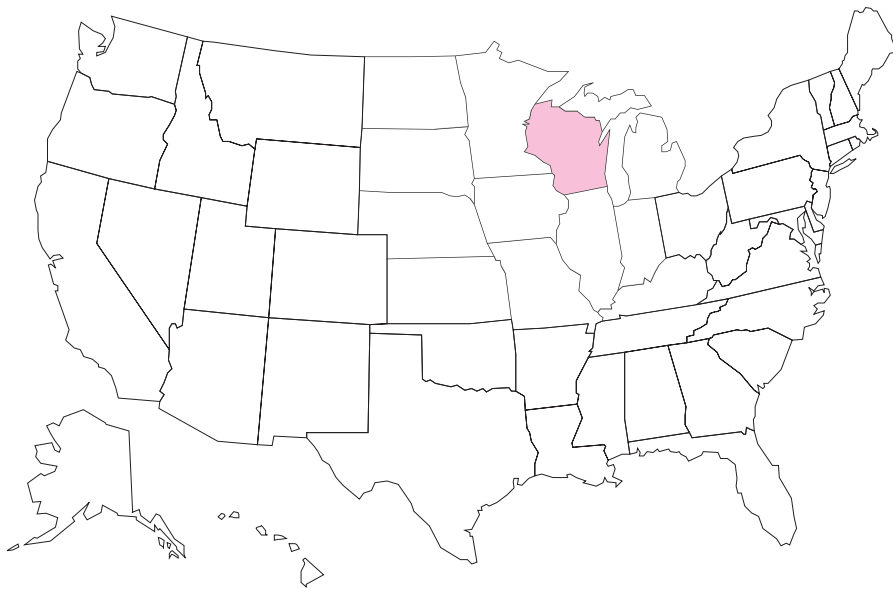


The Status of Women in Wisconsin

POLITICS ♦ ECONOMICS ♦ HEALTH ♦ RIGHTS ♦ DEMOGRAPHICS

Edited by Amy B. Caiazza, Ph.D.



The Institute for Women's Policy Research
with the assistance of the Wisconsin Advisory Committee

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Preface from the Wisconsin Advisory Committee

Wisconsin's history of innovation in government, policy, education, and industry has been widely celebrated. Wisconsin's ratification of the 19th Amendment to the U.S. Constitution, which granted women the right to vote in all elections in 1919, was the first state approval to reach Congress. In 1921, Wisconsin became the first state to pass a law eliminating all legal discrimination against women.

The Status of Women in Wisconsin report is an unprecedented opportunity to evaluate how our state's founding principles of equitable participation are holding up. This report offers new benchmarks, data, and analysis to ensure public accountability for the unique assets and needs of women in Wisconsin. It is an opportunity to measure the causes for celebration, concern, and reflection regarding women's well-being, in an overall and in-depth way, in the areas of political participation, employment and earnings, social and economic autonomy, reproductive rights, and health.

The publication of Wisconsin's first *Status of Women* report brings with it the potential to stimulate policy, educate voters, inspire activism, strengthen nonprofits, and challenge corporate initiatives. With these opportunities comes responsibility. This project's power to spur urgent action on behalf of women depends on the ongoing dissemination of its findings by citizens and policymakers.

Over the next year, the new forces of corporate changeovers, a gubernatorial transition, a fervor for political reform, debate about peace and security, and ongoing evaluation of welfare reform promise to evolve our state for better or worse. *The Status of Women in Wisconsin* report brings citizen advocates and legislators the necessary tools to guide policy trends on behalf of women and to produce thoughtful and data-driven initiatives.

I am grateful to the Institute for Women's Policy Research and the Ford Foundation for bringing this exciting new project to Wisconsin, and to the many talented members of the state Advisory Committee for further refining the report toward its maximum local impact.

Throughout this project, we have had the privilege of meeting dedicated and talented academics, healthcare workers, lobbyists, program directors, business leaders, youth workers, activists, and funders who have devoted their careers to improving the quality of life for women and girls in Wisconsin. It is our sincere hope that *The Status of Women in Wisconsin* report generates funding, media, favorable policies, collaboration, understanding, and appreciation to further their work.

Thank you,



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Acknowledgments

The Status of Women in the States project has grown tremendously from its beginning in 1996 to become a leading source of analysis of women's status across the country. It is an increasingly participatory project that involves close and ongoing relationships with IWPR's state partners. Not coincidentally, it has also become more visible as a crucial resource for improving state policies that affect women's status.

IWPR would like to express its sincere thanks to the many groups and individuals involved in *The Status of Women in the States* reports. We are especially indebted to the members of the state advisory committees, whose volunteer time and energy on this project are crucial to its success. We are also grateful to the many other state and national organizations that have partnered with IWPR on this 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 Phillips, program officers, both of whom have been extremely supportive of IWPR's work on this project. The Rockefeller Family Fund and the Open Society Institute provided financial support for the outreach work on the project. The Marjorie Cook Family Foundation's generous support of IWPR also contributed to *The Status of Women in the States*. IWPR also received financial support from funders and organizations in the states: the University of Alabama at Birmingham and the University of Alabama for *The Status of Women in Alabama*; the Iowa Women's Foundation and Chrysalis Foundation for *The Status of Women in Iowa*; the Skillbuilders Fund for *The Status of Women in Kansas* and *The Status of Women in Missouri*; the Women's Fund of Rhode Island for *The Status of Women in Rhode Island*; and the Women's Fund of the Greater Milwaukee Foundation, the Brico Fund, A Fund for Women of the Madison Community Foundation, the Women's Fund of the Oshkosh Area Community Foundation, and the French Family Foundation for *The Status of Women in Wisconsin*.

The Status of Women in the States project is blessed with a passionate and impressive staff. April Shaw, Policy Analyst, was a keystone for the project: she coordinated data collection; the production of all charts, tables, and figures; and the revision process. In her second round of States reports, Ms. Shaw's knowledge of and commitment to the project—not to mention her organizational skills—were indispensable. Her kind and positive nature was also much appreciated. New to the project, Jean Sinzdak (IWPR's States Outreach Associate) coordinated the work of the state advisory committees. She showed an outstanding ability to juggle the needs of many individuals and groups and to keep everyone on task, always with a smile on her face. Nancy Mortell, Research/Development Associate, assisted Ms. Shaw in producing the reports and coordinated IWPR's efforts to fundraise for production and dissemination of the reports in the states. Her ability to balance these two tasks efficiently and effectively, and her (dry) sense of humor, were irreplaceable to the research and development staff at IWPR.

IWPR also relied on the work of several interns and work-study students on *The Status of Women in the States* project. Meghan Purvis, Amanda Innes, Lindsay Clark, Julie Hart, Margaret Langsenkamp, Laura Phillips, Katrina Holiday, and Kate Speirs all assisted with data collection and production of the reports. Amy LeMar, IWPR's Mariam K. Chamberlain Fellow in 2001-02, and Melissa Sills, IWPR's George Washington University Fellow in 2001-02, also assisted with the reports.

Many other IWPR researchers also contributed to drafting and editing the reports, including Dr. Stacie Golin, Study Director; Dr. Vicky Lovell, Study Director; Vanessa Melamede, Research Program Assistant; and 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.

IWPR's communications and production staff played a pivotal role in the reports. Linda Silberg, Director of Communications, and Katie O'Neill, Communications Coordinator, worked with the state advisory committees for more than a year to maximize publicity and visibility for each state's report. Both brought fantastic energy and enthusiasm to the project. With Ms. Silberg, Mick Schommer, Publications Manager and Editor, led the process of laying out and producing the final reports.

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Finally, Dr. Barbara Gault, Director of Research, and Dr. Heidi Hartmann, President and CEO, provided invaluable ongoing support and input for the project. Their creativity and overall brilliance are, as always, the driving force behind the success of IWPR and all its projects.



Amy Caiazza, Ph.D.
Study Director and Editor, *The Status of Women in the States*

Contents

1. Introduction	1
Goals of <i>The Status of Women in the States</i> Reports	1
About the Indicators and the Data	2
How <i>The Status of Women in the States</i> Reports Are Used	3
2. Overview of the Status of Women in Wisconsin	5
Focus on Race and Women's Status in Wisconsin	7
3. Women's Resources and Rights Checklist	11
Violence Against Women	11
Focus on Violence Against Women in Wisconsin	14
Child Support	15
Welfare and Poverty Policies	15
Employment/Unemployment Benefits	18
Family Leave Benefits	19
Sexual Orientation and Gender Identity	19
Reproductive Rights	19
Institutional Resources	19
Focus on Programs for Girls in Wisconsin	20
Conclusion	21
4. Political Participation	23
Voter Registration and Turnout	24
Women in Public Office	26
Focus on Women's Leadership in Wisconsin	27
Institutional Resources	30
5. Employment and Earnings	33
Women's Earnings	34
The Wage and Pension Gap	35
Labor Force Participation	38
Focus on Caregiving in Wisconsin	44
Occupation and Industry	47
6. Social and Economic Autonomy	49
Access to Health Insurance	50
Education	51
Women Business Owners and Self-Employment	52
Women's Economic Security and Poverty	53
Focus on Wages and Self-Sufficiency	56
7. Reproductive Rights	63
Access to Abortion	63
Other Family Planning Policies and Resources	65
Fertility and Natality	67
8. Health and Well-Being	69
Mortality and Incidence of Disease	70
Mental Health	74
Limitations on Activities	75
Preventive Care and Health Behaviors	76
State Health Policies and Resources	77
9. Conclusions and Policy Recommendations	79
Appendices	
Appendix I: Basic Demographics	83
Appendix II: Methodology, Terms, and Sources for Chart 2.1 (the Composite Indices and Grades)	87

Appendix III: Sources for Chart 3.1 (Women's Resources and Rights Checklist)	95
Appendix IV: State-by-State Rankings on the Composite Indices and Their Components	98
Appendix V: State and National Resources	108
Appendix VI: List of Census Bureau Regions	119
References	121

Index of Charts, Figures, and Tables

Charts

Chart 2.1	How Wisconsin Ranks on Key Indicators	.5
Chart 3.1	Women's Resources and Rights Checklist	.12
Chart 4.1	Political Participation: National and Regional Ranks	.23
Chart 5.1	Employment and Earnings: National and Regional Ranks	.33
Chart 6.1	Social and Economic Autonomy: National and Regional Ranks	.49
Chart 7.1	Panel A Reproductive Rights: National and Regional Ranks	.63
Chart 7.1	Panel B Components of the Reproductive Rights Composite Index	.64
Chart 8.1	Health and Well-Being: National and Regional Ranks	.69
Appendix Chart 2.1	Criteria for Grading	.88

Figures

Figure 4.1	Wisconsin Women in Elected Office	.28
Figure 5.1	Median Annual Earnings of Women and Men Employed Full-Time/Year-Round in Wisconsin and the United States, 1999 (2000 Dollars)	.34
Figure 5.2	Ratio of Women's to Men's Full-Time/Year-Round Median Annual Earnings in States in the East North Central Region, 1999	.35
Figure 5.3	Change in the Wage Ratio Between 1979 and 1999 in Wisconsin and the United States	.36
Figure 5.4	Percent of Women and Men in the Labor Force in Wisconsin and the United States, 2000	.39
Figure 5.5	Unemployment Rates for Women and Men in Wisconsin and the United States, 2000	.39
Figure 5.6	Labor Force Participation Rates of Women with and without Disabilities in Wisconsin and the United States, 2000	.47
Figure 5.7a	Distribution of Women Across Occupations in Wisconsin and the United States, 1999	.47
Figure 5.7b	Distribution of Women Across Industries in Wisconsin and the United States, 1999	.48
Figure 6.1	Educational Attainment of Women Aged 25 and Older in Wisconsin and the United States, 2000	.51
Figure 6.2	Distribution of Women-Owned Firms Across Industries in Wisconsin and the United States, 1997	.52
Figure 6.3	Median Annual Income for Selected Family Types and Single Women and Men in Wisconsin and the United States, 1999 (2000 dollars)	.54
Figure 6.4	Percent of Women and Men Living in Poverty in Wisconsin and the United States, 1999	.54
Figure 6.5	Poverty Rates for Selected Family Types and Single Women and Men in Wisconsin and the United States, 1999	.55
Figure 6.6	Maximum Annual TANF Benefits and Minimum Family Budget Levels in Wisconsin and the United States	.59
Figure 6.7	Percent of Unemployed Women and Men with Unemployment Insurance in the East North Central States and the United States, 2001	.60
Figure 6.8	Percent of Women and Men Aged 50 and Older Living in Poverty in Wisconsin and the United States, 1999	.61
Figure 6.9	Median Annual Social Security Benefits Among Women and Men Aged 50 and Older in Wisconsin and the United States, 1999	.61
Figure 8.1	Average Annual Mortality Rates Among Women from Heart Disease in Wisconsin and the United States by Race and Ethnicity, 1996-98	.72
Figure 8.2	Average Number of Days per Month of Limited Activities Among Women and Men in Wisconsin and the United States, 2000	.75

Tables

Table 4.1	Voter Registration for Women and Men in Wisconsin and the United States	.24
Table 4.2	Women's and Men's Voter Turnout in Wisconsin and the United States	.25
Table 4.3	Women in Elected Office in Wisconsin and the United States, 2002	.26
Table 4.4	Women in Appointed Office in Wisconsin and the United States, 2002	.30
Table 4.5	Women in the Judiciary in Wisconsin and the United States	.30
Table 4.6	Institutional Resources for Women in Wisconsin and the United States, 2002	.31
Table 5.1	Women's Earnings and the Earnings Ratio in Wisconsin by Educational Attainment, 1979 and 1999 (2000 Dollars)	.37

Table 5.2	Pension-Related Income Among Women and Men Aged 50 and Older in Wisconsin and the United States, 1999 .....	.38
Table 5.3	Personal Income Per Capita for Both Women and Men in Wisconsin and the United States, 2000 .....	.40
Table 5.4	Full-Time, Part-Time, and Unemployment Rates for Women and Men in Wisconsin and the United States, 1999 .....	.40
Table 5.5	Labor Force Participation of Women in Wisconsin and the United States by Race and Ethnicity, 1999 .....	.41
Table 5.6	Labor Force Participation of Women in Wisconsin and the United States by Age, 1999 .....	.42
Table 5.7	Labor Force Participation of Women with Children in Wisconsin and the United States, 1999 .....	.42
Table 5.8	Percent of Eligible Children Receiving CCDF Subsidies in Wisconsin and the United States, 1999 .....	.43
Table 5.9	Median Hourly Wages for Care Workers in Wisconsin .....	.45
Table 6.1	Percent of Women and Men without Health Insurance and with Different Sources of Health Insurance in Wisconsin and the United States, 2000 .....	.50
Table 6.2	Women-Owned Firms in Wisconsin and the United States, 1997 .....	.53
Table 6.3	Number and Percent of Persons in Families with Incomes Less Than Minimum Family Budget Level in Wisconsin and the United States, 1998 .....	.55
Table 6.4	Self-Sufficiency Standard for a Single Mother with Two Children in Milwaukee County and Juneau County .....	.56
Table 6.5	FIRST Model Summary of Family Resource Profile for Single Mother with Two Children in Milwaukee County .....	.57
Table 7.1	Contraceptive Coverage Among Low-Income and Teenage Women in Wisconsin and the United States, 1995 .....	.65
Table 7.2	Fertility, Natality, and Infant Health .....	.68
Table 8.1	Mortality and Incidence of Disease Among Women in Wisconsin and the United States .....	.71
Table 8.2	Average Annual Mortality Rates Among Women from Lung and Breast Cancer in Wisconsin and the United States by Race and Ethnicity, 1996-98 .....	.73
Table 8.3	Average Annual Incidence Rate of AIDS Among Women in Wisconsin and the United States by Race and Ethnicity, 1999 .....	.74
Table 8.4	Mental Health Among Women and Men in Wisconsin and the United States .....	.74
Table 8.5	Preventive Care and Health Behaviors Among Women in Wisconsin and the United States .....	.76
Table 8.6	Health Policies and Resources in Wisconsin and the United States .....	.77
Appendix Table 1.1	Basic Demographic Statistics for Wisconsin and the United States .....	.84

1. Introduction



During the twentieth century, women made significant economic, political, and social advances, but they are far from enjoying gender equality. Throughout the United States, women earn less than men, are seriously underrepresented in political office, and make up a disproportionate share of people in poverty. Even in areas where there have been significant advances in women's status, rates of progress are slow. For example, at the rate of progress achieved over the past ten years, women will not achieve wage parity for more than 60 years. If women's representation in Congress changes at the rate it did during the 1990s, it will take more than a century to achieve equality in political representation.

To make significant progress toward gender equity, policymakers, researchers, and advocates need reliable data about women and the issues affecting their lives. 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 biennial series is now in its fourth round. Over the course of a decade, reports on each of the 50 states and the District of Columbia are being completed. This year, IWPR produced reports on nine states, together with an updated 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 Status of Women in the States reports are produced 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 reports have three main goals: 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. The reports also highlight issues of particular importance

to women in different states through the contributions of IWPR's advisory committees in each state.

The 2002 reports contain indicators describing women's status in five main areas: political participation, employment and earnings, social and economic autonomy, reproductive rights, and health and well-being. In addition, the reports provide information about the basic demographics of the state (see Appendix I). For the five major issue areas addressed in this report, IWPR compiled composite indices based on the indicators presented to provide an overall assessment of the status of women in each area and to rank the states from 1 to 51 (including the District of Columbia; see Appendix II for details).

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 for this report. All women continue to face important obstacles to achieving economic, political, and social parity.

To address the continuing barriers to women across the United States, the reports also include letter grades for each state for each of the five major issue areas. IWPR designed the grading system to highlight the gaps between men's and women's access to various rights and resources. States were graded based on the difference between their performance and goals set by IWPR (e.g., no remaining wage gap or the proportional representation of women in political office; 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. 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 can quickly identify remaining barriers to equality for women in their state.

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 is a participatory process of preparing, reviewing, producing, and publicizing the reports. This participation has been crucial to improving the reports and increasing their effectiveness and impact in each round. Many of the advisory committees have used the reports to advance policies to improve women's status.

About the Indicators and the Data

IWPR referred to several sources for guidelines on what to include in these reports. The Beijing Declaration and Platform for Action from the U.N. Fourth World Conference on Women guided some of its choices of indicators. This document, the result of an official convocation of delegates from around the world, outlines issues of 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 consulted experts in each subject area for input about the most critical issues affecting women's lives. An important source of this expertise was IWPR's Working Group on Social Indicators of Women's Status, described below.

Ultimately the IWPR research team selected indicators by using several principles: relevance, representativeness, reliability, and comparability of data across all the states and the District of Columbia. While women's status is constantly changing, 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 uses only data collected in the same way for each state. Much of the data is from federal government agencies, including the Census Bureau, the Bureau of Labor Statistics, the Centers for Disease Control, and

the National Center for Health Statistics. Nonprofit and research organizations also provide 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. The decennial censuses provide the most comprehensive data for states and local areas, but because they are conducted only every ten years, their data are often out of date. CPS data are used to provide more timely information. For this set of reports, IWPR used new economic data from the years 1998-2000. Most 2000 decennial Census data were not yet available at the time these reports were prepared, but IWPR used these data where possible. 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 the CPS has a much smaller sample than the decennial Census, the population subgroups that can be reliably studied are limited (for information on sample sizes, see Appendix II). The decision to use more recent data with smaller sample sizes is in no way meant to minimize how profoundly differences among women—for example, by race, ethnicity, age, sexual orientation, and family structure—affect their status or how important it is to implement policies that speak to these differences. IWPR made it a top priority to report these differences wherever possible using existing data. Identifying and reporting on sub-regions within states (cities, counties, or 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 community-level differences in women's status are not described. While these differences are important, addressing them was not possible due to data and resource constraints.

A lack of reliable and comparable state-by-state data limits IWPR's treatment of several important topics: violence against women; issues concerning nontraditional families of all types; issues of special importance to lesbians; 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. In some cases, IWPR's state advisory committees have contributed their own data and analyses of these issues to the report to supplement IWPR's analysis. Nonetheless, many of these issues do not receive sufficient treatment in national surveys or other data collection efforts.

These 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 the 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 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 also encourages state advisory committees to contribute text presenting state-specific data on topics not covered by the reports. These contributions enhance the reports' usefulness to the residents of each state, while maintaining comparability across all the states, since the contributed data do not affect the rankings or grades.

Readers of this report 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 it is that the difference will be statistically significant.

Finally, when comparing indicators based on data from different years, the reader should note that in the 1990-2002 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 of the 1990s. By 2000, however, the economy had slowed significantly, and a recession began in March 2001.

How The Status of Women in the States Reports Are Used

The Status of Women in the States reports have been used throughout the country to highlight remaining obstacles facing women in the United States and to encourage policy changes designed to improve women's status. The reports have helped IWPR's state partners and others to educate the public about issues concerning women's status; inform policies and programs to increase women's voter turnout; and make the case for establishing commissions for women, expanding child care subsidies for low-income women, strengthening supports for women-owned businesses, developing training programs for women to enter nontraditional occupations, and improving women's access to health care. Data on the status of women give citizens the information they need to address the key issues facing women and their families.

2. Overview of the Status of Women in Wisconsin



Wisconsin reflects both the advances and limited progress achieved by women in the United States. While women in Wisconsin are seeing important changes in their lives and access to political, economic, and social rights, they do not enjoy equality with men and lack many of the legal guarantees that would allow them to achieve it. Women in Wisconsin, and the nation, would benefit from stronger enforcement of equal opportunity laws, better political representation, adequate and affordable child care, stronger poverty reduction programs, and other policies to improve their status.

Among the 50 states and the District of Columbia, Wisconsin ranks in the top third for women's status in one area of their lives: the state is 15th for women's political participation. It is in the middle third of all states at 18th for women's health and well-being, 19th for social and economic autonomy, and 20th for employment and earnings. In contrast, Wisconsin is near the bottom of all states for women's reproductive rights, at 48th (see Chart 2.1).

Even the state's better rankings speak only to the status of its women relative to women in other states.

Chart 2.1
How Wisconsin Ranks on Key Indicators

Indicators	National Rank*	Regional Rank*	Grade
Composite Political Participation Index	15	2	C
Women's Voter Registration, 1998 and 2000	8	1	
Women's Voter Turnout, 1998 and 2000	5	1	
Women in Elected Office Composite Index, 2002	26	2	
Women's Institutional Resources, 2002	20	3	
Composite Employment and Earnings Index	20	2	C+
Women's Median Annual Earnings, 1999	24	4	
Ratio of Women's to Men's Earnings, 1999	39	1	
Women's Labor Force Participation, 2000	3	1	
Women in Managerial and Professional Occupations, 1999	37	3	
Composite Social and Economic Autonomy Index	19	2	C+
Percent with Health Insurance Among Nonelderly Women, 2000	3	1	
Educational Attainment: Percent of Women with Four or More Years of College, 1990	31	2	
Women's Business Ownership, 1997	33	5	
Percent of Women Above the Poverty Level, 1999	4	1	
Composite Reproductive Rights Index	48	5	F
Composite Health and Well-Being Index	18	1	C+
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 five and refer to the states in the East North Central region (IL, IN, MI, OH, and WI).			
Calculated by the Institute for Women's Policy Research.			

Despite improvements in women's status across the country, women have not achieved equality with men in any state. With close to average rankings on many indicators, women in Wisconsin still face significant problems that demand attention from policymakers, women's advocates, and researchers concerned with women's status. As a result, in an evaluation of Wisconsin women's status compared with goals set for women's status, Wisconsin earns the grades of C+ in employment and earnings, social and economic autonomy, and health and well-being; C in political participation; and F in reproductive rights.

Wisconsin joins Illinois, Indiana, Michigan, and Ohio as part of the East North Central region. Among these five states, women in Wisconsin fare relatively well in some areas but relatively poorly in others. The state leads the region for women's health and well-being, is second for women's political participation, employment and earnings, and social and economic autonomy, and is last for women's reproductive rights.

Women in Wisconsin do well in some areas:

- ◆ Women hold almost 40 percent of high-level appointed positions in the executive branch in Wisconsin.
- ◆ Wisconsin women are more likely to work than women in all but two states (Minnesota and Nebraska).
- ◆ Wisconsin is ranked third in the country for women's access to health insurance.
- ◆ Only three states (New Hampshire, Iowa, and Minnesota) have lower poverty rates among women than Wisconsin.
- ◆ Women in Wisconsin are much less likely than women in the United States to die of lung cancer, suicide, breast cancer, or heart disease.

Still, there are important areas where the state could improve women's status:

- ◆ Only one of Wisconsin's eleven seats in the U.S. Congress was filled by a woman, and less than a quarter of state legislators were women, as of fall 2002.
- ◆ At 30 cents per dollar, the gap between women's and men's wages in Wisconsin falls among the worst third of the states.
- ◆ a third of single-mother families in Wisconsin live in poverty.
- ◆ Wisconsin women do not have guaranteed insurance coverage for contraception or infertility treatments, they face a waiting period when seeking abortions, and minors must receive parental consent for abortion.
- ◆ Women in Wisconsin experience among the highest number of days per month of poor mental health in the country.

Wisconsin is an average-sized state, with just over 2.7 million women of all ages. Women in Wisconsin are less diverse than women nationally, with fewer African Americans, Hispanics, Asian Americans, and immigrants. Wisconsin does, however, have one of the largest and fastest growing Hmong populations in the country. The Hmong and all women of color experience additional obstacles to equality in the state (see Focus on Race and Women's Status in Wisconsin). Wisconsin has a relatively high proportion of women living in rural areas. Women in rural areas face special challenges accessing services (such as domestic violence shelters, health providers, or family planning resources) and finding employment. Women in Wisconsin exemplify both the achievements and shortfalls of women's progress over the past century. Many Wisconsin women are witnessing real improvements in their economic, political, and social status. These advances are evident in some relatively high rankings for women's status compared with other states. But many serious obstacles to their equality remain.

Focus on Race and Women's Status in Wisconsin

Wisconsin women's status varies substantially by race. Consistent with national trends, women of color fare worse than white women in the state.

The proportion of women of color in Wisconsin, while less than nationwide, is nonetheless significant at 12.6 percent (see Appendix 1.1). Wisconsin has women of color of various heritage groups and nations living throughout the state: African American women primarily in Southeast Wisconsin; a growing population of Hispanic women primarily in Southeast Wisconsin; Asian women of many heritage groups, including Hmong, in Southeast and Central Wisconsin; Native American women of various nations, some of whom live in Southeast Wisconsin with most in Northern Wisconsin; and others (U.S. Department of Commerce, Bureau of the Census, 2000f). While data about these women are difficult to find, what are available paint a fairly disturbing picture.

For example, consider the following information related to health:

- ♦ In 1996, more than 70 percent of white women had either private or public insurance coverage, compared with about 58 percent of African American women and 54 percent of Hispanic women (Agency for Healthcare Research and Quality, 2002). Adults without health insurance are far less likely to receive check-ups or routine care (Wisconsin Department of Health and Family Services, 2001).
- ♦ Laotian/Hmong mothers are least likely to receive prenatal care during their first trimester. Only 48 percent of Hmong mothers receive first trimester prenatal care, compared with 88 percent of white mothers. Complicating this is that 23 percent of all Laotian/Hmong births are to teens (Wisconsin Women's Health Foundation, 2001; these data are from the Wisconsin Department of Health and Family Services and are not directly comparable with those in Table 7.2, which are from the U.S. National Center for Health Statistics).
- ♦ African American and Native American mothers are more likely to deliver low birth weight babies than other racial groups. The infant mortality rate for African American women in Wisconsin is 16.0 per 1,000 as compared with 5.8 per 1,000 for whites (see Table 7.2). Other data indicate that for Native Americans, the infant mortality rate is 20.7 per 1,000 (McCusker, Clifton, and Miller-Korth, 2000).
- ♦ Lack of access to health care has a profound effect on minority women. Older African American and Hispanic women are less likely to be tested for breast or uterine cancers. This has resulted in late stage diagnoses of breast cancer with lower survival rates among African American and Hispanic women compared with white women, who are more frequently diagnosed at earlier, more treatable stages (Agency for Healthcare Research and Quality, 2002).
- ♦ Death rates from conditions such as cancer, stroke, and heart disease are all higher in African Americans compared with whites. Although the nation's overall mortality rate between 1979-83 and 1992-96 has decreased for whites by 14 percent, and by 13 percent for all races, it has increased for African Americans by 3 percent (Frey, Lasker, Bray, and Kindig, 2000).

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- ◆ Despite accounting for less than 6 percent of the Wisconsin population, African American women account for nearly half of all Wisconsin women diagnosed with AIDS or HIV infection. Although Native American women account for slightly less than 1 percent of the Wisconsin population, they account for 2.2 percent of all Wisconsin women diagnosed with AIDS or HIV infection (Wisconsin Department of Health and Family Services, HIV/AIDS Program, 2002).
- ◆ Although African American women comprise less than 6 percent of the Wisconsin population, they account for 20 percent of all sexual assault victims (Wisconsin Women's Health Foundation, 2001).

Women of color are also disadvantaged in other areas of their lives:

- ◆ Overall, a higher percentage of African American women than white women work in Wisconsin (see Table 5.5). The percentage of white women working at poverty-wage jobs declined from 1979 to 1999, while the percentage of African American women working in poverty-wage jobs increased over the same time period (Dresser and Rogers, 2000).
- ◆ Hmong living in Wisconsin had an unemployment rate of 27 percent in 1989 (Hmong Population Research Project, 2000b; based on the 1990 Census).
- ◆ Nationally, African American women are incarcerated at a rate almost six times higher than white women. In addition, Wisconsin incarcerates typically young, African American offenders at a rate that is higher than any other state (Beck, Karberg, and Harrison, 2001).
- ◆ Although African Americans comprise approximately 37 percent of the population of the city of Milwaukee, African American women hold less than four percent of the executive, managerial, or professional jobs in that city. Research undertaken by the University of Wisconsin-Milwaukee Employment and Training Institute and the Milwaukee Urban League reveals that many African American professionals are migrating to other states in search of better economic and professional opportunities (Milwaukee Urban League, 1998).
- ◆ No women of color have been elected to represent Wisconsin in the U.S. Senate or House of Representatives. Just two women of color, Johnnie Morris Tatum and Annette Williams, are elected representatives in the lower house of the Wisconsin state legislature as of summer 2002. One woman of color, Gwendolynne S. Moore, is an elected state senator (Wisconsin Legislative Reference Bureau, 2001).

The status of women of color in Wisconsin is an important component of Wisconsin's well-being as a state. Clearly, the barriers and challenges imposed by racism, in addition to sexism, have impacted women of color in disturbing ways. According to a report published by the National Conference for Community and Justice, most people agree that people of color in the United States do not have equal opportunity with whites in terms of education, housing, promotions to managerial jobs, access to equal justice, treatment by the police, and media attention. While programs and efforts exist throughout the state to address some of these challenges, more must be done to understand their causes and effects.

Some recent examples of positive efforts to address racial inequality include the following:

- ◆ The Task Force on Racial Profiling was created in 2000 by former Wisconsin governor Tommy Thompson to investigate concerns about traffic stop profiling based on race.

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- ♦ The State of Wisconsin developed the Minority Health Program of the Health and Family Services Department to address the disparities among minority groups' health status and their reduced access to care. In addition, the state developed the Turning Point health plan to target infant mortality, asthma, HIV/AIDS, stroke, cancer, and other diseases of public concern among minorities.
- ♦ In response to the alarming Native American infant death rate, the state of Wisconsin introduced a healthy start program, "Honoring our Children," to work directly with the Native American community to reduce the infant mortality rate and promote prenatal care.
- ♦ Various religious, educational, and community-based organizations in Wisconsin and nationally have, for many years, worked to engage citizens in racial justice education and awareness programs. Some of these organizations are Project Equality of Wisconsin, the American Jewish Committee, the InterFaith Conference, the National Conference for Community and Justice, and the YWCAs in Wisconsin (see Appendix V for contact information).

In addition to addressing the symptoms of discrimination against women based on race, efforts must be made to understand and eliminate the causes. Wisconsin, as a state, mirrors the rest of the nation in the insufficient attention paid to eliminating racism. Its largest city, Milwaukee, continues to be labeled as the most segregated city in the nation for African Americans and seventh most segregated for Hispanic people (Sykes and Johnson, 2001; Milwaukee Journal Sentinel, 2002b). It is imperative to understand the factors contributing to this segregation, as well as to the emigration of professional women of color out of the state.

In addressing the status of women in Wisconsin, it is crucial to include issues of race and the impact of racism. Failing to do so will prevent the state from recognizing and addressing key problems preventing women from reaching their full potential, and, in turn, preventing Wisconsin from benefiting from their contributions.

Political Participation

Women in Wisconsin register (eighth) and vote (fifth) at much higher rates than women in most states. They have average levels of representation in elected office (26th) and through institutional resources such as a commission for women (20th). Overall, the state ranks 15th and receives a grade of C on the political participation composite index. Increased representation in the political process could benefit women by encouraging the adoption of more women-friendly policies, which in turn could enhance women's status in other areas.

Employment and Earnings

While women in Wisconsin participate in the workforce much more often than women in the rest of the country, they earn only average wages. They also work as managers or professionals less frequently

than women in the nation as a whole, and their earnings equality with men is lower than in most of the country. These factors combine to place Wisconsin 20th in the nation on the employment and earnings composite index. The state receives a grade of C+ in this area.

Social and Economic Autonomy

Wisconsin has relatively high levels of health insurance coverage and of women living above poverty. The state ranks in the top five states for both indicators. In contrast, at 31st among the states, women in Wisconsin are less likely than women nationally to have a college education. Wisconsin also ranks below average for women's business ownership (at 33rd). Overall, Wisconsin ranks 19th on IWPR's composite index of social and economic autonomy. Wisconsin's room for improvement is reflected in its grade of C+ for this composite index.

Reproductive Rights

Wisconsin women lack many important reproductive rights and resources, and as a result, the state ranks 48th of 51 on the reproductive rights composite index. Poor women in Wisconsin can receive public funding for abortion only under federally mandated, limited circumstances, and the state lacks mandates for comprehensive contraceptive coverage or infertility treatments. Only about 38 percent of women live in counties with abortion providers. Finally, lesbian couples have been denied the right to adopt their partners' children. Because Wisconsin does not guarantee women many important reproductive rights, the state receives a grade of F on this composite index.

Health and Well-Being

Women in Wisconsin experience about average health status compared with women in other states. Mortality rates from lung cancer and suicide are relatively low among Wisconsin women. In contrast, the number of days per month of women's poor mental health is relatively high, as is the incidence of chlamydia.

Wisconsin's national rank of 18th suggests that, while the state ranks higher than many states for women's health and well-being, it has room for improvement. Wisconsin receives a C+ on this composite index.

3. 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.

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 (President's Interagency Council on Women, 2000). In some ways, women in the United States enjoy access to relatively high levels of gender equality compared with women around the world. In other areas, the United States and many individual states have an opportunity to better support women's rights.

The Women's Resources and Rights Checklist, Chart 3.1, provides an overview of the policies supporting women's rights and the resources available to women in Wisconsin. This list was derived 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 (e.g., through welfare and child support collection), women-friendly employment protections, family leave benefits, legislation protecting sexual minorities, reproductive rights, and institutional representation of women's concerns.

Many of the indicators in Chart 3.1 can be affected by state policy decisions (see Appendix III for detailed

explanations of the indicators). As a result, the Women's Resources and Rights Checklist provides a measure of Wisconsin's commitment to policies designed to help women achieve economic, political, and social well-being. In Wisconsin, women lack most of the rights on this checklist. The state has adopted eleven out of 31 possible policies presented in the Women's Resources and Rights Checklist.

Violence Against Women

Violence against women can strongly affect women's physical health, psychological well-being, and economic and social stability. Women who experience domestic violence, stalking, sexual assault, and other violence often need appropriate social services and health care to help them escape violent situations. They also need protection from perpetrators of violence and increased awareness among police, prosecutors, and health care professionals about the issues facing victims of violence. Training toward this awareness provides the tools to recognize the signs of abuse and intervene effectively. Wisconsin has adopted a few important policies and provisions that can help curtail violence and protect survivors, but it lacks a few others.

Wisconsin has adopted a domestic battery statute complementing its assault and battery laws. In many states, such provisions are designed to provide enhanced penalties for repeat offenders. A total of 34 states have adopted this type of law. In Wisconsin, there is a two-year enhancement of the minimum mandatory jail sentence for a repeat assault within 72 hours of release after arrest from a first domestic violence incident. Prosecutors in the state can also use a number of approaches for dealing with domestic violence cases, including bringing other charges related to the incident, such as reckless endangerment, weapons charges, criminal destruction of property, and others. At the same time, police reports can lack sufficient information for the District Attorney to charge offenders. In addition, victims of domestic violence do not always see cooperation with the

Chart 3.1
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				
Has Wisconsin adopted a domestic battery statute complementing assault laws?	✓			34
Does Wisconsin law require domestic violence training of new police recruits and health care professionals?		✓	Police Only	10
Does Wisconsin law prohibit domestic violence discrimination in insurance?	✓			22
Is a first stalking offense a felony in Wisconsin?		✓	Felony or Misdemeanor	12
Does Wisconsin law require sexual assault training for police, prosecutors, and health care professionals?		✓		4
Child Support				
Percent of single-mother households receiving child support or alimony:			45%	34%
Percent of child support cases with orders for collection in which support was collected:			47%	39%
Welfare and Poverty Policies				
Does Wisconsin extend TANF benefits to children born or conceived while a mother is receiving welfare? ¹		✓		28
Does Wisconsin allow receipt of TANF benefits up to or beyond the 60-month federal time limit? ²	✓		60-month limit	44
Does Wisconsin allow welfare recipients at least 24 months before requiring participation in work activities?		✓	Immediate	13
Does Wisconsin provide transitional child care under TANF for more than 12 months? ³		✓		14
Has Wisconsin's TANF plan been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence?		✓		37
In determining welfare eligibility, does Wisconsin disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job? ⁴	✓			11
Does Wisconsin have a state Earned Income Tax Credit? ⁵	✓			16
Maximum TANF benefit for a family of three (two children) in Wisconsin, 2001:			\$673.00	\$379.00
Employment/Unemployment Benefits				
Is Wisconsin's minimum wage higher than the federal level as of January 2002? ³		✓	\$5.15	12
Does Wisconsin have mandatory temporary disability insurance?		✓		5
Does Wisconsin provide Unemployment Insurance benefits to:				
Low-wage earners?		✓		14
Workers seeking part-time jobs?		✓	Proposed	9
Workers who leave their jobs for certain circumstances ("good cause quits")? ⁶	✓			30
Has Wisconsin implemented adjustments to achieve pay equity in its state civil service?	✓			20

Chart 3.1 continued

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Family Leave Benefits				
Has Wisconsin proposed legislation extending Unemployment Insurance benefits to workers on temporary leave to care for infants and newly adopted children?	✓			0 Enacted; 20 Proposed
Has Wisconsin proposed legislation allowing use of temporary disability insurance to cover periods of work absence due to family care needs?	✓			1 Enacted; 3 Proposed
Sexual Orientation and Gender Identity				
Does Wisconsin have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity?	✓			14
Has Wisconsin adopted legislation creating enhanced penalties or a separate offense for crimes based on sexual orientation?	✓			28
Has Wisconsin avoided adopting a ban on same-sex marriage?	✓			16
Reproductive Rights				
Does Wisconsin allow access to abortion services: Without mandatory parental consent or notification?	✓			8
Without a waiting period?	✓			29
Does Wisconsin provide public funding for abortions under any or most circumstances if a woman is eligible?	✓			16
Does Wisconsin require health insurers to provide comprehensive coverage for contraceptives? ⁷	✓			19
Does Wisconsin require health insurers to provide coverage of infertility treatments?	✓			11
Does Wisconsin allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child? ⁸	✓		Appellate Court	25
Does Wisconsin require schools to provide sex education?	✓			23
Institutional Resources				
Does Wisconsin have a commission for women?	✓			4
Total Policies	11	20		31 possible

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

¹ Wisconsin's benefit system involves payments based upon which work program participants are assigned to, regardless of family size. TANF benefits do not increase as a family size increases.

² Within the 60-month time limit, Wisconsin also enforces 24-month time limits for each work program assignment. For participants who are unable to advance to the next work program level, the right to benefits may be limited to 24 months.

³ All families earning less than 185 percent of the Federal Poverty Level are eligible for child care assistance, regardless of prior TANF status, and they remain eligible until their income reaches 200 percent of the Federal Poverty Level. Former TANF recipients are not guaranteed child care.

⁴ Families earning less than 115 percent of the Federal Poverty Line are eligible for TANF.

⁵ Wisconsin's refundable Earned Income Tax Credit is 4 to 43 percent of the Federal Earned Income Tax Credit. For families with one child the state credit is 4 percent; with two children, 14 percent; and with three children, 43 percent of the Federal Earned Income Tax Credit.

⁶ Wisconsin provides Unemployment Insurance benefits to workers who leave their jobs due to domestic violence, sexual harassment, or individual or family illness.

⁷ Wisconsin requires that at least one method of contraception be covered for all state employees.

⁸ Most states that allow such adoptions do so as a result of court decisions. In Wisconsin, an appellate court has ruled against second-parent adoptions.

Compiled by the Institute for Women's Policy Research.

Focus on Violence Against Women in Wisconsin

Domestic and sexual violence and abuse substantially affect the health, well-being, and economic and social stability of women, children, and families. Women who are physically and emotionally abused by partners, family members, or caregivers need their communities to recognize the impact of this harm. Effective coordinated community responses include advocacy, medical services, mental health and substance abuse treatment, law enforcement intervention, and criminal prosecution. Though many Wisconsin communities have organized coordinated community responses to the issue of domestic violence and sexual assault, there are many opportunities for improved local and statewide action.

Wisconsin has an active coalition advocating for the needs of battered women and domestic violence service providers. The state has a mandatory arrest statute requiring law enforcement to make an arrest when called to a scene at which they believe that domestic abuse has or will occur; advocates are developing clarifying legislation to prevent victims from being inappropriately arrested and charged as part of mandatory arrest procedures. Advocates are also pursuing legislation to enable domestic abuse victims in dating relationships to access domestic abuse orders of protection; such protection would also be extended to victims abused by caregivers. Advocates are supporting pending legislation that requires sexual assault victims be given information about emergency contraception and provided access to emergency contraception, when requested. They have also proposed pending changes to Wisconsin's stalking law that would make it a more effective tool for law enforcement and prosecutors. Finally, advocates working in domestic violence and sexual assault have proposed legislation to grant legal privilege status to communications between victims and advocates (Wisconsin State Legislature, 2002).

Wisconsin law already has several strong provisions for victims of violence. It requires domestic violence training for law enforcement. The state also recently passed legislation requiring that direct service providers in the state's Temporary Assistance to Needy Families program (known as W-2) be trained in the dynamics of domestic violence and its impact on victims' ability to work (State of Wisconsin, 2002). In addition, service providers and the statewide coalitions in domestic violence and sexual assault have developed, implemented, and expanded training of medical personnel, prosecutors, and judges—even though such training is not required by Wisconsin law (Kocol, 2002).

To improve services for victims of violence against women in Wisconsin, the following recommendations should be implemented:

- ◆ Effective services for children who witness domestic violence should be developed and funded.
- ◆ Opportunities should be made available for Child Protective Service workers and advocates who assist parents who are victims of domestic abuse. Workers can then communicate and share knowledge about best practices in domestic violence situations.
- ◆ The salaries and benefits of staff in sexual assault and domestic violence programs should be increased to ensure greater continuity of experienced service providers and advocates.
- ◆ Access to and funding for effective services for batterers could be improved.
- ◆ Access to legal service should be provided for family violence victims who need representation in custody, divorce, or other related issues.

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- ◆ The state law that provides for a presumption of joint custody in divorce should be changed to address the safety of children who have a violent parent.
- ◆ Victims in the workplace could be further protected by educating employers about domestic violence.
- ◆ Specific policies should focus on reducing the proportion of domestic violence "dual arrests" for those counties in which the proportion of such arrests are disproportionately high.
- ◆ The state should provide support for law enforcement officials, enabling them to respond with greater victim-sensitivity to reports of sexual assault.
- ◆ Parents participating in TANF programs should have access to support and services for family violence.
- ◆ Statewide lobbying, public policy efforts, and training initiatives that benefit all violence programs and service providers could be further strengthened and funded.

criminal justice system as in their best personal, safety, or family interests (Kocol, 2002).

Wisconsin requires domestic violence training for police but not health care professionals. Only ten states require domestic violence training for both groups by statute.

Some insurance companies use domestic violence to justify discrimination against them, by denying, canceling, or limiting coverage and/or charging a higher premium for coverage. A total of 22 states, including Wisconsin, prohibit insurance companies from using domestic violence as a basis for discrimination.

In addition to domestic violence policies, many states also have provisions related to crimes like stalking, harassment, and sexual assault. In twelve states, a first stalking offense is considered a felony. In 26 states, stalking can be classified as either a felony or a misdemeanor, depending on circumstances such as use of a weapon or prior convictions. Felony status is considered preferable because it usually leads to quicker arrest, eliminating the need for police to investigate the seriousness of the stalking to determine probable cause (U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998). In Wisconsin, a first stalking offense can be either a felony or a misdemeanor.

Finally, four states have adopted laws requiring sexual assault training for police, prosecutors, and health care professionals. Wisconsin is not one of those states (for more on these issues, see Focus on Violence Against Women in Wisconsin).

Child Support

Many single-mother households experience low wages and poverty. Child support or alimony is one way to supplement their incomes. Child support can make a substantial difference in low-income families' lives by lifting many out of poverty. Among nonwelfare, low-income families with child support arrangements, poverty rates would increase by more than 30 percent without their child support income (IWPR, 1999).

In the United States, approximately 34 percent of single-mother households receive some level of child support or alimony. In Wisconsin, 45 percent receive such support, substantially above the national average. According to the U.S. Department of Health and Human Services, Office of Child Support Enforcement, 61 percent of child support cases have support orders established (U.S. Department of Health and Human Services, Administration for Children and Families, 2001). Child support, however, is collected in only 39 percent of cases with orders (or about 24 percent of all child support cases). The enforcement efforts made by state and local agencies can affect the extent of collections (Gershenson, 1993). Of all child support cases with orders for collection in Wisconsin in 1998, child support was collected in 47 percent. This is also above the average for the United States.

Welfare and Poverty Policies

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) enacted the

most sweeping changes to the federal welfare system since it was established in the 1930s. PRWORA ended entitlements to federal cash assistance, replacing the Aid to Families with Dependent Children (AFDC) program with the Temporary Assistance for Needy Families (TANF) program. While AFDC provided minimum 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 federal restrictions.

States have adopted widely divergent TANF plans. The provisions of their welfare programs can have important ramifications for 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, leave family situations involving domestic violence and other negative circumstances, and support their families during times of economic hardship. Although it has a few supportive policies, Wisconsin has adopted many welfare policies that are punitive and harmful to women.

As of June 2001, 23 states had Child Exclusion policies, or "Family Caps," which deny or limit benefits to children born to a family that is receiving welfare. Such policies are intended to reduce childbearing among unwed parents and to prevent women from having more children for the sole purpose of increasing their cash benefits. Research suggests, though, that cash assistance does not influence women's childbearing decisions, making the Family Cap an unnecessary source of economic hardship (IWPR, 1998). Wisconsin's benefit system involves payments based upon which work program participants are assigned to, regardless of family size (Wisconsin Department of Workforce Development, 2002d). Thus, in Wisconsin, TANF benefits do not increase as family size increases. Twenty-seven states and the District of Columbia do not have any kind of Family Cap.

Wisconsin's time limits on receiving TANF are the maximum allowed under federal regulations. In

Wisconsin, recipients are limited to 60 months. Within the 60-month time limit, Wisconsin also enforces 24-month time limits for each work program assignment. For participants who are unable to advance to the next work program level, the right to benefits may be limited to 24 months. Wisconsin implemented its TANF program, Wisconsin Works (W-2), in October of 1996 (Wisconsin Department of Workforce Development, 2002d). Thus, as of October of 2001, welfare recipients in Wisconsin have the potential of exhausting their five-year lifetime benefit limit.

The average time limit for welfare reciprocity among all states is 55.4 months. Like Wisconsin, 37 states and the District of Columbia have a time limit of 60 months (the maximum allowed under federal law). Seven states report lifetime time limits of less than 60 months. Six states have no lifetime limits for individuals complying with TANF requirements. These states use state money to supplement federal funding.

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 29 states, nonexempt recipients are required to engage in work activities immediately under TANF. Nine other states have work requirements within less than 24 months. Twelve states require recipients to work within 24 months or when determined able to work, whichever comes first. One state, Vermont, allows recipients 30 months before requiring work to receive benefits. Welfare recipients in Wisconsin are required to begin work activities immediately, allowing them limited time to upgrade skills through training or education.

PRWORA also replaced former child care entitlements with the Child Care Development Fund, which consolidated funding streams for child care, increased overall child care funds to states, and allowed states substantial discretion in determining eligibility for child care. 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 designated as being at risk of becoming dependent on

TANF (U.S. Department of Health and Human Services, Administration for Children and Families, 1999). In addition to these funds, many states use TANF 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, for families transitioning away from welfare, 14 states guarantee child care beyond twelve months. Eighteen states provide a total of twelve months of transitional child care. Nineteen states, including Wisconsin, provide less than twelve months of transitional child care. In Wisconsin, all families earning less than 185 percent of the Federal Poverty Level are eligible for child care assistance regardless of prior TANF status. They remain eligible until their income reaches 200 percent of the Federal Poverty Level (Wisconsin Council on Children and Families, 2002). Former TANF recipients in Wisconsin, however, are not guaranteed child care. Expanding child care services is a crucial form of support for working families, especially single mothers, and can be critical to ensuring families' self-sufficiency. Wisconsin's TANF policies could be improved to reflect the value and importance of child care and other caregiving activities.

As of June 2001, 36 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. Wisconsin has not adopted the Family Violence Option and does not allow exemptions from time limits or work requirements for domestic violence.

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. Wisconsin has a relatively generous policy on how it treats earnings in determining TANF eligibility; the state disregards the equivalent of at least 50 percent of the earnings of a full-time, minimum-wage job. In Wisconsin, all families earning less than 115 percent of the Federal Poverty

Level are eligible for TANF (Wisconsin Council on Children and Families, 2002). Eleven states disregard at least 50 percent of earnings when determining income eligibility for TANF.

The federal Earned Income Tax Credit (EITC) program began in 1975 and has been expanded several times over the years to support work and decrease poverty. The EITC program allows low-income families to receive tax rebates on all or some of the taxes taken out of their paychecks during the year. The success of the program has prompted some states to enact state EITCs in recent years. State EITCs reduce poverty and play a critical role in supporting families with low earnings, especially those families making the transition from welfare to work.

Currently, 16 states, including Wisconsin, offer an EITC modeled on the federal EITC (Zahradnik, Johnson, and Mazerov, 2001). Eleven of these states have a refundable EITC, which means that families can receive the full amount of their tax credits even if they exceed the total amount of families' income tax liabilities. Refundable EITCs benefit many more low-income working families than non-refundable EITCs. Wisconsin has a refundable EITC that is 4 percent to 43 percent of the federal EITC (the state credit is 4 percent for families with one child, 14 percent for families with two children, and 43 percent for families with three children).

Among all 50 states and the District of Columbia, the median maximum cash assistance benefit check in 2001 for families receiving TANF was \$379 per month for a family of three (two children and one parent). In Wisconsin, the maximum monthly benefit was \$673, substantially above the national average (this monthly benefit does not include other non-cash benefits, such as Medicaid, food stamps, housing subsidies or child care subsidies, that families might receive).

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 case-workers, an emphasis on informing welfare recipients of available resources and 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. Wisconsin employment policies are relatively unsupportive of women workers, although the state has adopted a few important policies.

The minimum wage is particularly important to women because they constitute the majority of low-wage workers. Research by IWPR and the Economic Policy Institute has 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 January 2002, eleven states and the District of Columbia had minimum wage rates higher than the federal level of \$5.15. Three 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 29 states had state minimum wages equal to the federal level. In Wisconsin, the minimum wage level is the same as the federal level, at \$5.15 an hour.

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. 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 leaves through TDI (Hartmann, et al., 1995). Wisconsin 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 earnings criteria, more than twice the rate for unemployed men (see Appendix III for more details on UI requirements; Yoon, Spalter-Roth, and Baldwin, 1995). States typically set eligibility standards for UI and can enact policies that are more or less inclusive and more or less generous to claimants.

In Wisconsin, some UI policies are relatively harmful to women, while others are relatively supportive. On the one hand, earnings requirements generally disqualify low-wage earners. Policies also prohibit workers seeking part-time jobs from qualifying for unemployment benefits. Because women are more likely than men to seek part-time work, the failure to cover part-time workers disproportionately harms women. On the other hand, Wisconsin's UI policies do allow women to qualify for insurance in cases of "good cause quits," in which a worker leaves a job for personal circumstances. In Wisconsin, these can include harassment on the job, domestic violence, or one's own or family illness.

To decrease wage inequality between women and men, 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. Since 1997, 20 states have implemented programs to raise the wages of workers in female-dominated jobs in their state employment systems (National Committee on Pay Equity, 1997). A study by IWPR found that in states implementing pay equity remedies, the remedies improved female/male wage ratios (Hartmann and Aaronson, 1994). Wisconsin has implemented policies within its state civil service to achieve pay equity for state government employees.

Family Leave Benefits

As women's labor force participation has increased, so has the need for paid family leave. The Family and Medical Leave Act of 1993 provides for unpaid time off from work to care for sick relatives or a newborn or adopted child, guaranteeing leave-takers' jobs when they return to work. This legislation does not replace the income workers lose while taking leave to care for their families, however. Among workers, 77 percent who need leave but fail to take it cannot afford the time without pay, and 25 percent of low-income workers who do take some leave have to turn to welfare for support (U.S. Department of Labor, 2001).

Some states have responded to this gap in recent years by adopting policies that give families more options for paid family leave. One initiative proposed by 20 states would extend UI benefits to workers on temporary leave to care for infants and newly adopted children (Society for Human Resource Management, 2001; National Partnership for Women and Families, 2001a). If adopted, "Baby UI" is expected to improve parent-child bonding, encourage more stable child care arrangements, and increase workforce attachment (Lovell and Rahmanou, 2000). Wisconsin has not introduced Baby UI legislation.

Another strategy used by some states to provide paid family leave involves extending mandatory TDI programs to provide insurance coverage for periods of work absence due to family care needs, in addition to the worker's own illness or disability. In September 2002, California amended its TDI program to include family leave with partial pay for up to six weeks. New York and New Jersey have proposed similar expansions of their plans, and Massachusetts has proposed adopting a new mandatory TDI program that would include coverage for family leave (National Partnership for Women and Families, 2001b). Wisconsin has not (and does not have mandatory TDI).

If Wisconsin were to provide family leave benefits by adopting an expansive TDI program and/or adopting Baby UI, all workers would be better able to care for their families.

Sexual Orientation and Gender Identity

Wisconsin has several policies that provide lesbians and other sexual minorities access to the same rights as other citizens. Thirteen states, including Wisconsin, and the District of Columbia have adopted statutes prohibiting discrimination on the basis of sexual orientation. Another 27 states and the District of Columbia have passed laws creating enhanced penalties for perpetrators or separate offenses for hate crimes committed against victims because of their sexual orientation. Wisconsin has passed a hate crime bill that addresses crimes against gay, lesbian, and bisexual residents. In addition, Wisconsin has not specifically prohibited same-sex marriage. Thirty-five states have banned same-sex marriage. Only one state, Vermont, has expressly allowed gay and lesbian couples to take advantage of the same rights and benefits extended to married couples under state law, through the passage of a "civil union" act. Vermont's law, which was signed in April 2000, 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 if they have been registered as a civil union.

Reproductive Rights

While indicators concerning reproductive rights are covered in detail later in this report, they also represent crucial components of any list of desirable policies for women. In Wisconsin, women have low levels of access to abortion and other family planning resources. Without adequate access to reproductive rights, women have limited resources to make careful, informed, and independent decisions about childbearing, which can in turn have a substantial impact on their well-being and the well-being of their children.

Institutional Resources

Since Wisconsin has a state-level commission for women, they have one form of representation that might help create more women-friendly policies in their state (see the section on Political Participation for details). Forty states currently have state-level commissions for women.

Focus on Programs for Girls in Wisconsin

No thoughtful analysis of the status of today's women is complete without considering the direction in which tomorrow's women are headed. Are Wisconsin's girls at risk? Are we nurturing their greatest potential? What steps can parents, educators, and youth workers take today to secure their health, happiness, and future success?

Nurturing the Whole Girl:

A Case Study of Madison's Girl Neighborhood Power

In 1997, the City of Madison launched Girl Neighborhood Power (GNP), an after-school program to help preadolescent girls build successful futures while negotiating the difficult transition from childhood to adolescence. The program focuses on building strong self-confidence, physical health, and career aspirations. Operating expenses for the program's first five years were underwritten by a grant from the U.S. Department of Health and Human Services to fund after-school programs that foster healthy behavior and create meaningful community participation for girls in low-income neighborhoods (Zweig and Van Ness, 2001).

Delivered by five community centers across Madison, GNP's activities for 9- to 14-year-olds include community service, health education, drug and alcohol prevention, sports and fitness, youth leadership, peer support, recreational and cultural field trips, healthy decision-making, and academic achievement programs. Although the same priorities can be found in co-ed and boys programs, according to GNP's program director, girls demonstrate a greater need to feel that they are a part of a group, to make friends, and to be surrounded by nurturing adults (Kintner, 2002).

A growing body of research around whole-girl programming, which addresses the holistic needs of a girl rather than one aspect of her life, reinforces the value of programs like GNP. A review of best practices for girls' programs conducted by California's Three Guineas Fund cites "homegrown" programs, which consider the community-specific strengths of girls over a pre-packaged curriculum, as most effective (Three Guineas Fund, 2001). Within GNP, an active girl council conceived of and secured funding for both a double dutch club and a literacy program benefiting girls through a youth-run foundation, keeping the program homegrown and girl-driven (Kintner, 2002).

GNP also demonstrates the three leading principles that the Ms. Foundation for Women has identified as common to effective girls programs:

- ♦ A safe space for girls.
- ♦ An atmosphere that fosters leadership.
- ♦ Intergenerational relationships among girls and women (Ms. Foundation for Women's Collaborative Fund for Healthy Girls/Healthy Women, 2000).

In conventional recreational centers, girls often stand around while boys play pool and shoot hoops. Girls often fade away from the programs altogether (Kintner, 2002). Tufts University researcher Molly Mead, who has conducted extensive research on the effects of gender-specific youth programming on girls, has found that in quality youth programs where every participant is female, girls are too busy concentrating on being themselves and developing their own identities to give gender much thought. As a result, they can also address other issues as larger and more primary concerns (Mead, 2001).

(continued on next page)

In a national study of GNP and its three federally funded partner programs in 2001, participating girls reported developing more social skills and self confidence, an interest in community service, better communication skills, positive adult support, and opportunities to learn and do things or go places they ordinarily would not have experienced (Zweig and Van Ness, 2001). A final report will be available as the pilot study wraps up at the end of 2002.

Future plans for GNP may involve expansion to include high school girls as participants and college students as mentors.

Milwaukee as a Hotbed of Girl Activism: Testing Gender-Conscious Social Change Models

In the fall of 2002, two of Milwaukee's most innovative youth agencies will take on a national challenge to tap girls as change agents, since research shows that girls want to be social change agents who contribute positively to their communities.

City Action Teams (CAT), organized by the Girl Scouts of Milwaukee Area, and the Pearls Power Project (P3), organized by Pearls for Teen Girls, were two of twelve programs across the country funded by the Ms. Foundation for Women's Collaborative Fund for Youth-Led Social Change to document and strengthen programs that effectively combine comprehensive youth development, social change action, and gender-conscious programming. Milwaukee was the only community awarded two grants from a competitive process that considered over 500 proposals (Women's Fund of the Greater Milwaukee Foundation, 2002).

Over the three-year grant period, the Milwaukee programs will contribute to a national study to understand what fosters and sustains social change action among youth. They will also network with partner agencies of various size and experience levels, ranging in focus from improving Appalachian schools, to raising the quality of life for Cambodian families in California, to improving working conditions in an east-coast factory town (Women's Fund of the Greater Milwaukee Foundation, 2002).

At the time of this publication, girls from CAT and P3 were working to define the issues and strategies through which they will build a better Milwaukee. It is hoped that by being on the cutting edge of changes in the youth development and civic engagement fields today, Milwaukee's girls will have the tools and skills to raise the status of women in Wisconsin tomorrow.

Conclusion

In order for women in Wisconsin 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 poli-

cies 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 (for information on programs that provide resources to improve the well-being of girls in the state, see Focus on Programs for Girls in Wisconsin).

4. Political Participation



Political participation allows women to influence 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 makes ensuring women equal access to avenues for participation and decision-making a major objective. This section presents data on several aspects of women's involvement in the political process in Wisconsin: 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 some of women's political preferences differ from men's.

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. In public opinion surveys, women express concern about issues like education, health care, and reproductive rights at higher rates than men (Conway, Steuernagel, and Ahern, 1997). Because women are often primary care providers in families, these issues can have an especially profound effect on women's lives.

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; Swers, 2002). In addition, legislatures with larger proportions of female elect-

Chart 4.1
Political Participation: National and Regional Ranks

Indicators	National Rank* (of 50)	Regional Rank* (of 5)	Grade
Composite Political Participation Index	15	2	C
Women's Voter Registration (percent of women 18 and older who reported being registered to vote in 1998 and 2000) ^a	8	1	
Women's Voter Turnout (percent of women 18 and older who reported voting in 1998 and 2000) ^a	5	1	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2002) ^{b,c,d}	26	2	
Women's Institutional Resources (number of institutional resources for women in Wisconsin, 2002) ^{e,f}	20	3	

See Appendix II for methodology.

* The national rankings are of a possible 50, because the District of Columbia is not included in these rankings. The regional rankings are of a maximum of five and refer to the states in the East North Central region (IL, IN, MI, OH, and WI).

Source: ^a U.S. Department of Commerce, Bureau of the Census, 2000c, 2002c; ^b CAWP, 2002a, 2002b, 2002c, 2002d; ^c Council of State Governments, 2000; ^d Compiled by IWPR based on Center for Policy Alternatives, 1995; ^e CAWP, 1998; ^f National Association of Commissions for Women, 2000.

Calculated by the Institute for Women's Policy Research.

ed officials tend to address women's issues more often and more seriously than those with fewer female representatives (Dodson, 1991; Thomas, 1994). Finally, representation through institutions such as women's commissions or women's legislative caucuses provides ongoing channels for expressing women's concerns and makes policy-makers more accessible to women, especially when those institutions work closely with women's organizations (Stetson and Mazur, 1995).

Overall, women in Wisconsin fare above average compared with women in the United States on indicators of women's political participation. The state ranks in the top third on the political participation composite index, at 15th. Its rankings for individual indicators range from fifth for women's voter turnout, and eighth for women's voter registration, to 26th for women in elected office (see Chart 4.1). Wisconsin falls just above the midpoint of all states for women's institutional resources at 20th.

Within its region, Wisconsin ranks first for women's voter registration and voter turnout, second for women in elected office, and third for

women's institutional resources. It is second of five overall in the East North Central region.

Wisconsin's performance suggests that for indicators of women's political participation, the state has some room for improvement. While many women in Wisconsin register and vote, as of fall 2002, only one woman was a member of the state's congressional delegation, and less than a quarter of the state legislature was made up of women. Since, like most states, Wisconsin could improve significantly on most indicators of political participation, it receives a grade of C for the political participation composite index. Women throughout the country and in Wisconsin need better representation in the political process.

Voter Registration and Turnout

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

Table 4.1
Voter Registration for Women and Men in Wisconsin and the United States

	Wisconsin		United States	
	Percent	Number	Percent	Number
2000 Voter Registration^{a*}				
Women	78.6%	1,551,000	65.6%	69,193,000
Men	74.3%	1,420,000	62.2%	60,356,000
1998 Voter Registration^{b*}				
Women	70.6%	1,377,000	63.5%	65,445,000
Men	66.6%	1,225,000	60.6%	57,659,000
Number and Percent of All Voter Registration Applications, 1999-2000, Received at:^c				
Public Assistance Offices	N/A**	N/A**	2.9%	1,314,500
Disability Services Offices	N/A**	N/A**	0.4%	190,009

* Percent of all women and men aged 18 and older who reported registering, based on data from the 1998 and 2000 November Supplements of the Current Population Survey. These data are self-reports and tend to overstate actual voter registration.

** Wisconsin is exempt from the National Voter Registration Act

Source: ^a U.S. Department of Commerce, Bureau of the Census, 2002c; ^b U.S. Department of Commerce, Bureau of the Census, 2000c; ^c Federal Election Commission, 2000.

Compiled by the Institute for Women's Policy Research.

Amendment established U.S. women's right to vote, and 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 were denied the right to vote in many states until the Voting Rights Act of 1965 was passed. Even after women of all races were able to exercise their right to vote, many candidates and political observers did not take women voters seriously. Instead, they assumed women would either ignore politics or simply vote like their fathers or husbands (Carroll and Zerrilli, 1993).

Table 4.2
Women's and Men's Voter Turnout
in Wisconsin and the United States

	Wisconsin		United States	
	Percent	Number	Percent	Number
2000 Voter Turnout^{a*}				
Women	69.3%	1,367,000	56.2%	59,284,000
Men	66.2%	1,266,000	53.1%	51,542,000
1998 Voter Turnout^{b*}				
Women	51.0%	994,000	42.4%	43,706,000
Men	49.6%	912,000	41.4%	39,391,000
<p>* Percent of all women and men aged 18 and older who reported voting, based on data from the 1998 and 2000 November Supplements of the Current Population Survey. These data are self-reports and tend to overstate actual voter turnout.</p> <p>Source: ^a U.S. Department of Commerce, Bureau of the Census, 2002c; ^b U.S. Department of Commerce, Bureau of the Census, 2000c.</p> <p>Compiled by the Institute for Women's Policy Research.</p>				

Women now register and vote at a slightly higher rate than men. In 2000, about 69 million women, or 65.6 percent of those eligible, reported being registered to vote, compared with more than 60 million, or 62.2 percent, of eligible men (see Table 4.1). Wisconsin's 2000 voter registration rates were much higher for both men and women than national rates. In Wisconsin, 78.6 percent of women reported being registered to vote in the November 2000 elections, while 74.3 percent of men did. Similarly, in 1998, men and women's voter registration rates in Wisconsin were also much higher than national rates. Wisconsin ranks eighth among all the states and first in the East North Central region for women's voter registration in the 1998 and 2000 elections combined.

Women voters have constituted a majority of U.S. voters since 1964. In both 1998 and 2000, 53 percent of all voters were women. In most states, women have higher voter turnout rates than men. In 1998, 51.0 percent of Wisconsin women reported voting, while in 2000, 69.3 percent did (see Table 4.2). As a result, in both 1998 and 2000, women's voter turnout in Wisconsin was above national levels. Wisconsin ranks fifth among all the states and first in the East

North Central region for women's voter turnout in the 1998 and 2000 elections combined.

Voter turnout jumped substantially for both sexes in the nation as a whole between 1998 and 2000, primarily because 2000 was a presidential election year. Presidential elections traditionally have much higher turnout than non-presidential elections. In Wisconsin, women not only voted at a higher rate than men in 2000 (69.3 percent and 66.2 percent respectively), but both women's and men's voter turnout increased substantially from 1998. That year, 51.0 percent of women and 49.6 percent of men in the state voted. Overall, compared with other Western democracies, voter turnout is relatively low for both sexes in the United States.

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. In 1998, 46.4 percent of white men and 46.5 percent of white women voted across the United States, compared with 37.6 percent of African American men and 41.9 percent of African American women. Even lower proportions of Hispanic and Asian American citizens voted: just

18.8 percent of Hispanic men, 21.3 percent of Hispanic women, 18.6 percent of Asian American men, and 19.7 percent of Asian American women voted in 1998. While data for minorities are not available by sex at the state level, in Wisconsin, 52.7 percent of all whites, compared with 35.4 percent of all African Americans, voted in 1998 (data not shown; data are not available for Hispanics and Asian Americans in Wisconsin; U.S. Department of Commerce, Bureau of the Census, 2000c). These data show a greater disparity between white and African American voting rates than in the nation as a whole.

Over the years, most U.S. states have developed relatively complicated systems of voter registration. Voting has typically required advance registration at a few specified locations. This system is historically a major cause of low U.S. voting rates (Wolfinger and Rosenstone, 1980). Those in poverty and persons with disabilities are particularly disadvantaged by the inaccessible and cumbersome voter registration system. Voting itself is also more difficult for people with disabilities because of problems such as inadequate transportation to the polls. In response to these issues, several states have eliminated registration requirements or allowed registration on the same day as voting. Wisconsin is one of these states: it has a system of election-day registration. In states with these systems, both voting and registration rates are among the highest in the country.

Effective January 1995, the National Voter Registration Act (NVRA) required states to allow citizens to register to vote when receiving or renewing a driver's license or applying for AFDC, Food Stamps, Medicaid, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and disability services. Under the new welfare system, applicants for TANF and related programs continue to have the opportunity to register to vote when seeking welfare benefits.

In 1999-2000, states processed voter registration applications for over 20 million people through public agencies,

including 1.3 million through public assistance agencies (see Table 4.1). Another 190,000 applications in the United States were received at disability services offices. Wisconsin is exempt from the National Voter Registration Act because it has an election-day registration system that was in effect prior to March 11, 1993 (Federal Election Commission, 2000). Still, across the country, states have room to increase the visibility of voter registration services and improve application processes for low-income and disabled voters.

Women in Public Office

Elected Officials in the Legislative and Executive Branches

Although women constitute a minority of elected officials at both the national and state levels, their presence has grown steadily over the years. As more

Table 4.3
Women in Elected Office in Wisconsin and the United States, 2002

	Wisconsin	United States
Number of Women in Statewide Executive Elected Office^{a, b}	2	88
Women of Color ^c	0	4
Number of Women in the U.S. Congress:		
U.S. Senate ^d	0 of 2	13 of 100
Women of Color ^c	0	0
U.S. House ^e	1 of 9	60 of 435
Women of Color ^c	0	21
Number of Women Running for the U.S. Congress, 2000^{f, g*}		
U.S. Senate	0 of 3	9 of 89
U.S. House	2 of 18	122 of 799
Percent of State Legislators Who Are Women^h	23.5%	22.6%

* These figures refer to candidates running for congressional seats in the general election and exclude those running in primaries.
Source: ^a CAWP, 2002a; ^b Council of State Governments, 2000; ^c CAWP, 2002e; ^d CAWP, 2002c; ^e CAWP, 2002d; ^f CAWP, 2001a; ^g Federal Election Commission, 2001a, 2001b; ^h CAWP, 2002b.

Compiled by the Institute for Women's Policy Research.

Focus on Women's Leadership in Wisconsin

Women and leadership is a topic receiving considerable attention in Wisconsin. Pending elections and redistricting changes for the state and the state's largest metropolitan area, Milwaukee, underscore the absence of women in public and private leadership positions. Recent research reveals that Wisconsin women significantly lag behind women nationally in holding executive positions and exerting community influence. A comparison of women's current leadership standing in 2001 to that in 1993 reveals the status of women and power did not change much in that period (Nohl, 2002).

Political and Judicial Leadership

Wisconsin presents a mixed picture of women in political and judicial leadership positions (see Figure 4.1). Wisconsin women show higher representation in the state legislature and the State Supreme Court than the national averages, but lag in their participation in the U.S. Congress and the Milwaukee area local governments and court systems.

- ♦ Wisconsin was the 41st state to elect a woman representative to the U.S. Congress (U.S. House of Representatives, 2002). No Wisconsin woman has ever been elected to serve in the United States Senate. In 1998, Wisconsin elected its first woman, Tammy Baldwin, to serve in the United States House of Representatives (CAWP, 2002f). In addition to being Wisconsin's first woman representative, Baldwin is the first openly gay person to be elected to U.S. Congress as a non-incumbent. She had been a leader in the reauthorization of the Violence Against Women Act (Congresswoman Tammy Baldwin's Office, 2002).
- ♦ The percentage of women elected to the Wisconsin state legislature is slightly above the national average. A total of 23.5 percent of Wisconsin state legislators are women, compared with a national average of 22.6 percent (see Table 4.3). One senator and two members of the Wisconsin state assembly are women of color (Wisconsin State Senate, 2002; Wisconsin State Assembly, 2002).
- ♦ Women hold two (40 percent) of the high-level elected positions in the executive branch: the lieutenant governor and the superintendent of public instruction (see Table 4.3).
- ♦ In 1978 a woman of color, Vel Phillips, was elected as secretary of state in Wisconsin, making her the first African American constitutional officer in the state (Wisconsin Women's Council, 2002).
- ♦ Wisconsin also has higher representation than the national average for women justices on the State Supreme Court. Forty-three percent of the Wisconsin State Supreme Court justices are women, compared with 26 percent nationally (see Table 4.5). In addition, the chief justice of the Wisconsin State Supreme Court is a woman (Wisconsin Legislative Reference Bureau, 2001).

Although some of these results are better than national results, none are anywhere near representative of the number of women who reside in Wisconsin.

Milwaukee

Wisconsin's largest metropolitan area presents a less favorable picture:

- ♦ Neither the Milwaukee mayor's seat or the county executive position are now, or have ever been, filled by women (Harris, Heidenreich, and Haag, 2001).

(continued on next page)

- ♦ Women make up just 18 percent of the city's common council and 35 percent of the county's board of supervisors.
- ♦ Women do not fill any of the seats on the city's municipal courts, and a woman fills only one assistant district attorney position (see Figure 4.1).

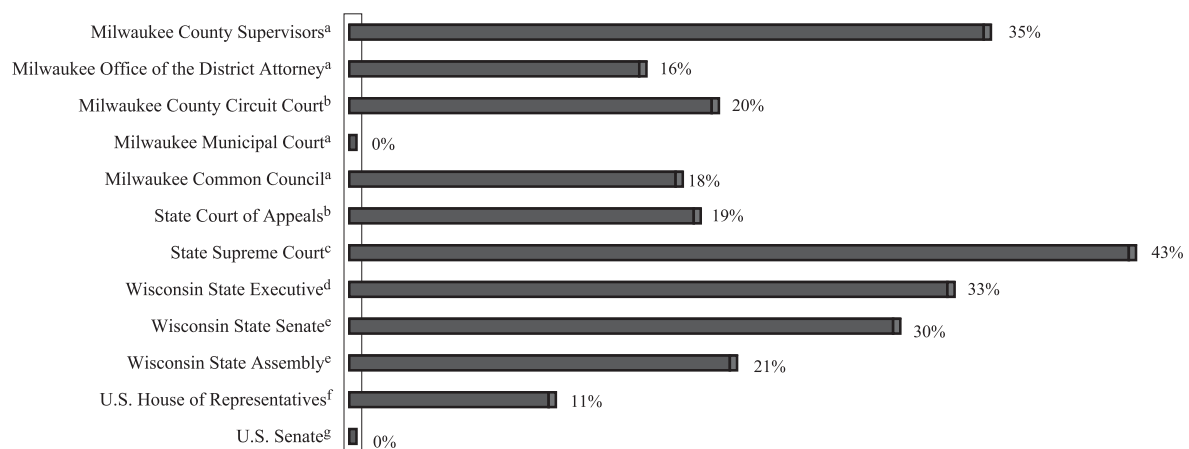
The Milwaukee area and Wisconsin state governments are in a state of flux due to pending mayoral and gubernatorial elections and proposed state redistricting changes. As of this writing, it is unclear how these changes will affect women's participation in the city government. As of June 2002, there did not appear to be likely women candidates for the Milwaukee City elections.

Workforce Leadership

Recent research on women in the workforce clearly shows that women have not made much progress in reaching corporate executive levels over the past decade. For example:

- ♦ A smaller percentage of Wisconsin women work in managerial and professional specialty occupations than women nationally (29.6 percent versus 32.2 percent; see Figure 5.7a).

Figure 4.1
Wisconsin Women in Elected Office



^a Harris, Heidenreich, and Haag, 2001; ^b Wisconsin Legislative Reference Bureau, 2001; ^c Kenney, 2001; ^d Council of State Governments, 2000; ^e CAWP, 2002b; ^f CAWP, 2002d; ^g CAWP, 2002f.

- ♦ Eight percent of the board of director seats at 28 of Milwaukee's largest companies are held by women, as compared with 10.9 percent of those at U.S. Fortune 1000 companies.
- ♦ Nine percent of the corporate officer positions at 28 of Milwaukee's largest companies are held by women, as compared with 12.5 percent of those at U.S. Fortune 1000 companies (Nohl, 2002).

Perceptions about Women and Leadership

Influential community members do not appear to recognize Milwaukee area women as leaders. Two surveys carried out in 2001 revealed that women are not widely perceived to wield power or influence within the community:

(continued on next page)

- ◆ A 2001 survey undertaken by the Milwaukee Journal Sentinel of 400 influential leaders reveals that only one Milwaukee woman is perceived by that group as an effective community leader. The majority of those identified as effective leaders were men who were active in the business community (*Milwaukee Journal Sentinel*, 2002a).
- ◆ A troubling result of the 2001 Milwaukee Magazine survey of 968 prominent men and women was that, when asked, only 53 percent of the male CEOs and corporate presidents could name three powerful women, compared with 77 percent of the women CEOs and corporate presidents (Nohl, 2002).

There is concern that Wisconsin women are not being identified, chosen, or prepared to assume leadership positions in either the public or private sectors. Wisconsin's changing demographic profile, increasingly disparate distribution of wealth, and uneven economic recovery require an innovative, comprehensive strategy for the future. Women's participation in all levels of state and local government, as well as presence in key political, corporate, and other influential leadership positions are essential to ensure equitable approaches to the state's development and growth.

women hold office, women's issues are also becoming more prominent in legislative agendas (Thomas, 1994). Thirteen women served in the 2001-02 U.S. Senate (107th Congress). Women also filled 60 of the 435 seats in the 107th 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 21 House seats and no Senate seats. Women from Wisconsin filled no seats in the U.S. Senate and only one of nine in the U.S. House. Thus, they were represented at below average rates in the U.S. Congress (see Table 4.3).

At the state level, women held two elected executive offices in Wisconsin (Lieutenant Governor and State Superintendent of Public Instruction). No women of color served in statewide elected office in Wisconsin. The proportion of women in the state legislature was slightly above the national average, at 23.5 percent in Wisconsin compared with 22.6 percent for the nation as a whole.

Based on the proportion of women in elected office, Wisconsin ranks 26th in the nation and second in the East North Central region on this component of the political participation index. This represents a jump from the state's rank of 35th in 1996. Nonetheless, like women in most states, women in Wisconsin have clearly not attained proportional political representation in elected office (see also Focus on Women's Leadership in Wisconsin).

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 2000, 122 women out of 799 total candidates (15.2 percent) ran for office in the U.S. House of Representatives, while nine women of 89 total candidates (10.1 percent) ran for office in the U.S. Senate. Thus women's rates of representation (13.8 percent in the House and 13.0 percent of the Senate as of summer 2002) were very close to their proportion of candidacies for office. This suggests that, for women to win their proportionate share of political offices in the near term, the number and percentage of seats they run for must be much higher than they were during the 1990s. In Wisconsin, no women ran for a seat in the U.S. Senate and only two women out of 18 total candidates (11.1 percent) ran for a seat in the House in the 2000 general election, for rates below national averages.

Policies and practices that 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 other organizations, and fair and equal media treatment for male and female candidates.

Women Executive Appointees

Women appointed to political positions in the executive branch can also influence policy to better

account for women's needs and interests. Women's representation in appointed office in the executive branch has grown considerably over the past several years. In the period between 1997 and 2001, the percentage of women appointees serving in leadership positions in state executive branches across the United States rose by 6.6 percentage points, from 28.3 to 34.9 percent (Center for Women in Government and Civil Society, 2001). Women in Wisconsin served in a higher proportion of appointed executive offices in 2001, at 38.6 percent (see Table 4.4). A total of 17 women served out of 44 possible positions.

A woman of color filled just one appointed executive position in Wisconsin in 2001. In Wisconsin, one African American woman and no Hispanic, Asian American, or Native American women served in appointed executive office. In the United States as a whole, out of 1,905 possible positions, 70 African American women, 29 Hispanic women, 18 Asian American women, and just one Native American woman served in appointed executive office (for a proportion of 6.2 percent women of color).

Women in the Judicial Branch

Women can also play an important role in implementing and deciding policy in the judicial branch, especially as judges on state courts. Judicial interpretation of the law is crucial to many policy areas of concern to

Table 4.4
Women in Appointed Office in Wisconsin and the United States, 2002

	Wisconsin	United States
Number and Percent of Women in Appointed Executive Office	17 of 44 38.6%	665 of 1,905 34.9%
White	16	547
African American	1	70
Hispanic	0	29
Asian American	0	18
Native American	0	1

Source: Center for Women in Government and Civil Society, 2001.

Compiled by the Institute for Women's Policy Research.

women, including reproductive rights, discrimination, violence, and family law (Kenney, 2001). Women's presence in judicial policymaking in these areas can shape the way these issues are decided. As of 2001, among state supreme courts, the median rate of representation for women was 26 percent. In Wisconsin, it was much higher, at 43 percent (see Table 4.5).

Recognizing the importance of the court system to guaranteeing women's rights, during the 1980s many states created gender bias task forces designed to analyze whether women received equal treatment under the law within their judicial systems. The first of these was created in 1982 in New Jersey. The first gender bias task force for federal court circuits was created in 1992 within the Ninth Circuit (encompassing nine Western states; Resnik, 1996). These task forces have repeatedly found evidence of discrimination against women and made recommendations for improving judicial equality. As of 1999, 45 states had established gender bias task forces at some point in their history. Wisconsin has a gender bias task force, the Gender Neutrality Committee of the Wisconsin Supreme Court (NOW Legal Defense and Education Fund, National Judicial Education Program, 2001).

Institutional Resources

Women's institutional resources in state government, including commissions for women and women's caucuses, can increase the visibility of women's political concerns and inter-

Table 4.5
Women in the Judiciary in Wisconsin and the United States

	Wisconsin	Total United States
Percent of State Supreme Court Seats Held by Women, 2001	43%	26%*
Has Wisconsin Ever Had a Gender Bias Task Force, as of 1999?	Yes	45

*Median for all 50 states.

Source: Kenney, 2001.

Compiled by the Institute for Women's Policy Research.

ests. When adequately staffed and funded, politically stable, and structured to be accessible to women's groups, they can advance women's political voices by providing information about women's issues and attracting the attention of policymakers and the public to women's political concerns (Stetson and Mazur, 1995). They can also serve as an access point for women and women's groups to express their interests to public officials. Such institutions can ensure that women's issues remain on the political agenda.

Table 4.6
Institutional Resources for Women in Wisconsin and the United States, 2002

	Yes	No	Total, United States
Does Wisconsin have a:			
Commission for Women? ^a	✓		40
Legislative Caucus in the State Legislature? ^b	Informal		33
Assembly?	✓		
Senate?	✓		

Source: ^a National Association of Commissions for Women, 2000, updated by IWPR; ^b CAWP, 1998, updated by IWPR.

Compiled by the Institute for Women's Policy Research.

5. 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 labor force participation, 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. More married-couple families now rely on both husbands' and wives' earnings. In addition, more women head households on their own, and more women are in the labor force.

Women in Wisconsin rank 20th in the nation on IWPR's employment and earnings composite index (see Chart 5.1). The state ranks near the top of the nation, at third, for women's labor force participation. Its rankings are much lower, however, for other important measures of employment and earnings. Women in Wisconsin rank 24th for women's median annual earnings, 37th for the percent of women working in managerial and professional occupations, and 39th for the ratio of women's to men's earnings.

Chart 5.1
Employment and Earnings: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Employment and Earnings Index	20	2	C+
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 1999) ^a	24	4	
Ratio of Women's to Men's Earnings (median annual earnings of full-time, year-round women and men workers aged 16 and older, 1999) ^a	39	1	
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, 2000) ^b	3	1	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1999) ^c	37	3	

See Appendix II for methodology.

*The national rankings are out of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of five and refer to the states in the East North Central region (IL, IN, MI, OH, and WI).

Source: ^a IWPR, 2001b; ^b U.S. Department of Labor, Bureau of Labor Statistics, 2002; ^c U.S. Department of Labor, Bureau of Labor Statistics, 2001a.

Calculated by the Institute for Women's Policy Research.

Regionally, Wisconsin ranks first for women's labor force participation and the ratio of women's to men's earnings. The state ranks third for women in managerial and professional occupations and fourth for women's median annual earnings. Overall, Wisconsin is second among the five states of the East North Central region.

With its rank near the middle of all states, Wisconsin's women do not enjoy economic equality with men. Like women in most states, they lag substantially behind men in their wages. Although their labor force participation rates are relatively high, those, too, lag behind men's. As a result, Wisconsin receives a grade of C+ on the employment and earnings index.

Women's Earnings

Wisconsin women working full-time, year-round have slightly lower median annual earnings than women in the United States as a whole (\$26,000 and \$26,900, respectively; see Figure 5.1; see Appendix II for

details on the methodology used for 1998-2000 Current Population Survey data presented in this report). In contrast, median annual earnings for men in Wisconsin are slightly higher than in the United States as a whole (\$37,200 and \$37,000, respectively). Median annual earnings for women in Wisconsin rank fourth in the East North Central region and 24th in the nation. Women in the District of Columbia rank the highest with earnings of \$35,800.

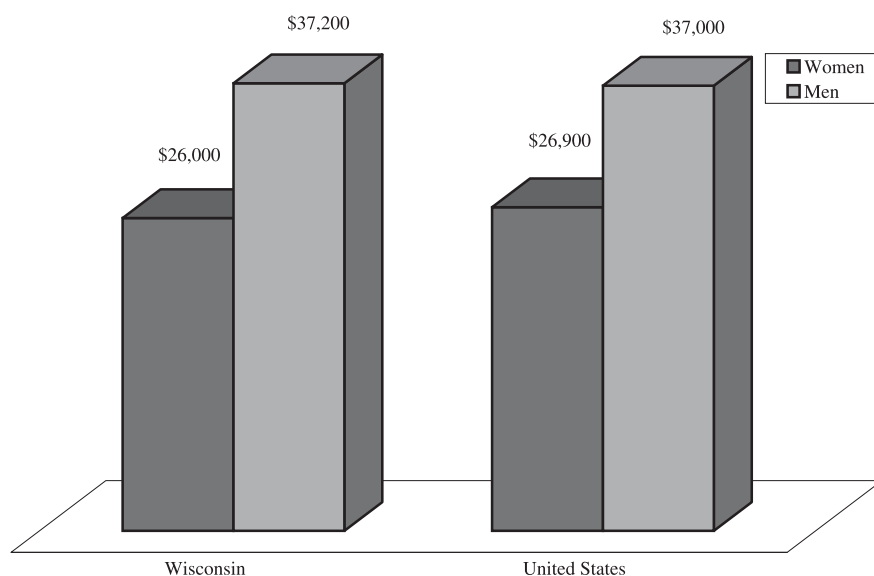
Between 1989 and 1999, women in Wisconsin saw their median annual earnings increase by 10.3 percent in real terms. Within the East North Central region, this rate of growth is tied for first with Indiana. The lowest rate of growth in the region was Illinois', at just 1.6 percent (data not shown; all growth rates are calculated for earnings that have been adjusted to remove the effects of inflation; IWPR, 2001b and 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 1999 the median annual earnings of African American women were \$24,800, those of Native American women were \$23,300, and those of Hispanic women were \$20,000, substantially below that of non-Hispanic white women, who earned \$28,500. The earnings of Asian American women were the highest of all groups at \$30,000 (median earnings of full-time, year-round women workers aged 15 years and over; all data converted to 2000 dollars; IWPR, 2001b).

A national survey by the Census Bureau also shows that, in 1997, the

Figure 5.1
Median Annual Earnings of Women and Men Employed Full-Time/Year-Round in Wisconsin and the United States, 1999 (2000 Dollars)



For women and men aged 16 and older. See Appendix II for methodology.
Source: IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

median annual earnings of women with disabilities were only 78 percent of the earnings of women without disabilities (for female workers 21-64 years of age; McNeil, 2000).

The Wage and Pension Gap

The Wage Gap and Women's Relative Earnings

In the United States, women's wages have historically lagged behind men's. In 1999, the median wages of women who worked full-time, year-round were only 72.7 percent of men's (based on calculations from three years of pooled data). In other words, women were earning about 73 cents for every dollar earned by men.

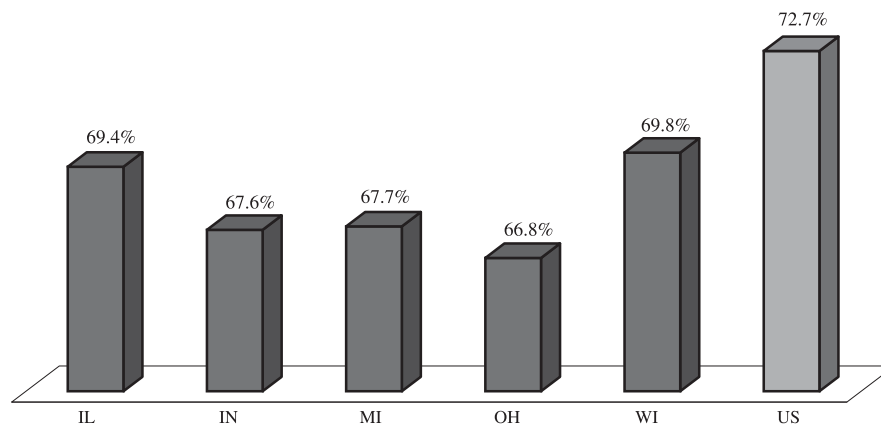
In Wisconsin, women earned 69.8 percent of what men earned in 1999. Compared with the earnings ratio for the nation as whole, Wisconsin women experience less earnings equality with men (see Figure 5.2). Wisconsin ranks 39th in the nation for the ratio of women's to men's earnings for full-time, year-round work. In contrast, the District of Columbia has the highest earnings ratio at 89.2 percent. Compared with the other states in the East North Central region,

however, Wisconsin ranks first. Ohio ranks last in the region with a 66.8 percent wage ratio. All states in this region have below average female/male wage ratios. Despite its high regional rank, the wage gap remains large in Wisconsin, as it does throughout the United States.

There are many factors that help explain differences in women's and men's wages. Earnings are determined partly by human capital, or the development of job-related skills through education, job training, and workforce experience, and women and men continue to differ in the amount of human capital they attain.

Women and men also tend to hold different occupations, work in different industries, and join unions at different rates. Research shows that the combined effect of differences in human capital, jobs, and unionization is likely to account for roughly three-fifths of the gender wage gap (Council of Economic Advisers, 1998), leaving a substantial portion that cannot be explained. Evidence from case studies and litigation suggests that discrimination continues to play a role in reducing women's earnings. Differences in human capital and job characteristics may also reflect discrimination, to the extent that women face greater barriers to obtaining human capital or are discouraged or prevented from entering certain occupations or industries.

Figure 5.2
Ratio of Women's to Men's Full-Time/Year-Round Median Annual Earnings in States in the East North Central Region, 1999



For women and men aged 16 and older. See Appendix II for methodology.
Source: IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

This report uses the overall wage gap between women and men who work full-time year-round as an indicator of women's status because it accurately reflects the difference in women's and men's access to earnings. While some of the earnings gap is due to measurable differences in human capital and job characteristics, women and men do not have equal opportunities to increase their human capital, nor do they face equal employment opportunities in all occupations and industries.

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, though, 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 substantial narrowing that occurred (Blau and Kahn, 1994).

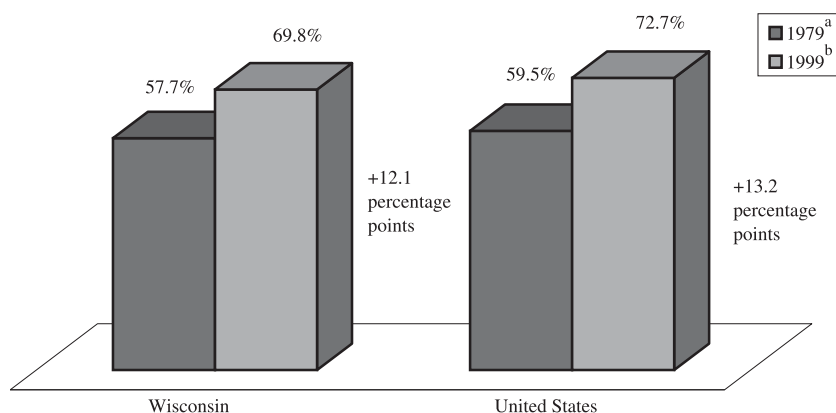
One factor that probably also helped to narrow the earnings gap between women and men is unionization. Women have increased their share of union membership, and being unionized tends to raise women's wages relatively more than men's. Research by IWPR found that union membership raises

women's weekly wages by 38.2 percent and men's by 26.0 percent (data not shown; Hartmann, Allen, and Owens, 1999). In Wisconsin, the wages of all unionized women were 38.8 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, unionized minority women earned 38.6 percent more than nonunionized ones. Unionized minority women in Wisconsin earned 30.7 percent more than their nonunion counterparts (Hartmann, Allen, and Owens, 1999).

Although women's real wage growth has been strong over most of the past few decades, part of the narrowing in the wage gap that occurred in the past two decades was due to a fall in men's real earnings. Between 1979 and 1999, about two-thirds (63 percent) of the narrowing of the national female/male earnings gap was due to women's rising real earnings, while about one third (37 percent) was due to men's falling real earnings. During the latter half of this period, the growth in women's real earnings slowed, and even more of the narrowing of the gap was due to falling real wages for men. From 1989 to 1999, almost

half of the narrowing (47.5 percent) was due to the fall in men's real earnings (IWPR, 1995a and 2001b). As men's real earnings have increased during the last few years, the wage gap between men and women increased again, as women's wage growth did not keep pace with men's. At the national level, the highest wage ratio for annual median earnings for year-round full-time workers, 74.2 percent, was observed in 1997, but by 2000 the ratio had fallen to 73.3 percent, a gap of 26.7 percent (U.S. Department of Commerce, Bureau of the Census, 2002b).

Figure 5.3
Change in the Wage Ratio Between 1979 and 1999
in Wisconsin and the United States



For women and men aged 16 and older. See Appendix II for methodology.
Source: ^a IWPR, 1995a; ^b IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

Wisconsin fell behind the United States in increasing women's annual earnings relative to men's between 1979 and 1999 (see Figure 5.3). In Wisconsin, the annual earnings ratio increased by only 12.1 percentage points, compared with an increase of 13.2 percentage points in the United States.

Earnings and Earnings Ratios by Educational Levels

Between 1979 and 1999, women with higher levels of education in Wisconsin and the United States saw their median annual earnings increase more than women with lower levels of educational attainment. As Table 5.1 shows, Wisconsin experienced increases that ranged from 5.8 percent (in constant dollars) for women with high school diplomas, and 8.9 percent for women with some college, to 19.0 percent for those with a four-year college education, and 40.5 percent with post-graduate education. Women who had not completed high school experienced an earnings decrease of 11.7 percent.

In contrast, women with the lowest levels of education experienced the greatest narrowing of the wage gap. Women with just a high school education or less than a high school education saw their earnings ratios increase the most, at 30.1 and 25.7 percent respectively. This suggests that men at these levels of education experienced even larger declines (or slower growth) in real earnings than did women. Women with some college or a college education saw their earnings ratios

increase by 18.9 and 18.6 percent, respectively. Women's relative earnings (as measured by the female/male earnings ratio) increased the least for women with the most education. Women with more than a four-year college education experienced a 5.5 percent narrowing of the wage gap. This suggests that men with the highest level of education also experienced substantial earnings growth.

The low and falling earnings of women with the least 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, but in many cases they are 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 and acquire some education beyond high school (Negrey, et al., 2002). As Table 5.1 shows, women with a college degree or post-graduate training have much higher earnings than those without, and their earnings have generally been growing strongly.

Pension Receipt and Benefit Levels

On average, women earn less and live longer than men. Older women typically enter retirement with fewer economic resources than men. For today's women, the likelihood of having long-term financial support from a man is less than in previous genera-

Table 5.1
Women's Earnings and the Earnings Ratio in Wisconsin by Educational Attainment, 1979 and 1999 (2000 Dollars)

Educational Attainment	Women's Median Annual Earnings, 1999^a	Percent Change in Real Earnings, 1979^b and 1999^a	Female/Male Earnings Ratio, 1999^a	Percent Change in Earnings Ratio, 1979^b and 1999^a
Less than 12th Grade	\$18,200	-11.7	72.9%	+25.7
High School Only	\$23,000	+5.8	72.6%	+30.1
Some College	\$25,900	+8.9	69.9%	+18.9
College	\$36,000	+19.0	75.7%	+18.6
College Plus	\$50,000	+40.5	74.4%	+5.5

Source: ^a IWPR, 2001b; ^b IWPR, 1995a.

Calculated by the Institute for Women's Policy Research

Table 5.2
Pension-Related Income Among Women and Men Aged 50 and Older in Wisconsin and the United States, 1999

	Wisconsin		United States	
	Women	Men	Women	Men
Percent Receiving Pensions and Other Retirement Income*	19.4%	27.7%	18.4%	27.8%
Median Annual Benefits**	\$4,800	\$9,700	\$6,200	\$12,400

* Includes veterans' pensions, survivor pensions, and any other pension and retirement income (excluding Social Security income), including income from company or union pension plans, government pensions, regular payments from IRA or Keogh accounts, and regular payments from annuities or paid insurance policies.

** For those receiving benefits.

Source: IWPR, 2001a.

Calculated by the Institute for Women's Policy Research.

Minority men and women are much less likely to receive pensions than white men and women. Unfortunately, the data set used to examine pensions and other retirement income at the state level does not provide enough cases to reliably estimate pensions and other retirement income by state separately for women and men of different races and ethnicities. In the United States as a whole, 20.1 percent of white women aged 50 and older received pensions and other retirement income, compared with only 11.9 percent of minority women.

tions. It is particularly unlikely that a woman can depend principally on a husband's financial support in her old age. For older African American and Hispanic women, the economic challenges can be particularly severe. Overall, there is a substantial gender and race gap in all sources of retirement income, including Social Security, pensions, savings, and post-retirement employment (Shaw and Hill, 2001).

In 1999, 18.4 percent of women and 27.8 percent of men aged 50 and older received income from pensions and other retirement sources (excluding Social Security income) in the United States (see Table 5.2; for data on Social Security income see Figure 6.9). Similarly, 19.4 percent of women, compared with 27.7 percent of men, aged 50 and older in Wisconsin received pensions and other retirement income. In both Wisconsin and the United States, there was also a large gap in the level of benefits received in 1999. Nationally, women received median annual benefits of \$6,200, while men received benefits twice as large, \$12,400. The gap in Wisconsin is slightly smaller. Median annual benefits for women in Wisconsin were lower than median annual benefits for women in the United States as a whole (\$4,800 and \$6,200, respectively), but median annual benefits for men in Wisconsin were also much lower than for the United States as a whole (\$9,700 and \$12,400, respectively).

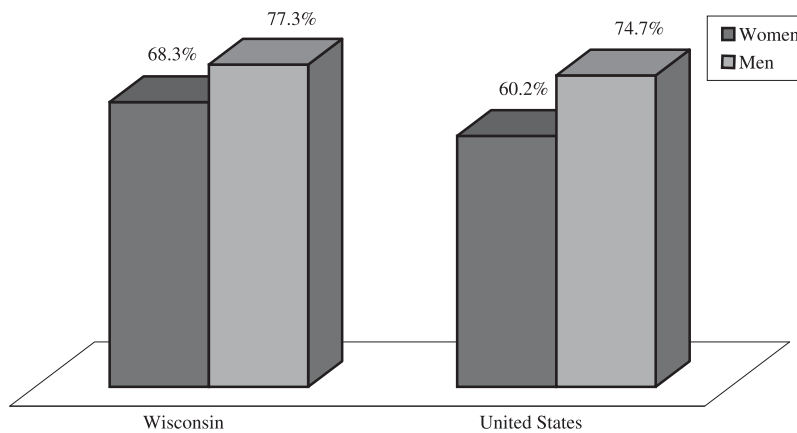
Similarly, 30.2 percent of white men aged 50 and older received benefits compared with only 17.4 percent of minority men (IWPR, 2001a). This gap is larger than the wage gap between minority and white women.

Labor Force Participation

One of the most notable changes in the U.S. economy over the past few decades has been the rapid rise in women's participation in the labor force. Between 1965 and 2000, 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 [BLS], 2001a). Women now make up nearly half of the U.S. labor force at 46.5 percent of all workers (full-time and part-time combined). According to projections by the BLS, women's share of the labor force will continue to increase, growing to 48 percent by 2010 (Fullerton and Toossi, 2001).

In 2000, 68.3 percent of women in Wisconsin were in the labor force, compared with 60.2 percent of women in the United States, earning Wisconsin the rank of third in the nation. Men's labor force participation rate in Wisconsin was also higher than the rate for men in the United States (see Figure 5.4).

Figure 5.4
Percent of Women and Men in the Labor Force
in Wisconsin and the United States, 2000



For women and men in the civilian non-institutional population, aged 16 and older.
 Source: U.S. Department of Labor, Bureau of Labor Statistics, 2002.

Compiled by the Institute for Women's Policy Research.

nation's rate of 4.1 percent for women and 3.9 percent for men (see Figure 5.5).

Wisconsin experienced somewhat lower than average unemployment rates in 2000, the 1990s, and most of the 1980s. Only during the mid-1980s did the state experience slightly higher than average rates. Personal income per capita in Wisconsin grew more slowly than it did for the nation between 1980 and 1990 (12.5 percent versus 19.9 percent; see Table 5.3). From 1990 to 2000, as the unemployment rate fell below the national average, income per capita in Wisconsin grew 3.5 percentage points faster than in the nation.

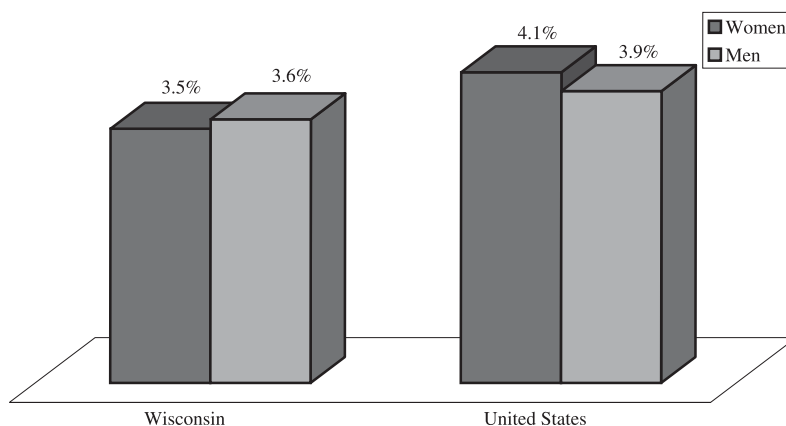
Unemployment and Personal Income Per Capita

In Wisconsin, a smaller proportion of workers are unemployed than in the nation as a whole. In 2000, the unemployment rate in Wisconsin was 3.5 percent for women and 3.6 percent for men, compared with the

Part-Time and Full-Time Work

The percent of the female workforce in Wisconsin employed full-time is somewhat smaller than the national average (69.2 percent versus 71.5 percent; see Table 5.4), while the percent working part-time is somewhat higher than national average (28.0 percent versus 24.2 percent). In the part-time category, 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 in Wisconsin than in the United States (1.7 percent and 2.0 percent, respectively), consistent with its lower unemployment rate. A higher proportion of Wisconsin's female labor force is working part-time voluntarily compared with that of the United States as a whole (24.3 percent and 20.6 percent, respectively).

Figure 5.5
Unemployment Rates for Women and Men in
Wisconsin and the United States, 2000



For women and men in the civilian non-institutional population, aged 16 and older.
 Source: U.S. Department of Labor, Bureau of Labor Statistics, 2002.

Compiled by the Institute for Women's Policy Research.

Table 5.3
Personal Income Per Capita for Both Women and Men in Wisconsin and the United States, 2000

	Wisconsin	United States
Personal Income Per Capita, 2000	\$28,200	\$29,700
Personal Income Per Capita, Percent Change*:		
Between 1990 and 2000	20.8%	17.3%
Between 1980 and 1990	12.5%	19.9%
Between 1980 and 2000	35.9%	40.6%

* In constant dollars.
Source: U.S. Bureau of Economic Analysis, 2001.
Calculated by the Institute for Women's Policy Research.

Labor Force Participation of Women by Race and Ethnicity

According to IWPR analysis of data from the Current Population Survey from 1998-2000, 68.0 percent of women of all races aged 16 and older in Wisconsin were in the labor force in 1999, a rate substantially higher than in the United States as a whole, 60.5 percent (see Table 5.5). White women's

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

labor force participation rate was also much higher in Wisconsin than in the United States as a whole (67.6 percent compared with 60.6 percent). African American women historically have had a higher labor force participation rate than white and Hispanic women and continued to do so in 1999 in the United States and in Wisconsin. In Wisconsin, African American women had an average labor force participation rate that was 7.4 percentage points higher than that for white women and 11.1 percentage points above the national labor force participation rate for African American women. Data for Hispanic women in Wisconsin were not available due to small sample

Table 5.4
Full-Time, Part-Time, and Unemployment Rates for Women and Men in Wisconsin and the United States, 1999

	Wisconsin		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	1,359,000	1,533,000	64,855,000	74,512,000
Percent Employed Full-Time	69.2	85.6	71.5	85.8
Percent Employed Part-Time*	28.0	11.2	24.2	10.1
Percent Voluntary Part-Time	24.3	9.4	20.6	8.3
Percent Involuntary Part-Time	1.7	1.0	2.0	1.3
Percent Unemployed	2.8	3.2	4.3	4.1

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, 2001a, Tables 1, 12, and 13.

Calculated by the Institute for Women's Policy Research.

Table 5.5
Labor Force Participation of Women in Wisconsin and the United States
by Race and Ethnicity, 1999

Race and Ethnicity	Wisconsin		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Races	1,351,000	68.0	65,769,000	60.5
White*	1,208,000	67.6	47,805,000	60.6
African American*	79,000	75.0	8,602,000	63.9
Hispanic**	N/A	N/A	6,364,000	56.7
Asian American*	N/A	N/A	2,515,000	59.4
Native American*	N/A	N/A	494,000	59.0

For women aged 16 and older.

The numbers and percentages in this table are based on three years of pooled data for the years 1998-2000; they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 1999.

See Appendix II for details on the methodology.

N/A = Not available.

*Non-Hispanic.

**Hispanics may be of any race.

Source: IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

sizes, but in the United States as a whole, 56.7 percent of Hispanic women were in the workforce in 1999. Nationally, labor force participation rates were 59.4 percent for Asian American women and 59.0 percent for Native American women in 1999. Comparable data were not available for Asian American or Native American women in Wisconsin due to small sample sizes.

Labor Force Participation of Women by Age

Workforce participation varies across the life cycle. Women's highest levels of participation generally occur between ages 25 and 54, which are also considered the prime earning years. Table 5.6 shows the relationship between labor force participation and age for women in Wisconsin and in the United States. Women in Wisconsin generally have much higher labor force participation than their U.S. counterparts. Nationally, the highest labor force participation of women occurs between ages 35 and 44, with 78.0 percent of these women working. Similarly, in Wisconsin the highest rate of labor force participation occurs between ages 35 and 44, with 87.1 percent in the workforce. Interestingly, Wisconsin women aged 20-24 also have

rates that are as high or higher than those in the typical prime earning years. Young women in their teens (ages 16-19), many of whom are attending school, are much less likely to participate in the labor market than any other age group except the pre-retirement and retired cohorts. In Wisconsin, 64.6 percent of teenage women reported being in the labor force, considerably higher than the 48.5 percent for female teens in United States as a whole.

As women near retirement age, they are much less likely to work than younger women. In the United States, women aged 55-64 have a labor participation rate of only 52.9 percent. In Wisconsin, 58.7 percent of these women are in the workforce. Similarly, 13.3 percent of women aged 65 and older in Wisconsin are in the workforce, compared with only 9.8 percent of women in that age group in the United States.

Labor Force Participation of Women with Children

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In 1999, 55 percent of women with children under age one were in the labor force, compared with 31 percent in 1976 (U.S.

Table 5.6
Labor Force Participation of Women in Wisconsin
and the United States by Age, 1999

Age Groups	Wisconsin		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Ages	1,351,000	68.0	65,769,000	60.5
Ages 16-19	101,000	64.6	3,809,000	48.5
Ages 20-24	136,000	85.5	6,774,000	73.2
Ages 25-34	285,000	80.5	14,750,000	76.7
Ages 35-44	370,000	87.1	17,625,000	78.0
Ages 45-54	284,000	84.4	14,493,000	77.3
Ages 55-64	131,000	58.7	6,477,000	52.9
Ages 65 and older	44,000	13.3	1,842,000	9.8

For women aged 16 and older.

The numbers and percentages in this table are based on three years of pooled data for the years 1998-2000; they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 1999. See Appendix II for details on the methodology.

Source: IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

Department of Commerce, Bureau of the Census, 2001a). In general, the workforce participation rate for women with children in the United States tends to be higher than the rate for all women (67.5 percent versus 60.5 percent in 1999). 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 rates. Mothers, in contrast, tend to be in age groups

with higher labor force participation rates. This is also true in Wisconsin, with 78.7 percent of women with children under age 18 in the workforce, compared with 68.0 percent of all women in Wisconsin in 1999. Women with children are much more likely to engage in labor market activity in Wisconsin than in the United States, both for women with children under age 18 (78.7 percent versus 67.5 percent, respectively) and for mothers of children under age six (72.6 percent in Wisconsin versus 63.4 percent in the United States; see Table 5.7).

Table 5.7
Labor Force Participation of Women with Children
in Wisconsin and the United States, 1999

	Wisconsin Percent in the Labor Force	United States Percent in the Labor Force
Women with Children		
Under Age 18*	78.7	67.5
Under Age 6	72.6	63.4

For women aged 16 and older.

* Children under age 6 are also included in children under 18.

Source: IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

Child Care and Other Caregiving

The high and growing rates of labor force participation of women with children suggest that the demand for child care is also growing. Many women report a variety of problems finding suitable child care (affordable, good quality, and conveniently located), and women use a wide variety of types of child care. These arrangements include doing shift work to allow both parents to take turns providing care; bringing a child to a parent's workplace; working

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

As full-time work among women has grown, so has the use of formal child care centers, but child care costs are a considerable barrier to employment for many women. Child care expenditures use up a large percentage of earnings, especially for low-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. The Child Care and Development Fund (CCDF) is the primary federal funding source of child care subsidies for low-income families, although states also receive child care funding from the Social Services Block Grant (SSBG) and TANF. Each state qualifies to receive an amount of CCDF funds each year and can receive additional CCDF funds by spending state dollars for child care subsidies and quality initiatives.

Recent data show that, nationally, only 12 percent of those children potentially eligible for child care subsidies under federal rules actually received subsidies under the federal government's Child Care and Development Fund in 1999. In Wisconsin, a much lower proportion, only 7 percent, of these children did (see Table 5.8; the proportion of eligible children receiving CCDF subsidies does not include the child care monies that come from SSBG or TANF). Clearly, many Wisconsin families in need of economic support for child care are not receiving it.

In addition to caring for children, many women are responsible for providing care for friends and relatives who experience long-term illness or disability. Although few data on caregiving exist, research suggests that about a quarter of all households in the

Table 5.8
Percent of Eligible Children Receiving CCDF* Subsidies
in Wisconsin and the United States, 1999

	Wisconsin	United States
Eligibility**		
Number of Children Eligible under Federal Provisions	365,800	14,749,500
Receipt		
Number and Percent of Children Eligible under Federal Law Receiving Subsidies in the State	24,940 7%	1,760,260 12%

* 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 often smaller under state provisions.

Source: U.S. Department of Health and Human Services, Administration for Children and Families, 2000a.

Compiled by the Institute for Women's Policy Research.

Focus on Caregiving in Wisconsin

As more women have entered the labor force, more and more paid jobs caring for the young and infirm have been created. In Wisconsin, with its high labor force participation of women, care work is a critical women's issue: paid care work provides the infrastructure that allows many women to work outside the home; paid care workers are predominantly women, often working poor; and the high turnover of care workers reduces the quality of care that children, the elderly, and the infirm in our communities receive.

Care Work: Some of the Fastest Growing Occupations in Wisconsin

This report ranks Wisconsin third in the nation for women's labor force participation—68.3 percent of Wisconsin women are in the labor force compared with 60.2 percent of women nationally (see Chart 5.1 and Figure 5.4).

Increased labor force participation among women, along with an aging population, guarantee continued high demand for paid caregivers now and in the future. In fact, Wisconsin occupational projections identify nursing aides, orderlies, and child care workers as three of the top thirty occupations with the most annual job openings. Home health aides and personal/home care aides are two of the top thirty fastest growing occupations in Wisconsin (Wisconsin Department of Workforce Development, 2001). Women overwhelmingly perform care work, filling 98 percent of all paid positions in child care and over 90 percent of nursing assistant and home care positions (Center for the Child Care Workforce, 2002; Stone and Wiener, 2001).

Care Work: Some of the Worst Compensated Jobs in Wisconsin

Care work is generally undervalued, under-compensated, and very demanding. Care workers consistently comment on the low status of their work. As one worker stated in a recent study, "I always get frustrated with the way our work is viewed by society...it's depressing and infuriating" (Center on Wisconsin Strategy, 2002a). And when recognition is given it is appreciated: "...it is very satisfying knowing that my commitment to the families which I serve has been noticed. It is again great to have others realize that I am teaching and not just providing a 'babysitting service' or doing more women's work" (Center on Wisconsin Strategy, 2002b). In addition to a lack of respect and appreciation, care workers often experience an assumption that they are low-skilled. Care work also generally offers low wages. In care occupations, median wages range from \$7.30 to \$9.52 per hour, hovering around just two-thirds of the state's average median hourly wage of \$12.26 for all workers (see Table 5.9). The low wages paid to care workers are particularly appalling compared with workers with fewer responsibilities and training requirements. For example, child care workers' median hourly wage is \$7.30, compared with parking lot attendants at \$8.09, bellhops at \$8.51, and telemarketers at \$9.30.

Access to crucial benefits—such as health care—is also limited for caregiving workers. One survey of child care workers in Wisconsin found that two-thirds of child care centers offer health care benefits to workers, but on average they pay less than half the costs (Wisconsin Child Care Research Partnership, 2001). Lack of benefits is not limited to child care workers, as only one in ten paraprofessional health care workers (such as nursing assistants or other aide-level health care workers) in the United States have individual employer-sponsored health insurance, and one in 25 have family employer-sponsored health insurance (Agency for Healthcare Research and Quality, 2001). Low wages and lack of benefits contribute to the fact that many care workers are among the working poor, a situation that limits their own access to health care and child care.

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Table 5.9
Median Hourly Wages for Care Workers in Wisconsin

Wisconsin Median Hourly Wage	\$12.26
Home Health Aides	\$8.48
Nursing Aides, Orderlies, and Attendants	\$9.52
Child Care Workers	\$7.30
Personal and Home Care Aides	\$8.25
Preschool Teachers	\$8.00
Average Median Hourly Wage Across These Five Groups of Care Workers	\$8.31

All figures reported in 2000 dollars.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001c.

Care Work: Links Between Quality Care and Quality Jobs

In addition to lack of respect, low pay, and inadequate benefits, care workers are often subjected to long hours, few breaks, understaffing, limited career ladders, and stressful work. All of these job characteristics contribute to high turnover rates in the industry. These high turnover rates and the resulting understaffing are directly related to low quality care.

According to studies conducted by the Health Care Financing Administration, understaffing in the nursing care industry has a substantial impact on resident nutrition, hygiene, infections, and hospitalization rates (Centers for Medicare and Medicaid Services, 2000). In Wisconsin, turnover is a problem. For example, the turnover rate in the child care industry in Dane County has risen from 34 percent in 1999 to 39 percent in 2001. While turnover rates vary across centers, a recent study of child care providers in Dane County found that child care centers with high turnover rates were much more likely to have violations and complaints filed with the state than centers with lower turnover rates (Center on Wisconsin Strategy and 4-C Community Coordinated Child Care, Inc., 2002).

Strategies for Improving Care Work and Quality of Care In Wisconsin

The need to improve the quality of care jobs has not gone unnoticed, and both the public and private sectors have been working to build solutions. While these initiatives are a promising start, it will be important to expand and build on these model efforts in the future, if we are to rise to the challenges presented by these industries.

♦ **Unions:** Home care workers in Milwaukee have joined the Service Employees International Union (SEIU), which represent over 175,000 home care workers nationwide (SEIU, 2002). In addition, there is an organizing effort of almost a thousand home care workers in Dane County. The strategy mirrors efforts in Los Angeles, where the union was able to identify the county as the "employer of record" and then negotiate directly with the county to improve the pay and working conditions of about 100,000 home health workers there (South Central Federation of Labor, 2002).

♦ **Public Funding to Directly Enhance Caregivers' Income:** The Local Child Care Wage Initiative in Dane County is a pilot program that has put quarterly bonuses directly in the pockets of child care workers in an attempt to offset low wages and thus lower turnover rates and increase the quality of care (Center on Wisconsin Strategy and 4-C Community Coordinated Child Care, Inc., 2002). A sim-

(continued on next page)

ilar statewide pilot program, R.E.W.A.R.D.TM Wisconsin (Rewarding Education with Wages And Respect for Dedication), provides rewards that supplement wages, with the amount varying depending upon educational levels and longevity. Almost a thousand child care workers received rewards in the first year of the program (Wisconsin Department of Workforce Development, 2002b).

- ♦ **Professional Development Programs:** T.E.A.C.H is an initiative that provides child care workers with access to scholarships and continuing educational opportunities with the goal of enhancing the qualifications of workers in the child care field (Wisconsin Department of Workforce Development, 2002c).
- ♦ **Public Funding to Centers:** The Early Childhood Excellence Initiative provided 28 child care centers with state grants that brought per child revenues close to the level of many public primary schools with the goal of increasing quality (University of Wisconsin-Extension, 2002).
- ♦ **Living Wage Campaigns:** In Dane County, home care workers are covered by the Living Wage ordinance and receive a minimum of \$8.49 an hour. There is currently an effort to increase the Living Wage and to require employer-provided health care (South Central Federation of Labor, 2002).

United States are giving or have given care to a relative or friend in the past year. More than 70 percent of those giving care are female. Caregivers on average provide slightly less than 18 hours per week of care. Many report giving up time with other family members; foregoing vacations, hobbies, or other activities; and making adjustments to work hours or schedules for caregiving (National Alliance for Caregiving and AARP, 1997). Like mothers of young children, other types of caregivers experience shortages of time, money, and other resources. 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 (for more on these issues, see Focus on Caregiving in Wisconsin).

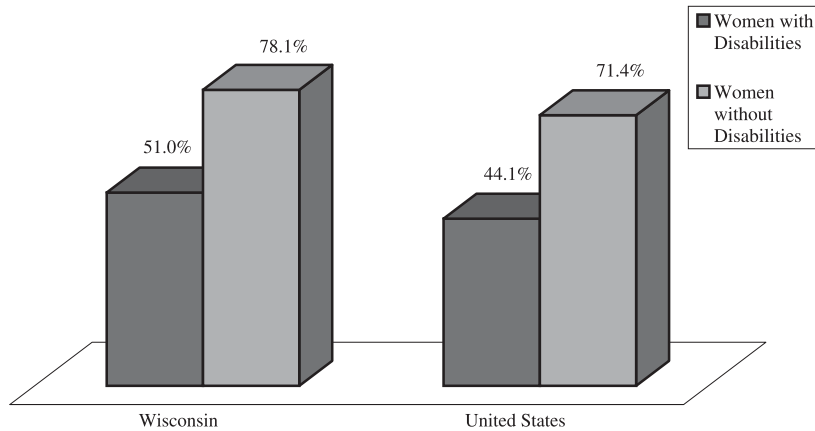
Labor Force Participation of Women with Disabilities

While the past few decades have seen a dramatic increase in women's labor force participation, especially among working mothers, the increase in labor force participation of women with disabilities has not been as large. The Americans with Disabilities Act (ADA) of 1990 guarantees individuals with disabilities equal opportunity in public accommodations, employment, transportation, state and local government services, and telecommunications. The ADA also provides civil rights protection to individ-

uals with disabilities similar to the protections provided to individuals on the basis of race, sex, national origin, age, and religion. Despite the ADA, women with disabilities continue to encounter numerous forms of discrimination, such as architectural, transportation, and communication barriers; assumptions regarding incapacity and ability; exclusionary qualification standards and criteria; segregation; and relegation to lesser services, benefits, jobs, or other opportunities; and gender discrimination (Kaye, 1998; Robertson, 2001). In addition, disability benefit policies provide some financial disincentives for disabled persons to work. With earnings, they face not only the possible loss of cash benefits but also the potential loss of medical coverage from public insurance programs (Bryen and Moulton, 1998).

The labor force participation of women with disabilities continues to lag substantially behind the labor force participation of women without disabilities. In 2000, 71.4 percent of women aged 21 through 64 without a disability in the United States were employed, compared with only 44.1 percent of women in the same age group with a disability (see Figure 5.6). Similarly, in Wisconsin, 78.1 percent of women aged 21 through 64 without a disability were employed, compared with 51.0 percent of women with a disability. Wisconsin, like the nation as a whole, could devote more attention to the disadvantaged employment status of women with disabilities.

Figure 5.6
Labor Force Participation Rates of Women
with and without Disabilities in Wisconsin
and the United States, 2000



For women in the civilian non-institutional population, aged 21 to 64.
 Source: U.S. Department of Commerce, Bureau of the Census, 2001c.
 Compiled by the Institute for Women's Policy Research.

at 38.3 percent, women in Wisconsin are slightly less likely to be in these occupations than women in the United States as a whole. Women in Wisconsin are slightly more likely to work in service occupations (18.6 percent versus 17.4 percent) or as operators, fabricators, and laborers (9.7 percent versus 7.0 percent, respectively).

Women in Wisconsin are less likely to work in managerial and professional specialty occupations than are women in the United States as a whole (29.6 percent versus 32.2 percent). As a result, Wisconsin ranks 37th in the nation and third in the East North Central region for the proportion of its female labor force employed in

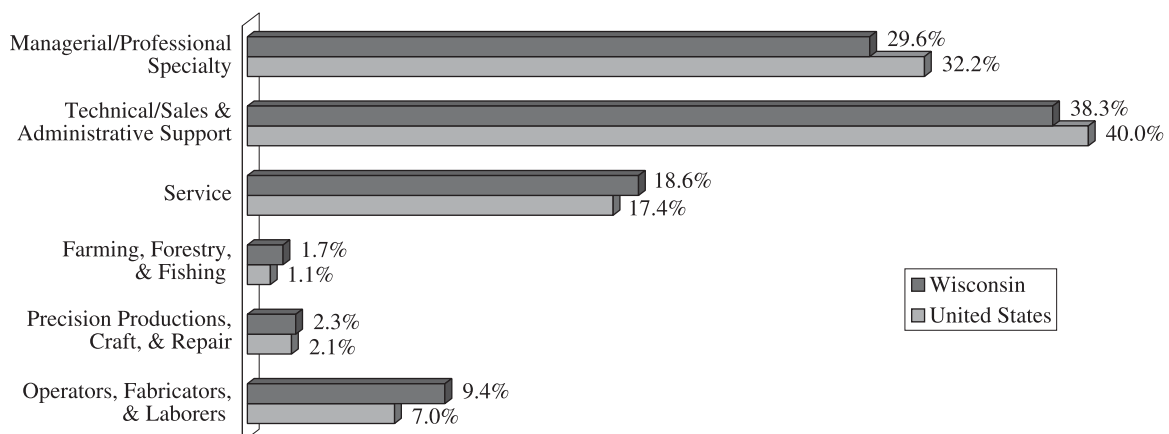
Occupation and Industry

The distribution of women in Wisconsin across occupations diverges slightly from the distribution in the United States. Nationally, technical, sales, and administrative support occupations provide 40.0 percent of all jobs held by women (see Figure 5.7a). In contrast,

professional and managerial occupations.

Even when women work in higher paid occupations, such as managerial positions, they earn substantially less than men. An IWPR (1995b) study shows that women managers are unlikely to be among top earners in managerial positions. If

Figure 5.7a
Distribution of Women Across Occupations in Wisconsin and the United States, 1999



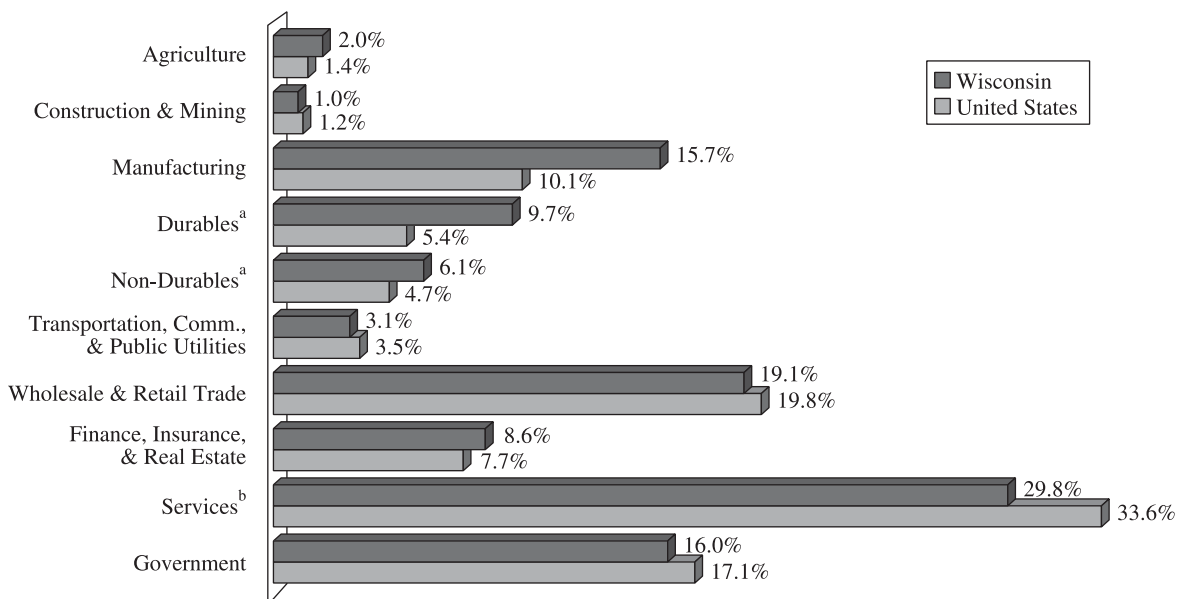
For employed women aged 16 and older.
 Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Table 15.
 Compiled by the Institute for Women's Policy Research.

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 (2000) study showed that only 4.1 percent (just 93) of the highest earning high-level executives in Fortune 500 companies were women as of 2000.

The distribution of women in Wisconsin across industries also differs somewhat from that of the United States as a whole (see Figure 5.7b). In Wisconsin, 29.8 percent of all women are employed in the service industries (including business, professional, and personnel services), while 33.6 percent are in the United States. About 19.8 percent of

employed women in the United States work in the wholesale and retail trade industries, and a similar proportion—19.1 percent—of women in Wisconsin work in these industries. About 17.1 percent of the nation's women work in government, while slightly fewer, 16.0 percent, of women in Wisconsin do. Wisconsin women are substantially more likely to work in the manufacturing (durables or nondurables) industries (15.7 percent in Wisconsin versus 10.1 percent in the United States as a whole) and also 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 (8.6 percent versus 7.7 percent nationally). Wisconsin's industrial distribution echoes the pattern shown in the occupational distribution above, with its somewhat larger blue-collar economic base than in the nation as a whole.

Figure 5.7b
Distribution of Women Across Industries in Wisconsin and the United States, 1999



For employed women aged 16 and older.

Percents do not add up to 100 percent because 'self-employed' and 'unpaid family workers' are excluded. ^a Durables and non-durables are included in manufacturing. ^b Private household workers are included in services.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Table 17.

Compiled by the Institute for Women's Policy Research.

6. Social and Economic Autonomy



While labor force participation and earnings are critical to women's 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 social and economic autonomy: health insurance coverage, educational attainment, business ownership, and poverty.

Each of these issues affects women's lives in distinct yet 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 social and economic autonomy in many ways: through labor force participation, hours of work and earnings, occupational pres-

tige, civic participation, childbearing decisions, and career advancement. Women who own businesses control many aspects of their working lives and participate in their communities in many ways. Finally, women in poverty have limited choices. If they receive public income support, they must comply with legislative and administrative regulations enforced by their caseworkers. They do not have the economic means to travel freely, and their participation in society is limited in many ways. In addition, they often do not have access to the education and training necessary to improve their economic situations.

With its ranking of 19th among the states, Wisconsin ranks near the middle of all states for the composite index of women's social and economic autonomy. Wisconsin ranks quite high for two indicators: women's health insurance coverage (third) and the percentage of women above poverty (fourth; see Chart 6.1). In contrast, Wisconsin ranks just 31st for women's educational attainment and 33rd for women's business ownership.

Chart 6.1
Social and Economic Autonomy: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Social and Economic Autonomy Index	19	2	C+
Percent with Health Insurance (among nonelderly women, 2000) ^a	3	1	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990) ^b	31	2	
Women's Business Ownership (percent of all firms owned by women, 1997) ^c	33	5	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1999) ^d	4	1	

See Appendix II for methodology.

*The national rankings are of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of five and refer to the states in the East North Central region (IL, IN, MI, OH, and WI).

Source: ^a Employee Benefit Research Institute, 2001; ^b Population Reference Bureau, 1993; ^c U.S. Department of Commerce, Bureau of the Census, 2001f; ^d IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

Regionally, Wisconsin ranks second on the composite index of women's social and economic autonomy. Wisconsin is first in women's health insurance coverage and the percentage of women above poverty, second in educational attainment, and last in women's business ownership among the five states of the East North Central region.

Throughout the country, women have less access than men to most of the resources measured by the social and economic autonomy composite index. Nationally, men are more likely to have a college education, own a business, and live above the poverty line than women are. Women generally have health insurance at higher rates than men, largely because of public insurance programs for the poor such as Medicaid, but the rates of both men and women without health insurance are high in the United States. Trends in Wisconsin do not diverge from these basic patterns. As a result, the state receives a grade of C+ on the social and economic autonomy composite index.

the nation and first in the East North Central region for the proportion of women insured.

On average, women and men in Wisconsin have much more access to employer-based health insurance than women and men in the United States (78.4 percent and 68.7 percent, respectively, for women; 79.7 percent and 69.6 percent, respectively, for men). In the United States, men are generally much more likely than women to receive health insurance from their own employment, and women are much more likely than men to receive employment-based health insurance through their spouses' insurance. Wisconsin follows this national trend. In Wisconsin, 42.0 percent of women receive employer-based health insurance coverage in their own name, about the same as the 41.9 percent for the nation as a whole. Substantially more women in Wisconsin receive health insurance as dependents than do women in the United States as a whole (36.4 percent and 26.8 percent, respectively).

Access to Health Insurance

Women in Wisconsin are much more likely than women in the nation as a whole to have health insurance. In Wisconsin, 8.6 percent of women, compared with 16.6 percent of women in the United States, are not insured (see Table 6.1). Wisconsin ranks third in

In the United States, because women of all ages are more likely than men to have very low incomes, they tend to have health insurance coverage from public sources, such as Medicaid, at higher rates. This is also the case in Wisconsin. In Wisconsin, the rate of publicly insured women is slightly below the U.S. rate (10.9 percent in Wisconsin and 11.9 percent in the United States). Still, it is considerably higher than the

Table 6.1
Percent of Women and Men without Health Insurance and with Different Sources of Health Insurance in Wisconsin and the United States, 2000

	Wisconsin		United States	
	Women	Men	Women	Men
Number	1,594,000	1,626,000	86,993,000	83,215,000
Percent Uninsured	8.6	10.9	16.6	18.8
Percent with Employer-Based Health Insurance	78.4	79.7	68.7	69.6
Own Name	42.0	60.9	41.9	56.4
Dependent	36.4	18.8	26.8	13.2
Percent with Public Insurance	10.9	7.6	11.9	8.5
Percent with Individually-Purchased Insurance	5.7	4.7	6.5	6.1

Women and men aged 18 to 64; total percentages exceed 100 because some people have more than one source of health insurance. Source: Employee Benefit Research Institute, 2001.

Compiled by the Institute for Women's Policy Research.

rate of public health insurance among men in the state and nationally (7.6 percent in Wisconsin and 8.5 percent in the United States).

Education

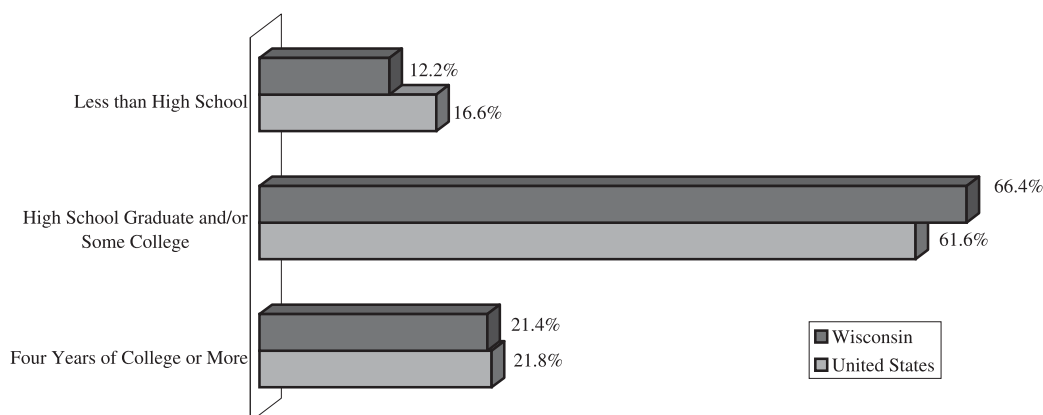
In the United States, women have made steady progress in increasing their levels of education. Between 1980 and 2000, the percent of women aged 25 and older in the United States with a high school education or more increased by about one-fifth. As of 2000, comparable percentages of women and men had completed a high school education (83.4 percent of women and 82.8 percent of men).

During the same period, the percent of women aged 25 and older with four or more years of college increased by about three-fifths, from 13.6 percent in 1980 to 21.8 percent in 2000 (compared with 24.8 percent of men in 2000), bringing women closer to closing the education gap (U.S. Department of Commerce, Bureau of the Census, 2000a). Since 1982, a higher proportion of college graduates have been women than men, but among those aged 25 and older, male college graduates still outnumber female college graduates.

Women in Wisconsin have about the same level of college experience as women in the nation. In 2000, at 66.4 percent, the proportion of women with a high school education alone or high school and some college was 4.8 percentage points higher than the national average, while the percent of women with four or more years of college, at 21.4 percent, is 0.4 percentage points lower than the national average (see Figure 6.1). The proportion of women older than 25 in Wisconsin without high school diplomas was considerably smaller than that of women in the United States (12.2 percent and 16.6 percent, respectively).

Because data for 2000 were available only for the larger states, the rankings on this indicator are based on 1990 data. In 1990, 39.5 percent of women in Wisconsin had more than a high school education, compared with 42.7 percent of women in the United States. Also in 1990, 16.0 percent of women in Wisconsin had four years or more of college education, compared with 17.6 percent in the United States. Wisconsin ranks second in the region and 31st in the nation for women with four or more years of college in 1990. The region in general ranks relatively low in women's graduation rates.

Figure 6.1
Educational Attainment of Women Aged 25 and Older in Wisconsin and the United States, 2000



Source: U.S. Department of Commerce, Bureau of the Census, 2000a.

Compiled by the Institute for Women's Policy Research.

In the period from 1990 to 2000, while the proportion of women with a college education increased by 4.2 percentage points nationally, in Wisconsin it increased more quickly, by 5.4 percentage points. As a result, by 2000, the proportion of women with a college education in Wisconsin partially caught up with the proportion of women nationally.

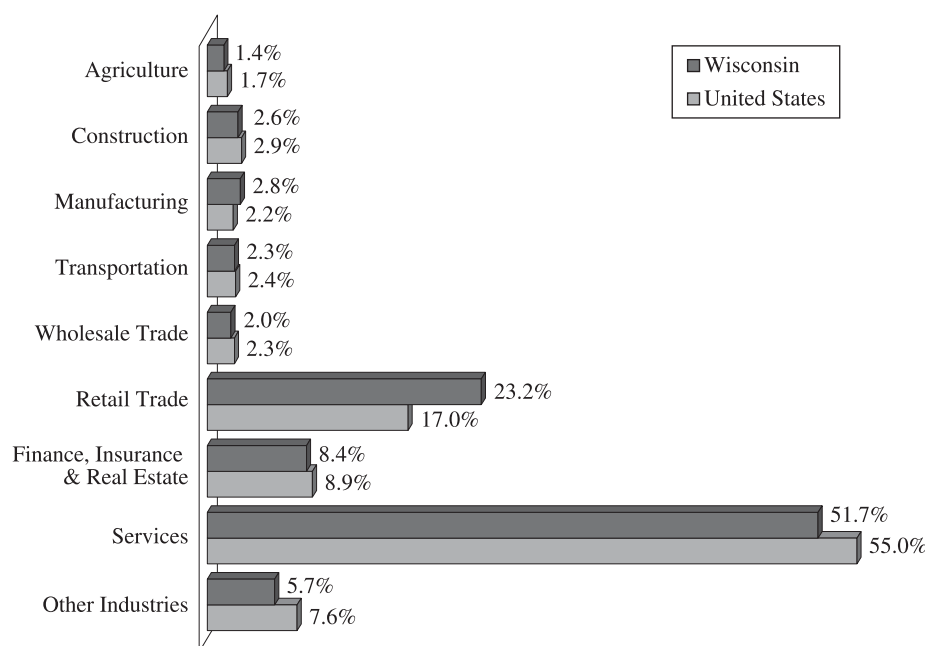
Women Business Owners and Self-Employment

Owning a business can bring women increased control over their working lives and create important financial and social 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 providing child care in one's own home. Overall, both the number and proportion of businesses owned by women have been growing.

According to the U.S. Bureau of the Census, women owned more than 5.4 million firms nationwide in 1997, employing just under 7.1 million persons and generating \$878.3 billion in business revenues (U.S. Department of Commerce, Bureau of the Census, 2001f). By 1997, women owned 89,284 or 24.4 percent of firms in Wisconsin and employed 146,450 people (see Table 6.2). Women-owned businesses in Wisconsin generated \$16.8 billion in total sales and receipts (in 2000 dollars). Wisconsin ranks 33rd in the country and last in the region for the proportion of businesses owned by women.

In Wisconsin, 51.7 percent of women-owned firms were in the service industries, compared with 55.0 percent nationally. The next highest proportion (23.2 percent) was in retail trade, substantially more than the 17.0 percent nationally (see Figure 6.2). In all other industries, Wisconsin's distribution of women-owned firms was similar to national patterns.

Figure 6.2
Distribution of Women-Owned Firms Across Industries in Wisconsin and the United States, 1997



Source: U.S. Department of Commerce, Bureau of the Census, 2001f.

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 increasing over recent decades. In 1975, women represented one in every four self-employed workers in the United States, and in 1998 they were approximately two of every five (U.S. Small Business Administration, 1999). 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 average. They are also more likely to be covered by another person's health insurance (Spalter-Roth, Hartmann, and

Table 6.2
Women-Owned Firms in Wisconsin and the United States, 1997

	Wisconsin	United States
Number of Women-Owned Firms	89,284	5,417,034
Percent of All Firms that Are Women-Owned	24.4%	26.0%
Total Sales and Receipts (in billions, 2000 dollars)	\$16.8	\$878.3
Number Employed by Women-Owned Firms	146,450	7,076,081

Source: U.S. Department of Commerce, Bureau of the Census, 2001f.
Compiled by the Institute for Women's Policy Research.

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, child care and catering). In 1986-87 in the United States, women who worked full-time, year-round at only one type of self-employment had the lowest median hourly earnings of all full-time, year-round workers (\$5.63); those with two or more types of self-employment with full-time schedules earned somewhat more (\$6.68 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most (\$12.24 per hour at the median; all figures in 2000 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, including self-employment, in an effort to raise their family incomes (Spalter-Roth, Hartmann, and Shaw, 1993).

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 typi-

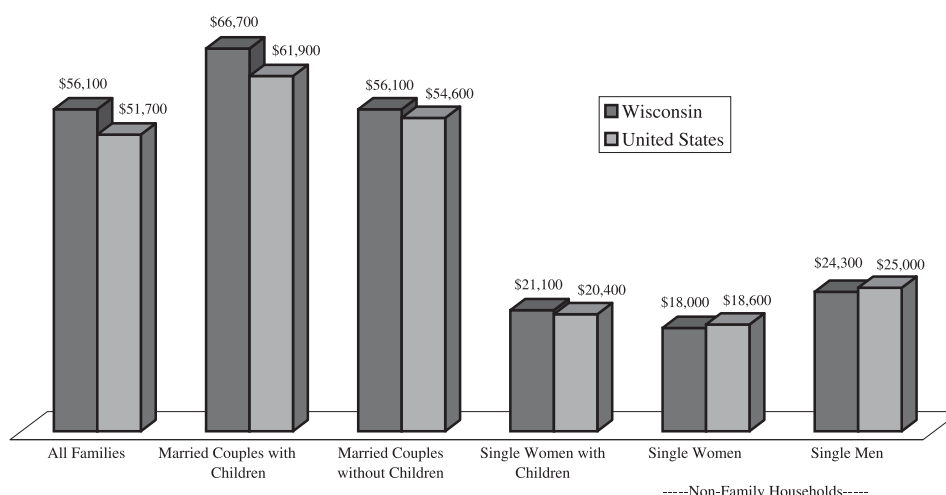
cal self-employed woman who works full-time, year-round at just one type of self-employment has health insurance an average of only 1.7 months out of twelve, while full-time wage and salaried women average 9.6 months of health insurance coverage (those who lack health insurance entirely are also included 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 Wisconsin are somewhat less likely to be self-employed than women in the United States. In 1999, 5.5 percent of employed women in Wisconsin were self-employed, compared with 6.1 percent of women nationwide (data not shown; U.S. Department of Labor, Bureau of Labor Statistics, 2001b).

Women's Economic Security and Poverty

As women's responsibility for their families' economic well-being grows, the continuing wage gap and women's prevalence in low-paid, female-dominated occupations impede their ability to ensure their families' financial security, particularly for single mothers. In the United States, median family income for single-mother households was \$20,400 in 1999, while that for married couples with children was \$61,900

Figure 6.3
Median Annual Income for Selected Family Types and Single Women and Men
in Wisconsin and the United States, 1999 (2000 dollars)



Data for single men with children were not available due to small sample size.

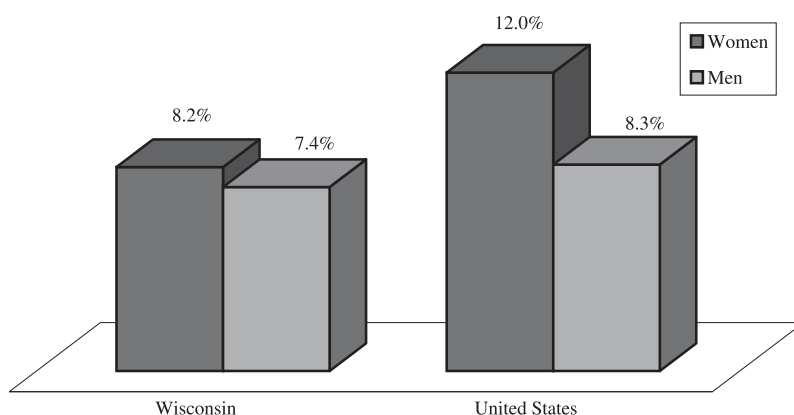
Source: IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

(see Figure 6.3). Figure 6.3 also shows that household income was higher on average for all family types, including single-mother families, in Wisconsin than in the United States; however, single men and women had lower median incomes in Wisconsin than nationally.

In 1999, the proportion of women aged 16 and older in poverty in Wisconsin was much smaller than that of women in the United States—8.2 percent versus 12.0 percent, respectively (see Figure 6.4). Thus, Wisconsin ranks fourth in the nation and first of the five states in its region for women living above poverty.

Figure 6.4
Percent of Women and Men Living in Poverty in
Wisconsin and the United States, 1999



Source: IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

Illinois has the most poverty in the region, with 10.8 percent of women living in poverty. Among men, poverty rates in 1999 were 7.4 percent in Wisconsin and 8.3 percent in the United States as a whole.

Women's poverty rates vary by race and ethnicity. Nationally, 23.5 percent of African American women, 22.8 percent of Native American women, and 22.4 percent of Hispanic women aged 16 and older were living below the poverty level, compared with only 8.5

percent of white women and 10.9 percent of Asian American women in 1999 (data not shown; IWPR, 2001b). Data on poverty levels by race and ethnicity were not available for Wisconsin due to small sample sizes.

As Figure 6.5 shows, poverty rates among all families combined and for most family types were lower in Wisconsin than in the nation as a whole. Only single men had higher poverty rates in Wisconsin than nationally.

Although the poverty line is the federal standard of hardship in the United States, some researchers have begun to use basic family budgets as a more realistic measure of hardship. When the federal poverty line was created, it sought to measure the minimum amount of income needed for survival, by calculating minimum food expenses and multiplying them by three (Fisher, 1992). In contrast, the basic family budget method sets a higher standard by measuring how much income is required for a safe and decent standard of living. It also calcu-

Table 6.3
Number and Percent of Persons
in Families with Incomes Less Than a
Minimum Family Budget Level* in Wisconsin
and the United States, 1998

	Wisconsin	United States
Number of Persons	205,000	14,154,000
Percent of Persons	19.9%	27.6%

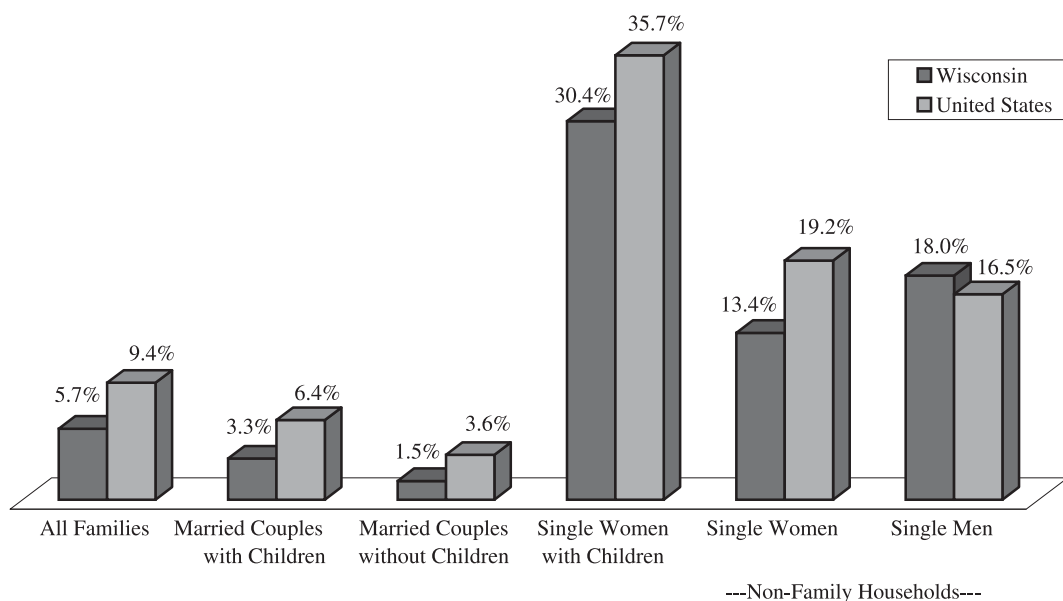
*The Minimum Family Budget Level calculates the amount a family would need to earn to afford housing, food, child care, health insurance, transportation, and utilities. Families consist of one or two parents and one to three children under the age of twelve.

Source: Boushey, et al., 2001.

Compiled by the Institute for Women's Policy Research.

lates the cost of every major budget item a family needs—including housing, child care, health care, transportation, food, and taxes—based on family composition and where the family resides (Boushey, et al., 2001). It can be tailored specifically to a particular

Figure 6.5
Poverty Rates for Selected Family Types and Single Women
and Men in Wisconsin and the United States, 1999



Data for single men with children were not available due to small sample size.
Source: IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

Focus on Wages and Self-Sufficiency

New approaches to understanding poverty and self-sufficiency indicate that the federal poverty line is an inadequate measure. In 2002, the poverty threshold for a family of three is only \$15,020. The federal poverty line was initially based on an estimate of the amount a family pays for food and failed to take into account many basic expenses, such as housing, child care, transportation, health care, taxes, and miscellaneous expenses. The poverty rate for single mothers in Wisconsin is 30.4 percent (see Figure 6.5), but many more women have difficulty making ends meet because the cost of basic needs far exceeds the federal poverty line.

The Self-Sufficiency Standard published by the Wisconsin Women's Network itemizes expenses for various family types in different locales in the state. The Standard shows that a single parent with two children in Milwaukee County needs \$3,541 per month, or \$42,492 annually. In a rural county, such as Juneau County, the same family needs \$2,579 per month, or \$30,948 annually (based on 1999 data; see Table 6.4).

Table 6.4
Self-Sufficiency Standard for a Single Mother with Two Children
in Milwaukee County and Juneau County

Monthly Expenses	Milwaukee County	Juneau County
Housing	\$619	\$410
Food	\$365	\$325
Child Care	\$1,188	\$850
Transportation	\$177	\$177
Health Care	\$270	\$248
Miscellaneous	\$262	\$201
Taxes	\$824	\$532
Tax credits	(\$163)	(\$163)
Total Monthly Expenses	\$3,541	\$2,579
Total Annual Expenses	\$42,492	\$30,948

Based on 1999 data.
Source: Pearce and Brooks, 2000.

In our society, the system of benefits and tax credits is distributed unevenly. Higher-wage workers are more likely than low-wage workers to receive health care, retirement, and tax credits via home mortgage. For low-wage workers, wages plus benefits and tax credits seldom amount to enough to help a family out of poverty.

The Institute for Wisconsin's Future's Family Income Resource Simulation Tool (FIRST) compares the monthly income needed for the basic needs budget with the total resources available to a family, including earnings, tax credits, and subsidies from federal programs such as Food Stamps. Every increase in earnings can result in a decrease in benefits—sometimes a huge cut from a small raise. The model shows

(continued on next page)

that a family may have sufficient income at \$8 per hour, but be worse off at \$9 per hour (see Table 6.5). In addition, a family with an income of \$14 per hour loses access to many subsidies and thus ends up worse off financially than a family making \$13 per hour, showing that those who are attempting to leave welfare often suffer the greatest financial burden. As a result, it is difficult for low-wage working families to move up the ladder to self-sufficiency.

If women had higher wages, they would be better able to meet the budget set out in the self-sufficiency standard. Why are Wisconsin women's wages consistently lower than men's?

Table 6.5
FIRST Model Summary of Family Resource Profile for
Single Mother with Two Children in Milwaukee County

	\$6.50/hour	\$8/hour	\$9/hour	\$13/hour	\$14/hour
Earnings	\$1,127	\$1,387	\$1,560	\$2,253	\$2,426
Subsidies	\$1,812	\$1,699	\$1,524	\$1,367	\$411
Taxes	(\$312)	(\$206)	(\$126)	\$198	\$268
Disposable Income	\$3,260	\$3,291	\$3,210	\$3,423	\$2,569
Expenses	\$3,215	\$3,215	\$3,215	\$3,221	\$3,221
Discretionary Income	\$45	\$76	-\$5	\$202	-\$652

Source: Institute for Wisconsin's Future, 2000.

Reasons for Women's Lower Pay

A number of factors contribute to women's lower pay. Jobs filled primarily by women often pay less just because women do them. Women do not have equal job opportunities. A newly hired woman may get a lower paying assignment than a man starting work at the same time for the same employer. That first job starts her career path and can lead to a lifetime of lower pay. In addition, women don't have an equal chance at promotions, training and apprenticeships. Because all these opportunities affect pay, women don't move up the earnings ladder as easily as men (American Federation of Labor and Congress of Industrial Organizations [AFL-CIO], 2002a).

Discrimination continues in both blatant and more subtle forms. Women's pay is also affected by their greater numbers in low-wage work. Almost three-fifths of minimum wage workers, for example, are female (Bernstein, Hartmann, and Schmitt, 1999). Similarly, women make up the majority of temporary and part-time workers, and these workers are more likely than full-time workers to have low family incomes (U.S. General Accounting Office, 2000).

Having primary responsibility for family care also affects women's pay in a number of ways, including job loss due to lack of leave and fewer opportunities for advancement. Women are also hampered by lack of bargaining power; only 11.7 percent of working women nationally are in unions, compared with 15.1 percent of working men (AFL-CIO, 2002b). An additional factor in women's low pay is welfare reform that focuses on reducing caseload rather than reducing poverty. The average income for those leaving welfare in Wisconsin is only \$11,988, according to a 2001 report (State of Wisconsin Legislative Audit Bureau, 2001).

(continued on next page)

Policy Solutions

- ◆ Women and men should receive equal pay for jobs requiring similar skills, effort, and responsibility. In addition, affirmative action programs based on gender and race should be instituted.
- ◆ Stronger enforcement of existing anti-discrimination laws, such as the Equal Pay Act, is crucial. Efforts should also be undertaken to make visible and dismantle the "good old boys" network in corporate cultures.
- ◆ The minimum wage should be increased to a living wage, and the self-sufficiency standard should be adopted.
- ◆ Equity in base hourly pay and at least pro-rated benefits for those working for the same employer, regardless of total hours worked or permanent status. Eligibility for unemployment insurance should be expanded to include part-time workers.
- ◆ Benefits that help women—and men—integrate work and family responsibilities, such as paid sick leave and leave provided through the Family and Medical Leave Act, should be increased.
- ◆ Reforms of labor laws are needed, such as recognition of a union based on verified demand of a majority of workers and "labor peace ordinances," providing unions reasonable access to employees and limiting employer interference.
- ◆ The goal of welfare reform should be ending poverty, with more emphasis on good outcomes for families and on meaningful education and training.

family type and to a specific region, state, or city. Thus, the family budget measure is more sensitive to variations in cost or standard of living than the federal poverty line, which is the same for all states. Over two and a half times as many people live below the basic family budget level as below the official poverty level in the United States.

Table 6.3 shows the proportion of people in families living below the minimum family budget level in Wisconsin and the United States. Nationally, the proportion of people in these families (consisting of one or two parents and one to three children under the age of twelve) was 27.6 percent in 1999, much higher than the proportion of living below the federal poverty line (10.1 percent). In Wisconsin, 19.9 percent of people were in families with incomes below a basic family budget level, much lower than in the United States as a whole. Thus, both Wisconsin's poverty rates and the proportion of people below a basic fam-

ily budget level are much lower than in the nation (see also Focus on Wages and Self-Sufficiency).

Along with Wisconsin's lower overall rate of family poverty, the poverty rate for single women with children is considerably lower than the nationwide rate (30.4 percent and 35.7 percent, respectively). Still, in Wisconsin and in the nation as a whole, single women with children experience much higher levels of poverty than any other family type (see Figure 6.5).

Even these rates of poverty probably understate the degree of hardship among these families, especially among working mothers. While counting noncash benefits, such as food stamps and housing subsidies, would reduce their poverty rates, adding the cost of child care for working mothers would increase the calculated poverty rates in Wisconsin and the nation (Renwick and Bergmann, 1993). Child care costs were not included at all in family expenditures when

federal poverty thresholds were developed. 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 ranging 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 considerable underestimation. 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).

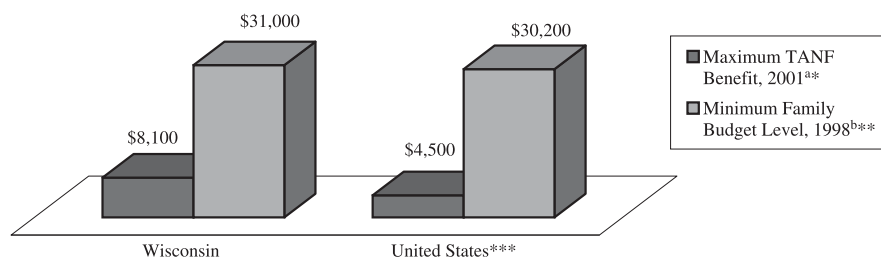
Another factor contributing to poverty among all types of households is the wage gap. IWPR research has found that in the nation as a whole, eliminating the wage gap, and thus raising women's wages to a level equal to those of men with similar qualifications, would cut the poverty rate among working married women and single mothers approximately in half. In Wisconsin, poverty among working single-mother households would have dropped by more than half, from 24.2 percent to 11.2 percent, in 1997

(Hartmann, Allen, and Owens, 1999). While eliminating the wage gap would not completely eliminate poverty or hardship—there would still be many low-wage jobs—pay equity provisions would help many women support their families above poverty.

State Safety Nets for Economic Security

State and national safety nets, such as TANF and unemployment insurance, can be crucial in assisting women and families who lack economic security. The amount of cash welfare benefits varies widely from state to state. Figure 6.6 compares the size of Wisconsin's maximum annual welfare benefit with the basic family budget level in the state, as a measure of how well the state's welfare safety net helps poor women achieve an acceptable standard of living. The poverty of many families is not alleviated by welfare alone; many families also receive food stamps, Medicaid, housing subsidies, or other forms of noncash benefits. Still, research shows that, even when adding the value of noncash benefits, many women and their families remain poor (U.S. Department of Commerce, Bureau of the Census, 1997). In Wisconsin, as in all of the United States, TANF benefits are substantially

Figure 6.6
Maximum Annual TANF Benefits and Minimum Family Budget Levels in Wisconsin and the United States



* TANF benefits are for a family of three with two children.

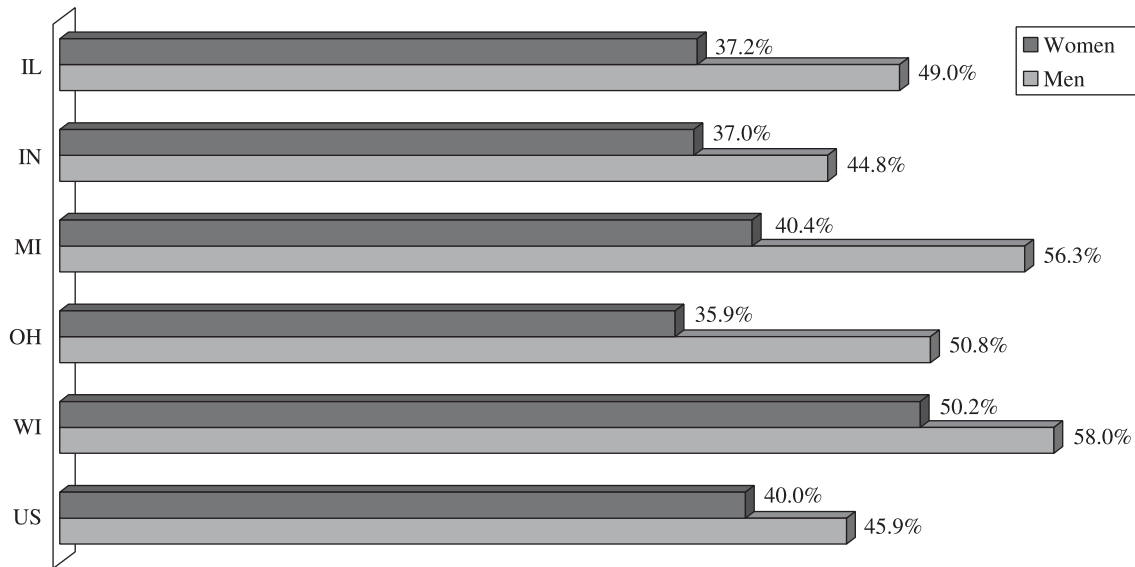
** The Minimum Family Budget Level calculates the amount a family (consisting of one parent and two children under the age of twelve) would need to earn to afford housing, food, child care, health insurance, transportation, and utilities (in 2000 dollars).

*** United States figures are medians among all 50 states and the District of Columbia.

Source: ^a Welfare Information Network, et al., 2001; ^b Boushey, et al., 2001.

Compiled by the Institute for Women's Policy Research.

Figure 6.7
Percent of Unemployed Women and Men with Unemployment Insurance
in the East North Central States and the United States, 2001



Source: Emsellem, et al., 2002.

Compiled by the Institute for Women's Policy Research.

below basic family budget levels. Still, Wisconsin's TANF benefits are considerably higher than the U.S. average. As a result, in Wisconsin the maximum TANF benefit is 26.1 percent of the basic family budget level in the state, compared with 14.9 percent nationally.

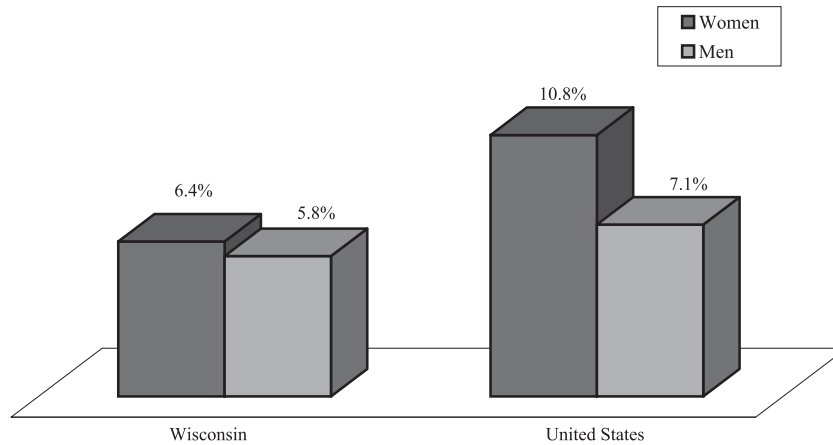
Wisconsin also does a better than average job of providing a safety net for unemployed women. The unemployment rate for women in Wisconsin (3.5 percent) was lower than the national average of 4.1 percent in 2000 (see Figure 5.5), but the percent of unemployed women in Wisconsin receiving unemployment insurance benefits was substantially higher than in the United States (see Figure 6.7). In Wisconsin, 50.2 percent of unemployed women received benefits, compared with only 40.0 percent nationally. The same is true for unemployed men in Wisconsin—the percent of unemployed men was lower and the rate of unemployment insurance benefit receipt for men was much higher in Wisconsin than nationwide (58.0 percent versus 45.9 percent). Wisconsin leads the East North Central region in

the percentage of unemployed women and men with unemployment insurance. However, in Wisconsin, as in most states, unemployment insurance benefit receipt is much higher for men than it is for women.

Poverty and Age

Despite the increase in women's participation in the paid labor force over the past three decades, a variety of factors, such as the persistence of the wage gap, differences in women's and men's family responsibilities, and the rise in divorce and single motherhood, has left many women economically disadvantaged in their old age and is expected to continue to do so (National Council of Women's Organizations, Task Force on Women and Social Security, 1999). In 1999, 10.8 percent of women aged 50 and older were living in poverty, compared with 7.1 percent of men aged 50 and older in the United States (see Figure 6.8). Poverty rates for older persons are lower in Wisconsin, where 6.4 percent of women and 5.8 percent of men aged 50 and older live in poverty.

Figure 6.8
Percent of Women and Men Aged 50 and Older Living in Poverty in Wisconsin and the United States, 1999



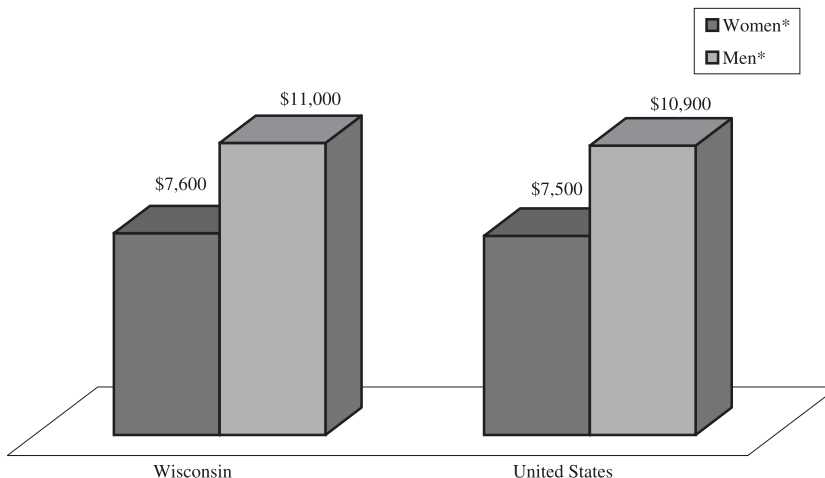
Source: IWPR, 2001a.

Calculated by the Institute for Women's Policy Research.

Among those who receive Social Security benefits, median annual benefits for both women and men aged 50 and older in Wisconsin are roughly the same as they are nationally (\$7,600 and \$7,500, respectively, for women and \$11,000 and \$10,900, respectively, for men; see Figure 6.9).

Social Security is the core of our nation's social insurance program for the elderly. For most people, it is the only income source that is adjusted fully for inflation and not outlived. Typically, women are more dependent on Social Security because they earn less, have fewer pension plan resources, and live longer than

Figure 6.9
Median Annual Social Security Benefits Among Women and Men Aged 50 and Older in Wisconsin and the United States, 1999



*Among those receiving benefits.

Source: IWPR, 2001a.

Calculated by the Institute for Women's Policy Research.

men. Indeed, without Social Security, more than half of all women aged 65 or older would be poor.

Social Security has helped reduce poverty rates among the elderly from 35 percent in 1959 to less than

11 percent in 1999. For 25 percent of unmarried elderly women (widowed, divorced, separated, or never married), Social Security is their only source of income (National Council of Women's Organizations, Task Force on Women and Social Security, 1999).

7. Reproductive Rights



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 (1995). 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. The document also stresses that adolescent girls in particular need information and access to relevant services. Because reproductive issues are so important to women's lives, 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.

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. State legislative and executive bodies are nonetheless continually battling 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 at the state and national levels 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. Sex education for high school students can provide them with the information they need to make educated choices about sexual activity.

The reproductive rights composite index shows that Wisconsin, which ranks last in its region and 48th in the nation, clearly lacks adequate policies protecting women's reproductive rights when compared with other states (see Chart 7.1, Panels A and B). Wisconsin's grade of F on the reproductive rights index reflects the gap between the ideal status of women's reproductive rights and resources and their actual status within the state.

Access to Abortion

Mandatory consent laws require minors to gain the consent of one or both parents before a physician can perform an abortion procedure, while notification laws require that they notify one or both parents of the decision to have an abortion. Of the 43 states with consent or notification laws on the books as of December 2001, 33 enforce their laws. Of these 33

Chart 7.1 Panel A
Reproductive Rights: National and Regional Ranks

	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Reproductive Rights Index	48	5	F

See Appendix II for methodology.

* The national ranking is of a possible 51, including the 50 states and the District of Columbia. The regional ranking is of a maximum of five and refers to the states in the East North Central region (IL, IN, MI, OH, and WI).

Calculated by the Institute for Women's Policy Research.

Chart 7.1 Panel B
Components of the Reproductive Rights Composite Index

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Does Wisconsin allow access to abortion services:				
Without mandatory parental consent or notification? ^a		✓		8
Without a waiting period? ^a		✓		29
Does Wisconsin provide public funding for abortions under any or most circumstances if a woman is eligible?^a		✓		16
What percent of Wisconsin women live in counties with an abortion provider?^b			38%	68%
Is Wisconsin's state government pro-choice?^c				
Governor		✓		17
Senate			Mixed	11
Assembly		✓		8
Does Wisconsin require health insurers to provide comprehensive coverage for contraceptives?^{d*}		✓		19
Does Wisconsin require health insurers to provide coverage for infertility treatments?^e		✓		11
Does Wisconsin allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?^{f**}		✓	Appellate Court	25
Does Wisconsin require schools to provide sex education?^{g**}		✓		23
<p>* Wisconsin requires that at least one method of contraception be covered for all state employees.</p> <p>** Most states that allow such adoptions do so as a result of court decisions. In Wisconsin, an appellate court has ruled against second-parent adoption.</p> <p>Source: ^a NARAL and NARAL Foundation, 2002; ^b Henshaw, 1998; ^c NARAL and NARAL Foundation, 2001; ^d Alan Guttmacher Institute, 2002a; ^e Plaza, 2001a; ^f National Center for Lesbian Rights, 2001; ^g Alan Guttmacher Institute, 2002b.</p> <p>Compiled by the Institute for Women's Policy Research.</p>				

states, 15 enforce notification laws and 18 enforce consent laws. In states with notification or consent laws, 38 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. Two states provide for physician bypass, and two allow for both judicial and physician bypass. Utah is the only state to have no bypass procedure. As of December 2001, Wisconsin still enforces its mandatory consent law (requiring consent of one parent, a grandparent, or other adult family member). Wisconsin allows for a judicial bypass of its consent law (see Chart 7.1, Panel B).

Waiting period legislation mandates that a physician cannot perform an abortion until a certain number of

hours after the patient is notified of her options in dealing with a pregnancy. Waiting periods range from one to 72 hours. Wisconsin is one of 22 states with mandatory waiting periods as of December 2001. Wisconsin is also one of 18 states (with waiting periods ranging from one to 24 hours) that enforce their laws. Wisconsin's waiting period is a minimum of 24 hours.

Public funding 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. Sixteen states fund abortions in all or most cir-

cumstances. Wisconsin provides public funding for abortions only when the pregnancy results from reported rape or incest, threatens the life of the woman, or occurs under certain health circumstances.

The percent of women in Wisconsin living 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 lived in counties with at least one provider, while in the top six states, more than 90 percent of women lived in counties with at least one (Henshaw, 1998). At 38 percent of women in counties with a provider, Wisconsin's proportion falls near the bottom of the nation. In addition, 93 percent of counties in Wisconsin have no abortion provider at all. The women who live in these counties have extremely limited access to a provider. Thus, for the majority of women in Wisconsin, and particularly those in rural counties without a provider, access to abortion services can be problematic. In 41 states, more than half of all counties have no abortion provider, and in 21 states, more than 90 percent of counties had none (Henshaw, 1998).

Debates over reproductive rights and family planning policies frequently involve potential restrictions on women's access to abortion and contraception, and the stances of elected officials play an important role in the success or failure of these efforts. To measure the level of support for or opposition to potential restrictions, the National Abortion and Reproductive Rights Action League (NARAL) examined the votes and public statements of governors and members of state legislatures. NARAL determined whether these public officials would support restrictions on access to abortion and contraception, including (but not limited to) provisions concerning parental consent, mandatory waiting

periods, prohibitions on Medicaid funding for abortion, and bans on certain abortion procedures. NARAL also gathered official comments from governors' offices and conducted interviews with knowledgeable sources involved in reproductive issues in each state (NARAL and NARAL Foundation, 2001). 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 Wisconsin, both the governor and the majority of members of the state Assembly are anti-choice, while the state Senate is mixed.

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 39 percent of HMOs cover all five prescription methods (The Alan Guttmacher Institute, 1996). Because of the importance of contraception to women's control over their reproductive lives, women's advocates and policymakers have focused on insurance coverage of contraception as an important issue to women. Responding to a set of lawsuits filed against individual companies, in 2000 the Equal Employment

Table 7.1
Contraceptive Coverage Among Low-Income and Teenage Women in Wisconsin and the United States, 1995

	Wisconsin	United States
Percent of All Women in Need of Publicly Supported Contraceptive Services Who are Served by Publicly Supported Family Planning Clinics	51%	39%
Percent of Teenage Women in Need of Publicly Supported Contraceptive Services Who are Publicly Served by Publicly Supported Family Planning Clinics	50%	37%

Source: Fredrick, 1998.

Compiled by the Institute for Women's Policy Research.

Opportunity Commission ruled that employers that offer coverage for comparable prescription drugs must also cover prescription contraceptives under federal anti-discrimination laws.

Controversy about contraceptive coverage is leading lawmakers in many states to introduce bills that would require health insurers to cover contraception. Nineteen states require all private insurers to provide comprehensive contraceptive coverage. Seven states have provisions requiring partial coverage for contraception. In four of these states, insurance companies must offer at least one insurance package that covers some or all birth control prescription methods. One state, Minnesota, requires coverage of all prescription drugs, including contraceptives. Another, Texas, requires insurers with coverage for prescription drugs to cover oral contraceptives. In Oklahoma, a state regulation mandates that HMOs cover "voluntary family planning services," which is interpreted to include some kind of contraception (NARAL and NARAL Foundation, 2001). Wisconsin does not require that insurance companies provide comprehensive contraceptive coverage. The state does, though, require contraceptive coverage for all state employees.

Publicly funded contraceptive services prevent many unintended pregnancies each year among the young, the unmarried, and the poor (Forrest and Amara, 1996). In addition to giving women more control over family planning, contraceptive services are financially beneficial. Every dollar spent for contraceptive services saves three dollars in public funds that would otherwise be needed for prenatal and newborn medical care alone (Frederick, 1998). In the United States, 39 percent of all women who are in need of publicly supported contraceptive services are served at publicly supported family planning clinics, compared to 51 percent in Wisconsin (Table 7.1). In addition, 50 percent of teenage women in need of publicly supported contraceptive services in Wisconsin are served at publicly supported clinics, while nationally 37 percent of teenage women are. In order to support all women in choosing their family size, states should make a commitment to expand publicly supported contraceptive services.

Infertility treatments can also increase the reproductive choices open to women and men, but they are

often prohibitively expensive, especially when they are not covered by insurance. In eleven states, legislatures have passed measures requiring insurance companies to pay for infertility treatments. In another three states, insurance companies must offer at least one package with infertility coverage to their policyholders (Plaza, 2001a). In Wisconsin, insurance companies are not required to cover infertility treatments at all.

Because there is no comprehensive federal law concerning the reproductive rights of lesbians and gays, state courts currently hold considerable power over their choices in building their families. Courts have exercised this power in many ways, for example, by deciding whether lesbians and gays can legally adopt their partners' children, sometimes called second-parent adoption. Second-parent adoption provides the legal rights to otherwise non-legal parents in same-sex relationships that many legal parents take for granted, such as custodial rights in the case of divorce or death and the right to make health care decisions for the child. Research also suggests that children raised by homosexual parents have the same advantages and levels of health and development as those whose parents are heterosexual (American Academy of Pediatrics, 2002).

Court rulings in 25 states specifically extend second-parent adoption to lesbians and gays. In 18 of those states, lower courts have approved a petition to adopt; in five states, high or appellate courts have prohibited discrimination; and in two states, the state supreme court has prohibited discrimination against gays or lesbians in second-parent adoption cases. In six 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 20 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 (National Center for Lesbian Rights, 2001). In Wisconsin, an appellate court has ruled against second-parent adoption.

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 and disease. In 23 states, schools are required to provide sex education. Of those 23, nine states require that sexuality education teach abstinence and also provide students information about contraception. Three states require that sex education programs teach abstinence but do not require that schools provide students information about contraception (NARAL and NARAL Foundation, 2001). Wisconsin does not require sex education or have any mandates about the content of sex education in schools that provide it.

Fertility and Natality

Women's reproductive rights are crucial to their ability to control the timing and circumstances of giving birth. This, in turn, gives them more control over their economic, health, and social status. Women's reproductive rights can also improve the economic and health status of their children, since women's ability to achieve their own well-being affects the well-being of their families.

By 2000, the median age for women at the time of their first marriage was 25.1 years. As of 1999, the median age at first birth was 24.5 years (Fields and Casper, 2001; National Center for Health Statistics, 2001b). Fertility rates are lower in Wisconsin than in the nation as a whole. Table 7.2 shows 60.4 live births per 1,000 women aged 15-44 in Wisconsin, compared to 67.5 births per 1,000 women aged 15-44 in the United States as a whole, in 2000.

Table 7.2 also shows that there were 6.7 infant deaths per 1,000 births in Wisconsin, a rate somewhat lower than that for the United States as a whole, at 7.1 infant deaths per 1,000. Infant mortality affects white and African American communities in the United States at very different rates. In Wisconsin, the infant mortality rate is 5.8 per 1,000 for white infants and 16.0 for African American infants. In the United States, mortality rates are 5.8 for white infants and 14.6 for African American infants. Thus, while infant mortality rates are the same among whites in Wisconsin and whites nationally, they are higher for African Americans in Wisconsin than nationally (National Center for Health Statistics, 2001c).

Low birth weight (less than 5 lbs., 8 oz.) among babies also affects different racial and ethnic groups at different rates. In Wisconsin, while the overall low birth weight rate is 6.7 percent (compared to 7.6 percent nationally), the percent of births of low weight is 5.9 among white infants, 6.1 among Hispanic infants, and 13.4 among African American infants. In the United States as a whole, the percent of births of low weight among white infants was 6.6; for Hispanic infants, it was 6.4; and for African American infants, it was 13.1. Nationally, 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 reducing 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 83 percent of women begin prenatal care in their first trimester of pregnancy, while 84 percent of Wisconsin women do. Use of prenatal care varies sharply by race and ethnicity. Nationally, 88 percent of white women use prenatal care in the first trimester, while 84 percent of Asian American women, 74 percent of African American and Hispanic women, and 70 percent of Native American women do. In Wisconsin, 88 percent of white women, 65 percent of Asian American women, 69 percent of African American women, 71 percent of Hispanic women, and 73 percent of Native American women do. Thus, white and Native American women in Wisconsin use prenatal care at or above their respective national rates, while women of other races and ethnicities are less likely to use prenatal care in Wisconsin than nationally.

Use of prenatal care varies greatly by age, as well. In the United States, just 48 percent of girls under age 15 received prenatal care in 1999, compared with 69 percent of those aged 15-19. Rates were much higher, from 78 percent to 90 percent, for women over age 20. In Wisconsin, 45 percent of girls under age 15 and 68 percent of those aged 15-19 received pre-

Table 7.2
Fertility, Natality, and Infant Health

	Wisconsin	United States
Fertility Rate in 2000 (live births per 1,000 women aged 15-44)^a	60.4	67.5
Infant Mortality Rate in 1999 (deaths of infants under age one per 1,000 live births)^b	6.7	7.1
Among Whites	5.8	5.8
Among African Americans	16.0	14.6
Percent of Low Birth Weight Babies (less than 5 lbs, 8 oz.), 1999^a	6.7%	7.6%
Among Whites	5.9%	6.6%
Among African Americans	13.4%	13.1%
Among Hispanics	6.1%	6.4%
Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 1999^c	84%	83%
By Race and Ethnicity:		
Among Whites	88%	88%
Among African Americans	69%	74%
Among Hispanics	71%	74%
Among Asian Americans	65%	84%
Among Native Americans	73%	70%
By Age:		
Under Age 15	45%	48%
Ages 15-19	68%	69%
Ages 20-24	78%	78%
Ages 25-29	88%	87%
Ages 30-34	91%	90%
Ages 35 and Older	87%	88%
Births to Teenage Women (aged 15-19 years) as a Percent of all Births, 1999^d	13%	14.5%
Births to Unmarried Women as a Percent of All Births, 1999^d	29.2%	33.0%
Sources: ^a Martin, et al., 2002; ^b National Center for Health Statistics, 2001c; ^c National Center for Health Statistics, Division of Health Promotion, 2001; ^d U.S. Department of Commerce, Bureau of the Census, 2001d.		
Compiled by the Institute for Women's Policy Research.		

natal care in 1999, slightly lower percentages than in the United States as a whole. Prenatal care rates for women over age 20 in Wisconsin were considerably higher, from 78 percent to 91 percent.

Teenage mothers can have difficulties achieving an adequate standard of living because of their limited choices about education and employment (The Alan Guttmacher Institute, 1994; U.S. Department of Health and Human Services, Public Health Service, 2000). In addition, as Table

7.2 shows, teenage women have decreased access to prenatal care in the first trimester compared to older women. In 1998, births to teenage mothers accounted for a somewhat smaller proportion of all births in Wisconsin (13.0 percent) than they did nationally (14.5 percent). Births to unmarried mothers also accounted for a smaller proportion of all births in Wisconsin than they did nationally (29.2 percent compared with 33.0 percent; U.S. Department of Commerce, Bureau of the Census, 2001d).

8. Health and Well-Being



Health is a crucial factor in women's overall status. Health problems can seriously impair women's quality of life as well as their ability to care for themselves and their families. 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, as well as adequate and affordable quality health care.

This section focuses on women's health in Wisconsin. The composite index of women's health and well-being includes several indicators, including mortality

from heart disease, breast cancer, and lung cancer; the incidence of diabetes, chlamydia, and AIDS; women's mental health status and mortality from suicide; and limitations on women's everyday activities. Because research links women's health and well-being to their ability to access the health care system (Mead, et al., 2001), this section also presents information on women's use of preventive services, health-related behaviors, and state-level policies and resources 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 compared with 73 years for men in the

Chart 8.1
Health and Well-Being: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Health and Well-Being Index	18	1	C+
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1996-98) ^a	18	1	
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1996-98) ^a	12	1	
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1996-98) ^a	18	1	
Percent of Women Who Have Ever Been Told They Have Diabetes (2000) ^b	35	2	
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 2000) ^c	40	5	
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, 2000) ^d	18	2	
Average Number of Days per Month on which Women's Mental Health Is Not Good (2000) ^b	48	3	
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1996-98) ^e	16	4	
Average Number of Days per Month on which Women's Activities Are Limited by Their Health (2000) ^b	18	1	

See Appendix II for methodology.

* The national rankings are of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of five and refer to the states in the East North Central region (IL, IN, MI, OH, and WI).

Source: ^a National Center for Health Statistics, 2001a; ^b Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; ^c Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001; ^d Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001; ^e Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.

Calculated by the Institute for Women's Policy Research.

United States in 1998—women suffer from more non-fatal 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 non-prescription drug use than men (Mead, et al., 2001).

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, reproductive rights, and family planning. As a result, it is important to consider women's health as embedded 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 the Oregon Health and Science University, 2001). For example, 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, et al., 2001). Research shows that, in contrast, 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, et al., 1999).

Wisconsin, which ranks 18th of all states, is slightly above average compared with most states and the nation on indicators of women's health and well-being (see Chart 8.1). The state fares relatively well for women's mortality from lung cancer (twelfth) and suicide (16th). Wisconsin also ranks above average (18th) for women's mortality rates from heart disease and breast cancer, incidence of AIDS, and activities limitations due to health. The state fares more poorly for women's incidence of diabetes (35th) and chlamydia (40th) and the number of days per month of women's poor mental health (48th).

Wisconsin ranks first in the East North Central region on the composite health and well-being index. Within the region, Wisconsin ranks first of five states on four indicators: mortality from heart disease, lung cancer, and breast cancer and the average number of days per month women's activities are limited by their health. In contrast, Wisconsin ranks at or near last in its region for women's mortality from suicide (fourth) and incidence of chlamydia (fifth).

Wisconsin's grade of C+ on the health and well-being index reflects the difference between women's actual health status in the state and national health goals, including those 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. It remains the leading cause of death for women aged 75 and older even when all cancers are combined (National Center for Health Statistics, 2001d). 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 its risk factors and how to modify them. In addition, states can implement policies that facilitate access to health care professionals and preventive screening services.

Women in Wisconsin experience mortality from heart disease at a rate below the U.S. rate (132.6 and 161.7 per 100,000 women, respectively; see Table 8.1). The state ranks 18th among all states on this indicator. Men's mortality from heart disease is much worse in both Wisconsin and in the country as a whole (246.0 and 266.2 per 100,000 men, respectively; data not shown; National Center for Health Statistics, 2001a).

Women's mortality from heart disease varies greatly by race and ethnicity in Wisconsin and in the United

States. As Figure 8.1 shows, mortality rates from heart disease are generally much worse among African American women than among white women, while Asian American women have the lowest rates. In the United States, the mortality rate from heart disease for 1996-98 among all women was 161.7 deaths per 100,000 women. For African American women, it was much higher, at 195.3 deaths per 100,000, while for white women it was 159.8. For Hispanic women, the rate was only 113.4 deaths per 100,000; for Asian American women, it was 89.5; for Native American women, it was 94.2. In Wisconsin, patterns of mortality from heart disease among women of different racial and ethnic groups differ somewhat from those in the nation as a whole. African American women experienced mortality from heart disease at a rate of 143.9 per 100,000; white women did at a rate of 132.6 per 100,000; Hispanic women's rate was only 34.0 per 100,000; Asian American women's was 63.7 per 100,000; and Native American women's was 159.9 per 100,000. Thus, while African American, white, Hispanic, and Asian women had mortality rates lower than nationally, Native American women had much worse rates in Wisconsin than nationally.

Cancer is the leading cause of death for women aged 45-74. Women's lung cancer in particular, the leading cause of death among cancers, 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 Wisconsin, the mortality rate from lung cancer is 37.5 per 100,000 women, below the national rate of 41.3. As a result,

Wisconsin ranks twelfth in the nation and first in the East North Central region on this indicator.

Mortality from lung cancer varies significantly by race and ethnicity. In Wisconsin, 37.3 white women per 100,000 die from lung cancer each year, while 48.8 African American women, and 66.9 Native American women do (data not available for Hispanic and Asian women in Wisconsin; Table 8.2). In contrast, nationally, white women are slightly more likely to die from lung cancer than African American women and considerably more likely than Hispanic, Asian American, and Native American women: 43.7 white women, 41.3 African American women, 13.8 Hispanic women, 19.4 Asian American women, and 25.0 Native American women per 100,000 died of lung cancer annually in 1996-98.

Among cancers, breast cancer is the second most common cause of death for U.S. women. Approximately 203,500 new cases of invasive breast cancer are expected in 2002 (American Cancer Society, 2002). Breast cancer screening is crucial,

Table 8.1
Mortality and Incidence of Disease Among Women in Wisconsin and the United States

Indicator	Wisconsin	United States
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 1996-98 ^a	132.6	161.7
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 1996-98 ^a	37.5	41.3
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 1996-98 ^a	27.4	28.8
Percent of Women Who Have Ever Been Told They Have Diabetes, 2000 ^b	6.5	5.9*
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000), 2000 ^c	462.6	404.0
Average Annual Incidence Rate of AIDS Among Women per 100,000 adolescents and adults), 2000 ^d	2.4	8.7

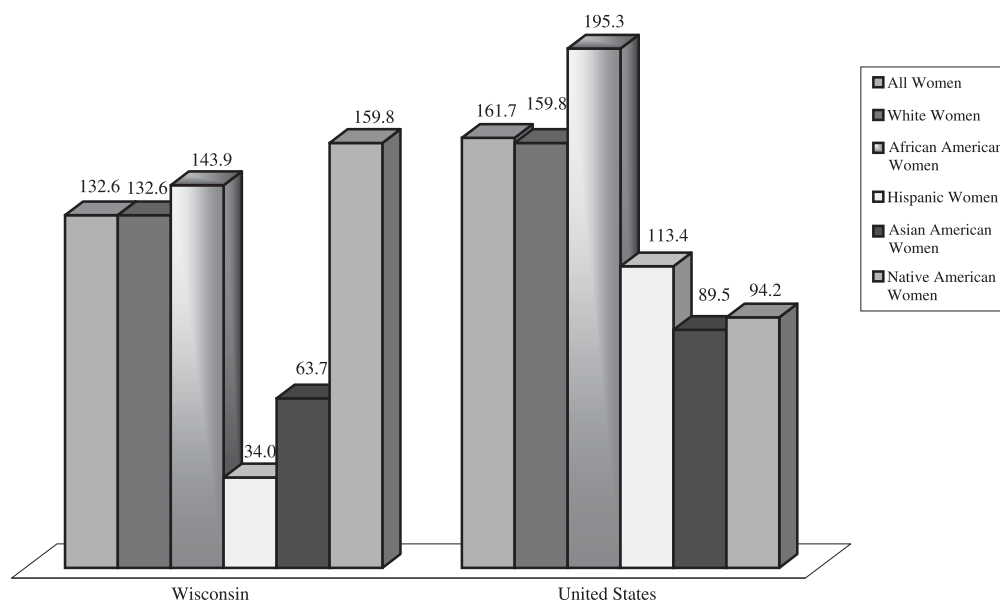
*Median rate for the 50 states and the District of Columbia.

Source: ^a National Center for Health Statistics, 2001a; ^b Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001;

^c Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001; ^d Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001.

Compiled by the Institute for Women's Policy Research.

Figure 8.1
Average Annual Mortality Rates Among Women from Heart Disease
in Wisconsin and the United States by Race and Ethnicity, 1996-98*



*Deaths per 100,000.

Source: National Center for Health Statistics, 2001a.

Compiled by the Institute for Women's Policy Research.

not just for detecting breast cancer, but also for reducing breast cancer mortality. Consequently, health insurance coverage, breast cancer screenings, and public awareness of the need for screenings are all important issues to address as states attempt to diminish death rates from the disease. Wisconsin's rate of mortality from breast cancer, 27.4 per 100,000, is slightly lower than that of the nation, at 28.8 per 100,000 women. Wisconsin ranks 18th in the nation but first in its region on this measure, suggesting that the region as a whole could take more steps to address breast cancer as an important health issue for women.

Mortality rates from breast cancer are higher among African American women than they are among white in Wisconsin: 27.6 white women and 31.6 African American women per 100,000 died of breast cancer annually in 1996-98 (Table 8.2). This is similar to national trends, in which mortality

rates from breast cancer are 28.7 white women and 37.8 African American women per 100,000, although the gap is smaller in Wisconsin than nationally. Nationally, mortality rates from breast cancer are 17.6 Hispanic women, 12.8 Asian women, and 15.1 Native American women per 100,000 (data not available for Hispanic, Asian, and Native American women in Wisconsin).

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. 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, 1999). Rates of diabetes vary tremendously by race and ethnicity, with African Americans, Hispanics, and Native Americans 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 Wisconsin, 6.5 percent of women have been diagnosed with diabetes at some point in their lifetime, a rate somewhat worse than the median rate for all states, 5.9 percent. Wisconsin ranks 35th nationally and second regionally on this indicator of women's health.

Sexually transmitted diseases (STDs) are a common threat to younger women's health. As with many other health problems, education, awareness, and proper screening can be key to limiting the spread of STDs and diminishing the health impact associated with them. One of the more common STDs among women is chlamydia, which affects over 563,000 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 Wisconsin, chlamydia affects 462.6 women per 100,000, a rate substantially worse than that for the United States as a whole, or 404.0 women per 100,000. Wisconsin ranks 40th in the nation and last in the region on this indicator of women's health status.

The incidence of HIV and AIDS in women is one of the fastest growing threats to their health, especially among younger women. The 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 greater than for women, by 1998-99 men had less 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 those with HIV are women: in 2000, 17 percent of people with AIDS were women, while 28 percent of people with HIV were. The race and ethnicity disparities in the incidence of AIDS are alarming: in 1999, the

AIDS rate per 100,000 women nationwide was 2.3 among white women, 49.0 among African American women, 14.9 among Hispanic women, 1.4 among Asian American women, and 5.0 among Native American women (Table 8.3). The race and ethnicity disparities in AIDS incidence in Wisconsin are also wide, although the gaps between different groups of women differ from national patterns and, overall, are smaller than they are nationally. The AIDS rate in Wisconsin per 100,000 women was 0.6 among white women, 9.1 among African American women, and 12.7 among Hispanic women.

Overall, Wisconsin had a much lower incidence of AIDS than the nation as a whole in 2000, at 2.4 compared with 8.7 per 100,000 women (see Table 8.1). As a result, the state ranks 18th nation-

Table 8.2
Average Annual Mortality Rates Among Women from Lung and Breast Cancer in Wisconsin and the United States by Race and Ethnicity, 1996-98

Indicator	Wisconsin	United States
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000)	37.5	41.3
Among Whites*	37.3	43.7
Among African Americans*	48.8	41.3
Among Hispanics**	N/A	13.8
Among Asian Americans	N/A	19.4
Among Native Americans	66.9	25.0
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000)	27.4	28.8
Among Whites*	27.6	28.7
Among African Americans*	31.6	37.8
Among Hispanics**	N/A	17.6
Among Asian Americans	N/A	12.8
Among Native Americans	N/A	15.1

*Non-Hispanic.

**Hispanics may be of any race.

N/A = Not available.

Source: National Center for Health Statistics, 2001a.

Compiled by the Institute for Women's Policy Research.

Table 8.3
Average Annual Incidence Rate of
AIDS Among Women in Wisconsin and
the United States by Race and Ethnicity, 1999*

Indicator	Wisconsin	United States
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults)	1.3	9.3
Among Whites	0.6	2.3
Among African Americans	9.1	49.0
Among Hispanics	12.7	14.9
Among Asian Americans	N/A	1.4
Among Native Americans	N/A	5.0

* Data differ from those provided in Table 8.1, which are for 2000. These numbers are based on unpublished numbers from the Centers for Disease Control for 1999.

N/A = Not available.

Source: The Henry J. Kaiser Family Foundation, 2001.

Compiled by the Institute for Women's Policy Research.

ally and second of the five states in the East North Central region on this indicator. For men, the incidence of AIDS is also much lower in Wisconsin than in the nation as a whole, at 7.5 cases per 100,000 men in Wisconsin compared with 28.0 cases in the United States as a whole for men (data not shown; Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001).

Mental Health

Women experience some psychological conditions, such as depression, anxiety, panic, and eating disorders, at higher rates than men. However, they are less likely to suffer from substance abuse and conduct disorders than men are. Overall, about half of all women aged 15-54 experience symptoms of mental illness at some point in their lives (National Center for Health Statistics, 1996). Because of stigmas associated with psychological disorders and their treatment, many go untreated.

Table 8.4
Mental Health Among Women and Men
in Wisconsin and the United States

Indicator	Wisconsin		United States	
	Women	Men	Women	Men
Average Number of Days per Month of Poor Mental Health, 2000 ^a	4.4	2.9	3.8*	2.5*
Average Annual Mortality Rate from Suicide (per 100,000), 1996-98 ^b	4.0	19.3	4.4	19.6

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

Source: ^a Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; ^b Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.

Compiled by the Institute for Women's Policy Research.

In addition, while many health insurance policies cover some portion of alcohol and substance abuse programs, many do not adequately cover treatments of other psychological disorders. These treatments, however, are integral to helping patients achieve good mental health.

In Wisconsin, women's self-reported evaluations indicate that women experience an average of 4.4 days per month on which their mental health is not good, and the state ranks 48th on this measure (see Table 8.4 and Chart 8.1). Nationally, the median rate for all states is 3.8 days per month of poor mental health. Men's rate of poor mental health is also worse than the national median, at 2.9 compared with 2.5

days, respectively. In Wisconsin, men's lower rate of poor mental health compared with women's mirrors national trends. In Wisconsin, as in the nation, the rate of poor mental health days per month for women is over one day more than it is for men (4.4 days per month for women versus 2.9 days for men).

One of the most severe public health problems related to psychological disorders is suicide. In the United States, 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 over four times as many men as women dying by suicide. However, women are two to three times 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 1999, suicide was the fourth leading cause of death among women aged 14-34, the fifth leading cause of death among women aged 35-44, and the eighth leading cause of death among women 45-54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2002). Among women in the United States, the annual rate of mortality from suicide is 4.4 per 100,000. In Wisconsin, the rate of death by suicide among women is lower, at 4.0 per 100,000. Wisconsin ranks 16th in the nation and fourth in the East North Central region on this indicator of women's health status.

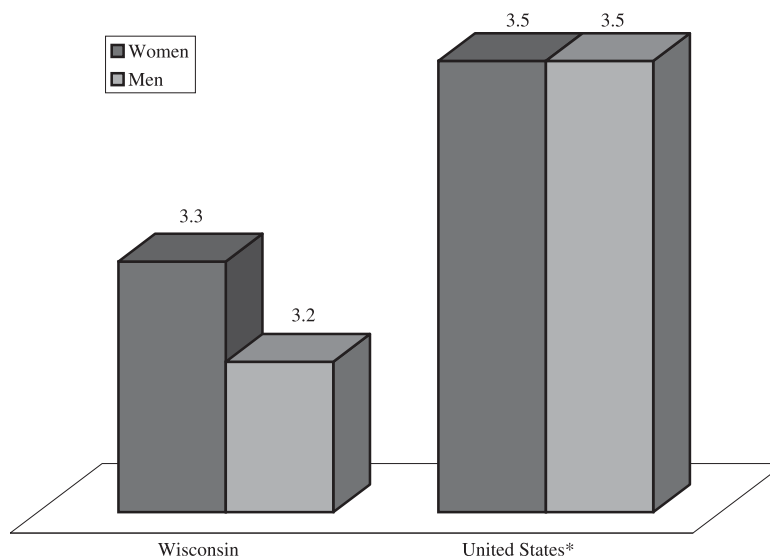
While risk factors for suicide often occur in combination, research indicates that 90 percent of men and women who kill themselves are experiencing depression, substance abuse, or another diagnosable psycho-

logical 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 are 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 3.5; in Wisconsin, the average number of days of limited activities for women is slightly lower, at 3.3 (see Figure 8.2), and

Figure 8.2
Average Number of Days per Month of Limited Activities Among Women and Men in Wisconsin and the United States, 2000



*Median rates for the 50 states and the District of Columbia

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Compiled by the Institute for Women's Policy Research.

the state ranks 18th on this measure. Wisconsin's better score and rank on this measure are probably related to women's good health on some other indicators of women's health status. Similarly, for men, the rate in Wisconsin (3.2 days per month) is slightly lower than the median rate for all states (3.5 days per month).

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 the elimination of smoking and heavy drinking, can help women avoid many of the diseases and conditions described above. Table 8.5 presents data on women's use of preventive care, early detection resources, and good health habits in Wisconsin.

Women in Wisconsin use preventive care resources at average levels. Of women aged 50 and over, 69.9

percent have had a mammogram within the past two years, slightly lower than the median percent for all states (71.1 percent). Women in Wisconsin and the United States have the same usage rate of pap tests, 86.8 percent, among women aged 18 and older. Wisconsin women's rates of cholesterol screenings are about the same as the median for all states (71.7 percent compared with 71.2 percent, respectively, for women aged 18 and older).

Women in Wisconsin engage in some very good and some very poor health habits. The percent of Wisconsin women who engage in binge drinking (five or more alcoholic beverages at one time during the past month) is considerably higher than the median for all states (11.2 and 6.7, respectively). The percent of adult women in Wisconsin who smoke, 23.9 percent, is also higher than the median for all states, 21.2 percent (see Table 8.5). In contrast, women in Wisconsin are more likely to participate in physical activity and slightly more likely to eat the recommended daily amounts of fruits and vegetables than women in other states.

Table 8.5
Preventive Care and Health Behaviors Among Women in Wisconsin and the United States

	Wisconsin	United States*
Preventive Care		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 2000 ^a	69.9	71.1
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 2000 ^a	86.8	86.8
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 1997 ^b	71.7	71.2
Health Behaviors		
Percent of Women Who Smoke (100 or more cigarettes in their lifetime and who now smoke every day or some days), 2000 ^a	23.9	21.2
Percent of Women Who Report Binge Drinking (Consumption of five or more drinks on at least one occasion during the preceding month), 1997 ^b	11.2	6.7
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 2000 ^a	24.9	28.6
Percent of Women Who Do Not Eat Five or More Servings of Fruits or Vegetables per Day, 2000 ^a	72.6	73.1

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

Source: ^a Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; ^b Centers for Disease Control and Prevention, 2000.

Compiled by the Institute for Women's Policy Research.

State Health Policies and Resources

State policies can contribute to women's health status in significant ways. Because poverty is closely associated with poor health among women, policies allocating resources to Medicaid programs to help low-income men and women cover health-related expenses are critical for improving health and well-being. Women are particularly affected by resource allocations to Medicaid programs, since more women than men live in poverty. Consequently, over 50 percent more women receive Medicaid benefits than men (U.S. Department of Health and Human Services, Health Care Financing Administration, 1999). In Wisconsin, more women than men receive health insurance from public sources (10.9 percent versus 7.6 percent; see Table 6.1).

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 8.6 shows the level of Medicaid spending per adult enrollee in Wisconsin ("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). At \$1,488, Wisconsin's spending was below the average among all states of \$1,892 per adult enrollee in 1998. Without adequate financial support for their health care needs, the health status of low-income women and their families is likely to suffer. State and federal policy should also ensure that, as men and women move off welfare and into the workforce, they do not lose access to health insurance.

Studies show that the quality of insurance coverage significantly affects women's access to certain health resources and, consequently, their health status (Mead, et al., 2001). In order to advance women's and men's access to adequate health-related resources, many states have passed policies governing health care coverage by insurance companies for their policyholders. These policies include required coverage for preventive screenings for cervical cancer and osteoporosis; laws allowing women to choose a specialist in obstetrics and gynecology as their primary care physician or allowing direct access to one without referral; and mandates for coverage of mental health services. In addition, some states have mastec-

Table 8.6
Health Policies and Resources in Wisconsin and the United States

	Yes	No	Other Information	Total or Average, United States (of 51)
Medicaid Spending per Adult Enrollee, 1998^c			\$1,488	\$1,892
Does Wisconsin require insurance companies to:				
Cover screenings for cervical cancer? ^a		✓		25
Cover screenings for osteoporosis? ^a		✓		12
Cover inpatient care for a defined period after a mastectomy? ^a		✓		18
Allow women to identify a specialist in obstetrics and gynecology as their primary care physician or allow direct access to one? ^a	✓			39
Cover or offer at least one policy covering mental health services at the same level as other health services? ^b		✓		21

Source: ^a Plaza, 2001b; ^b National Conference of State Legislatures Health Policy Tracking Service, 2001; ^c Kaiser Commission on Medicaid and the Uninsured, 2001.

Compiled by the Institute for Women's Policy Research.

tomy stay laws, requiring insurance companies to cover inpatient care for defined periods following a mastectomy. Although Wisconsin requires that insurance companies allow women direct access to their obstetrician or gynecologist, the state lacks several other insurance mandates important to women.

Policymakers in the state could improve women's access to health care services by adopting mandated coverage for cervical cancer and osteoporosis screenings, inpatient care after a mastectomy, and parity in mental health services (see Table 8.6).

9. Conclusions and Policy Recommendations



Women in the United States have made a great deal of progress in recent decades. Women are more educated, they are more active in the workforce, and they have made some strides in narrowing the wage gap. In other areas, however, women face substantial and persistent obstacles to attaining equality. Women are far from achieving political representation in proportion to their share of the population, for example, and the need to defend and expand their reproductive rights endures. In addition, they clearly have not achieved economic equality with men.

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. Since women's median earnings still lag behind men's, they do not contribute equally to supporting their families, nor do they achieve economic autonomy.

Many of the factors affecting women's status are interrelated. Educational attainment often directly relates to earnings; full-time work often correlates with health insurance or pension 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. The reasons for these differences are not well understood. Very little research has been done on the causes of the geographic diversity revealed in this report or the factors associated with it. Different local and regional economic structures—whether based on manufacturing, commerce, or government—undoubtedly affect women's

employment and earnings opportunities, while cultural and historical factors may better explain variations in educational attainment, reproductive rights, and women's political behavior and opportunities. Differences in specific public policies undoubtedly account 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 levels, women in Wisconsin need state-based public policies to adequately address these complex issues:

- ♦ Wisconsin women's wages need to be raised by policies such as stronger enforcement of equal employment opportunity laws, improved educational opportunities, a higher minimum wage, living wage ordinances, and the further implementation of pay equity adjustments in the state civil service and/or in the private sector.
- ♦ Rates of women's business ownership and business success in Wisconsin could be increased by ensuring that state and local government contracts are accessible to women-owned businesses.
- ♦ Women workers in the state would benefit from the greater provision of adequate and affordable child care and from mandatory paid parental and dependent-care leave policies. Specifically, Wisconsin should provide family leave benefits by adopting an enforced TDI program, adopting Baby UI, and/or supporting at-home infant care for low-income parents.
- ♦ Women's physical security can be enhanced by increasing public safety and better protecting women from domestic violence, via anti-stalking and other legislation and judicial and health care professional training. In addition, Wisconsin should adopt laws requiring training about sexu-

al assault for police, prosecutors, and health care professionals.

- ◆ Women's economic security can be improved by greater state emphasis on child support collection and improved access to unemployment insurance, Medicaid, and food stamps.
- ◆ Wisconsin can reduce women's poverty by implementing welfare reform programs that provide a wider range of important support services, such as education and learning opportunities, while still providing a basic safety net for those who earn very low wages or cannot work. Wisconsin should allow one-half of a participant's required W-2 work activity to consist of appropriate education and training, allow part-time workers in unsubsidized employment greater access to receiving partial benefits while participating in approved training, and allow child care for those in education and training without a work requirement. In addition, Wisconsin should adopt the Family Violence Option to address safety barriers for victims of domestic abuse and sexual assault.
- ◆ To improve levels of voter participation among women, opportunities to vote should be more widely advertised, and voter registration should be held in locations and at times that are accessible to women, especially low-income women. Voter registration forms should be given to W-2 and other social service applicants.
- ◆ To address the overwhelming disparities in the status of women from different racial and ethnic groups, the state should require that all state and federally funded programs standardize their reports to ensure that data are collected and made available by race, ethnicity, and gender.
- ◆ Increased investment in targeted health prevention and treatment could improve women's health and also reduce disparities in health status associated with race and socioeconomic status.
- ◆ Enhanced reproductive rights and policies would allow Wisconsin women more control over their overall economic, health, and social status by giv-

ing them more control over their reproductive lives. Such policies include legislation that requires insurance companies to cover contraception; a law guaranteeing rape victims be given emergency treatment that also includes information about and access to emergency contraception; and increased funding for family planning centers to provide care to Wisconsin women who are in need of publicly supported contraceptive services.

National policies also remain important in improving women's status across the country:

- ◆ The federal minimum wage, equal employment opportunity legislation, and 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 better 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 employer-provided insurance or the establishment of an employee/employer cost-share 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.
- ◆ Federal legislation on welfare reform should encourage meaningful skill development among low-income women to promote long-term economic well-being.
- ◆ Campaign finance reforms could be adopted to encourage a wider array of candidates, including women and minorities, to run for office. Standardized voting procedures for the entire

country could also increase the civic participation of women of color, and all women, by enhancing Americans' sense that their votes matter.

- ♦ Greater federal protection for reproductive rights would guarantee women all over the country the resources needed to control their reproductive lives.
- ♦ The federal government should examine its data collection and reporting policies to provide more

information on the status of women, especially those of minority racial and ethnic backgrounds.

In most cases, both state and national policies lag far behind the changing realities of women's lives. Careful consideration of policies that would improve women's status and better guarantee women's equality at the local, state, and national levels could address many of the issues and obstacles facing women as they strive to improve their status and well-being.

The Wisconsin Advisory Committee

Appendices



Table of Appendices

Appendix I: Basic Demographics	83
Appendix II: Methodology, Terms and Sources for Chart 2.1 (the Composite Indices and Grades)	87
Appendix III: Sources for Chart 3.1 (Women's Resources and Rights Checklist)	95
Appendix IV: State-by-State Rankings on the Composite Indices and Their Components ..	98
Appendix V: State and National Resources	108
Appendix VI: List of Census Bureau Regions	119

Appendix I: Basic Demographics

This Appendix includes data on different populations within Wisconsin. Statistics on age, the sex ratio, and the elderly female population are presented, as are the distribution of women by race and ethnicity and family type, as well as 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, the United States as a whole and Wisconsin have the same ratio of women to men, a similar proportion of Native American women, and about the same median age for women. However, Wisconsin has much smaller proportions of African American, Hispanic, Asian American, and foreign-born women and a considerably smaller proportion of women living in urban areas. Demographic factors have implications for the location of economic activity, the types of jobs available, market growth, and the types of public services needed.

Wisconsin has the 18th largest population among all the states in the United States. There were over 2.7 million women of all ages in Wisconsin in 2000 (see Appendix Table 1.1). Between 1990 and 2000, the population of Wisconsin grew by 9.6

percent, much less than the growth of the nation as a whole (13.1 percent; data not shown; U.S. Department of Commerce, Bureau of the Census, 2001b). Within its region, Wisconsin's population growth rate is second, below Indiana (9.7 percent) and followed by Illinois (8.6 percent), Michigan (6.9 percent), and Ohio (4.7 percent).

White women are a much larger share of the female population in Wisconsin than they are in the United States as a whole, at about 87.5 percent of women in the state (compared with 69.3 percent in the nation as a whole). Of all the racial and ethnic groups in Wisconsin, the next largest group, African American women, constitute a proportion considerably lower than the national average (5.7 percent versus 12.4 percent). Between 1990 and 2000, the proportion of Hispanic women in Wisconsin more than doubled (from 1.6 percent to 3.3 percent; data not shown). However, the proportion of Hispanic women in Wisconsin is considerably lower than the national average of 12.0 percent. The other racial and ethnic groups combined make up just 3.6 percent of the female population in Wisconsin, compared with 6.3 percent for the United States as a whole.

The 2000 census also reveals that the Hmong population in Wisconsin is one of the state's fastest growing groups. During the past decade, the Hmong population in Wisconsin more than doubled, from 16,373 Hmong in 1990 to 33,791 Hmong in 2000 (data not shown; Hmong Population Research Project, 2000a).

Wisconsin ranks third in the nation for its Hmong population, following California with 65,095 and Minnesota with 41,800 Hmong. Of the top 20 Hmong counties in the United States, Wisconsin leads with eight, California has six, and Minnesota has two (data not shown; Star Tribune, 2001).

Appendix Table 1.1
Basic Demographic Statistics for Wisconsin and the United States

	Wisconsin	United States*
Total Population, 2000^a	5,363,675	281,421,906
Number of Women, All Ages, 2000 ^a	2,714,634	143,368,343
Sex Ratio (women to men, aged 18 and older), 2000 ^a	1.1	1.1
Median Age of All Women, 1999 ^b	36.9	36.6
Proportion of Women Over Age 65, 2000 ^a	15.1%	14.4%
Distribution of Women by Race and Ethnicity, All Ages, 2000^c		
White*	87.5%	69.3%
African American*	5.7%	12.4%
Hispanic**	3.3%	12.0%
Asian American*	1.7%	3.8%
Native American*	0.8%	0.7%
Other Race*	0.1%	0.2%
Two or More Races*	1.0%	1.6%
Distribution of Households by Type, 2000^d		
Total Number of Family and Nonfamily Households	2,084,544	105,480,101
Married-Couple Families (with and without their own children)	53.2%	51.7%
Female-Headed Families (with and without their own children)	9.6%	12.2%
Male-Headed Families (with and without their own children)	3.7%	4.2%
Nonfamily Households: Single-Person Households	26.8%	25.8%
Nonfamily Households: Other	6.7%	6.1%
Distribution of Women Aged 15 and Older by Marital Status, 2000^d		
Married	55.6%	54.3%
Single	24.3%	24.4%
Widowed	10.1%	10.2%
Divorced	10.0%	11.1%
Number of Lesbian Unmarried Partner Households, 2000^e	4,370	293,365
Proportion of Women Aged 21-64 with a Disability, 2001^f	11.9%	13.9%
Percent of Families with Children Under Age 18 Headed by Women, 2000^g	18.1%	20.6%
Proportion of Women Living in Metropolitan Areas, All Ages, 1990^g	74.2%	83.1%
Proportion of Women Who Are Foreign-Born, All Ages, 1990^g	2.4%	7.9%
Percent of Federal and State Prison Population Who Are Women, 2000^h	6.6%	6.6%

*Non-Hispanic.

**Hispanics may be of any race.

Source: ^a U.S. Department of Commerce, Bureau of the Census, 2001b; ^b U.S. Department of Commerce, Bureau of the Census, 2000b; ^c U.S. Department of Commerce, Bureau of the Census, 2002a; ^d U.S. Department of Commerce, Bureau of the Census, 2001e; ^e Smith and Gates, 2001; ^f U.S. Department of Commerce, Bureau of the Census, 2001c; ^g Population Reference Bureau, 1993; ^h U.S. Department of Justice, Bureau of Justice Statistics, 2001.

Compiled by the Institute for Women's Policy Research.

The proportions of single and widowed women in Wisconsin are approximately the same as in the country as a whole, while the proportion of married women is slightly higher, and the proportion of divorced women slightly lower, in Wisconsin than in the nation. Wisconsin's distribution of family types diverges slightly from that in the nation overall. The proportion of single-person households is slightly larger than in the nation as a whole (26.8 percent versus 25.8 percent), while the proportion of female-headed families in Wisconsin is much smaller (9.6 versus 12.2 percent). The proportions of married-couple families and other family types are both larger in Wisconsin than nationally. Families with children under age 18 that are headed by women constitute 18.1 percent of all families with children in Wisconsin, a smaller proportion than the 20.6 percent nationwide. In 2000, 4,370

lesbian unmarried partner households were reported in Wisconsin, with a total of 293,365 nationwide.

Wisconsin's proportion of women living in metropolitan areas is considerably lower than in the nation overall (74.2 percent compared with 83.1 percent of women in the United States). The percent of Wisconsin's prison population that is female is the same as the national average. Wisconsin had a much smaller foreign-born female population than the United States as a whole in 1990 (2.4 percent compared with 7.9 percent; while 2000 numbers for foreign-born women were not yet available for this writing, 3.6 percent of all Wisconsin residents and 11.1 percent of United States residents were foreign-born in 2000). Wisconsin's proportion of women aged 21-64 with a disability is smaller than in the nation overall, at 11.9 percent compared to 13.9 percent.

Appendix II: Methodology, Terms, and Sources for Chart 2.1 (the Composite Indices and Grades)

Composite Political Participation Index

This composite index reflects four areas of political participation: voter registration; voter turnout; women in elected office, including state legislatures, statewide elected 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 for a state and dividing the difference by the standard deviation for the United States as a whole. The standardized scores were then given different weights. Voter registration and voter turnout were each given a weight of 1.0. The indicator for women in elected office is itself a composite reflecting different levels of office-holding and was given a weight of 4.0 (in the first two series of reports, published in 1996 and 1998, this indicator was given a weight of 3.0, but since 2000 it has been weighted at 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" (see Appendix Chart 2.1). 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. Each state's score was then compared with the ideal score to determine its grade.

Women's Voter Registration: This component indicator is the average percent (for the presidential and congressional elections of 2000 and 1998) 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, 2000c and 2002c, based on the Current Population Survey.

Women's Voter Turnout: This component indicator is the average percent (for the presidential and congressional elections of 2000 and 1998) 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, 2000c and 2002c, 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 April 2002. 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 4.28. These scores were then used to rank the states on the

Appendix Chart 2.1
Criteria for Grading

Index	Criteria for a Grade of "A"	Highest Grade, U.S.
Composite Political Participation Index		B
Women's Voter Registration	Women's Voter Registration, Best State (91.1%)	
Women's Voter Turnout	Women's Voter Turnout, Best State (67.9%)	
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		A-
Women's Median Annual Earnings	Men's Median Annual Earnings, United States (\$36,960)	
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 (74.7%)	
Women in Managerial and Professional Occupations	Women in Managerial and Professional Occupations, Best State (48.0%)	
Composite Social and Economic Autonomy Index		B+
Percent of Women with Health Insurance	Percent of Women with Health Insurance, Best State (94.0%)	
Women's 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 (94.9%)	
Composite Reproductive Rights Index	Presence of All Relevant Policies and Resources (see Chart 7.1 Panel B)	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)	A-
Calculated by the Institute for Women's Policy Research.		

indicator for women in elected office. Source: Data were compiled by IWPR from several sources, including the Center for American Women and Politics, 2002a, 2002b, 2002c, and 2002d; Council of State Governments, 2000.

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 for Women, 2000, and Center for American Women and Politics, 1998, updated by IWPR.

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 first standardized. 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 ratio was set at 100 percent, as if women earned 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 determine the state's grade.

Women's Median Annual Earnings: Median yearly earnings (in 2000 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 1998, 1999, and 2000. 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 data are referred to as 1999 data, the midpoint of the three years analyzed. The sample size for women ranges from 560 in Rhode Island to 5,174 in California; for men, the sample size ranges from 685 in the District of Columbia to 7,906 in California. In Wisconsin, the sample size was 748 for women and 1,076 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: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey, for the 1998-2000 calendar years; IWPR, 2001b.

Ratio of Women's to Men's Earnings: Median yearly earnings (in 2000 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 1998-2000 divided by the median yearly earnings (in 2000 dollars) of noninstitutionalized men aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1998-2000. See the description of women's median annual earnings, above, for a more detailed description of the methodology and for sample sizes. Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey, for the 1998-2000 calendar years; IWPR, 2001b.

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 2000). 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, 2002 (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 1999). Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a (based on the Current Population Survey).

Composite Social and Economic Autonomy Index

This composite index reflects four aspects of women's social and 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 first standardized. 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. To create the composite score, women's health insurance coverage, educational attainment, and business ownership were given a weight of 1.0, while poverty was given a weight of 4.0 (in the first three series of reports, published in 1996, 1998, and 2000, this indicator was given a weight of 1.0, but in 2002 IWPR began weighting it at 4.0). 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." The percentage of women with health insurance was set at the highest value for all states; the percentage of women with higher education was set at the national value for men; the percentage of businesses owned by women

was set as if 50 percent of businesses were owned by women; and the percentage of women in poverty was set at the national value for men. Each state's score was then compared with the ideal score to determine its grade.

Percent with Health Insurance: Percent of civilian noninstitutionalized women from ages 18 through 64 who are insured. The state-by-state percents are based on the 2001 Annual Demographic Files (March) from the Current Population Survey, for calendar year 2000. Respondents are asked whether they had insurance from a variety of different sources during the previous year. They are counted as uninsured if they did not have health insurance for the entire year 2000. Because respondents are asked to report about all sources of insurance over the past year, some report insurance from more than one source. It is impossible to determine whether they had had more than one type simultaneously or changed sources of insurance over the course of the year. In 2001, the CPS included an expanded sample to improve state estimates of uninsured children. The expanded sample was not used in these estimates, however, because it was not yet available. Source: Employee Benefit Research Institute, 2001.

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 1997, the percent of all firms (legal entities engaged in economic activity during any part of 1997 that filed an IRS Form 1040, Schedule C; 1065; any 1120; or 941) owned by women. This indicator includes five legal forms of organization: C corporations (any legally incorporated business, except subchapter S, under state laws), Subchapter S corporations (those with fewer than 75 shareholders who elect to be taxed as individuals), individual proprietorships (including self-employed individuals), partnerships, and others (a category encompassing cooperatives, estates, receiverships, and businesses classified as unknown legal forms of organization). The Bureau of the Census determines the sex of business owners by matching the social security numbers of individuals who file business tax returns with Social Security Administration records

providing the sex codes indicated by individuals or their parents 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. Source: U.S. Department of Commerce, Bureau of the Census, 2001f, based on the 1997 Economic Census.

Percent of Women Above Poverty: In 1998-2000, 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 1999, the poverty level for a family of four (with two children) was \$17,463 (in 2000 dollars). Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey for the calendar years 1998-2000; IWPR, 2001b.

Composite Reproductive Rights Index

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

To construct this composite index, each component indicator was rated on a scale of 0 to 1 and assigned a weight. The notification/consent 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 weight-

ed 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/consent 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 determine its 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, 2002.

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, 2002.

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, 2002.

Percent of Women Living in Counties with at Least One Abortion Provider: 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 restric-

tions 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, 2001.

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: The Alan Guttmacher Institute, 2002a.

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: Plaza, 2001a.

Same-Sex Couples and Adoption: Whether a state allows gays and lesbians the option of second-parent adoption, which occurs when a nonbiological parent in a couple adopts the child of his or her partner. At the state level, courts and/or legislatures have upheld or limited the right to second-parent adoption among gay and lesbian couples. States were given 1.0 point if the state supreme court has prohibited discrimination against these couples in adoption, 0.75 if an appellate or high court has, 0.5 if a lower court has approved a petition for second-parent adoption, 0.25 if a state has no official position on the subject, and no points if the state has banned second-parent adoption. Source: National Center for Lesbian Rights, 2001.

Mandatory Sex Education: States received a score of 1.0 if they require public middle, junior, or high schools to provide sex education classes. Source: The Alan Guttmacher Institute, 2002b.

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 lung cancer, mortality from breast 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. Lung and breast 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 rates from heart disease, lung cancer, and breast 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 for mortality from suicide, the Healthy People 2010 goals are to achieve levels that are "bet-

ter 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 determine the state's grade.

Mortality from Heart Disease: Average annual mortality from heart disease among all women per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 total U.S. population. Source: National Center for Health Statistics, 2001a.

Mortality from Lung Cancer: Average mortality among women from lung cancer per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 U.S. standard population. Source: National Center for Health Statistics, 2001a.

Mortality from Breast Cancer: Average mortality among women from breast cancer per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 U.S. standard population. Source: National Center for Health Statistics, 2001a.

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 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Incidence of Chlamydia: Average rate of chlamydia among women per 100,000 population (2000).

Source: Centers for Disease Control, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001.

Incidence of AIDS: Average incidence of AIDS-indicating diseases among females aged 13 years and older per 100,000 population (in 2000). Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001.

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 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Mortality from Suicide: Average annual mortality from suicide among all women per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 total U.S. population. Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.

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 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Appendix III: Sources for Chart 3.1 (Women's Resources and Rights Checklist)

Violence Against Women

Separate Offense: States are given a "yes" if they classify domestic violence as an offense separate from general assault and battery or otherwise complement assault and battery laws with domestic violence statutes. These laws or provisions provide enhanced penalties for repeat offenders and help ensure equal treatment for victims of domestic violence. Sources: Institute for Law and Justice, 1999, 2000, and 2001.

Domestic Violence Training: Whether the state has adopted a statute requiring police recruits and health care professionals to undergo training about domestic violence. Sources: Family Violence Prevention Fund, 2001; Institute for Law and Justice, 1999, 2000, and 2001.

Insurance Mandates for Domestic Violence Victims: Whether a state has banned insurance companies from denying coverage to victims of domestic violence. Source: Family Violence Prevention Fund, 2001.

Stalking Offense Status: Whether a state classifies a first offense for stalking as a felony. Sources: Institute for Law and Justice, 1999, 2000, and 2001.

Sexual Assault Training: Whether a state has adopted a legislative requirement mandating sexual assault training for police, prosecutors, and health care professionals. Source: Family Violence Prevention Fund, 2001; Institute for Law and Justice, 1999, 2000, and 2001.

Child Support

Single-Mother Households Receiving Child Support or Alimony: A single-mother household is defined as a family headed by an unmarried 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, 2001). Figures are based on an average of data from the Current Population Survey for 1997-99. Source: Annie E. Casey Foundation, 2001.

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, 2000b.

Welfare and Poverty Policies

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." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

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." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Work Requirements: What constitutes work activities is a contentious issue at both the state and federal levels. State policies concerning 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 2002, states must demonstrate that 50 percent of their TANF caseload is engaged in work. PRWORA also restricts the amount of a case-

load 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. Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Transitional Child Care: Whether a state extends child care to families moving off welfare beyond a minimum of twelve months. Sources: Center for Law and Social Policy and Center for Budget and Policy Priorities, 2000; Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

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 certification or adopted other language providing for victims of domestic violence. Source: NOW Legal Defense and Education Fund, 2001.

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. States that disregard at least 50 percent of low-income workers' earnings are indicated by a "yes." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Size of TANF Benefit: Maximum monthly benefit received by TANF recipient families in a state (for a family of three with two children) in 2001. Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Earned Income Tax Credit: Whether a state has implemented a state EITC for low-income families. Source: Johnson, 2001.

Employment/Unemployment Benefits

Minimum Wage: States receive a "yes" if their state minimum wage rate as of January 2002 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, 2002.

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, including by pregnancy and childbirth. Source: Hartmann, et al., 1995.

Access to Unemployment Insurance (UI) for Low-Wage Workers: In order to receive unemployment insurance, 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. They are more than twice as likely as men to be disqualified from receipt of unemployment insurance benefits because of these requirements (Yoon, Spalter-Roth, and Baldwin, 1995). States typically set eligibility standards for unemployment insurance and can enact policies that are more or less inclusive and more or less generous to claimants. For example, some states have implemented an "alternative base period," allowing the most recent earnings to count to the advantage of the claimant.

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 that fell between the "yes" and "no" ranges. Source: U.S. Department of Labor, Employment and Training Administration, Unemployment Insurance Service, 2001.

Access to Unemployment Insurance for Part-Time Workers: Only nine states and the District of Columbia allow unemployed workers seeking a part-time position to qualify for unemployment insurance. Source: National Employment Law Project, 2001.

Access to Unemployment Insurance for "Good Cause Quits": Twenty-two states offer unemployment insurance 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: National Association of Child Advocates, 1998; National Employment Law Project, 2001.

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.

Family Leave Benefits

Proposed Use of Unemployment Insurance for Paid Family Leave: Recent initiatives in several states have advanced the idea of using unemployment insurance to provide benefits during periods of family leave (sometimes known as "Baby UI"). At the federal level, as of August 2000, the Department of Labor allowed 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. State legislatures must approve plans to use unemployment insurance in this fashion. Source: National

Partnership for Women and Families, 2001a; Society for Human Resource Management, 2001.

Temporary Disability Insurance for Family Leave: In three states—Massachusetts, New Jersey, and New York—legislation has been introduced to cover periods of family leave under new or existing mandatory Temporary Disability Insurance programs. In September 2002, California amended its TDI program to include family leave with partial pay for up to six weeks. Source: National Partnership for Women and Families, 2001b.

Sexual Orientation and Gender

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: National Gay and Lesbian Task Force Policy Institute, 2001a.

Same-Sex Marriage: Whether a state has avoided adopting a policy—statute, executive order, or other regulation—prohibiting same-sex marriage. Source: National Gay and Lesbian Task Force Policy Institute, 2001c.

Hate Crimes Legislation: Whether a state has established enhanced penalties for crimes perpetrated against victims due to their sexual orientation or gender identity. Source: National Gay and Lesbian Task Force Policy Institute, 2001b.

Reproductive Rights

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

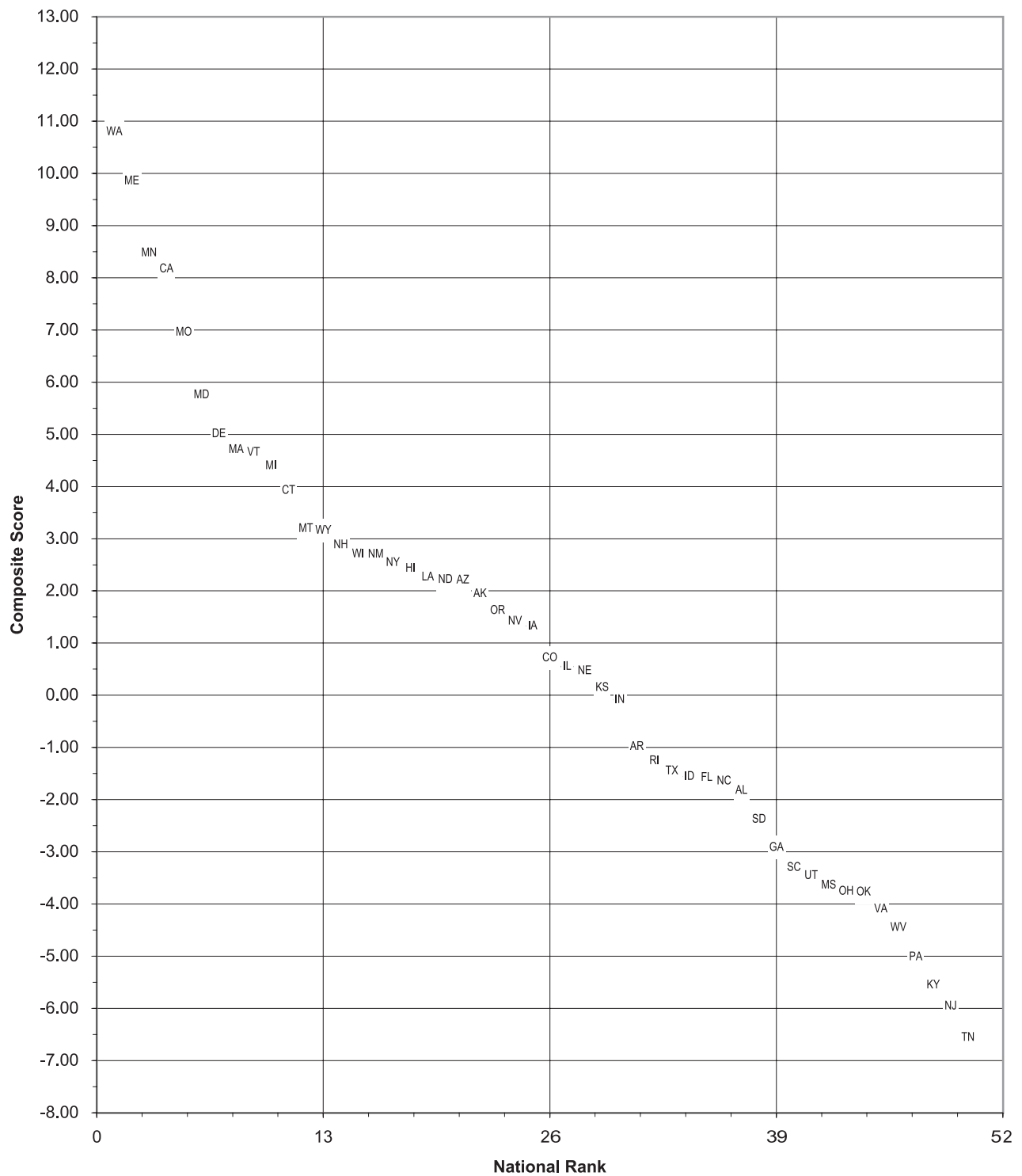
Institutional Resources

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

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

State	Composite Index			Women in Elected Office Composite Index		Percent of Women Registered to Vote, 1998 and 2000		Percent of Women Who Voted, 1998 and 2000		Number of Institutional Resources Available to Women in the State	
	Score	Rank	Grade	Score	Rank	Percent	Rank	Percent	Rank	Score	Rank
Alabama	-2.18	37	D	0.94	44	75.0%	5	55.8%	12	1.25	20
Alaska	1.95	22	C	2.08	22	72.8%	12	60.5%	3	0.00	44
Arizona	2.21	21	C	3.33	4	54.2%	47	41.4%	50	0.00	44
Arkansas	-0.98	31	D+	2.03	23	63.9%	37	47.5%	36	0.50	41
California	8.18	4	B	3.87	2	53.6%	48	44.3%	44	2.00	1
Colorado	0.72	26	C-	2.12	21	67.8%	21	53.8%	18	0.25	42
Connecticut	3.93	11	C+	2.62	9	66.8%	27	50.6%	32	1.25	20
Delaware	5.01	7	C+	2.88	6	67.2%	25	51.5%	30	1.00	31
District of Columbia	n/a	n/a	n/a	n/a	n/a	72.0%	n/a	59.4%	n/a	n/a	n/a
Florida	-1.56	35	D	1.52	33	61.8%	44	46.9%	40	2.00	1
Georgia	-2.91	39	D	1.33	38	62.6%	40	43.7%	47	2.00	1
Hawaii	2.44	18	C	2.77	7	51.0%	50	43.9%	46	2.00	1
Idaho	-1.55	34	D	1.55	31	62.9%	39	52.0%	25	1.25	20
Illinois	0.56	27	C-	1.63	28	67.1%	26	52.0%	25	2.00	1
Indiana	-0.08	30	C-	1.55	31	66.8%	27	50.9%	31	2.00	1
Iowa	1.33	25	C	1.60	29	75.3%	4	59.6%	8	1.00	31
Kansas	0.15	29	C-	2.16	19	67.8%	21	51.7%	27	0.00	44
Kentucky	-5.55	48	D-	0.74	49	67.8%	21	49.6%	34	1.00	31
Louisiana	2.28	19	C	1.78	27	74.9%	6	51.7%	27	2.00	1
Maine	9.86	2	B	3.56	3	78.8%	3	60.1%	6	0.00	44
Maryland	5.77	6	B-	2.69	8	65.3%	33	54.2%	16	2.00	1
Massachusetts	4.72	8	C+	2.43	12	68.1%	20	53.2%	22	2.00	1
Michigan	4.40	10	C+	2.38	14	71.9%	13	56.3%	11	1.25	20
Minnesota	8.48	3	B	2.56	11	81.0%	2	67.9%	1	1.25	20
Mississippi	-3.63	42	D-	0.76	48	74.8%	7	52.5%	23	1.25	20
Missouri	6.97	5	B-	2.59	10	74.5%	9	56.5%	10	2.00	1
Montana	3.19	12	C	2.37	16	73.1%	11	59.4%	9	0.00	44
Nebraska	0.48	28	C-	1.57	30	71.9%	13	53.9%	17	1.50	16
Nevada	1.42	24	C	2.92	5	51.6%	49	41.8%	48	1.00	31
New Hampshire	2.89	14	C	2.37	16	67.5%	24	53.3%	21	1.00	31
New Jersey	-5.95	49	F	0.94	44	63.1%	38	45.3%	41	1.00	31
New Mexico	2.71	16	C	2.38	14	62.4%	41	51.7%	27	1.50	16
New York	2.55	17	C	2.41	13	59.8%	46	47.5%	36	2.00	1
North Carolina	-1.63	36	D	1.38	35	65.9%	32	47.0%	39	2.00	1
North Dakota	2.22	20	C	1.13	40	91.1%	1	63.3%	2	1.25	20
Ohio	-3.75	43	D-	1.36	36	66.3%	30	52.5%	23	0.00	44
Oklahoma	-3.76	44	D-	1.12	42	66.6%	29	48.1%	35	1.25	20
Oregon	1.63	23	C	1.88	25	69.9%	16	55.6%	13	1.25	20
Pennsylvania	-5.01	47	D-	0.93	46	62.3%	42	47.3%	38	1.50	16
Rhode Island	-1.25	32	D	1.13	40	68.3%	18	54.9%	15	2.00	1
South Carolina	-3.29	40	D-	0.60	50	71.2%	15	55.6%	13	2.00	1
South Dakota	-2.37	38	D	1.52	33	69.7%	17	53.4%	19	0.00	44
Tennessee	-6.55	50	F	0.80	47	64.2%	36	44.7%	42	1.00	31
Texas	-1.44	33	D	2.03	23	62.1%	43	41.7%	49	1.00	31
Utah	-3.45	41	D-	1.35	37	61.6%	45	49.7%	33	1.00	31
Vermont	4.66	9	C+	2.17	18	73.8%	10	60.1%	6	1.50	16
Virginia	-4.09	45	D-	1.01	43	64.5%	34	44.3%	44	2.00	1
Washington	10.80	1	B	4.28	1	66.0%	31	53.4%	19	0.25	42
West Virginia	-4.44	46	D-	1.17	39	64.4%	35	44.4%	43	1.25	20
Wisconsin	2.71	15	C	1.81	26	74.6%	8	60.2%	5	1.25	20
Wyoming	3.16	13	C	2.16	19	68.2%	19	60.3%	4	1.00	31
United States				1.89		64.6%		49.3%		1.25	(median)

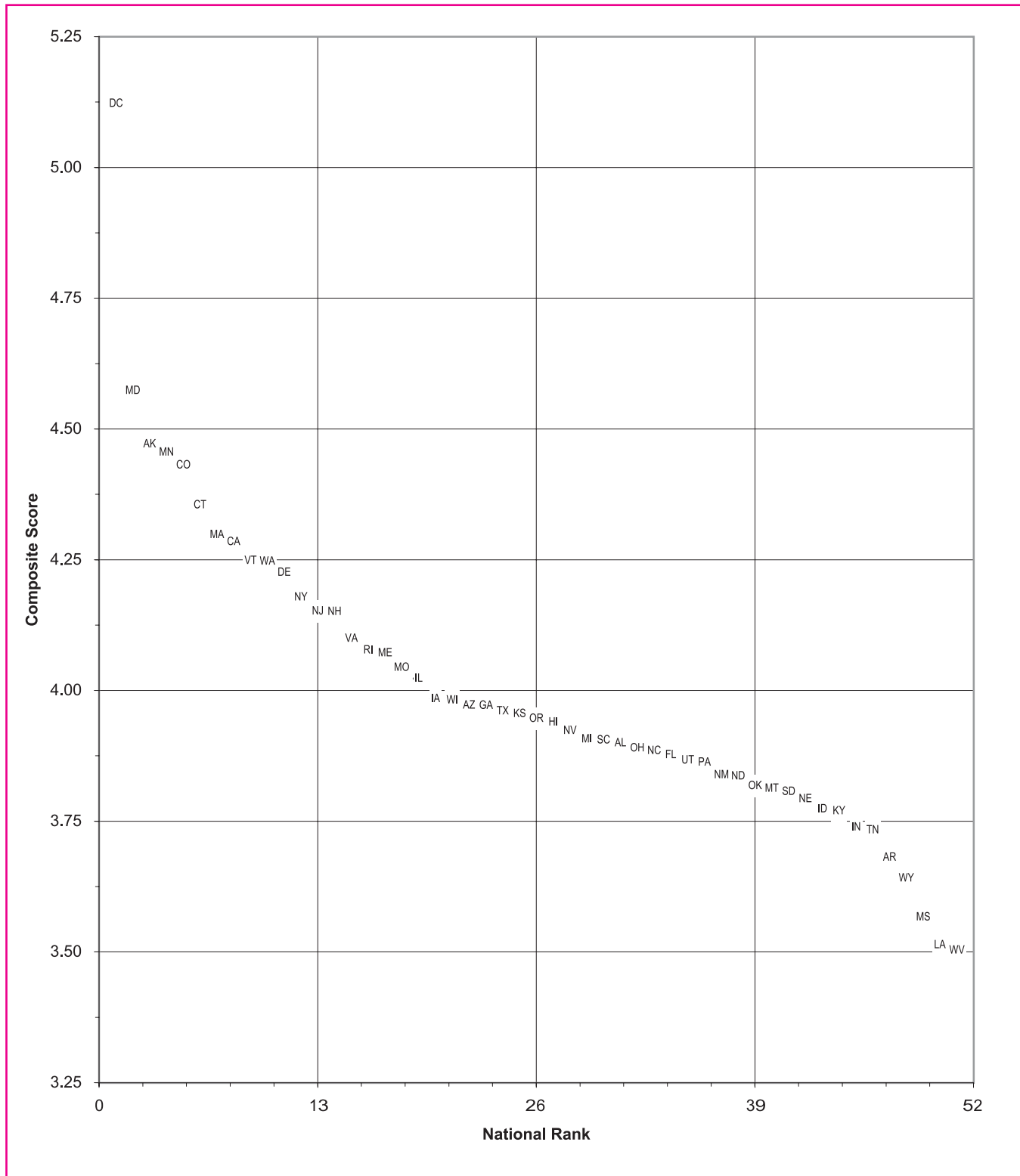
Appendix IV: State-by-State Rankings on the Composite Indices—Political Participation



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

State	Composite Index			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	3.90	30	C	\$25,850	25	76.5%	11	56.9%	45	30.3%	30
Alaska	4.47	3	B	\$31,680	2	76.9%	7	67.8%	4	35.7%	6
Arizona	3.97	22	C+	\$26,400	20	78.8%	5	56.6%	46	31.1%	26
Arkansas	3.68	47	D-	\$22,176	45	74.0%	20	56.1%	47	29.2%	40
California	4.28	8	B	\$29,986	10	81.1%	2	59.1%	37	34.5%	12
Colorado	4.43	5	B	\$29,568	11	75.3%	16	65.5%	10	38.9%	3
Connecticut	4.35	6	B	\$31,680	2	69.6%	41	62.9%	22	37.8%	4
Delaware	4.23	11	B-	\$29,568	11	80.0%	4	63.8%	18	31.1%	26
District of Columbia	5.12	1	A-	\$35,776	1	89.2%	1	64.7%	13	48.0%	1
Florida	3.88	33	C-	\$25,850	25	78.3%	6	55.7%	49	29.4%	38
Georgia	3.97	22	C+	\$25,344	30	72.4%	25	63.3%	19	31.6%	23
Hawaii	3.94	27	C	\$26,400	20	72.1%	27	62.6%	24	29.8%	33
Idaho	3.77	43	D	\$24,000	40	75.8%	14	61.9%	27	26.1%	51
Illinois	4.02	19	C+	\$28,000	14	69.4%	42	63.1%	20	31.5%	24
Indiana	3.74	45	D	\$25,000	34	67.6%	47	59.8%	34	28.5%	44
Iowa	3.98	20	C+	\$25,340	33	74.1%	19	65.7%	8	30.0%	32
Kansas	3.96	24	C+	\$25,344	30	72.4%	25	65.7%	8	29.8%	33
Kentucky	3.77	43	D	\$24,288	39	71.4%	32	57.9%	40	29.7%	36
Louisiana	3.51	50	F	\$22,176	45	65.2%	50	54.2%	50	28.7%	42
Maine	4.07	17	C+	\$25,850	25	76.0%	13	63.9%	17	32.3%	19
Maryland	4.57	2	B+	\$31,680	2	76.6%	9	64.3%	14	41.0%	2
Massachusetts	4.30	7	B	\$30,264	7	75.4%	15	61.4%	30	35.9%	5
Michigan	3.91	29	C	\$28,000	14	67.7%	45	61.5%	29	29.4%	38
Minnesota	4.46	4	B	\$30,659	6	76.6%	9	70.3%	1	35.2%	9
Mississippi	3.57	49	F	\$21,714	49	68.5%	44	57.0%	44	28.0%	46
Missouri	4.04	18	C+	\$26,400	20	72.9%	23	64.3%	14	31.9%	20
Montana	3.81	40	D+	\$21,500	51	70.5%	35	64.3%	14	31.4%	25
Nebraska	3.79	42	D+	\$23,232	41	70.2%	36	69.0%	2	26.3%	50
Nevada	3.92	28	C	\$26,400	20	76.1%	12	63.0%	21	27.3%	48
New Hampshire	4.15	13	B-	\$27,918	17	71.5%	30	66.7%	7	32.9%	15
New Jersey	4.15	13	B-	\$31,020	5	69.8%	39	58.4%	39	34.4%	13
New Mexico	3.84	37	D+	\$23,086	43	72.1%	27	57.2%	42	33.4%	14
New York	4.18	12	B-	\$30,000	9	76.8%	8	56.1%	47	34.6%	11
North Carolina	3.88	33	C-	\$24,816	37	73.0%	22	61.6%	28	30.1%	31
North Dakota	3.84	37	D+	\$21,714	49	72.0%	29	67.0%	6	29.8%	33
Ohio	3.89	32	C-	\$26,717	19	66.8%	48	60.9%	32	31.1%	26
Oklahoma	3.82	39	D+	\$25,000	34	74.9%	17	57.3%	41	29.2%	40
Oregon	3.95	26	C	\$25,850	25	68.8%	43	62.2%	26	32.4%	17
Pennsylvania	3.86	36	C-	\$26,884	18	70.1%	37	57.1%	43	30.6%	29
Rhode Island	4.08	16	C+	\$29,568	11	71.5%	30	60.6%	33	31.8%	22
South Carolina	3.90	30	C	\$24,816	37	70.9%	33	59.5%	35	32.8%	16
South Dakota	3.81	40	D+	\$22,000	48	70.9%	33	67.7%	5	28.6%	43
Tennessee	3.73	46	D	\$23,232	41	73.3%	21	59.1%	37	28.3%	45
Texas	3.96	24	C+	\$25,344	30	74.5%	18	59.4%	36	32.4%	17
Utah	3.87	35	C-	\$25,000	34	65.8%	49	62.7%	23	31.9%	20
Vermont	4.25	9	B	\$25,747	29	80.5%	3	65.3%	11	35.4%	8
Virginia	4.10	15	C+	\$28,000	14	67.7%	45	61.3%	31	35.7%	6
Washington	4.25	9	B	\$30,096	8	72.8%	24	62.6%	24	35.0%	10
West Virginia	3.50	51	F	\$22,176	45	70.0%	38	51.3%	51	27.8%	47
Wisconsin	3.98	20	C+	\$26,000	24	69.8%	39	68.3%	3	29.6%	37
Wyoming	3.64	48	F	\$22,541	44	64.4%	51	65.1%	12	26.9%	49
United States	4.00			\$26,884		72.7%		60.2%		32.2%	

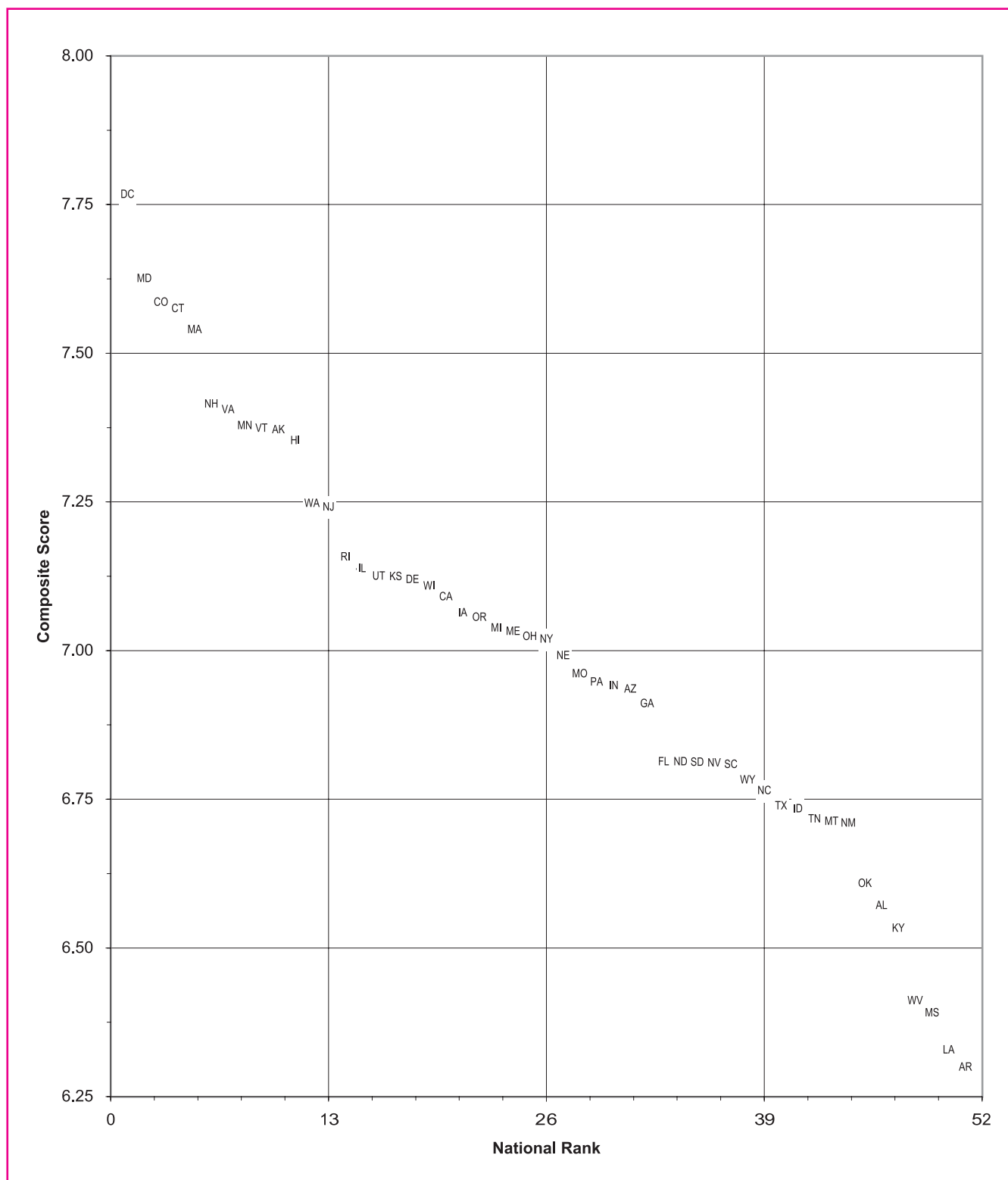
Appendix IV: State-by-State Rankings on the Composite Indices—Employment and Earnings



Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Social and 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	6.57	46	D-	83.8%	30	13.5%	45	24.4%	33	85.1%	43
Alaska	7.37	9	B-	81.5%	39	22.2%	7	25.9%	18	91.1%	11
Arizona	6.93	31	C-	80.8%	44	17.2%	25	27.0%	13	87.1%	35
Arkansas	6.30	51	F	81.3%	42	11.9%	50	22.0%	50	83.6%	46
California	7.09	20	C+	79.1%	47	20.1%	13	27.3%	9	87.0%	37
Colorado	7.59	3	B	84.4%	28	23.5%	4	28.0%	4	91.7%	6
Connecticut	7.57	4	B	89.7%	7	23.8%	3	25.5%	24	91.8%	4
Delaware	7.12	16	C+	85.9%	24	18.7%	16	24.1%	36	90.2%	15
District of Columbia	7.77	1	B+	88.9%	10	30.6%	1	30.9%	1	83.2%	47
Florida	6.81	33	D+	79.6%	45	15.1%	36	25.9%	18	88.1%	31
Georgia	6.91	32	C-	83.4%	31	16.8%	27	25.6%	22	87.4%	32
Hawaii	7.35	11	B-	88.6%	11	20.9%	11	27.5%	6	89.1%	26
Idaho	6.73	41	D	83.0%	33	14.6%	41	23.5%	45	88.2%	30
Illinois	7.14	15	C+	83.3%	32	18.4%	17	27.2%	10	89.2%	24
Indiana	6.94	30	C-	87.2%	18	13.4%	46	25.9%	18	91.2%	10
Iowa	7.06	21	C	88.4%	12	15.0%	38	25.3%	25	92.0%	2
Kansas	7.12	16	C+	86.7%	22	18.4%	17	25.6%	22	89.2%	24
Kentucky	6.53	47	D-	81.4%	41	12.2%	49	23.4%	46	87.2%	34
Louisiana	6.33	50	F	76.8%	48	14.5%	42	23.9%	41	80.7%	51
Maine	7.03	24	C	87.0%	20	17.2%	25	24.0%	38	90.1%	16
Maryland	7.63	2	B	87.8%	15	23.1%	6	28.9%	3	91.3%	8
Massachusetts	7.54	5	B	90.1%	5	24.1%	2	26.6%	14	89.6%	20
Michigan	7.04	23	C	88.0%	14	15.1%	36	27.2%	10	89.8%	18
Minnesota	7.38	8	B-	91.4%	3	19.2%	15	26.4%	15	92.0%	2
Mississippi	6.39	49	F	81.5%	39	13.3%	47	22.8%	47	83.2%	47
Missouri	6.96	28	C-	87.2%	18	15.2%	35	25.2%	26	89.9%	17
Montana	6.71	43	D	79.3%	46	18.0%	20	23.9%	41	84.1%	45
Nebraska	6.99	27	C-	89.7%	7	16.7%	28	24.1%	36	89.0%	27
Nevada	6.81	33	D+	82.4%	36	12.8%	48	25.7%	21	90.4%	14
New Hampshire	7.41	6	B-	92.2%	2	21.1%	9	23.6%	44	92.5%	1
New Jersey	7.24	13	B-	83.0%	33	21.0%	10	23.7%	43	91.1%	11
New Mexico	6.71	43	D	70.7%	51	17.8%	22	29.4%	2	82.0%	50
New York	7.02	25	C	81.7%	38	20.7%	12	26.1%	17	85.1%	43
North Carolina	6.76	39	D+	84.7%	27	15.7%	32	24.5%	32	86.1%	41
North Dakota	6.81	33	D+	86.0%	23	16.7%	28	22.5%	49	87.4%	32
Ohio	7.02	25	C	87.5%	17	14.4%	43	26.2%	16	91.3%	8
Oklahoma	6.61	45	D-	76.5%	49	15.0%	38	24.0%	38	86.2%	40
Oregon	7.06	21	C	84.8%	26	18.1%	19	27.6%	5	86.9%	38
Pennsylvania	6.95	29	C-	89.9%	6	15.3%	34	24.2%	35	89.5%	21
Rhode Island	7.16	14	C+	94.0%	1	18.0%	20	24.6%	31	89.4%	23
South Carolina	6.81	33	D+	89.1%	9	14.7%	40	24.7%	30	87.1%	35
South Dakota	6.81	33	D+	86.8%	21	15.5%	33	21.5%	51	89.5%	21
Tennessee	6.72	42	D	87.8%	15	14.0%	44	24.0%	38	86.9%	38
Texas	6.74	40	D	75.8%	50	17.4%	24	25.0%	28	85.4%	42
Utah	7.12	16	C+	85.5%	25	17.5%	23	24.8%	29	91.4%	7
Vermont	7.37	9	B-	88.2%	13	23.2%	5	25.2%	26	88.7%	28
Virginia	7.40	7	B-	84.3%	29	21.3%	8	27.5%	6	90.8%	13
Washington	7.25	12	B-	82.8%	35	19.7%	14	27.5%	6	89.7%	19
West Virginia	6.41	48	F	81.3%	42	10.9%	51	27.1%	12	83.2%	47
Wisconsin	7.11	19	C+	91.4%	3	16.0%	31	24.4%	33	91.8%	4
Wyoming	6.78	38	D+	81.9%	37	16.1%	30	22.6%	48	88.4%	29
United States	7.00			83.4%		17.6%		26.0%		88.0%	

Appendix IV: State-by-State Rankings on the Composite Indices—Social and Economic Autonomy

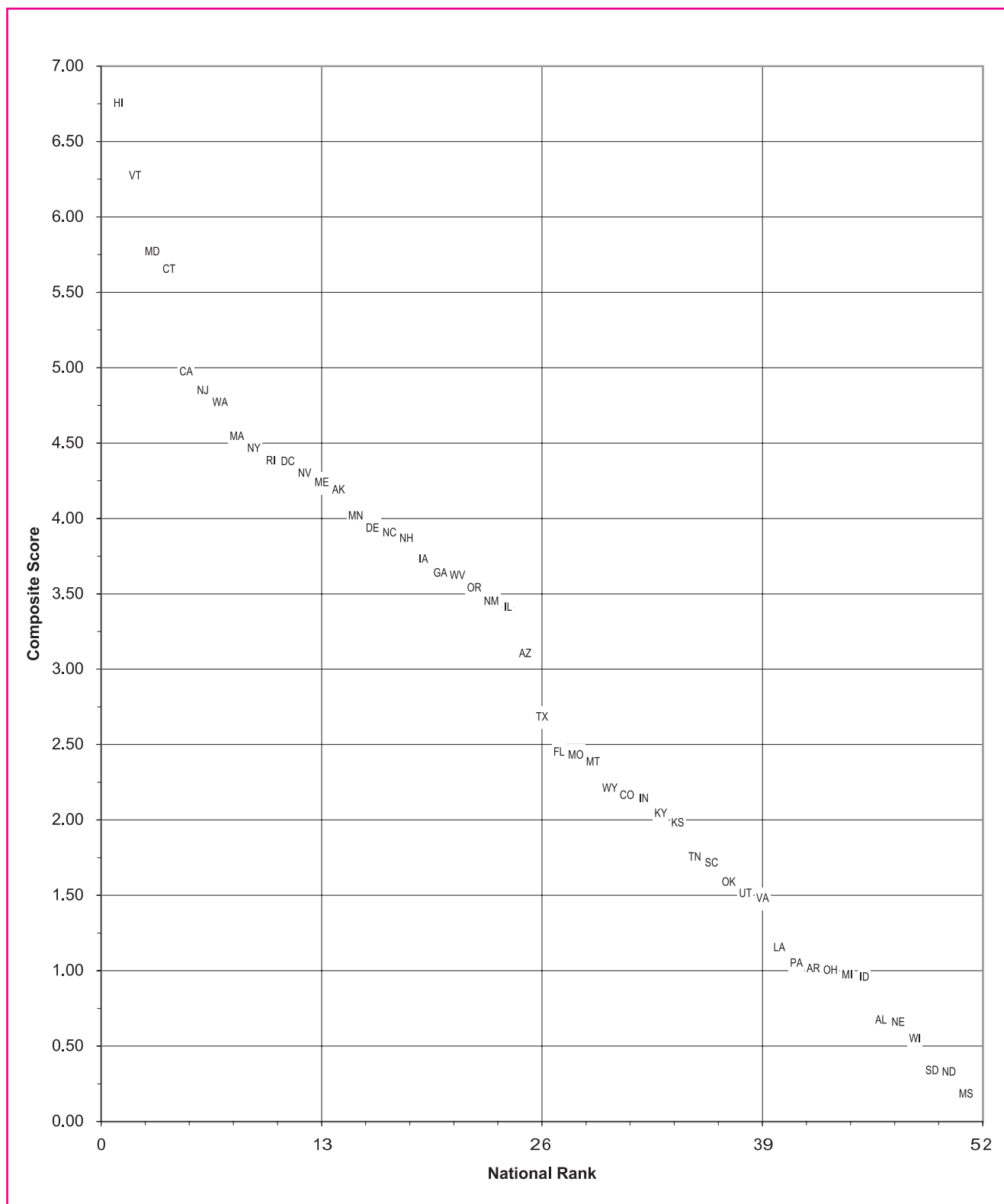


Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Reproductive Rights

	Composite Index		Parental Consent/ Notification	Waiting Period	Public Funding	Percent of Women Living in Counties with Providers	Contraceptive Coverage	Pro-Choice Government	Infertility	Second-Parent Adoption	Mandatory Sex Education
State	Score	Rank	Grade	Score	Score	Score	Percent	Score	Score	Score	Score
Alabama	0.67	46	F	0	0	0	42%	0.0	0.00	0.0	0.50
Alaska	4.19	14	B	0*	1	1	77%	0.0	0.67	0.0	0.50
Arizona	3.10	25	C+	0*	1	0	81%	1.0	0.67	0.0	0.25
Arkansas	1.01	42	F	0	0	0	22%	0.0	0.17	1.0	0.25
California	4.97	5	B+	0*	1	1	97%	1.0	1.00	0.5	0.50
Colorado	2.16	31	C-	0*	1	0	66%	0.5	0.50	0.0	0.00
Connecticut	5.65	4	A-	1	1	1	90%	1.0	1.00	0.5	1.00
Delaware	3.93	16	B-	0	0*	0	85%	1.0	0.83	0.0	0.50
Dist. Columbia	4.38	10	B	1	1	0	100%	0.0	1.00	0.0	0.75
Florida	2.45	27	C	0*	1	0	78%	0.0	0.17	0.0	0.00
Georgia	3.64	20	B-	0	1	0	51%	1.0	0.50	0.0	0.25
Hawaii	6.75	1	A	1	1	1	100%	1.0	1.00	1.0	0.50
Idaho	0.96	45	F	0	0	0	33%	0.5	0.00	0.0	0.25
Illinois	3.41	24	C+	0*	1	0	70%	0.0	0.33	1.0	0.75
Indiana	2.14	32	C-	0	0	1	39%	0.0	0.50	0.0	0.50
Iowa	3.73	19	B-	0	1	0	31%	1.0	0.67	0.0	0.50
Kansas	1.98	34	D+	0	0	0	52%	0.0	0.33	0.0	0.25
Kentucky	2.04	33	D+	0	0	0	25%	0.5	0.17	0.0	0.25
Louisiana	1.15	40	D-	0	0	0	40%	0.0	0.00	1.0	0.50
Maine	4.24	13	B	0	1	0	61%	1.0	1.00	0.0	0.25
Maryland	5.77	3	A-	0	1	1	85%	1.0	0.67	1.0	0.50
Massachusetts	4.54	8	B	0	0*	1	100%	1.0	0.67	1.0	0.75
Michigan	0.97	44	F	0	0	0	72%	0.0	0.00	0.0	0.50
Minnesota	4.01	15	B-	0	1	1	43%	0.5	0.33	0.0	0.50
Mississippi	0.18	51	F	0	0	0	18%	0.0	0.00	0.0	0.00
Missouri	2.43	28	C	0	1	0	47%	1.0	0.33	0.0	0.25
Montana	2.38	29	C	0*	0*	1	59%	0.0	0.17	1.0	0.25
Nebraska	0.66	47	F	0	0	0	53%	0.0	0.00	0.0	0.25
Nevada	4.30	12	B	0*	1	0	88%	1.0	0.67	0.0	0.50
New Hampshire	3.87	18	B-	1	1	0	74%	1.0	1.00	0.0	0.25
New Jersey	4.85	6	B+	0*	1	1	97%	0.5	0.50	0.0	0.75
New Mexico	3.45	23	C+	0*	1	1	53%	1.0	0.17	0.0	0.50
New York	4.46	9	B	1	1	1	92%	0.0	0.67	1.0	0.75
North Carolina	3.90	17	B-	0	1	0	61%	1.0	0.67	0.0	0.25
North Dakota	0.33	50	F	0	0	0	20%	0.0	0.00	0.0	0.25
Ohio	1.00	43	F	0	0	0	50%	0.0	0.00	1.0	0.00
Oklahoma	1.59	37	D	0	1	0	46%	0.5	0.00	0.0	0.25
Oregon	3.54	22	B-	1	1	1	62%	0.0	0.67	0.0	0.50
Pennsylvania	1.08	41	F	0	0	0	63%	0.0	0.17	0.0	0.50
Rhode Island	4.38	10	B	0	1	0	63%	1.0	0.50	1.0	0.50
South Carolina	1.71	36	D	0	0	0	42%	0.0	0.17	0.0	0.25
South Dakota	0.34	49	F	0	0	0	21%	0.0	0.00	0.0	0.25
Tennessee	1.75	35	D	0	0*	0	46%	0.0	0.17	0.0	0.25
Texas	2.68	26	C	0	1	0	68%	1.0	0.00	0.5	0.50
Utah	1.51	38	D	0	0	0	51%	0.0	0.00	0.0	0.00
Vermont	6.27	2	A-	1	1	1	77%	1.0	1.00	0.0	1.00
Virginia	1.48	39	D	0	0	0	52%	0.5	0.33	0.0	0.25
Washington	4.77	7	B+	1	1	1	85%	1.0	0.67	0.0	0.50
West Virginia	3.62	21	B-	0	1	1	16%	0.0	0.33	1.0	0.25
Wisconsin	0.55	48	F	0	0	0	38%	0.0	0.17	0.0	0.00
Wyoming	2.21	30	C-	0	1	0	25%	0.0	0.33	0.0	0.25

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

Appendix IV: State-by-State Rankings on the Composite Indices—Reproductive Rights

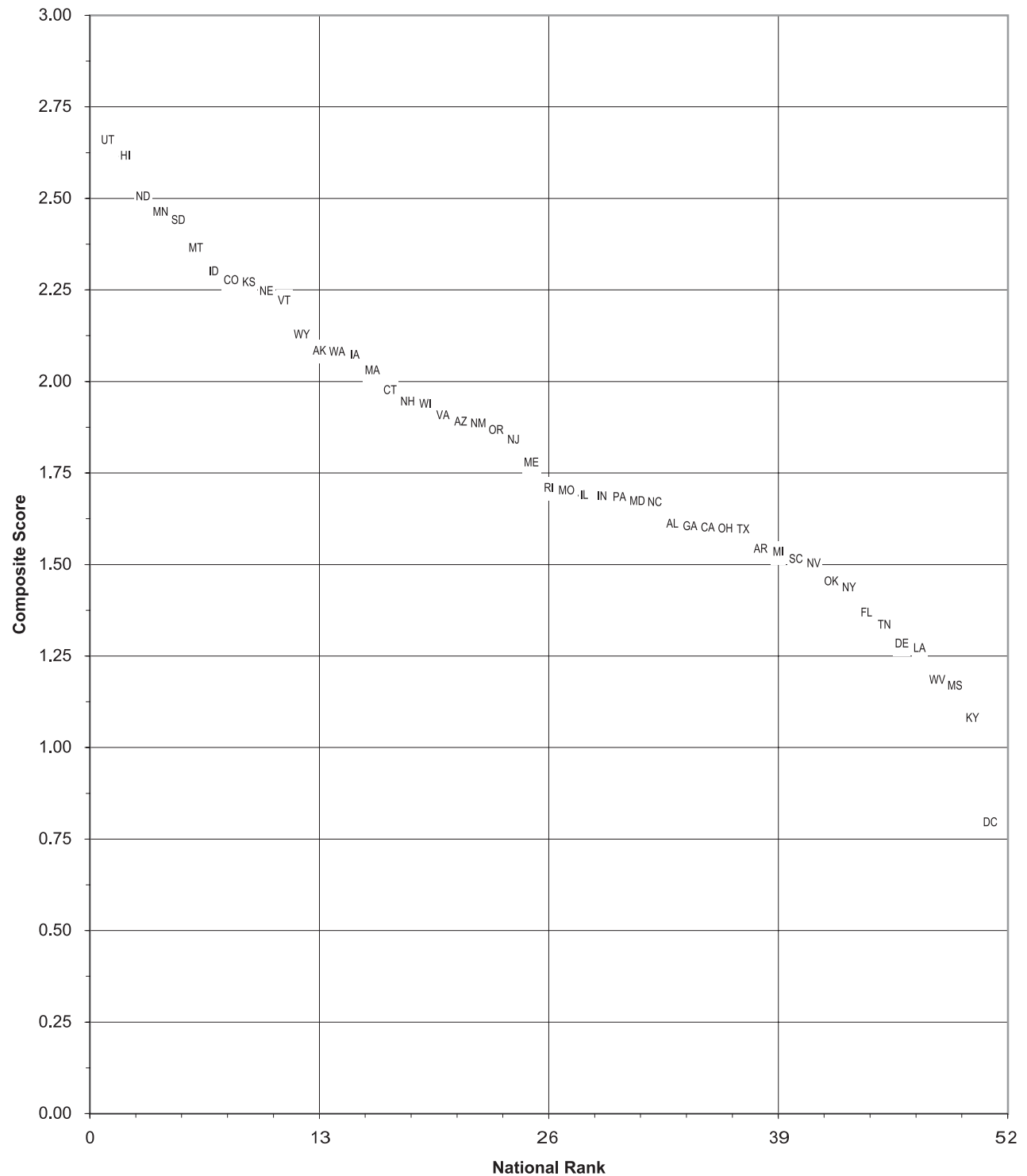


Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Health and Well-Being

	Composite Index			Heart Disease Mortality		Lung Cancer Mortality		Breast Cancer Mortality		Incidence of Diabetes		Incidence of Chlamydia		Incidence of AIDS		Poor Mental Health		Suicide Mortality		Limited Activities	
State	Score	Rank	Grade	Rate	Rank	Rate	Rank	Rate	Rank	Percent	Rank	Rate	Rank	Rate	Rank	Days	Rank	Rate	Rank	Days	Rank
Alabama	1.61	33	C-	130.5	17	38.7	16	26.9	13	7.4%	44	604.9	47	5.8	33	4.1	38	4.7	29	4.4	45
Alaska	2.08	13	B-	91.5	1	45.9	42	25.5	6	4.0%	1	632.8	49	2.6	20	3.7	21	8.4	50	2.9	5
Arizona	1.89	21	C+	138.6	21	38.8	17	25.7	7	5.8%	23	414.6	33	3.1	24	3.2	9	6.5	49	3.7	32
Arkansas	1.54	38	D+	160.9	32	43.6	33	26.6	10	6.3%	33	380.4	27	4.0	28	4.2	41	4.8	31	4.4	45
California	1.60	34	C-	164.6	36	39.1	19	27.2	17	6.1%	29	435.7	37	4.6	29	3.9	30	4.9	35	4.2	41
Colorado	2.27	8	B	112.6	6	31.3	3	23.6	2	4.1%	3	427.7	34	1.6	12	3.8	24	6.2	45	3.5	26
Connecticut	1.97	17	B-	144.9	24	41.5	26	30.1	39	5.1%	9	369.3	26	16.0	45	3.4	12	3.2	5	3.2	14
Delaware	1.28	46	D	166.0	39	50.2	48	33.5	50	5.6%	20	586.4	45	19.4	47	3.8	24	3.6	11	4.3	43
Dist. Columbia	0.79	51	F	137.2	19	41.4	25	40.4	51	8.2%	50	1009.5	51	87.8	51	4.2	41	3.1	4	3.6	29
Florida	1.37	44	D	162.0	35	43.8	34	27.1	14	6.9%	41	354.2	21	21.3	49	3.7	21	6.0	43	4.5	48
Georgia	1.60	34	C-	143.5	23	39.3	20	28.5	31	7.5%	46	602.1	46	9.6	40	4.0	32	4.2	20	3.8	35
Hawaii	2.62	2	A-	94.2	2	29.0	2	19.9	1	4.7%	7	464.6	41	2.8	22	2.7	1	5.1	38	3.3	18
Idaho	2.30	7	B	115.6	7	33.5	8	26.3	9	5.1%	9	228.8	8	0.2	2	4.2	41	5.1	38	3.2	14
Illinois	1.69	28	C	166.5	40	41.6	27	31.0	45	6.8%	40	407.6	29	8.0	37	3.5	14	3.2	5	3.5	26
Indiana	1.68	29	C	160.1	30	45.3	39	29.7	38	6.5%	35	358.4	23	2.6	20	4.1	38	4.2	20	3.4	23
Iowa	2.07	15	B-	161.6	34	36.5	11	28.0	26	6.1%	29	304.3	14	1.2	6	2.9	3	4.1	17	2.9	5
Kansas	2.27	8	B	126.1	13	38.3	13	26.2	8	5.5%	18	368.7	24	2.0	16	3.4	12	4.1	17	2.8	3
Kentucky	1.08	50	F	165.4	38	52.9	50	28.0	26	6.1%	29	317.4	16	2.4	18	5.3	51	4.2	20	6.1	51
Louisiana	1.27	47	D	160.8	31	45.0	37	30.5	42	7.5%	46	621.6	48	10.1	41	3.6	19	4.8	31	4.5	48
Maine	1.78	25	C+	148.7	25	50.2	48	27.8	23	5.5%	18	178.1	4	1.3	8	3.7	21	4.5	25	4.2	41
Maryland	1.67	31	C	157.9	29	46.3	44	31.5	46	5.8%	23	455.1	39	20.2	48	3.5	14	3.6	11	3.2	14
Massachusetts	2.03	16	B-	128.5	16	44.5	35	30.2	41	5.6%	20	264.4	11	11.9	43	3.8	24	3.2	5	3.3	18
Michigan	1.53	39	D+	182.8	47	42.7	30	28.9	36	6.7%	37	412.8	32	4.8	30	4.5	50	3.6	11	3.4	23
Minnesota	2.46	4	B+	97.8	3	35.6	9	27.6	20	5.1%	9	241.7	9	1.8	14	3.2	9	3.5	9	3.6	29
Mississippi	1.17	49	D-	182.6	46	40.0	21	28.6	33	8.2%	50	763.2	50	11.3	42	4.2	41	4.5	25	3.9	37
Missouri	1.70	27	C	177.2	44	45.7	41	27.9	24	5.9%	26	408.9	30	3.5	26	3.8	24	4.9	35	2.8	3
Montana	2.36	6	B	101.0	5	40.5	24	25.2	5	5.3%	15	247.1	10	0.0	1	3.0	5	6.4	48	3.1	10
Nebraska	2.25	10	B	120.3	9	33.2	7	27.7	22	4.5%	5	354.5	22	2.9	23	3.0	5	4.1	17	4	38
Nevada	1.50	41	D+	141.3	22	56.3	51	27.1	14	4.8%	8	351.7	20	6.2	34	4.2	41	9.2	51	3.5	26
New Hampshire	1.94	18	B-	161.0	33	47.7	46	30.1	39	4.0%	1	145.7	2	1.2	6	3.1	8	5.6	40	3.3	18
New Jersey	1.84	24	C+	173.6	43	42.9	31	32.6	49	5.4%	16	226.0	7	17.1	46	3.5	14	2.9	3	2.9	5
New Mexico	1.88	22	C+	124.4	12	31.9	5	26.7	12	6.7%	37	471.9	42	1.3	8	4.4	48	6.3	46	3.6	29
New York	1.44	43	D+	216.9	51	38.3	13	31.7	48	6.0%	27	285.7	13	23.4	50	3.8	24	2.8	1	3.4	23
North Carolina	1.67	31	C	153.9	27	39.0	18	28.6	33	6.7%	37	472.6	43	5.6	32	3.5	14	4.6	28	4	38
North Dakota	2.50	3	B+	120.9	10	31.7	4	28.0	26	5.2%	12	208.2	6	0.4	4	2.9	3	3.5	9	3	9
Ohio	1.60	34	C-	169.7	42	45.0	37	30.5	42	6.3%	33	431.7	35	2.2	17	4.0	32	3.4	8	3.7	32
Oklahoma	1.45	42	D+	184.5	48	44.5	35	27.5	19	6.0%	27	448.9	38	3.8	27	2.7	1	5.9	41	4.3	43
Oregon	1.87	23	C+	117.4	8	46.2	43	27.6	20	5.8%	23	309.3	15	1.4	10	4.3	46	6.3	46	3.7	32
Pennsylvania	1.68	29	C	168.6	41	40.3	22	30.8	44	7.4%	44	343.4	18	8.4	39	3.9	30	3.8	15	3.1	10
Rhode Island	1.71	26	C	179.6	45	46.5	45	31.5	46	5.2%	12	382.7	28	5.3	31	3.8	24	2.8	1	3.2	14
South Carolina	1.51	40	D+	155.0	28	38.3	13	27.9	24	7.0%	43	433.7	36	13.8	44	4.0	32	4.8	31	4.4	45
South Dakota	2.44	5	B+	127.7	14	32.1	6	25.0	4	5.4%	16	351.0	19	0.3	3	3.0	5	4.3	23	2.6	1
Tennessee	1.33	45	D	190.2	49	43.3	32	28.5	31	7.6%	48	410.6	31	8.1	38	3.5	14	5.0	37	4	38
Texas	1.59	37	C-	165.0	37	40.4	23	26.6	10	6.1%	29	559.4	44	6.4	35	4.1	38	4.4	24	3.8	35
Utah	2.66	1	A-	98.9	4	17.9	1	24.9	3	5.2%	12	150.3	3	1.9	15	4.0	32	6.0	43	2.9	5
Vermont	2.22	11	B	151.5	26	42.1	28	28.4	30	4.1%	3	143.2	1	1.5	11	3.2	9	3.7	14	3.1	10
Virginia	1.91	20	C+	137.8	20	42.2	29	29.4	37	6.9%	41	369.2	25	7.3	36	4.0	32	4.7	29	2.7	2
Washington	2.08	13	B-	123.0	11	45.5	40	27.1	14	5.7%	22	331.1	17	3.2	25	3.6	19	4.8	31	3.1	10
West Virginia	1.18	48	D-	190.2	49	50.1	47	28.6	33	7.6%	48	191.1	5	1.7	13	4.3	46	4.5	25	5	50
Wisconsin	1.94	18	C+	132.6	18	37.5	12	27.4	18	6.5%	35	462.6	40	2.4	18	4.4	48	4.0	16	3.3	18
Wyoming	2.13	12	B-	127.8	15	35.9	10	28.1	29	4.6%	6	279.5	12	0.5	5	4.0	32	5.9	41	3.3	18
United States	1.72			161.7		41.3		28.8		5.9%*		404.0		8.7		3.8*		4.4		3.5*	

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

Appendix IV: State-by-State Rankings on the Composite Indices—Health and Well-Being



Appendix V: State and National Resources

Selected Wisconsin Resources

A Room of One's Own Feminist Bookstore
307 W. Johnson Street
Madison, WI 53703
Tel: (608) 257-7888
Fax: (608) 257-7457
www.roomofonesown.com/NASApp/store/IndexJSp

American Association of University Women, Wisconsin
Contact: Ann Gustafson, President
832 Bartosh Lane
River Falls, WI
Tel: (715) 425-2516
bagustaf@presenter.com

American Jewish Committee - Milwaukee Chapter
759 N. Milwaukee St., Suite 600
Milwaukee, WI 53202
Tel: (414) 291-2140
Fax: (414) 291-2145
milwaukee@ajc.org

Brazeau Family Fund of the Community Foundation of South Wood County
478 East Grand Avenue
P.O. Box 444
Wisconsin Rapids, WI 54495-0444
Tel: (715) 423-3863
Fax: (715) 423-3019

Brico Fund
660 East Mason Street
Milwaukee, WI 53202
Tel: (414) 227-1267
Fax: (414) 227-1290

Center on Wisconsin Strategy (COWS)
University of Wisconsin - Madison
1180 Observatory Drive, #7122
Madison, WI 53706-1393
www.cows.org

Child Care Resource and Referral, Inc.
2211 Oregon Street, Suite A4
Oshkosh, WI 54902
Tel: (920) 426-8920
Tel: (800) 316-8884
resources@childcarerr.com
www.childcarerr.com

Community Action on Latin America
731 State Street
Madison, WI 53703
Tel: (608) 251-3241
Fax: (608) 251-3267
www.sit.wisc.edu/~omsuarez/cala

Community Coordinated Child Care, Inc.
5 Odana Court
Madison, WI 53719
Tel: (608) 271-9181
Toll Free: (800) 750-KIDS
Fax: (608) 271-5380
www.4-c.org/

Community Shares of Wisconsin
214 N. Hamilton Street, Suite 3
Madison, WI 53703
Tel: (608) 256-1066
Fax: (608) 256-8823
csw@communityshares.com
www.communityshares.com

Coalition of Wisconsin Aging Groups
2850 Dairy Drive, Suite 100
Madison, WI 53718
Tel: (800) 366-2990
Fax: (608) 224-0607
cwag@cwag.org
www.cwag.org

Department of Health and Family Services
Minority Health Program
P.O. Box 2659
Madison, WI 53701-2659
Tel: (608) 267-2173
Fax: (608) 266-8925
www.dhfs.state.wi.us/Health/MinorityHealth/Index

French Family Foundation
P.O. Box 1291
Sheboygan, WI 53082-1291

A Fund for Women, Madison Community Foundation
2 Science Court
P.O. Box 5010
Madison, Wisconsin 53705
Tel: (608) 232-1763
Fax: (608) 232-1772
www.madisoncommunityfoundation.org/fund_for_women.htm

Girl Neighborhood Power
City of Madison, Office of Community Services
Madison Municipal Building
P.O. Box 2627
Madison, WI 53701-2627
Tel: (608) 266-6520
TDD: (608) 266-6521
Fax: (608) 261-9626

Girl Scouts of Milwaukee Area, Inc.
131 S. 69th Street
Milwaukee, WI 53214
Tel: (414) 476-1050
Fax: (414) 476-5958
www.girlscoutsmilwaukee.org

Hmong Population Research Project
Chippewa Valley Center for Economic Research and Development
Department of Economics
University of Wisconsin-Eau Claire
Eau Claire, WI 54702-4404
Tel: (715) 836-3388
www.uwec.edu/econ/HmongResearch/index.htm

Institute for Wisconsin's Future
1717 South 12th Street, Suite 203
Milwaukee, WI 53204
Tel: (414) 384-9094
Fax: (414) 384-9098
www.wisconsinsfuture.org
iwf@wisconsinsfuture.org

Interfaith Conference of Greater Milwaukee
1442 N. Farwell Avenue, Suite 200
Milwaukee, WI 53202
ifcgm@aol.com

Jewish Women's Endowment Fund
Milwaukee Jewish Federation
1360 North Prospect
Milwaukee, WI 53202-3094
Tel: (414) 390-5700
www.milwaukeejewish.org/

League of Women Voters of Wisconsin
122 State Street, Suite 405
Madison, WI 53703
Tel: (608) 256-0827
Fax: (608) 256-2853
genfund@lwvwi.org
www.lwvwi.org

Meta House
2266 N. Prospect Avenue
Milwaukee, WI 53211
Tel: (414) 977-5812

Milwaukee Urban League
2800 West Wright Street
Milwaukee, WI 53210
Tel: (414) 374-5850
Fax: (414) 562-0249
klque@aol.com

NAACP - Madison Branch
P.O. Box 45
Madison, WI 53701
Tel: (608) 256-1942

National Conference for Community
and Justice-Wisconsin Office
759 North Milwaukee Street, Suite 620
Milwaukee, WI 53202
Tel: (414) 273-6746
Fax: (414) 273-6747
gtuma@nccj.org
www.nccj.org

Office of Crime Victims Services
Wisconsin Department of Justice
P.O. Box 7951
Madison, WI 53707
Tel: (608) 266-1221
www.doj.state.wi.us/cvs/

OutReach
600 Williamson Street
Suite P-1
Madison, WI 53703
Tel: (608) 255-8582
outreach@outreachinc.com
www.outreachinc.com

Pearls for Teen Girls, Inc.
2266 North Prospect Avenue, Suite 520
Milwaukee, WI 53202
Tel: (414) 347-7555
www.pearlsforteengirls.com
colleen@pearlsforteengirls.com

Planned Parenthood of Wisconsin
302 N. Jackson Street
Milwaukee, WI 53202
Tel: (414) 271-8045
Fax: (414) 271-1935
www.ppwi.org

Project Equality of Wisconsin, Inc.
1442 Farwell Avenue, Suite 210
Milwaukee, WI 53202
Tel: (414) 272-2642
Fax: (414) 272-2644
www.projectequalitywi.org

Public Policy Forum
633 W. Wisconsin Ave, Suite 406
Milwaukee, WI 53203
Tel: (414) 276-8240
Fax: (414) 276-9962
www.publicpolicyforum.org/
ppf@publicpolicyforum.org

South Central Federation of Labor
1602 S. Park St. # 228
Madison, WI 53715
Tel: (608) 256-5111
Fax: (608) 256-6661
www.scfl.org

University of Wisconsin
President's Office-Coordinator for
Women
Contact: Louise Root-Robbins
1616 Van Hise Hall
Madison, WI 53706
Tel: (608) 262-6831
Fax: (608) 263-2046
lroot-robbins@uwsa.edu

University of Wisconsin
Women's Studies Consortium
1664 Van Hise Hall
Madison, WI 53706
Tel: (608) 262-4444
Fax: (608) 263-2046
wswcoffice@uwsa.edu

University of Wisconsin
Women's Studies Librarian
430 Memorial Library
728 State Street
Madison, WI 53706
Tel: (608) 263-5754
Fax: (608) 265-2754
www.library.wisc.edu/libraries/women-
studies/home

University of Wisconsin, Eau Claire
Women's Studies Department
105 Garfield Avenue, Box 4004
Eau Claire, WI 54702-4004
Tel: (715) 836-5717
www.uwec.edu/academic/wmns

Wisconsin AFSCME Council 24
8033 Excelsior Drive, Suite C
Madison, WI 53717
Tel: (608) 836-0024
Fax: (608) 836-0222
www.wseu-24.org

Wisconsin Child Care Research
Partnership
University of Wisconsin, Extension
432 North Lake Street, Room 301
Madison, WI 53706
Tel: (877) 637-6188
www.uwex.edu/ces/flp/ece/wccrp.html

Wisconsin Child Care Resource &
Referral Network
6314 Odana Road
Madison, WI 53719
Tel: (608) 271-1230
Fax: (608) 271-1268
wiccrn@athenet.net
www.wisconsinccrr.org

Wisconsin Coalition Against Domestic
Violence
307 South Paterson Street
Suite 1
Madison, WI 53703
Tel: (608) 255-0539
Fax: (608) 255-3560
wcadv@wcadv.org

Wisconsin Coalition Against Sexual
Assault
600 Williamson Street
Suite N2
Madison, WI 53703
Tel: (608) 257-1516
Fax: (608) 257-2150
wcasa@wcasa.org
www.wcasa.org

Wisconsin Coalition for Advocacy
16 N. Carroll Street, Suite 400
Madison, WI 53703
Tel (V/TTY): (608) 267-0214
Tel (V/TTY): 800-928-8778
wcamsn@w-c-a.org
www.w-c-a.org

Wisconsin Council on Children and Families
16 North Carroll Street
Suite 600
Madison, WI 53703
Tel: (608) 284-0580
Fax: (608) 284-0583
www.wccf.org

Wisconsin Department of Workforce Development
P.O. Box 7946
Madison, WI 53707-7946
Tel: (608) 266-7552
Fax: (608) 266-1784
TTY: (608) 267-0477
www.dwd.state.wi.us/default.htm

Wisconsin Federation of Business and Professional Women Clubs
P.O. Box 2267
Green Bay, WI 54306-2267
Tel: (800) 570-2227
Fax: (920) 437-9789
www.bpw-wi.com

Wisconsin NOW
122 State Street, Suite 403
Madison, WI 53703
Tel: (608) 255-3911
Fax: (608) 255-1139
www.winow.org

Wisconsin State AFL-CIO
6333 West Bluemound Road
Milwaukee, WI 53213
Tel: (414) 771-0700
Fax: (414) 771-1715
www.wisaficio.org

Wisconsin Women's Council
14 W. Mifflin Street, Suite 212
Madison, WI 53703
Tel: (608) 266-2219
Fax: (608) 261-2432
info@wwc.state.wi.us
www.wwc.state.wi.us/static

Wisconsin Women's Health Foundation
2503 Todd Drive
Madison, WI 53713
Tel: (608) 251-1675
Fax: (608) 251-4136
wihealth@chorus.net

Wisconsin Women's Network
122 State Street, Suite 404
Madison, WI 53703
Tel: (608) 255-9809
Fax: (608) 255-9809
wiwomen@execpc.com

Women and Poverty Public Education Initiative (WPPEI)
3782 N. 12th Street
Milwaukee, WI 53206
Tel: (414) 265-3925
Fax: (414) 263-5577
milwppei@miliserv.net

Women's Fund, Community Foundation for Fox Valley Region
P.O. Box 563
118 S. State St., F-2
Appleton, WI 54912
Tel: (920) 830-1290
Fax: (920) 830-1293
www.cffoxvalley.org/womens_fund.html

Women's Fund of the Greater Milwaukee Foundation
1020 N. Broadway
Milwaukee, WI 53202
Tel: (414) 290-7350
Fax: (414) 290-7344
www.womensfund.com/
womensfund@greatermkcfdn.org

Women's Fund of the Oshkosh Area Community Foundation
404 N. Main Street, Suite #101
Oshkosh, WI 54901
Tel: (920) 426-3993
Fax: (920) 426-6997
www.oshkoshareacf.org/women.asp
info@oshkoshareacf.org

YWCA of Greater Milwaukee
1915 North Dr. Martin Luther King, Jr. Drive
Milwaukee, WI 53212
Tel: (414) 374-1800
Fax: (414) 374-2680
www.ywcaogm.org

YWCA of Green Bay-DePere
230 South Madison Street
Green Bay, WI 54301
Tel: (920) 432-5581
Fax: (920) 432-4203
www.ywcagreenbay.org

YWCA of Madison
101 E. Mifflin Street
Madison, WI 53703
Tel: (608) 257-1436
Fax: (608) 257-1439
www.ywcamadison.org

YWCA of Racine
740 College Avenue
Racine, WI 53402
Tel: (262) 633-3503
Fax: (262) 633-5507

YWCA of Rock County
1735 S. Washington Street
Janesville, WI 53546
Tel: (608) 752-5445

YWCA of Wausau
613 5th Street
Wausau, WI 54403
Tel: (715) 842-3381
ywca01@pcpros.net

National Resources

AARP

601 E Street, NW
Washington, DC 20049
Tel: (202) 434-2277
Tel: (800) 424-3410
Fax: (202) 434-7599
www.aarp.org

ACORN

739 8th Street, SE
Washington, DC 20003
Tel: (202) 547-2500
Fax: (202) 546-2483
www.acorn.org

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.gov

AFL-CIO Civil, Women's,
and Human Rights Department
815 16th Street, NW
Washington, DC 20006
Tel: (202) 637-3000
Fax: (202) 637-5058
www.aflcio.org

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

African American Women's Institute
Howard University
P.O. Box 590492
Washington, DC 20059
Tel: (202) 806-4556
Fax: (202) 806-9263
blackwomen@howard.edu
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) 594-1364
Fax: (301) 594-2283
info@ahrq.gov
www.ahrq.gov

Alan Guttmacher Institute
1120 Connecticut Avenue, NW
Suite 460
Washington, DC 20036
Tel: (202) 296-4012
Fax: (202) 223-5756
policyinfo@guttmacher.org
www.guttmacher.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
info@alz.org
www.alz.org

American Association of Black Women
Entrepreneurs
P.O. Box 13933
Silver Spring, MD 20911-3933
Tel: (301) 565-0527

American Association of Homes and
Services for the Aging
2519 Connecticut Ave, NW
Washington, DC 20008-1520
Tel: (202) 783-2242
Fax: (202) 783-2255
www.aahsa.org

American Association of University
Women
1111 16th Street, NW
Washington, DC 20036
Tel: (800) 326-AAUW
TTY: (202) 785-7777
Fax: (202) 872-1425
info@aauw.org
www.aauw.org

AFSCME

American Federation of State, County,
and Municipal Employees
1625 L Street, NW
Washington, DC 20036-5687
Tel: (202) 429-1000
TTY: (202) 659-0446
Fax: (202) 429-1923
www.afscme.org

American Medical Association
1101 Vermont Avenue, NW
Washington, DC 20005
Tel: (202) 789-7400
Fax: (202) 789-7485
www.ama-assn.org

American Women's Medical
Association
801 Fairfax Street, Suite 400
Alexandria, VA 22314
Tel: (703) 838-0500
Fax: (703) 549-3864
info@amwa-doc.org
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: (202) 336-5510
Tel: (800) 374-2721
TTY: (202) 336-6123
Fax: (202) 336-5500
www.apa.org

American Sociological Association
1307 New York Avenue, NW
Suite 700
Washington, DC 20005
Tel: (202) 383-9005
TTY: (202) 872-0486
Fax: (202) 638-0882
executive.office@asanet.org
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

Asian Women in Business
One West 34th Street
Suite 200
New York, NY 10001
Tel: (212) 868-1368
Fax: (212) 863-1373
info@awib.org
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 for Health Services
Research
1801 K Street, NW
Suite 701-L
Washington, DC 20006-1301
Tel: (202) 292-6700
Fax: (202) 292-6800
info@ahsrhp.org
www.ahsr.org

Association of Women in Agriculture
(AWA)
1909 University Avenue
Madison, WI 53705
Tel: (608) 231-3702
www.sit.wisc.edu/~awa/

Black Women United for Action
6551 Loisdale Court
Suite 222
Springfield, VA 22150
Tel: (703) 922-5757
Fax: (703) 922-7681
www.bwufa.org

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

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

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

Center for Law and Social Policy
1015 15th Street, NW
Suite 400
Washington, DC 20005
Tel: (202) 906-8000
Fax: (202) 842-2885
www.clasp.org

Center for Policy Alternatives
1875 Connecticut Avenue, NW
Suite 710
Washington, DC 20009
Tel: (202) 387-6030
Fax: (202) 387-8529
www.cfpa.org

Center for the Prevention of Sexual and
Domestic Violence
2400 North 45th Street, #10
Seattle, WA 98103
Tel: (206) 634-1903
Fax: (206) 634-0115
cpsdv@cpsdv.org
www.cpsdv.org

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

Center for Research on Women
University of Memphis
Clement Hall 339
Memphis, TN 38152-3550
Tel: (901) 678-2770
Fax: (901) 678-3652
crow@memphis.edu
ca.memphis.edu/isc/crow

Center for Women's Business Research
1411 K Street, NW, Suite 1350
Washington, DC 20005-3407
Tel: (202) 638-3060
Fax: (202) 638-3064
www.womensbusinessresearch.org

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

Centers for Disease Control and
Prevention
U.S. Department of Health and Human
Services
1600 Clifton Road
Atlanta, GA 30333
Tel: (404) 639-3311
www.cdc.gov/nchs

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 Avenue, 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
cdinfo@childrensdefense.org
www.childrensdefense.org

Church Women United
475 Riverside Drive, Suite 1626
New York, NY 10115
Tel: (212) 870-2347
Fax: (212) 870-2338
www.churchwomen.org

Coalition of Labor Union Women
1925 K Street, NW, Suite 402
Washington, DC 20006
Tel: (202) 223-8360
Fax: (202) 776-0537
info@cluw.org
www.cluw.org

Coalition on Human Needs
1120 Connecticut Avenue, NW
Suite 910
Washington, DC 20036
Tel: (202) 223-2532
Fax: (202) 223-2538
chn@chn.org
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

Equal Rights Advocates
1663 Mission Street
Suite 250
San Francisco, CA 94103
Tel: (415) 621-0672
Fax: (415) 621-6744
Advice/Counseling Line:
(800) 839-4ERA
www.equalrights.org

Family Violence Prevention Fund
383 Rhode Island Street
Suite 304
San Francisco, CA 94103
Tel: (415) 252-8900
TTY: (800) 595-4TTY
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 Boulevard
Suite 801
Arlington, VA 22209
Tel: (703) 522-2214
Fax: (703) 522-2219
femmaj@feminist.org
www.feminist.org

First Chance
Colorado Nonprofit Development
Center
4130 Tejon Street Suite A
Denver CO 80211
Tel: 720 855 0501
www.ruralwomyn.net/firstchance.html

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.girlscouts.org

Hadassah
50 West 58th Street
New York, NY 10019
Tel: (212) 355-7900
Fax: (212) 303-8282
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

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
washington@ilo.org
www.ilo.org

International Women's Democracy
Center
1730 Rhode Island Avenue, NW
Suite 715
Washington, DC 20036
Tel: (202) 530-0563
Fax: (202) 530-0564
info@iwdc.org
www.iwdc.org

Jacobs Institute of Women's Health
409 12th Street, SW
Washington, DC 20024-2188
Tel: (202) 863-4990
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.jointcenter.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.lwww.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

McAuley Institute
8300 Colesville Road, Suite 310
Silver Spring, Maryland 20910
Tel: (301)588-8110
Fax: (301)588-8154
www.mcauley.org

Mexican American Legal Defense and
Educational Fund
634 S. Spring Street
Los Angeles, CA 90014
Tel: (213) 629-2512
Fax: (213) 629-0266
www.maldef.org

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

9 to 5, National Association of
Working Women
231 W. Wisconsin Avenue Suite 900
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) 667-5890
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 900
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 Child
Advocates
1522 K Street NW, Suite 600
Washington, DC 20005-1202
Tel: (202) 289-0777
Fax: (202) 289-0776
naca@childadvocacy.org
www.childadvocacy.org

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

National Association of the Deaf
814 Thayer Street
Silver Spring, MD 20910-4500
Tel: (301) 587-1788
TTY: (301) 587-1789
Fax: (301) 587-1791
NADinfo@nad.org
www.nad.org

National Association of Female Executives
P.O. Box 469031
Escondido, CA 92046
Tel: (800) 634-NAFE
Fax: (760) 745-7200
www.nafe.com

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

National Association of Women Business Owners
1595 Spring Hill Road
Suite 330
Vienna, VA 22182
Tel: (703) 506-3268
Fax: (703) 506-3266
national@nawbo.org
www.nawbo.org

National Black Women's Health Project
600 Pennsylvania Avenue, SE
Suite 310
Washington, DC 20003
Tel: (202) 543-9311
Fax: (202) 543-9743

National Breast Cancer Coalition
1707 L Street, NW
Suite 1060
Washington, DC 20036
Tel: (202) 296-7477
Tel: (800) 622-2838
Fax: (202) 265-6854
www.natlbcc.org

National Center for American Indian Enterprise Development
815 NE Northgate Way
2nd Floor
Seattle, WA 98125
Tel: (206) 365-7735
Fax: (206) 365-7764
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 80218-0749
Tel: (303) 839-1852
Fax: (303) 831-9251
www.ncadv.org

National Committee on Pay Equity
P.O. Box 34446
Washington, DC 20043-4446
Tel: (301) 277-1033
Fax: (301) 277-4451
fairpay@patriot.net
www.feminist.com/fairpay

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

National Council of Women's Organizations
733 15th Street, NW
Suite 1011
Washington, DC 20005
Tel: (202) 393-7122
Fax: (202) 387-7915
info@womensorganizations.org
www.womensorganizations.org

National Education Association
1201 16th Street, NW
Washington, DC 20036
Tel: (202) 833-4000
Fax: (202) 822-7974
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 Family Planning & Reproductive Health Association
1627 K Street NW
12th Floor
Washington, DC 20006
Tel: (202) 293-3114
info@nfprha.org
www.nfprha.org

National Federation of Democratic Women
19432 Burlington Drive
Detroit, MI 48203-1454
Tel: (313) 892-6199
Fax: (313) 892-8424
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 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 Law Center on Homelessness and Poverty
1411 K Street, NW
Suite 1400
Washington, DC 20005
Tel: (202) 638-2535
Fax: (202) 628-2737
nlchp@nlchp.org
www.nlchp.org

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

National Organization for Women Legal Defense and Education Fund
359 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 650
Washington, DC 20009
Tel: (202) 986-2600
Fax: (202) 986-2539
info@nationalpartnership.org
www.nationalpartnership.org

National Political Congress of Black Women

8401 Colesville Road
Suite 400
Silver Spring, MD 20910
Tel: (301) 562-8000
Tel: (800) 274-1198
Fax: (301) 562-8303
info@npcbw.org
www.npcbw.org

National Prevention Information Network (HIV, STD, TB)
Centers for Disease Control and Prevention

P.O. Box 6003
Rockville, MD 20849-6003
Tel: (800) 458-5231
Fax: (888) 282-7681
info@cdcnpin.org
www.cdcnpin.org

National Urban League

120 Wall Street
New York, NY 10005
Tel: (212) 558-5300
Fax: (212) 344-5332
info@nul.org
www.nul.org

National Women's Business Council

409 Third Street, SW
Suite 210
Washington, DC 20024
Tel: (202) 205-3850
Fax: (202) 205-6825
nwbc@sba.gov
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.healthyywomen.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
nwsa@umail.umd.edu
www.nwsa.org

New Ways to Work

425 Market Street, Suite 2200
San Francisco, CA 94105
Tel: (415) 995-9860
Fax: (707) 824-4410
www.nwww.org

OWL

The Voice of Midlife and Older Women
666 11th Street, NW, Suite 700
Washington, DC 20001
Tel: (202) 783-6686
Tel: (800) 825-3695
Fax: (202) 638-2356
www.owl-national.org

Organization of Chinese-American Women

4641 Montgomery Avenue
Suite 208
Bethesda, MD 20814
Tel: (301) 907-3898
Fax: (301) 907-3899

Pennsylvania Coalition Against Domestic Violence and National Resource Center

6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
Tel: (717) 545-6400
Tel: (800) 537-2238
TTY: (800) 553-2508
Legal Line: (800) 903-0111 ext. 72
Fax: (717) 545-9456
www.pcadv.org

Pension Rights Center

1140 19th Street, NW
Suite 602
Washington, DC 20036
Tel: (202) 296-3776
Fax: (202) 833-2472
pnsnrights@aol.com
www.pensionrights.org

Planned Parenthood Federation of America

801 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 20009-5728
Tel: (202) 483-1100
Fax: (202) 328-3937
popref@prb.org
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
info@prrac.org
www.prrac.org

Project Vote

88 Third Avenue, 3rd Floor
Brooklyn, NY 11217
Tel: (718) 246-7929
Fax: (718) 246-7939
pvnatfield@acorn.org

Religious Coalition for Reproductive Choice

1025 Vermont Avenue, NW
Suite 1130
Washington, DC 20005
Tel: (202) 628-7700
Fax: (202) 628-7716
info@rcrc.org
www.rcrc.org

Service Employers International Union

1313 L Street, NW
Washington, DC 20005
Tel: (202) 898-3200
Fax: (202) 898-3481
www.seiu.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

5600 Fisher's Lane
Rockville, MD 20857
Tel: (301) 443-4795
Fax: (301) 443-0284
www.samhsa.gov

Third Wave Foundation

511 West 25th Street
Suite 301
New York, NY 10001
info@thirdwavefoundation.org
www.thirdwavefoundation.org

United Food and Commercial Workers International Union

Working Women's Department
1775 K Street, NW
Washington, DC 20006
Tel: (202) 223-3111
Fax: (202) 728-1836
www.ufcw.org

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

Washington, DC 20523-3801
Tel: (202) 712-0570
Fax: (202) 216-3173
genderreach@dai.com
www.genderreach.org

U.S. Small Business Administration

Office of Women's Business Ownership
409 Third Street, NW
Fourth Floor
Washington, DC 20416
Tel: (202) 205-6673
owbo@sba.gov

The White House Project

110 Wall Street, 2nd Floor
New York, NY
Tel: (212) 785-6001
admin@thewhitehouseproject.org
www.thewhitehouseproject.org

Wider Opportunities for Women

815 15th Street, NW, Suite 916
Washington, DC 20005
Tel: (202) 638-3143
Fax: (202) 638-4885
info@wowonline.org
www.wowonline.org

Women & Philanthropy

1015 18th Street, NW, Suite 202
Washington, DC 20036
Tel: (202) 887-9660
Fax: (202) 861-5483
www.womenphil.org

Women Employed

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

Women, Ink.

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

815 Pollard Road
Los Gatos, CA 95032
Tel: (650) 326-6500
Fax: (408) 866-3858

Women's Environmental and Development Organization

355 Lexington Avenue
3rd Floor
New York, NY 10017-6603
Tel: (212) 973-0325
Fax: (212) 973-0335
wedo@wedo.org
www.wedo.org

Women's Foreign Policy Group

1875 Connecticut Avenue, NW
Suite 720
Washington, DC 20009
Tel: (202) 884-8597
Fax: (202) 882-8487
wfp@wfp.org
www.wfp.org

Women's Funding Network

1375 Sutter Street, Suite 406
San Francisco, CA 94109
Tel: (415) 441-0706
Fax: (415) 441-0827
info@wfnet.org
www.wfnet.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/social-security/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.wilpf.org

Women's Law Project
125 S. 9th Street, Suite 300
Philadelphia, PA 19107
Tel: (215) 928-9801
info@womenslawproject.org
www.womenslawproject.org

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

Women's Rural Entrepreneurial
Network (WREN)
2015 Main Street
Bethlehem, NH 03574
Tel: (603) 869-WREN (9736)
Fax: (603) 869-9738
www.wrencommunity.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) 273-7939
www.ywca.org

The Young Women's Project
1328 Florida Avenue, NW
Suite 2000
Washington, DC 20009
Tel: (202) 332-3399
Fax: (202) 332-0066
ywp@youngwomensproject.org
www.youngwomensproject.org

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

Mountain West

Arizona
Colorado
Idaho
Montana
New Mexico
Nevada
Utah
Wyoming

West North Central

Wisconsin
Wisconsin
Minnesota
Missouri
Nebraska
North Dakota
South Dakota

New England

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

West South Central

Arkansas
Louisiana
Oklahoma
Texas

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