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Foundation Support of Immigrant Communities: Insights From a Survey of Immigrants in Minnesota's Twin Cities

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Keywords: Immigration; Minnesota immigrants; quality of life

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Key Points

- Immigration brings both benefits and challenges to communities. This article provides insight into the needs of these communities and offers suggestions for how foundations can consider immigrant and refugee communities in their work.
- This article combines information from Minnesota Compass, a foundation-governed social-indicators initiative, and *Speaking for Ourselves*, a study of immigrants and refugees in Minnesota's Twin Cities metropolitan area that identifies the needs and strengths immigrants bring to our communities.
- The results can help guide foundations and their grantees on how to improve a community's quality of life for immigrants and refugees – to the benefit of all residents. By understanding demographic trends and cultural nuances, organizations can increase awareness, access, and trust among immigrants and refugees, and influence public policy.

Introduction

Immigration constitutes an ongoing dynamic in all communities. Sometimes that dynamic is almost invisible; at other times it is very visible, debated, or salient. In 2011, the World Bank estimated a total of 215 million migrants around the world, with the U.S. having the largest number of foreign-born residents – approximately 42 million (World Bank, 2011). When immigrants and refugees join a community, they often both strengthen it and bring needs and challenges.

Foundations can support their communities by being aware of and responsive to immigrants and refugees. This article provides insight into the needs of these communities and offers suggestions for how foundations can consider immigrant and refugee communities in their work.

In the first decades of the 21st century, events in the U.S. and upheavals around the world have brought focus to the movements of people across borders – movements both forced and voluntary, illegal and legal. According to the United Nations High Commissioner for Refugees (2015), forced displacement of populations has reached an all-time high: “Globally, one in every 122 humans is now either a refugee, internally displaced, or seeking asylum. If this were the population of a country, it would be the world’s 24th biggest” (para. 4). In future decades, climate change will likely put pressure to move on hundreds of millions more (Piguet & Frank, 2014).

Voluntary migration, primarily for economic or family reasons, also occurs at a high rate and shows no sign of decline. Gallup surveys in 135 countries from 2007 through 2009 resulted in estimates that 700 million people worldwide would like to move to another country permanently if they had the chance. More than 165 million of them indicated they would choose the U.S. for their future home (Esipova & Ray, 2009). A Pew Research Center (2012) survey found that more than half of Mexico’s 18- to 29-year-olds would like to move to the U.S. In short, worldwide trends suggest that immigration will continue on a major scale, with implications for nations and for their constituent regions and communities.

Immigration in the U.S. brings challenges to the communities where these newest Americans live, including shortages in affordable housing; students who arrive at schools and workers who arrive at jobs needing to learn English; health and human services systems that may be ill-equipped to handle increased demands; and cultural, generational, religious, and/or racial tensions and misunderstandings.

But immigration also brings benefits. In many communities, immigrants have alleviated labor shortages that might have driven away industry. In 2013, the Minnesota State Demographic Center indicated that “greater numbers of migrants, both domestic and international, will be necessary to meet our state’s workforce needs and to buttress economic activity” (2013, p. 22). The Kauffman Foundation’s Index of Entrepreneurship shows that for most of the past 10 years, immigrants have been roughly twice as likely as people born in the U.S. to start new businesses (Fairlie, Morelix, Reedy, & Russell, 2015). Corrie and Radosevich (2013, p. 2) noted the following economic benefits of immigrants in Minnesota:

- “Immigrants are younger than native Minnesotans: They fill jobs vacated by retiring workers, and pay taxes that provide needed state and local revenues.
- As consumers, immigrants in Minnesota have an estimated \$659 billion in lifetime earnings and annual purchasing power of \$5 billion. Immigration slows population decline in rural towns and struggling urban neighborhoods, and contributes to the growth of housing values.
- Immigrants comprise 7 percent of the state’s population, but 9 percent of the workforce. In six industry sectors and 17 occupations, both higher- and lower-skilled, immigrants comprise more than one quarter of the workforce.
- Immigrants pay an estimated \$793 million in state and local taxes annually.

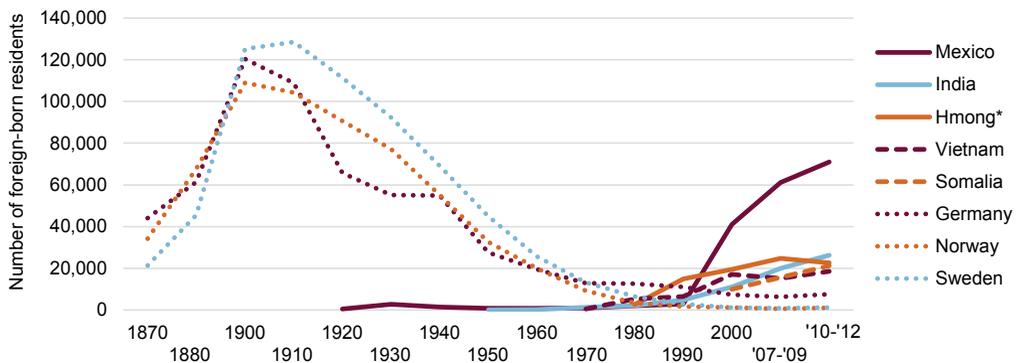
*The study, **Speaking for Ourselves**, identifies the needs and strengths immigrants bring to our communities. The results offer guidance on how foundations and their grantees can improve the quality of life for a community’s immigrants and refugees, to the benefit of all residents. By understanding demographic trends and cultural nuances, organizations can increase awareness, access, and trust among immigrants and refugees, and influence public policy.*

- Six percent of the state’s business owners are immigrants.
- Through networks and cultural assets, immigrants strengthen Minnesota’s global connections and make the state more attractive to global investors, businesses, and talent.”

This article combines information from Minnesota Compass, a foundation-governed social indicators initiative,¹ and a new study of immigrants and refugees in the Twin Cities metropolitan area. The study, *Speaking for Ourselves*, identifies the needs and strengths immigrants bring to our communities. The results offer guidance on how foundations and their grantees can improve the quality of life for a community’s immigrants and refugees, to the benefit of all residents. By understanding demographic trends

¹See www.mncompass.org.

FIGURE 1 Number of Minnesota Foreign-Born by Birthplace



*Hmong (born primarily in Laos and Thailand)

and cultural nuances, organizations can increase awareness, access, and trust among immigrants and refugees, and influence public policy.

Immigrants and Refugees in Minnesota

Minnesota’s experience with immigration is an informative case study of the dynamics existing in many American communities. From 1850 to about 1950, Minnesota had a larger proportion of immigrant residents than the U.S. as a whole. The movement of foreign-born people into the state then declined, and from the 1970s to about 1990 only about 3 percent of Minnesota’s population was foreign-born. Since 1990, however, while the U.S. immigrant population doubled, Minnesota’s immigrant population almost quadrupled. By 2014, Minnesota ranked 22nd in the nation in terms of proportion of foreign-born residents (Minnesota Compass, n.d. a). Minnesota is home to a variety of immigrant communities, representing different cultures, reasons for migrating, and lengths of time in the U.S.

Minnesota’s immigrant population has changed over the years; countries of origin have shifted and immigrants are increasingly people of color. In the 1950s, as the proportion of immigrants among Minnesota’s residents dropped below the country’s average, the most common countries of origin of foreign-born residents

were European, predominantly from Germany, Sweden, and Norway. These three countries remained the most common places of birth for foreign-born residents in Minnesota until about 1980 (Minnesota Compass, n.d. b). Starting in 1970 and continuing into the new millennium, the number of foreign-born residents from Central and South America, Asia, and Africa grew substantially. As of 2012, the largest number of foreign-born Minnesota residents came from Mexico; followed by India; Laos and Thailand (Hmong); Somalia; and Vietnam. (See Figure 1.) Between 1970 and 2000, the proportion of all Minnesota’s foreign-born residents living in the Twin Cities increased from roughly 55 percent to 80 percent (Minnesota Compass, n.d. c).

Immigrants’ experiences in Minnesota vary greatly depending on their country of origin, length of residency in the U.S., and immigration status. A pivotal difference is immigration and refugee status. Between 2004 and 2007, Minnesota ranked among the top five states for the arrival of “primary refugees” – people who arrive directly from their country of origin – with a peak of more than 6,000 primary arrivals in 2005. While the state has since dropped to 13th place in the U.S. for primary arrivals, more than 2,000 “secondary refugees” – those who originally settle in one state and then move to another

– now live in Minnesota (U.S. Department of Health and Human Services, 2015). Having primary refugee status is significant because federal resettlement assistance, which provides initial aid for housing, food, health screenings, and other basic needs, is available to refugees only in the state where they first settled.

Social-indicator data – especially disaggregated data that shows results for specific cultural communities – reflects differences in experiences among population groups. Multiple social indicators show that white residents in Minnesota fare better than people of color. Since a substantial proportion of Minnesota’s people of color are foreign-born or the children of foreign-born parents, it is important to consider these disparities when reflecting on the experiences of immigrants in the community. For example:

- In 2014, 79 percent of white adults age 16-64 in Minnesota were employed, compared with 68 percent of adults of color (Minnesota Compass, n.d. d).
- In 2015, the on-time high school graduation rate of white students in Minnesota was 87 percent; the rate for students of color was 68 percent (Minnesota Compass, n.d. e). Furthermore, only 39 percent of third-grade students of color met grade-level reading standards, compared with 68 percent of white third-graders (Minnesota Compass, n.d. f).
- For Minnesotans under age 65, 14 percent of people of color do not have health insurance; the uninsured rate for white Minnesotans is 5 percent (Minnesota Compass, n.d. g).

Speaking for Ourselves: An In-Depth Study

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Although some population-level data are available from the U.S. Census Bureau and other sources, these data do not provide an in-depth understanding of the immigrant experience in our communities. As a public charity that provides direct services to these communities, the Amherst H. Wilder Foundation needs information about immigrants and refugees in order to be responsive to our community’s needs.

Amherst H. Wilder Foundation needs information about immigrants and refugees in order to be responsive to our community’s needs. For example, the foundation recognized the need to adapt its mental health programs for Minnesota’s newest immigrants, such as Karen and Karenni refugees from Burma who have recently moved by the thousands to Saint Paul.

Wilder Research first surveyed immigrants in 2000 and reported the findings in *Speaking for Themselves*, a study of Hmong, Latino, Russian, and Somali immigrants in the Twin Cities (Mattessich, 2000). Many community organizations, students, government agencies, and others found the information valuable and, after a few years, started asking for updated information. The foundation saw the need for new data and, in 2010, provided funding to Wilder Research to repeat and even expand this important initiative.

The second study, *Speaking for Ourselves*, is a community-based effort that looks at the experiences

TABLE 1 *Speaking for Ourselves* Study Respondents

	All Respondents ¹	Hmong	Karen	Latino	Liberian	Somali
Seeds	52	11	7	11	3	9
Referrals	407	94	94	90	57	60
Maximum No. of Waves	--	11	7	8	9	6
Total Respondents	459	105	101	101	60	69

¹In addition to the members of the five main cultural communities, the respondents include six Lao, seven Oromo, and 10 Vietnamese. Too few completed surveys from members of these communities were submitted to report data for these communities separately.

of Hmong, Karen, Latino, Liberian, and Somali immigrants and refugees living in the Twin Cities (MartinRogers, 2015). Among the members of an advisory group for the study were both individuals from the cultural communities included in the study and professionals in organizations across a variety of sectors that serve immigrants and refugees. They offered guidance on all major aspects of the study’s design and implementation.

For the study, 459 immigrants and adult children of immigrants were interviewed about their lives – their families, education, jobs, health, and engagement in their communities. *Speaking for Ourselves* sought to identify the biggest needs of immigrant and refugee communities in the Twin Cities, the issues of greatest concern, and the assets available to address those needs and issues.

Study Methods

Wilder Research used respondent driven sampling, an innovative and culturally appropriate data collection approach, 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 the 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.” (See Table 1.)

Adults were eligible to participate in the study if they or a parent were born outside of the U.S., were from one of the cultural communities included in the study, and lived in Minnesota’s Hennepin or Ramsey counties. Wilder Research hired bilingual staff to help with data collection. Each respondent received \$20 for completing the survey and \$5 for each referral.

Strengths and Limitations of Study Methods

By using respondent driven sampling, we were able to survey a group of immigrants and refugees who are more representative of their cultural communities in the Twin Cities than would have been the case had we used convenience sampling methods (e.g., surveying people who are all affiliated with one program, religious organization, housing site, or neighborhood group). Study participants are not statistically representative of their broader cultural communities, however, because scientific random sampling was not used, and the complete respondent driven sampling method for weighting and analyzing the survey data was not feasible.

We believe that for many topic areas and purposes, the data produced by this study are better than any other existing source of data about these immigrant and refugee communities. Also, the key findings have been endorsed strongly enough by a wide enough range of study participants and community stakeholders to be considered valid and actionable for many practical purposes. However, we recommend

that these and other data be used with consideration of the unique contextual factors that influence research findings.²

Key Findings

The 459 immigrants and refugees who participated in *Speaking for Ourselves* offered many insights into the experience of moving to the Twin Cities. They told us that health care, employment assistance, housing, and food were the most helpful resources provided to them when they arrived. They were also most likely to say they needed more help with basic needs, like food, housing, and clothing, and with jobs and employment training. Participants said organizations, including foundations, would be able to provide better services to new immigrants, and help them feel more welcome in Minnesota, if they learned more about their communities.

Regarding the experience of discrimination, most *Speaking for Ourselves* participants said they feel safe where they live. On the other hand, over half of participants reported feeling that they were not accepted at least once in Minnesota because of their race, culture, religion, or immigration status; 2 out of 10 participants said they feel this way once or twice a month or more often.

Education From Early Childhood Through Job Training

Research has shown that participation in high-quality early childhood education helps prepare children for kindergarten and can be particularly beneficial for children who do not speak English at home (Yoshikawa, et al., 2013). But only 9 percent of *Speaking for Ourselves* participants with children up to age 4 send their children to child care centers or early childhood education programs; 75 percent receive child care from someone living in the home.

When asked about challenges related to their family's school experiences, *Speaking for*

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Ourselves participants most commonly mentioned learning English and difficulties transitioning between languages used at school and at home. Just 24 percent of participants who have school-age children said they feel “fully able” to help their children with homework in English, and only one-third – 34 percent – feel “fully able” to volunteer at their child’s school. On the other hand, three-quarters of participants – 77 percent – said they feel “fully able” to provide a home environment that is good for studying. When they were asked an open-ended question about their cultural community’s strengths with regard to education, parental encouragement was the most commonly mentioned key strength of culture or family that helps children be successful in school. More work is needed to best understand how service providers and funders can build on this strength within these communities while also addressing educational needs, especially English-language learning.

²See the detailed study methodology report and data book (MartinRogers, 2015) for more information about the study methods and limitations and for detailed findings by cultural community.

Nearly one-quarter of participants – 22 percent – indicated that they would be embarrassed to seek help for an emotional or mental health problem. In this study, simply finding culturally appropriate ways to meaningfully inquire about mental health, trauma, and similar sensitive topics – and to effectively translate questions about these topics into several different languages – was extremely challenging.

The most commonly mentioned barriers to post-secondary education access, named by 75 percent of participants, are financial issues. Despite these barriers, nearly all participants – 98 percent – said they believe that their children will go to college, and just over three-quarters – 78 percent – want to obtain additional education for themselves.

With respect to securing a job, *Speaking for Ourselves* participants most commonly reported language barriers and the need for additional education or training as challenges to obtaining employment.

Physical and Mental Health

Immigrant and refugee communities in the Twin Cities have significant health problems that may be related to their experiences in refugee camps and other traumatic settings. Immigrants and refugees in the Twin Cities experience the types of racial/ethnic health disparities that are also found in American-born minority communities in Minnesota. *Speaking for Ourselves* participants frequently expressed concerns about their

cultural community's health, with diabetes, unhealthy eating, and lack of access to healthy food as the top concerns (respondents were also asked about tobacco, alcohol, and illegal drug use; physical activity; and related public health issues). When asked if they have trouble accessing health care, participants identified a lack of health insurance as a primary barrier.

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Transportation, Personal Finance, and Housing

Just like American-born people living in lower-income communities, many immigrants and refugees struggle with access to transportation, credit, and housing. Twenty-seven percent of *Speaking for Ourselves* participants said they have “occasional problems” with transportation and 12 percent said they have “significant problems” getting where they need to go, although these challenges varied substantially by cultural community. Eleven percent said that being able to pay the rent or mortgage is a “serious problem” for their household; 22 percent said it is a “small problem.” The most common housing-related needs were more space; repairs, maintenance, and pest control; subsidized or affordable housing; utilities assistance; and household items.

The study indicated that many immigrant and refugee communities struggle to access mainstream financial systems. The biggest concern in this area was the inability to get credit. Slightly over half of respondents from the Karen community – 58 percent – reported that the inability to obtain credit was a serious problem. Only 6 percent of Somali respondents reported this problem, however – a difference that is likely related to Islamic beliefs related to lending and credit.

A particular concern made salient by the *Speaking for Ourselves* study was the lack of long-term care planning for older immigrants and refugees. This issue highlights how systems developed within certain social norms can create barriers for immigrant and refugee communities: Many American households consist of just two generations of family members, and the standard expectation is that older parents will opt for a nursing home or other long-term care facility or arrangement when they can no longer care for themselves. But in many immigrant communities, older parents typically expect to move in with an adult child not only to receive care, but also to continue to contribute to the home environment by assisting with child care, food preparation, housekeeping, and other responsibilities. There is a lack of public and institutional understanding about how to adapt the safety net and long-term care systems to meet the needs of these populations. It is important to note that differences often exist in expectations among immigrant families depending on the age of the person needing care, when they moved to the U.S., the degree of acculturation, socioeconomic status, and other factors.

Civic Participation and Social Engagement

Seven out of 10 *Speaking for Ourselves* participants reported volunteering informally to help neighbors, family, or friends, but only about two out of ten respondents formally volunteer through an organization. This gap could indicate an opportunity: Many mainstream cultural institutions in the Twin Cities struggle to attract participation from immigrant families. This may be due in part to the fact that formal volunteering may be more prevalent in individualistic cultures, while a standard practice of informally helping each other out may be more common in collectivist cultures that are more commonly represented by these immigrant cultural communities. Organizations might consider how to structure their programs and volunteer opportunities to better align with a community's accustomed way of giving their time back to their community.

While most of the participants in *Speaking for Ourselves* – 75 percent – said they have used a

Many American households consist of just two generations of family members, and the standard expectation is that older parents will opt for a nursing home or other long-term care facility or arrangement when they can no longer care for themselves. But in many immigrant communities, older parents typically expect to move in with an adult child not only to receive care, but also to continue to contribute to the home environment by assisting with child care, food preparation, housekeeping, and other responsibilities. There is a lack of public and institutional understanding about how to adapt the safety net and long-term care systems to meet the needs of these populations.

public library, very few reported visiting many other mainstream cultural institutions in the Twin Cities. The most common explanations for not using or volunteering at these institutions involved a lack of culturally or linguistically appropriate programming, a lack of staff or volunteers from their cultural community, and feeling out of place or doubtful that they would have

anything to contribute as a volunteer. Two Twin Cities institutions that are partners in *Speaking for Ourselves* are exploring ways of engaging cultural communities: A new program at the Minnesota Historical Society highlights historic sites of interest to the Latino community, and the Science Museum of Minnesota is creating volunteer alternatives that are more closely aligned with Hmong cultural practices.

How Foundations Can Work With Immigrant Communities

Our research with and for immigrant and refugee communities has found that culture and context matter. *Speaking for Ourselves* identified specific needs and strengths within several immigrant and refugee communities in the Twin Cities; here, we present recommendations for responding to those needs, and building on the strengths, that are most relevant for foundations.³

- *Support for secondary refugees.* Foundations can fund grantees that can help fill the gap between the end of resettlement benefits (e.g., cash assistance and housing) and self-sufficiency. Assistance dollars stay with the first state that accepts a refugee through the federal resettlement program. If a refugee subsequently relocates to another state (such as the Somali enclave known as “little Mogadishu” in Minneapolis, where many Somalis refugees from around the U.S. relocate), that refugee loses those federal benefits.
- *Early childhood education.* Foundations can support high-quality, culturally and linguistically based programs as well as the professional training of immigrants and other bilingual adults in the field of early childhood education. And, by helping bridge the language and culture gap between public systems and immigrant families, foundations can improve access to available dollars for child care assistance.
- *Postsecondary and employment training.* Most survey respondents expressed a desire for further education. Foundation funding for scholarships and other need-based assistance could be directed toward immigrant communities; in Minnesota, that also represents an opportunity to fill projected labor shortages across many sectors.
- *Health care.* Foundations can support outreach efforts to ensure that immigrants and refugees obtain available health insurance benefits and connect to culturally responsive primary care providers.
- *Mental and behavioral health.* Foundations can respond to the significant unmet and misunderstood behavioral health and wellness needs of immigrants and refugees by ensuring that they and their grantees use a trauma-informed approach to mental health; supporting the development of culturally responsive behavioral health assessments and treatment; and addressing the stigma often associated with mental illness, through outreach and education in partnership with community and religious leaders.
- *Long-term care plans.* Funders can provide support for families considering long-term care plans for family members who are elderly or disabled. They can also convene policymakers, public administrators, and providers to consider how local and federal systems can better meet the needs of immigrant and refugee families. Foundations can also learn from and build on the cultural values and practices around elder care that come from these communities as we shape elder care for baby boomers and future generations.
- *Housing.* Foundations can work with local governments, real estate developers, and property owners to ensure that safe, adequate, affordable, and culturally appropriate housing is available for the immigrant and refugee communities in their area.
- *Financial institutions.* Foundations can encourage and work with financial institutions, and community-based organizations

³Complete study findings are available at www.wilder.org/studies/Speaking%20for%20Ourselves/1518

servicing as intermediaries between immigrant communities and financial institutions, to encourage the development and modification of existing financial products and services to be culturally and religiously responsive.

- *Welcoming spaces.* Funders can reach out to immigrants and other under-represented communities by sponsoring events with positive impacts on those communities. For example, a foundation might assist a community organization in hosting a celebration for a specific cultural or traditional holiday, provide a forum for the organization to network with other area funders or service providers, or help draw immigrants to general community events through outreach and by ensuring that materials are translated and that culturally appropriate refreshments, language support, etc., are available.
- *Capacity building.* Funders can help empower immigrant and refugee communities to advocate for themselves. For example, Wilder Center for Communities, the leadership training division of the Wilder Foundation, offers the Community Equity Pipeline, which is a training program for people of color to learn more about the legislative process and how to get their communities' interests represented in public-policy debates. The Wilder Center for Communities also runs the Latino Leadership Program, which trains Latino community members in leadership skills and in various strategies for community advocacy work.

In addition to funding or working directly with immigrant or refugee communities, there are approaches that apply across sectors that can help foundations enhance their impact on an improved quality of life for these communities.

First, we recommend taking a balanced approach to any issue, considering not only needs and deficits, but also strengths and assets. While a particular individual, family, or cultural community may appear to have a need that a

While a particular individual, family, or cultural community may appear to have a need that a foundation can fill through funding and grantee efforts, it is important to look at other perspectives – including those from within the community itself. A community's cultural assets and other resilience factors might ultimately be a part of a solution.

foundation can fill, it is important to look at other perspectives – including those from within the community itself. A community's cultural assets and other resilience factors might ultimately be a part of a solution.

Second, proceed slowly when starting a new project or initiative within a cultural community, with full appreciation of the time and resources necessary to cultivate true community engagement and collaboration (Mattessich, Murray-Close, & Monsey, 2001). We have often seen efforts fail because timelines were too short to allow for authentic relationship-building or because projects lacked the resources necessary to achieve real impact. A community's lack of experience navigating U.S. systems and processes, or preferences for doing things according to certain cultural traditions, may mean more time and other resources are required for a successful initiative. A funder's preconceptions about how to do the work may also create problems that require extra time to work through. A foundation's time and flexibility, willingness to step back or start over as needed, and openness to authentic collaboration, dialogue, and critical input from start to finish are the hallmarks of successful efforts to better serve communities of

Ultimately, what funders don't know about immigrant and refugee communities can hurt them and the communities they are trying to help, resulting in failed initiatives that have no impact – or worse, negative impact. Learning more about immigration trends in communities, building capacity to work effectively with immigrants and refugees, and learning about the impacts of these efforts will ensure that foundations are using their resources effectively to improve the quality of life for our communities' newest arrivals.

immigrants. In some cases, initiatives without these key ingredients do more harm than good, and could permanently damage the relationship between a cultural community and a foundation.

Third, foundations should beware of funding efforts to “solve the problems” of the immigrants and refugees in their communities unless potential grantees have made special effort to understand and respond to the specific needs and preferences of the cultural communities they seek to serve. Foundations should act cautiously if a grantee wants to use or adapt an existing model or best practice in a new cultural context, especially if the grantee's staff and leadership do not come from that cultural community. Foundations should ask who is informing the program design, how models are adapted and

who is doing the adaptation, and whether the target community would truly benefit. Several specific factors should be considered when adapting a program or service to a particular cultural community: language (oral, written, jargon); ethnic matches; values, customs, and traditions; concepts; goals; methods; and social and political context (Bernal, Bonilla, & Bellido, 1995).

When converting materials to other languages, foundations and their grantees should emphasize conceptualization of materials in each language and for each cultural community while maintaining the intent, salience, tone, and context of the original message or materials, rather than mere literal, word-for-word translation. This process of “transcreation” ensures all participants, even those for whom English is not the primary language, have access to the complete and culturally relevant program, service, or product.

As a public charity with an endowment, the Amherst H. Wilder Foundation delivers services in the same manner as an operating foundation. It has the financial flexibility that many smaller nonprofits do not have to take the time necessary to develop the expertise to create and implement innovative programs to serve our community's emerging needs. One of Wilder Foundation's model programs, the Social Healing Center, is a social-adjustment program that serves refugees from a variety of Southeast Asian cultural communities. The program helps refugees get basic services, make social and cultural connections, and connect to their new country, and is integrated with health and mental health services that are linguistically and culturally appropriate. Also, the program offers a space to garden and to celebrate holidays, such as the Cambodian New Year.

Through reflection and use of data, foundations can make an impact on the degree to which philanthropy improves the quality of life for immigrants and refugees. Foundations should assess their decision-making processes and assumptions, which may be based on dominant social and cultural norms that are not effective for immigrant and refugee communities. They should work toward increased transparency in

staffing, funding, and other critical activities. Grantee evaluation and reporting should include tracking and reporting data for specific cultural communities and disaggregating data to a degree that is useful and meaningful for the communities directly affected.

Ultimately, what funders don't know about immigrant and refugee communities can hurt them and the communities they are trying to help, resulting in failed initiatives that have no impact – or worse, negative impact. Learning more about immigration trends in communities, building capacity to work effectively with immigrants and refugees, and learning about the impacts of these efforts will ensure that foundations are using their resources effectively to improve the quality of life for our communities' newest arrivals.

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