The Minnesota Family Investment Program (MFIP) is the state’s current response to the 1996 federal Personal Responsibility and Work Opportunity Reconciliation Act, commonly referred to as “welfare reform.” This legislation ended the historic commitment of the federal government to guarantee economic assistance to families in need by requiring states to administer programs with mandated work and time-limit requirements. Minnesota, like all states, receives a block grant from the federal government to fund economic assistance to families in need, with the flexibility to design its own program. The Minnesota Department of Human Services characterizes the MFIP approach as “tough but fair reform,” with a focus on quick job placement. Participants can only be in the program for a lifetime total of five years. In addition, MFIP uses sanctions that reduce or eliminate participants’ financial grants if they do not adequately meet the program’s requirements for job training, work, or reporting on their job search efforts. Finally, MFIP has a stated commitment to increasing the availability of childcare and to providing inexpensive health insurance for children in MFIP families.

This study was conducted to assess the impacts of MFIP on the well-being of families in Hennepin County, Minnesota, from 1998 to 2002. The research on which this article is based was supported by a grant from CURA’s New Initiatives program, with additional support from the Hennepin County Department of Economic Assistance, the Center for Advanced Studies in Child Welfare and the School of Social Work at the University of Minnesota, and private contributions.

Methodology
This study of Hennepin County MFIP participants focused on the 42-month experience of 84 of the 9,638 MFIP participants who had completed orientation and were eligible for a referral to work and training programs as of September 1, 1998. A random sample of the participants was selected based on their racial/ethnic identity. It was therefore possible to capture the unique experience of the racial/ethnic groups that were most highly represented in the MFIP population: African American (5,259), American Indian (859), Hmong (458), Latino (81), Somali (366), and White (2,615). In an effort to get a broad representation from the communities of color and the larger immigrant groups, the sampling design purposely oversampled Hmong, Latino, American Indian, and Somali participants.

The 84 participants who were interviewed were selected using sampling procedures that occurred at two different times. In 1998, 498 participants were randomly selected from a total of 9,638 MFIP participants, with deliberate oversampling by racial/ethnic group and the level of compliance with MFIP requirements. These 498 participants were contacted by mail and phone, and 123 ultimately completed interviews. In 2002, 47 (38%) of the original 123 participants were successfully contacted and re-interviewed. An additional 37 participants were then randomly selected and interviewed, again with deliberate oversampling to maintain the diversity of the study. The interview procedures used with the two sample groups in 2002 were identical.

Interviewers and participants were matched linguistically and, whenever possible, racially/ethnically. Participants were compensated with $40 gift certificates for the interviews, which typically took place in their homes. The participant and interviewer worked together to complete a life history calendar on which important events—such as finding or leaving a job, participating in job training, or enduring a health crisis—were recorded for each month during their three-and-a-half-year MFIP experience between September 1, 1998, and February 28, 2002. By completing the life history calendar and answering structured interview questions, the participants provided a wealth of information. The Hennepin County Economic Assistance Department also provided detailed information from their databases about the 84 participants.
The Participants
The typical MFIP participant in this study was a woman (86%, 74 participants) who worked between 6 and 35 months (50%, 42 participants) during the three-and-a-half years of the study, and who had completed high school (56%). She had two or three children (mean = 2.79), and was apt to have health insurance throughout the study period (71%, 59 participants). It is important to note that this description of the “typical” participant does not begin to capture the experience of the actual participants, which varied dramatically depending on their work patterns and racial/ethnic identity.

A Worker Typology. Moving parents in need of economic assistance into the workforce is central to Minnesota’s so-called “tough but fair” welfare reform program. Thus, it is important to be clear about the definitions and measurements of the work in which MFIP participants engaged. For the purposes of this study, work was defined as participation in the paid labor force full-time (35 or more hours per week) or part-time (more than 5 hours per week and less than 35 hours per week). Participants were placed into different categories based on how long they held a part-time or full-time job in the labor force during the study period. Of the 84 participants, 30% (25 people) qualified as extensive workers who worked full-time or part-time for 36 months or more. Another 50% (42 people) qualified as moderate workers who worked full-time or part-time for anywhere between 6 and 35 months. Finally, 20% (17 people) qualified as minimal workers who worked full-time or part-time for less than 6 months.

The participants could have been divided into more numerically equal groups. However, the groups were purposely defined as they were to distinguish between those who are rarely working, those who are frequently in and out of the labor market, and those who are successfully employed in the labor market long-term. The strength of these categories is demonstrated by the many substantive and statistically significant (that is, unlikely to have occurred by chance) findings that emerged from this analysis.

Comparative Racial/Ethnic Groups. One of the primary ways that societies label, categorize, and differentiate individuals and groups is by identifiable physical characteristics such as skin color and hair type. In the United States, the primary way groups are divided is by race—that is, by physical characteristics such as skin color. This rigid and biologically inaccurate division by skin color has resulted in each major “racial” group having a shared ethnicity characterized by similar values, customs, behaviors, and language. It is in this sense that the term racial/ethnic groups is used throughout this article. When findings are presented in this report, the three immigrant/racial/ethnic groups that have recently come to the United States (Hmong, Latino, and Somali) are combined to highlight their experiences.

Due to oversampling by racial/ethnic groups, it was possible to attain a relatively diverse sample of study participants: 22 (26%) African Americans, 12 (14%) American Indians, 23 (27%) Whites, and 27 (32%) immigrants. The immigrant group included 11 Hmong, 11 Latino, and 5 Somali participants. Although these three different racial/ethnic groups have had different experiences in the United States due to their diverse histories and cultures, their shared immigrant status is important to this study. Specifically, members of each of these racial/ethnic groups experienced dislocation, were learning new customs, and were being exposed to unfamiliar work expectations. That these immigrants are people of color also means that they share exposure to societal color-based discrimination.

Patterns of Work
The work patterns of the 84 Hennepin County MFIP participants were influenced by a range of pre-existing personal characteristics and resulted in both positive and negative impacts on their families.

What Kind of Workers? MFIP participants came into the program with major differences in education, family patterns, and time spent in the United States (Table 1). The participants who worked extensively (36 months or more of the 42-month study period) had the fewest children, had received the most education, and had lived in the United States more than twice as long as the minimal workers. The workers who were employed less than 6 months of the 42-month study period stand in sharp contrast to the extensive workers. Minimal workers had the least education, had the greatest number of children, and had come to the United States most recently. Clearly the participants who worked the least were those who had the greatest family responsibilities and came to MFIP with significant disadvantages in terms of education and, given their recent arrival in the United States, perhaps language as well.

Work and MFIP. The MFIP participants had very different experiences during the 42-month study period based on the intensity of their employment (Table 2). The extensive workers received the highest salaries and were
more likely to have full-time rather than part-time jobs, to have participated in less training, to have moved less frequently, and to have the lowest level of continuous health insurance. In contrast, the minimal workers had much lower hourly wages, moved more frequently, had much more training, and spent fewer months without health insurance coverage.

It is clear that the participants who worked the most were vulnerable in terms of their families’ health. Their insurance coverage was more likely to be disrupted, and more than half of them (52%, 13 participants) reported that they had been unable to receive medical services for their families because of affordability. The percentage of extensive workers who lacked continuous medical coverage was more than twice the percentage of moderate workers (26%, 11 participants) and nearly three times the percentage of minimal workers (18%, 3 participants). Moving into the world of work was far more likely to result in loss of health security for extensive workers.

**Racial/Ethnic Patterns**

The experience of the 84 MFIP participants differed in important ways depending on their racial/ethnic identity. The differences presented in the following discussion call for differential interventions within MFIP, as well as through health, education, and social service policy and programs.

**Personal Characteristics.** The number of children and the amount of formal education that participants brought to their MFIP experience were significantly different across the various racial/ethnic groups (Table 3). American Indian families had the fewest children, while the size of African American and White families hovered right around the average for all families (2.70 children). Immigrants had significantly larger families, with an average of 3.74 children. It is important to note that within

### Table 2. Impacts of Participation in the Minnesota Family Investment Program (MFIP) by Worker Type (number of participants = 84)

<table>
<thead>
<tr>
<th>Type of worker</th>
<th>Average months in MFIP&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Average full-time hourly wage&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Average moves of residence&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Average months of job training&lt;sup&gt;d&lt;/sup&gt;</th>
<th>Average months without health insurance&lt;sup&gt;e&lt;/sup&gt;</th>
<th>Percentage childcare users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extensive worker</td>
<td>10.9</td>
<td>$10.69</td>
<td>1.6</td>
<td>2.9</td>
<td>15.83</td>
<td>60%</td>
</tr>
<tr>
<td>(n = 25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate worker</td>
<td>26.3</td>
<td>$9.69</td>
<td>2.1</td>
<td>4.66</td>
<td>9.91</td>
<td>52%</td>
</tr>
<tr>
<td>(n = 42)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal worker</td>
<td>35.2</td>
<td>$7.70</td>
<td>2.1</td>
<td>10.94</td>
<td>0.00</td>
<td>23%</td>
</tr>
<tr>
<td>(n = 17)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

<sup>a</sup> p <0.001  
<sup>b</sup> p <0.001  
<sup>c</sup> p <0.05  
<sup>d</sup> p <0.05  
<sup>e</sup> p <0.005

### Table 3. Personal Characteristics of Minnesota Family Investment Program (MFIP) Participants by Racial/Ethnic Group (number of participants = 84)

<table>
<thead>
<tr>
<th>Racial/ethnic group</th>
<th>Average number of children&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Average years of formal education&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Average years living in United States&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Rate of school changes for children&lt;sup&gt;d&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>2.81</td>
<td>11.36</td>
<td>—</td>
<td>12 (55%)</td>
</tr>
<tr>
<td>(n = 22)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>2.08</td>
<td>11.33</td>
<td>27.6</td>
<td>1 (8%)</td>
</tr>
<tr>
<td>(n = 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immigrant&lt;sup&gt;e&lt;/sup&gt;</td>
<td>3.74</td>
<td>6.07</td>
<td>10.76&lt;sup&gt;f&lt;/sup&gt;</td>
<td>11 (41%)</td>
</tr>
<tr>
<td>(n = 27)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>2.81</td>
<td>12.39</td>
<td>34.64</td>
<td>8 (34%)</td>
</tr>
<tr>
<td>(n = 23)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All groups&lt;sup&gt;f&lt;/sup&gt;</td>
<td>2.79</td>
<td>9.94</td>
<td>—</td>
<td>32 (38%)</td>
</tr>
<tr>
<td>(n = 84)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup> p <0.05  
<sup>b</sup> p <0.005  
<sup>c</sup> p = 0.000  
<sup>d</sup>Data reported here indicate the number of individuals in each racial/ethnic group whose children changed schools at least once during the study period.

<sup>e</sup>This group includes 11 Hmong, 11 Latino, and 5 Somali participants.

<sup>f</sup>Breakdown by individual ethnic group: Hmong, 12.18 years; Latino, 14.0 years; Somali, 6.0 years.
the immigrant group, the Hmong had an average of 5.60 children, whereas Latino and Somali families were closer to the other groups with 2.72 and 2.40 children, respectively.

The patterns in formal education mirror the findings for family size with respect to the barriers facing immigrants who enter MFIP. Although Whites were the only group who, on average, had completed high school (12.39 years of education), American Indians and African Americans were roughly only one year behind Whites with 11.33 and 11.36 years of schooling, respectively. By comparison, immigrants had exceedingly low levels of formal education, having completed slightly more than 6 years of school on average.

A Varied MFIP Experience. The emphasis in MFIP’s “tough but fair” approach is on quickly moving participants into the labor market. Given the previously mentioned advantages that accrue to being White in terms of family size, a lifetime in the United States, and higher levels of education, it is not surprising that Whites were also the group that moved most quickly and successfully into the job market. Nearly half of the White study participants (48%, 11 participants) were extensive workers (Table 4). American Indians were most apt to be moderate workers (83%, 10 participants), as were African Americans (46%, 11 participants). Not surprisingly, immigrants, who have significant disadvantages in terms of education and familiarity with U.S. culture and language, worked the least. They were by far the most frequently represented in the minimal worker category (37%, 11 participants), compared with African Americans (27%, 6 participants), American Indians (8%, 8 participants), and Whites (0%, 0 participants).

Differential patterns based on race/ethnicity emerged with respect to other findings as well, with Whites having the most positive experiences in terms of MFIP’s work goals. Whites were more likely to work in an office or business setting (48%, 11 participants). Nearly one-third of immigrants (31%, 13 participants) worked in factories, and the majority of African Americans (57%, 14 participants) and American Indians (58%, 21 participants) were in service positions such as nursing assistant or food server. Whites participated in MFIP for the shortest amount of time. They also worked the most, and they received the highest hourly wage ($11.90) compared to African Americans ($9.74), American Indians ($9.49), and immigrants ($8.04). Whites were much more likely to get to work by automobile (57%) rather than by bus or by getting a ride from others, compared to African Americans (38%), American Indians (32%), and immigrants (21%).

There are some complex patterns within the MFIP experience that are not so beneficial to White participants. Whites, who worked the most, were also the most likely to lack continuous health insurance. Roughly 43% of Whites (10 participants) reported

| Racial/ethnic group | Type of worker | Type of job | Average full-time hourly wage
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Extensive</td>
<td>Moderate</td>
<td>Minimal</td>
</tr>
<tr>
<td>African American</td>
<td>27%</td>
<td>46%</td>
<td>27%</td>
</tr>
<tr>
<td>(n = 22)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>8%</td>
<td>83%</td>
<td>8%</td>
</tr>
<tr>
<td>(n = 12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immigrantb</td>
<td>26%</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>(n = 27)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>48%</td>
<td>52%</td>
<td>0%</td>
</tr>
<tr>
<td>(n = 23)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4. Impacts of Participation in the Minnesota Family Investment Program (MFIP) by Racial/Ethnic Group (number of participants = 84)

Notes:
a $p <0.001
b This group includes 11 Hmong, 11 Latino, and 5 Somali participants.
periods when their families were uninsured. Nearly one-fourth of immigrants (22%, 14 participants) and one-third of American Indians (33%, 8 participants) reported periods when their families were uninsured. African Americans were the least likely to lack insurance coverage (18%, 4 participants). Although Whites were the most likely to lack insurance, the immigrant group experienced the longest periods without healthcare coverage—on average, more than two years (27.2 months). In contrast, African Americans had the shortest periods without insurance (5 months), while American Indians lacked insurance for an average of 11.8 months and Whites for 7.8 months.

These findings make it clear that Hmong, Latino, and Somali immigrants were seriously disadvantaged, both when they entered MFIP and while they participated in the program. Immigrant MFIP participants had been in the United States for a relatively short period of time, had the greatest family responsibilities, and the least education—an average of half as many years of education as Whites. They were more likely to work in factory service positions rather than business or office jobs. Although only 22% of immigrants reported lapses in health insurance coverage, those who did have their coverage interrupted endured this situation much longer than other groups, on average more than two years.

The experience of African American MFIP participants varied from other groups in unexpected ways. As a group, African Americans participated in training activities at a significantly higher level (11.95 months) than all others (4.07 months for immigrants, 2.33 months for American Indians, and 2.21 months for Whites). They were the most likely to maintain continuous health insurance coverage. In addition, they were much less likely to use childcare than all of the other participant groups (Table 4), even though they were close to having the average number of children reported for all groups. In addition, African Americans stood out from the other participant groups in that they were the most apt to move their children from school to school (Table 3).

The 12 American Indian participants came into the program with fewer children than others, took little part in training, were the least apt to work extensively, and earned relatively low salaries. They were most apt to take a bus to their jobs and were the most likely to have their children in childcare.

### Work Concerns
This study found that almost one-third of MFIP participants were extensive workers, and that another one-half were moderate workers. That means roughly 20% of the participants were minimal workers who barely worked at all. Those who worked the most had the highest salaries, were the most apt to get to work in their own car, and were the most likely to have childcare for their children. The State of Minnesota provides a majority of MFIP participants with health insurance coverage, which is no small accomplishment. However, contrary to expectations, those participants who worked the most under the program were also the most likely to lack continuous healthcare coverage. Many of the hardest working parents also indicated that MFIP had changed their relationship with their children negatively in terms of scheduling issues and time spent with their children. So the advantages of working and earning more income were a mixed blessing when it came to health security and day-to-day family life. The fact that all the participants who worked the least had health insurance coverage indicates that there is a clear health risk for MFIP participants in joining the job market.

Participants who had fewer children, the most education, and a lifetime living in the United States worked more than other MFIP participants. It is possible that their employment success does not result from the nature of MFIP, but rather from these participants’ relative advantages and employability. Fewer children, greater skills acquired through formal education, and familiarity with U.S. language and customs are pre-existing characteristics that

### Table 4. (continued)

<table>
<thead>
<tr>
<th>Racial/ethnic group</th>
<th>Average number months in MFIP(^a)</th>
<th>Average months of job training(^d)</th>
<th>Percentage childcare users</th>
<th>Transportation(^e) Car</th>
<th>Bus</th>
<th>Other</th>
<th>Ever uninsured(^f)</th>
<th>Months uninsured(^g)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African American</strong></td>
<td>(n = 22)</td>
<td>26</td>
<td>11.95</td>
<td>27%</td>
<td>38%</td>
<td>43%</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td><strong>American Indian</strong></td>
<td>(n = 12)</td>
<td>27</td>
<td>2.33</td>
<td>75%</td>
<td>32%</td>
<td>67%</td>
<td>0%</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Immigrant</strong></td>
<td>(n = 27)</td>
<td>28</td>
<td>4.07</td>
<td>41%</td>
<td>21%</td>
<td>54%</td>
<td>26%</td>
<td>22%</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>(n = 23)</td>
<td>14</td>
<td>2.21</td>
<td>65%</td>
<td>57%</td>
<td>21%</td>
<td>22%</td>
<td>43%</td>
</tr>
</tbody>
</table>

\(^a\) \(p < 0.05\)
\(^d\) \(p < 0.05\)
\(^e\) The number of participants (n) was different for this question because some participants held multiple jobs during the study period and answered this question separately for each job they held. For African Americans, n = 37; for American Indians, n = 24; for immigrants, n = 42; and for Whites, n = 67.
\(^f\) \(p < 0.05\)
\(^g\) \(p < 0.05\)
may be the best long-term intervention points for poor parents.

**Race/Ethnicity Concerns**

Our comparative racial/ethnic analysis of MFIP provides insight into the ways in which racial/ethnic identity impacted participants’ pathways into and through the program. Our findings raise fundamental questions about the capacity of MFIP to respond fairly to the culturally diverse population it serves. In this section, the questions that emerge from our findings are discussed in relation to each racial/ethnic participant group. The groups are discussed in order of their relative representation in the total MFIP population as of September 1998, the beginning date for this study. Thus, the discussion begins with African Americans, who represented more than half of the 1998 MFIP population. The next section, “Steps Toward a Fair and Inclusive MFIP,” presents strategies and recommendations for finding answers to these questions.

**African Americans.** Of the 9,638 MFIP participants in 1998, more than half (55%, 5,259 participants) were African American. Not only is this percentage disproportionate to the representation of African Americans in the total Hennepin County population, but it also indicates the importance of acknowledging and understanding why their experience differed so markedly from that of other MFIP participants. Most African Americans came into the program with less than a high school degree and had lived in the United States for their entire lifetime. Most of them did move into the job market while enrolled in MFIP. Nearly half were moderate workers, and African Americans were second only to Whites among extensive workers. They were most likely to work in service jobs, and on average earned $2.16 per hour less in wages than their White counterparts. African Americans participated in training activities at a much greater rate. They also had close to the average family size, but were the least likely to work childcare for their children. Fewer African Americans than all other groups reported that there had been times when they were uninsured, and when they were uninsured, they reported the fewest months without coverage.

These findings raise the following questions about African American MFIP participants:

1. Why do African Americans not use childcare as frequently as other participants, even though they work as much or more than other participant groups?
2. Is existing childcare culturally unacceptable? Do African Americans have community and family resources that enable them to make what they consider to be better arrangements for their children?
3. Are African Americans concentrated in service positions because of their slight educational disadvantage compared to Whites, or because of other factors such as discriminatory placement decisions by MFIP or discriminatory hiring practices by employers? Is their educational disadvantage a function of inadequate public education?

**Whites.** Whites were the second largest segment of the MFIP population in 1998, comprising more than one-quarter (27%, 2,615 participants) of the 9,638 participants in the program. The White experience is unique in terms of the general advantages they demonstrated as a group—both in their entry characteristics and in their paths through MFIP. It is clear that Whites came into the program with the fewest children, the highest level of education, and the advantage of a lifetime of residence in the United States. They also emerged at the end of the 42-month study period with the most extensive work history and the better and most highly paying jobs. Compared to other racial/ethnic groups and in spite of their high employment level, more Whites reported that they had been without health insurance.

These findings raise the following questions about White MFIP participants:

1. Can the difference in the White MFIP experience be explained by their relative education, life in the United States, and family size advantages, or are other factors at work that were not captured by this study?
2. Are the differences related to the fact that White participants are more apt to work with an MFIP professional of the same racial/ethnic identity than are other MFIP participants? Are MFIP policies and practices as a whole more culturally compatible for White participants than for those of other racial/ethnic groups?

**American Indians.** American Indians accounted for less than one-tenth (8.9%, 859 participants) of the total MFIP participant population in 1998. Their experience was comparable to African Americans in that they were primarily moderate workers in service jobs with a comparable income. However, they were much more likely to use childcare than any other group (75%, 9 participants), participated in the least amount of training of any of the groups of color (on average, 2.33 months), and were most likely to take a bus to work of all participant groups (67%).

These findings raise the following questions about American Indian MFIP participants:

1. Do American Indians have a particular level of cultural comfort with institutional childcare? Do American Indians use culturally specific childcare? Has the American Indian community created culturally specific childcare facilities that meet community preferences and needs?
2. Why do American Indians have a relatively low participation rate in training when they have relatively low work intensity? Is the training unavailable or culturally undesirable to American Indians?
3. Does the high percentage of American Indians using a bus to get to work speak to a financial or a cultural reason for not having a car? Is proximity to work location the reason for this finding?

**Immigrants.** The 905 immigrant MFIP participants in 1998 included 458 Hmong, 366 Somalis, and 81 Latinos, and accounted for 9% of the total MFIP population. The experiences of this group were clearly one of disadvantage in terms of MFIP expectations and
requirements. As discussed previously, most immigrants entered the program with little formal education, significant family responsibilities, and substantially fewer years living in the United States, having emigrated on average during the last 11 years. That they were relatively infrequent participants in MFIP training and were the most likely to be minimal workers suggests a fundamental disconnect in the MFIP program as far as immigrant participants were concerned. That they also had many months of disrupted health insurance suggests that this group was particularly disadvantaged in this regard.

The following questions emerge about the three racial/ethnic groups within the larger immigrant group:

1. Are rigid work requirements appropriate for a population that does not have strong English language skills? Does the movement into jobs that often do not require English proficiency (factory and service positions) decrease their acquisition of English and their general job advancement potential?

2. Does the low participation rate of immigrants in training programs indicate a lack of MFIP's commitment to increase their employment options? Is it a commentary on the lack of ESL opportunities in MFIP training? Or could it represent a cultural preference for work as opposed to training?

Steps Toward a Fair and Inclusive MFIP

The questions and concerns that emerge from our findings are serious, but not without opportunities for resolution. The following recommendations suggest specific modifications of MFIP that flow from our two sets of findings—those about the relationship of work intensity and progress, and those related to the racial/ethnic differences that appeared from our comparative racial/ethnic analysis.

1. Policies and procedures regarding healthcare should be examined and modified to address the disincentive that is inherent in the potential loss of insurance coverage upon movement into the workforce.

2. County agencies should assertively assist MFIP participants who are moving into work to retain their health insurance coverage. Medical assistance is no longer restricted to people on economic assistance, and has been expanded to cover low-wage workers such as most of the study participants.

3. The Minnesota Family Investment Program should develop strategies for increasing the rate of long-term employment for MFIP participants by relaxing recent MFIP proscriptions against formal higher education in favor of short-term training, substituting educational opportunities and requirements for work requirements for parents with low educational levels, and offering culturally appropriate family planning services.

4. The deep cultural differences in MFIP experiences among different racial/ethnic groups that our findings have uncovered should be addressed by a publicly funded, intensive examination of the program, ideally by MFIP participants and community leaders from each racial/ethnic group. After each community explores and begins to consider solutions to these issues, public dialogues between representatives from each racial/ethnic group, the Hennepin County Commissioners, and MFIP staff can determine ways in which MFIP programming can best build on each community's strengths and better meet their particular needs. The Hennepin County African American Men's Project is an excellent model in this regard.

Conclusion

The Minnesota Family Investment Program prides itself on being “tough but fair.” Clearly MFIP is tough in its imposition of time limits, sanctions, and pressure for quick job placement, regardless of salary or advancement potential, as well as in its emphasis on training rather than formal education. The program does attempt to mediate its toughness with efforts to provide childcare, transportation, and health stability to parents moving into the workplace. Nonetheless, the ways in which participants experience MFIP differently based on their capacity to work extensively and on their racial/ethnic identity calls into question the degree to which the program is “fair” as well as “tough.”

Our study has raised as many questions as it has answered. As our analysis has shown, participants entered MFIP with racially/ethnically specific advantages and disadvantages, and their
experience in MFIP was similarly varied based on their racial/ethnic group. Most participants worked moderately or extensively during the 42-month study period, but racial/ethnic differences emerged in relation to nearly every dimension we studied. Salary, type of job, years in the United States, resident mobility, insurance coverage, use of childcare, and participation in MFIP training all varied significantly among the participant groups.

The policy recommendations we have presented are specific in addressing the disincentives inherent in the MFIP health insurance policies and practices, and call for a formal public examination of and dialogue about racial/ethnic-group strengths and needs, and their implications for MFIP policy and practices. No one group is more important than another. No group was immune to systematic disadvantages and advantages. Our findings suggest that continuing to write and implement welfare reform policy as though race/ethnicity does not matter is a disservice to current MFIP participants, to their families, and to society as a whole, and calls into question the fairness of Minnesota in its creation and implementation of the Minnesota Family Investment Program.

Mary Martin is professor emerita at Metropolitan State University in St. Paul. David Hollister is professor in the School of Social Work at the University of Minnesota. Jessica Toft, Ji-in Yeo, and Youngmin Kim are doctoral candidates in the School of Social Work at the University of Minnesota.

The full report of the findings discussed in this article can be found in David Hollister, Mary Martin, Jessica Toft, Ji-in Yeo, and Youngmin Kim, The Well-Being of Parents and Children in the Minnesota Family Investment Program in Hennepin County, Minnesota, 1998–2002, Minneapolis: Regents of the University of Minnesota, 2003. The report is available online at ssw.che.umn.edu/CASCW/papers_reports.html, and is also available in hard copy from CURA upon request.

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**Project Awards**

To keep our readers up-to-date about CURA projects, each issue of the CURA Reporter features a few capsule descriptions of new projects under way. The projects highlighted in this issue are made possible through CURA’s Communiversity program. This program awards grants twice each year to grassroots organizations in the community. Each grant supports the extra personnel needed by local organizations, usually by providing an advanced graduate student who works directly with the organization receiving the award. The grants are competitive and organizations working with people of color are favored. The projects described here represent only a portion of those that will receive support from CURA and its partners during the coming year.

- **Children’s Defense Fund Work Supports Initiative.** Children’s Defense Fund (CDF) Minnesota, a state office of the national Children’s Defense Fund, is a private, nonprofit, nonpartisan research and advocacy organization with a mission to provide an independent voice for children. The organization’s goal is to educate the nation about the needs of children, and to encourage preventive investment before children become ill, drop out of school, or suffer family crises. Although public “work supports” programs that offer tangible resources can make a significant difference in the lives of those in poverty, many eligible families do not access work supports such as childcare assistance, healthcare coverage, food support, and earned income tax credits. With assistance from Andrea Egbert, a graduate student at the University of Minnesota’s Humphrey Institute of Public Affairs, CDF is engaged in a multiyear effort to increase eligible Minnesotans’ participation in each of the work supports. Working closely with the Director of Research and Outreach, the student helped identify potential existing local partners such as leading service providers, local community organizations, religious organizations, public officials, and business and community leaders within several Minnesota communities. The student also assisted in preparing and delivering presentations regarding the benefits and local impact of greater participation in work support programs.

- **Division of Indian Work Family Violence Program.** Since 1952, the Division of Indian Work (DIW) has pursued its mission to work with American Indian individuals and families in Minneapolis through culturally based education, counseling, advocacy, and leadership development. The Family Violence Program sponsored by DIW provides comprehensive services to American Indian women and children who are victims of domestic abuse, child abuse, and sexual assault. Sarah Wittrock, a graduate student in educational psychology at the University of Minnesota, worked with the Family Violence Program staff to implement a transition to a more professional data collection/evaluation system, create a procedures manual, and track the recidivism rates of former clients.

- **HIRED Rewards Program Development.** The HIRED organization operates a variety of employment programs that help its clients—which include at-risk youth, dislocated workers, refugees, low-income adults, and individuals making the transition from welfare to work—get good jobs. Every year, HIRED assists more than 7,000 people through its 11 offices in the Twin City area. Although HIRED has demonstrated the effectiveness of its placement services, the organization believes it can improve client placements by more actively engaging employers. To that end, HIRED is developing a Rewards Program designed to engage its partner employers in ways that will bring clients and alumni greater employment and networking opportunities. Meaghan Fosbury, a graduate student in educational policy and administration at the University of Minnesota, is assisting HIRED staff members engaged in developing the