



# **The Well-Being of Parents and Children in the Minnesota Family Investment Program in Hennepin County, Minnesota, 1998-2002**

November 2003

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private contributions



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## I. Executive Summary

Our primary research question, “what were the impacts of the Minnesota MFIP program upon the well-being of families and children” resulted in this study of 84 randomly selected Hennepin County MFIP participants. Several substantive and significant findings regarding their work, health, training, and family patterns between September 1998 and March 2002 were found.

### **Statistically and Substantively Significant Findings on Work and Racial/Ethnic Differences**

The analysis considered two major dimensions: participation in the work force and racial/ethnic identity. The following findings on these dimensions are statistically significant (.00 to .05 levels).

The participants who worked extensively (36 or more of the 42 study months) had the most education, the highest salaries, the least amount of time in training, the most time living in the United States and were most likely to have a full-time job. They were also the most apt to report that they and their children lacked health insurance. Extensive workers went without insurance for an average of 7.6 months compared to 2.8 months for moderate workers, and 0 months for minimal workers. Children of extensive workers had an average of twice as many months uninsured compared to moderate and minimal workers.

With regards to the several racial/ethnic groups, African American participants were much more involved in training activities than other groups and earned relatively low salaries. Immigrant participants (Hmong, Latino and Somali) had the lowest salaries, the most children, and the least education – an average of half as many years of education than whites. Native Americans had few children, little training, were the least apt to work extensively and earned relatively low salaries. Whites had the fewest children, the most education, the least training, and were most likely to work extensively. Whites earned much more than other racial/immigrant groups– up to \$3.88 more per hour in full-time work and up to \$3.18 more per hour in part-time work.

### **Qualitative Findings on Work Support and Family Impact**

Substantive qualitative findings emerged from intensive individual interviews with each participant.

Participants found their work and training experience to be helpful, with the immigrant groups reporting the greatest appreciation. All participants were equally divided in their assessment of the helpfulness of their financial workers and half expressed concerns such as worker issues of turnover, unavailability and lack of job knowledge.

Participants reported relative stability for children who typically remained in one school during the 42-month study period. Extensive workers’ children experienced the most disruption in this regard. The majority of children lived with at least one parent and parents were satisfied with the quality of child care. There were concerns about a lack of evening, early morning and special needs child care.

The health of the families that worked the most was often at risk. Children of extensive workers had an average of twice as many months uninsured compared to the moderate and minimal workers. Nineteen percent of all the participants stated that there was at least one time when their children did not get needed medical attention – especially dental care.

When participants were working and not supported by MFIP they considered themselves to be better off financially. But they also were the group that indicated that their children’s emotional well-being had been affected by the MFIP experience and stated that family time together and household routines had been compromised.

## II. Introduction

### Background: Earlier Studies

In the spring of 1998 officials from Hennepin County, Minnesota and the City of Minneapolis contacted the University of Minnesota Center for Urban and Regional Affairs to request a study of clients' participation in the Minnesota Family Investment Program (MFIP). The aim of that study was to examine client, professional, and organizational factors related to successful/non-successful participation in MFIP. During 1998-99 face-to-face interviews were conducted with a stratified random sample of 123 MFIP recipients in Hennepin County eligible for work and training programs. Information from the interviews was supplemented by information from focus groups of clients and of employment counselors. A survey was also mailed to all employment counselors. The results of the study were published in three reports.<sup>1,2,3</sup>

### The Present Study

In 2002, 47 of the original 123 participants were re-interviewed and 37 new participants were interviewed for the first time. This report summarizes the findings from both groups of study participants (a total of 84 interviews). In conducting the present study we were interested in the impacts of Minnesota's MFIP program upon the well-being of families and children. As work is the most important component of the MFIP program, the researchers decided to analyze each research question based on how much participants had worked. Additionally, since race and immigrant status are salient variables in terms of success of welfare-to-work programs and were of particular interest to Hennepin County in the previous report, research questions were also analyzed along racial/immigrant lines. We identified the following research questions:

- What proportion of MFIP participants found employment? Did those who found employment tend to stay employed? What kinds of employment did they find and what wages did they earn?
- To what extent did MFIP participants receive training and education?
- What were the reasons that MFIP participants changed jobs or left work?
- What were the primary caretaker arrangements for the children of MFIP participants?
- What kinds of child care arrangements were made?
- What modes of transportation did MFIP participants use for getting to work?
- How often did MFIP participants move?
- How often did children of MFIP participants change schools?
- How did MFIP parents perceive their children's school performance?
- To what extent did MFIP participants have health insurance coverage for themselves and their children?
- What were MFIP parents' perceptions of the emotional well-being of their children?

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<sup>1</sup> Wanberg, C., Hollister, C. D., & Martin, M. (December 7, 1998). Non-Participation in Welfare-to-Work Programs: A Summary of Findings From a Focus Group and Survey of Welfare-to-Work Professionals. University of Minnesota, Center for Urban and Regional Affairs.

<sup>2</sup> Hollister, C. D., Martin, M., & Wanberg, C. (March 1, 1999). Findings from the First Phase of a Study of the Transition from Welfare to Work in Hennepin County, Minnesota. University of Minnesota, Center for Urban and Regional Affairs (<http://www.cura.umn.edu>).

<sup>3</sup> Hollister, C. D., Martin, M., & Wanberg, C. (December 1, 1999). Findings from the Second Phase of a Study of the Transition from Welfare to Work in Hennepin County, Minnesota. University of Minnesota, Center for Urban and Regional Affairs (<http://www.cura.umn.edu>).

- What were MFIP parents' perceptions of the impact of MFIP participation on their relationships with their children?
- Did MFIP participation have any impact on parents' community involvement?
- To what extent did MFIP participants perceive the work and training programs, the job counselors, and the financial counselors as helpful?
- What were MFIP participants' scores on measures of employment commitment, conscientiousness, emotional stability, and social support?
- For those who had also been interviewed in 1998-99, were there any changes in these scores?
- What were MFIP participants' perceptions of their current financial well-being and their family's current general well-being compared to when they began MFIP?

Questions related to the above were asked of all 84 study participants, regardless of their MFIP status at the time of the interview. The majority of respondents had worked between 7 and 36 months of the 42-month study period, and therefore had experience working, not working, receiving MFIP (at various levels) and also not receiving MFIP, during the study period. Because the work and MFIP status of respondents fluctuated, some questions did not attempt to identify work or MFIP status as the explanatory variable, but rather considered this whole time frame as the "MFIP experience". For example, when asking about their child's emotional well-being, rather than asking whether it was work or MFIP receipt that was related to a particular effect, the researchers considered the entirety of the 42-month period as the explanatory variable.

### III. Research Methods

The present report examines the 42-month experience of 84 MFIP participants between September 1, 1998 and February 28, 2002. The study utilized a stratified random sample 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.

This study of Hennepin County MFIP participants focuses on their experience in terms of work patterns and family impacts from 1998 to 2002. The earlier reports described the 1998 experience of a sample of the 7,874 (82%) African American and white participants and of a sample of the 1,764 (18%) participants comprised of other racial/ethnic groups. The following section discusses the sources of data, sampling procedures, and demographics for the present study.

#### **A. Sources of Data**

Several sources of data were used to better understand the experience of MFIP participants over time.

##### 2002 Client Interviews

Eighty-four (N=84) MFIP participants who entered the system in 1998 were interviewed in 2002. In order to ensure maximum participation in the interviews, interviewers and participants were matched linguistically and, whenever possible, ethnically. Interviews were conducted wherever the respondent preferred. The majority of the interviews occurred in participants' homes. Participants were compensated with \$40.00 worth of Cub Foods gift certificates for their interview time. The interview instruments are in the attached appendix.

The interviews included a range of open-ended questions, psychosocial scales and the completion of an interviewer-guided schedule of the participant's life history calendar. The life history calendar is a technique which enables the reconstruction of past events<sup>4,5</sup> and helps one to visually see the timing and sequencing of events and make causal connections. The interviewer uses a calendar marked by calibrated temporal periods. In this case data were gathered for every month for 42 months, using a calendar three and a half years in length from September 1, 1998 through February 28, 2002.

Using the life history calendar, the interviewer collected data regarding:

- Respondents' work histories
- MFIP receipt histories
- Education and training
- Number of children
- Children's caretaker situations
- Child care
- Housing
- Health care for respondent and children
- School enrollment

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<sup>4</sup> Axinn, W.G., Pearce, L.D. & Ghimire, D. (1999). Innovations in life history calendar applications. Social Science Research, 28, 243-264.

<sup>5</sup> Casi, A., Moffitt, T.E., Thornton, A., Freedman, D., Amell, J.W., Harrington, H., Smeijers, J. & Silve, P.A. (1996). The life history calendar: A research and clinical assessment method for collecting retrospective event-history data. International Journal of Methods in Psychiatric Research, 6, 101-114.

The interviewer also asked supplemental questions regarding:

- Initial answers on the life history calendar
- Respondents' work and training experience
- Work orientation
- Children's emotional well-being
- Children and parents' relationships
- School performance
- Community involvement including political behavior and attitudes
- General overview questions

#### Hennepin County Administrative Data

The Hennepin County Economic Assistance Department provided participant information from their databases on current MFIP status, MFIP termination date, employment status, racial/ethnic identity, citizen status, education, sanction status, Medical Assistance (MA) status, food stamp status and gender.

#### 1998 Client Interviews

Additional interview data for this study came from the interviews completed in 1998 by more than half (56%, n=47) of the 84 participants interviewed in 2002. These 1998 interviews were somewhat more open-ended than in 2002, but had similar questions about participants' work behavior, social psychological variables and attitudes towards counselors and financial workers. The comparison of the interview data from the beginning and the end of the 42 months enabled a more detailed analysis of the experience for this subset of the population. These findings are discussed in Part IV-C of this report.

#### **B. Sampling**

The present study focuses on a sample of 84 of the 9,638 MFIP participants who had entered the system prior to September 1998. The 84 participants who were interviewed derived from sampling procedures that occurred at two different times, as follows:

1. In 1998, 498 participants were randomly selected from the original 9,638 participants, with deliberate oversampling by racial/ethnic group and sanction status. These 498 participants were contacted by mail and phone; 123 completed interviews.
2. Also, 47 (38%) of the above 123 participants were re-interviewed in 2002. Forty-five of these 47 were African American or white. An additional 37 participants were interviewed based on a sample of 108 immigrants and Native Americans randomly drawn from the remaining 9,140 participants in the original population. Of this group, 34% agreed to be interviewed. The interviews conducted with these 37 participants covered the same content as the interviews completed by the 47 re-interviewed participants.

Even though the sample was randomly drawn, it is possible that biases were introduced in that non-responders to the invitation to be interviewed could have varied systematically in unknown ways from those who were interviewed.

Thus, this report focuses on two different samples:

1. The 84 individuals who were interviewed in 2002 about their experience since their involvement in MFIP in 1998. Information from that interview was merged with demographic data from the Hennepin County data base; and
2. The 47 individuals among the above 84 who were interviewed in 2002 and who also had been interviewed in 1998. Re-interviewing provided some information about the change in social psychological variables.

This report will first present information about the 84 MFIP participants who completed the 2002 interview, which included important aspects of the 42 months covered in the life history calendar. Part C of the report will present the psychosocial findings that came from the subset of the 47 re-interviewed participants.

### **C. Demographics of Study Sample (N=84)**

#### Gender

The sample consists mostly of women (72 or 86% of the total).

#### Worker Types

An important categorization for this study is the amount of work in which the respondent has participated from September 1998 to February 2002. The categories are extensive worker, moderate worker, and minimal worker. “Work” was defined as paid full-time (35 hours or more a week) or part-time (more than 5 hours per week and less than 35 hours per week) work in the paid labor force. Only work experience during the 42-month study period between September 1998 and February 2002 was considered for this study.

Here is how the different worker categories were defined:

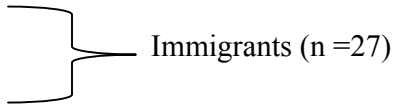
- **Extensive Worker:** Worked 36 months or more in full-time or part-time work in the labor force (n = 25)
- **Moderate Worker:** Worked between 6 months and 35 months in full-time or part-time work in the labor force (n = 42)
- **Minimal Worker:** Worked less than 6 months in full-time or part-time work in the labor force (n = 17)

These worker-type categories were created around substantive meanings. The investigators constructed categories to capture three different groups: those who work nearly continuously (extensive workers); those who work some, but may be in and out of the labor force (moderate workers); and those who worked little during the study period (minimal workers). Although these participants could have been divided into more numerically equal groups, each group might then have lost some meaning in terms of what it means to be rarely working, in and out of the labor market, and successfully staying in the labor market. All of this was calibrated over a 3 ½ year period, and the investigators believe these groups have intuitive validity.

### Racial and Immigrant Groups

In an effort to get a strong representation from communities of color and the larger immigrant groups on MFIP, the sampling design purposely over-sampled Hmong, Latino, Native American, and Somali participants.

#### Racial/Immigrant Demographics:

- 22 African Americans
  - 12 Native Americans
  - 23 Whites
  - 11 Hmong
  - 11 Latinos
  - 5 Somalis
- 
- Immigrants (n =27)

Although all the African American and white participants were involved in the 1998 study, only one Hmong and one Native American had participated in the 1998 study. Therefore, besides these two respondents, in the present study all Native Americans and immigrants are new study participants. The three groups, Hmong, Latino, and Somali are reported as one group termed immigrants. Although these three different racial-ethnic groups have had different experiences within the United States due to their diverse histories and cultures, their shared immigrant status is important to this study. All of these groups experience the sense of dislocation, are learning new customs, and are being exposed to expectations of work in the labor force in the United States due to their participation in MFIP. As the key focus of this study is the effect of work and cash receipt via MFIP on work experiences and family life, these groups were combined.

It is important to note the small Somali representation (n=5) in the immigrant sample. Although four different interviewers were utilized in attempts to reach this group, the Somali MFIP clients tended to be reticent about being interviewed. Some of the interviewers (all of whom were Somali) indicated that the general climate following the events of 9/11/01 made this group less likely to participate in research projects that involved sharing personal information with strangers. In contrast, there was no problem securing Somali respondents in the 1998 study.

### Sanction Status

The sanction status of the participants was constructed with three sets of data: Hennepin County administrative data on sanction status in 1998 (from the earlier study) and in February 2002, and self-report by participants. According to these sources, 22 (26%) of the participants had been sanctioned during the three-and-a-half year study period. This number may underrepresent the actual number that had been sanctioned in that county data (a more reliable source than self-report) on sanctioning was not solicited by the research team for the period between the beginning date and ending date of the study period. It may be important to note that 11% (n=9) of the respondents mentioned ever being sanctioned at some point during this study, while our computed sanction percentage was much higher at 26%. This discrepancy raises the question of whether participants understood whether and why they had been sanctioned.

## Education

Table 1: Years of education of study participants

0 years	1-8 years	9-11 years	12 years	13 or more years	Total
9 (11%)	9 (11%)	19 (23%)	33 (39%)	14 (17%)	84

There was a wide range of education levels in the sample with a surprisingly high number of people who reported never receiving any education. All of these respondents were immigrants (see later section on education and racial/immigrant groups). Fifty-six percent (n=47) had at least completed high school.

## Findings

The method of a life history calendar and supplemental questions allowed for collection of continuous data over the span of the study period (42 months). This type of data provides rich information and can be helpful in identifying effects of different aspects of the program. This study is best viewed as an in-depth investigation of a relatively small sample. ***Findings that were statistically significant at the .05 level will have an asterisk by them.*** More detail regarding the analysis of data follows in the Appendix.

### Work Demographics

#### Worker Types and Full-time and Part-time Jobs

- On average, participants were more likely to have held a full-time than a part-time job. Extensive workers held more full-time jobs than the other worker types, however, moderate workers held more part-time jobs\*, suggesting that those who worked full-time jobs were more likely to be those who worked nearly continuously. The fact that moderate workers held more part-time jobs is somewhat surprising in that moderate workers worked an average of 18 months less than extensive workers.

#### Worker Types and Racial/Immigrant Groups

- Different racial/immigrant groups had distinct and different work patterns. African Americans were more likely to be moderate workers and evenly split among extensive and minimal workers. Immigrants were most likely to be moderate or minimal workers, and to a lesser degree, extensive workers. Native Americans were most likely to be moderate workers with only one being an extensive worker and one a minimal worker. Whites were most likely to be moderate workers, but extensive workers followed close behind. No whites in this sample were minimal workers. It may be important to note that no single racial/immigrant group was more likely to consist of extensive workers than any other working type; most groups consisted of moderate workers more than any other working type.

#### Wages

- Although participants on average earned much higher than the minimum wage, they earned far lower than a livable wage for a family of three (less than the average number of people in the participants' homes). Also, participants had large periods of time without full-time work; the average number of months in a full-time job over the 42-month period was 27.6 months.
- One of the most striking findings was that whites earned quite a bit more than the other racial/immigrant groups – up to \$3.88 more per hour for full-time work and up to \$3.18 more per hour for part-time work\*. Given the education rates among the various racial/immigrant groups, this may not be surprising. Also, the Pearson correlation demonstrated that the total number of years in the U.S. is associated with more months worked\*, which may affect wage levels for immigrants. Another possibility is that racial and immigrant discrimination influencing the types of jobs that recipients were likely to hold.

#### Job Types

- Extensive workers were much more likely to hold an office job, while moderate workers were most likely to hold a business or sales position. This difference may have played into the stability of these jobs and help explain why certain workers become moderate workers, while others had more job longevity and became extensive workers.
- In terms of racial/immigrant groups and type of work, the most prevalent findings were that nearly a third of the jobs held by immigrants were factory work and nearly a third of the jobs held by Native Americans were manual work. Again, the type of work chosen may have

been influenced by education rates, and for immigrants – language barriers. Employers may have been willing to hire these groups for low-skilled jobs, but not for higher-skilled ones.

### **Reasons for Leaving Work**

- A high percentage of the extensive workers left work voluntarily for better prospects of improved employment or for training and education to improve employment. On the other hand, proportionately more moderate workers than extensive workers left their jobs due to external issues of being laid off or family issues, which consisted of health or child care problems.

## **Work Supports**

### **Transportation to Work**

- Whites were much more likely to own and use a car to get to work than the other racial/immigrant groups. For those who lived a distance from their work, this made the commute faster and easier compared to those who had to take a bus (all other racial and immigrant groups), get a ride, or walk. This may have affected access to well-paying jobs.

### **Formal education**

- The number of years of formal education was associated with more months worked\*. To illustrate this finding, extensive workers had the most education, (average of 11.8 years). Moderate workers were not far behind with an average of 10.2 years of education, but minimal workers had only an average of 6.1 years of education. Education level was thus an important differentiator among worker types\*.
- Whites were on average the only racial/immigrant group to have graduated from high school. African Americans and Native Americans had not graduated on average from high school, but were not far behind, whereas immigrants had half as many years of education as whites\*.

### **Training**

- Minimal workers spent the most time in training, indicating that some may have not been working because they were trying to get the skills to find a good job. Given the low number of years in formal education, extensive training may have been necessary.
- African Americans participated far and away the most in training, nearly three times more than immigrants and more than five times as much as whites and Native Americans. Immigrants participated almost twice as much as Native Americans and whites\*. The fact that African Americans received so much more training than immigrants and Native Americans is interesting, given that the African Americans in this study had so much more formal education than immigrants and nearly the same amount as Native Americans. Perhaps cultural differences influenced who received training. For example, language barriers and a lack of knowledge of available training programs have meant that immigrants did not advocate for themselves in terms of training opportunities as well as African Americans had. On the other hand, perhaps a certain level of formal education was needed to take advantage of some training and education programs such as nursing programs, the profession in which African Americans were most likely to be employed. However, this difference does not explain the minimal engagement in these training programs by Native Americans and suggests that cultural and racial-ethnic factors beyond language skills and educational attainment, may also play a role.

### **Work and Training Programs**

- Nearly a third of the respondents did not use a work and training program, and nearly half of the minimal workers said they had neither a job counselor nor a work and training program.
- The majority of moderate and minimal workers said that their work and training program had been helpful, whereas extensive workers were not as likely to say so. Some of the extensive

workers indicated that they did not need the services of the work and training program and had found jobs on their own which may have influenced their assessment of the helpfulness of the program (see Appendix for comments on work and training programs).

- There was a large difference between the level of involvement in work and training programs among different racial/immigrant groups. A high proportion (n=13, 48.1%) of immigrants responded that they had not been in work and training programs. It seems likely that immigrants were less likely to use services due to a lack of information, language barriers, and a general unfamiliarity with the system.

#### **Job Counselors**

- The majority of extensive and moderate workers thought that their job counselors had been helpful. This is an interesting twist to the previous responses, where extensive workers did not think that the *program* was helpful and where minimal workers did think that the program was helpful. This distinction between the program and counselors may be highlighting the training services the program could offer, of which the minimal worker took advantage, versus the individual job counseling and service brokering that counselors could provide for individuals ready to work.
- Immigrants were the most likely to respond that jobs counselors and work and training programs were helpful.

#### **Financial Workers**

- Overall, participants were nearly evenly split between finding financial workers helpful versus not helpful. Moderate workers found financial workers more helpful than not helpful, while both extensive and minimal workers found financial workers more unhelpful than helpful. It is unclear why the moderate workers differed from the extensive and minimal workers. Some of the dissatisfaction of recipients with regard to their financial workers is likely due to the adversarial nature of the position where the worker has such control over the recipient's income. But in addition to this, participants had other complaints. The most common one was that there was a high degree of turnover in their financial workers. Some stated that they didn't even know who their financial worker was. Also, some said that it was very difficult to reach their financial workers or have them call back. Others said that they thought that their worker did not know their job well enough, which in turn affected recipients' services and benefits.

## **Psychosocial Variables Related to Work**

### **2002 Psychosocial Scores Related to Work**

- All worker types scored relatively high on conscientiousness, employment commitment, emotional stability, and social support. The unexpected finding was that moderate workers often scored the highest on these scales and that extensive workers scored lower than minimal workers on employment commitment. An explanation might be that moderate and minimal workers may have felt pressure to find work, while extensive workers may have had work and saw it as an everyday reality. In the interviews, some extensive workers looked at the job as a means to the end of self-sufficiency, and did not state that they enjoyed it or needed it for self-esteem. For moderate workers, then, these attitudinal scores did not predict the number of months worked very accurately and perhaps give support to the idea that external variables outside of their control, such as labor markets, health issues, and child care are a distinguishing factor between them and extensive workers.

### **Comparison of 1998 and 2002 Psychosocial Scores Related to Work**

- Considering now the 47 respondents who had been in both the 1998 and 2002 study, there does seem to be a trend in psychosocial scores related to working in that minimal and

moderate workers' scores increased on most measures, while extensive workers' scores decreased except for emotional stability, which had increased. Although the changes for the scales for the extensive workers were in a direction opposite to expectation, these differences are not statistically significant at the .05 level.

## **Family Impact**

### **Family Income**

- In this study sample, children of color on average lived in households where the full-time wages their parents earned were more than \$2 (full-time) or \$3 (part-time) per hour less than the wages white parents earned on average. Although participants were not asked about their total income, these data suggest that children of color in the study were more likely to be in poverty than white children.

### **Child Care**

- About half of the respondents had used child care during the study period and the vast majority found it satisfactory or very satisfactory. Respondents most frequently cited a difficulty in finding evening and early morning child care. In general, a variety of child care was needed that is convenient, available, and can serve special-needs children.

### **Numbers of Children in Families**

- The relationship between the number of children a participant had and the number of months worked was not statistically significant. Nevertheless, there did appear to be a tendency in that extensive workers on average had the fewest children, moderate workers on average had a medium number of children, and minimal workers on average had the most number of children. As with some of the findings in the study, had we had a larger sample, this difference might well have been statistically significant.
- Hmong had more than twice as many children as the average of all the other racial/immigrant groups\*. Therefore, not only did they have language and cultural barriers to overcome, they also had more dependent children for whom to provide.

### **Primary Caregivers of Children**

- Children on MFIP seemed to have fairly stable living arrangements in general and tended to live with at least one parent. This supports the idea that despite precarious financial situations, most families were able to keep their children with them.

### **Housing**

- Overall, there was not much difference among racial/immigrant groups and the number of residences. However, there did appear to be a relationship between worker type and the number of residences. A Pearson correlation showed that the number of residences was inversely related to the number of months worked, which was statistically significant at the .05 level.

### **Children's Emotional Well-being and Relationship with Parent**

- In terms of children's emotional well-being and children and parents' relationship as affected by their involvement with MFIP, extensive workers were most likely to state an effect due to the program. Of the extensive workers, respondents most often cited a sense of little time together for necessary family functions with "lack of time for family routine", "less time with children", "work/school schedule interferes with family life" and "parents stressed" as the most common responses.

### **Children's School**

- Children who were on MFIP usually stayed in the same school rather than changing to a different school for whatever reasons.

### **Community and Neighborhood Involvement**

- Immigrants were the least involved in neighborhood organizations and activities. This may be additional evidence that immigrants were less likely to be connected to networks that improved their job prospects.

### **Perception of Family Financial Well-being**

- Those off MFIP at the time of the interview were much more likely to say they were much better financially. Those who were on MFIP at this time were most likely to say that they were the same financially. However, both groups were about equally likely to state that they were much worse or a little worse off financially.

### **Perception of Family General Well-being**

- Those off MFIP at the time of the interview were most likely to state that they were much better in general, while those on MFIP at this time were most likely to state that things were the same in general.

## **Adult Health Care and Health**

### **Health Insurance Coverage**

- Although on average, study participants were without health insurance for only 3.7 months during the study period, about 29% of them went without insurance for an average of 12.9 months.
- The average number of months without health insurance for the minimal worker was 0, for the moderate worker 2.8, and for the extensive worker 7.6\*. These numbers demonstrate a precarious side to working. On the one hand, although extensive workers may have more money in their pocket, they may have far fewer medical resources and services financially available to them. Therefore, although working should improve one's financial situation, it may also jeopardize one's ability to afford, and therefore seek preventive, routine, and emergency medical treatment. A lack of health insurance may therefore be an impediment to leaving welfare.
- Immigrants were the most likely to go without health insurance – nearly twice as likely than other racial ethnic groups. Yet, they are likely eligible for public-funded programs given their low-income status. Like training programs, their relative lack of health insurance may have to do with cultural and language barriers which limit their ability to ask and find such coverage, or it may be due to a lower sense of trust or knowledge about health care in the United States. Recently, of course, availability of health insurance coverage to immigrants has been limited further in Minnesota.

### **Medical Care Provider**

- Although extensive workers were most likely to be uninsured, they were the least likely to use emergency room, hospital outpatient, and urgent care services and most likely to use a doctor's office or clinic. Perhaps extensive workers were in better health in general, allowing them to take and keep jobs, which is suggested in the findings on why different worker types leave work. These results may also reflect the fact that the largest group of extensive workers are white and have been socialized to use the medical system in this way. Although many immigrants, due to their income level, would likely be eligible for insurance reimbursements for clinic visits, they were the most likely to use the emergency room. Immigrants may not have been using doctors' clinics as much as other groups because they may not have been familiar nor felt comfortable with the medical system and may have waited to seek medical attention only when severe problems occurred.

### **Foregoing Medical Attention**

- Nearly a third of the participants responded that there had been at least one time when they did not get medical attention because they could not afford it. The group most likely to report this was the extensive workers, more than half of which reported this to be true. Dental care was the most often reported unaffordable treatment.
- Whites were most likely to report not getting medical attention due to cost with more than half reporting so, while nearly a third of immigrants reported the same. As whites were most likely to be extensive workers, not having insurance is the likely explanation.

## **Children's Health Care and Health**

### **Insurance Coverage**

- Children of the study participants tended to be covered most of the time. However, similar to the adult situation, children of extensive workers had an average of twice as many months uninsured compared to moderate and minimal workers. Children of minimal workers were almost always insured\*. Of the 62 children of extensive workers, 23 (37%) of them went without health insurance for an average of 15.6 months.
- African American children were the least likely to go uninsured (averaging less than a month uninsured), while the average uninsured time of children of all other racial/immigrant groups ranged from 3 to 3.6 months.

### **Foregoing Medical Attention**

- Nineteen percent of participants stated that there was at least one time when their children did not get medical attention when they needed it, with dental care being the most commonly reported. Although extensive workers were most likely to report this, moderate workers were not too far behind. Therefore, even though children were affected by their parents' working status, they fared better than their parents, who were more than 50% likely to state that this had been true. Thus, children seemed to be less affected by working status than the parents themselves.
- Whites were much more likely to state that there was a time when they could not afford medical services for their children – more than twice as much as the next racial/immigrant group. Again, even though whites were more likely to earn higher wages, and were more likely to be extensive workers, their lack of insurance most likely affected what they could afford.

### **Health Limitations**

- More than 40% of moderate workers stated that they had at least one child whose health condition limited the child's participation in ordinary kinds of activities. Given this, it may be possible that the limited number of months worked by moderate workers was in part due to children with health issues.
- Half of the Native Americans reported that they had at least one child with a health condition that limited their activities, followed by 39.1% of whites responding so.

## V. Conclusion

This study's investigation of the Minnesota Family Investment Program has found that for many people who were on welfare, the program has allowed for more work and more benefits often associated with work including a sense of better financial well-being. However, some important issues emerged alongside these benefits, influencing the well-being of parents and children. Different worker types experience the MFIP system in different ways. One of the most notable differences is that extensive workers, those who are leaving MFIP for long periods of time, are often the ones who feel the most negative effects due to the program. These participants were most likely to lack health care for both themselves and their children. Additionally, the perceived emotional well-being of their children and the quality of their relationship with their children were more likely to have been negatively affected. On the other hand, these people earn more on average per hour in both full-time and part-time work and remark that this is beneficial to them. Moderate workers often cited external factors that kept them out of the paid labor force including being laid off and health and child care issues. These workers often have the most favorable attitude towards work as indicated by their scores on psychosocial variables, but may be kept out of the workforce due to these external factors rather than a dislike of work. Minimal workers were most likely to be in training programs which may have kept them out of the paid labor force. Moreover, some participants were disabled which added to their inability to move into the workforce.

Racial/immigrant group differences emerged within this study. One of the most significant findings was that whites earned more than \$2.00 per hour than the other racial/immigrant groups. These differences translate into significant differences in family incomes based on racial-ethnic identities, positioning children of color, especially immigrant children as those most likely to be the poorest. Also, different racial/immigrant groups had distinct and different work patterns and often worked particular kinds of jobs. Current training and education programs may not be tailored to immigrants who often have language barriers and are much less educated. Whites were the only group to have, on average, graduated from high school, while immigrants had on average half as much education as whites.

With regard to the entire sample, the majority of people are earning less than a livable wage for a family of three. Varied training approaches may be necessary for those with different levels of education in order to become gainfully employed. Although work and training programs and job counselors are usually seen as helpful, financial workers are much less likely to be seen so with turnover and unavailability most often cited.

MFIP in Hennepin County has been successful, most especially in helping people find work and experience a sense of financial stability. However, it is clear that working has costs to participants in terms of a lack of health care coverage and compromising the emotional well-being of their children. Additionally, certain racial/immigrant groups do not benefit from the program as much as whites do.

At the end of the study we asked the question: *Is there anything else that you would like to tell me about your whole experience with MFIP?*

Responses to this question were mixed with some noting advantages of MFIP, some noting problems with MFIP, and some discussing both. In terms of the advantages of MFIP, many people were thankful for the assistance. They identified the cash, education opportunities, and help finding employment most frequently as the benefits of the program. A few specifically mentioned that the

bus cards were very helpful in supporting their work efforts. However, there were more responses that leaned towards negative aspects of the program. It is difficult to determine whether people on the whole felt more positively than negatively about the program in that the way the question was posed may have encouraged people to talk about the particular problems they had. Regardless, there were a number of themes that emerged as areas in which MFIP had problems.

With regard to the components and benefits of the program, some respondents stated that they needed better health insurance once they were working. As one woman (a moderate worker who had held a number of full-time jobs over the study period) replied,

“...[T]he lack of medical coverage affects the family in the sense that if we can’t afford visits, we can’t see a doctor.”

Others thought that the education and training opportunities needed to be expanded. One moderate worker with two children who had worked full time for more than two years, then went on to school for better job prospects stated,

“I was already enrolled in school. They were even wishy-washy about helping me with that. Would qualify for daycare and something else for one year. Then ‘no you can’t’ because my program is at a private school, so I don’t get school money. They would pay \$1,500 if I went to a public one. Job counselor told me to switch schools which would have lost a year of class credits.”

Respondents mentioned that the cash they do receive or get to keep as a recipient of MFIP is too small. One woman who was an extensive worker with three children stated,

“It’s not a lot to live on for most people, unless you’re dishonest. They just gave me \$600 and I don’t know how to live on that.”

Also, some respondents said that their lack of child support payments made it difficult for them. One moderate worker with one child stated,

“If they could be stronger in getting child support...We wait every month. Always been \$110 every month. They try to make the moms work – why can’t they make, MAKE the fathers work?”

Some respondents mentioned that the transition was too abrupt and they were not prepared for it by their worker. An extensive worker with one child stated,

“I didn’t start saving just in case, like when cash and medical stopped. A huge shock, not a preparation or transition phase.”

In terms of the way the program is run, the perennial complaint of too much paperwork was in full force. An extensive worker with three children said,

“There’s way too much paperwork. Like when you get a job – they [the County] get the paycheck already. Going back and finding all the pay stubs is a pain. They already have so much information. Didn’t get food stamps last time... They just need papers – why do I need an appointment?”

In addition to this programmatic frustration, issues about financial workers were prevalent. A moderate worker with three children complained,

“Change the recording [phone] system. Can’t get a person.... They shouldn’t change your workers all the time, and they should notify you beforehand.”

Some respondents cited both positive and negative aspects of the program. A moderate worker with one child said,

“Actually, I will be glad when I get off, but I really do want to keep my medical. They try to help you and have little programs, but the fact that they want 40 hours a week is ridiculous and I have a son. That tracking stuff was too much for me – now I’m going to school for massage therapy and doing that 5 days a week. Things are going ok - they are going fine. I’ll be on my own pretty soon.”

Finally, there were people who were very grateful for the assistance MFIP provided. A moderate worker with five children stated,

“MFIP was very generous to me and to my family because when we first came here in the United States, we couldn’t have survived without MFIP. I feel it was very good to have MFIP before we could make life adjustments and adapt to the new environment.”

## VI. Appendix

The appendix is organized into three different sections: A) Work demographics, B) Family impacts, and C) Comparison of 1998 and 2002 responses regarding work orientation (for the subsample of 47 who had also been interviewed in the 1998 study). Within each section, the findings are discussed for the entire sample, and then by type of worker (extensive, moderate, and minimal) and by racial/immigrant groups. Because the sample size is fairly small ( $n=84$ ), there are times when it is not appropriate or noteworthy to discuss data distributed among many categories. In these cases only statistically and substantively significant findings are presented.

### A. Work Demographics

#### Summary of Significant Factors Correlated with Work

##### *Entire Sample*

The relationships between work and several factors were found to be statistically significant.

Table 2. Factors correlated with work (Pearson's Correlation)

	Formal Education (# of years)	Number of children	Months in training and education during study period	Total number of years of residing in the U.S.	Number of residences
Number of Months worked	.406**	-.099	-.260*	.262*	-.266*

\* $p < .05$

\*\* $p < .01$

Not surprisingly, the total number of years in formal education was the variable most highly correlated to the number of months worked. However, the number of months in training or education during the study period was negatively correlated with the number of months worked and this was statistically significant. These findings suggest that the more training or education a person received, the fewer months they were likely to have worked during this time. This makes intuitive sense in that persons in training may have less time available to them for work. Also, the number of years the respondent had lived in the United States was positively correlated with the number of months worked during the study period. The number of residences a person had lived in was negatively related to the number of months worked. Thus, the more residences a person lived in, the fewer months they were likely to have worked. Interestingly, in terms of statistical significance, the number of children a respondent had did not seem to affect the number of months they worked.

#### Work and Wages

##### *Entire Sample and Worker Type*

The mean number of full-time jobs for the entire sample was 1.2 during the study period, with a minimum of 0 and a maximum of 5. Extensive workers held more full-time jobs than moderate workers, who held more full-time jobs than minimal workers.

Table 3: Mean number of jobs by worker type

Mean # of Jobs	Extensive (n=25)	Moderate (n=42)	Minimal (n=17)	Total (N=84)
Full-time*	1.7	1.2	0.3	1.2
Part-time*	0.9	1.2	0	0.9

\* Differences among means were statistically significant at the .001 level for both full-time and part-time jobs.

On the other hand, the worker type that had the largest number of part-time jobs was the moderate worker, with a mean of 1.2, followed by the extensive worker with 0.9, and 0 for the minimal worker. Differences regarding the number of jobs held among worker types are statistically significant at the .001 level for both full- and part-time jobs held. This suggests that those who work full-time jobs are more likely to be those who work nearly continuously, whereas those who find part-time work are less likely to continue in a particular job.

### *Racial and Immigrant Groups*

Table 4: Mean number of jobs by racial/immigrant group

Type of Job	African Americans (n= 22)	Immigrants (n=27)	Native Americans (n=12)	Whites (n=23)
Full-time	1.1	1.0	1.0	1.6
Part-time*	0.6	0.6	1.1	1.4

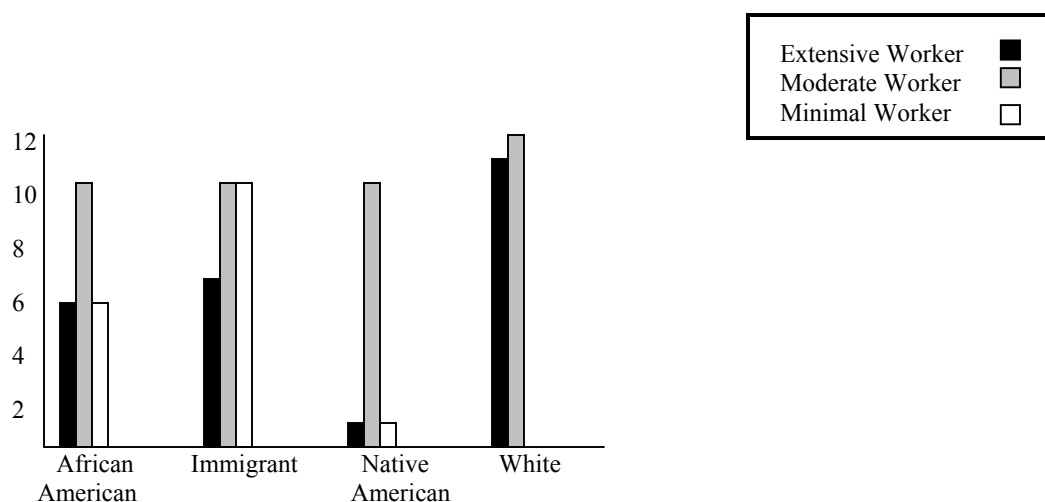
\*Differences among part-time means were statistically significant at the .05 level

Note: There were a total of 170 jobs held among the 84 respondents during the study period.

In terms of race, whites had both the highest numbers of part-time and full-time jobs. Although Native Americans and whites had fairly equal numbers of full-time and part-time jobs, African Americans and immigrants were much more likely to participate in full-time rather than part-time work. Although the differences among the racial-ethnic groups were not statistically significant for full-time work, they were statistically significant at the .05 level for part-time work.

Table 5: Worker type by racial/immigrant group

	African American (n=22)	Immigrant (n=27)	Native American (n=12)	White (n=23)	Total (N=84)
Extensive Worker	6 (27.3%)	7 (25.9%)	1 (8.3%)	11 (47.8%)	25 (29.8%)
Moderate Worker	10 (45.5%)	10 (37%)	10 (83.3%)	12 (52.2%)	42 (50%)
Minimal Worker	6 (27.3%)	10 (37%)	1 (8.3%)	0	17 (20.2%)



The table and graph show that whites were the most likely to be extensive workers, although they were fairly evenly split between extensive and moderate worker types. African Americans and immigrants were about as equally likely to be extensive workers, followed by Native Americans, who were much less likely to be extensive workers. Native Americans, however, had a very low percentage of minimal workers, with the great majority being moderate workers. African Americans also had a large proportion of moderate workers, with an even split between extensive and minimal worker status. Immigrants were the most likely to be minimal workers, followed by African Americans. There were no whites who were minimal workers. It is noteworthy that in this study, each racial/immigrant group had a distinct worker-type profile. These differences were not statistically significant at the .05 level.

### Number of Months Worked and Wages

#### *Entire Sample*

Table 6. Mean # of months worked and mean wages for all worker types, and full-time and part-time work for entire sample

Mean Number of Months Employed 23.6 months (19 months unemployed)	Full-Time Work		Part-Time Work	
	Mean # of months	Mean wage	Mean # of months	Mean wage
	14.7*	\$10.00**	8.9*	\$9.60***

\*n=84

\*\*n=96

\*\*\*n=64

Note: There were a total of 42 months in the study period.

When considering the entire sample, participants were on average employed for a little more than half of the study period. It is also noteworthy that the mean wage for both full-time and part-time work was much higher than the minimum wage at \$5.15. Although the mean wage for full-time work was \$.40 higher an hour than for part-time work, it might be surprising that the difference was this small. According to a 2003 study by Jobs Now Coalition,<sup>6</sup> the livable wage in Minnesota which would cover the cost of food, shelter, clothing and transportation for a family of three was \$17.95 per hour working a 40-hour work week year-round. In terms of the present study, the average number of

<sup>6</sup> Jobs Now Coalition (2003). The Cost of Living in Minnesota: The Job Gap Family Budgets (Prepublication Copy). St. Paul, MN.

persons in the family was 3.52 for extensive workers, 3.67 for moderate workers, and 4.53 for minimal workers, and these numbers do not take into account other adults living in the home other than the respondent. In addition, even though the average wage was \$10.00 an hour for full-time work, it is important to note that the average amount of time worked *in a full-time job* for the extensive worker was 27.6 months (see below) out of a 42-month period. The largest group (moderate workers) worked an average of 12.6 months. Although \$10.00 is a higher-than-expected wage, it provides less than a livable wage, especially considering the amount of full-time work of this population and the number of people in the family.

### *Worker Type*

Table 7: Mean number of months worked and mean wages in full- and part-time jobs

Worker Type	Mean Months Worked	Mean months in a FT Job *	Mean Full-time Wage *	Mean months in a PT Job *	Average Part-time Wage *
Extensive (n=27)	40	27.6	\$10.69	15.2	\$10.14
Moderate (n=42)	22	12.6	\$9.69	8.7	\$9.35
Minimal (n=15)	1	0.7	\$7.70	0	No data

Note: There were a total of 42 months in the study period. Three participants worked more than 42 months by working more than one job at a time. These individuals worked 71, 57, and 54 months.

\*p<.001

Because the very definition of worker type is based upon amount of work, we would expect to see distinct differences among extensive, moderate, and minimal workers. The data show that these differences are statistically significant ( $p < .001$ ). The differences among full-time and part-time pay for different kinds of workers were not statistically significant at the .05 level. However, there do seem to be some substantial differences among the average full-time wages for the different types of workers, with the extensive worker earning on average one dollar more per hour than the moderate worker and nearly three dollars more per hour than the minimal worker. Perhaps extensive workers tended to work more because for this group, work paid more.

### *Racial and Immigrant Groups*

Table 8: Mean number of months worked and wage over 42 months by race and immigrant status

	African American (n=22)	Immigrant (n=27)	Native American (n=12)	White (n=23)
Mean number of months worked	21	19	20	31
Mean number of months worked in full-time job	15.6 (\$9.74*)	11.7 (\$8.04)	11.4 (\$9.49)	19 (\$11.92)
Mean number of months worked in part-time job	5 (\$8.25*)	8.2 (\$8.07)	7.8 (\$8.09)	14 (\$11.25)

Note: Numbers in parentheses are corresponding average wages

\* The differences among average wages of racial/immigrant groups were statistically significant for both full-time ( $p < .001$ ) and part-time work ( $p < .01$ )

The differences among racial/immigrant groups for number of months worked in a full-time job are not statistically significant. However, the differences regarding wages are statistically significant ( $p < .001$ ) with whites earning on average at least \$2.18 more per hour, the most extreme difference being immigrants with an average of \$8.04 an hour compared to whites with \$11.92 an hour. The situation is similar for part-time employment. Although the difference in the number of months in part-time employment is not statistically significant, the difference in average part-time wages among racial/immigrant groups is statistically significant at the .001 level. Whites earned an average of at least \$3.00 more per hour than the other racial/immigrant groups

### MFIP Receipt

#### *Entire Sample*

The average number of months receiving MFIP over the 42-month study period for the entire sample was 23.4. Conversely, the average number of months not receiving MFIP during the study period was 18.4.

#### *Worker Type*

The average number of months that extensive workers received MFIP was 10.9 months. For moderate workers this was 26.0 months and for minimal workers this was 35.2 months. These data suggest that, as expected, the more one worked, the less time they spent on MFIP. These differences were statistically significant at the .001 level.

Table 9: Mean number of months receiving MFIP by worker type

	Extensive (n=27)	Moderate (n=42)	Minimal (n=15)	Total (N=84)
Mean Months of MFIP Receipt*	10.9	26.3	35.2	23.4

\* $p < .001$

#### *Racial and Immigrant Groups*

The average number of months that African Americans received MFIP was 25.9 months. For immigrants the average was 27.6 months, and for Native Americans this was 27.8 months. The average number of months receiving MFIP for whites was 13.7. A striking finding is that whites spent about half as much time on MFIP than other racial/immigrant groups. These differences were statistically significant at the .01 level.

Table 10. Average number of months on MFIP for entire sample and racial and immigrant groups

MFIP Receipt	African Americans (n=22)	Immigrants (n=27)	Native Americans (n=12)	Whites (n=23)	Total (N=84)
Average # of Months*	25.9	27.6	27.8	13.7	23.4

\* $p < .01$

## Types of Jobs

### *Entire Sample and Worker Type*

Table 11. Job categories for entire sample

Type of Work	Extensive	Moderate	Minimal	Total
Business/Sales	8 (12.3%)	20 (20%)	0	28 (16.5%)
Office Work	17 (26.2%)	10 (10%)	0	27 (15.9%)
Factory Work	8 (12.3%)	7 (7%)	3 (60%)	18 (10.6%)
Manual Labor	2 (3.1%)	12 (12%)	1 (20%)	15 (8.8%)
Food Server	3 (4.6%)	10 (10%)	0	13 (7.6%)
Cleaning Work	4 (6.2%)	5 (5%)	0	12 (7.1%)
Nursing Assistant	5 (7.7%)	5 (5%)	0	11 (6.5%)
Child Care Work	5 (7.7%)	5 (5%)	0	10 (5.9%)
Service/Personal Care	4 (6.2%)	5 (5%)	0	9 (5.3%)
“Other”*	9 (13.8%)	17 (17%)	1 (20%)	27 (15.9%)
<b>Total</b>	<b>65 (100%)</b>	<b>100 (100%)</b>	<b>5 (100%)</b>	<b>170 (100%)</b>

\* “Other” refers to jobs that did not fit into pre-existing categories. Examples of such jobs include sewing piecework at home, tombstone erector, and exotic dancer.

The most common job was in business and sales, which may not be surprising given the healthy economy that existed during the first part of the 42-month study period. Office work’s strong representation may have also been influenced by a thriving economy in the early part of the study period. Although child care received a lot of attention early on, as a promising way to get women on MFIP into the workforce, it turned out to be one of the smallest categories. Overall, the types of jobs were varied. Of these, office work, nursing assistant, service/personal care and perhaps business/sales and child care worker typically needed some additional education beyond high school, while food server, cleaning work, factory work and manual labor usually do not. This breakdown shows a fairly even distribution between these two types of jobs in the sample.

In looking at the more frequently held jobs, it is intriguing that extensive workers were much more likely to have been in an office job, while moderate workers were much more likely to have held sales or business jobs. This distinction may reflect in part the stability of these jobs. For example, retail or sales jobs are more dependent upon consumers’ willingness to buy goods, while office workers may be more likely to enjoy a more stable position. In fact, when considering why moderate workers left their jobs (see next section) the most common reason cited was being laid off.

### *Racial and Immigrant Groups*

Table 12: Full-time job and part-time categories by racial/immigrant groups

	African American	Immigrants	Native American	Whites	Total
Office Work	4 (10.8%)	5 (11.9%)	2 (8.3%)	16 (23.9%)	27 (15.9%)
Business/Sales	4 (10.8%)	4 (9.5%)	4 (16.7%)	16 (23.9%)	28 (16.5%)
Factory Work	3 (8.1%)	13 (31%)	1 (4.2%)	1 (1.5%)	18 (10.6%)
Manual Work	2 (5.4%)	3 (7.1%)	7 (29.2%)	3 (4.5%)	15 (8.8%)
Food Server	5 (13.5%)	4 (9.5%)	0	4 (6%)	13 (7.6%)
Cleaning Work	2 (5.4%)	4 (9.5%)	5 (20.8%)	1 (1.5%)	12 (7.1%)
Nursing Assistant	6 (16.2%)	2 (4.8%)	1 (4.2%)	2 (3.0%)	11 (6.5%)
Child Care Work	3 (8.1%)	3 (7.1%)	0	4 (6%)	10 (5.9%)
Service/Personal Care	3 (8.1%)	1 (2.4%)	1 (4.2%)	4 (6.0%)	9 (5.3%)
“Other”	5 (13.5%)	3 (7.1%)	3 (12.5%)	16 (23.9%)	27 (15.9%)
Total	37 (100%)	42 (100%)	24 (100%)	67 (100%)	170 (100%)

Note: N = 170 or the number of jobs held in total by all participants during the study period.

There are some distinct differences among the racial/immigrant groups. The most prevalent job for African Americans was nursing assistant followed closely by food server. Immigrants were most likely to be involved in factory work and were nearly three times more likely to do that type of work than any other. Native Americans were most likely to do manual work, although cleaning work was also prevalent. Whites were most likely to be employed in office work or business and sales. These differences may be due to different education levels (see education section). It is also possible that discrimination against racial/immigrant groups was occurring and/or that racial/immigrant networks may have led immigrants to factory jobs and Native Americans to manual work, due to opportunities known through friends and family. African Americans, on the other hand, did not seem to gravitate heavily to one job category, but rather were distributed fairly equally across categories.

### Reasons for Leaving Work

[Actual questions asked are in bold font]

**Looking at the work calendar, for each time you left a job, could you tell me why you did so?**

### *Entire Sample and Worker Type*

The most common reason for leaving full- or part-time work for the entire sample was “problems with job.” This would include: “hours did not work”, “did not like the work”, “problems with the supervisor”, and “did not get along with co-workers.” The second most common response was “better job or training opportunity.” In other words, many people were leaving jobs for better jobs or more training that they felt would improve their job prospects. “Family issues” was also a prominent reason for leaving a job. This category was comprised of health problems of a respondent or family

member and problems finding child care. These differences were not statistically significant at the .05 level.

Table 13. Reasons for leaving job by worker type

	Extensive (n=29)	Moderate (n=72)	Minimal (n=4)	Total (N=105)
Problems with Job	7 (24.1%)	12 (16.7%)	1 (25%)	20 (19%)
Better Job or Training Opportunity	11 (37.9%)	8 (11.1%)	0	19 (18.1%)
Laid Off	2 (6.9%)	15 (20.8%)	2 (50%)	19 (18.1%)
Family Issues	3 (10.3%)	14 (19.4%)	0	17 (16.2%)
Pay too low	0	7 (9.7%)	0	7 (6.7%)
Transportation Issues	0	5 (6.9%)	0	5 (4.8%)
Maternity leave	1 (3.4%)	2 (2.8%)	1 (25%)	4 (3.8%)
Fired	2 (6.9%)	2 (2.8%)	0	4 (3.8%)
Others	3 (10.3%)	7 (9.7%)	0	10 (9.5%)

Note: N is larger than 84 because some respondents left more than one job during the study period.

### Transportation to Work

#### **Looking at the work calendar, could you tell me how you got to each job?**

##### *Entire Sample*

In order to get to work, both cars and buses were the primary mode of transportation, although some walked or got a ride. The only racial/immigrant group that was more likely to take their car to work than to take the bus was whites. In fact, Native Americans and immigrants were at least twice as likely to take a bus than their own car. It may be that because of their higher wages, whites had more resources to both own and keep a car (including gas and insurance) than the other racial/immigrant groups. This may also affect the types of jobs that different groups obtain, with whites having greater access to a greater range of jobs at a greater range of times. These differences were not statistically significant at the .05 level.

Table 14: Modes of Transportation to Work by Racial/Immigrant Group

	African American (n=37)	Immigrants (n=43)	Native American (n=25)	White (n=67)	Entire Sample (N=172)
Their car	14 (37.8%)	9 (20.9%)	8 (32.0%)	38 (56.7%)	69 (40.1%)
Bus	16 (43.2%)	23 (53.5%)	16 (64%)	14 (20.9%)	69 (40.1%)
Got a ride	1 (2.7%)	8 (18.6%)	0	3 (4.5%)	12 (7.0%)
In-home work	2 (5.4%)	1 (2.3%)	0	8 (11.9)	11 (6.4%)
Walked	4 (10.8%)	2 (4.7%)	0	3 (4.5)	9 (5.2%)
Biked	0	0	0	1 (4.0)	1 (0.6)
Other	0	0	1(4.0)	0	1 (0.6%)

## Education and Training

### Formal Education

#### *Entire Sample*

The average number of years of education for all the participants was 9.9. More than half (n=47, 56%) of them had at least 12 years of education, indicating that they had a high school diploma or an equivalent level of education. As a high school diploma is important for successful employment, the participants with less than 12 years of education (n=37, 44%) were at a disadvantage, potentially making it difficult to obtain and maintain employment. It is notable that 10.7 % (n=9) had no education and 16.7% had more than 13 years of education, which implies that they had some post-high school education.

#### *Worker Type*

Extensive workers had the most (11.8) years of education, followed closely by moderate workers with 10.2 years. Among extensive workers, those with at least 12 years of education comprised 84%. A far lower proportion, 54.8% (n=23), of moderate workers had 12 or more years of education. The minimal workers had the lowest level of education (6.5 years), almost 4 years less than that of moderate workers. Among the minimal workers, those with 12 or more years of education accounted for only 17.7% (n=3). These differences are statistically significant at the .05 level, confirming the general belief that the level of education is highly correlated with the extent to which people are engaged in the work force.

Table 15. Mean number of years of formal education by worker type

Mean Number of Years*	Extensive (n=25)	Moderate (n=42)	Minimal (n=17)	Total (N=84)
	11.84	10.21	6.47	9.94

\*p<.05

Table 16. Number of years of formal education by worker type

Years	Extensive (n=25)	Moderate (n=42)	Minimal (n=17)	Total (N=84)
0	0	3 (7.1%)	6 (35.3%)	9 (10.7%)
1-8	1 (4.0%)	6 (14.3%)	2 (11.8%)	9 (10.7%)
9-11	3 (12.0%)	10 (23.8%)	6 (35.3%)	19 (22.6%)
12	15 (60.0%)	16 (38.1%)	2 (11.8%)	33 (39.3%)
13 or more	6 (24.0%)	7 (16.7%)	1 (5.9%)	14 (16.7%)

#### *Racial and Immigrant Groups*

Looking at education level by racial and immigrant groups, one notes that whites had the highest level of education (12.4 years). African Americans and Native Americans had very similar levels of education. However, immigrants had a far lower level of education (6.1 years). The lower level of education among immigrants may be working as a major impediment to getting or staying employed. In Table 18, we can see that all nine participants with no education are immigrants. The usefulness of current training and education programs may be questionable for these participants, who are also likely to have a language barrier. These differences are statistically significant at the .05 level.

Table 17. Mean number of years of formal education by racial and immigrant groups

Mean Number of Years*	African American (n=22)	Immigrant (n=27)	Native Americans (n=12)	White (n=23)	Total (N=84)
	11.36	6.07	11.33	12.39	9.94

\*p &lt; .05

Table 18. Number of years of formal education by racial and immigrant groups

Years	African American (n=22)	Immigrant (n=27)	Native Americans (n=12)	White (n=23)	Total (N=84)
0	0	9 (33.3%)	0	0	9 (10.7%)
1-8	0	7 (25.9%)	2 (16.7%)	0	9 (10.7%)
9-11	12 (54.5%)	2 (7.4%)	2 (16.7%)	3 (13.0%)	19 (22.6%)
12	9 (40.9%)	7 (25.9%)	5 (41.7%)	12 (52.2%)	33 (39.3%)
13 or more	1 (4.5%)	2 (7.4%)	3 (25.0%)	8 (34.8%)	14 (16.7%)

### Training

#### *Entire Sample*

The participants attended training or education programs for an average of 5.4 months during the study period.

#### *Worker Type*

Analyzed by worker type, the data show that minimal workers participated in training or education the most (10.9 months) during the study period, followed by the moderate workers' average of 4.7 months. Extensive workers spent an average of 2.8 months in training or education programs. Although these differences are not statistically significant at the .05 level, this analysis shows that the number of hours worked was inversely associated with the number of months of training or education. This makes sense because the participants who worked more hours may have had less time to participate in training or education. Conversely, those who worked less may have spent more time in training or education programs in an effort to improve their qualifications or comply with the MFIP eligibility rules and had less time for work.

Table 19. Mean number of months in training or education

Mean Number of Months	Extensive (n=25)	Moderate (n=42)	Minimal (n=17)	Total (N=84)
	2.80	4.66	10.94	5.38

#### *Racial and Immigrant Groups*

Among the racial and immigrant groups, African Americans participated by far the most in training or education, averaging 12 months, followed by immigrants who averaged 4.1 months. Native Americans and whites showed a lower level of participation than the other two groups probably because most of them had been either moderate or extensive workers, which made it harder for them to have time for training or education. These differences are statistically significant at the .05 level.

Table 20. Mean number of months in training or education

Mean Number of Months*	African American (n=22)	Immigrant (n=27)	Native American (n=12)	White (n=23)	Total (N=84)
	11.95	4.07	2.33	2.21	5.38

\* p &lt; .05

### Work and Training Program Experience

#### *Entire Population*

When asked about the effectiveness of work and training programs, 56 (66.7%) participants provided relevant responses to the question. Twenty seven (32.5%) participants said that they had not been in any training or education programs and did not provide opinions about their effectiveness. These “did not use service” responses are not included in the following tables. When the 56 responses were considered, the overall reaction to work and training programs was positive. More than half of the participants (n=31, 55.4%) responded that work and training programs had been helpful, while a quarter of the participants indicated that they had not been helpful. Nearly 20 % (n=11, 19.6%) of the participants responded neutrally.

#### *Worker Type*

More than half of the minimal workers (n=10, 58.8%) responded that they had not been in work and training programs. However, those minimal workers who had participated in the programs responded the most positively about their effectiveness. Thirteen (31.0%) moderate workers and 4 (16.7%) extensive workers stated that they had not used any work and training services. The difference in the extensive workers’ numbers of positive and negative responses is not as great as those for the other two worker types. A far greater proportion of moderate and minimal workers described work and training programs as helpful rather than not helpful. This difference between extensive workers and the other two types of workers may imply that extensive workers already were more employable and did not benefit from work and training programs as much as the other two types of workers did. Although it is not clear what accounted for the low level of service utilization among minimal workers, it could be that the reasons that kept them from pursuing employment also were hindering them from participating in work and training programs. These differences were not statistically significant at the .05 level.

Table 21. Effectiveness of work and training programs by worker type

	Extensive (n=20)	Moderate (n=29)	Minimal (n=7)	Total (N=56*)
Helpful	7 (35.0%)	19 (65.5%)	5 (71.4%)	31 (55.4%)
Not Helpful	6 (30.0%)	6 (20.7%)	2 (28.6%)	14 (25.0%)
Neutral	7 (35.0%)	4 (13.8%)	0 (0%)	11 (19.6%)

\* N=56 because 27 “did not use service” responses are not included. Data for one participant are missing.

#### *Racial and Immigrant Groups*

A high proportion (n=13, 48.1%) of immigrants responded that they had not been in work and training programs, while only a small number (n=4, 18.2%) of African Americans responded the same way. Although it is not clear why there is a difference in the level of service utilization among different racial and immigrant groups, it could be that immigrants were less likely to use services due

to a lack of information, language barriers, and a general unfamiliarity with the system. When “did not use service” responses were excluded, the proportion of positive responses was greater than negative ones for each group. Immigrants were most positive about the programs, while whites were the most negative. It is possible that whites were the most negative because many of them were extensive workers, and as noted above, extensive workers were more likely to react negatively to the programs. Immigrants had no negative responses and were the most neutral among racial and immigrant groups. The differences across the racial and immigrant groups are not statistically significant at the .05 level.

Table 22. Effectiveness of work and training programs by racial and immigrant groups

	African American (n=18)	Immigrant (n=14)	Native American (n=8)	White (n=16)	Total (N=56*)
Helpful	10 (55.5%)	9 (64.3%)	4 (50.0%)	8 (50.0%)	31 (55.4%)
Not Helpful	5 (27.8%)	0	2 (25.0%)	7 (43.8%)	14 (25.0%)
Neutral	3 (16.7%)	5 (35.7%)	2 (25.0%)	1 (6.2%)	11 (19.6%)

\* N=56 because 27 “did not use service” responses are not included. Data for one participant are missing

### Job Counselor

#### *Entire Sample*

When asked about the effectiveness of job counselors, 24 (28.6%) participants responded that they had not had job counselors and did not provide opinions about their effectiveness. These “did not use service” responses are not included in the following tables. The overall reaction to job counselors was positive. More than half (n=32, 53.3%) of the participants said their job counselors had been helpful, while 25% (n=15) responded negatively. Neutral responses comprised 21.7% (n=13).

#### *Worker Type*

Nearly half (n=8, 47.1%) of the minimal workers were among those who responded that they had not had a job counselor working with them. Similar proportions of moderate workers (n=10, 23.8%) and extensive workers (n=6, 24.0%) responded that they had not had a job counselor. Looking at only those relevant responses, we found that moderate workers were most positive about their job counselors’ effectiveness, with 56.2% (n=18) responding that their job counselors had been helpful. More than half of the extensive workers (n=10, 52.6%) were also positive about their experiences with their job counselors. The proportion of negative responses did not differ greatly for each group, ranging from 22.2% of the minimal workers to 26.3% of the moderate workers. Minimal workers more often responded neutrally than the other two groups. These differences are not statistically significant at the .05 level.

Table 23. Effectiveness of job counselors by worker type

	Extensive (n=19)	Moderate (n=32)	Minimal (n=9)	Total (N=60*)
Helpful	10 (52.6%)	18 (56.2%)	4 (44.4%)	32 (53.3%)
Not Helpful	5 (26.3%)	8 (25.0%)	2 (22.2%)	15 (25.0%)
Neutral	4 (21.1%)	6 (18.7%)	3 (33.3%)	13 (21.7%)

\* N=60 because 24 “did not use service” responses are not included.

### *Racial and Immigrant Groups*

A high proportion of immigrants (n=12, 44.4%) were among those who responded that they had not had job counselors, followed by whites (n=7, 30.4%). It is possible that whites did not need job counseling service as much as the other groups because they were most likely to be extensive workers. However, it is troubling that immigrants, who were most likely to be minimal workers, and may have needed job counseling more than any other group, used job counseling services the least. Out of those who had had job counselors, immigrants (n=12, 80%) most often reported that their job counselors had been helpful. Native Americans responded more negatively than other groups to the effectiveness of job counselors. African Americans responded more neutrally (n=7, 38.9%) than other groups. These differences were not statistically significant at the .05 level.

Table 24. Effectiveness of job counselors by racial and immigrant groups

	African American (n=18)	Immigrant (n=15)	Native American (n=11)	White (n=16)	Total (N=60*)
Helpful	7 (38.9%)	12 (80.0%)	6 (54.5%)	7 (43.8%)	32 (53.3%)
Not Helpful	4 (22.2%)	0	5 (45.5%)	6 (37.5%)	15 (25.0%)
Neutral	7 (38.9%)	3 (20.0%)	0	3 (18.7%)	13 (21.7%)

\* N=60 because 24 “did not use service” responses are not included.

### Financial Worker

#### *Entire Population*

Twelve (14.3%) participants responded that they had not had financial workers, and those responses are not included in the following tables. The overall reaction of the participants to the effectiveness of financial workers was negative. Negative responses (n=27, 37.5%) slightly outnumbered positive ones (n=26, 36.1%). Neutral opinions came from 19 (26.4%) participants. The relationship between financial workers and participants is apt to be more adversarial than it is for job counselors. The most frequently voiced concerns about financial workers included unavailability and high turnover. One moderate worker said,

“They change all the time. Don’t know them. Only see them once a year. They don’t do much to help you anyway. Half the time they don’t return the call. Now with the 1-800 number, you sit on the phone forever for a ridiculous voice mail and then they call you back.”

#### *Worker Type*

Only moderate workers responded more positively than negatively to the effectiveness of their financial workers. The proportions of positive and negative answers of extensive workers were the same. Minimal workers were more negative towards financial workers than the other groups and also had a high proportion of neutral responses. These differences were not statistically significant at the .05 level.

Table 25. Effectiveness of financial workers by worker type

	Extensive (n=20)	Moderate (n=38)	Minimal (n=14)	Total (N=72*)
Helpful	8 (40.0%)	15 (39.5%)	4 (28.6%)	27 (37.5%)
Not Helpful	8 (40.0%)	13 (34.2%)	5 (35.7%)	26 (36.1%)
Neutral	4 (20.0%)	10 (26.3%)	5 (35.7%)	19 (26.4%)

\* N=72 because 12 “did not use service” responses are excluded.

### *Racial and Immigrant Groups*

Among the responses excluded from the following table, more than a quarter (n=7, 25.9%) of immigrants responded that they had not had a financial worker. Even though all MFIP participants are assigned a financial worker, it appears that some were not aware of this fact or had not had any contact with them. Some may have transitioned to work quickly. Compared with 4.5% (n=1) of African Americans who had not had a financial worker, immigrants were least likely to utilize services of financial workers. Among those who had had financial workers, only immigrants (n=10, 50%) responded more positively to the effectiveness of their financial workers. African Americans and whites responded more negatively than positively regarding the effectiveness of the services their financial workers had provided. The proportions of positive responses and negative responses were the same for Native Americans. The proportion of neutral responses was fairly high for each racial or immigrant group except for whites. The differences across racial and immigrant groups are not statistically significant at the .05 level.

Table 26. Effectiveness of financial workers by racial and immigrant groups

	African American (n=21)	Immigrant (n=20)	Native American (n=10)	White (n=21)	Total (N=72*)
Helpful	5 (23.8%)	10 (50.0%)	3 (30.0%)	9 (42.9%)	27 (36.1%)
Not Helpful	9 (42.9%)	4 (20.0%)	3 (30.0%)	10 (47.6%)	26 (37.5%)
Neutral	7 (33.3 %)	6 (30.0%)	4 (40.0%)	2 (9.5%)	19 (26.4%)

\* N = 72 because 12 “did not use service” responses are excluded.

### Work Orientation

Respondents were asked 24 social/psychological questions to assess their levels of (1) conscientiousness, (2) employment commitment, (3) emotional stability, and (4) social support. The results from these questions must be viewed with additional caution since the questions had to be translated into another language for some respondents, and the expectation of responding to scaled statements may be new for many participants, especially immigrants. There may also be cultural bias embedded within the scales themselves.

## Conscientiousness

Conscientiousness is a personality characteristic. Individuals vary in their levels of conscientiousness. Those who have high levels of conscientiousness tend to be very dependable and have a high will to achieve. Research has demonstrated that individuals with higher levels of conscientiousness tend to have stronger levels of job performance and tend to engage in active planning, problem solving, and coping strategies. Individuals with low levels of conscientiousness, however, tend to be less organized, less dependable, and less responsible. Ten questions were asked to measure conscientiousness:

(Options: 1 = not at all like me 2 = a little like me 3 = like me 4 = very much like me)

1. I am always prepared.
2. I pay attention to details.
3. I carry out my plans.
4. I carry out my chores.
5. I make plans and stick to them.
6. I waste my time.
7. I find it difficult to get down to work.
8. I do just enough work to get by.
9. I don't see things through.
10. I avoid my duties.

The total score was divided by the number of items.

### *Entire Sample and Worker Type*

The mean score of all the participants was 3.22. When analyzed by worker type, extensive workers showed the highest mean score of 3.32, which indicated that they had the highest level of conscientiousness. Minimal workers had the lowest level of conscientiousness. However, the differences in mean scores are fairly small and are not statistically significant at the .05 level.

Table 27. Mean scores of conscientiousness by worker type

	Extensive (n=25)	Moderate (n=41)	Minimal (n=16)	Total (N=82*)
Mean score	3.32	3.20	3.13	3.22

\* N is smaller than 84 because data for 2 participants are missing.

### *Racial and Immigrant Groups*

African Americans and immigrants scored equally high on conscientiousness, followed closely by whites. Native Americans had the lowest mean score on this variable. These differences are not statistically significant at the .05 level.

Table 28. Mean scores of conscientiousness by racial and immigrant groups

	African American (n=22)	Immigrant (n=25)	Native American (n=12)	White (n=23)	Total (N=82*)
Mean score	3.31	3.31	2.88	3.21	3.22

\* N is smaller than 84 because data for 2 participants are missing.

## Employment Commitment

Employment commitment is an attitudinal variable that refers to the importance or centrality an individual places on employed work. Researchers have found that individuals who have high levels of employment commitment look much harder for work while they are unemployed. Three questions were asked to measure employment commitment:

(Options: 1 = not at all like me 2 = a little like me 3 = like me 4 = very much like me)

1. Having a job is very important to me.
2. I really must get a job or I'll lose my self-respect.
3. Having a job means more to me than just the money it provides.

#### *Entire Sample and Worker Type*

The mean score of all the participants was 3.19. Extensive workers had the lowest level of employment commitment, which is unexpected in that they were expected to score highest based on the theory that those who are the most engaged in work-related activities have high levels of employment commitment. Moderate workers scored highest on this variable. These differences are not statistically significant at the .05 level.

Table 29. Mean scores of employment commitment by worker type

	Extensive (n=25)	Moderate (n=41)	Minimal (n=15)	Total (N=81*)
Mean score	3.09	3.26	3.17	3.19

\* N is smaller than 84 because data for 3 participants are missing.

#### *Racial and Immigrant Groups*

Immigrants had the highest level of employment commitment. Whites came second and African Americans scored the lowest. The differences are not statistically significant at the .05 level.

Table 30. Mean scores of employment commitment by racial and immigrant groups

	African American (n=21)	Immigrant (n=25)	Native American (n=12)	White (n=23)	Total (N=81*)
Mean score	3.04	3.37	3.13	3.15	3.19

\* N is smaller than 84 because data for 3 participants are missing.

## Emotional Stability

Emotional stability refers to the extent to which an individual displays anxiety, anger, hostility, self-consciousness, impulsiveness, vulnerability, and depression. Individuals with higher levels of emotional stability tend to have positive appraisals of themselves and their environment, and tend to interpret ambiguous situations in a positive manner. Research has also shown that individuals with lower levels of emotional stability are less likely to cope with stressful situations through “positive reinterpretation and growth.” Seven questions were asked to measure emotional stability:

(Options: 1 = not at all like me 2 = a little like me 3 = like me 4 = very much like me)

1. I often feel blue.
2. I don't like myself.
3. I am often down in the dumps.
4. I panic easily.
5. I feel comfortable with myself.
6. I am not easily bothered by things.
7. I am very pleased with myself.

### *Entire Sample and Worker Type*

The mean score of all participants was 3.04. Moderate workers scored highest on emotional stability. Minimal workers had the lowest mean score on this variable. These differences are not statistically significant at the .05 level.

Table 31. Mean scores of emotional stability by worker type

	Extensive (n=25)	Moderate (n=41)	Minimal (n=15)	Total (N=81*)
Mean score	3.00	3.12	2.92	3.04

\* N is smaller than 84 because data for 3 participants are missing.

### *Racial and Immigrant Groups*

Whites had the highest level of emotional stability, while immigrants scored the lowest on this variable. These differences are not statistically significant at the .05 level.

Table 32. Mean scores of emotional stability by racial and immigrant groups

Mean score	African American (n=22)	Immigrant (n=24)	Native American (n=12)	White (n=23)	Total (N=81*)
	3.11	2.89	3.08	3.13	3.04

\* N is smaller than 84 because data for 3 participants are missing.

## Social Support

Social support refers to the availability of another individual to turn to for information, affection, comfort, encouragement, or reassurance. Individuals with higher social support tend to experience higher levels of mental and physical health during stressful life events. Four questions were asked to measure the level of social support:

(Options: 1 = not at all like me 2 = a little like me 3 = like me 4 = very much like me)

1. I have a friend or family member who is around when I am in need.
2. I have a friend or family member that I can share my joys and sorrows with.
3. I have a friend or family member who is a real source of comfort to me.
4. I have a friend or family member who I could talk with about getting or keeping a job.

### *Entire Sample and Worker Type*

The mean score of the entire population was 3.16. Moderate workers had the highest level of social support, and minimal workers scored lowest on this variable. These differences are not statistically significant at the .05 level.

Table 33. Mean scores of social support by worker type

	Extensive (n=25)	Moderate (n=40)	Minimal (n=16)	Total (N=81*)
Mean score	3.10	3.30	2.92	3.16

\* N is smaller than 84 because data for 3 participants are missing.

### *Racial and Immigrant Groups*

African Americans had the highest level of social support. Immigrants scored by far lowest on this variable, maybe because they were more likely to have less extensive social networks since they had generally lived in the U.S. for a shorter period time. These differences were not statistically significant at the .05 level.

Table 34. Mean scores of social support by racial and immigrant groups

	African American (n=21)	Immigrant (n=25)	Native American (n=12)	White (n=23)	Total (N=81*)
Mean score	3.35	2.78	3.37	3.29	3.16

\* N is smaller than 84 because data for 3 participants are missing.

## Family Impacts

Children included in the study were those who were younger than 18 at some point during the study period.

### Children Demographics

#### Number of Children

##### *Entire Sample*

The total number of children who were younger than 18 at some point during the study period was 235 and the average number of children for each family was 2.8.

##### *Worker Type*

The data show that the extensive workers had the smallest number of children, 2.5, followed by the moderate workers who had a slightly larger number, 2.7, of children, and the minimal workers had the most, 3.5, children among the three groups. Although these differences are not statistically significant at the .05 level, the number of children is inversely associated with the amount of work during the study period. This suggests that people with more children are less likely to work, perhaps due to children-related demands and time constraints.

Table 35. Mean number of children by worker type

Mean Number of Children	Extensive (n=25)	Moderate (n=42)	Minimal (n=17)	Total (N=84)
	2.52	2.66	3.52	2.79

##### *Racial and Immigrant Groups*

Immigrants had the most children, an average of 3.7, followed by African Americans who had 2.8 children on average. Native Americans had an average of 2.1 children, which was slightly greater than the average of 2.0 of white participants who had the smallest number children. The difference between average numbers of children of whites and immigrants was 1.7, which was fairly large. These differences are statistically significant at the .05 level.

Table 36. Mean number of children by racial and immigrant groups

Mean Number of Children	African American (n=22)	Immigrant (n=27)	Native American (n=12)	White (n=23)	Total (N=84)
	2.81	3.74	2.08	2.04	2.79

Looking more closely at the immigrant group for any noticeable difference among three groups of immigrants, we found that Hmong participants had far more children than the other two groups, with an average of almost three more children per family, increasing the overall mean number of the entire immigrant group. Hispanic and Somali immigrants had fewer children than African Americans who had the most children among non-immigrant groups. These differences are statistically significant at the .05 level.

Table 37. Mean number of children of immigrants

Mean Number of Children	Hispanic (n=11)	Hmong (n=11)	Somali (n=5)	Total (N=27)
	2.72	5.36	2.40	3.74

### Caretaker Arrangements of Children

#### *Entire Sample*

The vast majority, 218 or 94%, of children had only one primary caretaker arrangement, which may have provided children a sense of stability. Another 10 or 4.3 % of children had two primary caretaker arrangements. The rest, four or 1.3%, of children had three or more arrangements. Looking at 218 children with only one primary caretaker arrangement throughout the study period, we found that 96.8% (n=211) children lived with at least one parent, participant or participant and other adult(s), during the study period. Another 1.9% (n=4) lived with a grandparent or other relative(s), and the rest 1.4% (n=3) lived in out-of-home care.

#### *Worker Type*

All but one child in both extensive and minimal worker types had only one primary caretaker during the study period. Only moderate workers had children who had 3 or more primary caretaker arrangements. However, the differences are not statistically significant at the .05 level.

#### *Racial and Immigrant Groups*

The differences in number of primary caretaker arrangements across race and immigrant groups are not statistically significant at the .05 level.

### Housing

#### *Entire sample*

There were no significant differences regarding type of worker and number of residences. However, there was a significant inverse relationship ( $p < .05$ ) between number of months worked and number of residences with a Pearson's correlation coefficient of  $-.266$ . Racial and immigrant status did not seem to play a significant role in number of residences or the perceived quality of housing.

### Health Care and Health: Adults

#### **Was there any time when you were not covered by any health insurance program?**

#### *Entire Sample*

The majority, 59 or 71.1%, of participants always had health insurance during the study period. The rest, 24 or 28.9%, did not have health insurance at some point during the study period. These 24 participants were uninsured for an average of 12.9 months, ranging from 1 to 42 months during the study period. When the participants who had always been insured during the study period were

included in the analysis, the mean number of months without health insurance for all the participants was 3.72.

### *Worker Type*

Table 38. Mean number of months without health insurance for all participants by worker type

Mean Number of Months	Extensive (n=25)	Moderate (n=42)	Minimal (n=16)	Total (N=83*)
	7.60	2.83	0	3.72

\* N is smaller than 84 because data for one participant are missing.

Looking at the whole sample, extensive workers had been without insurance the longest, for an average of 7.6 months. Moderate workers had no insurance for an average of 2.8 months, much less than the extensive workers, while minimal workers were almost never uninsured. These differences are statistically significant at the .05 level. In general, the more one worked, the more likely one did not have health insurance.

Table 39. Mean number of months without health insurance for the participants who had been uninsured during the study period

Mean Number of Months	Extensive (n=12)	Moderate (n=12)	Minimal (n=0)	Total (N=24)
	15.83	9.91	0	12.87

Looking at only the participants who had been uninsured during the study period, we found that the extensive workers were on average uninsured for longer periods than the other worker types. For those who went without insurance, extensive workers went without it for an average of nearly six months more than moderate workers, who had gone without insurance for an average of almost 10 months.

### *Racial and Immigrant groups*

Immigrants were uninsured the most months. This can be explained by well-known concerns that immigrants are not familiar with the system and are less likely to seek help because they are often unaware of their eligibility. Language barriers may contribute to discouraging further immigrants' participation in state-funded health insurance programs. These differences are not statistically significant at the .05 level. African Americans were by far the most insured group. Exploring factors that explain the difference between African Americans and the rest of the groups could provide a meaningful set of guidelines for increasing participation in state-funded health care insurance programs.

Table 40. Mean number of months without health insurance by racial and immigrant groups

Mean Number of Months	African American (n=21)	Immigrant (n=27)	Native American (n=12)	White (n=23)	Total (N=83*)
	1.00	6.03	3.91	3.39	3.72

\* N is smaller than 84 because data for one participant are missing.

The group with the highest proportion of people who had been uninsured was (n=10, 43.5%) whites, followed by Native Americans (n=4, 33.3%). Approximately 33.3% of the immigrants reported that they had been without health insurance during the study period. African Americans (n=4, 19.0%)

were the least likely to be uninsured. Looking at the average number of months without insurance among those who had been uninsured during the study period, we found that the immigrants had lived without insurance by far the most, for more than two years (27.2 months) on average. Native Americans had had no insurance for an average of almost a year (11.8 months), followed by whites' 7.8 average number of months. African Americans had been uninsured for the fewest months (5.3). These differences are statistically significant at the .05 level.

Table 41. Mean number of months without health insurance for the participants who had been uninsured during the study period by racial and immigrant groups

Mean Number of Months	African American (n=4)	Immigrant (n=6)	Native American (n=4)	White (n=10)	Total (N=24*)
	5.25	27.16	11.75	7.80	12.87

### Has being on MFIP affected your health care quality or access?

#### *Entire Sample*

The majority of participants (n=66, 78.6%) did not report any effect of being on MFIP on their health care quality or access. Out of the responses about the type of effect, positive ones comprised 23.8% (n=5). Those participants who favorably responded stated that being on MFIP had enabled them to receive medical care. The rest were rather negative responses including “limited coverage” and “no health insurance” due to being on MFIP.

Table 42. Effect of MFIP on health care quality or access

Effect	Total (N=84)
Yes	18 (21.4%)
No	66 (78.6%)

Table 43. Type of effect of MFIP on health care quality or access

Type of effect	Total (N=21*)
<b>Positive</b>	
Able to receive medical service	5 (23.8%)
<b>Negative</b>	
No health insurance	3 (14.3%)
Limited coverage	6 (28.6%)
No dental care	1 (4.8%)
Delayed care	1 (4.8%)
Complicated process to get medical services	1 (4.8%)
Other	4 (19.0%)

\* Responses are greater than the 18 participants who responded “yes” because some provided multiple responses.

### Did any changes from welfare to work or from part-time to full-time work affect your health care quality or access?

#### *Entire Sample*

Seventeen or 20.2% of the participants responded that changes in welfare receipt or work had affected their health care quality or access. There were participants who had never worked during the study period, so their experience was not relevant to this question. As to the type of effect, slightly more than 11% (n=2) of the participants responded positively. They stated that they had acquired health insurance due to one or more of the changes. The rest, 16 or 89.9%, of the participants who responded stated that they had lost health insurance or had reduced coverage due to the changes.

Table 44. Effect of changes from welfare to work or from part-time to full-time on health care quality or access

Effect	Total (N=84)
Yes	17 (20.2%)
No	63 (75.0%)
Never worked	4 (4.8%)

Table 45. Type of effect of changes from welfare to work or from part-time to full-time on health care quality or access

Type of effect	Total (N=18*)
<b>Positive</b>	
Acquired health insurance	2 (11.1%)
<b>Negative</b>	
Lost health insurance	10 (55.6%)
Reduced coverage	6 (33.3%)

\* The number of responses is greater than the 17 participants who responded "yes" because some participants provided multiple responses.

### Is there a place where you and your family go when one of you is sick or need advice about health? If so, where?

#### *Entire Sample*

The majority, 81 or 96.4%, of the participants responded that they had a place to go when they were sick or needed advice about health, while 3 or 3.6% responded otherwise. All but one participant for each worker type said that they had a place to go when they were sick or needed advice for health. The doctor's office or clinic was most frequently used by the participants across all worker types, followed by hospital outpatient and hospital ER.

#### *Worker Type*

All but one participant in each category responded that they had a place to go for medical services. A higher proportion of minimal workers (n=6, 37.5) used the hospital ER or outpatient services. These differences are not statistically significant at the .05 level.

Table 46. Place to go when sick by worker type

	Extensive (n=25)	Moderate (n=42)	Minimal (n=17)	Total (N=84)
Yes	24 (96.0%)	41 (97.6%)	16 (94.1%)	81 (96.4%)
No	1 (4.0%)	1 (2.4%)	1 (5.9%)	3 (3.6%)

Table 47. Type of place by worker type

	Extensive (n=23)	Moderate (n=41)	Minimal (n=16)	Total (N=80*)
Doctor's office or clinic	18 (78.3%)	30 (73.2%)	10 (62.5%)	58 (72.5%)
Hospital ER/outpatient	4 (17.3%)	10 (24.4%)	6 (37.5%)	20 (25.1%)
Other	1 (4.3%)	1 (2.4%)		2 (2.5%)

\* The total is smaller than the 81 "yes" responses because one participant did not respond to this question.

### *Racial and Immigrant Groups*

Two immigrants were among the three participants who stated that they had no place to go for medical services. This was not surprising since the immigrant group had had health insurance for the least number of months. Although all racial immigrant groups most frequently identified the doctor's office or clinic as the usual place they go, immigrants appeared to use hospitals more frequently than the other groups, reflecting their rather unstable health care arrangements. These differences are not statistically significant at the .05 level.

Table 48. Place to go when sick by racial and immigrant groups

	African American (n=22)	Immigrant (n=27)	Native American (n=12)	White (n=23)	Total (N=84)
Yes	21 (95.5%)	25 (92.6%)	12 (100.0%)	23 (100.0%)	81 (96.4%)
No	1 (4.5%)	2 (7.4%)			3 (3.6%)

Table 49. Type of place by racial and immigrant groups

	African American (n=20)	Immigrant (n=25)	Native American (n=12)	White (n=23)	Total (N=80*)
Doctor's office or clinic	15 (75.0%)	14 (56.0%)	9 (75.0%)	20 (87.0%)	58 (72.5%)
Hospital ER/outpatient	5 (25.0%)	11 (44.0%)	3 (25.0%)	1 (4.3%)	20 (25.1%)
Other				2 (8.6%)	2 (2.5%)

\* The total is smaller than the 81 "yes" responses because one participant did not respond to this question.

### **Was there any time when you needed medical care, dental care or prescriptions but did not get it because you could not afford it?**

#### *Entire Sample*

Twenty-seven or 32.1% of the participants responded that there had been at least one occasion when they could not get medical attention because they couldn't afford it. One participant said, "I couldn't afford a dentist. My cavity cannot be fixed because I cannot afford it. I need to use money to cover other needs." As to the type of medical care they had not been able to get, they identified dental care most frequently. One participant said, "I couldn't afford dental care, crowns. There are

certain cares I cannot afford. Medical care is okay, but dental care is not good.” Prescription drugs also were often mentioned.

Table 50. Medical services affordability

	Total (N=84)
Yes	27 (32.1%)
No	57 (67.9%)

Table 51. Unaffordable services

Type of services	Total (N=31*)
Could not afford dental care	10 (32.3%)
Could not afford prescription drugs	9 (29.0%)
Could not afford other care	6 (19.3%)
Could not afford any type of medical care due to no insurance	5 (16.1%)
Could not afford regular check-ups	1 (3.2%)

\* Responses were greater than the number of participants who responded “yes” because some participants provided multiple responses.

### *Worker Type*

Extensive workers (52%) were most likely to respond that they had not been able to afford medical services at any time during the study period. This may be because extensive workers had not had health insurance for the largest number of months. Only 17.6% of minimal workers reported that there had been occasions when they could not afford medical services. Minimal workers had always had health insurance during the study period and probably could afford more medical care coverage than the participants of other worker types. Dental care and prescription drugs were identified as unaffordable most frequently among extensive workers and moderate workers, respectively. These differences are not statistically significant at the .05 level.

Table 52. Medical services affordability by worker type

	Extensive (n=25)	Moderate (n=42)	Minimal (n=17)	Total (N=84)
Yes	13 (52.0%)	11 (26.2%)	3 (17.6%)	27 (32.1%)
No	12 (48.0%)	31 (73.8%)	14 (82.4%)	57 (67.9%)

Table 53. Unaffordable services by worker type

Type of services	Extensive (n=15)	Moderate (n=12)	Minimal (n=4)	Total (N=31*)
Could not afford any type of medical care due to no insurance	3 (20.0%)	2 (16.7%)	0	5 (16.1%)
Could not afford dental care	6 (40.0%)	4 (33.3%)	0	10 (32.3%)
Could not afford prescription drugs	3 (20.0%)	5 (41.7%)	1 (25.0%)	9 (29.0%)
Could not afford regular check-ups	1 (6.7%)			1 (3.2%)
Could not afford other care	2 (13.3%)	1 (8.3%)	3 (75.0%)	5 (19.3%)

\* The total number of responses is greater than the number of participants who responded “yes” because some participants provided multiple responses.

### *Racial and Immigrant Groups*

As noted earlier, immigrants and whites had been uninsured for more months than the other two groups. They responded more frequently that they had not been able to afford medical services at certain times during the study period. As to the type of unaffordable services, dental care appeared most frequently among Native Americans and whites. African Americans reported prescription drugs as unaffordable most frequently. These differences are not statistically significant at the .05 level.

Table 54. Medical services affordability by racial and immigrant groups

	African American (n=22)	Immigrant (n=27)	Native American (n=12)	White (n=23)	Total (N=84)
Yes	4 (18.2%)	9 (33.3%)	2 (16.7%)	12 (52.2%)	27 (32.1%)
No	18 (81.8%)	18 (66.7%)	10 (83.3%)	11 (47.8%)	57 (67.9%)

Table 55. Unaffordable services by racial and immigrant groups

Type of Services	African American (n=4)	Immigrant (n=10)	Native American (n=3)	White (n=14)	Total (N=31*)
Could not afford any type of medical care due to no insurance	0	2 (20.0%)	0	3 (21.4%)	5 (16.1%)
Could not afford dental care	0	3 (30.0%)	2 (66.7%)	5 (35.7%)	10 (32.3%)
Could not afford prescription drugs	3 (75.0%)	1 (10.0%)	0	5 (35.7%)	9 (29.0%)
Could not afford regular check-ups	0		0	1 (7.1%)	1 (3.2%)
Could not afford other care	1 (25.0%)	4 (40.0%)	1 (33.3%)	0	6 (19.3%)

\* The number of responses is greater than the number of participants who responded "yes" because some participants provided multiple responses.

### Health Care and Health: Children

Number of months without health insurance

#### *Entire Sample*

Overall, children seemed to have more stable health insurance coverage than adults did with a mean number of months without insurance of 2.6. About 15.1% of the children had been uninsured for a certain period or throughout the study period. The proportion of children without health insurance was smaller than that of adults without health insurance, but these children were uninsured for a more extensive period, an average of 17.1 months, than adults were.

#### *Worker Type*

The children of the extensive workers had been the least insured, while those of minimal workers had been insured almost always during the study period. This result shows that the children's health care insurance availability reflects a similar pattern of the parents' health care insurance arrangement. These differences are statistically significant at the .05 level.

Table 56. Mean number of months without children's health insurance by worker type

Mean Number of Months	Extensive (n=61)	Moderate (n=105)	Minimal (n=59)	Total (N=225*)
	5.86	2.10	0.01	2.57

\* N is smaller than 235 because data for 10 children are missing.

When only the children who had been uninsured during the study period were included in the analysis, we found that more than a third (n=23, 37.7%) of extensive workers' children had been uninsured for an average of 15.6 months during the study period. A much smaller proportion of moderate workers' children (n=10, 9.52%) had been uninsured but for more months, an average of 22.1 months. Only one child (n=1, 1.7%) of the minimal workers had been uninsured for 1 month during the study period, showing the most stable health insurance arrangement.

Table 57. Number of children and mean number of months without children's health insurance for children who had been uninsured by worker type

	Extensive (n=23)	Moderate (n=10)	Minimal (n=1)	Total (N=34)
Number of children	23 (37.7%)	10 (9.52%)	1 (1.7%)	34 (15.1%)
Mean number of months without insurance	15.56	22.1	1.0	17.05

\*The total number of children in the sample was 235.

### *Racial and Immigrant Groups*

African-American children went without health insurance for less than a month on average, which was the shortest period among the racial and immigrant groups. Both African-American participants and their children had considerably fewer months without health insurance than the rest of the groups did. The mean numbers of months without insurance for the rest of the three groups are quite similar, ranging from three to 3.6 months. These differences are not statistically significant at the .05 level.

Table 58. Mean number of months without children's health insurance by racial and immigrant groups

Mean Number of Months	African American (n=55)	Immigrant (n=99)	Native American (n=25)	White (n=46)	Total (N=225*)
	0.41	3.20	3.04	3.56	2.57

\*N is smaller than 235 because data for 10 children are missing.

When looking only at the children who had been uninsured, we found that the result showed a similar pattern of health insurance availability to that of adults. Immigrant children were most likely to be uninsured, followed by those of Native Americans. The children of the other two groups were much more likely to be insured, and the children of African Americans, in particular, showed significantly fewer months without health insurance. These differences are statistically significant at the .05 level.

Table 59. Mean number of months without children's health insurance for children who had been uninsured

Mean Number of Months	African American (n=7)	Immigrant (n=11)	Native American (n=3)	White (n=13)	Total (N=34)
	3.28	28.81	25.33	12.61	17.05

### Has being on MFIP affected any of your children's health care quality or access?

#### Entire Sample

Only 13 or 15.5% of participants responded that having been on MFIP affected their children's health care quality or access. Out of 13 responses, only one response referred to the positive effect that the children had been able to receive medical service. The rest were negative responses with "limited coverage" mentioned most frequently.

Table 60. Effect of MFIP on children's health care quality or access

Effect	Total (N=84)
Yes	13 (15.5%)
No	71 (84.5%)

Table 61. Type of effect of MFIP on children's health care quality or access

Type of effect	Total (N=13*)
<b>Positive</b>	
Able to receive medical service	1 (7.7%)
<b>Negative</b>	
No health insurance	1 (7.7%)
Limited coverage	7 (53.8%)
No dental care	2 (15.4%)
Delayed care	1 (7.7%)
Other	1 (7.7%)

\* N indicates the number of responses.

### Did any changes from welfare to work or from part-time to full-time work affect any of your children's health care quality or access?

#### Entire Sample

Sixteen percent (n=13) of the participants responded that the changes had affected their children's health care quality or access. When asked to specify the effects, some participants provided multiple responses. The effects were all negative and ranged from "lost health insurance" to "delayed care." "Lost health insurance" appeared most frequently, comprising more than half of all responses, followed by "reduced coverage." "No dental care" and "delayed care" were also mentioned with lower frequency.

Table 62. Effect of changes from welfare to work or from part-time to full-time on children's health care quality or access

Effect	Total (N=81*)
Yes	13 (16.0%)
No	68 (84.0%)

\* N is smaller than 84 because data for 3 participants are missing.

Table 63. Type of effect of changes from welfare to work or from part-time to full-time on children's health care quality or access

Type of effect	Total (N=15*)
Lost health insurance	8 (53.3%)
Reduced coverage	4 (26.7%)
No dental care	2 (13.3%)
Delayed care	1 (6.7%)

\* Total responses is greater than 13 participants who responded "yes" because some participants provided multiple responses.

### **Did any change in your children's insurance affect his or her health?**

The majority (n=80, 95.2%) of participants reported no effect on their children's health due to the changes in their children's insurance, probably because children's health insurance arrangements were fairly stable. As we saw above, children had not had health insurance an average of 2.6 months during the study period, which implies that they had had rather stable health insurance coverage. No minimal workers reported any effect. Three moderate workers (2 African Americans and 1 Native American) and one extensive worker (1 white) reported an effect due to the changes. When asked to specify the effect (one participant gave two responses), the participants responded "no dental care" most frequently (n=3, 60%), and "cannot afford medical care" and "delayed medical care" were also mentioned. These differences are not statistically significant at the .05 level.

### **Do any of your children have a physical learning, or mental health condition that limits their participation in ordinary kinds of activities?**

#### *Entire Sample*

Slightly less than a third of the participants (31.3%) reported that at least one of their children had limitations due to their health conditions.

#### *Worker Type*

Moderate workers reported their children's health problems most frequently, followed by extensive workers. These differences are not statistically significant at the .05 level.

Table 64. Health conditions that limit children's participation in everyday activities by worker type

	Extensive (n=25)	Moderate (n=42)	Minimal (n=16)	Total (N=83*)
Yes	7 (28.0%)	17 (40.5%)	2 (12.5%)	26 (31.3%)
No	18 (72.0%)	25 (59.5%)	14 (87.5%)	57 (68.7%)

\* N is smaller than 84 because data for one participant are missing.

### *Racial and Immigrant Groups*

Half of the Native Americans reported that their children's activities had been limited due to their health problems, followed by whites (n=9, 39.1%). African Americans were least likely to respond the same. These differences are not statistically significant at the .05 level.

Table 65. Health conditions that limit children's participation in everyday activities by racial and immigrant groups

	African American (n=22)	Immigrant (n=26)	Native American (n=12)	White (n=23)	Total (N=83*)
Yes	4 (18.2%)	7 (26.9%)	6 (50.0%)	9 (39.1%)	26 (31.3%)
No	18 (81.8%)	19 (73.1%)	6 (50.0%)	14 (60.9%)	57 (68.7%)

\* N is smaller than 84 because data for one participant are missing.

### **During the past 3 years, was there any time when your children needed medical care, dental care or prescriptions but did not get it because you could not afford it?**

#### *Entire Sample*

Nineteen percent (n=16) of participants reported that there had been occasions when they could not afford medical care for their children during the study period. Sixteen participants (19.0%) provided 20 responses as to the specific medical services their children had not been able to get due to lack of financial resources. Among them, "could not afford dental care" appeared most frequently, constituting 40% of all responses. Prescription drugs and unspecified care were also prevalent. One participant said, "I can't afford to take my daughter to her eye exam once every three months or glasses or her medication for her arthritis which causes her pain. It's very hard to watch your child suffer. I go without paying bills to get her medicine and check-ups sometimes."

Table 66. Medical services affordability for children

	Total (N=84)
Yes	16 (19.0%)
No	68 (81.0%)

Table 67. Unaffordable services for children

Type of services	Total (N=20*)
Could not afford any type of medical care due to no insurance	1 (5.0%)
Could not afford dental care	8 (40.0%)
Could not afford prescription drugs	3 (15.0%)
Could not afford regular check-ups	2 (10.0%)
Could not afford mental health care	1 (5.0%)
Could not afford other care	5 (25.0%)

\* Total responses are greater than the number of participants who responded "yes" because some participants provided multiple responses.

#### *Worker Type*

Extensive workers most frequently responded that they had not been able to afford medical care for their children during the study period, while none of the minimal workers responded the same. This

finding is not surprising because, as stated above, the children of the extensive workers had been without health insurance for the most months (5.9), followed by moderate workers (2.1). Minimal workers' children, however, had had health insurance almost throughout the study period (41.98 months), and experienced the fewest problems in obtaining necessary medical services. Both extensive and moderate workers identified dental care most frequently as unaffordable. These differences are statistically significant at the .05 level.

Table 68. Medical services affordability for children by worker type

	Extensive (n=25)	Moderate (n=42)	Minimal (n=17)	Total (N=84)
Yes	7 (28.0%)	9 (21.4%)	0	16 (19.0%)
No	18 (72.0%)	33 (78.6%)	17 (100.0%)	68 (81.0%)

Table 69. Unaffordable services for children by worker type

Type of services	Extensive (n=9)	Moderate (n=11)	Minimal (n=0)	Total (N=20*)
Could not afford any type of medical care due to no insurance	0	1 (9.1%)	0	1 (5.0%)
Could not afford dental care	4 (44.4%)	4 (36.4%)	0	8 (40.0%)
Could not afford prescription drugs	1 (11.1%)	2 (18.2%)	0	3 (15.0%)
Could not afford regular check-ups	1 (11.1%)	1 (9.1%)	0	2 (10.0%)
Could not afford mental health care	1 (11.1%)	0	0	1 (5.0%)
Could not afford other care	2 (22.2%)	3 (27.3%)	0	5 (25.0%)

\* Total responses are greater than the number of participants who responded "yes" because some participants provided multiple responses.

### *Racial and Immigrant Groups*

Whites most frequently stated that there had been occasions when they could not afford medical services for their children, while immigrants responded the same least frequently. As to the type of unaffordable medical services, dental care appeared most frequently across all racial and immigrant groups. These differences are not statistically significant at the .05 level.

Table 70. Medical services affordability for children by racial and immigrant groups

	African American (n=22)	Immigrant (n=27)	Native American (n=12)	White (n=23)	Total (N=84)
Yes	3 (13.6%)	3 (11.1%)	2 (16.7%)	8 (34.8%)	16 (19.0%)
No	19 (86.4%)	24 (88.9%)	10 (83.3%)	15 (65.2%)	68 (81.0%)

Table 71. Unaffordable services for children by racial and immigrant groups

Type of Services	African American (n=6)	Immigrant (n=4)	Native American (n=2)	White (n=8)	Total (N=20*)
Could not afford any type of medical care due to no insurance	0	0	1 (50.0%)	0	1 (5.0%)
Could not afford dental care	2 (33.3%)	2 (50.0%)	1 (50.0%)	3 (37.5%)	8 (40.0%)
Could not afford prescription drugs	1 (16.7%)	0	0	2 (25.0%)	3 (15.0%)
Could not afford regular check-ups	1 (16.7%)	1 (25.0%)	0	0	2 (10.0%)
Could not afford mental health care	0	0	0	1 (12.5%)	1 (5.0%)
Could not afford other care	2 (33.4%)	1 (25.0%)	0	2 (25.0%)	5 (25.0%)

\* Total responses are greater than the number who responded "yes" because some provided multiple responses.

## Child Care

### *Entire Sample and Worker Type*

For the total sample, 48.8% (n=41) have ever had children in child care, which consists of any kind of care not provided by the parent including after school care for school-aged children.

Table 72. Number of participants who had children in child care during the study period by worker type

	Extensive Worker (n=25)	Moderate Worker (n=42)	Minimal Worker (n=17)	Total
Yes	15 (60%)	22 (52.4%)	4 (23.5%)	41 (48.8%)
No	10 (40%)	20 (47.6%)	13 (76.5%)	43 (51.2%)

About half of the entire sample had children in child care during some portion of the study period. As might be expected, the extensive worker was most likely to have had a child in child care during the study period, followed by the moderate worker. The minimal worker was much less likely to have had a child in child care. These differences are not statistically significant at the .05 level.

### *Racial and Immigrant Groups*

The most striking finding about racial/immigrant groups and child care is the low percentage of African Americans who have or use child care. In this instance, work does not seem to be the best predictor of child care use as African Americans worked more months than any group other than whites. Similar to African Americans, the immigrant group was less likely to have had child care during the period than to have had it. A factor that might be affecting this number is that of the 11 Hmong respondents, only one of them had used child care while the others had family members (usually a parent) care for their children. Whites and Native Americans were more likely to have used child care during the study than not. Native Americans have a higher rate of using child care than the other racial ethnic and immigrant groups. However this percentage could have been affected by the small sample size. These differences are not statistically significant at the .05 level.

Table 73. Percentage of participants who have ever had child care during the study period by racial and immigrant status

	African American (n=22)	Immigrants (n=27)	Native American (n=12)	White (n=23)	Total (n=84)
Yes	6 (27.3%)	11 (40.7%)	9 (75%)	15 (65.2%)	41 (48.8%)
No	16 (72.7%)	16 (59.3%)	3 (25%)	8 (34.8%)	43 (51.2%)

## Child Care Arrangements and ability to work

### Do your child care arrangements affect your ability to work?

#### *Entire Sample*

Table 74. How child care arrangements affect participants' ability to work

Evening and morning hours needed	6 (25%)
Child care necessary in order to work	5 (20.8%)
More child care needed during and after MFIP	3 (12.5%)
Family needed for care	3 (12.5%)
Inconvenient child care affected ability to work	3 (12.5%)
Lack of child care for special needs children	2 (8.3%)
Child care unreliable	2 (8.3%)
Total	24 (100%)

Of the 41 respondents who had ever used child care during the study period, 24, or more than a half, stated either a negative aspect of finding adequate child care, or that they would not have been able to work without it. A lack of morning and evening child care was the most pressing issue and in general there was a lack of a variety of child care necessary for MFIP participants to work.

#### Overall Satisfaction with Child Care

### How satisfied are you with your child's child care?

#### *Entire Sample*

Table 75. Level of satisfaction levels of parents with child care

	Child 1	Child 2
Very satisfied	19 (79.2%)	10 (76.9%)
Somewhat satisfied	5 (20.8%)	2 (15.4%)
Total	24 (100%)	12 (100%)

Respondents were asked to rate their satisfaction with their child care arrangements for their oldest child and their youngest child on a 3-point scale. Of the 35 parents with children in child care when interviewed, 24 responded regarding their oldest child and 12 also responded for their youngest child. Every respondent said that they were either very or somewhat satisfied with their child care. Not a single respondent said they were dissatisfied with their child care which seems to run counter to reports that have found child care quality in general to be substandard. These parents may have very good child care. However, it is also possible that parents may not know current criteria for good child care, or they may need to believe that their child care is good.

## Children's Emotional Well-Being

### **Looking back over your work and MFIP experience and history, did any of these changes seem to affect the emotional well-being of any of your children?**

#### *Entire Sample*

Table 76. Effect of work and MFIP changes on children's emotional well-being by worker type

	Extensive (n=25)	Moderate (n=42)	Minimal (n=14)	Total (N=81)*
Yes	11 (44%)	14 (33.3%)	4 (28.6%)	29 (35.8%)
No	14 (56%)	28 (66.7%)	10 (71.4%)	52 (64.2%)

\*N is smaller than 84 because data for 3 participants are missing

Considering the entire sample, only a little more than a third reported any effect on their children's emotional well-being with 35.8% (n=29) of the participants responding "yes" and 64.2% (n=52) responding "no." Of these "yes" responses (a little more than a third of the sample), a strong majority referred to negative effects (81.1%, n=43) while a much smaller portion (9%, n=5) referred to positive effects. Another 9% (n=5) of them referred to "other" effects, which could have been either positive or negative.

The most common negative effect was a lack of time for family routine. One extensive worker who had worked two full-time jobs and one part-time job during the study period with three children said, "When you're trying to get off MFIP, you're not home much. I must find a job when my children are at school or evening hours. I'm forced to do things like leave them at home sometimes." The next most common negative effect was stress due to a lack of money for necessary things. A moderate worker who had been working since October of 1999 for 30 months stated, "We didn't have a lot of things... We went without food, no lights and no gas for heat because we couldn't afford them." The third most likely response was that the parents were stressed. One moderate worker with two children who had held one full-time job and five part-time jobs, but had not held a job for the last 15 months of the study period due to a disability said, "Just me being home with them improves my children's emotional well-being. Changing jobs stressed me out and I was very short-tempered with them and it affected my children. Being home with the children helps a lot."

As far as positive responses, some participants mentioned the beneficial effects of more money on the emotional well-being of their children. Others emphasized the positive effects of working less. For example, one woman above who had gone from full-time to part-time work noted the positive effects on the emotional well-being of her children when home more.

### Worker Type

Table 77. Ways in which work and MFIP affected the emotional well-being of children according to participants by worker type

<b>Negative Effects (n=43, 81%)</b>	Extensive (n=24)	Moderate (n=22)	Minimal (n=7)	Total (N=53)
Child missed parents	2 (8.3%)	2 (9.1%)	1 (14.3%)	5 (9.4%)
Parents stressed	2 (8.3%)	3 (13.6%)	1 (14.3%)	6 (11.3%)
Lack of time for family routine	7 (29.2%)	3 (13.6%)	2 (28.6)	12 (22.6%)
Move	1 (4.2%)	1 (4.5%)	0	2 (3.8%)
Stress due to lack of money	2 (8.3%)	5 (22.7%)	1 (14.3%)	8 (15.1%)
Stress due to lack of material things	0	0	0	4 (7.5%)
Children ashamed	1 (4.2%)	1 (4.5%)	0	2 (3.8%)
Needed counseling	1 (4.2%)	0	0	1 (1.9%)
Poor grades	1 (4.2%)	0	0	1 (1.9%)
Older child watches younger, stress	0	1 (4.5%)	1 (14.3%)	2 (3.8%)
<b>Positive Effects (n=5, 9%)</b>				
Can afford things	0	0	0	2 (3.8%)
Role model for kids	1 (4.2%)	0	0	1 (1.9%)
Stop working made children happy	0	2 (9.1%)	0	2 (3.8%)
<b>Other (n=5, 9%)</b>	2 (8.3%)	2 (9.1%)	1 (14.3%)	5 (9.4%)

Note: Responses are greater than 29 as respondents could cite more than one effect.

Interestingly, extensive workers were the most likely to state that work and MFIP affected their children's emotional well-being, while minimal workers were least likely to state this. For extensive workers "lack of time for family routine" was far and away the most common response. This may not be surprising as this group spends more time away from their children working than the other groups. On the other hand, moderate workers cited "stress due to lack of material things" as the most common response. This also makes sense in that this group either moves in and out of the labor force more frequently, or has a sizable part of their year out of work. They are therefore more likely to make less money than the extensive group, which may cause more stress. This group, also, cited a "lack of time for family routine" as well as "parents stressed" as fairly common effects on child well-being. These differences are not statistically significant at the .05 level.

### Racial and Immigrant Groups

Table 78. Effect of work and MFIP changes on children's emotional well-being by racial/immigrant groups

	African American	Immigrant	Native American	White	Total
Yes	7 (33.3%)	9 (36%)	4 (33.3%)	9 (39.1%)	29 (35.8%)
No	14 (66.7%)	16 (64%)	8 (66.7%)	14 (60.9%)	52 (64.2%)
Total	21 (100%)	25 (100%)	12 (100%)	23 (100%)	81 (100%)

Among all racial/immigrant groups, there was a fairly common split of about two-thirds indicating no effect of MFIP and work on the well-being of their children and the other third stating that there was some type of effect on the well-being of their children. These differences are not statistically significant at the .05 level.

Table 79. Ways in which work and MFIP affected the emotional well-being of children according to participants by racial/immigrant groups

<b>Negative Effects (n=43, 81%)</b>	African America n (n=10)	Immigrant (n=13)	Native American (n=7)	White (n=23)	Total (n=53)
Child missed parents	1 (10%)	0	1 (14.3%)	3 (13%)	5 (9.4%)
Parents stressed	0	1 (7.7%)	0	6 (11.3%)	6 (11.3%)
Lack of time for family routine	2 (20%)	4 (30.8%)	2 (28.6)	4 (17.4%)	12 (22.6%)
Move	1 (10%)	0	0	1 (4.3%)	2 (3.8%)
Stress: lack of money	4 (40%)	2 (15.4%)	0	2 (8.7%)	8 (15.1%)
Stress: lack of material things	1 (10%)	1 (7.7%)	1 (14.3%)	1 (4.3%)	4 (7.5%)
Children ashamed	1 (10%)	0	0	1 (4.3%)	2 (3.8%)
Needed counseling	0	0	0	1 (4.3%)	1 (1.9%)
Poor grades	0	1 (7.7%)	0	0	1 (1.9%)
Older child watches younger	0	1 (7.7%)	1 (14.3%)	0	2 (3.8%)
<b>Positive Effects (n=5, 9%)</b>					
Can afford things	0	1 (7.7%)	1 (14.3%)	0	2 (3.8%)
Role model for kids	0	0	0	1 (4.3%)	1 (1.9%)
Stop working made children happy	0	0	0	2 (8.7%)	2 (3.8%)
<b>Other (n=5, 9%)</b>	0	2 (15.4%)	1 (14.3%)	2 (8.7%)	5 (9.4%)

Note: Responses are greater than 29 as respondents could cite more than one effect

For African Americans the responses indicated a detrimental effect on their children, with 100% citing negative effects of MFIP and work (n = 10). The most common response was “stress due to a lack of money”, followed by “lack of time for family routine.” As for immigrants, 77% of the responses were negative in nature with the most common response being a lack of time for family routine. “Stress due to money” was the next most common response. Only one immigrant mentioned a positive effect, that families “could afford things.” The “other” category accounted for 15.4% of the responses. Native Americans had 71.5% negative responses (n=5) with “lack of time for family routine” as the most common while one positive answer was that the family could afford things. For whites, 78% of the responses indicated (n=19) that the changes related to MFIP and work had been negative. Whites mentioned “parents being stressed which affected children” and “lack of time for family routine” as the most common responses. “Children missed parents” and “Stress due to lack of money” were the next most frequent responses. Thirteen percent (n=3) of the responses for whites were positive such as “stop working made children happy” and “being a role model for kids”. Across all of the racial/immigrant categories, it appears that “a lack of time for family routine” was the most commonly cited effect of MFIP and work. Only whites mentioned “parents stressed” more often. Cultural differences may have made a difference in how participants responded. It is interesting that the majority of the Hmong respondents were married, which may have made a difference in the impact of work requirements. Also, certain cultures may be less likely or more likely to talk about their children’s well-being, especially negative effects. These differences are not statistically significant at the .05 level.

## Children and Parents' Relationships

**Looking back over your work and MFIP experience and history, did any of these changes seem to affect your relationship with any of your children?**

*Entire Sample*

Table 80. Whether or not work and MFIP changes affected children and parents' relationships

	Extensive	Moderate	Minimal	Total
Yes	10 (40%)	12 (28.6%)	5 (33.3%)	27 (32.9%)
No	15 (60%)	30 (71.4%)	10 (66.7%)	55 (67.1%)
Total	25 (100%)	42 (100%)	15 (100%)	82 (100%)

Regarding the entire sample, nearly a third stated that their relationship with their children had been affected by work and MFIP changes. The numbers are similar to those found under the emotional well-being section. Of those people who responded that MFIP and work changes had affected their relationship, 64.1% (n=25) stated that the effect was negative versus 25.6% (n=10) who stated that the effect was positive.

Table 81. Effects of work and MFIP changes on parent and children's relationship by worker type

	Extensive (17)	Moderate (16)	Minimal (6)	Total (39)
<b>Negative Effects</b>				
Work/school schedule	5 (29.4%)	2 (12.5%)	0	7 (17.9)
Less time with children	5 (29.4%)	5 (31.3%)	0	10 (25.6%)
Caused defiance	1 (5.9%)	1 (6.3%)	0	2 (5.1%)
Blame parents	1 (5.9%)	2 (12.5%)	1 (16.7%)	4 (10.3%)
Stressful caring for disabled children	0	1 (6.3%)	1 (16.7%)	2 (5.1%)
<b>Negative Effects Total</b>	<b>12 (70.6%)</b>	<b>11 (68.8%)</b>	<b>2 (33.3%)</b>	<b>25 (64.1%)</b>
<b>Positive Effects</b>				
Improved relationship	3 (17.6%)	2 (12.5%)	0	5 (12.8%)
More income	0	2 (12.5%)	2 (33.3%)	4 (10.3%)
<b>Positive Effects Total</b>	<b>3 (17.6%)</b>	<b>3 (18.8%)</b>	<b>2 (33.3%)</b>	<b>10 (25.6%)</b>
<b>Other</b>	<b>2 (11.8%)</b>	<b>1 (6.3%)</b>	<b>2 (33.3%)</b>	<b>5 (12.8%)</b>

Note: Participants could give more than one response, so totals are greater than the number of people who responded

Once again, the extensive worker was most likely to cite that there was an effect. However, of those who did cite that there was an effect, both extensive and moderate workers were nearly equally likely to state that the effect was negative. Although there were so few responses for minimal worker (n=6), the responses were evenly distributed across positive, negative, and other effects. With regard to negative effects, the extensive worker was more likely to cite that work and school schedule interfered with their relationship with their children than moderate or minimal workers. In that

extensive workers are more likely to work, this may be predictable. Interestingly, extensive workers were also the most likely to say that MFIP and work changes improved their relationship with their children. However, the improved relationship did not appear to be mediated by more income, as no extensive worker cited more income as a positive effect on their relationship. Extensive workers also noted less time with children as a prominent negative effect of changes of MFIP and work.

Moderate workers were more likely to mention less time with children than work and school schedules affecting the relationship. Two moderate workers (18.8%) noted that work and MFIP changes actually improved their relationship with their children, similar to some extensive workers.

There were only six responses from minimal workers, but it is interesting that their most common negative effects of “blaming parents” and “stressful caring for disabled children” were not the most popular ones cited by extensive and moderate workers. On the other hand, both moderate and minimal workers cited more income as creating a positive effect on their relationship with their children, while extensive workers did not mention this.

The notable findings from this section were that although the effects of changes of MFIP and work tended to be negative for those who responded, there were also some positive responses. Therefore, the effects were more complex than being all detrimental or beneficial. They appeared to create a tension as respondents said both work and school schedules had interfered with their relationship, while some also stated that the experience had also improved the relationship.

### *Racial and Immigrant Groups*

Table 82. Whether or not work and MFIP changes affected children and parents' relationships

	African American	Immigrant	Native American	White	Total
Yes	7 (33.3%)	9 (34.6%%)	2 (16.7%%)	9 (39.1%)	27 (32.9%)
No	14 (60.9%)	17 (65.4%)	10 (83.3%)	14 (60.9%)	55 (67.1%)
Total	23 (100%)	26 (100%)	12 (100%)	23 (100%)	82 (100%)

As noted, when asked whether MFIP and work changes affected parents' relationship with their children, a third responded that it had with whites most likely to answer affirmatively and Native Americans least likely to do so.

Table 83. Effects of work and MFIP changes on parent and children's relationship by racial/immigrant group

	African American (9)	Immigrant (11)	Native American (4)	White (15)	Total (39)
<b>Negative Effects</b>					
Work/school schedule	1 (11.1%)	2 (18.2%)	0	4 (26.7%)	7 (17.9)
Less time with children	3 (33.3%)	3 (27.3%)	1 (25%)	3 (20%)	10 (25.6%)
Caused defiance	0	0	0	2 (13.3%)	2 (5.1%)
Blame parents	1 (11.1%)	2 (18.2%)	1 (25%)	0	4 (10.3%)
Stressful caring for disabled children	1 (11.1%)	1 (9.1%)	0	0	2 (5.1%)
<b>Negative Effects Total</b>	<b>6 (66.6%)</b>	<b>8 (73%)</b>	<b>2 (50%)</b>	<b>9 (60%)</b>	<b>25 (64.1%)</b>
<b>Positive Effects</b>					
Improved relationship	1 (11.1%)	0	0	4 (26.7%)	5 (12.8%)
More income	1 (11.1%)	1 (9.1%)	2 (50%)	0	4 (10.3%)
<b>Positive Effects Total</b>	<b>2 (22.2%)</b>	<b>1 (11.1%)</b>	<b>1 (25%)</b>	<b>4 (26.7%)</b>	<b>10 (25.6%)</b>
<b>Other</b>	<b>1 (11.1%)</b>	<b>2 (18.2%)</b>	<b>0</b>	<b>2 (13.3%)</b>	<b>5 (12.8%)</b>

Note: Participants could give more than one response, so totals are greater than the number of people who responded

Of the people in different racial/immigrant groups who had responded, the majority indicated that the effects of MFIP and work changes had been negative. Native Americans were the only group who saw the changes as resulting in both negative and positive effects. This may be misleading in that only four Native Americans responded to this question. Of the other racial/immigrant groups, "less time with children" was nearly the most common negative effect of MFIP and work. One African American extensive worker with two children said,

"I have to work all the time and not get to spend enough quality time with them. Me and my children are very close and it put a strain on our relationship..."

Only whites stated more frequently that work and school schedules interfered with family life. One extensive worker from this group said,

"The third shift was stressful. My kids would have to change their clothes and eat breakfast in the car. I'd be yelling, 'hurry up, hurry up, eat your breakfast!' I only got one day off a week."

Surprisingly, this was also the group with the most responses that the effects had improved their relationship with their children. One moderate worker said,

"They got stronger when I started working and I seemed to get real close to them. I guess they were glad to see me doing something for myself, something positive."

A few parents from each racial/immigrant group other than whites stated that their children blamed parents for not providing enough for them. One Hmong participant who was a minimal worker with six children said,

“The children do not understand that we are not financially stable. They get upset when we cannot provide things for them.”

Only white parents indicated that changes associated with MFIP and work had caused defiance in their children. For example, one extensive worker with four children said,

“Beginning with 1998, I was working two jobs and didn’t see them much. Child four would want to go on a field trip and wanted me to go with them, but I couldn’t get off work – couldn’t afford to take time off. My 12-year old gets into trouble if she’s not watched. None of them are held accountable then.”

## School

### After School Activities

**Sometimes children are involved in activities outside of school such as a sports team, after school lessons in music, dance, language, computers, or the Boys and Girls Club, religious group, school newspaper and other activities. Do any of your children participate in any activities outside of school? If so, could you tell me what activities each of your children participate in, beginning with your oldest child?**

### *Entire Sample*

The 84 participants were asked about the after school activities of their school-aged children. We received 253 responses about the 188 children in the families of the participants. The parents reported that nearly half of the children (46%, n=115) had no after school activities in their lives. Sports was the most frequently mentioned activity (23%, n=58) followed by school related programs (13%, n=32).

### *Worker Type and Racial and Immigrant Groups*

The parents who reported that their children had participated in no after school programs were more apt to have had worked minimally (67%, n=41) and were more likely to be immigrants (67%, n=64). These differences are not statistically significant at the .05 level.

### School Change

**Looking at each time the child changed schools, could you tell me why that child changed schools? Disregard routine changes from grade school to middle school, etc.**

When asked about how many times their children had changed schools, the 84 parents provided 176 responses. Nearly two thirds (63%, n=111) of the children did not change schools at all. The only reason that emerged for changing schools was that some families had moved (18%, n=32.)

Moderate workers were slightly more likely (68%, n=56) to report that their children had not changed schools than extensive workers (59%, n=30) or minimal workers (60%, n=25.) The children of extensive workers were more apt to change schools due to a move (26%, n=13) than the moderate (18%, n=15) or the minimal workers (10%,n=25). These differences are not statistically significant at the .05 level.

In considering racial/immigrant differences in school changes, the Native American parents reported the highest percentage of children had not changed schools (91%, n=10). More than three quarters (76%, n=58) of the immigrant parents reported that their children had not changed schools, with 78% of white parents, and 54% of African American parents reporting no changes. African American parents reported moving as a reason for changing schools most frequently (27%, n=12) of all racial/immigrant groups. These differences are not statistically significant at the .05 level.

### Community Participation

#### *Extent of Involvement in Neighborhood Activities*

#### **To what extent are you involved in neighborhood activities or organizations?**

#### *Entire Sample and Worker Type*

Table 84: Involvement in neighborhood activities or organizations by entire sample and worker type

	Extensive (25)	Moderate (42)	Minimal (17)	Total (84)
Very involved	0	2 (4.8%)	1 (5.9%)	3 (3.6%)
Somewhat involved	10 (40%)	16 (38.1%)	0	26 (31%)
Not at all involved	15 (60%)	24 (57.1%)	16 (94.1%)	55 (65.5%)

For the entire sample, only a few considered themselves to be very involved in neighborhood activities or organizations. Almost one third believed themselves to be somewhat involved, while almost two-thirds reported not been involved at all. As far as worker type, extensive and moderate workers shared a similar profile with about 40% stating they were somewhat involved and close to 60% stating they were not at all involved. No moderate workers responded that they were very involved, while no extensive workers said so, although this may be related to the fact that there were many more moderate workers represented. The minimal workers showed a less-involved profile, with only one indicating involvement in neighborhood activities or organizations and the rest stating that they were not at all involved. These differences are not statistically significant at the .05 level.

#### *Racial and Immigrant Groups*

Table 85. Involvement in neighborhood activities or organizations by racial/immigrant group

	African American	Immigrant	Native Americans	Whites	Total
Very Involved	1 (4.5%)	1 (3.7%)	1 (8.3%)	0	3 (3.6%)
Somewhat Involved	6 (27.3%)	5 (18.5%)	6 (50%)	9 (39.1%)	26 (31%)
Not at all Involved	15 (68.2%)	21 (77.8%)	5 (41.7%)	14 (60.9%)	55 (65.5%)
Total	22 (100%)	27 (100%)	12 (100%)	23 (100%)	84 (100%)

Overall, Native Americans seemed to be the most involved in neighborhood activities or organizations with more than half stating they were at least somewhat involved. On the other hand, immigrants were least likely to be involved with more than three quarters stating that they were not at all involved in neighborhood activities or organizations.

### *Involvement in Improving Neighborhood for Benefit of Children*

#### **Have you been involved in trying to change your neighborhood or community to improve things for your child (children)?**

##### *Entire Sample and Worker Type*

Table 86. Participant involvement in changing neighborhood/community for benefit of their children by worker type

	Extensive	Moderate	Minimal	Total
Yes	9 (36%)	13 (31%)	2 (11.8%)	24 (28.6%)
No	16 (64%)	29 (69%)	15 (88.2%)	60 (71.4%)
Total	25 (100%)	42 (100%)	17 (100%)	84 (100%)

For the entire sample, a little more than a quarter had been involved in improving the neighborhood for the benefit of their children, while a little less than three-quarters had not. Of the three worker types, the extensive workers were most likely to be involved in the neighborhood or community, followed closely by moderate workers. Minimal workers were much less likely to be involved in the neighborhood or community. These differences are not statistically significant at the .05 level. Among the ways that people were likely to be involved were efforts to stop crime such as neighborhood watches, cleaning the neighborhood and community gardening, participating in programs for kids and interacting with them in general, involvement in politics, talking to housing management about housing conditions, and other community or group meetings. The great bulk of their involvement was to reduce crime in the area and clean the neighborhood.

##### *Racial and Immigrant Groups*

Table: 87. Participant involvement in changing the neighborhood/community for benefit of their children by racial/immigrant groups

	African American	Immigrant	Native American	White	Total
Yes	8 (36.4%)	5 (18.5%)	4 (33.3%)	7 (30.4%)	24 (28.6%)
No	14 (63.6%)	22 (81.5%)	8 (66.7%)	16 (69.6%)	60 (71.4%)
Total	22 (100%)	27 (100%)	12 (100%)	23 (100%)	84 (100%)

The group most likely to be involved in activities to change the neighborhood or community for the benefit of their children were African Americans, although Native Americans and whites were not far behind. Immigrants were by far the least likely to be involved in this type of activity, which may reflect their newness to the area and knowledge of ways to be involved. These differences are not statistically significant at the .05 level. These findings for immigrant involvement corroborate the findings for the extent of involvement in organizations and activities. For whatever reasons, immigrants were not as involved in various efforts to enhance their neighborhood or community or even other arenas.

Overview Question: Financial Well-Being

***[For those who were not on MFIP when interviewed]: Is your family better off or worse off FINANCIALLY now than when you were receiving welfare? Would you say much better, a little better, the same, a little worse, much worse?***

***[For those who were on MFIP when interviewed]: Is your family better off or worse off FINANCIALLY now than when you began receiving welfare in September 1998? Would you say much better, a little better, the same, a little worse, much worse?***

*Entire Sample*

In order to find out whether participants were better off financially than when they began MFIP, the first question was asked of those who were not on MFIP when interviewed and the second question was asked of those who were on MFIP when interviewed.

Table 88. Participants' perception of financial well-being compared to beginning MFIP in September, 1998

	On MFIP	Off MFIP	Total
Much better	4 (14.3%)	18 (52.9%)	22 (35.5%)
A little better	5 (17.9%)	5 (14.7%)	10 (16.1%)
The same	13 (46.4%)	5 (14.7%)	18 (29%)
A little worse	4 (14.3%)	4 (11.8%)	8 (12.9%)
Much worse	2 (7.1%)	2 (5.9%)	4 (6.5%)
Total	28 (100%)	34 (100%)	62 (100%)

Note: Data are missing for 22 respondents due to an alteration in the question that allowed interviewers to ask those who were still on MFIP about their financial status. Some interviewers were aware of this change and others were not. Thus, data are missing mostly for those who were on MFIP in the 42<sup>nd</sup> month (n=41) with 13 respondents not represented in this category. There were an additional 5 responses for those who were not on MFIP (n=39). Data are missing for 15 African American respondents, 4 immigrants, and 3 whites. In terms of worker types, 3 responses are missing for extensive workers, 13 responses are missing for moderate workers, and 6 responses are missing for minimal workers.

Nearly half of those who were still on MFIP were likely to say that their financial well-being was the same as when they began MFIP in 1998. A little more than half of those who were off MFIP said that their financial well-being was much better. Therefore, being off MFIP seemed to improve their perception of their financial situation. These differences are not statistically significant at the .05 level.

Overview Question: Family Well-Being

***[For those who were not on MFIP when interviewed]: In general, do you think things are better off or worse off for YOUR FAMILY now than before you were on MFIP? Would you say much better, a little better, the same, a little worse, much worse?***

***[For those who were on MFIP when interviewed]: In general, do you think things are better off or worse off for YOUR FAMILY now than when you began receiving welfare in September 1998? Would you say much better, a little better, the same, a little worse, much worse?***

*Entire Sample*

Table 89. Are things better in general than before receiving MFIP in September 1998?

	On MFIP	Off MFIP	Total
Much better	6 (18.2%)	14 (41.2%)	20 (29.9%)
A little better	6 (18.2%)	7 (20.6%)	13 (19.4%)
The same	16 (48.5%)	7 (20.6%)	23 (34.3%)
A little worse	3 (9.1%)	3 (8.8%)	6 (9.0%)
Much worse	2 (6.1%)	3 (8.8%)	5 (7.5%)
Total	33 (100%)	34 (100%)	67 (100%)

Note: Data are missing for 17 respondents; for those who were on MFIP, 8 responses were not recorded, while for those who were not on MFIP, 5 of those responses were not recorded. Once again, the most missing responses were from the African American category with 10. Data are missing for 4 immigrants, Native Americans had no missing data, and whites had 3 missing data. As far as worker type, 3 data are missing for the extensive worker category, 11 data are missing for the moderate worker category, and 3 are missing for the minimal worker category.

The largest number of people responded that things in general were the same for their family as compared to when they began MFIP, followed fairly closely by things being much better. A fair portion also stated that their families were a little better in general. A little more than 16% said that they were a little worse or much worse than before they began MFIP in 1998. However, when comparing those who were on MFIP when interviewed with those who were off MFIP when interviewed, there were some large differences. Nearly half of those who were on MFIP stated that they were the same, while 41.2% of those not currently on MFIP stated that they were much better off. These differences are not statistically significant at the .05 level. Interestingly, both groups had similar numbers of responses indicating they were worse off. This may be somewhat surprising in that we might expect that those who were currently off MFIP would assess their family as doing better. This is a similar pattern to the previous answers about financial well-being in that those who were on MFIP were about equally likely to assess their financial situation as worse compared to those off MFIP. This raises questions about quality of life. Even as people make more money their family life may not improve. In fact, one might wonder if some of the influences of the program have a detrimental impact on family life, as evidenced in the findings on children's emotional well-being and parent and children's relationships. However, as some data are missing for this question and the sample size is fairly small, interpretations should be made with caution.

## C. Comparison of 1998 and 2002 Responses Regarding Work Orientation

### *Entire Sample*

We compared two sets of mean scores on the four work orientation scales for the 47 individuals who had been interviewed in both the 1998 and 2002 studies. Thus, one set of data came from the 1998 study and the other set was drawn from the current study. As seen in the table below, the levels of conscientiousness, emotional stability, and social support of the entire population increased between 1998 and 2002, while the level of employment commitment decreased slightly. These differences are not statistically significant at the .05 level.

Table 90. Comparison of mean scores of 1998 and 2002 for four work orientation indicators

	1998	2002
Conscientiousness	3.19	3.27
Employment commitment	3.16	3.14
Emotional stability	3.09	3.12*
Social Support	3.12	3.35*

\*n=46 because data for one participant are missing.

### *Worker Type*

Extensive workers showed decreases in all but one scale. The mean scores on conscientiousness, employment commitment and emotional stability declined for this worker type, while the mean score for social support increased. Moderate workers, however, showed a different pattern of change. The mean scores on all four scales increased for this worker type between 1998 and 2002, and this is the only group that showed increases in all four scales. Minimal workers showed increases in conscientiousness, employment commitment, and social support, but the mean score of emotional stability decreased. The changes for the scales for the extensive workers were in a direction opposite to what we would have expected. However, these differences are not statistically significant at the .05 level.

Table 91. Comparison of mean scores of 1998 and 2002 for four work orientation scales by worker type

	Extensive (n=18)		Moderate (n=23)		Minimal (n=6)	
	1998	2002	1998	2002	1998	2002
Conscientiousness	3.36	3.28	3.12	3.27	2.93	3.20
Employment commitment	3.20	2.98	3.29	3.32	2.50	2.87*
Emotional stability	3.01	3.00	3.15	3.25	3.07	2.95
Social support	2.90	3.13	3.33	3.53**	3.00	3.38

\* n=5 because data for one participant are missing.

\*\* n=22 because data for one participant are missing.

### *Racial and Immigrant Groups*

For African Americans, the mean scores of all scales except emotional stability increased between 1998 and 2002. Whites, however, show a different pattern of change with decreased mean scores for all but emotional stability. Overall, the changes appear quite minimal, and these differences are not statistically significant at the .05 level.

Table 92. Comparison of mean scores of 1998 and 2002 for four work orientation scales by worker racial/immigrant group

	African American (n=22)		White (n=23)	
	<b>1998</b>	<b>2002</b>	<b>1998</b>	<b>2002</b>
Conscientiousness	3.10	3.31	3.30	3.21
Employment commitment	2.98*	3.04	3.24	3.15
Emotional stability	3.13	3.11	3.06	3.13
Social support	3.00*	3.35	3.38	3.29

\* n=21 because data for one participant are missing. There were one immigrant and one Native American participant, who were not included in this table due to the small sample number.