



Perceptions of Employment among Immigrants and Refugees in the Twin Cities

Minnesota is home to more than 400,000 immigrants and refugees. The majority live in the Twin Cities. *Speaking for Ourselves: A Study with Immigrant and Refugee Communities in the Twin Cities* looks at the experiences of Hmong, Karen, Latino, Liberian, and Somali immigrants and refugees living in Hennepin and Ramsey counties.

With the guidance of our advisory group (see a list on page 12), we interviewed 459 immigrants and adult children of immigrants about their lives – their families, education, jobs, health, and engagement in their communities to learn: What are the biggest needs of immigrant and refugee communities in the Twin Cities? What are the issues that are of greatest concerns? What assets are available to address them? For more information about the study methods and participants, see page 8.

This summary highlights what *Speaking for Ourselves* participants had to say about employment. It highlights common themes, and suggests potential strategies to support these communities. Other *Speaking for Ourselves* summary reports focus on civic participation and social engagement; education; health, mental health, and health care access; personal money management; transportation, housing, and safety perceptions; and the immigrant experience in the Twin Cities. All of these reports can be found at wilderresearch.org.



SEPTEMBER 2015

**Wilder
Research**

Information. Insight. Impact.

Cultural communities at-a-glance

The Latino population makes up the largest foreign-born population in Minnesota. About 7 percent of people living in the Twin Cities are Latino. The vast majority of these immigrants originate from Mexico, although Minnesota is also home to Latino immigrants from many other Central and South American countries. About 40 percent, or nearly 100,000, are foreign-born.

Hmong refugees began arriving in Minnesota in the 1970s and 1980s following the Vietnam War, with a smaller second wave arriving in the early 2000s as a result of the closing of a refugee camp in Thailand. The Twin Cities metropolitan area is now home to over 64,000 Hmong residents, making it one of the largest Hmong populations in the country. Karen refugees have recently begun to settle in Minnesota fleeing the violence of the Burmese civil war. At least 3,000 refugees have settled in the Twin Cities; 85 percent came to the U.S. within the last 10 years.

Somali and Liberian refugees came to the United States following civil wars in their countries. Somali refugees first started arriving in the U.S. in large numbers during the 1990s. An estimated 32,000 or more Somalis reside in Minnesota, which makes it the largest Somali community in the United States. Over 10,000 foreign-born Liberian refugees have settled in the Twin Cities. About 80 percent have arrived within the last 15 years.

What are some of the most important issues to remember when communicating the study results?

- Because each cultural community is unique, any and all comparisons made between or across communities should consider the unique historical, social, and economic contexts of these communities.
- Recognize the difference between perception data and incidence data. The *Speaking for Ourselves* study mainly focuses on perceptions of respondents from immigrant and refugee communities; this study does not provide representative incidence data.
- Because immigrant and refugee communities are smaller and close-knit (including, in some cases, the interviewers who worked on this study), and the questions may broach subjects that are sensitive, interpretation of findings must take social desirability bias into account.
- In order to ensure positive impact, data from *Speaking for Ourselves* should be used in conjunction with other data sources. Any policy or programming decisions should be made only in collaboration with affected immigrant and refugee communities.



Key findings

Three-fifths (59%) of *Speaking for Ourselves* participants are employed.

This rate of employment is very similar to the employment rate of the U.S. population age 16 and older (58%). However, the employment rate in Minnesota for all people age 16 and older was higher, at 65 percent.¹ The employment rate varies significantly across cultural communities that participated in *Speaking for Ourselves* (Figure 1).

Of the *Speaking for Ourselves* participants who report being employed, about one in five said they have two or more jobs (22%). More than half of participants from the Somali community reported having two or more jobs (54%). A higher percentage of study participants from the Liberian community were employed, whereas participants from the Karen community were least likely to report being employed.

1. Percentage of *Speaking for Ourselves* participants who are employed

	Adults working – <i>Speaking for Ourselves</i> participants	Adults working – immigrants born outside the U.S. in 2012*
All respondents (N=459)	59%	-
Hmong (N=105)	50%	57%
Karen (N=101)	30%	56%**
Latino (N=101)	74%	72%***
Liberian (N=60)	82%	69%
Somali (N=69)	77%	55%

* Integrated Public Use Microdata Series from the U.S. Census Bureau, American Community Survey and Decennial Census. Data based on age 16-64.

** IPUMS collects these data for foreign-born people with Burmese ancestry. This is the best approximation we have for data on the Karen community. Karen-specific data is not collected.

*** This data represents Mexican-born adults who are working, age 16-64. The data does not represent all foreign-born adults (16-64) of Latino ethnicity.

Only 9 percent of participants said they were self-employed. A higher percentage of participants from the Somali community (14%) reported being self-employed. No Karen participants were self-employed.

¹ U.S. Census Bureau, 2009-2013 American Community Survey (<http://factfinder.census.gov>).

More than half of the participants who are employed report they receive benefits such as paid time off, health insurance, and dental insurance.

Participants were given a list of benefits and asked whether their job offered these benefits. Two-thirds said they receive paid time off (65%) and health insurance (62%). Slightly fewer get dental insurance (58%), whereas only about one in five said they get other benefits (19%). Latino respondents were least likely to report getting these employment-related benefits (Figure 2).

2. Reported employment benefits, of participants who are employed

	All respondents (N=260)	Hmong (N=515)	Karen (N=24)	Latino (N=74)	Liberian (N=49)	Somali (N=51)
Paid time off	65%	71%	67%	51%	65%	77%
Health insurance	62%	71%	54%	43%	55%	88%
Dental insurance	58%	71%	50%	37%	53%	82%
Other benefits	19%	26%	0%	28%	22%	0%

Speaking for Ourselves participants who report being unemployed (41%) most often said that the main reasons they do not currently have a job are because they are a stay-at-home parent or have a disability.

Unemployed participants were asked to identify the main reason why they did not have a job, and were given a list of possible answers. The top three reasons given were being a stay-at-home parent (32%), being disabled and unable to work (26%), and “other reasons” (31%). Other reasons included losing their job/being laid off, quitting their job, and old age. Being unable to find a job was a less common reason participants selected to explain why they are not employed.

Respondents from the Karen community most frequently said they were a stay-at-home parent (52%). Hmong respondents were more likely to report being disabled and unable to work (51%) as the main reason for their unemployment. Not being able to find a job was most frequently reported by participants from the Liberian community (30%) (Figure 3).

3. Main reason for unemployment

	All respondents (N=170)	Hmong (N=45)	Karen (N=63)	Latino (N=24)	Liberian (N=10)	Somali (N=16)
Can't find a job	11%	9%	8%	4%	30%	25%
Stay-at-home parent	32%	11%	52%	50%	10%	25%
Disabled and unable to work	26%	51%	24%	17%	0%	13%
Other reason	31%	29%	16%	29%	60%	38%



Participants report the main challenges to getting a job for their cultural communities include language barriers (47%) and needing more education (30%); immigration status is a community challenge according to two-thirds of Latino respondents but none of the other cultural communities.

Other problems noted by a substantial number of respondents include: lack of reliable transportation (11%), discrimination (7%), lack of work experience (6%), lack of motivation or commitment (6%), lack of soft skills (6%), lack of job/technical skills (5%), and inability to complete the application or lack of interviewing skills (5%).

Language barriers

“Language barriers: they don’t have networks. They don’t know where/how to search for jobs. Some of the jobs require English skills.” – Karen respondent

“One of the reasons will be our qualification, our language and our culture because sometimes the people don’t understand us [referring to the differences in the Liberian English accent and the Minnesotan English accent].” – Liberian respondent

Education

“Lack of education...too humble to boast on his talent.” – Hmong respondent

“Not having educational degrees and lack of understanding American job culture.” – Somali respondent

Immigration status

“Discrimination and legal work status.” – Latino respondent

“We are undocumented. We are smart and we know a lot, but no papers.” – Latino respondent

Transportation challenges

“Transportation – some don’t have a car so they have to quit their job and some are not offered the job because they don’t have reliable transportation.” – Karen respondent

“We need to get or find employer who is willing to hire limited English cultures and also if they could provide general transportation that will be very helpful because some employers they do ask if we have transportation or not.” – Somali respondent

Discrimination

“Because of race. They discredit Hmong people even though we are already educated. (Higher paying job) Coworker put Hmong people down. They don't want to see Hmong people get better positions. For lower paying job – none of those issues happen.” – Hmong participant

“If your English is not good enough, they just assume you're undocumented or dumb.” – Latino respondent

“Discrimination, extra experience and contact. For instance, if you have a degree and based on our accent we may be denied the job opportunities - extra experience needs added experience for that particular job.” – Liberian respondent

Issues to consider

Overall, employment rates vary by cultural community and, to an extent, mirror the population-level data available from the U.S. Census Bureau. However, it is important to note that participants of the *Speaking for Ourselves* study may contain a slightly larger proportion of working age adults in some cultural communities and a smaller proportion in others (where our sample contained more older adults); a gender imbalance in the *Speaking for Ourselves* respondent pool, especially for Latinos, may also offer more contextual explanation for the employment data presented here.

Action steps and recommendations

Recommendations in this report arise from respondent and stakeholder suggestions; Wilder's interpretation of the data; and current issues, trends, and policy opportunities, both on the state-wide and national and scale.

Address unemployment and underemployment in immigrant and refugee communities by increasing access to vocational education and English classes for employment-related purposes (vs. conversational English), and consider more options for on-the-job training and English language learning approaches. Consider working to establish collaborations between refugee resettlement agencies and private employers to provide job training and decrease barriers to employment. Advocate for avenues for immigrants to obtain permission to work in the United States for those who are currently unable to legally work.

Employers should provide better employment-related benefits to all employees, including paid time off for sick time as well as for personal reasons and health and dental insurance. Access to paid time off is one way to support parents and other caregivers from immigrant and refugee communities to participate in their child's education, become engaged in civic processes, volunteer, participate in cultural activities, and access resources in their communities. The majority (54%) of Minnesotans obtain adequate insurance coverage for themselves and their families through an employment-based program (U.S. Census Bureau



2013).² Employer-based health insurance may be the most cost-effective option under the current health care system to ensure immigrant and refugee communities have equal access to health care.

Consider public policy and program/service options to provide better transportation that links geographic areas where many immigrants and refugees live with locations of jobs and educational institutions. This may include public transportation as well as carpooling or other approaches that rely on the strengths of informal volunteering and helping each other out within many of these immigrant and refugee communities. Recent efforts from the Metropolitan Council to build equity into transit projects can be seen in the installation of the Green Line, which connects both downtowns, as well as planning for the Southwest Light Rail Transit Line. As noted elsewhere, options to help immigrants and refugees become vehicle owners, learn how to drive, obtain a driver's license (even without lawful immigration status), and maintain a vehicle are also of interest.

Advocate for organizational transparency, data tracking, and benchmarking for employee recruitment and retention of a diverse workforce that is representative of the constituents/customers/residents/community members the entity is trying to serve. Encourage greater outreach from federal agencies under the oversight of the Equal Employment Opportunity Commission into immigrant communities to establish trust and provide connections for community members to file discrimination complaints.

² U.S. Census Bureau, Current Population Survey, 2014 Annual Social and Economic Supplement.
<http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2013/Table1.pdf>

Study methods

A community advisory board made up of individuals who are members of and/or work with one or more of the participating communities provided guidance throughout this study. Wilder Research designed the survey instrument, developed and implemented the data collection approach, and conducted the analysis and reporting after gathering input from the advisory board and directly from the community.

An innovative data collection approach called Respondent Driven Sampling was used to identify and recruit eligible community members to participate in the study. This approach involves randomly selecting a handful of “seed” respondents within each community and asking those respondents to refer up to three additional people from their community. Those respondents are then asked to refer other respondents, ultimately creating respondent referral “chains” that in some cases carried out as far as 11 “waves” (Figure 4).

Adults who were born outside of the U.S., or had a parent who was born outside of the U.S., who were from one of the cultural communities included in the study, and who live in Hennepin or Ramsey counties were eligible to participate. Respondents who were referred to the study could **not** be a biological family member or live at the same address as the person who made the referral.

Speaking for Ourselves **Buy-A-Question Partners**

The following partner organizations contributed to this study by funding one or more study questions and by committing to using the results to improve service access or delivery:

- Hennepin County Public Health
- Metropolitan Library Service Agency
- Minnesota Children’s Museum
- Minnesota Historical Society
- Minnesota Humanities Center
- Minneapolis Institute of Arts
- Science Museum of Minnesota
- Family and Community Knowledge Systems Project, Wilder Research, and Training and Development, Inc., with funding from the Kellogg Foundation



4. Respondent Driven Sampling: Number of seeds, referrals, and waves in the referral chains

Total number of:	All respondents ^a	Hmong	Karen	Latino	Liberian	Somali
Seeds	52	11	7	11	3	9
Referrals	407	94	94	90	57	60
Maximum number of waves	--	11	7	8	9	6
Total number of respondents	459	105	101	101	60	69

^a In addition to the five main cultural communities listed in the table, the “all respondents” group also includes 6 Lao, 7 Oromo, and 10 Vietnamese respondents. We did not obtain enough completed surveys from members of these cultural communities to be able to report data for these communities separately.

Wilder Research hired bilingual staff from participating communities to help with data collection; interviews were conducted in the respondents’ preferred languages, either over the phone or in-person. Respondents received \$20 for completing the survey and \$5 for each referral they made, up to three.

By using Respondent Driven Sampling, we were able to survey a group of study participants who are more representative of these cultural communities in the Twin Cities than if we had used convenience sampling methods (i.e., survey people who are all affiliated with one program, religious organization, housing site, neighborhood group, etc.) However, study participants are **not** statistically representative of their broader cultural communities because scientific random sampling was not used, and the full Respondent Driven Sampling method for weighting and analyzing data was not appropriate given these data.

Therefore, the data presented here should be interpreted with caution; we do not claim that the results exactly mirror the overall experiences of the broader community. Rather, we suggest that in many cases the data produced by this study are better than any other existing source of data about these immigrant and refugee communities in the Twin Cities. The key findings included in this report have been endorsed strongly enough by a wide enough range of study participants and community stakeholders to be considered valid and actionable for all practical purposes.

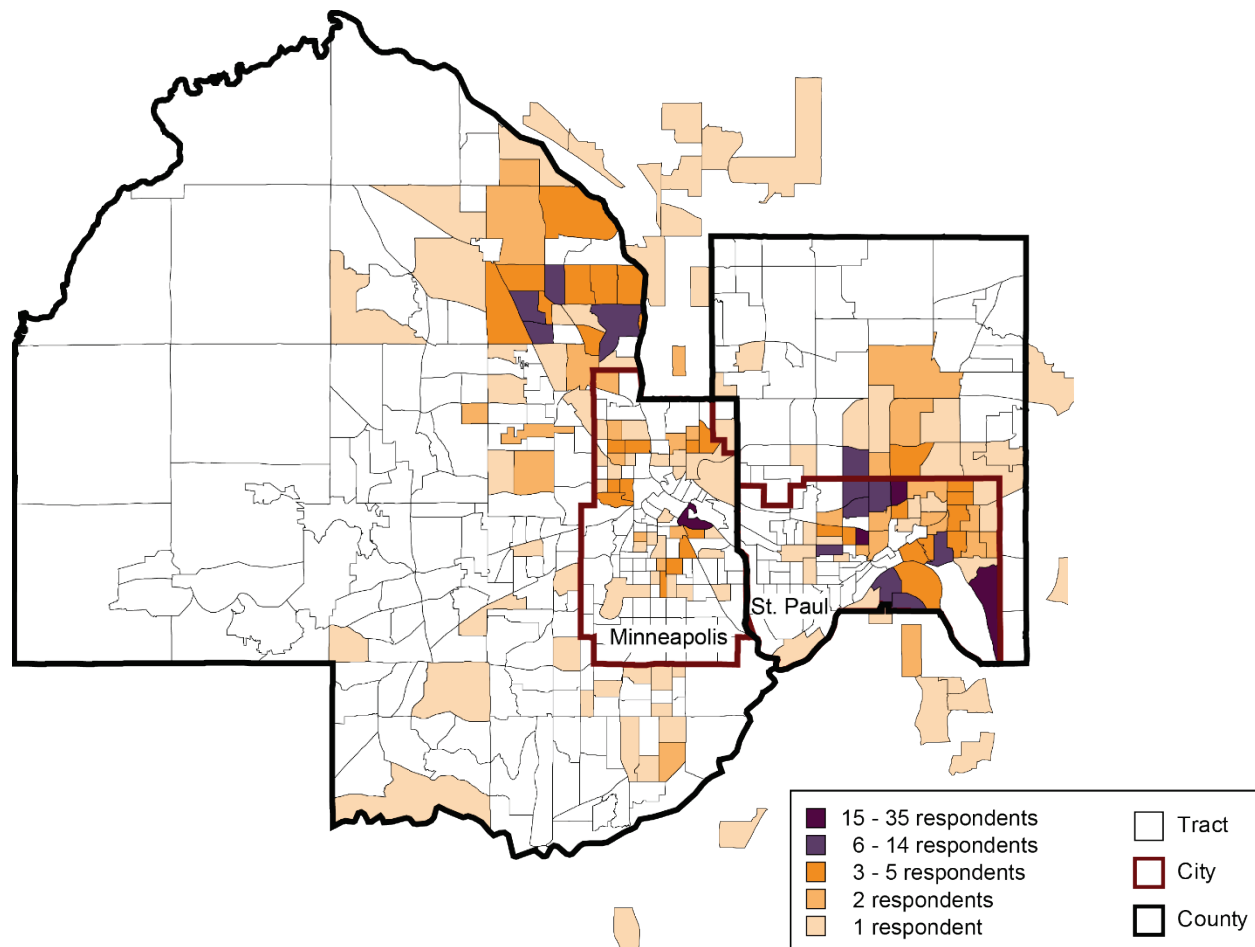
Differences among groups may be attributable to actual differences in their experiences, but may also be due to differences in survey responding patterns (e.g., some groups are more likely to give moderate responses, other groups are more likely to give extreme responses, regardless of the type of question). Therefore, as noted previously, comparison across communities should be done with caution and only with consideration of the unique contextual factors that influence these and any research findings.

See the detailed study methodology report and data book for more information about the study methods and limitations (*[Speaking for Ourselves: A Study with Immigrant and Refugee Communities in the Twin Cities Data Book](#)*).

Study participants

A total of 459 immigrant and refugee community members participated in the study. Participants' locations (home address) generally reflect the geographical spread of these cultural communities in Hennepin and Ramsey counties (Figure 5). A few respondents live outside of the target counties.

5. Participants' locations in Hennepin and Ramsey counties



Most participants were born outside of the U.S. They are split nearly evenly between Hennepin and Ramsey counties, although some specific cultural communities are concentrated in one county or the other. Two-thirds of respondents are female; they are split fairly evenly across the age spectrum from younger adults to older adults. Although participants fall into all education levels, most have a high school diploma or less. Similarly, although all income ranges are reflected, over half have household incomes below \$30,000 annually (Figure 6).



6. Demographic characteristics of study participants

	All respondents (N=459)	Hmong (N=105)	Karen (N=101)	Latino (N=101)	Liberian (N=60)	Somali (N=69)
County of residence						
Hennepin	47%	40%	0%	58%	85%	57%
Ramsey	49%	51%	100%	40%	10%	35%
Other	4%	9%	0%	2%	5%	9%
Generational status						
1 st generation – born outside the U.S.	95%	87%	100%	92%	98%	100%
2 nd generation – born in U.S.	5%	13%	0%	8%	2%	0%
Gender						
Female	65%	61%	77%	81%	42%	55%
Male	35%	39%	23%	19%	58%	45%
Age						
18-29	25%	26%	24%	20%	37%	18%
30-49	54%	32%	68%	66%	48%	65%
50+ years	21%	42%	8%	14%	15%	18%
Education						
No formal education	17%	46%	21%	1%	0%	10%
Elementary/some high school (no diploma)	27%	21%	57%	30%	0%	33%
High school diploma or GED	27%	1%	20%	43%	17%	39%
Some college/Associate degree	21%	0%	2%	19%	62%	15%
Bachelor's degree or higher	9%	10%	0%	7%	22%	3%
Household income						
Under \$10,000	17%	10%	26%	7%	7%	33%
\$10,000 to under \$20,000	16%	5%	24%	22%	12%	17%
\$20,000 to under \$30,000	22%	8%	31%	28%	24%	22%
\$30,000 to under \$50,000	23%	20%	12%	31%	34%	26%
\$50,000 or more	9%	21%	1%	7%	9%	1%
Don't know or refused	13%	37%	6%	4%	15%	0%

Acknowledgements

Wilder Research would like to thank the study participants and their communities who entrusted us with their perspectives and shared with us their time. The participation of the *Speaking for Ourselves* advisory board members, our partners, and the community members through each phase of the project, made this study possible and made its findings more meaningful. We would also like to thank our Wilder Research and Wilder Foundation staff who contributed to the completion of this study.



Speaking for Ourselves Advisory Board

Sunny Chanthanouvong, Lao Assistance Center of Minnesota
Angelique Cooper-Liberty, Angel Eyes Foundation
Kim Dettmer, Lutheran Social Service of Minnesota
Hsajune Dyan, Saint Paul Public Schools
MayKao Fredericks, Wells Fargo Foundation
Michele Garnett McKenzie, The Advocates for Human Rights
Rodolfo Gutierrez, HACER
Roda Hassan, University of Minnesota Medical Center, Fairview
Thang Le, Vietnamese Science & Cultural Center-Minnesota
Kristine Martin, Amherst H. Wilder Foundation
MyLou Moua, Minneapolis Public Schools
Ahmed Muhumud, City of Minneapolis (former)
Mimi Oo, African & American Friendship Association for Cooperation and Development
Chanida Phaengdara Potter, The SEAD Project
Francisco Segovia, Pillsbury United Community – Waite House
Pablo Tapia, La Asamblea de Derechos Civiles
Danushka Wanduragala, ECHO
Pahoua Yang, Amherst H. Wilder Foundation
Tony Yang, Amherst H. Wilder Foundation (former)
Ladan Yusuf, CrossingBarriers

**Wilder
Research**
Information. Insight. Impact.

451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700
www.wilderresearch.org



AMHERST H.
WILDER
FOUNDATION
ESTABLISHED 1906
Here for good.

For more information

For more information about this report or the *Speaking for Ourselves* study, contact Nicole MartinRogers at Wilder Research, 651-280-2682.

Authors: Nicole MartinRogers, Monzong Cha, and Denise Hanh Huynh

SEPTEMBER 2015