



**2006-2007
Travis County
Immigrant
Assessment**

Conducted by
Travis County Health and Human
Services & Veterans Service
Research & Planning Division

Travis County 2006-2007 Immigrant Assessment

This report may be viewed online at the website of Travis County Health and Human Services & Veterans Service, Research & Planning Division:
http://www.co.travis.tx.us/health_human_services/research_planning/default.asp

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We have attempted to recognize all those individuals who contributed to this initiative; however, if we inadvertently omitted anyone, we apologize and ask you to inform us so that we may appropriately acknowledge that individual in the ongoing development of this initiative.

A special acknowledgement and dedication is made to the immigrants of our community who participated in the focus groups.



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Introduction

Purpose of the Assessment

Travis County has experienced significant demographic change over the past 15 years. Between 1990 and 2005, Travis County experienced a 230% increase in its foreign-born population (from 45,080 to 148,239). Foreign-born residents now make up 17% of County population. Change of this magnitude underscores the need for a better understanding of the community conditions that affect the diverse immigrant populations in Travis County.

In late 2005, community partners, recognizing the significance of these trends, made a commitment to examine, identify, and report the current conditions and needs of immigrants in Travis County. At this time, a collection of key stakeholders discovered a common interest in pursuing this challenge; these included Catholic Charities of Central Texas, the Travis County Health and Human Services & Veterans Service, City of Austin Commission on Immigrant Affairs, and the Community Action Network. The Research & Planning Division of Travis County Health and Human Services & Veterans Service stewarded this project with support of an assessment steering committee made up of representatives of the community partners mentioned above, as well as community volunteers.

R&P staff, the steering committee, and a great number of community volunteers have worked for over a year to complete this unique project. Together, these contributors have endeavored to find and present a balanced, accurate, and useful picture of foreign-born residents in Travis County. This process found foreign-born residents across all socio-economic levels, and discovered both difference and, more importantly, similarities between foreign-born and native-born residents. Recognizing that foreign-born residents are integral to our community, we have tried to identify overarching community goals and assess the state of foreign-born residents within the context of these goals.

Definition of Immigrant

There is no one definition for the term immigrant that crosses all sources or all issues. For the purposes of this assessment, we have adapted the following working definition from the U.S. Census Bureau definition of foreign born:

An immigrant is anyone who is not a U.S. citizen or a U.S. national by birth. Thus for purposes of this assessment the term immigrant is synonymous with foreign born. The foreign-born population includes but may not be limited to:

- ***Naturalized U.S. citizens***
- ***Lawful permanent residents*** (individuals sponsored by family or employers for lawful permanent resident status; refugees and asylees)
- ***Individuals with a temporary visa*** (e.g. foreign students, temporary workers)
- ***Undocumented immigrants***

Even this broad definition does not address the full scope of immigrant issues. In particular, this process has tried to deal with the complexities of **mixed-status families**. These are families that have at least one parent who is a non-citizen and at least one child who is a citizen. They may consist of any combination of legal, undocumented and naturalized immigrants. When policies, practices, or environmental factors create barriers for non-citizens in mixed-status families, citizens in such families also inherit at least some of those barriers.

About the Report

Through this lengthy process the following key issue areas emerged:

- Immigration Policy, Process, and Legal Rights
- Public Safety
- The Economic Safety Net
- Housing
- Health
- Education
- Workforce

In addition, the assessment includes two overarching sections to bookend these issues. We begin with a general **Profile of Foreign-Born Residents** in Travis County, and close with **Conclusions and Next Steps**. While we are hopeful that readers will have time to read the whole assessment, we recognize that it is a large document and strongly encourage reading at least the opening profile section and closing conclusions section in addition to any specific issue sections of individual interest.

In each area, broad level community goals are identified. These goals are drawn from the existing work of authorities within our community and are used to place the state of immigrant residents in a broader community context. Regardless of place of birth, native or foreign born, it is in the interest of the whole community to promote these goals for all residents.

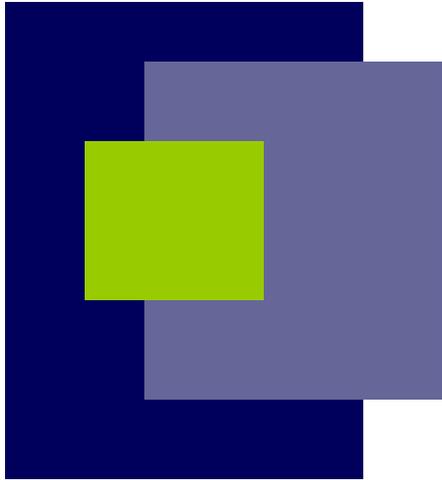
This assessment process included a forum for local service providers, and 18 focus groups with immigrant residents of Travis County. (For details on methodology, refer to the Appendix of this report.) We included results from this primary research in text boxes throughout the report. We have tried to preserve, as best we can, participants' responses and presented them as authentically as possible.

What's Next

The Conclusions and Next Steps Section is a departure from what has been found in previous community assessments. Rather than pointing clearly to actions, the work completed so far points to more questions. While this document does not go as far some might like, it goes as far as the findings will allow. This places us at a critical junction in community process; it is now time for stakeholders in the community to look at what has been found, consider the questions

that follow, and start thinking for themselves about what this means to them, and what they think it means for the community.

We hope to transition this work from assessment to convening stakeholders in a community process to figure out what actions are needed. We encourage each of you to consider the information presented, think about what it means to you, and bring your individual perspectives into the next stages of community process that will follow this assessment.



Profile of the Foreign Born in Travis County



Profile of the Foreign Born in Travis County Overview

Travis County's immigrants are a diverse population. This section of the report offers a snapshot of current demographics, as well as some discussion of migration trends and local immigrant experiences. This profile of Travis County's foreign born provides a context for the issue-specific discussions of this assessment.

Highlights

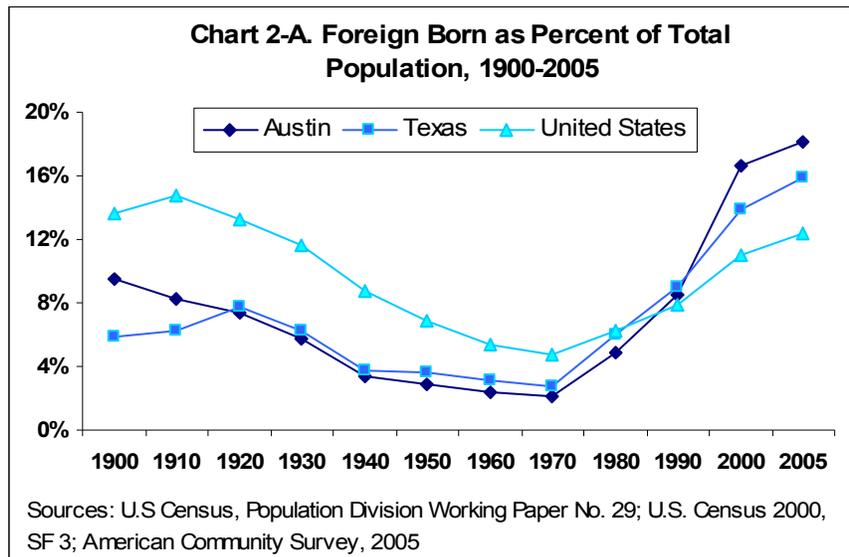
- Travis County has experienced significant recent demographic change related to immigration trends. Between 1990 and 2005, the foreign-born population of Travis County increased by approximately 230%. In 2005, 17% of the county's residents (approximately 148,000 people) were foreign-born.
- Immigrants' experiences in the U.S. and Travis County are shaped by the interplay of many factors, including their country of origin, citizenship status, how long they have resided in the U.S., socioeconomic characteristics, and their comfort and fluency with the English language.
 - In 2005, about half (51%, or approximately 76,000) of immigrants living in Travis County were born in Mexico, and about one-quarter (24%, or approximately 36,000) were born in Asia.
 - 26% (approximately 38,500) of Travis County's foreign born are naturalized United States citizens. This share is lower than that of Texas (31%) and the total U.S. (41%).
 - The large majority of Travis County's immigrants (approximately 104,000) arrived in the U.S. in or after 1990.
 - In Travis County, immigrants are represented on all ends of the socioeconomic spectrum, but are more heavily represented among the lower income groups and among lower levels of educational attainment.
 - Of the roughly 254,000 Travis County residents who speak a language other than English at home, the majority (59%) speak English very well.
- Immigrants come to the U.S. for many reasons, including forces in the home country that may necessitate leaving, and/or opportunities in the U.S. Once in the U.S., immigrants may face a variety of challenges adjusting to a new culture and institutions.

Growth of the Foreign-Born Population in Travis County

Over the past two decades, Travis County's population has experienced significant demographic changes due to immigration-related factors. Current demographic trends will impact our community's future characteristics and needs.

Numbers and Growth Over Time

The level of immigration to Austin and Travis County, like that of the rest of the United States, has varied over time as a result of influences such as U.S. policy decisions and national and world events (for example, war and economic depression) (Singer, 2004). Historically, Austin has received proportionately fewer immigrants than the United States as a whole. However, during the 1990s, foreign-born residents rapidly began to account for a greater share of Austin's total population (see Chart 2-A¹).



While the Travis County population as a whole has experienced considerable growth in recent years, the growth in Travis County's foreign-born population is significant. Between 1990 and 2005, the total population in Travis County increased by 50%; the foreign-born population increased by nearly 230% (see Table 2-A). By 2005, Travis County had a proportionately larger immigrant population (17%) than that of the United States (12%).

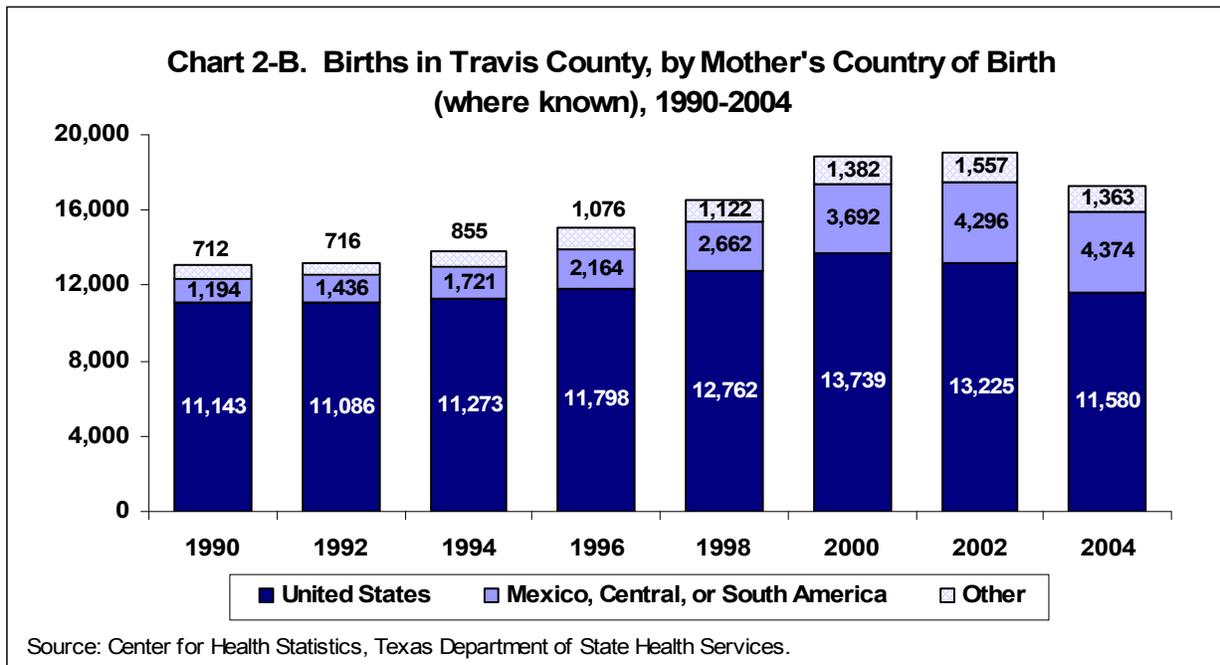
¹ While the majority of local data in this report refers to county-level data, the historical trend data shown in Chart 2-A is not available at the county-level for all years presented. Thus Chart 2-A presents city-level data.

Table 2-A. Growth in Travis County Population by Nativity, 1990-2005			
	1990	2000	2005
Native Born	531,327	689,659	718,110
Foreign Born	45,080	122,621	148,239
Total Population	576,407	812,280	866,349
Percent Foreign-Born	8%	15%	17%

Sources: U.S. Census 1990 & 2000; American Community Survey, 2005

Shifting Demographics

In addition to growth in Travis County’s immigrant population, the number of births to immigrant mothers has also increased significantly in recent years. In 2004, 33% of all births in Travis County were to an immigrant mother, compared with 15% of all births in 1990 (see Chart 2-B).



In Travis County, the increasing proportion of children born to immigrant mothers parallels the growth of the immigrant population in general since 1990. Additionally, immigrant mothers may have higher fertility rates, and immigrant women are more likely than native-born women to be of childbearing age (Capps & Fortuny, 2006).

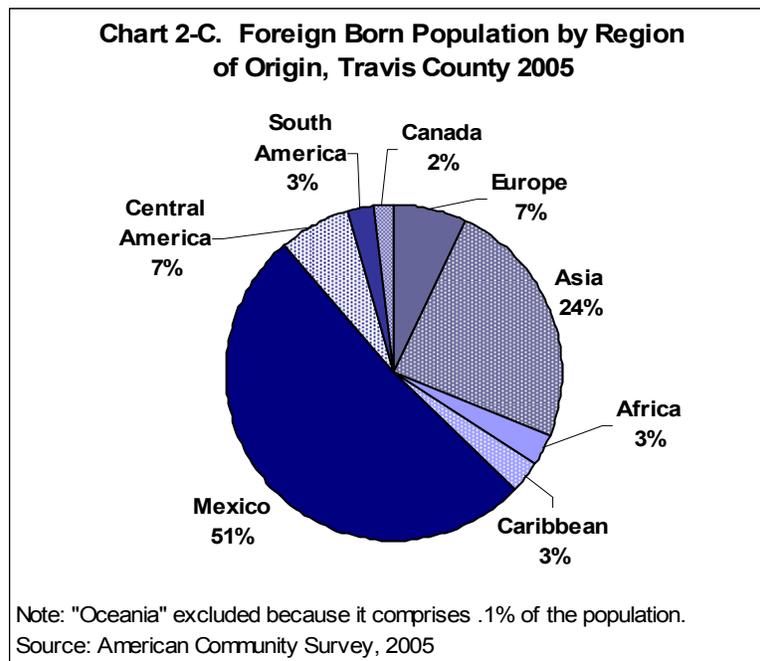
Diversity of the Foreign Born in Travis County

While some general trends are observable among Travis County’s foreign born, the immigrant population is far from monolithic. Rather, there is significant diversity in (among other factors) immigrants’ countries of origin, citizenship status, year of entry in the United States, languages

spoken, and socio-economic status. It is the unique interplay of these factors for each individual that shapes one's experiences, opportunities, and sense of integration into the community.

Country of Origin

In 2005, about half of immigrants living in Travis County were born in Mexico (about 76,000), although a significant number also come from Asia (36,000), Central America (10,000) and Europe (10,000) (American Community Survey, 2005). Chart 2-C shows the proportions of Travis County immigrants by region of origin.



When comparing the region of origin of the foreign-born population in Travis County to that of Texas and the United States:

- Immigrants from Mexico comprise 51% of the Travis County foreign-born population. In comparison, Mexican immigrants make up 64% of the foreign born in Texas and 31% of the foreign born in the United States.
- Travis County has a similar proportion of Asian immigrants (24%) to that of the United States (27%). A proportionately smaller share of Texas' foreign born (16%) is from Asia.
- The immigrant population in Travis County is more diverse than the foreign born population in Texas, but less diverse than that of the United States overall.

Citizenship Status

Acquiring U.S. citizenship allows immigrants to be full members of American society and participants in the democratic process. Its relative importance has increased since the mid-1990s, when legislative reforms to public benefits affected many immigrants' eligibility for

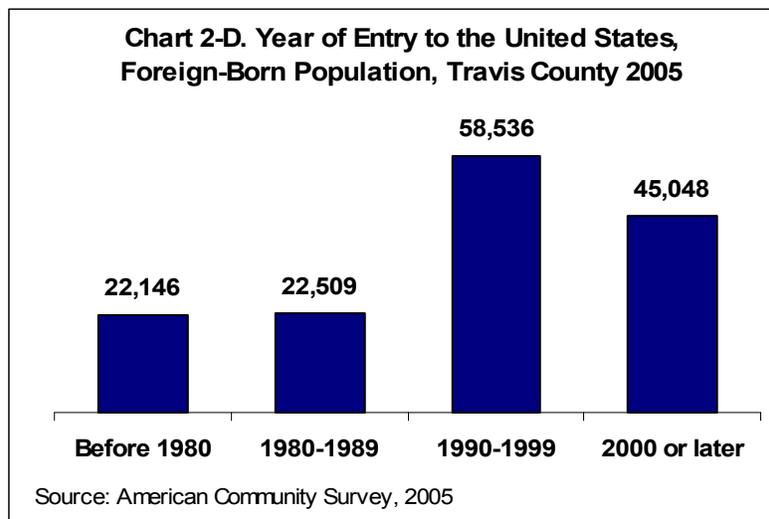
various programs. On a national level, a corresponding spike in naturalization petitions occurred in the late-1990s, and naturalization backlogs continue today (Fix, Passel & Sucher, 2003). (For further discussion on these topics, refer to the Immigration Policy, Process and Legal Rights section of this report.)

Currently, about 26% (approximately 35,500) of Travis County's foreign born are naturalized U.S. citizens. This share is lower than that of Texas (31%) and the total U.S. (41%). The remaining 74% (almost 110,000) of Travis County's foreign born are non-citizens, a category that includes legal permanent residents, temporary immigrants (such as students and immigrants with work and travel visas), as well as undocumented persons. (American Community Survey, 2005)

Year of Entry and Length of Stay in the US

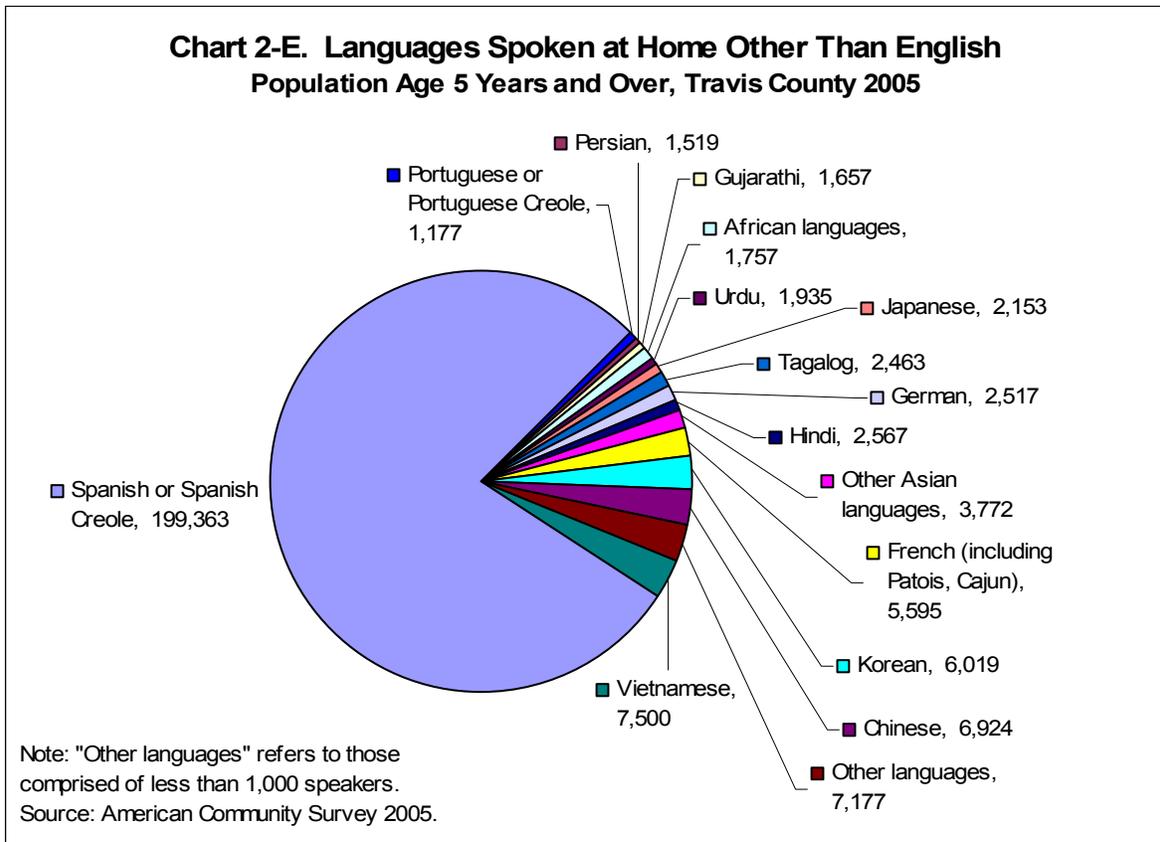
Year of entry and duration of stay are important factors in understanding an immigrant population's characteristics and needs. Generally, as immigrants live longer in the United States, they become more integrated into the community and tend to have social and economic characteristics more similar to those of native born U.S. citizens. For example, homeownership rates and median household income both increase with time spent in the U.S. (Capps, Passel, Perez-Lopez & Fix, 2003). Additionally, the country's political climate vis-à-vis immigration during an individual's time of entry can strongly influence the immigrant experience.

The large majority of Travis County's immigrants arrived in the U.S. in or after 1990 (see Chart 2-D). Among the county's two most populous immigrant groups, 27% of people from Latin America (approximately 25,300) and 27% of people from Asia (approximately 9,500) arrived in or after the year 2000 (Texas State Data Center, 2006).



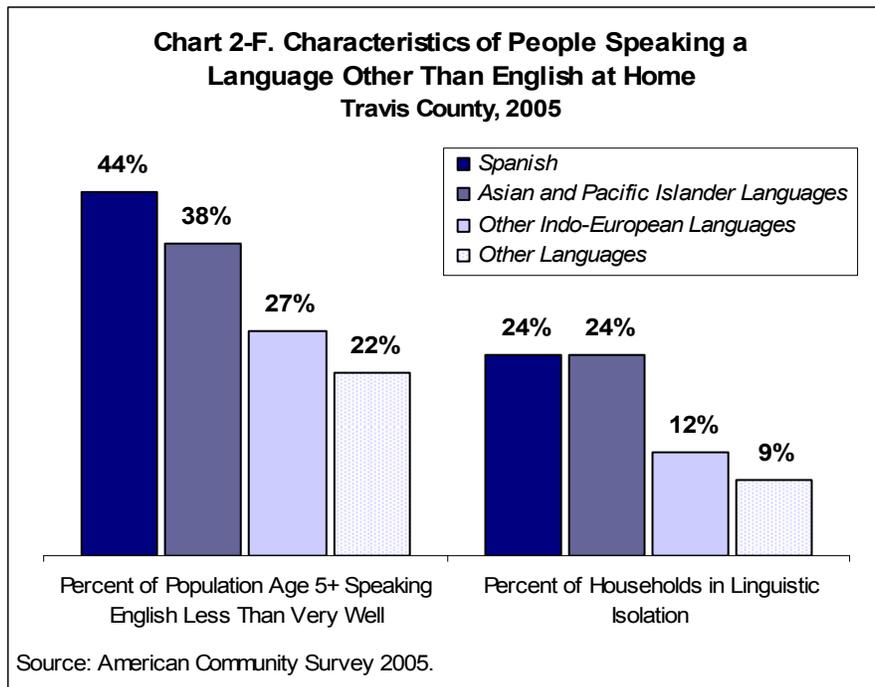
Languages Spoken and English Proficiency

About one-third (32%) of Travis County residents speak a language other than English at home. Among them, the predominant language is Spanish (79%), followed by Asian and Pacific Islander languages (12%) and other Indo-European languages (9%). Although Spanish is the most widely spoken language, there remains a remarkable linguistic diversity within Travis County (see Chart 2-E). Compared to the state of Texas, Travis County has a higher share of people speaking Asian and Pacific Islander languages and a slightly lower share of Spanish-speakers (American Community Survey, 2005).



Comfort with the English language can greatly enhance an immigrant’s experience in the U.S. English literacy is key to accessing basic services, housing, and employment, as well as to integrating into the social fabric of a community. Of the roughly 254,000 Travis County residents who speak a language other than English at home, the majority (59%) speak English very well (American Community Survey, 2005). People who speak Spanish at home are more likely than other groups to speak English “less than very well” (44%), followed by people speaking Asian and Pacific Islander languages (38%). However, households that speak Spanish

and households that speak Asian and Pacific Islander languages are equally likely to be linguistically isolated². (American Community Survey, 2005)

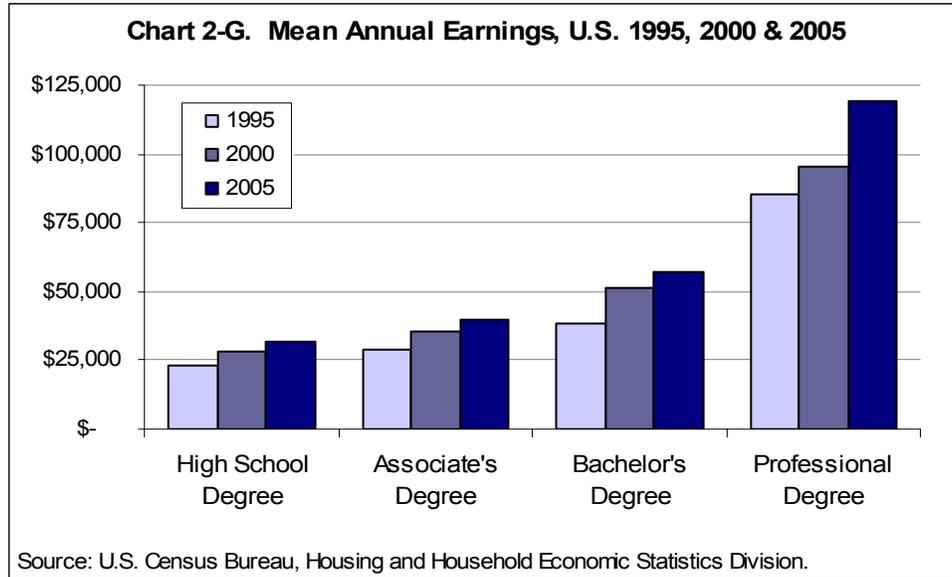


Socioeconomic Status

Much like it does for the general population, socioeconomic factors affect immigrants' ability to meet basic needs and to pursue opportunities leading to upward mobility. Socioeconomic status describes one's relative position in society, determined by the interplay of factors such as education, occupation, income and wealth. Here two components are examined: education and income.

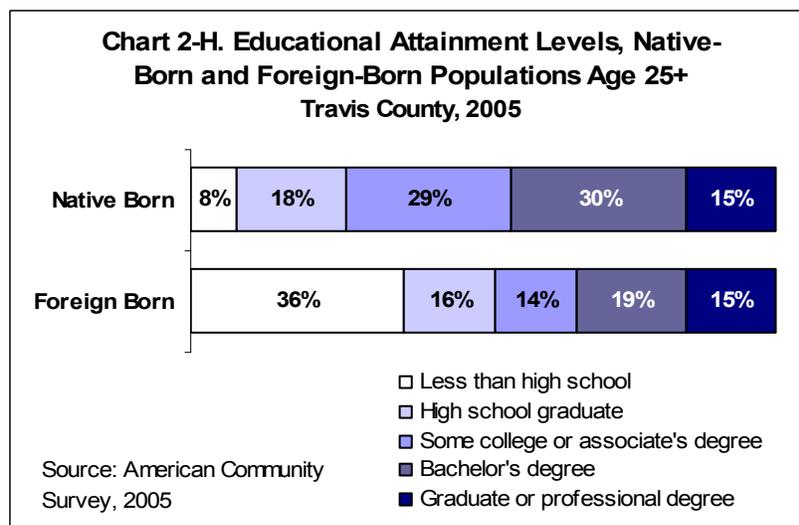
Education: The correlation between education and income is powerful. 2005 Census data showed that annual earnings for high school graduates were 34% higher than for individuals who attended but did not graduate high school. Annual earnings increase consistently with each subsequent level of education. Those with a bachelor's degree had annual earnings 79% greater than high school graduates. With a professional degree, annual earnings were more than double (110%) those with a bachelor's degree alone. Whether native born or immigrant, earning potential is directly and powerfully linked with education at both the broad demographic level and in future job market.

² A linguistically isolated household is one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English. (American Community Survey 2005 Subject Definitions)



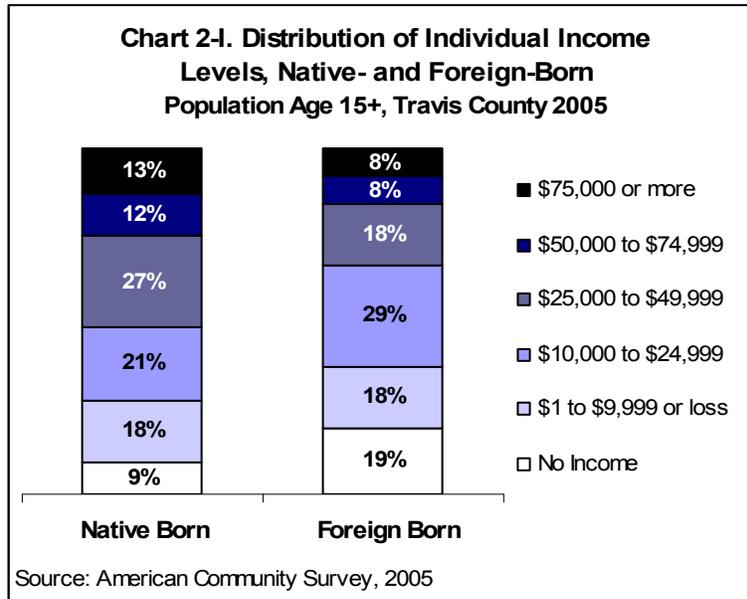
Regarding those occupations that project the fastest growth in Travis and surrounding counties, the positive impact of education on earnings is again clear. In Travis County (the Capital Workforce Development Area), 11 of the 25 occupations projected to grow at the fastest rate from 2002-2012 require an associate’s degree or higher. They include the 8 occupations that offer the highest wages, and 11 of the 12 occupations with the highest projected wages. While not quite as strong in the nine counties surrounding Travis (the Rural Capital Area), the impact of education on income is still very evident: 8 of the 25 occupations with the highest projected growth rate require an associate’s degree or higher, and include 8 of the 10 occupations with the highest projected wages. (Texas Workforce Commission, Labor Market and Career Information, 2005)

In Travis County, 15% of immigrants have graduate or professional degrees—a share identical to the percentage of native-born residents who hold such degrees. However, the rest of the county’s immigrant population is more heavily represented among the lower educational attainment levels (see Chart 2-H). A large proportion (36%) of the foreign born in Travis County has less than a high



school degree (compared to only 8% of the county’s native-born population), which is notable in the context of earning potential. (American Community Survey, 2005)

Income: Immigrants on average make slightly lower earnings than native born residents (Lipman, 2005). In Travis County, immigrants are more heavily represented among the lower income groups, and are more than twice as likely as native born persons to have no reported income (American Community Survey, 2005).



The Immigrant Experience in Travis County

Why Immigrants Come to the United States

Several theories explain the general phenomenon of migration and the factors that have contributed to migration to the United States. One of the most common, the “push and pull” theory, explains migration forces in terms of “push factors” and “pull factors.” Push factors include extenuating circumstances that are outside the individual’s control, such as political turmoil or unrest, an unstable or poor economy, or natural disaster, that may necessitate leaving the country. Pull factors are opportunities for which a person may elect to migrate, such as a better quality of life, reunification with family, and higher income earning potential. Invariably, in many cases, both push and pull factors affect the decision to migrate. (Wasem, 2006)

Local Findings: Reasons Immigrants Choose Travis County

Immigrants come to Travis County for many reasons. The most commonly cited among focus group participants were:

- Reunification with family
- Higher wages in the U.S.
- Opportunities for employment and advancement
- Resources available in the community
- The perception of Travis County as a “safe haven” for immigrants

Although some focus group participants shared experiences of discrimination, most sensed that Travis County is a community where immigrants are generally welcomed and embraced by its residents. Many focus group participants stated it was a sense of community, safety and cleanliness that compels them to stay in Travis County area:

- “[Austin] is a very peaceful and tranquil and safe city. I’m staying here and I’m not moving from here.”
- “It’s peaceful. It’s very expensive to move anywhere. It’s better to have stability in your work and in your family life. If you can show me anywhere better to live [in the US] tell me.”
- “At the beginning, I didn’t like Austin. But now I appreciate the safety and peacefulness and I’ve gotten to know some people here.”
- “This county has a lot of resources here.”
- “Here, there are possibilities to advance. It’s more liberal!”
- “I’ve lived in different places [in the U.S.]... They help you more here, in Austin. You earn more here.”
- “This city is the city that most whole-heartedly receives immigrants.”
- “Everything is easy in Austin.”
- “Austin is good because it’s easy to get jobs. People are friendly and easy to talk to.”

The Immigrant Experience

Immigrants commonly experience challenging or distressing circumstances in their home countries, during migration, and/or after resettling in the U.S. They may leave their country of origin to escape extreme poverty, war, or human rights abuses. For some, the migratory journey itself is a physical and mental hardship. In their new communities, immigrants face challenges adjusting to a new environment. Stressors may include: learning a new language, adapting to a new culture, navigating new institutional systems, securing housing and employment, encountering prejudice or discrimination, and mediating their ties with their ethnic community and their acculturation into American life (American Psychological Association, 2006).

Local Findings: The Immigrant Experience

Immigrants come to Travis County for many reasons, including family unification and economic opportunities. The following common themes and experiences were shared by local immigrant focus group participants.

Support Systems

- “We are more comfortable with our own community. If we spend too much of our time missing our home too much then we are missing out on the American experience.”
- One participant stated that the hardest part about being an immigrant is having to leave family behind, and not being able to see them for many years at a time.
- In one focus group, participants agreed that it is very helpful having so many immigrants in the United States, because it makes them feel like they are part of a huge, extended family.

Sense of Fear

- “Immigrants with or without papers, regardless of status, are scared, especially after 9/11.”
- “I’m afraid of what I hear about what is happening to illegal immigrants and fear that immigration may show up at my door and force us to leave.”
- “It’s hard sometimes. For example, when you’re driving, you need to have a drivers’ license.... I’m scared to drive too far because I don’t have documentation.”
- One participant referred to INS “sweeps” in Austin in May-June, 2006. She said she’d seen patrol cars at apartments and around schools, and police interrogating people and taking them away. She said that her family had been too scared to leave their home: “We had next to nothing in our fridge for almost one week!”
- “One never really feels comfortable here in the U.S. You’re always having to worry about things. Where’s the money coming from? Where’s my housing coming from? Language presents itself to be a big barrier.”
- “Trying to keep yourself safe from the INS [is a challenge]. When one doesn’t have the papers, you always are ‘on alert’.”
- One person shared that he constantly fears being deported.

Family Division

- “The hardest part about being an immigrant is having to leave family behind, and not being able to see them for many years at a time.”
- “A good day here would be to have my family, my wife, my children.”
- “I feel bad about leaving my family. I’ve never left my family before.”
- “I always worry about my family. I want to bring them over.”
- One participant said many days are challenging for him because he misses his family in his home country. He described feeling “trapped”: If he is with his family in Mexico, then he can’t help them financially, but if he’s in the U.S., working to help them, he misses family events, special occasions, and being with his family.

Adjusting to a New Life and Culture

- “When we come first, we are like blind”
- “I get home too tired. It’s hard to be in the U.S. It’s not how they [friends/family who have returned to the home country] say it’s like. They tricked us.”
- “I was a political prisoner Many of us refugees arrive here and start having problems right away. Social problems. We don’t know how we’re supposed to behave in this country. We need to know what the social and labor laws are. We end up with problems of domestic abuse, lack of respect, you end up falling in a big pothole that you can’t seem to get out of. It would be very good if someone explained to us what the laws and expectations for our behavior are—in the labor force as well as the cultural expectations. Coming here is very difficult—you feel like you just got to the desert and are looking around for a drink of water.”

Special Populations

While each immigrant population is diverse and has unique characteristics, this report cannot detail the specific characteristics of each immigrant group in Travis County. However, several broad categories warrant more detailed treatment here because:

- Despite individual differences, members of these groups share certain common circumstances and experiences,
- These shared experiences are distinct from those of other immigrant groups, and
- Group membership may shape individuals' encounters with issues and systems in the U.S.

Refugees and Asylees

Refugees and asylees are foreign-born individuals who are unable or unwilling to return to their home countries because of persecution or fear of persecution based on race, religion, nationality, membership in a particular social group, or political opinion (Jefferys, 2006). The pre-immigration experience of both refugees and asylees is often characterized by significant trauma and distress including: sudden loss of home, family members and friends; experience of rape, torture and/or starvation, and witness of atrocities. (Busch, Fong, Cook-Heffron & McClendon, 2004). The main distinction between refugees and asylees is the location of the person at the time of application for resettlement to the United States— refugees typically apply for resettlement in the United States from abroad, while asylum seekers submit their applications at a port of entry or when they are already present in the United States (Batalova, 2006; Jeffreys, 2006).

Special Topics: Services for Refugees and Asylees

Special support programs exist to help refugees and asylees find jobs, learn English, and adjust to life in the United States as quickly as possible. The majority of assistance, including transitional cash benefits and Refugee Medical Assistance, is available only for the first three to eight months that these individuals are in the United States. Following this initial period, they are eligible for some public benefits and services that are available to U.S. citizens. For a period of up to five years after arrival, they are also eligible for social services through a refugee services system structured to promote employment and self sufficiency. (Office of Refugee Resettlement, n.d.)

Refugee support services are funded by several federal and state agencies. Many of the funds are ultimately channeled through social service agencies and faith-based programs, but some are administered directly by state agencies. In Texas, the Health and Human Services Department, Office of Immigration and Refugee Services takes the lead on refugee issues and government funding (Office of Immigration and Refugee Services, n.d.).

Victims of Trafficking

Trafficking is the illegal trade in human beings for the purposes of sexual exploitation or forced labor. Trade in trafficked persons is multinational, organized crime that generates billions of dollars each year. The U.S. Department of State estimates that between 800,000 and 900,000 people are trafficked across international borders annually; between 18,000 and 20,000 of those

victims are trafficked into the United States (Central Texas Coalition Against Human Trafficking, 2006; Texas Office of Immigration and Refugee Affairs, n.d.). This problem has arisen in Austin/Travis County as well. In 2006, the Political Asylum Project of Austin (PAPA) identified 33 cases of human trafficking (Chris Jimmerson, personal communication, February 14, 2007).

Victims of trafficking may obtain a T visa, which affords them temporary legal status. After three years, individuals granted T visas may apply to adjust to legal permanent residence status (National Immigration Law Center, n.d.).

Undocumented Immigrants

Undocumented immigrants are foreign-born individuals who live and work in the U.S. without the documents or authorization required by U.S. law. This group includes those who entered the country without valid documents and those who entered with valid visas but have overstayed their visa or otherwise violated the terms of their admission (Passel, 2006).

Approximately one-quarter to one-third of all U.S. immigrants are undocumented immigrants (Capps, Passel, Perez-Lopez & Fix, 2003; Dinah, 2005). Currently, an estimated 11 million undocumented immigrants live in the United States, about 1.5 million of whom reside in Texas (Passel, 2006). That these individuals choose to migrate to or remain in the United States, despite a lack of legal channels to do so, reflects a disconnect between current U.S. immigration policy (including the limited allocation of visas) and the reality of current conditions: (1) U.S. employers seek to hire immigrant workers, and (2) would-be immigrants seek family reunification and/or look for work, safety, or opportunities that may be unavailable in their native countries (Wasem, 2006). (For a more detailed discussion of immigration policy, refer to the Immigration Policy, Process and Legal Rights section.)

Lack of legal status can create a number of barriers and challenges for these residents as they live and work in U.S. communities, including:

- Increased vulnerability to exploitation and victimization
- Difficulty accessing services and systems
- Fear of being caught by immigration officials
- Lack of rights and protections and/or lack of knowledge of rights and protections

These issues will be discussed in further detail throughout this report.

Special Topic: Driver Licenses and Other Identification

Establishing proof of identity is frequently required as part of daily life in the United States, whether to open a bank account, establish service with a utility provider, or file taxes. U.S. citizens and immigrants with legal status are able to provide proof of identify through a social security number, state issued driver license or identification, or other U.S. government issued document. While undocumented immigrants are not eligible for a social security number or a Texas driver's license, the consular ID and individual taxpayer identification number are two forms of identification that allow undocumented immigrants to access some of the systems for which proof of identity is required. These forms of identification are discussed below:

- **Driver License:** Currently, states set their own laws and polices regarding whether a driver license applicant must provide proof of legal status. (Note: When the 2005 Federal REAL ID Act takes effect in mid-2008, states will have to follow new, more stringent federal requirements for issuing licenses.) While Texas law does not explicitly state that proof of legal status is required to obtain a driver license, all combinations of documentation required of driver license applicants include items that are only obtainable with U.S. citizenship, with legal temporary or permanent status, or with a valid Canadian driver license. Thus undocumented immigrants are unable to obtain a Texas driver license or Texas identification card. (Dworaczyk, 2006; National Immigration Law Center, 2005, Texas Department of Public Safety, n.d.)
- **Consular identification cards (CID):** Consular identification cards are issued by countries such as Mexico and Guatemala to help identify their citizens living in a foreign country. While these identification cards do not certify legal residence in the U.S., the State of Texas accepts Mexico's CID, the *matricula consular*, as a valid form of identification for opening bank accounts, showing proof of identity to police, and gaining access to other services. Currently, there is no standard federal policy about the validity of CID (Government Accountability Office, 2004)
- **Individual Taxpayer Identification Numbers (ITIN):** The ITIN is a tax processing number issued by the Internal Revenue Service to individuals who are required to file income tax returns but who are not eligible for a social security number. Additionally, the use of ITIN numbers as an identifier on bank accounts is authorized under the Patriot Act, and is often useful for immigrants when navigating banking and finance systems. However, it is illegal to use an ITIN number in place of a social security number when one is required as proof of legal status. (National Employment Law Project, 2004, Internal Revenue Service, 2006)

Despite the availability of some forms of identification that are accepted within some systems (the consular identification cards and the individual taxpayer identification numbers), some participants in local immigrant focus groups reported that being unable to obtain a Texas driver license can create many challenges to navigating daily life in the community. The challenges mentioned include:

- Difficulty accessing services
- Difficulty obtaining housing without co-signers
- Experiencing fear when driving children to school or when driving to work
- Experiencing fear when visiting government offices
- Dependency on friends for transportation
- Facing barriers to establishing an account with a utility provider
- Being refused services when attempting to make a purchase at a pawn shop

In response to the question, "If you had the power to change something in your environment to make your life easier, what would you do?" many focus group participants commented that they would like to see changes in policies regarding driver licenses requirements. As one individual reported, "[If I could change one thing it would be that] we could get a driver's license without any requirement except that we know how to drive and we understand the laws."

Mixed-Status Families

Families with mixed immigration status, or "mixed-status families," have at least one parent who is a non-citizen and at least one child who is a citizen. They may consist of any

combination of legal, undocumented, and naturalized immigrants. An estimated 1.5 million families have mixed immigration status (Passel, 2005), and they constitute the majority of immigrant families in the U.S. (Dinan, 2005) and about 1 in 10 of the nation's total families with children (Fix & Zimmerman, 1999). Most parents in mixed-status families are non-citizens, and 70% of non-citizens' children are citizens themselves (Dinan, 2005).

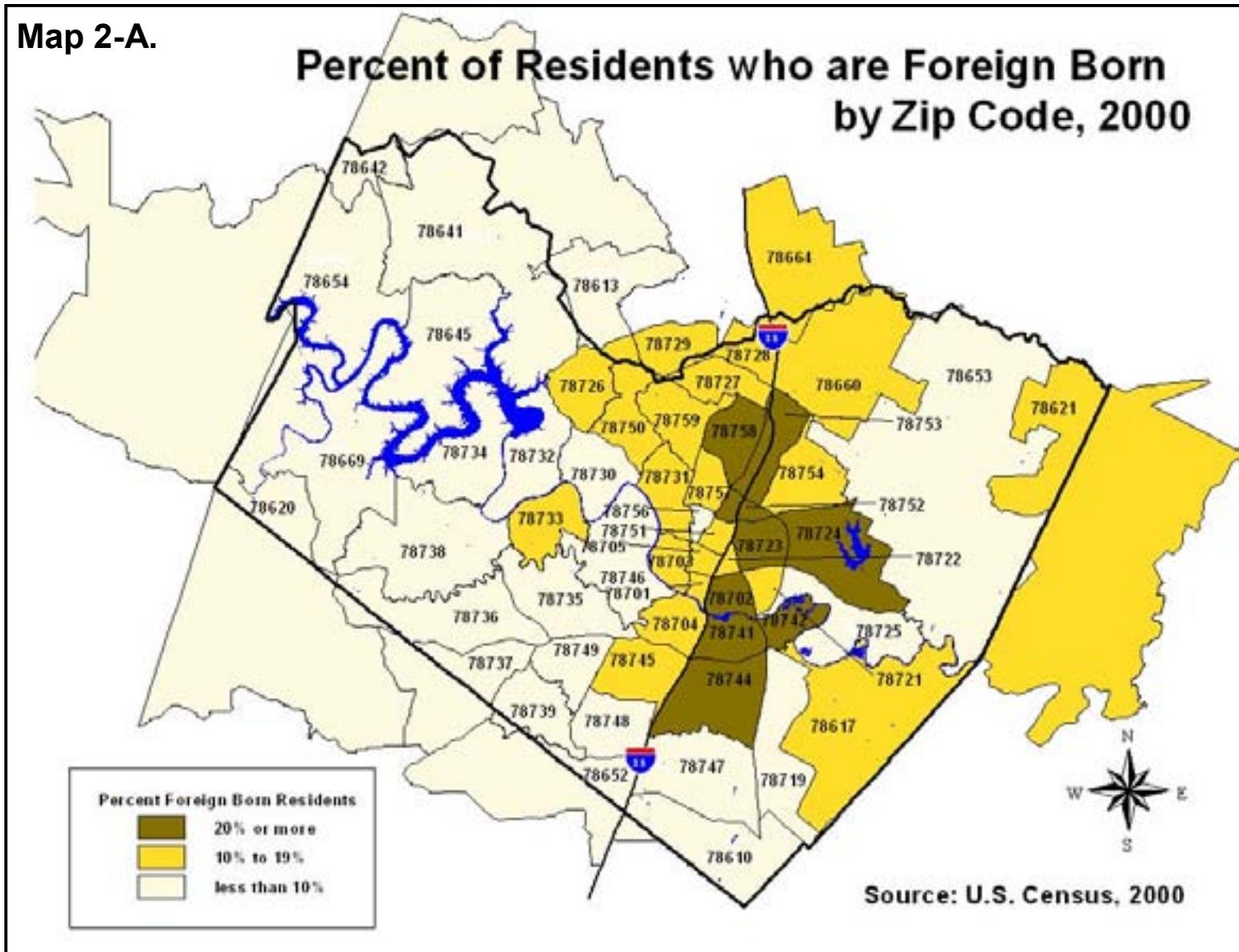
The great number of mixed-status families in the U.S. is attributable to two fundamental elements of U.S. policy: (1) birthright citizenship, constitutionally guaranteed by the Fourteenth Amendment, and (2) the principle of family unification (for citizens and their immediate family members), which has been firmly rooted in U.S. immigration policy since the mid-1960s. The variety of immigration statuses available to people entering the United States, combined with the long wait periods and administrative delays in converting immigrant status, also contribute to the number and complexity of mixed-status families. (Fix & Zimmerman, 1999)

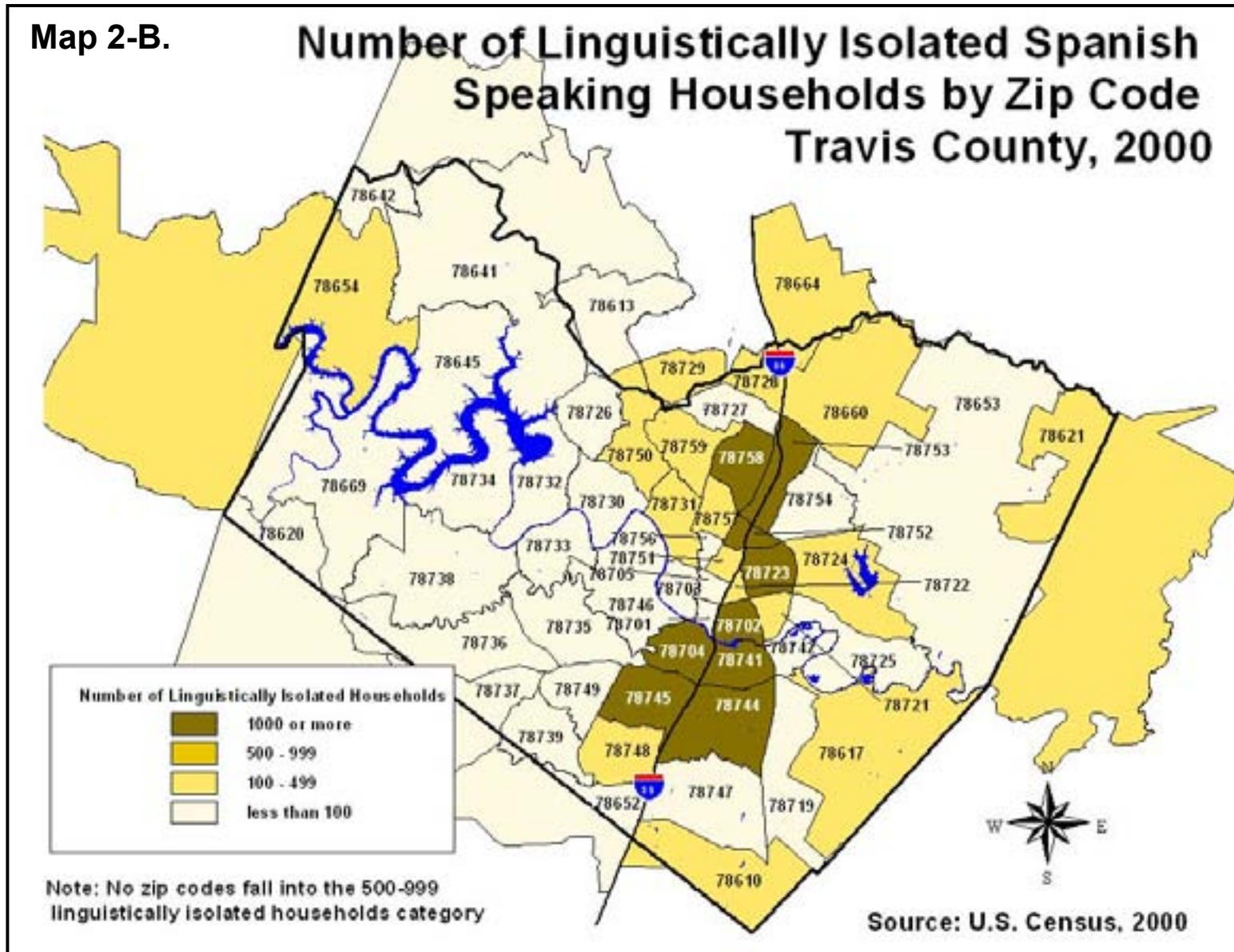
Most policies that affect non-citizens have "broad spillover effects" (Fix & Zimmerman, 1999, paragraph 5) on their citizen family members, primarily their children. When policies create barriers for non-citizens who live in mixed status families, their citizen children also inherit those barriers, which may influence their experiences into adulthood. Mixed status families raise important questions about equity, with two virtual classes of citizen children experiencing differential access to resources, sometimes within the same household (Fix & Zimmerman, 1999). Some of these differences are delineated by policies (for example, non-citizens may be barred from enrolling in certain programs or receiving certain benefits). Other differences are mediated by non-citizen parents' fears or misconceptions, or lack of information, which may deter them from seeking benefits for which their children are eligible. Finally, the implicit limitations on non-citizens' socioeconomic opportunities has an impact on the opportunities available to their citizen children.

Distribution/Concentration of Immigrants in Travis County

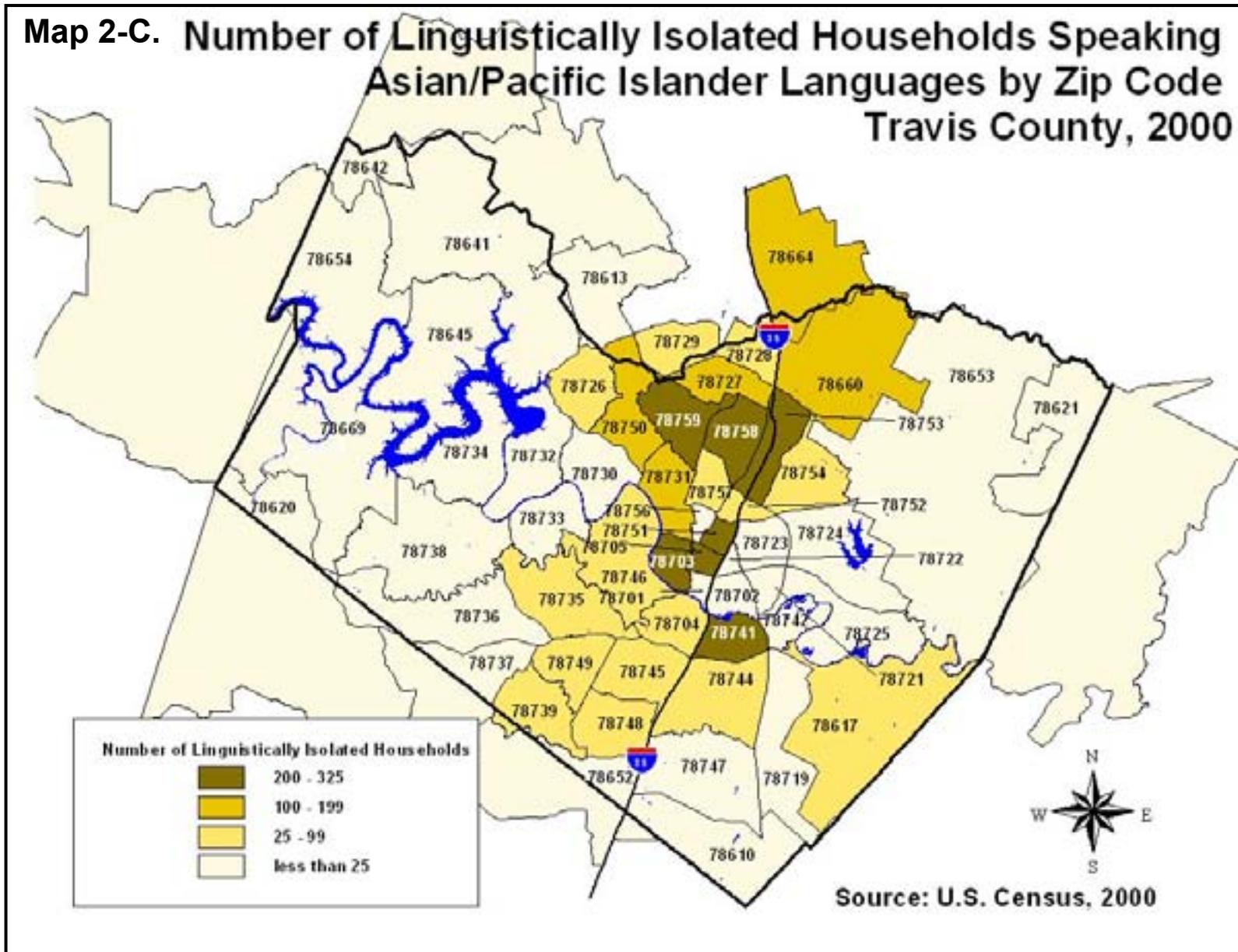
Although foreign-born individuals reside throughout Travis County, the zip codes with the highest concentrations of immigrants are primarily zip codes east of IH-35 and within the Austin city limits (U.S. Census, 2000). (See Map 2-A)

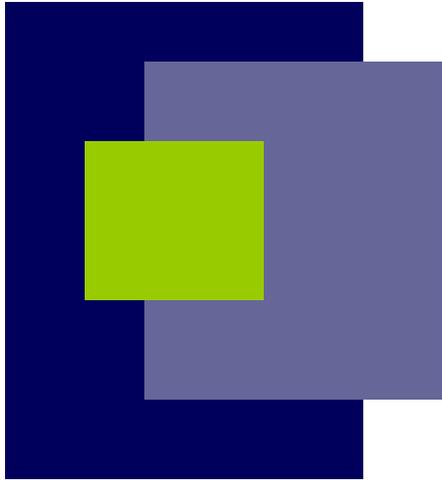
Linguistically isolated households (those in which all members 14 years old and over have at least some difficulty speaking English) may face barriers accessing information and services. The maps on the following pages indicate the areas in Travis County with the greatest concentrations of linguistic isolation among households speaking Spanish (Map 2-B) and households speaking Asian/Pacific Islander languages (Map 2-C).





**Map 2-C. Number of Linguistically Isolated Households Speaking Asian/Pacific Islander Languages by Zip Code
Travis County, 2000**





Immigration Policy, Process & Legal Rights



Immigration Policy, Process and Legal Rights Overview

Community Goals

The national goal for immigration policy and process and the community goal for protecting the rights of immigrants are reflected in the following statements:

[To] secure America's promise as a nation of immigrants by providing accurate and useful information to our customers, granting immigration and citizenship benefits, promoting an awareness and understanding of citizenship and ensuring the integrity of our immigration system.

(U.S. Citizenship and Immigration Services)

[To] be a "Safety Zone" where all persons are treated equally, with respect and dignity, regardless of immigration status.

(Austin City Council, 1997)

On a national level, the most viable immigration policy and system would reflect and address the needs of local communities and individual community members. On a local level, the well-being of the entire community is linked to the treatment of individual community residents.

Highlights

- Immigrants, businesses, local governments and community-based organizations share the need for timely, accurate information and specialized legal assistance to understand and navigate the complex, changing immigration system.
- Trends in United States immigration policy appear to be cyclical. At various points in history, immigrants (or certain groups of immigrants) have been welcomed or rejected depending on the state of the economy, public opinion, political climate, and national security issues.
- Jurisdiction over immigration related policies is both complex and ambiguous. The federal government determines the overarching immigration policy and oversees the immigration system. State and local governments do not have formalized roles in the immigration system, however they often bear the costs and responsibility for meeting the needs of immigrant residents including education, healthcare, and public safety.
- The group "foreign born" includes the following subgroups: naturalized U.S. citizens, lawful permanent residents, individuals with temporary visas, and undocumented immigrants. These groups and the distinctions between them are described in Table 3-A on page 24.

- The current immigration system is complex and can be difficult to understand and navigate. Immigrant focus group participants noted encountering a number of challenges with the federal system including difficulty with the paperwork process, cost, lack of legal status, and lack of timeliness in response. A demand for immigrant visas that far exceeds the supply, and backlog issues also pose significant challenges for those wishing to attain legal residency.
- While all immigrants living in the United States have some fundamental rights as laid out in the U.S. Constitution, the majority of rights are tied to legal status. The Constitution makes a significant distinction between “citizens” and “persons.” Thus many immigrants living and working in the United States have formal protections of basic rights afforded to “persons” but not to “citizens.”

Table 3-A. Immigrant Subgroups and Related Visas, Legal Status and Citizenship Status				
Group	Description	Visa Availability	Legal Status	U.S. Citizens
Naturalized U.S. Citizens	<p>Foreign-born individuals who have completed the following:</p> <ul style="list-style-type: none"> ▪ obtained lawful permanent resident status ▪ lived in the U.S. for five years ▪ shown good moral character ▪ demonstrated the ability to read, write and speak English ▪ indicated knowledge of U.S. history and government ▪ completed citizenship application and paid related fees ▪ taken the oath of allegiance for naturalized citizens 		✓	✓
Lawful Permanent Residents (LPR)	<p>Foreign-born individuals who belong to one of the following groups and have been granted immigrant visas:</p> <ul style="list-style-type: none"> ▪ have been sponsored by a family member who is a U.S. citizen or LPR ▪ have needed job skills and have been sponsored by a U.S. employer ▪ come from a country that has low levels of immigration to the U.S. and have been granted admission through a diversity lottery ▪ are refugees or aylees who are unable or unwilling to return to their home countries 	A total of 675,000 immigrant visas are available annually. Limits apply according to countries of origin and preference categories (family sponsored preference, employment based preference, and diversity lottery).	✓	
Individuals with temporary visas ³	<p>Foreign-born individuals who have been granted nonimmigrant visas and thus have legal status to enter the United States for a limited period and specific purpose. This group includes students and temporary workers.</p>	There are nearly 100 different types of nonimmigrant visas; with no overall annual cap on the number of individuals admitted each year. However, Congress does set numerical limits for some categories. For example, 65,000 H-1B specialty occupation visas for first time applicants; 66,000 H2-B visas for seasonal nonagricultural workers; 5,000 T-1 visas for victims of trafficking.	✓	
Undocumented immigrants	<p>Foreign-born individuals who belong to one of the following groups:</p> <ul style="list-style-type: none"> ▪ Foreign-born individuals who enter, live, and work in the U.S. without the documents or authorization required by U.S. law. ▪ Foreign-born individuals who were admitted on a temporary basis but have overstayed their visas. 	Do not have a visa, and under current immigration law, may not have an opportunity to obtain a visa.		

Source: Batlova, 2006; Congressional Budget Office, 2006; Greico, 2006; Wasem, 2006

³ As defined for purposes of this report, this group includes some individuals who are considered part the Travis County immigrant population (i.e. students, temporary workers, and their families, and others who are not considered to be part of the immigrant population (i.e. tourists and business travelers).

History of United States Immigration

The history of United States immigration is rich and complex. Over time, United States policy and practices on immigration have changed according to geopolitical factors such as land availability, population growth, the need for workers, and native-born citizens' perceptions of foreign-born populations. At some points in history, policy has created rights, protections, and opportunities for newcomers. At other points, policy has discouraged immigration and/or has left many workers and families virtually absent of rights or protections. To provide context to the current discussions on immigration, following is 1) a brief narrative overview of the history of immigration policy in the United States, and 2) an illustration of how historical factors and policy decisions have effected changes in the size and relative proportion of the immigrant population over time.

A Brief Narrative History of U.S. Immigration Policy

Colonial Period to 1840: Relatively Free and Open Borders: The 17th, 18th and early 19th centuries were a period of relatively free and open borders when immigration was generally favored and, at times, even recruited. However, the U.S. borders were not equally open to everyone. While many of the first Africans who came to the United States did so of their own free will, most Africans who came to North America during the Colonial period did so against their will as part of the transatlantic slave trade (Library of Congress, n.d.). There were also early attempts to keep out the poor, groups considered culturally or religiously incompatible with the rest of the population, or others considered "undesirable" (Zolberg, 2006). As the United States became a sovereign nation, citizenship was first defined through the *Naturalization Act of 1795*. The Act restricted citizenship to "free white persons" who resided in the United States and renounced their allegiance to their former country.

1840 to 1920: Greatest Period of Immigration in United States History: The period between 1840 and 1920 is sometimes referred to as "the greatest period of immigration in U.S. history." During these years, 37 million European immigrants arrived in the United States (American Immigration Law Foundation, n.d.). A variety of factors contributed to high rates of immigration. Extreme economic conditions such as the Irish Potato Famine and the German Depression prompted emigration from Europe. Technological advancements decreased both cost and travel time by ship, making travel more feasible. Finally, industrialization increased the demand for immigrant labor in the U.S. (Zolberg, 2006).

After the Civil War, the 14th *Amendment of the United States Constitution*, ratified in 1868, expanded the definition of citizenship to include all children born on U.S. soil. The post-war constitutional amendments also shifted immigration regulation from the state to the federal level. In its newly formalized role, the federal government sought to better protect and regulate entry into the United States. *The Immigration Act of 1891* established an Office of Superintendent of Immigration within the Treasury Department to oversee national immigration policy and

immigration into the United States. In 1892, the Office opened an immigrant processing station on *Ellis Island*, New York. (American Immigration Law Foundation, n.d.; U.S. Department of Customs and Border Protection, n.d.; Zolberg, 2006)

Late in the 19th century, the U.S government proactively recruited immigrant workers, first from Europe and later, to support westward expansion, from Asian nations such as China and Japan. Native-born Americans did not always welcome the newcomers. Some feared that new immigrants meant competition for jobs and wealth. Others were concerned that Asians and “not so white” southern and eastern Europeans were a threat to the American identity. This anti-immigrant sentiment shifted the policies of the period from diversified recruitment to restriction. For example, the *Chinese Exclusion Act of 1882*, prohibited any additional persons from China from entering the United States and excluded those already in the country from obtaining citizenship. (Zolberg, 2006; Library of Congress, n.d.)

Immigration from World War I (WWI) through World War II (WWII): The outbreak of WWI ceased most transatlantic movement, and immigration declined. When immigration resumed following the war, Congress sought to limit the number of newcomers. The *Quota Law of 1921* and the *Johnson Act of 1924* quantitatively restricted immigration through a national origins quota system. Quotas for each nationality were based on each nationality’s representation in previous U.S. Census figures. Asians were completely excluded from the available visas with few exceptions. (Congressional Budget Office, February 2006; Zolberg, 2006)

With the threat of WWII, immigration became associated with the issue of national security; President Roosevelt moved immigration functions (*Immigration and Naturalization Service*) to the Department of Justice in 1940 (U.S. Department of Customs and Border Protection, n.d.). The Japanese attack on Pearl Harbor in 1941 prompted the organization of internment camps in the U.S. where Japanese Americans were stripped of their property, relocated and imprisoned, solely on the basis of their ancestry (Library of Congress, n.d.).

While immigration in general slowed significantly during both world wars, immigration from Mexico continued steadily as U.S. businesses recruited Mexican workers to help meet labor shortages (see Special Topic: Immigration between the U.S. and Mexico).

Post World War II — The Foundation of Current Immigration Policy: The nation’s first refugee law, the *Displaced Persons Act of 1948*, allowed many refugees from WWII to settle in America. Beginning in the 1960’s Cuban refugees fled to the U.S. to escape the Cuban regime. After 1975, many Vietnamese who sided with the Americans during the Vietnam War, sought refuge in the United States (American Immigration Law Foundation, n.d.). *The Refugee Act of 1980* gave the President and Congress the authority to determine the number of refugees to be admitted annually (Congressional Budget Office, 2006).

In 1952, the *Immigration and Nationality Act (McCarran-Walter Act)* established the basic foundation for most of present immigration law. While this law retained a national origins

quota system, it also removed the strict racial barriers to immigration by establishing minimal quotas for immigrants from Asian countries (American Immigration Law Foundation, n.d.).

Many of the policies established in the *Immigration and Nationality Act Amendments of 1965* are still in place today (with modifications). This law replaced the national origins quota system with a categorical preference system that gave preference to relatives of U.S. citizens and lawful permanent residents and to workers with certain skills. The law maintained an annual limit on immigration from the Eastern Hemisphere (170,000 immigrants with no more than 20,000 per country) and for the first time established a cap on immigration from the Western Hemisphere (120,000 with no country limits or preference categories). Immediate family members of U.S. citizens (defined as spouses, parents, and children) were exempted from the caps. (Congressional Budget Office, 2006)

During the 1960s, the U.S. ended the Bracero program⁴ and changed the composition and numbers of people authorized to immigrate to the United States (*Amendments of 1965*). Despite the change in policy, agricultural employers still had the same need for labor, and workers continued to immigrate but increasingly did so outside of legal channels. The *Immigration Reform and Control Act of 1986 (IRCA)* sought to address the issue of unauthorized immigration by granting lawful permanent residency to more than 2.7 million undocumented immigrants who had entered the United States before 1982. It also sought to enhance enforcement and established sanctions against employers who hired workers not authorized to work in the United States. (American Immigration Law Foundation, n.d.; Zolberg, 2006)

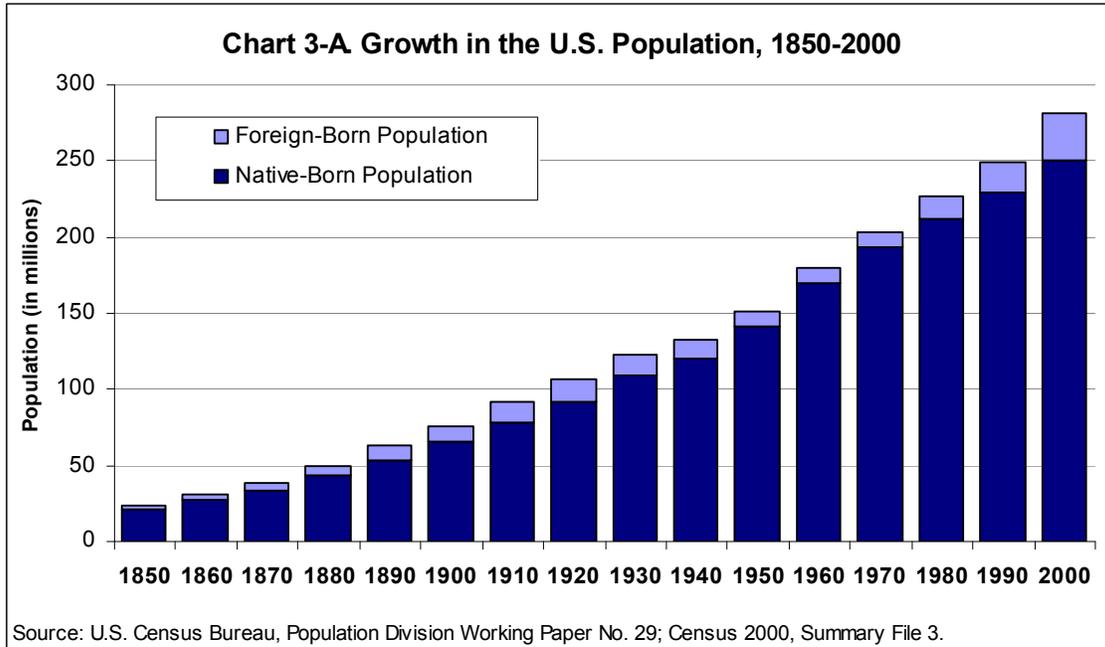
In a more recent attempt to address the continuing issue of unauthorized immigration, Congress passed the *Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA)*. This law increased the number of border patrol agents and other security measures at the borders, created major changes to the immigration consequences of criminal cases, established mandatory detention of immigrants convicted of certain crimes, and instituted a permanent bar to permanent residence for those who falsely claimed to be U.S. citizens. It also limited the public benefits available to immigrants and established an employment verification pilot program. (Congressional Budget Office, 2006)

Immigration Policy in the 21st Century: Since the events of September 11, 2001, the issue of national security has been central to U.S. immigration policy. The *Homeland Security Act of 2002* created the Department of Homeland Security (DHS) and merged 22 federal agencies including FEMA, the U.S. Coast Guard, and the former Immigration and Naturalization Service (INS) (Jernegan, 2005). With this reorganization, immigration paperwork and processing functions are now handled through the Bureau of Citizenship and Immigration Services, one division of a large, security-focused Department.

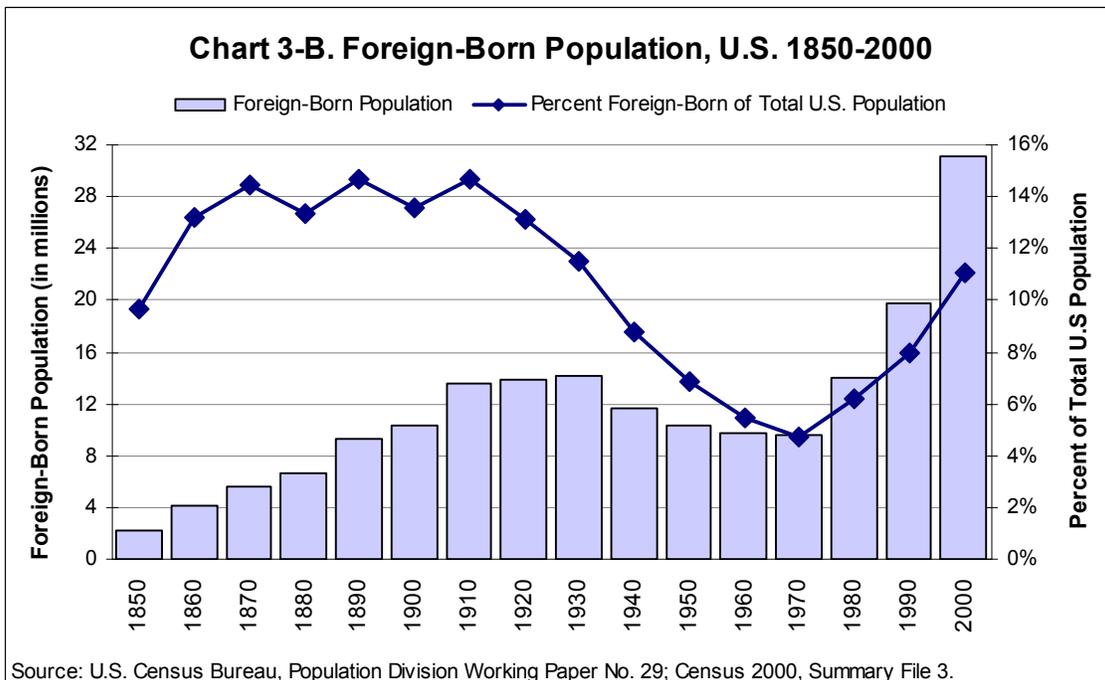
⁴ Agricultural migrant program established during WWII to replace American agricultural workers with workers from Mexico.

History of U.S. Immigration: Numbers and Trends

As related to the historical factors discussed above, the number and relative proportion of immigrants living in the United States has fluctuated over time. Chart 3-A shows that the U.S. is currently experiencing a period of significant immigration.



However, as Chart 3-B displays, from a historical perspective, the current U.S. population has proportionately fewer immigrants than in the past.



Special Topic: Immigration between the U.S. and Mexico

With a complex history, interconnected economies, and a shared border of 2,000 miles (the only land border in the world between a first-world country and a third-world country) the U.S and Mexico have a unique immigration relationship that warrants special mention here.

Changing Land and Borders: The U.S. and Mexico in the 19th Century

“The first Mexicans to become part of the United States never crossed any border, instead the border crossed them (Library of Congress, n.d.).”

Following Mexico’s independence from Spain in 1821, Mexico gave American settlers an open invitation to immigrate into Mexican territory (including present-day Texas). In hopes of encouraging U.S. settlers to settle in Mexican territory and adopt Mexican citizenship, Mexican officials granted Stephen F. Austin a large area of land. Before long, what would become Texas territory was largely inhabited by a majority of Anglo-American immigrants, and conflict soon developed between U.S. colonists and the Mexican government. American settlers resisted adopting Mexican citizenship and the Roman Catholic faith, and denied freedom to slaves despite Mexico’s emancipation of slaves in 1829. In 1830, the Mexican government prohibited further Anglo-American immigration and forbade further importation of slaves to Texas.

Persistent insurgence by Anglo-American settlers and failure of the Mexican government to maintain order ultimately led to the outbreak of the Mexican-American War in 1846. After two years of battle, Mexico was defeated. Mexico relinquished territories to the United States in exchange for \$15 million dollars through the signing of the Guadalupe-Hidalgo Treaty. Upon signature of the treaty, the United States increased its total landmass by one-third, adding what are now the states of California and Texas, as well as parts of Colorado, Arizona, New Mexico, Utah, Nevada and Wyoming. Following the war, Mexicans living in seized territories became U.S. citizens and were protected by the U.S. Constitution, although in practice Mexicans were rarely afforded these rights. By the end of the 19th century, many Mexican-Americans found themselves deprived of their land and unwelcome in what was once their homeland.

Shifting Economic Needs, Shifting Policies: The U.S. and Mexico in the 20th Century

“Immigration law has swung back and forth throughout the 20th century, at times welcoming Mexican immigrants and at other times slamming the door shut on them (Library of Congress, n.d.).”

In the early 1900’s, revolution in Mexico and a strong U.S. economy led to increasing Mexican immigration to the United States. During World War I, industrial companies in the Midwest recruited Mexican workers to address the shortage of domestic and European immigrant workers and to help meet the demand for wartime goods. Even in the 1920s, when U.S. policy discouraged immigration from most of the world, immigration from Mexico continued, as the national quota system imposed after WWI was not applied to any country in the Western Hemisphere. However, during the Great Depression of the 1930s, both U.S. citizens and non-citizens of Mexican descent were deported to make jobs available for non-Latino citizens.

The 1940’s brought another reversal in U.S. policy. With the start of World War II, Mexican workers were again needed to remedy U.S. labor shortages. In one related policy, the United States established the Bracero Program (1942-1964) to replace American agricultural workers who had joined the armed forces. The Bracero Program continued after the war, but the United States’ overall philosophy in the post-war period was a new, larger campaign of deportation that lasted into the 1950s.

In 1960s, another set of policy changes, (the Immigration and Nationality Act Amendments of 1965 & the end of the Bracero program), limited legal channels for immigration. However, immigration from Mexico continued at a steady rate. Between 1970 and 2000, the number of Mexican immigrants seeking economic opportunity or a chance to reunite with family in the U.S. grew from 800,000 to nearly 8 million.

Today, this immigration trend continues, often outside of legal channels, with opportunities and challenges for both nations. For Mexico, remittances sent home by immigrant workers add stability to the economy, but the safety net provided by emigration may delay the implementation of any meaningful domestic reform in Mexico (for example workforce development). The United States benefits from the cultural and economic contributions of Mexican immigrants, but faces challenges providing for their health, safety and basic needs. The U.S. continues to struggle with establishing policy that negotiates the gap between the needs of both countries and their residents and the interests and resources of the U.S.

Sources: Divine, Breen, Fredrickson & Williams, 1995; Library of Congress, n.d.; Zolberg, 2006; Spencer, 2005.

Current Immigration Policies and the Immigration System

Structure, Roles, and Responsibilities

The immigration system falls under the jurisdiction of the federal government with the majority of immigration related functions under the auspices of the U.S. Department of Homeland Security. In addition, the U.S. Department of State and U.S. Department of Justice are responsible for parts of the immigration system. Table 3-B provides a brief description of the immigration related roles and responsibilities of each of these agencies.

Table 3-B. Immigration Related Roles and Responsibilities of Federal Agencies	
Department	Office/Bureau and Immigration Function
U.S. Department of Homeland Security	<p>U.S. Citizenship and Immigration Services (USCIS): Oversees immigration related benefits including: citizenship, asylum, lawful permanent residency, employment authorization, refugee status, inter-country adoptions, replacement of immigration documents, family and employment related immigration, and foreign student authorization.</p> <p>Immigration and Customs Enforcement (ICE): Investigates terrorism and other related criminal activity; enforces federal immigration laws, customs laws and air-security laws.</p> <p>U.S. Customs and Border Protection: Secures the United States borders and facilitates cross border flow of trade and travel.</p>
U.S. Department of Justice	<p>Executive Office for Immigration Review: Manages the immigration court system.</p>
U.S. Department of State	<p>Office of Visa Services, Bureau of Consular Affairs: Oversees visa numbers and availability, processes visas and serves as liaison between the Department of Homeland Security and embassies and consulates abroad on matters concerning visas.</p>

Sources: U.S. Department of Justice, n.d.; U.S. Department of Homeland Security, n.d.; U.S. Department of State, n.d.

While the federal government sets overarching immigration policy and oversees the immigration system, state and local governments are not without immigration-related responsibilities, particularly related to undocumented immigrants.

Many state governments have considered or passed legislation related to immigrants and employment, public benefits, education, identification and drivers licenses, voting rights, law enforcement⁵ and legal services. Some of these laws seek to indirectly discourage undocumented immigrants from settling in certain locales (legislation that requires more stringent verification of documentation status for employment, declares English as the official

⁵ See the Public Safety section of this assessment for more information on policies relating to the role of local police in immigration enforcement

language, and/or denies driver's licenses to undocumented immigrants). Other state laws seek to provide certain basic protections to immigrants working and living as residents of communities. (Morse, Blott, Speasmaker & Dwyer, 2006)

Like many state legislatures, city governments have adopted their own policies in an effort to either protect or limit the rights of undocumented immigrants. For example, in November 2006, the Farmers Branch, Texas City Council unanimously voted to approve an ordinance which bans renting apartments to undocumented immigrants. Farmer's Branch is one of 50 cities or counties around the country that have considered, passed, or rejected similar laws meant to discourage illegal immigration (Associated Press, 2006). Conversely, the City of Austin's policy regarding undocumented immigrants, as stated in Resolution 970130-33, is that all persons should be treated equally, with respect and dignity, regardless of immigration status.

Special Topic: Current State and Federal Policy Discussions

Policy makers have recently been devoting much attention to immigration issues. The following is a brief summary of recent discussions at the state and federal levels.

Texas State Legislature: As of the writing of this report, the 80th session of the Texas Legislature (January 9, 2007 to May 28, 2007) is underway. The session began with the filing of more than 30 immigration-related bills on topics such as eligibility for services and benefits, enforcement of federal immigration laws by state and local governments, regulation of immigration assistance services, and employment of undocumented workers. As of publication of this report, the final status of these bills is still unknown.

U.S. Congress: Comprehensive immigration reform has been a recent presidential and congressional priority. Although the 109th U.S. Congress (Session 2: January - December, 2006) undertook this issue, the House and Senate were unable to negotiate any significant legislation. H.R. 4437, passed by the U.S. House, focused on border security and enforcement related issues, while S. 2611, passed by the Senate, combined provisions on enforcement with provisions on expanding legal temporary and permanent admissions. By session end, the two houses were only able to agree on some border-related security provisions (including P.L. 109-367 border fencing) and limited provisions on temporary and permanent employment-based immigration (as part of P.L. 109-13 and P.L. 109-364).

The outcome of the November 2006 election, which shifted Congressional control to the Democratic Party, brought new prospects for immigration reform. Prior to the start of the 110th Congressional Session (Session 1: January- December, 2007), immigration experts and some members of Congress expressed cautious optimism that significant legislation could be passed. One such piece of legislation, the bipartisan Security through Regularized Immigration and a Vibrant Economy Act (STRIVE Act, H.R. 1645) was introduced in the House on March 22, 2007. The bill would tighten border security, establish an employment verification system, provide a new worker program for future immigrant workers, overhaul the family immigration system to reduce backlogs, establish an earned legislation system for undocumented immigrants living the U.S. and facilitate the integration of immigrants. Nonetheless, as of the writing of this report, it is unclear whether this or similar legislation will pass. The best window for immigration reform may be before the 2008 presidential elections consume national attention.

Source: Bruno et. al, 2006; Gelatt, 2006; National Immigration Forum, n.d.

Categories of Immigrants: Entry and Residence in the United States

Under current immigration policy, foreign-born individuals have several legal ways to enter and live in the United States: lawful admission for permanent residence, entry as a refugee,

entry with a temporary protected status and temporary admission as a nonimmigrant⁶. Many other foreign-born individuals come to the United States to live or work without authorization from the U.S. government. Policies affecting each of these categories of admission to the United States are discussed below.

Authorized Permanent Admission (Immigrant Visa): Foreign-born individuals granted permanent admission to the United States are classified as **Lawful Permanent Residents (LPRs)**. Lawful permanent residents are eligible to work in the United States and eventually may apply for citizenship to become **Naturalized U.S. Citizens** (Congressional Budget Office, 2006). Four major principles underlie U.S. policy on authorized permanent admission 1) reunification of families, 2) admission of immigrants with needed skills, 3) protection of refugees, and 4) diversity of admissions by country of origin. (Wasem, 2006)

To become a lawful permanent resident, a foreign-born individual must first be issued an immigrant visa. The number of available visas is based on a complex set of numerical limits and preference categories. The **Immigration and Nationality Act** provides for an annual permanent worldwide level of 675,000 immigrant visas, with each country of origin held to a numerical limit of 7% of the worldwide level. However, limits are flexible in certain categories. Unused immigrant visas from prior years are also added to the complex equation. Table 3-C on the following page provides an overview of the major LPR categories and number of visas associated with each.

Special Topic: Obtaining Citizenship through the Naturalization Process

Under current U.S. immigration law, non-citizens with **lawful permanent resident** status are eligible to become U.S. citizens through a process called **naturalization**. The requirements for naturalization include:

- Continuous residence (but not necessarily physical presence) in the U.S. for five years as a lawful permanent resident (three years in the case of spouses of U.S. citizens)
- Good moral character
- Attachment to the principles of the U.S. Constitution
- Favorable disposition toward the United States
- An ability to read, write, speak and understand
- Knowledge of U.S. Government and History

An individual that meets the above criteria must then complete the following process:

- Complete and submit application for naturalization, along with photographs, supporting documentation, a \$330 fee and a \$70 biometrics (fingerprint) fee to the USCIS
- Attend a finger printing appointment with UCSIS
- Participate in an interview to answer questions about his/her application and background
- Pass an English and civics tests
- Take the Oath of Allegiance for naturalized citizens at a citizenship ceremony

Source: U.S. Citizenship and Immigration Services, 2004

⁶ As defined by the U.S. Department of Homeland security, the term “immigrant” is used to describe foreign-born individuals authorized for permanent admission to the U.S. while the term “nonimmigrant” is used to describe foreign-born persons authorized for temporary admission to the U.S. These legal terms are used in this section of the assessment, however when used elsewhere throughout the report, the term immigrant is used more generally to describe any foreign-born person living in our community.

**Table 3-C. Lawful Permanent Resident Categories
and Annual Numerical Limits, 2006**

LPR Category	Description	Annual Limit
Immediate Relatives of U.S. Citizens	Generally the largest share of LPR admissions. Granted to spouses, parents of citizens age 21 or over and unmarried children (under 21) of U.S. citizens.	No limit
Family Sponsored Preference	Four-tiered preference-based system ⁷ under which U.S. citizens and LPRs sponsor relatives for permanent admission.	226,000
Employment- Based Preference	Five-tiered preference-based system ⁸ under which employers sponsor workers with certain job skills not available through local native-born workers.	140,000
Diversity Lottery	A formula-based lottery aimed at countries that have low levels of immigration to the U.S. Applicants must have a high school education or equivalent or two years training/work experience in an occupation.	55,000
Refugees & Asylees	Status granted to people unable or unwilling to return to their home country because of persecution on account of their race, religion, nationality, membership in a particular social group or political opinions. Refugees apply for admission from outside the U.S. while asylees request legal admission within the U.S. or at the port of entry. Both must wait one year before petitioning for LPR status.	No limits on receiving asylum. Annual determination for refugee status (limit in 2005 was 70,000). No limits on LPR adjustments.

Source: Congressional Budget Office, 2006; Wasem, 2006

Authorized Temporary Admission (Nonimmigrant Visa): Foreign-born individuals seeking to enter the United States for a limited period and specific purpose may be granted admission through a temporary, nonimmigrant visa. These individuals apply for the type of visa that relates to their purpose of travel and generally have in common an intent to return to their county of origin. Once in the United States, these individuals are restricted to their visa's designated activity and length of stay. However, in certain cases it is possible to apply for a change to their status, and in some cases for adjustment to lawful permanent resident status.

⁷ Family sponsored preferences: 1) Unmarried sons and daughters of citizens 2) Spouses and children of LPRs, unmarried sons and daughters of LPRs 3) Married sons and daughters of citizens, and 4) Siblings of citizens age 21+

⁸ Employment based preferences: 1) Persons of extraordinary ability in the arts, science, education, business, or athletics; outstanding professors and researchers; and certain multi-national executives and managers 2) Members of the professions holding advanced degrees or persons of exceptional abilities in the sciences, art, or business, 3) Unskilled shortage workers 4) Special immigrants including ministers of religion, religious workers other than ministers, certain employees of the U.S government abroad, and others, and 5) Employment creation investors who can invest at least \$ 1 million to create a minimum of 10 new jobs.

Some individuals admitted on a temporary basis overstay their visas, after which point they no longer have legal status in the U.S. Major categories of temporary admission include:

- Tourists, business travelers, and other short term visitors,⁹
 - Students, journalists, exchange and cultural visitors,
 - Temporary workers,
 - Diplomats and other representatives of foreign governments,
 - Expected long-term residents (often spouses or fiancées of U.S. citizens).
- (Congressional Budget Office, 2006; Grieco, 2006a)

Temporary Protected Status (TPS): This temporary legal status is granted to eligible nationals of designated countries who are temporarily unable to return safely to their home countries due to internal conflict or environmental disaster.¹⁰ During the period for which the Secretary of Homeland Security has designated a country for TPS, an eligible individual from that country may apply for TPS benefits, which allow him/her to lawfully live and work temporarily in the United States. Temporary protected status does not lead to permanent resident status. When the Secretary terminates a TPS designation, individuals from that country revert to the same immigration status they had prior to the designation or to any other status they may have acquired while registered for TPS. (U.S. Citizenship and Immigration Services, n.d.a)

Unauthorized Residency: Foreign-born individuals also enter the United States without inspection. They lack the documents or authorization required by United States law. These individuals, as well as those who entered with valid visas but overstayed or violated their terms of admission, make up a group of foreign-born individuals often referred to as undocumented immigrants. In recent years, the number of undocumented immigrants nationwide has increased steadily, with an annual growth of about 500,000 per year (Passel, 2006). As of March 2006, there were an estimated 12 million undocumented immigrants in the United States, compared with 8.4 million in 2000 (Passel, 2006).

⁹ This group generally consists of visitors rather than temporary residents and thus is not considered to be a part of the foreign born population discussed in this report.

¹⁰ Examples of countries currently or recently designated for TPS are Burundi, El Salvador, Honduras, Liberia, Nicaragua, Somalia, Sudan.

Backlogs in the Immigration System

Backlogs are a significant challenge in the current system of attaining legal residency. There are two types of backlogs.

1. For those seeking lawful permanent resident status the most significant reason for backlogs is due to the limited number of immigrant visas, and a demand that far exceeds supply. Applicants for lawful permanent residency must be sponsored by a family member or an employer¹¹. The process begins when the sponsor files a petition and the immigrant is awarded a priority date. The priority date serves to hold an immigrant's place on a waiting list until an immigrant visa is available. Once a priority date is issued, the wait time for visa availability varies greatly depending on preference category (family relationship or type of employment) and country of origin; the current wait time ranges from five to twenty-two years. For example, unmarried sons and daughters of U.S. citizens from Mexico who have recently become eligible to apply for an immigrant visa have waited for at least 15 years (those who entered the waitlist on or before March 1992 became eligible to apply for a visa in March 2007). In the majority of cases, legal permanent resident applicants on the waitlist for an available immigrant visa must wait in their country of origin, often separated from their family. (National Immigration Forum, 2005; Wasem, 2006; *Visas Bulletin for March*, 2007)
2. The second type of backlog is an administrative backlog, or delays in processing applications for lawful permanent residence and naturalization (U.S. Citizenship). Administrative backlog occurs because of an increase in the number of applications and/or a lack of adequate resources to process them. Backlogs may also occur because of unfunded mandates—projects or policies legislated by Congress without adequate funding to support them. For example, heightened, resource-intensive security precautions initiated after September 11, have increased delays and hindered backlog reduction efforts. (American Immigration Law Foundation, 2004; Migration Policy Institute, 2005)

In 2004, at the request of Congress, the USCIS developed a Backlog Elimination plan with a goal of a 6-month processing time for all applications by 2006. As of the writing of this report, a progress report was available through the first quarter of FY2006. The progress report showed that the number of backlogged applications reached a peak at roughly 3.85 million in January 2004, as of December 2005 USCIS reported only 705,000 backlogged applications that were within their control. (Migration Policy Institute, 2005; U.S. Citizenship and Immigration Service, 2006)

¹¹ Family-sponsored preferences and employment-based preferences make up the majority of applicants for lawful permanent resident status. Refugees, asylees, and diversity immigrants are also eligible for this status, however the process for these groups is somewhat different.

Local Findings: Challenges with the Immigration System

Focus group participants recounted challenges in obtaining both immigrant visas (lawful permanent resident status) and non-immigrant visas (temporary legal status). One participant spoke of difficulty navigating the immigration system: “I received notice of my residency application and it had the wrong date and time of entry, by one year. I corrected it but could not figure out where I needed to send the corrections. I got a letter from someone in Nebraska saying that they had not received my paperwork. I didn’t know I was supposed to send it to them—I did and now I haven’t heard from them for a month. I’m told they lose a lot of people’s papers.” Another spoke of changes following 9/11: “I had a bad experience with an F1 visa especially after 9/11/01. Before, you would apply and get an answer in one day. Now, it is very complicated and stringent. The U.S. embassy system takes extra long and makes it more difficult, it seems to be more of an arbitrary decision.”

Participants also reported that their visas restricted activities that U.S. citizens take for granted as part of daily life. One participant indicated, “Most of my difficulty has been with immigration, getting the permanent resident card. The problem is that the permanent resident card prohibits travel easily back to Mexico or Cuba.” Another reported: “I can’t work or study because of the type of visa I have.”

Finally, for those eligible for legal status, cost can be a prohibitive factor. As one participant described: “My husband came first, got settled and then sent for me and my four kids. I could have come initially with my husband but I could not afford to bring my kids also, since the cost would be about \$1800 per person. I knew if I came without my children, there was a big possibility that I would never be able to bring them over later.”

Legal Rights of Immigrants

All immigrants living in the United States have the protections afforded to “persons” by the United States Constitution. However, many rights are also tied to legal status. The following describes 1) rights granted to lawful permanent residents, and 2) rights that apply to all immigrants, regardless of legal status.

In addition to providing a path to citizenship, lawful permanent resident status provides immigrants with many of the rights granted to U.S. citizens. Some of these rights include:

- To live and work permanently anywhere in the United States
- To request a visa for a spouse or unmarried child to live in the United States
- To receive some but not all federal benefits such as Social Security or Medicare
- To own property
- To apply for a driver’s license
- To leave and return to the U.S. (U.S. Citizenship and Immigration Service, n.d.b)

Undocumented immigrants are not afforded these same rights. However, all immigrants, including the undocumented, do have some fundamental rights as described below:

- **Right to remain silent:** Under the 5th Amendment of the U.S. Constitution, every person has the right to remain silent when questioned by a government agency. A person cannot be arrested simply for refusing to answer questions or refusing to identify him/herself.
- **Right to be free from unreasonable searches or seizures:** The 4th Amendment gives every person the right to be free from searches or seizures. A police officer or

immigration agent cannot enter and search a person's home without consent or a valid search warrant. A person stopped on the street has the right to refuse any search on their body beyond a weapon search.

- **Right to an attorney:** The 6th Amendment provides every person the right to have the government provide an attorney at its own expense in a criminal proceeding. This same right does not apply to immigration or civil matters.

(National Immigration Law Center, 2004a; Political Asylum Project of Austin, 2003a)

Any immigrant detained by immigration agents also has certain rights. These include:

- **The right to speak to an attorney before answering any questions or signing any documents and the right to representation by an attorney at any hearing or interview with immigration authorities.** Unlike in criminal proceedings, in immigration proceedings the U.S. government does not have to provide or pay for a lawyer to represent the defendant. However, immigration authorities should provide a list of groups that provide free or low cost legal advice or representation.
- **The right to a hearing with an immigration judge.** In most cases an immigration judge has sole authority to order deportation unless an immigrant waives the right to a hearing or accepts voluntary departure. Immigrants detained at the border, charged with an aggravated crime, or who have been previously ordered to be deported do not have this same right to a hearing before a judge.
- **The right to timely decision about deportation proceedings and the right to request release from detention while proceedings are pending by paying a bond if necessary.** The government generally has 48 hours to order deportation proceedings and decide whether to detain the immigrant in custody or release him/her on bond. Detained immigrants may wait for months in detention before they see a judge. However, an immigrant always has the right to request release from detention by paying a bond if necessary. A bond hearing must be set for 2-3 days from when it is requested.

(National Immigration Law Center, 2004b; Political Asylum Project of Austin, 2003a)

Local Findings: Immigrant Rights

Focus group discussions indicated some immigrants may have a lack of knowledge of their rights. Participants told of situations in which they had been treated unfairly because they lacked credible information or because they were unsure of standard practices in the United States. One individual shared that he purchased a house but felt the contractor did not disclose the problems with the house. Also, when his family moved out of their rented apartment, there was no inventory list to check off damages. They were held responsible and were asked to pay over \$2000. The man was not sure what recourse his family had in either of these situations. Participants in another focus group reported examples of being targeted for fraud. One person relayed, "There are some companies that give you problems. Someone called from a company and asked for my social security number. I didn't give it to them though."

Participants also noted a fear of asserting their rights due to their lack of legal status. One individual commented: "Without documents you are always scared about fighting for rights in court." Another reported, "The owner of my apartment complex told me that if I complained that she would call INS."

Special Topic: Immigrant Detention, ICE T. Don Hutto Family Residential Facility

The T. Don Hutto Family Residential Facility is only 27 miles from Austin in Taylor, Texas. Formerly a correctional center, it now houses immigrants and their children who are in Immigration and Customs Enforcement custody (ICE) while they await immigration proceedings. Created in March 2003 after the terrorist attacks on September 11th, 2001, ICE is the largest investigative branch of the Department of Homeland Security with an array of responsibilities for enforcing key homeland security priorities. ICE directs their efforts at targeting undocumented immigrants to protect the United States against potential terrorist attacks.

As an initiative of ICE, the T. Don Hutto facility is intended to function as an “effective and humane” facility for immigrant families awaiting immigration proceedings (“Fact Sheets: The ICE T. Don Hutto,” n.d.). One of only two facilities of its kind in the United States, the 512-bed facility opened in May 2006 as a solution to the Department of Homeland Security’s plan to resolve the “catch and release” practice of undocumented immigrants at the southern border (“Fact Sheets: The ICE T. Don Hutto,” n.d.). Previously, immigrants caught crossing the border illegally were released with “Notices to Appear” before federal immigration judges, and were rarely known to appear for hearings (“Fact Sheets: The ICE T. Don Hutto,” n.d.). Since ICE acquired the Hutto Correctional Center through an Inter-Governmental Service Agreement with Williamson County, Texas, the facility operates 24 hours, 7 days a week, staffed by ICE officers, who are contract officers with the Corrections Corporation of America (CCA), the nation’s largest private prison company.

Many of the immigrants at the facility are seeking political asylum or are refugees from impoverished countries or countries in crisis, such as Honduras, Guatemala, El Salvador, Somalia and Palestine; Mexican immigrants are excluded from the detention center since they undergo different immigration proceedings.

Under ICE detention standards, the facility’s services for detainees include: classroom instruction, medical services, chaplain services, a full-size gymnasium, and a library. However, the facility has been the subject of scrutiny from human rights groups and advocates, who claim the facility is “inappropriate and inhumane” (Castillo, 2007b). Most recently, on March 6, 2007, the American Civil Liberties Union and the University of Texas Law School Immigration Clinic filed lawsuits in federal district court in Austin on behalf of ten immigrant children detained in the facility. The two advocate groups challenged the confinement of immigrants as it relates to congressional directions to keep immigrant families together either through release or through less restrictive alternatives to detention. In particular, the groups highlight that children are restricted to only one hour of schooling and recreation per day, are provided inadequate healthcare and nutrition, and are often separated from their parents at night to accommodate cell space (Lydersen, 2007).

As of the writing of this report, the facility continues to operate, and currently houses approximately 400 immigrants. The federal government has 60 days from the file date to respond to the lawsuit.

Legal Services for Immigrants

The Need for Legal Services

Immigrants may have a variety of needs related to legal services. Like many community residents, immigrants may need services related to family law or defense representation if charged with a crime. Further, as discussed in the Housing and Workforce sections of this report, immigrants (particularly low-income, newly arrived, and/or undocumented immigrants) may be at greater risk for exploitation in their housing or work situations. Thus, they may have a relatively higher need for specific kinds of legal assistance to help assert their rights.

Immigrants may also require specialized legal aid and advocacy in negotiating the systems, laws, and policies pertaining specifically to immigration. Those who interact with immigrants on a daily basis, including employers, local governments, or social service agencies may also require legal assistance to help them understand complex and changing immigration policies.

Local Findings: Access to Legal Services

In a forum of providers serving immigrants in the Austin/Travis County community, participants reported that the top legal need for their clients was access to affordable, culturally appropriate services in the areas of immigration, family, criminal and employment law. Providers noted that in some cases, access to legal services is limited by funding sources and regulatory barriers that may prohibit service provision to undocumented immigrants.

Immigrant focus group participants also reported difficulty accessing legal services. One participant relayed that she had been able to find local social services to meet many of her needs, including childcare and housing, but that she had difficulty finding legal services that she could afford.

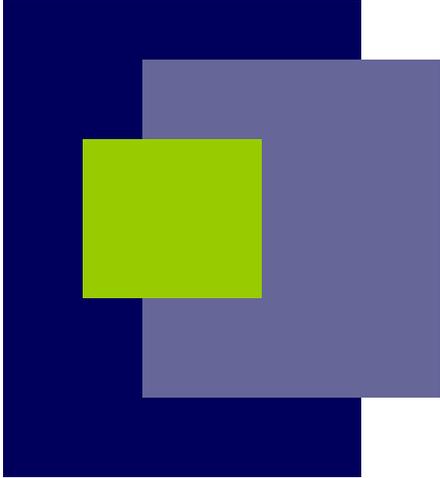
The Provision of Legal Services

Two major groups are authorized and qualified to provide immigration related legal services¹²: licensed attorneys and accredited representatives who work for a nonprofit community or faith-based organization and have been recognized by the U.S. Department of Justice, Executive Office for Immigration Review. To obtain their accreditation, applicants must demonstrate that they have the skills and training necessary to provide assistance with immigration-related legal issues. A roster of Board of Immigration Appeals Recognized agencies is listed at the EOIR website <http://www.usdoj.gov/eoir/statspub/raroster.htm>. The roster includes all recognized agencies and Accredited Representatives nationwide.

In some instances, immigrants turn to people not authorized or qualified to provide immigration services. These people are often known as “notarios.” In many Latin American countries, the Spanish word “notario” describes a person who is a licensed attorney. However, in United States, a notary is only licensed to witness the signing of legal documents. Some people in the Austin community will obtain a notary public license in Texas but present themselves to Spanish-speaking clients as a “notario público,” or a licensed attorney authorized to help with an immigration case. These individuals may charge immigrant clients high fees for services they never provide or for services provided poorly, in a manner that will jeopardize an immigration case. (Texas Attorney General 2003, 2006)

Attorneys, non-profits, faith-based organizations, the Mexican consulate, and the Texas Attorney General’s Office have worked to educate immigrants about this type of crime and how they can protect themselves. The Texas Attorney General’s Office has shut down nearly 40 businesses to prevent them from providing unauthorized legal services since 2002; at least one of these was in the Austin area. (Texas Attorney General 2003, 2006)

¹² Law students under supervision and certain persons with pre-existing relationships with an immigrant working for free may also be able to provide assistance.



Public Safety



Public Safety Overview

Community Goal

The community goals for public safety in Travis County are reflected in the following statements:

[To] be a community where all persons will be safe from crime and victimization. (Community Action Network, 2000)

To protect and serve Austin's diverse community so that residents and visitors feel, and are, safe. (Austin Police Department)

Building a safe community is only possible if all individuals present in the community have the right to protection from crime and victimization.

Highlights

- Historically, the role of local police in enforcing immigration policy has been limited. More recently, the federal government has supported an expanded role for local police. Austin and Travis County law enforcement agencies have maintained policies not to stop or detain individuals based on their assumed immigrant status and do not play a role in enforcing civil immigration laws.
- Data suggest that immigrants may be overrepresented as victims of crime, most significantly homicide, robbery and human trafficking. Crimes against recent immigrants are more likely to go unreported.
- Immigrant women appear to be at higher risk of experiencing family violence and may encounter greater difficulty escaping abuse than other women due to immigration laws, language barriers, social isolation and/or a lack of financial resources. Family violence impacts not only the adult victims, but also children living in families where violence between intimate partners is present.
- While immigrants are often associated with disproportionately high rates of crime, crime data indicate this is not the case. National statistics indicate that first generation immigrants are *less likely* to be incarcerated than their native-born counterparts. In Travis County, intake data indicate that foreign-born residents are generally *as likely* as native-born residents to be charged with a crime. However, as related to the *type* of offense, foreign-born offenders are more likely to be charged with lesser offenses than are native-born offenders.

The Role of Local Police in Immigration Enforcement

Federal Law and Policy

Historically, federal law has been unspecific regarding the role of local police in immigration enforcement. Typically, the federal courts and federal departments have interpreted the role of local government as limited in scope and authority. When Congress first passed the Immigration and Nationality Act (INA) in 1952, it contained no language on the role of state or local governments. In the few cases in which federal courts have considered the scope of local police in immigration enforcement, they have historically ruled that local police could enforce only criminal provisions of the INA. Additionally, Department of Justice policies have traditionally reflected a clear position that state and local authority had minimal involvement in civil immigration enforcement and that increased involvement was not advisable or encouraged. For example, in 1978, U.S. Attorney Griffin Bell issued a policy statement declaring that the enforcement of immigration laws rests with the Immigration and Naturalization Service. He stated that local police forces shall not place an immigrant “on hold” solely on the basis of immigration status. However, he also stated that in cases where an undocumented individual has been arrested for committing a crime, local police shall notify the Immigration and Naturalization Service for any action. (Appleseed, n.d.; Texas Department of Public Safety, 2004)

More recently, the federal government has demonstrated support for an expanded role for local police in immigration enforcement. In 1996, the Anti-Terrorism and Effective Death Penalty Act gave local police the authority to apprehend undocumented immigrants who had previously been convicted of crimes and subsequently deported, but had since reentered the United States. In this same year, the Illegal Immigration Reform and Immigrant Responsibility Act created rules allowing the Immigration and Naturalization Service (INS) to deputize local officials in case of an “immigration emergency.” The law also allows the United States Attorney General’s office to enter into Memorandums of Understanding (MOU) with states or local governments to formally involve them in enforcing federal immigration laws. Additionally, in 2002 the Department of Justice set a new precedent, announcing that state and local officials have “inherent authority” to enforce both criminal and civil provisions of immigration laws. (Appleseed, n.d.; Gladstein, Lai, Wagner, & Wishnie, 2005)

The Current Policy Debate: Local Police and Immigration Enforcement

With continued legislative proposals¹³ to increase the role of local police in immigration law enforcement, the debate around this issue continues to gain attention. Table 4-A on the following page summarizes the two general viewpoints on this topic.

¹³ Federal: Clear Law Enforcement for Criminal Alien Removal (CLEAR) Act, introduced in 2003 and reintroduced in 2005; Immigration Law Enforcement Act (H.R. 6095) introduced in 2006. State: A number of related bills have been filed in the 80th Texas Legislature, as of report publication final status is still pending (“General Subject Index,” 2007).

Table 4-A. Perspectives on Roles of Local Police in Immigration Enforcement		
	Support Increased Role of Local Police	Oppose Increased Role of Local Police
Impact on Local Communities	Unauthorized immigration has a negative impact on communities. As such, immigration enforcement requires greater attention, including attention by local police. Further, local police are uniquely positioned to enforce such laws due to their knowledge of their communities.	An increased focus on immigration enforcement would distract local police from their core mission and duty—to serve, protect and provide order in their diverse communities. A dual role for local police would also act a significant barrier to immigrant victims or witnesses reporting crime, putting the safety of community members at risk.
Resources	A greater level of integration between local police and the federal immigration system is necessary in order to assist overburdened federal agents.	An increased role in immigration enforcement would strain local departments already experiencing insufficient resources and staff. Also, state and local resources should not be used to fund a federal responsibility.
National Security	Permitting local law enforcement to enforce immigration law would make it easier to arrest potential terrorists and criminal who are not authorized to be in the country, providing an elevated level of security for the nation. Once arrested, these individuals could provide important tips in an investigation.	Local enforcement of federal immigration laws would undermine outreach efforts to build trust and cooperation within immigrant communities. The trust and cooperation of all residents is crucial for police officers to prevent and solve crimes, including crimes linked to national security.
Application of Policy	Current law, which allows the U.S. Attorney General to enter into separate agreements with states and localities, allows the flexibility to design agreements that meet the unique needs of each jurisdiction.	Allowing states and local governments to enter into separate agreements with the federal government could lead to inconsistent application of immigration laws across jurisdictions. Different application of the law heightens the risk of disparate treatment, racial profiling, and the targeting of certain ethnic minority groups.
Training	Additional duties for local officers should not be a burden on state or local resources and could be integrated into an officer’s duties through existing training and resources.	Local law enforcement officers do not have expertise in the complex, technical field of federal immigration law. Given the complexity of the law and different roles and authority of local, state and federal officers, training would probably inadequately prepare local officers to adopt this new duty.

Sources: Seghetti, Vina, & Ester, 2004; Appleseed, n.d.; Gladstein, Lai, Wagner, & Wishnie, 2005; House Research Organization, 2006; Major Cities Chiefs Immigration Committee, 2006

Variation in State and Local Response

Current federal policies allow (but do not mandate) local enforcement of civil immigration laws. Thus, local governments vary in their interpretation of responsibility. Some states and smaller jurisdictions have responded by increasing their role in immigration enforcement and by formally entering into memorandums of understanding (MOUs) with the federal government. For example, Florida and Alabama both have MOUs in place permitting local officers to “arrest without a warrant for civil and criminal immigration violations.” Los Angeles County also has an MOU in place. However, it is much more limited in scope, and functions solely to allow law enforcement officers to conduct interviews of inmates at the Los Angeles County jail. Some communities do not have formal MOUs in place but have enacted formal and informal policy to involve local police in civil immigration enforcement. Conversely, other communities have responded by voicing opposition to policies that increase local involvement in civil immigration enforcement. Many have adopted or maintained policies dictating that local police do not stop, detain, or arrest individuals solely based on their assumed immigrant status. (Appleseed, n.d.)

As related to relevant local responses, the policies of the state of Texas and the local jurisdictions of Austin and Travis County are described briefly below.

Texas: In the state of Texas, the Texas Department of Public Safety has a loosely defined role in regulating immigration. The Texas Attorney General has held that while “the power to regulate immigration is unquestionably exclusively a federal power”, the applicable Texas statutes together with the federal immigration laws make it necessary for arresting officers to have a complete understanding of the federal laws and circumstances under which they are applicable. The Department of Public Safety maintains that although enforcement of U.S. immigration law is not its primary responsibility, it may assist federal officers with road checks or business and residence searches upon the request of a federal officer. (Texas Department of Public Safety, 2004)

City of Austin and Travis County: Within the local community, the Austin Police Department (APD) and Travis County Sheriff’s Office (TCSO) have maintained policies not to stop or detain individuals based on their assumed immigration status and do not play a role in enforcing civil immigration laws¹⁴.

Further, both APD and TCSO have established and partnered with community organizations in outreach initiatives directly targeting immigrants or targeting broader populations, which include significant immigrant components. These efforts seek to:

¹⁴ In 1997, the Austin City Council adopted Resolution 970130-33 declaring Austin to be a “Safety Zone” for all persons regardless of immigration status. Travis County Sheriff’s Office prohibits bias-based profiling or any other discriminatory practice. Racial profiling are law enforcement-initiated actions based on an individual’s race, ethnic background, gender, sexual orientation, religion, economic status, age, cultural group, or any other identifiable group rather than on the individual’s behavior or on information identifying the individual as having engaged in criminal activity. (Travis County Sheriff’s Office, n.d., p. 1)

- Build relationships between community residents and law enforcement,
- Provide information about rights, laws and customs in the United States,
- Increase awareness of community services and resources, and
- Prevent victimization and/or meet the needs of victims.

Examples of such efforts include:

Public Awareness in Underserved Communities Program: This program is a collaborative effort to plan and develop a comprehensive, culturally appropriate public awareness campaign for victim's rights and services within the Spanish-speaking community in Austin/Travis County. In addition, the program aims to increase the safety of Spanish speaking immigrants who are victims of crime by informing them of their rights and avenues for reporting crimes. (Austin Police Department, n.d.)

Central Texas Coalition Against Human Trafficking: This coalition of law enforcement and social service providers, works to increase public awareness and identification of human trafficking cases and to provide identified victims of human trafficking with comprehensive social and medical services. (Central Texas Coalition Against Human Trafficking, 2006)

Asian and Immigrant Outreach Programs, Austin Police Department, Office of the Community Liaison: Two positions are designated to conduct outreach to immigrant communities (specifically Asian and Latino). Asian outreach efforts focus on overcoming the cultural barriers in many Asian nations to interact with the police and on increasing cultural awareness among officers. Latino outreach efforts encourage immigrant participation in school- and police-related activities, acquaint Latino immigrants with U.S. law and customs as they differ from Mexico and Latin America, and provide information about community resources available to enhance safety and well being. (Austin Police Department, n.d.)

Community Services and Outreach Unit, Travis County Sheriff's Office: The unit's mission is to broaden, educate, and to strengthen partnerships and relationships with the citizens of Austin and the surrounding Travis County areas thereby bridging the gap between law enforcement and the community. Current efforts focus on child safety, personal safety, and neighborhood safety. (K. Page, personal communication, November 29, 2006)

District Representative, Austin Police Department: The program is designed to allow the community to participate in its own public safety, with an officer assigned to a neighborhood as a liaison. The "DR", assists the community in problem-solving and participates in community functions. "Operation Restore Hope", an effort to improve quality of live in distressed neighborhoods, many with a large immigrant population, was a DR initiative. (Austin Police Department, 2006)

Local Findings: Interactions with and Perceptions of Local Police

Focus group participants described varying experiences in their interactions with local law enforcement. Some reported positive interactions or noted that police presence has made them feel safe:

- “I feel safe and sure of myself. I walk on the street at night if I’ve had a job that ends after dark and I am walking to the bus stop. I see a lot of police in their cars making their rounds and that makes me feel safe.”
- One participant recounted a situation in which her home was burglarized and she had to involve Travis County Sherriff’s Office. She reported that the Sherriff’s deputies were nice and helpful and never made her feel inferior.

Other focus group participants described less positive interactions with law enforcement:

- “Without documents you are always scared about fighting for your rights in court. I got stopped by a policeman who said I had run a red light—I didn’t and that I didn’t have my safety belt on which I did. They told me at the police station that if I contested the ticket and I lost the case that I would go to jail.”
- “One time, police treated my husband really badly. They arrested him for public urination just because there were others doing that right before he parked. But they left right before the patrol car pulled up. All my husband was doing was coming back from the convenience store after work. They questioned him and he explained, but they didn’t believe him. They wouldn’t let him go prove it. They took him away and he had to pay a fine.”

Immigrants and the Criminal Justice System

Like other community residents, immigrants interact with the criminal justice system both as offenders and as victims of crime. In comparison to the Travis County population as a whole, immigrants are estimated to be overrepresented as victims of crime but proportionately represented as offenders¹⁵ of crime, although with lesser offenses.

Immigrant Victims of Crime

While all community members are at risk of victimization, certain groups of people, including immigrants are at higher risk for experiencing violent crime (Community Action Network, 2005). Crimes against recently arrived immigrants are also more likely to go unreported (Travis County Victims Services Task Force, 2003).

In a discussion of immigrants and victimization, some crimes warrant specific mention because: (1) as a group, immigrants tend to be at disproportionately higher risk of victimization for these certain crimes and/or (2) immigrants may face unique barriers to escaping certain types of victimization. Some of these including robbery and homicide, family violence, and human trafficking are described below.

Robbery and Homicide: Data suggest that immigrants, particularly recently arrived Spanish-speaking individuals are considered at higher risk to be victims of homicide and robbery.

¹⁵ For purposes of this assessment, discussion of offenders refers only to adult offenders.

Although victimization data isn't available by immigration or nativity status, ethnicity and language data suggest disproportionately higher rates of victimization for recently arrived Spanish-speaking immigrants. In 2004, Hispanics represented 28% of the Austin population and comprised 38% of all homicide victims and 50% of all robbery victims. It is estimated that at least half of these victims are recently immigrated Spanish-speaking individuals. (Austin Police Department, n.d)

Family Violence: Immigrant women in particular appear to experience high rates of family violence. Although research in this field is still emerging, cultural norms and gender roles may increase an immigrant's vulnerability to intimate partner violence. Additionally, immigrant women may face greater difficulty leaving a violent relationship due to language barriers, social isolation and/or a lack of financial resources. Abusers may also use their partner's immigration status as a tool of control in order to force her to remain in a relationship. (Raj & Silverman, 2002; Family Violence Prevention Fund, 2005)

Family violence often has a significant impact on children growing up in families where it is present. These children may exhibit aggressive and antisocial behavior, experience depression and anxiety, and have slower development of cognitive skills. Children living in a home with family violence are also at a higher risk for child abuse. For immigrant children, the experience of family violence may be intensified by factors such as a history of trauma, loss of the extended family network or stress of adaptation to a new culture. Children from immigrant families may also possess strengths that help them cope with their experience. These assets may include belonging to a culture that emphasizes extended family, community ties, or connection to a faith community. (Family Violence Prevention Fund, 2005)

Local Findings: Family Violence

Immigrant focus group participants discussed family violence as an issue of concern. Participants noted that immigrant victims of family violence may face unique barriers to leaving their abuser including cultural norms and values, lack of information regarding resources and absence of extended family and other social support systems:

- "Often lower income women don't know where to go for help in a domestic violence situation or maybe their money is controlled by their husband, or they are vulnerable because of their immigration status. And it's not just low income women. An MIT education will not teach you how to treat your wife."
- "Because of our culture, others in the community may say that you must try to make the marriage work no matter what. They may try to get a divorcing couple back together even if there is a domestic violence situation. The focus is on protecting the family and our culture from the influence of American culture."

Human Trafficking: Immigrants may be victims of human trafficking, the illegal trade in human beings for the purposes of sexual exploitation or forced labor. Trafficked persons may be recruited from their home country to fill a falsely advertised job, may pay a smuggler to bring them to the U.S and then be sold unknowingly into prostitution or labor, or may be kidnapped from their country and brought to the U.S. to be used in any number of servitude positions. The U.S. Department of State estimates that between 800,000 and 900,000 people are trafficked across international borders annually. Between 18,000 and 20,000 of those victims are

trafficked into the United States. There have been documented cases of human trafficking in Travis County. (*Central Texas Coalition, n.d.*; Texas Office of Immigration and Refugee Affairs, n.d.) In 2006, the Political Asylum Project of Austin (PAPA) confirmed 33 cases of human trafficking in the Austin area (Chris Jimmerson, personal communication, February 2007).

Protections for Immigrant Victims of Crime

In recent years, the federal government has begun to address the vulnerability of immigrant victims and to provide them with an avenue to escape abuse or victimization. The **Violence Against Women Act (VAWA)** of 1994, among other things, addresses the issue of family violence in certain immigrant populations. VAWA allows abused non-citizens, who are married to or are the children or stepchildren of legal permanent residents or U.S. citizens, to petition for themselves and gain lawful immigration status without the help of their abuser. VAWA does not provide a similar path to lawful status for immigrant women or children in cases where the abuser is also undocumented. However, in 2000, Congress passed the **Victims of Trafficking and Violence Protection Act (VTVPA)** which allows undocumented men and women, who are the victims of a variety of crimes¹⁶ including intimate partner violence to apply for the U nonimmigrant visa and three years later become permanent residents. The U visa is designed for non-citizen crime victims who have suffered substantial physical or mental abuse from criminal activity and who agree to cooperate with government officials investigating or prosecuting this criminal activity. Although the U.S. Department of Citizenship and Immigration Services has yet to issue regulations on U visas, it has issued guidance on providing interim relief for those who are eligible for this type of visa. VTVPA also has specific provisions to protect victims of human trafficking. Such victims may obtain a T visa, which affords them temporary legal status. After three years, individuals granted T visas may apply to adjust to legal permanent residence status. (Political Asylum Project of Austin, 2003b; "U Visa Laws," 2006)

¹⁶ Crimes may include rape, torture, trafficking, domestic violence, sexual assault, abusive sexual contact, prostitution, sexual exploitation, female genital mutilation, being held hostage, peonage, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, false imprisonment, blackmail, extortion, manslaughter, murder, felonious assault, witness tampering, obstruction of justice, or perjury (*How to Get Permission, n.d.*)

Local Findings: Victimization and Perception of Safety

Few immigrant focus group participants reported specific instances in which they had been victims of crime. One participant did report that her home had been burglarized and another reported that she had been a victim of domestic violence and had filed a VAWA petition.

More commonly, participants noted experiences of feeling unsafe. These discussions included concerns regarding neighborhoods conditions as well as the prevalence of drug and alcohol abuse:

- “There are a lot of drugs in our community. Everyone knows it and everyone knows who is involved. There are also a lot of abandoned or empty lots with overgrown weeds. There are a lot of insecure areas here.”
- “But there is so much drugs here. It’s full of drugs in this City. It’s [drug usage] so readily accepted here.”

Others described how their personal safety had been compromised by experiences of harassment:

- “When you get on the bus people insult you”.
- “My brother, it was hard for him. They would make fun of him that he is from Africa, saying that they don’t wear any clothes. They bullied him and he cried a lot at first.”

Still, some participants felt that overall, their experience in Austin/Travis County has been a safe one: “I like Austin and like the respect that people have for the law.... They don’t steal cars around here and break your window. It is very peaceful here and that’s why we stay here.”

Immigrant Offenders of Crime

Crime theory and public opinion often associate immigrants with disproportionately high rates of crime. However, crime data indicate that this is not the case. The following summarizes each of these topics.

Crime Theory: Traditional crime theories suggest that immigrants often experience sociological factors that tend to be linked to higher rates of crime. Such factors may include lower educational attainment, lower income levels, experiences of stress associated with adjusting to a new culture, and/or the tendency (particularly for lower income, newly arrived immigrants) to settle in disorganized neighborhoods with high rates of poverty and a high number of young males. (Martinez & Lee, 2000)

Public Opinion: Public opinion—often based on stereotypes of newcomers who may seem different in their language, culture, and religion—leans toward the belief that immigrants are more likely to engage in criminal behavior. For example, 73% of adults in a national survey (General Social Survey, 2000) reported that immigrants were either somewhat likely or very likely to cause higher crime rates. Such perceptions and stereotypes are not a new phenomenon; immigrants who arrived in the United States in large numbers during the 19th and early 20th centuries encountered similar public opinion. (Rumbaut, Gonzales, Komie, & Morgan, 2006)

National Research on Immigrant Offenders: Analysis of historical and recent data indicates that immigrants are responsible for some crime, but not to a disproportionate degree. In 2000, the U.S. Department of Justice commissioned a review of immigration and crime studies conducted during the 20th Century. The authors of the related report concluded that contrary to common perception, immigrants are underrepresented rather than overrepresented in criminal

statistics (Martinez and Lee, 2000). Rumbaut, et al., 2006 found that an analysis of 2000 Census incarceration data also indicates a lower crime rate among immigrants. The report states that the incarceration rate of U.S. born individuals (3.5%) was about four times that of foreign-born individuals (0.9%). However, their analysis also suggests that while incarceration rates are very low among immigrants, they tend to rise very rapidly by the second and third generation. For example, in 2000 the incarceration rate of Mexican immigrants was 0.7%, while the incarceration rate for U.S. born individuals of Mexican descent was 5.9%.

Snapshot of Immigrant Offenses in Travis County: Locally, foreign-born residents of Travis County appear to account for proportionately fewer (although not significantly fewer) intakes into the Travis County Jail System than do native-born residents. While foreign-born adults (age eighteen and older) made up about 20% of the Travis County population in 2005, they made up 19% of total intakes to the Travis County Jail system. Table 4-B on the following page shows the number and percent of foreign-born and native-born intakes into the Travis County Jail System in 2005 for each charge level.

As related to the *type of offense*, immigrant offenders in Travis County are more likely to be charged with lesser offenses than are native-born offenders. In 2005, 13% of intakes of foreign-born individuals were for felony charges while 87% of intakes were for misdemeanor charges. Comparatively 21% of intakes of native-born individuals were for felony charges while 79% of intakes were for misdemeanor charges (see Chart 4-A).

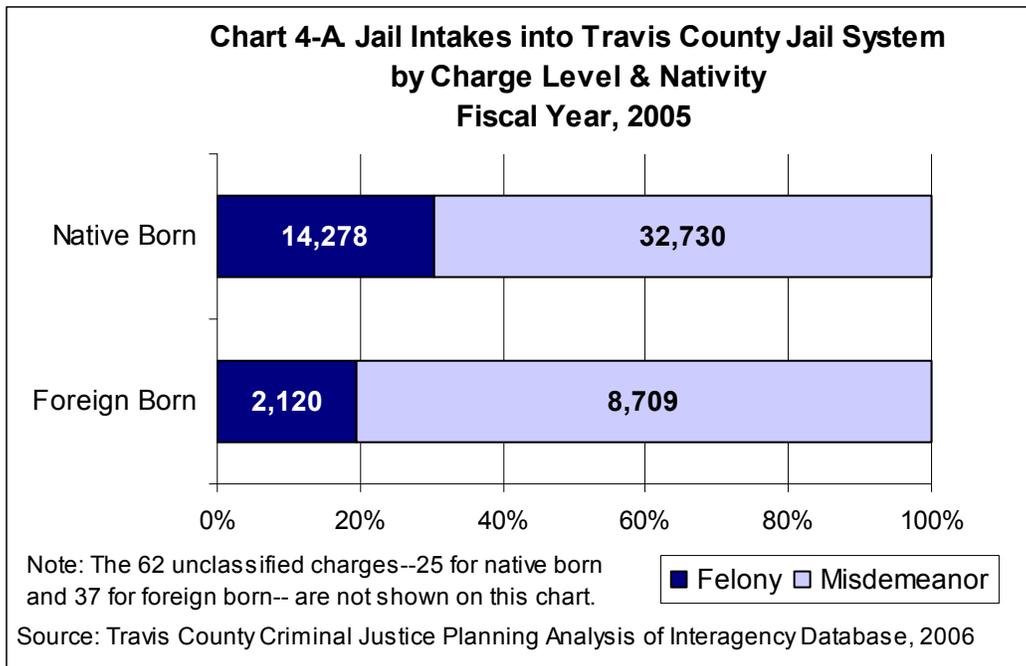
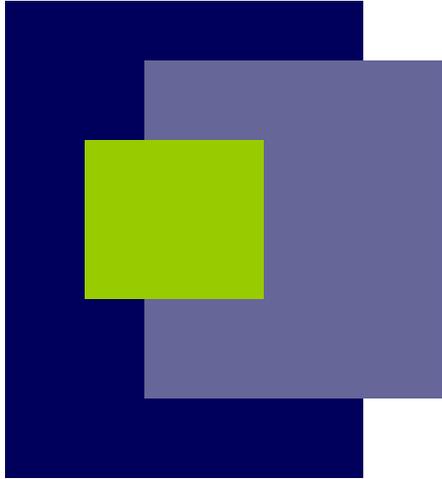


Table 4-B. Intakes into the Travis County Jail System by Most Severe Charge Level and Nativity (when known), Fiscal Year 2005			
Charge Level	Description	Foreign-born	Native-born
Felony Charges			
Capital Murder	Any murder charge which is punishable by the death penalty ¹⁷	0 (0%)	4 (100%)
First Degree Felony	Includes such offenses as aggravated assault and aggravated robbery.	118 (16%)	601 (84%)
Second Degree Felony	Includes such offenses as burglary of habitation and robbery.	285 (14%)	1,803 (86%)
Third Degree Felony	Includes such offenses as assault and theft (\$20,000 to \$100,000.)	423 (15%)	2,420 (85%)
State Jail Felony	Unauthorized use of a motor vehicle and theft (\$1,500 to \$20,000).	476 (12%)	3,510 (88%)
Unclassified Felony	Any felony charge where the charge level was not determined at the time of booking.	818 (12%)	5,940 (88%)
Total Felony	Total capital murder, first, second, third, state jail and unclassified felony intakes.	2,120 (13%)	14,278 (87%)
Misdemeanor Charges			
Class A Misdemeanor	Includes such offenses as assault and DWI (2nd offense).	1,757 (20%)	7,240 (80%)
Class B Misdemeanor	Includes such offenses as DWI and possession of 2 ounces or less of marijuana.	3,812 (22%)	13,138 (78%)
Unclassified Misdemeanor	Any Class A, B, or C misdemeanor where the charge level was not determined at the time of booking.	296 (20%)	1,173 (80%)
Class C Misdemeanor	Includes such offenses as public intoxication and city ordinance violation.	2,844 (20%)	11,179 (80%)
Total Misdemeanor	Total class A, class B, class C and unclassified misdemeanor intakes.	8,709 (21%)	32,730 (79%)
Unclassified Charges			
Either Felony or Misdemeanor	Any felony or misdemeanor where the charge level was not determined at booking.	37 (60%)	25 (40%)
Total			
Total: Intakes for All Charges Levels		10,866 (19%)	47,033 (81%)

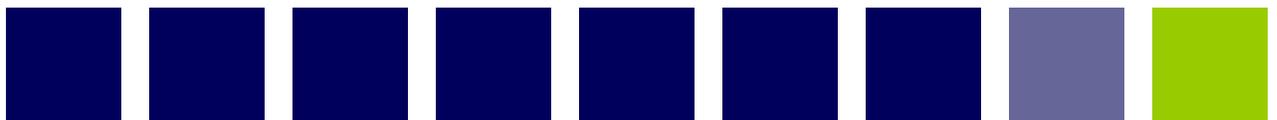
Source: Travis County Criminal Justice Planning Analysis of Interagency Database (IDB), 2006

Notes: Caution should be used when considering rarely occurring offense levels as small changes in intakes can have large effects on the percentage breakdown. Birth location "Unknown" or "Expunged" not included in this analysis (15 intakes).

¹⁷ The following crimes are capital murder in Texas: murder of a public safety officer or firefighter; murder during the commission of kidnapping, burglary, robbery, aggravated sexual assault, arson, or obstruction or retaliation; murder for remuneration; murder during prison escape; murder of a correctional employee; murder by a state prison inmate who is serving a life sentence for any of five offenses (murder, capital murder, aggravated kidnapping, aggravated sexual assault, or aggravated robbery); multiple murders; murder of an individual under six years of age. (Texas Department of Criminal Justice, 2007)



The Economic Safety Net



The Economic Safety Net Overview

Community Goal

While the goals for other sections of this assessment focus on improving community conditions, this section addresses a community interest in maintaining a basic level of financial security for all families and individuals. The community's goal in this area is reflected in the following statement:

To eliminate the effects of poverty and promote self-sufficiency.
(Basic Needs Coalition, 2007)

It is in the interest of the entire Travis County community for residents to be self-sufficient, thus fully contributing to the prosperity of the community.

Highlights

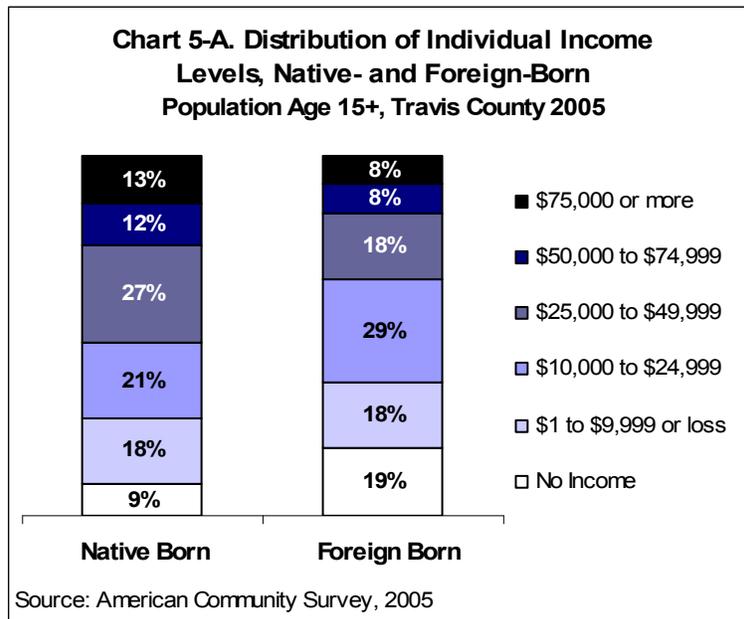
- Nationally, immigrants are more likely than the native born to live in poverty, regardless of household composition. In Travis County, almost one-quarter (23%) of immigrants live below the federal poverty level, compared to 14% of the native-born population.
- A "safety net" of federal benefits exists to help needy individuals and families meet their basic needs through cash assistance and services. For many immigrants, regardless of legal status, this economic safety net is weakened due to more restrictive eligibility requirements, particularly for programs that are federal means-tested public benefits (Supplemental Security Income, Food Stamps, Temporary Aid to Needy Families, Medicaid, and the Children's Health Insurance Program).
- Immigrants' eligibility for public benefits can be quite complex. Beyond the requirements of each program, additional eligibility requirements for immigrants include criteria around type of immigrant status, when an immigrant entered the U.S., whether one belongs to a number of groups for whom there are exceptions/exemptions, and in some cases, the income and resources of an immigrant's "sponsor" in the U.S. For some benefit programs that are operated at the state level, states may have additional and/or different eligibility criteria.
- Among eligible low-income children, the citizen-children of non-citizen parents receive public benefits at lower rates than the children of native born parents. Their benefit receipt is mitigated by confusion or fears that can act as deterrents for non-citizen parents.

Income and Poverty

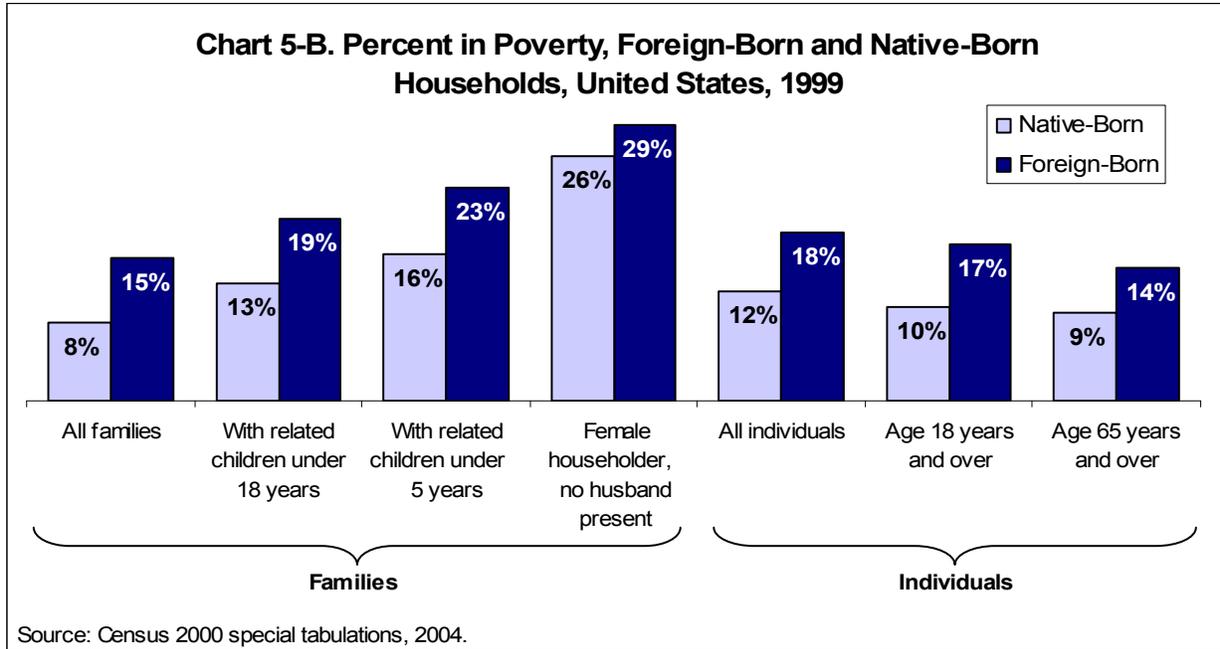
Residents who are in or near poverty face economic challenges that may require assistance in order for them to meet their basic needs. In the Austin/Travis County area, basic needs are frequently defined as food, clothing and housing assistance (rent, mortgage and utilities), according to the service providers that coordinate local basic needs services. (For a more detailed discussion on housing and immigrants, refer to the Housing section of this assessment.) The following discussion focuses on immigrants and their access to economic safety nets available at local, state and federal levels.

Income and Poverty: Numbers and Trends

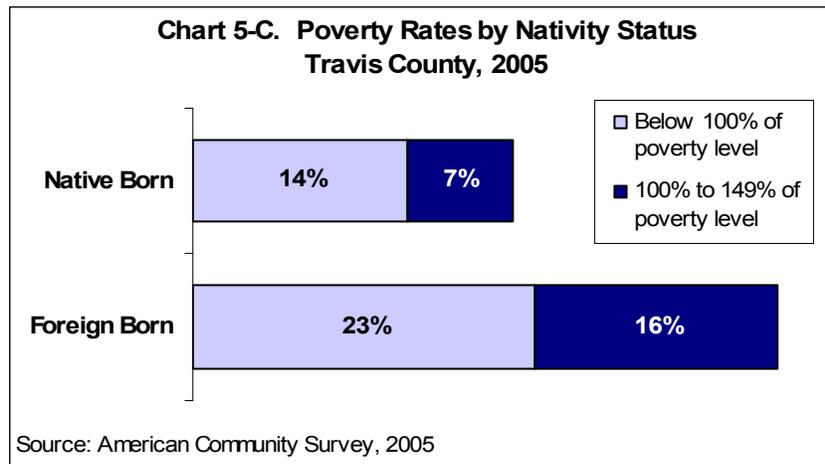
On average, immigrants make slightly lower earnings than the native born in the U.S. (Lipman, 2005). This disparity is visible in Travis County (see Chart 5-A) where immigrants are heavily represented among lower income groups: Two-thirds (66%) have individual incomes less than \$25,000, compared with only 48% of the native born. They are also more than twice as likely as native-born persons to have no reported income. (American Community Survey 2005)



Accordingly, immigrants are at a higher risk for experiencing poverty. According to the last decennial census, immigrants nationwide are more likely than native-born persons to live in poverty, regardless of household composition (see Chart 5-B). Some of the highest rates of poverty (29%) were found in families where the head of household was a foreign-born female and no husband was present.



In Travis County in 2005, 23% of immigrants were below the federal poverty level, compared to 14% of the county’s native-born population (see Chart 5-C). This translates into approximately 33,500 foreign-born persons below poverty (household income at or below \$9,570 for an individual or \$19,350 for a family of four). Approximately 23,900 more foreign-born persons were near poverty (between 100% and 149% of federal poverty guidelines). (American Community Survey, 2005)



For many immigrant individuals and families who experience poverty, it is not a result of unemployment. Rather, most immigrant families are “working poor,” meaning that the parents are employed and do work, but the household still experiences poverty or conditions near poverty. Even in families where both parents work, almost one-quarter of children of immigrants are low-income (more than twice the rate for children of native-born parents)

(Capps, Fix, Ost, Reardon-Anderson & Passel, 2005). These demographics are largely due to trends in immigrants' workforce and education levels. (For more discussion of workforce and education factors affecting immigrants, refer to those respective sections of this report.)

The Federal Safety Net and Immigrants' Access

To help meet basic needs, many low-income individuals and families rely on public benefits (services or cash supplements provided by federal or state government). For immigrants, regardless of legal status, this economic safety net is weakened due to more restrictive eligibility requirements, particularly for programs that are federal means-tested public benefits.

Historical View of Immigrants' Eligibility

In the 1970s and 1980s, policies in public benefit programs reflected similar treatment of legal immigrants and citizens concerning their daily life in U.S. society, with some rights extended to undocumented individuals as well. During this period, the U.S. Supreme Court determined that for public benefit programs, the federal government, unlike the states, did have authority to make eligibility distinctions on the basis of nativity and citizenship; but the federal government did not opt to do so. (Fix & Zimmermann, 1999)

The 1990s marked the onset of a more restrictive era in immigration-related policies, one which more narrowly defined immigrants' membership in U.S. society. Most notably, the Personal Responsibility and Work Opportunity and Reconciliation Act of 1996 (also known as the Welfare Reform Act or the "welfare law") restricted legal immigrants' eligibility for certain programs. It did so by creating two categories of legal immigrants—those who had entered the U.S. before its passage, and those who arrived after. The 1996 legislation prescribed different eligibility requirements for each group, particularly in relation to public benefits that are "federal means-tested public benefits."

Federal Public Benefits

The term "federal public benefit" refers to "any retirement, welfare, health, disability, public or assisted housing, post-secondary education, food assistance, unemployment benefit, or any other similar benefit for which payments or assistance are provided to an individual, household, or family eligibility unit by the United States or by funds of the United States" (Nielsen, 2004, part III-B). Dozens of federal programs fall under this definition of a public benefit, but only five of these programs are "federal means-tested public benefits." These five programs are described briefly below.

1. **Supplemental Security Income (SSI)**, administered by the Social Security Administration: SSI provides cash assistance to people who are elderly, blind or disabled, and who are low-income and have limited resources. SSI is funded by federal general tax revenues (not Social Security taxes) and unlike Social Security benefits, SSI benefits are not based on prior

individual or family work history. Eligibility requirements are set by the federal government. (Social Security Administration, 2006)

2. **Food Stamps**, administered by the Department of Agriculture: The Food Stamps program provides low-income individuals and families with coupons or electronic benefits that can be used at grocery stores to purchase food items. Eligibility is based on federal poverty income guidelines and set by the federal government. Food stamp allotment is based on household size, and, for some areas, local food prices. The program is operated by state and local welfare agencies, and overseen by the federal government. (U.S. Department of Agriculture, 2006; U.S. Department of Agriculture, 2007)
3. **Temporary Aid to Needy Families (TANF)**, administered by the Department of Health and Human Services: TANF is a block grant program, in which states receive federal dollars and “wide flexibility” to implement and design eligibility criteria for their own welfare programs¹⁸. TANF provides cash assistance to eligible low-income families, and recipients have work requirements and time limits on assistance (five years or less at state option). (Office of Family Assistance, 2006)
4. **Medicaid**, administered by the Department of Health and Human Services: Medicaid is a state-administered public health insurance program for low-income individuals and families who meet eligibility requirements. Eligibility requirements are set by federal and state laws, and usually relate to age, disability, pregnancy status, citizenship, legal status, and/or income and resources. (Centers for Medicare and Medicaid Services, 2006)
5. **Children’s Health Insurance Program (CHIP)**, administered by the Department of Health and Human Services: CHIP was created in 1997 as a supplement to Medicaid, in order to provide public health insurance to children whose families’ incomes are too high to qualify for Medicaid but too low to purchase private insurance. The program targets low-income children whose families have incomes below 200% of the federal poverty level, or incomes 50% higher than the state’s Medicaid eligibility threshold, although states have the option to expand coverage above those levels. CHIP is jointly funded by federal and state dollars, with capped federal funds provided to the states on a matching basis. States can use CHIP funds to expand Medicaid eligibility to children previously not qualified for it, to design a separate children’s health insurance program, or a combination of both. (Centers for Medicare and Medicaid Services, 2005).

Summary of Current Immigrant Eligibility

Immigrants’ eligibility for public benefits can be quite complex. Eligibility for immigrants include criteria around (1) one’s type of immigrant status, (2) on what date an immigrant entered the U.S., (3) whether one belongs to a number of groups for whom there are

¹⁸ As a result of the 1996 welfare law, TANF replaced the country’s former welfare programs (Aid to Families with Dependent Children, the Job Opportunities and Basic Skills Training program, and the Emergency Assistance program).

exceptions/exemptions, and, in some cases, (4) state-specific laws and (5) the income and resources of an immigrant’s “sponsor” in the U.S.

For the purposes of benefit eligibility, immigrants are defined as either “qualified” or “not qualified,” listed in Table 5-A. These categories only serve to distinguish immigrants with wider access to benefits from those who have much more restricted access. *These terms are unrelated to immigration law or legal status, and pertain only to benefit eligibility.* The use of the word “qualified” does not indicate automatic eligibility for any benefits, as those individuals and families who fall into the “qualified immigrants” category must still comply with program-specific eligibility requirements, such as those around income levels and poverty status.

Table 5-A. Examples of Qualified Immigrants and Not-Qualified Immigrants	
<p><u>Qualified Immigrants</u></p> <ul style="list-style-type: none"> • Lawful permanent residents • Refugees • Asylees • Persons granted withholding of deportation • Persons granted parole in the U.S. (by the Immigration and Naturalization Service or the Dept. of Homeland Security) for at least one year • Persons granted conditional entry (prior to April 1, 1980) • Cuban/Haitian entrants • Certain battered spouses and children • Victims of a severe form of trafficking 	<p><u>Not-Qualified Immigrants</u></p> <ul style="list-style-type: none"> • Temporary residents (legally referred to as “non-immigrants”) in the U.S. on time-limited visas to work, study or travel • Undocumented immigrants who entered as temporary residents and overstayed their visas or who entered without a visa • Individuals who are given temporary administrative status (e.g. stay of deportation, voluntary departure) until they can formalize permanent status • Individuals under deportation procedures

Note: This list is not exhaustive.

Source: Nielson, 2004; National Immigration Law Center, 2005a.

In general, qualified immigrants have wider access to public benefits than not-qualified immigrants. However, as a result of the 1996 welfare reform, qualified immigrants are further divided into two groups: Those who entered the U.S. before August 22, 1996 (the date on which the 1996 welfare law’s legislative change took effect) and those who arrived on or after August 22, 1996. In general, for qualified immigrants entering the country on or after August 22, 1996, there is a five-year ban on eligibility for federal means-tested public benefits (Neilson, 2004). Exceptions to the five-year ban are made for certain groups, including refugees, asylees, victims of trafficking, veterans, and members of the military on active duty and their spouses and unmarried dependent children (Neilson, 2004). While it does not include every exception, Table 5-B on the following pages summarizes general eligibility requirements for immigrants for some of the larger federal benefit programs.

Eligibility can also be affected by a practice called *deeming*. All family-based immigrants and some employment-based immigrants must be “sponsored” by a family member. Sponsors must have incomes of at least 125% of the federal poverty income guidelines and sign an affidavit pledging assistance to maintain the immigrant’s annual income at 125% FPIG. When

determining eligibility for federal means-tested public benefits, a sponsor's income and resources may be added to the immigrant's income and resources. The 1996 welfare law extended sponsor-deeming to apply to major income and employment benefit programs (Food Stamps, public health insurance, SSI, and TANF) and to be applied to immigrant applicants until they naturalize as citizens or have worked in the U.S. for 10 years. (Neilson, 2004; Dinan, 2005)

As "not-qualified immigrants," undocumented persons (including children), who were not eligible for federal benefits prior to the 1996 welfare law, remain ineligible at present¹⁹, with the exception of programs that protect life and safety. These include: child and adult protective services; violence and abuse prevention; mental illness or substance abuse treatment; short-term emergency shelter or housing assistance; soup kitchens, food banks, senior nutrition programs, and school-based meal programs; and medical and public health services necessary to protect life or safety. (Center for Public Policy Priorities, 2007) The 1996 welfare law did extend many existing restrictions on undocumented persons' access to certain state-funded services.

Mixed status families and their children²⁰ warrant specific mention in terms of federal benefit eligibility. Children of immigrants are more likely than children of native-born parents to live in low-income families, regardless of the children's citizenship status. As such, these low-income children of immigrants experience higher rates of food insecurity, housing affordability problems, and lack of health insurance (all hardships that federal benefits can help to alleviate) compared with their counterparts who are born to native-born parents. (Dinan, 2005)

As citizens, native-born children in immigrant families do not face any eligibility bars related to their own immigrant or legal status, and their access to public benefits is not legally affected by the status of their parents. Their eligibility is only governed by whether they meet other program criteria (for example, restrictions around household income). However, in practice, parents' immigrant status greatly affects the benefit receipt of their citizen children, such that the eligible low-income children of immigrants receive benefits at lower rates than the children of native-born parents (Dinan, 2005).

Benefit receipt by eligible citizen children in immigrant families declined significantly following the passage of the 1996 welfare law. This "chilling effect" (Dinan, 2005, page 7) and the subsequent and consistently low rates of benefit receipt are related to several factors on the part of non-citizen parents. Due to the complexity of eligibility rules, many parents may have confusion or misconceptions about their children's eligibility for benefits. If parents have undocumented status, they may fear that interacting with government officials could result in their status being discovered and reported. Lastly, immigrant parents regardless of status may

¹⁹ Undocumented immigrants were not eligible for federal benefit programs prior to the passage of the 1996 welfare law. The 1996 legislation strengthened those existing restrictions, and expanded them to some state-funded services as well.

²⁰ For a general discussion of mixed status families, refer to the Profile of the Foreign Born section of this report.

fear that receiving benefits constitutes being a public charge²¹ and thus affects their ability to adjust legal status to lawful permanent residency, to naturalize as citizens, or to sponsor other immigrants. Although some of these fears are not informed by actual practices or policies, they nonetheless can act as deterrents for low-income immigrant families with benefit-eligible family members. (Dinan, 2005)

²¹ In immigration law, a public charge is a person who cannot support himself or herself and thus relies on government cash assistance. (Dinan, 2005, page 7)

Table 5-B: Immigrants' Eligibility Requirements for Selected Public Benefit Programs			
Program	Qualified Immigrants		Not Qualified Immigrants
	Entered the U.S. before August 22, 1996	Entered the U.S. on or after August 22, 1996	
Federal Means-Tested Public Benefits			
Supplemental Security Income (SSI)	Eligible if: <ul style="list-style-type: none"> Receiving the benefit on Aug. 22, 1996 Lawfully residing in the U.S. on Aug. 22, 1996 and become disabled Lawful permanent resident with credit for 40 qualifying quarters²² worked Have refugee or asylee status (eligible for first 7 years in the U.S.) Veteran, active duty military, or their spouses and unmarried dependent children 	Eligible if: <ul style="list-style-type: none"> Lawful permanent resident with credit for 40 qualifying quarters worked; can apply five years after entry to the U.S. Have refugee or asylee status (eligible only for first 7 years in the U.S.) Veteran, active duty military, or their spouses and unmarried dependent children 	Eligible if: <ul style="list-style-type: none"> Receiving the benefit on Aug. 22, 1996 Victims of trafficking and their beneficiaries, during first 7 years after getting status
Food Stamps	Eligible if: <ul style="list-style-type: none"> Are under age 18 Age 65 or older and were lawfully residing in U.S. on Aug. 22, 1996 Had "qualified immigrant" status for 5 years Lawful permanent resident with credit for 40 qualifying quarters worked Have refugee or asylee status Veteran, active duty military, or their spouses and unmarried dependent children 	Eligible if: <ul style="list-style-type: none"> Are under age 18 Had "qualified immigrant" status for 5 years Lawful permanent resident with credit for 40 qualifying quarters worked Have refugee or asylee status Veteran, active duty military, or their spouses and unmarried dependent children 	Eligible if: <ul style="list-style-type: none"> Victims of trafficking and their beneficiaries
Temporary Assistance for Needy Families (TANF)	Eligible	Eligible if: <ul style="list-style-type: none"> Had "qualified immigrant" status for 5 years Have refugee or asylee status Veteran, active duty military, or their spouses and unmarried dependent children <p><i>Note: Texas is one of 5 states that, for this category of immigrants, makes TANF available only to:</i></p> <p>(1) LPRs with 40 qualifying quarters of work, (2) veteran/active duty military/spouse or children, or (3) refugee/asylee only during 5 years after obtaining status.</p>	Eligible if: <ul style="list-style-type: none"> Victims of trafficking and their beneficiaries

²² After December 31, 1996, no quarter can be considered a qualifying quarter if the individual received a federal means-tested public benefit during the quarter. Quarters worked by parents when the applicant was a child, or by a spouse while married, may be counted by spouses and dependent children as satisfying the 40 quarter requirement. (Neilson, 2004)

Table 5-B: Immigrants' Eligibility Requirements for Selected Public Benefit Programs			
Program	Qualified Immigrants		Not Qualified Immigrants
	Entered the U.S. before August 22, 1996	Entered the U.S. on or after August 22, 1996	
Medicaid (excluding Emergency Medicaid services)	Eligible	Eligible if: <ul style="list-style-type: none"> • Had "qualified immigrant" status for 5 years • Have refugee or asylee status • Veteran, active duty military, or their spouses and unmarried dependent children <i>Note: Texas is one of 7 states that, for this category of immigrants, makes Medicaid available only to:</i> (1) LPRs with 40 qualifying quarters of work, (2) veteran/active duty military/spouse or children, or (3) refugee/asylee only during 7 years after obtaining status.	Eligible if: <ul style="list-style-type: none"> • Victims of trafficking and their beneficiaries
Children's Health Insurance Program (CHIP)	Eligible	Eligible if: <ul style="list-style-type: none"> • Had "qualified immigrant" status for 5 years • Have refugee or asylee status • Veteran, active duty military, or their spouses and unmarried dependent children <i>Note: In Texas, the state-funded TexCare Partnership (a combined SCHIP and Medicaid program) covers "qualified" immigrant children up to 200% of FPIG.</i>	Eligible if: <ul style="list-style-type: none"> • Victims of trafficking and their beneficiaries
Selected Other Federal Public Benefits			
Emergency Medicaid	Eligible	Eligible	Eligible
HUD Public Housing and Section 8 Programs	Eligible except: <ul style="list-style-type: none"> • Certain Cuban/Haitian entrants • "Qualified" abused spouses and children <i>Note: For mixed status families, benefit is subject to prorating.</i>	Eligible except: <ul style="list-style-type: none"> • Certain Cuban/Haitian entrants • "Qualified" abused spouses and children <i>Note: For mixed status families, benefit is subject to prorating.</i>	Eligible if: <ul style="list-style-type: none"> • Victims of trafficking and their beneficiaries • Certain other very specific groups <i>Note: For mixed status families, benefit is subject to prorating.</i>
Social Security	Eligible	Eligible	Eligible if: <ul style="list-style-type: none"> • Lawfully present • Received assistance based on application filed before 12/1/1996.

Table 5-B: Immigrants' Eligibility Requirements for Selected Public Benefit Programs			
Program	Qualified Immigrants		Not Qualified Immigrants
	Entered the U.S. before August 22, 1996	Entered the U.S. on or after August 22, 1996	
Medicare "Premium Free" Part A (hospitalization)	Eligible	Eligible	Eligible if: <ul style="list-style-type: none"> • Lawfully present, and eligibility is based on authorized employment
Medicare "Premium Buy-in" Part B	Eligible if: <ul style="list-style-type: none"> • Lawful permanent resident and have resided continuously in the U.S. for 5 years 	Eligible if: <ul style="list-style-type: none"> • Lawful permanent resident and have resided continuously in the U.S. for 5 years 	Not Eligible
Programs that Protect Life and Safety	Eligible	Eligible	Eligible

Sources: National Immigration Law Center, 2005b; Neilson, 2004.

The Local Safety Net for Basic Needs Services

In Travis County, a network of nonprofit agencies, faith-based organizations, City of Austin Neighborhood Centers, and Travis County Community Centers provide some combination of emergency food, rent, mortgage, utility and clothing assistance (basic needs services) for residents in need. In general, these services are intended to assist families through a crisis rather than to serve as ongoing supports.

Eligibility for services varies by provider. For example, some food pantries will provide a bag of groceries without requiring income or residency documentation (Basic Needs Coalition, 2006). Other basic needs providers, such as Travis County, require that clients meet income guidelines and show proof of Travis County residency²³ (Travis County Health and Human Services, 2003).

Eligibility for services is often tied to the funding source. Typically, services or benefits directly funded with federal dollars usually require proof of citizenship. In general, other funding sources (that are not direct federal dollars) exclude citizenship status from consideration for service provision. For example, in 2005 the Texas Department of Housing and Community Affairs issued a memo which stated that applicants could not be denied services through the Community Services Block Grant (CSGB)²⁴, Comprehensive Energy Assistance Program (CEAP) or Weatherization Assistance Program (WAP)²⁵ for not providing a social security number or for not having proof of citizenship status (Texas Department of Housing and Community Affairs, 2005).

Local Findings: Meeting Basic Needs and Using the Local Basic Needs Safety Net

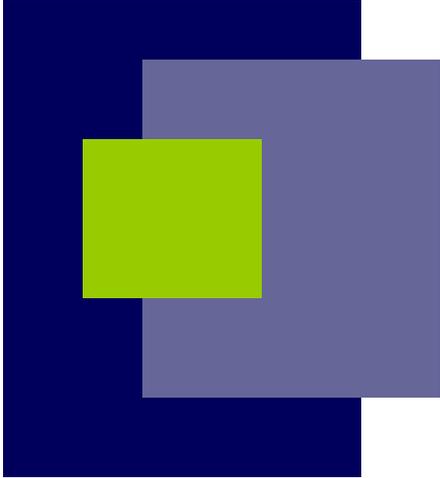
Some participants in local immigrant focus groups shared their difficulties meeting basic needs. When asked to describe a challenging day, one individual explained that every day is a challenge for her. While she commented that wages are better in the U.S., she said rent and other basic needs are so costly that she finds it difficult to provide “little extras” for her family. Other participants spoke of the challenge balancing their own basic needs with the desire to save and send money to relatives in their home countries. For example, one person said, “A typical day for me is trying to earn enough money [and] saving it to send back home.”

Focus group participants had varying experiences accessing local social services. Many agreed with one person who stated, “Travis County has lots of services for immigrants which is not true of all cities.” Others praised the specific services they had received—for example, “Every day at 11:00 or 11:30 AM, they bring me food, rain or shine, Monday through Friday. They’ve never failed me since I arrived here in Austin.” In one focus group, three of eight participants had their children enrolled in the local Head Start agency and expressed satisfaction with the services they received through that agency. One individual explained: “I am very thankful for the help and services that my family and I have received. These are not available in my home country.” Others indicated that they or others they know are not always aware of or able to access services. One person said, “This county has a lot of resources, but some people don’t know how to access them.”

²³ Travis County residency is defined as having lived in Travis County for a minimum of 60 days prior to application assistance. (Travis County Health and Human Services, 2003)

²⁴ CSBG is a funding source for City of Austin Neighborhood Centers.

²⁵ CEAP and WAP are funding sources for Travis County Community Centers.



Housing



Housing Overview

Community Goal

The community's goal for housing in Travis County is reflected in the following statements:

To ensure the availability of safe, affordable housing.

(Community Action Network Housing Assessment, 1999)

[To ensure that] everyone has a right to safe, decent, fair and affordable housing.

(Austin Tenants' Council)

Housing is a basic need of all residents. The safety and affordability of housing affects residents' quality of life, participation in the community, and health and financial well-being.

Highlights

- In the United States, the foreign-born population occupies approximately one in three housing units (or approximately 88 of 252 million).
- In general, immigrants in Travis County are more likely than their native-born counterparts to live in married-couple households, live in large households, live in multi-family (apartment) housing, and rent rather than own their housing. They also experience overcrowding at higher rates than the native born.
- Immigrants have lower homeownership rates than the native born. Nationwide, the homeownership gap between the native born and the foreign born is 17% (72% of native-born householders in the U.S. own their own home, compared with only 55% of foreign-born householders). Travis County is on par with these national trends, with a homeownership gap of 16% between the native-born and foreign-born populations; however, the county's homeownership rates are lower overall (63% of native-born households and 47% of foreign-born households own their own homes).
- Housing characteristics vary across the county's immigrant population, by several factors:
 - *Citizenship status*: Compared to immigrants who become naturalized citizens, non-citizens have higher rates of overcrowding and housing cost burden. Non-citizens also have low homeownership rates.
 - *World region of origin*: Latin American immigrants constitute the majority of the county's overcrowded immigrant households and the majority of immigrant households with a housing cost burden. Asian immigrants have higher rates of homeownership than immigrant groups of other origins.

- *Length of stay in the U.S.:* The longer immigrants live in the United States, the more similar their housing characteristics become to those of the native-born population. In Travis County, immigrants who have lived longest in the U.S. have higher homeownership rates than those who are more recently arrived. They are also less likely to experience substandard housing conditions, overcrowding, or housing affordability problems.
- Barriers to affordable housing and homeownership for immigrants include: language and cultural differences, lower incomes, concentration in higher-priced housing markets, lack of relationships with financial institutions, vulnerability to predatory lending and other abusive practices, and a relatively youthful population.

Immigrants and the Housing Market

Immigrants both impact and are impacted by the housing market. Nationally, the foreign-born population occupies approximately one in three housing units (or approximately 88 of 252 million). In Central Texas, immigrants are and will continue to be of particular importance to the housing market of Travis County. The growth of Travis County's foreign-born population is partly responsible for the county's overall growth, and helps to offset the out-migration of domestic migrants. By contrast, domestic in-migration has largely fueled the growth of the suburban counties surrounding Travis, such as Hays, Bastrop and Williamson. (Murdock, 2004)

Immigration stimulates the demand for entry-level housing in both rental and owner-occupied housing units. Recent immigrants, however, because they are younger, have lower incomes, and are still climbing the employment ladder, are more likely to rent than to buy (Joint Center for Housing Studies of Harvard University, 2006). Immigrants also influence the supply of housing. The non-traditional housing needs of immigrants and their demands on the market are spurring changes in affordable housing development, including compact development such as townhouses, multifamily garden-style, mid-rise and high-rise buildings, and urban in-fill construction (Haynes, 2005). Immigrants are also critical to neighborhood revitalization and stabilization. In cities with higher-priced housing markets, immigrants often purchase homes in neglected or under-valued areas, and subsequently rejuvenate them (Ray, Papademetriou, & Jachimowicz, 2004). The practices of both financial and housing institutions welcome and encourage immigrant homebuyers of all backgrounds, whom they hope will help buoy the housing market in the years to come.

Snapshot of the Local Housing Market

Over the last decade, Austin's owner housing market has become increasingly expensive. The price distribution of available housing stock has skewed notably towards higher-priced housing. In 1996, 44% of the homes sold in Austin were under \$100,000; in 2006, only 10% of the homes sold were in this price range. During this same time period, median family income has also increased, but at a slower rate. In March 2007, Austin had the second-highest median home price (\$173,900) and second-highest average home price (\$237,900) of the 40 Texas metropolitan MLS areas tracked by the Real Estate Center at Texas A&M University. (Real Estate Center at Texas A&M University; Central Texas Sustainability Indicators Project, 2006)

In Austin's rental market, fair market rents, the federal government's standard for what should be considered affordable, have risen annually since 2000 and have remained some of the highest of Texas metropolitan areas (Office of Policy Development and Research, n.d.) Actual rents in Austin peaked in 2000, fell though the early 2000s, and began climbing again in 2005 (CTSIP Annual Report, 2006). The Austin area has also experienced historically high occupancy rates, fluctuating between 88% and 98% from 1994 through 2005 (Craig & Civan, 2006). These conditions create a tight rental market, especially for those seeking more affordable housing.

Housing Characteristics of Immigrants

Travis County’s immigrants exhibit different housing characteristics from the native-born²⁶, in terms of household composition, housing conditions, and the cost of housing. Variations exist among foreign-born sub-populations by region of origin, length of stay in the U.S. and citizenship status (described where data were available and findings were notable).

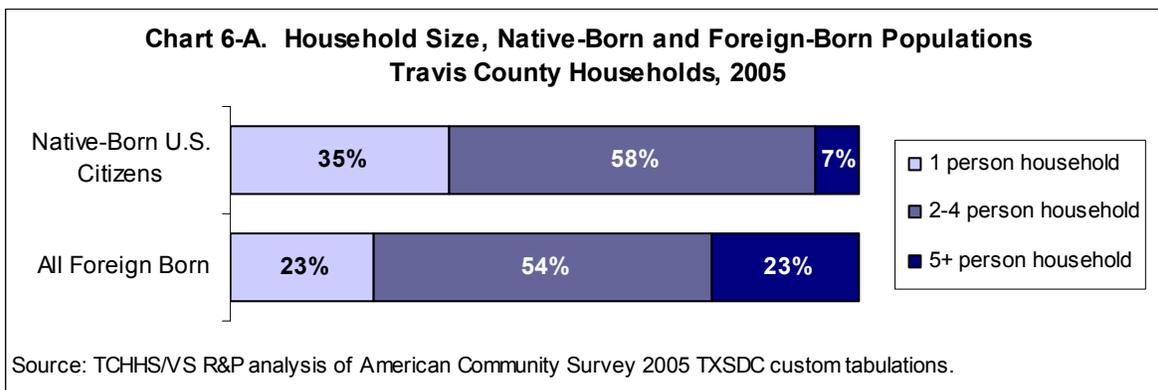
Household Composition

Immigrants in Travis County are more likely to live in married-couple family households than are the county’s native-born residents (see Table 6-A). For both populations, married-couple family households constitute the majority, but they make up 64% of the foreign born compared with 55% of the native born (American Community Survey, 2005).

Table 6-A. Household Type, Travis County Population, 2005				
Household Type	Native Born		Foreign Born	
	Number	Percent	Number	Percent
In married-couple family households	394,980	55%	94,860	64%
In other households	323,130	45%	53,379	36%
Total population in households	718,110	100%	148,239	100%

Source: American Community Survey 2005

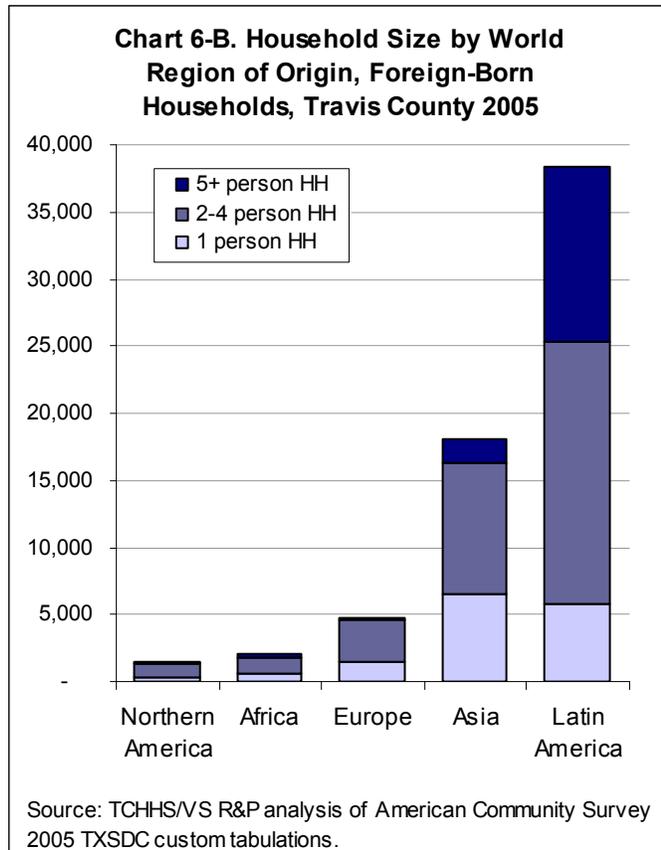
Travis County immigrants are also more likely to live in larger households than their native-born counterparts: 7% of the county’s native born households have five or more people, compared with almost a quarter (24%) of the foreign born. Correspondingly, the native born are more likely to live in single-person households (35%) than the foreign born (23%). (Texas State Data Center, 2006)



²⁶ Populations selected for analysis are those used by the U.S. Census Bureau. The Census Bureau considers anyone who is not born a U.S. citizen to be foreign born. Native-born are those people born in the United States, Puerto Rico, or a U.S. Island Area (includes the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands), as well as those born abroad of a U.S. citizen parent.

Household size varies across immigrant subgroups by world region of origin (see Chart 6-B). In 2005, Travis County’s Latin-American households were more likely than other immigrant groups to be large (34% have five or more persons); only 10% of Asian households were large. One-person households comprised 36% of Asian households and 15% of Latin-American households. (Texas State Data Center, 2006)

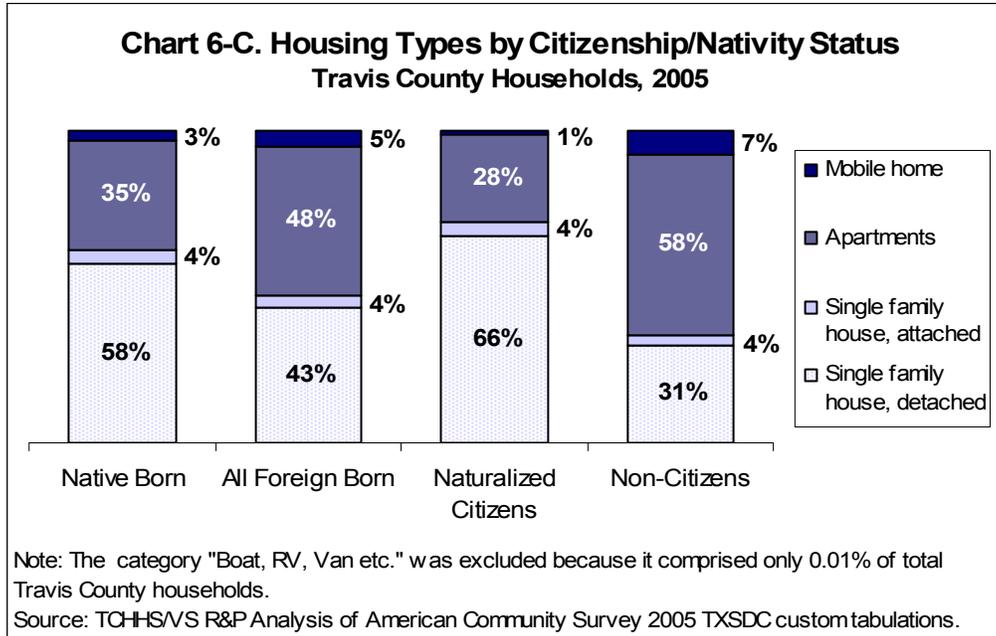
Local Findings: Living in Large Households
 Several focus group participants described living with roommates out of financial necessity. Others explained that their living arrangements were affected by their cultural and personal preferences. For example, one person said that he preferred living with family; another couple, who lives with their children and grandchildren, stated that “To live with your children in an extended family situation is the Vietnamese culture.”



Housing Types: Single-Family Homes, Apartments and Mobile Homes

In Travis County, 62% of native-born households live in single-family homes, while only 47% of foreign-born households do so (see Chart 6-C). The percentage in single-family homes drops even further—to 35%—when considering only non-citizen households. Foreign-born persons who are naturalized citizens, however, are *more* likely than the native born to live in single-family homes. (Texas State Data Center, 2006) These trends are mirrored nationally: As foreign-born persons naturalize, their housing situation becomes more similar to that of the native born-population (Census 2000 special tabulations, 2004).

The foreign born are disproportionately represented among apartment residents (shown in Chart 6-C). Almost half (48%) of Travis County’s foreign-born residents live in apartments, and they comprise 19% of all households in apartments. Among the two most populous immigrant groups in Travis County, people from Latin America and Asia, greater shares of households live in apartments (48% and 50% respectively) than in other types of housing. (Texas State Data Center, 2006)



Immigrants are also overrepresented among mobile home²⁷ residents. About 5% of Travis County’s foreign-born households live in mobile homes, and they comprise about 20% of all households in mobile homes. Among Latin-American immigrants, 9% live in mobile homes—a rate far higher than that of immigrant groups of other origins. (Texas State Data Center, 2006)

Special Topic: Manufactured Housing

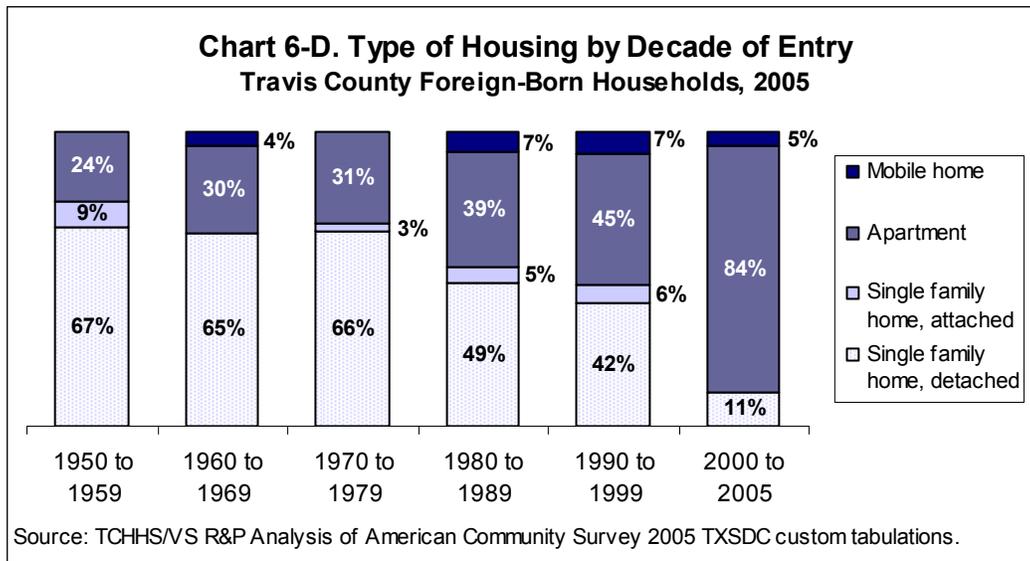
Mobile or “manufactured” homes are the fastest growing form of housing the U.S. Between 1993 and 1999, manufactured housing comprised over one-sixth of the national growth in owner-occupied housing stock, with higher shares among very-low income and rural households. In 2005, mobile/manufactured homes comprised 6.4% (approximately 8 million) of all occupied housing units in the United States. Travis County has approximately 14,100 mobile homes (American Community Survey, 2005).

Mobile homes are attractive to homebuyers because of their apparent affordability: In 2005, the median value of Travis County’s owner-occupied housing units was \$171,100; for mobile homes, the median value was \$41,300 (American Community Survey, 2005). But many buyers may not be aware of the risks associated with purchasing a mobile home. Most manufactured home purchases are financed with personal loans, similar to car loans, which frequently require no up-front costs and typically have higher interest rates and more restrictions than conventional mortgages. Furthermore, about half of mobile homes are located on rented land, such that occupants are responsible for the costs of homeownership (maintenance and repairs, insurance, and utilities) and are vulnerable to the risks of rented housing, including rent hikes, eviction, and restrictions on property use. Unlike traditional “site-built” homes, which appreciate in value over time, mobile homes can depreciate to half their original value within three years. Thus, the initial affordability of a mobile home is offset by owners’ limited ability to build equity over time.

Source: Apgar, Calder, Collins & Duda, 2002; Krajick, 2004; Commegna, 2004; U.S. Census Bureau, 2006.

²⁷ In the discussion herein, the terms “mobile home” and “manufactured home” are used interchangeably. However, the two are technically different. A “manufactured home” is factory built to meet the performance standards or the HUD code, must have a chassis, and rarely moves once placed. “Mobile home” typically refers to units built before 1976 and most similar to a trailer; it occasionally refers to units built after 1976, despite the fact that these units are technically (and legislatively) defined as manufactured homes. (Apgar, Calder, Collins, & Duda, 2002, page 2.)

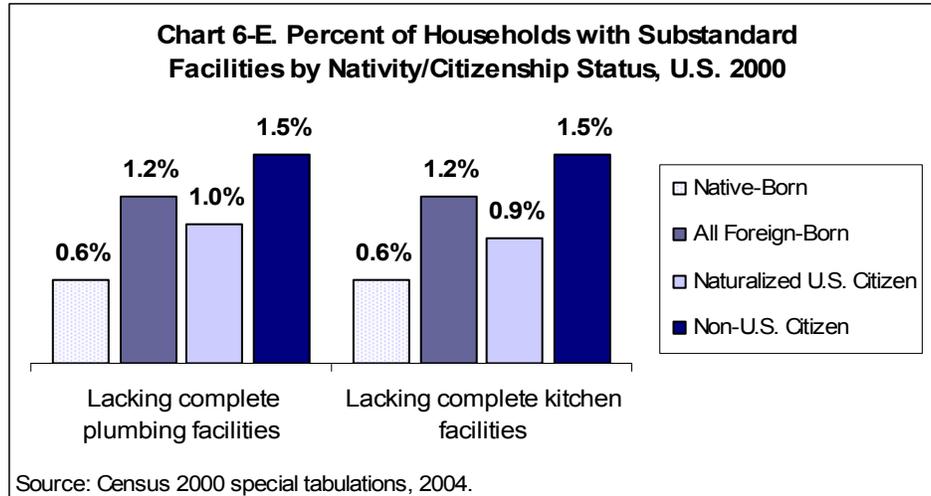
The longer immigrants’ length of stay in the U.S., the more likely they are to live in single family homes and the less likely they are to live in multi-family housing (including apartments and attached homes like duplexes). Consistent with national trends, the large majority (84% of households) of Travis County’s most recently arrived immigrants (those entering the U.S. in 2000 or after) live in multi-family housing, as shown in Chart 6-D. Among this population, only 11% of households live in single family homes, compared to over half of those who entered the U.S. prior to 1990. (Texas State Data Center, 2006)



Housing Conditions

Substandard Facilities: The U.S. Census Bureau defines substandard facilities as housing units that lack complete plumbing and/or kitchen facilities. On a national level,²⁸ such housing units are slightly more likely to be occupied by foreign-born than native-born householders (see Chart 6-E). Non-citizens, Latin-American immigrants, and more recently arrived immigrants have the highest risk of living in substandard facilities. (Census 2000 special tabulations, 2004)

²⁸ Travis County decennial census data for substandard facilities is less reliable due to the small sample size; therefore only national data are presented.



Local Findings: Living Conditions and Abusive Management Practices

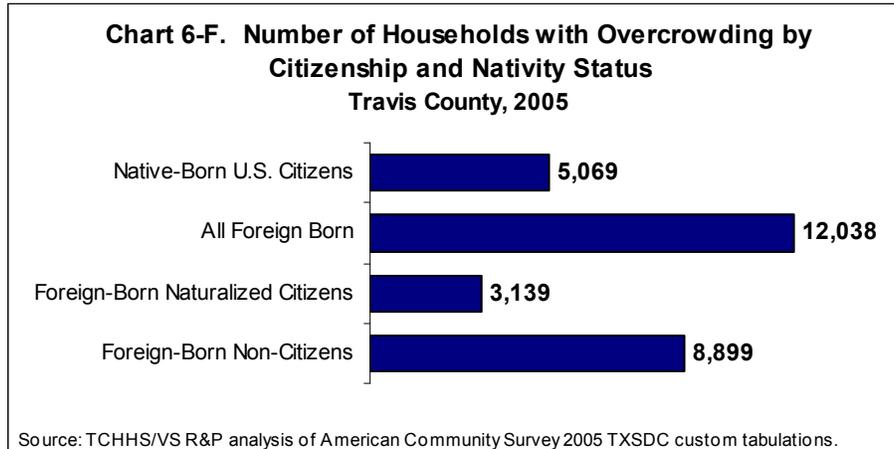
Among focus group participants who rent their housing, stories of abusive or negligent management practices were common. Many shared that their landlords did not address safety hazards or public health concerns, and that they were either uninformed or misinformed of their rights as tenants:

- “In my apartment complex, I had several problems—bed bugs, pill bugs, and I had my car stolen. I complained, but the management blamed me. They said it was my fault and that it was my furniture—that I had brought the bugs with me! I had to end up throwing away my furniture ... Recently the maintenance man ... told me that he had seen bed bug infestations in the walls throughout the complex. I couldn’t get out of my lease because of the contract.”
- “My husband and I signed a one-year lease on our apartment. But we’re having a lot of problems. There are women that are high, they lock themselves in our laundry room and use drugs and have sex with other women and men. We’ve told the apartment manager that we want to leave, but she says that we can’t break the lease and that it’s normal for the women to do what they’re doing in the laundry room.”
- “Our apartments were flooded with sewage but no one did anything for two weeks Now we don’t have air conditioning—it’s been six days since it went out and they won’t take my calls.”
- “I had a manager who tried to get me to pay more up front in a deposit, because I didn’t show her sufficient identification. I had shown her my matricula [Mexican photo ID] but that wasn’t enough. It was only after I showed her my ID [driver’s license] did she leave me alone.”
- “The owner of my apartment complex told me that if I complained, she’d call the INS.”

Overcrowding: Overcrowding is also more commonly experienced by immigrant households. Although the U.S. Census Bureau has no formal definition of overcrowding, the most common measure of overcrowding is a household with 1.01 or more persons per room.²⁹ This measure is used herein with the caveat that cultural norms influence the perception of overcrowding, and that various cultures may define overcrowding differently.

²⁹ Occupants per room is obtained by dividing the number of people in each occupied housing unit by the number of rooms in the unit. Occupants per room is rounded to the nearest hundredth. For each unit, rooms include living rooms, dining rooms, kitchens, bedrooms, finished recreation rooms, enclosed porches suitable for year-round use, and lodger’s rooms. Excluded are strip or pullman kitchens, bathrooms, open porches, balconies, halls or foyers, half-rooms, utility rooms, unfinished attics or basements, or other unfinished space used for storage. A partially divided room is a separate room only if there is a partition from floor to ceiling, but not if the partition consists solely of shelves or cabinets. (American Community Survey 2005 Subject Definitions)

Travis County immigrant households are much more likely than native-born households to be overcrowded (see Chart 6-F). In 2005, 19% (12,038) of Travis County's foreign-born households were overcrowded, compared to less than 2% (5,069) of the county's native-born households. By region of origin, people from Latin America constitute the large majority of the county's overcrowded immigrant households (93% or 11,201 households). (Texas State Data Center, 2006)



Homelessness: Homelessness occurs when an individual or family lives in one of the following places or situations: places not intended for human habitation, such as cars, parks, sidewalks, abandoned buildings, or on the street; an emergency shelter, transitional housing or supportive housing; a hotel or motel; and/or when families “double up” with other families (Community Action Network, 2006).

Homelessness primarily results from poverty and a lack of affordable housing. As discussed herein, Travis County has a shortage of affordable housing and a high cost of living. As a result, the unduplicated count for the Austin/Travis County homeless population was 6,118 in 2005, according to the Homeless Management Information Strategies (HMIS). Certain subpopulations are at higher risk, including people who have been evicted or discharged, people who are living below the poverty level, people with low educational attainment levels, and people who face specific challenges or life changes, such as a divorce, domestic violence, or filing for bankruptcy. Statistics are not available on immigrants as a proportion of the local homeless population. However, certain immigrant subgroups may be more likely than the general population to possess some of these risk factors for homelessness, particularly in regard to socio-economic characteristics, workforce trends, and vulnerability to family violence. (Austin Travis County Homeless Task Force, 2007; Community Action Network, 2006; Nyfeler, 2007)

For more detailed discussion of these respective characteristics, refer to the Economic Safety Net, Workforce, and Public Safety sections of this report.

Homeownership

For many immigrants, homeownership is perceived as a major step in putting down roots and becoming a part of one's new community and country. Nationally, immigrants are three times as likely as the adult population as a whole to rank home buying as their top priority (Schoenholtz & Stanton, 2001).

Homeownership Rates and Trends

Nationwide, the native born are more likely to own their homes than are the foreign born, with homeownership rates of 72% and 55% respectively, as shown in Table 6-B (American Community Survey, 2005). However, as foreign-born residents become naturalized citizens, the homeownership gap between them and native-born residents narrows (Census 2000 special tabulations, 2004). This is particularly relevant in Texas, where approximately 31% of Texas's foreign born-residents are naturalized citizens (Malone, Baluja, Costanzo, & Davis, 2003).

Although the overall homeownership rate in Travis County (60% in 2005) is lower than that of the entire U.S. (70%), the homeownership gap between the county's native born and foreign born is similar to the gap between these two groups nationwide. In 2005, the homeownership rate of Travis County immigrants was 47%, compared with a homeownership rate of 63% among the native-born population (see Table 6-B). However, in contrast to the total U.S. immigrant population, the majority (53%) of Travis County's immigrant households rent their homes. (American Community Survey 2005)

Geography	Householder Occupancy Type	Total Householders ³⁰ in Occupied Housing		Native-Born ³¹ Householders		Foreign-Born Householders	
		Number	Percent	Number	Percent	Number	Percent
United States	Owner-Occupied Housing Units ³²	200,663,356	70%	181,044,780	72%	19,618,576	55%
	Renter-Occupied Housing Units	87,714,781	30%	71,643,515	28%	16,071,266	45%
	Total	288,378,137	100%	252,688,295	100%	35,689,842	100%
Travis County	Owner-Occupied Housing Units	519,533	60%	450,029	63%	69,504	47%
	Renter-Occupied Housing Units	346,816	40%	268,081	37%	78,735	53%
	Total	866,349	100%	718,110	100%	148,239	100%

Source: American Community Survey 2005.

³⁰ One person per household is designated the householder (American Community Survey 2005 Subject Definitions).

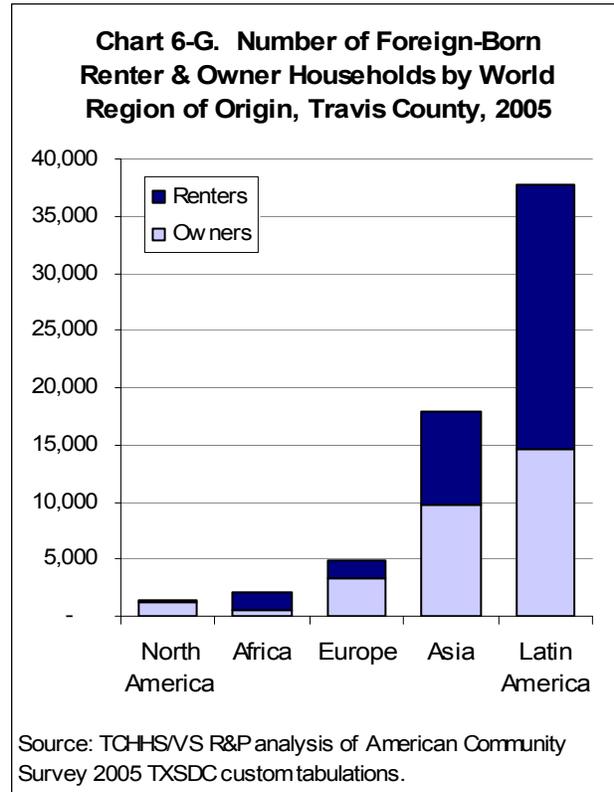
³¹ Native population includes native householders born in state of residence, native householders born in another state, and native householders born outside the U.S. (American Community Survey 2005 Subject Definitions).

³² A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters (American Community Survey 2005 Subject Definitions).

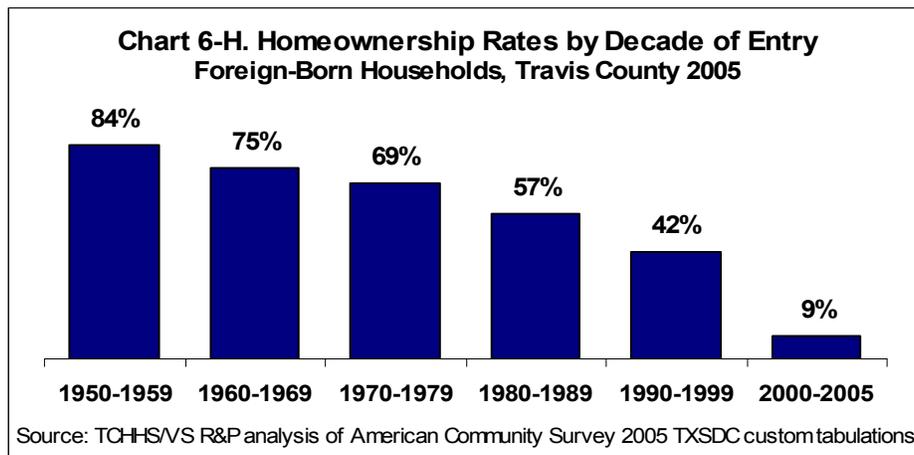
Variations in Homeownership for Immigrant Groups

Immigrants who become naturalized citizens are much more likely to achieve homeownership than are non-citizens. Among Travis County’s naturalized immigrants, about three out of four households are homeowners, compared with about one in three non-citizen households (Texas State Data Center, 2006).

Homeownership rates also vary by region of origin (see Chart 6-G³³). Immigrants from Europe and North America are most likely to be homeowners, but these groups are present in Travis County in relatively small numbers. Of the county’s larger immigrant groups, 54% of Asian households are owner-occupied, and only 38% of Latin American households are owner-occupied. In the small group of African-born households in Travis County, a striking one out of four are homeowners. (Texas State Data Center, 2006)



Immigrants’ homeownership status is also related to the length of time spent in the U.S. As immigrants live longer in the U.S., they become increasingly likely to own their own homes. As shown in Chart 6-H, among Travis County immigrants, homeownership rates rise steadily for each successive decade spent in the U.S., with the most recently arrived persons (entering in 2000 or after) exhibiting the lowest rates of homeownership. (Texas State Data Center, 2006)

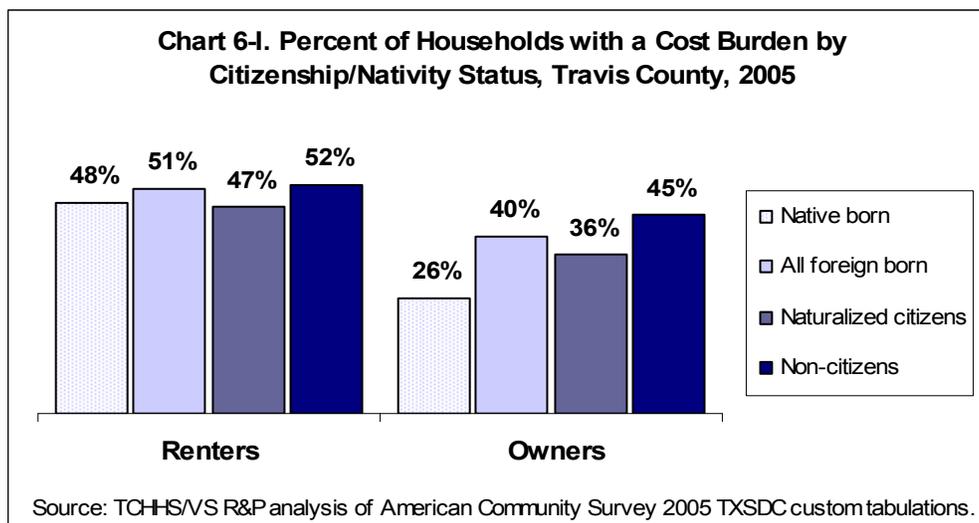


³³ A small number of households classified as “no cash rent” were excluded from this data set because they did not rent their housing for cash rent, nor did they own their housing.

Affordability of Housing

Affordability of housing is influenced by many factors, including one's household income, the cost of living, the local housing market, and tax rates. An approximate measure of housing affordability is *cost burden*, or the fraction of a household's gross income spent on housing costs.³⁴ Hereafter, a housing cost burden constitutes spending greater than 30% of gross household income on housing costs.³⁵

Citizenship and Nativity Status: Of Travis County homeowners, the foreign born are significantly more likely to experience a housing cost burden than the county's native-born homeowners (40% and 26% respectively, as shown in Chart 6-I). (Texas State Data Center, 2006)



Among Travis County renters, the foreign born are only slightly more likely to experience a housing cost burden than the native born (51% and 48% respectively) (Texas State Data Center, 2006). This similarity is likely a reflection of the Austin area rental market and the affordability challenges it poses for many residents, particularly those who are moderate- to low-income. Austin has some of the highest fair market rents of Texas metropolitan areas, and has experienced historically high occupancy rates, fluctuating between approximately 88% and 98% from 1994 through 2005 (Craig & Civan, 2006). High occupancy and rental rates create a tight rental market for those seeking more affordable housing and impose a cost burden on many residents—both immigrants and native-born residents alike.

³⁴ For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities. (Source: U.S. Department of Housing and Urban Development, www.HUD.gov).

³⁵ The U.S. Department of Housing and Urban Development defines a moderate cost burden as spending more than 30% of gross household income on housing costs, and a severe cost burden as spending more than 50% of gross household income on housing costs. (Source: Office of Policy Development & Research, www.huduser.org).

Local Findings: Austin’s Expensive Housing Market

Affordable rental housing was a major challenge that surfaced in most immigrant focus group discussions. The cost of housing, combined with the limited availability of affordable housing, was a concern for many participants:

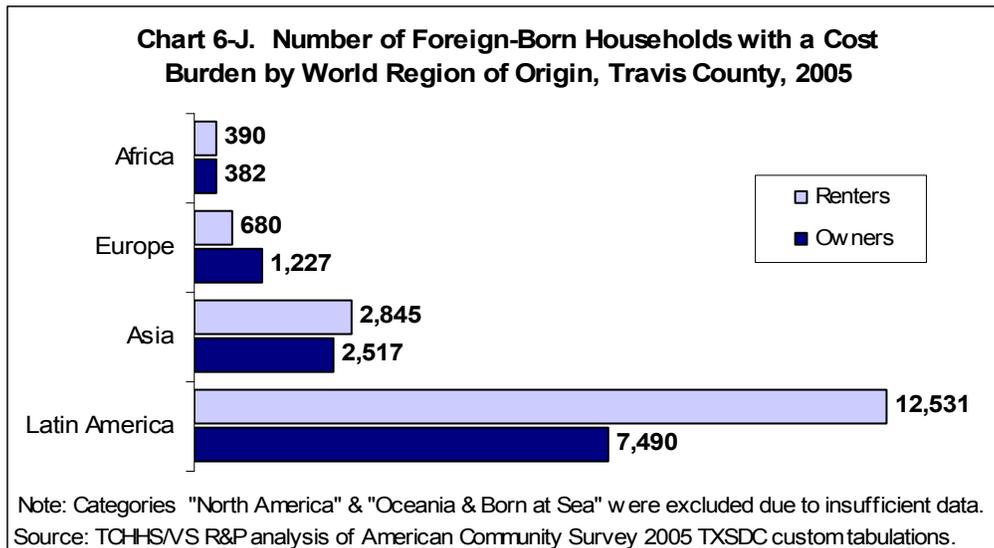
- “Money is hard to earn. Rent is the biggest issue for me.”
- “When it’s the end of the month and you don’t have the money to pay for rent, pay the bills ... I don’t sleep that night trying to figure out what to do.”
- “Finding an apartment can be almost impossible.”
- “I find the hardest thing I face is the cost of living—the rental costs and the living situations. They rent to us [immigrants], however, the conditions in which we live are very bad.”

One participant noted that although her wages are “better” in the Austin area, she said her rent is “unreasonably high,” and she finds it difficult to provide her children with “the little extras” because her family’s basic needs are so costly.

Several participants commented on the challenge of buying a home in the Austin area. One said, “At “first, we had a difficult time getting and being able to afford housing. For the longest time, we rented. We rented for seven years before being able to get my own house. The City [of Austin] helped us with down payment assistance—that’s how I got into my house.” Another person commented that “You get used to not being able to buy a house, [we] can only rent—don’t make enough money to buy.”

Feedback from local providers mirrors these concerns. Among attendees at the Travis County Immigrant Assessment Provider Forum, “affordability” ranked as the highest need of clients who are immigrants. Focus group results confirm that immigrants turn to community-based organizations for assistance in securing housing. Several local organizations, including Casa Marianella and Caritas, were credited with providing needed services to recently arrived immigrants seeking housing.

World Region of Origin: Travis County’s Latin-American immigrants comprise the greatest share (over 20,000) of foreign-born households with a cost burden, for both renters and owners (see Chart 6-J). The disparity is particularly large for Latin-American owner households, 52% of which experience a cost burden—a rate about twice that of the county’s native born (26%). Among Asians, the county’s second most populous group, over 5,300 households experience a cost burden, although their cost burden rates for both renters and owners are almost identical to those of the county’s native-born residents. (Texas State Data Center, 2006)



Length of Stay in the United States: For Travis County immigrants who are homeowners, the likelihood of experiencing a cost burden decreases the longer they live in the U.S. Of those who entered the U.S. prior to 1960, approximately one in four experienced a cost burden in 2005, compared to almost one in two of those who entered between 2000 and 2005 (Texas State Data Center, 2006). This trend may be due to a greater proportion of mortgage completion among earlier cohorts. In contrast, among foreign-born renters, cost burden does not decrease with duration of stay, which may stem from the aforementioned dynamics of the local rental market.

Barriers to Affordable Housing and Homeownership

Homeownership is often an opportunity for households to build wealth and security by investing in home equity. However, immigrants own homes at lower rates than the native-born population. This homeownership gap, which exacerbates gaps in wealth overall, is primarily attributable to the interplay between the following factors:

- Lack of formal relationships with financial institutions and lack of formal identification
- Cultural differences and fear of institutions
- Vulnerability to predatory lending and other abusive practices
- Language barriers
- Higher priced housing markets
- Relatively lower incomes and limited assets

Lack of Formal Identification and Relationships with Financial Institutions

Lack of formal credit history can be a significant barrier to homeownership for immigrants. Immigrants may have low credit scores or little to no credit history, for several reasons: They may work more than one job, be unable to document earnings if paid in cash, prefer to use cash over credit cards to pay bills, and/or share housing with friends or relatives and thus may not be named on the lease or utilities. Recent immigrants may also lack knowledge about the role of credit and how to build good credit history. (Schoenholtz & Stanton, 2001)

Experience with credit and debt management is generally greatest among more affluent groups, and lower among renters and groups disproportionately likely to rent, including immigrants. In the 2003 Fannie Mae National Housing Survey, only 27% of immigrants surveyed said they had “a great deal of experience with credit and debt,” compared to 40% of the general population (Fannie Mae, 2003). For the estimated 11.5 to 12 million undocumented immigrants in the U.S. (Passel, 2006), lacking the proper documentation of identity—including a social security number, passport, or visa—is an added barrier.

To address these barriers, some banks, including Citibank and Banco Popular, have developed loan programs that do not require a social security number, but instead use the Individual Taxpayer Identification Number, which the Internal Revenue Service initiated in 1996 for non-citizens to report income for tax purposes. Financial institutions have also turned to nontraditional sources of credit, such as payment records in an immigrant’s home country.

Additionally, 29 banks in Texas allow immigrants to open bank accounts using the “matricular consular” identification card issued by the Mexican government (Hergstrom, 2005). These innovations have opened doors for many immigrants to build equity and move toward homeownership.

Local Findings: Documentation Challenges

Having the proper forms of identification was a challenge for immigrant focus group participants who rented their homes. Several participants said that, as a result of their “lack of ID,” they had been required to find co-signers for their leases. For others, this issue limited their housing options:

- “I don’t like my current apartment, but I stay because it’s too much of a hassle to seek other housing because of the ID situation. [The current landlord] had not asked me for an ID.”
- “I have tried applying at other apartments but was denied because of my lack of ID.”

Others cited that possessing formal ID had also been a barrier to obtaining utility services. One person, describing this challenge, said “Without an ID, you don’t have rights.”

One participant, acknowledging the importance of credit, commented on the difficulty of establishing it: “They ask that you have good credit, but how can you, without any permanent ID like a social security number, how can you establish it?”

Local social service providers also report that lack of credit history and lack of official identification are major challenges for their clients who are immigrants, second only to affordability of housing.

Vulnerability to Predatory Lending and Other Abusive Practices

Sub-prime loans with higher interest rates are intended for borrowers who might not normally qualify for loans at interest rates available in the prime market (for example, due to poor credit or a lack of credit history). Predatory lending is more likely to occur in this market and includes practices such as high interest rates not justified by risk, mortgage broker kickbacks, unwarranted prepayment penalties, excessive or hidden fees, financed fees for unnecessary insurance, and other terms designed to keep the borrower in debt. In 2001, U.S. consumers are estimated to have lost over \$9 billion to predatory lending. Due to the frequent lack of credit history, immigrants are more likely to borrow in the sub-prime market and thus are at a higher risk for victimization by such practices. (Center for Responsible Lending, 2004)

Undocumented immigrants are particularly vulnerable to exploitation. Without access to the prime market and traditional avenues for borrowing, these individuals may turn to strategies involving much higher risk, such as contract for deed programs (in which the lender retains the title until the property is paid off) or using a friend’s or relative’s valid social security number. An estimated 10% of undocumented immigrants own their own homes (Hergstrom, 2005), however no studies were identified that suggested the financial strategies used to obtain their homes.

Local Findings: Homebuyer Rights

Several focus group participants shared experiences with buying property. One person reported that he was asked by a contractor to pay 10% down on a pre-existing home, and after purchase, discovered undisclosed problems with the house. Another person said he’d been asked to put 100% down before work was begun on a property. Both of these participants said that despite their reservations, they went through with the transactions as requested by the contractor because they were unsure of their rights.

Cultural Differences and Fear of Institutions

Immigrants may bring knowledge, beliefs and customs from their countries of origin regarding home-buying and financial institutions. They may, for example, arrive with a distrust of such institutions, and they generally do not have an understanding of the credit-approval process and requirements. In addition, immigrants may make assumptions about the home-buying process based on practices in their former countries, such as large down payment requirements. Immigrants may also be intimidated by formal financial structures, particularly if hailing from a country with an unstable financial sector. They may fear rejection from financial institutions or even deportation. Lastly, cultural differences can account for variations in styles of negotiation, decision-making and discussing finances, which can also affect the home-buying process. (Schoenholtz & Stanton, 2001; Quigley, 2005)

Local Findings: Cultural Expectations

In several immigrant focus groups, participants commented on the costly up-front housing expenses:

- “With me, they actually charged me a \$250 deposit, \$30 application, and one month’s full rent They requested a lot up front—very difficult to start.”
- “There’s a lot of obstacles set up for you—when people see that you’re an immigrant they ask you for a deposit for everything. Others ask for your consular ID, some type of proof of employment, and for that reason I can’t get an apartment where I want to live.”

While these results reflect the financial housing challenges that immigrants face, they also suggest that some immigrants may be unfamiliar with housing practices in the U.S., and bring cultural understandings based on the institutional practices of their home countries.

Language Barriers

For some immigrants, limited English proficiency is a barrier to buying a home, since it limits access to information about housing, savings, and mortgage opportunities. Limited English proficiency may also limit access to higher-paying employment opportunities that allow for greater mobility out of ethnic labor markets (Ray et al., 2004). In 2005, of the Travis County population age five and older, 13% spoke a language other than English at home and spoke English “less than very well” (American Community Survey, 2005).

Given the rise in the immigrant population, many lenders and homebuilders, especially in housing markets with higher concentrations of immigrants, are courting immigrant homebuyers by hiring bilingual staff with cultural knowledge and sensitivity to immigrant communities. These outreach efforts may be of greater benefit to larger immigrant populations, such as those that are Spanish-speaking, as opposed to smaller immigrant communities that speak less prevalent languages.

Local Findings: Language Barriers

In several local immigrant focus groups, participants commented on the negative effects of language barriers on their own home searches. One person expressed a need for interpreter services in real estate; another person expressed the desire for a handbook for newly arrived immigrants, in their native languages, addressing housing, tenant rights, and the home buying process in the U.S.

Higher Priced Housing Markets

Nationally, immigrants, on average, spend slightly more on housing than their native-born counterparts. For example, in 2005, the average and median fair market rents for the native-born population were \$931 and \$918 respectively; for immigrants, due to their locations in higher priced housing markets, their average and median fair market rents were \$1,056 and \$967 respectively (Lipman, 2005).

Fully 96% of immigrants live in urban areas (including inner city as well as urbanized suburbs), where housing is often more expensive and/or dominated by the rental market; only 78% of native-born Americans live in these urban areas (Ray et al, 2004). In 2000, three Texas cities—Houston, San Antonio and Dallas—were among the nation’s top ten cities with the largest foreign-born populations (Malone et al, 2003). These same three Texas cities also ranked among the top ten large cities with the highest percentage of renter-occupied units in 2000 (Woodward & Damon, 2001).

Immigrants tend to cluster in traditional “gateway” receiving areas, including the southwestern border from California to Texas, and in and around major metropolitan areas such as Miami, New York City, and Washington D.C. (Malone et al., 2003). According to 2000 Census data, almost 70% of immigrants live in just six states, with Texas being home to 9.3% of the nation’s immigrants (Ray et al, 2004). In recent years, immigrants are dispersing to other areas of the country beyond the traditional large gateway cities. Those who do move to cities other than the top ten immigrant “gateway” locations are more than twice as likely to become homeowners due to less expensive housing (Quigley, 2005).

Relatively Lower Incomes and Limited Assets

The greater one’s income and assets, the more affordable housing becomes. Nationally, on average, immigrants make slightly lower earnings than do native-born residents (Lipman, 2005). This trend is also visible on the local level (see Table 6-C). In Travis County, immigrants are more heavily represented among lower income groups: 66% have individual incomes under \$25,000 (compared with only 48% of the native born), and they are more than twice as likely as native-born persons to have no reported income. (American Community Survey 2005)

Table 6-C. Distribution of Foreign-Born and Native-Born Populations Across Individual Income Levels, Travis County, 2005

Income Level	Native Born		Foreign Born	
	Number	Percent	Number	Percent
No Income	47,920	9%	26,033	19%
\$1 to \$9,999 or loss	97,920	18%	23,920	18%
\$10,000 to \$14,999	41,076	8%	15,324	11%
\$15,000 to \$24,999	72,331	13%	25,078	18%
\$25,000 to \$34,999	65,723	12%	15,352	11%
\$35,000 to \$49,999	84,272	15%	9,545	7%
\$50,000 to \$64,999	47,698	9%	6,277	5%
\$65,000 to \$74,999	17,254	3%	3,787	3%
\$75,000 or more	69,950	13%	10,352	8%
Total	544,144	100%	135,668	100%

Source: American Community Survey 2005

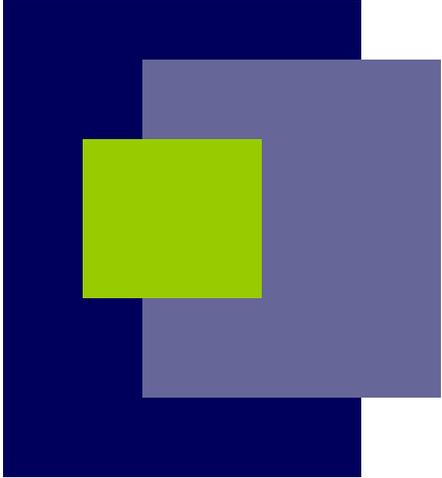
Because their earnings are generally lower, and because they tend to cluster in higher-priced housing markets, immigrants' incomes tend to be below the median income for their locations (Lipman, 2005). Accordingly, the risk of poverty is higher for immigrants, as shown in Table 6-D. In 2005, foreign-born persons in Travis County were slightly more than 1.5 times more likely than native-born individuals to live below the poverty level. The higher prevalence of these economic conditions affects immigrants' ability to purchase housing.

Poverty Status	Native Born		Foreign Born	
	Number	Percent	Number	Percent
Below 100 percent of the poverty level	101,692	14%	33,548	23%
100 to 149 percent of the poverty level	49,244	7%	23,855	16%
At or above 150 percent of the poverty level	563,047	79%	90,836	61%
Total	713,983	100%	148,239	100%

Source: American Community Survey 2005.

Immigrants' household savings, and thus their homeownership potential, are also affected by their access to education, job training, and employment opportunities (both in the home country prior to immigration and here in the U.S.) (Ray et al, 2004). For detailed discussions of these factors, refer to the Profile, Workforce, and Education sections of this report.

Lastly, some immigrant groups face barriers to homeownership that are specific to their particular status or origin. For example, immigrants who come from countries that allow limited property ownership may bring fewer assets with them to the U.S. Refugees, who must leave everything behind in their country of origin, experience particular difficulty in achieving homeownership and are less likely to receive or transfer wealth to or from relatives. (Ray et al, 2004)



Health



Health Overview

Community Goal

The community's goal for health in Travis County is reflected in the following statement:

[To] promote the health and wellness of the residents of our community, especially the uninsured and underinsured, by working together to ensure access to a full range of coordinated healthcare services.

(Travis County Healthcare District Board of Managers, 2007)³⁶

Healthy residents can be full participants in their communities, schools, and places of work, thus contributing to the prosperity of Travis County as a whole.

Highlights

- Immigrants are subject to the same constraints and challenges endemic to the U.S. healthcare system as the population at large.
- Immigrants are more likely than the native born to lack health insurance. In Texas, the share of the foreign born that lack health insurance (48%) is more than twice that of the native born (20%). In particular, non-citizens lack health insurance at almost three times the rate of the native born (55% are uninsured). These disparities in coverage are largely due to employment trends and to policies governing immigrants' access to public health insurance.
- Due to their lower rates of health insurance coverage, immigrants tend to be more reliant on healthcare safety net providers.
- Immigrants are disproportionately low users of healthcare services and account for a relatively small share of total and per capita U.S. healthcare costs.
- First-generation immigrants to the U.S. tend to be healthier than the native born population, despite their socio-economic risk factors and limited access to care. However, their health tends to decline with acculturation.
- Language barriers, cultural differences, and providers' levels of cultural competency can affect immigrants' access to care, quality of care received, and ability to navigate the healthcare system.

³⁶ The use of the Travis County Healthcare District's mission statement does not imply their endorsement of content.

Healthcare Access

Access to care is the first link in a chain of factors that impact individuals' health outcomes. Health insurance coverage is the primary predictor of one's access to healthcare. The availability of health insurance is governed by policies at federal, state and local levels, as well as individuals' socioeconomic and employment characteristics. Particularly for those without health insurance, access to healthcare is dependent upon the capacity of local "safety net" healthcare providers to meet service demands.

Immigrants' Access to Public Health Insurance: Key Laws and Policies

In the 1970s and 1980s, U.S. immigration policy followed largely liberalizing trends. During this period, the Supreme Court determined that unlike the states, the federal government *did* have authority to make eligibility distinctions on the basis of nativity and citizenship in public benefit programs; but the federal government did not do so. Policies thus reflected more or less similar treatment of legal immigrants and citizens concerning their daily life in U.S. society, with some rights extended to undocumented individuals as well, and widened access to legal entry into the U.S. (Fix & Zimmermann, 1999)

The 1990s marked the onset of a more restrictive era in immigration-related policies, one which more narrowly defined immigrants' membership in U.S. society. The Personal Responsibility and Work Opportunity and Reconciliation Act of 1996 (also known as the Welfare Reform Act or the 1996 welfare law) restricted legal immigrants' eligibility for public health insurance, including Medicaid, and later the State Children's Health Insurance Program (SCHIP) when it was implemented as a supplement to Medicaid in 1997. In general, legal immigrants entering the U.S. after the passage of the 1996 legislation cannot receive Medicaid for five years, after which coverage becomes a state option. Some exceptions are made on the five year ban, including refugees³⁷ and asylees, victims of human trafficking, veterans, and members of the military on active duty and their spouses and unmarried dependent children. Undocumented immigrants, as well as temporary residents (individuals with time-limited work, study or travel visas), were not eligible for Medicaid or SCHIP benefits prior to the 1996 welfare law and remained ineligible after its passage. All immigrants, regardless of their status, retained eligibility for emergency Medicaid services and emergency medical services provided by state governments. (Siskin, 2004; Staiti, Hurley & Katz, 2006; Nielson, 2004; for a more detailed discussion of immigrants' access to public benefits, including public insurance, refer to the Economic Safety Net section of this report.)

These stricter eligibility requirements produced significant declines in the number of legal immigrants receiving Medicaid coverage, particularly among low-income immigrants and their citizen children (Ku & Freilich, 2001; Ku, Fremstad & Broaddus, 2003; *Health Coverage for Immigrants*, 2004). The policy changes also increased coverage gaps between immigrants and

³⁷ Refugee eligibility is complex and may vary from state to state. For more information, refer to the website of the Office of Refugee Resettlement ([www. http://www.acf.hhs.gov/programs/orr/](http://www.acf.hhs.gov/programs/orr/)).

U.S. citizens (particularly among low-income persons), and amplified inter-state disparities in coverage for immigrants (Fremstad & Cox, 2004).

To address these gaps, twenty-three states, including Texas, responded to the 1996 welfare law by (1) creating or expanding state-funded healthcare coverage programs for legal immigrants, and/or (2) engaging in outreach efforts to enroll eligible immigrants in public insurance programs and maintain their insurance coverage. States defined eligibility criteria for immigrants with the intent to provide either more encompassing or more limited coverage for specific populations. Almost all states opted to provide coverage to children and pregnant women, and most extended coverage to parents, the elderly, and people with disabilities. A few states, including Texas, defined eligibility more narrowly: In Texas, healthcare coverage *is* provided to all children who are qualified immigrants³⁸ through the SCHIP program, but coverage is *not* offered to legal immigrants who are pregnant, parents, elderly, or disabled. (Fremstad & Cox, 2004)

Nationwide, these state-funded programs have increased insured rates among immigrants, but without federal funding, state health programs are vulnerable to local fiscal pressures, and places an undue burden of care on states in which higher numbers of immigrants reside (Kaiser Family Foundation, 2004; Carrasquillo et al, 2003). This is particularly relevant in the state of Texas, which is home to approximately 10% of the country's foreign born and 12% of its non-citizens (American Community Survey, 2005).

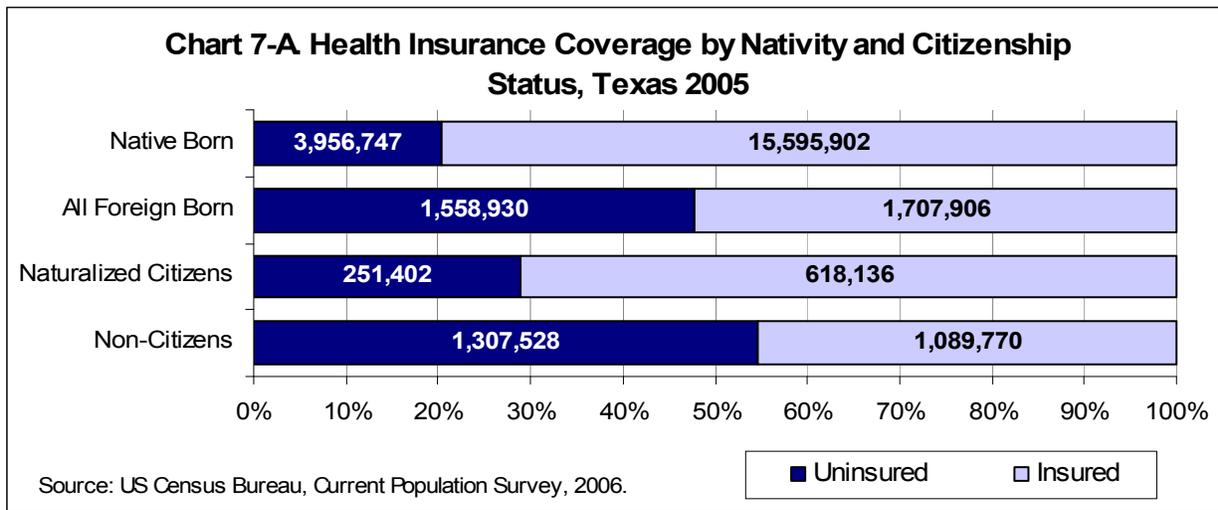
Health Insurance Coverage for Immigrant Populations

Within the U.S. healthcare system, health insurance coverage greatly impacts both health outcomes of individuals and the financial well-being of families. More specifically, the presence and extensiveness of health insurance affects whether care is accessed, the frequency with which care is accessed, and the quality and affordability of the care received. These findings have notable implications for immigrants, who are significantly more likely to be uninsured than native-born citizens, both nationally and at the state level.

Nationally, in the year 2004, the proportion of the foreign-born population without health insurance (34%) was about two-and-a-half times that of the native-born population (13%). Among foreign-born persons, non-citizens were more likely than naturalized citizens to lack coverage (44% and 17%, respectively) (DeNavas-Walt, Proctor & Lee, 2005). Undocumented immigrants are the most likely group to be uninsured, accounting for up to one-third of the growth in the uninsured population in the United States over the past two decades (Rand Corporation, 2005a).

³⁸ "Qualified immigrants" is defined in the federal welfare law as: lawful permanent residents, refugees, asylees, persons granted withholding of deportation, persons paroled into the United States for at least one year, persons granted conditional entry (prior to April 1, 1980), certain battered spouses and children, Cuban/Haitian entrants, and victims of a severe form of trafficking (Nielson, 2004).

These proportions look very similar for the state of Texas, although the uninsured rates for all populations are slightly higher than they are nationally. Of the state’s total population, 24% are uninsured. The foreign born in Texas comprise a disproportionate number of those without health insurance coverage: In 2005, the foreign born comprised only about 14% of the total population of the state, but 28% of the state’s uninsured. Chart 7-A shows the number and percent uninsured for Texas’ native-born and foreign-born populations. Compared to the native born, of whom 20% lack health insurance, the foreign born are uninsured at more than twice that rate (48%). Among non-citizens in Texas, 55% lack health insurance. (Current Population Survey, 2006)



According to the U.S. Census Bureau’s Small Area Health Insurance Estimates Program, Travis County’s rate of uninsured is lower than both the Texas and national figures. It is estimated, at a 90% level of certainty, that Travis County’s uninsured number between approximately 99,700 and 132,700 persons (or 12.1% or 16.1% of the total population).³⁹

Reasons for High Uninsurance Rates among Immigrants

The coverage gap between immigrants and their native-born counterparts is attributable primarily to three factors:

- Workforce trends,
- Eligibility for government (public) insurance, and
- Personal characteristics that affect coverage (Mohanty, 2006; Grieco, 2004; Capps et al, 2002).

Workforce Trends: Immigrants, and in particular undocumented immigrants, are more likely to hold jobs without employment-based coverage, such as part-time or seasonal positions, jobs in industries such as service or construction, and/or jobs with small employers (Grieco, 2004; Ku &

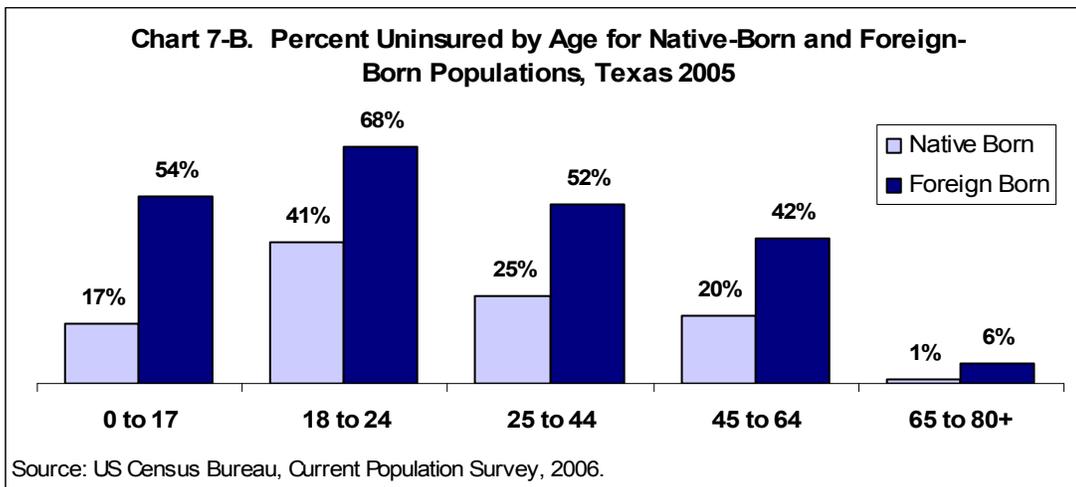
³⁹ These proportions are 3-year averages of county-level observations from the Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS). The confidence interval represents uncertainty from both sampling and modeling, for each estimate. For more information on methodology, refer to the following page of the U.S. Census Bureau’s website: <http://www.census.gov/hhes/www/sahie/methods/methods.html>

Waidman, 2003; Stiasi et al, 2006). This is particularly true for non-citizen immigrants, who tend to be younger and less educated, and thus work less-skilled jobs (Mohanty, 2006; Rand Corporation, 2005a). Even when their employers offer insurance, immigrants in low-income households commonly decline coverage because they cannot afford it (Burgos, Schetzina, Dixon & Mendoza, 2005). This has far-reaching effects, given that healthcare coverage in the U.S. is so closely tied to the workforce and economy. As a result, only about 36% of foreign-born persons in Texas have employment-based health insurance, compared to 55% of the state’s native born (Current Population Survey, 2006).

Eligibility for Public Insurance: Immigrants have low rates of public insurance coverage (Stiasi et al, 2006). In Texas, only 15% of foreign-born persons have government insurance, compared to 27% of the state’s native born (Current Population Survey, 2006). Undocumented immigrants are typically ineligible for government-issued insurance, and due to the 1996 welfare law, so are many legal immigrants. While legal immigrants have greater access to government-based coverage, in most cases, five years of residency is required (Grieco, 2004). Some immigrants, namely refugees, have Medicaid coverage temporarily after entry into the U.S., but typically lose coverage after eight months (“History of Time,” 2002). Immigrants who maintain eligibility or become eligible for Medicaid coverage may be deterred from enrollment by the difficulty of navigating the program, or by the fear that it would constitute a “public charge” and thus have damaging effects on immigration status (Ku & Freilich, 2001; Ku & Waidmann, 2003). All these factors render immigrants less likely to have a form of government insurance. (For more information on this topic, refer to the Economic Safety Net section of this report.)

Personal Characteristics that Affect Coverage: A combination of other personal factors contributes to an immigrant’s likelihood of being uninsured, including their world region of origin, age, naturalization status, and socio-economic status.

- **Age:** For all age groups in Texas, uninsurance is more common among immigrants than the native born (see Chart 7-B). Among the foreign born, the 18-to-24 age group experiences the highest rate of uninsurance (68%). However, the coverage gap between native-born and foreign-born is highest among children (under age 18) and the elderly (age 65 and older).



The uninsured rate for foreign-born children in Texas (54%) is more than three times that of the state’s native-born children (Current Population Survey, 2006). Immigrant children experience high levels of uninsurance for many of the same reasons their parents lack coverage. Their parents are likely to lack employer-based coverage, so the children of immigrants are less likely to be covered under an employer health plan (Capps, Fix, Henderson and Reardon-Anderson, 2005). In mixed status families with citizen children and non-citizen parents, many eligible children are not enrolled in public insurance programs because their parents are not aware that their children are eligible, or they fear that doing so will compromise their legal status or future citizenship (Capps et al, 2005b).

Foreign-born elderly persons, although they have extremely low rates of uninsurance (6%), are six times more likely to lack health insurance than their native-born counterparts (Current Population Survey 2006). This disparity in coverage may be due to differences in Medicare coverage for the foreign born (elderly non-citizens’ ineligibility for Medicare, and the possibility that legal immigrants may not have been employed for a sufficient number of qualifying quarters to be eligible for Medicare).

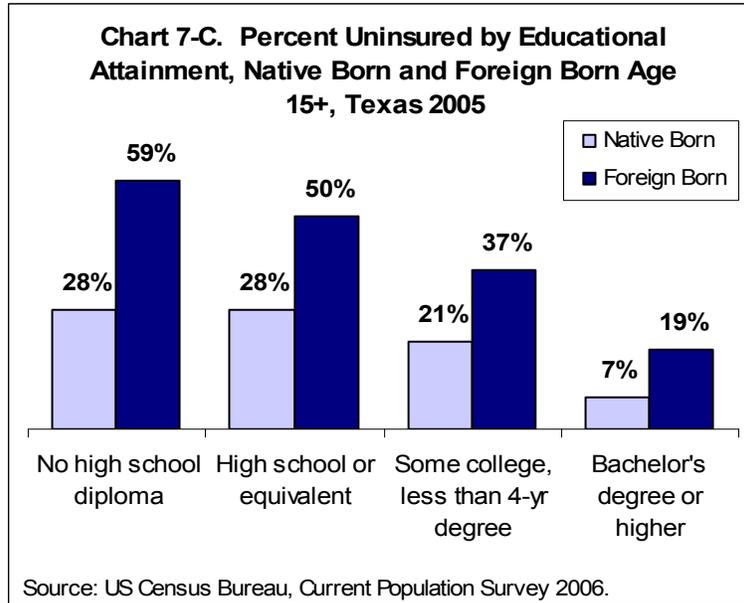
- **Naturalization Status:** When foreign-born persons become naturalized citizens, their likelihood of being uninsured drops significantly, but remains higher than that of the native born. In Texas, uninsurance among the naturalized immigrant population is 47% lower than that of the non-citizen immigrant population. This decrease in uninsurance for naturalized persons is consistently observable across age groups, but by varying degrees: Citizenship status has the greatest effect on the elderly population (a 53% lower rate of uninsurance), and it has the least effect on the 18 to 24 year old age group (a 23% lower rate of uninsurance). (Current Population Survey 2006)

- **World Region of Origin:** Uninsurance affects groups from some regions of origin more than others (see Table 7-A). In Texas, immigrants from Central America have both the highest numbers of uninsured and the highest rates of uninsurance. Notably, although Asians have lower rates of uninsurance, they still have the second highest number of uninsured in the state, due to their larger population size in Texas.

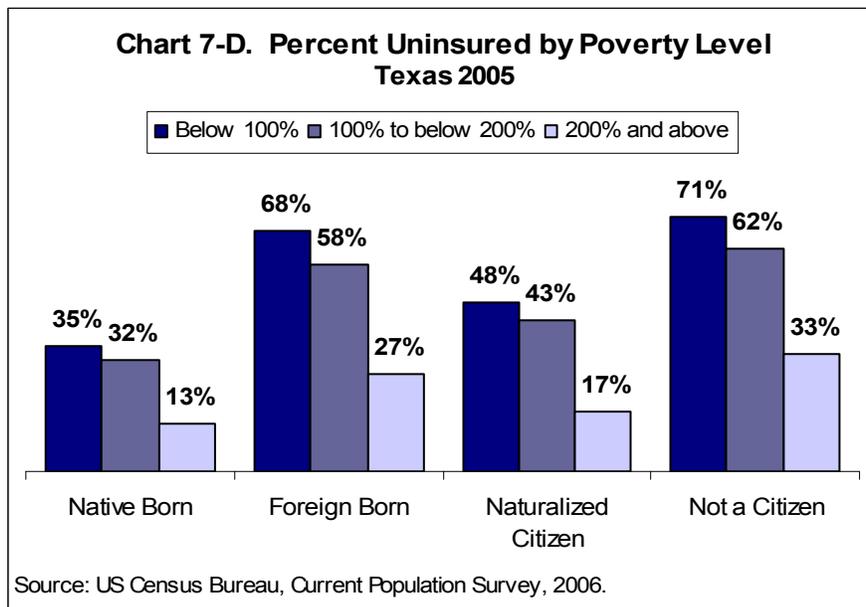
Region of Origin	Number Uninsured	Percent Uninsured
Europe	6,757	6%
Caribbean	7,189	18%
South America	24,072	40%
Other Areas	41,737	28%
Asia	128,093	20%
Central America & Mexico	1,351,082	56%

Source: U.S. Census Bureau, Current Population Survey 2006

- **Socio-economic Factors:** Across all groups, socio-economic factors—in particular, income and education—strongly influence health insurance coverage rates. For both the foreign-born and the native-born populations in Texas, higher educational attainment levels correlate to lower uninsurance rates, but the correlation is much greater for foreign-born persons at every level (see Chart 7-C).



Similarly, for all populations, the likelihood of uninsurance decreases as people move out of poverty (see Chart 7-D). It is noteworthy that as people move further out of poverty, the likelihood of uninsurance decreases more or less by similar ratios for all groups. However, a consistently greater proportion of foreign-born persons are uninsured compared to the native born.



Personal socio-economic characteristics, while they are factors in uninsurance overall, do not explain away the disparities in coverage between immigrants and the native-born population.

Travis County's Healthcare Safety Net

Immigrants are subject to the same constraints and challenges endemic to the U.S. healthcare system as the population at large. Their use of care is likewise dependent on common mitigating factors, including income and health insurance coverage. Given immigrants' higher rates of uninsurance, the role of "safety net" providers⁴⁰ is particularly important in serving this population (Staiti et al, 2006). In Travis County, as in other communities across the U.S., safety net providers are often called on to serve those who slip through the cracks of federal and state programs.

Travis County's healthcare safety net consists of multiple providers offering primary⁴¹ and specialty care, including Brackenridge Hospital, the 15 Austin/Travis County Community Health Centers, and other primary care clinics (Health Management Associates, 2006). All of these safety net options are available to immigrant populations, although, in some settings, immigrants may be subject to different eligibility criteria dependent upon citizenship status (for a detailed discussion of immigration-related statuses, refer to the Immigration Policy, Process, and Legal Rights section). The following provides an overview of the Travis County healthcare safety net and immigrants' access to local safety net services.

Primary Care: The 15 Community Health Centers (CHCs) provide primary care to over 50,000 low-income adults and children in Travis County. CHC services include outpatient primary healthcare, dental care, behavioral health services, and HIV/AIDS treatment services. They serve individuals who are residents of Travis County, have incomes up to 200% of federal poverty income guidelines, and lack private health insurance. As Federally Qualified Health Centers⁴² (FQHCs), the Travis County Healthcare District CHCs serve predominantly uninsured or medically underserved populations, and they provide services to all eligible persons regardless of their ability to pay. The CHCs serve as the primary provider for more than 50,000 children and adults in Travis County, and comprise approximately half of the safety net capacity within the boundaries of Travis County. (Community Care Services Department, 2006; *Community health centers*, n.d; Travis County Healthcare District, 2007b; C. Garbe and T. Young, personal communication, April 17, 2007)

⁴⁰ "Safety net" providers are the healthcare facilities that are open to all patients, including those who are low-income and uninsured. They may include hospitals, community health centers, free clinics, community-based organizations, and in some cases local health departments. (Staiti et al, 2006)

⁴¹ Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care is performed and managed by a personal physician often collaborating with other health professionals, and utilizing consultation or referral as appropriate. Primary care provides patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services. Primary care promotes effective communication with patients and encourages the role of the patient as a partner in health care. (American Academy of Family Physicians, 2007)

⁴² The Federally Qualified Health Center status is a federal designation from the Bureau of Primary Healthcare and the Center for Medicare and Medicaid Services that is assigned to private nonprofit or public healthcare organizations that serve predominantly uninsured or medically underserved populations, and are located in or serving a Federally designated Medically Underserved Area/Population.

The CHCs serve as the primary care provider system for enrollees in the Medical Assistance Program (MAP). The Medical Assistance Program is a healthcare program of the Travis County Healthcare District, for which the District provides funding and sets policy. MAP provides access to a network of established providers located in Travis County (*Medical assistance program*, n.d.). In fiscal year 2006, MAP had an average monthly enrollment of approximately 10,000 people, and in fiscal year 2007, average monthly enrollment is projected to be approximately 10,100 (C. Konecny, personal communication, March 23, 2007). Travis County residents who have family incomes at or below 100% of the federal poverty income guidelines, meet asset guidelines, and have no other healthcare coverage are eligible for MAP. Unlike federal and state public health insurance programs, non-citizens can participate in MAP. However, individuals without proof of citizenship or legal residency status⁴³ must have incomes less than 21% of federal poverty income guidelines⁴⁴ to be eligible for MAP.

For those who do not qualify for MAP, don't have another form of insurance, and have incomes up to 200% of federal poverty income guidelines, the Community Health Centers provide medical, prescription and limited dental services on a sliding fee scale, based on family size and income (*Medical assistance program*, n.d.). The same sliding fee scale is applied to all populations served by a given FQHC. For families and individuals up to 100% of the federal poverty income guidelines, clients pay 0% of fees for CHC services (Travis County Healthcare District, 2007a).

Many private, nonprofit and community-based providers of primary and preventative care in Travis County serve a key function in our community. Private nonprofit clinics such as People's Community Clinic, the Seton Community Clinics, the Volunteer Health Clinic, Planned Parenthood of the Texas Capitol Region, and the smaller community-based providers like Manos de Cristo and El Buen Samaritano, are alternative sources of affordable primary care, in some cases subsidized by public funding. Some of these providers also offer appointments outside of the traditional work day, thus helping to alleviate one of the access barriers for working clients (Travis County Focus Groups, 2006). Additionally, community-based and nonprofit organizations often play a role in advocating for immigrant groups and bridging cultural gaps, especially for those with language barriers (Staiti et al, 2006).

⁴³ Legal status validation for MAP is voluntary, through one's own admission and procurement of valid identification; INS is not consulted.

⁴⁴ These eligibility guidelines (21% of federal poverty income guidelines) are specified under the Texas Indigent Health Care and Treatment Act. (Texas Health and Safety Code Ann. Ch. 61)

Specialty Care: Brackenridge Hospital is home to a specialty clinic addressing 27 areas of medicine and sub-specialties on a rotating basis. The specialty clinic's daily average of 75 to 100 clients are mostly uninsured, underinsured, or have government-issued insurance (Health Management Associates, 2006). Due to the limited availability of specialists and lack of capacity for expansion, the Brackenridge Specialty Care Clinic frequently has long wait periods, depending on the specialty type (see Table 7-B). A lack of affordable specialty care for the uninsured poses a barrier to caring for vulnerable populations in Travis County (E. Carroll & L. Glenn, personal communication, October 3, 2006; Gilliam, Starkey & Johnson, 2006).

Table 7-B. Wait Period in Days (from 6/5/2006) for Selected Brackenridge Specialty Care Services

Specialty Type	Wait Period
OB Diabetic	7
Asthma	9
Ultrasound	16
Renal Hypertension	58
Surgery	59
Pulmonary	60
Urology	72
Neurology	143
Orthopedics	183
Rheumatology	244
ENT	311
Eye	361

Source: Gilliam, Starkey & Johnson, 2006.

Mental Health Services: Mental health services are available through safety net providers, but only on a very limited basis. Austin Travis County MHMR provides mental health services to individuals with priority diagnoses⁴⁵ regardless of nativity, citizenship, or immigration status. (For more detailed discussion of these statuses, refer to the Immigration Policy, Process and Legal Rights section.) As part of primary care services, the federally qualified Community Health Centers provide limited mental health services under the umbrella of behavioral health⁴⁶ services (E. Carroll & L. Glenn, personal communication, October 3, 2006).

Emergency Care: Immigrants, including undocumented persons, are eligible for all the same hospital-based emergency services as the general population. While some immigrants are not eligible for public health insurance, they are eligible for emergency medical care provided by state governments and for emergency Medicaid services (Siskin, 2004). In general, hospitals in areas with large immigrant populations experience higher growth in the uninsured patient load and face greater problems with uncompensated care (Ku & Freilich, 2001). Brackenridge Hospital is the historically public hospital for the Austin area; over half (53%) of its patients have some kind of government-issued healthcare coverage (Health Management Associates, 2006).

⁴⁵ For children and adolescents under the age of 18, a priority diagnosis includes diagnosis of mental illness and exhibition of severe emotional or social disabilities which are life-threatening or require prolonged intervention. For adults, a priority diagnosis includes severe and persistent mental illnesses such as schizophrenia, major depression, manic depressive disorder, or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment. (Austin Travis County MHMR, 2002)

⁴⁶ Within the CHC system, behavioral health services are provided by E-Merge Program, which aims to help individuals realize improved health outcomes by concurrently addressing their behavioral health needs. The program targets patients with acute, recurrent or chronic conditions such as diabetes, chronic pain and/or mood disorders, but also serves an increasing number of individuals with more complex mental health needs including psychotropic medications. (Coe-Simmons & Guariguata, 2006; T. Young, personal communication, April 17, 2007)

Local Findings: Access to Care

Focus group discussions with immigrants revealed general concerns about the cost of healthcare in the U.S. Many participants stated that they found medical care, even from their local providers and clinics, to be prohibitively expensive. Several discussed the costliness of insurance coverage. Of those focus group participants who had sought medical care, most expressed concern over paying their medical bills. One person commented that a simple medical visit could be catastrophic on their family income, particularly because time spent receiving care is less time working and less money earned.

Participants also commented on their limited access to prescription drugs, largely due to financial constraints and lack of insurance coverage for medications:

- “I have difficulty getting all of the prescriptions that I need. Without being eligible for Medicaid I cannot get all the medication that I need. I have to take six different prescriptions. The clinic has written a prescription that I cannot pay for.”
- “I have a child with asthma, which requires much medication. The insurance I have now [Medicaid] doesn’t cover everything.”
- “I couldn’t believe how ridiculous the system is here. The cost of prescription drugs especially.”

Several focus group participants said they acquired their medications, either personally or through friends from Mexico, because they were available without prescriptions and at lower costs. Some participants wished the US healthcare system was more similar to that of their home countries. For example, one person said “It’s better in my country. It’s difficult to get pharmaceuticals [in the US]. I don’t understand why they’re separate [from the provision of medical services].”

During the Travis County Immigrant Assessment Provider Forum, providers repeatedly mentioned reducing barriers to healthcare access as a top need of immigrants. Several immigrant focus group attendees mentioned the pivotal role played by private, nonprofit, and community-based organizations, including the Seton clinics in providing affordable care, and staff from other agencies in helping immigrants to navigate the healthcare system.

Limited Capacity and Other Strains on the Safety Net

Research on community responses to immigrant health needs suggests that communities with well-developed safety net provider networks are generally better prepared to serve immigrants (Staiti et al, 2006). Having become increasingly diverse over the past few decades, Travis County has developed an extensive network of community health centers and other private, nonprofit or community-based organizations that provide “safety net” healthcare. Travis County is poised to apply its knowledge and experience to serving the immigrant population. As this population grows, service capacity may prove to be a limiting factor.

Travis County’s emergency care, Community Health Centers, and small private providers have a limited ability to address the ever-widening gaps in the healthcare system. Safety net providers also face increasing financial pressures, as they are often dependent on public funding and care for a growing number of uninsured persons (Staiti et al, 2006). A recent local report found that Travis County’s safety net providers are experiencing higher demand for services: Between 2001 and 2005, the number of patients receiving care at Travis County primary care clinics increased by 10%, the number of patient encounters increased by 33%, and the average number of visits per person has also increased steadily (Indigent Care Collaboration, 2007). A lack of affordable specialty care for the uninsured poses another challenge in caring for Travis County’s vulnerable populations (E. Carroll & L. Glenn, personal communication, October 3, 2006; Gilliam et al, 2006).

Recently, the Community Health Centers have faced a new challenge brought about by the gentrification of historically low-income areas and the subsequent changes in affordability in the local housing market. When originally built, the CHCs were strategically placed in areas of need. Building clinics in close proximity to their low-income consumers helped to minimize transportation barriers for clients. In recent years, changes in the local housing market have spurred a shift in the demographics of those neighborhoods. Increases in the cost of housing inside city limits and gentrification of traditionally ethnic Austin neighborhoods have pushed low-income persons away from the areas in which the clinics are located. In more outlying areas, housing is more affordable, but transportation to clinic locations (and to emergency hospital facilities) becomes a much bigger barrier. (E. Carroll & L. Glenn, personal communication, October 3, 2006; Gilliam et al, 2006)

Local Findings: "Safety Net" Health Services

Immigrant focus group participants shared first-hand experiences of the limited capacity of safety net providers. Many commented on long wait times and limited appointments:

- "In my clinic, when I'm sick, I can never get an appointment. I have a MAP card, but I never go because by the time I am able to schedule an appointment, my ... illness has already gone away."
- "One time I was waiting in line at the clinic to check in. I waited forty minutes."
- "They'll give you an appointment for six months after you've received your [MAP] card. By the time your appointment date comes up, your card has expired."
- "It takes two or three weeks to get an appointment at the clinic."
- "Sometimes you feel sick and you don't go to the clinics because then you can't go to work that day—they see people only during working hours."

Focus group results indicate that misunderstandings are present in the immigrant community regarding the policies of the Medical Assistance Program (MAP) and the services available to persons without MAP at the Community Health Centers:

- "MAP can't see you if you're an immigrant."
- "To me, MAP is for people with no income."
- "I've heard about MAP but I don't have any deadly or chronic illnesses."
- "If you don't have a MAP card they won't see you at the clinic."

Lastly, transportation was cited by several focus group participants as a challenge in accessing needed medical services. One participant noted that "The [clinic] locations are far away." One person reported that without a car, scheduling appointments at the CHCs requires coordination with public transportation: "Sometimes there are only appointments available at 8am and I can't get there on time no matter how early I leave for the appointment, because the buses are always running late that early in the morning." Other participants discussed juggling family and work commitments with time for medical appointments. Lastly, some participants alluded to the fragmented provision of services, and the difficulty of seeking care from multiple sources.

In spite of capacity and transportation challenges, some participants expressed general satisfaction with the quality of care provided at the Community Health Centers. One person said, "It takes time at the clinic, but when we go in, they do treat us well." Another reported, "I'm happy with the services I've received."

Healthcare Utilization

Disparities exist in the types of healthcare that immigrants use and the frequency with which they use health care. As a result, healthcare costs for immigrants are disproportionately low.

Type and Frequency of Care Utilized

Immigrants are disproportionately low users of medical services. Compared to the native born, immigrants are less likely to be hospitalized, have a regular source of care, visit a doctor, or obtain preventive care (Goldman, Smith & Sood, 2006; *Health Coverage for Immigrants*, 2004). They are also more likely to avoid treatment and/or delay care (Ku & Freilich, 2001). According to one study, a large share of the foreign born in the US have almost no contact with the formal healthcare system. Approximately one quarter of the foreign born have never had a medical checkup, and one in nine have never visited a doctor; among the undocumented, the rates of utilization are even lower (Goldman et al, 2006). Undocumented immigrants face a unique barrier to utilizing services: Fear of reporting and deportation may prevent them from seeking care from public providers of safety net healthcare (Ku & Freilich, 2004). For people with limited English proficiency, language barriers also exacerbate access problems and result in less connection with the healthcare system (Ku & Waidmann, 2003).

Immigrants do not use emergency rooms as often as the native born, but because many immigrants lack access to preventative healthcare, they often delay care and seek health services when they are sickest (and when the cost of care becomes more expensive) (Mohanty, 2006). Some immigrants may also seek out lower cost alternative or underground sources of care, such as unlicensed providers and folk medicine providers (Ku & Freilich, 2004).

Local Findings: Emergency Care

In local immigrant focus group discussions, emergency room use was common. While some had gone for emergencies, several participants said they had visited an emergency room for routine care, such as poison ivy and flu. One participant said, “I take my kids to the hospital ... when they are sick.” Such use of emergency rooms may suggest a lack of relationships with what are considered in this country to be regular sources of care and/or primary care providers.

Healthcare Costs

Immigrants account for a relatively small share of total U.S. healthcare costs, and have a low impact on national healthcare spending relative to their representation in the population. In 1998, immigrant healthcare spending was about \$39.5 billion—only 8% of national healthcare costs, despite the fact that immigrants comprised 10% of the U.S. population. Per capita expenditures for immigrants are, on

7-C. Healthcare Per Capita Expenditures, U.S. 1998		
Race/ Ethnicity	Per Capita Expenditures	
	Foreign Born	Native Born
Latino	\$962	\$1,870
Black	\$1,030	\$2,524
White	\$1,747	\$3,117
All U.S.	\$1,139	\$2,546

Source: Mohanty, 2006

average, 55% lower than those of the native born. For example, immigrants have lower expenditures for emergency room visits, doctor's office visits, outpatient hospital visits, inpatient hospital visits, and prescription drugs. This disparity between immigrants and the native born persists across racial/ethnic groups as well (see Table 7-C). (Mohanty, 2006)

Two sub-groups that have disproportionately low healthcare expenditures are undocumented immigrants and immigrant children. In the year 2000, undocumented immigrants comprised 3.2% of the population but only 1.5% of total U.S. healthcare costs (Goldman et al, 2006). In 1998, per capita healthcare spending was 74% lower for immigrant children than for native born children (Mohanty, 2006).

Most of immigrants' healthcare costs are paid for by private insurers, and compared to the native born, immigrants are more likely to pay a higher fraction of costs out-of-pocket. In terms of tax-payer burden, in 2000, the per-household tax for immigrant care was only \$56, compared to \$843 for native born households. (Goldman et al, 2006; Mohanty 2006)

Quality of Care

Research at the national level finds that the quality of care an immigrant patient receives can be compromised by language barriers, cultural differences, and a provider's level of cultural competence and multicultural knowledge (Kamath et al, 2003).

Effects on Patients

By preventing clear communication, language barriers can negatively affect the quality of care received. Language barriers can impact the practitioner's ability to solicit the information necessary to make appropriate diagnoses, and the patient's ability to understand the diagnosis, treatment options, and prescribed regimens (Ku & Freilich, 2001; Morse, 2002). People with limited English proficiency are more likely to report problems communicating with their healthcare providers (Ku & Waidmann, 2003), however even those with some comfort with the English language may be unfamiliar with medical terminology. In Travis County, approximately 81,000 foreign-born persons over age five speak English "less than very well" (American Community Survey, 2005).

Providing qualified translation services can be a particular challenge in areas where translation services are limited, unavailable or costly—for example, in smaller communities, in organizations working above capacity, in specialty care settings, or for less widely spoken languages. If qualified translation services are limited or unavailable, non-English speakers may experience longer wait times for care. If unqualified interpreters are used, such as a patient's family member, both confidentiality and informed consent are compromised and the patient may not openly discuss his or her symptoms. (Morse, 2002)

Translation can also be mediated by gender or cultural norms (E. Carroll & L. Glenn, personal communication, October 3, 2006). For example, a female patient may edit what she tells a practitioner through a male interpreter depending upon her cultural background. Effective and culturally appropriate communication in health care settings requires more than language fluency. In one study, non-Spanish speaking immigrants had the greatest challenge with interpretation and translation services, however even Spanish-speaking immigrants often had trouble communicating with providers despite the frequent presence of bilingual practitioners (Ku & Freilich, 2001).

Cultural differences can also make it difficult for immigrants to accept recommendations from American healthcare providers, particularly if they are unfamiliar with the paradigm of Western medicine. For example, immigrants whose home countries have government-administered health systems may be unfamiliar with the components of the American healthcare system, such as buying insurance, and may have difficulty navigating the system. (Connolly, 2005)

Effects on Providers and the Provider-Patient Relationship

Language and cultural barriers can also undermine the provider-patient relationship. According to the 2005 National Healthcare Disparities Report, issued by the U.S. Department of Health and Human Services, individuals who speak a foreign language at home are more likely to have health providers who sometimes or never listened carefully, explained things, showed respect, or spent enough time with them. These negative experiences may prevent people with limited English abilities from developing a relationship with a primary care provider. (U.S. Department of Health and Human Services, 2005)

Providers, too, can experience the negative effects of these barriers in their clinical encounters with immigrant patients. One study found that physicians are generally less satisfied with their healthcare encounters with immigrant patients compared with native born white patients, particularly around the understanding of prevention and management of chronic disease (Kamath et al, 2003).

Local Findings: Language and Cultural Barriers

Language and cultural barriers, sometimes in combination with racial or ethnic minority status, can contribute to a real or perceived difference in how immigrants are treated by healthcare practitioners. In several focus groups, participants said they experienced longer wait times at hospital emergency rooms and local clinics because they did not speak English. One participant stated, "If you don't speak English, you're seen last." Another person commented that, "When you only know Spanish, you suffer. For example, at the bank or at the clinic, the lines are longer for Spanish speakers." One woman reported that language barriers had consistently kept her and her children "at the end of the line" even though she had health insurance. Some participants attributed their experiences to discrimination.

Other focus group participants spoke to the logistical challenges of accessing care without proficiency in English. Regarding the MAP program and CHC services, one person said, "It requires that you speak good English to get an appointment." Lack of English proficiency also affected participants' quality of care. This topic was discussed in detail in one of the Asian focus groups, where a participant reported that a family member who received dialysis three times weekly could not always understand the doctor. This group also noted that both the elderly and the newly arrived immigrants in their community (of Asian origin) seem to have greater difficulty understanding their physicians. Lastly, participants in this focus group commented on the need for interpreter services in Asian languages and dialects, as well as the need for referral services to bilingual providers who speak Asian languages.

Cultural differences between the U.S. healthcare system and those of immigrants' home countries surfaced in focus group discussions. In particular, participants commented on the long wait times in U.S. emergency rooms, and expressed shock over the higher cost of this care and the hurried interactions with physicians in this setting. For example, one person said, "When there's an emergency I've gone to Brackenridge Hospital. Two and a half hours of waiting only to be seen for less than 15 minutes. We got a bill for \$3,000." Another participant stated, "We went to the ER and we waited for two hours In my country, we get served right away. I think in hospitals [in the U.S.], all service is bad, regardless of your background." These results suggest that immigrants may bring expectations based on the healthcare systems of their home countries.

Health Outcomes

The Impact of Race and Ethnicity

A large body of research examines the relationship between health status and race and ethnicity, most of which points to the health disparities experienced by racial and ethnic minorities in the United States. For example, with the exception of Asians, racial/ethnic minorities in the U.S. tend to rate their overall health worse than non-Hispanic whites, and generally report higher rates of specific health problems, such as diabetes, overweight and obesity. African-Americans in particular have higher infant mortality rates, and experience higher rates of death from heart disease and cancer, than do other groups. These kinds of racial and ethnic health disparities persist across all income levels. (James, Thomas, Lillie-Blanton, & Garfield, 2007)

In the available literature, only a select few studies explore race and ethnicity separate from nativity status and place of origin vis-à-vis health and wellness. Rather, immigrant health is frequently subsumed under the broader category of minority health. This approach masks the

unique differences experienced by immigrants within minority populations, and overlooks those immigrants whose race or ethnicity excludes them from groups traditionally defined as minorities. Moreover, it fails to distinguish between foreign-born or “first generation” immigrants and their U.S.-born children and subsequent generations. It is more meaningful to examine immigrant populations as distinct groups—a fairly new area of research that warrants further exploration.

Nonetheless, conclusions about health disparities for ethnic and racial minorities are somewhat relevant to immigrants, as the majority of foreign born persons in Texas are of ethnic and racial minority groups. However such inferences must be made with an awareness of their limited application.

The Impact of Socio-Economic Determinants

Socio-economic status is an important moderator of health outcomes and often correlates with race and ethnicity. Populations with the poorest health outcomes are those that have the highest poverty rates and the least education (*Improving children’s health*, 2006). In Travis County, nearly a quarter (23%) of immigrants experience poverty, compared to 14% of the county’s native born; likewise, 52% of Travis County’s immigrants ages 25 and older have a high school degree or less, compared to 26% of the native born (American Community Survey 2005). Thus, in general, Travis County immigrants face slightly higher socio-economic risk factors for poor health compared to the native born.

Local Findings: Living and Working Conditions

Some immigrants must take jobs in the U.S. that pose greater health risks. Several participants from local immigrant focus groups shared concerns about occupational hazards affecting their health:

- “Mexicans come here to kill themselves—to work, they abuse their bodies. The body, in the process, gets worn down physically.”
- “The work here is brutal – especially in carpentry. The conditions which we work in are awful. Sometimes, we have no breaks. No water.”
- “We ... are physically exhausted.”

Some participants also revealed public health and safety hazards in their housing, such as sewage problems, pest infestations, and criminal behavior that went unaddressed by their landlords. These individuals expressed a desire to move to healthier conditions, but were either financially limited or felt they lacked the proper documents to do so.

The Immigrant “Epidemiological Paradox”

Despite having lower insured rates, receiving less care, and having higher socio-economic risk factors, immigrants tend to be healthier on average than the native born (Goldman et al, 2006)—a surprising trend sometimes referred to as the “epidemiological paradox” (Burgos et al, 2005, page e322). Immigrants generally experience a lower prevalence of obesity, hypertension, cardiovascular disease, and smoking than their native-born counterparts (Lucas & Day, 2006). This is particularly true of first-generation Hispanic immigrants and non-Hispanic Black immigrants (Lucas & Day, 2006; Ghassemi, 2006).

This trend is likely attributable to *migration selectivity*, which is the likelihood that people who immigrate tend to be healthier than those who do not (Ghassemi, 2006; Goldman et al, 2006; Lucas & Day, 2006). Cultural and behavioral factors may also influence health status, such as the dietary and nutritional habits, levels of physical activity, and prevalence of smoking in the home country (Ghassemi, 2006; Lucas & Day, 2006). Lastly, the youth of the immigrant population in the U.S. may partly explain their relatively better health (Goldman et al, 2006).

Alternate explanations do exist for the “epidemiological paradox.” While clinical findings suggest that immigrants are healthier as measured by chronic disease indicators, a body of research suggests that immigrants tend to *rate* their health and the health of their children worse than do the native born (Burgos et al, 2005; Capps et al, 2003; Capps et al, 2005b; Lucas & Day, 2006). This may be due to a number of factors. What appears to be good health may reflect immigrants’ lower reporting of need due to their poor access to care (Burgos et al, 2005). Immigrants may also have cultural differences in their reporting habits and in their perception of health and illness (Burgos et al, 2005; Capps et al, 2002).

Intergenerational Changes in Health

The subject of intergenerational health changes for immigrant populations is a very new area of research, and many questions have yet to be explored. However, the current literature suggests that, in general, first-generation immigrants and their children start out as healthy as or healthier than their U.S.-born counterparts, but as they assimilate into American culture, their health tends to decline (Coles & Portner, 1998; Mohanty, 2006). However, acculturation does not appear to affect health outcomes for all immigrants in the same way.

A recent study on immigrants’ preventative health behaviors found that Asian immigrants, upon arrival in the U.S., tend to have healthy diets but engage in less physical activity and fewer preventative health behaviors than whites⁴⁷; second- and third-generation Asians develop improved health habits, including more exercise and healthier diets with high fruit and vegetable content. Among Latino immigrants, the trend appears to be reversed. Like Asians, newly-arrived Latino immigrants tend to have healthier diets than whites, but over time, successive generations consume less healthy foods and become less likely to engage in preventative behaviors. (Engel, 2006; Allen et al, 2006)

Latino immigrants’ higher risk factors and prevalence of obesity, cardiovascular disease, and hypertension increase directly with length of stay in the U.S. (Dey & Lucas, 2006). Similarly, more recently-arrived black immigrants tend to rate their health higher than do native-born blacks (Dey & Lucas, 2006), but their health status, including lower rates of obesity and chronic diseases, tends to diminish after a few years of residence in the U.S. (Ghassemi, 2006).

⁴⁷ In the cited study, the category “whites” was not distinguished by nativity status, therefore the results should be considered provisional.

The declines in immigrant health over time may be due to immigrants adopting the behaviors of native-born persons (Coles & Portner, 1998), as well as to the consequences of obstacles they encounter in accessing care in the U.S., such as language barriers, lack of health insurance, difficulty navigating the U.S. healthcare system, and bias or discrimination by providers (Ghassemi, 2006). Regardless of the health benefits immigrants may bring with them to the U.S. if they have poor access to care and do not receive regular or preventative care, health disparities will persist.

Mental Health

Among immigrant populations as a whole, there is a high risk that mental health problems may go untreated, due to a number of factors:

- Immigrants may not report mental health concerns if their places of origin have cultural norms or stigmas associated with mental health issues.
- Mental health needs of immigrant patients may also be misdiagnosed or undiagnosed by practitioners. Cultures differ in what constitutes mental distress, what information is appropriate to disclose to a practitioner, and how mental distress is culturally expressed. For example, in some cultures mental health concerns are often expressed somatically, as headaches, tiredness, weakness, or “nerves.”
- Finally, mental health assessment tools may lack the cultural sensitivity needed to accurately gauge mental health problems among immigrants, who may come from a wide variety of cultural backgrounds.

(Burnett & Gebremikael, 2005; Keyes, 2000)

Nonetheless, mental health issues may be a concern for immigrants. Immigrants commonly experience circumstances in their home countries, during migration, and/or after resettling in the U.S. that cause mental distress and contribute to mental health issues. They may leave their country of origin to escape extreme poverty, war, or human rights abuses. For some, the migratory journey itself is a physical and mental hardship. In their new communities, immigrants face challenges adjusting to a new environment. Stressors may include learning a new language, adapting to a new culture, navigating new institutional systems, securing housing and employment, encountering prejudice or discrimination, and mediating their ties with their ethnic community and their acculturation into American life. To survive financially, some immigrants may take jobs in service or labor industries for which they are over-qualified, thus sacrificing the economic status to which they were accustomed in their home countries. Immigrant children may be unaccompanied by family members or living in fragmented families in the U.S. They may also encounter different curricula and teaching styles in the American education system. Families may experience conflict when children acculturate more quickly than their parents or when women assume positions as breadwinners or heads of households. (American Psychological Association, 2006; Burnett & Gebremikael, 2005; Keyes 2000)

The refugee population is at particularly high risk for mental health problems due to the stressors they encounter both before and after they migrate. Frequently displaced by war,

persecution, natural disaster, or forced exile, refugees often endure trauma and experience the sudden loss of family and community. Once resettled, refugees encounter many of the same challenges as other immigrants in adjusting to a new country. These factors increase their risk for post-traumatic stress disorder (PTSD) and other mental health disorders. Approximately 10% of current adult refugees resettled in the United States have PTSD—a rate as much as ten times higher than PTSD is observed in the general U.S. population. Other mental health conditions disproportionately observed in the refugee population include major depression (about 5%) and generalized anxiety disorder (about 4%). (Fazel, Wheeler & Danesh, 2005; Keyes, 2000.)

Local Findings: Mental Stressors and Traumas

Immigrants frequently experience traumatic and/or stressful events before, during, and after their migration. Focus group participants shared stories of such experiences:

- “I came here two months ago, to be with my husband. I walked three days and nights. We were a group of 35 people and two young boys fell into the river and drowned. When we were on the other side we stayed at a house where the owner kept threatening the three of us women with rape. Then, when we started out for here, he told the driver to kill the women that couldn’t keep up.”
- “I am a domestic violence survivor. I was a VOWA applicant, and ... I married an American man. I want to improve my English and I want to become a citizen, but I can’t because of the system. I feel like a prisoner. I can’t move.”
- “I was ... a political prisoner. The government decided to send me here Many of us refugees arrive here and start having problems right away. Social problems. We don’t know how we’re supposed to behave in this country. We need to know what the social and labor laws are. We end up with problems of domestic abuse, lack of respect. You end up falling in a big pothole that you can’t seem to get out of.... Coming here is very difficult—you feel like you just got to the desert and are looking around for a drink of water.”
- “The hardest part about being an immigrant is having to leave family behind, and not being able to see them for many years at a time.”

Some focus group participants also commented on the strong cultural stigmas attached to mental health concerns and domestic violence, which deter immigrants from seeking help. However, some participants said they had sought out mental health services from local nonprofit and community-based organizations.

Bridging Barriers to Healthcare for Immigrants

To address the health needs of the immigrant population and provide them with better healthcare, steps can be taken to improve immigrants’ health insurance coverage, expand service capacity among the providers from which they most often seek care, and overcome language and cultural barriers in healthcare settings.

Expanding Health Insurance Coverage

Lack of insurance is a major barrier to accessing care, and one that affects immigrants disproportionately. With less access to health insurance, immigrants use medical services at lower rates (Goldman et al, 2006). Additionally, policies that restrict immigrants’ access to healthcare services lead to the inefficient and costly use of other services, such as emergency

room care (Mohanty, 2006). Expanding eligibility for public health insurance programs and providing entry into employment-based coverage for immigrants would, as it would for all under-insured populations, improve their access to timely care and expand their treatment options. It would also reduce higher-cost emergency expenditures by increasing the use of preventative measures and less costly healthcare services.

As previously discussed, the accessibility of insurance coverage is influenced by many factors, some of which are outside the healthcare arena—most notably, lower rates of employment-based coverage, low-education trends, and policies limiting immigrants' access to public insurance options. Thus, initiatives to expand coverage for immigrants must emerge from these arenas. In Travis County, initiatives could examine the eligibility requirements for local safety net healthcare programs, and explore possibilities for a regional coverage program for the uninsured that would be inclusive of all immigrant groups. The Travis County Healthcare District, in collaboration with other sectors and organizations, is exploring pilot projects to test creative solutions for providing additional health coverage for the uninsured in Travis County.

Expanding Service Capacity among Safety Net Providers

In other U.S. communities, healthcare safety net providers have attempted different approaches to expand capacity to serve immigrants. Some have developed programs and services that target the most populous immigrant groups in their regions, and some have expanded geographically into areas that have experienced significant immigrant population growth (Staiti et al, 2006). Another approach is to make existing programs for the uninsured more inclusive of undocumented persons (Staiti et al, 2006). In Travis County, this would require addressing the overall capacity of providers to serve vulnerable populations, in order to ensure that capacity levels are adequate to serve a greater number of immigrants. Toward this end, the Travis County Healthcare District, the Indigent Care Collaboration and other community partners have worked collaboratively to expand the service capacity of existing safety net providers through operational efficiencies, as resources allow.

Overcoming Language and Cultural Barriers in Healthcare Settings

Quality healthcare requires effective communication between patients and providers, which in turn helps to build a trusting relationship between patient and provider (National Healthcare Disparities Report, 2005). However, language and cultural barriers can preclude both. Addressing systemic solutions in healthcare settings, rather than focusing on individual patient factors, may significantly reduce disparities in care received. Initiatives to bridge these barriers should be community-based as well as hospital- and clinic-based in order to capture the various points of entry for immigrants into the healthcare system (Mohanty, 2006).

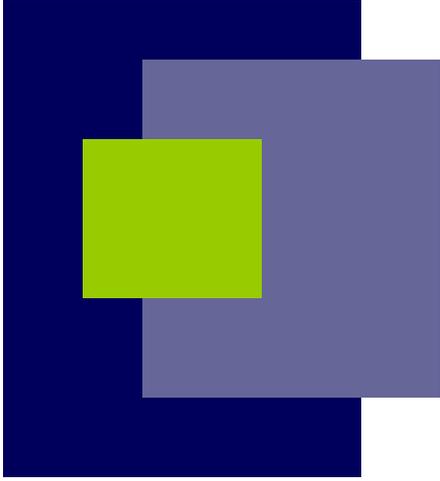
To make the healthcare setting more inclusive for immigrants, health literature can be printed in many languages and signs in medical facilities can be multilingual (Ghassemi, 2006; Morse, 2002). Providers can hire multilingual and heterogeneous staff members, and can expand interpreter services. In Travis County, most of the staff and some of the practitioners in the

Community Health Centers speak Spanish (E. Carroll & L. Glenn, personal communication, October 3, 2006). Further enhancements for local providers, modeled after innovative approaches in other communities, could include:

- Creating a community language bank for interpreter recruitment, training and scheduling,
- Providing language classes for practitioners specific to their medical settings, and
- Use of remote interpretation through telephone language lines. (Morse, 2002)

Education for providers of primary, specialty and mental healthcare could also increase efforts to provide culturally competent care—that is, “services that are respectful of and responsive to the cultural and linguistic needs of patients” (Betancourt, Green, Carrillo & Park, 2005, para. 1). This involves not only possessing knowledge about different populations, but also practicing a patient-centered approach rooted in listening and treating patients with respect. These skills can help providers to better understand the customs, beliefs and behaviors of immigrant patients, and thus provide better care. By making care more efficient and effective, cultural competence may also help to control healthcare costs. (Betancourt et al, 2005; Carrasquillo et al, 2003; Kamath et al, 2003)

Additionally, initiatives to educate immigrants on the U.S. healthcare system can better enable immigrants to navigate it and find appropriate sources of care (Kamath et al, 2003). One innovative approach which employs a global perspective on health is the *Ventanilla de Salud* (“Window to Health”). Operated through Mexican consulate offices, the program is a collaboration between government, nonprofit, and private agencies. Its goal is to improve healthcare for low-income and migrant Hispanic families through health education and referral. By nature of a consulate’s purpose (processing official documentation, providing information, and protecting the rights and promoting the well-being of nationals while abroad), a consulate is well-situated to capture the program’s target population in a neutral, bilingual, and culturally sensitive environment. In Texas, the *Ventanilla de Salud* program currently operates in Houston, El Paso, McAllen, Dallas, and Austin (with the Mexican Consulate of Austin serving 23 counties, including Travis). (Carrasco, 2006)



Education



Education Overview

Community Goal

The community goals for education in Travis County are reflected in the following statements:

For early childhood education:

Increase the quality of learning environments in early childhood development programs and in the homes of families with very young children.

(United Way, Success By 6, 2006)

For K-12 education:

Ensure that the district meets the needs of all student groups, with an emphasis on high-priority student populations, including African-American adolescents and recent immigrant English Language Learners.

(Austin Independent School District, 2005)

For literacy services:

Support and expand high quality literacy services so that businesses can hire, people can work, and families can thrive.

(Literacy Coalition of Central Texas, 2007)

Collectively, these goals emphasize the importance of educating all youth and adults. Having an educated populace strengthens the social and economic fabric of the community, and lays the foundation for community prosperity.

Highlights

- A growing number of students come from immigrant families. One out of every five children in the United States is the child of an immigrant (Matthews & Ewen, 2006). More than half of immigrant students (58%) come from a limited English proficient (LEP) household (Capps, Fix, Ost, Reardon-Anderson & Passel, 2005b).
- In Travis County schools, 16% of students are classified as LEP. Nine school districts serve Travis County. Of these, Manor, Del Valle, and Austin Independent School Districts (ISD) have the largest populations of LEP students. (Texas Education Agency, 2006)
- Travis County schools reflect the diversity in language and culture that exists throughout the community. In one of the largest LEP schools in Travis County, LEP students speak more than 63 different languages. Ninety three percent of those students speak Spanish at home. (Cornetto & Doolittle, 2006)

- In Travis County, graduation rates for LEP students are consistently lower than those of other student populations. LEP students also achieve consistently lower passage rates on TAKS tests than other students (TEA, 2006). This growing population of students faces special circumstances and may require specific interventions in order to achieve academic parity.
- Parental involvement in a child's education often plays a key role in a child's success from early childhood through college. English language proficiency and educational attainment among parents, as well as family socio-economic status generally correlate to parental involvement.
 - English language proficiency in parents affects their ability to fully participate in the education of their children. In Travis County, nearly 55% of foreign-born residents reported speaking English "less than very well" (American Community Survey, 2005).
 - Educational attainment among immigrant parents in Travis County spans the educational spectrum. However, compared to native born, more foreign-born individuals in Travis County are likely to have less than a high school education. However, foreign born and native-born residents share an identical percentage of graduate and professional degrees (American Community Survey, 2005).
 - Schools with a high percentage of LEP students often have a large share of economically disadvantaged students (those eligible for free or reduced price lunches) (Texas Education Agency, 2006). In all school districts serving Travis County, the majority of the LEP population comes from economically disadvantaged backgrounds (Texas Education Agency, 2006).
- Immigrants may participate in higher education and attain degrees, regardless of their citizenship status; however, this does not ensure legal employability. Current proposed legislation (The Dream Act) attempts to address this.
- The demand for classes in English as a Second Language continues to surge as the immigrant population grows, in some instances outpacing the supply.

Recurring Issues

Across all levels of education, immigrant students and families face greater barriers than those of the general population. While many immigrant students and families transition smoothly into our community and education system, others face significant hardships. Many immigrant parents, particularly those with children in early grades, come from low income backgrounds, are less educated than native-born parents, and have difficulty speaking English (Capps et al, 2005b), which are all factors which correlate to child school-readiness and successful school-performance.

Language

English language proficiency is important in the academic setting. Nearly 45% of the Travis County, Spanish-speaking, foreign-born population reported speaking English “less than very well.” At the same time, only 10.7% of foreign-born individuals who spoke other languages reported speaking English “less than very well.” (American Community Survey, 2005)

Within the educational system today, children who are non-native English speakers are typically designated limited English proficient, or LEP. English Language Learner, or ELL is also a commonly used designation. However, the LEP designation is more frequently used as a reference within several resources and databases. The LEP data set more accurately captures the subgroup this report addresses, and can be used as a surrogate for immigrant status. Accordingly, this report will frequently use the term LEP to refer to the immigrant student population.

The LEP student population is growing and requires specific, targeted assistance in order to achieve greater academic achievement (TEA, 2007). To that end, many institutionalized systems and targeted initiatives exist to address LEP student needs. If effective, these initiatives enable LEP students to meet the same academic standards as their non-LEP student counterparts.

Local Findings: Insufficient Resources/Time to Meet Desired Level of Language Proficiency

Local providers concur with conclusions found in literature. Providers state that perhaps some of the current academic expectations for language acquisition are unrealistic. English Language Learners at every level are being asked to meet higher standards of academic English proficiency with fewer resources available to help them achieve even the most basic English proficiency level.

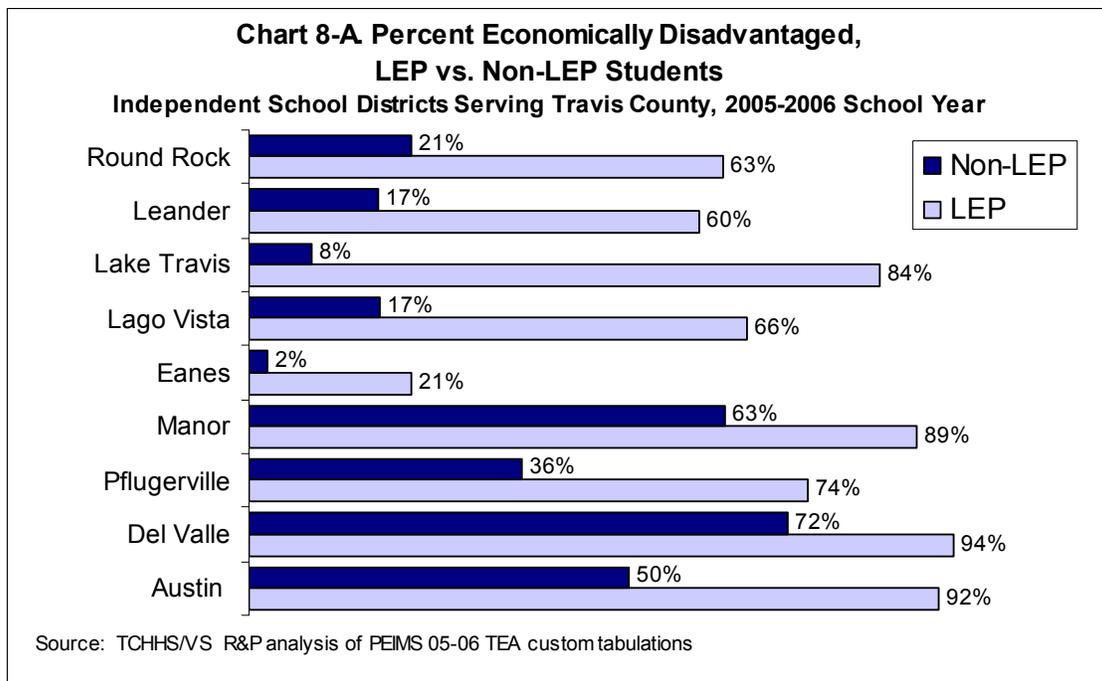
Socio-Economic Factors

Parent socio-economic status can be a key determinant of child school-readiness and educational success. According to current social research, certain factors place immigrant children at higher risk for poor developmental outcomes:

- Having a mother without a high school diploma,
- Being economically deprived, and
- Living in a linguistically isolated household.⁴⁸
(Haskins, Greenberg, & Fremstad, 2004)

Recent studies indicate that more than half of foreign-born workers are in low-wage jobs and earning less than the minimum wage (Haskins et al., 2004). A significant portion of these individuals are parents. The nature of low-wage work may constrain their ability to support their children’s education. Often, the hours and shifts required in low-wage earning jobs do not allow immigrant parents time with their children to set up and support hospitable study environments in their homes. Additionally, low earnings may preclude many immigrant parents from providing critical educational resources and materials that higher income parents can provide. In short, lower socio-economic status of parents may predispose a child to lower educational outcomes.

Chart 8-A shows that across school districts serving Travis County, a greater share of LEP students than non-LEP students are economically disadvantaged.



Educational Attainment

Compared with more highly educated parents, those who have experienced limited success in school may be less able, and therefore less likely, to help their children achieve school success.

⁴⁸ A linguistically isolated household is one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English (American Community Survey 2005 Subject Definitions).

Lacking formal education themselves, these parents may not be able to impart academic knowledge to their children. Also, parents with past challenging school experiences (academic or otherwise) may be less likely to come into their children's school to support and advocate for their children. These dynamics are particularly significant among immigrant parents in Travis County. More than one-third (36%) of the county's foreign-born population has less than a high school education, compared to 8% of the county's native-born population, as outlined in Table 8-A. (American Community Survey, 2005)

	Native-Born		Foreign-Born	
	Number	Percent	Number	Percent
Less than high school graduate	35,114	8%	40,760	36%
High school graduate (includes equivalency)	81,334	18%	17,598	16%
Some college or associate's degree	125,864	29%	15,840	14%
Bachelor's degree	131,748	30%	21,109	19%
Graduate or professional degree	67,318	15%	17,122	15%

Source: American Community Survey, 2005

Parental Involvement

Language, socio-economic status, and educational attainment – all contribute to **parental involvement**. According to the Elementary and Secondary Education Act of 1965, which was revised under the No Child Left Behind Act, parental involvement is defined as “the participation of parents in regular, two-way and meaningful communication involving student academic learning and other school activities (U.S. Department of Education, 2004).”

Much of a child's academic success or failure can be attributed to the preparedness and enrichment he or she receives early in life. Literature shows that certain socio-economic factors contribute to child academic-preparedness and subsequent success in school. Education level and English proficiency influence parental ability to support children in academic studies and/or to communicate with school staff. Parents with higher educational attainment and better English skills can communicate more effectively with teachers and administrators, are more readily involved in their children's education and are better able to access needed services.

Local Findings: Parental Involvement – School Services

Local immigrant focus group participants who identified as parents acknowledged that their English language proficiency, presence and involvement does make a positive impact on their children's academic success. One focus group participant stated, “There are few parents that spend an entire day of the school week at their child's school. We do that, and I think our children are getting a better education because of our involvement.”

Others stated that their English proficiency affects their participation in their children's school; however they also feel that bilingual staff help them feel more welcome. For example, one Spanish-speaking parent stated, “A good day for me is when I can speak to my child's bilingual teacher.” This same participant

Local Findings : Parental Involvement - Transportation Access

Local immigrant focus group participants cited that a lack of access to transportation prevented them from participating in educational services to the extent they would have desired. Several cited the lack of bus stops, bus routes, bus transfers and travel time. Examples follow:

- One participant was especially concerned about transportation. She felt there was a need to increase the number of stops and the distance between stops.
- Another said, "It's really impossible to get around by bus. You get up early and miss the bus anyway. You end up running around all of the time and don't get anywhere on time."
- One other stated, "I prepare myself, my daughter, my husband for work. I drop her off at school, return home (by taking 3 bus transfers - she was very concerned about the time it took out of her day to do this) , get home, pick up a little bit and then prepare for both my daughter's and husband's return."

At a public forum held in June 2006, local providers offered input about barriers facing the immigrants they serve. Providers expressed that access to transportation may limit a parent's involvement in his or her child's school or their attendance at adult education or English as a Second Language classes.

Early Childhood Education

Cognitive brain development occurs in the first three years of life. A child's family and surroundings shape and influence the patterns and habits for school and later behavior. Research demonstrates that high-quality early education programs are of particular benefit to low-income and other at-risk children by supporting and promoting healthy development. (Matthews and Ewen, 2006)

The share of U.S. children with immigrant parents is highest among the youngest age group. Twenty-two percent of U.S. children under age six have immigrant parents (Capps et al., 2005b), and 33% of all Travis County births are to immigrant mothers (ACS, 2005). The educational spectrum for these young children includes:

- The role of parents in the home,
- Public and private child care providers,
- And pre-kindergarten through public schools.

Home Environment

The home environment is an important component of parental involvement for very young children. Early exposure to reading often occurs in the home. Research indicates that "early literacy-building activities such as teaching children letters, words, numbers, or story-telling, and teaching songs and music, translates to better school performance (RAND Corporation, 2005b)." Disparities in the home or community environment have academic consequences. For example, "Among children ages three to five in 2001, 16% are not read to regularly at home. Among children whose mothers have less than a high school education, that fraction rises to 31%" (RAND Corporation, 2005b). For lower socio-economic status families, child care

participation may provide the only opportunity for children to experience a material-rich environment that offers early literacy exposure and promotes school readiness.

Child Care

Immigrant families seek child care resources on a less frequent basis than non-immigrant families due to a variety of factors. Immigrant children are more likely to live in two-parent households and less likely to have two working parents (Matthews & Ewen, 2006). Sixty-four percent of Travis County immigrant families live in married-couple households, compared to 55% of native-born families (American Community Survey, 2005). In married-couple families, child care may not be necessary as a work support. On the other hand, many immigrants work in low-wage jobs, which may limit child care options. For immigrants with low-wage jobs and irregular or non-traditional hours, such as nights and weekends, childcare becomes more difficult to both attain and retain (Matthews & Ewen, 2006).

While potentially critical for a child's development, child care is costly and can be prohibitively expensive for low-income families. The average annual cost of center-based child care in Travis County is \$6,798 – nearly one-third of the average immigrant family's income (Community Action Network, 2005). Of the foreign-born population, nearly 23% of households are at or below 100% of the federal poverty level (American Community Survey, 2005).

One alternative to costly child care for immigrant families is Head Start. Head Start has demonstrated success in helping to bridge early literacy disparities between lower income children and their counterparts. In Travis County, immigrant families who are income-eligible may participate in the local Head Start program (Strickland, 2006). In addition to Head Start, another widely accessible option for early education is public school pre-kindergarten.

Local Findings: Child Care

Some local focus group participants lived in two-parent-households, in which one parent worked in an industry such as construction or service that required long hours, while the other parent, typically the mother, took children to and from school, prepared meals for the family and performed other household chores. They commented on their daily lives:

- I prepare myself, my daughter, my husband for work. I drop her off at school, return home, get home, pick up a little bit and then prepare for both my daughter and husband to return home.
- I start my day by making breakfast for my children, helping them get ready and then taking them to school. I go in to work at 8 A.M.. At approximately 2:30 P.M., I pick them up. We eat lunch. They do chores and then do their homework. I prepare dinner. We eat, hang out and play together and then we begin our preparation for the next day. Occasionally, because I have a side job, I may take the children with me to go and clean houses after school, when I have an assignment.

Pre-Kindergarten (Pre-K)

Presently, Texas does not require students to enter school until the age of six (Compulsory School Attendance, n.d.). As a result, students may show widely disparate learning experiences when they do enter school and may be insufficiently prepared.

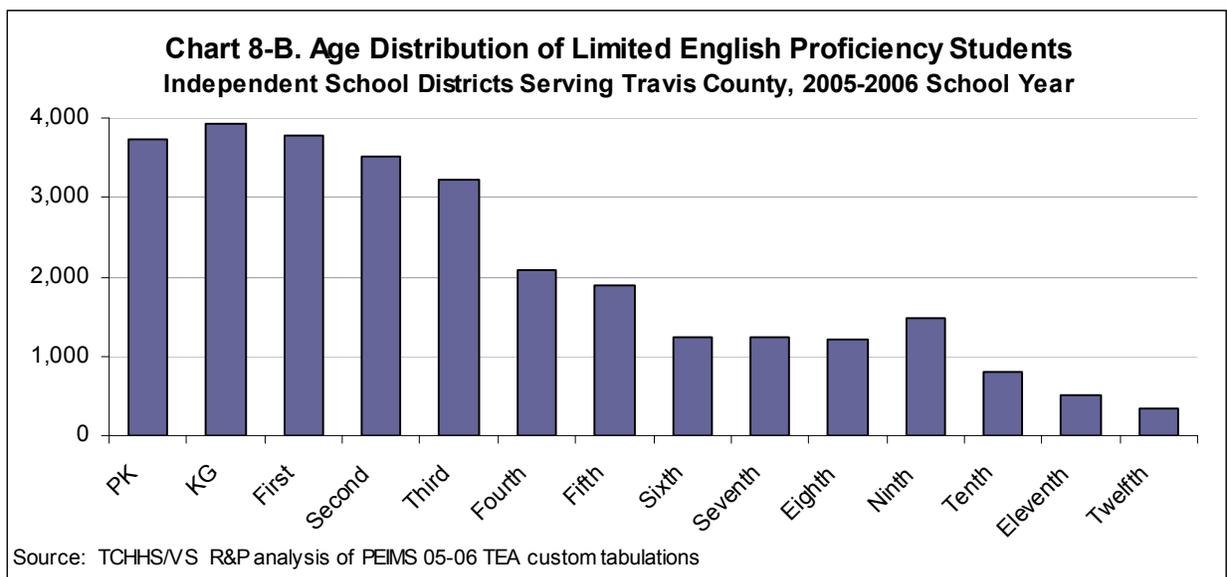
In order to fill this gap for high risk students, the 68th Texas Legislature (1985) passed legislation that made public school pre-k widely accessible. The law stipulates that any school district *may* offer pre-k classes, but school districts with at least 15 eligible (unable to speak or understand English, educationally disadvantaged or homeless), four year-old children, *must* offer a pre-k program. The ultimate goal of this legislation was to increase reading readiness so that every child can achieve an appropriate reading level by third grade.

The pre-k system, however, unlike other elementary grade levels, is not included in the TEKS (Texas Essential Knowledge and Skills) requirements. Districts and teachers are provided with guidelines to follow rather than requirements for classroom curricula. Inconsistencies in the experience of pre-k children may occur as each district or teacher develops and implements their own respective pre-k programs. Class sizes, curricula, and teaching methods may also vary greatly, leading to vastly different results for students.

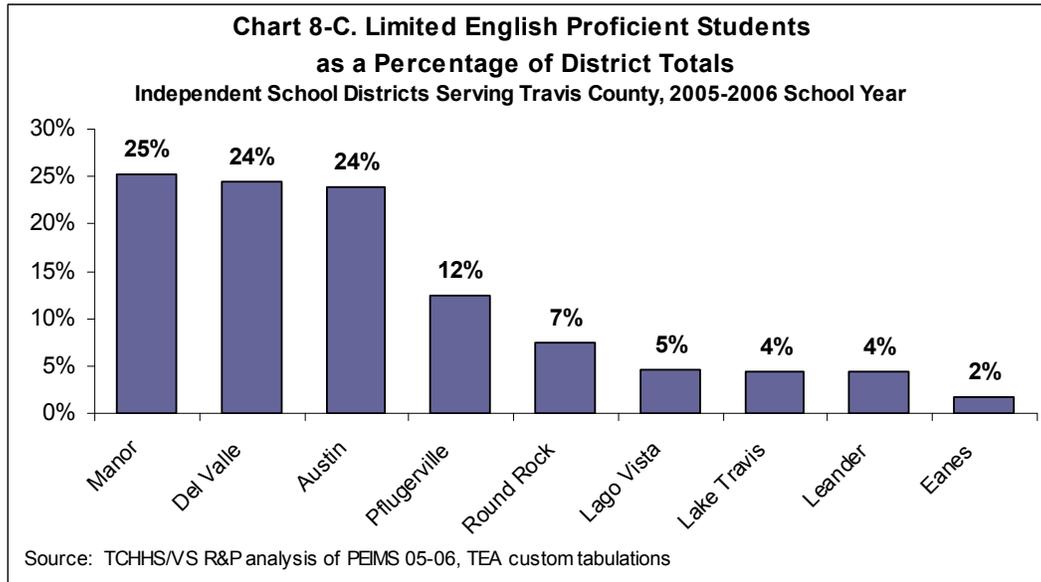
Additionally, the pre-k system does not mandate transportation (Jones, 2006). Providing transportation is a discretionary decision per district. When districts opt to not provide transportation, pre-k becomes less viable for many low-income, immigrant families with limited transportation. Some parents with limited transportation do manage to utilize public pre-k. However, lack of access to personal transportation and reliance on the public transport system may make parental involvement in school more difficult.

Elementary and Secondary Education

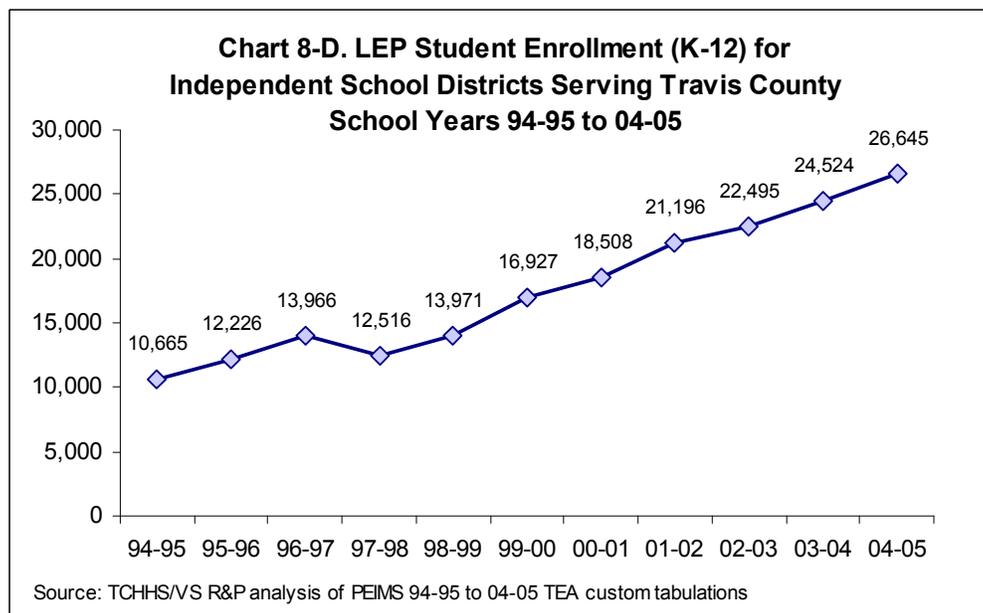
Understanding the distribution of immigrant children in the educational system may help policymakers and administrators determine where to best allocate resources. In the nine school districts serving Travis County, there is a larger concentration of LEP students in pre-k through third grade than in any subsequent grades, as is shown in Chart 8-B.



Data from the Public Education Information Management System (PEIMS) 2006 indicates that LEP student enrollment is 16% (29,000) of all students (186,000) in the nine districts serving Travis County (Austin, Del Valle, Eanes, Lago Vista, Lake Travis, Leander, Manor, Pflugerville, and Rounds Rock). Of these nine districts, the largest LEP student populations are in Manor (25%), Del Valle (24%), and Austin (24%), as shown in Chart 8-C. This high percentage of LEP population has varying implications for service delivery to immigrant students.



These nine school districts located within or across Travis County boundaries have all experienced growth in the total number of LEP students relative to the total student enrollment. The LEP enrollment figures for all these schools combined has more than doubled from 10,665 in 1995 to 26,645 in 2005, as shown in Chart 8-D.



No Child Left Behind Act

The federal *No Child Left Behind Act* (NCLB), passed in 2002, brought sweeping reforms to public education across the country. Central to this reform is the requirement to track progress of LEP and other historically challenged student subgroups, in order to ensure that they perform comparably to other, less challenged groups. (Capps, Fix, Murray, Ost, Passel & Herwanto, 2006)

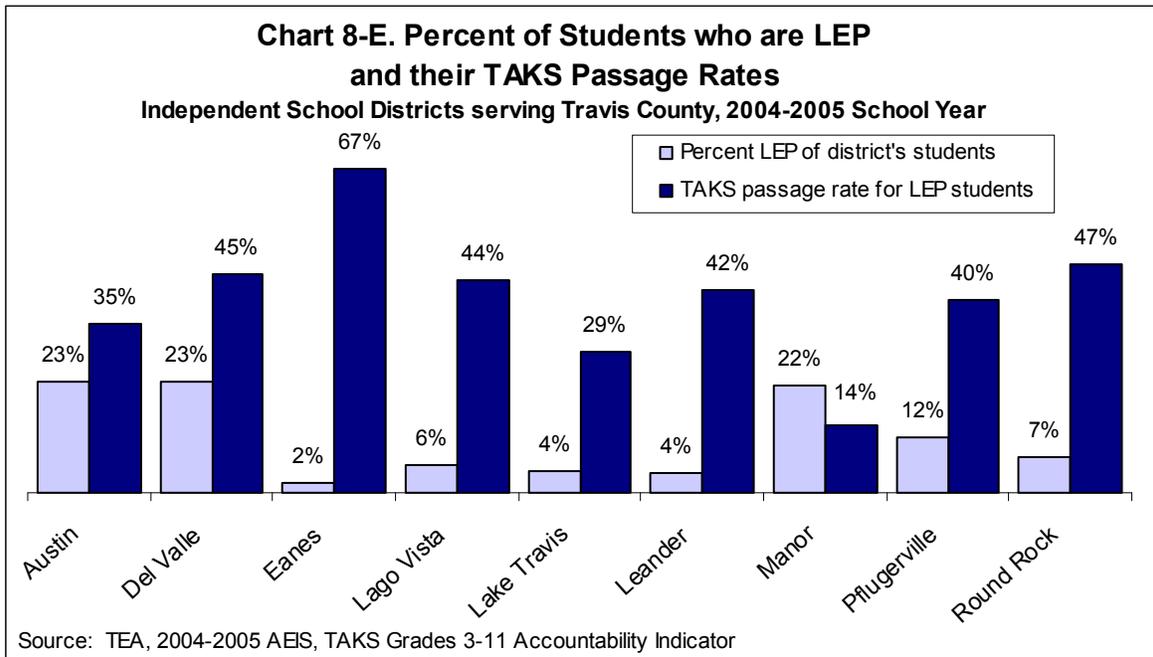
Under NCLB, schools are required to: 1) assess all students for both current English proficiency status and change over time, starting in third grade; 2) report overall student performance, as well as performance of racial, ethnic, linguistic, and economic minority groups who are historically under-served; and 3) improve performance of all subgroups. Title I mandates that schools focus on improving performance of LEP students in reading and math beginning in third grade. Title III requires schools to measure and improve student English proficiency. (Capps et al, 2006). Public schools in Texas employ a set of standardized student tests such as the Texas Oral Proficiency Test (TOPT) and the Texas Assessment of Knowledge and Skills (TAKS), among others, to measure such performance. A series of progressive accountability sanctions are also in place for schools that fail to meet adequate performance standards.

The NCLB accountability structure creates both opportunities and burdens for LEP students. In order to achieve parity across all student groups, districts and campuses with high LEP concentrations (or other key underserved populations) may provide increased resources and special services, such as intensive summer English or after school classes, in order to meet NCLB performance standards. These resources and interventions are geared to promote greater academic success and meet NCLB performance standards (Capps et al., 2006). However, they may require that LEP students focus too narrowly on standardized test-related subject matter and participate in a greater number of related tests without respect for the challenges of learning a new language (Capps et al., 2006). For example, a third grade student who arrives from El Salvador may be placed in a bilingual classroom and afforded supplemental education services, such as a reading specialist and additional after-hours curriculum; yet that child must also prepare for and pass all the necessary standardized test, such as the TOPT and the TAKS. As a result, standardized testing may affect “the quality or nature of an immigrant and/or LEP student’s” overall education (Capps et al, 2006).

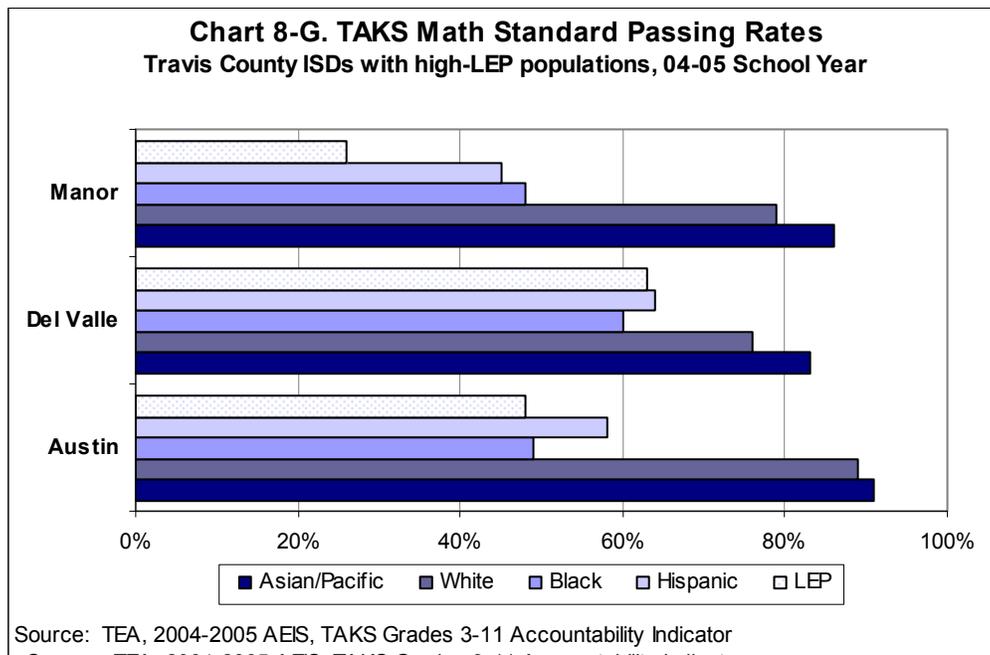
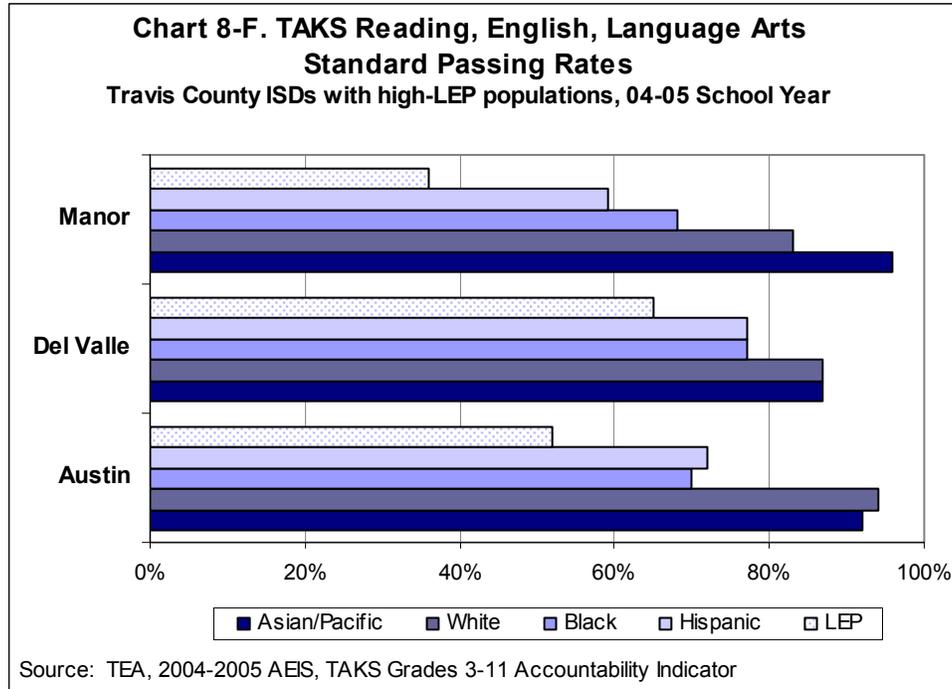
Education researchers have found that an emphasis on standardized testing can be particularly detrimental to older immigrant students (those students who enter the school system after fifth grade). These late-entering LEP students may tend to score lower on tests, have more difficulty learning English, and drop out of school at higher rates, due to a variety of factors (Capps et al, 2006). Additionally, LEP students who enter later in school are often low-literate or illiterate in their native languages, and may encounter limited resources, particularly if they enter smaller LEP school districts. Presently, the specific issues facing late-entering immigrant students are unclear and provide a basis for further study.

Standardized Test Performance in Schools, K-12

LEP student standardized test performance indicates significant gaps in graduation rates and overall academic performance. Schools with higher percentages of LEP students typically have a higher percentage of Title I funding allocated to provide support and services that assist the LEP student population (Consentino de Cohen, Deterding, & Clewell, 2005). These additional resources, however, may not translate into greater academic success for LEP students. Most LEP students in high LEP Travis County school districts have lower TAKS cumulative scores than LEP students in school districts with lower LEP percentages, as illustrated in Chart 8-E:



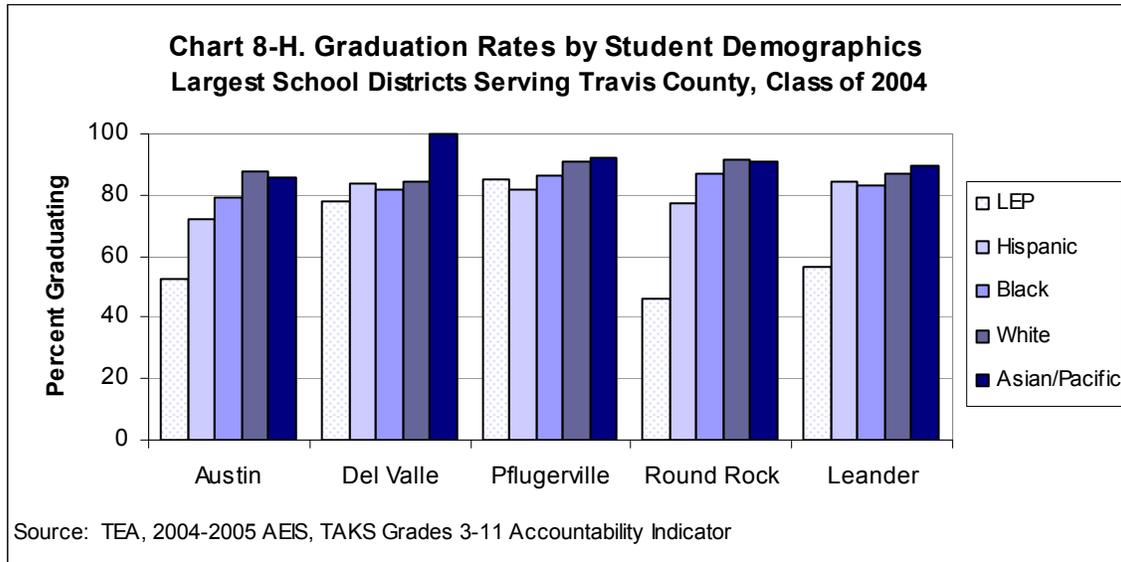
Within the high-LEP Travis County school districts (Austin, Del Valle, and Manor), the LEP student population that took the 2004-2005 TAKS tests achieved consistently lower passage rates than students from other categories, such as the White, Asian/Pacific and Black students, in both Reading and English Language Arts (chart 8-F, on the following page), and Math (chart 8-G, on the following page).



Graduation Rates

Trends indicate lower LEP graduation rates in the largest LEP Travis County school districts. Chart 8-H demonstrates that LEP graduation rates in Travis County are consistently below other racial/ethnic student groups. In Round Rock ISD, the second largest school district

serving Travis County, nearly 89% of the total 12th grade class graduated in 2005, whereas only 45% of LEP students graduated.



School Structure

School staffing composition may complicate the school experience for LEP students. Many schools with high LEP student concentrations have more new teachers than those with fewer or no LEP students (Consentino de Cohen, Deterding & Clewell, 2005). This trend appears to be true for several Travis County campuses. A separate analysis⁴⁹, comparing elementary campuses in Austin ISD (a high LEP district) to elementary campuses in Eanes ISD (a low LEP district), shows that districts with higher LEP student percentages had teaching staffs with less average experience, while conversely, the lower LEP schools within Eanes ISD had teachers with a greater amount of teaching experience.

Local Findings: Improving access to educational services

Local service providers mentioned several school-based initiatives to improve LEP students’ parental involvement in the educational system. Some include:

- **Adult Education programs:** Some programs provide early childhood education and childcare to parents enrolled in English as a Second Language, computer literacy, or other types of adult education classes.
- **Parent Support Specialists:** These specialists serve as liaisons between campus staff and parents, families, and the community. They provide general outreach to parents through home visits, serve on special teams and groups, and facilitate parent-teacher conferences.
- **Translators and Interpreters:** Because of the growing population of students with diverse linguistic needs, schools employ professionals who translate key information in publications and other documents, and serve as interpreters at school and community meetings for these students and their families.

⁴⁹ This analysis was conducted using 2004-2005 PEIMS Data from TEA.

Services for LEP Students

High LEP schools are more likely to offer Title I and other special support services (Consentino de Cohen, Deterding & Clewell, 2005). While a variety of structures within the school system address the needs of the LEP population, the most integral part of the child's education is the curriculum. Several educational models exist, the most common of which include bilingual education and English as a Second Language.

Primary (K-6): In primary grades, a district or campus may choose to adopt different bilingual education models. Some examples include sheltered immersion, complete immersion, and dual language. Common features for all of these models include a classroom setting with a single bilingual teacher, and a defined curriculum to support and promote learning among LEP students and their families in both English and their native languages. (Faltis and Hudelson, 1998)

Two main types of bilingual educational or ESL approaches are used to teach LEP students: transitional and maintenance. The transitional approach utilizes both the native language of the student and English for instruction until the student is functional in an English-only classroom (Faltis and Hudelson, 1998). The goal for this type of program is to have learner grade-level achievement in English in three years or less. Students in transitional programs also receive ESL classes in order to develop basic oral and written language proficiency and better participate in their classes (Faltis et al, 1998).

A maintenance approach, similar to the transitional approach is in both the native language and English; however, the maintenance approach allows for additional time for native language support. This allows LEP students an additional support mechanism for their coursework and to realize academic achievement (Faltis et al, 1998). The transitional approach is more prevalent in secondary schools today. These educational approaches set the framework for the secondary LEP student's educational experience and academic outcomes (Faltis et al, 1998).

Secondary (7-8) and (9-12): At the secondary level, several structural dynamics may impact the learner's outcomes: teacher's proficiency in learner's native language, time-limited learning opportunities, and classroom setting. Teachers at this level may not have the proficiency needed to convey subject matter expertise in the learner's native language. Additionally, LEP students who enter the school system at an older age must learn academic English in a short amount of time. Several factors may compound this challenge such as student's age, year of entry into the U.S., previous school experience, and literacy proficiency in student's native language (Faltis and Hudelson, 1998; Ruiz-del-Velasco, Fix, & Clewell, 2000). Pressure is growing for LEP students to meet performance expectations, with the continued emphasis on standardized testing, rapid language acquisition and English proficiency.

The basic structure of the U.S. secondary school system is departmentalized and requires that students interact with a series of different content teachers throughout the school day (Ruiz-del-Velasco, Fix, & Clewell, 2000). LEP students may be placed in transitional bilingual or English

immersion programs in separate buildings or classrooms, potentially linguistically isolating them from their native-English speaking peers and the exposure needed to build English proficiency. Additionally, the separation of the language and content teachers may prevent the teacher collaboration needed to affect immigrant student performance (Ruiz-del Velasco et al., 2000). The result may be the LEP student's educational plan is less structured and more linguistically varied at the secondary grade level (Faltis and Huddleson, 1998).

According to educational literature from the bilingual field, English Language Learners need a minimum of 4-7 years of bilingual schooling to acquire academic English language proficiency levels (Faltis and Hudelson, 1998). Schools' growing emphasis on standardized testing, however, pushes for learners' academic English proficiency to be acquired in a shorter, perhaps unrealistic timeframe that may be detrimental to an English Language Learners' school experience.

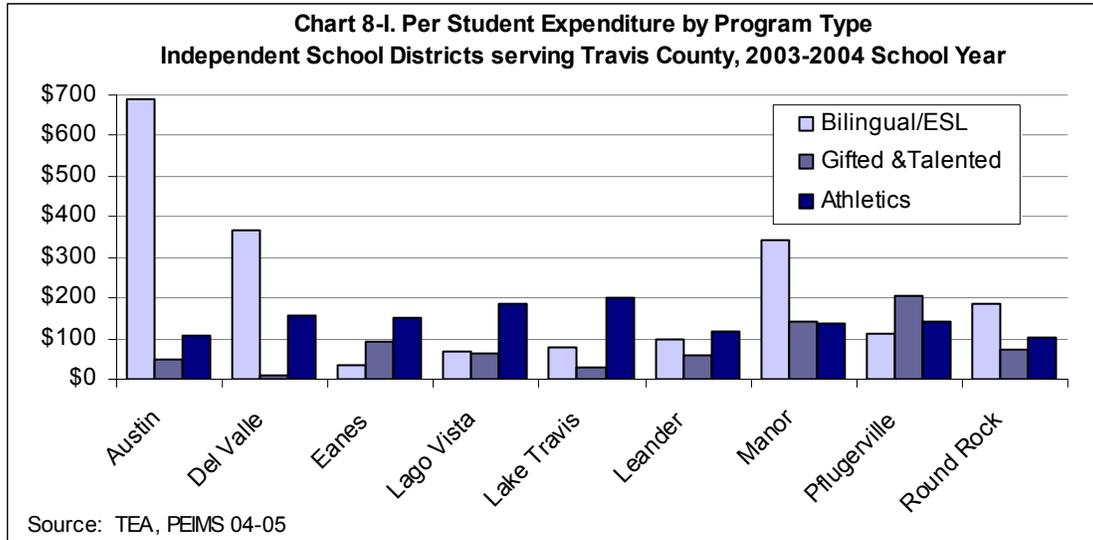
Local Findings: Cultural Competency, Sensitivity & Diversity

Secondary school students who served as local immigrant focus group participants indicated a strong need for increased cultural awareness and sensitivity on the part of school personnel. The systems currently in place may not necessarily be the most culturally or linguistically appropriate to the unique needs of individuals from this age group and/or varied cultural backgrounds. A majority of the participants who attended local secondary schools within Travis County shared numerous instances of perceived racism on behalf of school personnel. Some of the reported comments from school staff ranged from stereotyping students as "always late" and/or "lazy" because they were a member of a certain racial/ethnic group, to criticism for low English literacy skills.

Providers serving immigrants in the Austin/Travis County community echoed statements made by focus group participants. They stated that one of the barriers students may face in schools is a lack of understanding of immigrant issues, as well as low expectations for immigrant student achievement.

At schools with a higher LEP enrollment, the provision of specialized services is cost effective and a high priority, which increases the likelihood of service availability (Consentino de Cohen, Deterding & Clewell, 2005). In Travis County, these types of services may include such initiatives as after-school programming, Intensive English Summer Institutes and newcomer centers.

Local school budget expenditures indicate that the bilingual/ESL per student expenditure is higher for those schools with a higher LEP student concentration. Yet, this investment does not always equate with high academic results. As previously discussed, the high-LEP schools within Travis County do not necessarily have higher TAKS results. This suggests that additional factors - such as type and level of instruction and other socio-economic factors - may have greater influence than financial investment on the success of these students. These factors merit further examination regarding how to best meet LEP student needs and achieve successful academic results.



Higher Education

According to federal law, all students, regardless of their legal status, are entitled to a free elementary and secondary education (K-12) (*Plyler v Doe*, 1982). Post-secondary or U.S. higher education is not a guaranteed provision. Post-secondary education becomes complex in light of immigration or legal status of a student (American Association of State Colleges and Universities, June 2005). The following discussion of immigrant students in higher education focuses on three basic considerations:

- **Eligibility:** To what extent are immigrants eligible to participate in higher education?
- **Access:** To what extent are eligible immigrants able to participate in higher education?
- **Participation:** To what extent are immigrants represented in higher education today?

Eligibility

In order for a non-U.S. citizen to *enter* the country to study, he or she needs a SEVIS (Student and Exchange Visitor Information System)-generated document (either an I-20 or DS-2019) issued by a U.S. college or university, or a Department of State-designated sponsor organization. These documents are necessary in order for potential immigrant students to obtain the application for a visa at a U.S. embassy or consulate required to study in the U.S. Immigrants already residing in the U.S. may participate in higher education if they have a certain type of visa, or in some cases, are without documentation. Citizenship status does not necessarily preclude an individual from participating in U.S. higher education, as explained below. (Williams, 2006)

The main visa types that authorize study in the U.S. include:

- The **F1 Student Visa** is the most common for those who wish to engage in academic studies in the United States. It is for people who want to study at an accredited U.S. college or university.
- The **J-1 Exchange Visitor Visa** is mainly for educational and cultural exchange programs.
- The **M-1 Student Visa** is for those who will be engaged in non-academic or vocational study or training at an institution in the U.S.

(U.S. Visa and Immigration-Related Information. (n.d.)

The visa process does not account for U.S. undocumented immigrants, including students who may have gone through the entire U.S. K-12 system and never became residents or citizens. Each year, approximately 65,000 undocumented immigrants will graduate from U.S. high schools (National Immigration Law Center, 2006). Many of these graduates may be denied admission to colleges or lack access to federal financial aid due to their visa status.

Currently, states have the discretion to determine the parameters of immigrants' access to higher education. Within the past few years, nine states with high concentrations of immigrants have either introduced and/or passed legislation⁵⁰ allowing undocumented immigrants to receive in-state tuition (AASCU, 2005). These laws typically require a certain number of years of state residency, graduation from a state high school, acceptance to a college or university, and submission of an affidavit stating they will file for legal residency.

Current Texas law allows students, regardless of their citizenship status, to be considered Texas residents for admission consideration, to receive in-state tuition, and to be eligible for state-funded financial aid (Williams, 2006). To qualify for the benefits under this law, an individual must have:

- Graduated from a Texas high school, or received a General Education Development (GED) degree in TX,
- Resided in Texas for 3 or more consecutive years, and
- Signed an affidavit to seek legal residency at the earliest opportunity to do so.

(Determination of resident status, n.d.)

Access

While immigrants, both documented and undocumented, may be *eligible* for higher education in Texas, they may still be unable to *enroll*. Frequently, financial aid can be a barrier. In order for an individual to be eligible for *Federal Student Aid*, such as grants, loans, or work-study programs, students must meet one of the following criteria:

⁵⁰ The states that have enacted this legislation (at the publication of this document) include: California, Washington, Utah, New Mexico, Oklahoma, Kansas, Illinois and New York and Texas.

- Be a U.S. Citizen,
- Have a valid Social Security number,
- Comply with selective service registration,
- Have a high school diploma or a GED Certificate or pass an approved “ability-to-benefit” test, or
- Be enrolled or accepted for enrollment as a regular student working toward a degree or certificate in an eligible program at a school that participates in the federal student aid programs.

(U.S. Department of Education, n.d.)

An undocumented immigrant deemed a “Texas resident” for admissions purposes and accepted into a Texas higher education institution may apply for state-funded aid, such as the TEXAS (Towards Excellence, Access and Success) Grant (Williams, 2006). This grant ensures that well-prepared high school graduates with financial need can attend college and provides financial assistance based on academic performance each semester. For the 2006-2007 school year, eligible students attending a public university or state college may receive up to \$2375 per semester (Texas Higher Education Coordinating Board, n.d.). This grant and other state-funded financial assistance programs help many students with this status attend college.

Participation

According to the National Center for Education Statistics, 5.4% of college or university students who attended and received a degree from a U.S. postsecondary institution in the 2002-2003 school year were foreign-born individuals with a visa authorizing their study in the U.S. Of these students, nearly 43,000 received bachelors degrees and approximately 71,000 received masters degrees. (U.S. Department of Education, National Center for Education Statistics, 2005)

In Texas, 62,385 students were awarded bachelors degrees at public universities. Of these, 3% were foreign born. Twenty thousand total students were awarded masters degrees, and 21% were foreign born. (Texas Higher Education Coordinating Board (THECB), n.d.)

The University of Texas at Austin, the largest higher education institution in Travis County, awarded a total of 8,463 bachelors and 2,650 masters degrees in 2003 (THECB, n.d.). Foreign-born students comprised 4% of all bachelors degrees and 26% of all masters degrees awarded (THECB, n.d.). Data for undocumented, post-secondary, immigrant students (those without previously mentioned visas) is largely unavailable or inaccurate. Education institutions in Texas typically count undocumented immigrants as Texas residents.

Post Graduation

Many undocumented immigrants who complete their post-secondary studies face challenges securing employment due to their citizenship status, regardless of years spent in the U.S. school system or level of degree obtained in post-secondary institutions. Citizenship status may preclude successful students from fully contributing to their communities and local economies.

(However, for certain professions with shortages of personnel who have specific language skills, such as teaching or nursing, the U.S may specifically target and/or enter into cooperative work agreements with countries whose supply of professionals fit the needed skill-set.)

As a result, since 2001, a bipartisan effort has pushed for the passage of federal legislation that would tie college graduation to a change in legal status. This legislation is better known as the **DREAM Act, or Development, Relief and Education for Alien Minors Act**. (National Immigration Law Center, 2006)

The DREAM Act targets individuals who have been in the U.S. for more than five years and were 15-years-old or younger when they arrived, demonstrate good moral character, and graduate from a high school. Passage of the DREAM Act would allow these individuals to apply for conditional status for up to six years of legal residence. Students would be required to attend a two-year college, complete two years of a four-year college degree or serve in the U.S. military. At the end of the six year period, if students meet these requirements, they would be granted permanent resident status. (NILC, April 2006)

The DREAM Act and related legislation has been incorporated into pending immigration legislation at the national and state levels. The status of this piece of legislation is undetermined at this time.

Adult Language Proficiency and Literacy

Overview

The term *adult education* typically refers to a broad range of programs including basic skills, adult secondary, postsecondary, continuing education and other types of education (TX Center for the Advancement of Literacy and Learning, n.d.). The term *adult education* here refers primarily to ESL and family literacy classes to non-native English speakers with limited English language proficiency and/or low literacy skills.

Needs

While many definitions of *literacy* exist, one commonly accepted among service providers is the ability to use printed and written information to achieve one's goals and to develop one's knowledge and potential (Sum, Kirsh & Yamamoto, 2004)." As previously mentioned, of the approximately 29,000 foreign born individuals (five years of age and older) who reside in Travis County today, nearly one in three speak English less than very well (ACS, 2005). Thirty-six percent of foreign born received "less than a high school" education, as compared to 8% of native-born residents (ACS, 2005). An immigrant's literacy level often correlates with his or her socio-economic status and needs.

Findings from the 1992 National Adult Literacy Survey (NALS) which measured the literacy proficiency of adults 16 years of age and older, indicate that the literacy proficiency for

immigrants was significantly lower than for native-born individuals. The 16-65 year old foreign born population has some of the lowest literacy level scores on the NALS scale. Literacy proficiency directly correlates to employability, job earnings and level of community and civic engagement. (Sum , Kirsch & Yamamoto, 2004)

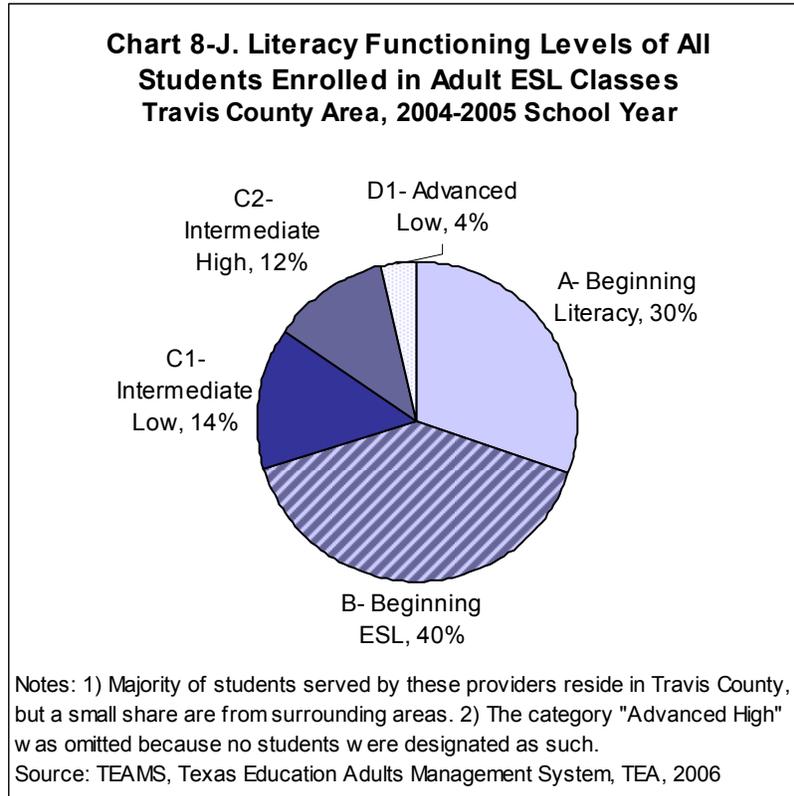
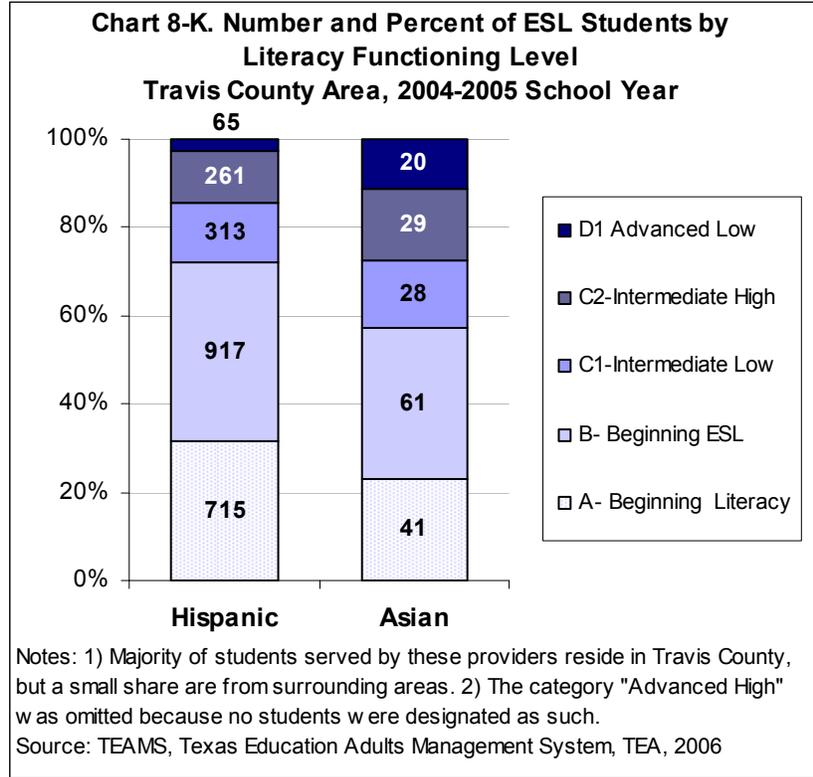


Chart 8-J shows Travis County literacy levels collected through the Texas Adult Education Management Information System. These levels capture the literacy functioning levels of individuals who participate in Travis County's six largest ESL programs.⁵¹ The literacy functioning levels assess listening and speaking levels, basic reading and writing levels, and workplace language skill levels. They range from beginning literacy to advanced literacy. A Beginning Literacy designation means that an individual cannot speak or understand English, or understands only isolated words or phrases, and has no or minimal reading or writing skills in any language (Office of Vocational and Adult Education, 2001). Beginning ESL designation means the individual can understand basic greetings, simple phrases and commands, and a limited number of words related to immediate needs. The Beginning ESL learner speaks slowly and with difficulty, and may demonstrate little or no control of grammar (Office of Vocational and Adult Education, 2001). Thirty percent of students participating in Travis County's ESL programs are designated as Beginning Literacy and 40% as Beginning ESL (Texas LEARNS, 2006).

⁵¹ The 6 primary ESL programs serving Travis County are Austin Community College, Austin ISD, Austin Learning Academy, AVANCE, La Fuente and the Austin Asian Chamber of Commerce.

The majority of participants (54%) in Travis County’s ESL programs are Hispanic females (Texas LEARNS, 2006). Additionally, Chart 8-K shows that nearly 71% of Hispanic participants have either a beginning literacy or beginning ESL functional level designation whereas only 57% of Asian participants have similar designations.



The previously mentioned National Adult Literacy Survey (1992) highlights significant positive correlations between years of school, the age that one starts learning English, and length of U.S. residency, with mean literacy proficiency scores. The socio-economic status of non-native English speakers is also linked with levels of English proficiency. Some key effects of increased English proficiency include:

- Increased job opportunities (employability and mobility),
- Increased civic participation (e.g. parental involvement in schools), and
- Increased access to and utilization of needed social services. (Sum et al, 2004)

Many non-native English speakers recognize that high English proficiency leads to improved communication, higher employment prospects, and ease in social communication. (Kim, Collins, Westat Inc., McArthur & NCES, 1997; TCHHSVS, 2006). Individuals with limited English proficiency are enrolling in ESL classes in record numbers. According to the National Institute for Literacy, ESL programs have historically been the fastest growing component of the state-administered adult education programs, growing from 33% in 1993-94 to 48% in 1997-98. (National Institute for Literacy, n.d.). Local trends are similar. Approximately 85% of the total calls received through the *Literacy Connection Line* – a program of the Literacy Coalition of

Central Texas - are requests for referrals to ESL classes (Miller, 2006). Austin Community College (ACC), the primary sponsor for the Adult Education Program of the Travis County Consortium has also seen a growth in the demand for ESL classes. During the 2006 fiscal year, ACC and its partners served more than 3,000 students, 64% of whom were in ESL, the majority of them immigrants. (Borden, 2006)

Barriers

A number of barriers and challenges prevent some immigrants from enrolling in ESL classes, or cause them to prematurely terminate their course of study. Some of the most common challenges mentioned in national research include time commitment, financial cost, childcare and transportation (Kwang, 1997). Local providers and focus group participants also cited time commitment and transportation as their primary barriers (TCHHSVS, 2006).

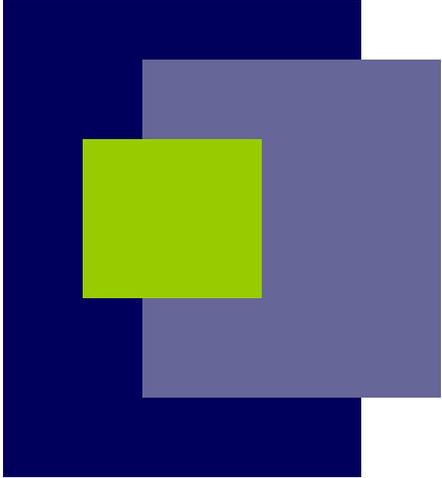
Local Findings: Inconvenient class scheduling, limited or lack of transportation

According to Travis County service providers and immigrants in the community, not enough classes are offered at times that accommodate diverse work schedules (e.g. Sundays, and other times that accommodate shift work). Immigrants who share one vehicle among several people, or who rely solely on public transportation, also face transportation as a barrier to attending classes.

Depending on their respective backgrounds and life situations, immigrants approach ESL with differing objectives and skill levels ranging from basic to industry-specific level English. According to David Borden (Summer 2006), Adult-Education/ESL Coordinator for ACC,

“For every 150 potential students at our ESL orientation, there are 150 different needs and motivations. Although often more highly motivated to learn than other basic education student populations, it is very difficult to design cost effective services that meet the needs of large numbers of immigrants because each one brings a unique set of challenges, dreams and skills.”

As the U.S. foreign born population continues to grow, it is increasingly imperative to address these emerging educational issues. If the current low adult literacy proficiency levels persist, they will more than likely affect not only our educational and social service infrastructures, but our workforce in future generations.



Workforce



Workforce Overview

Community Goal

The community goals for workforce development are reflected in the following statement:

To provide enough skilled workers to support growing businesses and industry. To provide all individuals with the opportunity to achieve self-sufficiency.

(Community Action Network)

The future economic prosperity of the Travis County community will rely on addressing the workforce needs of both businesses and community residents.

Highlights

- Immigrants play a significant and growing role in the U.S., Texas, and local labor forces. Based on projected labor force dynamics, including retirement of the baby boomers, globalization, and technological advancement, they are expected to continue to do so.
- When compared with national averages, many industries in Texas rely more heavily on foreign-born workers. Nearly one in five Texas workers is estimated to be foreign-born.
- Nationally as well as locally, immigrant workers are represented throughout all sectors and occupations. However, they tend to be most concentrated either in jobs that require little formal education or training (such as construction and the service industry) or jobs that require advanced skills and training (such as engineering and medical professions).
- While undocumented workers are legally entitled to most of the same labor protections as other workers, they are often vulnerable to exploitation of their rights, including being denied wages.
- The issue of immigration's effects on the wages and job opportunities of native-born workers has generated much debate. Overall, there is little agreement among researchers regarding immigration's impact on wage effects. As related to job opportunities, immigrant labor generally complements the native-born workforce rather than competes with it. However, the research does show that immigration has likely displaced some low-skilled workers from jobs in some industries.
- Immigrants make significant contributions to the U.S. economy. Immigrants help create new jobs both through their entrepreneurship and by increasing the demand for goods and services. Immigrants also contribute to business's profits and help U.S. companies stay competitive in the global market.

The Labor Market and Immigrant Workers

Immigrants play a significant and growing role in the U.S., Texas, and local labor forces. To explore this trend, the following describes 1) the conditions associated with the increasing role of immigrant workers, 2) the extent of the growth, and 3) the sectors and occupations in which foreign-born workers are most heavily represented.

Labor Market Conditions

Trying to understand the increased reliance on immigrant workers requires a global perspective on change in the U.S. economy and labor market. These include progression of a technologically-advanced, knowledge-based economy, a shift in labor force demographics including the pending retirement of the baby boomer generation, and increased globalization. Each of these trends is associated with a demand for workers with specific characteristics or skills. Immigrant workers, by nature of their skills, relative youth, or willingness to work for lower wages, often possess these desired characteristics. Thus, the growing role of immigrant workers in the U.S. economy is best considered within the context of these current conditions, described briefly below:

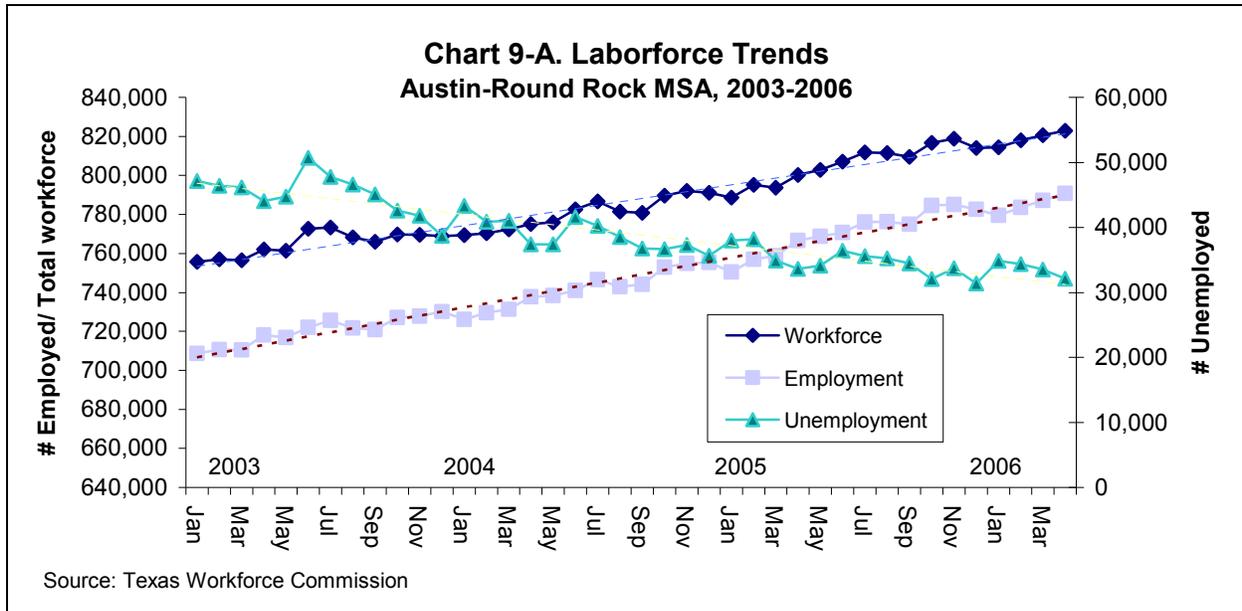
Changing skill demand: Due to rapid advancements in technology and a shift toward a knowledge-based economy, businesses need workers with more advanced skills and higher levels of education than in the past. The United States faces challenges to remaining competitive in a global economy including ambiguity around responsibility for meeting training needs and a lesser supply of young, recently trained workers entering the workplace. (United States General Accounting Office, 2004)

Shift in labor force demographics: As the baby-boomer generation reaches retirement age, the U.S. will incur labor shortages. By one national estimate, by 2030, 41 million new workers will enter the workforce, but 76 million will retire (Gunderson, Jones, Scanlan, 2005). Some sectors including energy, education and health are already beginning to feel the impact of this trend. Responding to current and pending labor shortages will require identifying, attracting, and training younger workers. (Krepcio, 2006)

Globalization: Although the term has taken on many meanings, economic globalization in the simplest form refers to the increasing share of the world's economic activity that is taking place between people who live in different countries (PREM Economic Policy Group and Development Economics Group, n.d.)⁵². Faced with an increasingly global market, many U.S. businesses have found that remaining competitive means reducing costs. Solutions can include using technological innovation to increase efficiency and/or finding workers who will work for less, whether by bringing the job to the worker (outsourcing) or the worker to the job (through immigration). (United States General Accounting Office, 2004)

⁵² While certainly relevant to the topic of immigration, a comprehensive discussion of the effects of globalization is beyond the scope of this report.

Not only will Austin experience these trends, but local data show that since 2003, the Austin area has experienced a steady growth in the number of people employed, outpacing growth in the workforce, and a rapid decline in the number of people unemployed (see Chart 9-A below).



Shifting labor force dynamics and positive workforce trends create a situation where the local demand for labor may be greater than the supply. Immigrant workers help meet a growing demand for labor across all segments of the regional economy. Such workers are clearly critical in high growth industries where demand has simply outgrown the workforce, like construction and hospitality (see Table 9-A below). Immigrant workers also fill critical skill needs in industries that are not experiencing rapid growth, but are dealing with rapid and dramatic changes in skill needs, such as the need for workers with advanced technical skills to support the manufacturing sector.

Table 9-A. Change in Private Sector Employment: First Quarter 2004 – First Quarter 2006 Largest Industry Sectors, Austin Round Rock MSA		
Industry	# Change in Employment	% Change in Employment
Trade, Transportation and Utilities	10,475	9.3%
Professional and Business Services	12,403	14.3%
Leisure and Hospitality	6,115	9.5%
Education and Health Services	5,794	9.4%
Manufacturing	96	0.2%
Financial Activities	3,388	9.0%
Construction	5,362	15.4%

Source: U.S. Dept. of Labor, Bureau of Labor Statistics, Quarterly Census of Employment & Wages

Foreign-Born Workers: Numbers and Trends

Foreign-born workers comprise a substantial and growing part of the Texas labor force. Nearly one in five (20%) Texas workers are foreign-born, compared with 16% of the national labor force. Workers from Mexico and Central America make up 14% of the total Texas labor force, while workers from the rest of the world comprise 6%. In addition to Mexico and Central America, the most common countries of origin for foreign-born Texas workers include Vietnam, India, the Philippines, Germany, China, Canada, England and Japan. (Current Population Survey, 2005)

The foreign-born labor force in Texas is growing at a faster pace than the Texas labor force as a whole. Between 1995 and 2005 the Texas labor force grew by 18%, while the foreign-born labor force in Texas grew by 62% (see Table 9-B below). As of 2005, there were about 2,206,000 foreign-born workers in Texas. The Research and Planning Division of Travis County Health and Human Services estimates that there are between 76,000 and 97,000 foreign-born workers in Travis County and between 123,000 and 157,000 foreign-born workers in the Austin-Round Rock MSA.⁵³

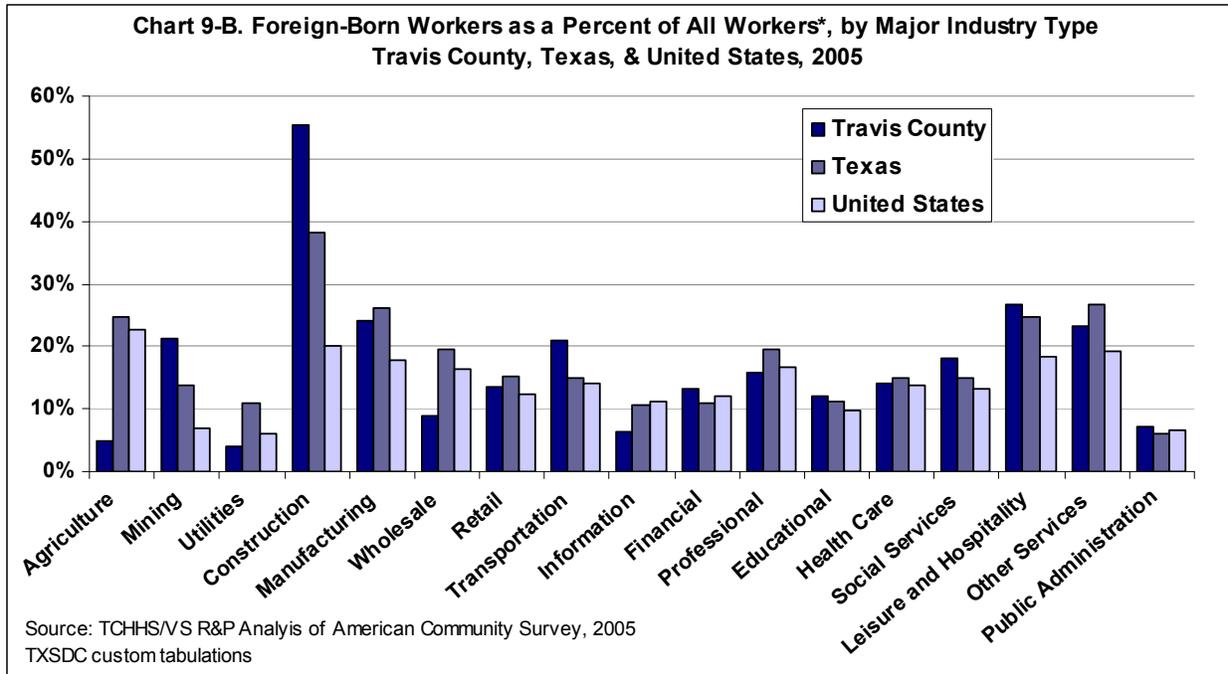
Table 9-B. Size and Growth of Civilian Labor Force by Nativity Texas, 1995 & 2005				
	In Labor Force		Growth, 1995-2005	
	1995	2005	Number	% Change
Total	9,343,048	11,062,332	1,719,284	18%
U.S. Citizen by Birth	7,976,970	8,855,496	878,526	11%
Foreign Born	1,366,077	2,206,837	840,760	62%
Mexico and Central America	936,298	1,521,554	585,256	63%
Rest of world	429,779	685,283	255,504	60%

Source: TCHHS/VS R&P Analysis of Current Population Surveys, 1995 & 2005

Foreign-Born Workers: Sectors and Occupations

Immigrant workers are represented throughout many occupations in the U.S. labor force. Many immigrant workers, particularly recent immigrants from Mexico and Central America, are concentrated in occupations that require little formal education. However, foreign-born workers are also significantly represented in industries that require advanced skills and training such as computer and mathematical sciences. (Congressional Budget Office, 2005) Chart 9-B below indicates the representation of foreign-born workers by major industry type for the United States, Texas, and Travis County.

⁵³ This figure was estimated by using the 2005 American Community Survey estimate for the number of individuals in the civilian labor force and multiplying it by 15.6% (national percentage of foreign born in the labor force) to get the low end of the range and by 19.9% (Texas percentage of foreign born in the labor force) to get the high end of the range.



*See footnote⁵⁴

In Texas, foreign-born workers make up at least 10% of the workforce in most major industries. They are most greatly represented in construction (38% foreign-born workforce), other services, including work for private households (27% foreign-born), manufacturing (26% foreign-born), leisure and hospitality (25% foreign-born) and agriculture (25% foreign-born). When compared with national averages, many industries in Texas appear to rely more heavily on foreign-born workers. In Travis County, foreign-born workers are likewise significantly represented in most major industries. In comparison to the United States and Texas, in Travis County, foreign-born workers are more significantly represented in construction (55% foreign-born workforce), leisure and hospitality (27% foreign-born), mining (21% foreign-born), transportation (21% foreign-born), and social services, including childcare (18% foreign-born).

Local Findings: Sectors and Occupations

Immigrant focus group participants represented a range of occupations, including engineers and other high-tech workers, professors and teachers, and a professional in the independent film industry. By nature of the focus group sample, many participants were employed doing manual labor and working in service industry occupations. Specific jobs mentioned included cleaning, maintenance, construction and personal care.

⁵⁴ For purposes of this analysis “worker” is anyone who has been employed in the previous 5 years. Industry affiliation is based on single job defined as the current job in which the person works the most hours or if currently not employed, the most recent job held. Although this does not provide a perfect snapshot of the current workforce, it provides an overall picture of the industries in which foreign-born workers are concentrated in the country, state and county.

Special Topic: Day Labor

Day laborers are workers who search for work each day, typically near home improvement stores, intersections, or day labor worker centers. Nationally, day laborers are typically undocumented immigrants (75%), are most often employed by private homeowners/renters (49%) or contractors (43%), and are usually hired for construction, moving, and gardening or landscaping (Valenzuela, Theodore, Melendez & Gonzalez, 2006). To date, no comprehensive local research on day laborers exists, although anecdotally local issues and trends mirror the national picture. Based on a rough estimate of visits to the major known day labor sites, on any given day, 400 day laborers may be looking for work in the Austin area (Emily Timm, personal communication, August 12, 2006).

As in other labor markets, day labor can be explored as an issue of supply and demand. The day labor market and day labor hiring sites support employer demand for a flexible supply of workers to provide manual labor on an as needed basis. For many workers, day labor is the first job they hold upon arrival in the United States and may offer a way to gain the skills, experience and contacts necessary to secure permanent employment. Some workers may seek day labor opportunities to supplement another, often part-time and low-paying job, while others may transition between the day labor market and the traditional job market, as opportunities, especially in low-wage jobs, tend to fluctuate with the economy. (Valenzuela et al., 2006)

Day laborers' informal relationship with the labor market and typical worker characteristics (such as newly-arrived immigrant status, limited English proficiency, and lower education or skill levels) make them vulnerable to workplace abuses and health and safety risks (United States General Accounting Office, 2002). A national survey of day laborers found that 67% have missed work due to injury, 49% have been denied payment for work they have completed, and 44% have been denied food, water, or breaks (Valenzuela et al., 2006). Many of these abuses have been anecdotally reported in Austin/Travis County as well. In addition, many workers report injuries including falls, cuts, puncture wounds, and damage to ears, eyes and respiratory system. Overtime and minimum wage laws are also inconsistently applied in cases involving day laborers. (Emily Timm, personal communication, August 12, 2006)

Even when no clear violations or abuses exist, day laborers often face other challenges. Many make well below a living wage and even a regularly employed worker will usually earn under the federal poverty level within a given year (Emily Timm, personal communication, August 12, 2006). Additionally, day laborers may not be welcome in neighborhoods or near the businesses where they search for and are hired for work (Chavez, 2005).

Immigrant Workers, Immigration Policy, & Employment Law

For some foreign-born individuals, work is what brings them to the United States; others come to reunite with family, attend school, or escape persecution, but seek employment once they arrive. Immigrants vary greatly in the opportunities that are available to them as well as in their workplace experiences. Some immigrant workers, particularly those with legal status, visas tied to their employment, and/or higher educational attainment and skill levels may have little difficulty securing employment that offers acceptable wages and good working conditions. Others may face some challenges. Those with lower educational attainment, fewer job-related skills or lack of legal status may face low wages or be vulnerable to discrimination, exploitation, or substandard working conditions. Some immigrants may find that the education, occupational skills, and licenses they acquired in their home country do not translate easily into the U.S. job market. Those authorized to live in the United States on a non-work related temporary visa may learn that the terms of their visa do not allow them to work in the U.S.

The following section describes groups or categories of immigrant workers including their typical characteristics and related immigration policy.

Categories of Immigrant Workers

Lawful Permanent Residents: Some foreign-born individuals are granted status as lawful permanent residents (green card holders) because their job skills meet an employer's needs where there are no U.S. workers qualified, willing, or able to fill the position. These individuals may obtain a visa in their country of origin or may already be living in the United States (perhaps on a student or work visa) and apply for an adjustment of status⁵⁵. Highest priority for employment-based preference is given to highly educated or skilled individuals such as professors, executives, or doctors. Nationally, individuals granted employment-based preferences typically account for a relatively small portion (10-17%) of foreign-born individuals who are granted legal permanent residence each year. (Jefferys, 2005)

Other individuals are granted lawful permanent resident status through sponsorship by a family member, based on status as a diversity immigrant, or as a refugee or asylee⁵⁶. For individuals belonging to these groups, work is not the reason for coming to the U.S., however they are authorized to seek employment and to work.

Special Topic: Refugee and Asylee Workers

Refugees and asylees are persons who face or fear persecution in their country of origin and seek safety in the United States (or in one of many of the other countries that offers refuge to these groups (Jefferys, 2006). Although refugees and asylees don't come to the United States for work, many seek employment upon arrival. In order to assist with the transition, the federal government funds resettlement services through the State of Texas and community-based organizations (Office of Immigration and Refugee Affairs, 2002). Despite such services, a 2004 University of Texas study found that refugees in Austin/Travis County may face multiple barriers to obtaining employment including limited English proficiency and literacy, transportation, and childcare. Those who are able to secure employment may still face barriers to self-sufficiency including low wages and underemployment. Additionally, refugees and asylees may find that the education, occupational skills, and licenses they acquired in their home country may not translate easily into the U.S. job market (Busch, Fong, Cook Heffron & McClendon, 2004).

⁵⁵ A variety of temporary nonimmigrant visas, including student visas and work visas can convert to lawful permanent resident status, assuming availability of an immigrant visa. For a more comprehensive discussion of immigration policy and eligibility for legal permanent residence status please see the Immigrant Policy, Process and Legal Rights section of this report. There are also undocumented individuals waiting for the completion of labor certifications filed prior to April 30, 2001. Upon successful completion of the process and payment of an additional \$1000 fine, these individuals are eligible to adjust their status pursuant to section 245i of the Immigration and Nationality Act.

⁵⁶ The major categories under which lawful permanent residence is granted include: family sponsored preferences, employment preferences, diversity immigrants, and refugees or asylees. The majority of foreign-born individuals who are granted legal permanent resident status each year are family-sponsored immigrants. For a more comprehensive discussion of immigration policy and eligibility for legal permanent residence status please see the Immigrant Policy, Process and Legal Rights section of this report.

Individuals with Temporary (Nonimmigrant) Visas: Under current United States law, a limited number of foreign-born individuals are able to obtain temporary legal status to work in the United States each year. Temporary workers are admitted to the United States for a specific period typically ranging from a few months to several years. While in the United States, temporary workers are restricted to the job and length of stay designated in their visa. However, in some cases, visa holders may apply to extend their initial period of stay. Those who meet certain eligibility requirements may also apply to adjust their status to lawful permanent residence if there is a visa available. Because nonimmigrant visas are issued for a specific purpose, foreign-born individuals who have a visa tied to something other than work, for example a student visa, may be authorized to live, but not to work in the United States. (Greico, 2006)

In 2005, the consular offices of the U.S. Department of State issued 303,420 temporary work-based visas to foreign-born workers/trainees; nearly half of these issuances (124,096)⁵⁷ were on employer sponsored H-1B visas for specialty occupations that require at least a bachelor's degree or its equivalent (U.S. Citizenship and Immigration Services, n.d.c; U.S. Department of State, 2005).

Undocumented Workers: Undocumented workers are either those who have entered the United States without the documents required by the Department of Homeland Security or those who have entered the United States with a valid visa, but have remained in the country past its expiration. There are an estimated 7.2 million undocumented workers in the United States (nearly 5% of the total civilian labor force). In general, undocumented workers are often employed in occupations that require less formal education, have no licensing requirements, and where individuals can learn the skills needed through on-the-job-training. Nationally, the largest numbers of undocumented workers are employed in service occupations (31%), followed by construction (19%), and production, installation and repair (15%). (Passel, 2006)

⁵⁷ Figure based on TCHHS & VS analysis of U.S. Department of State nonimmigrant visa workload data of work related visa categories as defined by the U.S. Department of Homeland Security in Grieco, 2006.

Local Findings: Experiences of Immigrant Workers in Travis County

Focus group participants shared a range of experiences working in Travis County. The variation in responses suggests a link between the type of employment and level of job satisfaction. Those in professional positions generally reported positive work experiences, while those in lower wage service occupations or manual labor jobs described both positive work experiences and a number of significant challenges.

Participants employed in professional positions generally expressed satisfaction with their work noting flexibility in their work schedules and pride in the contributions they made through their jobs. The most common challenge for professional workers was balancing work and family. One participant explained that in the United States there is a general expectation for longer work hours and less personal or family time.

Among participants employed in low wage service industry jobs or doing manual labor some described positive experiences⁵ including job satisfaction and pride in their work:

- [We] are the ones that get things done! We are the [workers] that are more efficient.
- I do maintenance work. My idea of a good day is a satisfied customer.
- [A good day for me is] doing a job well and finishing it completely.

Many also described many challenges they faced in their work as listed below:

Work Authorization: Focus group participants shared difficulties obtaining or renewing work authorization. One individual explained: “I worked very hard to renew my Employment Authorization Document [EAD]. The immigration system is not set up to complete the EAD renewal in enough time without problems. The EAD is the most important document, more important than the permanent residence card. Some [of my] other co-workers did not get their EAD renewal in time and cannot continue to work.”

Credentials and Licenses: In focus groups, individuals discussed recertification, licenses and education. Some noted that their former credentials had never been acknowledged. Others wished they had more information on how their credentials from their native countries could be accepted or adjusted to allow them to work in the United States in their field of training.

Health and Safety: Individuals spoke of the dangerous nature of their work and the physical toll that work often took on their bodies:

- “I work with potentially dangerous machinery and it is a miracle that I haven’t cut my hand off.”
- “I work with electric saws that are exposed. It is surprising that we don’t get hurt at work.”
- “Mexicans come here to kill themselves—to work they abuse their bodies. The body in the process gets worn down physically.”

Language and Job Skills: Participants explained that their limited English proficiency posed challenges and noted the need for ESL classes and vocational training:

- “I have had a lot of difficulty finding work. I lost my husband and need to support myself and my two children but I have a very limited knowledge of English. I have had problems because of the limited, part-time jobs. There is not enough training for low-income people like myself.”
- “I don’t see a way for us to progress without more training. We need more skills based training.”
- One individual explained that he gets upset when he makes a mistake at work, especially if it is because he can’t understand the language.

Discrimination: Another challenge participants described is discrimination. One man described that the most challenging days for him are when he is underestimated at work because he is an immigrant. He wants people to know that immigrants are [as] skilled [as others] and wishes that people were not judged on their ethnicity. Another explained that he had a supervisor who he felt discriminated against him because he is an immigrant.

Low wages: Participants frequently cited low wages as a challenge they face. For many immigrants this issue can be magnified if they are working to support themselves and their family in their country of origin.

- “Gas is very expensive and salaries are very low in Austin. It’s really difficult to make ends meet with the mix of those two factors.
- “I need to find another job. I get paid \$200 every 15 days and I work from 7:30-4:30 helping a woman who cooks for a living. I can’t make ends meet with that kind of salary.”
- “Right now I am working 13 to 14 hours a day to help my family because they are also very poor.”
- “A principle challenge is trying to earn enough money to send back every day.”

Rights and Protections for Immigrant Workers

Foreign-born workers, regardless of immigration status, are legally entitled to most of the same labor protections as any other worker (with the exception of unemployment benefits). Foreign-born workers are covered under the United States employment laws shown in Table 9-C below:

Law	Description
Fair Labor Standards Act (FLSA)	Protects the wage and hour rights of workers and mandates minimum wage and overtime payments
Occupational Safety and Health Act (OSH Act)	Provides workplace health and safety protections
National Labor Relations Act (NLRA)	Prohibits employers from engaging in unfair labor practices against employees and unions
Civil Rights Act of 1964 Title VII	Prohibits discrimination on the basis of race, gender, religion and national origin

Source: Yasui, 2002; Grantmakers Concerned with Immigrants and Refugees, 2003

While all U.S. employers are required to follow standards set under labor and immigration laws, instances of discrimination, exploitation, and substandard working conditions do exist (Grantmakers Concerned with Immigrants and Refugees, 2003). Following are common reasons that despite laws and protections, discrimination and exploitation still occur:

- **Existing labor laws and protections are not consistently enforced.** Confusion amongst the courts and agencies charged with enforcement may lead to some groups of workers, such as day laborers, being wrongly excluded from coverage under FLSA, OSH Act, or NLRA. (Yasui, 2002; Grantmakers Concerned with Immigrants and Refugees, 2003)
- **More recently arrived immigrants and those with lower levels of education, skills, or limited English proficiency may have few options for work and limited knowledge about their rights and protections.** This often means they are more willing to accept lower wages, substandard jobs offering few benefits or protections, or jobs that incur greater health risks. Foreign-born workers may not be aware of labor protections available to them, their rights as employees under the law, or dangers associated with hazardous work conditions. (United States General Accounting Office, 2002)
- **Undocumented workers often fear deportation.** Thus, they are more likely to endure abusive practices or other violations in order to remain undetected, rather than file a complaint or report an unsafe condition. (United States General Accounting Office, 2002; Grantmakers Concerned with Immigrants and Refugees, 2003)

Local Findings: Workers Rights Abuses

Focus group participants described the following workers rights abuses that they or their family members had experienced while working in the Austin/Travis County community:

- “The work here is brutal, especially in carpentry. The conditions in which we work are awful. Sometimes we have not breaks, no water.”
- “There is not health care when people do get hurt.”
- “My husband had a problem with a contractor not paying him. My husband went to his house and waited outside, but no one answered the door.”

In Austin/Travis County there are several efforts to prevent or address abuses of workers rights. For example, **Proyecto Defensa Laboral (The Worker’s Defense Project)**⁵⁸ assists immigrant workers to recover unpaid wages, helps to organize and support day laborers in defending their labor and civil rights, and offers a worker empowerment leadership course. **First Workers, the City of Austin Day Labor Center**, offers a place where customers and day laborers can exchange work for pay in an organized and supervised environment where both parties are provided with direct assistance to facilitate the hiring process.

Immigrant Labor and the U.S. Economy

In recent years, a flurry of debate has centered on the impact of immigrant workers on the U.S. economy and the subsequent wages and job opportunities for native-born U.S. workers. This complex and many-sided issue is best considered in the context of a global and rapidly changing economy. Here are some of the issues:

Overall, immigrant labor complements the native-born workforce rather than competes with it. However, some competition does exist. During the past 50 years, the native-born U.S. labor force has been aging and becoming better educated. In the 1960s much of the work that is typically performed by immigrants in today’s economy was done by the 40% of the U.S. born workforce that did not have a high school diploma. In general, less-educated immigrants support growing industries (such as personal services, retail, elder care) or work in those (such as agriculture, gardening) for which wages tend to be low and the supply of native-born workers is limited. On the other side of the educational spectrum, while the U.S. labor force is becoming better educated, it is not highly educated enough to remain globally competitive in fields such as science and engineering. In these fields, contributions of foreign-born workers keep the U.S. competitive in innovation and new product development. Still, some competition for jobs does exist. A recent review of the literature on job displacement found that most research suggests that immigration has displaced some native-born low-skilled workers⁵⁹.

⁵⁸ Formerly known as Central Texas Immigrant Workers Rights Center (CTIWorc) a program of the Equal Justice Center

⁵⁹ The authors of the literature review report that they are unaware of any studies that have focused on job displacement among the highly skilled. The authors also acknowledge that while a review of the literature does show some job displacement and/or native exclusion within given sectors or cities, one criticism is that many of these studies have looked where one would expect to find impact.

Effects may vary by industry type and geography and may be most observable when the U.S. economy is slowing. (Jacoby, Johnson, Orrenius, & Siciliano 2006; Holzer, 2005; Murray, Batalova & Fix 2006)

There is little agreement among researchers regarding immigration's impact on wage effects (Murray, Batlova & Fix, 2006). For example, Harvard University economists Borjas and Katz calculated that during the period, 1980-2000, immigrant labor *reduced* earnings of the native born by 3 to 4 percent, with greater impact on those with less than a high school diploma or equivalent and a lesser impact among other groups. The research of other economists, such as that of Professor David Card of Berkley has shown little or no negative effects of immigration on the wages of native-born workers. (Holzer, 2005) Finally, Giovanni Peri (2007) calculated that between 1990 and 2004, immigration produced a 4% real wage *increase* for the average native-born California worker.

Immigrant workers help to create jobs and sustain jobs. Immigrants are consumers as well as workers; they not only increase the supply of labor but also increase the demand for goods and services. In addition, immigrants are business owners and increasingly play a role in starting and growing small-and medium-sized businesses. (Jacoby, et al., 2006)

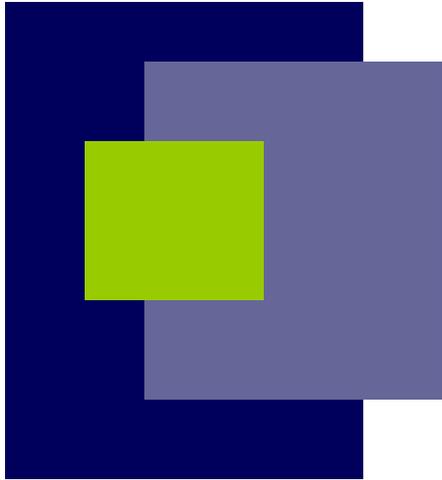
Immigrants contribute to business profits, lower costs for consumers, help keep jobs in the U.S., and allow U.S. companies to stay competitive in the global market. The labor of immigrants helps to stabilize U.S. businesses and keep jobs in the United States. Immigrant workers often supply the manual labor needed by businesses and frequently do so for low wages (lower levels of educational attainment typically correlates with lesser pay). This helps businesses lower their costs (which may be passed on to the consumer) and increase their profits. In a global market, if low wage workers are not available, companies may close or look for cheaper labor overseas. In cases of relocation or closing, job loss may ensue for native-born workers who hold positions with that company. (Jacoby, et al., 2006; Holzer, 2005)

While immigrant⁶⁰ workers use services that are supported by public tax dollars, they also pay into tax systems. Immigrant workers and their families do rely on local public services; perhaps most notably school districts and public health systems. They also pay sales and property taxes, which in Texas are the two significant forms of tax revenue to fund local and state public services. However, lower income immigrants, like other low-income residents, tend to contribute less tax revenue⁶¹ than higher earning workers. In December 2006, the Texas Comptroller of Public Accounts released a financial analysis of the impact of undocumented immigrants on the FY2005 Texas state budget and economy. The Comptroller's office concluded that the state revenues collected from undocumented immigrants exceeded state expenditures on services by \$424.7 million. However, the Comptroller's office also estimated that local governments and hospitals collectively spent \$928.9 million more on health care and incarceration costs than they received in revenue from undocumented immigrants (Strayhorn,

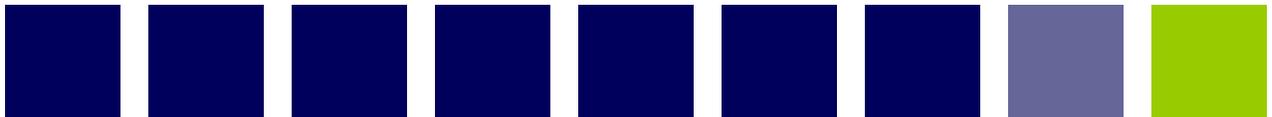
⁶⁰ While statement is applicable to immigrants as a group, typically discussion or debate on this issue refers to undocumented immigrants.

⁶¹ This refers to lesser amount, not lesser proportion.

2006). As related to Federal benefits, many undocumented immigrants actually pay into the social security system although they are not eligible to receive social security benefits and thus are actually subsidizing the system for native-born workers (Lowenstein, 2006). Undocumented immigrants are not eligible for federal benefits such as Food Stamps; however children of undocumented immigrants who are U.S. citizens are eligible to receive these benefits ("USDA Issues Guidance," 2003). Immigrant eligibility for federal benefits is described in greater detail in the Economic Safety Net section of this report.



Conclusions & Next Steps



Conclusions and Next Steps

Why now?

When the assessment process began in late 2005, the immigration issue, while a rising concern, was still under the surface of public discourse. In the ensuing months, it attracted increasing attention in the form of legislative proposals, community conversations and grassroots activism. Combined with this heightened awareness of the issue, the current robust economy creates a timely opportunity to engage in a substantive community problem solving process.

What next?

As the assessment process ends, the community can begin the work of collaboratively addressing the needs and issues identified herein. The community could proceed by building on existing planning efforts, and/or identifying a new entity, to (1) lead and engage the community in addressing these issues, (2) determine the scope and focus of the work, and (3) maintain community connections and broaden the network of participants. Discussions could begin by convening different sets of stakeholders to explore the different angles of the issue.

Where do we start?

To navigate the complexity of the immigration issue and perspectives on it, this assessment endeavored to employ an information-driven, accurate, balanced and inclusive approach. Its conclusions are similarly neutral, and apply broadly to the entire community (including all its residents, sectors, and activities). These conclusions sketch the overarching themes that emerged from the assessment, suggest ideas for future action, and offer questions to spark the community conversation.

1. Immigrants are part of and impact the Travis County community. Their success and well-being is tied to the long-term prosperity of the entire community.

As debate around immigration continues and Travis County emerges as an “immigrant gateway,” our community’s task remains to ensure the health, safety and well-being of all residents. To do so requires that public responses to community concerns incorporate a holistic and collective approach that includes immigrants and immigration-related issues. Without this inclusive perspective, the community’s long-term prosperity is compromised.

Next Steps: Acknowledge that immigrants are and will continue to be an integral part of the community. Examine social equity issues from this perspective.

Questions for Further Discussion:

- On a local level, how do our policies and practices act to include or exclude immigrant groups?
- What role do the public, private, and nonprofit sectors play in helping or hindering the integration of immigrants in the community?

- To what extent does the community's response to immigrants limit or enhance the contributions they can make and define their membership in the community?
- To what extent does the community's response to other issues (such as basic needs and healthcare) accommodate the immigrant population?
- How can the community capitalize upon immigrants' economic and cultural contributions?

2. Travis County's immigrants exhibit diversity in culture, socio-economic characteristics, and experiences in the U.S.

Immigrants vary in their countries of origin, languages spoken, reasons for immigrating, and the cultural norms and values they bring. Some immigrants are newly arrived, and others have lived in the community for decades. Immigrants are represented on both sides of the socio-economic spectrum, in terms of both educational attainment and income, and possess skills needed by the local economy. The unique interplay of these factors for each individual shapes their experiences, opportunities, and sense of integration into the community.

Next Steps: Facilitate community conversation and information exchange to better understand the constantly changing dynamics of immigration in Travis County. Monitor trends and continue exploration of immigrant issues.

Questions for Further Discussion:

- Do specific populations and topics warrant more in-depth examination? Where is further research needed?
- How closely do public perceptions of immigrants in Travis County align with the demographics and characteristics of the population?
- If a gap exists between perception and reality, how can it be addressed?

3. Some immigrant sub-populations have higher needs and encounter greater challenges. These challenges are linked to both socio-economic and immigration-related characteristics.

Being an immigrant frequently entails a prescribed set of challenges. Some are common to all or most immigrants, such as adjusting to a new culture and the loss of family, friends, community, and support systems from the home country. Many immigrants also face language barriers. For some individuals and families, opportunities and quality of life are further limited by their legal status, which governs access to resources and basic protections.

Socio-economic status has the potential to alleviate or augment the impacts of these challenges. Much like it does for the general population, socioeconomic factors (such as education, occupation and income) affect immigrants' ability to meet basic needs and to pursue opportunities leading to upward mobility.

The barriers immigrants experience may be immigrant-related, socio-economic, or some combination of both. To effectively serve individuals and families with high needs requires understanding their unique vulnerabilities, strengths, challenges and opportunities. To make service delivery systems inclusive of this population requires consideration of the links between individuals, systems and policy.

Next Steps: Convene stakeholders to identify ways to improve service delivery to immigrants. Review approaches to immigrant issues, taken in Travis County and in other communities, in order to identify best practices and inform local strategies.

Questions for Further Discussion:

- How can the community adapt existing institutions, systems, and planning efforts to be more inclusive of immigrant populations?
- How can the community develop or expand capacity to serve immigrant populations and address immigrant issues that fall outside the traditional service delivery system?
- What initiatives are taking place within immigrant communities and how can local resources support them?
- What can we learn from other communities in order to make our service delivery more effective and inclusive?
- What steps can be taken toward cultural competence in government and non-profit systems?

4. *Immigration systems, and the laws and policies related to them, are complex, changing and frequently unclear.*

The convergence of varied interests in the political, economic, and social welfare arenas results in ambiguous policies and inconsistent practices. Multiple challenges result. Immigrants may not be aware of their rights, the resources available to them, or sources for reliable information. Local governments and community-based organizations must stay informed of immigration-related laws and policies in order to appropriately serve clients and residents. Lastly, employers struggle to balance their business needs with their legal responsibilities.

While the prospects for comprehensive immigration reform remain unclear, potential outcomes include a broader guest worker program and/or a path to lawful permanent residency and citizenship for undocumented immigrants currently living in the United States. Such changes would likely have broad impacts for the community, including an increased demand for social services and for immigration-related legal services.

Next Steps: Inform multiple stakeholders. Provide current information and conduct outreach and training for immigrants, service providers, businesses, and local governments. Identify processes and structures to sustain an ongoing exchange of information.

Questions for Further Discussion:

- What information do different stakeholders need?
- How can this information be appropriately delivered to different sectors?
- What information systems and outreach/training efforts already exist? How can the community replicate and build upon them, either locally or regionally?
- Given the complexity and variability of immigration-related policy, what kind of information system can gather, centralize, update and disseminate the information needed by the community?
- If comprehensive immigration reform occurs, what potential impacts could be expected on the local level? What planning or action would be needed?

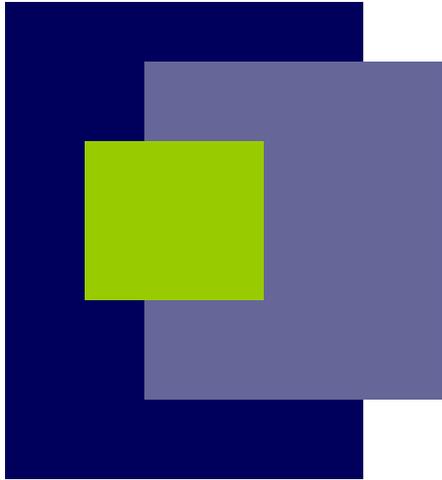
5. Federal, state and local authorities disagree on who is responsible for the immigration issue.

While the federal government has jurisdiction to set and enforce broad laws and policies, it can fall to states and local governments to define their roles in immigration enforcement. Local communities, often with limited resources, are ultimately responsible for meeting the needs of immigrant residents, including their education, healthcare and safety.

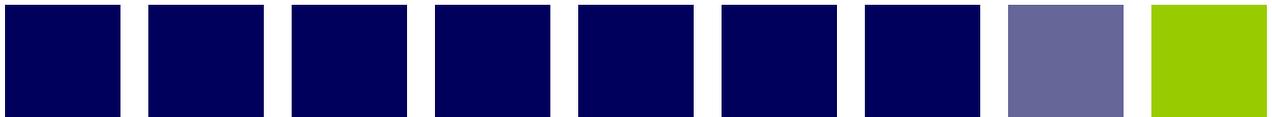
Next Steps: Impact policy. Establish communication networks between different levels of government so that immigration policy reflects and addresses the real needs and costs of local communities.

Questions for Further Discussion:

- What are the community's interests and values around immigration and meeting the needs of immigrant residents?
- What policies can be developed or modified locally?
- What does the community want to convey to state and federal policy makers?
- How can the local community best communicate its messages and who is best situated to do it?



Appendices: Methodology & References



Research Methodology

The assessment process took place during a one-and-a-half year period from January 2006 through April 2007. Staff from the Research and Planning Division at Travis County Health and Human Services & Veterans Service conducted the research and wrote the report. Assessment partners and the Immigrant Assessment Steering Committee advised the process, assisted with primary research, reviewed and made contributions to the written work, and provided ongoing support to the project.

Assessment researchers utilized a two-pronged approach to information gathering: secondary research (data collection and literature review) and primary research (provider forum and immigrant focus groups). While the secondary research provided the basic foundation for this any assessment process, the primary research made the assessment process more inclusive of the local Travis County community.

Following is a description of the methodology used to conduct the primary and secondary research.

Provider Forum

As an initial step in the assessment process, the Immigrant Assessment Steering Committee hosted a forum of service providers. The meeting was held on June 8, 2006 at the City of Austin Learning Research Center.

The objectives of the forum were to:

- Convene stakeholders
- Gather input to help frame the assessment and inform the research process
- Generate qualitative findings

Participants: Invitations to the forum were distributed through the Community Action Network listserv and through steering committee members' professional networks. Recruiting efforts targeted social workers, outreach workers, caseworkers, education and healthcare professionals and other providers who serve immigrant populations.

Over 100 representatives of non-profit agencies, faith-based organizations, government, private businesses and media participated in the forum. Participants represented professions including but not limited to law, healthcare, education, social services and public safety.

Meeting Process and Content: The schedule consisted of an introductory session to provide an overview of the assessment process and two breakout sessions around six issue areas that had been previously identified by the steering committee. Breakout session issue areas included: education, legal services/civil rights, housing, workforce, health and basic services. Attendees were encouraged to identify and attend the breakout sessions for which the issues best reflected their agency's services and programs.

Trained R&P and Community Action Network staff led the breakout sessions. Facilitators posed the following questions:

1. What are the top three needs of the immigrants that you serve?
2. What are the top three barriers that prevent immigrants from getting their needs met?
3. What specific action steps need to be taken to remove these barriers?

Scribes recorded participant responses at the front of the room on large easel pads and later used them to create transcriptions of the forum.

Use of the Results: The information collected through the forum was used to identify issue areas, inform the assessment process, and direct the primary and secondary research. Report writers also incorporated this information into the report as part of the local findings.

Immigrant Focus Groups

Staff from the Research and Planning Division (R&P staff) and community stakeholders held 18 focus groups with self-identified immigrants during summer 2006. The goal and objectives of the focus groups were to:

- Incorporate an inclusive and community-based approach in the assessment process,
- Portray Travis County immigrants' experiences and perspectives, and
- Supplement the information collected from providers, current literature and available statistical data.

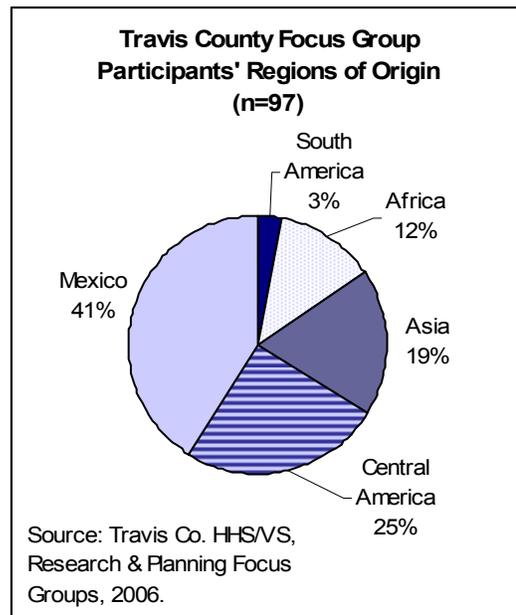
Process development and participant recruitment: The steering committee and R&P staff determined that the focus group research would target self-identifying immigrants, regardless of their citizenship status. Researchers set a goal to conduct approximately 20 focus groups that reflected 1) the demographic makeup of Travis County's immigrant population 2) a diversity of experiences and perspectives 3) geographic diversity. As immigrants of Hispanic and Asian origin make up the majority of Travis County's immigrant population, researchers concentrated outreach efforts in these communities.

A diverse ad hoc committee—predominantly representing the Asian or refugee populations—helped to advise the process and to suggest outreach methods and resources within their communities. Ad hoc committee members, steering committee members and other contacts from faith-based and community-based organizations helped to identify community leaders who could serve as liaisons. The liaisons recruited focus group participants and helped coordinate the logistics of each group.

R&P staff and community liaisons arranged a total of 18 focus groups, which took place from July to October 2006, in various settings and locations around Travis County. (Group names and specific sites are not listed herein, so as to ensure the confidentiality of focus group participants and their respective service providers.)

Description of Participants: A total of 116 people participated in the focus groups. Because participation was fully voluntary and participants could choose what, if any, demographic information to share, demographics were not collected for all participants. However, the information that was shared showed diversity among participants regarding age, gender, ethnicity, educational level and socioeconomic status.

- **Gender:** 59% of participants were female and 41% were male.
- **Age:** Only a small number of participants shared their exact ages. However, participants included students in their teenage years and early twenties, elderly and retired individuals, and persons of a variety of ages in between.
- **Country/region of origin:** 97 participants (84%) shared their country or region of origin. The three countries that were most highly represented were Mexico, Cuba and China. Other countries of origin included Liberia, Guatemala, Sudan, Vietnam, India, El Salvador and Chile, among others.
- **Years of residency in the United States:** 62 participants (53%) disclosed their years of residency in the U.S., with a slightly higher representation among those more recently arrived. Nearly a quarter (24%) had lived in the U.S. for one year or less, 32% for two to five years, 18% for six to ten years, and the remaining 26% of participants had lived in the U.S. for more than ten years.
- **Occupation:** 60 participants (52%) shared their occupation or employment history. A wide array of professions were represented, with students and homemakers being the most highly represented. Other industries included engineering, day labor, hospitality/service work, construction, IT, and janitorial/custodial work.



Question formulation: R&P staff designed the following seven open-ended questions:

- 1) Please introduce yourself: Tell us your first name and something about yourself.
- 2) When did you move to Travis County and why?
- 3) Please describe a typical day for you. *[In this portion, facilitators were asked to encourage participants to explain what they do from the morning to the evening, and to probe for feedback on the key issue areas for the assessment.]*
- 4) What does a "good" day look like for you?
- 5) What does a "challenging" day look like for you?
- 6) What keeps you living in Travis County?

- 7) If you had the power to change something in your environment to make your life easier, what would you do?

The questions were written in a user-friendly format so as to 1) promote non-leading, open and safe conversation, 2) encourage participants to draw from personal experience, and 3) facilitate incorporation of immigrant perspectives into the final written report.

Facilitator selection & training: Each focus group was led by one facilitator, and recorded by one scribe. In many cases, the community liaisons who recruited participants and coordinated focus groups also served as facilitators and, in some cases, as scribes. The facilitator's role was to create and maintain a safe environment, protect participants' confidentiality, and prompt and moderate discussion. Scribes (who were primarily R&P staff) recorded participants' self-disclosed demographic data, their comments in discussion, and other notable information, such as body language and emotional responses. R&P staff elected not to make audio transcriptions, so as to assure participants' confidentiality. In lieu of taping, scribes transcribed notes by hand. To ensure consistency, facilitators and scribes received training from R&P staff prior to conducting focus groups. Focus group facilitators also had a chance to review the questionnaire in advance to allow for clarification of any questions prior to conducting focus groups.

Focus Group Facilitation: Prior to the start of every focus group, the facilitator provided each participant with an information sheet that explained the purpose of the immigrant assessment and the importance of community involvement in the process. Facilitators informed participants that names and identifying information would remain confidential, and that information shared in the group would be combined with information from other focus groups. Participants were also assured that their comments would not affect any services received from service providers.

Facilitators began by relaying "ground rules" to the participants:

- Only first names would be used in the focus group setting and no names would be attached to specific comments in the report.
- Participation in the group was voluntary. Participants could choose to leave at any time and for any reason.
- Notes would be transcribed but not recorded.

Facilitators then proceeded to read questions one by one. They allowed time for all participants to contribute to discussion by pausing between each question and encouraging further comments by asking probing questions. At the end of each session, facilitators and scribes thanked participants for their time and contribution to the assessment.

Post-research analysis and use of the results: After all focus groups were completed, staff reviewed notes, sorted focus group comments by issues, and identified recurring themes within and across issue areas. Report writers incorporated these focus group results into the local findings sections of the report in order to include local immigrant voices.

Secondary Research

Steering committee members and provider forum participants helped to identify key issue areas for inclusion in the report. Based on this guidance, staff from the Research and Planning Division conducted secondary research on each of these topics by 1) consulting with issue area experts, 2) conducting literature reviews, 3) exploring policy issues, and 4) collecting and analyzing local, state and national statistics.

Data Sources and Limitations: In reviewing literature, R&P staff used leading think-tanks and research organizations, government resources and academic journals. Staff undertook this research with an emphasis on non-partisan, accurate, and timely information.

In collecting data, staff primarily used the following sources:

- American Community Survey, 2005
- Current Population Survey, 2005 and 2006
- Texas Education Agency: Academic Indicator Excellence System and Public Education Information Management System, School Years 1994-1995 to 2005-2006
- Texas Health Department of Vital Records, 1990-2004
- Decennial Census, 1850-2000

Each of these data sources uses specific and standardized research methods to collect information on various topics, such as demographics, income, housing, and others. The U.S. Census Bureau, one of the most comprehensive sources of data, collects information through a variety of surveys. The decennial census is a long form that collects population information and using a large sample size which enhances the reliability of the data. This report uses decennial census information to provide long range historical context for national trends. However, because the decennial census is only conducted every ten years it may not reflect an accurate snapshot of communities undergoing rapid demographic change. For this reason, much of the local data utilized in this report comes from the American Community Survey. The American Community Survey uses a smaller sample than the decennial census but is conducted on an ongoing basis with data released annually. This survey is not intended to show incremental changes but is intended to provide a general indication of community conditions at a given point of time.

For issue-specific data (for example, health insurance and high school graduation rates) staff consulted other data sources including the U.S. Census Bureau's Current Population Survey; Texas Education Agency's Academic Indicator Excellence System; and the Texas Department of State Health Services. Like the data sources described above, each of these data sources has its own strengths and limitations related to timeliness, sample size and type, and geography levels available.

Information about immigrant populations can be difficult to capture using traditional survey methodologies. For example, undocumented immigrants may be underrepresented. Also, while many data sources track nativity status (i.e., native born vs. foreign born), there is not

always detail regarding variables such as country of origin, length of stay in the U.S. and legal status and naturalization. Sometimes when this information is available it serves only to paint a demographic picture and cannot always be cross tabulated with other relevant variables (such as economic or housing variables). Thus, broad generalizations can be made about immigrants as a whole but it is not always possible to uncover distinctions between immigrant groups.

Because of these limitations some of the available literature treats race and ethnicity as a stand-in for immigrant status. This approach frequently groups immigrants under broader minority categories, masks the unique differences experienced by immigrants within minority populations, and overlooks those immigrants whose race or ethnicity excludes them from groups traditionally defined as minorities. In selecting data sources and literature for inclusion in this report, R&P staff placed an emphasis on accuracy and integrity of information. Staff provided only the level of detail that the data could allow, and avoided inferring connections between race, ethnicity, immigrant status, and legal status.

Lastly, most traditional survey methodologies have not yet found ways to address issues of acculturation and assimilation. For example, when characteristics of a head-of-household are assumed to apply to all householders, mixed status families are not accurately represented in the data. Another challenge lies in exploring the characteristics of second and third generation immigrants (i.e., the native-born children of foreign-born people), who are not usually tracked as a distinct group—apart from certain longitudinal studies.

Use of the Results: The results of the secondary research were used to:

- Describe the characteristics of Travis County’s foreign-born population,
- Provide a broader context and describe national trends for the seven selected topics vis-à-vis immigrant issues,
- Consider the relative well-being of immigrant residents within the context of the community’s goals in each issue area,
- Provide balanced and neutral information to the community so that it can identify, challenges and opportunities brought about by increasing diversity, and
- Identify questions for further study and/or community discussion.

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