

The Status of Women in Pennsylvania

POLITICS • ECONOMICS • HEALTH • DEMOGRAPHICS



INSTITUTE FOR WOMEN'S POLICY RESEARCH



About this Report

The Status of Women in Pennsylvania is part of an ongoing research project conducted by the Institute for Women's Policy Research (IWPR) to establish baseline measures of the status of women in all 50 states and the District of Columbia. The effort is part of a larger IWPR Economic Policy Education Program, funded by the Ford Foundation, intended to improve the ability of advocates and policymakers at the state level to address women's economic issues. The first series of reports were released in 1996 and included a summary national report and 14 state reports. This report is part of the second series, which includes nine other states (Connecticut, Florida, Kentucky, Louisiana, Mississippi, Nebraska, Ohio, Oregon, and Vermont), as well as an update of the national report.

The data used in each report come from a variety of sources, primarily government agencies, although other organizations also provided data where relevant. Many individuals and organizations in Pennsylvania assisted in locating data and reviewing this report and one organization has joined in co-publishing the report.

About the Institute for Women's Policy Research

The Institute for Women's Policy Research (IWPR) is a public policy research organization dedicated to informing and stimulating the debate on public policy issues of critical importance to women and their families. IWPR focuses on issues of poverty and welfare, affirmative action and pay equity, employment and earnings, work and family issues, and the economic and social aspects of health care and domestic violence. The Institute works with policymakers, scholars, and public interest groups around the country to design, execute, and disseminate research that illuminates economic and social policy issues affecting women and families, and to build a network of individuals and organizations that conduct and use women-oriented policy research. IWPR, an independent, nonprofit organization, also works in affiliation with the graduate programs in public policy and women's studies at the George Washington University.

About IWPR's Partners in this Project

In producing these reports, IWPR called upon many individuals and organizations in the states. Susan Becker, WOMENS WAY, served as Chair of Pennsylvania's Advisory Committee. This position involved coordinating the various individuals on the Committee, who represented organizations from all over the state. Kari Ytterhus, Director of Operations at WOMENS WAY, provided invaluable assistance in this task as well. The Committee reviewed the draft report for accuracy and applicability and made suggestions for ensuring that the data contained in the report would be useful. They also help to disseminate the report across the state.

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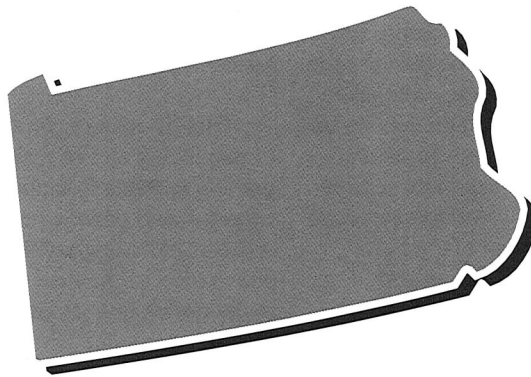
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A project of the size and complexity of *The Status of Women in the States* report series can only be carried out with the commitment and cooperation of many individuals and organizations. The Institute gratefully acknowledges the many individuals who contributed their time, knowledge, and expertise to this project, particularly the members of the state and national advisory committees. Many organizations also contributed data and information that was essential to the successful completion of the project.

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many who worked with her throughout this process. Ms. Caiazza, a political scientist, also contributed to the data collection and analysis effort, particularly in the areas of political participation and representation and reproductive rights.

Special thanks are also due Shannon Garrett, Research Program Coordinator, for her able organizational skills, hard work, and dedication. In addition to assisting in data collection efforts and report writing, she also coordinated the manuscript preparation of all the final drafts.

In addition to those mentioned above, authors of the 1998 report series include: Katherine Allen, Study Director; Ellen Feder, Research Associate (former); Heidi Hartmann, Director; Sara Kickliter, Intern; Lois Shaw, Senior Consulting Economist; Kristine Witkowski, Study Director; and Chava Zibman, Intern. Other research team members who contributed to the study include: Katie Burns, Intern; Holly Mead, Research Fellow; Nancy Reinhardt, Intern; Monica Schneider, Intern; Linda Shade, Consultant; Zohar Siwek, Intern; and Stefanie Stern, Intern. Barbara Gault, Associate Director for Research, provided technical expertise throughout the project, as did Diana Zuckerman, Senior Consulting Scientist (and former Director of Research and Policy Analysis at IWPR).

Finally, many individuals participated in the major effort of publishing eleven reports simultaneously. IWPR is grateful to Anna Rockett, Publications Editor, for her design expertise and patience in coordinating the production process, including layout, copy editing, proofreading, and preparation of the final copy. Other IWPR staff who assisted in the production and dissemination process include Liz Schiller, Associate Director of Development, Amanda Gordon, Communications and Outreach Assistant, Laura Nichols, Research Fellow, and Nancy Bennett, public relations consultant. Jill Braunstein, Associate Executive Director and Director of Communications, directed the entire production and dissemination effort. Her experience, expertise, and vision assured the timely completion of this complex project. The project was carried out under the general direction of Heidi Hartmann, Director and President of the Institute for Women's Policy Research.

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Preface

The Status of Women in Pennsylvania represents a substantial undertaking by the Institute for Women's Policy Research to establish baseline measures for the status of women in our Commonwealth compared to women in other states.

For more than 21 years, WOMENS WAY has worked for a more just and humane society. We are the nation's largest and oldest feminist fund-raising coalition and an outspoken advocate for the rights and well-being of women and girls. WOMENS WAY is proud to be the sponsor of *The Status of Women in Pennsylvania*, and applauds the invaluable efforts of the Advisory Committee members, whose comments, clarifications, challenges and elaborations enhanced the breadth and accuracy of this report.

The Pennsylvania Advisory Committee emerged with a clear theme: Women in Pennsylvania are vital to the economic health of the Commonwealth.

As you read the study, however, it is clear that our report card is far from perfect. Pennsylvania ranks low in the political participation and representation index; the wage gap between men and women remains large, even though men's wages have fallen; and our percentage of women in management and professional occupations ranks low. This is not healthy for Pennsylvania's economy.

The extensive information contained herein—while limited in scope to data available on a statewide basis nationally—provides much needed information for public analysis by policymakers, politicians, activists, scholars and others. *The Status of Women in Pennsylvania* serves a vital role in identifying areas of need for women and serving as a catalyst to action. As you read this report, we hope you gain a snapshot image of women in our community today that reflects the many significant strides women have made and indicates where we all can concentrate our efforts to enhance women's political participation and representation, employment and earnings, economic autonomy, and reproductive rights and health.

That this study could not be a more exhaustive report on issues of importance to women reflects a gap in funding and lack of prioritizing women's research. Domestic violence, child care, issues facing our large and growing population of poor women and of elderly women, data comparing women of color and white women, and others, were indicated by Committee members as areas to improve in data collection for the future.

There is good news the report does not capture specifically about Pennsylvania: while women are underrepresented in political office, Pennsylvania has a state Equal Rights Amendment. Though the index for women's institutional resources is affected by the lack of a women's agenda affiliate, Pennsylvania women have a strong and effective network of hundreds of organizations wielding significant political and institutional power through the Coalition for the Welfare of Women and Children, Pennsylvanians for Choice, Pennsylvania Coalition Against Domestic Violence, the Pennsylvania Coalition Against Rape, and others.

It is evident that electing more women to leadership positions will result in greater attention for issues affecting women and children. Increased female leadership in management and professional occupations will enhance productivity and change a culture that limits the opportunities for significant contributions by half of all workers. Augmented educational and training opportunities, in conjunction with supportive services, will make the goal of economic self-sufficiency a reality for women moving off welfare.

We hope that you will find this information helpful in your efforts to learn more about, and work toward, the improvement of women's status in Pennsylvania. The economic viability and growth of Pennsylvania depends on addressing issues affecting women. The costs to our Commonwealth of domestic violence, of the lack of affordable child care, and of the underutilization of women's skills and abilities cannot be ignored.

Join us in improving the status of women in Pennsylvania!

Suzanne Sheehan Becker

Executive Director, WOMENS WAY

Chair, Pennsylvania State Advisory Committee,
The Status of Women in Pennsylvania

Introduction

During the twentieth century, women have made significant economic, political and social advances that fundamentally challenge their traditional roles. They are still, however, far from achieving gender equality. To accomplish this goal, policymakers need reliable and relevant data about the issues affecting women's lives.

Recognizing this need, the Institute for Women's Policy Research (IWPR) issued a series of *The Status of Women in the States* reports in 1996. As many policymaking responsibilities shift to the states, advocates, researchers and policymakers need state-level data about women, and IWPR designed its new project to provide them with relevant information. This year, IWPR staff produced a second series of state reports as well as a national report summarizing key 1998 findings for all 50 states and the District of Columbia.

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

The staff of the Institute for Women's Policy Research prepared this report on *The Status of Women in Pennsylvania* to inform residents in Pennsylvania concerned about the progress of Pennsylvania's women relative to women in other states, to men and to the nation as a whole. Some aspects of the reports have changed since 1996 but the essence and goals of the reports remain the same: (1) analyzing and disseminating information about women's progress in achieving rights and opportunities, (2) identifying and measuring the remaining barriers to equality and (3) providing a continuing monitor of women's progress.

In each report, indicators describe women's status in political participation and representation, employment and earnings, economic autonomy and reproductive rights. In addition, the reports provide basic demographics and health information about women in each state. For the four 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. Because the amount of data on health care issues is vast, IWPR did not attempt to develop and summarize one index to measure women's health status.

Although state-by-state rankings provide important insights into women's rights throughout the country indicating where progress is greater or less, in no state

(including those ranked relatively highly on the indices compiled in this report) do women have adequate policies ensuring their equal rights. In no state have women achieved equity with men. All women continue to face important obstacles to achieving equity with men.

About the Indicators and the Data

IWPR looked at several sources for guidelines on what information to include in these reports. Many of the economic indicators chosen, such as median earnings or the wage gap, are standard indicators of women's status. The same is true of voter participation and women's electoral representation. In addition, IWPR used the Beijing Declaration and Platform for Action from the U.N. Fourth World Conference on Women to guide its choices of indicators.

Ultimately, the IWPR research team made decisions based upon several principles and constraints: parsimony, representativeness and reliability, and comparability of data across all the states and the District of Columbia.

To facilitate comparisons among states, IWPR used data collected in the same way for each state. While most of the data are from federal government agencies, other organizations also provided data where relevant. 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 by IWPR researchers since few state breakdowns by gender are available in published form. One of the major changes to the state reports involved incorporating new data from the years 1994-97. Some data could not be updated and some figures necessarily rely on older data from the 1990 Census; historical data from 1980 or earlier are presented on some topics. When data were not available, it is indicated in the tables with 'N/A.'

The decennial censuses provide the most comprehensive data for states and local areas, but since they are conducted only every ten years, census data are often out of date. CPS data are therefore used to provide more timely information even though the smaller sample sizes require omitting much detail (for information on sample sizes, see Appendix I).

In some cases, differences reported between two states or between a state and the nation for a given

indicator are statistically significant (unlikely to have occurred by chance) and in other cases they are not (likely to have occurred by chance). Although IWPR did not calculate or report measures of statistical significance, the larger the difference relative to the base-value (for any given sample size), the more likely the difference is to be statistically significant.

In comparing indicators based on data from different years, the reader should keep in mind that the 1990-97 period encompassed 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.

The general decision to use more recent data despite smaller sample sizes is in no way meant to minimize how profoundly differences among women—for example, by race, ethnicity, age, sexuality and family structure—affect their status or how important it is to design policies that speak to these differences. Identifying and reporting on areas within the states (cities, counties, urban and rural areas) were also beyond the scope of this project. The lack of disaggregated data generally masks differences among women within the states. Pockets of poverty are not identified and groups with lower or higher status may be overlooked.

A lack of reliable and comparable data at the state level also necessarily limits the treatment of several important topics: domestic violence, older women's issues, pension coverage, lesbian rights legislation and issues concerning women with disabilities. The report also does not analyze women's unpaid labor or women in nontraditional occupations. In addition, income and poverty data across states are limited in their comparability by the lack of good indicators of differences in the cost of living by states—thus, poor states may look worse than they really are and rich states may look better than they really are. IWPR firmly believes all of these topics are of utmost

concern to women in the United States and continues to search for data that can address them. However, many of them do not receive sufficient treatment in national polls or other data collection efforts.

This highlights 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 the way data are collected and analyzed in order to compile a more complete understanding of women's status. Currently, IWPR is leading a Working Group on Social Indicators of Women's Status designed to assess current measurement of women's status in the United States, determine how better indicators could be developed using existing data sets, make recommendations about gathering or improving data and develop short- and long-term research agendas for developing policy relevant research on evaluating women's well-being and status.

About IWPR

IWPR is an independent research institute dedicated to conducting and disseminating research that informs public policy debates affecting women. IWPR focuses on the issues that affect women's daily lives including family/work policies, employment and job training, pay equity and the glass ceiling, poverty and welfare reform, violence against women, women's political participation and access to health care.

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

Overview of the Status of Women in Pennsylvania

The *Status of Women in Pennsylvania* mirrors both the achievements and shortcomings of women in United States as a whole. While Pennsylvania women are witnessing real improvements in their economic, political, and social status, serious obstacles to their equality remain. The state's rankings are close to average, ranking 28th, on the Employment and Earnings composite index, but below average for reproductive rights and economic autonomy, ranking 35th and 36th respectively. Pennsylvania scores near the bottom of all states for the political participation and representation index at 48th (see Chart I).

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

states: despite improvements and the high rank of some states, in no state do women do as well as men, and even those states with better policies for women do not ensure equal rights for women. With below average rankings on most indicators, women in Pennsylvania still face significant problems demanding attention from policy-makers, women's advocates, and researchers concerned with women's status.

Any conclusions about women in Pennsylvania require some context concerning the state as a whole. As part of the Middle Atlantic region, Pennsylvania joins New Jersey and New York. Among these states, Pennsylvania ranks low: the state is third on all four composites. The low regional may rankings result in part from a substantial

**Chart I.
How Pennsylvania Ranks on Key Indicators**

Indicators	National Rank*	Regional Rank*
Composite Political Participation and Representation Index	48	3
• Women's Voter Registration, 1992-94	44	2
• Women's Voter Turnout, 1992-96	39	2
• Women in Elected Office Composite, 1998	46	3
• Women's Institutional Resources, 1998	35	3
Composite Employment and Earnings Index	28	3
• Women's Median Annual Earnings, 1995	15	3
• Ratio of Women's to Men's Earnings, 1995	25	2
• Women's Labor Force Participation, 1995	47	2
• Women in Managerial and Professional Occupations, 1995	33	3
Composite Economic Autonomy Index	36	3
• Percent with Health Insurance Among Nonelderly Women, 1994-95	11	1
• Educational Attainment: Percent of Women with Four or More Years of College, 1990	34	3
• Women's Business Ownership, 1992	49	3
• Percent of Women Above the Poverty Level, 1995	23	2
Composite Reproductive Rights Index	35	3

See Appendix I 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 and Representation indicators, which do not include the District of Columbia. The regional rankings are of a maximum of three and refer to the states in the Middle Atlantic Region (NJ, NY, PA). See Appendix V.

Calculated by the Institute for Women's Policy Research.

percentage of the population living in rural areas. For many rural women and their families, the cost of living are likely to be lower than for the urban population, and measures such as median wages may be correspondingly lower. This factor is not adequately controlled for in these measures of women's status. In fact, differences among urban and rural women may affect their access to the state's political and economic resources in a variety of ways that are not measured by these indicators.

This report on the *Status of Women in Pennsylvania* has implications not just for the state's women but for the state as a whole. Adequate access to health insurance and health care, pay equity, education, and other resources can improve the economic status of all residents of the state. To ensure that they have equal access to these resources, women must be able to participate in the workforce with guarantees of equity, to voice their concerns in the political arena, and to practice autonomy over their economic and reproductive choices. Thus all of these issues are crucial to improving the standard of living and economic viability of all of Pennsylvania.

Political Participation and Representation

Pennsylvania's lowest ranking among the composite indices calculated by IWPR is in political participation and representation, where the state ranks 48th in the nation. Women tend to register and vote less frequently in Pennsylvania than in other areas. Concomitantly, they also have low levels of representation in both elected office and political institutions. Women in Pennsylvania would benefit from more active voter participation and greater political representation in both the legislative and executive branches, since such voices could encourage more women-friendly policies enhancing their status in other areas.

Employment and Earnings

Although women in Pennsylvania ranked near the middle of the country on the composite index of employment and earnings, their rankings on the indicators within this index vary widely. Pennsylvania women earn more than women in most of the nation, but they are much less likely to participate in the labor force than women in other states. Fewer than average also work in managerial and professional occupations. Their earnings in comparison with men rank at the midpoint for the country.

Notably, more than 65 percent of Pennsylvania women with children under 18 are working. Pennsylvania's parents increasingly need adequate child care, a policy demand not yet adequately addressed in Pennsylvania or in the United States as a whole. In an

economic era when all able or available parents must work for pay to support their children, adequate child care would improve the economic standing of women, their families, and their state, but public policies lag far behind reality.

Economic Autonomy

Pennsylvania's ranking on the composite index of economic autonomy placed the state at 36th, although within this index its scores on individual indicators also varied substantially. Many more women in the state have health insurance than in most of the country, but few than average have attained a college education, and far fewer than average own businesses. Moreover, about twelve percent of Pennsylvania women live below the poverty line. These women lack the basic necessities of life.

Reproductive Rights

Women in Pennsylvania have few of the reproductive rights identified as important, and as a result the state scored 35th of 51 on this measure. State policies restrict access to abortion by mandating parental consent and waiting periods, and poor women cannot receive public funding for infertility treatments or for abortion (in the latter case, they can under federally-mandated, limited circumstances). On the other hand, a lower court has approved the adoption of a child by a biological parent's gay or lesbian partner. Finally, because many women live in rural areas, access to legal abortion is limited by the fact that only 30 percent of counties have abortion providers—a figure higher than average but nonetheless inadequate for women residing far from a provider.

Women's 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 from 189 countries, including the United States, unanimously adopted the Beijing Declaration and Platform for Action, pledging their governments to action on behalf of women. The Platform for Action outlines critical issues of concern to women and remaining obstacles to women's advancement.

In the United States, the President's Interagency Council on Women continues to follow up on U.S. commitments made at the Fourth World Conference on Women. According to the Council (1996), many of the laws, policies and programs that already exist in the

Chart II. Women's Rights Checklist

	Yes	No	Other
Reproductive Rights			
• Does Pennsylvania allow access to abortion services without mandatory parental consent laws?		✓	
• Does Pennsylvania allow access to abortion services without a waiting period?		✓	
• Does Pennsylvania provide public funding for abortions under any or most circumstances if a woman is eligible?		✓	
• Does Pennsylvania require health insurers to provide coverage for contraceptives?		✓	
• Does Pennsylvania offer public funding for infertility treatments?		✓	
• Does Pennsylvania allow the non-biological parent in a gay/lesbian couple to adopt his/her partner's biological child?	✓		Lower Court
Domestic Violence Legislation			
• Does Pennsylvania require law-enforcement officials to arrest under all or some circumstances?*		✓	
Child Support			
• Percent of single-mother households receiving child support or alimony			39.0%
• Percent of child support cases with orders for collection in which child support has actually been collected.			47.9%
Welfare (as of July 1998)[†]			
• Child Exclusion/Family Caps: Does Pennsylvania extend TANF benefits to children who are born or conceived while the mother was on welfare?	✓		
• Time Limits: How many consecutive months does Pennsylvania allow TANF recipients to receive benefits?			60 months
• Work Requirements: When are welfare recipients required to work according to Pennsylvania's TANF plan?			Immediately
• Has Pennsylvania made provision for victims of family violence in its state TANF plan?	✓		
Employment/Unemployment Benefits			
• Is Pennsylvania's minimum wage higher than the federal minimum wage as of January 1998? ^{††}		✓	
• Does Pennsylvania have mandatory temporary disability insurance?		✓	
• Does Pennsylvania provide unemployment insurance benefits for low-wage earners?	✓		
• Has Pennsylvania implemented adjustments to achieve pay equity in its civil service?	✓		
Institutional Resources			
• Does Pennsylvania have a Commission on the Status of Women?	✓		

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

* This indicator is only one of many potential measures of anti-domestic violence policies, but data are more difficult to find for other measures.

† Under federal law, Temporary Assistance for Needy Families (TANF) benefits are restricted to a five-year (60 month) lifetime limit and are contingent on work participation after 24 months; as allowed by the law, some states set more stringent time limits or work requirements or exempt victims of domestic violence from certain requirements.

†† As of September 1, 1997, the federal minimum hourly wage was increased to \$5.15.

Compiled by the Institute for Women's Policy Research.

United States meet the goals of the Platform for Action and establish the rights of women identified in the Platform. In other areas, however, the United States and many individual states have an opportunity to improve women's rights.

Chart II, the Women's Rights Checklist, shows how Pennsylvania rates on selected indicators of women's rights. Many of these rights derive from the Platform for Action. They fall under several categories: reproductive rights, protection from domestic violence, access to income support (through welfare and child support collection), women-friendly employment protections and institutional representation of women's concerns. Many of the indicators directly result from state policy decisions (see Appendix II for detailed explanations of the indicators).

The chart illustrates that women in Pennsylvania lack many of the rights identified with women's well-being. In addition to the restrictions on reproductive rights noted above, health insurers do not have to provide contraceptive coverage. The failure to require mandatory Temporary Disability Insurance (TDI) coverage leaves many women, especially single mothers, vulnerable in case of injury or illness. Pennsylvania's family violence provision in its Temporary Assistance for Needy Families plan (the new welfare program) does allow case-by-case consideration of women's circumstances, so that victims of

domestic violence can receive exemptions from work requirements. The provision, however, does not allow exemptions from time limits on benefit receipt, and in the long term these women and their families may lose state assistance. Finally, the state lacks a pro-arrest policy on domestic violence. Mandatory arrest policies, however, can be somewhat controversial among domestic violence activists and experts since victims of domestic violence are sometimes arrested, presumably not the original intent of such laws.

On the other hand, while the state requires that welfare recipients begin work immediately, it defines work activities to include some education and training. Eligibility for Unemployment Insurance is extended to low earners, and the state extends welfare benefits to children born when a mother is on welfare. Finally, Pennsylvania has implemented pay equity adjustments in its civil service, and the state's women have representation in the Pennsylvania Commission on Women.

Pennsylvania illustrates both the advances and limited progress achieved by women in the United States. While Pennsylvania women and U.S. women as a whole are seeing important changes in their lives and their access to political, economic, and social rights, they by no means enjoy equality with men, and they still lack many of the legal guarantees that would allow them to achieve parity.

Political Participation and Representation

Participating in the political process is one way women can seek representation of their interests and influence policies affecting their lives. This section describes several aspects of political participation important to women. Voter registration and turnout, female state and federal elected representation, and women's state institutional resources are all crucial to making women's political concerns visible.

In recent years a growing gender gap in voter preferences—the tendency for women and men to vote differently—suggests that women's interests may differ from men's in important ways (Delli Carpini and Fuchs, 1993; Mueller, 1988; Sapiro, 1983; Tolleson Rinehart, 1992). Women, for example, tend to support policies which promote accessible and affordable child care and measures combating violence against women, and they vote for candidates supporting these positions. Many women also give a high priority to issues like education, health care, children's issues, and reproductive rights. Because women often fill the role of primary care provider in families, these issues often affect their lives more profoundly than men's, and voting is one way for women to express their political priorities.

Women's representation in political institutions also helps highlight their concerns in the public sphere. Regardless of party affiliation, female officeholders are more likely than their male counterparts to support women's agendas (e.g., Center for the American Woman and Politics [CAWP], 1991; Carroll, 1994; Thomas, 1994), and support for female candidates is growing among both male and female voters. Research shows that legislatures with larger proportions of female elected officials do, in fact, address women's issues more than those with fewer female representatives (Dodson, 1991; Thomas, 1994). In addition, representation by means of permanent institutions, such as women's commissions, can provide regular procedural channels for expressing women's concerns (Stetson and Mazur, 1995). These institutions also make government more accessible to women. Thus women need to be in both the executive and legislative branches to ensure that their perspectives are part of political debate.

Pennsylvania ranks in the bottom five states (48th) on the political participation and representation index. The state's ranking on individual indicators range from 35th on women's institutional resources to 46th on women in elected office (see Chart III).

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

Indicators	National Rank* (of 50)	Regional Rank* (of 3)
Composite Political Participation and Representation Index	48	3
• Women's Voter Registration (percent of women 18 and older who reported registering to vote in 1992 and 1994) ^a	44	2
• Women's Voter Turnout (percent of women 18 and older estimated to have voted in 1992 and 1996) ^b	39	2
• Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 1998) ^{c,e}	46	3
• Women's Institutional Resources (number of institutional resources for women in Pennsylvania, 1998) ^{d,e}	35	3

See Appendix I for methodology.

* The national rank is of a possible 50, because the District of Columbia is not included in this ranking. The regional rankings are of a maximum of three and refer to the states in the Middle Atlantic Region (NJ, NY, PA). See Appendix V.

Source: ^a U.S. Department of Commerce, Bureau of the Census, 1993, 1996d; ^b Strategic Research Concepts, 1998; ^c CAWP, 1998a, 1998b, 1998c and 1998d; ^d Center for Policy Alternatives, 1995, National Association of Women's Commissions, 1997, CAWP, 1998e; ^e Compiled by IWPR, based on the Center for Policy Alternatives, 1995.

Calculated by the Institute for Women's Policy Research.

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

	Pennsylvania		United States	
	Percent	Number	Percent	Number
1994 Voter Registration^a				
Women	59.6	2,787,000	63.7	63,257,000
Men	58.4	2,531,000	61.2	55,737,000
1992 Voter Registration^a				
Women	64.8	3,123,000	69.8	67,324,000
Men	65.3	2,844,000	66.9	69,254,000
Number of Unregistered Women Eligible to Vote, 1996^b	N/A	1,233,050	N/A	23,775,050
Percent and Number of Eligible Public Assistance Recipients Who Are Registered, 1996^b	N/A	N/A	14.1	1,311,848

* Percent of all women and men aged 18 and older who reported registering, based on data from the 1993 and 1995 November Supplements of the Current Population Survey. These data are self-reports and tend to overstate actual voter registration.

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

Compiled by the Institute for Women's Policy Research.

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

	Pennsylvania		United States	
	Percent	Number	Percent	Number
1996 Voter Turnout^a				
Women	48.5	2,343,200	49.0	50,062,800
Men	49.5	2,162,900	49.0	46,211,800
1992 Voter Turnout^a				
Women	52.2	2,530,100	57.3	56,391,300
Men	56.7	2,430,900	53.0	48,037,100
Percent of Registered Women Who Did Not Vote in Any of the Presidential Elections in 1984, 1988 and 1992^b	9.9	N/A	12.1	N/A

* Percent of all women and men aged 18 and older estimated to have voted based on certified presidential election returns from the Federal Election Commission, Census projections of the voting age population from the 1993 and 1997 November Supplements of the Current Population Survey, and Voter News Service nationwide exit polls. These data likely tend to understate actual voter turnout.

Source: ^a Strategic Research Concepts, 1998; ^b Women's Vote Project, National Council of Women's Organizations, 1996.

Compiled by the Institute for Women's Policy Research.

Voter Registration and Turnout

One of the basic democratic rights is the right to vote. The principle "one person one vote" helps different kinds of citizens have an equal voice in the democratic process. Recognizing this value, many early Western women's movements made suffrage one of their first goals. Ratified in 1920, the Nineteenth Amendment gave women in the United States the right to vote, and in November of that year, about eight million out of 51.8 million women voted for the first time (National Women's Political Caucus, 1995). Nonetheless many candidates (and political researchers) did not take women voters seriously. Instead they assumed women would disregard politics and vote like their fathers or husbands (Carroll and Zerrilli, 1993; Evans, 1989). Neither assumption proved valid. Research shows that women do not always vote like men.

Women now register and vote slightly more often than men. By 1994, over 63 million women, or 63.7 percent of those eligible, reported being registered to vote, compared with nearly 56 million or 61.2 percent of eligible men (see Table 1). Pennsylvania's voter registration rates are generally lower for both men and women than national ones. In Pennsylvania, 59.6 percent of women and 58.4 percent of men reported being registered to vote in the November 1994 elections.

Women voters have accounted for a majority of U.S. voters since 1964. In 1996, 52 percent of voters were women, a decline from 54 percent in 1992. Compared with other Western democracies, voter turnout is relatively low for both genders for a variety of reasons (Dalton and Wattenberg, 1993). Pennsylvania has a lower voter turnout for women than the nation as a whole, whereas the turnout for men is slightly above the national average. In 1992, 52.2 percent of Pennsylvania women are estimated to have voted, and 48.5 percent are estimated to have voted in 1996 (see Table 2). As a result Pennsylvania ranks 39th among all the states for women's voter turnout in the 1992 and 1996 elections combined. Voter turnout dropped for both sexes in Pennsylvania and the nation in 1996. As Pennsylvania women's turnout fell in 1996, it remained lower than the rate for men in Pennsylvania, and slightly lower than for men and women in the United States.

Over the years, most states in the United States have developed relatively complicated systems of voter registration. Voting typically requires advance registration in a few specified locations. This system is one main cause of low voting rates, and two groups typically underserved by it are the poor and persons with disabilities (Wolfinger and Rosenstone, 1980). In addition, voting itself is more difficult for people with disabilities because of problems such as inadequate transportation to the polls. Effective January 1995, however, 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 Aid to Families with Dependent Children (AFDC), Food Stamps, Medicaid, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and disability services. By 1996, the NVRA successfully enrolled or updated voting addresses for over eleven million people including 1.3 million

through public assistance agencies (HumanSERVE, 1996). Under the new welfare system, applicants for TANF and related programs will continue to have the opportunity to register to vote when seeking welfare benefits. Still, nearly 24 million eligible women remain unregistered in the United States, and over 1.2 million of them live in Pennsylvania. Finally, states need to recognize that without transportation and expanded numbers of accessible places for both registration and voting, people with disabilities will continue to be unable to exercise their right to vote.

Elected Officials

Although women constitute a minority of elected officials at both the national and state levels, their presence has grown steadily over the years. As more women hold office, women's issues are also becoming more prominent in legislative agendas (Thomas, 1994). Nine women serve in the 1997-98 U.S. Senate (105th Congress). Women also fill 53 of the 435 seats in the 105th U.S. House of Representatives (not including Eleanor Holmes Norton, the non-voting delegate from the District of Columbia, and Donna Christian-Green, the non-voting delegate from the Virgin Islands).

In Pennsylvania, there are currently no women serving as senator or occupying any of the possible 21 representative seats in the U.S. Congress—this rate of zero contrasts markedly with the national average of 11.6 percent. In the Pennsylvania state legislature, women fill 12.3 percent of seats, substantially less than the U.S. average of 21.6 percent. Fifty-one or 22 percent of the 234 County Commissioners or County Council members in Pennsylvania are women (data not shown; Commonwealth of Pennsylvania, 1997). Pennsylvania is one of 10

states with a woman serving as State Treasurer (see Table 3). Women also constitute 25.9 percent of public appointees in Pennsylvania (data not shown; Center for Women in Government, 1997).

Institutional Resources

Women's institutional resources can play an important role in providing information about women's issues and attracting the attention of policy makers and the public. They can

Table 3.
Women in Elected Office in Pennsylvania and the United States, 1998

	Pennsylvania	United States
Number of Women in Statewide Executive Elected Office	1*	82
Number of Women in the U.S. Congress		
U.S. Senate	0 of 2	9 of 100
U.S. House	0 of 21	53 of 435 [†]
Percent of State Legislators Who Are Women	12.3%	21.6%

* State Treasurer.

† Does not include delegates from the District of Columbia or the Virgin Islands.

Source: CAWP, 1998a, 1998b, 1998c, 1998d.

Compiled by the Institute for Women's Policy Research.

also serve as an access point for women and women's groups to express their interests to public officials. Thus such institutions can ensure that women's issues remain on the political agenda. Pennsylvania has a governor-appointed commission on the status of women, the Pennsylvania Commission for Women, but lacks a women's state agenda project—a non-governmental, state-based coalition group that addresses a broad range of issues concerning women (see Table 4). Pennsylvania does have a variety of women's organizations and activity around women's issues, including the Coalition for the Welfare of Women and Children, Pennsylvanians for Choice, Pennsylvania Coalition Against Domestic Violence, and the Pennsylvania Coalition Against Rape. These groups direct activity

	Yes	No
Does Pennsylvania Have a . . .		
• Commission on the Status of Women? ^a	✓	
• Women's State Agenda Project? ^b		✓
• Legislative Caucus in the State Legislature? ^c House? Senate?	✓	
<p><i>Source:</i> ^a <i>National Association of Women's Commissions, 1997;</i> ^b <i>Center for Policy Alternatives, 1995;</i> ^c <i>CAWP, 1998e.</i></p> <p>Compiled by the Institute for Women's Policy Research.</p>		

at certain types of issues important to women. Women's state agenda projects are not directed at one type of issue and, as a broad coalition, can help increase the visibility of women's activism and provide resources like networking and support. Women members of the legislature have also organized a caucus addressing women's issues in the state legislature.

Employment and Earnings

Earnings are the largest component of income for most families. Thus, earnings and economic well-being are closely linked. The topics addressed in this section include women's earnings, the female/male earnings ratio, women's earnings by educational attainment, labor force participation, unemployment rates, and the industries and occupations in which women work.

Families must often rely on women's earnings to remain out of poverty (Cancian, Danziger, and Gottschalk, 1993; Spalter-Roth, et al., 1990). 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 have 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 the husband's and wife's earnings to survive, more women head their own households, and more women entered the labor force.

Although women in Pennsylvania rank 15th of all the states in their median annual earnings and 25th in their ratio of women's to men's earnings, they rank below the middle on other measures of employment and earnings. On the national level, women in Pennsylvania rank 33rd in the percentage of women working in managerial and

professional occupations and 47th in labor force participation (see Chart IV). At the regional level, Pennsylvania ranks in the middle of the Middle Atlantic region in the earnings ratio and in women's labor force participation, and last in women's median annual earnings and in women working in managerial and professional occupations.

Women's Earnings

Pennsylvania women working full-time, year-round have similar median annual earnings to women in the United States as a whole (\$25,500 and \$24,900, respectively; see Figure 1. See Appendix I for the methodology used by IWPR to develop the earnings data). However, median annual earnings for men in Pennsylvania are higher than for the United States as a whole (\$35,700 and \$34,400, respectively), and the state ranked 15th highest in median annual earnings for women, just above Vermont and Hawaii. High earnings levels in Pennsylvania may overstate differences between workers' living standards in Pennsylvania and other states because the high earnings may be partially offset by higher costs of living (cost-of-living data are not available by state, however, so no adjustments were made to state earnings data). Alaska's

Chart IV.
Employment and Earnings: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 3)
Composite Employment and Earnings Index	28	3
• Women's Median Annual Earnings (for full-time, year-round workers aged 16 and older, 1995) ^a	15	3
• Ratio of Women's to Men's Earnings (median yearly earnings of full-time, year-round women and men workers aged 16 and older, 1995) ^a	25	2
• 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, 1995) ^b	47	2
• Women in Managerial and Professional Occupations (percent of all employed women aged 16 and older in managerial or professional specialty occupations, 1995) ^b	33	3

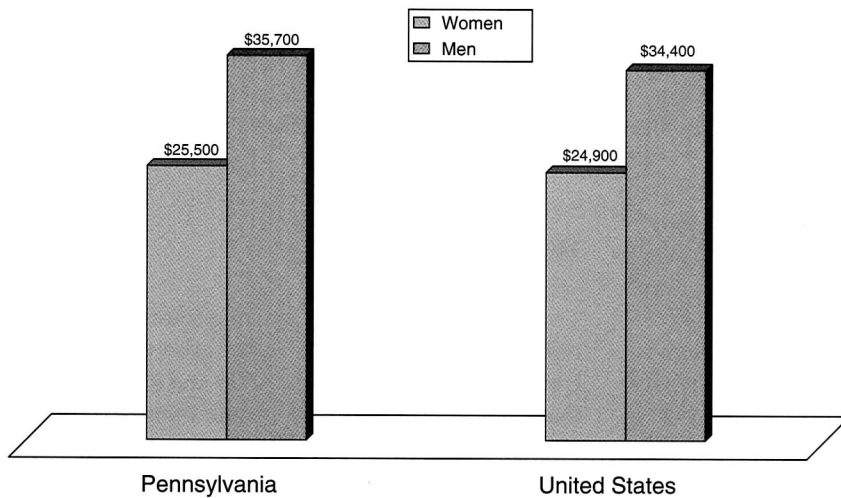
See Appendix I for methodology.

* The national rank is out of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of three and refer to the states in the Middle Atlantic Region (NJ, NY, PA). See Appendix V.

Source: ^a IWPR, 1998b; ^b U.S. Department of Labor, Bureau of Labor Statistics, 1997a.

Calculated by the Institute for Women's Policy Research.

Figure 1.
Median Annual Earnings of Women and Men
Employed Full-Time/Year-Round in Pennsylvania
and the United States, 1995 (1997 Dollars)



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

Source: IWPR, 1998b.

Calculated by the Institute for Women's Policy Research.

women rank the highest at \$31,400, but they fall well below men in Pennsylvania and the nation. While Pennsylvania ranks the lowest in its region for women's median annual earnings, the state experienced a much faster increase in women's earnings between 1989 and 1995 compared to New Jersey and New York with a 9.2 percent rate of growth, compared to declining earnings in the other two Middle Atlantic states (data not shown; all growth rates are calculated for earnings that have been adjusted to remove the effects of inflation).

Unfortunately, the data set on which these state-level women's earnings estimates is based does not provide enough cases to reliably estimate earnings separately for women of different races and ethnicities. National data show, however, that in 1996, the median annual earnings of African American women were \$21,470, and those of Hispanic women were \$18,670, substantially below that of non-Hispanic white women, who earned \$24,890. The earnings of Asian American women were the highest of all groups at \$25,560 (median earnings of full-time, year-round women workers aged 15 years or older; U.S. Department of Commerce, Bureau of the Census, 1998c). Earnings for Native American women are not available between decennial Census years, but in 1989, earnings for year-round, full-time workers were only 84% of white women's earnings (U.S. Department of Commerce, Bureau of the Census, 1990). In addition, in a 1994-95 national survey by the Census Bureau, data show that the

median monthly income of women with disabilities is \$1,400 compared with \$1,750 for women with no disability (for female full-time workers 21 to 64 years of age; U.S. Department of Commerce, Bureau of the Census, 1995a).

The Wage Gap

The Wage Gap and Women's Relative Earnings

According to IWPR's calculations based upon three years of pooled data, the ratio of the median earnings of women to those of men in the United States for full-time, year-round workers in 1995 was 72.3 percent. In other words, women were earning about 72 cents for every dollar earned by their male

counterparts. At the same time, women in Pennsylvania were earning about 71.2 percent of what men in Pennsylvania were earning. Therefore, compared with the earnings ratio for the nation as whole, Pennsylvania women experience slightly less earnings equality with men (see Figure 2). Pennsylvania ranks 25th in the nation, along with Minnesota, in terms of the ratio between women's to men's earnings for full-time, year-round work. The District of Columbia has the highest earnings ratio at 87.5 percent. Compared with the other states in the Middle Atlantic region, Pennsylvania ranks second. New York ranks first with a 74.4 percent wage ratio, and New Jersey ranks third with a 67.9 percent wage ratio. Yet the wage gap remains large in Pennsylvania and elsewhere in the nation.

Narrowing the Wage Gap

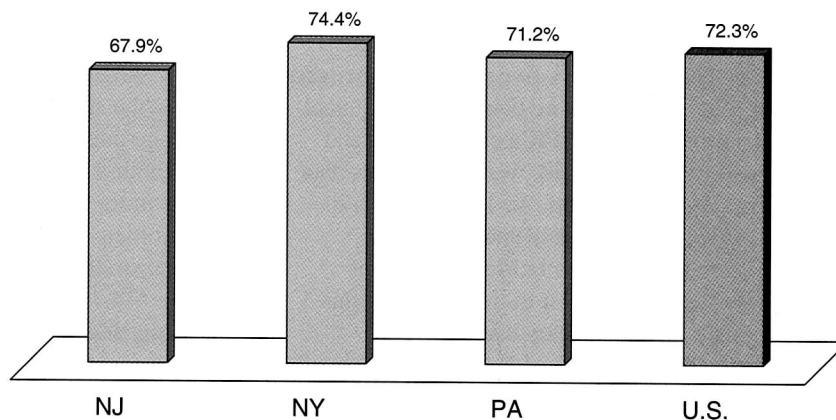
Throughout the 1960s and 1970s, the ratio of women's earnings to men's in the United States remained fairly constant at around 60 percent. During the 1980s, however, women made progress in narrowing the gap between men's earnings and their own. Women increased their educational attainment and their time in the labor market and entered better paying occupations in large numbers, partly because of equal opportunity laws. At the same time, however, adverse economic trends such as declining wages in the low-wage sector of the labor market began to make it more difficult to close the gap, since women still tend to be concentrated at the low end of

the earnings distribution. Had women not increased their relative skill levels and work experience as much as they did during the 1980s, those adverse trends might have led to a widening of the gap rather than the significant narrowing that did occur (Blau and Kahn, 1994).

One factor that most likely 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; 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, et al., 1993a).

Unfortunately, part of the narrowing that did occur was due to a fall in men's real wages. According to research done by IWPR, only about one-third (36 percent) of the narrowing of the national female/male earnings gap between 1979 and 1997 is due to women's rising real wages, while about two-thirds (64 percent) is due to men's falling real wages. More disturbing is the slowdown in real wage growth for women during the later portion of this period. From 1989 to 1997 almost all of the narrowing of the gap was due to the fall in men's real wages (Institute for Women's Policy Research, 1998).

Figure 2.
Ratio of Women's to Men's Full-Time/Year-Round Median Annual Earnings in States in the Middle Atlantic Region and the United States, 1995

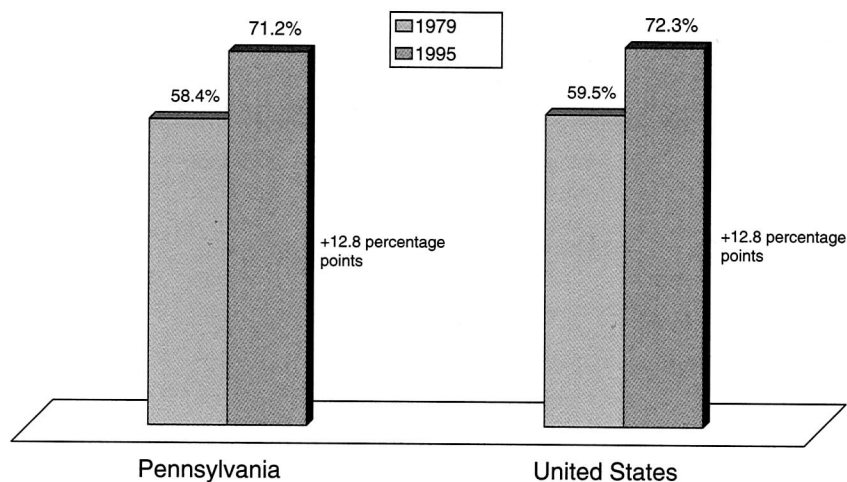


For women and men aged 16 and older. See Appendix I for methodology.

Source: IWPR, 1998b.

Calculated by the Institute for Women's Policy Research.

Figure 3.
Change in the Wage Ratio between 1979 and 1995 in Pennsylvania and the United States



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

Source: IWPR, 1995a, 1998b.

Calculated by the Institute for Women's Policy Research.

Pennsylvania stayed in pace with the United States as a whole in increasing women's annual earnings relative to men's between 1979 and 1995 (see Figure 3). In Pennsylvania as well as the United States, the annual earnings ratio increased by about 12.8 percentage points.

The Bureau of Labor Statistics (BLS) also releases weekly earnings information. Unlike annual earnings data, the weekly data do not include earnings from self-employed workers, approximately five percent of the labor force. Thus, because they are more complete, the annual earnings statistics are used in IWPR's employment and earnings composite indicator. Still, weekly earnings data provide an interesting comparison. In 1997, women in Pennsylvania earned 71.8 percent of men's weekly earnings for full-time work. This ratio indicates that Pennsylvania ranks quite low, 41st in the nation, in this ratio of female-male median weekly earnings, and substantially lower than its 25th ranking based on annual earnings. The major difference appears to be that whereas men's yearly earnings were only slightly higher than the national median, their weekly earnings were considerably above the median. Women's weekly earnings were thus being compared with relatively higher men's earnings than in the yearly comparison. This may indicate that men's higher weekly earnings are often not sustained over the entire year. According to this weekly data series, the District of Columbia ranked first in the ratio of women's to men's weekly earnings at 97.1 percent (Council of Economic Advisors, 1998).

Earnings and Earnings Ratios by Educational Levels

Between 1979 and 1995, women of all educational levels in Pennsylvania saw an increase in their median

annual earnings as well as in their earnings relative to men. In general, women with higher levels of education saw their annual earnings increase more than women with less educational attainment. As Table 5 shows, increases ranged from about 2.9 percent in constant dollars for women with less than a 12th grade education to 23.9 percent for those with college education. Women's relative earnings (as measured by the female/male earnings ratio) increased for all groups. However, the most educated women, those with more than a college education, saw the smallest increase in the wage ratio (3.9 percentage points), in contrast to the large increase for women with a college education (23.3 percentage points). What is more striking about the data in Table 5 is that those women with less than a high school diploma, despite a small earnings increase, saw the largest increase (24.7 percentage points) in the earnings ratio, indicating that men's earnings at that educational level fell even more.

The low earnings of women with less education make it especially important that all women have the opportunity to increase their education. For example, many welfare recipients lack a high school diploma or education beyond high school, yet in many cases they are being encouraged or required to leave the welfare rolls in favor of employment. These single mothers may be consigned to a life time of low earnings if they are not allowed the opportunity to complete high school and acquire a few years of education beyond high school (Institute for Women's Policy Research, 1997). As Table 5 shows, women with some college education and who have completed college or have post-graduate training have much higher earnings than those with less education.

Table 5.
Women's Earnings and the Earnings Ratio in Pennsylvania by Educational Attainment, 1979 and 1995 (1997 Dollars)

Educational Attainment	Women's Median Annual Earnings, 1995^a	Percent Growth in Real Earnings, 1979^b and 1995^a	Female/Male Earnings Ratio, 1995^a	Percent Change in Earnings Ratio, 1979^b and 1995^a
Less than 12th Grade	\$18,519	+2.9	72.0%	+24.7
High School Only	\$22,116	+7.2	70.4%	+19.8
Some College	\$26,750	+9.0	75.6%	+16.8
College	\$35,739	+23.9	77.2%	+23.3
College Plus	\$44,240	+22.5	69.0%	+3.9

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

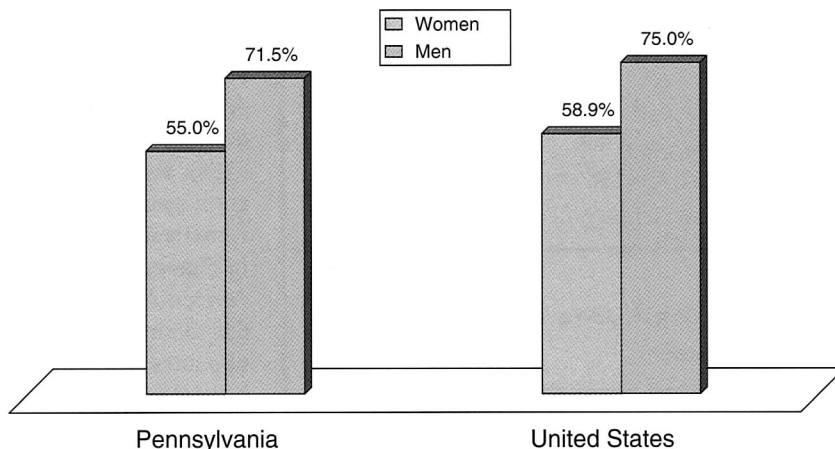
Source: ^a IWPR, 1998b; ^b IWPR, 1995a.

Calculated by the Institute for Women's Policy Research.

Labor Force Participation

One of the most notable changes in the U.S. economy over the past several decades has been the rapid rise in women's participation in the labor force. Between 1965 and 1995, women's labor force participation (the proportion of the civilian non-institutional population aged 16 and older who are employed or looking for work) increased from 39 to 59 percent (U.S. Department of Labor, Bureau of Labor Statistics, 1997a).

Figure 4.
Percent of Women and Men in the Labor Force
in Pennsylvania and the United States, 1995



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

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1997a, Table 12.

Compiled by the Institute for Women's Policy Research.

women in Pennsylvania was 5.7 percent, compared with the nation's 5.6 percent female unemployment rate (see Figure 5). Pennsylvania's unemployment rate for men is higher than the national average of 5.6 percent.

During the early 1980s Pennsylvania experienced much greater than average unemployment rates, but since that time Pennsylvania's unemployment rates have been close to the national average. Over the whole decade of the 1980s, personal income per capita in Pennsylvania grew slightly faster than it did for the nation (18.2 percent versus 16.9 percent; see Table 6). Personal income per capita in

Women now make up nearly half or 46 percent of the U.S. labor force for full-time and part-time combined. According to projections by the Bureau of Labor Statistics, women's share of the labor force will continue to increase, growing from 46 to 48 percent between 1995 and 2005 (U.S. Department of Labor, Bureau of Labor Statistics, 1995a).

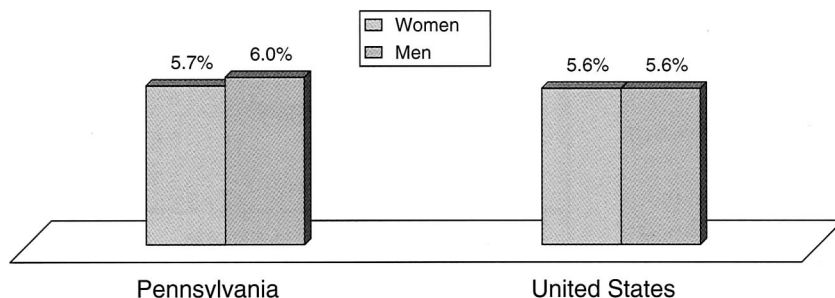
Pennsylvania also grew slightly faster from 1990 to 1996 than it did in the nation; the growth rate in Pennsylvania was 0.6 percentage points faster than that of the nation. Low unemployment and high growth in personal income per capita are two indicators of a strong economy.

In 1995, 55.0 percent of women in Pennsylvania were in the labor force, compared with 58.9 percent of women in the United States. Men's labor force participation rate of 71.5 percent in Pennsylvania was also lower than the rate of 75 percent for men in the United States as a whole (see Figure 4).

Unemployment and Personal Income Per Capita

In Pennsylvania, a similar percentage of workers are unemployed as compared to the nation as a whole. In 1995, the unemployment rate for

Figure 5.
Unemployment Rates for Women and Men
in Pennsylvania and the United States, 1995



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

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1997a.

Compiled by the Institute for Women's Policy Research.

Table 6.
Personal Income Per Capita for Both Men and Women
in Pennsylvania and the United States, 1996

	Pennsylvania	United States
Personal Income Per Capita, 1996	\$25,234	\$24,787
Personal Income Per Capita, Percent Change*		
Between 1990 and 1996	+5.8	+5.2
Between 1980 and 1990	+18.2	+16.9
Between 1980 and 1996	+22.9	+21.2

* In constant dollars.

Source: U.S. Department of Commerce, Bureau of the Census, 1997e, Table 706.

Calculated by the Institute for Women's Policy Research.

Part-Time and Full-Time Work

Along with similar levels of unemployment in Pennsylvania, the percentage of women in the labor force who are "involuntary" part-time employees—that is, they would prefer full-time work were it available—is only slightly higher than the United States (3.6 percent and 3.0 percent, respectively; see Table 7).¹ This is expected since involuntary part-time work has been shown to be highly correlated with unemployment rates (Blank, 1990). Pennsylvania also has a larger proportion of its female labor force working part-time voluntarily. Because, as Table 7 illustrates, Pennsylvania has a greater percentage of its female labor force working part-time, a smaller percentage of the female labor force in Pennsylvania is employed full-time compared with the national average (64.6 percent and 68.5 percent, respectively).

Labor Force Participation of Women by Race/Ethnicity

In 1995, women in Pennsylvania had a lower average labor force participation rate than women in the United States. According to U.S. Census Bureau data for 1995, over 55.0 percent of women in Pennsylvania aged 16 and

older were in the labor force regardless of race. White women's labor force participation rate was lower in Pennsylvania than in the United States (55.5 percent compared with 59.0 percent, see Table 8). African American women historically have had a higher average labor force participation rate than white and Hispanic women. In Pennsylvania, however, African American women had labor force participation rates that were 3.9 percentage points lower than white women (see

Table 8). Hispanic women traditionally have the lowest average participation rate among women. In the United States only 52.6 percent of Hispanic women were in the labor force (in 1995); in Pennsylvania 50.4 percent were in the labor force. Data for Asian American women were not available for 1995; however, in 1990, Asian-American women had the highest participation rate, 60.2 percent, of women in the United States. The national average labor

Table 7.
Full-Time, Part-Time and Unemployment Rates for Women
and Men in Pennsylvania and the United States, 1995

	Pennsylvania		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	2,646,000	3,192,000	60,944,000	71,360,000
Percent Employed Full-Time	64.6	83.9	68.5	84.0
Percent Employed Part-Time*	29.7	10.2	25.9	10.4
Percent Voluntary Part-Time	24.0	7.6	21.0	7.9
Percent Involuntary Part-Time	3.6	1.9	3.0	2.0
Percent Unemployed	5.7	6.0	5.6	5.6

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, 1997, Tables 12 and 13.

Calculated by the Institute for Women's Policy Research.

Table 8.
Labor Force Participation of Women in Pennsylvania and the United States by Race/Ethnicity, 1995

Race/Ethnicity	Pennsylvania		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Races	2,646,000	55.0	60,944,000	58.9
White*	2,371,000	55.5	50,804,000	59.0
African American*	235,000	51.6	7,634,000	59.5
Hispanic†	41,000	50.4	4,891,000	52.6
Asian American/ Other**	N/A	N/A	N/A	N/A

For women aged 16 and older.

* Non-Hispanic.

† Hispanics may be of any race.

** Data are unavailable for 1995; however, in 1990, Asian American women had the highest participation rate (60.2 percent) of women in the United States (Population Reference Bureau, 1993).

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1997, Table 12.

Compiled by the Institute for Women's Policy Research.

level of labor force participation also occurs between the ages of 35 and 44, with 74.3 percent of women in the labor force. Young women in their teens (16-19) are much less likely to participate in the labor market than any other age group except the pre-retirement and retired cohorts. In Pennsylvania only 55.5 percent of teenage women reported being in the labor force, higher than the reported 52.2 percent for female teens in United States as a whole.

Women who are nearing retirement age are much less likely to work than younger women. This is reflected in the participation rates of women aged 55 to 64, where in Pennsylvania only 44.9 percent

force participation rate for Native American women was 55.4 percent in 1990 (Population Reference Bureau, 1993).

Labor Force Participation of Women by Age

Labor force participation varies across the life cycle, with the highest participation occurring between the ages of 25 and 44, which are also generally considered the prime earning years. Table 9 shows the changing relationship between labor force participation and age for women in Pennsylvania and in the United States as a whole. Before age 25, women in Pennsylvania have higher labor force participation than their U.S. counterparts, but starting at ages 25-34, their participation falls below the national average. Nationally, the highest labor force participation of women occurs between the ages of 35 and 44, with 77.2 percent of these women working. In Pennsylvania, the highest

(and in the United States 48.2 percent) of these women reported being in the labor force. Women aged 65 and older experience the lowest participation rates in both Pennsylvania and the United States as a whole (7.7 percent in Pennsylvania and 8.8 in the United States).

Table 9.
Labor Force Participation of Women in Pennsylvania and the United States by Age, 1995

Age Groups	Pennsylvania		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Ages	2,646,000	55.0	60,944,000	58.9
Aged 16-19	167,000	55.5	3,729,000	52.2
Aged 20-24	274,000	72.3	6,349,000	70.3
Aged 25-34	638,000	72.4	15,528,000	74.9
Aged 35-44	689,000	74.3	16,562,000	77.2
Aged 45-54	556,000	72.8	11,801,000	74.4
Aged 55-64	245,000	44.9	5,356,000	48.2
Over 65	78,000	7.7	1,618,000	8.8

For women aged 16 and older.

Source: IWPR, 1998b

Calculated by the Institute for Women's Policy Research.

Labor Force Participation of Women with Children

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In 1995, 55 percent of women with children under age one were in the labor force compared with 31 percent in 1976 (U.S. Department of Commerce, Bureau of the Census, 1997f).

In general, the labor force participation rate for women with children in the United States tends to be higher than the rate for all women. This is partially explained by the fact that the overall labor force participation rate is for all women aged 16 and older; thus, both teenagers and retirement age women are included in the statistics even though they have much lower labor force participation. Mothers, in contrast, tend to be in the age groups with higher labor force participation. This is also true in Pennsylvania, with 65.5 percent of women with children under age 18 in the labor force compared with 55.0 percent of all women in Pennsylvania (see Tables 9 and 10). Nevertheless, women with children are less likely to engage in labor market activity in Pennsylvania than are mothers in the United States as a whole (see Table 10).

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 include doing shift work to allow both parents to provide the care; having the child accompany the parent to work or working at home; using another family member (usually a sibling or grandparent) to provide care; using a babysitter in one's own home or in the babysitter's home; using a group child care center; or leaving the child unattended (U.S. Department of Commerce, Bureau of the Census, 1996e). As full-time work among women has grown so has the use of formal child care centers. Child care costs are a significant

barrier to employment for many women, and child care expenditures use up a large percentage of earnings, especially for lower-income mothers. For example, among single mothers with family incomes within 200 percent of the poverty level, child care costs for those who paid for child care amounted to 19 percent of the mother's earnings on average; among married mothers at the same income level, child care costs amounted to 30 percent of the mother's earnings on average (Institute for Women's Policy Research, 1996). Thus as more and 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.

Occupation and Industry

The distribution of women in Pennsylvania across occupations generally mirrors the distribution found in the United States as a whole. In both cases, technical, sales, and administrative support occupations provide over 40 percent of all jobs held by women (see Figure 6a). Women workers in Pennsylvania are more likely to be in technical, sales, and administrative support occupations than women in the United States as a whole (43.2 percent and 41.4 percent, respectively; see Figure 6a). Women in Pennsylvania are also slightly more likely to work in service occupations than women in the United States as a whole (18.3 percent versus 17.5 percent) and are also slightly more likely to work as operatives, fabricators, and laborers (7.9 percent versus 7.6 percent). On the other hand, women in Pennsylvania are less likely to work in managerial and professional specialty occupations than are women in the United States (27.6 percent versus 30.3 percent). This is significant because the "managerial and

professional" occupational category tends to pay the highest wages. Pennsylvania ranks 33rd of the 50 states and the District of Columbia for the proportion of its female labor force employed in professional and managerial occupations, and last of the three states in the Middle Atlantic region.

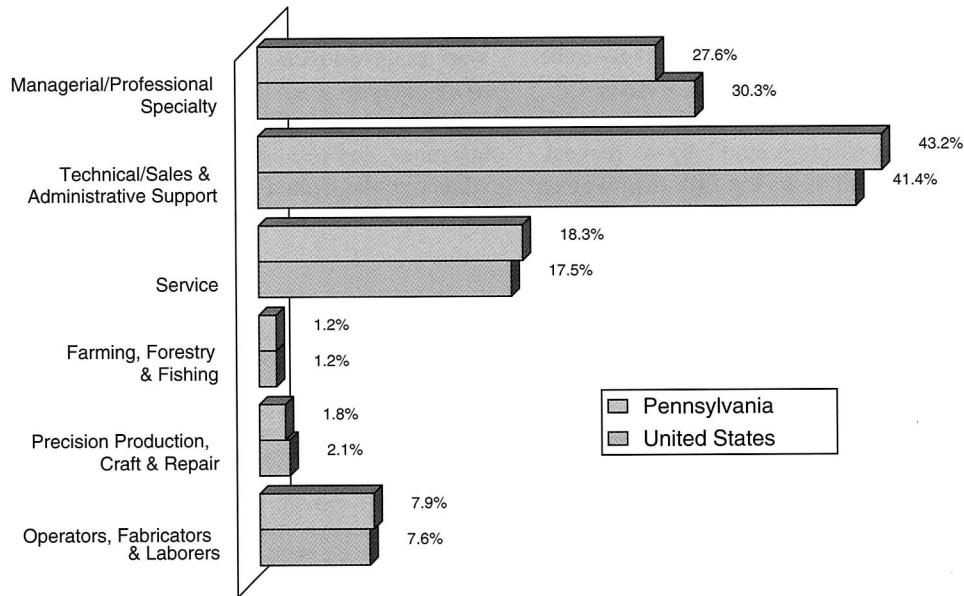
Therefore, women in Pennsylvania tend to work more in the lower wage occupations, but even when working in the higher paid occupations, such as

Table 10.
Labor Force Participation of Women with Children
in Pennsylvania and the United States, 1995

	Pennsylvania	United States
	Percent in Labor Force	Percent in Labor Force
Women with Children		
Under Age 18*	65.5	67.3
Under Age 6*	58.5	61.5

For women aged 16 and older.
* Children under age 6 are also included in children under 18.
Source: IWPR, 1998b.
Calculated by the Institute for Women's Policy Research.

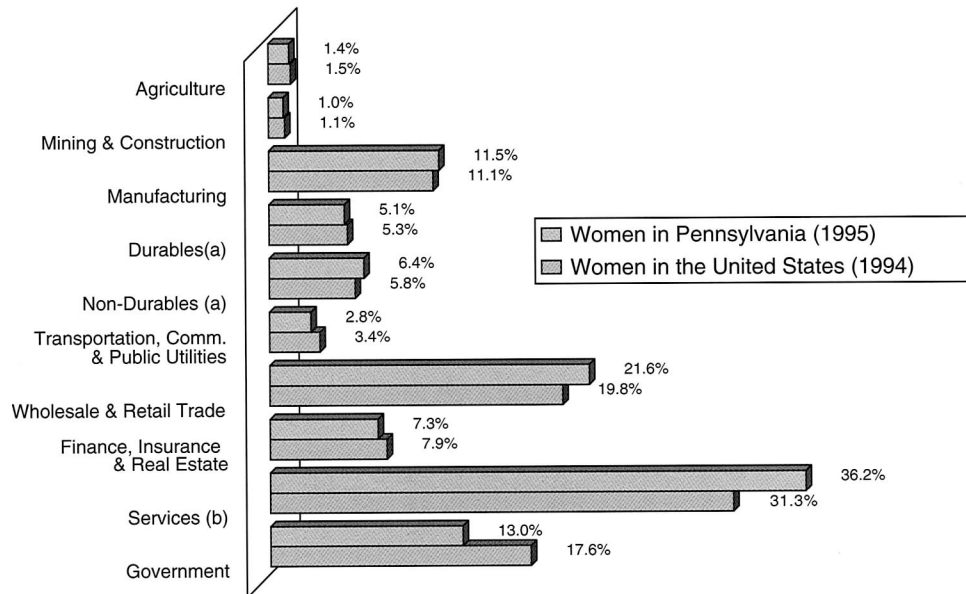
Figure 6a.
Distribution of Women Across Occupations
in Pennsylvania and the United States, 1995



For employed women aged 16 and older.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1997a, Table 15.

Figure 6b.
Distribution of Women Across Industries
in Pennsylvania and the United States



For employed women aged 16 and older.

Percentages 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, 1997a, Table 17; 1995b, Table 17.

managers, women earn substantially less than men. For example, in 1995, for the United States as a whole, Bureau of Labor Statistics data show that weekly earnings for women managers were only 68.4 percent of the earnings of men managers, well below the average female/male earnings ratio for all occupations. An IWPR (1995b) study also shows that women managers are unlikely to be among the top earners. Only one percent of women managers had earnings that placed them in the top ten percent of all managers by earnings, and only six percent had earnings that placed them in the top fifth (had women had equal access to top earning jobs, 10 percent of them would have earned in the top ten percent). A Catalyst (1996) study shows that only 1.9 percent (just 47) of the 2500 highest earning high level executives in the Fortune 500 companies were women.

Women's work in Pennsylvania diverges from women's work in the United States more by industry than by occupation (see Figure 6b). In Pennsylvania, 36.2 percent of all women were employed in the service industries (including business, professional and personnel services), considerably more than the 31.3 percent of all

working women in the United States. While 19.8 percent of employed women in the United States work in the wholesale and retail trade industries, 21.6 percent of the women in Pennsylvania work in these industries. Almost 18 percent of the nation's women work in government, while only 13.0 percent of the women in Pennsylvania work in government. Pennsylvania women are slightly more likely to work in the manufacturing (nondurables) industries, and slightly less likely to work in the finance, insurance, and real estate (F.I.R.E.) industry than are women in the United States.

1 Workers are considered involuntary part-time workers if they responded when interviewed that their reason for working part-time (fewer than 35 hours per week) was 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. Reasons for part-time work such as lack of child care are not considered involuntary by the U.S. Department of Labor, Bureau of Labor Statistics (1997b), 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.

Economic Autonomy

This section highlights the issues that allow women to act independently, exercise choice, and control their lives. It excludes labor force participation and earnings since these are measured in the previous section and clearly merit separate analysis.

Health insurance coverage, educational attainment, women's business ownership and women living above poverty were selected to measure economic autonomy. Access to health insurance plays a role in determining the overall quality of health care for women in a state and governs the extent of choice women have in selecting health care services. Educational attainment relates to economic autonomy in many ways: through labor force participation, hours of work, earnings, child-bearing decisions, and career advancement. Women who own their own businesses control many aspects of their working lives. Women in poverty unfortunately have limited choices: if they receive public income support, they must answer to their caseworkers; they do not have the economic means to travel freely; and they often do not have the skills and tools necessary to improve their economic situation.

Although Pennsylvania ranks in the top 15 states in women's health insurance coverage, and slightly above the middle of all states in the proportion of women living out of poverty, its lower rankings in educational attainment

and women's business ownership reduces the composite economic autonomy index to 36th among the states (see Chart V).

Access to Health Insurance

Women in Pennsylvania are more likely than women in the nation as a whole to have health insurance. In Pennsylvania, 9.7 percent of women, compared with 13.8 percent in the United States, are not insured (see Table 11). Among all the states, Pennsylvania ranks 11th in the number of women insured. On average, women and men in Pennsylvania rely on employer-based health insurance more than women and men in the United States as a whole (72.1 percent and 66.0 percent, respectively, for women; 73.1 percent and 66.2 percent, respectively, for men; see Table 11).

Education

In the United States, women have made steady progress toward achieving higher levels of education. Between 1980 and 1997, the percentage of women in the United States with a high school education or more increased by about a fifth, bringing women's high school achievement to a level slightly higher than men's (82.2

Chart V.
Economic Autonomy: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 3)
Composite Economic Autonomy Index	36	3
• Percent with Health Insurance (among nonelderly women, 1994–95) ^a	11	1
• Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990) ^b	34	3
• Women's Business Ownership (percent of all firms owned by women, 1992) ^c	49	3
• Percent of Women Above Poverty (percent of women living above the poverty threshold, 1995) ^d	23	2

See Appendix I for methodology.

* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of three and refer to the states in the Middle Atlantic Region (NJ, NY, PA). See Appendix V.

Source: ^a Liska et al., 1998; ^b Population Reference Bureau, 1993; ^c U.S. Department of Commerce, Bureau of the Census, 1996a; ^d IWPR, 1998b.

Calculated by the Institute for Women's Policy Research

Table 11.
Percent of Women and Men without Health Insurance
and with Different Sources of Health Insurance
in Pennsylvania and the United States, 1994-95

	Pennsylvania		United States	
	Women	Men	Women	Men
Number	5,139,000	5,057,000	114,857,000	113,867,000
Percent Uninsured	9.7	12.3	13.8	17.2
Percent with Employer-Based Health Insurance	72.1	73.1	66.0	66.2
Percent with Other Coverage	18.1	14.5	20.2	16.6

Women and men below age 65 (including those under 18).

Source: Liska et al., 1998.

Compiled by the Institute for Women's Policy Research.

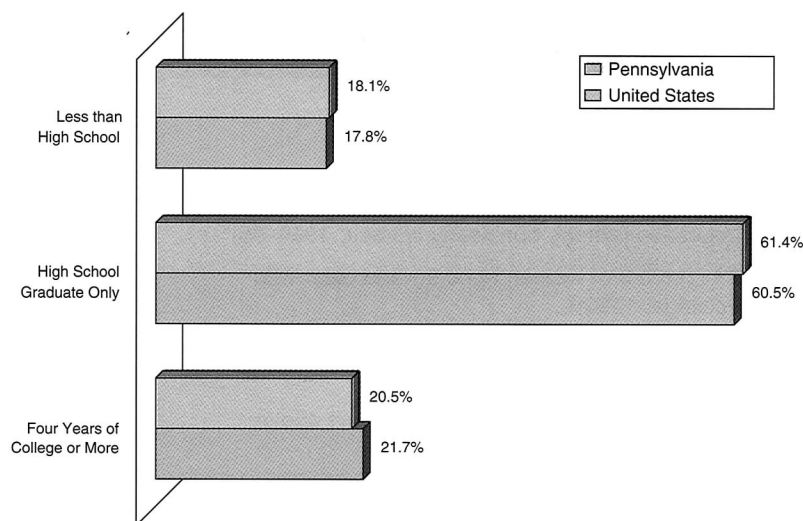
In general, women in Pennsylvania tend to have slightly less college experience than women in the nation. In 1997, about 20.5 percent of women in Pennsylvania had four years of college or more, compared with 21.7 percent of women in the United States as a whole (see Figure 7). The proportion of women older than 25 in Pennsylvania without high school diplomas was similar to that of women in the United States as a whole (18.1 percent and 17.8 percent, respectively).¹

percent of women and 82.0 percent of men in 1997). During the same period, the percentage of women with four or more years of college increased by three-fifths, from 13.6 percent in 1980 to 21.7 percent in 1997 (compared with 26.2 percent of men in 1997), narrowing the education gap (U.S. Department of Commerce, Bureau of the Census, 1998a and 1998d).

Women Business Owners and Self-Employment

Between 1987 and 1992, the number of women-owned businesses grew 35.9 percent in Pennsylvania, somewhat less than the 43.1 percent growth of women-owned businesses in the United States as a whole (for

Figure 7.
Educational Attainment of Women Aged 25 and Older
in Pennsylvania and the United States, 1997



Source: U.S. Department of Commerce, U.S. Bureau of the Census, 1998a.

Compiled by the Institute for Women's Policy Research.

purposes of comparability over time, these data exclude type C Corporations; for a definition of type C corporations, see Appendix 1). By 1992, women owned 227,500 firms in Pennsylvania (see Table 12). In Pennsylvania, 51.3 percent of women-owned firms were in the service industries, and the next highest proportion (21.5 percent) was in retail trade (see Figure 8). Table 12 illustrates that business receipts of women-owned businesses in Pennsylvania rose by 78.5 percent (in constant dollars) between 1987 and 1992. This growth is lower than the increase of 87.0 percent in business receipts for women-owned firms (but higher than the 34.9 percent increase for all firms, data not shown) in the United States during the same time period, also adjusted for inflation.

In 1992, the U.S. Bureau of the Census reported that women owned more than 6.4 million firms nationwide,

employing over 13 million persons and generating \$1.6 trillion in business revenues (unlike the figures in Table 12, these numbers include all women-owned businesses, including type C corporations; U.S. Department of Commerce, Bureau of the Census, 1996a). Projecting women's business growth rates from 1987 to 1992 forward and including type C corporations, the National Foundation for Women Business Owners (NFWBO)

Table 12.
Women-Owned Firms in Pennsylvania and the United States, 1992

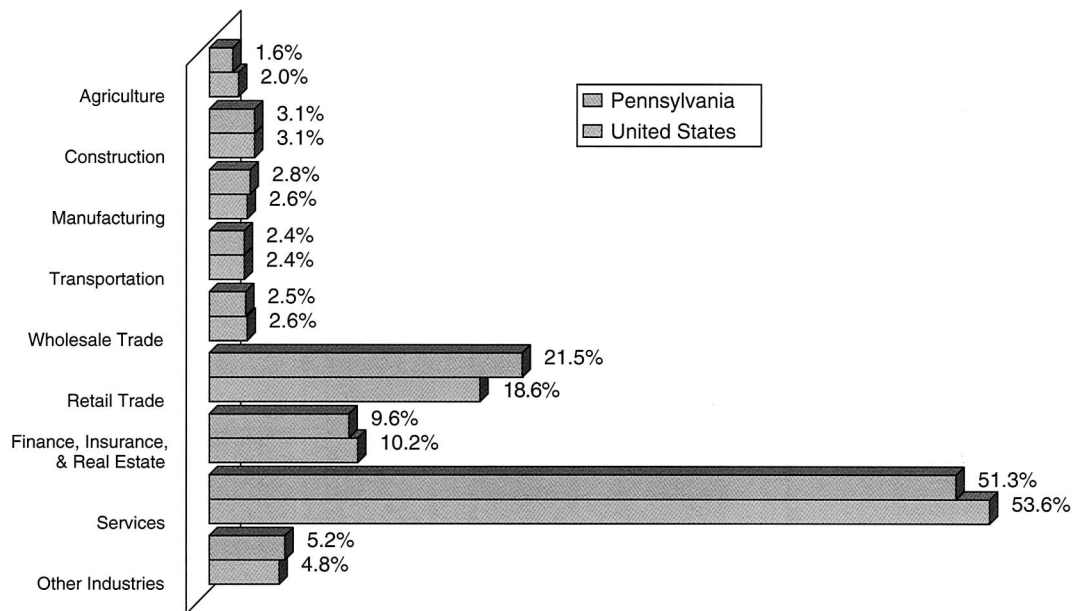
	Pennsylvania	United States
Number of Women-Owned Firms*	227,500	5,888,883
Percent of All Firms that are Women-Owned	31.2%	34.1%
Percent Increase, 1987-92	35.9%	43.1%
Total Sales & Receipts (in billions, 1992 dollars)	\$29.4	\$642.5
Percent Increase (in constant dollars), 1987-92	78.5%	87.0%
Number Employed by Women-Owned Firms	291,800	6,252,029

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

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

Compiled by the Institute for Women's Policy Research.

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



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

Compiled by the Institute for Women's Policy Research.

estimates the 1996 number of firms for Pennsylvania to be 300,000 of the eight million women-owned firms estimated for the United States as a whole (NFWBO, 1996).

Like women's business ownership, self-employment for women (one kind of business ownership) has also been rising over recent decades. In 1975, women represented one in every four self-employed workers in the United States, and in 1990, they were one in three. The decision to become self-employed is influenced by many factors. An IWPR study shows that self-employed women tend to be older and married, have no young children, and have higher levels of education than the average. They are also more likely to be covered by another person's health insurance (Spalter-Roth, et al., 1993b). Self-employed women are more likely to work part-time, with 42 percent of married self-employed women and 34 percent of non-married self-employed women working part-time (Devine, 1994).

Unfortunately, most self employment is not well paying for women, and about half of self employed women combine self-employment with another job, either a wage and salary job or a second type of self employment (for example, babysitting and catering). In 1986-87 in the United States as a whole, women who worked full-time, year-round at only one type of self employment had the lowest median hourly earnings of all full-time, year-round workers (\$3.75); those with two or more types of self-employment with full-time schedules earned somewhat more (\$4.41 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most (\$8.08 per hour at the median). Those who combined wage and salaried work with self employment had median earnings that ranged between these extremes. Many low-income women package earnings from many sources in an effort to raise their family incomes (Spalter-Roth and Hartmann, 1993). Some self employed workers are independent contractors; independent contracting is often viewed as a form of contingent work—temporary or on-call work that does not provide job security, fringe benefits or opportunity for advancement. Even when they work primarily for one client, independent contrac-

tors may be denied the fringe benefits, such as health insurance and employer-paid pension contributions, that wage and salaried workers employed by that same client firm receive. Indeed, the average self-employed woman who works full-time, year-round at just one type of self-employment has health insurance an average of only 1.7 months out of 12, while full-time wage and salaried women average 9.6 months (those who lack health insurance entirely were assigned a value of 0 and were included in the averages; Spalter-Roth et al., 1993b).

Fortunately, recent research finds that the rising earnings potential of women in self-employment compared to 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 move of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Women in Pennsylvania are less likely to be self-employed than women in the United States. In 1994, 5.2 percent of employed women in Pennsylvania were self-employed, compared with 6.1 percent of women nationwide (U.S. Department of Labor, Bureau of Labor Statistics, 1995b).

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

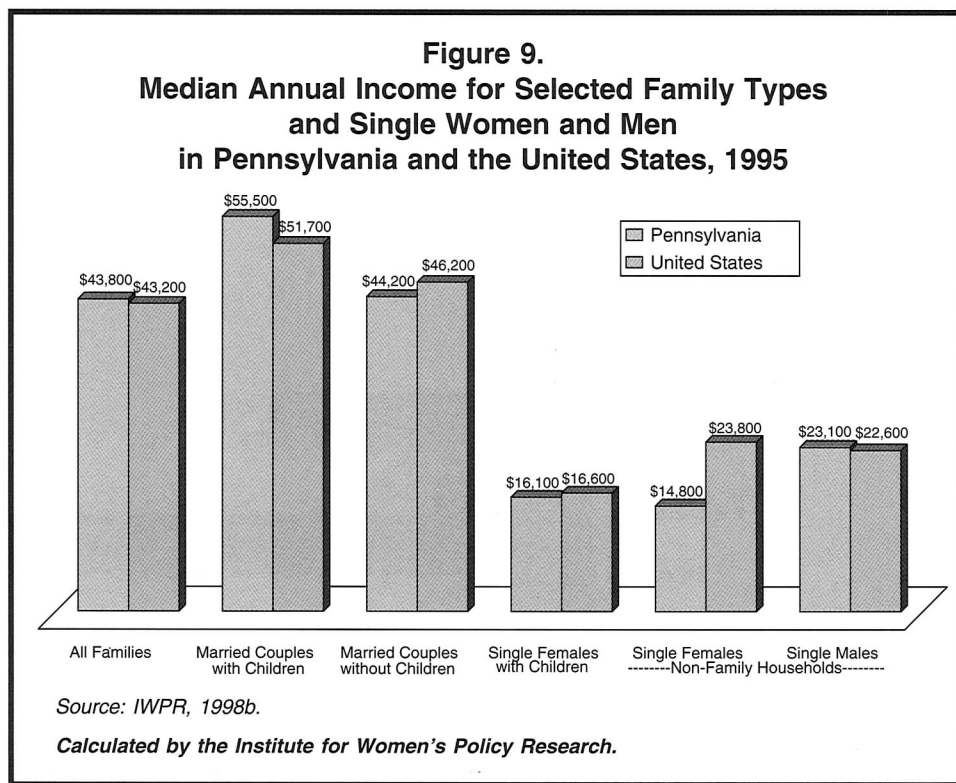
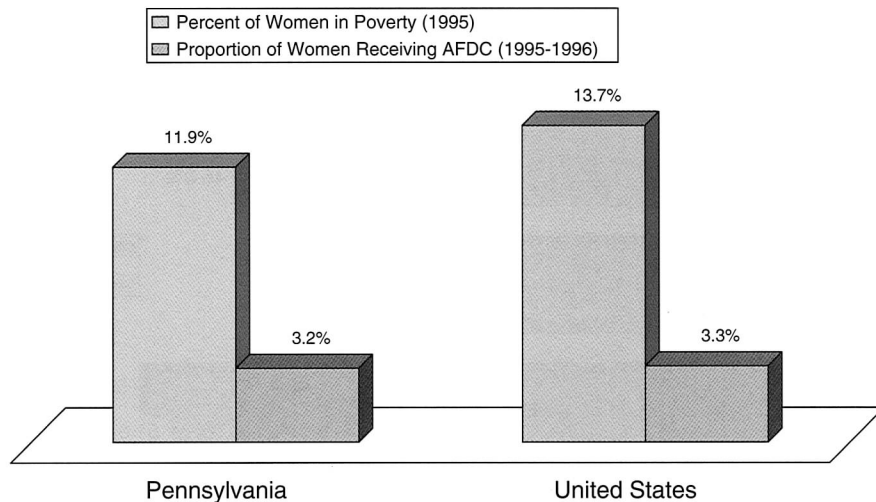


Figure 10.
Percent of Women in Poverty and Percent Receiving AFDC
Aged 18 and Older in Pennsylvania and the United States



Source: ^a IWPR 1998b; ^b U.S. Department of Health and Human Services, 1997, U.S. Department of Commerce, Bureau of the Census, 1997b.

Calculated by the Institute for Women's Policy Research.

Figure 10 also shows the proportion of adult women receiving AFDC (the form of welfare in place in 1996) for Pennsylvania and the nation, as a measure of how effective the state and national safety nets for poor women are. Obviously, the poverty of many women is not alleviated by welfare alone; many also receive food stamps or other forms of noncash benefits, but research shows that even counting the value of these noncash benefits many women remain poor (U.S. Department of Commerce, Bureau of the Census 1997d).

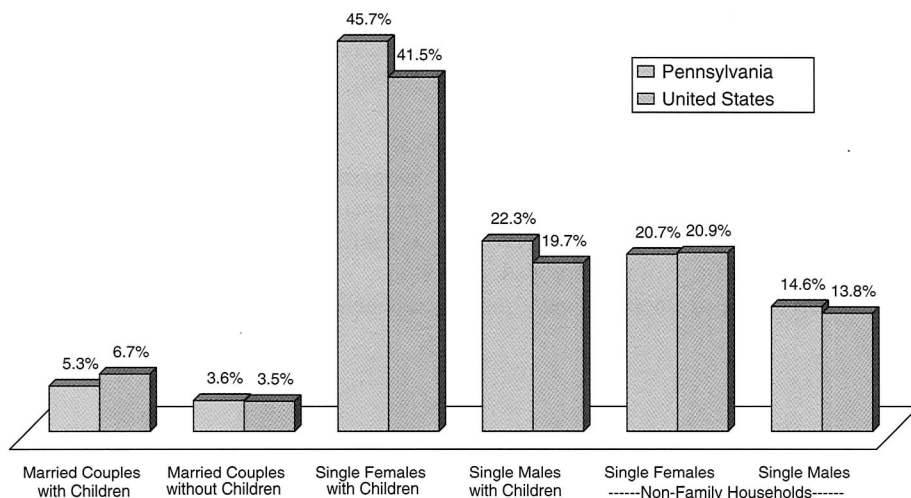
The proportion of women receiving AFDC in Pennsylvania is similar to the proportion of women

occupations impedes women's ability to ensure their families' financial security, particularly for single mothers. In the United States, the median family income for single-mother families was \$16,600 in 1995, while that for married couples with children was \$51,700 (see Figure 9). Figure 9 also shows that in Pennsylvania, family incomes of married couples with children were above the national median, while that of single females with children were slightly below the median. Single females who lived in non-family households had incomes much below the national average.

receiving AFDC in the United States (see Figure 10). Despite its lower overall rate of female poverty, the poverty rate for single mothers is 45.7 percent in Pennsylvania, higher than the nationwide rate of 41.5 percent and much higher than for any other family type (see Figure 11).

In 1995, the proportion of women in poverty in Pennsylvania was smaller than that of women in the United States, 11.9 percent and 13.7 percent, respectively (see Figure 10). Thus Pennsylvania ranks 23rd in the nation for women above poverty and second of the three states in its region.

Figure 11.
Poverty Rates for Selected Family Types and Single Men and Women in Pennsylvania and the United States, 1995



Source: IWPR, 1998b.

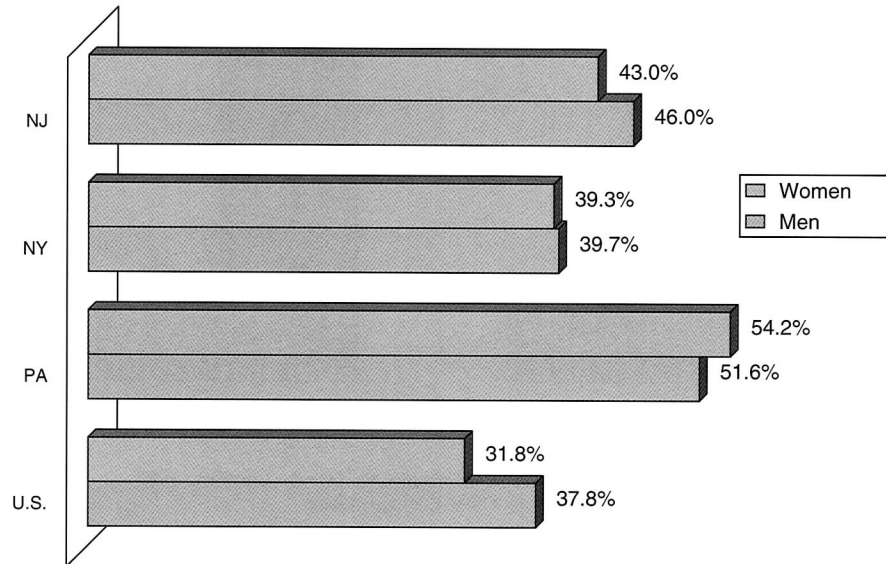
Calculated by the Institute for Women's Policy Research.

It is likely that even these high poverty rates among single mother families understate the degree of hardship among these families, especially among working mother families. While counting non-cash benefits would reduce their poverty rates, adding the cost of child care for working mothers (which was not included in family expenditures when the federal poverty thresholds were developed) would increase the calculated poverty rates, both in Pennsylvania and the nation (Renwick and Bergmann, 1993). Renwick and Bergmann found that 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. The net effect of

the under- and over-estimation of poverty for the different types of single parent families as measured by the official poverty lines for the nation was a significant underestimation. Renwick and Bergmann estimated a national poverty rate of 47 percent compared to an official estimate of 39 percent in 1989 (Renwick and Bergmann, 1993). Low income married couple families with working mothers would also be measured as experiencing higher poverty rates if childcare costs were included (Renwick 1993).

Pennsylvania does a better than average job of providing a safety net for employed women. The unemployment rate for women in Pennsylvania (5.7 percent) is similar to the national average of 5.6 percent (see Table 7). However, the percentage of unemployed women in Pennsylvania receiving unemployment insurance benefits

Figure 12.
Percent of Unemployed Women and Men
with Unemployment Insurance in the
Middle Atlantic Region and the United States, 1996



Source: U.S. Department of Labor, Employment and Training Administration, *Unemployment Insurance Service*, 1997.

Compiled by the Institute for Women's Policy Research.

is much higher than in the United State as a whole (see Figure 12). And the same is true for unemployed men in Pennsylvania—while the percentage of unemployed men is similar to the United States, the rate of unemployment insurance benefit receipt for men is much higher in Pennsylvania than nationwide. Pennsylvania is the only state in the Middle Atlantic region which has a higher rate of unemployment insurance benefit receipt for women than for men.

¹ For the larger states, including Pennsylvania, updated figures for 1997 are presented in Figure 7. However, for comparability across all the states, the rankings were based on the 1990 Census data on educational attainment; data shown in Appendix III.

Reproductive Rights

This section includes information on legislation relating to access to legal abortion, public funding for abortion, public funding for the treatment of infertility, the position of the governor and state legislature on reproductive choice, bills that would require health insurers to cover contraception, and the right of gay and lesbian couples to adopt children, among other factors related to reproductive rights.

While issues pertaining to reproductive rights and health can be controversial, national and international human rights documents identify them as integral to women's physical and mental well-being. The Platform for Action from the U.N. Fourth Conference on Women, which was adopted by consensus by 189 countries, including the United States, stresses that reproductive health includes the ability to have a safe, satisfying sex life, to reproduce, and to decide if, when, and how often to do so (U.N. Fourth World Conference on Women, 1995). The document also stresses that adolescent girls in particular need information and access to relevant services.

In the United States, reproductive rights as defined for federal law in the 1973 Supreme Court case *Roe v. Wade* include the legal right to abortion and also the ability to exercise that right. Legal issues relating to access to abortion include parental notification and mandatory waiting periods, as well as the availability of providers in each county in the state. The stances of the governor and state legislative bodies are also important, considering the serious efforts to overturn federal law. Economic issues relating to abortion include public funding for women who qualify. Moreover, abortion is not the only reproductive issue. Bills requiring health insurers to cover contraception, the right of gay and lesbian couples to adopt children, and public funding for infertility treatments all affect women's reproductive lives.

The reproductive rights composite index shows that Pennsylvania, which ranks last in its region and 35th in the nation, lacks many policies promoting the reproductive rights of women when compared to other states (see Chart VI, Panels A and B).

Mandatory notification laws require that minors notify one or both parents of the decision to have an abortion; consent laws require that minors gain the consent of one or both parents before a physician can perform the procedure. Of the 39 states with such laws on the books as of January 1998, 31 enforce their laws. Of these 31 states, 27 allow for a judicial bypass of notification 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. Four states provide for physician bypass of notification; three states allow for both judicial and physician bypass. Of the 31 states that enforce consent laws, only Idaho and Utah have no bypass procedure. As of January 1998, the Pennsylvania Abortion Control Act is enforced and requires minors to obtain consent from a parent or to obtain a court order prior to having an abortion (NARAL and NARAL Foundation, 1998).

Waiting-period legislation mandates that a physician cannot perform an abortion until a certain number of hours after the woman has been notified of her options in dealing with a pregnancy. The waiting periods range from one to 72 hours. The Pennsylvania Abortion Control Act was enacted in 1989 and set a nationwide standard for mandatory delays and other restrictions to abortion. The U.S. Supreme Court upheld the law in its 1992 *Planned Parenthood Southeast Pennsylvania v. Casey* decision. Subsequent to this ruling, 19 other states enacted mandatory waiting periods. As of January 1998, twelve of these states (with waiting periods ranging from one to 24 hours), including Pennsylvania, enforce their mandatory waiting period laws (NARAL and NARAL Foundation, 1998). In

Chart VI. Panel A Reproductive Rights: National and Regional Ranks		
	National Rank* (of 51)	Regional Rank* (of 3)
Composite Reproductive Rights Index	35	3
See Appendix I for methodology.		
* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of three and refer to the states in the Middle Atlantic Region (NJ, NY, PA). See Appendix V.		
Calculated by the Institute for Women's Policy Research.		

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

	Yes	No
• Does Pennsylvania allow access to abortion services without mandatory parental consent laws for minors? ^a		✓
• Does Pennsylvania allow access to abortion services without a waiting period? ^a		✓
• Does Pennsylvania provide public funding for abortions under any circumstances if a woman is eligible? ^a		✓
• What percent of counties in Pennsylvania have abortion providers? ^b	30.0%	
• Is Pennsylvania's state government pro-choice? ^a		
Governor	✓	
Senate		✓
Assembly		✓
• Does public funding cover infertility treatments? ^c		✓
• Does Pennsylvania require health insurers to provide coverage for contraceptives? ^d		✓
• Does Pennsylvania allow the non-biological parent in a gay/lesbian couple to adopt his/her partner's biological child? ^e	Yes; Lower Court	

Source: ^a NARAL Foundation, 1997, 1998; ^b Henshaw and Van Vort, 1994; ^c King and Meyer, 1996; ^d Planned Parenthood, 1998; ^e National Center for Lesbian Rights, 1998.

Compiled by the Institute for Women's Policy Research.

addition, Pennsylvania law requires that adult women and minor women and their parents listen to a state-mandated script and then wait the mandated 24 hours prior to having an abortion.

In some states, public funding for abortions is available only under limited health circumstances or when mandated by federal law: when the pregnancy results from reported rape or incest or when the pregnancy threatens the life of the woman. Fifteen states fund abortions in all or most circumstances. Pennsylvania does not provide public funding for abortions under any circumstances other than those required by the federal Medicaid law (NARAL and NARAL Foundation, 1998).

The percentage of counties with abortion providers includes all counties that have at least one abortion provider in 1992. This proportion ranges from two to 100 percent across the states. At 30 percent, Pennsylvania's proportion of counties falls in the upper half of all states (Henshaw and Van Vort, 1994).

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, IUD and diaphragms. About 38 percent of HMOs cover all five prescription methods (Gold and Daley, 1994). In Pennsylvania, 15 percent of traditional health plans and about 39 percent of the HMOs cover the

five most commonly used methods of birth control (NARAL-PA Foundation, 1998). The controversy over contraception coverage is leading lawmakers in 19 states to introduce bills that would require health insurers to cover contraception; Pennsylvania is not one of these states (Planned Parenthood, 1998). Maryland recently became the first state to pass a bill requiring contraception coverage. Six states, not including Pennsylvania, have provisions that require each insurance company to offer at least one insurance package that covers some or all birth control prescription methods. The U.S. Congress also had a similar bill pending in July 1998. Although insurance companies are not legally required to cover contraception in the states, Pennsylvania's Expanded Women's Medical Services and Social Services programs do support subsidized family planning services for women whose incomes are at or below 250% of the federal poverty level.

The National Abortion and Reproductive Rights Action League (NARAL) polled governors and members of state legislatures to determine whether they would support a criminal ban on abortion or restrictions making it more difficult for women to obtain abortions. These restrictions included, but were 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 to determine their positions on

abortion (NARAL and NARAL Foundation, 1997). For this study, governors and legislators who supported restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. In Pennsylvania, the governor is considered pro-choice, but a majority of members in the State Senate and State House of Representatives are considered anti-choice. It should be noted, however, that Pennsylvania's governor has a mixed record on reproductive rights issues. While he publicly states his support for some of the reproductive rights defined by *Roe v. Wade*, he has supported a number of policies that restrict access to abortion. For example, the Governor approved a state agency mailing of information about Planned Parenthood's non-abortion family planning services, but under his administration the Commonwealth of Pennsylvania filed an appeal in the U.S. Supreme Court that sought to deny women who were victims of rape or incest publicly funded abortions, unless the crime was first reported to law enforcement officials.

While increasing numbers of private health insurance plans cover infertility treatments, few states in the United States allow for infertility treatments under publicly funded health plans such as Medicaid. Pennsylvania does not provide publicly funded infertility treatments for the poor (King and Meyer, 1996).

Second parent adoption allows the non-biological parent of a gay or lesbian couple to adopt the biological child of his or her partner. In many states, courts or legislatures have supported or limited the right to second parent adoption. As of April 1998, lower courts have approved second parent adoption petitions in 19 states, intermediate appellate courts have done so in three states and the District of Columbia, and state supreme courts have explicitly permitted lesbians and gay men to adopt the children of their partners in three states. Legislation prohibits or substantially restricts such adoption in four states. In Pennsylvania, a lower court has approved second parent adoption petitions (National Center for Lesbian Rights, 1998).

Health and Vital Statistics

This section focuses on the quality of health of the population in Pennsylvania. Topics include fertility and infant health, the consumption of preventive health services, environmental and cancer risks, and Health Maintenance Organization (HMO) enrollment. Health is an important aspect of the economic status of women and a critical indicator to women's overall well-being. Illness can be costly and painful and can interrupt daily tasks people take for granted. The healthier the inhabitants of an area are, the better is their quality of life, and the more productive those inhabitants are likely to be.

As stated in the 1994 Policy Report of the Commonwealth Fund Commission on Women's Health, women and men face different health problems, even outside of reproductive differences. Women tend to see physicians more routinely, and they use preventive services at twice the rate men do. Women also suffer more from chronic illness and disabilities, are more likely to suffer from depression, and are prescribed more drugs by their physicians, but they live longer than men do (Commonwealth Fund, 1994). Women experience depression at about twice the rate that men do. Average life expectancy in the United States in 1996 was 79 years for women and 73 years for men. The median age for women at the time of their first marriage (1996) was 24.8 years and the median age at first birth (1994) was 23.8 years (U.S. Department of Commerce, Bureau of the Census, 1998b; Centers for Disease Control, 1997b).

As women, particularly mothers, have entered the labor force in record numbers, their health care needs have changed. Many studies have focused on the link between women's work and their health, and many have found a positive relationship between women's employment and better health. This research suggests the link may result both because work provides health benefits to women and because healthier women "self-select" to work (Hartmann, et al., 1996). For some women, such as those with difficult health problems or with disabilities, work presents more difficult challenges. As women's employment rates continue to rise, studies have increasingly looked at the extent and type of access women have to health insurance coverage. IWPR has found that about twelve million women of working age lack health insurance of any kind (Yoon, et al., 1994). Women in Pennsylvania are more likely than women nationally to have access to insurance through their employment (see Table 11).

Current trends in the United States reveal a decline in the birth rate for all women. In Pennsylvania, fertility rates are considerably lower than the national rates, while

infant mortality rates are virtually identical. Table 13 shows 57.8 live births per 1,000 women in Pennsylvania and 65.6 births per 1,000 women in the United States and 7.8 infant deaths per 1,000 births in Pennsylvania and 7.6 infant deaths per 1,000 in the United States. The percentage of white infants with low birth weights is also the same in Pennsylvania and the United States (6.2 in both). Traditionally, African American infants have much higher percentages of low birth weights than white infants, and this is also the case in Pennsylvania. The variances in infant mortality and low birth weight rates between racial and ethnic groups is likely due to socioeconomic differences between white and African American families, which can lead to less access to resources like adequate prenatal care. However, the low birth weight rate for African American infants is higher in Pennsylvania than in the United States as a whole (14.2 percent versus 13.1 percent). Births to teenage mothers accounted for a smaller proportion of all births in Pennsylvania (10.8 percent) than nationally (13.2 percent). Births to unmarried mothers in Pennsylvania accounted for a similar proportion of all births as they did nationally.

Pennsylvania also ranks about average on most preventive health care measures. Of women over age 40, 82.2 percent have had a mammogram, slightly higher than the median rate for all women in the United States. Likewise, of adult women, Pennsylvania women have approximately the same median rates of pap tests, blood pressure and cholesterol screenings, and proctoscopies as women across the nation. Finally, 78.0 percent of all young children in Pennsylvania have been vaccinated, slightly higher than the national rate. Pennsylvania also has a mastectomy stay law.

Measures of environmental and cancer risks are important when assessing the overall health of women in the states. In Pennsylvania, the percentage of women 45 to 54 years old who smoke is slightly higher than the national average (22.5 percent and 21.6 percent, respectively). Likewise, the average annual mortality rates due to breast and ovarian cancer in Pennsylvania are slightly higher than the average annual mortality rates for these same causes in the United States as a whole.

In recent years, the trend toward HMOs has grown, with national enrollment rising from 9.1 million in 1980 to 58.4 million at the end of 1996 (U.S. Department of Commerce, Bureau of the Census, 1997e). This major trend requires monitoring to ascertain how well the new arrangements meet the health care needs of women and their families. In addition, concerns have been raised

Table 13.
Health and Vital Statistics for Pennsylvania and the United States, 1996

	Pennsylvania	United States
Fertility and Infant Health		
• Fertility Rate in 1995 (live births per 1,000 women aged 15-44) ^a	57.8	65.6
• Infant Mortality Rate in 1995 (deaths of infants under age one per 1,000 live births) ^b	7.8	7.6
• Percent of Counties with at Least One Abortion Provider, 1992 ^c	30.0%	16.0%
• Percent of Low Birth Weight Babies (less than 5 lbs., 8 oz.), 1995 ^d		
Among Whites	6.2%	6.2%
Among African Americans	14.2%	13.1%
• Births to Teenage Women as a Percent of All Births, 1995 ^e	10.8%	13.2%
• Births to Unmarried Women as a Percent of All Births, 1995 ^d	32.4%	32.2%
Preventive Health Care		
• Percent of Women Who Have Ever Had a:		
Mammogram (Aged 40 and Older), 1995 ^f	82.2%	81.8%*
Pap Test (Aged 18 and Older), 1995 ^g	93.6%	93.6%*
• Percent of Women Aged 45-54 Who Have Been Screened for Blood Pressure in the Previous Two Years, 1993 ^h	95.4%	95.5%
• Percent of Women Aged 45-54 Who Have Been Screened for Cholesterol in the Previous Two Years, 1993 ^h	97.0%	97.1%
• Percent of Women Aged 45-54 Who Have Ever Had a Proctoscopy, 1993 ⁱ	24.4%	25.6%
• Vaccination Coverage of Children Aged 19-35 Months (estimated percentage of those receiving four doses of diphtheria and tetanus toxoids and pertussis vaccine, three doses of polio virus vaccine and one dose of measles-mumps-rubella vaccine), 1995 ^j	78.0%	75.0%
Environmental and Cancer Risks		
• Percent of Women Aged 45-54 Who Smoke, 1993 ^k	22.5%	21.6%
• Toxic Chemicals that Could Cause Birth Defects (pounds per person), 1992 ^l	40.1lbs	36.0 lbs
• Average Annual Mortality Rate (per 100,000) Due to:		
Female Breast Cancer, 1990-94 ^m	29.0	26.4
Cervical and Uterine Cancer, 1990-94 ^m	2.9	2.9
Ovarian Cancer, 1990-94 ^m	8.5	7.8
• Estimated Number of New Cases of Female Breast, Cervical and Uterine Cancers, 1997 ⁿ	14,030	229,600
Other		
• Does Pennsylvania have a mastectomy stay law? ^o	Yes	

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

Source: ^a Centers for Disease Control and Prevention, 1997b, Table 8; ^b Centers for Disease Control and Prevention, 1997a, Table 30; ^c Henshaw and Van Vort, 1994; ^d Centers for Disease Control and Prevention, 1997b, Table 16; ^e U.S. Department of Commerce, Bureau of the Census, 1997e, Table 98; ^f American Cancer Society, 1997b, Table III-B; ^g Centers for Disease Control and Prevention, 1997c, Table 13; ^h Costello et al., 1998, Table A-6; ⁱ Costello et al., 1998, Table A-9; ^j McCloskey, et al., 1996, p.226; ^k Costello et al., 1998, Table A-3; ^l McCloskey, et al., 1995, p.222; ^m National Cancer Institute, National Institutes of Health, 1997, Tables IV-10, V-7, XX-7; ⁿ American Cancer Society 1997a, p.5; ^o Miller, 1998.

Compiled by the Institute for Women's Policy Research.

about how well HMOs meet the needs of heavy medical users, such as the disabled or those with severe or long-term illnesses.

Similarly, there has been an increasing trend towards HMOs among Medicaid and Medicare beneficiaries, although the impact of managed-care systems on cost-effectiveness and quality of service for Medicare and Medicaid programs is still in question (Urban Institute, 1996; Jacobs Institute of Women's Health, 1996).

HMO membership varies dramatically across the states. HMOs tend to play a more important role in the states of California, Maryland, Massachusetts, and Oregon and are much less prevalent throughout the South (Liska et

al., 1998). The percentage of the population enrolled in HMOs is higher in Pennsylvania than in the nation as a whole (27.4 percent and 22.0 percent, respectively; see Table 14).

Table 14.
Percent of Total Population, Medicare and Medicaid Recipients Enrolled in Health Maintenance Organizations (HMOs) in Pennsylvania and the United States, 1996

	Pennsylvania	United States
Total Population^a	12,056,000	265,284,000
Percent of Total Population Enrolled in HMOs ^b	27.4	22.0
Percent of Total Population Receiving Medicare ^c	17.2	14.0
Percent of Medicare Recipients Enrolled in HMOs ^c	17.0	13.0
Percent of Total Population Receiving Medicaid ^c	10.2	13.4
Percent of Medicaid Recipients Enrolled in HMOs ^d	52.8	40.1

Source: ^a U.S. Department of Commerce, Bureau of the Census, 1997a; ^b McCloskey et al., 1996; ^c U.S. Department of Health and Human Services, Health Care Financing Administration, 1997, pp 110-113; ^d Lamphere et al., 1997.

Compiled by the Institute for Women's Policy Research.

Basic Demographics

This section includes different types of data on the population of Pennsylvania, such as statistics on age, the sex ratio, and the elderly female population; the distribution of women by race/ethnicity and family types; and information on women in prisons. The data present an image of the state's female population and can be used to provide insight on the topics covered in this report. For example, compared with the United States as a whole, Pennsylvania has a slightly larger proportion of women over age 65, a higher ratio of women to men, a similar

distribution of households by household type, and a slightly larger proportion of women living in urban areas, but is less diverse in terms of race and ethnicity. Demographic factors also have implications for the location of economic activity, the types of jobs that are available, the growth of markets, and the types of public services that are needed.

Pennsylvania has the fifth largest state population with over 6 million women residing in the state in

Table 15.
Basic Demographic Statistics for Pennsylvania and the United States

	Pennsylvania	United States
Total Population, 1996^a	12,056,112	265,283,783
• Number of Women, All Ages ^b	6,261,669	135,473,568
• Sex Ratio (women to men aged 18 and older) ^b	1.12:1	1.08:1
• Median Age of All Women ^b	38.4	35.8
• Proportion of Women Over Age 65 ^b	18.4%	14.7%
Distribution of Women by Race and Ethnicity, 1995, All Ages^c		
• White*	86.3%	73.0%
• African American*	9.9%	12.8%
• Hispanic [†]	2.2%	9.8%
• Asian American*	1.4%	3.6%
• Native American*	0.1%	0.8%
Distribution of Households by Type, 1990^d		
• Total Number of Family and Non-Family Households	4,483,049	91,770,958
• Married-Couple Families (with and without their own children)	56.8%	56.2%
• Female-Headed Families (with and without their own children)	10.9%	11.3%
• Male-Headed Families (with and without their own children)	3.0%	3.2%
• Non-Family Households: Single-Person Households	25.4%	24.4%
• Non-Family Households: Other	3.9%	4.9%
Proportion of Women Living in Metropolitan Areas, All Ages, 1990^e	89.9%	83.1%
Proportion of Women Who Are Foreign-Born, All Ages, 1990^f	3.2%	7.9%
Percent of Federal and State Prison Population Who Are Women, 1996^g	4.3%	6.3%

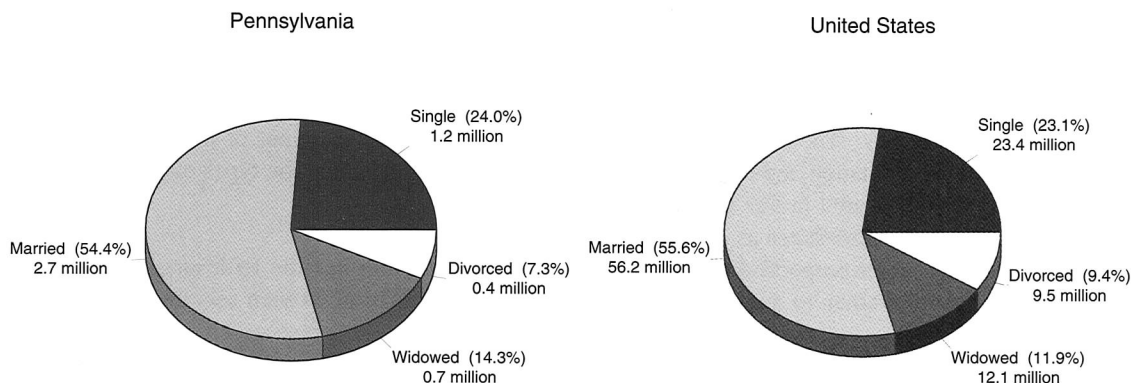
* Non-Hispanic.

† Hispanics may be of any race.

Source: ^a U.S. Department of Commerce, Bureau of the Census, 1997a; ^b U.S. Department of Commerce, Bureau of the Census, 1997b, Tables 5 and 6; ^c U.S. Department of Commerce, Bureau of the Census, 1997c; ^d Population Reference Bureau, 1993, Table 7; ^e Population Reference Bureau, 1993, Table 6; ^f Population Reference Bureau, 1993, Table 3; ^g U.S. Department of Justice, Bureau of Justice Statistics, 1997, Table 7.

Calculated by the Institute for Women's Policy Research.

Figure 13.
Distribution of Women by Marital Status
in Pennsylvania and the United States, 1990



For women aged 15 and older.

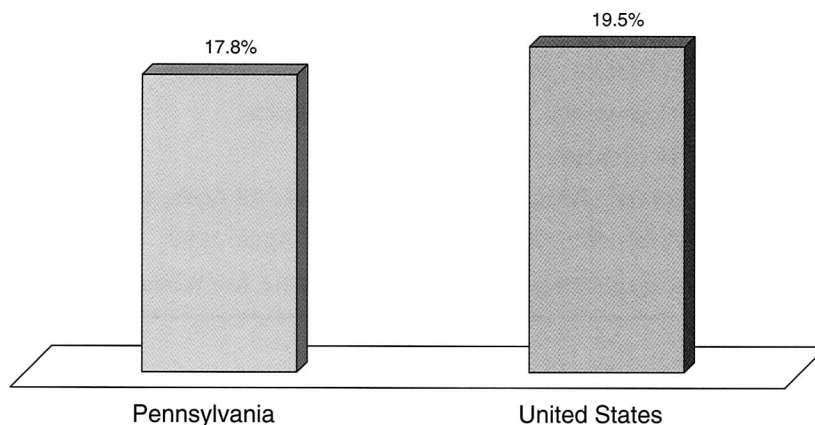
Source: Population Reference Bureau, 1993.

Compiled by the Institute for Women's Policy Research.

1996. Between 1990 and 1996, the population of Pennsylvania grew by 1.5 percent, less than the growth of the nation as a whole (6.7 percent; U.S. Department of Commerce, Bureau of the Census, 1997a). Compared with its region, Pennsylvania's population growth rate falls in the middle, between New York and New Jersey. The increase in female population growth from 1990 to 1996 was less in Pennsylvania than for the nation as a whole (one percent for Pennsylvania and 6.3 percent for the United States). Table 15 illustrates that Pennsylvania also has a somewhat larger proportion of women over age 65 than the United States (18.4 percent versus 14.7 percent in the United States). The female population in Pennsylvania is much less ethnically diverse than the rest of the United States, with minorities making up 13.6 percent of women in the state, compared with 27.0 percent for the nation as a whole. All racial and ethnic groups in Pennsylvania are present in proportions below the

national average. African American women (9.9 percent) are the largest group but still constitute a proportion smaller than the national average (12.8 percent). The other groups combined make up about 3.7 percent of the female population in Pennsylvania, over ten percentage points lower than their representation in the rest of the United States.

Figure 14.
Percent of Households with Children Under
Age 18 Headed by Women
in Pennsylvania and the United States, 1990



Source: IWPR, 1995a.

Calculated by the Institute for Women's Policy Research.

The proportion of single women and widowed women in Pennsylvania is somewhat higher than in the country as a whole, while the proportion of divorced women is lower (see Figure 13). The proportion of women in Pennsylvania who are married is slightly smaller than the proportion nationally (54.4 percent compared with 55.6 percent of women in the United States). Pennsylvania's distribution of family types is similar to the nation as a whole (see Table 15). All family types are within one percentage point of their representation nationally. However, female-headed families with children under age 18 constitute 17.8 percent of all families with children in Pennsylvania, a somewhat smaller proportion than the 19.5 percent nationwide (see Figure 14).

According to the Census Bureau, the proportion of women living in metropolitan areas is higher than in the nation as a whole (89.9 percent compared with 83.1 percent of women in the United States). These data, however, mask Pennsylvania's substantial rural population because of the manner in which the Census Bureau defines "metropolitan area." The percentage of Pennsylvania's prison population that is female is less than the national average (see Table 15). There is, however, a large difference between Pennsylvania and the nation as a whole in terms of the proportion of the population that is foreign born. Pennsylvania has a much smaller foreign-born female population than does the United States as a whole (3.2 percent compared with 7.9 percent).

Conclusion

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

Clearly, many of the factors affecting women's status are interrelated. Educational attainment often directly relates to earnings; full-time work often correlates with health insurance coverage. Studies show that greater female political representation can result in 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.

In a time when the federal government is transferring many responsibilities to the state and local level, women need state-based public policies to adequately address these complex issues:

- Women's wages need to be raised by policies such as stronger enforcement of equal employment opportunity laws, improved educational opportunities, higher minimum wages or the implementation of pay equity adjustments in the state civil service.
- Rates of women's business ownership and business success could be increased by ensuring that state and local government contracts are accessible to women-owned businesses.
- Women workers would benefit from the greater availability of adequate and affordable child care, mandatory temporary disability insurance and paid parental and dependent care leave policies.

- Women's physical security can be enhanced by increasing public safety generally and by better protecting women from domestic violence via anti-stalking and other legislation and better police and judicial training.
- Women's economic security can be improved by greater state emphasis on child support collections and by implementing welfare reform programs that maximize women's educational and earning opportunities while still providing a basic safety net for those who cannot work.

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

- The federal minimum wage, federal equal employment opportunity legislation and federal health and safety standards are all critical in ensuring minimum levels of decency and fairness for women workers.
- Because union representation correlates strongly with higher wages for women and improved pay equity, benefits and working conditions, federal laws that protect and encourage unionization efforts would assist women workers.
- Policies such as paid family leave could be legislated nationally as well as at the state level through, for example, mandatory insurance.
- 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.

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

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

In addition to providing data for comparison, *The Status of Women in the States* report series is designed to strengthen relationships between IWPR, a nationally-based organization, and advocates, researchers and policymakers in the states. To that end, IWPR turned to state advisory committee members to provide feedback on each report and to help disseminate its results. The contributions of the advisory committees both improved the reports by

providing insights into the data about their states and offered valuable feedback on the types of data necessary to help women evaluate and further their status. As the cooperative model represented by the advisory committees continues to evolve, IWPR's directors and staff hope that it will become a new model for state-national partnerships. These partnerships can only strengthen efforts to improve women's status across the country.

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

Composite Political Participation and Representation Index. This composite index reflects four areas of political participation and representation: voter registration; voter turnout; women in elective office, including state legislatures, state-wide elective office and positions in the U.S. Congress; and institutional resources available for women (such as a state agenda project, a commission on the status of women or a legislative caucus).

To construct this composite index, each of the component indicators was standardized to remove the effects of different units of measurement for each state's score on the resulting composite index. Each component was standardized by subtracting the mean value (for all 50 states) from the observed value and dividing by the standard deviation. The standardized scores were then given different weights. Voter registration and voter turnout were each given a weight of 1.0. The component indicator for women in elected office is itself a composite reflecting different levels of office holding and was given a weight of 3.0. The last component indicator, women's institutional resources, is also a composite of scores indicating the presence or absence of each of three resources: a women's agenda project, a commission on the status of 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 the composite political participation index.

Women's Voter Registration: This component indicator is the average percent (for the elections of 1992 and 1994) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported registering. Source: U.S. Department of Commerce, Bureau of the Census (1993, 1996d) based on the Current Population Survey. More recent data are not available from this source.

Women's Voter Turnout: This component indicator is the average estimated percent turnout (for the presidential elections of 1992 and 1996) of all women aged 18 and older. Turnout figures are calculated by first multiplying the total number of votes from the Federal Election Commission by the percentage of female voters provided by the Voter News Service exit polls in order to determine the number of female voters. The number of female voters is then divided by the projected female voting age population from the U.S. Bureau of the Census, resulting in the overall turnout rate for women. IWPR recognizes that these data on voter turnout (based on data produced

by Strategic Research Concepts) vary from government data collected by the Bureau of the Census. According to the Bureau of the Census, national voter turnout is higher than indicated by the numbers IWPR cites in this report. While national data are available from the Bureau of the Census, state level data on turnout in 1996 were not available at the time of production of this report and thus data from Strategic Research Concepts was used instead. In general, the data from Strategic Research Concepts tends to underestimate voter turnout while data from the Bureau of the Census tends to overestimate it. Source: Strategic Research Concepts (1998) based on certified presidential election returns from the Federal Election Commission, Census projections of the voting age population from the Current Population Survey (in 1992 and 1996) and Voter News Service nationwide exit polls.

Women in Elected Office: This composite indicator is based on a methodology developed by the Center for Policy Alternatives (1995).

This composite indicator has four components and reflects office-holding at the state and national levels as of April 1998. For each state, the proportion of office holders who are women was computed for four levels: state representatives; state senators; state-wide elected executive officials and U.S. Representatives; and U.S. Senators and governors. The percentages 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 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 3.74. These scores were then used to rank the states on the indicator for women in elected office. Source: Data were compiled by the Institute for Women's Policy Research (IWPR) from several sources including the Center for the American Woman and Politics (1998a, 1998b, 1998c, 1998d, and 1998e).

Women's Institutional Resources: This indicator measures the number of institutional resources for women available in the state from a maximum of three, including commissions on the status of women (which are estab-

lished by legislation or executive order), women's state agenda projects (usually a voluntary, nongovernmental, state-based coalition group addressing a broad range of issues concerning women) and legislative caucuses 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 except that partial credit is given 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 is bicameral. Source: Center for Policy Alternatives, 1995, updated in 1998 by IWPR and Center for the American Woman and Politics, 1998e.

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

To construct this composite index, each of the four component indicators was "standardized"—i.e., 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 ratios were summed for each state to create the composite index; thus, each of the four component indicators has equal weight in the composite.

Women's Median Annual Earnings: Median yearly earnings (in 1997 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 1994, 1995 and 1996. Earnings were converted to constant 1997 dollars using the Consumer Price Index and the median was selected from the merged file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state. The sample size for women ranges from 431 in New Hampshire to 4,039 in California; for men, the sample size for men ranges from 564 in the District of Columbia to 4,521 in New York. For Pennsylvania, the sample size is 1,970 for women and 2,904 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 1995-97 Annual Demographic Files (March) from the Current Population Survey, for the 1994-96 calendar years; IWPR, 1998b.

Ratio of Women's to Men's Earnings: Median yearly earnings (in 1997 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 1994-96 divided by the median yearly earnings (in 1997 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 1994-96. Earnings were converted to constant 1997 dollars using the Consumer Price Index and the medians were selected from the merged file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state. The sample size for women ranges from 431 in New Hampshire to 4,039 in California; for men, the sample size ranges from 564 in the District of Columbia to 4,521 in New York. For Pennsylvania, the sample size is 1,970 for women and 2,904 for men. Source: IWPR calculations of the 1995-97 Annual Demographic Files (March) from the Current Population Survey; IWPR 1998b.

Women's Labor Force Participation (proportion of the adult female population that is in the labor force): Percent of civilian noninstitutionalized women aged 16 and older who were employed or looking for work (in 1995). 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, 1997a (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 1995). Source: U.S. Department of Labor, Bureau of Labor Statistics, 1997a (based on the Current Population Survey).

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

To construct this composite index, each of the four component indicators was "standardized"—i.e., for each indicator, the observed value for the state was divided by the comparable value for the United States as a whole. The resulting ratios were summed for each state to create the composite index; thus, each of the four components has equal weight in the composite.

Percent with Health Insurance: Percent of civilian noninstitutionalized women under age 65 who are insured. The state-by-state percentages are based on the averages of two years of pooled data from the 1994 and 1995 Current Population Survey from the Bureau of the Census. Source: Liska et al., 1998.

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

Women's Business Ownership: In 1992, the percent of all firms (legal entities engaged in economic activity during any part of 1992 that filed an IRS form 1040, Schedule C; 1065 or 1120S) that were owned by women. This indicator excludes type C corporations; the Census Bureau estimates that there were approximately 517,000 type C corporations in 1992. The Bureau of the Census was required to provide data on women's ownership of type C corporations by the Women's Business Ownership Act of 1988. The Bureau's methodology for doing so differs from the methods used for other forms of business ownership—individual proprietorships and self employment, partnerships and Subchapter S corporations (those with fewer than 35 shareholders who can elect to be taxed as individuals). Type C corporations are non-subchapter S corporations. The Bureau of the Census determines the sex of business owners by matching the social security numbers of individuals who file business tax returns (Form 1040, Schedule C; 1065; or 1120S) with Social Security Administration records that provide the sex codes indicated by individuals on their original applications for social security numbers. For partnerships and corporations, a business is classified as women-owned based on the sex of the majority of the owners. Data for type C corporations do not come from tax returns and because of the limitations of the sample are apparently considered less reliable. Source: U.S. Department of Commerce, 1996a based on the 1992 Economic Census. (Please note that results of the 1997 Economic Census were not available at the time of production of this report.)

Percent of Women Above Poverty: In 1994-96, 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 1995, the poverty level for a family of four was \$15,569. Source: IWPR calculations of the 1995-97 Annual Demographic Files (March) from the Current Population Survey for the calendar years 1994-96; IWPR, 1998b.

Composite Reproductive Rights Index. This composite index reflects a variety of indicators of women's reproductive well-being and autonomy. These include access to abortion services without mandatory parental consent laws for minors, access to abortion services without a waiting period, public funding for abortions under any circumstances if a woman is eligible, percent of counties that have at least one abortion provider, whether the governor or state legislature is pro-choice, public funding of infertility treatments, existence of state laws requiring health insurers to provide coverage of contraceptives and whether second parent adoption is legal for gay/lesbian couples. For more complete definitions of the components of this index and sources, see Appendix II.

To construct this composite index, each component indicator was rated on a scale of 0 to 1 and assigned a weight. The notification and waiting-period indicators were each given a weight of 0.5. The indicator of public funding for abortions was given a weight of 1.0. For the indicator of the percent of counties with abortion providers, states were given a scaled score ranging from 0 to 1. For the indicator of whether the Governor, upper house or lower house is pro-choice, each state receives 0.33 points per governmental body (up to a maximum of 1.0 point). The indicator for public funding for infertility treatments was given a weight of 1.0. For the health insurance coverage of contraceptives law, the state received a score of 0.5 if legislation had been proposed and a score of 1.0 if it had a contraceptive coverage law or provision. For the indicator of whether the nonbiological partner in a gay/lesbian couple can adopt the partner's child, states were given 1.0 point if the state supreme court has prohibited discrimination against these couples in adoption, 0.75 point if an appellate 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. The contraceptive coverage law and gay/lesbian adoption law were each given a weight of 0.5. The weighted scores for each component indicator were summed to arrive at the value of the composite index score for each state. The states and the District of Columbia were then ranked according to those values.

Appendix II: Terms and Sources for Chart II (Women's Rights Checklist)

Reproductive Rights

Mandatory Consent. Mandatory consent laws require that minors notify one or both parents of the decision to have an abortion or gain the consent of one or both parents before a physician can perform the procedure. Of the 39 states with such laws on the books as of January 1998, 31 enforce their laws. Of the 31, 27 allow for a judicial bypass of notification if the minor appears before a judge and provides a reason that notification would place an undue burden on the decision to have an abortion. Four states provide for physician bypass of notification and three allow both physician and judicial bypass. Of the 31 states that enforce their laws, only Idaho and Utah had no bypass procedure as of January 1998 (NARAL and NARAL Foundation, 1998).

Waiting Period. Waiting-period legislation mandates that a physician cannot perform an abortion until a certain number of hours after the woman has been notified of her options in dealing with a pregnancy. The waiting periods range from one to 72 hours. Of the 19 states with mandatory waiting periods as of January 1998, 12 (with waiting periods ranging from one to 24 hours) enforced their laws (NARAL and NARAL Foundation, 1998).

Restrictions on Public Funding. In some states, public funding for abortions is available only under specific circumstances such as rape or incest, endangerment to the mother's life or limited health circumstances of the fetus, for women who meet income eligibility standards. As of January 1998, 15 states funded abortions for eligible women in all or most circumstances (NARAL and NARAL Foundation, 1998).

Contraceptive Coverage Laws. Contraceptive coverage laws require that health insurers who provide coverage for prescription drugs extend coverage to FDA-approved contraceptives (e.g., drugs and devices) and related medical services, including exams and insertion/removal treatments. As of June 1998, 18 states had proposed to enact legislation requiring health insurers to provide coverage of contraceptives. Six states had some provisions for the insurance coverage of contraceptives; Maryland was the only state to have a contraceptive coverage law as of June 1998 (Planned Parenthood, 1998).

Fertility Treatments and Public Funding. While increasing numbers of private health insurance plans cover

infertility treatments, few states in the United States allow for infertility treatments under publicly-funded health plans such as Medicaid (King and Meyer, 1996).

Same-Sex Couples and Adoption. Second parent adoption allows the nonbiological parent in a gay or lesbian couple to adopt the biological child of his or her partner. At the state level, courts and/or legislatures have upheld or limited the right to second parent adoption. As of April 1998, a lower court has approved second parent adoption petitions in 19 states, intermediate appellate courts have done so in three states and the District of Columbia and state supreme courts have explicitly permitted lesbians and gay men to adopt the children of their partners in three states. Legislation prohibits or substantially restricts such adoption in four states, including Florida (National Center for Lesbian Rights, 1998).

Domestic Violence

Mandatory Arrest. Generally, arrest is mandated only under specific circumstances; for instance, when an assault results in bodily injury to the victim, when the intent of the abuser was to cause fear of serious injury or death or when the officer believes that domestic violence is likely to continue (Hart, 1992). As of 1997, law enforcement officials must arrest domestic violence perpetrators under all circumstances in five states and the District of Columbia. Law enforcement officials must arrest under certain circumstances and may arrest under other circumstances in 12 states. Twenty-eight states permit but do not require that law enforcement officials arrest domestic violence offenders; only five states do not have legislation indicating that arrest is the preferred response in domestic violence cases (National Council of Juvenile and Family Court Judges, 1997). Some domestic violence activists and experts question the usefulness of this approach since sometimes the victim is arrested, not the original intent of the laws.

Child Support

Single-Mother Households Receiving Child Support or Alimony. This is defined as a family headed by a nonmarried woman with one or more of her own children (by birth, marriage or adoption) who has received full or partial payment of child support or alimony during the past year (Annie E. Casey Foundation, 1997). Figures

based on an average of data from the Current Population Survey for 1992 through 1996. Nationwide, only one-third (33 percent) of single-mother families received child support or alimony in 1994.

Cases with Collection. According to the U.S. Department of Health and Human Services Office of Child Support Enforcement, 55 percent of all child support cases that go to trial are granted a support order by a judge. Only in 33 percent of the cases with orders (or 18 percent of all child support cases) was child support actually collected. A case is counted as having a collection if as little as one cent is collected during the year. The enforcement efforts made by state and local agencies can affect the extent of collections (Gershenson, 1993). Source: U.S. Department of Health and Human Services, 1996b.

Welfare

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 1930's. PRWORA ended entitlements to federal cash assistance, replacing Aid to Families with Dependent Children (AFDC) with the new Temporary Assistance for Needy Families (TANF) Program. Where AFDC provided minimal guaranteed income support for all eligible families (most frequently those headed by low-income single mothers), TANF benefits are restricted to a five-year lifetime limit and are contingent on work participation after 24 months. TANF funds are distributed to states in the form of block grants, and states are free to devise their own eligibility rules, participation requirements and sanction policies within the federal restrictions.

Child Exclusion/Family Caps. As of July 1998, 23 states have Child Exclusion policies, or Family Caps, which restrict the extension of TANF benefits to children conceived while the mother was on welfare. Of these states, two have a modified Family Cap and therefore give partial increases in benefits. In addition, Idaho has a flat rate regardless of family size, increases in benefits are given to a third party in Maryland and vouchers rather than cash are given in Oklahoma. Twenty-seven states and the District of Columbia do not have Family Caps (U.S. Department of Health and Human Services, Administration for Children and Families, 1998).

Time Limits. As of July 1998, 11 states have both a periodic and lifetime limit for the receipt of TANF funds. Thirty-six states and the District of Columbia have a time limit of 60 months (the maximum allowed under federal law). Nine other states report lifetime time limits less than 60 months. Michigan, Vermont and Illinois are the

only states which do not have a lifetime time limit for those individuals who are complying with TANF requirements; these states supplement their federal funds with state monies. Massachusetts reports that it has no lifetime limits, but extensions beyond its 24-month periodic limit may be granted only at the Commissioner's discretion. Oregon does not report any lifetime limits but restricts benefits to 24 months out of an 84-month period. Twenty-seven states offer limited extensions for a variety of reasons (U.S. Department of Health and Human Services, Administration for Children and Families, 1998).

Work Requirements. Federal law requires non-exempt 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 24 states, nonexempt recipients are required to engage in work activities immediately under TANF. Five states have work requirements within 24 months (the federally allowed maximum); another 10 states and the District of Columbia require recipients to work within 24 months or when determined able to work, whichever comes first. Nine states have work requirements within less than 24 months. In Arizona, work requirements are evaluated on an individual basis. Vermont requires unemployed two-parent families to work within 15 months and single parents to work within 30 months (U.S. Department of Health and Human Services, Administration for Children and Families, 1998).

What constitutes "work activities" is a contentious issue at both the state and federal level. State policies around these issues continue to evolve and are subject to case-worker discretion. This report uses each state's self-reported policy to identify which states require immediate work activities. To receive the full amount of their block grants, states must demonstrate that a specific portion of the states' TANF caseload is participating in activities that meet the federal definition of work. In fiscal year 1998, states must show that 30 percent of their TANF caseload is working. The required proportion grows each year until 2002 when states must demonstrate that 50 percent of the TANF caseload is engaged in work. PRWORA also restricts the amount of the caseload that may be engaged in basic education or vocational training to be counted in the state's work participation figures and only allows job training to count as work for a limited period of time for any individual.

Family Violence Provisions in TANF plans. As of March 1998, 26 states are 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 a part of their TANF plans (U.S. Department of

Health and Human Services, 1998). In addition, 23 other states and the District of Columbia have language in their state TANF plans that addresses domestic violence; only Oklahoma has not taken steps to incorporate domestic violence language or adopt the Family Violence Option into its TANF plan (NOW LDEF, 1998).

Employment/Unemployment Benefits

Minimum Wage. As of January 1998, six states and the District of Columbia had minimum wage rates that were higher than the federal level. Twelve states had minimum wage rates lower than the federal level (but the federal level generally applies to most employers in these states). Seven states had no minimum wage law, and 25 states had state minimum wages that were the same as the federal level. According to the Fair Labor Standards Act, the state minimum wage is controlling if the state minimum wage is higher than the federal minimum wage (U.S. Department of Labor, Wage and Hour Division, Employment Standards Administration, 1998). A federal minimum wage increase was signed into law on August 20, 1996. The federal standard rose to \$5.15 per hour on September 1, 1997.

Temporary Disability Insurance (TDI). Temporary Disability Insurance provides partial income replacement to employees who leave work because of an illness or accident that is not related to their jobs. In five states with mandated programs (California, Hawaii, New Jersey, New York and Rhode Island), employees and/or their employers pay a small percentage of the employee's salary into an insurance fund and, in return, employees are provided with partial wage replacement if they become ill or disabled. In states with TDI programs, women workers typically receive eight to 12 weeks of partial wage replacement for maternity leaves through TDI (Hartmann, et al., 1995).

Access to Unemployment Insurance (UI). In order to receive UI, potential recipients must meet several eligibility requirements. Two of these are high quarter earnings and base period earnings requirements. The "base period" is a 12-month period preceding the start of a spell of unemployment. This, however, excludes the current calendar quarter and often the previous full calendar

quarter. This has serious consequences for low-wage and contingent workers who need to count more recent earnings to qualify. The base period criterion states that the individual must have earned a minimum amount during the base period. The high quarter earnings criterion requires that individuals earn a total reaching a specified threshold amount in one of the quarters within the base period. IWPR research has shown that women are less likely to meet the two earnings requirements than are men and thus are more likely to be disqualified from receipt of UI benefits. IWPR found that nearly 14 percent of unemployed women workers were disqualified from receiving UI by the two earnings criteria—this is more than twice the rate for unemployed men (Yoon, et al., 1995). States typically set eligibility standards for UI and can enact policies that are more or less inclusive and more or less generous to claimants. For example, some states have implemented a "moveable" base period, allowing flexibility to the advantage of the claimant. Source: U.S. Department of Labor, Unemployment Insurance Service, 1998.

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 were less than or equal to \$1,300 and high quarter wages were less than or equal to \$800. If the base period wages were more than \$2,000 or if high quarter wages were more than \$1,000, the state was scored "no;" "sometimes" was defined as base period and high quarter wages which fell between the "yes" and "no" ranges.

Pay Equity. The concept of pay equity (also known as "comparable worth") refers to a set of remedies 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. By 1997, 20 states had implemented programs to raise the wages of workers in female-dominated jobs in their states' civil services (National Committee on Pay Equity, 1997). A study by the Institute for Women's Policy Research found that for states that implemented pay equity remedies, the remedies improved female/male wage ratios (Hartmann and Aaronson, 1994).

Appendix III: State-by-State Rankings on the Composite Indices and their Components

POLITICAL PARTICIPATION AND REPRESENTATION			Women in Elected Office Composite Index		Percent of Women Registered to Vote in 1992 and 1994		Percent of Women Who Voted in 1992 and 1994		Number of Institutional Resources Available to Women in the State	
State	Score	Rank	Score	Rank	Percent	Rank	Percent	Rank	Score	Rank
Alabama	-3.10	41	0.66	48	73.2%	17	54.0%	28	2.5	11
Alaska	1.30	20	1.81	20	73.8%	16	64.0%	4	1	41
Arizona	3.16	13	3.07	4	65.0%	34	51.7%	34	1	41
Arkansas	-5.45	45	1.03	40	65.2%	33	51.7%	34	0.5	47
California	5.27	3	3.37	2	58.1%	48	48.4%	42	3	1
Colorado	3.55	12	2.55	6	72.4%	19	59.0%	18	1.25	38
Connecticut	4.72	5	2.38	10	74.9%	12	61.0%	15	2.25	13
Delaware	3.81	6	2.90	5	65.0%	34	52.6%	31	2	21
District of Columbia	N/A	N/A	N/A	N/A	73.9%	N/A	50.6%	N/A	2	N/A
Florida	-1.92	37	1.47	30	61.3%	45	47.7%	44	3	1
Georgia	-4.63	43	0.93	42	60.9%	46	44.3%	49	3	1
Hawaii	-0.73	29	2.40	9	57.8%	49	42.4%	50	2	21
Idaho	2.35	14	1.93	16	70.2%	25	61.5%	10	2.25	13
Illinois	2.00	16	2.24	12	69.2%	26	54.0%	28	2	21
Indiana	-1.22	32	1.63	24	63.3%	42	53.9%	30	2	21
Iowa	-0.35	26	1.31	33	76.8%	7	61.7%	9	1.25	38
Kansas	1.58	19	2.33	11	72.6%	18	61.3%	12	0	50
Kentucky	-5.84	46	0.54	49	62.9%	43	52.3%	33	2	21
Louisiana	-0.39	27	1.48	28	74.0%	15	61.4%	11	1	41
Maine	9.10	1	3.27	3	83.8%	2	68.1%	2	1	41
Maryland	3.81	6	2.52	7	68.9%	27	50.9%	37	3	1
Massachusetts	-0.96	30	1.03	40	70.3%	24	57.1%	22	3	1
Michigan	0.71	23	1.45	31	75.4%	10	58.4%	21	2.25	13
Minnesota	5.21	4	2.08	14	83.3%	3	64.3%	3	2.25	13
Mississippi	-6.43	49	0.51	50	76.6%	9	50.5%	38	0.25	48
Missouri	2.16	15	1.59	26	75.2%	11	58.6%	20	3	1
Montana	3.65	8	1.83	18	76.7%	8	68.5%	1	2	21
Nebraska	-1.62	34	1.05	39	74.4%	14	60.2%	16	1.5	35
Nevada	-2.18	38	1.84	17	57.1%	50	48.0%	43	2	21
New Hampshire	3.60	10	2.47	8	68.0%	30	59.5%	17	2	21
New Jersey	-0.22	24	1.76	22	65.8%	32	54.8%	27	2	21
New Mexico	-1.84	36	1.48	28	63.4%	39	49.8%	40	2.5	11
New York	-2.50	39	1.29	34	60.9%	46	48.8%	41	3	1
North Carolina	-2.98	40	1.08	38	66.1%	31	46.4%	46	3	1
North Dakota	3.60	10	1.39	32	92.4%	1	63.5%	7	2.25	13
Ohio	-0.60	28	1.51	27	68.1%	29	56.8%	24	2	21
Oklahoma	-1.43	33	1.10	37	72.1%	20	56.4%	25	2.25	13
Oregon	3.61	9	2.01	15	77.2%	6	61.2%	13	2.25	13
Pennsylvania	-6.23	48	0.69	46	62.2%	44	50.4%	39	1.5	35
Rhode Island	-0.33	25	1.61	25	68.6%	28	55.6%	26	2	21
South Carolina	-4.88	44	0.70	45	64.4%	36	45.4%	48	3	1
South Dakota	1.20	21	1.71	23	79.3%	5	61.1%	14	1	41
Tennessee	-7.31	50	0.78	44	64.0%	37	51.1%	36	0	50
Texas	-1.70	35	1.83	18	63.4%	39	45.7%	47	2	21
Utah	-1.06	31	1.23	36	70.7%	23	58.8%	19	2	21
Vermont	1.87	17	1.80	21	74.7%	13	63.2%	8	1.5	35
Virginia	-3.58	42	0.79	43	63.4%	39	52.5%	32	3	1
Washington	7.77	2	3.74	1	70.8%	21	57.1%	22	1.25	38
West Virginia	-6.03	47	0.68	47	63.6%	38	46.8%	45	2	21
Wisconsin	1.66	18	1.24	35	82.2%	4	63.9%	5	2.25	13
Wyoming	0.95	22	2.17	13	70.8%	21	63.6%	6	1	41
United States			1.65		66.5%		53.2%		2.0	(Median)

Appendix III: State-by-State Rankings on the Composite Indices and their Components (continued)

EMPLOYMENT AND EARNINGS			Median Annual Earnings	Earnings Ratio Between	Percent of	Percent of Employed			
Composite Index			Full-Time, Year-Round	Full-Time, Year-Round	Women in the	Women, Managerial or			
			for Employed Women	Employed Women and Men	Labor Force	Professional Occupations			
State	Score	Rank	Dollars	Rank	Percent	Rank	Percent	Rank	
Alabama	3.45	51	\$20,577	45	63.3%	50	55.3%	46	
Alaska	4.46	3	\$31,380	1	66.3%	44	66.4%	6	
Arizona	3.80	38	\$21,906	35	69.7%	33	59.6%	33	
Arkansas	3.72	42	\$20,577	45	76.7%	4	58.4%	37	
California	4.20	8	\$28,158	7	76.4%	5	56.5%	41	
Colorado	4.11	11	\$24,749	21	66.8%	42	67.2%	4	
Connecticut	4.34	6	\$30,541	3	70.7%	29	60.7%	25	
Delaware	4.10	12	\$25,721	13	75.8%	7	62.9%	17	
District of Columbia	5.06	1	\$30,865	2	87.5%	1	61.4%	20	
Florida	3.86	26	\$23,169	28	75.9%	6	54.5%	48	
Georgia	3.86	26	\$23,169	28	71.0%	27	59.2%	35	
Hawaii	4.08	15	\$25,276	16	74.8%	10	61.2%	21	
Idaho	3.81	35	\$22,223	33	70.3%	30	62.1%	18	
Illinois	4.03	18	\$26,329	11	70.8%	28	60.3%	28	
Indiana	3.70	43	\$21,606	37	66.5%	43	64.2%	13	
Iowa	3.85	28	\$21,606	37	68.3%	37	66.6%	5	
Kansas	4.03	18	\$23,581	26	72.6%	19	63.4%	15	
Kentucky	3.69	44	\$22,635	31	69.7%	33	56.0%	42	
Louisiana	3.55	47	\$20,235	48	64.4%	48	53.6%	49	
Maine	3.84	30	\$21,906	35	67.5%	41	61.6%	19	
Maryland	4.56	2	\$29,241	4	75.0%	9	64.5%	12	
Massachusetts	4.38	5	\$28,808	5	73.7%	15	60.8%	23	
Michigan	3.84	30	\$25,721	13	66.0%	45	57.9%	40	
Minnesota	4.09	14	\$24,909	18	71.2%	25	69.6%	1	
Mississippi	3.53	49	\$19,494	51	70.2%	31	55.8%	43	
Missouri	4.00	20	\$23,663	25	74.6%	11	65.0%	10	
Montana	3.78	39	\$21,606	37	73.3%	17	59.6%	33	
Nebraska	3.84	30	\$20,577	45	71.4%	23	68.4%	2	
Nevada	3.93	24	\$24,909	18	73.9%	14	60.5%	27	
New Hampshire	4.28	7	\$25,992	12	73.6%	16	65.3%	8	
New Jersey	4.15	9	\$28,435	6	67.9%	40	58.7%	36	
New Mexico	3.84	30	\$21,606	37	72.5%	21	55.6%	45	
New York	4.08	15	\$27,400	8	74.4%	12	52.8%	50	
North Carolina	3.82	34	\$22,635	31	74.1%	13	59.8%	32	
North Dakota	3.66	46	\$19,548	50	64.0%	49	64.9%	11	
Ohio	3.81	35	\$24,692	22	69.1%	36	58.3%	39	
Oklahoma	3.55	47	\$19,852	49	63.3%	50	55.7%	44	
Oregon	3.95	22	\$24,909	18	69.6%	35	60.8%	23	
Pennsylvania	3.85	28	\$25,450	15	71.2%	25	55.0%	47	
Rhode Island	4.14	10	\$26,750	10	72.6%	19	58.4%	37	
South Carolina	3.68	45	\$21,606	37	70.0%	32	59.9%	31	
South Dakota	3.89	25	\$21,063	42	76.9%	3	65.8%	7	
Tennessee	3.77	40	\$22,743	30	72.0%	22	60.3%	28	
Texas	3.98	21	\$23,196	27	75.2%	8	60.0%	30	
Utah	3.81	35	\$22,116	34	68.1%	39	61.2%	21	
Vermont	4.40	4	\$25,276	16	81.9%	2	65.3%	8	
Virginia	4.10	12	\$24,692	22	71.3%	24	63.0%	16	
Washington	4.08	15	\$27,075	9	73.1%	18	60.6%	26	
West Virginia	3.46	50	\$21,063	42	64.8%	46	46.3%	51	
Wisconsin	3.95	22	\$24,201	24	68.3%	37	68.2%	3	
Wyoming	3.74	41	\$21,063	42	64.8%	46	64.1%	14	
United States			\$24,909		72.3%		58.9%		30.3%

Appendix III: State-by-State Rankings on the Composite Indices and their Components (continued)

ECONOMIC AUTONOMY			Percent of Women with Four or More Years of College		Percent of Women without Health Insurance		Percent of Women in Poverty		Percent of Businesses that are Women-Owned	
State	Score	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	3.63	46	13.5%	45	15.6%	40	16.9%	45	31.5%	47
Alaska	4.31	8	22.2%	7	12.1%	27	8.1%	2	32.9%	35
Arizona	4.01	22	17.2%	25	17.2%	44	15.5%	38	37.6%	3
Arkansas	3.50	50	11.9%	50	19.9%	49	16.8%	44	31.6%	45
California	4.13	16	20.1%	13	16.9%	43	15.1%	37	35.5%	12
Colorado	4.50	2	23.5%	4	12.4%	29	9.4%	6	37.6%	3
Connecticut	4.44	4	23.8%	3	8.6%	5	9.5%	7	33.6%	28
Delaware	4.15	15	18.7%	16	13.2%	32	9.8%	9	35.3%	14
District of Columbia	4.84	1	30.6%	1	16.1%	42	20.1%	48	41.3%	1
Florida	3.84	38	15.1%	36	17.3%	45	14.8%	35	35.2%	16
Georgia	3.92	31	16.8%	27	14.9%	37	14.0%	33	33.6%	28
Hawaii	4.40	7	20.9%	11	6.7%	1	11.1%	18	37.6%	3
Idaho	3.85	36	14.6%	41	12.1%	27	12.1%	25	33.8%	25
Illinois	4.11	19	18.4%	17	10.2%	14	12.2%	26	34.5%	21
Indiana	3.83	41	13.4%	46	11.1%	17	10.9%	15	34.4%	22
Iowa	3.95	28	15.0%	38	8.8%	7	10.7%	14	34.3%	23
Kansas	4.09	20	18.4%	17	12.0%	25	13.4%	31	34.7%	19
Kentucky	3.56	48	12.2%	49	15.0%	38	16.9%	45	31.4%	48
Louisiana	3.62	47	14.5%	42	19.2%	48	21.3%	49	32.5%	37
Maine	3.98	26	17.2%	25	11.4%	20	10.9%	15	32.2%	40
Maryland	4.46	3	23.1%	6	12.5%	30	9.7%	8	37.1%	6
Massachusetts	4.42	6	24.1%	2	10.8%	16	10.2%	11	33.3%	31
Michigan	3.95	28	15.1%	36	9.6%	10	12.6%	29	35.2%	16
Minnesota	4.20	12	19.2%	15	8.0%	4	10.9%	15	34.6%	20
Mississippi	3.49	51	13.3%	47	18.4%	47	21.4%	50	30.2%	51
Missouri	3.90	32	15.2%	35	11.9%	23	11.6%	20	33.8%	25
Montana	4.00	23	18.0%	20	12.0%	25	14.8%	35	33.2%	32
Nebraska	4.06	21	16.7%	28	9.4%	9	10.6%	13	35.1%	18
Nevada	3.84	38	12.8%	48	15.1%	39	10.1%	10	36.9%	7
New Hampshire	4.25	10	21.1%	9	10.7%	15	7.6%	1	32.2%	40
New Jersey	4.19	13	21.0%	10	12.8%	31	9.0%	4	31.9%	42
New Mexico	3.90	32	17.8%	22	24.1%	51	21.6%	51	37.8%	2
New York	4.13	16	20.7%	12	14.5%	36	16.6%	42	34.1%	24
North Carolina	3.87	34	15.7%	32	11.9%	23	13.4%	31	32.4%	38
North Dakota	3.94	30	16.7%	28	8.6%	5	13.1%	30	31.7%	44
Ohio	3.84	38	14.4%	43	11.6%	21	12.4%	28	33.7%	27
Oklahoma	3.76	43	15.0%	38	17.4%	46	16.3%	40	33.6%	28
Oregon	4.16	14	18.1%	19	11.8%	22	11.3%	19	36.8%	8
Pennsylvania	3.85	36	15.3%	34	9.7%	11	11.9%	23	31.2%	49
Rhode Island	4.00	23	18.0%	20	11.1%	17	12.3%	27	31.6%	45
South Carolina	3.76	43	14.7%	40	13.9%	34	16.3%	40	32.8%	36
South Dakota	3.87	34	15.5%	33	8.8%	7	14.1%	34	31.9%	42
Tennessee	3.75	45	14.0%	44	7.8%	2	15.9%	39	31.1%	50
Texas	3.82	42	17.4%	24	21.9%	50	16.7%	43	33.0%	34
Utah	4.13	16	17.5%	23	10.1%	12	8.2%	3	35.3%	14
Vermont	4.44	4	23.2%	5	10.1%	12	10.2%	11	35.7%	11
Virginia	4.27	9	21.3%	8	13.4%	33	11.8%	21	35.4%	13
Washington	4.24	11	19.7%	14	11.1%	17	12.0%	24	36.5%	9
West Virginia	3.51	49	10.9%	51	14.3%	35	18.1%	47	32.3%	39
Wisconsin	3.99	25	16.0%	31	7.9%	3	9.3%	5	33.1%	33
Wyoming	3.96	27	16.1%	30	15.8%	41	11.8%	21	35.9%	10
United States	4.00		17.6%		13.8%		13.7%		34.1%	

Appendix III: State-by-State Rankings on the Composite Indices and their Components (continued)

REPRODUCTIVE RIGHTS		Notification		Waiting Period	Public Funding	Providers	Contraceptive Coverage	Pro-Choice Government	Infertility	Adoption
State	Score	Rank	Score	Score	Score	Score	Score	Score	Score	Score
Alabama	1.09	30	0	1	0	0.09	0.50	0.00	0	0.50
Alaska	2.36	15	0*	1	1	0.28	0.00	0.33	0	0.50
Arizona	0.90	34	0*	1	0	0.27	0.00	0.00	0	0.25
Arkansas	0.67	38	0	1	0	0.04	0.00	0.00	0	0.25
California	2.67	13	0*	1	1	0.67	0.50	0.00	0	0.50
Colorado	1.07	31	0*	1	0	0.24	0.00	0.33	0	0.00
Connecticut	4.50	3	1	1	1	0.88	0.50	1.00	0	0.75
Delaware	0.80	36	0	0*	0	0.67	0.00	0.00	0	0.25
District of Columbia	3.04	10	1	1	0	1.00	0.00	0.67	0	0.75
Florida	1.89	18	1	1	0	0.31	0.50	0.33	0	0.00
Georgia	1.02	32	0	1	0	0.14	0.50	0.00	0	0.25
Hawaii	5.62	1	1	1	1	1.00	1.00	1.00	1	0.25
Idaho	1.49	22	0	0	1	0.11	0.50	0.00	0	0.25
Illinois	2.22	16	0*	1	1	0.09	0.50	0.00	0	0.75
Indiana	0.60	39	0	0	0	0.10	0.50	0.00	0	0.50
Iowa	1.79	20	0	1	0	0.04	0.00	0.00	1	0.50
Kansas	0.19	48	0	0	0	0.06	0.00	0.00	0	0.25
Kentucky	0.48	41	0	0*	0	0.02	0.00	0.33	0	0.25
Louisiana	1.21	28	0	0	0	0.08	0.00	0.00	1	0.25
Maine	1.46	23	0	1	0	0.50	0.00	0.33	0	0.25
Maryland	3.08	9	0	1	0	0.50	1.00	0.33	1	0.50
Massachusetts	2.94	11	0	0*	1	0.86	0.50	0.33	0	1.00
Michigan	0.47	42	0	0*	0	0.22	0.00	0.00	0	0.50
Minnesota	2.80	12	0	1	1	0.05	0.00	0.00	1	0.50
Mississippi	0.18	49	0	0	0	0.05	0.00	0.00	0	0.25
Missouri	1.25	27	0	1	0	0.04	0.50	0.33	0	0.25
Montana	1.76	21	0*	0*	1	0.13	1.00	0.00	0	0.25
Nebraska	0.16	50	0	0	0	0.03	0.00	0.00	0	0.25
Nevada	0.93	33	0*	1	0	0.18	0.00	0.00	0	0.50
New Hampshire	3.50	6	1	1	0	0.50	0.00	1.00	1	0.00
New Jersey	3.47	7	1	1	1	0.76	0.00	0.33	0	0.75
New Mexico	2.43	14	0*	1	0	0.18	1.00	0.00	1	0.50
New York	4.68	2	1	1	1	0.60	0.50	0.33	1	1.00
North Carolina	1.30	26	0	1	0	0.34	0.00	0.33	0	0.25
North Dakota	0.15	51	0	0	0	0.02	0.00	0.00	0	0.25
Ohio	0.35	45	0	0	0	0.10	0.50	0.00	0	0.50
Oklahoma	1.43	24	1	1	0	0.05	0.50	0.00	0	0.25
Oregon	3.83	5	1	1	1	0.25	0.00	0.33	1	0.50
Pennsylvania	0.88	35	0	0	0	0.30	0.00	0.33	0	0.50
Rhode Island	1.15	29	0	1	0	0.40	0.00	0.00	0	0.50
South Carolina	0.60	39	0	0	0	0.22	0.50	0.00	0	0.25
South Dakota	0.40	44	0	0	0	0.02	0.50	0.00	0	0.25
Tennessee	0.24	47	0*	0*	0	0.11	0.00	0.00	0	0.25
Texas	1.82	19	1	1	0	0.07	1.00	0.00	0	0.50
Utah	0.45	43	0	0	0	0.07	0.50	0.00	0	0.25
Vermont	4.32	4	1	1	1	0.57	0.50	1.00	0	1.00
Virginia	1.38	25	0	1	0	0.25	1.00	0.00	0	0.25
Washington	3.11	8	1	1	1	0.28	0.50	0.33	0	0.50
West Virginia	2.17	17	0	1	1	0.04	1.00	0.00	0	0.25
Wisconsin	0.32	46	0	0*	0	0.07	0.50	0.00	0	0.00
Wyoming	0.76	37	0	1	0	0.13	0.00	0.00	0	0.25

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

Appendix IV: State and National Resources

Selected Pennsylvania Resources

- AIDS Law Project of PA
1211 Chestnut Street
Philadelphia, PA 19107
- Alzheimer's Association of SE PA
325 Chestnut Street
Suite 1120
Philadelphia, PA 19105
Tel: (215) 925-3220
Fax: (215) 559-0404
- Black Women's Health Project
1415 North Broad St., #227D
Philadelphia, PA 19122
Tel: (215) 232-2847
Fax: (215) 232-1115
- Campaign for Abortion Rights
533 Briar Cliff Road
Pittsburgh, PA 15221
Tel: (412) 394-2555
Fax: (412) 242-1476
- CHOICE
1233 Locust Street
Third Floor
Philadelphia, PA 19107
Tel: (215) 985-3355 ext. 113
Fax: (215) 985-3369
- Clara Bell Duvall Education Fund
125 S. 9th St., 3rd Floor
Philadelphia, PA 19107
Tel: (215) 928-9848
Fax: (215) 629-0111
- Coalition for the Welfare of Women and Children
3638 North Broad St.
Philadelphia, PA 19140
- Coalition of Labor Union Women
1606 Walnut Street
Philadelphia, PA 19103
Tel: (215) 893-3770
- Community Legal Services
1424 Chestnut St.
Philadelphia, PA 19102
Tel: (215) 227-2400
Fax: (215) 227-2435
- Community Women's Education Project
2801 Frankford Avenue
Philadelphia, PA 19134
Tel: (215) 426-2200
Fax: (215) 426-3284
- Department of Health and Human Services
The Public Ledger Building
150 South Independence Mall West
Philadelphia, PA 19106
Tel: (215) 861-4633
Fax: (215) 861-4625
- Domestic Abuse Project
14 West Second Street
Media, PA 19063
Tel: (610) 565-6272
Fax: (610) 565-9911
- Elizabeth Blackwell Health Center for Women
1124 Walnut Street
Philadelphia, PA 19107
Tel: (215) 923-1124
Fax: (215) 923-2237
- Family Planning Council of Southeastern Pennsylvania
260 South Broad St., Suite 1900
Philadelphia, PA 19102
Tel: (215) 732-1252
Fax: (215) 985-2600
- Family Support Line of Delaware County
100 W. 6th Street, Ground Level
Media, PA 19068
Tel: (610) 891-5275
Fax: (610) 891-0481
- Forum of Executive Women, Philadelphia
147 Landsdowne Avenue
Haddonfield, NJ 08033
Tel: (609) 428-5105
- Greater Philadelphia Women's Medical Fund
225 South 15th Street, Suite 300
Philadelphia, PA 19102
Tel: (215) 772-0762
Fax: (215) 772-0602
- Hillman Institute for Women and Politics of Pennsylvania, Chatham College
Woodland Road
Pittsburgh, PA 15232
Tel: (412) 365-1160
Fax: (412) 365-1644
- Kensington Welfare Rights Union
PO Box 50678
Philadelphia, PA 19133
Tel: (215) 763-3504
Fax: (215) 560-2547
- Keystone Research Center
412 North Third Street
Harrisburg, PA 17101
Tel: (717) 255-7181
Fax: (717) 255-7193
- Living Beyond Breast Cancer
111 Forrest Avenue
Suite 100
Narberth, PA 19072
Tel: (610) 668-1320
Fax: (610) 667-4789
- Magee-Women's Hospital/Center of Excellence
Magee Women's Research Institute
204 Craft Avenue
Pittsburgh, PA 15213
Tel: (412) 641-6664
Fax: (412) 641-6156
- Maternal and Child Health Consortium
601 Westtown Road, Suite 192
PO Box 2747
West Chester, PA 19382
Tel: (610) 344-5370
Fax: (610) 344-5279
- Maternity Care Coalition
2000 Hamilton Court, Suite 205
Philadelphia, PA 19130
Tel: (215) 972-8266
Fax: (215) 972-0700
- National Abortion and Reproductive Rights Action League (NARAL) Pennsylvania
225 South 15th Street
Suite 300
Philadelphia, PA 19102
Tel: (215) 545-4666
Fax: (215) 546-5686
- National Clearinghouse for the Defense of Battered Women
125 South 9th Street
Suite 302
Philadelphia, PA 19107
Tel: (215) 351-0010
Fax: (215) 351-0779

New Directions for Women
4807 Germantown Avenue
Philadelphia, PA 19144
Tel: (215) 849-0930
215-849-7462

Office of Community Education
Carlow College
3333 5th Avenue
Pittsburgh, PA 15213
Tel: (412) 578-8823
Fax: (412) 578-6684

Options Career and Human Resource
Counseling
225 South 15th Street
Suite 1635
Philadelphia, PA 19102
Tel: (215) 735-2202
Fax: (215) 735-8097

PA Coalition Against Domestic Violence
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
Tel: (717) 545-9456
Fax: (717) 545-6400

Pennsylvania National Association of
Social Workers
1337 North Front Street
Harrisburg, PA 17110
Tel: (717) 232-4125
Fax: (717) 232-4140

Pennsylvania Women Work!
425 Sixth Avenue
Pittsburgh, PA 15219-1811
Tel: (412) 578-6682
Fax: (412) 578-6684

Philadelphia Lesbian and Gay Task Force
1616 Walnut Street, Suite 1005
Philadelphia, PA 19103

Philadelphia Political Congress of Black
Women
1020 East Upsal Street
Philadelphia, PA 19150
Tel: (215) 424-6937
Fax: (215) 927-5549

Philadelphia Private Industry Council
1617 JFK Boulevard
Philadelphia, PA 19103
Tel: (215) 963-2100
Fax: (215) 567-7171

Planned Parenthood of SE PA
1144 Locust Street
Philadelphia, PA 19107
Tel: (215) 351-5500
Fax: (215) 351-5510

SOWN
2805 North 47th Street
Philadelphia, PA 19131
Tel: (215) 477-6000
Fax: (215) 477-6555

St. Mary's Family Respite Center
3725 Chestnut Street
Philadelphia, PA 19104
Tel: (215) 387-7730
Fax: (215) 387-4401

State System of Higher Education
2986 North 2nd Street
Harrisburg, PA 17110
Tel: (717) 720-4044
Fax: (717) 720-4161

Success in the Workplace
2201 Pennsylvania Avenue
Suite 707
Philadelphia, PA 19130
Tel: (215) 569-0589
Fax: (215) 854-0598

TAG
21 South 12th Street
12th Floor
Philadelphia, PA 19107
Tel: (215) 575-0700
Fax: (215) 575-0718

TOP/WIN
2300 Alter Street
Philadelphia, PA 19146
Tel: (215) 545-3700
Fax: (215) 545-8713

University of Pennsylvania
Women's Studies
3440 Market Street #590
Philadelphia, PA 19104
Tel: (215) 898-8740
Fax: (215) 898-1803

University of Pittsburgh
University Center for Social and Urban
Research
121 University Place, Suite 600
Pittsburgh, PA 15260
Tel: (412) 624-5442
Fax: (412) 624-4810

WCRP
407-411 Fairmount Avenue
Philadelphia, PA 19123
Tel: (215) 627-5550

WOAR
1233 Locust Street
Suite 202
Philadelphia, PA 19107
Tel: (215) 985-3315
Fax: (215) 985-9111

Women's Association for Women's
Alternatives
225 South Chester Road
Suite 6
Swarthmore, PA 19081
Tel: (610) 543-5022
Fax: (610) 543-6483

Women's International League for Peace
and Freedom
1213 Race Street
Philadelphia, PA 19107

Women's Law Project
125 South 9th Street
Suite 300
Philadelphia, PA 19107
Tel: (215) 928-9801
Fax: (215) 928-9848

Women's Resource Center
PO Box 596
Wayne, PA 19087

Women's Studies Program
University of Pittsburgh
2632 Cathedral of Learning
Pittsburgh, PA 15260
Tel: (412) 624-6485
Fax: (412) 624-5994

WOMENS WAY
1233 Locust Street
Suite 300
Philadelphia, PA 19107
Tel: (215) 985-3322
Fax: (215) 985-3369
<http://www.womensway.org>

YWCA
1101 Market Street
Harrisburg, PA 17103
Tel: (717) 234-7931

Coalition of Labor Union Women
1126 16th Street, NW, Suite 104
Washington, DC 20036
Tel: (202) 466-4610
Fax: (202) 776-0537

Coalition on Human Needs
1000 Wisconsin Avenue, NW
Washington, DC 20007
Tel: (202) 342-0726
Fax: (202) 342-1856
<http://www.chn.org>

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

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

Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
Tel: (415) 252-8900
Fax: (415) 252-8991

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

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

Hadassah
50 West 58th Street
New York, NY 10019
Tel: (212) 303-8136
Fax: (212) 303-4525
<http://www.hadassah>

Hispanic Women's Council
3509 West Beverly Boulevard
Montebello, CA 90640
Tel: (213) 728-9991
Fax: (213) 725-0939

HumanSERVE
Campaign for Universal Voter Registra-
tion
622 West 113th Street, Suite 410
New York, NY 10025
Tel: (212) 854-4053
Fax: (212) 854-8727
<http://www.igc.org/humanserve>

Institute for Women's Policy Research
1400 20th Street, NW, Suite 104
Washington, DC 20036
Tel: (202) 785-5100
Fax: (202) 833-4362
<http://www.iwpr.org>

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

Joint Center for Political and
Economic Studies
1090 Vermont Avenue, NW, Suite 1100
Washington, DC 20005-4961
Tel: (202) 789-3500
Fax: (202) 789-6390
<http://www.jointctr.org>

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

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

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

National Abortion and Reproductive
Rights Action League
1156 15th Street, NW, Suite 700
Washington, DC 20005
Tel: (202) 973-3000
Fax: (202) 973-3097
<http://www.naral.org>

National Association of Women Business
Owners
1100 Wayne Avenue, Suite 830
Silver Spring, MD 20910
Tel: (301) 608-2590
Fax: (301) 608-2596
<http://www.nawbo.org>

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

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

National Center for American Indian
Enterprise Development
953 East Juanita Avenue
Mesa, AZ 85204
Tel: (602) 545-1298
Fax: (602) 545-4208
<http://www.ncied.org>

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

National Conference of Puerto Rican
Women
5 Thomas Circle, NW
Washington, DC 20005
Tel: (202) 387-4716

National Council for Research on Women
11 Hanover Square, 20th Floor
New York, NY 10005
Tel: (212) 785-7335
Fax: (212) 785-7350
<http://www.ncrw.org>

National Council of Negro Women
1001 G Street, NW, Suite 800
Washington, DC 20001
Tel: (202) 628-0015
Fax: (202) 628-0233

National Resources

AFL-CIO Department of Working Women

815 16th Street, NW
Washington, DC 20006
Tel: (202) 637-5064
Fax: (202) 637-6902
<http://www.aflcio.org>

African American Women's Association
PO Box 55122
Washington, DC 20011
Tel/Fax: (202) 882-8263

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

American Association of Retired Persons
601 E Street, NW
Washington, DC 20049
Tel: (202) 434-2277
Fax: (202) 434-6477
<http://www.aarp.org>

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

American Medical Women's Association
801 North Fairfax Street, #400
Alexandria, VA 22314
Tel: (703) 838-0500
Fax: (703) 549-3864
<http://www.amwa-doc.org>

American Nurses Association
600 Maryland Avenue, SW, Suite 100W
Washington, DC 20024-2571
Tel: (202) 651-7000
Fax: (202) 651-7001

American Women's Economic Development Corporation
71 Vanderbilt Avenue, Suite 320
New York, NY 10169
Tel: (212) 692-9100
Fax: (212) 692-2718

The Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202
Tel: (410) 547-6600
Fax: (410) 223-2927
<http://www.aecf.org>

Asian Women in Business/Asian American Professional Women
One West 34th Street, Suite 1201
New York, NY 10001
Tel: (212) 868-1368
Fax: (212) 868-1373

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

Black Women United for Action
6551 Loisdale Court, Suite 222
Springfield, VA 22150
Tel: (703) 922-5757
Fax: (703) 971-5892

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

Catalyst
250 Park Avenue South
New York, NY 10003-1459
Tel: (212) 777-8900

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

Center for the American Woman and Politics
Eagleton Institute of Politics,
Rutgers University
191 Riders Lane
New Brunswick, NJ 08901
Tel: (732) 828-2210
Fax: (732) 932-6778

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

Centers for Disease Control and Prevention
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782
Tel: (301) 436-8500
<http://www.cdc.gov>

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

Center for Policy Alternatives
1875 Connecticut Avenue, NW, Suite 710
Washington, DC 20009
Tel: (800) 935-0699
Fax: (202) 387-2539
<http://www.cfpa.org>

Center for Reproductive Law and Policy
120 Wall Street
New York, NY 10005
Tel: (212) 514-5534
Fax: (212) 514-5538
<http://www.crlp.org>

Center for Research on Women
University of Memphis
Clement Hall, Room 339
Memphis, TN 38152
Tel: (901) 678-2770
Fax: (901) 678-3652

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

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

Child Care Action Campaign
330 Seventh Avenue, 7th Floor
New York, NY 10001
Tel: (212) 239-0138
Fax: (212) 268-6515

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

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

National Council of Women's Organizations
c/o National Committee on Pay Equity
1126 16th Street, NW, Suite 411
Washington, DC 20036
Tel: (202) 331-7343
Fax: (202) 331-7406

National Education Association
1201 16th Street, NW
Washington, DC 20036
Tel: (202) 833-4000
Fax: (202) 822-7397
<http://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

National Foundation of Women Business Owners
1180 Wayne Avenue, Suite 830
Silver Spring, MD 20910
Tel: (301) 495-4975
Fax: (301) 495-4979
<http://www.www.nfwbo.org>

National Gay and Lesbian Task Force
2520 17th Street, NW
Washington, DC 20009
Tel: (202) 332-6482
Fax: (202) 332-0207
<http://www.nglhf.org>

National Organization for Women
1000 16th Street, NW, Suite 700
Washington, DC 20036
Tel: (202) 331-0066
Fax: (202) 785-8576
<http://www.now.org>

NOW Legal Defense and Education Fund
99 Hudson Street, 12th Floor
New York, NY 10013
Tel: (212) 925-6635
Fax: (212) 226-1066
<http://www.nowldef.org>

National Partnership for Women and Families
1875 Connecticut Avenue, NW, Suite 710
Washington, DC 20009
Tel: (202) 986-2600
Fax: (202) 986-2539
<http://www.nationalpartnership.org>

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

National Resource Center on Domestic Violence
6400 Flank Drive
Harrisburg, PA 17112-2778
Tel: (800) 932-4632
Fax: (717) 671-8149

National Women's Business Council
409 Third Street, SW, Suite 5850
Washington, DC 20024
Tel: (202) 205-3850
Fax: (202) 205-6825
<http://www.womenconnect.com>

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

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

National Women's Political Caucus
1211 Connecticut Avenue, NW, Suite 501
Washington, DC 20008
Tel: (202) 785-1100
Fax: (202) 785-3605
<http://www.nwpc.org>

National Women's Studies Association
7100 Baltimore Avenue, Suite 301
College Park, MD 20740
Tel: (301) 403-0525
Fax: (301) 403-4137
<http://www.nwsa.org>

9 to 5, National Association of Working Women
231 Wisconsin Avenue, Suite 900
Milwaukee, WI 53203
Tel: (414) 274-0925
Fax: (414) 272-2870
<http://www.members.aol.com/nwsa925>

Older Women's League
666 11th Street, NW, Suite 700
Washington, DC 20001
Tel: (202) 783-6686
Fax: (202) 638-2356

Pension Rights Center
918 16th Street, NW, Suite 704
Washington, DC 20006
Tel: (202) 296-3776
Fax: (202) 833-2472

Planned Parenthood Federation of America
810 Seventh Avenue
New York, NY 10019
Tel: (212) 347-8500
Fax: (212) 783-1007
<http://www.plannedparenthood.org>

Population Reference Bureau, Inc.
1875 Connecticut Avenue, NW, Suite 520
Washington, DC 20009-5728
Tel: (202) 483-1100
Fax: (202) 483-3937
<http://www.prb.org>

The Urban Institute
2100 M Street, NW
Washington, DC 20037
Tel: (202) 833-7200
Fax: (202) 659-8985
<http://www.urban.org>

U.N. Secretariat of the Fourth World Conference on Women
Division for the Advancement of Women
Two United Nations Plaza
New York, NY 10017
Tel: (212) 963-8385
Fax: (212) 963-3463

U.S. Department of Commerce,
Bureau of the Census
Population Division
Washington, DC 20233
Tel: (301) 457-2422
Fax: (301) 457-2643
<http://www.census.gov>

U.S. Department of Education
600 Independence Avenue, SW
Washington, DC 20202
Tel: (202) 401-1576
Fax: (202) 401-0596
<http://www.ed.gov>

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Tel: (202) 690-7204
<http://www.os.dhhs.gov>

U.S. Department of Labor, Bureau of
Labor Statistics
Washington, DC 20212
Tel: (202) 606-6392 for State Labor
Force Data
<http://stats.bls.gov>

Victim Services, Inc.
2 Lafayette Street, 3rd Floor
New York, NY 10007
Tel: (212) 577-7700
Fax: (212) 985-0331

White House Office for Women's
Initiatives & Outreach
Old Executive Office Building, Room 15
Washington, DC 20502
Tel: (202) 456-7300
Fax: (202) 456-7311
<http://www.whitehouse.gov>

Wider Opportunities for Women/National
Commission on Working Women
815 15th Street, NW, Suite 916
Washington, DC 20005
Tel: (202) 638-3143
Fax: (202) 638-4885
<http://www.w-o-w.org>

Women Employed
22 West Monroe, Suite 1400
Chicago, IL 60603
Tel: (312) 782-3902
Fax: (312) 782-5249

Women Work!
1625 K Street, NW, Suite 300
Washington, DC 20006
Tel: (202) 467-6346
Fax: (202) 467-5366

Women's Bureau
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210
Tel: (800) 219-6611
Fax: (202) 219-5529
<http://www.dol.gov/dol/wb>

Women's Environmental and
Development Organization
845 Third Avenue, 15th Floor
New York, NY 10022
Tel: (212) 759-7982
Fax: (212) 759-8647

Women's Institute for a Secure
Retirement
1201 Pennsylvania Avenue, NW, Suite
619
Washington, DC 20004
Tel: (202) 393-5452
Fax: (202) 638-1336

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

Young Women's Christian Association of
the USA (YWCA of the USA)
726 Broadway
New York, NY 10003
Tel: (212) 614-2700
Fax: (212) 667-9716

Young Women's Project
923 F Street, NW, 3rd Floor
Washington, DC 20004
Tel: (202) 393-0461
Fax: (202) 393-0065

Appendix V: List of Census Bureau Regions

East South Central

Alabama
Kentucky
Mississippi
Tennessee

West South Central

Arkansas
Louisiana
Oklahoma
Texas

West North Central

Iowa
Kansas
Minnesota
Missouri
Nebraska
North Dakota
South Dakota

East North Central

Illinois
Indiana
Michigan
Ohio
Wisconsin

Pacific West

Alaska
California
Hawaii
Oregon
Washington

Mountain West

Arizona
Colorado
Idaho
Montana
New Mexico
Nevada
Utah
Wyoming

New England

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

Middle Atlantic

New Jersey
New York
Pennsylvania

South Atlantic

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

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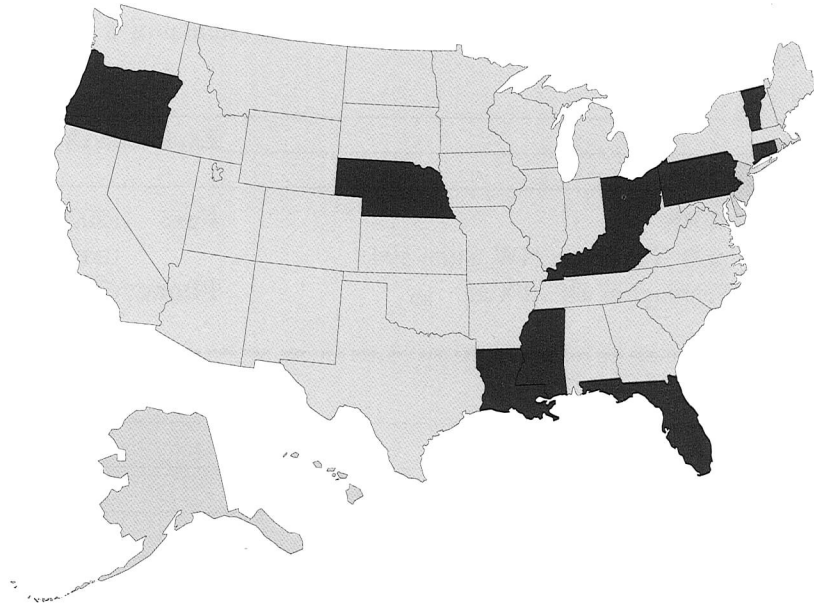
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