

| SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM: NUMBER OF PERSONS PARTICIPATING |                   |                   |                   |                |              |
|--|-------------------|-------------------|-------------------|----------------|--------------|
| (Data as of September 6, 2019)   |                   |                   |                   |                |              |
| State / Territory  | June              | May               | June              | Percent Change |              |
|  | 2018              | 2019              | 2019              | May 2019       | Jun 2018     |
|  |                   | Preliminary       | Initial           |                |              |
| Alabama  | 756,716           | 716,989           | 717,564           | 0.1%           | -5.2%        |
| Alaska   | 89,853            | 86,836            | 87,307            | 0.5%           | -2.8%        |
| Arizona  | 831,993           | 773,157           | 783,815           | 1.4%           | -5.8%        |
| Arkansas   | 362,454           | 344,512           | 345,284           | 0.2%           | -4.7%        |
| California   | 3,894,395         | 3,636,314         | 3,775,794         | 3.8%           | -3.0%        |
| Colorado   | 442,154           | 446,093           | 445,289           | -0.2%          | 0.7%         |
| Connecticut  | 377,598           | 364,456           | 363,578           | -0.2%          | -3.7%        |
| Delaware   | 137,652           | 127,545           | 125,758           | -1.4%          | -8.6%        |
| District of Columbia   | 113,688           | 108,340           | 106,575           | 0.2%           | -6.3%        |
| Florida  | 3,042,160         | 2,779,400         | 2,789,098         | 0.3%           | -8.3%        |
| Georgia  | 1,546,294         | 1,390,665         | 1,331,455         | -4.3%          | -13.9%       |
| Guam   | 45,595            | 44,170            | 43,740            | -1.0%          | -4.1%        |
| Hawaii   | 162,499           | 154,618           | 154,161           | -0.3%          | -5.1%        |
| Idaho  | 155,075           | 145,542           | 143,910           | -1.1%          | -7.2%        |
| Illinois   | 1,826,747         | 1,780,778         | 1,771,527         | -0.5%          | -3.0%        |
| Indiana  | 601,044           | 555,921           | 527,897           | -5.0%          | -12.2%       |
| Iowa   | 339,878           | 315,622           | 314,300           | -0.4%          | -7.5%        |
| Kansas   | 213,466           | 195,859           | 197,142           | 0.7%           | -7.6%        |
| Kentucky   | 611,081           | 529,143           | 527,258           | -0.4%          | -13.7%       |
| Louisiana  | 858,879           | 795,810           | 795,990           | 0.0%           | -7.3%        |
| Maine  | 164,278           | 156,166           | 158,232           | 0.0%           | -4.9%        |
| Maryland   | 636,784           | 611,598           | 610,677           | -0.2%          | -4.1%        |
| Massachusetts  | 769,179           | 752,862           | 754,843           | 0.3%           | -1.9%        |
| Michigan   | 1,259,588         | 1,167,928         | 1,162,808         | -0.4%          | -7.7%        |
| Minnesota  | 418,456           | 405,773           | 403,555           | -0.5%          | -3.6%        |
| Mississippi  | 498,290           | 444,005           | 446,617           | 0.6%           | -10.4%       |
| Missouri   | 727,131           | 682,794           | 682,299           | -0.1%          | -6.2%        |
| Montana  | 113,591           | 108,957           | 106,820           | -0.1%          | -6.0%        |
| Nebraska   | 168,245           | 159,963           | 160,206           | 0.2%           | -4.8%        |
| Nevada   | 439,369           | 418,308           | 419,602           | 0.3%           | -4.5%        |
| New Hampshire  | 85,243            | 75,411            | 74,354            | -1.4%          | -12.8%       |
| New Jersey   | 748,935           | 695,525           | 692,664           | -0.4%          | -7.5%        |
| New Mexico   | 452,731           | 444,815           | 446,392           | 0.4%           | -1.4%        |
| New York   | 2,769,827         | 2,642,450         | 2,623,177         | -0.7%          | -5.3%        |
| 1) North Carolina  | --                | --                | --                | --             | --           |
| North Dakota   | 52,316            | 48,095            | 47,783            | -0.6%          | -8.7%        |
| Ohio   | 1,409,275         | 1,378,556         | 1,379,247         | 0.1%           | -2.1%        |
| Oklahoma   | 580,448           | 566,892           | 571,467           | 0.8%           | -1.5%        |
| Oregon   | 624,840           | 595,284           | 593,129           | -0.4%          | -5.1%        |
| Pennsylvania   | 1,806,510         | 1,741,489         | 1,741,026         | 0.0%           | -3.6%        |
| 1) Rhode Island  | --                | --                | --                | --             | --           |
| South Carolina   | 640,219           | 590,201           | 590,472           | 0.0%           | -7.8%        |
| South Dakota   | 85,843            | 80,967            | 80,962            | 0.0%           | -5.7%        |
| Tennessee  | 938,560           | 891,135           | 884,611           | -0.7%          | -5.7%        |
| Texas  | 3,619,343         | 3,291,843         | 3,339,430         | 1.4%           | -7.7%        |
| Utah   | 185,816           | 170,880           | 169,541           | -0.8%          | -8.8%        |
| Vermont  | 71,544            | 68,257            | 67,606            | -1.0%          | -5.5%        |
| Virginia   | 729,308           | 700,353           | 700,418           | 0.0%           | -4.0%        |
| Virgin Islands   | 28,308            | 20,934            | 21,099            | 0.8%           | -25.5%       |
| Washington   | 867,054           | 815,496           | 813,948           | -0.2%          | -6.1%        |
| West Virginia  | 315,761           | 302,274           | 304,345           | 0.7%           | -3.6%        |
| Wisconsin  | 643,401           | 611,038           | 610,698           | -0.1%          | -5.1%        |
| Wyoming  | 28,691            | 25,789            | 25,838            | 0.2%           | -9.9%        |
| <b>TOTAL</b>   | <b>38,288,125</b> | <b>35,953,608</b> | <b>36,029,506</b> | <b>0.2%</b>    | <b>-5.9%</b> |

May and June 2019 data are preliminary and are subject to significant revision.

Data may include disaster assistance.

The following areas receive Nutrition Assistance Grants which provide benefits analogous to the Supplemental Nutrition Assistance Program: Puerto Rico, American Samoa, and the Northern Marianas.

1) North Carolina is missing data reports for the months of Feb. 2018 through current month. Questions regarding NC's reporting should be directed to: NC Dept. of Health & Human Services 1-800-662-7030 or 919-855-4800; Rhode Island - RI is missing data reports for the months of Feb. 2018 through current month. Questions regarding RI's reporting should be directed to: RI Dept. of Human Services 1-800-745-6575

| SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM: BENEFITS |                      |                      |                      |                       |              |
|---|----------------------|----------------------|----------------------|-----------------------|--------------|
| (Data as of September 6, 2019)                      |                      |                      |                      |                       |              |
| State / Territory                                   | June                 | May                  | June                 | Percent Change        |              |
|   | 2018                 | 2019                 | 2019                 | June 2019 vs May 2019 | Jun 2018     |
|   |                      | Preliminary          | Initial              |                       |              |
| Alabama   | 89,244,802           | 84,389,364           | 84,618,427           | 0.3%                  | -5.2%        |
| Alaska  | 15,254,111           | 14,588,239           | 14,748,405           | 1.1%                  | -3.3%        |
| Arizona   | 99,133,151           | 92,665,456           | 94,309,681           | 1.8%                  | -4.9%        |
| Arkansas  | 39,412,525           | 36,841,072           | 37,393,685           | 1.5%                  | -5.1%        |
| California  | 520,251,195          | 481,111,532          | 490,367,375          | 1.9%                  | -5.7%        |
| Colorado  | 54,860,802           | 52,914,447           | 52,779,262           | -0.3%                 | -3.8%        |
| Connecticut   | 50,269,273           | 47,981,032           | 47,921,516           | -0.1%                 | -4.7%        |
| Delaware  | 16,224,189           | 14,483,248           | 14,314,398           | -1.2%                 | -11.8%       |
| District of Columbia                                | 15,648,103           | 14,257,641           | 13,860,687           | -2.6%                 | -11.3%       |
| Florida   | 357,349,126          | 327,033,066          | 328,579,542          | 0.5%                  | -8.1%        |
| Georgia   | 192,476,500          | 171,007,285          | 168,987,279          | -1.2%                 | -12.2%       |
| Guam  | 8,471,644            | 8,238,219            | 8,202,025            | -0.4%                 | -3.2%        |
| Hawaii  | 38,886,607           | 36,772,095           | 36,716,649           | -0.2%                 | -5.6%        |
| Idaho   | 16,355,900           | 15,989,560           | 15,751,353           | -1.5%                 | -3.7%        |
| Illinois  | 232,936,290          | 220,362,230          | 217,608,678          | -1.2%                 | -6.6%        |
| Indiana   | 70,294,240           | 67,305,365           | 66,890,426           | -0.6%                 | -4.8%        |
| Iowa  | 36,572,754           | 35,048,324           | 34,982,659           | -0.2%                 | -4.3%        |
| Kansas  | 24,011,537           | 21,378,223           | 21,622,498           | 1.1%                  | -9.9%        |
| Kentucky  | 69,116,283           | 60,200,588           | 60,053,460           | -0.2%                 | -13.1%       |
| Louisiana   | 107,801,907          | 98,844,915           | 99,413,782           | 0.6%                  | -7.8%        |
| Maine   | 17,839,635           | 17,173,596           | 17,003,584           | -1.0%                 | -4.7%        |
| Maryland  | 74,536,954           | 70,722,781           | 70,642,857           | -0.1%                 | -5.2%        |
| Massachusetts                                       | 96,597,422           | 92,548,407           | 92,589,386           | 0.0%                  | -4.1%        |
| Michigan  | 154,142,660          | 138,955,437          | 137,810,747          | -0.8%                 | -10.6%       |
| Minnesota   | 44,837,352           | 42,335,036           | 42,102,512           | -0.5%                 | -6.1%        |
| Mississippi   | 55,521,602           | 49,151,036           | 49,699,240           | 1.1%                  | -10.5%       |
| Missouri  | 86,878,232           | 82,368,936           | 82,843,546           | 0.6%                  | -4.6%        |
| Montana   | 12,956,608           | 12,239,268           | 12,201,667           | -0.3%                 | -5.8%        |
| Nebraska  | 18,994,902           | 18,005,858           | 18,175,095           | 0.9%                  | -4.3%        |
| Nevada  | 51,069,980           | 48,009,985           | 48,478,247           | 1.0%                  | -5.1%        |
| New Hampshire                                       | 8,358,026            | 7,637,688            | 7,516,813            | -1.6%                 | -10.1%       |
| New Jersey  | 82,920,919           | 79,447,283           | 79,053,572           | -0.5%                 | -4.7%        |
| New Mexico  | 52,676,828           | 52,116,722           | 52,408,048           | 0.6%                  | -0.5%        |
| New York  | 373,663,185          | 358,120,509          | 355,193,679          | -0.8%                 | -4.9%        |
| 1) North Carolina                                   | 153,179,921          |                      |                      | --                    | --           |
| North Dakota  | 6,236,762            | 5,664,383            | 5,633,252            | -0.5%                 | -9.7%        |
| Ohio  | 171,106,829          | 166,976,233          | 169,591,348          | 1.6%                  | -0.9%        |
| Oklahoma  | 68,606,286           | 67,177,734           | 67,814,152           | 0.9%                  | -1.2%        |
| Oregon  | 76,516,408           | 73,308,464           | 73,380,372           | 0.1%                  | -4.1%        |
| Pennsylvania  | 214,607,558          | 218,072,554          | 211,652,374          | -2.9%                 | -1.4%        |
| 1) Rhode Island                                     | 21,197,137           |                      |                      | --                    | --           |
| South Carolina                                      | 76,553,309           | 69,239,203           | 69,915,990           | 1.0%                  | -8.7%        |
| South Dakota  | 10,784,956           | 10,174,421           | 10,156,186           | -0.2%                 | -5.8%        |
| Tennessee   | 114,258,886          | 107,033,243          | 106,135,032          | -0.8%                 | -7.1%        |
| Texas   | 420,613,572          | 382,248,624          | 390,851,623          | 2.3%                  | -7.1%        |
| Utah  | 21,148,835           | 19,405,451           | 19,207,276           | -1.0%                 | -9.2%        |
| Vermont   | 8,789,943            | 8,245,850            | 8,171,044            | -0.9%                 | -7.0%        |
| Virginia  | 86,906,315           | 82,609,842           | 82,841,080           | 0.3%                  | -4.7%        |
| Virgin Islands                                      | 4,812,033            | 3,363,794            | 3,398,399            | 1.0%                  | -29.4%       |
| Washington  | 104,122,238          | 98,620,758           | 97,768,288           | -0.9%                 | -6.1%        |
| West Virginia                                       | 35,775,712           | 32,463,803           | 32,595,506           | 0.4%                  | -8.9%        |
| Wisconsin   | 67,126,948           | 63,956,693           | 63,975,049           | 0.0%                  | -4.7%        |
| Wyoming   | 3,318,704            | 2,959,808            | 2,953,115            | -0.2%                 | -11.0%       |
| <b>TOTAL</b>  | <b>4,851,227,596</b> | <b>4,381,775,303</b> | <b>4,390,900,868</b> | <b>0.2%</b>           | <b>-9.5%</b> |

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# Nation's Progress on Children's Health Coverage Reverses Course

FN 2

by Joan Alker and Olivia Pham

## Key Findings

- **For the first time in nearly a decade, the number of uninsured children in the United States increased.** Recently released data shows an estimated 276,000 more children were uninsured in 2017 than in 2016. No state (except for the District of Columbia) experienced a significant decline in the number of uninsured children in 2017.
- **Three-quarters of the children who lost coverage between 2016 and 2017 live in states that have not expanded Medicaid coverage to parents and other low-income adults.** The uninsured rates for children increased at almost triple the rate in non-expansion states than in states that have expanded Medicaid.
- The share of children without health insurance nationally increased from 4.7 percent in 2016 to 5 percent in 2017. **Nine states experienced statistically significant increases in their rate of uninsured children (SD, UT, TX, GA, SC, FL, OH, TN, MA).**
- **Texas has the largest share of children without health coverage** with more than one in five uninsured children in the U.S. residing in the state.
- **States with larger American Indian/Alaska Native populations** tend to have higher uninsured rates for children than the national average.

## Introduction

For the first time since comparable data was first collected in 2008, the nation's steady progress in reducing the number of children without health insurance reversed course. The number of uninsured children under age 19<sup>1</sup> nationwide increased by an estimated 276,000 to about 3.9 million (3,925,000) in 2017, according to newly-available data from the U.S. Census Bureau (Figure 1). The rate of uninsured children ticked upward from the historic low of 4.7 percent in 2016 to 5 percent in 2017 (Figure 2). Both of these changes were large enough to be statistically significant.

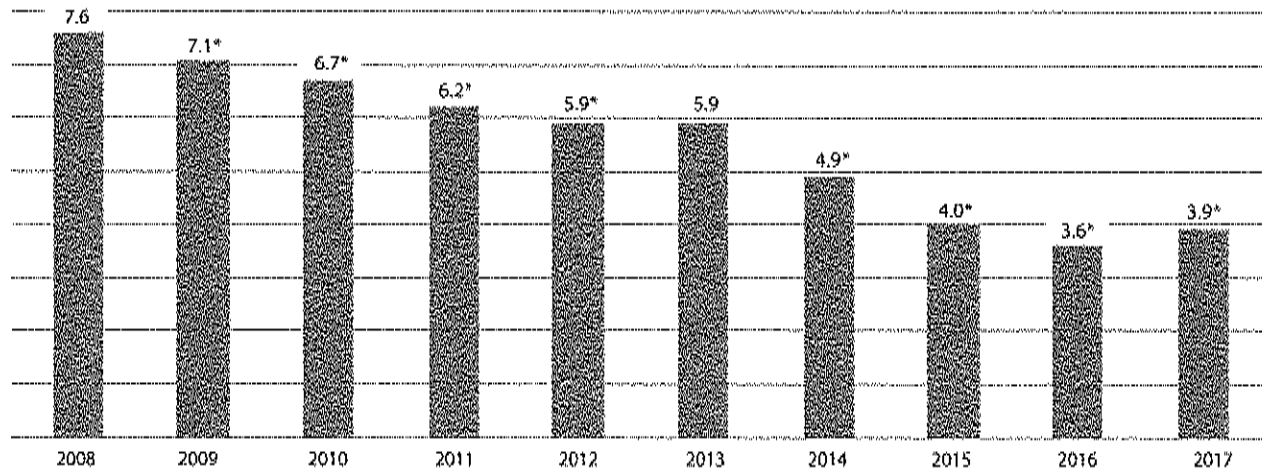
Also notable was the lack of any statistically significant progress on children's coverage in any state across the country in 2017, with the exception of the District of Columbia. Nine states saw statistically significant increases in the rate of uninsured children in 2017. In order of magnitude of change, they are: South Dakota, Utah, Texas, Georgia, South Carolina, Florida, Ohio, Tennessee, and Massachusetts. No state saw its number of uninsured children decline, except for DC.

Coverage is important for children because it improves their access to needed services, such as well child checkups and medications, and provides better access to a usual source of care. Public coverage is also associated with improved educational outcomes and long-term health and economic gains.<sup>2</sup>

In previous years, states have moved in similar but not uniform directions, reflecting the many ways state policy decisions can impact eligibility and enrollment in Medicaid and the Children's Health Insurance Program (CHIP). The absence of significant progress across the country suggests that even states with the best intentions were unable to withstand strong national currents to protect children from losing health coverage.



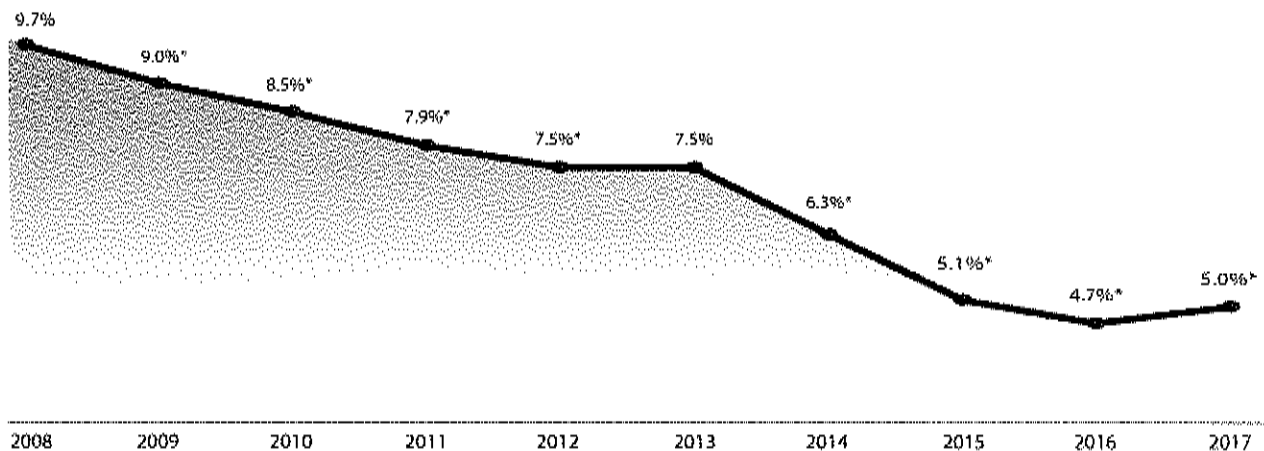
Figure 1. Number of Uninsured Children in the United States (in millions), 2008-2017



Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

\*Change is significant at the 90% confidence level. Significance is relative to the prior year. 2013 was the only year that did not show a significant one-year increase or decrease in the national rate of uninsured children. The Census began collecting ACS data for the health insurance series in 2008, therefore there is no significance available for 2008.

Figure 2. Rate of Uninsured Children, 2008-2017



Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

\*Change is significant at the 90% confidence level. Significance is relative to the prior year. 2013 was the only year that did not show a significant one-year increase or decrease in the national rate of uninsured children. The Census began collecting data for the health insurance series in 2008, therefore there is no significance available for 2008.



These national currents include a lengthy and ultimately unsuccessful congressional effort to repeal the Affordable Care Act (ACA) and cap federal Medicaid funding, as well as an unprecedented delay by Congress that allowed CHIP funding to lapse temporarily. In addition, Congress repealed the ACA's individual mandate and the Trump Administration made numerous efforts to undermine the ACA Marketplaces, including dramatically cutting outreach and enrollment grants and shortening the open enrollment period.<sup>3</sup>

Finally, one quarter of all children under 18 living in the United States have a parent who is an immigrant.<sup>4</sup> Several policies targeting immigrant communities are likely deterring parents from enrolling their eligible children in Medicaid or CHIP despite the fact that most of these children are U.S. citizens.

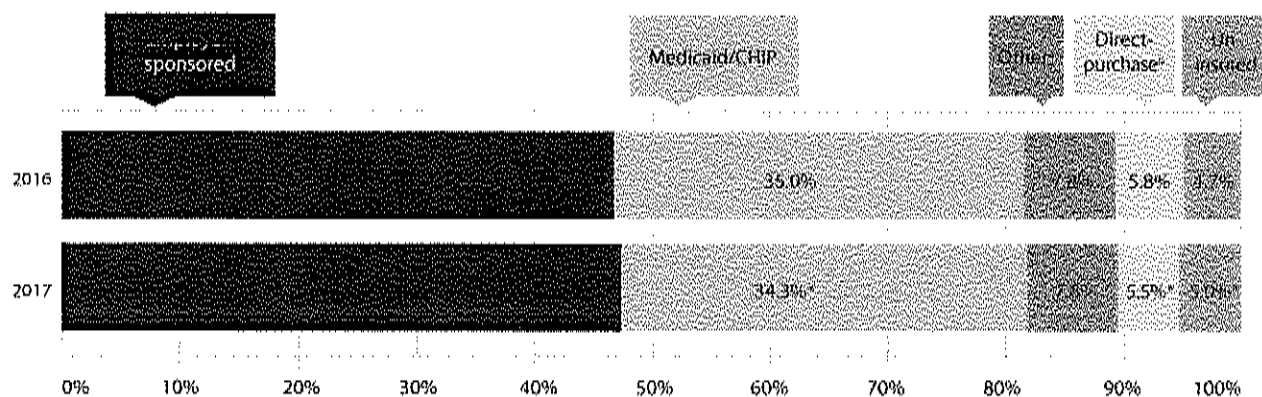
All of these changes in the national political and policy realm mark a sharp reversal after many years of successful efforts to reduce the uninsured rate for children and families. Declines in child coverage rates occurred in 2017 despite an improving economy and low unemployment rate, strongly suggesting that federal actions contributed to a perception

that publicly funded health coverage options are no longer available or, in the case of an immigrant parent, created concern about enrolling their child in public coverage for fear of reprisal. Another contributor could be changes in state Medicaid IT systems that may have tightened verification procedures.<sup>5</sup>

Because the majority of uninsured children (56.8 percent)<sup>6</sup> are eligible for Medicaid or CHIP but are not currently enrolled, this constellation of national trends has likely created an “unwelcome mat” effect where families are unaware of their options or deterred from seeking coverage.

**Sources of coverage:** In 2017, the largest source of coverage for children continued to be employer-sponsored insurance (ESI). As Figure 3 shows, ESI as a source of coverage increased in 2017, likely reflecting an improving job market. The share of children enrolled in Medicaid/CHIP and direct purchase coverage (which includes federal and state marketplaces) declined. Even an increase in ESI coverage for children was not able to compensate for the decline in publicly-funded coverage, leading to the increase in uninsured children overall.

Figure 3. Sources of Children's Coverage, 2016 to 2017



Source: 2016 and 2017 IPUMS ACS data.

\* Change is significant at the 90% confidence level.

<sup>a</sup> Other includes Medicare, TRICARE, VA, and two or more types of coverage.

<sup>b</sup> Direct-purchase includes coverage through the Marketplace. See methodology section for more information.



## What are the demographic characteristics of uninsured children?

**Income:** As seen in Figure 4, children living below the federal poverty level (FPL) and children living above 200 percent of FPL experienced significant increases in the uninsured rate from 2016 to 2017. Children living in and near poverty continue to experience the highest uninsured rates. Only children living in families earning above 300 percent of FPL have an uninsured rate lower than the overall average, but this group also saw an increase in their uninsured rate.

Figure 4. Percent of Uninsured Children by Poverty Level, 2016-2017

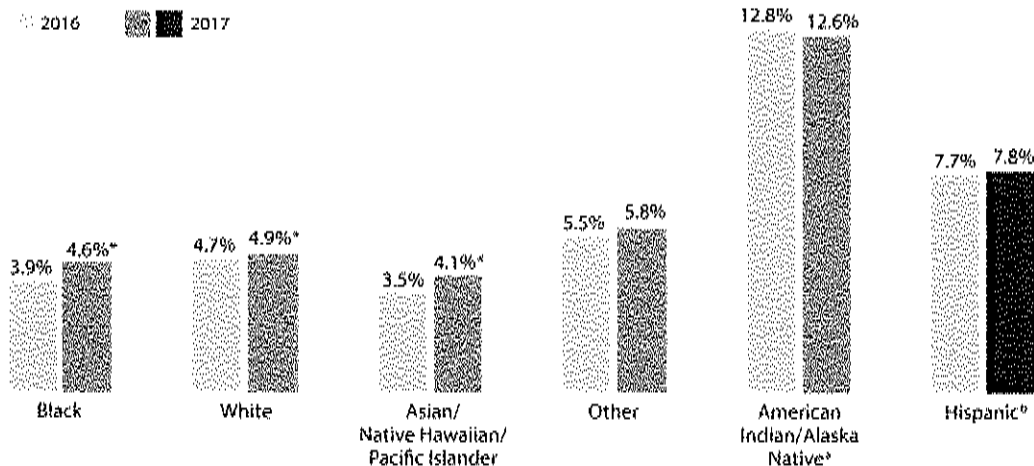
| Poverty Level     | 2016 | 2017  |
|-------------------|------|-------|
| Under 100% FPL    | 6.0% | 6.6%* |
| 100-137% FPL      | 6.7% | 7.0%  |
| 138-199% FPL      | 6.8% | 7.0%  |
| 200-299% FPL      | 5.8% | 6.3%* |
| 300% FPL or above | 2.5% | 2.8%* |

Source: 2016 and 2017 IPUMS ACS data.

\* Change is significant at the 90% confidence level.

**Race and Ethnicity:** White, Black, Asian, and Native Hawaiian/Pacific Islander children experienced a significant increase in the uninsured rate in 2017 (Figure 5). Children who are Native American/Alaska Native did not see a statistically significant increase in their uninsured rate in 2017, but they continue to have the highest uninsured rate of any race. Hispanic children, who can be of any race, also have high uninsured rates.

Figure 5. Children's Uninsured Rate by Race and Ethnicity, 2016-2017



Source: 2016 and 2017 IPUMS ACS data.

\* Change is significant at the 90% confidence level.

<sup>a</sup> Indian Health Service is not considered insurance coverage by the Census Bureau. See the methodology section for more information.

<sup>b</sup> Hispanic refers to a person's ethnicity, and these children may be of any race. See the methodology section for more information.



**Age:** As Figure 6 shows, school-aged children are more likely to be uninsured than young children, continuing the pattern seen in previous years. Children in both age ranges experienced significant increases in the uninsured rate in 2017.

Figure 6. Uninsurance Rates by Age, 2016-2017

| Age               | 2016 | 2017  |
|-------------------|------|-------|
| Under 6 years old | 3.8% | 4.2%* |
| 6 to 18 years old | 5.1% | 5.4%* |

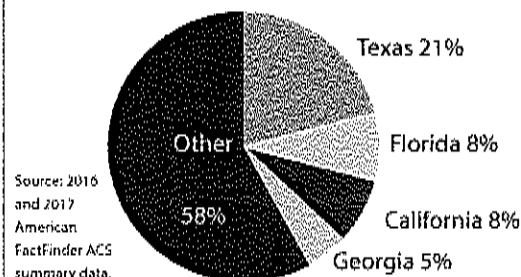
Source: 2016 and 2017 IPUMS ACS data.

\* Change is significant at the 90% confidence level.

## Where do uninsured children live?

As Figure 7 shows, more than one in five uninsured children lives in the state of Texas. States with more than 200,000 uninsured children include Texas, Florida, California, and Georgia. Appendix Table 1 shows the breakdown by state of all of the nation's 3,925,000 uninsured children.

Figure 7. More than Two-Fifths of the Nation's Uninsured Children Reside in Four States



## Which states saw the sharpest increases in their rate and number of uninsured children?

In 2017, 12 states had rates of uninsured children that were significantly higher than the national average. Those states are: Alaska, Arizona, Florida, Georgia, Indiana, Nevada, North Dakota, Oklahoma, South Dakota, Texas, Utah, and Wyoming (see Figure 8). Twenty-eight states have child uninsured rates better than the national average, and 11 have rates similar to the national average.

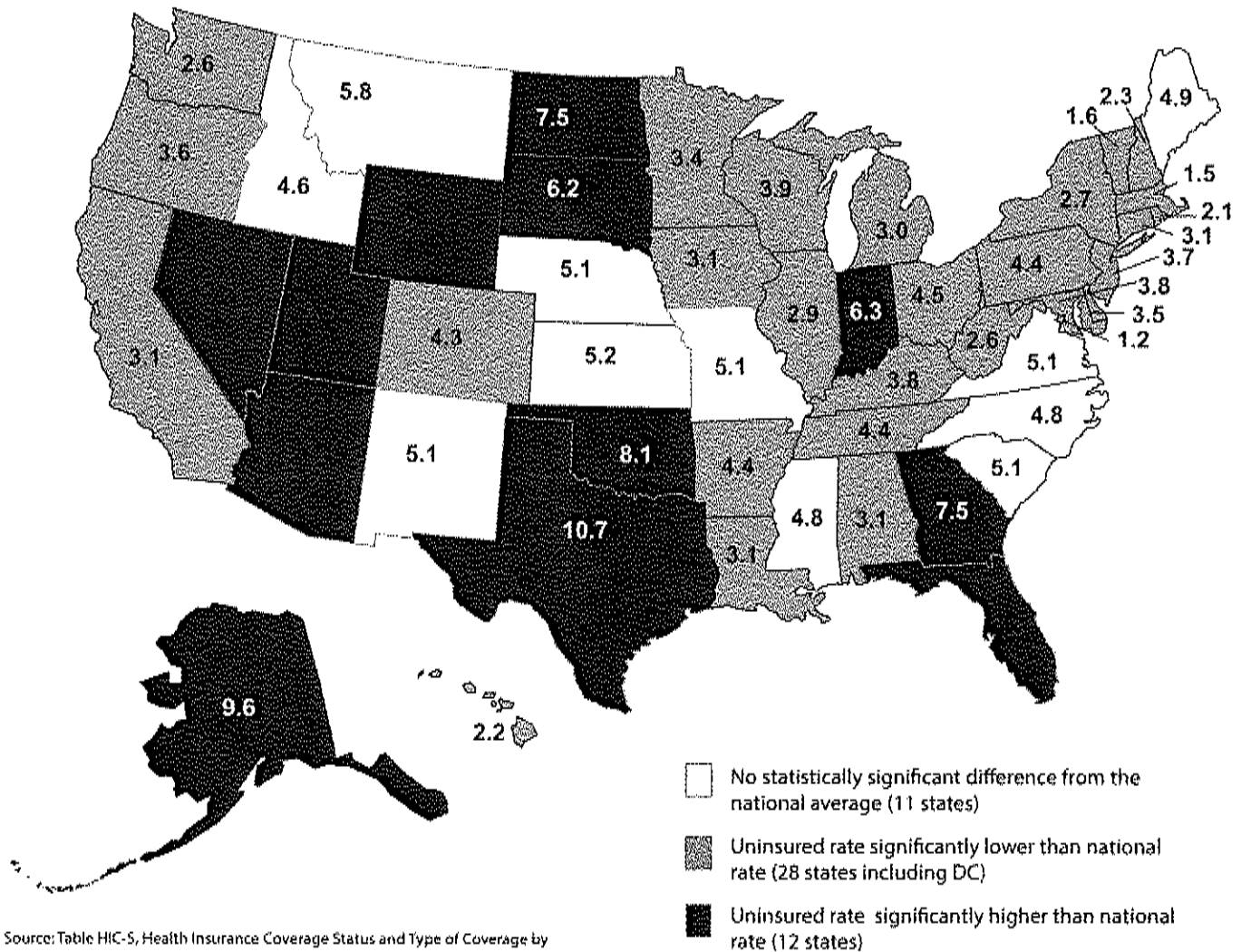
While there are some clear regional patterns—with the Northeast continuing to have the highest rates of coverage—a pattern is emerging of lagging states having relatively large populations of Hispanic children and/or Native American/Alaska Native children. Both groups have high uninsured rates as shown previously in Figure 5. Appendix Table 2 displays the uninsured rate for all states.







Figure 8. 12 States Had Significantly Higher Rates of Uninsured Children than the National Rate



Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).





As mentioned above, only the District of Columbia saw a statistically significant decline in its child uninsured rate from 2016 to 2017. On the other hand, nine states saw a statistically significant increase, with the greatest jump in South Dakota, where the rate for uninsured children climbed from 4.7 percent in 2016 to 6.2 percent in 2017 (Figure 9). Utah had the next-largest jump with an increase from 6.0 percent to 7.3 percent. Texas rounds out the top three with an increase of 0.9 percentage points in the uninsured rate, which resulted in an estimated 80,000 additional children lacking coverage in 2017. The remaining states with statistically significant increases are Georgia, South Carolina, Florida, Ohio, Tennessee, and Massachusetts. Appendix Table 4 displays the change for all states from 2016 to 2017.

Figure 9: Nine States with the Significant Increase in Rate of Uninsured Children, 2016 to 2017

| State          | 2016 Uninsured Rate | 2017 Uninsured Rate | Percentage Point Change |
|----------------|---------------------|---------------------|-------------------------|
| South Dakota   | 4.7                 | 6.2                 | 1.5                     |
| Utah           | 6.0                 | 7.3                 | 1.3                     |
| Texas          | 9.8                 | 10.7                | 0.9                     |
| Georgia        | 6.7                 | 7.5                 | 0.8                     |
| South Carolina | 4.3                 | 5.1                 | 0.8                     |
| Florida        | 6.6                 | 7.3                 | 0.7                     |
| Ohio           | 3.8                 | 4.5                 | 0.7                     |
| Tennessee      | 3.7                 | 4.4                 | 0.7                     |
| Massachusetts  | 1.0                 | 1.5                 | 0.5                     |

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

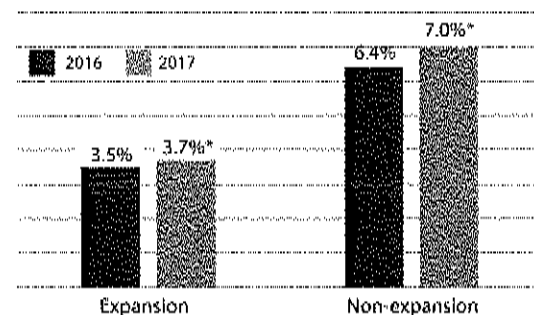
\* Change is significant at the 90% confidence level. Change in percent of uninsured children may not sum to total due to rounding.

States that have expanded Medicaid to parents and other adults with income below 138 percent of the poverty line saw a smaller increase in their children's uninsured rate.

As Figure 10 shows, the uninsured rate for children increased at almost triple the rate in non-expansion states (0.6 percent) than in states that have expanded Medicaid (0.2 percent). Children whose parents are insured have considerably higher rates of coverage than those whose parents are not.<sup>7</sup>

Of the 276,000 children who lost coverage in 2017, three quarters, or 206,000, lived in states that had not expanded Medicaid.

Figure 10. Children's Uninsured Rate by Medicaid Expansion Status, 2016-2017

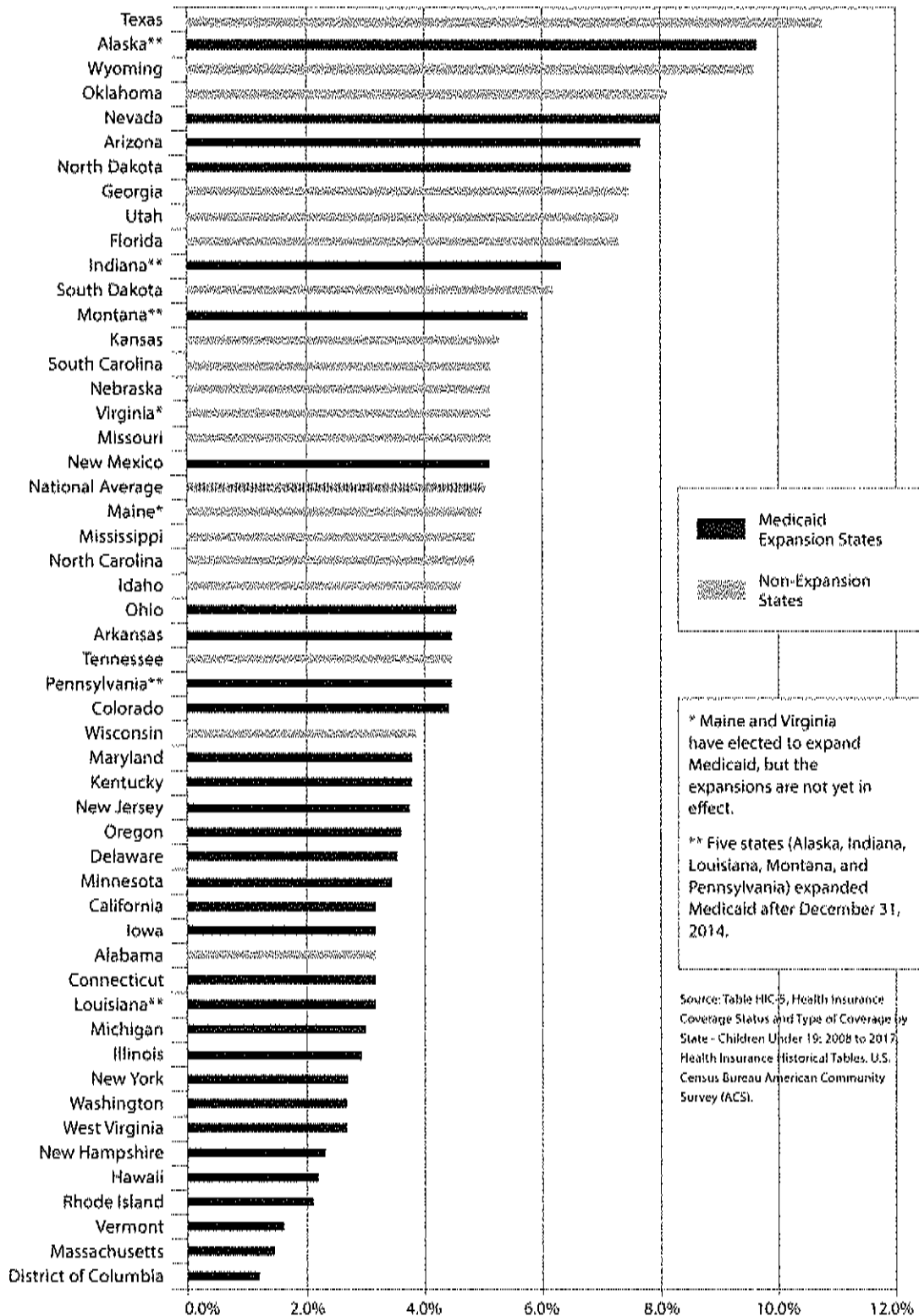


Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

\* Change is significant at the 90% confidence level.



Figure 11. Children's Uninsurance Rates in Medicaid Expansion States and Non-Expansion States, 2017





## Conclusion

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The nation's many years of progress in reducing the number of uninsured children came to a halt and reversed course in 2017. Despite an improving economy, national political trends reinforced the notion that publicly funded coverage was at risk. With a decline in the number of children enrolled in Medicaid/CHIP and non-group coverage, including the Marketplace, the uninsured rate went up.

States that fell further behind are less likely to have expanded Medicaid and/or have higher proportions of Hispanic or Native American/Alaska Native children.

Barring new and serious efforts to get back on track, there is every reason to believe the decline in coverage is likely to continue and may get worse in 2018. If put into effect, a recently proposed federal "public charge" rule (which creates new income and public benefit use tests for legal immigrants who wish to adjust their status) is likely to result in even more uninsured children. A recent study found that implementation of the proposed rule could lead to a reduction in Medicaid enrollment of between 2.1 million to 4.9 million.<sup>8</sup> The study does not specify how many of

these beneficiaries losing coverage would be children but it is likely that children would make up the majority who are disenrolled. In addition, federal efforts to destabilize the ACA's Marketplaces show no sign of abating.

States could mitigate the coverage losses by expanding Medicaid to parents and other adults, allowing children from higher income levels to qualify for Medicaid/CHIP coverage, launching their own efforts to protect consumers and stabilize Marketplace coverage, improving enrollment and retention procedures, and/or investing in more outreach and enrollment activities directed at eligible families.

Uninsured children are more likely to have unmet health needs and lack a usual source of care. Untreated medical conditions such as asthma lead to missed school days and reduce children's chances for success in school. These findings should raise concern about the chances for all children to grow and thrive. A long-term bipartisan effort that has dramatically lowered the uninsured rate for children is now at risk.

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## Methodology

### Data Sources and Changes to Age Categories for Children

In general, this brief uses Georgetown University Center for Children and Families analysis of single-year 2016 and 2017 estimates of summary national and state-level health coverage data from the 2017 American Community Survey (ACS). The U.S. Census Bureau publishes ACS summary data on American Fact Finder. Where only number estimates are available, percent estimates and their standard errors were computed based on formulas provided in the 2017 ACS's "Instructions for Applying Statistical Testing to ACS 1-Year Data."

In certain cases (sources of coverage, coverage by poverty level, coverage by race and ethnicity, and coverage by age), this brief uses a Georgetown University Center for Children and Families comparison of 2016 and 2017 single-year national estimates of health coverage

for children age 18 and younger using the Integrated Public Use Microdata Series (IPUMS), an augmented version of the ACS. IPUMS is prepared by the University of Minnesota Population Center (IPUMS-USA, University of Minnesota, [www.ipums.org](http://www.ipums.org)). That is because in the technical documentation for the 2017 ACS single-year estimates, the Census Bureau announced that there would be updates to multiple health insurance tables. In order to better align with the current health insurance landscape, the age categories of the 2017 ACS health insurance tables were updated so that the age group for children includes individuals age 18 and younger. In previous years, the age group for children included individuals age 17 and younger. The Census Bureau, however, did not recalculate previous year detailed estimates using the new age category. This, however, may result in differences between the 2017 data from the American Fact Finder and 2017 IPUMS data. For example, the IPUMS data relies on



a representative sample of ACS data while the Fact Finder uses the entire ACS data set. The IPUMS data also reflects other adjustments to the ACS sample.

### Margin of Error

The published U.S. Census Bureau data provide a margin of error (potential error bounds for any given data point) at a 90 percent confidence level. Except where noted, reported differences of percent or number estimates (either between groups, coverage sources, or years) are statistically significant at a confidence level of 90 percent. Georgetown CCF does not take the margin of error into account when ranking states by the number and percent of uninsured children by state. Minor differences in state rankings may not be statistically significant.

### Percent Change

Percent change measures differences relative to the size of what is being measured. Percent change is useful in assessing a state's progress in reducing its population of uninsured children by comparing the decline to the size of the population at the starting point. In this report, percent change refers to change in uninsured children from 2016 to 2017 compared to the original population of uninsured children in 2016.

### Geographic Location

We report regional data for the U.S. as defined by the Census Bureau. The ACS produces single-year estimates for all geographic areas with a population of 65,000 or more, which includes all regions, states (including the District of Columbia), and county and county equivalents.

### Poverty Status

Data on poverty levels include only those individuals for whom the poverty status can be determined for the last year. Therefore, this population is slightly smaller than the total non-institutionalized population of the U.S. (the universe used to calculate all other data in the brief). The Census Bureau determines an individual's poverty status by comparing that person's income in the last 12 months to poverty thresholds that account for family size and composition, as well as various types of income.

### Health Coverage

Data on sources of health insurance coverage are point-in-time

estimates that convey whether a person has coverage at the time of the survey. Individuals can report more than one source of coverage, so such totals may add to more than 100 percent. Additionally, the estimates are not adjusted to address the Medicaid "undercount" often found in surveys, which may be accentuated by the absence of state-specific health insurance program names in the ACS. We report children covered by Medicare, TRICARE/military, VA, or two or more types of health insurance as being covered by an "other" source of health coverage. The Census Bureau provides the following categories of coverage for respondents to indicate source of health insurance: current or former employer, purchased directly from an insurance company, Medicare, Medicaid or means-tested (includes CHIP), TRICARE or other military health coverage, VA, Indian Health Service (IHS), or other. People who indicate IHS as their only source of health coverage do not have comprehensive coverage and are considered to be uninsured.

### Demographic Characteristics

"Children" are defined as those individuals age 18 and under. We report data for all seven race categories and two ethnicity categories for which the ACS provides one-year health insurance coverage estimates. The Census Bureau recognizes and reports race and Hispanic origin (i.e., ethnicity) as separate and distinct concepts. To report on an individual's race, we merge the data for "Asian alone" and "Native Hawaiian or other Pacific Islander alone." In addition, we report the ACS category "some other race alone" and "two or more races" as "other." Except for "other," all racial categories refer to respondents who indicated belonging to only one race. We report "Hispanic or Latino," as "Hispanic." As this refers to a person's ethnicity, Hispanic and non-Hispanic individuals may be of any race. For more detail on how the ACS defines racial and ethnic groups, see "American Community Survey and Puerto Rico Community Survey 2015 Subject Definitions."



Appendix Table 1. Number of Uninsured Children Under Age 19, 2016 and 2017

|                      | 2016      | 2017 | 2016      | 2017 |
|----------------------|-----------|------|-----------|------|
| United States        | 3,649,000 | -    | 3,925,000 | -    |
| Alabama              | 32,000    | 22   | 36,000    | 22   |
| Alaska               | 20,000    | 14   | 19,000    | 13   |
| Arizona              | 132,000   | 47   | 133,000   | 47   |
| Arkansas             | 30,000    | 20   | 33,000    | 20   |
| California           | 300,000   | 50   | 301,000   | 49   |
| Colorado             | 57,000    | 33   | 57,000    | 31   |
| Connecticut          | 23,000    | 17   | 24,000    | 16   |
| Delaware             | 7,000     | 4    | 8,000     | 6    |
| District of Columbia | 4,000     | 2    | 2,000     | 1    |
| Florida              | 288,000   | 49   | 325,000   | 50   |
| Georgia              | 179,000   | 48   | 200,000   | 48   |
| Hawaii               | 8,000     | 5    | 7,000     | 5    |
| Idaho                | 22,000    | 16   | 22,000    | 14   |
| Illinois             | 82,000    | 40   | 89,000    | 40   |
| Indiana              | 99,000    | 41   | 106,000   | 42   |
| Iowa                 | 20,000    | 14   | 24,000    | 16   |
| Kansas               | 34,000    | 23   | 39,000    | 25   |
| Kentucky             | 35,000    | 24   | 41,000    | 26   |
| Louisiana            | 39,000    | 26   | 36,000    | 22   |
| Maine                | 13,000    | 10   | 13,000    | 8    |
| Maryland             | 49,000    | 29   | 54,000    | 30   |
| Massachusetts        | 15,000    | 12   | 22,000    | 14   |
| Michigan             | 71,000    | 36   | 69,000    | 34   |
| Minnesota            | 46,000    | 27   | 47,000    | 28   |
| Mississippi          | 37,000    | 25   | 37,000    | 24   |
| Missouri             | 71,000    | 36   | 75,000    | 37   |
| Montana              | 12,000    | 9    | 14,000    | 9    |
| Nebraska             | 25,000    | 18   | 26,000    | 18   |
| Nevada               | 50,000    | 30   | 58,000    | 32   |
| New Hampshire        | 8,000     | 5    | 6,000     | 4    |
| New Jersey           | 78,000    | 38   | 78,000    | 38   |
| New Mexico           | 28,000    | 19   | 26,000    | 18   |
| New York             | 113,000   | 44   | 118,000   | 43   |
| North Carolina       | 115,000   | 45   | 119,000   | 44   |
| North Dakota         | 15,000    | 12   | 14,000    | 9    |
| Ohio                 | 104,000   | 43   | 125,000   | 45   |
| Oklahoma             | 79,000    | 39   | 82,000    | 39   |
| Oregon               | 31,000    | 21   | 33,000    | 20   |
| Pennsylvania         | 126,000   | 46   | 125,000   | 45   |
| Rhode Island         | 5,000     | 3    | 5,000     | 3    |
| South Carolina       | 50,000    | 30   | 60,000    | 33   |
| South Dakota         | 11,000    | 8    | 14,000    | 9    |
| Tennessee            | 58,000    | 34   | 71,000    | 35   |
| Texas                | 752,000   | 51   | 835,000   | 51   |
| Utah                 | 59,000    | 35   | 71,000    | 35   |
| Vermont              | 2,000     | 1    | 2,000     | 1    |
| Virginia             | 99,000    | 41   | 101,000   | 41   |
| Washington           | 46,000    | 27   | 46,000    | 27   |
| West Virginia        | 9,000     | 7    | 11,000    | 7    |
| Wisconsin            | 50,000    | 30   | 53,000    | 29   |
| Wyoming              | 13,000    | 10   | 14,000    | 9    |

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS). Data is rounded to the nearest 1,000th.



Appendix Table 2. Percent of Uninsured Children Under 19, 2016 and 2017

|                      | 2016 | 2017 | 2016 | 2017 |
|----------------------|------|------|------|------|
| United States        | 4.7  | -    | 5.0  | -    |
| Alabama              | 2.7  | 9    | 3.1  | 12   |
| Alaska               | 10.3 | 51   | 9.6  | 50   |
| Arizona              | 7.6  | 46   | 7.7  | 46   |
| Arkansas             | 4.0  | 26   | 4.4  | 25   |
| California           | 3.1  | 13   | 3.1  | 12   |
| Colorado             | 4.3  | 27   | 4.3  | 24   |
| Connecticut          | 2.8  | 12   | 3.1  | 12   |
| Delaware             | 3.1  | 13   | 3.5  | 18   |
| District of Columbia | 3.1  | 13   | 1.2  | 1    |
| Florida              | 6.6  | 43   | 7.3  | 42   |
| Georgia              | 6.7  | 44   | 7.5  | 44   |
| Hawaii               | 2.5  | 5    | 2.2  | 5    |
| Idaho                | 4.9  | 36   | 4.6  | 29   |
| Illinois             | 2.6  | 7    | 2.9  | 10   |
| Indiana              | 5.9  | 41   | 6.3  | 41   |
| Iowa                 | 2.6  | 7    | 3.1  | 12   |
| Kansas               | 4.5  | 30   | 5.2  | 38   |
| Kentucky             | 3.3  | 17   | 3.8  | 21   |
| Louisiana            | 3.3  | 17   | 3.1  | 12   |
| Maine                | 4.8  | 33   | 4.9  | 32   |
| Maryland             | 3.4  | 19   | 3.8  | 21   |
| Massachusetts        | 1.0  | 1    | 1.5  | 2    |
| Michigan             | 3.1  | 13   | 3.0  | 11   |
| Minnesota            | 3.4  | 19   | 3.4  | 17   |
| Mississippi          | 4.8  | 33   | 4.8  | 30   |
| Missouri             | 4.8  | 33   | 5.1  | 33   |
| Montana              | 4.9  | 36   | 5.8  | 39   |
| Nebraska             | 5.1  | 39   | 5.1  | 33   |
| Nevada               | 7.0  | 45   | 8.0  | 47   |
| New Hampshire        | 2.7  | 9    | 2.3  | 6    |
| New Jersey           | 3.7  | 22   | 3.7  | 20   |
| New Mexico           | 5.3  | 40   | 5.1  | 33   |
| New York             | 2.5  | 5    | 2.7  | 9    |
| North Carolina       | 4.7  | 31   | 4.8  | 30   |
| North Dakota         | 8.0  | 48   | 7.5  | 44   |
| Ohio                 | 3.8  | 25   | 4.5  | 28   |
| Oklahoma             | 7.7  | 47   | 8.1  | 48   |
| Oregon               | 3.4  | 19   | 3.6  | 19   |
| Pennsylvania         | 4.4  | 29   | 4.4  | 25   |
| Rhode Island         | 2.2  | 3    | 2.1  | 4    |
| South Carolina       | 4.3  | 27   | 5.1  | 33   |
| South Dakota         | 4.7  | 31   | 6.2  | 40   |
| Tennessee            | 3.7  | 22   | 4.4  | 25   |
| Texas                | 9.8  | 50   | 10.7 | 51   |
| Utah                 | 6.0  | 42   | 7.3  | 42   |
| Vermont              | 1.5  | 2    | 1.6  | 3    |
| Virginia             | 5.0  | 38   | 5.1  | 33   |
| Washington           | 2.7  | 9    | 2.6  | 7    |
| West Virginia        | 2.3  | 4    | 2.6  | 7    |
| Wisconsin            | 3.7  | 22   | 3.9  | 23   |
| Wyoming              | 8.8  | 49   | 9.5  | 49   |

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).



Appendix Table 3. Change in the Number of Uninsured Children Under 19, 2016 and 2017

|                      | 2016      | 2017      | Change    | Percent Change |
|----------------------|-----------|-----------|-----------|----------------|
| United States        | 3,649,000 | 3,925,000 | 276,000 * | 7.6%           |
| Alabama              | 32,000    | 36,000    | 4,000     | 12.5%          |
| Alaska               | 20,000    | 19,000    | (1,000)   | -5.0%          |
| Arizona              | 132,000   | 133,000   | 1,000     | 0.8%           |
| Arkansas             | 30,000    | 33,000    | 3,000     | 10.0%          |
| California           | 300,000   | 301,000   | 1,000     | 0.3%           |
| Colorado             | 57,000    | 57,000    | -         | 0.0%           |
| Connecticut          | 23,000    | 24,000    | 1,000     | 4.3%           |
| Delaware             | 7,000     | 8,000     | 1,000     | 14.3%          |
| District of Columbia | 4,000     | 2,000     | (2,000)   | -50.0%         |
| Florida              | 288,000   | 325,000   | 37,000 *  | 12.8%          |
| Georgia              | 179,000   | 200,000   | 21,000 *  | 11.7%          |
| Hawaii               | 8,000     | 7,000     | (1,000)   | -12.5%         |
| Idaho                | 22,000    | 22,000    | -         | 0.0%           |
| Illinois             | 82,000    | 89,000    | 7,000     | 8.5%           |
| Indiana              | 99,000    | 106,000   | 7,000     | 7.1%           |
| Iowa                 | 20,000    | 24,000    | 4,000     | 20.0%          |
| Kansas               | 34,000    | 39,000    | 5,000     | 14.7%          |
| Kentucky             | 35,000    | 41,000    | 6,000     | 17.1%          |
| Louisiana            | 39,000    | 36,000    | (3,000)   | -7.7%          |
| Maine                | 13,000    | 13,000    | -         | 0.0%           |
| Maryland             | 49,000    | 54,000    | 5,000     | 10.2%          |
| Massachusetts        | 15,000    | 22,000    | 7,000 *   | 46.7%          |
| Michigan             | 71,000    | 69,000    | (2,000)   | -2.8%          |
| Minnesota            | 46,000    | 47,000    | 1,000     | 2.2%           |
| Mississippi          | 37,000    | 37,000    | -         | 0.0%           |
| Missouri             | 71,000    | 75,000    | 4,000     | 5.6%           |
| Montana              | 12,000    | 14,000    | 2,000     | 16.7%          |
| Nebraska             | 25,000    | 26,000    | 1,000     | 4.0%           |
| Nevada               | 50,000    | 58,000    | 8,000 *   | 16.0%          |
| New Hampshire        | 8,000     | 6,000     | (2,000)   | -25.0%         |
| New Jersey           | 78,000    | 78,000    | -         | 0.0%           |
| New Mexico           | 28,000    | 26,000    | (2,000)   | -7.1%          |
| New York             | 113,000   | 118,000   | 5,000     | 4.4%           |
| North Carolina       | 115,000   | 119,000   | 4,000     | 3.5%           |
| North Dakota         | 15,000    | 14,000    | (1,000)   | -6.7%          |
| Ohio                 | 104,000   | 125,000   | 21,000 *  | 20.2%          |
| Oklahoma             | 79,000    | 82,000    | 3,000     | 3.8%           |
| Oregon               | 31,000    | 33,000    | 2,000     | 6.5%           |
| Pennsylvania         | 126,000   | 125,000   | (1,000)   | -0.8%          |
| Rhode Island         | 5,000     | 5,000     | -         | 0.0%           |
| South Carolina       | 50,000    | 60,000    | 10,000 *  | 20.0%          |
| South Dakota         | 11,000    | 14,000    | 3,000 *   | 27.3%          |
| Tennessee            | 58,000    | 71,000    | 13,000 *  | 22.4%          |
| Texas                | 752,000   | 835,000   | 83,000 *  | 11.0%          |
| Utah                 | 59,000    | 71,000    | 12,000 *  | 20.3%          |
| Vermont              | 2,000     | 2,000     | -         | 0.0%           |
| Virginia             | 99,000    | 101,000   | 2,000     | 2.0%           |
| Washington           | 46,000    | 46,000    | -         | 0.0%           |
| West Virginia        | 9,000     | 11,000    | 2,000     | 22.2%          |
| Wisconsin            | 50,000    | 53,000    | 3,000     | 6.0%           |
| Wyoming              | 13,000    | 14,000    | 1,000     | 7.7%           |

\* States with a significant increase in the number of uninsured children from 2016 to 2017.

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS). Data is rounded to the nearest 1,000th.





Appendix Table 4. Change in the Percent of Uninsured Children Under 19, 2016 to 2017

|                      | 2016 | 2017 | Change |
|----------------------|------|------|--------|
| United States        | 4.7  | 5.0  | 0.3 *  |
| Alabama              | 2.7  | 3.1  | 0.4    |
| Alaska               | 10.3 | 9.6  | -0.7   |
| Arizona              | 7.6  | 7.7  | 0.1    |
| Arkansas             | 4.0  | 4.4  | 0.4    |
| California           | 3.1  | 3.1  | 0.0    |
| Colorado             | 4.3  | 4.3  | 0.0    |
| Connecticut          | 2.8  | 3.1  | 0.3    |
| Delaware             | 3.1  | 3.5  | 0.4    |
| District of Columbia | 3.1  | 1.2  | -1.9 * |
| Florida              | 6.6  | 7.3  | 0.7 *  |
| Georgia              | 6.7  | 7.5  | 0.8 *  |
| Hawaii               | 2.5  | 2.2  | -0.3   |
| Idaho                | 4.9  | 4.6  | -0.3   |
| Illinois             | 2.6  | 2.9  | 0.3    |
| Indiana              | 5.9  | 6.3  | 0.4    |
| Iowa                 | 2.6  | 3.1  | 0.5    |
| Kansas               | 4.5  | 5.2  | 0.7    |
| Kentucky             | 3.3  | 3.8  | 0.5    |
| Louisiana            | 3.3  | 3.1  | -0.2   |
| Maine                | 4.8  | 4.9  | 0.1    |
| Maryland             | 3.4  | 3.8  | 0.4    |
| Massachusetts        | 1.0  | 1.5  | 0.5 *  |
| Michigan             | 3.1  | 3.0  | -0.1   |
| Minnesota            | 3.4  | 3.4  | 0.0    |
| Mississippi          | 4.8  | 4.8  | 0.0    |
| Missouri             | 4.8  | 5.1  | 0.3    |
| Montana              | 4.9  | 5.8  | 0.9    |
| Nebraska             | 5.1  | 5.1  | 0.0    |
| Nevada               | 7.0  | 8.0  | 1.0    |
| New Hampshire        | 2.7  | 2.3  | -0.4   |
| New Jersey           | 3.7  | 3.7  | 0.0    |
| New Mexico           | 5.3  | 5.1  | -0.2   |
| New York             | 2.5  | 2.7  | 0.2    |
| North Carolina       | 4.7  | 4.8  | 0.1    |
| North Dakota         | 8.0  | 7.5  | -0.5   |
| Ohio                 | 3.8  | 4.5  | 0.7 *  |
| Oklahoma             | 7.7  | 8.1  | 0.4    |
| Oregon               | 3.4  | 3.6  | 0.2    |
| Pennsylvania         | 4.4  | 4.4  | 0.0    |
| Rhode Island         | 2.2  | 2.1  | -0.1   |
| South Carolina       | 4.3  | 5.1  | 0.8 *  |
| South Dakota         | 4.7  | 6.2  | 1.5 *  |
| Tennessee            | 3.7  | 4.4  | 0.7 *  |
| Texas                | 9.8  | 10.7 | 0.9 *  |
| Utah                 | 6.0  | 7.3  | 1.3 *  |
| Vermont              | 1.5  | 1.6  | 0.1    |
| Virginia             | 5.0  | 5.1  | 0.1    |
| Washington           | 2.7  | 2.6  | -0.1   |
| West Virginia        | 2.3  | 2.6  | 0.3    |
| Wisconsin            | 3.7  | 3.9  | 0.2    |
| Wyoming              | 8.8  | 9.5  | 0.7    |

\* States with a significant increase in the uninsured rate from 2016 to 2017.

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).



## Endnotes

<sup>1</sup> This report examines children under age 19 because of changes to the health insurance age categories in the 2017 American Community Survey. Our previous reports in this series examined children under 18—hence there are differences in previous years' data, which have been recalculated for the purpose of consistency over time. Unless otherwise indicated, all 2017 data in this report are from a Georgetown University Center for Children and Families analysis of the American Community Survey (ACS). All 2016 data in this report are from Georgetown University Center for Children and Families tabulations of the single-year ACS data from IPUMS. See methodology section for more information.

<sup>2</sup> For a summary of recent studies on the value of Medicaid coverage, see Chester, A. et al., "Medicaid is a Smart Investment in Children" (Washington, D.C.: Georgetown University Center for Children and Families, March 2017).

<sup>3</sup> Skopec, L., "Losses of Private Non-Group Health Insurance a Key Driver Behind 2017 Increases in Uninsurance" (Washington: Urban Institute, September 27, 2018), available at <https://www.urban.org/research/publication/losses-private-non-group-health-insurance-key-driver-behind-2017-increases-uninsurance>; Semanskee, A., Levitt, L., and Cox, C., "Data Note: Changes in Enrollment in the Individual Health Insurance Market" (Washington, D.C.: Kaiser Family Foundation, July 31, 2018), available at <https://www.kff.org/health-reform/issue-brief/data-note-changes-in-enrollment-in-the-individual-health-insurance-market/>. Also, see "Sabotage Watch: Tracking Efforts to Undermine the ACA" (Washington, D.C.: Center on Budget and Policy Priorities, September 2018), available at <https://www.cbpp.org/sabotage-watch-tracking-efforts-to-undermine-the-aca>.

<sup>4</sup> "Children in U.S. Immigrant Families," Migration Policy Institute, available at <https://www.migrationpolicy.org/programs/data-hub/charts/children-immigrant-families?width=1000&height=850&iframe=true>. (Accessed November 10, 2018.)

<sup>5</sup> Gifford, K. et al., State Focus on Quality and Outcomes Amid Waiver Changes: Results from a 50-State Medicaid Budget Survey (Washington, D.C.: Kaiser Family Foundation, October, 2018).

<sup>6</sup> Haley, J. et al., Uninsurance and Medicaid/CHIP Participation Among Children and Parents: Variation in 2016 and Recent Trends (Washington, D.C.: Urban Institute, September, 2018).

<sup>7</sup> Karpman, M. and Kenney, G., "Health Insurance Coverage for Children and Parents: Changes Between 2013 and 2017" (Washington, D.C.: Urban Institute, September 7, 2017).

<sup>8</sup> Artiga, S. et al., Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid (Washington, D.C.: Kaiser Family Foundation, October, 2018).

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The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high-quality, affordable health coverage for America's children and families. CCF is based in the McCourt School of Public Policy's Health Policy Institute.

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## Why are There More Uninsured Kids and What Can We Do About It?

September 12, 2019 · Joan Aiker

Yesterday the Census Bureau released one of its annual surveys (the Current Population Survey or CPS), which looks at health insurance status. This year, in an unusual move, the Bureau actually released a mini special report focusing on children. While we await more data at the end of the month from the American Community Survey (which provides more in depth state numbers that we analyze for our annual state-by-state children's coverage report), what did yesterday's data tell us?

*As we expected, the data show bad news – the number of uninsured children is on the rise.* In fact, the data confirmed exactly what we have been saying for some time – the relatively strong economy is not enough to compensate for large declines in Medicaid/CHIP and more children are becoming uninsured.

As the Census Bureau demographers write:

"While the percentage of children with private health insurance coverage did not statistically change, the percentage with public coverage fell by 1.3 percentage points."

As a result, 4.3 million kids were uninsured in 2018 – a statistically significant increase of 425,000. The kids uninsured rate went from 5.0% in 2017 to 5.5% in 2018. These kids losing public coverage are not all moving to employer sponsored insurance and remaining covered as some have argued. This is especially troubling given that the economy is in relatively good shape. What will happen when a recession hits?

### What do we know about the kids who have higher uninsurance rates?

We will have a lot more information when we get more data at the end of the month, but here are a few topline:

- **Hispanic children saw a large jump of 1 percentage point – from 7.7% to 8.7%.** White children were the other racial category to see a statistically significant increase. *This is clear evidence of a chilling effect of the Administration's ongoing campaign of hostility and intimidation directed at immigrant families and the recent issuance of the public charge rule will only make this worse.* Many of these kids are citizens who are clearly eligible but have immigrant parents who fear enrolling them in government assistance. Stay tuned for a blog from our colleague Kelly Whitener who will dive into this terrible situation further.
- **Young children (age 0-5) saw a large increase as well with their uninsured rate jumping from 4.5% to 5.3%.** When children don't have health coverage, their health care needs are less likely to be met and this is especially troubling when they are in this critical time period. A child's brain develops rapidly in the earliest years of life, building a foundation for future educational and economic success. And every parent knows, the pediatrician's office is your best friend during those early years.
- **Children in the South are the worst off regionally** and saw the highest rates of uninsured jumping from 6.5% as a region to 7.7%. This is no surprise given states like Texas, Florida and Georgia have some of the highest rates of uninsured children in the country. But we will have to wait for the ACS data to look at the state specific changes for children.

## Why is this happening?

We will dive deeper into this question in our annual report, but we continue to point to three main causes:

1. The chilling effect which is causing immigrant and mixed-status families to not enroll or even withdraw their children from Medicaid/CHIP.
2. Cuts in outreach and enrollment funds by the Trump Administration related to their undermining of the ACA. Also, however, outreach grants for CHIP were delayed significantly by the unprecedented delay in CHIP funding at the end of 2017 – as a result a critical back to school period was missed.
3. CMS is not only ignoring this problem, but making behind the scenes efforts to urge states to tighten up eligibility and verification procedures (i.e. adding red tape) which are resulting in eligible children losing coverage. This is contributing to Medicaid and CHIP enrollment declines.

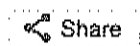
Here's a heartbreaking story from a family in Idaho with a severely disabled child who lost Medicaid coverage due to red tape. The story was shared with us by our friends at [Idaho Voices for Children](#):

Elizabeth has a 4 year old son, Paul, who had a stroke when he was about a year old. He was on "Katie Beckett" Medicaid until July 31st. Paul was scheduled to have surgery on the 20th of August and the surgical center had called the state to get pre-authorization for the surgery and was told the Medicaid coverage had ended on July 31st. They called Elizabeth and told her so she immediately called the state. She was told that her case had closed for failure to do re-evaluation paperwork. They said they mailed her a notification beginning of June and beginning of July. *The only thing she had received was a letter on July 16th saying that there were changes being made to Medicaid but said nothing about re-evaluation or even had Paul's name on it.* She received a letter August 6th saying the coverage had ended. No letter for re-evaluation was received.

In the meantime, Paul has been receiving services at Seattle Children's hospital and they have been on the waitlist for a year to see a particular specialist. They didn't want to lose their spot so they paid out-of-pocket to see this specialist. They had to apply for financial assistance through the hospital to help with services Medicaid should have covered. Paul's mom had to cancel his surgery. He goes to physical, occupational, and speech therapy weekly and she had had to cancel all of his appointments for the period they went without coverage. Elizabeth was finally able to get Paul's Medicaid coverage restored after nearly a month of going without coverage.

## What can be done about it?

There are many things to be done, and Part 2 of this blog from Tricia Brooks will review some ideas in the coming days. And stay tuned for another paper in our long running series [The Future of Children's Health Coverage](#) on how to cover all kids. But in the meantime, there is no doubt that a commitment from the top is needed to turn this situation around. The bipartisan commitment to ensure that kids have health coverage must be restored and the welcome mat should be rolled out again before more children wind up uninsured.



**Joan Alker** is the Executive Director of the Center for Children and Families and a Research Professor at the Georgetown McCourt School of Public Policy

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## WHY ARE THERE MORE UNINSURED KIDS AND WHAT CAN WE DO ABOUT IT?



# One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018

*Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman*

*May 2019*

*FN4*

Immigration policy has been at the center of public debate for many years, but the debate has intensified since the 2016 presidential election. In October 2018, after months of anticipation, the administration published a proposed rule altering “public charge” determinations that would make it harder for immigrants to get a green card (i.e., establish permanent residency). After a public comment period that closed in December, the rule is being finalized. If implemented, the rule would make it more difficult for immigrants to get green cards if they have received certain noncash public benefits or have low incomes or other characteristics considered to increase their likelihood of using benefits in the future. Beyond reducing future immigration numbers, there is widespread concern this revised public charge rule would have “chilling effects” on low-income immigrant families by discouraging them from applying for and receiving public benefits for which they are eligible, for fear of risking future green card status.<sup>1</sup> This chilling effect could spill over to many people, including US citizen children.

So far, evidence on this chilling effect has largely been based on anecdotal reports from service providers.<sup>2</sup> In this brief, we use unique data from a nationally representative, internet-based survey conducted in December 2018 to provide the first systematic evidence on the extent of chilling effects among immigrant families before release of a final public charge rule.<sup>3</sup> The survey included nearly 2,000 nonelderly adults who are foreign born or live with one or more foreign-born family members (hereafter called “adults in immigrant families”), who make up about one-quarter of all nonelderly adults in the US, according to the 2017 American Community Survey. We provide here the first estimates of self-

reported chilling effects on participation in public benefit programs associated with the proposed public charge rule. These findings complement projections that other researchers have developed to model expected chilling that will follow a final rule (Artiga, Damico, and Garfield et al. 2018; Artiga, Garfield, and Damico 2018; Batalova, Fix, and Greenberg 2018; Fiscal Policy Institute 2018; Kenney, Haley, and Wang 2018; Laird et al. 2019; Zallman and Finnegan 2018).<sup>4</sup>

We find the following:

- About one in seven adults in immigrant families (13.7 percent) reported “chilling effects,” in which the respondent or a family member did not participate in a noncash government benefit program in 2018 for fear of risking future green card status. This figure was even higher, 20.7 percent, among adults in low-income immigrant families.
- Though the proposed rule would only directly affect adults who do not yet have a green card (i.e., lawful permanent residence), we observed chilling effects in families with various mixes of immigration and citizenship statuses, including 14.7 percent of adults in families where all noncitizen members had green cards and 9.3 percent of those in families where all foreign-born members were naturalized citizens.
- Hispanic adults in immigrant families were more than twice as likely (20.6 percent) as non-Hispanic white and non-Hispanic nonwhite adults in immigrant families (8.5 percent and 6.0 percent, respectively) to report chilling effects in their families.
- Though the proposed rule would only directly apply to adults, many households with children experienced chilling effects. Adults in immigrant families living with children under age 19 were more likely to report chilling effects (17.4 percent) than adults without children in the household (8.9 percent).
- Most adults in immigrant families reported awareness of the public charge rule (62.9 percent). Adults who had heard “a lot” about the proposed rule were the most likely to report chilling effects in their families (31.1 percent).

## Background on Public Charge

The administration has advanced sweeping changes to federal immigration policy, including heightened immigration enforcement, termination of temporary protections against deportation, and cuts to refugee and asylee admissions. In 2018, the administration also proposed expanding the criteria used in “public charge” determinations, in which immigration officials may deny applications for permanent residency (green cards) or temporary visas to immigrants who are deemed “likely to become a public charge.”<sup>5</sup>

The new approach would make it more difficult for immigrants to get green cards or temporary visas if they received or are deemed likely to receive cash and noncash public benefits. Departing from past practice where only primary reliance on cash benefits or long-term medical institutionalization were considered in public charge determinations, under the proposed rule, officials would consider an



applicant's use of either cash or noncash benefits as "negative factors," as well as several personal characteristics, including income level, age, English proficiency, educational attainment, employment status, family size, health status, credit score, and other financial resources. The proposed rule, posted for public comment in October 2018, expanded the list of benefits to be considered in future public charge determinations to include the Supplementary Nutrition Assistance Program (SNAP, formerly known as food stamps), Medicaid, Section 8 housing assistance, public housing, and subsidies for drug benefits under Medicare Part D.

The proposed rule would affect applicants adjusting from another immigration status who already live in the US and people applying from abroad through family sponsorship or other pathways (Capps et al. 2018). The rule specifically excludes certain groups, such as refugees and other humanitarian entrants, and clarifies that benefits received by eligible children will not be considered in adults' future immigration applications. However, there remains confusion about when and how the final rule will be implemented and what aspects of the proposed rule will carry over to the final version. In the meantime, a parallel change to the public charge test in the Foreign Affairs Manual, used by consular officials considering visa applications filed abroad, was implemented in January 2018, and recent data show that admissions decisions have already been affected; refusals of applications on public charge grounds quadrupled to 13,500 during the 2018 fiscal year.<sup>6</sup> News outlets have also recently reported that the Department of Justice is preparing to publish a rule on deporting green card holders on public charge grounds.<sup>7</sup>

The proposed rule could have pervasive effects for immigrant families, given the complicated nature of the regulation and widespread uncertainty about how or when it will go into effect. Already many immigrant families are reportedly avoiding interaction with public authorities and dropping out of or being reluctant to enroll themselves or their children in critical safety net programs like Medicaid and the Children's Health Insurance Program (CHIP), SNAP, or the Special Supplemental Nutrition Program for Women, Infants, and Children, even though the latter is not on the list of benefits in the proposed rule.<sup>8</sup> Immigrant-serving organizations are reporting heightened reluctance and fear in immigrant communities to receive public benefits for which adults and children are eligible, including programs that would not be considered in public charge determinations (Greenberg, Feierstine, and Voltolini 2019). There is also evidence of far-reaching fear and insecurity among immigrant families in the context of the administration's immigration policy changes and rhetoric; for example, psychological effects are widespread not only for undocumented people or temporary visa holders but among naturalized US citizens (Cervantes, Ullrich, and Matthews 2018; Roche et al. 2018).

Though these reports help clarify the impact of the broader immigration climate, there is no information yet on systematic changes to participation in safety net programs among immigrant families in the context of the debate around the proposed public charge rule. This brief provides new insight into the extent to which immigrant families avoided participating in these programs because of concerns about future green card status in 2018, as this proposed rule was debated. This includes both people who would be directly affected by the rule and have not yet applied for a green card and would receive

the revised public charge test in the future, as well as others who perceive potential risk despite the rule not directly applying to them.

## Data and Methods

### Data and Sample

We draw on data from the December 2018 round of the Well-Being and Basic Needs Survey (WBNS), a nationally representative survey of adults ages 18 to 64 launched in December 2017. This analysis is based on the WBNS core sample and an oversample of noncitizens. For each round of the WBNS, the core sample is a stratified random sample drawn from Ipsos' KnowledgePanel, a probability-based online panel recruited primarily from an address-based sampling frame, and includes a large oversample of adults in low-income households.<sup>9</sup> In December 2018, the survey also included an oversample of noncitizens to support analyses of current policy issues affecting immigrant families. The panel includes only respondents who can complete surveys that are administered in English or Spanish, and adults without internet access are provided laptops and free internet access to facilitate participation.

To assess chilling effects and other immigration policy issues, we constructed a set of weights for analysis of the population of nonelderly adults who are foreign born or living with a foreign-born relative in their household. The weights are based on the probability of selection from the KnowledgePanel and benchmarks from the American Community Survey for nonelderly adults in immigrant families who are English proficient or primarily speak Spanish.<sup>10</sup> The language criterion is used in the weighting to reflect the nature of the survey sample, because the survey is only administered in English or Spanish.

Our final analytic sample consists of 1,950 adults in immigrant families. When assessing the types of programs for which respondents reported chilling, we limit the sample to the 314 adults in immigrant families who reported any chilling effect on participation in public programs.

### Measures

#### SELF-REPORTED CHILLING EFFECTS WITHIN A FAMILY

Our main outcome is self-reported chilling effects on participation in public programs *within a family*. We define these chilling effects as either not applying for or stopping participation in a noncash government benefit program, such as Medicaid/CHIP, SNAP, or housing subsidies, within the previous 12 months because of concerns that the respondent or a family member could be disqualified from obtaining a green card.<sup>11</sup> For this measure, a respondent could have defined family as both their immediate family and other relatives who may be living with them or in another household; we have learned from some initial qualitative follow-up work that some respondents took into account family members living in other households when they reported chilling effects. Respondents may also have reported chilling for a program for which they themselves may not have been eligible. For instance,

some parents may have reported chilling effects on the program participation of a citizen child, or a higher-income respondent may have reported chilling affecting a relative with lower income.

#### AWARENESS OF PROPOSED PUBLIC CHARGE RULE

To assess awareness of the proposed public charge rule published in October 2018, we asked respondents to report how familiar they were with a proposed rule that would make it harder for immigrants to enter the United States or become permanent residents of the US if they have low incomes or use public benefits such as Medicaid, SNAP, or housing subsidies. Respondents could make one selection from the options “a lot,” “some,” “only a little,” or “nothing at all.”<sup>12</sup>

#### Limitations

One limitation of the WBNS is its low response rate, which is comparable to other panel surveys that account for nonresponse at each stage of recruitment. However, studies assessing recruitment for the KnowledgePanel have found little evidence of nonresponse bias for core demographic and socioeconomic measures (Garrett, Dennis, and DiSogra 2010; Heeren et al. 2008), and WBNS estimates are generally consistent with benchmarks from federal surveys (Karpman, Zuckerman, and Gonzalez 2018). WBNS survey weights reduce, but do not eliminate, the potential error associated with sample coverage and nonresponse, and this is likely to be larger for the subgroup of adults in immigrant families. Though the weights are designed to produce nationally representative estimates for adults in immigrant families, the survey’s design implies that our analytic sample of 1,950 adults in immigrant families has precision comparable to a simple random sample of approximately 800 adults, increasing the sampling error around our estimates. We only report differences across subgroups of adults in immigrant families that are statistically significant at the 0.05 level or lower.

In addition, because the WBNS is only administered in English and Spanish, our analytic sample does not describe the experiences of the full spectrum of adults in immigrant families. Our study excludes adults with limited English proficiency whose primary language is not Spanish. We estimate that the excluded adults who do not speak English or Spanish represent between 5 and 15 percent of all nonelderly adults in immigrant households as defined for this brief; according to the 2017 American Community Survey, 5 percent of this group speaks English less than “well”<sup>13</sup> and speaks a primary language other than Spanish.

Some measurement error is likely for questions related to citizenship statuses of respondents and relatives in the household, particularly among adults who are undocumented or have been in the US for a short time (Van Hook and Bachmeier 2012). It is also possible that respondents conflated awareness of the public charge rule with overall awareness of an increasingly hostile political climate toward immigrants, which may have resulted in overreported awareness of the proposed public charge rule. Moreover, follow-up qualitative interviews with respondents for a related project suggested that some respondents did not understand the distinction between two separate survey items: “not applying for a program” versus “stopping participating in a program.” Consequently, we have opted to combine

responses to report on the questions in combination: either not applying for or dropping out of a noncash assistance program.

## Analysis

We assess chilling effects within a family, overall and by the following characteristics: annual family income as a percentage of the 2018 federal poverty level, citizenship and immigration status of family members living in the household, race and ethnicity of the respondent, presence of children under age 19 in the household, and respondents' awareness of the proposed public charge rule. We impute missing responses for family income, marital status, and number of children in the household using a multiple-imputation regression approach. We allocate missing citizenship status data for respondents using their responses to the Ipsos panel profile question on citizenship; absent that information, we impute respondent citizenship status. All estimates are weighted to be representative of the national population of nonelderly adults in immigrant families (as described above) and account for the complex survey design.

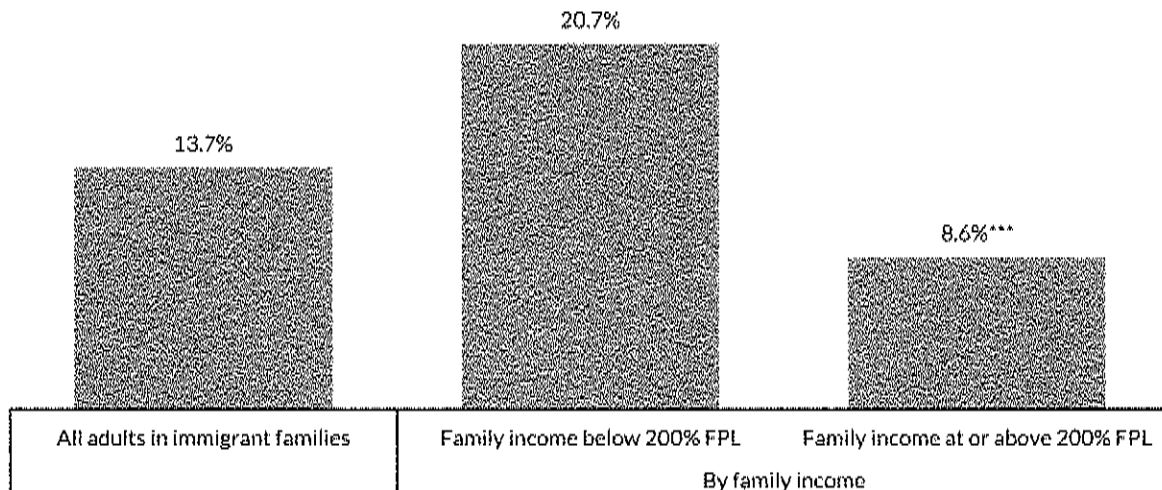
## Findings

*About one in seven adults in immigrant families (13.7 percent) reported "chilling effects," in which the respondent or a family member did not participate in a noncash government benefit program in 2018 for fear of risking future green card status. This figure was even higher, 20.7 percent, among adults in low-income immigrant families.*

Adults in immigrant families across the income distribution reported chilling effects on their participation in noncash public benefit programs for fear of disqualification from obtaining a green card. Overall, one in seven (13.7 percent) reported chilling effects in his or her family (figure 1). Among adults in low-income immigrant families (i.e., those with family incomes below 200 percent of the federal poverty level), over one in five (20.7 percent) reported chilling, compared with 8.6 percent of adults in immigrant families with higher incomes.

FIGURE 1

**Share of Adults in Immigrant Families That Avoided Noncash Public Benefits in the Past Year Because of Green Card Concerns, Overall and by Family Income, December 2018**



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Source: Well-Being and Basic Needs Survey, December 2018.

Notes: FPL = federal poverty level. Adults are ages 18 to 64. Respondents reported that either they or someone in their family did not apply for or stopped participating in noncash public benefits because they worried it would disqualify them or a family member from obtaining a green card.

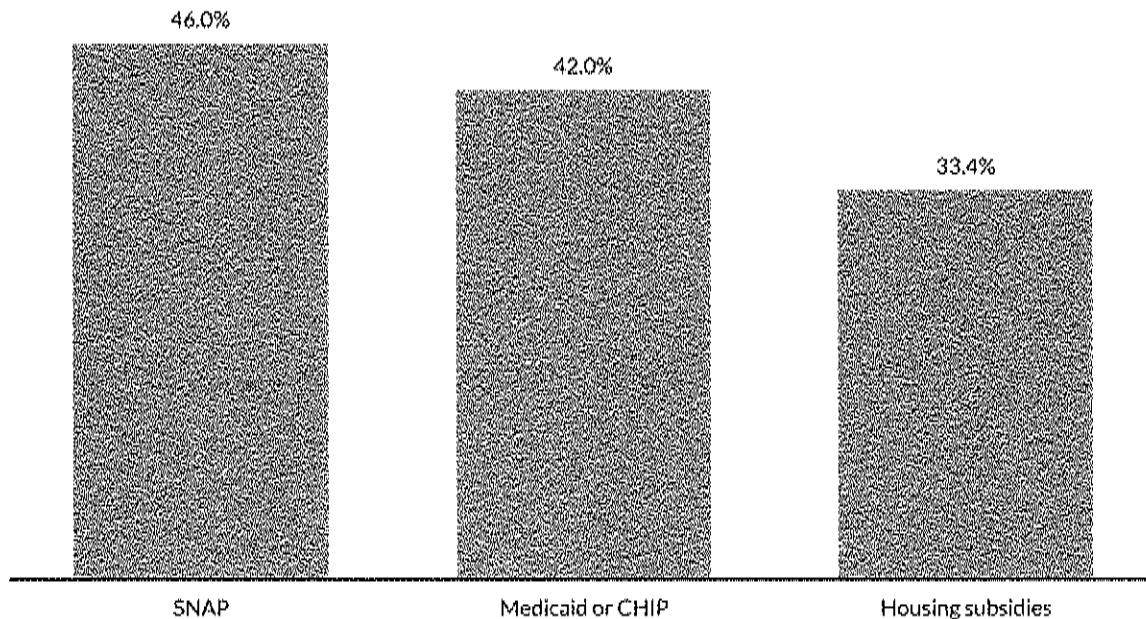
\*\*\* Estimate differs significantly from adults in immigrant families with family incomes below 200 percent of FPL at the 0.01 level, using two-tailed tests.

Among adults in immigrant families reporting any chilling effects, nearly half (46.0 percent) reported that someone in their family did not apply for or stopped participating in SNAP, making it the most common program for which chilling was reported among the programs assessed in this survey (figure 2). Medicaid or CHIP was second, with a share of 42.0 percent among adults in immigrant families who reported chilling. One in three (33.4 percent) adults reporting chilling within his or her family reported not applying for or stopping participation in housing subsidies. A smaller share of adults in immigrant families (8.6 percent) experiencing chilling reported stopping participation or not applying for other programs, offering responses such as federal Marketplace subsidies for health insurance and energy bill assistance programs (data not shown).

One in six (16.7 percent) adults who reported chilling effects indicated that the implicated program was specifically Medicaid or CHIP benefits for a child in their family (data not shown). Though this detail is not available for the other noncash programs, we know that SNAP and housing subsidies affect the entire household, and we found chilling effects disproportionately among households with children.

FIGURE 2

Share of Adults in Immigrant Families in Which Someone Did Not Participate in SNAP, Medicaid/CHIP, or Housing Subsidies, among Those That Avoided Noncash Public Benefits in the Past Year Because of Green Card Concerns, December 2018



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Source: Well-Being and Basic Needs Survey, December 2018.

Notes: SNAP = Supplemental Nutrition Assistance Program. CHIP = Children's Health Insurance Program. Adults are ages 18 to 64. Because respondents could report multiple programs, the program categories displayed are not mutually exclusive. Respondents reported that either they or someone in their family did not apply for or stopped participating in noncash public benefits because they worried it would disqualify them or a family member from obtaining a green card.

*Though the proposed rule would only directly affect adults who do not yet have a green card (i.e., lawful permanent residence), we observed chilling effects in families with various mixes of immigration and citizenship statuses, including 14.7 percent of adults in families where all noncitizen members had green cards and 9.3 percent of those in families where all foreign-born members were naturalized citizens.*

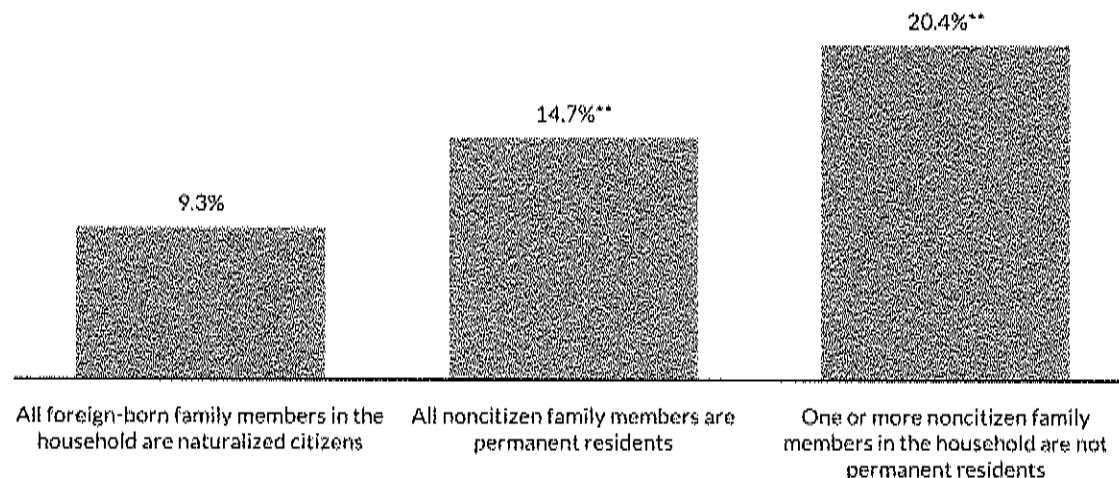
Immigrant families often include a wide range of citizenship and immigration statuses, including US-born citizens, naturalized US citizens, green card holders, and foreign-born people without permanent residence. Among households where one or more noncitizen family members was not a permanent resident, 20.4 percent of adults reported chilling effects (figure 3). The share was slightly lower but still substantial (14.7 percent) for respondents in households where all noncitizen relatives were permanent residents.

Some respondents living in what should be the least vulnerable households, in which all foreign-born family members are naturalized US citizens, also seem to be affected, with 9.3 percent of these adults reporting chilling effects within their family in the previous year. This suggests spillover effects

on people who will not be subject to future public charge determinations but may be confused about the rule and who it applies to, or fear it could impair their ability to sponsor other family members for green cards.

FIGURE 3

**Share of Adults in Immigrant Families That Avoided Noncash Public Benefits in the Past Year Because of Green Card Concerns, by Household Citizenship and Immigration Status, December 2018**



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Source: Well-Being and Basic Needs Survey, December 2018.

Notes: Adults are ages 18 to 64. Categories are constructed around the citizenship and immigration status of the foreign-born family members in the household, but each group may contain U.S.-born family members (including the respondent). Respondents reported that either they or someone in their family did not apply for or stopped participating in noncash public benefits because they worried it would disqualify them or a family member from obtaining a green card.

\*\* Estimate differs significantly from adults in households where all foreign-born family members are naturalized citizens at the 0.05 level, using two-tailed tests.

*Hispanic adults in immigrant families were more than twice as likely (20.6 percent) as non-Hispanic white and non-Hispanic nonwhite adults in immigrant families (8.5 percent and 6.0 percent, respectively) to report chilling effects in their families.*

About 1 in 5 Hispanic adults in immigrant families (20.6 percent) reported chilling effects within his or her family, compared with fewer than 1 in 10 non-Hispanic white adults in immigrant families (8.5 percent; figure 4). Hispanic adults also reported chilling effects at a higher rate than non-Hispanic nonwhite respondents, of whom only 6.0 percent reported that they or a family member experienced chilling effects on their use of noncash public benefits because of concern over future green card status.

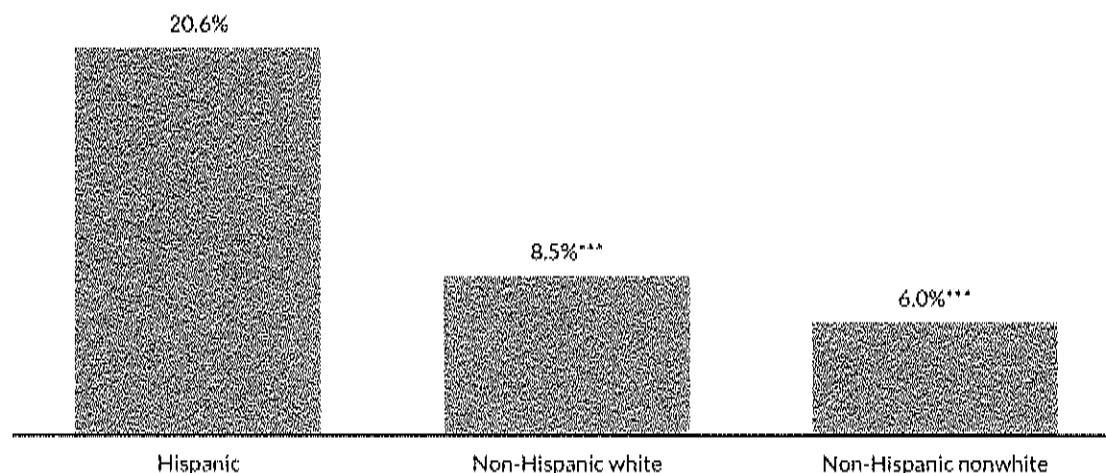
However, we may underestimate reported chilling effects among non-Hispanic nonwhite adults because WBNS respondents do not include adults who do not speak Spanish or English well enough to



complete the survey. This means we cannot observe chilling effects that may have occurred within this group.

FIGURE 4

**Share of Adults in Immigrant Families That Avoided Noncash Public Benefits in the Past Year Because of to Green Card Concerns, by Race and Ethnicity, December 2018**



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Source: Well-Being and Basic Needs Survey, December 2018.

Notes: Adults are ages 18 to 64. The non-Hispanic nonwhite category includes non-Hispanic respondents who either do not identify as white or identify as more than one race. Respondents reported that either they or someone in their family did not apply for or stopped participating in noncash public benefits because they worried it would disqualify them or a family member from obtaining a green card.

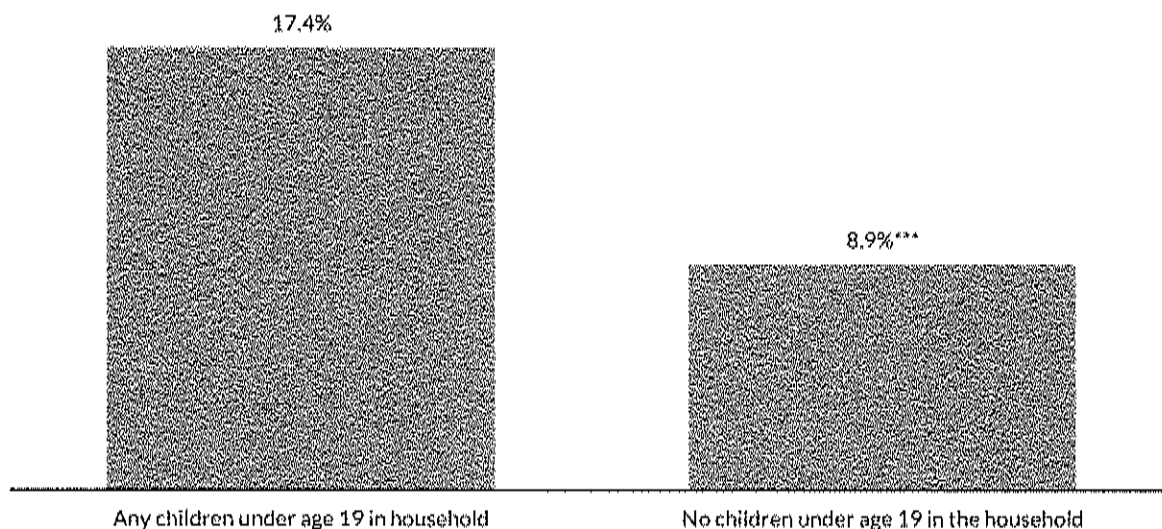
\*\*\* Estimate differs significantly from Hispanic adults at the 0.01 level, using two-tailed tests.

*Though the proposed rule would only directly apply to adults, many households with children experienced chilling effects. Adults in immigrant families living with children under age 19 were more likely to report chilling effects than adults without children in the household.*

As shown in figure 5, about one in six (17.4 percent) adults in immigrant families living with children under age 19 reported chilling effects within his or her family, a share about twice as high as that of adults without children in the household (8.9 percent).<sup>14</sup>

FIGURE 5

**Share of Adults in Immigrant Families That Avoided Noncash Public Benefits in the Past Year Because of Green Card Concerns, by Presence of Children in the Household, December 2018**



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Source: Well-Being and Basic Needs Survey, December 2018.

Notes: Adults are ages 18 to 64. Respondents reported that either they or someone in their family did not apply for or stopped participating in noncash public benefits because they worried it would disqualify them or a family member from obtaining a green card.

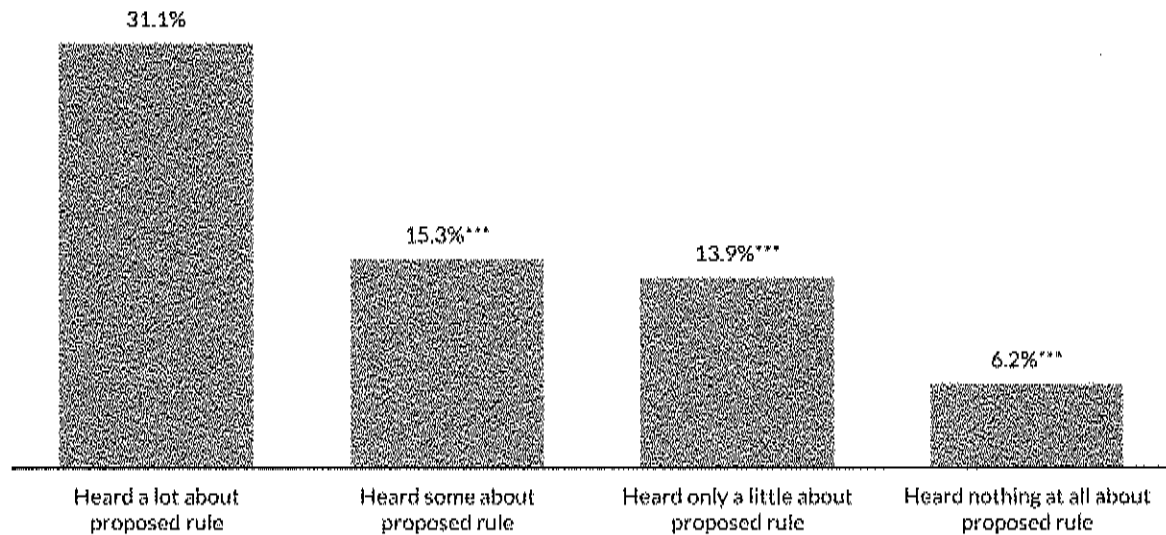
\*\*\* Estimate differs significantly from adults with any children under age 19 in the household at the 0.01 level, using two-tailed tests.

*Most adults in immigrant families reported awareness of the public charge rule (62.9 percent). Adults who had heard "a lot" about the proposed rule were the most likely to report chilling effects in their families (31.1 percent).*

Most adults in immigrant families reported awareness of the public charge rule, with 62.9 percent having heard at least "a little" about the rule (data not shown). Adults reporting greater awareness of the proposed rule were about five times more likely to report chilling effects on family members' use of public benefits than adults reporting no awareness. Among the adults in immigrant families who had heard a lot about the proposed rule, nearly one-third (31.1 percent) reported chilling, compared with only 6.2 percent among those who had heard nothing at all about the proposed policy. This suggests that more publicity about the rule when it becomes final could further increase chilling effects and avoidance of public benefits by immigrant families, including those not directly affected by the rule.

FIGURE 6

Share of Adults in Immigrant Families That Avoided Noncash Public Benefits in the Past Year Because of Green Card Concerns, by Awareness of the 2018 Proposed Public Charge Rule, December 2018



URBAN INSTITUTE

Source: Well-Being and Basic Needs Survey, December 2018.

Notes: Adults are ages 18 to 64. Respondents reported that either they or someone in their family did not apply for or stopped participating in noncash public benefits because they worried it would disqualify them or a family member from obtaining a green card.

\*\*\* Estimate differs significantly from adults who heard "a lot" about the proposed rule at the 0.01 level, using two-tailed tests.

## Discussion

This report provides the first national data on the scope of chilling effects related to the public charge policy debate in 2018, as the proposed rule was being developed, published, and commented on. The data were collected before the rule was finalized, and it is reasonable to expect that chilling effects will likely expand further if the rule is implemented. It is notable that even these early results show strong evidence of chilling effects, aligning with the on-the-ground perspectives reported by organizations working with immigrant families across the country (Greenberg, Feierstine, and Voltolini 2019) and new state-level data documenting increased reluctance to engage safety net resources (O'Rourke 2019). We find that one in seven nonelderly adults in immigrant families reported "chilling effects," in which the respondent or a family member did not participate in one or more noncash government benefit programs in 2018 for fear of risking future green card status. These decisions were more common among families most in need of safety net support, with one in five adults with family incomes below 200 percent of the federal poverty level reporting chilling effects. Though most research projections of potential chilling have assumed several scenarios, with drops in program participation of 15, 25, or 35 percent, those estimates project chilling rates after implementation of a final rule (Artiga, Damico, and

Garfield 2018; Artiga, Garfield, and Damico 2018; Batalova, Fix, and Greenberg 2018; Fiscal Policy Institute 2018; Kenney, Haley, and Wang 2018; Laird et al. 2019; Zallman and Finnegan 2018).<sup>15</sup> The evidence we collected showing high chilling rates even before release of the final rule suggests that rates could be even larger following implementation.<sup>16</sup>

The confusion and fear around when and how the proposed public charge rule could be finalized and who it would affect appear to be leading to spillover, extending beyond people directly affected by the rule, who have not yet applied for green cards and will receive the revised public charge test when they do. Immigrant households often include people with a variety of immigration, residency, and citizenship statuses, and the survey results show chilling effects in families including US-born citizens, naturalized US citizens, green card holders, and people who lack permanent residence.<sup>17</sup> Though chilling effects were highest in families where one or more noncitizen family members were not permanent residents (20.4 percent), rates were also high in less vulnerable families: 14.7 percent in families where all noncitizen members had green cards and 9.3 percent where all foreign-born members were naturalized citizens. Many people live in households with complex combinations of status and belong to family networks extending across households. These family interconnections are critical for understanding the impacts of the revised public charge rule and other restrictive immigration policy measures on the well-being of families across the US.

In December 2018, most adults in immigrant families reported awareness of the public charge rule (62.9 percent). And the survey results show that people with greater awareness were more likely to report chilling effects, reflecting the fear and confusion around the rule that advocates and service providers have observed. Reports from the field suggest widespread confusion about actual details of the rule (Greenberg, Feierstine, and Voltolini 2019). Under the previous public charge regulations, service providers could convey a clear message, because all noncash benefits were excluded from consideration in public charge determinations. The proposed regulation poses new challenges of understanding and communication, both for the public and legal and other service providers.

Providing families accurate information and guidance as the debate on the proposed public charge rule continues could help mitigate further chilling effects. Investing in educating service providers who may interact with immigrant families could also combat misconceptions and ensure families receive the information they need to make informed choices on their and their children's behalves. This applies to government social services staff and practitioners in community-based organizations, as well as to staff at schools and early childhood education providers, faith leaders, employers, and other sites where families who are afraid of interacting with government authorities may be reached. Initiatives to support advocacy efforts and educate providers face the challenge of accessing vulnerable and hard-to-reach families on a national scale. Education through innovative channels, such as social media, faith-based institutions, and schools, may help reach scale.

Though these survey results provide new insight into the potential scope of chilling effects under the proposed public charge rule, a forthcoming brief drawing on interviews with adults in families that experienced chilling will provide additional qualitative information on the mechanisms and context in which these decisions were made. In addition, such self-reported evidence of chilling should be verified

in administrative data sources, if possible. Local and state government agencies could shed light on changing program participation numbers by examining their own data. Community-based organizations encountering immigrant families could also monitor family experiences. This real-time evidence on the impacts of anticipated and implemented policy changes on the ground is critical to inform policymakers and practitioners developing effective strategies to reduce harm.

Losing access to programs can affect not only adults but children in the household, many of whom are US citizens. Discouraging families from using benefits for which they are eligible will likely increase the risk of material hardship, which can have negative long-term effects on health and well-being, particularly among children.

Our evidence suggests that even without a final rule, chilling effects have already occurred, both in families who would be directly affected by the revised rule and in spillover to immigrant families more broadly. Potential consequences for health and well-being will be important to monitor. Educating service providers and immigrant families is one key strategy to combat misinformation and mitigate harm.

## Notes

<sup>1</sup> Hamutal Bernstein and Archana Pyati, "Expanding the 'Public Charge' Rule Jeopardizes the Well-Being of Immigrants and Citizens," *Urban Wire* (blog), Urban Institute, October 3, 2018, <https://www.urban.org/urban-wire/expanding-public-charge-rule-jeopardizes-well-being-immigrants-and-citizens>.

<sup>2</sup> Emily Baumgaertner, "Spooked by Trump Proposals, Immigrants Abandon Public Nutrition Services," *New York Times*, March 6, 2018, <https://www.nytimes.com/2018/03/06/us/politics/trump-immigrants-public-nutrition-services.html>; Caitlin Dewey, "Immigrants Are Going Hungry So Trump Won't Deport Them," *Washington Post*, March 16, 2017, [https://www.washingtonpost.com/news/work/wp/2017/03/16/immigrants-are-now-canceling-their-food-stamps-for-fear-that-trump-will-deport-them/?utm\\_term=.6cc2529d5e00](https://www.washingtonpost.com/news/work/wp/2017/03/16/immigrants-are-now-canceling-their-food-stamps-for-fear-that-trump-will-deport-them/?utm_term=.6cc2529d5e00); Helena Bottemiller Evich, "Immigrants, Fearing Trump Crackdown, Drop out of Nutrition Programs," *Politico*, September 3, 2018, <https://www.politico.com/story/2018/09/03/immigrants-nutrition-food-trump-crackdown-806292>. One exception is recent research by Children's Health Watch (Bovell-Ammon et al. 2018), which collects data in emergency rooms and primary care clinics in Baltimore, Boston, Little Rock, Minneapolis, and Philadelphia. Their data collection showed reported SNAP receipt declined in the first half of 2018 for immigrant families, especially among recent arrivals. They note limitations in sample size, however, and given the time frame of the drop, from 2017 to the first half of 2018, the connection to the public charge debate is unclear. Some state-level data have also suggested drops in participation or increased reluctance to engage in safety net resources (O'Rourke 2019).

<sup>3</sup> In forthcoming work, we will analyze results from complementary qualitative data collection through semistructured interviews with a portion of survey respondents who reported chilling effects.

<sup>4</sup> "Potential Effects of Public Charge Changes on California Children," The Children's Partnership and KidsData.org, accessed May 15, 2019, <https://www.childrenspartnership.org/wp-content/uploads/2018/11/Potential-Effects-of-Public-Charge-Changes-on-California-Children-Brief.pdf>; "Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard," Manatt, October 11, 2018, <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population>.

<sup>5</sup> Inadmissibility on Public Charge Grounds, 83 Fed. Reg. 51114 (Oct. 10, 2018).

<sup>6</sup> Yeganeh Torbati and Kristina Cooke, "Denials of US Immigrant Visas Skyrocket after Little-Heralded Rule Change," *Reuters*, April 15, 2019, <https://www.reuters.com/article/us-usa-immigration-visas-insight-idUSKCN1RROUX>.

<sup>7</sup> Yeganeh Torbati, "Exclusive: Trump Administration Proposal Would Make It Easier to Deport Immigrants Who Use Public Benefits," *Reuters*, May 3, 2019, <https://www.reuters.com/article/us-usa-immigration-benefits-exclusive/exclusive-trump-administration-proposal-would-make-it-easier-to-deport-immigrants-who-use-public-benefits-idUSKCN1S91UR>.

<sup>8</sup> Emily Baumgaertner, "Spooked by Trump Proposals, Immigrants Abandon Public Nutrition Services," *New York Times*; Caitlin Dewey, "Immigrants Are Going Hungry So Trump Won't Deport Them," *Washington Post*; Helena Bottemiller Evich, "Immigrants, Fearing Trump Crackdown, Drop out of Nutrition Programs," *Politico*; Emily Moon, "Why Is Participation in Food Assistance Programs like WIC Declining?" *Pacific Standard*, May 8, 2019, <https://psmag.com/news/why-is-participation-in-food-assistance-programs-like-wic-declining>.

<sup>9</sup> For additional information on the survey design and weighting in the WBNS, see Karpman, Zuckerman, and Gonzalez (2018).

<sup>10</sup> We define adults with English proficiency as those who speak English at least "well," as classified in the American Community Survey. Adults with limited English proficiency are those who speak English less than "well." This is a broader measure than is commonly used to define English proficiency; in most analyses, a person must speak English "very well" to be classified as having English proficiency (Wilson 2014). We use the following measures for weighting: gender, age, race and ethnicity, educational attainment, presence of children under age 18 in the household, census region, homeownership status, family income as a percentage of the federal poverty level, access to the internet, and family composition. We benchmark non-Hispanic "other race" respondents by two categories: (1) other race born in Asia and (2) multiple races or other race not born in Asia.

<sup>11</sup> We draw on measures developed by researchers at the University of California, Los Angeles, for an immigrant follow-up survey to the California Health Interview Survey.

The exact wording of the two questions on chilling effects in the WBNS were as follows:

Question A: *Was there a time in the past 12 months when you or someone in your family decided not to apply for one or more non-cash government benefits, such as Medicaid or CHIP, SNAP (formerly known as food stamps), or housing subsidies, because you were worried it would disqualify you or a family member or relative from obtaining a green card?* [Response options: yes/no]

Question A1: *Which benefits did you or someone in your family decide not to apply for because you were worried it would disqualify you or a family member or relative from obtaining a green card? Check all that apply.* [Response options: Medicaid or CHIP; SNAP (formerly known as food stamps); Housing subsidies; Other (please specify)]

Question A2: *Did you decide not to apply for Medicaid or CHIP for your children because you were worried it would disqualify you or a family member or relative from obtaining a green card?* [Response options: yes/no]

Question B: *Was there a time in the past 12 months when you or someone in your family stopped participating in any non-cash government benefits, such as Medicaid or CHIP, SNAP (formerly known as food stamps), or housing subsidies, because you were worried it would disqualify you or a family member or relative from obtaining a green card?* [Response options: yes/no]

Question B1: *Which benefits did you or someone in your family stop participating in because you were worried it would disqualify you or a family member or relative from obtaining a green card? Check all that apply.* [Response options: Medicaid or CHIP; SNAP (formerly known as food stamps); Housing subsidies; Other (please specify)]

Question B2: *Did your children stop participating in Medicaid or CHIP because you were worried it would disqualify you or a family member or relative from obtaining a green card?* [Response options: yes/no]

<sup>12</sup> The exact wording for the question on awareness of the proposed public charge rule in the WBNS was as follows:

*A proposed rule would make it harder for immigrants to enter the United States or become permanent residents of the United States if they have low income or use public benefits such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), or housing subsidies. How much have you heard about this proposed rule?* [Response options: a lot, some, only a little, nothing at all]

This question was asked later in the survey than the questions on chilling effects.

<sup>13</sup> See endnote 10 for a definition of English proficiency.

- <sup>14</sup> Though our analysis did not consider the eligibility of individuals or family members for different public programs, we know that in general, adults living in families with children are more likely to have a family member who is eligible for a public program, which increases their exposure to potential chilling effects relative to adults who do not live with children.
- <sup>15</sup> "Potential Effects of Public Charge Changes on California Children," The Children's Partnership and KidsData.org; "Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard," Manatt.
- <sup>16</sup> Those estimates drew on lessons from the 1996 Personal Responsibility and Work Authorization Act, which eliminated access to federal assistance for most immigrants during their first five years of residence (Fix and Passel 2002).
- <sup>17</sup> In fact, amongst survey respondents, one in five respondents lived in a household where one or more noncitizen family members were not permanent residents (22.9 percent), one in three (33.8 percent) lived in households where all noncitizen family members were permanent residents, and around 43 percent lived with all naturalized US citizen, foreign-born relatives.

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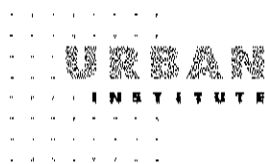
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FNS



## Selected KIDS COUNT Indicators for State in South Carolina

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### Children In Immigrant Families (Number & Percent)

| Location       | Data Type | 2013       | 2014       | 2015       | 2016       | 2017       |
|----------------|-----------|------------|------------|------------|------------|------------|
| United States  | Number    | 17,817,000 | 17,926,000 | 18,270,000 | 18,413,000 | 18,577,000 |
|                | Percent   | 24%        | 24%        | 25%        | 25%        | 25%        |
| South Carolina | Number    | 102,000    | 110,000    | 103,000    | 114,000    | 116,000    |
|                | Percent   | 9%         | 10%        | 9%         | 10%        | 11%        |

### DEFINITIONS & SOURCES

**Definitions:** The share of children under age 18 who are foreign-born or reside with at least one foreign-born parent.

Foreign-born is defined as either a U.S. citizen by naturalization or not a citizen of the U.S. Native-born is defined as born in the U.S., Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas or born abroad of American parents. The foreign-born status of children not living with either parent is based solely on the status of the child and no other household member. Children living in subfamilies are linked to their

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American Community Survey (ACS). The 2000 through 2004 ACS surveyed approximately 700,000 households monthly during each calendar year. In general but particularly for these years, use caution when interpreting estimates for less populous states or indicators representing small subpopulations, where the sample size is relatively small. Beginning in January 2005, the U.S. Census Bureau expanded the ACS sample to 3 million households (full implementation), and in January 2006 the ACS included group quarters. The ACS, fully implemented, is designed to provide annually updated social, economic, and housing data for states and communities. (Such local-area data have traditionally been collected once every ten years in the long form of the decennial census.)

Footnotes: Updated April 2019.

S - Estimates suppressed when the confidence interval around the percentage is greater than or equal to 10 percentage points.

N.A. - Data not available.

Data are provided for the 50 most populous cities according to the most recent Census counts. Cities for which data is collected may change over time.

A 90 percent confidence interval for each estimate can be found at

[Children in immigrant families.](#)

## Children in Immigrant Families Who Are U.S. Citizens (Number & Percent)

| Location       | Data Type | 2013       | 2014       | 2015       | 2016       | 2017       |
|----------------|-----------|------------|------------|------------|------------|------------|
| United States  | Number    | 15,940,000 | 16,054,000 | 16,446,000 | 16,552,000 | 16,654,000 |
|                | Percent   | 89%        | 90%        | 90%        | 90%        | 90%        |
| South Carolina | Number    | 89,000     | 98,000     | 92,000     | 101,000    | 101,000    |
|                | Percent   | 88%        | 89%        | 89%        | 88%        | 87%        |

### DEFINITIONS & SOURCES

Definitions: The percent of children under age 18, living in immigrant families, who are U.S. citizens.

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children not living with either parent is based solely on the status of the child and no other household member. Children living in subfamilies are linked to their parent(s) and not the householder.

**Data Source:** Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2005 - 2017 American Community Survey.

**Footnotes:** Updated June 2019.

S - Estimates suppressed when the confidence interval around the percentage is greater than or equal to 10 percentage points.

N.A. - Data not available.

Data are provided for the 50 most populous cities according to the most recent Census counts. Cities for which data is collected may change over time.

A 90 percent confidence interval for each estimate can be found at [Children in immigrant families who are U.S. citizens](#).

## Children In Immigrant Families In Which Resident Parents Are Not U.S. Citizens (Number & Percent)

| Location       | Data Type | 2013      | 2014      | 2015      | 2016      | 2017      |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|
| United States  | Number    | 7,255,000 | 7,300,000 | 7,304,000 | 7,312,000 | 7,156,000 |
|                | Percent   | 41%       | 41%       | 40%       | 40%       | 39%       |
| South Carolina | Number    | 49,000    | 55,000    | 46,000    | 56,000    | 51,000    |
|                | Percent   | 48%       | 51%       | 45%       | 49%       | 45%       |

### DEFINITIONS & SOURCES

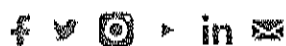
**Definitions:** The percent of children under age 18 who are either foreign-born themselves or who have at least one foreign-born parent, in which neither resident parent is a U.S. citizen.

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Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2017 American Community Survey.

The data for this measure come from the 2000 and 2001 Supplementary Survey and the 2002 through 2017 American Community Survey (ACS). The 2000 through 2004 ACS surveyed approximately 700,000 households monthly during each calendar year. In general but particularly for these years, use caution when interpreting estimates for less populous states or indicators representing a small subpopulation, where the sample size is relatively small. Beginning in January 2005, the U.S. Census Bureau expanded the ACS sample to 3 million households (full implementation), and in January 2006 the ACS included group quarters. The ACS, fully implemented, is designed to provide annually updated social, economic, and housing data for states and communities. (Such local-area data have traditionally been collected once every ten years in the long form of the decennial census.)

Footnotes: Updated May 2019.

S - Estimates suppressed when the confidence interval around the percentage is greater than or equal to 10 percentage points.

N.A. - Data not available.

Data are provided for the 50 most populous cities according to the most recent Census counts. Cities for which data is collected may change over time.

A 90 percent confidence interval for each estimate can be found at [Children in immigrant families in which resident parents are not U.S. citizens](#).

## Children In Immigrant Families In Which Resident Parents Have Been In The Country Five Years Or Less (Number & Percent)

| Location       | Data Type | 2013    | 2014    | 2015    | 2016    | 2017    |
|----------------|-----------|---------|---------|---------|---------|---------|
| United States  | Number    | 457,000 | 502,000 | 567,000 | 669,000 | 745,000 |
|                | Percent   | 3%      | 3%      | 3%      | 4%      | 4%      |
| South Carolina | Number    | 4,000   | 5,000   | 4,000   | 4,000   | 5,000   |
|                | Percent   | 4%      | 5%      | 4%      | 4%      | 5%      |

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Foreign-born is defined as either a U.S. citizen by naturalization or not a citizen of the U.S. Native-born is defined as born in the U.S., Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas or born abroad of American parents. The foreign-born status of children not living with either parent is based solely on the status of the child and no other household member. Children living in subfamilies are linked to their parent(s) and not the householder.

**Data Source:** Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2005 through 2017 American Community Survey.

The data for this measure come from the 2005 through 2017 American Community Survey (ACS). Beginning in January 2005, the U.S. Census Bureau expanded the ACS sample to 3 million households (full implementation), and in January 2006 the ACS included group quarters. The ACS, fully implemented, is designed to provide annually updated social, economic, and housing data for states and communities. (Such local-area data have traditionally been collected once every ten years in the long form of the decennial census.)

**Footnotes:** Updated May 2019.

S - Estimates suppressed when the confidence interval around the percentage is greater than or equal to 10 percentage points.

N.A. - Data not available.

Data are provided for the 50 most populous cities according to the most recent Census counts. Cities for which data is collected may change over time.

A 90 percent confidence interval for each estimate can be found at

Children in immigrant families in which resident parents have been in the country five years or less.

## Children Below 150 Percent Poverty (Number & Percent)

| Location      | Data Type | 2014       | 2015       | 2016       | 2017       | 2018       |
|---------------|-----------|------------|------------|------------|------------|------------|
| United States | Number    | 24,370,000 | 23,493,000 | 22,494,000 | 21,647,000 | 21,070,000 |
|               | Percent   | 34%        | 32%        | 31%        | 30%        | 29%        |

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**Definitions:** The share of children under age 18 who live in families with incomes less than 150 percent of the federal poverty level.

The federal poverty definition consists of a series of thresholds based on family size and composition. In 2018, a 150% poverty threshold for a family of two adults and two children was \$38,197. Poverty status is not determined for people in military barracks, institutional quarters, or for unrelated individuals under age 15 (such as foster children).

**Data Source:** Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2018 American Community Survey.

These data were derived from ACS table B17024.

The data for this measure come from the 2000 and 2001 Supplementary Survey and the 2002 through 2018 American Community Survey (ACS). The 2000 through 2004 ACS surveyed approximately 700,000 households monthly during each calendar year. In general but particularly for these years, use caution when interpreting estimates for less populous states or indicators representing small sub-populations, where the sample size is relatively small. Beginning in January 2005, the U.S. Census Bureau expanded the ACS sample to 3 million households (full implementation), and in January 2006 the ACS included group quarters. The ACS, fully implemented, is designed to provide annually updated social, economic, and housing data for states and communities. (Such local-area data have traditionally been collected once every ten years in the long form of the decennial census.)

**Footnotes:** Updated September 2019.

S - Estimates suppressed when the confidence interval around the percentage is greater than or equal to 10 percentage points.

N.A. - Data not available.

Data are provided for the 50 most populous cities according to the most recent Census counts. Cities for which data is collected may change over time.

Use caution when comparing congressional districts over time. Congressional district boundaries may change between decennial censuses. Annual data for each congressional district refers to the boundaries for that district in that year.

A 90 percent confidence interval for each estimate can be found at **Children below 150 percent poverty**.

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|                |         |            |            |            |            |            |
|----------------|---------|------------|------------|------------|------------|------------|
| United States  | Number  | 31,906,000 | 31,018,000 | 29,976,000 | 29,019,000 | 28,501,000 |
|                | Percent | 44%        | 43%        | 41%        | 40%        | 39%        |
| South Carolina | Number  | 551,000    | 516,000    | 509,000    | 514,000    | 503,000    |
|                | Percent | 52%        | 48%        | 47%        | 47%        | 46%        |

## DEFINITIONS & SOURCES

**Definitions:** The share of children under age 18 who live in families with incomes less than 200 percent of the federal poverty level.

The federal poverty definition consists of a series of thresholds based on family size and composition. In 2018, a 200% poverty threshold for a family of two adults and two children was \$50,930. Poverty status is not determined for people in military barracks, institutional quarters, or for unrelated individuals under age 15 (such as foster children).

These data are derived from ACS table B17024.

**Data Source:** Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2018 American Community Survey.

These data were derived from ACS table B17024.

The data for this measure come from the 2000 and 2001 Supplementary Survey and the 2002 through 2018 American Community Survey (ACS). The 2000 through 2004 ACS surveyed approximately 700,000 households monthly during each calendar year. In general but particularly for these years, use caution when interpreting estimates for less populous states or indicators representing small sub-populations, where the sample size is relatively small. Beginning in January 2005, the U.S. Census Bureau expanded the ACS sample to 3 million households (full implementation), and in January 2006 the ACS included group quarters. The ACS, fully implemented, is designed to provide annually updated social, economic, and housing data for states and communities. (Such local-area data have traditionally been collected once every ten years in the long form of the decennial census)

**Footnotes:** Updated September 2019.

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Use caution when comparing congressional districts over time. Congressional district boundaries may change between decennial censuses. Annual data for each congressional district refers to the boundaries for that district in that year.

A 90 percent confidence interval for each estimate can be found at [Children below 200 percent poverty](#).



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## South Carolina

### Demographics & Social

2017

2000

1990

| Demographics                               | Foreign Born | U.S. Born | Foreign Born | U.S. Born | Foreign Born | U.S. Born |
|--|--------------|-----------|--------------|-----------|--------------|-----------|
| Number                                     | 244,294      | 4,780,075 | 115,978      | 3,896,034 | 49,964       | 3,436,739 |
| % Foreign Born                             | 4.9%         |           | 2.9%         |           | 1.4%         |           |
| Population Change over Time                |              |           |              |           |              |           |
| % change: 2000-2017                        | 110.6%       | 22.7%     |              |           |              |           |
| % change: 1990-2000                        | 132.1%       | 13.4%     |              |           |              |           |
| Race (%)                                   |              |           |              |           |              |           |
| One race                                   | 97.7%        | 97.9%     |              |           |              |           |
| White                                      | 52.2%        | 68.0%     |              |           |              |           |
| Black or African American                  | 5.9%         | 28.1%     |              |           |              |           |
| American Indian and Alaska Native          | 0.4%         | 0.3%      |              |           |              |           |
| Asian                                      | 22.0%        | 0.5%      |              |           |              |           |
| Native Hawaiian and other Pacific Islander | 0.2%         | 0.1%      |              |           |              |           |

| Demographics                            | Foreign Born | U.S. Born | Foreign Born | U.S. Born | Foreign Born | U.S. Born |
|---|--------------|-----------|--------------|-----------|--------------|-----------|
| Other race                              | 17.0%        | 0.8%      |              |           |              |           |
| Two or more races                       | 2.3%         | 2.1%      |              |           |              |           |
| Latino Origin (of any race)             |              |           |              |           |              |           |
| Number                                  | 109,775      | 176,215   |              |           |              |           |
| % Latino                                | 44.9%        | 3.7%      |              |           |              |           |
| Age Groups (%)                          |              |           |              |           |              |           |
| Under 5                                 | 0.8%         | 6.0%      |              |           |              |           |
| 5-17                                    | 7.0%         | 16.6%     |              |           |              |           |
| 18-64                                   | 78.8%        | 59.9%     |              |           |              |           |
| 65 and older                            | 13.4%        | 17.4%     |              |           |              |           |
| Median Age                              | 41           | 39.2      |              |           |              |           |
| Gender (% female)                       | 49.3%        | 51.6%     |              |           |              |           |
| Marital Status (15 and older) (%)       |              |           |              |           |              |           |
| Never married                           | 26.2%        | 33.7%     |              |           |              |           |
| Married                                 | 59.8%        | 46.2%     |              |           |              |           |
| Separated, divorced, or widowed         | 14.0%        | 20.0%     |              |           |              |           |
|   | Foreign Born |           | Foreign Born |           | Foreign Born |           |
| Place of Birth                          | Number       | %         | Number       | %         | Number       | %         |
| Region of Birth (excluding born at sea) | 244,294      | 100%      | 115,978      | 100%      | 47,881       | 100%      |

| Place of Birth   | Number  | %     | Number | %     | Number | %     |
|--|---------|-------|--------|-------|--------|-------|
| Born in Africa   | 10,083  | 4.1%  | 3,248  | 2.8%  | 1,869  | 3.9%  |
| Born in Asia   | 62,382  | 25.5% | 29,402 | 25.4% | 15,556 | 32.5% |
| Born in Europe   | 41,141  | 16.8% | 27,177 | 23.4% | 18,957 | 39.6% |
| Born in Latin America (South America, Central America, Mexico, and the Caribbean)  | 120,966 | 49.5% | 49,608 | 42.8% | 7,833  | 16.4% |
| Born in Northern America (Canada, Bermuda, Greenland, and St. Pierre and Miquelon) | 7,803   | 3.2%  | 5,718  | 4.9%  | 3,331  | 7.0%  |
| Born in Oceania  | 1,919   | 0.8%  | 825    | 0.7%  | 335    | 0.7%  |
| Detailed Region/Country of Birth   | 244,294 | 100%  |        |       |        |       |
| Europe   | 41,141  | 16.8% |        |       |        |       |
| Northern Europe  | 8,144   | 3.3%  |        |       |        |       |
| United Kingdom   | 6,759   | 2.8%  |        |       |        |       |
| Ireland  | 904     | 0.4%  |        |       |        |       |
| Other Northern Europe  | 481     | 0.2%  |        |       |        |       |
| Western Europe   | 12,371  | 5.1%  |        |       |        |       |
| France   | 1,141   | 0.5%  |        |       |        |       |
| Germany  | 8,991   | 3.7%  |        |       |        |       |
| Other Western Europe   | 2,239   | 0.9%  |        |       |        |       |
| Southern Europe  | 4,274   | 1.7%  |        |       |        |       |

| Place of Birth                      | Number | %     | Number | % | Number | % |
|-------------------------------------|--------|-------|--------|---|--------|---|
| Italy                               | 1,062  | 0.4%  |        |   |        |   |
| Portugal                            | 691    | 0.3%  |        |   |        |   |
| Other Southern Europe               | 2,521  | 1.0%  |        |   |        |   |
| Eastern Europe                      | 16,318 | 6.7%  |        |   |        |   |
| Poland                              | 2,587  | 1.1%  |        |   |        |   |
| Russia                              | 4,253  | 1.7%  |        |   |        |   |
| Other Eastern Europe                | 9,478  | 3.9%  |        |   |        |   |
| Other Europe (no country specified) | 34     | 0.0%  |        |   |        |   |
| Asia                                | 62,382 | 25.5% |        |   |        |   |
| Eastern Asia                        | 18,392 | 7.5%  |        |   |        |   |
| China                               | 11,824 | 4.8%  |        |   |        |   |
| China, excluding Taiwan             | 9,963  | 4.1%  |        |   |        |   |
| Taiwan                              | 1,861  | 0.8%  |        |   |        |   |
| Japan                               | 1,682  | 0.7%  |        |   |        |   |
| Korea                               | 4,820  | 2.0%  |        |   |        |   |
| Other Eastern Asia                  | 66     | 0.0%  |        |   |        |   |
| South Central Asia                  | 18,487 | 7.6%  |        |   |        |   |
| India                               | 14,243 | 5.8%  |        |   |        |   |

| Place of Birth                      | Number | %    | Number | % | Number | % |
|-------------------------------------|--------|------|--------|---|--------|---|
| Iran                                | 1,436  | 0.6% |        |   |        |   |
| Other South Central Asia            | 2,808  | 1.1% |        |   |        |   |
| Southeastern Asia                   | 21,812 | 8.9% |        |   |        |   |
| Philippines                         | 10,392 | 4.3% |        |   |        |   |
| Vietnam                             | 6,006  | 2.5% |        |   |        |   |
| Other Southeastern Asia             | 5,414  | 2.2% |        |   |        |   |
| Western Asia                        | 3,691  | 1.5% |        |   |        |   |
| Israel                              | 1,224  | 0.5% |        |   |        |   |
| Lebanon                             | 220    | 0.1% |        |   |        |   |
| Other Western Asia                  | 2,247  | 0.9% |        |   |        |   |
| Other Asia (no country specified)   | 0      | 0.0% |        |   |        |   |
| Africa                              | 10,083 | 4.1% |        |   |        |   |
| Eastern Africa                      | 1,157  | 0.5% |        |   |        |   |
| Northern Africa                     | 1,921  | 0.8% |        |   |        |   |
| Western Africa                      | 4,402  | 1.8% |        |   |        |   |
| Middle and Southern Africa          | 1,229  | 0.5% |        |   |        |   |
| Other Africa (no country specified) | 1,374  | 0.6% |        |   |        |   |
| Oceania                             | 1,919  | 0.8% |        |   |        |   |

| Place of Birth                      | Number  | %     | Number | % | Number | % |
|-------------------------------------|---------|-------|--------|---|--------|---|
| Australia and New Zealand subregion | 1,116   | 0.5%  |        |   |        |   |
| Oceania (no country specified)      | 803     | 0.3%  |        |   |        |   |
| Americas                            | 128,769 | 52.7% |        |   |        |   |
| Latin America                       | 120,966 | 49.5% |        |   |        |   |
| Caribbean                           | 9,449   | 3.9%  |        |   |        |   |
| Cuba                                | 1,899   | 0.8%  |        |   |        |   |
| Jamaica                             | 2,937   | 1.2%  |        |   |        |   |
| Other Caribbean                     | 4,613   | 1.9%  |        |   |        |   |
| Central America                     | 88,591  | 36.3% |        |   |        |   |
| Mexico                              | 63,781  | 26.1% |        |   |        |   |
| El Salvador                         | 4,441   | 1.8%  |        |   |        |   |
| Other Central America               | 20,369  | 8.3%  |        |   |        |   |
| South America                       | 22,926  | 9.4%  |        |   |        |   |
| Brazil                              | 3,376   | 1.4%  |        |   |        |   |
| Colombia                            | 10,520  | 4.3%  |        |   |        |   |
| Other South America                 | 9,030   | 3.7%  |        |   |        |   |
| Northern America                    | 7,803   | 3.2%  |        |   |        |   |
| Canada                              | 7,568   | 3.1%  |        |   |        |   |



| Place of Birth                                   | Number       | %         | Number       | %         | Number       | %         |
|--|--------------|-----------|--------------|-----------|--------------|-----------|
| Other Northern America                           | 235          | 0.1%      |              |           |              |           |
| Period of Entry into U.S.                        |              |           |              |           |              |           |
| Before 1990                                      | 58,387       | 23.9%     |              |           |              |           |
| 1990-1999  | 49,941       | 20.4%     |              |           |              |           |
| 2000-2009  | 78,328       | 32.1%     |              |           |              |           |
| Since 2010                                       | 57,638       | 23.6%     |              |           |              |           |
| Foreign Born                                     |              |           | Foreign Born |           | Foreign Born |           |
| Naturalization                                   | Number       | %         | Number       | %         | Number       | %         |
| Foreign Born by U.S. Citizenship Status          | 244,294      | 100%      | 115,978      | 100%      | 49,964       | 100%      |
| Naturalized citizens                             | 106,194      | 43.5%     | 42,983       | 37.1%     | 25,411       | 50.9%     |
| Noncitizens                                      | 138,100      | 56.5%     | 72,995       | 62.9%     | 24,553       | 49.1%     |
| Naturalized Citizens by Period of Naturalization | 106,194      | 100%      |              |           |              |           |
| Before 1980                                      | 13,551       | 12.8%     |              |           |              |           |
| 1980-1989  | 13,113       | 12.3%     |              |           |              |           |
| 1990-1999  | 15,636       | 14.7%     |              |           |              |           |
| 2000-2009  | 30,873       | 29.1%     |              |           |              |           |
| Since 2010                                       | 33,021       | 31.1%     |              |           |              |           |
| Fertility  | Foreign Born | U.S. Born | Foreign Born | U.S. Born | Foreign Born | U.S. Born |

| Fertility  | Foreign Born | U.S. Born  | Foreign Born | U.S. Born  | Foreign Born | U.S. Born |
|--|--------------|------------|--------------|------------|--------------|-----------|
| Female Population (ages 15-50)   | 73,429       | 1,092,692  |              |            |              |           |
| Women (ages 15-50) who gave birth in the last 12 months                      | 5,112        | 61,763     |              |            |              |           |
| % married among women who gave birth   | 78.1%        | 54.6%      |              |            |              |           |
| % unmarried (never married, divorced, or widowed) among women who gave birth | 21.9%        | 45.4%      |              |            |              |           |
| Household and Family Size  | Foreign Born | U.S. Born  | Foreign Born | U.S. Born  | Foreign Born | U.S. Born |
| Average household size   | 3.17         | 2.53       |              |            |              |           |
| Average family size  | 3.69         | 3.14       |              |            |              |           |
| Population   |              | Population |              | Population |              |           |
| Children under 18  | Number       | %          | Number       | %          | Number       | %         |
| Children with Foreign- and Native-Born Parents                               |              |            |              |            |              |           |
| Children under age 18 with   | 1,031,143    | 100%       | 942,364      | 100%       | 869,094      | 100%      |
| Only native parent(s)  | 919,446      | 89.2%      | 897,567      | 95.2%      | 848,601      | 97.6%     |
| One or more foreign-born parents   | 111,697      | 10.8%      | 44,797       | 4.8%       | 20,493       | 2.4%      |
| Child is native  | 96,534       | 9.4%       | 34,503       | 3.7%       | 17,139       | 2.0%      |
| Child is foreign born  | 15,163       | 1.5%       | 10,294       | 1.1%       | 3,354        | 0.4%      |
| Children under age 6 with  | 328,016      | 100%       | 292,552      | 100%       | 293,292      | 100%      |
| Only native parent(s)  | 293,884      | 89.6%      | 276,582      | 94.5%      | 286,392      | 97.6%     |

| Children under 18                   | Number  | %     | Number  | %     | Number  | %     |
|-------------------------------------|---------|-------|---------|-------|---------|-------|
| One or more foreign-born parents    | 34,132  | 10.4% | 15,970  | 5.5%  | 6,900   | 2.4%  |
| Child is native                     | 32,319  | 9.9%  | 13,944  | 4.8%  | 6,255   | 2.1%  |
| Child is foreign born               | 1,813   | 0.6%  | 2,026   | 0.7%  | 645     | 0.2%  |
| Children between ages 6 and 17 with | 703,127 | 100%  | 649,812 | 100%  | 575,802 | 100%  |
| Only native parent(s)               | 625,562 | 89.0% | 620,985 | 95.6% | 562,209 | 97.6% |
| One or more foreign-born parents    | 77,565  | 11.0% | 28,827  | 4.4%  | 13,593  | 2.4%  |
| Child is native                     | 64,215  | 9.1%  | 20,559  | 3.2%  | 10,884  | 1.9%  |
| Child is foreign born               | 13,350  | 1.9%  | 8,268   | 1.3%  | 2,709   | 0.5%  |
| Children in Low-Income Families     | 479,390 | 100%  | 387,448 | 100%  | 392,535 | 100%  |
| Only native parents                 | 416,154 | 86.8% | 368,277 | 95.1% | 384,897 | 98.1% |
| One or more foreign-born parents    | 63,236  | 13.2% | 19,171  | 4.9%  | 7,638   | 1.9%  |

**Sources:** Migration Policy Institute tabulations of the U.S. Census Bureau American Community Survey (ACS) and Decennial Census. Unless stated otherwise, 2017 data are from the one-year ACS file. For information about ACS definitions, methodology, sampling error, and nonsampling error, click here. Estimates from 1990 and 2000 Decennial Census data as well as ACS microdata are from Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek. Integrated Public Use Microdata Series (IPUMS) USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. <https://doi.org/10.18128/D010.V8.0>.

### Definitions

- The term "foreign born" refers to people residing in the United States at the time of the population survey who were not U.S. citizens at birth. The foreign-born population includes naturalized U.S. citizens, lawful permanent immigrants (or green-card holders), refugees and asylees, certain legal nonimmigrants (including those on student, work, or some other temporary visas), and persons residing in the country without authorization.
- The term "U.S. born" refers to people residing in the United States who were U.S. citizens in one of three categories: people born in one of the 50 states or the District of Columbia; people born in U.S. Insular Areas such as Puerto Rico or Guam; or people who were born abroad to at least one U.S. citizen parent.
- The term "low-income families" refers to families with annual incomes below 200 percent of the federal poverty threshold.

*Data-related notes*

- The letter N indicates that an estimate could not be provided by the Census Bureau because the number of sample cases was too small for this state.
- For “Median Age” and “Household Size”: Data for Alaska, Maine, Montana, North Dakota, South Dakota, Vermont, West Virginia, and Wyoming are from the U.S. Census Bureau’s pooled 2013-2017 American Community Survey (ACS). Data for the United States overall and for the remaining states are from the 2017 ACS.
- Region of birth: For 1990, 2000, and current ACS year, the total for the region of birth of the foreign born is different from the total foreign born. This is because the 1990 total excludes those who did not report a country of birth and those born at sea, while the 2000 census and the current ACS year totals exclude those born at sea.
- Countries of birth: These are the largest countries of birth reported by the Census Bureau. Some countries are only listed as part of a larger geographic region. For example, those born in Somalia are included only among those born in Eastern Africa. Therefore, a few states may have larger populations of foreign-born persons born in countries not listed individually in census data. For each of the three years, countries of birth reflect geographic boundaries as of that year.
- Beginning with the 2014 ACS, the Census Bureau is excluding children of same-sex married couples from the total number of children. This means that the total number of children may be smaller than in previous years.
- Children of immigrants: Refers only to children under age 18 who resided with at least one parent. These figures do not include children under age 18 who reside in a home with no parents.

## Compare States

South Carolina

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Compare

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## Indicators

### DEMOGRAPHICS & SOCIAL

#### DEMOGRAPHICS

#### PLACE OF BIRTH

#### NATURALIZATION

#### FERTILITY

#### HOUSEHOLD AND FAMILY SIZE

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**CHILDREN UNDER 18**

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**ALL INDICATORS****LANGUAGE & EDUCATION****WORKFORCE****INCOME & POVERTY**

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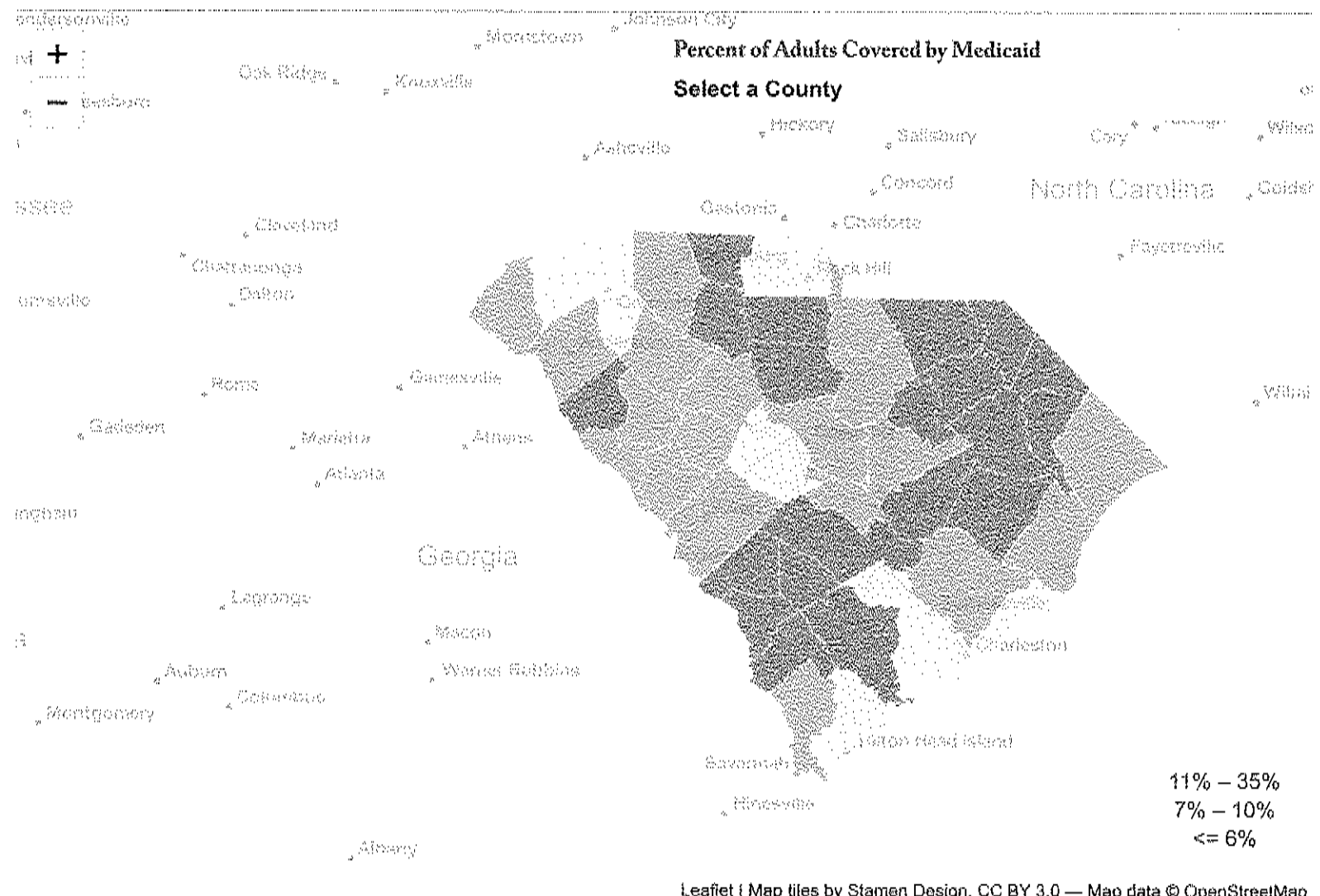
## South Carolina's Medicaid Proposal Will Harm Children and Families

June 6, 2018 · Joan Alker

South Carolina is the latest state to consider imposing a work requirement on parents receiving Medicaid. While there's no formal proposal yet, officials have outlined their plans in a concept paper that raises as many questions as it answers.

In a report we released today, we outline the problems with imposing a work requirement in a state like South Carolina that has not expanded Medicaid under the Affordable Care Act (ACA). It's clear that such proposals would only impact families with children – and those families with children are some of the most vulnerable in the state with extremely low incomes.

South Carolina's proposal would impose a work or community service requirement of at least 80 hours per month on parents with incomes at or below 67 percent of federal poverty level. These are families whose income is no more than \$1,160 a month for a family of three. There is a vague exemption for a parent caring for a disabled adult or a child, but it's not clear how that will be defined. Medicaid eligibility will be contingent on complying with this new requirement – in other words if a parent isn't exempted or appears not to comply they lose their Medicaid.



## South Carolina | Percent of Adults Covered by Medicaid by County, 2012-2016

[Visit Map Page](#)

The stated goal is to help families rise out of poverty and achieve independence. This is a worthy goal. However, the proposed policy will not achieve this goal – in fact it is more likely to have the opposite effect by taking away health coverage from very vulnerable families – exposing these parents and children to more financial risk and poorer health. The proposal will do nothing to ensure that barriers to employment such as child care, transportation and lack of available jobs will be addressed – and the federal government has been clear that no new funding is available to address these barriers.

The state asserts that 180,000 parents will be subject to the new rules. In order to maintain their Medicaid coverage, they would have to either receive an exemption or comply with the new work requirement. This will likely require significant and costly investments in the state's IT system which already faces challenges handling current Medicaid eligibility demands. South Carolina is processing only 18 percent of its applications online – a rate significantly lower than the national average of 50 percent.

The state's proposal lacks significant details such as estimating how many parents would lose coverage. However, the history of work requirements in the TANF program and estimates from other states pursuing work requirements suggest that thousands will lose coverage.

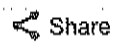
“*An insured parent almost never has an uninsured child, but a parent not having coverage raises the odds that the child too will be uninsured.*”

**Who are these families?** Our analysis found that the vast majority are mothers (85 percent) and 37 percent are parents under age 30. They are more likely to live in rural areas and small towns. Almost half of these parents (46 percent) are not in the workforce because they are caring for a child or someone with a disability. Only 22 percent describe themselves as unemployed. The remainder are reporting some work.

**These new policies are also likely to disproportionately harm South Carolinians living in rural areas and small towns.** Residents of South Carolina's small towns and rural areas are more likely to be enrolled in Medicaid and also face higher unemployment rates than their urban counterparts. Nine of the 11 South Carolina counties with the highest unemployment rates in 2017 were rural counties. A study we conducted last year with the University of North Carolina found that 17 percent of adults in South Carolina's rural areas and small towns are enrolled in Medicaid as compared to 12 percent of adults in urban areas.

**Children will also be harmed if parents lose coverage.** Research is clear that being uninsured raises the risk for parents and children to not be able to access the health services they need. Families will be at greater risk for medical debt and even bankruptcy. Parents could fall ill, affecting their ability to care for their children. And as parents become uninsured, children are more likely to not have coverage as well. An insured parent almost never has an uninsured child, but a parent not having coverage raises the odds that the child too will be uninsured.

In recent years, South Carolina has made significant progress in reducing the rate of uninsured children to 4 percent – this compares to 4.5 percent nationwide. This proposed new policy threatens that progress.



**Joan Alker** is the Executive Director of the Center for Children and Families and a Research Professor at the Georgetown McCourt School of Public Policy

🐦 [JoanAlker1](#)

JUNE 6, 2018

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SOUTH CAROLINA'S MEDICAID PROPOSAL WILL HARM CHILDREN AND FAMILIES





United States Department of Agriculture

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*Identifying Program Components and Practices  
That Influence SNAP Application Processing  
Timeliness Rates*

***THE SNAP TIMELINESS STUDY***

***Final Report***

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**Nutrition Assistance Program Report**  
Food and Nutrition Service  
Office of Policy Support

**February 2019**

**Table 2.3. Changes in APT Rates (FFY 2012–FFY 2015): States With Very Untimely APT Rates in FFY 2015**

| State          | APT Rates |          |          |          | % Change<br>FFY 2012–FFY 2015 | APT Status in FFY 2015                                   |
|----------------|-----------|----------|----------|----------|-------------------------------|--|
|                | FFY 2012  | FFY 2013 | FFY 2014 | FFY 2015 |                               |  |
| Michigan       | 91.86%    | 89.52%   | 85.58%   | 89.84%   | -2%                           | Very Untimely<br>< 90.00%<br>APT Rate<br><br>(19 States) |
| California     | 84.71%    | 86.57%   | 86.82%   | 89.64%   | 6%                            |  |
| South Carolina | 82.77%    | 76.76%   | 89.40%   | 88.93%   | 7%                            |  |
| Texas          | 88.63%    | 93.53%   | 90.06%   | 88.57%   | 0%                            |  |
| Kansas         | 85.87%    | 92.36%   | 88.24%   | 88.41%   | 3%                            |  |
| New York       | 90.38%    | 91.89%   | 83.36%   | 87.08%   | -4%                           |  |
| Maryland       | 87.29%    | 89.78%   | 86.74%   | 86.42%   | -1%                           |  |
| Ohio           | 79.56%    | 80.47%   | 79.72%   | 86.27%   | 8%                            |  |
| New Jersey     | 60.70%    | 68.81%   | 76.57%   | 85.25%   | 40%                           |  |
| Illinois       | 66.03%    | 82.13%   | 63.36%   | 84.82%   | 28%                           |  |
| West Virginia  | 93.82%    | 90.10%   | 91.15%   | 84.54%   | -10%                          |  |
| Massachusetts  | 87.44%    | 83.78%   | 85.05%   | 83.16%   | -5%                           |  |
| North Carolina | 87.62%    | 75.36%   | 72.83%   | 82.69%   | -6%                           |  |
| Missouri       | 84.72%    | 82.88%   | 84.00%   | 81.45%   | -4%                           |  |
| Iowa           | 85.51%    | 90.64%   | 89.10%   | 80.82%   | -5%                           |  |
| Georgia        | 81.08%    | 77.99%   | 64.82%   | 80.50%   | -1%                           |  |
| Maine          | 91.54%    | 92.51%   | 84.25%   | 78.98%   | -14%                          |  |
| Delaware       | 84.62%    | 85.51%   | 73.93%   | 75.00%   | -11%                          |  |
| Alaska         | 93.08%    | 87.88%   | 85.66%   | 73.54%   | -21%                          |  |

Source: APT for FFY 2012–FFY 2015, retrieved from <https://www.fns.usda.gov/snap/recognizing-states-exceptional-nutrition-assistance-service>.

Table 2.4 shows the distribution of APT rates across the 51 States between FFY 2012 and FFY 2015, with means and standard deviations. Note that the means shown here are the average of APT rates for the 51 States in this study and not the true national average. The unit of analysis for this report is States, so each State has equal weight regardless of caseload size. If producing a national average of APT rates, the individual application would be the unit of analysis.

**Table 2.4. Mean APT Rates, by Federal Fiscal Year**

|                    | Mean APT Rates for 50 States and the District of Columbia |          |          |          |
|--------------------|---|----------|----------|----------|
|                    | FFY 2012  | FFY 2013 | FFY 2014 | FFY 2015 |
| Mean               | 86.68%  | 87.71%   | 86.93%   | 90.18%   |
| Standard Deviation | 9.13  | 8.48     | 8.01     | 5.87     |

Source: APT for FFY 2012–FFY 2015 retrieved from <https://www.fns.usda.gov/snap/recognizing-states-exceptional-nutrition-assistance-service>.

The distribution of these means reveals two important trends in APT between FFY 2012 and FFY 2015. First, the mean APT rate among the 51 States rose from 86.68 percent in FFY 2012 to 90.18 percent in FFY 2015. Between FFY 2012 and FFY 2014, State APT rates averaged about 87 percent, which

## *Appendix C: State Profiles*

# State Profile: South Carolina

The SNAP Application System

|                              |                    |
|------------------------------|--------------------|
| SNAP Program Name            | SNAP               |
| State or County Administered | State Administered |

## State-Level Application Processing Timeliness (APT)

|   | 2012  | 2013  | 2014 | 2015  |
|---|-------|-------|------|-------|
| Application Processing Timeliness Rates <sup>79</sup> | 82.77 | 76.76 | 89.4 | 88.93 |

## Local Offices, Statewide

|   | 2012    | 2013    | 2014    | 2015    |
|---|---------|---------|---------|---------|
| Number of Local Offices, Statewide              | 57      | 57      | 57      | 57      |
| Number of Local SNAP Agency Workers, Statewide  | 548     | 558     | 600     | 610     |
| Number of SNAP Applications Received, Statewide | 285,663 | 280,347 | 289,645 | 283,199 |

## SNAP Caseload

| Average Number Participating per Month Statewide <sup>80</sup> | 2012    | 2013    | 2014    | 2015    |
|--|---------|---------|---------|---------|
| Households   | 410,491 | 416,724 | 395,209 | 379,992 |
| Persons  | 869,801 | 875,866 | 834,511 | 804,572 |

## Administrative Waivers

|   | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|
| 30 Days to Provide Verification                 | -    | -    | -    | -    |
| Applications Denied Before 30 <sup>th</sup> Day | -    | -    | -    | -    |
| Determine Resources at Point of Application     | -    | -    | -    | -    |
| Electronic Notices                              | -    | -    | -    | -    |
| Interactive Voice Response Interviews           | -    | -    | -    | -    |
| Postpone Expedited Service Interview            | -    | -    | -    | -    |
| Re-instatement without New Application          | -    | -    | -    | -    |
| Telephone Interview in-Lieu-of Face-to-Face     | -    | -    | ✓    | ✓    |
| Unscheduled Interview (on Demand)               | -    | -    | ✓    | ✓    |
| Use of Fee Agent to Assist Applicant            | -    | -    | -    | -    |

- State did not use this waiver.

## Demonstrations

|   | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|
| Elderly Simplified Application Project (ESAP) | ✓    | ✓    | ✓    | ✓    |
| Standard Medical Deductions (SMD) Project     | -    | -    | -    | ✓    |
| Combined Application Project (CAP) Standard   | ✓    | ✓    | ✓    | ✓    |

<sup>79</sup> <http://www.fns.usda.gov/snap/snap-program-improvement>

<sup>80</sup> Food and Nutrition Service, SNAP Program Accountability and Administration Division, State Activity Reports:  
<http://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>

## APPENDIX C: STATE PROFILES

|   | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|
| Combined Application Project (CAP) Modified   | -    | -    | -    | -    |
| Assessment of the Contributions of an Interview to SNAP Eligibility and Benefit Determination | -    | -    | -    | -    |
| Community Partner Interview Waiver  | -    | -    | ✓    | ✓    |
| 36-Month Certification  | -    | -    | -    | -    |

- State did not implement this practice.

### SNAP Policy Options Related to Application Processing

|   | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|
| Simplified Reporting—Certification Length   | ✓    | ✓    | ✓    | ✓    |
| Simplified Reporting—Action on Changes  | ✓    | ✓    | ✓    | ✓    |
| Change Reporting  | -    | -    | -    | -    |
| Simplified Income and Resources   | -    | -    | -    | -    |
| Treatment of Self-Employment Income   | ✓    | ✓    | ✓    | ✓    |
| Child Support Expense Exclusion   | -    | -    | -    | -    |
| Ineligible Non-Citizens' Income/Deductions  | ✓    | ✓    | ✓    | ✓    |
| Simplified Homeless Housing Costs   | ✓    | ✓    | ✓    | ✓    |
| Standard Utility Allowance  | ✓    | ✓    | ✓    | ✓    |
| Comparable Disqualification   | -    | -    | -    | -    |
| Child Support-Related Disqualification  | -    | -    | -    | -    |
| Broad-Based Categorical Eligibility   | ✓    | ✓    | ✓    | ✓    |
| Narrow Categorical Eligibility  | -    | -    | -    | -    |
| Disqualification Policies Based on Work Requirements (for all Non-Exempt Household Members) | ✓    | ✓    | ✓    | ✓    |
| Transitional Benefits Alternative   | -    | -    | -    | -    |
| Verification of Change in Deductible Expenses   | ✓    | ✓    | ✓    | ✓    |
| Photo EBT Cards   | -    | -    | -    | -    |

- State did not implement this practice.

### Business Process Reengineering Initiatives

|  | 2012 | 2013 | 2014 | 2015 |
|--|------|------|------|------|
| State implemented BPR initiative(s) related to SNAP application processing to improve timeliness | ✓    | ✓    | ✓    | ✓    |

10/2014 Specialized Workflow 5 down to 3 Centers

### Workflow Analyses or Process Management Strategies to Improve Application Processing Timeliness

|  | 2012 | 2013 | 2014 | 2015 |
|--|------|------|------|------|
| Implemented workflow analyses or process management strategies   | ✓    | ✓    | ✓    | ✓    |
| We began our Regional Specialized Workflow in 2012. We had 4 regions when we implemented. At one time we expanded to 5 specialized areas and now we have three processing centers which include the Interview Center, the Maintenance Center and the Finishing Center. |      |      |      |      |

### Modernization Initiatives Related to SNAP Application Processing

|  | 2012 | 2013 | 2014 | 2015 |
|--|------|------|------|------|
| Call center(s) that handled general inquiries and requests | ✓    | ✓    | ✓    | ✓    |

## APPENDIX C: STATE PROFILES

|   | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|
| Call center(s) that scheduled appointments, processed complaints, entered changes, set task alerts  | ✓    | ✓    | ✓    | ✓    |
| Call center(s) that processed changes, conducted interviews, and made eligibility determinations  | *    | *    | *    | *    |
| Contact center(s) that communicated with clients through email, web chat, instant messaging, or shared web pages, in addition to phone calls  | -    | -    | -    | -    |
| Online eligibility screening tool   | ✓    | ✓    | ✓    | ✓    |
| A SNAP Application PDF that the client completes and submits online or via email, fax or mail   | ✓    | ✓    | ✓    | ✓    |
| Online application system that allowed clients to apply online as was integrated with the eligibility system  | -    | -    | -    | -    |
| Online application system that allowed clients to apply online, but staff input the information into the eligibility system   | ✓    | ✓    | ✓    | ✓    |
| Online account management that allowed clients to check case status, benefit information, report changes, upload documents  | -    | -    | -    | -    |
| Online case management for workers that organized caseloads by queue, tracked when application was routed from one process to another, and alerted workers when case actions were due | -    | -    | -    | -    |
| Integrated systems that handled online applications, eligibility system, and data verification  | -    | -    | -    | -    |
| Electronic notices to notify clients of appointments, eligibility decisions or for client-caseworker communication  | -    | -    | -    | -    |
| Mobile applications for clients to apply, submit verification, or report changes  | -    | -    | -    | -    |
| Video interviews  | -    | -    | -    | -    |
| Online e-authentication procedures, i.e., access to electronic data to verify client income and other eligibility requirements  | ✓    | ✓    | ✓    | ✓    |
| Document imaging  | ✓    | ✓    | ✓    | ✓    |
| Electronic or telephonic signatures   | ✓    | ✓    | ✓    | ✓    |
| Electronic case files   | ✓    | ✓    | ✓    | ✓    |

\* State reported this practice, but years were unknown

- State did not implement this practice.

### Barriers Limiting State in Fully Developing Online Application or Online Management Capabilities?

Limited Resources

### Actions to Make APT a Priority

|   | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|
| Established clear performance targets or goals for improving the States' APT rate | -    | ✓    | ✓    | ✓    |
| Monitored State APT rates annually  | ✓    | ✓    | ✓    | ✓    |
| Monitored State APT rates quarterly   | ✓    | ✓    | ✓    | ✓    |
| Monitored State APT rates monthly or weekly                                       | ✓    | ✓    | ✓    | ✓    |
| Monitored local APT rates annually  | ✓    | ✓    | ✓    | ✓    |
| Monitored local APT rates quarterly   | ✓    | ✓    | ✓    | ✓    |
| Monitored local APT rates monthly or weekly                                       | ✓    | ✓    | ✓    | ✓    |
| Held workers responsible for overdue cases  | ✓    | ✓    | ✓    | ✓    |
| Supported business process reengineering initiative(s)                            | -    | ✓    | ✓    | ✓    |
| Provided staff training about new application processing procedures               | -    | -    | ✓    | ✓    |

## APPENDIX C: STATE PROFILES

|   | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|
| Allocated resources for new technology designed to improve application processing | ✓    | ✓    | ✓    | ✓    |
| Allocated resources for technical assistance to help workers use new technology   | ✓    | ✓    | ✓    | ✓    |

- State did not implement this practice.

### Performance-Based Incentives or Penalties Related to Application Processing Timeliness

State did not implement this practice.

### What specific changes have POSITIVE impact?

First Contact Resolution First Contact Resolution and developing and implementing consistency tools such as Pend-less rules and the Verification Matrix.

### What specific changes have NEGATIVE impact?

None

### What specific changes could improve APT?

Reengineering the business process to ensure all workers are responsible for knowing how to work a case from start to finish.

### What are the biggest barriers to improving APT?

Resources.