

A **Missouri** WOMAN WORKING FULL-TIME EARNS ONLY



FOR EACH DOLLAR A MAN EARNS FOR THE SAME WORK

2/3

OF **Missouri** SENIORS LIVING IN **POVERTY** ARE **WOMEN**

— AT LEAST —
650,000
Missourians LACK HEALTH INSURANCE

MORE THAN
1 IN 4

Missouri COUNTIES LACK ANY ACCREDITED CHILD CARE CENTERS

THIS INCLUDES THE TOP THREE COUNTIES WITH THE HIGHEST NUMBER OF CHILDREN UNDER THE AGE OF FOUR.

WOMEN MAKE UP
51%
OF MISSOURI'S POPULATION



BUT ONLY
25%
OF THE LEGISLATURE



THE STATUS OF WOMEN IN MISSOURI:

A COMPREHENSIVE REPORT OF LEADING INDICATORS AND FINDINGS

JANUARY 2015

The Status of Women in Missouri Report was prepared for the
Women's Foundation by

Jacqueline Schumacher, Policy Analyst at the Institute of Public Policy, Harry S
Truman School of Public Affairs, University of Missouri. Significant contributions
were made by Brian Dabson, Emily Johnson, and Sonja Erickson.

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Part I: Executive Summary

The status of women in Missouri reflects the status of women throughout the United States. Missouri women have the same opportunities, but also face similar challenges. In some regions of the state women face significant obstacles to healthcare, quality childcare, and income equality. Differences within the state require a diverse set of problem solving approaches, which promise to have real and meaningful impacts on women's lives. The terms "real" and "meaningful" are often used to indicate change, however the Women's Foundation believes lasting change should be measurable.

The Institute of Public Policy, in concert with an academic advisory committee at the University of Missouri, has worked diligently to examine existing data, analyze actionable steps at the state level, and understand women's successes and challenges through a series of focus groups across the state. These focus groups were held in Springfield, Kansas City and St. Louis and gave the researchers the opportunity to hear from very engaged and diverse groups of women, and also a group of men.

The research process resulted in the identification of five main issue areas: Employment & Income, Education & Child Care, Social & Economic, Health, and Leadership & Public Engagement. Each of these areas contain a variety of data and indicators which reflect the status of women. One leading indicator was selected for each of the five areas. These lead indicators are by no means primary or exclusionary; rather, they were identified both to present a baseline for measuring progress in future years and to identify possible action steps.

1. Under the **Employment & Income** issue area, the lead indicator is the income disparity between males and females.
 - In Missouri, women who work full-time earn on average \$23,000, compared with \$33,000 for male workers. This means Missouri women earn 71 cents for every dollar earned by Missouri males. Nationally, women earn 78 cents per dollar. It is clear, in terms of wage equality, Missouri women are indeed worse off than women across the nation.
2. Until a quality measure of child care is in place for Missouri, the **Education & Child Care** issue area's lead indicator is the number accredited child care centers.
 - Women from rural and urban settings, and across all socio-economic levels, rely on child care. Child care facilitates the ability of women to enter and remain in the labor force. However, in Missouri, one in four counties lack any accredited child care centers, including three counties with the highest per capita number of children aged 0-4. Most of the accredited centers are located in the greater Kansas City and St. Louis regions. Furthermore, Missouri is the only state without a quality rating system in place. This means Missouri parents do not have much quality related information to help make informed decisions.

3. For the **Social & Economic** status issue area, the lead indicator is the poverty rate among elderly women.
 - In Missouri, over nine percent of senior citizens live in poverty. The importance of this issue is magnified by the gap between genders. Of those nine percent, nearly two-thirds are women. The lives of elderly women are shaped by their prior experiences, however, later in life their status can become complicated by the loss of a spouse, health concerns, or a lack of financial literacy.
4. Under the **Health** issue area, the lead indicator is the rate of health insurance coverage.
 - Access to quality healthcare is critical to the well-being of women and their families. Those who cannot obtain healthcare coverage lack access to preventative care, mental health services, and emergency care. Poor health among women is a major barrier to quality childrearing, education, and employment. Close to 650,000 Missourians, nearly 14 percent, are without health insurance. While these rates are similar to national levels, it is noteworthy that there are counties in our state where more than one fifth of the population is uninsured.
5. For the **Leadership & Public Service** issue area, the lead indicator is the rate of female representation in public office
 - Women are in the minority in the Missouri General Assembly. This has implications for policymaking and the priorities given to issues of greatest concern to women. Although women comprise 51 percent of the state's population, only 25 percent of the General Assembly seats are held by women.

The findings of this report are continually updated on the University of Missouri's interactive data platform called *Community Commons*. The Women's Foundation has a dedicated space on the Commons to continually report on the status of women by using thousands of annually updated data points and indicators across federal, state, county, and census tract-levels. The Foundation's space on the Commons is a freely accessible, public good resource for legislators, public servants, community mobilizers, non-profits, schools, and the like.

The University of Missouri and the Women's Foundation are invested in improving the lives of Missouri women and their families, and are invested in measuring progress toward that goal by using the indicators identified in this report and the data available in the Community Commons.

Part II: Research Process

Research Process

This research uses three unique methods for informing the six components of this report. The following table outlines these components and methods.

		Six Components of the Research					
		(1) Identify the guiding domains of the research	(2) Identify applicable data for each domain	(3) Inclusive analysis of all domain indicators	(4) Analysis of indicators for actionable items at the state-level	(5) Identify five lead indicators	(6) Test lead indicators and policy topics with women-only and men-only focus groups
Three Methods	(1) Convening of University of Missouri Scholarly Advisory Committee	✓	✓	✓	✓	✓	
	(2) Review of Existing Literature and Data	✓	✓				
	(3) Focus Groups						✓

Method #1: Convening of University of Missouri Academic Advisory Committee: The University of Missouri is comprised of many scholars and experts from various fields of study. For this research, five scholars were convened to offer insight and direction for this report based upon their specific areas of expertise and research. The scholars are: Colleen Heflin, Associate Professor in the Truman School of Public Affairs; Deanna Sharpe, Associate Professor in the College of Human and Environmental Studies; Kristin Metcalf-Wilson, Assistant Teaching Professor in the Sinclair School of Nursing; Joan Hermsen, Associate Professor and Chair of the Department of Women and Gender Studies; and Mary Stegmaier, Assistant Professor at the Truman School of Public Affairs.

Method #2: Review of existing reports and data: Thorough analysis of five existing reports pointed the research towards topic areas. The five reports informing this research are:

- *Her Reality* (Women’s Foundation of Greater Kansas City, n.d.) Purpose: to understand age, diversity, marital status, poverty, education, and earnings of women in the Greater Kansas City Area.
- *The Status of Women in Missouri* (Institute for Women’s Policy Research: Caiazza, Amy B., 2002). Purpose: one of a series of reports conducted for every state and the District of Columbia, using a common methodology and uniquely designed grading system to compare among states. It was structured to highlight issues around women’s resources and rights, political participation, employment and earnings, social and economic autonomy, reproductive rights, health and well-being.

- *Women in America: Indicators of Social and Economic Well-Being* (White House Council on Women and Girls, March 2011). Purpose: pulls together a variety of Federal data to provide a statistical picture in five areas: demographic and family changes, education, employment, health, and crime and violence
- *Missouri Women's Report* (Women's Policy Alliance & MU's Office of Social and Economic Data Analysis, 2011). Purpose: This was informed by the IWPR and the White House Council report

The scope of the reports varied dramatically, in part, due to their audience. Localized, regional data, as seen in the OSEDA report revealed the importance of regional differences which are present throughout the state. The White House report's focus illuminated the depth and breadth of national data sources made available through federal agencies. The scholarly advisory committee used these existing works and data to craft the scope of this report.

Method #3: Focus Groups conducted by Sounding House Marketing Firm of Kansas City

The goal of the focus groups was to hear directly from Missourians on issues contained in this research initiative. The researchers were curious to learn more about the validity of the issue areas, indicators, and action items that could potentially impact the lives of women and their families. Seven focus groups were held in three locations:

		Focus Groups					
		Female				Male	
		Low to Mid Income Age Range: 28-52		Mid to Upper Income Age Range: 32-53		Mixed Income Age Range: 29-53	
		Household income under \$35,000	Household income under \$45,000	Household income \$35,000+	Household income \$45,000+	Household income \$20,000 - \$125,000+	
Location	Springfield, MO July 2014	n = 10		n = 10			
	Kansas City, MO July 2014		n = 7		n = 7		
	St. Louis, MO October 2014		n = 9		n = 8		n = 9

Part III: Lead Indicator Summaries

Lead Indicators: The Status of Women

Five main issue areas, each with a leading indicator, have been identified both to present a baseline for measuring progress in future years and to scope out possible action steps. These lead indicators are by no means primary or exclusionary; other important indicators are part of the larger body of research available on the Community Commons.

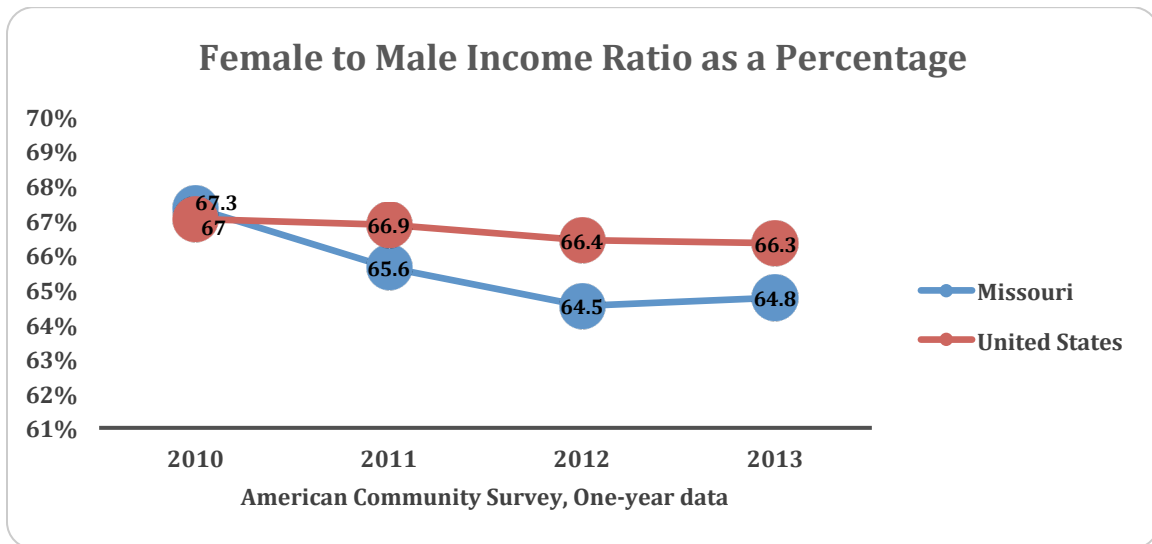
Employment & Income

Lead Indicator: the ratio of female to male income.

In Missouri, women who work full-time earn 29 percent less than male workers. The median annual income for female workers is \$23,260, while male worker median annual income is \$32,824. The female to male income ratio is 0.71 – gender parity would be 1.0.

There is considerable variation between the larger urban centers where the ratio is as high as 0.81, and the more rural areas in northwest and southeast of the state where the ratio is as low as 0.51.

There are many structural and cultural reasons for this inequality, such as the impact of childrearing and lower wage rates in women-dominated occupations. New job-training opportunities with funds from the Federal government could help to narrow the gap.



Read [the findings](#) on the status of Missouri women's Employment & Income, or learn more about [other indicators](#) included in this report.

Education & Child Care

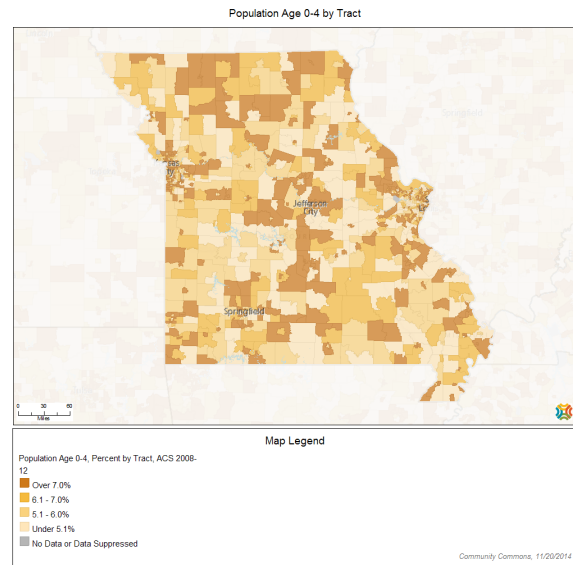
Lead Indicator (*Interim*): the distribution of accredited child care centers.

Until a quality measure of child care is in place for Missouri, the Education & Child Care issue area's lead indicator is the number accredited child care centers. In Missouri, 27 percent of counties lack any accredited child care centers, including three counties (McDonald, Pemiscot, and Scotland) with the highest number of children aged 0-4. Most of the State's accredited centers are located in the greater Kansas City and St. Louis areas.

Accreditation should signal quality in child care provision, but in Missouri this is a voluntary process. Missouri parents, therefore, have no measure by which to gauge the quality of the care given to their children.

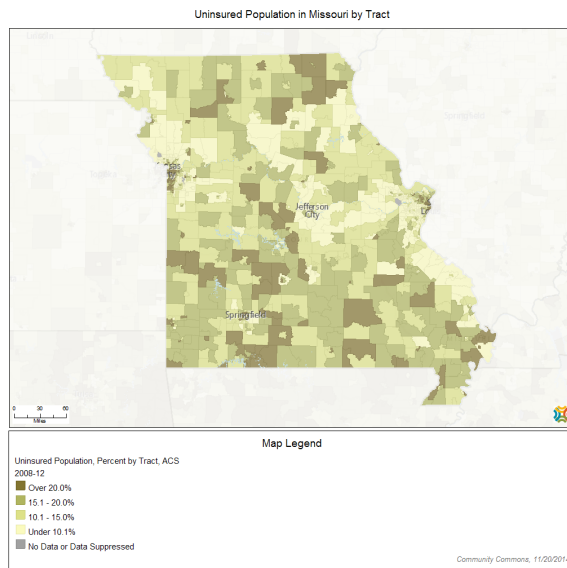
Funding is now available through the Child Care Development Block Grant, which provides the opportunity for the state of Missouri to improve quality through training for child care workers and the promotion of quality indicators. Quality improvements are not only important for child development but also open up possibilities for women to enter and remain in the workforce for the benefit of their families and the state's economy.

Read [the findings](#) on the status of Missouri women's Education & Child Care, or learn more about [other indicators](#) included in this report.



Health

Lead Indicator: the proportion of Missourians without healthcare coverage.



Access to quality healthcare is critical to the well-being of women and their families. For those who cannot obtain affordable healthcare through their employment, the lack of access to preventative care, mental health services, and emergency care is a major barrier to quality childrearing, education, and employment, as well as a threat to their financial security. Close to 650,000 Missourians or 13.6 percent are without health insurance, which is similar to the national rate, but there are counties where more than one fifth of the population is uninsured.

Expansion of the Missouri Medicaid system to cover an additional 253,000 people would lead to a substantial improvement in the health status of low-income women, particularly in those parts of the state experiencing the greatest economic hardship.

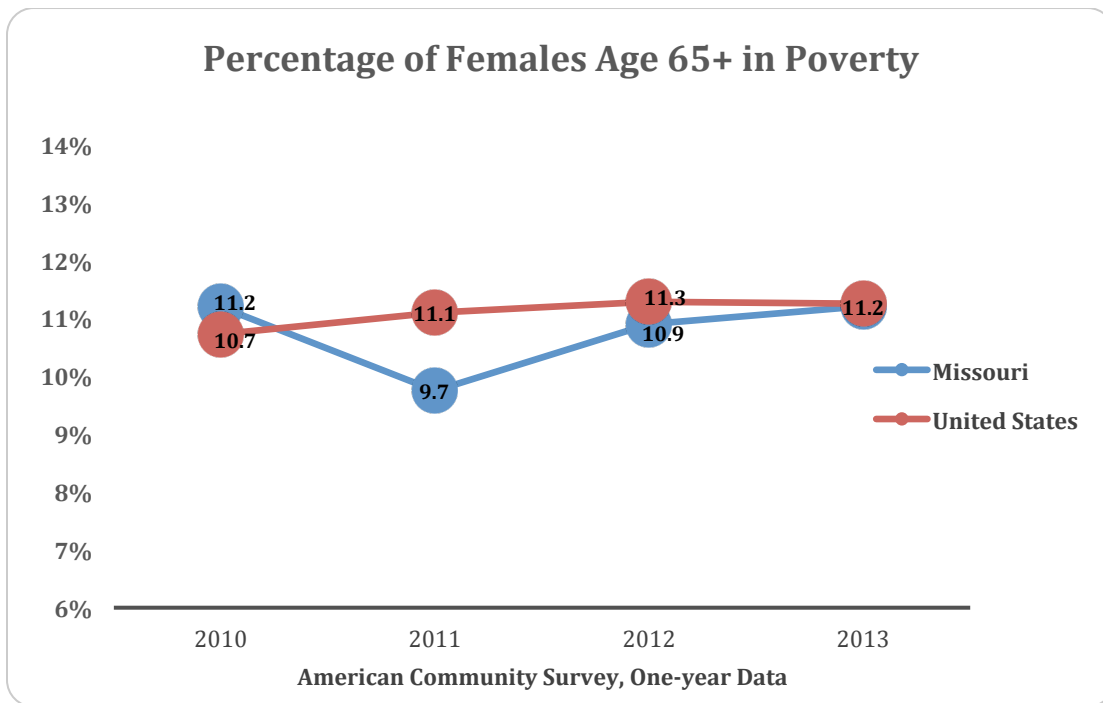
Read [the findings](#) on the status of Missouri women's Health, or learn more about [other indicators](#) included in this report.

Social & Economic

Lead Indicator: the rate of women aged 65 and over who are in poverty.

In Missouri, just over nine percent of seniors are in poverty; two-thirds of whom are women. Overall, the gap between elderly men and women in poverty is 3.7 percent, but in some counties this increases to 8.0 percent.

The reasons vary: the loss of a spouse, lack of financial literacy or planning, unexpected challenges such as poor health or caring for grandchildren. Overall, reducing poverty is not amenable to simple solutions, but some women can be helped from falling into poverty toward the end of their lives through timely financial management assistance of the type offered by the National Council on Aging's Economic Security Centers. There are 20 centers nationwide, including one in Kansas City; replication to other parts of Missouri may be an effective action step.



Read [the findings](#) on Missouri women's Social & Economic status, or learn more about [other indicators](#) included in this report.

Leadership & Public Service

Lead indicator: the proportion of women in the Missouri General Assembly.



Women in public leadership positions are very much in the minority, which has implications for policymaking and the priorities given to issues of greatest concern for women. Participation in local

and state government will not only have positive impacts locally but will better position Missouri women to be considered for national office. Currently, although women compose approximately 51 percent of the state's population, only 49 of the 197 General Assembly seats (25 percent) are held by women.

Increasing that proportion to 51 percent will require concerted efforts to identify and support potential female candidates to fill vacancies on boards, commissions, task forces and committees (such as the Appointments Project) and to create training and mentoring opportunities that build pipelines for women to move from local to state to national office (such as the Greater Missouri Leadership Challenge and Pipeline to Politics).

Read [the findings](#) on the status of Missouri women relating to Leadership & Public Service, or learn more about [other indicators](#) included in this report.

Part IV: Findings Summaries

Employment & Income Status of Women in Missouri

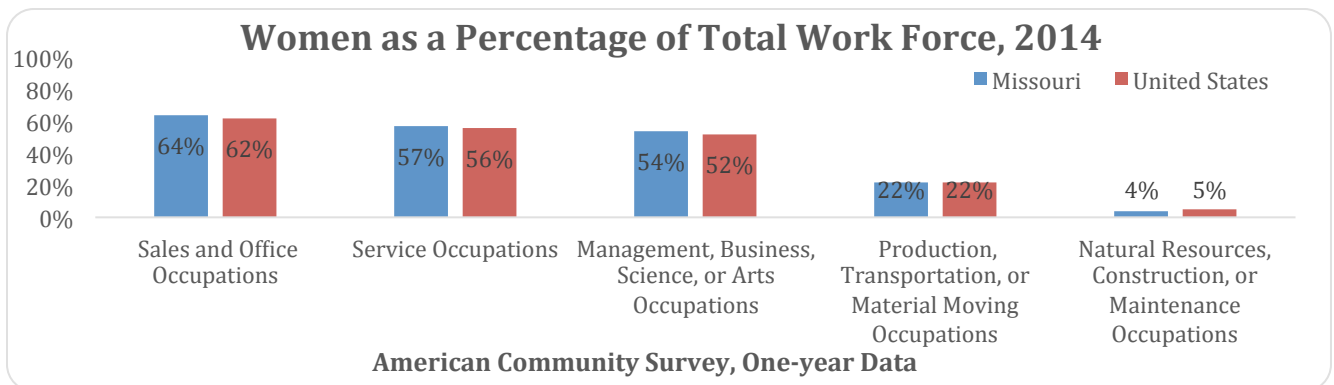
Many elements contribute to the understanding of women’s employment and income. For this research, data were collected on women in the labor force, unemployment and income rates, and the wage gap between male and female workers.

Occupation

Employment and income are important predictors of a woman’s ability to provide for herself and her family. However, women who participate in the paid labor force are commonly met with lower wages than men. This income disparity limits a woman’s ability to create, or maintain personal revenue and wealth which has lasting impact on her life.

In the United States, 19 percent of workers are employed part-time, and most of these part-time workers (64 percent) are women.¹ The majority (70 percent) of women in the United States who have children under the age of 18 are in the paid labor force. Women with very young children are less likely to work outside of the home. Only 57 percent of women with children younger than three years of age are in the paid labor force.²

In Missouri, women make up 48 percent of the paid labor force, slightly higher than the national rate of 47 percent. Currently, 38 percent of women with disabilities are in the state’s workforce.³ Most Missouri working women are employed in business, services, and sales occupations, with fewer working in production, transportation, or construction jobs. As a percentage of all workers, the majority of sales, office, and service jobs are held by women,⁴ closely reflecting the situation nationally.



Income

Regardless of occupation, women working in Missouri earn less money than men for the same work. This income disparity is quantified by using an income ratio, which measures the gap in earnings between the sexes. According to the American Community survey, between 2008 and 2012, the median income of full-time, year-round male workers in Missouri was \$32,824, compared to \$23,260 for women, an income ratio of 0.71.⁵ In other

words, full-time, year-round female workers earned 71 percent of men’s earnings, creating a “wage gap” between men’s and women’s incomes. Missouri’s wage gap is quite a bit larger than the national average. According to the Current Population Survey (CPS), the median income for U.S. men was \$50,033 and \$39,157 for U.S. women, meaning women’s earnings are 78 percent of men’s.⁶ It is important to note that the CPS is a joint effort sponsored by the U.S. Census Bureau and the U.S. Bureau of Labor and Statistics.

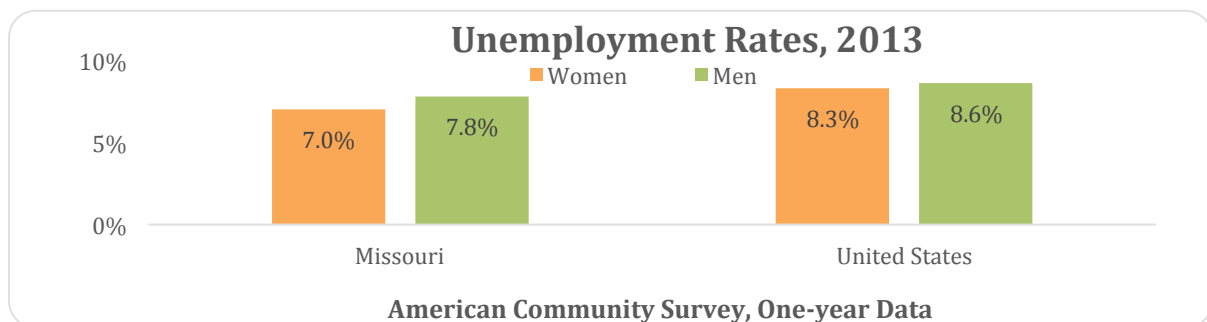
In Missouri, counties with the state’s largest population centers have higher median individual incomes for both men and women, and have income ratios above the state’s median ratio of 0.71. In these counties, which include the cities of St. Louis, Jefferson City, Springfield, and Kansas City, women are closer to income parity with men. However, two-thirds of Missouri’s counties, mostly in the Northwest and Southeast regions of the state, have income ratios below this threshold, so women working in those counties experience a larger pay gap than the state’s median. This gap is widest in Carroll County, where women have incomes that are just 51 percent of male incomes.

Research shows that many complex factors have created this disparity. For example, some female dominated professions, such as care-giving and hospitality, are often associated with lower wages than male-dominated professions, such as engineering and computer sciences. Also, becoming a parent has a detrimental effect on a woman’s wages. This is due, in part, to the number of women who leave the workforce or reduce their work hours to meet their care-giving responsibilities, but also is due to employers being less likely to hire women with children and to pay lower salaries to those mothers who are hired. Men who become parents do not experience a similar pay penalty.⁷

Variable factors such as these, however, do not provide a full explanation for pay disparity between men and women. While choices in educational attainment, career fields, and personal choices can contribute to differences in income between men and women, studies which control for divergent life paths have found that, all things being equal, women still are paid less than men for the same work. With few exceptions, this income gap persists across racial and ethnic groups, age, educational level and occupation.^{8,9,10,11}

Unemployment

Unemployment rates in Missouri are lower than national unemployment rates for both men and women. Women in Missouri are less likely to be unemployed than are men. In 2013, unemployment rates in both Missouri and in the United States were lower than at any point since 2010.¹²

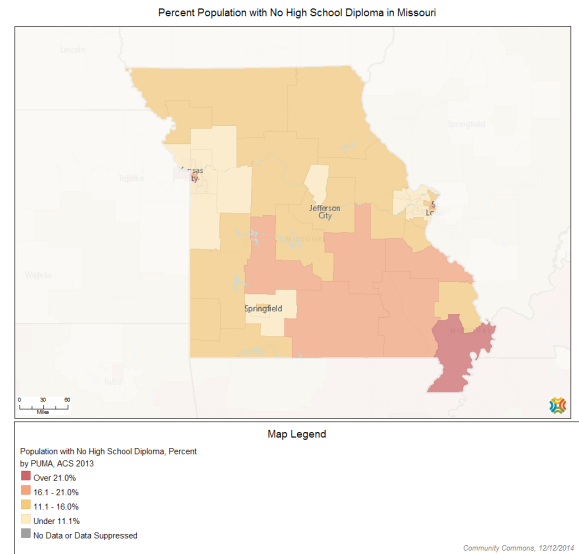


Education & Child Care Status of Women in Missouri

For the purpose of this report, the educational and child care realities of women in Missouri are investigated using data on female educational attainment, access to accredited child care, and grandparents as caregivers.

Educational attainment

Educational attainment is a predictor of a women's ability to materially and financially provide for her children. Data has consistently shown that education, specifically two and four year college degree programs, can lift women from poverty, although there are barriers.¹³ For example, lower income women on social assistance are limited to only 12 months of vocational training and there are few support services available (i.e. transportation and child care) to help women succeed in new training endeavors. Education is not just critical to earning an income, but it also affects women's health and daily lives. Women with less education, especially older black women, are more likely to be less healthy than their more educated counterparts.¹⁴



According to one-year 2013 data from the American Community Survey, 11.7 percent of Missouri females 25 years old or older do not have a high school degree, which compares favorably with the U.S. as a whole (at 13 percent), and generally, women achieve high school diplomas at higher rates than men. The worse performing area of Missouri is the Bootheel region. Here, 21.7 percent of women do not have high school diplomas. As of 2013, 27 percent of Missouri females hold at least a bachelor's degree while across the U.S., females perform better at 29 percent.

Access to accredited child care centers

Women from rural and urban settings, and across all socio economic levels, rely on child care. Child care facilitates the ability of women to enter and remain in the labor force. However, many families are faced with difficult child care decisions due to a lack of information. Missouri is the only state without a quality rating system and improvement system in place. Therefore Missouri parents, as consumers of child care, do not have much quality related information to make decisions.

A quality rating and improvement system of child care would give parents more information and help inform their child care choices. However, Missouri does not have such a system. Therefore, until a quality rating system is in place, accreditation status may serve as an alternate indicator of quality child care. The state of Missouri provides licenses for

family child homes and child care centers in every corner of the state, however, licensure is separate from quality rating systems. After weighing cost and convenience, some parents use accreditation status as a proxy measure for quality. Likewise, child care centers weigh the cost and convenience of entering into the accreditation process because it is indeed voluntary, and it is separate from Missouri Licensing. The individual centers take on the significant monetary cost to achieve accreditation status plus fees for annual renewals. These costs are likely passed along to the consumers of child care.

When licensed child care centers elect into accreditation, they submit to a process which includes outside observation, curriculum validation, examination of the physical environment, and evaluation of the leadership/management of the center. The main accreditation granting bodies in Missouri are: the Missouri Accreditation of Programs for Children and Youth (MOA), the National Association for the Education of Young Children (NAEYC), and the National Association for Family Child Care (NAFCC). Across the state, 27 percent of counties (31) do not have a MOA, NAEYC, or NAFCC accredited child care center. The majority of accredited centers are located in the greater Kansas City and St. Louis areas, but the three Missouri counties with the highest per capita of children (age 0-4), have zero accredited child care options. Those counties are: McDonald, Pemiscot, and Scotland.

Examining the distribution of accredited child care centers raises the broader question of uniform quality standards and its role in the child care industry. So long as the accreditation process remains voluntary, Missouri parents will have no measure by which to gauge the quality of care between child care providers. Parents use accreditation as a proxy measure for quality, which not only emphasizes the importance of quality, but demonstrates the need for a quality rating and improvement system in Missouri in order to differentiate among childcare providers.

Grandparents as Caregivers

Female employment, single parent homes, and the high cost of child care has changed the role grandparents have in rearing grandchildren. According to the Census Bureau, approximately 10 percent of all children in the United States live with a grandparent in their homes and approximately 2.7 million grandparent caregivers have primary responsibility for their grandchildren.¹⁵ Of children living with a grandparent, approximately 45 percent live only with a grandmother, and black children are even more likely to live with only a grandparent compared to children of other races.¹⁶ This shift in caretaking responsibility from parent to grandparent affects the children they are raising. Research shows that children living with their grandparents are more likely to be poor than children living in a parent-maintained home.¹⁷

In 2012, 4.8 percent of U.S. households report being a grandparent-headed household with a child (or children) present for which they are responsible. In Missouri, it appears grandparent care of this type is more common in rural areas. The Bootheel region sees rates as high as 7.1 percent while other rural counties, from all regions of the state, lie well above the Missouri average of 4.23 percent.

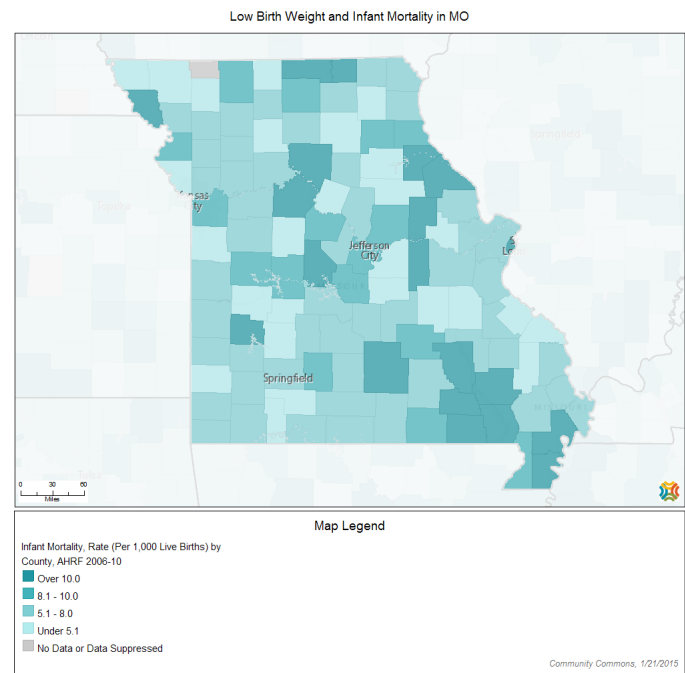
Health Status of Women in Missouri

Throughout the research process, data were collected on births, infant mortality and birth weights, cancer screenings and incidences of cancer, morbidity and mortality, domestic violence and access to health insurance. Collectively, these data help describe the status of women in terms of health.

Births

Healthy birth weights and infant mortality are indicators of women properly seeking adequate prenatal medical services. Infant mortality is prevalent when expecting mothers have less access to physicians and, even when controlling for income and socioeconomic factors, access to prenatal care remained the key factor in reducing infant mortality.¹⁸ The Missouri rate for infant mortality is 7.2 per 1,000 live births, slightly higher than the United States rate of 6.52 per 1,000. The six Missouri counties with the highest infant mortality rates are: Putnam (17.8), Ripley (16.5), Carter (14.7), Ralls (14.3), Holt (13.8), and Chariton (13.3).

According to the Missouri Department of Health and Senior Services' MICA dataset¹⁹, in 2011-2012, the rate of low birth weight babies born in Missouri was 7.8 per 1,000 births. There is a wide variation in rates between Missouri counties. Knox County reported a rate of just 1.9 low birth weight babies for every 1,000. In contrast, Mississippi, Dunklin, and Ozark Counties report a rate of 11 and 12 low birth weight babies per 1,000. The highest incidences of low birth weight babies occur in St. Louis City (12.1).



Incidences of Cancer

Cancer screenings are vital for women for the early detection of life threatening cancers. Data from the State Cancer Profiles for 2006-2010 regarding breast cancer, the most common form of cancer affecting women, indicates that Missouri had an annual incidence rate of 122.6 per every 100,000 women in the state. This rate is very similar to the national rate of 122.7 per every 100,000 women nationwide. Cervical cancer is the second most common form of cancer affecting women, and unfortunately, there is a racial disparity in the detection and deadliness of this disease.²⁰ Black and Hispanic women are more likely to be diagnosed with cervical cancer, and more likely to succumb to it than their white counterparts.²¹ According to the Centers for Disease Control, 76 percent of women in

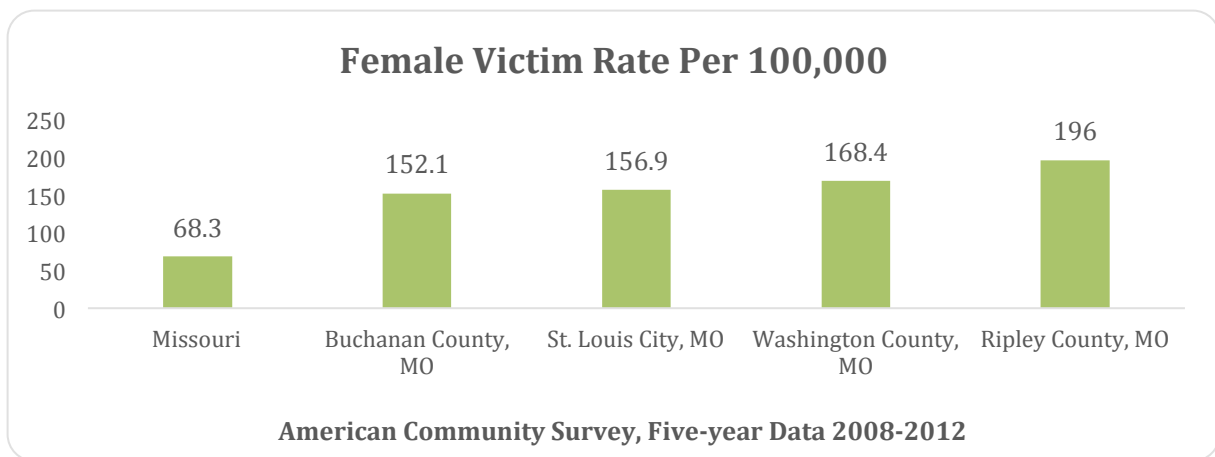
Missouri and 78 percent of women in the United States report that they have had a pap test to screen for cervical cancer in the last three years. Some Missouri counties, such as St. Charles and Monroe counties report as many as 88 percent of their female population are getting tested regularly. However, there are other counties (Harrison, Webster, Texas, Lynn, and Newton) where only 52-61 percent of women report a pap test in the last three years.

Morbidity and Mortality

Morbidity, or incidence of disease, is slightly higher for women in Missouri compared to men. Women have a morbidity rate of 1,290 per 100,000 people and men have a rate of 1,025 per 100,000. However, the mortality rate for men in Missouri is much higher than women’s at a rate of 1,035 per 100,000 for men and 715.9 for women. According to the CDC, the national mortality rate for all persons is 807.3 per 100,000 people nationwide²².

Domestic Violence

Domestic violence also compromises the health and well-being of women and their families. Victims of domestic violence suffer from both physical and mental health problems.²³ According to MICA data from 2008-2012, the rate of females who were assaulted by their spouse or partner was 68.3 per 100,000 people. Ninety Missouri Counties reported rates less than the state rate, with 35 counties at half or less of the state rate. However, four counties (Buchanan 152.1, St. Louis City, 156.9, Washington, 168.4, and Ripley 196) had an assault rate more than double of the state rate per 100,000.

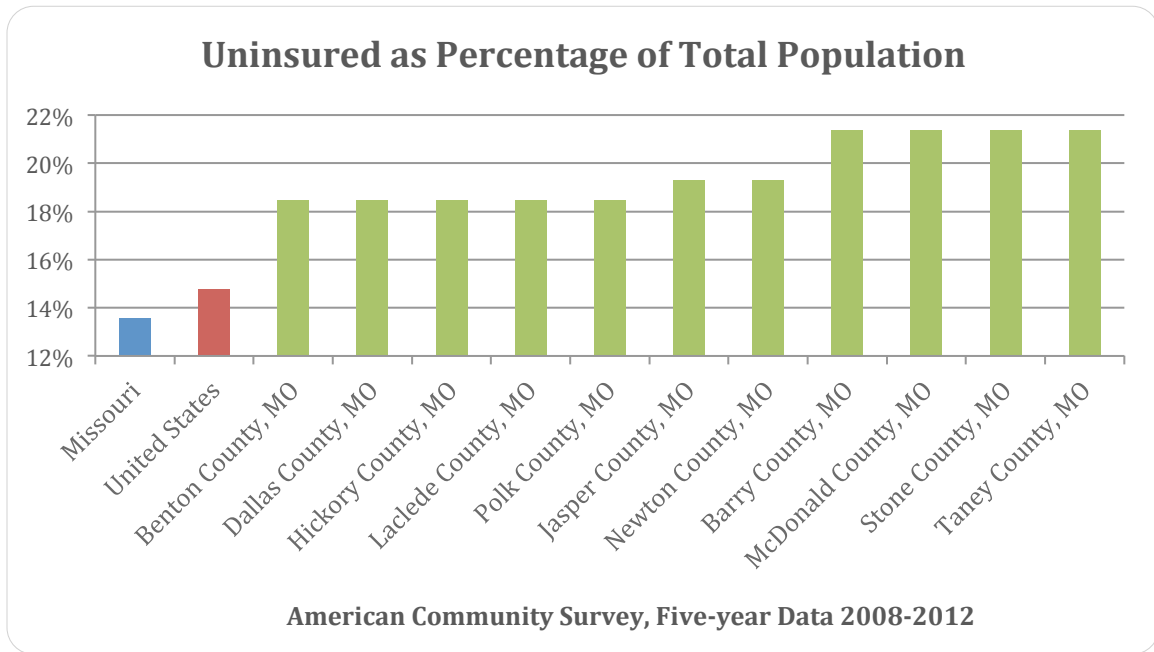


Access to Health Insurance

The ability to access and pay for health care services correlates to women’s long-term health outcomes and quality of life, which can be associated with her socio-economic status and signals her ability to obtain health insurance and receive quality care. For many women in Missouri, affordable healthcare is an immediate concern. According to ACS five-

ear data, 13.56 percent of Missourians are uninsured. While the national average is slightly higher at 14.77 percent, there are pockets of Missouri with extremely high rates of uninsured individuals. Eleven Missouri counties have an uninsured population of more than 18 percent, and in four counties (Barry, McDonald, Stone, and Taney) more than 21 percent of the county population is uninsured.

The Affordable Care Act of 2010 expanded healthcare coverage to some Missouri individuals and families by enrolling 152,335 (55 percent female), in the federal healthcare exchange by the close of enrollment in March of 2014²⁴. However, 650,000 Missourians remain without health insurance.



Social & Economic Status of Women in Missouri

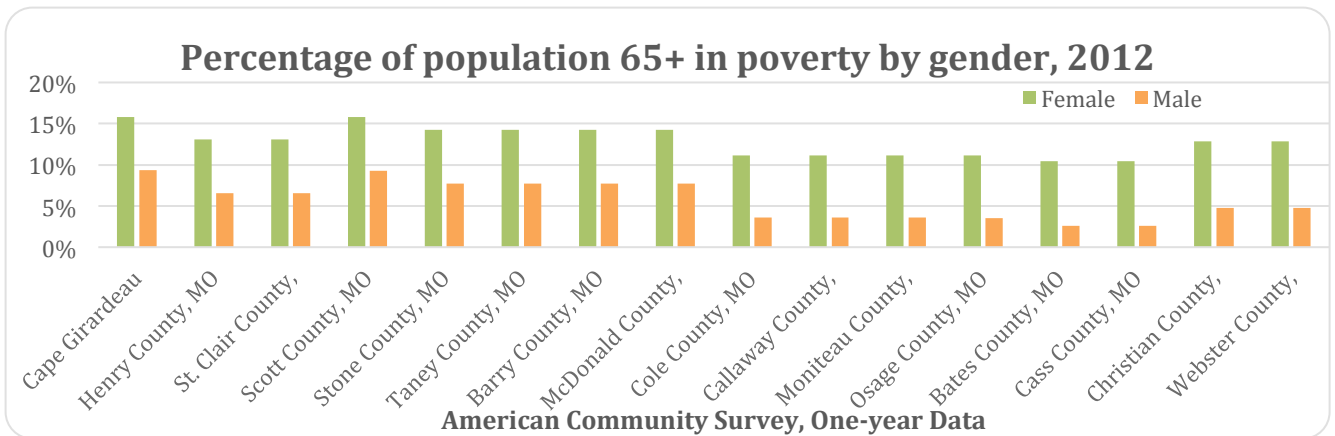
Poverty often is used to describe the socio-economic realities of women in Missouri. In addition, data on participation in social assistance programs and women with disabilities contribute to the understanding of the social and economic status of women.

Poverty

Poor women are more vulnerable than the general population; they tend to face more unpredictable and life-threatening events than their wealthier counterparts.²⁵ Poverty does not simply correlate to an inadequacy of wealth, but also to poor health. Impoverished women are highly likely to suffer from depression and other negative health outcomes.²⁶

There are almost 950,000 Missourians living in poverty, 55 percent (or 520,833) of whom are women. In Missouri, 17.41 percent of all women are in poverty, a rate similar to that of the nation (at 17.18 percent). Poverty is mainly concentrated in the larger urban areas of Missouri such as in St. Louis City where the poverty rate is 29 percent. However, rural areas also struggle with poverty as in Benton, Dallas, Hickory, Laclede, and Polk Counties, where more than 23 percent of the counties' populations live in poverty.

Elderly women aged 65 years or older in Missouri, as in the U.S. as a whole, are disproportionately living in poverty compared to their male counterparts. American Community Survey one-year data for 2012 indicates that of Missouri senior citizens living in poverty, 67 percent are women. In several counties, 16 percent of the total female population over 65 lives in poverty compared to just nine percent of males in the same age group. The state and much of the county-level data shows that elderly women are more often in poverty than elderly males.



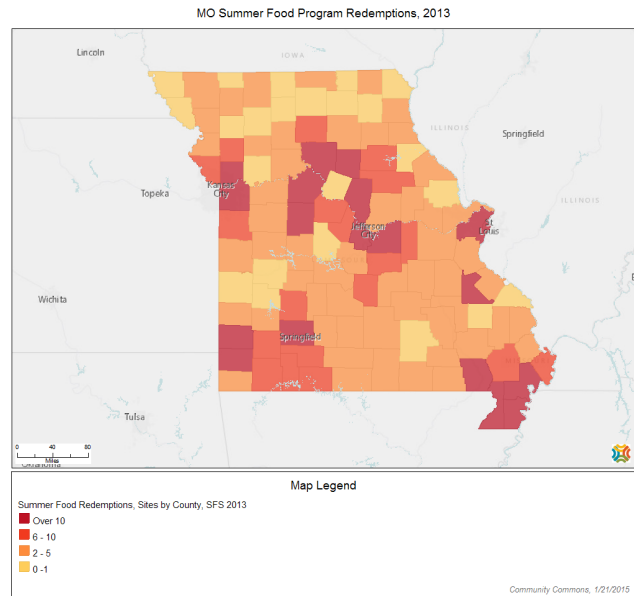
Social Assistance

Female heads of households with children under 18 are more often in poverty than married households. In Missouri in 2013, 8.2 percent of married households with children under 18 live below the poverty level compared to 41.7 percent female headed households (with no husband present).

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that supports millions of low income families fighting hunger. SNAP aims to reduce food insecurity and help low-income families live on a more nutritious diet. Research shows that SNAP benefits are associated with a 30 percent reduction in the likelihood of being food insecure, and reduces one’s likelihood to be very food insecure by 20 percent.²⁷

Approximately 47 percent of SNAP recipients are children, suggesting that this program is necessary for the protection of especially vulnerable populations.²⁸ In Missouri, there are 346,528 households receiving SNAP benefits. Of those, 34 percent of the recipients reside in female-headed households, similar to the U.S. average of 36 percent.

Women, Infants, and Children (WIC) is a public nutrition program for low-income women and their children aged 5 or younger.²⁹ The program grants federal funds for supplemental foods, health care referrals, and breastfeeding education. In Missouri there are 42,823 infants and 101,723 children certified to receive WIC benefits.



Lower income families in these circumstances often rely on their children’s free or reduced lunch programs during the school year. Free or reduced school lunch programs can free-up income for other household and childrearing expenses. However, school lunches are not served during summer months and food insecurity can become a very serious concern for parents. The Summer Food Service Program (SFSP) is a USDA funded program that provides nutritious meals to children and youth that normally would receive free or reduced lunch during the school year. SFSP sites are located in areas with significant concentrations of low-income families.³⁰ The program was created to fill a gap in services. When low-income children are not attending school, they may not have access to nutritious meals. One may view this program as a safeguard. However, as outlined by the USDA, summer food sites are only for areas with “significant” concentrations of low-income children, suggesting that areas with less concentration of low-income children, i.e. rural communities, are less likely to benefit from this program; SFSP sites are generally given to areas where approximately 50 percent of children meet the income standards (this is generally determined by examining the census).³¹ In Missouri, there are currently 1,026 summer food sites which provide lunch to children in poverty during the summer.

Women with Disabilities

A physical or mental disability can have a dramatic effect on a woman's social and economic status. Research shows that women, at older ages, are more likely to be disabled than men.³² Poverty, living alone, obesity, and depression were also found to be commonly associated with disability.³³ Women with lower extremity disabilities were also found to have less access to health care; they received less preventative treatment including Pap tests and mammograms, than non-disabled women.³⁴ In Missouri, 14.22 percent of females, or 431,007 women in the state are disabled, compared with 12 percent in the US. Counties with large populations of individuals with disabilities need to have the appropriate independent living, job readiness and healthcare services in place to assist the population.

Leadership & Public Engagement Status of Women in Missouri

Analysis of women’s leadership and public engagement in Missouri relies upon data reflecting women’s political representation, volunteerism, and voter turnout.

Public Engagement

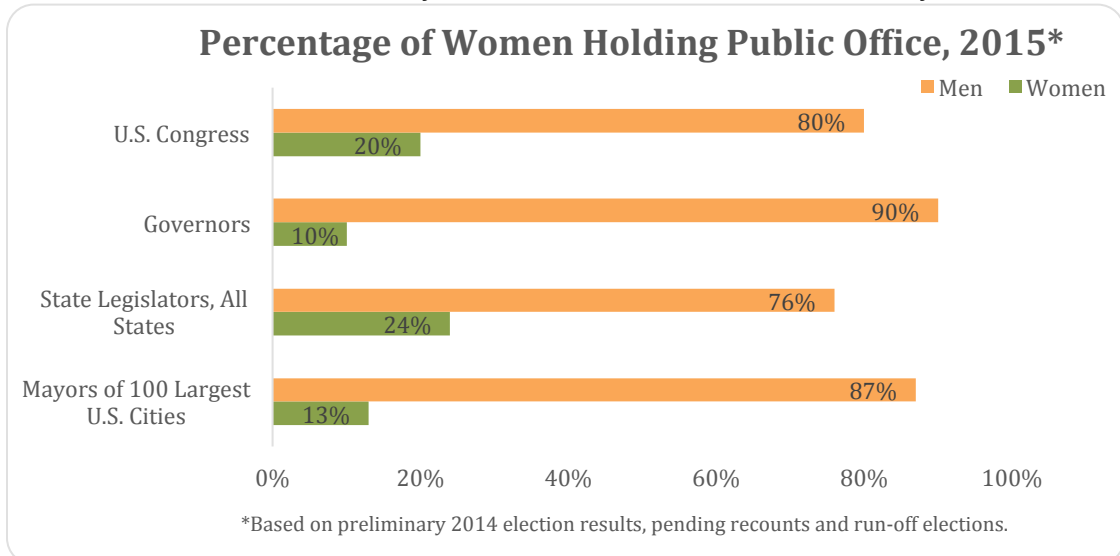
The role women play in the public arena is a demonstration of their engagement in the community-at-large. Civic engagement can include a wide array of activities, such as belonging to community organizations, church membership, and political activism. Volunteering, voting in elections, and serving in public office are key components of civic life, and Missouri women are actively engaged in all three.

In Missouri, 31 percent of residents volunteer in some way, which is higher than the national participation rate of 25 percent.³⁵ In the United States, more women volunteer than men (28 percent and 22 percent, respectively), and working mothers volunteer at a significantly higher rate than the population as a whole.^{36,37} Women are also more likely to vote than men. In Missouri, 65 percent of women vote, which is a larger percentage than men in Missouri, and a larger percentage than women and men nationwide.³⁸



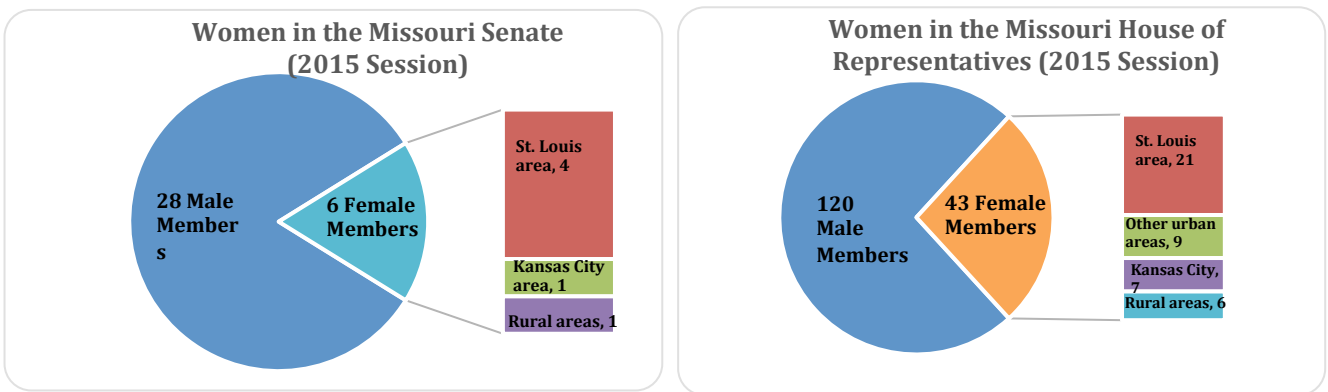
Leadership

While more women than men volunteer in their communities and vote in elections, far fewer women than men serve in elected office. Political gatekeepers, such as party leaders, elected officials, and nonelected political activists, often recruit candidates for statewide office from the pool of local officeholders, as well as from leaders in professions such as law, business, and education. Similarly, candidates for national office are likely to be recruited



from the ranks of statewide office holders. The beneficiaries of this pipeline to political office historically have been men, resulting in an American political arena controlled almost exclusively by men.^{39,40,41}

When women are elected to public office, they are empowered to help shape the lives of all women by informing sound policy. Further, some research suggests that women are more effective legislators due to their willingness to work across party lines to achieve policy goals.⁴² Nevertheless, in the 2015 legislative session, and despite comprising 51 percent of Missouri’s population, women hold only 26 percent of the 163 seats in the Missouri House of Representatives, and only 18 percent of the 34 seats in the Missouri Senate.⁴³ Most of the women elected represent urban areas:



Once in office, women of the Missouri General Assembly have been successful at attaining positions of leadership. For the 2014 legislative session, women held six of the 14 House leadership positions (43 percent), and three of the ten Senate leadership positions (30 percent), including both the majority and minority caucuses.⁴⁴ During the 2015 session, the leadership positions may change. Through volunteering and voting, women in Missouri are already more engaged in the public arena than men. Increasing the number of women who run for and are elected to local and state political office will add more women to the political pipeline, which is an important step toward gender parity and equal power in local, state, and national government.

Part V: Acknowledgements

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