The Status of Women in Minnesota

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INSTITUTE FOR WOMEN'S POLICY RESEARCH

About This Report

The Status of Women in Minnesota is part of an ongoing research project conducted by the Institute for Women's Policy Research (IWPR) to establish baseline measures of the status of women in all 50 states and the District of Columbia. The effort is part of a larger IWPR Economic Policy Education Program, funded by the Ford Foundation, intended to improve the ability of advocates and policymakers at the state level to address women's economic issues. The first two series of reports were released in 1996 and 1998 and included a summary national report and 24 state reports. This report is part of the third series, which includes eight other states as well as an update of the national report. See IWPR's website (www.iwpr.org) for more information.

The data used in each report come from a variety of sources, primarily government agencies, although other organizations also provided data where relevant. The Economic Policy Institute (EPI) analyzed much of the economic data presented in the report. EPI is a nonprofit, nonpartisan research organization that seeks to broaden the public debate about strategies to achieve a prosperous and fair economy. EPI's studies and popular education materials are available at www.epinet.org.

While every effort has been made to check the accuracy and completeness of the information presented, any errors are the responsibility of the authors and IWPR. Please do not hesitate to contact the Institute with any questions or comments.

About the Institute for Women's Policy Research

The Institute for Women's Policy Research (IWPR) is a public policy research organization dedicated to informing and stimulating the debate on public policy issues of critical importance to women and their families. IWPR focuses on poverty and welfare, employment and earnings, work and family issues, the economic and social aspects of health care and domestic violence, and women's civic and political participation.

The Institute works with policymakers, scholars, and public interest groups around the country to design, execute, and disseminate research that illuminates economic and social policy issues affecting women and families, and to build a network of individuals and organizations that conduct and use women-oriented policy research. IWPR, an independent, nonprofit organization, also works in affiliation with the graduate programs in public policy and women's studies at The George Washington University.

IWPR's work is supported by foundation grants, government grants and contracts, donations from individuals, and contributions from organizations. Members and affiliates of IWPR's Information Network receive reports and information on a regular basis. IWPR is a 501(c)(3) tax-exempt organization.

About IWPR's Partners in this Project

In producing these reports, IWPR called upon many individuals and organizations in the states.

Andrea Rubenstein, former Chair of the Board, Minnesota Women's Foundation, served as Interim Chair of the Minnesota Advisory Committee, followed by Roseanne Hope of the Minnesota Women's Foundation Board. The Interim Chair and Chair coordinated the various individuals on the Committee, who represented organizations from all over the state. The Committee made many contributions, including reviewing the draft report for accuracy, making suggestions to ensure that the data contained in the report would be useful, and organizing the dissemination of and publicity surrounding the release of the report.

The Minnesota Women's Foundation (MWF) is one of the largest women's foundations in the country. With an endowment and assets of over eleven million dollars, MWF gives over $250,000 in grants a year to grassroots and community organizations in Minnesota. The diverse organizations that MWF funds advocate for positive social change for women and girls. MWF's mission is to increase financial resources available to programs and organizations by and for women and girls, creating change on their own behalf.

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The Status of Women in Minnesota

POLITICS ◆ ECONOMICS ◆ HEALTH ◆ RIGHTS ◆ DEMOGRAPHICS

Edited by Amy B. Caiazza, Ph.D.

Institute for Women's Policy Research

with the assistance of the Minnesota Advisory Committee

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Acknowledgments

In its third round, *The Status of Women in the States* has become larger, more complex, and more comprehensive than ever. Its growing size and visibility are the direct result of the contributions of the many impassioned and talented people who have worked on the report series, particularly members of the state advisory committees, and of the cooperation of myriad state and national organizations. IWPR's staff, partners, and colleagues contributed vast amounts of time, energy and expertise to the project.

IWPR would like to express its special appreciation to the Ford Foundation for primary financial support of this project, and to Helen Neuborne and Barbara Philips Sullivan, program officers, who have both been extremely supportive of the Institute. Additional funding was provided by the Motorola Corporation, by Kristie Graham and the Stocker Foundation for *The Status of Women in Arizona,* and by the Minnesota Women's Foundation for *The Status of Women in Minnesota*.

This year's reports could not have been completed without the tireless work of the staff on the Status of Women in the States Project. In particular, IWPR relied heavily on the work of April Shaw, Research Assistant at IWPR, who was in charge of collecting and updating much of the data in the reports as well as creating all of the charts, tables, and figures for them. Ms. Shaw maintained a tireless commitment to her work, attention to detail, and a cheerful attitude throughout the course of the project. She also brought the invaluable asset of a great sense of humor. Lorna Mejia and Stephanie Dorko, interns at IWPR, both helped Ms. Shaw with the data collection, and Beth Tipton, also an intern, helped with the data collection and with editing several of the reports. In addition to their vital contributions to the series itself, all three brought great energy to IWPR and helped inspire the staff on the project. Ms. Tipton and Ms. Shaw also wrote much of the national report. Suzanne McFadden, State Issues Coordinator, was responsible for assembling and coordinating the work of the nine state advisory committees. In doing so, her organizational and diplomatic skills smoothed the process of writing, reviewing, and editing the reports.

Dr. Amy Caiazza, IWPR's resident political scientist, has again lent her expertise, wisdom, judgment, and intelligence to the complex task of producing the 2000 report series. As the Study Director for the project, she oversaw the monumental process of identifying and evaluating data sources, devising analyses, coordinating input from advisory committees, writing the reports, preparing policy recommendations, and developing outreach and dissemination strategies. Her perseverance, analytical skills, and policy savvy are unrivaled.

In addition to the official staff for the project, many other IWPR researchers also contributed to drafting and editing the reports, including Dr. Stacie Golin, Study Director; Dr. Catherine Hill, Study Director; Dr. Vicki Lovell, Study Director; Holly Mead, Research Fellow; Dr. Cynthia Negrey, Study Director; and Dr. Lois Shaw, Senior Consulting Economist. All of these researchers took time from their own projects to assist in producing the reports, and the staff of the Status of Women in the States owes them a debt of gratitude. Associate Director of Research Barbara Gault and Director and President Heidi Hartmann also reviewed and edited the reports. Both Dr. Gault and Dr. Hartmann took time out of an otherwise busy summer (including vacation time) to help complete the reports, and, more importantly, both provided ongoing encouragement, new ideas, fantastic energy, and a host of inspirations to the project—and to all of IWPR's work.

IWPR's appreciation also goes to Jared Bernstein, Labor Economist, and Jeff Strohl, Programmer, at the Economic Policy Institute, who provided analysis of the 1997-99 Current Population Survey data, which was used in several sections of the report.

Finally, IWPR's communications and production staff played a pivotal role in the publication of the reports. Nasserie Carew, Associate Director of Communications, oversaw the layout and final preparation of the reports and was responsible for planning and coordinating the dissemination of and publicity surrounding the release of the reports. Her work was crucial to transforming the reports into their final format and to helping IWPR's state advisory committees call attention to their findings.

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Preface

The Minnesota Advisory Committee has appreciated the opportunity to participate in the Institute for Women's Policy Research's (IWPR) publication of *The Status of Women in Minnesota*. The Minnesota Women's Foundation is similarly pleased to be a co-sponsor of the report. The Advisory Committee is comprised of women representing various community and advocacy groups in Minnesota. The committee met and reviewed a draft report prepared by the IWPR staff and added our own local perspective through comments, corrections, and other feedback. The report was particularly enhanced by the review and comments of the staff of the Legislative Commission on the Economic Status of Women and its Executive Director, Aviva Breen.

The Minnesota Women's Foundation (MWF), one of the largest of a network of women's foundations across the country, was founded in 1983 as a program of the Minneapolis Foundation. An independent foundation as of 1995, MWF now has an endowment and assets of over eleven million dollars and has been making grants of over $250,000 annually to programs for women and girls across Minnesota.

This report can serve as a valuable tool for those who share the goal of expanding social equality and the well-being of women in Minnesota. The report uses facts and figures as well as regional and national rankings to compare the status of women in Minnesota to that of women in other states. Minnesota's rankings range from fourth in the nation for women's political participation to 22nd in reproductive rights. The report also measures Minnesota against the Platform for Action adopted at the 1995 Fourth World Conference on Women in Beijing. Minnesota has adopted only 14 of the 28 policy measures concerning women's equity on IWPR's Women's Resources and Rights Checklist, which derives from the principles of the Beijing Platform.

Minnesotans may take pride that some enlightened public policies have led to measurable gains for women in the state. Moreover, while it is generally accepted that Minnesota is a prosperous state, this report helps place that prosperity in perspective. Although women do share in Minnesota's prosperity, they by no means do so at the same rate as men. Further, women of color do not share in Minnesota's prosperity at the same rate as all women in the state. This report demonstrates that women in Minnesota have a long way to go to achieve true equality and indicates where and in what manner our energies should be directed.

Some highlights of the report, along with some of the public policy implications to be considered, include:

- Minnesota women work hard. Seventy percent of Minnesota women, including women with young children, are in the workforce, compared with 60 percent nationally. The high labor force participation of women suggests that the availability and affordability of child care in Minnesota must be adequately addressed. A much higher percentage of teenage women (70.8 percent) are also in the labor force in Minnesota compared with the United States as a whole (52.7 percent). The impact of this participation on higher education opportunities has yet to be measured or evaluated.

- Women's earnings are relatively high in Minnesota compared with the other 50 states. Minnesota ranks seventh in earnings and fifth in the proportion of women holding managerial and professional positions, but only 24th in the nation for the size of the gap between men's and women's wages. Although women's relatively high earnings reflect the overall prosperity of the state, women in Minnesota significantly lag behind male wage earners.

- Nationally, women earn, on average, 73.5 cents for every dollar earned by men. In Minnesota, women earn only 72.4 cents on the dollar. This figure is below the national average in spite of pay equity legislation for public employees and, as noted above, our general prosperity. If one were to factor in child care expenses for single women, women's economic status in relation to men's would be even more alarming.

It should be noted that membership in labor unions lessens the wage gap. Because many women work in low-paying occupations, a higher minimum wage might also lessen the gap.

- Not surprisingly, in general, as education levels for women in Minnesota rise, so do their incomes. However, the income gap becomes wider between men and women whose education level exceeds college.

- There is a high level of voter registration and voter turnout among women in Minnesota, but as of fall 2000, Minnesota does not have one woman in our congressional delegation in Washington, and women constitute less than one-third of our state legislature's membership.

The Minnesota Advisory Committee notes that a report of this kind, necessarily based on national data sources and limited by what data are available, cannot provide a completely comprehensive picture of the status of women in Minnesota. Differences between urban and rural women may not be adequately reflected, and data demonstrating more precise statistics based on race and ethnicity might reveal further disparities among women. This is particularly the case in Minnesota, where waves of new immigrants moving to the state have caused demographic changes. For example, the Hmong population in Minnesota is the second largest in the country, and while the report states that the earnings of all Asian American women are the highest of all groups, it is likely that this statement is not true for many Southeast Asian women in Minnesota. Thus, not differentiating among the experiences of different Asian American populations may have adverse policy implications for certain Asian American women. Similarly, the state has also experienced a large growth in the Somali community. The status of Somali women, in all respects, is likely to be very different from that of the total population of African American women who are not foreign-born. Along the same lines, due to the lack of available data, many aspects of Native American women's status in Minnesota also remain unclear. Finally, as the baby boomers are aging, public policy issues related to older women, already important, become even more crucial. Minnesota shall need a concerted effort to address these issues as well. Minnesota should also consider the policy implications of the absence of such data and the extent to which political clout determines the reliability and accessibility of data.

It is the committee's intention and hope that this report will provide information and data to support both ongoing and new public policy initiatives by and for women in Minnesota. The report also offers a blueprint for addressing those issues that have not yet been the subject of data collection and evaluation.

Minnesotans take pride in our long history of enlightened public policy, sometimes to the extent that we overlook that there has been little change in many fundamental areas. Let us therefore use this report to begin to educate ourselves and our communities about that what we have achieved so far—and what we still need to do—to advocate for and bring about positive structural and social change for women in Minnesota.

Roseanne Hope
Board of Directors, Minnesota Women's Foundation
Chair, Minnesota Advisory Committee,
The Status of Women in Minnesota

Andrea Rubenstein
Former Chair of the Board, Minnesota Women's Foundation
Interim Chair, Minnesota Advisory Committee,
The Status of Women in Minnesota

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different. Using the grades, policymakers, researchers and advocates in high-ranking states can quickly identify remaining barriers to equality for women in their state.

In addition to assessing women's status throughout the country, IWPR designed *The Status of Women in the States* to actively involve state researchers, policymakers and advocates concerned with women's status. Beginning in 1996, state advisory committees helped design *The Status of Women in the States* reports, reviewed drafts, and disseminated the findings in their states. IWPR's partnership with the state advisory committees has developed into a participatory process of preparing, reviewing, producing and publicizing the reports. Their participation has been crucial to improving the reports in each round.

About the Indicators and the Data

IWPR referred to several sources for guidelines on what information to include in these reports. Many of the economic indicators chosen, such as median earnings or the wage gap, are standard indicators of women's status. The same is true of indicators of voter participation and women's electoral representation. In addition, IWPR used the Beijing Declaration and Platform for Action from the U.N. Fourth World Conference on Women to guide its choice of indicators. This document was the result of an official convocation of delegates from around the world. It outlines issues of utmost concern to women, rights fundamental to achieving equality and autonomy, and remaining obstacles to their advancement.

IWPR also turned to members of its state advisory committees, who reviewed their state's report and provided input for improving the project as a whole. Finally, IWPR staff turned to experts in each of the subject areas for input about the most critical issues related to the various topics. An important source of this expertise for the 2000 reports was IWPR's Working Group on Social Indicators of Women's Status, described in detail below. Ultimately, the IWPR research team made data selection decisions on the basis of several principles and constraints: relevance, succinctness, representativeness, reliability, and comparability of data across all the states and the District of Columbia. As a result, while women's status is constantly changing throughout the United States, the evidence contained in this report represents a compilation of the best available data for measuring women's status.

To facilitate comparisons among states, IWPR used data collected in the same way for each state. While most of the data are from federal government agencies, other organizations also provided data. Many figures rely on the U.S. Census Bureau's Current Population Survey (CPS), a monthly survey of a nationally representative sample of households. To ensure sufficiently large sample sizes for cross-state comparisons, several years of data were combined and then tabulated. CPS data analyses were conducted for IWPR by the Economic Policy Institute (EPI). While the decennial censuses provide the most comprehensive data for states and local areas, since they are conducted only every ten years, decennial census data are often out of date. CPS data are therefore used to provide more timely information. For this set of reports, IWPR incorporated new economic data from the years 1996-98. Some figures necessarily rely on older data from the 1990 Census and other sources; historical data from 1980 or earlier are also presented on some topics.

Because CPS data have smaller sample sizes than the decennial Census, the population subgroups that can be reliably studied are limited (for information on sample sizes, see Appendix II). The decision to use more recent data with smaller sample sizes is in no way meant to minimize how profoundly differences among women—for example, by race, ethnicity, age, sexuality and family structure—affect their status or how important it is to design policies that speak to these differences. Identifying and reporting on areas within the states (cities, counties, urban and rural areas) were also beyond the scope of this project. The lack of disaggregated data often masks regional differences among women within the states: for example, pockets of poverty are not identified and groups with lower or higher status may be overlooked. While IWPR does not mean to downplay these differences, addressing them was not possible due to data and other constraints.

A lack of reliable and comparable data at the state level limits the treatment of several important topics: domestic violence; older women's issues; pension coverage; issues concerning nontraditional families of all types, including intergenerational families; lesbian issues; and issues concerning women with disabilities. The report also does not analyze women's unpaid labor or women in nontraditional occupations. In addition, income and poverty data across states are limited in their comparability by the lack of good indicators of differences in the cost of living by states: thus, poor states may look worse than they really are, and rich states may look better than they really are. IWPR firmly believes that all of these topics are of utmost concern to women in the United States and continues to search for data and methods to address them. However, many of these issues do not receive sufficient treatment in national polls or other data collection efforts.

Such data concerns highlight the sometimes problematic politics of data collection: researchers do not know enough about many of the serious issues affecting women's lives because women do not yet have sufficient political or economic power to demand the necessary data. As a research institute concerned with women, IWPR presses for changes in data collection and analysis in order to compile a more complete understanding of women's status. Currently, IWPR is leading a Working Group on Social Indicators of Women's Status designed to assess current measurement of women's status in the United States, determine how better indicators could be developed using existing data sets, make recommendations about gathering or improving data, and build short- and long-term research agendas to encourage policy-relevant research on women's well-being and status.

To address gaps in state-by-state data and to highlight issues of special concern within particular states, IWPR added another innovation in 2000. This year, state advisory committees were invited to contribute text presenting state-specific data on topics covered by the reports. These contributions enhance the reports' usefulness to the residents of each state, while maintaining comparability across all the states.

Finally, the reader should keep a few technical notes in mind. In some cases, differences reported between two states or between a state and the nation for a given indicator are statistically significant. That is, they are unlikely to have occurred by chance and probably represent a true difference between the two states or the state and the country as a whole. In other cases, these differences are too small to be statistically significant and are likely to have occurred by chance. IWPR did not calculate or report measures of statistical significance. Generally, the larger a difference between two values (for any given sample size), the more likely the difference is statistically significant. In addition, when comparing indicators based on data from different years, the reader should note that in the 1990-2000 period, the United States experienced a major economic recession at the start of the decade, followed by a slow and gradual recovery, with strong economic growth (in most states) in the last few years.

About IWPR

IWPR is an independent research institute dedicated to conducting and disseminating research that informs public policy debates affecting women. IWPR focuses on issues that affect women's daily lives, including employment, earnings, and economic change; democracy and society; poverty, welfare, and income security; work and family policies; and health and violence. IWPR also works in affiliation with the George Washington University's graduate programs in public policy and women's studies.

The Status of Women in the States reports seek to provide important insights into women's lives and to serve as useful tools for advocates, researchers and policymakers at the state and national levels. The demand for relevant and reliable data at the state level is growing. This report is designed to fill this need.

Overview of the Status of Women in Minnesota

Women in Minnesota exemplify both the achievements and shortfalls of women's progress over the past century. Many Minnesota women are witnessing real improvements in their economic, political and social status, and these advances are evident in relatively high rankings on several of the composite indices calculated by IWPR. Of the 50 states and the District of Columbia, Minnesota scores fourth in political participation, seventh in employment and earnings, twelfth in economic autonomy and in health and well-being, and 22nd in reproductive rights (see Chart I, Panel A).

Despite improvements and the strong performance of Minnesota, women do not do as well as men in any state, and even those states with better policies for women do not ensure equal rights for them. Women in Minnesota still face significant problems that demand attention from policymakers, women's advocates and researchers concerned with women's status. As a result, in an evaluation of Minnesota

Chart I. Panel A.
How Minnesota Ranks on Key Indicators

Indicators	National Rank*	Regional Rank*
Composite Political Participation Index	**4**	**1**
Women's Voter Registration, 1992-96	3	2
Women's Voter Turnout, 1992-96	2	1
Women in Elected Office Composite Index, 2000	13	2
Women's Institutional Resources, 2000	21	3
Composite Employment and Earnings Index	**7**	**1**
Women's Median Annual Earnings, 1997	11	1
Ratio of Women's to Men's Earnings, 1997	24	3
Women's Labor Force Participation, 1998	1	1
Women in Managerial and Professional Occupations, 1998	5	1
Composite Economic Autonomy Index	**12**	**1**
Percent with Health Insurance Among Nonelderly Women, 1997	2	1
Educational Attainment: Percent of Women with Four or More Years of College, 1990	15	1
Women's Business Ownership, 1992	20	3
Percent of Women Above the Poverty Level, 1997	10	1
Composite Reproductive Rights Index	**22**	**1**
Composite Health and Well-Being Index	**12**	**4**

See Appendix II for a detailed description of the methodology and sources used for the indices presented here.

* The national rankings are of a possible 51, referring to the 50 states and the District of Columbia except for the Political Participation indicators, which do not include the District of Columbia. The regional rankings are of a maximum of seven and refer to the states in the West North Central Region (IA, KS, MN, MO, NE, ND, SD).

Calculated by the Institute for Women's Policy Research.

Chart I. Panel B.
Criteria for Grading and Minnesota's Grades

Index	Criteria for a Grade of "A"	Grade, Minnesota	Highest Grade, U.S.
Composite Political Participation Index		**B**	**B**
Women's Voter Registration	Women's Voter Registration, Best State (91.2%)		
Women's Voter Turnout	Women's Voter Turnout, Best State (72.5%)		
Women in Elected Office Composite Index	50 Percent of Elected Positions Held by Women		
Women's Institutional Resources	Commission for Women and a Women's Legislative Caucus in Each House of State Legislature		
Composite Employment and Earnings Index		**B**	**B+**
Women's Median Annual Earnings	Men's Median Annual Earnings, United States ($34,532)		
Ratio of Women's to Men's Earnings	Women Earn 100 Percent of Men's Earnings		
Women's Labor Force Participation	Men's Labor Force Participation, United States (74.9%)		
Women in Managerial and Professional Occupations	Women in Managerial and Professional Occupations, Best State (46.3%)		
Composite Economic Autonomy Index		**B-**	**B+**
Percent with Health Insurance	Percent with Health Insurance, Best State (91.9%)		
Educational Attainment	Men's Educational Attainment (percent with four years or more of college, United States; 24.0%)		
Women's Business Ownership	50 Percent of Businesses Owned by Women		
Percent of Women Above Poverty	Percent of Men Above Poverty, Best State (91.5%)		
Composite Reproductive Rights Index	Presence of All Relevant Policies and Resources (see Chart VI, Panel B)	**C**	**A-**
Composite Health and Well-Being Index	Best State or Goals Set by Healthy People 2010 (U.S. Department of Health and Human Services) for All Relevant Indicators (see Appendix II for details)	**B**	**A-**

See Appendix II for a detailed description of the methodology and sources for the indices and grades presented here.
Compiled by the Institute for Women's Policy Research.

women's status compared with goals set for women's ideal status, Minnesota earns the grades of B in political participation, B in employment and earnings, B in health and well-being, and B- in economic autonomy. The state receives a C for reproductive rights (see Chart I, Panel B).

Minnesota's rankings and grades for each of the composite indices were calculated by combining data on several indicators of women's status in each of the five areas. These data were used to compare women in Minnesota with women in each of the 50 states and the District of Columbia. In addition, they were used to evaluate women's status in the state in comparison with women's ideal status (for more information on the methodology for the composite indices and grades, see Appendix II).

Minnesota joins Iowa, Kansas, Missouri, Nebraska, North Dakota, and South Dakota as part of the West North Central census region. Among these seven states, Minnesota leads the region for every index except the health and well-being index, for which it ranks fourth.

Women in Minnesota have unusually high labor force participation rates, especially among mothers of young children. Minnesota also has very high levels of voter registration and turnout among both women and men. Minnesota women are less diverse than women nationally, with fewer African Americans, Hispanics, Asian Americans and immigrants, but Minnesota does have a higher proportion of Native Americans than the nation as a whole. However, immigrant populations have been increasing in recent years in Minnesota, particularly in the twin cities. The patterns of family structure in Minnesota diverge from the national average, with a higher proportion of married-couple families and a lower proportion of female-headed families (see Appendix I for further details). Finally, Minnesota's proportion of women living in metropolitan areas is substantially lower than in the nation as a whole (69.2 percent compared with 83.1 percent). Differences among urban and rural women may affect their access to political and economic resources in a variety of ways not measured in this report.

Political Participation

Because Minnesota has relatively high rankings on each of the indicators in the political participation composite index, its ranking on this index is also relatively high, at fourth out of 50. Minnesota women's voter registration and turnout rates are near the top for all states, at third and second in the nation, and the state's rank for women in elected office is in the top third, at 13th in the nation. Despite this relatively high rank, however, Minnesota's women do not hold a proportional number of elected offices. Minnesota has no women among its congressional delegation, for example, and less than a third of the state legislature is made up of women. As a result, the state receives a grade of B on the political participation composite index.

Employment and Earnings

Minnesota's ranking on the employment and earnings composite index (seventh) encompasses a wide range of rankings on the indicators included in it. Minnesota women lead the nation in terms of labor force participation. The state also has a relatively high number of women in managerial and professional occupations, at fifth in the nation. On the other hand, while women's median earnings are relatively high (11th), the ratio of their earnings to men's ranks relatively low, at only 24th in the nation. This lack of equity in wages contributes to an overall grade of B for employment and earnings, indicating that the state can still make important strides in promoting women's equity in the labor market.

In addition, in Minnesota a very large proportion, about 72 percent, of women with children under six years of age is currently participating in the workforce. Minnesota's parents thus increasingly need adequate and affordable child care, a policy demand not yet adequately addressed in Minnesota or the United States as a whole. In an economic era when all able or available parents must work for pay to support their children, public policies lag far behind reality.

Economic Autonomy

With high levels of health insurance coverage and relatively low levels of poverty among women, Minnesota ranks twelfth in IWPR's composite index of economic autonomy. At 15th in the United States, women in Minnesota are much more likely than women in the country as a whole to have a college education. Despite the state's affluence, however, about 38.7 percent of single females with children are living in poverty. Minnesota also ranks only slightly above average for women's business ownership. Minnesota's room for improvement is reflected in its grade of B- for this composite index.

Reproductive Rights

Minnesota women have some of the reproductive rights and resources identified as important, but they lack others, and as a result the state ranked near the middle of all states, at 22nd, on this measure. Minnesota allows public funding to be used for abortion services and does not require a waiting period before an abortion. However, Minnesota still lacks a few important reproductive rights and

resources: for example, minors are required to notify both parents before having an abortion, and many women in Minnesota lack access to a local abortion provider. Only 43 percent of women in the state live in counties with a provider, compared with 68 percent in the nation as a whole, and many rural counties have no provider at all. In addition, Minnesota does not require sex education, an important resource for teenage girls and boys. Thus like most states, Minnesota could provide more guarantees of women's reproductive choice. The state's performance for women's reproductive rights and resources earns Minnesota a grade of C on this index.

Health and Well-Being

At twelfth in the nation, women in Minnesota have fairly good health status when compared with women in other states. The state's mortality rates from heart disease, lung cancer and suicide, as well as its rates of chlamydia infection, are all relatively low and earn Minnesota a ranking in the top third for all states for those indicators. In contrast, the state ranks near the middle of all states for indicators of mortality from breast cancer, incidence of diabetes and AIDS, and women's mental health, and is in the bottom third for women's activities limitations due to health. Thus the state earns a grade of B on the health and well-being composite index.

Conclusion

Minnesota illustrates both the advances and limited progress achieved by women in the United States. While women in Minnesota and the United States as a whole are seeing important changes in their lives and in their access to political, economic and social rights, they by no means enjoy equality with men, and they still lack many of the legal guarantees that would allow them to achieve that equality. Women in Minnesota and the nation as a whole would benefit from stronger enforcement of equal opportunity laws, better political representation, adequate and affordable child care, and other policies that would help improve their status.

Women's Resources and Rights Checklist

The Fourth World Conference on Women, held in Beijing in September 1995, heightened awareness of women's status around the world and pointed to the importance of government action and public policy for the well-being of women. At the conference, representatives of 189 countries, including the United States, unanimously adopted the Beijing Declaration and Platform for Action, which pledged their governments to action on behalf of women. The Platform for Action outlines critical issues of concern to women and remaining obstacles to women's advancement.

In the United States, the President's Interagency Council on Women continues to follow up on U.S. commitments made at the Fourth World Conference on Women. According to the Council (2000), many of the laws, policies and programs that already exist in the United States meet the goals of the Platform for Action and support the rights of women identified in the Platform. Women in the United States enjoy access to relatively high levels of resources and gender equality compared with women around the world. In some areas, however, the United States and many individual states have an opportunity to better support women's rights.

Chart II, the Women's Resources and Rights Checklist, provides an overview of the policies supporting women's rights and the resources available to women in Minnesota. This list derives from ideas presented in the Platform for Action, including the need for policies that help prevent violence against women, promote women's economic equality, alleviate poverty among women, improve their physical, mental, and reproductive health and well-being, and enhance their political power. The rights and resources outlined in the Women's Resources and Rights Checklist fall under several categories: protection from violence, access to income support (through welfare and child support collection), women-friendly employment protections, legislation protecting sexual minorities, reproductive rights, and institutional representation of women's concerns.

Many of the rights and resources presented in Chart II can be affected by state policy decisions (see Appendix III for detailed explanations of the indicators). As a result, the Women's Resources and Rights Checklist provides a measure of Minnesota's commitment to policies designed to help women achieve economic, political, and social well-being. In Minnesota, women enjoy many of the rights identified with women's well-being, although they lack others. The state receives a total score of 14 out of 28 possible measures presented in the Women's Resources and Rights Checklist.

Violence Against Women

Minnesota has adopted some of the policies and provisions identified in this report that can help curtail violence and protect victims, but it lacks others. The state has adopted domestic assault laws that supplement its general assault statutes. Creating a separate offense for domestic assault allows enhanced penalties for repeat offenders and equal treatment for victims of domestic violence, since victims of domestic violence are often treated less seriously than victims of other kinds of assault (Miller, 1999a). A total of 30 states have adopted this type of law. Minnesota also requires domestic violence training among new police recruits to ensure that police are aware of state laws, the prevalence and significance of domestic violence, and the resources available to victims (Miller, 1999a). Thirty-one states and the District of Columbia require domestic violence training by statute.

In addition to domestic violence, many states also have provisions related to crimes such as stalking, harassment, and sexual assault. In ten states, a first stalking offense is considered a felony, while in 23 others stalking can be classified as either a felony or

Chart II.
Women's Resources and Rights Checklist

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Violence Against Women				
Is domestic violence a separate criminal offense in Minnesota?	✓			30
Does Minnesota law require domestic violence training of new police recruits?	✓			32
Domestic violence and sexual assault spending per person:			$1.78	$1.34
Is a first stalking offense a felony in Minnesota?			Felony or misdemeanor	10
Does Minnesota law require sexual assault training for police and prosecutors?		✓		10
Child Support				
Percent of single-mother households receiving child support or alimony:			35%	34%
Percent of child support cases with orders for collection in which support was collected:			54.8%	39.2%
Welfare Policies				
Does Minnesota extend TANF benefits to children born or conceived while a mother is on welfare?	✓			27
Does Minnesota allow receipt of TANF benefits up to or beyond the 60-month federal time limit?	✓		60-month limit	30
Does Minnesota allow welfare recipients at least 24 months before requiring participation in work activities?[1]		✓	Immediate	23
Does Minnesota provide transitional child care under TANF for more than 12 months?[2]		✓	12 months	33
Has Minnesota's TANF plan been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence?	✓		Certified	40
In determining welfare eligibility, does Minnesota disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job?		✓		25
Average TANF benefit in Minnesota, 1997-98:			N/A[3]	$358.08
Employment/Unemployment Benefits				
Is Minnesota's minimum wage higher than the federal level as of March 2000?[4]		✓		11
Does Minnesota have mandatory temporary disability insurance?		✓		5
Does Minnesota provide Unemployment Insurance benefits to:				
Low-wage workers?		✓		12
Workers seeking part-time jobs?		✓		9
Workers who leave their jobs for certain circumstances ("good cause quits")?	✓			23

Chart II continued

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
As of July 2000, has Minnesota proposed policies allowing workers to use Unemployment Insurance for paid family leave?	✓			0 Enacted; 13 Proposed
Has Minnesota implemented adjustments to achieve pay equity in its state civil service?	✓			20
Sexual Orientation and Gender Identity				
Does Minnesota have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity?	✓			19
Does Minnesota have a Hate Crimes law covering sexual orientation?	✓			24
Has Minnesota avoided adopting a ban on same-sex marriage?		✓		20
Reproductive Rights				
Does Minnesota allow access to abortion services:				
Without mandatory parental consent or notification?		✓		9
Without a waiting period?	✓			33
Does Minnesota provide public funding for abortions under any or most circumstances if a woman is eligible?	✓			15
Does Minnesota require health insurers to provide comprehensive coverage for contraceptives?[5]		✓	Partial	11
Does Minnesota require health insurers to provide coverage of infertility treatments?		✓		10
Does Minnesota allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?[6]	✓		Lower court	21
Does Minnesota require schools to provide sex education?		✓		18
Institutional Resources				
Does Minnesota have a Commission for Women?	✓			39
Total Policies[7]	**14**	**13**		**28 possible**

See Appendix III for a detailed description and sources for the items on this checklist.

[1] Minnesota requires two-parent families to work immediately. Counties have the option to require single parents to work sooner than six months.

[2] Minnesota extends its one-year eligibility period for transitional child care if families remain eligible for but cannot utilize the state's program for all low-income families due to waiting lists.

[3] Minnesota did not report these data to the Department of Health and Human Services Administration for Children and Families for Fiscal Year 1998, but the maximum monthly benefit level for a family of three with two children is $536.00, compared with a national average of $410.73.

[4] As of September 1, 1997, the federal minimum hourly wage was increased to $5.15. In Minnesota, large employers (with more than $500,000 in annual receipts) must pay a minimum wage of $5.15, while small employers must pay only $4.90. In most cases, however, the federal minimum wage overrides the state minimum wage.

[5] Minnesota requires coverage by private insurers of all prescription drugs, including contraceptive drugs.

[6] Most states that allow such adoptions do so as the result of court decisions. In Minnesota, a lower-level court has ruled in favor of second-parent adoption.

[7] Policies in the "yes" and "no" columns do not add up to 28 because some of Minnesota's policies have mixed evaluations and thus fall in the "other" column.

Compiled by the Institute for Women's Policy Research.

a misdemeanor, depending on circumstances such as use of a weapon or prior convictions. Straight felony status is considered preferable because it usually leads to quicker arrest, since otherwise police must investigate the level of seriousness of the stalking in determining probable cause (U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998). In Minnesota, stalking can either be a felony or a misdemeanor. In addition, ten states have provisions requiring training on sexual assault for police and prosecutors. Minnesota is not one of those states.

In fiscal year 1994-95, Minnesota administered $1.78 per person of federal and state funds for domestic violence and sexual assault programs, substantially above the U.S. average of $1.34. Of these funds, 10 percent came from the federal government, while the remaining 90 percent was provided by the state. Of federal funds, 56 percent was spent on domestic violence programs and 44 percent was spent on sexual assault programs. Of state funds, 74 percent was spent on domestic violence programs and 26 percent was spent on sexual assault programs. Investing in programs to decrease the prevalence of domestic battery and sexual assault, as well as to provide services to victims, is important to reducing both types of crimes and to helping victims rebuild their lives.

Child Support

Many mother-headed households experience low wages and poverty, and child support or alimony is one way to supplement their depressed incomes. In the United States, approximately 34 percent of female-headed households receive some level of child support or alimony. In Minnesota, an only slightly higher proportion, 35 percent, receive such support.

According to the U.S. Department of Health and Human Services Office of Child Support Enforcement, 55 percent of all child support cases that go to trial are granted a support order by a judge. However, child support is collected in only 39.2 percent of cases with orders (or about 22 percent of all child support cases). The enforcement efforts made by state and local agencies can affect the extent of collections (Gershenzon, 1993). Of all child support cases with orders for collection in Minnesota, child support was collected in 54.8 percent. This proportion is substantially above the average for the United States as a whole. IWPR research shows that child support can make a substantial difference in low-income families' lives by lifting many out of poverty. Among nonwelfare, low-income families with child support agreements, poverty rates would increase by more than 30 percent without their child support income (IWPR, 1999).

Welfare Policies

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) enacted the most sweeping changes to the federal welfare system since it was established in the 1930s. PRWORA ended entitlements to federal cash assistance, replacing the Aid to Families with Dependent Children (AFDC) program with the Temporary Assistance for Needy Families (TANF) program. Where AFDC provided minimal guaranteed income support for all eligible families (most frequently those headed by low-income single mothers), TANF benefits are restricted to a five-year lifetime limit and are contingent on work participation after 24 months. TANF funds are distributed to states in the form of block grants, and states are free to devise their own eligibility rules, participation requirements and sanction policies within the federal restrictions.

Within federal restrictions, states have adopted widely divergent TANF plans, and the provisions of their welfare programs can have important ramifications on the economic security of low-income residents, the majority of whom are women and children. These policies affect the ability of welfare recipients to receive training and education for better-paying jobs, to leave family situations involving domestic violence and other circumstances, and simply to support their families during times of economic hardship. Given existing federal restrictions, Minnesota has adopted some TANF policies that are relatively supportive of women, but several others are relatively punitive.

Minnesota extends TANF benefits to children born or conceived while a mother receives welfare. As of August 1999, 24 states have Child Exclusion policies, or "Family Caps," which do not extend benefits to these children. Of these states, two have a modified Family Cap and therefore give partial increases in benefits for additional children. Twenty-six states and the District of Columbia do not have any kind of Family Cap (U.S. Department of Health and Human Services, Administration for Children and Families, 1999d).

Minnesota's time limits on receiving TANF are the maximum they can be under federal regulations. In Minnesota, recipients are limited to 60 months, while the average for all states is just over 46 months. Twenty-seven states and the District of Columbia have a time limit of 60 months (the maximum allowed under federal law). Nineteen other states report lifetime time limits of less than 60 months. Four states have no lifetime limits for individuals complying with TANF requirements. Of these four, two supplement federal funds with state monies, and two have other kinds of restrictions on receipt after 24 months (U.S. Department of Health and Human Services, Administration for Children and Families, 1999d).

Federal law requires nonexempt residents to participate in work activities within two years of receiving cash assistance. States have the option of establishing stricter guidelines, and many have elected to do so. In 20 states, nonexempt recipients are required to engage in work activities immediately under TANF. Six states have work requirements within less than 24 months. Twenty-two states and the District of Columbia require recipients to work within 24 months or when determined able to work, whichever comes first. In one state, Arizona, work requirements are evaluated on an individual basis (U.S. Department of Health and Human Services, Administration for Children and Families, 1999d). Welfare recipients in Minnesota have to begin work immediately upon receiving welfare benefits. However, two counties in Minnesota have adopted a state option extending the time period before work for single-parent recipients to within six months of receiving benefits. Still, relatively strict work requirements such as Minnesota's do not allow many welfare recipients time to upgrade their skills through training or education and thereby to expand their access to better paying jobs. The state's failure to invest in women's capacity to support themselves may doom them to a lifetime of low earnings.

PRWORA also replaced former child care entitlements with the Child Care and Development Fund, which consolidated funding streams for child care and provided new child care funds to states. This new system requires that states use no less than 70 percent of the new funds to provide child care assistance to several types of families: those receiving TANF, those transitioning away from welfare through work activities, and those at risk of becoming dependent on TANF (U.S. Department of Health and Human Services, Administration for Children and Families, 1999d). In addition to these funds, many states use TANF funds or additional state funds to provide child care services. States also have substantial discretion over designing their child care programs, including how long they provide child care services to families. Currently, while all of the states provide a minimum of 12 months of child care to families transitioning away from welfare, 33 states extend child care beyond 12 months. Minnesota is one of 18 states that provide child care to these families for only 12 months (U.S. Department of Health and Human Services, Administration for Children and Families, 1999d). However, Minnesota also extends child care on a sliding scale basis to all families whose income does not exceed 75 percent of the state median income (Minnesota House, Department on Government Finance Issues, 1997). In addition, if families transitioning away from welfare are unable to utilize the Basic Sliding Fee program after their 12 months of transitional child care because of waiting lists, additional funds are available to extend child care subsidies to those families who remain eligible (Minnesota, 2000d). Expanded child care services are a crucial form of support for working families, especially single mothers, and are critical to ensuring families' self-sufficiency.

As of August 1999, 27 states and the District of Columbia were recognized by the U.S. Department of Health and Human Services, Administration for Children and Families, as having adopted the Family Violence Option, which allows victims of violence to be exempted from work requirements,

marriage. Only one state, Vermont, has expressly allowed gay and lesbian couples to take advantage of the same rights and benefits extended to married couples under state law, through the passage of a "civil union" act. Vermont's law was signed in April 2000 and allows gay and lesbian couples to claim benefits such as inheritance rights, property rights, tax advantages, and the authority to make medical decisions for a partner, once they register as a civil union.

Reproductive Rights

While indicators concerning reproductive rights and family planning resources are covered in more detail later in the report, they also represent crucial components of any list of desirable policies for women. Overall, in Minnesota, women have access to some important rights related to abortion, contraception, and other family planning resources. Minnesota women still lack some important guarantees of their reproductive freedom, however. As a result, they have restricted access to some resources for making careful, informed, and independent decisions about childbearing, which can in turn, have a significant impact on their lives and well-being and the lives and well-being of their children.

Institutional Resources

Finally, since Minnesota women have a state commission for women, they have one form of representation that can help to create more women-friendly policies in their state (see the section on Political Participation for more details). A total of 39 states currently have state-level commissions for women.

Conclusion

In order for women in Minnesota to achieve more equality and greater well-being, the state should adopt the policies it still lacks from the Women's Resources and Rights Checklist. Although this list does not encompass all the policies necessary to guarantee equality, it represents a sample of exemplary women-friendly provisions. Each of the policies also reflects the goals of the Beijing Declaration and Platform for Action by addressing issues of concern to women and obstacles to women's equality. Thus these rights and resources are important for improving women's lives and the well-being of their families.

Political Participation

Political participation allows women to influence the policies that affect their lives. By voting, running for office, and taking advantage of other avenues for participation, women can make their concerns, experiences and priorities visible in policy decisions. Recognizing the lack of equity in political participation and leadership throughout the world, the Beijing Declaration and Platform for Action cites ensuring women equal access to avenues for participation and decision-making as a major objective. This section presents data on several aspects of women's involvement in the political process in Minnesota: voter registration and turnout, female state and federal elected and appointed representation, and women's state institutional resources.

Over the past few decades, a growing gender gap in attitudes among voters—the tendency for women and men to vote differently—suggests that women's political preferences at times differ from men's (Conway, Steuernagel and Ahern, 1997). Women, for example, tend to support funding for social services and child care as well as measures combating violence against women more than men do. Many women also stress the importance of issues like education, health care and reproductive rights. Because women are often primary care providers in families, these issues can affect women's lives profoundly.

Political participation allows women to demand that policymakers address these and other priorities. Voting is one way for them to express their concerns. Women's representation in political office also gives them a more prominent voice. In fact, regardless of party affiliation, female officeholders are more likely than male ones to support women's agendas (Center for American Women and Politics [CAWP], 1991). In addition, legislatures with larger proportions of female elected officials tend to address women's issues more often and more seriously than those with fewer female representatives

Chart III.
Political Participation: National and Regional Ranks

Indicators	National Rank* (of 50)	Regional Rank* (of 7)	Grade
Composite Political Participation Index	**4**	**1**	**B**
Women's Voter Registration (percent of women 18 and older who reported being registered to vote in 1992 and 1996)[a]	3	2	
Women's Voter Turnout (percent of women 18 and older who reported voting in 1992 and 1996)[a]	2	1	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2000)[b, c, d]	13	2	
Women's Institutional Resources (number of institutional resources for women in Minnesota, 2000)[e, f]	21	3	

See Appendix II for methodology.

* The national rank is of a possible 50, because the District of Columbia is not included in this ranking. The regional rankings are of a maximum of seven and refer to the states in the West North Central Region (IA, KS, MN, MO, NE, ND, SD).

Source: [a] U.S. Department of Commerce, Bureau of the Census, 1993, 1998b; [b] CAWP, 1999a, 1999c, 1999d, 1999e; [c] Council of State Governments, 1998; [d] Compiled by IWPR based on Center for Policy Alternatives, 1995; [e] CAWP, 1998; [f] Compiled by IWPR based on National Association of Commissions on Women, 1997.

Calculated by the Institute for Women's Policy Research.

(Dodson, 1991; Thomas, 1994). Finally, representation through institutions such as women's commissions or women's legislative caucuses can both provide ongoing channels for expressing women's concerns and make policymakers more accessible to women, especially when those institutions work closely with women's organizations (Stetson and Mazur, 1995).

Overall, women in Minnesota fare relatively well when compared with women in the United States as a whole. At fourth, the state ranks among the top five on the political participation composite index and in the top third for all but one of the component indicators in this index. It ranks very high on women's voter registration and turnout, at third and second in the nation, respectively. Its rankings drop somewhat, to 13th in the nation, for women in elected office. On the other hand, Minnesota is only slightly above the midpoint for all states, 21st, for women's institutional resources (see Chart III). Within its region, Minnesota ranks first for women's voter turnout, second for voter registration and women in elected office, and third for women's institutional resources.

Even though women in Minnesota enjoy a higher political status than women in many other states, the state still has room for improvement in including women in the policymaking process. Most obviously, substantially fewer than half of all national and state elected officials are women. The state has no women among its congressional delegation, and less than a third of the state legislature is made up of women. Since, like most states, Minnesota could improve significantly on most indicators of political participation, the state received only a B on the political participation composite index. Women throughout the country and in Minnesota need better representation within the political process.

Voter Registration and Turnout

Voting is one of the most fundamental ways Americans express their political needs and interests. Through voting, citizens choose leaders to represent them and their concerns. Recognizing this, early women's movements made suffrage one of their first goals. Ratified in 1920, the Nineteenth Amendment established U.S. women's right to vote, and in November of that year, about eight million

Table 1.
Voter Registration for Women and Men in Minnesota and the United States

	Minnesota		United States	
	Percent	Number	Percent	Number
1996 Voter Registration*[a]				
Women	81.9	1,381,000	67.3	67,989,000
Men	74.8	1,263,000	64.4	59,672,000
1992 Voter Registration*[b]				
Women	85.5	1,471,000	69.3	67,324,000
Men	86.9	1,318,000	66.9	59,254,000
Number of Unregistered Women Eligible to Vote, 1996[c]	N/A	211,000	N/A	23,775,000
Percent and Number of Public Assistance Recipients Registered under the National Voter Registration Act, 1996[c]	N/A†	N/A†	14.1	1,312,000

* Percent of all women and men aged 18 and older who reported registering, based on data from the 1993 and 1997 November Supplements of the Current Population Survey. These data are self-reports and tendto overstate actual voter registration.

† Minnesota is exempt from the National Voter Registration Act.

Source: [a] U.S. Department of Commerce, Bureau of the Census, 1998b; [b] U.S. Department of Commerce, Bureau of the Census, 1993; [c] HumanSERVE, 1996.

Compiled by the Institute for Women's Policy Research.

out of 51.8 million women voted for the first time (National Women's Political Caucus, 1995). African American and other minority women, however, were denied the right to vote in many states until the Voting Rights Act of 1965 was passed. But even after women of all races were able to exercise their right to vote, many candidates and political observers did not take women voters seriously. Instead, they assumed women would either ignore politics or simply vote like their fathers or husbands (Carroll and Zerrilli, 1993).

Neither prediction came true. Women now register and vote slightly more often than men. By 1996, almost 68 million women, or 67.3 percent of those eligible, reported being registered to vote, compared with nearly 60 million or 64.4 percent of eligible men (see Table 1). Minnesota's voter registration rates are generally much higher for both men and women than national rates. In Minnesota, 81.9 percent of women and 74.8 percent of men reported being registered to vote in the November 1996 elections. Unlike women in most states, Minnesota women registered to vote at rates slightly lower than men in 1992 (but much higher in 1996). In 1992, 85.5 percent of eligible women and 86.9 percent of eligible men were registered to vote in Minnesota.

Women have constituted a majority of U.S. voters since 1964. In 1996, 53 percent of voters were women while in 1992, 56 percent were. Overall, compared with other Western democracies, voter turnout is relatively low for both sexes in the United States. Minnesota has much higher voter turnout than the nation as a whole. In 1992, 73.1 percent of Minnesota women reported voting, and 71.0 percent reported voting in 1996 (see Table 2). As a result, Minnesota ranks second among all the states and first in the West North Central region for women's voter turnout in the 1992 and 1996 elections combined. Notably, voter turnout dropped substantially for both sexes in the nation as a whole between 1992 and 1996. Although Minnesota women's turnout fell somewhat in 1996, it did so at much slower rates than those for men in Minnesota and for women and men in the nation as a whole. While women's voter turnout dropped by 2.1 percentage points from 1992 to 1996, men's turnout fell by 12.6 percentage points. As a result, while women's voter turnout was lower than men's in 1992, at 73.1 percent and 75.5 percent respectively, women's voter turnout surpassed men's in 1996.

Minority men and women in the United States generally vote at lower rates than white men and women. In 1996, 54.8 percent of white men and 57.2 percent of white women voted, compared with 46.6 percent of African American men, 53.9 percent of African American women, 24.2 percent of Hispanic men, and 29.3 percent of Hispanic women. Separate data for minority men and women are not available at the state level. However, in Minnesota, 68.1 percent of all whites voted in 1996 (data not shown; U.S. Department of Commerce, Bureau of the Census, 1998b). Although data for other racial

Table 2.
Women's and Men's Voter Turnout in Minnesota and the United States

	Minnesota		United States	
	Percent	Number	Percent	Number
1996 Voter Turnout*[a]				
Women	71.0	1,197,000	55.5	56,108,000
Men	62.9	1,062,000	52.8	48,909,000
1992 Voter Turnout*[b]				
Women	73.1	1,258,000	62.3	60,554,000
Men	75.5	1,145,000	60.2	53,312,000

* Percent of all women and men aged 18 and older who reported voting, based on data from the 1993 and 1997 November Supplements of the Current Population Survey. These data are self-reports and tend to overstate actual voter turnout.

Source: [a] U.S. Department of Commerce, Bureau of the Census, 1998b; [b] U.S. Department of Commerce, Bureau of the Census, 1993.

Compiled by the Institute for Women's Policy Research.

and ethnic groups are not available, the total rate for voters of all races was 66.9 percent in 1996, indicating that other groups must have voted at slightly lower rates that year.

Over the years, most states in the United States have developed relatively complicated systems of voter registration. Voting has typically required advance registration in a few specified locations, and this system is historically a major cause of low U.S. voting rates (Wolfinger and Rosenstone, 1980). Two groups most underserved by it are the poor and persons with disabilities. Voting itself is more difficult for people with disabilities because of problems such as inadequate transportation to the polls.

Effective as of January 1995, the National Voter Registration Act (NVRA) required states to allow citizens to register to vote when receiving or renewing a driver's license or applying for AFDC, Food Stamps, Medicaid, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and disability services. Under the new welfare system, applicants for TANF and related programs continue to have the opportunity to register to vote when seeking welfare benefits. By 1996, the NVRA successfully enrolled or updated voting addresses for over eleven million people, including 1.3 million through public assistance agencies (see Table 1). As of 1996, 14.1 percent of eligible public assistance recipients were registered to vote through public assistance offices. Minnesota, however, is exempt from the NVRA because the state provides same-day, on-site registration to voters (Minnesota, 1999). Of the nearly 24 million eligible women who remain unregistered in the United States, approximately 211,000 live in Minnesota.

Elected Officials

Although women constitute a minority of elected officials at both the national and state levels, their presence has grown steadily over the years. As more women hold office, women's issues are also becoming more prominent in legislative agendas (Thomas, 1994). Nine women served in the 1999-2000 U.S. Senate (106th Congress). Women also filled 56 of the 435 seats in the 106th U.S. House of Representatives (not including Eleanor Holmes Norton, the nonvoting delegate from the District of

Table 3.
Women in Elected and Appointed Office in Minnesota and the United States, 2000

	Minnesota	United States
Number of Women in Statewide Executive Elected Office[a, b]	4	91
Women of Color[c]	0	6
Number of Women in the U.S. Congress		
U.S. Senate[d]	0 of 2	9 of 100
Women of Color[c]	0	0
U.S. House[e]	0 of 8	56 of 435
Women of Color[c]	0	20
Number of Women Running for the U.S. Congress, 1998 *[f, g]		
U.S. Senate	0 of 0**	10 of 79
U.S. House	1 of 21	121 of 779
Percent of State Legislators Who Are Women[h]	28.4%	22.4%
Percent of Women in Appointed Office[i]	38.7%	29.8%

* These figures refer to candidates running for congresssional seats in the general election and exclude those running in primaries.

** Minnesota had no Senate election in 1998.

Source: [a] CAWP, 1999a; [b] Council of State Governments, 1998; [c] CAWP, 1999f; [d] CAWP, 1999e; [e] CAWP, 1999d; [f] CAWP, 1999f; [g] Federal Election Commission, 1998a, 1998b; [h] CAWP, 1999c; [i] Center for Women in Government, 1998.

Compiled by the Institute for Women's Policy Research.

Columbia, and Donna Christian-Green, the nonvoting delegate from the Virgin Islands). Women of color filled only 20 House seats and no Senate seats, and only one openly lesbian woman served in Congress. Women from Minnesota filled no seats in the U.S. House and no seats in the U.S. Senate, leading to representation rates well below the national average (see Table 3).

At the state level in Minnesota, women held four elected executive offices: lieutenant governor, secretary of state, state treasurer, and state auditor. This number of women in executive office leads to a rate well above the national average. However, no women of color serve in statewide elected office. Women's proportion of the state legislature is also somewhat higher than the low national average, as women make up 28.4 percent of the legislature, compared with 22.4 percent for the nation as a whole. Finally, as of October 1999, women constituted 38.7 percent of top-level public appointees with policymaking responsibility who were appointed by the current governor in Minnesota, much higher than the 29.8 percent in the nation as a whole.

Based on Minnesota's proportion of women in elected office, the state ranks 13th in the nation and second among the seven states of the West North Central region on this component of the political participation index. Its relatively high ranking despite proportionately low levels of women's representation illustrates the lack of political power women have attained by winning elected office in the country as a whole.

Research on women as political candidates suggests that they generally win elected office at similar rates to men, but far fewer women run for office (National Women's Political Caucus, 1994). In 1998, 121 women out of 779 total candidates (15.5 percent) ran for office in the U.S. House of Representatives, while ten women of 79 total candidates (12.7 percent) ran for office in the U.S. Senate. In Minnesota, only one woman ran for any of the state's eight house seats in the 1998 general elections, from a field of 21 total candidates (CAWP, 1999b; FEC 1998a, 1998b). Minnesota had no Senatorial election in 1998. Thus Minnesota's proportion of women running for Congress was extremely low, at 4.7 percent.

For women to win their proportionate share of political offices in the near term, the number and percentage of seats they hold must increase much more quickly than they did during the 1990s. Policies and practices that might encourage women to run for office—including those that would help them challenge incumbents—can be integral to increasing women's political voice (Burrell, 1994). Such policies include campaign finance reform, recruitment of female candidates by political parties, and fair and equal media treatment for male and female candidates.

Institutional Resources

Women's institutional resources can play an important role in providing information about women's issues and attracting the attention of policymakers and the public to women's political concerns. They can also serve as an access point for women and women's groups to express their interests to public officials. Thus such institutions can ensure that women's issues remain on the political agenda. Minnesota has a state-level, government-appointed

Table 4.
Institutional Resources for Women in Minnesota

	Yes	No	Total, United States
Does Minnesota have a:			
Commission for Women?[a]	✓		39
Legislative Caucus in the State Legislature?[b]	Partisan		34
Assembly?			
Senate?			

Source: [a] Compiled by IWPR, based on National Association of Commissions on Women, 1997; [b] CAWP, 1998. Compiled by the Institute for Women's Policy Research.

commission for women, the Legislative Commission on the Economic Status of Women. It also has a party-affiliated women's caucus in the state legislature, although it lacks a formal bipartisan caucus (see Table 4). In the country as a whole, 39 states have state-level commissions for women and 34 have women's caucuses. Fifteen states have both a commission for women and caucuses in each house of the state legislature.

Employment and Earnings

Because earnings are the largest component of income for most families, earnings and economic well-being are closely linked. Noting the historic and ongoing inequities between women's and men's economic status, the Beijing Declaration and Platform for Action stresses the need to promote women's economic rights. Its recommendations include improving women's access to employment, eliminating occupational segregation and employment discrimination, and helping men and women balance work and family responsibilities. This section surveys several aspects of women's economic status by examining the following topics: women's earnings, the female/male earnings ratio, women's earnings by educational attainment, labor force participation, unemployment rates, and the industries and occupations in which women work.

Families often rely on women's earnings to remain out of poverty (Cancian, Danziger and Gottschalk, 1993; Spalter-Roth, Hartmann and Andrews, 1990). Moreover, women's employment status and earnings have grown in importance for the overall well-being of women and their families as demographic and economic changes have occurred. Men, for example, experienced stagnant or negative real wage growth during the 1980s and the early portion of the 1990s. At the same time, more married-couple families now rely on both husbands' and wives' earnings to survive. In addition, more women head households alone, and more women are in the labor force.

Women in Minnesota ranked seventh in the nation and first in the West North Central region on the earnings and employment composite index (see

Chart IV.
Employment and Earnings: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 7)	Grade
Composite Employment and Earnings Index	**7**	**1**	**B**
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 1997)[a]	11	1	
Ratio of Women's to Men's Earnings (median annual earnings of full-time, year-round women and men workers aged 16 and older, 1997)[a]	24	3	
Women's Labor Force Participation (percent of all women, aged 16 and older, in the civilian non-institutional population who are either employed or looking for work, 1998)[b]	1	1	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1998)[b]	5	1	

See Appendix II for methodology.

* The national rank is out of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of seven and refer to the states in the West North Central Region (IA, KS, MN, MO, NE, ND, SD).

Source: [a] Economic Policy Institute, 2000; [b] U.S. Department of Labor, Bureau of Labor Statistics, 1999c.
Calculated by the Institute for Women's Policy Research.

Chart IV). Women in the state earn more than women in most of the country (the state is ranked eleventh for women's earnings), and they are much more likely to work in managerial and professional occupations (at fifth). They are also more likely to participate in the labor force than women in any other state. On the other hand, women in Minnesota have not achieved equality with men, as they rank only 24th on the ratio between women's and men's earnings. Regionally, women in Minnesota rank first on every indicator of employment and earnings except the wage ratio, where they rank third.

Despite its high rankings, women in Minnesota do not enjoy economic parity with men. Like women in most states, they continue to lag significantly behind men in their wages and labor force participation, and the state could take more steps to guarantee equality. In fact, despite relatively high earnings, women have significantly lower earnings compared with the state's men than women in other states. As a result, Minnesota received a grade of B on the employment and earnings index.

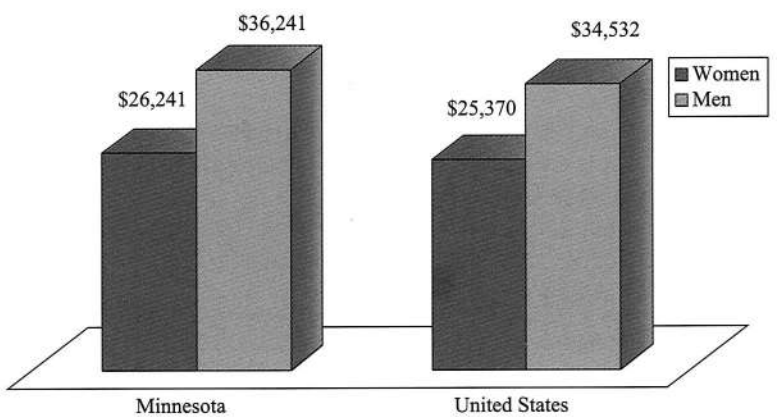
Women's Earnings

Minnesota women working full-time, year-round have somewhat higher median annual earnings than women in the United States as a whole ($26,241 and $25,370, respectively; see Figure 1). Similarly, median annual earnings for men in Minnesota are higher than for the United States as a whole ($36,241 and $34,532, respectively). Minnesota ranks first in the West North Central region and eleventh in the nation for women's median annual earnings. Women in the District of Columbia rank the highest with earnings of $30,495.

Between 1989 and 1997, women in Minnesota saw their median annual earnings increase by 4.8 percent in real terms, a rate of growth that within the West North Central region was behind that of all the other states. South Dakota and Iowa led the region in the growth of women's median annual earnings, with increases of 12.5 percent and 9.4 percent, respectively (all growth rates are calculated for earnings that have been adjusted to remove the effects of inflation; EPI, 2000; IWPR, 1995a).

Unfortunately, the data set used to estimate state-level women's earnings does not provide enough cases to reliably estimate earnings separately for women of different races and ethnicities. National data show, however, that in 1997 the median annual earnings of African American women were $22,378 and those of Hispanic women were $19,269, substantially below that of non-Hispanic white women, who earned $26,319. The earnings of Asian American women were the highest of all groups at $28,214 (median earnings of full-time, year-round women workers aged 15 years and older; U.S. Department of Commerce, Bureau of the Census,

Figure 1.
Median Annual Earnings of Women and Men Employed Full-Time/Year-Round in Minnesota and the United States, 1997 (1998 Dollars)



For women and men aged 16 and older. See Appendix II for methodology.
Source: Economic Policy Institute, 2000.
Compiled by the Institute for Women's Policy Research.

1999d; all data converted to 1998 dollars). Earnings for Native American women are not available between decennial Census years, but in 1989, their earnings for year-round, full-time work were only 84 percent of white women's earnings (U.S. Department of Commerce, Bureau of the Census, 1990).

In addition, a national survey by the Census Bureau showed that in 1994-95 the median monthly income of women with disabilities was only 80 percent of the income of women with no disability (for female full-time workers 21-64 years of age; U.S. Department of Commerce, Bureau of the Census, 1995).

High earnings levels in Minnesota may overstate differences between workers' living standards in Minnesota and other states because high earnings may be partially offset by higher costs of living. Similarly in other states, low earnings may be partially offset by a low cost of living. Cost-of-living data are not available by state, however, so no adjustments were made to state earnings data.

The Wage Gap

The Wage Gap and Women's Relative Earnings

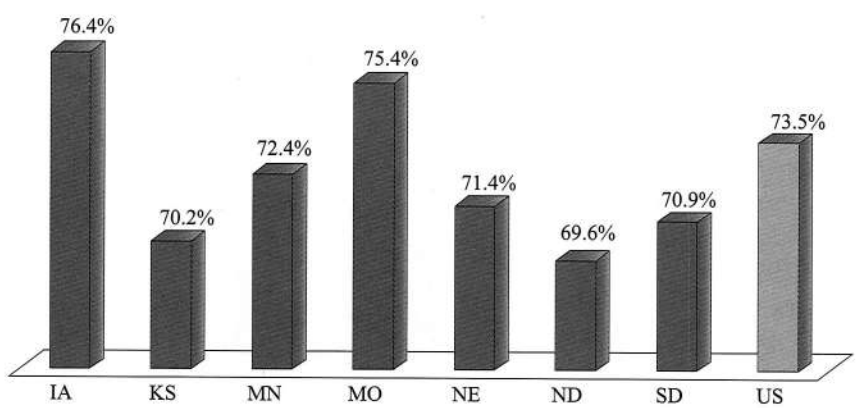
In the United States, women's wages historically lag behind men's. In 1997, the median wages of women who worked full-time, year-round were only 73.5 percent of men's (based on calculations from three years of pooled data). In other words, women earned about 74 cents for every dollar earned by men.

In Minnesota, women earned about 72.4 percent of what men earned in 1997. Therefore, compared with the earnings ratio for the nation as whole, Minnesota women experience less earnings equality with men (see Figure 2). Minnesota ranks 24th in the nation for the ratio of women's to men's earnings for full-time, year-round work (although Minnesota's wage ratio is lower than the national average, the state ranks above the midpoint because the rankings are based on the median wage gap for each state). In contrast, the District of Columbia has the highest earnings ratio at 85.7 percent. Compared with the other states in the West North Central region, Minnesota ranks third. Iowa ranks first with a 76.4 percent wage ratio, and North Dakota ranks eighth with a 69.6 percent wage ratio. Unfortunately, the wage gap remains large in Minnesota, as it does throughout the United States.

Narrowing the Wage Gap

Throughout the 1960s and 1970s, the ratio of women's earnings to men's in the United States remained fairly constant at around 60 percent. During the 1980s, however, women made progress in narrowing the gap between men's earnings and their own. Women increased their educational attainment and their time in the labor market and

Figure 2.
Ratio of Women's to Men's Full-Time/Year-Round Median Annual Earnings in States in the West North Central Region, 1997



For women and men aged 16 and older. See Appendix II for methodology.
Source: Economic Policy Institute, 2000.
Compiled by the Institute for Women's Policy Research.

entered better-paying occupations in large numbers, partly because of equal opportunity laws. At the same time, however, adverse economic trends such as declining wages in the low-wage sector of the labor market began to make it more difficult to close the gap, since women still tend to be concentrated at the low end of the earnings distribution. If women had not increased their relative skill levels and work experience as much as they did during the 1980s, those adverse trends might have led to a widening of the gap rather than the significant narrowing that did occur (Blau and Kahn, 1994).

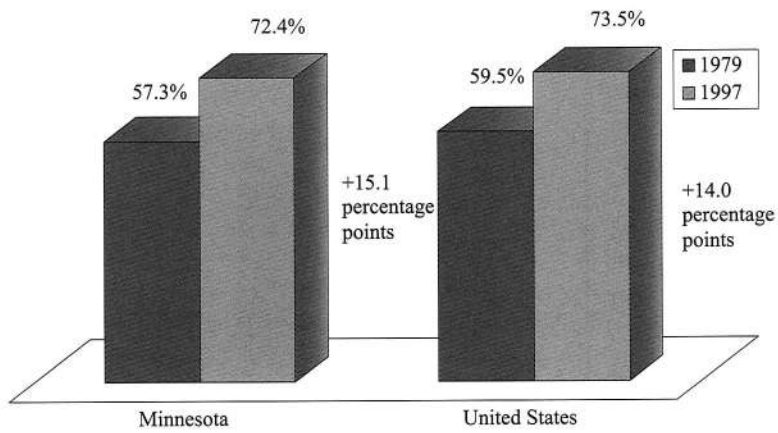
One factor that probably also helped to narrow the earnings gap between women and men is unionization. Women have increased their share of union membership, and being unionized tends to raise women's wages relatively more than men's. Recent research by IWPR found that union membership raises women's weekly wages by 38.2 percent and men's by 26.0 percent (data not shown; Hartmann, Allen and Owens, 1999). In Minnesota, the wages of all unionized women were 26.1 percent higher than those of nonunionized women. In the United States as a whole, unionized minority women earned 38.6 percent more than nonunionized ones; similar data are not available for Minnesota (Hartmann, Allen and Owens, 1999).

Unfortunately, part of the narrowing in the wage gap that occurred during the 1980s and 1990s was due to a fall in men's real earnings. According to research done by IWPR, less than half (47.8 percent) of the narrowing of the national female/male earnings gap between 1979 and 1997 was due to women's rising real earnings, while more than half (52.2 percent) was due to men's falling real earnings. The slowdown in real earnings growth for women during the later portion of this period is even more disturbing. From 1989 to 1997, more than two-thirds (71.5 percent) of the narrowing of the gap was due to the fall in men's real earnings.

Minnesota moved at a slightly faster rate than the United States as a whole in increasing women's annual earnings relative to men's between 1979 and 1997 (see Figure 3). In Minnesota, the annual earnings ratio increased by 15.1 percentage points, compared with an increase of 14.0 percentage points in the United States.

Weekly earnings data provide an interesting comparison to annual earnings figures. Unlike annual earnings data, the weekly data released by the Bureau of Labor Statistics (BLS) do not include earnings from self-employed workers, approximately 6 percent of the labor force. Thus, because they are more complete, the annual earnings statistics are used in IWPR's employment and earnings composite indicator. In 1997, women in Minnesota earned 75.2 percent of men's weekly earnings for full-time work. This figure indicates that Minnesota ranks slightly above the national median (20th in the nation) in this ratio of female-male median weekly earnings, slightly better than its ranking based on annual earnings. This difference may result because

Figure 3.
Change in the Wage Ratio between 1979[a] and 1997[b] in Minnesota and the United States



For women and men aged 16 and older. See Appendix II for methodology.
Source: [a] IWPR, 1995a; [b] Economic Policy Institute, 2000.
Compiled by the Institute for Women's Policy Research.

the gap between full-time self-employed men and women is greater than that between male and female wage workers. According to the weekly data series, the District of Columbia ranked first in the ratio of women's to men's weekly earnings at 97.1 percent (Council of Economic Advisors, 1998).

Earnings and Earnings Ratios by Educational Levels

Between 1979 and 1997, women with higher levels of education in both Minnesota and the United States saw their median annual earnings increase more than women with lower levels of educational attainment. As Table 5 shows, Minnesota experienced increases that range from 5.6 percent (in constant dollars) for women with high school diplomas but no higher education, to 17.9 percent for women with education beyond college. Women who had not completed high school experienced an earnings decrease of 9.1 percent.

In contrast, women's relative earnings (as measured by the female/male earnings ratio) increased for all women except those with more than a college education. Those with the lowest educational attainment (less than high school completion) experienced a narrowing of the wage ratio of 34.7 percent, indicating that men with less education fared even worse in the labor market than women. Women with more than four years of college education experienced essentially no progress in narrowing the earnings gap.

The low and falling earnings of women with less education make it especially important that all women have the opportunity to increase their education. For example, many welfare recipients lack a high school diploma or further education, yet in many cases they are being encouraged or required to leave the welfare rolls in favor of immediate employment. These single mothers may be consigned to a lifetime of low earnings if they are not allowed the opportunity to complete high school and acquire a few years of education beyond high school (IWPR, 1997). As Table 5 shows, women with higher levels of education have much higher earnings than those without, and their earnings have generally been growing.

Labor Force Participation

One of the most notable changes in the U.S. economy over the past four decades has been the rapid rise in women's participation in the labor force. Between 1965 and 1998, women's labor force participation increased from 39 to 60 percent (these data reflect the proportion of the civilian noninstitutional population aged 16 and older who are employed or looking for work; U.S. Department of Labor, Bureau of Labor Statistics, 1999c). Women now make up nearly half of the U.S. labor force at 46.2 percent of all workers (full-time and part-time combined). According to projections by BLS, women's share of

Table 5.
Women's Earnings and the Earnings Ratio in Minnesota by Educational Attainment, 1979 and 1997 (1998 Dollars)

	Women's Median Annual Earnings 1997[a]	Percent Change in Real Earnings 1979[b] and 1997[a]	Female/Male Earnings Ratio, 1997[a]	Percent Change in Earnings Ratio, 1979[b] and 1997[a]
Educational Attainment				
Less than 12th Grade	$17,352	-9.1	81.6%	+34.7
High School Only	$23,003	+5.6	75.7%	+29.7
Some College	$24,892	+7.6	74.7%	+24.5
College	$32,156	+10.1	71.2%	+10.6
College Plus	$42,353	+17.9	69.0%	-0.4

For women and men working full-time year-round.

Source: [a] Economic Policy Institute, 2000; [b] IWPR, 1995a.
Calculated by the Institute for Women's Policy Research.

the labor force will continue to increase, growing from 46 to 48 percent between 1998 and 2008 (U.S. Department of Labor, Bureau of Labor Statistics, 1999a).

In 1998, 70.1 percent of women in Minnesota were in the labor force, compared with 59.8 percent of women in the United States, earning Minnesota the rank of first in the nation on this indicator. Men's labor force participation rate in Minnesota was also much higher than the rate for men in the United States as a whole (see Figure 4).

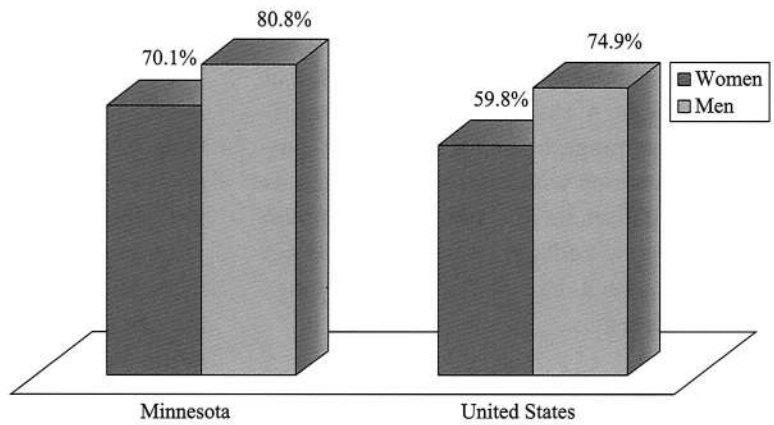
Unemployment and Personal Income Per Capita

In Minnesota, a much smaller percentage of workers is unemployed than in the nation as a whole. In 1998, the unemployment rate in Minnesota was 2.2 percent for women and 2.8 percent for men, compared with the nation's 4.6 percent for women and 4.4 percent for men (see Figure 5). Unlike women in most states, women in Minnesota had a lower unemployment rate than men in the state.

Minnesota experienced lower than average unemployment rates in 1998 as well as during most of the 1980s.

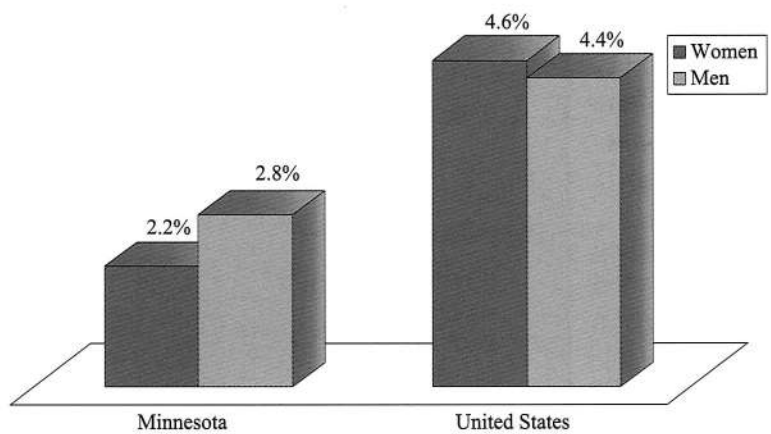
Personal income per capita in Minnesota grew at the same rate as it did for the nation between 1980 and 1990 (19.9 percent; see Table 6). From 1990 to 1998, as the unemployment rate decreased (falling even further below the national average), income

Figure 4.
Percent of Women and Men in the Labor Force in Minnesota and the United States, 1998



For women and men in the civilian non-institutional population, aged 16 and older.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c, Tables 1 and 12.
Compiled by the Institute for Women's Policy Research.

Figure 5.
Unemployment Rates for Women and Men in Minnesota and the United States, 1998



For women and men in the civilian non-institutional population, aged 16 and older.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c.
Compiled by the Institute for Women's Policy Research.

Table 6.
Personal Income Per Capita for Both Men and Women in Minnesota and the United States, 1998

	Minnesota	United States
Personal Income Per Capita, 1998	**$27,510**	**$26,412**
Personal Income Per Capita, Percent Change*:		
Between 1990 and 1998	+17.2	+13.7
Between 1980 and 1990	+19.9	+19.9
Between 1980 and 1998	+40.6	+36.3

* In constant dollars.
Source: U.S. Bureau of Economic Analysis, 1999.
Calculated by the Institute for Women's Policy Research.

per capita in Minnesota grew 3.5 percentage points faster than that in the nation.

Part-Time and Full-Time Work

Women in Minnesota's labor force are much more likely to work part-time than women nationally, with 32.0 percent of women working part-time in the state, compared with 24.8 percent in the nation as a whole. Conversely, the percent of the female workforce in Minnesota employed full-time is smaller than the national average (65.8 percent versus 70.7 percent). Within the part-time category, in Minnesota the percent of women in the labor force who are "involuntary" part-time employees—that is, they would prefer full-time work were it available—is lower than in the United States (1.8 percent and 2.3 percent, respectively; see Table 7). This pattern reflects national trends, in which involuntary part-time work correlates highly with unemployment rates (Blank, 1990); thus the low unemployment rate in Minnesota corresponds with a low rate of involuntary part-time employment. In contrast, a substantially larger proportion of Minnesota's female labor force is working part-time voluntarily compared with the United States as a whole (27.9 percent and 20.8 percent, respectively)

Table 7.
Full-Time, Part-Time and Unemployment Rates for Women and Men in Minnesota and the United States, 1998

	Minnesota		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	**1,261,000**	**1,420,000**	**63,714,000**	**73,959,000**
Percent Employed Full-Time	65.8	84.9	70.7	85.5
Percent Employed Part-Time*	32.0	12.3	24.8	10.2
Percent Voluntary Part-Time	27.9	10.6	20.8	8.2
Percent Involuntary Part-Time	1.8	1.1	2.3	1.4
Percent Unemployed	2.2	2.8	4.6	4.4

For men and women aged 16 and older.
* Percent part-time includes workers normally employed part-time who were temporarily absent from work the week of the survey. Those who were absent that week are not included in the numbers for voluntary and involuntary part-time. Thus, these two categories do not add to the total percent working part-time.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c, Tables 1, 12, and 13.
Calculated by the Institute for Women's Policy Research.

Workers are considered involuntary part-time workers if, when interviewed, they state that their reason for working part-time (fewer than 35 hours per week) is slack work—usually reduced hours at one's normally full-time job, unfavorable business conditions, reduced seasonal demand, or inability to find full-time work. Many reasons for part-time work, including

1997; EPI, 2000). This is partially explained by the fact that the overall labor force participation rate is for all women aged 16 and older; thus both teenagers and retirement-age women are included in the statistics even though they have much lower labor force participation. Mothers, in contrast, tend to be in age groups with higher labor force participation. This is also true in Minnesota, with 79 percent of women with children under age 18 in the workforce, compared with 70.6 percent of all women in Minnesota in 1997. Women with children are also more likely to engage in labor market activity in Minnesota than their counterparts in the United States as a whole (79.0 percent versus 70.3 percent; see Table 10).

Child Care and Other Caregiving

The high and growing rates of labor force participation of women with children suggest that the demand for child care is also growing. Many women report a variety of problems finding suitable child care (affordable, good quality and conveniently located), and women use a wide variety of types of child care. These arrangements include doing shift work to allow both parents to take turns providing care; bringing a child to a parent's workplace; working at home; using another family member (usually a sibling or grandparent) to provide care; using a babysitter in one's own home or in the babysitter's home; using a group child care center; or leaving the child unattended (U.S. Department of Commerce, Bureau of the Census, 1996b).

As full-time work among women has grown, so has the use of formal child care centers, but child care costs are a significant barrier to employment for many women. Child care expenditures use up a large percentage of earnings, especially for lower-income mothers. For example, among single mothers with family incomes within 200 percent of the poverty level, the costs for those who paid for child care amount to 19 percent of the mother's earnings on average. Among married mothers at the same income level, child care costs amount to 30 percent of the mother's earnings on average (although the costs of child care are similar for both types of women, the individual earnings of married women with children are less on average than those of single women with children; IWPR, 1996).

As more low-income women are encouraged or required (through welfare reform) to enter the labor market, the growing need for affordable child care must be addressed. Child care subsidies for low-income mothers are essential to enable them to purchase good quality child care without sacrificing their families' economic well-being. Currently, subsidies exist in all states, but they are often inadequate; many poor women and families do not receive them. Recent data show that, nationally, only 10 percent of those children potentially eligible for child care subsidies under federal rules actually receive subsidies under the federal government's Child Care and Development Fund. In Minnesota, a lower proportion, 9 percent, of these children

Table 11.
Percent of Eligible Children Receiving CCDF* Subsidies in Minnesota and the United States, 1998

	Minnesota	United States
Eligibility**		
Number of Children Eligible under Federal Provisions	297,400	14,749,300
Number of Children Eligible under State Provisions	251,600	9,851,100
Receipt		
Number and Percent of Children Eligible under Federal Law Receiving Subsidies in the State	25,530 9%	1,530,500 10%

*Child Care and Development Fund (CCDF).

** "Children eligible under federal provisions" refers to those children with parents working or in education or training who would be eligible for CCDF subsidies if state income eligibility limits were equal to the federal maximum. Many states set stricter limits, and therefore the pool of eligible children is smaller under state provisions.

Source: U.S. Department of Health and Human Services, Administration for Children and Families, 1999a.
Compiled by the Institute for Women's Policy Research.

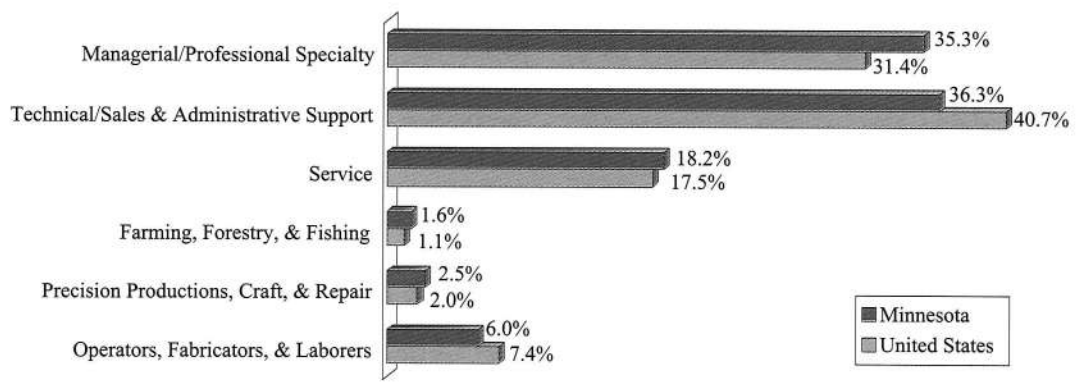
receive subsidies (see Table 11). In addition, Minnesota maintains stricter criteria for eligibility for receiving child care subsidies than required by federal law. If state income eligibility limits were equal to the federal maximum, 297,400 children would be eligible for subsidies, while in Minnesota, about 85 percent of that number, or 251,600 children, are eligible under existing state policies. Minnesota does administer a "Basic Sliding Fee" child care subsidy program for families transitioning off of welfare or for low-income families whose income does not exceed 75 percent of the state median income (approximately 250 percent of the federal poverty level). However, funding for this program is limited, and many families wait long periods to receive subsidies (Minnesota House, Fiscal Analysis Department on Government Finance Issues, 1997). Clearly many Minnesota families in need of economic support for child care are not receiving it.

In addition to caring for children, many women provide care for friends and relatives who experience long-term illness or disability. Although few data on caregiving exist, recent research suggests that about a quarter of all households in the United States are giving or have given care to a relative or friend in the past year, and over 70 percent of those giving care are female. Caregivers on average provide just under 18 hours a week of care, and many report giving up time with other family members; giving up vacations, hobbies, or other activities; and making adjustments to work arrangements for caregiving (National Alliance for Caregiving and American Association of Retired Persons, 1997). Like mothers of young children, other types of caregivers experience shortages of time, money and other resources, and they too require policies designed to lessen the burden of long-term care. Nonetheless, few such policies exist, and this kind of caregiving remains an issue for state and national policymakers to address.

Occupation and Industry

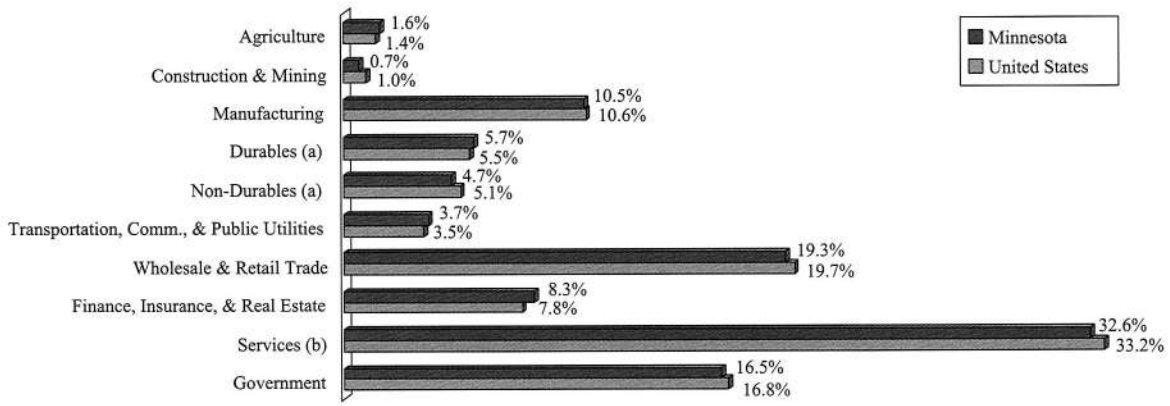
The distribution of women in Minnesota across occupations diverges in some respects from the distribution found in the United States as a whole. In the United States, technical, sales and administrative support occupations provide 40.7 percent of all jobs held by women (see Figure 6a). At 36.3 percent, women in Minnesota are less likely to be in these occupations than women in the United States as a whole. Women in Minnesota are slightly more likely to work in service occupations (18.2 percent versus 17.5 percent) and somewhat less likely to work as operators, fabricators and laborers (6.0

Figure 6a.
Distribution of Women Across Occupations in Minnesota and the United States, 1998



For employed women aged 16 and older.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c, Table 15.
Compiled by the Institute for Women's Policy Research.

Figure 6b.
Distribution of Women Across Industries in Minnesota and the United States, 1998



For employed women aged 16 and older.
Percents do not add up to 100 percent because 'self-employed' and 'unpaid family workers' are excluded.
(a) Durables and non-durables are included in manufacturing.
(b) Private household workers are included in services.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c, Table 17.
Compiled by the Institute for Women's Policy Research.

percent versus 7.4 percent). Women in Minnesota are considerably more likely to work in managerial and professional specialty occupations than are women in the United States as a whole (35.3 percent versus 31.4 percent). As a result, Minnesota ranks fifth in the nation and first in the West North Central region for the proportion of its female labor force employed in professional and managerial occupations.

Unfortunately, even when women work in the higher-paid occupations, such as managers, they earn substantially less than men. A national IWPR (1995b) study shows that women managers are unlikely to be among top earners in managerial positions. If women had equal access to top-earning jobs, 10 percent of women managers would be among the top 10 percent of earners for all managers; however, only 1 percent of women managers have earnings in the top 10 percent. In fact, only 6 percent of women had earnings in the top fifth. Similarly, a Catalyst (1999) study showed that only 3.3 percent (just 77) of the highest-earning high-level executives in Fortune 500 companies were women as of 1999.

The distribution of women in Minnesota across industries is similar in many ways to that of the United States as a whole (see Figure 6b). In Minnesota, 32.6 percent of all women are employed in the service industries (including business, professional and personnel services), while 33.2 percent are in the United States. About 19.7 percent of employed women in the United States work in the wholesale and retail trade industries, and a similar proportion, 19.3 percent, of women in Minnesota work in these industries. About 16.8 percent of the nation's women work in government; similarly, 16.5 percent of women in Minnesota do. Minnesota women are about as likely to work in the manufacturing (durables or nondurables) industries and slightly more likely to work in the finance, insurance and real estate (F.I.R.E.) industry than are women in the United States as a whole.

Economic Autonomy

While labor force participation and earnings are significant in helping women achieve financial security, many additional issues affect their ability to act independently, exercise choice and control their lives. The Beijing Declaration and Platform for Action stresses the importance of adopting policies and strategies that ensure women equal access to education and health care, provide women access to business networks and services, and address the needs of women in poverty. This section highlights several topics important to women's economic autonomy: health insurance coverage, educational attainment, women's business ownership, and female poverty.

Each of these issues contributes to women's lives in distinct if interrelated ways. Access to health insurance plays a role in determining the overall quality of health care for women in a state and governs the extent of choice women have in selecting health care services. Educational attainment relates to economic autonomy in many ways: through labor force participation, hours of work, earnings, childbearing decisions and career advancement. Women who own their own businesses control many aspects of their working lives. Finally, women in poverty have limited choices. If they receive public income support, they must comply with regulations enforced by their caseworkers. They do not have the economic means to travel freely. In addition, they often do not have access to the skills and tools necessary to improve their economic situation.

With its ranking of twelfth among the states, Minnesota ranks in the top third of all states for measures of women's economic autonomy. Minnesota ranks near the top, at second in the nation, for women's health insurance coverage and is within the top third for women's educational attainment (15th) and women living above poverty (10th; see Chart V). The state drops to 20th, however, for women's business ownership. Within the seven states of the West North Central region, Minnesota ranks first on the economic autonomy composite

Chart V.
Economic Autonomy: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 7)	Grade
Composite Economic Autonomy Index	**12**	**1**	**B-**
Percent with Health Insurance (among nonelderly women, 1997)[a]	2	1	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990)[b]	15	1	
Women's Business Ownership (percent of all firms owned by women, 1992)[c]	20	3	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1997)[d]	10	1	

See Appendix II for methodology.

* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of seven and refer to the states in the West North Central Region (IA, KS, MN, MO, NE, ND, SD).

Source: [a] Employee Benefit Research Institute, 1999; [b] Population Reference Bureau, 1993; [c] U.S. Department of Commerce, Bureau of the Census, 1996a; [d] Economic Policy Institute, 2000.

Calculated by the Institute for Women's Policy Research.

index and first on three out of four of the individual indicators. The state falls to third on women's business ownership.

Table 12.
Percent of Women and Men without Health Insurance and with Different Sources of Health Insurance in Minnesota and the United States, 1997

	Minnesota		United States	
	Women	Men	Women	Men
Number	**1,464,000**	**1,438,000**	**85,132,000**	**81,458,000**
Percent Uninsured	10.0	13.0	18.5	21.0
Percent with Employer-Based Health Insurance	72.4	75.0	66.4	67.4
Own Name	42.3	60.1	40.1	54.9
Dependent	30.2	14.8	26.4	12.5
Percent with Public Insurance	12.5	6.8	12.5	8.7
Percent with Individually-Purchased Insurance	8.9	8.0	6.4	5.8

Women and men ages 18 to 64; numbers do not add to 100 percent because some people have more than one source of health insurance.

Source: Employee Benefit Research Institute, 1999.

Compiled by the Institute for Women's Policy Research.

On most indicators of economic autonomy, women have far less access to the resources identified as important than men do. Throughout the country, men are more likely to have a college education, own a business and live above the poverty line than women are. Although women generally do have health insurance at rates higher than men, largely because of public insurance like Medicaid, the rates of uninsured men and women are both growing. Trends in Minnesota do not diverge from these basic patterns. In addition, despite Minnesota's high ranking on economic autonomy, this composite indicator can mask differences among groups of women who may have different levels of access to the state's resources (for more on issues of diversity, see Focus on Immigrant Issues in Minnesota). As a result, the state received a grade of B- on the economic autonomy composite index, indicating that despite its higher rank it still has room for improvement.

Access to Health Insurance

Women in Minnesota are much more likely than women in the nation as a whole to have health insurance. In Minnesota, 10.0 percent of women, compared with 18.5 percent in the United States, are not insured (see Table 12). Thus among all the states, Minnesota ranks second in the nation and first in the West North Central region in the proportion of women who are insured.

On average, women and men in Minnesota have more access to employer-based health insurance than women and men in the United States as a whole (72.4 percent and 66.4 percent, respectively, for women; 75.0 percent and 67.4 percent, respectively, for men). Many of these women receive employer-based health insurance as dependents. In Minnesota, 30.2 percent of all women receive employer-based insurance this way, compared with 26.4 percent in the nation as a whole. However, an even higher proportion of women in Minnesota receive health insurance through their own employment (42.3 percent), and they also receive health insurance this way more often than women do nationally (40.1 percent). In the United States as a whole, women tend to have health insurance coverage from public sources, such as Medicaid, at higher rates than men. In Minnesota, the rate of publicly insured women is the same as that in the United States (12.5 percent) but substantially higher than it is for men (6.8 percent in Minnesota). Women in Minnesota are also much more likely to purchase their own insurance individually than women in the United States (8.9 versus 6.4 percent).

Overall, the much higher rate of coverage through employment in Minnesota (rather than public provision) gives Minnesota its high national ranking on this indicator. Thus the state's high ranking on this

indicator may be related to women's relatively high labor force participation rates.

Education

In the United States, women have made steady progress in achieving higher levels of education. Between 1980 and 1998, the percent of women in the United States with a high school education or more increased by about one-fifth, and as of 1998, comparable percentages of women and men had completed a high school education (82.9 percent of women and 82.7 percent of men). During the same period, the percent of women with four or more years of college increased by three-fifths, from 13.6 percent in 1980 to 22.4 percent in 1997 (compared with 26.5 percent of men in 1997), bringing women closer to closing the education gap (U.S. Department of Commerce, Bureau of the Census, 1998a, 1998c).

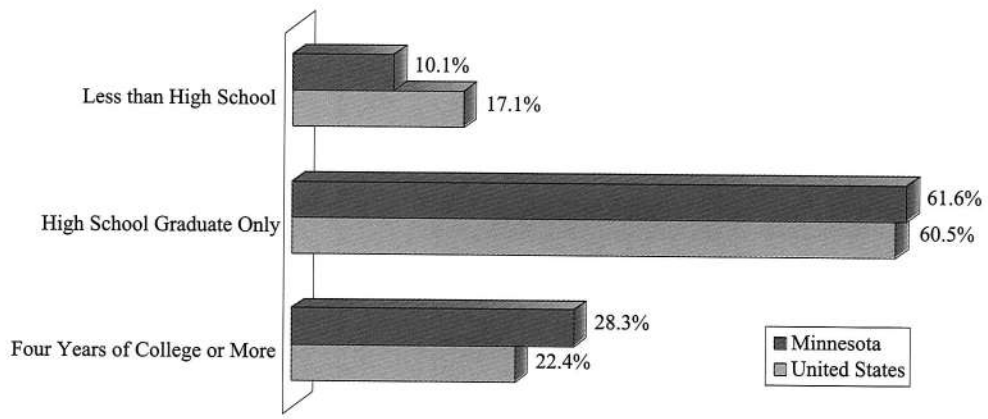
In general, women in Minnesota tend to have considerably more college experience than women in the nation as a whole. In 1998, 28.3 percent of women in Minnesota had four or more years of college, compared with 22.4 percent of women in the United States as a whole (see Figure 7). In Minnesota, 61.6 percent of women are high school graduates only, compared with 60.5 percent in the nation as a whole. The proportion of women older than 25 in Minnesota without high school diplomas is substantially smaller than that of women in the United States as a whole (10.1 percent and 17.1 percent, respectively). Minnesota ranks first in its region and 15th in the nation for women with four or more years of college.

Because data for 1998 were only available for the larger states, the rankings on this indicator are based on 1990 data. In 1990, 19.2 percent of women in Minnesota had four years of college or more, also higher than the proportion for the nation as a whole, 17.6 percent. In the period from 1990 to 1998, however, while the proportion of women in the United States with a college education increased by 4.8 percentage points, in Minnesota it increased much more quickly, by 7.1 percentage points. As a result, by 1998 the proportion of women in the state with a college education was much higher than that for the nation as a whole.

Women Business Owners and Self-Employment

Owning a business can bring women increased control over their working lives and create important

Figure 7.
Educational Attainment of Women Aged 25 and Older in Minnesota and the United States, 1998



Source: U.S. Department of Commerce, Bureau of the Census, 1999a.
Compiled by the Institute for Women's Policy Research.

financial opportunities for them. It can encompass a wide range of arrangements, from owning a corporation, to consulting, to engaging in less lucrative activities such as child care provision. Overall, both the number and proportion of businesses owned by women have been growing.

Table 13.
Women-Owned Firms in Minnesota and the United States, 1992

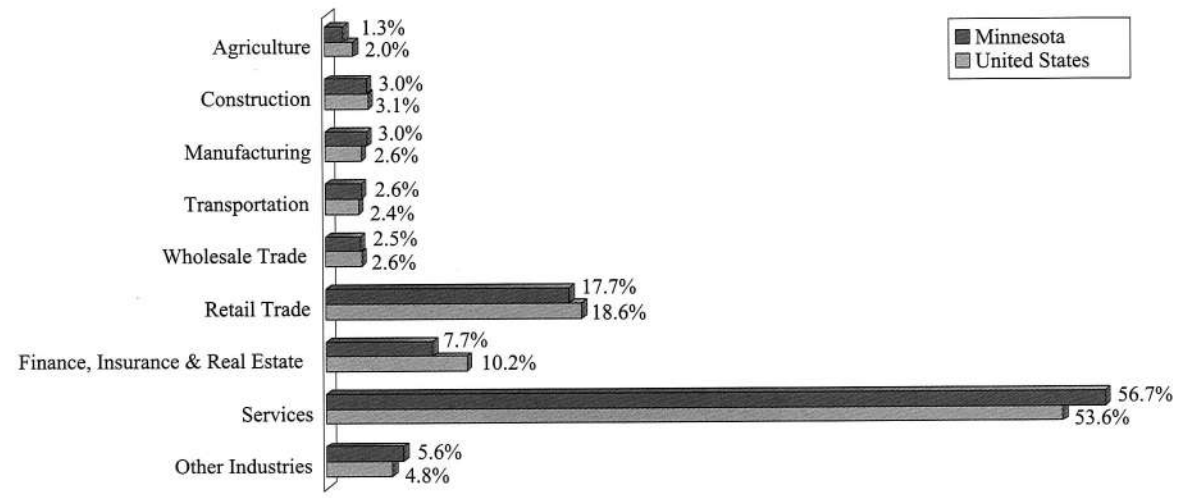
	Minnesota	United States
Number of Women-Owned Firms*	**124,143**	**5,888,883**
Percent of All Firms that Are Women-Owned	34.6%	34.1%
Percent Increase, 1987-1992	40.9%	43.1%
Total Sales & Receipts (in billions, 1992 dollars)	**$11.8**	**$642.5**
Percent Increase (in constant dollars), 1987-1992	91.6%	87.0%
Number Employed by Women-Owned Firms	**120,827**	**6,252,029**

* For reasons of comparability between 1987 and 1992, these statistics do not include data on Type C corporations; see Appendix II.

Source: U.S. Department of Commerce, Bureau of the Census, 1996a.
Compiled by the Institute for Women's Policy Research.

Minnesota received its lowest rank for economic autonomy on women's business ownership, ranking 20th in the nation and third in its region. Between 1987 and 1992, the number of women-owned businesses grew 40.9 percent in Minnesota, lower than the 43.1 percent growth of women-owned businesses in the United States as a whole (for purposes of comparability over time, these data exclude Type C corporations; for a definition of Type C corporations, see Appendix II). By 1992, women owned 124,143 firms in Minnesota, employing 120,827 people other than themselves (see Table 13). In Minnesota, 56.7 percent of women-owned firms were in the service industries (more than the national rate), and the next highest proportion (17.7 percent) was in retail trade (see Figure 8). Business receipts of women-owned busi-

Figure 8.
Distribution of Women-Owned Firms Across Industries in Minnesota and the United States, 1992



Source: U.S. Department of Commerce, Bureau of the Census, 1996a.
Compiled by the Institute for Women's Policy Research.

nesses in Minnesota rose by 91.6 percent (in constant dollars) between 1987 and 1992. This growth is slightly higher than the increase of 87.0 percent in business receipts for women-owned firms and much higher than the 34.9 percent increase for all firms in the United States during the same time period, also adjusted for inflation (data not shown).

In 1992, the U.S. Bureau of the Census reported that women owned more than 6.4 million firms nationwide, employing more than 13 million persons and generating $1.6 trillion in business revenues (unlike the figures in Table 13, these numbers include all women-owned businesses, including Type C corporations; U.S. Department of Commerce, Bureau of the Census, 1996a). Projecting women's business growth rates forward from 1987 to 1992 and including Type C corporations, the National Foundation for Women Business Owners (NFWBO) estimates the 1999 number of women-owned firms for Minnesota to be 189,900 of the more than 9.1 million estimated for the United States as a whole (NFWBO, 1999).

Like women's business ownership, self-employment for women (one kind of business ownership) has also been rising over recent decades. In 1975, women represented one in every four self-employed workers in the United States, and in 1998 they were approximately one in two, indicating nearly equal representation in self-employment with men. The decision to become self-employed is influenced by many factors. An IWPR study shows that self-employed women tend to be older and married, have no young children, and have higher levels of education than the average. They are also more likely to be covered by another person's health insurance (Spalter-Roth, Hartmann and Shaw, 1993). Self-employed women are more likely to work part-time, with 42 percent of married self-employed women and 34 percent of non-married self-employed women working part-time (Devine, 1994).

Unfortunately, most self-employment is not especially well-paying for women, and about half of self-employed women combine this work with another job, either a wage or salaried job or a second type of self-employment (for example, babysitting and catering). In 1986-87 in the United States as a whole, women who worked full-time, year-round at only one type of self employment had the lowest median hourly earnings of all full-time, year-round workers ($5.38); those with two or more types of self-employment with full-time schedules earned somewhat more ($6.33 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most ($11.59 per hour at the median; all figures are in 1998 dollars). Those who combined wage and salaried work with self-employment had median earnings that ranged between these extremes. Many low-income women package earnings from many sources in an effort to raise their family incomes (Spalter-Roth, Hartmann and Shaw, 1993).

Moreover, some self-employed workers are independent contractors, a form of work that can be largely contingent, involving temporary or on-call work without job security, benefits, or opportunity for advancement. Even when working primarily for one client, independent contractors may be denied the fringe benefits (such as health insurance and employer-paid pension contributions) offered to wage and salaried workers employed by the same client firm. The average self-employed woman who works full-time, year-round at just one type of self-employment has health insurance an average of only 1.7 months out of twelve, while full-time wage and salaried women average 9.6 months (those who lack health insurance entirely are also included in the averages; Spalter-Roth, Hartmann and Shaw, 1993).

Overall, however, recent research finds that the rising earnings potential of women in self-employment compared with wage and salary work explains most of the upward trend in the self-employment of married women between 1970 and 1990. This suggests that the growing movement of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Women in Minnesota are less likely to be self-employed than women in the United States. In 1997, 5.3 percent of working women in Minnesota were self-employed, compared with 6.1 percent of women nationwide (U.S. Department of Labor, Bureau of Labor Statistics, 1995).

Women's Economic Security and Poverty

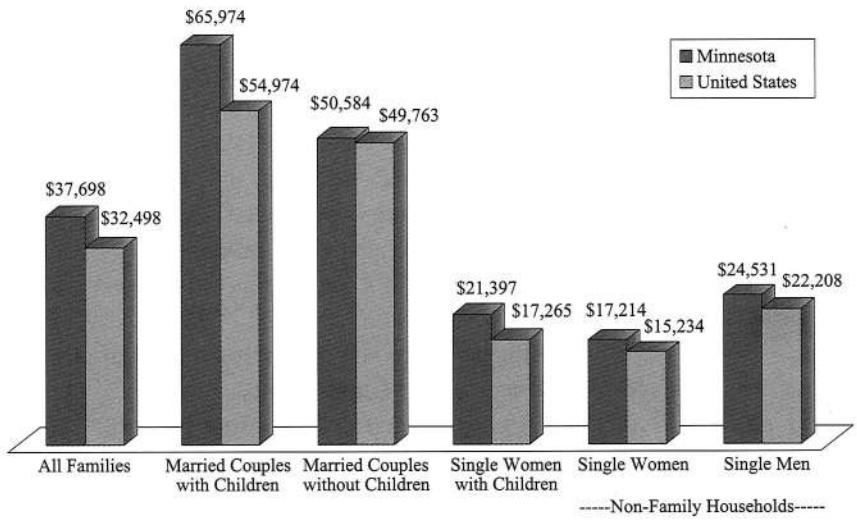
As women's responsibility for their families' economic well-being grows, the continuing wage gap and women's prevalence in low-paid, female-dominated occupations impede their ability to ensure their families' financial security, particularly for single women with children. In the United States, the median family income for single women with children was $17,265 in 1997, while that for married couples with children was $54,974 (see Figure 9). Figure 9 also shows that household income was higher on average for all family types in Minnesota than in the United States as a whole (including single women with children).

In addition, in 1997 the proportion of women in poverty in Minnesota was considerably lower than that of women in the United States as a whole: 9.6 percent and 13.1 percent, respectively (see Figure 10). Thus Minnesota ranks tenth in the nation and first of the seven states in the West North Central region for women living above poverty.

Since Minnesota is a relatively high-income state, and many high-income states also have high costs of living, Minnesota's low rates of poverty may understate hardship in the state. To measure hardship in wealthier countries, many researchers use one-half median income as an indicator of families' access to adequate social and economic resources (Miringoff and Miringoff, 1999; Smeeding, 1997). Because median income varies by state, this measure is more sensitive to variations in cost or standard of living than the federal poverty line, which is the same for all states. Figure 10 also shows the proportion of women living under one-half of median income in the state and in the United States as a whole. Overall, this measure shows much higher rates of hardship than the poverty rate does. In the United States as a whole, the proportion of women living in families with incomes under one-half median family income was 21.3 percent, much higher than the percent of women living in families with incomes below the federal poverty line (13.1 percent). In Minnesota, 20.4 percent of women were living in families with incomes under one-half median income in 1997. This number is much higher than the number of women living below the poverty line (9.6 percent). Nevertheless, the percent of women living under one-half median family income in Minnesota is only 0.9 percentage points lower than that for the nation as a whole, indicating that women in Minnesota fare slightly better than women nationally in terms of family income, though not as much better as the difference between the U.S. and Minnesota poverty rates (3.5 percentage points) would indicate.

Along with Minnesota's lower overall rate of female poverty, the poverty rate for single women with children is

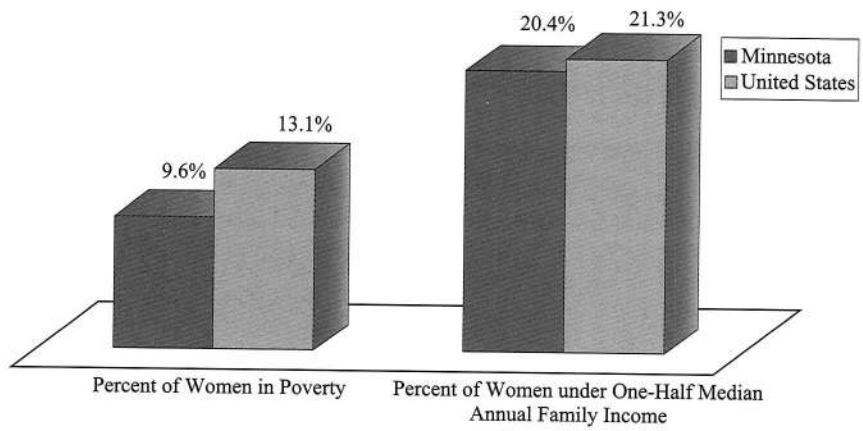
Figure 9.
Median Annual Income for Selected Family Types and Single Women and Men, in Minnesota and the United States, 1997 (1998 dollars)



Source: Economic Policy Institute, 2000.
Compiled by the Institute for Women's Policy Research.

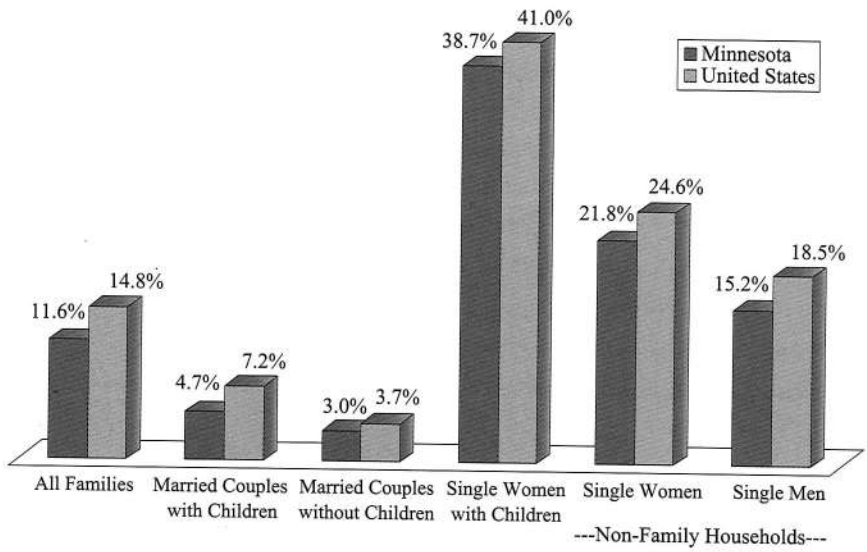
lower than the nationwide rate (38.7 percent and 41.0 percent, respectively). In Minnesota and in the nation as a whole, single women with children experience much higher levels of poverty than any other family type (see Figure 11). Even these high rates of poverty among the families of single women with children probably understate their degree of hardship, especially among those with working mothers. While counting non-cash benefits would reduce their poverty rates, adding the cost of child care for working mothers would increase the calculated poverty rates both in Minnesota and the nation (Renwick and Bergmann, 1993). Child care costs were not included at all in family expenditures when federal poverty thresholds were developed. However, for the country as a whole, single parents who do not participate in the labor force have basic cash needs at about 64 percent of the poverty line, while those who work outside the home have basic cash needs from 113 to 186 percent of the poverty line, depending on the number and ages of their children. Overall, the net effect of this under- and over-estimation of poverty was a significant underestimation, and Renwick and Bergmann estimate a 1989 national poverty rate of 47 percent, compared with an official estimate of 39 percent, for single-parent families (Renwick and Bergmann,

Figure 10.
Percent of Women Living in Poverty and Living under One-Half Median Annual Family Income in Minnesota and the United States, 1997



Source: Economic Policy Institute, 2000.
Compiled by the Institute for Women's Policy Research.

Figure 11.
Poverty Rates for Selected Family Types and Single Men and Women in Minnesota and the United States, 1997



Source: Economic Policy Institute, 2000.
Compiled by the Institute for Women's Policy Research.

Focus on Immigrant Issues in Minnesota

Minnesota's immigrant population has increased dramatically since the early 1990s. Residing largely in St. Paul and Minneapolis, the substantial increases in the Hmong and Somali populations have created demands for economic, social, and cultural information about their lives, especially as it pertains to policy, state spending, and education. In many cases, men and women in these communities face additional hardship and diminished access to Minnesota's economic, political and social resources.

Hmong Population and Policy Issues

While there is some dispute over the exact number of Hmong, Minnesota Planning estimates that there are 60,000 living throughout the state, with the largest concentration in St. Paul (Taylor, 1998; Minnesota Planning, Office of State Demographic Center, 1999). In 1990, St. Paul had the third largest Hmong population in the United States. Indeed, the Hmong are the fastest growing minority group in Minnesota (Minnesota Planning, Office of State Demographic Center, 1991).

Nearly three-fifths of the Hmong population is under 18 years of age, and 1998-99 data show that 25 percent of St. Paul students and 10 percent of Minneapolis students report speaking Hmong at home (United Way of Minneapolis, 1999). Despite the large number of young Hmong students, overall in 1990, only 38.5 percent of the Hmong population had at least a high school education (United Way of Minneapolis Area, 1999). Hmong unemployment falls at 45 percent (Taylor, 1998), and over 65 percent of Hmong adults are not in the labor force. Nearly half (48.8 percent) of Hmong adults report that they speak little or no English, and poverty rates are extremely high. In 1990, 64.5 percent of the Hmong lived at or below the poverty line (United Way of Minneapolis Area, 1999).

To address the needs of the Hmong population, in 1981, the Association for the Advancement of Hmong Women in Minnesota (AAHWM) was formed as the first non-profit organization operated by Hmong women in the United States. The organization addresses the evolving needs of Hmong women and their families. Specifically, their work focuses on assisting Hmong women and their families with adjusting to life in Minnesota; advancing Hmong women from traditional roles; continuing Hmong culture and heritage; and providing needed support for Hmong women as they achieve self-sufficiency. AAHWM offers programs dealing with a variety of issues, from job training and English as a Second Language (ESL) support to crime and teen pregnancy prevention (Association for the Advancement of Hmong Women in Minnesota, 2000).

Somali Population and Policy Issues

A growing phenomenon in the United states since 1991, the most recent influx of Somali residents into Minnesota has resulted from both immigration and migration (Tomlinson,

1997; Tillotson, 1998). Beginning with the 1990 Census, many difficulties have arisen in determining the number of Somalis living in Minnesota. Using a variety of methods from different agencies—the Immigration and Naturalization Service's data on immigration destination, the Department of Human Services' reported number of refugees, the Internal Revenue Service's tax data, and the Department of Children, Families and Learning's school district data on ethnicity and language spoken at home for children in K-12 (Ronningen, 1999)—the population has been estimated to fall between 6,000 and 15,000. This population is heavily concentrated in Minneapolis, with nearly 80 percent residing in some part of the city (United Way of Minneapolis Area, 1999).

The Somali community estimates that 70 percent of immigrants are between 20 and 40 years old (United Way of Minneapolis Area, 1999). In addition, in the 1998-99 school year, 93 percent of Somali public school children in Minneapolis were eligible for free or reduced lunches, indicating high levels of poverty among Somali families (United Way of Minneapolis Area, 1999). In Hennepin County alone, over 1,810 Somalis received government economic assistance in 1998, primarily through the Minnesota Family Investment Program (MFIP). Of those receiving MFIP benefits, 82 percent were single-parent households (Herzfeld and Zimmerman, 1998). In addition, 28.2 percent of all Somali MFIP cases are headed by a householder who never attended school.

The Somalian Women's Association (SWA) provides support and services for Somali women and their families. Recognizing a need for culturally sensitive child care—and acknowledging that without such care Somali children are likely to lose their own culture, an additional inhibition to Somali women's labor force participation—two years ago, SWA identified child care as a major priority. Recently, this group has begun working with the Community Education Program in South Minneapolis to create an on-site child care program for parents attending adult
education classes at Wilder Elementary School (a community education site). Concurrently, SWA is working with representatives of Hennepin County to find solutions to the various licensing issues that inhibit Somali women from becoming independent child care providers (Somali Women's Association, 1999).

Policy Implications

The recent and continuing increases in the immigrant populations of Minnesota point to a need for public policies to address those issues facing immigrant communities. One priority is the collection of accurate data, including an accurate count of the Somali and Hmong population. Without an accurate measure of the size of these populations and an understanding of their needs, creating public policies that would help families achieve self-sufficiency, as well as providing services to these communities, remains unnecessarily difficult.

1993). Poverty rates for low-income, married-couple families would also be much higher if child care costs were included (Renwick, 1993).

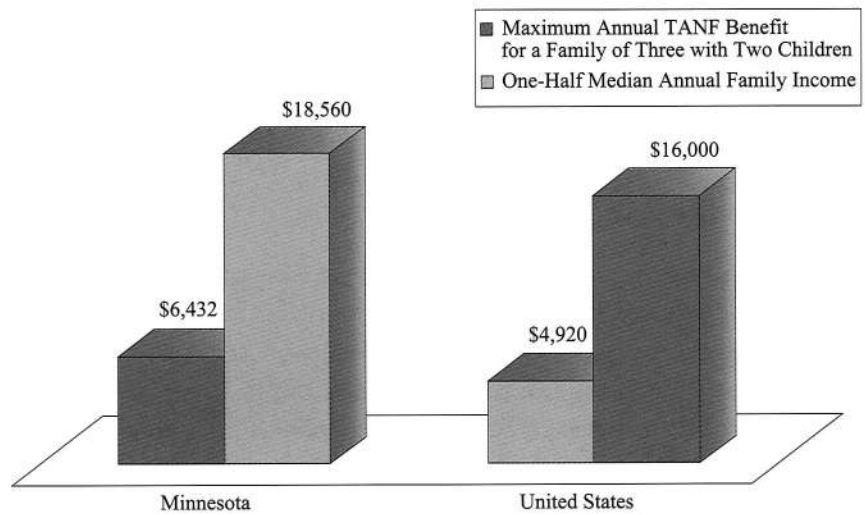
Another factor contributing to poverty among all types of households is the wage gap. Recent IWPR research found that in the nation as a whole, eliminating the wage gap, and thus raising women's wages to a level equal to those of men with similar qualifications, would cut the poverty rate among married women and single mothers in half. In Minnesota, poverty among single-mother households would be cut by nearly two-thirds (Hartmann, Allen and Owens, 1999). As a result, while eliminating the wage gap would not completely eliminate poverty or hardship—especially for women and men in low-wage jobs—pay equity provisions would help many women support their families.

Finally, despite the overall growth in women's earnings and a strong economy, in most states—including both high and low earnings states—inequality among families is growing. Research by the Economic Policy Institute notes that in the nation as a whole in 1996-98, the income of the average family in the top 20 percent of families was 10.6 times the income of the average family in the bottom 20 percent. This represents a substantial increase from 1978-80, when families in the top 20 percent had about 7.4 times as much income as those in the bottom 20 percent. In Minnesota, families in the top 20 percent received 8.8 times as much income as those in the bottom 20 percent in 1996-98 (Bernstein, McNichol, Mishel and Zahradnik, 2000), indicating slightly less income inequality among families than in the nation as a whole. In 1978-80, Minnesota families in the top 20 percent received 6.1 times the income of those in the bottom 20 percent. Thus the inequality ratio increased by 2.7 percentage points, less than the 3.2 for the nation as a whole.

State Safety Nets for Economic Security

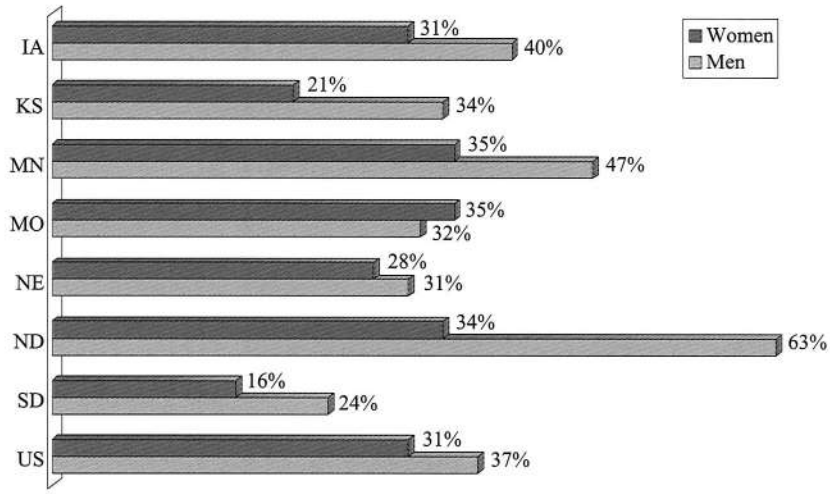
The amount of cash welfare benefits varies widely from state to state. Figure 12 compares the size of Minnesota's maximum TANF benefit for a family of three with two children with one-half median family income in the state, as a measure of how well the state's welfare safety net helps poor women achieve an acceptable standard of living. Obviously, the poverty of many families is not alleviated by welfare alone, and many families also receive Food Stamps or other forms of noncash benefits. Still, research shows that, even adding the value of noncash benefits, many women remain poor (U.S. Department of Commerce, Bureau of the Census, 1997b). In Minnesota, as in all of the United States, TANF cash benefits are substantially below one-half median income. However, the state's cash benefits, at $6,432 per year, are higher than the U.S. average,

Figure 12.
Average Annual TANF Benefit[a] and One-Half Median Annual Family Income[b] in Minnesota and the United States, 1997



Source: [a] U.S. Department of Health and Human Services, Administration for Children and Families, 1999b; [b] Economic Policy Institute, 2000.
Compiled by the Institute for Women's Policy Research.

Figure 13.
Percent of Unemployed Women and Men with Unemployment Insurance in the West North Central States and the United States, 1997



Source: U.S. Department of Labor, Employment and Training Administration, Unemployment Insurance Service, 1999.
Compiled by the Institute for Women's Policy Research.

reaching 34.7 percent of one-half median income in the state (compared with only 30.8 percent nationally).

Minnesota also does a better than average job of providing a safety net for employed women. The unemployment rate for women in Minnesota (2.2 percent) is less than half the national average of 4.6 percent (see Table 7). However, the percent of unemployed women in Minnesota receiving unemployment insurance benefits (35 percent) is greater than in the United States as a whole (see Figure 13). The same is true for unemployed men in Minnesota: the percent of unemployed men is less and the rate of unemployment insurance benefit receipt for men is higher than nationwide. Minnesota men receive unemployment benefits at rates ten percentage points higher than in the nation as a whole, while Minnesota women receive them at rates only four percentage points higher than women in the United States. As in most other states in the West North Central region, and in the United States as a whole, Minnesota's rate of unemployment insurance benefit receipt is lower for women than for men. In all of the states in the region except Missouri, unemployment insurance benefit receipt is higher for men than it is for women.

Reproductive Rights

This section provides information on state policies concerning abortion, contraception, gay and lesbian adoption, infertility, and sex education. It also presents data on fertility and natality, including births to unmarried and teenage mothers. Issues pertaining to reproductive rights and health can be controversial. Nonetheless, 189 countries, including the United States, adopted by consensus the Platform for Action from the U.N. Fourth Conference on Women. This document stresses that reproductive health includes the ability to have a safe, satisfying sex life, to reproduce, and to decide if, when and how often to do so (U.N. Fourth World Conference on Women, 1995). The document also stresses that adolescent girls in particular need information and access to relevant services.

In the United States, the 1973 Supreme Court case *Roe v. Wade* defined reproductive rights for federal law to include both the legal right to abortion and the ability to exercise that right at different stages of pregnancy. However, state legislative and executive bodies are continually in battle over legislation relating to access to abortion, including parental consent and notification, mandatory waiting periods and public funding for abortion. The availability of providers also affects women's ability to access abortion. Because of ongoing efforts in many states and at the national level to win judicial or legislative changes that would outlaw or restrict women's access to abortion, the stances of governors and state legislative bodies are critically important.

Reproductive issues encompass other policies as well. Laws requiring health insurers to cover contraception and infertility treatments allow insured women to exercise choice in deciding when and if to have children. Policies allowing gay and lesbian couples to adopt their partners' children give them a fundamental family planning choice. Finally, sex education for high school students can provide them with the information they need to make educated choices about sexual activity.

The reproductive rights composite index shows that women in Minnesota, which ranks first in its region but only 22nd in the nation, have an average level of reproductive rights and resources when compared with women in other states. While the state has some important policies, other protections are still inadequate (see Chart VI, Panel A). Minnesota's grade of C on the reproductive rights index reflects the gap between the ideal status of women's reproductive rights and resources and their actual status within the state.

Access to Abortion

Mandatory consent laws require minors to gain the consent of one or both parents before a physician can perform an abortion procedure, while notification laws require they notify one or both parents of the decision to have an abortion. Of the 42 states

Chart VI. Panel A.
Reproductive Rights: National and Regional Ranks

	National Rank* (of 51)	Regional Rank* (of 7)	Grade
Composite Reproductive Rights Index	22	1	C

See Appendix II for methodology.

* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of seven and refer to the states in the West North Central Region (IA, KS, MN, MO, NE, ND, SD).

Calculated by the Institute for Women's Policy Research.

Chart VI. Panel B.
Components of the Reproductive Rights Composite Index

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Does Minnesota allow access to abortion services:				
Without mandatory parental consent or notification?[a]		✓		9
Without a waiting period?[a]	✓			33
Does Minnesota provide public funding for abortions under any or most circumstances if a woman is eligible?[a]	✓			**15**
What percent of Minnesota women live in counties with an abortion provider?[b]			**43%**	**68%**
Is Minnesota's state government pro-choice?[c]				
Governor	✓			15
Senate		✓		13
Assembly		✓		7 of 49
Does Minnesota require health insurers to provide comprehensive coverage for contraceptives?*[a]		✓	**Partial**	**11**
Does Minnesota require health insurers to provide comprehensive coverage for infertility treatments?[d]		✓		**10**
Does Minnesota allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?[e]**	✓		**Lower Court**	**21**
Does Minnesota require schools to provide sex education?[a]		✓		**18**

* Minnesota requires coverage by private insurers of all prescription drugs, including contraceptive drugs.

** Most states that allow such adoptions do so as the result of court decisions. In Minnesota, a lower-level court has ruled in favor of second-parent adoptions.

Source: [a] NARAL and NARAL Foundation, 2000; [b] Henshaw, 1998; [c] NARAL and NARAL Foundation, 1999; [d] Stauffer and Plaza, 1999; [e] National Center for Lesbian Rights, 1999.

Compiled by the Institute for Women's Policy Research.

with consent or notification laws on the books as of January 2000, 32 enforce their laws. Of these 32 states, 15 enforce notification laws and 17 enforce consent laws. In states with notification or consent laws, 37 allow for a judicial bypass if the minor appears before a judge and provides a reason that parental notification would place an undue burden on the decision to have an abortion. Three states provide for physician bypass, and two allow minors to petition for either judicial or physician bypass. Of the 32 states that enforce consent and notification laws, only Idaho and Utah have no bypass procedure. Minnesota does not allow access to abortion services without mandatory parental notice. As of January 2000, Minnesota still enforces its mandatory notification law (which requires notification of

two parents) but allows for a judicial bypass (see Chart VI, Panel B; NARAL and NARAL Foundation, 2000).

Waiting-period legislation mandates that a physician cannot perform an abortion until a certain number of hours after his or her patient is notified of her options in dealing with a pregnancy. Waiting periods range from one to 72 hours. Minnesota does not have a requirement for a waiting period (NARAL and NARAL Foundation, 2000).

Public funding for abortion for women who qualify can be instrumental in reducing the financial obstacles to abortion for low-income women. In some states, public funding for abortions is available only under specific circumstances, such as rape or incest, life endangerment to the woman, or limited health circumstances of the fetus. Fifteen states, including Minnesota, fund abortions in all or most circumstances (NARAL and NARAL Foundation, 2000).

The percent of women in Minnesota who live in counties with abortion providers measures the availability of abortion services to women in the state. This proportion ranges from 16 to 100 percent across the states. As of 1996, in the bottom three states, 20 percent or fewer women live in counties with at least one provider, while in the top six states, more than 90 percent of women live in counties with at least one. At 43 percent of women in counties with a provider, Minnesota's proportion falls near the bottom of the nation. In addition, an even lower proportion, only 5 percent, of counties in Minnesota have abortion providers. For those women in rural counties without a provider, access can be problematic. In 41 states, more than half of all counties have no abortion provider, and in 21 states more than 90 percent of counties had none (Henshaw, 1998).

Debates over reproductive rights and family planning policies frequently involve potential restrictions on women's access to abortion and contraception, and the stances of elected officials play an important role in the success or failure of these efforts. To measure the level of support for or opposition to potential restrictions, the National Abortion and Reproductive Rights Action League (NARAL) examined the votes and public statements of governors and members of state legislatures. NARAL determined whether these public officials would support restrictions on access to abortion and contraception, including (but not limited to) provisions concerning parental consent, mandatory waiting periods, prohibitions on Medicaid funding for abortion and bans on certain abortion procedures. NARAL also gathered official comments from governors' offices and conducted interviews with knowledgeable sources involved in reproductive issues in each state (NARAL and NARAL Foundation, 1999). For this study, governors and legislators who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. In Minnesota, the governor is pro-choice, while the state Senate and Assembly are anti-choice.

Other Family Planning Policies and Resources

About 49 percent of traditional health plans do not cover any reversible method of contraception such as the pill or IUD. Others will pay for one or two types but not all five types of prescription methods—the pill, implants, injectables, IUDs and diaphragms. About 38 percent of HMOs cover all five prescription methods (Gold and Daley, 1994). Controversy about contraceptive coverage is leading lawmakers in many states to introduce bills that would require health insurers to cover contraception. Eleven states require all private insurers to provide comprehensive contraceptive coverage. Seven states, including Minnesota, have provisions requiring partial coverage for contraception. In five of these states, insurance companies must offer at least one insurance package that covers some or all birth control prescription methods. Minnesota requires coverage of all prescription drugs, including contraceptives, although under this mandate birth control methods are subject to co-pays. One state, Texas, requires insurers with coverage for prescription drugs to cover oral contraceptives (NARAL and NARAL Foundation, 2000).

Infertility treatments can also widen the reproductive choices open to women and men, but they are often prohibitively expensive, especially when they are not covered by insurance. In ten states, legislatures have passed measures requiring insurance

companies to pay for infertility treatments, and in three states, insurance companies must offer at least one package with infertility coverage to their policyholders. In Minnesota, insurance companies are not required to cover infertility treatments at all (Stauffer and Plaza, 1999).

State courts currently hold considerable power to determine what legally constitutes lesbian and gay families, because there is no comprehensive federal law concerning their reproductive rights. Courts have exercised this power in many ways, including allowing or denying lesbians and gays to legally adopt their partners' children, or second-parent adoption. Second-parent adoption provides legal rights to non-legal parents in same-sex relationships that legal parents take for granted. These rights include (but are not limited to) custodial rights in the case of divorce or death and the right to make health care decisions for the child. Court rulings in 21 states specifically allow second-parent adoption to lesbians and gays. In 15 of those states, lower courts have approved a petition to adopt; in five states, high or appellate courts have prohibited discrimination; and in one state, the state supreme court has prohibited discrimination against gays or lesbians in second-parent adoption cases. In five states, courts have ruled against second-parent adoption. Because many of the rulings have been issued from lower-level courts, there is room for these laws, both in favor of and against second-parent adoption, to be overturned by courts at a higher level. In addition, courts in the remaining 24 states have not ruled on a case involving second-parent adoption, creating a sense of ambiguity for lesbian and gay families. Only one state, Florida, has specifically banned second-parent adoption through state statute. In Minnesota, a lower court ruling stipulates that the non-legal parent in a gay/lesbian couple can adopt his/her partner's child (National Center for Lesbian Rights, 1999).

Sexuality education is crucial to giving young women and men the knowledge they need to make informed decisions about their sexual activity and avoid unwanted pregnancy. In 18 states, schools are required to provide sex education. Of those 18, nine states require that sexuality education teach abstinence and also provide students information about contraception. Three states require that sex education teach abstinence but do not require that schools provide information about contraception. In a total of ten states, schools that teach sex education are required to teach abstinence until marriage (NARAL and NARAL Foundation, 2000). Minnesota does not require sex education and does not have any mandates about the content of sex education in schools that provide it.

Fertility, Natality, and Infant Health

Current trends in the United States reveal a decline in the birth rate for all women, in part due to women's tendency to marry and give birth later in life. In 1998, the median age for women at the time of their first marriage was 25.0 years, while as of 1994 the median age at first birth was 23.8 years (U.S. Department of Commerce, Bureau of the Census, 1999b; National Center for Health Statistics, 1997). Fertility rates in Minnesota are lower than in the nation as a whole. Table 14 shows that there were 61.4 live births per 1,000 women aged 15-44 in Minnesota and 65.0 births per 1,000 women aged 15-44 in the United States in 1997.

Table 14 also shows that there were 5.9 infant deaths per 1,000 births in Minnesota, a rate lower than that for the United States as a whole, at 7.2 infant deaths per 1,000. Infant mortality, however, affects white and African American communities in the United States at very different rates. In Minnesota, the infant mortality rate is 5.1 for white infants and 16.5 for African American infants. In the United States, mortality rates are 6.0 for white infants and 14.2 for African American infants. Thus, while infant mortality is lower for white infants in Minnesota than in the nation as a whole, it is higher for African American infants in the state than in the nation.

Low birth weight (less than 5 lbs., 8 oz.) also affects different racial and ethnic groups at different rates. In Minnesota, the percent of low-weight births is 5.6 among white infants and 6.8 among Hispanic infants, while it is 11.1 among African American infants. In the United States as a whole, the percent of births of low weight among white infants is 6.5;

for Hispanic infants, it is 6.4; and for African American infants, it is 13.1. In the country as a whole, disparities in both infant mortality and low birth-weight rates between African Americans and whites are growing. These differences are probably related to a variety of factors, including disparities in socioeconomic status, nutrition, maternal health, and access to prenatal care, among others (U.S. Department of Health and Human Services, Public Health Service, 2000).

Table 14.
Fertility, Natality, and Infant Health, 1997

	Minnesota	United States
Fertility Rate in 1997 (live births per 1,000 women aged 15-44)[a]	**61.4**	**65.0**
Infant Mortality Rate in 1997 (deaths of infants under age one per 1,000 live births)[b]	**5.9**	**7.2**
Among Whites	5.1	6.0
Among African Americans	16.5	14.2
Percent of Low Birth Weight Babies (less than 5 lbs, 8 oz.), 1997[a]	**5.9%**	**7.5%**
Among Whites	5.6%	6.5%
Among African Americans	11.1%	13.1%
Among Hispanics	6.8%	6.4%
Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 1997[a]	**84.1%**	**82.5%**
Among Whites	86.7%	84.7%
Among African Americans	63.8%	72.3%
Among Hispanics	61.1%	73.7%
Births to Teenage Women (aged 15-19 years) as a Percent of All Births, 1997[c]	**8.7%**	**12.8%**
Births to Unmarried Women as a Percent of All Births, 1997[c]	**24.7%**	**32.4%**

Source: [a] National Center for Health Statistics, 1999a; [b] National Center for Health Statistics, 1999b; [c] U.S. Department of Commerce, Bureau of the Census, 1999e.
Compiled by the Institute for Women's Policy Research.

For all women, access to prenatal care can be crucial to health during pregnancy and to lowering the risk of infant mortality and low birth weights (U.S. Department of Health and Human Services, Public Health Service, 2000). In the country as a whole, about 82.5 percent of women begin prenatal care in their first trimester of pregnancy, while 84.1 percent of women in Minnesota do. However, use of prenatal care varies by race. In the United States as a whole, 84.7 percent of white women use prenatal care in the first trimester, while 72.3 percent of African American and 73.7 percent of Hispanic women do. In Minnesota, 86.7 percent of white women, 63.8 percent of African American women, and 61.1 percent of Hispanic women use first trimester prenatal care. Thus while women in Minnesota are more likely than women in the nation to use prenatal care, women of color in Minnesota are less likely to do so than women in the nation as a whole.

Births to teenage mothers can make it difficult for them to achieve an adequate standard of living by limiting their choices about education and employment (The Alan Guttmacher Institute, 1994; U.S. Department of Health and Human Services, Public Health Service, 2000). In 1997, births to teenage mothers accounted for a smaller proportion of all births in Minnesota (8.7 percent) than they did nationally (12.8 percent). Births to unmarried mothers also accounted for a smaller proportion of all births in Minnesota than they did nationally (24.7 percent in Minnesota compared with 32.4 percent for the nation as a whole).

Health and Well-Being

Health is a crucial factor in women's overall well-being. Health problems can seriously impair women's quality of life as well as their ability to care for themselves and their families. Illness can be costly and painful and can interrupt daily tasks people take for granted. The healthier the inhabitants of an area are, the better their quality of life, and the more productive those inhabitants are likely to be. As with other resources described in this report, women in the United States vary in their access to health-related resources. To ensure equal access, the Beijing Declaration and Platform for Action stresses the need for strong prevention programs, research and information campaigns targeting all groups of women, and adequate and affordable quality health care.

This section focuses on the quality of health of women in Minnesota. The composite index of women's health and well-being ranks the states on several indicators, including mortality from heart disease, breast cancer and lung cancer; the incidence of diabetes, chlamydia, and AIDS; women's mental health status and mortality from suicide; and limita-

Chart VII.
Health and Well-Being: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 7)	Grade
Composite Health and Well-Being Index	**12**	**4**	**B**
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1995)[a]	9	1	
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1991-95)[b]	10	4	
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1991-95)[b]	26	5	
Percent of Women Who Have Ever Been Told They Have Diabetes (1998)[c]	24	5	
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 1997)[d]	7	1	
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, July 1998 through June 1999)[e]	21	6	
Average Number of Days per Month on which Women's Mental Health Is Not Good (1998)[c]	30	6	
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1995-97)[f]	11	1	
Average Number of Days per Month on which Women's Activities Are Limited by Their Health (1998)[c]	40	7	

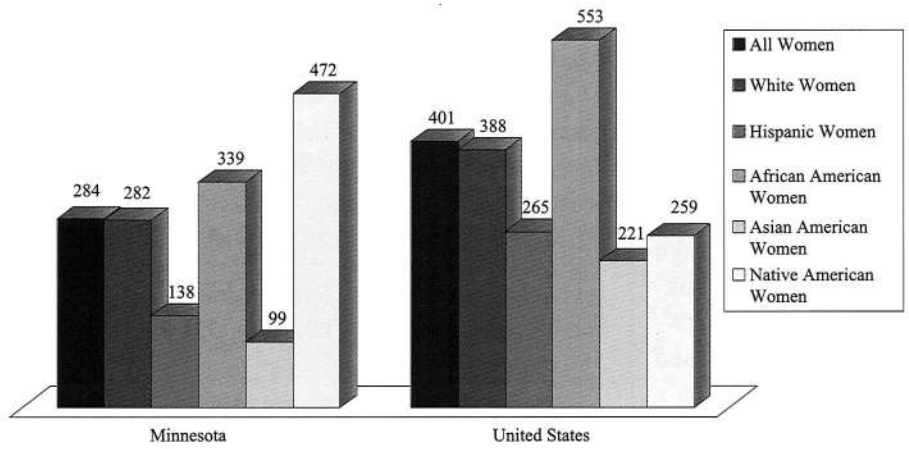
See Appendix II for methodology.

* The national rank is of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of seven and refer to the states in the West North Central Region (IA, KS, MN, MO, NE, ND, SD).

Source: [a] Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, 1998; [b] American Cancer Society, 1999; [c] Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, 1999a; [d] Centers for Disease Control, Division of STD Prevention, 1998; [e] U.S. Department of Health and Human Services, Public Health Service, 1999; [f] Centers for Disease Control, National Center for Injury Prevention and Control, 2000b.

Calculated by the Institute for Women's Policy Research.

Figure 14.
Average Annual Mortality Rates among Women from Heart Disease in Minnesota and the United States, 1991-95*



* Average annual mortality rates (deaths per 100,000) for women aged 35 years and older. Data for Hispanics are also included within each of the four categories of race. Data differ from those provided in Table 15, which are for women of all ages for 1995.

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2000.

Compiled by the Institute for Women's Policy Research.

American women have the lowest rates of mortality from heart disease. In the United States, the mortality rate from heart disease for 1991-95 among all women 35 and older was 401 deaths per 100,000 women (these data differ from those in Table 15, which presents 1995 mortality rates for women of all ages). For African American women, it was much higher, at 553 deaths per 100,000, while for white women it was 388. For Hispanic women, the rate was only 265 deaths per 100,000; for Asian American women, it was 221; and for Native American women, it was 259. In Minnesota, patterns of mortality from heart disease among women of different racial and ethnic groups differed slightly from those in the nation as a whole. African American women experienced mortality from heart disease at a rate of 339 per 100,000; white women did at a rate of 282 per 100,000; and Hispanic women's rate was only 138 per 100,000. Asian American women had the lowest mortality rates at only 99 per 100,000 population. Notably, while African American, white, Hispanic, and Asian American women had mortality rates much lower in Minnesota than nationally, Native American women in Minnesota (at 472 per 100,000) had much higher rates than Native American women nationally.

Cancer is the leading cause of death for women aged 45-74, and women's lung cancer, the leading cause of cancer death, in particular is on the rise. Among women nationally, the incidence of lung cancer doubled and the death rate rose 182 percent between the early 1970s and early 1990s (National Center for Health Statistics, 1996). Like heart disease, lung cancer is closely linked with cigarette smoking. State public awareness efforts on the link between cancer and smoking can be crucial to lowering lung cancer incidence and mortality. In Minnesota, the mortality rate from lung cancer is 28.2 per 100,000 population, below the national rate of 33.3 per 100,000 women. As a result, Minnesota ranks tenth in the nation and fourth out of seven states in its region on this indicator. In addition, in Minnesota mortality from lung cancer is higher among African American women than among white women. In Minnesota, 28.0 white women per 100,000 die from lung cancer each year, while 33.6 African American women do. Nationally, 33.8 white women and 32.7 African American women per 100,000 die annually from lung cancer.

Among cancers, breast cancer is the second-most common cause of death for U.S. women. Approximately 175,000 new invasive cases of breast cancer are expected in 1999 (American Cancer Society, 1999). Breast cancer screening is crucial not just for detecting breast cancer but also for reducing breast cancer mortality. Consequently

health insurance coverage, breast cancer screenings, and public awareness of the need for screenings are all important issues to address as states attempt to diminish death rates from the disease. Minnesota's rate of mortality from breast cancer is similar to the national average, at 25.3 versus 26.0 per 100,000 population. As a result, the state ranks 26th on this indicator. However, the state ranks fifth of seven in the West North Central region. Like mortality rates from lung cancer in Minnesota, mortality rates from breast cancer are higher among African American women than they are among white women and higher than national rates for African American women. In Minnesota, mortality from breast cancer is 25.5 per 100,000 white women but 39.1 per 100,000 African American women. Nationally, the mortality rate from breast cancer is 25.6 per 100,000 white women and 31.5 per 100,000 African American women.

People with diabetes are two to four times more likely to develop heart disease or stroke, blindness, kidney disease, and other serious health conditions than those without it, and women with diabetes have the same risk of heart disease as men (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999b). Rates of diabetes vary tremendously by race, with African Americans, Hispanics, and American Indians experiencing much higher rates than white men and women (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998). The overall risk of diabetes can be decreased by lowering the level of obesity and by improving health habits in a state. In Minnesota, 5.1 percent of women have been diagnosed with diabetes at some point in their lifetime, a rate comparable to the median rate for all states, 5.3 percent. Minnesota ranks 24th in the nation and fifth in its region on this indicator of women's health.

Sexually transmitted diseases (STDs) are a common threat to younger women's health. As with many other health problems, education, awareness, and proper screening are key to limiting the spread of STDs and diminishing the health impact associated with them. One of the more common STDs among women is chlamydia, which affects over 436,000 women in the United States. Chlamydia is often asymptomatic, as up to 85 percent of women who have it manifest no symptoms. Nonetheless, chlamydia can lead to Pelvic Inflammatory Disease (PID), which is a serious threat to female reproductive capacity (U.S. Department of Health and Human Services, Public Health Service, 2000). As a result, screening for chlamydia is important to women's reproductive health. In Minnesota, chlamydia affects 209.9 women per 100,000 population, a rate substantially lower than that for the United States as a whole, which is 335.8 women per 100,000 population. As a result, Minnesota ranks seventh in the nation and first in its region on this indicator of women's health status.

Finally, the incidence of HIV and AIDS in women is one of the fastest growing threats to their health, especially among younger women. In fact, the original gap between the incidence of AIDS in women and men is diminishing quickly. While in 1985 the incidence of AIDS-related illnesses among men was 13 times more than for women, by 1998-99 men had fewer than four times as many AIDS-related illnesses as women. The proportion of people with AIDS who are women is likely to continue rising, since a higher proportion of HIV cases are women: in 1998-99, 23 percent of AIDS cases were women, while 32 percent of HIV cases were (U.S. Department of Health and Human Services, Public Health Service, 1999). Moreover, the majority of the AIDS burden falls on minority women: in 1998, 63 percent of women diagnosed with AIDS were African American, and over 18 percent were Hispanic (U.S. Department of Health and Human Services, Public Health Service, 1999). Unfortunately, state-by-state data for minority women are not available. However, overall, Minnesota has a lower incidence rate of AIDS than the nation as a whole, at 2.1 and 9.4, respectively, per 100,000 population. For men, the AIDS incidence rate is almost four times lower in Minnesota than in the nation, at 8.7 cases per 100,000 population in Minnesota and 33.2 cases in the United States as a whole (data not shown; U.S. Department of Health and Human Services, Public Health Service, 1999). Although Minnesota ranks slightly above the midpoint for all states, at 21st on this indicator, it ranks quite low in its region at only sixth of seven states.

Mental Health

Women experience certain psychological disorders, such as depression, anxiety, panic disorders, and eating disorders, at higher rates than men. However, they are less likely to suffer from substance abuse and conduct disorder than men are. Overall, about half of all women aged 15-54 experience symptoms of psychological disorders at some point in their lives (National Center for Health Statistics, 1996). However, because of stigmas associated with psychological disorders and their treatment, many go untreated. In addition, while many health insurance policies cover some portion of alcohol and substance abuse programs, many do not adequately cover treatments of psychological disorders. These treatments, however, are integral to helping patients achieve good mental health.

In Minnesota, women's self-reported evaluations indicate that women experience an average of 3.7 days per month on which their mental health is not good, and the state ranks 30th on this measure (see Table 15 and Chart VII). Nationally, the median rate for all states is 3.5 days per month of poor mental health. Men's rate of poor mental health is also close to the national median at 2.6 and 2.4 days, respectively (data not shown). In Minnesota, men's lower rate of poor mental health compared with women mirrors national trends: in the nation as a whole, the median rate for women is over 1 day more than it is for men (3.5 and 2.4 days per month, respectively). Minnesota ranks 30th in the nation and sixth in its region on this indicator of women's health.

One of the most severe public health problems related to psychological disorders is suicide. In the United States as a whole, 1.3 percent of all deaths occur from suicide, about the same number of deaths as from AIDS (National Institute of Mental Health, 1999). Women are much less likely than men to commit suicide, with four times as many as women dying by suicide. However, women are twice as likely to attempt suicide as men are, and a total of 500,000 suicide attempts are estimated to have occurred in 1996. In addition, in 1997, suicide was the fourth leading cause of death among women aged 14-24 and 35-44, the sixth leading cause of death among women aged 25-34, and the eighth leading cause of death among women 45-54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2000). Among women in the United States, the annual rate of mortality from suicide is 3.9 per 100,000 population; in Minnesota, it is lower, at 3.3. As a result, Minnesota ranks eleventh in the nation and first in the Midwest region on this indicator of women's health status.

While risk factors for suicide often occur in combination, research indicates that 90 percent of men and women who kill themselves are experiencing depression, substance abuse, or another diagnosable psychological disorder (National Institute of Mental Health, 1999). As a result, policies that extend and expand mental health services to those who need them can help potential suicide victims. According to the National Institute of Mental Health, the most effective programs prevent suicide by addressing broader mental health issues, such as stress and substance abuse (National Institute of Mental Health, 1999).

Limitations on Activities

Women's overall health status strongly affects their ability to carry out everyday tasks, provide for their families, fulfill their goals, and live full and satisfying lives. Illness, disability and generally poor health can obstruct their ability to do so. Women's self-evaluation of the number of days in a month on which their activities were limited by their health status measures the extent to which women are unable to perform the tasks they need and want to complete. Among all states, the median is 3.6 days; in Minnesota, the average number of days of limited activities for women is much higher at 4.2 (see Table 15). Similarly, for men, the rate in Minnesota (4.1 days per month) is much higher than the median rate for all states (3.5 days per month; data not shown). Minnesota's performance on this indicator led to ranks of 40th in the nation and last in the West North Central region.

Preventive Care and Health Behaviors

Women's health status is affected tremendously by their use of early detection measures, preventive health care, and good personal health habits. In fact, preventive health care, healthy eating and exercise, as well as elimination of smoking and heavy drinking, can help women avoid many of the diseases and conditions described above. Table 16 presents data on women's use of preventive care, early detection resources, and good health habits in Minnesota. Generally, women in Minnesota use preventive care resources at levels that are slightly below average. Of women over age 50, 60 percent have had a mammogram within the past two years, much lower than the median for all states of 67.8 percent. Minnesota women also have rates of cholesterol screenings that are slightly lower than the median rate for all states. In contrast, the rate for usage of pap smears is about the same in Minnesota as it is in the nation as a whole (85.0 percent versus 84.9 percent within three years).

Women in Minnesota generally have relatively good health habits. The percent of adult women in Minnesota who smoke, 16.4 percent, is much less than the median for all states, 20.8 percent (see Table 16). Women in Minnesota are also much more likely to participate in physical activity and to eat the recommended amount of fruits and vegetables than women in other states. However, the percent of Minnesota women who drink chronically (60 or more alcoholic beverages a month) is almost twice the median for all states (1.3 and 0.7, respectively).

Table 16.
Preventive Care and Health Behaviors

	Minnesota	United States*
Preventive Care		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 1998[a]	60.0	67.8
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 1998[a]	85.0	84.9
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 1995[b]	65.7	68.2
Health Behaviors		
Percent of Women Who Smoke (100 or more cigarettes in their lifetime and who now smoke everyday or some days), 1998[a]	16.4	20.8
Percent of Women Who Report Chronic Drinking (60 or more alcoholic beverages during the previous month), 1995[b]	1.3	0.7
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 1998[a]	25.1	29.9
Percent of Women Who Do Not Eat 5 or More Servings of Fruits or Vegetables per Day, 1998[a]	65.5	72.2

* National rates are median rates for the 50 states and the District of Columbia.

Source: [a] Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, 1999a; [b] Centers for Disease Control, 1997.

Compiled by the Institute for Women's Policy Research.

State Health Policies and Resources

State policies can contribute to women's health status in significant ways. Because poverty is closely associated with poor health among women, policies allocating resources to Medicaid programs to help low-income men and women cover health-related expenses are critical for improving health and well-being. Women are particularly affected by resource allocations to Medicaid programs since more women than men live in poverty and, consequently, over 50 percent more women receive Medicaid benefits than men (U.S. Department of Health

and Human Services, Health Care Financing Administration, 1999a). In Minnesota, more women than men receive health insurance from public sources (12.5 percent versus 6.8 percent; see Table 12). During the 1990s, states gained increased autonomy in setting eligibility and benefit levels for Medicaid programs, and as a result their spending varied substantially. Table 17 shows the level of Medicaid spending per adult enrollee in Minnesota ("adults" are generally defined as nondisabled people aged 18-64, although some states extend "adult" to cover some younger people, such as pregnant teens or mothers classified as head-of-household). In 1997, at $1,680 per adult enrollee, Minnesota's spending was below the average among all states ($1,874 per adult enrollee). Without adequate financial support for their health care needs, the health status of low-income women and their families is likely to suffer. State and federal policy should also ensure that as men and women move away from welfare and into the workforce, they do not lose access to health insurance.

Domestic violence and stalking can also affect women's physical health and mental well-being significantly. Very little reliable data on rates of violence against women exist, however, because many incidences of violence go unreported. Women who suffer from domestic violence, stalking, and other crimes often need appropriate services to help them make the transition from a violent and unhealthy situation to an independent and stable life. Still, state spending related to violence against women varies tremendously. Table 17 shows that Minnesota's funding for domestic violence and stalking programs, at $1.78 per person in the state, is considerably above the national average of $1.34. Of these funds, 10 percent came from the federal government, while the remaining 90 percent came from the state. Of federal funds, 56 percent was spent on domestic violence programs

Table 17.
Medicaid Spending and Domestic Violence and Sexual Assault Spending Per Person in Minnesota and the United States

	Minnesota	United States
Medicaid Spending Per Adult Enrollee, 1997[a]	**$1,680**	**$1,874**
Domestic Violence and Sexual Assault Services and Prevention Spending Per Capita, 1994-95[b]	**$1.78**	**$1.34**

Source: [a] Urban Institute, 1999; [b] Centers for Disease Control, National Center for Injury Prevention and Control, 1997.
Compiled by the Institute for Women's Policy Research.

Table 18.
State Health Insurance Mandates in Minnesota, 1999

	Yes	No	Total, United States (of 51)
Does Minnesota require insurance companies to...			
Cover screenings for cervical cancer?[a]	✓		23
Cover screenings for osteoporosis?[a]		✓	7
Cover inpatient care for a defined period after a mastectomy?[a]		✓	19
Allow women to identify a specialist in obstetrics and gynecology as their primary care physician or allow direct access to one?[a]	✓		37
Cover or offer at least one policy covering mental health services at the same level as other health services?[b]	✓		20

Source: [a] Stauffer and Plaza, 1999; [b] Delaney, 1999.
Compiled by the Institute for Women's Policy Research.

and 44 percent was spent on sexual assault programs. Of state funds, 74 percent was spent on domestic violence programs and 26 percent was spent on sexual assault programs.

Studies show that the quality of insurance coverage significantly affects women's access to certain health resources and, consequently, their health (Mead, Witkowski and Hartmann, forthcoming). In order to advance women's and men's access to adequate health-related resources, many states have passed policies governing health care coverage by insurance companies for their policyholders. These policies include required coverage for preventive screenings for cervical cancer and osteoporosis; laws allowing women to choose a specialist in obstetrics and gynecology as their primary care physician or allowing direct access to one without referral; and mandates for coverage of mental health services. In addition, some states have mastectomy stay laws, requiring insurance companies to cover inpatient care for defined periods following a mastectomy. Overall, Minnesota has some state insurance mandates important to women, but it still lacks a few significant policies (see Table 18). In particular, women in the state would benefit from a requirement for coverage of osteoporosis screenings and a mastectomy stay law.

Conclusions and Policy Recommendations

Women in the United States have made a great deal of progress in recent decades. Women are more educated, they are more active in the workforce, and they have made some strides in narrowing the wage gap. In other areas, however, women face substantial and persistent obstacles to attaining equality. Women are far from achieving political representation in proportion to their share of the population, and the need to defend and expand their reproductive rights endures. Moreover, many improvements in women's status are complicated by larger economic and political factors. For example, while women are approaching parity with men in labor force participation, women's added earnings are in many cases simply compensating for earnings losses among married men in the last two decades. And since women's median earnings still lag behind men's, they cannot contribute equally to supporting their families, much less achieve economic autonomy.

Many of the factors affecting women's status are interrelated. Educational attainment often directly relates to earnings; full-time work often correlates with insurance coverage. Greater female political representation can result in more women-friendly policies. But today's costly campaign process presents another barrier to women, who often have less access to the economic resources required to make them more competitive candidates. Thus in many cases the issues covered by this report are interdependent and mutually reinforcing.

Women's status varies significantly across states and regions, and the reasons for these differences are not well understood. Very little research has been done on the causes of the diversity revealed in this report or the factors associated with it. Different local and regional economic structures—whether based on manufacturing, commerce, or government—undoubtedly affect women's employment and earnings opportunities, while cultural and historical factors may better explain variations in educational attainment, reproductive rights and women's political behavior and opportunities. Variance in specific public policies undoubtedly accounts for some of the contrasts in outcomes among the states. Indicators such as those presented here can be used to monitor women's progress and evaluate the effects of policy changes on a state-by-state basis.

In a time when the federal government is transferring many responsibilities to the state and local level, women need state-based public policies to adequately address these complex issues:

- Women's wages need to be raised by policies such as stronger enforcement of equal employment opportunity laws, improved educational opportunities, higher minimum wages, or the implementation of pay equity adjustments in the state civil service and/or in the private sector.

- Rates of women's business ownership and business success could be increased by ensuring that state and local government contracts are accessible to women-owned businesses.

- Women workers would benefit from the greater provision of adequate and affordable child care and from mandatory temporary disability insurance and paid parental and dependent-care leave policies.

- Women's physical security can be enhanced by increasing public safety generally and by better protecting women from domestic violence, via anti-stalking and other legislation and better police and judicial training.

- Women's economic security can be improved by greater state emphasis on child support collection and by implementing welfare reform programs that maximize women's educational and earning opportunities, while still providing a basic safety net for those who earn very low wages or cannot work.

National policies also remain important in improving women's status in individual states and in the country as a whole:

- The federal minimum wage, federal equal employment opportunity legislation and federal health and safety standards are all critical in ensuring minimum levels of decency and fairness for women workers.

- Because union representation correlates strongly with higher wages for women and improved pay equity, benefits and working conditions, federal laws that protect and encourage unionization efforts would assist women workers.

- Policies such as paid family leave could be legislated nationally as well as at the state level through, for example, mandatory insurance or the establishment of an employee pay-in system.

- Because most income redistribution occurs at the national level, federal legislation on taxes, entitlements and income security programs (such as the Earned Income Tax Credit, Social Security, Medicaid, Medicare, Food Stamps and welfare) will continue to profoundly affect women's lives and should take women's needs and interests into account.

In most cases, both state and national policies lag far behind the changing realities of women's lives.

IWPR's series of reports on *The Status of Women in the States* establishes baseline measures for the status of women in the 50 states and the District of Columbia. In accordance with IWPR's purpose—to meet the need for women-centered, policy-relevant research—these reports describe women's lives and provide the tools to analyze the policies that can and do affect them.

Appendix I
Basic Demographics

This Appendix includes data on different populations within Minnesota. Statistics on age, the sex ratio and the elderly female population are presented, as are the distribution of women by race/ethnicity and family types and information on women in prisons. These data present an image of the state's

Appendix Table 1.
Basic Demographic Statistics for Minnesota and the United States

	Minnesota	United States
Total Population, 1998[a]	**4,725,419**	**270,298,524**
Number of Women, All Ages[b]	2,397,511	138,252,197
Sex Ratio (women to men, aged 18 and older)[b]	1.06:1	1.08:1
Median Age of All Women[b]	36.0	36.3
Proportion of Women Over Age 65[b]	14.2%	14.6%
Distribution of Women by Race and Ethnicity, All Ages, 1995[c]		
White*	92.3%	73.0%
African American*	2.6%	12.8%
Hispanic**	1.5%	9.8%
Asian American*	2.3%	3.6%
Native American*	1.2%	0.8%
Distribution of Households by Type, 1990[d]		
Total Number of Family and Nonfamily Households	1,645,918	91,770,958
Married-Couple Families (with and without their own children)	58.2%	56.2%
Female-Headed Families (with and without their own children)	8.2%	11.3%
Male-Headed Families (with and without their own children)	2.7%	3.2%
Nonfamily Households: Single-Person Households	25.0%	24.4%
Nonfamily Households: Other	5.9%	4.9%
Distribution of Women Aged 15 and Older by Marital Status, 1990[e]		
Married	57.1%	55.6%
Single	23.9%	23.1%
Widowed	11.1%	11.9%
Divorced	7.9%	9.4%
Percent of Households with Children Under Age 18 Headed by Women, 1990[f]	**15.9%**	**19.5%**
Proportion of Women Living in Metropolitan Areas, All Ages, 1990[g]	**69.2%**	**83.1%**
Proportion of Women Who Are Foreign-Born, All Ages, 1990[h]	**2.7%**	**7.9%**
Percent of Federal and State Prison Population Who Are Women, 1998[i]	**5.2%**	**6.5%**

* Non-Hispanic.

** Hispanics may be of any race.

Source: [a] U.S. Department of Commerce, Bureau of the Census, 1999b; [b] U.S. Department of Commerce, Bureau of the Census, 1999d; [c] U.S. Department of Commerce, Bureau of the Census, 1997a; [d] Population Reference Bureau, 1993, Table 7; [e] Population Reference Bureau, 1993, Table 10; [f] IWPR, 1995a; [g] Population Reference Bureau, 1993, Table 6; [h] Population Reference Bureau, 1993, Table 3; [i] U.S. Department of Justice, Bureau of Justice Statistics, 1999, Tables 3 and 7.

Compiled by the Institute for Women's Policy Research.

female population and can be used to provide insight on the topics covered in this report. For example, compared with the United States as a whole, Minnesota has a lower ratio of women to men, a slightly younger population, much smaller proportions of African American, Hispanic, Asian American and foreign-born women, a much larger proportion of Native American women, and a considerably lower proportion of women living in urban areas. Demographic factors have implications for the location of economic activity, the types of jobs available, market growth, and the types of public services needed.

Minnesota has the 20th largest population among all the states in the United States. There were almost 2.4 million women of all ages in Minnesota in 1998 (see Appendix Table 1). Between 1990 and 1998, the population of Minnesota grew by 8.0 percent, slightly less than the growth of the nation as a whole (8.7 percent; U.S. Department of Commerce, Bureau of the Census, 1999e). Within its region, Minnesota's population growth rate is the highest and is well above the regional average of 5.9 percent. White women are a much larger share of the female population in Minnesota than they are in the United States as a whole, making up 92.3 percent of women in the state (compared with 73.0 percent for the nation as a whole). Among the racial/ethnic groups in Minnesota, African American women (2.6 percent) constitute a proportion substantially lower than the national average (12.8 percent). Hispanic and Asian American women combined make up less than 4.0 percent of the female population in Minnesota, more than 9 percentage points lower than for the rest of the United States. On the other hand, Minnesota has a larger proportion of Native American women than the nation as a whole, at 1.2 percent versus 0.8 percent.

The proportion of single women in Minnesota is approximately the same as that in the country as a whole (see Appendix Table 1). Minnesota has about the same proportion of widowed women but a lower percentage of divorced women. The proportion of women in Minnesota who are married is higher than the proportion nationally (57.1 percent compared with 55.6 percent). Minnesota's distribution of family types diverges somewhat from that in the nation as a whole. While the proportion of single-person households is slightly higher than in the nation as a whole, the proportion of female-headed families in Minnesota (8.2 percent) is much smaller than in the United States as a whole (11.3 percent). The proportion of married-couple families in Minnesota is somewhat larger than nationally. Female-headed households with children under age 18 constitute 15.9 percent of all families with children in Minnesota, a smaller proportion than the 19.5 percent nationwide.

Minnesota's proportion of women living in metropolitan areas is substantially lower than in the nation as a whole (69.2 percent compared with 83.1 percent of women in the United States). The percent of Minnesota's prison population that is female is also lower than the national average (see Appendix Table 1). There is a large difference between Minnesota and the nation as a whole in terms of the proportion of the population that is foreign-born: Minnesota has a much smaller foreign-born female population than does the United States as a whole (2.7 percent compared with 7.9 percent).

Appendix II
Methodology, Terms and Sources for Chart I (the Composite Indices)

Composite Political Participation Index

This composite index reflects four areas of political participation: voter registration; voter turnout; women in elective office, including state legislatures, statewide elective office and positions in the U.S. Congress; and institutional resources available for women (such as a commission for women or a legislative caucus).

To construct this composite index, each of the component indicators was standardized to remove the effects of different units of measurement for each state's score on the resulting composite index. Each component was standardized by subtracting the mean value (for all 50 states) from the observed value and dividing by the standard deviation. The standardized scores were then given different weights. Voter registration and voter turnout were each given a weight of 1.0. The component indicator for women in elected office is itself a composite reflecting different levels of office-holding and was given a weight of 4.0. The last component indicator, women's institutional resources, is also a composite of scores indicating the presence or absence of each of two resources: a commission for women and a women's legislative caucus. It received a weight of 1.0. The resulting weighted, standardized values for each of the four component indicators were summed for each state to create a composite score. The states were then ranked from the highest to the lowest score.

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score." Women's voter registration and voter turnout were each set at the value of the highest state for these components; each component of the composite index for women in elected office was set as if 50 percent of elected officials were women; and scores for institutional resources for women assumed the ideal state had both a commission for women and a women's legislative caucus in each house of the state legislature. Because states can have a negative score on this composite index, values for each of the components were set at low levels as well: voter registration and turnout were each set at the value of the lowest state; each component of the composite index of women in elected office was set at 0.0, and women's institutional resources were each set at 0.0. Each state's score was then compared with the difference between the ideal score and the lowest possible score, to get a percentage value representing the state's performance relative to the ideal performance. The resulting percentage determined the state's grade.

Women's Voter Registration: This component indicator is the average percent (for the presidential and congressional elections of 1992 and 1996) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported registering. Source: U.S. Department of Commerce, Bureau of the Census (1993, 1998b) based on the Current Population Survey.

Women's Voter Turnout: This component indicator is the average percent (for the presidential elections of 1992 and 1996) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported voting. Source: U.S. Department of Commerce, Bureau of the Census (1993, 1998b) based on the Current Population Survey.

Women in Elected Office: This composite indicator is based on a methodology developed by the Center for Policy Alternatives (1995). It has four components and reflects office-holding at the state and national levels as of January 2000. For each state, the proportion of office-holders who are women was computed for four levels: state representatives; state senators; statewide elected executive officials and U.S. Representatives; and U.S. Senators and governors. The percents were then converted to scores that ranged from 0 to 1 by dividing the observed value for each state by the highest value for all states. The scores were then weighted according to the degree of political influence of the

position: state representatives were given a weight of 1.0, state senators were given a weight of 1.25, statewide executive elected officials (except governors) and U.S. Representatives were each given a weight of 1.5, and U.S. Senators and state governors were each given a weight of 1.75. The resulting weighted scores for the four components were added to yield the total score on this composite for each state. The highest score of any state for this composite office-holding indicator is 7.62. These scores were then used to rank the states on the indicator for women in elected office. Source: Data were compiled by IWPR from several sources including the Center for American Women and Politics (1999a, 1999c, 1999d, and 1999e); Council of State Governments, 1998.

Women's Institutional Resources: This indicator measures the number of institutional resources for women available in the state from a maximum of two, including a commission for women (established by legislation or executive order) and a legislative caucus for women (organized by women legislators in either or both houses of the state legislature). States receive 1.0 point for each institutional resource present in their state, although they can receive partial credit if a bipartisan legislative caucus does not exist in both houses. States receive a score of 0.25 if informal or partisan meetings are held by women legislators in either house, 0.5 if a formal legislative caucus exists in one house but not the other, and 1.0 if a formal legislative caucus is present in both houses or the legislature is unicameral. Source: National Association of Commissions on Women, 1997, updated in 1999 by IWPR, and Center for American Women and Politics, 1998.

Composite Employment and Earnings Index

This composite index consists of four component indicators: median annual earnings for women, the ratio of the earnings of women to the earnings of men, women's labor force participation, and the percent of employed women in managerial and professional specialty occupations.

To construct this composite index, each of the four component indicators was standardized; that is, for each of the four indicators, the observed value for the state was divided by the comparable value for the entire United States. The resulting values were summed for each state to create a composite score. Each of the four component indicators has equal weight in the composite. The states were ranked from the highest to the lowest score.

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score." Women's earnings were set at the median annual earnings for men in the United States as a whole; the wage gap was set at 100 percent, as if women earn as much as men; women's labor force participation was set at the national number for men; and women in managerial and professional positions was set at the highest score for all states. Each state's score was then compared with the ideal score, to get a percentage value representing the state's performance relative to the ideal performance. The resulting percentage determined the state's grade.

Women's Median Annual Earnings: Median yearly earnings (in 1998 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1996, 1997 and 1998. Earnings were converted to constant dollars using the Consumer Price Index and the median was selected from the merged data file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state. The sample size for women ranges from 511 in Vermont to 4,805 in California; for men, the sample size ranges from 641 in the District of Columbia to 7,594 in California. For Minnesota, the sample size is 777 for women and 1,151 for men. These earnings data have not been adjusted for cost-of-living differences between the states because the federal government does not produce an index of such differences. Source: Economic Policy Institute calculations of the 1997-99 Annual Demographic Files (March) from the Current Population Survey, for the 1996-98 calendar years; Economic Policy Institute, 2000.

Ratio of Women's to Men's Earnings: Median yearly earnings (in 1998 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1996-98

divided by the median yearly earnings (in 1998 dollars) of noninstitutionalized men aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1996-98. See the description of women's median annual earnings, above, for a more detailed description of the methodology and for sample sizes. Source: Economic Policy Institute calculations of the 1997-99 Annual Demographic Files (March) from the Current Population Survey; Economic Policy Institute, 2000.

Women's Labor Force Participation (proportion of the adult female population in the labor force): Percent of civilian noninstitutionalized women aged 16 and older who were employed or looking for work (in 1998). This includes those employed full-time, part-time voluntarily or part-time involuntarily, and those who are unemployed. Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c (based on the Current Population Survey).

Women in Managerial and Professional Occupations: Percent of civilian noninstitutionalized women aged 16 and older who were employed in executive, administrative, managerial or professional specialty occupations (in 1998). Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999b (based on the Current Population Survey).

Composite Economic Autonomy Index

This composite index reflects four aspects of women's economic well-being: access to health insurance, educational attainment, business ownership, and the percent of women above the poverty level.

To construct this composite index, each of the four component indicators was standardized; that is, for each indicator, the observed value for the state was divided by the comparable value for the United States as a whole. The resulting values were summed for each state to create a composite score. Each of the four components has equal weight in the composite. The states were ranked from the highest to the lowest score.

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score." Women with health insurance was set at the highest value for all states; women with higher education was set at the national value for men; women-owned business was set as if 50 percent of businesses were owned by women; and women in poverty was set at the national value for men. Each state's score was then compared with the ideal score, to get a percentage value representing the state's performance relative to the ideal performance. The resulting percentage determined the state's grade.

Percent with Health Insurance: Percent of civilian noninstitutionalized women between ages 18 and 65 who are insured. The state-by-state percents are based on the averages of three years of pooled data from the 1997-99 Current Population Survey from the Bureau of the Census, for data years 1996-98. Source: Employee Benefit Research Institute, 1999.

Educational Attainment: In 1989, the percent of women aged 25 and older with four or more years of college. Source: Population Reference Bureau, 1993, based on the Public Use Microdata Sample of the 1990 Census of Population.

Women's Business Ownership: In 1992, the percent of all firms (legal entities engaged in economic activity during any part of 1992 that filed an IRS Form 1040, Schedule C; 1065; or 1120S) owned by women. This indicator excludes Type C corporations. The Census Bureau estimates that there were approximately 517,000 Type C corporations in 1992. The Bureau of the Census was required to provide data on women's ownership of Type C corporations by the Women's Business Ownership Act of 1988. The Bureau's methodology for doing so differs from the methods used for other forms of business ownership, which include individual proprietorships and self-employment, partnerships and Subchapter S corporations (those with fewer than 35 shareholders who can elect to be taxed as individuals). Type C corporations are non-Subchapter S corporations. The Bureau of the Census determines the sex of business owners by matching the social security numbers of individuals who file business tax returns (Form 1040, Schedule C; 1065; or 1120S)

with Social Security Administration records providing the sex codes indicated by individuals on their original applications for social security numbers. For partnerships and corporations, a business is classified as women-owned based on the sex of the majority of the owners. Data for Type C corporations do not come from tax returns and because of the limitations of the sample are considered less reliable. Source: U.S. Department of Commerce, 1996a, based on the 1992 Economic Census. (Please note that results of the 1997 Economic Census were not available at the time of production of this report.)

Percent of Women Above Poverty: In 1996-98, the percent of women living above the official poverty threshold, which varies by family size and composition. The average percent of women above the poverty level for the three years is used; three years of data ensure a sufficiently large sample for each state. In 1997, the poverty level for a family of four was $16,700. Source: Economic Policy Institute calculations of the 1997-99 Annual Demographic Files (March) from the Current Population Survey for the calendar years 1996-98; Economic Policy Institute, 2000.

Composite Reproductive Rights Index

This composite index reflects a variety of indicators of women's reproductive rights. These include access to abortion services without mandatory parental consent laws for minors; access to abortion services without a waiting period; public funding for abortions under any circumstances if a woman is eligible; percent of women living in counties with at least one abortion provider; whether the governor or state legislature is pro-choice; existence of state laws requiring health insurers to provide coverage of contraceptives; policy that mandates that insurers cover infertility treatments; whether second-parent adoption is legal for gay/lesbian couples; and mandatory sex education.

To construct this composite index, each component indicator was rated on a scale of 0 to 1 and assigned a weight. The notification and waiting-period indicators were each given a weight of 0.5. The indicators of public funding for abortions, pro-choice government, women living in counties with an abortion provider, and contraceptive coverage were each given a weight of 1.0. The infertility coverage law and gay/lesbian adoption law were each given a weight of 0.5. Finally, states were given 1.0 point if they mandate sex education for students. The weighted scores for each component indicator were summed to arrive at the value of the composite index score for each state. The states were ranked from the highest to the lowest score.

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score." An "ideal state" was assumed to have no notification or waiting period policies; public funding for abortion; pro-choice government; 100 percent of women living in counties with an abortion provider; insurance mandates for contraceptive coverage and infertility coverage; maximum legal guarantees of second-parent adoption; and mandatory sex education for students. Each state's score was then compared with the resulting ideal score, to get a percentage value representing the state's performance relative to the ideal performance. The resulting percentage determined the state's grade.

Mandatory Consent: States received a score of 1.0 if they allow minors access to abortion without parental consent or notification. Mandatory consent laws require that minors gain the consent of one or both parents before a physician can perform the procedure, while notification laws require they notify one or both parents of the decision to have an abortion. Source: NARAL and NARAL Foundation, 2000.

Waiting Period: States received a score of 1.0 if they allow a woman to have an abortion without a waiting period. Such legislation mandates that a physician cannot perform an abortion until a certain number of hours after notifying the woman of her options in dealing with a pregnancy. Source: NARAL and NARAL Foundation, 2000.

Restrictions on Public Funding: If a state provides public funding for abortions under most circumstances for women who meet income eligibility

standards, it received a score of 1.0. Source: NARAL and NARAL Foundation, 2000.

Percent of Women Living in Counties with at Least One Abortion Provider: For the indicator of the percent of women in counties with abortion providers, states were given a scaled score ranging from 0 to 1, with states with 100 percent of women living in counties with abortion providers receiving a 1. Source: Henshaw, 1998.

Pro-Choice Governor or Legislature: This indicator is based on NARAL's asssessment of whether governors and legislatures would support a ban or restrictions on abortion. Governors and legislatures who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. Each state received 0.33 points per pro-choice governmental body--governor, upper house and lower house--up to a maximum of 1.0 point. Those governors and legislatures with mixed assessments received half credit. Source: NARAL and NARAL Foundation, 1999.

Contraceptive Coverage Laws: Whether a state has a law or policy requiring that health insurers who provide coverage for prescription drugs extend coverage for FDA-approved contraceptives (e.g., drugs and devices) and related medical services, including exams and insertion/removal treatments. States received a score of 1.0 if they mandate full contraceptive coverage. They received a score of 0.5 if they mandate partial coverage, which may include mandating that insurance companies offer at least one insurance package covering some or all birth control prescription methods or requiring insurers with coverage for prescription drugs to cover oral contraceptives. Source: NARAL and NARAL Foundation, 2000.

Coverage of Infertility Treatments: States mandating that insurance companies provide coverage of infertility treatments received a score of 1.0, while states mandating that insurance companies offer policyholders at least one package with coverage of infertility treatments received a score of 0.5. Source: Stauffer and Plaza, 1999.

Same-Sex Couples and Adoption: Whether a state allows gays and lesbians the option of second-parent adoption, which occurs when a nonbiological parent in a couple adopts the child of his or her partner. At the state level, courts and/or legislatures have upheld or limited the right to second-parent adoption among gay and lesbian couples. States were given 1.0 point if the state supreme court has prohibited discrimination against these couples in adoption, 0.75 if an appellate or high court has, 0.5 if a lower court has approved a petition for second parent adoption, 0.25 if a state has no official position on the subject, and no points if the state has banned second parent adoption. Source: Hawes, 1999.

Mandatory Sex Education: States received a score of 1.0 if they require middle, junior or high schools to provide sex education classes. Source: NARAL and NARAL Foundation, 2000.

Composite Health and Well-Being Index

This composite index includes nine measures of women's physical and mental health: mortality from heart disease, mortality from breast cancer, mortality from lung cancer, incidence of diabetes, incidence of chlamydia, incidence of AIDS, prevalence of poor mental health, mortality from suicide, and mean days of activity limitations. To construct the composite index, each of the component indicators was converted to scores ranging from 0 to 1 by dividing the observed value for each state by the highest value for all states. Each score was then subtracted from 1 so that high scores represent lower levels of mortality, poor health, or disease. Scores were then given different weights. Mortality from heart disease was given a weight of 1.0. Breast and lung cancer were each given a weight of 0.5. Incidence of diabetes, chlamydia, and AIDS were each given a weight of 0.5. Mean days of poor mental health and women's mortality from suicide were given a weight of 0.5. Activity limitations were given a weight of 1.0. The resulting values for each of the component indicators were summed for each state to create a composite score. The states were then ranked from the highest to the lowest score.

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score." Mortality from heart disease, breast cancer and lung cancer were set according to national goals for the year 2010, as determined by the U.S. Department of Health and Human Services under the Healthy People 2010 program (U.S. Department of Health and Human Services, Public Health Service, 2000). For heart disease and breast cancer, this entailed a 20 percent decrease from the national number. For lung cancer, it entailed a 22 percent decrease from the national number. For incidence of diabetes, chlamydia and AIDS and mortality from suicide, Healthy People 2010 goals are to achieve levels that are "better than the best," and thus the ideal score was set at the lowest rate for each indicator among all states. In the absence of national objectives, mean days of poor mental health and mean days of activity limitations were also set at the lowest level among all states. Each state's score was then compared with the ideal score, to get a percentage value representing the state's performance relative to the ideal performance. The resulting percentage determined the state's grade.

Mortality from Heart Disease: Average annual mortality from heart disease among all women per 100,000 population (in 1995). Data are age-adjusted to the 1970 total U.S. population. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998.

Mortality from Breast Cancer: Average mortality among women from breast cancer per 100,000 population (in 1991-95). Data are age-adjusted to the 1970 U.S. standard population. Source: American Cancer Society, 1999.

Mortality from Lung Cancer: Average mortality among women from lung cancer per 100,000 population (in 1991-95). Data are age-adjusted to the 1970 U.S. standard population. Source: American Cancer Society, 1999.

Percent of Women Who Have Ever Been Told They Have Diabetes: As self-reported by female respondents in the Behavioral Risk Factor Surveillance System (BRFSS) survey in 1996. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age, and all data are age-adjusted to the 1970 U.S. standard population. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999a.

Incidence of Chlamydia: Average rate of chlamydia among women per 100,000 population (1993-97). Source: Centers for Disease Control, Division of STD Prevention, 1998.

Incidence of AIDS: Average incidence of AIDS-indicating diseases among women aged 13 years and older per 100,000 population (July 1998-June 1999). Source: U.S. Department of Health and Human Services, Public Health Service, 1999.

Poor Mental Health: Mean number of days in the past 30 days on which mental health was not good, as self-reported by female respondents in the BRFSS survey in 1996. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age, and all data are age-adjusted to the 1970 U.S. standard population. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999a.

Mortality from Suicide: Average annual mortality from suicide among all women per 100,000 population (in 1995-97). Data are age-adjusted to the 1970 total U.S. population. Source: Centers for Disease Control, National Center for Injury Prevention and Control, 2000b.

Mean Days of Activity Limitations: Mean number of days in the past 30 days on which activities were limited due to health status, as self-reported by female respondents in the BRFSS survey in 1996. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age, and all data are age-adjusted to the 1970 U.S. standard population. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999a.

Appendix III
Sources for Chart II
(Women's Resources and Rights Checklist)

Violence Against Women

Separate Offense: States are given a "yes" if they classify domestic violence as a separate offense from normal assault and battery. A separate offense allows enhanced penalties for repeat offenders and helps ensure equal treatment for victims of domestic violence. Source: Miller, 1999a.

Domestic Violence Training: Whether the state has adopted a legislative statute requiring new police recruits to undergo training about domestic violence. Source: Miller, 1999a.

State Funding for Domestic Violence and Stalking Programs: Amount of federal and state money allocated to a state's domestic violence and stalking programs per person in the state. Funding estimates come from a poll by the Centers for Disease Control and Prevention (CDC) of state and federal agencies administering and distributing the funds. The CDC notes that these numbers may not include all funding because of difficulties with the survey process; specifically, because violence against women and stalking funds are distributed to and by many different state agencies, the survey may not cover them all, and as such it may leave out some funding. Moreover, because data on incidence of domestic violence and stalking are unreliable, it is difficult to gauge how much funding states need to address the problem. The information is provided to indicate which states are above or below the national average. Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 1997.

Stalking Offense Status: Whether a state classifies a first offense for stalking as a felony. Source: Miller, 1999b.

Sexual Assault Training: Whether a state has adopted a legislative requirement mandating sexual assault training for police and prosecutors. Source: Miller, 1999b.

Child Support

Single-Mother Households Receiving Child Support or Alimony: A single-mother household is defined as a family headed by a nonmarried woman with one or more of her own children (by birth, marriage or adoption). Such a family is counted as receiving child support or alimony if it received full or partial payment of child support or alimony during the past year (Annie E. Casey Foundation, 1999). Figures are based on an average of data from the Current Population Survey for 1994-98. Source: Annie E. Casey Foundation, 1999.

Cases with Collection: A case is counted as having a collection if as little as one cent is collected during the year. These figures include data on child support for all family types. Source: U.S. Department of Health and Human Services, Administration for Children and Families, 1998.

Welfare

Child Exclusion/Family Caps: Whether a state extends TANF benefits to children born or conceived while a mother receives welfare. Many states have adopted a prohibition on these benefits, sometimes called a "family cap." Source: U.S. Department of Health and Human Services, Administration for Children and Families, 1999c.

Time Limits: States may not use federal funds to assist families with an adult who has received federally funded assistance for 60 months or more. They can set lower time limits, however. States that allow welfare recipients to receive benefits for the maximum allowable time or more are indicated by "yes." Source: U.S. Department of Health and Human Services, Administration for Children and Families, 1999c.

Work Requirements: What constitutes work activities is a contentious issue at both the state and federal level. State policies around these issues continue to evolve and are subject to caseworker discretion.

This report uses each state's self-reported policy to identify which states require immediate work activities and which allow recipients time before they lose benefits. Those states that allow at least 24 months are indicated as "yes." To receive the full amount of their block grants, states must demonstrate that a specific portion of their TANF caseload is participating in activities that meet the federal definition of work. In fiscal year 2000, states must show that 40 percent of their TANF caseload is working. The required proportion grows each year until 2002, when states must demonstrate that 50 percent of their TANF caseload is engaged in work. PRWORA also restricts the amount of a caseload that may be engaged in basic education or vocational training to be counted in the state's work participation figures and allows job training to count as work only for a limited period of time for any individual. Source: U.S. Department of Health and Human Services, Administration for Children and Families, 1999c.

Transitional Child Care: Whether a state extends child care to families moving off welfare beyond a minimum of twelve months. Source: U.S. Department of Health and Human Services, Administration for Children and Families, 1999c.

Family Violence Provisions in TANF Plans: States can provide exemptions to time limits and other policies to victims of domestic violence under the Family Violence Option. This measure indicates whether a state has opted for the optional certification or adopted other language providing for victims of domestic violence. Source: U.S. Department of Health and Human Services, Administration for Children and Families, 1999c.

Earnings Disregards: States are given leeway in determining how much of a low-income worker's earnings to disregard in determining eligibility for welfare recipiency. Six states have not changed their earnings disregards policy from the test that existed under the former welfare program, AFDC, which disregarded $90 for work expenses and $30 plus one-third of remaining earnings for four months; $120 for the next 8 months; and $90 after a full year. Forty-four states and the District of Columbia have changed their policies. Those that disregard at least 50 percent of earnings are indicated by a "yes." Source: U.S. Department of Health and Human Services, Administration for Children and Families, 1999c.

Size of TANF Benefit: Average monthly amount received by TANF recipient families in the state. This number is not adjusted for family size differences among the states. The average number of individuals in a TANF family in the United States as a whole was 2.8, with two of the family members children. While two in five families had only one child, one in ten had more than three children. Source: U.S. Department of Health and Human Services, Administration for Children and Families, 1999b.

Employment/Unemployment Benefits

Minimum Wage: States receive a "yes" if their state minimum wage rate as of March 2000 exceeded the federal rate. According to the Fair Labor Standards Act, the state minimum wage is controlling if it is higher than the federal minimum wage. A federal minimum wage increase was signed into law on August 20, 1996 and raised the federal standard to $5.15 per hour on September 1, 1997. Source: U.S Department of Labor, 1999.

Temporary Disability Insurance (TDI): In the five states with mandated Temporary Disability Insurance programs (California, Hawaii, New Jersey, New York and Rhode Island), employees and/or their employers pay a small percentage of the employee's salary into an insurance fund and, in return, employees are provided with partial wage replacement if they become ill or disabled. Source: Hartmann, Yoon, Spalter-Roth and Shaw, 1995.

Access to Unemployment Insurance (UI) for Low-Wage Workers: In order to receive UI, potential recipients must meet several eligibility requirements. Two of these are high quarter earnings and base period earnings requirements. The "base period" is a 12-month period preceding the start of a spell of unemployment. This, however, excludes the current calendar quarter and often the previous full calendar quarter (this has serious consequences for low-wage and contingent workers who need to count more recent earnings to qualify). The base period criterion states that the individual must have earned a minimum amount during the base period. The high quarter earnings criterion requires that

individuals earn a total reaching a specified threshold amount in one of the quarters within the base period. IWPR research has shown that women are less likely to meet the two earnings requirements than men are and thus are more likely to be disqualified from receipt of UI benefits. IWPR found that nearly 14 percent of unemployed women workers were disqualified from receiving UI by the two earnings criteria. This rate is more than twice that for unemployed men (Yoon, Spalter-Roth and Baldwin, 1995). States typically set eligibility standards for UI and can enact policies that are more or less inclusive and more or less generous to claimants. For example, some states have implemented a "movable" base period, allowing flexibility to the advantage of the claimant. Source: U.S. Department of Labor, Employment and Training Administration, Unemployment Insurance Service, 1999.

Since states have the power to decide who receives unemployment insurance benefits, some states set high requirements, thereby excluding many low earners. A state was scored "yes" if it was relatively generous to low earners, such that base period wages required were less than or equal to $1,300 and high quarter wages required were less than or equal to $800. If the base period wages required were more than $2,000 or if high quarter wages required were more than $1,000, the state was scored "no"; "sometimes" was defined as base period and high quarter wages which fell between the "yes" and "no" ranges.

Access to UI for Part-Time Workers: Only eight states and the District of Columbia allow unemployed workers seeking a part-time position to qualify for UI. Source: American Federation of State, County and Municipal Employees, 1999.

Access to UI for "Good Cause Quits": Eleven states offer UI coverage for voluntary quits caused by a variety of circumstances, such as moving with a spouse, harassment on the job, or other situations. The specifics of which circumstances are considered "good cause" differ by state. Source: American Federation of State, County and Municipal Employees, 1999.

Use of UI for Paid Family Leave: Recent initiatives in several states have advanced the idea of using UI to provide benefits during periods of family leave. At the federal level, the Department of Labor now allows states to provide partial wage replacement under the unemployment compensation program on a voluntary, experimental basis to parents who take leave or otherwise leave employment following the birth or adoption of a child. The new regulations were issued in June of 2000 and took effect on August 14, 2000. To implement them, state legislatures must approve of plans to use UI in this fashion. Source: National Partnership for Women and Families, 2000.

Pay Equity: Pay equity, or comparable worth, remedies are designed to raise the wages of jobs that are undervalued at least partly because of the gender or race of the workers who hold those jobs. States that have these policies within their civil service system are marked as "yes." Source: National Committee on Pay Equity, 1997.

Sexual Orientation and Gender Identity

Civil Rights Legislation: Whether a state has passed a statute extending anti-discrimination laws to apply to discrimination on the basis of sexual orientation or gender identity. Source: Hawes, 1999.

Same-Sex Marriage: Whether a state has avoided adopting a policy—statute, executive order, or other regulation—prohibiting same-sex marriage. Source: Hawes, 1999.

Hate Crimes Legislation: Whether a state has established enhanced penalties for crimes perpetrated against victims due to their sexual orientation or gender identity. Source: Hawes, 1999.

Reproductive Rights

For information on sources concerning these indicators, please see the section describing the Composite Reproductive Rights Index in Appendix II.

Institutional Resources

For information on sources concerning institutional resources, please see the section on institutional resources within the description of the Composite Political Participation Index in Appendix II.

Appendix IV, Part A: State-by-State Rankings on the Composite Indices and Their Components—Political Participation

	Composite Index			Women in Elected Office Composite Index		Percent of Women Registered to Vote, 1992 and 1996		Percent of Women Who Voted, 1992 and 1996		Number of Institutional Resources Available to Women in the State	
State	**Score**	**Rank**	**Grade**	**Score**	**Rank**	**Percent**	**Rank**	**Percent**	**Rank**	**Score**	**Rank**
Alabama	-2.51	41	D	0.93	44	76.7%	10	61.5%	29	1.5	20
Alaska	1.93	22	C	1.99	15	76.9%	9	65.6%	16	0	44
Arizona	5.15	7	C+	3.11	4	66.5%	38	58.3%	36	0	44
Arkansas	-1.97	39	D	1.79	20	66.1%	39	55.1%	43	0.5	40
California	8.38	3	B	3.60	2	58.5%	50	52.0%	49	2	1
Colorado	2.83	16	C+	2.15	14	74.7%	16	65.6%	16	0.25	41
Connecticut	6.86	5	B-	2.60	6	74.8%	15	66.2%	13	1.25	21
Delaware	2.74	17	C+	2.24	11	68.2%	34	62.0%	28	1	31
District of Columbia	n/a	n/a	n/a	n/a	n/a	77.0%	n/a	66.4%	n/a	1	n/a
Florida	-1.65	37	D	1.52	33	64.2%	47	54.7%	44	2	1
Georgia	-3.79	43	D-	1.16	40	65.1%	43	52.7%	47	2	1
Hawaii	2.51	21	C	2.58	7	58.7%	49	50.1%	50	2	1
Idaho	1.53	23	C	1.69	25	72.9%	22	66.0%	15	1.25	21
Illinois	0.83	29	C	1.55	32	71.4%	27	61.3%	30	2	1
Indiana	1.32	24	C	1.72	22	69.2%	31	60.8%	32	2	1
Iowa	1.09	26	C	1.48	35	76.6%	11	66.5%	10	1.25	21
Kansas	2.94	14	C+	2.20	12	73.8%	21	67.7%	9	0	44
Kentucky	-6.95	50	F	0.71	49	67.3%	35	55.2%	41	1	31
Louisiana	3.22	13	C+	1.72	22	75.5%	13	66.2%	13	2	1
Maine	12.39	1	B	3.52	3	84.4%	2	70.8%	3	0	44
Maryland	6.26	6	B-	2.56	8	69.9%	29	62.4%	24	2	1
Massachusetts	1.05	27	C	1.58	28	70.9%	28	62.2%	26	2	1
Michigan	0.90	28	C	1.60	27	74.6%	17	63.6%	23	1.25	21
Minnesota	6.95	4	B	2.18	13	83.7%	3	72.1%	2	1.25	21
Mississippi	-5.58	47	D-	0.72	48	76.2%	12	61.0%	31	0.25	41
Missouri	3.74	10	C+	1.74	21	78.0%	7	66.3%	12	2	1
Montana	2.58	20	C+	1.85	19	78.1%	6	72.5%	1	0	44
Nebraska	1.18	25	C	1.57	30	74.3%	19	64.4%	21	1.5	16
Nevada	3.59	11	C+	2.92	5	64.7%	44	56.9%	39	0	44
New Hampshire	4.80	8	C+	2.50	9	71.9%	25	62.1%	27	1	31
New Jersey	-0.94	34	D+	1.71	23	66.8%	37	58.6%	35	1	31
New Mexico	0.69	30	C-	1.90	18	65.9%	41	58.8%	34	1.5	16
New York	-2.54	42	D	1.37	38	63.1%	48	55.2%	41	2	1
North Carolina	-2.28	40	D	1.16	40	69.2%	31	57.8%	38	2	1
North Dakota	3.50	12	C+	1.45	36	91.2%	1	68.5%	6	1.25	21
Ohio	-1.54	36	D	1.40	37	69.8%	30	62.4%	24	1	31
Oklahoma	-1.67	38	D	1.10	42	74.5%	18	64.6%	19	1.25	21
Oregon	2.61	18	C+	1.67	26	77.1%	8	68.8%	5	1.25	21
Pennsylvania	-6.14	48	F	0.75	47	64.6%	45	56.8%	40	1.5	16
Rhode Island	-0.27	33	D+	1.22	39	72.6%	23	64.5%	20	2	1
South Carolina	-5.26	45	D-	0.62	50	68.8%	33	57.9%	37	2	1
South Dakota	0.55	31	C-	1.58	28	79.4%	5	68.3%	7	0	44
Tennessee	-5.53	46	D-	0.99	43	65.8%	42	53.8%	46	1.25	21
Texas	-1.15	35	D+	1.95	17	64.5%	46	52.1%	48	1	31
Utah	0.36	32	C-	1.57	30	73.9%	20	64.2%	22	1	31
Vermont	4.00	9	C+	1.99	15	75.2%	14	66.5%	10	1.5	16
Virginia	-3.83	44	D-	0.88	45	67.0%	36	59.6%	33	2	1
Washington	10.77	2	B	3.67	1	72.6%	23	65.5%	18	0.25	41
West Virginia	-6.88	49	F	0.78	46	66.1%	39	54.5%	45	1	31
Wisconsin	2.86	15	C+	1.52	33	82.0%	4	70.7%	4	1.25	21
Wyoming	2.60	19	C+	2.30	10	71.9%	25	68.1%	8	1	31
United States				**0.00**		**68.3%**		**58.9%**		**1.25(median)**	

Appendix IV, Part A: State-by-State Rankings on the Composite Indices and Their Components—Employment and Earnings

	Composite Score			Median Annual Earnings Full-Time, Year-Round for Employed Women		Earnings Ratio between Full-Time, Year-Round Employed Women and Men		Percent of Women in the Labor Force		Percent of Employed Women, Managerial or Professional Occupations	
State	**Score**	**Rank**	**Grade**	**Dollars**	**Rank**	**Percent**	**Rank**	**Percent**	**Rank**	**Percent**	**Rank**
Alabama	3.64	46	D-	$22,084	38	68.8%	41	56.9%	42	27.8%	41
Alaska	4.42	3	B	$30,119	3	74.1%	17	67.8%	5	34.3%	10
Arizona	3.88	26	C	$23,277	30	79.0%	5	56.5%	45	29.7%	26
Arkansas	3.53	50	F	$19,100	51	72.5%	23	56.9%	42	26.4%	48
California	4.22	9	B	$28,001	9	78.7%	6	58.1%	39	33.7%	12
Colorado	4.38	4	B	$26,422	10	74.5%	15	68.1%	3	37.4%	3
Connecticut	4.37	5	B	$30,447	2	75.2%	12	61.5%	25	35.2%	6
Delaware	3.97	19	C+	$25,206	19	71.3%	30	62.3%	23	30.4%	20
District of Columbia	4.87	1	B+	$30,495	1	85.7%	1	61.2%	29	46.3%	1
Florida	3.83	33	C-	$23,355	26	76.7%	8	55.1%	49	29.8%	24
Georgia	3.89	25	C	$23,410	24	72.2%	25	63.1%	19	29.3%	33
Hawaii	4.03	16	C+	$25,246	18	83.8%	2	63.2%	17	26.2%	49
Idaho	3.77	37	D	$22,049	40	74.8%	14	63.3%	15	25.9%	51
Illinois	3.99	17	C+	$25,874	12	68.7%	42	61.5%	25	31.5%	17
Indiana	3.66	44	D-	$22,082	39	66.7%	48	61.5%	25	26.9%	44
Iowa	3.95	21	C+	$23,226	31	76.4%	9	65.7%	10	28.2%	39
Kansas	3.92	22	C	$23,403	25	70.2%	34	65.5%	11	29.7%	26
Kentucky	3.76	38	D	$22,407	33	72.7%	21	56.3%	47	29.6%	28
Louisiana	3.57	49	F	$21,109	44	64.8%	50	56.6%	44	28.6%	38
Maine	3.88	26	C	$22,177	37	72.7%	21	61.5%	25	31.0%	19
Maryland	4.63	2	B+	$30,077	4	79.8%	3	64.0%	12	40.4%	2
Massachusetts	4.35	6	B	$28,367	6	77.6%	7	63.4%	14	35.1%	7
Michigan	3.84	30	C-	$25,372	16	67.4%	47	59.8%	35	28.9%	36
Minnesota	4.32	7	B	$26,241	11	72.4%	24	70.1%	1	35.3%	5
Mississippi	3.61	47	F	$20,356	46	71.5%	27	54.6%	50	29.1%	35
Missouri	4.14	11	B-	$24,421	21	75.4%	11	62.7%	20	34.7%	8
Montana	3.74	42	D	$20,327	48	68.9%	40	63.9%	13	29.4%	32
Nebraska	3.81	35	C-	$21,651	41	71.4%	29	66.6%	7	27.5%	43
Nevada	3.85	29	C-	$24,124	23	74.1%	17	62.4%	22	26.5%	47
New Hampshire	4.08	14	C+	$25,258	17	70.2%	34	66.1%	8	32.1%	15
New Jersey	4.11	12	B-	$28,495	5	70.0%	37	59.1%	38	32.8%	13
New Mexico	3.84	30	C-	$21,376	43	70.2%	34	57.6%	40	33.8%	11
New York	4.16	10	B-	$28,126	7	79.3%	4	55.8%	48	32.7%	14
North Carolina	3.84	30	C-	$22,761	32	75.2%	12	59.9%	34	28.8%	37
North Dakota	3.68	43	D-	$19,540	50	69.6%	39	67.6%	6	26.1%	50
Ohio	3.91	23	C	$25,094	20	70.7%	32	59.8%	35	30.1%	23
Oklahoma	3.79	36	D+	$22,393	34	74.1%	17	57.3%	41	29.5%	30
Oregon	3.82	34	C-	$23,322	28	67.7%	46	61.7%	24	29.8%	24
Pennsylvania	3.88	26	C	$25,424	14	71.5%	27	56.4%	46	30.2%	22
Rhode Island	3.91	23	C	$25,492	13	68.6%	44	60.2%	30	30.4%	20
South Carolina	3.76	38	D	$22,212	36	68.7%	42	60.1%	32	29.6%	28
South Dakota	3.76	38	D	$20,171	49	70.9%	31	68.1%	3	26.9%	44
Tennessee	3.66	44	D-	$20,927	45	70.7%	32	59.2%	37	27.7%	42
Texas	3.96	20	C+	$23,324	27	76.4%	9	60.2%	30	31.2%	18
Utah	3.75	41	D	$22,317	35	64.9%	49	63.3%	15	29.3%	33
Vermont	4.05	15	C+	$23,294	29	73.8%	20	66.1%	8	32.1%	15
Virginia	4.09	13	B-	$25,398	15	69.9%	38	60.1%	32	35.7%	4
Washington	4.26	8	B	$28,087	8	74.4%	16	62.6%	21	34.4%	9
West Virginia	3.48	51	F	$21,626	42	72.1%	26	47.8%	51	26.6%	46
Wisconsin	3.99	17	C+	$24,387	22	68.6%	44	69.0%	2	29.5%	30
Wyoming	3.60	48	F	$20,352	47	62.8%	51	63.2%	17	27.9%	40
United States	**4.00**			**$25,370**		**73.5%**		**59.8%**		**31.4%**	

Appendix IV, Part A: State-by-State Rankings on the Composite Indices and Their Components—Economic Autonomy

	Composite Index			Percent of Women with Health Insurance		Percent of Women with Four or More Years of College		Percent of Businesses that are Women-Owned		Percent of Women Living above Poverty	
State	**Score**	**Rank**	**Grade**	**Percent**	**Rank**	**Percent**	**Rank**	**Percent**	**Rank**	**Percent**	**Rank**
Alabama	3.67	46	D-	81.9%	33	13.5%	45	31.5%	47	85.1%	39
Alaska	4.29	9	B-	83.3%	32	22.2%	7	32.9%	35	91.2%	4
Arizona	3.97	25	C	75.3%	49	17.2%	25	37.6%	3	84.2%	43
Arkansas	3.49	50	F	75.9%	48	11.9%	50	31.6%	45	83.1%	46
California	4.10	20	B-	76.8%	47	20.1%	13	35.5%	12	85.3%	37
Colorado	4.50	2	B	83.8%	30	23.5%	4	37.6%	3	90.4%	10
Connecticut	4.44	5	B	86.7%	12	23.8%	3	33.6%	28	90.8%	6
Delaware	4.19	13	B-	85.7%	21	18.7%	16	35.3%	14	90.7%	8
District of Columbia	4.89	1	B+	84.3%	28	30.6%	1	41.3%	1	79.2%	50
Florida	3.84	39	C-	78.5%	43	15.1%	36	35.2%	16	85.9%	32
Georgia	3.92	31	C	80.8%	38	16.8%	27	33.6%	28	85.9%	32
Hawaii	4.42	7	B	91.9%	1	20.9%	11	37.6%	3	87.3%	29
Idaho	3.81	42	D+	79.9%	40	14.6%	41	33.8%	25	87.7%	27
Illinois	4.13	18	B-	85.9%	17	18.4%	17	34.5%	21	88.7%	19
Indiana	3.86	36	C-	85.7%	21	13.4%	46	34.4%	22	90.8%	6
Iowa	3.96	28	C	87.0%	10	15.0%	38	34.3%	23	90.3%	12
Kansas	4.14	16	B-	86.1%	15	18.4%	17	34.7%	19	88.5%	22
Kentucky	3.62	48	D-	83.9%	29	12.2%	49	31.4%	48	84.7%	41
Louisiana	3.65	47	D-	77.0%	46	14.5%	42	32.5%	37	80.8%	48
Maine	3.98	24	C	85.0%	25	17.2%	25	32.2%	40	88.8%	18
Maryland	4.49	3	B	84.9%	26	23.1%	6	37.1%	6	91.6%	1
Massachusetts	4.44	5	B	87.0%	10	24.1%	2	33.3%	31	89.9%	14
Michigan	3.97	25	C	86.5%	13	15.1%	36	35.2%	16	88.7%	19
Minnesota	4.24	12	B-	90.0%	2	19.2%	15	34.6%	20	90.4%	10
Mississippi	3.52	49	F	77.8%	45	13.3%	47	30.2%	51	80.7%	49
Missouri	3.93	30	C	85.9%	17	15.2%	35	33.8%	25	89.2%	17
Montana	3.94	29	C	79.9%	40	18.0%	20	33.2%	32	83.7%	44
Nebraska	4.07	21	C+	87.6%	8	16.7%	28	35.1%	18	88.5%	22
Nevada	3.84	39	C-	81.6%	36	12.8%	48	36.9%	7	89.8%	15
New Hampshire	4.27	10	B-	88.2%	5	21.1%	9	32.2%	40	91.1%	5
New Jersey	4.17	14	B-	81.8%	34	21.0%	10	31.9%	42	90.7%	8
New Mexico	3.92	31	C	72.5%	51	17.8%	22	37.8%	2	79.1%	51
New York	4.12	19	B-	80.8%	38	20.7%	12	34.1%	24	83.4%	45
North Carolina	3.86	36	C-	83.4%	31	15.7%	32	32.4%	38	86.9%	31
North Dakota	3.91	33	C	85.8%	20	16.7%	28	31.7%	44	85.8%	34
Ohio	3.90	34	C-	87.4%	9	14.4%	43	33.7%	27	88.6%	21
Oklahoma	3.80	43	D+	79.8%	42	15.0%	38	33.6%	28	85.8%	34
Oregon	4.17	14	B-	86.1%	15	18.1%	19	36.8%	8	87.5%	28
Pennsylvania	3.88	35	C-	88.1%	6	15.3%	34	31.2%	49	88.3%	24
Rhode Island	4.05	22	C+	88.6%	4	18.0%	20	31.6%	45	88.2%	26
South Carolina	3.77	44	D	80.9%	37	14.7%	40	32.8%	36	85.1%	39
South Dakota	3.86	36	C-	85.9%	17	15.5%	33	31.9%	42	85.7%	36
Tennessee	3.73	45	D	84.8%	27	14.0%	44	31.1%	50	85.3%	37
Texas	3.84	39	C-	74.3%	50	17.4%	24	33.0%	34	84.7%	41
Utah	4.14	16	B-	86.2%	14	17.5%	23	35.3%	14	91.4%	3
Vermont	4.48	4	B	88.1%	6	23.2%	5	35.7%	11	90.1%	13
Virginia	4.31	8	B-	85.2%	24	21.3%	8	35.4%	13	88.3%	24
Washington	4.27	10	B-	85.7%	21	19.7%	14	36.6%	9	89.4%	16
West Virginia	3.47	51	F	77.9%	44	10.9%	51	32.3%	39	82.3%	47
Wisconsin	4.02	23	C+	89.3%	3	16.0%	31	33.1%	33	91.6%	1
Wyoming	3.97	25	C	81.8%	34	16.1%	30	35.9%	10	87.0%	30
United States	**4.00**			**81.5%**		**17.6%**		**34.1%**		**86.9%**	

Appendix IV, Part A: State-by-State Rankings on the Composite Indices and Their Components—Reproductive Rights

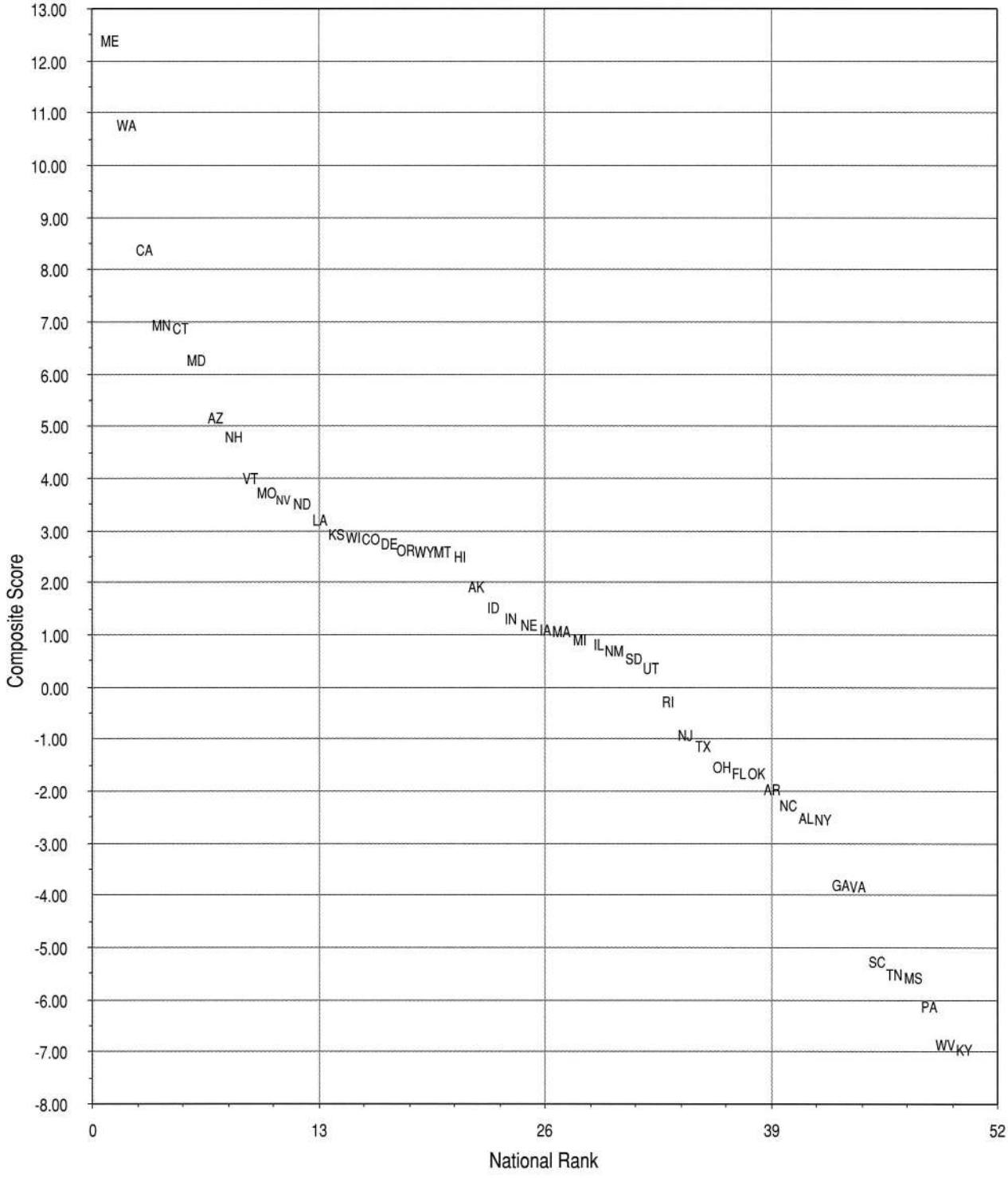
	Composite Index			Parental Consent	Waiting Period	Public Funding	Percent of Women Living in Counties with Providers	Contraceptive Coverage	Pro-Choice Government	Infertility	Second-Parent Adoption	Mandatory Sex Education
State	Score	Rank	Grade	Score	Score	Score	Score	Score	Score	Score	Score	Score
Alabama	1.50	36	D	0	1	0	0.42	0.0	0.33	0.0	0.50	0
Alaska	2.85	23	C	0*	1	1	0.77	0.0	0.33	0.0	0.50	0
Arizona	1.94	31	D+	0*	1	0	0.81	0.0	0.50	0.0	0.25	0
Arkansas	1.68	32	D	0	1	0	0.22	0.0	0.33	1.0	0.25	0
California	4.97	6	B+	0*	1	1	0.97	1.0	1.00	0.5	0.50	0
Colorado	2.33	25	C-	0*	1	0	0.66	0.5	0.67	0.0	0.00	0
Connecticut	4.98	5	B+	1	1	1	0.90	1.0	0.83	0.5	0.00	0
Delaware	4.14	10	B	0	1	0	0.85	1.0	0.67	0.0	0.25	1
District of Columbia	4.38	7	B	1	1	0	1.00	0.0	1.00	0.0	0.75	1
Florida	1.28	38	D-	0*	1	0	0.78	0.0	0.00	0.0	0.00	0
Georgia	3.64	15	B-	0	1	0	0.51	1.0	0.50	0.0	0.25	1
Hawaii	5.46	3	A-	1	1	1	1.00	1.0	0.83	1.0	0.25	0
Idaho	0.96	45	F	0	0	0	0.33	0.5	0.00	0.0	0.25	0
Illinois	3.08	20	C	0*	1	0	0.70	0.0	0.00	1.0	0.75	1
Indiana	0.97	43	F	0	0	0	0.39	0.0	0.33	0.0	0.50	0
Iowa	2.73	24	C	0	1	0	0.31	0.5	0.17	0.0	0.50	1
Kansas	1.98	30	D+	0	0	0	0.52	0.0	0.33	0.0	0.25	1
Kentucky	2.04	29	D+	0	0*	0	0.25	0.5	0.17	0.0	0.25	1
Louisiana	0.53	48	F	0	0	0	0.40	0.0	0.00	0.0	0.25	0
Maine	3.07	21	C	0	1	0	0.61	1.0	0.83	0.0	0.25	0
Maryland	5.77	2	A-	0	1	1	0.85	1.0	0.67	1.0	0.50	1
Massachusetts	3.67	14	B-	0	0*	1	1.00	0.0	0.67	1.0	1.00	0
Michigan	0.97	43	F	0	0	0	0.72	0.0	0.00	0.0	0.50	0
Minnesota	3.01	22	C	0	1	1	0.43	0.5	0.33	0.0	0.50	0
Mississippi	0.31	51	F	0	0	0	0.18	0.0	0.00	0.0	0.25	0
Missouri	1.43	37	D	0	1	0	0.47	0.0	0.33	0.0	0.25	0
Montana	2.22	26	C-	0*	0*	1	0.59	0.0	0.00	1.0	0.25	0
Nebraska	0.66	47	F	0	0	0	0.53	0.0	0.00	0.0	0.25	0
Nevada	4.30	8	B	0*	1	0	0.88	1.0	0.67	0.0	0.50	1
New Hampshire	3.87	13	B-	1	1	0	0.74	1.0	1.00	0.0	0.25	0
New Jersey	5.01	4	B+	0*	1	1	0.97	0.5	0.67	0.0	0.75	1
New Mexico	3.61	16	B-	0*	1	1	0.53	0.0	0.33	0.0	0.50	1
New York	4.30	8	B	1	1	1	0.92	0.0	0.50	1.0	0.75	0
North Carolina	3.90	12	B-	0	1	0	0.61	1.0	0.67	0.0	0.25	1
North Dakota	0.49	49	F	0	0	0	0.20	0.0	0.17	0.0	0.25	0
Ohio	1.00	42	F	0	0	0	0.50	0.0	0.00	1.0	0.00	0
Oklahoma	1.59	34	D	1	1	0	0.46	0.0	0.00	0.0	0.25	0
Oregon	3.20	19	C+	1	1	1	0.62	0.0	0.33	0.0	0.50	0
Pennsylvania	1.05	41	F	0	0	0	0.63	0.0	0.17	0.0	0.50	0
Rhode Island	3.21	18	C+	0	1	0	0.63	0.0	0.33	1.0	0.50	1
South Carolina	2.05	28	D+	0	0	0	0.42	0.0	0.50	0.0	0.25	1
South Dakota	0.34	50	F	0	0	0	0.21	0.0	0.00	0.0	0.25	0
Tennessee	1.59	34	D	0	0*	0	0.46	0.0	0.00	0.0	0.25	1
Texas	2.18	27	C-	0	1	0	0.68	0.5	0.00	0.5	0.50	0
Utah	1.64	33	D	0	0	0	0.51	0.0	0.00	0.0	0.25	1
Vermont	6.15	1	A-	1	1	1	0.77	1.0	1.00	0.0	0.75	1
Virginia	1.15	40	D-	0	1	0	0.52	0.0	0.00	0.0	0.25	0
Washington	4.10	11	B	1	1	1	0.85	0.0	1.00	0.0	0.50	0
West Virginia	3.29	17	C+	0	1	1	0.16	0.0	0.00	1.0	0.25	1
Wisconsin	0.71	46	F	0	0	0	0.38	0.0	0.33	0.0	0.00	0
Wyoming	1.21	39	D-	0	1	0	0.25	0.0	0.33	0.0	0.25	0

* Indicates the legislation is not enforced but remains part of the statutory code.

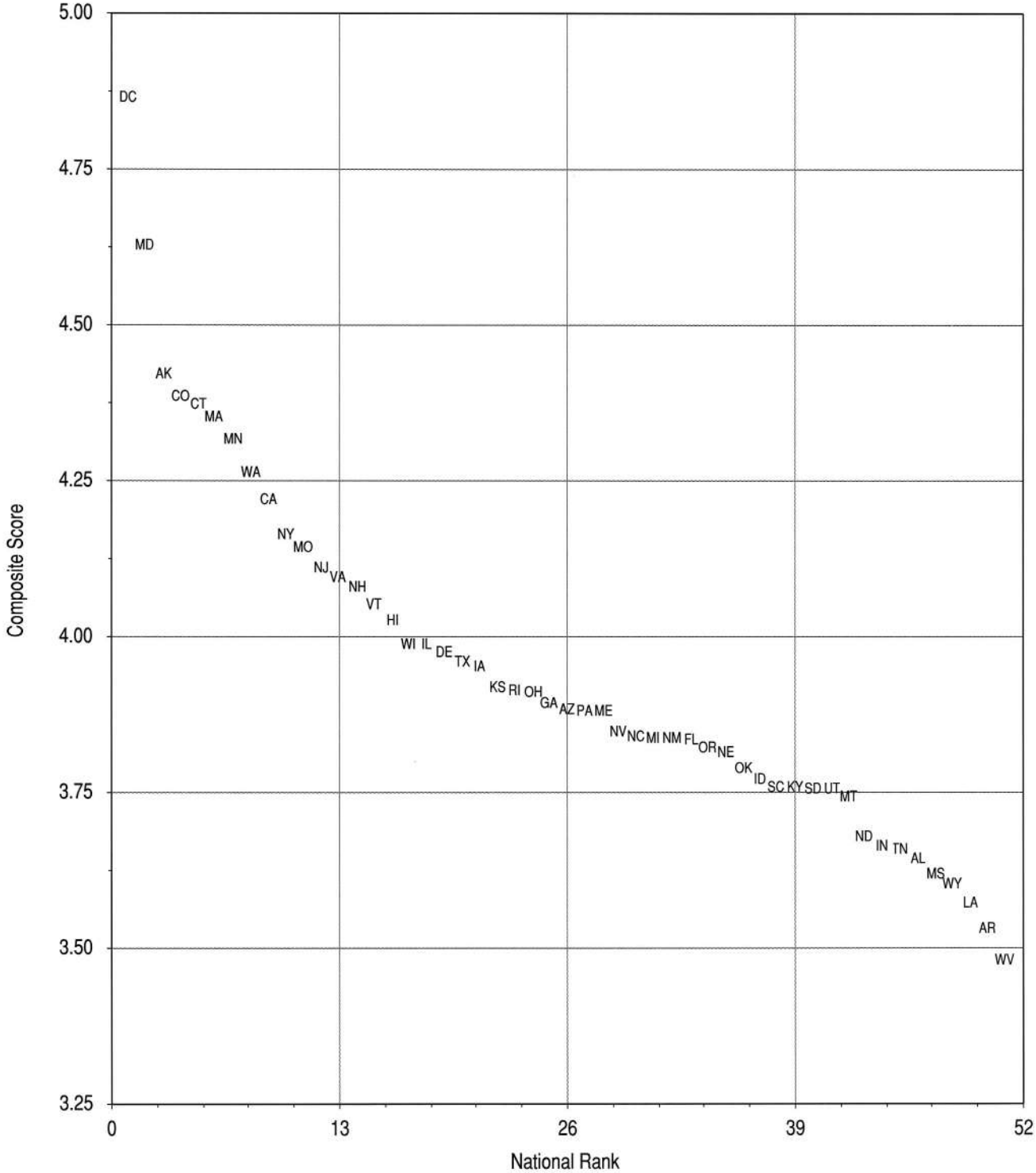
Appendix IV, Part A: State-by-State Rankings on the Composite Indices and Their Components—Health and Well-Being

	Composite Index			Heart Disease Mortality		Lung Cancer Mortality		Breast Cancer Mortality		Incidence of Diabetes		Incidence of Chlamydia		Incidence of AIDS		Poor Mental Health		Suicide Mortality		Limited Activities	
State	Score	Rank	Grade	Rate	Rank	Rate	Rank	Rate	Rank	Percent	Rank	Rate	Rank	Rate	Rank	Days	Rank	Rate	Rank	Days	Rank
Alabama	1.81	38	C-	82.6	15	30.0	14	23.7	9	7.9	50	358.4	36	5.7	32	4.3	47	3.9	23	5.1	45
Alaska	2.22	22	C+	69.7	7	40.0	46	22.5	3	2.6	1	448.4	46	1.3	7	3.0	8	6.6	50	2.6	1
Arizona	2.29	18	B-	86.9	22	32.1	20	23.3	6	2.9	2	384.6	40	3.9	29	1.2	1	5.9	47	3.7	27
Arkansas	1.73	43	D+	102.9	37	35.4	34	23.3	6	6.4	41	181.1	5	3.0	26	3.8	36	4.5	37	5.7	47
California	2.01	31	C	96.3	33	33.9	28	24.8	22	5.5	29	327.7	31	5.1	30	3.4	18	4.4	34	4.0	37
Colorado	2.39	16	B	64.1	4	25.5	5	23.0	5	4.6	16	284.4	25	2.3	23	3.7	30	5.7	46	3.1	13
Connecticut	2.47	10	B	84.9	18	32.6	23	26.0	37	3.8	9	298.9	29	13.6	45	3.2	13	3.0	8	3.2	15
Delaware	1.54	48	D-	89.0	25	41.2	48	28.4	45	4.5	15	557.1	49	13.5	44	3.7	30	3.6	17	6.0	49
District of Columbia	1.51	49	D-	75.7	12	34.7	32	33.2	51	7.2	46	335.8	32	86.7	51	2.4	2	2.3	1	5.9	48
Florida	1.63	45	D	98.0	34	35.7	36	24.9	23	5.9	35	296.4	28	24.1	49	3.7	30	5.0	42	4.8	44
Georgia	2.13	27	C+	93.4	31	31.2	18	24.4	16	5.1	24	369.4	37	11.6	42	4.0	42	3.8	22	3.4	19
Hawaii	2.71	1	A-	60.6	1	22.9	2	17.5	1	5.7	31	261.3	18	2.7	24	2.6	4	4.8	40	3.0	12
Idaho	2.55	7	B+	75.0	11	27.5	8	23.3	6	3.9	11	224.7	12	1.4	10	3.4	18	4.9	41	2.8	4
Illinois	2.26	20	B-	108.0	41	33.7	26	28.4	45	5.9	35	285.4	27	5.5	31	3.5	23	2.9	6	2.7	2
Indiana	2.20	24	C+	106.6	40	36.0	41	25.7	32	5.8	34	261.1	17	1.8	16	3.5	23	3.6	17	2.9	7
Iowa	2.45	12	B	92.3	27	29.8	12	25.1	24	5.3	26	266.7	20	1.1	6	3.6	26	3.3	12	2.8	4
Kansas	2.56	5	B+	85.4	19	29.8	12	23.9	12	3.6	5	255.4	15	2.0	20	3.0	8	3.7	19	3.3	17
Kentucky	1.43	50	F	108.4	42	41.8	50	25.1	24	5.7	31	256.8	16	2.7	24	5.5	51	3.3	12	6.7	51
Louisiana	1.82	36	C-	100.1	36	35.9	38	26.5	38	6.8	45	417.8	44	11.5	41	3.3	15	4.6	38	3.4	19
Maine	2.25	21	B-	92.7	28	39.1	45	25.7	32	4.9	21	141.3	4	1.3	7	3.4	18	3.5	15	4.2	40
Maryland	1.91	34	C	86.7	21	37.7	43	27.8	42	5.7	31	460.0	47	21.6	48	4.1	43	3.1	9	3.8	33
Massachusetts	2.47	10	B	85.8	20	35.7	36	29.1	49	3.1	3	206.9	6	13.0	43	3.2	13	2.8	5	3.6	24
Michigan	1.79	41	C-	112.4	47	34.9	33	27.0	40	7.6	48	371.9	39	3.7	28	4.6	50	3.2	10	3.6	24
Minnesota	2.45	12	B	71.2	9	28.2	10	25.3	26	5.1	24	209.9	7	2.1	21	3.7	30	3.3	11	4.2	40
Mississippi	1.80	39	C-	93.1	29	30.0	14	23.7	9	8.2	51	483.3	48	9.5	40	3.8	36	3.9	24	4.0	37
Missouri	1.84	35	C-	113.6	48	35.9	38	25.4	28	5.6	30	391.1	42	3.4	27	3.9	39	4.1	29	3.7	27
Montana	2.36	17	B	63.9	3	32.0	19	24.5	18	4.1	13	213.3	10	0.5	1	3.4	18	6.1	49	3.2	15
Nebraska	2.44	14	B	77.6	13	26.9	6	24.7	21	5.0	23	271.4	21	1.9	18	3.3	15	3.7	21	3.7	27
Nevada	1.82	36	C-	80.5	14	46.0	51	25.3	26	3.6	5	211.6	8	6.5	34	4.1	43	7.9	51	2.9	7
New Hampshire	2.27	19	B-	93.3	30	38.0	44	28.3	43	3.7	8	108.3	1	1.4	10	3.8	36	4.4	35	3.4	19
New Jersey	2.16	26	C+	111.0	44	33.9	28	29.6	50	4.9	21	234.7	13	20.3	47	2.9	6	2.7	3	3.7	27
New Mexico	2.13	27	C+	60.8	2	24.4	4	22.7	4	4.8	19	403.7	43	1.4	10	4.3	47	5.9	48	3.9	36
New York	1.38	51	F	144.0	51	32.2	21	28.6	47	6.7	43	659.1	51	29.7	50	3.6	26	2.5	2	4.1	39
North Carolina	1.76	42	D+	99.5	35	30.2	16	25.4	28	7.5	47	386.6	41	6.2	33	3.7	30	4.3	32	4.4	43
North Dakota	2.55	7	B+	82.8	16	24.3	3	25.5	30	4.2	14	212.3	9	0.8	3	3.0	8	4.0	26	3.5	23
Ohio	1.98	32	C	114.8	49	35.9	38	27.3	41	5.3	26	342.3	34	1.9	18	3.3	15	3.0	7	4.3	42
Oklahoma	1.55	47	D-	110.9	43	34.4	31	24.3	15	7.8	49	371.5	38	1.7	14	2.4	2	5.4	43	5.1	45
Oregon	2.18	25	C+	72.9	10	40.0	46	24.4	16	4.7	18	237.5	14	1.0	5	3.6	26	5.4	44	3.4	19
Pennsylvania	2.08	29	C	104.0	38	32.2	21	28.3	43	6.0	38	276.0	23	8.8	39	3.1	11	3.5	14	3.8	33
Rhode Island	2.03	30	C	111.4	46	34.1	30	28.7	48	5.9	35	338.3	33	7.9	37	3.5	23	2.8	4	3.7	27
South Carolina	1.68	44	D	106.4	39	29.4	11	25.5	30	6.3	40	581.7	50	16.3	46	3.6	26	4.5	36	3.7	27
South Dakota	2.58	4	B+	90.9	26	26.9	6	24.2	14	3.6	5	278.5	24	1.3	7	2.7	5	4.0	25	2.9	7
Tennessee	1.80	39	C-	111.0	44	33.4	25	25.7	32	6.4	41	349.6	35	6.7	35	4.2	46	4.2	31	3.8	33
Texas	1.92	33	C	96.2	32	32.6	23	23.9	12	6.2	39	441.7	45	7.9	37	4.1	43	4.1	28	3.6	24
Utah	2.62	2	B+	64.8	5	14.0	1	22.0	2	3.8	9	135.2	3	1.8	16	4.4	49	5.5	45	3.3	17
Vermont	2.61	3	B+	82.9	17	35.4	34	25.8	35	4.6	16	126.9	2	0.8	3	3.1	11	3.7	20	2.7	2
Virginia	2.21	23	C+	87.7	24	33.8	27	26.5	38	4.8	19	300.3	30	7.2	36	3.9	39	4.1	30	3.1	13
Washington	2.41	15	B	68.5	6	36.7	42	24.6	20	5.3	26	265.3	19	2.2	22	3.7	30	4.3	32	2.8	4
West Virginia	1.57	46	D-	117.4	50	41.3	49	23.8	11	6.7	43	274.2	22	0.6	2	2.9	6	4.0	27	6.1	50
Wisconsin	2.53	9	B+	87.5	23	28.0	9	25.8	35	4.0	12	284.6	26	1.7	14	3.4	18	3.6	16	2.9	7
Wyoming	2.56	5	B+	70.5	8	30.7	17	24.5	18	3.1	3	224.2	11	1.5	13	3.9	39	4.6	39	2.9	7
United States				**90.9**		**33.3**		**26.0**		**5.3**		**335.8**		**9.4**		**3.5**		**3.9**		**3.6**	

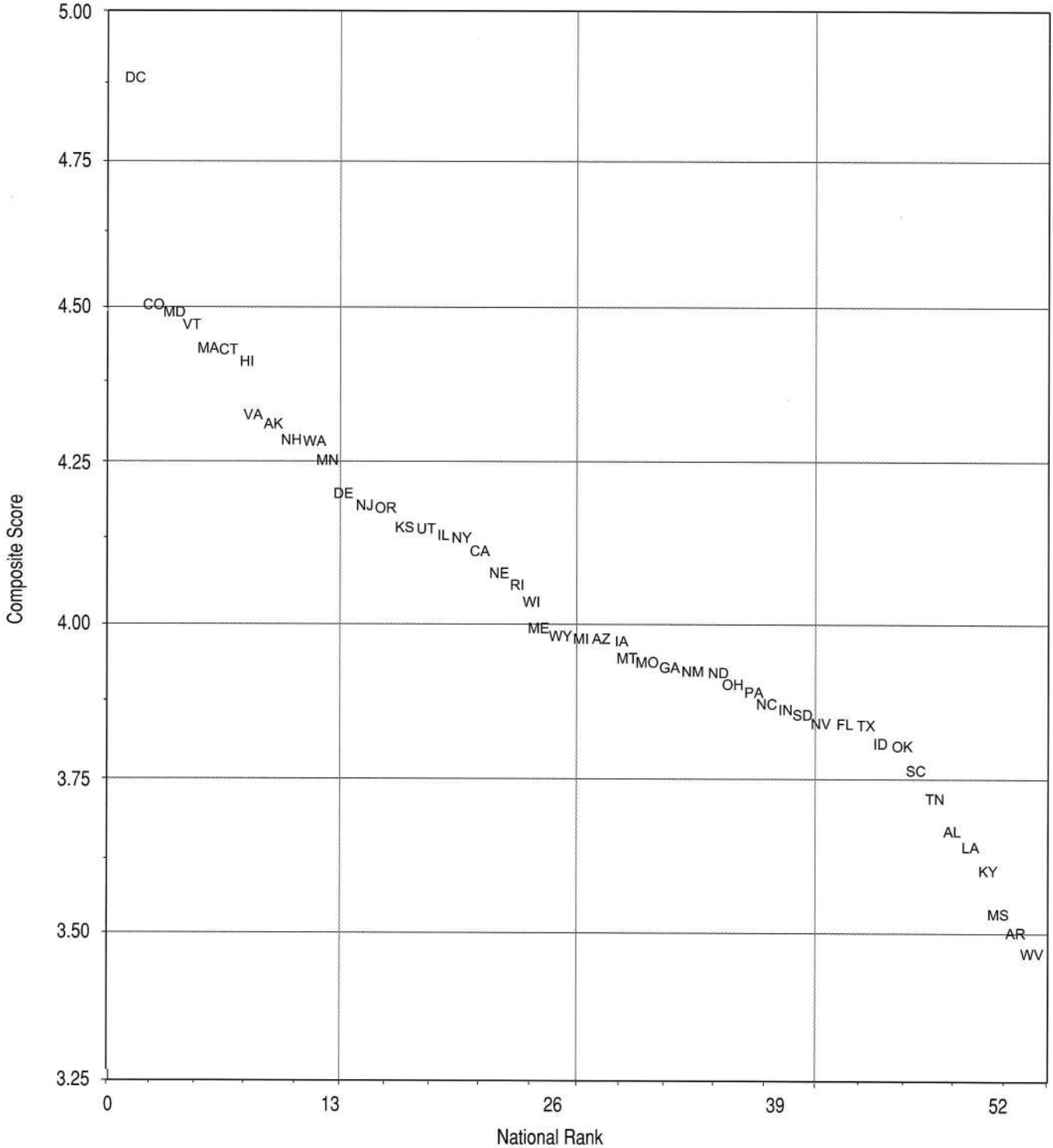
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices
Political Participation



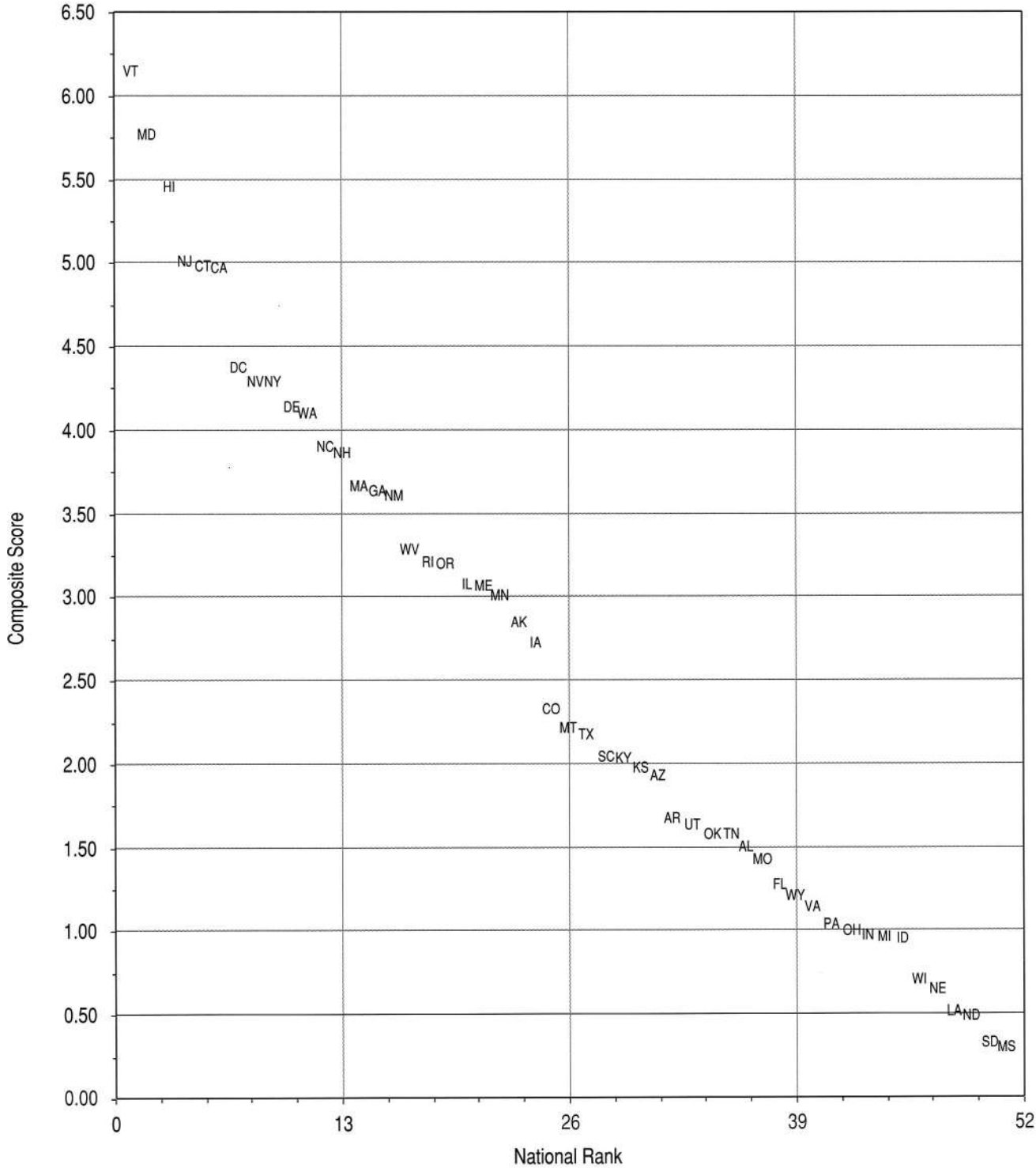
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Employment and Earnings



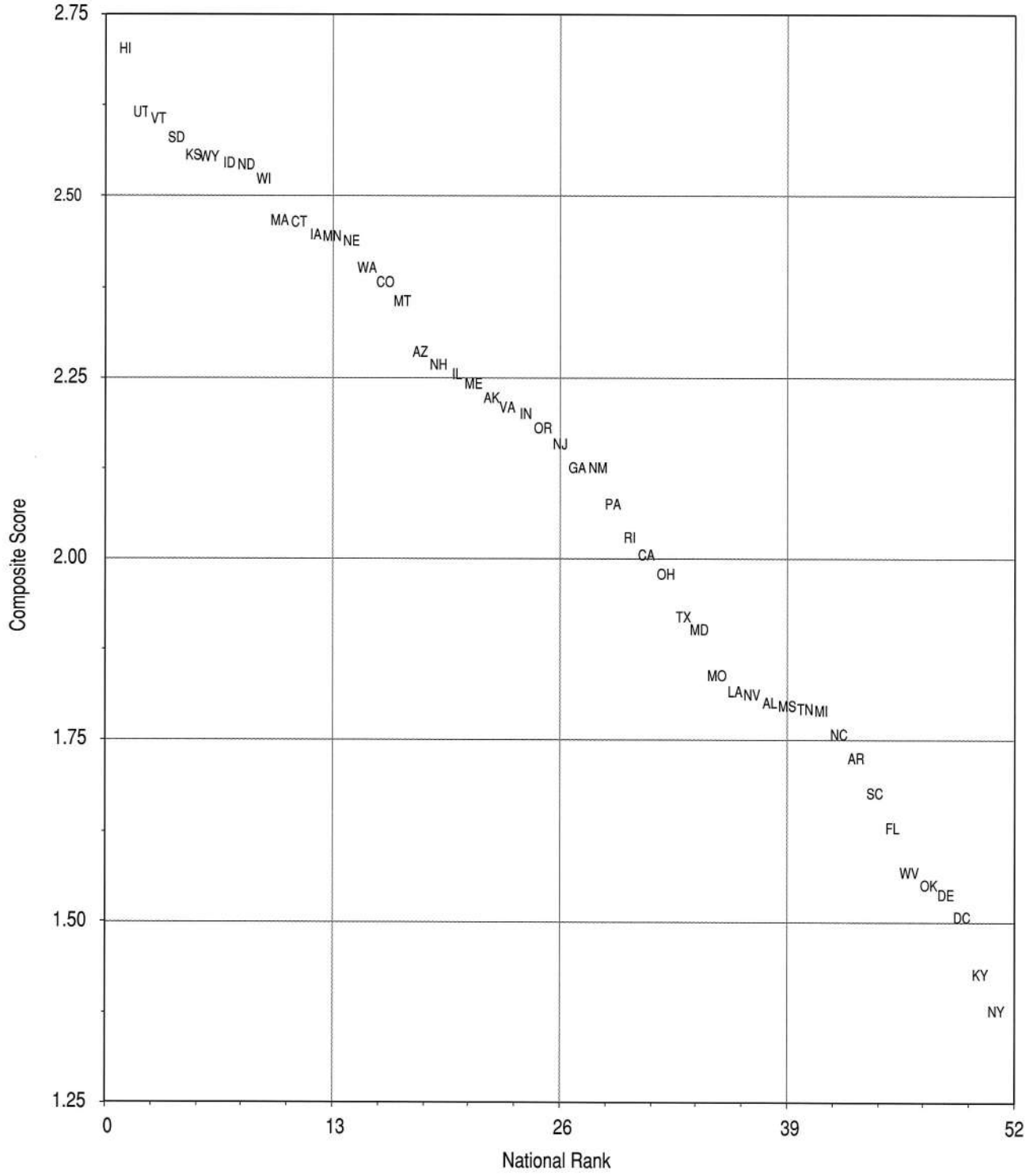
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices
Economic Autonomy



Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices
Reproductive Rights



Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Health and Well-Being



Appendix V
State and National Resources

Selected Minnesota Resources

American Association of University Women
1115 Central Avenue
Red Wing, MN 55066
Tel: (651) 388-4482
linthielbar@pressenter.com

Association for the Advancement of Hmong Women in Minnesota
1518 E. Lake Street
Suite 209
Minneapolis, MN 55407
Tel: (612) 724-3066
Fax: (612) 724-3098

Aurora Northland Lesbian Center
32 East First Street, #104
Duluth, MN 55802
Tel: (218) 722-4903

BIHA Women in Action
122 Franklin Ave., #306
Minneapolis, MN 55404
Tel: (612) 870-1193

Casa de Esperanza
P.O. Box 75177
St. Paul, MN 55175
Tel: (651) 646-5553
Fax: (651) 646-5299
www.casadeesperanza.org

Center for American Indian Resources
211 West 4th Street
Duluth, MN 55806
Tel: (218) 726-1370

Center for Feminist Business
Minnesota Women's Press
771 Raymond Avenue
St. Paul, MN 55114
Tel: (651) 646-3968
Fax: (651) 646-2186
www.womenspress.com

Center on Women and Public Policy
Humphrey Institute of Public Affairs
University of Minnesota
301 19th Avenue South
Room 130
Minneapolis, MN 55455
Tel: (612) 625-4335
Fax: (612) 625-3513
www.hhh.umn.edu/centers/wpp

Child Care Works
1628 Elliott Avenue South
Suite 306
Minneapolis, MN 55404
Tel: (612) 349-0543
Fax: (612) 349-0543

Children's Law Center of Minnesota
1463 Minnehaha Avenue, #3
St. Paul, MN 55104
Tel: (612) 349-0543
Fax: (651) 646-4404

Chrysalis, A Center for Women
4432 Chicago Ave. S.
Minneapolis, MN 55407
Tel: (612) 871-0118
www.chrysaliswomen.org

Domestic Abuse Project
204 West Franklin Avenue
Minneapolis, MN 55404
Tel: (612) 874-7063

FAWN – Filipino American Women's Network Minnesota
3307 – 66th Ave. N.
Brooklyn Center, MN 55429

League of Women Voters of Minneapolis
81 South Ninth Street
Minneapolis, MN 54402
Tel: (612) 333-6319
Fax: (612) 333-6310
www.lwvmpls.org

Legislative Commission on the Economic Status of Women
State of Minnesota
85 State Office Building
St. Paul, MN 55155
Tel: (651) 296-8590
www.commissions.leg.state.mn.us/lcesw

Melpomene Institute for Women's Health Research
1010 University Avenue
St. Paul, MN 55104
Tel: (651) 642-1961
www.mepomene.org

Midwest Health Center for Women
33 South 5th Street
4th floor
Minneapolis, MN 55402
Tel: (612) 332-2311 or
Tel: (800) 998-6075
Fax: (612) 375-9567

Migrant Health Services
Sexual Assault Intervention Project
P.O. Box 364
212 North Ash
Crookston, MN 56716
Tel: (218) 281-3912
Fax: (218) 281-2505

Minnesota Advocates for Human Rights Women's Program
310 Fourth Avenue South
Suite 1000
Minneapolis, MN 55415

Minnesota AIDSLINE
1400 Park Avenue South
Minneapolis, MN 55404
Tel: (612) 373-2437 or
Tel: (800) 248-AIDS
Fax: (612) 341-4057

Minnesota Coalition Against Sexual Assault
420 N. 5th St., Suite 690
Ford Center
Minneapolis, MN 55401
Tel: (612) 313-2797 or
Tel: (800) 964-8847

Minnesota Coalition for Battered Women
450 N. Syndicate St., Suite 122
St. Paul, MN 55104
(651) 646-6177

Minnesota Council of Non-Profits
2700 University Avenue, #250
St. Paul, MN 55114
Tel: (651) 642-1904 or
Tel: (800) 289-1904
www.mncn.org

Minnesota Indian Women Resource Center
2300 Fifteenth Avenue South
Minneapolis, MN 55404
Tel: (612) 728-2000
Fax: (612) 728-2039

Minnesota NARAL Foundation
550 Rice Street
St. Paul, MN 55103
Tel: (651) 602-7655
prochoicemn@mtn.org

Minnesota Religious Coalition for Reproductive Choice
122 West Franklin Avenue
Suite 303
Minneapolis, MN 55404
Tel: (612) 870-0974

Minnesota Rural Futures
Box 3367
Mankato, MN 56002
Tel: (507) 387-5643
Fax: (507)-387-7105

Minnesota Women's Foundation
155 5th Avenue South
Suite 900
Minneapolis, MN 55401
Tel: (612) 337-5010
Tel: (888) 337-5010
Fax: (612) 337-0404

Minnesota Women's Consortium
550 Rice Street
St. Paul, MN 55103
Tel: (651) 228-0338
Fax: (651) 292-9417
www.mnwomen.org

Mujeres Unidas of the Red River Valley
200 South Fifth Street, Suite 308
Moorhead, MN 56560
Tel: (218) 236-9884

National Council of Negro Women
Minneapolis Section
4029 Portland Avenue South
Minneapolis, MN 55407
Tel: (612) 824-9647

National Organization for Women, Minnesota
550 Rice Street, #106A
St. Paul, MN 55103
Tel: (651) 222-1605
www.mtn.org/mnnow

Older Women's League of Minnesota
550 Rice Street
St. Paul, MN 55103
Tel: (651) 228-9990 or
(612) 869-6424

Outfront Minnesota
310 East 38th Street, #204
Minneapolis, MN 55409
Tel: (612) 822-0127 or
Tel: (800) 800-0350
Fax: (612) 822-8786
www.outfront.org

Planned Parenthood of Minnesota/ South Dakota
Administrative Office
1965 Ford Parkway
St. Paul, MN 55116
Tel: (651) 698-2401
Fax: (651) 698-2405
www.ppmsd.org

Pro-Choice Resources
3255 Hennepin Ave. S. #255
Minneapolis, MN 55408
Tel: (612) 825-2000
Fax: (612) 825-8270

Project SOAR of Northeastern Minnesota
205 West Second St., Suite 101
Duluth, MN 55802
Tel: (218) 722-3126

Somali Women's Association
2419 Fifth Avenue South
Minneapolis, MN 55404

Tucker Center for Research on Girls and Women in Sports
University of Minnesota
203 Cooke Hall
1900 University Avenue, SE
Minneapolis, MN 55455
Tel: (612) 625-7327
Fax: (612) 626-7700
www.kls.coled.umn.edu/crgws

Women's Association of Hmong and Lao, Inc
506 Kenny Road
St. Paul, MN 55101
Tel: (651) 772-4788
Fax: (651) 772-4791

Women's Cancer Resource Center
1815 East 41st Street
Minneapolis, MN 55407
Tel: (612) 729-0491 or
Tel: (800) 908-8544
Fax: (612) 729-0591
www.givingvoice.org

Women Candidate Development Coalition
550 Rice Street
St. Paul, MN 55103
Tel: (612) 724-6348

Women's Health Center of Duluth
32 E. 1st St., Suite 300
Duluth, MN 55802
Tel: (218) 727-3352

Women in the Trades
550 Rice Street
St. Paul, MN 55103
Tel: (651) 228 9955

Women's Network of the Red River Valley
116 12th Street South
Moorhead, MN 56560
Tel: (218) 233-2737

WomenVenture
2234 University Ave.
St. Paul, MN 55114
Tel: (651) 646-3808

YWCA Minneapolis
1130 Nicollet Mall
Minneapolis, MN 55403
Tel: (612) 332-0501 x3171
Fax: (612) 332-0500
www.ywca-minneapolis.org

National Resources

Administration on Aging
U.S. Department of Health and Human Services
330 Independence Avenue, SW
Washington, DC 20201
Tel: (202) 619-7501
Fax: (202) 260-1012
www.aoa.dhhs.gov

AFL-CIO Department of Working Women
815 16th Street, NW
Washington, DC 20006
Tel: (202) 637-5064
Fax: (202) 637-6902
www.aflcio.org

African American Women Business Owners Association
3363 Alden Place, NE
Washington, DC 20019
Tel: (202) 399-3645
Fax: (202) 399-3645
twarren@idfa.org
www.blackpgs.com/aawboa.html

African American Women's Institute
Howard University
P.O. Box 590492
Washington, DC 20059
Tel: (202) 806-4556
Fax: (202) 806-9263
www.aawi.org

Agency for Health Care Research and Quality
U.S. Department of Health and Human Services
2101 E. Jefferson Street
Suite 501
Rockville, MD 20852
Tel: (301) 594-6662
Fax: (301) 594-2168
www.ahcpr.gov

Alan Guttmacher Institute
1120 Connecticut Avenue, NW
Suite 460
Washington, DC 20036
Tel: (202) 296-4012
Fax: (202) 223-5756
www.agi-usa.org

Alzheimer's Association
919 North Michigan Avenue
Suite 1100
Chicago, IL 60611-1676
Tel: (312) 335-8700
Tel: (800) 272-3900
Fax: (312) 335-1110
www.alz.org

American Association of Homes and Services for the Aging
901 E Street, NW, Suite 500
Washington, DC 20004-2011
Tel: (202) 783-2242
Fax: (202) 783-2255
www.aahsa.org

American Association of Retired Persons
601 E Street, NW
Washington, DC 20049
Tel: (202) 434-2277
Tel: (800) 424-3410
Fax: (202) 434-6477
www.aarp.org

American Association of University Women
1111 16th Street, NW
Washington, DC 20036
Tel: (202) 785-7700
Tel: (800) 326-AAUW
Fax: (202) 872-1425
www.aauw.org

American Federation of State, County, and Municipal Employees (AFSCME)
1625 L Street, NW
Washington, DC 20036-5687
Tel: (202) 429-1000
Fax: (202) 429-1293
www.afscme.org

American Medical Association
1101 Vermont Avenue, NW
Washington, DC 20005
Tel: (202) 789-7400
Fax: (202) 789-7458
www.ama-assn.org

American Medical Women's Association
801 N. Fairfax Street, Suite 400
Alexandria, VA 22314
Tel: (703) 838-0500
Fax: (703) 549-3864
www.amwa-doc.org

American Nurses Association
600 Maryland Avenue, SW
Suite 100 West
Washington, DC 20024
Tel: (202) 651-7000
Tel: (800) 274-4ANA
Fax: (202) 651-7001
www.ana.org

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Tel: (800) 374-2721
Fax: (202) 336-5500
www.apa.org

American Sociological Association
1307 New York Avenue, NW
Suite 700
Washington, DC 20005
Tel: (202) 383-9005
Fax: (202) 638-0882
www.asanet.org

American Women's Economic Development Corporation
216 East 45th Street, 10th Floor
New York, NY 10017
Tel: (212) 692-9100
Fax: (212) 692-9296
orgs.womenconnect.com/awed/

The Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202
Tel: (410) 547-6600
Fax: (410) 547-6624
webmail@aecf.org
www.aecf.org

Asian Women in Business/ Asian American Professional Women
One West 34th Street, Suite 200
New York, NY 10001
Tel: (212) 868-1368
Fax: (212) 868-1373
www.awib.org

Association of American Colleges and Universities
1818 R Street, NW
Washington, DC 20009
Tel: (202) 387-3760
Fax: (202) 265-9532
www.aacu-edu.org

Association of Black Women Entrepreneurs, Inc.
P.O. Box 49368
Los Angeles, CA 90049
Tel: (213) 624-8639
Fax: (213) 624-8639

Association for Health Services Research
1801 K Street, Suite 701-L
Washington, DC 20006-1301
Tel: (202) 292-6700
Fax: (202) 292-6800
www.ahsr.org

Black Women United for Action
6551 Loisdale Court, Suite 222
Springfield, VA 22150
Tel: (703) 922-5757
Fax: (703) 313-8716
www.bwufa.org

Business and Professional Women USA
2012 Massachusetts Avenue, NW
Washington, DC 20036
Tel: (202) 293-1100
Fax: (202) 861-0298
www.bpwusa.org

Catalyst
120 Wall Street
New York, NY 10005
Tel: (212) 514-7600
Fax: (212) 514-8470
www.catalystwomen.org

Catholics for a Free Choice
1436 U Street, NW, Suite 301
Washington, DC 20009-3997
Tel: (202) 986-6093
Fax: (202) 332-7995
www.igc.org/catholicvote

Center for the Advancement of Public Policy and
Washington Feminist Faxnet
1735 S Street, NW
Washington, DC 20009
Tel: (202) 797-0606
Fax: (202) 265-6245
www.essential.org/capp

Center for American Women and Politics
Rutgers, The State University of New Jersey
191 Ryders Lane
New Brunswick, NJ 08901-8557
Tel: (732) 932-9384
Fax: (732) 932-0014
www.rci.rutgers.edu/~cawp/

Center for the Child Care Workforce
733 15th Street, NW, Suite 1037
Washington, DC 20005-2112
Tel: (202) 737-7700
Tel: (800) U-R-WORTHY
Fax: (202) 737-0370
www.ccw.org

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
Tel: (404) 639-3311
www.cdc.gov/nchs

Center for Law and Social Policy
1616 P Street, NW, Suite 150
Washington, DC 20036
Tel: (202) 328-5140
Fax: (202) 328-5195
www.clasp.org

Center for Policy Alternatives
1875 Connecticut Avenue, NW
Suite 710
Washington, DC 20009
Tel: (202) 387-6030
Fax: (202) 986-2539
www.cfpa.org

Center for the Prevention of Sexual and Domestic Violence
936 N 34th Street, Suite 200
Seattle, WA 98103
Tel: (206) 634-1903
Fax: (206) 634-0115
www.cpsdv.org

Center for Reproductive Law and Policy
1146 19th Street, NW
Washington, DC 20036
Tel: (202) 530-2975
Fax: (202) 530-2976
www.crlp.org

Center for Research on Women
University of Memphis
Campus Box 526105
Memphis, TN 38152-6105
Tel: (901) 678-2770
Fax: (901) 678-3652
cas.memphis.edu/isc/crow

Center for Women's Policy Studies
1211 Connecticut Avenue, NW
Suite 312
Washington, DC 20036
Tel: (202) 872-1770
Fax: (202) 296-8962
www.centerwomenpolicy.org

Center on Budget and Policy Priorities
820 First Street, NE, Suite 510
Washington, DC 20002
Tel: (202) 408-1080
Fax: (202) 408-1056
www.cbpp.org

Child Care Action Campaign
330 Seventh Avenue, 14th Floor
New York, NY 10001
Tel: (212) 239-0138
Fax: (212) 268-6515
www.childcareaction.org

Child Trends, Inc.
4301 Connecticut Ave, NW
Suite 100
Washington, DC 20008
Tel: (202) 362-5580
Fax: (202) 362-5533
www.childtrends.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
Tel: (202) 628-8787
Tel: (800) CDF-1200
Fax: (202) 662-3540
www.childrensdefense.org

Church Women United
475 Riverside Drive, Suite 500
New York, NY 10115
Tel: (212) 870-2347
Fax: (212) 870-2338
www.churchwomen.org

Coalition of Labor Union Women
1126 16th Street, NW
Washington, DC 20036
Tel: (202) 466-4610
Fax: (202) 776-0537
www.cluw.org

Coalition on Human Needs
1700 K Street, NW, Suite 1150
Washington, DC 20006
Tel: (202) 736-5885
Fax: (202) 785-0791
www.chn.org

Communication Workers of America
501 Third Street, NW
Washington, DC 20001
Tel: (202) 434-1100
Fax: (202) 434-1279
www.cwa-union.org

Economic Policy Institute
1660 L Street, NW, Suite 1200
Washington, DC 20036
Tel: (202) 775-8810
Fax: (202) 775-0819
www.epinet.org

EMILY'S List
805 15th Street, NW
Suite 400
Washington, DC 20005
Tel: (202) 326-1400
Fax: (202) 326-1415
www.emilyslist.org

Equal Rights Advocates
1663 Mission Street, Suite 550
San Francisco, CA 94103
Tel: (415) 621-0672
Fax: (415) 621-6744
www.equalrights.org

Family Violence Prevention Fund
383 Rhode Island Street
Suite 304
San Francisco, CA 94103
Tel: (415) 252-8900
Fax: (415) 252-8991
www.fvpf.org

Federally Employed Women
P.O. Box 27687
Washington, DC 20038-7687
Tel: (202) 898-0994
www.few.org/

The Feminist Majority Foundation
1600 Wilson Blvd, Suite 801
Arlington, VA 22209
Tel: (703) 522-2214
Fax: (703) 522-2219
www.feminist.org

General Federation of Women's Clubs
1734 N Street, NW
Washington, DC 20036-2990
Tel: (202) 347-3168
Fax: (202) 835-0246
www.gfwc.org

Girls Incorporated National Resource Center
120 Wall Street, 3rd Floor
New York, NY 10005
Tel: (212) 509-2000
Fax: (212) 509-8708
www.girlsinc.org

Girl Scouts of the USA
420 5th Avenue
New York, NY 10018-2798
Tel: (800) GSUSA-4U
Fax: (212) 852-6509
www.gsusa.org

Hadassah
50 West 58 Street
New York, NY 10019
Tel: (212) 355-7900
Fax: (212) 303-8018
www.hadassah.com

Human Rights Campaign
919 18th Street, NW, Suite 800
Washington, DC 20006
Tel: (202) 628-4160
Fax: (202) 347-5323
www.hrc.org

HumanSERVE
Campaign for Universal Voter Registration
739 8th Street, SE, Suite 202
Washington, DC
Tel: (202) 546-3492
Fax: (202) 546-2483
www.igc.org/humanserve

Institute for Research on Poverty
University of Wisconsin—Madison
1180 Observatory Drive
3412 Social Science Building
Madison, WI 53706-1393
Tel: (608) 262-6358
Fax: (608) 265-3119
www.ssc.wisc.edu/irp

Institute for Women's Policy Research
1707 L Street, NW, Suite 750
Washington, DC 20036
Tel: (202) 785-5100
Fax: (202) 833-4362
iwpr@iwpr.org
www.iwpr.org

International Center for Research on Women
1717 Massachusetts Avenue, NW,
Suite 302
Washington, DC 20036
Tel: (202) 797-0007
Fax: (202) 797-0020
www.icrw.org

International Labour Organization
1828 L Street, NW, Suite 600
Washington, DC 20036
Tel: (202) 653-7652
Fax: (202) 653-7687
www.ilo.org

Jacobs Institute of Women's Health
409 12th Street, SW
Washington, DC 20024-2188
Tel: (202) 863-4990
Fax: (202) 554-0453
www.jiwh.org

Jewish Women International
1828 L Street, NW, Suite 250
Washington, DC 20036
Tel: (202) 857-1300
Fax: (202) 857-1380
www.jewishwomen.org

Joint Center for Political and Economic Studies
1090 Vermont Avenue, NW
Suite 1100
Washington, DC 20005-4928
Tel: (202) 789-3500
Fax: (202) 789-6390
www.jointctr.org

Lambda Legal Defense and Education Fund
120 Wall Street, Suite 1500
New York, NY 10005-3904
Tel: (212) 809-8585
Fax: (212) 809-0055
www.lambdalegal.org

League of Conservation Voters
1920 L Street, NW, Suite 800
Washington, DC 20036
Tel: (202) 785-8683
Fax: (202) 835-0491
www.lcv.org

League of Women Voters
1730 M Street, NW, Suite 1000
Washington, DC 20036
Tel: (202) 429-1965
Fax: (202) 429-0854
www.lwv.org

MANA—A National Latina Organization
1725 K Street, NW, Suite 501
Washington, DC 20006
Tel: (202) 833-0060
Fax: (202) 496-0588
www.hermana.org

Ms. Foundation for Women
120 Wall Street, 33rd Floor
New York, NY 10005
Tel: (212) 742-2300
Fax: (212) 742-1653
www.ms.foundation.org

9 to 5, National Association for Working Women
231 W. Wisconsin Avenue
Milwaukee, WI 53203-2308
Tel: (800) 522-0925
Tel: (414) 274-0925
Fax: (414) 272-2870
www.9to5.org

National Abortion Federation
1755 Massachusetts Avenue, NW, Suite 600
Washington, DC 20036
Tel: (202) 667-5881
Fax: (202) 67-5890
www.prochoice.org

National Abortion and Reproductive Rights Action League
1156 15th Street, NW
Suite 700
Washington, DC 20005
Tel: (202) 973-3000
Fax: (202) 973-3096
www.naral.org

National Asian Women's Health Organization
250 Montgomery Street Suite1500
San Francisco, CA 94104
Tel: (415) 989-9747
Fax: (415) 989-9758
www.nawho.org

National Association of Anorexia Nervosa and Associated Disorders
P.O. Box 7
Highland Park, IL 60035
Tel: (847) 831-3438
Fax: (847) 433-4632
www.anad.org

National Association of Commissions for Women
8630 Fenton Street, Suite 934
Silver Springs, MD 20910-3808
Tel: (301) 585-8101
Tel: (800) 338-9267
Fax: (202) 585-3445
www.nacw.org

National Association of Negro Business and Professional Women's Clubs, Inc
1806 New Hampshire Avenue
Washington, DC 20009-3208
Tel: (202) 483-4206
Fax: (202) 462-7253
www.nanbpwc.org

National Association of Women Business Owners
1411 K Street, NW
Washington, DC 20005
Tel: (202) 347-8686
Tel: (800) 556-2926
Fax: (202) 347-4130
www.nawbo.org

National Association of Women in Education
1325 18th Street, NW
Suite 210
Washington, DC 20036
Tel: (202) 659-9330
Fax: (202) 457-0946
www.nawe.org

National Breast Cancer Coalition
1707 L Street, NW, Suite 1060
Washington, DC 20036
Tel: (202) 296-7477
Tel: (202) 622-2838
Fax: (202) 265-6854
www.natlbcc.org

National Center for American Indian Enterprise Development
934 North 143rd Street
Seattle, WA 98133
Tel: (800) 4-NCAIED
Fax: (480) 545-4208
www.ncaied.org

National Center for Lesbian Rights
870 Market Street, Suite 570
San Francisco, CA 94102
Tel: (415) 392-6257
Fax: (415) 392-8442
www.nclrights.org

National Coalition Against Domestic Violence
P.O. Box 18749
Denver, CO 80218
Tel: (303) 839-1852
Fax: (303) 831-9251
www.ncadv.org

National Committee on Pay Equity
1126 16th Street, NW, Suite 411
Washington, DC 20036
Tel: (202) 331-7343
Fax: (202) 331-7406
www.feminist.com/fairpay.htm

National Conference of Puerto Rican Women
5 Thomas Circle, NW
Washington, DC 20005
Tel: (202) 387-4716
buscapique.com/latinusa/buscafile/wash/nacoprw.htm

National Council for Research on Women
11 Hanover Square
New York, NY 10005
Tel: (212) 785-7335
Fax: (212) 785-7350
www.ncrw.org

National Council of Negro Women
633 Pennsylvania Avenue, NW
Washington, DC 20004
Tel: (202) 737-0120
Fax: (202) 737-0476
www.ncnw.com

National Council of Women's Organizations
c/o NCPE
1126 16th Street, NW, Suite 411
Washington, DC 20036
Tel: (202) 331-7343
Fax: (202) 331-7406
www.womensorganizations.org

National Education Association
1201 16th Street, NW
Washington, DC 20036
Tel: (202) 833-4000
Fax: (202) 822-7397
www.nea.org

National Employment Law Project, Inc.
55 John Street, 7th Floor
New York, NY 10038
Tel: (212) 285-3025
Fax: (212) 285-3044
www.nelp.org

National Federation of Democratic Women
719 Woodacre Road
Jackson, MS 39206
Tel: (601) 982-0750
Fax: (601) 713-3068
www.nfdw.org

National Federation of Republican Women
124 North Alfred Street
Alexandria, VA 22314
Tel: (703) 548-9688
Fax: (703) 548-9836
www.nfrw.org

National Foundation for Women Business Owners
1411 K Street, NW, Suite 1350
Washington, DC 20005
Tel: (202) 638-3060
Fax: (202) 638-3064
www.nfwbo.org

National Gay and Lesbian Task Force
1700 Kalorama Road, NW
Washington, DC 20009-2624
Tel: (202) 332-6483
Fax: (202) 332-0207
www.ngltf.org

National Latina Institute for Reproductive Health
1200 New York Avenue, NW
Suite 206
Washington, DC 20005
Tel: (202) 326-8970
Fax: (202) 371-8112
www.nlirh.org

National Law Center on Homelessness and Poverty
1411 K Street, NW, Suite 1400
Washington, DC 20005
Tel: (202) 638-2535
Fax: (202) 628-2737
www.nlchp.org

National Organization for Women
733 15th Street, NW, 2nd Floor
Washington, DC 20005
Tel: (202) 628-8669
Fax: (202) 785-8576
www.now.org

National Organization for Women Legal Defense and Education Fund
395 Hudson Street, 5th Floor
New York, NY 10014
Tel: (212) -925-6635
Fax: (212) -226-1066
www.nowldef.org

National Partnership for Women and Families
1875 Connecticut Avenue, NW
Suite 710
Washington, DC 20005
Tel: (202) 986-2600
Fax: (202) 986-2539
www.nationalpartnership.org

National Political Congress of Black Women
8401 Colesville Road, Suite 400
Silver Spring, MD 20910
Tel: (301) 562-8000
Fax: (301) 562-8303
www.npcbw.org

National Prevention Information Network (HIV, STD, TB)
Centers for Disease Control
P.O. Box 6003
Rockville, MD 20849-6003
Tel: (800) 458-5231
Fax: (888) 282-7681
www.cdcnpin.org

National Resource Center on Domestic Violence
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112-2778
Tel: (717) 545-6400
Tel: (800) 537-2238
Fax: (717) 545-9456
www.healthfinder.gov/text/orgs/HR2494.htm

National Women's Business Council
409 Third Street, SE, Suite 210
Washington, DC 20024
Tel: (202) 205-3850
Fax: (202) 205-6825
www.nwbc.gov

National Women's Health Network
514 10th Street, NW, Suite 400
Washington, DC 20004
Tel: (202) 347-1140
Fax: (202) 347-1168
www.womenshealthnetwork.org

National Women's Health Resource Center
120 Albany Street, Suite 820
New Brunswick, NJ 08901
Tel: (877) 986-9472
Fax: (732) 249-4671
www.healthywomen.org

National Women's Law Center
11 Dupont Circle, NW
Suite 800
Washington, DC 20036
Tel: (202) 588-5180
Fax: (202) 588-5185
www.nwlc.org

National Women's Political Caucus
1630 Connecticut Avenue, NW
Suite 201
Washington, DC 20009
Tel: (202) 785-1100
Fax: (202) 785-3605
www.nwpc.org

National Women's Studies Association
University of Maryland
7100 Baltimore Boulevard
Suite 500
College Park, MD 20740
Tel: (301) 403-0525
Fax: (301) 403-4137
www.nwsa.org

New Ways to Work
785 Market Street, Suite 950
San Francisco, CA 94103
Tel: (415) 995-9860
Fax: (415) 995-9867
www.nww.org

Older Women's League
666 11th Street, NW, Suite 700
Washington, DC 20001
Tel: (202) 783-6686
Fax: (202) 638-2356
www.aoa.dhhs.gov/aoa/dir/207.html

Organization of Chinese-American Women
4641 Montgomery Avenue
Suite 208
Bethesda, MD 20814
Tel: (301) 907-3898
Fax: (301) 907-3899

Pension Rights Center
918 16th Street NW, Suite 704
Washington, DC 20006
Tel: (202) 296-3776
Fax: (202) 833-2472
www.aoa.dhhs.gov/aoa/dir/210.html

Planned Parenthood Federation of America
810 Seventh Avenue
New York, NY 10019
Tel: (212) 541-7800
Fax: (212) 245-1845
www.plannedparenthood.org

Population Reference Bureau, Inc.
1875 Connecticut Avenue, NW
Suite 520
Washington, DC 20009
Tel: (202) 483-1100
Fax: (202) 328-3937
www.prb.org

Poverty and Race Research Action Council
3000 Connecticut Avenue, NW
Suite 200
Washington, DC 20008
Tel: (202) 387-9887
Fax: (202) 387-0764
www.prrac.org

Religious Coalition for Reproductive Choice
1025 Vermont Avenue, NW
Suite 1130
Washington, DC 20005
Tel: (202) 628-7700
Fax: (202) 628-7716
www.rcrc.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
3600 Fisher's Lane
Room 12-105
Rockville, MD 20857
Tel: (301) 443-4795
Fax: (301) 443-0284
www.samhsa.gov

U.N. Division for the Advancement of Women
Two United Nations Plaza
New York, NY 10017
Tel: (212) 963-3177
Fax: (212) 963-3463

The Urban Institute
2100 M Street, NW
Washington, DC 20037
Tel: (202) 833-7200
Fax: (202) 331-9747
www.urban.org

U.S. Agency for International Development
Office of Women in Development
RRB 3.8-042U
Washington, DC 20523-3801
Tel: (202) 712-0570
www.genderreach.com

U.S. Department of Commerce
Bureau of the Census
Population Division
Washington, DC 20233
Tel: (301) 457-4100
Fax: (301) 457-4714
www.census.gov

U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-0498
Tel: (202) 401-1576
Tel: (800) USA-LEARN
Fax: (202) 401-0689
www.ed.gov

U.S. Department of Justice, Violence Against Women Office
Office of Justice Programs
810 Seventh Street, NW
Washington, DC 20531
Tel: (202) 616-8894
Fax: (202) 307-3911
www.ojp.usdoj.gov/vawo

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Tel: (202) 619-0257
www.os.dhhs.gov

U.S. Department of Labor
Bureau of Labor Statistics
State Labor Force Data
2 Massachusetts Avenue, NE
Washington, DC 20012
Tel: (202) 691-5200
Fax: (202) 691-7890
stat.bls.gov

U.S. Department of Labor
Women's Bureau
200 Constitution Avenue, NW
Room No. S-3002
Washington, DC 20210
Tel: (202) 219-6611 x157
Tel: (800) 827-5335
Fax: (202) 219-5529
www.dol.gov/dol/wb

Victim Services, Inc.
2 Lafayette Street, 3rd Floor
New York, NY 10007
Tel: (212) 577-7700
Fax: (212) 385-0331
www.victimservices.org

White House Office for Women's Initiatives and Outreach
Room 15, O.E.O.B.
Washington, DC 20502
Tel: (202) 456-7300
Fax: (202) 456-7311
www2.whitehouse.gov/women
Wider Opportunities for Women
815 15th Street, NW, Suite 916
Washington, DC 20005
Tel: (202) 638-3143
Fax: (202) 638-4885
www.w-o-w.org

Women Employed
111 N. Wabash
13th Floor
Chicago, IL 60602
Tel: (312) 782-3902
Fax: (312) 782-5249
www.womenemployed.org

Women, Ink.
777 United Nations Plaza
New York, NY 10017
Tel: (212) 687-8633
Fax: (212) 661-2704
www.womenink.org

Women Work!
The National Network for Women's Employment
1625 K Street, NW, Suite 300
Washington, DC 20006
Tel: (202) 467-6346
Fax: (202) 467-5366
www.womenwork.org

Women's Cancer Center
900 Welch Road, Suite 300
Palo Alto, CA 94304
Tel: (650) 326-6500
Fax: (650) 326-6553
www.wccenter.com

Women's Environmental and Development Organization
355 Lexington Avenue
3rd Floor
New York, NY 10017
Tel: (212) 973-0325
Fax: (212) 973-0335
www.wedo.org

Women's Institute for a Secure Retirement
1201 Pennsylvania Avenue, NW,
Suite 619
Washington, DC 20004
Tel: (202) 393-5452
Fax: (202) 638-1336
www.network-democracy.org/socialsecurity/bb/whc/wiser.html

Women's International League for Peace and Freedom
1213 Race Street
Philadelphia, PA 19107
Tel: (215) 563-7110
Fax: (215) 563-5527
www.people-link.com/wilpf

Women's International Network
Charlotte Crafton
c/o Women's International Network
45 E. City Line Avenue
Suite 299
Bala Cywnyd, PA 19004
Tel: (215) 871-7655
Tel: (888) 594-3342
www.w-i-n.com

Women's Research and Education Institute
1750 New York Avenue, NW
Suite 350
Washington, DC 20006
Tel: (202) 628-0444
Fax: (202) 628-0458
www.wrei.org

Young Women's Christian Association of the USA (YWCA)
Empire State Building
350 Fifth Avenue, Suite 301
New York, NY 10118
Tel: (212) 273-7800
Fax: (212) 465-2281
www.ywca.org

The Young Women's Project
923 F Street, NW, 3rd Floor
Washington, DC 20004
Tel: (202) 393-0461
Fax: (202) 393-0065
www.tidalwave.net/~ywp

Appendix VI:
List of Census Bureau Regions

East North Central

Illinois
Indiana
Michigan
Ohio
Wisconsin

East South Central

Alabama
Kentucky
Mississippi
Tennessee

Middle Atlantic

New Jersey
New York
Pennsylvania

Mountain West

Arizona
Colorado
Idaho
Montana
New Mexico
Nevada
Utah
Wyoming

New England

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

Pacific West

Alaska
California
Hawaii
Oregon
Washington

South Atlantic

Delaware
District of Columbia
Florida
Georgia
Maryland
North Carolina
South Carolina
Virginia
West Virginia

West North Central

Iowa
Kansas
Minnesota
Missouri
Nebraska
North Dakota
South Dakota

West South Central

Arkansas
Louisiana
Oklahoma
Texas

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