

**A National Study of the Relationship Between the Rates of State Adult Population  
Educational Attainment and Current Social Laws and Policies**

by

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## Abstract

This nation-wide study investigated the relationship between state adult population educational attainment rates of high school degree or higher, bachelor's degree or higher, and advanced degree or higher and the three social laws and policies of state LGBT non-discrimination employment laws, state immigration laws regarding access to higher education, and state decisions regarding the establishment of the Affordable Care Act health insurance marketplaces. State educational attainment rates were retrieved from existing 2009 American Community Survey census results. The method of analysis consisted of multiple ANOVAs.

Regarding LGBT laws, results indicate states that prohibit discrimination based upon sexual orientation or prohibit discrimination based upon sexual orientation and gender identity have statistically higher bachelor's degree attainment rates compared with states that have no laws. Also, states that prohibit discrimination based upon sexual orientation and gender identity have statistically higher bachelor's degree attainment rates compared with states that prohibit discrimination based upon sexual orientation and gender identity only in public employment. In addition, states that prohibit discrimination based upon sexual orientation or prohibit discrimination based upon sexual orientation and gender identity have statistically higher advanced degree attainment rates compared with states that have no laws. Regarding immigration laws, results indicate states that have no laws, ban enrollment, or have some systems that deny enrollment have statistically lower bachelor's degree and advanced degree attainment rates compared with states that have some policies that provide access to higher

education for undocumented students. Lastly, regarding state health insurance exchange decisions, results indicate states that declared state-based exchanges have statistically higher bachelor's degree and advanced degree attainment rates compared with states that defaulted to the federal government. In addition, states that declared state-based exchanges have statistically higher bachelor's degree attainment rates compared with states that declared a partnership exchange and/or split duties between federal and state.

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## Chapter 1: Introduction

### Overview

The educational attainment levels of the adult population (over 25 years of age) have been showing improvement over the past century. A 2012 Census Bureau report stated the following:

In 2009, more than 4 out of 5 (85 percent) adults aged 25 and over reported having at least a high school diploma or its equivalent, while over 1 in 4 (28 percent) reported a bachelor's degree or higher. This reflects more than a three-fold increase in high school attainment and more than a five-fold increase in college attainment since the Census Bureau first collected educational attainment data in 1940. (U.S. Department of Commerce, 2012, p. 1)

Adult educators are expected to appreciate but not be satisfied with increased educational attainment levels. "...Educational Leaders are expected to be transformative, to attend to social justice policies as well as academic achievement" (Shields, 2004, p. 110).

As adult educators work to enhance the educational development of the adult population, it is important for educators to understand the relationship between educational attainment and the social issues that exist inside and outside the walls of the classroom. Issues such as how the educational attainment of citizens influence state laws regarding social policy are intriguing and necessary in order to understand education's

population-wide influence. Through answering these questions, researchers are able to move beyond any one individual person or group and look at educational attainment from a global perspective that is able to connect back to local issues.

There is prior literature that suggests there is a connection between education and social policy issues. Janet Finch (1984) stated, “Exploring social policy *through* education involves looking at ways in which the educational system itself has been used for social policy ends which are much broader than specifically educational goals” (p. viii). Finch (1984) further discussed how changes in education have been designed to produce social change outside the educational system.

There are several social policies of importance in today’s society that can be looked at in relation to education, with specific focus on educational attainment. One such social policy to be researched in relation to state adult population educational attainment rates for each state in the U.S. surrounds the non-discrimination employment rights of the lesbian, gay, bisexual, and transgender (LGBT) population. According to Klawitter (2011), “There is, to date, no national protection against discrimination on the basis of sexual orientation by private employers as there is for race, gender, national origin, and disability” (p. 336). The Human Rights Campaign (HRC) (n.d.), a group that works for the equal rights of the LGBT population, stated that no federal law exists that consistently protects LGBT individuals from employment (public or private) discrimination. Due to this fact, the decisions regarding the establishment of laws regarding employment discrimination based upon sexual orientation and gender identity are left up to the states. These state laws vary widely, as shown and discussed by the

American Civil Liberties Union (2011) on their map of non-discrimination laws based upon sexual orientation and gender identity, which is broken down by state.

Since 1994, national legislation prohibiting discrimination in private employment on the basis of sexual orientation has been introduced each year, but has yet to pass both the House and the Senate (Klawitter, 2011). In 2013, the Employment Non-Discrimination Act was introduced into the House of Representatives. According to the Library of Congress (n.d.), the Act would federally prohibit employment discrimination on the basis of sexual orientation or gender identity, would provide remedies for employment discrimination on the basis of sexual orientation or gender identity, and would invoke congressional powers to prohibit employment discrimination on the basis of sexual orientation or gender identity.

A second social policy to be studied in relation to state adult population educational attainment rates for each state in the U.S. involves immigration laws regarding access to higher education. Based upon the 1982 Supreme Court decision *Plyler v Doe* (1982), all children are guaranteed access to K-12 public education. However, the decision is left to the individual states whether to provide unauthorized immigrants access to higher education (Zota, 2009). Over the past decade, hundreds of state policy laws have been introduced in order to expand or restrict educational opportunities for undocumented students. The legislation primarily revolves around in-state tuition for undocumented students, ability for undocumented students to enroll in college, and their eligibility for financial aid (Russell, 2011).

The third and last social policy to be considered in relation to state adult population educational attainment rates for each state in the U.S. involves state decisions

regarding the establishment of health insurance marketplaces, or health insurance exchanges, in each state under the 2010 Affordable Care Act. Kocher, Emanuel, and DeParle (2010) stated the following:

The Affordable Care Act (ACA) is a once-in-a-generation change to the U.S. health system. It guarantees access to health care for all Americans, creates new incentives to change clinical practice to foster better coordination and quality, gives physicians more information to make them better clinicians and patients more information to make them more value-conscious consumers, and changes the payment system to reward value. (p. 536)

One of the important coverage components of the ACA is the creation of health insurance exchanges in each state. These health insurance exchanges are where individuals and small businesses can choose among health insurance plans. Under the 2010 ACA, states have a choice to either establish a state-run exchange, defer to the federal government to establish a federally-facilitated exchange (FFE) in the state, or pursue a partnership Exchange in which the state plays a role in the development and operation of the FFE (Center on Budget and Policy Priorities, n.d.).

#### Statement of the Research Problem

In today's society, social issues regarding the LGBT population, immigration reform, and healthcare are routinely being discussed and debated. There is considerable research and discussion regarding these issues, but there is scant research on these issues involving the relationship between state policies and state adult population educational attainment rates. This research addresses the relationship between state adult population educational attainment rates and the state laws and policies regarding LGBT non-

discrimination employment laws, immigration laws related to access to higher education, and state decisions regarding the establishment of the Affordable Care Act health insurance marketplaces.

### Purpose of the Study

Understanding if there is a significant relationship between state adult population educational attainment rates for each state in the U.S. and state laws and policies is an important question to answer. In particular, this study focused on three important issues in today's society: state LGBT non-discrimination employment laws, state immigration laws regarding access to higher education, and state decisions related to the establishment of the Affordable Care Act health insurance marketplaces. There is a need for this research because state educational attainment rates have not been examined in relation to state policies regarding these issues. This information will help educators and educational institutions understand their role in the discussion of these issues, politicians to understand how state educational attainment relates to state interests, and other individuals involved in creating and working with social policies to gain additional information into where to devote resources.

This study had three major goals: (1) to determine the relationship between state adult population educational attainment rates for each state in the U.S. and state non-discrimination employment laws based upon sexual orientation and gender identity; (2) to determine the relationship between state adult population educational attainment rates for each state in the U.S. and state immigration laws regarding access to higher education; and (3) to determine the relationship between state adult population educational attainment rates for each state in the U.S. and state decisions regarding the establishment



of health insurance marketplaces.

### Significance of the Study

This study focused on the relationship between state adult population educational attainment rates for each state in the U.S. and the following three social issues: (1) state non-discrimination employment laws regarding sexual orientation and gender identity; (2) state immigration laws regarding access to higher education; and (3) state decisions regarding the establishment of the Affordable Care Act (ACA) health insurance marketplaces. There is minimal research on the relationship between educational attainment and these three issues. Thus, this study will add to the larger body of literature on educational attainment, LGBT laws, immigration laws, and healthcare laws and decisions.

This study is important because it determined if a relationship existed between state adult population educational attainment rates for each state in the U.S. and state non-discrimination employment laws regarding sexual orientation and gender identity. In addition, this is important because it determined if a relationship existed between state adult population educational attainment rates for each state in the U.S. and state immigration laws regarding access to higher education. Lastly, this study is important because it determined if a relationship existed between state adult population educational attainment rates for each state in the U.S. and state decisions regarding the establishment of the ACA health insurance marketplaces.

The information from this study will help adult educators, educational institutions, politicians, and individuals involved in working with social policy understand how educational attainment influences social issues. The results will be able to add to the

knowledge base of these individuals and potentially lead to future educational strategies and clarity into where and how to devote resources. In addition, these results will assist educators in the process of connecting classroom learning to important social laws, policies, and issues outside of the classroom.

### Research Questions

This study investigated the following research questions:

1. What is the relationship between state adult population educational attainment rates and state non-discrimination employment laws regarding sexual orientation and gender identity for each state in the U.S.?
2. What is the relationship between state adult population educational attainment rates and state immigration laws regarding access to higher education for each state in the U.S.?
3. What is the relationship between state adult population educational attainment rates and state decisions regarding the establishment of the Affordable Care Act health insurance marketplaces for each state in the U.S.?

### Limitations and Assumptions

#### Limitations

1. This study was limited to adults 25 years of age and older.
2. This study was limited to state population educational attainment rates gained from the U. S. Census Bureau's (2012) 2009 American Community Survey results.
3. This study was limited to a complete census sample of each state in the U.S.
4. This study was limited to the state non-discrimination employment laws regarding

- sexual orientation and gender identity reported by the American Civil Liberties Union (2011).
5. This study was limited to the state immigration laws regarding access to higher education reported by the National Immigration Law Center (2011).
  6. This study was limited to state decisions regarding establishment of the Affordable Care Act (ACA) health insurance marketplaces as of May 28, 2013 reported by The Henry J. Kaiser Family Foundation. (n.d.).

#### Assumptions

1. The educational attainment rates reported by the U.S. Census Bureau based upon American Community Survey are accurate and representative.
2. The state non-discrimination employment laws based upon sexual orientation and gender identity reported by the ACLU are correct.
3. The state immigration laws regarding access to higher education reported by the National Immigration Law Center are correct.
4. The state decisions regarding the establishment of the ACA health insurance marketplaces reported on the federal government's ACA website are correct.
5. Educational attainment could have a causal impact on state laws, policies, and other related decisions.

#### Definition of Terms

**Adult Learner:** An individual (male or female) at least 25 years of age (Markowitz & Russell, 2006).

**Alien:** Any person that is not a citizen of the United States (U.S. Citizenship and Immigration Services, n.d.).

**Educational Attainment:** The highest level of education an individual has completed (U.S. Census Bureau, n.d.).

**Health Insurance Exchange:** “An Exchange is an insurance marketplace with the goal to help individuals and small businesses access affordable and quality health insurance” (Bailey, 2011).

**Health Insurance Marketplace:** It is another term for a health insurance exchange.

**LGBT:** Lesbian, Gay, Bisexual, and Transgender

**Sexual Orientation:** Categorizes the sexual preference of an individual (straight, gay, lesbian, bisexual, or transgender)

**Undocumented Student:** A non-citizen of the U.S. that entered the country without inspection or with fraudulent documents or entered legally but then violated the terms of his or her status and remained in the U.S. without permission (Educators for Fair Consideration, n.d.)

## Chapter Summary

Chapter 1 provided the introduction of the study, discussed the research problem, described the purpose of the study, explained the significance of the study, listed the primary research questions, detailed the limitations and assumptions of the study, and defined key terms. Chapter 2 includes a review of literature concerning educational attainment, non-discrimination employment laws, immigration laws, and healthcare. Chapter 3 describes the design of the study, which includes the population and sample, instrumentation, data collection, and data analysis. Chapter 4 discusses the research findings. Chapter 5 summarizes the study and provides conclusions, implications, and areas for further research.

## Chapter 2: Review of Literature

### Overview of Education in the United States

“The history of education the United States, even in the narrower sense of the history of its schools, has its beginning with the first permanent English settlement” (Dexter, 1904, p. 1). The first organized educational effort began after the settlement of Virginia in 1607 (Dexter, 1904). “The first American educational theory and practice tended to reflect European patterns, but the instances of transplantation without modification were few” (Pulliam, 1982, p. 17).

Before the American Revolution, schools were largely class-centered (Pulliam, 1982). During the period of the American Revolution (1775-1783), democratic ideals conflicted with the class system of education. The number of Latin grammar schools shrunk and the number of town schools increased (Pulliam, 1982). According to Pulliam (1982):

Before the War of 1812 education was virtually a religious enterprise, with the exception of some academies and free school societies. The period from 1812 to the Civil War was a transitional one during which educational leaders such as Horace Mann, James G. Carter, and Henry Barnard forged the first links in what has evolved as a free, public school system, supported and controlled by the state. (p. 65)

Before the Civil War (1861-1865), except for the College of Philadelphia, all colonial institutions of higher education were church related. There was a rebirth and growth of the elementary school, and the American high school was born during this time period. The first normal schools, which were schools designed to train teachers, were established in 1839 (Pulliam, 1982). In addition, the Morrill Act was also passed in 1862, which led to the establishment of land grant colleges.

By 1873, laws for organized state school systems were found throughout the nation. Colleges and universities saw continued growth and graduate programs were established. In light of the passage of the Fourteenth Amendment in 1868, higher education opportunities developed for Black Americans through efforts of educators such as Booker T. Washington and W.E.B. DuBois (Pulliam, 1982).

After World War I (1914-1918), there was substantial growth in the number of students, teachers, and facilities at all educational levels. After World War II, which occurred between 1939-1945, there was a dramatic increase in the rate of technological advancement (Pulliam, 1982). Since the end of World War II, the United States has seen a greater investment in education (SOL pass, 2008). In addition, the education system has been utilized by an increasing number of the population. Table 1 shows the changes in the educational attainment level of the population in the United States from 1940-2012.

Table 1

*Years of School Completed by U.S. Population 25 Years and Over, 1940-2012*

Years of school	Percent of Population									
	1940	1950	1960	1970	1980	1990	2000	2009	2012	
0 to 4 years elementary school	13.5	10.8	8.3	5.3	3.4	2.4	1.6	1.4	1.2	
5 to 8 years elementary school	46.0	36.1	31.4	22.4	14.1	8.8	5.4	4.1	3.8	
1 to 3 years high school	15.0	16.9	19.2	17.1	13.9	11.2	8.9	7.9	7.3	
4 years high school	14.1	20.1	24.6	34.0	36.8	38.4	33.1	31.1	30.4	
1 to 3 years college	5.4	7.1	8.8	10.2	14.9	17.9	25.4	26.1	26.3	
4 or more years college	4.6	6.0	7.7	11.0	17.0	21.3	25.6	29.5	30.9	

*Note:* Adapted from United States Census Bureau. (n.d.). *Years of school completed by people 25 years and over, by age and sex: Selected years 1940 to 2012* [Data file].

Retrieved from:

<http://www.census.gov/hhes/socdemo/education/data/cps/historical/index.html>.

As seen in Table 1, educational attainment levels in the United States have increased each decade. For example, in 1940, 14.1% of the population had completed only 4 years of high school, whereas 30.4% of the population had completed only 4 years of high school in 2012. Janet Finch (1984) stated, “Exploring social policy *through* education involves looking at ways in which the educational system itself has been used for social policy ends which are much broader than specifically educational goals” (p. viii). The following three topics are the social policies and decisions researched in relation to educational attainment: Non-discrimination employment laws for the LGBT population, immigration laws related to access to higher education, and state decisions regarding the establishment of health insurance marketplaces.

#### LGBT Population and Employment Non-Discrimination Laws

#### Overview of the LGBT Population and the LGBT Movement

In order to understand the background of discrimination against the LGBT

community, it is important to understand the definition of key terms. Sexual orientation is typically used to indicate one's predominate, innate preference for the gender of her or his romantic and/or sexual partner(s) (Hollander, 2000). Gay refers to men who are attracted to other men, lesbian refers to women who are attracted to other women, and bisexual refers to people who are attracted to men and women (either simultaneously or sequentially). Transgender, on the other hand, has more to do with gender identity than with sexual orientation. This term pertains to a person whose physical sex does not correspond with their gender identity as a man, woman, or somewhere in between (Macgillivray, 2004).

History has shown us that gay, lesbian, bisexual, and transgender people have always existed in society (Campos, 2003; Sullivan, 2003). However, the oppression of LGBT people has not always existed (Wolf, 2009). According to Wolf (2009):

LGBT people are oppressed because their sexual and gender identities challenge the traditional family upon which capitalism continues to depend. If we lived in a truly free society in which material and social constraints were removed, people would be neither oppressed nor even defined by their sexual and gender identities.  
(p. 11)

“The gay and lesbian liberation movement (later to be joined by bisexual and transgendered people) is one of the significant social forces that has changed the face of culture in North America, and throughout the Western world, during the last several decades” (Harper & Schneider, 2003, p. 243). There are many groups and individuals on both sides of the argument for and against non-discrimination employment rights for the LGBT population. Savage & Harley (2009) stated that Macgillivray, a key author on



LGBT issues, found that some people do not agree that sexual orientation should be included in non-discrimination policies because it would constitute granting special rights to the LGBT population.

According to Swiebel (2009):

The LGBT movement so far has been much more successful getting its demands onto the EU agenda than onto the UN agenda. At the EU, the fight against sexual orientation discrimination has been given a place in the treaties, and in specific legislation and policies, and is ‘mainstreamed’ throughout various EU policy areas. At the UN, some LGBT organizations have managed to gain formal access, and their issues have been taken up in specialized ‘niches’ of the organization, but the UN as such so far has successfully denied that LGBT issues are UN issues. (p. 19-20)

#### LGBT Population and Employment Discrimination

“Although sexual orientation and gender identity have no relationship to workplace performance, during the past four decades a large body of research using a variety of methodologies has consistently documented high levels of discrimination against lesbians, gay men, bisexuals and transgender (LGBT) people at work” (Sears & Mallory, 2011, p. 1). Sears and Mallory (2011) further stated, “...research shows that widespread and continuing employment discrimination against LGBT people has been documented in scientific field studies, controlled experiments, academic journals, court cases, state and local administrative complaints, complaints to community-based organizations, and in newspapers, books, and other media. Federal, state, and local courts, legislative bodies, and administrative agencies have acknowledged that LGBT

people have faced widespread discrimination in employment. The research presented below shows that discrimination against LGBT people has negative impacts in terms of health, wages, job opportunities, productivity in the workplace, and job satisfaction (Sears & Mallory, 2011).

“The 2008 General Social Survey (GSS), conducted by the National Opinion Research Center at the University of Chicago, has been a reliable source for monitoring social and demographic changes in the U.S. since 1972” (Sears & Mallory, 2011, p. 4). The 2008 GSS was the first time that survey participants were asked about sexual orientation, and also included questions pertaining to coming out, family structure, relationship status, workplace and housing discrimination, and issues related to health insurance coverage. Within this survey, 80 sexual minority respondents completed some or all of the module questions, including 57 respondents identified as LGB (lesbian, gay, or bisexual) and 23 respondents who did not identify as LGB but reported having same-sex partners in the past (Gates, 2010).

The 2008 GSS showed that 42% of the nationally representative sample of people identified as LGB had experienced at least one form of employment discrimination because of their sexual orientation at some point in their lives. Within this sample, 27% had experienced such discrimination during the five years prior to the survey (Sears & Mallory, 2011, p. 4). Gates (2010) discussed that one third of employees identified as LGB were not open about being LGB to anyone in the workplace.

Furthermore, additional survey results indicated the following:

- In 2005, 39% of LGBT respondents to a national survey indicated that at some point during the prior five-year period they had experienced employment

discrimination (Gates, 2010).

- In 2009, 19% of LGBT staff and faculty surveyed at colleges and universities throughout the country reported they had experienced exclusionary, intimidating, offensive, hostile, and/or harassing behavior on campus within one year prior to the interview (Rankin, Weber, Blumenfeld, & Frazer, 2010).
- In 2009, 44% of LGBT individuals who responded to a national survey reported having faced some form of discrimination at work (Out & Equal Workplace Advocates, 2009).

Several studies asked additional questions about the type of discrimination faced by the LGBT population in the workplace. Badgett, Sears, Lau, & Ho (2009) discussed the following results:

- 8% to 17% of respondents were denied employment or fired based upon their sexual orientation.
- 10% to 28% of respondents were denied a promotion or given negative performance evaluations.
- 7% to 41% of respondents had their workplace vandalized or were physically/verbally abused.
- 10% to 19% of respondents reported receiving unequal benefits or pay.

When transgender individuals were surveyed in several studies between 1996 and 2006, employment discrimination based upon gender identity ranged 20% to 57% (Badgett et al., 2009). The types of discrimination faced by these individuals, as discussed by Badgett et al. (2009), were reported as follows:

- 13% to 56% of respondents were fired.

- 13% to 47% of respondents were denied employment.
- 22% to 31% of respondents were harassed.
- 19% of respondents were denied a promotion.

The largest survey of transgender individuals to date was conducted in 2011 and indicated that 78% of respondents experienced at least one form of mistreatment or harassment at work because of their gender identity, whereas 47% had been discriminated against in hiring, promotion, or job retention (Sears & Mallory, 2011).

“The federal government, as well as many state and local governments, have concluded that LGBT people have faced widespread discrimination in employment” (Sears & Mallory, 2011, p. 9). Research has shown that such discrimination exposes LGBT people to increased risk for poorer physical and mental health (Sears & Mallory, 2011). Williams, Neighbors, and Jackson (2003) discussed how research indicates that experiencing discrimination can affect an individual’s mental and physical health. According to the Human Rights Campaign (n.d.), “Twenty-one states and the District of Columbia have passed laws prohibiting employment discrimination based on sexual orientation, and 16 states and D.C. also prohibit discrimination based on gender identity.”

The decision on whether or not to establish non-discrimination laws based upon sexual orientation and gender identity are currently left up to the states. Data from states that currently prohibit workplace discrimination on the basis of sexual orientation and/or gender identity have demonstrated that there is a continuing existence of discrimination against LGBT people (Ricucci & Gossett, 1996). The data have indicated the following:

- There were 4,788 state administrative complaints alleging employment discrimination on the basis of sexual orientation or gender identity were filed

- between 1993 and 2001 (United States General Accounting Office, 2002).
- The Williams Institute (2008) gathered all complaints of sexual orientation and gender identity employment discrimination filed in the 20 states that then had sexual orientation and/or gender identity non-discrimination laws. The study gathered a total of 6,914 complaints filed from 1999 to 2007 (Ramos, Badgett, & Sears, 2008).
  - The Williams Institute (2009) focused on employment discrimination against public sector workers, and contacted the then 20 states and 203 municipalities with sexual orientation and gender identity non-discrimination laws and ordinances. The states and municipalities that responded provided a record of 560 complaints filed with state agencies between 1999 to 2007, and 128 complaints filed with local agencies from as far back as 1982, by state and local government employees (Sears & Mallory, 2011).

The Williams Institute had conducted previous studies in 2001, using the same methodology, which demonstrated that if the number of complaints was adjusted for the population size of workers that had a particular minority trait, the rate of complaints filed with state administrative agencies alleging sexual orientation discrimination in employment was comparable to the rate of complaints filed alleging race or sex discrimination (Rubenstein, 2001). It is also important to consider that because several state and local governments did not respond, the number of administrative complaints filed is likely underrepresented (Sears & Mallory, 2011).

The issue of underreporting is one that must be considered when addressing the prevalence of employment discrimination based upon sexual orientation and gender

identity. According to Sears & Mallory (2011), the reasons for underreporting are:

- Many state and local agencies lack knowledge, resources, and willingness to consider sexual orientation and gender identity discrimination complaints.
- Courts and judges have often been unreceptive to LGBT plaintiffs and reluctant to write published opinions about them.
- Many cases settle before an administrative complaint or court case.
- LGBT employees are hesitant about pursuing claims because of the fear of outing themselves.

A national survey conducted in 2005 found that of LGB respondents who were not out at work, 70% reported they prevented the disclosure of their sexual orientation because they feared risk to job security or harassment in the workplace (Lambda Legal & Deloitte Financial Advisory Services, LLP, 2006). According to several recent studies:

- 51% of LGBT employees did not reveal their LGBT identity to most of their co-workers according to a 2009 non-probability survey conducted across the U.S. (Human Rights Campaign, 2009).
- 48% of LGBT white-collar employees were not open about their LGBT identity at work according to a 2011 study (Hewlett, & Sumberg, 2011).
- Over one-third of LGB respondents to the GSS reported they were not out at work. Of the individuals that were out at work, only 25% were out to all of their co-workers (Gates, 2010).

Since 1994, national legislation prohibiting discrimination in private employment on the basis of sexual orientation has been introduced each year, but has yet to pass both the House and the Senate (Klawitter, 2011). In 2013, the Employment Non-

Discrimination Act (ENDA) was introduced into the House of Representatives. According to the Library of Congress (n.d.), the Act would federally prohibit employment discrimination on the basis of sexual orientation or gender identity, would provide remedies for employment discrimination on the basis of sexual orientation or gender identity, and would invoke congressional powers to prohibit employment discrimination on the basis of sexual orientation or gender identity.

There are arguments across the country for and against employment non-discrimination laws for the LGBT community. Opposition to employment non-discrimination laws for the LGBT community heavily revolve around religious and moral grounds. The Family Policy Network (n.d.) discussed that non-discrimination policies should be based on immutable or unobtrusive characteristics such as religion or gender and that sexual misconduct should not meet the qualifications for receiving special rights. According to Aden (2010):

Critics assert that unlike other established statutory protections such as race and gender, legal protections for sexual orientation inevitably clash with the right to free exercise and expression of religion, including the right to believe and express that homosexual conduct is sinful. (p. 2)

From a political stance, several politicians have expressed opposition or concern with the ENDA. Richard Burr, Senator from North Carolina, stated, “I am concerned that the ENDA bill would go beyond our existing laws protecting individuals’ employment rights and would impose new burdens and legal uncertainties regarding the exercise of religious liberties. Therefore, I plan to oppose the bill” (Washington Blade, 2013). Senator Rob Portman stated, ““He is concerned about excessive reliance on litigation as a

tool for social change, and will continue to review the most recent version of ENDA” (Washington Blade, 2013).

There are also several individuals and groups in favor of employment non-discrimination laws for the LGBT population. In 2007, the Iowa Civil Rights Commission, when discussing their support of employment non-discrimination laws for the LGBT population, stated:

We no longer wish to see our children, neighbors, coworkers, nieces, nephews, parishioners, or classmates leave Iowa so they can work, prosper, live or go out to eat. Our friends who are gay or lesbian know the fear and pain of hurtful remarks, harassment, attacks, and loss of jobs or housing simply because of their sexual orientation or gender identity. (Iowa Civil Rights Commission, n.d., p. 4)

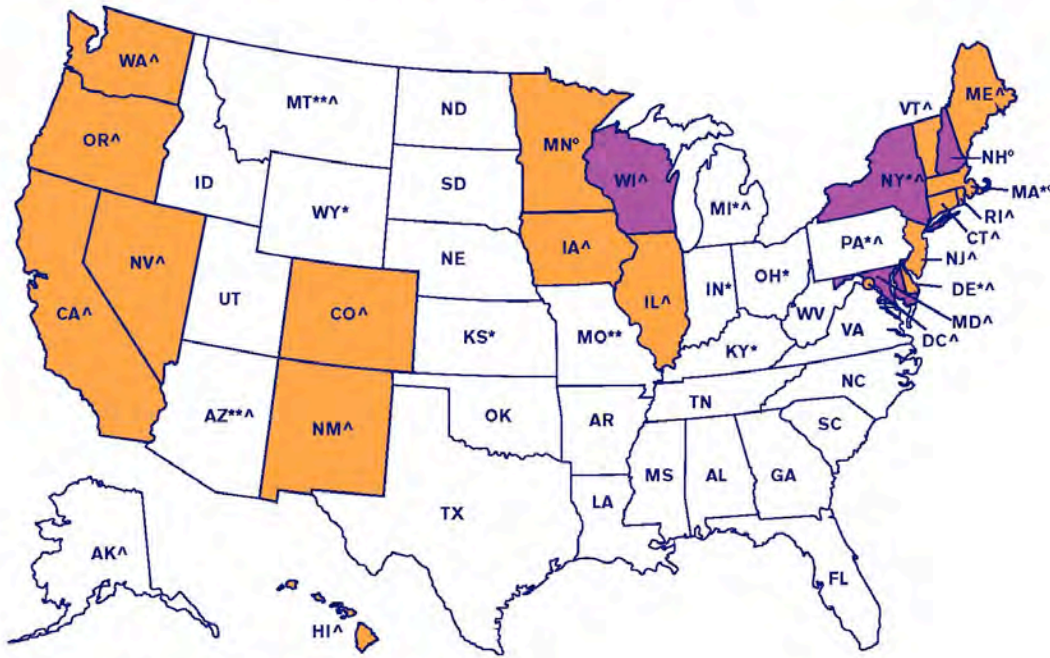
Laura Murphy, Director of the American Civil Liberties Union’s (ACLU) Washington Legislative Office, in a letter sent to the Senate Health, Education, Labor, and Pensions Committee regarding the ENDA, stated, “This critical and long-overdue legislation will allow American workers, who stand side-by-side in the workplace and contribute with equal measure in their jobs, to also stand on the same equal footing under the law (American Civil Liberties Union, 2013).

As indicated above, the attitudes and laws regarding non-discrimination in the employment setting vary across the United States. Figure 1 below indicates the statewide employment non-discrimination laws and policies pertaining to the LGBT population.





# STATEWIDE EMPLOYMENT LAWS AND POLICIES



Updated June 19, 2013

**States that prohibit discrimination based on sexual orientation and gender identity** (17 states and D.C.): California (1992, 2003), Colorado (2007), Connecticut (1991, 2011), Delaware (2009, 2013), District of Columbia (1977, 2006), Hawaii (2011), Illinois (2006), Iowa (2007), Massachusetts (1989, 2012), Maine (2005), Minnesota (1993), New Jersey (1992, 2007), New Mexico (2003), Nevada (1999, 2011), Oregon (2008), Rhode Island (1995, 2001), Vermont (1991, 2007) and Washington (2006).

- State courts, commissions, agencies, or attorney general have interpreted the existing law to include some protection against discrimination against transgender individuals in Florida and New York.
- The Federal Equal Employment Opportunity Commission is now accepting complaints of gender identity discrimination in employment based on Title VII's prohibition against sex discrimination.

**States that prohibit discrimination based on sexual orientation only** (4 states): Maryland (2001), New Hampshire (1996), New York (2003) and Wisconsin (1982).

**Laws and Policies Covering Public Employees Only:**

The laws referenced above apply to public and private employers (with some limitations) in the respective states. Additionally, there are 9 states (\*) that have an executive order, administrative order or personnel regulation prohibiting discrimination against public employees based on sexual orientation and gender identity, and 3 states (\*\*) prohibit discrimination against public employees based on sexual orientation only (Missouri order only covers executive branch employees). In 23 states and the District of Columbia (^) state employees are provided with domestic partner benefits. In 3 states (°) state employees are provided with benefits based on marriage, and same-sex spouses are eligible for benefits.

Human Rights Campaign | 1640 Rhode Island Ave., N.W., Washington, D.C. 20036 | [www.hrc.org/statelaws](http://www.hrc.org/statelaws)

Figure 1. Statewide LGBT Employment Non-Discrimination Laws and Policies

Note: From Human Rights Campaign (n.d.). *Statewide Employment Laws and Policies*. Retrieved from: [http://www.hrc.org/files/assets/resources/employment\\_laws\\_072013.pdf](http://www.hrc.org/files/assets/resources/employment_laws_072013.pdf).

## Connection Between Education and LGBT Issues

Historically, the academy of higher education was an avenue that brought LGBT issues out from the shadows. “When lesbian and gay people in the United States began to organize in the 1950s and press for social change, they did so in an atmosphere that defined them as sinful, sick, and criminal” (Gross, 2005, p. 509). The Mattachine Society was the first post-World War II lesbian and gay movement organization (known then as a homophile organization) and was named for medieval court jesters, who could speak unpopular truths from behind masks (D’Emilio, 1983). The Mattachine Society preferred to work behind the scenes and encourage professionals to educate the public instead of using direct confrontational methods (Gross, 2005). This method employed by the Mattachine Society “was an approach founded on an implicit contract with the larger society wherein gay identity, culture, and values would be disavowed (or at least concealed) in return for the promise of equal treatment...Tolerance would be earned by making difference unspeakable” (Adam, 1978, p. 121).

Following the behind-the-scenes approach taken by the Mattachine Society, another approach “began to surface, inspired by the argument that homosexuals should be seen, and should see themselves, as a minority community; that is, the conscious adoption of the typical American form of political organizing based in ethnic/minority identity” (Gross, 2005, p. 509). This new method was first discussed by Cory (1951) in *The Homosexual in America*. Cory (1951) stated, “Our minority status is similar, in a variety of respects, to that of national, religious and other ethnic groups: in the denial of civil liberties; in the legal, extra-legal and quasi-legal discrimination; in the assignment of an inferior social position; in the exclusion from the mainstream of life and culture” (p. 13).

This minority group model employed by Cory was exemplified by a Washington, DC activist named Frank Kameny. He joined the Mattachine Society in 1961 after being charged and fired by the Army Map Service for being homosexual. He worked against the prior methods employed by the Mattachine Society of working behind the scenes and used strategies modeled after the civil rights movement (Gross, 2005). Kameny was known for saying, "...we must instill in the homosexual community a sense of the worth of the individual... We must counteract the inferiority which ALL society inculcates into him in regard to his homosexuality" (Engel, 2001, p. 36).

One of the first institutions to feel the impact of the newly visible gay liberation was the academy of higher education (Gross, 2005). "In March 1973, seven men and one woman—college faculty, graduate students, a writer and a director, all gay—gathered informally in a Manhattan apartment...[and] talked in highly personal terms of the difficulties of being gay in a university setting" and decided later that year that they "could contribute to the gay movement and to our own liberation by organizing in a formal way" by forming the Gay Academic Union (D'Emilio, 1974, p. 13). The first conference put on by the Gay Academic Union took place on Thanksgiving 1973 and drew 300 people. Two years later, the third conference drew over a thousand participants (Gross, 2005). The academy of higher education was used as an avenue through which the LGBT movement would gain momentum and a place where the voices of the LGBT population could be heard.

The Pew Research Center (2010) found the following, indicating an example of how educational attainment influences attitudes toward a prominent LGBT issue:

A majority (52%) of college graduates favor allowing gays and lesbians to marry

legally. Support is much lower among those without a college degree – 46% with some college education and 34% with a high school education or less support same-sex marriage. (p. 5)

Table 2 below lists national survey results indicating how the attitude toward same-sex marriage based upon educational attainment has changed since 1996.

Table 2

*Attitude Toward Same-Sex Marriage by Educational Attainment*

EDUCATION	1996			2008-2009			2010		
	F (%)	O (%)	DK/Rf (%)	F (%)	O (%)	DK/Rf (%)	F (%)	O (%)	DK/Rf (%)
College grad +	35	57	8	50	42	8	52	39	9
Some college	33	60	7	41	50	10	46	45	9
High School or less	22	70	8	30	60	10	34	55	11

F = Favor; O = Oppose; DK/Rf = Don't Know/Refused to Answer

*Note:* From Pew Research Center (2010). *Same-sex marriage table*. Retrieved from: [http://www.people-press.org/files/legacy-detailed\\_tables/662.pdf](http://www.people-press.org/files/legacy-detailed_tables/662.pdf).

Immigration Laws Regarding Access to Higher Education

History of Immigration Laws in the United States

In 1783, George Washington stated:

The bosom of America is open to receive not only the opulent and respectable stranger, but the oppressed and persecuted of all Nations and Religions; whom we shall welcome to a participation of all our rights and privileges, if by decency and propriety of conduct they appear to merit the enjoyment. (Rischin, 1976, p. 43)

After the United States Constitution was adopted in 1789, Congress enacted an

act to establish a uniform rule of naturalization, titled the Naturalization Act of 1790 (Rischin, 1976, p. 43). This act imposed a residency of two-years for aliens who are free white persons and of good character (Lemay & Barkan, 1999). In 1802, the U.S. Congress revised the Naturalization Act of 1790. The revision increased the residency requirement from two years to five years and the obligation that individuals renounce allegiance and fidelity to foreign powers (Lemay et al., 1999).

The Treaty of Guadalupe Hidalgo was signed in 1848 and guaranteed U.S. citizenship to Mexicans that remained in the territory ceded by Mexico to the United States (Lemay et al., 1999). Next, the Homestead Act was enacted by the U.S. Congress in 1862. This Act granted up to 160 acres of free land to settlers who developed the land and remained on it for five years (Fillmore, 1856).

The Fourteenth Amendment of the U.S. Constitution was ratified in 1868. It guaranteed that all persons born or naturalized in the U.S. and subject to its jurisdiction are citizens of the U.S. This law changed the original language from granting citizenship only to free white person to also include blacks (U.S. Const. amend XIV).

The United States Congress enacted the Chinese Exclusion Act in 1882, which denied eligibility for citizenship to Chinese and prohibited the immigration of Chinese laborers for ten years (Lemay et al., 1999). Next, the Supreme Court decided the case of *Yick Wo v. Hopkins* in 1886. This case overturned an ordinance in San Francisco against Chinese laundry workers and stated that it was discriminatory and unconstitutional under the Fourteenth Amendment to deprive any people, even non-citizens, of life, liberty, or property without due process (*Yick Wo. V. Hopkins*, 1886).

The U.S. Congress passed the Immigration Act of 1891 that established itself in

the position of being superintendent of immigration. It also expanded the class of individuals excluded from admission and forbid the soliciting of immigrants (Lemay et al., 1999). The law added to the restriction of Chinese laborers, which had already been extended, and stated:

Be it enacted... That the following classes of aliens be excluded from admission to the United States, in accordance with the existing acts regulating immigration, other than those concerning Chinese laborers: All idiots, insane persons, paupers or persons likely to become public charges, persons suffering from a loathsome or a dangerous contagious disease, persons who have been convicted of a felony or infamous crime or misdemeanor involving moral turpitude, polygamists, and also any person whose ticket or passage is paid for with the money of another or who is assisted by others to come.... (Jaycox, 2005, p. 55)

The Chinese Exclusion Act was extended again in 1894 and Congress established the Bureau of Immigration within the U.S. Treasury Department (Lemay et al., 1999).

The U.S. Congress decided the case of *Plessy v. Ferguson* in 1896. This case established the legal principle of separate-but-equal (*Plessy v. Ferguson, 1896*).

Furthermore, the U.S. Supreme Court ruled in *Wong Kim Ark v. U.S* in 1898 that a native-born person of Asian descent, despite the fact that his or her parents may have been resident aliens ineligible for naturalization, is a citizen of the U.S. (*Wong Kim Ark v. United States, 1898*).

The U.S. Congress enacted the Immigration Act of 1917 that required a literacy test and in 1919, Congress granted honorably discharged Native Americans citizenship for their service in World War I (Lemay et al., 1999). Next, the U.S. Supreme Court

decided two cases in 1922 and 1923, *Ozawa v. U.S.* (1922) and *U.S. v. Bhagat Singh Thind* (1923), which concluded that restricting individuals from becoming naturalized citizens because they did not appear and would not commonly be viewed as white was constitutional. Thus, East Asian Indians and Japanese were ineligible for naturalization.

Congress granted citizenship to Native Americans in 1924 who had not already received it. During this same time period, the Border Patrol was established by Congress in 1925 (Lemay et al., 1999).

In 1942, President Roosevelt issued Executive Order 9066. This Order led to the evacuation, relocation, and interment of Japanese and Japanese Americans into established relocation camps (Lemay et al., 1999). During this same time period, Congress repealed the Chinese Exclusion Acts in 1943. Following this, the U.S. Supreme Court ruled in 1944, in *Ex Parte Mitsuye Endo*, that the internment of Japanese American Citizens was an unconstitutional violation of the habeas corpus rights of American Citizens (Lemay et al., 1999).

Congress enacted the Displaced Persons Act in 1948. This act began the process of adjusting the quota law to enable a greater number of immigrants to come to the U.S. (Lemay et al., 1999). Closely following this, the Immigration and Nationality Act was enacted by Congress in 1952. This Act maintained the quota system and removed all racial and national origin barriers to U.S. Citizenship (Lemay et al., 1999).

A report was issued by the President's Commission on Immigration and Naturalization in 1952 and called for an end to the quota system and was critical of naturalization laws and procedures. The recommendations by this commission were the foundation for many of the future reforms and amendments (Lemay et al., 1999).

Following this, Congress enacted the Immigration and Nationality Act in 1965. Among additional items, this Act amended the 1952 Act by ending the quota system and established a system of stressing family reunification, meeting job skill goals, and standardization of admission procedures (Lemay et al., 1999).

Congress passed the Immigration Reform and Control Act (IRCA) in 1986. This Act established employer sanctions for all employers who hired illegal aliens knowingly. Additionally, it set up an amnesty program granting legalization to illegal aliens and special agricultural workers in the U.S. (Lemay et al., 1999). In 1990, Congress passed a reform of the laws regarding legal immigration in the Immigration Act of 1990. It increased limits for immigration and redefined the emphasis for family reunification and employment (Lemay et al., 1999).

Congress passed the Illegal Immigration Reform and Immigrant Responsibility Act in 1996. This law expanded the Border Patrol and Immigration and Naturalization Service Agents. It also authorized other elements, such as the expansion of the procedures to investigate and prosecute immigration smuggling, the establishment of an employment verification program, and the construction of a border fence in San Diego (Lemay et al., 1999).

After the September 11, 2001 attacks, the USA Patriot Act was passed by Congress that same year. This gave the U.S. government the power to indefinitely detail individuals that were suspected terrorists (Grantmakers Concerned with Immigrants and Refugees, n.d.). Closely following this, the REAL ID Act was passed by Congress in 2005. This raised the standards for seeking political asylum in the U.S., restricted the issuance of state ID documents and drivers' licenses to certain groups of immigrants, and



established additional grounds for the deportation of immigrants (Grantmakers Concerned with Immigrants and Refugees, n.d.).

As discussed in this section, the topic of immigration in the U.S. has been a part of the national conversation from the beginning of its founding. According to Lemay and Barkan (1999):

Immigration to the United States, which has long involved a truly significant mass movement of people, has profoundly shaped the economic, political, social, and cultural development of the nation, and in the process has had a lifelong impact on the immigrants themselves. (p. xxi)

#### Immigration Laws Related to Education

President Wilson, when vetoing a 1915 literacy provision that had been passed by Congress, stated:

Hitherto we have generously kept our doors open to all who were not unfitted by reason of disease or incapacity for self support or such personal records and antecedents as were likely to make them a menace to our peace and order or to the wholesome and essential relationships of life. In this bill it is proposed to turn away from tests of character and of quality and impose tests which exclude and restrict; for the new tests here embodied are not tests of quality or of character or of personal fitness, but tests of opportunity. Those who come seeking opportunity are not to be admitted unless they have already had one of the chief of the opportunities they seek, the opportunity of education. The object of such provisions is restriction, not selection. (Rischin, 1976, p. 285-286)

There are approximately 12 million undocumented students in the United States (Pew Hispanic Center, 2008). Of these undocumented immigrant students, approximately 65,000 of them graduate from high schools in the U.S. each year (Passel, 2003). Research has shown that only 7,000-13,000 undocumented immigrant students enter postsecondary education annually (Gonzalez, 2007). The number of undocumented immigrant students attending higher education is impacted by the fact that federal law forbids illegal immigrants from receiving federal loans and grants (Protopsaltis, 2005).

Based upon the 1982 Supreme Court decision *Plyler v Doe* (1982), all children are guaranteed access to K-12 public education. The court found that forbidding K-12 education to children would create a lifetime of hardship and create a permanent underclass of individuals (Frum, 2007). The decision is left to the individual states, however, whether to provide unauthorized immigrants access to higher education (Zota, 2009).

There are, however, federal statutes that influence the issue of undocumented students receiving access to higher education. Section 505 of the Illegal Immigration Reform and Immigration Responsibility Act (IIRIRA) of 1996 states the following:

Notwithstanding any other provision of law, an alien who is not lawfully present in the United States shall not be eligible on the basis of residence within a State (or a political subdivision) for any postsecondary education benefit unless a citizen or national of the United States is eligible for such a benefit (in no less an amount, duration, and scope) without regard to whether the citizen or national is such a resident. (United States Citizenship and Immigration Services, 1996)

As long as qualified out-of-state U.S. citizen students are eligible for a similar benefit, the statute does not prohibit states from providing benefits to undocumented students, such as in-state tuition (Ruge & Iza, 2005). However, the vagueness of the statute has led to profound differences in how the law is interpreted (Frum, 2007).

Another important federal statute is the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996. “The statute states that unqualified aliens are not eligible for any federal public benefit including postsecondary education or any other benefit in which payment or assistance is provided” (Gildersleeve & Hernandez, 2010, p. 9).

Current federal legislation, the Development, Relief, & Education for Alien Minor’s Act (DREAM Act) was proposed in 2001 (Gildersleeve et al., 2010). According to Gildersleeve et al. (2010), “...the DREAM Act could provide a pathway to citizenship for undocumented immigrants pursuing higher education” (Gildersleeve et al., 2010, p. 9). However, Betalova and McHugh (2010) stated that approximately only 38% of undocumented students would be eligible based upon the college-readiness and preparedness of undocumented students if the DREAM Act were passed.

“Immigration policy in the United States is under the purview of the federal government while education generally, and state residency in particular, is legislated and determined by each state” (Gildersleeve et al., 2010, p. 8). Over the past decade, hundreds of state policy laws have been introduced in order to expand or restrict educational opportunities for undocumented students. The legislation primarily revolves around in-state tuition for undocumented students, ability for undocumented students to enroll in college, and their eligibility for financial aid (Russell, 2011).

Since the policy decisions regarding access to higher education for undocumented immigrant students are left up to the states, there is a broad spectrum of state policies. In particular, there were ten states that had policies that provided in-state tuition benefits to undocumented immigrant students in 2009; there were five states that had adopted policies to deny undocumented immigrant students access to in-state tuition in 2010; and there are some states and individual institutions that have policies that prevent undocumented immigrant students from attending public colleges and universities (Olivas, 2009; Dougherty, Nienhuser, & Vega, 2010; Gildersleeve, Rumann, & Modragon, 2010; Hebel, 2010). The current broad spectrum of state policies regarding access to higher education for undocumented immigrant students in the United States is indicated in Figure 2 below.

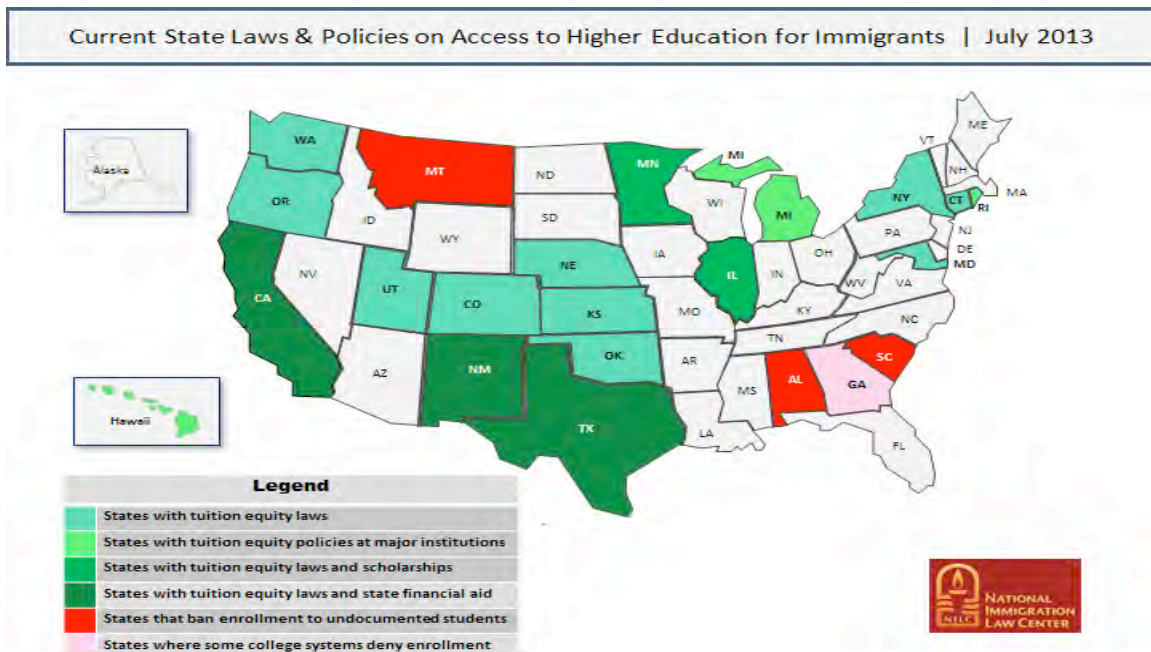


Figure 2. Current State Laws & Policies on Access to Higher Education for Immigrants

Note: From National Immigration Law Center (n.d.). *Current state laws & policies on access to higher education for immigrants*. Retrieved from: <http://www.nilc.org/eduaccessstoolkit2.html#maps>.

As is shown on Figure 2 above, states have a wide range of policies regarding how to treat the issue of access to higher education for undocumented students. The information on Figure 2 indicates the following:

- 10 states with tuition equity laws
- 4 states with tuition equity policies at major institutions
- 2 states with tuition equity laws and scholarships
- 3 states with tuition equity laws and state financial aid
- 3 states that ban enrollment to undocumented students
- 1 state where some college systems deny enrollment
- 27 states that have no statewide policy

Two studies in support of providing access to higher education for undocumented students found the following:

A 1999 RAND study showed that an average 30-year-old Mexican immigrant woman who has graduated from college will pay \$5,300 more in taxes and cost \$3,900 less for criminal justice and welfare each year than if she had dropped out of high school – more than \$9,000 in financial contribution each year. A 1995 RAND study showed that a 3 percent increase in the college completion rate of 18-year-old Latinos would grow Social Security and Medicare contributions by \$600 million. (The Bell Policy Center, 2005, p. 2-3)

Opponents of providing access to higher education for undocumented students discuss four main issues. First, undocumented students are lawbreakers and their education should not be subsidized. Second, opponents discuss that states providing in-state tuition benefits for undocumented students are in violation of the Supremacy Clause

since Congress has power over immigration. Third, it should not be the responsibility of states to pay benefits to undocumented students when it is the federal government's fault that they could not prevent them from entering the country. The fourth and last major argument is that undocumented students are unacceptable security risks to the country due to the war on terror (Drachman, 2006).

#### Connection Between Education and Attitudes Toward Immigration

Hainmueller and Hiscox (2007) discussed that people with higher education levels are more likely to favor immigration regardless of where the immigrants come from and their likely skill attributes. Across Europe, higher levels of educational attainment have been shown to lead to increased support for all types of immigrants.

Chandler and Tsai (2001) discussed how education breeds tolerance by increasing students' knowledge of foreign cultures and raising levels of critical thinking. In addition, Chandler and Tsai (2001) stated that increasing one's education generates more diverse and cosmopolitan social networks. Betts (1988) has discussed that support for immigration among individuals that are college-educated is one aspect of a larger class identity associated with support and appreciation for diverse cultures.

Scheve and Slaughter (2001a) and Scheve and Slaughter (2001b) found that the lower number of skills people have, which were primarily measured by years of education, the more likely they were to support immigration restrictions compared with those with higher skills. Mayda (2004) found that individuals with higher education levels were more likely to support immigration options than individuals with lower education levels. Her findings came after she examined cross-national survey data on 23 nations from the 1995 National Identity Module of the International Social Survey

Programme (ISSP) and data on 44 nations from the third wave of the World Value Survey (WVS), which was conducted between 1995 and 1997.

#### Decisions Regarding the Establishment of Health Insurance Marketplaces History of Health Insurance in the United States

“As of 1900, the American government was highly decentralized, engaged in little direct regulation of the economy or social welfare, and had a small unprofessional civil service” (Starr, 1982, p. 240). Fox and Kongstvedt (2013) state, “Health insurance and managed health care are inventions of the 20th century” (p. 3). The issue of health insurance became a major part of the national conversation in 1912, when former President Theodore Roosevelt promoted it as the presidential candidate of the newly formed Progressive party (Starr, 1982).

The first health insurance programs emerged between 1910 and 1940 (Fox et al., 2013). The 1920s, known as the Roaring Twenties, were known as a time of significant medical advancement, which made healthcare unaffordable for many middle-class people (Roberts, 2009). The cost associated with hospitalization increased to the point where bills could amount to up to half of the annual income for some families (Starr, 1982). Physicians at the time, however, rejected legislation that would allow government or another third party to be part of the doctor-patient relationship (Roberts, 2009). The American Medical Association responded to conversations about the government playing a role in health insurance by describing proposals as inciting revolutions (Starr, 1982).

In 1935, in the middle of the Great Depression, President Franklin D. Roosevelt (FDR) appointed a committee that would support a health insurance program, which would have been required for residents of states that chose to adopt it. However, FDR

kept the committee's report secret because he and others felt it would jeopardize the passage of his Social Security bill (Starr, 1982). The two programs that were developed between 1910 and 1940 were health maintenance organizations (HMOs), which combined functions of insurance and the health care delivery system, and Blue Cross and Blue Shield (BCBS) plans. These BCBS plans were focused on the sole use of existing hospitals and private practice physicians (Fox et al., 2013).

The 1942 Stabilization Act, among other items, allowed workers to avoid taxation on employer contribution of insurance health benefit plans for employees. This led to a large growth in commercial health insurance. Only 10% of employed individuals had health benefits before World War II, but 70% of individuals had health benefits by 1955 (Fox et al., 2013). In 1943, Senator Claude Pepper's Committee on Wartime Health and Education, after surveying the nation's health needs and realizing the military had rejected thousands of men and women because of poor health, became the first congressional committee to promote national healthcare. However, legislation died in Congress later that year (Roberts, 2009; Quadagno, 2005).

Between 1940 and 1960, the HMOs developed and began to resemble today's model, in which HMOs contract with physicians in private fee-for service practices instead of having dedicated providers. The new HMOs created a fee schedule for paying physicians, listened to complaints against physicians, and monitored the quality of health care. However, there were different regulatory requirements for HMOs and insurance companies in each state (Fox et al., 2013). In 1953, Congress institutionalized the connection between private insurance and employment by allowing company contributions to employee benefit plans to be tax deductible (Coombs, 2005). "This now-



guaranteed flow of money spurred what has been called a “golden age” of American medicine in the late 1950s and 1960s” (Coombs, 2005, p. 7). “By the late 1950s, nearly two-thirds of Americans had some coverage for hospital stays” (Roberts, 2009, p. 5).

The mid-1960s to 1970s is known as a period of health care cost inflation. When President Kennedy was inaugurated in 1961, only about 7% of the total medical costs for seniors were covered by health insurance (Cohn, 2007). During the early 1960s, President Kennedy proposed Part A of Medicare, which was financed, like Social Security, on income. Part A was intended to cover mostly hospital services. Republicans in Congress proposed Part B of Medicare, which additionally proposed to cover physician services. In 1965, Congress passed Medicare for older adults and Medicaid for approved low-income populations. The addition of Medicare and Medicaid into the system of other third-party payers decreased the out-of-pocket health insurance costs of individuals from 55.9% in 1960 to 14.2% in 2000 (Fox et al., 2013). “For the first time, a majority of U.S. citizens could look to a third-party – someone besides themselves or a provider – to pay the bulk of their medical bills” (Roberts, 2009, p. 13). Even though Medicare and Medicaid helped millions of Americans rise from poverty and helped low-income individuals receive medical care, they also significantly contributed to a sharp increase in the use of medical services by the poor, which led to health care inflation and major health care expenses (Roberts, 2009; Starr, 1982).

The mid-1970s to 1980s is known as the rise of managed care. National health expenditures as a percent of GDP increased from 7.4% to 8.6% between 1970 and 1977. The cost was driven upward in part by the third-party fee-for-service payment system. The HMOs saw a large growth during this period of time and the preferred provider

organization (PPO) model developed (Fox et al., 2013).

During this period, the Health Maintenance Organization (HMO) Act (1973) was passed. It authorized startup grants and loans for new HMOs, overrode state laws that restricted the development of HMOs, required employers with 25 or more employees that offered indemnity coverage to offer one of each type of two federally qualified HMOs. The first type was a closed panel or group or staff model. The second type was an open panel or network model. The statute also created a process in which HMOs could become federally qualified (Fox et al., 2013). The number of HMOs rose from covering 6 million people in January of 1975 to covering 26 million by the end of 1986 (Roberts, 2009; Gruber, Shadle, & Polich, 1988).

After the HMO bill, Nixon endorsed a universal health insurance plan for the United States (Starr, 1982). There was strong, bipartisan support for health care reform due to the large growth of public health care costs, from 4.4% of the federal budget in 1965 to 11.3% in 1973 (Starr, 1982). The forecasts for health care reform seemed to gain additional momentum when Representative Wilbur Mills, whose House Ways and Means Committee had engineered Medicare and Medicaid, joined with Senator Ted Kennedy on a bill that included the use of co-payments and deductibles (Wainess, 1999).

However, support started to decrease when Mills presented another proposal later that month but could only gather a 12-11 margin of support for it in his committee (Wainess, 1999). Mills tabled the legislation because of such a small majority so that he could address other aspects of health care reform. During this period of time, he was stopped for speeding with a stripper. He lost his chairmanship, and the momentum for health care reform was ground to a halt (Roberts, 2009).

Ronald Reagan was inaugurated in 1981 and pledged to reduce taxes and government spending, which further grounded conversations regarding universal health care (Roberts, 2009). The Tax Equity and Fiscal Responsibility Act (TEFRA) was passed by Congress in 1982 and authorized Medicare to pay HMOs provided they met the participation requirements of Medicare. The intent was that HMOs could offer more comprehensive benefits than Medicare since they were able to control health care costs (Fox et al., 2013). Preferred Provider Organizations (PPOs) also evolved during the 1970s and early 1980s. People covered under the PPO had lower cost-sharing than if they saw a PPO provider that was out of-network because in-network providers agreed to discounted fees compared to out-of-network providers. This was in contrast to HMOs, however, because HMOs would typically not provide any coverage for benefits for nonemergency services from health care providers who were out of network (Fox et al., 2013).

From the mid-1980s to 2000, HMOs and PPOs grew rapidly. Companies that were hoping to get a handle on expenses started moving away from traditional insurance plans into managed care plans (Roberts, 2009). Enrollment in commercial HMOs increased from 15.1 million in 1984 to 63 million in 1996 and 104.6 million in 1999. In addition, PPOs, which had lagged behind HMOs, had a 39% market share compared to the 28% of HMOs by 1999. (Fox et al., 2013). By 1995, nearly three-quarters of American workers with health insurance were receiving coverage from managed-care health insurance plans, such as HMOs and PPOs (Jensen, Morrissey, Gaffney, & Liston, 1997). According to Roberts (2009), “Underlying all such plans was the idea that doctors and hospitals would no longer be solely in charge of deciding how to treat patients” (p.

20).

President Bill Clinton introduced a health reform proposal in 1993 (Roberts, 2009). Quadagno (2005) stated:

It would reform the small group and individual insurance market with its pervasive use of risk rating by prohibiting insurance companies from refusing coverage on the basis of age or health or terminating benefits for any reason. It would end hospital cost-shifting because everyone would be covered. It would ease the burden of retiree health benefits by lowering the eligibility age for Medicare and capping the health care costs borne by any single firm. It would retain for the private industry a market of supplemental products to cover health care expenses that were not included in the basic benefit package. And it would allow the large firms that had shifted into managed care to administer the purchasing cooperatives. (p. 188)

Even though the Senate Finance Committee voted on a compromise version to Clinton's plan, it was never brought to the Senate floor (Roberts, 2009). However, Congress did pass the State Children's Health Insurance Program (SCHIP) law in 1997. Under the law, federal money is used to insure low-income children whose parents make too much money to qualify for Medicaid but not enough money to afford private health care (Roberts, 2009). Uninsured children from low-income families have decreased by about one-third since the passage of SCHIP (New York Times, n.d.).

The mid-1980s to 2000 also saw the introduction of point of service (POS) plans, which were similar to HMOs but provided limited coverage when out-of-network. Medicare and Medicaid also grew significantly during this time. Medicare enrollment

rose from 1.3 to 6.8 million people between 1990 and 2000 and Medicaid enrollment rose from 2.3 million people to 18.8 million people (Fox et al., 2013).

Between 2000 and 2013, the cost of health care rose significantly and coverage declined. HMOs had peaked their market share in 1999 at 104.6 million, or 28%. Their market share has decreased to 76 million, or 21%, since 1999. POS plans had risen to 24% of the market in 1999 but declined to 8% by 2010. PPOs, however, gained market share from 39% in 1999 to 58% in 2010. (Fox et al., 2013).

Due to a Balanced Budget Act of 1997, which reduced what Medicare paid health plans, Medicare enrollment also declined to 5.3 million by 2003. However, Medicare saw an expansion after the passage of the Medicare Modernization Act (MMA) of 2003, which was supported by President Bush (Roberts, 2009; Fox et al., 2013). The act created the Part D drug benefit. As a result, Medicare enrollment rose to over 12 million by 2011 (Fox et al., 2013).

In addition, the MMA also created the health savings account (HSA), which is a way to save for medical expenses on a tax-free basis. Employees participating in an HSA are required to buy high-deductible insurance that pays for most medical services above the amount of the deductible. An appealing factor for HSAs are that individuals are able to keep the balance they have in the account if they leave a job (Roberts, 2009).

“The Patient Protection and Affordable Care Act (the ACA, for short) became law with President Obama’s signature on March 23, 2010. It represents the most significant transformation of the American health care system since Medicare and Medicaid” (Manchikanti, Caraway, Parr, Fellows, & Hirsch, 2011, p. E35). According to Manchikant et al. (2011):

Essentials of ACA include: 1) a mandate for individuals and businesses requiring as a matter of law that nearly every American have an approved level of health insurance or pay a penalty; 2) a system of federal subsidies to completely or partially pay for the now required health insurance for about 34 million Americans who are currently uninsured – subsidized through Medicaid and exchanges; 3) extensive new requirements on the health insurance industry; and 4) numerous regulations on the practice of medicine. (p. E35)

The United States has been divided on whether the Affordable Care Act, also known as Obamacare, is constitutional. “On the last day of the 2011-2012 Term, the United States Supreme Court issued its long-anticipated opinion about the Affordable Care Act (ACA)” (The Henry J. Kaiser Family Foundation, 2012, p. 1). The Supreme Court found that the Individual Mandate was a constitutional exercise of congress’ power to tax (The Henry J. Kaiser Family Foundation, 2012). “However, the Court restricted the federal government’s ability to withhold federal Medicaid funds if a state elects *not* to institute the expansion, effectively giving states a choice whether to expand coverage” (Center on Budget and Policy Priorities, 2013, p. 1). Table 3 below indicates the states’ positions on constitutionality of the Affordable Care Act at the time of the Supreme Court decision.

Table 3

*States' Positions on the Affordable Care Act Case at the Supreme Court*

<b>Location</b>	<b>State Positions on ACA Case</b>
Alabama	Challenging
Alaska	Challenging
Arizona	Challenging
Arkansas	No position
California	Supporting
Colorado	Challenging
Connecticut	Supporting
Delaware	Supporting
District of Columbia	Supporting
Florida	Challenging
Georgia	Challenging
Hawaii	Supporting
Idaho	Challenging
Illinois	Supporting
Indiana	Challenging
Iowa	Challenging and supporting
Kansas	Challenging
Kentucky	No position
Louisiana	Challenging
Maine	Challenging
Maryland	Supporting
Massachusetts	Supporting
Michigan	Challenging
Minnesota	No position
Mississippi	Challenging
Missouri	No position
Montana	No position
Nebraska	Challenging
Nevada	Challenging
New Hampshire	No position
New Jersey	No position
New Mexico	Supporting
New York	Supporting

Table 3

*States' Positions on the Affordable Care Act Case at the Supreme Court (con't)*

North Carolina	No position
North Dakota	Challenging
Ohio	Challenging
Oklahoma	No position
Oregon	Supporting
Pennsylvania	Challenging
Rhode Island	No position
South Carolina	Challenging
South Dakota	Challenging
Tennessee	No position
Texas	Challenging
Utah	Challenging
Vermont	Supporting
Virginia	Challenging
Washington	Challenging and supporting
West Virginia	No position
Wisconsin	Challenging
Wyoming	Challenging

*Note:* From the Henry J. Kaiser Family Foundation (2012). *States' Positions in the Affordable Care Act Case at the Supreme Court*. Retrieved from: <http://kff.org/health-reform/state-indicator/state-positions-on-aca-case/#table>.

Affordable Care Act Health Insurance Exchanges/Marketplaces

One of the important coverage components of the ACA is the creation of health insurance exchanges, also known as health insurance marketplaces, in each state.

According to Stoltsfus (2010), “Health insurance exchanges are the centerpiece of the private health insurance reforms of the Affordable Care Act of 2010 (ACA)” (Jost, 2010, p. vi). These health insurance exchanges are where individuals and small businesses can choose among health insurance plans. Under the 2010 ACA, states have a choice to either establish a state-run exchange, defer to the federal government to establish a



federally-facilitated exchange (FFE) in the state, or pursue a partnership exchange in which the state plays a role in the development and operation of the FFE (Center on Budget and Policy Priorities, n.d.). Table 4 below indicates a detailed breakdown of state and D.C. decisions regarding the establishment of health insurance exchanges for individuals and small businesses.

Table 4

*State and D.C. Decisions Regarding the Establishment of Health Insurance Exchanges*

<b>Location</b>	<b>Exchange Decision</b>
Alabama	Default to Federal Exchange
Alaska	Default to Federal Exchange
Arizona	Default to Federal Exchange
Arkansas	Planning for Partnership Exchange
California	Declared State-based Exchange
Colorado	Declared State-based Exchange
Connecticut	Declared State-based Exchange
Delaware	Planning for Partnership Exchange
District of Columbia	Declared State-based Exchange
Florida	Default to Federal Exchange
Georgia	Default to Federal Exchange
Hawaii	Declared State-based Exchange
Idaho	Declared State-based Exchange
Illinois	Planning for Partnership Exchange
Indiana	Default to Federal Exchange
Iowa	Planning for Partnership Exchange
Kansas	Default to Federal Exchange
Kentucky	Declared State-based Exchange
Louisiana	Default to Federal Exchange
Maine	Default to Federal Exchange
Maryland	Declared State-based Exchange
Massachusetts	Declared State-based Exchange
Michigan	Planning Partnership Exchange
Minnesota	Declared State-based Exchange
Mississippi	Default to Federal Exchange

Table 4

*State and D.C. Decisions Regarding the Establishment of Health Ins. Exchanges (con't)*

<b>Location</b>	<b>Exchange Decision</b>
Missouri	Default to Federal Exchange
Montana	Default to Federal Exchange
Nebraska	Default to Federal Exchange
Nevada	Declared State-based Exchange
New Hampshire	Planning for Partnership Exchange
New Jersey	Default to Federal Exchange
New Mexico	Declared State-based Exchange
New York	Declared State-based Exchange
North Carolina	Default to Federal Exchange
North Dakota	Default to Federal Exchange
Ohio	Default to Federal Exchange
Oklahoma	Default to Federal Exchange
Oregon	Declared State-based Exchange
Pennsylvania	Default to Federal Exchange
Rhode Island	Declared State-based Exchange
South Carolina	Default to Federal Exchange
South Dakota	Default to Federal Exchange
Tennessee	Default to Federal Exchange
Texas	Default to Federal Exchange
Utah	Default to Federal for Individual Exchange; State Running Small Business Exchange
Vermont	Declared State-based Exchange
Virginia	Default to Federal Exchange
Washington	Declared State-based Exchange
West Virginia	Planning for Partnership Exchange
Wisconsin	Default to Federal Exchange
Wyoming	Default to Federal Exchange

*Note:* Adapted from the Henry J. Kaiser Family Foundation. (n.d.). *State Decisions For Creating Health Insurance Exchanges, as of May 28, 2013*. Retrieved from: <http://kff.org/health-reform/state-indicator/health-insurance-exchanges/>.

The main provisions regarding the insurance plans of the health insurance exchanges include ending lifetime or annual monetary limits on coverage; requiring plans

to permit members' to participate in approved clinical trials and to cover the routine patient costs of participation; permitting premium variation based only on age, geographic region, individual or family coverage, or use of tobacco; prohibiting rating based on health status; guaranteeing the issuing and renewability of coverage; prohibiting preexisting-condition exclusions; covering essential benefits; treating individuals in individual plans and/or members of group plans as a single pool; and prohibiting waiting periods of longer than 90 days (Jost, 2010).

There have been mixed feelings by states regarding how to establish health insurance exchanges in their states. Of concern is that historically, the most important reason why some exchanges have not succeeded is that they were unable to capture a large enough share of healthy participants in the insurance market (Blumberg & Pollitz, 2009). The ACA however, has set up two key provisions in order to discourage this inability to capture a large share of healthy population. First, the ACA requires individuals to have minimum essential coverage. If individuals do not have employer-based or public insurance, they will have to pay a penalty (Jost, 2010). Secondly, the ACA requires that if plans outside the marketplace attract a significantly healthier population than plans within the exchange, the former group will need to compensate the latter (Jost, 2010).

#### Decision-Making Process for the Establishment of Health Insurance Exchanges

According to Dash, Monahan, and Lucia (2013), "Our analysis revealed that all 50 states and the District of Columbia took steps to evaluate their options for exchange establishment by applying for federal grant funding; relying on a working group to evaluate exchange options or conduct initial planning; soliciting public input; or engaging

consultants” (Dash et al., 2013, p. 2). However, states made decisions based on a wide variety of reasons. Dash et al. (2013) stated:

State officials universally valued the ability to maintain control over their insurance markets and tailor the exchange to the unique needs of their consumers, and states were particularly concerned about the possibility of dual regulation of insurance markets in federally-facilitated exchange states. (p. 18)

Dash et al. (2013) stated that one state official, in discussing why his state chose to establish a state-based exchange, said, “We did not think it was in our best interest to have the federal government run the exchange on our state’s behalf. We understand the unique economic and regional needs of our state” (p. 7). Overall, state insurance regulators in favor of state-based exchanges expressed that state-based exchanges allow the state to maintain existing regulatory authority over its insurance market, while avoiding dual regulation by the state and federal government. Officials also stated that establishing state-based exchanges enable the opportunity to create new jobs, such as exchange call centers, and the ability to collaborate with other state entities (Dash et al., 2013).

States that chose to default to a federally-facilitated exchange had a variety of reasons for doing so. In these states, many attempts to consider establishment of a state-based exchange were halted in legislature or vetoed by the governor. In other states that defaulted to the federal government, states passed laws restricting officials from assisting with exchange implementation and establishing state-based exchanges. Officials in these states stated that the reasons for defaulting to the federal government were based upon the uncertainty about what would be required of state-based exchanges in the future,

potential costs, and that state-based exchanges could be a tool in leveraging federal regulatory uncertainty (Dash et al., 2013).

Others in these states stated that the Affordable Care Act burdened states with too many requirements to offer state solutions (Dash et al., 2013). Alabama Governor Robert Bentley stated, “I am not going to set up a state-based exchange that will create a tax burden of up to \$50 million on the people of Alabama” (Hartfield, 2012). Mississippi Governor Phil Bryant (2012), representing one of the states that defaulted to the federal exchanged, wrote a letter to the Secretary of Health and Human Services and stated, “It is inevitable that such an exchange will be controlled by the federal government, not by the state.” According to Dash et al. (2013), another official stated, “They think that if states don’t participate, the Affordable Care Act will fail and they won’t get blamed” (p. 12).

States that decided on the federal-state partnership model, like the other states, did so for a variety of reasons. Some of the reasons for choosing the partnership model of the state-run model were due to the timing of their legislative sessions and regulatory deadlines and fiscal analysis that partnership exchanges would be more cost-effective for the state (Dash et al., 2013). “Officials in all three states reported that the state partnership exchange allowed regulators to maintain control over key exchange functions with the benefit of federal resources and an exchange infrastructure” (Dash et al., 2013, p. 13). Another official representing one of these states discussed that it was the most financially responsible path to take because they could utilize the existing federal infrastructure and services, while retaining control over the aspects of the exchange that would most closely impact the state’s residents. Other states viewed the partnership exchange as a stepping-stone to develop their own state-based exchange in the future

(Dash et al., 2013).

### Connection Between Education and Healthcare

“The role of education is consistent with extant literature that finds higher education to yield more liberal attitudes across several public policy areas” (Sanchez, Goodin, Rouse, & Santos, 2008, p. 14). In New Mexico, for example, unemployed respondents and individuals with higher levels of educational attainment are more likely to support covering the undocumented population in New Mexico (Sanchez et al., 2008). “A large and persistent association between education and health has been well-documented in many countries and time periods and for a wide variety of health measures” (Cutler & Lleras-Muney, 2007).

Cutler and Lleras Muney (2007) discuss three broad explanations for the association between health and education. The first potential factor is that poor health leads to lower levels of schooling. The second potential explanation is that factors, such as background and individual differences, increase educational attainment and overall health. The third potential factor is that increased education directly improves health. “There is a direct relationship between education and health—better educated individuals have more positive health outcomes” (Cutler & Lleras-Muney, 2007, p. 3).

“A substantial body of international evidence clearly shows that those with lower levels of education are more likely to die at a younger age and are at increased risk of poorer health throughout life than those with more education” (Higgins, Lavin, & Metcalfe, 2008, p. 7). Evidence suggests that individuals with higher levels of educational attainment are more likely to participate in healthy behaviors (Higgins et al., 2008). “Limited health literacy is associated with increased health care costs, higher

rates of hospitalization and greater use of health care services” (Higgins et al., p. 10).

“Education plays a crucial role in the socialization process by supporting and embedding habits, skills and values conducive to social cooperation and increased participation in society” (Higgins et al., 2008, p. 12). Increased levels of educational attainment are associated with particular social attitudes, such as a more thorough understanding of diversity and commitment to equal opportunities for the entire population (McGill, & Morgan, 2001; Green, Preston, & Sabates, 2003; Programme for International Student Assessment, 2003). In general, individuals that have higher levels of educational attainment are more likely to allocate more resources to health (Grossman, 2005).

## Chapter 3: Methods

### Introduction

The educational attainment levels of the adult population (over 25 years of age) have been showing improvement over the past century. A 2012 Census Bureau report stated the following:

In 2009, more than 4 out of 5 (85 percent) adults aged 25 and over reported having at least a high school diploma or its equivalent, while over 1 in 4 (28 percent) reported a bachelor's degree or higher. This reflects more than a three-fold increase in high school attainment and more than a five-fold increase in college attainment since the Census Bureau first collected educational attainment data in 1940. (U.S. Department of Commerce, 2012, p. 1)

Adult educators are expected to appreciate but not be satisfied with increased educational attainment levels. "...Educational Leaders are expected to be transformative, to attend to social justice policies as well as academic achievement" (Shields, 2004, p. 110).

There is prior literature that suggests there is a connection between education and social policy issues. Janet Finch (1984) stated, "Exploring social policy *through* education involves looking at ways in which the educational system itself has been used for social policy ends which are much broader than specifically educational goals" (p.



viii). Finch (1984) further discussed how changes in education have been designed to produce social change outside the educational system.

There are several social policies of importance in today's society that can be looked at in relation to education, with specific focus on educational attainment. One such social policy to be researched in relation to state adult population educational attainment rates for each state in the U.S. surrounds the non-discrimination employment rights of the lesbian, gay, bisexual, and transgender (LGBT) population. A second social policy to be studied in relation to state adult population educational attainment rates for each state in the U.S. involves immigration laws regarding access to higher education. The third and last social policy to be looked at in relation to state adult population educational attainment rates for each state in the U.S. involves state decisions regarding the establishment of health insurance marketplaces, or health insurance exchanges, in each state under the 2010 Affordable Care Act.

Social issues regarding the LGBT population, immigration reform, and healthcare are routinely being discussed and debated. There is considerable research and discussion regarding these issues, but there is scant research on these issues involving the relationship between state policies and state adult population educational attainment rates. This research addresses the relationship between state adult population educational attainment rates and the state laws and policies regarding LGBT non-discrimination employment laws, immigration laws related to access to higher education, and state decisions regarding the establishment of the Affordable Care Act health insurance marketplaces.

This study investigated the following research questions:

1. What is the relationship between state adult population educational attainment rates and state non-discrimination employment laws regarding sexual orientation and gender identity for each state in the U.S.?
2. What is the relationship between state adult population educational attainment rates and state immigration laws regarding access to higher education for each state in the U.S.?
3. What is the relationship between state adult population educational attainment rates and state decisions regarding the establishment of the Affordable Care Act health insurance marketplaces for each state in the U.S.?

Chapter 3 describes the research process that was used in this study. It describes the design of the study and data collection, reliability and validity of the American Community Survey, description of the American Community Survey sample, and statistical analysis.

#### Design of the Study and Data Collection

This study used quantitative statistics to analyze existing data. The researcher collected the study variables. The adult population educational attainment rates by state were retrieved from the U.S. Census Bureau's (2012) 2009 American Community Survey (ACS) results. The state non-discrimination employment laws regarding sexual orientation and gender identity were retrieved from American Civil Liberties Union (2011). The state immigration laws regarding access to higher education reported were retrieved from the National Immigration Law Center (2011). Lastly, the information regarding state decisions to establish the Affordable Care Act (ACA) health insurance marketplaces were retrieved from information updated on May 28, 2013 by the The

Henry J. Kaiser Family Foundation (n.d.). Please see Tables 5-8 below, indicating the data for the variables in this study: state adult population educational attainment rates of high school degree or more, bachelor’s degree or more, and advanced degree or more; state non-discrimination employment laws regarding sexual orientation and gender identity; state immigration laws regarding access to higher education; and state decisions to establish the Affordable Care Act (ACA) health insurance marketplaces.

Table 5

*2009 Adult Population Educational Attainment Rates by State*

State	2009		
	High school graduate or more (%)	Bachelor's degree or more (%)	Advanced degree or more (%)
<b>United States</b>	<b>85.3</b>	<b>27.9</b>	<b>10.3</b>
Alabama	82.1	22.0	7.7
Alaska	91.4	26.6	9.0
Arizona	84.2	25.6	9.3
Arkansas	82.4	18.9	6.1
California	80.6	29.9	10.7
Colorado	89.3	35.9	12.7
Connecticut	88.6	35.6	15.5
Delaware	87.4	28.7	11.4
Florida	85.3	25.3	9.0
Georgia	83.9	27.5	9.9
Hawaii	90.4	29.6	9.9
Idaho	88.4	23.9	7.5
Illinois	86.4	30.6	11.7
Indiana	86.6	22.5	8.1
Iowa	90.5	25.1	7.4
Kansas	89.7	29.5	10.2
Kentucky	81.7	21.0	8.5
Louisiana	82.2	21.4	6.9
Maine	90.2	26.9	9.6
Maryland	88.2	35.7	16.0
Massachusetts	89.0	38.2	16.4

Table 5

*2009 Adult Population Educational Attainment Rates by State (con't)*

State	2009		
	High school graduate or more (%)	Bachelor's degree or more (%)	Advanced degree or more (%)
Michigan	87.9	24.6	9.4
Minnesota	91.5	31.5	10.3
Mississippi	80.4	19.6	7.1
Missouri	86.8	25.2	9.5
Montana	90.8	27.4	8.3
Nebraska	89.8	27.4	8.8
Nevada	83.9	21.8	7.6
New Hampshire	91.3	32.0	11.2
New Jersey	87.4	34.5	12.9
New Mexico	82.8	25.3	10.4
New York	84.7	32.4	14.0
North Carolina	84.3	26.5	8.8
North Dakota	90.1	25.8	6.7
Ohio	87.6	24.1	8.8
Oklahoma	85.6	22.7	7.4
Oregon	89.1	29.2	10.4
Pennsylvania	87.9	26.4	10.2
Rhode Island	84.7	30.5	11.7
South Carolina	83.6	24.3	8.4
South Dakota	89.9	25.1	7.3
Tennessee	83.1	23.0	7.9
Texas	79.9	25.5	8.5
Utah	90.4	28.5	9.1
Vermont	91.0	33.1	13.3
Virginia	86.6	34.0	14.1
Washington	89.7	31.0	11.1
West Virginia	82.8	17.3	6.7
Wisconsin	89.8	25.7	8.4
Wyoming	91.8	23.8	7.9

*Note:* Adapted from United States Census Bureau, Statistical Abstract of the United States. (2012). *Educational attainment by state: 1990 to 2009*. Retrieved from: <http://www.census.gov/compendia/statab/2012/tables/12s0233.pdf>.

Table 6

*State Non-discrimination Employment Laws Regarding Sexual Orient. and Gen. Iden.*

State	No laws against sexual orientation and gender identity employment discrimination	Prohibits discrimination based on sexual orientation in public employment	Prohibits discrimination based on sexual orientation and gender identity in public employment	Prohibits discrimination based on sexual orientation	Prohibits discrimination based on sexual orientation and gender identity
<b>United States</b>					
Alabama	✓				
Alaska	✓				
Arizona		✓			
Arkansas	✓				
California					✓
Colorado					✓
Connecticut					✓
Delaware				✓	
Florida	✓				
Georgia	✓				
Hawaii					✓
Idaho	✓				
Illinois					✓
Indiana			✓		
Iowa					✓
Kansas			✓		
Kentucky			✓		
Louisiana	✓				
Maine					✓
Maryland				✓	
Massachusetts					✓
Michigan			✓		
Minnesota					✓
Mississippi	✓				
Missouri		✓			
Montana		✓			
Nebraska	✓				
Nevada					✓

Table 6

*State Non-discrimination Employment Laws Regarding Sexual Orient. and Gen. Ident.*

(con't)

State	No laws against sexual orientation and gender identity employment discrimination	Prohibits discrimination based on sexual orientation in public employment	Prohibits discrimination based on sexual orientation and gender identity in public employment	Prohibits discrimination based on sexual orientation	Prohibits discrimination based on sexual orientation and gender identity
New Hampshire				✓	
New Jersey					✓
New Mexico					✓
New York				✓	
North Carolina	✓				
North Dakota	✓				
Ohio			✓		
Oklahoma	✓				
Oregon					✓
Pennsylvania			✓		
Rhode Island					✓
South Carolina	✓				
South Dakota	✓				
Tennessee	✓				
Texas	✓				
Utah	✓				
Vermont					✓
Virginia	✓				
Washington					✓
West Virginia	✓				
Wisconsin				✓	
Wyoming	✓				

*Note:* Adapted from American Civil Liberties Union. (2011, September 21). *Non-discrimination laws: State by state information map*. Retrieved June 20, 2013, from: <http://www.aclu.org/maps/non-discrimination-laws-state-state-information-map>.

Table 7

*State Immigration Laws Regarding Access to Higher Education*

State	Ban enrollment	Some college systems deny enrollment	No laws and policies	Tuition equity policies at major institutions	State-wide tuition equity laws	State-wide tuition equity laws and scholarships	State-wide tuition equity laws and state financial aid
United States							
Alabama	✓						
Alaska			✓				
Arizona			✓				
Arkansas			✓				
California							✓
Colorado					✓		
Connecticut					✓		
Delaware			✓				
Florida			✓				
Georgia		✓					
Hawaii				✓			
Idaho			✓				
Illinois						✓	
Indiana			✓				
Iowa			✓				
Kansas					✓		
Kentucky			✓				
Louisiana			✓				
Maine			✓				
Maryland					✓		
Massachusetts			✓				
Michigan				✓			
Minnesota							✓
Mississippi			✓				
Missouri			✓				
Montana	✓						

Table 7

*State Immigration Laws Regarding Access to Higher Education (con't)*

State	Ban enrollment	Some college systems deny enrollment	No laws and policies	Tuition equity policies at major institutions	State-wide tuition equity laws	State-wide tuition equity laws and scholarships	State-wide tuition equity laws and state financial aid
Nebraska					✓		
Nevada			✓				
New Hampshire			✓				
New Jersey			✓				
New Mexico							✓
New York					✓		
North Carolina			✓				
North Dakota			✓				
Ohio			✓				
Oklahoma					✓		
Oregon					✓		
Pennsylvania			✓				
Rhode Island				✓			
South Carolina	✓						
South Dakota			✓				
Tennessee			✓				
Texas							✓
Utah					✓		
Vermont			✓				
Virginia			✓				
Washington					✓		
West Virginia			✓				
Wisconsin			✓				
Wyoming			✓				

*Note:* Adapted from National Immigration Law Center. (2011). *State laws & policies on access to higher education for immigrants*. Retrieved July 15, 2013, from: <http://www.nilc.org/eduaccesstoolkit2.html>.



Table 8

*State Decisions Regarding the Establishment of Health Insurance Exchanges*

<b>Location</b>	<b>Exchange Decision</b>
Alabama	Default to Federal Exchange
Alaska	Default to Federal Exchange
Arizona	Default to Federal Exchange
Arkansas	Planning for Partnership Exchange
California	Declared State-based Exchange
Colorado	Declared State-based Exchange
Connecticut	Declared State-based Exchange
Delaware	Planning for Partnership Exchange
Florida	Default to Federal Exchange
Georgia	Default to Federal Exchange
Hawaii	Declared State-based Exchange
Idaho	Declared State-based Exchange
Illinois	Planning for Partnership Exchange
Indiana	Default to Federal Exchange
Iowa	Planning for Partnership Exchange
Kansas	Default to Federal Exchange
Kentucky	Declared State-based Exchange
Louisiana	Default to Federal Exchange
Maine	Default to Federal Exchange
Maryland	Declared State-based Exchange
Massachusetts	Declared State-based Exchange
Michigan	Planning Partnership Exchange
Minnesota	Declared State-based Exchange
Mississippi	Default to Federal Exchange

Table 8

*State Decisions Regarding the Establishment of Health Insurance Exchanges (con't)*

<b>Location</b>	<b>Exchange Decision</b>
Missouri	Default to Federal Exchange
Montana	Default to Federal Exchange
Nebraska	Default to Federal Exchange
Nevada	Declared State-based Exchange
New Hampshire	Planning for Partnership Exchange
New Jersey	Default to Federal Exchange
New Mexico	Declared State-based Exchange
New York	Declared State-based Exchange
North Carolina	Default to Federal Exchange
North Dakota	Default to Federal Exchange
Ohio	Default to Federal Exchange
Oklahoma	Default to Federal Exchange
Oregon	Declared State-based Exchange
Pennsylvania	Default to Federal Exchange
Rhode Island	Declared State-based Exchange
South Carolina	Default to Federal Exchange
South Dakota	Default to Federal Exchange
Tennessee	Default to Federal Exchange
Texas	Default to Federal Exchange
Utah	Split Duties Between Federal and State: Default to Federal for Individual Exchange; State Running Small Business Exchange
Vermont	Declared State-based Exchange
Virginia	Default to Federal Exchange
Washington	Declared State-based Exchange

Table 8

*State Decisions Regarding the Establishment of Health Insurance Exchanges (con't)*

Location	Exchange Decision
West Virginia	Planning for Partnership Exchange
Wisconsin	Default to Federal Exchange
Wyoming	Default to Federal Exchange

*Note:* Adapted from the Henry J. Kaiser Family Foundation. (n.d.). *State Decisions For Creating Health Insurance Exchanges, as of May 28, 2013*. Retrieved from: <http://kff.org/health-reform/state-indicator/health-insurance-exchanges/>.

Reliability and Validity of the American Community Survey

State educational attainment rates were retrieved from the U.S. Census Bureau (2012) 2009 American Community Survey (ACS) results. According to Lowenthal (2006), “The Census Bureau uses four primary ‘quality measures’ to gauge the reliability and accuracy of ACS data: sample size, response rates, item allocation rates, and coverage rates” (p. 2).

According to the U.S. Census Bureau (n.d.), the ACS randomly samples addresses in every state, the District of Columbia, and Puerto Rico. “The Census Bureau determines sample size for different geographic areas in order to ensure that it is collecting information from enough homes to produce data that are statistically reliable” (Lowenthal, 2006, p. 2). Response rates are used to determine how successful the ACS was at gathering information from sampled homes and are influenced by how well the Census Bureau receives sufficient information by mail, telephone interview, and personal interview (Lowenthal, 2006).

“The Census Bureau evaluates the potential effects of item nonresponse on data

quality by looking at item allocation rates” (Lowenthal, 2006, p. 5). These rates indicate the percent of data for specific questions that were imputed using statistics instead of directly reported by a household (Lowenthal, 2006). Coverage rates are also taken into account when ensuring reliability because these evaluations focus on the data and the ability of the survey to adequately capture different population groups. Coverage rates indicate how completely population groups are represented in the ACS (Lowenthal, 2006).

Since the American Community Survey has been used annually by the U.S. Census Bureau and routinely reviewed and modified as necessary, the results are highly valid. The routine use and review contribute to the content validity of the ACS. In addition, the widespread use and acceptance of the ACS amongst scholars, institutions of higher education, and government agencies also speaks to the public perception, reliability and validity of the instrument.

#### Description of the American Community Survey Sample

The educational attainment rates by state were retrieved from U.S. Census Bureau (2012) 2009 American Community Survey results. According to the U.S. Census Bureau (2010), the American Community Survey (ACS) consists of two separate samples: housing unit addresses and persons in group quarters facilities. In 2009, according to the U.S. Census Bureau (n.d.), a total of 1,917,748 housing units were interviewed and 146,716 individuals in group quarters were interviewed. Table 9 below shows the total sample of housing units and persons in group quarters facilities randomly selected and the final number of actual interviews conducted during the 2009 ACS. Table 10 below shows the response rate for the 2009 ACS.

Table 9

*2009 American Community Survey Sample Selection*

<b>2009 American Community Survey Sampling Selection</b>				
	<b>Housing Units</b>		<b>Group Quarters People</b>	
<b>Year</b>	<b>Initial Addresses Selected</b>	<b>Final Interviews</b>	<b>Initial Sample Selected</b>	<b>Final Actual Interviews</b>
2009	2,897,256	1,917,748	198,808	146,716

*Note:* Adapted from United States Census Bureau. (n.d.). *American community survey: Sample size*. Retrieved from: [http://www.census.gov/acs/www/methodology/sample\\_size\\_data/](http://www.census.gov/acs/www/methodology/sample_size_data/).

Table 10

*2009 American Community Survey Response Rates*

<b>Source</b>	<b>Response Rate (%)</b>
Housing Unit	98.0
Group Quarters (person)	98.0

*Note:* Adapted from United States Census Bureau. (n.d.). *American community survey: Response rates*. Retrieved from: [http://www.census.gov/acs/www/methodology/response\\_rates\\_data/](http://www.census.gov/acs/www/methodology/response_rates_data/).

Statistical Analysis

ANOVA tests were conducted to analyze the data using IBM SPSS computer software. Separate ANOVA tests were conducted to compare each of the three independent variables to each of the three dependent variables. The alpha was set at .05. Although multiple ANOVA tests were conducted, thus increasing the potential for type 1 errors, the study-wise alpha was not adjusted because alpha adjustment procedures can reduce statistical power and because the principle used to justify adjusting alpha is not

consistently invoked (O’Keefe, 2003). The study considered the independent variables to be: state non-discrimination employment laws regarding sexual orientation and gender identity, state immigration laws regarding access to higher education, and state decisions to establish the Affordable Care Act (ACA) health insurance marketplaces. The study considered the dependent variables to be: state educational attainment rates of high school degree or more, state educational attainment rates of bachelor’s degree or more, and state educational attainment rates of advanced degree or more.

The independent categorical variables were turned into the following quantitative variables for analysis purposes: (a) state non-discrimination employment laws regarding sexual orientation and gender identity (1 = no laws against sexual orientation and gender identity employment discrimination, 2 = prohibits discrimination based on sexual orientation in public employment, 3 = prohibits discrimination based on sexual orientation and gender identity in public employment, 4 = prohibits discrimination based on sexual orientation, and 5 = Prohibits discrimination based on sexual orientation and gender identity); (b) state immigration laws regarding access to higher education (1 = bans enrollment, 2 = some college systems deny enrolment, 3 = no laws and policies, 4 = tuition equity policies at major institutions, 5 = state-wide tuition equity laws, 6 = state-wide tuition equity laws and scholarships, and 7 = state-wide tuition equity laws and state financial aid); and (c) state decisions to establish the Affordable Care Act (ACA) health insurance marketplaces (1 = default to federal exchange, 2 = partnership exchange and/or split duties between federal and state, and 3 = declared state-based exchange).

Levene’s Tests of Equality of Variance were conducted prior to each ANOVA in order to determine if the assumption of homogeneity of variance was violated. If the

assumption was violated, a Welch ANOVA test was conducted and, if there was significance, a Games-Howell post-hoc test was conducted. If the assumption of homogeneity of variance was not violated, a One-Way ANOVA test was conducted and, if there was significance, a Tukey post-hoc test was conducted. The post-hoc tests were conducted to find out which groups were significantly different from one another. If ANOVA tests did not indicate that there were significant differences, the researcher grouped levels of the three state law and/or policy variables together to re-run analysis using ANOVA tests in order to see if significant results were present based upon different researcher-determined groupings. Regrouping the levels of the independent variables would also be used to add power to the sample.

The researcher-determined regroupings of the levels of the independent variables, which were used if initial ANOVA tests did not indicate significant differences, were turned into the following quantitative variables: (a) state non-discrimination employment laws regarding sexual orientation and gender identity (1 = no laws against sexual orientation and gender identity employment discrimination and 2 = prohibit discrimination based upon sexual orientation and/or gender identity in public and/or private employment); (b) state immigration laws regarding access to higher education (1 = no laws, bans enrollment, or some systems deny enrollment and 2 = have some policies that provide access to higher education); and (c) state decisions to establish the Affordable Care Act (ACA) health insurance marketplaces (1 = default to federal exchange and 2 = declared state exchange, partnership exchange, or split some duties between federal and state).

## Chapter 4: Results

### Introduction

The educational attainment levels of the adult population (over 25 years of age) have been showing improvement over the past century. A 2012 Census Bureau report stated the following:

In 2009, more than 4 out of 5 (85 percent) adults aged 25 and over reported having at least a high school diploma or its equivalent, while over 1 in 4 (28 percent) reported a bachelor's degree or higher. This reflects more than a three-fold increase in high school attainment and more than a five-fold increase in college attainment since the Census Bureau first collected educational attainment data in 1940. (U.S. Department of Commerce, 2012, p. 1)

Adult educators are expected to appreciate but not be satisfied with increased educational attainment levels. "...Educational Leaders are expected to be transformative, to attend to social justice policies as well as academic achievement" (Shields, 2004, p. 110).

There is prior literature that suggests there is a connection between education and social policy issues. Janet Finch (1984) stated, "Exploring social policy *through* education involves looking at ways in which the educational system itself has been used for social policy ends which are much broader than specifically educational goals" (p.



viii). Finch (1984) further discussed how changes in education have been designed to produce social change outside the educational system.

There are several social policies of importance in today's society that can be looked at in relation to education, with specific focus on educational attainment. One such social policy to be researched in relation to state adult population educational attainment rates for each state in the U.S. surrounds the non-discrimination employment rights of the lesbian, gay, bisexual, and transgender (LGBT) population. A second social policy to be studied in relation to state adult population educational attainment rates for each state in the U.S. involves immigration laws regarding access to higher education. The third and last social policy to be looked at in relation to state adult population educational attainment rates for each state in the U.S. involves state decisions regarding the establishment of health insurance marketplaces, or health insurance exchanges, in each state under the 2010 Affordable Care Act.

In today's society, social issues regarding the LGBT population, immigration reform, and healthcare are routinely being discussed and debated. There is considerable research and discussion regarding these issues, but there is scant research on these issues involving the relationship between state policies and state adult population educational attainment rates. This research addresses the relationship between state adult population educational attainment rates and the state laws and policies regarding LGBT non-discrimination employment laws, immigration laws related to access to higher education, and state decisions regarding the establishment of the Affordable Care Act health insurance marketplaces.

## Research Questions

This study investigated the following research questions:

1. What is the relationship between state adult population educational attainment rates and state non-discrimination employment laws regarding sexual orientation and gender identity for each state in the U.S.?
2. What is the relationship between state adult population educational attainment rates and state immigration laws regarding access to higher education for each state in the U.S.?
3. What is the relationship between state adult population educational attainment rates and state decisions regarding the establishment of the Affordable Care Act health insurance marketplaces for each state in the U.S.?

## Description of the Sample

According to the U.S. Census Bureau (n.d.), the American Community Survey randomly samples addresses in every state, the District of Columbia, and Puerto Rico. The educational attainment rates by state were retrieved from U.S. Census Bureau (2012) 2009 American Community Survey results. The American Community Survey (ACS) consists of two separate samples: housing unit addresses and persons in group quarters facilities (U.S. Census Bureau, 2010). In 2009, according to the U.S. Census Bureau (n.d.), a total of 1,917,748 housing units were interviewed and 146,716 individuals in group quarters were interviewed. This study retrieved the data collected from the ACS and used it to research the relationships between states. Thus, the sample size used in the data analysis was 50, representing all 50 states in the U.S.

## Descriptive Statistics

Table 11 below indicates the descriptive statistics for the dependent variables of high school degree attainment, bachelor's degree attainment, and advanced degree attainment. These variables are continuous variables and Shapiro-Wilk tests were conducted via SPSS to numerically determine if there was normal distribution. Graphically, Normal Q-Q Plots were generated via SPSS to observe if there was normal distribution. The Shapiro-Wilk tests indicated that high school degree attainment rates were not normally distributed,  $p = .011$ , bachelor's degree attainment rates were normally distributed,  $p = .663$ , and advanced degree attainment rates were not normally distributed,  $p = .002$ . The Normal Q-Q plots indicated in Figures 3-5 below were observed to indicate that bachelor's degree attainment rates were normally distributed and high school and advanced degree attainment rates were slightly deviated from normal distribution. Since ANOVA tests have been shown to be robust to deviations from normality, and simulation studies with non-normal distributions have shown that the false-positive rate is only slightly affected by the violation of the normality assumption, the non-normal distribution results from the Shapiro-Wilk tests and the Normal Q-Q plots for high school and advanced degree attainment rates were determined to have little impact on this study (Glass, Peckham, & Sanders, 1972; Harwell, Rubinstein, Hayes, & Olds, 1992; Lix, Keselman, & Keselman, 1996).

Table 11

*Descriptive Statistics for State Adult Population Educational Attainment Rates*

	N	Minimum	Maximum	Mean	Std. Deviation
% High School Degree Attainment	50	79.90	91.80	86.8740	3.41191
% Bachelor's Degree Attainment	50	17.30	38.20	27.1720	4.73187
% Advanced Degree Attainment	50	6.10	16.40	9.7940	2.48394

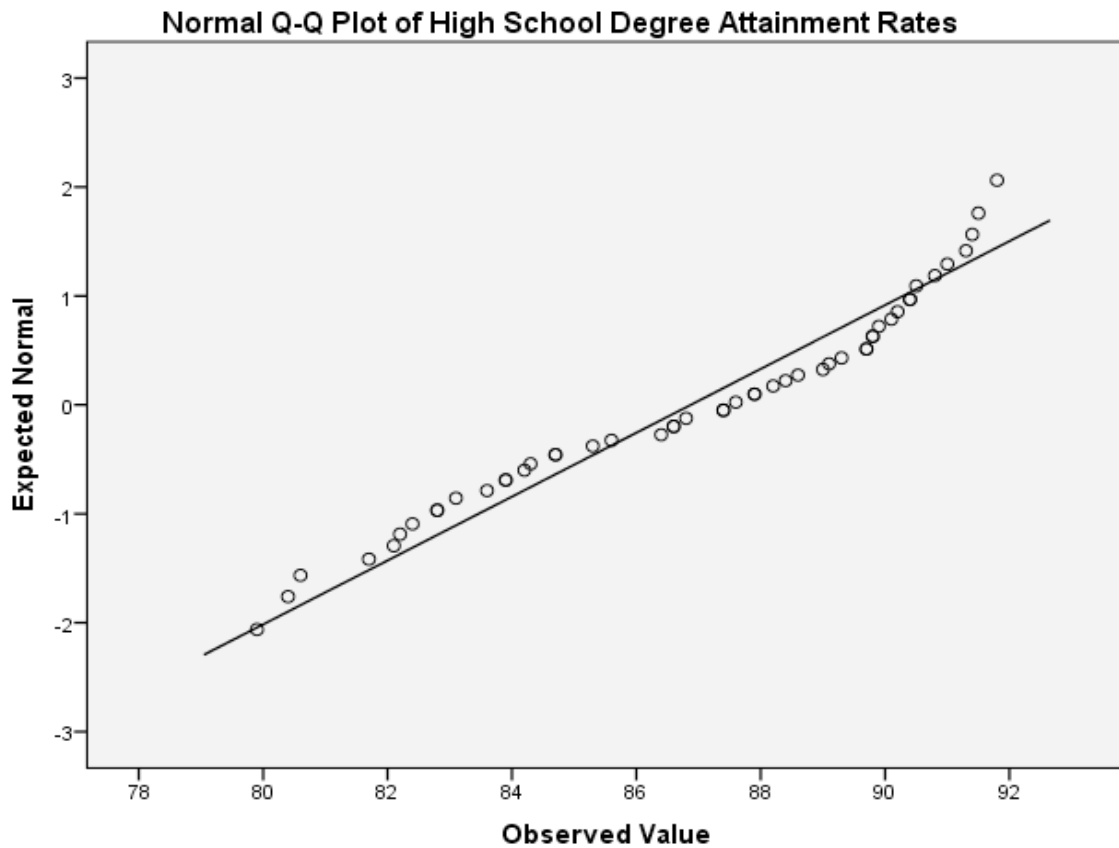


Figure 3. Normal Q-Q Plot of High School Degree Attainment Rates

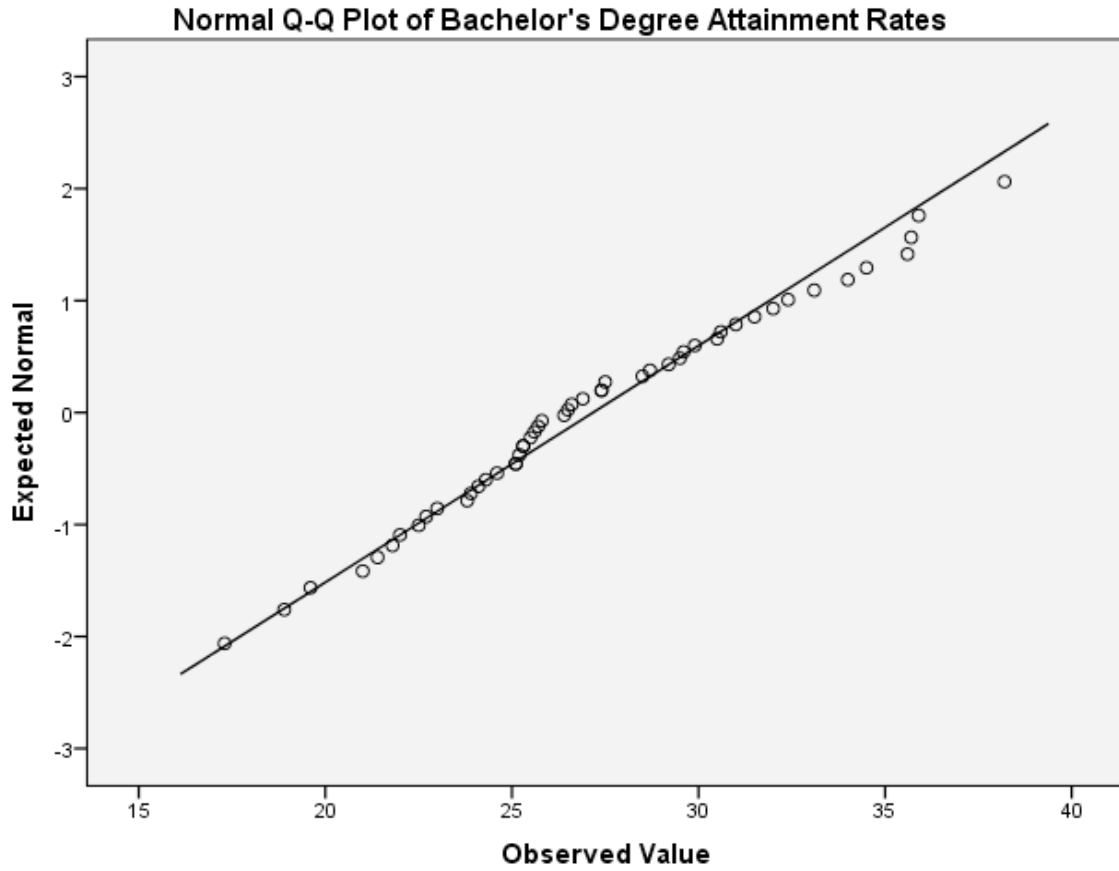
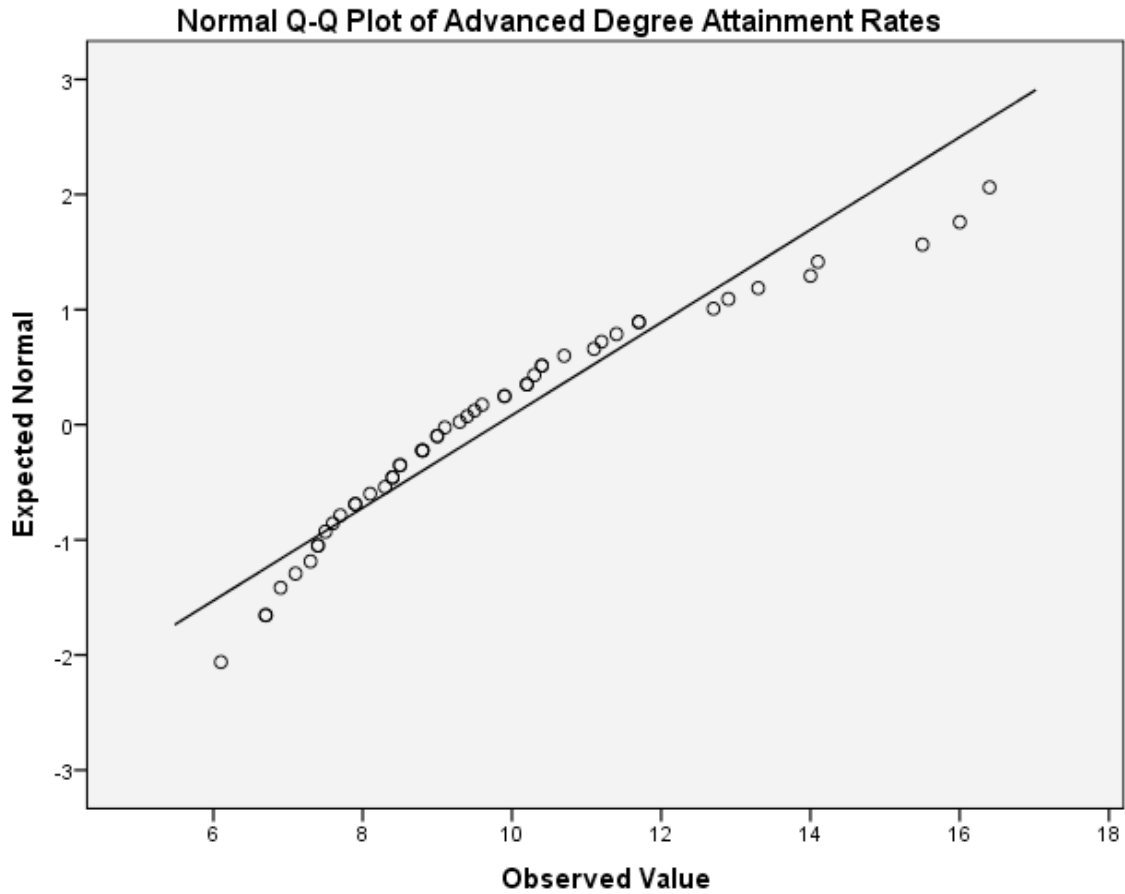


Figure 4. Normal Q-Q Plot of Bachelor's Degree Attainment Rates



*Figure 5.* Normal Q-Q Plot of Advanced Degree Attainment Rates

Table 12 below indicates the descriptive statistics for the independent variables and the regrouped levels of the independent variables of state non-discrimination employment laws regarding sexual orientation and gender identity (indicated as LGBT below), state immigration laws regarding access to higher education (indicated as immigration below), state decisions to establish the Affordable Care Act (ACA) health insurance marketplaces (indicated as health insurance below).

Table 12

*Descriptive Statistics for State Laws and Policies Researched*

<b>LGBT</b>	<b>N</b>	<b>Levels</b>					
50	% of States: Have no laws against sexual orientation and gender identity employment discrimination	% of States: Prohibit discrimination based on sexual orientation in public employment	% of States: Prohibit discrimination based on sexual orientation and gender identity in public employment	% of States: Prohibit discrimination based on sexual orientation	% of States: Prohibits discrimination based on sexual orientation and gender identity	X	X
	40%	6%	12%	10%	32%	X	X
<b>Immigration</b>	<b>N</b>	<b>Levels</b>					
50	% of States: Ban enrollment	% of States: Some college systems deny enrollment	% of States; No laws and policies	% of States: Tuition equity policies at major institutions	% of States: Statewide tuition equity laws	% of States: State-wide tuition equity laws and scholarships	% of States: State-wide tuition equity laws and state financial aid
	6%	2%	56%	6%	20%	2%	8%
<b>Health Insurance</b>	<b>N</b>	<b>Levels</b>					
50	% of States: Federal Exchange	% of States: Partnership Exchange and/or Split Duties Between Federal and State	% of States: State Exchange	X	X	X	X
	52%	16%	32%	X	X	X	X

Table 12

Descriptive Statistics for State Laws and Policies Researched (con't)

<b>Regrouped LGBT</b>	<b>N</b>	<b>Levels</b>						
	50	% of States: No laws against sexual orientation and gender identity employment discrimination	% of States: Prohibit discrimination based upon sexual orientation and/or gender identity in public and/or private employment	X	X	X	X	X
		40%	60%	X	X	X	X	X
<b>Regrouped Immigration</b>	<b>N</b>	<b>Levels</b>						
	50	% of States: No laws, bans enrollment, or some systems deny enrollment and	% of States: Have some policies that provide access to higher education	X	X	X	X	X
		64%	36%	X	X	X	X	X
<b>Regrouped Health Ins.</b>	<b>N</b>	<b>Levels</b>						
	50	% of States: Federal exchange	% of States: State exchange, partnership exchange, or split some duties between federal and state	X	X	X	X	X
		52%	48%	X	X	X	X	X

### Data Findings

The results of the statistical analysis in relation to the research questions are presented in this section. ANOVA tests were conducted to determine the relationships between state educational attainment rates and state employment non-discrimination laws pertaining to the LGBT population, state immigration laws pertaining to access to higher



education, and state decisions pertaining to the establishment of the Affordable Care Act health insurance exchanges.

### LGBT Non-Discrimination Employment Laws

Research Question One: What is the relationship between state adult population educational attainment rates and state non-discrimination employment laws regarding sexual orientation and gender identity for each state in the U.S.?

ANOVA tests were conducted to evaluate the relationship between state non-discrimination employment laws regarding sexual orientation and gender identity and state population percentages of high school degree or more attainment rates, bachelor's degree or more attainment rates, and advanced degree or more attainment rates. The ANOVA was tested with alpha set at .05. The ANOVA revealed there was not a significant relationship between state non-discrimination employment laws regarding sexual orientation and gender identity and state population percentages of high school degree or more attainment rates,  $F(4,45) = 1.133, p = .353$ . The Levene's test indicated that assumptions were not violated,  $p = .298$ . There was a significant relationship between state non-discrimination employment laws regarding sexual orientation and gender identity and state population percentages of bachelor's school degree or more attainment rates,  $F(4,45) = 7.529, p < .001$ . The Levene's test indicated that assumptions were not violated,  $p = .582$ . There was also a significant relationship between state non-discrimination employment laws regarding sexual orientation and gender identity and state population percentages of advanced degree or more,  $F(4,45) = 7.387, p < .001$ . The Levene's test indicated that assumptions were not violated,  $p = .107$ .

Table 13

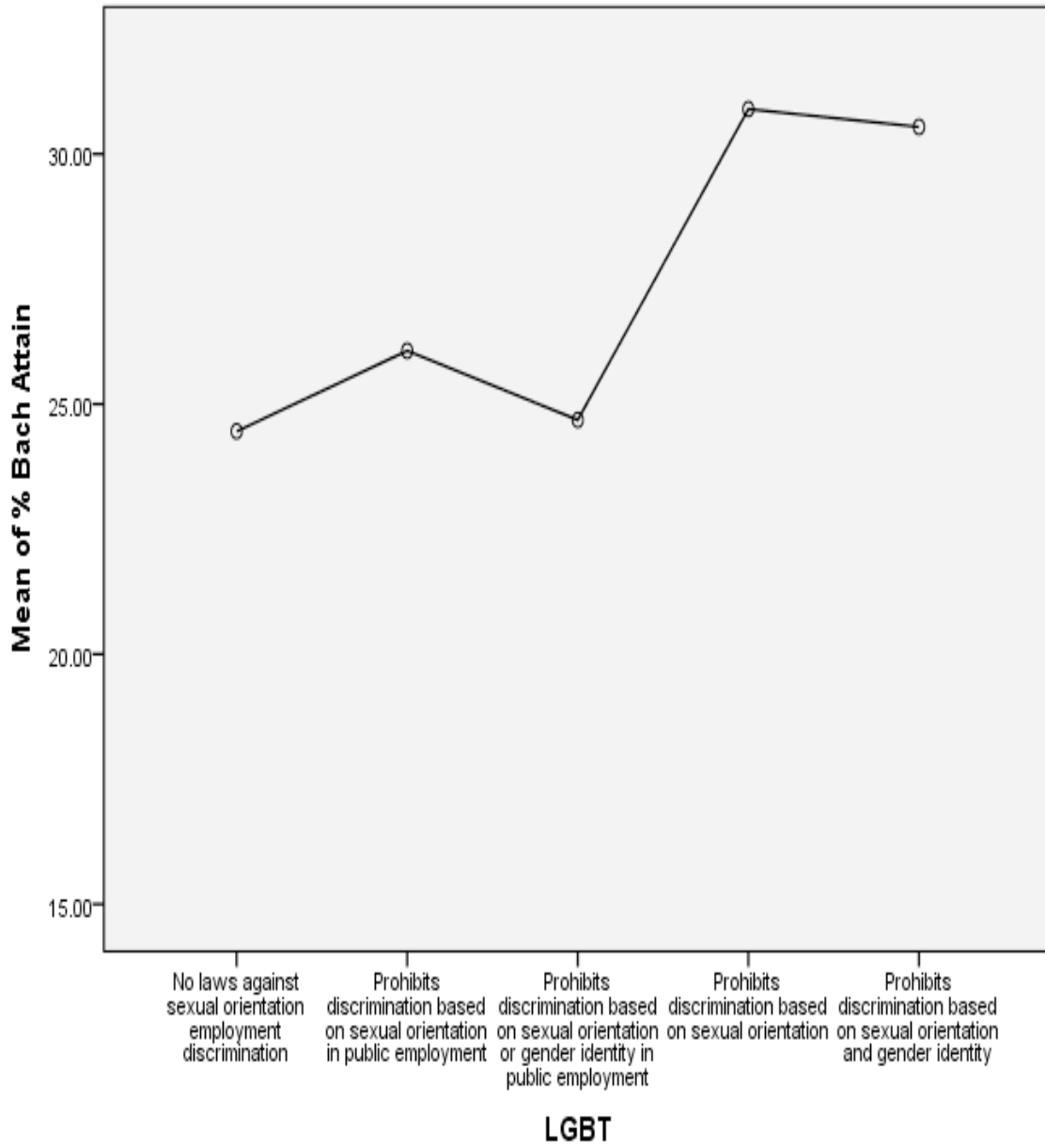
*ANOVA Results for Adult Population Educational Attainment Rates by LGBT**Employment Non-Discrimination Laws and/or Policies*

	ANOVA Test Conducted	df1	df2	Statistic	Sig.
<b>High School Degree Attainment</b>	One-Way	4	45	1.133	.353
<b>Bachelor's Degree Attainment</b>	One-Way	4	45	7.529	.000
<b>Advanced Degree Attainment</b>	One-Way	4	45	7.387	.000

Table 14

*Significant Results from Post-Hoc Test (Tukey) for Bachelor's Degree Attainment by**LGBT Employment Non-Discrimination Laws and/or Policies*

(I) LGBT		Mean Difference (I-J)	Std. Error	Sig.
No laws against sexual orientation and gender identity employment discrimination	Prohibits discrimination based on sexual orientation	-6.44500*	1.91091	.013
	Prohibits discrimination based on sexual orientation and gender identity	-6.08875*	1.28188	.000
Prohibits discrimination based on sexual orientation and gender identity in public employment	Prohibits discrimination based on sexual orientation and gender identity	-5.86042*	1.82956	.020

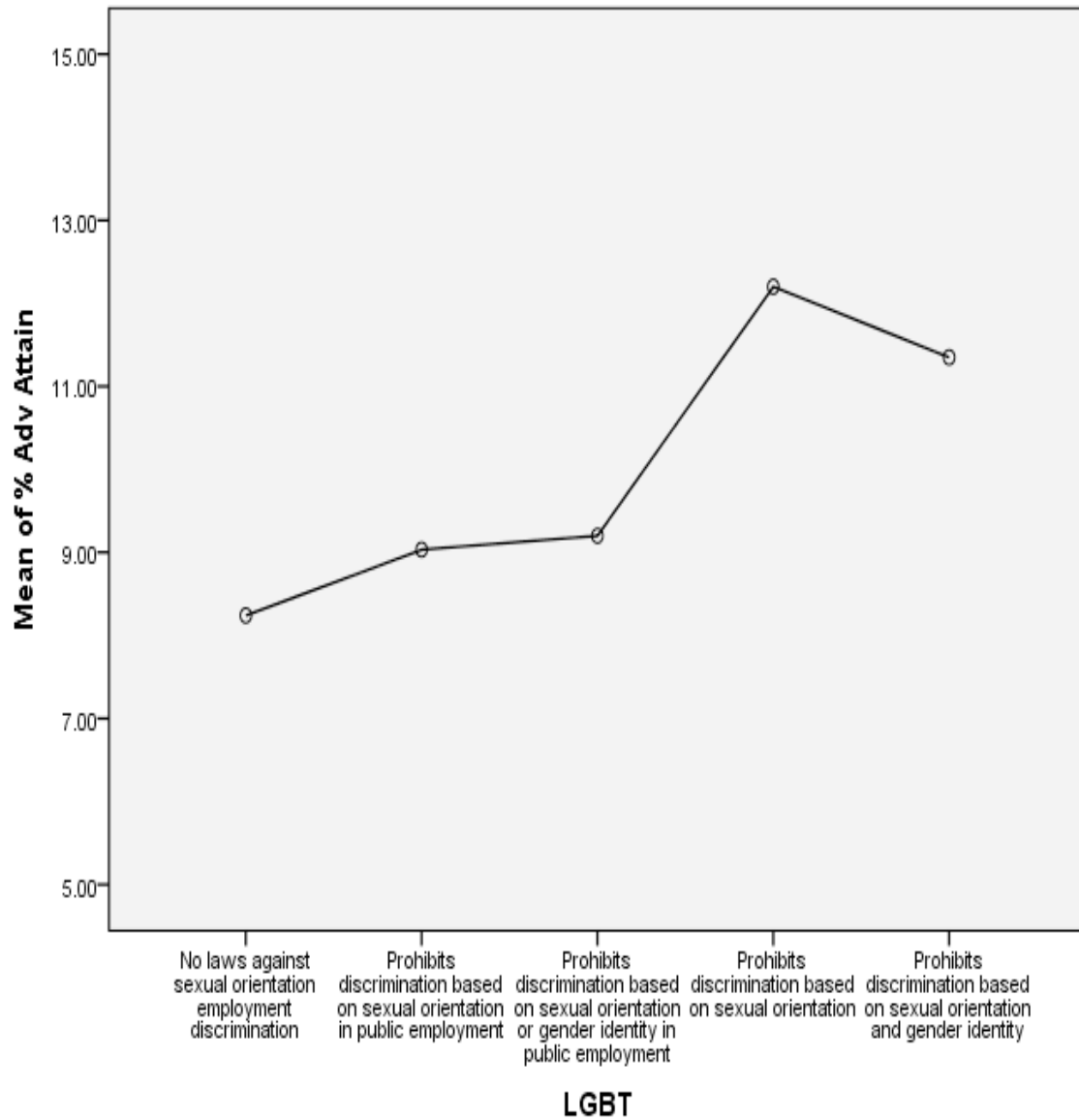


*Figure 6. Means Plot for Bachelor’s Degree Attainment by LGBT Employment Non-Discrimination Laws and/or Policies*

Table 15

*Significant Results from Post-Hoc Test (Tukey) for Advanced Degree Attainment by  
LGBT Employment Non-Discrimination Laws and/or Policies*

(I) LGBT		Mean Difference (I-J)	Std. Error	Sig.
No laws against sexual orientation and gender identity employment discrimination	Prohibits discrimination based on sexual orientation	-3.96000*	1.00691	.003
	Prohibits discrimination based on sexual orientation and gender identity	-3.11000*	.67545	.000



*Figure 7. Means Plot for Advanced Degree Attainment by LGBT Employment Non-Discrimination Laws and/or Policies*

## Immigration Laws Regarding Access to Higher Education

Research Question 2: What is the relationship between state adult population educational attainment rates and state immigration laws regarding access to higher education for each state in the U.S.?

ANOVA tests were conducted to evaluate the relationship between state immigration laws regarding access to higher education and state population percentages of high school degree or more attainment rates, bachelor's degree or more attainment rates, and advanced degree or more attainment rates. The ANOVA revealed there was not a significant relationship between state immigration laws regarding access to higher education and state population percentages of high school degree or more attainment rates and,  $F(6,43) = 1.234$  and  $p = .308$ . The Levene's test indicated that assumptions were not violated,  $p = .089$ . There was not a significant relationship between state immigration laws regarding access to higher education and state population percentages of bachelor's school degree or more attainment rates,  $F(6,43) = 1.832$  and  $p = .115$ . The Levene's test indicated that assumptions were not violated,  $p = .861$ . There was also not a significant relationship between state immigration laws regarding access to higher education and state population percentages of advanced degree or more,  $F(6,43) = 1.509$ ,  $p = .198$ . The Levene's test indicated that assumptions were not violated,  $p = .101$ .

Table 16

*ANOVA Results for Adult Population Educational Attainment Rates by State Immigration*

*Laws Regarding Access to Higher Education*

	ANOVA Test Conducted	df1	df2	Statistic	Sig.
<b>High School Degree Attainment</b>	One-Way	6	43	1.234	.308
<b>Bachelor's Degree Attainment</b>	One-Way	6	43	1.832	.115
<b>Advanced Degree Attainment</b>	One-Way	6	43	1.509	.198

State Decisions Regarding the Establishment of Health Insurance Exchanges

Research Question 3: What is the relationship between state adult population educational attainment rates and state decisions regarding the establishment of the Affordable Care Act health insurance marketplaces for each state in the U.S.?

ANOVA tests were conducted to evaluate the relationship between state decisions regarding establishing health insurance exchanges and state population percentages of high school degree or more attainment rates, bachelor’s degree or more attainment rates, and advanced degree or more attainment rates. The ANOVA was tested with alpha set at .05. The ANOVA revealed there was not a significant relationship between the state decisions regarding the establishment of the Affordable Care Act health insurance marketplaces and state population percentages of high school degree or more attainment rates,  $F(2,47) = .217$  and  $p = .806$ . The Levene’s test indicated that assumptions were not violated,  $p = .879$ . There was a significant relationship between state decisions regarding the establishment of the Affordable Care Act health insurance marketplaces and state population percentages of bachelor’s school degree or more attainment rates,  $F(2,47) =$

6.178 and  $p = 0.004$ . The Levene's test indicated that assumptions were not violated,  $p = .085$ . There was also a significant relationship between state decisions regarding the establishment of the Affordable Care Act health insurance marketplaces and state population percentages of advanced degree or more, as determined by the Welch ANOVA test, *Welch's F*(2,16.724) = 6.092 and  $p = .010$ . The Levene's test indicated that assumptions were violated,  $p = .029$ .

Table 17

*ANOVA Results for State Adult Population Educational Attainment Rates by State*

*Decisions Regarding the Establishment of Health Insurance Exchanges*

	ANOVA Test Conducted	df1	df2	Statistic	Sig.
<b>High School Degree Attainment</b>	One-Way	2	47	0.217	.806
<b>Bachelor's Degree Attainment</b>	One-Way	2	47	6.178	.004
<b>Advanced Degree Attainment</b>	Welch	2	16.724	6.092	.010

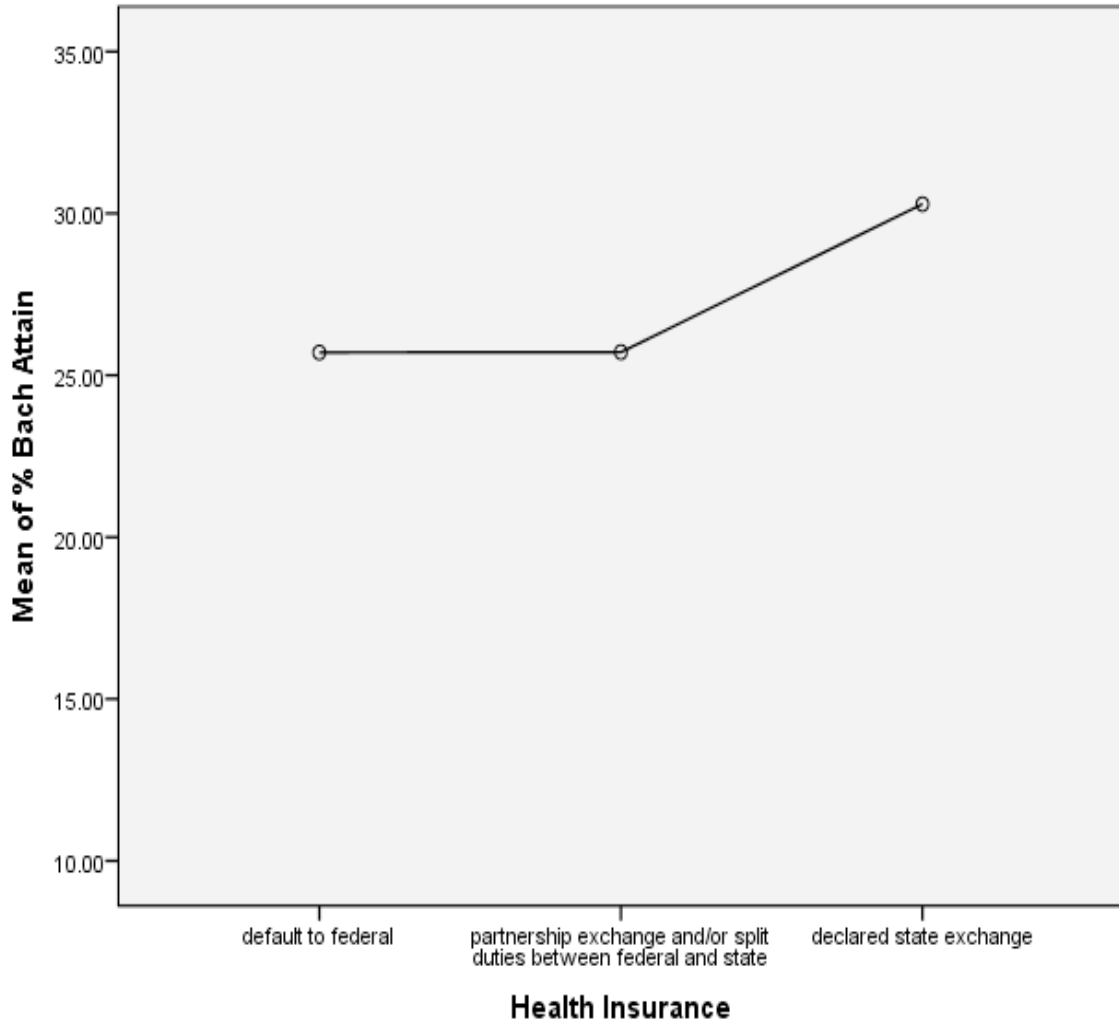
Table 18

*Significant Results from Post-Hoc Test (Tukey) for Bachelor's Degree Attainment by*

*State Decisions Regarding the Establishment of Health Insurance Exchanges*

(I) Health Insurance		Mean Difference (I-J)	Std. Error	Sig.
declared state exchange	default to federal	4.58365*	1.36609	.004
	partnership exchange and/or split duties between federal and state	4.57500*	1.86166	.046



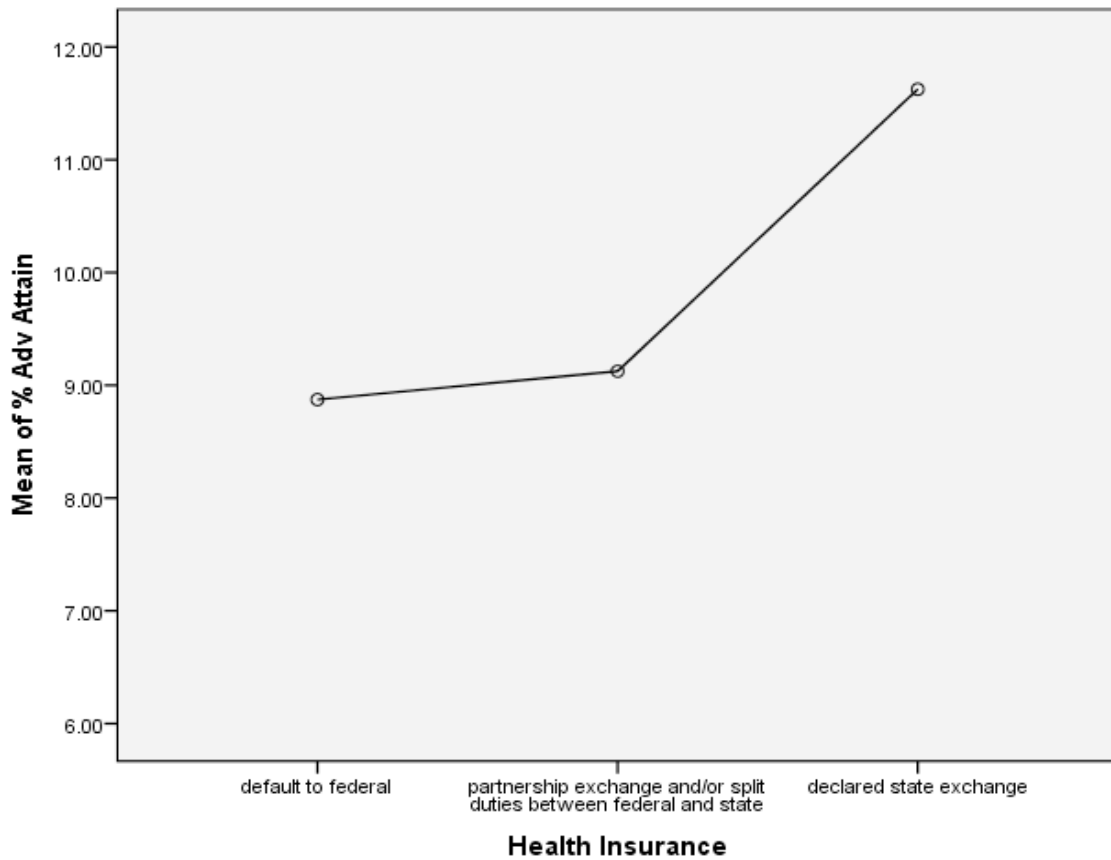


*Figure 8.* Means Plot for Bachelor’s Degree Attainment by State Decisions Regarding the Establishment of Health Insurance Exchanges

Table 19

*Significant Results from Post-Hoc Test (Games-Howell) for Advanced Degree Attainment by State Decisions Regarding the Establishment of Health Insurance Exchanges*

(I) Health Insurance		Mean Difference (I-J)	Std. Error	Sig.
default to federal	declared state exchange	-2.75192*	.77573	.005



*Figure 9. Means Plot for Advanced Degree Attainment by State Decisions Regarding the Establishment of Health Insurance Exchanges*

## Regrouping the Levels of Immigration Laws Regarding Access to Higher Education

Since the initial ANOVA tests did not indicate any significance for state immigration laws related to higher education with the initial levels of the variable, the researcher used the regrouped levels of the variable studied in order to re-run analysis using ANOVA tests. The levels of the variable were regrouped in the two levels of: (1) states that either ban enrollment, have some systems that ban enrollment, or have no laws and (2) states that have some policies that provide access to higher education for undocumented students.

## Regrouped Immigration Laws Regarding Access to Higher Education

Research Question 2: What is the relationship between state adult population educational attainment rates and state immigration laws regarding access to higher education for each state in the U.S.?

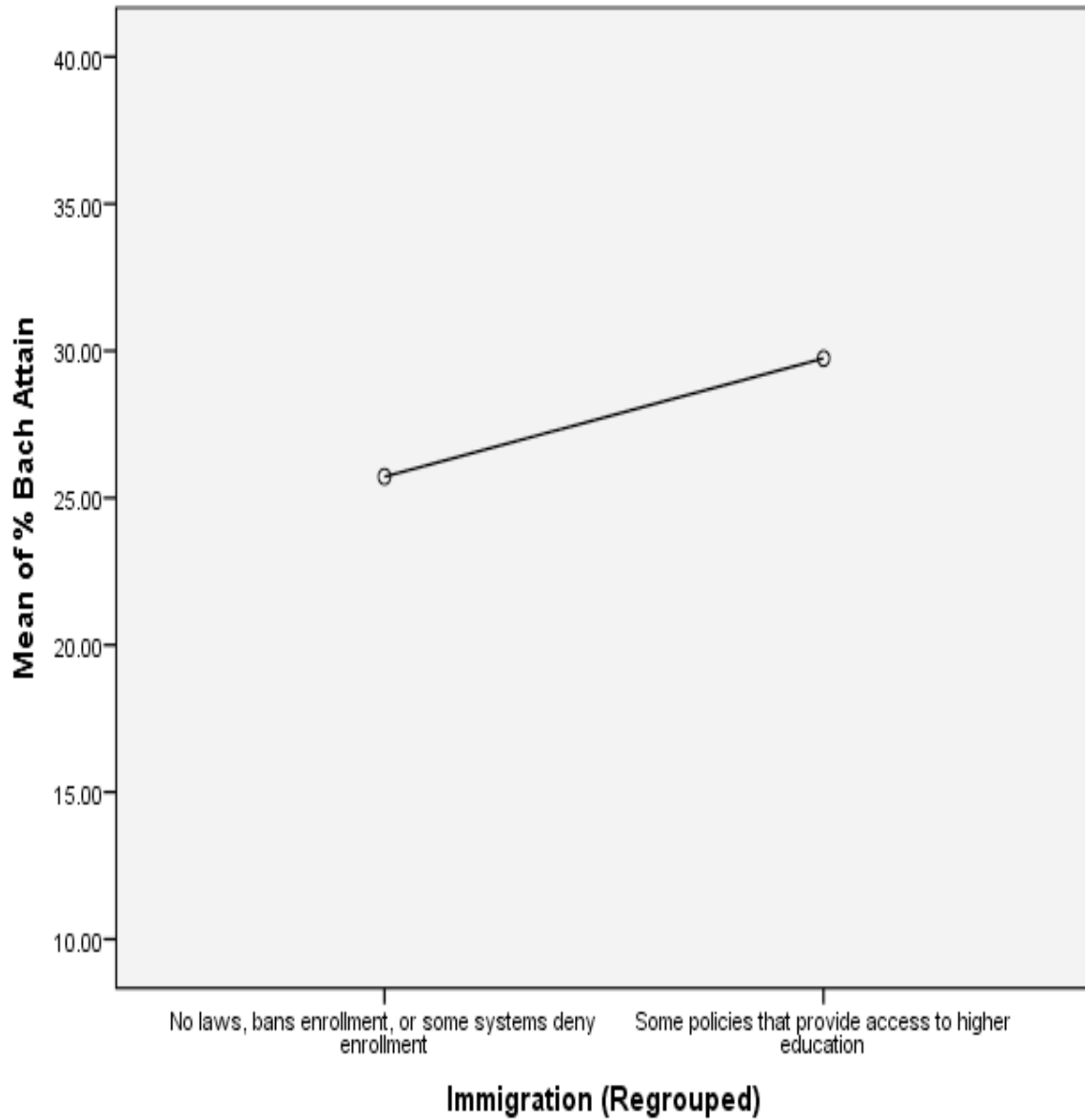
An ANOVA test was conducted to evaluate the relationship between state immigration laws regarding access to higher education and state population percentages of high school degree or more attainment rates, bachelor's degree or more attainment rates, and advanced degree or more attainment rates. The ANOVA revealed there was not a significant relationship between state immigration laws regarding access to higher education and state population percentages of high school degree or more attainment rates and,  $F(1,48) = .228, p = .636$ . The Levene's test indicated that assumptions were not violated,  $p = .814$ . There was a significant relationship between state immigration laws regarding access to higher education and state population percentages of bachelor's school degree or more attainment rates,  $F(1,48) = 9.806, p = .003$ . The Levene's test indicated that assumptions were not violated,  $p = .565$ . There was also a significant

relationship between state immigration laws regarding access to higher education and state population percentages of advanced degree or more,  $F(1,48) = 7.352, p = .009$ . The Levene's test indicated that assumptions were not violated,  $p = .935$ .

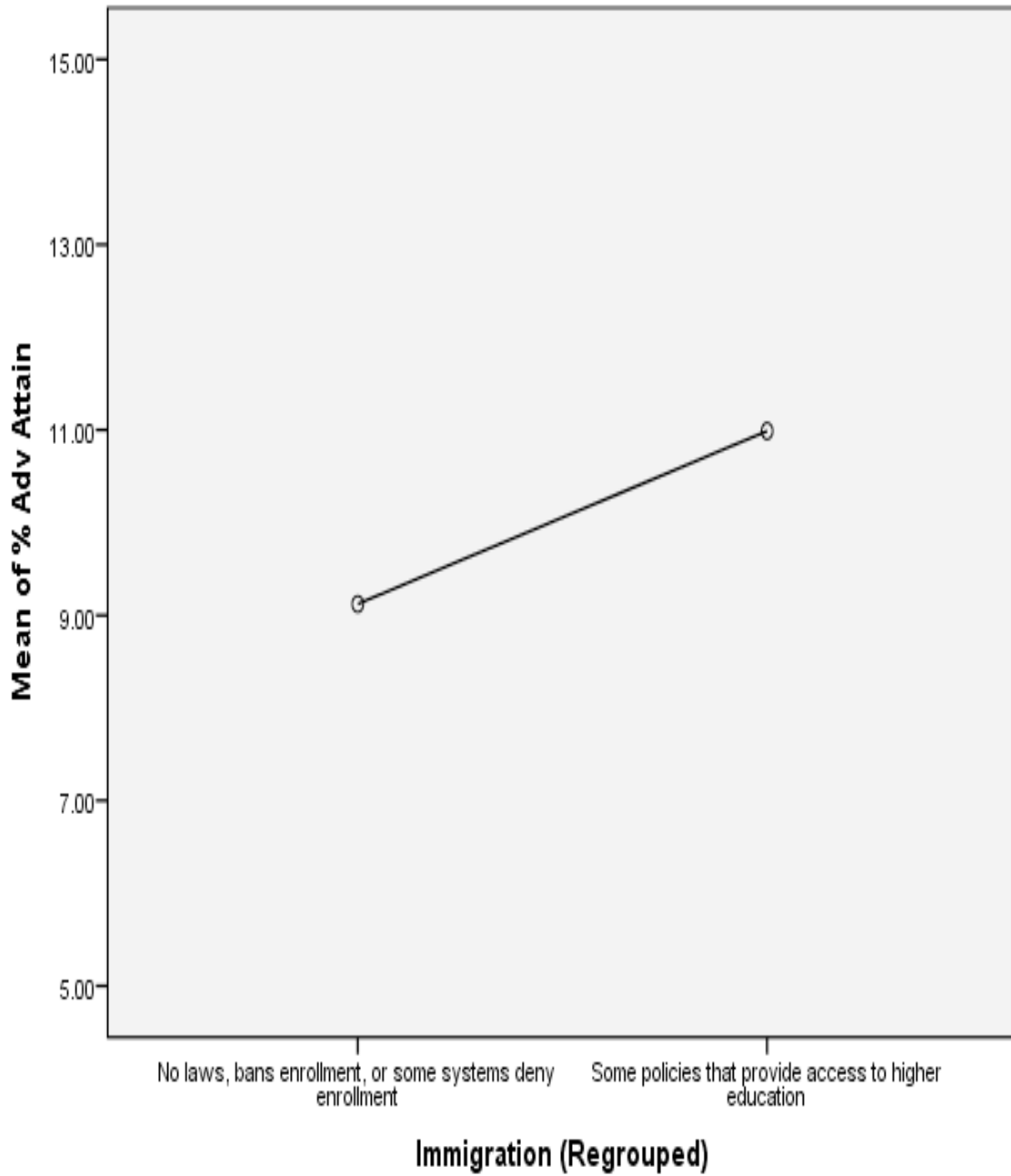
Table 20

*ANOVA Results for Adult Population Educational Attainment Rates by State Immigration Laws Regarding Access to Higher Education (Regrouped)*

	ANOVA Test Conducted	df1	df2	F	Sig.
<b>High School Degree Attainment</b>	One-Way	1	48	0.228	.636
<b>Bachelor's Degree Attainment</b>	One-Way	1	48	9.806	.003
<b>Advanced Degree Attainment</b>	One-Way	1	48	7.352	.009



*Figure 10.* Means Plot for Bachelor's Degree Attainment by State Immigration Laws Regarding Access to Higher Education (Regrouped)



*Figure 11.* Means Plot for Advanced Degree Attainment by State Immigration Laws Regarding Access to Higher Education (Regrouped)

## Chapter 5: Discussion, Implications, and Areas for Future Research

### Discussion of Findings

The primary purpose of this study was to investigate the relationship between state educational attainment rates and state laws and policies. This research had three major goals: (1) to determine the relationship between state adult population educational attainment rates for each state in the U.S. and state non-discrimination employment laws based upon sexual orientation and gender identity; (2) to determine the relationship between state adult population educational attainment rates for each state in the U.S. and state immigration laws regarding access to higher education; (3) to determine the relationship between state adult population educational attainment rates for each state in the U.S. and state decisions regarding the establishment of health insurance marketplaces.

This research studied the differences between each state in the U.S and had a sample size that was a full census of each state in the U.S. The data were analyzed using ANOVA tests. This study considered the independent variables to be: state non-discrimination employment laws regarding sexual orientation and gender identity, state immigration laws regarding access to higher education, and state decisions to establish the Affordable Care Act (ACA) health insurance marketplaces. The dependent variables for this study were considered to be: state educational attainment rates of high school degree or more, state educational attainment rates of bachelor's degree or more, and state

educational attainment rates of advanced degree or more. ANOVA tests revealed that although there were no significant relationships between the levels of the three state laws and/or policies researched and high school degree attainment rates, which was likely influenced by the small amount of variance of high school degree attainment rates across states, there were significant relationships between the levels of the independent variables (state laws and/or policies) and the dependent variables of bachelor's degree and advanced degree attainment rates.

#### LGBT Non-Discrimination Employment Laws and Educational Attainment

Analysis showed that states with no laws against sexual orientation and gender identity employment discrimination had statistically lower bachelor's degree attainment rates compared with states that either prohibit discrimination based upon sexual orientation or prohibit discrimination based upon sexual orientation and gender identity. In addition, states that prohibit discrimination based upon sexual orientation and gender identity only in public employment have statistically lower bachelor's degree attainment rates compared with states that prohibit discrimination based upon sexual orientation and gender identity in all employment.

Furthermore, states that have no laws against sexual orientation and gender identity employment discrimination have statistically lower advanced degree attainment rates compared with states that prohibit discrimination based on sexual orientation and states that prohibit discrimination based on sexual orientation and gender identity. These results lead to a further understanding of the LGBT research conducted by the Pew Research Center (2010), which indicated that higher levels of educational attainment led to more favorable attitudes toward the issue of same-sex marriage.



## Immigration Laws Regarding Access to Higher Education and Educational Attainment

After regrouping the levels of immigration laws regarding access to higher education, analysis showed that states that have no laws, ban enrollment, or have some systems that deny enrollment to undocumented students have statistically lower bachelor's degree and advanced degree attainment rates compared with states that have some policies that provide access to higher education for undocumented students.

This research further supports the study conducted by Mayda (2004). Her research found that individuals with higher education levels were more likely to support immigration options than individuals with lower education levels (Mayda, 2004).

## State Decisions Regarding the Estab. of Health Ins. Exch. and Educational Attainment

Analysis showed that states that declared state-based exchanges had statistically higher bachelor's degree attainment rates compared with states that either defaulted to the federal government to run their marketplace or states that declared a partnership exchange and/or split duties between federal and state.

Furthermore, analysis showed that states that defaulted to the federal government to run their marketplace had statistically lower advanced degree attainment rates compared with states that declared state-based exchanges. These results further support Grossman (2005), who discussed that in general, individuals that have higher levels of educational attainment are more likely to allocate more resources to health.

## Implications

This research is important because a national study of state educational attainment rates has not been conducted in relation to the state laws and policies in this study. It is important for adult educators, higher education administrators, politicians, and other

individuals interested in social policy to understand how educational attainment influences the policies that permeate through society.

The results of this study showed that there is a significant relationship between educational attainment, in terms of bachelor's degree and advanced degree attainment, and the three important social laws and/or policies studied, which are a sample of rapidly changing social policies. One interpretation of these results is that increased educational attainment leads to more open-mindedness and liberal attitudes toward social laws and policies. Another interpretation is that individuals with certain attitudes toward social issues tend to live in areas of the country or move to areas of the country that are composed of a people with similar perspectives and attitudes toward social issues. For example, many states in the southeastern U.S., such as Alabama, Florida, Georgia, Louisiana, and Mississippi, have no laws against sexual orientation and gender identity employment discrimination, have no laws, ban enrollment, or have some systems that deny enrollment to undocumented students, and defaulted to the federal government to run their health insurance exchanges. This is in contrast to many of the states in the northeastern U.S., such as Connecticut, New York, Maryland, and Rhode Island, which have laws that prohibit discrimination based upon sexual orientation or sexual orientation and gender identity, have at least some laws and policies that provide access to higher education for undocumented students, and established state-based exchanges. In addition, the results could also be interpreted as a combination of the two interpretations discussed above, where individuals with higher educational attainment tend to live in or move to areas of the country that are composed of a populous that prioritizes educational attainment and have similar perspectives and attitudes toward social policies.

These results have the ability to help adult educators and educational institutions understand their role in the discussion of these issues, politicians to understand how state educational attainment relates to state interests, and other individuals involved in creating and reforming social policies to gain additional information as to where to devote resources. This research should encourage adult educators and other researchers to consider additional ways to evaluate the relationship between education and social policy since it showed that access to education significantly influences and changes perceptions.

#### Areas for Future Research

The laws and policies researched in this study are only a sample of all possible laws and policies. Thus, it is recommended that future educators, organizations, politicians, and individuals involved in social policy use the protocol developed within this study to research the relationship between educational attainment and other important social laws and policies on the local, regional, national, and global levels. For example, it would be beneficial to research educational attainment's relationship to state voting rights laws, same-sex marriage laws, and laws related to the legalization of marijuana. This additional information would add to the literature and provide further insight into the role education plays in social policy.

Future research should also look at the intersection of educational attainment and attitudes toward social policy issues. To gather this data, it is recommended that qualitative studies be conducted in order to determine what factors influence attitudes toward social policies. Survey questions should be developed in order to determine how education and other factors have influenced attitudes and outlooks toward the social laws and policies researched. The qualitative data and themes derived would add to the

quantitative findings from this study and help create a more holistic picture of education's relationship with social laws and policies, in addition to providing insight into other factors that influence social policy positions.

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## APPENDICES

APPENDIX A

Institutional Review Board Approval Form

**AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD for RESEARCH INVOLVING HUMAN SUBJECTS  
RESEARCH PROTOCOL REVIEW FORM**

For Information or help contact **THE OFFICE OF RESEARCH COMPLIANCE**, 115 Ramsay Hall, Auburn University  
Phone: 334-844-5966 e-mail: hsubject@auburn.edu Web Address: <http://www.auburn.edu/research/vpr/ohsr/>

Revised 03.26.11 - **DO NOT STAPLE, CLIP TOGETHER ONLY.**

Save a Copy

1. PROPOSED START DATE of STUDY: Aug 1, 2013

PROPOSED REVIEW CATEGORY (Check one):      FULL BOARD      EXPEDITED       EXEMPT

2. PROJECT TITLE: A National Study of the Relationship Between the Rates of State Adult Population Educational Attainment and Three Key Social Policies

3. Coleman Cosgrove      Mr.      TITLE      EFLT--Adult Ed      3347508230      ckc0006@auburn.edu  
PRINCIPAL INVESTIGATOR      DEPT      PHONE      AU E-MAIL

720 Yeager Lane, Auburn, AL 36832      cosgroveck14@gmail.com  
MAILING ADDRESS      FAX      ALTERNATE E-MAIL

4. SOURCE OF FUNDING SUPPORT:  Not Applicable     Internal     External Agency     Pending     Received

5. LIST ANY CONTRACTORS, SUB-CONTRACTORS, OTHER ENTITIES OR IRBs ASSOCIATED WITH THIS PROJECT:  
N/A

6. GENERAL RESEARCH PROJECT CHARACTERISTICS

6A. Mandatory CITI Training	6B. Research Methodology
<p>Names of key personnel who have completed CITI: James Witte <input checked="" type="checkbox"/> Coleman Cosgrove <input checked="" type="checkbox"/></p> <p>CITI group completed for this study: <input checked="" type="checkbox"/> Social/Behavioral    <input type="checkbox"/> Biomedical</p> <p align="center"><b>PLEASE ATTACH TO HARD COPY ALL CITI CERTIFICATES FOR EACH KEY PERSONNEL</b></p>	<p>Please check all descriptors that best apply to the research methodology:</p> <p>Data Source(s):    New Data    <input checked="" type="checkbox"/> Existing Data</p> <p>Will recorded data directly or indirectly identify participants? Yes    <input type="checkbox"/> No    <input checked="" type="checkbox"/></p> <p>Data collection will involve the use of:</p> <p><input type="checkbox"/> Educational Tests (cognitive diagnostic, aptitude, etc.) <input type="checkbox"/> Interview / Observation <input type="checkbox"/> Physical / Physiological Measures or Specimens (see Section 6D) <input type="checkbox"/> Surveys / Questionnaires <input type="checkbox"/> Internet / Electronic <input type="checkbox"/> Audio / Video / Photos <input type="checkbox"/> Private records or files</p>
6C. Participant Information	6D. Risks to Participants
<p>Please check all descriptors that apply to the participant population.</p> <p><input checked="" type="checkbox"/> Males    <input checked="" type="checkbox"/> Females    <input type="checkbox"/> AU students</p> <p><b>Vulnerable Populations</b></p> <p><input type="checkbox"/> Pregnant Women/Fetuses    <input type="checkbox"/> Prisoners</p> <p><input type="checkbox"/> Children and/or Adolescents (under age 19 in AL)</p> <p>Persons with:</p> <p><input type="checkbox"/> Economic Disadvantages    <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Educational Disadvantages    <input type="checkbox"/> Intellectual Disabilities</p> <p>Do you plan to compensate your participants?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>Please identify all risks that participants might encounter in this research.</p> <p><input type="checkbox"/> Breach of Confidentiality*    <input type="checkbox"/> Coercion <input type="checkbox"/> Deception    <input type="checkbox"/> Physical <input type="checkbox"/> Psychological    <input type="checkbox"/> Social <input checked="" type="checkbox"/> None    <input type="checkbox"/> Other:</p> <p align="center">*Note that if the investigator is using or accessing confidential or identifiable data, breach of confidentiality is always a risk.</p>
<p>Do you need IBC Approval for this study? <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes - BUA # _____    Expiration date _____</p>	

The Auburn University Institutional Review Board has approved this research protocol for use from 7/21/13 to 7/20/16  
 Protocol # 13-257 EX 1307

Received  
 JUL 09 2013  
 Research Compliance

FOR OHSR OFFICE USE ONLY			
DATE RECEIVED IN OHSR:	<u>7/9/13</u>	by	<u>GB</u>
DATE OF IRB REVIEW:	<u>7/21/13</u>	by	<u>CC</u>
DATE OF IRB APPROVAL:	_____	by	_____
COMMENTS:	_____		
PROTOCOL #	<u>13-257 EX 1307</u>		
APPROVAL CATEGORY:	<u>45CFR 46.101(b)(4)</u>		
INTERVAL FOR CONTINUING REVIEW:	<u>3yrs</u>		

**7. PROJECT ASSURANCES**

**PROJECT TITLE:** A National Study of the Relationship Between the Rates of State Adult Population Educational Attainment and Three Key Social Policies

**A. PRINCIPAL INVESTIGATOR'S ASSURANCES**

1. I certify that all information provided in this application is complete and correct.
2. I understand that, as Principal Investigator, I have ultimate responsibility for the conduct of this study, the ethical performance of this project, the protection of the rights and welfare of human subjects, and strict adherence to any stipulations imposed by the Auburn University IRB.
3. I certify that all individuals involved with the conduct of this project are qualified to carry out their specified roles and responsibilities and are in compliance with Auburn University policies regarding the collection and analysis of the research data.
4. I agree to comply with all Auburn policies and procedures, as well as with all applicable federal, state, and local laws regarding the protection of human subjects, including, but not limited to the following:
  - a. Conducting the project by qualified personnel according to the approved protocol
  - b. Implementing no changes in the approved protocol or consent form without prior approval from the Office of Human Subjects Research
  - c. Obtaining the legally effective informed consent from each participant or their legally responsible representative prior to their participation in this project using only the currently approved, stamped consent form
  - d. Promptly reporting significant adverse events and/or effects to the Office of Human Subjects Research in writing within 5 working days of the occurrence.
5. If I will be unavailable to direct this research personally, I will arrange for a co-investigator to assume direct responsibility in my absence. This person has been named as co-investigator in this application, or I will advise OHSR, by letter, in advance of such arrangements.
6. I agree to conduct this study only during the period approved by the Auburn University IRB.
7. I will prepare and submit a renewal request and supply all supporting documents to the Office of Human Subjects Research before the approval period has expired if it is necessary to continue the research project beyond the time period approved by the Auburn University IRB.
8. I will prepare and submit a final report upon completion of this research project.

My signature indicates that I have read, understand and agree to conduct this research project in accordance with the assurances listed above.

Coleman Cosgrove

Printed name of Principal Investigator

Principal Investigator's Signature  
(SIGN IN BLUE INK ONLY)

Jun 30, 2013

Date

**B. FACULTY ADVISOR/SPONSOR'S ASSURANCES**

1. By my signature as faculty advisor/sponsor on this research application, I certify that the student or guest investigator is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accord with the approved protocol.
2. I certify that the project will be performed by qualified personnel according to the approved protocol using conventional or experimental methodology.
3. I agree to meet with the investigator on a regular basis to monitor study progress.
4. Should problems arise during the course of the study, I agree to be available, personally, to supervise the investigator in solving them.
5. I assure that the investigator will promptly report significant adverse events and/or effects to the OHSR in writing within 5 working days of the occurrence.
6. If I will be unavailable, I will arrange for an alternate faculty sponsor to assume responsibility during my absence, and I will advise the OHSR by letter of such arrangements. If the investigator is unable to fulfill requirements for submission of renewals, modifications or the final report, I will assume that responsibility.
7. I have read the protocol submitted for this project for content, clarity, and methodology

James Witte

Printed name of Faculty Advisor / Sponsor

Signature (SIGN IN BLUE INK ONLY)

Date

**C. DEPARTMENT HEAD'S ASSURANCE**

By my signature as department head, I certify that I will cooperate with the administration in the application and enforcement of all Auburn University policies and procedures, as well as all applicable federal, state, and local laws regarding the protection and ethical treatment of human participants by researchers in my department.

Sherida Downer

Printed name of Department Head

Signature (SIGN IN BLUE INK ONLY)

Date

- 8. PROJECT OVERVIEW: Prepare an abstract that includes:**  
(400 word maximum, in language understandable to someone who is not familiar with your area of study):

- I.) **A summary of relevant research findings leading to this research proposal:**  
(Cite sources; include a "Reference List" as Appendix A.)
- II.) **A brief description of the methodology,**
- III.) **Expected and/or possible outcomes, and,**
- IV.) **A statement regarding the potential significance of this research project.**

The educational attainment levels of the adult population (over 25 years of age) have been showing improvement over the past century. According to a 2012 U.S. Census Bureau report, "In 2009, more than 4 out of 5 (85 per-cent) adults aged 25 and over reported having at least a high school diploma or its equivalent, while over 1 in 4 (28 percent) reported a bachelor's degree or higher. This reflects more than a three-fold increase in high school attainment and more than a five-fold increase in college attainment since the Census Bureau first collected educational attainment data in 1940" (U.S. Department of Commerce, 2012, p. 1). Adult educators are expected to appreciate but not be satisfied with increased educational attainment levels. "...Educational Leaders are expected to be transformative, to attend to social justice policies as well as academic achievement" (Shields, 2004).

There are several social policies of importance in today's society that can be looked at in relation to educational attainment. One such social policy to be researched in relation to state adult population educational attainment rates for each state in the U.S. surrounds the non-discrimination employment rights of the gay, lesbian, bisexual, and transgender (GLBT) population. A second social policy to be studied in relation to state adult population educational attainment rates for each state in the U.S. involves immigration laws regarding access to higher education. The third and last social policy to be looked at in relation to state adult population educational attainment rates for each state in the U.S. involves state decisions regarding the establishment of health insurance marketplaces, or health insurance exchanges, in each state under the 2010 Affordable Care Act.

The data will be collected using existing public census data that breaks down the educational attainment rates of each state's population. Statistical testing will be performed to determine the relationship between educational attainment and the three key social policies/laws being studied. It is expected that there is a significant relationship between educational attainment and the three aforementioned social laws/policies. There is not currently much research on how educational attainment relates to these three issues. The information from this study will help adult educators, educational institutions, politicians, and individuals involved in working with social policy understand how educational attainment influences social issues.

- 9. PURPOSE.**  
**a. Clearly state all of the objectives, goals, or aims of this project.**

This study had three major goals:

- (1) to determine the relationship between state adult population educational attainment rates for each state in the U.S. and state non-discrimination employment laws based upon sexual orientation
- (2) to determine the relationship between state adult population educational attainment rates for each state in the U.S. and state immigration laws regarding access to higher education
- (3) to determine the relationship between state adult population educational attainment rates for each state in the U.S. and state decisions regarding the establishment of health insurance marketplaces

- b. How will the results of this project be used? (e.g., Presentation? Publication? Thesis? Dissertation?)**  
Dissertation, Publication, and Presentation



10a. **KEY PERSONNEL.** Describe responsibilities. Include information on research training or certifications related to this project. **CITI is required.** Be as specific as possible. (Attach extra page if needed.) All non AU-affiliated key personnel must attach CITI certificates of completion.

Principle Investigator Coleman Cosgrove Title: Mr. E-mail address ckc0006@auburn.edu  
Dept / Affiliation: EFLT--Adult Education

Roles / Responsibilities:

complete and write dissertation; collect existing data, analyze data, report data

Individual: James Witte Title: Dr. E-mail address witteje@auburn.edu  
Dept / Affiliation: EFLT--Adult Ed

Roles / Responsibilities:

Serve as dissertation committee chair

Individual: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail address \_\_\_\_\_  
Dept / Affiliation: \_\_\_\_\_

Roles / Responsibilities:

Individual: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail address \_\_\_\_\_  
Dept / Affiliation: \_\_\_\_\_

Roles / Responsibilities:

Individual: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail address \_\_\_\_\_  
Dept / Affiliation: \_\_\_\_\_

Roles / Responsibilities:

Individual: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail address \_\_\_\_\_  
Dept / Affiliation: \_\_\_\_\_

Roles / Responsibilities:

11. **LOCATION OF RESEARCH.** List all locations where data collection will take place. (School systems, organizations, businesses, buildings and room numbers, servers for web surveys, etc.) Be as specific as possible. Attach permission letters in Appendix E.

[See sample letters at <http://www.auburn.edu/research/vpr/ohs/sample.htm>]

N/A--only existing public data will be collected

12. PARTICIPANTS.

a. Describe the participant population you have chosen for this project.

Check here if there is existing data; describe the population from whom data was collected & include the # of data files.

b. Describe why is this participant population is appropriate for inclusion in this research project. (Include criteria for selection.)

Existing public data provided by the U.S. Census Bureau is appropriate because the Bureau has already broken down educational attainment rates in each state.

c. Describe, step-by-step, all procedures you will use to recruit participants. Include in Appendix B a copy of all e-mails, flyers, advertisements, recruiting scripts, invitations, etc., that will be used to invite people to participate.

(See sample documents at <http://www.auburn.edu/research/vpr/ohs/sample.htm>.)

N/A: Only existing public data will be collected.

What is the minimum number of participants you need to validate the study? <sup>N/A</sup> \_\_\_\_\_

Is there a limit on the number of participants you will recruit?  No  Yes – the number is \_\_\_\_\_

Is there a limit on the number of participants you will include in the study?  No  Yes – the number is \_\_\_\_\_

d. Describe the type, amount and method of compensation and/or incentives for participants.

(If no compensation will be given, check here .)

Select the type of compensation:  Monetary  Incentives  
 Raffle or Drawing incentive (Include the chances of winning.)  
 Extra Credit (State the value)  
 Other

Description:

13. PROJECT DESIGN & METHODS.

a. Describe, step-by-step, all procedures and methods that will be used to consent participants.  
(  Check here if this is "not applicable"; you are using existing data.)

b. Describe the procedures you will use in order to address your purpose. Provide a step-by-step description of how you will carry out this research project. Include specific information about the participants' time and effort commitment. (NOTE: Use language that would be understandable to someone who is not familiar with your area of study. Without a complete description of all procedures, the Auburn University IRB will not be able to review this protocol. If additional space is needed for this section, save the information as a .PDF file and insert after page 6 of this form. )

1. collect existing public census data
2. run statistical testing to determine the relationship between educational attainment rates and the three social laws/policies being studied.
3. analyze findings
4. report findings

- 13c. List all data collection instruments used in this project, in the order they appear in Appendix C.  
(e.g., surveys and questionnaires in the format that will be presented to participants, educational tests, data collection sheets, interview questions, audio/video taping methods etc.)  
2009 U.S. Census Bureau results of educational attainment broken down by state

- d. Data analysis: Explain how the data will be analyzed.  
Data will be analyzed through statistical testing

14. RISKS & DISCOMFORTS: List and describe all of the risks that participants might encounter in this research. If you are using deception in this study, please justify the use of deception and be sure to attach a copy of the debriefing form you plan to use in Appendix D. (Examples of possible risks are in section #6D on page 1.)  
N/A—only using existing public data

15. **PRECAUTIONS.** Identify and describe all precautions you have taken to eliminate or reduce risks as listed in #14. If the participants can be classified as a "vulnerable" population, please describe additional safeguards that you will use to assure the ethical treatment of these individuals. Provide a copy of any emergency plans/procedures and medical referral lists in Appendix D.  
N/A--only using existing public data

If using the Internet to collect data, what confidentiality or security precautions are in place to protect (or not collect) identifiable data? Include protections used during both the collection and transfer of data.  
(These are likely listed on the server's website.)  
N/A--only using existing public data

16. **BENEFITS.**  
a. List all realistic direct benefits participants can expect by participating in this specific study.  
(Do not include "compensation" listed in #12d.) Check here if there are no direct benefits to participants. ✓

b. List all realistic benefits for the general population that may be generated from this study.  
The information from this study will help adult educators, educational institutions, politicians, and individuals involved in working with social policy understand how educational attainment influences social issues. The results will be able to add to the knowledge base of these individuals and potentially lead to future educational strategies and clarity into where and how to devote resources.

17. PROTECTION OF DATA.

- a. Will data be collected as anonymous?  Yes  No *If "YES", skip to part "g".*  
*("Anonymous" means that you will not collect any identifiable data.)*
- b. Will data be collected as confidential?  Yes  No  
*("Confidential" means that you will collect and protect identifiable data.)*
- c. If data are collected as confidential, will the participants' data be coded or linked to identifying information?  
 Yes (If so, describe how linked.)  No

d. Justify your need to code participants' data or link the data with identifying information.

e. Where will code lists be stored? (Building, room number?)

f. Will data collected as "confidential" be recorded and analyzed as "anonymous"?  Yes  No  
*(If you will maintain identifiable data, protections should have been described in #15.)*

g. Describe how and where the data will be stored (e.g., hard copy, audio cassette, electronic data, etc.), and how the location where data is stored will be secured in your absence. For electronic data, describe security. If applicable, state specifically where any IRB-approved and participant-signed consent documents will be kept on campus for 3 years after the study ends.

N/A--only existing public data will be collected

h. Who will have access to participants' data?  
*(The faculty advisor should have full access and be able to produce the data in the case of a federal or institutional audit.)*  
James E. Witte--dissertation chair

i. When is the latest date that confidential data will be retained? (Check here if only anonymous data will be retained. ✓)

j. How will the confidential data be destroyed? (NOTE: Data recorded and analyzed as "anonymous" may be retained indefinitely.)

## Appendix A: References

### References

- U. S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau. (2012). *Educational attainment in the United States: 2009*. Retrieved from: <http://www.census.gov/prod/2012pubs/p20-566.pdf>
- Shields, C.M. (2004). Dialogic leadership for social justice: Overcoming pathologies of silence. *Education Administration Quarterly*, 40(1), 109-132.

APPENDIX B

2009 American Community Survey Housing Unit Questionnaire





U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

# THE American Community Survey

This booklet shows the content of the American Community Survey questionnaire.

**Please complete this form and return it as soon as possible after receiving it in the mail.**

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



**If you need help or have questions about completing this form**, please call **1-800-354-7271**. The telephone call is free.

**Telephone Device for the Deaf (TDD):**

Call 1-800-582-8330. The telephone call is free.

**¿NECESITA AYUDA?** Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al **1-877-833-5625**.

Usted también puede pedir un cuestionario en español o completar su entrevista por teléfono con un entrevistador que habla español.

For more information about the American Community Survey, visit our web site at: <http://www.census.gov/acs/www/>

USCENSUSBUREAU



## Start Here

➔ **Please print today's date.**

Month Day Year

--	--	--

➔ **Please print the name and telephone number of the person who is filling out this form.** We may contact you if there is a question.

Last Name

First Name

MI

Area Code + Number

--	--	--

➔ **How many people are living or staying at this address?**

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

**Number of people**

➔ **Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.**

FORM **ACS-1(INFO)(2009)KFI**  
(05-22-2008)

OMB No. 0607-0810

Person 1	Person 2																								
<p>(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)</p>																									
<p><b>1 What is Person 1's name?</b> Last Name (Please print) <input type="text"/> First Name <input type="text"/> MI <input type="text"/></p>	<p><b>1 What is Person 2's name?</b> Last Name (Please print) <input type="text"/> First Name <input type="text"/> MI <input type="text"/></p>																								
<p><b>2 How is this person related to Person 1?</b> <input checked="" type="checkbox"/> Person 1</p>	<p><b>2 How is this person related to Person 1?</b> Mark (X) ONE box.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Husband or wife</td> <td><input type="checkbox"/> Son-in-law or daughter-in-law</td> </tr> <tr> <td><input type="checkbox"/> Biological son or daughter</td> <td><input type="checkbox"/> Other relative</td> </tr> <tr> <td><input type="checkbox"/> Adopted son or daughter</td> <td><input type="checkbox"/> Roomer or boarder</td> </tr> <tr> <td><input type="checkbox"/> Stepson or stepdaughter</td> <td><input type="checkbox"/> Housemate or roommate</td> </tr> <tr> <td><input type="checkbox"/> Brother or sister</td> <td><input type="checkbox"/> Unmarried partner</td> </tr> <tr> <td><input type="checkbox"/> Father or mother</td> <td><input type="checkbox"/> Foster child</td> </tr> <tr> <td><input type="checkbox"/> Grandchild</td> <td><input type="checkbox"/> Other nonrelative</td> </tr> <tr> <td><input type="checkbox"/> Parent-in-law</td> <td></td> </tr> </table>	<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Son-in-law or daughter-in-law	<input type="checkbox"/> Biological son or daughter	<input type="checkbox"/> Other relative	<input type="checkbox"/> Adopted son or daughter	<input type="checkbox"/> Roomer or boarder	<input type="checkbox"/> Stepson or stepdaughter	<input type="checkbox"/> Housemate or roommate	<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Unmarried partner	<input type="checkbox"/> Father or mother	<input type="checkbox"/> Foster child	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other nonrelative	<input type="checkbox"/> Parent-in-law									
<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Son-in-law or daughter-in-law																								
<input type="checkbox"/> Biological son or daughter	<input type="checkbox"/> Other relative																								
<input type="checkbox"/> Adopted son or daughter	<input type="checkbox"/> Roomer or boarder																								
<input type="checkbox"/> Stepson or stepdaughter	<input type="checkbox"/> Housemate or roommate																								
<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Unmarried partner																								
<input type="checkbox"/> Father or mother	<input type="checkbox"/> Foster child																								
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other nonrelative																								
<input type="checkbox"/> Parent-in-law																									
<p><b>3 What is Person 1's sex?</b> Mark (X) ONE box. <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>3 What is Person 2's sex?</b> Mark (X) ONE box. <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female</p>																								
<p><b>4 What is Person 1's age and what is Person 1's date of birth?</b> Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.</p> <p>Age (in years) <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/></p>	<p><b>4 What is Person 2's age and what is Person 2's date of birth?</b> Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.</p> <p>Age (in years) <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/></p>																								
<p>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.</p>																									
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**Person 5**

**1** What is Person 5's name? Last Name (Please print) First Name MI

**2** How is this person related to Person 1? Mark (X) ONE box.

<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Son-in-law or daughter-in-law
<input type="checkbox"/> Biological son or daughter	<input type="checkbox"/> Other relative
<input type="checkbox"/> Adopted son or daughter	<input type="checkbox"/> Roomer or boarder
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<input type="checkbox"/> Parent-in-law	

**3** What is Person 5's sex? Mark (X) ONE box.

Male  Female

**4** What is Person 5's age and what is Person 5's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.

Age (in years) Month Day Year of birth

→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

**5** Is Person 5 of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

**6** What is Person 5's race? Mark (X) one or more boxes.

White

Black, African Am., or Negro

American Indian or Alaska Native - Print name of enrolled or principal tribe.

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian
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Some other race - Print race.

→ If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them.

**Person 6**

Last Name (Please print) First Name MI

Sex  Male  Female Age (in years)

**Person 7**

Last Name (Please print) First Name MI

Sex  Male  Female Age (in years)

**Person 8**

Last Name (Please print) First Name MI

Sex  Male  Female Age (in years)

**Person 9**

Last Name (Please print) First Name MI

Sex  Male  Female Age (in years)

**Person 10**

Last Name (Please print) First Name MI

Sex  Male  Female Age (in years)

**Person 11**

Last Name (Please print) First Name MI

Sex  Male  Female Age (in years)

**Person 12**

Last Name (Please print) First Name MI

Sex  Male  Female Age (in years)



# Housing

➔ Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

**1 Which best describes this building?**  
Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

**2 About when was this building first built?**

2000 or later - Specify year →

- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

**3 When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?**

Month Year

**A** Answer questions 4 - 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.

**4 How many acres is this house or mobile home on?**

- Less than 1 acre → SKIP to question 6
- 1 to 9.9 acres
- 10 or more acres

**5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?**

- None
- \$1 to \$999
- \$1,000 to \$2,499
- \$2,500 to \$4,999
- \$5,000 to \$9,999
- \$10,000 or more

**6 Is there a business (such as a store or barber shop) or a medical office on this property?**

- Yes
- No

**7 a. How many separate rooms are in this house, apartment, or mobile home?**

Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.

- INCLUDE bedrooms, kitchens, etc.
- EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

Number of rooms

**b. How many of these rooms are bedrooms?**

Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".

Number of bedrooms

**8 Does this house, apartment, or mobile home have -**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. hot and cold running water?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a flush toilet?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a bathtub or shower?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a sink with a faucet?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a stove or range?  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. a refrigerator?  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. telephone service from which you can both make and receive calls? Include cell phones. | <input type="checkbox"/> | <input type="checkbox"/> |

**9 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

**10 Which FUEL is used MOST for heating this house, apartment, or mobile home?**

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used



## Housing (continued)

- 11 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?**

Last month's cost - Dollars

OR

- Included in rent or condominium fee  
 No charge or electricity not used

- b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?**

Last month's cost - Dollars

OR

- Included in rent or condominium fee  
 Included in electricity payment entered above  
 No charge or gas not used

- c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.**

Past 12 months' cost - Dollars

OR

- Included in rent or condominium fee  
 No charge

- d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.**

Past 12 months' cost - Dollars

OR

- Included in rent or condominium fee  
 No charge or these fuels not used

- 12 IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card?**

- Yes  
 No

- 13 Is this house, apartment, or mobile home part of a condominium?**

- Yes → **What is the monthly condominium fee?** For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.

Monthly amount - Dollars

OR

- None  
 No

- 14 Is this house, apartment, or mobile home - Mark (X) ONE box.**

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.  
 Owned by you or someone in this household free and clear (without a mortgage or loan)?  
 Rented?  
 Occupied without payment of rent? → SKIP to **C**

- B Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.**

- 15 a. What is the monthly rent for this house, apartment, or mobile home?**

Monthly amount - Dollars

- b. Does the monthly rent include any meals?**

- Yes  
 No

**C Answer questions 16 - 20 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to **E** on the next page.**

- 16 About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?**

Amount - Dollars

- 17 What are the annual real estate taxes on THIS property?**

Annual amount - Dollars

OR

- None

- 18 What is the annual payment for fire, hazard, and flood insurance on THIS property?**

Annual amount - Dollars

OR

- None



## Housing (continued)

- 19** a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt  
 Yes, contract to purchase  
 No → SKIP to question 20a

- b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount - Dollars

OR

- No regular payment required → SKIP to question 20a

- c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

- Yes, taxes included in mortgage payment  
 No, taxes paid separately or taxes not required

- d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

- Yes, insurance included in mortgage payment  
 No, insurance paid separately or no insurance

- 20** a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

- Yes, home equity loan  
 Yes, second mortgage  
 Yes, second mortgage and home equity loan  
 No → SKIP to D

- b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount - Dollars

OR

- No regular payment required

- D** Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to E.

- 21** What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.

Annual costs - Dollars

- E** Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.



## Person 1

➔ Please copy the name of Person 1 from page 2, then continue answering questions below.

Last Name

First Name

MI

7 Where was this person born?

In the United States - Print name of state.

Outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc.

8 Is this person a citizen of the United States?

Yes, born in the United States → SKIP to 10a

Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

Yes, born abroad of U.S. citizen parent or parents

Yes, U.S. citizen by naturalization - Print year of naturalization

No, not a U.S. citizen

9 When did this person come to live in the United States? Print numbers in boxes.

Year

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, has not attended in the last 3 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

b. What grade or level was this person attending? Mark (X) ONE box.

Nursery school, preschool

Kindergarten

Grade 1 through 12 - Specify grade 1 - 12

College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 - Specify grade 1 - 11

12th grade - NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)




13 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 a. Does this person speak a language other than English at home?

Yes

No → SKIP to question 15a

b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well does this person speak English?

Very well

Well

Not well

Not at all

15 a. Did this person live in this house or apartment 1 year ago?

Person is under 1 year old → SKIP to question 16

Yes, this house → SKIP to question 16

No, outside the United States and Puerto Rico - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16

No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code





## Person 1 (continued)

- 16** Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a - h.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member)                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member)                   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care)   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan - Specify   | <input type="checkbox"/> | <input type="checkbox"/> |

- 17** a. Is this person deaf or does he/she have serious difficulty hearing?

- Yes  
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes  
 No

- G** Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 18** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes  
 No

- b. Does this person have serious difficulty walking or climbing stairs?

- Yes  
 No

- c. Does this person have difficulty dressing or bathing?

- Yes  
 No

- H** Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 19** Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes  
 No

- 20** What is this person's marital status?

- Now married  
 Widowed  
 Divorced  
 Separated  
 Never married → SKIP to **I**

- 21** In the PAST 12 MONTHS did this person get -

- |              | Yes                      | No                       |
|--------------|--------------------------|--------------------------|
| a. Married?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 22** How many times has this person been married?

- Once  
 Two times  
 Three or more times

- 23** In what year did this person last get married?

- Yes

- I** Answer question 24 if this person is female and 15 - 50 years old. Otherwise, SKIP to question 25a.

- 24** Has this person given birth to any children in the past 12 months?

- Yes  
 No

- 25** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes  
 No → SKIP to question 26

- b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- Yes  
 No → SKIP to question 26

- c. How long has this grandparent been responsible for the grandchild(ren)?

If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

- Less than 6 months  
 6 to 11 months  
 1 or 2 years  
 3 or 4 years  
 5 or more years

- 26** Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty  
 Yes, on active duty during the last 12 months, but not now  
 Yes, on active duty in the past, but not during the last 12 months  
 No, training for Reserves or National Guard only → SKIP to question 28a  
 No, never served in the military → SKIP to question 29a

- 27** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later  
 August 1990 to August 2001 (including Persian Gulf War)  
 September 1980 to July 1990  
 May 1975 to August 1980  
 Vietnam era (August 1964 to April 1975)  
 March 1961 to July 1964  
 February 1955 to February 1961  
 Korean War (July 1950 to January 1955)  
 January 1947 to June 1950  
 World War II (December 1941 to December 1946)  
 November 1941 or earlier

- 28** a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... 100%)  
 No → SKIP to question 29a

- b. What is this person's service-connected disability rating?

- 0 percent  
 10 or 20 percent  
 30 or 40 percent  
 50 or 60 percent  
 70 percent or higher



## Person 1 (continued)

- 29** a. LAST WEEK, did this person work for pay at a job (or business)?

Yes → SKIP to question 30  
 No – Did not work (or retired)

- b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

Yes  
 No → SKIP to question 35a

- 30** At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.

- a. Address (Number and street name)

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

- b. Name of city, town, or post office

- c. Is the work location inside the limits of that city or town?

Yes  
 No, outside the city/town limits

- d. Name of county

- e. Name of U.S. state or foreign country

- f. ZIP Code

- 31** How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Motorcycle
<input type="checkbox"/> Bus or trolley bus	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Streetcar or trolley car	<input type="checkbox"/> Walked
<input type="checkbox"/> Subway or elevated	<input type="checkbox"/> Worked at home → SKIP to question 39a
<input type="checkbox"/> Railroad	<input type="checkbox"/> Other method
<input type="checkbox"/> Ferryboat	
<input type="checkbox"/> Taxicab	

- J** Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.

- 32** How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

- 33** What time did this person usually leave home to go to work LAST WEEK?

Hour Minute

 : 

a.m.

p.m.

- 34** How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

- K** Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.

- 35** a. LAST WEEK, was this person on layoff from a job?

Yes → SKIP to question 35c  
 No

- b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38  
 No → SKIP to question 36

- c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

Yes → SKIP to question 37  
 No

- 36** During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

Yes  
 No → SKIP to question 38

- 37** LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

Yes, could have gone to work  
 No, because of own temporary illness  
 No, because of all other reasons (in school, etc.)

- 38** When did this person last work, even for a few days?

Within the past 12 months  
 1 to 5 years ago → SKIP to L  
 Over 5 years ago or never worked → SKIP to question 47

- 39** a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.

Yes → SKIP to question 40  
 No

- b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

50 to 52 weeks  
 48 to 49 weeks  
 40 to 47 weeks  
 27 to 39 weeks  
 14 to 26 weeks  
 13 weeks or less

- 40** During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK



**Person 1 (continued)**

**L** Answer questions 41 – 48 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

**41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY.** Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

**41 Was this person –**  
Mark (X) ONE box.

- an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

**42 For whom did this person work?**

If now on active duty in the Armed Forces, mark (X) this box →

Name of company, business, or other employer:

**43 What kind of business or industry was this?**  
Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

**44 Is this mainly –** Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

**45 What kind of work was this person doing?**  
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

**46 What were this person's most important activities or duties?** (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

**47 INCOME IN THE PAST 12 MONTHS**

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

**a. Wages, salary, commissions, bonuses, or tips from all jobs.** Report amount before deductions for taxes, bonds, dues, or other items.

Yes →   No

TOTAL AMOUNT for past 12 months

**b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.** Report NET income after business expenses.

Yes →   Loss

No

TOTAL AMOUNT for past 12 months

**c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.** Report even small amounts credited to an account.

Yes →   Loss

No

TOTAL AMOUNT for past 12 months

**d. Social Security or Railroad Retirement.**

Yes →   No

TOTAL AMOUNT for past 12 months

**e. Supplemental Security Income (SSI).**

Yes →   No

TOTAL AMOUNT for past 12 months

**f. Any public assistance or welfare payments from the state or local welfare office.**

Yes →   No

TOTAL AMOUNT for past 12 months

**g. Retirement, survivor, or disability pensions.**  
Do NOT include Social Security.

Yes →   No

TOTAL AMOUNT for past 12 months

**h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony.** Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes →   No

TOTAL AMOUNT for past 12 months

**48 What was this person's total income during the PAST 12 MONTHS?** Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

None OR   Loss

TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 2 on the next page. If only 1 person is listed on page 2, SKIP to page 28 for mailing instructions.



APPENDIX C

2009 American Community Survey Group Quarters Questionnaire



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

# THE American Community Survey

This booklet shows the content of the American Community Survey questionnaire.

This questionnaire is available in either English or Spanish.  
Este cuestionario está disponible en español o en inglés.

To complete the English questionnaire, begin on page 2. To complete the Spanish questionnaire, flip this over and complete the green side.

**Please complete this form as soon as possible.** Place it in the envelope provided and HOLD it for a census representative to return to pick it up.

**If you need help** or have questions about completing this form, call the number that our census representative has given you.

**For more information** about the American Community Survey, visit our website at: [www.census.gov/acs](http://www.census.gov/acs).

Para completar cuestionario en inglés, comience en la página 2. Para completar el cuestionario en español, vírelo y complete el lado verde.

**Por favor, complete este cuestionario tan pronto sea posible.** Colóquelo en el sobre que se provee y GUARDELO hasta que un representante del censo lo venga a recoger.

**Si necesita ayuda** o tiene preguntas sobre cómo completar este cuestionario, llame al número de teléfono que le ha dado nuestro representante del censo.

**Para obtener más información** sobre la Encuesta sobre la Comunidad Estadounidense, vaya a nuestra página en la Internet: [www.census.gov/acs](http://www.census.gov/acs).

CENSUS USE ONLY

How was this form completed?

English  Spanish

USCENSUSBUREAU

FORM ACS-1(GQ)(INFO)(2009)  
(07-03-2008)

OMB No. 0607-0810



**1 What is your name?** Please print your name. Include your telephone number, and today's date so we can contact you if there is a question.

Last Name

First Name  MI

Area Code + Number  -

Today's Date  
 Month  Day  Year

**2 What is your sex?** Mark (X) ONE box.

Male  Female

**3 What is your age and what is your date of birth?** Please report babies as age 0 when the child is less than 1 year old.

Age (in years)

Print numbers in boxes.  
 Month  Day  Year of birth

**4 Are you of Hispanic, Latino, or Spanish origin?**

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

**5 What is your race?** Mark (X) one or more boxes.

White

Black, African Am., or Negro

American Indian or Alaska Native - Print name of enrolled or principal tribe.

Asian Indian  Native Hawaiian

Chinese  Guamanian or Chamorro

Filipino  Samoan

Japanese  Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on.

Korean

Vietnamese

Other Asian - Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

Some other race - Print race.

**6 Where were you born?**

In the United States - Print name of state.

Outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc.

**7 Are you a citizen of the United States?**

Yes, born in the United States → SKIP to question 9a

Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

Yes, born abroad of U.S. citizen parent or parents

Yes, U.S. citizen by naturalization - Print year of naturalization

No, not a U.S. citizen

**8 When did you come to live in the United States?** Print numbers in boxes.

Year

**9 a. At any time IN THE LAST 3 MONTHS, have you attended school or college?** Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, have not attended in the last 3 months → SKIP to question 10

Yes, public school, public college

Yes, private school, private college, home school

**b. What grade or level were you attending?** Mark (X) ONE box.

Nursery school, preschool

Kindergarten

Grade 1 through 12 - Specify grade 1 - 12

College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)



**10** What is the highest degree or level of school you have COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

**NO SCHOOLING COMPLETED**

No schooling completed

**NURSERY OR PRESCHOOL THROUGH GRADE 12**

Nursery school  
 Kindergarten  
 Grade 1 through 11 - Specify grade 1 - 11

12th grade - NO DIPLOMA

**HIGH SCHOOL GRADUATE**

Regular high school diploma  
 GED or alternative credential

**COLLEGE OR SOME COLLEGE**

Some college credit, but less than 1 year of college credit  
 1 or more years of college credit, no degree  
 Associate's degree (for example: AA, AS)  
 Bachelor's degree (for example: BA, BS)

**AFTER BACHELOR'S DEGREE**

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  
 Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  
 Doctorate degree (for example: PhD, EdD)

**B** Answer question 11 if you have a bachelor's degree or higher. Otherwise, SKIP to question 12.

**11** This question focuses on your BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES you have received. (For example: chemical engineering, elementary teacher education, organizational psychology)

**12** What is your ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

**13** a. Do you speak a language other than English at home?

Yes  
 No → SKIP to question 14a

b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well do you speak English?

Very well  
 Well  
 Not well  
 Not at all

**14** a. Did you live at this address 1 year ago?

Person is under 1 year old → SKIP to question 16  
 Yes, at this address → SKIP to question 15  
 No, outside the United States and Puerto Rico - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15

No, at a different address in the United States or Puerto Rico

b. Where did you live 1 year ago?

Address (Number and street name)

Name of city, town, post office, military installation, or base

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

**15** IN THE PAST 12 MONTHS, did you receive Food Stamps or a Food Stamp benefit card?

Yes  
 No

**16** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a - h.

a. Insurance through a current or former employer or union (of yours or another family member)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

b. Insurance purchased directly from an insurance company (by you or another family member)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Medicare, for people 65 and older, or people with certain disabilities	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

e. TRICARE or other military health care	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

f. VA (including if you have ever used or enrolled for VA health care)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

g. Indian Health Service	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

h. Any other type of health insurance or health coverage plan - Specify	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>



**17** a. Are you deaf or do you have serious difficulty hearing?

- Yes  
 No

b. Are you blind or do you have serious difficulty seeing even when wearing glasses?

- Yes  
 No

**C** Answer question 18a – c if you are 5 years old or over. Otherwise, SKIP to **1** on page 7 for further instructions; do not answer any more questions.

**18** a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes  
 No

b. Do you have serious difficulty walking or climbing stairs?

- Yes  
 No

c. Do you have difficulty dressing or bathing?

- Yes  
 No

**D** Answer question 19 if you are 15 years old or over. Otherwise, SKIP to **1** on page 7 for further instructions; do not answer any more questions.

**19** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes  
 No

**20** What is your marital status?

- Now married  
 Widowed  
 Divorced  
 Separated  
 Never married → SKIP to **E**

**21** In the PAST 12 MONTHS did you get –

- |              | Yes                      | No                       |
|--------------|--------------------------|--------------------------|
| a. Married?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

**22** How many times have you been married?

- Once  
 Two times  
 Three or more times

**23** In what year did you last get married?

Year  

--	--	--	--	--	--

**E** Answer question 24 if you are female and 15–50 years old. Otherwise, SKIP to question 25a.

**24** Have you given birth to any children in the past 12 months?

- Yes  
 No

**25** a. Do you have any of your own grandchildren under the age of 18 living in this place?

- Yes  
 No → SKIP to question 26

b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this place?

- Yes  
 No → SKIP to question 26

c. How long have you been responsible for the (se) grandchild(ren)? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 or 4 years    |
| <input type="checkbox"/> 6 to 11 months     | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> 1 or 2 years       |  |

**26** Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty  
 Yes, on active duty during the last 12 months, but not now  
 Yes, on active duty in the past, but not during the last 12 months  
 No, training for Reserves or National Guard only → SKIP to question 28a  
 No, never served in the military → SKIP to question 29a

**27** When did you serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which you served, even if just for part of the period.

- September 2001 or later **D**  
 August 1990 to August 2001 (including Persian Gulf War)  
 September 1980 to July 1990  
 May 1975 to August 1980  
 Vietnam era (August 1964 to April 1975)  
 March 1961 to July 1964  
 February 1955 to February 1961  
 Korean War (July 1950 to January 1955)  
 January 1947 to June 1950  
 World War II (December 1941 to December 1946)  
 November 1941 or earlier

**28** a. Do you have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)  
 No → SKIP to question 29a

b. What is your service-connected disability rating?

- 0 percent  
 10 or 20 percent  
 30 or 40 percent  
 50 or 60 percent  
 70 percent or higher





**29** a. LAST WEEK, did you work for pay at a job (or business)?

Yes → SKIP to question 30  
 No - Did not work (or retired)

b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?

Yes  
 No → SKIP to question 35a

**30** At what location did you work LAST WEEK? If you worked at more than one location, print where you worked most last week.

a. Address (Number and street name)

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

b. Name of city, town, post office, military installation, or base

c. Is the work location inside the limits of that city or town?

Yes  
 No, outside the city/town limits

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP code

**31** How did you usually get to work LAST WEEK? If you usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

Car, truck, or van  
 Bus or trolley bus  
 Streetcar or trolley car  
 Subway or elevated  
 Railroad  
 Ferryboat  
 Taxicab

Motorcycle  
 Bicycle  
 Walked  
 Worked at this address → SKIP to question 39a  
 Other method

**F** Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.

**32** How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

**33** What time did you usually leave this address to go to work LAST WEEK?

Hour Minute  a.m.  
 p.m.

**34** How many minutes did it usually take you to get from this address to work LAST WEEK?

Minutes

**G** Answer questions 35-38 if you did NOT work last week. Otherwise, SKIP to question 39a.

**35** a. LAST WEEK, were you on layoff from a job?

Yes → SKIP to question 35c  
 No

b. LAST WEEK, were you TEMPORARILY absent from a job or business?

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38  
 No → SKIP to question 36

c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?

Yes → SKIP to question 37  
 No

**36** During the LAST 4 WEEKS, have you been ACTIVELY looking for work?

Yes  
 No → SKIP to question 38

**37** LAST WEEK, could you have started a job if offered one, or returned to work if recalled?

Yes, could have gone to work  
 No, because of own temporary illness  
 No, because of all other reasons (in school, etc.)

**38** When did you last work, even for a few days?

Within the past 12 months  
 1 to 5 years ago → SKIP to H  
 Over 5 years ago or never worked → SKIP to question 47

**39** a. During the PAST 12 MONTHS (52 weeks), did you work 50 or more weeks? Count paid time off as work.

Yes → SKIP to question 40  
 No

b. How many weeks DID you work, even for a few hours, including paid vacation, paid sick leave, and military service?

50 to 52 weeks  
 48 to 49 weeks  
 40 to 47 weeks  
 27 to 39 weeks  
 14 to 26 weeks  
 13 weeks or less

**40** During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work each WEEK?

Usual hours worked each WEEK



**H** Answer questions 41-46 if you worked in the past 5 years. Otherwise, SKIP to question 47.

**41-46 CURRENT OR MOST RECENT JOB ACTIVITY**

Describe clearly your chief job activity or business last week. If you had more than one job, describe the one at which you worked the most hours. If you did not have a job or business last week, give the information for your last job or business.

**41** Were you -  
Mark (X) ONE box.

- an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

**42** For whom did you work?  
If now on active duty in the Armed Forces, mark (X) this box →   
and print the branch of the Armed Forces.

Name of company, business, or other employer  
\_\_\_\_\_

**43** What kind of business or industry was this?  
Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)  
\_\_\_\_\_

**44** Is this mainly - Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

**45** What kind of work were you doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)  
\_\_\_\_\_

**46** What were your most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)  
\_\_\_\_\_

**47 INCOME IN THE PAST 12 MONTHS**

Mark (X) the "Yes" box for each type of income you received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show the types of income NOT received.

If your net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report only your share of the amount received or earned.

**a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?**

Yes → What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?

Total amount - Dollars  
\$ \_\_\_\_\_ .00

No

**b. Did you have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in the PAST 12 MONTHS?**

Yes → What was the net income after business expenses?

Total amount - Dollars  
\$ \_\_\_\_\_ .00

Loss

No

**c. Did you receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in the PAST 12 MONTHS? Report even small amounts credited to an account.**

Yes → What was the amount?

Total amount - Dollars  
\$ \_\_\_\_\_ .00

Loss

No

**d. Did you receive any Social Security or Railroad Retirement income in the PAST 12 MONTHS?**

Yes → What was the amount?

Total amount - Dollars  
\$ \_\_\_\_\_ .00

No

**e. Did you receive any Supplemental Security Income (SSI) in the PAST 12 MONTHS?**

Yes → What was the amount?

Total amount - Dollars  
\$ \_\_\_\_\_ .00

No

**f. Did you receive any public assistance or welfare payments from the state or local welfare office in the PAST 12 MONTHS?**

Yes → What was the amount?

Total amount - Dollars  
\$ \_\_\_\_\_ .00

No

**g. Did you receive any retirement, survivor, or disability pensions in the PAST 12 MONTHS? Do NOT include Social Security.**

Yes → What was the amount?

Total amount - Dollars  
\$ \_\_\_\_\_ .00

No

**h. Did you have any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in the PAST 12 MONTHS? Do NOT include lump sum payments such as money from an inheritance or sale of a home.**

Yes → What was the amount?

Total amount - Dollars  
\$ \_\_\_\_\_ .00

No

**48** What was your total income during the PAST 12 MONTHS? Add entries 47a-47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

Total amount - Dollars

\$ \_\_\_\_\_ .00

Loss

None OR

