

February 2018 | Fact Sheet

## Key Facts on Individuals Eligible for the Deferred Action for Childhood Arrivals (DACA) Program

In September 2017, President Trump rescinded the Deferred Action for Childhood Arrivals (DACA) program. Without legislative or administrative action, individuals will lose their DACA status. Based on Kaiser Family Foundation analysis of Current Population Survey data, this fact sheet examines key characteristics of young undocumented individuals eligible for DACA. It shows that most individuals eligible for DACA are healthy and have health coverage, reflecting that the large majority live in a family with at least one full-time worker. Loss of DACA status would result in individuals losing work authorization and potentially being targeted for deportation. Employers would likely terminate individuals as they lose work authorization, leading to job loss along with loss of health coverage. Without access to coverage through an employer, many individuals would likely become uninsured since they are not eligible to enroll in Medicaid or CHIP or to purchase coverage through the Marketplaces. Employment and coverage losses would lead to increased financial pressure and reduced access to care for individuals and their families, who may include citizen children.

### Overview of DACA

**Beginning in 2012, DACA allowed certain undocumented youth who came to the U.S. as children to be granted permission to stay in the U.S. and work for temporary renewable periods.** To qualify, individuals must meet age, education, and length of residence requirements, including being between ages 15 to 36; being enrolled in school, having completed high school or an equivalent, or being a veteran; and having entered the U.S. prior to 2007 and before the age of 16.<sup>1</sup> DACA is narrower in scope than the proposed Dream Act of 2017, which would have provided a path to citizenship for certain individuals who entered the U.S. before age 18, including those with DACA status.<sup>2</sup>

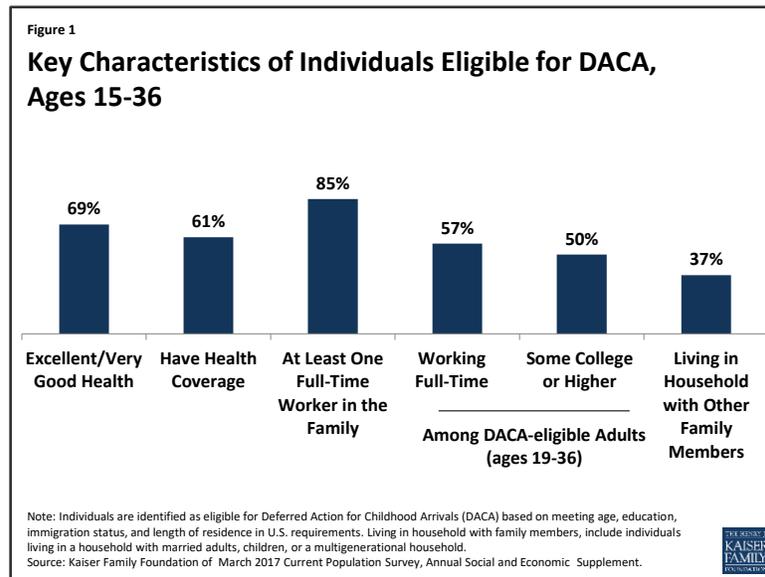
**DACA provided nearly 800,000 individuals work authorization and protection from deportation over the past five years.** As of September 4, 2017, 690,000 individuals had DACA status.<sup>3</sup> Previous analysis of USCIS administrative data shows that two-thirds of DACA recipients are below age 25, just over half (53%) are female, and most were brought to the U.S. from Mexico.<sup>4</sup> Nearly half reside in California (29%) and Texas (16%); the remainder are located across the country with significant shares in Illinois (5%), New York (5%), Florida (4%), and Arizona (4%).<sup>5</sup>

**President Trump rescinded DACA in September 2017 and individuals will lose DACA status without legislative or administrative action.** Acceptance of new applications for DACA halted immediately after the rescission and renewals stopped in October 2017. Due to a federal court order, U.S. Citizenship and Immigration Services (USCIS) resumed acceptance of renewals beginning January 13, 2018, but it is unclear how long it will continue to accept renewals.<sup>6</sup> Some DACA recipients have already begun losing

their status.<sup>7</sup> Beginning March 6, 2018, an estimated average of 915 individuals will lose DACA status each day.<sup>8</sup> Without DACA status, individuals lose their work authorization and could be targeted for deportation.

## Key Findings

**Most individuals eligible for DACA are healthy and have health coverage, reflecting that the large majority live in a family with at least one full-time worker (Figure 1).** Almost seven in ten (69%) report their health as excellent or very good, while an additional 26% report their health as good. These findings reflect that younger individuals tend to be healthy and are largely consistent with self-reported health status of citizens in the same age group. About six in ten (61%) individuals eligible for DACA have health coverage. Many likely have access to coverage through an employer since the large majority (85%) live in a family with at least one full-time worker and over half (57%) of adults are working full-time themselves.



**DACA status likely contributed to increased access to health coverage since work authorization expanded their employment options.** A survey individuals with DACA status conducted by the Center for American Progress (CAP) found that 54% reported getting a job and 57% said they got a job with health insurance or other benefits after receiving DACA status. Moreover, analysis from the Migration Policy Institute suggests that many individuals with DACA status may work in occupations that offer health benefits. Specifically, that analysis finds that those with DACA status work in in a wide range of industries and occupations, including professional jobs, and that they are less likely than young undocumented adults who do not qualify for DACA to work in outdoor manual labor jobs, such as construction.<sup>9</sup> Many individuals eligible for DACA are also pursuing higher education. Half (50%) of adults eligible for DACA have continued education beyond high school, completing some college or receiving a bachelor's or higher degree.

**Uninsured individuals with DACA status do not have access to financial assistance for coverage through Medicaid or the Affordable Care Act (ACA) Marketplaces.** Nearly four in ten (39%) of individuals eligible for DACA are uninsured. Individuals with DACA status are not eligible to enroll in Medicaid or CHIP or to purchase coverage through the ACA Marketplaces. A small number of states and localities provide some health benefits to individuals regardless of immigration status, but generally, uninsured

individuals with DACA status must go without care or rely on safety-net providers and pay out of pocket when they do seek care.

**Loss of DACA status and work authorization would likely result in loss of employment and health coverage for many individuals, leading to increased financial pressure and reduced access to care for themselves and their families, who may include citizen children.** Employers would likely terminate individuals as they lose work authorization, leading to job loss along with loss of health coverage. Job losses may also result in coverage losses for their children, who are often U.S.-born citizens. Nearly four in ten (37%) individuals eligible for DACA are living in a household with a parent, spouse, child, and/or grandparent, and many of these households likely include citizens. For example, over eight in ten (82%) children living with a noncitizen parent are U.S.-born citizen children.<sup>10</sup> In the CAP survey of DACA recipients, 17% reported having a citizen spouse and 26% reported having a citizen child (26%).<sup>11</sup> Without access to coverage through an employer, many individuals would likely become uninsured since they are not eligible to enroll in Medicaid or CHIP or to purchase coverage through the Marketplaces. Employment and coverage losses would lead to increased financial pressure and reduced access to care for individuals and their families.

## Data and Methods

This fact sheet is based on Kaiser Family Foundation analysis of Current Population Survey Annual Social and Economic Supplement (CPS-ASEC) data. For this analysis, undocumented individuals were identified as eligible for DACA if they met age, education, and length of residence requirements, including being between ages 15 to 36; being enrolled in school, having completed high school or an equivalent, or being a veteran; and having entered the U.S. prior to 2007 and before the age of 16.<sup>12</sup> Our estimates of the DACA-eligible population differ from administrative data on the DACA population on several demographic characteristics. Most notably, our estimated DACA-eligible population is older and less likely to be female, indicating this population may be more likely to have insurance coverage and less likely to be a parent than individuals with DACA status. Since CPS-ASEC data do not directly indicate whether an immigrant is lawfully present, we draw on the methods underlying the 2013 analysis by the State Health Access Data Assistance Center (SHADAC) and the recommendations made by Van Hook et. al. This approach uses the Survey of Income and Program Participation (SIPP) to develop a model that predicts immigration status; it then applies the model to the CPS-ASEC, controlling to state-level estimates of total undocumented population from Pew Research Center. For more detail on the immigration imputation used in this analysis, see [here](#).

# Endnotes

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- <sup>1</sup> “DHS DACA FAQs,” USCIS, <https://www.uscis.gov/archive/frequently-asked-questions>, accessed January 30, 2018.
- <sup>2</sup> National Immigration Law Center, *Side by Side: Provisions of the 2010 and 2017 Dream Acts and DACA*, (Washington, DC: National Immigration Law Center, July 21, 2017), <https://www.nilc.org/wp-content/uploads/2017/07/DreamActs-and-DACA-comparison-2017-07-21.pdf>.
- <sup>3</sup> “Deferred Action for Childhood Arrivals (DACA) Population Data,” USCIS, [https://www.uscis.gov/sites/default/files/USCIS/Resources/Reports%20and%20Studies/Immigration%20Forms%20Data/All%20Form%20Types/DACA/daca\\_population\\_data.pdf](https://www.uscis.gov/sites/default/files/USCIS/Resources/Reports%20and%20Studies/Immigration%20Forms%20Data/All%20Form%20Types/DACA/daca_population_data.pdf).
- <sup>4</sup> Gustavo Lopez and Jens Manuel Krogstad, *Key Facts about Unauthorized Immigrants Enrolled in DACA*, (Washington, DC: Pew Research Center, September, 23, 2017), <http://www.pewresearch.org/fact-tank/2017/09/25/key-facts-about-unauthorized-immigrants-enrolled-in-daca/>, accessed January 30, 2017.
- <sup>5</sup> Ibid.
- <sup>6</sup> “Deferred Action for Childhood Arrivals: Response to January 2018 Preliminary Injunction,” USCIS, <https://www.uscis.gov/humanitarian/deferred-action-childhood-arrivals-response-january-2018-preliminary-injunction>, January 13, 2018.
- <sup>7</sup> Tom Jawetz and Nicole Prchal Svajlenka, “Thousands of DACA Recipients are Already Losing their Protection from Deportation,” Center for American Progress, <https://www.americanprogress.org/issues/immigration/news/2017/11/09/442502/thousands-daca-recipients-already-losing-protection-deportation/>, November 9, 2017.
- <sup>8</sup> Jie Zong, Ariel G. Ruiz Soto, Jeanne Batalova, et. al, *A Profile of Current DACA Recipients by Education, Industry, and Occupation*, (Washington, DC: Migration Policy Institute, November 2017), <https://www.migrationpolicy.org/research/profile-current-daca-recipients-education-industry-and-occupation>.
- <sup>9</sup> Gustavo Lopez, op cit.
- <sup>10</sup> Kaiser Family Foundation, *Health Coverage and Care for Immigrants*, (Washington, DC: Kaiser Family Foundation, December 217), <https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants/>.
- <sup>11</sup> Tom K. Wong, et. al, *Results from 2017 National DACA Study*,” (Washington, DC: Center for American Progress), [https://cdn.americanprogress.org/content/uploads/2017/11/02125251/2017\\_DACA\\_study\\_economic\\_report\\_updated.pdf](https://cdn.americanprogress.org/content/uploads/2017/11/02125251/2017_DACA_study_economic_report_updated.pdf).
- <sup>12</sup> Due to data limitations, our analysis included individuals that entered the U.S. prior to 2008 and before the age of 17.