



Welfare leaving and the health of young children in immigrant and native families [☆]

Ariel Kalil ^{a,*}, Danielle Crosby ^b

^a Harris School of Public Policy Studies, University of Chicago, USA

^b Department of Human Development and Family Studies, University of North Carolina at Greensboro, USA

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ABSTRACT

Research examining the effects of welfare dynamics on children's development has provided little information to date on the experiences of immigrant children. Using longitudinal data collected during the period of welfare reform (1995–1999; the Project on Human Development in Chicago Neighborhoods, PHDCN), this study investigates whether welfare leaving is associated with changes in preschool-aged children's ($n = 550$) physical health (i.e., general health status, sick days, respiratory illness and emergency room visits) over time, and whether these associations differ by parents' nativity status. We find that children of immigrant welfare leavers fare significantly worse in terms of their health than their peers in either native leaver families, or immigrant families who continued to receive assistance. Associations are robust to the inclusion of a wide range of control variables including children's initial health status, family demographic characteristics, qualities of the home environment, and indicators of parents' physical and mental health. Negative impacts of welfare leaving on children's health appear to be concentrated among immigrants who have multiple "barriers" to program participation (i.e., limited English proficiency, fewer years residing in the US, households with no citizen parent, and self-reported experiences of discrimination).

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1. Introduction

In the decade since landmark legislation was enacted to overhaul the US welfare system, a sizeable literature has examined the effects of reform policies on child well-being. Surprisingly few studies, however, have focused specifically on the experiences of immigrant children¹, despite the fact that several of the legislation's provisions targeted immigrant families directly. Prior to the reforms, legal immigrants and their children were generally eligible for public benefits under the same terms as citizens (e.g., see [Fix and Haskins, 2002](#)); however, by the late 1990s, immigrant families faced a vastly different policy environment—one marked by a confusing and ever-changing set of rules concerning their access to social institutions and public

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* Corresponding author. Address: Harris School of Public Policy Studies, University of Chicago, 1155 East 60th St., Room 110, Chicago, IL 60637, USA. Fax: +1 773 702 0926.

E-mail addresses: a-kalil@uchicago.edu (A. Kalil), dacrosby@uncg.edu (D. Crosby).

¹ In this paper, immigrant families are those in which at least one parent is foreign-born. Children in these families may be either foreign-born or native-born.

assistance (Zimmerman and Tumlin, 1999). The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) introduced broad restrictions on immigrants' eligibility for many health and social service programs, including cash welfare assistance, food stamps, and subsidized health insurance.

Following the 1996 reforms, immigrant caseloads fell rapidly, outpacing the decline for native-born citizens; this trend was observed even for immigrant families who retained eligibility either because of their "pre-enactment" status (i.e., legal residency in the US prior to August 22, 1996) or because of the citizenship status of their US-born children (Fix and Passel, 1999; Haider et al., 2004; Ku and Blaney, 2000; Van Hook and Balistreri, 2006). Important and unanswered questions remain as to what extent immigrant children have been affected by recent policy changes and their parents' subsequent welfare transitions, and whether their experiences differ from those of children in native families. Studies of immigrants' post-reform welfare and employment behavior come primarily from the fields of economics, public policy, and sociology, and have rarely examined effects on children. At the same time, developmental research on the implications of welfare policy changes (e.g., see Morris et al., 2005; Kalil and Dunifon, 2007) has had little to say about the experiences of immigrant children, who now comprise more than 20% of all American children and are over-represented in the low-income population (Hernandez, 2004).

Using in-depth, longitudinal data for approximately 540 preschool-age children living in Chicago during the implementation of welfare reform, this study investigates links between welfare leaving and changes in children's physical health over time in both native and immigrant families. In prior work with these data, we found that young children of immigrant Latino welfare leavers experienced significant declines in their general health status over time relative to their peers in native Latino welfare leaving families and immigrant Latino families who continued to receive assistance (Kalil and Crosby, 2009). Notably, these effects could *not* be explained by differences in families' post-welfare economic circumstances.

Here, we expand upon our prior study by considering the effects of welfare transitions on multiple indicators of children's health (i.e., general health status, number of sick days, frequency of respiratory illness, and emergency room visits). We also explore the hypothesis that the health disparities we observe reflect differential access to benefits and services designed to promote child well-being. Immigrants leaving the welfare system may be less likely to access other programs than either their native counterparts or immigrants who continue welfare receipt because of various (real and perceived) barriers. In the absence of data on program use, we examine whether child outcomes differ for immigrant welfare leaving families with more or fewer barriers to program participation (i.e., limited English proficiency, fewer years residing in the US, households with no citizen parent, and self-reported experiences of discrimination).

2. Background

2.1. Immigrant provisions of welfare reform

Immigrant parents, historically, have been less likely than US-born parents to receive cash welfare assistance, food stamps, or public health insurance (Fix and Passel, 1999). Given disproportionately higher levels of need, however, immigrants made up an increasingly larger percentage of the welfare caseload in the years leading up to reform (Bean et al., 1997; Borjas and Hilton, 1996). Concerns about this growing population of "needy" immigrants fueled long-standing debates about non-citizens' use of public resources, and ultimately led to the inclusion of several provisions in the federal welfare reform legislation that dramatically altered the policy landscape for immigrant families.

First, in determining eligibility for public assistance, PRWORA created new distinctions among immigrants based on date of arrival—"pre-enactment" versus "post-enactment" (i.e., before and after August 22, 1996)—and "qualified" status. Under the new laws, "non-qualified" (though often legal) immigrants are barred from TANF and Medicaid assistance (except for emergency and public health services), and "qualified" immigrants are generally ineligible for these programs for their first five years in the United States, after which eligibility becomes a state option. Second, although the federal reform legislation allowed states to develop their own policies concerning the eligibility of "qualified" immigrants, it also formalized policies stipulating that undocumented and other non-qualified immigrants were ineligible for federal assistance and for most state and local public benefits. Third, new *deeming* policies were put in place in 1996. Immigrants arriving in the US must have a sponsor willing to sign an affidavit of support, whose income and/or resources are typically included in determining the immigrant's eligibility for public assistance. Finally, PRWORA and the Illegal Immigrant Reform and Immigrant Responsibility Act (IIRAIRA) of 1996 increased state and local involvement in immigration enforcement.

The immigrant provisions of welfare reform were intended primarily to limit non-citizens' access to public assistance, and studies of caseload dynamics pre- and post- reform suggest initial success in meeting this objective. Following 1996, non-citizens' use of AFDC/TANF, SSI, food stamps, Medicaid, and General Assistance fell dramatically, outpacing the large declines observed for citizens (Fix and Haskins, 2002; Haider et al., 2004; Kaestner and Kaushal, 2003; Ku and Blaney, 2000; Van Hook and Balistreri, 2006)—and, more importantly, exceeding what would be expected given the number of immigrants who became ineligible because of the policy changes (Fix and Passel, 1999). Steep declines in immigrants' benefit receipt, particularly among those families who retained eligibility (e.g., because of "pre-enactment" status or having a US-born child), have raised questions about the basis for immigrants' welfare departures.

Native-born individuals who left welfare during the strong economy of the late 1990s generally demonstrated increased work hours, greater earnings and less material hardship (Danziger et al., 2002). Evidence that immigrants responded even

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