The Status of Women in Arkansas

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INSTITUTE FOR WOMEN'S POLICY RESEARCH

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.

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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.

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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.

Arkansas Advisory Committee

Janine A. Parry, *Chair*
Department of Political Science
University of Arkansas, Fayetteville

Jay Barth
Department of Politics
Hendrix College

Diane D. Blair
Department of Political Science
University of Arkansas

Angela Duran
Good Faith Fund

Richard Huddleston
Arkansas Advocates for Children and Families

Cora McHenry
Arkansas Education Association

Berta Seitz
American Association of University Women
Arkansas

Nan Snow
Stuck & Snow Resultants (Retired)

Wanda B. Stephens
Arkansas National Organization for Women

Dorothy D. Stuck
Stuck & Snow Resultants (Retired)

Magalene Harris Taylor
Department of Sociology
University of Arkansas

Brenda Thiel
League of Women Voters, Arkansas

Betsey Wright
Rogers, Arkansas

Patricia L. Youngdahl
Department of Psychiatry
University of Arkansas for Medical Sciences

Preface

It is a pleasant, and yet sobering, task to present to the citizens, policymakers, activists, and journalists of our state the Institute for Women's Policy Research's report on *The Status of Women in Arkansas*. It is a report rich in state detail and in comparable nationwide data on matters relating to the current situation—political, economic, and health-related—of the state's female population. Upon its perusal, most readers undoubtedly will become acutely aware of Arkansas' reputation for "lasts." Indeed, we do not rate well on many of the indicators IWPR has highlighted, and our letter grades are less than encouraging. The distinguished members of the advisory committee have tried, however, to supplement the material at various places with some of the more encouraging signs of women's progress in the Natural State. We also felt it important to emphasize Arkansas' regional differences and historical context to supplement IWPR's aggregate, state-by-state, and highly contemporary data.

Arkansas fails to break out of the bottom third on all but two of the key indicators measured by IWPR. On measures of educational attainment, health insurance, business ownership, poverty, annual earnings, and managerial/professional occupations, Arkansas women fare no better than 45th. In voter turnout, voter registration, institutional resources, and labor force participation statistics, they climb—at best—to 39th. Only on the indicators reflecting the relative proportion of women in elected office and women's earnings as a ratio of men's did Arkansas climb into the top half.

At the same time, there have been important improvements in the state, and there are several important ongoing efforts toward change. Several of these initiatives—including the Breast Cancer Act of 1997, the Witness Project® and the Single Parent Scholarship Fund—are highlighted briefly in the report. They should be viewed as only a small sampling of the resourcefulness and commitment to equality of many Arkansas citizens.

In addition to elaborating upon, and providing evidence of reasons for optimism in, the state's less-than-promising statistics, *The Status of Women in Arkansas* advisory committee members believed it was important that the report provide a taste of the diversity of experiences among Arkansas women, especially regionally and racially/ethnically. In recent years, Arkansas has shifted much of its agrarian economy to small manufacturing, industrial plants, and the service sector. However, it primarily has been the traditionally white, northwestern section of the state that has experienced the corresponding growth and development. In contrast, changes in agricultural practices and lessening dependence on labor-intensive operations in the eastern section of the state have brought economic hardship and high unemployment to the Mississippi River Delta, where most of the state's African American population lives. Opportunity for economic autonomy, political participation, and access to educational advancement and health care services consequently varies among the residents of the two regions. Three of the focus boxes we contributed—on unemployment, poverty, and health—are an effort to capture at least a small portion of these inequities.

Although it was outside the scope of this report, we also felt it important to note that while Arkansas today occupies the lower rungs of the ladder among states in women's rights and resources, the state has not been without organized efforts to improve its position over time. In 1917, for example, Arkansas was among the first states to grant women the right to vote (though it did so for primary elections only, leaving black women effectively disenfranchised due to the "white primary" phenomenon common in the South until 1944), and became the twelfth state to ratify the national women's suffrage amendment in 1919. Arkansas also was the first state to send a woman to the U.S. Senate (Hattie Caraway) by popular vote. Further, in an otherwise resource-poor state, it was the influence and voluntary activity of Arkansas "club women" in the early part of the 20th century, which led to the establishment of many public facilities, including most of the state's local libraries. In 1958, one of the most historically significant acts by a women's organization in Arkansas and in the nation took place with the creation of the Women's Emergency Committee to Open Our Schools. The

organization rallied women – black and white – to the cause of reopening the Little Rock public schools following the Central High School desegregation crisis in 1957, and it provided significant leadership toward that end. Finally, in the 1960s and 1970s, organizations such as the Governor's Commission on the Status of Women, the Arkansas Women's Political Caucus, and others rallied for equal pay, improved educational opportunity, an end to job discrimination, and more. Advocacy organizations attempting to improve the status of Arkansas women, and their families, continue to work for equality in the state today.

In closing, the members of the advisory committee wish to dedicate this report on the status of Arkansas women to the memory of a true champion of women's issues for many years: Diane D. Blair. Professor Blair was a mentor, teacher, activist and friend who arrived in the state just in time to help facilitate the modern women's movement here. We wish to thank her for her intelligence, insight, savvy, grace, and conscience over the years and to thank IWPR for helping us, individually and collectively, to continue her extraordinary work.

Janine A. Parry
Assistant Professor of Political Science, University of Arkansas, Fayetteville
Chair, Arkansas State Advisory Committee, *The Status of Women in Arkansas*

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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 underrepresented 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 a 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, employment 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 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 equality for women in their state.

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

About the Indicators and the Data

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

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

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

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

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

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

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

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

About IWPR

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

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

Overview of the Status of Women in Arkansas

Arkansas women continue to face serious obstacles in achieving equality with men and with attaining a standing equal to the average for women in the United States. Their problems are evident in rankings in the bottom half of all states on all of the indicators calculated by IWPR. Of the 50 states and the District of Columbia, Arkansas ranks just below the midpoint of all states at 32nd for reproductive rights. It is in the bottom third of all states at 39th for political participation and 43rd for health and well-being. And it drops to 50th in two measures of women's economic strength: economic autonomy and employment and earnings (see Chart I, Panel A).

Arkansas does not ensure equal rights for women, and the problems facing Arkansas women demand significant attention from policymakers, women's advocates and researchers concerned with women's status. As a result, in an evaluation of Arkansas women's status compared with goals set for women's ideal status, Arkansas earns grades of D+ in health and well-being, D in political participation and in reproductive rights, and F in economic

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

Indicators	National Rank*	Regional Rank*
Composite Political Participation Index	**39**	**4**
Women's Voter Registration, 1992-96	39	3
Women's Voter Turnout, 1992-96	43	3
Women in Elected Office Composite Index, 2000	20	2
Women's Institutional Resources, 2000	40	4
Composite Employment and Earnings Index	**50**	**4**
Women's Median Annual Earnings, 1997	51	4
Ratio of Women's to Men's Earnings, 1997	23	3
Women's Labor Force Participation, 1998	42	3
Women in Managerial and Professional Occupations, 1998	48	4
Composite Economic Autonomy Index	**50**	**4**
Percent with Health Insurance Among Nonelderly Women, 1997	48	3
Educational Attainment: Percent of Women with Four or More Years of College, 1990	50	4
Women's Business Ownership, 1992	45	4
Percent of Women Above the Poverty Level, 1997	46	3
Composite Reproductive Rights Index	**32**	**2**
Composite Health and Well-Being Index	**43**	**3**

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

* The national rankings are of a possible 51, referring to the 50 states and the District of Columbia except for the Political Participation indicators, which do not include the District of Columbia. The regional rankings are of a maximum of four and refer to the states in the West South Central Region (AR, LA, OK, TX).

Calculated by the Institute for Women's Policy Research.

Chart I. Panel B.
Criteria for Grading and Arkansas' Grades

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

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

autonomy and employment and earnings (see Chart I, Panel B).

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

Arkansas joins Louisiana, Oklahoma and Texas as part of the West South Central census region. Within this region, the state shares in a generally lower standard of living relative to other areas of the country. Moreover, women in the region do even worse than men do: they do not have many rights and resources crucial to achieving equality. Further, the status of women in Arkansas is generally below

average for women in its own region. Within the four states of the West South Central area, Arkansas ranks second in reproductive rights, third in health and well-being, but fourth in every other broad issue area (political participation, employment and earnings, and economic autonomy).

Arkansas is a medium-sized state and is home to over 1.3 million women. Women in Arkansas have a lower labor force participation rate than women in other states, although Arkansas women with young children work at rates above those for women with young children in the nation as a whole. Arkansas' women are less racially and ethnically diverse than women nationally, with fewer immigrants, Hispanics, Asian Americans, and Native Americans than the country as a whole. Still, a substantially higher proportion of the state's population is made up of African American women than in the nation as a whole (16.4 compared with 12.8 percent). In addition, a much higher proportion of women in Arkansas live in rural areas (see Appendix I for further details).

Arkansas' consistently low rankings on most of the indicators calculated by IWPR illustrate the potential interaction among some of the indicators presented in this report. Lower levels of educational attainment, for example, can contribute to lower earnings and more female poverty. Low levels of access to health insurance can contribute to relatively poor physical and mental health and well-being. While the same problems do not always affect the same women, in many cases they reinforce one another.

Finally, women across Arkansas do not all share the same life experiences. While this report relies primarily on aggregate data for the state, data which are comparable with that available for other states, it does not seek to deny important differences among Arkansas women. Recognizing these differences is important both to understanding the limitations of the aggregate data presented here and to developing policies that can benefit all of Arkansas' women.

Political Participation

Women in Arkansas register and vote at rates lower than women in the rest of the country, and they lack both adequate political representation in elected office and institutional resources such as a commission for women. Only one of the state's six-member congressional delegation and less than 15 percent of the state legislature are women. Consequently, the state ranks 39th and receives a grade of D on the political participation composite index. More active voter participation and greater political representation in both the legislative and executive branches could benefit women overall, by encouraging the adoption of more women-friendly policies, which in turn could enhance women's status in other areas.

Employment and Earnings

Women in Arkansas participate in the workforce less often, earn wages much lower, and work as managers or professionals much less often than women in the nation as a whole. Their earnings in relation to Arkansas men's are around average for the country—primarily, however, because men's earnings are also relatively low in the state. These factors combine to place Arkansas 50th in the nation on the employment and earnings composite index. The state also receives a grade of F. Further, more than 74 percent of Arkansas women with children under 18 are working. Arkansas' parents increasingly need adequate and affordable child care, a policy demand not yet adequately addressed in Arkansas or in the United States as a whole. In an economic era when all able or available parents generally must work for pay to support their children, public policies lag far behind reality.

Economic Autonomy

Ranking 50th in economic autonomy, Arkansas' women face serious obstacles in this category as well. Far fewer businesses than average are owned by women in Arkansas, and women in the state are much less likely to have a college education than

women in the nation as a whole. In addition, more than 24 percent of Arkansas women lack health insurance, and nearly 17 percent live below the poverty line. Women in these circumstances lack many of the basic necessities of life. Arkansas' problems in guaranteeing women's economic autonomy are reflected in the state's grade of F.

Reproductive Rights

Arkansas women lack many of the reproductive rights and resources identified as important, and as a result the state ranks 32nd of 51 and receives a grade of D on this composite index. State policies restrict access to abortion by mandating parental notification, and poor women can receive public funding for abortion only under federally mandated, limited circumstances. Moreover for many women, especially those in rural areas, abortion is virtually inaccessible: only 22 percent of Arkansas women live in counties that have abortion providers, and less than 3 percent of counties have abortion providers. Finally, women in Arkansas are not legally guaranteed that their health insurers will provide coverage for contraception, and lesbians do not have a judicially clarified right to adopt their partners' children.

Health and Well-Being

Women in Arkansas experience many obstacles to good health and well-being compared with women in other states. Arkansas ranks 43rd of all the states on this indicator and receives a grade of D+. Although Arkansas women have lower breast cancer mortality rates and lower chlamydia and AIDS incidence than women in most of the country, they are more likely to be diagnosed with diabetes, to die from heart disease and lung cancer, to have poor mental health, and to have limitations on their physical activity because of health issues. Women's relatively poor health status is probably related to their lower rates of access to preventive services, which may in turn be affected by inadequate insurance mandates in the state.

Conclusion

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

Women's Resources and Rights Checklist

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

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

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

Violence Against Women

While Arkansas has implemented a few of the provisions and policies identified in this report that can help curtail violence and protect victims, it lacks others. The state has adopted domestic battery laws that supplement assault statutes. 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. On the other hand, Arkansas has not adopted a law requiring domestic violence training among new police recruits to ensure that police are aware of state laws, the prevalence and significance of domestic violence, and the resources available to victims (Miller, 1999a). Thirty-one states and the District of Columbia require domestic violence training by statute.

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

Chart II.
Women's Resources and Rights Checklist

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Violence Against Women				
Is domestic violence a separate criminal offense in Arkansas?	✓			30
Does Arkansas law require domestic violence training of new police recruits?		✓		32
Domestic violence and sexual assault spending per person:			$0.28	$1.34
Is a first stalking offense a felony in Arkansas?	✓			10
Does Arkansas law require sexual assault training for police and prosecutors?		✓		10
Child Support				
Percent of single-mother households receiving child support or alimony:			35%	34%
Percent of child support cases with orders for collection in which support was collected:			42.5%	39.2%
Welfare Policies				
Does Arkansas extend TANF benefits to children born or conceived while a mother is on welfare?		✓		27
Does Arkansas allow receipt of TANF benefits up to or beyond the 60-month federal time limit?		✓	24-month limit	30
Does Arkansas allow welfare recipients at least 24 months before requiring participation in work activities?[1]		✓		23
Does Arkansas provide transitional child care under TANF for more than 12 months?	✓		36 months	33
Has Arkansas' TANF plan been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence?	✓		Certified	40
In determining welfare eligibility, does Arkansas disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job?	✓			25
Average TANF benefit in Arkansas, 1997-98:			$166.68	$358.08
Employment/Unemployment Benefits				
Is Arkansas' minimum wage higher than the federal level as of March 2000?		✓		11
Does Arkansas have mandatory temporary disability insurance?		✓		5
Does Arkansas provide Unemployment Insurance benefits to:				
Low-wage workers?			Sometimes	12
Workers seeking part-time jobs?		✓		9
Workers who leave their jobs for certain circumstances ("good cause quits")?	✓			23
As of July 2000, has Arkansas proposed policies allowing workers to use Unemployment Insurance for paid family leave?		✓		0 Enacted; 13 Proposed
Has Arkansas implemented adjustments to achieve pay equity in its state civil service?		✓		20

Chart II continued

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Sexual Orientation and Gender Identity				
Does Arkansas have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity?		✓		19
Does Arkansas have a Hate Crimes law covering sexual orientation?		✓		24
Has Arkansas avoided adopting a ban on same-sex marriage?		✓		20
Reproductive Rights				
Does Arkansas allow access to abortion services:				
Without mandatory parental consent or notification?		✓		9
Without a waiting period?	✓			33
Does Arkansas provide public funding for abortions under any or most circumstances if a woman is eligible?		✓		15
Does Arkansas require health insurers to provide comprehensive coverage for contraceptives?		✓		11
Does Arkansas require health insurers to provide coverage of infertility treatments?	✓			10
Does Arkansas allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?[2]			No case has been tried	21
Does Arkansas require schools to provide sex education?		✓		18
Institutional Resources				
Does Arkansas have a Commission for Women?		✓		39
Total Policies[3]	**8**	**18**		**28 possible**

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

[1] Arkansas imposes immediate work requirements.

[2] Most states that allow such adoptions do so as the result of court decisions. In Arkansas, no case has yet been tried.

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

Compiled by the Institute for Women's Policy Research.

of the stalking in determining probable cause (U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998). In Arkansas, stalking is always a felony. In addition, ten states have adopted laws requiring training on sexual assault for police and prosecutors. Arkansas is not one of those states.

In fiscal year 1994-95, Arkansas administered only $0.28 for domestic violence and sexual assault programs per person in the state, substantially below the U.S. average of $1.34. In addition, the federal government provided all funding for domestic violence and sexual assault programs in Arkansas, with no state contributions. Of the funds, 85 percent were spent on domestic violence programs and 15 percent on sexual assault programs. Investing in programs to decrease the prevalence of domestic battery and sexual assault, as well as to provide services to victims, is important to reducing both types of crimes and to helping victims rebuild their lives.

Child Support

Many women-headed households experience low wages and poverty, and child support or alimony is one way to supplement their depressed incomes. In the United States, approximately 34 percent of female-headed households receive some level of child support or alimony. In Arkansas, 35 percent receive such support, a proportion just above the national average.

According to the U.S. Department of Health and Human Services Office of Child Support Enforcement, 55 percent of all child support cases that go to trial are granted a support order by a judge. However, child support is collected in only 39.2 percent of cases with orders (or about 22 percent of all child support cases). The enforcement efforts made by state and local agencies can affect the extent of collections (Gershenzon, 1993). Of all child support cases with orders for collection in Arkansas, child support was collected in 42.5 percent. This proportion is above the average, 39.2 percent, for the United States as a whole. IWPR research shows that child support can make a substantial difference in low-income families' lives by lifting many out of poverty. Among 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. Where AFDC provided minimal guaranteed income support for all eligible families (most frequently those headed by low-income single mothers), TANF benefits are restricted to a five-year lifetime limit and are contingent on work participation after 24 months. TANF funds are distributed to states in the form of block grants, and states are free to devise their own eligibility rules, participation requirements and sanction policies within the federal restrictions.

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

Under a "Family Cap," Arkansas does 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 for additional children. Twenty-six states and the District of Columbia do not have any kind of Family Cap (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c).

Arkansas' time limits on receiving TANF are also much more stringent than required by federal regulations. In Arkansas, recipients are limited to 24 months, while the average for all states is just over 46 months. Twenty-seven states and the District of Columbia have a time limit of 60 months (the maximum allowed under federal law). Nineteen other states report lifetime time limits of less than 60 months. Four states have no lifetime limits for individuals complying with TANF requirements. Of these four, two supplement federal funds with state monies, and two have other kinds of restrictions on receipt after 24 months (U.S. Department of Health and Human Services, Administration for Children and Families, 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, including Arkansas, have elected to do so. In 20 states, including Arkansas, 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). Arkansas' requirement that welfare recipients begin work immediately makes it difficult for welfare recipients to upgrade their skills through education and training. The state's failure to invest in women's capacity to support themselves may doom them to a lifetime of low earnings.

PRWORA also replaced former child care entitlements with the Child Care and Development Fund, which consolidated funding streams for child care and provided new child care funds to states. This new system requires that states use no less than 70 percent of the new funds to provide child care assistance to several types of families: those receiving TANF, those transitioning away from welfare through work activities, and those at risk of becoming dependent on TANF (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). In addition to these funds, many states use TANF funds or additional state funds to provide child care services. States also have substantial discretion over designing their child care programs, including how long they provide child care services to families. Currently, while all of the states provide a minimum of twelve months of child care to families transitioning away from welfare, 33 states, including Arkansas, extend child care beyond twelve months. Arkansas provides child care services to families for 36 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.

As of August 1999, 27 states and the District of Columbia were recognized by the U.S. Department of Health and Human Services, Administration for Children and Families, as having adopted the Family Violence Option, which allows victims of violence to be exempted from work requirements, lifetime time limits, or both as part of state TANF plans (U.S. Department of Health and Human Services, 1999c). Another 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. Arkansas is certified under the Family Violence Option.

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 the earnings of a full-time, minimum-wage worker. Arkansas has a relatively generous policy on how it treats earnings in determining TANF eligibility. The state disregards at least 50 percent of earnings when a person is working in a full-time minimum wage job (see Appendix III for details). Generous earnings disregards can help ease the transition away from welfare for women and their families as they strive for self-sufficiency.

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. In Arkansas, the average monthly benefit was $166.68, less than half the national average (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 (Schumacher 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. Arkansas lacks many employment policies that would be supportive of women workers.

The minimum wage is particularly important to women because they constitute the majority of low-wage workers. Recent research by IWPR and EPI 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. Six 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 27 states had state minimum wages equal to the federal level. In Arkansas, the minimum wage is the same as the federal minimum wage (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 through TDI (Hartmann, Yoon, Spalter-Roth and Shaw, 1995). Arkansas does not require mandatory TDI. 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. 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). States typically set eligibility standards for UI and can enact policies that are more or less inclusive and more or less generous to claimants. In Arkansas, UI polices are relatively harmful to women. Earnings requirements are sufficiently high that low-wage workers often do not receive benefits. In addition, policies do not 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 part-time workers disproportionately harms women. In contrast, Arkansas' policy does allow women 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.

Finally, Arkansas has not considered legislation that would allow women to use UI to provide benefits

during work absences covered under the Family and Medical Leave Act. While women currently cannot do so in any state, 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 this use of UI.

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. By 1997, 20 states had implemented programs to raise the wages of workers in female-dominated jobs in their state employment systems (National Committee on Pay Equity, 1997). A study by IWPR found that for states that implemented pay equity remedies, the remedies improved female/male wage ratios (Hartmann and Aaronson, 1994). Arkansas has not implemented policies within its state employment system to achieve pay equity.

Sexual Orientation and Gender Identity

Arkansas lacks polices that would 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. Arkansas has not adopted such a law. 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. Arkansas has not passed a hate crime bill at all (including one that applies to sexual minorities). Arkansas has also specifically prohibited same-sex marriage. Thirty-one 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

While indicators concerning reproductive rights are covered in more detail later in the report, they also represent crucial components to any list of desirable policies for women. Overall, in Arkansas, women have relatively low levels of access to abortion, contraception, and other family planning resources and lack clearly defined rights of lesbians to adopt their partner's children. Without adequate access, women have limited resources for making careful, informed, and independent decisions about childbearing, which can in turn have a significant impact on their lives and well-being and the lives and well-being of their children.

Institutional Resources

Finally, since Arkansas women do not have a state commission for women, they lack one form of representation that might help create policies that will advance their concerns (see the section on political participation for more details). A total of 39 states currently have state-level commissions for women.

Conclusion

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

Political Participation

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

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

Political participation allows women to demand that policymakers address these and other priorities. Voting is one way for them to express their concerns. Women's representation in political office also gives them a more prominent voice. In fact, regardless of party affiliation, female officeholders are more likely than male ones to support women's agendas (Center for American Women and Politics [CAWP], 1991). In addition, legislatures with larger proportions of female elected officials tend to address women's issues more often and more seriously than those with fewer female representatives (Dodson, 1991; Thomas, 1994). Finally, representation through institutions such as

Chart III.
Political Participation: National and Regional Ranks

Indicators	National Rank* (of 50)	Regional Rank* (of 4)	Grade
Composite Political Participation Index	**39**	**4**	**D**
Women's Voter Registration (percent of women 18 and older who reported being registered to vote in 1992 and 1996)[a]	39	3	
Women's Voter Turnout (percent of women 18 and older who reported voting in 1992 and 1996)[a]	43	3	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2000)[b, c, d]	20	2	
Women's Institutional Resources (number of institutional resources for women in Arkansas, 2000)[e, f]	40	4	

See Appendix II for methodology.

* The national rank is of a possible 50, because the District of Columbia is not included in this ranking. The regional rankings are of a maximum of four and refer to the states in the West South Central Region (AR, LA, OK, TX).

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

Calculated by the Institute for Women's Policy Research.

women's commissions or women's legislative caucuses can both provide ongoing channels for expressing women's concerns and make policymakers more accessible to women, especially when those institutions work closely with women's organizations (Stetson and Mazur, 1995).

Overall, women in Arkansas fare relatively poorly when compared with women in the United States as a whole (see Chart III). At 39th, the state ranks in the bottom fourth among all states on the political participation composite index, with most of its individual rankings clustered around 40th. Nevertheless, political participation is Arkansas' second highest area (its best ranking is in reproductive rights), and Arkansas ranks above the midpoint on women in elected office, at 20th, in part because of its woman senator, Blanche Lincoln, elected in November 1998. However, Arkansas is in the bottom quartile on women's voter registration (39th), women's institutional resources (40th) and women's voter turnout (43rd).

Within the states in the West South Central region, Arkansas ranks fourth on the political participation composite index. It is third of four for women's voter registration and voter turnout, second for women in elected office, and fourth for women's institutional resources.

Arkansas' grade of D for political participation represents women's muted voice in the state's political process. Women register to vote and vote at relatively low rates, and they have few institutional resources available to them. Additionally, in no state do women hold a proportionate number of elected offices, and in Arkansas, despite the state's higher rank for women in elected office, few state and national elected officials are women. Less than 15 percent of the state legislature is made up of women, for example. Women throughout the country and in Arkansas need better representation within the political process.

Voter Registration and Turnout

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

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

	Arkansas		United States	
	Percent	Number	Percent	Number
1996 Voter Registration*[a]				
Women	64.8	630,000	67.3	67,989,000
Men	64.0	557,000	64.4	59,672,000
1992 Voter Registration*[b]				
Women	67.3	622,000	69.3	67,324,000
Men	65.7	539,000	66.9	59,254,000
Number of Unregistered Women Eligible to Vote, 1996[c]	N/A	226,000	N/A	23,775,000
Percent and Number of Public Assistance Recipients Registered under the National Voter Registration Act, 1996[c]	N/A**	N/A**	14.1	1,312,000

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

** At the time these data were reported, Arkansas was allowed extra time to comply with the National Voter Registration Act.

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

Compiled by the Institute for Women's Policy Research.

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). African American and other minority women, however, were denied the right to vote in Arkansas and many other parts of the South until the Voting Rights Act of 1965 was passed. But even after women of all races were able to exercise their right to vote, many candidates and political observers did not take women voters seriously. Instead, they assumed women would either ignore politics or simply vote like their fathers or husbands (Carroll and Zerrilli, 1993).

Neither prediction came true. Women now register and vote slightly more often than men. By 1996, almost 68 million women, or 67.3 percent of those eligible, reported being registered to vote, compared with nearly 60 million or 64.4 percent of eligible men (see Table 1). Arkansas' voter registration rates are lower for both men and women than national rates, with women's rates more than two percentage points lower than nationally. Women in Arkansas are still more likely to register to vote than men, as 64.8 percent of women reported being registered to vote in the November 1996 elections, while 64.0 percent of men did; nationally, the gender difference in registration was nearly three percentage points. Arkansas ranks 39th in the nation and third regionally for women's voter registration in 1992 and 1996 combined.

Women voters have constituted a majority of U.S. voters since 1964. In 1996, 53 percent of voters were women while in 1992, 56 percent were. Arkansas has much lower voter turnout than the nation as a whole and a much smaller gender difference than exists nationwide, though women in Arkansas do vote at slightly higher rates than men. In 1992, 58.4 percent of Arkansas women reported voting, and 51.7 percent reported voting in 1996, well below the national rates of 62.3 percent in 1992 and 55.5 percent in 1996 (see Table 2). As a result, Arkansas ranks 43rd among all the states and third in the West South Central region for women's voter turnout in the 1992 and 1996 elections combined. Notably, voter turnout dropped substantially for both sexes in the nation as a whole between 1992 and 1996. Although Arkansas women's turnout fell substantially in 1996, it remained slightly higher than the rate for men in Arkansas. Overall, compared with other Western democracies, voter turnout is relatively low for both sexes in the United States.

Minority men and women in the United States generally vote at lower rates than white men and women. In 1996, 54.8 percent of white men and 57.2 percent of white women voted, compared with 46.6 percent of African American men, 53.9 percent of African American women, 24.2 percent of Hispanic men, and 29.3 percent of Hispanic women. Separate data for minority men and women are not available at the state level. However, in Arkansas, 52.1 percent of all whites and 50.6 percent of all African Americans voted in 1996 (data for

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

	Arkansas		United States	
	Percent	Number	Percent	Number
1996 Voter Turnout*[a]				
Women	51.7	502,000	55.5	56,108,000
Men	51.3	447,000	52.8	48,909,000
1992 Voter Turnout*[b]				
Women	58.4	540,000	62.3	60,554,000
Men	57.6	472,000	60.2	53,312,000

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

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

Compiled by the Institute for Women's Policy Research.

Hispanics in Arkansas are not available; data not shown; 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.

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

	Arkansas	United States
Number of Women in Statewide Executive Elected Office[a, b]	2	91
Women of Color[c]	0	6
Number of Women in the U.S. Congress		
U.S. Senate[d]	1 of 2	9 of 100
Women of Color[c]	0	0
U.S. House[e]	0 of 4	56 of 435
Women of Color[c]	0	20
Number of Women Running for the U.S. Congress, 1998*[f, g]		
U.S. Senate	1 of 2	10 of 79
U.S. House	1 of 6	121 of 779
Percent of State Legislators Who Are Women[h]	14.8%	22.4%
Percent of Women in Appointed Office[i]	25.0%	29.8%

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

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

Compiled by the Institute for Women's Policy Research.

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

Effective as of January 1995, the National Voter Registration Act (NVRA) required states to allow citizens to register to vote when receiving or renewing a driver's license or applying for AFDC, Food Stamps, Medicaid, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and disability services. Under the new welfare system, applicants for TANF and related programs continue to have the opportunity to register to vote when seeking welfare benefits. By 1996, the NVRA successfully enrolled or updated voting addresses for over eleven million people, including 1.3 million through public assistance agencies (see Table 1). As of 1996, 14.1 percent of eligible public assistance recipients nationwide were registered to vote through public assistance offices. Comparable data were not available for Arkansas. However, in 1998, 4.4 percent of new registrants in Arkansas registered through public assistance agencies, while 22 percent registered through driver services, 5.9 percent through recruitment drives and 42.6 percent through county clerk walk-ins. The remaining 25 percent registered through a combination of sources (data not shown; Arkansas Secretary of State, Elections Division, 1998). Despite these changes, nearly 24 million eligible women remain unregistered in the United States, and about 226,000 of them live in Arkansas.

Elected Officials

Although women constitute a minority of elected officials at both the national and state levels, their

Focus on Term Limits in Arkansas: What Impact for Women?

In the last 10 years, nearly half the states have adopted some form of limitation on the number of terms elected officials may serve. Advocates of term limits argue that "entrenched incumbency" has been a threat to democratic governance and that turnover in elective office should thus be mandated by law. This argument has been especially compelling for many activists concerned about the relatively low presence of women and ethnic minorities in public office, who could potentially benefit from the new openings in elected office that term limits would provide.

An Arkansas term limits law, Amendment 73 to the state's constitution, was approved by the state's citizenry in 1992. The measure affects both the legislative and executive branches of government. Members of the state House of Representatives are limited to three two-year terms, and members of the state Senate, as well as all seven of the statewide elected executives—including the governor—are limited to two four-year terms. Like the acts passed by many other states, Arkansas' legislation also stipulates that members of Congress shall be limited to a certain number of terms. That provision was declared unconstitutional, however, by the national Supreme Court in the case *U.S. v. Thornton* (1995).

At the state level, term limits impacted the first wave of officials in 1998, and the effect was dramatic. For the 1999 legislative session, 57 of the 100 members of the state House of Representatives were freshman (49 incumbents were forced out of the 1998 election). By way of comparison, during the previous session just 19 members of the body had been new. (Term limits do not take effect in the 35-member state Senate until 2001.) But who were these new members? Were they indeed more diverse, as projected by many term limits proponents?

In some ways, the Arkansas legislature did become more diverse with the first stage in the implementation of term limits. Most noticeably, Republicans increased their numbers dramatically, jumping from just 14 in 1997 to 24 in 1999. In terms of sex and ethnicity, however, the results were less clear. The number of members from the state's largest minority population—African Americans—grew slightly, from 13 to 15, or 11 percent of the 135-member institution. But among women, term limits had the early effect of actually moving the state backwards. Specifically, the policy swept out the few long-time women members as indiscriminately as it did the men. Among the more prominent to depart were Representative Carolyn Pollan (R-Fort

Smith), a 24-year veteran; Representative Charlotte Schexnayder (D-Dumas), a 14-year veteran; and Representative Myra Jones (D-Little Rock), a 12-year veteran. Of the six additional women of somewhat shorter tenure also impacted by term limits, five were African American (all five were replaced by the election of African American males): Dee Bennett, Irma Hunter Brown, Jackie Roberts, Judy Smith, and Josetta Wilkins, all Democrats and from central or south Arkansas. Marian Ingram (D-Warren) was the tenth female member to be removed from the House by term limits.

As a result, the 1999 legislative session in Arkansas saw just 14.8 percent of the seats held by women (20 in the House and none in the Senate), compared with 17 percent (22 in the House and one in the Senate) in 1997. A true assessment of the effect of term limits, however, should include several election cycles. Scholars and advocates alike will be watching future election outcomes very closely to determine whether the policy impedes or advances more representative governance.

presence has grown steadily over the years. As more women hold office, women's issues are also becoming more prominent in legislative agendas (Thomas, 1994). Nine women served in the 1999-2000 U.S. Senate (106th Congress). Women also filled 56 of the 435 seats in the 106th U.S. House of Representatives (not including Eleanor Holmes Norton, the nonvoting delegate from the District of Columbia, and Donna Christian-Green, the nonvoting delegate from the Virgin Islands). Women of color filled only 20 House seats and no Senate seats, and only one openly lesbian woman served in Congress. A woman from Arkansas, Blanche Lincoln, filled one seat in the U.S. Senate, but no woman represented the state in the U.S. House. Although quite low, this rate is just above the national average. No woman of color filled any of Arkansas' seats in Congress (see Table 3).

At the state level, women held two elected executive offices in Arkansas: secretary of state and state treasurer. No women of color served in statewide elected office. The proportion of women in the state legislature is extremely low, as women make up merely 14.8 percent of the legislature, compared with a 22.4 percent average for the nation as a whole. Moreover, no women currently serve in the Arkansas State Senate (CAWP, 1999; for more detail see Focus on Term Limits in Arkansas: What Impact for Women?). Finally, as of October 1999, women constituted 25.0 percent of top-level public appointees with policymaking responsibilities appointed by the current governor in Arkansas. The national average is 29.8 percent.

Based on its proportion of women in elected office, Arkansas ranks 20th in the nation and second in the West South Central region for women as elected officials. This ranking represents one of the state's top rankings.

Research on women as political candidates suggests that they generally win elected office at similar rates to men, but far fewer women run for office (National Women's Political Caucus, 1994). In 1998, 121 women out of 779 total candidates (15.5 percent) ran for office in the U.S. House of Representatives, while ten women of 79 total candidates (12.7 percent) ran for office in the U.S. Senate. In Arkansas, there was only one woman candidate among all the candidates for the state's four seats in the House in the 1998 general elections, and one woman also ran for the state's available Senate seat (CAWP, 1999b; FEC 1998a, 1998b). Arkansas' overall percentage of women candidates in the 1998 congressional election was 25.0 percent (2 of 8),

substantially higher than the national average.

Table 4.
Institutional Resources for Women in Arkansas

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

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

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

Institutional Resources

Women's institutional resources can play an important role in providing information about women's issues and attracting the attention of policymakers and the public to women's political concerns. They can also serve as an access point for women and women's groups to express their interests to public officials. Thus such institutions can ensure that women's issues remain on the political agenda. Arkansas has a formal women's caucus in the state House of Representatives but, because Arkansas lacks any female state senators, there is no women's caucus in the Senate. The state also does not have a state-level commission for women. Although a women's commission was recreated by the legislature in 1997, conflict among its membership caused the commission to disband itself in 1999 (Parry, 1998; see Table 4). In the country as a whole, 39 states have state-level commissions for women and 34 have women's caucuses. Fifteen states have both a commission for women and caucuses in each house of the state legislature.

Employment and Earnings

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

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

Women in Arkansas ranked 50th in the nation and fourth of the four states in the West South Central region on the earnings and employment composite index (see Chart IV). The state ranked 51st, last in the nation, on women's median annual earnings. In contrast, Arkansas ranks near the middle of the states on the ratio of women's to men's earnings. These two statistics reflect the state's very low

Chart IV.
Employment and Earnings: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 4)	Grade
Composite Employment and Earnings Index	**50**	**4**	**F**
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 1997)[a]	51	4	
Ratio of Women's to Men's Earnings (median annual earnings of full-time, year-round women and men workers aged 16 and older, 1997)[a]	23	3	
Women's Labor Force Participation (percent of all women, aged 16 and older, in the civilian non-institutional population who are either employed or looking for work, 1998)[b]	42	3	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1998)[b]	48	4	

See Appendix II for methodology.

* The national rank is out of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of four and refer to the states in the West South Central Region (AR, LA, OK, TX).

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

overall earnings for both men and women. Women in Arkansas rank 42nd in labor force participation and 48th in the percent of women working in managerial and professional occupations. Within its region, Arkansas ranked third or fourth on each of the component indicators.

Women in Arkansas clearly do not have sufficient access to economic resources in the state. Like women in most states, they lag significantly behind men in their wages and labor force participation, and they lag behind women in most other states on the indicators included here. As a result, Arkansas received an F on the employment and earnings index.

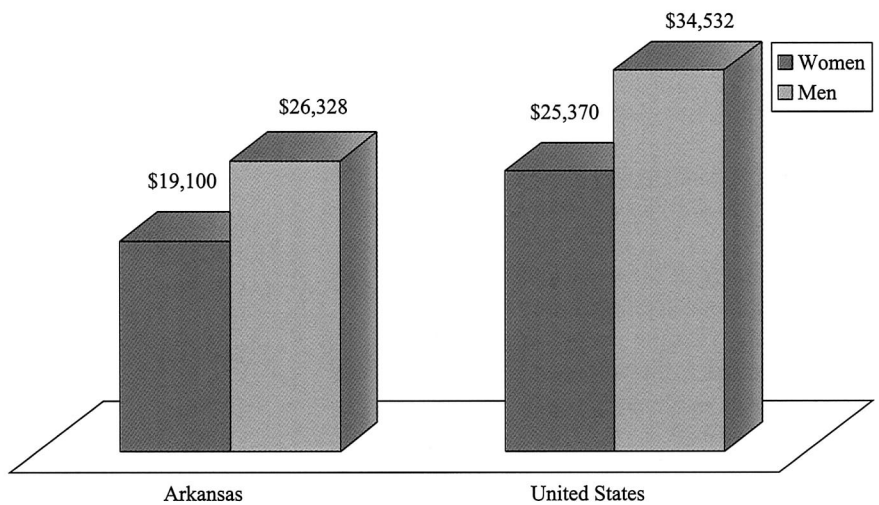
Women's Earnings

Arkansas women working full-time, year-round have significantly lower median annual earnings than women in the United States as a whole ($19,100 and $25,370, respectively; see Figure 1). Similarly, median annual earnings for men in Arkansas are substantially lower than for the United States as a whole ($26,328 and $34,532, respectively). The median annual earnings for women in Arkansas rank fourth in the West South Central region and 51st in the nation. Across the United States, women in the District of Columbia rank the highest with earnings of $30,495.

Between 1989 and 1997, women in Arkansas saw their median annual earnings increase by 3.6 percent in real terms, a rate of growth that within the West South Central region was behind both Louisiana and Oklahoma (where women's earnings rose 6.6 percent and 6.1 percent, respectively) and ahead of Texas, where women's earnings fell 1.4 percent (data not shown; all growth rates are calculated for earnings that have been adjusted to remove the effects of inflation; EPI, 2000; IWPR 1995a).

Unfortunately, the data set used to estimate state-level women's earnings does not provide enough cases to reliably estimate earnings separately for women of different races and ethnicities. National data show, however, that in 1997 the median annual earnings of African American women were $22,378 and those of Hispanic women were $19,269, substantially below that of non-Hispanic white women, who earned $26,319. The earnings of Asian American women were the highest of all groups at $28,214 (median earnings of full-time, year-round women workers aged 15 years and older; U.S. Department of Commerce, Bureau of the Census, 1999c; 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

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



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

(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 Wage Gap

The Wage Gap and Women's Relative Earnings

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

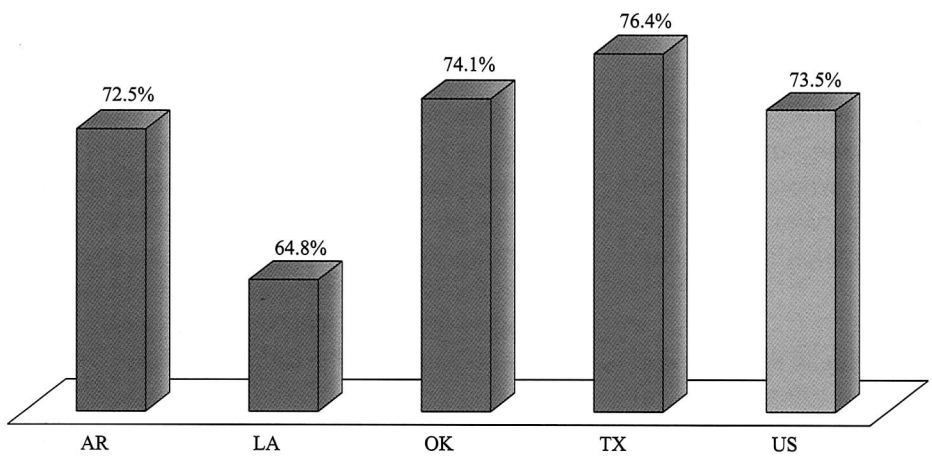
In Arkansas, women earned about 72.5 percent of what men earned in 1997. Therefore, Arkansas women experience similar earnings equality with men as women do nationally (see Figure 2). As a result, Arkansas ranks near the middle, 23rd in the nation, for the ratio of women's to men's earnings for full-time, year-round work. Across the United States, women experience the highest earnings ratio in the District of Columbia at 85.7 percent. Compared with the other states in the West South Central region, Arkansas ranks third. Texas ranks first with a 76.4 percent wage ratio, and Louisiana ranks fourth with a 64.8 percent wage ratio. Unfortunately, despite its rank near the median of all states, the wage gap remains large in Arkansas, as it does everywhere in the United States.

Narrowing the Wage Gap

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

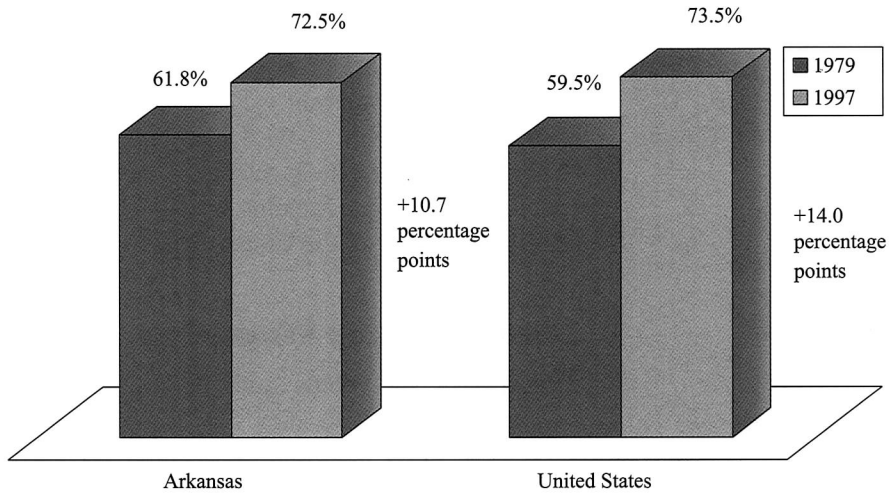
One factor that probably also helped to narrow the earnings gap between women

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



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

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



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

and men is unionization. Women have increased their share of union membership, and being unionized tends to raise women's wages relatively more than men's. Recent research by IWPR found that union membership raises women's weekly wages by 38.2 percent and men's by 26.0 percent (data not shown; Hartmann, Allen and Owens, 1999). In Arkansas, the wages of all unionized women were 43.4 percent higher than those of nonunionized women. 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 earned 38.6 percent more than nonunionized ones (Hartmann, Allen and Owens, 1999).

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

Arkansas fell behind the United States as a whole in increasing women's annual earnings relative to men's between 1979 and 1997 (see Figure 3). In Arkansas, the annual earnings ratio increased by only 10.7 percentage points, compared with an increase of 14.0 percentage points in the United States.

Weekly earnings data provide an interesting comparison to annual earnings figures. Unlike annual earnings data, the weekly data released by the Bureau of Labor Statistics (BLS) do not include earnings from self-employed workers, approximately 6 percent of the labor force. Thus, because they are more complete, the annual earnings statistics are used in IWPR's employment and earnings composite indicator. In 1997, women in Arkansas earned 74.9 percent of men's weekly earnings for full-time work. This ratio indicates that Arkansas ranks near the national median (23rd in the nation) in this ratio of female-male median weekly earnings, exactly the same as its ranking based on annual earnings. According to the weekly data series, of the entire nation, the District of Columbia ranked first in the ratio of women's to men's weekly earnings at 97.1 percent (Council of Economic Advisors, 1998).

Earnings and Earnings Ratios by Educational Levels

Between 1979 and 1997, women with higher levels of education in both Arkansas and the United States

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

	Women's Median Annual Earnings 1997[a]	Percent Change in Real Earnings 1979[b] and 1997[a]	Female/Male Earnings Ratio, 1997[a]	Percent Change in Earnings Ratio, 1979[b] and 1997[a]
Educational Attainment				
Less than 12th Grade	$13,357	-15.1	67.0%	-4.2
High School Only	$16,161	-10.1	66.9%	+3.7
Some College	$20,354	+0.7	76.8%	+24.7
College	$25,483	+7.6	68.7%	+17.3
College Plus	$38,712	+27.7	76.1%	+1.4

For women and men working full-time year-round.
Source: [a] Economic Policy Institute, 2000; [b] IWPR, 1995a.
Calculated by the Institute for Women's Policy Research.

saw their median annual earnings increase more than women with lower levels of educational attainment. As Table 5 shows, Arkansas experienced increases that ranged from 0.7 percent (in constant dollars) for women with some college to 27.7 percent for those with education beyond a college degree, while women who had not completed high school experienced an earnings decrease of 15.1 percent, and women with no education beyond high school saw their earnings fall by 10.1 percent.

In contrast, women's relative earnings (as measured by the female/male earnings ratio) increased for all groups with at least a high school diploma, but decreased by 4.2 percent for women with the lowest educational attainment (less than high school completion). Women with some college or a college degree experienced a significant narrowing of the wage ratio (24.7 percent and 17.3 percent, respectively), while those with more than a college degree saw only a 1.4 percent narrowing of the earnings gap, indicating that men with postgraduate training also did well in the labor market, increasing their earnings substantially.

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

In Arkansas, the Arkansas Single Parent Scholarship Fund can be a valuable resource to single parents seeking to advance their skills and earning power. This fund, a privately sponsored program for low-income parents, is available in 51 of the state's 75 counties and provides small, supplemental financial support for education and training (Arkansas Single Parent Scholarship Fund, 2000). At the same time, Arkansas' TANF plan requires that welfare recipients begin work activities immediately upon being determined eligible for benefits, a provision that discourages training and education.

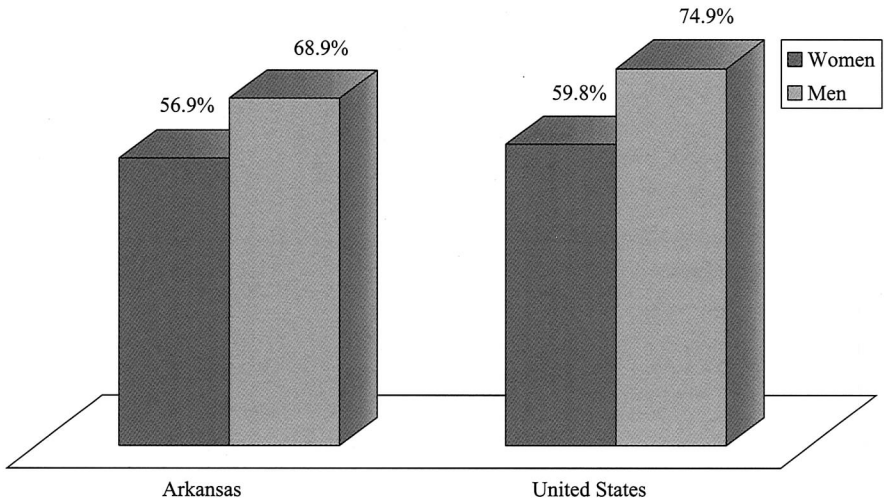
Labor Force Participation

One of the most notable changes in the U.S. economy over the past four decades has been the rapid rise in women's participation in the labor force. Between 1965 and 1998, women's labor force participation increased from 39 to 60 percent (these data reflect the proportion of the civilian noninstitutional population aged 16 and older who are employed or

looking for work; U.S. Department of Labor, Bureau of Labor Statistics, 1999c). Women now make up nearly half of the U.S. labor force at 46.2 percent of all workers (full-time and part-time combined). According to projections by BLS, women's share of the labor force will continue to increase, growing from 46 to 48 percent between 1998 and 2008 (U.S. Department of Labor, Bureau of Labor Statistics, 1999a).

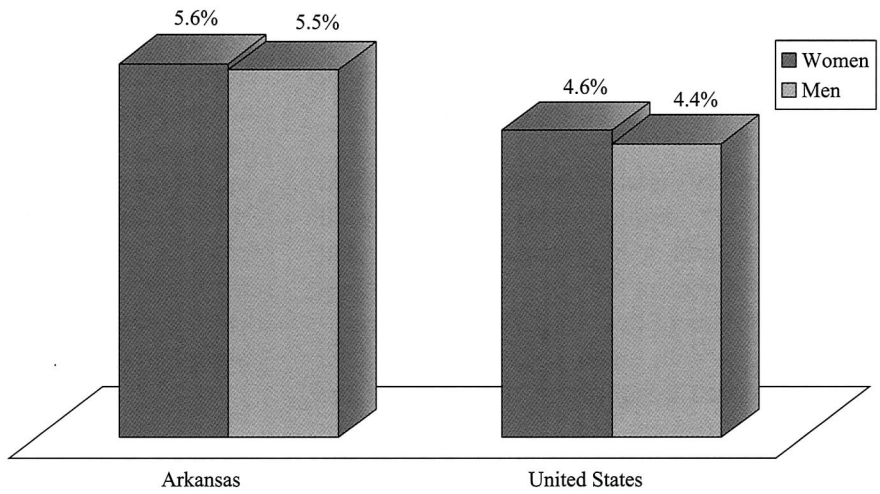
In 1998, 56.9 percent of women in Arkansas were in the labor force, well below the 59.8 percent rate for women nationally, earning Arkansas the rank of 42nd in the nation. Men's labor force participation rate in Arkansas was also much lower than the rate for men in the United States as a whole (see Figure 4).

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



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

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



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

Unemployment and Personal Income Per Capita

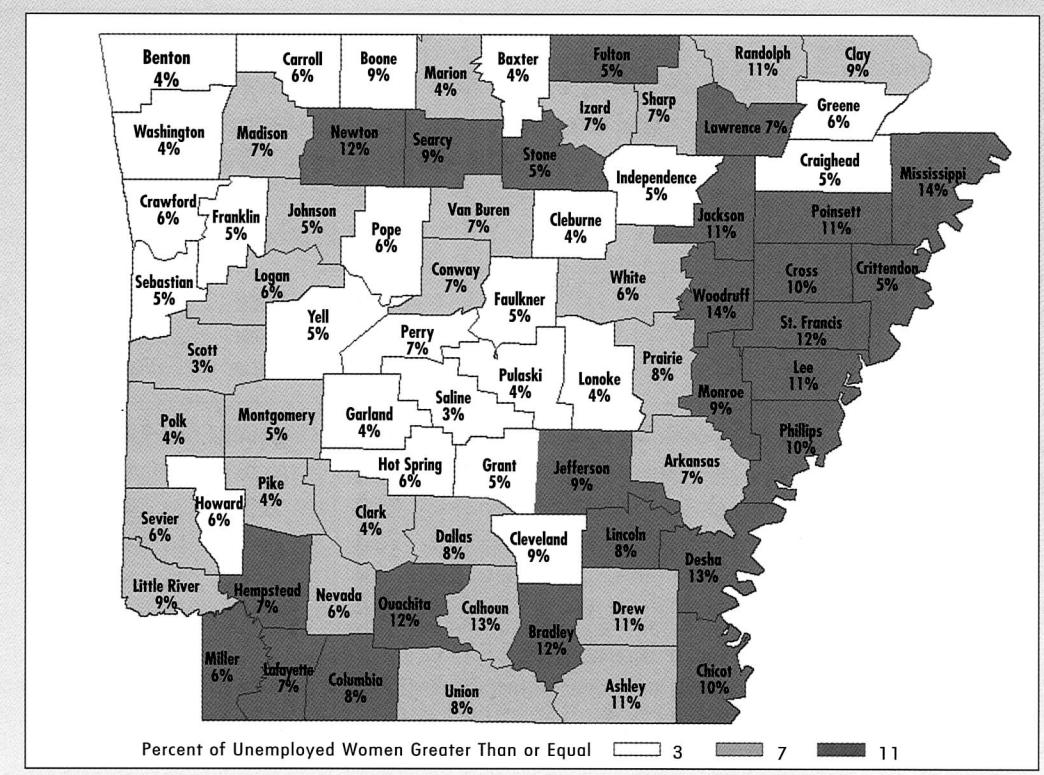
In Arkansas, a larger percent of workers is unemployed than in the nation as a whole. In 1998, the unemployment rate in Arkansas was 5.6 percent for women and 5.5 percent for men, compared with the nation's 4.6 percent for women and 4.4 percent for men (see Figure 5; for more detail see Focus on Unemployment and Women in Arkansas).

Focus on Unemployment and Women in Arkansas

As in other areas of the United States, Arkansas has enjoyed relatively low unemployment rates in the late 1990s, with men and women faring almost equally well (see Figure 5). There are several important variations within the state's population, however. Specifically, Arkansas demonstrates a distinctly regional pattern of unemployment. As revealed by the map below, residents of the southern and eastern portions of the state tend to experience significantly higher unemployment rates than residents of the northern and western portions; this holds true for men as well as women.

There are also sharp differences in the unemployment rates of white Arkansans and members of minority groups, especially African Americans. While the statewide unemployment rate for white women is just 3.5 percent, the unemployment rate for black women is 11.2 percent (U.S. Department of Labor, Bureau of Labor Statistics, 1999c). These disparities are particularly acute in the cities and counties of the southeastern region of the state, where the state's minority populations are more heavily concentrated. In Pine Bluff (in Jefferson County), for example, the unemployment rate among black women exceeds 15 percent; among white women in the same city, the rate is just 5.4 percent (Arkansas Employment Security Department, 1998).

Focus Box Illustration 1. Female Unemployment Rates by County, Arkansas, 1998



Source: Arkansas Employment Security Department, 1998.

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

	Arkansas	United States
Personal Income Per Capita, 1998	**$20,346**	**$26,412**
Personal Income Per Capita, Percent Change*:		
Between 1990 and 1998	+19.6	+13.7
Between 1980 and 1990	+18.1	+19.9
Between 1980 and 1998	+41.3	+36.3

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

Arkansas also experienced higher-than-average unemployment rates during most of the 1980s, in some years much higher. As a result, personal income per capita in Arkansas grew more slowly than it did for the nation between 1980 and 1990 (18.1 percent versus 19.9 percent; see Table 6). From 1990 to 1998, as the unemployment rate decreased substantially and approached the national average, income per capita in Arkansas grew 5.9 percentage points faster than in the nation as a whole. Over the entire 1980 to 1998 period, Arkansas experienced stronger growth in per capita income than did the nation as a whole.

Part-Time and Full-Time Work

Arkansas' female labor force is less likely to work part-time than women nationally (21.5 percent compared with 24.8 percent), and the percent of the female workforce in Arkansas employed full-time is slightly larger than the national average (73.0 percent versus 70.7 percent). Within the part-time category, in Arkansas the percent of women in the labor force who are "involuntary" part-time employees—that is, they would prefer full-time work were it available—is lower in Arkansas than in the United States (1.9 percent and 2.3 percent, respectively; see Table 7). This pattern contrasts with national trends, in which less involuntary part-time work is highly correlated with low unemployment rates (Blank, 1990). In Arkansas low levels of involuntary part-time work correspond with higher unemployment rates. A smaller proportion of Arkansas' female labor force is also working part-time voluntarily compared with the United States as a whole (18.3

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

	Arkansas		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	**578,000**	**638,000**	**63,714,000**	**73,959,000**
Percent Employed Full-Time	73.0	84.6	70.7	85.5
Percent Employed Part-Time*	21.5	9.9	24.8	10.2
Percent Voluntary Part-Time	18.3	8.0	20.8	8.2
Percent Involuntary Part-Time	1.9	1.3	2.3	1.4
Percent Unemployed	5.6	5.5	4.6	4.4

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

percent in Arkansas and 20.8 percent in the nation).

Workers are considered involuntary part-time workers if, when interviewed, they state that their reason for working part-time (fewer than 35 hours per week) is slack work—usually reduced hours at one's normally full-time job, unfavorable business conditions, reduced seasonal demand, or inability to find full-time work. Many reasons for part-time work, including lack of child care, are not considered involuntary by the Bureau of Labor Statistics, since workers must indicate they are available for full-time work to be considered involuntarily employed part-time. This definition therefore likely understates the extent to which women would prefer to work full-time.

Table 8.
Labor Force Participation of Women in Arkansas and the United States by Race/Ethnicity, 1997

	Arkansas		United States	
Race/Ethnicity	**Number of Women in Labor Force**	**Percent in Labor Force**	**Number of Women in Labor Force**	**Percent in Labor Force**
All Races	**577,000**	**57.1**	**64,027,000**	**60.1**
White*	465,000	59.6	47,124,000	60.2
African American*	95,000	56.1	8,317,000	63.4
Hispanic	N/A	N/A	5,771,000	55.8
Asian American/ Other*	11,000	69.1	2,815,000	59.8

For women aged 16 and older.
*Non-Hispanic.
Hispanics may be of any race.
N/A = Not available.
Source: Economic Policy Institute, 2000.
Since the numbers and percentages in this table are based on three years of pooled data for data years 1996-98, they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics for 1997. See Appendix II for details on the methodology.
Compiled by the Institute for Women's Policy Research.

Labor Force Participation of Women by Race/Ethnicity

According to analysis of data from the Current Population Survey from 1996-98, 57.1 percent of women of all races aged 16 and older in Arkansas were in the labor force in 1997, a rate somewhat lower than in the United States as a whole, 60.1 percent (see Table 8; see Appendix II for details on the methodology used for the 1996-98 Current Population Survey data presented in this report). White women's labor force participation rate was slightly lower in Arkansas than in the United States as a whole (59.6 percent compared with 60.2 percent; see Table 8). African American women historically have had a higher labor force participation rate than white and Hispanic women and did so in 1997 in the nation as a whole. In Arkansas, however, African American women had an average labor force participation rate that was 3.5 percentage points lower than white women in Arkansas and 7.3 percentage points lower than African American women nationally. Hispanic women traditionally have the lowest average participation rates among women. Data for Hispanic women in Arkansas were not available, but in the United States, only 55.8 percent of Hispanic women were in the workforce in 1997. Labor force participation rates for all other women, including Asian American and Native American women, were substantially higher in Arkansas than nationally (69.1 percent in Arkansas and 59.8 percent in the nation as a whole in 1997). While separate data for Asian American and Native American women were not available for 1997 in either Arkansas or the nation as a whole, in 1990, Asian American women had the highest participation rate (60.2 percent) of women in the United States, and Native American women had a labor force participation rate of 55.4 percent (Population Reference Bureau, 1993).

Labor Force Participation of Women by Age

Table 9.
Labor Force Participation of Women in Arkansas and the United States by Age, 1997

	Arkansas		United States	
Age Groups	**Number of Women in Labor Force**	**Percent in Labor Force**	**Number of Women in Labor Force**	**Percent in Labor Force**
All Ages	**577,000**	**57.1**	**64,027,000**	**60.1**
Ages 16-19	37,000	53.2	4,046,000	52.7
Ages 20-24	69,000	74.3	6,420,000	73.0
Ages 25-34	137,000	80.6	15,087,000	76.6
Ages 35-44	153,000	78.5	17,352,000	77.3
Ages 45-54	114,000	74.4	13,440,000	76.3
Ages 55-64	54,000	43.9	6,005,000	51.6
Over 65	14,000	6.5	1,677,000	9.0

For women aged 16 and older.

Source: Economic Policy Institute, 2000.

Since the numbers and percentages in this table are based on three years of pooled data for data years 1996-98, they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics for 1997. See Appendix II for details on the methodology.

Compiled by the Institute for Women's Policy Research.

Workforce participation varies across the life cycle. The highest participation generally occurs between ages 25 and 44, which are also generally considered the prime earning years. Table 9 shows the relationship between labor force participation and age for women in Arkansas and in the United States as a whole. Overall, women in Arkansas have lower labor force participation than their U.S. counterparts, but the comparison varies by age. For all groups younger than age 45, Arkansas labor force participation rates are actually higher than the national average. Arkansas' older women, however, have substantially lower labor force participation rates than women nationally. Nationally, the highest labor force participation of women occurs between ages 35 to 44, with just over 77 percent of these women working. In Arkansas, 78.5 percent of women aged 35 to 44 are in the labor force, and the highest labor force participation rate is experienced by women in the 25 to 34 age range; 80.6 percent of these women are in the workforce (compared with 76.6 percent in the United States as a whole). Young women in their teens (16-19), many of whom are attending school, are much less likely to participate in the labor market than any other age group except the pre-retirement and retired cohorts. In Arkansas, 53.2 percent of teenage women reported being in the labor force, slightly more than the reported 52.7 percent for female teens in United States as a whole.

As women near retirement age, they are much less likely to work than younger women. In the United States, women aged 55-64 have a labor participation rate of only 51.6 percent. In Arkansas, even fewer women in this age group participate in the labor force, at only 43.9 percent. Of women aged 65 and older, 6.5 percent are in the workforce in Arkansas, while for the United States as a whole, 9.0 percent of women in that age group are working or looking for work.

Labor Force Participation of Women with Children

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In 1998, 59 percent of women with children under age one were in the labor force, compared with 31 percent in 1976 (U.S. Department of Commerce, Bureau of the Census, 2000). In general, the workforce participation rate for women with children in the United States tends to be higher than the rate for all women (70.3 percent versus 60.1 percent in 1997; EPI, 2000). This is partially explained by the fact that the overall labor force participation rate is for all women aged 16 and older; thus both teenagers and retirement-age women are included in the statistics even though they have much lower labor force par-

Table 10.
Labor Force Participation of Women with Children in Arkansas and the United States, 1997

	Arkansas	United States
	Percent in the Labor Force	Percent in the Labor Force
Women with Children		
Under Age 18*	74.7	70.3
Under Age 6*	70.1	64.1

For women aged 16 and older.
* Children under age 6 are also included in children under 18.
Source: Economic Policy Institute, 2000.
Compiled by the Institute for Women's Policy Research.

ticipation. Mothers, in contrast, tend to be in age groups with higher labor force participation. This is also true in Arkansas, with 74.7 percent of women with children under age 18 in the workforce, compared with 57.1 percent of all women in Arkansas in 1997 and 70.3 percent of mothers nationally. Women with children under age 6 also are more likely to engage in labor market activity in Arkansas than in the United States as a whole (70.1 versus 64.1 percent; see Table 10). The very high rates of mothers' labor force participation in Arkansas are not surprising, given the above-average participation rates for all women under age 45 in the state.

Child Care and Other Caregiving

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

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

As more low-income women are encouraged or required (through welfare reform) to enter the labor market, the growing need for affordable child care must be addressed. Child care subsidies for low-income mothers are essential to enable them to purchase good quality child care without sacrificing their families' economic well-being. Currently, subsidies exist in all states but are often inadequate; many poor women and families do not receive them. Recent data show that, nationally, only 10 percent of those children potentially eligible for child care subsidies under federal rules actually receive subsidies under the federal government's Child Care and Development Fund. In Arkansas, a substantially lower proportion, 5 percent, of these children receive subsidies (see Table 11). In addition, Arkansas maintains stricter criteria for eligibility for receiving child care subsidies than required by federal law. If state income eligibility limits were equal to the federal maximum, 180,600 children would be eligible for subsidies, while in Arkansas, only about

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

	Arkansas	United States
Eligibility**		
Number of Children Eligible under Federal Provisions	180,600	14,749,300
Number of Children Eligible under State Provisions	100,200	9,851,100
Receipt		
Number and Percent of Children Eligible under Federal Law Receiving Subsidies in the State	9,240 5%	1,530,500 10%

*Child Care and Development Fund (CCDF).

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

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

56 percent of that number, or 100,200 children, are eligible under existing state policies. Clearly many Arkansas families in need of financial support for child care are not receiving it.

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

Occupation and Industry

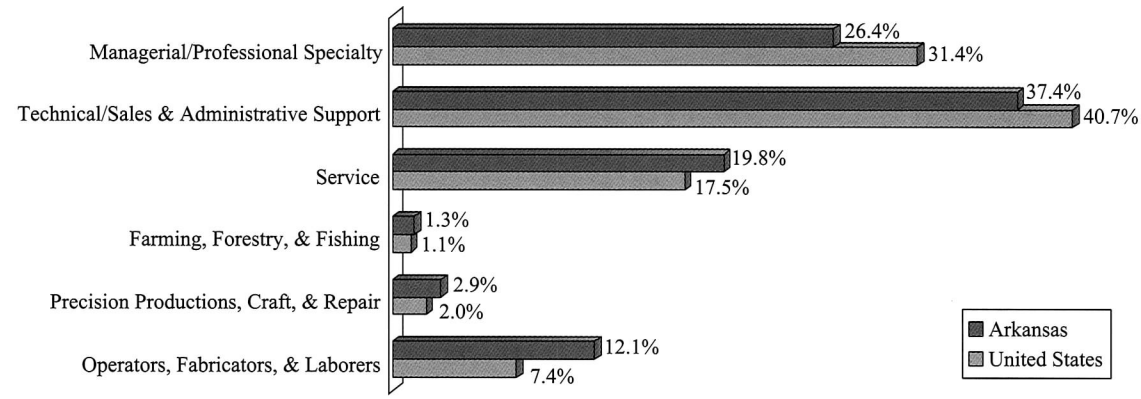
The distribution of women in Arkansas across occupations diverges from the distribution found in the United States as a whole. In the United States, technical, sales and administrative support occupations provide 40.7 percent of all jobs held by women (see Figure 6a). In contrast, at 37.4 percent, women in Arkansas are less likely to be in technical, sales and administrative support occupations than women in the United States as a whole. Women in Arkansas are more likely to work in service occupations (19.8 percent versus 17.5 percent) and much more likely to work as operators, fabricators and laborers (12.1 percent versus 7.4 percent, respectively). However, the largest difference between women in Arkansas and women nationally is in managerial and professional specialty occupations, in which only 26.4 percent of women in Arkansas work, compared with 31.4 percent of women nationally. As a result, Arkansas ranks 48th in the nation and fourth in the West South Central region for the proportion of its female labor force employed in professional and managerial occupations.

Unfortunately, even when women work in the higher-paid occupations, such as managers, they earn substantially less than men. A national IWPR (1995b) study shows that women managers are unlikely to be among top earners in managerial positions. If women had equal access to top-earning jobs, 10 percent of women managers would be among the top 10 percent of earners for all managers; however, only 1 percent of women managers have earnings in the top 10 percent. In fact, only 6 percent of women had earnings in the top fifth.

Similarly, a Catalyst (1999) study showed that only 3.3 percent (just 77) of the highest-earning high-level executives in Fortune 500 companies were women as of 1999.

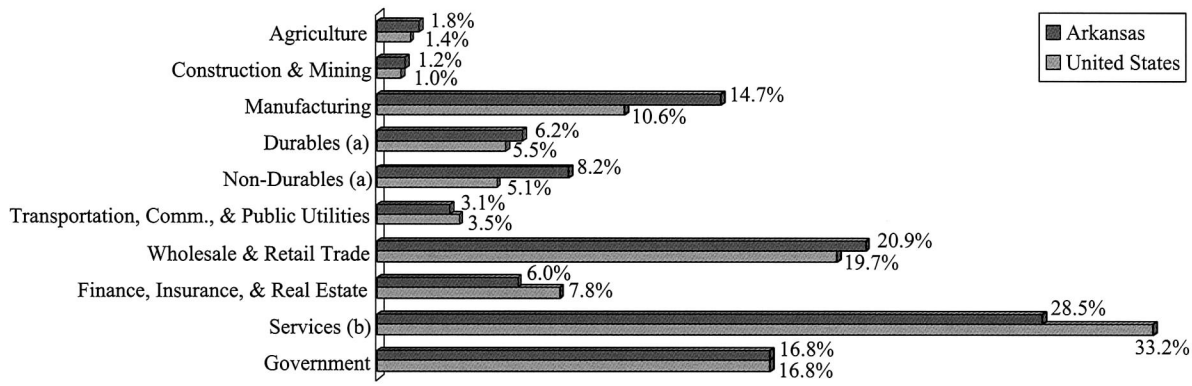
The distribution of women in Arkansas across industries also differs in several ways from that of the United States as a whole (see Figure 6b). The most substantial difference is in manufacturing: 14.7

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



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

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



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

percent of women in Arkansas work in manufacturing, compared with only 10.6 percent in the nation as a whole. While Arkansas has a slightly higher proportion of women in retail trade, it has lower proportions in finance, insurance, and real estate (F.I.R.E.) and services, and about the same proportion of women in government as the nation does. This distribution of women across industries echoes the pattern shown in the occupational distribution above—a disproportionately blue-collar economic base with correspondingly less white-collar work.

Economic Autonomy

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

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

With its composite index of 50th among the states, Arkansas ranks very near the bottom of all states on all of the individual indicators of economic autonomy. Arkansas' highest ranking on any indicator is 45th, for women's business ownership, and it ranks 46th on the percent of women's living above poverty (see Chart V). Arkansas ranks 48th in women's health insurance coverage and 50th in educational attainment. It also ranks at the bottom of its region (of four states) overall and at or near the bottom on all four of the individual indicators.

Chart V.
Economic Autonomy: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 4)	Grade
Composite Economic Autonomy Index	**50**	**4**	**F**
Percent with Health Insurance (among nonelderly women, 1997)[a]	48	3	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990)[b]	50	4	
Women's Business Ownership (percent of all firms owned by women, 1992)[c]	45	4	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1997)[d]	46	3	

See Appendix II for methodology.

* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of four and refer to the states in the West South Central Region (AR, LA, OK, TX).

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

Calculated by the Institute for Women's Policy Research.

On most of the indicators of economic autonomy, women have far 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 do have health insurance at rates higher than men; largely because of public insurance like Medicaid, the rates of uninsured men and women are both growing. Trends in Arkansas do not diverge from these basic patterns; moreover, women in the state have even fewer resources than women in other states. As a result, the state received a grade of F on the economic autonomy composite index.

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

	Arkansas		United States	
	Women	Men	Women	Men
Number	**759,000**	**744,000**	**85,132,000**	**81,458,000**
Percent Uninsured	24.1	28.4	18.5	21.0
Percent with Employer-Based Health Insurance	57.4	56.6	66.4	67.4
Own Name	34.5	45.6	40.1	54.9
Dependent	22.9	11.0	26.4	12.5
Percent with Public Insurance	16.5	13.3	12.5	8.7
Percent with Individually-Purchased Insurance	7.2	6.3	6.4	5.8

Women and men ages 18 to 64; numbers do not add to 100 percent because some people have more than one source of health insurance.
Source: Employee Benefit Research Institute, 1999.
Compiled by the Institute for Women's Policy Research.

Access to Health Insurance

Women in Arkansas are much less likely than women in the nation as a whole to have health insurance. In Arkansas, 24.1 percent of women, compared with 18.5 percent in the United States, are not insured (see Table 12). Thus Arkansas ranks 48th among all the states and third of four states in the West South Central region in the proportion of women insured. Men in Arkansas are also much more likely to lack health insurance (28.4 percent) than men nationally (21.0 percent).

On average, women and men in Arkansas have much less access to employer-based health insurance than women and men in the United States as a whole (57.4 percent and 66.4 percent, respectively, for women; 56.6 percent and 67.4 percent, respectively, for men). They lag behind the U.S. both in having work-based insurance in their own name and receiving it as a dependent of a worker. In Arkansas, 22.9 percent of all women receive employer-based insurance as dependents, compared with 26.4 percent in the nation as a whole. Larger Arkansas-U.S. differences are found in direct employment-based coverage, especially among men; Arkansas men lag 9.3 percentage points behind men nationally in having health insurance through their own employment. Women in Arkansas also lag behind women in the nation for receiving health insurance this way, at 34.5 versus 40.1 percent, respectively.

In the United States as a whole, women tend to have health insurance coverage from public sources, such as Medicaid, at higher rates than men. In Arkansas, the rate of publicly insured women is four percentage points higher than the U.S. rate (16.5 percent in Arkansas and 12.5 percent in the United States), and higher than the rates for men in both Arkansas and the nation, but men in Arkansas also have relatively high rates of public insurance. Individuals also purchase more private insurance in Arkansas than they do nationally. Despite the higher rates of public coverage and individual purchase, however, Arkansas still lags substantially behind the nation in health care coverage for its residents.

Education

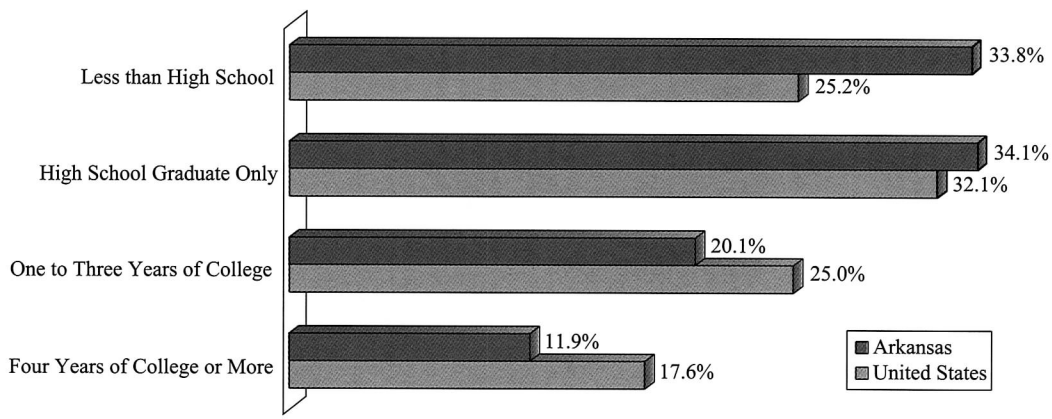
In the United States, women have made steady progress in achieving higher levels of education. Between 1980 and 1998, the percent of women in the United States with a high school education or more increased by about one-fifth, and as of 1998, comparable percentages of women and men had completed a high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

Regional differences in education are conspicuous. The South and much of the Midwest have achieved lower levels of educational attainment than other areas of the country. This is especially true for Arkansas, which ranked 50th in the proportion of the female population aged 25 years and older who had attained four or more years of college. In 1990, only 32.0 percent of women in Arkansas had more than a high school education, compared with 42.6 percent of women in the United States as a whole (see Figure 7). The proportion of women in Arkansas without high school diplomas was substantially larger than that of women in the United States as a whole (33.8 percent and 25.2 percent, respectively). In addition, although almost 66 percent of Arkansas women hold high school diplomas, almost 50 percent of African American Arkansas women do not. In addition, while more than one-third of the state's white female residents over age 25 have had some education after high school, only one quarter of African American women have had the same opportunity (data not shown; Arkansas Women's Commission, 1998). At 20.1 percent, the proportion of women with one to three years of college in Arkansas was about five percentage points lower than the national average, while the percent of women with four or more years of college, at 11.9 percent, was nearly six percentage points lower than the national average.

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

Figure 7.
Educational Attainment of Women Aged 25 and Older in Arkansas and the United States, 1990



Source: Population Reference Bureau, 1993.
Compiled by the Institute for Women's Policy Research.

the number and proportion of businesses owned by women have been growing.

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

	Arkansas	United States
Number of Women-Owned Firms*	**50,440**	**5,888,883**
Percent of All Firms that Are Women-Owned	31.6%	34.1%
Percent Increase, 1987-1992	42.2%	43.1%
Total Sales & Receipts (in billions, 1992 dollars)	**$4.4**	**$642.5**
Percent Increase (in constant dollars), 1987-1992	78.1%	87.0%
Number Employed by Women-Owned Firms	**48,374**	**6,252,029**

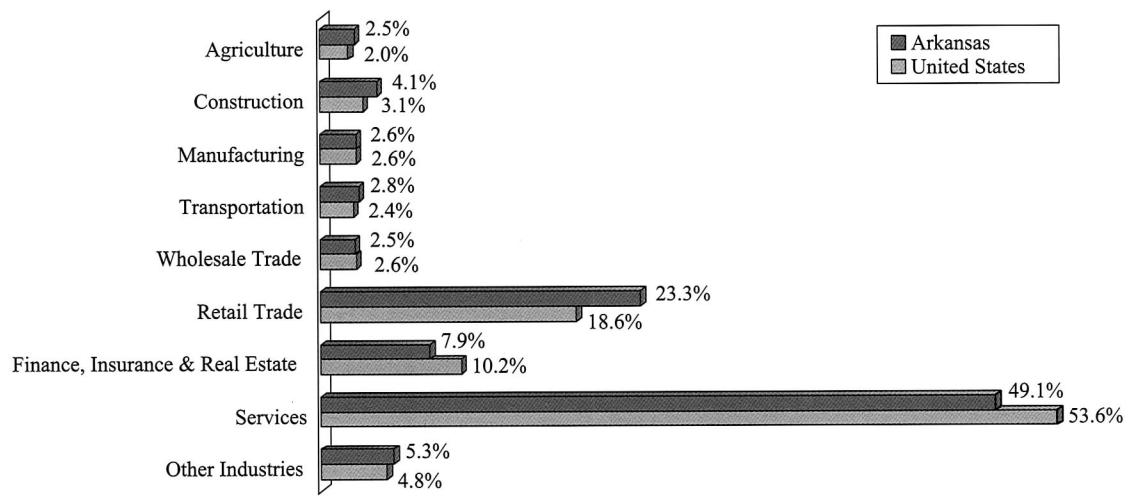
* For reasons of comparability between 1987 and 1992, these statistics do not include data on Type C corporations; see Appendix II.

Source: U.S. Department of Commerce, Bureau of the Census, 1996a.

Compiled by the Institute for Women's Policy Research.

Between 1987 and 1992, the number of women-owned businesses grew 42.2 percent in Arkansas, nearly the same as the 43.1 percent growth of women-owned businesses in the United States as a whole (for purposes of comparability over time, these data exclude Type C corporations; for a definition of Type C corporations, see Appendix II). By 1992, women owned 50,440 firms in Arkansas and women-owned businesses employed 48,374 people other than their owners (see Table 13). In Arkansas, 49.1 percent of women-owned firms were in the service industries and the next highest proportion (23.3 percent) was in retail trade (see Figure 8). Business receipts of women-owned businesses in Arkansas rose by 78.1 percent (in constant dollars) between 1987 and 1992. This growth is somewhat lower than the increase of 87.0 percent in business receipts for women-owned firms nationally but much higher than the 34.9 percent increase

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



Source: U.S. Department of Commerce, Bureau of the Census, 1996a.

Compiled by the Institute for Women's Policy Research.

for all firms in the United States during the same time period, also adjusted for inflation (data not shown).

In 1992, the U.S. Bureau of the Census reported that women owned more than 6.4 million firms nationwide, employing more than 13 million persons and generating $1.6 trillion in business revenues (unlike the figures in Table 13, these numbers include all women-owned businesses, including Type C corporations; U.S. Department of Commerce, Bureau of the Census, 1996a). Projecting women's business growth rates forward from 1987 to 1992 and including Type C corporations, the National Foundation for Women Business Owners (NFWBO) estimates the 1999 number of women-owned firms for Arkansas to be 77,700 of the more than 9.1 million estimated for the United States as a whole (NFWBO, 1999).

Like women's business ownership, self-employment for women (one kind of business ownership) has also been rising over recent decades. In 1975, women represented one in every four self-employed workers in the United States, and in 1998 they were approximately one in two, indicating equal representation in self-employment with men. The decision to become self-employed is influenced by many factors. An IWPR study shows that self-employed women tend to be older and married, have no young children, and have higher levels of education than the average. They are also more likely to be covered by another person's health insurance (Spalter-Roth, Hartmann and Shaw, 1993). Self-employed women are more likely to work part-time, with 42 percent of married self-employed women and 34 percent of 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 as a whole, women who worked full-time, year-round at only one type of self employment had the lowest median hourly earnings of all full-time, year-round workers ($5.38); those with two or more types of self-employment with full-time schedules earned somewhat more ($6.33 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most ($11.59 per hour at the median; all figures in 1998 dollars). Those who combined wage and salaried work with self-employment had median earnings that ranged between these extremes. Many low-income women package earnings from many sources in an effort to raise their family incomes (Spalter-Roth, Hartmann and Shaw, 1993).

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

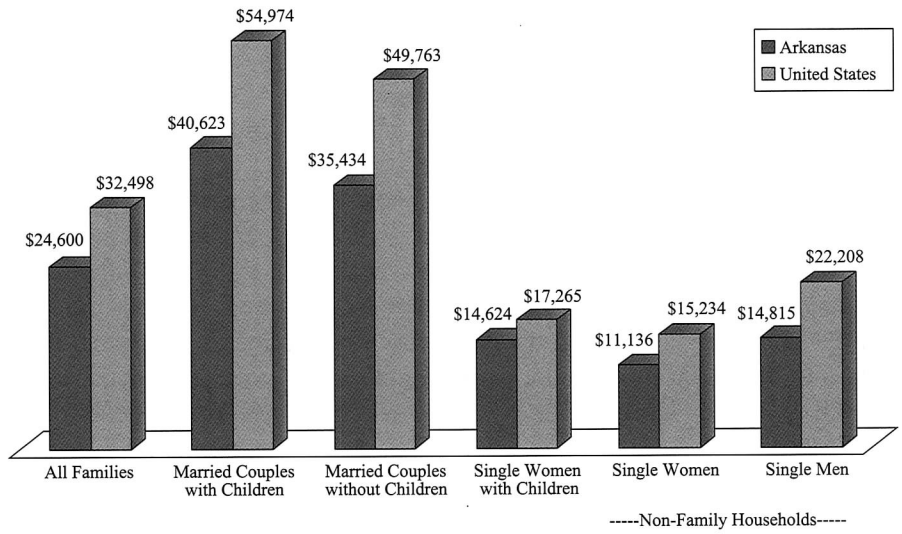
Overall, however, recent research finds that the rising earnings potential of women in self-employment compared with wage and salary work explains most of the upward trend in the self-employment of married women between 1970 and 1990. This suggests that the growing movement of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Women in Arkansas are slightly less likely to be self-employed than women in the United States as a whole. In 1997, 5.8 percent of working women in Arkansas were self-employed, compared with 6.1 percent of women nationwide (U.S. Department of Labor, Bureau of Labor Statistics, 1995).

Women's Economic Security and Poverty

As women's responsibility for their families' economic well-being grows, the continuing wage gap and women's prevalence in low-paid, female

dominated occupations impede their ability to ensure their families' financial security, particularly for single mothers. In the United States, the median family income for families consisting of single women with children was $17,265 in 1997, while that for married couples with children was $54,974 (see Figure 9). Figure 9 also shows that household income was substantially lower on average for all family types in Arkansas than in the United States as a whole (including families of single women with children).

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

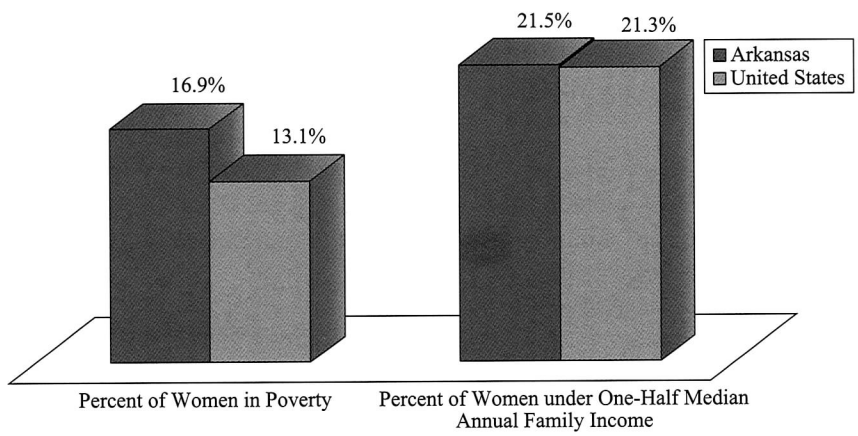


Source: Economic Policy Institute, 2000.
Compiled by the Institute for Women's Policy Research.

In addition, in 1997 the proportion of women in poverty in Arkansas was larger than that of women in the United States—16.9 percent and 13.1 percent, respectively (see Figure 10; for more detail see Focus on Poverty and Women in Arkansas). Thus, Arkansas ranks 46th in the nation and third of the four states in its region for women living above poverty. Oklahoma has the least poverty in the region, with 14.2 percent of women living below the poverty line.

To measure hardship in wealthier countries, many researchers use one-half median family income as an indicator of families' access to adequate social and economic resources (Miringoff and Miringoff, 1999;

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

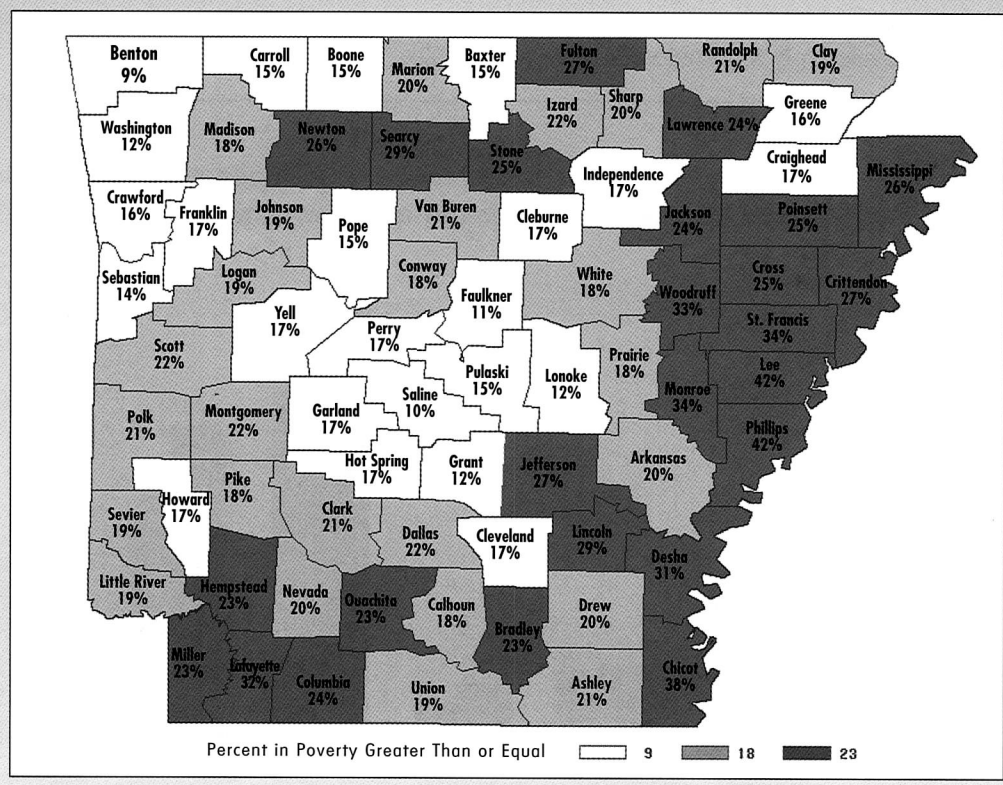


Source: Economic Policy Institute, 2000.
Compiled by the Institute for Women's Policy Research.

Focus on Poverty and Women in Arkansas

Like many southern states, Arkansas is marked by higher-than-average rates of poverty. As Figure 11 shows, poverty is much higher in Arkansas among all families than in the nation as a whole, and the state ranks fifth from the bottom for the percentage of women in poverty (see Chart V). In some parts of Arkansas, poverty is particularly acute. As illustrated by the map below, residents of the southern and eastern portions of Arkansas, as well as in a few counties in the heart of the Ozarks (such as Newton, Searcy and Stone), tend to experience higher rates of poverty than residents of the northern and western portions of the state. In "Delta" counties such as Phillips and Chicot, the poverty rate nears or exceeds 40 percent, more than double the state average and triple the national average. In 1995 only one county in Arkansas dipped below double digits in its total poverty rate: Benton County, the headquarters of the global retail giant Wal-Mart (U.S. Department of Commerce, Bureau of the Census, Small Area Income and Poverty Estimates Program, 1999).

Focus Box Illustration 2. Poverty Rate Estimates for Individuals by County, Arkansas, 1995



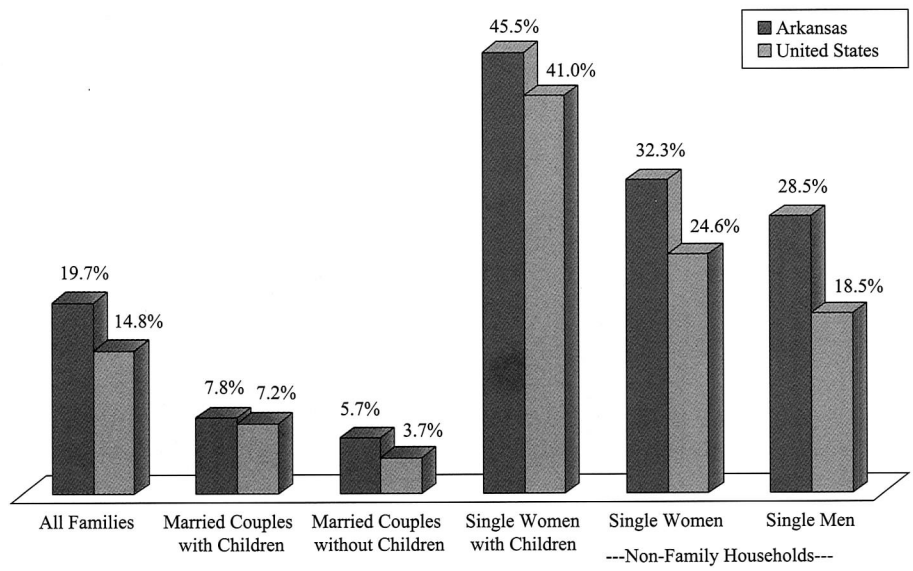
Source: U.S. Department of Commerce, Bureau of the Census, Small Area Income and Poverty Estimates Program, 1999.

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. Figure 10 also shows the proportion of women living under one-half of median family income in the state and in the United States as a whole. Overall, this measure shows much higher rates of hardship than the poverty rate does. In the United States as a whole, the proportion of women living in families with incomes under one-half median income was 21.3 percent, much higher than the percent of women living in families with incomes below the federal poverty line (13.1 percent). In Arkansas, 21.5 percent of women were living in families with incomes under one-half median family income in 1997. This number is much higher than the poverty rate among women in Arkansas. Nevertheless, the percent of women living under one-half median family income in Arkansas is almost exactly the same as that for the nation as a whole, indicating that compared with women in other states, women in Arkansas fare about the same in terms of enjoying one-half median family income within their state. Still, in Arkansas and throughout the country, lower incomes may also reflect relatively low standards of living and thus more limited access to economic and other resources (for more details see Focus on Supporting a Family in Arkansas: Poverty Level Wages are Not Enough).

Along with Arkansas' higher overall rate of female poverty, the poverty rate for single women with children is higher than the nationwide rate (45.5 percent and 41.0 percent, respectively). In Arkansas and in the nation as a whole, these families experience much higher levels of poverty than any other family type (see Figure 11).

Moreover, even these high rates of poverty among families of single women with children probably understate the degree of hardship they experience, especially among those with working-mothers. While counting noncash benefits would reduce their poverty rates, adding the cost of child care for working mothers would increase the calculated poverty rates both in Arkansas and the nation (Renwick and Bergmann, 1993). Child care costs were not included at all in family expenditures when federal poverty thresholds were developed. However, for the country as a whole, single parents who do not 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 the number and ages of their children. Overall, the net effect of this under- and over-estimation of poverty was a significant underestimation, and Renwick and Bergmann estimate a 1989 national poverty rate of 47 percent, compared with an official estimate of 39 percent, for single-parent families (Renwick and Bergmann, 1993). Poverty rates for low-income, married-couple families would also be much higher if child care costs were included (Renwick, 1993).

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



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

Focus on Supporting a Family in Arkansas: Poverty Level Wages Are Not Enough

What is economic self-sufficiency for families? True self-sufficiency is earning an income adequate to meet a family's basic daily needs, including food, housing, utilities, health care, child care, transportation, clothing, personal and household care expenses, and taxes, without government assistance or assistance from private charities. A recent study by Arkansas Advocates for Children and Families found that families must earn an income level significantly higher than that generally recognized by the federal government's poverty line, or earned by most Arkansans, in order to meet their basic daily living expenses (Arkansas Advocates for Children and Families, 1999). This income level is represented by the Family Income Standard (FIS).

In 1999, the FIS ranged from $18,805 for a single-parent with one child to $28,541 for a two-parent family with two children. This is significantly higher than the federal poverty threshold of $16,530 for a family of four in 1999. The FIS and federal poverty lines for different family types are shown in Illustration 3.

These data demonstrate the need for policies such as higher minimum wages and increased educational and vocational training for women, which can help women and their families obtain and maintain financial stability.

Focus Box Illustration 3.
Arkansas Family Income Standard vs. Federal Poverty Line

Family Type	Federal Poverty Line	Family Income Standard
1 adult, 1 child	$11,235	$18,805
2 adults, 1 child	$13,120	$22,327
1 adult, 2 children	$13,133	$24,833
2 adults, 2 children	$16,530	$28,541

Source: Arkansas Advocates for Children and Families, 1999.

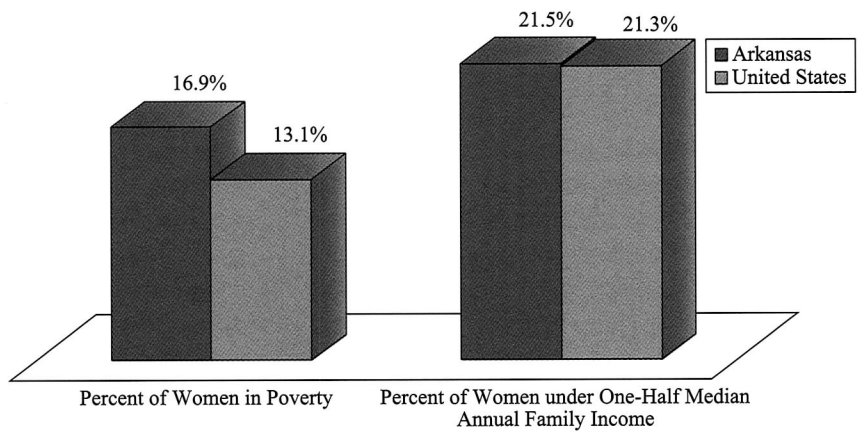
Another factor contributing to poverty among all types of households is the wage gap. Recent IWPR research found that in the nation as a whole, eliminating the wage gap, and thus raising women's wages to a level equal to those of men with similar qualifications, would cut the national poverty rate among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

Finally, despite the overall growth in women's earnings and a strong economy, in most states—including both high and low earnings states—inequality among families is growing. Research by the Economic Policy Institute notes that in the nation as a whole in 1996-98, the income of the average family in the top 20 percent of families was 10.6 times the income of the average family in the bottom 20 percent. This represents a substantial increase from 1978-80, when families in the top 20 percent had about 7.4 times as much income as those in the bottom 20 percent. In Arkansas, families in the top 20 percent had 9.2 times as much income as those in the bottom 20 percent in 1996-98, which was also an increase from 1978-80 (when it was 8.6). However, inequality in Arkansas grew much more slowly from 1978-80 to 1996-98 than in the nation as a whole, with a change of 0.7 percentage points, compared with 3.2 in the nation as a whole (Bernstein, McNichol, Mishel and Zahradnik, 2000).

State Safety Nets for Economic Security

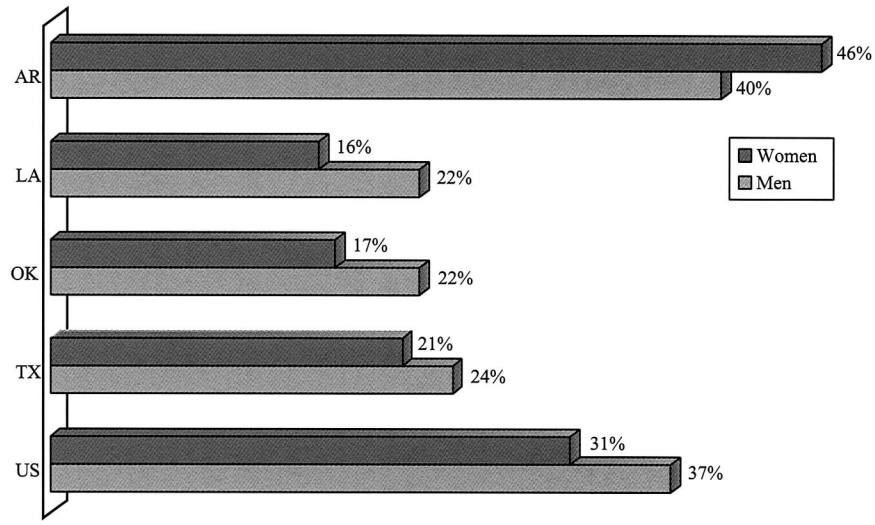
The amount of cash welfare benefits varies widely from state to state. Figure 12 compares the size of Arkansas' average welfare benefit with one-half median family income in the state, as a measure of how well the state's welfare safety net helps poor women achieve an acceptable standard of living. Obviously, the poverty of many families is not alleviated by welfare alone, and many families also receive Food Stamps or other forms of noncash benefits. Still, research shows that, even adding the value of noncash benefits, many women remain poor (U.S. Department of Commerce, Bureau of the Census, 1997b). In Arkansas as in all of the United States, TANF cash benefits are substantially below one-half median income. In addition, Arkansas' cash benefits are less than half the U.S. average ($2,000 per year, compared with the national figure of $4,297 per year), amounting to only 16.5 percent of one-half median family income in the state, compared with 26.9 percent nationally.

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



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

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



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

Arkansas does a much better than average job of providing a safety net for employed women. The unemployment rate for women in Arkansas (5.6 percent) is a full percentage point higher than the national average of 4.6 percent (see Table 7). At the same time, the proportion of unemployed women in Arkansas receiving unemployment insurance benefits (46 percent) is substantially higher than in the United States as a whole (31 percent; see Figure 13). And the same is true for unemployed men in Arkansas—the percent of unemployed men and the rate of unemployment insurance benefit receipt for men are both higher in Arkansas than nationwide. In addition, Arkansas is the only state in the West South Central region whose rate of unemployment insurance benefit receipt for women is higher than the rate of unemployment insurance benefit receipt for men. In most states, unemployment insurance benefit receipt is higher for men than for women.

Reproductive Rights

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

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

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

The reproductive rights composite index shows that Arkansas, which ranks second in its region and 32nd in the nation, lacks many policies concerning the reproductive rights of women when compared with other states (see Chart VI, Panel A). Moreover, Arkansas' grade of D on the reproductive rights index reflects the gap between the ideal status of women's reproductive rights and resources and their actual status within the state.

Access to Abortion

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

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

	National Rank* (of 51)	Regional Rank* (of 4)	Grade
Composite Reproductive Rights Index	**32**	**2**	**D**

See Appendix II for methodology.

* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of four and refer to the states in the West South Central Region (AR, LA, OK, TX).

Calculated by the Institute for Women's Policy Research.

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. As of January 2000, Arkansas still enforces its mandatory notice law (which requires notification of both parents) but allows for a judicial bypass (see Chart VI, Panel B; NARAL and NARAL Foundation, 2000).

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

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

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Does Arkansas allow access to abortion services:				
Without mandatory parental consent or notification?[a]		✓		9
Without a waiting period?[a]	✓			33
Does Arkansas provide public funding for abortions under any or most circumstances if a woman is eligible?[a]		✓		**15**
What percent of Arkansas women live in counties with an abortion provider?[b]			**22%**	**68%**
Is Arkansas state government pro-choice?[c]				
Governor		✓		15
Senate			Mixed	13
House of Representatives			Mixed	7 of 49
Does Arkansas require health insurers to provide comprehensive coverage for contraceptives?[a]		✓		**11**
Does Arkansas require health insurers to provide comprehensive coverage for infertility treatments?[d]	✓			**10**
Does Arkansas allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?*[e]			**No case has been tried**	**21**
Does Arkansas require schools to provide sex education?[a]		✓		**18**

* Most states that allow such adoptions do so as the result of court decisions. In Arkansas, no case has yet been tried.

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

Compiled by the Institute for Women's Policy Research.

Public funding for abortion for women who qualify can be instrumental in reducing the financial obstacles to abortion for low-income women. In some states, public funding for abortions is available only under specific circumstances, such as rape or incest, life endangerment to the woman, or limited health circumstances of the fetus. Fifteen states fund abortions in all or most circumstances. Arkansas is one of 29 states that do not provide public funding for abortions under any circumstances other than those required by the federal Medicaid law, which are when the pregnancy results from reported rape or incest or when the pregnancy threatens the life of the woman (NARAL and NARAL Foundation, 2000). In fact, in 1988, Arkansas voters adopted a state constitutional amendment, Amendment 68, which states that tax dollars may finance abortions only to save the life of the mother. In August 1996, based on the judicial decision that the federal 1994 Medicaid law supersedes Arkansas' constitutional amendment, Amendment 68 was ruled void, and in 1999 that ruling was upheld by the Arkansas Supreme Court (Oman, 2000). In reaction, Arkansas' Governor created the privately funded Arkansas Medicaid Saving Trust in August 1996. This fund pays for Medicaid-qualified abortions in cases of rape or incest and was specifically designed to avoid using state funds for that purpose (O'Neal, 1999).

The percent of women in Arkansas who live in counties with abortion providers measures the availability of abortion services to women in the state. This proportion ranges from 16 to 100 percent across the states. As of 1996, in the bottom three states, 20 percent or fewer women live in counties with at least one provider, while in the top six states, more than 90 percent of women live in counties with at least one (Henshaw, 1998). At 22 percent of women in counties with a provider, Arkansas' proportion falls near the bottom of the nation. In addition, only 3 percent of counties in Arkansas have abortion providers. Thus for the majority of women in Arkansas, and particularly those in rural counties without a provider, access to abortion services can be problematic. In 41 states, more than half of all counties have no abortion provider, and in 21 states more than 90 percent of counties have none (Henshaw, 1998).

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

Other Family Planning Policies and Resources

About 49 percent of traditional health plans do not cover any reversible method of contraception such as the pill or IUD. Others will pay for one or two types but not all five types of prescription methods—the pill, implants, injectables, IUDs and diaphragms. About 38 percent of HMOs cover all five prescription methods (Gold and Daley, 1994). Controversy about contraceptive coverage is leading lawmakers in many states to introduce bills that would require health insurers to cover contraception. Eleven states require all private insurers to provide comprehensive contraceptive coverage. Seven states 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. Arkansas does not have any of these requirements (NARAL and NARAL Foundation, 2000).

Infertility treatments can also widen the reproductive choices open to women and men, but they are often prohibitively expensive, especially when they are not covered by insurance. In ten states, including Arkansas, legislatures have passed measures requiring insurance companies to pay for infertility treatments and in three states, insurance companies must offer at least one package with infertility coverage to their policyholders (Stauffer and Plaza, 1999).

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

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

Fertility, Natality, and Infant Health

Current trends in the United States reveal a decline in the birth rate for all women, in part due to women's tendency to marry and give birth later in life. In 1998, the median age for women at the time of their first marriage was 25.0 years, while as of 1994, the median age at first birth was 23.8 years (U.S. Department of Commerce, Bureau of the Census, 1999a; National Center for Health Statistics, 1997). Fertility rates in Arkansas are slightly higher than in the nation as a whole. Table 14 shows 67.3 live births per 1,000 women aged 15-44 in Arkansas, more than the 65.0 births per 1,000 women aged 15-44 in the United States as a whole in 1997.

Table 14 also shows 8.7 infant deaths per 1,000 births in Arkansas, a rate somewhat higher than that for the United States as a whole, 7.2 infant deaths per 1,000. Infant mortality, however, affects white and African American communities in the United States at very different rates. In Arkansas, the infant mortality rate is 7.4 for white infants and 13.8 for African American infants. In the United States, the rates are 6.0 for white infants and 14.2 for African American infants. Thus while infant mortality rates are higher among whites in Arkansas than whites nationally, they are lower for African Americans in Arkansas than nationally. Still, racial and ethnic disparities are wide.

Low birth weight (less than 5lbs., 8 oz.) among babies also affects different racial and ethnic groups at different rates. Again, there is less difference among racial groups in Arkansas than there is nationally, but African American infants are still more likely to be born at low birth weights. In Arkansas, the percent of births of low-weight births is 7.2 among white infants, 6.5 among Hispanic infants, and 12.7 among African American infants. In the United States as a whole, the percent 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. In the country as a whole, disparities in both infant mortality and low birthweight rates between African Americans and whites are growing. These differences are probably related to a variety of factors, including disparities in socioeconomic status, nutrition, maternal health and access to prenatal care, among others (U.S. Department of Health and Human Services, Public Health Service, 2000). While the greater similarity between birth outcomes for whites and African Americans in Arkansas suggests that economic conditions in the state are unusually poor for white women, the more favorable rates for African American's access to health care in Arkansas than nationally suggests that Arkansas is at least partially succeeding in improving health outcomes among its African American residents.

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

	Arkansas	United States
Fertility Rate in 1997 (live births per 1,000 women aged 15-44)[a]	**67.3**	**65.0**
Infant Mortality Rate in 1997 (deaths of infants under age one per 1,000 live births)[b]	**8.7**	**7.2**
Among Whites	7.4	6.0
Among African Americans	13.8	14.2
Percent of Low Birth Weight Babies (less than 5 lbs, 8 oz.), 1997	**8.4%**	**7.5%**
Among Whites	7.2%	6.5%
Among African Americans	12.7%	13.1%
Among Hispanics	6.5%	6.4%
Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 1997[a]	**75.7%**	**82.5%**
Among Whites	79.4%	84.7%
Among African Americans	62.6%	72.3%
Among Hispanics	60.1%	73.7%
Births to Teenage Women (aged 15-19 years) as a Percent of All Births, 1997[c]	**19.2%**	**12.8%**
Births to Unmarried Women as a Percent of All Births, 1997[c]	**34.2%**	**32.4%**

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

For all women, 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). In the country as a whole, about 82.5 percent of women begin prenatal care in their first trimester of pregnancy, while 75.7 percent of women in Arkansas do. However, use of prenatal care varies by race. In the United States as a whole, 84.7 percent of white women use prenatal care in the first trimester, while 72.3 percent of African American and 73.7 percent of Hispanic women do. In Arkansas, 79.4 percent of white women, 62.6 percent of African American women, and 60.1 percent of Hispanic women use first-

trimester prenatal care. Racial and ethnic disparities in prenatal care are larger in Arkansas than nationally.

Births to teenage mothers can make it difficult for them to achieve an adequate standard of living by limiting their choices about education and employment (The Alan Guttmacher Institute, 1994; U.S. Department of Health and Human Services, Public Health Service, 2000). In 1997, births to teenage mothers accounted for a substantially larger proportion of all births in Arkansas (19.2 percent) than they did nationally (12.8 percent). Births to unmarried mothers accounted for a slightly larger proportion of all births in Arkansas than they did nationally (34.2 percent in Arkansas compared with 32.4 percent for the nation as a whole).

Health and Well-Being

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

This section focuses on the quality of health of women in Arkansas. 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

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

Indicators	National Rank* (of 51)	Regional Rank* (of 4)	Grade
Composite Health and Well-Being Index	**43**	**3**	**D+**
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1995)[a]	37	3	
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1991-95)[b]	34	3	
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1991-95)[b]	6	1	
Percent of Women Who Have Ever Been Told They Have Diabetes (1998)[c]	41	2	
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 1997)[d]	5	1	
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, July 1998 through June 1999)[e]	26	2	
Average Number of Days per Month on which Women's Mental Health Is Not Good (1998)[c]	36	3	
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1995-97)[f]	37	2	
Average Number of Days per Month on which Women's Activities Are Limited by Their Health (1998)[c]	47	4	

See Appendix II for methodology.

* The national rank is of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of four and refer to the states in the West South Central Region (AR, LA, OK, TX).

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

Calculated by the Institute for Women's Policy Research.

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. Accessing the health care system is a particular concern in Arkansas, where many women live in rural areas. Information on women's access to health insurance is presented earlier in this report.

In both Arkansas and the United States women on average live longer than men. In the United States, in 1998, women's average life span was 79 years compared with 73 years for men. In Arkansas, women live 78 years on average compared with 71 for men, and white women live 79 years, compared with 74 for African American women (U.S. Department of Health and Human Services, 1998). Despite women's longer average life span, women in the United States 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 rights and family planning. 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, forthcoming). 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 women's employment has a positive effect on 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 are highly correlated with their economic and political status, and especially with their political participation and with a smaller wage gap (Kawachi, Kennedy, Gupta and Prothrow-Stith, 1999).

Arkansas, which ranks 43rd of all states, lags behind most states and the nation as a whole on indicators of women's health and well-being. The state fares particularly poorly on the average number of days on which health limits women's activities (47th) and on the percent of women who have ever been diagnosed with diabetes (41st). Although Arkansas ranks considerably higher on breast cancer mortality (sixth) and chlamydia incidence (fifth), these higher rankings do not substantially raise its score on the composite health and well-being index, and the state ranks at or below the midpoint for all states on each of the other component indicators of women's health status. Within the West South Central region, Arkansas also ranks poorly on the health and well-being composite at third of four states.

Arkansas' grade of D+ on the health and well-being index reflects the difference between women's actual health status in the state and national goals concerning their health status, including goals set by the U.S. Department of Health and Human Services in its Healthy People 2010 program (see Appendix II for a discussion of the composite methodology).

Mortality and Incidence of 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). It remains the leading cause of death for women aged 75 and over even when all cancers are combined (National Center for Health

Statistics, 1996). Since many of the factors contributing to heart disease, including high blood pressure, smoking, obesity and inactivity, can be addressed by changing women'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. Women in Arkansas experience mortality from heart disease at rates substantially above the median mortality rate for all states (102.9 and 90.9 per 100,000 population, respectively; see Table 15); the state ranks 37th among all states and third in its region on this indicator. Notably, men's mortality from heart disease is much higher than women's in Arkansas and in the country as a whole, at 203.6 and 174.4 per 100,000 population, respectively (data not shown). Like women's, men's mortality rates from heart disease in Arkansas are much higher than the median for the United States.

Mortality from heart disease also varies greatly by race in Arkansas and the United States as a whole. As Figure 14 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 of mortality from heart disease. In the United States, the mortality rate from heart disease for 1991-95 among all women 35 and older was 401 deaths per 100,000 women (these data differ from those in

Table 15.
Components of the Health and Well-Being Composite Index

Indicator	Arkansas	United States
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 1995[a]	**102.9**	**90.9***
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 1991-95[b]	**35.4**	**33.3**
Among White Women[c]	36.2	33.8
Among African American Women[c]	29.5	32.7
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 1991-95[b]	**23.3**	**26.0**
Among White Women[c]	22.4	25.6
Among African American Women[c]	31.6	31.5
Percent of Women Who Have Ever Been Told They Have Diabetes (1998)[d]	**6.4%**	**5.3%***
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000), 1997[e]	**181.1**	**335.8**
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), July 1998 through June 1999[f]	**3.0**	**9.4**
Average Number of Days of Poor Mental Health Among Women, 1998[d]	**3.8**	**3.5***
Average Annual Mortality Rate Among Women from Suicide (per 100,000), 1995-97[g]	**4.5**	**3.9**
Average Number of Days of Limited Activities Among Women, 1998[d]	**5.7**	**3.6***

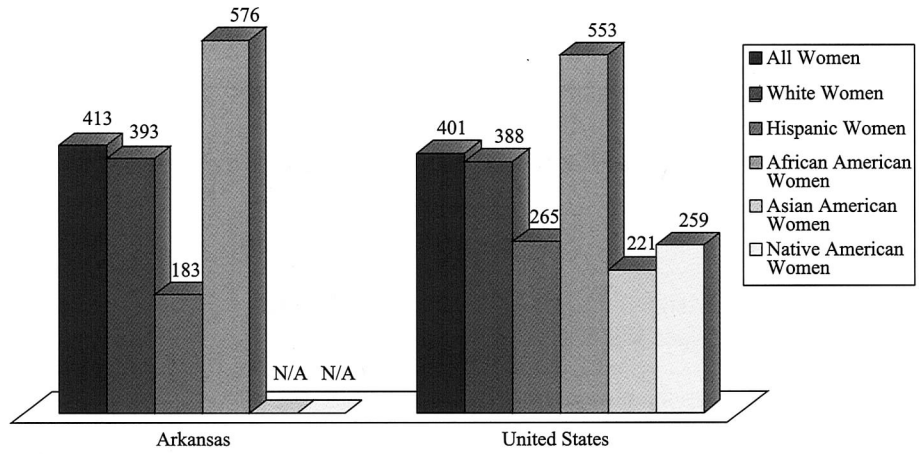
* Median rate for the 50 states and the District of Columbia.

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

Compiled by the Institute for Women's Policy Research.

Table 15, which presents 1995 mortality rates for women of all ages). For African American women, it was much higher, at 553 deaths per 100,000, while for white women it was 388. For Hispanic women, the rate was only 265 deaths per 100,000, and it was even lower, at 221 and 259, for Asian American and Native American women, respectively. In Arkansas, patterns of mortality from heart disease among women of different racial and ethnic groups were similar to those in the nation as a whole. African American women experienced mortality from heart disease at a rate of 576 per 100,000; white women did at a rate of 393 per 100,000; and Hispanic women's rate was only 183 per 100,000. Notably, while African American and white women had mortality rates higher in Arkansas than nationally, Hispanic women in Arkansas had much lower rates than Hispanic women nationally. Data for Asian American and Native American in Arkansas were not available.

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



* Average annual mortality rates (deaths per 100,000) for women aged 35 years and older. Data for Hispanics are also included within each of the four categories of race. Data for Native American and Asian American women are not available for Arkansas. Data differ from those provided in Table 15, which are for women of all ages for 1995.

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

Compiled by the Institute for Women's Policy Research.

Cancer is the leading cause of death for women aged 45-74, and women's lung cancer, the leading cause of death among 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 on the link between cancer and smoking can be crucial to lowering lung cancer incidence and mortality. In Arkansas, average mortality from lung cancer is 35.4, near the national rate of 33.3 per 100,000 women. Arkansas ranks 34th in the nation and third out of four states in the West South Central region on this indicator. Mortality rates from lung cancer are higher among white women than they are among African American women in Arkansas and in the nation as a whole. In Arkansas, 36.2 white women per 100,000 die from lung cancer each year, while 29.5 African American women do. Nationally, 33.8 white women and 32.7 African American women per 100,000 die annually from lung cancer. While white women's mortality from lung cancer is higher in Arkansas than nationally, African American women's mortality is lower in Arkansas than nationally.

Among cancers, breast cancer is the second-most common cause of death for U.S. women. Approximately 175,000 new invasive cases of breast cancer are expected in 1999 (American Cancer Society, 1999). Breast cancer screening is crucial not just for detecting breast cancer but also for reducing breast cancer mortality. Consequently health insurance coverage, breast cancer screenings, and public awareness of the need for screenings are all important issues to address as states attempt to diminish death rates from the disease. Arkansas' rate

A Tale of Two States: Focus on Region, Race and Health among Arkansas Women

Both region and race play distinct roles in the quality of life and the health of Arkansas residents. The northern and western "uplands" and the southern and eastern "lowlands" of Arkansas are distinct in terms of their demographics, economies, politics, and racial and ethnic compositions. Most members of the state's largest minority, African Americans (about 16 percent of the total population), live in the counties touching the Mississippi River Delta. Due largely to the legacy of plantation slavery and, later, widespread sharecropping, the residents of this region tend to be poorer, less educated, and—as a consequence—less healthy than the rest of an already unhealthy state. However, the social geography of the state is not purely black/white or Delta/Ozark. Many residents of all races in the north central region of the state also suffer from poverty, few educational opportunities, and poor health, as does a large portion of the growing Hispanic population in northwest Arkansas (U.S. Department of Commerce, Bureau of the Census, 1990). In short, great disparities—with a basis in both region and race—pervade the Arkansas experience, and they are evident in women's health issues.

Although health data providing breakdowns by sex, ethnicity, and region are scarce, the available statistics demonstrate clear inequities based on race. For example, white Arkansas women have an average lifespan of five years longer than African American women, approximately 79 versus 74 years respectively (National Center for Health Statistics, 1998). The infant mortality rate in 1997 was 7.4 among white mothers, but 13.8 among African American mothers (see Table 14). Further, although overall mortality from and incidence of breast cancer among white Arkansas women is slightly higher than that among African American women, the five-year survival rate for breast cancer patients among African Americans is notably lower than among white women (Frank, 2000c).

For both men and women, diabetes, high blood pressure, and obesity also impact the state's minority and majority populations at different rates. According to the Centers for Disease Control and Prevention, nearly twice as many African Americans as whites died of strokes in Arkansas in 1997 (Frank, 2000a). Cardiovascular disease and cancer disproportionately impact residents of the Delta, especially African Americans. In 1995, cancer killed African American residents of Arkansas at a rate of 222.4 per 100,000, compared with 174.3 per 100,000 among whites (Frank, 2000b). These disparities are probably related to different

levels of access to information, resources for early detection, and good health care (Frank, 2000a).

At the same time, several important programs have been developed recently to improve the health care access and treatment of Arkansas' poor and minority female population. In 1999, for example, the Susan G. Komen Breast Cancer Foundation funded several programs in Arkansas (Susan Komen Breast Cancer Foundation, 2000). These projects target the Mississippi River basin, the growing Spanish-speaking communities of the Northwest, and women of the White River region, many of whom live below the 200 percent poverty level (U.S. Department of Commerce, Bureau of the Census, 1990). One project specifically targeting African American and low-income women in the Delta region is the Witness Project®, an innovative approach to outreach on breast and cervical cancer issues. Cancer survivors, working through churches and community centers, share their experiences with the disease, then team up with peer educators who provide specific information on screening, breast self-examination, mammography, and Pap testing.

Witness Project® volunteers also teach women about financial resources that help cover prevention and treatment costs for women-specific health care. Among the most important of these is BreastCare, a state-run program that provides free breast-cancer screening, diagnostic and treatment services for Arkansas women 40 or older and living at or below 200 percent of the federal poverty level without health insurance. BreastCare, or the Breast Cancer Control Program, was created by the Breast Cancer Act of 1997. The program is funded by the state government and administered by the Arkansas Department of Health. The official purpose of the measure is "to provide professional and public education and awareness as well as for early detection, diagnosis and treatment of breast cancer" (Arkansas BreastCare, 2000). A central goal of BreastCare is that it be widely publicized and accessible to women throughout the state. A massive advertising campaign and 24-hour toll-free number have been established to this end (see Appendix V: State and National Resources). In addition to answering questions, telephone personnel can determine a woman's eligibility for BreastCare services and make an initial mammogram appointment for her. If the mammogram is abnormal, the woman will receive further diagnostics and treatment under the program.

With initiatives such as those described above, Arkansas can continue to make strides in improving the health and well-being of all Arkansas women.

of mortality from breast cancer is relatively low, at 23.3, compared with the national rate of 26.0 per 100,000 population. As a result, the state ranks relatively high, at sixth in the nation and first in the region, on this indicator. In addition, with the passage and implementation of Arkansas' Breast Cancer Act of 1997, the state's rates of breast cancer mortality may improve further (Arkansas, 1997; for more details see A Tale of Two States: Region, Race and Health Among Arkansas Women). Unlike mortality rates from lung cancer, mortality rates from breast cancer are higher among African American women than they are among white women in Arkansas and in the nation as a whole. In Arkansas, mortality from breast cancer is 22.4 per 100,000 white women but 31.6 per 100,000 African American women. Nationally, the mortality rate from breast cancer is 25.6 per 100,000 white women and 31.5 per 100,000 African American women.

People with diabetes are two to four times more likely to develop heart disease or stroke, blindness, kidney disease, and other serious health conditions than those without it, and women with diabetes have the same risk of heart disease as men (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999b). Rates of diabetes vary tremendously by race, with African Americans, Hispanics, and American Indians experiencing much higher rates than white men and women (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998). The overall risk of diabetes can be decreased by lowering the level of obesity and by improving health habits in a state. In Arkansas, 6.4 percent of women have been diagnosed with diabetes at some point in their lifetime, a rate much higher than the median rate for all states, 5.3 percent. At 41st, Arkansas ranks lower on this indicator than on most other measures of women's health. Despite its low national ranking, the state ranks high in its region at second of four states.

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 Arkansas, chlamydia affects 181.1 women per 100,000 population, a rate substantially lower than that for the United States as a whole (335.8 women per 100,000 population). As a result, Arkansas ranks in the top ten at fifth nationally on this indicator of women's health status.

Finally, the incidence of HIV and AIDS in women is one of the fastest growing threats to their health, especially among younger women. In fact, the original gap between the incidence of AIDS in women and men is diminishing quickly. While in 1985 the incidence of AIDS-related illnesses among men was 13 times more than for women, by 1998-99 men had fewer than four times as many AIDS-related illnesses as women. The proportion of people with AIDS who are women is likely to continue rising, since a higher proportion of HIV cases are women: in 1998-99, 23 percent of AIDS cases were women, while 32 percent of HIV cases were (U.S. Department of Health and Human Services, Public Health Service, 1999). Moreover, the majority of the AIDS burden falls on minority women: in 1998, 63 percent of women diagnosed with AIDS were African American, and over 18 percent were Hispanic (U.S. Department of Health and Human Services, Public Health Service, 1999). Unfortunately, state-by-state data for minority women are not available. Overall, Arkansas has much lower incidence rates of AIDS for women than the nation as a whole (the rates are 3.0 and 9.4, respectively, per 100,000 population), and the state ranks 26th in the nation and second in its region on this health indicator. For men the AIDS incidence rate is also much lower in Arkansas than in the nation, at 15.5 cases per 100,000 population in Arkansas and 33.2 cases in the United States as a whole for men (data not shown; U.S. Department of Health and Human Services, Public Health Service, 1999).

Mental Health

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

In Arkansas, women's self-reported evaluations indicate that women experience an average of 3.8 days per month on which their mental health is not good, and the state ranks 36th on this measure (see Table 15 and Chart VII). Nationally, the median rate for all states is 3.5 days of poor mental health per month. Men's rate of poor mental health is also above the national median at 3.4 and 2.4 days, respectively (data not shown). In Arkansas, however, men's rate of poor mental health compared with women differs somewhat from national trends: in the nation as a whole, the median rate for women is 1.1 days more than it is for men (3.5 and 2.4 days per month, respectively), while in Arkansas the women's rate is less than half a day (0.4) more than men's (3.8 days for women and 3.4 for men). The gender disparity on this indicator is smaller in Arkansas than nationally.

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 45-54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2000a). Among women in the United States, the annual rate of mortality from suicide is 3.9 per 100,000 population. In Arkansas, the rate of death by suicide among women is higher, at 4.5. As a result, Arkansas ranks 37th in the nation and second in the West South Central region on this indicator of women's health status.

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

Limitations on Activities

Women's overall health status strongly affects their ability to carry out everyday tasks, provide for their families, fulfill their goals, and live full and satisfying lives. Illness, disability and generally poor health can obstruct their ability to do so. Women's self-evaluation of the number of days in a month on which their activities were limited by their health status measures the extent to which women are unable to perform the tasks they need and want to complete. Among all states, the median is 3.6; in Arkansas, the average number of days of limited activities for women is much higher, at 5.7 (see Table 15), and the state ranks 47th in the nation and last in the West South Central region on this measure. Arkansas' low score on this measure is probably related to women's poor health on other indicators of women's health status. For men, the rate in Arkansas (6.7 days per month) exceeds the median rate for all states (3.5 days per month; data not shown) by an even larger amount.

Preventive Care and Health Behaviors

Women's health status is affected tremendously by their use of early detection measures, preventive health care, and good personal health habits. In fact, preventive health care, healthy eating and exercise, as well as elimination of smoking and heavy drinking, can help women avoid many of the diseases and conditions described above. Table 16 presents data on women's use of preventive care, early detection resources, and good health habits in Arkansas. Generally, women in Arkansas use preventive care resources at below-average levels. Of women over age 50, 57.0 percent have had a mammogram within the past two years, a rate much lower than the median for all states (67.8 percent). Likewise, Arkansas women have lower usage rates of pap tests (78.9 percent) and cholesterol screenings (63.2 percent) than the median rates for all states (84.9 percent and 68.2 percent for pap tests and cholesterol screenings, respectively). It is important to note that due to the rural nature of Arkansas, many women may have trouble accessing preventive care resources as well as treatment facilities. In addition, the low levels of health insurance coverage in Arkansas may also reduce women's access to these screening tests.

In contrast, Arkansas women's health habits are not consistently better or worse than national medians. The percent of adult women in Arkansas who smoke, 23.7 percent, is higher than the median for all states, 20.8 percent, and the percent of women with no reported physical activity is considerably higher (37.9 percent and 29.9 percent, respectively; see Table 16). However, a smaller percent of Arkansas women drink chronically (60 or more alcoholic beverages a month) compared to the median for all states (0.3 and 0.7, respectively), and women in Arkansas are more likely to eat the recommended amount of fruits and vegetables than women in other states (68.9 pecent of Arkansas women and 72.2 percent of women nationally fail to meet this nutrition guideline).

Table 16.
Preventive Care and Health Behaviors

	Arkansas	United States*
Preventive Care		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 1998[a]	57.0	67.8
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 1998[a]	78.9	84.9
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 1995[b]	63.2	68.2
Health Behaviors		
Percent of Women Who Smoke (100 or more cigarettes in their lifetime and who now smoke everyday or some days), 1998[a]	23.7	20.8
Percent of Women Who Report Chronic Drinking (60 or more alcoholic beverages during the previous month), 1995[b]	0.3	0.7
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 1998[a]	37.9	29.9
Percent of Women Who Do Not Eat 5 or More Servings of Fruits or Vegetables per Day, 1998[a]	68.9	72.2

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

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

Compiled by the Institute for Women's Policy Research.

State Health Policies and Resources

State policies can contribute to women's health status in significant ways. Because poverty is closely associated with poor health among women, policies

allocating resources to Medicaid programs to help low-income men and women cover health-related expenses are critical for improving health and well-being. Women are particularly affected by resource allocations to Medicaid programs since more women than men live in poverty and, consequently, over 50 percent more women receive Medicaid benefits than men (U.S. Department of Health and Human Services, Health Care Financing Administration, 1999a). In Arkansas, women are somewhat more likely than men to receive health insurance from public sources (16.5 percent versus 13.3 percent; see Table 12). During the 1990s, states gained increased autonomy in setting eligibility and benefit levels for Medicaid programs, and as a result their spending varied substantially. Table 17 shows the level of Medicaid spending per adult enrollee in Arkansas ("adults" are generally defined as nondisabled people aged 18-64, although some states extend "adult" to cover some younger people, such as pregnant teens or mothers classified as head-of-household). In 1997, at $1,307, Arkansas' spending was far below the average among all states of $1,874 per adult enrollee. Without adequate financial support for their health care needs, the health status of low-income women and their families is likely to suffer. State and federal policy should also ensure that as men and women move off welfare and into the workforce, they do not lose access to health insurance.

Domestic violence and stalking can also affect women's physical health and mental well-being significantly. Very little reliable data on rates of violence against women exist, however, because many incidences of vilence go unreported. Women who suffer from domestic violence, stalking, and other crimes often need appropriate services to help them make the transition from a violent and unhealthy situation to an independent and stable life. Still, state spending related to violence against women varies tremendously. Table 17 shows that Arkansas' funding for domestic violence and stalking programs, at $0.28 per person in the state, is substantially below the national average of $1.34. In addition, the federal government provided all funding for domestic violence and sexual assault programs in Arkansas, with no state contributions. Of the funds, 85 percent were spent on domestic violence programs and 15 percent on sexual assault programs.

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

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

	Arkansas	United States
Medicaid Spending Per Adult Enrollee, 1997[a]	$1,307	$1,874
Domestic Violence and Sexual Assault Services and Prevention Spending Per Capita, 1994-95[b]	$0.28	$1.34

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

from insurance coverage of screenings for cervical cancer and osteoporosis. However, Arkansas does mandate that health insurance provide coverage of inpatient care following a mastectomy and either cover or offer at least one policy covering mental health services. It also requires that women be allowed to either choose an obstetrics and gynecology specialist as their primary care physician or have direct access to one.

Table 18.
State Health Insurance Mandates in Arkansas, 1999

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

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

Conclusions and Policy Recommendations

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

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 keeping 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. 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. We recommend, among others, the following initiatives:

- **Educational Attainment.** Educational attainment permeates all of the factors affecting women's status. Since Arkansas ranks 50th in the educational achievement of its female citizens, policies and programs which encourage and support women's educational development should be implemented and strengthened.

- **Recruitment for Public Office.** The more our institutions of state and local government resemble the people, the more legitimacy—and innovative ideas—they will have. Political party leaders, executive appointment specialists, and individual campaign donors can do much to improve Arkansas politics and policy through a conscious effort to actively promote the participation of women and minorities, as leaders and as voters.

- **State Earned Income Tax Credit.** One way to promote work and raise take-home pay is through a state Earned Income Tax Credit (EITC). A state EITC is a state income tax credit designed to provide tax relief and supplement earnings for low- and moderate-income working families. It is refundable if the credit exceeds the family's tax liability. State EITCs are usually based on the popular federal EITC that has been supported by every Democratic and Republican president since it was adopted during the Ford administration.

- **Health Insurance.** For Arkansas' uninsured women and men, minor health problems that could have been prevented or healed can become catastrophic situations leading to loss of work days or even loss of employment altogether. Further, for most women, Medicaid is only available when they are pregnant; a woman who does not have health insurance often does not get the preventive and routine health care she needs. The state should expand existing programs to allow more adults to be served.

- **Paid Leave for New Parents.** The U.S. 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 who otherwise leave employment following the birth or adoption of a child. The ruling, titled the Birth and Adoption Unemployment Compensation Final Rule, was issued in June of 2000 and took effect in August of the same year. Arkansas would do well to be among the first

states to attend to the needs of working families by taking advantage of this opportunity.

- **Child Care.** Working parents struggle to find ways to find and pay for quality child care for their children. They want their children to be in safe and educational environments, yet they cannot afford to spend a large portion of their income on child care. State child care programs currently provide child care assistance to less than 10 percent of families who are eligible, and the rates paid by the state to child care providers are not enough to cover the costs of quality child care in most communities. The state needs to devote more funding to allow more families to be served and to cover the costs of good quality care.

- **Access to Capital and Contracts.** For many women who want to start a business, access to capital is an issue. They often do not meet the loan requirements of traditional financial institutions. There are organizations within the state that provide access to capital for business start-ups, but these organizations receive no funding from the state. All funding comes from private and federal government sources. The state invests generously in economic development through tax credits, primarily to large employers. It should also provide support to smaller entrepreneurs by providing money for loan funds and technical assistance. Rates of women's business ownership could also be increased by ensuring that state and local government contracts are accessible to women-owned businesses.

- **Women's Physical Security.** Women's safety and physical well-being can be enhanced by increasing public safety generally and by better protecting women from domestic violence, through even stronger legislation against domestic violence and stalking as well as better police and judicial training.

- **Women's Wages and Overall Economic Security**. Since Arkansas ranks 51st in women's median annual earnings, women's wages need to be raised by policies such as stronger enforcement of equal opportunity laws, improved educational opportunities, higher minimum wages, and/or the implementation of pay equity adjustments in the state and/or in the private sector. Women's economic situations also can be improved by greater state emphasis upon child support collection and by implementing welfare reform programs that maximize women's educational and earning opportunities, while still providing an adequate safety net for those who cannot work.

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

- **An Increased Minimum Wage.** 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 (and men) workers.

- **Unionization.** 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, especially in Arkansas, constitutionally a "right to work" state.

- **National Family Leave Legislation.** Policies such as paid family leave could be legislated nationally as well as at the state level through, at a minimum, mandatory temporary disability insurance.

- **Expanded Income Redistribution Programs**. 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.

Women's status varies significantly across states and regions, and the reasons for these differences are not well understood. Arkansans know all too well that in many—though not all—ways, they are less well off (less financially secure, less healthy,

less educated, etc.) than residents of other states in the nation. More research is needed, however, on the causes of such differentials. Indicators such as those presented here can be used to monitor women's progress, record efforts at improvement, and evaluate the effects of policy changes on a state-by-state-basis; Arkansas should take the lead, and begin its journey now.

The Arkansas Advisory Committee

Appendix I
Basic Demographics

This Appendix includes data on different populations within Arkansas. Statistics on age, the sex ratio and the elderly female population are presented, as are the distribution of women by race/ethnicity and

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

	Arkansas	United States
Total Population, 1998[a]	**2,538,303**	**270,298,524**
Number of Women, All Ages[b]	1,312,227	138,252,197
Sex Ratio (women to men, aged 18 and older)[b]	1.12:1	1.08:1
Median Age of All Women[b]	37.1	36.3
Proportion of Women Over Age 65[b]	16.3%	14.6%
Distribution of Women by Race and Ethnicity, All Ages, 1995[c]		
White*	81.4%	73.0%
African American*	16.4%	12.8%
Hispanic**	1.0%	9.8%
Asian American*	0.6%	3.6%
Native American*	0.5%	0.8%
Distribution of Households by Type, 1990[d]		
Total Number of Family and Nonfamily Households	890,126	91,770,958
Married-Couple Families (with and without their own children)	60.3%	56.2%
Female-Headed Families (with and without their own children)	10.7%	11.3%
Male-Headed Families (with and without their own children)	2.6%	3.2%
Nonfamily Households: Single-Person Households	23.8%	24.4%
Nonfamily Households: Other	2.6%	4.9%
Distribution of Women Aged 15 and Older by Marital Status, 1990[e]		
Married	59.4%	55.6%
Single	17.0%	23.1%
Widowed	14.3%	11.9%
Divorced	9.3%	9.4%
Percent of Households with Children Under Age 18 Headed by Women, 1990[f]	**19.0%**	**19.5%**
Proportion of Women Living in Metropolitan Areas, All Ages, 1990[g]	**50.4%**	**83.1%**
Proportion of Women Who Are Foreign-Born, All Ages, 1990[h]	**1.2%**	**7.9%**
Percent of Federal and State Prison Population Who Are Women, 1998[i]	**6.5%**	**6.5%**

* Non-Hispanic.

** Hispanics may be of any race.

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

Compiled by the Institute for Women's Policy Research.

family types and information on women in prisons. These data present an image of the state's female population and can be used to provide insight on the topics covered in this report. For example, compared with the United States as a whole, Arkansas has a higher ratio of women to men, a slightly older female population, a larger proportion of African American women, much smaller proportions of Hispanic, Asian American and foreign-born women, a smaller proportion of Native American women, and a much lower proportion of women living in urban areas. Demographic factors also have implications for the location of economic activity, the types of jobs available, market growth, and the types of public services needed.

Arkansas has the 33rd largest population among all the states in the United States. There were over 1.3 million women of all ages in Arkansas in 1998 (see Appendix Table 1). Between 1990 and 1998, the population of Arkansas grew by 8.0 percent, slightly less than the growth of the nation as a whole (8.7 percent; data not shown; U.S. Department of Commerce, Bureau of the Census, 1999d). Compared with its region, Arkansas' population growth rate is the second highest, behind that of Texas (16.3 percent) and ahead of Oklahoma (6.4 percent) and Louisiana (3.5 percent). White women are a larger share of the female population in Arkansas than they are in the United States as a whole, with minorities making up only 18.6 percent of women in the state (compared with 27.0 percent for the nation as a whole). Of all the racial/ethnic groups in Arkansas, African American women (16.4 percent) constitute a substantially higher proportion than the national average (12.8 percent). The other groups combined make up just 2.1 percent of the female population in Arkansas, over 12 percentage points less than for the rest of the United States.

While the proportion of divorced women in Arkansas is virtually the same as that in the country as a whole (9.3 percent in Arkansas and 9.4 percent nationally), the proportions of married and widowed women are somewhat higher than the nation's (59.4 percent and 14.3 percent, compared with 55.6 percent and 11.9 percent in the United States; see Appendix Table 1), and Arkansas women are much less likely to be single (17.0 percent compared with 23.1 percent in the nation as a whole). Arkansas' distribution of family types diverges from that in the nation as a whole. The proportion of married-couple families is much higher (60.3 percent in Arkansas and 56.2 percent in the country as a whole) and the proportion of "other" non-family households is lower (2.6 percent in Arkansas compared to 4.9 percent nationally), while remaining household types are nearly the same proportion of the state's households as nationally. In 1990, 10.7 percent in Arkansas and 11.3 percent of households nationally were female-headed; 2.6 percent in Arkansas and 3.2 percent nationally were male-headed; and 23.8 percent in Arkansas and 24.4 percent in the country were single-person households. Female-headed families with children under age 18 constitute 19.0 percent of all families with children in Arkansas, compared with 19.5 percent of families nationwide.

Arkansas' proportion of women living in metropolitan areas is substantially lower than in the nation as a whole (50.4 percent compared with 83.1 percent of women in the United States). The percent of Arkansas' prison population that is female is the same as the national average (6.5 percent; see Appendix Table 1). Arkansas has a much smaller foreign-born female population than does the United States as a whole (1.2 percent compared with 7.9 percent).

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

Composite Political Participation Index

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

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

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

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

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

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

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

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

Composite Employment and Earnings Index

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

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

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

Women's Median Annual Earnings: Median yearly earnings (in 1998 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1996, 1997 and 1998. Earnings were converted to constant dollars using the Consumer Price Index and the median was selected from the merged data file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state. The sample size for women ranges from 511 in Vermont to 4,805 in California; for men, the sample size ranges from 641 in the District of Columbia to 7,594 in California. For Arkansas, the sample size is 689 for women and 902 for men. These earnings data have not been adjusted for cost-of-living differences between the states because the federal government does not produce an index of such differences. Source: Economic Policy Institute calculations of the 1997-99 Annual Demographic Files (March) from the Current Population Survey, for the 1996-98 calendar years; Economic Policy Institute, 2000.

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

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

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

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

Composite Economic Autonomy Index

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

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

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

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

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

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

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

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

Composite Reproductive Rights Index

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

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

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

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

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

Restrictions on Public Funding: If a state provides public funding for abortions under most circumstances for women who meet income eligibility standards, it received a score of 1.0. Source: NARAL and NARAL Foundation, 2000.

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

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

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

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

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

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

Composite Health and Well-Being Index

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

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score." Mortality from heart disease, breast cancer and lung cancer were set according to national goals for the year 2010, as determined by the U.S. Department of Health and

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

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

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

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

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

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

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

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

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

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

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

Violence Against Women

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

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

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

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

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

Child Support

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

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

Welfare

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

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

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

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

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

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

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

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

Employment/Unemployment Benefits

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

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

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

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

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

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

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

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

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

Sexual Orientation and Gender Identity

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

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

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

Reproductive Rights

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

Institutional Resources

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

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

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

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

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

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

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

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

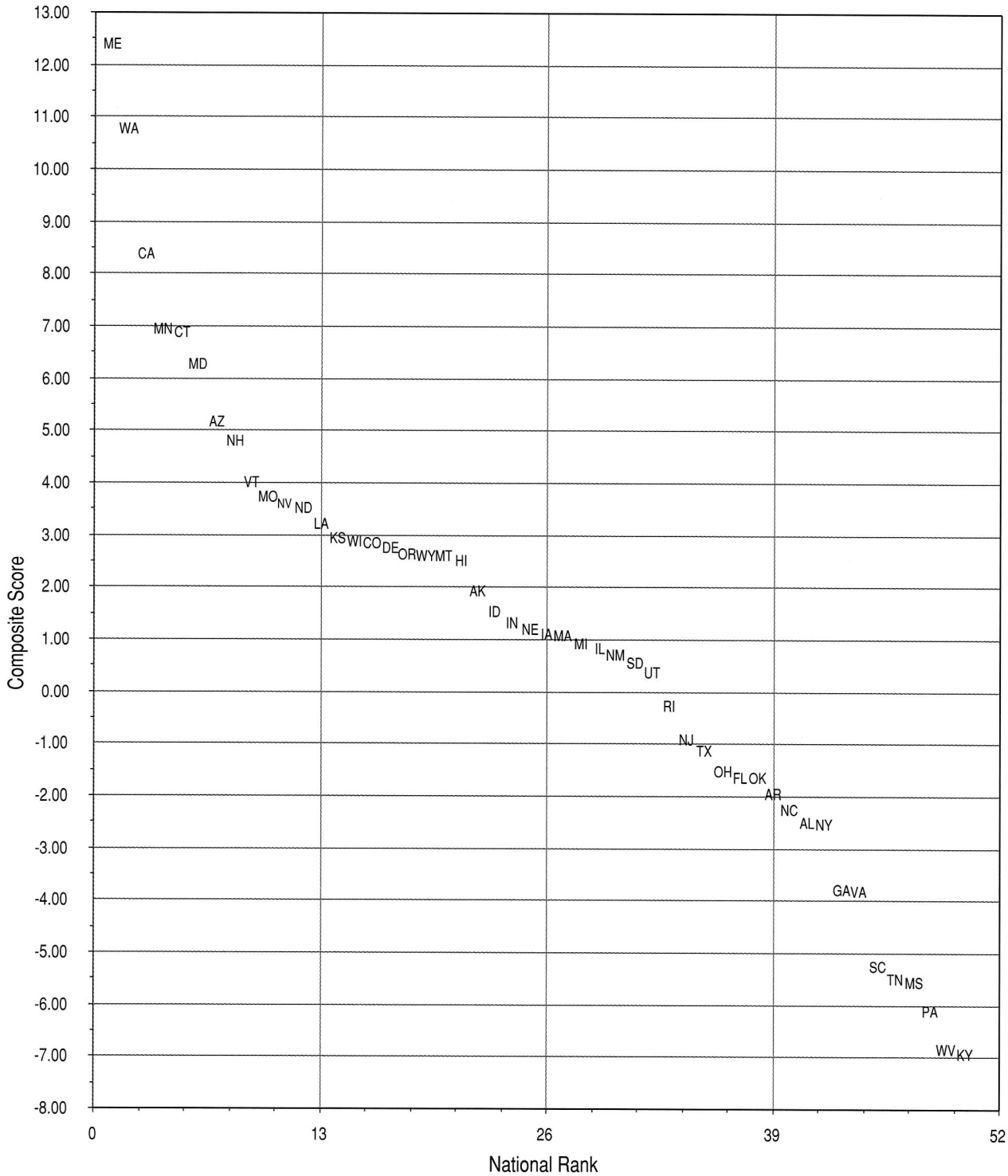
	Composite Index			Parental Consent	Waiting Period	Public Funding	Percent of Women Living in Counties with Providers	Contraceptive Coverage	Pro-Choice Government	Infertility	Second-Parent Adoption	Mandatory Sex Education
State	**Score**	**Rank**	**Grade**	**Score**	**Score**	**Score**	**Score**	**Score**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

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

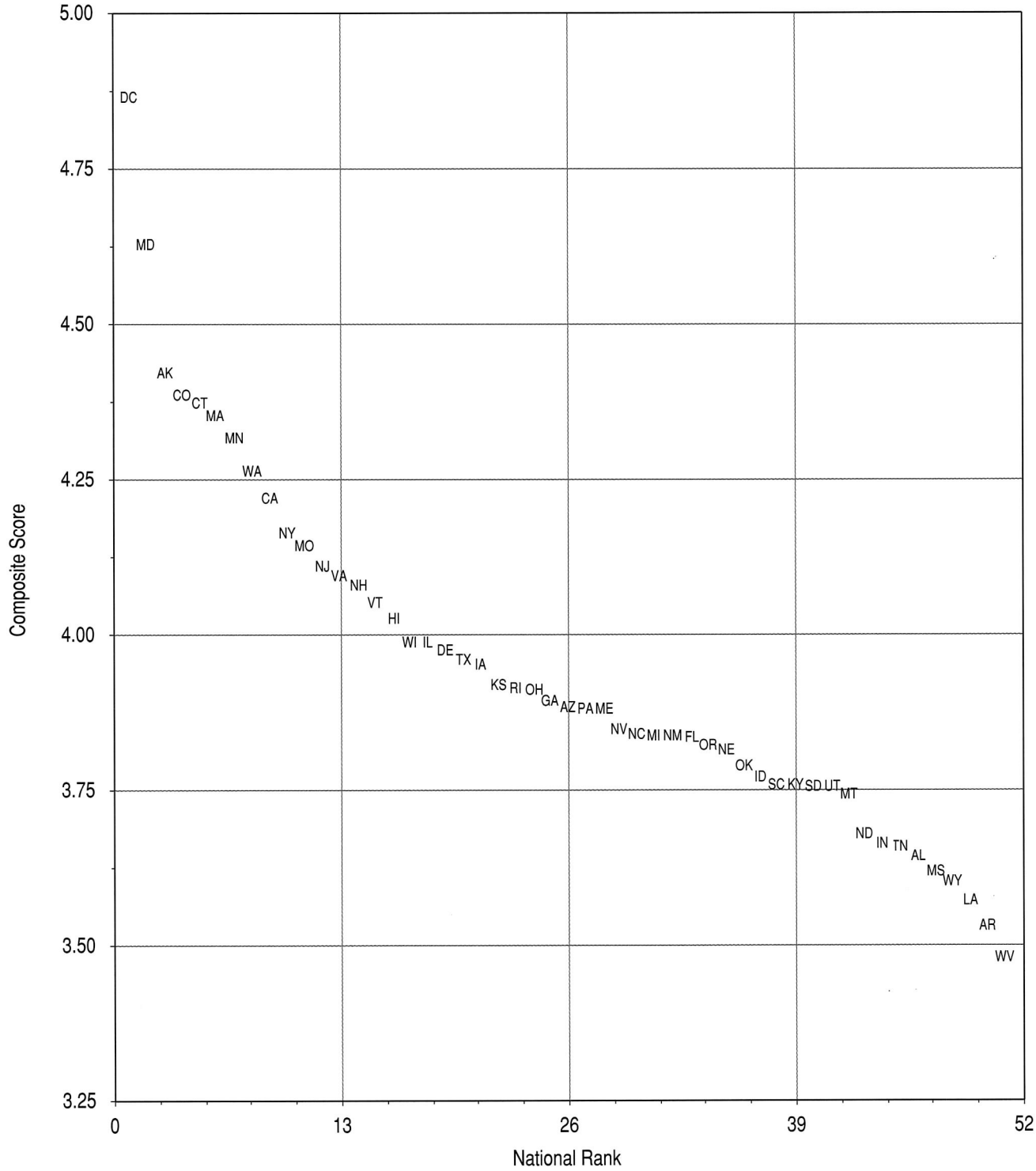
Appendix IV, Part A: State-by-State Rankings on the Composite Indices and Their Components—Health and Well-Being

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

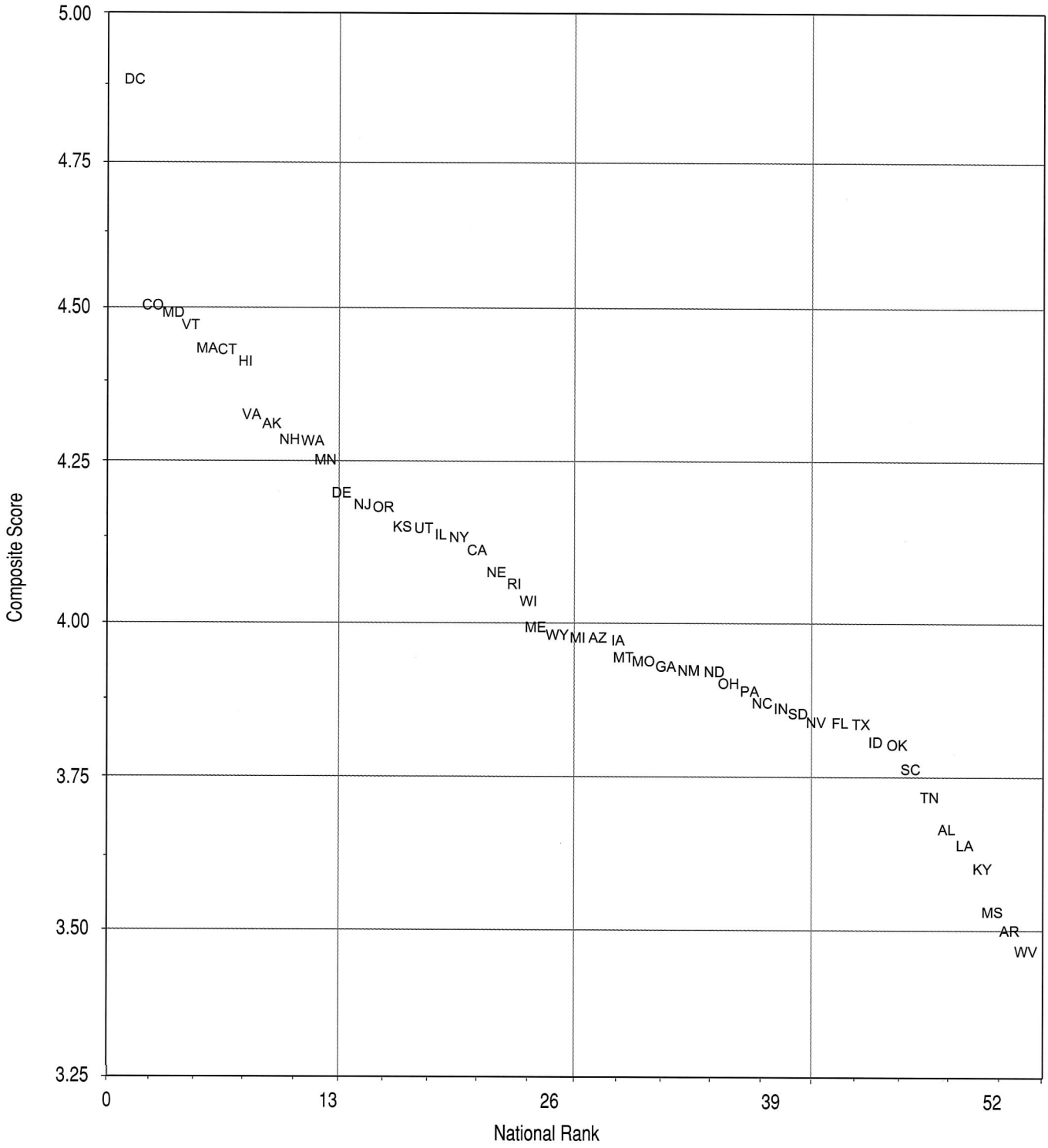
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices
Political Participation



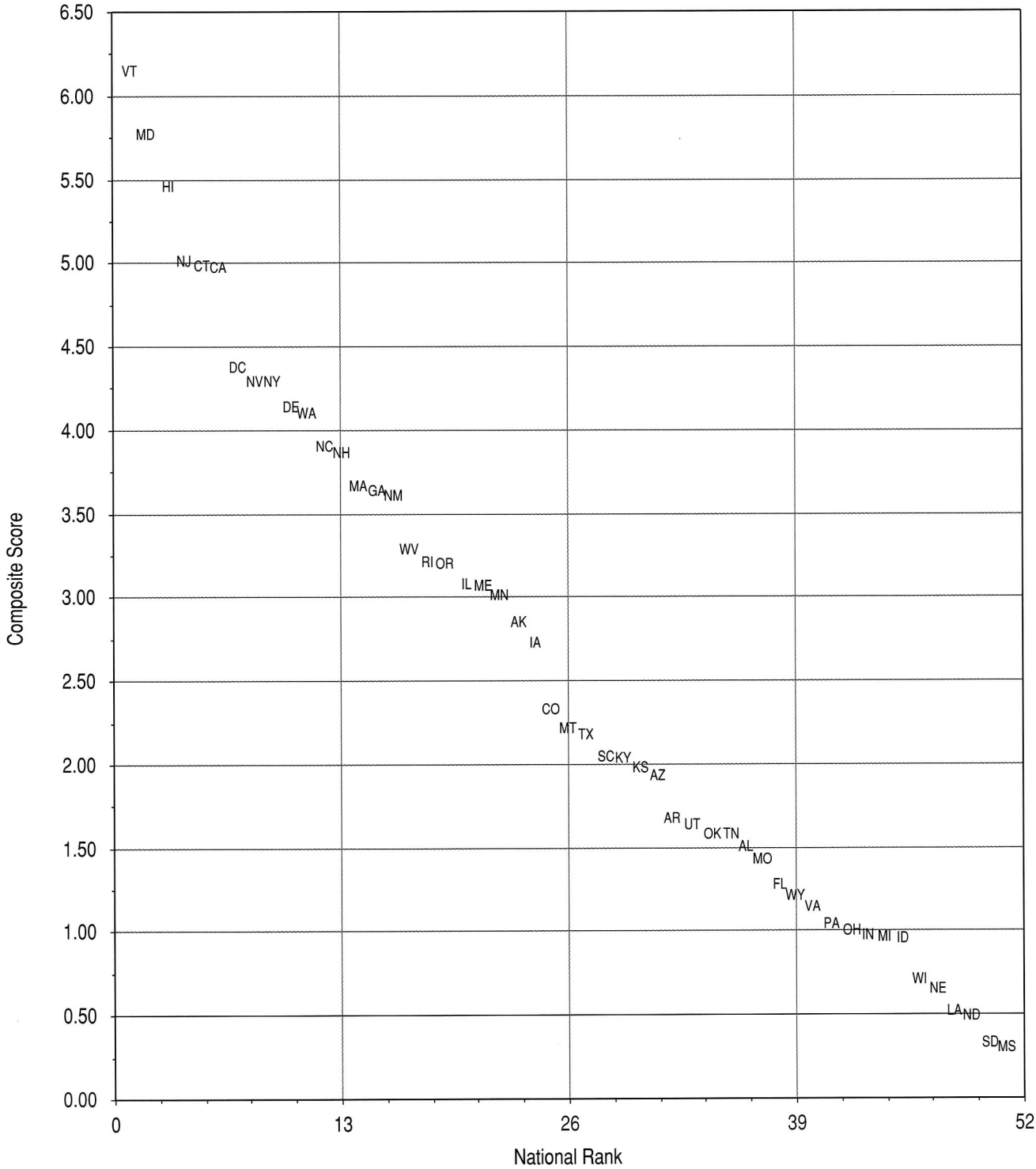
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Employment and Earnings



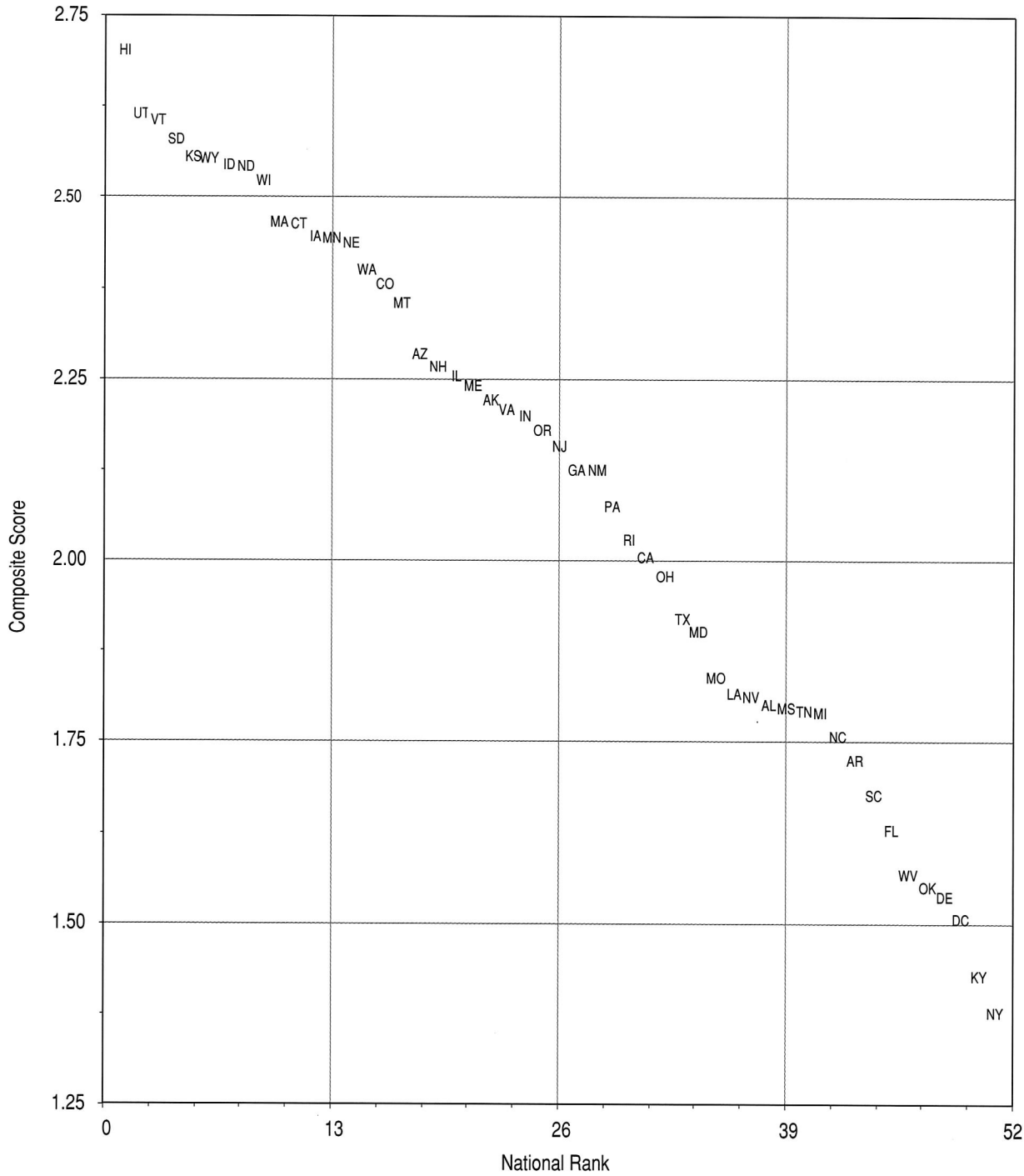
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices
Economic Autonomy



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



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



Appendix V
State and National Resources

Selected Arkansas Resources

American Association of University Women
Arkansas Chapter
391 Highway 290
Hot Springs, AR 71913
Tel: (501) 525-8703
jdrose@attglobal.net

American Civil Liberties Union
Arkansas Chapter
904 W. Second Street
Suite 1
Little Rock, AR 72201
Tel: (501) 374-2660
Fax: (501) 34-2842

Arkansas Advocates for Children and Families
523 South Louisiana Street, Suite 700
Little Rock, AR 72201
Tel: (501) 371-9678
Fax: (501) 371-9681
www.aradvocates.org
aacf@aristotle.net

Arkansas Committee on Child Abuse, Rape and Domestic Violence
4301 West Markham
Little Rock, AR 72205
Tel: (501) 661-7975
Fax: (501) 661-7967
niessbarbarann@vams.exchange.edu

Arkansas Equality Network
P.O. Box 242
Fayetteville, AR 72702
Tel: (501) 571-3157
Fax: (501) 372-0009
AREquality@aol.com

Arkansas Public Policy Panel
1308 West Second Street
Little Rock, AR 72201
Tel: (501) 376-7913
Fax: (501) 374-3935
www.Arpanel.org
app@igc.org

Arkansas Single Parent Scholarship Fund
614 East Emma, Suite. 119
Springdale, AR 72764
Tel: (501) 927-1402
Fax: (501) 751-1110
director@aspsf.org; website
www.aspsf.org/

Arkansas Women's Business Development Center
2304 West 29th Street
Pine Bluff, AR 71603
Tel: (870) 535-6233
Fax: (870) 535-0741
www.arenterprise.org
arwbdc@ehbt.com

BreastCare
Arkansas State Department of Health
4815 West Markham Street
Little Rock, AR 72205
Tel: 1(877) 670-CARE
Tel: (501) 661-2000
Fax: (501) 280-4049
dcrippen@mail.doh.state.ar.
www.arbreastcare.com

Good Faith Fund
2304 West 29th Street
Pine Bluff, AR 71603
Tel: (870) 535-6233
Fax: (870) 535-0741
www.arenterprise.org
bforbus@ehbt.com

League of Women Voters of Arkansas
2020 West Third Street, Suite 504
Little Rock, AR 72205
Tel: (501) 376-7760
Fax: (501) 975-4670
www.insolwwb.net/~lwvar
lwvar@aristotle.net

National Organization for Women
Arkansas Chapter
P.O. Box 3120
Fayetteville, AR 72702
Tel: (501) 442-5250
Fax: (501) 442-5250
NOWArk@aol.com

Planned Parenthood of Arkansas and Eastern Oklahoma
5512 West Markham
Little Rock, AR 72205
Tel: (501) 666-7526
www.plannedparenthood.com
ppaeo@aristotle.net

The Witness Project
901 North University
Little Rock, AR 72207
Tel: (501) 661-9603
Tel: 1(800) 767-3824
www.wichitawellness.org
cstayton@concer.org

Women's Project
2224 S. Main Street
Little Rock, AR 72206
Tel: (501) 372-5113
Fax: (501) 372-0009
www.womens-project.org
wproject@aol.com

National Resources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

White House Office for Women's Initiatives and Outreach
Room 15, O.E.O.B.
Washington, DC 20502
Tel: (202) 456-7300
Fax: (202) 456-7311
www2.whitehouse.gov/women

Wider Opportunities for Women
815 15th Street, NW, Suite 916
Washington, DC 20005
Tel: (202) 638-3143
Fax: (202) 638-4885
www.w-o-w.org

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

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

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

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

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

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

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

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

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

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

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

Appendix VI:
List of Census Bureau Regions

East North Central

Illinois
Indiana
Michigan
Ohio
Wisconsin

East South Central

Alabama
Kentucky
Mississippi
Tennessee

Middle Atlantic

New Jersey
New York
Pennsylvania

Mountain West

Arizona
Colorado
Idaho
Montana
New Mexico
Nevada
Utah
Wyoming

New England

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

Pacific West

Alaska
California
Hawaii
Oregon
Washington

South Atlantic

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

West North Central

Iowa
Kansas
Minnesota
Missouri
Nebraska
North Dakota
South Dakota

West South Central

Arkansas
Louisiana
Oklahoma
Texas

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