

THE YOUNG PARENTS' DIGNITY AGENDA



*A call for resources, respect, and recognition
for pregnant and parenting youth*

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**NATIONAL LATINA
INSTITUTE** FOR
REPRODUCTIVE HEALTH
Salud | Dignidad | Justicia



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ABOUT THE NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

The National Latina Institute for Reproductive Health (NLIRH) builds Latina power to guarantee the fundamental human right to reproductive health, dignity, and justice. We elevate Latina leaders, mobilize our families and communities, transform the cultural narrative, and catalyze policy change. Our vision is to create a society in which Latinas have the economic means, social capital, and political power to make and exercise decisions about their own health, family, and future.

NLIRH is the only national reproductive justice organization dedicated to advancing social justice and human rights for the 26 million Latinas, their families, and communities in the United States.

NLIRH was founded in 1994, the same year as the founding of the reproductive justice (RJ) movement. Since then, the organization has grown to meet the evolving needs of an increasingly diverse and powerful Latina population and advance a reproductive justice agenda informed by the priorities and experiences of activists on the ground. We focus on three critical and interconnected areas: abortion access and affordability; sexual and reproductive health equity; and immigrant women's health and rights.

To support or learn more about the National Latina Institute for Reproductive Health, please visit: www.LatinalInstitute.org.



EXECUTIVE SUMMARY

Young parents, like all parents, deserve respect for their decisions and the opportunity for their families to thrive. Unfortunately, pregnant and parenting youth are often shamed and stigmatized while trying to make the decisions that are best for themselves and their families. Cultural and political responses to young parenthood, particularly young motherhood within communities of color, criticize individual behaviors rather than provide solutions for the challenges that pregnant and parenting youth experience. In recent years, several high profile public and privately funded campaigns have contributed to this phenomenon. This myopic focus both fails to address the needs of pregnant and parenting youth and increases the pressures, stress, and consequential negative health outcomes young parents may experience.

While pregnancy and birth rates among youth have been declining for decades, Latin@* youth continue to experience higher incidences of pregnancy and birth than their white peers. In 2012, the birth rate per 1,000 youth aged 15 to 17 years was 25.5 for Latina teens, compared to just 8.4 for non-Hispanic white youth.¹ There are many factors that contribute to this disparity including barriers to affordable contraception, lack of sexual health information and services, and the lack of financial resources. These

“Shame-based public campaigns that stigmatize young parents both fail to prevent unintended pregnancy among teens and do real harm to the well-being of young parents. It’s time to end these failed tactics and advance a policy agenda that addresses the real challenges young people face.”

— Jessica González-Rojas
Executive Director, National Latina Institute for Reproductive Health

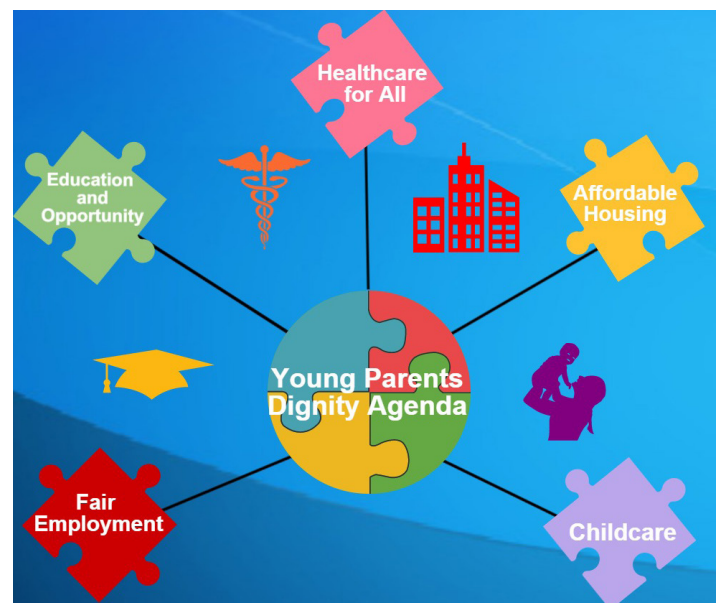
factors continue to impact young Latin@s as they make decisions about their health and families.

Pregnant and parenting youth will not benefit from pregnancy prevention campaigns which shame and stigmatize their choices. Moreover, public education campaigns do little to meet the needs of young parents and their children. Instead, all young people, including those who are pregnant or parenting, need policies that address their real needs, like housing, healthcare, childcare, and opportunities for educational and economic success.

There is no single policy that will address all the needs of any family—and that includes the families of young parents. It is only through comprehensive policy change that we can ensure that all families can thrive. In this issue brief, NLIRH identifies five specific policy areas that need to be addressed so that pregnant and parenting youth can be successful. These include: housing and homelessness, affordable childcare, fair employment practices, educational opportunity, and access to healthcare. The time is now to end stigmatizing rhetoric and advance a policy agenda that respects and supports all families, including young families. This issue brief creates a policy roadmap to achieve precisely that.

PREGNANT AND PARENTING LATIN@ YOUTH

Young Latin@ parents, like all parents, need support in order to be successful. However, Latin@ youth face additional barriers and challenges. Latin@s continue to experience higher rates of unintended pregnancy and birth among young people — meaning that Latin@ youth are more likely to be pregnant and/or parenting than their white counterparts. Latin@s are also among the least likely to have health insurance, making it more difficult to access prenatal or maternity care as well as other sexual and reproductive health services. Finally, one in four Latin@s live in poverty, struggling to make ends meet. These factors combine to create an even greater need for the policies described herein. As Latin@s are more likely to be young parents, less likely to have healthcare, and more likely to struggle for educational and economic opportunities, these communities may have the most to gain from a policy agenda that addresses the real needs of young families.



* NLIRH embraces gender justice and LGBTQ liberation as core values and recognizes that inappropriately gendered language marginalizes many in our community. As such, we use the gender-inclusive term “Latin@” to recognize multiple gender identities and gender nonconforming people.



AFFORDABLE HOUSING

Access to safe and affordable housing is a necessity for all families, though pregnant and parenting youth face particular struggles to maintain a stable home. For example, pregnant youth may find themselves homeless through family rejection or other circumstances. Regardless of the circumstances, young parents need access to a safe, affordable, and stable environment for themselves and their children.

Some pregnant and parenting youth living with their parents may be forced to leave their homes because of parental disapproval, inability to provide financial support, violence, or other reasons.²

Yet, current federal policies tie federal means-tested benefits for young people to their living with their parents, potentially forcing young parents to remain in an unsafe situation. To qualify and be eligible for Temporary Assistance for Needy Families (TANF), parenting youth must live with their parents, a legal guardian, an adult relative, or in an adult-supervised supportive living arrangement.³ Unfortunately, many young parents will not qualify or be eligible for this support because living with their parents, relatives, or legal guardians puts them at risk for harm. In this way, the requirement fails to consider the complex challenges young parents face.

Young people experience striking rates of homelessness, and homeless youth populations experience high rates of unintended pregnancy. **Up to fifty percent of all female unaccompanied youth have had a pregnancy experience, a number which is significantly disproportional to that of the general**

(non-homeless) youth population.⁴ A national study found that homeless young women between the ages of 13 to 15 experienced pregnancy at 14 times the rate of non-homeless young women.⁵ This is due to multiple factors, including the need to engage in survival sex in exchange for food, shelter, clothing, and for other emotional and/or physical needs.⁶ This is particularly true for LGBTQ youth who are more likely to report being asked for sex in exchange for meeting their physical needs in comparison to their cisgender and heterosexual peers.⁷ Moreover, young women of color face disproportionate rates of homelessness compared to their white counterparts.

Twenty-two percent of families in homeless shelters are Latin@, 48 percent are Black, and Native Americans and Pacific Islanders are overrepresented in these shelters as well.⁸

Currently, most homeless youth programs do not accept small children because of liability and facility licensure issues. Homeless young families who seek shelter have difficulty locating facilities which accept and are suited for youth with small children. Housing options must fit the needs and circumstances of pregnant and parenting youth. These options should include: emergency shelters, transitional housing, and permanent housing, all of which should have space to accommodate youth with children, without requirements that can place young people at risk for harm.⁹ Secure, affordable housing for young families allows them to stay safe while young parents pursue their educational and employment goals and care for their children.

AFFORDABLE AND ACCESSIBLE CHILDCARE AND EARLY EDUCATION FOR CHILDREN

Childcare is a necessary resource for parenting youth so they can continue their own education, seek employment, and care for their own medical and other basic needs. Unfortunately, they face several barriers to accessing public and private childcare.

Private childcare is out of reach for many parenting youth due to the exorbitant cost. **The cost of putting a child in a full-time childcare center now is more than the cost of the annual median rent for every state.**¹⁰ Given the current economic landscape, the costs of private childcare may make it insurmountable for a young parent to hold a steady job, pursue an education, or attain goals for the future.

Public childcare, through Early Head Start or federal assistance for childcare, is in high demand and devastatingly under resourced. Young parents are less likely to obtain childcare because of federal funding cuts, complex registration procedures, and difficulty navigating state and federal bureaucracy. For young Latin@ parents, additional language or immigration barriers put affordable childcare further out of reach.

One form of childcare that has shown great promise and positive impact helping parenting youth remain in high school is school-based daycare. Studies show that parenting youth experience positive outcomes from these programs, including: increase in





graduation rates, counseling and support from daycare staff, and emotional support from peers and adults.¹¹

Additionally, these programs have positive outcomes for the physical, social, emotional, and cognitive development of the children of young parents.¹² However, many young parents do not have access to these programs and some face barriers in accessing school-based childcare. For instance, some parenting youth cannot bring their children with them on school buses if their children are below the age of five.¹³ **When pregnant and parenting youth do not**

have access to childcare, they are less able to continue high school and more likely to drop out.¹⁴

While school based programs are an important start, there should be broader and more flexible federal funding for childcare programs that are not dependent on parents attending school full time. Creating real access to childcare for pregnant and parenting youth is a core component of any comprehensive agenda geared towards improving the lives of and opportunities for young parents.

FAIR EMPLOYMENT PRACTICES

Pregnant and parenting youth not only receive lower wages in the workplace but may also confront discriminatory practices targeting pregnant workers. **Women ages 16 to 24, including Latinas and other women of color, are 21 percent of workers in low wage jobs, but only 6 percent of the workforce.**¹⁵ These occupations include cashiers, food preparers, hand packers and packagers, healthcare workers, and others.¹⁶ Moreover, the share of Latina, Native American, and Black women employed in low wage jobs is more than twice their share in the overall workforce.¹⁷ In these low wage occupations, employees are often seen as replaceable and treated as such. For pregnant or parenting employees this means facing unsupportive work policies and a discriminatory environment. Employers engage in pregnancy discrimination when they deny accommodations to pregnant workers that would allow them to keep their jobs and maintain their health.¹⁸ These accommodations may be as simple as allowing pregnant workers to take bathroom breaks, allowing them to carry

drinking water, or even letting them have a stool to sit down. When employers deny these accommodations, they force many pregnant workers, including pregnant youth, to choose between their jobs or their health, including the health of their pregnancies.

Young Latin@ immigrant parents, who may not have legal work authorization, lack access to even the most basic workplace protections. Fair immigration policies and relief from detention and deportation are necessary to bring these communities out of the shadows and begin to curb the rampant abuses immigrant workers—including pregnant youth—face in the workplace.

It is critical that pregnant and parenting youth—including fathers—have all of the workplace protections they need so they can achieve their goals. When pregnant and parenting youth can work with dignity, basic protections, and fair wages, families and communities all reap the benefits.

EDUCATIONAL OPPORTUNITY

Pregnant and parenting youth often do not have the resources or supports needed to achieve their educational goals, including their desire to graduate high school and attend college. While Title IX bans sex discrimination in federally-funded education programs and activities and protects pregnant and parenting students in high schools, colleges, and universities—serious challenges remain.¹⁹ Existing school practices continue to discriminate against pregnant and parenting students in high schools. These include lack of meaningful educational programming, failure to excuse absences related to pregnancy and childbirth, and individual school administrators and teachers actively discouraging pregnant and parenting youth from setting goals.²⁰ These discriminatory practices effectively force pregnant and parenting youth to leave school. **Nearly one-third of teen girls who have dropped out of high school cite pregnancy or parenthood as a reason, and only 40 percent of teen mothers graduate from high school.**²¹ In 2010, only 50 percent of young mothers were able to receive their high school diplomas by the time they reached the age of 22,²² often due to challenges presented by schools themselves that make it harder for young mothers to graduate.

Additionally, pregnant and parenting youth need access to comprehensive, medically accurate, culturally and linguistically

competent, LGBTQ inclusive sex education and access to contraceptive information and services. Comprehensive sex education enjoys broad support, including among ninety-one percent of Latinas who supported comprehensive sex education that included the topic of birth control.²³

Despite the overwhelming levels of support from community members, 83 percent of young women between the ages of 15 to 17 who are sexually active did not have formal sex education prior to their first experience of sexual intercourse²⁴ and few used the most effective forms of reversible contraception.²⁵ Youth of color often face cultural, financial, and institutional obstacles in accessing the healthcare they need,²⁶ which drive the racial and ethnic inequities that young people of color experience in planning their futures and families.

Educational opportunities, coupled with comprehensive sex education, are key to helping young parents succeed. Young parents have often stated that the decision to become a parent has motivated them to complete their education.²⁷ It is vital that federal and state policies support pregnant and parenting youth with the tools they need to reach their educational goals, including resources and supports at the high school levels, comprehensive sex education, and access to affordable contraception.



HEALTHCARE FOR ALL

Pregnant and parenting youth face several barriers to quality, affordable healthcare, including lack of insurance coverage. Some of the greatest disparities in healthcare access, insurance rates, and health outcomes are experienced by immigrant youth. **More than 1.5 million undocumented immigrants are between the ages of 19 to 24.**²⁸ Their undocumented status prevents these young people from qualifying for public health insurance plans or purchasing coverage on Affordable Care Act (ACA) healthcare exchanges.

Immigrants who received the status of deferred action for childhood arrival (DACA) fare no better. In California alone, almost 52 percent of immigrants who qualify for DACA are female.²⁹ Current federal policies that impact undocumented youth and that include DACA recipients are 1) exclusion from the tax credits and premium benefits of the Affordable Care Act; 2) the inability to use their own incomes to buy health insurance in the marketplaces; and 3) ineligibility to apply for the Children's Health Insurance Program (CHIP) or Medicaid. In many cases, those who previously had health insurance through their employers have lost coverage due to the recession, making it impossible for undocumented youth to access the healthcare they need to take care of their families.³⁰

It is especially vital that pregnant and parenting young mothers

who are undocumented or who are DACA recipients have access to healthcare because they often take responsibility for ensuring that their family members receive healthcare when they need it.³¹ Additionally, a young mother's access to care plays a factor into whether her child will have health insurance. Studies show that a child's insurance status³² is largely correlated with his or her parent's status, and more importantly, US citizen children whose parents are without citizenship are less likely to be insured.³³

Pregnant and parenting youth who are citizens also face barriers to healthcare. While many young people have been able to gain insurance through a parent's plan thanks to the ACA, youth of color and immigrant youth are more likely to have parents who are uninsured, so this benefit is out of reach for many.

Pregnancy related care, including prenatal and postpartum care, abortion services, and breastfeeding support are all critical services young immigrant families may need.

In addition, many young parents, regardless of their immigration status, are seeking to prevent or space additional pregnancies and need access to affordable, confidential contraception, including emergency contraception. All pregnant and parenting youth deserve access to quality and affordable healthcare, including preventive sexual and reproductive healthcare services in order to plan their families and

POLICY RECOMMENDATIONS

NLIRH believes that all parents, including young parents, should have access to the resources they need to make the decisions that are best for themselves and their families. The Young Parents' Dignity Agenda is a comprehensive vision for policy change that includes a commitment to five key issues, exemplified by following legislative and budgetary policies:

- **FAIR EMPLOYMENT:** The Pregnant Workers Fairness Act (H.R. 2654/S. 1512) will ensure that reasonable accommodations are available to pregnant youth who need them to continue working safely during pregnancy. The Schedules that Work Act (STWA) would ensure that young parents in the workforce have predictable schedules and some control over when they work so that they are able to plan their lives—including spending time with their children, arranging childcare, and going to school.
- **EDUCATION AND OPPORTUNITY:** The Pregnant and Parenting Students Access to Education Act (S. 416) supports pregnant and parenting students in completing high school by providing resources and tools to succeed in school. In addition to passing S. 416, it is critical to include provisions in the reauthorization of the Higher Education Act that support student parents' access to postsecondary programs, such as financial aid, childcare, lactation accommodations, and other supports.
- **HEALTHCARE FOR ALL:** The Health Equity and Access under the Law (HEAL) for Immigrant Women and Families Act (H.R. 4240), restores needed health coverage and removes barriers to healthcare so that lawfully-present immigrants, including immigrant youth, would be able to participate in the healthcare



programs their tax dollars support.

- **AFFORDABLE, ACCESSIBLE CHILDCARE AND EARLY EDUCATION FOR CHILDREN:** Increased investments must be made in childcare and early education programs, including increases of at least \$1 billion for the Childcare and Development Block Grant, \$1.52 billion for Head Start and Early Head Start, \$500 million for Preschool Development Grants, \$65 million for Grants for Infants and Families (Part C of the Individuals with Disabilities Education Act), and \$50 million for Preschool Grants (Part B, Section 619 under IDEA). In addition, childcare access for young parents would be greatly improved through passage of The Strong Start for America's



Children Act, which expands high-quality prekindergarten programs to children in low- and moderate-income families.

- **AFFORDABLE HOUSING:** The Homeless Children and Youth Act (H.R. 576/S. 276) eliminates barriers to accessing Housing and Urban Development (HUD) assistance programs for homeless children and youth by aligning federal definitions of homelessness, and allowing communities to use HUD homeless

CONCLUSION

We support The Young Parents' Dignity Agenda and strongly urge Congressional members to do the same. We know that when we

assistance funds to meet the needs that they identify. The Runaway and Homeless Youth and Trafficking Prevention Act (S. 262/H.R. 1779) reauthorizes the Runaway and Homeless Youth Act program that provides emergency shelter, transitional housing, and street outreach programs, including for LGBTQ youth. The passage of this act would provide critical supports for housing for pregnant and parenting youth.

NOTES

1. Black and American Indian youth also experience disproportionately high rates of pregnancy. Center for Disease Control and Prevention, *CDC Vital Signs: Younger teens still account for 1 in 4 teen births*, (April 8, 2014), <http://www.cdc.gov/media/dpk/2014/dpk-vs-teen-pregnancy.html>.
2. National Network for Youth, *Pregnant and Parenting Unaccompanied Youth: The Intersection of Youth Homelessness and Pregnancy and Parenting*, http://www.nn4youth.org/system/files/IssueBrief_Pregnancy_and_parenting.pdf, (last accessed May 6, 2014).
3. Anna Marie Smith, "The Sexual Regulation Dimension of Contemporary Welfare Law: A Fifty State Overview," 8 *Michigan Journal of Gender and Law* 121, 195 (2002); Juvenile Law Center, *Welfare Benefits for Teen Parents*, <http://www.jlc.org/resources/fact-sheets/welfare-benefits-teen-parents>, (last accessed May 6, 2015).
4. Rebecca Levin, et al., *Wherever I Can Lay My Head: Homeless Youth on Homelessness*, (March 2005), <http://www.imactresearch.org/documents/homelessyouthreport.pdf>.
5. Megan Barry et al., *Bricks, Mortar, and Community: The Foundations of Supportive Housing for Pregnant and Parenting Teens; Findings from the Field*, (Child Trends and Healthy Teen Network), http://www.healthysteennetwork.org/sites/default/files/Core%20Components%20of%20Supportive%20Housing%20for%20PPT%20Findings%20from%20the%20Field_0.pdf, (last accessed May 6, 2015).
6. National Network for Youth, *Pregnant and Parenting Unaccompanied Youth*.
7. Darla Bardine et al., *Homelessness in America: The Current Status and the Way Forward*, (National Network for Youth, March 17, 2014): 8, <http://www.nn4youth.org/system/files/NN4Y%20Youth%20Homelessness%20in%20America%20-%202014.pdf>.
8. Child Trends, *Homeless Children and Youth*, (March 2015), <http://www.childtrends.org/?indicators=homeless-children-and-youth>.
9. National Network for Youth, *Pregnant and Parenting Unaccompanied Youth*.
10. Bryce Covert, *Families in About Half the States Got Less Help for Childcare Compared to Last Year*, (ThinkProgress, October 23, 2013), <http://thinkprogress.org/economy/2013/10/23/2826101/child-care-assistance-reduced/>.
11. Resilience Advocacy Project, *Resilience in Practice: School-Based Child Care As a Resilience-Building Tool for Adolescent Mothers and their Children*, (March 2011): 4-5, http://resiliencelaw.org/wordpress2011/wp-content/uploads/2011/03/Policy-Brief.ChildCareandResilience.March2011.FINAL_.pdf.
12. Id.
13. Jenny Egan and Lara S. Kaufmann, *A Pregnancy Test for Schools: The Impact of Education Laws on Pregnant and Parenting Students*, (National Women's Law Center, 2012): 2, http://www.nwlc.org/sites/default/files/final_nwlc_pregparexecutivesummary.pdf.
14. Resilience Advocacy Project, *Resilience in Practice*.
15. Joan Entmacher, Katherine Gallagher Robbins, and Lauren Frohlich, *Women are 76 Percent of Workers in the 10 Largest Low-Wage Jobs and Suffer a 10 Percent Wage Gap*, (National Women's Law Center, 2014), http://www.nwlc.org/sites/default/files/pdfs/women_are_76_percent_of_workers_in_the_10_largest_low-wage_jobs_and_suffer_a_10_percent_wage_gap_april_2014.pdf.
16. Id.
17. Id.
18. Dina Bakst et al., *It Shouldn't Be a Heavy Lift. Fair Treatment for Pregnant Workers*, (National Women's Law Center & A Better Balance, 2013), http://www.nwlc.org/sites/default/files/pdfs/pregnant_workers.pdf.
19. 20 U.S.C. §§ 1681 et seq. (2006); 34 C.F.R. § 106.40. *Chipman v. Grant County Sch. Dist.*, 30 F. Supp. 2d 975 (E.D. Ky. 1998).
20. Jenny Egan and Lara S. Kaufmann, *A Pregnancy Test for Schools*.
21. Lisa Shuger, *Teen Pregnancy and High School Dropout: What Communities are Doing to Address These Issues*, (The National Campaign to Prevent Teen and Unplanned Pregnancy and America's Promise Alliance, 2012): 1, <http://www.americaspromise.org/sites/default/files/legacy/bodyfiles/teen-pregnancy-and-hs-dropout-print.pdf>.
22. Jenny Egan and Lara S. Kaufmann, *A Pregnancy Test for Schools*.
23. Planned Parenthood Federation of America, *New Poll of Latinos in U.S. Shows Overwhelming Support for Sex Education and Access to Birth Control to Reduce Teen Pregnancy*, (April 25, 2013), <http://www.plannedparenthood.org/about-us/newsroom/press-releases/new-poll-latinos-us-shows-overwhelming-support-sex-education-access-birth-control-reduce-teen-p-41236.htm>.
24. Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report. Vital Signs: Births to Teens Aged 15-17 Years-United States, 1991-2012*, (April 11, 2014), http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6314a4.htm?s_cid=mm6314a4_w.
25. Id.
26. Jennifer Augustine, *Youth of Color at Disproportionate Risk of Negative Sexual Health Outcomes*, (Advocates for Youth, August 2010): 2, http://www.advocatesfor-youth.org/storage/advfy/documents/youth_of_color.pdf.
27. Marisol Franco, *Supporting Latina/o Youth, Strengthening Latina/o Young Families and Communities*, (California Latinas for Reproductive Justice, 2012): 6, http://www.californialatinas.org/wp-content/uploads/2012/08/CLRJ_Supporting_Latina_O_Youth_Issue_Brief_1_FINAL.pdf.
28. Randy Capps et al., *A Demographic, Socioeconomic, and Health Coverage Profile of Unauthorized Immigrants in the United States*, (Migration Policy Institute, May 2013): 3, <http://www.migrationpolicy.org/research/demographic-socioeconomic-and-health-coverage-profile-unauthorized-immigrants-united-states>.
29. Claire D. Brindis et al., *Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Demographics and Health Coverage*, (National Adolescent Health Information Center at the University of California, San Francisco, University of California, Los Angeles Center for Health Policy Research and University of California, Berkeley Center for Labor Research and Education, February 2014): 7, http://laborcenter.berkeley.edu/healthcare/DACA_health_coverage.pdf.
30. Randy Capps et al., *A Demographic, Socioeconomic, and Health Coverage Profile*.
31. Seventy-nine percent of mothers usually make sure that their children receive the recommended care they need. Usha Ranji and Alina Salganicoff, *Women's Health Care Chartbook: Key Findings from the Kaiser Women's Health Survey*, (The Henry J. Kaiser Family Foundation, May 2011): 36, <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8164.pdf>.
32. Government Accountability Office, *Medicaid and CHIP: Given the Association Between Parent and Child Insurance Status, New Expansions May Benefit Families*, (February 2011), <http://www.gao.gov/new.items/d11264.pdf>.
33. Leighton Ku and Brian Bruen, *Economic Development Bulletin. Poor Immigrants Use Public Benefits at a Lower Rate than Poor Native-Born Citizens*, (Cato Institute, March 4, 2013): 1, 3, <http://object.cato.org/sites/cato.org/files/pubs/pdf/edb17.pdf>.

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