicate with non-English speakers in such situations as traffic violations. A federally funded enhanced police corps training program in Kentucky provides a more intensive language training that includes 80 hours of course work and a two-week-long Spanish language emersion program in Mexico.[137] A Spanish language program launched by the California Highway Patrol bridges the language gap by training cadets in basic law enforcement tasks in both English and Spanish.[138]

California funded the Garden Grove Police Department to employ two bilingual community service officers to create liaisons with the growing Asian population. About half of the 143,000 people in the city are Southeast Asians, mainly Vietnamese immigrants, predominantly characterized by poor to no English competency. The police department also established substations in the heart of the city where most of the Vietnamese live. The strategy of hiring bilingual police officers and posting bilingual notices has helped bridge language and cultural gaps and opened access for the police to the immigrant community.[139]

The criminal justice system, and the corrections community in particular, have begun to address the growing challenge of language barriers between non-English speaking inmates and corrections officers. In Arizona, any inmate who does not receive a minimum eighth grade score in certain subjects must attend for 120 days functional literacy classes, which include English language instruction. Deportable foreign nationals, however, are excluded from this program.[140] New Mexico's legislation requires inmates incarcerated for longer than 18 months but fewer than 10 years to be enrolled in the educational program, which includes an ESL course in every state prison facility. The inmates participating in various re-entry initiatives are also required to enroll in the educational program.[141] In North Carolina, language proficiency of every inmate is determined by the ESL Oral Assessment test. Inmates with English language training needs are placed in one of the 14 prison facilities that offer ESL instruction.[142] The program is mandatory for all qualified inmates, regardless of their nationality. Although ESL classes are not mandatory for qualified inmates in Colorado, the state offers strong incentives for enrolling in educational programs. Inmates with a high school or General Educational Development (GED) diploma are eligible for certain jobs at prison facilities, and because the ESL course is a prerequisite for earning those diplomas in prison, the enrollment rate is high despite the voluntary nature of the program.[143]

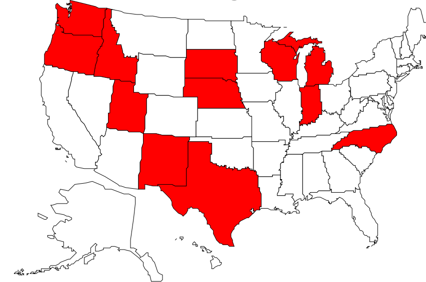
California offers English language training as part of its Adult Basic Education (ABE) curriculum in correctional facilities. The program is offered to all inmates, regardless of their citizenship. Even though ABE is mandatory, correctional facilities generally do not have enough resources to enforce the mandatory requirements. Another strategy that California uses to close the language gap between limited English proficient inmates and corrections enforcement and administration is hiring paid bilingual staff in state prisons. Bilingual employees – usually corrections officers, case workers and administrators – are vital for ensuring due process in placing recently admitted inmates who can not communicate in English language.[144]

Drivers' Licenses and Identification Cards for Illegal Immigrants

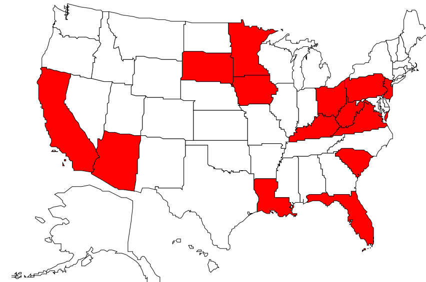
States have been very active in altering the regulations governing driver's license issuance to non-citizens. During the 2003 state legislative sessions alone, 40 different state legislatures introduced 119 bills that dealt with the immigrant's eligibility and restrictions for obtaining driver's licenses.[145] Six states signed bills into law that expands immigrant's access to drivers' licenses, while seven states passed legislation that restricts access. Generally, restrictive measures include lawful residence requirements, prohibition of foreign-issued identification documents and the requirement that the validity of the license ends with the expiration of the applicant's lawful residence status.[146]

Figure 3.3 State's Drivers' License Requirements

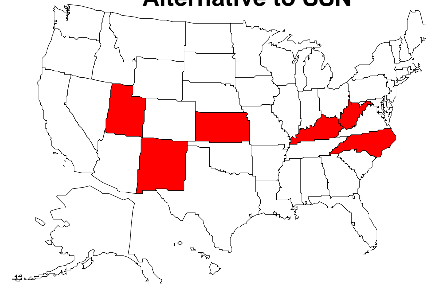
States Accepting Matricula Consular or Other Foreign ID Card



States Requiring Drivers' Licenses to Expire with Immigrant's Visa



States Accepting ITIN As Alternative to SSN



Source: National Immigration Law Center, January 2004.

In most states, applicants need to produce proof of identity and a Social Security number before obtaining a drivers' license. However, a Social Security number is not required in Oregon and Vermont. Forty-two states require it only if people have been assigned the number or are eligible for one.[147] Connecticut and New Hampshire require Social Security number only from new applicants. Illinois and Kentucky make exemptions to the rule on religious grounds.

In addition, six states accept the Individual Taxpayer Identification Number as an alternative to the Social Security number. ITIN is a tax processing number that the IRS has been issuing to certain nonresident and resident aliens, their spouses and dependents since July 1996. The ITIN is only available to individuals who are residing in the United States legally and are not eligible for a Social Security Number.[148]

Twenty-six states require drivers' license applicants to have a proof of lawful presence in the country. Louisiana grants a temporary license to noncitizens working in the agriculture industry. The temporary license has a different appearance and is valid for only a year.[149] Minnesota, Mississippi and Ohio place distinguishing features on the driver's license issued to non-citizens, such as "non U.S. Citizen" and "non-renewable/non-transferable."[150]

There also has been legislative action concerning the use of *matricula consular* as well. Colorado recently outlawed use of the card already approved by many cities there, and legislation to restrict the card has been introduced in the Arizona and Iowa legislatures. A bill introduced during the 2004 legislative session in South Carolina prohibits state agencies, including school districts, from accepting a *matricula consular* as a form of identification. The governor of South Dakota approved in March 2003 legislation that prohibits any state agency, state-supported university or postsecondary technical institute from accepting a *matricula consular* card. Tennessee statutes also explicitly prohibit the state from recognizing *matricula consular* cards as proof of identification for issuing a drivers' license. The card has been rejected in New York, and critics of the card in Utah are lobbying for legislation banning it.

Curbing Gang-Related Violence

To address recent spikes in gang-related violence, state and local law enforcement agencies should consider the following options:

- recruit Spanish-speaking officers or improve the Spanish-speaking skills of law enforcement personnel;
- increase patrols in gang-heavy areas;
- gain intelligence on Latino gangs and share that information with law enforcement throughout the country; and
- form special gang units or multi-agency task forces with expertise in gang culture and activity.

A more fundamental way to curb gang activity is to prevent youth from joining gangs in the first place. Children of parents who are poor, working several jobs and are not at home may get involved with gangs.[151] After-school programs, for instance, are one way to keep unsupervised youth off the streets.

State Resources and the Deportation Process

To alleviate states' financial burden of incarcerating criminal aliens, the Immigration Reform and Control Act of 1986 authorized the U.S. Attorney General to partially reimburse the states for the criminal justice costs associated with illegal aliens. The Violent Crime Control and Law Enforcement Act of 1994 expanded the state compensation program to include local jurisdictions and empowered the Attorney General to transfer criminal aliens to federal prison if states were unable to incarcerate them due to the lack of space or facilities.[152] The federal government is increasing appropriations for this reimbursement. In 1995, the first year of the State Criminal Alien Assistance Program appropriations, Congress reimbursed $129 million for 37,679 inmates that cost a total of $796 million to the states.[153] In fiscal years 2002 and 2003, Congress appropriated $564 and $565 million, respectively.

Even with this federal assistance, states are burdened with the financial and administrative costs of prosecuting and incarcerating criminal aliens. Some border counties estimate that they spend approximately one-quarter to one-third of their criminal justice budgets on processing criminal aliens. For example, in Arizona, the counties of Santa Cruz and Cochise spent about 33 percent of their total criminal justice budgets in 1999 to apprehend and process criminal illegal aliens, and less than half of the cost was reimbursed by the federal government.[154] Similar shortfalls in federal funding plague states and counties with a disproportional number of illegal immigrants.

The U.S. Citizenship and Immigration Services, formerly known as Immigration and Naturalization Service, removed more than 70,000 criminal aliens from the United States in fiscal year 2002, and more than 36,000 criminal aliens in the first six months of fiscal year 2003.[155] The agents of the Bureau of Immigration and Customs Enforcement, a new agency within the Homeland Security Department, are reporting a soaring number of arrests of people residing in the United State illegally. In Colorado, Utah and Wyoming alone, the number increased from 920 to 12,183 in between 2000 and 2003.[156]

Proposed federal legislation could also have a major effect on state law enforcement. H.R. 2671, the Clear Law Enforcement for Criminal Alien Removal (CLEAR) Act, and S. 1906, the Homeland Security Enhancement Act, would authorize state and local law enforcement officers to uphold federal immigration laws as a condition of receiving federal funding under the Immigration and Naturalization Act. The proposed act stipulates that states failing to enact laws that authorize police to enforce the federal immigration law may not be federally reimbursed for incarcerating noncitizens and that their reimbursement funds must be reallocated to states that do comply with the CLEAR Act. States also receive federal funding through Immigration and Naturalization Act to cover the costs associated with refugee resettlement and to support programs such as Refugee Cash Assistance and Refugee Medical Assistance for refugees not eligible for Medicaid.

The CLEAR Act would provide funding to offset the costs of incarceration of possible deportees. The measure would require the Department of Homeland Security to deposit into a "State and Local Immigration Law Enforcement Fee Account" one-third of all fees collected for immigrant and nonimmigrant visa applications and for adjustment of status applications.[157]

Proponents of the legislation argue that the federal government does not have the capability to apprehend illegal aliens and that state and local law enforcement officers would be a much-needed

supplement to federal immigration agents. State and local law enforcement would not be asked to search for illegal aliens, however. The proposed legislation only requires law enforcement officers who question someone for other alleged crimes and suspect the person is in the country illegally to notify federal officials.

Although the legislation would provide training materials for state and local law enforcement, opponents argue that immigration laws are complex and federal immigration agents receive a great deal of training on immigration law. Therefore, a manual or pocket guide may not offer law enforcement the training they need to uphold federal immigration law. Opponents also argue that enactment of this legislation would lead to more racial profiling because it is a judgment call on the part of officers to decide whether they think someone may be in the country illegally. Some also fear that immigrants will be more reluctant to report crimes out of fear of being deported, even if they are the victims of the crime. State and local policy-makers and law enforcement officials, however, are concerned with the potential backlash from immigrant-heavy communities. There is also the question of what happens to the families of these detainees.

According to a recent Congressional Budget Office cost estimate, the CLEAR Act would impact the states in a number of ways.[158] The legislation preempts the authority of state laws regarding the regulation of law enforcement and enforcement of immigration policies. Under current policy, states are independently free to authorize their law enforcement officials to enforce certain criminal immigration violations. Additionally, the measure places three requirements on states to qualify for reimbursement of the costs of detaining illegal aliens. First, it requires that states pass or amend their enforcement laws within two years in order to receive reimbursement funding. Such legislative measures must bring the states into compliance with the federal law, granting the requisite authority to state and local law enforcement officials. Second, states would be required to transmit information on illegal immigrants to U.S. Department of Homeland Security and Justice within 10 days of an encounter. Third, the bill requires that states provide the federal government with information on illegal aliens in the state and local prison systems.

Conclusion

In conclusion, it is clear that this latest immigration wave is a true megatrend in American society. This immigration is having and will continue to have profound transforming effects in towns, cities and states across the country. Moreover, this immigration megatrend has multiple public policy dimensions beyond those cited in this backgrounder. The policy implications highlighted here and those not mentioned, including issues related to housing and transportation, present both tremendous challenges and opportunities for our public sector and U.S. society as a whole. How these opportunities and challenges are addressed will determine whether or not the full potential of immigrants' social, economic and cultural assets can be realized. As a result, The Council of State Governments will continue to track trends related to immigration and report innovative, successful responses to these developments at the state level.

Endnotes

[1] U.S. Census Bureau, *The Foreign-Born Population in the United States: March 2002* (Washington, D.C: U.S. Department of Commerce, February 2003), 2.
[2] United States Census Bureau, "Table: QT-P15 Region and Country or Area of Birth of the Foreign-Born Population: 2000," <http://factfinder.census.gov/servlet/QTTable?_ts=55154836769> (12 November 2002).
[3] U.S. Census Bureau, *The Foreign-Born Population in the United States: March 2002*, 2.
[4] The Census Bureau uses Hispanic and Latino interchangeably to denote Mexican, Puerto Rican, Cuban, Central and South American, Dominican and Spanish descent.
[5] William H. Frey and Ross C. Devol, *America's Demography in the New Century: Aging Baby Boomers and New Immigrants as Major Player* (Santa Monica, CA: Milken Institute, 2000), 17.
[6] U.S. Census Bureau, Census Bureau Projects Tripling of Hispanic and Asian Populations in 50 Years; Non-Hispanic Whites May Drop to Half of Total Population, Press Release, 18 March 2004.
[7] U.S. Census Bureau, Census Bureau Projects Tripling of Hispanic and Asian Populations in 50 Years, 18 March 2004.
[8] U.S. Census Bureau, Census Bureau Projects Tripling of Hispanic and Asian Populations in 50 Years, 18 March 2004.
[9] U.S. Census Bureau, *The Foreign-Born Population in the United States: March 2002*, 4.
[10] U.S. Census Bureau, *The Foreign-Born Population in the United States: March 2002*, 2.
[11] U.S. Census Bureau, *The Foreign-Born Population in the United States: March 2002*, 2.
[12] U.S. Census Bureau, *The Foreign-Born Population in the United States: March 2002*, 2.
[13] Frank D. Bean, Jennifer Van Hook and Karen Woodrow-Lafield, *Estimates of Numbers of Unauthorized Migrants Residing in the United States: The Total, Mexican, and Non-Mexican Central American Unauthorized Populations in Mid-2001* (Washington, DC: Pew Hispanic Center, 2001), 2.
[14] Frank D. Bean, 2.
[15] Kevin M. Pollard and William P. O'Hare, "America's Racial and Ethnic Minorities," *Population Bulletin,* vol. 54, no, 3, September 1999.
[16] United States Department of Agriculture (Economic Research Service), Rural America at a Glance, Rural Development Research Report Number 94-1 (Washington, D.C.: USDA, 2002), 6.
[17] Population Reference Bureau, Growth of the U.S. Foreign-Born Population, <http://www.prb.org/AmeristatTemplate.cfm?Section=Foreign-Born&template=/ContentManagement/ContentDisplay.cfm&ContentID=7868> (6 April 2004).
[18] U.S. Census Bureau, *We the American … Foreign Born*, Washington, D.C.: U.S. Department of Commerce, September 1993, 2.
[19] U.S. Census Bureau, *We the American*, 2.
[20] U.S. Census Bureau, Profile of the Foreign-Born Population in the United States: 2000, Washington, D.C.: U.S. Department of Commerce, December 2001.
[21] Urban Institute, A Profile of the Low-wage Immigrant Workforce, Washington, D.C.: Urban Institute, November 2003, 1.
[22] Urban Institute, A Profile of the Low-wage Immigrant Workforce, 1.
[23] AnnaLee Saxenian, *Silicon Valley's New Immigrant Entrepreneurs*, San Francisco, CA: Public Policy Institute of California, 1999.
[24] Urban Institute, A Profile of the Low-wage Immigrant Workforce, 7.
[25] U.S. Department of Labor, *Findings from the National Agricultural Workers Survey,* 1997-1998, March 2000, 2.
[26] U.S. Small Business Administration, *Minorities in Business, 2001*, Washington, D.C.: Small Business Administration, November 2001, X.
[27] Roberto Suro and Jeffrey S. Passel, *The Rise of the Second Generation: Changing Patterns in Hispanic Population Growth*, Washington, D.C.: Per Hispanic Center, 2003, 1.
[28] National Council of La Raza, *State of Hispanic America: Latino Perspectives on the American Agenda,* Washington, D.C.: National Council of La Raza, February 2004, 1.
[29] Ellie McGrath, "Confucian Work Ethic: Asian-born Student Head for the Head of the Class," *Time*, 121 (28 March 1983).
[30] Asian Values, Asian Valuations, *Far Eastern Economic Review*, 161, no. 9 (26 February 1998).
[31] Teach in Asia, The East Asian Work Ethic <http://www.jobmonkey.com/teaching/asia/html/asian_work_ethic.html> (8 April 2004).
[32] James P. Smith and Barry Edmonston, eds. *The New Americans: Economic, Demographic, and Fiscal Effects of Immigration* (Washington, D.C.: National Academies Press, 1997).
[33] James P. Smith and Barry Edmonston, eds. The *New Americans: Economic, Demographic, and Fiscal Effects of Immigration* (Washington, D.C.: National Academies Press, 1997).
[34] Roberto Suro and Jeffrey S. Passel, 1.
[35] National Center for Education Statistics, *The Condition of Education 2001* (Washington, D.C.: US Department of Education, 2001), 72.

[36] National Center for Education Statistics, *Condition of America's Public School Facilities: 1999*, NCES 2000-032 (Washington, D.C.: US Department of Education, June 2000), 48.
[37] John Wirt, et. al, National Center for Education Statistics, *The Condition of Education 2003* (Washington, D.C.: US Department of Education, June 2003).
[38] Sam Dillon, "School Districts Struggle with English Fluency Mandate," *The New York Times*, 5 November 2003, sec. B9.
[39] National Council of La Raza, *State of Hispanic America: Latino Perspectives on the American Agenda,* (Washington, D.C.: National Council of La Raza, 22 February 2004).
[40] National Council of La Raza, *State of Hispanic America: Latino Perspectives on the American Agenda*, 22.
[41] The National Assessment of Educational Progress does not record data for Asian/Pacific Islanders.
[42] Charmaine Llagas & Thomas D. Snyder, National Center for Education Statistics, *Status and Trends in the Education of Hispanics*, NCES 2003-008, April 2003, 48.
[43] Charmaine Llagas & Thomas D. Snyder, 50.
[44] Charmaine Llagas & Thomas D. Snyder, 52.
[45] Charmaine Llagas & Thomas D. Snyder, 62.
[46] This report follows The College Entrance Exam Board's race/ethnicity categories although Puerto Ricans are not immigrants.
[47] U.S. Census Bureau, *The Foreign-Born Population in the United States: March 2002*, 5.
[48] Jay G. Chambers, Thomas B. Parrish, Joanne C. Lieberman and Jean M. Wolman. "What Are We Spending on Special Education in the U.S.?" *CSEF Brief*. 8 (February 1998): 3.
[49] Education Commission of the States, Bilingual/ESL Quick Facts <http://www.ecs.org/html/IssueSection.asp?issueid=16&s=Quick+Facts> (17 March 2004).
[50] U.S. Census Bureau, *The Foreign-Born Population in the United States: March 2002*, 5.
[51] Richard Fry, *Latinos in Higher Education: Many Enroll, Too Few Graduate,* (Washington, D.C.: Pew Hispanic Center, September 2002).
[52] Richard Fry, Latinos in Higher Education: Many Enroll, Too Few Graduate, 9.
[53] Richard Fry, Latinos in Higher Education: Many Enroll, Too Few Graduate, 9.
[54] Richard Fry, Latinos in Higher Education: Many Enroll, Too Few Graduate, 9.
[55] U.S. Department of Health and Human Services, *National Healthcare Disparities Report*, (Rockville, MD: U.S. Department of Health and Human Services, July 2003), 40.
[56] National Center for Cultural Competence, Rationale for Cultural Competence in Primary Health Care, <http://gucchd.georgetown.edu//nccc/nccc6.html> (19 February 2004).
[57] U.S. Department of Health and Human Services, *National Healthcare Disparities Report*, 41.
[58] U.S. Department of Health and Human Services, *National Healthcare Disparities Report*, 42.
[59] U.S. Department of Health and Human Services, *National Healthcare Disparities Report*, 46.
[60] U.S. Department of Health and Human Services, *National Healthcare Disparities Report*, 48.
[61] U.S. Department of Health and Human Services, *National Healthcare Disparities Report*, 55.
[62] U.S. Department of Health and Human Services, *National Healthcare Disparities Report*, 56.
[63] Trudi L. Matthews and Jenny C. Sewell, *State Officials' Guide to Health Literacy*. Lexington, KY: The Council of State Governments, 2002.
[64] Mara Youdelman and Jane Perkins, *Providing Language Interpretation Services in Health Care Settings: Examples from the Field*, (Washington, D.C: The Commonwealth Funds, May 2002), 1.
[65] Mara Youdelman and Jane Perkins, *Providing Language Interpretation Services in Health Care Settings: Examples from the Field*, (Washington, D.C: The Commonwealth Funds, May 2002), 2.
[66] Michael Perry and Susan Kannel, *Barriers to Health Coverage for Hispanic Workers: Focus Group Findings*, (New York: The Commonwealth Fund, December 2000).
[67] National Rural Health Association, "Strengthening the Role of International Medical Graduates in Providing Access to Health Care for Rural America," *Policy Brief*, March 2003.
[68] National Rural Health Association, March 2003.
[69] National Rural Health Association, March 2003.
[70] Jerry Hagstrom, "HHS Will Seek Visa Waiver for Immigrant Physicians," *CongressDaily*, 6 January 2003.
[71] U.S. Census Bureau, *The Foreign-Born Population in the United States: March 2002*, 38.
[72] This includes Canada, Bermuda, Greenland and St. Pierre and Miquelon.
[73] Leighton Ku, Shawn Fremstad and Matthew Broaddus, *Noncitizens' Use of Public Benefits Has Declined Since 1996: recent Report Paints Misleading Picture of Impact of Eligibility Restrictions on Immigrant Families*, (Washington, D.C.: Center on Budget and Policy Priorities, April 2003), 1.
[74] Leighton Ku, Shawn Fremstad and Matthew Broaddus, 1.
[75] Leighton Ku and Timothy Waidmann, *How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage, Access to Care and Quality of Care Among the Low-Income Population,* (Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured, August 2003), 19.

[76] Leighton Ku and Timothy Waidmann, *How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage*, 7.
[77] Leighton Ku and Timothy Waidmann, *How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage*, 7.
[78] Leighton Ku and Timothy Waidmann, *How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage*, 7.
[79] National Center for Policy Analysis, "Illegal Aliens Straining Health-Care System," Daily Policy Digest, 21 March 2003, <http://www.ncpa.org/iss/imm/2003/pd032103e.html> (19 February 2004).
[80] Heath Foster, "Immigrants' Safety Net Unravels: Elimination of State Indigent Funds Puts Many in Jeopardy – A Poor and Discriminatory Way to Allocate Health Dollars," *The Seattle Post-Intelligencer*, 13 October 2003.
[81] Shawn Fremstad, *Immigrants, Persons with Limited Proficiency in English, and the TANF Program: What Do We Know?* (Washington, D.C.: Center on Budget and Policy Priorities, March 2003), 3.
[82] Karen C. Tumlin and Wendy Zimmerman, "Immigrants and TANF: A Look at Immigrant Welfare Recipients in Three Cities," *Occasional Paper* no. 36, Washington, D.C.: The Urban Institute, (October 2003): 7.
[83] Shawn Fremstad, 16.
[84] Jonathan Blazer, *Improving TANF for Immigrants and People with Limited English Proficiency: Recommendations to Congress as part of TANF Re-authorization and to Pennsylvania's Policymakers as part of TANF Implementation*, 21 February 2002.
[85] Jonathan Blazer, 21 February 2002.
[86] Jonathan Blazer, 21 February 2002.
[87] Jonathan Blazer, 21 February 2002.
[88] Julian L. Simon, "Public Expenditures on Immigrants to the United States, Past and Present," *Population and Development Review* 22 n. 1 (1996): 99-109.
[89] Norman Matloff, *On the Net Fiscal Impacts of Immigration: Report to the State of California Little Hoowever Commission*, (February 2002): 3.
[90] Milo Ippolito, "Cultures Clashing in Metro Courtrooms – Old Ways of Doing Things Sometimes Land Immigrants on the Wrong Side of the Law," *Atlanta Journal-Constitution*, 22 April 2000.
[91] Robert A. Scopatz, Clayton E. Hatch, Barbara Hilger DeLucia, Kelly A. Tays, *Unlicensed to Kill,* AAA Foundation for Traffic Safety, January 2003.
[92] National Employment Law Project, Low Pay, High Rick: State Models for Advancing Immigrant Workers' Rights, November 2003. <http://www.nelp.org/docUploads/lphrch3120103%2Epdf> (25 March 2004).
[93] John Hagan and Alberto Palloni, "Immigration and Crime in the United States," in *The Immigration Debate: Studies on the Economic, Demographic, and Fiscal Effects of Immigration*, The National Academy of Sciences, 2000, 367.
[94] Rebecca L. Clark and Scott A. Anderson, *Illegal Aliens in Federal, State, and Local Criminal Justice Systems,* The Urban Institute, Washington D.C., June 2000.
<http://www.urban.org/template.cfm?Template=/TaggedContent/ViewPublication.cfm&PublicationID=7452&NavMenuID=95> (17 March 2004).
[95] Federal Bureau of Investigation, Uniform Crime Reports, January-June 2003.
<http://www.fbi.gov/ucr/2003/03semimaps.pdf> (10 March 2004).
[96] Fox Butterfield, "Rise in Killings Spurs New Steps to Fight Gangs," *The New York Times*, 17 January 2004.
[97] Fox Butterfield, *NYT*, 17 January 2004.
[98] Rebecca L. Clark, 1.
[99] John Hagan, 367.
[100] Randall Richard, "AP Investigation: 500,000 criminal deportees from America wreak havoc in many nations," *The Associated Press*, (25 October 2004).
[101] General Accounting Office, *Public Education: Meeting the Needs of Students with Limited English Proficiency*, GAO-01-226, (Washington, D.C: United States General Accounting Office), 6.
[102] Philip Martin and Elizabeth Midgley, "Immigration: Shaping and Reshaping America," *Population Bulletin* 58(2): 41, June 2003.
[103] Philip Martin and Elizabeth Midgley, June 2003.
[104] General Accounting Office, *Public Education: Meeting the Needs of Students with Limited English Proficiency,* 6.
[105] General Accounting Office, *Public Education: Meeting the Needs of Students with Limited English Proficiency*, 6.
[106] Debbie O'Leary, "Program Provides Teachers Best Practices for Teaching English Language Learners," *School of Education Alumni,* School of Education, Indiana University Bloomington, September 2003.
<www.indiana.edu/~educalum/chalkboard/spring2002/ESL.html> (31 March 2001).
[107] Nebraska Department of Education, The Office of Early Childhood, Even Start Family Literacy Program.
<http://www.nde.state.ne.us/ECH/HeadStart/modelsprac.htm> (31 March 2004).
[108] Education Commission of the States, "Bilingual/ESL Quick Facts,"
<http://www.ecs.org/html/IssueSection.asp?issued=16&s=Quick+Facts> (19 November 2002).
[109] The Center for Latino Educational Excellence, Closing Achievement Gaps: Improving Educational Outcomes for Hispanic Children, 16.

[110] The Center for Latino Educational Excellence, Closing Achievement Gaps: Improving Educational Outcomes for Hispanic Children, 11.
[111] The Center for Latino Educational Excellence, Closing Achievement Gaps: Improving Educational Outcomes for Hispanic Children, 11.
[112] The Center for Latino Educational Excellence, Closing Achievement Gaps: Improving Educational Outcomes for Hispanic Children, 12-13.
[113] The Center for Latino Educational Excellence, Closing Achievement Gaps: Improving Educational Outcomes for Hispanic Children, 26.
[114] Illinois Department of Commerce and Economic Opportunity, Eliminate the Digital Divide Technology Program, <http://www.illinoisbiz.biz/tech/tech_eliminate.html> (31 March 2004).
[115] California, Illinois, New York, Oklahoma, Texas, Utah and Washington, according to Josh Goodman, "Tuition Tango: Illegal Immigrants Find New Friends in Statehouses – and Get a Break at State Colleges," *Governing*, (March 2004): 45.
[116] The Center for Latino Educational Excellence, *Closing Achievement Gaps: Improving Educational Outcomes for Hispanic Children*. (Washington, D.C.: National Hispanic Caucus of State Legislators, 2003), 35.
[117] Michael Perry and Susan Kannel, *Barriers to Health Coverage for Hispanic Workers: Focus Group Findings*, New York: The Commonwealth Fund, December 2000.
[118] For more information visit: http://www.dhs.state.il.us/ts/ccfs/RIS/
[119] Mara Youdelman and Jane Perkins, *Providing Language Interpretation Services in Health Care Settings: Examples from the Field*, (Washington, D.C: The Commonwealth Funds, May 2002), 19.
[120] Jane Perkins, Ensuring Linguistic Access in Health Care Settings: AN Overview of Current legal Rights and Responsibilities, Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured, August 2003, 16.
[121] For more information, visit www.nj.gov/health/commiss/omh/index.shtml
[122] Wendy Zimermann and Karen C. Tumlin, *Patchwork Policies: State Assistance for Immigrants under Welfare Reform*, Urban Institute, Assessing the New Federalism, Occasional Paper No. 24. April 1999. <http://www.urban.org/UploadedPDF/occ24.pdf> (21 March 2004)
[123] Jonathan Blazer, 21 February 2002.
[124] Michael Fix and Jeffrey S. Passel, "U.S. Immigration – Trends and Implications for Schools," *Immigration Studies Program*, The Urban Institute, January 2003.
[125] Randy Capps, Michael Fox, Jeffrey S. Passel, Jason Ost, Dan Perez-Lopez, "Immigrant Families and Workers: Facts and Perspectives," *Immigration Studies Program*, The Urban Institute, November 2003.
[126] Randy Capps, Michael Fox, Jeffrey S. Passel, Jason Ost, Dan Perez-Lopez, "Immigrant Families and Workers: Facts and Perspectives," *Immigration Studies Program,* The Urban Institute, November 2003.
[127] Immigrant Workforce and Economic Development Group, "Policy Implications of Immigrant Workers and Entrepreneurs," *Institute for Metropolitan Affairs, Roosevelt University.*
[128] Immigrant Workforce and Economic Development Group, "Policy Implications of Immigrant Workers and Entrepreneurs," *Institute for Metropolitan Affairs, Roosevelt University.*
[129] For more information visit: http://www.dhr.state.md.us/mona/index.htm
[130] For more information visit: http://www.mass.gov/ori/
[131] For more information visit: http://www.dhs.state.il.us/ts/ccfs/RIS/
[132] "Strengthening Relations between Police and Immigrants," Vera Institute of Justice, 21 December 2003, on-line resource. <http://www.vera.org/project/project1_1.asp?section_id=2&project_id=70&archive=NO> (15 March 2004).
[133] COPS Office, <http://www.cops.usdoj.gov/default.asp?Item=36>
[134] U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, *Taking Stock: Community Policing in Chicago.* Research Report. <http://www.ncjrs.org/pdffiles1/nij/189909.pdf> (13 March 2004).
[135] "Badges Without Borders Training Officers in Spanish," March 15, 2004 <http://www.wishtv.com/Global/story.asp?S=1645200> (8 March 2004)
[136] Diana J. Kelly, "Survival Spanish Prepares Pitt Police Officers to Interact with Hispanic Population," *Pitt Chronicle*, Newspaper of The University of Pittsburgh, 1 December 2003. <http://www.discover.pitt.edu/media/pcc031201/spanish_pittpolice.html> (15 March 2003).
[137] Dan Pendleton, Department of Criminal Justice and Police Studies, Eastern Kentucky University, interview by Irakli Khodeli, 16 March 2004.
[138] "Bridging the Language Gap: Employees Learn Spanish," *California Highway Patrol* on-line publication <http://www.chp.ca.gov/pdf/per98-08.pdf> (15 March 2004).
[139] *350 Tested Strategies to Prevent Crime: A Resource for Municipal Agencies and Community Groups,* National Crime Prevention Council. <http://www.ncpc.org/ncpc/ncpc/?pg=2088-9270> (15 March 2004).
[140] Johannes Hedrich, Arizona Correctional Education Division, interviewed by Irakli Khodeli, 18 March 2004.
[141] Gail Oliver, Adult Correctional Education, New Mexico Corrections Department, interviewed by Irakli Khodeli, 18 March 2004.
[142] North Carolina Correctional Education Division, Department of Corrections, Division of Prisons, interviewed by Irakli Khodeli, 18 March 2004.

[143] Malady DeSoto, Correctional Education Division, Colorado Department of Corrections, interviewed by Irakli Khodeli, 18 March 2004.
[144] Ame Nakamora, California Department of Corrections Literacy Program, interviewed by Irakli Khodeli, 23 March 2004.
[145] National Immigration Law Center, "Nineteen Driver's License Bills Become Law in 2003," *Immigrants' Rights Update* 18 n. 1 (17 February 2004). <www.nilc.org/immspbs/DLs?DL010.htm> (30 March 2004).
[146] National Immigration Law Center, "Nineteen Driver's License Bills Become Law in 2003," 17 February 2004.
[147] National Immigration Law Center, *Overview of State's Driver's License Requirements*. <http://www.nilc.org/immspbs/DLs/OVERVIEW_OF_STATES_1-4-04.pdf> (30 March 2004).
[148] National Immigration Law Center, *Overview of State's Driver's License Requirements*.
[149] National Immigration Law Center, "Nineteen Driver's License Bills Become Law in 2003," 17 February 2004.
[150] National Immigration Law Center, *Overview of State's Driver's License Requirements*.
[151] Fox Butterfield, "Rise in Killings Spurs New Steps to Fight Gangs," *The New York Times*, 17 January 2004.
[152] John Scalia, 10.
[153] John Scalia, 10.
[154] Border Trade Alliance, on-line resource. <http://www.thebta.org/btabriefings/newsletter/BTASpecialEdition.pdf> (15 March 2003).
[155] United States Citizenship and Immigration Service, http://uscis.gov/graphics/publicaffairs/newsrels/mostwanted.htm
[156] Ann Imse, "Immigration strategy shifts," *The Rocky Mountain News*, 2 September 2003.
[157] American Immigration Lawyers Association, http://www.aila.org/fileViewer.aspx?docID=9846
[158] Congressional Budget Office Cost Estimate, H.R. 2671 Clear Law Enforcement for Criminal Alien Removal Act of 2003, February 25, 2004. <http://www.cbo.gov/showdoc.cfm?index=5117&sequence=0> (25 March 2004).