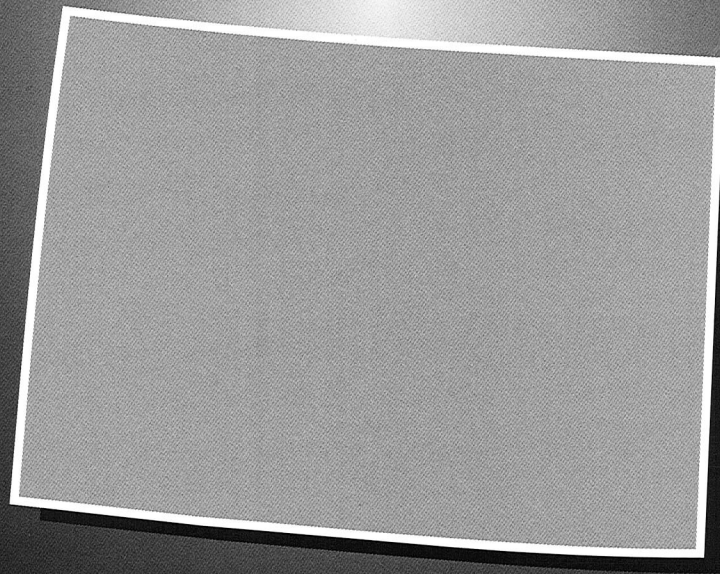


The Status of Women in Colorado

POLITICS • ECONOMICS • HEALTH • DEMOGRAPHICS



INSTITUTE FOR WOMEN'S POLICY RESEARCH



About This Report

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

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

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

About the Institute for Women's Policy Research

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

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

IWPR's work is supported by foundation grants, government grants and contracts, donations from individuals, and contributions from organizations. Members and affiliates of IWPR's Information Network receive reports and informa-

tion 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. Cathy Hatfield, Program Director, Women's Foundation of Colorado, served as chair of the Colorado Advisory Committee. As chair, Ms. Hatfield organized the committee meetings, took the lead in creating the focus boxes, and worked on establishing co-sponsors for the report. 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, providing data for the focus boxes, and organizing the dissemination of and publicity surrounding the release of the report. Many individuals and organizations in Colorado assisted in locating data and reviewing this report, and one organization has joined in co-publishing the report

Additional Copies

In Colorado, for additional copies of this report contact:

Women's Foundation of Colorado

1580 Logan Street, Suite 500
Denver, CO 80203
Tel: (303) 832-8800
Fax: (303) 832-8362
Web: <http://www.wfco.org>

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Institute for Women's Policy Research

1707 L Street, NW, Suite 750
Washington, DC 20036
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Fax (202) 833-4362
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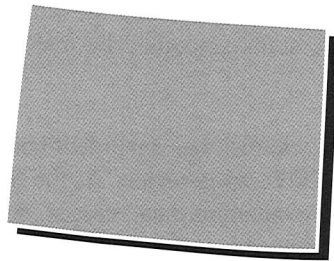
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The Status of Women in Colorado

POLITICS ♦ ECONOMICS ♦ HEALTH ♦ RIGHTS ♦ DEMOGRAPHICS

Edited by Amy B. Caiazza, Ph.D.



Institute for Women's Policy Research

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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.

Colorado Advisory Committee

Cathy Hatfield, *Chair*

The Women's Foundation of Colorado

Karen Amidon

Colorado Women's Agenda

Rita Barreras

Department of Human Services
State of Colorado

Letty Bass

Chambers Family Fund

Kathleen Beatty

Graduate School of Public Affairs
University of Colorado at Denver and Colorado
Springs.

Michele A. Bloom

The Women's College of the University of Denver

Joan Beldock Brahinsky

Beldock and Associates, Metro Brokers

Ellen Brilliant

Planned Parenthood of the Rocky Mountains

Susan Calhoun-Stuber

Department of Sociology and Women's Studies
Program
University of Southern Colorado

Debra Felber, LCSW

Community Volunteer

Mary Lee Hanewall

Girls Count

Allegra "Happy" Haynes

Denver City Council

Suzanne Helburn

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University of Colorado at Denver

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Colorado State University

Frances E. Jefferson

Women's Bureau, U.S. Department of Labor

Lewis Kallas

Seniors! Inc.

Phyllis A. Katz, Ph.D.

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Kenneth Keller, Ph.D.

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Metropolitan State College of Denver

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School for Health Care Professions
Regis University

Dottie Lamm

Leo Block Professor
University of Denver

Lorraine E. Parker

Colorado Women's Bar Association

Peg Portscheller

Mid-Continent Regional Educational Laboratory

Diana Protopapa

Colorado Coalition Against Domestic Violence

Chaer Robert

Denver Women's Commission

Cynthia Secor

HERS
University of Denver

Linn Stanley

The Women's Foundation of Colorado

Jenifer Vasquez

Colorado Children's Campaign

Marla Williams

The Women's Foundation of Colorado

Preface

The Women's Foundation of Colorado is a public charity foundation committed to furthering equity for Colorado's women and girls and inspiring others to do the same. We pursue changes in public consciousness, philanthropy, and social policy through leadership and action, including the implementation of initiatives and funding community-based organizations working on behalf of women and girls.

The Women's Foundation is proud to partner with the Institute for Women's Policy Research (IWPR) to bring forward information on the status of women in Colorado. This report is intended to inform researchers, advocates, policymakers, and the general public about women's successes and challenges.

From the work of IWPR with other states, we know that women's lives have improved in many ways across the country. Nevertheless, overall, women do not do as well as men in any state. In most areas, both state and national policies lag far behind the changing realities of women's lives.

The story this report tells about Colorado is one of successes and achievements, and it is also one of disparities and continuing challenges. The good news is that Colorado ranks high in the overall status of women when compared to other states, but we still fall short of the ideal. For Employment and Earnings, Economic Autonomy, and Health, Colorado receives a B, for Political Participation a C+; and for Reproduction and Family Planning a C-.

The following facts contribute to the good news reflected in these grades:

- ◆ Colorado women are better educated on average than women in the United States as a whole.
- ◆ Colorado women are more likely to work in managerial and professional specialty occupations than women in other states.
- ◆ Women in Colorado are earning more and have more employment opportunities than ever before.
- ◆ Colorado ranks third in the nation in women's business ownership.
- ◆ Colorado is experiencing strong economic growth—a 3.5 percent rate of job growth and the twelfth straight year of solid job growth.

The downside is that not everyone in the state shares the benefits of our economic boom. For many, the indicators above are offset by higher costs of living, lack of quality dependent care and affordable housing, and inadequate transportation. Factors that continue to challenge women's lives include:

- ◆ The rising cost of housing has become a critical issue in many parts of Colorado.
- ◆ The economic boom and resulting prosperity are concentrated almost exclusively in the area just east of the Rocky Mountains known as the Front Range, which includes Denver. Residents in rural parts of the state are seeing a rise in unemployment, increased costs and a decrease in their per capita income. In a recent poll conducted by the University of Colorado at Denver's Norwest Public Opinion Research Program, only 18 percent of those living outside the Front Range perceived the economy as "excellent."
- ◆ On the political front, the number of women in our state legislature is encouraging, but we still need a more balanced political slate across the state. The data in this report were collected prior to elections, and many women serving in office at the time the report went to press were term-limited. The political scenery may look very different even by the year 2001.

Another challenge facing Colorado is welfare reform under the Temporary Assistance for Needy Families (TANF) program. In four short years the effects of the dramatic shift in policy have had significant impacts on women and their dependent children. The number of individuals and families receiving assistance dropped 50 percent between July 1997 and June 1999, a rate that surpasses the national average. This seemingly positive statistic hides the grim reality that faces many of those who no longer participate in the program. For example:

- ◆ Only 15 percent of former recipients have been continuously employed and have earnings above the federal poverty level* after one year of employment. Another 15 percent have been continuously employed, but have earnings *below* the federal poverty level after one year of employment. Forty percent have been employed only sporadically, with earnings well below the federal poverty level; and 30 percent remain mostly unemployed (London and Valvano, 1999).
- ◆ The lack of quality child care, affordable housing, health insurance, and adequate transportation continue to make a successful transition to work difficult if not impossible for many women.

We cannot talk about policy in Colorado without mentioning the TABOR (Taxpayers Bill of Rights) amendment, a citizen initiative passed by voters in 1992. This amendment has a wide-ranging and dramatic impact on both the state's citizenry and the state's power.

- ◆ TABOR limits the growth of most state revenue to inflation plus population.
- ◆ Any revenues that exceed TABOR limits are refunded to taxpayers. This means that in time of economic booms, the surplus cannot be invested in additional social services or infrastructure.
- ◆ Under TABOR any increase in taxes requires taxpayer approval.
- ◆ Since TABOR was enacted, voters have approved no proposed tax increase.
- ◆ In essence, *Colorado legislators have less control over revenue decisions than legislators in most states.*

It is important to note that this report is a snapshot that contains national aggregate data published prior to the 2000 census and that it does not include a comprehensive analysis of data disaggregated for local (urban/rural), race, age, disability or other status that may be critical to thoughtful policymaking. Some kinds of information that could have been useful in this report were either unavailable or are not currently being gathered. We need to let our policymakers know that information such as more data on how many women-owned businesses exist in Colorado, what kind of revenues they are generating, and how many workers they employ is vital to understanding key elements of our economy and our future.

We encourage you to read this report, share it with others, explore the issues and get involved.

We would like to thank the many people who made this report possible. We are especially indebted to the advisory committee, the committed, concerned, and knowledgeable individuals who gave generously of their time and expertise and provided valuable input and a thorough review of this report.

Marla J. Williams

President and CEO, The Women's Foundation of Colorado
Colorado Advisory Committee, *The Status of Women in Colorado*

* The federal poverty level is considered the minimum for subsistence. It varies by family size. For a family of four people, for example, FPL was \$16,700 per year in 1997.

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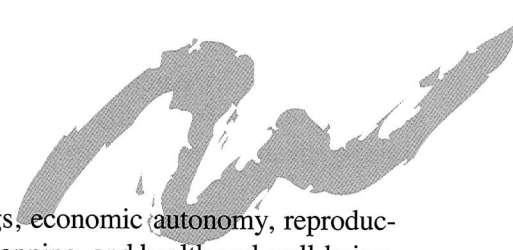
Introduction

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

Women in Colorado exemplify both the achievements and shortfalls of women's progress over the past century. Many Colorado 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, Colorado scores in the top third on four composite indices: it ranks second in economic autonomy, fourth in employment and earnings, 16th in health and well-being, and 16th in political par-

ticipation. However, Colorado ranks only at the midpoint of all states at 25th in reproduction and family planning (see Chart I, Panel A).

Despite improvements in women's status nationally and the strong performance of Colorado, however, women have not achieved equality with men in any state, and even those states with better policies for women do not ensure equal rights for women. Women in Colorado still face significant problems that demand attention from policymakers, women's advocates, and researchers concerned with women's

**Chart I. Panel A.
How Colorado Ranks on Key Indicators**

Indicators	National Rank*	Regional Rank*
Composite Political Participation Index	16	3
Women's Voter Registration, 1992-96	16	2
Women's Voter Turnout, 1992-96	16	4
Women in Elected Office Composite Index, 2000	14	4
Women's Institutional Resources, 2000	41	5
Composite Employment and Earnings Index	4	1
Women's Median Annual Earnings, 1997	10	1
Ratio of Women's to Men's Earnings, 1997	15	3
Women's Labor Force Participation, 1998	3	1
Women in Managerial and Professional Occupations, 1998	3	1
Composite Economic Autonomy Index	2	1
Percent with Health Insurance Among Nonelderly Women, 1997	30	2
Educational Attainment: Percent of Women with Four or More Years of College, 1990	4	1
Women's Business Ownership, 1992	3	2
Percent of Women Above the Poverty Level, 1997	10	2
Composite Reproduction and Family Planning Index	25	3
Composite Health and Well-Being Index	16	4

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

* The national rankings are of a possible 51, referring to the 50 states and the District of Columbia except for the Political Participation indicators, which do not include the District of Columbia. The regional rankings are of a maximum of eight and refer to the states in the Mountain West Region (AZ, CO, ID, MT, NM, NV, UT, WY)

Calculated by the Institute for Women's Policy Research.

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

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

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

status. As a result, in an evaluation of Colorado women's status compared with goals set for women's ideal status, Colorado earns the grades of B in employment and earnings, economic autonomy, and health; C+ in political participation; and C- in reproduction and family planning (see Chart I, Panel B).

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

parison with women's ideal status (for more information on the methodology for the composite indices and grades, see Appendix II).

Colorado joins Arizona, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming as part of the Mountain West region. Among these eight states, Colorado ranks high. The state ranks at or near the top of all states on four of the five composites, and its lowest regional ranking, for women's health and well-being, is only fourth of eight.

Colorado's high regional rankings may result in part from a high percentage of the state's population living in urban areas compared with other states in the region. Women in urban areas generally have better access to a state's economic, political, and other kinds of resources. In fact, differences among urban and rural women may affect their access to the state's political and economic resources in a variety of ways not measured by the indicators presented here.

Colorado is a mid-sized state, with just over two million women of all ages. Women in Colorado have high labor force participation rates and relatively high earnings. While women in Colorado are less diverse than women in the nation as a whole, with a smaller percentage of immigrants, African Americans, and Asian Americans, Colorado has more Hispanics and slightly more Native Americans than the national average. Colorado does not differ substantially from the national average in the proportion of women living in rural areas. Colorado's family structure (58 percent of women are married) is also similar to national patterns (see Appendix I for further details).

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

Political Participation

Women in Colorado register and vote at rates higher than women in the rest of the country, and they enjoy relatively high levels of political representation. On the other hand, they lack institutional resources such as a commission for women. Consequently the state ranks 16th on the political participation index. In addition, despite its rank of 14th for women in elected office, the state has only one female member of its eight-member delegation to the U.S. House and Senate. Because in Colorado, as in all of the country, women are far from achieving proportional political representation, the state earned a C+ on the political participation composite index. More active voter participation and greater political representation could benefit women overall by encouraging the adoption of more women-friendly policies, which in turn could enhance women's status in other areas.

Employment and Earnings

Colorado's ranking on the employment and earnings composite index is fourth in the nation, with all rankings on the component indicators in the top third. Colorado women earn more, participate in the labor market more, and work in managerial and professional occupations more than women in the country as a whole. Still, while women's median earnings are high, the ratio of their earnings to men's ranks somewhat lower, at only 15th in the nation. Colorado's economic success coupled with this lack of equity earned the state a B on employment and earnings.

In addition, in Colorado a very large proportion (about 70.2 percent) of women with children under six years of age are currently participating in the workforce. Colorado's parents thus increasingly need adequate and affordable child care, a policy demand not yet adequately addressed in Colorado or the United States as a whole. In an economic era when all able or available parents must work for pay to support their children, public policies lag far behind reality.

Economic Autonomy

While Colorado ranked second in IWPR's composite index of economic autonomy, the state's women still face obstacles in this domain as well. Despite the state's affluence, for example, over 34 percent of single females with children are living in poverty. Although this is considerably below the national poverty rate for this family type, it is still far too high. The state also ranks 30th for women with health insurance. Both Colorado's achievement and its room for improvement are reflected in its grade of B for this composite index.

Reproduction and Family Planning

Colorado women lack many of the reproductive rights and resources identified as important, and as a result the state ranked 25th of 51. Poor women in Colorado can receive public funding for abortion only under federally mandated, limited circumstances, and the state lacks mandates for comprehensive contraceptive coverage or infertility treatments. In addition, although about two-thirds of women live in counties with abortion providers, for many women, especially those in rural areas, abortion is virtually inaccessible. Finally, lesbian couples have been denied the right to adopt their partners' children. Like women in most states, women in Colorado lack important rights and resources in this area, and the state received a C- on this index.

Health and Well-Being

Women in Colorado have relatively good health status when compared with women in other states. The state's mortality rates for women from heart disease, lung cancer, and breast cancer are low, placing Colorado among the top five of all states for women's health in these areas. Colorado also does relatively well on measures of diabetes, chlamydia, AIDS, and activities limitations due to health. However, the state's women have worse mental health than women nationally and are among the most likely in the nation to die from suicide. Women in Colorado could benefit from several health-related policies they currently lack, including state insurance mandates covering services such as cervical cancer, osteoporosis screening, and inpatient care after a mastectomy. Overall, Colorado ranked 16th and earned a grade of B on the health and well-being composite index.

Conclusion

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

Women's Resources and Rights Checklist

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

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

Chart II, the Women's Resources and Rights Checklist, provides an overview of the policies supporting women's rights and the resources available to women in Colorado. 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 issues, 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 Colorado's commitment to policies designed to help women achieve economic, political, and social well-being. In Colorado, women have some but lack many of the rights and resources identified with women's well-being. The state receives a total score of ten out of 28 possible measures on the Women's Resources and Rights Checklist.

Violence Against Women

Colorado lacks all but one of the policies and provisions identified in the 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. To address the issue of repeat offenders, Colorado has adopted a law enhancing the penalty for repeat domestic violence offenders (Colorado, 2000). However, Colorado 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. Despite the absence of statewide legislation, training of new police recruits may be administered in localities in Colorado.

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

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

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Violence Against Women				
Is domestic violence a separate criminal offense in Colorado?		✓		30
Does Colorado law require domestic violence training of new police recruits?		✓		32
Domestic violence and sexual assault spending per person:			\$0.45	\$1.34
Is a first stalking offense a felony in Colorado?	✓			10
Does Colorado law require sexual assault training for police and prosecutors?		✓		10
Child Support				
Percent of single-mother households receiving child support or alimony:			40%	34%
Percent of child support cases with orders for collection in which support was collected:			26.3%	39.2%
Welfare Policies				
Does Colorado extend TANF benefits to children born or conceived while a mother is on welfare?	✓			27
Does Colorado allow receipt of TANF benefits up to or beyond the 60-month federal time limit?	✓		60-month limit	30
Does Colorado allow welfare recipients at least 24 months before requiring participation in work activities?	✓			23
Does Colorado provide transitional child care under TANF for more than 12 months?	✓		No limit for low-income families	33
Has Colorado's TANF plan been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence?	✓		Certified	40
In determining welfare eligibility, does Colorado disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job? ¹		✓		25
Average TANF benefit in Colorado, 1997-98:			\$300.48	\$358.08
Employment/Unemployment Benefits				
Is Colorado's minimum wage higher than the federal level as of March 2000?		✓		11
Does Colorado have mandatory temporary disability insurance?		✓		5
Does Colorado 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 Colorado proposed policies allowing workers to use Unemployment Insurance for paid family leave?		✓		0 Enacted; 13 Proposed
Has Colorado implemented adjustments to achieve pay equity in its state civil service?		✓		20
Sexual Orientation and Gender Identity				
Does Colorado have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity?		✓		19
Does Colorado have a Hate Crimes law covering sexual orientation?		✓		24
Has Colorado avoided adopting a ban on same-sex marriage?		✓		20
Reproduction and Family Planning				
Does Colorado allow access to abortion services: Without mandatory parental consent or notification? ²		✓		9
Without a waiting period?	✓			33
Does Colorado provide public funding for abortions under any or most circumstances if a woman is eligible?		✓		15
Does Colorado require health insurers to provide comprehensive coverage for contraceptives?		✓	Partial Coverage	11
Does Colorado require health insurers to provide coverage of infertility treatments?		✓		10
Does Colorado allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child? ³		✓	Appellate Court	21
Does Colorado require schools to provide sex education?		✓		18
Institutional Resources				
Does Colorado have a Commission for Women?		✓		39
Total Policies	10	18		28 possible

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

¹ Colorado uses the same rules as under the former AFDC program; see Appendix III for details.

² Colorado's parental notice law is not enforced.

³ Most states that allow such adoptions do so as the result of court decisions. In Colorado, a lower-level court has ruled against second-parent adoptions.

Compiled by the Institute for Women's Policy Research.

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 Colorado, stalking is always a felony. In addition, ten states have legislative provisions requiring training on sexual assault for police and prosecutors. Colorado is not one of those states.

In fiscal year 1994-95, Colorado administered \$0.45 in state and federal funds for domestic violence and sexual assault programs per person in the state, substantially below the U.S. average of \$1.34. Federal funds accounted for 82 percent of this money, while the state contributed 18 percent of it. Of Colorado's federal funds, 75 percent went to domestic violence programs and 24 percent to sexual assault programs, while of state funds, 84 percent was spent on domestic violence programs and 16 percent on sexual assault programs. Investing in programs to decrease the prevalence of domestic battery and sexual assault, as well as to provide services to victims, is important to reducing both types of crimes and to helping victims rebuild their lives.

Child Support

Many 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 Colorado, 40 percent receive such support, somewhat above the national average.

According to the U.S. Department of Health and Human Services Office of Child Support Enforcement, 55 percent of all child support cases that go to trial are granted a support order by a judge. However, child support is collected in only 39.2 percent of cases with orders (or about 22 percent of all child support cases). The enforcement

efforts made by state and local agencies can affect the extent of collections (Gershenzon, 1993). Of all child support cases with orders for collection in Colorado, child support was collected in only 26.3 percent. This proportion is substantially below the average for the United States as a whole. IWPR research shows that child support can make a substantial difference in low-income families' lives by lifting many out of poverty. Among non-welfare, low-income families with child support agreements, poverty rates would increase by more than 30 percent without their child support income (IWPR, 1999).

Welfare Policies

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

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

Colorado has adopted state-level TANF policies that are relatively supportive to women given existing

federal restrictions, although counties have some discretion in implementing those policies. Legislated by the Colorado General Assembly, Colorado's state TANF plan took effect in July 1997. Within state-mandated guidelines, the plan gives significant authority to individual counties to design and implement TANF rules and requirements. As a result Colorado Works encompasses 64 county-level programs, with some common eligibility rules and benefit levels (London and Valvano, 1999).

Colorado 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, including Colorado, and the District of Columbia do not have any kind of Family Cap (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c).

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

Federal law requires nonexempt residents to participate in work activities within two years of receiving cash assistance. States have the option of establishing stricter guidelines, and many have elected to do so. In 20 states, nonexempt recipients are required to engage in work activities immediately under TANF. Six states have work requirements within less than 24 months. Twenty-two states and the District of Columbia require recipients to work within 24 months or when determined able to work, whichever comes first. In one state, Arizona, work requirements are evaluated on an individual basis (U.S.

Department of Health and Human Services, Administration for Children and Families, 1999c). Colorado Works establishes that welfare recipients in Colorado have up to 24 months before they are required to work. However, individual counties have discretion in determining recipients to be job-ready before the 24-month limit (London and Valvano, 1999).

PRWORA also replaced former child care entitlements with the Child Care and Development Fund, which consolidated funding streams for child care and provided new child care funds to states. This new system requires that states use no less than 70 percent of the new funds to provide child care assistance to several types of families: those receiving TANF, those transitioning away from welfare through work activities, and those at risk of becoming dependent on TANF (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). In addition to these funds, many states use TANF funds or additional state funds to provide child care services. States also have substantial discretion over designing their child care programs, including how long they provide child care services to families. Currently, while all of the states provide a minimum of twelve months of child care to families transitioning away from welfare, 33 states, including Colorado, extend child care beyond twelve months. Colorado provides child care to low-income families without a time limit, a policy that can help low-income mothers and fathers as they balance workplace and parenting responsibilities (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). Expanded child care services are a crucial form of support for working families, especially single mothers, and are critical to ensuring families' self-sufficiency.

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

standards, and seven others have adopted exemptions for domestic violence but have not received certification. The eleven other states have not applied for or received the optional certification and have not adopted other language. Colorado is certified under the Family Violence Option.

PRWORA also gave states increased flexibility in how they treat earnings in determining income eligibility for TANF applicants. One standard for measuring the generosity of state rules is whether they disregard 50 percent or more of the earnings of a full-time, minimum-wage worker. Colorado has a relatively stringent policy on how it treats earnings in determining TANF eligibility. The state's earnings disregards policy is the same as under the former AFDC program (see Appendix III for details). More generous earnings disregards can make the transition away from welfare easier 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 Colorado, the average monthly benefit was \$300.48, somewhat below the national average (U.S. Department of Health and Human Services, Administration for Children and Families, 1999b). When low benefits are combined with stringent earnings disregards, welfare recipients can have more difficulty moving out of poverty and achieving an adequate standard of living.

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

of the economic and support services available to them.

Employment/Unemployment Benefits

Employment policies and protections are crucial to helping women achieve economic self-sufficiency and to providing them a safety net during periods of unemployment. Colorado 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. In Colorado, the minimum wage is equal to the federal minimum wage (U.S. Department of Labor, 1999).

Temporary Disability Insurance (TDI) is also an important resource for women because it provides partial income replacement to employees who leave work because of an illness or accident unrelated to their jobs. In the five states with mandated programs (California, Hawaii, New Jersey, New York and Rhode Island), employees and/or their employers pay a small percentage of the employee's salary into an insurance fund and, in return, employees are provided with partial wage replacement if they become ill or disabled. Moreover, in states with TDI programs, women workers typically receive eight to twelve weeks of partial wage replacement for maternity leave through TDI (Hartmann, Yoon, Spalter-Roth and Shaw, 1995). Colorado 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. Colorado's UI earnings requirements are relatively inclusive of low-wage workers. In addition, Colorado allows workers seeking part-time jobs to qualify for benefits. Because women are more likely than men to seek part-time work, coverage of workers seeking part-time work benefits women. However, Colorado does not allow women to qualify for insurance in cases of "good cause quits," in which a worker leaves a job for personal circumstances, which might include moving with a spouse, harassment on the job, or other situations.

Finally, Colorado has not considered legislation that would allow women to use UI to provide benefits during work absences covered under the Family and Medical Leave Act. While women currently cannot do so in any state, as of July 2000, such policies have been proposed in 13 states. In addition, the Department of Labor recently issued a ruling allowing states to provide partial wage replacement under the unemployment compensation program on a voluntary, experimental basis to parents who take leave or who otherwise leave employment following the birth or adoption of a child. The new regulations were issued in June of 2000 and took effect in August. To implement them, state legislatures must adopt a plan allowing this use of UI.

Some states have implemented pay equity remedies, which are policies designed to raise the wages of jobs undervalued at least partly because of the sex or race of the workers who hold those jobs. By 1997, 20 states had implemented programs to raise the wages of workers in female-dominated jobs in their 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). Colorado has not implemented policies within its state civil service to achieve pay equity.

Sexual Orientation and Gender Identity

Colorado lacks 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 statutes prohibiting discrimination on the basis of sexual orientation. Colorado has not adopted such a law. In addition, 23 states and the District of Columbia have passed laws creating enhanced penalties for perpetrators of hate crimes committed against victims because of their sexual orientation. Colorado has not passed a hate crime bill that addresses crimes against gay, lesbian, bisexual and transgender residents. Thirty one states have banned same-sex marriage, including Colorado. 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.

Reproduction and Family Planning

While indicators concerning reproduction and family planning are covered in more detail later in the report, they also represent crucial components of any list of desirable policies for women. Overall, in Colorado, women have only moderate levels of access to abortion, contraception, and other family planning resources. As a result, women have limited resources for making careful, informed, and independent decisions about childbearing, which can in turn have significant impact on their lives and well-being and the lives and well-being of their children.

Institutional Resources

Finally, commissions for women demonstrate a public commitment to addressing issues affecting women. Since Colorado women do not have a state commission for women, they lack one form of representation that might help create policies that will advance their concerns (see the section on Political Participation for more detail). A total of 39 states currently have state-level commissions for women.

Conclusion

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

Political Participation



Political participation allows women to influence the policies that affect their lives. By voting, running for office, and taking advantage of other avenues for participation, women can make their concerns, experiences and priorities visible in policy decisions. Recognizing the lack of equity in political participation and leadership throughout the world, the Beijing Declaration and Platform for Action cites ensuring women equal access to avenues for participation and decision-making as a major objective. This section presents data on several aspects of women's involvement in the political process in Colorado: 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 officeholders 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 8)	Grade
Composite Political Participation Index	16	3	C+
Women's Voter Registration (percent of women 18 and older who reported being registered to vote in 1992 and 1996) ^a	16	2	
Women's Voter Turnout (percent of women 18 and older who reported voting in 1992 and 1996) ^a	16	4	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2000) ^{b, c, d}	14	4	
Women's Institutional Resources (number of institutional resources for women in Colorado, 2000) ^{e, f}	41	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 eight and refer to the states in the Mountain West Region (AZ, CO, ID, MT, NM, NV, UT, WY).

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

Calculated by the Institute for Women's Policy Research.

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 Colorado fare relatively well when compared with women in the United States as a whole. The state ranks among the top third on the political participation composite index. For measures of women's voter registration, women's voter turnout, and women in elected office, Colorado's rank is consistently in the top third (see Chart III). However, Colorado has relatively few institutional resources for women and ranks near the bottom of all states on this indicator.

Regionally, Colorado ranks third of eight on the political participation composite index, with rankings within the Mountain West region ranging from second, for women's voter registration, to fifth, for women's institutional resources. The state ranks fourth for women in elected office and fourth for women's voter turnout.

Colorado's performance on the political participation indicators earned it a grade of C+, indicating that even though women in the state enjoy somewhat higher political status than in many other states, the state still has quite a bit of room for improvement. Most obviously, only one of eight seats in the state's congressional delegation and only about a third of the seats in the state legislature are filled by women. Women throughout the country and in

Colorado 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. 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, were denied the right to vote in many states until the Voting Rights Act of 1965 was passed. But even after women of all races were able to exercise their right to vote, many candidates and political observers did not take women voters seriously. Instead, they assumed women would

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

	Colorado		United States	
	Percent	Number	Percent	Number
1996 Voter Registration*^a				
Women	72.0	1,012,000	67.3	67,989,000
Men	68.1	989,000	64.4	59,672,000
1992 Voter Registration*^b				
Women	77.4	1,017,000	69.3	67,324,000
Men	71.5	814,000	66.9	59,254,000
Number of Unregistered Women Eligible to Vote, 1996^c	N/A	288,000	N/A	23,775,000
Percent and Number of Public Assistance Recipients Registered under the National Voter Registration Act, 1996^c	5.4	5,228	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.

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

Compiled by the Institute for Women's Policy Research.

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). Colorado's voter registration rates are generally higher for both men and women than national ones. In Colorado, 72.0 percent of women reported being registered to vote at the time of the November 1996 elections, while 68.1 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, 56 percent were. Colorado has higher voter turnout than the nation as a whole. In 1992, 70.7 percent of Colorado women reported voting, and 60.4 percent reported voting in 1996 (see Table 2). As a result Colorado ranks 16th among all the states and fourth in the Mountain West region for women's voter turnout in the 1992 and 1996 elections combined. Notably, voter turnout dropped substantially for both sexes in the nation as a whole between 1992 and 1996. Although Colorado women's turnout fell substantially in 1996,

it remained higher than the rate for men in Colorado and higher than 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. Separate data for minority men and women are not available at the state level. However, in Colorado, 60.2 percent of all whites and 38.3 percent of Hispanics voted in 1996 (data not shown; U.S. Department of Commerce, Bureau of the Census, 1998b). State level data were not available for African Americans in Colorado. 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 nation 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

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

	Colorado		United States	
	Percent	Number	Percent	Number
1996 Voter Turnout*^a				
Women	60.4	850,000	55.5	56,108,000
Men	57.3	832,000	52.8	48,909,000
1992 Voter Turnout*^b				
Women	70.7	928,000	62.3	60,554,000
Men	66.8	759,000	60.2	53,312,000

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

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

Compiled by the Institute for Women's Policy Research.

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, 5,228 of whom live in Colorado (see Table 1). As of 1996, 14.1 percent of eligible public assistance recipients were registered to vote through public assistance offices in the United States as a whole, and in Colorado, 5.4 percent were. Despite these changes, nearly 24 million eligible women remain unregistered in the United States, and nearly 290,000 of them live in Colorado.

Elected Officials

Although women constitute a minority of elected officials at both the national and state level, their presence has grown steadily over the years. As more women hold office, women's issues are also becoming more prominent in legislative agendas (Thomas, 1994). Nine women served in the 1999-2000 U.S. Senate (106th Congress). Women also filled 56 of the 435 seats in the 106th U.S. House of Representatives (not including Eleanor Holmes Norton, the nonvoting delegate from the District of Columbia, and Donna Christian-Green, the nonvoting delegate from the Virgin Islands). Women of color filled only 20 House seats and no Senate seats, and only one openly lesbian woman served in Congress. A woman from Colorado, Diane DeGette, filled one of the state's seats in the U.S. House, but

women held no seats from Colorado in the U.S. Senate, leading to rates near the national average. Women of color filled none of Colorado's seats in Congress (see Table 3).

At the state level, only one woman holds a statewide elected executive office—that of secretary of state—in Colorado. However, she was appointed to fill a vacancy upon the death of her predecessor. No women of color serve in statewide elected office. In contrast, women's proportion of the state legislature is relatively high, as women make up 34.0 percent of the legislature, compared with a 22.4 percent average for the nation as a whole. Finally, as of October 1999, women constituted 29.6 percent of top-level public appointees

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

	Colorado	United States
Number of Women in Statewide Executive Elected Office^{a, b}		
Women of Color ^c	1	91
	0	6
Number of Women in the U.S. Congress		
U.S. Senate ^d	0 of 2	9 of 100
Women of Color ^c	0	0
U.S. House ^e	1 of 6	56 of 435
Women of Color ^c	0	20
Number of Women Running for the U.S. Congress, 1998^{f, g}		
U.S. Senate	1 of 3	10 of 79
U.S. House	3 of 13	121 of 779
Percent of State Legislators Who Are Women^h	34.0%	22.4%
Percent of Women in Appointed Officeⁱ	29.6%	29.8%

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

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

Compiled by the Institute for Women's Policy Research.

Focus on Women in Politics in Colorado

Colorado women have a long history of political participation.

Did you know?

- ◆ In 1893, Colorado became the first state (following the territory of Wyoming) in which women won the right to vote (Colorado Department of Personnel, General Support Services, Colorado Information Technology Services, Colorado State Archives, 2000a).
- ◆ In 1894, Colorado women Clara Cressingham, Carrie Holly, and Frances Klock were the first three women ever elected to any state legislature (Colorado Department of Personnel, General Support Services, Colorado Information Technology Services, Colorado State Archives, 2000a).
- ◆ Thirty-four percent of the state's legislature are women, earning Colorado a rank of fourth in the nation (Colorado Women's Agenda, 1999).

However...

- ◆ A woman has never held the office of Governor in Colorado. The highest rank a woman has achieved in Colorado state government has been Lieutenant Governor (Colorado Department of Personnel, General Support Services, Colorado Information Technology Services, Colorado State Archives, 2000b).
- ◆ Only two Colorado women—Patricia Schroeder and Diana DeGette—have served in the U.S. Congress, both as representatives from the same district (U.S. House of Representatives, Office of the Clerk, 2000).
- ◆ Colorado's Commission on the Status of Women, begun in 1964, was disbanded in 1980, after the state legislature failed to pass legislation which would have continued the viability of the commission (Colorado Commission on the Status of Women, 1980).

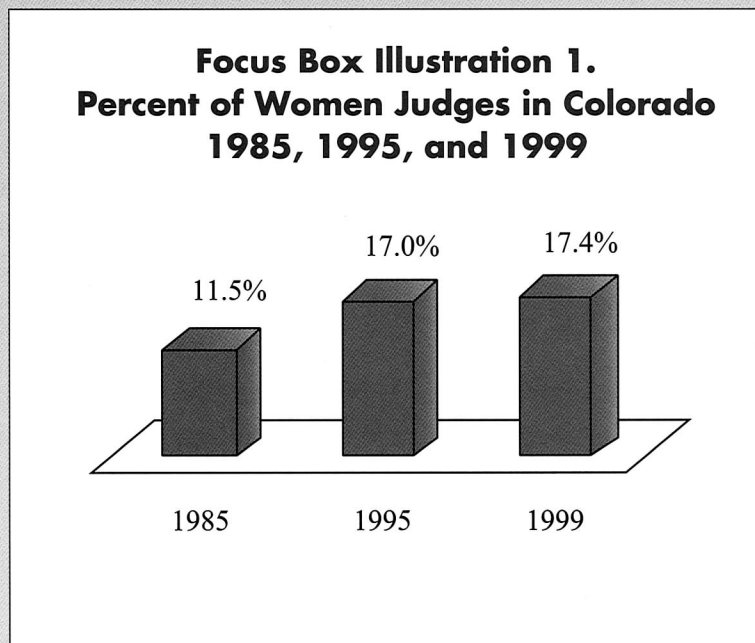
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Leadership Profile—Patricia Schroeder

A long-time advocate for women's issues, Patricia Schroeder worked on securing more rights for women while representing Colorado as a member of Congress. She co-founded the Congressional Caucus for Women's Issues, was instrumental in the crafting and passage of the Family and Medical Leave Act, and helped secure a block grant to fund child care for school-age children.

Growth Snapshot—Female Judges in Colorado

Colorado's judges are appointed. Although the number of female judges has increased since 1985, the proportion of women in the judiciary (17.4 percent; see Illustration 1) is not yet representative of the number of women in the population, nor of the numbers of active, registered women attorneys (27 percent).



Source: Jordan, 2000.

with policymaking responsibilities appointed by the current governor in Colorado, about the same as the national average of 29.8 percent (for more detail see Focus on Women in Politics in Colorado).

Based on Colorado's proportion of women in elected office, the state ranks 14th nationally and fourth in the Mountain West region on this component of the political participation index. Its relatively high ranking despite proportionately low levels of women's representation illustrates the lack of political power women have attained by winning elected office in the country as a whole.

Research on women as political candidates suggests that they generally win elected office at similar rates to men, but far fewer women run for office (National Women's Political Caucus, 1994). In 1998, 121 women out of 779 total candidates (15.5 percent) ran for office in the U.S. House of Representatives, while ten women of 79 total candidates (12.7 percent) ran for office in the U.S. Senate. In Colorado, three women of 13 total candidates ran for six seats in the House, and one woman ran for the state's available Senate seat in the 1998 general election (CAWP, 1999b; FEC 1998a, 1998b). At four female candidates of a total of 16, Colorado's proportion of women running for Congress was relatively high at 25.0 percent.

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

Institutional Resources

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

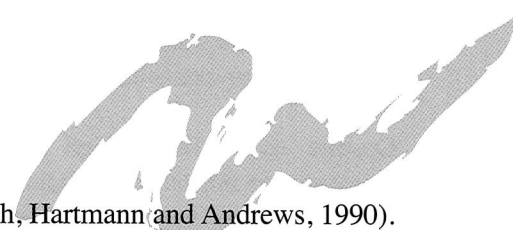
Colorado lacks both a government-appointed commission for women at the state level and a formal women's caucus in either the State House of Representatives or the Senate, although women legislators do meet informally (see Table 4). In the country as a whole, 39 states have state-level commissions for 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 Colorado

	Yes	No	Total, United States
Does Colorado have a:			
Commission for Women? ^a		✓	39
Legislative Caucus in the State Legislature? ^b	Informal		34
House of Representatives?			
Senate?			

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

Employment and Earnings



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

Families often rely on women's earnings to remain out of poverty (Cancian, Danziger and Gottschalk,

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

Women in Colorado rank fourth in the nation and first in the Mountain West on the employment and earnings composite index (see Chart IV). Colorado ranks in the top ten on most of the measures of employment and earnings: third in labor force participation, third in the percent of women working in managerial and professional occupations, and tenth in the level of women's median annual earnings.

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

Indicators	National Rank* (of 51)	Regional Rank* (of 8)	Grade
Composite Employment and Earnings Index	4	1	B
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 1997) ^a	10	1	
Ratio of Women's to Men's Earnings (median annual earnings of full-time, year-round women and men workers aged 16 and older, 1997) ^a	15	3	
Women's Labor Force Participation (percent of all women, aged 16 and older, in the civilian non-institutional population who are either employed or looking for work, 1998) ^b	3	1	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1998) ^b	3	1	

See Appendix II for methodology.

* The national rank is out of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of eight and refer to the states in the Mountain West Region (AZ, CO, ID, MT, NM, NV, UT, WY).

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

Calculated by the Institute for Women's Policy Research.

The state ranks somewhat lower (15th) on the ratio of women's to men's earnings.

Despite its relatively high rankings, women in Colorado do not enjoy economic parity with men. Like women in most states, they lag significantly behind men in their wages and labor force participation. As a result, Colorado received a grade of B on the employment and earnings composite index.

Women's Earnings

Colorado women working full-time, year-round have higher median annual earnings than women in the United States as a whole (\$26,422 and \$25,370, respectively; see Figure 1). Similarly, median annual earnings for men in Colorado are higher than for the United States as a whole (\$35,474 and \$34,532, respectively). The median annual earnings for women in Colorado rank first in the Mountain West region and tenth in the nation. Women in the District of Columbia rank the highest with earnings of \$30,495.

Between 1989 and 1997, women in Colorado saw their median annual earnings increase by 5.5 percent

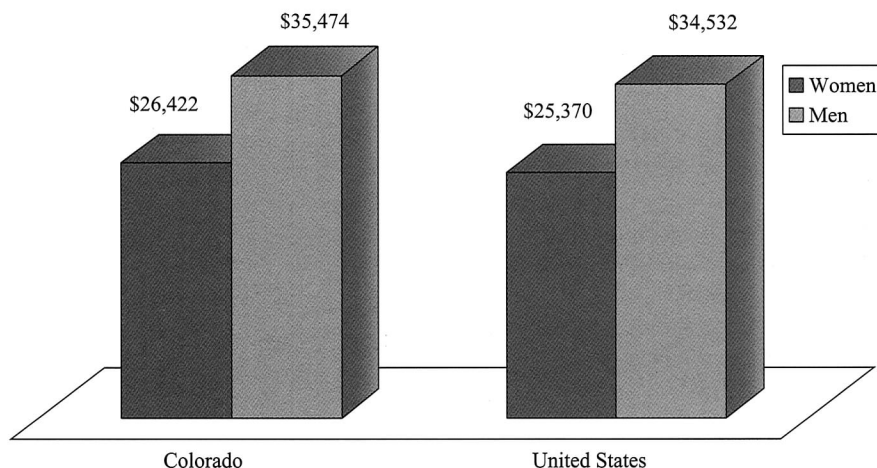
in real terms, a rate of growth that within the Mountain West region was behind both Idaho and Montana, but well ahead of the other five states. Women's earnings rose by about 2 or 3 percent in Utah, New Mexico, and Wyoming and actually declined in Nevada and Arizona (data not shown; all growth rates are calculated for earnings that have been adjusted to remove the effects of inflation; EPI, 2000; IWPR, 1995a).

Unfortunately, the data set used to estimate state-level women's earnings does not provide enough cases to reliably estimate earnings separately for women of different races and ethnicities. National data show, however, that in 1997 the median annual earnings of African American women were \$22,378 and those of Hispanic women were \$19,269, substantially below that of non-Hispanic white women, who earned \$26,319. The earnings of Asian American women were the highest of all groups at \$28,214 (median earnings of full-time, year-round women workers aged 15 years and older; U.S. Department of Commerce, Bureau of the Census, 1999c; all data converted to 1998 dollars). Earnings for Native American women are not available between decennial Census years, but in 1989, their earnings for year-round, full-time work were only 84 percent of white women's earnings (U.S. Department of Commerce, Bureau of the Census, 1990).

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

High earnings levels in Colorado may overstate

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

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

The Wage Gap

The Wage Gap and Women's Relative Earnings

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

In Colorado, women earned 74.5 cents for every dollar earned by men in 1997 (see Figure 2). As a result, Colorado ranks 15th 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 the other states in the Mountain

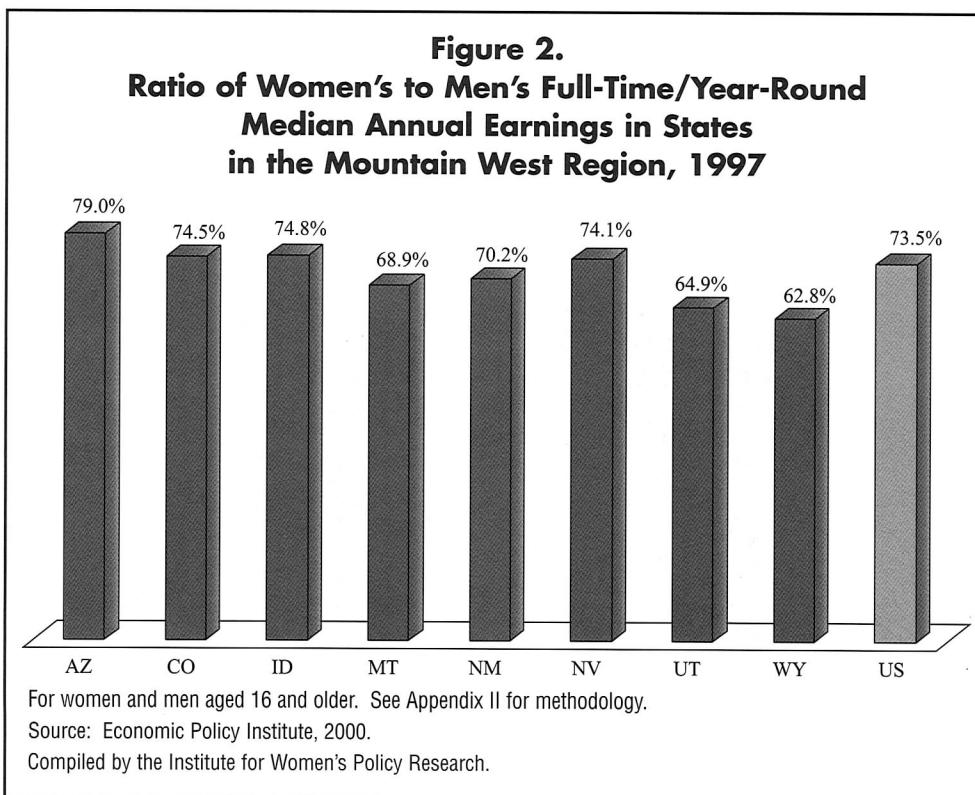
West region, Colorado ranks third. Arizona ranks first with a 79.0 percent wage ratio, and Wyoming ranks last with a 62.8 percent wage ratio. Unfortunately, despite the state's relatively high rank, the wage gap remains large in Colorado, as it does everywhere in the United States.

Narrowing the Wage Gap

Throughout the 1960s and 1970s, the ratio of women's earnings to men's in the United States remained fairly constant at around 60 percent. During the 1980s, however, women made progress in narrowing the gap between men's earnings and their own. Women increased their educational attainment and their time in the labor market and entered better-paying occupations in large numbers, partly because of equal opportunity laws. At the same time, however, adverse economic trends, such as declining wages in the low-wage sector of the labor market, began to make it more difficult to close the gap, since women still tend to be concentrated at the low end of the earnings distribution. If women had not increased their relative skill levels and work experience as much as they did during the 1980s, those adverse trends might have led to a widening of the gap rather than

the significant narrowing that did occur (Blau and Kahn, 1994).

One factor that probably also helped to narrow the earnings gap between women 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 26.0 percent (data not shown; Hartmann, Allen and Owens,



1999). In Colorado, the wages of all unionized women were 28.2 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. In Colorado, they earned 53.1 percent more (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 one-half (47.8 percent) of the narrowing of the national female/male earnings gap between 1979 and 1997 was due to women's rising real earnings, while more than half (52.2 percent) was due to men's falling real earnings. The slowdown in real earnings growth for women during the later portion of this period is even more disturbing. From 1989 to 1997, more than two-thirds (71.5 percent) of the narrowing of the gap was due to the fall in men's real earnings (IWPR, 1998).

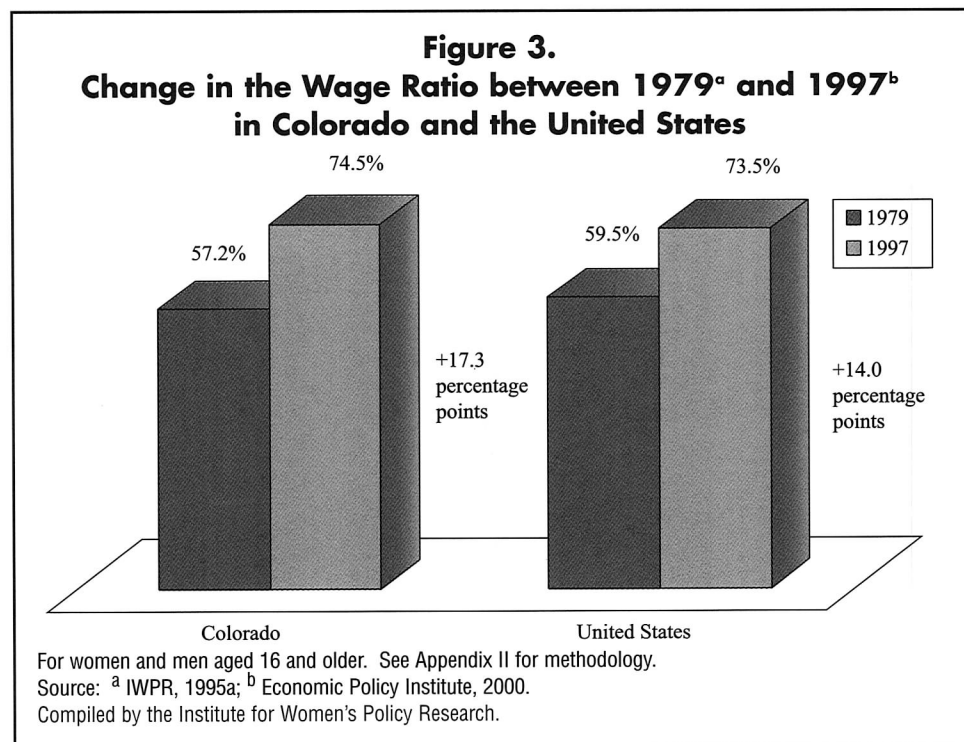
Colorado moved ahead of the United States as a whole in increasing women's annual earnings relative to men's between 1979 and 1997 (see Figure 3). In Colorado, the annual earnings ratio increased by 17.3 percentage points, compared with an increase of 14.0 percentage points in the United States.

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 Colorado earned 74.6 percent of men's weekly earnings for full-time work. This ratio indicates that Colorado ranks at about the national median (25th in the nation) in this ratio of female-male median weekly earnings, considerably lower than its rank on annual earnings. This difference may result because women who work full-time only part of the year may earn less on a weekly basis than those who work year-round. 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 Colorado and the United States saw their median annual earnings increase substantially more than women with lower levels of educational attainment. As Table 5 shows, Colorado experienced increases that ranged from 0.4 percent (in constant dollars) for women with some college to 23.9 percent for those with more than a four-year college educa-



tion, while women who had not completed high school experienced an earnings decrease of 9.1 percent, and women with only a high school diploma had earnings declines averaging 6.3 percent.

In contrast, women's relative earnings (as measured by the female/male earnings ratio) increased for all groups. Those with the lowest educational attainment (less than high school completion) experienced the largest narrowing of the wage gap (36.6 percent). This occurred in spite of the actual decline in earnings, suggesting that male earnings fell even more than those of women who had not completed high school. Women with a college degree also experienced a relatively large narrowing (31.2 percent) in the earnings ratio, while those with more than a college degree experienced the smallest narrowing in the earnings ratio (8.0 percent), indicating that men at this educational level also had substantial earnings gains.

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

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

Educational Attainment	Women's Median Annual Earnings 1997 ^a	Percent Change in Real Earnings 1979 ^b and 1997 ^a	Female/Male Earnings Ratio, 1997 ^a	Percent Change in Earnings Ratio, 1979 ^b and 1997 ^a
Less than 12th Grade	\$16,331	-9.1	76.8%	+36.6
High School Only	\$20,623	-6.3	66.9%	+9.2
Some College	\$24,037	+0.4	76.0%	+21.3
College	\$33,638	+20.4	79.7%	+31.2
College Plus	\$41,745	+23.9	69.0%	+8.0

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

Source: ^a Economic Policy Institute, 2000; ^b IWPR, 1995a.

Calculated by the Institute for Women's Policy Research.

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, 68.1 percent of women in Colorado were in the labor force, compared with 59.8 percent of women in the United States, earning Colorado the rank of third in the nation. Men's labor force participation rate in Colorado was also higher than the rate for men in the United States as a whole (see Figure 4)

Unemployment and Personal Income Per Capita

In Colorado, a smaller percent of workers were unemployed than in the nation as a whole in 1998. The unemployment rate in Colorado was 4.0 percent for women and 3.7 percent for men, compared with the nation's 4.6 percent for women and 4.4 percent for men (see Figure 5).

While Colorado experienced slightly less than average unemployment rates in 1998, its experience during the 1980s and 1990s was mixed. Colorado experienced much lower than average rates during the early 1980s, but beginning in 1985 its rates exceeded the national average. As a result, personal

income per capita in Colorado grew more slowly than it did for the nation between 1980 and 1990 (13.0 percent versus 19.9 percent; see Table 6). From 1990 to 1998, as the unemployment rate decreased below the national average, income per capita in Colorado grew 8.8 percentage points faster than the nation. Colorado has a strong and growing economy.

Part-Time and Full-Time Work

Colorado's female labor force is about as likely to work part-time as are women nationally (24.7 percent compared with 24.8 percent) and less likely to be unemployed (4.0 percent versus 4.6 percent), while the percent of the female work-

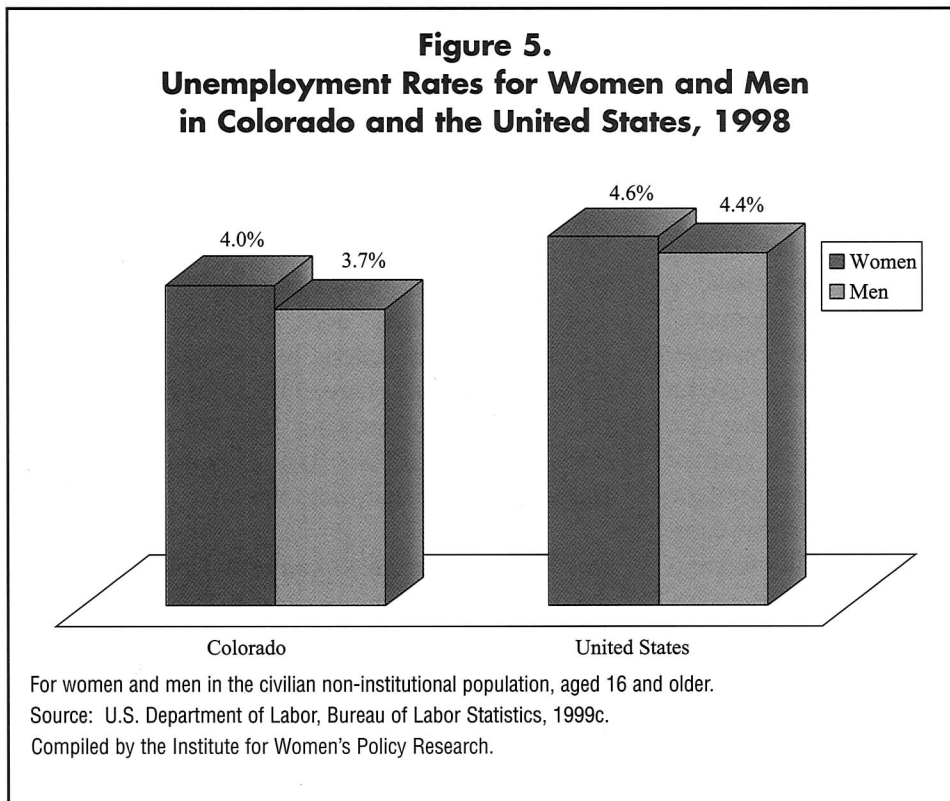
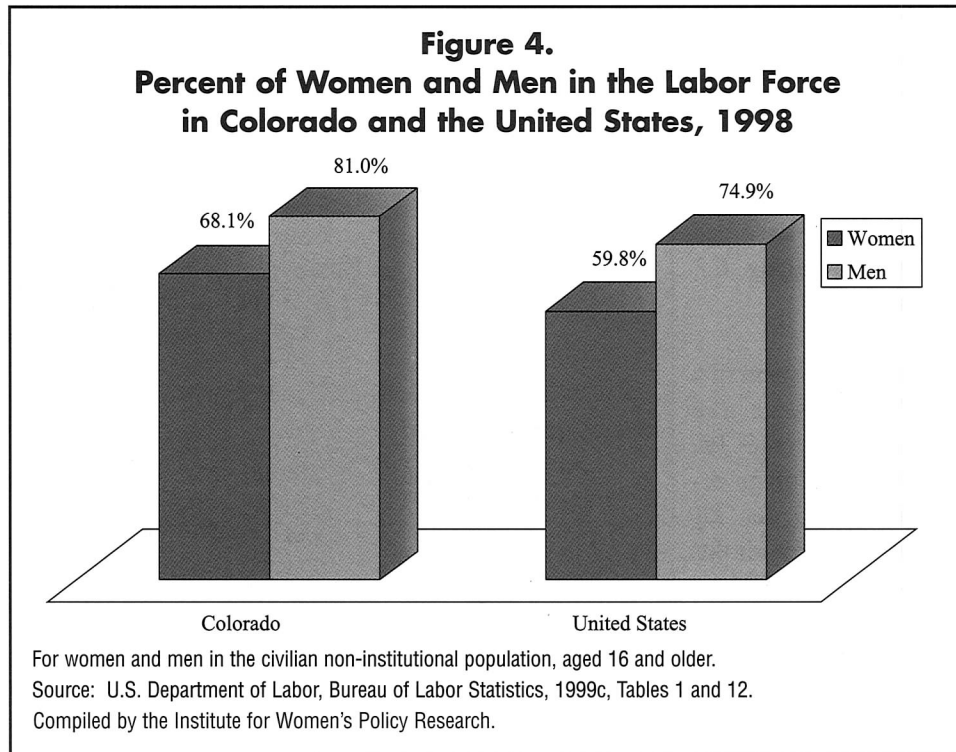


Table 6.
Personal Income Per Capita for Both Men and Women in Colorado and the United States, 1998

	Colorado	United States
Personal Income Per Capita, 1998	\$28,657	\$26,412
Personal Income Per Capita, Percent Change*:		
Between 1990 and 1998	+22.5	+13.7
Between 1980 and 1990	+13.0	+19.9
Between 1980 and 1998	+38.4	+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 Colorado and the United States, 1998

	Colorado		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	1,040,000	1,206,000	63,714,000	73,959,000
Percent Employed Full-Time	71.3	85.9	70.7	85.5
Percent Employed Part-Time*	24.7	10.4	24.8	10.2
Percent Voluntary Part-Time	21.5	8.8	20.8	8.2
Percent Involuntary Part-Time	1.5	0.8	2.3	1.4
Percent Unemployed	4.0	3.7	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.

force in Colorado employed full-time is slightly above the national average (71.3 percent versus 70.7 percent). The percent of women in the labor force who are "involuntary" part-time employees—that is, they would prefer full-time work were it available—is slightly lower than in the

United States as a whole (1.5 percent and 2.3 percent, respectively; see Table 7). This pattern reflects national trends, in which involuntary part-time work is highly correlated with unemployment rates (Blank, 1990); thus the slightly lower unemployment rate in Colorado corresponds with a slightly lower rate of involuntary part-time employment. A slightly larger proportion of Colorado's female labor force is working part-time voluntarily compared with the United States as a whole (21.5 percent in Colorado and 20.8 percent respectively).

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 involun-

tary 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.

Labor Force Participation of Women by Race/Ethnicity

According to analysis of data from the Current Population Survey from 1996-98, 68.6 percent of women of all races aged 16 and older in Colorado were in the labor force in those years, a rate considerably higher than in the United States as a whole, 60.1 percent (see Table 8; see Appendix II for details on the methodology used for the 1996-98 Current Population Survey data presented in this report). White women's labor force participation rate was also much higher in Colorado than in the United States as a whole (70.3 percent compared with 60.2 percent; see Table 8). African American women historically have had a higher labor force participation rate than white and Hispanic women and did so in 1997 nationally. In Colorado, however, African American women had an average labor force participation rate that was 4.6 percentage points lower than white women. Nationally, Hispanic women traditionally have the lowest average participation rates among women. Nonetheless, Hispanic women in Colorado had a higher rate than in the United States as a whole (61.5 percent compared with only 55.8 percent nationally). Labor force participation rates were 59.8 percent in the nation as a whole and only 54.9 percent in Colorado for all other women, including Asian American and Native American women, making this the category with the lowest labor force participation rates. Separate data for Asian American women were not available for 1997; however, in 1990, Asian American women had the highest participation rate (60.2 percent) of women in the United States as a whole. The national labor force participation rate for Native American women was 55.4 percent in

1990 (Population Reference Bureau, 1993); data were not available for Native American women in either Colorado or the nation as a whole for 1997.

Labor Force Participation of Women by Age

Workforce participation varies across the life cycle. The highest participation generally occurs between ages 25 to 44, which are also generally considered the prime earning years. Table 9 shows the relationship between labor force participation and age for women in Colorado and in the United States as a whole. Women in Colorado generally have higher labor force participation than their U.S. counterparts. Nationally, the highest labor force participation of women occurs between ages 35-44, with just over 77 percent of these women working. In Colorado, in contrast, the highest level of labor force participation occurs between ages 45-54, with 82.7 percent in the workforce (compared with 76.3 percent in the United States as a whole), but rates are also very high for women aged 20-44. Young women in their teens (16-19), many of whom are attending school, are much less likely to participate

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

Race/Ethnicity	Colorado		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Races	1,050,000	68.6	64,027,000	60.1
White*	880,000	70.3	47,124,000	60.2
African American*	28,000	65.7	8,317,000	63.4
Hispanic	114,000	61.5	5,771,000	55.8
Asian American/ Other*	27,000	54.9	2,815,000	59.8

For women aged 16 and older.

*Non-Hispanic.

Hispanics may be of any race.

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.

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

Age Groups	Colorado		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Ages	1,050,000	68.6	64,027,000	60.1
Ages 16-19	69,000	63.4	4,046,000	52.7
Ages 20-24	114,000	81.2	6,420,000	73.0
Ages 25-34	254,000	79.6	15,087,000	76.6
Ages 35-44	278,000	81.2	17,352,000	77.3
Ages 45-54	223,000	82.7	13,440,000	76.3
Ages 55-64	95,000	58.9	6,005,000	51.6
Over 65	18,000	9.4	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.

tion rate for women with children in the United States tends to be higher than the rate for all women (70.3 percent versus 60.1 percent in 1997). This is partially explained by the fact that the overall labor force participation rate is for all women aged 16 and older; thus both teenagers and retirement-age women are included in the statistics even though they have much lower labor force participation. Mothers, in contrast, tend to be in age groups with higher labor force participation. This is also true in Colorado, with 75.3 percent of women with children under age 18 in the workforce com-

pared with 68.6 percent of all women in Colorado in 1997. Women with children are also more likely to engage in labor market activity in Colorado than in the United States as a whole (75.3 percent versus 70.3 percent; see Table 10).

in the labor market than any other age group except the pre-retirement and retired cohorts. In Colorado, 63.4 percent of teenage women reported being in the labor force, much higher than the reported 52.7 percent for female teens in United States as a whole. As women near retirement age, they are much less likely to work than younger women. In the United States, women aged 55-64 have labor participation rates of only 51.6 percent. In Colorado, substantially more, 58.9 percent, of these women are in the workforce. Women aged 65 and older have similar labor force participation rates in Colorado as in the United States as a whole; only about 9 percent are working or looking for work in that age group.

Labor Force Participation of Women with Children

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In 1998, 59 percent of women with children under age one were in the labor force, compared with 31 percent in 1976 (U.S. Department of Commerce, Bureau of the Census, 2000). In general, the workforce participa-

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 parent's sibling or child's grandparent) to provide care; using a babysitter in one's own home or in the babysitter's home; using a group child care center; or leaving the child unattended (U.S. Department of Commerce, Bureau of the Census, 1996b).

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

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

ally receive subsidies under the federal government's Child Care and Development Fund. In Colorado, a lower proportion, 9 percent, of these children do (see Table 11). In addition, as of 1997-98, Colorado maintained stricter criteria for receiving child care subsidies than those required by federal law. If state income eligibility limits were equal to the federal maximum, 226,300 children would be eligible for subsidies, while in Colorado only about 62 percent of that number, or 139,100 children, were eligible under existing state eligibility policies.

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

	Colorado	United States
	Percent in the Labor Force	Percent in the Labor Force
Women with Children		
Under Age 18*	75.3	70.3
Under Age 6*	70.2	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.

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

	Colorado	United States
Eligibility**		
Number of Children Eligible under Federal Provisions	226,300	14,749,300
Number of Children Eligible under State Provisions	139,100	9,851,100
Receipt		
Number and Percent of Children Eligible under Federal Law Receiving Subsidies in the State	20,170 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.

These stricter limits can make it more difficult for many women, especially single mothers, to enter the labor market. On the other hand, in 2000, the Colorado State legislature increased the state child care income eligibility limit to 225 percent from 185 percent of the federal poverty level (Colorado, 2000). Nonetheless, Table 11 shows that many Colorado families in need of financial support for child care were not receiving it as of 1998.

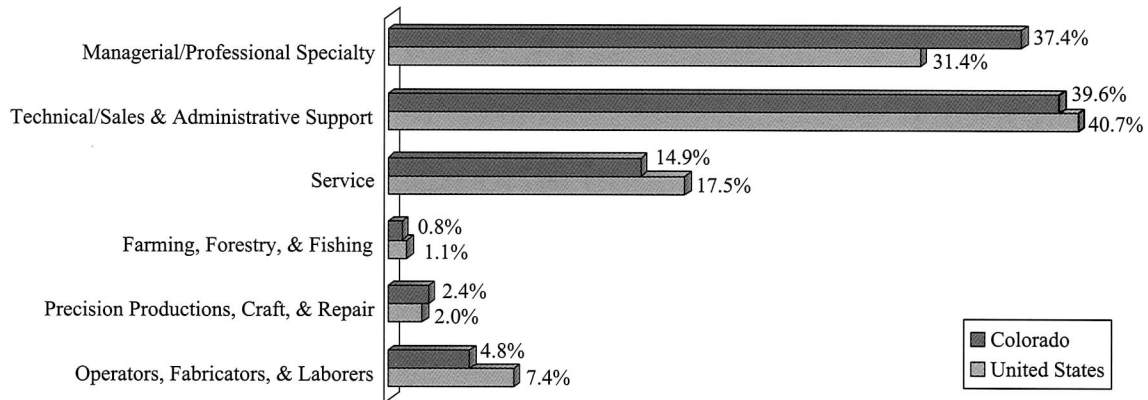
In addition to caring for children, many women provide care for friends and relatives who experience long-term illness or disability. Although few data on caregiving exist, recent research suggests that about a quarter of all households in the United States are giving or have given care to a relative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

resources, and they too require policies designed to lessen the burden of long-term care. Nonetheless, few such policies exist, and this kind of caregiving remains an issue for state and national policymakers to address.

Occupation and Industry

The distribution of women in Colorado across occupations diverges somewhat from the distribution found in the United States as a whole. In the United States, technical, sales and administrative support occupations provide 40.7 percent of all jobs held by women (see Figure 6a). In this respect, women in Colorado are similar to the nation as a whole, with 39.6 employed in technical, sales and administrative support occupations. In contrast, women in Colorado are substantially less likely than women in the United States to work in service occupations (14.9 percent versus 17.5 percent) or as operators, fabricators and laborers (4.8 percent versus 7.4 percent, respectively). On the other hand, women in Colorado are considerably more likely to work in managerial and professional specialty occupations than women in the United States (37.4 percent ver-

Figure 6a.
Distribution of Women Across Occupations
in Colorado 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.

Focus on Women and Technology in Colorado

From 1990-96, Colorado was third in the nation in the number of jobs created in high-technology industries (defined as high-tech manufacturing, software and computer-related services, and telecommunications). Colorado has the second-highest concentration of high-tech workers in the nation (American Electronics Association, 1997).

Did you know?

- ◆ Forty-four percent of all people completing associates degrees in computer information science in 1998 were women (Fitzpatrick, 1999).
- ◆ Colorado women's completion of associates degrees in computer information science increased by 35 percent from 1994 to 1998 (Fitzpatrick, 1999).
- ◆ The number of women completing bachelors degrees in computer information science in Colorado increased by 10 percent from 1994 to 1998 (Fitzpatrick, 1999).

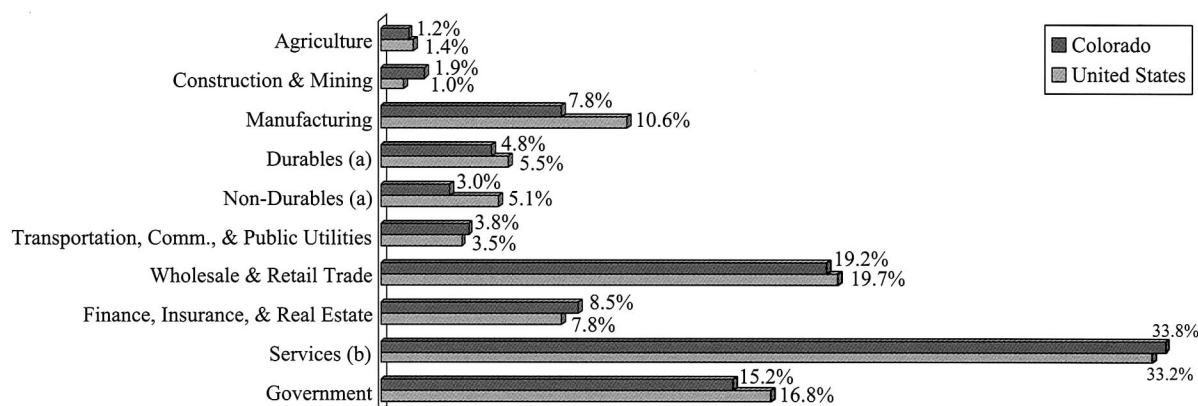
However...

- ◆ For all degrees higher than the associates degree, women make up a small proportion of completers (13 to 25 percent) in the fields that are most likely to lead to jobs in the high-tech sector, such as computer science and electrical engineering (Fitzpatrick, 1999).
- ◆ Young men in Colorado are more than six times more likely to aspire to a major in computer science than young women (Fitzpatrick, 1999).
- ◆ In electrical and computer engineering, the number of Colorado women receiving bachelor's degrees declined by 39 percent from 1994 to 1998 (Fitzpatrick, 1999).

Leadership Profile – Catherine M. Hapka

Catherine M. Hapka is chairman, CEO and founder of Rhythms NetConnections Inc., a Colorado-based, North American provider of broadband communication services. Hapka was formerly Executive Vice President of US WEST Communications, Inc., where she oversaw the units responsible for the voice, data, wireless, video and long distance businesses and was accountable for \$7.5 billion in revenues. She also spearheaded the start-up and expansion of US WEST's INTERPRISE Networking Services Unit.

Figure 6b.
Distribution of Women Across Industries
in Colorado 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 the manufacturing.
 (b) Private household workers are included in the services.
 Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c, Table 15.
 Compiled by the Institute for Women's Policy Research.

sus 31.4 percent). As a result, Colorado ranks third in the nation and first in the Mountain West region for the proportion of its female labor force employed in professional and managerial occupations.

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

The distribution of women in Colorado across industries is similar in many ways to that of the

United States as a whole (see Figure 6b). In Colorado, 33.8 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—19.2 percent—of women in Colorado work in these industries. About 16.8 percent of the nation's women work in government, while slightly more than 15 percent of the women in Colorado do. Colorado women are substantially less likely to work in the manufacturing (durables or non-durables) industries and somewhat more likely to work in the finance, insurance and real estate (F.I.R.E.) industry than are women in the United States as a whole, echoing the pattern shown in the occupational distribution above—a disproportionately white-collar economic base with correspondingly less blue-collar work (for more detail see Focus on Women and Technology in Colorado).

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, child-bearing 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.

With its composite index of second among all the states, Colorado ranks near the top of all states on three individual indicators of economic autonomy. The state's national rankings for women's business ownership (third) and women's educational attainment (fourth) are particularly high (see Chart V). Colorado is also tenth for the percentage of women above poverty. Although Colorado ranks much lower in women's health insurance coverage (30th), this ranking is not low enough to substantially lower its rank on the composite economic autonomy index. Finally, Colorado ranks first in its region overall and first or second on all four of the component indicators of economic autonomy.

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

Indicators	National Rank* (of 51)	Regional Rank* (of 8)	Grade
Composite Economic Autonomy Index	2	1	B
Percent with Health Insurance (among nonelderly women, 1997) ^a	30	2	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990) ^b	4	1	
Women's Business Ownership (percent of all firms owned by women, 1992) ^c	3	2	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1997) ^d	10	2	

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 eight and refer to the states in the Mountain West Region (AZ, CO, ID, MT, NM, NV, UT, WY).

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

Calculated by the Institute for Women's Policy Research.

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

	Colorado		United States	
	Women	Men	Women	Men
Number	1,260,000	1,269,000	85,132,000	81,458,000
Percent Uninsured	16.2	19.5	18.5	21.0
Percent with Employer-Based Health Insurance	68.8	68.1	66.4	67.4
Own Name	44.7	56.0	40.1	54.9
Dependent	24.1	12.1	26.4	12.5
Percent with Public Insurance	9.2	7.5	12.5	8.7
Percent with Individually- Purchased Insurance	9.1	8.2	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.

Despite Colorado's relatively high rankings on most of the indicators of economic autonomy, women have far less access than men to the resources identified as important. Throughout the country, men are more likely to have a college education, own a business, and live above the poverty line than women are. Although women generally 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 Colorado do not diverge from these basic patterns; however, women in the state have considerably more resources than women in most other states. As a result, Colorado received a grade of B on the economic autonomy composite index.

Access to Health Insurance

Women in Colorado are more likely than women in the nation as a whole to have health insurance. In Colorado, 16.2 percent of women, compared with 18.5 percent in the United States, are not insured (see Table 12). Colorado ranks 30th among all states and second in the Mountain West region for the proportion of women who are insured (although the state's percentage of insured women is higher than

that for the United States as a whole, because the average for the country as a whole is lower than the median percentage of the individual states, Colorado ranks below the midpoint).

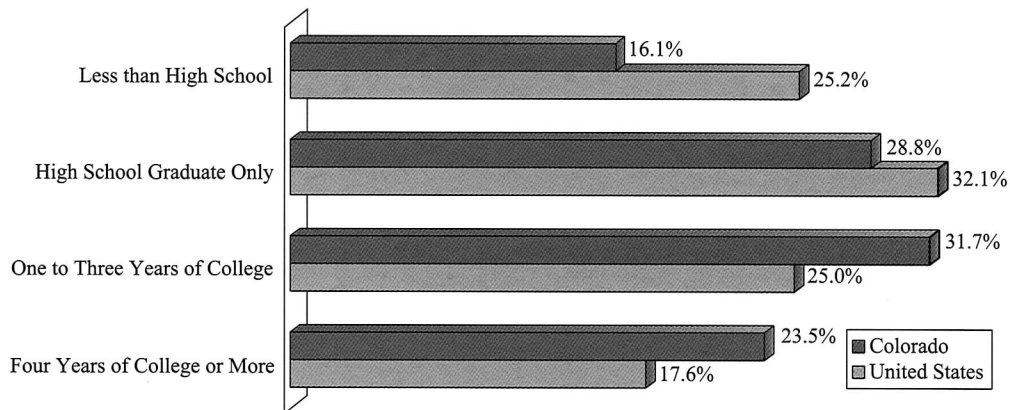
On average, women and men in Colorado have somewhat more access to employer-based health insurance than women and men in the United States as a whole (68.8 percent and 66.4 percent, respectively, for women; 68.1 percent and 67.4 percent, respectively, for men). Colorado women

are more likely to have employer-based health insurance in their own name than are women nationally (44.7 percent versus 40.1 percent), but they are less likely to have health insurance through family members (24.1 percent) than are women in the nation as a whole (26.4 percent). In the United States as a whole, women tend to have health insurance coverage from public sources, such as Medicaid, at higher rates than men. In Colorado, the rate of publicly insured women is higher than it is for men (9.2 and 7.5 percent, respectively). Nonetheless, it is below the rate for women in the country as a whole (12.5 percent). Finally, a substantially higher proportion of women in Colorado have individually-purchased coverage, at 9.1 percent versus 6.4 percent for women in the nation as a whole.

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

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



Source: Population Reference Bureau, 1993.

Compiled by the Institute for Women's Policy Research.

women and 82.7 percent of men). During the same period, the percent of women with four or more years of college increased by three-fifths, from 13.6 percent in 1980 to 22.4 percent in 1997 (compared with 26.5 percent of men in 1997), bringing women closer to closing the education gap (U.S. Department of Commerce, Bureau of the Census, 1998a, 1998c).

In general, women in Colorado have substantially more college experience than women in the nation as a whole. In 1990, 55.2 percent of women in Colorado 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 Colorado, at 31.7 percent, the proportion of women with one to three years of college was 6.7 percentage points higher than the national average, while the percent of women with four or more years of college, at 23.5 percent, was about 5.9 percentage points higher than the national average. The proportion of women older than 25 in Colorado without high school diplomas was much smaller than that of women in the United States as a whole (16.1 percent and 25.2 percent, respectively). Colorado's women are better educated on average than women in the United States as a whole, accounting for their rank of fourth among all states and first in their region on women's educational attainment.

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 36.1 percent in Colorado, substantially 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 121,659 firms in Colorado and women-owned businesses employed 124,277 people (see Table 13). In Colorado, 55.8 percent of women-owned firms were in the service industries and the next highest proportion (16.9 percent) was in retail trade (see Figure 8). Business receipts of women-owned businesses in Colorado rose by 104.9 percent (in constant dollars) between 1987 and 1992. This growth is substantially higher than the increase of 87.0 percent in business receipts for

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

	Colorado	United States
Number of Women-Owned Firms*	121,659	5,888,883
Percent of All Firms that Are Women-Owned	37.6	34.1%
Percent Increase, 1987-1992	36.1%	43.1%
Total Sales & Receipts (in billions, 1992 dollars)	\$10.8	\$642.5
Percent Increase (in constant dollars), 1987-1992	104.9%	87.0%
Number Employed by Women-Owned Firms	124,277	6,252,029

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

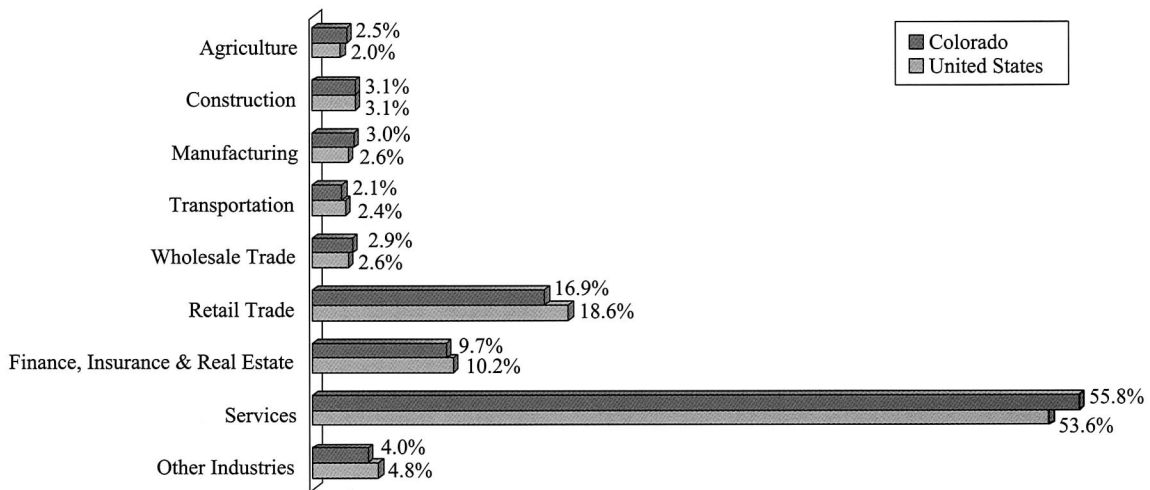
Source: U.S. Department of Commerce, Bureau of the Census, 1996a.
Compiled by the Institute for Women's Policy Research.

In 1992, the U.S. Bureau of the Census reported that women owned more than 6.4 million firms nationwide, employing over 13 million persons and generating \$1.6 trillion in business revenues (unlike the figures in Table 13, these numbers include all women-owned businesses, including Type C corporations; U.S. Department of Commerce, Bureau of the Census, 1996a). Projecting women's business growth rates forward from 1987 to

women-owned firms and much higher than the 34.9 percent increase for all firms in the United States during the same time period, also adjusted for inflation (data not shown). Colorado ranks third in the nation and second in the Mountain West region in women's business ownership.

1992 and including Type C corporations, the National Foundation for Women Business Owners (NFWBO) estimates the 1999 number of women-owned firms for Colorado to be 181,500 of the more than 9.1 million estimated for the United States as a whole (NFWBO, 1999).

Figure 8.
Distribution of Women-Owned Firms Across Industries
in Colorado 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.

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 self-employed is influenced by many factors. An IWPR study shows that self-employed women tend to be older and married, have no young children, and have higher levels of education than the average. They are also more likely to be covered by another person's health insurance (Spalter-Roth, Hartmann and Shaw, 1993). Self-employed women are more likely to work part-time, with 42 percent of married self-employed women and 34 percent of nonmarried self-employed women working part-time (Devine, 1994).

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

Moreover, some self-employed workers are independent contractors, a form of work that can be largely contingent, involving temporary or on-call work without job security, benefits, or opportunity for advancement. Even when working primarily for one client, independent contractors may be denied the fringe benefits (such as health insurance and employer-paid pension contributions) offered to wage and salaried workers employed by the same

client firm. The average self-employed woman who works full-time, year-round at just one type of self-employment has health insurance an average of only 1.7 months out of twelve, while full-time wage and salaried women average 9.6 months (those who lack health insurance entirely are also included in the averages; Spalter-Roth, Hartmann and Shaw, 1993).

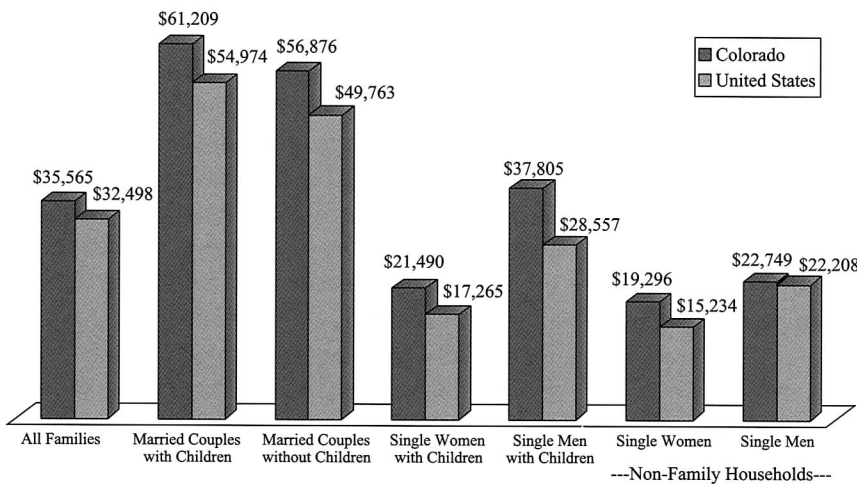
Overall, however, recent research finds that the rising earnings potential of women in self-employment compared with wage and salary work explains most of the upward trend in the self-employment of married women between 1970 and 1990. This suggests that the growing movement of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Women in Colorado are more likely to be self-employed than women in the United States. In 1997, 7.5 percent of working women in Colorado 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 impedes their ability to ensure their families' financial security, particularly for single mothers. In the United States, the median family income for single women with children was \$17,265 in 1997, while that for married couples with children was \$54,974 (see Figure 9). Figure 9 also shows that household income was higher on average for all family types in Colorado than in the United States as a whole, including families of single women with children.

In addition, in 1997 the proportion of women in poverty in Colorado was substantially lower than that of women in the United States—9.6 percent and 13.1 percent, respectively (see Figure 10). Thus Colorado ranks tenth in the nation and second of the eight states in the Mountain West region for women living above poverty. Utah has the least poverty in the region, at 8.6 percent of women living below the poverty line.

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



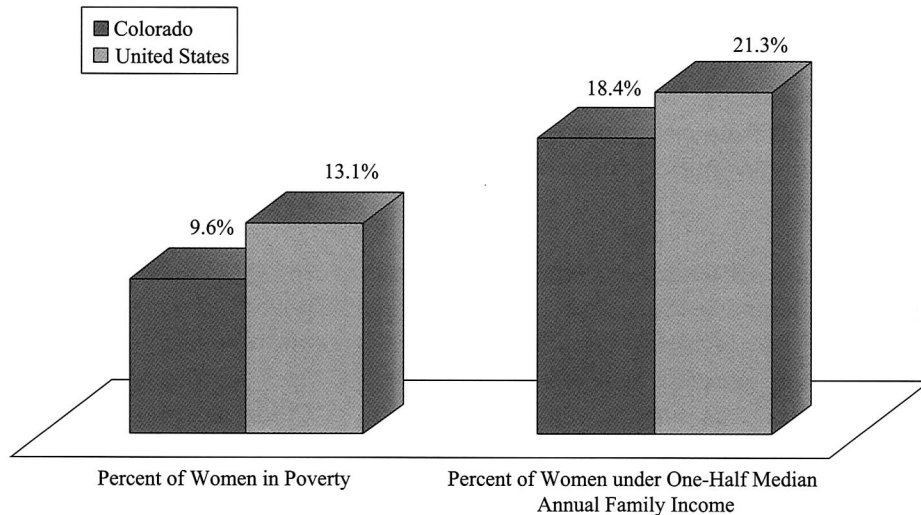
Source: Economic Policy Institute, 2000.
 Compiled by the Institute for Women's Policy Research.

is the same for all states. Figure 10 also shows the proportion of women living under one-half median family income in the state and in the United States as a whole. Overall, this measure shows much higher rates of hardship than the poverty rate does. In the United States as a whole, the proportion of women living in families with less than one-half median family income was 21.3 percent in 1997, much higher than the percent of women living in families with incomes below the federal poverty line (13.1 percent). In Colorado, 18.4 percent of women were living in

Since Colorado is a high-income state, and many high-income states also have high costs of living, Colorado's low rates 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

families with less than one-half median family income, nearly double the poverty rate among

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



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

Focus on Colorado's Self-Sufficiency Standard

Self-sufficiency standards are used to demonstrate the level of income needed for various family types to provide for themselves without receiving private or public assistance. Self-sufficiency standards take into account the major factors that an individual family needs in order to maintain a reasonable standard of living. Factors such as housing, food, child care, transportation, health care, taxes and miscellaneous expenses are included in standards.

Illustration 2 outlines the amount of money and percentage of monthly income that a one-parent family (single adult with two children, aged three and six) needs to provide for themselves in both the Denver Metro area and rural Yuma County. The total yearly expenses incurred by a one-parent family far exceed the annual per capita personal income in both the Denver metro area and Yuma County. Per capita income in the Denver metro area is about \$3,770 less than the self-sufficiency standard. In Yuma county the difference is even larger; per capita income is about \$10,644 less than the self-sufficiency standard.

The discrepancy between the self-sufficiency standard and wages is even more dramatic for low-wage workers. Full-time, minimum-wage workers in the Denver Metro area earn only 29 percent of the \$37,042 necessary for self-sufficiency. Likewise, in Yuma county, full-time minimum wage workers earn only 32 percent of the \$33,815 needed to provide for themselves and their family. This self-sufficiency standard demonstrates that the costs of living in Colorado far exceed per capita annual income and the annual earnings of minimum-wage workers.

Focus Box Illustration 2. Self-Sufficiency Standard for a Single Adult with Two Children in Denver Metro Area and Yuma County

	Monthly Expenses	
	Denver	Yuma County
Housing	\$664.00	\$495.00
Food	\$356.55	\$356.55
Child Care	\$780.00	\$660.00
Transportation	\$220.69	\$220.69
Health Care	\$329.84	\$358.08
Miscellaneous	\$235.66	\$313.55
Taxes	\$500.15	\$414.12
Total Monthly Expenses	\$3,086.89	\$2,817.99
Total Annual Expenses	\$37,042.70	\$33,815.66
Per Capita Personal Income	\$33,727.00	\$23,171.00
Total Deficit	-\$3,315.70	-\$10,644.66
Annual Full-Time Minimum Wage Salary	\$10,712.00	\$10,712.00
Total Deficit	-\$26,330.07	-\$23,103.66

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

Compiled by the Institute for Women's Policy Research.

Focus on Women's Economic Security in Colorado

Many of Colorado's women have benefited from the state's strong economy over the past few years, but others have been left behind. While women's workforce participation and median weekly earnings in Colorado are both relatively high compared to the national average, many Colorado women still struggle for economic security.

Did you know?

- ◆ Between July 1997 and June 1999, Colorado's welfare roles under TANF declined by 50 percent—from 27,898 to 13,506 recipients (London and Valvano, 1999).

However...

- ◆ Between 52 and 55 percent of former TANF recipients were employed in the three months after their exit from welfare, while as many as 30 percent of former recipients were not employed after leaving welfare. For those former recipients who were employed, earnings were low, ranging from \$2,100 to \$2,400 for a three-month period. These earnings equate to only \$8,400 to \$9,600 a year, well below the federal poverty threshold (London and Valvano, 1999).
- ◆ Colorado's female-headed households with children under age 18, which constitute 18.9 percent of Colorado households (IWPR, 1995a), and which on average earn less than any other type of household, are particularly affected by the increasing cost of housing statewide. Housing prices continue to increase at an average rate of 8.5 percent per year for rentals and 8.7 percent per year for units for sale. Wages in many of the largest sectors of Colorado's economy are not keeping pace, and many Colorado households, especially those of single mothers, are losing ground (Colorado Department of Local Affairs, Division of Housing, 1999).
- ◆ In Colorado, rent increased 61 percent from 1992-95, while renters' incomes increased only 13 percent. As a result, over 88,000 families spend more than 50 percent of their income on rent (Vasquez, 2000).
- ◆ Forty-four percent of the homeless adults in metro Denver are women, and half of metro Denver's homeless are families with children. Of the more than 6,000 homeless in Denver, 43 percent were from the suburbs, 38 percent from the city, 5 percent from elsewhere in Colorado, and 14 percent were from out-of-state (Roberts, 2000).

Leadership Profile – Heather Line

Heather Line is Chair of the Board of Directors of People United for Families (PUFF), a Denver-based grassroots advocacy organization made up of low-income individuals and families working to make their voices heard on public policy issues and to break through negative stereotypes many single parents face. A single mother and TANF recipient, Line is working toward certificates in early childhood development and office administration and is employed at Marycrest Food and Clothing Bank. Her testimony to the Colorado Legislature was instrumental in passing important reform in Colorado Works, the state's TANF policy.

women. Nevertheless, the percent of women living under one-half median family income in Colorado is 2.9 percentage points lower than that for the nation as a whole, indicating that women in Colorado fare better than women nationally in terms of family income, though not as much better as the difference between the U.S and Colorado poverty rates (3.5 percentage points) would indicate. Colorado's better-than-national showing reflects its relatively high earnings for women and its strong economy (for more detail see Focus on Colorado's Self-Sufficiency Standard).

Along with Colorado's lower overall rate of female poverty, the poverty rate for single women with children is considerably lower than the nationwide rate (34.3 percent and 41.0 percent, respectively). Still, in Colorado 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 the noncash benefits they receive would reduce their poverty rates, adding the cost of child care for working mothers would

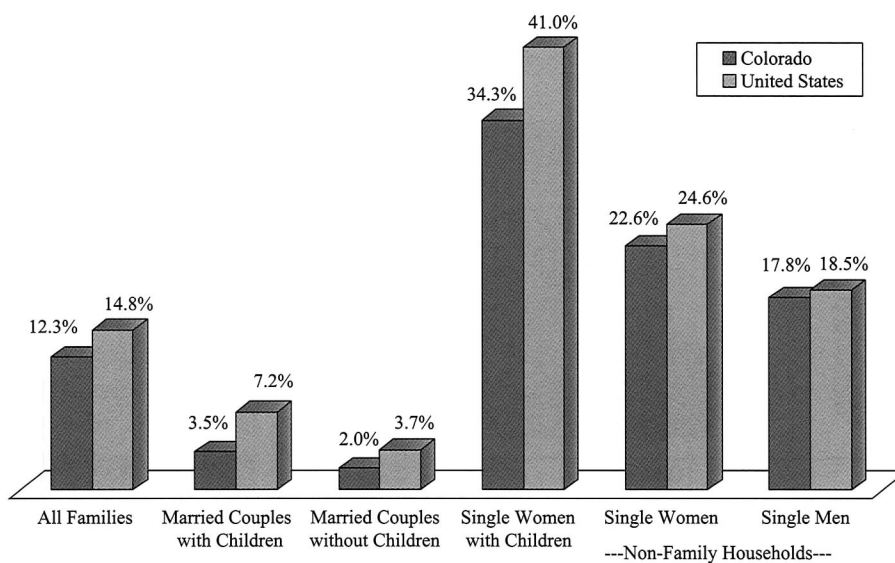
increase the calculated poverty rates both in Colorado and the nation (Renwick and Bergmann, 1993). Child care costs were not included at all in family expenditures when federal poverty thresholds were developed. However, for the country as a whole, single parents who do not work have basic cash needs 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, eliminating the wage gap, and thus raising women's wages to a level equal to those of men with similar qualifications, would cut the poverty rate among

married women and single mothers in half. In Colorado, poverty among single-mother households would drop by more than half (Hartmann, Allen and Owens, 1999). As a result, while eliminating the wage gap would not completely eliminate poverty or hardship—especially for women and men in low-wage jobs—pay equity provisions would help many women support their families.

Finally, despite the overall growth in women's earnings and a strong economy, in most states—including high

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



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

earnings states like Colorado—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 Colorado, families in the top 20 percent received 8.1 times as much income as those in the bottom 20 percent in 1996-98, showing much lower inequality among families than nationally (Bernstein, McNichol, Mishel and Zahradnik, 2000). Nonetheless, the state still saw a growth in inequality from 1978-80, when the ratio of income in families in the top 20 percent to those in the bottom 20 percent was 6.8 (for more detail see Focus on Women's Economic Security in Colorado).

State Safety Nets for Economic Security

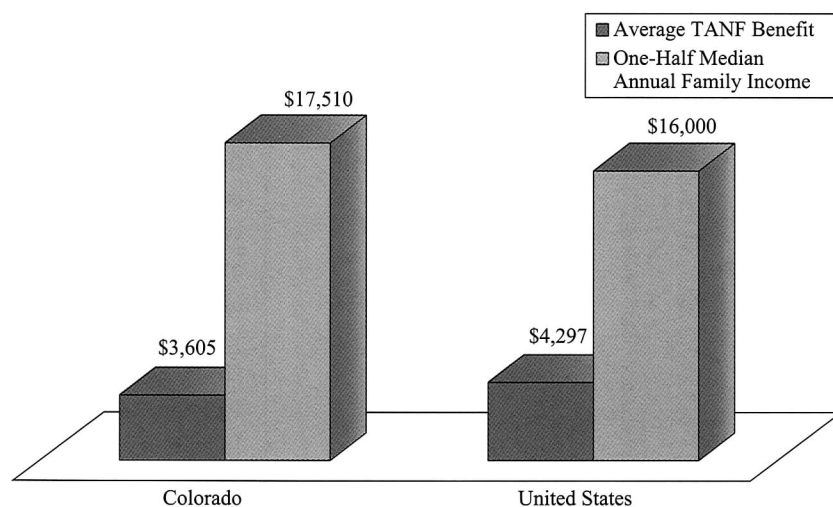
The amount of cash benefits varies widely from state to state. Figure 12 compares the size of

Colorado'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 Colorado as in all of the United States, TANF benefits are substantially below one-half median income. In addition, its cash benefits are lower than the U.S. average, even though one-half median family income is higher than for the United States as a whole. Nationally, TANF cash benefits average about 27 percent of one-half median family income; in Colorado TANF cash benefits average less than 21 percent of one-half median family income.

Colorado also does a worse than average job of providing a safety net for employed women. The unemployment rate for women in Colorado (4.0 percent) is slightly less than the national average of 4.6 percent (see Table 7). Unfortunately, the percent of

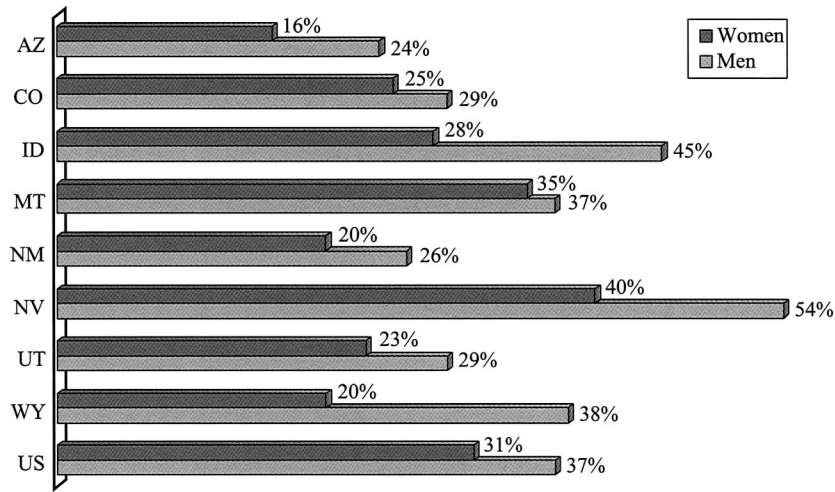
unemployed women in Colorado receiving unemployment insurance (UI) benefits (25 percent) is also lower than in the United States as a whole (31 percent; see Figure 13). The same is true for unemployed men in Colorado—the percent of unemployed men is lower and the rate of UI benefit receipt for men is lower in Colorado than nationwide. Moreover, in Colorado the rate of UI benefit receipt for women is approximately four percentage points lower than the rate of UI benefit receipt for men. In most of the other states of the Mountain

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



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

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



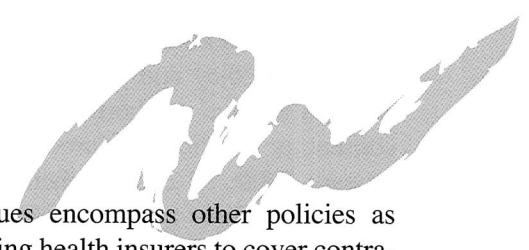
Source: U.S. Department of Labor, Employment and Training Administration, Unemployment Insurance Service, 1999.
 Compiled by the Institute for Women's Policy Research.

West, the discrepancy between men and women is even larger than in Colorado. The Mountain West states do not provide a strong safety net for workers between jobs. Only in Montana are rates of UI benefit receipt similar for women and men, at 35 percent and 37 percent, respectively. And only in Montana and Nevada are rates or benefit receipt

equal to or higher than the national rates for both women and men.

In Colorado, a state with a strong economy and high rankings in both the employment and earnings and economic autonomy indices, the safety net for women needs substantial improvement.

Reproduction and Family Planning



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 reproduction and family planning composite index shows that Colorado, which ranks third in its region and 25th in the nation, ranks about average among states for measures of women's access to reproductive resources. As in most states, while women in Colorado enjoy access to some rights and resources crucial to their reproductive freedom, many policies and provisions remain inadequate (see Chart VI, Panel A). Like most states, Colorado needs to adopt policies that would more resolutely guarantee women these rights and resources. Colorado's grade of C- on the reproduction and family planning 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

Chart VI. Panel A.
Reproduction and Family Planning: National and Regional Ranks

	National Rank* (of 51)	Regional Rank* (of 8)	Grade
Composite Reproduction and Family Planning Index	25	3	C-

See Appendix II for methodology.

* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of eight and refer to the states in the Mountain West Region (AZ, CO, ID, MT, NM, NV, UT, WY).

Calculated by the Institute for Women's Policy Research.

perform an abortion procedure, while notification laws require they notify one or both parents of the decision to have an abortion. Of the 42 states with consent or notification laws on the books as of January 2000, 32 enforce their laws. Of these 32 states, 15 enforce notification laws and 17 enforce consent laws. In states with notification or consent laws, 37 allow for a judicial bypass if the minor appears before a judge and provides a reason that

parental notification would place an undue burden on the decision to have an abortion. Three states provide for physician bypass, and two allow minors to petition for either judicial or physician bypass. Of the 32 states that enforce consent and notification laws, only Idaho and Utah have no bypass procedure. As of January 2000, Colorado has a parental notification law but does not enforce it (see Chart VI, Panel B; NARAL and NARAL Foundation, 2000).

Chart VI. Panel B.
Components of the Reproduction and Family Planning Composite Index

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Does Colorado allow access to abortion services:				
Without mandatory parental consent or notification? ^{*a}		✓		9
Without a waiting period? ^a	✓			33
Does Colorado provide public funding for abortions under any or most circumstances if a woman is eligible?^a				
		✓		15
What percent of Colorado women live in counties with an abortion provider?^b				
			66%	68%
Is Colorado state government pro-choice?^c				
Governor		✓		15
Senate	✓			13
House of Representatives	✓			7 of 49
Does Colorado require health insurers to provide comprehensive coverage for contraceptives?^a				
		✓	Partial coverage	11
Does Colorado require health insurers to provide comprehensive coverage for infertility treatments?^d				
		✓		10
Does Colorado allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?^{**e}				
		✓	Appellate Court	21
Does Colorado require schools to provide sex education?^a				
		✓		18

^{*} Colorado's parental notification law is not enforced.
^{**} Most states that allow such adoption do so as the result of court decisions. In Colorado, a lower-level court has ruled in favor of second-parental adoption.
 Source: ^a NARAL and NARAL Foundation, 2000; ^b Henshaw, 1998; ^c NARAL and NARAL Foundation, 1999; ^d Stauffer and Plaza, 1999; ^e National Center for Lesbian Rights, 1999.
 Compiled by the Institute for Women's Policy Research.

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, 14 states (with waiting periods ranging from one to 24 hours) enforce their laws. As of January 2000, Colorado is one of 32 states without 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. Colorado is one of 29 states that do not provide public funding for abortions under any circumstances other than those required by 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 in Colorado who live in counties with abortion providers measures the availability of abortion services to women in the state. This proportion ranges from 16 to 100 percent across the states. As of 1996, in the bottom three states, 20 percent or fewer women live in counties with a provider, while in the top six states, more than 90 percent of women live in counties with at least one (Henshaw, 1998). At 66 percent of women in counties with a provider, Colorado's proportion falls near the middle of the nation. In contrast, only 21 percent of all counties in Colorado have abortion providers. Thus many women, particularly in rural counties, have little access to abortion services. In 41 states, more than half of all counties have no abortion provider, and in 21 states more than 90 percent of counties had none (Henshaw, 1998).

Debates over reproduction and family planning policies frequently involve potential restrictions on women's access to abortion and contraception, and the stances of elected officials play an important role in the success or failure of these efforts. To measure the level of support for or opposition to potential

restrictions, the National Abortion and Reproductive Rights Action League (NARAL) examined the votes and public statements of governors and members of state legislatures. NARAL determined whether these public officials would support restrictions on access to abortion and contraception, including (but not limited to) provisions concerning parental consent, mandatory waiting periods, prohibitions on Medicaid funding for abortion and bans on certain abortion procedures. NARAL also gathered official comments from governors' offices and conducted interviews with knowledgeable sources involved in reproductive issues in each state (NARAL and NARAL Foundation, 1999). For this study, governors and legislators who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. In Colorado, the governor was anti-choice, but the majority of members of the state Senate and state House of Representatives were pro-choice.

Other Family Planning Policies and Resources

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

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 Colorado, insurance companies are not required to cover infertility treatments at all (Stauffer and Plaza, 1999).

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

Sexuality education is crucial to giving young women and men the knowledge they need to make informed decisions about their sexual activity and to avoid unwanted pregnancy. In 18 states, schools are required to provide sex education. Of those 18, nine states require that sexuality education teach abstinence and also provide students information about

contraception. Three states require sex education teach abstinence but do not require that schools provide information about contraception. A total of ten states require that schools that teach sex education teach abstinence until marriage. Colorado does not mandate sex education. However, Colorado does mandate that if sex education is taught, schools must include abstinence education but are not required to provide information about contraception (NARAL and NARAL Foundation, 2000). In addition, the Colorado State Legislature mandated in 2000 that school officials must receive prior written approval from a parent or guardian before a child may participate in sex education programs or classes.

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 Colorado are slightly lower than in the nation as a whole. Table 14 shows 64.2 live births per 1,000 women aged 15-44 in Colorado and 65.0 births per 1,000 women aged 15-44 in the United States in 1997.

Table 14 also shows 7.0 infant deaths per 1,000 births in Colorado, slightly lower than the rate for the United States as a whole, at 7.2 infant deaths per 1,000. Infant mortality, however, affects white and African American communities in the United States at very different rates. In Colorado, the infant mortality rate is 6.7 for white infants and 16.3 for African American infants. In the United States, respective rates are 6.0 for white infants and 14.2 for African American infants. Thus, Colorado's overall low rate is in part due to the small proportion of African Americans in the state, rather than relatively low rates of infant mortality among either whites or African Americans.

Low birth weight (less than 5 lbs. 8 ounces) among babies also affects different racial and ethnic groups

at different rates. In Colorado, the percent of births of low weight is 8.3 among white infants and 9.1 among Hispanic infants, while it is 15.1 among African American infants. In the United States as a whole, the percent of births of low weight among white infants was 6.5; for Hispanic infants, it was 6.4; and for African American infants, it was 13.1. For all groups in Colorado, rates of low birth-weight babies are higher than in the United States as a whole. 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, 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 82.9 percent of women in Colorado 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.

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

	Colorado	United States
Fertility Rate in 1997 (live births per 1,000 women aged 15-44)^a	64.2	65.0
Infant Mortality Rate in 1997 (deaths of infants under age one per 1,000 live births)^b	7.0	7.2
Among Whites	6.7	6.0
Among African Americans	16.3	14.2
Percent of Low Birth Weight Babies (less than 5 lbs, 8 oz.), 1997^a	8.8%	7.5%
Among Whites	8.3%	6.5%
Among African Americans	15.1%	13.1%
Among Hispanics	9.1%	6.4%
Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 1997^a	82.9%	82.5%
Among Whites	83.3%	84.7%
Among African Americans	77.3%	72.3%
Among Hispanics	69.7%	73.7%
Births to Teenage Women (aged 15-19 years) as a Percent of All Births, 1997^c	11.9%	12.8%
Births to Unmarried Women as a Percent of All Births, 1997^c	25.2%	32.4%

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

In Colorado, 83.3 percent of white women, 77.3 percent of African American women, and 69.7 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, 2000). In 1997, births to teenage mothers accounted for a slightly smaller proportion of all births in Colorado (11.9 percent) than they did nationally (12.8 percent). Births to unmarried mothers also accounted for a smaller proportion of all births in Colorado than they did nationally (25.2 percent in Colorado compared with 32.4 percent for the nation as a whole).

Health and Well-Being



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

Platform for Action stresses the need for strong prevention programs, research and information campaigns targeting all groups of women, and adequate and affordable quality health care.

This section focuses on the quality of health of women in Colorado. 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 8)	Grade
Composite Health and Well-Being Index	16	4	B
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1995) ^a	4	3	
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1991-95) ^b	5	3	
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1991-95) ^b	5	3	
Percent of Women Who Have Ever Been Told They Have Diabetes (1998) ^c	16	7	
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 1997) ^d	25	6	
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, July 1998 through June 1999) ^e	23	6	
Average Number of Days per Month on which Women's Mental Health Is Not Good (1998) ^c	30	4	
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1995-97) ^f	46	4	
Average Number of Days per Month on which Women's Activities Are Limited by Their Health (1998) ^c	13	4	

See Appendix II for methodology.

* The national rank is of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of eight and refer to the states in the Mountain West Region (AZ, CO, ID, MT, NM, NV, UT, WY). See Appendix VI.

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

Calculated by the Institute for Women's Policy Research.

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 economic and political status, and especially with their political

participation and with a smaller wage gap (Kawachi, Kennedy, Gupta and Prothrow-Stith, 1999).

Colorado, which ranks 16th of all states, does better than most states and the nation as a whole on indicators of women's health and well-being (see Chart VII). The state ranks near the top of all states for women's mortality rates from heart disease (fourth), from lung cancer (fifth), and from breast cancer (fifth). On most other indicators of health and well-being, Colorado's scores are near the middle among all states, although the state is near the bottom, at 46th, for mortality from suicide. Colorado's grade of B on the health and well-being index reflects both Colorado's success and 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 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 Colorado experience mortality from heart disease at rates substantially below the median mortality rate for all states (64.1 and 90.9 per 100,000 population, respectively; see Table 15) and ranks fourth among all states on this indicator. Notably, men's mortality from heart disease is much

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

Indicator	Colorado	United States
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 1995 ^a	64.1	90.9*
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 1991-95 ^b	25.5	33.3
Among White Women ^c	25.5	33.8
Among African American Women ^c	30.4	32.7
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 1991-95 ^b	23.0	26.0
Among White Women ^c	23.1	25.6
Among African American Women ^c	28.1	31.5
Percent of Women Who Have Ever Been Told They Have Diabetes (1998) ^d	4.6%	5.3%*
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000), 1997 ^e	284.4	335.8
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), July 1998 through June 1999 ^f	2.3	9.4
Average Number of Days of Poor Mental Health Among Women, 1998 ^d	3.7	3.5*
Average Annual Mortality Rate Among Women from Suicide (per 100,000), 1995-97 ^g	5.7	3.9
Average Number of Days of Limited Activities Among Women, 1998 ^d	3.1	3.6*

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

Source: ^a Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, 1998; ^b American Cancer Society, 1999; ^c American Cancer Society, 2000; ^d Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, 1999a; ^e Centers for Disease Control, Division of STD Prevention, 1998;

^f U.S. Department of Health and Human Services, Public Health Service, 1999; ^g Centers for Disease Control, National Center for Injury Prevention and Control, 2000b.

Compiled by the Institute for Women's Policy Research.

much lower than the median for the United States.

Mortality from heart disease varies greatly by race in Colorado 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 Colorado, patterns of mortality from heart disease among women

higher than women's in Colorado and for all men nationwide (131.4 and 174.4 per 100,000 population for men in Colorado and the nation respectively; data not shown). Like women's, however, men's mortality rates from heart disease in Colorado are

of different racial and ethnic groups were similar to those in the nation as a whole. African American women experienced mortality from heart disease at a rate of 383 per 100,000, while white women did at a rate of 296 per 100,000. Hispanic women's rate

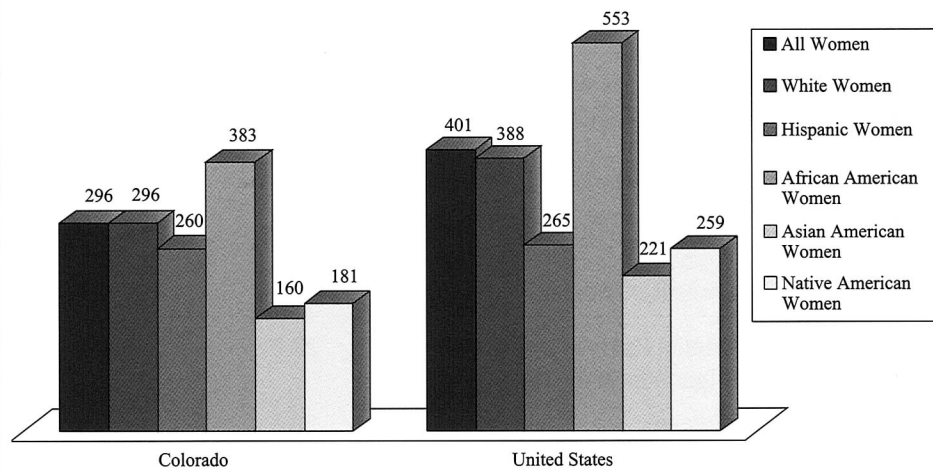
was only 260 per 100,000, while rates for Asian American and Native American women were 160 and 181, respectively.

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 Colorado, average mortality from lung cancer is 25.5, well below the national rate of 33.3 per 100,000 population. As a result, Colorado ranks fifth in the nation and third in the region out of eight on this indicator. While mortality from lung cancer is slightly lower among African American women than among white women nationally, in Colorado, 25.5 white women per 100,000 die from lung cancer each year, while 30.4 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

Figure 14.
Average Annual Mortality Rates among Women from Heart Disease in Colorado 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 Whites and African Americans. 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.

all important issues to address as states attempt to diminish death rates from the disease. Colorado's rate of mortality from breast cancer is relatively low, at 23.0, compared with the national rate of 26.0 per 100,000 population. The state ranks fifth in the nation on this indicator. Like mortality from lung cancer, mortality from breast cancer is higher among African American women than white women in Colorado. In Colorado, mortality from breast cancer is 23.1 per 100,000 white women but 28.1 per 100,000 African American women. Nationally, the mortality rate from breast cancer is 25.6 per 100,000 white women and 31.5 per 100,000 African American women.

People with diabetes are two to four times more likely to develop heart disease or stroke, blindness, kidney disease, and other serious health conditions than those without it, and women with diabetes have the same risk of heart disease as men (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999b). Rates of diabetes vary tremendously by race, with African Americans,

Hispanics, and American Indians experiencing much higher rates than white men and women (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998). The overall risk of diabetes can be decreased by lowering the level of obesity and by improving health habits in a state. In Colorado, 4.6 percent of women have been diagnosed with diabetes at some point in their lifetime, a rate lower than the median rate for all states, 5.3 percent. At 16th, Colorado ranks somewhat lower on this indicator than on other measures of women's health but still remains in the top third among all states.

Sexually transmitted diseases (STDs) are a common threat to younger women's health. As with many other health problems, education, awareness, and proper screening can be key to limiting the spread of STDs and diminishing the health impact associated with them. One of the more common STDs among women is chlamydia, which affects over 436,000 women in the United States. Chlamydia is often asymptomatic, as up to 85 percent of women who have it manifest no symptoms. Nonetheless, chlamydia can lead to Pelvic Inflammatory Disease (PID), which is a serious threat to female reproductive capacity (U.S. Department of Health and Human Services, Public Health Service, 2000). As a result, screening for chlamydia is important to women's reproductive health. In Colorado, chlamydia affects 284.4 women per 100,000 population, a rate substantially lower than that for the United States as a whole, or 335.8 women per 100,000 population. Colorado ranks 25th on this indicator of women's health status.

Finally, the incidence of HIV and AIDS in women is one of the fastest growing threats to their health, especially among younger women. In fact, the original gap between the incidence of AIDS in women and men is diminishing quickly. While in 1985 the incidence of AIDS-related illnesses among men was 13 times more than for women, by 1998-99 men had fewer than four times as many AIDS-related illnesses as women. The proportion of people with AIDS who are women is likely to continue rising, since a higher proportion of HIV cases are women: in 1998-99, 23 percent of AIDS cases were women, while 32 percent of HIV cases were (U.S. Department of

Health and Human Services, Public Health Service, 1999). Moreover, the majority of the AIDS burden falls on minority women: in 1998, 63 percent of women diagnosed with AIDS were African American, and over 18 percent were Hispanic (U.S. Department of Health and Human Services, Public Health Service, 1999). Unfortunately, state-by-state data for minority women are not available. However, overall, Colorado has much lower incidence rates of AIDS than the nation as a whole, at 2.3 compared with 9.4, respectively, per 100,000 female population. As a result, the state ranks 23rd on this indicator nationally and sixth out of eight regionally. For men the AIDS incidence rate is also much lower in Colorado than in the nation as a whole, but the disparity is not as large as it is for women, at 19.0 cases per 100,000 population in Colorado compared with 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 Colorado, women's self-reported evaluations indicate that women experience an average of 3.7 days per month on which their mental health is not good, and the state ranks 30th on this measure (see Table 15 and Chart VII). Nationally, the median rate for all states is 3.5 days per month of poor mental health. Men's rate of poor mental health is also close to the national median at 2.3 compared with 2.4 days, respectively,

although for men the rate is slightly below the median for all states (data not shown). In Colorado, men's lower rate of poor mental health compared with women's mirrors national trends: in Colorado as in the nation as a whole, the median rate of poor mental health days per month for women is over one day more than it is for men.

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 Colorado, rates of death by suicide among women are much higher, at 5.7. As a result, Colorado ranks 46th in the nation and 4th in the Mountain West region on this indicator of women's health status.

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

Limitations on Activities

Women's overall health status strongly affects their ability to carry out everyday tasks, provide for their

families, fulfill their goals, and live full and satisfying lives. Illness, disability and generally poor health can obstruct their ability to do all these things. 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 Colorado, the average number of days of limited activities for women is slightly lower, at 3.1 (see Table 15), and the state ranks 13th on this measure. Colorado's high score and rank on this measure are probably related to women's good health on other indicators of women's health status. Similarly, for men, the rate in Colorado (2.7 days per month) is 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 Colorado. Generally, women in Colorado use preventive care resources at average levels. Of women over age 50, 70.1 percent have had a mammogram within the past two years, slightly higher than the median percent for all states (67.8). Colorado women also have slightly higher usage rates of pap tests (87.0 percent compared with 84.9 percent respectively), but their rates of cholesterol screenings are slightly lower than the median rate for all states (67.9 percent compared with 68.2 percent, respectively).

Women in Colorado have fairly good health habits. While the percent of Colorado women who drink chronically (60 or more alcoholic beverages a month) is marginally higher than the median for all states (0.9 and 0.7, respectively), the percent of adult women in Colorado who smoke, 19.4 percent, is slightly less than the median for all states, 20.8 percent (see Table 16). Women in Colorado are also

Table 16.
Preventive Care and Health Behaviors

	Colorado	United States*
Preventive Care		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 1998 ^a	70.1	67.8
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 1998 ^a	87.0	84.9
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 1995 ^b	67.9	68.2
Health Behaviors		
Percent of Women Who Smoke (100 or more cigarettes in their lifetime and who now smoke everyday or some days), 1998 ^a	19.4	20.8
Percent of Women Who Report Chronic Drinking (60 or more alcoholic beverages during the previous month), 1995 ^b	0.9	0.7
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 1998 ^a	21.7	29.9
Percent of Women Who Do Not Eat 5 or More Servings of Fruits or Vegetables per Day, 1998 ^a	69.9	72.2

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

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

Compiled by the Institute for Women's Policy Research.

much more likely to participate in physical activity and more likely to eat the recommended amount of

receive Medicaid benefits than men (U.S. Department of Health and Human Services, Health

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

	Colorado	United States
Medicaid Spending Per Adult Enrollee, 1997^a	\$2,222	\$1,874
Domestic Violence and Sexual Assault Services and Prevention Spending Per Capita, 1994-95^b	\$0.45	\$1.34

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

Compiled by the Institute for Women's Policy Research.

fruits and vegetables than women in other states.

State Health Policies and Resources

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

receive Medicaid benefits than men (U.S. Department of Health and Human Services, Health Care Financing Administration, 1999a). In Colorado, more women than men receive health insurance from public sources (9.2 percent versus 7.5 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 Colorado ("adults" are generally defined as nondisabled people aged 18-64, although some states extend "adult" to cover some younger people, such as pregnant teens or mothers classified as head-of-household). In 1997, at \$2,222, Colorado's spending was somewhat above the average among all states of \$1,874 per adult enrollee. Adequate financial support for their health care needs can be crucial to maintaining and improving 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 (for more detail see Focus on Women's Health and Family Planning in Colorado).

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 Colorado's funding for domestic violence and stalking programs, at \$0.45 per person in the state, is far below the national average of \$1.34.

Studies show that the quality of insurance coverage significantly affects women's access to certain

Table 18.
State Health Insurance Mandates in Colorado, 1999

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

Source: ^a Stauffer and Plaza, 1999; ^b Delaney, 1999.

Compiled by the Institute for Women's Policy Research.

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 a 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 Colorado has some state insurance mandates important to women, it still lacks several significant policies (see Table 18). In particular, women in the state would benefit from laws requiring insurance companies to cover screenings for cervical cancer and osteoporosis as well as inpatient care after a mastectomy.

Focus on Women's Health and Family Planning in Colorado

Colorado has made great strides in some areas of women's health. In the last decade, the number of teen births has decreased, the number of children with health insurance has increased, and Colorado has successfully maintained many policies protecting women's reproductive freedom. Nevertheless, Colorado women's health status still has room for improvement.

Did you know?

- ◆ Dr. Justina Ford was Colorado's first African American woman doctor, setting up practice in 1902. At first, she was denied hospital privileges and worked out of her home. She was committed to providing medical service to the disadvantaged and underprivileged of Denver (Varnell, 1999).
- ◆ In 1997, the state legislature passed the Child Health Plan Plus program (CHP+), which provides health insurance to children under age 19 in families with incomes at or below 185 percent of the federal poverty level (Insure Kids Now, 1999).
- ◆ In 1999, Colorado lawmakers voted to expand family planning services through Medicaid to cover women and men with family incomes at 150 percent of the federal poverty level and below (Colorado Women's Agenda, 1999).
- ◆ Fifty-four percent of Colorado voters consider themselves pro-choice; 39 percent pro-life (Ridder Bradden, Inc., 1999).
- ◆ In 1999, the Colorado legislature passed a ban on female genital mutilation (Colorado Women's Agenda, 1999).

However...

- ◆ The percentage of teen mothers who give birth in Denver without receiving prenatal care during pregnancy is 6.3 percent; the average for the nation's top 50 cities is only 5.4 percent (The Annie E. Casey Foundation, 1999).

(continued on next page)

- ◆ In 1999, after 20 years, the Colorado Department of Public Health and Environment announced that organizations that provide privately funded abortion services were no longer eligible for state family planning funding (Colorado Women's Agenda, 1999).
- ◆ Multiple Sclerosis (MS) is twice as common in Colorado than other states. One in every 800 Coloradans has MS, and in Colorado, 73 percent of individuals diagnosed with MS are women (National Multiple Sclerosis Society, 2000). The lifetime economic losses of Colorado's MS population are estimated to exceed \$2.2 million per person (National Multiple Sclerosis Society, 1998).

Leadership Profile – Sumiko Tanaka Hennessy, Ph.D.

As founder and Executive Director of the Asian Pacific Development Center in Denver, Sumiko Hennessy has overcome cultural and institutional barriers to make significant improvements in mental health and social services to Asian immigrants and refugees in Denver. She was named one of the "ten outstanding individuals changing the shape of health care in America" by the Robert Wood Johnson Foundation.

Conclusions and Policy Recommendations

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

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

Women's status varies significantly across states and regions, and the reasons for these differences are not well understood. Very little research has been done on the causes of the regional and state-by-state disparities revealed in this report or on the factors associated with them. Different local and regional economic structures—whether based on manufacturing, commerce, or government—undoubtedly affect women's employment and earnings opportunities, while cultural and historical fac-

tors may better explain variations in educational attainment, reproductive rights and women's political behavior and opportunities. Variance in specific public policies undoubtedly accounts for some of the contrasts in outcomes among the states. Indicators such as those presented here can be used to monitor women's progress and evaluate the effects of policy changes on a state-by-state basis.

In a time when the federal government is transferring many responsibilities to the state and local level, women need to advocate, at and through all levels of society and government, for public policies that adequately address the complex issues around women's status. Listed below are those opportunities for action that the Colorado Advisory Committee believes can be addressed in Colorado over the next few years at different levels within the state. These steps will enable women to continue to achieve progress in all areas of their lives.

At the Individual Level:

- ◆ Increase women's political participation by voting, working to register new voters, participating in issue debates, running for office, and supporting candidates with visions that create economic self-sufficiency for all people in Colorado.
- ◆ Stay informed about the effects on women of proposed state legislation and require accountability for these effects from public officials.
- ◆ Support nonprofits and other organizations working on issues specific to women and girls.

In Businesses:

- ◆ Perform voluntary internal audits to ensure pay equity and equal opportunity in hiring, promotion and advancement.

- ◆ Promote retirement savings opportunities for all employees.
- ◆ Provide family-friendly benefits such as paid parental and dependent-care leave.
- ◆ Explore flexible work schedules, telecommuting and other options made possible by a technology-based economy.

In Non-Profit Organizations:

- ◆ Educate organizations on the needs of women and girls and fund or seek funding for programs that will enhance efforts that address those needs.
- ◆ Promote and support the efforts of government, businesses, agencies, and individuals to create social change that positively impacts the lives of women and girls.
- ◆ Fund efforts to increase training and retention of dependent-care providers.
- ◆ Inform low-income women, employers and service providers about public benefits such as eligibility for the earned income tax credit.
- ◆ Increase mentoring opportunities for women and girls.

In School Boards:

- ◆ Ensure that our young people have information to make informed decisions about whether to engage in sexual activities, how to prevent unintended pregnancies, and how to minimize the risk of potentially life-threatening, sexually transmitted diseases.

In Cities and Municipalities:

- ◆ Look for opportunities to increase the availability of affordable housing, quality dependent and child care, and adequate transportation.

- ◆ Take a lead role in creating economic opportunities for women through increasing women's access to credit and contracting with women-owned businesses.

At the County Level:

- ◆ Strengthen training for caseworkers to ensure that those eligible for transitional Medicaid, child care and Food Stamps are informed of their eligibility.
- ◆ Develop plans for TANF recipients living with circumstances that make the five-year lifetime eligibility limit unrealistic, such as those suffering from learning disabilities, psychological challenges, and poor health.
- ◆ Look for opportunities to increase the availability of affordable housing, such as dedicated units in new development plans.

In the State Legislature:

- ◆ Expand supports for the working poor: increase the availability of adequate and affordable housing, quality child care and reliable transportation. Increase the state earned income tax credit and the state income tax threshold.
- ◆ Pass a pay equity bill.
- ◆ Create incentives for dependent-care workers to remain in their field, through professional certification, tax credits or other policies.
- ◆ Strengthen the Colorado Child Health Insurance Plan to increase the coverage of eligible children.
- ◆ Create a system of comprehensive and preventive health care available to all Coloradoans.
- ◆ Look for opportunities to increase the availability of affordable housing, such as through tax cuts or credits to leverage financing for affordable housing.

- ◆ Fund transitional and permanent affordable housing for victims of domestic violence.
- ◆ Mandate domestic violence training programs for judicial and law enforcement agencies.

In State Government:

- ◆ Study the need for a Colorado Women's Commission.
- ◆ Include gender-based information in *all* future state studies. For example, track the number of women-owned businesses, their impact on the state economy and any issues they face in securing financing.
- ◆ Promote retirement savings and family-friendly policies for all government employees.
- ◆ Improve state enforcement of child-support laws.

National policies also remain important in improving women's status in the states and in the country as a whole. Based on its findings in *The Status of Women in the States*, IWPR recommends the following policies to be carried out at the national level:

- ◆ 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.

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 Colorado Advisory Committee

CONCLUSIONS

Appendix I

Basic Demographics

This Appendix includes data on different populations within Colorado. Statistics on age, the sex ratio

and the elderly female population are presented, as are the distribution of women by race/ethnicity and

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

	Colorado	United States
Total Population, 1998 ^a	3,970,971	270,298,524
Number of Women, All Ages ^b	2,002,797	138,252,197
Sex Ratio (women to men, aged 18 and older) ^b	1.04:1	1.08:1
Median Age of All Women ^b	36.3	36.3
Proportion of Women Over Age 65 ^b	11.5%	14.6%
Distribution of Women by Race and Ethnicity, All Ages, 1995 ^c		
White*	79.3%	73.0%
African American*	4.2%	12.8%
Hispanic**	13.3%	9.8%
Asian American*	2.3%	3.6%
Native American*	0.9%	0.8%
Distribution of Households by Type, 1990 ^d		
Total Number of Family and Nonfamily Households	1,281,135	91,770,958
Married-Couple Families (with and without their own children)	54.9%	56.2%
Female-Headed Families (with and without their own children)	9.5%	11.3%
Male-Headed Families (with and without their own children)	2.8%	3.2%
Nonfamily Households: Single-Person Households	26.4%	24.4%
Nonfamily Households: Other	6.4%	4.9%
Distribution of Women Aged 15 and Older by Marital Status, 1990 ^e		
Married	57.6%	55.6%
Single	21.5%	23.1%
Widowed	9.0%	11.9%
Divorced	11.9%	9.4%
Percent of Households with Children Under Age 18 Headed by Women, 1990 ^f	18.9%	19.5%
Proportion of Women Living in Metropolitan Areas, All Ages, 1990 ^g	82.9%	83.1%
Proportion of Women Who Are Foreign-Born, All Ages, 1990 ^h	4.5%	7.9%
Percent of Federal and State Prison Population Who Are Women, 1998 ⁱ	7.5%	6.5%

* Non-Hispanic.
** Hispanics may be of any race.

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

Compiled by the Institute for Women's Policy Research.

family types and information on women in prisons. These data present an image of the state's female population and can be used to provide insight on the topics covered in this report. For example, compared with the United States as a whole, Colorado has a lower ratio of women to men, a much smaller proportion of African American and foreign-born women, and a larger proportion of Hispanic women. While the median age of women in Colorado is the same as in the nation, Colorado has a smaller percentage of women aged 65 and older. The proportion of women living in urban areas is also similar to the United States as a whole. 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.

Colorado has the 24th largest population among all the states in the United States. There were over 2.0 million women of all ages in Colorado in 1998 (see Appendix Table 1). Between 1990 and 1998, the population of Colorado grew by 20.5 percent, over twice as fast as the nation as a whole (8.7 percent; U.S. Department of Commerce, Bureau of the Census, 1999d). Compared with its region, Colorado's population growth rate is the fifth highest, behind that of Nevada (45.4 percent), Arizona (27.4 percent), Idaho (22.0 percent) and Utah (21.9 percent). The regional population growth rate was 23.1 percent from 1990-98. White women are a larger share of the female population in Colorado than they are in the United States as a whole, making up 79.3 percent of women in the state (compared with 73.0 percent for the nation as a whole). Of all the racial/ethnic groups in Colorado, Hispanic women (13.3 percent) constitute a proportion higher than the national average (9.8 percent). The other groups combined make up only 7.4 percent of the female population in Colorado, nearly 10 percentage points lower than for the rest of the United States.

The proportion of single women in Colorado is slightly lower than that of the country as a whole, while the proportion of divorced and widowed women combined is approximately the same as in the nation (see Appendix Table 1). However, Colorado has a lower percentage of widowed women but a higher percentage of divorced women. The proportion of women in Colorado who are married is slightly larger than the proportion nationally (57.6 percent compared with 55.6 percent of women in the United States). Colorado's distribution of family types diverges slightly from that in the nation as a whole. The proportion of single-person households is larger than in the nation as a whole, while the proportion of female-headed families in Colorado (9.5 percent) is smaller than in the United States as a whole (11.3 percent). The proportion of married-couple families in Colorado is smaller than nationally, while other family types have similar proportions to the nation as a whole. Female-headed families with children under age 18 constitute 18.9 percent of all families with children in Colorado, a slightly smaller proportion than the 19.5 percent nationwide.

The proportion of women living in urban areas in Colorado is approximately the same as in the nation as a whole (82.9 percent compared with 83.1 percent of women in the United States). The percent of Colorado's prison population that is female is slightly larger than the national average (see Appendix Table 1). There is a fairly large difference between Colorado and the nation as a whole in terms of the proportion of the female population that is foreign-born. Colorado has a much smaller foreign-born female population than does the United States as a whole (4.5 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 Colorado, the sample size is 891 for women and 1,335 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 dol-

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

Women's Labor Force Participation (proportion of the adult female population in the labor force):

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

Women in Managerial and Professional Occupations:

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

Composite Economic Autonomy Index

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

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

To grade the states on this composite index, values for each of the components were set at desired lev-

els to produce an "ideal score." 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 Reproduction and Family Planning Index

This composite index reflects a variety of indicators of women's reproductive resources. 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 adop-

tion 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.

Reproduction and Family Planning

For information on sources concerning these indicators, please see the section describing the Composite

Reproduction and Family Planning 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
United States				0.00		68.3%		58.9%		1.25(median)	

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

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

Appendix IV, 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
United States	4.00			81.5%		17.6%		34.1%		86.9%	

Appendix IV, Part A: State-by-State Rankings on the Composite Indices and Their Components—Reproduction and Family Planning

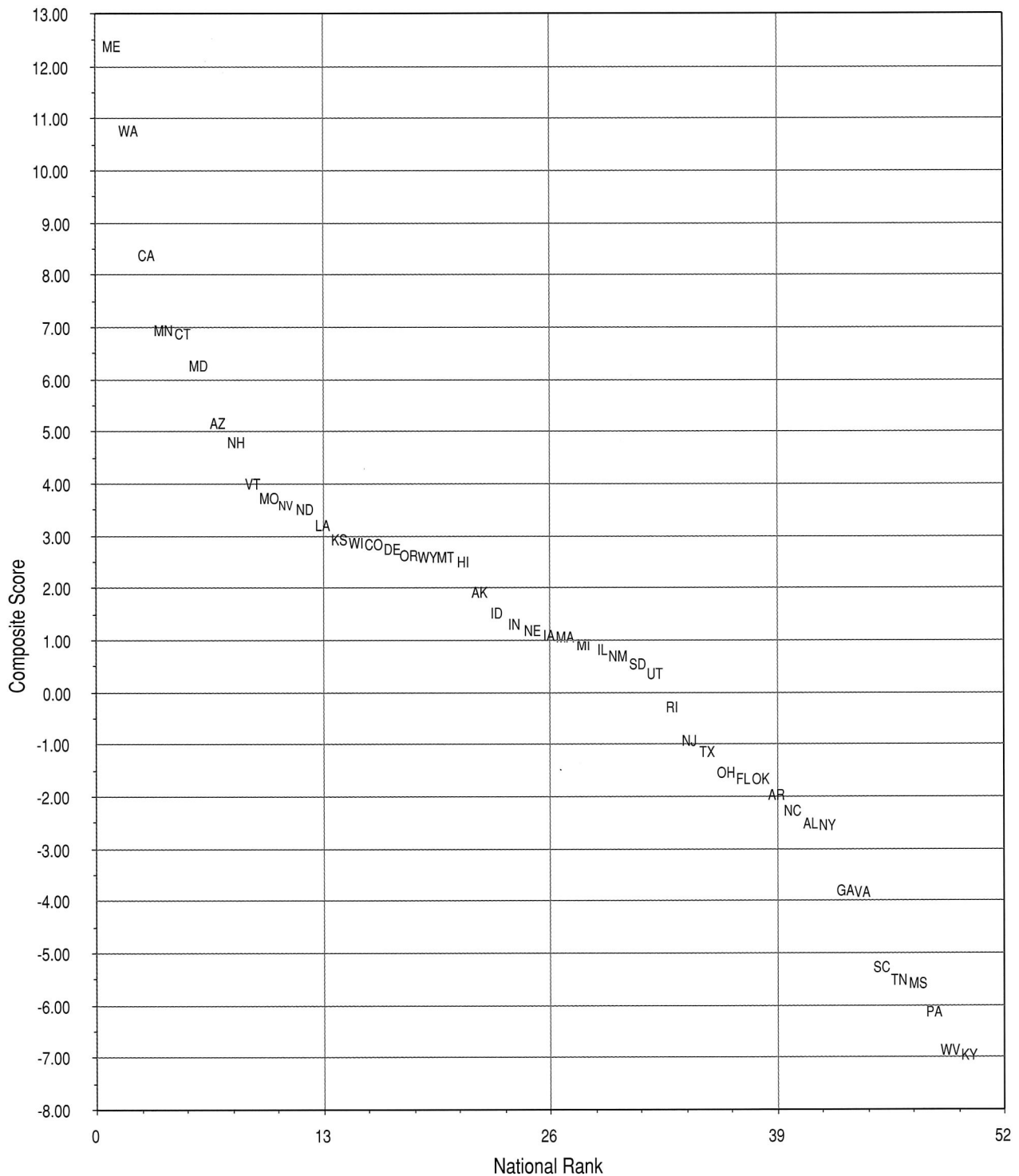
State	Composite Index			Parental Consent	Waiting Period	Public Funding	Percent of Women Living in Counties with Providers	Contraceptive Coverage	Pro-Choice Government	Infertility	Second-Parent Adoption	Mandatory Sex Education
	Score	Rank	Grade									
Alabama	1.50	36	D	0	1	0	0.42	0.0	0.33	0.0	0.50	0
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.

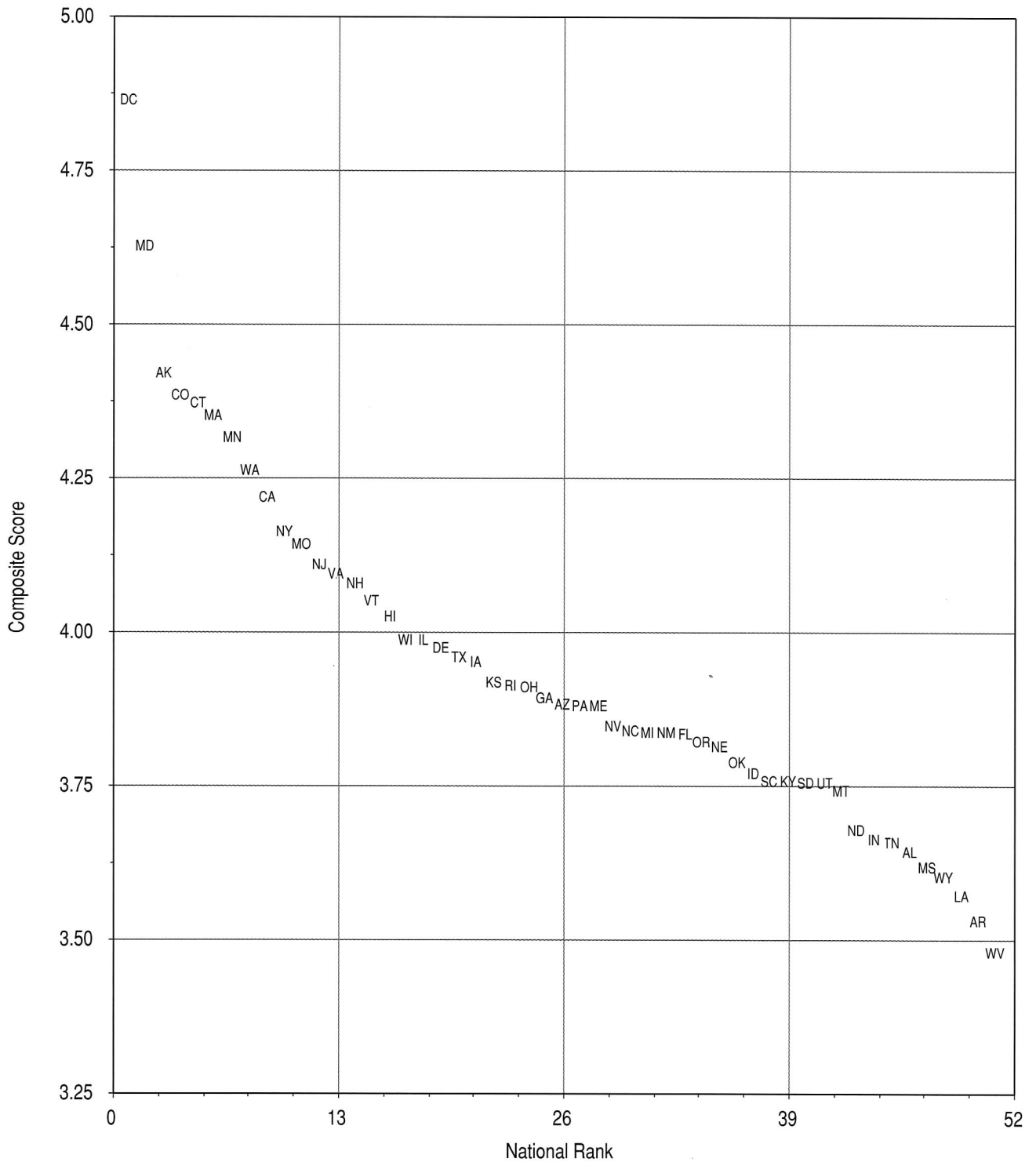
Appendix IV, Part A: State-by-State Rankings on the Composite Indices and Their Components—Health and Well-Being

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
United States				90.9		33.3		26.0		5.3		335.8		9.4		3.5		3.9		3.6	

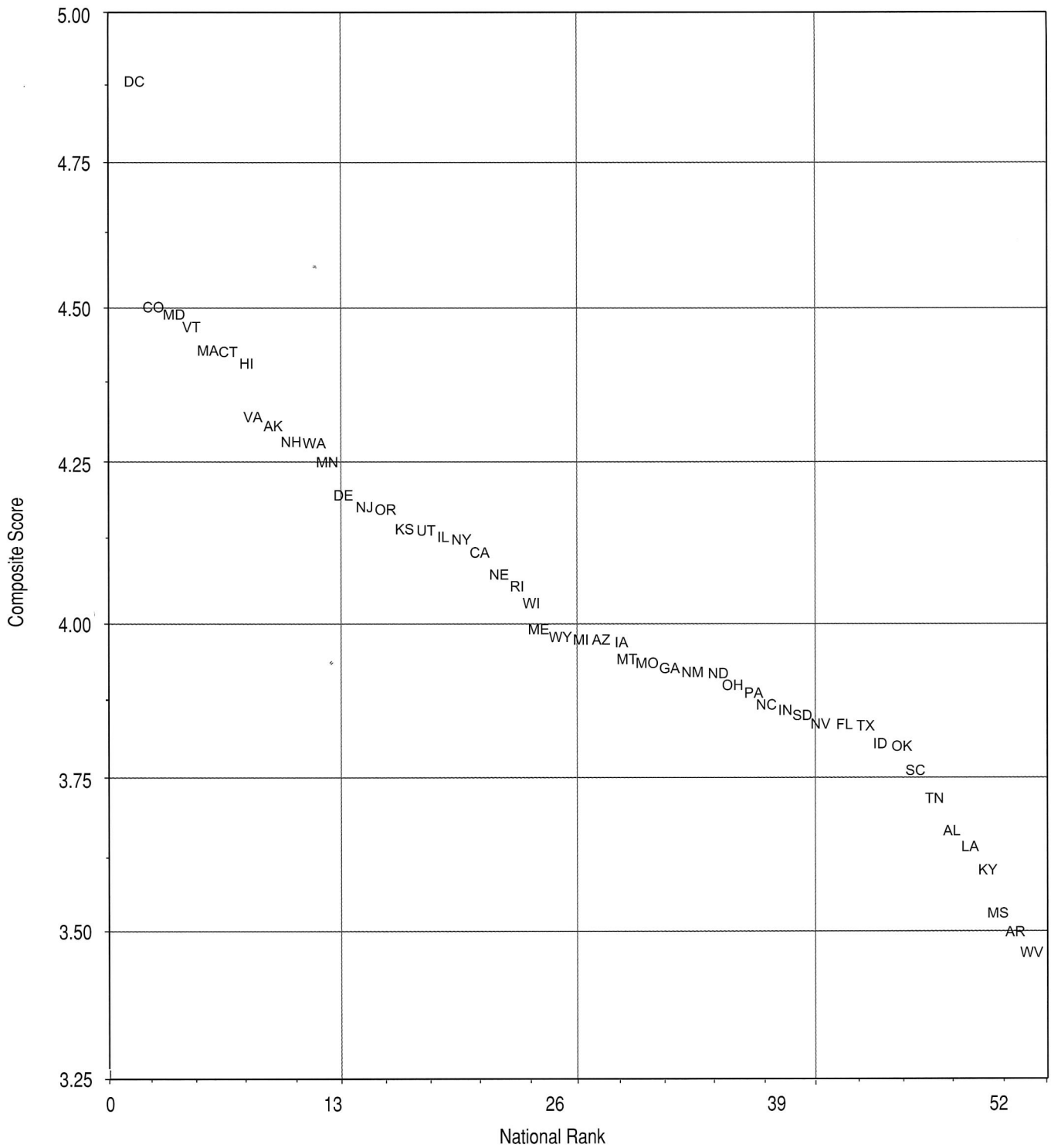
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Political Participation



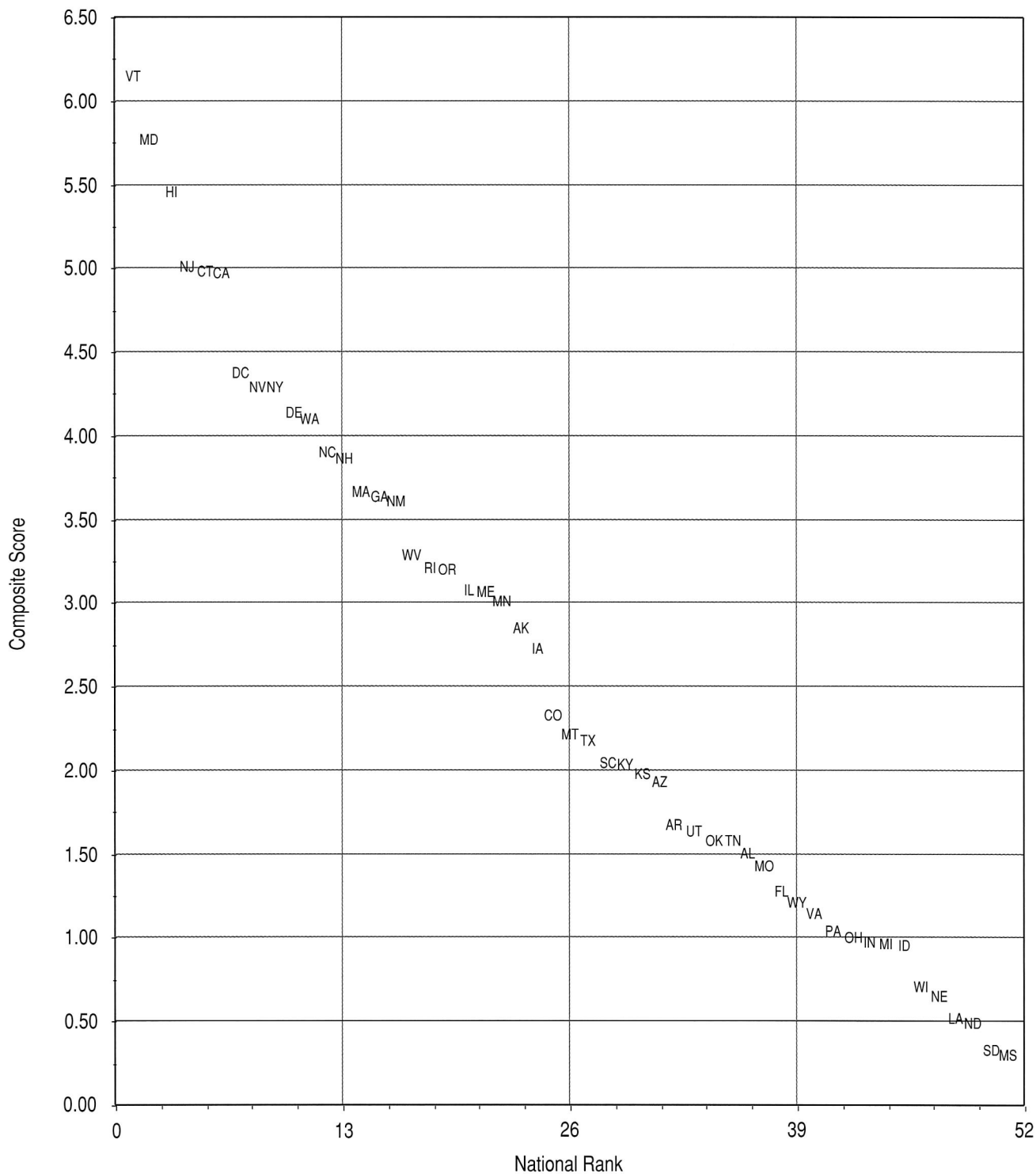
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Employment and Earnings



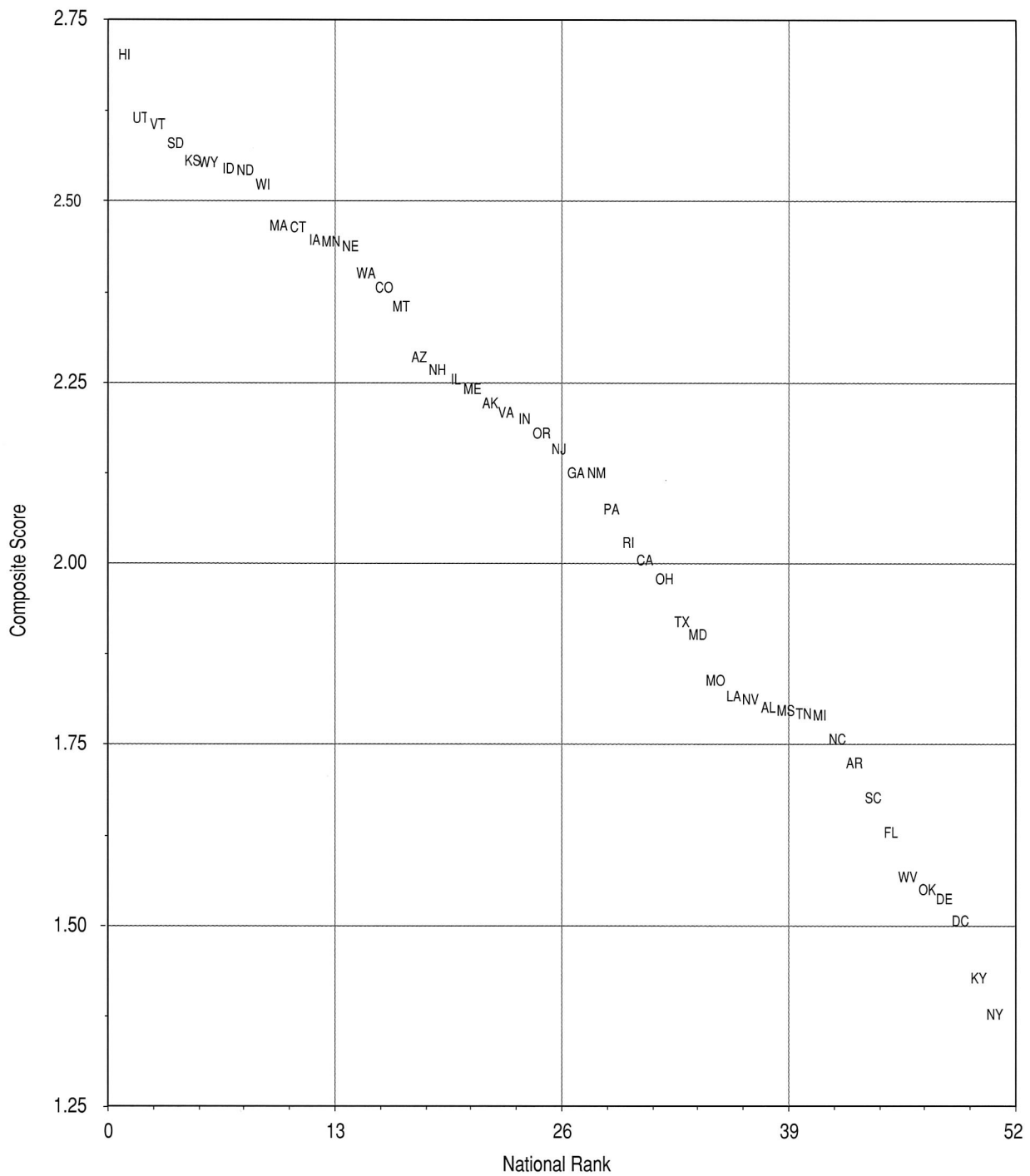
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Economic Autonomy



Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Reproduction and Family Planning



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 Colorado Resources

9to5: National Association of Working Women
655 Broadway, Suite 300
Denver, CO 80203
Tel: (303) 628-0925
Fax: (303) 628-3888
wrking@aol.com
www.9to5naww.qpg.com

Alliance of Professional Women
P.O. Box 480384
Denver, CO 80248
Tel: (303) 368-4747
Fax: (303) 805-4358
allprowom@aol.com

American Association of University Women (AAUW)
6140 Mach I Drive
Colorado Springs, CO 80918
Tel: (719) 593-8632
Fax: (303) 561-1421
Lmaas@boulder.net
www.coaauw.org

Center for Women's Employment and Education (CWEE)
1111 Osage Street, Suite 300
Denver, CO 80204
Tel: (303) 892-8444
Fax: (303) 892-8375

Coalition of Labor Union Women
1884 Cherry Street
Denver, CO 80220
Tel: (303) 321-6347

Colorado ACORN
1760 High Street
Denver, CO 80218
Tel: (303) 393-0773
Fax: (303) 393-1451

Colorado Black Women for Political Action
2845 Colorado Boulevard
Denver, CO 80207
Tel: (303) 388-4983
Fax: (303) 388-9382

Colorado Center on Law and Poverty
623 Fox Street, #205
Denver, CO 80204
Tel: (303) 573-5669
Fax: (303) 573-5421

Colorado Children's Campaign
225 E. 16th Avenue, Suite B-300
Denver, CO 80203
Tel: (303) 839-1580
Fax: (303) 839-1354
info@coloradokids.org
www.coloradokids.org

Colorado Civil Rights Division
Colorado State Department of Regulated Agencies
1560 Broadway, Suite 1050
Denver, CO 80202
Tel: (303) 894-2997

Colorado Coalition Against Domestic Violence
P.O. Box 18902
Denver, CO 80218
Tel: (303) 831-9632
Fax: (303) 832-7067
ccadv@ix.netcom.com

Colorado Coalition for the Homeless
2100 Broadway
Denver, CO 80205
Tel: (303) 293-2217
Fax: (303) 296-1460
www.coloradocoalition.org

Colorado Division of Aging and Adult Services
Colorado State Office of Self-Sufficiency
110 16th Avenue
Denver, CO 80203
Tel: (303) 620-4147
Fax: (303) 620-4111
www.cdhs.state.co.us/oss/aas/index1

Colorado Equal Opportunity/Affirmative Action Coalition
101 Fordham Circle
Pueblo, CO 81005
Tel: (719) 546-4053

Colorado Federation of Business and Professional Women (BPW)
P.O. Box 2864
Denver, CO 80201
Tel: (303) 595-5405
www.bpwco.org

Colorado NARAL
1660 Gilpin Street
Denver, CO 80218
Tel: (303) 394-1973
Fax: (303) 388-1692
choice@conaral.org
www.conaral.org

Colorado National Organization for Women (NOW)
P.O. Box 300307
Denver, CO 80203
Tel: (303) 830-2795
Fax: (303) 830-2795
co_now@juno.com
www.now.org/co

Colorado Office of Resource and Referral (CORRA)
7853 E. Arapahoe Court, Suite 3300
Englewood, CO 80112
Tel: (303) 290-9088
Fax: (303) 290-8005
corra@callsplus.org
www.corra.org

Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
P.O. Box 201061
Denver, CO 80220
Tel: (303) 393-0382
Fax: (303) 316-9992

Colorado Women's Agenda
1420 Ogden Street, Suite 12
Denver, CO 80218
Tel: (303) 863-7336
Tel: 877-769-6626 toll free
Fax: (303) 830-1502
info@womensagenda.org
www.womensagenda.org

Colorado Women's Bar Association
1905 Sherman Street, Suite 335
Denver, CO 80203
Tel: (303) 831-1040
Fax: (303) 831-1064

Colorado Women's Business Office
 Colorado State Small Business
 Development Center
 1625 Broadway, Suite 1710
 Denver, CO 80202
 Tel: (303) 892-3840
 Fax: (303) 892-3848
www.state.co.us/gov_dir/oed/wbo

Colorado Women's Chamber of
 Commerce
 13949 W. Colfax Ave., Bldg.1,
 Suite 107
 Golden, CO 80401
 Tel: (303) 235-2766
 Fax: (303) 235-2767
cwcc@eazy.net
www.cwcc.org

Colorado Women's Health Campaign
 3500 E. 12th Avenue
 Denver, CO 80206
 Tel: (303) 388-6916
 Fax: (303) 399-9434

Colorado Women's Leadership
 Coalition
 7094 S. Cherry Street
 Littleton, CO 80122
 Tel: (303) 221-7434
 Fax: (303) 779-1186
www.gossamer-moon.com/cwlc

Denver Commission for People with
 Disabilities
 303 W. Colfax Avenue, Suite 150
 Denver, CO 80204
 Tel: (303) 640-3056
 Tel: (303) 640-3840 TTY
 Fax: (303) 640-4567

Denver Women's Commission
 303 W. Colfax Avenue, Suite 1600
 Denver, CO 80204
 Tel: (720) 913-8465
 Fax: (720) 913-8470
robertc@ci.denver.co.us
www.denvergov.org/women

Gathering Place
 1535 High Street
 Denver, CO 80218
 Tel: (303) 321-4198
 Fax: (303) 321-0679
www.agatheringplace.org

Girls Count
 225 E. 16th Avenue, Suite 475
 Denver, CO 80203
 Tel: (303) 832-6600
 Fax: (303) 832-7331
gc@girlscount.org
www.girlscount.org

Hispanic Women's Caucus
 P.O. Box 12469
 Denver, CO 80212
 Tel: (303) 480-5446

Human Services, Inc.
 6795 E. Tennessee Avenue, Suite 600
 Denver, CO 80224
 Tel: (303) 321-6363
 Fax: (303) 321-6989
www.humanservicesinc.org

Institute for Women's Studies and
 Services
 Metropolitan State College of Denver
 Campus Box 36, P.O. Box 173362
 Denver, CO 80217
 Tel: (303) 556-8441
 Fax: (303) 556-4316
<http://clem.mscd.edu/~wms/>

Latin American Research and Service
 Agency (LARASA)
 309 W. First Avenue
 Denver, CO 80223
 Tel: (303) 722-5150
 Fax: (303) 722-5118

League of Women Voters of Colorado
 1420 Grant Street, Suite B-204
 Denver, CO 80203
 Tel: (303) 863-0437
 Fax: (303) 863-0437
lwwco@aol.com
www.sni.net/~lwwco

Mi Casa Resource Center for Women
 571 Galapago Street
 Denver, CO 80203
 Tel: (303) 573-1302
 Fax: (303) 595-0422
info@micasadenver.org
www.micasadenver.org

National Association of Women's
 Business Owners (NAWBO)
 PMB 136
 5082 E. Hampden Avenue
 Denver, CO 80222
 Tel: (303) 758-0838
 Fax: (303) 758-7399

Northeast Women's Center
 4821 E. 38th Avenue
 Denver, CO 80207
 Tel: (303) 355-3486
 Fax: (303) 355-3488
NEWC4821@aol.com

Older Women's League (OWL)
 P.O. Box 100446
 Denver, CO 80250
 Tel: (303) 446-0079

Planned Parenthood of the Rocky
 Mountains
 950 Broadway
 Denver, CO 80203
 Tel: (303) 321-PLAN
 Fax: (303) 861-0268
email@pprm.org
www.pprpm.org

Project Self-Sufficiency
 P.O. Box 471
 Loveland, CO 80306
 Tel: (303) 441-3929
 Fax: (303) 441-4852

Rape Assistance and Awareness
 Program
 P.O. Box 1891
 Denver, CO 80218
 Tel: (303) 329-9922
 Fax: (303) 329-9964
Raap@ix.netcom.com
www.Raap.org

Rural Community Resource Center
 P.O. Box 294
 Yuma, CO 80759
 Tel: (970) 848-3867
 Tel: 800-794-3867 toll free
 Fax: (970) 848-3869
rrcc@ria.net

San Luis Valley Resource and Referral Office
1011 Main Street
Alamosa, CO 81101
Tel: (719) 589-1513
Tel: (800) 937-6884 toll free
Fax: (719) 589-1405

Southern Ute Community Action Programs
P.O. Box 800
Ignacio, CO 81137
Tel: (970) 563-4517
Fax: (970) 563-4504

U.S. Department of Labor – Women’s Bureau
1801 California Street, Suite 905
Denver, CO 80202
Tel: 800-299-0886
Fax: (303) 844-1283
www.wb_wwc@dol.gov
www.dol.gov/dol/wb

Women of the Summit
P.O. Box 1410
Frisco, CO 80443
Tel: (970) 453-3610

Women Owners, Managers and Executives Network (W.O.M.E.N.)
2 N. Cascade, Suite 110
Colorado Springs, CO 80903
Tel: (719) 575-4339
Fax: (719) 635-1571

Women’s Center of Larimer County
424 Pine Street, Suite 201
Ft. Collins, CO 80524
Tel: (970) 484-1902
Fax: (970) 484-0218

Women’s Center of Pueblo
801 N. Santa Fe Avenue
Pueblo, CO 81003
Tel: (719) 595-1796

Women’s College of the University of Denver
2199 S. University Blvd.
Mary Reed Hall, 4th Floor
Denver, CO 80208
Tel: (303) 871-6848
Fax: (303) 871-6897
twc@du.edu
www.du.edu/twc

Women’s Foundation of Colorado
1580 Logan Street, Suite 500
Denver, CO 80203
Tel: (303) 832-8800
Fax: (303) 832-8362
wfco@wfco.org
www.wfco.org

Women’s Leadership Institute
1095 Isabelle Road
Lafayette, CO 80026
Tel: (303) 666-4046
Fax: (303) 666-4047
lhart@seqnet.net

Women’s Lobby of Colorado
P.O. Box 300423
Denver, CO 80203
Tel: (303) 552-3988
Tel: (888) 33L-OBBY
Fax: (303) 355-6533
womenslobby@hotmail.com

Women’s Resource Center – CU-Boulder
Campus Box 207
Boulder, CO 80309
Tel: (303) 492-5713
Fax: (303) 492-1897
wrc@spot.colorado.edu
www.colorado.edu/WomensResourceCenter

Women’s Resource Center – Durango
P.O. Box 2132
Durango, CO 81302
Tel: (970) 247-1242
Fax: (970) 247-8722
women@rmi.net
www.wrcdurango.org

Women’s Vision Foundation
5082 E. Hampden Avenue
Suite 205
Denver, CO 80222
Tel: (303) 470-7576
womvision@aol.com
www.womvision.com

YWCA of Boulder County
2222 14th Street
Boulder, CO 80302
Tel: (303) 443-0419
Fax: (303) 443-5098

YWCA of Pueblo
801 N. Santa Fe Avenue
Pueblo, CO 81003
Tel: (719) 542-6904
Fax: (719) 595-1796

National Resources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

National Asian Women's Health Organization
250 Montgomery Street Suite 1500
San Francisco, CA 94104
Tel: (415) 989-9747
Fax: (415) 989-9758
www.nawho.org

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

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

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

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

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

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

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

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

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

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

National Conference of Puerto Rican Women
5 Thomas Circle, NW
Washington, DC 20005
Tel: (202) 387-4716
buscapique.com/latinusa/buscafile/
wash/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/HR24
94.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.healthwomen.org

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix VI: List of Census Bureau Regions

East North Central

Illinois
Indiana
Michigan
Ohio
Wisconsin

Pacific West

Alaska
California
Hawaii
Oregon
Washington

East South Central

Alabama
Kentucky
Mississippi
Tennessee

South Atlantic

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

Middle Atlantic

New Jersey
New York
Pennsylvania

West North Central

Iowa
Kansas
Minnesota
Missouri
Nebraska
North Dakota
South Dakota

Mountain West

Arizona
Colorado
Idaho
Montana
New Mexico
Nevada
Utah
Wyoming

West South Central

Arkansas
Louisiana
Oklahoma
Texas

New England

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

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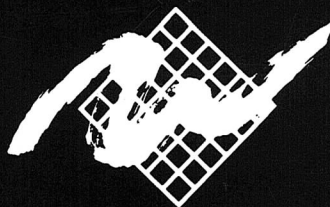
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