Needs Assessment: Focus Group Questions and Analysis

Issues of Importance to the Women of North Dakota

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NORTH DAKOTA WOMEN’S NETWORK (NDWN)
NEEDS ASSESSMENT: FOCUS GROUP QUESTIONS AND ANALYSIS

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# NORTH DAKOTA WOMEN’S NETWORK (NDWN)
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Executive Summary

The North Dakota Women’s Network (NDWN) convened a series of focus groups to increase its understanding of how women in North Dakota think of themselves in relation to political, economic, health and family issues which shape the well-being of women’s lives. The degree to which individuals and their families successfully navigate through these complex social processes tends to determine their social status as well as their personal sense of self worth. Although the NDWN focus group research study targeted specific issues related to the family, the workplace, and health, it was initiated as a partial response to a larger project developed by the Institute for Women’s Policy Research (IWPR).

The objectives of the NDWN focus group research were three-fold:

• To identify current and emerging issues and concerns for North Dakota women from all walks of life;
• To gain an understanding into women’s communication methods to aid the development of a communication plan for the North Dakota Women’s Network;
• To assist the North Dakota Women’s Network in setting priorities for the organization.

Focus Group Participants

A total of seventy-four North Dakota women residents comprised eight focus groups convened throughout the state. Participants were from urban and rural areas, Native American reservations and, in one case, a Native American college.

Topics

The questions asked of participants were used to prompt discussions related to the goals of the research project: 1) to gain knowledge of women’s views on issues pertaining to healthcare, work, and families; 2) to assess women’s preferences in receiving and exchanging information; 3) to facilitate the prioritization of activities of the NDWN.

Summary Recommendations

The analysis of focus group research conducted by the North Dakota Women’s Network demonstrates that North Dakota women, as represented by the seventy-four focus group participants, are clearly aware of the challenges they face in their daily lives in the areas of health and healthcare, employment and the work environment, and their families. These women were more than able to identify needs and suggest multiple ways such needs could be alleviated through a combination of community awareness, public engagement, and a more responsive governing process that would attend to women and their families. Women’s responsibilities are expanding in complexity and yet are integral to the well being of their communities and the larger society. Over the last several decades women have become in many cases, not only the family homemakers and care givers, but also family providers as well.

As summarized throughout this analysis, there are specific areas in which women have identified issues for which organization and/or public involvement and resources are needed. Efforts to increase women’s access and status with regard to the following would improve women’s lives:
• Access to quality healthcare and comprehensive benefits through affordable health insurance. Special attention should be paid to women’s needs with regard to reproductive health and chronic illnesses as well as to essential confidentiality and privacy.
• Access to affordable childcare for working and student mothers including public assistance for both mothers and quality childcare centers.
• Implementation of reformed welfare policies that would allow women to increase their employment opportunities by obtaining higher education and/or supplemental job skills required for promotion to managerial level positions.
• Recognition that families are struggling and need assistance through increased wages that are related to the actual cost of living throughout the state. As recommended in the Institute for Women’s Policy Research report (2004, p. 33), “North Dakota’s state and local governments should consider passing living wage laws and tying minimum wages to cost of living increases.”
• Implementation of educational forums to encourage women to run for political offices at the local and state level and to support their emerging leadership roles in the work environment and in the community.
NORTH DAKOTA WOMEN’S NETWORK (NDWN)
NEEDS ASSESSMENT: FOCUS GROUP QUESTIONS AND ANALYSIS

Introduction

A series of focus groups was convened by the North Dakota Women’s Network (NDWN) to increase its understanding of how women in North Dakota think of themselves in relation to political, economic, health, and family issues which shape the well-being of women’s lives. The degree to which individuals and their families successfully navigate through these complex social processes tends to determine their social status as well as their personal sense of self worth. Although the NDWN focus group research study targeted specific issues related to the family, the workplace, and health, it was initiated as a partial response to a larger project developed by the Institute for Women’s Policy Research (IWPR). The IWPR is an “organization dedicated to informing and stimulating the debate on public policy issues of critical importance to women and their families”1 (Caiazza and Shaw 2004).

Every two years, between 1996 and 2004, the IWPR published approximately ten state-based reports on the status of women. The 2004 North Dakota Report was published along with women’s status reports from Alaska, Idaho, Michigan, Montana, Nevada, Oklahoma, South Dakota, Utah, and Wyoming. The IWPR’s report provided the North Dakota Women’s Network with meaningful state and national population data on women’s political participation, social and economic autonomy, employment, reproductive rights, and health and well-being. Further, it stimulated NDWN members to initiate the present needs assessment research with focus groups.

An analysis of this research uses, as appropriate, findings in the IWPR Report for contrast and comparison to provide a state and national context for the NDWN’s focus group data.

The objectives of the NDWN focus group research were three-fold:

- To identify current and emerging issues and concerns for North Dakota women from all walks of life;
- To gain an understanding into women’s communication methods to aid the development of a communication plan for the North Dakota Women’s Network;
- To assist the North Dakota Women’s Network in setting priorities for the organization.

**Research Method and Analysis**

Focus groups have been used in a variety of settings to assess people’s perceptions, attitudes, and opinions about consumer products, political events, media presentations, service delivery and community needs (Krueger 1994). While focus groups are conducted to find out how people respond to a wide range of products, ideas, and events, this information is made up of statements which reflect the variety of ways people communicate. Focus group research data consists of language-based statements. These statements, just as in natural conversation, need interpretation as to their relevance, specificity, veracity, context, and emotional tonality (Strauss and Corbin 1998).

The process of conducting focus groups facilitates an exchange among participants of their views on a specific topic. While focus groups may be designed to generate a consensus among participants, this is not their primary purpose. Rather, focus groups are more often designed to assess the range of views and perspectives that focus group participants bring to a topic. Social encounters typically are characterized by variations in purposes, risks, stakes, and responses of those involved. Even though group participants might come to a consensus before taking a particular course of action, they interactively negotiate such agreements through
communicative processes that begin with a variety of views. In analyzing focus group statements, it is important to look at the range or diversity of statements, rather than counting the number of similar responses. This analytic goal can be achieved through a close reading of focus group statements and the construction of thematic and sub-thematic categories into which statements can be sorted. Statements within a category can then be assessed for their variation in tone, relevance, specificity, urgency and so forth. This is a brief description of the analytic process that I have used in this report.

**Focus Group Questions**

The NDWN study used the following focus group questions guide in each of the focus groups conducted in the state:

1. What can be done to help North Dakota women with health issues?
2. What can be done to help North Dakota women with workplace issues?
3. What can be done to help North Dakota women with family issues?
4. What would it take to get your involvement in the NDWN?
5. How do you prefer to receive information?
6. Do you have anything to add?

**Focus Group Participants**

A total of seventy-four North Dakota women residents comprised eight focus groups convened throughout the state. Participants were from urban and rural areas, Native American reservations and, in one case, a Native American college. Focus group names in this report refer to their respective locations. These were conducted in the following locations, with population
figures given in parentheses from the 2000 Census\(^2\): Fargo (90,590), Bismarck (55,532), Grand Forks (49,321), Dickinson (16,010), Belcourt (2,240), New Town (1,367), Velva (1,049) and United Tribes Technical College.

Of the 74 focus group participants, 23 were Native Americans, 46 were Euro-Americans, and five were from other ethnic groups, i.e., Asian/Asian-American, African-American, Hispanic, and multiethnic. The age of focus group participants ranged from 19 to over 60 years old. The relationship status of participants was 33% single, 38% married and 29% divorced, separated, widowed, partnered or unreported. 70% of the participants reported having one or more children, and 28% had none, with one person not responding. The participants’ level of education varied, with approximately 10% finishing high school, 59% attending or completing college, and 27% obtaining a masters or doctoral degree. A majority of the women who were employed reported education or human services as their field of work. The specific figures for the age, ethnicity, relationship status, occupation and level of educational attainment of focus group participants are provided in Appendix 1.

Focus Group Findings and Analysis

The statements made by focus group participants were recorded by a note taker during the group session. Notes were typed into an abbreviated, bulleted list format. These notes for the analysis did not represent verbatim transcripts of statements made during focus group sessions. However, my analysis works with the notes and attempts to use them as responsive statements

generated by group participants. Throughout the analysis, statements quoted from the notes were used to provide evidentiary examples of analytic themes and content.

The analysis and discussion of findings are arranged to follow the topical questions used by each focus group leader. These questions, noted above, were used to prompt discussions related to the goals of the research project: 1) to gain knowledge of women’s views on issues pertaining to healthcare, work, and families; 2) to assess women’s preferences in receiving and exchanging information; 3) to facilitate the prioritization of activities of the NDWN.

I. Health – What can be done to help North Dakota women with health issues?

While North Dakota ranks near the top for health and well-being, according to the IWPR Report, at 4th in the nation and 3rd among seven regional states, focus group participants spoke to specific underlying issues needing attention that were obscured by this broad positive indicator. These issues have been thematically categorized as A. Health Care Access, B. Depersonalized Care, C. Reproductive Health Services, D. Comprehensive Health Benefits, and E. Preventative Information and Education.

A. Health Care Access

Lack of access to a full range of treatments and services was a general theme that linked all groups in the focus group study. Among non-Native American participants, lack of access was experienced as lack of affordable health insurance, lack of comprehensive benefits and, for those living in rural areas, lack of geographic proximity. Even though the IWPR Report indicated that 87.6% (2001-02) of non-elderly women have health insurance (p. 5), focus group

(Retrieved October 22, 2007)
participants talked about the cost and difficulty of obtaining health insurance with comprehensive benefits. Members from Bismarck, Fargo, Dickinson, and Velva were aware of how poverty and employment played key roles in determining persons’ health insurance status. Some of those who were insured expressed dissatisfaction with the lack of comprehensive benefits such as providing inadequate or no coverage for birth control pills, preventative screening, and various tobacco, drug and alcohol treatment programs. Of note, several mentioned the lack of coverage for mental health and social support group services.

For Native American participants, lack of health care access focused on the lack of comprehensive benefits offered by the Indian Health Service (IHS), lack of affordable health insurance, and a sub-standard, clinic-based health system offering depersonalized care. Native American women living on the reservation have access to IHS, yet they stated that health insurance is too expensive. One participant from Belcourt stated that she had no coverage for her children who were not enrolled members of the tribe. Several mentioned that they could only access IHS care if they were living on the reservation. Participants from the Untied Tribes group discussed the decreases in IHS federal funding and effective coverage, given the growth of the Native American population:

The Indian population is growing, [yet there is] the same funding and more people to share it with. So, they can’t cover more health issues as well [such as] diabetes, heart disease, cancer.

The Native population is experiencing an in-migration unlike the white North Dakota population. Fifty percent of the reservation population is under twenty-five.

Other Native people are returning to North Dakota reservations with health issues (HIV, mental health, aging issues) in order to take advantage of IHS.
The lack of comprehensive benefits available through the Indian Health Service is a significant concern for Native American women. For example, the IHS typically provides cancer treatments only through outside contractors which sets up a system of rules and restrictions that limit patient access (Grady 2007).

B. Depersonalized Care.

Participants in each of the Native American focus groups either implied or persuasively claimed that the IHS care was depersonalized. Women in each group echoed the concerns of a Belcourt group member who said, “We don’t have the same level of care as in larger locations.” This sense of a 2nd tier delivery of health care included long hours waiting in the clinic to be seen by a doctor, no provision for scheduling personal appointments, time-limited visits which impede proper diagnosis, little continuity of care, and the availability of only generic medications unaccompanied by information about medication side effects. As one women stated, “[We] never see the same doctor. [We] only see the doctor for 15 minutes. Last time, [even] the doctor became upset because of the minimum time allotted [for a proper diagnosis].” Another joined in on this point saying, “Due to minimum time with doctors, the diagnosis is often wrong.”

The differences in the perceived quality of treatment and level of depersonalization between Native American and non-Native American focus group participants may account in part for the findings reported by the IWPR on the discrepancies in mortality rates between white and Native American women:

In North Dakota, there is a large disparity in mortality rates from heart disease

among white and Native American women...While white women in North Dakota experience heart disease at a rate of 156.6 per 100,000, the rate for Native American women is twice as high, at 321.8 per 100,000. Native American women in North Dakota also have a heart disease mortality rate that is double that of Native American women nationally. (Pp. 31-32)

In addition to high prevalence rates of chronic heart disease, Native Americans have a significantly higher prevalence of diabetes and cancers as compared to the white population at all ages. A Center for Disease Control Report (2003)\(^4\) using IHS patient care data, in 1994 and 2002, on incidence of diabetes among American Indians (AI) and Alaska Native (AN), compared with a U.S. population data set for the same years, found that “the age-specific prevalence of diagnosed diabetes was two to three times higher for AI/AN adults than for U.S. adults.” Furthermore, there were larger relative increases between 1994 and 2002 for AI/ANs adults aged 20 to 34 years than for the U.S. adults aged 35 to 44 years.

With regard to cancers, a recently released study sponsored by the American Cancer Society (ACS) and the National Cancer Institute\(^5\) highlighted cancer rates among Native Americans and Alaska Natives. The study reported that while cancer rates from 1999 - 2004 were lower overall for Native Americans/Alaska Natives than for whites, “they were higher for cancers of the stomach, liver, cervix, kidney, and gallbladder”(ACS 2007). Furthermore,


regional analysis showed that Native Americans from the Northern Plains had higher rates of cancer and, for “cancers of the breast, colon and rectum, prostrate and cervix, were less likely than Non-Hispanic Whites to be diagnosed at localized stages” (ACS 2007). These findings suggest that Native American women have less access to the diagnostic and early detection services available to others.

While the causes of the higher rates of heart disease, diabetes, and certain cancers among Native Americans are not clearly understood, the lack of access to and quality of medical interventions clearly play a role. Good medical management for chronic conditions such as these necessitates continuity of care, appropriate medications with periodic screening for hazardous side-effects, and the empowerment of patients through the provision of information, social support, and encouragement to make life-style changes (Strauss 1984). Yet, statements by Native American focus group participants indicate their experiences with the IHS do not meet these criteria for effective illness management. A participant from the United Tribes group said, “Access to health insurance is severe. I don’t go to the doctor because I can’t afford it. [I] was having chest pains and didn’t go because of the cost.” A member of the New Town focus group said, “I have to wait three weeks to get medication at the medical clinic...have to start calling when half way through the bottles.” A Belcourt participant was critical of clinic treatments, emphasizing her sense of depersonalization: “[They are] too willing to give out narcotics to take care of everyone’s problems. [It’s] too easy to get drugs here. It seems connected to racial genocide...can’t get them so easily elsewhere.” Another member amplified her concerns, “Doctors’ care seems like they don’t care. Where does the state come in to help? Someone has to start listening.” While such statements do not explain the higher rates of heart disease,
diabetes, and cancers among Native American women, they do show that these women’s experiences with the Indian Health Service do not conform to best practice standards for the medical management of chronic illness.

C. Reproductive Health Services.

Participants in all groups mentioned limitations with respect to reproductive health care. In the Dickinson group, for example, a participant said, “The only hospital in town is Catholic. They only allow procedures approved by the church. A physician got in trouble for prescribing plan B. Women have to go to the clinic to have tubal ligations.” In a related example from the Bismarck group, a participant who also was a health worker reported that while PAP smears are administered for low income women, there are no funds provided for follow-up of those with suspicious PAP readings. Participants in several groups complained that insurance companies, while covering Viagra for men, do not cover birth control pills for women. In addition, several mentioned that there was a lack of education and/or information about various birth control methods with respect to side effects. A rural participant in the Velva group complained about the lack of a central location where information on a variety of issues related to reproductive health could be obtained.

Native American participants drew attention to curtailments in their reproductive rights as well. For example, a participant in the United Tribes group said that women with long term Sexually Transmitted Infections (STIs) are not offered counseling or referred to support groups. A participant from New Town spoke of North Dakota’s restrictive views on family planning. In her opinion, this perspective is compounded by a lack of assured confidentiality. She said, “The clinic keeps a list of people who are pregnant. A good idea would be to have a traveling
women’s health clinic to provide education as well as mammograms and PAP screening.” A participant in the Belcourt group also expressed concern about confidentiality: “No confidentiality at all, even though a sign says confidentiality is offered.” These statements of distrust and concern over the lack of confidentiality parallel the IWPR findings that Native American women are “among the least likely to access prenatal care, and they are more likely than white women to give birth to low birth weight babies.” (p. 9)

D. Comprehensive Benefits.

Members of all focus groups stated that problems with the high cost of health insurance were compounded by the lack of comprehensive benefits. Limitations in benefits are common in the areas of reproductive health (i.e., birth control pills, infertility, and pregnancy termination); diagnostic screening (i.e., mammograms, colposcopy); smoking, drug and alcohol cessation or rehabilitation services; and mental health care. A member of the Bismarck focus group mentioned her concern about the lack of insurance coverage for critical screening procedures. She stated,

[I] work at a college and family planning [clinic]. [We] do PAP smears at the clinic for low income [women]. When they have abnormal PAPs and go for a colonoscopy, they don’t get it because of the lack of income. We can’t refer them to more treatment because they don’t have the money.

Another expressed her frustration with too few drug and alcohol treatment programs and the lack of treatment for methamphetamine additions. She exclaimed, “[You] have to go to prison to get treatment. [We] need to look at prevention.” Several participants emphasized the limited
mental health care. Another drew attention to the high rates of suicide. Historically, suicide rates for Native American adults and adolescents have been twice the rates for the white population. A member of the United Tribes group reported that Native people are returning to the reservation to get IHS services for HIV and mental health services. Another participant amplified her awareness of the need for mental health care. She said, “There are numerous mental health concerns – historical trauma and health issues as a result of displacement.”

E. Preventative Information and Education.

Many focus group participants indicated a need for more preventative health information and services whether these would be distributed through educational programs in the schools, special health seminars, or printed in information brochures and made available at clinics, doctors’ offices, and hospital waiting rooms. A member of the Dickinson group said, “We don’t have good education in the area of nutrition. Companies and schools push junk food because they make money.” A member of the rural Velva group suggested creating a town fitness center. Another added that there is a need for “more access to exercise and knowledge – someone to help you to use the equipment properly.”

Participants believed that schools were not adequately making preventative health education available. This was especially the case for issues related to reproductive health.


participant from the Fargo group said that students were not able to get comprehensive sexual education in public schools and that there was little education on sexually transmitted infections (STIs). A Dickinson participant also spoke of the need for more information on sexually transmitted disease (STDs). She recalled, “I saw this information when I was in college, but haven’t seen it since I moved to North Dakota. It is very limited on our campus. There are posters by the nurse’s office.”

Summary

Responses to the question about improving the quality of health for women living in North Dakota involved issues of limited or inadequate access to healthcare and health information especially in areas of reproductive health and preventative services. Underlying these concerns was a unifying theme comprised of women’s desires to be heard, listened to, and more informed. Participants in a variety of ways were asking that attention be paid to the personal aspects of living healthy lives and managing healthcare. Both Native American and non-Native American women perceived a lack of access to information and services that would help them and their families seek and maintain healthy lives. Rather, they sensed that information and services, especially those related to reproductive health and sexually transmitted diseases, were kept out of their hands. Furthermore, the treatments they received were perceived to be structured by systems of impersonal care. Group members asked that caretakers do more listening. They suggested that creation of local women’s health centers would improve their ability to access gender sensitive health information, social support, and diagnostic screening as well as to foster programs and services that help them maintain healthy lives.
II. Workplace – What can be done to help North Dakota women with workplace issues?

The IWPR Report composite index for Employment and Earnings (p. 48) places North Dakota Women at 27th in the nation. However, this mid-point composite seems less satisfactory as one focuses on annual earnings and quality employment, two key aspects that comprise workplace issues. North Dakota ranks 42nd in women’s median full time, year round annual earnings and 39th in the percentage of North Dakota women employed in managerial or professional occupations. The composite index is strengthened by the high number of women in the workplace (ranked 8th) and the relative equality, although low, of women’s and men’s wages (ranked 5th). The experiences and views of members of all NDWN focus groups centered attention primarily on low wages, childcare needs, and the lack of managerial or administrative positions held by women. These issues are thematically categorized and discussed below: A. Employment Facilitation, B. Childcare, C. Quality Employment, D. Workplace Environment.

A. Employment Facilitation.

Focus group participants expressed many ideas related to how a combination of increased skills and services would diminish barriers to women’s employment. This theme was repeated most frequently by Native American and non-Native American women living in rural areas of North Dakota. However, urban group participants also mentioned needs for what might be called job-seeking skills.

Several women stated that they needed help finding a good job. They thought it would be helpful to have various kinds of training in resume writing, interviewing, and other “marketing” skills, such as appropriate dress, as well as basic job counseling that is provided to women who attend college. A woman from the Grand Forks group wanted to learn the
“mechanics” of putting together a resume. Another from the New Town group said she would like help with job “start-up” issues like resume writing and work appropriate clothing. A woman in the Fargo group mentioned the need for training in computer skills; another stated that women need training in entrepreneurial skills and investment.

For those living in rural areas, lack of reliable transportation was viewed as a major obstacle. A woman in the New Town group stated the problem clearly: “There are no transportation options between communities for employment and education. Many people have to commute over 30 miles each way and must have a vehicle to provide their own transportation.” Lack of transportation limited women in Belcourt and Velva to the few jobs in their immediate vicinity. Yet, women in the Dickinson and Fargo focus groups also were concerned about transportation. A woman from Dickinson said, “Once you lose your ability to drive you are screwed. We have services for the elderly, but they aren’t great. You have to wait so long for the ride.” Another added to this saying, “Taxi fare is $7.50. If you are going to work or getting groceries that is the minimum. So you have to work three hours before that cost is paid off for round trip transportation.”

B. Childcare.

According to the IWPR Report, 63.8% of North Dakota women worked in 2000, 76.6% of whom were women with children under age 18. Furthermore, 73.8% of North Dakota women with children under six years of age are more likely to work than such women nationwide at 59.9% (p. 17). Thus, it is not surprising that focus group participants talked extensively about the need for more affordable and reliable childcare. Members of most groups expanded on each other’s statements calling for more childcare.
Fargo participants emphasized affordability and availability of childcare as well as the importance of a family friendly workplace. One noted, “Family friendly work places are on the rise – encourage that. Humanize the workplace – let children come to work.” Another participant chimed in, “Need affordable childcare and cultural sensitivity for mothers.” Another suggested the implementation of lactation rooms. Dickinson participants also voiced strong views. One woman responded, “Reliable and quality childcare is number one! It is not affordable.” She went on to explain that women who stop working to stay at home end up suffering financially. Others in this group talked about missing work when children are sick.

Themes of juggling work and childcare were emphasized by a Fargo participant as well. She explained, [There is a] “lack of traditional support at work and school for women with children. [I] can’t call on grandma or a sister; [we are] so far apart. [I] have to make multiple plans and back-up plans.” Another added, “There are limited options for working mothers. [We] have to attend evening meetings as well as care for a sick child.” Another joined in, “There are minimal childcare options for 12 year olds. Families are leaving that child unaccompanied. Perhaps even your children are being left alone.”

Lack of availability and affordability of childcare was discussed extensively in Native American groups. Because adults within the extended family are expected to work, a traditional means of caring for children has been diminished. Lack of childcare was the first response of members in the New Town focus group. One participant stated clearly: “[There is a] lack of daycare facilities and prices of daycare are too high.” Another from the Belcourt group amplified and explained, “Childcare – there in no place to bring them. You can’t trust all locations. Family [members] can’t help because they are working.”
The fact that the large majority of mothers with children in North Dakota from two-parent homes and single-parent homes are employed indicates that the need for childcare is high. According to the North Dakota Kids Count Fact Sheet even though the “child-care industry contributes millions of dollars to North Dakota’s economy, child-care workers are poorly paid and have high job turnover.” The expansion of childcare facilities and employment of additional childcare workers would help working parents and benefit more children by providing them with a stable situation for learning and socialization.

The financial burdens of childcare facing single parent families are especially heavy. A report, *Parents and the High Price of Child Care (2007)*, published by the National Association of Child Care Resource and Referral Agencies (NACCRRA), states that childcare is particularly unaffordable for single parents. Comparing the price of childcare to the median single parent income, the report clarifies the financial burden:

As a portion of state median income for single parents, the average annual price of care in a Center for two children (one infant and one preschooler) ranges from 47 percent in Utah and Kansas to as high as 113 percent in the District of Columbia.

In North Dakota the average price of care at a Center for a preschool-age child is estimated at $5,135. At this cost, a single-parent family will pay 26.7% of its median income

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($19,202), while a two-parent family will pay 8.3% of its income ($61,583). If the single-parent family seeks care for an infant, the cost will be 29.5% of median annual income. With two children, the cost rises to over 50% of the single-parent’s income (NACCRRA 2007). While lack of affordable childcare is a significant expense for all families with young children, the situation for single-parent and other low-income families clearly calls for a combination of policy initiatives such as federal and state fee assistance, expanded public pre-kindergarten programs, and changes in the tax codes to help families pay for essential services.

C. Quality Employment.

Focus group participants stated that women in North Dakota experience low wages, find themselves in non-administrative or managerial positions, and may work two jobs to earn sufficient money to meet basic needs. Such statements are supported by indicators in the IWPR Report, as noted above, with North Dakota women’s low median annual earnings and limited professional or managerial occupations. Low wages and a state tendency to define employment by jobs rather than careers sustain a women’s culture of low horizons. While women realize that a college education leads to higher paying jobs, they also understand that educational costs and college debts, the composition of one’s household (i.e., with or without children; single or dual parent), the location of one’s residence (i.e., rural, suburban, urban), and the unplanned changes in their lives (i.e., divorce, physical or mental illnesses) can make education out of reach and disrupt this linkage. As one woman said, “Education is costly.” Yet another from the United Tribes group saw education as the key to helping with economic and workplace issues. She said, “More education – both non-Indian and Indian – helps people have a better understanding.”

Higher education is perceived as key to quality employment. Several focus group
participants spoke to the variety of reasons women need educational assistance or help in finding a position that fully uses and develops their skills. For example, a woman from Fargo stated that women “need support for returning to school and covering childcare while going to school.” She critiqued the relatively new change in welfare policy (TANF)\(^{11}\) that has eliminated support for single-mom students. Another women from the Dickinson group believed that TANF did not provide effective assistance. She explained,

> Women get paid more for not working or not going back to school — TANF. It’s counterproductive. Their wages can be lower than their benefits. When they get a job, they lose it all and are suddenly worse off than when they were without a job.

Another from the Grand Forks group amplified the unhelpful public assistance theme saying,

> If I worked, I would lose benefits. I would be penalized for working and this is odd. Penalties and disincentives. [Those] in the social services are not able to help appropriately. There is little recognition and support for bettering yourself and rising up.

> A woman in the same group affirmed this woman’s view by adding, “Moving from rental to home ownership was empowering. Social service doesn’t function similarly.” A second woman responded, “Finding a job I love is more important because I’m not motivated by money.” Yet another summed up an underlying attitude: “You need to be appreciated for your experience. Expectations without compensation...overworked and underpaid.” Women are asking that their skills and job seeking efforts to be taken seriously. They want assistance for themselves and other women that provides direction toward high quality employment and meaningful work.

> There was a general consensus by participants in all focus groups that North Dakota was

\(^{11}\)Temporary Assistance for Needy Families (TANF)
a low wage state. Several mentioned working two jobs, a condition reflected in North Dakota’s standing as the state having the “highest multiple job holding rate (9.9%) in the nation in 2005, a relatively consistent rate since 1994.”\textsuperscript{12} While one woman in the Bismarck group said she worked two jobs because of her work ethic, others voiced their dual job status as a burden. For example, a woman from the Fargo group mentioned the irony of North Dakota’s low unemployment rate.\textsuperscript{13} She said, “Low unemployment but high poverty. [We need to] increase the minimum wage so, perhaps, people wouldn’t have to work multiple jobs. North Dakota has the highest rate of people working multiple jobs.” Another woman added that even though she worked two jobs, she couldn’t make it without help from her parents.

Along with recognition that women in North Dakota suffer from low wages, focus group participants also spoke to the lack of women in managerial and leadership positions. One woman from the Dickinson group said that women are not only in lower wage jobs, but they are also getting promoted less and paid less than men. Another noted that large corporations have few women in their governing bodies. Another responded by asking, “How many women are involved in higher administration?”

According to the IWPR Report, Native American women in North Dakota have “usually high representation in professional and managerial jobs at 33.7 percent” compared to a national average of 30% (p. 17). Yet a woman in the Belcourt group spoke to the need for equal


opportunity for administrative positions as a workplace need. She explained, “Men are in the positions to pick [other men for] the administrative positions.” Women from the United Tribes group stressed the need for seeing more women in leadership positions generally. One commented on the “all white men” make-up of the state legislature. Other Native American women spoke at length of their history of strong female leaders. One said, “For upper Missouri tribes, women have a history of strong leadership. Nothing was done without consulting women. Tribal chairs have been women in the last twenty years.” Another commented on the values associated with the important role of the grandmother that have been maintained in spite of changing times. Yet another added, “We are dual citizenship people – tribal and United States through 1924 legislation. This is not known by younger people and must be passed on.” Several others agreed saying that discussion of cultural and historical issues and events could inspire women to take leadership roles in work and governance.

D. Workplace Environment.

Women talked about various experiences of gender discrimination from sexual harassment to not being considered for promotions. Most saw these experiences as brought on by women themselves. While they expressed a degree of anger at being “left out” or “overlooked,” they more often found fault with themselves. This tendency, ranging from self-blame to demands for self-empowerment, could be heard throughout women’s comments in the Bismarck group. In responding to the question regarding needs in the workplace, a woman said that she had been looked over for a promotion that was given to a male instead. The next woman posed an explanation by saying, “If you stand up for your rights, you’re not well thought of.” A third explained, “Our German/Scandinavian heritage has women holding back. We don’t want to
cause trouble.” A fourth asked, “How do we get people to stand up for their rights and have the education in hand? How do they get empowered to do it themselves?” Another replied saying, “Assertiveness training.” This was followed by an insightful comment, “Women like to think they can take care of themselves.” Finally, as other comments were offered, one woman summarized by insisting that women must empower themselves. She began, “In Nursing we don’t get the breaks. In other jobs we haven’t gotten the breaks we need. Why? ... Not speaking up. We want to please people. We need to learn to take care of ourselves.” A member of the Belcourt group made similar observations saying, “Women need to be more aware of their needs as women. Men get the offices with windows, but women need more sunshine than men.”

Summary.

Key issues related to the workplace environment and economic status of women were low wages, lack of affordable childcare, and lack of women in managerial and leadership positions. Women stated that their access to higher paying jobs would be facilitated by training in job seeking skills, the availability of transportation and, most importantly, assistance with education and childcare. Most saw higher education as essential to career development leading to advancement of more women into managerial and professional positions. However, women also believed that they need to take responsibility for insuring that their skills and experiences are recognized such that they would rightfully make advances in the workplace. Finally, several women saw that a “family friendly” workplace which takes into account the needs of workers as parents and care-givers would support both work productivity and worker well-being.
III. Family – What can be done to help North Dakota women with family issues?

The question asking how women can be helped with family issues moves most directly into women’s daily lives, focusing attention on their relationships with family members including parents, husbands or partners, and children. This family question also prompted observations about the well-being of North Dakota families in general. Taking into account group responses as a whole, participants perceived that families are struggling to meet their daily needs. This point of view is supported by statements addressing external factors such as time management and finances as well as internal factors related to the changing roles, responsibilities, and expectations of family members.

According to the 2000 Census, three-fourths of North Dakota’s children ages 0-17 live with both parents. In this regard the state ranks second nationwide at 75.8% exceeded only by Utah at 78.7%. Yet, focus group members expressed significant concern about single-parent families, divorce, domestic abuse, and issues of marital and parental communication. These concerns may stem in part from an awareness of changes in family structures which, from 1990 to 2000, indicate a 23.3% increase in single-parent families and a 48.4% increase in the number of children living with a grandparent. During this same decade, more mothers with children ages 0 to 17 were moving into the workforce – an increase in from 74.4% to 81.2%.¹⁴

Such changes become highlighted against traditional perceptions of a relatively stable set of culturally valued nuclear and extended families. Even North Dakota’s low rates of single parent families, unmarried mothers, and divorces stand out against desired family patterns. In

addition, male and female roles, traditionally represented as breadwinner and homemaker respectively, have been fractured by the emerging every able-bodied adult workforce. Furthermore, household strains are increased by daily economic requirements for obtaining basic necessities. As a low wage state, ranking 45th in the nation in median weekly earnings,15 many families struggle to make ends meet. The overall economic condition of North Dakota families with children did improve somewhat during the 1990s. That is, while 17.1% of children ages 0 to 17 lived in poverty in 1990, this decreased to 14% by 2000. However, 44.2% of children with single mothers and 42.2% of children on Native American reservations continue to live in poverty. As of 2007, this is defined as living on less than $20,650 a year for a family of four.16 Furthermore, the proportion of women aged 16 and older living in poverty in 2002 was 13.9% compared to 12.1% nationwide (IWPR, p. 21). These numbers show that within North Dakota, economic inequality is marked by gender as well as ethnicity.

Against the landscape of changes in family dynamics, focus group participants responded to the question of help for women with family issues by citing major problems and making suggestions to alleviate them. Primary themes were A. Changing Families, B. Parenting, C. Marital Problems, D. Financial and Time Constraints. Suggestions that would help women manage specific problems are described within these thematic categories.


A. Changing Families.

Women in several focus groups kept returning to the theme of changing family structures and relationships. While some saw these changes as a problem, others believed that such changes brought welcome new conditions that needed new behaviors and approaches. Women in the Fargo group began with the topic of the elderly: they are easily forgotten with the growing population, and family activities lead to their isolation. Then members took up the issue of equal rights and the challenges involved in agreeing on the definition of family. These topics unfolded as a discussion about the need for educational programs on the changing family. One woman said, “We need an education piece on what ‘family’ means ...reinforcing that family describes many different things.” Another added possible topics: “Gender roles – men as providers, women as homemakers, formal and informal responsibility for children’s education and care.” She then explained, “The culture here is [changing] now that both parents work, but expectations to be a homemaker are still traditional. This causes conflict at home.”

The need for educational workshops to help family members find meaningful ways of coping with current demands was voiced by members of several groups. In the Grand Forks focus group, this topic generated interest in workshops that would expand horizons beyond early marriage and children. One member began by saying, “Women in this area don’t know what is out there. There seems to be an urge to get married and have kids as the main option ... a singular drive to marriage and kids. There is a lack of exposure to other opportunities.” Another woman responded saying, North Dakota is a “small town.” Yet another added, “Marrying young is a first priority.” Then a member said, “There is a feeling [of being] in the minority as a young

woman who wants further education and a career.” Another asked, “Why can’t you have a career and personal growth as well as marriage and family? Why not both? It’s about individual choice.” Then she added that some women may be following “family footsteps,” to which another responded, “Much is about how you were raised. My mother passed along a priority for waiting until your career is set before having kids.”

This exchange shows that focus group members varied in their assessment of how women’s lives unfolded. For some, it was a matter of individual choice; for others, a family or a cultural pattern. Yet, whatever the cause of such processes, women were suggesting that they thought it would be helpful if young women received more education about opportunities and family practices that could help them make better choices. Following traditional cultural patterns does not necessarily provide sufficient alternatives for women living in today’s complex and changing world. A woman from the United Tribes group expressed this very idea. She said, “We lack exposure to lifestyles outside of our family, our culture. [We need to learn about other ways] to know that dysfunction and abuse are not normal.” A second woman added, “We need to learn survival skills to get through day to day.” This need for exposure to new ways of living was also expressed by a participant from the Fargo group. Sharing her beliefs that women’s lives are shaped by emerging social and economic forces, she said, “There is a sense of fluidity in women’s lives – student, mom, worker. These fluid roles don’t fit with the rigid society. We need more flexibility in our structures...perhaps, technology will help with this.”

Technology might help if it encourages an exchange of knowledge and emotional support that helps women value their efforts at handling the complexity in their lives. As women move from their relatively traditional roles as homemaker, which may have included full or part-time
work in the labor force, into their newer roles as a single or part-time providers, the sphere of their responsibilities will expand. Working mothers bring additional income into the household, but this added income may not cover the additional expenses of childcare and transportation nor provide for the whole range of family care still needed, by aging parents and suddenly ill children.

Focus group participants brought attention to the particular struggles of single-parent families. Several participants from the Bismarck group noted the association of single-parent families with low income jobs, inadequate welfare assistance, and lack of affordable childcare. They identified the challenges facing single-parent mothers, seeing “poverty” as a central issue with the need for additional financial assistance. The first said, “So many single mothers here. It is very difficult. They often are low income also. How can we help them better their education and get support?” A second woman added, “Before single mothers received assistance to get education. There has been little help with childcare. A third responded, “The welfare system requires work, but does not cover child care enough.” A fourth participant summarized the underlying critical issue and offered a possible solution. She concluded, “Poverty will be reduced, if we help women.” Poverty prevents women from doing the kind of childcare work, and community activity that they want to do. Changing family dynamics bring new community challenges, ranging from building community acceptance to providing skills and financial assistance so that more women and their children can create fulfilling lives.¹⁷

¹⁷. For information on the cost of living in North Dakota for single-parent families, see 2002 North Dakota State University Extension report "Making Ends Meet in North Dakota" at http://www.ag.ndsu.edu/pubs/yf/fammgmt/fs577w.htm. See also publications on cost of living
B. Parenting.

In several focus groups, participants talked about how the many demands of life kept parents from developing quality relationships with their children. In the Velva focus group, women talked about the difficulties of managing all the sports and school activities in which their children are involved. Even as they realize the value of these activities, they expressed concern about the erosion of family life. A woman said, “There are too many extracurricular activities taking kids from the family.” Another responded, “[It’s your] parental responsibility to pull your kids, if the obligations are too much. But the pressure is high in the community for kids to be involved in school activities.” Several suggested that they would like more time to get to know their kids better.

In the Bismarck group, several women expressed regret about how work demands have interfered with meaningful parent-child relationships. This theme was reiterated by many members. One woman defined what she saw as the problem. She said, “Families are different because both parents have to work.” Another responded, “There is a non-involvement with children’s lives because they have to work so hard to make ends meet. Kids stay at school or in childcare all day.” Another added, “Kids aren’t nurtured like they used to be. They are louder and aggressive.” Another explained, “Families are not doing family events, playing board games and so forth.” Then a participant identified a pattern. She said, “There is a lack of communication. Parents strive for more and so they work more and don’t take time to be together. It is a cyclical thing.” While there were few suggested remedies from focus group participants, these women would like some help in identifying ways they could improve the

in the U.S. Census Bureau’s Statistical Abstracts at http://www.census.gov/compendia/statab/.
quality of their relationships with their children.

C. Marital Issues.

Half of the focus groups talked about the need for affordable or free counseling that would facilitate communication between couples and between parents and children. They were concerned about divorce, family abuse, and lack of available training in family communication skills. Counseling was seen as a way to prevent or reduce problems of abuse, divorce, and other dysfunctional family patterns. As one woman from the United Tribes group responded to the question of help with family issues, “Free counseling for prevention and intervention.” Others in her group suggested that counseling was needed before problems arose. They said communication was an essential survival skill that was not being addressed in homes or taught by agencies. One woman said, “Churches offer counseling, but not necessarily in Native sweat practices.” Another amplified by saying that there was a need for referral services for Native Americans. “Where do you go if the support systems are discriminatory?” she asked. A woman from the Fargo group added that for new Americans, communication barriers have a strong impact on family dynamics: “Children learn new languages faster and become translators. Kids can say whatever they want ... This gives them authority.”

Women in the Bismarck group also expressed needs for access to counseling and other

18. North Dakota had a 2002 had a divorce rate of 3 among state rates ranging form 7.1 to 2.5. The state ranked 44th nationwide in a series which excluded Oklahoma, Louisiana and Indiana. See http://www.statemaster.com/graph/lif_div_rat-lifestyle-divorce-rate.

mediation services. One noted that even though the divorce rate is high in North Dakota, the state has no family court. Another woman said that communication assistance was needed: “[We need] marriage counseling options, but not forced.” She suggested that counseling be associated with the marriage license by offering a fee reduction for those who seek counseling. In the Dickinson group, needs for counseling were broadened to include the need for more information on domestic violence. One woman said, for example, that there needed to be more understanding about different kinds of abuse. She said, “It’s not just physical. It’s emotional and isolating; you think you are the only one [suffering this].” Women in the Fargo group also touched on the need for mediation services in divorce and help with working out how parents after divorce manage time with their children in a non-hostile environment.

D. Financial and Time Constraints.

The family themes categorized as changing families, parenting, and marital issues are commonly associated with family life. Yet, according to focus group members, these issues were exacerbated by constant pressures of limited time and money. That families are struggling is the underlying theme repeated through their statements. As one woman from the Fargo group said, “[My] Income is on the ‘line.’ I earn too much for [social] support, but not enough to get the kids into sports.” As child and family needs are increasingly associated with access to a host of community services (i.e., education, health, counseling, legal), it has become incumbent upon family members to manage service access by providing the financial means. This increasingly stressful situation is reflected in participant responses. Women in the Bismarck group linked lack of time and increased financial needs to less involvement with their children: “Families are different [now], because both parents have to work”; “Non-involvement in children’s lives
comes from having to work so hard to make ends meet”; and “Women have to work just to pay for insurance and childcare.” Similarly, Native American women in the Belcourt and New Town focus groups talked about how their ability to work was limited by the lack of childcare for younger children and the lack of summer recreational services for older children. They also enumerated needs for basic services such as improved housing, life insurance, food stamps, counseling, law enforcement, rehabilitation, and elder nursing care. As a woman from the Belcourt groups said, “If you don’t have two people working in the family, you can barely make it.” Another pointed out how even for those on public assistance, the monthly stipend was insufficient. She said, “You can hardly make it on assistance. There is not enough money in $300 per month to buy diapers!”

Summary.

As expressed by focus group participants, families are undergoing increasing pressures as they and their families are living through times in which stable definitions of family roles and relationships are changing. In addition, women report feelings of increased strain in their relationships with their children, their spouses, and their parents as they struggle to accommodate to the new and complex demands of a service-oriented society. Women expressed a need for more financial resources through work compensation and/or public assistance. They also wanted educational programs that would increase their understanding of how social and cultural issues impact their lives, giving them more choices, and providing skills so they can improve their lives.
IV. North Dakota Women’s Network – What would it take to get you involved with NDWN?

As might be expected given the relatively short period of the NDWN’s existence, there were fewer responses to but more consensus on the question of what it would take to get women involved. Several issues were identified: A. Clarity of Purpose and Outcome, B. Community Based Presence, C. Persuasive Communication, D. Resources, and E. Effective, Non-partisan Political Involvement.

A. Clarity of Purpose and Outcome.

With respect to the North Dakota Women’s Network, several focus group members initially had difficulty addressing the question of involvement. Instead, they asked for more clarification about what the organization hoped to achieve, and what they would be working for. These women value their time and energies, and need a clear sense that their activity would lead to an outcome benefitting children, women, and/or the community.

B. Community Based Presence.

The desire for NDWN’s community based presence is similar to suggestions for community based women’s centers. Specifically, women did not wish to travel long distances to meetings. The presence of the organization in their community, however, would enhance its visibility and accessibility.

C. Persuasive Communication.

Multiple forms of communication were thought to be essential to encouraging women’s involvement in NDWN. Although few women knew about the organization, they emphasized a need for communication that would identify current challenges as well as strategies to address them. Several mentioned that strong leadership at the community level would help the
organization gain members, overcome resistance, and achieve goals.

D. Resources.

Participants in several of the focus groups responded almost immediately to the question of their involvement in NDWN by saying that they would need gifts or money. They believed that nothing of significance could be accomplished without resources.

E. Effective, Non-Partisan Political Involvement.

Political involvement was perceived as a somewhat risky, but important aspect of the development of NDWN. A few members of several groups expressed wariness about the politics and the political process. One woman stated that political involvement would be divisive and create grounds for conflict. Recalling the politics surrounding ratification of the Equal Right Amendment, she said:

I remember the ERA battle. You want the equity but don’t [work to] integrate with established groups. We don’t need more women’s organization.

The hesitancy of other participants seemed to reflect their lack of positive political experiences and their fear of conflict. Another participant added, however, “If you want equality, join in and gain equality in the system.” Several others in this group suggested that there are community organizations such as Head Start and Habitat for Humanity that would serve as good models for the effective operation of NDWN.

In contrast, members of different groups expressed interest in learning how to become politically effective. They suggested that the organization provide opportunities for leadership development and training in political processes. One suggested that the NDWN could act as a kind of lobbyist for women’s issues in the legislature. Another suggested that more people could
become informed about the issues raised in the focus groups if the NDWN had a table at the legislature and other community gatherings. Still others wanted to work toward what they believe could be a unifying, non-partisan political process. Such a process would bring people together around issues that would benefit communities.

**Summary.**

Focus group participants said their participation in NDWN would depend on the practicality of organization goals and the likelihood of valued outcomes. They added that to be effective, NDWN would need strong leadership, a local community presence, and financial resources. There was a range of views about how politically active NDWN should become. While some voiced opposition to “another women’s group,” others were interested in learning about effective political engagement. Some saw the potential for NDWN to become a “voice” for women throughout the state.

**V. Communication – How do you prefer to receive information?**

Focus group participants suggested many ways they like to receive information. There was general consensus that multiple methods should be employed. While members of every group said that “e-mail” was important, they also expressed qualifications. Participant responses to the question of how do you prefer to receive information could be divided into four theme categories: A. Electronic Media, B. Print Media, C. Personal Contact, and D. Marketing.

A. **Electronic Media.**

E-mail was mentioned in every group as if it was assumed that e-mail would be one of the main ways NDWN would communicate with members. However, participants also cautioned that
while e-mail was preferred by younger women, it was not reliable for older women and those without home or office computers. Some also spoke to the “burden” of too much e-mail, and of those who might “junk” the information, or leave their e-mail unread. However, several affirmed that they preferred communication through an organization website which could provide local contact information, descriptions of on-going projects, and accomplishments.

B. Print Media.

Several participants said they liked informational pamphlets that could be mailed or distributed through many local venues (e.g., social service agencies, libraries, colleges and high schools, churches, groceries, salons, thrift shops and sports events). Several also mentioned that they would like to receive a letter of interest, or an invitation to an event via regular mail. Others suggested they would read an article in a local or tribal newspaper. Still others suggested that NDWN publish and mail a monthly or bi-monthly newsletter.

C. Personal Contact.

Participants in each group said they liked receiving information through personal contact. However, several were against using the anonymous telephone call. Rather, the preference for personal contact included receiving information from a friend, an associate, or someone trusted and respected. Several also mentioned that they prefer that communication come during a meeting or a workshop in which they would have a chance to ask questions and respond.

D. Marketing.

While electronic and print media can be used as marketing tools, several focus group participants suggested forms of communication typically associated with marketing. They suggested that NDWN might highlight issues on billboards, with newspapers ad, on milk cartons,
and at conference booths.

**Summary.**

While there was a general consensus among members of all focus groups that efforts should be made to share information using multiple methods, the most preferred methods included e-mail, an organizational website, and the distribution of informative pamphlets. Personal contact through friends and associates would also add to the impact and meaning of information received.

**VI. Other issues – Do you have anything to add?**

This last question was answered by participants primarily as amplification of responses to the three primary questions about health care, employment, and families. However, the theme that emerged from this concluding focus group question revolved around taking various forms of action. Members from several groups said that women need to be encouraged to become more involved in politics both locally and at the state level. Others suggested the organization should reach out to high school and college students, helping young women to understand how family, health and work issues will impact their lives. Several mentioned that they would like to see the organization build a strong emotional support system through mentoring, and more informal group processes that could facilitate women’s sense of self worth and political empowerment.

**Conclusions and Recommendations**

The analysis of focus group research conducted by the North Dakota Women’s Network demonstrates that North Dakota women, as represented by the seventy-four focus group participants, are clearly aware of the challenges they face in their daily lives in the areas of health
and healthcare, employment and the work environment, and their families. These women were more than able to identify needs and suggest multiple ways such needs could be alleviated through a combination of community awareness, public engagement, and a more responsive governing process that would attend to women and their families. Women’s responsibilities are expanding in complexity and yet are integral to the well being of their communities and the larger society. Over the last several decades women have become in many cases, not only the family homemakers and care givers, but also family providers as well.

As summarized throughout this analysis, there are specific areas in which women have identified issues for which organization and/or public involvement and resources are needed. Efforts to increase women’s access and status with regard to the following would improve women’s lives:

- Access to quality healthcare and comprehensive benefits through affordable health insurance. Special attention should be paid to women’s needs with regard to reproductive health and chronic illnesses as well as to essential confidentiality and privacy.

- Access to affordable childcare for working and student mothers including public assistance for both mothers and quality childcare centers.

- Implementation of reformed welfare policies that would allow women to increase their employment opportunities by obtaining higher education and/or supplemental job skills required for promotion to managerial level positions.

- Recognition that families are struggling and need assistance through increased wages that are related to the actual cost of living throughout the state. As recommended in the Institute for Women’s Policy Research report (2004, p. 33), “North Dakota’s state and local governments should consider passing living wage laws and tying minimum wages to cost of living increases.”

- Implementation of educational forums to encourage women to run for political offices at the local and state level and to support their emerging leadership roles in the work environment and in the community.
Appendix 1

Composition of North Dakota Women’s Network Focus Groups by Indicators

N = 77

Table 1: Age

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<th>Age Range</th>
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<td>31 - 40 yrs</td>
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<td>51 - 60 yrs</td>
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<td>&gt;60 yrs</td>
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Table 2: Ethnicity

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<td>Native-American</td>
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<td>Other</td>
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Table 3: Relationship Status

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<td>Dating</td>
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<tr>
<td>Partnered</td>
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Table 4: Have Children

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Table 5: Field of Work

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<td>Human Services</td>
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<td>Student</td>
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<td>Business</td>
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<td>Service Industry</td>
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<td>Computers</td>
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<tr>
<td>Homemaker</td>
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Table 6: Level of Educational Attainment

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<td>NR*</td>
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* NR = No Response
References


