

POTENTIAL EFFECTS OF PUBLIC CHARGE CHANGES ON CALIFORNIA CHILDREN

Summary of Findings

On October 10, 2018, the federal government proposed changes to a longstanding federal immigration rule about public charge, which would jeopardize the status of immigrants who use health, housing, nutrition, and other key services to support their families. “Public charge” is a term that federal immigration officials use to refer to individuals who primarily rely on the government to support their cost of day-to-day living. Adoption of the new rules could significantly impact access to health and social services for California’s children, where one in two children are part of an immigrant family. Many immigrant families are already reluctant to utilize services for which they are eligible, and these changes would likely lead to disenrollment in Medicaid and other programs among immigrant families and their children. It would also contribute to an increase in uninsured individuals and negatively affect the health and development of their children. In this brief, we estimate the number of children in immigrant families that would be affected by the public charge rule:

- ▶ If changes to public charge lead to disenrollment rates between 15% and 35% among children in immigrant families in California, an estimated 269,000 to 628,000 children would lose coverage from Medicaid, CHIP, or other means-tested public health insurance despite remaining eligible, and the uninsured rate among all children statewide would rise from 3% to 5.2%-8.2%.
- ▶ If changes to public charge lead to SNAP disenrollment rates between 15% and 35% among children in immigrant families in California, an estimated 113,000 to 311,000 children would lose access to SNAP/food stamps despite remaining eligible.

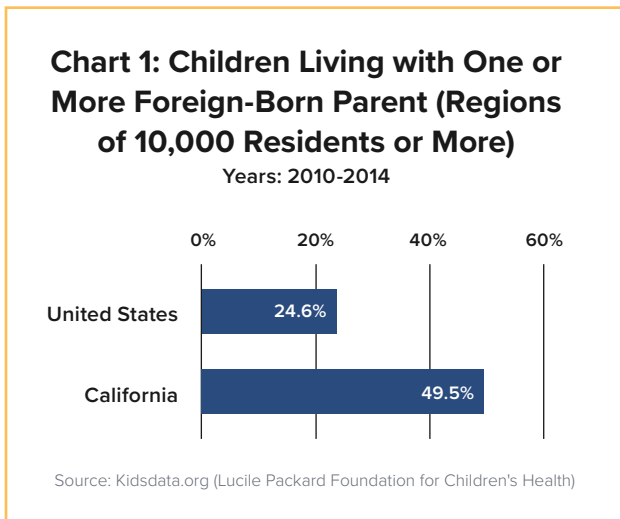
This brief was modeled after the Kaiser Family Foundation issue brief titled [“Potential Effects of Public Charge Changes on Health Coverage for Citizen Children.”](#)

Introduction

On October 10, 2018, the Trump Administration proposed a sweeping change to longstanding U.S. immigration policy on “public charge.” Current policy states that the federal government can deny an individual entry into the U.S. or adjustment to lawful permanent residence if the individual is likely to become a “public charge.” As such, immigration officials consider multiple factors, including age, health, financial status, education, skills, and the use of certain public assistance. The draft rule issued by the administration’s Department of Homeland Security substantially broadens the definition of a public charge to consider use of several previously excluded health, nutrition, and housing programs in the public charge determination. The proposed policy change has potentially egregious consequences for the children of California, ranging from potential increases in the number of uninsured children and increased food insecurity to increased fear and mistrust of government officials and confusion among immigrant children and their families.^{1,2,3} This brief provides an overview of what the proposed regulation includes, the chilling effect it would have on the use of public programs by non-citizen children and children with a non-citizen parent, and the and the subsequently negative impact it would have on their health and wellbeing.

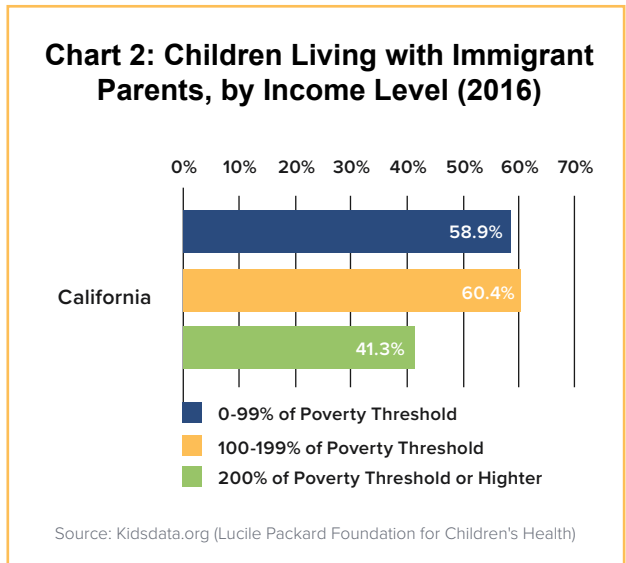
California’s children in immigrant families

In California, nearly half of all children have a parent who is foreign born,⁴ and about one in six children have at least one undocumented parent.⁵



For purposes of this publication, we defined children in immigrant families as non-citizen children and citizen children living with a non-citizen parent.

- ▶ **Non-citizen children:** children who are non-citizens, regardless of their living arrangement or presence of parents. These children may live with citizen or non-citizen parent(s), may live in another household (with no parent present), or may live in group quarters such as college dormitories.⁶
- ▶ **Citizen children living with a non-citizen parent:** children living in households in which the child is a citizen, and one or both co-resident parents is a non-citizen. This includes children living with a single non-citizen parent, one non-citizen parent and one citizen parent, or both parents (both non-citizens).⁷



Although immigrants are equally likely to be employed as U.S. citizens, children in immigrant families are more likely to live in poverty.⁸ In California, nearly 60% of children who live below the federal poverty threshold live in households with an immigrant parent.⁹

A history of public charge

The concept of a public charge originates in 19th-century immigration law. In New York and Massachusetts, a “head tax” was levied on able-bodied immigrants to meet the public relief costs imposed by needier immigrants of lower means. Although the head taxes were ultimately deemed

unconstitutional by the U.S. Supreme Court in 1849, they led to a federal-state confrontation regarding immigration policy, particularly public charge policy, with Congress and the states each legislating to control immigration. Congress eventually enacted broad federal immigration legislation, the Immigration Act of 1882, which included the first federal provision related to public charge. It excluded any immigrant “unable to take care of himself or herself without becoming a public charge” from entering the country and imposed a head tax on immigrant arrivals.¹⁰

Current law requires U.S. immigration officials to use the term “public charge” to refer to a person who is considered likely to become primarily dependent on the government for means of support.¹¹ If the government determines that a person is likely to become a public charge, it can deny a person admission to the U.S. or lawful permanent residence (commonly referred to as “green card” status). Under current law, only the following benefits can be taken into consideration in the public charge test:

- ▶ Cash assistance, such as Supplemental Security Income (SSI) and Temporary Assistance for Needy Families (TANF)
- ▶ Government-funded, long-term institutional care.

Under the Trump Administration’s proposed rule, the list of public benefits that can be taken into consideration for public charge determinations would significantly increase, affecting millions more children.

The proposed public charge rule harms families

The proposed public charge rule would jeopardize the status of millions of immigrants who use health, housing, nutrition, and other key services and support. It would do this by radically altering the way in which federal officials evaluate whether certain immigrants are—or are likely to become—a public charge. As stated in the regulation itself, the Department of Homeland Security anticipates that the rule would lead to disenrollment or foregone enrollment in public benefits programs due to concern about the consequences of receiving public benefits and being found to be likely to become a public charge.¹²

Benefits that could be considered in a public charge determination include key programs that help participants meet their basic needs, including the following:¹³

- ▶ Non-emergency Medicaid (with limited exceptions for Medicaid benefits for treating a “emergency medical condition,” certain disability services related to education,

and benefits received by children of U.S. citizens who will be automatically eligible to become citizens)

- ▶ Supplemental Nutrition Assistance Program (SNAP)
- ▶ Medicare Part D Low Income Subsidy
- ▶ Housing assistance, such as public housing or Section 8 housing vouchers and rental assistance

The proposed rule will directly affect individuals who are applying to become a lawful permanent resident (LPR) and individuals seeking to immigrate to the U.S. However, this rule will also have an indirect impact on individuals who are exempt from the public charge rule, such as refugees or asylees.

Research on immigration enforcement efforts and policies excluding immigrants from access to public benefits suggests that the new regulation could have negative health consequences.¹⁴ Although the proposed rule excludes citizen children’s use of health and nutrition programs from the public charge determination, the changes would reduce the likelihood that immigrant parents would feel safe using the services intended to keep their families healthy, creating a secondary impact known as the “chilling effect.” Regardless of who is directly impacted by the proposed rule, children in immigrant families are potentially impacted.

Through our networks and our own work and research, we know that many immigrant families are already fearful of participating in public programs. Since the draft of the public rule was leaked, there have been reports of immigrants choosing not to enroll themselves or their children in programs, despite being eligible, out of fear that enrollment would undermine their ability to remain in the U.S. The changes to public charge will create further confusion, deepen fear in the community, and significantly limit access to health and social services for California’s children and their families.

In California:

- ▶ Medicaid is referred to as Medi-Cal.
- ▶ SNAP (Supplemental Nutrition Assistance Program) is referred to as CalFresh.

Potential losses in health and nutrition services due to public charge policies

To illustrate the potential impact of these changes on health

coverage and access to nutrition assistance, we present four scenarios of disenrollment from Medicaid and CHIP and loss of access to SNAP among children in immigrant families in California.

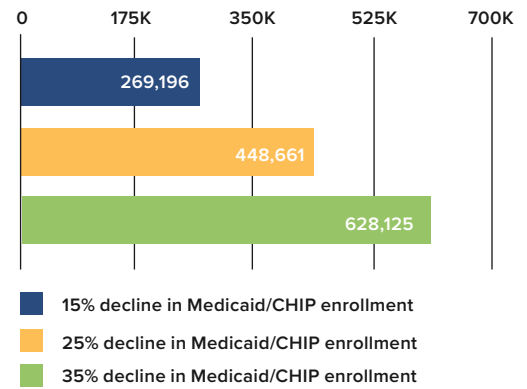
As of 2016, nearly 1.8 million children in immigrant families in California (1,794,642) were enrolled in Medicaid, CHIP, or other means-tested public health insurance.¹⁵ Similar to the [Kaiser Family Foundation issue brief](#), disenrollment rates of 15%, 25%, and 35% were applied to Medicaid and CHIP, using a baseline of 3% uninsured rate of all children in California. This model was also applied to SNAP to determine the potential loss of access to SNAP/food stamps.¹⁶ These scenarios draw from previous research on the chilling effect that federal policy changes have had on enrollment of immigrant families and underscore the potential impact of the proposed regulation.¹⁷ While research is limited, the proposed policies would likely have a similar chilling effect on families' participation in SNAP, compounding the effects of reduced health coverage¹⁸ and leading to higher rates of food insecurity.¹⁹

Potential health coverage losses among children in immigrant families due to changes to public charge

If changes to public charge lead to disenrollment rates between 15% and 35% among children in immigrant families in California, an estimated 269,000 to 628,000 children would lose coverage from Medicaid, CHIP, or other means-tested public health insurance despite remaining eligible, and their uninsured rate would rise by 2.2-5.2%. See Table C on page 8 for more information and a county breakdown.

- ▶ A 15% decline in Medicaid/CHIP enrollment among children in immigrant families in CA would result in 269,000 children losing Medicaid/CHIP coverage. These losses would increase the uninsured rate for citizen children living with a non-citizen parent by 2.2%, thereby increasing the uninsured rate for all California children from 3% to 5.2%.
- ▶ A 25% decline in Medicaid/CHIP enrollment among children in immigrant families in CA would result in 449,000 children losing Medicaid/CHIP coverage. These losses would increase the uninsured rate for citizen children living with a non-citizen parent by 3.7%, thereby increasing the uninsured rate for all California children from 3% to 6.7%.

Chart 3: Number of children in immigrant families in California estimated to lose Medicaid/CHIP coverage due to changes to public charge



- ▶ A 35% decline in Medicaid/CHIP enrollment among children in immigrant families in CA would result in 628,000 children losing Medicaid/CHIP coverage. These losses would increase the uninsured rate for citizen children living with a non-citizen parent by 5.2%, thereby increasing the uninsured rate for all California children from 3% to 8.2%.

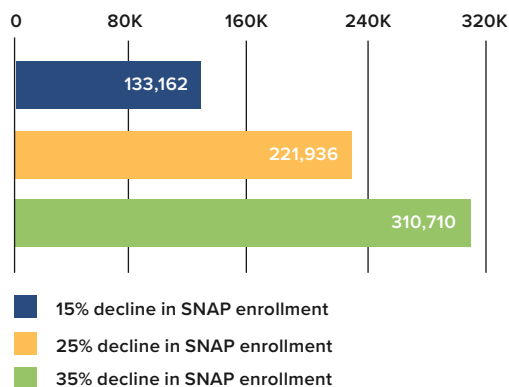
Potential loss of access to SNAP/food stamps among children in immigrant families due to changes to public charge

If changes to public charge lead to SNAP disenrollment rates between 15% and 35% among children in immigrant families in California, an estimated 113,000 to 311,000 children would lose access to SNAP/food stamps despite remaining eligible. See Table D on page 10 for more information.

- ▶ A 15% decline in SNAP enrollment among children in immigrant families in CA would result in 113,000 children losing access to SNAP/food stamps.
- ▶ A 25% decline in SNAP enrollment among children in immigrant families in CA would result in 222,000 children losing access to SNAP/food stamps.

- ▶ A 35% decline in SNAP enrollment among children in immigrant families in CA would result in 311,000 children losing access to SNAP/food stamps.

Chart 4: Number of children in immigrant families in California estimated to lose SNAP/food stamps due to changes to public charge



Loss of health coverage and reduced access to food stamps would negatively affect the wealth and wellbeing of California’s children now and in the future

Loss of health coverage for many California children would reduce access to care, contributing to worse health outcomes; increasing financial strain on families, states, and providers; and leading to negative long-term effects not just on children’s health, but on their education and financial success as adults.²⁰ In addition, reduced participation in SNAP would increase the likelihood of food insecurity, which can lead to chronic health conditions including asthma and anemia, cognitive and behavioral problems, anxiety

and depression, and poorer general health.²¹ Reduced participation in other public programs, especially those supporting children (e.g., WIC), would likely magnify these effects.²² Overall, it is clear that the chilling effect on the use of public programs caused by the proposed regulation is likely to impact the health and wellbeing of California’s children, as well as that of their families and the communities in which they live. Furthermore, it fundamentally redefines what it means to be an immigrant by establishing an immigration system that favors wealthy immigrants, thereby violating our American values of equality and inclusion.

What you can do to protect the future of California’s children

For every proposed rule released by the federal government, there is a public comment period. This is open to anyone (individuals and organizations), and by law, the federal government must consider and respond to all public comments in the final regulation. The comment period for this regulation is 60 days, meaning December 10 is the last day to contribute comments on the proposed changes to public charge policy. After that, the comment period is closed and no longer open to public feedback. To weigh in on the proposed changes to public charge policy, visit ProtectingImmigrantFamilies.org.

As our analysis shows, the proposed regulation has the potential to significantly harm California’s children both now and in years to come. It is critical that we stop this attack on immigrant families to ensure a bright future for our children.

To learn more, join the Protecting Immigrant Families, Advancing Our Future campaign. The campaign brings together leading advocates for immigrants, children, education, and health, as anti-hunger and anti-poverty groups and faith leaders, not only to defend against these threats but also to lay the foundation for a more productive national dialogue about our immigrant tradition and our country’s future. The campaign is co-led by the [National Immigration Law Center \(NILC\)](https://www.nilc.org) and the [Center for Law and Social Policy \(CLASP\)](https://www.clasp.org). The Children’s Partnership is an active member of the campaign.

Table A: Data on citizen children living with non-citizen parent(s), 2014 - 2016

Location	All Children	Citizen children living with non-citizen parent(s)		
		Medicaid or other means-tested public health insurance	SNAP/food stamps	Income below 250% poverty
California	9,114,035	1,616,429	797,219	1,832,656
Alameda County	345,230	40,184	20,836	46,620
Alpine, Amador, Calaveras, Inyo, Mariposa, Mono & Tuolumne Counties	31,327	1,288	1,165	1,621
Butte County	45,206	3,875	1,213	3,869
Colusa, Glenn, Tehama & Trinity Counties	31,269	4,689	1,733	5,323
Contra Costa County	261,602	28,026	11,366	32,522
Del Norte, Lassen, Modoc, Plumas & Siskiyou Counties	23,818	1,637	796	1,965
El Dorado County	38,024	1,940	772	2,181
Fresno County	279,446	63,619	42,856	69,663
Humboldt County	26,313	1,474	614	1,651
Imperial County	51,319	9,588	6,741	14,112
Kern County	257,925	59,279	32,019	65,676
Kings County	41,249	6,677	3,973	8,723
Lake & Mendocino Counties	32,215	4,360	1,886	5,014
Los Angeles County	2,277,595	532,769	255,449	591,410
Madera County	42,572	11,713	6,300	13,318
Marin County	53,116	6,897	2,276	7,797
Merced County	80,039	21,815	12,795	25,391
Monterey & San Benito Counties	129,761	39,969	12,897	45,074
Napa County	30,287	5,447	1,697	6,681
Nevada & Sierra Counties	18,346	S	112	660
Orange County	716,712	137,398	61,861	149,353
Placer County	84,900	3,434	1,699	4,441
Riverside County	613,306	103,757	45,543	119,067
Sacramento County	361,414	40,038	24,586	48,259
San Bernardino County	573,127	96,570	53,309	110,214
San Diego County	727,380	94,988	45,204	116,225
San Francisco County	116,775	10,643	3,388	11,088
San Joaquin County	199,574	37,930	21,646	43,102
San Luis Obispo County	51,419	5,292	1,890	6,580
San Mateo County	161,955	20,671	7,726	22,889
Santa Barbara County	99,353	25,833	11,226	27,808
Santa Clara County	434,552	49,250	21,449	50,957
Santa Cruz County	54,194	12,364	4,334	12,590
Shasta County	38,555	537	S	506
Solano County	98,840	11,696	4,967	14,103
Sonoma County	102,100	14,574	7,276	17,245

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Table A: Data on citizen children living with non-citizen parent(s), 2014 - 2016

Location	All Children	Citizen children living with non-citizen parent(s)		
Stanislaus County	145,594	24,940	13,137	28,820
Sutter & Yuba Counties	45,741	6,547	3,665	8,538
Tulare County	144,279	32,609	26,886	41,140
Ventura County	202,104	36,251	17,603	43,255
Yolo County	45,504	5,486	2,329	7,205

Population Reference Bureau, analysis of data from the U.S. Census Bureau's American Community Survey microdata files (August 2018)

Table B: Data on non-citizen children, 2014 - 2016

Location	All children	Non-citizen children		
		Medicaid or other means-tested public health insurance	SNAP/food stamps	Income below 250% poverty
California	9,114,035	178,213	90,526	245,449
Alameda County	345,230	6,680	2,933	8,729
Alpine, Amador, Calaveras, Inyo, Mariposa, Mono & Tuolumne Counties	31,327	S	S	116
Butte County	45,206	160	S	639
Colusa, Glenn, Tehama & Trinity Counties	31,269	457	S	283
Contra Costa County	261,602	5,084	1,565	6,704
Del Norte, Lassen, Modoc, Plumas & Siskiyou Counties	23,818	133	S	121
El Dorado County	38,024	S	S	52
Fresno County	279,446	6,442	4,102	7,415
Humboldt County	26,313	249	S	402
Imperial County	51,319	1,038	752	1,482
Kern County	257,925	3,619	2,146	5,253
Kings County	41,249	385	141	1,308
Lake & Mendocino Counties	32,215	583	177	719
Los Angeles County	2,277,595	52,085	26,242	74,150
Madera County	42,572	976	377	1,453
Marin County	53,116	995	S	1,113
Merced County	80,039	1,643	938	1,894
Monterey & San Benito Counties	129,761	4,332	1,860	6,395
Napa County	30,287	720	S	1,066
Nevada & Sierra Counties	18,346	S	S	S
Orange County	716,712	15,297	8,923	22,174
Placer County	84,900	240	S	476
Riverside County	613,306	8,878	4,037	13,038
Sacramento County	361,414	9,666	4,430	11,133

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Table B: Data on non-citizen children, 2014 - 2016

Location	All children	Non-citizen children		
		75% uninsured (of 15% disenrolled)	75% uninsured (of 25% disenrolled)	75% uninsured (of 35% disenrolled)
San Bernardino County	573,127	7,090	4,683	11,139
San Diego County	727,380	14,253	8,662	20,341
San Francisco County	116,775	2,992	1,150	3,177
San Joaquin County	199,574	5,861	3,103	6,209
San Luis Obispo County	51,419	500	494	1,198
San Mateo County	161,955	3,112	1,147	3,542
Santa Barbara County	99,353	2,249	1,738	4,539
Santa Clara County	434,552	8,889	3,407	10,323
Santa Cruz County	54,194	1,060	S	1,097
Shasta County	38,555	S	S	93
Solano County	98,840	956	356	1,091
Sonoma County	102,100	1,645	767	2,647
Stanislaus County	145,594	2,673	1,508	3,260
Sutter & Yuba Counties	45,741	577	281	763
Tulare County	144,279	3,034	2,003	3,935
Ventura County	202,104	2,854	1,467	4,627
Yolo County	45,504	5,486	291	1,287

Population Reference Bureau, analysis of data from the U.S. Census Bureau's American Community Survey microdata files (August 2018). Scenarios of estimated unenrollment in Medicaid/CHIP among children in immigrant families in California (non-citizen-children and citizen children living with non-citizen parent(s))

Table C: Scenarios of estimated disenrollment in Medicaid/CHIP among children in immigrant families in California (non-citizen-children and citizen children living with non-citizen parent(s))

	Number Disenrolled by Scenario			Increase in Number Uninsured by Scenario			Increase in Pct. Uninsured by Scenario		
	15% disenrolled	25% disenrolled	35% disenrolled	75% uninsured (of 15% disenrolled)	75% uninsured (of 25% disenrolled)	75% uninsured (of 35% disenrolled)	15 / 75 scenario	25 / 75 scenario	35 / 75 scenario
California	269,196	448,660	628,125	201,897	336,495	471,094	2.2	3.7	5.2
Alameda County	7,030	11,716	16,402	5,273	8,788	12,302	1.5	2.6	3.6
Alpine, Amador, Calaveras, Inyo, Mariposa, Mono & Tuolumne Counties	S	S	S	S	S	S	S	S	S
Butte County	605	1,009	1,412	454	757	1,059	1.0	1.7	2.3
Colusa, Glenn, Tehama & Trinity Counties	772	1,286	1,801	579	965	1,351	1.9	3.1	4.3
Contra Costa County	4,967	8,278	11,588	3,725	6,208	8,691	1.4	2.4	3.3
Del Norte, Lassen, Modoc, Plumas & Siskiyou Counties	266	442	620	200	332	465	0.9	1.4	1.9
El Dorado County	S	S	S	S	S	S	S	S	S

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Table C: Scenarios of estimated disenrollment in Medicaid/CHIP among children in immigrant families in California (non-citizen-children and citizen children living with non-citizen parent(s))

	Number Disenrolled by Scenario			Increase in Number Uninsured by Scenario			Increase in Pct. Uninsured by Scenario		
	15% disenrolled	25% disenrolled	35% disenrolled	75% uninsured (of 15% disenrolled)	75% uninsured (of 25% disenrolled)	75% uninsured (of 35% disenrolled)	15 / 75 scenario	25 / 75 scenario	35 / 75 scenario
Fresno County	10,509	17,516	24,522	7,882	13,137	18,391	2.9	4.7	6.6
Humboldt County	258	431	603	194	324	452	0.7	1.3	1.7
Imperial County	1,594	2,657	3,719	1,196	1,993	2,789	2.3	3.9	5.4
Kern County	9,435	15,725	22,015	7,076	11,794	16,511	2.8	4.6	6.4
Kings County	1,060	1,765	2,472	796	1,324	1,854	1.9	3.2	4.4
Lake & Mendocino Counties	741	1,236	1,730	556	928	1,298	1.7	2.8	4.1
Los Angeles County	87,728	146,213	204,699	65,796	109,660	153,525	2.9	4.8	6.7
Madera County	1,903	3,172	4,442	1,428	2,379	3,332	3.4	5.6	7.8
Marin County	1,184	1,973	2,762	888	1,480	2,072	1.7	2.8	3.9
Merced County	3,518	5,865	8,210	2,639	4,399	6,157	3.3	5.5	7.7
Monterey & San Benito Counties	6,645	11,075	15,505	4,984	8,306	11,629	3.9	6.4	9.0
Napa County	925	1,542	2,158	694	1,157	1,619	2.3	3.8	5.3
Nevada & Sierra Counties	S	S	S	S	S	S	S	S	S
Orange County	22,905	38,174	53,443	17,179	28,631	40,083	2.4	4.0	5.6
Placer County	551	919	1,286	413	689	965	0.5	0.9	1.2
Riverside County	16,896	28,159	39,422	12,672	21,119	29,566	2.1	3.5	4.8
Sacramento County	7,456	12,427	17,396	5,593	9,321	13,047	1.5	2.6	3.6
San Bernardino County	15,550	25,916	36,282	11,663	19,437	27,212	2.0	3.4	4.7
San Diego County	16,386	27,310	38,235	12,290	20,482	28,677	1.7	2.8	3.9
San Francisco County	2,045	3,409	4,772	1,534	2,557	3,579	1.3	2.2	3.1
San Joaquin County	6,569	10,948	15,327	4,927	8,211	11,495	2.4	4.2	5.8
San Luis Obispo County	869	1,448	2,027	652	1,086	1,520	1.3	2.1	3.0
San Mateo County	3,568	5,946	8,324	2,676	4,460	6,243	1.6	2.8	3.9
Santa Barbara County	4,212	7,020	9,829	3,159	5,266	7,372	3.2	5.3	7.4
Santa Clara County	8,721	14,535	20,349	6,541	10,902	15,262	1.5	2.5	3.5
Santa Cruz County	2,014	3,356	4,698	1,510	2,517	3,523	2.8	4.7	6.5
Shasta County	S	S	S	S	S	S	S	S	S
Solano County	1,897	3,163	4,429	1,423	2,372	3,322	1.4	2.4	3.4
Sonoma County	2,433	4,055	5,677	1,825	3,041	4,258	1.8	3.0	4.1
Stanislaus County	4,142	6,903	9,665	3,107	5,177	7,249	2.1	3.5	5.0
Sutter & Yuba Counties	1,069	1,781	2,493	802	1,336	1,870	1.7	2.9	4.1
Tulare County	5,346	8,911	12,475	4,009	6,683	9,357	2.7	4.6	6.5
Ventura County	5,866	9,777	13,687	4,400	7,333	10,265	2.2	3.7	5.1
Yolo County	923	1,538	2,153	692	1,154	1,615	1.6	2.6	3.6

Scenarios of estimated unenrollment in SNAP/food stamps among children in immigrant families in California (non-citizen-children and citizen children living with non-citizen parent(s))

Table D: Scenarios of estimated disenrollment in SNAP/food stamps among children in immigrant families in California (non-citizen-children and citizen children living with non-citizen parent(s))

	Number Disenrolled by Scenario			Increase in Number Uninsured by Scenario		
	15% disenrollment	25% disenrollment	35% disenrollment	75% uninsured (of 15% disenrolled)	75% uninsured (of 25% disenrolled)	75% uninsured (of 35% disenrolled)
California	113,162	221,936	310,710	99,871	166,452	233,033
Alameda County	3,565	5,942	8,319	2,674	4,457	6,239
Alpine, Amador, Calaveras, Inyo, Mariposa, Mono & Tuolumne Counties	175	291	408	131	218	306
Butte County	182	303	425	136	227	318
Colusa, Glenn, Tehama & Trinity Counties	260	433	607	195	325	455
Contra Costa County	1,940	3,233	4,526	1,455	2,425	3,394
Del Norte, Lassen, Modoc, Plumas & Siskiyou Counties	119	199	279	90	149	209
El Dorado County	116	193	270	87	145	203
Fresno County	7,044	11,740	16,435	5,283	8,805	12,326
Humboldt County	92	154	215	69	115	161
Imperial County	1,124	1,873	2,623	843	1,405	1,967
Kern County	5,125	8,541	11,958	3,844	6,406	8,968
Kings County	617	1,029	1,440	463	771	1,080
Lake & Mendocino Counties	309	516	722	232	387	542
Los Angeles County	42,254	70,423	98,592	31,690	52,817	73,944
Madera County	1,002	1,669	2,337	751	1,252	1,753
Marin County	341	569	797	256	427	597
Merced County	2,060	3,433	4,807	1,545	2,575	3,605
Monterey & San Benito Counties	2,214	3,689	5,165	1,660	2,767	3,874
Napa County	255	424	594	191	318	445
Nevada & Sierra Counties	17	28	39	13	21	29
Orange County	10,618	17,696	24,774	7,963	13,272	18,581
Placer County	255	425	595	191	319	446
Riverside County	7,437	12,395	17,353	5,578	9,296	13,015
Sacramento County	4,352	7,254	10,156	3,264	5,441	7,617
San Bernardino County	8,699	14,498	20,297	6,524	10,874	15,223
San Diego County	8,080	13,467	18,853	6,060	10,100	14,140
San Francisco County	681	1,135	1,588	511	851	1,191
San Joaquin County	3,712	6,187	8,662	2,784	4,640	6,497
San Luis Obispo County	358	596	834	268	447	626
San Mateo County	1,331	2,218	3,106	998	1,664	2,329
Santa Barbara County	1,945	3,241	4,537	1,458	2,431	3,403

Continued on next page

Table D: Scenarios of estimated disenrollment in SNAP/food stamps among children in immigrant families in California (non-citizen-children and citizen children living with non-citizen parent(s))

	Number Disenrolled by Scenario			Increase in Number Uninsured by Scenario		
	15% disenrollment	25% disenrollment	35% disenrollment	75% uninsured (of 15% disenrolled)	75% uninsured (of 25% disenrolled)	75% uninsured (of 35% disenrolled)
Santa Clara County	3,728	6,214	8,700	2,796	4,661	6,525
Santa Cruz County	650	1,084	1,517	488	813	1,138
Shasta County	S	S	S	S	S	S
Solano County	798	1,331	1,863	599	998	1,397
Sonoma County	1,206	2,011	2,815	905	1,508	2,111
Stanislaus County	2,197	3,661	5,126	1,648	2,746	3,844
Sutter & Yuba Counties	592	987	1,381	444	740	1,036
Tulare County	4,333	7,222	10,111	3,250	5,417	7,583
Ventura County	2,861	4,768	6,675	2,145	3,576	5,006
Yolo County	393	655	917	295	491	688

Notes and Acknowledgements

Data from the American Community Survey are collected on a rolling basis. Data in this analysis were collected from January 1, 2014 - December 31, 2016 and reflect conditions over that period of time. Some measures are for the “12 months prior” to receiving the survey.

Some measures are from the day the survey was received. The abbreviation S refers to estimates that have been suppressed sample size <1, because the margin of error was greater than +/- 5 percentage points, or the margin of error exceeded the estimate.

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Endnotes

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