

# The Status of Women in New Hampshire

POLITICS • ECONOMICS • HEALTH • DEMOGRAPHICS



INSTITUTE FOR WOMEN'S POLICY RESEARCH



## About This Report

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

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

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

## About the Institute for Women's Policy Research

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

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

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

## About IWPR's Partners in this Project

In producing these reports, IWPR called upon many individuals and organizations in the states. Kathryn Frey, former Executive Director, New Hampshire Commission on the Status of Women, served as Chair of the New Hampshire Advisory Committee, coordinating the various individuals on the Committee, who represented organizations from all over the state. Ms. Frey organized the committee meetings, helped author and coordinate the focus boxes, and assisted IWPR in raising funds for the project. Marie Metoyer and Jane G. Stapleton, New Hampshire Commission on the Status of Women, also served as acting Co-Chairs of the committee. The Committee made many contributions, including reviewing the draft report for accuracy, making suggestions to ensure that the data contained in the report would be useful, authoring and providing data for focus boxes, and organizing the dissemination of and publicity surrounding the release of the report. Many individuals and organizations in New Hampshire assisted in locating data and reviewing this report, and one organization has joined in co-publishing the report.

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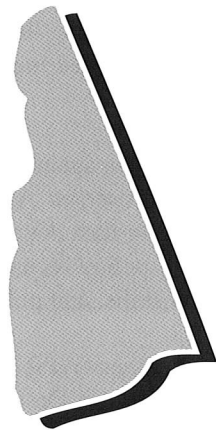
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# The Status of Women in New Hampshire

POLITICS ♦ ECONOMICS ♦ HEALTH ♦ RIGHTS ♦ DEMOGRAPHICS

Edited by Amy B. Caiazza, Ph.D.



Institute for Women's Policy Research

with the assistance of the New Hampshire Advisory Committee

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# Acknowledgments

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

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

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

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

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

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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.



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# Preface

On behalf of the members of the New Hampshire Advisory Committee, I am proud to present this report to the citizens of New Hampshire. *The Status of Women in New Hampshire* was prepared by the Institute for Women's Policy Research (IWPR) as part of an ongoing series of reports for all the states. It is the belief of the Advisory Committee that this will be an informative and useful tool as we assess the status of women in New Hampshire and engage in future policy changes to help women achieve true equality in all areas of life. We are pleased to have had an opportunity to participate with IWPR in the preparation, review and dissemination of the report.

I would like to take this opportunity to thank the members of the Advisory Committee for the time and effort they have put into reviewing and providing valuable feedback on this report. Members of the committee directly contributed to this report by authoring "focus boxes" on child care, economic disparity, education, domestic violence, sexual assault, and housing. These focus boxes provide an important additional perspective to this report.

The report demonstrates that, when it comes to the status of women, New Hampshire is a study in contradictions. The state's shortfalls stand in dramatic contrast to the important progress that has already been made by the women of New Hampshire.

The Advisory Committee feels that this report presents a number of challenges to the policymakers, advocates and legislators of this state. First, it is a challenge to identify the meaning of the grades attributed to New Hampshire in the report. The Institute for Women's Policy Research graded each of the states using a curve. New Hampshire's higher grades should not, in the opinion of the Advisory Committee, lead to an acceptance of the status quo. Although we can applaud the progress that has been made to earn these grades, New Hampshire women, like those in all of the states, continue to face obstacles that prevent economic, political, and social parity with men. It is apparent that inequality among women and men still exists in all five areas outlined by the report: political participation, employment and earnings, economic autonomy, reproductive rights, and health and well-being.

The second challenge presented by the report is to place the data in context. There is no dispute that New Hampshire is currently enjoying a very strong period of economic growth, with the state ranking eighth highest in per capita income nationwide (US Department of Commerce, Bureau of Economic Analysis, 1999). Given such growth, can we really celebrate a grade of B- for economic autonomy, C+ for employment and earnings, C+ for political participation, B- for reproductive rights, or B- for health, especially when New Hampshire ranks 34th in the nation, and second to last in the New England region, on measures of pay equity? Currently, the average woman worker in New Hampshire can expect to make \$.30 less per dollar than her male counterpart. That figure translates into \$10,735 less in earnings per year. Addressing pay inequity is just one way policies could be changed to help women and their families reach economic self-sufficiency.

Indeed, as this report points out, many of New Hampshire's employment policies actually hurt working women, especially those who are single-heads of households. Temporary disability insurance is not mandatory in the state, and unemployment insurance benefits do not extend to low-wage and part-time workers, the preponderance of whom are women. Because the state does not allow workers to use unemployment insurance for paid family leave, many New Hampshire families are financially unable to benefit from the federal Family and Medical Leave Act.

The final challenge lies in getting behind the "averages." Although this report gives us a good look at how women fare generally in the indicator areas, in many cases, the constraints of the data do not allow the report to examine the experiences of different kinds of women. We need to be able to address the specific needs of

women of different races, ethnicities, ages, sexual preferences, disability status, and regions. For example, the status of minority women is not adequately understood, as available data are insufficient for understanding the unique challenges minority women might face as New Hampshire citizens. Geographic differences (southern urban areas versus northern rural areas) exist for women, yet we have no data to assess these differences. Older women have different parity issues than younger women, while women with disabilities have challenges other women do not.

As a result, one of the committee's primary recommendations based on the report is that policymakers, advocates and legislators advocate for the investment of funds in data collection, in order to get a clearer picture of the obstacles and barriers that face all kinds of women, their children and families.

The status of women in New Hampshire is better than in many states. We should not, however, complacently rest on our laurels or think that the job is done. New Hampshire's grades and rankings should be interpreted as reasonable starts on the road to gender equity. However, there is still much work to do. We hope this report sparks questions, debate, and ultimately action, to improve the well-being of women across New Hampshire.

**Kathryn Frey**

Former Executive Director, New Hampshire Commission on the Status of Women  
Former Chair, New Hampshire State Advisory Committee, *The Status of Women in New Hampshire*



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# Introduction

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

ment and earnings, economic autonomy, reproductive rights, and health and well-being. In addition, the reports provide information about the basic demographics of the state (see Appendix I). For the five major issue areas addressed in this report, IWPR compiled composite indices based on the indicators presented to provide an overall assessment of the status of women in each area and to rank the states from 1 to 51 (including the District of Columbia; see Appendix II for details). The composite index on women's health status is an innovation for the 2000 reports; earlier reports presented information on women's health 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 New Hampshire

Women in New Hampshire exemplify both the achievements and shortfalls of women's progress over the past century. Many New Hampshire women are witnessing real improvements in their economic, political and social status, and these advances are evident in relatively high rankings on several of the composite indices calculated by IWPR. Of the 50 states and the District of Columbia, New Hampshire scores eighth in political participation, tenth in economic autonomy, 13th in reproductive rights, 14th in employment and earnings, and 19th in health and well-being (see Chart 1, Panel A).

Despite New Hampshire's strong performance, women in the state have not achieved equality with men. Women in New Hampshire still face significant problems that demand attention from policymakers, women's advocates, and researchers concerned with women's status. As a result, in an evaluation of New Hampshire women's status compared with goals set for women's ideal status, New Hampshire earns the grades of B- in reproductive rights, economic autonomy, and health and well-being and a C+ in employment and earnings and political participation (see Chart I, Panel B).

**Chart I. Panel A.**  
**How New Hampshire Ranks on Key Indicators**

Indicators	National Rank*	Regional Rank*
<b>Composite Political Participation Index</b>	<b>8</b>	<b>3</b>
Women's Voter Registration, 1992-96	25	5
Women's Voter Turnout, 1992-96	27	6
Women in Elected Office Composite Index, 2000	9	3
Women's Institutional Resources, 2000	31	5
<b>Composite Employment and Earnings Index</b>	<b>14</b>	<b>3</b>
Women's Median Annual Earnings, 1997	17	4
Ratio of Women's to Men's Earnings, 1997	34	5
Women's Labor Force Participation, 1998	8	1
Women in Managerial and Professional Occupations, 1998	15	3
<b>Composite Economic Autonomy Index</b>	<b>10</b>	<b>4</b>
Percent with Health Insurance Among Nonelderly Women, 1997	5	2
Educational Attainment: Percent of Women with Four or More Years of College, 1990	9	4
Women's Business Ownership, 1992	40	4
Percent of Women Above the Poverty Level, 1997	5	1
<b>Composite Reproductive Rights Index</b>	<b>13</b>	<b>3</b>
<b>Composite Health and Well-Being Index</b>	<b>19</b>	<b>4</b>

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 six and refer to the states in the New England Region (CT, ME, MA, NH, RI, VT).

Calculated by the Institute for Women's Policy Research.

**Chart I. Panel B.**  
**Criteria for Grading and New Hampshire's Grades**

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

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.

New Hampshire's rankings and grades for each of the composite indices were calculated by combining data on indicators of women's status in each of the five areas. These data were used to compare women in New Hampshire 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).

New Hampshire joins Connecticut, Maine, Massachusetts, Rhode Island, and Vermont as part of the New England region. Among these six states, New

Hampshire ranks average to low. The state ranks third on three composites: political participation, employment and earnings, and reproductive rights. It ranks fourth on two composites: economic autonomy and health and well-being.

As part of New England, New Hampshire shares in a generally high standard of living. The cost of living is generally also thought to be relatively high among the New England states and is not adequately controlled for in these measures of women's status. In addition, New Hampshire is much less ethnically diverse than the rest of the United States, with minorities making up less than 3 percent of women

in the state, compared with 27 percent for the nation as a whole. In some areas of the country, factors such as discrimination against minority women substantially lower a state's indicators, such as women's median income. The vast majority of New Hampshire's women, however, do not face these obstacles. As a result, some indicators here may both be higher than in other states with more diverse populations and may simultaneously mask some of the real problems facing minority women in New Hampshire.

New Hampshire has the tenth smallest population in the United States. While New Hampshire has experienced less population growth in recent years than the nation as a whole, it has experienced more growth than the five other states in the New England region. While the distribution of family types is similar in New Hampshire to the United States as a whole, the state has a lower percentage of female-headed households with children. Finally, New Hampshire has a large proportion of women living in rural areas compared with other states (see Appendix I).

## Political Participation

New Hampshire is one of only three states in the nation with a female governor, and a relatively high proportion of the state legislature is made up of women. As a result, the state ranks high on this composite index, at eighth in the nation. Rates of voter registration and voter turnout are only slightly higher than that of the nation as a whole, however, and rank New Hampshire 25th and 27th, respectively. New Hampshire lacks a women's caucus in the state legislature. Finally, despite relatively high levels of women in elected office, the state's women still do not hold a proportional number of political offices, as women constitute just over 30 percent of the legislature and none of the state's congressional delegation. Like all states, New Hampshire could improve greatly on measures of political participation. Thus the state received a C+ on the political participation composite index.

## Employment and Earnings

New Hampshire's ranking on the employment and earnings composite index (14th) reflects scores in the top third on three of the component indicators of this index. Women in New Hampshire earn more, are more likely to participate in the labor force, and are more likely to work in managerial and professional positions than women in the nation as a whole. In contrast, the ratio of their earnings compared to men's is low, ranking only 34th in the nation. Because New Hampshire's men earn substantially more than its women, despite a high ranking relative to women in other states on some indicators, the state earned a C+ on employment and earnings.

A substantial proportion, about 74.2 percent, of women with children under six years of age in New Hampshire currently participates in the workforce. New Hampshire's parents increasingly need adequate and affordable child care, a policy demand not yet adequately addressed in New Hampshire or the United States as a whole. In an economic era when all able or available parents generally work for pay to support their children, public policies lag far behind reality.

## Economic Autonomy

New Hampshire ranked tenth on IWPR's composite index of economic autonomy and does fairly well on measures of women's health insurance coverage (fifth), educational attainment (ninth), and poverty levels (fifth). However, New Hampshire is well behind other states when it comes to women's business ownership, ranking 40th in the nation, and the growth of women's business ownership from 1987-92 is lower than the average for the country. Moreover, despite the state's higher rankings, almost 12 percent of women are uninsured and almost 9 percent live in poverty. New Hampshire's need for improvement is reflected in its grade of B- on the economic autonomy composite index. Finally, not all women in New Hampshire share in the state's economic security, and women's access to the state's resources vary for urban and rural populations as well as for women from different racial and ethnic backgrounds.

## Reproductive Rights

New Hampshire women have relatively high levels of access to the reproductive rights and resources identified as important, and as a result the state ranked 13th on this composite index. New Hampshire allows full access to abortion without parental consent or waiting periods, and it requires health insurance companies to provide contraceptive coverage. The state does not, however, provide public funding for abortions, mandate that health insurance companies cover infertility treatments, or require sex education in schools. Like most states, New Hampshire does not offer adequate reproductive freedom to women, and thus the state received a grade of B- on this indicator.

## Health and Well-Being

New Hampshire's rank of 19th on the health and well-being composite index encompasses a wide range of scores on each of the component indicators. Women in New Hampshire have the lowest incidence of chlamydia in the country and rank among the top ten states for low incidences of diabetes and AIDS. On the other hand, New Hampshire's women fare particularly badly when it comes to rates of

mortality from lung cancer (44th), breast cancer (43rd), and heart disease (30th). This combination of very good and very poor health indicators in New Hampshire results in an overall grade of B-. Finally, women in New Hampshire lack policies mandating insurance coverage of cervical cancer screenings and osteoporosis screenings. These policies would increase women's access to important health-related resources.

## Conclusion

New Hampshire illustrates both the advances and limited progress achieved by women in the United States. While women in New Hampshire 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 New Hampshire and the nation as a whole would benefit from stronger enforcement of equal opportunity laws, better political representation, adequate and affordable child care, and other policies that would help improve their status.



# Women's Resources and Rights Checklist

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

In the United States, the President's Interagency Council on Women continues to follow up on U.S. commitments made at the Fourth World Conference on Women. According to the Council (2000), many of the laws, policies and programs that already exist in the United States meet the goals of the Platform for Action and support the rights of women identified in the Platform. Women in the United States enjoy access to relatively high levels of resources and gender equality compared with women around the world. In some other 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 New Hampshire. 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 New Hampshire's commitment to policies designed to help women achieve economic, political, and social well-being. In New Hampshire, women enjoy many of the rights identified with women's well-being, although they lack others. The state receives a total score of 13 out of 28 possible measures presented in the Women's Resources and Rights Checklist.

## Violence Against Women

New Hampshire lacks all of the policies and provisions identified in this report that can help curtail violence and protect victims. The state has not 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. New Hampshire also does not legislatively require 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. Although New Hampshire has not adopted such a statute, the New Hampshire Police Standards and Training Council includes such training in its program for new recruits, including four-hour courses in Domestic Violence, Stalking Investigation, and Law; Domestic Violence Dynamics; Victim/Witness Relations; and Sexual Assault/Rape Protocols (State of New Hampshire, Police Standards & Training Council, 2000).

**Chart II.**  
**Women's Resources and Rights Checklist**

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
<b>Violence Against Women</b>				
Is domestic violence a separate criminal offense in New Hampshire?	✓			30
Does New Hampshire law require domestic violence training of new police recruits?	✓		Required by Police Standards & Training Council	32
Domestic violence and sexual assault spending per person:			\$1.39	\$1.34
Is a first stalking offense a felony in New Hampshire?	✓			10
Does New Hampshire law require sexual assault training for police and prosecutors?	✓		Required by Police Standards & Training Council	10
<b>Child Support</b>				
Percent of single-mother households receiving child support or alimony:			44%	34%
Percent of child support cases with orders for collection in which support was collected:			49.5%	39.2%
<b>Welfare Policies</b>				
Does New Hampshire extend TANF benefits to children born or conceived while a mother is on welfare?	✓			27
Does New Hampshire allow receipt of TANF benefits up to or beyond the 60-month federal time limit?	✓		60-month limit	30
Does New Hampshire allow welfare recipients at least 24 months before requiring participation in work activities? <sup>1</sup>		✓		23
Does New Hampshire provide transitional child care under TANF formore than 12 months? <sup>2</sup>	✓			33
Has New Hampshire's TANF plan been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence?	✓		Submitted for certification	40
In determining welfare eligibility, does New Hampshire disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job?	✓			25
Average TANF benefit in New Hampshire, 1997-98:			\$417.12	\$358.08
<b>Employment/Unemployment Benefits</b>				
Is New Hampshire's minimum wage higher than the federal level as of March 2000?		✓		11
Does New Hampshire have mandatory temporary disability insurance?		✓		5
Does New Hampshire provide Unemployment Insurance benefits to:				
Low-wage workers?		✓		12
Workers seeking part-time jobs?		✓		9
Workers who leave their jobs for certain circumstances ("good cause quits")?	✓			23

**Chart II continued**

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
As of July 2000, has New Hampshire proposed policies allowing workers to use Unemployment Insurance for paid family leave?	✓			0 Enacted; 13 Proposed
Has New Hampshire implemented adjustments to achieve pay equity in its state civil service?		✓		20
<b>Sexual Orientation and Gender Identity</b>				
Does New Hampshire have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity?	✓			19
Does New Hampshire have a Hate Crimes law covering sexual orientation?	✓			24
Has New Hampshire avoided adopting a ban on same-sex marriage?	✓			20
<b>Reproductive Rights</b>				
Does New Hampshire allow access to abortion services:				
Without mandatory parental consent or notification?	✓			9
Without a waiting period?	✓			33
Does New Hampshire provide public funding for abortions under any or most circumstances if a woman is eligible?		✓		15
Does New Hampshire require health insurers to provide comprehensive coverage for contraceptives?	✓			11
Does New Hampshire require health insurers to provide coverage of infertility treatments?		✓		10
Does New Hampshire allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child? <sup>3</sup>			No case has been tried	21
Does New Hampshire require schools to provide sex education?		✓		18
<b>Institutional Resources</b>				
Does New Hampshire have a Commission for Women?	✓			39
<b>Total Policies<sup>4</sup></b>	<b>14</b>	<b>13</b>		<b>28 possible</b>

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

<sup>1</sup> New Hampshire imposes immediate work requirements, but allows 26 weeks of job search followed by 26 weeks of work activities.

<sup>2</sup> New Hampshire has no limit for families below 190% of poverty.

<sup>3</sup> Most states that allow such adoptions do so as the result of court decisions. In New Hampshire, no case has yet been tried.

<sup>4</sup> Policies in the "yes" and "no" columns do not add up to 28 because some of New Hampshire's policies have mixed evaluations and thus fall in the "other" column.

Compiled by the Institute for Women's Policy Research.



## Focus on Sexual Assault in New Hampshire

Sexual assault is a growing problem in New Hampshire, and the number of sexual assault survivors seeking services is steadily increasing. According to the New Hampshire Department of Justice, in 1996, 439 women who were raped sought services at a crisis center. These numbers increased in 1997 and 1998 to 538 and 578, respectively. For 1999, 559 sexual assault survivors sought services at crisis centers. The number of female victims of incest or child sexual assault seeking services has also risen, from 102 in 1996 to 159 in 1997 and 183 in 1999. Crisis centers have also seen reports of sexual harassment increase by one-third between 1996 and 1999 (Palmer, 1999).

The 1998 New Hampshire Behavioral Risk Factors Surveillance System Study reports the following:

- ◆ More than 15 percent of women report unwanted sexual touching or sexual abuse.
- ◆ Of women who experience unwanted sexual touching or sexual abuse, more than 50 percent report at least one incident of forced sex after their 18th birthday.
- ◆ More than 60 percent of sexual assaults reported in the study occurred at the hands of a present or former intimate partner (Powers, 1998).

Despite increases in the number of victims seeking services, sexual violence remains one of the most underreported and underaddressed crimes in our society. In New Hampshire, as in the United States as a whole, there is a need for educational campaigns designed to increase awareness around and prevent violence against women, as well as for policies that encourage reporting of violence and that prioritize the needs of victims.

To this end, New Hampshire has created the Governor's Commission on Domestic and Sexual Violence, which is charged with increasing awareness of and enhancing government responses to domestic and sexual violence.

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 of the stalking in determining probable cause (U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998). In New Hampshire, stalking is never a

felony. In addition, ten states have legislative provisions requiring training on sexual assault for police and prosecutors. New Hampshire does not have this kind of law, although it does provide training on stalking laws and investigation, as described above.

In fiscal year 1994-95, New Hampshire administered \$1.39 of state and federal funds for domestic violence and sexual assault programs per person in the state, five cents above the U.S. average of \$1.34. Of this money, state funds comprised 53 percent and federal funds comprised 47 percent. Of its state funds, New Hampshire spent 92 percent on domestic violence programs and 8 percent on sexual assault programs. Of the state's federal funds, 66 percent was spent on domestic violence programs and 34 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 (for more on these issues, see "Focus on Sexual Assault in New Hampshire").

## Child Support

Many mother-headed households experience low wages and poverty, and child support or alimony is one way to supplement their depressed incomes. In the United States, approximately 34 percent of female-headed households receive some level of child support or alimony. In New Hampshire, 44 percent receive such support, ten percentage points 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 (Gershenson, 1993). Of all child support cases with orders for collection in New Hampshire, child support was collected in 49.5 percent. This proportion is well above the average for the United States as a whole. IWPR research shows that child support can make a substantial dif-

ference in low-income families' lives by lifting many out of poverty. Among nonwelfare, low-income families with child support agreements, poverty rates would increase by more than 30 percent without their child support income (IWPR, 1999).

## Welfare Policies

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

Within federal restrictions, states have adopted widely divergent TANF plans. 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, New Hampshire has adopted TANF policies that are relatively supportive of women.

New Hampshire has not adopted a "Family Cap," which would limit or eliminate 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 type of Family Cap (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c).

New Hampshire's time limit for receiving TANF benefits is the maximum it can be under federal regulations. In New Hampshire, recipients are limited to 60 months, while the average for all states is just over 46 months. Twenty-seven states and the District of Columbia have a time limit of 60 months (the maximum allowed under federal law). 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 have elected to do so. In 20 states, including New Hampshire, nonexempt recipients are required to engage in work activities immediately under TANF. Within its definition of work activities, however, New Hampshire allows 26 weeks of job search. Six states require work 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). New Hampshire's requirement that welfare recipients begin work immediately makes it difficult for them 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 states provide a minimum of twelve months of child care to families transitioning away from welfare, 33 states, including New Hampshire, extend child care beyond twelve months. New Hampshire extends child care services with no time limit to all families living below 190 percent of the poverty line. 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. New Hampshire has applied for certification 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. New Hampshire has a relatively generous policy on how it treats earnings in determining TANF eligibility. 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 New Hampshire, the average monthly benefit was \$417, somewhat above 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. New Hampshire lacks many employment policies that would be supportive of women.

The minimum wage is particularly important to women because they constitute the majority of low-wage workers. Recent research by IWPR and the Economic Policy Institute found that women would be a majority of the workers affected by a one-dollar increase in the minimum wage (Bernstein, Hartmann, and Schmitt, 1999). As of March 2000, ten states and the District of Columbia had minimum wage rates higher than the federal level of \$5.15. 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. New Hampshire maintains the same minimum wage as the federal level (U.S. Department of Labor, 1999).

Temporary Disability Insurance (TDI) is also an important resource for women because it provides partial income replacement to employees who leave work because of an illness or accident unrelated to their jobs. In the five states with mandated programs (California, Hawaii, New Jersey, New York and Rhode Island), employees and/or their employers pay a small percentage of the employee's salary into an insurance fund and, in return, employees are provided with partial wage replacement if they become ill or disabled. Moreover, in states with TDI programs, women workers typically receive eight to twelve weeks of partial wage replacement for maternity leave through TDI (Hartmann, Yoon, Spalter-Roth and Shaw, 1995). New Hampshire 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 New Hampshire, UI policies are relatively harmful to women. Eligibility requirements generally disqualify the majority of low-wage workers, and policies do not cover workers seeking part-time employment. Because women are more likely than men to seek part-time work, the failure to cover workers seeking part time work disproportionately harms women. New Hampshire law does allow "good cause quits" in some circumstances. An unemployed worker must prove that he or she left a job for good cause attributable to the

employer in order to collect. However, most compelling or necessitous personal circumstances do not qualify a worker for benefits. The only exception is when a worker must leave a job for reasons related to being a victim of domestic violence (New Hampshire, 1999b).

Finally, New Hampshire has 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 states' civil services (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). New Hampshire has not implemented policies within its state civil service to achieve pay equity.

## **Sexual Orientation and Gender Identity**

New Hampshire has several policies 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 civil rights statutes prohibiting discrimination on the basis of sexual orientation. New Hampshire has

adopted a civil rights statute prohibiting discrimination against gay, lesbian, and bisexual residents. 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. New Hampshire has passed a hate crime bill that addresses crimes against gay, lesbian and bisexual residents. New Hampshire also has not 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 and family planning resources are covered in more detail later in the report, they also represent crucial components of any list of desirable policies for women. Overall, in New Hampshire, women have relatively high levels of access to abortion, contraception, and other family planning resources, although the state still lacks many policies important to reproductive freedom. Such access can allow women to make 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 New Hampshire has a state commission for women, it has one form of representation that might help create more women-friendly policies in the state (see the section on Political Participation for more details). A total of 39 states currently have state-level commissions for women.

## Conclusion

In order for women in New Hampshire to achieve more equality and greater well-being, the state should adopt the policies from the Women's Resources and Rights Checklist it still lacks. 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

**P**olitical 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 New Hampshire: 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 women's

**Chart III.**  
**Political Participation: National and Regional Ranks**

Indicators	National Rank* (of 50)	Regional Rank* (of 6)	Grade
<b>Composite Political Participation Index</b>	<b>8</b>	<b>3</b>	<b>C+</b>
Women's Voter Registration (percent of women 18 and older who reported being registered to vote in 1992 and 1996) <sup>a</sup>	25	5	
Women's Voter Turnout (percent of women 18 and older who reported voting in 1992 and 1996) <sup>a</sup>	27	6	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2000) <sup>b, c, d</sup>	9	3	
Women's Institutional Resources (number of institutional resources for women in New Hampshire, 2000) <sup>e, f</sup>	31	5	

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 six and refer to the states in the New England Region (CT, ME, MA, NH, RI, VT).

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

Calculated by the Institute for Women's Policy Research.



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 New Hampshire fare relatively well when compared with women in the United States as a whole. At eighth in the nation, the state ranks among the top ten on the political participation composite index, although its rankings for individual indicators vary greatly. Women in New Hampshire rank 25th and 27th in voter registration and turnout, respectively, and 31st in institutional resources. However, New Hampshire ranks 9th out of all 50 states when it comes to the number of women in elected office (see Chart III). New Hampshire also ranks third among the six New England states on the political participation composite index.

Despite its high overall rankings, New Hampshire's performance suggests that for indicators of political participation, the state still has room for improvement. Many eligible women do not vote or register to vote, for example. In addition, despite having a female governor, less than one-third of all state elected and appointed officials and no members of the state's congressional delegation are women. Finally, while New Hampshire has a commission on women, the state lacks a women's legislative caucus in either the Senate or Assembly.

Since, like most states, New Hampshire could improve significantly

on most indicators of political participation, the state received a grade of C+ for women's political participation. Women throughout the country and in New Hampshire need better representation within the political process.

## Voter Registration and Turnout

Voting is one of the most fundamental ways Americans express their political needs and interests. Through voting, citizens choose leaders to represent them and their concerns. Recognizing this, early women's movements made suffrage one of their first goals. Ratified in 1920, the Nineteenth Amendment established U.S. women's right to vote, and in November of that year, about eight million out of 51.8 million women voted for the first time (National Women's Political Caucus, 1995). African American and other minority women, however,

**Table 1.**  
**Voter Registration for Women and Men**  
**in New Hampshire and the United States**

	New Hampshire		United States	
	Percent	Number	Percent	Number
<b>1996 Voter Registration<sup>a</sup></b>				
Women	71.9	329,000	67.3	67,989,000
Men	71.4	289,000	64.4	59,672,000
<b>1992 Voter Registration<sup>a,b</sup></b>				
Women	71.9	309,000	69.3	67,324,000
Men	67.9	288,000	66.9	59,254,000
<b>Number of Unregistered Women Eligible to Vote, 1996<sup>c</sup></b>	N/A	99,000	N/A	23,775,000
<b>Percent and Number of Public Assistance Recipients Registered under the National Voter Registration Act, 1996<sup>c</sup></b>	N/A <sup>**</sup>	N/A <sup>**</sup>	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.

\*\* New Hampshire is exempt from the National Voter Registration Act.

Source: <sup>a</sup> U.S. Department of Commerce, Bureau of the Census, 1998b; <sup>b</sup> U.S. Department of Commerce, Bureau of the Census, 1993; <sup>c</sup> HumanSERVE, 1996.

Compiled by the Institute for Women's Policy Research.



**Table 2.**  
**Women's and Men's Voter Turnout**  
**in New Hampshire and the United States**

	New Hampshire		United States	
	Percent	Number	Percent	Number
<b>1996 Voter Turnout*<sup>a</sup></b>				
Women	58.8	269,000	55.5	56,108,000
Men	61.6	249,000	52.8	48,909,000
<b>1992 Voter Turnout*<sup>b</sup></b>				
Women	65.4	281,000	62.3	60,554,000
Men	63.8	270,000	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: <sup>a</sup> U.S. Department of Commerce, Bureau of the Census, 1998b; <sup>b</sup> U.S. Department of Commerce, Bureau of the Census, 1993.

Compiled by the Institute for Women's Policy Research.

voting in 1996 (see Table 2). New Hampshire ranks 27th among all the states but last in the new England region for women's voter turnout in the 1992 and 1996 elections combined (because many of the larger states have low levels of voter turnout, the national rate is lower than the median rate for all states; thus several states with higher voter turnout than the nation as a whole rank below the midpoint for all states). Notably, voter turnout dropped substantially for both sexes in the nation as a whole between 1992 and 1996.

were denied the right to vote in many states until the Voting Rights Act of 1965 was passed. 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). New Hampshire's voter registration rates are slightly above the national rates for both men and women. In New Hampshire, 71.9 percent of women reported being registered to vote in the November 1996 elections, while 71.4 percent of men did.

Women voters have constituted a majority of U.S. voters since 1964. In 1996, 53 percent of voters were women while in 1992, 54 percent were. New Hampshire has higher voter turnout than the nation as a whole. In 1992, 65.4 percent of New Hampshire women reported voting, and 58.8 percent reported

New Hampshire women's voter turnout fell substantially in 1996, and New Hampshire was one of the few states in which women's voter turnout was lower than men's in that year. However, it did remain slightly higher than turnout for men and women in the United States as a whole. 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 (U.S. Department of Commerce, Bureau of the Census, 1998b). Separate data for minority men and women are not available at the state level for any state, and in New Hampshire, voting data are not available for minority groups at all. In the nation as a whole, 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.

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 were registered to vote through public assistance offices. Women in New Hampshire, however, have not benefited from the NVRA since the state is exempt from it, due to the state's policy of on-site, same-day registration (United States, 1993; New Hampshire, 2000a). Overall, nearly 24 million eligible women remain unregistered in the United States, and almost 99,000 of them live in New Hampshire.

## Elected Officials

Although women constitute a minority of elected officials at both the national and state levels, their presence has grown steadily over the years. As more women hold office, women's issues are 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. Women from New Hampshire filled none of the state's four possible seats in the U.S. House and Senate, leading to rates below the national average (see Table 3).

**Table 3.**  
**Women in Elected and Appointed Office**  
**in New Hampshire and the United States, 2000**

	New Hampshire	United States
<b>Number of Women in Statewide Executive Elected Office<sup>a, b</sup></b>		
	1	91
Women of Color <sup>c</sup>	0	6
<b>Number of Women in the U.S. Congress</b>		
U.S. Senate <sup>d</sup>	0 of 2	9 of 100
Women of Color <sup>c</sup>	0	0
U.S. House <sup>e</sup>	0 of 2	56 of 435
Women of Color <sup>c</sup>	0	20
<b>Number of Women Running for the U.S. Congress, 1998<sup>*, f, g</sup></b>		
U.S. Senate	0 of 2	10 of 79
U.S. House	1 of 4	121 of 779
<b>Percent of State Legislators Who Are Women<sup>h</sup></b>	31.8%	22.4%
<b>Percent of Women in Appointed Office<sup>i</sup></b>	25.9%	29.8%

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

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

Compiled by the Institute for Women's Policy Research.

At the same time, of 50 governors nationwide, only three are women, and New Hampshire boasts one. Women's proportion of the state legislature is also relatively high (31.8 percent of the legislature, compared with a 22.4 percent average for the nation). Women have reached leadership positions within New Hampshire's state legislature; both the speaker of the House and Senate president are women (Ramer, 1999; Concord Monitor, 1996). In addition, New Hampshire has a female Supreme Court Justice (New Hampshire, 2000b). On the other hand, as of October 1999, women constituted only 25.9 percent of top-level public appointees with policymaking responsibilities who were appointed by the current governor in New Hampshire; the national average is 29.8 percent.

Based on its proportion of women in elected office, New Hampshire ranks ninth in the nation and third in the New England region for women in elected office. Its relatively high ranking despite proportionately low levels of women's representation illustrates the lack of political power women have attained in elected office in the country as a whole.

Research on women as political candidates suggests that they generally win elected office at similar rates to men, but far fewer women run for office (National Women's Political Caucus, 1994). In 1998, 121 women out of 779 total candidates (15.5 percent) ran for office in the U.S. House of Representatives, while ten women of 79 total candidates (12.7 percent) ran for office in the U.S. Senate. In New Hampshire, only one woman ran for a seat

in the U.S. House or Senate in the 1998 general election (CAWP, 1999b; FEC 1998a, 1998b). At one female candidate out of a total of six, New Hampshire's proportion of women running for Congress was close to average at 16.7 percent.

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

## Institutional Resources

Women's institutional resources can play an important role in providing information about women's issues and attracting the attention of policymakers and the public to women's political concerns. They can also serve as an access point for individual 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. New Hampshire has a state-level, government-appointed commission for women, the New Hampshire Commission on the Status of Women, but lacks a women's caucus in either the Assembly

or the Senate (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.

**Table 4.**  
**Institutional Resources for Women in New Hampshire**

	Yes	No	Total, United States
<b>Does New Hampshire have a:</b>			
Commission for Women? <sup>a</sup>	✓		39
Legislative Caucus in the State Legislature? <sup>b</sup>			34
Assembly?		✓	
Senate?		✓	

Source: <sup>a</sup> Compiled by IWPR, based on National Association of Commissions on Women, 1997; <sup>b</sup> CAWP, 1998.

Compiled by the Institute for Women's Policy Research.





# Employment and Earnings

**B**ecause 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 New Hampshire ranked 14th in the nation and third in the New England region on the employment and earnings composite index (see Chart IV). The state ranked in the top third on indicators of women's labor force participation (8th), percent of women in managerial and professional occupations (15th), and women's median annual income (17th). However, New Hampshire ranks just

**Chart IV.**  
**Employment and Earnings: National and Regional Ranks**

Indicators	National Rank* (of 51)	Regional Rank* (of 6)	Grade
<b>Composite Employment and Earnings Index</b>	<b>14</b>	<b>3</b>	<b>C+</b>
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 1997) <sup>a</sup>	17	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) <sup>a</sup>	34	5	
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) <sup>b</sup>	8	1	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1998) <sup>b</sup>	15	3	

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 six and refer to the states in the New England Region (CT, ME, MA, NH, RI, VT).

Source: <sup>a</sup> Economic Policy Institute, 2000; <sup>b</sup> U.S. Department of Labor, Bureau of Labor Statistics, 1999c.

Calculated by the Institute for Women's Policy Research.

above the bottom third of all states in the ratio of women's to men's earnings, at 34th of 51.

Despite its relatively high ranking on three of the four indicators, women in New Hampshire do not enjoy economic parity with men. Like women in most states, New Hampshire women lag significantly behind men in their wages and labor force participation. As a result, New Hampshire received a grade of C+ on the employment and earnings index.

## Women's Earnings

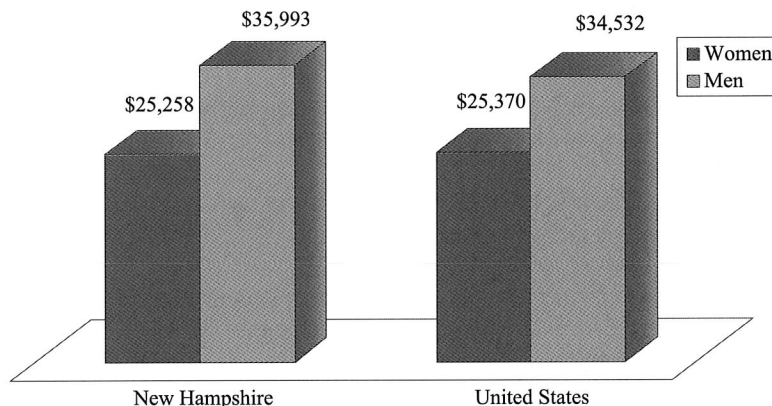
New Hampshire women working full-time, year-round have about the same median annual earnings as women in the United States as a whole (\$25,258 and \$25,370, respectively; see Figure 1). However, median annual earnings for men in New Hampshire are higher than in the United States as a whole (\$35,993 and \$34,532, respectively). The median annual earnings for women in New Hampshire rank fourth in the New England region and 17th in the nation. Women in the District of Columbia rank the highest with earnings of \$30,495.

Between 1989 and 1997, women in New Hampshire saw their median annual earnings decrease by three percent in real terms. Two other states in the New England region, Vermont and Massachusetts, also experienced negative growth in women's earnings, 1.6 and 1.9 percent, respectively, while women's wages in Rhode Island, Maine and Connecticut increased by 2.9, 2.0 and 0.7 percent, respectively (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 over; 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 (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).

**Figure 1.**  
**Median Annual Earnings of Women and Men Employed Full-Time/Year-Round in New Hampshire 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.



## Focus on Regional Economic Disparities in New Hampshire

The status of women in New Hampshire varies significantly by region of the state. Thus, state level data can mask regional differences among New Hampshire's women. However, few data revealing those trends exist. Those that do, though, reveal interesting trends. In New Hampshire, disparities in economic well being—from town to town and from region to region—are a defining state characteristic.

One analysis of child health and well being, *KIDS COUNT New Hampshire 2000*, divided the state into five economic clusters, based not on geographic proximity but on economic conditions (Children's Alliance of New Hampshire, 2000). It found that from 1989-96, per capita income increased statewide by 18.8 percent. However, not everyone benefited from the state's economic well-being. Per capita income in the poorest clusters was 67 percent less in 1996 than it was in the wealthiest clusters (Children's Alliance of New Hampshire, 2000).

Moreover, while average annual wages in the state rose 14.4 percent from 1994-97, outpacing the cost of living, average wages in some areas of New Hampshire rose only 7.5 percent, a full percentage point less than increases in the consumer price index. A woman living in Conway (in the north of the state) would need to work three average-paying jobs to earn the same income as a woman working two average-paying jobs in Nashua (in the southern part of the state; Children's Alliance of New Hampshire, 2000).

These differences in economic well-being have profound implications for women and their families. Many indicators of family well-being are closely tied to economics. Births to women who have not graduated from high school, for example, are strongly connected to family poverty, and the rate of such births is four times higher in the poorest communities than in the wealthiest (Children's Alliance of New Hampshire, 2000). Births to teen mothers also have profound links with poverty for the life of the teen as well as of her new child. Rates of teen births are also four times higher in the poorest communities than in the wealthiest. And births to single mothers, also closely correlated with poverty, are three times as common in the poorest communities than in the wealthiest, making up one in every three births in the state (Children's Alliance of New Hampshire, 2000).

Because of these disparities, the boom economy in one part of the state means little to the woman or family struggling to survive on below-average state wages in another area; competitive benefits offered in a hot job market in the technology belt mean little to a mother lacking health insurance while working several low paying jobs; and extensive after-school programs in affluent communities offer little to children who are unsupervised after school while their parents are working extra hours to make ends meet.

When regional differences are understood, when resources are targeted to areas of highest need, and when economic issues are understood as family issues, the status of women in New Hampshire as a whole will earn high marks. As a result, it is important for policymakers, researchers, and advocates for women in the state to push for better data collection and analysis that would elucidate the importance and consequences of geographic disparities.

Finally, the data used to calculate women's earnings did not allow analysis of regional differences among New Hampshire women (for more detail see Focus on Economic Disparities in New Hampshire).

## 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.

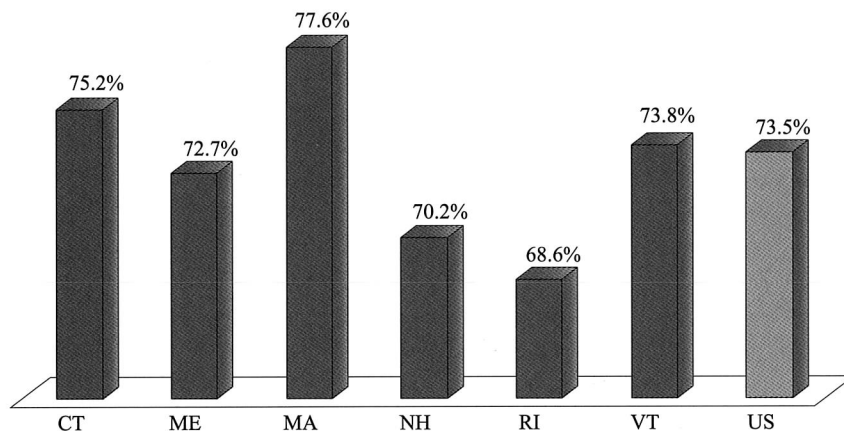
In contrast, women in New Hampshire earned about 70.2 percent of what men in New Hampshire earned in 1997. Therefore, compared with the earnings ratio for the nation as a whole, New Hampshire women experience less earnings equality with men (see Figure 2). As a result, New Hampshire ranks 34th in the nation for the ratio of women's to men's earnings for full-time, year-round work. In contrast, the District of Columbia has the highest earnings ratio at 85.7 percent. Compared with other states in

the New England region, New Hampshire ranks fifth. Massachusetts ranks first, with a 77.6 percent wage ratio, and Rhode Island ranks last, with a 68.6 percent wage ratio. Unfortunately, the wage gap remains large all over the United States, and especially in New Hampshire.

### *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).

**Figure 2.**  
**Ratio of Women's to Men's Full-Time/Year-Round**  
**Median Annual Earnings in States**  
**in the New England 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.

One factor that probably also helped to narrow the earnings gap between women and men is unionization. Women have increased their share of union membership, and being unionized tends to raise women's wages relatively more than men's. Recent research by IWPR found that union membership raises women's weekly wages by 38.2 percent and men's by 26.0 percent (data not shown; Hartmann, Allen and Owens, 1999). In New Hampshire, the wages of all

unionized women were 30.7 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 slow-down 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.

New Hampshire 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 New Hampshire, the annual earnings ratio increased by only 10.2 percentage points compared with an increase of 14.0 percentage points in the United States.

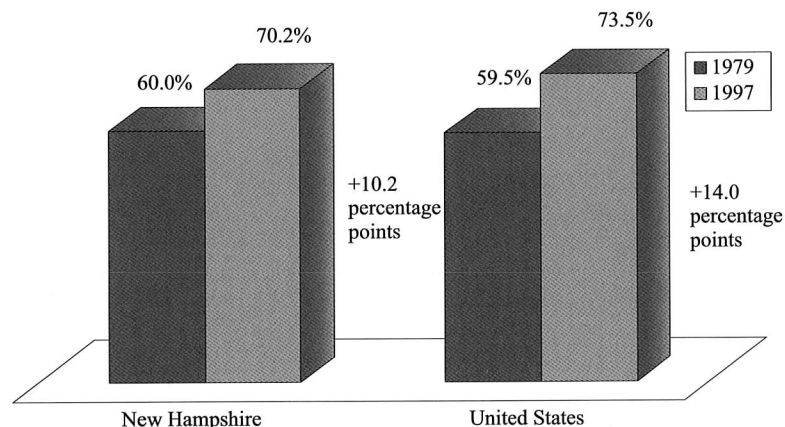
Weekly earnings data provide an interesting comparison to annual earnings figures. Unlike annual earnings data, the weekly data released by the Bureau of Labor Statistics (BLS) do not include earnings from self-employed workers, approximately 6 percent of the labor force. Thus, because they are more complete, the annual

earnings statistics are used in IWPR's employment and earnings composite indicator. In 1997, women in New Hampshire earned 76.1 percent of men's weekly earnings for full-time work. This ratio indicates that New Hampshire ranks above the national median (16th in the nation) in this ratio of female-male median weekly earnings, far above its ranking based on annual earnings (34th). The difference may be related to New Hampshire's relatively high level of self-employed female workers, who often earn less than other women and substantially less than self-employed men, or to the nature of part-year work in New Hampshire. Women who work during selected periods of the year, for example, may have higher earnings during those weeks, bringing up weekly earnings figures, but they are not included in the full-time, full-year annual earnings data. According to the weekly data series, the District of Columbia ranked first in the ratio of women's to men's weekly earnings at 97.1 percent (Council of Economic Advisors, 1998).

### ***Earnings and Earnings Ratios by Educational Levels***

Between 1979 and 1997, women with higher levels of education in both New Hampshire and the United

**Figure 3.**  
**Change in the Wage Ratio between 1979<sup>a</sup> and 1997<sup>b</sup>**  
**in New Hampshire and the United States**



For women and men aged 16 and older. See Appendix II for methodology.

Source: <sup>a</sup> IWPR, 1995a; <sup>b</sup> Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.



States saw their median annual earnings increase more than women with lower levels of educational attainment. As Table 5 shows, the annual earnings for women in New Hampshire increased from 9.7 percent (in constant dollars) for women with less than a high school education to 26.7 percent for those with a four-year college education.

On the other hand, the gap between women's earnings and men's earnings (as measured by the female/male earnings ratio) narrowed more quickly for women with less education in the period from 1979 to 1997, indicating that men with less education fared even worse in the labor market than women. Women with the lowest educational attainment (less than high school completion) experienced an increase in their wages relative to men's of 28.9 percent, while those with more than a college education experienced a loss of 9.9 percent in relation to men's earnings.

Despite the narrowed wage gap, the low 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 encouraged or required to leave the welfare rolls in favor of imme-

diately 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, who have completed college, or who have postgraduate training have much higher earnings than those without, and their earnings have generally been growing more rapidly.

## 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 the Bureau of Labor Statistics, 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, 66.1 percent of women in New Hampshire were in the labor force, compared with 59.8 percent of women in the United States, earning New Hampshire the rank of eighth in the nation. Men's labor force participation rate in New Hampshire was also higher than the rate for men in the United States as a whole (see Figure 4).

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

Educational Attainment	Women's Median Annual Earnings 1997 <sup>a</sup>	Percent Change in Real Earnings 1979 <sup>b</sup> and 1997 <sup>a</sup>	Female/Male Earnings Ratio, 1997 <sup>a</sup>	Percent Change in Earnings Ratio, 1979 <sup>b</sup> and 1997 <sup>a</sup>
Less than 12th Grade	\$19,712	+9.7	86.0%	+28.9
High School Only	\$22,938	+18.7	71.5%	+16.5
Some College	\$26,198	+16.6	73.4%	+17.4
College	\$31,581	+26.7	65.3%	+10.1
College Plus	\$35,720	+22.3	58.5%	-9.9

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

Source: <sup>a</sup> Economic Policy Institute, 2000; <sup>b</sup> IWPR, 1995a.

Calculated by the Institute for Women's Policy Research.

## Unemployment and Personal Income Per Capita

In New Hampshire, a much smaller percent of workers is unemployed than in the nation as a whole. In 1998, the unemployment rate in New Hampshire was 3.0 percent for women and 2.8 percent for men, compared with the nation's 4.6 percent for women and 4.4 percent for men (see Figure 5).

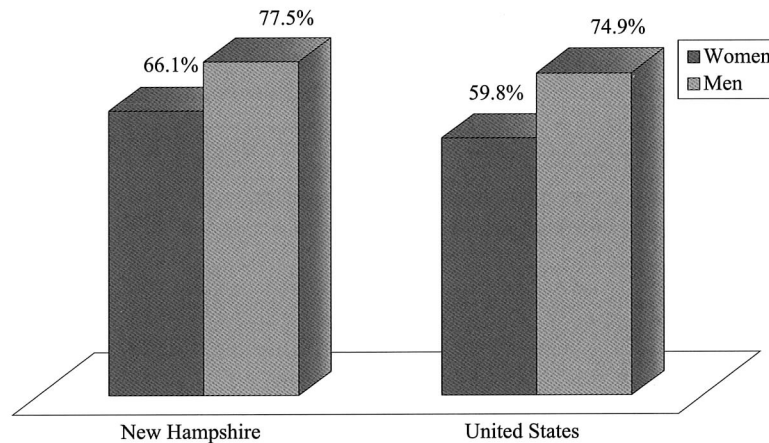
While New Hampshire experienced considerably lower than average unemployment rates in 1998, they experienced rates that were even further below the national average during the 1980s. As a result, personal income per capita in New Hampshire grew more quickly than it did for the nation between 1980 and 1998 (51.9 percent versus 36.3 percent; see Table 6). From 1990 to 1998, as New Hampshire's unemployment rate fell (along with the national average), income per capita in New Hampshire grew 1.7 percentage points faster than the nation.

## Part-Time and Full-Time Work

New Hampshire's female labor force is less likely to work full-time (66.9 percent versus 70.7 percent) and much less likely to be unemployed than women nationally, and as a result

the percent of the female workforce in New Hampshire employed part-time is larger than the national average (30.2 versus 24.8 percent; see Table 7). Within the part-time category, the percent of women in the labor force who are "involuntary" part-time employees—that is, they would prefer

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

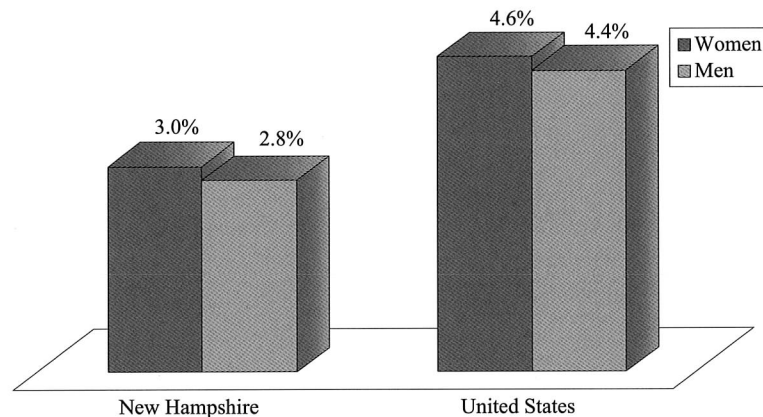


For women and men in the civilian non-institutional population, aged 16 and older.

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 New Hampshire 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.

full-time work were it available—is somewhat smaller in New Hampshire than in the United States (1.9 percent and 2.3 percent, respectively). In contrast, a larger proportion of New Hampshire's female labor force is working part-time voluntarily compared with the United States as a whole (26.3 percent in New Hampshire and 20.8 percent, respectively). This pattern reflects national trends, in

which involuntary part-time work correlates highly with unemployment rates (Blank, 1990). Thus the low unemployment rate corresponds with a low rate of involuntary part-time employment.

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 6.**  
**Personal Income Per Capita for Both Men and Women in New Hampshire and the United States, 1998**

	New Hampshire	United States
<b>Personal Income Per Capita, 1998</b>	<b>\$29,022</b>	<b>\$26,412</b>
<b>Personal Income Per Capita, Percent Change*:</b>		
Between 1990 and 1998	+15.4	+13.7
Between 1980 and 1990	+31.6	+19.9
Between 1980 and 1998	+51.9	+36.3

\* In constant dollars.

Source: U.S. Bureau of Economic Analysis, 1999.

Calculated by the Institute for Women's Policy Research.

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

	New Hampshire		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
<b>Total Number in the Labor Force</b>	<b>308,000</b>	<b>344,000</b>	<b>63,714,000</b>	<b>73,959,000</b>
Percent Employed Full-Time	66.9	87.5	70.7	85.5
Percent Employed Part-Time*	30.2	9.6	24.8	10.2
Percent Voluntary Part-Time	26.3	8.1	20.8	8.2
Percent Involuntary Part-Time	1.9	0.9	2.3	1.4
Percent Unemployed	3.0	2.8	4.6	4.4

For men and women aged 16 and older.

\* Percent part-time includes workers normally employed part-time who were temporarily absent from work the week of the survey. Those who were absent that week are not included in the numbers for voluntary and involuntary part-time. Thus, these two categories do not add to the total percent working part-time.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c, Tables 1, 12, and 13.

Calculated by the Institute for Women's Policy Research.

## **Labor Force Participation of Women by Race/Ethnicity**

According to analysis of data from the Current Population Survey from 1996-98, 66.8 percent of women of all races aged 16 and older in New Hampshire were in the labor force in 1997, a rate substantially higher than in the United States as a whole (see Table 8; see Appendix II



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

Race/Ethnicity	New Hampshire		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
<b>All Races</b>	<b>311,000</b>	<b>66.8</b>	<b>64,027,000</b>	<b>60.1</b>
White*	298,000	66.2	47,124,000	60.2
African American*	N/A	N/A	8,317,000	63.4
Hispanic	N/A	N/A	5,771,000	55.8
Asian American/ Other*	N/A	N/A	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 Age**

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 New Hampshire and in the United States as a whole. Women in New Hampshire generally have higher labor force participation rates than their U.S. counterparts. Nationally, the highest rate occurs between ages 35 to 44, with just over 77

for details on the methodology used for the 1996-98 Current Population Survey data presented in this report). The labor force participation rate for white women was higher in New Hampshire than in the United States as a whole (66.2 percent compared with 60.2 percent; see Table 8). Data for Hispanic, African American, Native American and Asian American women in New Hampshire are not available. However African American women historically have had a higher national labor force participation rate than white and Hispanic women and did so in 1997. Hispanic women traditionally have the lowest average participation rates among women, and in 1997 only 55.8 percent of Hispanic women in the United States were in the workforce. Separate data were not available for Asian American, Native American, or women of other races or ethnicities for 1997. However, in 1990, Asian American women had the highest participation rate (60.2 percent) of women in the United States. The national labor force participation rate for Native American women was 55.4 percent in 1990 (Population Reference Bureau, 1993).

percent of these women working. In New Hampshire, in contrast, the highest level of labor force participation of women occurs between ages 45 to 54, with 85 percent in the workforce (compared with 76.3 percent in the United States as a whole). Young women in their teens (16-19 years), 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 New Hampshire, 62.4 percent of female teenagers reported being in the labor force, considerably higher than the reported 52.7 percent for female teens in the 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 force participation rate of only 51.6 percent. In New Hampshire, 64.2 percent of these women are in the workforce. In addition, data for women aged 65 and older demonstrate that women over 65 in New Hampshire work at slightly higher rates than do women over 65 in the nation as a whole (11.7 and 9.0 percent, respectively).

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

Age Groups	New Hampshire		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Ages	311,000	66.8	64,027,000	60.1
Ages 16-19	21,000	62.4	4,046,000	52.7
Ages 20-24	24,000	79.1	6,420,000	73.0
Ages 25-34	68,000	81.6	15,087,000	76.6
Ages 35-44	88,000	80.5	17,352,000	77.3
Ages 45-54	72,000	85.0	13,440,000	76.3
Ages 55-64	29,000	64.2	6,005,000	51.6
Over 65	9,000	11.7	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.

### **Labor Force Participation of Women with Children**

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In 1998, 59 per-

cent 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; 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 rates of labor force participation. Mothers, in contrast, tend to be in age groups with higher labor force participation rates. In New Hampshire, 74.7 percent of women with children under age 18 are in the workforce, compared with 66.8 percent of all women in New Hampshire. Women with children are also more likely to engage in labor market activity in New Hampshire than in the United States as a whole (74.7 percent versus 70.3 percent; see Table 10).

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

	New Hampshire	United States
	Percent in the Labor Force	Percent in the Labor Force
<b>Women with Children</b>		
Under Age 18*	74.7	70.3
Under Age 6*	74.2	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.

### **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, these subsidies exist in all states, but they are often inadequate; many poor

women and families do not receive them. Recent data show that nationally, only 10 percent of those children potentially eligible for child care subsidies under federal rules actually receive subsidies under the federal government's Child Care and Development Fund. In New Hampshire, a slightly lower proportion, 9 percent, of these children do (see Table 11). In addition, New Hampshire 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, 71,600 children would be eligible for subsidies, while in New Hampshire, only about 38 percent of that number, about 27,000 children, are eligible under existing state eligibility policies. These stricter limits can make it more difficult for many women, especially single mothers, to enter the labor market. Clearly, many New Hampshire families in need of economic support for child care are not receiving it (for more information on child care, see Focus on Child Care in New Hampshire).

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

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

	New Hampshire	United States
<b>Eligibility**</b>		
Number of Children Eligible under Federal Provisions	71,600	14,749,300
Number of Children Eligible under State Provisions	27,000	9,851,100
<b>Receipt</b>		
Number and Percent of Children Eligible under Federal Law Receiving Subsidies in the State	6,390 9%	1,530,500 10%

\*Child Care and Development Fund (CCDF).

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

Source: U.S. Department of Health and Human Services, Administration for Children and Families, 1999a.

Compiled by the Institute for Women's Policy Research.



## Focus on Child Care in New Hampshire

A shortage of affordable, high quality child care in New Hampshire presents special challenges for working parents and businesses alike. The New Hampshire Business Commission on Child Care and Early Childhood Education, established in 1998 by Governor Jeanne Shaheen, has recently recommended that the state implement policies and programs to lower the cost of child care while improving quality and expanding access (Governor's Business Commission on Child Care and Early Childhood Education, 1998).

### ***Demand and Access***

In 1997, 74 percent of children under the age of 14 had dual working parents. Of these, 60 percent needed care outside the home (Women's Fund of New Hampshire, 1998). That same year, New Hampshire had only enough licensed child care slots for 32 percent of the children needing care (Women's Fund of New Hampshire, 1998). In coming years, an estimated 6,500 additional children will need child care as a result of welfare reform (Shapiro, 1998).

In addition, access to specialized types of child care is scarce or nonexistent in some areas of the state. Second- and third-shift care, infant care, after-school programs, and back-up care are difficult if not impossible to find in certain regions (Governor's Business Commission on Child Care and Early Childhood Education, 1998).

Finally, fewer than half of New Hampshire's preschoolers are in licensed child care centers (Packard Foundation, 1997).

### ***Cost***

The average New Hampshire family with children in child care spends 18 percent of its income on child care. Low income families in the state spend as much as 25 percent of their income on child care (Packard Foundation, 1997). Meanwhile, New Hampshire's relatively strict income criteria have cut eligibility for federal child care subsidies to families by 62 percent. In 1998, of the 71,600 New Hampshire children who qualified for subsidies under federal provisions, only 9 percent, or fewer than 6,400 children, actually received aid through the state (see Table 11).

### ***Quality***

Although required to undergo special training and education, licensed child care professionals receive exceptionally low wages and limited benefits. Employee turnover in the field runs as high as 41 percent in some child care programs (Kagan and Cohen, 1997). High employee turnover and inexperienced staff, both of which can be partially attributed to poor compensation, are the chief causes of poor quality child care (Governor's Business Commission on Child Care and Early Education, 1998).

### ***Employee Productivity and Costs to Businesses***

In a recent survey, 25 percent of parents reported having to switch jobs or move from full-time to part-time work due to child care responsibilities. As a result, New Hampshire companies lose up to \$24 million per year in child care-related absenteeism (Wallner, 1998).

### ***Conclusions***

All of these issues and data point to a clear need for policies guaranteeing affordable, high quality child care for parents in the state, for the sake of fairness, children, and the state's economic well-being.

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.

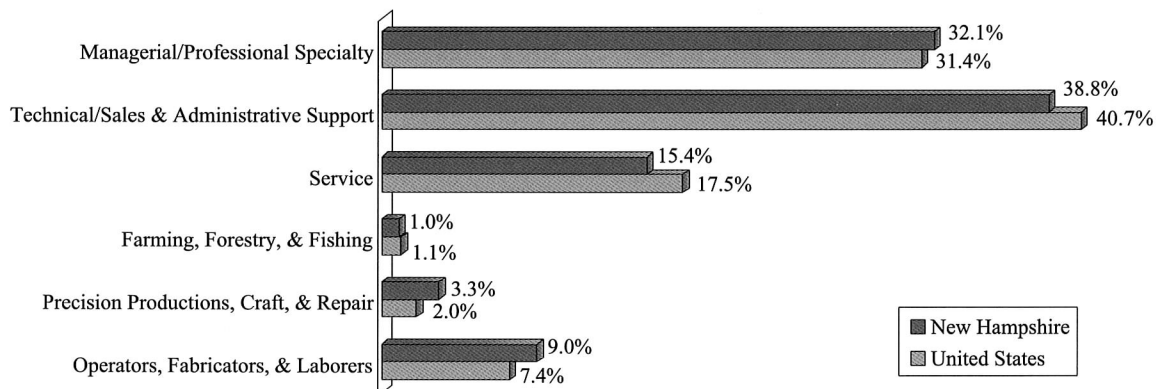
## Occupation and Industry

The distribution of women in New Hampshire across occupations is similar to the distribution found in the United States as a whole. In the United States, technical, sales and administrative occupations provide 40.7 percent of all jobs held by women (see Figure 6a). This is similar to New Hampshire, where 38.8 percent of women are employed in this area. Women in New Hampshire are slightly less likely to work in service occupations (15.4 percent versus 17.5 percent) and slightly

more likely to work as operators, fabricators and laborers (9 percent versus 7.4 percent), or in precision production, craft, and repair (3.3 percent versus 2.0 percent) than women in the nation as a whole. The proportion of women in New Hampshire working in managerial and professional specialty occupations is slightly higher than women in the nation (32.1 percent versus 31.4 percent). As a result, New Hampshire ranks 15th in the nation and third in the New England 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 (77) of the highest-earning high-level executives in Fortune 500 companies were women as of 1999.

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



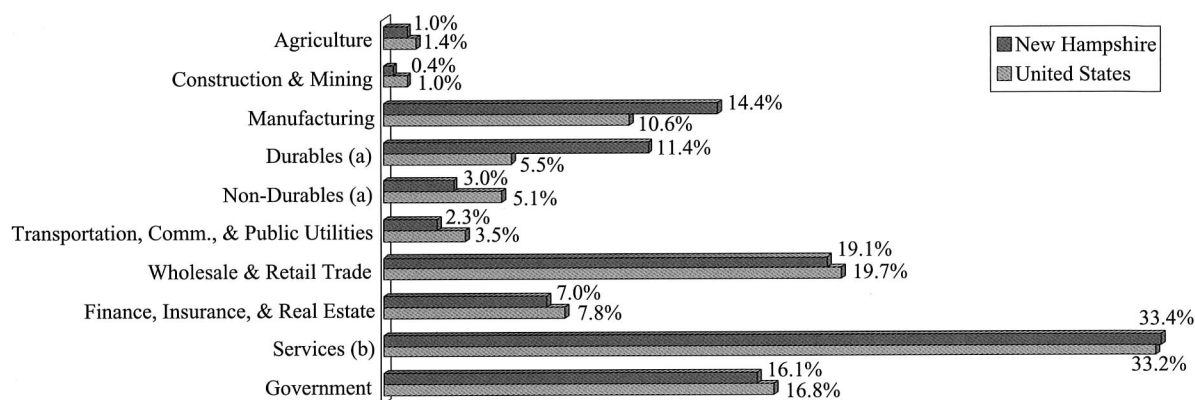
For employed women aged 16 and older.

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 New Hampshire 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.

The distribution of women in New Hampshire across industries is also similar in many ways to that of the United States as a whole (see Figure 6b). In New Hampshire, 33.4 percent of all women are employed in the service industries (including business, professional and personnel services), while 33.2 percent are in the United States. About 19.7 percent of employed women in the United States work in the wholesale and retail trade industries, and a similar proportion, 19.1 percent, of women in New Hampshire work in these industries. About 16.8 percent of the nation's women work in government, compared with 16.1 percent of women in New

Hampshire. Similarly, the percent of women who work in the finance, insurance and real estate (F.I.R.E.) industry is comparable to that of women in the United States as a whole (7.0 percent and 7.8 percent, respectively). The largest difference between women in New Hampshire and the United States is evident in manufacturing. New Hampshire women are substantially more likely to work in the manufacturing industries, especially durables, than women in the United States (14.4 percent versus 10.6 percent for all manufacturing; 11.4 percent versus 5.5 percent for durables).

# Economic Autonomy

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

Each of these issues contributes to women's lives in distinct if interrelated ways. Access to health insurance plays a role in determining the overall quality of health care for women in a state and governs the extent of choice women have in selecting health care services. Educational attainment relates to economic autonomy in many ways: through labor force participation, hours of work, earnings, childbearing decisions and career advancement. Women who

own their own businesses control many aspects of their working lives. Finally, women in poverty have limited choices. If they receive public income support, they must comply with legislative regulations enforced by their caseworkers. They do not have the economic means to travel freely. In addition, they often do not have access to the skills and tools necessary to improve their economic situation.

New Hampshire ranks tenth among all the states on the composite index measuring economic autonomy (see Chart V). States in the New England region generally rank high on these indicators, as New Hampshire ranks fourth out of six states in the region. The state ranks near the top of all states on three of the four individual indicators in the composite: on women's health insurance coverage and women living above poverty, New Hampshire ranks fifth, and the state ranks ninth in women's educational attainment. However, New Hampshire does less well compared to other states when it comes to women's business ownership, ranking 40th in the nation. Within its region, New Hampshire's best rank is on poverty, where it ranks first; it ranks

**Chart V.**  
**Economic Autonomy: National and Regional Ranks**

Indicators	National Rank* (of 51)	Regional Rank* (of 6)	Grade
<b>Composite Economic Autonomy Index</b>	<b>10</b>	<b>4</b>	<b>B-</b>
Percent with Health Insurance (among nonelderly women, 1997) <sup>a</sup>	5	2	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990) <sup>b</sup>	9	4	
Women's Business Ownership (percent of all firms owned by women, 1992) <sup>c</sup>	40	4	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1997) <sup>d</sup>	5	1	

See Appendix II for methodology.

\* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of six and refer to the states in the New England Region (CT, ME, MA, NH, RI, VT).

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

Calculated by the Institute for Women's Policy Research.

second on the percent of women with health insurance and fourth on the remaining two indicators.

On most of the indicators of economic autonomy, women have far less access than men to the resources identified as important, even in a state that ranks highly. Throughout the country, men are more likely to have a college education, own a business, and live above the poverty line than are women. 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 New Hampshire do not diverge from these basic patterns. As a result, the state received a grade of B- on the economic autonomy composite index.

## Access to Health Insurance

Women in New Hampshire are much more likely than women in the nation as a whole to have health insurance. In New Hampshire, 11.8 percent of women, compared with 18.5 percent in the United States, are not insured (see Table 12). Thus among all the states, New Hampshire ranks fifth in the nation and second in the New England region for the proportion of women insured.

On average, women and men in New Hampshire have much more access to employer-based health insurance than women and men in the United States as a whole (73.9 percent compared to 66.4 percent for women; 75.4 percent compared to 67.4 percent for men). While women in New Hampshire are about as likely as women in the United States as a whole to receive health insurance from employers in their own name (41.1 percent versus 40.1 percent), a much higher proportion of New Hampshire women receive employer-based health insurance as dependents. In New Hampshire, 32.8 percent of all women receive employer-based insurance this way compared with 26.4 percent for women in the nation as a whole. 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 New Hampshire, the rate of publicly insured women is slightly less than the U.S. rate (11.0 percent in New Hampshire and 12.5 percent in the United States), but still higher than the rate for men in the state (11.0 percent versus 6.8 percent).

## 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

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

	New Hampshire		United States	
	Women	Men	Women	Men
<b>Number</b>	<b>363,875</b>	<b>370,913</b>	<b>85,132,000</b>	<b>81,458,000</b>
Percent Uninsured	11.8	15.1	18.5	21.0
Percent with Employer-Based Health Insurance	73.9	75.4	66.4	67.4
Own Name	41.1	57.0	40.1	54.9
Dependent	32.8	18.5	26.4	12.5
Percent with Public Insurance	11.0	6.8	12.5	8.7
Percent with Individually-Purchased Insurance	6.5	5.5	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.

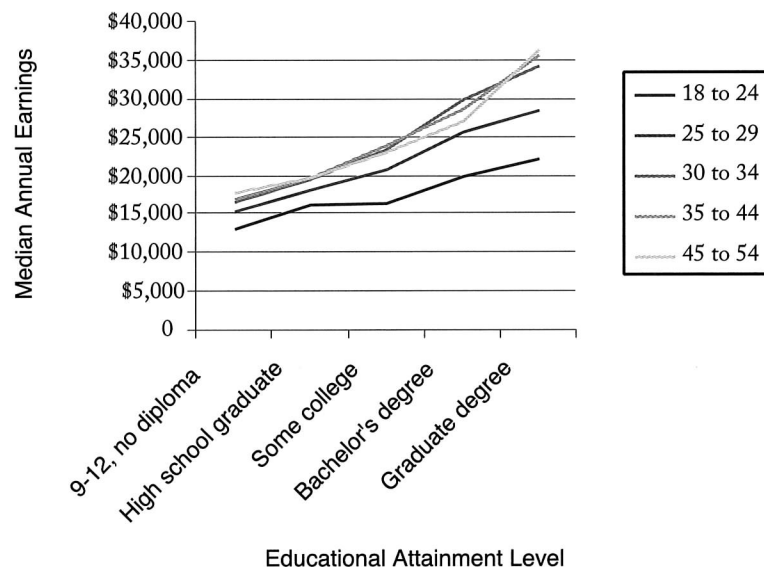
## Focus on Education in New Hampshire

Education may be the most important predictor of women's economic well-being throughout their adult lives. In New Hampshire, each additional level of education that women reach translates into a 10 to 25 percent increase in their earnings (see Illustration 1; U.S. Department of Education, National Center for Education Statistics, 1998).

Education is therefore particularly important for women on welfare and those transitioning to work. However, only 3 percent of New Hampshire welfare recipients are engaged in post-secondary education (Broshek, 2000). To address this, New Hampshire could spend a portion of its Temporary Assistance for Needy Families (TANF) dollars to expand access to post-secondary education. The state could also reconsider its welfare reform policies, which have minimized the role of post-secondary education by emphasizing work rather than education and training. Because skills and educational credentials typically lead to higher wages, it is critical that New Hampshire do more to allow low-income women an opportunity to obtain post-secondary education.

In addition, New Hampshire has not done enough to collect data about girls, women, and education. There are no data to indicate the proportion of girls who are dropouts, are in gifted and talented programs, are considered at-risk, have Individual Education Programs (IEPs), or are special needs students. These data would deepen understanding of the real picture of education for New Hampshire women and girls.

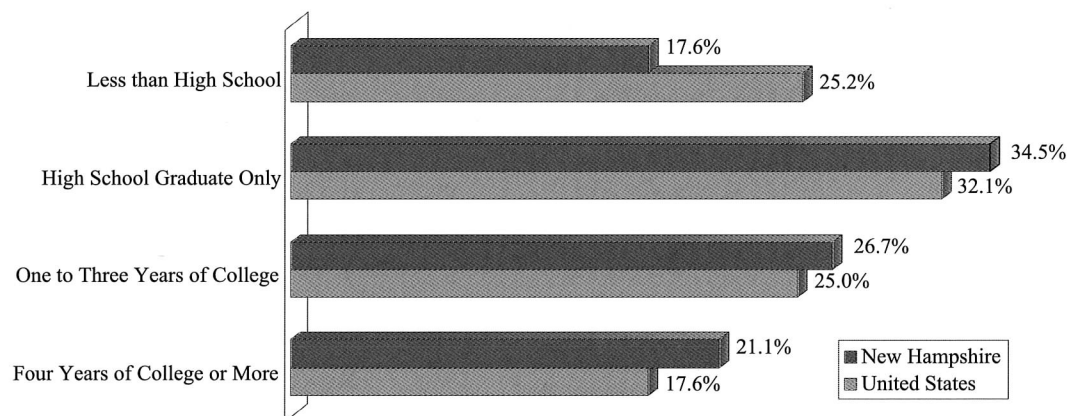
Focus Box Illustration 1.  
Median Annual Earnings by Educational Attainment  
and Age in New Hampshire, 1990



Source: U.S. Department of Education, National Center for Education Statistics, 1998.



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



Source: Population Reference Bureau, 1993.

Compiled by the Institute for Women's Policy Research.

closing the education gap (U.S. Department of Commerce, Bureau of the Census, 1998a, 1998c).

In general, women in New Hampshire tend to have considerably more college experience than women in the nation. In 1990, 47.8 percent of women in New Hampshire had more than a high school education, compared with 42.6 percent of women in the United States as a whole (see Figure 7). In New Hampshire, at 26.7 percent, the proportion of women with one to three years of college was 1.7 percentage points higher than the national average, while the percent of women with four or more years of college, at 21.1 percent, was about 3.5 percentage points higher than the national average. In turn, the proportion of women older than 25 in New Hampshire without high school diplomas was much smaller than that of women in the United States (17.6 percent and 25.2 percent, respectively; for more details, see Focus on Education in New Hampshire).

## Women Business Owners and Self-Employment

Owning a business can bring women increased control over their working lives and create important financial opportunities for them. It can encompass a

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

Between 1987 and 1992, the number of women-owned businesses grew 38.7 percent in New Hampshire, lower than the 43.1 percent growth of women-owned businesses in the United States as a whole (for purposes of comparability over time, these data exclude Type C corporations; for a definition of Type C corporations, see Appendix II). By 1992, women owned 31,492 firms in New Hampshire and women-owned businesses employed 34,138 people (see Table 13). Comparable to the United States as a whole, in New Hampshire, 54.3 percent of women-owned firms were in the service industries and the next highest proportion (18.9 percent) was in retail trade (see Figure 8). Business receipts of women-owned businesses in New Hampshire rose by 79.8 percent (in constant dollars) between 1987 and 1992. This growth is lower than the increase of 87 percent in business receipts for women-owned firms nationally but dramatically higher than the 34.9 percent increase for all firms in the United States during the same time period, also adjusted for inflation (data not shown).



In 1992, the U.S. Bureau of the Census reported that women owned more than 6.4 million firms nationwide, employing over 13 million people 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 New Hampshire to be 47,600 of the more than 9.1 million estimated for the United States as a whole (NFWBO, 1999).

**Table 13.**  
**Women-Owned Firms in New Hampshire**  
**and the United States, 1992**

	New Hampshire	United States
<b>Number of Women-Owned Firms*</b>	<b>31,492</b>	<b>5,888,883</b>
Percent of All Firms that Are Women-Owned	32.2%	34.1%
Percent Increase, 1987-1992	38.7%	43.1%
<b>Total Sales &amp; Receipts (in billions, 1992 dollars)</b>	<b>\$4.1</b>	<b>\$642.5</b>
Percent Increase (in constant dollars), 1987-1992	79.8%	87.0%
<b>Number Employed by Women-Owned Firms</b>	<b>34,138</b>	<b>6,252,029</b>

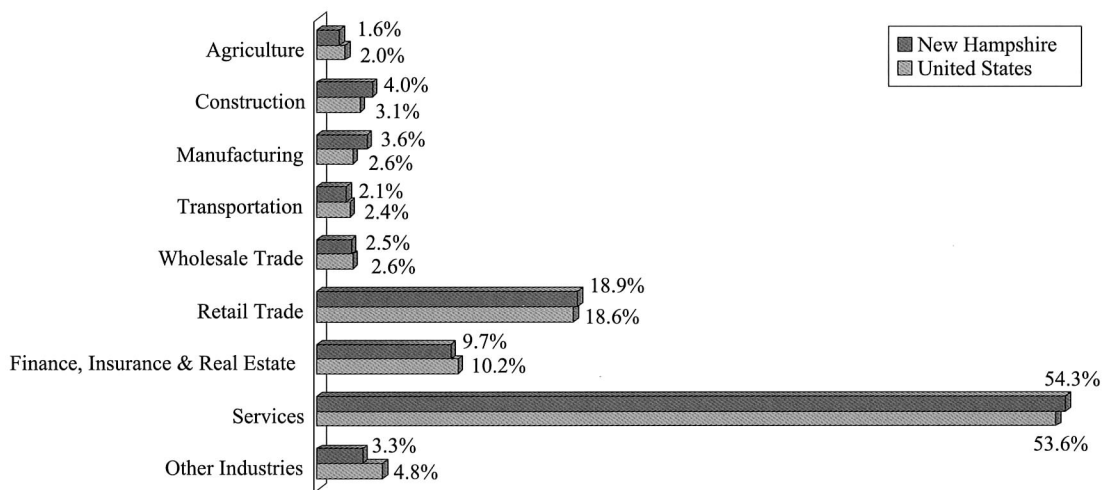
\* For reasons of comparability between 1987 and 1992, these statistics do not include data on Type C corporations; see Appendix II.

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

Compiled by the Institute for Women's Policy Research.

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. The decision to become

**Figure 8.**  
**Distribution of Women-Owned Firms Across Industries**  
**in New Hampshire 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.

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 a year, while full-time wage and salaried women average 9.6 months a year (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 New Hampshire are more likely to be self-employed than women in the United States. In 1997, 7.7 percent of working women in New Hampshire 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 households comprised 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 slightly higher on average for all family types in New Hampshire than in the United States as a whole, including families headed by single women with children (data for single men with children are not included because sample sizes were too low to accurately estimate income or poverty for these families).

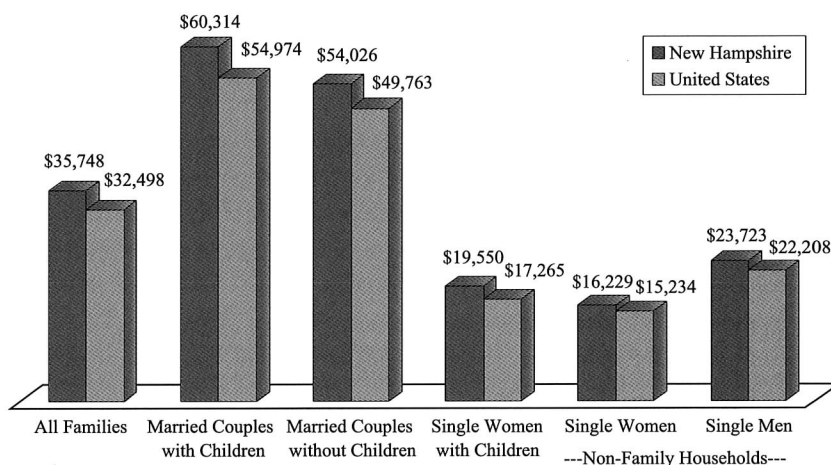
In addition, in 1997 the proportion of women in poverty in New Hampshire was lower than that of women in the United States: 8.9 percent and 13.1 percent, respectively (see Figure 10). Thus New Hampshire ranks fifth in the nation and first of the six states in its region for women living above poverty.

Since New Hampshire is a high-income state, and many high-income states also have high costs of living, New Hampshire's low rate of poverty may understate hardship in the state. 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; 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 median income in the state and in the United States as a whole.

Overall, this measure shows much higher rates of hardship than the poverty rate does. In the United States, the proportion of women living in families with income under one-half median income was 21.3 percent, much higher than the percent of women living in families with income below the federal poverty line (13.1 percent). In New Hampshire, 19.3 percent of women were living under one-half median family income in 1997, a much higher rate of hardship than the poverty rate among women in New Hampshire. Nevertheless, the percent of women living under one-half median family income in New Hampshire is 2.0 percentage points lower than that for the nation as a whole, indicating that women in New Hampshire do fare slightly better than women nationally in terms of family income.

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

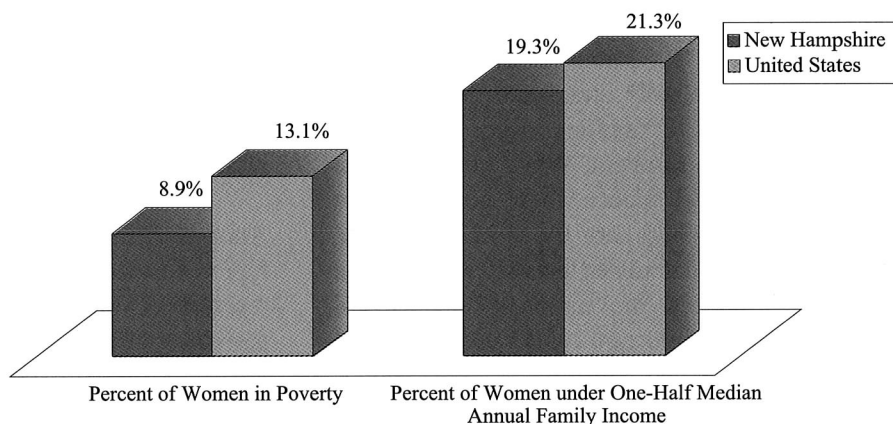


Source: Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

However, they do not fare as much better as the difference between the U.S.-New Hampshire poverty rates (4.2 percentage points) would suggest.

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



Source: Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

## Focus on Housing in New Hampshire

A lack of available and affordable housing poses a significant problem for many of New Hampshire's citizens. According to the National Low Income Housing Coalition's calculations, based on Fair Market Rent<sup>1</sup> data and income distributions of renter households, 45 percent of renters in New Hampshire are unable to afford Fair Market Rent for a two bedroom unit (\$683; Dolbeare, 1999).

Using the standard of affordability established by Congress and the Department of Housing and Urban Development (HUD), which assumes affordable housing costs to be 30 percent of an individual's income, the National Low Income Housing Coalition calculated that to afford the statewide median rent for a two-bedroom apartment, a minimum wage worker in New Hampshire would need to work 102 hours per week. Alternatively, a wage earner working 40 hours per week, 52 weeks per year would need to earn \$13.14 per hour, \$7.99 above New Hampshire's minimum wage, to afford the statewide median rent for a two-bedroom apartment (Dolbeare, 1999).

Affordable<sup>1</sup> and available housing should be a priority in New Hampshire. Increased housing subsidies and a living wage are integral to ensuring that each New Hampshire family has an affordable home.

<sup>1</sup>The U.S. Department of Housing and Urban Development (HUD) uses the 1990 Census, the Bureau of the Census' 1995 American Housing Survey, and telephone surveys of individual FMR areas to calculate FMRs. FMRs are used by HUD to calculate the Section 8 Housing Assistance Payment Programs and are gross rent estimates that include shelter rent and the cost of utilities except telephones. The level at which FMRs are set is expressed as a percentile point (currently gross rent paid by the 40th percentile of movers to standard housing) within the rent distribution of housing units in an area.

Along with New Hampshire's lower overall rate of female poverty, the poverty rate for single women with children is considerably lower than the nationwide rate (30.3 percent and 41.0 percent, respectively). In New Hampshire and in the nation as a whole, single women with children experience much higher levels of poverty than any other family type (see Figure 11). Moreover, even these high rates of poverty probably understate the degree of hardship among these families, especially among those with working mothers. While counting non-cash benefits would reduce their poverty rates, adding the cost of child care for working mothers would increase the calculated poverty rates both in New Hampshire 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).

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, narrowing the wage gap, and thus raising women's wages to a level equal to those of men with similar qualifications, would cut the poverty rate among married women and single mothers in half. In New Hampshire, poverty among single-mother households would also drop by about half if the wage gap



were eliminated (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 New Hampshire, families in the top 20 percent received 8.8 times as much income as those in the bottom 20 percent in 1996-98, indicating slightly lower income inequality than in the nation as a whole (Bernstein, McNichol, Mishel and Zahradnik, 2000). In 1978-80, New Hampshire families in the top 20 percent received 5.6 percent times the income of those in the bottom 20 percent. Thus

the inequality ratio increased by 3.2 percentage points in New Hampshire, the same as in the nation as a whole.

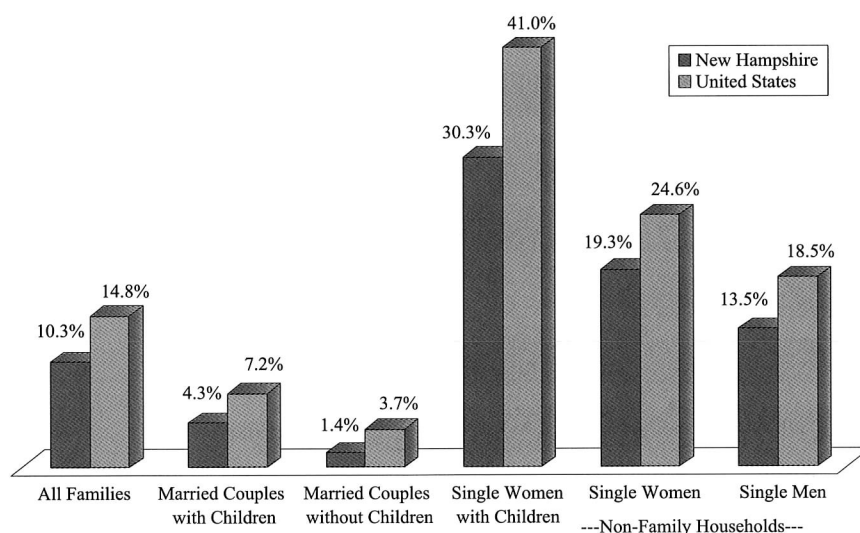
## State Safety Nets for Economic Security

The amount of cash welfare benefits varies widely from state to state. Figure 12 compares the size of New Hampshire's 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 New Hampshire as in all of the United States, TANF cash benefits are substantially below one-half median income. Although New Hampshire's cash benefits are slightly above the national average (\$5,005 versus \$4,279 per year), benefits are only 28.4 percent of one-half median

income in the state. This level is comparable to the nation as a whole, however, since the national benefit level is 26.0 percent of one-half median income nationally.

New Hampshire does a worse than average job of providing a safety net for unemployed women. While a smaller proportion of women is unemployed in New Hampshire (3.0 percent) than in the nation as a whole (4.6 percent; see Table 7), a larger proportion of unemployed women goes without benefits. The percent of unemployed women in New

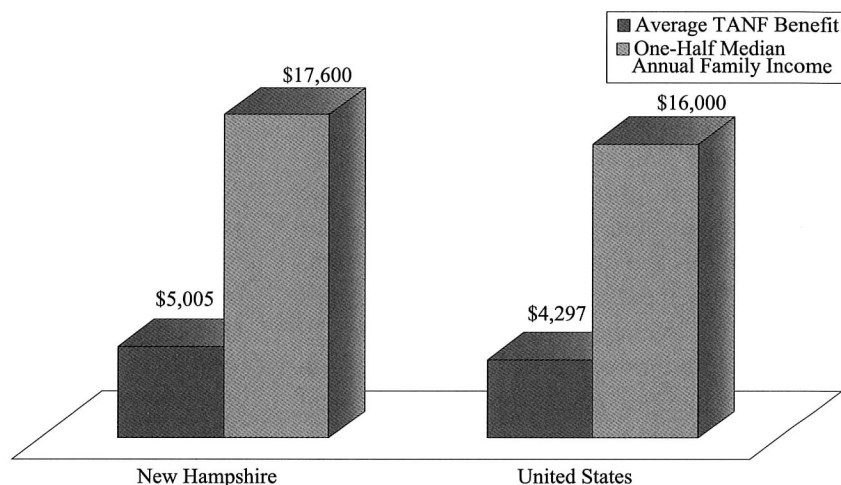
**Figure 11.**  
**Poverty Rates for Selected Family Types and Single Men and Women in New Hampshire and the United States, 1997**



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

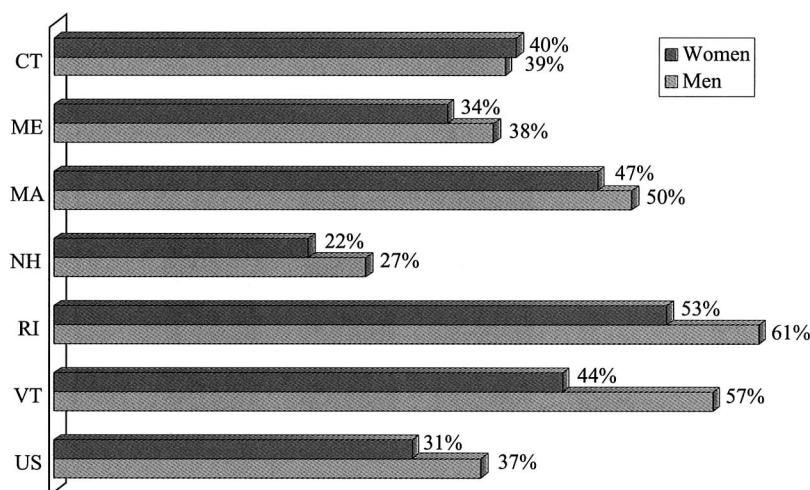
Hampshire receiving unemployment insurance benefits is lower in New Hampshire than in the United States as a whole and is by far the lowest in its region (see Figure 13). The same is true for unemployed men in New Hampshire: the percent of unemployed men is lower, and the rate of unemployment insurance benefit receipt is lower in New Hampshire than in the nation. Finally, in New Hampshire, as in most states in New England, the rate of unemployment insurance benefit receipt for women is lower than that for men. Of states in New England, only in Connecticut is women's receipt of unemployment insurance higher than men's (40 percent versus 39 percent).

**Figure 12.**  
**Average Annual TANF Benefit<sup>a</sup> and One-Half Median Annual Family Income<sup>b</sup> in New Hampshire and the United States, 1997**



Source: <sup>a</sup> U.S. Department of Health and Human Services, Administration for Children and Families, 1999b;  
<sup>b</sup> 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 New England 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.

# 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 New Hampshire, which ranks third in its region and 13th in the nation, has some important protections of women's reproductive rights and resources when compared with other states (see Chart VI, Panel A). However, women in the state still lack access to other resources. New Hampshire's grade of B- 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. As of January 2000, of the 42 states with consent or notification

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

	National Rank* (of 51)	Regional Rank* (of 6)	Grade
<b>Composite Reproductive Rights Index</b>	<b>13</b>	<b>3</b>	<b>B-</b>

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 six and refer to the states in the New England Region (CT, ME, MA, NH, RI, VT).

Calculated by the Institute for Women's Policy Research.

laws on the books, 32 enforce their laws. Of these 32 states, 15 enforce notification laws and 17 enforce consent laws. In states with notification or consent laws, 37 allow for a judicial bypass if the minor appears before a judge and provides a reason that parental notification would place an undue burden on the decision to have an abortion. Three states provide for physician bypass, and two allow minors to petition for either a judicial or physician bypass. Of the 32 states that enforce consent and notification laws, only Idaho and Utah have no bypass proce-

dures. As of January 2000, New Hampshire allows access to abortion services without mandatory parental consent or notification (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. Of the 18 states with mandatory waiting periods as of January 2000, 14

**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
<b>Does New Hampshire allow access to abortion services:</b>				
Without mandatory parental consent or notification? <sup>a</sup>	✓			9
Without a waiting period? <sup>a</sup>	✓			33
<b>Does New Hampshire provide public funding for abortions under any or most circumstances if a woman is eligible?<sup>a</sup></b>		✓		15
<b>What percent of New Hampshire women live in counties with an abortion provider?<sup>b</sup></b>			74%	68%
<b>Is New Hampshire's state government pro-choice?<sup>c</sup></b>				
Governor	✓			15
Senate	✓			13
Assembly	✓			7 of 49
<b>Does New Hampshire require health insurers to provide comprehensive coverage for contraceptives?<sup>a</sup></b>	✓			11
<b>Does New Hampshire require health insurers to provide comprehensive coverage for infertility treatments?<sup>d</sup></b>		✓		10
<b>Does New Hampshire allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?<sup>*e</sup></b>			No case has been tried	21
<b>Does New Hampshire require schools to provide sex education?<sup>a</sup></b>		✓		18

\* Most states that allow such adoption do so as the result of court decisions. In New Hampshire no case has yet been tried.

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

Compiled by the Institute for Women's Policy Research.



states (with waiting periods ranging from one to 24 hours) enforce their laws. New Hampshire does not have a law mandating a waiting period (NARAL and NARAL Foundation, 2000).

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

The percent of women living in counties with abortion providers measures the availability of abortion services to women. 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 74 percent of women in counties with a provider, New Hampshire's proportion falls in the top third of all states. In contrast, only 50 percent of counties in New Hampshire have abortion providers. Thus, while the majority of women live in counties with abortion providers, for those women in rural counties without a provider, access can be problematic. In 41 states, more than half of all counties have no abortion provider, and in 21 states more than 90 percent of counties 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. New Hampshire's state government is generally pro-choice, with the majority of members in the Senate and Assembly as well as the governor supporting a women's right to choose.

## 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, including New Hampshire, require all private insurers to provide comprehensive contraceptive coverage (see Chart VI, Panel B). 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 prescription birth control methods. One state, Minnesota, requires coverage of all prescription drugs, including contraceptives, and another, Texas, requires insurers with coverage for prescription drugs to cover oral contraceptives (NARAL and NARAL Foundation, 2000).

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

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

State courts currently hold considerable power to determine what legally constitutes lesbian and gay families, because there is no comprehensive federal law concerning their reproductive rights.

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

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 sex education programs teach abstinence and also provide students information about contraception. Three states require that sex education programs teach abstinence but do not require that schools provide information about contraception (NARAL and NARAL Foundation, 2000). New Hampshire does not mandate sex education.

## 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 New Hampshire are lower than in the nation as a whole. Table 14 shows 52.4 live births per 1,000 women aged 15-44 in New Hampshire and 65.0 births per 1,000 women aged 15-44 in the United States in 1997.

Table 14 also shows 4.3 infant deaths per 1,000 births in New Hampshire, a rate substantially lower than that for the United States as a whole, at 7.2 infant deaths per 1,000. Infant mortality also affects white and African American communities in the United States at very different rates. In the United States as a whole respective rates are 6.0 for white infants and 14.2 for African American infants. While data for minorities in New Hampshire are not available, the state's rate of 4.3 infant deaths for white infants is quite low relative to that of white infants in the country as a whole.

Low birth weight (5 lbs., 8 oz.) among babies also affects different racial and ethnic groups at different rates. In New Hampshire, the percent of low-weight births is 5.8 among white infants and 8.8 among Hispanic infants. No data are available for the proportion of low birth weight babies among African Americans in New Hampshire. In the United States as a whole, in 1997, the percent of low-weight births among white infants was 6.5; for Hispanic infants, 6.4; and for African American infants, 13.1. In the

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

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 89.6 percent of women in New Hampshire 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 New Hampshire, 89.8 percent of white women, 78.0 percent of African American women, and 77.9 percent of Hispanic women use first trimester prenatal care.

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 lower proportion of all births in New Hampshire (7.8 percent) than they did nationally (12.8 percent). Births to unmarried mothers also accounted for a smaller proportion of all births in New Hampshire than they did nationally (23.8 percent compared with 32.4 percent).

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

	New Hampshire	United States
<b>Fertility Rate in 1997 (live births per 1,000 women aged 15-44)<sup>a</sup></b>	<b>52.4</b>	<b>65.0</b>
<b>Infant Mortality Rate in 1997 (deaths of infants under age one per 1,000 live births)<sup>b</sup></b>	<b>4.3</b>	<b>7.2</b>
Among Whites	4.3	6.0
Among African Americans	N/A	14.2
<b>Percent of Low Birth Weight Babies (less than 5 lbs, 8 oz.), 1997<sup>a</sup></b>	<b>5.8%</b>	<b>7.5%</b>
Among Whites	5.8%	6.5%
Among African Americans	N/A	13.1%
Among Hispanics	8.8%	6.4%
<b>Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 1997<sup>a</sup></b>	<b>89.6%</b>	<b>82.5%</b>
Among Whites	89.8%	84.7%
Among African Americans	78.0%	72.3%
Among Hispanics	77.9%	73.7%
<b>Births to Teenage Women (aged 15-19 years) as a Percent of All Births, 1997<sup>c</sup></b>	<b>7.8%</b>	<b>12.8%</b>
<b>Births to Unmarried Women as a Percent of All Births, 1997<sup>c</sup></b>	<b>23.8%</b>	<b>32.4%</b>

N/A = Not Available.

Source: <sup>a</sup> National Center for Health Statistics, 1999a; <sup>b</sup> National Center for Health Statistics, 1999b; <sup>c</sup> U.S. Department of Commerce, Bureau of the Census, 1999e.

Compiled by the Institute for Women's Policy Research.





# Health and Well-Being

**H**ealth 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 New Hampshire. 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

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

Indicators	National Rank* (of 51)	Regional Rank* (of 6)	Grade
<b>Composite Health and Well-Being Index</b>	<b>19</b>	<b>4</b>	<b>B-</b>
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1995) <sup>a</sup>	30	5	
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1991-95) <sup>b</sup>	44	5	
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1991-95) <sup>b</sup>	43	4	
Percent of Women Who Have Ever Been Told They Have Diabetes (1998) <sup>c</sup>	8	2	
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 1997) <sup>d</sup>	1	1	
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, July 1998 through June 1999) <sup>e</sup>	10	3	
Average Number of Days per Month on which Women's Mental Health Is Not Good (1998) <sup>c</sup>	36	6	
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1995-97) <sup>f</sup>	35	4	
Average Number of Days per Month on which Women's Activities Are Limited by Their Health (1998) <sup>c</sup>	19	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 six and refer to the states in the New England Region (CT, ME, MA, NH, RI, VT).

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

Calculated by the Institute for Women's Policy Research.

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

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

Women's overall health status is closely connected to many of the other indicators in this report, including women's poverty status, access to health insurance, and reproductive 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 political participation and with a smaller wage gap

(Kawachi, Kennedy, Gupta and Prothrow-Stith, 1999).

New Hampshire ranks 19th of all states and fourth in its region on indicators of women's health and well-being. The state fares particularly poorly on mortality from lung cancer (ranked 44th) and breast cancer (ranked 43rd), as well as on mortality from heart disease (ranked 30th). However, New Hampshire ranks exceptionally high on indicators of sexually transmitted diseases, ranking first in the country for the lowest incidence of chlamydia and tenth for the incidence of AIDS. Overall, New Hampshire ranks about average for indicators of women's health.

New Hampshire's grade of B- 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 New Hampshire experience mortality from heart disease at rates slightly higher than the median mortality rate for all states (93.3 and 90.9 per 100,000 population, respectively; see

Table 15) and ranks 30th among all states on this indicator. Notably, men's mortality from heart disease is much higher in New Hampshire and in the country as a whole at 187.4 and 174.4 per 100,000 population respectively (data not shown). Like women's, men's mortality rate from heart disease in

New Hampshire is higher than the median for the United States.

Mortality from heart disease also varies greatly by race in New Hampshire 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, 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 New Hampshire, the mortality rate of white women was about the same as the rate for the state as a whole. Unfortunately, data for mortality from heart disease were not available for other racial and ethnic groups in New Hampshire.

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

Indicator	New Hampshire	United States
<b>Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 1995<sup>a</sup></b>	<b>93.3</b>	<b>90.9*</b>
<b>Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 1991-95<sup>b</sup></b>	<b>38.0</b>	<b>33.3</b>
Among White Women <sup>c</sup>	37.9	33.8
Among African American Women <sup>c</sup>	34.5	32.7
<b>Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 1991-95<sup>b</sup></b>	<b>28.3</b>	<b>26.0</b>
Among White Women <sup>c</sup>	28.6	25.6
Among African American Women <sup>c</sup>	27.9	31.5
<b>Percent of Women Who Have Ever Been Told They Have Diabetes (1998)<sup>d</sup></b>	<b>3.7%</b>	<b>5.3%*</b>
<b>Average Annual Incidence Rate of Chlamydia Among Women (per 100,000), 1997<sup>e</sup></b>	<b>108.3</b>	<b>335.8</b>
<b>Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), July 1998 through June 1999<sup>f</sup></b>	<b>1.4</b>	<b>9.4</b>
<b>Average Number of Days of Poor Mental Health Among Women, 1998<sup>d</sup></b>	<b>3.8</b>	<b>3.5*</b>
<b>Average Annual Mortality Rate Among Women from Suicide (per 100,000), 1995-97<sup>g</sup></b>	<b>4.4</b>	<b>3.9</b>
<b>Average Number of Days of Limited Activities Among Women, 1998<sup>d</sup></b>	<b>3.4</b>	<b>3.6*</b>

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

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

Compiled by the Institute for Women's Policy Research.

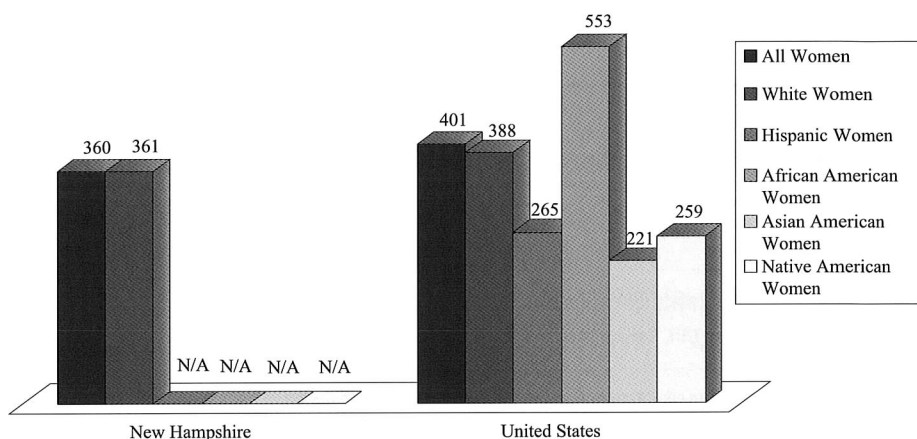


Cancer is the leading cause of death for women aged 45-74, and women's lung cancer, the leading cause of death among cancers, in particular is on the rise. Among women nationally, the incidence of lung cancer doubled and the death rate rose 182 percent between the early 1970s and early 1990s (National 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 New Hampshire,

average mortality from lung cancer is 38.0 per 100,000 women, above the national rate of 33.3 per 100,000 women. As a result, New Hampshire ranks 44th in the nation and fifth of six in its region on this indicator. In addition, in New Hampshire as in the nation as a whole, mortality from lung cancer is higher among white women than among African American women. In New Hampshire, 37.9 white women per 100,000 die from lung cancer each year, while 34.5 African American women do. Nationally, 33.8 white women and 32.7 African American women per 100,000 die annually from lung cancer.

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

**Figure 14.**  
**Average Annual Mortality Rates among Women from Heart Disease in New Hampshire 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 the data on each of the four categories of race. Data for Native American, Asian American, African American, and Hispanic women are not available for New Hampshire. 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.

Hampshire's rate of mortality from breast cancer is relatively high, at 28.3 per 100,000 population, compared with the national rate of 26.0 per 100,000 population. Like lung cancer rates, breast cancer rates vary by race. Nationally, the mortality rate from breast cancer is 25.6 per 100,000 white women and 31.5 per 100,000 African American women. In New Hampshire, mortality from breast cancer is 28.6 per 100,000 white women but 27.9 per 100,000 African American women. Thus, while breast cancer mortality is higher among African American women than white women in the nation as a whole, it is slightly lower among African American women in New Hampshire.

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, 1999b). The overall risk of diabetes can be decreased by lowering the level of obesity and by improving health habits in a state. In New Hampshire, 3.7 percent of women have been diagnosed with diabetes at some point in their lifetime, a rate considerably lower than the median rate for all states, 5.3 percent. At eighth, New Hampshire ranks relatively high on this indicator of women's health.

Sexually transmitted diseases (STDs) are a common threat to younger women's health. As with many other health problems, education, awareness, and proper screening 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 New Hampshire, chlamydia affects 108.3 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, New Hampshire does better than all other states, ranking first in the nation 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 women (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, while 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 were not available. However, overall New Hampshire has a substantially lower incidence rate of AIDS than the nation as a whole, at 1.4 and 9.4 per 100,000 population respectively. For men the AIDS incidence rate is also substantially lower in New Hampshire, at 8.2 cases per 100,000 population in New Hampshire 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 New Hampshire, 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 (see Table 15 and Chart VII), earning the state a national rank of 36th. Nationally, the median rate for all states is 3.5 days per month of poor mental health. In contrast, men's rate of poor mental health is slightly below the national median at 2.1 and 2.4 days, respectively (data not shown). In New Hampshire, men's lower rate of poor mental health compared with women's mirrors national trends: in the nation as a whole, the median rate for women is

over 1 day more than it is for men (3.5 and 2.4 days per month, respectively).

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 New Hampshire, the rate of death by suicide among women is higher, at 4.4. As a result, New Hampshire ranks 35th in the nation and fourth in the New England 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 satisfy-

ing 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 New Hampshire, the average number of days of limited activities for women is slightly lower, at 3.4 (see Table 15). The state ranks 19th on this indicator. For men, the rate in New Hampshire (2.8 days per month) is also lower than the median rate for all states (3.5 days per month; data not shown).

## 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 New Hampshire. Generally, women in New Hampshire use preventive care resources at rates slightly above national levels. Of women over age 50, 71.6 percent have had a mammogram within the past two years and 75.1 percent over age 18 have been screened for cholesterol in the past five years, rates higher than the median numbers for all states. New Hampshire women have usage rates of pap tests near the median for all states (84.2 percent versus 84.9 percent).

In addition, women in New Hampshire engage in good health habits at relatively high levels compared with women in the nation as a whole. While the percent of adult women in New Hampshire who smoke (21.0 percent) is near the median for all states, women in New Hampshire are more likely to participate in physical activity, more likely to eat the recommended amount of fruits and vegetables, and less likely to drink chronically than women in other states (drinking chronically entails 60 or more alcoholic beverages a month; see Table 16).

**Table 16.**  
**Preventive Care and Health Behaviors**

	New Hampshire	United States*
<b>Preventive Care</b>		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 1998 <sup>a</sup>	71.6	67.8
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 1998 <sup>a</sup>	84.2	84.9
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 1995 <sup>b</sup>	75.1	68.2
<b>Health Behaviors</b>		
Percent of Women Who Smoke (100 or more cigarettes in their lifetime and who now smoke everyday or some days), 1998 <sup>a</sup>	21.0	20.8
Percent of Women Who Report Chronic Drinking (60 or more alcoholic beverages during the previous month), 1995 <sup>b</sup>	0.4	0.7
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 1998 <sup>a</sup>	25.8	29.9
Percent of Women Who Do Not Eat 5 or More Servings of Fruits or Vegetables per Day, 1998 <sup>a</sup>	66.1	72.2

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

Source: <sup>a</sup> Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, 1999a; <sup>b</sup> Centers for Disease Control, 1997.

Compiled by the Institute for Women's Policy Research.

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 New Hampshire, more women than men receive health insurance from public sources (11 percent versus 6.8 percent; see Table 12). During the 1990s, states gained increased autonomy in setting eligibility and benefit levels for Medicaid programs, and as a result their spending varied substantially. Table 17 shows the level of Medicaid spending per adult enrollee in New Hampshire ("adults" are

generally defined as nondisabled people aged 18-64, although some states extend "adult" to cover some

## 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.

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

	New Hampshire	United States
<b>Medicaid Spending Per Adult Enrollee, 1997<sup>a</sup></b>	<b>\$1,985</b>	<b>\$1,874</b>
<b>Domestic Violence and Sexual Assault Services and Prevention Spending Per Capita, 1994-95<sup>b</sup></b>	<b>\$1.39</b>	<b>\$1.34</b>

Source: <sup>a</sup> Urban Institute, 1999; <sup>b</sup> Centers for Disease Control, National Center for Injury Prevention and Control, 1997.

Compiled by the Institute for Women's Policy Research.



## Focus on Violence against Women in New Hampshire

The New Hampshire Department of Justice reports that crisis centers in New Hampshire have seen a leveling in the number of female domestic violence victims seeking assistance, from 7,742 in 1997, to 7,147 in 1998, and 7,159 in 1999 (Palmer, 1999). However, violence against women in New Hampshire continues to be a serious public health issue. In 1998, the New Hampshire Behavioral Risk Factors Surveillance System Study reported the following facts:

- ◆ Women and men are about equally likely to have experienced physical violence of any type in the last twelve months, but women are twice as likely to sustain injuries requiring medical attention.
- ◆ Among women, more than 85 percent of serious injuries resulting from physical violence take place in the home.
- ◆ More than 50 percent of women experiencing serious physical violence are assaulted by an intimate partner or former intimate partner.
- ◆ Of women who are seriously injured as a result of physical violence, more than 28 percent receive no treatment for their injuries. More than 42 percent are treated in emergency rooms, while 14 percent seek treatment at their doctor's office or through a health clinic (Powers, 1998).

Violence in the home also remains a serious public health issue for children. The differential in violence rates for males and females begins with children. According to the Youth Risk Behavior Survey, of 1,703 New Hampshire high school students polled in 1999:

- ◆ Eleven percent report at least one incident that involved feeling it was unsafe to go home.
- ◆ Among high school students, 1.4 percent reported needing to seek alternate safe housing options more than six times.
- ◆ Students who feel less safe at home have consistently lower grades, indicating a direct correlation between a safe home and school performance.
- ◆ Girls were more likely than boys to be victims of physical, sexual, emotional and verbal abuse.
- ◆ Girls were twice as likely as boys to report needing counseling and were often unable to obtain it.
- ◆ Girls were nearly twice as likely as boys to consider suicide (Johnson, 1999).

These statistics clearly demonstrate a need for increased awareness concerning violence against women and for increased resources for victims, including both adults and children.



younger people, such as pregnant teens or mothers classified as head-of-household). In 1997, at \$1,985, New Hampshire's spending was above the average among all states, \$1,874 per adult enrollee. Adequate financial support for their health care needs can be integral to the health status of low-income women and their families. State and federal policy should also ensure that as men and women move away from welfare and into the workforce, they do not lose access to health insurance.

Domestic violence and stalking can also affect women's physical health and mental well-being significantly. Very little reliable data on rates of violence against women exist, however, because many incidences of violence go unreported. Women who suffer from domestic violence, stalking, and other crimes often need appropriate services to help them make the transition from a violent and unhealthy situation to an independent and stable life. Still, state spending related to violence against women varies tremendously. Table 17 shows that New Hampshire's funding for domestic violence and stalking programs is \$1.39 per person in the state, five cents above the national average of \$1.34 (for more detail

see Focus on Violence Against Women in New Hampshire). Of this money, state funds comprised 53 percent and federal funds comprised 47 percent. Of its state funds, New Hampshire spent 92 percent on domestic violence programs and 8 percent on sexual assault programs. Of its federal funds, 66 percent was spent on domestic violence programs and 34 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. Overall, while New Hampshire has a few state insurance mandates important to women, it still lacks several significant policies (see Table 18). In particular, women in the state would benefit from insurance mandates covering screenings for cervical cancer and osteoporosis and inpatient care after a mastectomy.

**Table 18.**  
**State Health Insurance Mandates in New Hampshire, 1999**

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

Source: <sup>a</sup> Stauffer and Plaza, 1999; <sup>b</sup> Delaney, 1999.

Compiled by the Institute for Women's Policy Research.



# Conclusions and Policy Recommendations

Women in New Hampshire, like women in the nation as a whole, have made a great deal of progress in recent decades. Women are more educated, more active in the workforce, and have made important strides in narrowing the wage gap. Yet women still face substantial and persistent obstacles to attaining equality in these and other areas. This report demonstrates, above all else, that for activists and policymakers, improving the quality of life for all New Hampshire residents by eliminating the inequities that exist between the state's women and men remains a challenge.

A variety of policy changes could be implemented to help women attain greater equality in all areas of life:

- ◆ Women in New Hampshire will benefit more from the state's strong economy if the minimum wage is raised, programs to increase the growth of living-wage jobs are developed, and efforts are made to eliminate the wage gap. In addition, more progress should be made in New Hampshire for women to access capital. Policies that enhance the opportunity for women to own businesses should include greater recognition of banks, especially in rural areas of the state, that increase access for women who seek loans to start or develop their own businesses.
- ◆ New Hampshire should recognize that education is the key to economic self-sufficiency for women. By fostering educational attainment among low-income women, the state can help these women become more fully attached to the labor force, thereby increasing their families' economic self-sufficiency. New Hampshire Employment Program rules need to allow more types of educational experiences to count as work experience and to allow TANF recipients and other low-income women broader access to post-secondary education and to loans that can help them attain that education.
- ◆ Women workers will benefit if there is greater availability of adequate and affordable child care and expanded eligibility for child care subsidies. Also, initiatives that promote employment flexibility, family-friendly work environments, and paid parental and dependent leave policies can help parents better balance work and family.
- ◆ Although New Hampshire's racial, ethnic and immigrant communities are small compared to national populations, these populations are growing. As the diversity of New Hampshire's population increases, it is necessary to ask how women are represented in the changing demographics. Without accurate data on diverse women's needs, the state will continue to provide inadequate and inappropriate services, particularly in housing, employment, child care, access to health care, and education, to populations of women that may need the most assistance. To get a more realistic appraisal of the diverse needs of New Hampshire's women, the state needs more comprehensive data collection mechanisms to monitor and assess the current status of the state's immigrant and minority women. To date, these data sources or mechanisms are inadequate.
- ◆ New Hampshire faces an ongoing challenge to provide women access to the reproductive resources and medical care that will enable healthy and purposeful decisions about child-bearing and motherhood. While this state has historically respected women's reproductive privacy by rejecting legal restrictions that would limit access to abortion care, reproductive health policies continue to be controversial and require constant safeguarding. Women's lives and health will be greatly improved if New Hampshire devotes additional resources to preventing the need for abortion by supporting policies that reduce the incidence of unintended pregnancy. Policymakers and activists can meet

this challenge by allocating increased funding to family planning services and by encouraging comprehensive sexuality education for teens. Women's reproductive autonomy cannot be fully achieved until financial and legal barriers to access to infertility treatments or abortion care for low-income women are removed.

- ◆ Women's physical safety must be safeguarded, through greater emphasis on and sustained funding for public awareness and preventive programs combating violence against women. Policies should encourage interventions in violent relationships by multiple social systems while protecting victims' rights. Stronger laws for domestic violence, sexual assault, and stalking are needed. However, thorough enforcement of laws on the books, with emphasis on respecting the rights, safety, and dignity of survivors of domestic and sexual violence, is equally essential. Judicial and police training must educate officials about the unique characteristics and prevalence of this kind of crime.
- ◆ Women in New Hampshire are more likely than women in many New England states and in the nation to die from a chronic disease such as heart disease, lung cancer, and breast cancer (the three leading causes of death for women in the United States). They are also more likely to suffer from certain mental health disorders. Women's physical and mental well-being can be enhanced through public awareness programs about the risk factors for fatal illness and policies that encourage early detection and preventive care.
- ◆ Although during the 1999-2000 legislative session New Hampshire enjoyed the historic accomplishment of becoming the first state in the nation with women serving simultaneous terms as Governor, Speaker of the House, and Senate President, the state has never had a woman serve on its congressional delegation. And, while 31.8 percent of the state's legislature is comprised of women—a number higher than the national average—that percentage is far lower than the full share of the female population. Because women's participation in politics gives women a more prominent voice, increas-

ing their number in the New Hampshire and U.S. legislature will bring important issues of concern, including those in this report, to the forefront of policy debates.

National policies also remain important in improving women's status in the states and in the country as a whole. IWPR recommends the following national policies:

- ◆ The federal minimum wage, federal equal employment opportunity legislation, and federal health and safety standards are all critical in ensuring minimum levels of decency and fairness for women workers.
- ◆ Because union representation correlates strongly with higher wages for women and improved pay equity, benefits and working conditions, federal laws that protect and encourage unionization efforts would assist women workers.
- ◆ Policies such as paid family leave could be legislated nationally as well as at the state level through, for example, mandatory insurance or the establishment of an employee pay-in system.
- ◆ Because most income redistribution occurs at the national level, federal legislation on taxes, entitlements and income security programs (such as the Earned Income Tax Credit, Social Security, Medicaid, Medicare, Food Stamps and welfare) will continue to profoundly affect women's lives and should take women's needs and interests into account.

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

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

*The New Hampshire Advisory Committee*



# Appendix I

## Basic Demographics

This Appendix includes data on different populations within New Hampshire. Statistics on age, the sex ratio and the elderly female population are pre-

sented, as are the distribution of women by race/ethnicity and family types and information on women in prisons. These data present an image of the state's

**Appendix Table 1.**  
**Basic Demographic Statistics for New Hampshire and the United States**

	New Hampshire	United States
<b>Total Population, 1998<sup>a</sup></b>	<b>1,185,048</b>	<b>270,298,524</b>
Number of Women, All Ages <sup>b</sup>	602,079	138,252,197
Sex Ratio (women to men, aged 18 and older) <sup>b</sup>	1.06:1	1.08:1
Median Age of All Women <sup>b</sup>	36.2	36.3
Proportion of Women Over Age 65 <sup>b</sup>	13.8%	14.6%
<b>Distribution of Women by Race and Ethnicity, All Ages, 1995<sup>c</sup></b>		
White*	97.3%	73.0%
African American*	0.5%	12.8%
Hispanic**	1.0%	9.8%
Asian American*	1.0%	3.6%
Native American*	0.2%	0.8%
<b>Distribution of Households by Type, 1990<sup>d</sup></b>		
Total Number of Family and Nonfamily Households	409,602	91,770,958
Married-Couple Families (with and without their own children)	60.6%	56.2%
Female-Headed Families (with and without their own children)	8.1%	11.3%
Male-Headed Families (with and without their own children)	3.0%	3.2%
Nonfamily Households: Single-Person Households	21.8%	24.4%
Nonfamily Households: Other	6.6%	4.9%
<b>Distribution of Women Aged 15 and Older by Marital Status, 1990<sup>e</sup></b>		
Married	58.6%	55.6%
Single	22.0%	23.1%
Widowed	10.3%	11.9%
Divorced	9.0%	9.4%
<b>Percent of Households with Children Under Age 18 Headed by Women, 1990<sup>f</sup></b>	<b>14.1%</b>	<b>19.5%</b>
<b>Proportion of Women Living in Metropolitan Areas, All Ages, 1990<sup>g</sup></b>	<b>72.6%</b>	<b>83.1%</b>
<b>Proportion of Women Who Are Foreign-Born, All Ages, 1990<sup>h</sup></b>	<b>4.0%</b>	<b>7.9%</b>
<b>Percent of Federal and State Prison Population Who Are Women, 1998<sup>i</sup></b>	<b>5.3%</b>	<b>6.5%</b>

\* Non-Hispanic.

\*\* Hispanics may be of any race.

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

Compiled by the Institute for Women's Policy Research.

female population and can be used to provide insight on the topics covered in this report. For example, compared with the United States as a whole, New Hampshire has a slightly lower ratio of women to men, a much smaller proportion of African American, Hispanic, Asian American, Native American, and foreign-born women, and a 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.

New Hampshire has the tenth smallest population among all the states in the nation. There were 602,079 women of all ages in New Hampshire in 1998 (see Appendix Table 1). Between 1990 and 1998, the population of New Hampshire grew by 6.8 percent, less than the growth of the nation as a whole (8.7 percent; U.S. Department of Commerce, Bureau of the Census, 1999). However, New Hampshire's population growth rate is the highest among the states in the New England region and far exceeds the average regional growth rate of 1.7 percent. White women are a much larger share of the female population in New Hampshire than they are in the United States as a whole, with minorities making up only 2.7 percent of women in the state (compared with 27 percent for the nation as a whole).

The proportions of single, divorced, and widowed women in New Hampshire are all slightly lower than those of the country as a whole, while the proportion of married women is slightly higher (58.6 percent compared with 55.6 percent in the United States; see Appendix Table 1). New Hampshire's distribution of family types diverges slightly from that in the nation as a whole (see Appendix Table 1). Consistent with the data on marital status, the proportion of single-person households and female-headed families in New Hampshire is smaller than in the nation as a whole, while the proportion of married-couple families in New Hampshire is larger than nationally. Female-headed families with children under age 18 constitute 14.1 percent of all families with children in New Hampshire, a smaller proportion than the 19.5 percent nationally.

New Hampshire's proportion of women living in metropolitan areas is substantially lower than in the nation as a whole (72.6 percent compared with 83.1 percent of women in the United States). The percent of New Hampshire's prison population that is female is also lower than the national average (see Appendix Table 1). Finally, there is a large difference between New Hampshire and the nation as a whole in terms of the proportion of the population that is foreign-born. New Hampshire has a much smaller foreign-born female population than does the United States as a whole (4 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 New Hampshire, the sample size is 529 for women and 800 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 assessment of whether governors and legislatures would support a ban or restrictions on abortion. Governors and legislatures who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. Each state received 0.33 points per pro-choice governmental body--governor, upper house and lower house--up to a maximum of 1.0 point. Those governors and legislatures with mixed assessments received half credit. Source: NARAL and NARAL Foundation, 1999.

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

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

**Same-Sex Couples and Adoption:** Whether a state allows gays and lesbians the option of second-parent adoption, which occurs when a nonbiological parent in a couple adopts the child of his or her partner. At

the state level, courts and/or legislatures have upheld or limited the right to second-parent adoption among gay and lesbian couples. States were given 1.0 point if the state supreme court has prohibited discrimination against these couples in adoption, 0.75 if an appellate or high court has, 0.5 if a lower court has approved a petition for second parent adoption, 0.25 if a state has no official position on the subject, and no points if the state has banned second parent adoption. Source: Hawes, 1999.

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

### ***Composite Health and Well-Being Index***

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

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

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

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

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

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

**Percent of Women Who Have Ever Been Told They Have Diabetes:** As self-reported by female respondents in the Behavioral Risk Factor Surveillance System (BRFSS) survey in 1996. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age, and all data are

age-adjusted to the 1970 U.S. standard population. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999a.

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

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

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

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

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



# Appendix III

## Sources for 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 reciprocity. Six states have not changed their earnings disregards policy from the test that existed under the former welfare program, AFDC, which disregarded \$90 for work expenses and \$30 plus one-third of remaining earnings for four months; \$120 for the next 8 months; and \$90 after a full year. Forty-four states and the District of Columbia have changed their policies. Those that disregard at least 50 percent of earnings are indicated by a "yes." Source:

U.S. Department of Health and Human Services, Administration for Children and Families, 1999c.

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

### ***Employment/Unemployment Benefits***

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

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

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

individuals earn a total reaching a specified threshold amount in one of the quarters within the base period. IWPR research has shown that women are less likely to meet the two earnings requirements than men are and thus are more likely to be disqualified from receipt of UI benefits. IWPR found that nearly 14 percent of unemployed women workers were disqualified from receiving UI by 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

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



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

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

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

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

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

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

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



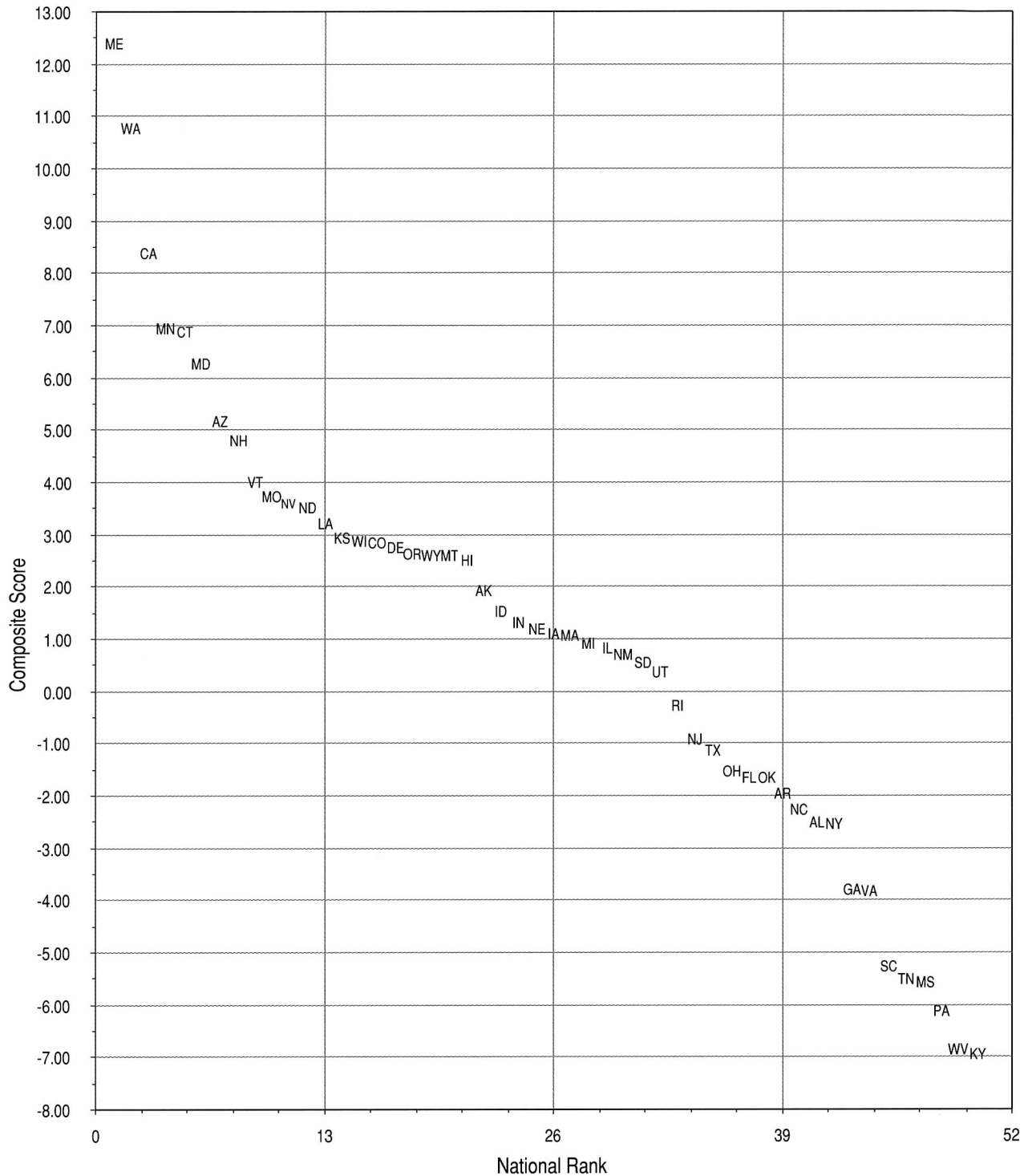
# Appendix IV, Part A: State-by-State Rankings on the Composite Indices and Their Components—Health and Well-Being

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

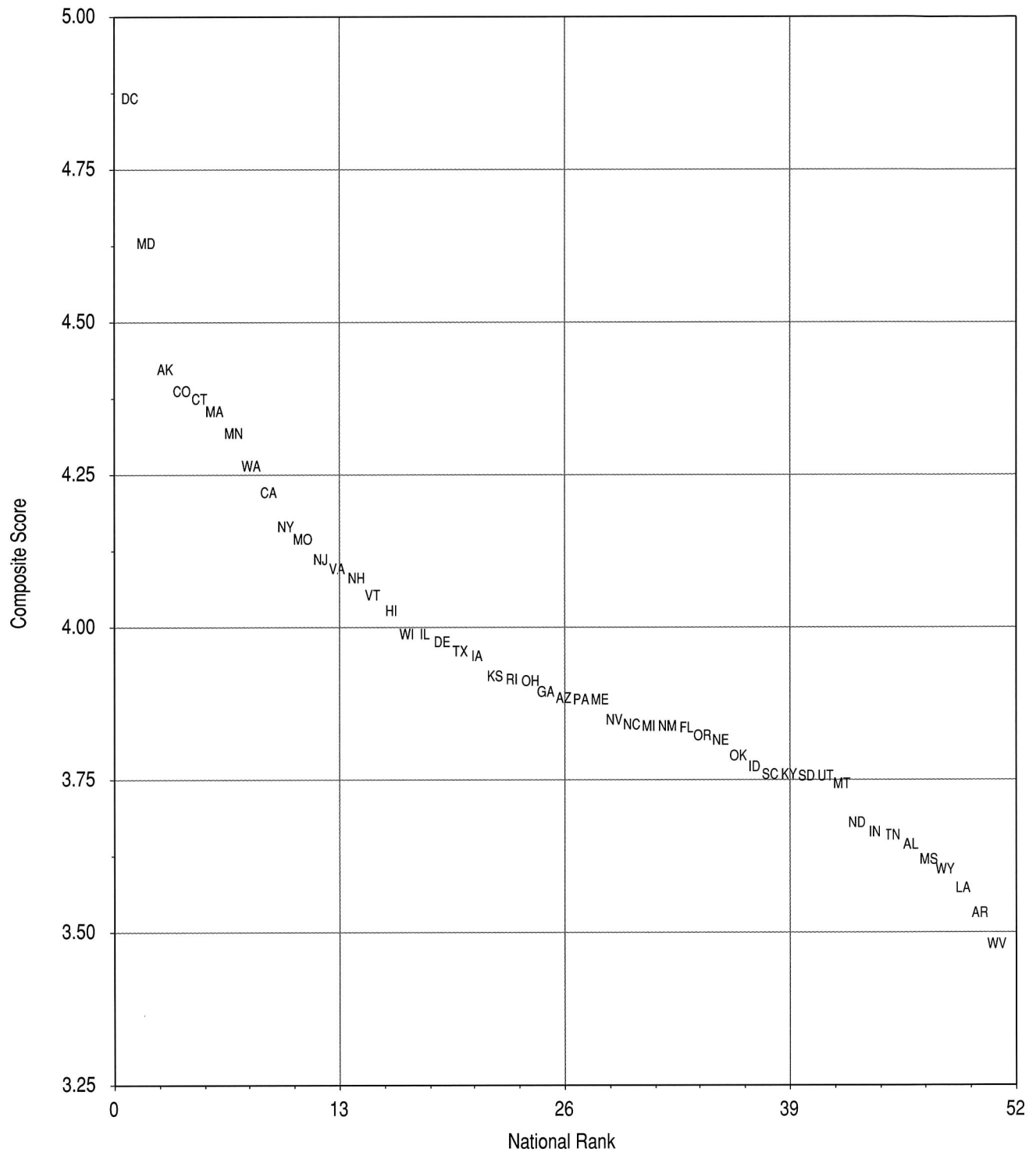


# Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices

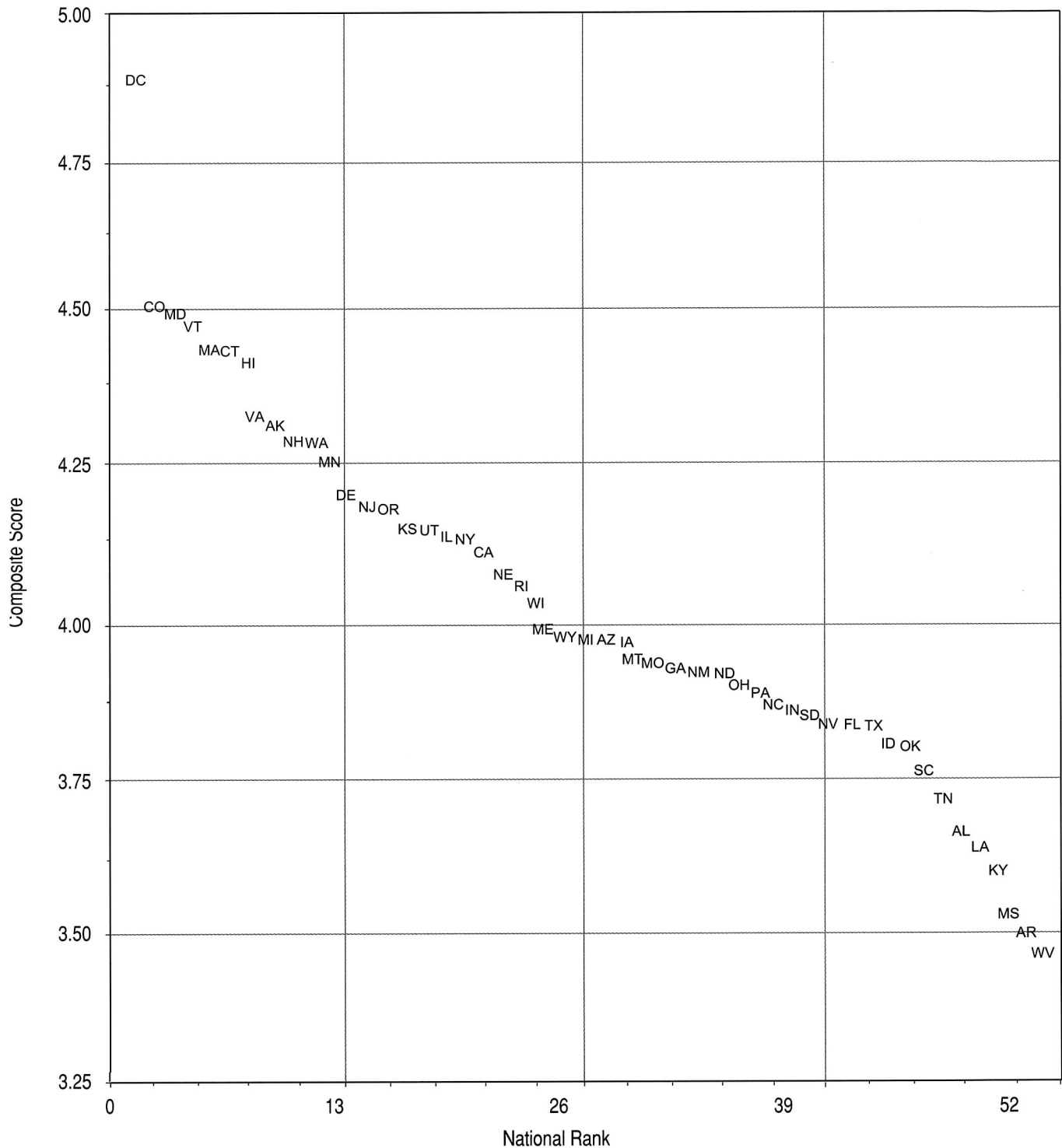
## Political Participation



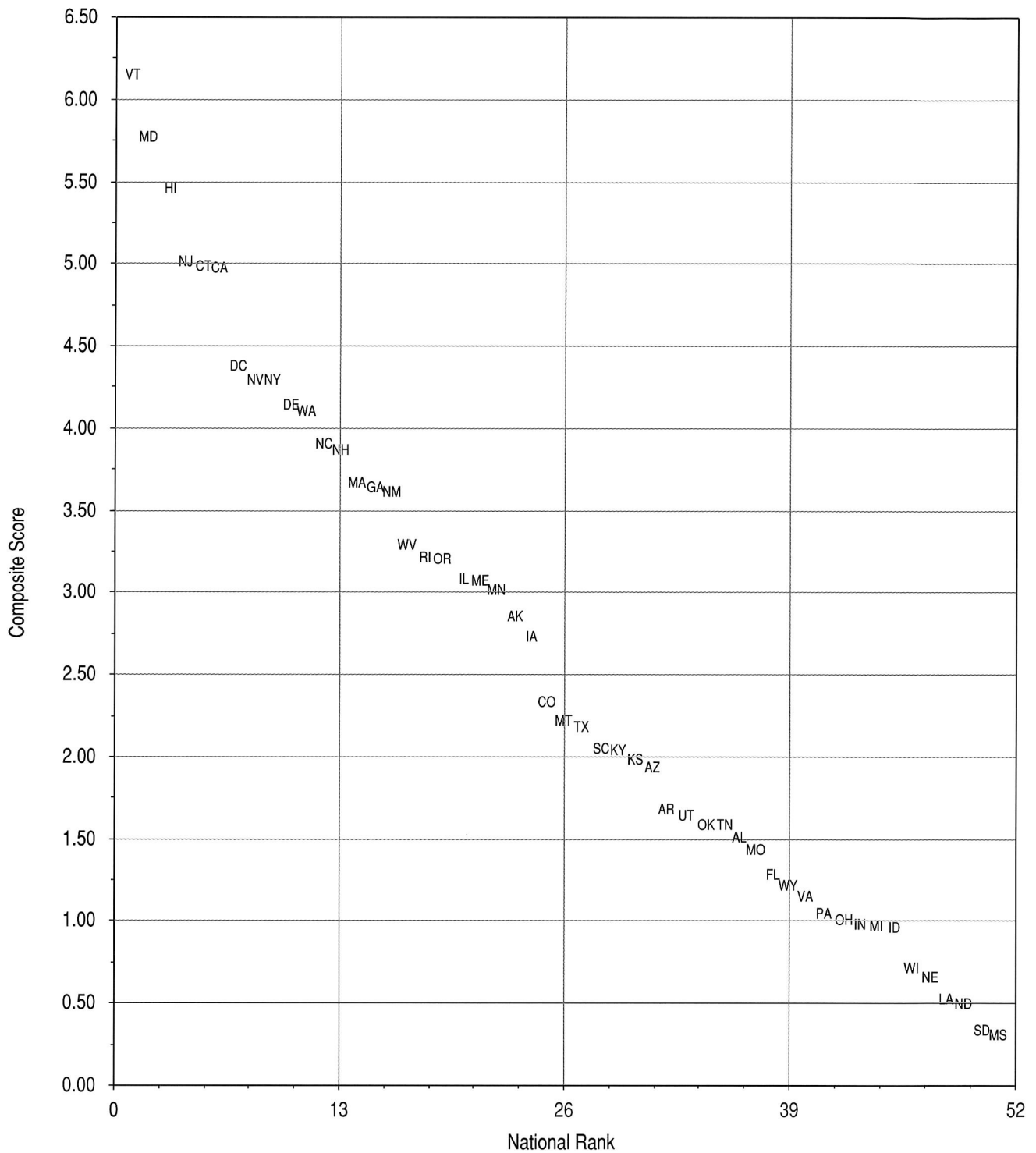
## Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Employment and Earnings



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

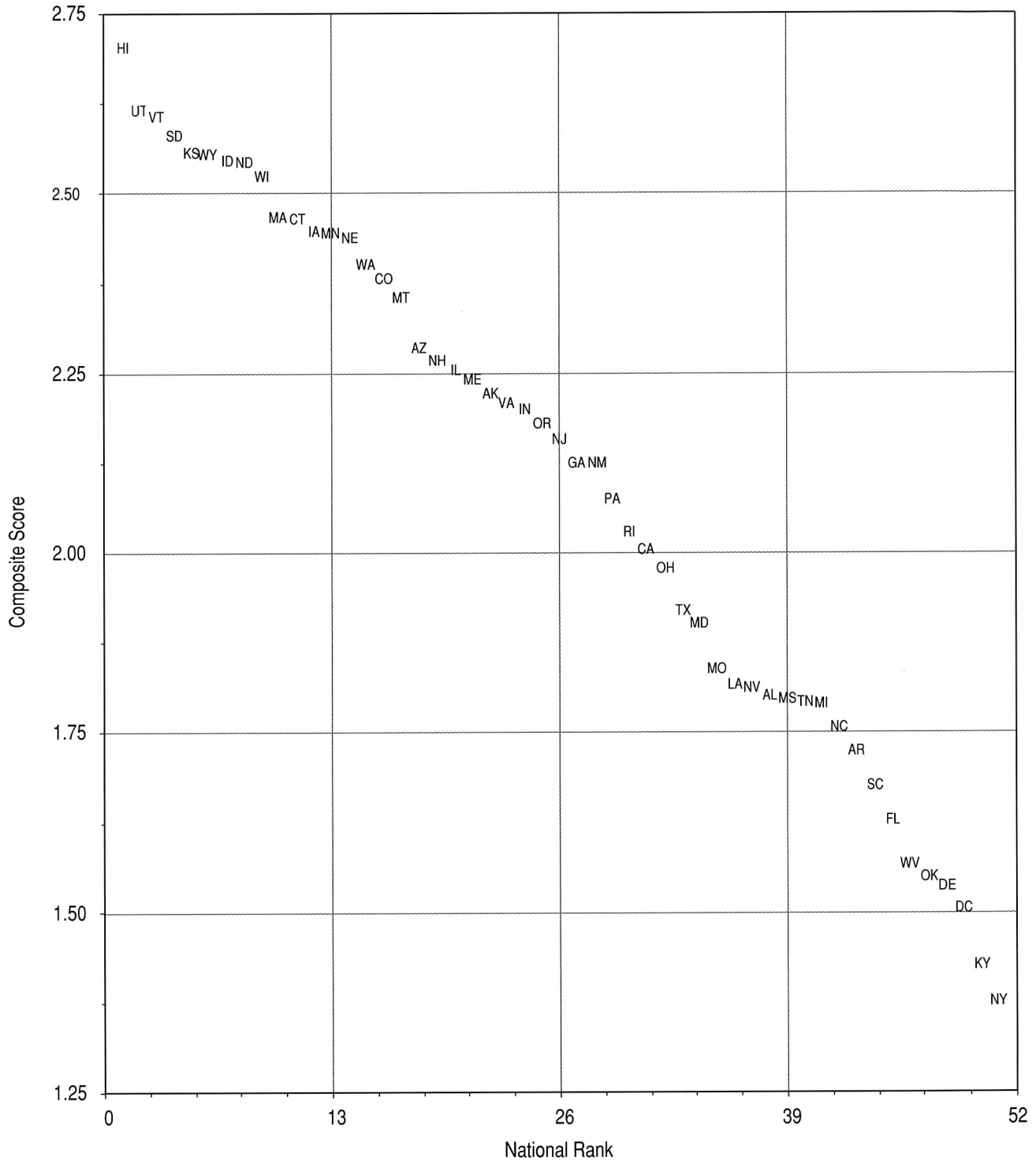


# Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Reproductive Rights





# 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 New Hampshire Resources***

Alliance for Progress of Hispanic  
Americans (ALPHA)  
83 Hanover Street  
Manchester, NH 03101  
Tel: (603) 627-5127  
Fax: (603) 627-1650

American Association of University  
Women (AAUW) - New Hampshire  
Division  
637 Hadley Road  
Sugar Hill, NH 03585  
Tel: (603) 823-8075  
Fax: (603) 823-8075  
crbam@alndmarknet.net  
www.tiac.net/users/keela/aaunh.ind  
ex.html

Breast and Cervical Cancer Program  
Department of Health and Human  
Services, State of New Hampshire  
6 Hazen Drive  
Concord, NH 03302  
Tel: (603) 271-4886  
Tel: (800) 852-3345 ext. 4931  
Fax: (603) 271-0539  
www.dhhs.state.nh.us/index.nsf?Open

Child and Family Services  
99 Hanover Street  
Manchester, NH 03105  
Tel: (603) 668-1920  
Fax: (603) 668-6260  
www.cfsnh.org

Children's Alliance of New  
Hampshire  
2 Greenwood Avenue  
Concord, NH 03301  
Tel: (603) 225-2264  
Fax: (603) 225-8264  
www.childrennh.org  
canh@tiac.net

Division of Child Support Services  
State of New Hampshire  
129 Pleasant Street  
Concord, NH 03301-3857  
Tel: (603) 271-4427  
Tel: (800) 852-3345 ext. 4427  
Fax: (603) 271-4787

Division of Children, Youth, and  
Families  
Central Intake, State of New  
Hampshire  
40 Terrill Park Drive, Suite 8  
Concord, NH 03301  
Tel: (603) 271-6556  
Tel: (800) 894-5533  
Fax: (603) 271-6565

Division of Family Assistance  
State of New Hampshire  
Tel: (800) 852-3345  
(for local numbers)  
www.state.nh.us/dhhs/ofs/ofs\_ind.htm

Employment Security-Employment  
and Labor Market Information  
(ELMI)  
State of New Hampshire  
32 South Main Street  
Concord NH 03301  
Tel: (603) 224-3311  
Tel: (800) 852-3400  
www.nhes.state.nh.us

Family Works  
500 Amherst Street  
Nashua, NH 03063  
Tel: (800) 264-7189  
Fax: (603) 889-7104

Homeless Support Service  
40 Pine Street  
Manchester, NH 30103  
Tel: (603) 668-8010  
Fax: (603) 645-6734

Housing Finance Authority  
State of New Hampshire  
24 Constitution Drive  
Bedford, NH 03110  
Tel: (603) 472-8622  
Tel: (800) 640-7234  
Fax: (603) 472-8501  
www.nhhfa.org

Latin American Center  
521 Maple Street  
Manchester, NH 03104  
Tel: (603) 669-5661  
Fax: (603) 669-5265

League of Women Voters  
4 Park Street  
Suite 200  
Concord, NH 03301  
Tel: (603) 225-5344  
people.ne.mediaone.net/bingel/index.  
htm

Legal Advice and Referral Center  
(LARC)  
P.O. Box 4147  
Concord, NH 03302-4147  
Tel: (603) 224-3333  
Tel: (800) 639-5290  
www.larc.org

Manchester Cultural Diversity Task  
Force  
c/o Office of Youth Services  
50 Bridge Street  
Manchester, NH 03104  
Tel: (603) 624-6470  
Fax: (603) 628-6285

NARAL New Hampshire  
18 Low Avenue  
Concord, NH 03301  
Tel: (603) 228-1224  
Fax: (603) 226-4505  
www.naral.org

New Hampshire Business and  
Professional Women (BPW)  
P.O. Box 4171  
Concord, NH 03302-4171  
Tel: (603) 485-1491  
www.newwww.com/org/concordbpw/

New Hampshire Breast Cancer  
Coalition  
18 Bell Lane  
Lee, NH 03824  
Tel: (603) 659-3482  
Fax: (603) 659-3482  
www.nhbcc.org

New Hampshire Coalition Against  
Domestic and Sexual Violence  
P.O. Box 353  
Concord, NH 03301  
Tel: (603) 224-8893  
Fax: (603) 228-6096  
www.nhcadv.org

New Hampshire Coalition for the Homeless  
P.O. Box 1544  
Concord, NH 03302-0220  
Tel: (603) 594-2846  
Tel: (800) 852-3388

New Hampshire Commission for Human Rights  
2 Chenell Drive  
Concord, NH 03302  
Tel: (603) 271-2767  
Fax: (603) 271-6339  
[www.state.nh.us/hrc](http://www.state.nh.us/hrc)

New Hampshire Commission on the Status of Women  
Room 334  
State House Annex  
25 Capitol Street  
Concord, NH 03301  
Tel: (603) 271-2660  
Fax: (603) 274-4030  
[www.state.nh.us/csw](http://www.state.nh.us/csw)

New Hampshire Community Loan Fund  
7 Wall Street  
Concord, NH 03301  
Tel: (603) 224-6669  
Fax: (603) 225-7425

New Hampshire Feminist Connection  
P.O. Box 311  
Concord, NH 03302-0311  
Tel: (603) 225-3501  
[www.nh.ultranet.com/~nhfc/nhfc.html](http://www.nh.ultranet.com/~nhfc/nhfc.html)

New Hampshire Helpline  
2 Industrial Park Drive  
Concord, NH 03301  
Tel: (603) 225-4033  
Tel: (800) 852-3388  
Fax: (603) 225-9000  
[www.nhhelpline.org](http://www.nhhelpline.org)

New Hampshire Higher Education Assistance Foundation  
4 Barrel Court  
P.O. Box 877  
Concord, NH 03302  
Tel: (800) 525-2577  
[www.nhheaf.org](http://www.nhheaf.org)

New Hampshire Legal Assistance  
1361 Elm Street, Suite 307  
Manchester, NH 03101  
Tel: (603) 668-2900  
Tel: (800) 562-3174  
Fax: (603) 625-1840  
[www.lavcnh.org](http://www.lavcnh.org)

New Hampshire Minority Health Coalition  
P.O. Box 3992  
Manchester, NH 03105  
Tel: (603) 627-7703  
Fax: (603) 627-7703

New Hampshire National Organization for Women (NOW)  
7 Colby Court  
Unit #4-252  
Bedford, NH 03110-6245  
Tel: (603) 749-8900  
[www.nh.ultranet.com/~nh-now](http://www.nh.ultranet.com/~nh-now)

New Hampshire Women's Lobby  
P.O. Box 1072  
Concord, NH 03301  
Tel: (603) 224-9105

New Hampshire AARP  
118 North Main Street  
Concord, NH 03301  
Tel: (603) 224-6095  
Fax: (603) 224-5029  
[www.aarp.org](http://www.aarp.org)

Planned Parenthood of Northern New England  
18 Low Avenue  
Concord, NH 03301  
Tel: (603) 225-2925  
Fax: (603) 225-4195  
[www.plannedparenthood.org/ppnne/](http://www.plannedparenthood.org/ppnne/)

The Women's Fund of New Hampshire  
46 South Main Street  
Concord, NH 03301  
Tel: (603) 226-3355  
Fax: (603) 228-0395  
[www.wfnh.org](http://www.wfnh.org)

University of New Hampshire President's Commission on the Status of Women  
Rosemary Lane Batcheller House  
Tel: (603) 862-1058  
Fax: (603) 862-0116  
[www.unh.edu.womens-commission/](http://www.unh.edu.womens-commission/)

University of New Hampshire Women's Studies Program  
2nd floor Huddleston Hall  
Durham, NH 03824  
Tel: (603) 862-2194  
Fax: (603) 862-4721  
[www.unh.edu.womens-studies/](http://www.unh.edu.womens-studies/)

Victim's Assistance Commission  
Department of Justice, State of New Hampshire  
33 Capitol Street  
Concord, NH 03301  
Tel: (603) 271-1284  
Tel: (800) 300-4500  
Fax: (603) 271-2110  
[www.state.nh.us/nhdoj/victimwitness/nhvac.html](http://www.state.nh.us/nhdoj/victimwitness/nhvac.html)

Women, Infants and Children (WIC) Bureau with Nutritional Services  
State of New Hampshire  
6 Hazen Drive  
Concord, NH 03301  
Tel: (800) 852-3310  
Fax: (603) 271-4779

Women's Business Center  
150 Greenleaf Avenue, #8  
Portsmouth, NH 03801  
Tel: (603) 430-2892  
Fax: (603) 430-3706  
[www.womenbiz.org](http://www.womenbiz.org)

Women's Business Forum  
Greater Manchester Chamber of Commerce  
Manchester, NH 03101  
Tel: (800) 242-0054

Women's Entrepreneurs Connection  
Bank Boston  
157 Main Street  
Nashua, NH 03060  
Tel: (603) 594-1852  
Fax: (603) 647-7607

WREN - Women's Rural Entrepreneurial Network  
P.O. Box 331  
Bethlehem, NH 03574  
Tel: (603) 869-9736  
Fax: (603) 869-9738  
[www.wrencommunity.org](http://www.wrencommunity.org)

## National Resources

Administration on Aging  
U.S. Department of Health and Human Services  
330 Independence Avenue, SW  
Washington, DC 20201  
Tel: (202) 619-7501  
Fax: (202) 260-1012  
[www.aoa.dhhs.gov](http://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](http://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](mailto:twarren@idfa.org)  
[www.blackpgs.com/aawboa.html](http://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](http://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.ahrp.gov](http://www.ahrp.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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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/](http://orgs.womenconnect.com/awed/)

The Anne E. Casey Foundation  
701 St. Paul Street  
Baltimore, MD 21202  
Tel: (410) 547-6600  
Fax: (410) 547-6624  
[webmail@aecf.org](mailto:webmail@aecf.org)  
[www.aecf.org](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://www.naral.org)

National Asian Women's Health  
Organization  
250 Montgomery Street Suite 1500  
San Francisco, CA 94104  
Tel: (415) 989-9747  
Fax: (415) 989-9758  
[www.nawho.org](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://www.feminist.com/fairpay.htm)

National Conference of Puerto Rican  
Women  
5 Thomas Circle, NW  
Washington, DC 20005  
Tel: (202) 387-4716  
[buscapique.com/latina/buscafile/wash/nacopr.htm](http://buscapique.com/latina/buscafile/wash/nacopr.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.nglftf.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](http://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](http://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.nwww.org](http://www.nwww.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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://www.womenemployed.org)

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

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

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

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

# Appendix VI:

## List of Census Bureau Regions

### ***East North Central***

Illinois  
Indiana  
Michigan  
Ohio  
Wisconsin

### ***Pacific West***

Alaska  
California  
Hawaii  
Oregon  
Washington

### ***East South Central***

Alabama  
Kentucky  
Mississippi  
Tennessee

### ***South Atlantic***

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

### ***Middle Atlantic***

New Jersey  
New York  
Pennsylvania

### ***West North Central***

Iowa  
Kansas  
Minnesota  
Missouri  
Nebraska  
North Dakota  
South Dakota

### ***Mountain West***

Arizona  
Colorado  
Idaho  
Montana  
New Mexico  
Nevada  
Utah  
Wyoming

### ***West South Central***

Arkansas  
Louisiana  
Oklahoma  
Texas

### ***New England***

Connecticut  
Maine  
Massachusetts  
New Hampshire  
Rhode Island  
Vermont

# References

- The Alan Guttmacher Institute. 1994. *Sex and America's Teenagers*. New York, NY: The Institute.
- American Cancer Society. 1999. *Cancer Facts and Figures 1999*. Atlanta, GA: American Cancer Society.
- American Federation of State, County, and Municipal Employees. 1999. *Building the American Dream: Policies that Help Working Families*. Washington, DC: AFSCME.
- The Annie E. Casey Foundation. 1999. *Kids Count Data Book: State Profiles of Child Well-Being*. Baltimore, MD: Annie E. Casey Foundation.
- Bernstein, Jared, Heidi Hartmann, and John Schmitt. 1999. *The Minimum Wage Increase: A Working Woman's Issue*. Washington, DC: Economic Policy Institute and the Institute for Women's Policy Research.
- Bernstein, Jared, Elizabeth C. McNichol, Lawrence Mishel, and Robert Zahradnik. 2000. *Pulling Apart: A State-by-State Analysis of Income Trends*. Washington, DC: Center for Budget and Policy Priorities and Economic Policy Institute.
- Blank, Rebecca. 1990. "Are Part-Time Jobs Bad Jobs?" In *A Future of Lousy Jobs: The Changing Structure of U.S. Wages*. G. Burtless (ed). Washington, DC: The Brookings Institute.
- Blau, Francine, and Lawrence Kahn. 1994. "Rising Wage Inequality and the U.S. Gender Gap." *American Economic Review*, 84(2).
- Broshek, Mary. 2000. Testimony of Mary Broshek, Administrator for Temporary Assistance to Needy Families, for Senate Bill 313, January 12.
- Brown, Robin. 1994. *Children in Crisis*. New York: The H. W. Wilson Company.
- Burrell, Barbara. 1994. *A Woman's Place Is in the House: Campaigning for Congress in the Feminist Era*. Ann Arbor: University of Michigan Press.
- Cancian, Maria, Sheldon Danziger, and Peter Gottschalk. 1993. "Working Wives and Family Income Inequality Among Married Couples." In *Uneven Tides: Rising Inequality in America*, Sheldon Danziger and Peter Gottschalk (eds). New York: Russell Sage Foundation.
- Carroll, Susan J., and Linda M.G. Zerrilli. 1993. "Feminist Challenges to Political Science." In *Political Science: The State of the Discipline II*, Ada W. Finifter (ed.). Washington, DC: American Political Science Association.
- Catalyst. 1999. *The 1999 Catalyst Census of Women Corporate Officers and Top Earners*. New York: Catalyst.
- Center for American Women and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 1999a. *Statewide Elective Executive Women 1999 Fact Sheet*. New Brunswick, NJ: Center for American Women and Politics.
- Center for American Women and Politics, Eagleton Institute of Politics, Rutgers University. 1999b. *Women Candidates 1998: Congressional and Statewide Office*. New Brunswick, NJ: Center for American Women and Politics.
- Center for American Women and Politics, Eagleton Institute of Politics, Rutgers University. 1999c. *Women in State Legislatures 1999 Fact Sheet*. New Brunswick, NJ: Center for American Women and Politics.
- Center for American Women and Politics, Eagleton Institute of Politics, Rutgers University. 1999d. *Women in the U.S. House of Representatives 1999 Fact Sheet*. New Brunswick, NJ: Center for American Women and Politics.
- Center for American Women and Politics, Eagleton Institute of Politics, Rutgers University. 1999e. *Women in the U.S. Senate 1922-1999 Fact Sheet*. New Brunswick, NJ: Center for American Women and Politics.
- Center for American Women and Politics, Eagleton Institute of Politics, Rutgers University. 1999f. *Women of Color in Elective Office 1999 Fact Sheet*. New Brunswick, NJ: Center for American Women and Politics.
- Center for American Women and Politics, Eagleton Institute of Politics, Rutgers University. 1998. *Women's Caucuses in State Legislatures*, CAWP News and Notes 11(3).
- Center for American Women and Politics, Eagleton Institute of Politics, Rutgers University. 1991. *The Impact of Women in Public Office: Findings at a Glance*. New Brunswick, NJ: Center for the American Woman and Politics.



- Center for Policy Alternatives. 1995. *A Matter of Simple Justice: Beijing Blue Book*. Washington, DC: Center for Policy Alternatives.
- Center for Women in Government. 1999. *Appointed Policy Makers in State Government: Trend Analysis, 1997, 1998, 1999*. Albany, NY: Center for Women in Government.
- Centers for Disease Control and Prevention. 1998. *National Diabetes Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention. 1997. *State- and Sex-Specific Prevalence of Selected Characteristics—Behavioral Risk Factor Surveillance System, 1994 and 1995*. Morbidity and Mortality Weekly Report 46 (SS-3), August 1.
- Centers for Disease Control and Prevention, Division of STD Prevention. 1998. *Sexually Transmitted Disease Surveillance, 1997*. Atlanta, GA: Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2000. *Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality*. Report and Tables from website: [www.cdc.gov/nccdphp/cvd/womensatlas](http://www.cdc.gov/nccdphp/cvd/womensatlas)
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 1999a. *1998 BRFSS Summary Prevalence Report*. Atlanta, GA: Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 1999b. *Diabetes: A Serious Public Health Problem, At-A-Glance 1999*. Report from website: [www.cdc.gov/diabetes/pubs/glance.htm](http://www.cdc.gov/diabetes/pubs/glance.htm)
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 1998. *Chronic Diseases and Their Risk Factors*. Atlanta, GA: Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. 2000a. *10 Leading Causes of Death, United States, 1997, All Races, Females*. Table from website: [webapp.cdc.gov/sasweb/ncipc/leadcaus.html](http://webapp.cdc.gov/sasweb/ncipc/leadcaus.html)
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. 2000b. *1995-1997, United States, Suicide Deaths and Rates per 100,000*. Table from website: [webapp.cdc.gov/sasweb/ncipc/mortrate.html](http://webapp.cdc.gov/sasweb/ncipc/mortrate.html)
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. 1997. *Inventory of Services and Funding Sources for Programs Designed to Prevent Violence Against Women*. Available on website: [www.cdc.gov/ncipc/dvp/vawprograms](http://www.cdc.gov/ncipc/dvp/vawprograms)
- Children's Alliance of New Hampshire. 2000. *KIDS COUNT New Hampshire 2000*. Ellen Shemitz (ed). Concord, NH: Children's Alliance of New Hampshire.
- Commonwealth Fund, Commission on Women's Health. 1994. *Health Care Reform: What Is at Stake for Women?* New York: The Commonwealth Fund.
- Concord Monitor. 1996. "Historic New Hampshire House Speaker." November 6.
- Conway, M. Margaret, Gertrude A. Steuernagel, and David W. Ahern. 1997. *Women and Political Participation: Cultural Change in the Political Arena*. Washington, DC: CQ Press.
- Council of Economic Advisors. 1998. Data released at the celebration of the 35th anniversary of the Equal Pay Act. Washington, DC: The White House.
- Council of State Governments. 1998. *The Book of the States*. Lexington, KY: Council of state Governments.
- Delaney, Tracy. 1999. *Parity*. Washington, DC: National Conference of State Legislatures Health Policy Tracking Service.
- Devine, Theresa J. 1994. "Characteristics of Self-Employed Women in the United States." *Monthly Labor Review*, 117(3).
- Dodson, Debra. 1991. *Gender and Policy Making: Studies of Women in Office*. New Brunswick, NJ: Center for the American Woman and Politics.
- Dolbeare, Cushing N. 1999. *Out of Reach*. Washington, DC: National Low Income Housing Coalition.
- Economic Policy Institute. 2000. Unpublished calculations based on the 1997-99 Current Population Survey March Demographic Supplements, for calendar years 1996-98.

- Employee Benefit Research Institute. 1999. Unpublished calculations based on the 1997-99 Current Population Survey March Demographic Supplements, for calendar years 1996-98.
- Federal Election Commission. 1998a. *1998 House Campaign Summaries*. Available at website: [www.fec.gov/finance/state97.htm](http://www.fec.gov/finance/state97.htm)
- Federal Election Commission. 1998b. *1998 Senate Campaign Summaries*. Available at website: [www.fec.gov/finance/state198.htm](http://www.fec.gov/finance/state198.htm)
- Gershenson, Leora. 1993. *U.S. Child Support Performance*. San Francisco, CA: The Child Support Reform Initiative.
- Gold, R. B., and D. Daley. 1994. *Uneven and Unequal: Insurance Coverage of Reproductive Health Services*. New York: The Alan Guttmacher Institute.
- Governor's Business Commission on Child Care and Early Childhood Education. 1998. *New Hampshire's Child Care Challenge*. Concord, NH: Governor's Business Commission on Child Care and Early Childhood Education.
- Hartmann, Heidi, and Stephanie Aaronson. 1994. "Pay Equity and Women's Wages Increases: Success in the States, A Model for the Nation." *Duke Journal of Gender Law & Policy*, volume 1.
- Hartmann, Heidi, Katherine Allen, and Christine Owens. 1999. *Equal Pay for Working Families: National and State Data on the Pay Gap and Its Costs*. Washington, DC: AFL-CIO and Institute for Women's Policy Research.
- Hartmann, Heidi, Joan A. Kuriansky, and Christine L. Owens. 1996. "Employment and Women's Health," in *Women's Health: The Commonwealth Survey*, Marilyn M. Falik and Karen Scott Collins (eds). Baltimore, MD: Johns Hopkins University Press.
- Hartmann, Heidi, Young-Hee Yoon, Roberta Spalter-Roth, and Lois Shaw. 1995. *Temporary Disability Insurance: A Model to Provide Income Security Over the Life Cycle*. Paper presented at the 1995 Annual Meetings of the American Economics Association of the Allied Social Science Associations. Washington, DC: Institute for Women's Policy Research.
- Hawes, Dan. 1999. *1999 Capital Gains and Losses: A State by State Review of Gay, Lesbian, Bisexual, Transgender, and HIV/AIDS-Related Legislation in 1999*. Washington, DC: National Gay and Lesbian Task Force.
- Henshaw, Stanley K. 1998. "Abortion Incidence and Services in the United States, 1995-1996." *Family Planning Perspectives*, (30)6.
- HumanSERVE. 1996. *The National Voter Registration Act of 1993: 1995, The First Year*. Prepared for the National Motor Voter Coalition. New York, NY: HumanSERVE.
- Institute for Women's Policy Research (IWPR). 1999. *Research-in-Brief: How Much Can Child Support Provide? Welfare, Family Income and Child Support*. Washington, DC: Institute for Women's Policy Research.
- Institute for Women's Policy Research (IWPR). 1998. *Stall in Women's Real Wage Growth Slows Progress in Closing the Wage Gap*. Briefing Paper. Washington DC: Institute for Women's Policy Research.
- Institute for Women's Policy Research (IWPR). 1997. "Education and Job Training Under Welfare Reform." *Welfare Reform Network News* 9/10. August/September.
- Institute for Women's Policy Research (IWPR). 1996. *Research-in-Brief: Childcare Usage Among Low-Income and AFDC Families*. Washington, DC: Institute for Women's Policy Research. October.
- Institute for Women's Policy Research (IWPR). 1995a. *A Cross-State Comparison of the Economic Status of Women*. Calculations are based on the U.S. Bureau of the Census Public Use Microdata Sample, 1990 and 1980. Prepared by Susan M. Dynarski under the Public Policy Masters Program at the John F. Kennedy School of Government, Harvard University.
- Institute for Women's Policy Research (IWPR). 1995b. *Research-in-Brief: Restructuring Work: How Have Women and Minority Managers Fared?* Washington, DC: Institute for Women's Policy Research. January.
- Johnson, Joyce. 1999. *1999 Youth Risk Behavior Survey*. Concord, NH: New Hampshire Department of Education.
- Kagan, Sharon L., and Nancy E. Cohen. 1997. "Worthy Work, Unlivable Wages: The National Child Care Staffing Study, 1988-1997." In *Not by Chance: Creating an Early Care and Education System for America's Children*. Washington, DC: Center for the Child Care Workforce.

- Kawachi, Ichiro, Bruce P. Kennedy, Vanita Gupta, and Deborah Prothrow-Stith. 1999. "Women's Status and the Health of Women and Men: A View from the States." *Social Science and Medicine*, 48:21-32.
- Ku, Leighton, and Bowen Garrett. 2000. *How Welfare Reform and Economic Factors Affected Medicaid Participation: 1984-96*. Washington, DC: Urban Institute.
- Lombard, Karen. 1996. *Female Self-Employment and the Demand for Flexible, Non-Standard Work Schedules*. Working Paper. Miami: University of Miami.
- Mead, Holly, Kristine Witkowski, and Heidi Hartmann. Forthcoming. "The Road to Good Health: How Women's Socioeconomic Status Influences the Use of the Health Care System and Overall Health." *Women's Health Issues*.
- Miller, Neal. 1999a. *Domestic Violence: A Review of State Legislation Defining Police and Prosecution Duties of Powers*. Alexandria, VA: Institute for Law and Justice.
- Miller, Neal. 1999b. *Violence Against Women State Legislation: A Review of Domestic Violence, Sexual Assault, and Stalking Laws Enacted in 1999, A Preliminary Review*. Alexandria, VA: Institute for Law and Justice.
- Miringoff, Marc, and Marque-Loisa Miringoff. 1999. *The Social Health of the Nation: How America is Really Doing*. New York: Oxford University Press.
- NARAL and NARAL Foundation. 2000. *Who Decides? A State-by-State Review of Abortion and Reproductive Rights*. Washington, DC: NARAL.
- NARAL and NARAL Foundation. 1999. *Who Decides? A State-by-State Review of Abortion and Reproductive Rights*. Washington, DC: NARAL.
- National Alliance for Caregiving and American Association of Retired Persons. 1997. *Family Caregiving in the U.S.: Findings from a National Survey*. Bethesda, MD and Washington, DC: NAC and AARP.
- National Association of Commissions on Women. 1997. *Membership Roster of State and Local Commissions*. Tables from website: [www.nacw.org/memros1.htm](http://www.nacw.org/memros1.htm)
- National Center for Health Statistics. 1999a. *National Vital Statistics Reports*, 47(18).
- National Center for Health Statistics. 1999b. *National Vital Statistics Reports*, 47(19).
- National Center for Health Statistics. 1997. *Report of Final Natality Statistics, 1995*. Monthly Vital Statistics Report 45 (11S), June 10.
- National Center for Health Statistics. 1996. *Health, United States, 1995 Chartbook*. Hyattsville, MD: Public Health Service.
- National Center for Lesbian Rights (NCLR). 1999. *Lesbians and Gay Men as Adoptive Parents: An Overview of Current Law*. San Francisco, CA: National Center for Lesbian Rights.
- National Committee on Pay Equity. 1997. *State Government Pay Equity Activity*. Washington, DC: National Committee on Pay Equity.
- National Foundation for Women Business Owners. 1999. *Facts on Women-Owned Businesses: Trends in the U.S. and the 50 States*. Silver Spring, MD: National Foundation for Women Business Owners.
- National Institute of Mental Health. 1999. *In Harm's Way: Suicide in America*. Bethesda, MD: National Institute of Mental Health.
- National Partnership for Women and Families. 2000. *State Family Leave Benefit Initiatives: Making Family Leave More Affordable*. Washington, DC: National Partnership for Women and Families.
- National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and Lewin Group. Forthcoming. *Making the Grade on Women's Health: A National and State-by-State Report Card*. Washington, DC: National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and Lewin Group.
- National Women's Political Caucus. 1995. *Factsheet on Women's Political Progress*. Washington, DC: National Women's Political Caucus.
- National Women's Political Caucus. 1994. *Perception and Reality: A Study Comparing the Success of Men and Women Candidates*. Washington, DC: National Women's Political Caucus.
- New Hampshire. 2000a. *Chapter 654:7 Registering at a Polling Place: Election Day Registration*. New Hampshire Election Law. Available at website: [www.state.nh.us/sos.rsa654.html](http://www.state.nh.us/sos.rsa654.html)
- New Hampshire. 2000b. *Governor and Executive Council Minutes, April 26, 2000*. Available at website: [state.nh.us/council/min042600.html](http://state.nh.us/council/min042600.html)

- New Hampshire. 1999a. *Removing the Prohibition on Adoption and Foster Parenting by Homosexual Persons*. New Hampshire Law.
- New Hampshire. 1999b. *Title 23 Labor. Chapter 282A. Section 282-A:32. Unemployment Compensation Disqualification for Benefits*. New Hampshire Law. Available at website: <http://199.192.9.6/rsa/23/282-A-32.HTM>
- Packard Foundation. 1997. *Child Care Action Campaign*. Concord, NH: Packard Foundation.
- Palmer, Gary. 1999. *New Hampshire Coalition Against Sexual and Domestic Violence Annual Statistics*. Concord, NH: New Hampshire Coalition Against Sexual and Domestic Violence.
- Population Reference Bureau. 1993. *What the 1990 Census Tells Us About Women: A State Factbook*. Washington, DC: Population Reference Bureau.
- Powers, Larry. 1999. *1998 New Hampshire Risk Factor Surveillance System Study*. Concord, NH: New Hampshire Department of Health and Human Services, Division of Epidemiology and Vital Statistics.
- President's Interagency Council on Women. 2000. *America's Commitment: Women 2000*. Washington, DC: White House Office of Women's Initiatives and Outreach.
- Ramer, Holly. 1999. "Women Taking a Key Role at State House." *Concord Monitor*. September 11.
- Renwick, Trudi J. 1993. "Budget-Based Poverty Measurement: 1992 Basic Needs Budgets." *Proceedings of the Social Statistics Section*. Alexandria, VA: American Statistical Association.
- Renwick, Trudi J., and Barbara R. Bergmann. 1993. "A Budget-Based Definition of Poverty With an Application to Single-Parent Families." *Journal of Human Resources*, 28(1).
- Schumacher, Rachel, and Mark Greenberg. 1999. *Child Care After Leaving Welfare: Early Evidence from State Studies*. Washington, DC: Center for Law and Social Policy.
- Shapiro, Lisa. 1998. "New Hampshire Economy and Child Care Markets." Concord, NH: Gallagher, Callahan & Gatrell.
- Smeeding, Timothy M. 1997. "Financial Poverty in Developed Countries: The Evidence from LIS: Final Report to the UNDP." Working Paper No. 155, Luxembourg Income Studies. Walferdange, Luxembourg: Luxembourg Income Studies.
- Spalter-Roth, Roberta, Heidi Hartmann, and Linda M. Andrews. 1990. *Mothers, Children and Low-Wage Work: The Ability to Earn a Family Wage*. Washington, DC: Institute for Women's Policy Research.
- Spalter-Roth, Roberta, Heidi Hartmann, and Nancy Collins. 1993. *What Do Unions Do for Women?* Washington, DC: Institute for Women's Policy Research.
- Spalter-Roth, Roberta, Heidi Hartmann, and Lois Shaw. 1993. *Exploring the Characteristics of Self-Employment and Part-Time Work among Women*. Washington, DC: Institute for Women's Policy Research.
- Stauffer, Molly, and Carla I. Plaza. 1999. *Women's Health: A Legislative Overview of Selected Mandates*. Washington, DC: NCSL Health Policy Tracking Service.
- Stetson, Dorothy McBride, and Amy Mazur (eds.). 1995. *Comparative State Feminism*. Thousand Oaks, CA: Sage.
- Thomas, Sue. 1994. *How Women Legislate*. New York: Oxford University Press.
- Urban Institute. 1999. *Medicaid Expenditures per Enrollee by Group, 1997*. Unpublished table based on data from HCFA-2082 and HCFA-64 reports. Originally prepared for the Kaiser Commission on Medicaid and the Uninsured.
- U.N. Fourth World Conference on Women. 1995. *Beijing Declaration and Platform for Action*. New York: United Nations.
- United States. 1993. *National Voter Registration Act of 1993*. Public Law. Available at website: [www.fvap.ncr.gov/nvra/NVRALAW.htm](http://www.fvap.ncr.gov/nvra/NVRALAW.htm)
- U.S. Bureau of Economic Analysis. 1999. *Personal Income per Capita, by State*. Table from website: [www.bea.doc.gov/bea/dr1.htm](http://www.bea.doc.gov/bea/dr1.htm)
- U.S. Department of Commerce, Bureau of the Census. 2000. *Facts for Features: Mother's Day, 2000: May 14*. Washington, DC: Bureau of the Census.



- U.S. Department of Commerce, Bureau of the Census.  
1999a. *Estimated Median Age at First Marriage, by Sex: 1890 to the Present*. Table from website: [www.census.gov/population/socdemo/ms-la/tabms-2.txt](http://www.census.gov/population/socdemo/ms-la/tabms-2.txt)
- U.S. Department of Commerce, Bureau of the Census.  
1999b. *Estimates of the Population of States: State Population Estimates and Demographic Components of Population Change*. Washington, DC: Population Estimates Program.
- U.S. Department of Commerce, Bureau of the Census.  
1999c. *Historical Income Tables—Persons 15 Years and Over by Median Earnings and Sex: 1967 to 1998*. Tables from website: [www.census.gov/hhes/income/histinc/](http://www.census.gov/hhes/income/histinc/)
- U.S. Department of Commerce, Bureau of the Census.  
1999d. *Population Estimates for the U.S. and States by Selected Age Groups, Annual Time Series, July 1, 1990*. Table from website: [www.census.gov/population/estimates/state/sage9890.txt](http://www.census.gov/population/estimates/state/sage9890.txt)
- U.S. Department of Commerce, Bureau of the Census.  
1999e. *Statistical Abstract of the U.S. 1999*. Washington, DC: U.S. Bureau of the Census.
- U.S. Department of Commerce, Bureau of the Census.  
1998a. *Percent of People 25 Years Old and Over Who Have Completed High School by Race, Hispanic Origin and Gender: Selected Years 1940 to 1998*; published December 10, 1998. Table from website: [www.census.gov/population/socdemo/education/tablea-01.txt](http://www.census.gov/population/socdemo/education/tablea-01.txt)
- U.S. Department of Commerce, Bureau of the Census.  
1998b. *Voting and Registration in the Election of November 1996*. PPL-89. Washington, DC: U.S. Bureau of the Census.
- U.S. Department of Commerce, Bureau of the Census.  
1998c. *Years of School Completed by People 25 Years Old and Over, by Age and Sex: Selected Years 1940-1998*. Table from website: [www.census.gov/population/socdemo/education/tablea-01.txt](http://www.census.gov/population/socdemo/education/tablea-01.txt)
- U.S. Department of Commerce, Bureau of the Census.  
1997a. *Population Projections for States, by Age, Sex, Race, and Hispanic Origin: 1995 and 2025*. Population Paper Listing 47. Washington, DC: U.S. Bureau of the Census.
- U.S. Department of Commerce, Bureau of the Census.  
1997b. *Poverty in the U.S.: 1996*. *Current Population Reports*, P60-198.
- U.S. Department of Commerce, Bureau of the Census.  
1996a. *1992 Economic Census: Women-Owned Businesses*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Commerce, Bureau of the Census.  
1996b. *Who's Minding Our Preschoolers? Current Population Reports*, P-70-53.
- U.S. Department of Commerce, Bureau of the Census.  
1995. *Americans with Disabilities: 1994-95 - Table 10C - Number of Full-Time Female Workers 21 to 64 Years Old and Median Monthly Earnings: 1994-95 Data from the Survey of Income and Program Participation*. Table from website: [www.census.gov/hhes/disable/sipp/disbl9495/ds94t10c](http://www.census.gov/hhes/disable/sipp/disbl9495/ds94t10c)
- U.S. Department of Commerce, Bureau of the Census.  
1993. *Voting and Registration in the Election of November 1992*, PPL-25RV. Washington, DC: U.S. Bureau of the Census.
- U.S. Department of Commerce, Bureau of the Census.  
1990. *Earnings by Occupation and Education 1990*. Table from website: [govinfo.library.orst.edu](http://govinfo.library.orst.edu)
- U.S. Department of Commerce, Bureau of the Census, Census of Population and Housing. 1994. Subject Summary Tape File (SSTF) 22, *Earnings by Occupation and Education for 1990* [machine-readable data file], prepared by the Bureau of the Census. Washington: Bureau of the Census.
- U.S. Department of Commerce, Bureau of Economic Analysis. 1999. *1999 State Per Capita Personal Income and State Personal Income (Preliminary) Revised Estimates: 1969-Third Quarter 1999*. Washington, DC: U.S. Department of Commerce.
- U.S. Department of Education, National Center for Education Statistics. 1998. *Digest of Education Statistics, 1998*. NCES 99-036. Washington, DC: U.S. Department of Education.
- U.S. Department of Health and Human Services, Administration for Children and Families. 1999a. *Access to Child Care for Low-Income Working Families*. Washington, DC: Administration for Children and Families.

- U.S. Department of Health and Human Services, Administration for Children and Families. 1999b. *Characteristics and Financial Circumstances of TANF Recipients: Fiscal Year 1998*. Washington, DC: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services, Administration for Children and Families. 1999c. *Temporary Assistance for Needy Families (TANF) Program: Second Annual Report to Congress, August 1999*. Washington, DC: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services, Administration for Children and Families. 1998. *Average Number of CSE Cases in which a Collection was made on an Obligation by AFDC/FC Arrears Only, FY 1997*. Table from website: [www.acf.dhhs.gov/programs/cse/rpt/22t/TABLES28.htm](http://www.acf.dhhs.gov/programs/cse/rpt/22t/TABLES28.htm)
- U.S. Department of Health and Human Services, Health Care Financing Administration. 1999a. *Medicaid Eligibles by Basis of Eligibility and State, Fiscal Year 1997*. Table from website: [www.hcfa.gov/medicaid/MCD97T17.htm](http://www.hcfa.gov/medicaid/MCD97T17.htm)
- U.S. Department of Health and Human Services, Health Care Financing Administration. 1999b. *Medicaid Expenditures by Category and by State, Fiscal Year 1997*. Table from website: [www.hcfa.gov/medicaid/M64](http://www.hcfa.gov/medicaid/M64)
- U.S. Department of Health and Human Services, Health Care Financing Administration. 1999c. *Medicaid Recipients of Medical Care by Sex and by State: Fiscal Year 1997*. Table from website: [www.hcfa.gov/medicaid/MCD97T23.htm](http://www.hcfa.gov/medicaid/MCD97T23.htm)
- U.S. Department of Health and Human Services, Public Health Service. 2000. *Healthy People 2010: National Health Promotion and Disease Prevention Objectives*. Washington, DC: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services, Public Health Service. 1999. *HIV/AIDS Surveillance Report*, 11(1). Atlanta, GA: U.S. Department of Health and Human Services.
- U.S. Department of Justice, Bureau of Justice Statistics. 1999. *Prisoners in 1998*. Bureau of Justice Statistics Bulletin No. NCJ-175687. Washington, DC: U.S. Department of Justice.
- U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office. 1998. *Stalking and Domestic Violence: The Third Annual Report to Congress under the Violence Against Women Act*. Washington, DC: Office of Justice Programs.
- U.S. Department of Labor. 1999. *Minimum Wage and Overtime Premium Pay Standards Applicable to Nonsupervisory Nonfarm Private Sector Employment Under State and Federal Laws*. Washington, DC: U.S. Department of Labor.
- U.S. Department of Labor, Bureau of Labor Statistics. 1999a. "BLS Releases New 1998-2008 Employment Projections." News Release No. 99-339. Washington, DC: U.S. Department of Labor.
- U.S. Department of Labor, Bureau of Labor Statistics. 1999b. *Geographic Profile of Employment and Unemployment, 1998*. Washington, DC: Government Printing Office.
- U.S. Department of Labor, Bureau of Labor Statistics. 1999c. *Geographic Profile of Employment and Unemployment, 1997*. Washington, DC: Government Printing Office.
- U.S. Department of Labor, Bureau of Labor Statistics. 1995. *Geographic Profile of Employment and Unemployment, 1994*. Washington, DC: Government Printing Office.
- U.S. Department of Labor, Employment and Training Administration, Unemployment Insurance Service. 1999. *Comparison of State Employment Insurance Laws*. Washington, DC: U.S. Department of Labor.
- Wallner, Mary Jane. 1998. *Child Care in New Hampshire*. Concord, NH: Providian National Bank.
- Wolfinger, Raymond, and Steven Rosenstone. 1980. *Who Votes?* New Haven: Yale University Press.
- Women's Fund of New Hampshire. 1998. *The Status of Women and Girls in New Hampshire: A Report of the Women's Fund of New Hampshire*. Concord, NH: Women's Fund of New Hampshire.
- Yoon, Young-Hee, Roberta Spalter-Roth, and Marc Baldwin. 1995. *Unemployment Insurance: Barriers to Access for Women and Part-Time Workers*. Washington, DC: Institute for Women's Policy Research.

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