

**Statewide Needs Assessment**  
***Strengthening Economic Supports for***  
***Women in Missouri***

*Results from the Six Regional Focus Groups*

December 30, 2019

**Submitted to:**

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## Executive Summary

The purpose of this report is to present the results of the qualitative needs assessment conducted by the University of Missouri-Kansas City, Institute for Human Development (UMKC-IHD) to Missouri Department of Health and Senior Services (DHSS), Section for Women's Health. UMKC-IHD conducted the needs assessment using a focus group methodology based on Fuzzy Cognitive Mapping (FCM) to identify barriers to education and employment for women in Missouri. We conducted six focus groups across Missouri and the key findings are presented below.

### Employment Barriers

✓ Participants identified 22 barriers that have the greatest impact on women's employment opportunities and economic mobility. The three most impactful barriers were:

- 1) ***Child Care.*** Participants indicated a lack of affordable, quality child care options. This included challenges finding quality child care open in the evenings and child care able to meet the needs of children with disabilities and special healthcare needs.
- 2) ***Transportation.*** Participants indicated a lack of reliable, affordable transportation as a significant obstacle to finding work or going to work. Participants provided details such as poor public transportation and lack of bus stops, particularly in rural areas.
- 3) ***Lack of Education.*** Participants indicated low education or lack of training programs as a barrier. This included comments such as "lack of access to specialty training" and "lack of education for skilled jobs" and education being "expensive."

### Employment Policies/Practices

✓ Participants identified 18 policies and/or practices that would reduce barriers to women's employment opportunities and economic mobility.

- 1) ***Child Care Assistance.*** Participants indicated child care barriers would be reduced by child care assistance programs like stipends, state subsidized child care programs without income limits, employer-provided child care, and availability of child care during evenings and weekends.
- 2) ***Transportation Assistance.*** Participants indicated a need for policies that would make transportation more accessible such as improved public transit available 24 hours a day, ride share programs, and transportation vouchers.
- 3) ***Education Assistance and Training Programs.*** Participants identified policies that provide education assistance and training for women to start and complete their education. This included comments such as “free tuition or loan forgiveness,” “soft skills training,” “availability of local certification programs,” “increase in trade programs,” and “child care stipends for mothers in college.”

### **Education Barriers**

✓ Participants identified 19 barriers that have the greatest impact on women’s educational attainment. The top 3 most impactful barriers were:

- 1) ***Cost of Higher Education.*** Participants indicated lack of affordable education opportunities, lack of financial assistance, and fear of student loan debt as barriers to education.
- 2) ***Child Care.*** Participants identified a lack of affordable, quality child care options and the gendered nature of child care. This included comments such as “no day care facility in the area” and “providing for children is overwhelmingly put on women alone.”
- 3) ***Accessibility.*** Participants identified lack of accessibility to post-secondary training opportunities including community colleges and trade schools. Concerns included the focus on four-year colleges over trade schools, lack of post-secondary programs in rural areas, inflexible programming to accommodate the unique needs of women (i.e. pregnancy, child care), lack of

technology for online courses, and issues with transferring credits between institutions.

### **Education Policies/Practices**

✓ Participants identified 15 policies and/or practices that would reduce barriers to women's educational attainment.

1) ***Tuition Assistance***. Participants indicated that policies such as tuition assistance programs could overcome barriers to education. This includes reducing the cost of education, increasing scholarships and tuition reimbursement programs, student loan forgiveness programs, and incentives for employees to pursue education.

2) ***Child Care Assistance***. Participants identified child care assistance policies and programs that would reduce barriers to education such as onsite child care or financial assistance specifically for child care. Comments included “affordable after hours care” and “provide grants and stipends to women who have children.”

3) ***Building Strong Support Systems***. Participants indicated policies and strategies that aim to build and promote strong support systems (family, social, and community) that can help them pursue education. Participants also stressed the importance of support systems for students from diverse backgrounds. This included comments like “connecting with similar peers in the same situation,” “mentoring programs and supportive counseling,” and “community offering free child care, transportation, housing, etc.”

## Introduction

The purpose of this report is to present the results of six regional focus groups conducted by the University of Missouri-Kansas City, Institute for Human Development (UMKC-IHD) for the “Strengthening Economic Supports for Women in Missouri” project, funded by the Missouri Department of Health and Senior Services (DHSS), Section for Women’s Health. This process was part of a qualitative needs assessment aimed at gathering perceptions about the barriers to economic and educational attainment faced by women in Missouri. UMKC-IHD used a concept mapping methodology to conduct focus groups, which is described in the Procedures section of this report.

The goal of this needs assessment was to identify the barriers to education and employment experienced by Missouri women from their perspective. To do this we asked participants from six regional focus groups across the state to construct conceptual models, or concept maps, that list barriers to employment and education. An additional goal was to identify possible policy or practices that would reduce the identified barriers from the participants’ perspective. To do this we asked participants to link possible policy or practice solutions to their identified barriers. “Concept maps are graphical representations of organized knowledge that visually illustrate the relationships between elements...” (Gray, Zanre, & Gray, 2014). Concept mapping helps in capturing the intuitive knowledge of the participants and in developing a multi-layered understanding of the key barriers and possible solutions to education attainment and employment. The concept maps will provide the basis for the project team and Advisory Group to generate recommendations during the second phase of the project.

**Procedures.** The UMKC-IHD conducted focus groups (mapping sessions) in six DHSS regions between September and December 2019. The following section outlines recruitment strategies, focus group locations, and concept mapping procedures.

**Recruitment.** Advisory Group members were recruited at the start of the project using a “snowball” method. An initial list of relevant partners were contacted and those who showed interest were invited to participate in the Advisory Group. Advisory Group members also helped refer us to other potential partners. Some of those referrals resulted in an Advisory Group member joining and others opted to participate in a regional focus group or help recruit focus group participants. With the help of the Advisory Group, we selected six locations, one within each DHSS region, to hold the focus groups and devised a plan for recruitment. Advisory Group members suggested potential partners in each region to be focus group host sites. See Table 1 for a list of focus group locations by region.

After confirming the host sites, UMKC-IHD developed and disseminated recruitment materials and began the recruitment phase. The Advisory Group and host sites were instrumental in recruiting a diverse group of participants including racial and ethnic minorities, individuals with disabilities, veterans, and women from low-income/disadvantaged households and neighborhoods. Each focus group had 6-10 women participants, with representation from fields such as workforce development, education, victim services/violence prevention, disability service providers, business and human resources, along with individual women recruited by local partners. A detailed description of participants is found in the Demographics section of this report.

Two focus groups were conducted in the central region due to only one participant attending the focus group at Central MO Community Action. The second focus group was held at True North of Columbia. Additionally, we held a focus group in Hannibal because of no attendance at the focus group in Kirksville. Changing locations and rescheduling these two focus groups increased our attendance by 17 participants. In preparation for the focus groups, project staff conducted a trial run of our methodology internally to refine the mapping process. In addition, we held a focus group with the

Advisory Group so they had a clear understanding of how the data was collected.

**Table 1. Focus Group Locations by Region**

<b>DHSS Region</b>	<b>Location</b>	<b>Host Site</b>
Northeast	Hannibal	Abuse Victims Education Network Unified to Ensure Safety for Northeast Missouri (AVENUES)
Eastern	St. Louis	YWCA Metro St. Louis
Southeast	Charleston	Suzanna Wesley Family Resource Center
Central	Columbia	True North of Columbia Central Missouri Community Action (CMCA)
Northwest	Kansas City	Metropolitan Organization to Counter Sexual Assault (MOCSA)
Southwest	Springfield	Community Partnership of the Ozarks

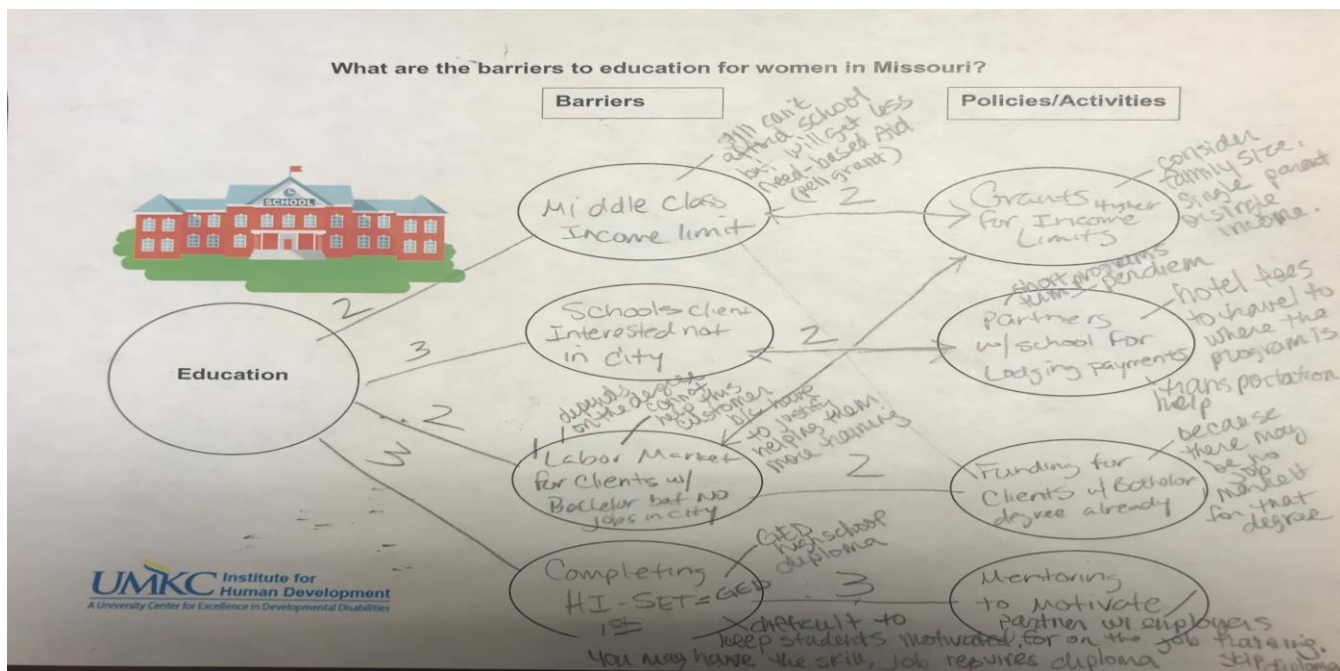
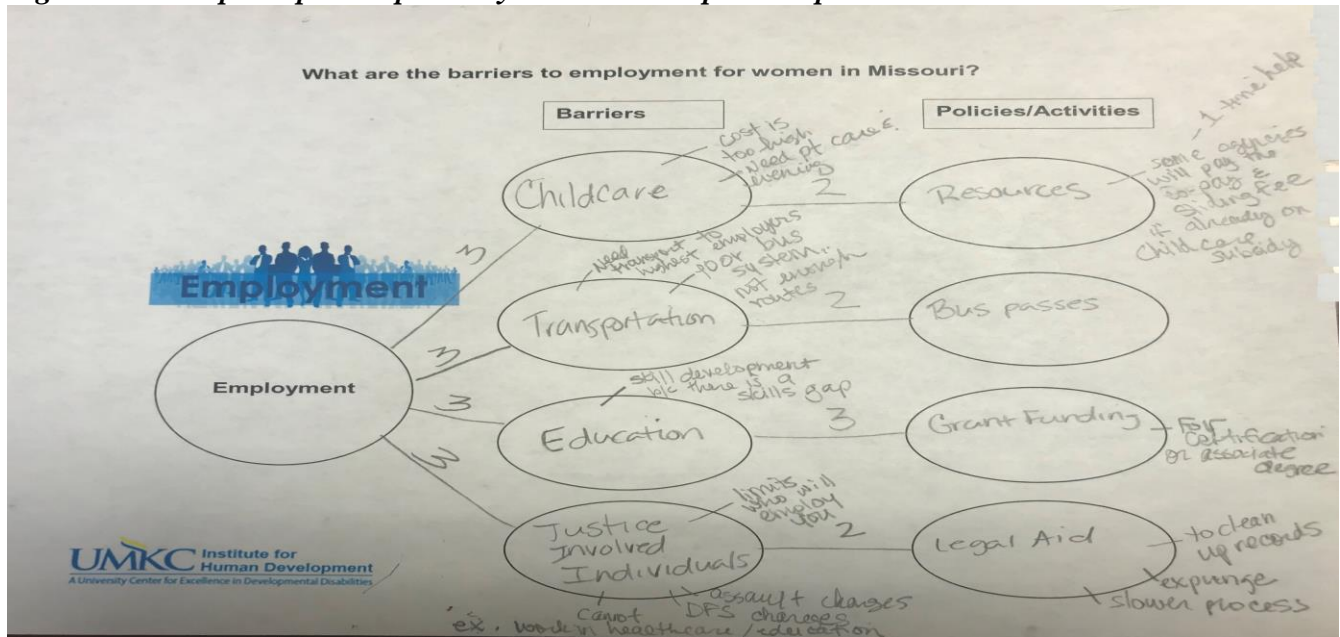
**Methodology.** We used a focus group methodology based on fuzzy cognitive mapping (FCM), which has long been used for compiling expert knowledge in a network of causal links (Kosko, 1986). FCM, also called concept mapping, is highly participatory and fosters social learning between participants. The Project Director facilitated each concept mapping session using a script to ensure fidelity of implementation across each region. During the mapping session, each participant was lead through the process of creating two maps; one that depicted barriers to education and one that depicted barriers to employment for women in Missouri as seen in Figure 1.

The Project Director led the group through a series of questions to help each participant complete their maps. First, participants were reminded that the goal of the focus group was to understand the barriers that impact women's access to education and employment. Second, participants were asked to list barriers on their maps. The number of barriers that a participant could list for each topic area was limited to four to ensure that people chose the barriers that were most important rather than just providing a list of ideas. Next, participants were asked to identify possible solutions in the form of policies or activities that would reduce the barriers they listed. Once participants identified barriers and solutions, they were asked to draw directional arrows between these

concepts and the overall goal as well as between the various issues to show how they understand the relationships. Lastly, they were asked to weight those relationships by using a 1 to show a mild connection, 2 to show a moderate connection, and 3 to show a strong connection between concepts.

An example of completed maps is shown in Figure 1.

Figure 1. Concept Maps Completed by a Focus Group Participant





The Project Director then facilitated a group discussion of the concepts identified on the maps. Each session was recorded and transcribed to serve as context for the coding and analysis of the maps. Once all of the concept maps were complete, staff from UMKC-IHD developed a code list for the concepts presented on the maps. Individual codes were used to consolidate concepts based on similar characteristics. Appendix 2 provides a table that lists all of the codes with examples of the concepts that received each code.

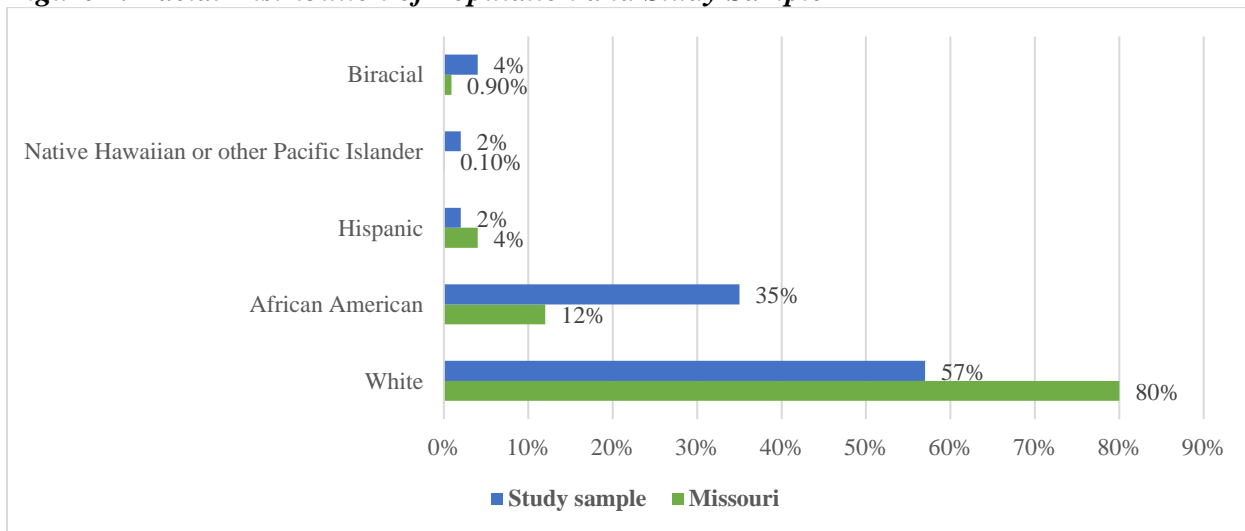
Once the code list was complete, we coded each concept map and then entered the data into a “square adjacency matrix” with all of the codes acting as potential transmitters (influencing other variables) and receivers (influenced by other variables). We entered the matrices for individual maps into an Excel-based program called FCMapper and then merged them to create an employment matrix, and an education matrix. We analyzed employment and education data separately and then compared them. Specifically, we analyzed the data to determine the number of concepts identified for each topic area and the number of times each concept was used. We then measured the centrality, complexity and density of the maps.

**Results**

**Demographics.** A total of 49 women participated in concept mapping sessions across six regions in Missouri. Table 2 provides the demographic information of the participants. More than half of the participants (57%) identified themselves as White, followed by African American (35%). The racial distribution of the study sample (participants) deviated from the racial distribution of Missouri (Figure 2). The American Community Survey (ACS) 2017 estimates African Americans made up 12% of Missouri’s population, yet they accounted for 35% of our study participants. This is a strength of our study as we successfully recruited minority participants. We partnered with social service organizations to identify and recruit women accessing services from these organizations or working at these organizations. This ensured women who experienced barriers to upward social mobility or had in-depth knowledge about these barriers were included in our study.

About 67% of the participants had a bachelor’s degree or more and 27% did not have a degree. A majority of the participants (80%) were employed full-time. More than half of the participants (59%) were single (single, widowed, divorced or separated).

**Figure 2. Racial Distribution of Population and Study Sample**



Source: Compiled from 2013-2017 American Community Survey 5-Year Estimates and Focus Group Demographic Data

**Table 2. Participant Demographic Information**

<b>Individual characteristic (n=49)</b>	<b>Status</b>	<b>Percent (%)</b>
<b>Age group</b>	18-24	6%
	25-34	25%
	35-44	22%
	45-54	25%
	Above 55	22%
<b>Race</b>	African American or Black	35%
	White or not Hispanic	57%
	Hispanic or Latinx	2%
	Native Hawaiian or other Pacific Islander	2%
	Biracial	4%
<b>Education</b>	High school graduate	2%
	Some college, no degree	25%
	Associate's degree	6%
	Bachelor's degree	43%
	Master's degree	22%
	Doctoral degree or Professional degree (JD, MD)	2%
<b>Employment</b>	Full-time employment	80%
	Part-time employment	8%
	Unemployed and currently looking for work	4%
	Student	2%
	Homemaker	2%
	Self-employed	2%
	Unable to work	2%
<b>Marital status</b>	Single	31%
	Married	41%
	Widowed	2%
	Divorced	24%
	Separated	2%
<b>Income</b>	Less than \$20,000	8%
	\$20,000 to \$34,999	16%
	\$35,000 to \$49,000	37%
	\$50,000 to \$74,999	27%
	\$75,000 to \$99,999	8%
	Over \$100,000	2%
	Unknown	2%
<b>Region</b>	Charleston	19%
	Columbia	18%
	Hannibal	21%
	Kansas City	18%
	Springfield	14%
	St. Louis	10%

**Employment Concept Maps.** A total of 48 employment maps<sup>1</sup> were developed by the participants. To code the employment maps we used 22 broad concepts for barriers to employment and 18 broad concepts for policies/activities (see Appendix 2 for codebooks).

***Most Mentioned Variables (Frequencies): Barriers to Employment.*** We analyzed all maps and ordered the variables by how many times they were mentioned. It was expected that the most important variables would be mentioned by most people. The most mentioned barriers to employment were: 1. Child Care (n=37); 2. Transportation (n=27); 3. Lack of Education (n=25). Appendix 3 includes key quotes from participants on barriers to employment and their recommendations to reduce those barriers. Table 3 and Figure 3 includes the frequency of each barrier reported by the participants.

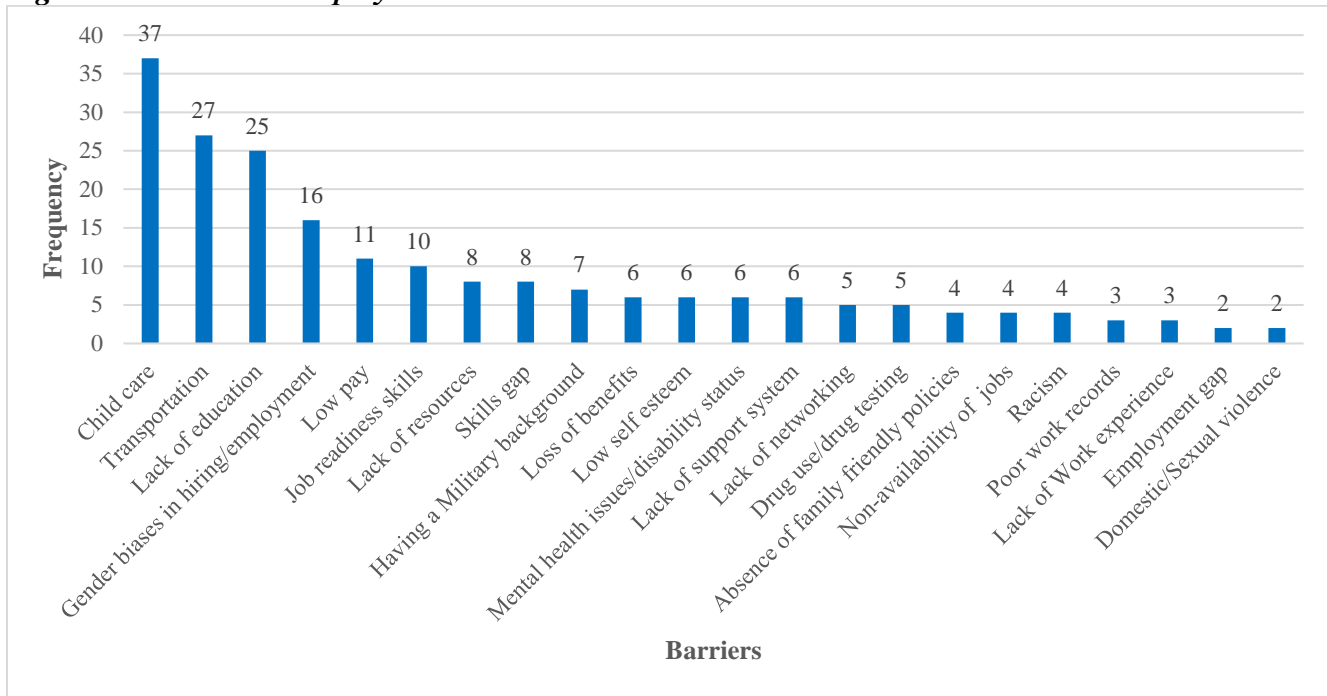
***Table 3. Barriers to Employment***

No.	Barrier	Frequency
1	Child care	37
2	Transportation	27
3	Lack of education	25
4	Gender biases in hiring/employment	16
5	Low pay	11
6	Job readiness skills	10
7	Lack of resources	8
8	Skills gap	8
9	Having a Military background	7
10	Loss of benefits	6
11	Low self esteem	6
12	Mental health issues/disability status	6
13	Lack of support system	6
14	Lack of networking	5
15	Drug use/drug testing	5
16	Absence of family friendly policies	4
17	Non-availability of jobs	4
18	Racism	4
19	Poor work records	3
20	Lack of work experience	3
21	Employment gap	2
22	Domestic/sexual violence	2

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<sup>1</sup> One of the participants arrived late and missed the employment mapping session, thus there are 48 employment maps and 49 education maps.

**Figure 3. Barriers to Employment**

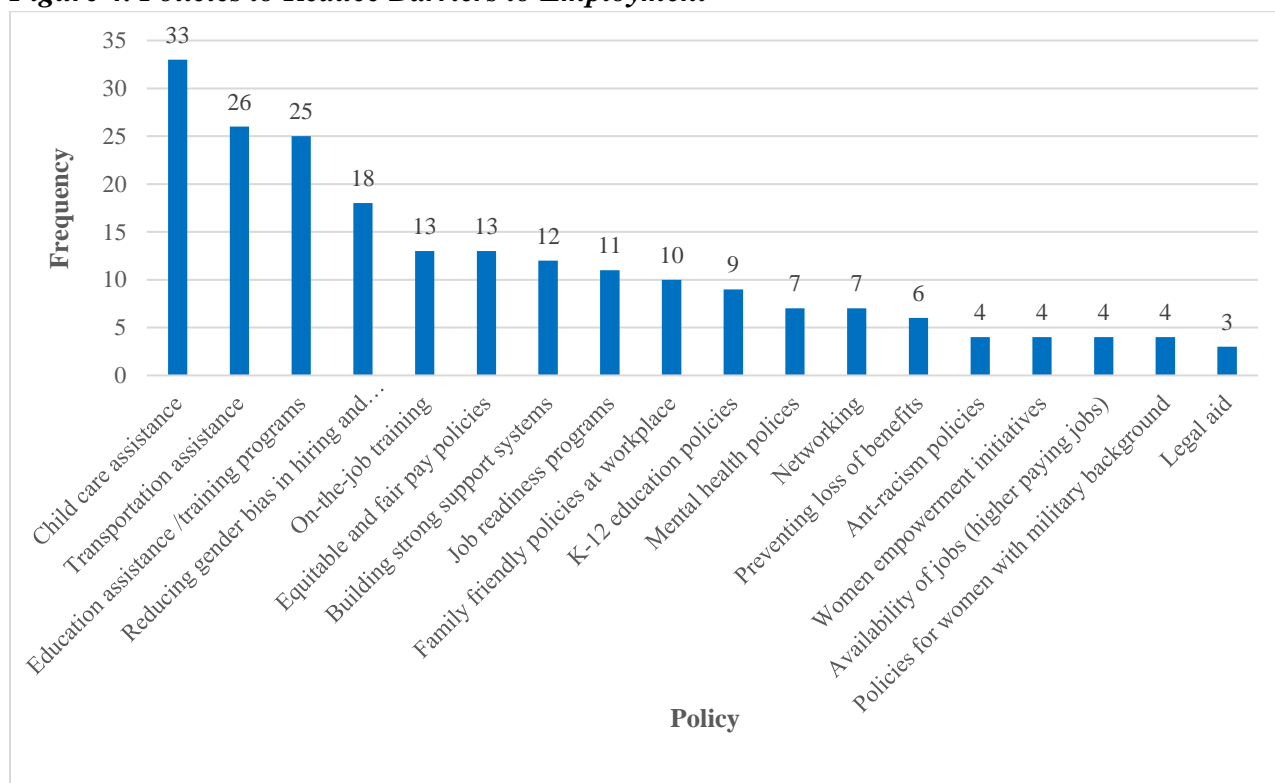


**Most mentioned Variables (Frequencies): Policies to Reduce Employment Barrier.** The most mentioned policies to reduce barriers to employment were: 1. Child care assistance (n=33); 2. Transportation assistance (n=26); and 3. Education assistance/training programs (n=25). Table 4 and Figure 4 shows the frequency of each policy/activity suggested by the participants.

**Table 4. Policies to Reduce Barriers to Employment**

No.	Policies	Frequency
1	Child care assistance	33
2	Transportation assistance	26
3	Education assistance /training programs	25
4	Reducing gender bias in hiring and employment	18
5	On-the-job training	13
6	Equitable and fair pay policies	13
7	Building strong support systems	12
8	Job readiness programs	11
9	Family friendly policies at workplace	10
10	K-12 education policies	9
11	Mental health policies	7
12	Networking	7
13	Preventing loss of benefits	6
14	Anti-racism policies	4
15	Women empowerment initiatives	4
16	Availability of jobs (higher paying jobs)	4
17	Policies for women with military background	4
18	Legal aid	3

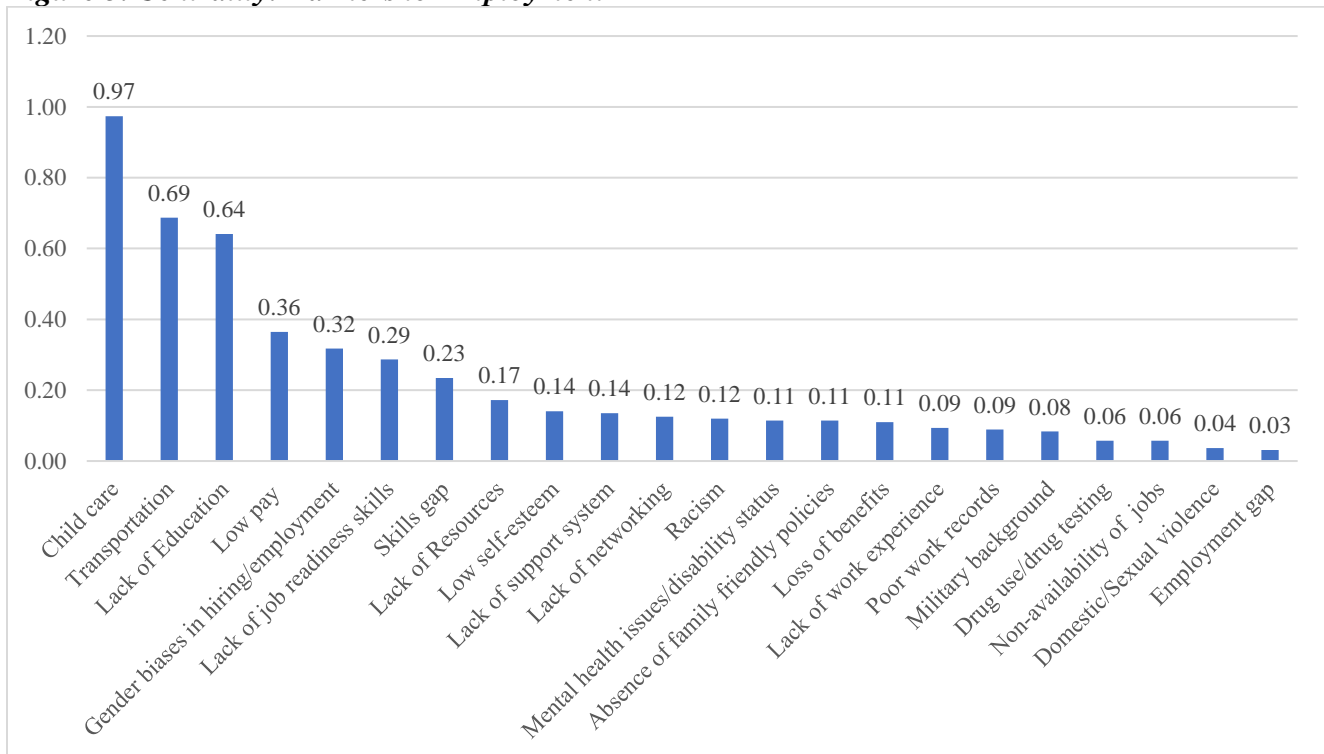
**Figure 4. Policies to Reduce Barriers to Employment**



**Most Central Variables.** We ordered the variables by their centrality. The contribution of a variable in a cognitive map can be understood by calculating its centrality, which shows how connected the variable is to other variables and what the cumulative strength/weights of these connections. In the FCM technique, a variable can be more “central” although it has fewer connections if the connections carry larger weights or are stronger (Kosko, 1986). Essentially, “The centrality of the variable is not only a frequency of expression but also how important that variable is given the whole structure of the cognitive map.” (Özesmi, U., & Özesmi, S.L., 2004).

**Central Variables: Barriers to Employment.** The most central barriers were: 1. Child care (value=0.97); 2. Transportation (0.60); 3. Lack of education (0.64) (Figure 5). The top three barriers to employment by frequency and by centrality were the same in our analysis, which indicates that the most mentioned variables were given larger weights, meaning they were designated as the most important.

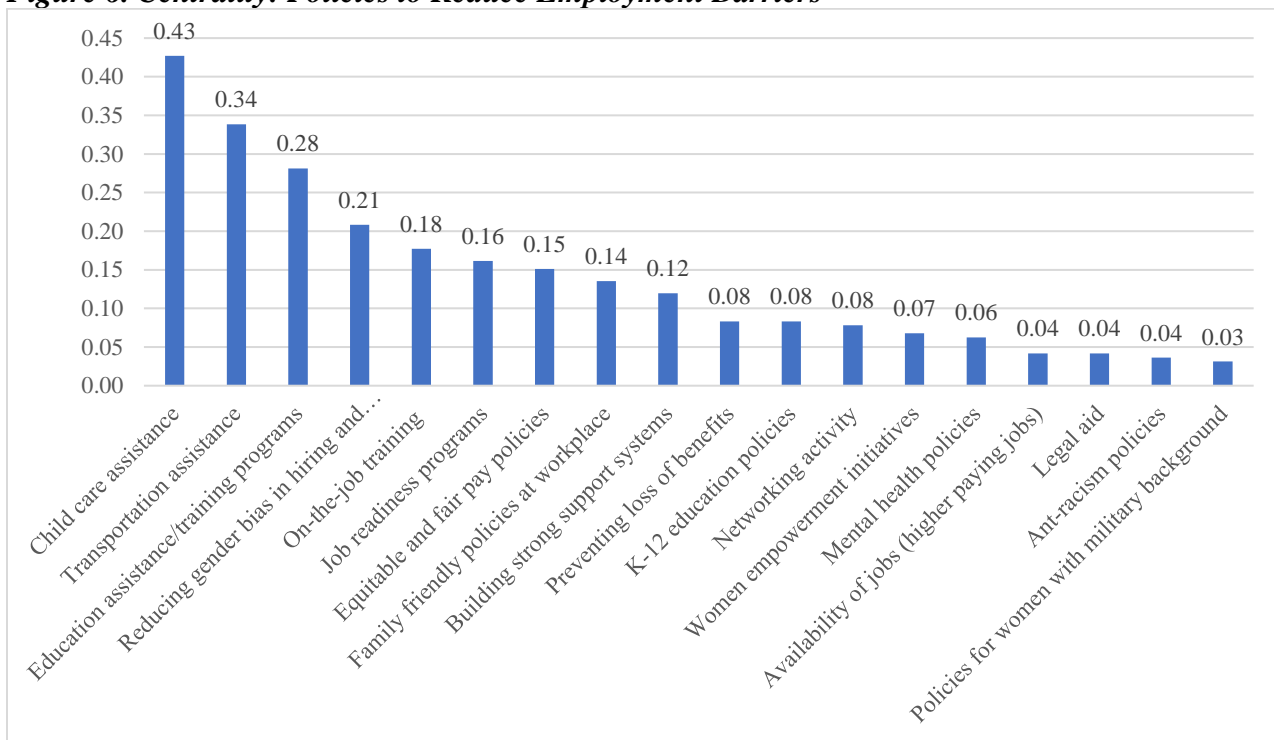
**Figure 5. Centrality: Barriers to Employment**



**Central Variables: Policies to Reduce Employment Barriers.** The most central policies were:

1. Child Care Assistance (value=0.43); 2. Transportation Assistance (0.34); 3. Education Assistance/Training Programs (0.28) (Figure 6). The top three policies/activities by frequency and by centrality were the same in our analysis.

**Figure 6. Centrality: Policies to Reduce Employment Barriers**



**Variable Types.** Third, we separated the variables according to their type, and we calculated the number of receiver, transmitter, and ordinary concepts (Table 5). Receiver concepts are those that are most strongly affected by other system concepts but have no effect on other concepts. Employment was the primary receiver concept, since participants were given this concept as the endpoint for their maps. There were 18 transmitter concepts, which are those concepts that have a strong impact on other concepts but are not themselves impacted by other concepts. Policies to reduce barriers to employment were the transmitter concepts. Barriers to employment generally fell into ordinary concepts and there



were 22 ordinary concepts. These were concepts that played both a transmitting and a receiving function within the maps or those concepts that influence and are influenced by other concepts.

Lastly, we calculated the density of each map, which is the number of connections compared to the number of all possible connections. The density for employment map was low, meaning that only a few key concepts were identified that have a large impact on employment. The three most impactful barriers to employment were “Child Care”, “Transportation”, and “Low Education”. The three most impactful policies/activities were “Child Care Assistance”, “Transportation Assistance”, and “Education Assistance.”

**Table 5. Matrix Indices by Participant: Employment Maps**

	<b>Participants</b>
Employment Maps	48
Number of concepts	41
Number of transmitter concepts	18
Number of receiver concept	1
Number of ordinary concepts	22
Number of connections	86
Density	0.048

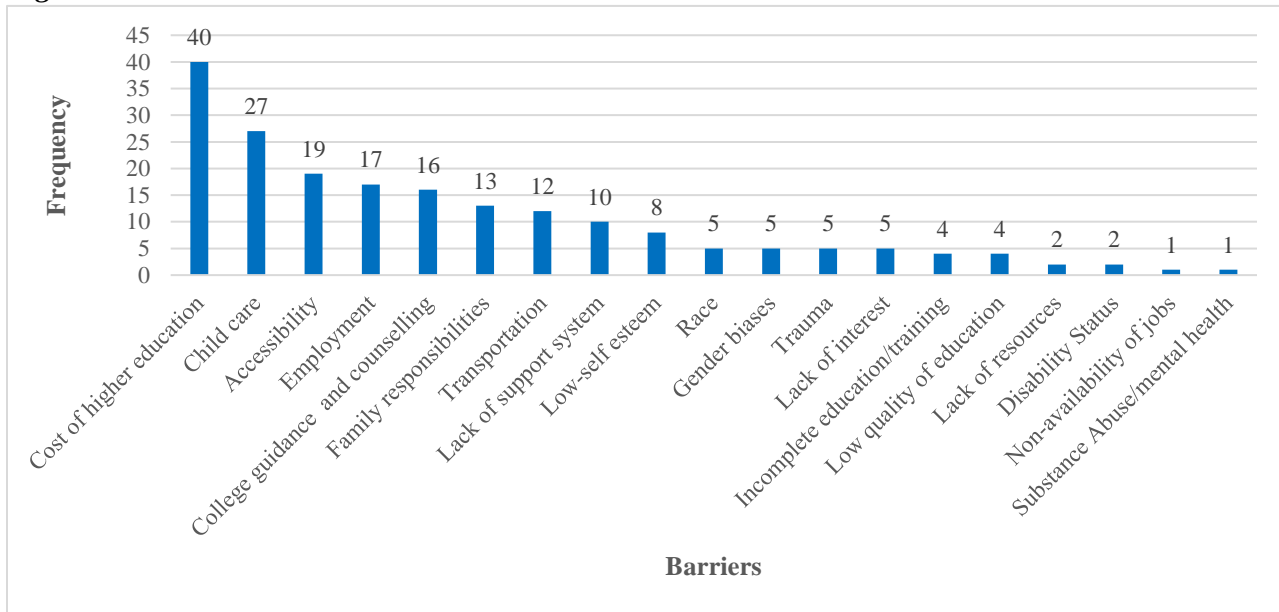
**Education Concept Maps.** A total of 49 education maps were developed by the participants. To code the education maps we used 19 broad concepts for barriers to education and 15 broad concepts for policies/activities.

**Most Mentioned Variables (Frequencies): Barriers to Education.** The most mentioned barriers to education were: 1. Cost of Higher Education (n=40); 2. Child Care (n=27); 3. Accessibility (n=19). See Appendix 4 for key quotes from participants on barriers to education and their recommendations to reduce those barriers. Table 6 and Figure 7 provides the frequency of each barrier mentioned by the participants.

**Table 6. Barriers to Education**

No.	Barrier	Frequency
1	Cost of higher education	40
2	Child care	27
3	Accessibility	19
4	Employment	17
5	College guidance and counseling	16
6	Family responsibilities	13
7	Transportation	12
8	Lack of support system	10
9	Low-self esteem	8
10	Race	5
11	Gender biases	5
12	Trauma	5
13	Lack of interest	5
14	Incomplete education/training	4
15	Low quality of education	4
16	Lack of resources	2
17	Disability Status	2
18	Non-availability of jobs	1
19	Substance Abuse/mental health	1

**Figure 7. Barriers to Education**

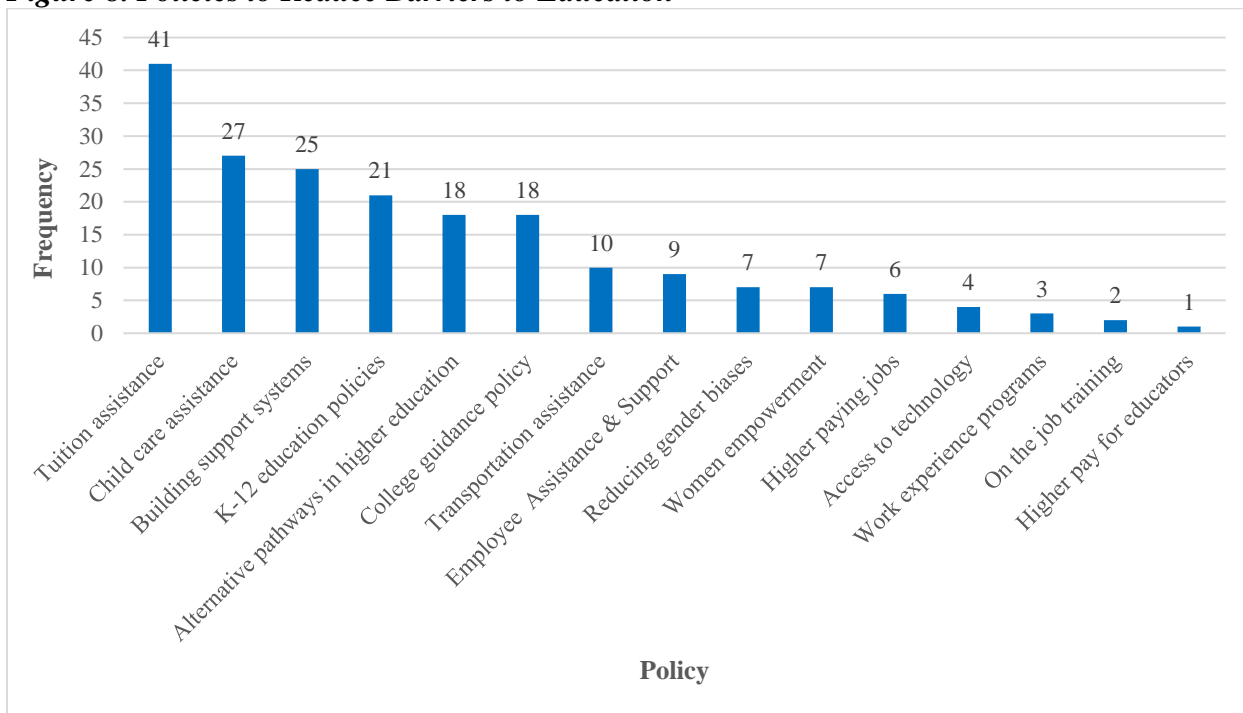


**Most Mentioned Variables (Frequencies): Policies to Reduce Education Barriers.** The most mentioned policies to reduce barriers to education were: 1. Tuition Assistance (n=41); 2. Child Care Assistance (n=27); and 3. Building Strong Support Systems (n=25). Table 7 and Figure 8 shows the frequency of each policy/activity suggested by the participants.

**Table 7. Policies to Reduce Education Barriers**

No.	Policies	Frequency
1	Tuition assistance	41
2	Child care assistance	27
3	Building support systems	25
4	K-12 education policies	21
5	Alternative pathways in higher education	18
6	College guidance policy	18
7	Transportation assistance	10
8	Employee assistance & support	9
9	Reducing gender biases	7
10	Women empowerment	7
11	Higher paying jobs	6
12	Access to technology	4
13	Work experience programs	3
14	On the job training	2
15	Higher pay for educators	1

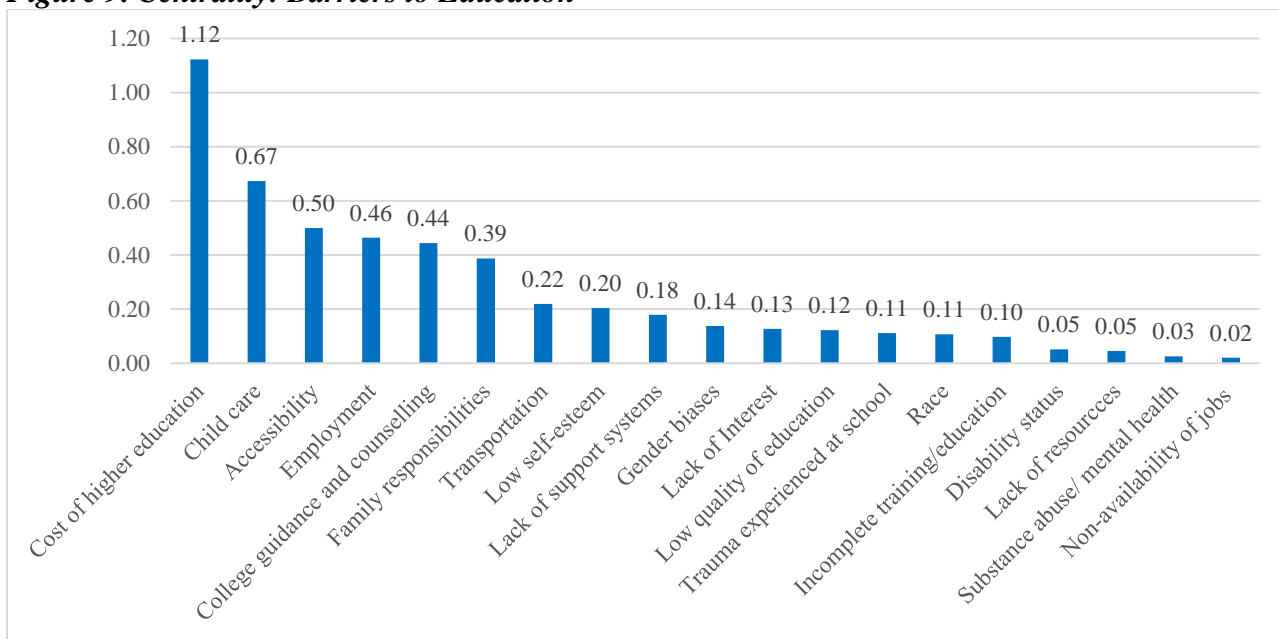
**Figure 8. Policies to Reduce Barriers to Education**



**Most Central Variables**

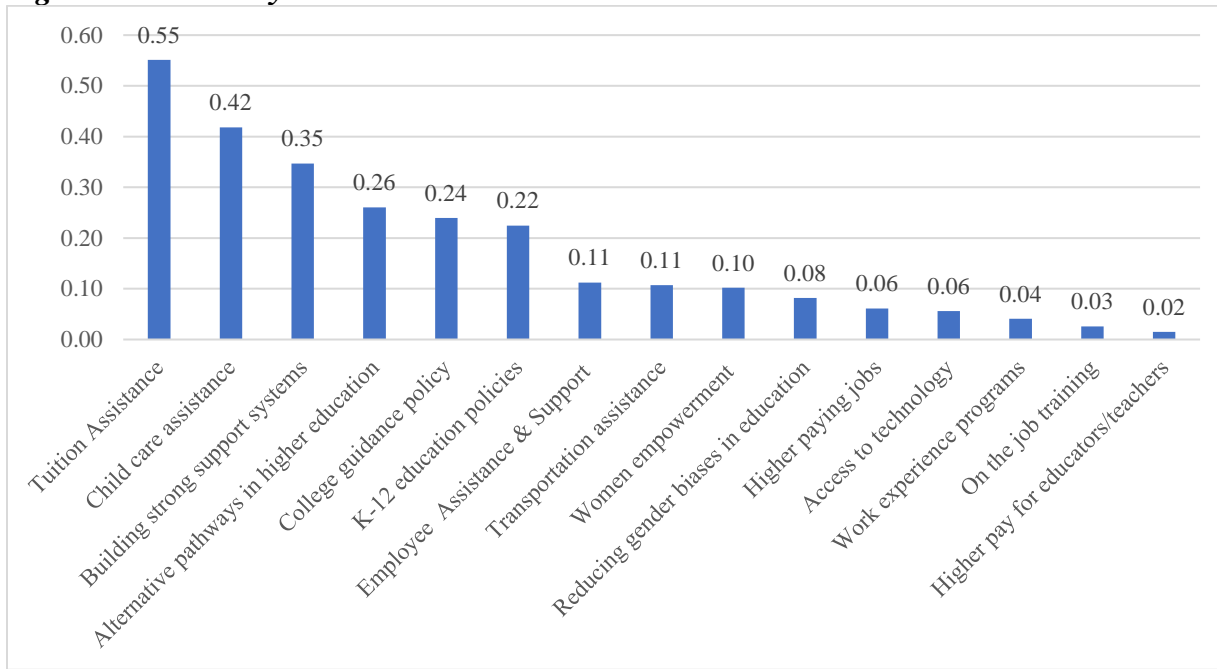
**Central Variables: Barriers to Education.** The most central barriers were: 1. Cost of higher education (value=1.12); 2. Child care (0.67); 3. Accessibility (0.50) (Figure 9). The top three barriers by frequency and by centrality were the same in our analysis.

**Figure 9. Centrality: Barriers to Education**



**Central Variables: Policies to Reduce Education Barriers.** The most central policies were: 1. Tuition Assistance (value=0.55); 2. Child Care Assistance (0.42); 3. Building Strong Support Systems (0.35) (Figure 10). The top three policies by frequency and by centrality were the same in our analysis.

**Figure 10. Centrality: Policies to Reduce Education Barriers**



**Variable Types.** Education was the primary receiver concept, since participants were given this concept as the endpoint for their maps. There were 15 transmitter concepts and included policies and activities (Table 8). Barriers to employment experienced by participants generally fell under ordinary concepts and there were 19 ordinary concepts. The density for education map was low, meaning that only a few key concepts were identified that have a large impact on employment. The most impactful barriers to education indicated were “Cost of Higher Education”, “Child Care”, and “Accessibility”. The most important policies were “Tuition Assistance”, “Child Care Assistance”, and “Building Strong Support Systems.”

**Table 8. Matrix Indices by Participant: Education Maps**

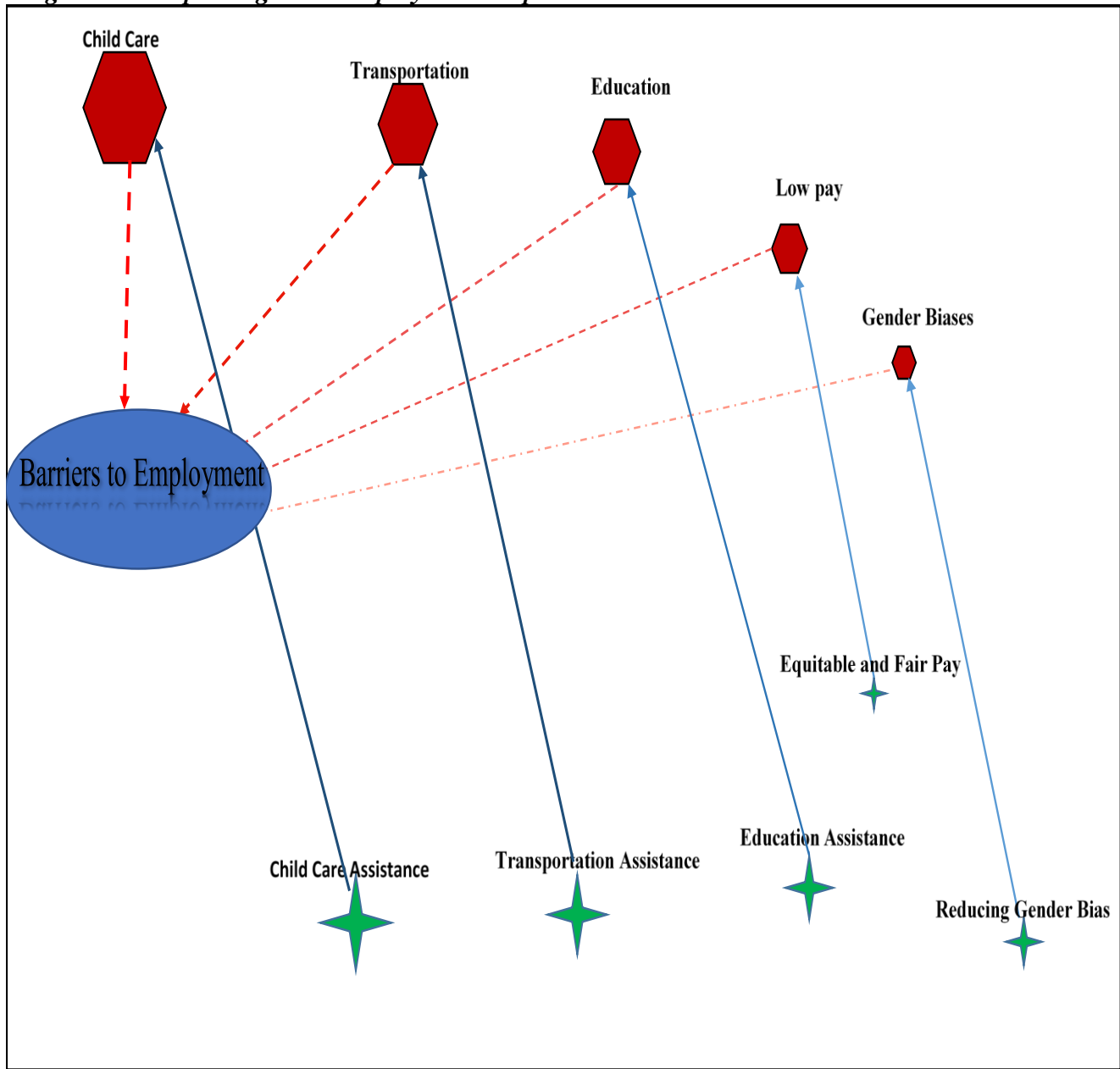
	Participants
Education Maps	49
Number of concepts	35
Number of transmitter concepts	15
Number of receiver concept	1
Number of ordinary concepts	19
Number of connections	87
Density	0.067

**Employment: Fuzzy Cognitive Map.** Appendix 5 shows the complex cognitive map with all the employment variables (barriers and policies) and connections. In most cases, participants recommended more than one policy for each barrier. For instance for the barrier of “Child Care” six policies were recommended: “Child Care Assistance”, “Education Assistance”, “Reducing Gender Bias in Hiring and Employment”, “Networking Activity”, “Family Friendly Policies at Workplace” and “Preventing Loss of Benefits” (Appendix 5).

Since it is difficult to look at a complex cognitive map with many variables and make sense of how maps operate, we simplified the complex map by showing the connections between the most impactful barriers and the most impactful policies indicated by the participants (Diagram 1). The thickness and color of the line is related to the strength of the relationship, with stronger relationships shown by thicker and bold lines (Özesmi, U., & Özesmi, S.L., 2004). Negative causal relationships are shown as dashed lines, positive causal relationships are shown as solid lines (Özesmi, U., & Özesmi, S.L., 2004). For instance, in Diagram 1 most impactful barriers which have a negative relationship with employment are represented by red dashed lines. Impactful policies which have a positive relationship with employment are shown by blue solid lines.

In addition, larger symbol sizes represent most impactful barriers and policies. For instance, “Child Care” is shown by the largest symbol as it was given larger weights by most of the participants. While drawing Diagram 1 only the strongest connections were shown. For instance, out of the six policies suggested for the barrier of “Child Care” its connection with only one policy (Child Care Assistance) was the strongest.

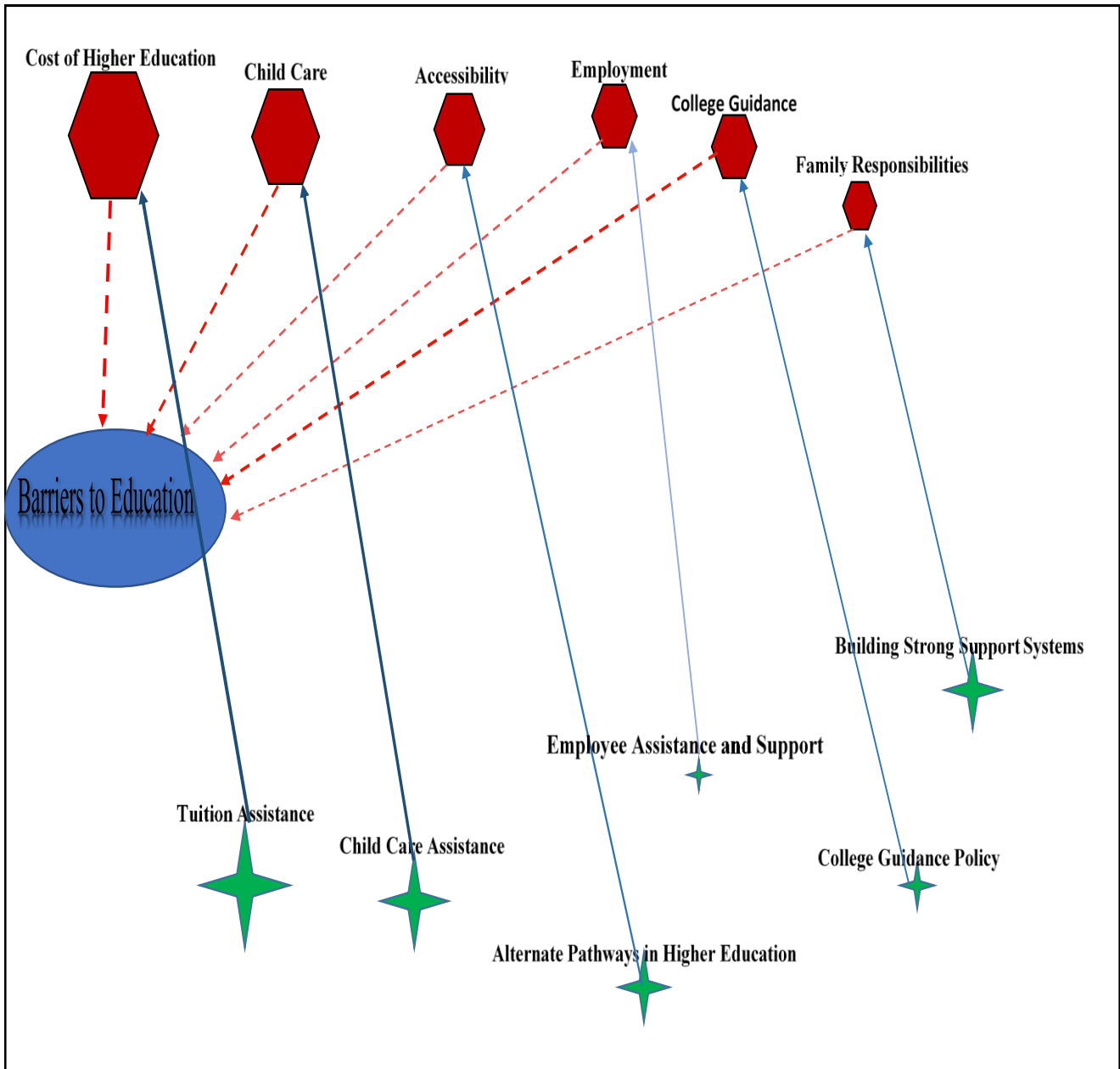
**Diagram 1: Simple Cognitive Employment Map**



**Education: Fuzzy Cognitive Map.** Diagram 2 shows the most impactful barriers to education and most impactful policies to reduce those barriers given by the participants. “Cost of Higher Education” was the most impactful barrier to education. It is not simply the number of connections that makes “Cost of Higher Education” so impactful, it is the strength of those connections .There are many other concepts (barriers) mentioned in Appendix 6 but participants rated “Cost of Higher

Education” as very strong followed by “Child care” and “Accessibility”. The most impactful policies that were suggested were “Tuition Assistance”, “Child care Assistance” and “Building Strong Support Systems.”

**Diagram 2: Simple Fuzzy Cognitive Education Map**



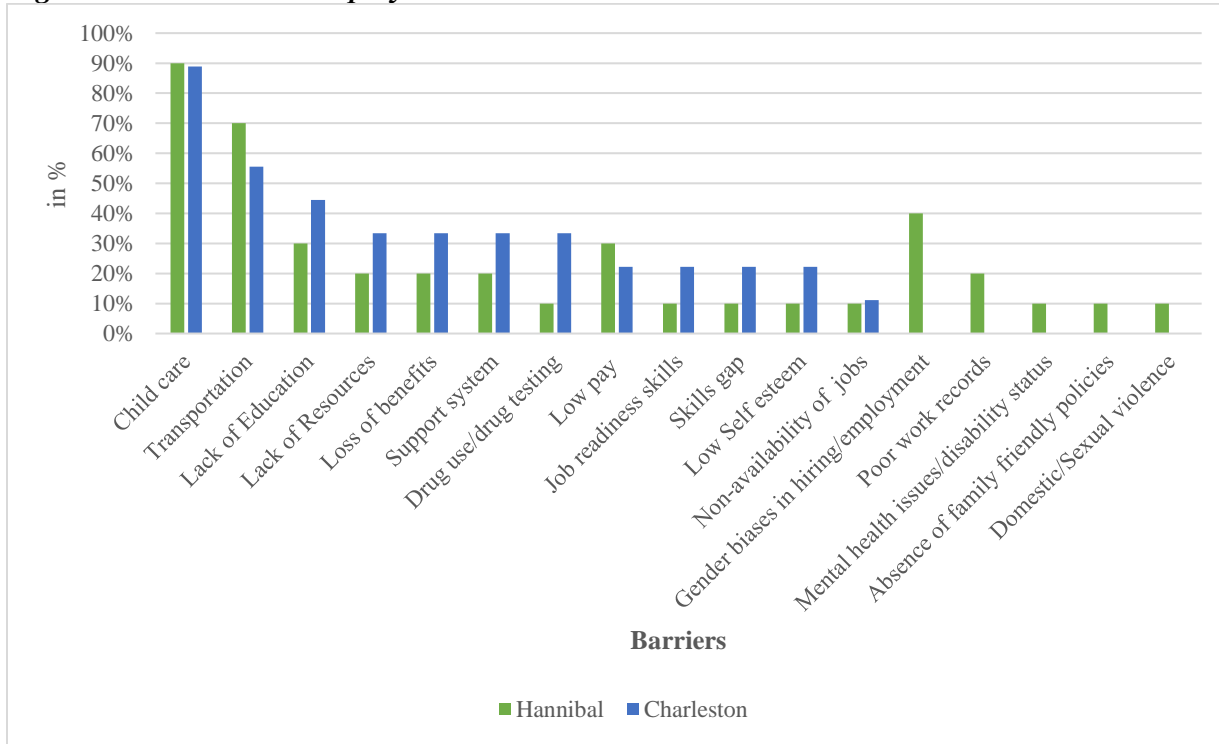


**Employment Barriers and Policies by Region.** We used frequencies to describe the barriers and policies by region, as the sample size of each region was not adequate to run further analysis on the cognitive maps by region.

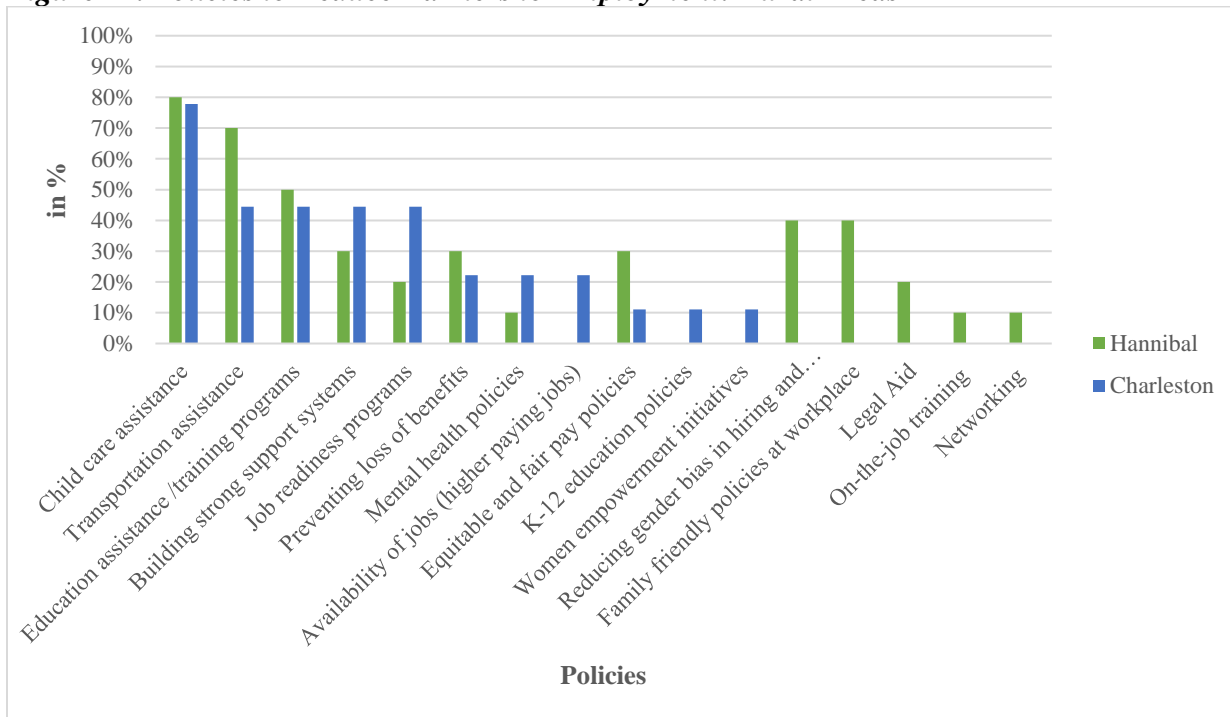
***Rural Areas (Hannibal and Charleston).*** Majority of the participants in Hannibal (90%) and Charleston (89%) indicated “Child Care” as the single largest barrier to employment (Figure 11). More than half of the participants in Charleston (56%) and Hannibal (70%) indicated “Transportation” as a barrier to employment. Participants in Hannibal identified five concepts that participants in Charleston did not mention: “Gender Biases in Hiring/Employment” (40%), “Poor Work Records” (20%), “Mental Health Issues” (20%), and “Domestic/Sexual Violence” (20%).

“Child Care Assistance” as a policy to reduce barriers to employment was recommended by most of the participants in Hannibal (80%) and Charleston (78%) (Figure 12). Participants in Charleston identified three policies which participants in Hannibal did not mention: “Availability of Jobs” (22%), “K-12 Education Policies” (11%) and “Women Empowerment Initiatives” (11%). Participants in Hannibal identified policies such as “Reducing Gender Bias in Hiring and Employment” (40%) and “Family Friendly Policies at the Workplace” (40%) which were not mentioned in Charleston.

**Figure 11. Barriers to Employment: Rural Areas**



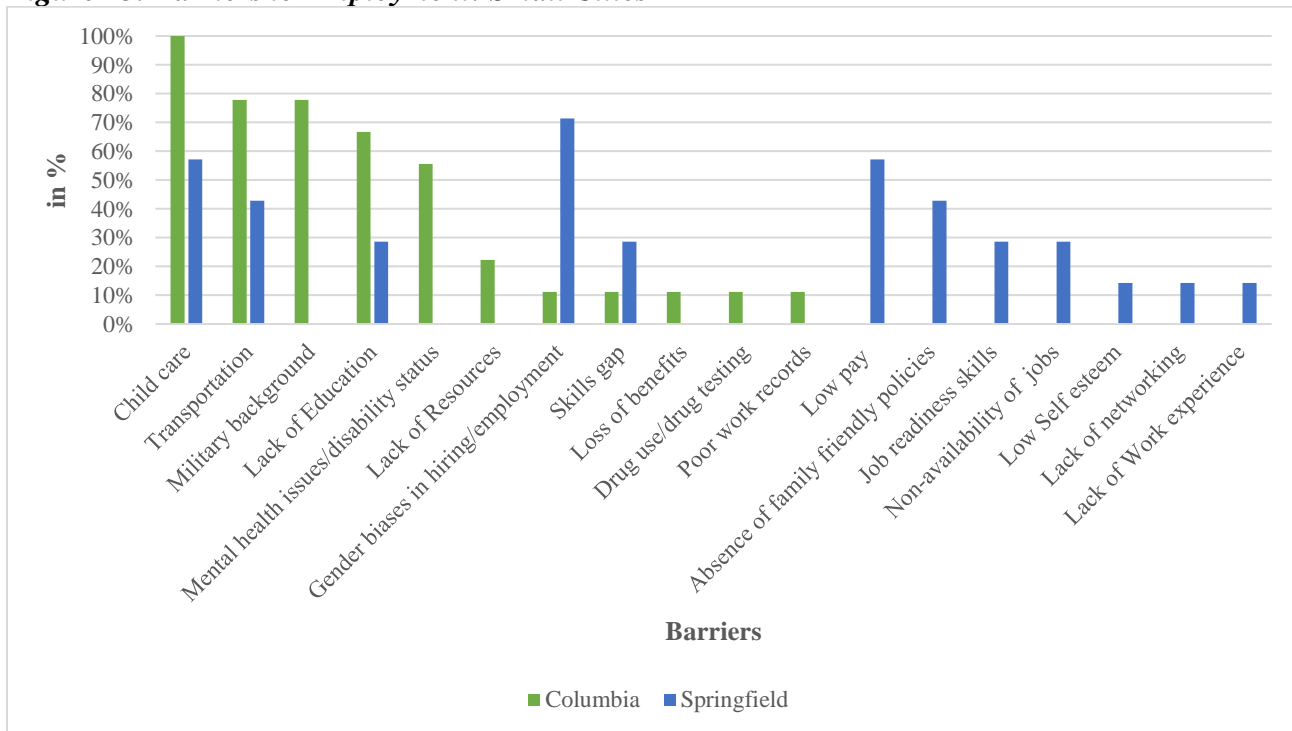
**Figure 12. Policies to Reduce Barriers to Employment: Rural Areas**



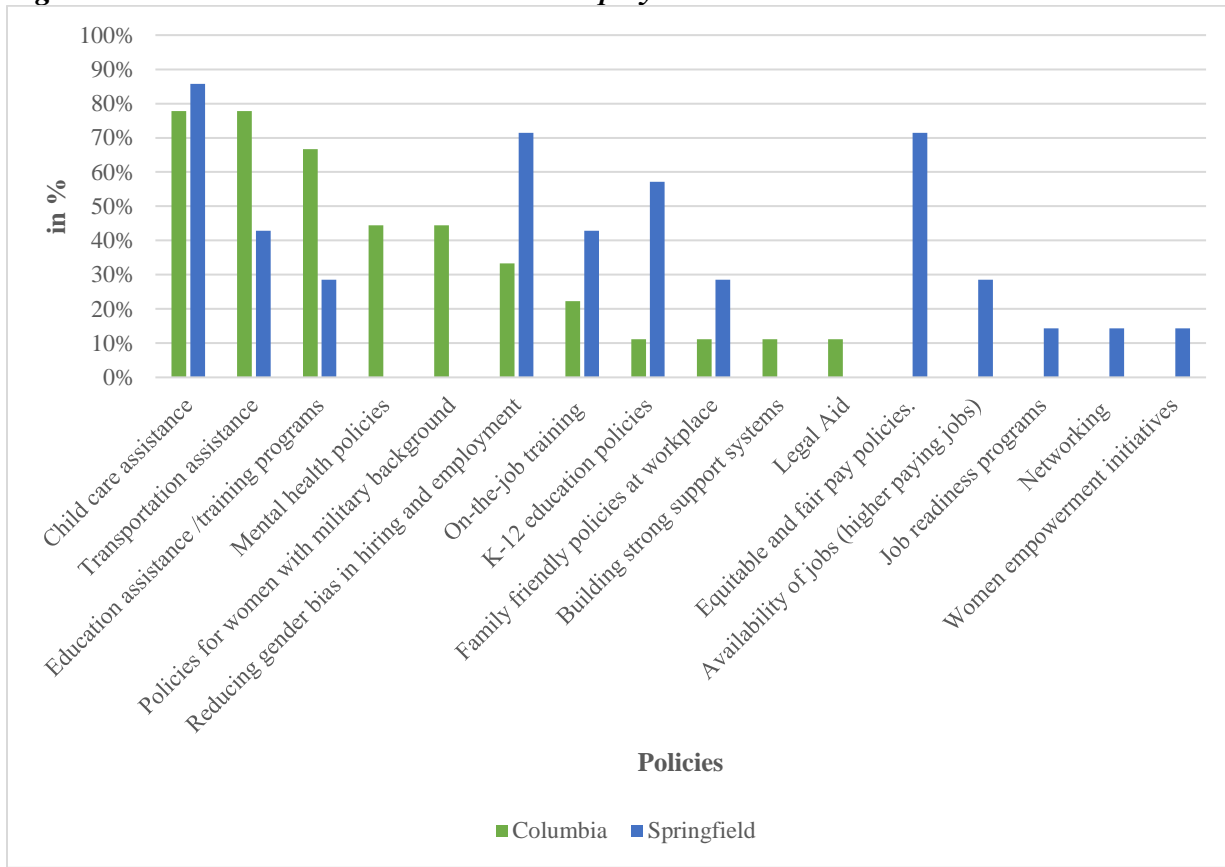
**Small Cities (Columbia and Springfield).** In Columbia “Child Care” (100%) emerged as the single largest barrier to employment, where as in Springfield “Gender Biases in Hiring/Employment” (71%) was the most mentioned barrier (Figure 13). In Columbia “Having a Military Background” (78%) was designated a barrier to employment because participants explained that some employers perceived veterans have mental health problems. Military service as a barrier was a new perspective as it was not discussed in other regions. “Low Pay” (57%) was mentioned in Springfield but not in Columbia.

More than three quarters of the participants in Columbia (78%) and Charleston (86%) mentioned “Child Care Assistance” policy (Figure 14). In Springfield “Reducing Gender Bias in Hiring and Employment” and “Equitable and Fair Pay Policies” were mentioned by 71% of the participants. In Columbia around 44% of the participants suggested implementation of policies to make it easier for women with military backgrounds to enter the civilian workforce.

**Figure 13. Barriers to Employment: Small Cities**



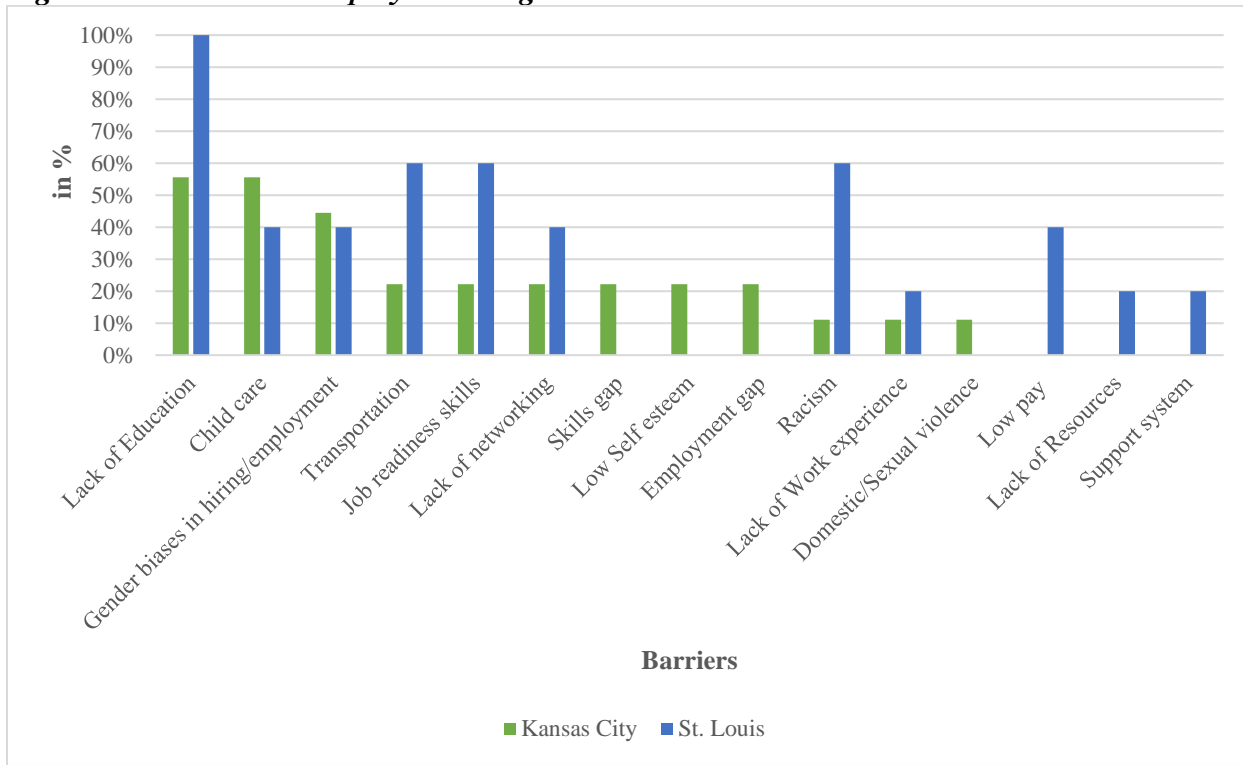
**Figure 14. Policies to Reduce Barriers to Employment: Small Cities**



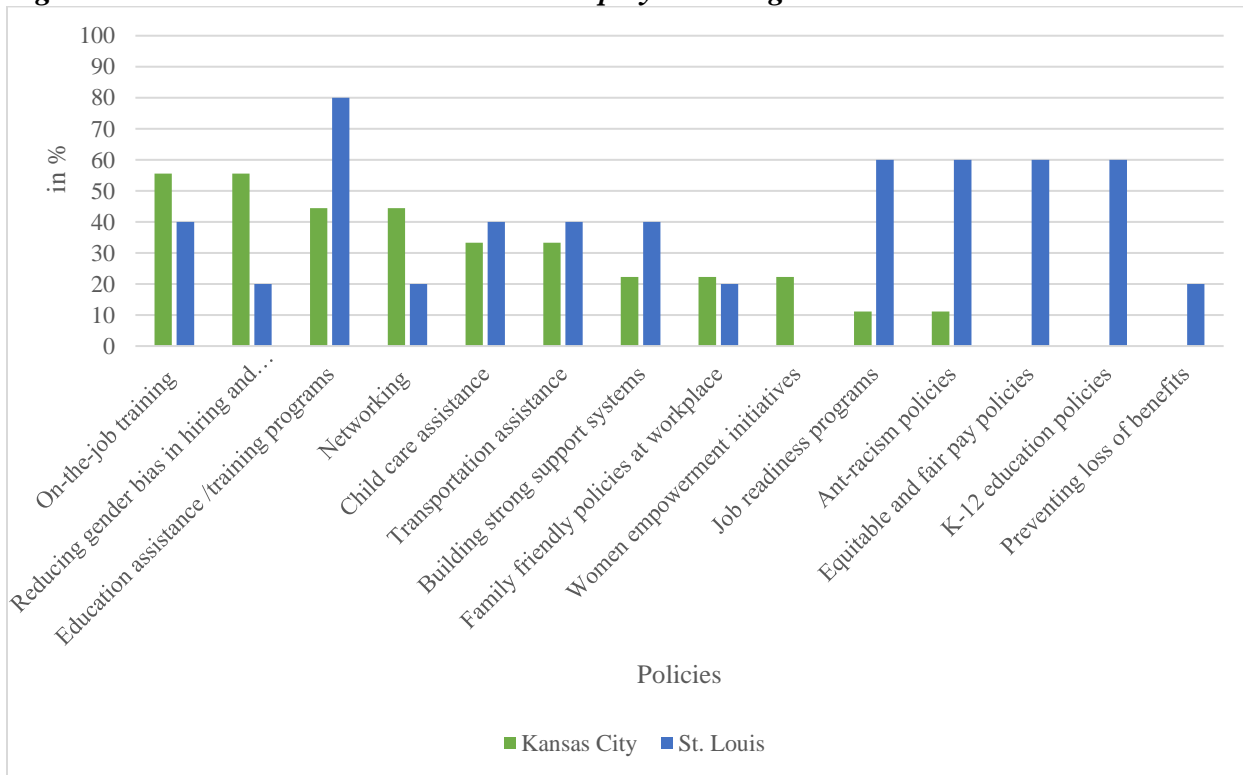
**Big Cities (Kansas City, St. Louis).** In both Kansas City (56%) and St. Louis (100%) “Lack of Education” was the most mentioned barrier to employment (Figure 15). This finding varies from the other four regions where “Child Care” was seen as the single largest barrier. More than half of the participants in St. Louis (60%) felt “Transportation”, “Job Readiness Skills” and “Racism” were other important barriers.

More than half of the participants (55%) in Kansas City suggested “On the Job Training” and “Reducing Gender Bias in Hiring and Employment” to overcome barriers to employment (Figure 16). In St. Louis “Education assistance / Training Programs” were recommended by 80% of the participants. This again was different from “Child Care Assistance” which was the most mentioned policy across the other four regions.

**Figure 15. Barriers to Employment: Big Cities**



**Figure 16. Policies to Reduce Barriers to Employment: Big Cities**

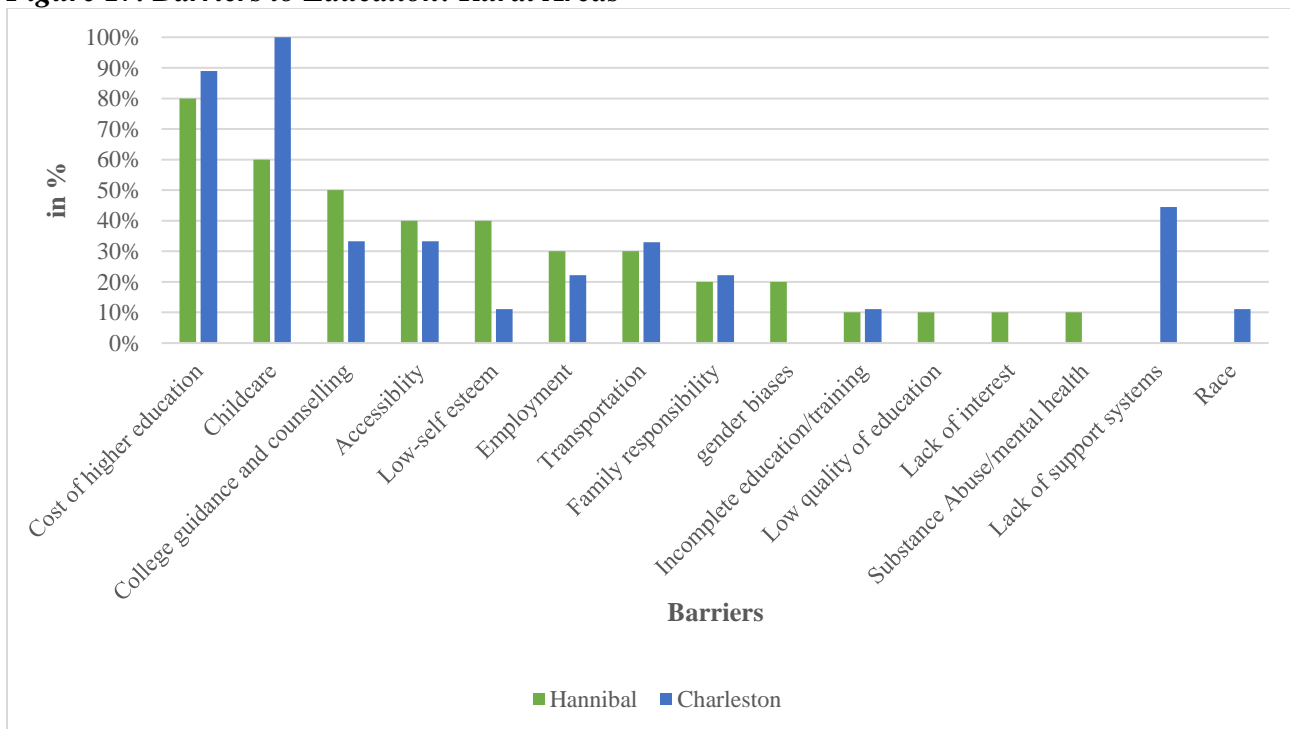


**Education Barriers and Policies by Region**

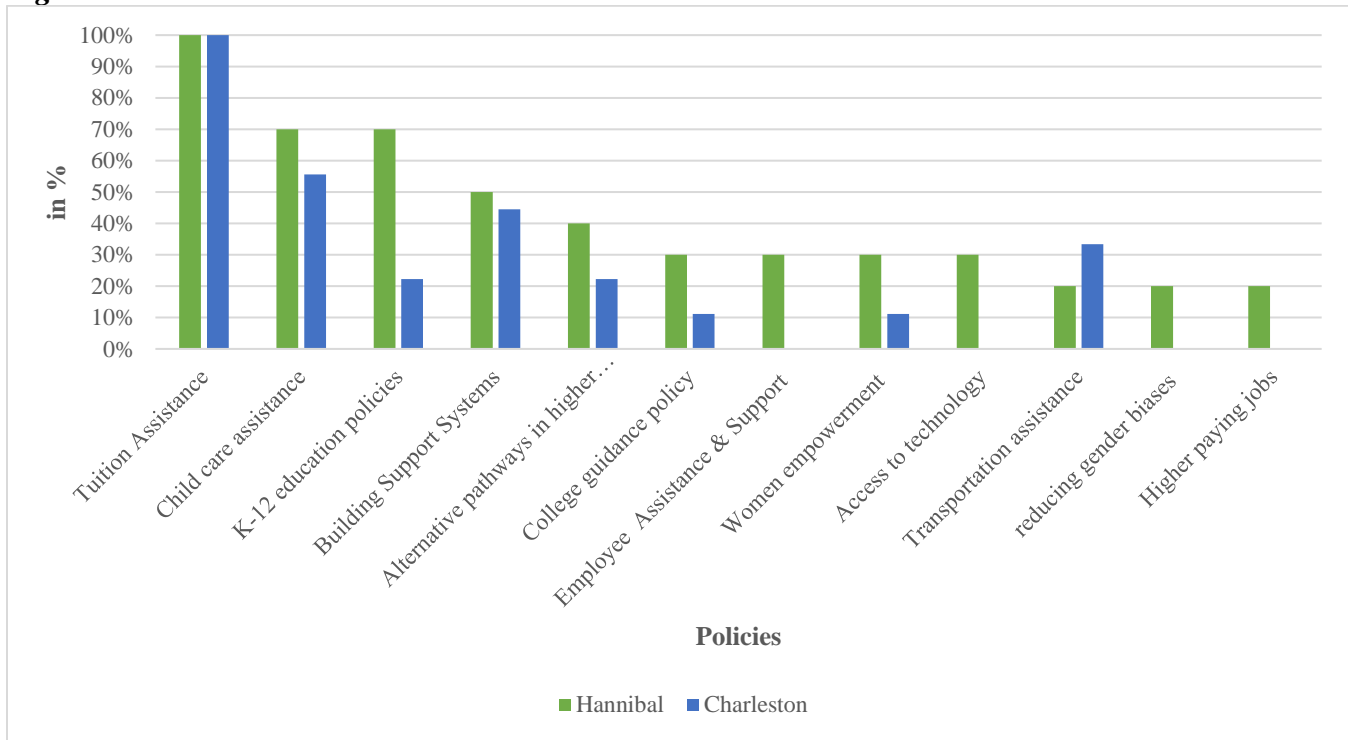
*Rural Areas (Hannibal and Charleston).* “Cost of Higher Education” was mentioned by the majority of participants in Charleston (89%) and Hannibal (80%) as a significant barrier to education (Figure 17). However, in Charleston all the participants felt that the greatest barrier to attaining “Education” was “Child care” (100%). This is consistent with the discussion during mapping sessions where many participants described the severe shortage of child care facilities in Charleston. Many participants in Charleston (89%) and Hannibal (80%) mentioned “Cost of Higher Education” as a barrier to education. Participants in Hannibal identified four concepts that participants in Charleston did not mention: “Gender Biases” (20%), “Low Quality of Education” (10%), “Lack of Interest” (10%) and “Substance Abuse/Mental Health” (10%).

“Tuition Assistance” was suggested by all the participants in Hannibal and Charleston, followed by “Child Care Assistance” respectively (70%; 56%) (Figure 18).

**Figure 17. Barriers to Education: Rural Areas**



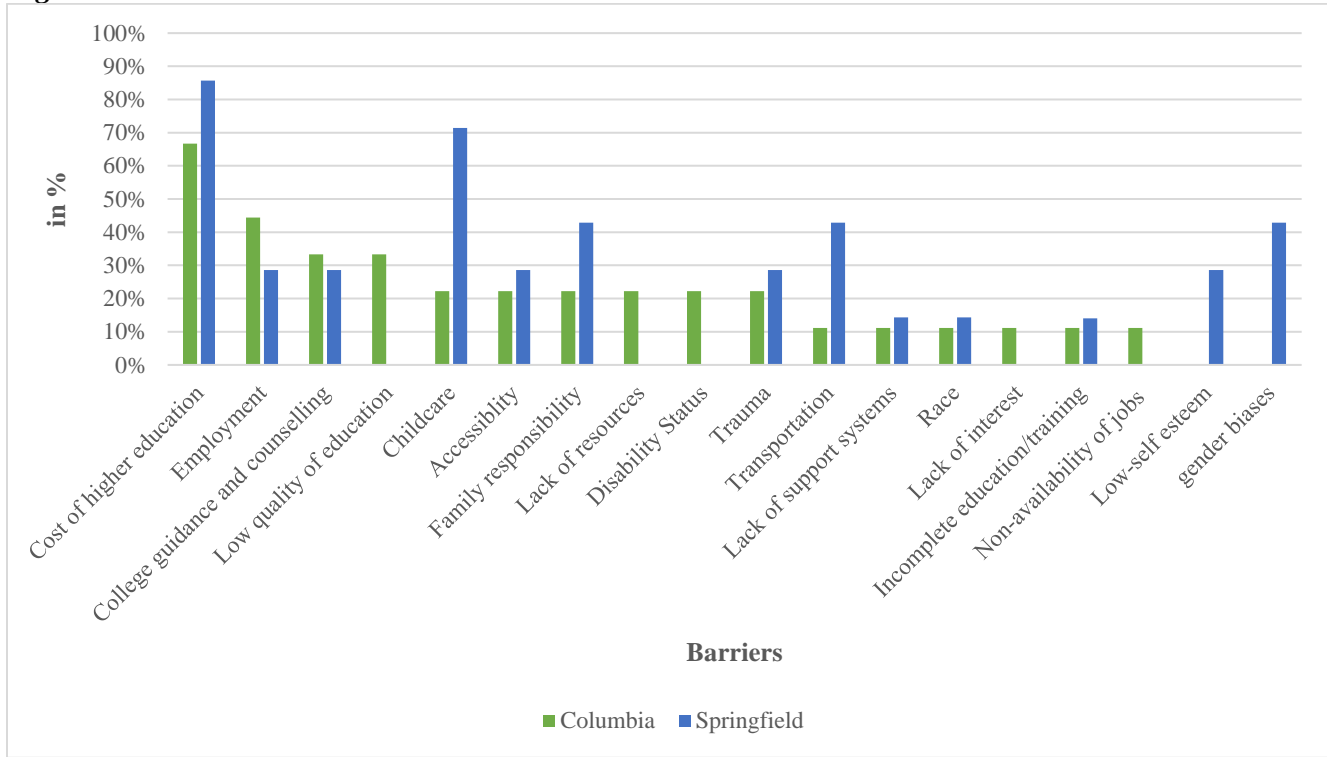
**Figure 18. Policies to Reduce Barriers to Education: Rural Areas**



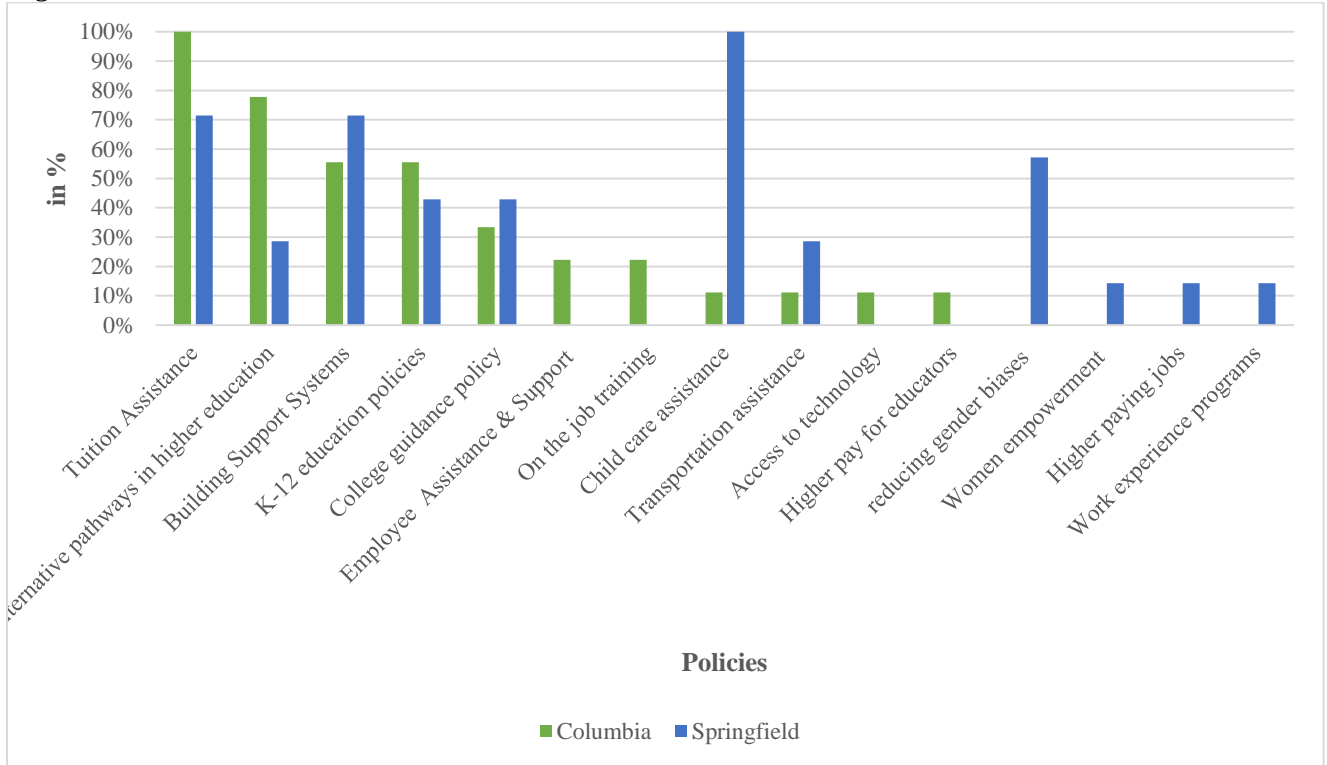
**Small Cities (Columbia and Springfield).** “Cost of Higher Education” was mentioned as the single largest barrier for attaining education by participants in Springfield (86%) and Columbia (67%) (Figure 19). “Child Care” (71%) emerged as the second most mentioned barrier in Springfield whereas it was “Employment” (44%) in Columbia. Participants in Springfield identified two concepts “Low-Self-Esteem” (29%) and “Gender Biases” (43%) that were not mentioned in Columbia.

In Columbia “Tuition Assistance” was suggested by all the participants as a policy to reduce barriers to education whereas in Springfield it was “Child Care Assistance.” “Alternative Pathways in Higher Education” was recommended as a policy option by 78% participants in Columbia and 29% participants in Springfield (Figure 20).

**Figure 19. Barriers to Education: Small Cities**



**Figure 20. Policies to Reduce Barriers to Education: Small Cities**

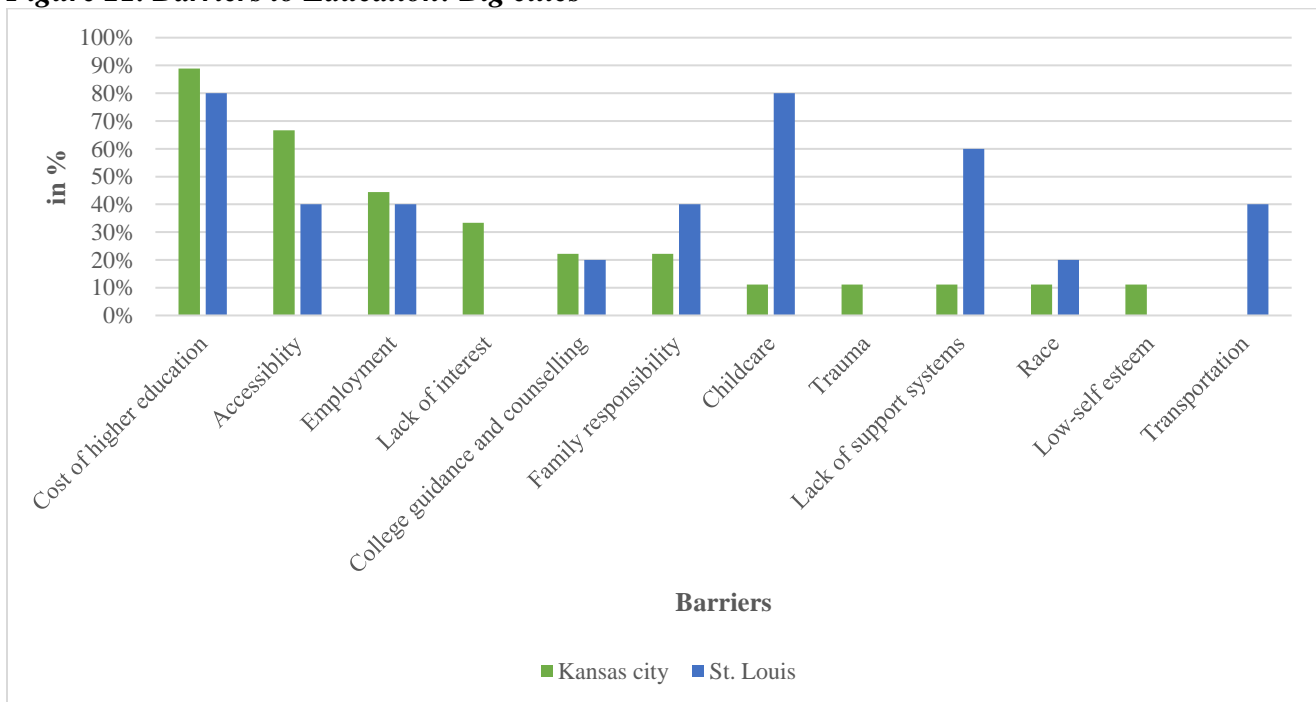




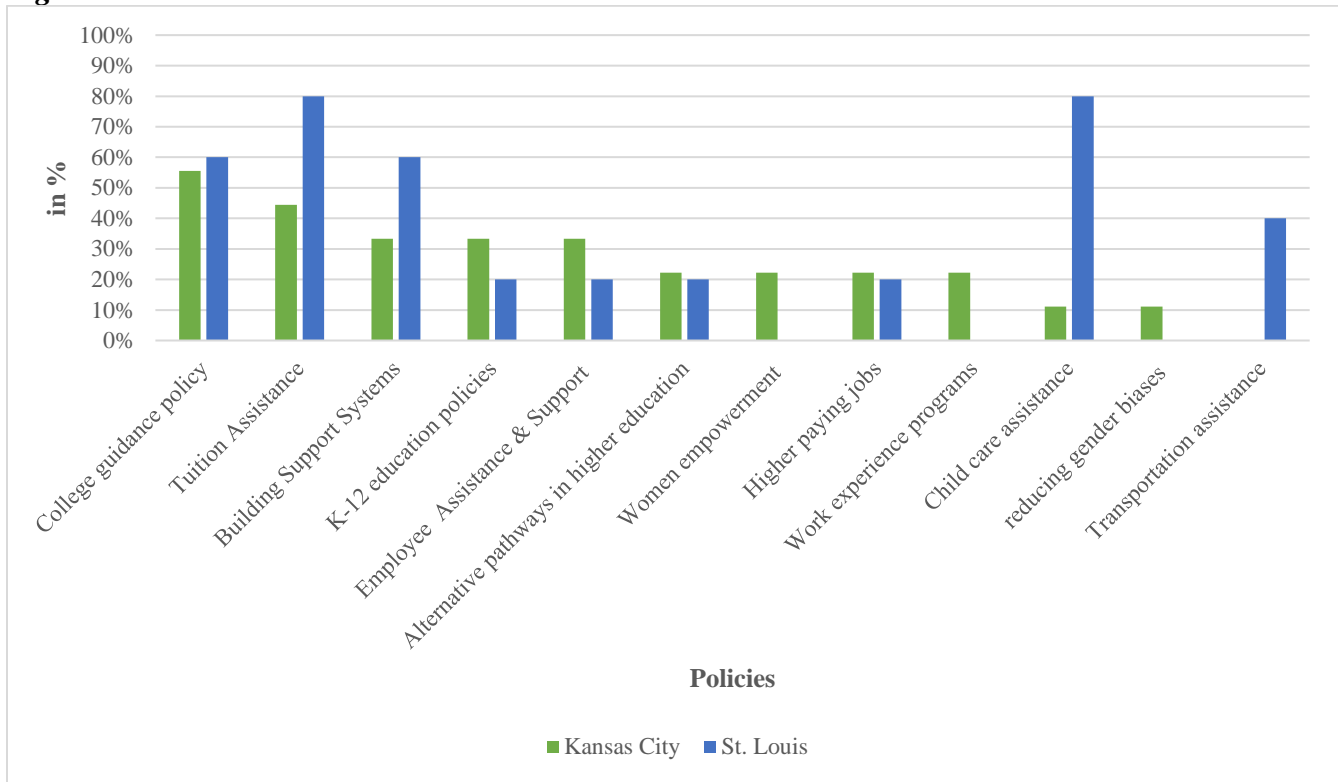
**Big Cities (Kansas City and St. Louis).** Most of the participants in Kansas City (89%) and St. Louis (80%) felt that the greatest barrier to education was “Cost of Higher Education” (Figure 21). “Child Care” emerged as a significant barrier in St. Louis (80%), however in Kansas City (67%) participants felt “Accessibility” was a far greater barrier. The concept of “Transportation” was not identified as a barrier in Kansas City.

In St. Louis 80% of the participants believed that “Tuition Assistance” and “Child Care Assistance” can help reduce education barriers (Figure 22). “College Guidance” was recommended as a policy option in both Kansas City (56%) and St. Louis (60%).

**Figure 21. Barriers to Education: Big cities**



**Figure 22. Policies to Reduce Barriers to Education**



### Next Steps

In year two, the results will be shared with focus group participants and an expanded audience during Community Conversations. Essentially, in consultation with the Advisory Group, project staff will develop questions that focus attention on the issues identified in the Needs Assessment and that adhere to best practices for Community Conversations and the World Cafe model (Carter et al., 2012; [www.worldcafe.com](http://www.worldcafe.com)). Additionally, we will disseminate the Needs Assessment findings to Missouri Department of Health and Senior Services - identified venues and events.

Project staff will search literature related to the barriers identified in the Needs Assessment using the UMKC library database as well as national/international databases such as Academic Search Complete, Education Full Text, and others. Staff will use a screening checklist to select qualifying literature to include and will then code each article to identify the successful and promising practices and policies. A report synthesizing the findings will be presented to the Advisory Group. Ultimately, the literature review findings will be integrated with Community Conversations data for a final set of recommendations.

The World Cafe model is proven to engage stakeholders at all levels and spur creative thinking that leads to the identification of community-driven priorities and solutions. The guiding principle of this model is that stakeholders in any community, “given the appropriate context and support...can often sense where powerful strategic possibilities and opportunities for action may lie” (Brown, et al., 2002, p.3).

The Community Conversations will use the evidence-based World Cafe format and will be held in the same six DHSS District locations that hosted the focus groups in phase one. The Community Conversations will involve a broader group than the targeted Cognitive Mapping focus groups in Year 1. Event facilitators will present the findings of the Needs Assessment and then

participants will rotate among tables to discuss how to address each identified barrier. The rotating process ensures that discussions happen among diverse groups and gives participants more opportunities to network and build relationships.

Project staff and note-takers at each table will record the conversations using a project-specific format developed by the Project Director and the Data Analysis Specialist. Project staff will then code and enter the data and conduct analysis using established qualitative research methods including the item level analysis described above with Idea Mapping and ATLAS.ti, a qualitative data analysis program to analyze the coded content (Lecompte & Schensul, 1999; Trainer & Graue, 2015; Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). The team will draw out key drivers, themes, patterns, trends and priorities for strategies to improve access to education and employment for women. Analysis of table notes allows community-driven solutions to emerge, rather than researcher-driven hypotheses about catalysts for change (Trainor, 2018).

Next, project staff will consult with the Advisory Group members to ensure that recommended strategies reflect state and community needs and are feasible. The recommended strategies will come from the results of the Community Conversations and the literature review of best practices related to the identified barriers. The Project Director will submit the draft report by July 1, 2020 and the final report by August 30, 2020.

Finally, Project staff will meet with the Advisory Group to share findings from the literature review and Community Conversations and develop an outline for toolkit content. This will include specific evidence-based or promising practices and policies correlated with each recommended strategy, as well as who might implement each and what partnerships would be necessary. With assistance from the Advisory Group and in consultation with DHSS, we will develop a list of audiences for the completed toolkit and appropriate venues/formats to reach them. This may include

conference presentations, workshops, publications, websites, social media, news releases, and collaboration with state and local associations to distribute to their members. The Project Director will submit the draft toolkit report by December 1, 2020 and the final report by January 01, 2021.

End of report.