

The Status of Women in the States

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INSTITUTE FOR WOMEN'S POLICY RESEARCH



About This Report

The Status of Women in the States 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 nine states as well as this 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 non-profit, 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.

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ISBN # 1-878428-60-8

\$15.00

IWPR # R162

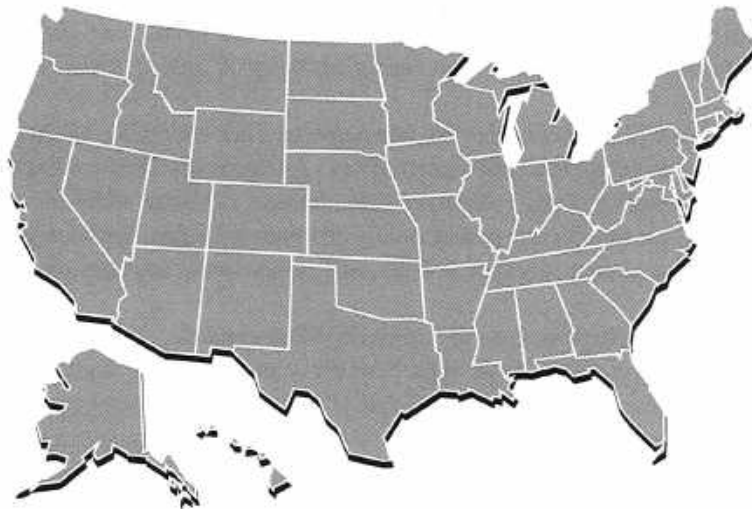
Library of Congress Catalogue Card # 00-109149

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The Status of Women in the States

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Edited by Amy B. Caiazza, Ph.D.



Institute for Women's Policy Research

Third Edition, 2000-01

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*, by the Wallace Alexander Gerbode Foundation for *The Status of Women in Hawai'i*, and by the Minnesota Women's Foundation for *The Status of Women in Minnesota*. In each of the individual states, a variety of organizations provided funding for the production of the reports and the activities of their state advisory committees.

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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Introduction

During the twentieth century, women made significant economic, political, and social advances, but they are still far from achieving gender equality. Throughout the United States, women still earn less than men, are seriously under-represented in political office, and make up a disproportionate share of those in poverty. To make significant progress toward gender equity, policymakers need reliable and relevant data about the issues affecting women's lives. Moreover, as many policymaking responsibilities shift to the states, advocates, researchers, and policymakers need state-level data about women. Recognizing this need, the Institute for Women's Policy Research (IWPR) initiated a series of reports on *The Status of Women in the States* in 1996. The biannual series is now in its third round and will, over the course of a decade, encompass reports on each of the 50 states and the District of Columbia. This year, IWPR produced reports on nine states as well as this national report summarizing results for all the states and the nation as a whole.

Goals of *The Status of Women in the States* Reports

The staff of IWPR prepared these reports on *The Status of Women in the States* to inform citizens about the progress of women in their state relative to women in other states, to men, and to the nation as a whole. The essence and goals of the reports have remained the same since 1996: (1) to analyze and disseminate information about women's progress in achieving rights and opportunities, (2) to identify and measure the remaining barriers to equality, and (3) to provide baseline measures and a continuing monitor of women's progress throughout the country. In addition, members of each state advisory committee prepared information on several topics to highlight issues of particular importance to women in their state.

In each report published in 2000, indicators describe women's status in political participation, employ-

ment and earnings, economic autonomy, reproductive rights, and health and well-being. In addition, the reports provide information about the basic demographics of the state (see Appendix I). For the five major issue areas addressed in this report, IWPR compiled composite indices based on the indicators presented to provide an overall assessment of the status of women in each area and to rank the states from 1 to 51 (including the District of Columbia; see Appendix II for details). The composite index on women's health status is an innovation for the 2000 reports; earlier reports presented information on women's health status but did not rank the states on this issue.

Although state-by-state rankings provide important insights into women's status throughout the country—indicating where progress is greater or less—in no state do women have adequate policies ensuring their equal rights. Women have not achieved equality with men in any state, including those ranked relatively high on the indices compiled in this report. All women continue to face important obstacles to achieving economic, political, and social parity.

To address the continuing barriers to women in this country, the 2000 series of reports includes another innovation: in addition to rankings for each of the issue areas, each state is given a grade for women's political participation, employment and earnings, economic autonomy, reproductive rights, and health and well-being. IWPR designed the grading system to highlight the gaps between men's and women's access to various rights and resources. States were thus graded based on the difference between their performance and goals (such as no remaining wage gap or the proportional representation of women) set by IWPR (see Appendix II). For example, since no state has eliminated the gap between women's and men's earnings, no state received an A on the employment and earnings composite index, despite rankings near the top for some states on the indicators encompassed by this index. Because women in the United States are closer to achieving some goals than others, the curve for each index is somewhat

different. Using the grades, policymakers, researchers, and advocates in high-ranking states can quickly identify remaining barriers to women's equality 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 the 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, which 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 some 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, they limit the population subgroups that can be reliably studied (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 also 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 also 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 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 topics 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.

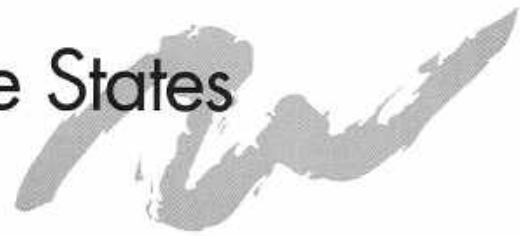
Finally, the reader should keep a few technical notes in mind. In some cases, differences reported between two states or between a state and the nation for a given indicator are statistically significant. That is, they are unlikely to have occurred by chance and probably represent a true difference between 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 to be 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 the States



Women's progress over the past century has involved both great achievements and significant shortfalls. Many U.S. women are witnessing real improvements in their economic, political, and social status. Not all women, however, enjoy equal access to the country's political and economic resources, nor are they sharing equally in the fruits of progress. Women by no means enjoy equality with men, and they still lack many of the legal guarantees that would allow them to achieve it.

This report describes how selected measures of women's rights and equality vary among the states. It presents data for each state on 30 component indicators as well as five composite indices that summarize the states' rankings in each of the five domains. Some indicators of women's status, such as the wage gap, vary substantially among the states. Others, such as the percentage of businesses owned by women, vary less. Moreover, some states and regions fare consistently well or poorly on all five composite indices calculated by IWPR. In general, women in much of the Southeast and some of the Midwest participate less often politically, fare poorly in employment and earnings, have less economic autonomy, enjoy fewer reproductive rights, and experience poorer health than women in the West or Northeast.

Maps 1 through 5 show which states ranked in the top, middle, and bottom third of the nation on the composite indices. Within each composite index, some states have similar rankings on all the component indicators, while others rank well on some components and poorly on others (these differences can be seen in maps 6-17, located throughout the report).

Despite the higher ranks of some states, women have not achieved equality with men in any state, and even those states with better policies for women do not ensure equal rights for women. Women in the United States still face significant problems that demand attention from policymakers, women's advocates, and researchers concerned with women's status. This report provides baseline measures that will allow them to identify remaining barriers to women's equality in each state.

Map 1. Political Participation Composite Index



Note: For methodology and sources, see Appendix II.

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Political Participation

The political participation composite index combines four aspects of women's political status: voter registration, voter turnout, representation in elected office, and women's institutional resources. These components vary widely among the states. In addition, states' rankings often vary widely for each part of the composite index.

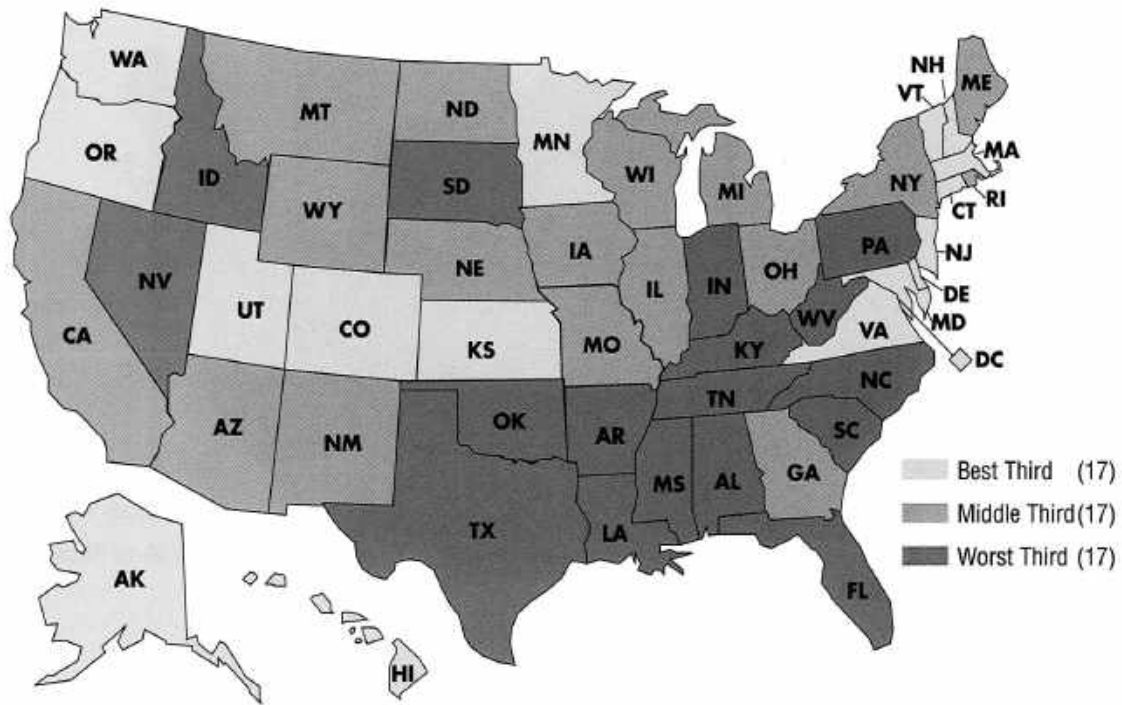
Although women in the United States are more likely to register to vote than men, a gap of almost 33 points divides the state with the highest registration rate for women (North Dakota, 91.2 percent) and the state with the lowest (California, 58.5 percent). Several of the top states concentrated in the northern part of the country (including North Dakota, Maine, Minnesota, Wisconsin) have either automatic or same-day voter registration. In two states, Pennsylvania and Rhode Island, men register to vote at a higher rate than women. Women are also more likely to vote than men, but the state with the highest rate of women's voter participation (Montana, 72.5 percent) and that with the lowest

rate (Hawaii, 50.1 percent) differ by more than 22 points.

Beginning in 1992, an influx of women into national elected office began to change the composition of Congress, but variation among the states is significant on this indicator as well. While in three states—California, Kansas, and Maine—women have filled both Senate seats, as of 2000, six other states—Alaska, Delaware, Iowa, Mississippi, New Hampshire, and Vermont—have never sent a woman to Congress (Center for American Women in Politics [CAWP], 1999). In state legislatures, the proportion of female representatives ranges from 7.9 in Alabama to 40.8 percent in Washington.

Registration and voting rates are generally highest in the northern states, especially in the middle and western portions of the country, and women hold the most elected offices in the West and New England. While women hold the lowest proportions of elected positions in the Southeast, many states in the region have high levels of institutional resources for women, offering one important form of political

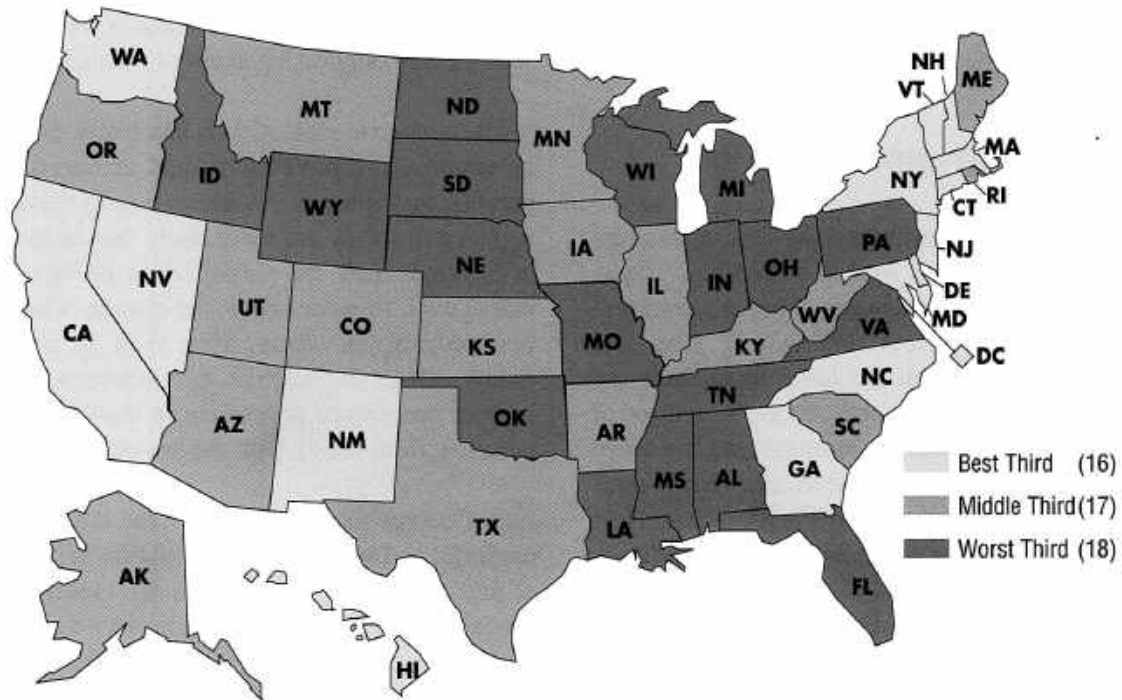
Map 3. Economic Autonomy Composite Index



Note: For methodology and sources, see Appendix II.

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Map 4. Reproductive Rights Composite Index



Note: For methodology and sources, see Appendix II.

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necessary education for professional and managerial jobs, and strengthening anti-discrimination and pay equity laws can help narrow the wage gap further.

The fourth component of this index, women's labor force participation, exhibits slightly different trends. The percentage of women in the labor force is high in many states among the Mountain and northern Midwest regions. Labor force participation does not guarantee that female workers will be treated fairly or paid well. But as more and more women work, they increase their access to economic resources.

Economic Autonomy

The economic autonomy composite index combines four indicators of women's ability to exercise control over their economic lives: health insurance, college education, business ownership, and poverty rates. Overall, more women earn college degrees and start their own businesses today than ever before. However, more women lack health insurance than in years past, and more women than men live in poverty in the United States.

Generally, women in the Northeast and the West are most likely to have the resources associated with economic autonomy. Some states, such as Vermont, have higher percentages of college-educated women, women with health insurance, and women business owners, but a smaller percentage of women in poverty. Among these components, causation is unclear. A wealthier state may be more likely to send its women to college, or an educated female population may hold good jobs and avoid poverty. In addition, high proportions of women-owned businesses are generally clustered in the western states, while high scores on other components of the economic autonomy composite index are not, suggesting that additional factors influence business ownership.

Education is clearly related to economic stability and economic success. States should keep this in mind when writing and implementing their welfare policies. Since federal law generally encourages or requires recipients to leave welfare in favor of employment without receiving adequate training or education, states should consider using state funds to increase training and education opportunities.

Reproductive Rights

The reproductive rights composite index incorporates each state's scores on nine component indicators (see Appendix II). The states' scores on this composite vary widely. Some states, such as Vermont, Maryland, and Hawaii, rank well on most components of the index and on the composite index itself. Others, such as Mississippi, South Dakota, and North Dakota, rank poorly on the composite indicator as well as on each component of the index. Other states, such as Florida, Iowa, and New Hampshire, show a more mixed commitment to reproductive rights, ranking well on some and poorly on others. In all states, however, despite the Beijing Platform's commitment to reproductive rights and their support in rulings by the U.S. Supreme Court, reproductive rights remain controversial, and women need to continue to defend and expand their access to reproductive choice.

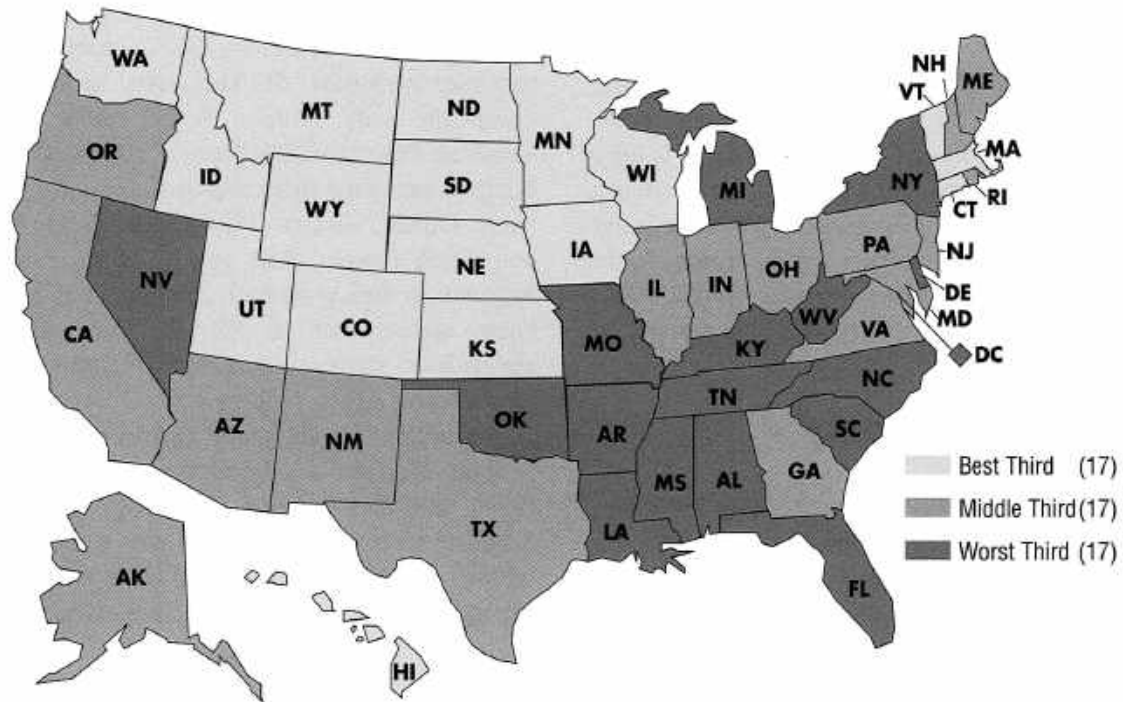
Health and Well-Being

The health and well-being composite index includes each state's scores on nine indicators of women's health status (see Appendix II). States' scores on this composite index vary widely as well. Overall, states in the Mountain and northern Midwest regions rank well, while states in the Southeast fare poorly. Women in Hawaii have particularly good health status when compared to women in other states: Hawaii ranked in the top five states on nearly half of the indicators of health and well-being. In contrast, New York ranked in the bottom five states on four of the indicators. Notably, women's health status across the states displays similar trends to patterns of health insurance coverage. Hawaii ranks first in health insurance coverage.

The Best and Worst States Overall

Together, all five indices show that women's status is highest in Connecticut and Vermont. Each ranks in the top ten on four of the five composite indices and in the top third on all the composite indices. Women in Washington also fared well, as the state ranks in the top ten on three composite indices and

Map 5. Health and Well-Being Composite Index



Note: For methodology and sources, see Appendix II.

in the top third on all of them. Hawaii ranks in the top ten on three and in the top third on four, while Colorado, Minnesota, and New Hampshire rank in the top ten on two and in the top third on four. Finally, Alaska ranks in the top ten on two of the composite indices. In each of these states, women's status does not fall below the midpoint for all states on any of the composite indices of women's status.

In contrast, women's status is lowest in Mississippi, which ranks in the bottom ten in four out of the five composite indices and falls in the bottom third on all of them. Women's status is also low in Alabama and Tennessee, which rank in the bottom ten on three of five and in the bottom third on all of the composite indices. In Arkansas, Kentucky, and South Carolina, women's status is in the bottom ten on three indices and in the bottom third on four. Oklahoma ranks in the bottom ten on two of five and in the bottom third on all five. Finally, in Florida women's status is in the bottom third on four of the five composite indices, and in Pennsylvania it is in the bottom third

on three. In none of these states does women's status rank in the top half of all states on any of the composite indices of women's status.

The sections that follow discuss the states' rankings on each of the five composite indices and their components in greater detail. In addition, it describes trends over the past four years in several of the areas examined by *The Status of Women in the States* project. The report also provides a Women's Resources and Rights Checklist, which outlines legislative provisions and other resources states can provide for women. Appendices to the report provide basic data on age, race, marital status, and other demographic information for women in the United States; information on the methodology and sources used to develop the indices; the scores and ranks on all the component indicators and composite indices for all 50 states and the District of Columbia; a list of national organizations that can provide further information on the topics addressed in this report; and a list of references cited in this report.

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 across the United States: 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, Steuermagel and Ahern, 1997). Women, for example, tend to support policies such as funding for social services and child care as well as measures combating violence against women. 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 (Dodson, 1991; Thomas, 1994). Finally, representation through institutions such as women's commissions or women's legislative caucuses can both pro-

vide 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).

The Political Participation Composite Index

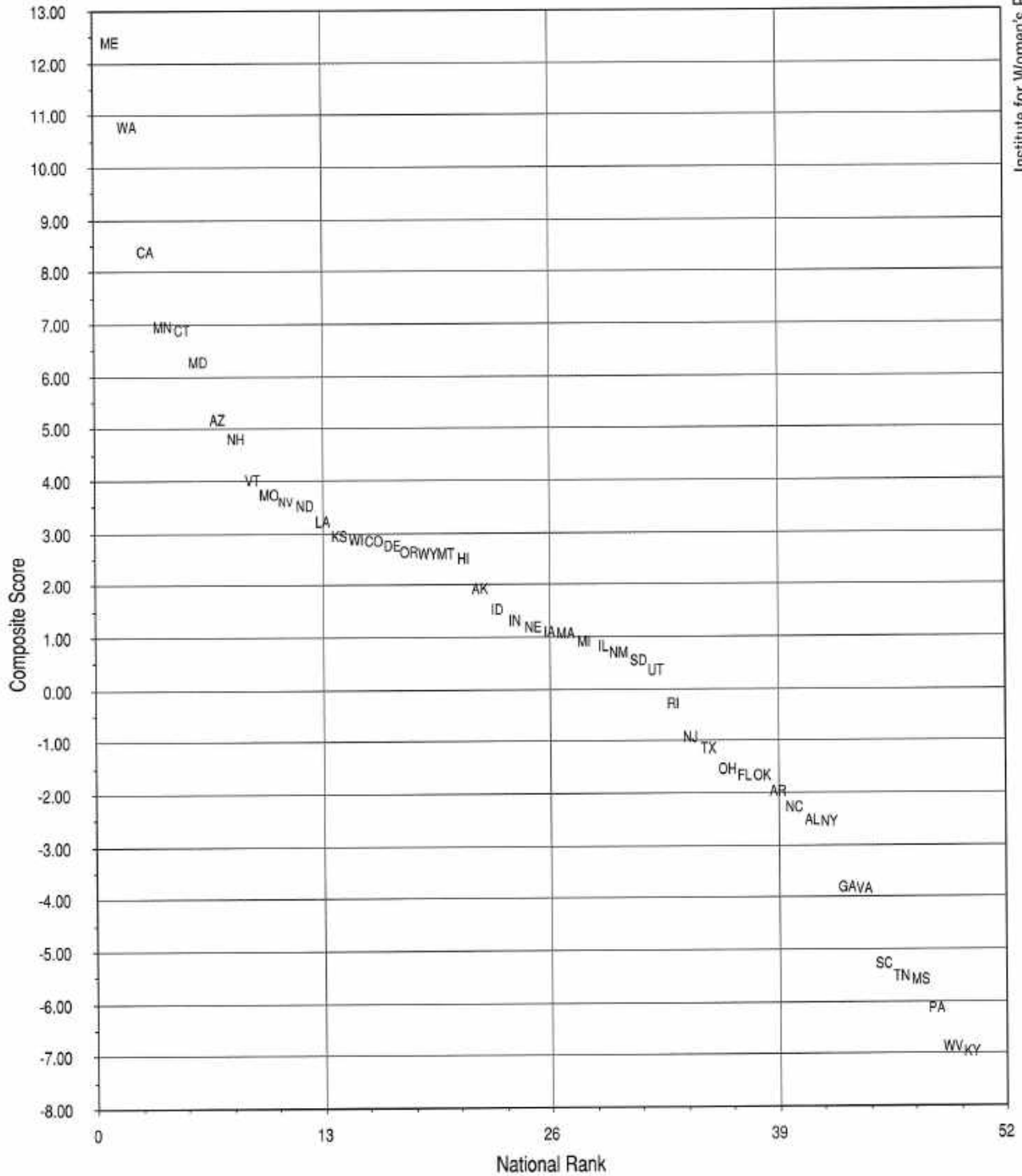
- ◆ The state with the highest score on the composite political participation index is Maine. Maine ranks second in voter registration and third in both voter turnout among women and women in elected office (see Chart 1).
- ◆ Overall, political involvement for women tends to be high in the western United States, from Washington to Arizona; in New England and some mid-Atlantic states, from Maine to Vermont to Delaware; and in some midwestern and plains states.
- ◆ In the southeastern and mid-Atlantic states, from New York to Kentucky to Florida, women have the least influence and involvement in political matters overall. Many of these states do, however, have good numbers of women's institutional resources, a first step perhaps to greater political involvement in other ways in the future.
- ◆ The highest grade on the political participation composite index is a B, which was awarded to the top four states (Maine, Washington, California, and Minnesota). This grade reflects both these states' relatively high levels of women's political participation and the need for improvement, particularly in terms of women in elected office. For example, in Maine, both Senators are women, but only 28 percent of the state legislature is made up of women. In Washington, while 40.8 percent of state legislators are female, only two members of the state's eleven-member congressional delegation (just

Chart 1.
Political Participation Composite Index

Appendix IV, Part B: State-by-State Rankings on the Composite Indices

Political Participation

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18.2 percent) are. Women in all of the states need more representation within the political process.

Voter Registration and Voter Turnout

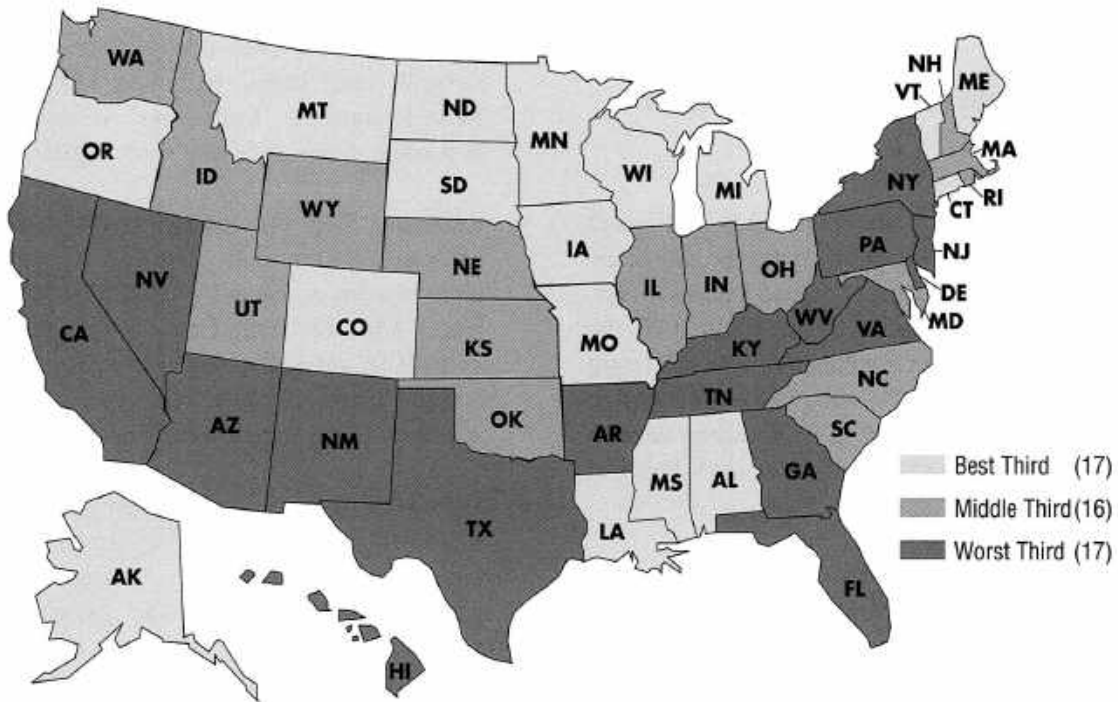
Voting is one of the most fundamental ways Americans express their political needs and interests. Through voting, citizens choose leaders to represent them and their concerns. Ratified in 1920, the Nineteenth Amendment established women's right to vote in the United States, and in November of that year, about eight million out of 51.8 million women voted for the first time (National Women's Political Caucus, 1995).

Women now register and vote slightly more often than men. They have reported consistently higher registration and voter turnout rates than men since 1980, although voter turnout in the United States is relatively low for both sexes compared with other Western democracies (U.S. Department of Commerce, Bureau of the Census, 1993; 1998). 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. Similarly, in 1996, 55.5 percent of women and 52.8 percent of men reported voting. As a result, 53 percent of voters were women in 1996.

Minority men and women in the United States 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 (U.S. Department of Commerce, Bureau of the Census, 1998b). Lower levels of voter turnout among minority men and women can mean that their interests and concerns are less well represented in the political process.

- ◆ Voter registration is generally highest in the East and West North Central states (the prairie states and parts of the Midwest), New England, and parts of the Southeast (see Map 6). The highest voter registration rate was in North Dakota, where an average of 91.2 percent of women eligible to vote reported they were registered in the 1992 and 1996 elections. Unlike other states, North Dakota has a system of automatic registration: it occurs when an eligible resident votes. Several other states, including Idaho, Maine, New Hampshire, Minnesota, Wisconsin, and Wyoming, have same-day voter registration.
- ◆ California had the lowest reported women's voter registration, with only 58.5 percent of eligible women registered in 1992 and 1996 combined. A band of states from California to Texas, as well as several southeastern states and the entire Middle Atlantic region, also had low female voter registration rates in 1992 and 1996.
- ◆ Montana had the highest women's voter turnout rate in the country, with 72.5 percent of registered women reporting voting. Reported women's voter turnout was generally high across most of the northern states, from Wisconsin west to Oregon, and in Alaska and several New England states (see Map 7).
- ◆ Voter turnout is lowest in several southeastern and western states. In Hawaii, only 50.1 percent of registered women reported that they voted, on average, in the 1992 and 1996 elections, making it the lowest ranked state in the country. California (52.0 percent) and Texas (52.1 percent) ranked next lowest, followed by Georgia (52.7 percent), Tennessee (53.8 percent), and West Virginia (54.5 percent).
- ◆ A surprisingly high proportion of women in Louisiana voted compared with women in most surrounding states. At 66.2 percent, their turnout rate ranked 13th, making Louisiana the only southeastern state to rank in the top third. One factor in the state's relatively high turnout may be the 1996 Senate campaign of Mary Landrieu, since women's relative turnout in the state jumped substantially between 1992 and 1996. Many more women than men supported Landrieu's campaign.
- ◆ Interestingly, those states with higher percentages of women registered to vote and voting are not always the states with higher numbers of female elected officials. California, Nevada,

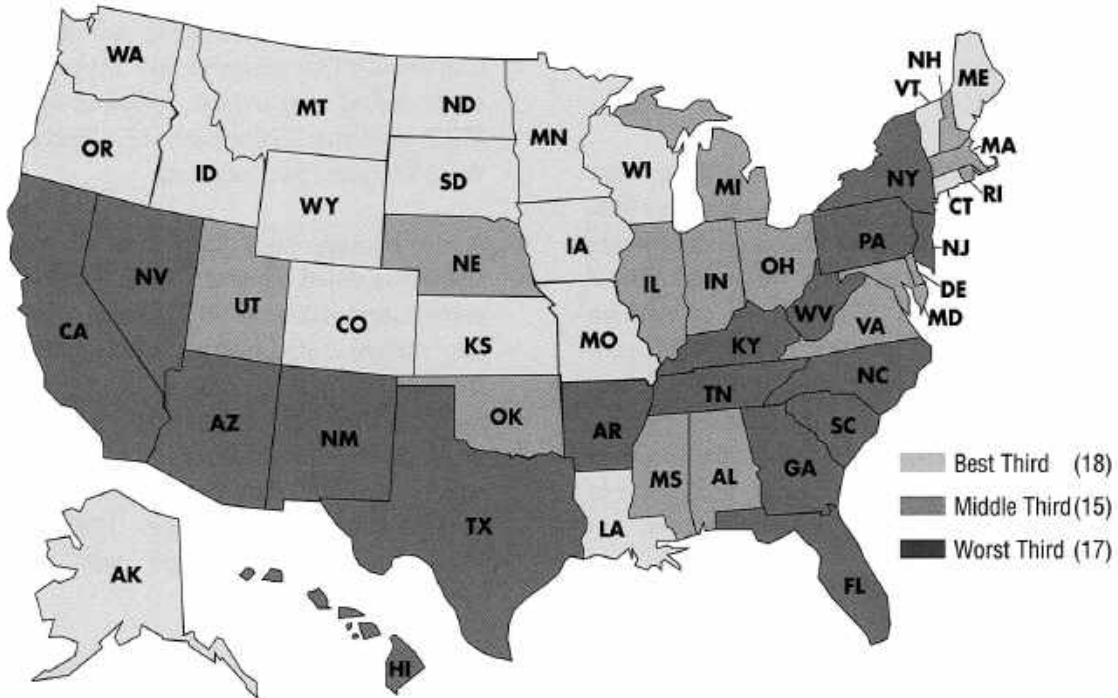
Map 6. Women's Voter Registration



Note: Percent of all women 18 and older who reported registering to vote in 1992 and 1996.
 Source: U.S. Department of Commerce, Bureau of the Census, 1993, 1998b.

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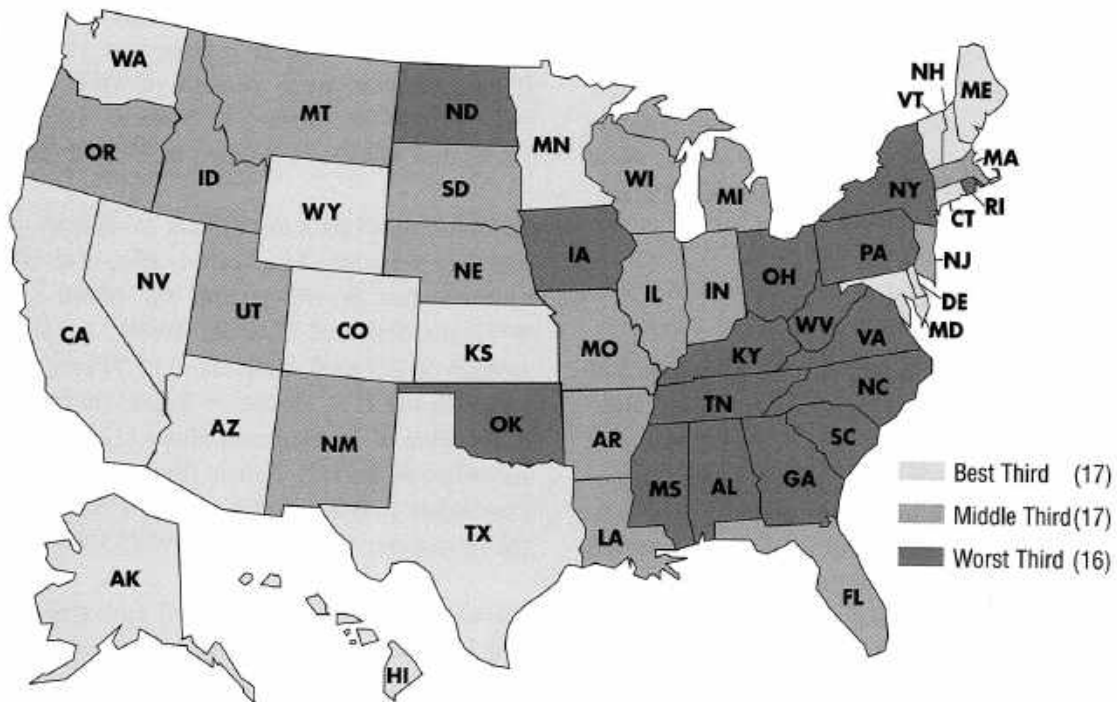
Map 7. Women's Voter Turnout



Note: Percent of all women 18 and older who reported voting in 1992 and 1996.
 Source: U.S. Department of Commerce, Bureau of the Census, 1993, 1998b.

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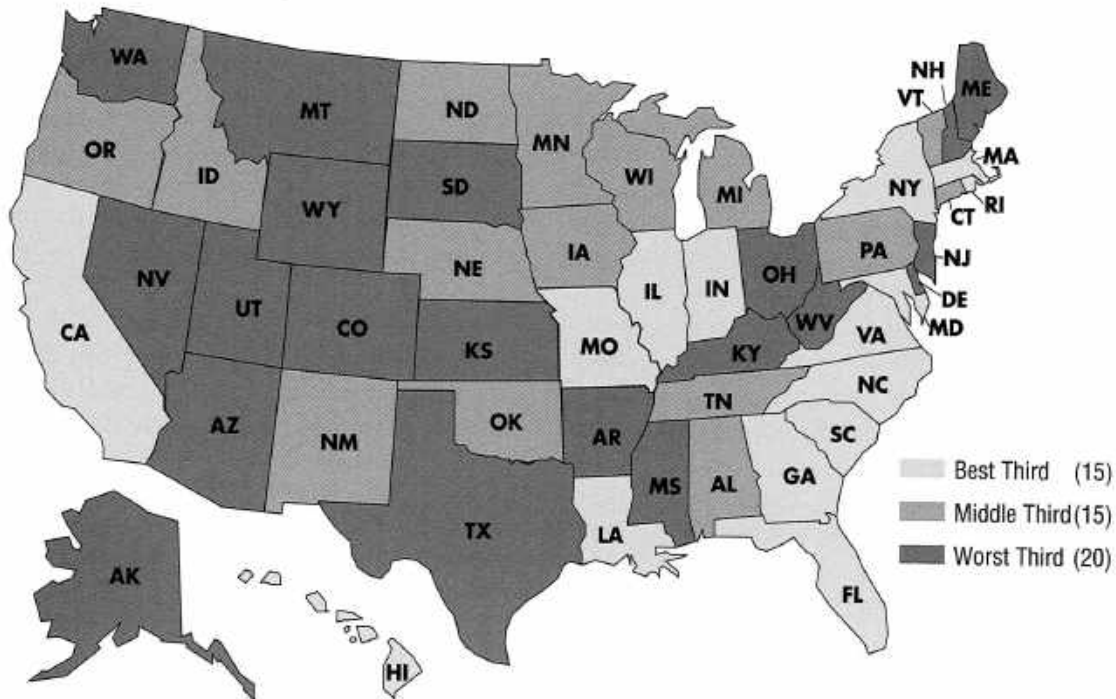
Map 8. Women in Elected Office



Note: Percent of state and national elected officials who are women, 1998.
 Source: Center for American Women and Politics, 1999a, 1999c, 1999d, and 1999e; Council of State Governments, 1998; compiled by IWPR, based on Center for Policy Alternatives, 1995.

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Map 9. Women's Institutional Resources



Note: Number of institutional resources for women in the state, 2000.
 Source: National Association of Commissions for Women, 1997, updated in 1999 by IWPR, and Center for American Women in Politics, 1998; compiled by IWPR.

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Arizona, and Texas, for example, all rank high for numbers of women in elected office but are in the bottom third of the nation for both women's registration and women's turnout. In contrast, most New England states, Colorado, and Minnesota rank well on all three components. Similarly, several southern states, New York, and Pennsylvania rank poorly on all three.

Elected Officials

Women constitute a minority of elected officials at both the national and state levels. However, 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, the highest number ever, served in the 1999-2000 U.S. Senate (106th Congress). Similarly, the highest number of women ever, 56 of the 435, served in the 106th U.S. House of Representatives (not including Eleanor Holmes Norton, the nonvoting delegate from the District of Columbia, and Donna Christian-Green, the nonvoting delegate from the Virgin Islands). Women of color filled 20

House seats and no Senate seats, and only one openly lesbian woman served in Congress (CAWP, 1999f). In contrast, in the 96th Congress (1979-1980), only one senator and 16 members of the House of Representatives were women (CAWP, 1996; see also Trends in Women's Political Participation: Focus on Changes in Women in Elected Office).

Research on women as political candidates suggests that they generally win elected office at similar rates to men, but far fewer run for office (National Women's Political Caucus, 1994). In 1998, 121 women 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 (these numbers include candidates running in the general elections and not the primaries: CAWP, 1999b; FEC 1998a, 1998b).

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

Trends in Women's Political Participation: Focus on Changes in Women in Elected Office by State

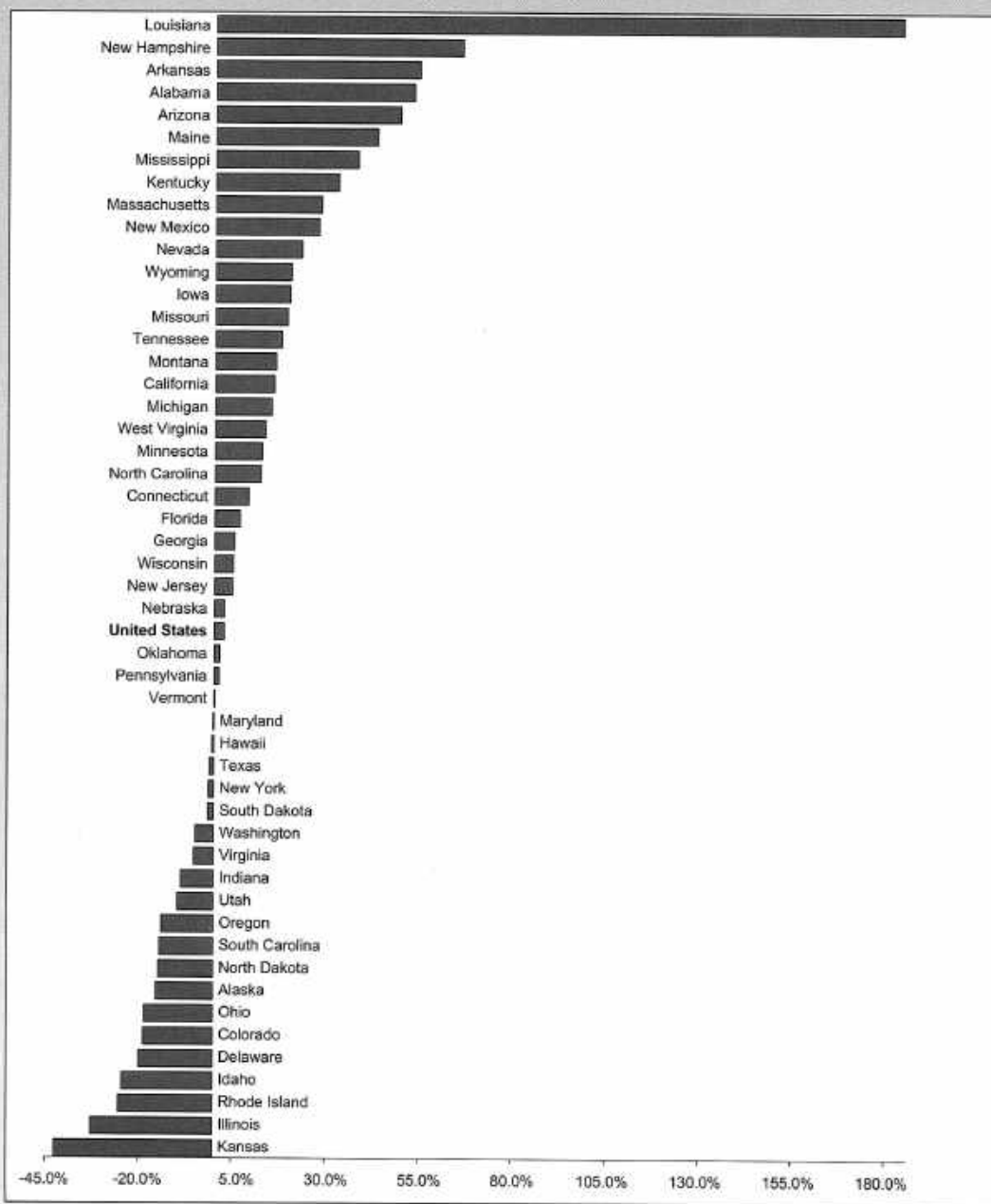
Women are running for and winning an increasing number and proportion of elected offices in the United States. In fact, events over the past five years have resulted in substantial relative gains for women in elected office in several states. In other states, however, change has been slow, while in still others women have actually lost ground. Figure 1 shows the percent increase or decrease in states' scores on the IWPR composite index for women in elected office between 1996 and 2000.

In most states, 30 of the 50, women have experienced a net gain in the political offices they hold. In a handful, these gains have been quite large in relation to women's political representation in 1996, often because of women winning important higher offices. In Louisiana, for example, women increased their proportion of the state legislature and gained a female U.S. Senator, Mary Landrieu. In New Hampshire, an increase in the proportion of state senators was supplemented by the victory of Governor Jeanne Shaheen. In Arkansas, Blanche Lincoln won a U.S. Senate seat in 1998. Arizona Governor Jane Dee Hull took office upon the resignation of the state's preceding governor in 1997 and won in her own right in 1998. Finally, in Alabama, although rates of women's representation remain low overall, the percentage of women in the state senate almost doubled (from 2.9 to 5.7 percent) between 1996 and 2000.

At the same time, the overall rate of change in the United States has been quite slow. As Figure 1 shows, in the United States as a whole, the overall score for IWPR's composite index on women in elected office increased only a small amount, just 2.6 percent, in the period from 1996 to 2000.

Finally, in a significant proportion of states, 20 of the 50, women actually lost ground. In Kansas, U.S. Senator Nancy Kassebaum resigned in 1997, and the state also lost a female Lieutenant Governor, Treasurer, and U.S. Representative. No woman replaced any of these female elected officials. In Illinois, U.S. Senator Carol Moseley-Braun lost re-election in 1998. In other states, changes were less significant but still represented net losses in women's representation. Since women's representation is proportionately low across the United States, any decrease in women in elected office is problematic.

Figure 1.
Gains and Losses in Women's Representation:
Percent Change in States' Scores on the Women in Elected Office
Composite Index, 1996-2000



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See Appendix II for a detailed description of the methodology and sources used for the Women in Elected Office Composite Index.

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.

- ◆ Women are more likely to hold elected office in the West (see Map 8). Washington had the highest score on the women in elected office composite index, followed by California (second), Arizona (fourth), Nevada (fifth), and Hawaii (seventh). A few northeastern states also rank in the top ten: Maine (third), Connecticut (sixth), and New Hampshire (ninth).
- ◆ Nearly all of the southeastern states rank in the bottom third on the women in elected office indicator. South Carolina (50th), Kentucky (49th), Mississippi (48th), West Virginia (46th), Virginia (45th), and Alabama (44th) are among the states with the worst records of electing women to public office. Arkansas and Louisiana, however, did surprisingly well, ranking 20th and 22nd, respectively. This difference is largely due to the election of female U.S. Senators in both of those states.
- ◆ Three women serve as governors in 2000: Jane Dee Hull of Arizona (Republican), Jeanne Shaheen of New Hampshire (Democrat), and Christine Todd Whitman of New Jersey (Republican). While a remarkably small number, this represents a substantial increase since 1996, when Whitman was the only female governor. To date, only 16 women have ever served as governors, eleven of whom were elected in their own right (CAWP, 1999).

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.

Several types of institutions can serve women in each state. Women members of state legislatures often join together in caucuses in the Senate and/or the Assembly; they can be formal or informal, partisan or nonpartisan. In addition, in many states, the governor or members of the legislature appoint a state commission for women. State commissions for women are modeled on the first President's Commission on the Status of Women, established by John F. Kennedy on December 14, 1961. President Kennedy appointed Eleanor Roosevelt as chair of the first President's Commission. The first state commission for women was appointed in February of 1963 in Washington (Harrison, 1988). Today, although there is no presidential commission, the Clinton Administration maintains the White House Office for Women's Initiatives and Outreach, which serves as a liaison between the White House and women's organizations, advocates for issues that are important to women and families, and conducts roundtable discussions to enable women to discuss their priorities with administration officials (White House Office on Women's Initiatives and Outreach, 1999). Currently, there are also over 270 state, county, and local commissions for women in the United States (National Association of Commissions for Women, 1997).

- ◆ Nationally, 39 states have state-level commissions for women, and 34 have women's caucuses.
- ◆ Fifteen states—California, Florida, Georgia, Hawaii, Illinois, Indiana, Louisiana, Maryland, Massachusetts, Missouri, New York, North Carolina, Rhode Island, South Carolina, and Virginia—have both a state-level commission for women and a formal women's caucus in each house of the state legislature. This represents a jump from 13 states in 1998 and nine states in 1996. Institutional resources for women tend to be concentrated in the South Atlantic region and the Midwest (see Map 9).
- ◆ Seven states—Alaska, Arizona, Kansas, Maine, Montana, Nevada, and South Dakota—have no institutional resources for women at the state level. Since 1998, Tennessee has gained both a commission for women and an informal women's caucus in 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, 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.

The Employment and Earnings Composite Index

- ◆ In general, women in the Pacific West, New England, and the Middle Atlantic regions fare best on the employment and earnings composite index.
- ◆ The District of Columbia has the highest composite employment and earnings index (see Chart 2). The District ranks first in women's

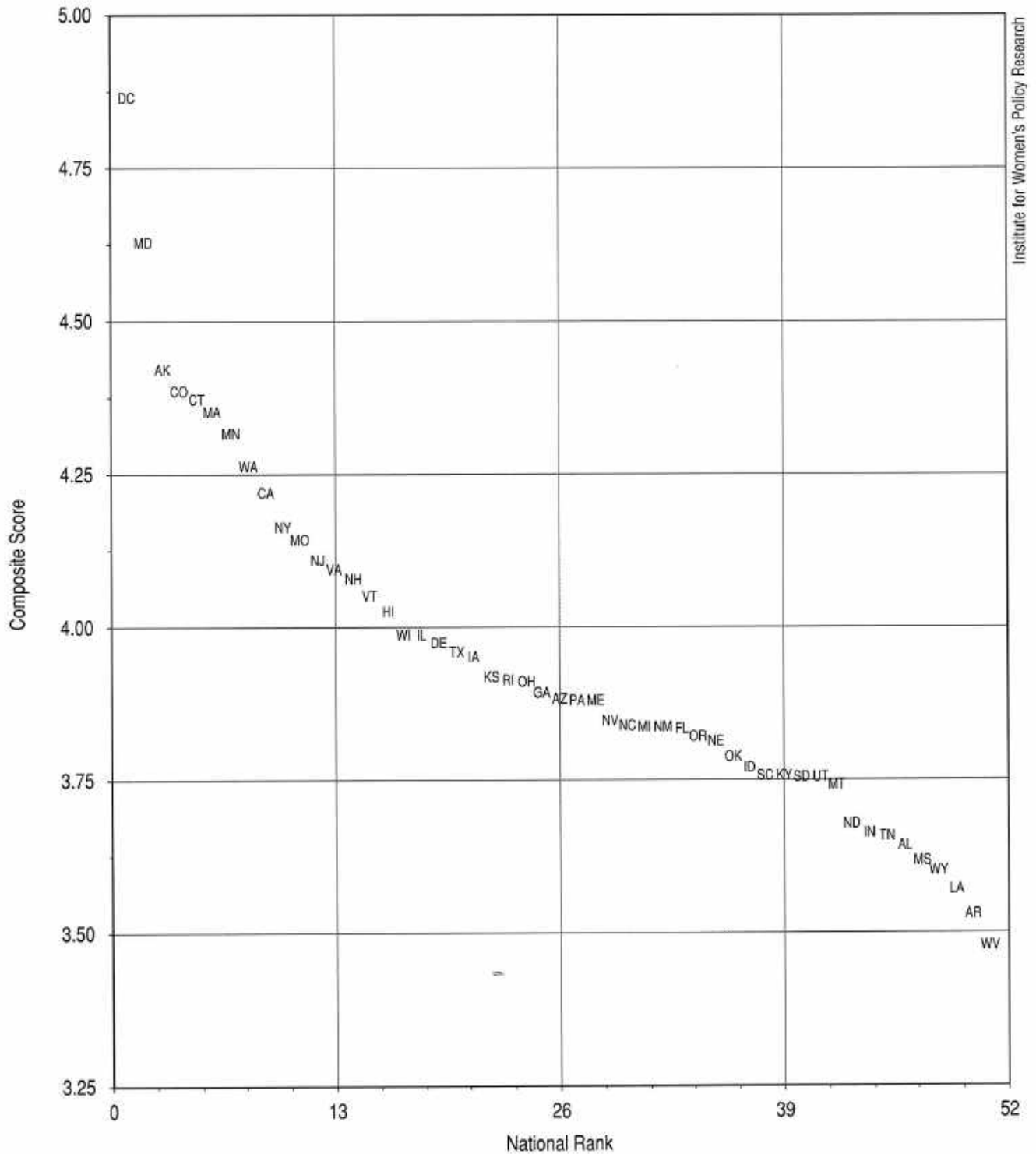
earnings, their earnings relative to men's, and the percentage of women in professional and managerial occupations. It ranks in the middle third of the nation for the proportion of women in the labor force.

- ◆ Women in the Mountain states, the Southeast, and parts of the Midwest tend to score poorly on the composite employment and earnings index.
- ◆ West Virginia ranks the worst in the nation on the composite employment and earnings index. This state ranks in the bottom ten states for women's earnings, the percentage of women in professional and managerial occupations, and the proportion of women in the labor force. It ranks in the middle third for the wage gap between men's and women's earnings, primarily because men's wages are also low in the state.
- ◆ The highest grade on the employment and earnings composite index was a B+, awarded to the District of Columbia and Maryland. This grade represents women's relatively good status in each, but it also points to a continued need for improvement. Despite their relatively high rankings, women in the District of Columbia and Maryland, like women in all states, lag behind men in their wages and labor force participation.

Women's Earnings

In 1997, women in the United States working full-time, year-round earned a median salary of \$25,370 (Economic Policy Institute, 2000). Women's earnings have been growing faster than men's since 1975. A large part of this growth is due to their rapid accumulation of human capital, both in the form of formal education and in the form of labor market experience. Better paying jobs and educational opportunities have been opened to women as a result of equal opportunity laws. Women's pay has also been raised as a result of the enforcement of the Equal Pay Act and an increase in union

Chart 2.
Employment and Earnings Composite Index



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representation in traditional women's occupations (e.g., teaching and nursing).

At the same time, not all women's wages have risen equally. National data show 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 over; U.S. Department of Commerce, Bureau of the Census, 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).

- ◆ The District of Columbia ranked the highest in the nation in terms of the median annual earnings of women working full-time, year-round in 1997, at \$30,495. In Connecticut (\$30,447), Alaska (\$30,119), and Maryland (\$30,077), women also had much higher earnings than the average for women in the United States (\$25,370; for geographic trends see Map 10).
- ◆ In Arkansas, women earned a median salary of \$19,100, the lowest in the country. In other low ranking states, including North Dakota (\$19,540), South Dakota (\$20,171), and Montana (\$20,327), women earn only slightly more.
- ◆ Between 1979 and 1997, the median annual earnings of women in the United States increased by 13.5 percent, while men's dropped 8.5 percent in constant dollars (IWPR, 1998).

Low and high earnings levels may overstate differences between workers' living standards among the

states because low and high earnings may be partially offset by lower and higher costs of living, respectively. Cost-of-living data are not available by state, however, so no adjustments were made to state earnings data.

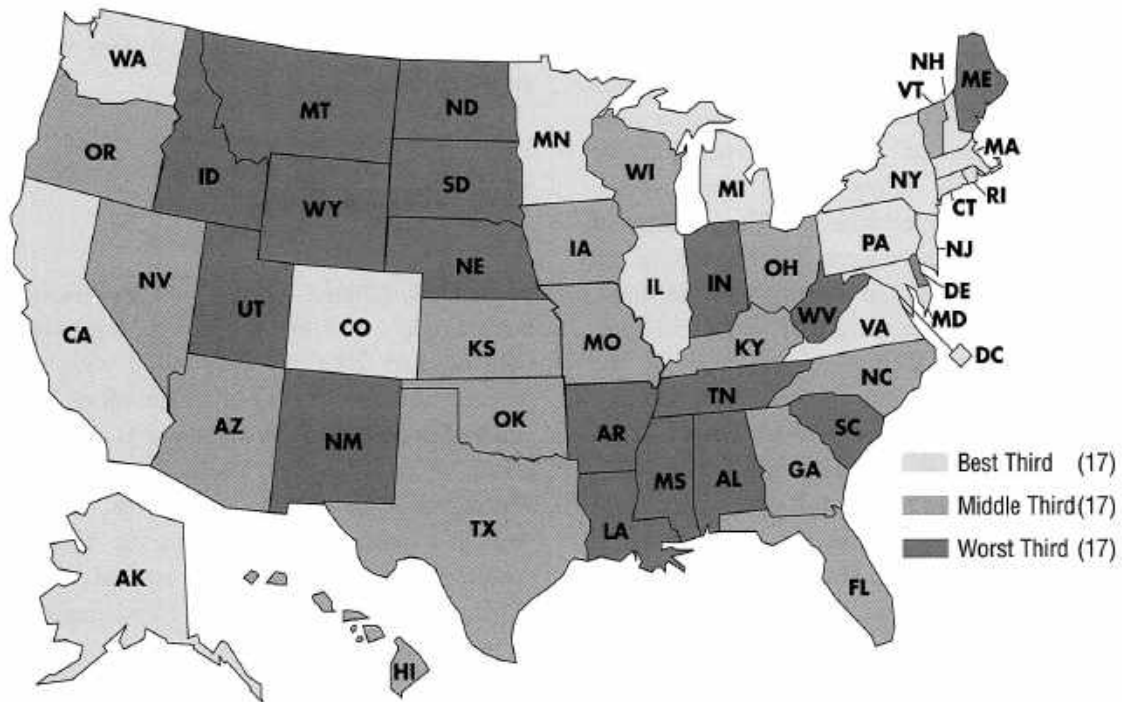
The Wage Gap

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.

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 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 (Hartmann, Allen and Owens, 1999). Unionization also raises the wages of women of color relatively more than the wages of non-Hispanic white women, and the wages of low earners relatively more than the wages of high earners (Spalter-Roth, Hartmann and Collins, 1993). In the United States as a whole, unionized minority women

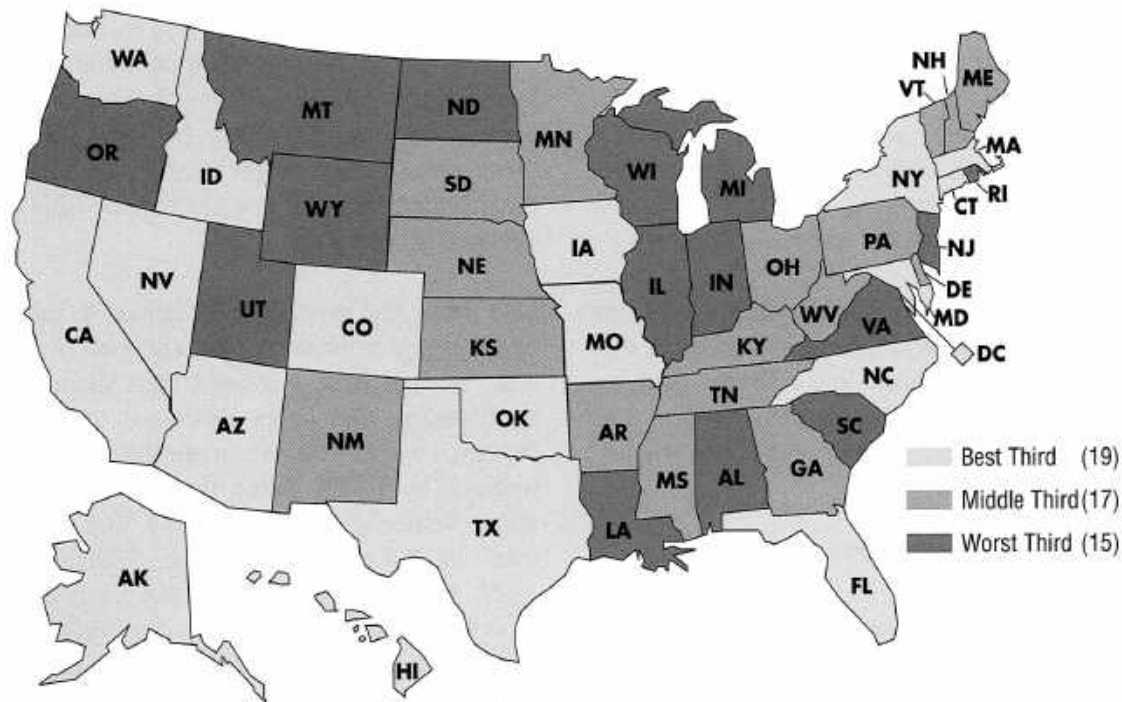
Map 10. Women's Median Annual Earnings



Note: For full-time, year-round workers, 16 years and older, 1996-98.
Source: Economic Policy Institute, 2000.

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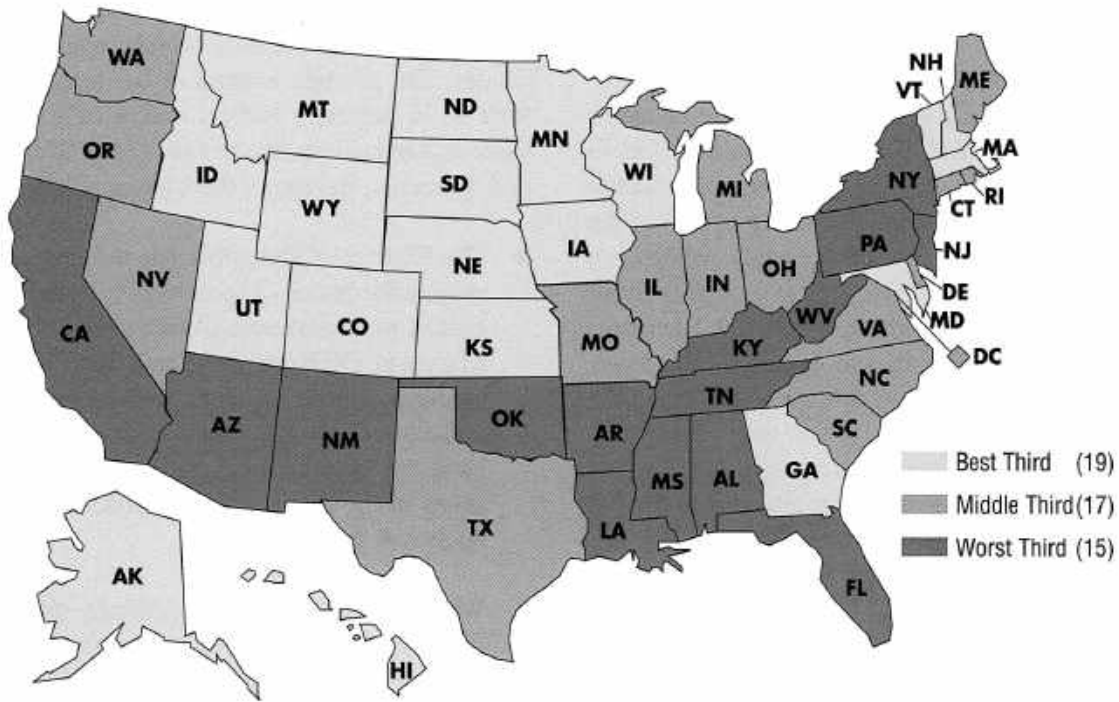
Map 11. Ratio of Women's to Men's Earnings



Note: For full-time, year-round workers, 16 years and older, 1996-98.
Source: Economic Policy Institute, 2000.

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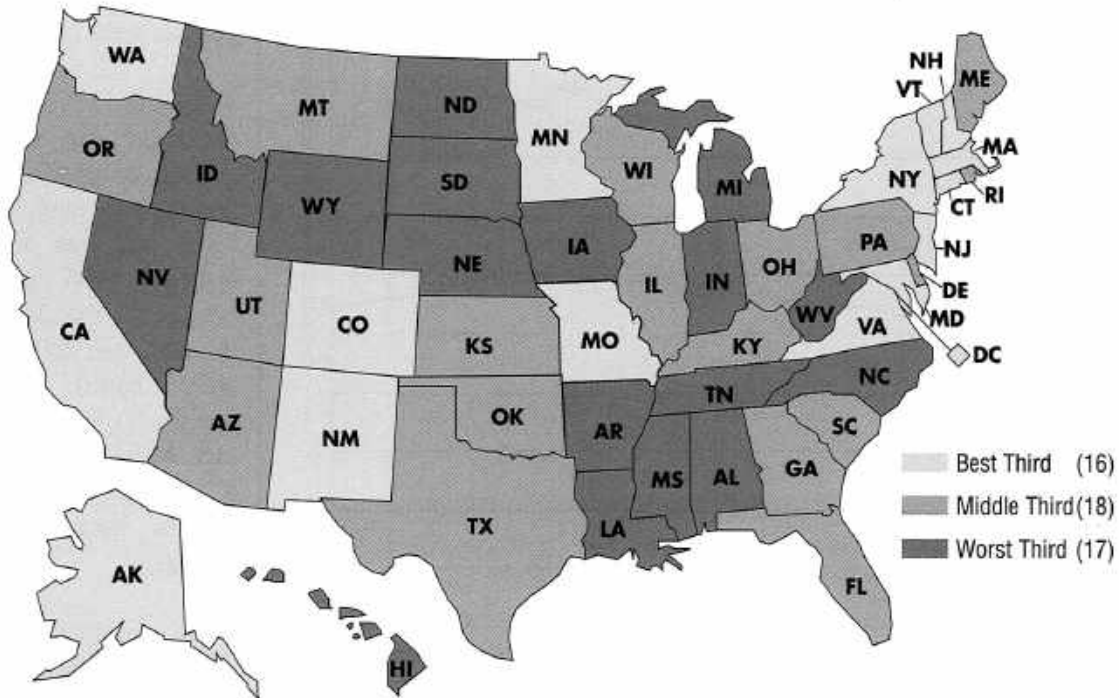
Map 12. Women's Labor Force Participation



Note: Percent of all women, aged 16 and older, in the civilian non-institutionalized population who are either employed or looking for work, 1998.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999b.

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Map 13. Women in Managerial and Professional Occupations



Note: Percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1998.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999b.

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workers earned 38.6 percent more than nonunionized ones (Hartmann, Allen and Owens, 1999).

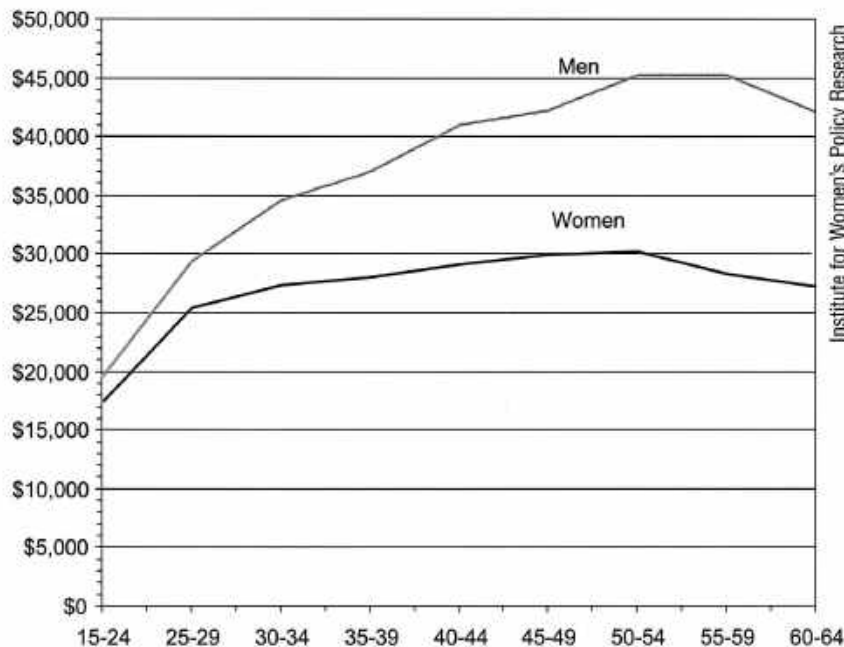
Between 1979 and 1997, the gender-based wage gap narrowed by 14.0 percentage points. Unfortunately, part of the narrowing in the wage gap that occurred during the 1980s and 1990s was due to a fall in men's real earnings. According to national research done by IWPR, less than half (47.8 percent) of the 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 (for more information, see *Trends in Women's Earnings: Focus on Changes in the Wage Gap by State*).

Despite the fall in men's earnings in real terms, they still out-earn women both overall and at every age

(on average). In fact, the wage gap grows as men and women age, as Figure 2 shows. The gap is relatively small for young men and women, but thereafter men's wages increase sharply while women's do not. The average woman in her working prime (that is, in her early forties) makes only about the same as a man in his late twenties (U.S. Department of Commerce, Bureau of the Census, 1999e).

- ◆ The District of Columbia has the best earnings ratio in the nation. There, women earn 85.7 percent of what men earn. In Hawaii (83.8 percent), Maryland (79.8 percent), and New York (79.3 percent), women also rank well on the wage gap indicator. Generally, states in much of the West have the best earnings ratios, although a few states in the Southeast, Midwest, and Northeast do as well (see Map 11).
- ◆ Wyoming has the worst earnings ratio in the nation, at 62.8 percent. Louisiana (64.8 percent), Utah (64.9 percent), and Indiana (66.7 percent) are the states with the next lowest earnings ratios. Several prairie states and a band of states from Pennsylvania southwest to Mississippi and Arkansas have poor wage gaps as well.

Figure 2.
The Female-Male Wage Gap Over the Life Cycle
(1998 Median Annual Earnings by Age)*



* For full-time, year-round workers.

Source: U.S. Department of Commerce, Bureau of the Census, 1999e.

◆ South Dakota, where the wage gap was 70.9 percent, dropped a surprising 28 states from IWPR's 1998 rankings to 31st. Between 1995 and 1997 (the years the data from the 1998 and 2000 reports were based on, respectively), women's earnings in the state dropped 5.7 percent, while men's wages increased 2.3 percent.

◆ In contrast, Arizona, which was ranked 33rd in the 1998 rankings, narrowed the wage gap by almost 10 percentage

Trends in Women's Earnings: Focus on Causes of Change in the Earnings Ratio by State

Over the last decade, changes in the earnings ratio have varied tremendously by state. Nationally, the ratio of women's to men's annual earnings increased by 5.0 percentage points between 1989 and 1997. That is, women were five cents closer to earning men's dollar. This growth was not consistent in all states, however. In a total of 22 states, the earnings ratio grew more quickly than in the United States as a whole. In 23 states, it grew more slowly. And in five states and the District of Columbia, the earnings ratio actually widened, leading to even less economic equity for women.

In addition, although the wage ratio grew in the majority of states, its growth often did not result from just increases in women's earnings. In many states and the country as a whole, men's falling wages contributed substantially to the increase of the earnings ratio that occurred.

Figures 3a-3d compare actual growth in earnings ratios by state between 1989 and 1997 with the changes that would have occurred if only women's wages had changed during that time. That is, the figures show how the earnings ratio would have changed if men's wages had neither increased nor decreased. These figures indicate where changes in the wage ratio primarily resulted from changes in women's wages and where they resulted from changes in men's wages as well. They show that the causes of changing wage gaps vary significantly by state.

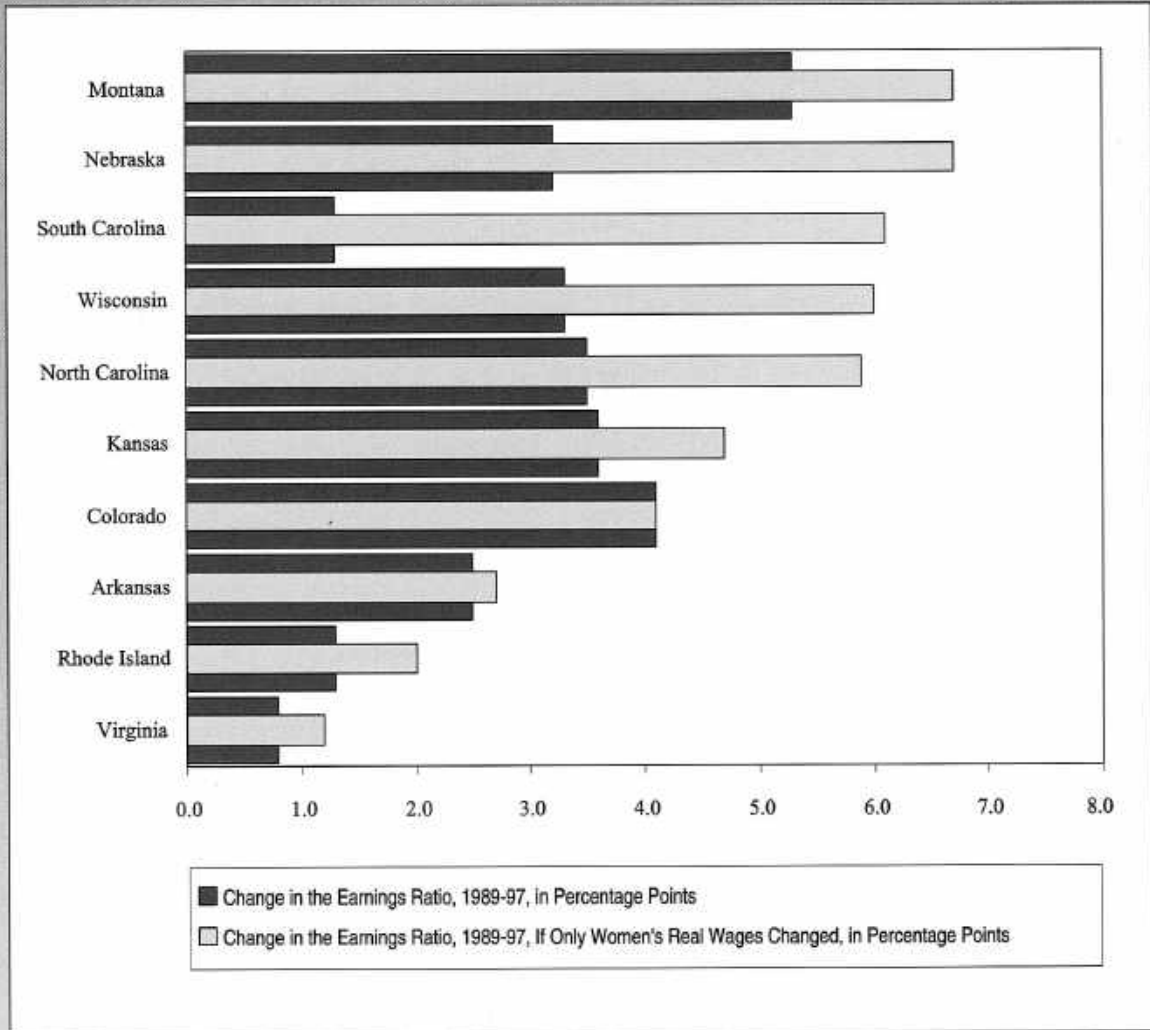
States with Increasing Earnings Ratios

In a total of nine states, both men's and women's real wages rose between 1989 and 1997, but women's grew more quickly than men's, thus increasing the earnings ratio. These nine states are depicted in Figure 3a (also shown in Figure 3a is Colorado, where men's real wages did not grow at all, while women's did). Within Figure 3a, the more women's growing wages contributed to increasing wage ratios, the smaller the difference between the actual change and the hypothetical change in the wage ratio. As this figure shows, in each of these nine states, if men's wages had remained the same, the earnings ratio would have narrowed by even more than it did. However, because both men's and women's wages grew during the 1990s, these states represent the most desirable way for women to close the wage gap.

In contrast, in 23 states, women's real wages grew while men's fell (see Figure 3b). As a result, in these states, if only women's real wages had changed, the earnings ratio would have narrowed by much less than it did. In these states, women are now earning more in relation to men, but in part because of men's falling earnings. In Figure 3b, the larger the difference between the actual change and the hypothetical change in the earnings ratio, the more the increase in the earnings ratio was due to a fall in men's earnings.

Figures 3a.-d.
Change in the Female/Male Earnings Ratio by State, 1989-97
Actual Change Versus Change in Women's Wages Only (1998 dollars)

Figure 3a.
States in which the Earnings Ratio Improved
and Both Women's and Men's Wages Increased

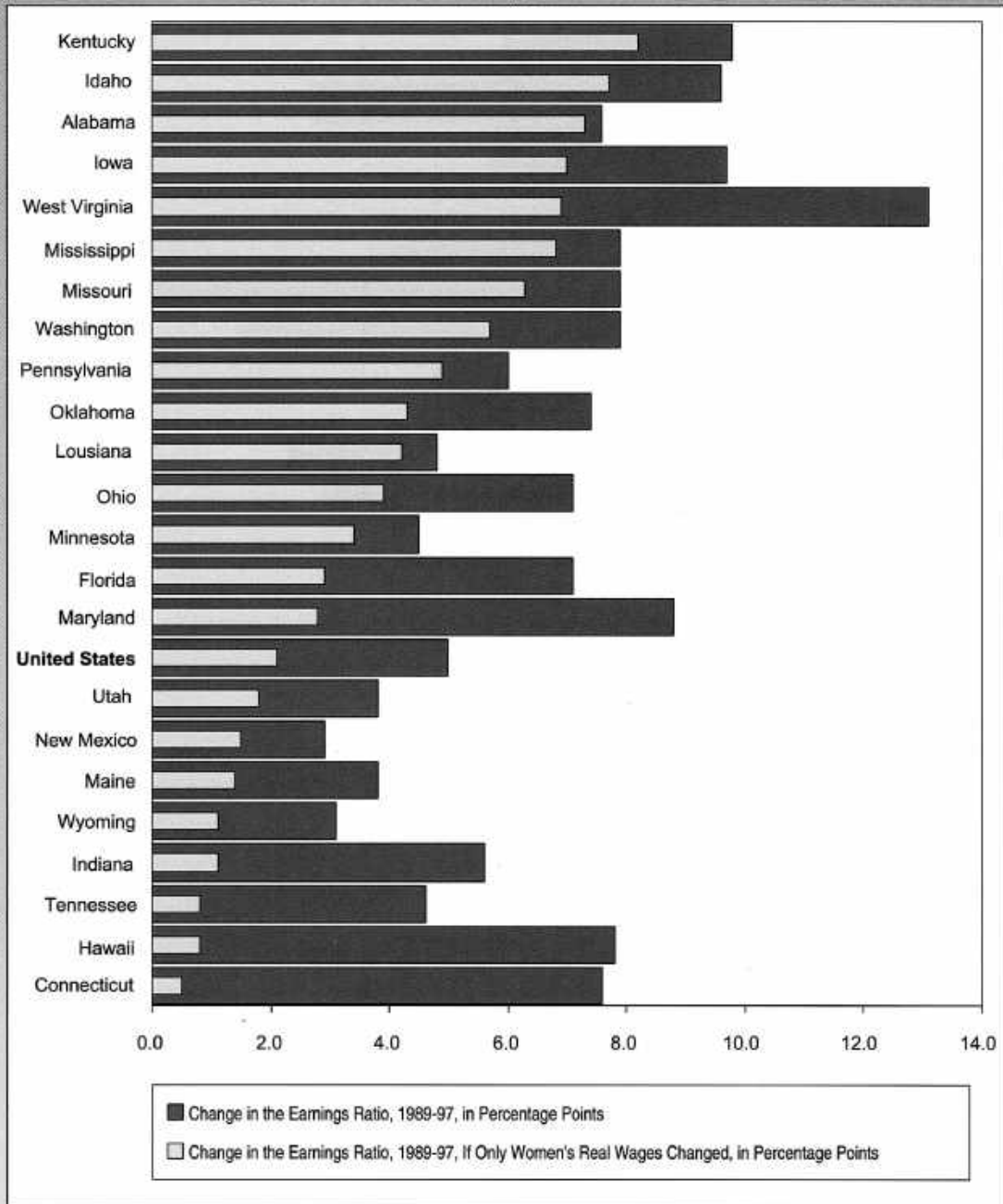


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Interpretation: In these states the annual earnings of women and men both improved, but women's improved more than men's, so the wage ratios increased. Of course, had men's earnings not improved at all, women's gains relative to men's would have been even larger. These states exemplify by far the best situation for men and women, since both are experiencing earnings increases and women are catching up to men to achieve greater equity.

Source: Institute for Women's Policy Research, 1995a; Economic Policy Institute, 2000.

Figure 3b.
States in which the Earnings Ratio Improved, Women's Wages Increased,
but Men's Wages Decreased

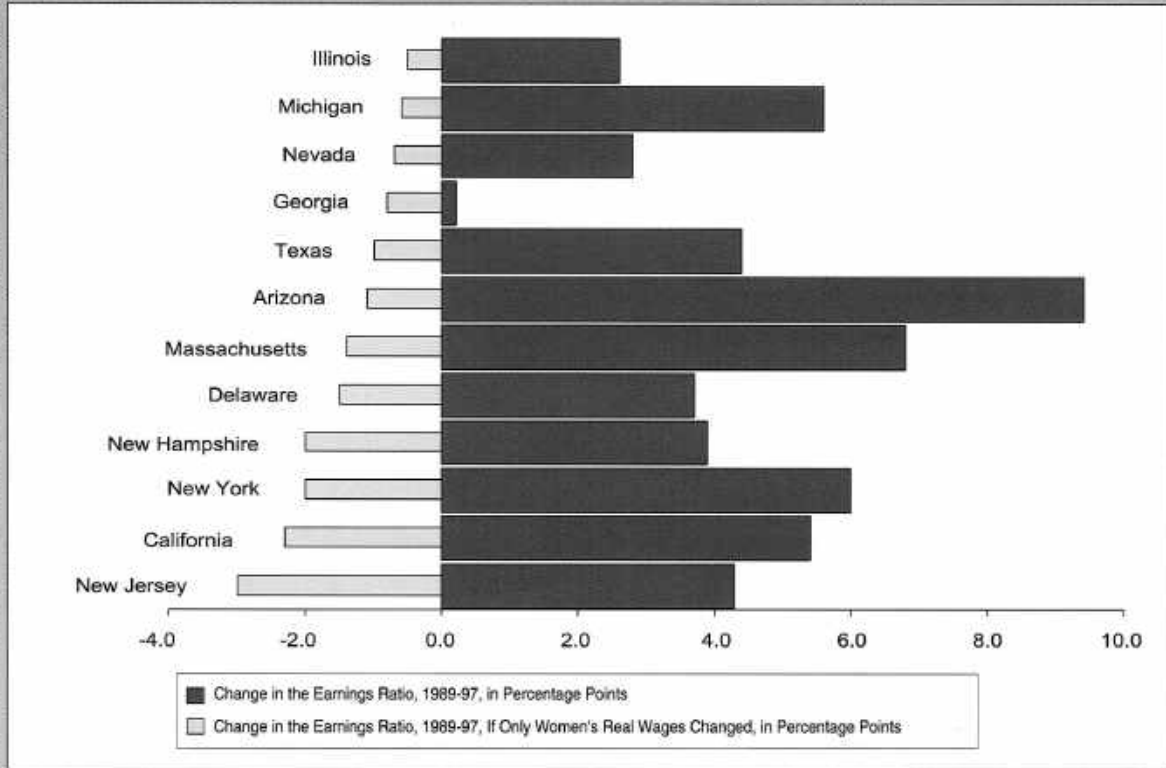


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Interpretation: In these states the annual earnings of women improved while men's earnings decreased. Thus the wage ratios increased in these states, but some of women's relative gains were due to men's losses. Had men's wages not fallen, the relative gains of women would have been smaller, in some cases much smaller. In these states, too, women have done well, but it is unfortunate that men's wages fell. Women made real gains in these states but their gains are somewhat overstated by the changes observed in the wage ratios.

Source: Institute for Women's Policy Research, 1995a; Economic Policy Institute, 2000.

Figure 3c.
States in which the Earnings Ratio Improved
and Both Women's and Men's Wages Decreased

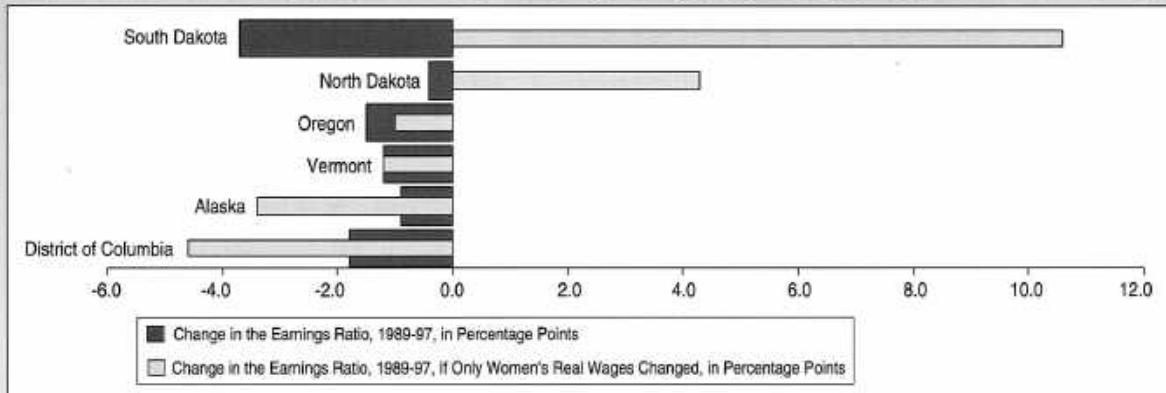


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Interpretation: In these states, the annual earnings of both women and men fell in real terms, but men's fell more than women's, so the ratios of women's earnings to men's increased. Had men's earnings not fallen, however, all the ratios would have declined, since women's wages fell. In these states, the increases observed in the wage ratios are clearly overstating women's real progress.

Source: Institute for Women's Policy Research, 1995a; Economic Policy Institute, 2000.

Figure 3d.
States in which the Earnings Ratio Declined



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Interpretation: In these states, the earnings ratio declined. In all but two (North and South Dakota), women's annual earnings fell and men's either grew, did not change, or fell more than women's. Thus in these states women saw a drop in both their actual and relative earnings. In North and South Dakota, women's wages rose but men's grew more quickly. In all these states, women are experiencing little economic progress relative to men.

Source: Institute for Women's Policy Research, 1995a; Economic Policy Institute, 2000.

In another twelve states, both men's and women's real wages fell, but men's fell more quickly to narrow the earnings ratio (see Figure 3c). In these states, the earnings ratio would have actually decreased had men's wages not fallen. In Figure 3c, the greater the difference between the actual change and the hypothetical change in the wage ratio, the more men's falling wages contributed to the actual increase observed.

States with Declining Earnings Ratios

Figure 3d depicts changes in the wage gap between 1989 and 1997 for the five states and the District of Columbia where the earnings ratio actually decreased and thus women earned less in relation to men. As in Figures 3a-3c, the larger the difference between the actual change in the earnings ratio and the hypothetical change based only on changes in women's earnings, the more the actual change resulted from changes in men's earnings.

In two of these states, North and South Dakota, women's wages grew, but men's wages grew much more quickly, decreasing the earnings ratio. In these states, if men's wages had remained unchanged, the earnings ratio would have increased instead of decreasing. In Oregon, men's wages grew and women's dropped. Thus the earnings ratio would have decreased somewhat less if only women's wages had changed. In Vermont, men's wages were actually stagnant between 1989 and 1997, while women's fell; thus the earnings ratio would be the same as it was in reality in 1997. Finally, in Alaska and the District of Columbia, both women's and men's wages fell. As a result, had men's wages stayed the same, the earnings ratio would have decreased by an even larger amount than it did.

Conclusion

In all states, narrowing the earnings ratio would ideally involve growth in both men's and women's earnings, with women's earnings increasing faster. As Figure 3a indicates, this happened in only nine states (Montana, Nebraska, South Carolina, Wisconsin, North Carolina, Kansas, Arkansas, Rhode Island, and Virginia) between 1989 and 1997. To encourage such change, states should take steps towards encouraging equity in women's wages, such as strengthening the enforcement of existing equal opportunity laws and implementing pay equity policies in both the public and private sectors, in addition to pursuing overall wage growth.

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

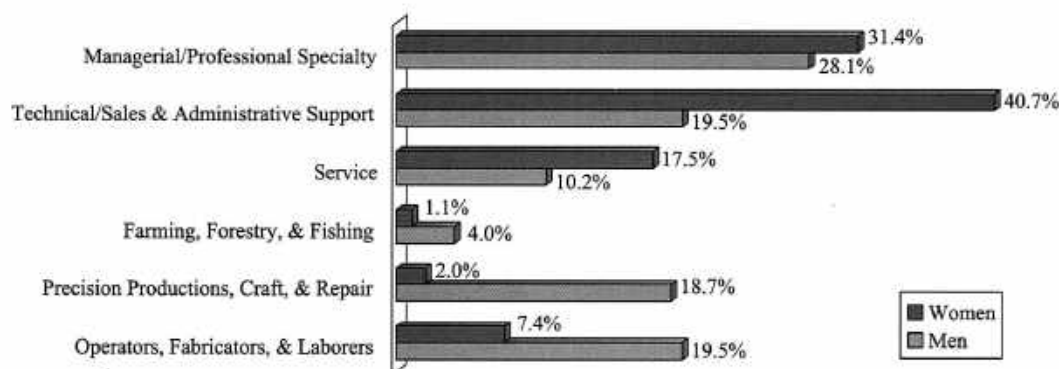
Figure 5 shows that women and men are distributed differently across occupations. Women workers are most likely to be in technical, sales, and administrative support occupations. In the United States as a whole, 40.7 percent of women workers work in these occupations; women's next most likely occupational group is managers and professionals (31.4 percent of working women). About 17.5 percent of working women work in service occupations, and very small percentages work in skilled and unskilled blue collar or agricultural jobs. Men are more evenly spread across the six broad occupational categories: their largest occupational group is managers and professionals (28.1 percent of working men);

operators, fabricators, and laborers and technical, sales, and administrative support occupations both follow closely at 19.5 percent; and precision, production, craft, and repair occupations are next at 18.7 percent. Smaller percentages work in service jobs and as agricultural workers.

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 the 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 2,353 highest-earning high-level executives in Fortune 500 companies were women as of 1999.

Still, women's growing participation in managerial and professional jobs is an important component of women's employment and earnings, as it reflects employers' willingness to promote women to positions of responsibility and authority and challenges the "glass ceiling." These types of jobs allow women more control over their work lives, pay well, and are highly regarded.

Figure 5.
Distribution of Women and Men Across Occupations in the United States, 1998



For employed women and men aged 16 and older.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c.

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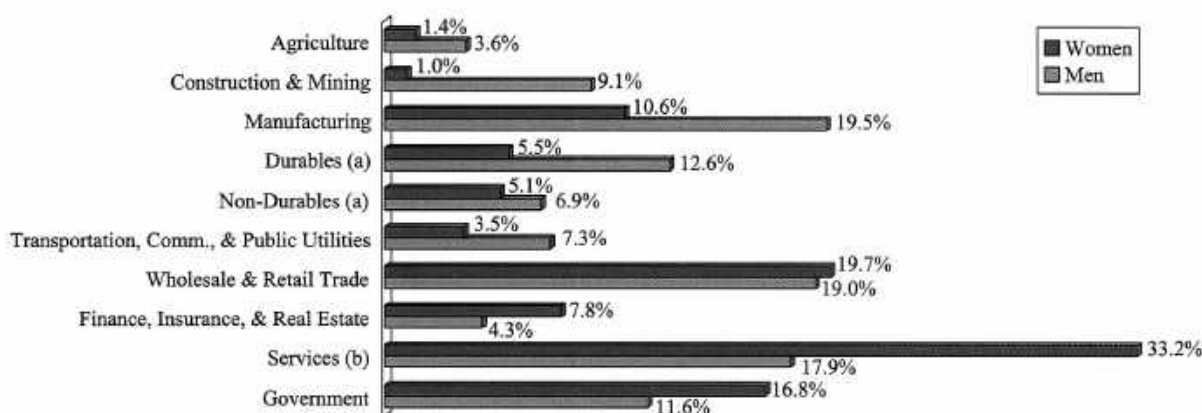
- ◆ The District of Columbia has the highest percentage (46.3 percent) of women employed in professional and managerial jobs. A high percentage of women in Maryland (40.4 percent), Colorado (37.4 percent), Virginia (35.7 percent), and Minnesota (35.3 percent) also hold professional and managerial jobs. Women in the Northeast and Pacific West are generally more likely to work in these jobs (see Map 13).
- ◆ In general, women are least likely to hold professional and managerial jobs in parts of the Southeast, Mountain, and prairie regions. For example, Idaho (25.9), North Dakota (26.1), Hawaii (26.2), Arkansas (26.4), and Nevada (26.5) all score poorly in comparison to the national average (31.4 percent) for women in professional and managerial positions.

Figure 6 shows that women and men are also distributed differently across industries, and as with occupations, men are distributed across the industries more evenly. Women are most likely to be employed in the service industries: almost one-third of all working women are employed in the service industries, including business, professional, and personal services. About one-fifth of employed women

work in the wholesale and retail trade industries. A slightly smaller proportion of women works for the government. The next largest industries for women are manufacturing (10.6 percent) and the finance, insurance, and real estate industries (7.8 percent). Men are most likely to be employed in the manufacturing industries (19.5 percent) and in wholesale and retail trade (19.0 percent), and they are almost as likely to be employed in the services (17.9 percent). Of employed men, 9.1 percent work in construction and mining, and approximately 4.3 percent work in the finance, insurance, and real estate industries.

Because of their close proximity to the nation's capital, high proportions of women working in Virginia (20.0 percent) and in Maryland (26.5 percent), as well as in the District of Columbia (29.3 percent) itself, work in government. Government employment especially benefits women, as it tends to provide employment opportunities, pay, and benefits that are more equal to those of men than is often the case in private industries, as well as good access to health insurance and a high rate of representation by labor unions and professional associations. Large proportions of all women managers and professionals, especially among women of color, work in the public sector.

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



For employed women and men 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.

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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.

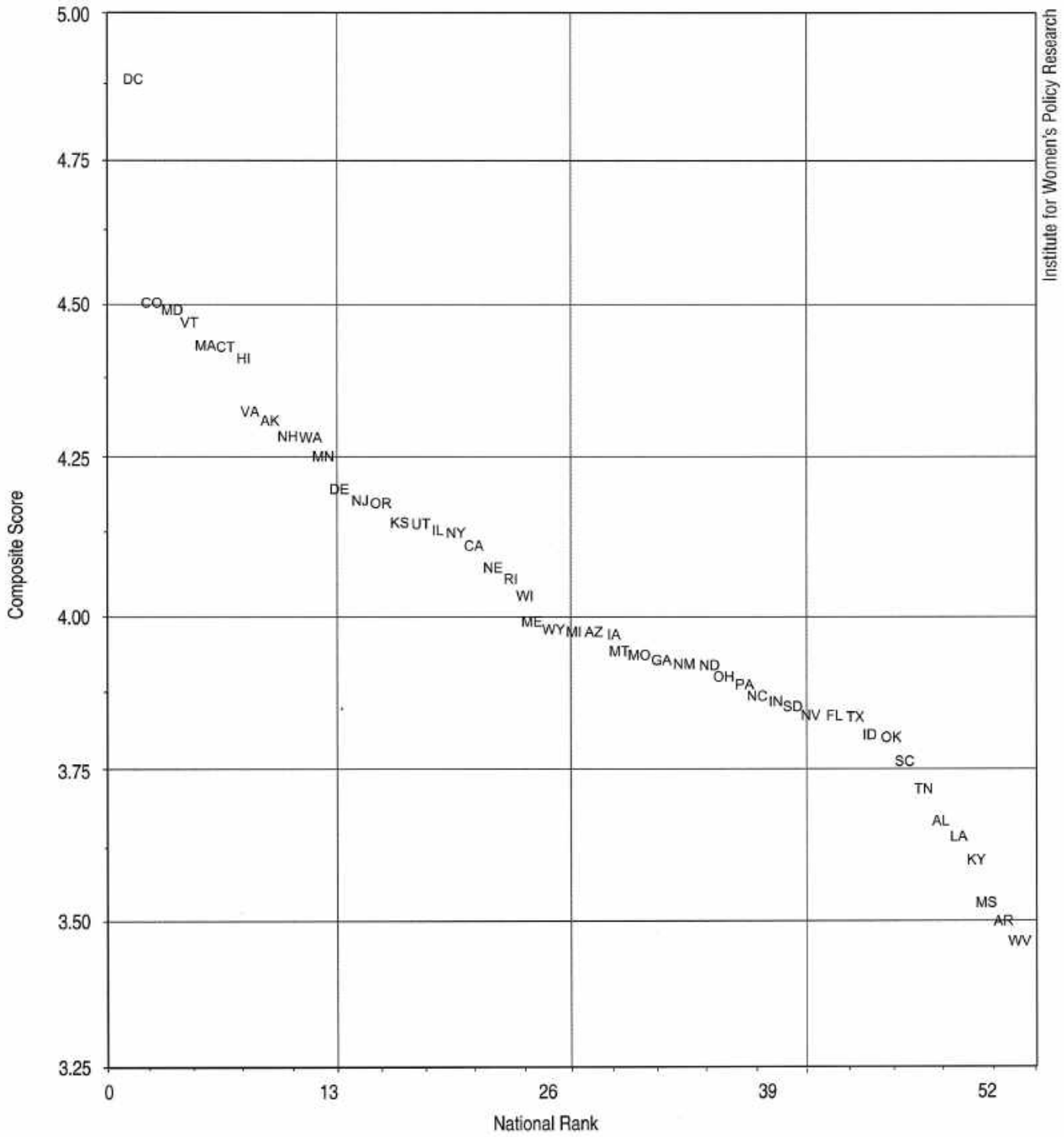
Each of these issues contributes to women's lives in distinct if interrelated ways. Access to health insurance plays a role in determining the overall quality of health care for women in a state and governs the extent of choice women have in selecting health care services. Educational attainment relates 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 legislative 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.

On most of the indicators of economic autonomy, women have less access than men to the resources identified as important. 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 have health insurance at higher rates than men, largely because of public insurance like Medicaid, the rates of uninsured men and women are both growing.

The Economic Autonomy Composite Index

- ◆ Women on the west coast, in most of New England, and in some of the Middle Atlantic region rank well on the composite economic autonomy index.
- ◆ The District of Columbia ranks first on the composite economic autonomy index (see Chart 3), primarily due to its high proportions of college-educated women (first) and women-owned businesses (first). The District of Columbia also ranks approximately in the middle of all the states, at 28th, for women with health insurance. However, it is among the worst states in the nation for women living above poverty (50th).
- ◆ After the District of Columbia, Colorado (second), Maryland (third), and Vermont (fourth) also rank well on measures of economic autonomy. Many of the top-ranking states on this index are in New England, the area surrounding the District of Columbia, and parts of the western United States.
- ◆ In general, women in the southeastern United States score in the bottom ten states on the composite economic autonomy index. The lowest scoring states include West Virginia (51st), Arkansas (50th), Mississippi (49th), Kentucky (48th), Louisiana (47th), Alabama (46th), Tennessee (45th), and South Carolina (44th).
- ◆ The highest grade on the economic autonomy composite index was a B+, awarded only to the District of Columbia. Despite its high ranking on the index, women in the District of Columbia are much more likely to live below the poverty line than men in the District or women in most of the country. In addition, women are still slightly less likely than men to have a college education or own a business. The B+ thus

Chart 3.
Economic Autonomy Composite Index



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reflects both the District's achievements and its remaining room for improvement in this area.

Access to Health Insurance

In the United States, 18.5 percent of women ages 18 to 64 have no health insurance (Employee Benefit Research Institute, 1999). Approximately 66.4 percent of women are insured through employers, either their own employer (40.1 percent) or their spouse's (26.4 percent). Public insurance programs provide health insurance to 12.5 percent of women and 8.7 percent of men in the United States. Private forms of health insurance cover 6.4 percent of American women in this age range.

- ◆ Women in the southwestern and southeastern United States are the least likely to have health insurance (see Map 14). New Mexico (72.5 percent), Texas (74.3 percent), and Arizona (75.3) have the lowest percentages of women with health insurance.
- ◆ Women in the North Central states and New England are most likely to have health insurance. Women in Hawaii, Minnesota, and Wisconsin are very likely to have health insurance: 91.9, 90.0, and 89.3 percent of women, respectively, are insured in these states. Notably, Hawaii law requires private sector employers to provide a minimum medical plan approved by the State Department of Labor.

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. 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 1998 (compared with 26.5 percent of men in 1998), bringing women closer to closing the education gap nationally (U.S.

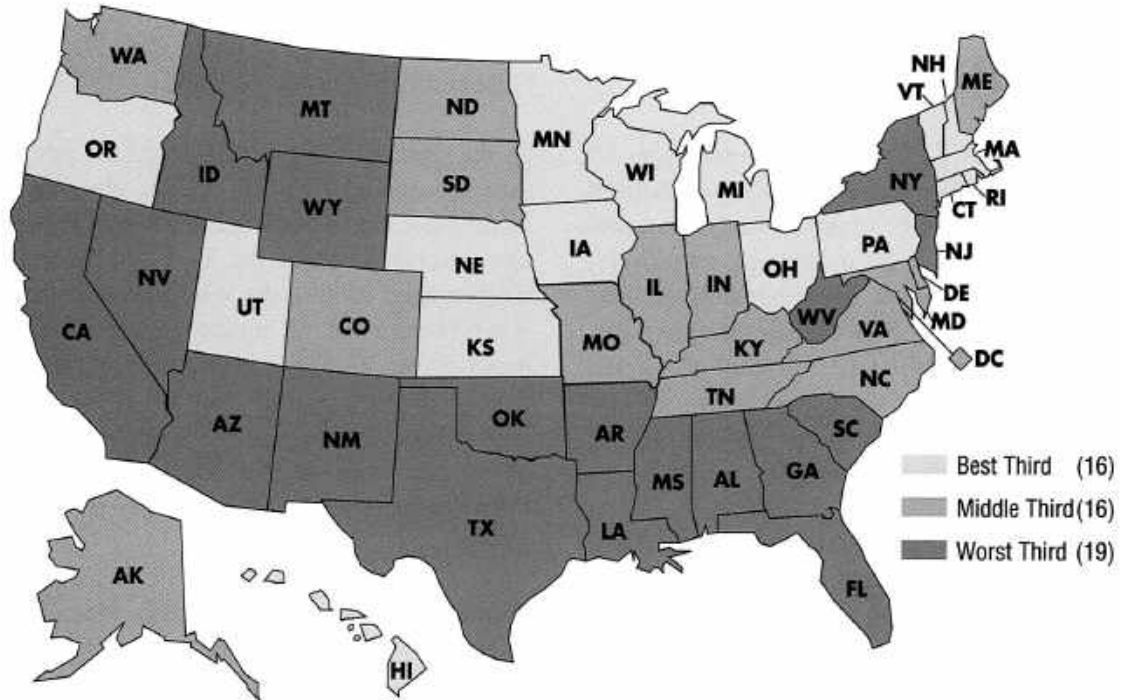
Department of Commerce, Bureau of the Census, 1998a, 1998c). As of 1996, young women earned more than half (55.8 percent) of the bachelor's degrees in the United States (U.S. Department of Commerce, Bureau of the Census, 1999e).

At the same time, figures based on the stock, rather than the annual flow, of college graduates in the adult population reveal that women still lag behind men in college education. In 1960, the number of women aged 25 or older who held college degrees was 65 percent of the number of men who held college degrees. In 1996, the number of women with college degrees was 85 percent of the number of men with college degrees—the catch-up of the stock of women with degrees occurs gradually (U.S. Department of Commerce, Bureau of the Census, 1999e).

Women are increasingly pursuing courses of study more like those men pursue, earning degrees in business, law, medicine, and computer science. Today women comprise almost 41 percent of medical students and 44 percent of students in law programs. In most of the sciences, however, the proportion of women still lags behind that of men (U.S. Department of Commerce, Bureau of the Census, 1999e).

Although women continue to increase their levels of education, there is still room for improvement. Slightly less than 40 percent of women in the United States have more than a high school education (U.S. Department of Commerce, Bureau of the Census, 1999a). The proportion of women over 25 without high school diplomas in the United States is still high at 17.1 percent. The proportion of women with four or more years of college is only 22.4, compared with 26.5 percent of men. Finally, there is room for improvement in graduate education. Women have only 27.6 percent of all doctorates held by people over 25 in the United States. Only 12.5 percent of engineering Ph.D. recipients in 1996 were women, and while the number of women earning doctorates in biology and the life sciences is approaching equity (48.9 percent in 1996), psychology and the health sciences are the only broad science fields in which women receive the majority share of doctorates earned. Women earned only 14.5 percent of doctorates in computer and information sciences and only

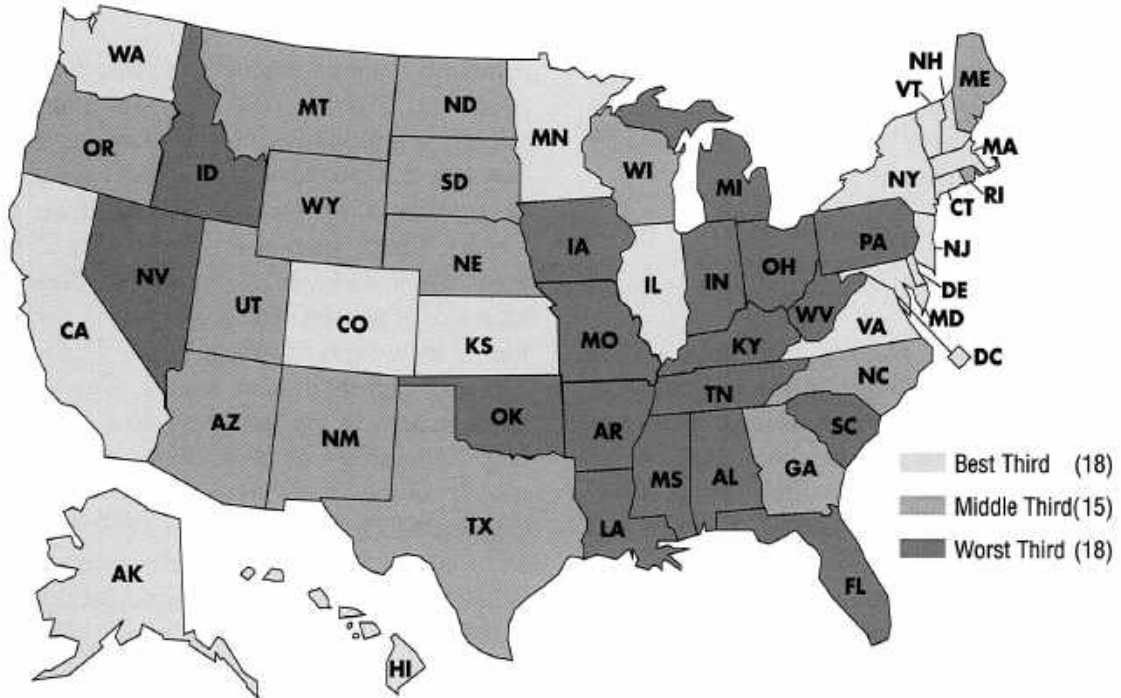
Map 14. Percent of Women with Health Insurance



Note: Among women aged 18-65, 1997-99.
 Source: Employment Benefit Research Institute, 1999.

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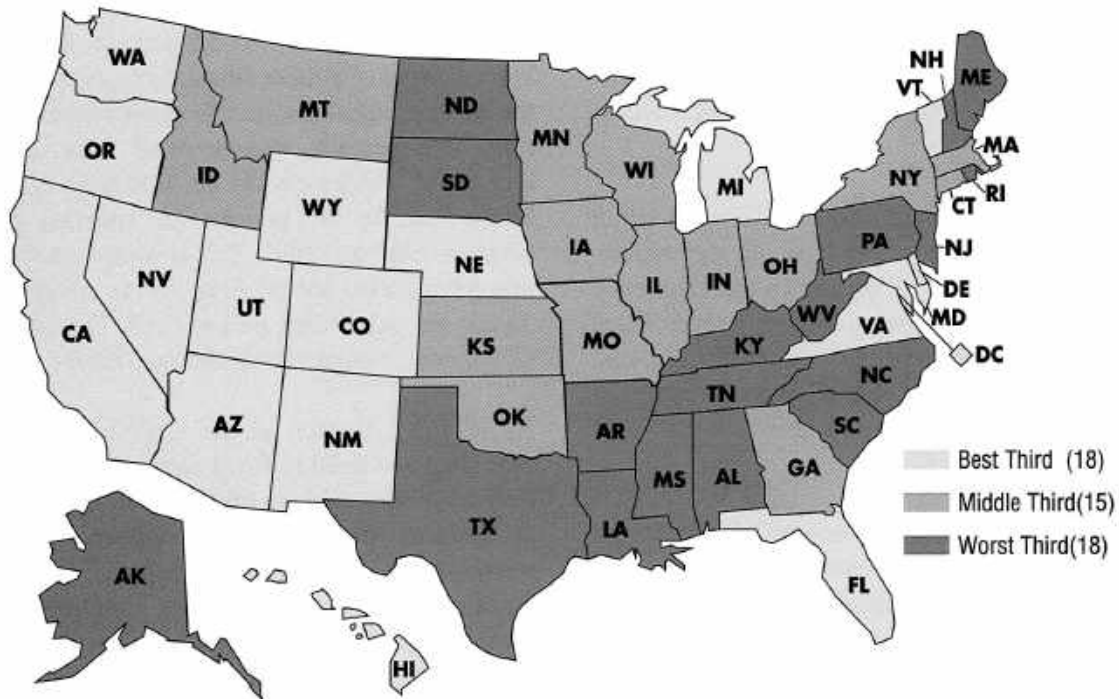
Map 15. Percent of College Educated Women



Note: Percent of all women, aged 25 and older, with four or more years of college, 1990.
 Source: Population Reference Bureau, 1993.

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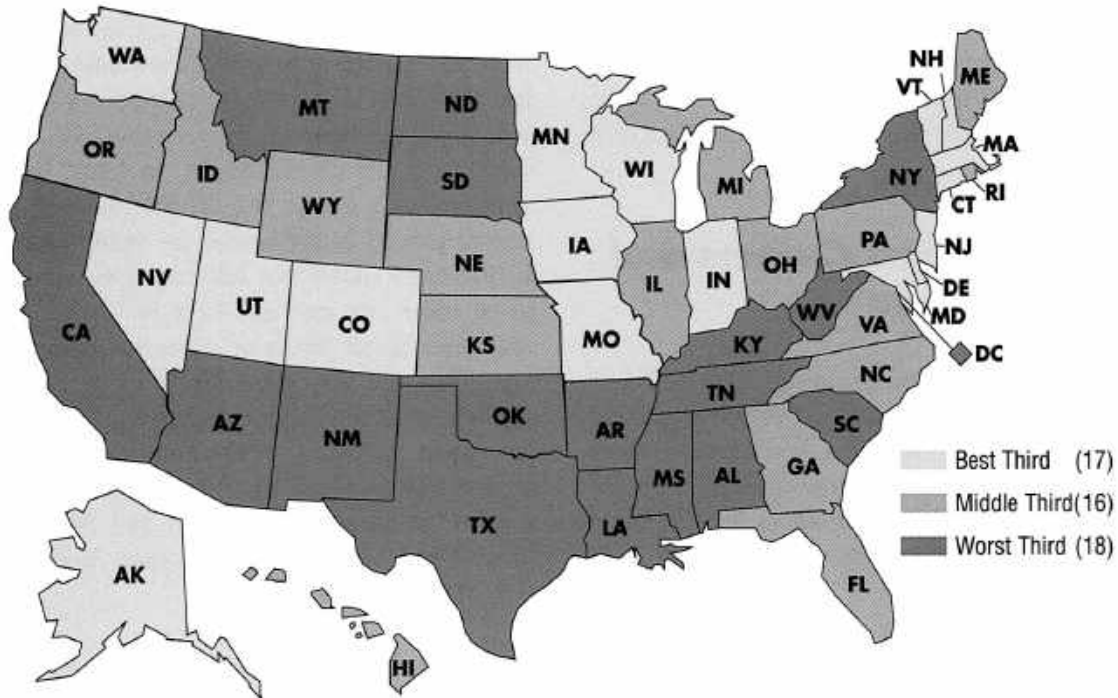
Map 16. Women's Business Ownership



Note: Percent of all firms owned by women, 1992 (excluding Type C corporations).
 Source: U.S. Department of Commerce, Bureau of the Census, 1996a.

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Map 17. Percent of Women above Poverty



Note: Percent of women living above the poverty threshold, 1996-98.
 Source: Economic Policy Institute, 2000.

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23.1 percent of doctorates in the physical sciences and science technologies in 1996 (U.S. Department of Commerce, Bureau of the Census, 1999e). Minority women comprised less than five percent of Ph.D. degrees earned by U.S. citizens in 1998 (U.S. Department of Commerce, Bureau of the Census, 1999a).

- ◆ Women are more highly educated in the District of Columbia than elsewhere in the nation. Almost 31 percent of women in the District of Columbia have at least a college degree. There is a large gap between the District of Columbia and the state with the next highest percentage of college-educated women, Massachusetts (24.1 percent).
- ◆ Women in the Northeast tend to be among the most educated in the country (see Map 15). Massachusetts (24.1 percent), Connecticut (23.8 percent), Vermont (23.2 percent), New Hampshire (21.1 percent), and New Jersey (21.0 percent) all rank in the top ten states for women with four or more years of college.
- ◆ Women in West Virginia, Arkansas, and Kentucky, are the least educated, on average, in the nation. Only 10.9, 11.9, and 12.2 percent of women in these states, respectively, have at least a college degree. In general, women in the Southeast and much of the Midwest tend to be less well educated than women in other parts of the country.

Women Business Owners and Self-Employment

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

Between 1987 and 1992, the number of women-owned businesses grew at a rate of 43.1 percent, and women-owned businesses now comprise 34 percent

of all businesses (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 5.9 million firms in the United States. Of these firms, 53.6 percent were in the service industries, and the next highest proportion, 18.6 percent, was in retail trade. Business receipts of women-owned businesses in the United States rose by 87 percent (in constant dollars) between 1987 and 1992. This is compared with a 35 percent increase for all firms in the United States during the same time period (U.S. Department of Commerce, Bureau of the Census, 1996).

As of 1992, women in the United States owned more than 6.4 million firms nationwide, employing over 13 million persons and generating \$1.6 trillion in business revenues (these numbers include all women-owned businesses, including Type C corporations; IWPR's state-by-state rankings do not include type C corporations; see Appendix II for details). 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 the United States to be more than 9.1 million (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. In 1998, they were approximately one in two. 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 nonmarried 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, 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 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 typical 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 12, 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). In the United States, 6.1 percent of women are self-employed nationwide (U.S. Department of Labor, Bureau of Labor Statistics, 1995).

- ◆ The District of Columbia has the highest percentage (41.3 percent) of businesses that are women-owned, and Mississippi has the lowest (30.2 percent).
- ◆ The western and southwestern regions of the country have high percentages of women-owned businesses, as do the states bordering the District of Columbia (see Map 16). New Mexico, with 37.8 percent, ranks second, and Colorado, with 37.6, ranks third. The Midwest and many of the prairie states have moderate numbers of women-owned businesses.
- ◆ There are fewer women-owned businesses in the Southeast and in New England. At 11th and 16th, Vermont and Florida stand out as exceptions, with 35.7 percent and 35.2 percent of women-owned businesses, respectively.

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 mothers. 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 (EPI, 2000). The proportion of women ages 16 and over in poverty in the United States was 13.1 percent, compared with 8.5 percent of men (see also Trends in Women's Economic Autonomy: Focus on Changes in Women's Poverty by State).

The poverty rate for single-mother families in 1997 was 41.0 percent nationwide, much higher than for any other family type. Even these high rates of poverty probably understate the degree of hardship for single-mother families, especially for those with working mothers. While counting noncash benefits would reduce their poverty rates, adding the cost of child care for working mothers (which was not included in family expenditures when the federal poverty thresholds were developed) would increase the calculated poverty rates throughout the nation (Renwick and Bergmann, 1993). For the country as a whole, single parents who do not work have basic cash needs at about 64 percent of the poverty line, while those who work have basic cash needs from 113 to 186 percent of the poverty line, depending on

Trends in Women's Economic Autonomy: Focus on Changes in Women's Poverty by State

During the mid-1990s, changes in female poverty rates across the states varied in direction and magnitude. Nationwide, in the period from 1995 to 1997, the proportion of women living in poverty in the United States dropped slightly, from 13.7 percent to 13.1 percent. This relatively small change, however, hides a great deal of variation among the states. Figure 7 illustrates the range of their experiences.

In most states, poverty fell between 1995 and 1997. Massachusetts and Virginia had very small decreases of -0.1 percentage points, representing virtually no change. In contrast, in twelve states poverty rates dropped between one and two percentage points, and four states (Louisiana, Oklahoma, Mississippi, and Alabama) saw decreases of two percentage points or more. In Louisiana, women's poverty fell from 21.3 to 19.2 percent; in Oklahoma, it fell from 16.3 to 14.2 percent; in Mississippi, from 21.4 to 19.3 percent; and in Alabama, from 16.9 to 14.9 percent. In each of these four states, poverty rates among women both started out and ended above the national average; thus their relatively large drops in poverty did not completely counteract relatively high poverty rates.

In 18 states and the District of Columbia, poverty among women actually increased between 1995 and 1997. In Nevada, Georgia, and Arkansas, poverty increased only slightly, by 0.1 percentage points. But in Hawaii, poverty increased by 1.6 points, from 11.1 percent to 12.7 percent. In a total of six states (Hawaii, Montana, New Hampshire, Oregon, Wyoming, and North Dakota), poverty increased by at least one percentage point. Only in New York did the poverty rate among women remain exactly the same (at 16.6 percent).

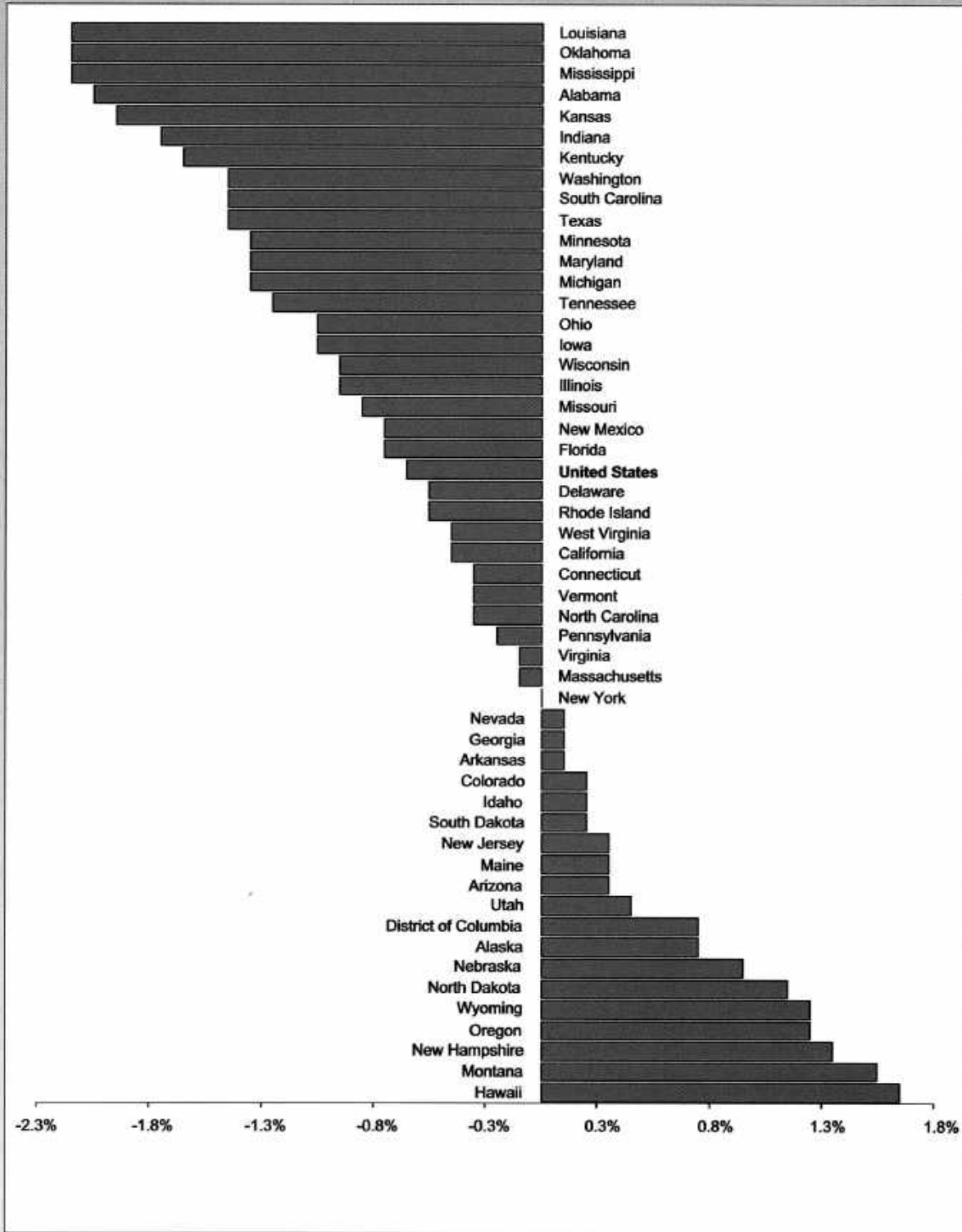
States can play an important role in guaranteeing women's economic security and combating poverty among women by providing women educational and training programs to maximize their earnings potential, setting minimum wage levels above the national minimum, and strengthening efforts to guarantee women pay equity. In addition, states can implement welfare and unemployment policies that provide a basic safety net for those who earn very low wages or cannot work.

the number and ages of their children. 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, 1993). Poverty rates for low-income, married-couple families would also be much higher if child care costs were included (Renwick, 1993).

In addition, although the poverty line is the federal standard of hardship in the United States, to meas-

ure 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 family 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. This measure shows much higher rates of hardship than the poverty rate does: the proportion of women living in families with incomes under one-half median family income in 1997 was 21.3 percent,

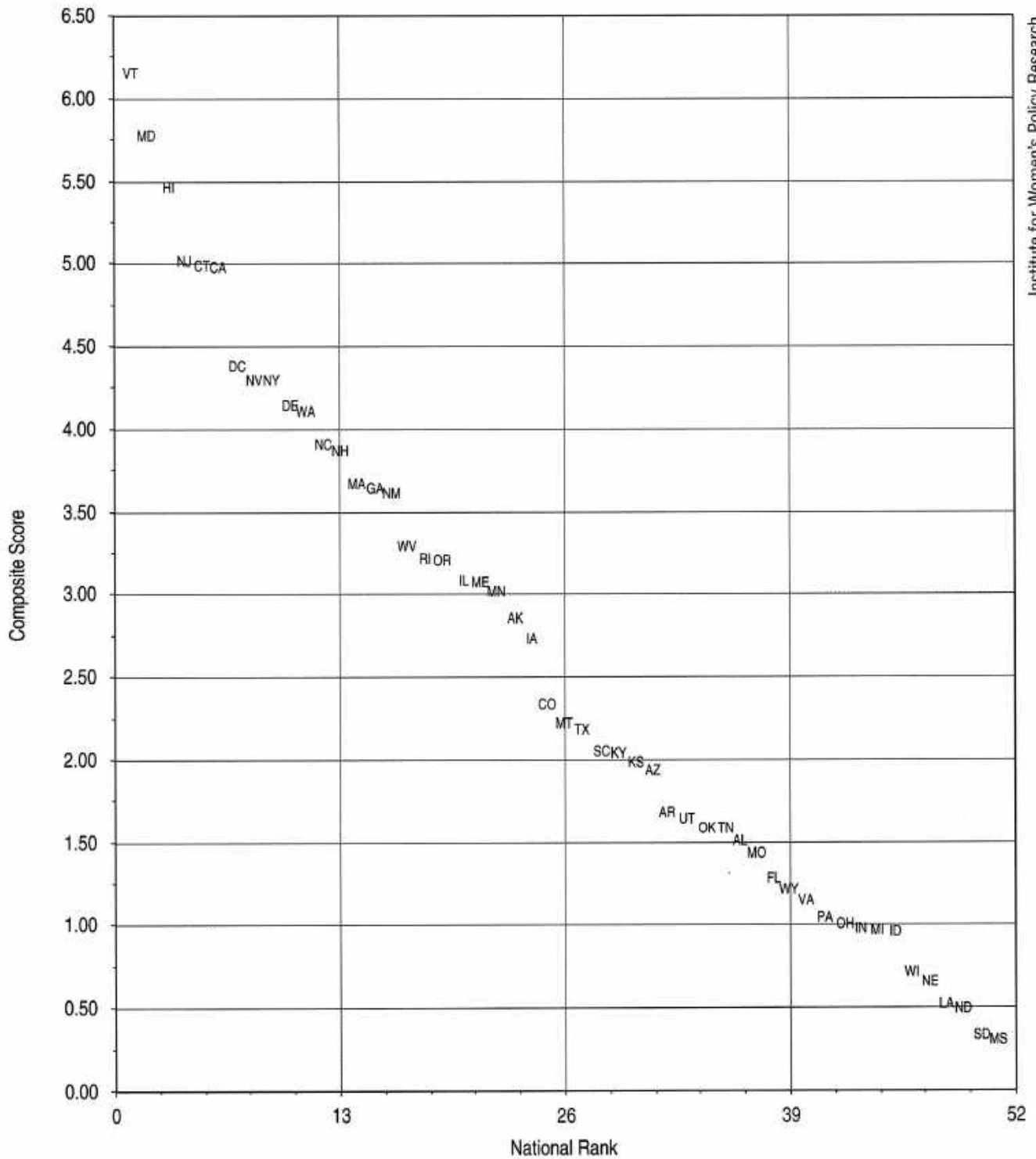
Figure 7.
Change in the Proportion of Women in Poverty by State
(in percentage points), 1995-97



Institute for Women's Policy Research

Source: Institute for Women's Policy Research, 1998; Economic Policy Institute, 2000.

Chart 4.
Reproductive Rights Composite Index



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Access to Abortion

- ◆ Of the 42 states 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 (NARAL and NARAL Foundation, 2000).
- ◆ A total of 18 states have state statutes requiring mandatory waiting periods. In the 14 states that enforce their waiting period statutes, waiting periods range from one to 24 hours (NARAL and NARAL Foundation, 2000).
- ◆ Fifteen states fund abortions for eligible low-income women in all or most circumstances. Twenty-nine states do not provide public funding for abortions under any circumstances other than those required by the federal Medicaid law—that is, in cases of rape, incest, or life endangerment to the woman (NARAL and NARAL Foundation, 2000).
- ◆ As of 1996, the percent of women who live in counties with an abortion provider ranged from 16 to 100 percent across the states. 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 (Henshaw, 1998). In addition, in 41 states, more than half of all counties have no abortion provider, and in 21 states more than 90 percent of counties have none (Henshaw, 1998).
- ◆ In four states—California, New Hampshire, Vermont, and Washington—and the District of Columbia, the governor (or, in the District of Columbia, the mayor), the state Senate, and the

state Assembly are pro-choice. In 16 states, all three are anti-choice (NARAL and NARAL Foundation, 2000).

Other Family Planning Policies and Resources

- ◆ In eleven states, private insurers are required to provide comprehensive contraceptive coverage. Seven states have provisions requiring partial coverage for contraception (for more detail, see Trends in Women's Reproductive Rights: Insurance Mandates for Contraceptive Coverage; NARAL and NARAL Foundation, 2000).
- ◆ In ten states, legislatures have passed measures requiring insurance companies to pay for infertility treatments. In three states, insurance companies must offer at least one package with infertility coverage to their policyholders (Stauffer and Plaza, 1999).
- ◆ Court rulings in 21 states specifically allow second-parent adoption, which gives lesbians and gays the legal right to adopt their partners' children. In 15 of those states, lower courts have approved a petition to adopt; in five states, high or appellate courts have prohibited discrimination against gays or lesbians in second-parent adoption cases; and in one state, the state Supreme Court has. In five states, courts have ruled against second-parent adoption. Only one state, Florida, has banned second-parent adoption through state statute. Courts in the remaining 24 states have not yet ruled on a case involving second-parent adoption (National Center for Lesbian Rights, 1999).
- ◆ 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 that require that sex education programs teach abstinence but do not require that schools provide information about contraception (NARAL and NARAL Foundation, 2000).

Trends in Women's Reproductive Rights: Focus on Insurance Mandates for Contraceptive Coverage

Contraceptives are an important resource for women who are deciding if and when to have children, and as a result they are an important resources for women's reproductive health and choice. Nonetheless, contraceptives are not covered by many health insurance plans. 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).

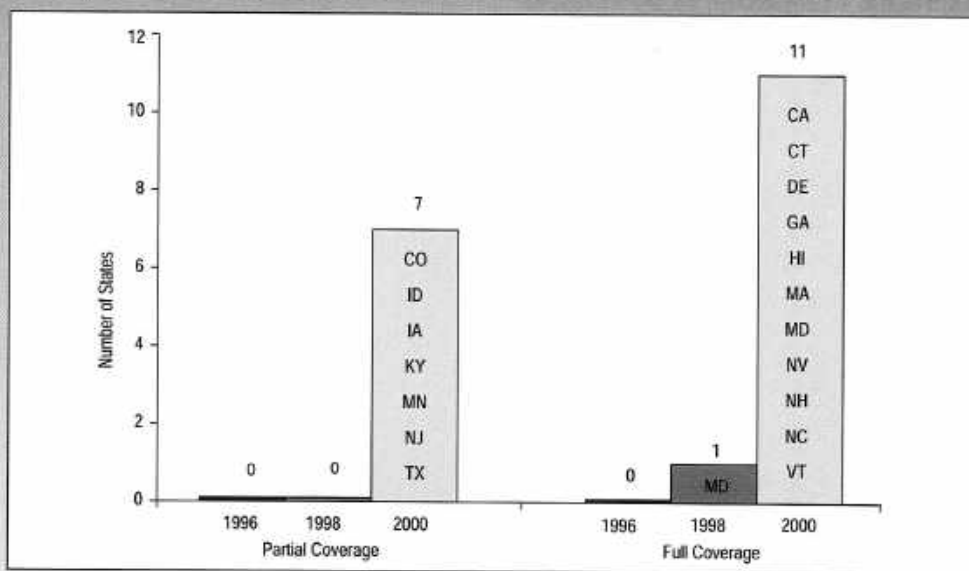
Over the past five years, controversy about contraceptive coverage has led lawmakers in many states to introduce bills that would require health insurers to cover contraception. As a result, several states now have health insurance mandates for contraceptive coverage. Figure 8 shows the change in the number of state health insurance mandates between 1996 and 2000.

As of 1996, no states required any kind of health insurance coverage for contraceptives. By 1998, one state, Maryland, had passed legislation requiring comprehensive coverage. Between 1998 and 2000, another ten states passed laws requiring all private insurers to provide comprehensive contraceptive coverage, bringing the total to 11 states.

In addition, seven states 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. One state, Minnesota, requires coverage of all prescription drugs, including contraceptives, and another, Texas, requires insurers with coverage for prescription drugs to cover oral contraceptives (NARAL and NARAL Foundation, 2000).

Contraceptive coverage requirements can help many women overcome financial barriers to access to contraceptives. In addition, they support access to a fundamental resource for women's health care. State insurance mandates for contraceptive coverage can thus improve women's overall health and well-being as well as their reproductive freedom.

Figure 8.
Increased Mandates for Contraceptive Coverage, 1996-2000



Source: NARAL, 1996, 1998, 2000.

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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 in 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). In 1997, there were 65.0 births per 1,000 women aged 15-44 in the United States (National Center for Health Statistics, 1999a).

Infant deaths in the United States occur at 7.2 per 1,000. Infant mortality affects white and African American communities in the United States at very different rates. In the United States, the infant mortality rate for white infants is 6.0 per 1,000, while for African American infants it is 14.2 per 1,000. Low birth weight (less than 5 lbs, 8 oz.) among babies also affects different racial and ethnic groups at different rates. In the United States as a whole, the per-

cent of low-weight births among white infants is 6.5; for Hispanic infants, it is 6.4; and for African American infants, it is 13.1 (National Center for Health Statistics, 1999b). Disparities in both infant mortality and low birth weight rates between African Americans and whites are probably related to a variety of factors, including differences 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).

Women's 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). Nationally, about 82.5 percent of women begin prenatal care in their first trimester of pregnancy. However, use of prenatal care varies by race. Throughout the United States, 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. 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 12.8 percent of all births in the United States, while births to unmarried mothers accounted for 32.4 percent.

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 debilitating, 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 accessible and affordable, quality health care.

This section focuses on the quality of health of women in the United States. 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 limitations on women's everyday activities. Because research links women's health and well-being to their ability to access the health care system (Mead, Witkowski and Hartmann, forthcoming), this section also presents information on women's use of preventive services, health-related behaviors, and state-level policies concerning women's health issues. Information on women's access to health insurance is presented earlier in this report.

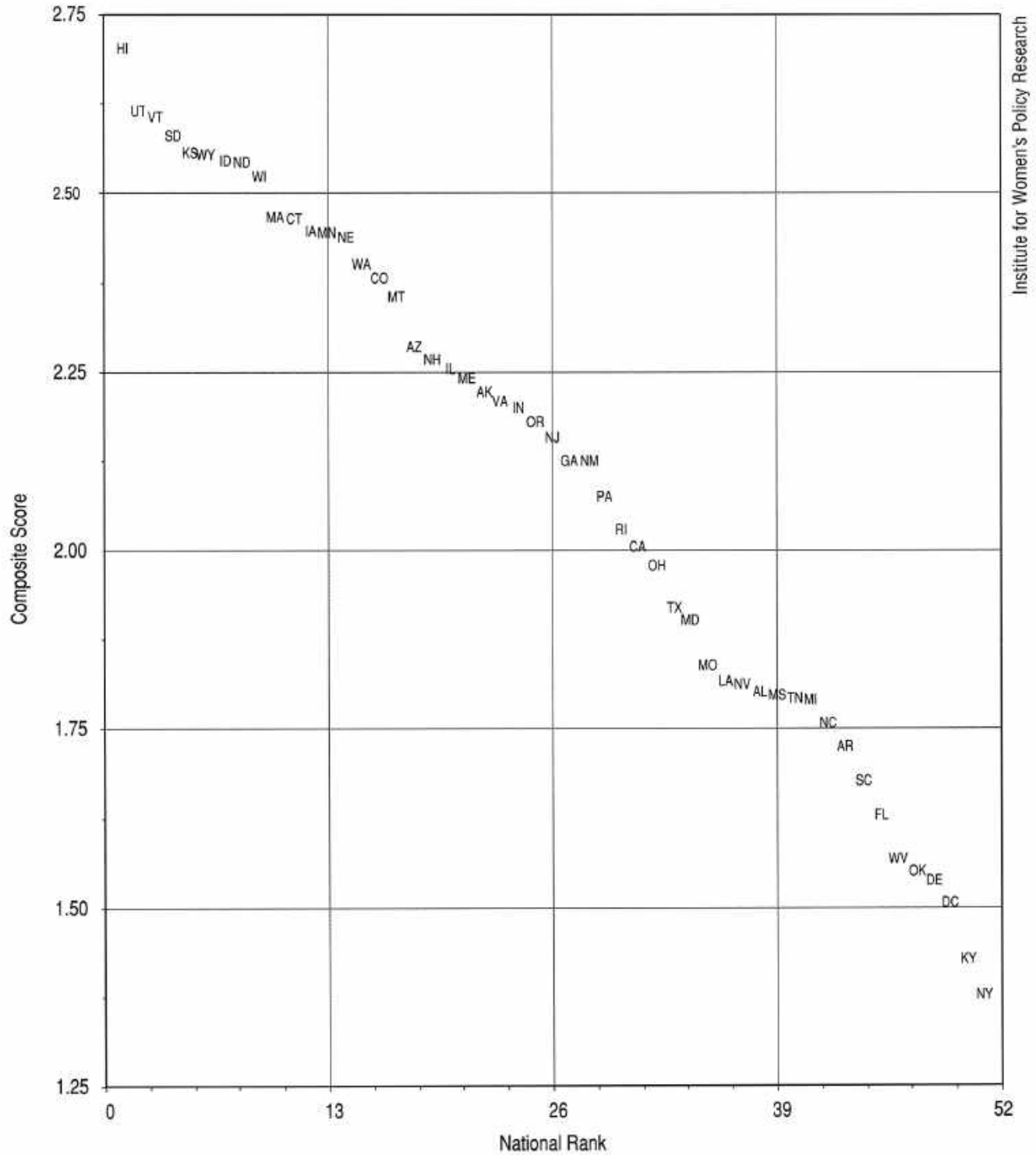
Although women on average live longer than men—79 years for women compared with 73 years for men in the United States in 1998—women suffer from more nonfatal acute and chronic conditions and are more likely to live with disabilities and suffer from depression. In addition, women have higher rates of health service use, physician visits, and prescription and nonprescription drug use than men (Mead, Witkowski and Hartmann, forthcoming).

Women's overall health status is closely connected to many of the other indicators in this report, including women's poverty status, access to health insurance, and reproductive issues and health. As a result, it is important to consider women's health as imbedded in and related to their political, economic, and social status (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and Lewin Group, 2000). For example, women's health is significantly influenced by their socioeconomic status. Many studies find direct and indirect relationships between income, education and work status, and health. Poor, uneducated women with few work opportunities are more likely to be unhealthy. Women with low incomes, little education, and no jobs also face significant problems accessing the health care system, which indirectly influences their health status (Mead, Witkowski and Hartmann, forthcoming). On the other hand, research shows that being employed has a positive effect on women's health. Studies suggest the link may result both because work provides health benefits to women and because healthier women "self-select" to work (Hartmann, Kuriansky and Owens, 1996). Finally, research suggests that across the states, women's mortality rates, cause-specific death rates, and mean days of activity limitations due to health correlate highly with their economic and political status, especially with their political participation and with a smaller wage gap (Kawachi, Kennedy, Gupta and Prothrow-Stith, 1999).

The Health and Well-Being Composite Index

- ◆ Hawaii ranks first in the country for measures of women's health and well-being. Women in Hawaii have the lowest rates of mortality from heart disease and breast cancer, and the second lowest rate of mortality from lung cancer in the nation. The state also fares well for women's overall mental health and limited activities due to health (see Chart 5).

Chart 5.
Health and Well-Being Composite Index



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- ◆ Overall, women in the Mountain, prairie, and northern midwestern states have the best health status. Utah (second), South Dakota (fourth), Kansas and Wyoming (fifth), Idaho and North Dakota (seventh), and Wisconsin (ninth) are all in the top ten states for women's health. Two New England states, Vermont (third) and Massachusetts (tenth), are also in the top ten.
- ◆ The lowest ranking state overall—New York—has particularly high rates of mortality from heart disease and breast cancer, incidence of AIDS, and limited activities due to health.
- ◆ Women in the Southeast tend to have the worst health status. Kentucky (50th), West Virginia (46th), Florida (45th), South Carolina (44th), Arkansas (43rd), and North Carolina (42) are all among the bottom ten states. However, women in Delaware (48th) and the District of Columbia (49th), two mid-Atlantic states, also have poor health.
- ◆ Only one state, Hawaii, received the top grade of A- on this index. Its grade reflects both the

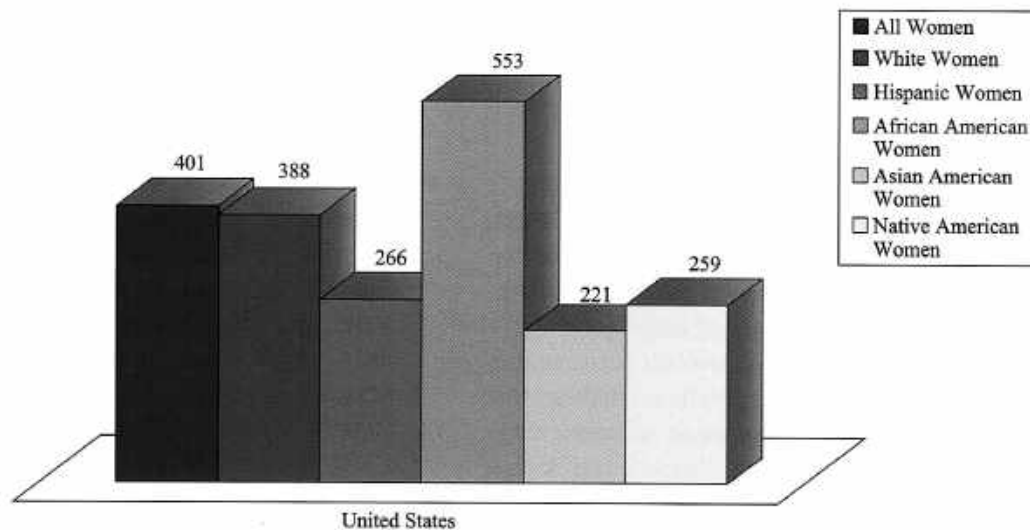
state's successes and its performance in relation to national goals concerning women's health status, including those set by the U.S. Department of Health and Human Services in its Healthy People 2010 program (see Appendix II).

Mortality and Incidence of Disease

Mortality from Heart Disease

Heart disease has been the leading cause of death for both women and men of all ages in the United States since 1970. It is the second leading cause of death among women aged 45-74, following all cancers combined (but is the leading cause when cancers are examined separately). Since many of the factors contributing to heart disease, including high blood pressure, smoking, obesity, and inactivity, can be addressed by changing people's health habits, states can contribute to decreasing rates of death from heart disease by raising awareness of the risk factors and how to modify them. In addition, states can help by implementing policies that facilitate access to health care professionals and preventive screening services.

Figure 9.
Average Annual Mortality Rates among Women from Heart Disease in 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 used in the Composite Health and Well-Being Index, 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.

Like many indicators of women's health, mortality from heart disease varies greatly by race in the United States. As Figure 9 shows, mortality rates from heart disease are generally much higher among African American women than among white women, while Asian American women have the lowest rates (the data in Figure 9, which presents annual mortality rates for 1991-95 from heart disease for women 35 and older, differ from those cited below, which refer to 1995 mortality rates for women of all ages).

- ◆ Women's mortality rates from heart disease vary widely among the states. The mortality rate of the worst ranking state, New York, is 144 per 100,000 population, more than twice that of the top-ranking state, Hawaii, at 60.6 per 100,000 population. The median rate among all the states is 90.9.
- ◆ Mortality from heart disease is generally worst in the Southeast and the Midwest. States in these areas ranking in or near the bottom ten include West Virginia (50th), Ohio (49th), Missouri (48th), Michigan (47th), Tennessee (44th), Kentucky (42nd), Illinois (41st), and Indiana (40th).
- ◆ In contrast, several Western states rank in the top ten for women's mortality from heart disease. After Hawaii, the top ten states are New Mexico, Montana, Colorado, Utah, Washington, Alaska, Wyoming, Minnesota, and Oregon.

Mortality from Cancer

Cancer is the leading cause of death for women aged 45-74, and lung cancer, the leading cause of death from cancers, 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 stressing the link between cancer and smoking can be crucial to lowering lung cancer incidence and mortality. The national rate of mortality from lung cancer among women is 33.3 per 100,000.

Among cancers, breast cancer is the second-most common cause of death for U.S. women. Approximately 175,000 new cases of invasive breast cancer were expected in 1999 (American Cancer Society, 1999). Breast cancer screening is crucial not just for detecting breast cancer but also for reducing mortality through early detection. 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. For breast cancer, women's national mortality rate is 26.0 per 100,000.

- ◆ In Utah, the best state, the lung cancer mortality rate is 14.0 per 100,000. The next best rate is over 50 percent greater, at 22.9 per 100,000 (Hawaii). Generally, states in the west have relatively low levels of mortality from lung cancer among women.
- ◆ The worst state for mortality from lung cancer is Nevada, at 46.0 per 100,000. Kentucky and West Virginia follow, with respective rates of 41.8 and 41.3 per 100,000. Two northeastern states also do relatively poorly for women's mortality from lung cancer: Maine (45th) and New Hampshire (44th).
- ◆ In the District of Columbia, which ranks worst for women's mortality from breast cancer, the mortality rate is 33.2 per 100,000. This number is almost twice that of the best state on this indicator, Hawaii (17.5 per 100,000).
- ◆ Overall, women in western states have the lowest levels of mortality from breast cancer. Utah (second), Alaska (third), New Mexico (fourth), and Colorado (fifth) round out the best five states. In contrast, women in the Northeast do the worst, with New Jersey (50th), Massachusetts (49th), Rhode Island (48th), and New York (47th) in the bottom five.

Incidence of Diabetes

People with diabetes are two to four times more likely to develop heart disease, stroke, blindness, kidney disease, and other serious health conditions

than those without it. 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. The median rate of diabetes in women among the states is 5.3 percent.

- ◆ Alaska and Arizona have the lowest percentages of women who have been diagnosed with diabetes, at 2.6 percent and 2.9 percent, respectively. Mississippi and Alabama, like much of the Southeast, have the highest rates, with 8.2 percent and 7.9 percent, respectively.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are a common threat to younger women's health. As with many other health problems, education, awareness, and proper screening can be 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 the United States, 335.8 women per 100,000 have chlamydia.

HIV and AIDS in women are among 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

that 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 occur in women: in 1998-99, 23 percent of AIDS cases occurred in women, while 32 percent of HIV cases occurred in women (U.S. Department of Health and Human Services, Public Health Service, 1999). The average annual incidence rate of AIDS among women in the United States is 9.4 per 100,000 population.

- ◆ Incidence rates of chlamydia range widely. In the worst states, rates are 659.1 (New York) and 581.7 (South Carolina) per 100,000. In contrast, the best state, New Hampshire, has an incidence rate of 108.3 per 100,000. Many of the New England states ranked in the top third on this indicator, while many South Atlantic states ranked poorly.
- ◆ The average annual incidence rate of AIDS among adolescent and adult women also varies greatly from state to state. The highest-ranking state, Montana, has a rate of 0.5 per 100,000, while the District of Columbia, ranked 51st, has a rate of 86.7 per 100,000.
- ◆ Many of the lowest rates of AIDS are found among those states with largely rural populations—West Virginia (second), North Dakota (third), Vermont (third), and Alaska (seventh). The highest rates and worst rankings are found among states with largely metropolitan populations—New York (50th), New Jersey (47th), and Connecticut (45th).

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 life (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.

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 men 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 aged 45-54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2000a). Among women in the United States, the annual mortality rate from suicide is 3.9 per 100,000 population.

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).

- ◆ Women's self-reported number of days per month of poor mental health is highest in Kentucky (ranked 51st), at 5.5 days per month. With the exception of West Virginia (ranked sixth with 2.9 days per month), the southeastern states fared the worst on this indicator: Alabama (47th), Tennessee (46th), and Georgia (42nd) all rank in the bottom ten states.

- ◆ Arizona ranks first for women's days of poor mental health per month, at 1.2. Women in the District of Columbia and Oklahoma (second), Hawaii (fourth), and South Dakota (fifth) rounded out the top five.

- ◆ The District of Columbia has the lowest mortality rate for women from suicide, at 2.3 per 100,000 population. Many of the northeastern states also have low rates: New York ranks second, New Jersey third, Rhode Island fourth, and Massachusetts fifth.

- ◆ Nevada has the highest mortality rate for women from suicide, with 7.9 deaths per 100,000 population. Midwestern and southwestern states tend to have the highest rates. Alaska (50th), Montana (49th), New Mexico (48th), Arizona (47th), Colorado (46th), Utah (45th), and Oregon (44th) all rank among the worst ten states.

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 per month.

- ◆ Alaskan women report the fewest days of limited activities per month, at 2.6 days. Several midwestern states rank in the top ten on this indicator: Illinois (second), Iowa (fourth), Indiana (seventh), and Wisconsin (seventh).

- ◆ Kentucky women report the greatest number of days of activities limitation due to health, at 6.7 days. Several other southeastern states are in the bottom ten states for this indicator: West Virginia (50th), Arkansas (47th), Alabama (45th), Florida (44th), and North Carolina (43rd).

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. Nationally, of women over age 50, 67.8 percent have had a mammogram within the past two years, and 84.9 percent of women ages 18 and older have had a pap smear within the past three years. In contrast, 20.8 percent of adult women nationwide smoke. Among each of the states and the District of Columbia, the median percent of women who drink chronically (60 or more alcoholic beverages a month) is 0.7 percent; who cite no leisure time physical activity in the past month, 29.9 percent; and who report not consuming the recommended five or more servings of fruits and vegetables, 72.2 percent.

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, 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, 1999). 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 off welfare and into the workforce, they do not lose access to health insurance. In 1997, the average Medicaid payment among all states was \$1,874 per adult enrollee ("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 heads-of-household). The amount per state varies tremendously, however. New York spent the most per adult enrollee, at \$3,027, while Vermont spent the least, at \$1,126.

Domestic violence and sexual assault can also significantly affect women's physical health and mental well-being. 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, sexual assault, 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, and funding for domestic violence and sexual assault programs at the national level is \$1.34 per person. However, state spending related to violence against women varies tremendously. In some states, such as Idaho and Alabama, spending is as low as \$0.02 and \$0.05 per person, respectively. In Wyoming, on the other hand, spending is much higher, at \$4.38 per person.

Studies show that the existence and 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. In 37 states, laws allow women to choose a specialist in obstetrics and gynecology as their primary care physician or allow direct access to one without a referral. Almost half of all states (23) have policies requiring insurance coverage for preventive screening for cervical cancer. In contrast, less than half of all states (19) have mastectomy stay laws, which require insurance companies to cover inpatient care for defined periods following a mastectomy, and only 20 states require full parity for treatment of mental illness and alcohol and chemical dependency. Finally, only seven states mandate coverage for osteoporosis screening (Stauffer and Plaza, 1999; Delaney, 1999).

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.

Table 1, the Women's Resources and Rights Checklist, provides an overview of the policies supporting women's rights and the resources available to women in the United States. 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 indicators in Table 1 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 list of policies that states can adopt to help women achieve economic, political, and social well-being.

Violence Against Women

A variety of policies can help address problems related to violence against women. Creating a separate offense for domestic battery 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. Additionally, domestic violence training among new police recruits ensures 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 policies, many states 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 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 addition, ten states have provisions requiring training on sexual assault for police and prosecutors.

Investing in programs to decrease the prevalence of domestic battery and sexual assault, as well as to

Table 1.
Women's Resources and Rights Checklist

	Total Number of States with Policy (of 51) or U.S. Average
Violence Against Women	
Number of states in which domestic violence is a separate criminal offense:	30
Number of states whose laws require domestic violence training of new police recruits:	32
Domestic violence and sexual assault spending per person:	\$1.34
Number of states in which a first stalking offense is considered a felony:	10
Number of states whose laws require sexual assault training for police and prosecutors:	10
Child Support	
Percent of single-mother households receiving child support or alimony:	34%
Percent of child support cases with orders for collection in which support was collected:	39.2%
Welfare Policies	
Number of states that extend TANF benefits to children born or conceived while a mother is on welfare:	27
Number of states that allow receipt of TANF benefits up to or beyond the 60-month federal time limit:	30
Number of states that allow welfare recipients at least 24 months before requiring participation in work activities:	23
Number of states that provide transitional child care under TANF for more than 12 months:	33
Number of state TANF plans that been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence:	40
In determining welfare eligibility, number of states that disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job:	25
Average TANF benefit, 1997-98:	\$358.08
Employment/Unemployment Benefits	
Number of states with a minimum wage higher than the federal level as of March 2000:	11
Number of states that have mandatory temporary disability insurance:	5
Number of states that 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
As of July 2000, number of states that have proposed policies allowing workers to use Unemployment Insurance for paid family leave:	0 Enacted; 13 Proposed
Number of states that implemented adjustments to achieve pay equity in state civil services:	20
Sexual Orientation and Gender Identity	
Number of states that have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity:	19
Number of states that have a Hate Crimes law covering sexual orientation:	24
Number of states that have avoided adopting a ban on same-sex marriage:	20

Table 1. continued

	Total Number of States with Policy (of 51) or U.S. Average
Reproductive Rights	
Number of states that allow access to abortion services:	
Without mandatory parental consent or notification:	9
Without a waiting period:	33
Number of states that provide public funding for abortions under any or most circumstances if a woman is eligible:	15
Number of states that require health insurers to provide comprehensive coverage for contraceptives:	11
Number of states that require health insurers to provide coverage of infertility treatments:	10
Number of states that allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child:	21
Number of states that require schools to provide sex education:	18
Institutional Resources	
Number of states that have a commission for women:	39

See Appendix III for a detailed description and sources for the items on this checklist.
Compiled by the Institute for Women's Policy Research.

provide services to victims, is important to reducing both types of crimes and to helping victims rebuild their lives. In fiscal year 1994-95, the average expenditure per person throughout the states for domestic violence and sexual assault programs was \$1.34.

Child Support

Many mother-headed households experience low wages and poverty. 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.

The enforcement efforts made by state and local agencies can affect the extent of child support and alimony collections (Gershenson, 1993). 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). IWPR research shows that child support can make a substantial difference in low-income families' lives by lifting many out of poverty. Among non-welfare, 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. While 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. 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 to simply support their families during times of economic hardship.

Under a "Family Cap," some states do not extend 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. Of these states, two have a modified Family Cap and therefore give partial increases in benefits to 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, 1999c).

In many states, time limits on receiving TANF are also more stringent than under federal regulations. The average number of months recipients can receive benefits 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. Twenty-seven states offer limited extensions for a variety of reasons (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c).

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, 1999c).

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 at least 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, 1999c). In addition to these funds, many states use TANF or additional state funds to provide child care services. States have substantial discretion over designing their child care programs, including how long they provide child care services to families. Currently, all of the states provide a minimum of twelve months of child care to families transitioning away from welfare. Thirty-three states extend child care beyond twelve months (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). Expanded child care services are a crucial form of support for working families, especially single mothers, and are critical to ensuring families' self-sufficiency.

The Family Violence Option (FVO) allows victims of violence to be exempted from work requirements, lifetime time limits, or both as part of state TANF plans (U.S. Department of Health and Human Services, 1999c). 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. Five states are in the process of developing screening and counseling standards, and seven others have adopted exemptions for domestic violence but have not received certification. The eleven other states have

not applied for or received the optional certification and have not adopted other language.

PRWORA also gave states increased flexibility in how they treat earnings in determining income eligibility for TANF applicants. One standard for measuring the generosity of state rules is whether they disregard 50 percent or more of earnings from a full-time, minimum-wage job. Twenty-five states disregard at least 50 percent of earnings.

Finally, in the United States as a whole, in the period from October 1997 to September 1998, over three million families received an average cash assistance benefit of \$358.08 per month (U.S. Department of Health and Human Services, Administration for Children and Families, 1999b).

Even states with relatively generous welfare policies do not always provide welfare recipients adequate opportunities to take advantage of the resources available to them, often because of poor implementation of state TANF plans. For example, welfare recipients are not always aware of the benefits that are available to them, such as child care, Food Stamps, or Medicaid, especially after they lose cash assistance under TANF (Shumacher and Greenberg, 1999; Ku and Garrett, 2000). In addition, they may not be aware of policies such as Family Violence exemptions or other regulations allowing them to extend their eligibility for receiving benefits. Through rigorous training of caseworkers, an emphasis on informing welfare recipients of their rights, and other policies, states can work to ensure that welfare recipients are able to take full advantage of the economic and support services available to them.

Employment/Unemployment Benefits

Employment policies and protections are crucial to helping women achieve economic self-sufficiency and to providing them a safety net during periods of unemployment.

The minimum wage is particularly important to women because women constitute the majority of low-wage workers. Recent research by IWPR and

the Economic Policy Institute found that women would be a majority of the workers affected by a one-dollar increase in the minimum wage (Bernstein, Hartmann, and Schmitt, 1999). As of March 2000, ten states and the District of Columbia had minimum wage rates higher than the federal level of \$5.15. Seven states had minimum wage rates lower than the federal level (but the federal level generally applies to most employees in these states), seven states had no minimum wage law, and 26 states had state minimum wages equal to the federal level (U.S. Department of Labor, 1999).

Temporary Disability Insurance (TDI) is also an important resource for women because it provides partial income replacement to employees who leave work because of an illness or accident unrelated to their jobs. In the five states with mandated 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. Moreover, in states with TDI programs, women workers typically receive eight to twelve weeks of partial wage replacement for maternity leave (Hartmann, Yoon, Spalter-Roth and Shaw, 1995). Failure to require mandatory TDI coverage leaves many women, especially single mothers, vulnerable in case of injury or illness.

Unemployment Insurance (UI) provides workers and their families a safety net during periods of unemployment. In order to receive UI, potential recipients must meet several eligibility requirements. States typically set eligibility standards for UI and can enact policies that are more or less inclusive and more or less generous to claimants. IWPR research has shown that nearly 14 percent of unemployed women workers are disqualified from receiving UI by two earnings criteria, more than twice the rate for unemployed men (see Appendix III for more details on UI requirements; Yoon, Spalter-Roth and Baldwin, 1995). In a total of 12 states, earnings requirements generally include low-wage workers. In nine states, UI policies allow workers seeking part-time jobs to qualify for unemployment benefits. Because women are more likely than men to seek part-time work, the failure to cover workers seeking part-time work disproportionately harms women. In

23 states, policies allow workers to qualify for insurance in cases of "good cause quits," in which a worker leaves a job for personal circumstances, which might include moving with a spouse, harassment on the job, or other situations.

While no state currently allows workers to use UI benefits during work absences covered under the Family and Medical Leave Act, as of July 2000, such policies have been proposed in 13 states. In addition, the Department of Labor recently issued a ruling allowing states to provide partial wage replacement under the unemployment compensation program on a voluntary, experimental basis to parents who take leave or who otherwise leave employment following the birth or adoption of a child. The new regulations were issued in June of 2000 and took effect in August. To implement them, state legislatures must adopt a plan allowing the use of UI for these purposes. No state had done this as of September 1, 2000.

Some states have implemented pay equity remedies, which are policies designed to raise the wages of jobs undervalued at least partly because of the sex or race of the workers who hold those jobs. A study by IWPR found that for states that implemented pay equity remedies, the remedies improved female/male wage ratios (Hartmann and Aaronson, 1994). By 1997, 20 states had implemented programs to raise the wages of workers in female-dominated jobs in their states' civil services (National Committee on Pay Equity, 1997).

Sexual Orientation and Gender Identity

A variety of policies can help provide lesbians and other sexual minorities access to the same rights that other citizens have. Eighteen states and the District of Columbia have adopted statutes prohibiting discrimination on the basis of sexual orientation. In addition, 23 states and the District of Columbia have passed laws creating enhanced penalties for perpetrators of hate crimes committed against victims because of their sexual orientation. In contrast, 31

states have banned same-sex 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

Indicators concerning reproductive rights and family planning resources are covered in more detail earlier in the report, in the section on Reproductive Rights. These policies also represent crucial components of any list of desirable policies for women and state actions are summarized here.

Institutional Resources

State-level commissions for women give women a form of representation that can help create more women-friendly policies in their state. A total of 39 states currently have state-level commissions for women.

Conclusion

In order for women throughout the United States to achieve more equality and greater well-being, individual states should move towards adopting the policies they still lack 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 remain important for improving women's lives and the well-being of their families.

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 progress 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 health 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 geographic diversity revealed in this report or the factors associated with them. 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 paid parental and dependent-care leave policies. States can also implement federal provisions allowing the use of Unemployment Insurance for paid family leave.
- ◆ 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 training opportunities, while still providing a basic safety net for those who earn very low wages or cannot work.
- ◆ 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 health status can be improved by state policies encouraging access to health resources such as screening and preventive care, by public education campaigns about high-risk behaviors, and through health insurance mandates.
- ◆ States can structure campaign finance provisions to make elections more competitive to challengers, and state parties can recruit and promote female candidates for office.

National policies also remain important in improving women's status in the 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 section provides statistics on the number, age, race, family status, and other demographic characteristics of women in the United States (see

Appendix Table 1). These data present an image of the nation's female population and can be used to provide insight on the topics covered in this report.

Appendix Table 1.
Basic Demographic Statistics for the United States

	United States
Total Population, 1998^a	270,298,524
Number of Women, All Ages ^b	138,252,197
Sex Ratio (women to men, aged 18 and older) ^b	1.08:1
Median Age of All Women ^b	36.3
Proportion of Women Over Age 65 ^b	14.6%
Distribution of Women by Race and Ethnicity, All Ages, 1995^c	
White*	73.0%
African American*	12.8%
Hispanic**	9.8%
Asian American*	3.6%
Native American*	0.8%
Distribution of Households by Type, 1990^d	
Total Number of Family and Nonfamily Households	91,770,958
Married-Couple Families (with and without their own children)	56.2%
Female-Headed Families (with and without their own children)	11.3%
Male-Headed Families (with and without their own children)	3.2%
Non-family Households: Single-Person Households	24.4%
Nonfamily Households: Other	4.9%
Distribution of Women Aged 15 and Older by Marital Status, 1990^e	
Married	55.6%
Single	23.1%
Widowed	11.9%
Divorced	9.4%
Percent of Households with Children Under Age 18 Headed by Women, 1990^f	19.5%
Proportion of Women Living in Metropolitan Areas, All Ages, 1990^g	83.1%
Proportion of Women Who Are Foreign-Born, All Ages, 1990^h	7.9%
Percent of Federal and State Prison Population Who Are Women, 1998ⁱ	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, 1999c; ^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.	

Between 1990 and 1998, the population of the United States grew by 8.7 percent. In 1998, there were 138.3 million women in the United States. The median age of women in the United States is 36.3 years. Women over age 65 comprise 14.6 percent of all women. Women of color (including African Americans, Asian Americans, Native Americans, and Hispanics [who may be of any race]) comprise 27.0 percent of the national female population. The two largest minority groups are African Americans (approximately 12.8 percent of women in the United States) and Hispanics (approximately 9.8 percent of women). Asian Americans are the fastest growing group of minority women. Foreign-born women make up 7.9 percent of the female population. Most American women (83.1 percent) live in metropolitan areas. Approximately 6.5 percent of prisoners in the United States are women.

Over 23 percent of women in the United States are single, an additional 9.4 percent are divorced, and 11.9 percent are widowed. Almost 56 percent of women in the United States are married. The proportion of single person households is approximately 24.4 percent and non-family households make up 4.9 percent.

Among married couples with children, dual-earner couples have grown from about one-third of all families with children in 1975 to nearly half in 1999, while traditional couples (those with a working father and a nonworking mother) have fallen from nearly 45 percent in 1975 to 20 percent in 1999. The proportion of families supported by working mothers alone has nearly doubled from about one-tenth to nearly one-fifth (Hayghe, 1990; Hartmann, 2000).

Demographic Variations among the States

- ◆ All women in Connecticut, the District of Columbia, New Jersey, and Rhode Island live in metropolitan areas. In Idaho, Montana, Mississippi, South Dakota, Alaska, Vermont,

and New Mexico, over 50 percent of women live in non-metropolitan areas.

- ◆ The median age of women is lowest in Utah (27.4 years) and Alaska (30.9 years). In contrast, the median age of women is highest in West Virginia (39.9 years), Florida (39.7 years), and Pennsylvania (39.1 years).
- ◆ The District of Columbia (73.6 percent), Hawaii (73.3 percent), and New Mexico (50.9 percent) have the highest proportions of women of color. In the District, most women of color are African American (64.2 percent of women); in Hawaii, most are Asian American and Pacific Islander (63.6 percent of women); and in New Mexico, most are Hispanic and Native American (38.3 and 9.0 percent of women, respectively).
- ◆ California (21.3 percent), Hawaii (16.8 percent), and New York (16.0 percent) have the highest percentages of foreign-born women.
- ◆ Between 1990 and 1998, the total population of Nevada grew 45.4 percent. Other states with relatively high rates of growth include Arizona (27.4), Idaho (22.0), Utah (21.9), and Colorado (20.5). The District of Columbia's population during the same time period decreased by 13.8 percent, the largest decrease in population. Similarly, the populations of Rhode Island (1.5), Connecticut (0.4), and North Dakota (0.1) also experienced negative growth.
- ◆ The ratio of women to men, at 1.08:1 for the United States as a whole, varies from state to state. In the District of Columbia, this ratio is much higher, at 1.18:1. On the other hand, in Alaska, it is 0.89:1.
- ◆ The proportion of women aged 65 and older is highest in Florida (20.1), Pennsylvania (18.3), and Rhode Island (18.3). It is lowest in Alaska (6.1) and Utah (9.8).

Appendix II

Methodology, Terms and Sources for 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. 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 dol-

lars) 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 lev-

els to produce an "ideal score." The percentage of women with health insurance was set at the highest value for all states; the percentage of women with higher education was set at the national value for men; the percentage of businesses owned by women was set as if 50 percent of businesses were owned by women; and the percentage of 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 assessment 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 Table 1

(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 the 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 Temporary Assistance for Needy Families (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. The Personal Responsibility and Work Opportunity Reconciliation Act (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 reciprocity. 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 these 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: State-by-State Rankings on the Composite Indices and Their Components—Political Participation

State	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	
	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: State-by-State Rankings on the Composite Indices and Their Components—Employment and Earnings

State	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	
	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: State-by-State Rankings on the Composite Indices and Their Components—Economic Autonomy

State	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	
	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: State-by-State Rankings on the Composite Indices and Their Components—Reproductive Rights

State	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
	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: State-by-State Rankings on the Composite Indices and Their Components—Health and Well-Being

State	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	
	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 V

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.ahrpr.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
1120 Connecticut Avenue, NW
Suite 910
Washington, DC 20006
Tel: (202) 223-2532
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.fvvpf.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 Suite 1500
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
733 15th Street, NW, Suite 1011
Washington, DC 20036
Tel: (202) 393-7122
Fax: (202) 387-7915
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.nglhf.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.cdcnpi.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](http://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 Cynwyd, 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

Pacific West

Alaska
California
Hawaii
Oregon
Washington

East South Central

Alabama
Kentucky
Mississippi
Tennessee

South Atlantic

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

Middle Atlantic

New Jersey
New York
Pennsylvania

West North Central

Iowa
Kansas
Minnesota
Missouri
Nebraska
North Dakota
South Dakota

Mountain West

Arizona
Colorado
Idaho
Montana
New Mexico
Nevada
Utah
Wyoming

West South Central

Arkansas
Louisiana
Oklahoma
Texas

New England

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

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