

# Permanently Temporary?

## The Health and Socioeconomic Integration of Dominicans in Metropolitan Boston



Enrico Marcelli, *San Diego State University*

Louisa Holmes, *University of Southern California*

Magalis Troncoso, *Dominican Development Center*

Phillip Granberry, *University of Massachusetts Boston*

Orfeu Buxton, *Harvard Medical School*

Foreword by:

Ramona Hernández, *The City University of New York*



Brazilian Immigrant Center

**BACH**  
Center for Behavioral and Community Health Studies  
San Diego State University



We recommend the following format when referencing this report:

Marcelli, Enrico, Louisa Holmes, Magalis Troncoso, Phillip Granberry and Orfeu Buxton. 2009. *Permanently Temporary?: The Health and Socioeconomic Integration of Dominicans in Metropolitan Boston*. San Diego, CA: Center for Behavioral and Community Health Studies, San Diego State University.

© Center for Behavioral and Community Health Studies (BACH), San Diego State University.

Material from this report may be reprinted or reproduced in whole or in part if the authors and the SDSU Center for Behavioral and Community Health Studies are credited.

# Table of Contents

<b>Acknowledgements</b>	i
<b>Report Review Board</b>	ii
<b>Foreword</b>	iii
<b>Executive Summary (English)</b>	iv
<b>Resumen Ejecutivo (Español)</b>	vi
<b>I. Introduction</b>	1
Why Study Dominican Migrants in the Boston Metropolitan Area?	2
The 2007 Boston Metropolitan Immigrant Health & Legal Status Survey (BM-IHLSS)	4
Costs and Benefits of Statistical Community-based Participatory Research (CBPR)	4
Report Outline	5
<b>II. Legal and Unauthorized Dominican Migration to the Boston Metropolitan Area</b>	7
Dominicans in the Boston-Cambridge-Quincy MSA according to U.S. Census Data	7
Diverging Estimates of Dominican Migrants in a “Continuous Immigrant Gateway”?	8
Dominican Province of Origin, Why They Come, Legal Status, and Settlement	12
Intentions	18
<b>III. Dominican Migrant Family, Work, and Economic Well-being</b>	19
Demographic Characteristics (Age, Gender, Marital Status, and Housing Tenure)	19
Human Capital (Educational Attainment, English Ability)	21
Labor Market Integration (Industry, Occupation, and Annual Earnings)	21
Financial Behavior (Income Tax, Public Assistance, Banking, and Remittance)	28
Dominican Migrant Household Access to Technology and Transportation	29
<b>IV. Dominican Migrant Health and Socio-political Integration</b>	30
Access to Health Insurance and Medical Care	30
Happiness and Domain-specific Life Satisfaction	32
Self-rated Health and Health Behaviors	33
Annual Days in Bed and Functional Limitations	34
Socio-religious and Political Behavior	36
<b>V. Discussion</b>	44
<b>Appendix A: About the Dominican Development Center</b>	46
<b>Appendix B: References</b>	46



## Acknowledgements

Statistical *Community-based Participatory Research* (CBPR) projects, especially those focusing on legal and unauthorized migrants residing in the United States, require years of preparation and the dedicated collaboration of many individuals and institutions. We would first like to thank the 307 foreign-born Brazilian and 299 foreign-born Dominican adults who participated in the 2007 *Boston Metropolitan Immigrant Health & Legal Status Survey* (BM-IHLSS). These respondents spent an average of two hours in their homes answering compatriot interviewers' questions and in some cases provided some of their own biological data (e.g., blood droplets, saliva, blood pressure, height, weight) because they agreed that there was too little information about the well-being of Brazilian and Dominican migrants in the seven-county Boston-Cambridge-Quincy Metropolitan Statistical Area (BCQ-MSA). They also participated without any compensation, and believed that we, as researchers, would keep these data anonymous and confidential.

We are also indebted to approximately 50 Brazilian and Dominican migrant interviewers who traveled throughout the BCQ-MSA between June and September 2007 to collect information concerning migration experiences, socioeconomic circumstances, social engagement, health, and socio-political identity. Gissell Abreu and David Estella deserve special thanks for their assistance with overseeing the fieldwork. The project would not have succeeded without them. We would also like to thank the *Brazilian Immigrant Center* and the *Dominican Development Center*, which assisted with identifying some of our interviewers, developing our questionnaire, outlining this report, and writing it. And special thanks to Pascale Joassart of San Diego State University's Department of Geography for generating all the maps we needed for our survey work.

Our study is also better than it would have otherwise been because of the feedback provided by our Report Review Board (shown below). We are especially thankful to several demographers and statisticians whose evaluations of our estimates and methodology improved this report substantially. Eric Larson of the U.S. Government Accountability Office (GAO) provided many useful suggestions on the initial draft and directed us to several additional key reviewers. Joe Salvo and Vicky Virgin of New York City's Department of City Planning, Tony Roman of University of Massachusetts Boston's Center for Survey Research, Jeff Passel of the Pew Hispanic Center, and Bob Warren (former Director, Office of Immigration Statistics, U.S. Department of Homeland Security) offered valuable suggestions regarding our methodology.

Several San Diego State University (SDSU) students – Buckshot Grayhall, Barbara Baquero, William Bredemeyer, Megan Burks, Jason Daniel, Erin Endres, Richard Harris III, and Miriah Persinger de Matos – assisted with data entry and cleaning and provided additional feedback on the report for which we are grateful.

Last but certainly not least, we are grateful for the financial support that made the BM-IHLSS possible. In response to a request for proposals from the “Dana Farber/Harvard Cancer Center – University of Massachusetts Boston Comprehensive Cancer Partnership Program” issued on June 6<sup>th</sup>, 2006 – we decided to propose a representative biodemographic survey of migrants in the BCQ-MSA. We are most grateful to professors Howard Koh, Nancy Krieger, Karen Emmons, Gary Bennett, and Jonathan Winickoff (Harvard University) and Adán Colón-Carmona (University of Massachusetts Boston) for their early encouragement and critical feedback, which contributed to our project being awarded a National Cancer Institute (NCI) grant (DFHCC/UMB Comprehensive Cancer U56 Partnership Grant #5U56CA118635-03). We are also thankful to the University of Massachusetts Boston's Office of Vice Provost for Research and to the Blue Cross Blue Shield of Massachusetts Foundation (BCBSMF) for providing additional funding, without which we could not have completed this report, or its Brazilian complement entitled *(In)Visible (Im)Migrants: The Health and Socioeconomic Integration of Brazilians Residing in Metropolitan Boston*.



# Report Review Board

Ana Aparicio, *Assistant Professor*  
Anthropology and Latino Studies  
Northwestern University

Guadalupe X. Ayala, *Associate Professor*  
Graduate School of Public Health  
San Diego State University

Lynn Babington, *Associate Professor*  
Bouvé College of Health Sciences  
Northeastern University

Gary Bennett, *Associate Professor*  
Department of Psychology and Global Health Institute  
Duke University

Wayne Cornelius, *Professor and Director*  
Center for Comparative Immigration Studies  
University of California San Diego

John Elder, *Professor*  
Graduate School of Public Health  
San Diego State University

Ramona Hernández, *Director, Dominican  
Studies Institute and Professor of Sociology*  
The City College of New York

Ellen Houston, *Assistant Professor of  
International Studies and Economics*  
Marymount Manhattan College

Dean H. Judson, *Senior Statistician*  
Office of Immigration Statistics  
Department of Homeland Security

Eric Larson, *Senior Evaluator*  
Applied Research and Methods Team  
U.S. Government Accountability Office

Ana S.Q. Liberato, *Assistant Professor*  
Department of Sociology  
University of Kentucky

Jeffrey S. Passel, *Senior Demographer*  
Pew Hispanic Center

Marcy Ravech, *Associate Director of Policy and Research*  
Blue Cross Blue Shield of Massachusetts Foundation

Anthony Roman, *Senior Research Fellow*  
Center for Survey Statistics  
University of Massachusetts Boston

Joseph Salvo, *Director*  
Population Division  
New York City Department of City Planning

Shanna Shulman, *Director of Policy and Research*  
Blue Cross Blue Shield of Massachusetts Foundation

David Swanson, *Professor*  
Department of Sociology  
University of California Riverside

Vicky Virgin, *Demographic Analyst*  
Population Division  
New York City Department of City Planning

Robert Warren, *Demographer*  
Former Director, Office of Immigration Statistics  
U.S. Department of Homeland Security

Jonathan Winickoff, *Assistant Professor*  
Department of Pediatrics  
Harvard Medical School

## Foreword

Since the early 1980s there has been a notable increase in the number of Dominican migrants in the United States, especially in New York but gradually in other states and metropolitan areas – and the subject of U.S. Dominican migration has correspondingly gained popular and scholarly attention. From early studies regarding the role of Dominican households in the migration process to numerous works on Dominican identity, religious and civic participation, and labor force integration and mobility, the Dominican diaspora in the United States continues to be a subject of interest for many. One theme in particular recurs throughout much of this work – the idea that Dominican migration is primarily circular in nature, or that Dominican migrants embody the notion of *transnationalism*. This has prompted the authors of this informative and provocative new report to ask whether Dominican migrants are permanent or temporary residents of the United States, or whether they have a foot in both their home and host nation, and why this might matter for their health and socioeconomic well-being.

However – as the authors argue – answering health and integration questions responsibly for any migrant group requires representative statistical data detailing migration experience (including legal status), health and socioeconomic behaviors, neighborhood environment, work opportunities, and family context. Many community leaders, some migrant scholars, and of course migrants themselves, for example, provide ample evidence that adjusting to life in the United States is not always a straightforward or successful endeavor associated with how long an individual has resided in the United States. Such findings run counter to the view of many migrant scholars who propose that migrants who move from economically poor to wealthier and more technologically advanced societies invariably gain in the migration process even when controlling length of residence in the receiving country.

***Permanently Temporary?*** employs representative data from the Boston Metropolitan Immigrant Health and Legal Status Survey (BM-IHLSS) – a community-based statistical research project – to estimate (1) the number and demographic characteristics of Dominican migrants by legal status, (2) their residential and socioeconomic status, and (3) their health and sociopolitical integration. It is the first study of which I am aware that does so in such depth using a representative sample of legal and unauthorized Dominicans in any U.S. metropolitan area or state.

The largest concentration of Dominicans continues to be located in New York City, but there has been a significant spread to other cities in the last ten years. According to U.S. Census Bureau data, the population of Dominican migrants in metropolitan Boston increased 13 percent between 2000 and 2007 alone, while that in metropolitan New York remained the same during that time period. Given Dominicans' growing numbers in metropolitan Boston and their impact in the foreign-born population in Massachusetts, the group has gone unnoticed by students of migration studies. In this sense, this report fills an important vacuum by providing detailed information about an immigrant group that is aggressively growing and that has a history of impacting and transforming the places where they live. The present study, without a doubt, is a timely contribution to our understanding of Dominican migrant integration in the United States beyond New York City.

Consistent with previous work, one of the more noteworthy findings of this report is that less than 10 percent of Dominican migrants in metropolitan Boston are unauthorized to reside in the United States. Despite having a less precarious legal status profile than other foreign-born Latino groups, Dominican migrants, however, rated their general health slightly lower than other foreign- and U.S.-born residents. In addition, when compared to the U.S. population, this study finds that while Dominicans are less happy and more psychologically distressed, when it comes to chronic illnesses the group fares much better on average, with lower rates of diagnosed cancer, diabetes, and heart-failure conditions among others. Future studies should investigate why Dominicans perceive their state of health worse than how it has been diagnosed.

Crucial to assessing socioeconomic integration, ***Permanently Temporary?*** also gives extensive attention to Dominican migrant earnings, occupational distribution, labor force participation and reasons for coming to the United States in the first place. Among the more salient findings are the relatively low employment rates among Dominican migrants compared to the rest of the population of metropolitan Boston; however those who are in the work force appear to be playing a complementary role in the regional economy. Furthermore, the majority of Dominican migrants in metropolitan Boston claim to have moved to the United States for work. And the authors are careful to confirm BM-IHLSS respondents' relatively low reported demand for or use of public assistance with the most current data from the U.S. Census Bureau.

These are just a few of the important findings included in this report. ***Permanently Temporary?*** offers a first representative portrait of the ways in which Dominican migrants are adjusting to life in metropolitan Boston – an area with one of the largest and growing concentrations of Dominicans in the United States. More importantly, the report raises many questions that beg answers and opens the door for future research exploring factors influencing the health and socioeconomic integration of Dominicans as they move and set roots in multiple places in the United States.

Ramona Hernández, Ph.D.  
Director, Dominican Studies Institute &  
Professor of Sociology, The City College of New York

## Executive Summary

How many foreign-born Dominicans reside in metropolitan Boston? What proportion is unauthorized to reside in the United States? Will Dominican migrants integrate socially and economically as most previous waves of migrants in the United States have? Or will they fail to do so either because a small proportion is not residing in the United States legally or due to the so-called “Great Recession”? How healthy are Dominican migrants? Satisfying answers to such basic questions have eluded past studies for one simple reason. To date no data that represent all Dominicans – both the foreign-born and their children, legal and unauthorized – in any region of the United States have been available. ***Permanently Temporary?: The Health & Socioeconomic Integration of Dominicans in the Boston Metropolitan Area*** changes this by providing the first statistically credible estimates of legal and unauthorized Dominicans residing in the seven-county Boston-Cambridge-Quincy Metropolitan Statistical Area (BCQ-MSA) – an area which includes Essex, Middlesex, Norfolk, Plymouth and Suffolk Counties in Massachusetts and Rockingham and Strafford Counties in New Hampshire. Specifically, we employ newly available **2007 Boston Metropolitan Immigrant Health & Legal Status Survey** (BM-IHLSS) data that were collected by a collaborative team of researchers from Harvard University and the University of Massachusetts Boston working with the Dominican Development Center and dozens of foreign-born Dominican migrant interviewers between June and September 2007. Several years in the making, ***Permanently Temporary?*** offers a descriptive account of (1) Legal and Unauthorized Dominican Migration to metropolitan Boston; (2) Dominican migrant household environment, work, and economic well-being; and (3) Dominican migrant health and socio-political integration.

### Legal And Unauthorized Dominican Migration To The BCQ-MSA (Metropolitan Boston)

Dominican migration to metropolitan Boston began to rise noticeably in the mid-1980s, the number of foreign-born Dominicans in the BCQ-MSA is larger than all other immigrant groups in the BCQ-MSA except for foreign-born Chinese and possibly Brazilians, and more Dominican migrants resided in metropolitan Boston than in any other U.S. metropolitan area according to 2005-2007 American Community Survey (ACS) data except for New York-Northern New Jersey-Long Island and Miami-Fort Lauderdale-Pompano Beach. It remains uncertain; however, how many Dominican migrants will continue to arrive given increased post-September 11<sup>th</sup>, 2001 Department of Homeland Security enforcement in the workplace and a sagging economy.

***Permanently Temporary?*** finds that the 2007 U.S. Census ACS estimate of 50,000 Dominican immigrants in the BCQ-MSA is 22 percent lower than our **2007 Boston Metropolitan Immigrant Health & Legal Status Survey** (BM-IHLSS) estimate of about 64,000 (63,000 adults and 1,400 children) – but this difference is not statistically significant at the conventionally accepted 90 percent confidence level. We also find that about 11,000 children of foreign-born Dominicans were born in the United States and residing in the BCQ-MSA. Thus, overall, the region was home to about 75,000 first, 1.5 and second generation Dominican residents.

While approximately 60 percent of Dominican migrants residing in the BCQ-MSA were born in Santiago, Santo Domingo, Peravia, María Trinidad Sánchez, and Hermanas Mirabal; the importance of some of these sending provinces (Santiago, Peravia) has declined, and the relative contributions of others (e.g., María Trinidad Sánchez, Hermanas Mirabal, La Altagracia) has risen. A mere eight percent of Dominican adults and almost none of their children (one percent) are estimated to have been unauthorized to reside in the United States in 2007. By comparison, fully half of all Mexican migrants and approximately 70 percent of Brazilian migrants are estimated to be unauthorized. Furthermore, since September 11, 2001, a higher proportion of Dominican migrants have been entering the USA by airplane than across U.S. land borders or by boat.

While most of these migrants claim to have migrated to the United States to increase their earnings, some also report having selected the BCQ-MSA to live near other Dominican migrants or to tap into public assistance. Analyses of our 2007 BM-IHLSS and March 2006 and 2008 Current Population Survey data, however, show that less than 10 percent of all Dominican migrants actually received public assistance. Lastly, only one in ten Dominican migrant adults claimed that they intend to move back to the Dominican Republic within a decade (by 2017), and about half stated that they would return to their country of birth only after retiring.

### Dominican Migrant Family, Work, And Economic Well-Being

A lower proportion of Dominican migrants in metropolitan Boston were married compared to all U.S. residents or other metropolitan Boston immigrants in 2007 (45, 49 and 60 percent respectively); and although foreign-born Dominicans on average had lower mortgage and rental payments than others in the BCQ-MSA, they paid more for their homes and apartments compared to all U.S. residents.

Overall, in 2007 Dominican migrants earned slightly less (\$25,500) than others both within metropolitan Boston (\$36,900) and nationally (\$28,200); and most had access to a mobile telephone (95 percent), landline telephone (89 percent), the internet (74 percent), or a motor vehicle (87 percent). Two-thirds also sent money home to relatives in the Dominican Republic the year prior to the BM-IHLSS, and more than eight of every ten filed for or paid income taxes. Furthermore, although Dominican migrant men and women held lower status jobs compared to their legal compatriots and other U.S. workers, overall, Dominican workers appear to have been employed in occupations that complement the BCQ-MSA regional workforce.

### Dominican Migrant Health and Socio-political Integration

Given the fact that a high proportion of Dominican migrant adults are employed in jobs that are neither generally esteemed nor upwardly mobile, one would predict – consistent with the so-called “Latino health paradox” but contrary to an expected positive socioeconomic status (SES)-health gradient – that they would be healthier than others. In fact, evidence from the BM-IHLSS is mixed. For instance, on one



hand, Dominican migrants have a lower socioeconomic status compared to U.S.-born residents and several other foreign-born groups, relatively small proportions of them are estimated to have had health insurance (31 percent of men and 38 percent of women), and lower proportions reported having been very happy (27 percent) or having had very good or excellent health (60 percent) compared to the national averages (30 and 64 percent, respectively). The hypothesized positive SES-health gradient, however, seems to fit Dominican migrants better when considering self-reported health than it does when focusing on health behaviors. For example, although higher proportions of Dominican migrant high-school graduates reported very good or excellent health and better health behaviors regarding diet, sleep, alcohol consumption and condom use compared to those who had not graduated high school – higher proportions are also estimated to have been obese, to have been smoking, and not to have been exercising regularly.

Contrary to Dominican migrants' relatively low self-perceived happiness and overall health, as well as to some of their relatively unhealthy behaviors, we also find that compared to the entire adult population in the United States lower proportions had been diagnosed with a chronic disease that is also a leading cause of death in the USA (e.g., heart disease, cancer, diabetes, high blood pressure) or had a functional limitation, and a higher proportion (at least among women) had been screened for some type of cancer. However, like we have also found among Brazilian and Mexican migrants, Dominican migrants were more likely to be psychologically distressed.

One might also suppose that Dominican migrants are less likely to be socially integrated given their relatively low socioeconomic (e.g., education, occupation, income) status – to lack a sense of community, that is. Empirical evidence from the BM-IHLSS intimates that this may be the case. Fewer than half (39 percent) of all foreign-born Dominican adults residing in metropolitan Boston claimed to have been involved in at least one type of civic, religious or internet-based group in the year prior to the BM-IHLSS. Most of those who were involved in a group attended religious events or meetings (18 percent), some (seven percent) engaged in web-based groups, another seven percent were involved in either a parent-teacher organization or a sports club of some kind, and four percent were involved in youth, business, neighborhood or other types of organizations. As expected, the majority of Dominican adults in the BCQ-MSA reported being Catholic but at a lower rate than those residing in the Dominican Republic (73 versus 90 percent).

Perhaps at odds with their relative inexperience with Massachusetts' criminal justice system (on average, only 1.7 percent claimed to have been arrested for any reason) but certainly not with historic U.S. involvement in the Dominican Republic, we also find that a lower proportion of metropolitan Boston's Dominican migrants trust the U.S. government (23 percent) than trust the Dominican government (31 percent) "to do what is best for . . . people most of the time." Furthermore, fully 49 percent of Dominican migrant adults voted in the last (2004) Dominican presidential election. While these findings suggest more than Governor Deval Patrick's "New Americans" and Mayor Thomas Menino's "New Bostonians" initiatives may be necessary for helping Dominican migrants to integrate socioeconomically in New England, it is also important to highlight that a mere eight percent of Dominican adults were associated with at least one of several community-based organizations that serve Dominican and other Spanish-speaking populations in the BCQ-MSA.

The results of *Permanently Temporary?* reported below are representative of all foreign-born Dominican migrants and their children who were residing in the Boston metropolitan area in late 2007. It is important to keep in mind; however, that these are based on cross-sectional survey evidence, and future community-based statistical surveys will be needed to assess the long-term health and socioeconomic integration of the Dominican residing in the BCQ-MSA.

# Resumen Ejecutivo

¿Cuántos dominicanos nacidos en el extranjero residen en el área metropolitana de Boston? ¿Qué porcentaje de ellos no está autorizado para residir en los Estados Unidos? Se integrarán los inmigrantes dominicanos, social y económicamente, como lo han hecho la mayoría de oleadas de inmigrantes que previamente llegaron a los Estados Unidos? ¿O fallarán en lograrlo ya sea porque un pequeño porcentaje de ellos no tiene autorización para vivir en los Estados Unidos, o debido a la llamada “Gran Recesión”? ¿Qué tan saludables son los inmigrantes dominicanos? Respuestas satisfactorias a estas preguntas tan básicas han sido eludidas por estudios anteriores por una simple razón; a la fecha, no existen datos disponibles que representen a todos los dominicanos –tanto los nacidos en el extranjero y sus hijos (as), estén legales o no- en ninguna región de los Estados Unidos. **¿Permanentemente Temporales?: La Integración Socioeconómica y de la Salud de los Dominicanos en el área Metropolitana de Boston. Podría cambiar esta realidad** al proporcionar a través de este estudio las primeras estimaciones estadísticas creíbles acerca de dominicanos legales o no, residiendo en el área estadística metropolitana de siete condados de Boston-Cambridge-Quincy (BCQ-MSA por sus siglas en inglés), un área que incluye los condados de Essex, Middlesex, Norfolk, Plymouth y Suffolk en Massachusetts, y los condados de Rockingham y Strafford en New Hampshire. Específicamente, empleamos datos recientemente disponibles de la **Encuesta 2007 del Área Metropolitana de Boston sobre el Estado Legal y de la Salud de los Inmigrantes** (BM-IHLSS por sus siglas en inglés), los cuales fueron recolectados entre el mes de Junio y el mes Septiembre de 2007 por un equipo colaborativo de investigadores de la Universidad de Harvard y de la Universidad de Massachusetts en Boston y trabajando con el Centro de Desarrollo Dominicano y docenas de entrevistadores migrantes dominicanos nacidos en el extranjero. Este trabajo de investigación tomó varios años para realizarlo, **¿Permanentemente Temporales?** ofrece un informe descriptivo de (1) la migración legal y la no autorizada de los dominicanos residiendo en el área metropolitana de Boston; (2) el entorno familiar, laboral y el bienestar económico de los inmigrantes dominicanos; y (3) la integración sociopolítica y de la salud de los inmigrantes dominicanos.

## La Migración Autorizada Y La No Autorizada De Dominicanos Al BCQ-MSA (Area Metropolitana De Boston).

La migración de Dominicanos al área Metropolitana de Boston empezó a aumentar considerablemente a mediados de la década de los ochenta; el número de dominicanos en el BCQ-MSA nacidos en el extranjero, es mayor que cualquier otro grupo de inmigrantes en el BCQ-MSA, a excepción de chinos nacidos en el extranjero y posiblemente brasileños, se comprobó que más inmigrantes dominicanos residen en el área metropolitana de Boston que en cualquier otra área metropolitana de los Estados Unidos, según datos de 2005-2007 de la Encuesta Comunitaria Americana (ACS por sus siglas en inglés), excepto en las áreas de Nueva York y la parte Norte de Nueva Jersey, Miami-Fort Lauderdale y Pompano Beach. Sin embargo, se desconoce cuántos inmigrantes dominicanos continuarán llegando, debido al aumento de vigilancia en el lugar de trabajo por parte del Departamento de Seguridad Nacional después del 11 de Septiembre de 2001, y a la economía poco activa.

**¿Permanentemente Temporales?** indica que el estimado de la ACS del Censo 2007 de los Estados Unidos de 50,000 inmigrantes Dominicanos del BCQ-MSA es 23 por ciento menor que nuestro cálculo de alrededor de 64,000 (63,000 adultos y 1,400 niños) indicado en la **Encuesta 2007 del área metropolitana de Boston sobre el estado de la salud y legal de los inmigrantes** (BM-IHLSS), pero esta diferencia no es significativa estadísticamente, según el nivel convencionalmente aceptado de confiabilidad del 90 por ciento. También se determinó que aproximadamente 11,000 niños de padres dominicanos nacidos en el extranjero nacieron en los Estados Unidos y son residentes del BCQ-MSA. Entonces, en general, la región albergó aproximadamente a 75,000 residentes dominicanos de primera y segunda generación. Mientras que aproximadamente el 60 por ciento de los inmigrantes Dominicanos residentes en el BCQ-MSA nacieron en Santiago, Santo Domingo, Peravia, María Trinidad Sánchez, y Hermanas Mirabal, la importancia de algunas de estas provincias de salida (Santiago y Peravia) declinó, y las contribuciones relativas de otras provincias (p. ej. María Trinidad Sánchez, Hermanas Mirabal, La Altagracia) aumentaron significativamente. Se estima que sólo un 10 por ciento de los adultos dominicanos y casi ningún niño (uno por ciento) no han recibido autorización para residir en los Estados Unidos en el año 2007. En comparación, se estima que la mitad de todos los inmigrantes mexicanos y aproximadamente el 70 por ciento de los inmigrantes brasileños en los Estados Unidos no han sido autorizados para residir en los Estados Unidos. Además, desde el 11 de Septiembre de 2001, un porcentaje mayor de inmigrantes dominicanos entró a los Estados Unidos por avión, obviando el cruce de fronteras, de las vías terrestres de los EE. UU., o la vía por mar (bote).

Aunque la mayoría de estos inmigrantes indican que han migrado a los Estados Unidos para aumentar sus ingresos, algunos también reportan que eligieron el BCQ-MSA para vivir cerca de otros inmigrantes Dominicanos, o para obtener alguna forma asistencia pública. Sin embargo, los análisis de nuestra BM-IHLSS 2007 y de los datos aportados por la Encuesta Poblacional Actual de Marzo de 2006 y 2008, muestran que, actualmente, menos del 10 por ciento de todos los inmigrantes dominicanos realmente reciben asistencia pública. Finalmente, sólo uno de cada diez inmigrantes Dominicanos adultos indicó que pretendía regresarse a la República Dominicana en un período no mayor a una década (para el año 2017), y aproximadamente la mitad indicó que regresarán a su país de origen sólo después de jubilarse.

## El Entorno Familiar, Laboral Y El Bienestar Económico De Los Inmigrantes Dominicanos

En 2007, había un menor porcentaje de inmigrantes dominicanos en el Área Metropolitana de Boston que estaban casados, en comparación con todos los residentes de los EE. UU. u otros inmigrantes del área metropolitana de Boston (45, 49 y 60 por ciento respectivamente); y aunque, en promedio, los dominicanos nacidos en el extranjero tenían pagos hipotecarios y de renta más bajas que otros residentes del BCQ-MSA, se determinó que los mismos pagaron más en gastos para sus hogares y apartamentos en comparación con todos los residentes de los EE. UU.

En general, en 2007, los inmigrantes dominicanos ganaron un poco menos (\$25,500) que otras personas, tanto dentro del área metropolitana de Boston (\$36,900), como a nivel nacional (\$28,200); y la mayoría tenía acceso a teléfono móvil (95 por ciento), teléfono de línea terrestre (89 por ciento), Internet (74 por ciento), o a un vehículo motorizado (87 por ciento). También, dos terceras partes de ellos enviaron dinero a familiares en la República Dominicana durante el año anterior a la BM-IHLSS, y más de ocho de cada diez presentó una declaración, o pagó impuestos por ingresos. Además, aunque los hombres y mujeres migrantes dominicanos tuvieron trabajos de menor nivel, en comparación con otros trabajadores en los EE. UU., en general, parece que los trabajadores dominicanos estuvieron empleados en ocupaciones que complementaban a la fuerza laboral regional del BCQ-MSA.

### **La Integración Sociopolítica Y De Salud De Los Inmigrantes Dominicanos**

Debido al hecho de que un alto porcentaje de inmigrantes dominicanos adultos está empleado en trabajos que generalmente no son muy apreciados, ni tienen posibilidad de ascenso, puede predecirse --consistente con la llamada “Paradoja Latina de Salud”, y contrario a su situación socio económica (SES por sus siglas en inglés) es obvio, según los datos, que ellos estarán más saludables que otras personas. De hecho, la evidencia de la BM-IHLSS es mixta. Por ejemplo, por un lado, los inmigrantes dominicanos tienen un estado socio-económico más bajo comparado con el de los residentes nacidos en EE. UU., y con el de varios grupos nacidos en el extranjero, se estima que, relativamente, pequeños porcentajes de dominicanos tienen un seguro médico (31 por ciento de los hombres y 38 por ciento de las mujeres), y que porcentajes más pequeños indicaron que estaban muy felices (27 por ciento), o que tenían muy buena o una excelente salud excelente (23 por ciento), en comparación con los promedios nacionales (del 60 al 64 por ciento respectivamente). Sin embargo, la hipótesis de estado positivo de salud SES parece encajar mejor con los inmigrantes dominicanos cuando se consideran los auto-reportes de salud, que cuando se enfoca en los comportamientos de salud. Por ejemplo, aunque un mayor porcentaje de inmigrantes dominicanos graduados de bachillerato (preparatoria) reportó muy buena o excelente salud y mejores comportamientos de salud relacionados con la dieta, con el sueño, con el consumo del alcohol y con el uso del condón, en comparación con aquéllos que no tenían un diploma de bachillerato, también se estimaron mayores porcentajes de obesidad, consumo de cigarrillos y poco actividad de ejercicio físico en forma regular.

Contrario a la relativa poca felicidad y salud en general percibidas entre los inmigrantes dominicanos, así como a algunos de sus comportamientos relativamente no saludables, también encontramos que, en comparación con toda la población adulta de los Estados Unidos, porcentajes menores fueron diagnosticados con alguna enfermedad crónica que también es causa de muerte en los EE. UU. (p. ej. enfermedades cardíacas, cáncer, diabetes, presión arterial alta presión), o tenían una limitación funcional, y un porcentaje mayor (por lo menos entre las mujeres) había sido evaluado por algún tipo de cáncer. Sin embargo, como también sucedió entre los inmigrantes brasileños y mexicanos, era más probable que los inmigrantes dominicanos sufrieran estrés psicológico.

Podría suponerse que es menos probable que los inmigrantes dominicanos estén socialmente integrados debido a su relativo bajo estatus socioeconómico (p. ej. educación, ocupación, ingreso), esto es, la falta de un sentido comunitario. La evidencia empírica de la BM-IHLSS indica que éste puede ser el caso. Menos de la mitad (39 por ciento) de todos los dominicanos adultos nacidos en el extranjero residentes del área metropolitana de Boston indicaron haber estado involucrados en por lo menos algún grupo cívico, religioso o basado en el Internet durante el año anterior a la BM-IHLSS. La mayoría de los que estuvieron involucrados en algún grupo asistieron a eventos religiosos o juntas (18 por ciento), algunos de ellos (7 por ciento) participaron en grupos basados en el Internet, otro 7 por ciento estuvo involucrado en alguna organización de padres de familia y maestros o en algún tipo de club deportivo, y el 4 por ciento estuvo involucrado en organizaciones juveniles, comerciales, de vecinos o de algún otro tipo. Como se esperaba, la mayoría de los adultos dominicanos en el BCQ-MSA reportaron ser católicos, pero se determinó una tasa menor para que aquéllos que residen en la República Dominicana (73 contra 90 por ciento).

Tal vez debido a su relativa inexperiencia con el sistema de justicia criminal de Massachussets, (en promedio, sólo el 1.7 por ciento indicó haber sido arrestado por alguna razón), pero ciertamente no con la participación histórica de los EE. UU. en la República Dominicana, también se determinó que un porcentaje menor de los inmigrantes dominicanos del área metropolitana de Boston confía menos en el gobierno de los EE. UU. (23 por ciento) que en el gobierno dominicano (31 por ciento) “para hacer lo que es mejor para... la gente la mayoría del tiempo”. Además, un total del 49 por ciento de los inmigrantes dominicanos adultos votó en las últimas elecciones presidenciales dominicanas (2004) celebradas en Nueva Inglaterra. Mientras que estos resultados sugieren que se necesita algo más que las iniciativas como la del Gobernador Deval Patrick, llamada “Nuevos Americanos” y la del Alcalde Thomas Merino, titulada “Nuevos Bostonianos de la Ciudad de Boston” para ayudar a los inmigrantes dominicanos a integrarse socio y económicamente en Nueva Inglaterra, también es importante resaltar que sólo un 8 por ciento de adultos dominicanos estaba familiarizado con por lo menos con una de varias organizaciones comunitarias que ofrecen servicios a dominicanos y otras poblaciones de habla hispana en el BCQ-MSA.

Los resultados de *¿Permanentemente Temporales?* que se reportan abajo son representativos de todos los inmigrantes dominicanos nacidos en el extranjero y de sus hijos (as) que residían en el área metropolitana de Boston a finales de 2007. No obstante, es importante tener en consideración que estos resultados están basados en evidencia de una encuesta transversal y que se necesitarán encuestas futuras con estadísticas basadas en la comunidad para evaluar la integración socioeconómica y de la salud a largo plazo de los dominicanos que residen en el BCQ-MSA.



## I. Introduction

*“Societies never really become effectively concerned with social problems until they learn to measure them”*

– David Heer (1968: iii)

Academics and pundits alike warn that unlike most earlier waves of U.S. immigrants, relatively recent migrant groups are at risk of downward socioeconomic integration (incorporation, “Americanization,” or “assimilation”) the longer they live in the United States.<sup>1,2</sup> This is especially true, so the story goes, among those suspected of having large proportions of unauthorized (illegal, irregular or undocumented) workers or relatively low levels of formal education. Suspicion of slow or stalled integration among migrants who began arriving en masse during or after the 1960s, furthermore, has risen during the post-September 11<sup>th</sup> (2001) “Great Recession.” But it remains uncertain how well newer U.S. migrants are currently faring socioeconomically, or whether they will integrate over the long-term. This is particularly the case among foreign-born Dominican migrants residing in the United States because, although they are estimated to have a relatively low proportion of unauthorized residents (less than 15 percent),<sup>3,4</sup> they also have relatively low levels of educational attainment and high levels of unemployment and poverty.<sup>5,6</sup> However, even if Dominican migrants are “settled” in the traditional sense of the word, “there exists a serious lack of data concerning Dominicans as a settled people.”<sup>6: 14</sup> The two examples below suggest why it is important to rectify this.

Netty Veras (Figure 1) migrated to the United States from the Dominican Republic in 2006 when she was 36 years old and is therefore a “first-generation migrant.” She began working as a hairdresser shortly after arriving in Metropolitan Boston, and after three years was still earning about \$13,00 each year. Few observers would characterize this as failure, however, and this is exactly the kind of risk-oriented work in which Dominican and other recent migrants are known to engage with the hope that it will eventually pay off. Apparently Netty shares this optimism, and claims that she has no intentions of moving back to the Dominican Republic.

Lino and Ana Matos (Figure 2) were also born in the Dominican Republic but have resided in the United States much longer than Netty – approximately two decades. They are also first-generation migrants and since arriving have had three daughters (now aged 15, 13 and nine years old). To support their family of five, together they earn about \$28,000 annually as janitors and maintenance workers, and both intend to reside in the United States permanently with their three second-generation children.

If these two examples reflect the average first-generation Dominican migrant experience in the Boston metropolitan area over time, and assuming second-generation Dominican children do not experience greater socioeconomic opportunity and mobility during their lifetimes, it would appear that this migrant group will not follow the historical trajectory of upward first-to-second generation socioeconomic integration exemplified by earlier U.S. migrant groups.<sup>7-10</sup>

Although migrant communities, local politicians, and academics would like to know the relative role of legal status and other factors that may influence Dominican migrant socioeconomic outcomes – and despite the fact that scholars from various disciplines have been providing credible estimates of the number, geographic distribution, socioeconomic effects, and integration of legal and unauthorized migrants in the United States since the late 1970s<sup>11-26</sup> – no study to date has offered representative estimates of Dominican migrant health and integration (or that of any other foreign-born nationality group in Massachusetts or metropolitan Boston) by legal status.<sup>6,27</sup>



**Netty is 39 years old, migrated to the Boston Metropolitan area from the Dominican Republic in 2006, works in a beauty salon, and earns about \$13,000 annually.**

**Figure 1: First-Generation Dominican Migrant Residing in Metropolitan Boston**



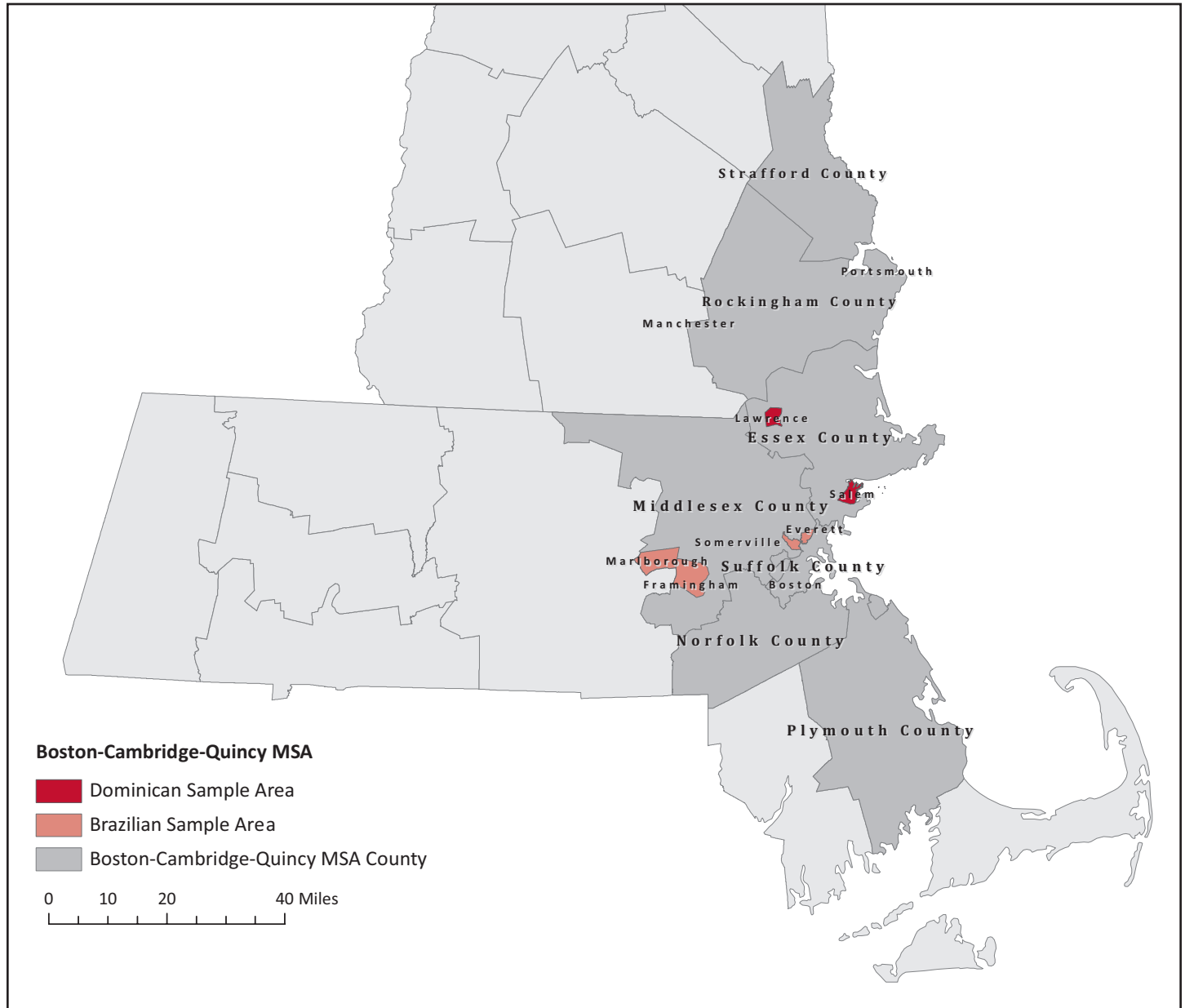
**Lino and Ana Matos migrated to Metropolitan Boston from the Dominican Republic two decades ago. They have had three daughters since arriving, and earn about \$28,000 annually as maintenance workers.**

**Figure 2: First- and Second-Generation Dominican Family Residing in Metropolitan Boston**



Several of the most important scholarly books on Dominican migration to the United States during the past two decades – *Between Two Islands: Dominican International Migration* by Sherri Grasmuck and Patricia Pessar, *The Transnational Villagers* by Peggy Levitt, *The Mobility of Workers in Advanced Capitalism: Dominican Migration to the United States* by Ramona Hernández, and *Dominican-Americans and the Politics of Empowerment* by Ana Aparicio – illustrate this.<sup>6,28-30</sup> *Permanently Temporary?* represents a first step toward filling this information gap.

The primary purpose, then, of this *statistical* community-based participatory research (CBPR) report<sup>31-36</sup> is to provide migrants, community-based organizations, policymakers, foundations and researchers with a baseline assessment of, and analytical framework for understanding, the health and socioeconomic well-being of Dominican migrants residing in the *Boston-Cambridge-Quincy Metropolitan Statistical Area* (BCQ-MSA). We employ the *2007 Boston Metropolitan Immigrant Health & Legal Status Survey* (BM-IHLSS) data that were collected from the BCQ-MSA (Figure 3) and U.S. Census data to do this.



**Figure 3: Seven-County Boston-Cambridge-Quincy Metropolitan Statistical Area (BCQ-MSA)**

### ***Why Study Dominican Migrants in the Boston Metropolitan Area?***

Let's begin by noting that there are at least two reasons why we should not be surprised if community leaders, policymakers or migrants themselves doubt the potential benefits of studying legal and unauthorized migration statistically. First, extended post-September 11<sup>th</sup>, 2001 Department of Homeland Security immigration interior enforcement efforts that were touted as primarily pursuing “dangerous immigrant . . . criminals and terrorist suspects” increasingly sought and arrested migrants with no criminal record or deportation order beginning in 2006<sup>37</sup> – one year before the BM-IHLSS was implemented. Second, even migration scholars sometimes seem to be unaware that credible

demographic methods for studying migrants by legal status – either indirectly at the national level<sup>22,38</sup> or directly at the individual or household level within particular metropolitan areas<sup>23,24,39</sup> – have existed for almost three decades.<sup>40</sup>

Despite such misgivings or ignorance; however, we should remember a point made by economist John Kenneth Galbraith in the 1950s and paraphrased a decade later in the first systematic report of U.S. census coverage of racial minorities: “societies never really become effectively concerned with social problems until they learn to measure them.”<sup>41: iii</sup> Migrant communities, community leaders, policymakers, and others may be concerned about illegal migration or lower-skilled migrants, but without credible estimates of their numbers at the local or regional level, their socioeconomic effects, and their health and integration in the United States, it is difficult to discuss the subject responsibly.

But how does one measure the integration and effects of a vulnerable or temporary migrant group statistically if, as some scholars of Dominican migration suggest, it is difficult to identify sufficient numbers?<sup>28: 58</sup> As we show below, it is possible to collect representative information – some of it quite personal and sensitive – from a sufficient number of both legal and unauthorized Dominican migrants. In our view, the explicit or tacit assumption that it is not possible because Dominican migrants are transnational or temporary is a consequence of misplaced fear, a methodological preference for stories rather than statistics, or limited resources rather than the absence of an adequate survey methodology.

There are at least four good reasons why it is important to study Dominican migration in the BCQ-MSA. First, in 2007 (the most recent year for which U.S. Census data are available) Massachusetts represented the fourth largest state-level concentration of foreign-born Dominicans in the United States (trailing New York, New Jersey and Florida) and the BCQ-MSA was home to the third largest metropolitan concentration (after the New York-Northern New Jersey-Long Island and Miami-Fort Lauderdale-Pompano Beach MSAs). There were an estimated 56,000 foreign-born Dominicans in Massachusetts in 2007 (constituting 12 percent of Dominican migrants in the USA), and about 50,000 who were residing in the BCQ-MSA. In other words, we are now able to study Dominican migration by legal status in a cost effective manner in the BCQ-MSA because studying a population statistically requires that its members are relatively numerous and concentrated geographically.

Large-scale Dominican migration to the United States began in 1962 following the assassination of Rafael Leónidas Trujillo (whose dictatorship was in power from 1930-1961). The Dominican population had increased 70 percent during Trujillo’s reign, largely as a result of policies he introduced to systematically encourage childbirth and immigration from Europe while simultaneously shutting down opportunities for emigration from the Dominican Republic.<sup>42</sup> Trujillo’s fall was followed by a democratic revolution that was quickly quashed by the United States, which invaded in 1965 and backed President Joaquín Balaguer (1966-1978). Fallout from the revolution combined with the easing of emigration restrictions led to a rapid increase in migration to the United States.<sup>28</sup> Balaguer’s government, in line with austerity measures supported by the International Monetary Fund, pursued an industrialization development policy that led to higher unemployment and economic crisis in a Dominican Republic that had recently seen its population more than double. Regardless of whether one emphasizes these political or economic circumstances, Hernández (2002) argues that it is important to acknowledge that Dominican migration to the United States is not simply the sum of many past individual spontaneous decisions, but “well-orchestrated” by Dominican and U.S. government policies.<sup>6: 9</sup>

Scholars considering how well Dominican migrants – legal and unauthorized – have been integrating socioeconomically in the United States may be usefully separated into two camps. The first maintains that Dominican migrants have primarily come from urban middle-class backgrounds in the Dominican Republic, and even when not successful in U.S. secondary labor markets as wage earners, have often become entrepreneurs in the so-called enclave economy.<sup>43</sup> This has been the dominant perspective regarding Dominican migrants in the United States, and its optimistic perspective has typically rested on comparisons with home- rather than host-country economic opportunities and outcomes.<sup>28,44-48</sup> For purposes of this report, we will call this the “upwardly mobile” migrant model. Alternatively, a second view suggests that adjusting to life in the United States socioeconomically is not always easy and many Dominican migrants do not do so successfully. Instead, there is empirical support showing that some Dominican migrants remain poor even after decades of residing in the United States, and that self-attributions of “middle-class” may not always be based on objective circumstances.<sup>6,49,50</sup> Sociologist Ramona Hernández, in the most recent and comprehensive treatment of this debate, argues that the dominant “perception of migratory movement” is distorted and in need of correction. We will call this second view and that which she supports the “immobility” migrant model.

Another topic related to socioeconomic integration is whether Dominican migrants will settle permanently in the United States or return to the Dominican Republic after years of limited or upward economic mobility. There seems to be little debate concerning this. Most observers claim that Dominican migrants engage in “circular migration” between the Dominican Republic and the United States<sup>51</sup> regardless of their economic mobility in the latter, and are thus “sojourners,”<sup>52</sup> “transnational villagers,”<sup>29</sup> or simply living “between two islands.”<sup>28</sup> While it is sometimes possible to analyze migrants’ actual migration histories to assess whether they tend to settle in the United States permanently, return to the Dominican Republic, or remain sojourners throughout their entire lives, researchers must rely on stated intentions to get a sense of how current U.S. migrant residents may behave in the future. Furthermore, research has shown, at least for the largest migrant group in the United States (Mexicans), that the intention to remain in the United States (settle permanently) is a function of both home and host country factors that may change throughout the life cycle and over time.<sup>53</sup> But more on this later – for now we simply note that Dominican migration to the United States has become sufficiently large, socioeconomically diverse, and geographically concentrated enough to study whether any stereotypical view of their likely integration is valid.

A second reason it is important to study Dominicans in the BCQ-MSA emanates from the claim that Dominican migrants are an important part of New England’s regional economy. As we shall see, Dominican migrants represent the second or third largest foreign-born group (trailing only Chinese and perhaps Brazilian migrants), and are employed in many jobs that are unattractive to most other workers, in the BCQ-MSA.

Third, unlike the other country of origin included in the BM-IHLSS (Brazil) or that most often studied (Mexico), the Dominican Republic is not among the top-10 countries in the world which send unauthorized migrants to the United States. Thus, their health and

relative socioeconomic integration in the BCQ-MSA will serve as an important comparison because, among other reasons, they are likely to have a relatively low proportion of unauthorized migrants.

And lastly, Dominican migration is an attractive subject for research in the area of long-term migrant integration precisely because Dominicans are a relatively new migrant group suspected of being poorly prepared for higher paying/status jobs in the United States – despite having a low proportion who are unauthorized to reside in the United States. “Integration,” it is important to remember, affects more than migrants and their immediately family members. How well newer migrants integrate will also influence the well-being of U.S.-born residents of the United States precisely because the former are likely to fill many lower-status jobs and augment tax revenues that will be necessary to serve an aging U.S.-born population.<sup>54</sup>

In summary, it is important to study Dominican migration in the BCQ-MSA because (1) Dominican migrants are increasingly concentrated there, (2) it is important to know whether they are complementary or competitive in the regional labor market, (3) although relatively few are likely to be unauthorized residents, they are thought to have low levels of educational attainment, and (4) whether they are integrating successfully in the region may provide valuable insight into factors influencing the likely socioeconomic trajectory of other recent migrant groups. Netty, Lino, and Ana (pictured in Figures 1 and 2 above) provide clear examples of how Dominican migrants may have resided in the United States for up to 20 years, may have been doing necessary work which many other residents of the BCQ-MSA dislike, and still struggle to make ends meet. But do these stories reflect what the average Dominican migrant experiences? Data representing all foreign-born Dominicans in the region, such as those discussed directly below, are required to draw any firm conclusions concerning economic mobility and labor market complementarity on a wider scale.

### **The 2007 Boston Metropolitan Immigrant Health & Legal Status Survey (BM-IHLSS)**

The purpose of the Boston Metropolitan Immigrant Health & Legal Status Survey (BM-IHLSS) project – funded by the National Institutes of Health (NIH), the University of Massachusetts Boston (UMASS Boston), and the Blue Cross Blue Shield of Massachusetts Foundation (BCBSMF) – was to collect the first representative individual-level data from legal and unauthorized Brazilian and Dominican migrant families residing in the seven-county region to study how household environment, neighborhood/geographic context and broader social networks influence economic well-being and health behaviorally (e.g., diet, exercise, sleep, access to care) and physiologically (e.g. stress). The BM-IHLSS was implemented from June-September 2007 and is a statistical community-based participatory research (CBPR) project led by Professor Enrico Marcelli in collaboration with two organizations serving migrants in the region (the Brazilian Immigrant Center and the Dominican Development Center) and several colleagues from Harvard University’s Medical School and School of Public Health, and from UMASS Boston’s Center for Survey Research. We collected self-reported (1) migration, (2) socioeconomic status, (3) social capital, (4) health, and (5) sociopolitical identity data – as well as various bioindicators of health (e.g., blood levels of glycosylated hemoglobin HbA<sub>1c</sub>, C-reactive protein, Epstein-Barr virus, and cotinine; blood pressure, height, weight) from 307 Brazilian and 299 Dominican migrant households. The data also include information about 74 (120) randomly selected children of our adult Dominican (Brazilian) respondents. Furthermore, these data have been linked to U.S. Census Summary File 1 (SF1), National Center for Charitable Statistics (NCCS), and Massachusetts Geographic Information System (MassGIS) data at the census block level to enable researchers to study how neighborhood context and proximity to non-profit organizations (e.g., clinics, hospitals) may influence migrant health and economic well-being.

The BM-IHLSS builds on the first two probability household sample surveys of migrants by legal status in the United States – the 1994 and 2001 Los Angeles County Mexican Immigrant Legal Status Surveys (LAC-MILSS) – in at least four ways.<sup>25,55</sup> First, it extends our community-based migrant health and legal status survey methodology<sup>31,32,56</sup> to two U.S. migrant groups for whom representative health and legal status data, as far as we are aware, have never been collected. Second, it extends our methodology to another U.S. metropolitan area in which it has never been employed. Third, our decisions regarding the type and number of health questions to be included in the BM-IHLSS survey instrument were greatly influenced by national level surveys (e.g., Behavioral Risk Factor Surveillance System, National Health and Nutrition Examination Survey, National Health Interview Survey, General Social Survey) as well as recent developments in social epidemiology,<sup>57-59</sup> and are thus much improved compared to those in our 1994 and 2001 LAC-MILSS. And fourth, the BM-IHLSS is the first statistical migrant survey project in which both subjective and biological (e.g., blood droplets, saliva, blood pressure, height, weight) data were collected along with legal status data. This addition to our earlier work in Los Angeles County is made possible by recent advancements in the field of “biodemography” – that is, in the ability of non-medically trained interviewers to collect biological data as part of a random household survey.<sup>60-62</sup>

### **Costs and Benefits of Statistical Community-based Participatory Research**

There are numerous factors and potentially conflicting interests that have to be considered if a *statistical* CBPR project like the 2007 BM-IHLSS is to succeed.<sup>31,63</sup> It is important to define what is meant by each of these terms, however, before discussing any potential costs and benefits. The most difficult term to define is that which some groups and scholars reify in principle but rarely discuss openly or attempt to measure – *community*. Although there is no agreed-upon definition, we adopt what many think the term implies – “that there are relationships between a group of people, usually in a certain locale, that go beyond casual acknowledgement . . . [and that] the group shares some common goals, values, and, perhaps a way of life that reinforce each other, creates positive feelings, and results in a degree of mutual commitment and responsibility.”<sup>64: 11</sup> Such a definition is not conceptually distant from, but more specific than, that of *culture* – “the nongenetic spreading of habits and information.”<sup>65: 30</sup> Dominican migrants are not generally viewed as having a strong sense of community compared to various other ethno-racial-nativity groups. However, as noted several times already, whether this is true requires an analysis of representative data. *Community-based* thus intimates that a research project is focused on a particular group of people residing in a particular place and

that group members will have a direct influence on the kinds of questions being asked, who will ask them, how they will be asked, and in what ways the information gathered will be presented. A statistical CBPR project is *participatory* in that it is institutionally inclusive – inviting and incorporating the interests and expertise of both academics and community members. Typically, group members are both directly involved and represented by various leaders of community-based organizations (CBOs) such as the Brazilian Immigrant Center and the Dominican Development Center (our community partners in this project). The BM-IHLSS, then, is a statistical CBPR project in that it intentionally embraced a “collaborative approach to research that equitably involves . . . community members, organizational representatives, and researchers in all aspects of the research project.”<sup>32,66</sup>

There were several costs associated with adopting a *statistical* CBPR approach – that is, based on the principle that every Dominican migrant in our BM-IHLSS sample had a known (but not necessarily equal) probability of being selected. First, it took approximately five years and many meetings for the principal investigator of the project and the directors of our two CBOs to develop a working partnership that became a successful collaboration, and to obtain funding for the project. While some community leaders working with immigrants understand the importance of having credible statistics for estimating the U.S. Census undercount of migrants, for estimating their labor market outcomes, etc., few know that it is possible to collect legal status and other sensitive data ethically and without harming respondents. In short, it takes a considerable amount of time and patience to carry out an authentically statistical CBPR project. Second, although we began this project hoping to include two other CBOs working with migrants from El Salvador (Concilio Hispano) and Haiti (the Haitian Multi-Service Center), in the end we had to make the difficult decision to focus only on the two Latin American migrant groups with the largest numbers in the BCQ-MSA. Unfortunately, the cost of statistical research is inversely related to the size and geographic concentration of the group being studied, and we could not obtain sufficient funding to study all the groups we had hoped. In other words, not only did we as researchers need to select two CBOs that we felt were respected by the communities they served and had the capacity to participate in a statistical survey, but we also had to exclude several CBOs with which we had worked and which we had hoped could be a part of this project. Third, CBOs working with migrants are often operating on shoestring budgets to meet basic needs, and taking the time to meet with researchers who may be planning to collect and use data for strictly academic purposes sometime in the future may be perceived as wasteful. That time could perhaps be used more effectively doing the pressing work required of CBOs in an era of government fiscal devolution and increased Department of Homeland Security domestic immigration enforcement. But the same is often true for academics. Professors and students are typically rewarded for writing and publishing peer-reviewed academic articles or term papers, getting good grades, etc. within one academic semester or year. Working with a community group with varying levels of intensity for half a decade to collect data that will produce reports and articles years later is not usually encouraged or highly regarded – especially for graduate students and junior faculty. Fortunately, some funders and senior scholars understand the value of and support such work.

What then are the benefits of our statistical CBPR project? The first is the potential to provide a demographic and economic profile of Dominican migrants that is representative of all Dominicans residing in the BCQ-MSA. A statistical approach also allows researchers to be explicit about sampling and interviewer errors that are unfortunately a part of any qualitative or quantitative study. In other words, we are able to report how statistically credible our results are, and ask readers to decide for themselves whether they agree with our reported findings. Although Dominican migrants in the United States have been well studied using nonprobabilistic research methods<sup>28,29</sup> and publicly available statistical data<sup>6</sup> – especially in Boston and New York City – it is not the case that they have been studied in a way that permits one to make generalizations about the health and integration of all Dominicans living in any city, metropolitan area, state or region. Dominicans, in this sense, have not been studied at all. Second, a project that relies heavily on members of the group being studied necessarily offers opportunities for learning and institutional capacity building. For example, we trained and paid approximately 50 Brazilian and Dominican students and community members to be interviewers for the BM-IHLSS project. And in addition to almost all of them receiving a letter of recommendation for jobs and university applications after the project was completed, the Brazilian Immigrant Center benefitted by having two participating graduate students become board members, and another who became a staff member. The Dominican Development Center is receiving assistance with developing their website, and has augmented their technical capacity to do research by participating in this project and having a report to use for future organizing and fundraising efforts. Researchers and the universities for whom they work also benefit. Researchers learn first-hand about the migrants they are studying and whether a statistical approach and the kinds of questions that are being contemplated are culturally appropriate. Universities benefit by having their students and faculty engaged in studying issues that are important to surrounding communities. Lastly, residents of the broader BCQ-MSA may benefit by gaining access to systematic evidence regarding barriers and sources of migrant access to medical care, labor market opportunities and other important regional issues that lends itself to policy interventions.

In sum, although a statistical CBPR project requires years of collaborative preparation, the exclusion of some migrant groups that desire statistical information about their members, and in which participants invest time that could be spent engaged in activities with more immediate payoffs – it also provides a representative portrait of the group being studied, participants (both individuals and institutions) gain valuable experience and broaden their social networks, and findings can inform CBOs and policymakers about where it might be possible to intervene to improve the lives of migrants and their prospects for future socioeconomic integration.

## Report Outline

This report is separated into three core sections. The first is entitled *Legal and Unauthorized Dominican Migration to the Boston Metropolitan Area* and discusses how many foreign-born Dominicans reside in the BCQ-MSA and the nativity of their children. Perhaps our most encouraging finding is that although the estimated number of foreign-born Dominicans residing in metropolitan Boston according to 2007 U.S. Census American Community Survey (ACS) data is 22 percent lower than our best BM-IHLSS estimate (64,000 versus 50,000), this difference is not statistically significant at the 90 percent confidence level. We also discuss the Dominican provinces in which migrants were



born, why they migrate, the number of legal and unauthorized Dominican migrants, and how long they are likely to stay in the United States. Importantly, only a small fraction (eight percent) of foreign-born Dominicans is estimated to have been unauthorized residents.

The second section, *Dominican Migrant Family, Work, and Economic Well-Being*, goes beyond how many Dominican migrants reside in the BCQ-MSA by considering their age composition, the proportion that is female, marital status, and whether they own the homes in which they live. We also estimate their educational attainment and English-speaking ability, and investigate how these may influence the occupations and industries they fill, and how much they earn. Lastly, we report findings regarding various other financial behaviors such as paying income taxes, using public assistance, banking, and sending money home to relatives; and we discuss how much access Dominican migrants have to information and transportation technologies from home. The most important finding in this section is that the majority (84 percent) of Dominican migrant men and women are in the prime of their working years (age 20-54 years) and most do work that other Boston residents would prefer not to do. In the language of labor economics, Dominican migrant workers are more likely to be complements rather than substitutes in the regional economy. In the language of sociology, there is considerable occupational segregation. Such geographically concentrated occupational and skills complementarity is an important ingredient for a healthy future regional economy.<sup>36,67</sup> And an equally important finding is this labor market complementarity appears to be underestimated using 2005-2007 American Community Survey (ACS) census data.

The last section of the report, *Dominican Migrant Health and Socio-political Integration*, asks whether Dominicans have access to health insurance and medical care, how healthy they are, and whether they participate in social, religious and political activities. There are three noteworthy findings from this section to mention by way of introduction. First, consistent with past research on Mexican and other Latino migrant groups, higher proportions of unauthorized and male Dominican migrants are estimated to lack health insurance compared to their legal and female compatriots. Second, also largely consistent with most past estimates of the health of Mexican migrants in the United States, Dominican migrants appear to be healthier than U.S.-born residents across a wide array of *physiological* health measures; however they are less healthy on measures of psychological well-being, reporting lower rates of happiness and general health and higher rates of psychological distress than other U.S. residents. Additionally, because recent migrants are younger than the U.S. adult population on average, some have argued we need to focus attention on the former's health behaviors and bioindicators of health.<sup>60,68</sup> Studying bioindicators of health is beyond the scope of this report, but we should note that on at least some health behaviors Dominican adults are faring worse (e.g., access to insurance and care, smoking, alcohol consumption). Third, Dominican migrants tend to have relatively low rates of civic participation as typically defined by political scientists (39 percent the year prior to the survey) with religious involvement accounting for the largest proportion of those who did participate in some organization. This low civic participation rate corresponds with the low level of trust Dominican migrants have in the U.S. government in particular, with only 23 percent indicating that they trust the U.S. government to do what is right most of the time.



## II. Legal and Unauthorized Dominican Migration to the Boston Metro Area

### Dominicans in the Boston-Cambridge-Quincy MSA according to U.S. Census Data

Dominicans began migrating to the United States – most often to New York City – in the early 1960s,<sup>6,28,29</sup> and their representation among foreign-born residents in the seven-county Boston-Cambridge-Quincy, MA-NH Metropolitan Statistical Area (BCQ-MSA) has increased somewhat steadily since the early 1980s. During the 2000s, for instance, as the entire BCQ-MSA foreign-born population declined from approximately 721,000 to 714,000, Dominican migrants have remained the second or third largest foreign-born migrant group (Figure 4) – depending on whether one compares 2000 U.S. Census Summary File 3 (SF3) estimates to the 2007 or earlier American Community Survey (ACS) data.

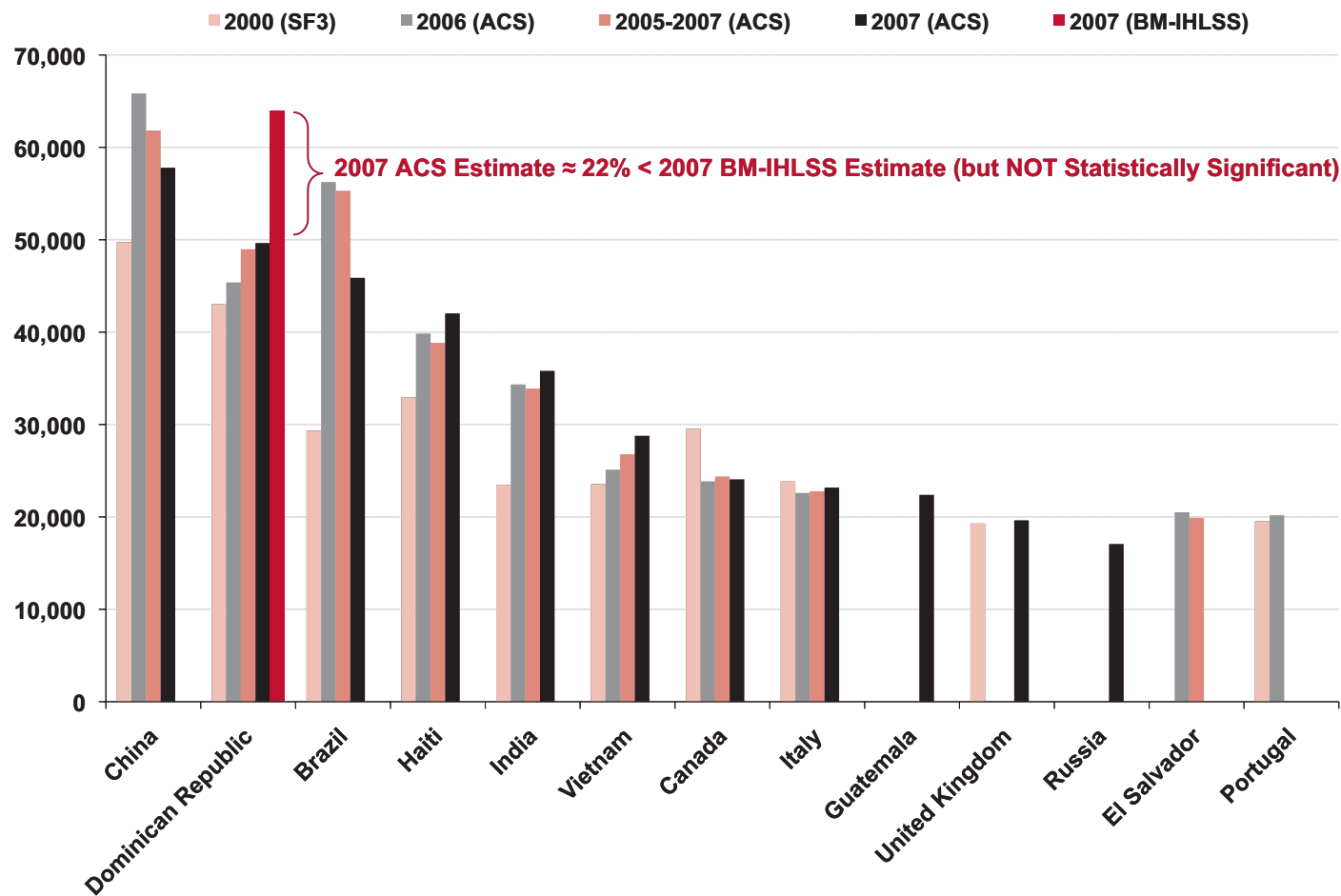


Figure 4: Top 10 Migrant-Sending Nations, BCQ-MSA, 2000, 2006, & 2007

This simultaneous rise in Dominican migration and fall in total migration (as well as total population without counting in-migration) during the 2000s has stimulated considerable discussion concerning the effects and integration of immigrants in New England.<sup>6,29,30,69,70</sup> Indeed, the BCQ-MSA is officially estimated by the U.S. Census Bureau to have been home to 49,645 (+/- 4,663) Dominican migrants in 2007 – a figure that is only slightly (albeit not statistically) higher than the 2006 ACS estimate of 45,379 and the 2005-2007 ACS “period” estimate of 48,966, yet higher than all other metropolitan areas in the United States except for the New York-Northern New Jersey-Long Island, NY-NJ-PA and Miami-Fort Lauderdale-Pompano Beach, FL metropolitan statistical areas based on our analysis of the 2007 ACS data. At the state level, Massachusetts’ foreign-born Dominican population rose from an estimated 46,700 in 2000 to 56,500 in 2007 (representing 7.4 percent or almost one of every 14 Dominican migrants in the United States). Only New York (with almost 410,000 foreign-born Dominicans or 53 percent of all those residing in the United States), New Jersey (with about 104,000 or 13.5 percent of residing in the United States), and Florida (with about 90,000 or 12 percent of residing in the United States) were home to more Dominican migrants in 2007. Analysis of the U.S. Census 2005-2007 ACS “period” data rather than the 2007 “point” estimate suggest similar metropolitan and state-level rankings that are consistent with other demographers’ work.<sup>3,5,71</sup>

Although most studies have focused on New York or Boston and suggest that economic and political motivations beginning in the early 1960s initiated, and socioeconomic interests continue to sustain, Dominican migration to the United States, there has been scant quantitative research that has investigated the relative influence of the eight major competing theories of international migration. Factors that may drive or sustain migration include: (1) a desire to raise individual wages, (2) an effort to strengthen household economic security, (3) a response to chronic U.S. demand for labor, (4) a response to global political-economic dislocations and opportunities, (5) an attempt to tap into interpersonal networks, (6) an attempt to benefit from private and public institutional assistance, (7) a response to changing incentives due to “cumulative causation,” and (8) a response to existing migration system incentives.<sup>53,72-74</sup> By “cumulative causation” scholars mean those circumstances and conditions that have changed partly as a result of previous migration and which continue to influence current decisions to migrate. For example, in the opening paragraph of their well-known book entitled *Between Two Islands*,<sup>28</sup> Grasmuck and Pessar (1991) tell the story of how five members of the Molina family came to live in New York City beginning in 1965. Specifically, the first to migrate (Rafael) did so after protesting during the 1963 military coup and becoming sickened by the conditions under which poor children in the Dominican Republic were living. His reasons were political and economic. His high school sweetheart (Mercedes) did not migrate until after they were married a year later (in 1966), and his mother (Gertrude) migrated only after they had two children and Rafael’s father died in 1970. Their reasons for migrating to the United States were clearly tied to their relationships with Rafael. By 1980 one of Rafael’s brothers (Tomás) was struggling to make ends meet in the Dominican Republic and Rafael sponsored him to come to the United States. The following year Gertrude sponsored her third son and Rafael’s youngest brother (Carlito) to migrate so he could attend college and secure a professional job. While political and economic motivations initiated the migration of the Molina family, family-based social networks were certainly key to three generations of the Molina family eventually settling in New York City. This is cumulative causation as applied in the field of migration studies – more migration occurs when the decisions of others alter the environment in which migration decisions are being made.

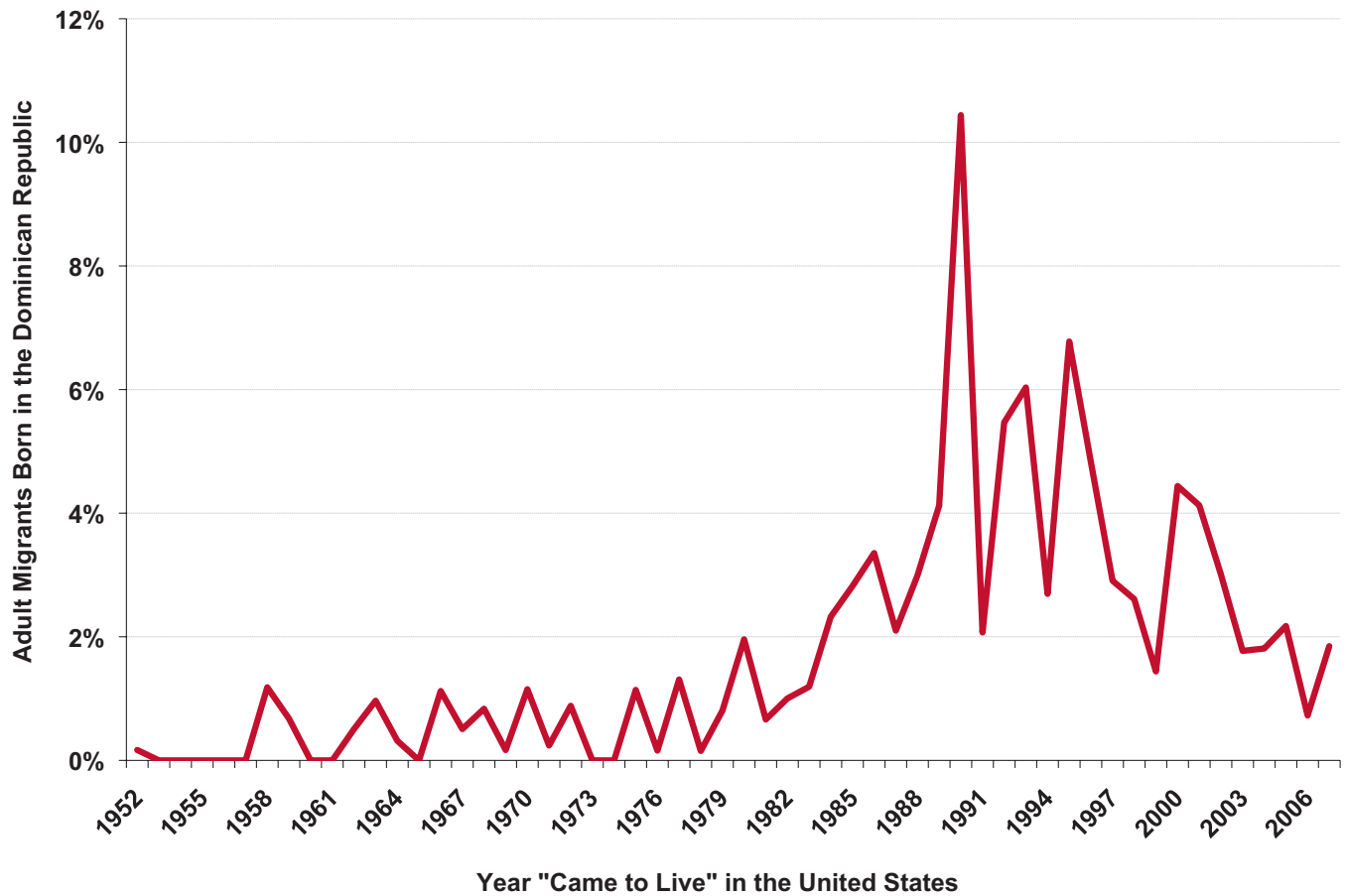
Whatever the main reason(s) for contemporary Dominican migration to the United States, we should point out that the estimates just presented above, although obtained from official U.S. Census data, exclude unknown numbers of authorized immigrants and unauthorized (what others sometimes term illegal, undocumented or irregular) migrants.<sup>39</sup> Consequently, any findings from studies investigating factors influencing migration made from U.S. Census data should be embraced cautiously.

Demographic studies of the number of legal *and* unauthorized migrants residing in the United States since the late 1970s have been of two types. First, some offer nation-specific aggregate estimates by U.S. state of residence that preclude the possibility of examining factors influencing individual migration decisions or well-being.<sup>22,75,76</sup> Second, other studies provide individual-level estimates of one or more Latin American migrant groups in one or relatively few geographic areas that permit researchers to investigate various factors that may influence a myriad of migrant economic and health outcomes.<sup>25,55,77-79</sup> The Boston Metropolitan Immigrant Health & Legal Status Survey (BM-IHLSS) falls into the latter group of studies and offers the first representative economic and health data for individual Dominicans residing anywhere in the United States that permit such an analysis.

### **Diverging Estimates of Dominican Migrants in a Continuous Immigrant Gateway?**

Below we consider (albeit only descriptively) how important the eight theories of international migration mentioned above have been for recent Dominican migrants residing in the BCQ-MSA, the main metropolitan area in New England that is considered to be one of nine “continuous” (rather than former, post-World War II, emerging, re-emerging, or pre-emerging) immigrant gateways in the United States.<sup>80</sup> Other such gateways are located in New York, San Francisco and Chicago; and Figure 5 suggests that the flow of Dominican migrants into the BCQ-MSA gateway, although a mere trickle until the mid-1980s, began to rise noticeably by the late-1990s. Given that Dominican-U.S. migration has risen and economic circumstances have fluctuated since the 1950s, it is reasonable to hypothesize that more than economic factors influenced migration behavior.

The so-called “profit” motive, of course, has a long history of enticing mass migrations to various regions of what now constitutes the United States. One of the earliest recorded (and often erroneously attributed to the singular pursuit of religious freedom) included some 20,000 Puritans who landed in Massachusetts within one decade – between 1630 and 1640.<sup>81-84</sup> The colonist and Dominican examples, taken together, intimate that economic push and pull factors have influenced past and recent migration decisions. But as we shall see below, like Brazilian, Mexican and various other relatively recent U.S. migrants,<sup>72,73</sup> Dominican migrants are also likely to be drawn to the BCQ-MSA for interpersonal reasons.



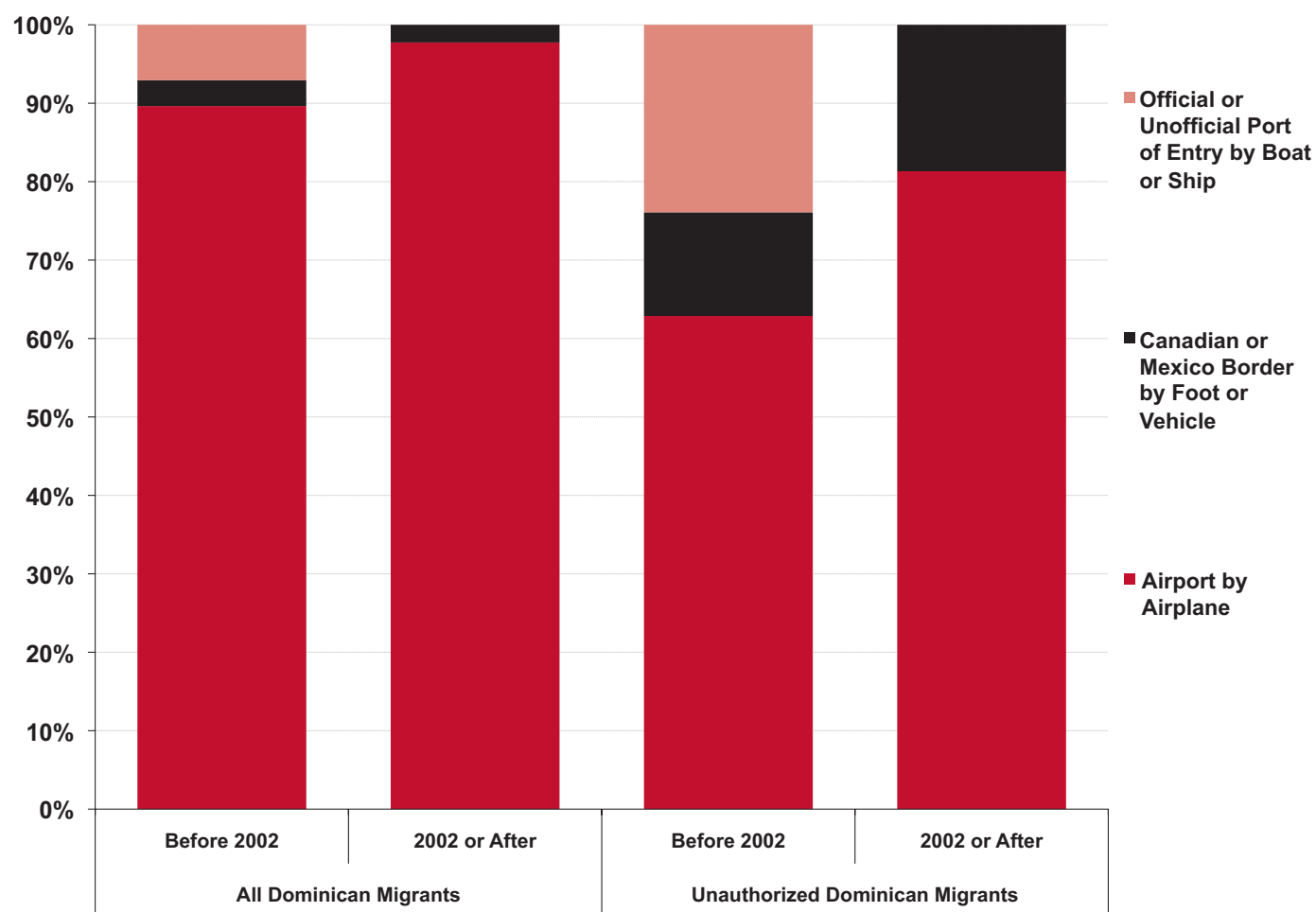
**Figure 5: Dominican Migration to the BCQ-MSA, Adults, 1952-2007**

Lending further support to the notion that interpersonal networks may be important for understanding migration to the United States is the fact that Dominican migration to the BCQ-MSA has continued despite recent increased U.S. Department of Homeland Security (DHS) interior enforcement efforts. For instance, in addition to post-September 11<sup>th</sup>, 2001 restrictionist immigration sentiment expressed by various federal agencies under the Bush administration; state and local anti-solicitation ordinances, enforcement of federal immigration laws, and employment verification requirements have risen dramatically since 2005.<sup>85</sup> Importantly, beginning in 2006, DHS interior enforcement efforts targeted many migrants who did not have a criminal record, and in some cases did not even have deportation orders, despite the fact that the stated purpose of increased enforcement funding was to search for foreign-born criminals and terrorist suspects.<sup>37</sup> To be fair, given that the proportion of foreign-born Dominicans who are unauthorized U.S. residents is likely to be small, the interpersonal network explanation for the continuous rise of Dominican-U.S. migration is implicated more by changing economic circumstances rather than U.S. immigration enforcement efforts. Interpersonal networks are also likely to be important for understanding whether migrants decide to leave the United States eventually, but return migration (or emigration) is difficult to study because the U.S. government stopped collecting data on this in the late 1980s.<sup>86</sup> In future work; however, we hope to investigate this for relatives of Brazilian and Dominican migrants residing in the BCQ-MSA who are included in our 2007 BM-IHLSS data.

How Dominicans enter the United States differs somewhat from other migrants, and this is determined in large measure by source-country circumstances and existing host-country immigration policies. For instance, although Chinese migration to the United States became illegal in 1875, this restriction was only gradually and indirectly applied to Mexican and other migrants with the termination of the Mexico-U.S. labor program in 1964 and the establishment of a 20,000 person annual cap (in 1972) on the number of migrants who could enter legally from any one nation. Simply put, the annual cap generates pressure for illegal immigration from certain nations by ignoring source-country demographic and economic circumstances and source-country geographic proximity to the United States.<sup>87</sup>

As we can see from Figure 6, whereas approximately 90 percent of all Dominican migrants residing in the BCQ-MSA in 2007 had arrived by plane, seven percent had crossed the Canada-U.S. or Mexico-U.S. border by foot or vehicle, and three percent entered by boat or ship through an official or unofficial port before the September 11, 2001 attacks. After 9-11 there was a noticeable shift. Specifically, from 2002 forward no Dominicans who entered did so by boat or ship, a slightly lower proportion did by foot or vehicle, and fully 98 percent did by plane. Although the shift away from water entry (from 24 to zero percent) and toward plane use (62 to 81 percent) was even more extreme for unauthorized Dominicans, their entry across the Mexican border actually rose from 13 to 19 percent. The findings for

unauthorized Dominicans; however, should be taken with a grain of salt because the BM-IHLSS data include relatively few unauthorized Dominicans who arrived after 2001. Nonetheless, it seems likely that airports remained the main point of entry for legal and unauthorized Dominican migrants who settled in metropolitan Boston. We are less certain whether unauthorized Dominicans became more likely to enter by land rather than sea, however.



**Figure 6: Dominican Migration to the BCQ-MSA by Mode and Period of Entry, 1952-2007**

Before turning to a consideration of Dominican province of origin, the reasons Dominican migrants report for why they came to the United States or the BCQ-MSA, and how long they intend to reside in the USA, a word concerning how many Dominican migrants may be missed in U.S. census statistics such as those produced from the ACS data is warranted.<sup>88-90</sup>

Demographers who study census “coverage error” agree that larger proportions of unauthorized migrants are missed in U.S. Census counts compared to their legal compatriots<sup>12,76,91,92</sup> – but contrary to popular perception, perhaps not much larger. In fact, the only survey-based estimates currently available suggest that less than eight percent of authorized immigrants were missed in the 2000 U.S. Census and less than 12 percent of unauthorized residents were missed.<sup>76,92</sup> These figures, however, are for foreign-born Mexicans who were residing in Los Angeles County in 2001 only, and almost nothing is known about how many legal and unauthorized migrants from other nations are missed. Still, relatively recent studies by leading demographers who study census coverage error in the United States assume similar or lower undercount rates by legal status for national level estimates regardless of national origin.<sup>40,76</sup> And even the Home Office of the United Kingdom, we recently learned, employ a 10 percent undercount estimate – what we found for Mexican migrants in Los Angeles County – to all foreign-born migrants in the UK.<sup>93</sup>

Our 2007 BM-IHLSS data permit the first survey-based statistical estimates of the number of legal and unauthorized Dominican migrants residing in the BCQ-MSA, and as noted earlier, anywhere in the United States. Although some migration scholars doubt the feasibility of collecting credible individual-level legal status information from migrants directly<sup>12,17,94,95</sup> – the statistical community-based survey methodology designed and implemented by demographers David Heer and Enrico Marcelli in collaboration with other colleagues from the University of Southern California and El Colegio de la Frontera Norte (COLEF) in 1994 has become the standard methodology for doing so in the United States.<sup>25,40</sup> Indeed, a number of other research teams have adopted this or a similar methodology to investigate how legal status influences economic and health outcomes.<sup>26,32,55,78,79,96-99</sup> The other leading (“residual” or “composite”) legal status estimation methodology was also introduced by David Heer and provides valuable national- and state-level estimates of unauthorized migrants, but does not provide data that can answer many questions important to policymakers, researchers and community groups.<sup>22,24,26,40,75,76,91,100</sup>

What is the effect of unauthorized legal status on labor market outcomes, access to medical care, and public assistance use? Such questions require individual-level legal status information that only carefully designed and implemented community-based surveys can provide. Still, non-response rates for household surveys (not to mention those which include unauthorized and other minority members) have historically been higher than demographers would like. Non-response rates for the annual 2003-2009 American Community Survey, for instance, which collects data by mail, telephone and face-to-face personal interview in the home (that is, using multiple modes), varies between 30 and 60 percent depending on survey area.<sup>101</sup>

Although non-response rates for our 1994 and 2001 household surveys of legal and unauthorized Mexican migrants residing in Los Angeles County<sup>55</sup> were considerably lower (roughly 33 percent) than the 58 (56) percent rate we've computed for the Dominican (Brazilian) migrant component of the 2007 BM-IHLSS, there is at least one plausible explanation for this. During the second week of interviewing the Department of Homeland Security's Immigration and Customs Enforcement (ICE) opened an office in Marlborough, Massachusetts – one of six municipalities in which we were surveying. While one might not expect this event alone to influence Dominican migrant willingness to participate given an estimated low proportion of unauthorized residents, ICE raids on various employers in the region in the months preceding this were widely publicized by the media and discussed within various migrant communities.<sup>102</sup> Importantly, past evidence suggests that authorized migrants may become more isolated socially in response to efforts to crack down on illegal immigration,<sup>103</sup> and it is not unreasonable to think that this has occurred in the post-September 11<sup>th</sup>, 2001 period.

Collecting data from an economically or socially vulnerable migrant population is always difficult, so we were unsurprised to learn that we had successfully screened only about two-thirds (67 percent) of the households that we determine had at least one resident (771/1,152), and that we had collected data from about two-thirds (64 percent) of these (299 of 471 households that had at least one foreign-born Dominican adult resident). Multiplying these two numbers produces a response rate of 42 percent. Although our 58 percent non-response rate is higher than we would have liked, it is not without credible explanation nor is it unusual for surveys of relatively vulnerable foreign-born populations. The first probabilistic sample of legal and unauthorized migrants in the United States of which we are aware, for instance, was implemented in 1980-1981 in Los Angeles County (the "Los Angeles County Parents Survey") and had an overall non-response rate of 50 percent.<sup>23:96</sup> This project was implemented during a time of increasing concern about unauthorized migration, but not after a foreign attack on U.S. soil nor during heightened homeland security enforcement.

With this in mind, analysis of the weighted 2007 BM-IHLSS and U.S. Census data suggests that there were approximately 64,000 foreign-born Dominicans (63,300 adults and 1,400 children) residing in the BCQ-MSA – 29 percent higher than the official 2007 ACS estimate of 50,000 that was released on September 24, 2008 as this report was being written.<sup>104</sup> Including U.S.-born children of foreign-born Dominicans (approximately 11,000), we estimate that there were a total of 75,000 first-, 1.5- and second-generation Dominicans residing in the BCQ-MSA. How did we obtain an estimated foreign-born Dominican population that is statistically similar to that offered by the 2007 U.S. Census (ACS) data?

There were three main steps. First, we computed individual sample weights for all 299 BM-IHLSS adult Dominican respondents and their 74 randomly selected children to produce the estimates reported directly above. Each of these 373 subjects resided in a randomly selected household that was located in one of our 100 randomly selected census blocks. These 100 blocks were randomly selected from 10 census tracts in the BCQ-MSA that had at least 25 percent of their residents who were born in the Dominican Republic. Using non-response rate information to compute individual sample weights, we estimate that there were 15,737 foreign-born Dominicans residing in our 10-tract Essex County area in 2007.

Second, we wished to compare our weighted sample estimate for the 10 Essex County census tracts to U.S. Census data. Unfortunately, although 2000 U.S. Census data offer an estimate of the foreign-born Dominican population for these 10 tracts (9,719), there is no such estimate for 2007, and thus no official U.S. Census estimate by which to compare our survey-based estimate of 15,737. One way around this is to compute 2000-2007 foreign-born Dominican population growth rates for geographies that are closest to our 10 sample census tracts, and employ these to generate credible 2007 estimates. In collaboration with survey statistician Anthony Roman of the University of Massachusetts' Center for Survey Research, we decided to compute foreign-born Dominican population growth rates for each BCQ-MSA county for which a 2000 Census and 2007 ACS estimate are available (Middlesex, Norfolk and Suffolk) for the entire seven-county BCQ-MSA, and for the state of Massachusetts. These ranged from 15 percent (Suffolk County) to 59 percent (Norfolk County), with a mean of 26 percent. We then multiplied the 2000 U.S. Census estimate of foreign-born Dominicans for the 10 tracts from which our household sample was drawn (9,719) by three (high, mean, and low) growth rates to obtain population projections to which we could compare our sample-generated estimate. These ranged from approximately 11,000 to 15,000 (or two to 41 percent below our BM-IHLSS sample estimate of 15,737). On December 23<sup>rd</sup>, 2008 the U.S. Census Bureau released its 2005-2007 ACS "period" estimates, which permit an analysis of foreign-born Dominican population growth from 2000 to 2007 for Essex County and for smaller geographic areas that are closer to our 10 sample census tracts. These estimates, however, are biased upward toward earlier years (2005 and 2006) and thus may be less accurate for 2007 than the 2007 ACS point estimate. Another drawback is that the three Public Use Microdata Areas (PUMAs) for which 2005-2007 ACS data are available are located in Middlesex and Norfolk Counties – not in Essex County where our 10 tracts are located. In other words, the PUMA data do not give us any additional information that may be useful for verifying our assumed growth rates. Fortunately, however, our adjusted 2000-2007 growth rate for Essex County (20 percent) is not far below the mean estimate reported above (26 percent) obtained from multiple surrounding geographies. This is encouraging and provides some evidence that the growth rates we assume in our foreign-born Dominican population projections are reasonable.

Yet another approach is to use a census geographic area that is slightly larger than a PUMA, which has a larger number of foreign-born Dominican observations, and a smaller margin of error. We would like to thank Joe Salvo and Vicky Virgin of New York City's Department of City Planning for suggesting these alternative approaches using more local point, period and margin of error estimates from the 2005-2007 and 2007 ACS data. In the end, we settled for the geography that falls in between the census tract and metropolitan statistical area –



and in which our 10 tracts are located – Essex County. Because the 2007 ACS does not provide an estimate at this geography, we decided to adjust the 2005-2007 ACS estimate of the number of foreign-born Dominicans by one-sixth of the growth rate between (2000 and 2005-2007) to produce one that is more temporally comparable to our 2007 BM-IHLSS estimate. Applying the eight-28 percent growth rates we computed from the adjusted 2005-2007 ACS period and margin of error estimates for Essex County to the 2000 Census estimate of 9,719, we estimate that there were 10,523 to 12,434 foreign-born Dominicans residing in our 10-tract sample area in 2007.

These estimates are 21 to 33 percent below our 2007 BM-IHLSS estimate of 15,737, and it is important to note that in 2000 foreign-born Dominicans residing in our 10-tract sample area represented fully 32 percent of those residing in the BCQ-MSA and 52 percent of those residing in Essex County. Those residing in Essex County, furthermore, represented 62 percent of all Dominican migrants who were residing in the metropolitan area.

Armed with the 2000 census estimate of the number of foreign-born Dominicans who were residing in the BCQ-MSA (25,852), a range of 2000-2007 Dominican migrant population growth rates from the 2000 Census and upwardly adjusted 2005-2007 ACS data for Essex County, and a set of differential estimates for our 10 sample census tracts in 2007, in a third stage we multiplied the 2000 BCQ-MSA estimate by high, medium, and low population growth rates and high, medium, and low differential rate estimates. While our estimates for the entire BCQ-MSA region vary from 56,000 to 73,000, our best estimate (using medium growth and differential assumptions) is that there were approximately 64,500 foreign-born Dominicans residing in the BCQ-MSA in 2007. This estimate is 30 percent higher than the 2007 ACS estimate of 49,645 – or alternatively, the ACS estimate is 22 percent lower than our BM-IHLSS estimate.

Were we to employ our lower-bound (upper-bound) estimate, the census-based estimate would be 12 (32) percent lower than our BM-IHLSS estimate. We are unaware of any other estimates of foreign-born Dominican coverage rates, so unfortunately we cannot compare our results. In any event, a more thorough description of the BM-IHLSS methodology and how we obtained our estimates are available from the lead author upon request.

This brings us to an important but neglected matter. Although the U.S. Department of Labor has been successfully collecting legal status data directly from individual migrants in the National Agricultural Workers Survey (NAWS) for more than two decades (since 1988) using face-to-face interviews – as we have in our community-based migrant household surveys since 1994 – the U.S. Census Bureau currently does not attempt to collect such data for the general foreign-born population, and many migration scholars and immigrant community leaders seem to be unaware that it is ethically and technically possible. This would not be an extremely important issue were it not the case that the U.S. government is constitutionally mandated to count every resident of the United States each decade – including unauthorized migrants. Acknowledging this (and proposing to do so annually!) in the early 2000s, the U.S. Census Bureau initiated and then subsequently shelved a little-known program that was being planned to estimate the number of unauthorized migrants using ACS data in response to a request from the U.S. House of Representatives' Committee on the Judiciary in a letter dated July 14<sup>th</sup>, 2003. Specifically, the committee asked for information that would allow estimates of how much it costs to educate unauthorized children in public schools.<sup>105-108</sup> In a response letter dated August 20<sup>th</sup>, 2003 to the committee's chairman (F. James Sensenbrenner), the former U.S. Census Bureau Director (Charles Lewis Kincannon) wrote "The U.S. Census Bureau is responsible for enumerating all residents of the United States, including undocumented aliens (also known as 'unauthorized migrants') . . . our Immigration Statistics Staff plans to produce annual estimates of the unauthorized migrant population by age and state of residence." As this correspondence suggests, elected officials and their constituents would like to know more than how many unauthorized migrants reside in their states. Some are also interested in how unauthorized migrants influence public schools, medical care, U.S. labor force statistics, other lower-skilled workers, and housing prices. And others would like to know whether some of the most vulnerable in our society are integrating successfully, and if not, what might be done to assist them.

If (1) the federal government has been able to collect legal status data from foreign-born farm workers since the late 1980s, (2) we have been able to do so from foreign-born adults in the Los Angeles and Boston metropolitan areas since the mid-1990s, (3) the Census Bureau was developing a methodology to provide annual legal status estimates by state earlier this decade in response to a congressional request, and (4) the Census Bureau is required by law to enumerate every resident of the United States, then why has the Census Bureau decided not to make a concerted effort to count all unauthorized migrants? Why was the program referred to by former Census director C. Lewis Kincannon shelved? A recent National Research Council publication begs the question as well – "are there any new methods that might be more effective for estimating the size of this [the unauthorized] population?"<sup>89: 114</sup> And it suggests that alternative methods that give greater attention to sampling from housing units that include populations that are harder to enumerate would be a useful consideration. The Government Accountability Office (GAO) has been arguing this for years,<sup>109-112</sup> and based on our own successful interviewing of unauthorized migrants using a probabilistic household survey design for 15 years, we think the 2010 census could collect credible legal status data. Of course, cost may be the most important reason the Census Bureau is loath to collect legal status information, and it is likely that the variable is more important for understanding the integration of several foreign-born groups other than Dominicans (e.g., Brazilians, Mexicans).

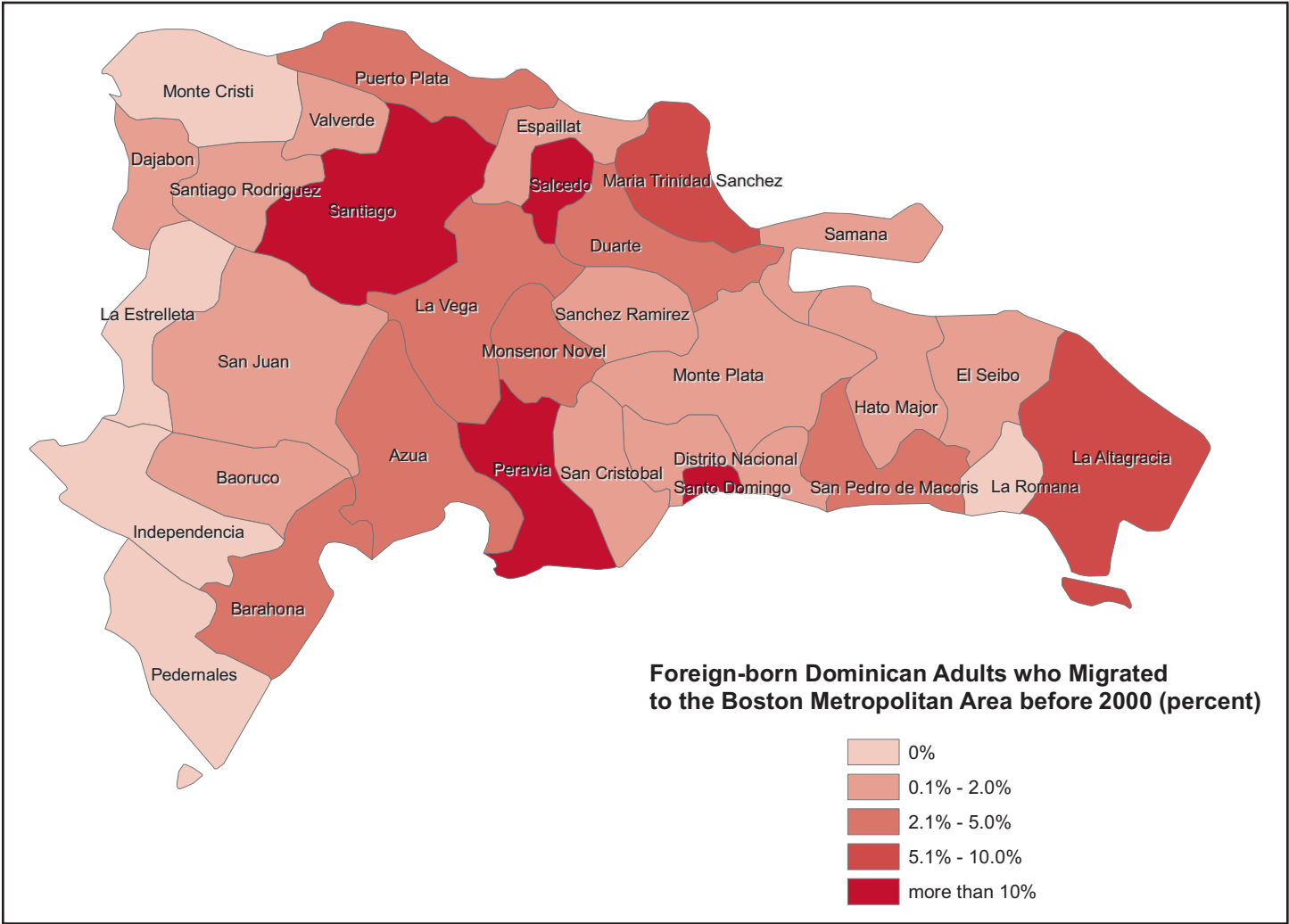
To sum up, we estimate that about 63,300 of all foreign-born Dominicans residing in the BCQ-MSA were adults and about 1,400 were children. There were also approximately 11,000 U.S.-born children in the region with at least one foreign-born Dominican parent. All in all, in 2007 about 75,000 Dominicans and their children were residing in the region.

### ***Dominican Province of Origin, Why They Come, Legal Status and Settlement Intentions***

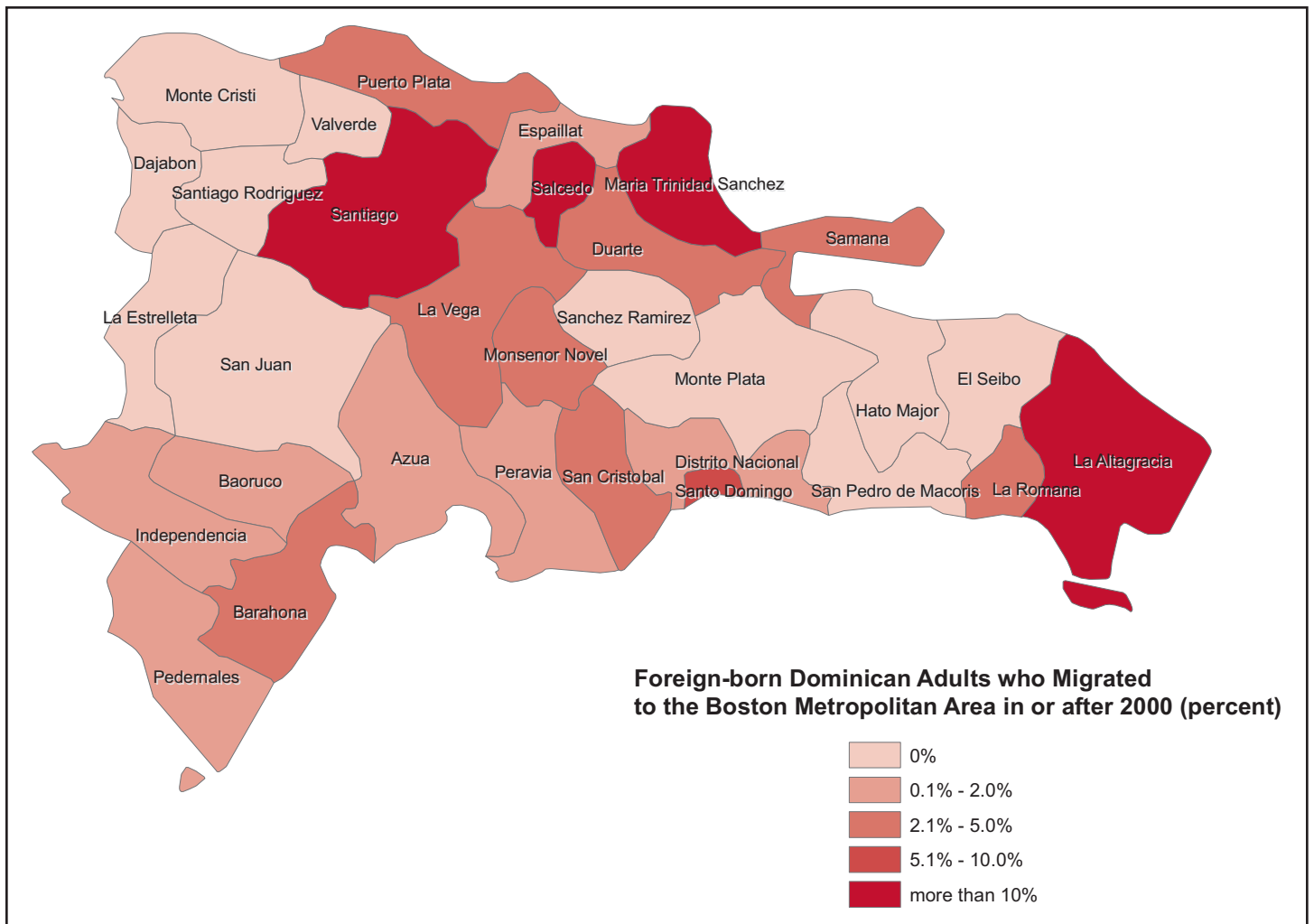
From what provinces have Dominican migrants residing in metropolitan Boston come? Why did they come? What proportion is unauthorized to reside or work in the United States? And how long do they intend to stay? There are at least two ways of answering the first question. One may consider the provinces in which migrants were born, or the provinces from which they migrated. Because the answer one gets is usually quite similar when using either of these approaches, we employ the former here. Figures 7a and 7b suggest that a plurality (17 percent) of foreign-born Dominicans residing in the BCQ-MSA were born in the province of Santiago, but many others were born in Santo

Domingo, Peravia, María Trinidad Sánchez, and Hermanas Mirabal (formerly called Salcedo). Collectively these provinces account for almost 60 percent of all Dominican migrants in metropolitan Boston.

While the proportion of Dominicans migrating to the BCQ-MSA from Santiago (and Peravia) fell dramatically from 19 to 10 (and 12 to one) percent for those migrating before and since 2000, there are three sending provinces that have risen in importance – La Altagracia (from six to 15 percent), María Trinidad Sánchez (eight to 16 percent), and Hermanas Mirabal (10 to 14 percent).

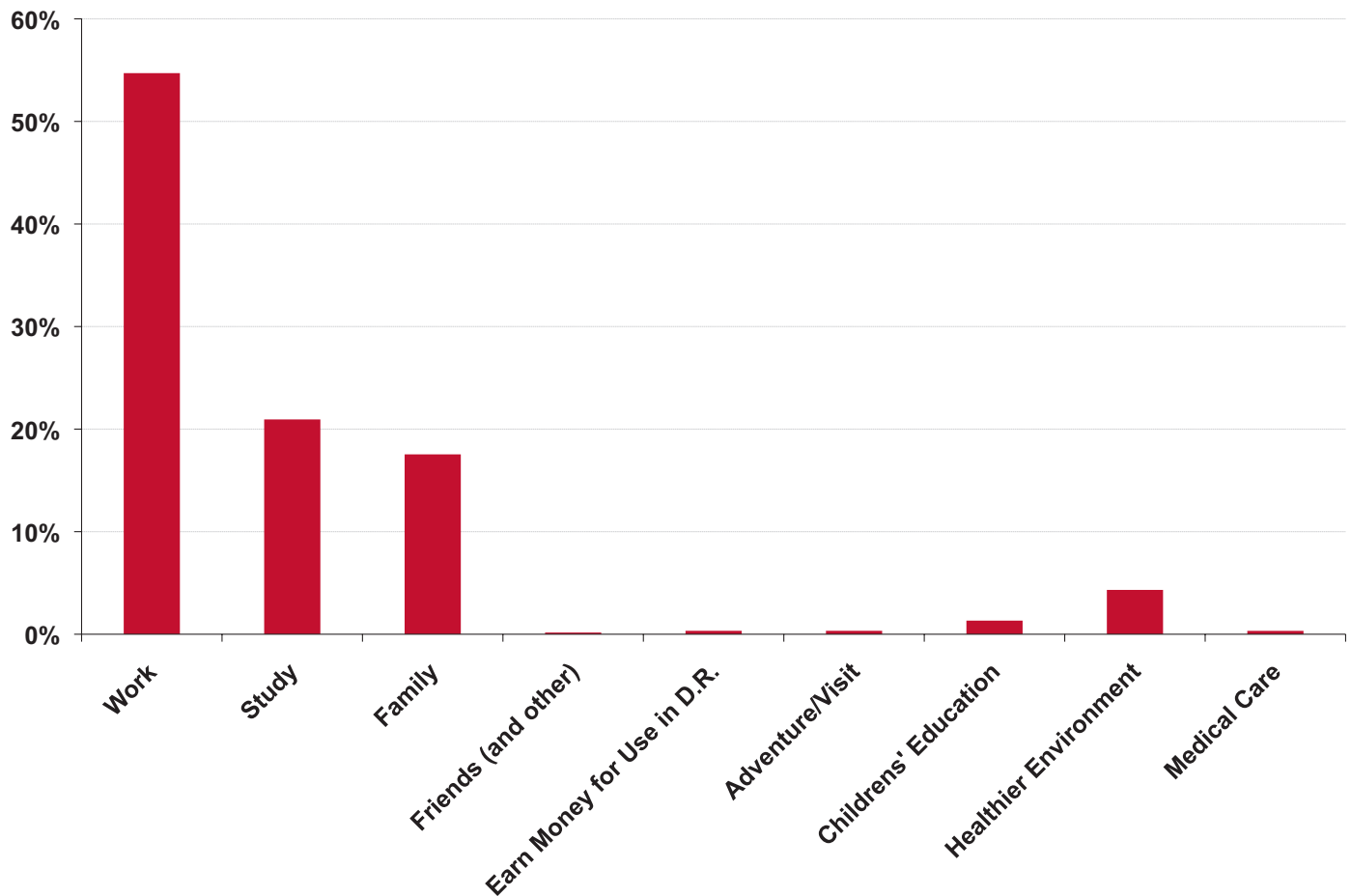


**Figure 7a: Birth Province of Dominicans Who Migrated to the USA between 1952 and 1999, BCQ-MSA, 2007**



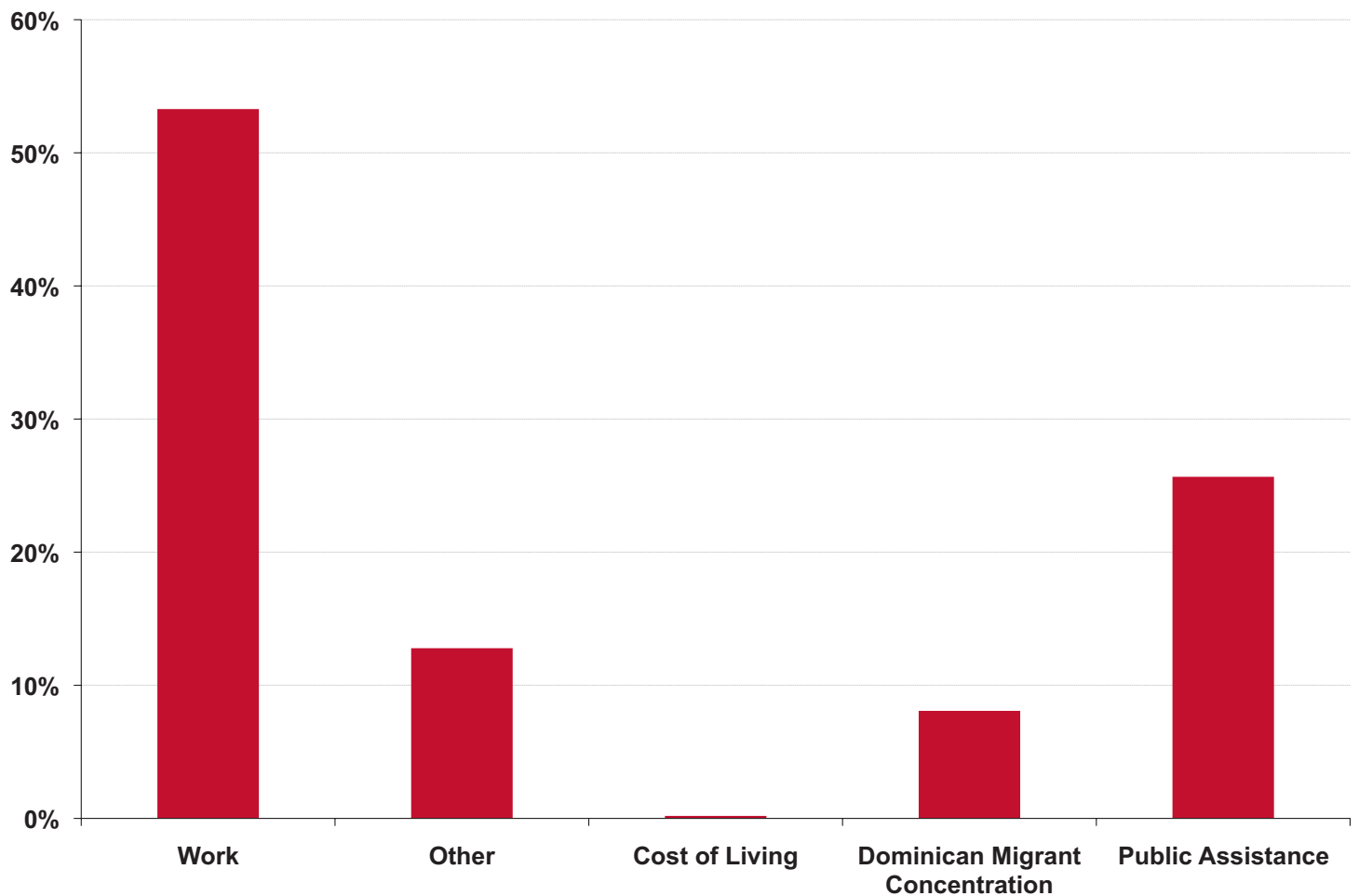
**Figure 7b: Birth Province of Dominicans Who Migrated to the USA since 2000, BCQ-MSA, 2007**

There is broad agreement in the immigration literature that people migrate internationally for a variety of reasons, which may change over time and differ from place to place. Once again, it is possible to approach this question in different ways. One way is to ask why someone migrated to the United States. Another is to ask why someone decided to settle in a particular location (e.g., metropolitan area). Figure 8a shows how Dominican migrants in the BM-IHLSS answered the first question, which asked “what was the main reason \_\_\_\_\_ came to live in the United States?” Possible responses included work, study, family, medical care, better environment, adventure, school, and other. Clearly, employment and earnings opportunities are the driving motivations Dominican migrants report for having migrated to the United States, but another 40 percent claim to have come to study or to be with family.



**Figure 8a: Dominican Migrants' Main Reason for Migrating to the USA, BCQ-MSA, 2007**

Figure 8b offers a slightly different picture, indicating that how one asks about reasons for coming to the United States (or which U.S. region) may generate somewhat different answers. Here the question that was asked was “What was the main reason \_\_\_\_\_ decided to migrate to metropolitan Boston rather than some other location in the United States?” And possible responses included work, cost of living, public assistance availability, presence of other Dominicans, and other. Although work remains the dominant reason offered for having migrated – this time to the BCQ-MSA – and being in an area with high Dominican migrant concentration is consistent with the importance of family noted above, we see that fully one-fourth of all migrants reported having been motivated by the availability of some form of public assistance. Work still matters most; but Dominicans also apparently care about access to publicly available resources in addition to the characteristics of those in their local social network. Thus, we find both economic and social reasons help explain Dominican migration to the BCQ-MSA. Obviously, not offering respondents the public assistance option in the first question but doing so in the second is part of the explanation for differences observed.



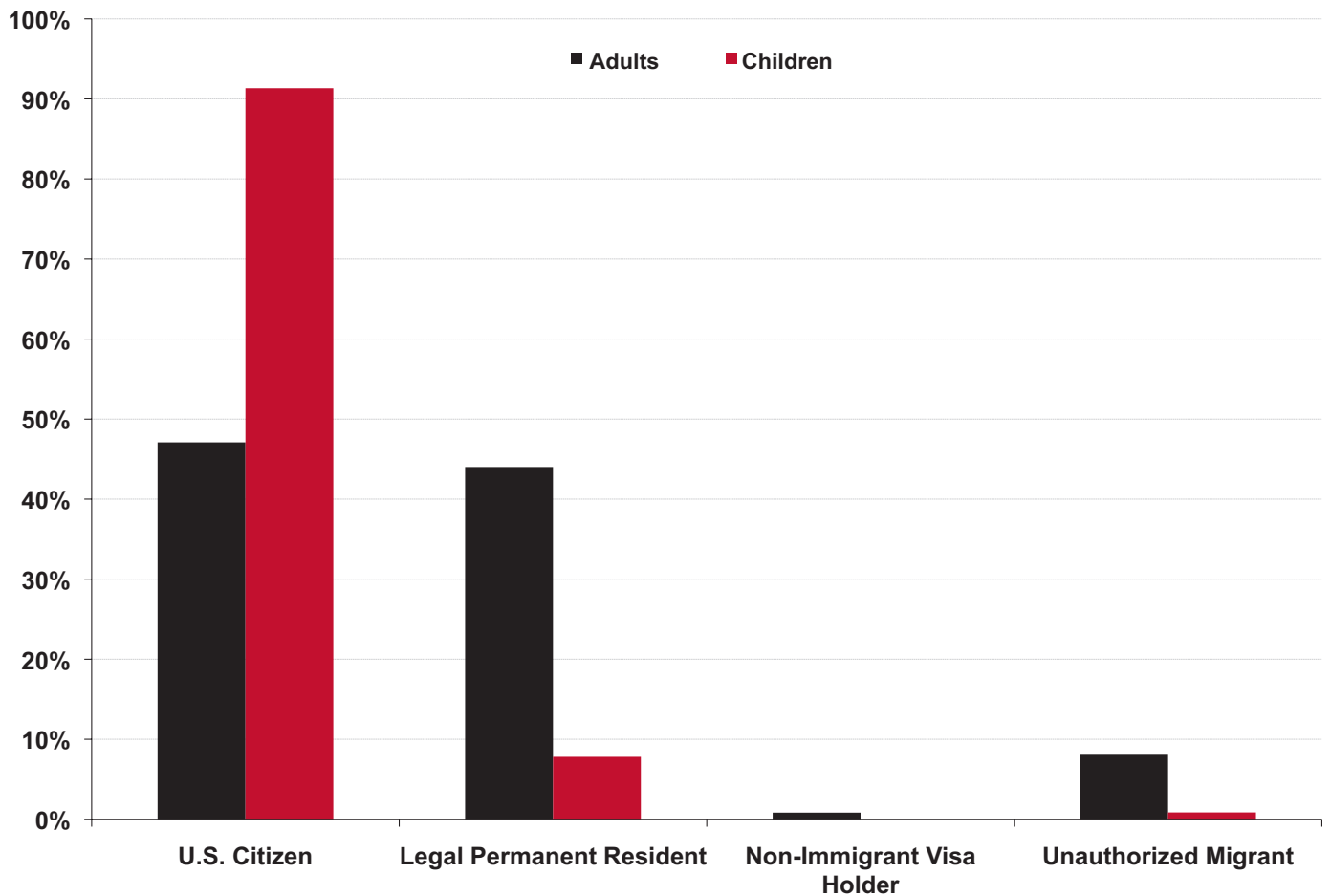
**Figure 8b: Dominican Migrants’ Main Reason for Migrating to the BCQ-MSA, 2007**

Entering the United States illegally (or legally and then overstaying one’s visa) is a risky endeavor, and yet millions undertake one of these two routes into the United States every year. Although there are no federally-funded national-level data that permit direct estimation of the number of unauthorized Dominican migrants residing in the United States, there is general agreement among demographers who study the subject that less than 15 percent are unauthorized.<sup>3</sup> There have also, as far as we are aware, never been any local-level representative data collected that would permit legal status estimation among foreign-born Dominicans.

Figure 9 shows the proportion of Dominican migrant adults and children residing in metropolitan Boston by legal status. While adult legal status proportions were computed simply from that reported by adult respondents, child legal status was determined in two ways. First, any child born in the United States was assigned a legal status of U.S. citizen. Second, each foreign-born child of a Dominican migrant was assigned the adult subject’s legal status. Using this method only one percent of approximately 13,000 Dominican migrant children who were residing in the BCQ-MSA in 2007 are estimated to have been unauthorized, almost 91 percent are estimated to have been U.S. citizens, and eight percent were legal permanent residents. A slightly higher (albeit only eight percent) percentage of foreign-born Dominican adults are estimated to have been unauthorized. In sum, a very large majority of foreign-born adult Dominicans and their children who resided in the region were legal residents of the United States.

Because of the very small proportion of Dominican migrant adults who are unauthorized in the BCQ-MSA (8.1 percent), it is very unlikely that legal status explains the relatively low socioeconomic status jobs many have, their settlement intentions, or any other outcome of interest that we consider below. But this is a subject that future work will need to address.

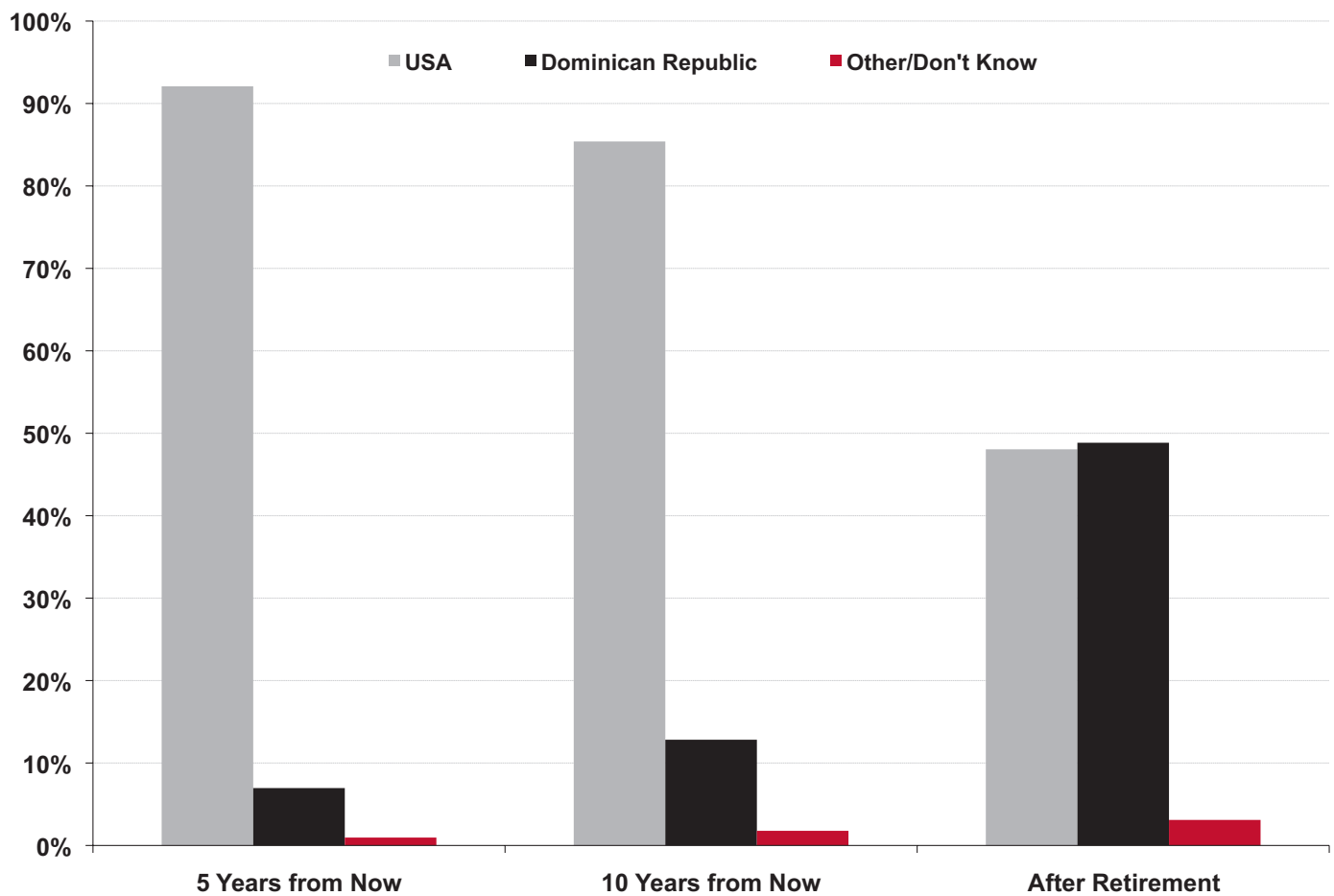




**Figure 9: Migrant Legal Status of Adults and Children Born in the Dominican Republic, BCQ-MSA, 2007**

Thus far we have seen evidence from self-reported data suggesting that Dominican migrants mainly come to metropolitan Boston to work, they desire to live in a region with other Dominican migrants, and one in four admit that the potential to tap into some kind of public assistance benefits was a motivation. Importantly, it is useful to note that stated motivations may diverge considerably from actual behavior. Indeed, estimates from our 2007 BM-IHLSS and March 2006-2008 Current Population Survey (CPS) data suggest that only about eight percent of all foreign-born Dominicans in metropolitan Boston used “welfare.”

The economic reasons for migration, nonetheless, are also supported by how long Dominicans claim they will remain in the United States. The BM-IHLSS data show that fully 92 percent of Dominican adults reported an intention to be residing in the BCQ-MSA in 2012, and 85 percent said they would still be residing in the United States in 2017. A majority of Dominican adult migrants claim that they would be likely to move back to the Dominican Republic only after they retire.



**Figure 10: Dominican Migrant Settlement Intentions, BCQ-MSA, 2007**

These estimates intimate that how long a Dominican migrant intends to reside in the United States is negatively associated with expected earnings. It seems safe to speculate, at least, that a large proportion of metropolitan Boston’s Dominican migrants are likely to return to their home country only after they decide to stop working.

### III. Dominican Migrant Family, Work, and Economic Well-being

As we have just seen, Dominican migrants differ considerably from other newer migrants residing in the United States (e.g., Brazilians, Mexicans) in terms of when relatively large numbers began coming to the United States, mode of entry, the proportion who are unauthorized to reside in this country, and how long they intend to reside in the United States. They are similar both historically and in comparison with other recent migrant groups; however, in that their primary motivation for migrating is economic.<sup>53</sup> Put simply, although Dominicans are a very recent migrant group with a very low proportion who are unauthorized, they come for many of the same reasons other migrants do.

In this section we examine Dominican migrant family structure, labor market skills (e.g., human capital) and employment outcomes, various extra-labor market economic activities (e.g., paying income taxes, using “welfare,” having a bank account, remitting), and access to various technologies within the household. In short, we investigate demographic and economic factors that may have been influenced by past, and may alter future, migrant integration.

#### Demographic Characteristics

One would expect a group of migrants claiming to migrate mainly to work to have an age structure reflecting a working-age population. A population pyramid, a conventional analytical tool employed by demographers,<sup>113</sup> is a good way to conceptualize the age distribution of Dominican migrants by sex; and Figure 11 suggests that 57 percent of Dominican men and 69 percent of Dominican women were in the prime of their working years (ages 20-54) in 2007. However, as we saw in Figure 8a above, about 20 percent of Dominican migrants indicated that their reason for migrating to the United States was to gain an education. This motivation may partly explain the lower segment of the population pyramid – 23 percent of foreign-born Dominican females and 27 percent of foreign-born Dominican males were less than 20 years old. On the other end of the spectrum only 12 percent of Dominican men and women were at least 55 years old. By comparison, 23 percent of the U.S. population as a whole is over the age of 55, with 50 percent falling between the ages of 20 and 54 according to the 2007 American Community Survey.

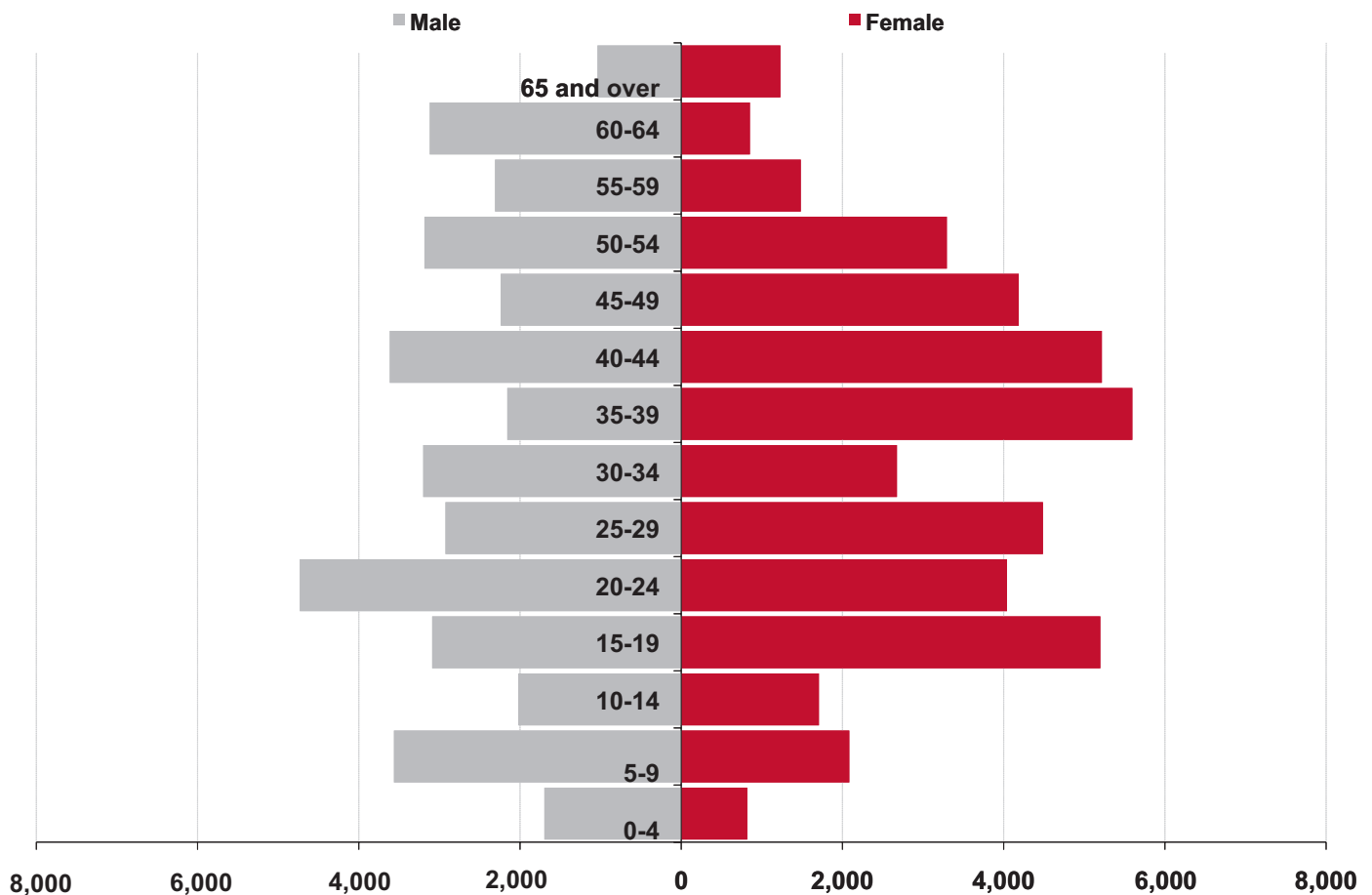
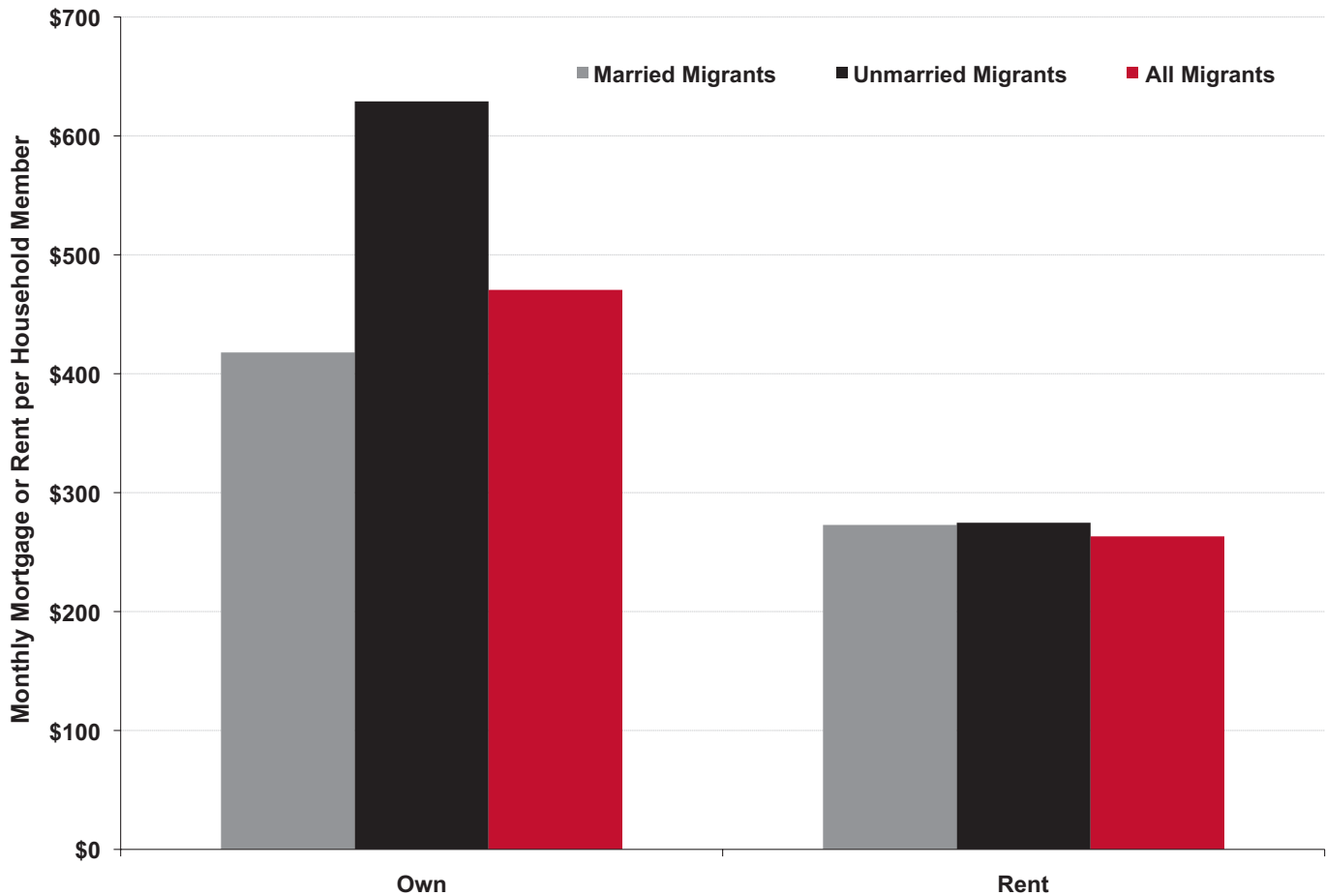


Figure 11: Dominican Migrant Population Pyramid by 5-Year Age Category & Sex, BCQ-MSA, 2007

This Dominican migrant age-sex pyramid suggests that because of their relative youth this population will be less likely, on average, to be married and to own the homes in which they reside, and we find this to be the case. Forty-five percent of Dominican migrant adults were married in 2007 in contrast to other foreign-born migrants residing in the United States (60 percent) and U.S.-born persons (49 percent). Thus, it appears that Dominican migrants are more similar to the native U.S. population than to other migrants in terms of marital status.

Approximately 67 percent of all families in the United States, and 65 percent of those in the BCQ-MSA, owned the homes in which they resided according to 2005-2007 American Community Survey data. Our BM-IHLSS survey data suggest that only 32 percent of Dominican migrant adults owned their homes in 2007. Approximately 41 percent of married Dominicans owned the homes in which they resided, while 25 percent of unmarried Dominicans owned their homes.



**Figure 12: Dominican Migrant Monthly Mortgage/Rent per Household Member, BCQ-MSA, 2007**

The homeownership rate among Dominican migrants (not shown here) is not much higher than that among Brazilian migrants in the BCQ-MSA (24 percent);<sup>114</sup> but while the low rate for Brazilians may be largely explained by the high proportion of unauthorized migrants in that group (71 percent), the vast majority of adult Dominican migrants are legal residents. Like foreign-born Brazilians however, Dominican migrants have begun to settle in the BCQ-MSA relatively recently. Fully 24 percent of foreign-born Dominicans have arrived since 2000. Furthermore, ethnographic evidence suggests that homeownership for foreign-born populations in general and foreign-born Dominicans in New York in particular may be hindered by a variety of circumstances, including the limited availability of affordable housing, lack of access to and knowledge of various financial and credit instruments, and biases related to culture and skin color.<sup>115,116</sup>

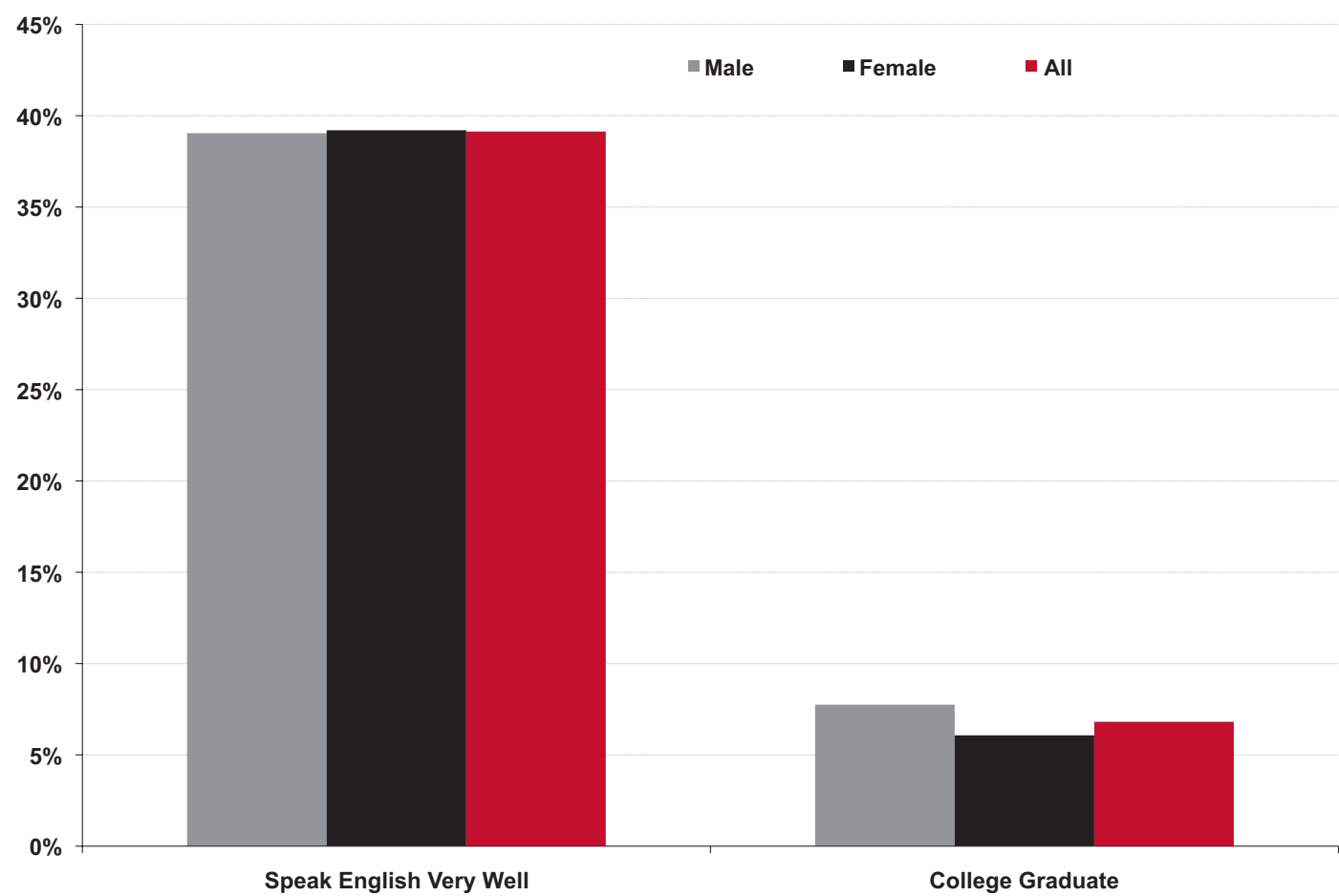
Figure 12 reports the estimated per capita household monthly mortgage and rental payments made by Dominican migrants by marital status. Although there is little difference by marital status with respect to monthly rent, there is a substantial difference in monthly mortgage costs by marital status. Unmarried Dominican migrants were paying \$211 more on average than those who were married. Further underscoring the hypothesis above suggesting that a lack of affordable housing options may hinder Dominican migrants from owning homes, married migrants who own their homes pay \$145 more in mortgage costs each month than married renters, while unmarried homeowners pay \$355 more than unmarried renters.

Although not shown here, the mean monthly mortgage payment was approximately \$1,720, the mean monthly rental payment was \$796, and the mean number of household members was 3.4 persons. While these amounts are slightly lower than the mean monthly mortgage (\$1,958) and rental (\$828) payment in the BCQ-MSA according to 2005-2007 American Community Survey data, they are higher than the national average monthly mortgage payment (\$1,427) and the mean monthly rental payment (\$627). Additionally, the BCQ-MSA housing market is one of the most expensive in the country – the median house value in 2007 was \$396,400 compared to the national

median house value of \$194,300 – so smaller monthly rental and mortgage payments for foreign-born Dominicans may signal less value for the money rather than a good deal as well as providing a hint about their earnings, a topic addressed in more detail below.

**Human Capital**

One factor often studied in the context of homeownership is labor market success;<sup>117</sup> and education, work experience, and language (human capital characteristics) are deemed by mainstream economists to be the most important factors influencing labor market outcomes.<sup>25,87,118</sup> Figure 13 illustrates the relative level of U.S.-relevant human capital by gender among foreign-born Dominican adults in the BCQ-MSA.



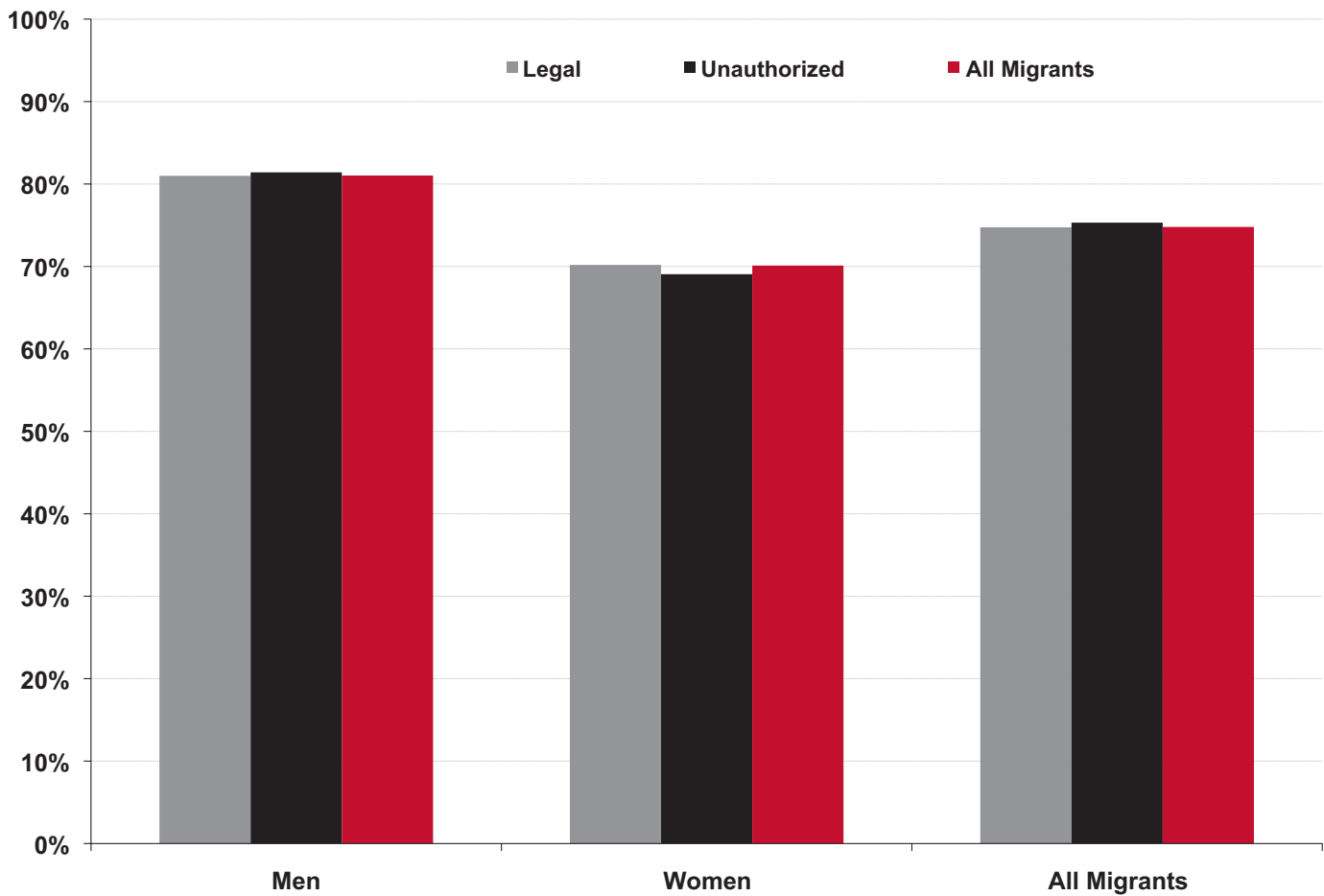
**Figure 13: Dominican Migrant English Ability & Educational Attainment by Sex, BCQ-MSA, 2007**

Dominican migrant men and women are nearly identical with respect to their self-reported English proficiency (39 percent for men and women) and only a slightly higher proportion of men had completed college (eight percent of men and six percent of women). In comparison, 20 percent of men and 21 percent of women over the age of 25 in the BCQ-MSA had at least a college degree according to the 2005-2007 ACS, and nationally 14 percent of both men and women over 25 had completed college. Whether English proficiency or educational attainment is more important for labor market success among foreign-born Dominicans in the BCQ-MSA remains to be explored, but its effect is likely to interact with other factors such as gender and legal status.

**Labor Market Integration**

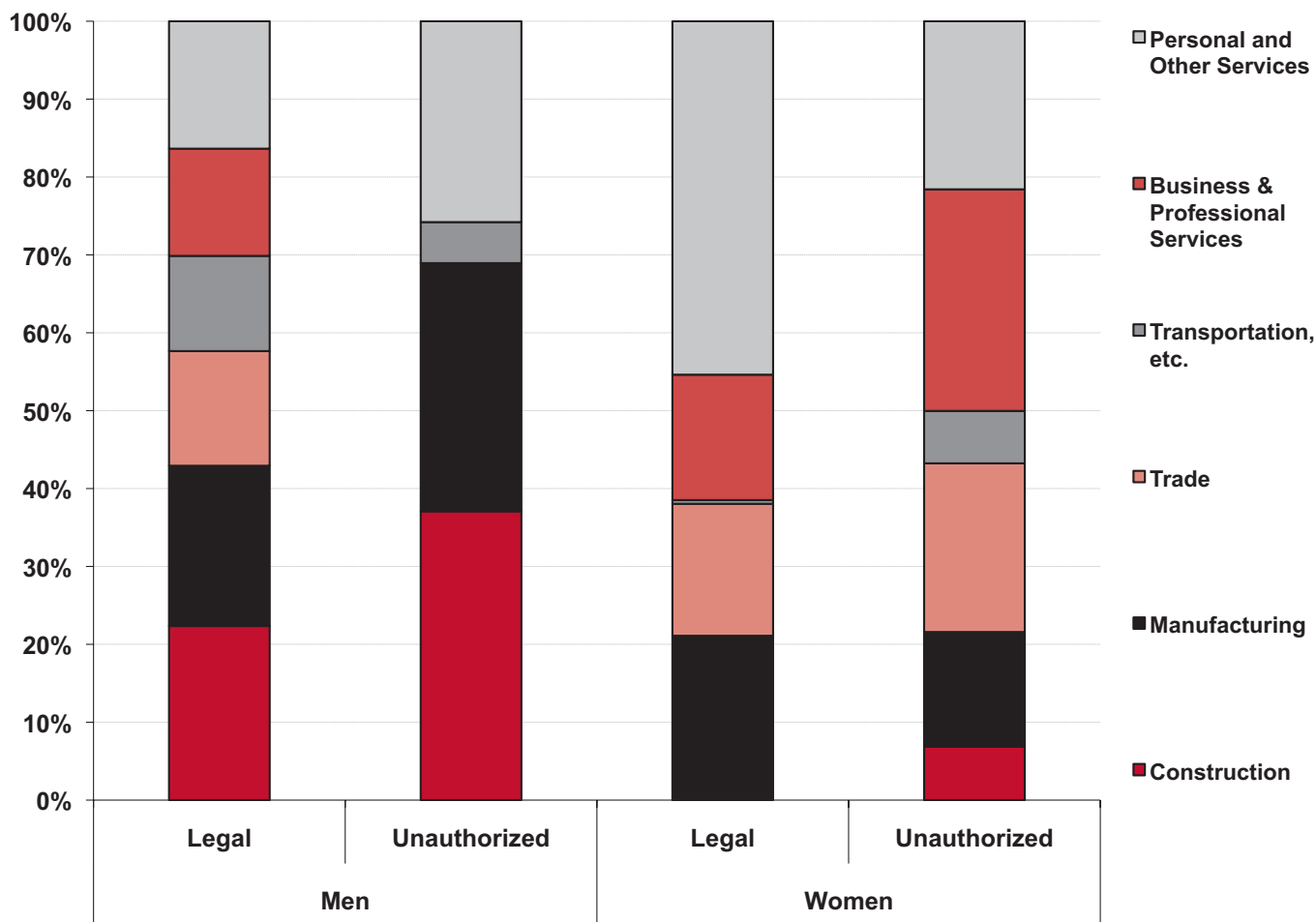
Several measures of migrant labor market integration are employment, industry, occupation, and earnings. Figure 14a shows that a higher proportion of Dominican migrant men than women were employed in 2007. Approximately 81 percent of all foreign-born Dominican men and 70 percent of Dominican women, regardless of legal status, were employed in 2007. The 2005-2007 ACS data suggest a different employment pattern by gender. Fully 93 percent of the civilian labor force was employed nationally, regardless of gender, and 94 percent of males and 95 percent of females were employed in the BCQ-MSA in 2007. The relatively low employment rate of Dominican migrants as well as Dominican migrant women compared to Dominican migrant men in the BCQ-MSA, then, is surprising and a finding needing further study.





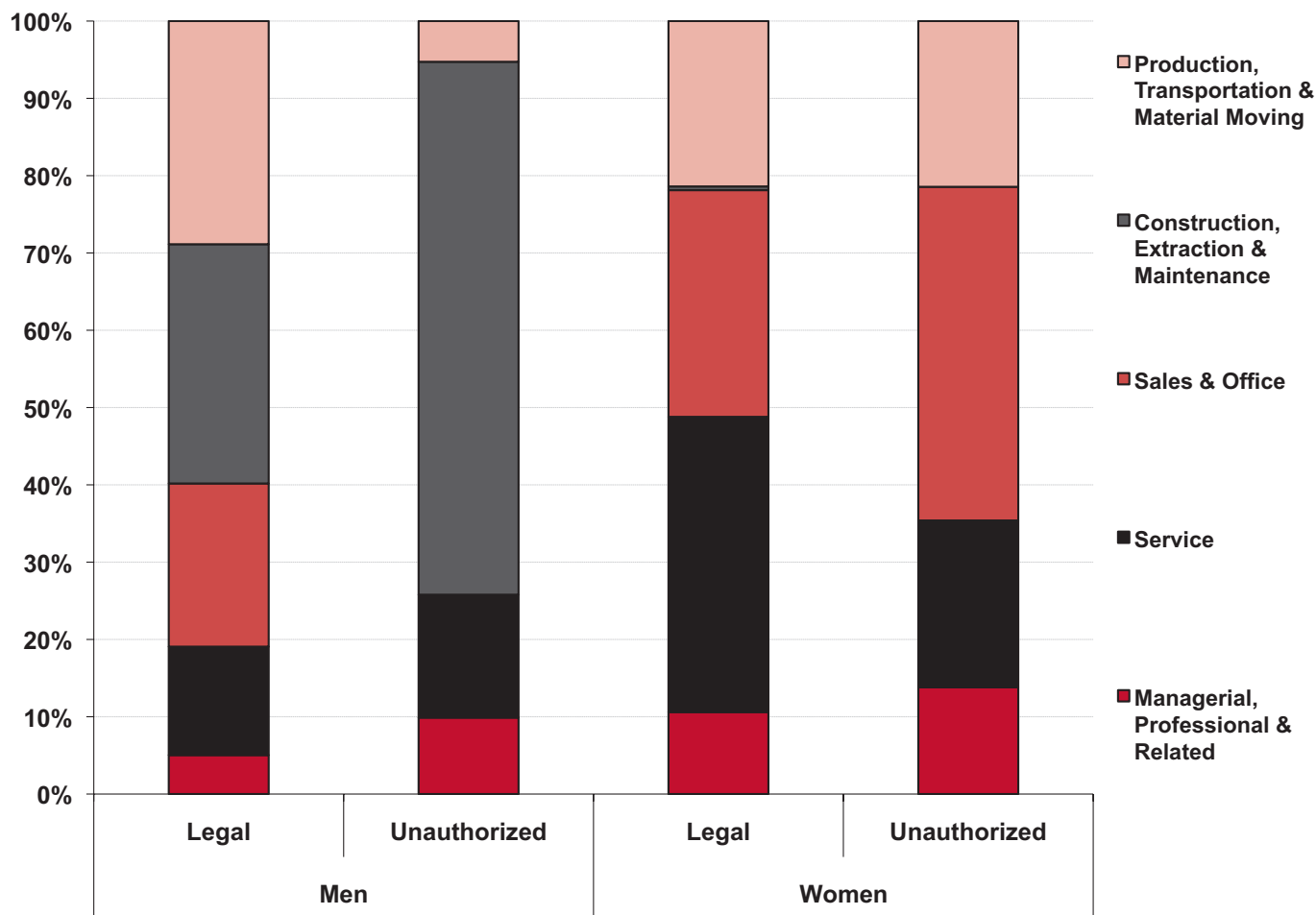
**Figure 14a: Dominican Migrant Employment Rate by Legal Status and Sex, BCQ-MSA, 2007**

A smaller proportion of Dominican migrant women and a larger proportion of Dominican migrant men were likely to be employed in 2007 on average, but in what industries and occupations were those who were employed working? Past and recent research shows that Dominicans in the BCQ-MSA, like many other recent migrant workers throughout the United States, tend to fill lower socioeconomic status jobs such as construction, housecleaning and janitorial work, babysitting, cooking, delivery and other services.<sup>42</sup> Figure 14b partly confirms this. While Dominican migrant men and women filled a noticeable proportion of jobs in business and professional services industries in the BCQ-MSA in 2007, men were much more likely to be engaged in construction and manufacturing while women were much more likely to be employed in personal and other services industries. There are no surprises here, but it is interesting to point out that unauthorized Dominicans were more highly represented in construction and personal/other services industries. Clearly both gender and legal status segregation exist by industrial classification, but those who study the effect of work on earnings often look more to occupation given the wide variety of jobs that may exist within industries and the closer connection between the actual type of work one does and the pay one receives.



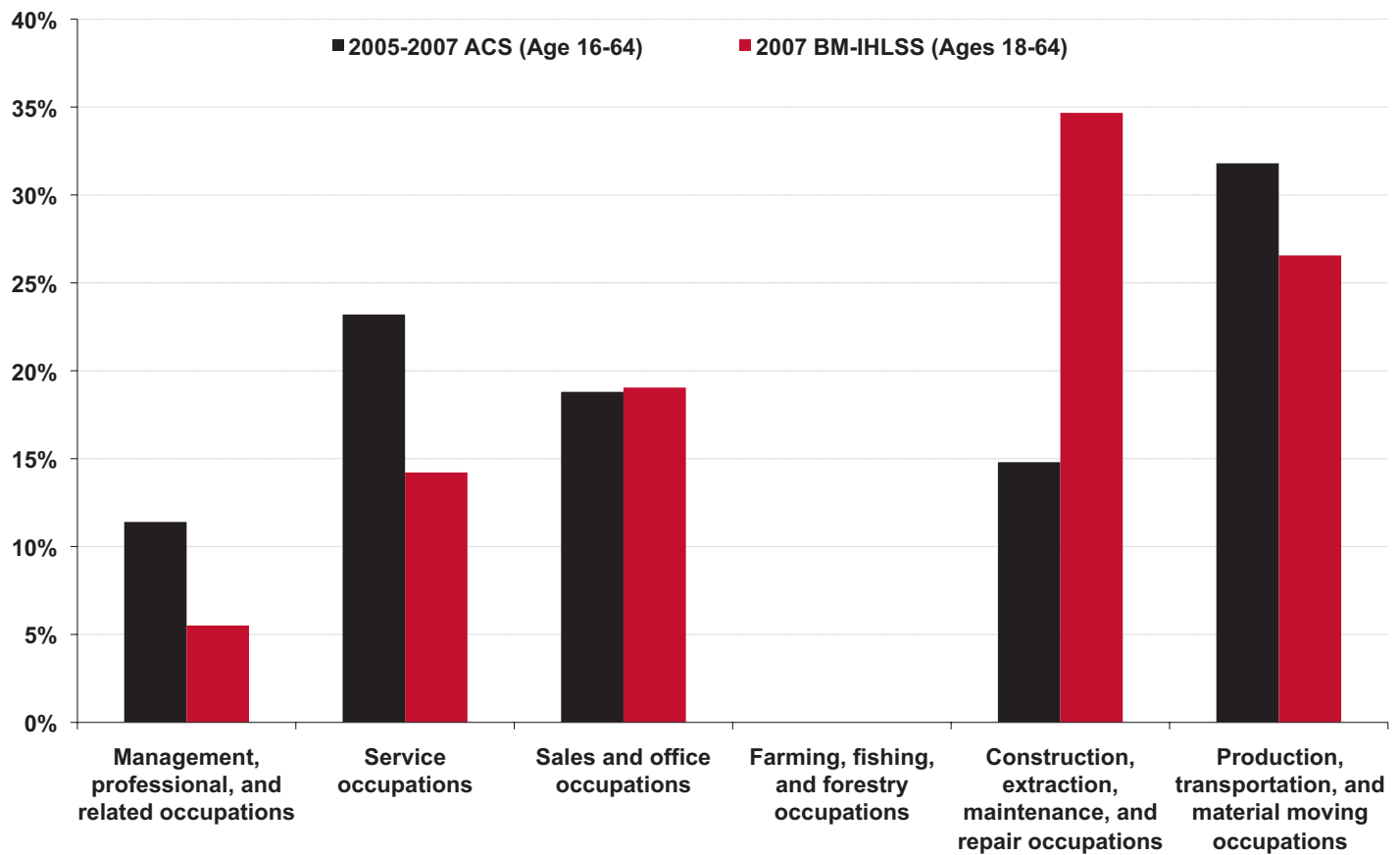
**Figure 14b: Dominican Migrant Employment by Industry, Legal Status & Sex, BCQ-MSA, 2007**

Figure 14c provides additional evidence of labor market segregation by gender and legal status among Dominican workers in the BCQ-MSA using information about occupation. Once again we see that men were more likely to be engaged in Construction and other Production jobs, and a higher proportion of women were engaged in Sales and Service occupations. Thus, in the case of Dominican migrants, industrial and occupational distributions appear to complement each other. Dominicans were employed in relatively lower status jobs, a circumstance that may be difficult not only in terms of making ends meet but also in terms of conferring detrimental health effects.<sup>119</sup> Future work should attempt to disentangle the relative contribution that gender, unauthorized status, and industry or occupation make to earnings, and how work influences health.<sup>87,120</sup>



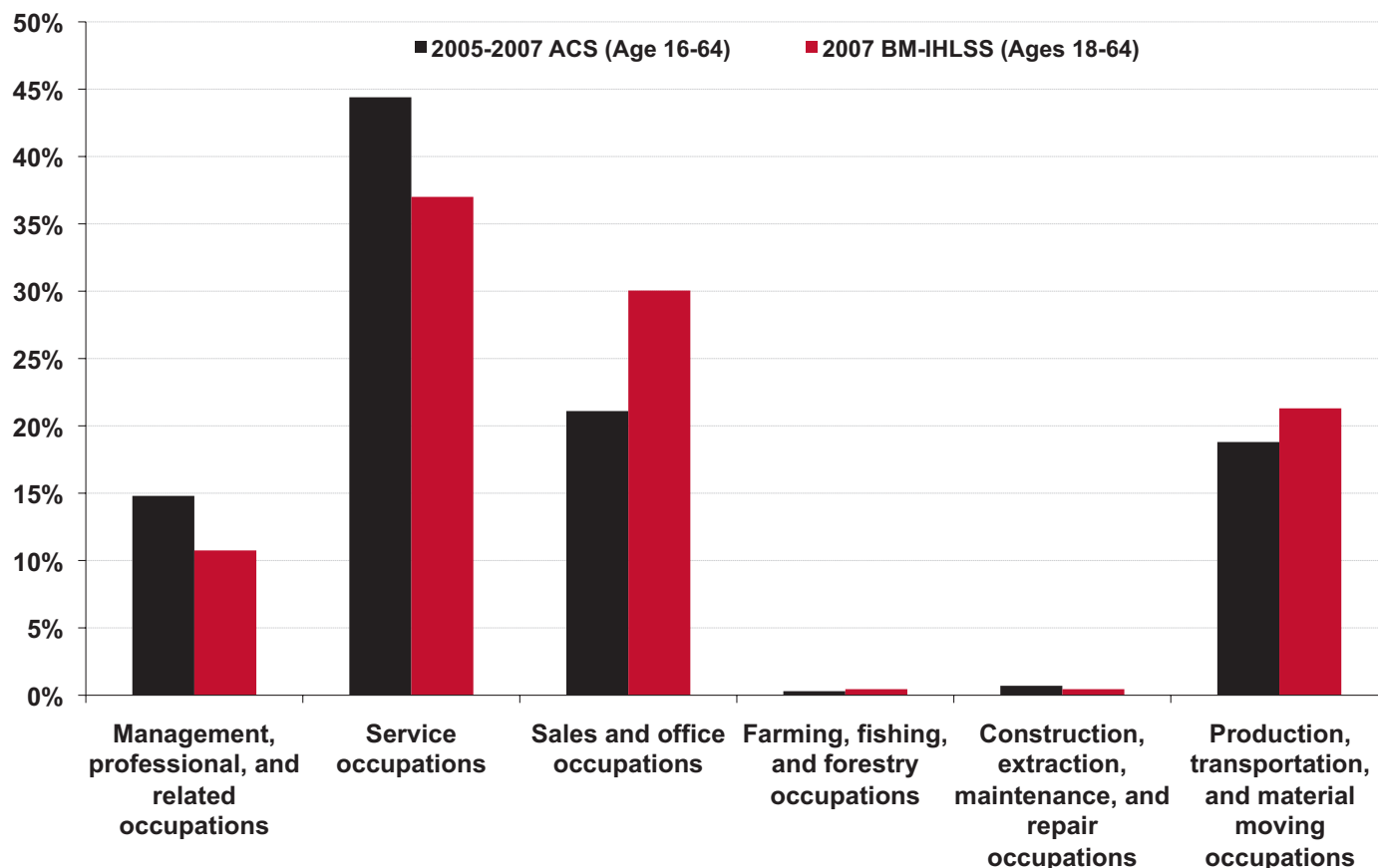
**Figure 14c: Dominican Migrant Employment by Occupation, Legal Status & Sex, BCQ-MSA, 2007**

Before considering earnings by legal status and sex, it is instructive to ask whether occupational distributions provided by the 2005-2007 ACS data are similar to those generated from our BM-IHLSS data. Simply put, they tell a slightly different story. Dominican men were much more likely to work in Construction jobs, and less likely to have been working in Management, Production or Service jobs, than suggested by census data (Figure 14d).



**Figure 14d: Dominican Migrant Male Occupational Distribution, BCQ-MSA, 2007**

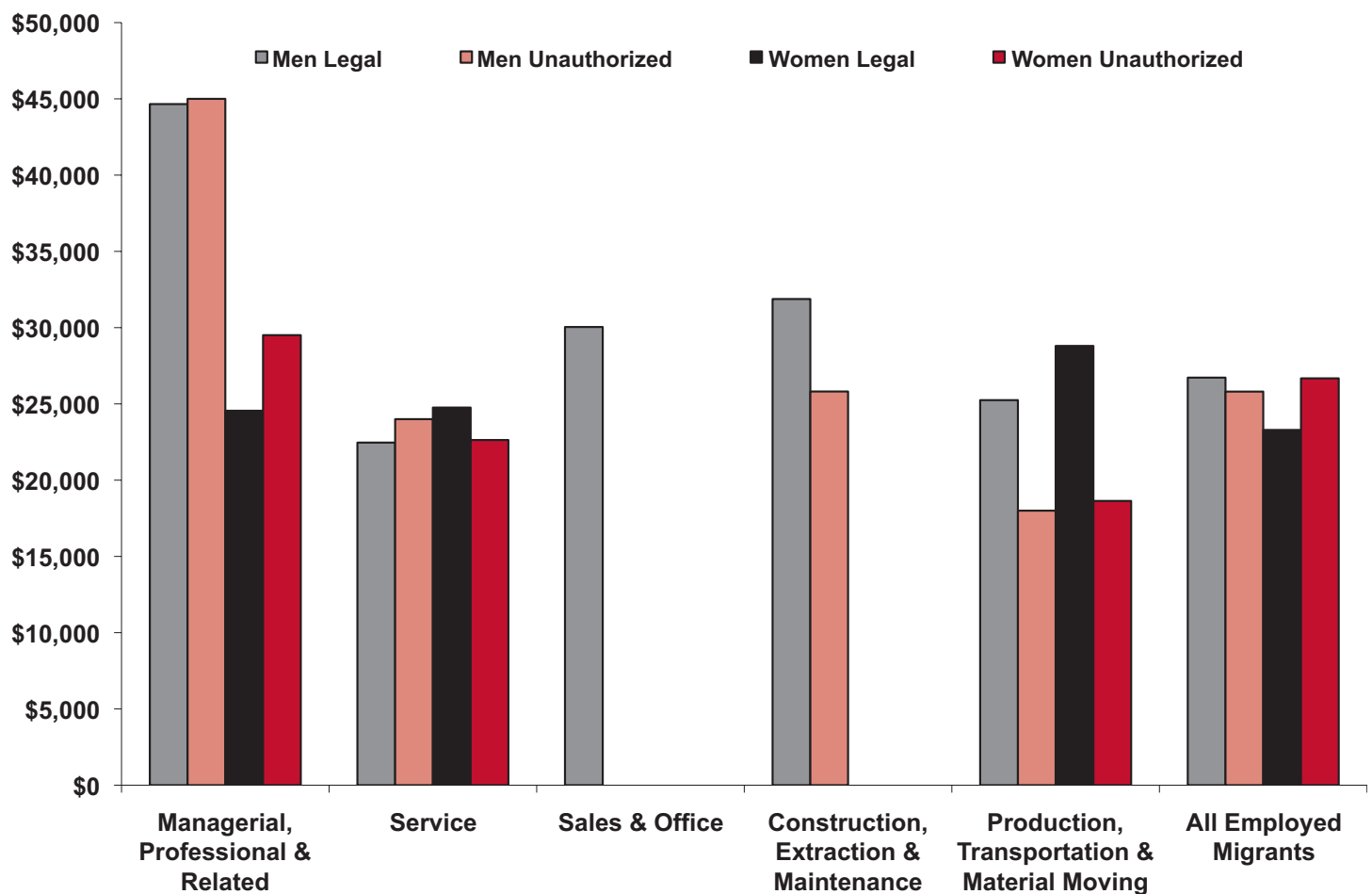
Dominican women, shown in Figure 14e, also appear to have been less likely to work in Management and Service occupations but more likely to work in Sales and Production occupations than suggested by the ACS data. These diverging estimates intimate that caution is warranted when considering the labor market position of Dominican migrants in the BCQ-MSA.



**Figure 14e: Dominican Migrant Female Occupational Distribution, BCQ-MSA, 2007**

Figure 15 provides an uneven picture of what the relative contributions of Dominican migrants to the labor market might be. The last group of bars suggests that legal women have lower wages than unauthorized women as well as men (regardless of legal status). There is a small difference in earnings between unauthorized and legal men, but not enough to suggest a notable wage penalty for unauthorized men. Whereas legal and unauthorized Dominican men had similar annual earnings on average in 2007 (about \$26,000), legal women (\$23,500) earned a few thousand dollars less each year than their unauthorized female compatriots (\$27,000). Somewhat surprisingly, however, foreign-born Dominican women and men earn roughly the same amount overall, with men earning approximately \$1,000 more on average. There are many factors that may help explain these estimated earnings disparities and similarities. For instance, the number of unauthorized Dominican migrant workers is relatively small (eight percent), and thus it is difficult to generalize about the effects of legal status on earnings. Hours worked per week and how often one changes jobs are known predictors of earnings as well. But what else might Figure 15 suggest?





**Figure 15: Dominican Migrant Annual Earnings by Occupation, Legal Status & Sex (Mean), BCQ-MSA, 2007**

The earnings picture for Dominican migrants is rather complex. Earnings in higher status jobs such as Managerial, Professional and Related occupations appear to be very similar for legal and unauthorized Dominican migrant men whereas in lower status jobs such as Construction and Production, legal men fare better. In Service occupations, however, unauthorized men have the advantage. There is similar complexity among Dominican migrant women's earnings, with the wage advantage switching back and forth between legal and unauthorized migrants. In Production and Construction jobs, there does appear to be a legal status penalty with unauthorized Dominican men and women earning less than their legal counterparts, and in the managerial professions women earn substantially less than men regardless of legal status. Thus, we would predict that both legal status and sex matter for Dominican migrant earnings but only in certain job categories.

How do Dominican migrant earnings compare to those of other workers in the BCQ-MSA and in the entire country? We noted above how annual earnings differ by gender and legal status, but all Dominican migrants in the BCQ-MSA earned approximately \$25,500 on average in 2007. This amount is slightly lower than the national mean (\$28,200) and significantly lower than the mean for the BCQ-MSA (\$36,900) according to our analysis of the 2007 ACS data. This \$11,400 difference is driven mainly by the fact that Dominican men earned \$21,735 less than other men in the BCQ-MSA (who earned \$48,000 on average). Women in the BCQ-MSA, taken together, earned \$26,000 – only \$1,000 more than the average Dominican woman.

Another comparison is important to consider for those interested in how the presence of Dominican migrant workers may affect the labor market outcomes of other BCQ-MSA workers. Specifically, how do the occupational labor market segments filled by Dominican migrants compare with those of other workers in the region? An occupational distribution similar to that of other workers points to the possibility of competition and thus the conclusion that Dominicans take jobs from others and drive down wages. But it does not necessarily mean this. It could be that there simply are not enough other workers to fill all the jobs in a particular segment. Similarly, if other workers fill different segments of the labor market than Dominican migrants, this could mean that Dominicans are filling jobs other workers do not want or that Dominicans have displaced others who previously held these jobs. Such are the caveats one should consider before drawing firm conclusions from descriptive data. Subsequent research is needed to provide a more definitive answer to this question.

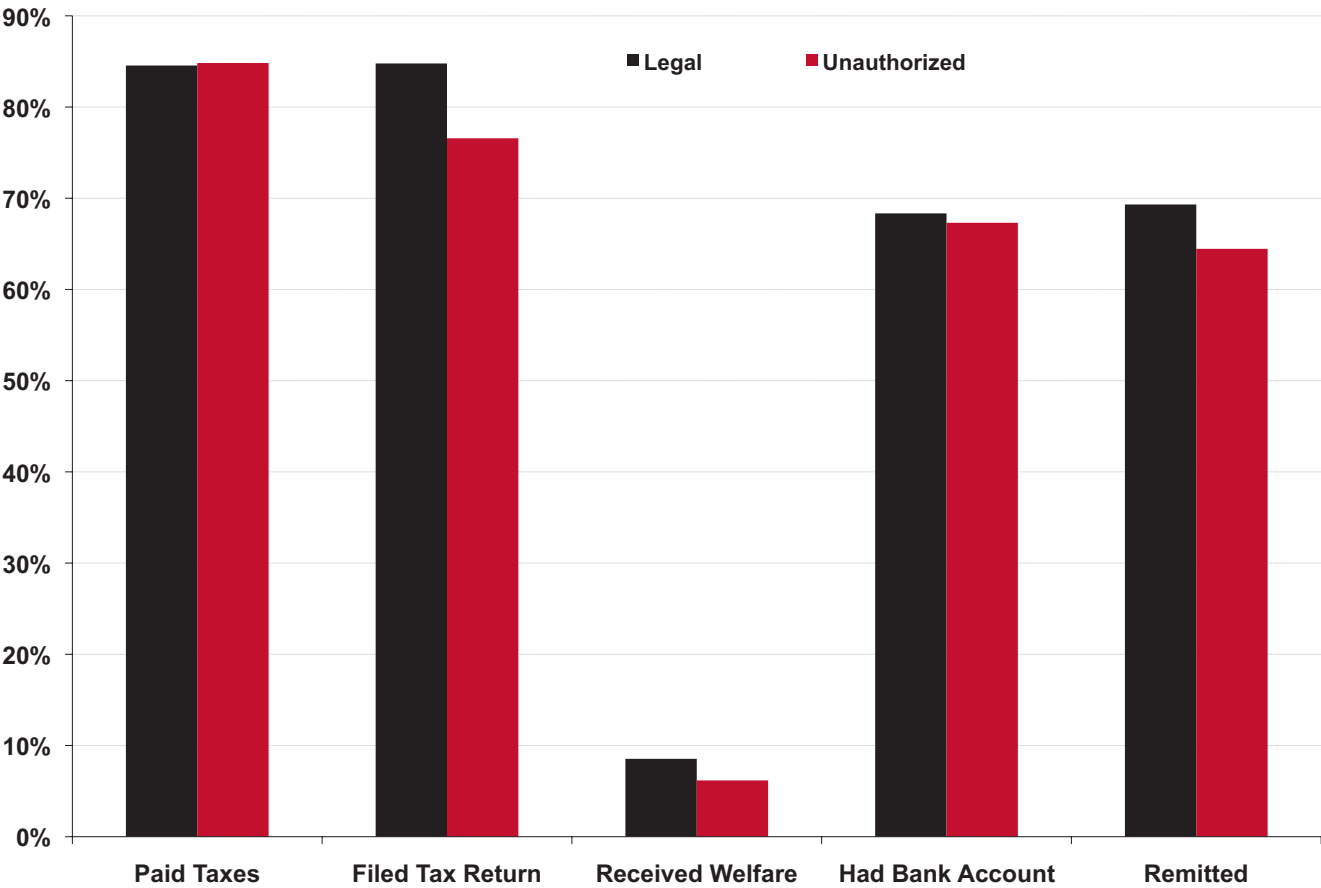
The 2005-2007 ACS data indicate that U.S.-born and other non-Dominican BCQ-MSA adults worked in very different kinds of jobs compared to Dominican migrants. For example, whereas about 40 percent of all men in the BCQ-MSA worked in Management, Professional, and Related occupations in 2007 (not shown above), less than 10 (Figure 14c) to 12 (Figure 14d) percent of Dominican migrant men did. Alternatively, Dominican men filled much higher proportions of Construction and Production jobs compared to other male workers in the BCQ-MSA. This occupational segregation is even more pronounced among women (Figures 14c and 14e). Less than 15 percent of all women worked in Service occupations, but 37 percent of Dominican migrant women did. Furthermore, only four percent of

women in the BCQ-MSA worked in Production occupations compared with 21 percent of Dominican migrant women. These comparisons suggest that Dominican migrant workers are filling jobs that other Boston metropolitan workers are not. If it is the case that Dominicans replaced rather than displaced other workers as they entered these jobs, then they are complementing the skills and occupational ambitions of others. Given that most of the work Dominicans are doing in the BCQ-MSA is lower on the occupational status hierarchy, we are willing to suggest that they are augmenting the regional economy significantly rather than taking jobs others would like.

One last issue to explore briefly with respect to occupation is self-employment. Migrants to the United States have long had a tradition of starting their own businesses, and this tendency has been tied in many cases to economic advancement and integration.<sup>121-125</sup> However, starting a business can also mean working many hours for low profit and few benefits for the owner and employees - an issue that has implications for medical coverage and overall health as will be discussed below. According to the 2005-2007 ACS data, approximately 10 percent of all workers in the BCQ-MSA and 10.5 percent of workers in the United States were self-employed. In contrast, the BM-IHLSS data show that 17 percent of legal Dominican workers and 20 percent of unauthorized Dominican workers in the BCQ-MSA were self-employed in 2007.

**Financial Behavior**

Turning to other financial behaviors (in Figure 16), we see that 85 percent of legal and unauthorized Dominican migrants claimed to have paid taxes on their earnings and the same proportion of legal Dominican migrants reported filing a tax return in 2007. Approximately 70 percent had a bank account and sent money home (remittances) to the Dominican Republic. Unauthorized Dominican migrants were quite similar, though a slightly smaller proportion filed a tax return (77 percent), had a bank account (68 percent) or sent money home (64 percent). Unauthorized Dominican migrants were also less likely to use welfare (six percent) than legal Dominican migrants (eight percent). The proportion of legal Dominican migrants using welfare (based on a question that asked about “any public assistance or welfare payments from state or local welfare offices”) suggests that all migrants are not created equal, either in terms of legal status or place of birth. For example, according to the 2007 BM-IHLSS data, Brazilian migrants, a more recent and quickly growing group in the BCQ-MSA that has a large proportion of unauthorized migrants, were very unlikely to use welfare regardless of legal status (less than one percent).<sup>114</sup> Furthermore, Dominican migrants who had come to live in the USA before 2000 and after were equally likely to use welfare. So at first glance time in the USA does not appear to explain the disparity between these groups. Additional work with the BM-IHLSS data will therefore be required to investigate the determinants of welfare use among Dominican migrants. However, we should like to highlight the fact that a relatively small percent of all Dominican migrants – legal or unauthorized – used public assistance the year prior to implementation of the BM-IHLSS.



**Figure 16: Dominican Migrant Financial Behavior by Legal Status, BCQ-MSA, 2007**

## Dominican Migrant Household Access to Technology and Transportation

Access to various types of technology (Figure 17), in addition to work and financial resources, may also influence the ability of families and friends to communicate, and thus overall migrant well-being. Although almost every Dominican migrant adult had a mobile telephone, and almost 90 percent had a landline telephone and access to a motor vehicle, only 74 percent had a computer *and* internet access in their home. Unauthorized Dominicans had slightly higher rates of access to the internet and a landline telephone, but lower rates of access to a motor vehicle – a situation that may impede efforts to secure or maintain employment in locations that are too far beyond unauthorized Dominican migrants' places of residence. Additionally, while unauthorized migrants appear to have a slight advantage in terms of internet availability, one in four Dominican migrants did not have access to a computer with internet in their homes. This group may be at a greater disadvantage when such technologies are important for building or sustaining social or employment networks.

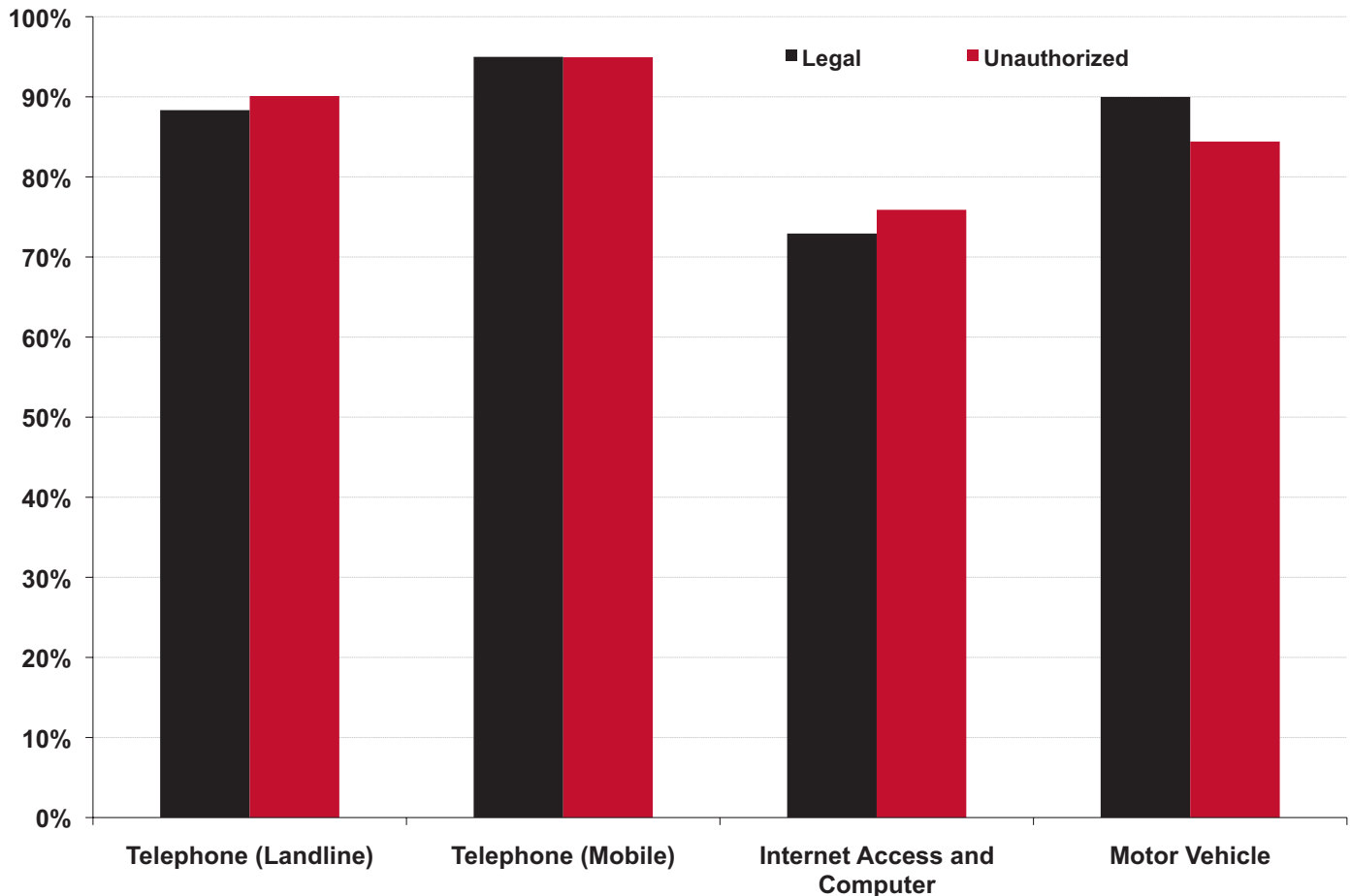


Figure 17: Dominican Migrant Household Access to Technology & Transportation, BCQ-MSA, 2007

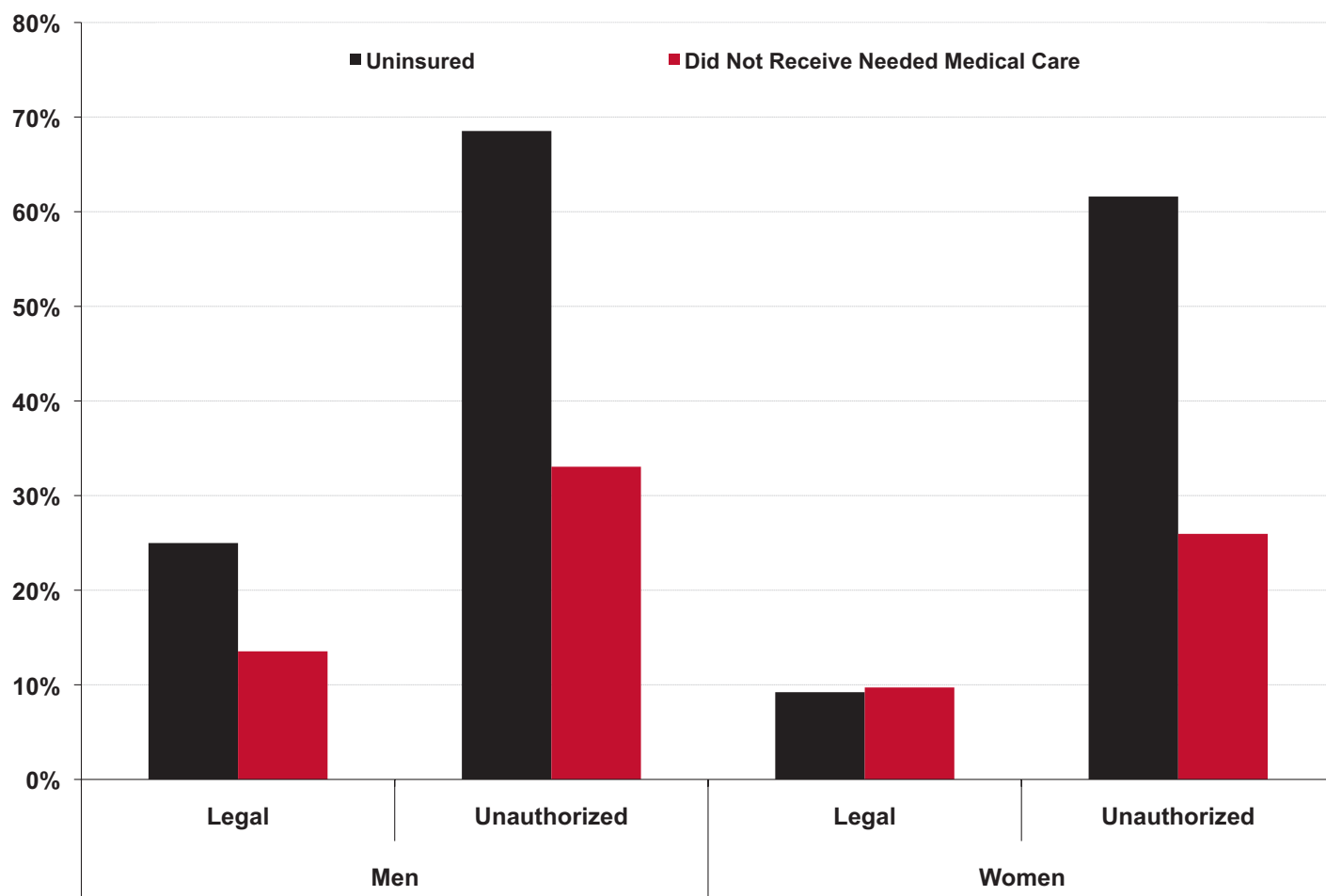
## IV. Dominican Migrant Health and Socio-Political Integration

The conventional view of disparities in health suggests that lower socioeconomic status (SES) – usually measured by lower educational attainment, a lower-status occupation, lower income, a poorer neighborhood, or (for international migrants) poor English skills or being unauthorized – leads to unhealthy behaviors and worse health outcomes. Certain foreign-born groups; however, do not fit neatly into this model. Most Mexicans and other Latinos who migrate to the United States, for instance, are healthier on several important metrics (e.g., birth outcomes, cardiovascular disease) than U.S.-born residents despite their relatively low SES, at least until they have resided in the United States for decades. This apparent anomaly is known as the “Latino health paradox.”

Researchers often distinguish several outcome categories when studying the determinants of health, including (1) mortality, (2) morbidities, (3) functional limitations, and (4) mental health.<sup>126-128</sup> But another important distinction to make is between health and access to health insurance and medical care. Insurance and care are factors that sometimes influence health,<sup>129,130</sup> but despite the political attention often given to the need for “universal health care,” health insurance and the medical attention it supports is not the same as health. Other factors, such as one’s household or neighborhood environment, where one works and the kinds of work one does, the quality of one’s interpersonal relationships, and various health behaviors that may be influenced by these – such as diet, exercise, sleep, sex, smoking and alcohol consumption – may be more important determinants of health than access to care.<sup>57,59,131</sup> Such a broader demographic, population-based, “behavioral-ecological” or “social epidemiological” view of health (which does not exclude insurance and medical care) is necessary if one hopes to uncover the actual or fundamental causes of health and illness among a population. Assessing the relative importance of these various determinants of health unfortunately requires more effort and space than we can afford in this report. But before considering physical well-being, functional limitations, and various subjective health indicators among adult Dominican migrants residing in the BCQ-MSA, we first present evidence concerning the most privileged determinant of health in the United States – access to health insurance and medical care.

### **Access to Health Insurance and Medical Care**

Migrant access to certain resources, services and technologies outside the home – in contrast to those briefly considered in the previous sections of this report – are also important, and one area that has received considerable attention during the past decade is health insurance and medical care. In general, a lower proportion of legal U.S. immigrants have health insurance compared to U.S. citizens, and even lower proportions of unauthorized migrants are insured.<sup>78,79,98,99,132</sup> For instance, approximately 60 percent of unauthorized Latino migrants in California were uninsured between 1994 and 2001, compared to about 40 percent of legal Latino migrants and 10-30 percent of all other ethno-racial-nativity groups.<sup>98</sup> Such high proportions of uninsured among legal and unauthorized migrants should not come as a surprise given that almost 50 million of all U.S. residents, mostly non-Latino and U.S.-born whites, currently do not have health insurance. Nationally, some of the most recent estimates suggest that 26 percent of all foreign-born adults, 37 percent of foreign-born Latino adults, and 11 percent of U.S.-born adults were uninsured.<sup>133</sup>



**Figure 18: Dominican Migrant Access to Health Insurance and Needed Care, BCQ-MSA, 2007**

Figure 18 offers information that is consistent with previous research. Between 62 and 69 percent of unauthorized Dominican migrants (women and men) were uninsured in 2007. Approximately 17 percent of their legal compatriots were as well. Legal status also appears to have had an effect on whether adult Dominican migrants obtained the medical care they deemed necessary. Approximately 10 percent of legal Dominican migrants failed to receive medical care when they thought they needed it, while notably higher proportions of unauthorized migrants – 26 percent of women and 33 percent of men – did not receive needed medical care. Dominican migrant men most often cited cost as the deterrent to receiving medical care they reported needing (86 percent) as did women (57 percent), but 40 percent of women also indicated that travel or time constraints prevented them from receiving needed medical care. Nevertheless, the BM-IHLSS data suggest that most Dominican migrants (87 percent) are able to obtain medical care when they require it. We hope to investigate what kinds of care Dominicans access, and who pays for this, in the near future.

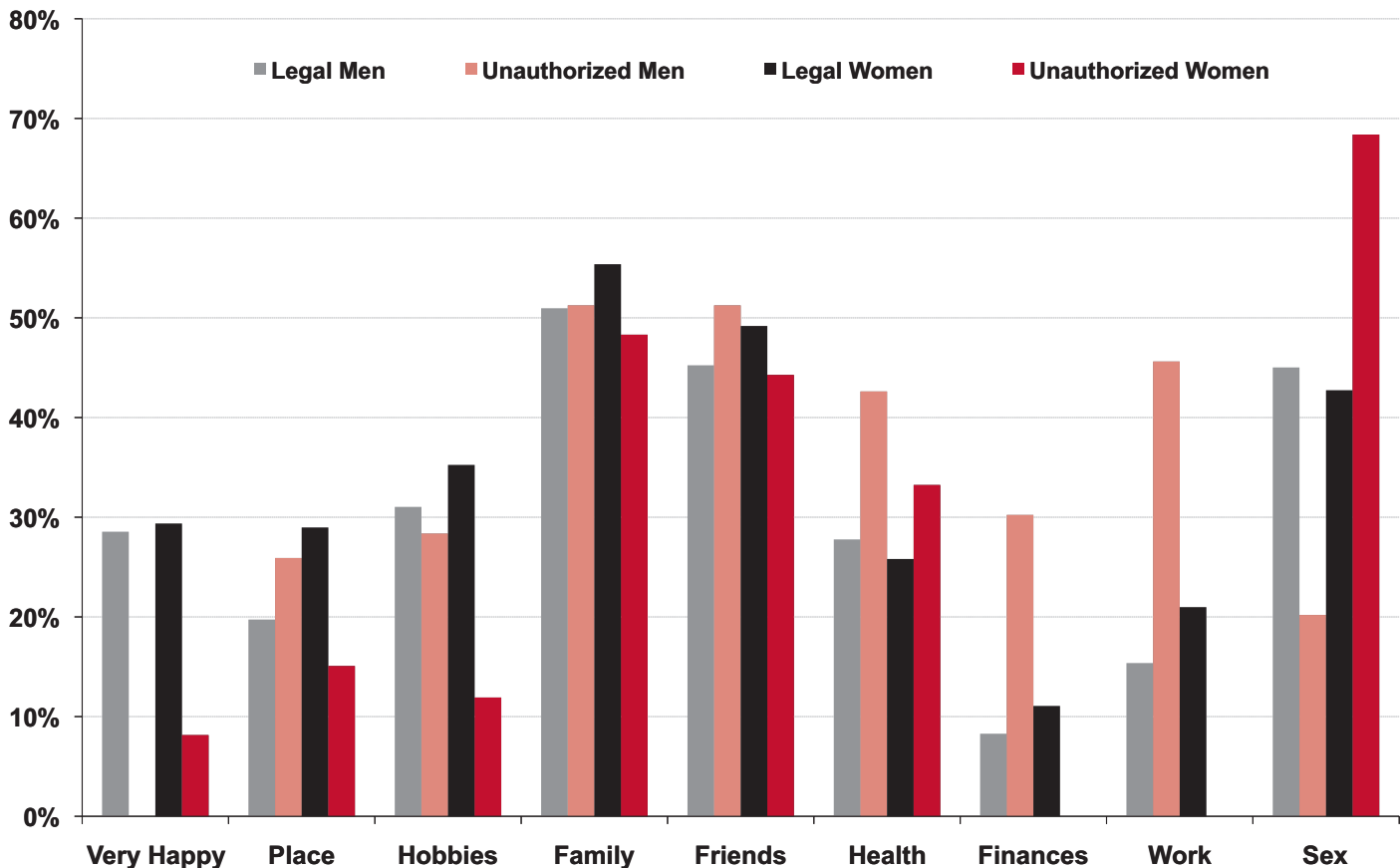
Access to medical care, of course, does not guarantee a high quality of medical services for those who receive them. As we saw in the previous section, less than 40 percent of Dominican migrants claim to speak English very well, a situation that may hinder health communication between clinicians and Dominican migrant patients. The 2002 National Survey of Latinos (NSL), for example,<sup>134</sup> indicates that 30 percent of Latino migrants, including Dominicans, in the United States reported problems communicating with health care providers. Analyses of the NSL have also demonstrated that perceived discrimination based on skin color or ethnicity acts as a significant predictor of unmet medical care needs among Latino migrants, a finding we cannot explore in this report but which offers an avenue for further research.<sup>135</sup> Indeed, much more research is needed to understand what kinds of medical services Dominican migrants receive, and whether these are meeting their needs. Finally, we need to learn more about the relative contribution of medical care to Dominican migrant health and well-being.

Although not shown in Figure 18, for unauthorized Dominican migrants being self-employed decreased the likelihood that they would have health insurance, while for legal Dominicans self-employment has little effect – 80 percent of legal self-employed Dominican migrants had health insurance while only 10 percent of unauthorized self-employed Dominican migrants were insured. Furthermore, we saw above in Section II of this report that a number of Dominican migrants have entered the United States within the past five years. This is of particular interest in the context of Massachusetts deciding to withdraw public insurance for foreign-born authorized migrants (discussed further in Section V below). Specifically, we estimate that approximately 4,800 (or eight percent) of all legal Dominican migrant adults residing in the BCQ-MSA migrated to the United States less than five years prior to the BM-IHLSS.



## Happiness and Domain-specific Life Satisfaction

Perhaps the most comprehensive measure of human well-being is overall happiness,<sup>136</sup> or what appears to be a function of satisfaction in several constituent life domains.<sup>137</sup> Despite a considerable rise in the number of studies investigating happiness recently, very little research on the happiness of migrants exists. Although some work has attempted to address the well-being of certain migrant groups by assuming that socioeconomic status is a proxy for subjective well-being,<sup>97</sup> no study, as far as we know, has investigated life satisfaction or happiness among Dominican migrants in the United States. In fact, the only study we were able to locate in the leading academic journal on international migration finds that life satisfaction among refugees in Australia was relatively high despite significant labor market discrimination.<sup>138</sup> Such resilience is typical of many U.S. migrants, and consistent with the notion that they are selected on health – that is, the so-called “healthy migrant effect.”<sup>139</sup>



**Figure 19: Percent Dominican Migrants Very Happy or Reporting a Great Deal of Domain-Specific Life Satisfaction, BCQ-MSA, 2007**

In Figure 19 we see two results regarding Dominican migrant well-being worth noting. First, 26 percent of all Dominican men report having been very happy, on average, and 28 percent of Dominican women did. There are an insufficient number of observations for unauthorized men on this metric to provide separate estimates. However, a lower proportion of Dominican men appear to be very happy compared to all men residing in the United States (32 percent in 2002), and an equal proportion of Dominican women appear to be very happy compared to all U.S. adult women (28 percent in 2002). Second, smaller proportions of unauthorized Dominican migrants were very happy compared to their legal compatriots (four vs. 29 percent).

A quick scan of the proportions of Dominican migrants who reported getting a great deal of satisfaction from various life domains reveals some important differences. Among Dominican men, for example, we see that higher proportions of unauthorized migrants were satisfied with their place of residence, friends, health, financial situation and work. Authorized migrant men, alternatively, were more satisfied than their unauthorized male compatriots with their hobbies and sex lives, while legal and unauthorized men derived about the same satisfaction from their families. Among Dominican women, authorized migrants reported greater satisfaction than unauthorized women in every domain except their health and sex lives.

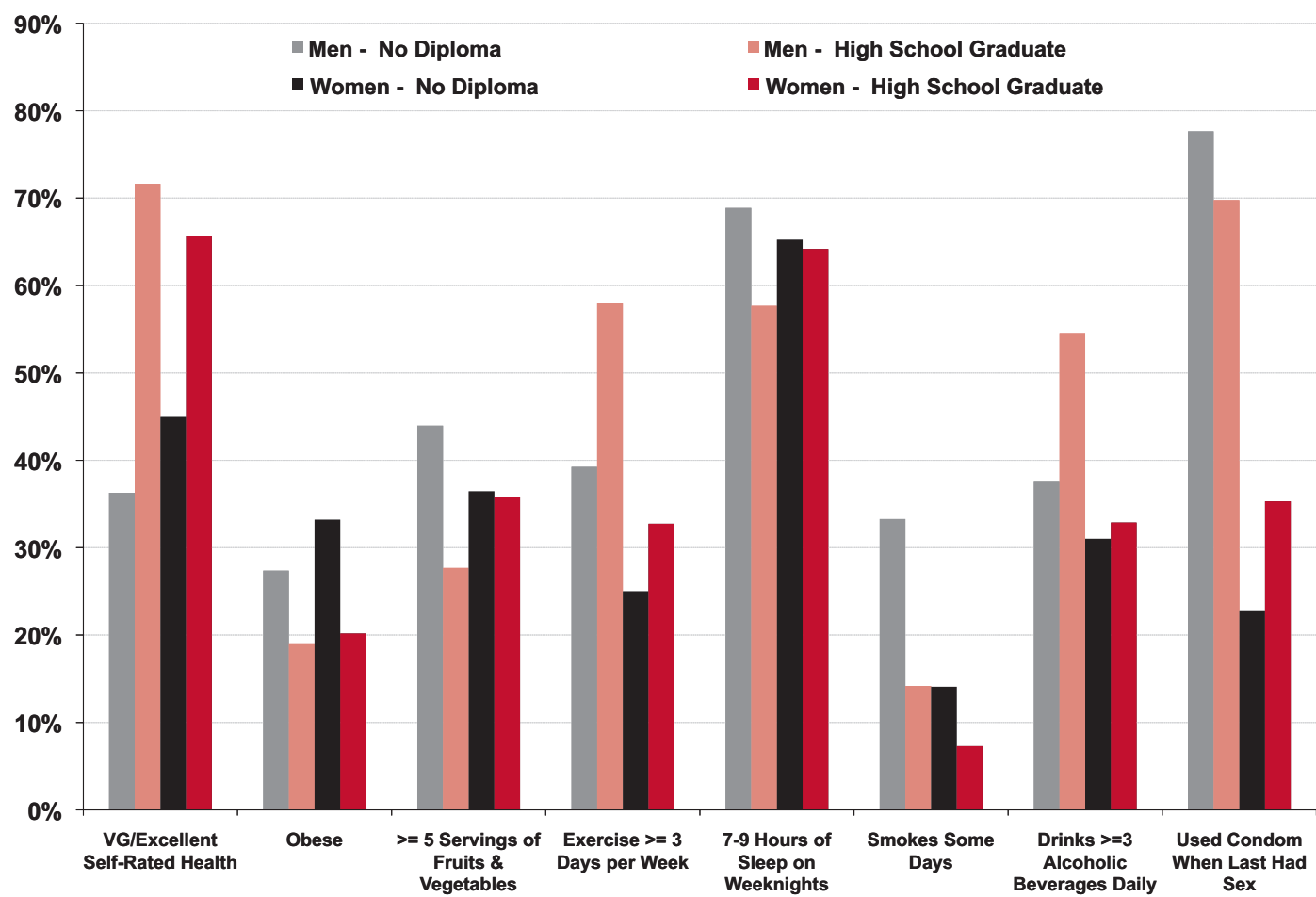
Past research suggests that satisfaction with one’s family, finances, and health are the most important domain-specific predictors of overall happiness among men and women in the United States.<sup>137</sup> When limiting the sample to the working-age U.S. population, work is also an important domain. It is unclear from the above descriptive results, however, that the same domains of life that explain happiness

among all adults in the United States will do so for Dominican migrants in the BCQ-MSA. But this represents yet another opportunity to use the BM-IHLSS data to study the well-being of Dominican migrants more systematically than has been done to date. What explains the finding that legal and female Dominican migrant adults are happier than their unauthorized and male compatriots? And will the advantage Dominican women seem to have over their male counterparts disappear as the population ages?

**Self-rated Health and Health Behaviors**

We now turn to a consideration of self-rated health and various health behaviors by gender and educational attainment in an effort to determine whether socioeconomic status (typically measured by education, occupation and earnings) influences health behaviors and outcomes among Dominican migrants in the BCQ-MSA as suggested by the SES-health disparities framework. Or do Dominicans conform to the so-called “Latino health paradox”? For instance, the higher one’s educational attainment the healthier one should be – if all other things in life were the same for those we are comparing. Because we are only focusing on educational attainment and are not accounting for “all other things,” however, this may not be the case. And it may not be the case even if we could control for everything else.

Figure 20 provides only a rough estimate of how socioeconomic status may influence health among Dominican migrants through various health behaviors, and the picture is relatively mixed. A higher proportion of high school graduates, among both Dominican men and women report having had very good or excellent “general” health. And although an equal proportion of Dominican women report very good or excellent health as Dominican men (60 percent) on average – Dominican men with a high school education have the highest proportion (72 percent).



**Figure 20: Dominican Migrant Self-Rated Health and Health Behaviors, BCQ-MSA, 2007**

The higher assessment of general health among Dominican men and women with a high school education is what we would expect, but according to the SES-health framework these men and women should also exhibit more positive health behaviors than their less educated compatriots. On average, this is the case for just half of the behaviors illustrated in Figure 20 (i.e., self-rated health, obesity, exercise, smoking). It is not the case for diet, sleep, alcohol consumption and condom use, however. Specifically, lower proportions of Dominican men and women with a high school education were obese (20 percent versus 30 percent of those without a high school education), and they also had a lower prevalence of obesity than other U.S.-born adults (23 percent) but a higher prevalence than all foreign-born migrants (16 percent) residing in the United States.<sup>133</sup> Dominican men and women with a high school education were also less likely to smoke than their counterparts (11 versus 24 percent) and more likely to exercise (45 versus 32 percent).

However, Dominican migrant men with a high school education actually exhibited worse behavior than those men without a high school education on every other measure – they were 16 percent less likely to have eaten at least five servings of fruits and vegetables each day, eight percent less likely to have used a condom the last time they had sex, 11 percent less likely to sleep between seven and nine hours on weeknights and 19 percent more likely to consume unhealthy amounts of alcohol (more than three drinks per day on average). Dominican women were more similar across the remaining measures with approximately the same propensity to eat their daily fruit and vegetable servings, get seven to nine hours of sleep on weeknights, and consume more than three alcoholic beverages each day. However, women with a high school education were 12 percent more likely to have used a condom during their last sexual encounter than those without a high school diploma.

Dominican migrant men and women appear to be somewhat similar with respect to many health behaviors, although there are some notable differences. Sixty-four percent of both Dominican migrant men and women report getting a healthy amount of sleep on weeknights making them very similar to other adults in the United States, slightly less than 70 percent of whom sleep between seven and nine hours on average during the week.<sup>140-142</sup> Likewise, 36 percent of each group eats the daily recommended amount of fruits and vegetables compared to the national average for all adults, which is 11 percent. However, Dominican migrant men with a high school education stand out when looking at exercise and alcohol consumption, getting more exercise (58 percent exercising three or more times per week) and consuming more alcohol (55 percent drinking three or more alcoholic beverages daily) than other Dominican migrants (32 percent and 34 percent respectively). With the exception of Dominican migrant women with less than high school education, all other Dominican migrants report getting more exercise than the 31 percent of the U.S. adult population that exercises at least three times a week.

Dominican migrant men without a high school education were more likely to smoke some days (33 percent) compared to other Dominican migrants (12 percent). This latter finding is disconcerting and puts Dominican migrant men with less than a high school education at the high end of the smoking spectrum; by comparison only eight percent of all U.S. migrants smoke and even U.S.-born non-Latino blacks are nine percent less likely to smoke (24 percent), according to the nation's most respected data source.<sup>133</sup> However, this is also an interesting finding in light of a similar tendency to smoke among Brazilian migrants in the BCQ-MSA. Twenty-seven percent of Brazilian migrants reported smoking in 2007 regardless of SES, and like Dominican men, 34 percent of Brazilian men smoked. Thus it will be important to further explore what aspects of SES and migration status may be significant for predicting smoking behavior, especially among migrant men, using the BM-IHLSS data.

Finally, there is a substantial gap between unmarried Dominican migrant men and women in terms of safe sexual behavior with only 29 percent of unmarried Dominican women indicating that they used a condom when they last had sex versus 74 percent of unmarried Dominican men – a higher proportion than the 65 percent of unmarried men in the USA who reported using a condom when they last had sex.<sup>143</sup> In particular, only 23 percent of unmarried Dominican women with less than a high school education reported using a condom during their latest sexual encounter.

The story that emerges from these comparisons concerning the relationship between socioeconomic status and health behaviors is cloudy. Sometimes those who have earned a high school degree engage in healthier behaviors (e.g., exercise, smoking, condom use among women), and sometimes they do not (e.g., sleep, alcohol consumption, nutrition, condom use among men). Educational attainment does appear to have the expected relationship with body weight, though – lower proportions of both Dominican men and women who had at least a high school education were obese. Obviously, future research is needed to understand how socioeconomic and health behaviors are influencing health outcomes among Dominican migrants.

### **Annual Days in Bed & Functional Limitations**

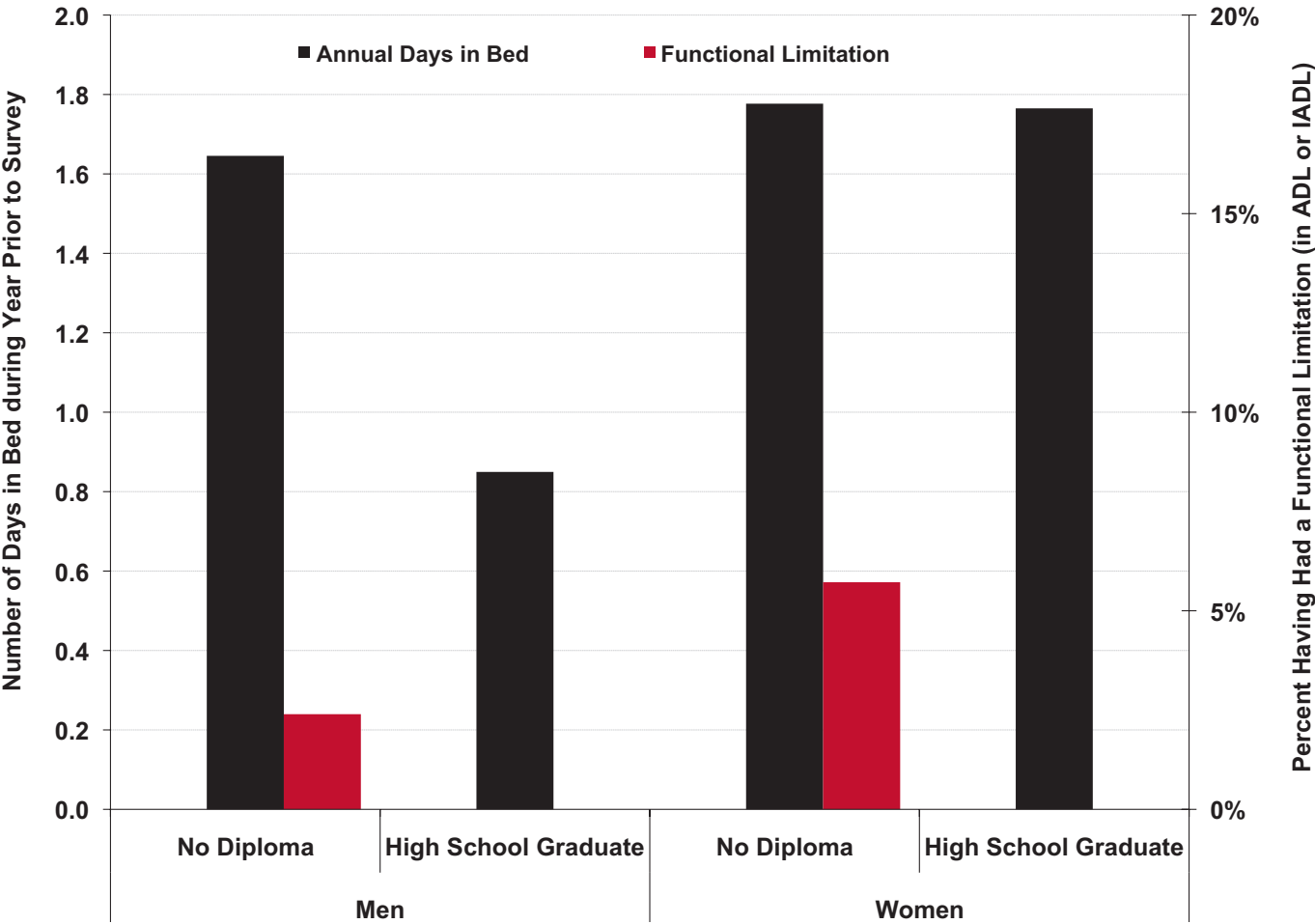
Because recent migrants to the United States are younger than the U.S. population as a whole and are therefore less likely to have lived long enough to have been diagnosed with one of the (chronic) leading causes of death in the United States such as cancer, cardiovascular disease, or diabetes;<sup>126-128</sup> at least one prominent health scholar (David Hayes-Bautista)<sup>68</sup> has called for the need to study intermediate-level health outcomes such as health behaviors (as we just observed), injuries, and less severe illnesses that are more common among younger adults. The number of days someone stays home and in bed (or in the hospital) at least half the day due to illness or injury, missing work or other activities – and limitations in the ability to eat, bathe, dress or get around inside one's home ("Activities of Daily Living") or in the ability to do household chores, necessary business and get around for other purposes ("Instrumental Activities of Daily Living") – are conventional intermediate-level health outcomes by which we might better compare a recent migrant group with U.S.-born residents of the United States.

Regarding the first measure, recent estimates<sup>133</sup> suggest that U.S.-born adults spend about 1.5 more days in bed due to illness or injury than foreign-born adults (4.9 versus 3.4 days). Among our Dominican migrant respondents, those who did not complete high school spent more time in bed during the year prior to our survey (1.7 days) than those who completed high school (1.3 days), and taken together they spent 1.5 days in bed on average (Figure 18). Thus, it appears that Dominican migrants experienced fewer illnesses and injuries that kept them from their usual daily activities and in bed the year prior to the BM-IHLSS compared to other Americans residing in the United States. As we have seen, however, Dominican migrants tend to work in occupations that pay hourly wages and likely have low flexibility

with respect to work absence, so it is also possible that these figures reflect reluctance on the part of Dominican migrants to stay home from work. Figure 21 also shows that Dominican migrant women remained in bed about half a day more than their male compatriots (1.8 versus 1.2 days). Educational attainment made no difference in the number of days Dominican women spent in bed, but it was negatively related to this health metric for men with those having completed high school spending less than one day in bed while their compatriots spent 1.6 days in bed on average.

Nationally, a slightly lower proportion of all foreign-born adults (4.7 percent) compared to U.S.-born adults (5.5 percent) were limited in ADL or IADL.<sup>133</sup> An even lower proportion of Dominican migrants in the BCQ-MSA were disabled by this health metric (4.2 percent), although a higher proportion of women (5.7) than men (2.3) were. According to these intermediate-level health outcomes and contrary to the Hayes-Bautista hypothesis that immigrants may not be as healthy compared to U.S.-born residents as chronic disease estimates suggest then, it appears as if foreign-born residents of the United States in general, and Dominican migrants residing in the BCQ-MSA especially, were less likely to spend time in bed recovering from illnesses or injuries or to have been functionally limited.

Based on what we have observed regarding the labor market niches that Dominican migrants fill and their relatively low earnings, however, it is possible that these metrics are not the most appropriate for capturing their health status as the demands of hourly wages or other work considerations may prevent Dominican migrants from staying in bed or acknowledging any functional limitations. Nevertheless, these findings are intriguing especially in light of the relatively small proportion of foreign-born Dominicans who assess their health as very good or excellent.



**Figure 21: Dominican Migrant Annual Days in Bed & Functional Limitations, BCQ-MSA, 2007**

Thus, comparing Dominican migrant health by more subjective intermediate-level health measures such as self-rated happiness and overall health, and by more objective intermediate-level health measures such as health behaviors and functional limitations leaves us with a somewhat complicated picture. Dominican migrant adults fare relatively well on some metrics, such as days spent in bed, functional limitations, exercise, sleep and nutrition, but on others such as smoking, and self-rated health they fare poorly in comparison to both the U.S.-born population and other migrants in the United States. The small but noticeable disparity between Dominican migrants’ assessment of their general health and that of the rest of the U.S. population may be a particular cause for concern given evidence suggesting that poor self-rated health is a predictor of mortality and disability, especially among men.<sup>143-145</sup>

We have purposely ignored, until now, two potentially important health outcomes. First, we have assumed that the prevalence rates of various chronic diseases that constitute the leading causes of death in the United States are lower for Dominican migrants than for other U.S. resident adults because Dominicans have a relatively young age profile. Below we investigate whether this assumption is valid. Second,

a number of authors have proposed, and the main purpose of our BM-IHLSS project is to investigate the claim, that recent migrants are more likely than other U.S. residents to experience psychological distress (and physiological stress) due to their relatively precarious socioeconomic position (perhaps related to unauthorized status for some).

Although not shown here graphically, several comparisons regarding outcomes thought to be closely linked to health screening are worth making. First, only 5.3 percent of Dominican migrants were diabetic (compared to 6.1 percent of U.S.-born and 6.0 percent of foreign-born adults). Second, 1.5 percent had had cancer at some point in their lives – a statistic that requires further consideration in light of the fact that minority and underserved populations are less likely to have been screened or to be diagnosed with and die from late-stage preventable cancers.<sup>146</sup> However, the BM-IHLSS data suggest that fully 73 percent of Dominican adults who were at least 50 years old had been screened for colon or rectal cancer, which is quite high given the national rate of 60 percent. However, Dominican women were much more likely to have been screened (94 percent) than Dominican men (53 percent) who still fell under the national rate. Third, 5.2 percent of Dominicans had heart disease (compared to 7.6 percent of U.S.-born and 5.7 percent of foreign-born adults). Fourth, 6.6 percent of Dominicans had hypertension (compared to 24.3 percent of U.S.-born and 24.5 percent of foreign-born adults). It seems then that Dominican migrants are indeed healthier when we consider various chronic diseases that are also leading causes of death in the United States,<sup>127</sup> so what is it that causes them to rate their general health poorly relative to the rest of the population?

Of all the health behaviors and outcomes we were able to study using our BM-IHLSS data, Dominican migrant adults were worse off on several – self-rated health, smoking, access to preventive health insurance and medical care, and psychological distress. Regarding our emotional measure of stress (distress), using a conventional mental health index known as the Kessler scale (which uses responses to questions about having been sad, nervous, restless or fidgety, hopeless, worthless, and feeling that everything was an effort), we estimate that 4.1 percent of Dominican migrant adults were experiencing serious psychological distress. Throughout the United States, by comparison, a lower proportion (2.9 percent) of U.S.- and foreign-born residents were, and the Dominican rate was also higher than that among other foreign-born Latinos (3.6 percent).<sup>133</sup> When looking at unauthorized Dominican migrants by themselves we find an even higher rate of psychological distress (5.9 percent).

This finding is consistent with another recent estimate of psychological distress among unauthorized Mexican migrants in the United States.<sup>147</sup> In sum, although unauthorized Dominican migrants appear to be healthier on average on a host of self-reported and more objective health outcomes, they are estimated to be experiencing more psychological distress than other U.S. residents. It remains unclear how higher levels of smoking and alcohol consumption, and lower access to insurance and care, influence or are associated with their higher level of distress. Lower self-rated health may have clearer linkages to psychological distress, but this remains to be seen. While higher levels of psychological distress may not seem terribly problematic, evidence is mounting that prolonged distress eventually leads to a number of chronic diseases that currently rank high in terms of causes of death.<sup>148,149</sup> Indeed, as Berkman and Kawachi claim,<sup>150</sup> distress is the biological link between sociogeographic factors and long-term health.

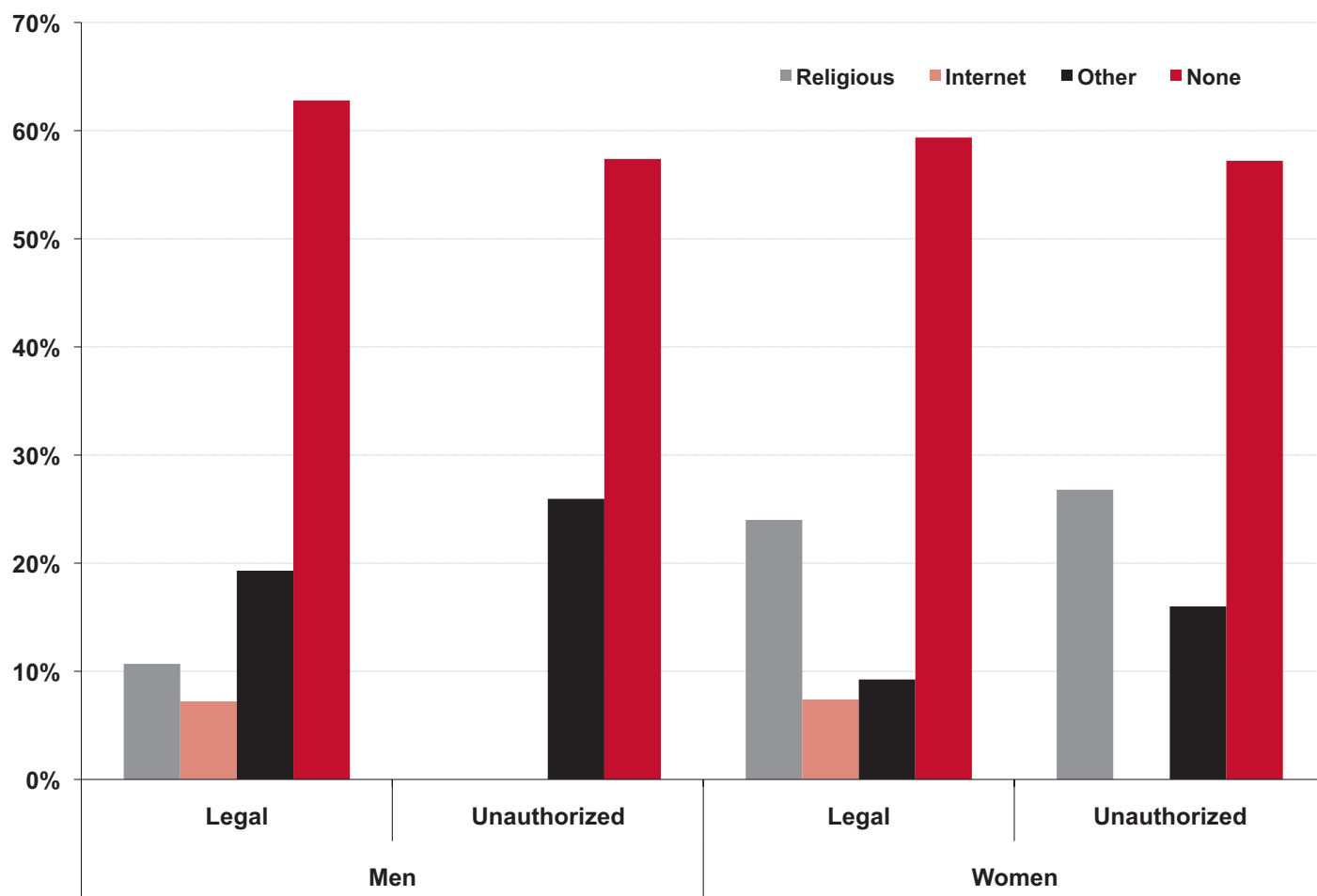
We turn now to consider one potential source of Dominican migrant economic well-being and health – civic, religious, and sociopolitical experiences – or what some researchers term social capital.<sup>151,152</sup> We do not assume, however, that social networks and civic group participation are always protective. They may sometimes be a source of unhealthy behaviors and poor health.

### **Socio-religious and Political Behavior**

In this report we have sought to investigate whether labeling Dominican migrants “permanently temporary” is appropriate. Are Dominican migrants caught between their place of birth and their new home in the United States, or are they integrating more fully into the BCQ-MSA? So far, the responses to these questions have been mixed. Some researchers suggest that Dominican migrants are very active in social circles, citing, for example, annual Dominican parades in New York, the proliferation of “clubes comunales”<sup>153; 102</sup> in places of Dominican settlement, and the organization of local versions of Dominican political party boosters in Boston and New York.<sup>29</sup> However, others suggest that these activities are more about cementing a “transnational” identity than about integrating local communities, pointing to recent political developments allowing Dominican migrants to hold dual citizenship in the United States and the Dominican Republic, the rise of transnational entrepreneurs who straddle the two countries to satisfy market demand for Dominican products in migrant communities in the USA, advertisements in U.S. cities for apartments in Santo Domingo, and even the fact that Leonel Fernández, the President of the Dominican Republic, spent his youth in Washington Heights in New York City.<sup>29,122,154</sup>

One prominent scholar on the subject, Peggy Levitt, takes a more nuanced view of this transnational tendency, suggesting that circular migration, and the practice of sending children back and forth between the United States and the Dominican Republic, results in a process of cultural diffusion, or what she terms “social remittances.”<sup>155</sup> In other words, Dominican migrants and their children, by maintaining active ties with the Dominican Republic, transform both their home and host communities (and themselves) by introducing the norms and practices of one to the other through social interaction.<sup>29,155</sup> One way to measure such diffusion is to examine one mechanism by which cultural diffusion may take place (e.g., civic groups). Looking at various measures of sociopolitical activity and interaction may shed some light on the level to which Dominican migrants in the BCQ-MSA engage with their local communities, especially if we consider civic group participation to be one appropriate measure of social integration.<sup>156</sup>

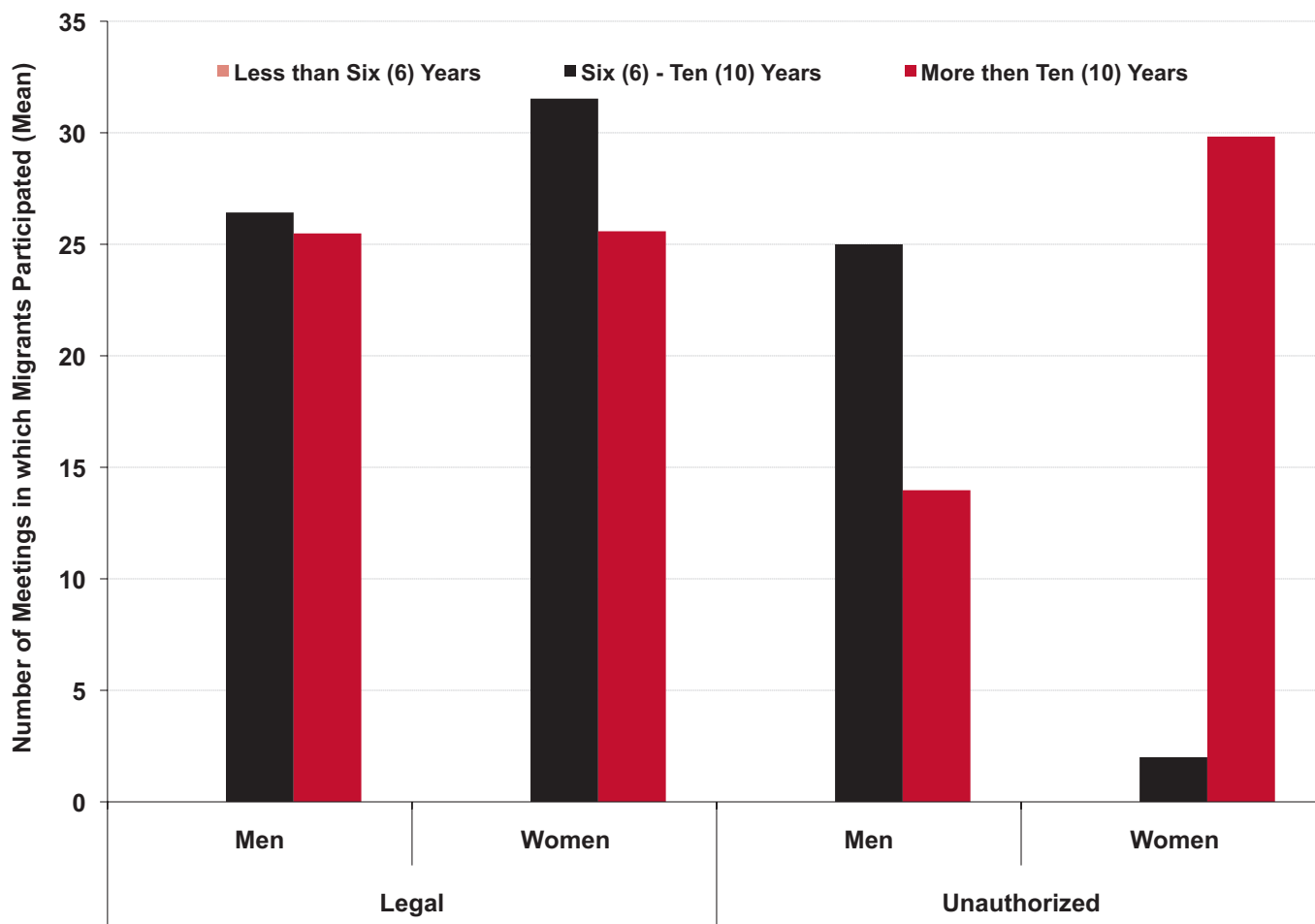
Some observers (most notably political scientist Robert Putnam) employ civic group participation as a proxy for social capital, a concept that has been shown to be important for understanding labor market and health outcomes.<sup>151,157</sup> In our view, however, social capital is best defined as interpersonal networks of reciprocity – a definition that does not assume that the groups in which one participates or those with whom one associates are automatically beneficial or harmful to one’s economic opportunities or health.<sup>156</sup> Relationships, that is, may reduce or be a source of harmful chronic stress and overall health. Whether the relationships Dominican migrants have with others are helpful or harmful is an empirical question that requires representative data such as the BM-IHLSS. The same is true regarding whether participating in some group is healthy or unhealthy.



**Figure 22: Dominican Migrant Civic Group Participation, BCQ-MSA, 2007**

Figure 22 presents findings regarding Dominican migrant adult involvement in several types of civic, religious, virtual and other groups. In general, it appears as though the majority of Dominican migrants are not involved with any group – the year prior to our survey only 39 percent were involved in some type of organization. Of those who were involved, women (42 percent) were slightly more likely than men (40 percent) to participate, however, and unauthorized (43 percent) more likely than legal (39 percent) Dominicans. Out of 15 possible types of organizations, religious groups stand out as having been most important to Dominican migrants during the year prior to our survey. Twenty-five percent of Dominican migrant women and 11 percent of Dominican migrant men (or an average of 18 percent) reported being involved in a religious organization. It is important to note here that “involvement” implies a deeper attachment than simply attending a church or other kind of religious service. Seven percent of Dominican men and women were also involved in an internet-based group (e.g., Hi5, Facebook). Another seven percent were involved in either a parent-teacher organization or a sports club of some kind, and approximately four percent of Dominican men and women were involved in a youth organization, senior citizen group, charity organization, labor union, business organization, ethnic or civil rights group, art or literary group, support group, or other kind of organization.

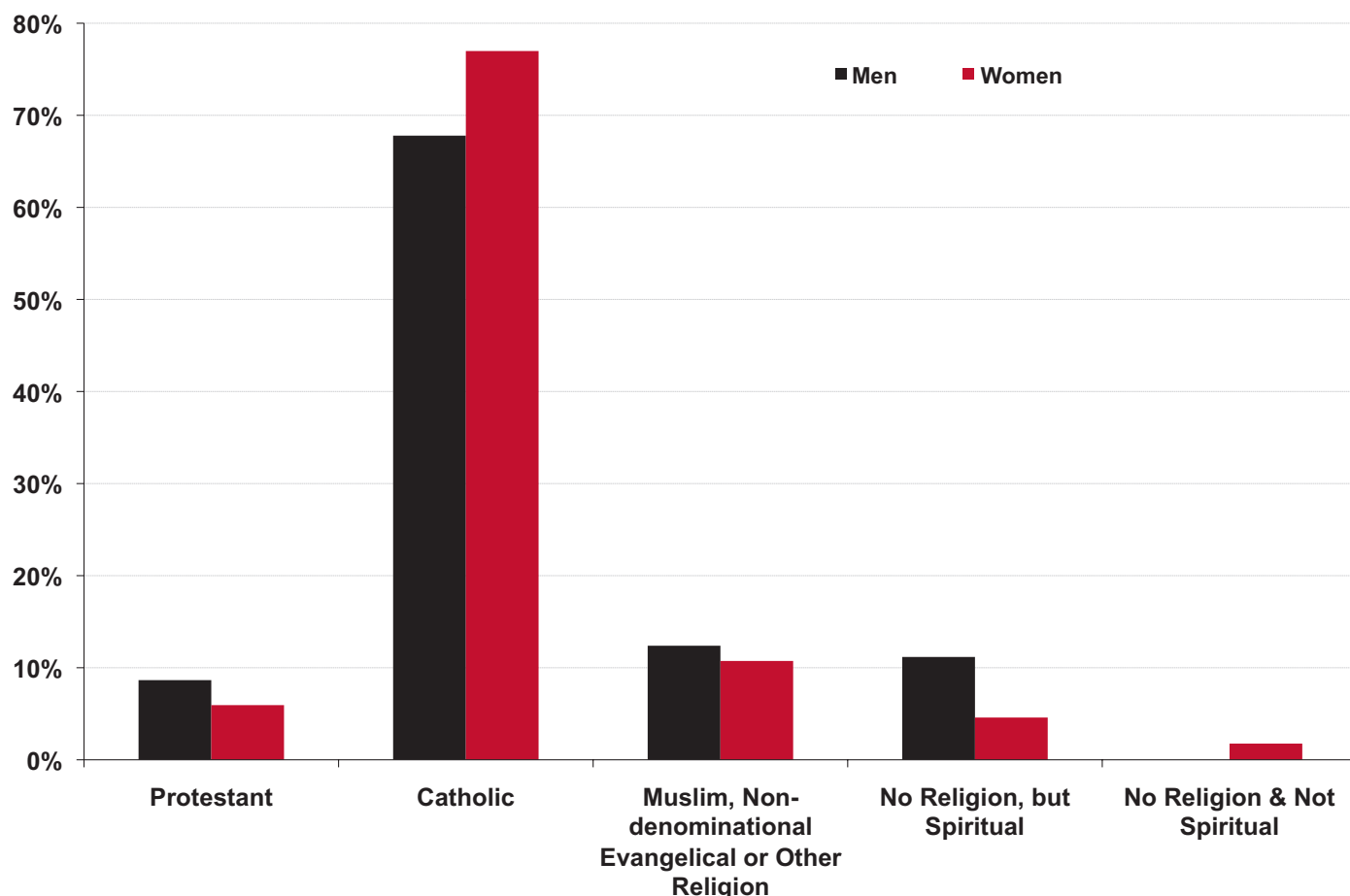




**Figure 23: Dominican Migrant Religious Attendance by Time Residing in the USA, BCQ-MSA, 2007**

Figure 23 focuses on church attendance – a key mechanism for transmitting social remittances between the United States and the Dominican Republic.<sup>29,158</sup> There is little doubt that religious institutions have historically played a prominent role in helping international migrants integrate culturally and socioeconomically in the United States,<sup>159-162</sup> and that migrants help transform religious institutions.<sup>163</sup> Although we do not investigate how Dominican migrants and religious institutions influenced each other in the BCQ-MSA systematically in this report, the BM-IHLSS data permit us to estimate how often migrants attended religious meetings by gender, legal status and time residing in the United States. Dominican migrant women (24 percent) reported having attended more religious meetings than their male compatriots (18 percent) on average during the year prior to the BM-IHLSS, while authorized migrants (25 percent) attended more often than unauthorized migrants (18 percent). On a monthly basis legal Dominican migrants attended religious meetings 3.5 times on average while their unauthorized counterparts attended 2.8 times on average. Furthermore, all Dominican migrants, except unauthorized women who appear to increase their participation substantially, attend fewer meetings the longer they reside in the United States. The difference in religious participation by gender and legal status suggests that the church may offer Dominican migrants different benefits depending on these factors, and points to an area of inquiry worth investigating in the future. Levitt has suggested, for example, that Dominican women participate in religious organizations more often than men because these organizations offer more space for them to exercise leadership in the community without having to compete with men as much as they would in other political and social organizations.<sup>29</sup>

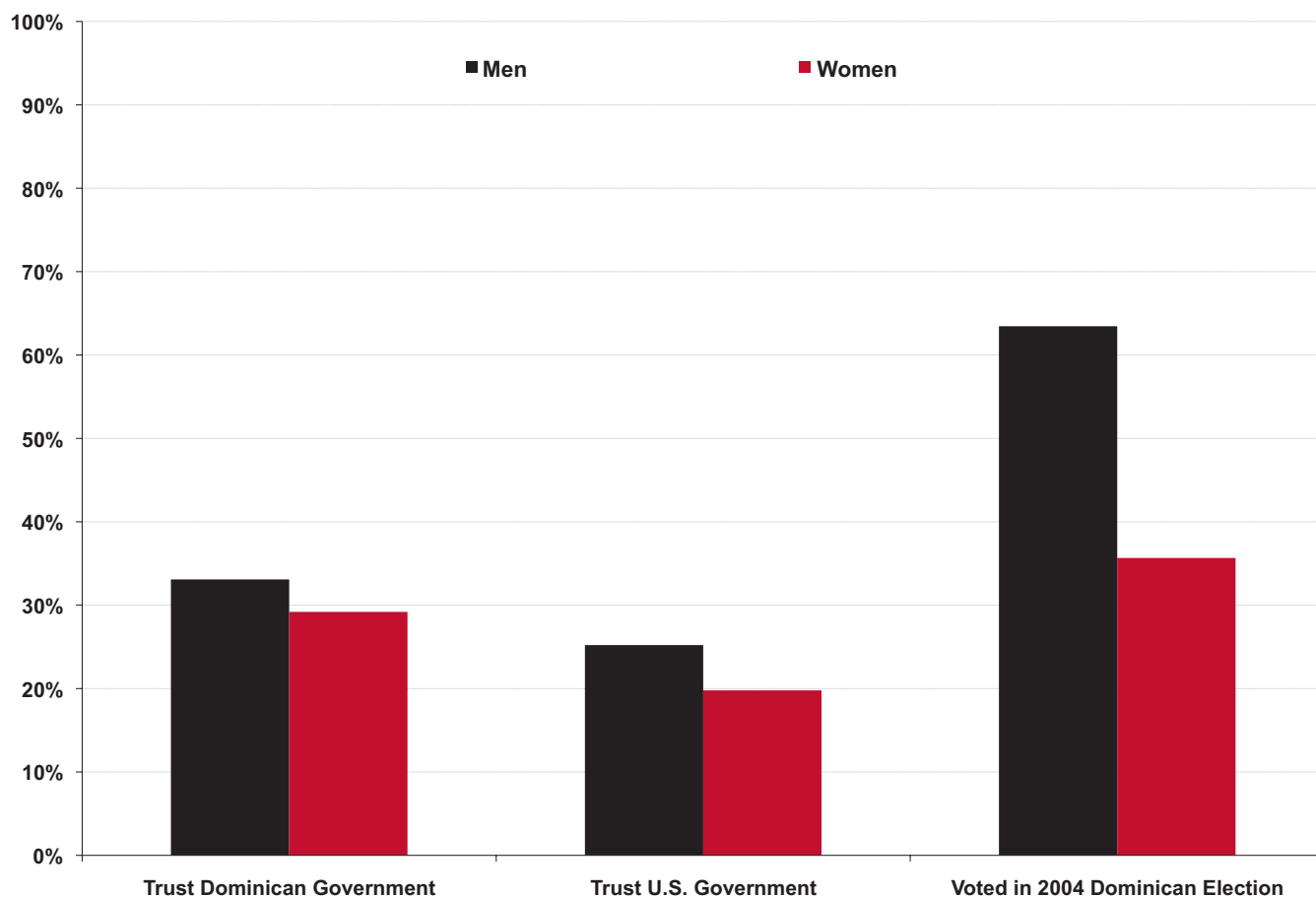
The attendance numbers may seem surprisingly low, however, given that more than 90 percent of Dominicans in the Dominican Republic have classified themselves as Catholic in the past,<sup>164</sup> but it suggests that affiliating oneself with a particular religious tradition does not necessarily have the same meaning for everyone. Like other Latino and Caribbean migrants, many foreign-born Dominicans in the United States have tended to incorporate syncretism (the fusion of different forms of spiritual belief) into their religious practice, and the celebration of religion in these and other cases may have little to do with attending church services.<sup>153</sup> Priest shortages and lack of penetration on the part of the official Catholic Church into more rural areas of the Dominican Republic over the years combined with a tradition of incorporating folk practices and laypersons as church leaders has encouraged Dominican migrants to tend to their own religious needs in many ways.<sup>29</sup> Thus, the formality of church services in the United States may not be as appealing to some Dominican migrants who have learned to worship independently. According to one Dominican folklorist, “...there is no such thing as a religiousness that is totally Catholic. There is Catholic primacy with a syncretic presence of the element of African culture,”<sup>29: 163</sup> an idea partly illustrated by Figure 24 below.



**Figure 24: Dominican Migrant Religious/Spiritual Preference, BCQ-MSA, 2007**

The majority of Dominicans residing in the Dominican Republic (90 percent) and in the United States in 2007 (73 percent) were Catholic. Yet Protestantism, particularly of the evangelical variety, and the use of syncretic practices or folk religions independent of Catholicism also appear to be increasing slightly among Dominican migrants in recent years.<sup>158,165</sup> We have been unable to find any representative data on religious affiliation among Dominican migrants in any region of the United States, and thus Figure 24 offers the first systematic evidence concerning their religious affiliation as far as we are aware. The question asked in the BM-IHLSS is straightforward, “What is [the subject’s] religious preference?” Available responses were (1) Protestant, (2) Catholic, (3) Jewish, (4) Muslim, (5) Buddhist, (6) Some other religion, (7) No religious preference, but have spiritual beliefs, and (8) No religious preference, and no spiritual beliefs. The BM-IHLSS data intimate that approximately seven percent of Dominicans were Protestant in 2007 while eight percent professed being spiritual but without a particular religious affiliation, and although not shown here, 11 percent indicated that they participated in some other religion – whether these latter two categories include non-institutionalized religions, such as Haitian Vodou,<sup>158</sup> remains to be seen however. As we would expect, most Dominican migrants in the BCQ-MSA were Catholic, but an even higher proportion (90 percent) are in the Dominican Republic – again raising the possibility that Catholicism is on the decline, at least among Dominican migrants, while other spiritual practices and religions are gaining a firmer hold.<sup>165</sup>

Interestingly, about nine percent more Dominican migrant women were Catholic compared with Dominican migrant men, and about three percent more Dominican migrant men were Protestant. Equal proportions (11 percent) claimed to belong to some other religion. Unauthorized Dominican migrants (77 percent) were also slightly more likely to be Catholic than authorized migrants (73 percent) while larger proportions of authorized migrants were Protestant (eight versus two percent) or subscribed to an unspecified “other” religion (11 versus four percent). Clearly more research regarding Dominican migrants’ religious behavior and its ensuing consequences is needed, especially as it relates to their relatively low SES position in the BCQ-MSA, to their social capital accumulation,<sup>166</sup> and to their health and future prospects for integration in the United States.



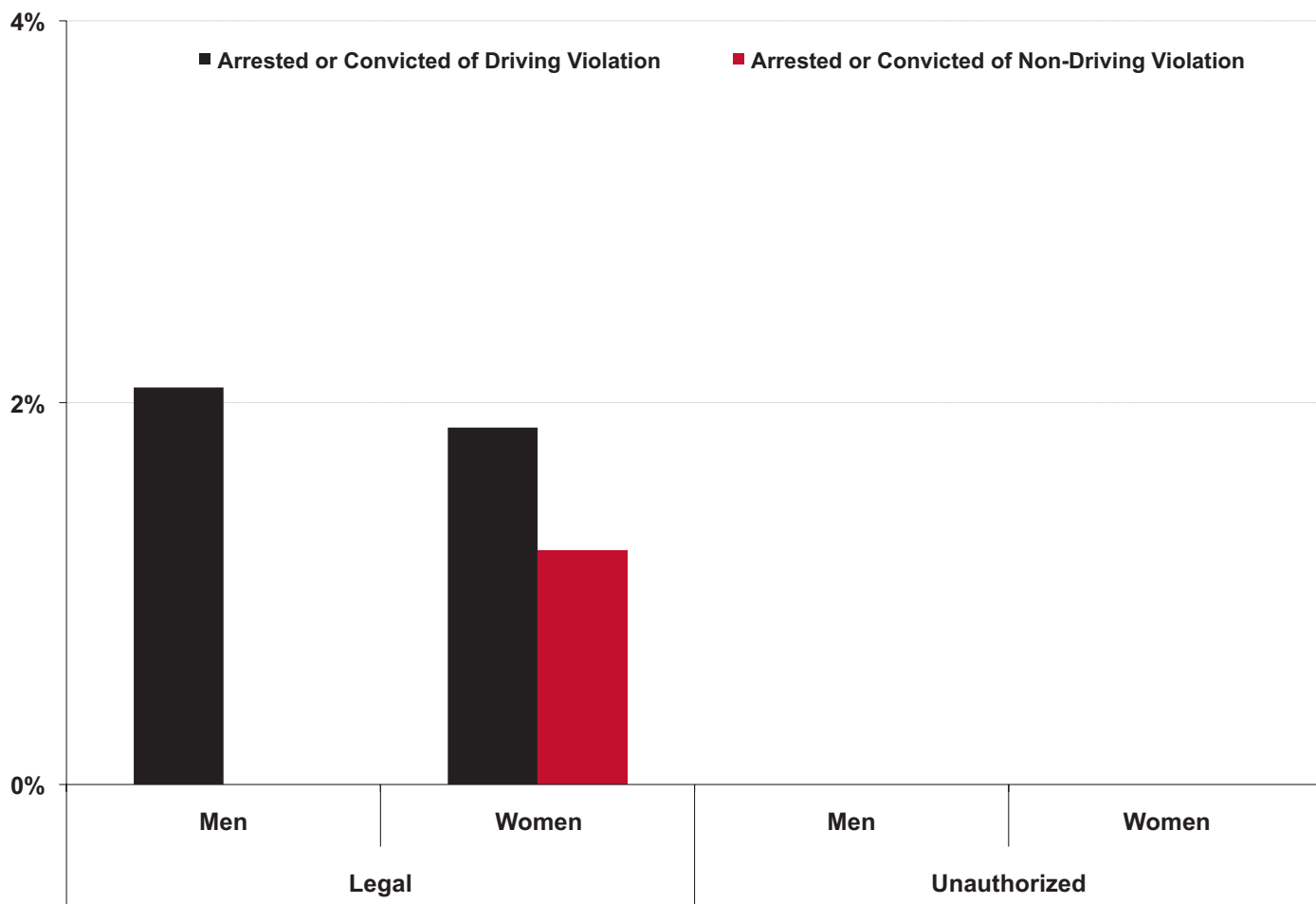
**Figure 25: Dominican Migrant Trust in Government and Voting Behavior, BCQ-MSA, 2007**

While religious and other types of group participation are commonly used to indicate the level or quality of social interaction population groups have, and serve as a proxy for how trustful people are, it may also be useful to gauge how much migrants trust government and whether they are politically active when we are interested in understanding integration in a host nation. These metrics may have particular relevance for Massachusetts and the BCQ-MSA because both the Governor’s Office and the Boston Mayor’s Office have established wide-ranging initiatives designed to facilitate the integration of new migrants in the state and address the potential challenges that accompany demographic change.

Figure 25 shows that relatively low proportions of Dominican migrants agreed or strongly agreed that the governments in either the United States or the Dominican Republic “can be trusted to do what is best for the people most of the time,” however, they were more likely to trust the Dominican government. Specifically, although only 23 percent of Dominican migrants trusted the government in the United States using this criterion, about one-third (31 percent) trusted the Dominican government; both, however, are lower than the proportion of all men (37 percent) and women (38 percent) in the United States who expressed trust in the government to do what is right.<sup>167</sup> As we might expect, unauthorized Dominican migrants (nine percent) were much less likely to trust the U.S. government than their legal counterparts (23 percent), while women (20 percent) were less likely to do so than men (25 percent). Equal proportions of unauthorized and authorized migrants (30 percent) trusted the Dominican government, while slightly more men (33 percent) did than women (29 percent).

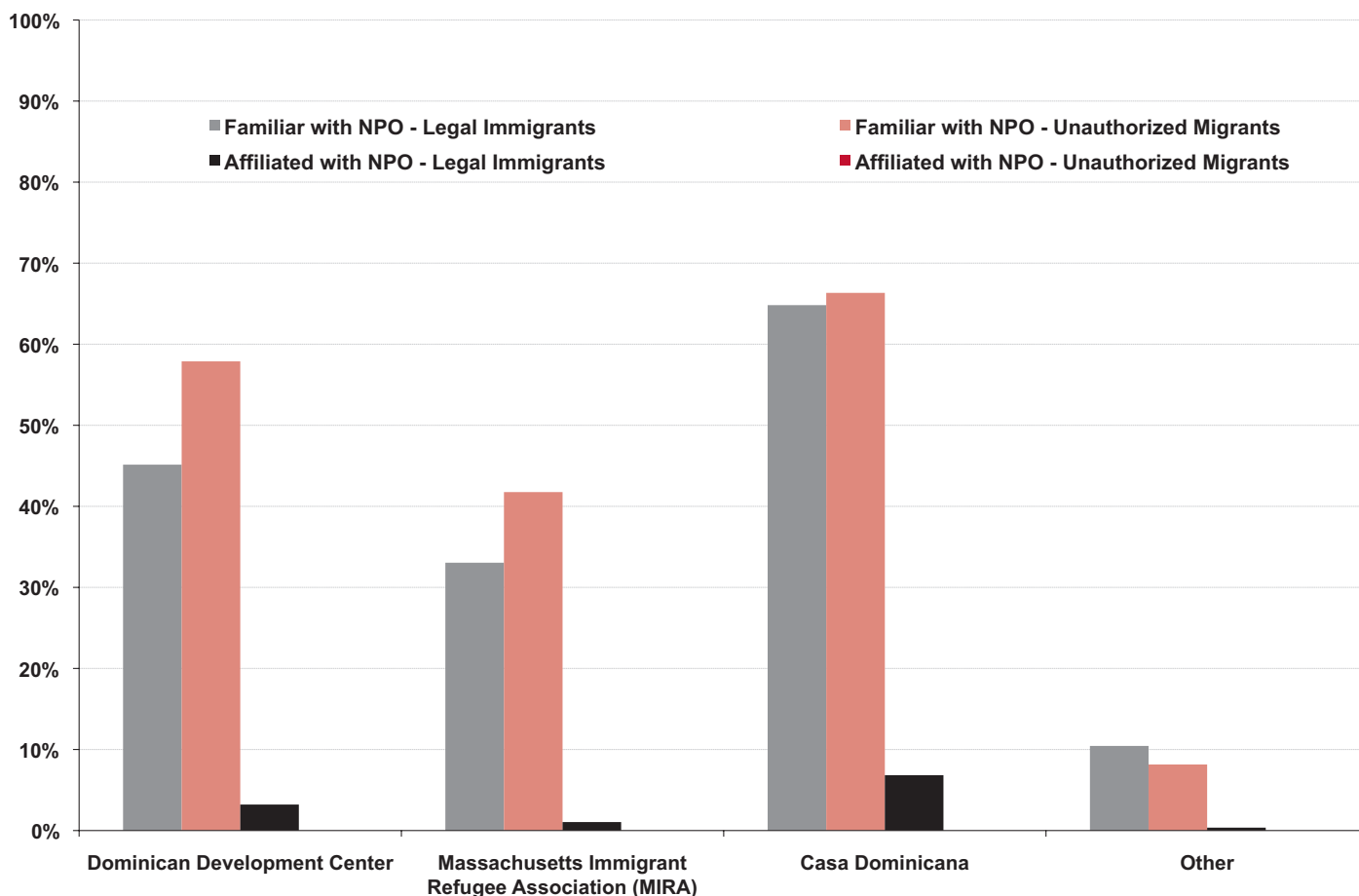
Thus it appears that Dominican migrants are relatively suspicious of the intentions of their host government, results that may hinder the efforts of Massachusetts and the City of Boston on behalf of newcomers, unless these agencies can find effective ways of reaching out to Dominican communities. It would also be interesting in future work to investigate the reasons for lower levels of trust in the United States government, especially in comparison to the Dominican government – an institution that has only recently moved away from dictatorial to democratically-elected governments – and to the much higher level of trust in the U.S. government expressed by Brazilian migrants in the BCQ-MSA (51 percent).

Although there are a number of competing factors influencing whether a migrant continues to vote in home country elections when residing abroad, in general doing so has been interpreted as maintaining ties to one’s home country and being less integrated in the United States.<sup>168</sup> In the case of Dominican migrants, however, retaining Dominican citizenship does not preclude gaining American citizenship, so the extent to which voting patterns measure integration may be a bit misleading. Forty-nine percent of Dominican migrants voted in the last general election before 2007 (held in 2004). However, higher proportions of men (63 percent) and unauthorized Dominican migrants (75 percent) voted compared to women (36 percent) and authorized migrants (47 percent). The 2004 presidential election in the Dominican Republic was the first in which Dominicans living abroad in the United States were able to cast absentee ballots for their home-country election. Hence, unauthorized migrants did not face the degree of risk in voting that they would have if they needed to return home to cast their ballots, but the large gap between legal and unauthorized migrants in this case is nevertheless intriguing.



**Figure 26: Dominican Migrant Experience with the Criminal Justice System, BCQ-MSA, 2007**

Since September 11, 2001, more attention has been paid to foreign-born residents in the United States in general, but especially to those migrants who may have criminal records or outstanding warrants. Yet, there is strong evidence indicating that first generation migrants – both legal and unauthorized – are less likely to engage in criminal activity and to be incarcerated than their U.S.-born counterparts.<sup>169-171</sup> This has led some sociologists to suggest a “Latino paradox” that extends beyond health to crime and other social indicators.<sup>172</sup> Indeed Figure 26 supports this idea, demonstrating that less than two percent of all Dominican migrants had been arrested in the year prior to the BM-IHLSS survey, and in fact legal Dominican migrants accounted for all of these arrests. Two percent of legal Dominican migrant men had been arrested for a driving violation, while 1.9 percent of legal women had been arrested for the same type of offense. No Dominican migrant men had been arrested for any other type of offense and only 1.2 percent of legal Dominican women migrants had been. Legal Dominican migrant women, in sum, were more likely than others to have been arrested.



**Figure 27: Dominican Migrants and Nonprofit Organizations, BCQ-MSA, 2007**

We have seen that larger proportions of unauthorized Dominican migrants residing in the BCQ-MSA appear to have participated in various civic group organizations, so might this be related to legal status differences in the proportions having had some familiarity or affiliation with various secular community-based organizations serving migrants? Overall, approximately 73 percent of all Dominican migrant adults were familiar with at least one organization that assists immigrants in their effort to navigate the BCQ-MSA institutional context and integrate in their new environment. More women (75 percent) than men (71 percent), and more unauthorized (75 percent) than legal (73 percent) Dominican migrants reported being familiar with one of these organizations. This legal status familiarity gap exists across the first two organizational categories – unauthorized migrants were more familiar with the Dominican Development Center (DDC) and the Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA) – but equal proportions of Dominican migrants were familiar with Casa Dominicana, and more authorized migrants than unauthorized migrants were familiar with some “other” organization. Regarding familiarity with the DDC, for instance, 57 percent of unauthorized Dominican migrants knew of it while 45 percent of authorized migrants did. The same pattern is seen with MIRA where 41 percent of unauthorized Dominican migrants claim to have known about it versus 33 percent of legal Dominican migrants.

Hence, unauthorized Dominican migrants seem to be at least familiar with the services provided by these secular organizations, but an interesting question that follows is whether they take advantage of these services in an effort to facilitate their adjustment to life in the BCQ-MSA. According to Figure 27, it does not appear as though they do. None of the unauthorized Dominican migrants in the BM-IHLSS reported any affiliation with these organizations, and only a very small proportion of legal Dominican migrants did – seven percent were associated with Casa Dominicana, three percent with the DDC, and a mere one percent with MIRA. About eight percent of all Dominican migrants were affiliated with at least one of these organizations, and a larger proportion of females (nine percent) were affiliated with one of these organizations than male Dominican migrants (seven percent). Given the high level of unauthorized Dominican migrants who are familiar with but not affiliated with these organizations, and the lower level of legal Dominican migrants who are even familiar with the organizations in a population that is primarily composed of authorized migrants, more analyses are likely necessary to understand what services these organizations are offering that may be useful to these populations and what type of targeted outreach could be employed most effectively.

We have seen in this third and last section of *Permanently Temporary?* that although many Dominican migrants lack health insurance, most get the medical care they think they need and are healthier than other U.S. residents on many physiological health outcomes. However, a higher proportion of Dominican migrants suffer psychological distress, and poor self-rated health when compared to other Americans. Slightly more than a third of Dominican migrants participate in some type of civic, religious or web-based group . . . but Dominicans

tend to trust their own government more than that of the U.S. when it comes to doing what is best for people. We also saw that most of this community participation is religious, but many Dominican migrants may celebrate their religious devotion outside of traditional structures. The lack of trust in government and the relatively low levels of participation in civic life despite the substantial proportion of the Dominican migrant population which is legally residing in the United States suggest that state and city efforts to encourage migrant integration in the region may see mixed results in this population. Finally, the fact that only a fraction of Dominican migrants – legal or unauthorized – tap into services provided by community-based organizations such as the Dominican Development Center means there is more that can and should be done to reach out to Dominican migrants and their families.



## V. Discussion

This report provides a general portrait of an estimated 75,000 first-, 1.5- and second-generation Dominican migrants who were residing in the Boston-Cambridge-Quincy Metropolitan Statistical Area (BCQ-MSA) in 2007. Approximately 63,300 were legal and unauthorized adult Dominican migrants, 1,400 were their non-adult children who were born in the Dominican Republic, and 11,000 were their non-adult U.S.-born children. Although our estimated 64,000 foreign-born Dominicans is 30 percent higher than that offered by the most recent U.S. Census (2007 American Community Survey) data, this difference is not statistically different at the 90 percent confidence level. Regarding whether foreign-born Dominicans are “permanently temporary” – the title of our study – the evidence introduced in this report is mixed.

Our report began (in section I) by highlighting a concern often associated with recent migrant groups – the suspicion that a high proportion of Latino migrants are unauthorized and lower-skilled. That is, some observers note that Latino migrants fill many lower-socioeconomic status jobs and are at risk of downward or stagnant assimilation the longer they remain in the United States (what we term the “immobility model”). Several prominent migration scholars make this argument more broadly by including all recent migrant groups, not just Dominicans, and point out that earlier waves of migrants – such as Italians<sup>173,174</sup> and European Jews<sup>175</sup> – entered an America that offered many more opportunities for socioeconomic advancement. Specifically, these scholars claim that recently arrived foreign-born adults and their foreign-born children who were brought to the United States before the age of 13 (“children of immigrants” or the “1.5 generation”), as well as their U.S.-born children (the “new second generation” or “immigrant children”) will become part of a multi-ethnic underclass rather than the mainstream middle class.<sup>1,176-181</sup> Such “integration” is attributed to a more neoliberal deindustrialized U.S. economic structure today that offers mostly service sector jobs with little opportunity for upward mobility, few opportunities to accumulate social capital as migrants settle in neighborhoods of concentrated poverty, and ongoing ethno-racism despite the election of the nation’s first black president in November 2008.

Challenging this somewhat pessimistic perspective are the arguments of another set of equally prominent scholars. They emphasize that migrant integration is a long-term process (involving cross-generational changes in language, education, inter-group marriage, and labor market mobility) and that earlier waves of migrants also struggled before becoming fully integrated during the third generation.<sup>182-184</sup> The second and third generations of Dominicans in the United States are just beginning to emerge, so the story goes, and it will be another two or three decades before we can assess how well they are integrating. This we called the “upwardly mobile” model. Whether the pessimistic immobility or optimistic mobility view will be the more accurate story over the long term remains to be seen. Either way, Dominican migrants in the BCQ-MSA are an important group to study precisely because, although many have not acquired high a level of educational attainment, the vast majority is residing in the United States legally. Observers adhering to the upwardly mobile model would further emphasize that most Dominican migrants have urban middle-class origins, a background that has prepared them for social networking, hard work and success.

More recently one prominent Dominican migration scholar has argued that the Dominican experience has not been so rosy – contending that Dominican migrants residing in the United States (such as the Matos family profiled in the opening section of this report) struggle to integrate socioeconomically regardless of how long they remain in the country.<sup>42</sup> For instance, we find that although 90 percent of all BCQ-MSA Dominican migrants claimed that they will stay in the United States until at least 2017, more than half plan to move back to the Dominican Republic once they have accumulated enough resources to live the rest of their lives comfortably (after retirement). The facility with which Dominicans can travel back and forth between the Dominican Republic and the USA and the accommodations that have been made over the years to maintain solid ties between the Dominican Republic and its diaspora in the United States may benefit Dominican migrants in one respect, but this may also keep them tethered to their home country in a way that prevents full integration in the United States.

Nevertheless, there are several indicators that suggest the possibility of successful future Dominican integration in the USA. First, although 40 percent of adult Dominican migrants lacked health insurance in 2007, lower proportions reported very good or excellent health or being very happy, and higher proportions were psychologically distressed or smoked cigarettes – Dominican migrants had lower rates of obesity and chronic illnesses such as diabetes, cancer and cardiovascular disease, and demonstrate a willingness to access screening services.

Second, more than a third of Dominican migrants participated in at least one civic, religious or internet-based group in the year prior to the BM-IHLSS. Most (18 percent) of this activity was religious, and others participated in a wide variety of social events and organizations. Consistent with this social interaction, 73 percent of all adult Dominican migrants were familiar with at least one community-based organization working with Dominican migrants in the BCQ-MSA. However, only a fraction tapped into the services provided by these organizations. Instead, some Dominicans appear to turn to government agencies for assistance, as indicated by their use of certain public assistance programs and their stated reasons for choosing the BCQ-MSA as their place of residence. Still, few Dominicans place much faith in U.S. government institutions to do what is best for people most of the time, and this discrepancy leads us to our third and final point regarding the likelihood of future Dominican socioeconomic integration.

Two relatively recent government-sponsored initiatives focus on the integration of migrants in Massachusetts. First, as a continuous immigrant gateway, the City of Boston has long experienced influxes of migrants from all over the world. As *Permanently Temporary?* demonstrates, Dominican migrants face several challenges to and opportunities for future socioeconomic integration. Recognizing this, Mayor Thomas Menino, currently serving his fourth term in office, created the Office of New Bostonians (ONB) in 1998.<sup>185</sup> ONB’s mission is to enhance opportunities for migrant integration and highlight the contributions of migrant communities to the Greater Boston area (BCQ-MSA). Second, a decade later (July 2008) Governor Deval Patrick signed an Executive Order establishing the Massachusetts New Americans Initiative (MassNAI), to be administered by the Office of Refugees and Immigrants.<sup>186</sup> This initiative is designed to draw on the

expertise of community and business leaders across the state to facilitate the integration process for new immigrants and design policy measures that will further the goals of integration. Specifically, MassNAI aims to enhance the human capital characteristics of recent migrants, ensure access to a variety of public services, emphasize meeting the needs of the children of migrants, encourage institutions of higher education to recruit and retain migrants, and assess the needs of communities across the state in which such newcomers live.

While these initiatives have the potential to generate socioeconomic and civic opportunities for Dominican and other migrants in Massachusetts, there are also some significant obstacles to long-term integration. Of particular concern for migrants are recent cuts to medical services and health care coverage. Economic woes in the state and across the country have prompted the Massachusetts legislature to eliminate health care coverage for 30,000 migrants living in the state legally.<sup>187,188</sup> Federal immigration reform laws passed in 1996 prevent migrants who have been in the United States for less than five years and are not yet citizens from enrolling in Medicaid or obtaining other federal benefits, regardless of legal status. Until this year Massachusetts was one of four states (California, New York and Pennsylvania) that offered health care benefits to this population to fill the coverage gap.<sup>187</sup>

For those migrants and other members of the population who do not have any form of health insurance, such as the 20 percent of uninsured Dominican migrants in the BM-IHLSS, emergency care is available, but it costs hospitals a great deal of money to treat uninsured or underinsured patients. Under Massachusetts' recent health reform, designated "safety net" hospitals – those that see disproportionate numbers of uninsured patients – were supposed to gain higher rates of Medicaid reimbursement to partially balance these costs.<sup>189</sup> Instead, reimbursement rates have dropped while Medicaid enrollment has increased in the state, a situation that threatens the quality of medical care to the extent that the Boston Medical Center, which serves the greatest number of uninsured and Medicaid patients, has filed a lawsuit against the Commonwealth.<sup>189,190</sup> As a recent migrant group with lower rates of coverage and lower socioeconomic status, Dominicans may be disproportionately affected by the ensuing struggle over health care in Massachusetts.

As we have seen, future successful Dominican migrant health and socioeconomic integration in the BCQ-MSA is uncertain, but while they live and work in the United States, they play a complementary role in the occupational structure and contribute to regional community life. Thus, there is sufficient reason for government and community initiatives to engage in expanded and targeted outreach to this population. Dominican migrants are also a relatively young population with low rates of chronic illness and a demonstrated willingness to obtain preventive health services, and in a state currently leading the country in health care reform, it will be important to account for these migrants in order to keep them healthy for the long term. By identifying and highlighting the work that community organizations serving Dominican migrants do or need to do, by tapping into Dominican migrants' economic aspirations, by recognizing that Dominican migrants are a complement to metropolitan Boston's labor market, and by capitalizing on Dominican migrants' inclination to seek preventive medical care, initiatives like those outlined above may augment the well-being of Dominican migrants residing in the BCQ-MSA.

## Appendix A: About the Dominican Development Center

The Dominican Development Center (DDC) is a nonprofit organization led and directed by immigrant residents of Boston, Massachusetts. Our mission is to develop and empower Dominican immigrants and immigrants representing all communities. We strive to improve the quality of life for our members by promoting immigration issues that might affect our communities, including but not limited to current laws, legal procedure, immigration and human rights. We do this through educational programming and leadership opportunities which allow our members to learn and take full advantage of what this country has to offer, and thereby create productive lives for themselves. These programs, and the other activities that the DDC organizes, bring together long-time residents and newcomers of all ages and diverse backgrounds to achieve economic, political and social justice. We believe that newly emerging immigrant communities can become a driving force for promoting family and cultural values. The DDC embraces a future of equal representation, equal rights and equal power for all immigrant families, and we hope our organization will be a role model for other immigrant communities.

## Appendix B: References

1. Portes A, ed. *The New Second Generation*. New York, NY: Russell Sage Foundation, 1996.
2. Huntington SP. *The Hispanic Challenge*. *Foreign Policy* 2004;March/April:30-45.
3. Grieco EM. *The Dominican Population in the United States: Growth and Distribution*. Washington, D.C.: Migration Policy Institute, 2004.
4. Riosmena F. *On the Legal Auspices of Latin American - U.S. Migration*. Population Program, Institute of Behavioral Science. Boulder, CO: University of Colorado, 2008.
5. Logan JR. *The New Latinos: Who They Are, Where They Are*. Lewis Mumford Center for Comparative Urban and Regional Research, University of Albany 2001.
6. Hernández R. *The Mobility of Workers Under Advanced Capitalism: Dominican Migration to the United States*. New York, NY: Columbia University Press, 2002.
7. Kennedy JF. *A Nation of Immigrants*. New York, NY: Harper & Row Publishers, 1986 [1964].
8. Telles EE, Ortiz V. *Generations of Exclusion: Mexican Americans, Assimilation, and Race*. New York, NY: Russell Sage Foundation, 2008.
9. Perlmann J. *Italians Then, Mexicans Now: Immigrant Origins and Second-Generation Progress, 1890-2000*. New York, NY: Russell Sage Foundation, 2005.
10. Smith JP. *Assimilation Across the Latino Generations*. *American Economic Review* 2003;93(2):315-319.
11. Haines DW, Rosenblum KE, eds. *Illegal Immigration in America: A Reference Handbook*. Westport, CT: Greenwood Press, 1999.
12. Van Hook J, Bean FD. *Estimating Underenumeration among Unauthorized Mexican Migrants to the United States: Applications of Mortality Analyses*. In: Mexican Ministry of Foreign Affairs, U.S. Commission on Immigration Reform, eds. *Migration between Mexico and the United States: Binational Study*. Austin, TX: Morgan Printing, 1998;551-570.
13. Van Hook J, Bean FD. *Estimating Unauthorized Mexican Migrants to the United States: Issues and Results*. In: Mexican Ministry of Foreign Affairs, U.S. Commission on Immigration Reform, eds. *Migration between Mexico and the United States: Binational Study*. Austin, TX: Morgan Printing, 1998;511-550.
14. Harris N. *The New Untouchables: Immigration and the New World Worker*. New York, NY: Penguin Books, 1995.
15. Harris N. *Thinking the Unthinkable: The Immigration Myth Exposed*. New York, NY: I.B. Tauris, 2002.
16. Johnson H. *Undocumented Immigration to the United States, 1980-1993*. San Francisco, CA: Public Policy Institute of California, 1996.
17. Chiswick BR. *Illegal Aliens: Their Employment and Employers*. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research, 1988.
18. Chavez LR. *Shadowed Lives: Undocumented Immigrants in American Society*. Second ed. Fort Worth: Harcourt Brace Jovanovich, 1998.
19. Delgado HL. *New Immigrants, Old Unions: Organizing Undocumented Workers in Los Angeles*. Philadelphia, PA: Temple University Press, 1993.
20. Bean FD, Edmonston B, Passel JS, eds. *Undocumented Migration to the United States: IRCA and the Experience of the 1980s*. Santa Monica, CA and Washington, D.C.: Rand Corporation and The Urban Institute, 1990.
21. Fogel W. *Mexican Illegal Alien Workers in the United States*. Los Angeles, CA: UCLA Institute of Industrial Relations, 1978.
22. Heer DM. *What is the Annual Net Flow of Undocumented Mexican Immigrants to the United States*. *Demography* 1979;16(3):417-423.
23. Heer DM. *Undocumented Mexicans in the United States*. New York, NY: Cambridge University Press, 1990.
24. Heer DM, Passel JS. *Comparison of Two Methods for Computing the Number of Undocumented Mexican Adults in Los Angeles County*. *International Migration Review* 1987;21(4):1446-1473.
25. Marcelli EA, Heer DM. *Unauthorized Mexican Workers in the 1990 Los Angeles County Labour Force*. *International Migration* 1997;35(1):59-83.
26. Pastor M, Ortiz R. *Immigrant Integration in Los Angeles: Strategic Directions for Funders*. Los Angeles, CA: Program for Environmental and Regional Equity & Center for the Study of Immigrant Integration, USC, 2009.
27. Clayton-Mathews A, Karp F, Watanabe P. *Massachusetts Immigrants by the Numbers: Demographic Characteristics and Economic Footprint*. Boston, MA: The Institute for Asian American Studies, University of Massachusetts Boston, 2009.
28. Grasmuck S, Pessar PR. *Between Two Islands: Dominican International Migration*. Berkeley, CA: University of California Press, 1991.
29. Levitt P. *The Transnational Villagers*. Berkeley: University of California Press, 2001.
30. Aparicio A. *Dominican-Americans and the Politics of Empowerment*. Gainesville, FL: University of Florida Press, 2006.
31. Minkler M, Wallerstein N. *Introduction to Community Based Participatory Research*. In: Minkler M, Wallerstein N, eds. *Community-Based Participatory Research for Health*. San Francisco, CA: Jossey-Bass, 2003;3-26.
32. Brown ER, Holtby S, Zahnd E, Abbott GB. *Community-based Participatory Research in the California Health Interview Survey*. *Preventing Chronic Disease: Public Health Research, Practice, and Policy* 2005;2(4):1-8.
33. Mendoza FS, Fuentes-Afflick E. *Latino Children's Health and the Family-Community Health Promotion Model*. *Western Journal of Medicine* 1999;170(2):85-92.

34. Syme SL. Social Determinants of Health: The Community as an Empowered Partner. *Preventing Chronic Disease: Public Health Research, Practice, and Policy* 2004;1(1):1-5.
35. Pastor Jr. M, Benner C, Matsuoka M. *This Could be the Start of Something Big: How Social Movements for Regional Equity are Reshaping Metropolitan America*. Ithaca, NY: Cornell University Press, 2008.
36. Pastor Jr. M, Marcelli EA. Somewhere over the Rainbow?: African Americans, Unauthorized Mexican Immigration, and Coalition Building. *Review of Black Political Economy* 2003;31(1-2):125-155.
37. Bernstein N. Effort on U.S. Immigrant Raids Cast Wider Net. *The New York Times*, 2009.
38. Robinson GJ. Estimating the Approximate Size of the Illegal Alien Population in the United States by the Comparative Trend Analysis of Age-Specific Death Rates. *Demography* 1980;17(2):159-176.
39. Hill K, Wong R. Mexico-US Migration: Views from Both Sides of the Border. *Population and Development Review* 2005;31(1):1-18.
40. Passel JS. *Unauthorized Migrants in the United States: Estimates, Methods, and Characteristics*. OECD Social, Employment and Migration Working Papers 2007.
41. Heer DM, ed. *Social Statistics and the City: Report of a Conference Held in Washington, D.C., June 22-23, 1967*. Cambridge, MA: Joint Center for Urban Studies, MIT and Harvard University, 1968.
42. Hernández R. *The Mobility of Workers Under Advanced Capitalism: Dominican Migration to the United States*. New York, NY: Columbia University Press, 2002.
43. Portes A, Bach RL. *Latin Journey: Cuban and Mexican Immigrants in the United States*. Berkeley and Los Angeles, CA: University of California Press, 1985.
44. Gonzáles N. Peasants' Progress: Dominicans in New York. *Caribbean Studies* 1970;10(3):154-171.
45. Hendricks GT. *The Dominican Diaspora: From the Dominican Republic to New York City - Villagers in Transition*. New York, NY: Teachers College Press, 1974.
46. Waldinger R. *Through the Eye of the Needle: Immigrants and Entrepreneurs in New York's Garment Trade*. New York, NY: New York University Press, 1986.
47. Portes A, Guarnizo LE. *Tropical Capitalists: U.S.-Bound Immigration and Small Enterprise Development in the Dominican Republic*. Working Paper. Washington, D.C.: Commission for the Study of International Migration and Cooperative Economic Development, 1990.
48. Ugalde A, Bean F, Cardenas G. International Migration from the Dominican Republic: Findings from a National Survey. *International Migration Review* 1979;13(2):235-254.
49. Pessar PR. The Dominicans: Women in the Household and Garment Industry. In: Foner N, ed. *New Immigrants in New York*. New York, NY: Columbia University Press, 1987;103-129.
50. Hernández R, Rivera-Batiz F. *Dominican New Yorkers: A Socioeconomic Profile*, 1997. New York, NY: The CUNY Dominican Studies Institute, 1997.
51. Bonilla F, Campos R. A Wealth of Poor: Puerto Ricans in the New Economic Order. *Daedalus* 1981;110(Spring):133-176.
52. Piore MJ. *Birds of Passage: Migrant Labor and Industrial Societies*. New York, NY: Cambridge University Press, 1979.
53. Marcelli EA, Cornelius WA. The Changing Profile of Mexican Migrants to the United States: New Evidence from Southern California. *Latin America Research Review* 2001;36(3):105-131.
54. Myers D. *Immigrants and Boomers: Forging a New Social Contract for the Future of America*. New York, NY: Russell Sage Foundation, 2007.
55. Marcelli EA, Lowell BL. Transnational Twist: Pecuniary Remittances and Socioeconomic Integration among Authorized and Unauthorized Mexican Immigrants in Los Angeles County. *International Migration Review* 2005;39(1):69-102.
56. McKnight JL. Two Tools for Well-Being: Health Systems and Communities. In: Minkler M, ed. *Community Organizing & Community Building for Health*. New Brunswick, NJ: Rutgers University Press, 2002;20-25.
57. Berkman LF, Kawachi I, eds. *Social Epidemiology*. New York, NY: Oxford University Press, 2000.
58. Kawachi I, Berkman LF, eds. *Neighborhoods and Health*. New York, NY: Oxford University Press, 2003.
59. Link BG, Phelan J. Social Conditions as Fundamental Causes of Disease. *Journal of Health and Social Behavior* 1995;35:80-94.
60. McDade TW, Williams S, Snodgrass JJ. What a Drop Can Do: Dried Blood Spots as a Minimally Invasive Method for Integrating Biomarkers into Population-Based Research. *Demography* 2007;44(4):899-925.
61. Christensen K. Biological Material in Household Surveys: The Interface between Epidemiology and Genetics. In: Finch CE, Vaupel JW, Kinsella K, eds. *Cells and Surveys: Should Biological Measures be Included in Social Science Research*. Washington, D.C.: National Academy Press, 2000;43-63.
62. Jaszczak A, Lundeen K, Smith S. Using Nonmedically Trained Interviewers to Collect Biomeasures in a National In-home Survey. *Field Methods* 2008;20(10):1-23.
63. Wallerstein N, Duran B. The Conceptual, Historical, and Practice Roots of Community Based Participatory Research and Related Participatory Traditions. In: Minkler M, Wallerstein N, eds. *Community-Based Participatory Research for Health*. San Francisco, CA: Jossey-Bass, 2003;27-52.
64. Bruhn JG. *The Sociology of Community Connections*. New York, NY: Springer, 2005.
65. de Waal F. *The Ape and the Sushi Master: Cultural Reflections by a Primatologist*. New York, NY: Basic Books, 2001.
66. Israel BA, Schulz AJ, Parker EA, Becker AB. REVIEW OF COMMUNITY-BASED RESEARCH: Assessing Partnership Approaches to Improve Public Health. *Annual Review of Public Health* 1998;19:173-202.
67. Pastor Jr. M, Drier P, Grigsby III JE, Lopez-Garza M. *Regions that Work: How Cities and Suburbs Can Grow Together*. Minneapolis, MN: University of Minnesota Press, 2000.
68. Hayes-Bautista DE. The Latino Health Research Agenda in the Twenty-First Century. In: Suárez-Orozco MM, Pérez MM, eds. *Latinos: Remaking America*. Cambridge, MA: Harvard University Press, 2002;215-235.
69. Marcelli EA. *Latinos in Massachusetts: IMMIGRATION*. The Mauricio Gastón Institute for Latino Community Development and Public Policy 2002;Boston, MA: University of Massachusetts.
70. Sum A, Trub'skyyy M. *Immigrant Workers in the New England Labor Market: Implications for Workforce Development Policy*. Boston, MA: Northeastern University's Center for Labor Market Studies, 2002.
71. Citro C, Kalton G, eds. *Using the American Community Survey: Benefits and Challenges*. Washington, D.C.: National Academies Press, 2007.
72. Massey DS, Arango J, Hugo G, Kouaouci A, Pellegrino A, Taylor JE. Theories of International Migration: A Review and Appraisal. *Population and Development Review* 1993;19(3):431-466.



73. Massey DS, Arango J, Hugo G, Kouaouci A, Pellegrino A, Taylor JE. An Evaluation of International Migration Theory: The North American Case. *Population and Development Review* 1994;20(4):699-751.
74. Heer DM. When Cumulative Causation Conflicts with Relative Economic Opportunity: Recent Change in the Hispanic Population of the United States. *Migraciones Internacionales* 2002;1(3):53.
75. Passel JS. The Size and Characteristics of the Unauthorized Migrant Population in the U.S. Washington, D.C. <http://pewhispanic.org/files/reports/61.pdf>. Pew Hispanic Center, 2006.
76. Warren R. Estimates of the Unauthorized Immigrant Population Residing in the United States: 1990 to 2000. Washington, D.C. [http://uscis.gov/graphics/shared/aboutus/statistics/Imm\\_Report\\_1211.pdf](http://uscis.gov/graphics/shared/aboutus/statistics/Imm_Report_1211.pdf). U.S. Immigration and Naturalization Service, 2003.
77. Marcelli EA. Undocumented Latino Immigrant Workers: The L.A. Experience. In: Haines DW, Rosenblum KE, eds. *Illegal Immigration in America: A Reference Handbook*. Westport, CT: Greenwood Press, 1999;193-231.
78. Goldman DP, Smith JP, Sood N. Legal Status and Health Insurance among Immigrants. *Health Affairs* 2005;24(6):1640-1653.
79. Berk ML, Schur CL. The Effect of Fear on Access to Care among Undocumented Latino Immigrants. *Journal of Immigrant Health* 2001;3(3):151-156.
80. Singer A. *The Rise of New Immigrant Gateways*. Washington, D.C.: The Brookings Institution, 2004.
81. Jones MA. *American Immigration*. Chicago, IL: The University of Chicago Press, 1992 [1960].
82. Commons JR. *Races and Immigrants in America*. London: Macmillan & Co., LTD., 1908.
83. Easterlin RA. Immigration: Economic and Social Characteristics. In: Thernstrom S, Orlov A, Handlin O, eds. *Harvard Encyclopedia of American Ethnic Groups*. Cambridge, MA: Harvard University Press, 1980;476-486.
84. Cronon W. *Changes in the Land: Indians, Colonists, and the Ecology of New England*. New York, NY: Hill and Wang, 1983.
85. Melendez E, Visser MA. The Informal Economy and Immigrants' Labor Market Regularization. UCLA Center for the Study of Urban Poverty's New Entrants in the Economy Conference. Los Angeles, CA, 2008.
86. Woodrow-Lafeld K. Emigration from the United States: Multiplicity Survey Evidence. *Population Research and Policy Review* 1996;15:171-199.
87. Marcelli EA. The Institution of Unauthorized Residency Status, Neighborhood Context, and Mexican Immigrant Earnings in Los Angeles County. In: Champlin D, Knoedler J, eds. *The Institutional Tradition in Labor Economics*. Armonk, New York: M.E. Sharpe, 2004;206-228.
88. Warren R, Passel JS. A Count of the Uncountable: Estimates of Undocumented Aliens in the 1980 United States Census. *Demography* 1987;24(3):375-393.
89. Bell RM, Cohen ML, eds. *Coverage Measurement in the 2010 Census*. Washington, D.C.: The National Academies Press, 2009.
90. U.S. General Accounting Office. *Illegal Aliens: Despite Data Limitations, Current Methods Provide Better Population Estimates*. Washington, D.C., 1993.
91. Bean FD, Corona R, Tuiran R, Woodrow-Lafeld KA, Van Hook J. Circular, Invisible, and Ambiguous Migrants: Components of Difference in Estimates of the Number of Unauthorized Mexican Migrants in the United States. *Demography* 2001;38(3):411-422.
92. Marcelli EA, Ong PM. Estimating the Sources of the 2000 Census Undercount among Foreign-born Mexicans in Los Angeles County. Paper presented at the 2002 Population Association of American conference. Atlanta, GA, 2002.
93. Woodbridge J. *Sizing the Unauthorized (Illegal) Migrant Population in the United Kingdom in 2001*. London, UK, 2005.
94. Massey DS, Capoferro C. Measuring Undocumented Migration. *International Migration Review* 2004;38(3):1075-1102.
95. Margolis ML. *Little Brazil: An Ethnography of Brazilian Immigrants in New York City*. Princeton, NJ: Princeton University Press, 1994.
96. Berk ML, Schur CL, Chavez LR, Frankel M. Health Care Access among Undocumented Latino Immigrants: Is Free Health Care the Main Reason Why Latinos Come to the United States? A Unique Look at the Facts. *Health Affairs* 2000;19(4):51-64.
97. Capps R, Ku L, Fix M, Furguele C, Passel JS, Ramchand R, McNiven S, Perez-Lopez D, Fielder E, Greenwell M, Hays T. *How Are Immigrants Faring After Welfare Reform? Preliminary Evidence from Los Angeles and New York City*. Washington, D.C.: The Urban Institute, 2002.
98. Marcelli EA. The Unauthorized Residency Status Myth: Health Insurance Coverage and Medical Care Use among Mexican Immigrants in California. *Migraciones Internacionales* 2004;2(4):5-35.
99. Brown ER, Yu H. Latinos' Access to Employment-Based Health Insurance. In: Suárez-Orozco MM, Paez M, eds. *Latinos: Remaking America*. Berkeley, CA: University of California Press, 2002;236-253.
100. Hoefer M, Rytina N, Campbell C. *Population Estimates (Estimates of the Unauthorized Immigrant Population Residing in the United States: January 2006)*. Washington, D.C.: U.S. Department of Homeland Security, Office of Immigration Statistics, 2007.
101. Diffendal G. The Hard-to-Interview in the American Community Survey. *Proceedings of the Annual Meeting of the American Statistical Association* (August 5-9, 2001) 2001.
102. Bernstein N, Dwoskin E. For Many Brazilians Here Illegally, the Promise Land Has Lost Its Promise. *The New York Times*, 2007.
103. Finch BK, Kolody B, Vega WA. Perceived Discrimination and Depression among Mexican-Origin Adults in California. 2000;41(3):295-313.
104. Marcelli EA, Holmes L, Estella D, da Rocha F, Granberry P, Buxton O. (In)Visible (Im)Migrants: The Health and Socioeconomic Integration of Brazilians in Metropolitan Boston. San Diego, CA: San Diego State University, 2009.
105. F. James Sensenbrenner Jr. Letter from Committee on the Judiciary, House of Representatives, to The Honorable C. Louis Kincannon, Director of the Bureau of the Census. July 14, 2003.
106. C. Louis Kincannon. Letter from The Honorable C. Louis Kincannon, Director of the Bureau of the Census to the Chairman of Committee on the Judiciary, House of Representatives (F. James Sensenbrenner, Jr.). August 20, 2003.
107. U.S. General Accounting Office. *Illegal Alien School Children: Issues in Estimating State-by-State Costs*. Washington, D.C., 2004.
108. Deardorff KE. *Immigration Research Update: Presentation to Census Information Conference Steering Committee*. Suitland, MD: U.S. Bureau of the Census, February 26, 2004.
109. United States Government Accounting Office. *Illegal Alien School Children: Issues in Estimating State-by-State Costs (GAO-04-733)*. Washington, D.C., 2004.
110. United States Government Accounting Office. *Federal Programs: Ethnographic Studies Can Inform Agencies' Actions (GAO-03-445)*. Washington, D.C. <http://www.gao.gov/new.items/d03455.pdf>, 2003.
111. United States Government Accounting Office. *Immigration Statistics: Information Gaps, Quality Issues Limit Utility of Federal Data to Policymakers (GAO/GGD-98-164)*. Washington, D.C. <http://www.gao.gov/archive/1998/gg98164.pdf>, 1998.
112. Droitcour JA, Larson EM. An Innovative Technique for Asking Sensitive Questions: The Three-Card Method. *Bulletin de Methodologie Sociologique* 2002;75:5-23.

113. Weeks JR. Population: An Introduction to Concepts and Issues, 10th Edition. Belmont, CA, 2008.
114. Marcelli EA, Holmes L, Estella D, da Rocha F, Granberry P, Buxton O. (In)Visible (Im)Migrants: The Health and Socioeconomic Integration of Brazilians in Metropolitan Boston. San Diego, CA: San Diego State University, 2009.
115. Ratner MS. Many Routes to Homeownership: A Four-Site Ethnographic Study of Minority and Immigrant Experiences. *Housing Policy Debate* 1996;7(1):103-145.
116. Schill MH, Friedman S, Rosenbaum E. The Housing Conditions of Immigrants in New York City. *Journal of Housing Research* 1998;9(2):201-235.
117. McConnell ED, Marcelli EA. Buying into the American Dream? Mexican Immigrants, Legal Status, and Homeownership in Los Angeles County. *Social Science Quarterly* 2007;88(1):199-221.
118. Marcelli EA, Pastor Jr. M, Joassart PM. Estimating the Effects of Informal Economic Activity: Evidence from Los Angeles County. *Journal of Economic Issues* 1999;33(3):579-607.
119. Marmot MG. The Status Syndrome. New York: Henry Holt & Company, LLC, 2004.
120. Berkman L, Ertel K, Buxton OM, Okechukwu C. Managers' Practices Related to Work-family Balance Predict Employee Cardiovascular Risk and Sleep Duration in Extended Care Settings. *Journal of Occupational Health Psychology*; Under Review.
121. Aldrich HE, Waldinger R. Ethnicity and Entrepreneurship. *Annual Review of Sociology* 1990;16:111-135.
122. Portes A, Guarnizo LE, Haller WJ. Transnational Entrepreneurs: An Alternative Form of Immigrant Economic Adaptation. *American Sociological Review* 2002;67(2):278-298.
123. Raijman R, Tienda M. Training Functions of Ethnic Economies: Mexican Entrepreneurs in Chicago. *Sociological Perspectives* 2000;43(3):439-456.
124. Sanders JM, Nee V. Immigrant Self-Employment: The Family as Social Capital and the Value of Human Capital. *American Sociological Review* 1996;61(2):231-249.
125. Aldrich HE. Entrepreneurship. In: Smelser NJ, Swedberg R, eds. *The Handbook of Economic Sociology*. Princeton NJ and New York, NY: Princeton University Press and Russell Sage Foundation, 2005;451-477.
126. Singh GK, Siahpush M. All-Cause and Cause-Specific Mortality of Immigrants and Native Born in the United States. *American Journal of Public Health* 2001;91(3):392-399.
127. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual Causes of Death in the United States. *Journal of the American Medical Association* 2004;291(10):1238-1245.
128. McGinnis M, Foege W. Actual Causes of Deaths in the United States. *American Journal of Public Health* 1993;270(18):2207-2212.
129. Cutler DM. Your Money or Your Life: Strong Medicine for America's Health Care System. New York, NY: Oxford University Press, 2004.
130. Mechanic D. The Truth about Health Care: Why Reform is Not Working in America. New Brunswick, NJ: Rutgers University Press, 2006.
131. Evans RG, Stoddart GL. Producing Health, Consuming Health Care. *Social Science & Medicine* 1990;31(12):1347-1363.
132. Ojeda VD, Brown ER. Mind the Gap: Parents' Citizenship as Predictor of Latino Children's Health Insurance. *Journal of Health Care for the Poor and Underserved* 2005;16(3):555-575.
133. Dey AN, Lucas JW. Physical and Mental Health Characteristics of U.S.- and Foreign-Born Adults: United States, 1998-2003. *Advance Data from Vital and Health Statistics* 2006;369(March 1):1-20.
134. Pew Hispanic Center. National Survey of Latinos, 2002: Health Care Experiences. Washington D.C.: The Henry J. Kaiser Family Foundation and the Pew Hispanic Center, 2004.
135. Perez DJ. Understanding Barriers to Healthcare among Latinos: The Effects of Ethnicity, Culture Change and Discrimination. Robert Wood Johnson Academy Health Meeting. Boston, MA, 2005.
136. Easterlin RA. Income and Happiness: Towards a Unified Theory. *The Economic Journal* 2001;111(473):465-484.
137. Marcelli EA, Easterlin RA. The X-Pattern of Life Course Happiness among Men and Women in the United States. Working Paper, Department of Sociology, SDSU 2009.
138. Fozdar F, Torezani S. Discrimination and Well-Being: Perceptions of Refugees in Western Australia. *International Migration Review* 2008;42(1):30-63.
139. Jasso G, Massey DS, Rosenzweig MR, Smith JP. Immigrant Health - Selectivity and Acculturation. In: Anderson NB, Bulatao RA, Cohen B, eds. *Critical Perspectives on Racial and Ethnic Differences in Health in Late Life*. Washington, DC: National Academy Press, 2004;227-266.
140. Centers for Disease Control and Prevention. QuickStats: Percentage of Adults Aged >17 Years Who Reported an Average of <6 Hours of Sleep per 24-Hour Period, by Sex and Age Group -- National Health Interview Survey, United States, 1985 and 2006. *Morbidity and Mortality Weekly Review* 2008;57(08):209.
141. Centers for Disease Control and Prevention. Leisure-time Physical Activity - National Health Interview Survey Early Release Data. Atlanta, GA: Centers for Disease Control and Prevention, 2008.
142. Mosher WD, Chandra A, Jones J. Sexual Behavior and Selected Health Measures: Men and Women 15-44 Years of Age, United States, 2002. *Advance Data From Vital Health and Statistics*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Health Statistics, 2005.
143. Idler EL, Kasl SV. Self-Ratings of Health: Do They Also Predict Change in Functional Ability? *J Gerontol B Psychol Sci Soc Sci* 1995;50(6):S344-53.
144. Singh-Manoux A, Gueguen A, Martikainen P, Ferrie J, Marmot M, Shipley M. Self-Rated Health and Mortality: Short- and Long-Term Associations in the Whitehall II Study. *Psychosomatic Medicine* 2007;69(2):138-143.
145. Finch BK, Hummer RA, Reindl M, Vega WA. Validity of Self-rated Health among Latino(a)s. *American Journal of Epidemiology* 2002;155(8):755-759.
146. Krieger N. Defining and Investigating Social Disparities in Cancer: Critical Issues. *Cancer Causes and Control* 2005;16:5-14.
147. Marcelli EA. Legal Status and the Health of Mexican Immigrants Residing in the United States. Migration Working Group Seminar, Department of Sociology, UCLA & El Colegio de la Frontera Norte (COLEF) Migration Seminar Los Angeles, CA, 2007.
148. McEwen BS, Lasley EN. The End of Stress as We Know It. Washington, D.C.: Joseph Henry Press, 2002.
149. Ice G, James GD, eds. *Measuring Stress in Humans: A Practical Guide for the Field*. New York, NY: Cambridge University Press, 2007.
150. Berkman LB, Kawachi I. A Historical Framework for Social Epidemiology. In: Berkman LB, Kawachi I, eds. *Social Epidemiology*. New York, NY: Oxford University Press, 2000;3-12.
151. Kawachi I, Subramanian SV, Kim D, eds. *Social Capital and Health*. New York, NY: Springer, 2008.



152. Berkman LF, Syme SL. Social Networks, Host Resistance and Mortality: A Nine Year Follow-up Study of Alameda County Residents. *American Journal of Epidemiology* 1979;109:186-204.
153. Torres-Saillant S, Hernandez R. *The Dominican Americans*. Westport, CT: Greenwood Press, 1998.
154. Itzigsohn J, Cabral CD, Medina EH, Vazquez O. Mapping Dominican Transnationalism: Narrow and Broad Transnational Practices. *Ethnic & Racial Studies* 1999;22(2):316-339.
155. Levitt P. Social Remittances: Migration Driven Local-Level Forms of Cultural Diffusion. *International Migration Review* 1998;32(4):926-948.
156. Portes A. Social Capital: Its Origins and Applications in Modern Sociology. *Annual Review of Sociology* 1998;24:1-24.
157. Pastor Jr. M, Marcelli EA. Men N the Hood: Skill, Spatial, and Social Network Mismatch among Male Workers in Los Angeles County. *Urban Geography* 2000;21(6):474-496.
158. Levitt P. Local-level Global Religion: The Case of U.S.-Dominican Migration. *Journal for the Scientific Study of Religion* 1998;37(1):74-89.
159. Levitt P. Two Nations Under God? Latino Religious Life in the United States. In: Suárez-Orozco MM, Paez M, eds. *Latinos: Remaking America*. Berkeley, CA: University of California Press, 2002;150-164.
160. Bruhn JG, Wolf S. *The Roseto Story: An Anatomy of Health*. Norman, OK: University of Oklahoma Press, 1979.
161. Bruhn JG, Wolf S. *The Power of the Clan: The Influence of Human Relationships on Heart Disease*. New Brunswick, NJ: Transaction Publishers, 1993.
162. Hondagneu-Sotelo P. *God's Heart Has No Borders: How Religious Activists Are Working for Immigrant Rights*. Berkeley and Los Angeles, CA: University of California Press, 2008.
163. Levitt P. *God Needs No Passport: Immigrants and the Changing American Religious Landscape*. New York, NY: The New Press, 2007.
164. Haggerty RA. *Dominican Republic: A Country Study*. Washington D.C.: Library of Congress, 1989.
165. Bosworth S, Soy R. *The Effects of Immigration on Religion Among Three Generations of Dominican and Puerto Rican Women*. American Sociological Association. Philadelphia, PA, 2005.
166. Granberry PJ, Marcelli EA. In the Hood and on the Job: The Accumulation of Social Capital among Legal and Unauthorized Mexican Immigrants. *Sociological Perspectives* 2007;50(4):579-595.
167. American National Election Studies. *The ANES Guide to Public Opinion and Electoral Behavior: Trust in Government Index*. Ann Arbor, MI: Center for Political Studies, University of Michigan, 2004.
168. Marcelli EA, Cornelius WA. Immigrant Voting in Home-Country Elections: Potential Consequences of Extending the Franchise to Expatriate Mexicans Residing in the United States. *Mexican Studies/Estudios Mexicanos* 2005;21(2):431-461.
169. Marcelli EA. Drug-Related and Economic Crime among Unauthorized Latino Immigrant and Other Arrestees in California. *Journal of Ethnicity in Criminal Justice* 2004;2(3):23-52.
170. Sampson R.J., Morenoff J.D., Raudenbush S. Social Anatomy of Racial and Ethnic Disparities in Violence. *American Journal of Public Health* 2005;95(2):224-232.
171. United States Department of Justice (Federal Bureau of Investigation). *Uniform Crime Report - Crime in the United States, 2007*. <http://www.fbi.gov/ucr/ucr.htm>, 2008.
172. O'Donnell E. Latinos Nix Violence. *Harvard Magazine* 2006;109(1):15-16.
173. Alba RA. *Italian Americans: Into the Twilight of Ethnicity*. Englewood Cliffs, NJ: Prentice-Hall, 1985.
174. Gabaccia D. *Italy's Many Diasporas*. Seattle, WA: University of Washington Press, 2000.
175. Fraser S. *Labor Will Rule: Sidney Hillman and the Rise of American Labor*. New York, NY: The Free Press, 1991.
176. Portes A, Zhou M. The New Second Generation: Segmented Assimilation and Its Variants. *The Annals of the American Academy of Political and Social Sciences* 1993;15:491-522.
177. Hirschman C. Studying Immigrant Adaptation from the 1900 Population Census: From Generational Comparisons to the Process of "Becoming American." In: Portes A, ed. *The New Second Generation*. New York, NY: Russell Sage Foundation, 1996.
178. Gans H. Second Generation Decline: Scenarios for the Economic and Ethnic Futures of Post-1965 American Immigrants. *Ethnic and Racial Studies* 1992;15:173-192.
179. Suárez-Orozco C, Suárez-Orozco M. *Children of Immigration*. Cambridge, MA: Harvard University Press, 2001.
180. Suárez-Orozco C, Suárez-Orozco M. *Transformations: Migration, Family Life, and Achievement Motivation among Latino Adolescents*. Stanford, CA: Stanford University Press, 1995.
181. Mota KMS. Two Languages at Play: Language Boundaries in the Speech of Second-Generation Brazilian Immigrants. In: Jouët-Pastré C, Braga LJ, eds. *Becoming Brazuca: Brazilian Immigration to the United States*. Cambridge, MA: Harvard University David Rockefeller Center for Latin American Studies and Harvard University Press, 2008;313-337.
182. Perlmann J, Waldinger R. Second Generation Decline? Children of Immigrants, Past and Present - A Reconsideration. *International Migration Review* 1997;31(4):893-922.
183. Kasinitz P, Mollenkopf J, Waters M. Becoming American/Becoming New Yorkers: Immigrant Incorporation in a Majority Minority City. *International Migration Review* 2002;36(4):1020-1036.
184. Farley R, Alba RA. The New Second Generation in the United States. *International Migration Review* 2002;36(3):669-701.
185. Boston Redevelopment Authority. *New Bostonians 2005*. Boston, MA: Mayor's Office of the New Bostonians, 2005.
186. Patrick DL. Massachusetts Executive Order No. 503: Integrating Immigrants and Refugees into the Commonwealth. Commonwealth of Massachusetts State House, 2008.
187. Goodnough A. Massachusetts Adjusts a Cut, Providing Some Health Care for 30,000 Immigrants. *New York Times*. Online ed. New York, 2009.
188. Lazar K. Immigrants to Soon Lose State Health Insurance. *Boston Globe*, 2009.
189. Meehan EM. The State's Fraying Health Safety Net. *Boston Globe*, 2009.
190. Sorrel AL, Trapp D. Landmark Massachusetts Health Reforms Showing Cracks in Access, Coverage. *American Medical News*, 2009.



**Electronic (PDF) copies of this report may be obtained from:**

Center for Behavioral and Community Health Studies (BACH)  
San Diego State University  
<http://www.sdsuach.org/>

**Printed hardcopies or electronic (PDF) copies of this report may be obtained from:**

Dominican Development Center  
564 Hyde Park Avenue  
Roslindale, MA 02131  
Tel: 617-524-4029  
<http://www.ddcmass.org/>