

# On the Road to Equality

## Statewide Findings & Policy Recommendations

### 1. Introduction

ON THE ROAD TO EQUALITY IS A SUPPLEMENT TO *Status of Girls in Minnesota*, a report by the Women's Foundation of Minnesota in partnership with the Institute for Women's Policy Research (April 2008).

From May through July 2008, the Women's Foundation held community presentations and focus groups in 18 Minnesota communities — 12 in greater Minnesota, including Bemidji, Duluth, Grand Rapids, Marshall, Moorhead, Rochester, Virginia, Warroad, Willmar and St. Cloud; and six in the Twin Cities, including African American, Latino, Native American, Asian American, LBT (Lesbian, Bisexual, Transgender), and disabilities communities — to share key research findings and gain community input.

This report captures the voices and policy recommendations of the community, nonprofit and public leaders who participated in the focus groups. The data represent participants' perceptions of the challenges girls face in the state and the changes needed to secure their futures.

This report will serve as a road map for government, community, and business leaders to examine and advocate for policies that ensure all girls and women have equal access to opportunities and pathways that lead to success.

#### Methodology

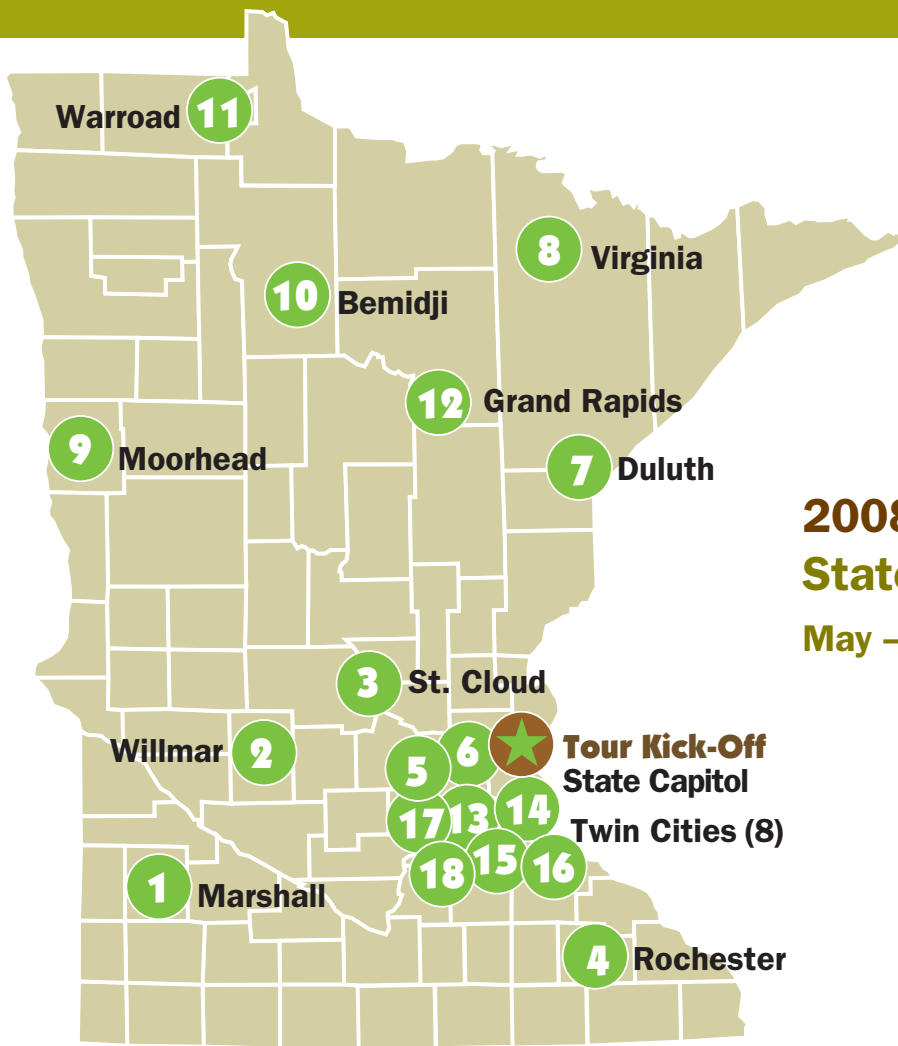
The focus group protocol — developed by the Women's Foundation of Minnesota and based on *Status of Girls in Minnesota* — included questions and discussion focused in six areas: Socioeconomic Landscape, Teen Pregnancy, Mental Health & Risky Behaviors, Safety & Security, Education, and Work & Family Balance.

As previously noted, focus groups were held in 18 communities. Each focus group discussion was digitally recorded and notes were taken. Participants were assured anonymity. These raw data were then analyzed and synthesized. The presentation of data in this report offers readers a detailed analysis of participants' perceptions of the top issues facing girls in Minnesota, and solutions to those issues.

The focus group protocol and report methodology, along with more information about the statewide tour, can be viewed in the full report of *On the Road to Equality*, available online at [www.wfmn.org](http://www.wfmn.org). □



DECEMBER 2008



## 2008 Road to Equality Statewide Tour

May – July 2008

### 2. Overarching Concerns

IN EACH FOCUS GROUP COMMUNITY, NONPROFIT and public leaders (participants) described a current state of affairs that is alarming for Minnesota’s girls and their futures.

Consistent with a key finding cited in *Status of Girls in Minnesota*, poverty rates are highest among female-headed families across the state and compounded by barriers to post-secondary education, livable wage jobs, and quality child care.

Many participants cited a statewide teen pregnancy “epidemic,” particularly among girls of color and girls in rural communities. The lack of comprehensive sex education for teens was noted, as were strategies communities have developed featuring more realistic methods of educating teens about their sexual health — without exciting controversy and alienating those who promote abstinence.

A pervasive culture of violence against women and girls was raised as an area of concern. Girls, and girls of color particularly, are confronted with unprecedented levels of violence, including physical and sexual abuse, domestic violence, gang violence, and bullying in schools.

Participants described self-destructive behaviors that girls are engaged in, and suggested that these behaviors were largely in response to poverty and violence in their lives, including sex, alcohol and drug abuse, dating older men, and eating disorders.

According to participants, access is limited to many of the services women and girls need to rise out of poverty, such as education, jobs, childcare, and healthcare. Added to this, participants also noted that girls are often charged with care of siblings and the home, which diminishes girls’ expectations and aspirations beyond these roles when they are adults. Consequently, opportunities for women and girls, in both cases, are severely limited.

Additionally, participants pointed out how the media often objectifies and sexualizes girls, further limiting girls’ aspirations and putting them at greater risk for sexual promiscuity, eating disorders to maintain unhealthy body images, and abuse of drugs and alcohol.

Also cited by participants were the high levels of poverty and teen pregnancy among women and girls of color traced to the intersection of sexism and racism. Examples of this included how immigration status has been used to discriminate against the Latino community and deter Latina girls from entering college-bound programs, and how human trafficking of Minnesota’s Native American girls puts them at highest risk of experiencing violence — greater than any other racial or ethnic group.

The following table outlines the specific concerns and recommendations focus group participants across the state raised in each focus area and by geographic community.

**Table 1.** Concerns and Recommendations, by Focus Area and by Geographic Community

	Statewide 18 Communities	Twin Cities 6 Communities	Greater MN 12 Communities
<b>Socioeconomic Landscape</b>			
Increase access to quality childcare	100%	100%	100%
Increase access to earning potential and jobs	100%	100%	100%
Increase access to quality education	66%	100%	50%
<b>Teen Pregnancy &amp; Reproductive Health</b>			
Comprehensive, holistic sex education programs needed	94%	100%	92%
Break culture of silence	89%	83%	92%
Increase access to health care services	83%	100%	75%
<b>Mental Health &amp; Risky Behaviors</b>			
Build girls' self-esteem and aspirations	100%	100%	100%
Understand depth and breadth of risky behaviors girls are engaging in through key programs	94%	100%	92%
Increase access to mental health services	83%	83%	83%
Remove burden of sexism that defines girls' roles in society	72%	83%	66%
<b>Safety &amp; Security</b>			
Ensure youth have access to violence prevention programs that build their capacity	100%	100%	100%
Change environments in which girls are confronted with high levels of violence	88%	100%	83%
Break culture of silence	88%	83%	92%
<b>Education &amp; Work-Life Balance</b>			
Ensure educational programs build girls' knowledge, self-esteem and confidence	100%	100%	100%
Recognize need to apply gender lens to change and improve the educational system to get better outcomes for girls	83%	66%	92%
Recognize prevalence of gender stereotypes that limit girls' aspirations	78%	83%	75%

### 3. Areas of Recommendations

WHILE TABLE 1 PROVIDES A COMPREHENSIVE LIST of policy concerns in five areas, the remainder of this report will focus on policy recommendations in three areas: socioeconomics, education and health.

While on the statewide Road to Equality Tour (May-July 2008), focus group participants voiced their concerns in two main contexts: strategies focused on *prevention* on the one hand, and strategies focused on *intervention*, on the other.

Within the socioeconomic and education sections, a variety

of strategies are highlighted that can potentially *prevent* women and girls from falling into poverty. At the same time, within the health section, a variety of strategies are highlighted that address risky, self-destructive behaviors girls are engaging in that require successful *interventions*.

Across the board, however, none of the systems (socioeconomics, education or health) are functioning adequately on levels of prevention or intervention. □

## A. Socioeconomics

**ERADICATE POVERTY BY HELPING WOMEN STAY ON PATHWAYS TO ECONOMIC SUCCESS.** The economic plight of many Minnesota women was raised consistently by focus group participants across the state. Overall, focus group participants cited a lack of statewide services that foster women's economic self-sufficiency, and that it was the responsibility of state government to pay for it. As one participant put it:

*“There is a legislative commission to eliminate poverty by 2020; however, the MFIP (Minnesota Families Investment Program) still hinders women from pursuing a higher education. There is not enough child care and the waiting lists are too long. There is not enough time or resources for women to get their education and training.” (Focus Group participant)*

Related to the lack of resources and high costs of services, the lack of political representation of women in the government was identified as a significant barrier to funding for women's education and economic development.

Focus group participants identified a set of specific mandated services needed to prevent women from falling into poverty and lifting women out of it that have policy implications.

### Recommendations

**1. Provide job training, particularly nontraditional training.** The lack of job training programs for low-income women was a big concern of focus group participants.

*“Women are an untapped human resource and very few are encouraged to take up skilled trade jobs. The community needs to encourage women to go into non-traditional careers.” (Focus Group participant)*

**2. Provide more jobs.** The lack of jobs available, even after receiving training, was commented on by focus group participants.

*“The population and birth rates are decreasing, and if the country does not have enough people to work, the economy will go down. When you get an opening, you have got to be able to fill it. There need to be jobs for the entire age spectrum. The community has cut itself short...and it has disproportionately affected women.” (Focus Group participant)*

**3. Increase access to higher education for low-income women.** The economic plight and high levels of poverty of women in female-headed households was cited consistently by focus group participants across the state, and traced back to

lack of access to quality education for poor women.

And for many women in Minnesota, the lack of access to higher education is compounded by, for example, physical ability or legal immigration status:

*“Disabled women are feeling the trickle-down effects of the conflicts against able women. If women have less of an opportunity to get an education, then women with disabilities most definitely will not. The disabled population needs to be represented in all studies.” (Focus Group participant, Disabled Community)*

*“There is a stigma against the Latino population since their legal status is always in question. As a result, [women's] access to services that support their economic status — such as insurance, education and jobs — is very limited.” (Focus Group participant, Latino Community)*

**4. Fix the broken childcare system.** Overwhelmingly, focus group participants cited a “broken childcare system” as a deterrent for women getting to work, going to school, and assuring their children's readiness for school.

*“Daycare itself is at a grand shortage. It is difficult to find 24-hour care, while family, friends and neighbors may not always provide quality care.” (Focus Group participant)*

*“Childcare workers themselves only make minimum wage.” (Focus Group participant)*

*“Childcare is a limited commodity with few spaces and can be very expensive.” (Focus Group participant)*

Focus group participants also spoke of the need for skilled childcare workers able to provide high-quality, early childhood education:

*“Qualified individuals must be placed into childcare positions to expand services. Childcare should be adjusted to make children ready for school.” (Focus Group participant)*

Overall, participants named a variety of problems, including a shortage of day care facilities, lack of needed services for sick children and special needs children, underpayment of childcare workers, the high cost of childcare, a shortage of nonprofit childcare centers, lack of on-site childcare for working women, and, of course, the difficulty of going to school or work if childcare is inadequate or not available. □

## B. Education

**BROADEN THE DEFINITION OF EDUCATION TO INCLUDE SCHOOLS AND COMMUNITY.** Participants leaned toward a broader definition of education that includes education that takes place in schools and communities, with programs delivered in both places.

*“All of the topics covered by the *Status of Girls in Minnesota* report all relate to the issue of education. These issues cannot be separated from education. Girls and boys need programs, such as mentors or gender-specific classes, which will teach the correct things that they need to learn in order to succeed in life. Once girls are armed with the correct tools, they will least likely turn to risk behaviors, such as dating older men and getting pregnant.”*

*(Focus Group participant)*

This notion of a broader definition of education that encompasses schools and community is reflected in the recommendations below.

### Recommendations

**1. A coordinated, collaborative response is needed that engages partners in school-based and community-based solutions to improve the status of girls.** Across the state, focus group participants recommended that Minnesota communities work together and across issue areas to examine solutions to improve the status of girls.

*“There needs to be a multi-faceted set of solutions in order to fix the issues that are affecting Minnesota’s girls the most. The community has lost much faith in working together to solve issues. However, this is the best way that the community can change the status of girls: by working together, combining talents and resources, and being flexible.”* *(Focus Group participant)*

**2. Integrated, holistic programming is needed to help girls succeed.** Across the areas studied, a consistent call for integrated, holistic, innovative programming for girls was made. Participants envisioned a variety of integrated programs to help girls be successful, as shown in Table 2 on page 6.

**3. Specific environments, systems and institutions need to change to assure equality and success for Minnesota’s girls.** Across the state, focus group participants cited many environments that need to change to build girls’ success. The strongest,



clearest call, however, was for changes in educational systems to build the economic and future success of girls in Minnesota.

- a. **Focus on girls in public schools.** Schools were viewed as ineffective in their support of girls’ development. Therefore, schools were perceived as needing to *prioritize and expand education* to include many more gender-specific educational opportunities for girls.
- b. **School changes must be community-driven.** Communities must work with schools to identify needed changes and provide appropriate resources to implement needed changes. Focus group participants across the state agreed that *communities* must drive such transformation.

*“Education must be heavily supported by the community and its members. The education bar must be raised.”* *(Focus Group participant)*

The raised bar referenced by the participant (above) would have to include not only higher grades and test scores, but also greater breadth of education to include programs to prevent and address girls’ risky behaviors.

Participants recommended changes that would transform schools through application of a gender lens, as shown in Table 3 on page 6. □

**Table 2.** Focus Group Recommendations: Components of Integrated, Holistic Programming for Girls

Curriculum Component	Purpose
<b>Comprehensive Sex Education</b>	Teach girls not only the biology of sex, but how to protect and respect their bodies, healthy relationships, dating violence, and the economic repercussions of teen pregnancy, etc.
<b>Mentors &amp; Role Models</b>	Help girls make informed choices about sex, ways to protect themselves from violence, build their self-esteem, and make good educational and career choices.
<b>Post-Secondary &amp; Nontraditional Education</b>	Encouraging girls to pursue higher and/or post-secondary education, including math, science and other nontraditional education, to break the cycle of poverty.
<b>Making Smart Choices to Avoid Risky Behaviors</b>	Teach girls to make informed choices about their reproductive health, how to avoid risky behaviors, and prevent violence.
<b>Building Self-Esteem</b>	Girls need high self-esteem to avoid many risky behaviors, make good relationship choices, and make healthy choices about their sexual health.
<b>Maintain Healthy Body Image</b>	Help girls see beyond sexualized roles prescribed for women and girls and avoid depression that can result in eating disorders, unhealthy sexual relationships, and potential suicide.
<b>Culturally Specific Programming</b>	Where appropriate, programs should be culturally specific to allow diverse communities to deal with issues of reproductive health, violence, mental health, education, women’s roles, and economics within their own cultural contexts,
<b>Parent Education</b>	Help parents learn how to raise healthy daughters, develop financial and money management skills, and how to help their children in school.

**Table 3.** Focus Group Recommendations: Applying a Gender Lens to Schools

<b>Increase special programs and curricula for girls.</b>
<b>Increase girls’ performance in science and math.</b> The need to educate girls in math and science was captured by participants.
<b>Increase girls’ access to nontraditional education and careers.</b> More needs to be done to encourage girls to go into nontraditional careers.
<b>Segregate classrooms by gender.</b> Several participants recommended segregating classrooms by gender as a way to improve educational outcomes for girls.
<b>Improve girls’ performance on standardized tests.</b> Overall, participants felt that measures other than just standardized tests need to be put in place to measure students’ success.
<b>Increase teachers’ expectations of girls.</b> Participants felt low teacher expectations impact girls’ educational achievement.
<b>Increase teachers’ effectiveness through knowledge of girls’ learning styles.</b> Some participants recommended classroom techniques that favor girls’ learning styles.
<b>Increase girls’ access to role models.</b> Participants emphasized the need for more role models for girls, to help them increase their aspirations and envision success, both culturally and within career contexts.

## C. Health

**ENSURE ADEQUATE HEALTH CARE SYSTEM.** An inadequate health care system and limited access to needed health services for Minnesota’s women and girls, both physical and mental, is troubling, and limits their economic success.

### Recommendations

#### 1. Increase access to reproductive health care and education.

Focus group participants described a statewide “epidemic” of teen pregnancy amongst girls of color and rural girls. In particular, lack of access to reproductive health services and comprehensive sex education for Minnesota’s girls was of great concern to focus groups participants.

*“Sex education in schools should be renamed ‘Smart Choices.’ It should cover more than just the biology of sex, but also the realities, the fear, the health risks and economic links to the abuse of sex. There needs to be a new approach in schools.” (Focus Group participant)*

*“Birth control and other health check-ups, such as STI testing, require repeated testing. Some girls are not willing or can’t afford to seek services, if they must pay.” (Focus Group participant)*

**2. Increase mental health services.** Focus group participants listed many factors that must be addressed that limit access for women and girls to mental health services in Minnesota, including:

- a. A severe shortage of mental health providers, particularly in greater Minnesota.
- b. The difficulty women and girls have negotiating a fragmented mental health system.
- c. Inadequate services for girls, in general, and inadequate services for women and girls from diverse cultural communities, specifically.
- d. Stigmas against mental health issues within diverse communities limit access for communities of color and immigrant communities.

- e. Diagnosed mental health disorders, such as clinical depression, are difficult to treat due to a shortage of mental health care services and providers across the state, putting girls at greater risk of suicide.
- f. Distance and high transportation costs, particularly in greater Minnesota, were cited as barriers to adequate healthcare, particularly reproductive health care for teens.

Across all focus groups, participants commonly identified girls’ low self-esteem as a growing problem, leading to undiagnosed (but apparent) depression, thus putting girls at higher risk for self-destructive, risky behaviors.

*“There is such a huge problem with body image among girls that some young women are so concerned with their body that they will use crystal meth as a dieting aid.” (Focus Group participant)*

**3. Improve and increase culturally competent service providers.** Girls from diverse communities were viewed as more likely to have limited access to health services. Appropriate services for disabled girls and for girls in the LBT (Lesbian, Bisexual, Transgender) community were seen as extremely scarce.

*“It was easier to access family planning in Mexico than in southern Minnesota.” (Focus Group participant)*

*“Because access to health care is difficult already for disabled girls, many of these girls are not receiving the correct medical attention, since some doctors are not familiar with how to deal with girls who have disabilities. Doctors must be educated.” (Focus Group participant)*

*“Often clinics will turn away transgendered youth because they do not know how to help them.” (Focus Group participant) □*

#### 4. Conclusion

THE STATEWIDE FOCUS GROUP FINDINGS AND recommendations cited in this report are intended to serve as a tool for communities, advocates, educators, and policy makers to help move Minnesota's girls forward to reach their full potential in life. Just as girls' challenges are shared obstacles that impede Minnesota from reaching its full potential, girls' triumphs are shared successes. Ultimately, Minnesota benefits when girls thrive.

Progressive policy, continued advocacy, and increased philanthropy, as well as mentorship and community support, will be key to ensuring that girls in Minnesota continue moving forward towards lives of economically successful, healthy, vibrant women. □

To view a PDF of the full report, visit [www.wfmn.org](http://www.wfmn.org).

## Acknowledgments

The Women's Foundation of Minnesota thanks Blandin Foundation, W.K. Kellogg Foundation and The Minneapolis Foundation for providing the key funding for this report.

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December 2008