

The Status of Women in Arizona

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INSTITUTE FOR WOMEN'S POLICY RESEARCH



About This Report

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

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

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

About the Institute for Women's Policy Research

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

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

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

About IWPR's Partners in this Project

In producing these reports, IWPR called upon many individuals and organizations in the states. Janice Monk, Executive Director, Southwest Institute for Research on Women, and Carol Sack, Executive Director, Women's Fund of Southern Arizona, served as Co-Chairs of the Arizona Advisory Committee, coordinating the various individuals on the Committee, who represented organizations from all over the state. Dr. Monk and Ms. Sack organized the committee meetings, coordinated the focus boxes, and worked

extensively to raise funds for the project. The Committee made many contributions, including reviewing the draft report for accuracy, making suggestions to ensure that the data contained in the report would be useful, and organizing the dissemination of and publicity surrounding the release of the report. Many individuals and organizations in Arizona assisted in locating data and reviewing this report, and several organizations have joined in co-publishing the report.

The Southwest Institute for Research on Women (SIROW) is a research and resource center within the Department of Women's Studies at the University of Arizona. SIROW serves 30 colleges and universities in the southwestern United States and northwestern Mexico. It develops collaborative research projects focusing on women's culture, history, education, employment, and health; disseminates research on women in the region to academic and community audiences; collaborates with community organizations working for women; and supports curriculum change projects. SIROW also encompasses the Women in Science and Engineering Program, which reaches out to girls and young women to encourage their participation in science and technical careers.

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Additional Copies

In Arizona, for additional copies of this report contact:

Southwest Institute for Research on Women
University of Arizona
102 Douglass Building
Tucson, AZ 85721
Tel: (520) 621-3836

For additional copies of this report or the National Report, bulk copies of this report, or reports for other states, contact:

Institute for Women's Policy Research

1707 L Street, NW, Suite 750
Washington, DC 20036
Tel: (202) 785-5100
Fax (202) 833-4362
www.iwpr.org

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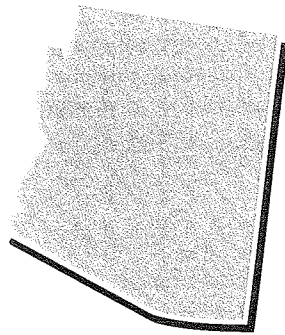
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The Status of Women in Arizona

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Edited by Amy B. Caiazza, Ph.D.



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Acknowledgments

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

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

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

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

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Finally, IWPR's communications and production staff played a pivotal role in the publication of the reports. Nasserie Carew, Associate Director of Communications, oversaw the layout and final preparation of the reports and was responsible for planning and coordinating the dissemination of and publicity surrounding the release of the reports. Her work was crucial to transforming the reports into their final format and to helping IWPR's state advisory committees call attention to their findings.

Arizona Advisory Committee

Janice Monk, Co-Chair

Southwest Institute for Research on Women
University of Arizona

Carol Sack, Co-Chair

Women's Foundation of Southern Arizona

Amanda Aguirre

Western Arizona Area Health Education Center

Betty Bergstrom

Arizona Women's Council

Rosalyn Boxer

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Women's Studies Program
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Charlotte Goodluck

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Northern Arizona University

Jenny Zesmer Gorrell

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Preface

This report on *The Status of Women in Arizona* offers an unusual opportunity to examine the position of women in the state, to see how their status compares with that of other women in the United States, and to identify policies and actions for improving their situation. It represents a collaborative venture between three organizations dedicated to social change for women: the Institute for Women's Policy Research (IWPR) in Washington, DC, which brings a national perspective to policy research and which contributed the main body of the text and data; the Southwest Institute for Research on Women at the University of Arizona, a research and educational program with a regional focus; and the Women's Foundation of Southern Arizona, whose grants make it possible for local groups to reach out to the diversity of women and girls through innovative programs designed to improve their education, economic status, and health and support their cultural activities. A wide array of state-level organizations has provided financial backing for the production of Arizona's report, and women leaders from around the state have offered important advice. The breadth and depth of commitment symbolize the importance attached to this endeavor.

Women in Arizona share much with women elsewhere in the United States. Their participation in the workforce has grown dramatically over the last three decades, yet their incomes continue to lag significantly behind those of men. Their representation in public office has increased, and public policies have addressed concerns not even named in the relatively recent past, such as domestic violence and sexual harassment. Women's health has correctly been added to the agenda of medical research. At the same time, women's rights continue to be challenged, and their health and economic well-being are in some ways deteriorating, especially in low-income areas.

Because each state plays an important role in determining the direction of change, it is critical to examine women's lives at that level, and not just nationally. Women in Arizona differ both from women elsewhere and from one another in a number of key ways. The state is second in the nation in its rate of population growth, reflecting migration from other parts of the United States and other countries, especially Mexico. Thus its women have diverse backgrounds and experiences. Further, the state has within its borders 21 Indian tribes whose histories, distinct tribal legal structures, and particular relations with the federal government are very different from those of other communities and from one another. Some Indian women live in urban areas, others in remote parts of reservations. About 20 percent of Arizona's women are Hispanic, and they too have a wide variety of backgrounds and experiences, from long-established residents to recent immigrants whose rights and resources may be severely limited. Although most Arizonans live in large urban areas, the state still has a higher proportion of its population in non-metropolitan regions than the nation as a whole, a situation that creates special challenges in providing access to services such as domestic violence shelters and that limits employment opportunities for women. Finally, women in communities along the U.S.-Mexico border face particular economic difficulties. These women experience some of the highest rates of poverty in the state and are less likely than other women to own their own businesses.

This report identifies specifically how women in Arizona compare with women in other states. On a number of indicators, such as women's median annual incomes, the percentage of women with four or more years of college, and average annual mortality from breast cancer, Arizona is an average state. On some indicators, Arizona's women have high rankings. A 35 percent representation of women in the state legislature and high levels of representation in other elected offices place Arizona fourth in the nation. Arizona is third nationally in the percentage of women-owned businesses. But these high scores do not necessarily translate into favorable situations for most of the state's women. Arizona ranks 49th in the United States in the percentage of non-elderly women covered by health insurance and 43rd in the percentage of women above the federal poverty level. Income inequalities are greater than they were two decades ago; the safety nets for those who are employed are weaker than the national average; and Temporary Assistance for Needy Families (TANF) restrictions are more severe. Arizona women still lack important reproductive rights policies, such as

insurance coverage for family planning and support for sex education in the schools, and abortion rights are constantly under debate. Meanwhile, the incidence of chlamydia, a sexually transmitted disease that is a precursor to cervical-uterine cancer, is one of the highest in the nation. Diabetes is a critical health issue among American Indians and Hispanics. The suicide rate for women is high in comparison to other states, placing Arizona 47th in the nation. Clearly, there are serious problems to address in order to improve the health and well-being of Arizona's women.

This report also draws attention to the fact that while Arizona's women vote at higher rates than the state's men, their registration and voting rates are lower than those of women nationally. Further, there is no women's caucus within the state legislature; institutional support for women's issues by the state government is limited, focused mainly on domestic violence concerns; and women are very unevenly represented in city, county, and tribal governmental bodies. Political mobilization in support of women remains an important goal for Arizona.

The broad sponsorship of *The Status of Women in Arizona* and the listing of resources included in the report are evidence that many organizations throughout the state recognize remaining challenges and are working to effect positive changes in women's lives. Yet more is clearly needed. New policies, revisions of existing policies, and adequate funding are called for, especially in relation to health insurance, health care, and health education, and specifically to provide the support that will enable low-income women to improve their lives. The state's citizens—men as well as women; political, business, and community leaders—can benefit from careful study of *The Status of Women in Arizona* in order to learn where and how to enhance the economic, political, health, and social standing of women.

Janice Monk

Executive Director, Southwest Institute for Research on Women
University of Arizona

Co-Chair, Arizona State Advisory Committee, *The Status of Women in Arizona*

Carol Sack

Executive Director, Women's Foundation of Southern Arizona

Co-Chair, Arizona State Advisory Committee, *The Status of Women in Arizona*

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Introduction

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

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

The staff of IWPR prepared these reports on *The Status of Women in the States* to inform citizens about the progress of women in their state relative to women in other states, to men and to the nation as a whole. The essence and goals of the reports have remained the same since 1996: 1) to analyze and disseminate information about women's progress in achieving rights and opportunities; 2) to identify and measure the remaining barriers to equality; and 3) to provide baseline measures and a continuing monitor of women's progress throughout the country. In addition, members of each state advisory committee prepared information on several topics to highlight issues of particular importance to women in their state.

In each report published in 2000, indicators describe women's status in political participation, employ-

ment and earnings, economic autonomy, reproductive rights, and health and well-being. In addition, the reports provide information about the basic demographics of the state (see Appendix I). For the five major issue areas addressed in this report, IWPR compiled composite indices based on the indicators presented to provide an overall assessment of the status of women in each area and to rank the states from 1 to 51 (including the District of Columbia; see Appendix II for details). The composite index on women's health status is an innovation for the 2000 reports; earlier reports presented information on women's health but did not rank the states on this issue.

Although state-by-state rankings provide important insights into women's status throughout the country—indicating where progress is greater or less—in no state do women have adequate policies ensuring their equal rights. Women have not achieved equality with men in any state, including those ranked relatively high on the indices compiled in this report. All women continue to face important obstacles to achieving economic, political and social parity.

To address the continuing barriers to women in this country, the 2000 series of reports includes another innovation: in addition to rankings for each of the issue areas, each state is given a grade for women's political participation, employment and earnings, economic autonomy, reproductive rights, and health and well-being. IWPR designed the grading system to highlight the gaps between men's and women's access to various rights and resources. States were thus graded based on the difference between their performance and goals (such as no remaining wage gap or the proportional representation of women) set by IWPR (see Appendix II). For example, since no state has eliminated the gap between women's and men's earnings, no state received an A on the employment and earnings composite index, despite rankings near the top for some states on the indicators encompassed by this index. Because women in the United States are closer to achieving some goals than others, the curve for each index is somewhat

different. Using the grades, policymakers, researchers and advocates in high-ranking states can quickly identify remaining barriers to equality for women in their state.

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

About the Indicators and the Data

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

IWPR also turned to members of its state advisory committees, who reviewed their state's report and provided input for improving the project as a whole. Finally, IWPR staff turned to experts in each of the subject areas for input about the most critical issues related to the various topics. An important source of this expertise for the 2000 reports was IWPR's Working Group on Social Indicators of Women's Status, described in detail below. Ultimately, the IWPR research team made data selection decisions on the basis of several principles and constraints:

relevance, succinctness, representativeness, reliability, and comparability of data across all the states and the District of Columbia. As a result, while women's status is constantly changing throughout the United States, the evidence contained in this report represents a compilation of the best available data for measuring women's status.

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

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

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

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

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

enhance the reports' usefulness to the residents of each state, while maintaining comparability across all the states.

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

About IWPR

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

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

Overview of the Status of Women in Arizona

The status of women in Arizona mirrors both the achievements and shortfalls of women's status in United States as a whole. While Arizona women are witnessing real improvements in their economic, political and social status, serious obstacles to their equality remain. The state ranks in the top ten of all states, at seventh, for women's political participation. It is within the top twenty, at 18th, on the health and well-being composite index. Arizona is closer to average at 25th on the economic autonomy composite index, 26th on the employ-

ment and earnings composite index, and 31st on the reproductive rights composite index (see Chart I, Panel A).

Even the state's better rankings, however, speak only to the status of its women relative 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. Women in Arizona still face significant problems that demand

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

Indicators	National Rank*	Regional Rank*
Composite Political Participation Index	7	1
Women's Voter Registration, 1992-96	38	6
Women's Voter Turnout, 1992-96	36	7
Women in Elected Office Composite Index, 2000	4	1
Women's Institutional Resources, 2000	44	6
Composite Employment and Earnings Index	26	2
Women's Median Annual Earnings, 1997	30	3
Ratio of Women's to Men's Earnings, 1997	5	1
Women's Labor Force Participation, 1998	45	8
Women in Managerial and Professional Occupations, 1998	26	3
Composite Economic Autonomy Index	25	3
Percent with Health Insurance Among Nonelderly Women, 1997	49	7
Educational Attainment: Percent of Women with Four or More Years of College, 1990	25	5
Women's Business Ownership, 1992	3	2
Percent of Women Above the Poverty Level, 1997	43	6
Composite Reproductive Rights Index	31	5
Composite Health and Well-Being Index	18	6

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

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

Calculated by the Institute for Women's Policy Research.

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

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

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

attention from policymakers, women's advocates and researchers concerned with women's status. As a result, in an evaluation of Arizona women's status compared with goals set for women's ideal status, Arizona earns a grade of B- in health and well-being, C+ in political participation, C in employment and earnings and in economic autonomy, and D+ in reproductive rights (see Chart I, Panel B).

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

in Arizona with women in each of the 50 states and the District of Columbia. In addition, they were used to evaluate women's status in the state in comparison with women's ideal status (for more information on the methodology for the composite indices and grades, see Appendix II).

Arizona joins Colorado, Idaho, Montana, New Mexico, Nevada, Utah, and Wyoming as part of the Mountain West region. Among these eight states, Arizona ranks first on the political participation composite index, second for employment and earnings, and third for the economic autonomy compos-

ite index; it falls to fifth for reproductive rights and sixth for health and well-being.

Although Arizona is an average-sized state, with just over 2.3 million women of all ages, it is growing quickly, with a population growth rate of over 27 percent in the 1990s (see Appendix I for details on the state's demographics). Women in Arizona have much lower labor force participation rates than women in the country as a whole. While in some ways Arizona's women are less diverse than the national population, with fewer African Americans and Asian Americans, Arizona has more Hispanics and Native Americans than the national average. A larger proportion of Arizona's women live in rural areas than in most states. Women in rural areas face special challenges accessing services, such as domestic violence shelters, health providers, or family planning resources, and finding employment.

Arizona also has 21 Indian tribes with distinct histories, tribal legal structures, and relations with the federal government. Some Indian women live in metropolitan areas; others in remote parts of reservations. The state's Hispanic population also encompasses a variety of experiences, from long-time residents to recent immigrants. Finally, Arizona women living in communities on the U.S.-Mexico border face significant challenges to their access to resources, particularly economic ones.

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

Political Participation

With a woman Governor and over 35 percent of the state legislature made up of women, Arizona has the fourth highest proportion of women in elected office in the United States and ranks seventh on the politi-

cal participation composite index. In contrast, though, the state has no female Representatives or Senators in the U.S. Congress. Women also register to vote and vote at lower rates than women in the rest of the country, and they lack both a women's commission and a women's caucus in the state legislature. Like women in the country as a whole, women in Arizona clearly have not achieved equality in the state's political life. As a result, despite its relatively high rankings on this index, the state receives a grade of C+ on the political participation composite index.

Employment and Earnings

Arizona's rankings on indicators of women's employment and earnings vary widely. While women in Arizona participate in the workforce much less than women in the country as a whole (at 45th), they earn wages and work as managers or professionals at about the same level as women in the rest of the nation. At fifth, their earnings in relation to men's are higher than in most of the country. These factors combine to place Arizona 26th in the nation on the employment and earnings composite index, and the state received a grade of C on this index.

In addition, about 59 percent of Arizona women with children under six years of age are working. These parents increasingly need adequate and affordable child care, a policy demand not yet adequately addressed in Arizona 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, public policies lag far behind reality.

Economic Autonomy

While Arizona ranks at the midpoint for all states (25th) on the economic autonomy composite index, the state's women still face serious obstacles in this area as well. A relatively high proportion of businesses are owned by women, at third for the nation as a whole, but the state's women have attained only average levels of education. In addition, Arizona ranks 49th for women with health insurance and 43rd for the proportion of women living in poverty.

Almost 16 percent of women live under the poverty line, considerably more than the national poverty rate for women, about 13 percent. Arizona's room for improvement is reflected in its grade of C for this composite index.

Reproductive Rights

Arizona women lack many of the reproductive rights and resources identified as important, and as a result the state ranks 31st of 51 on the reproductive rights composite index. While a higher proportion of women live in counties with an abortion provider compared with the country as a whole, state policies restrict access to abortion by mandating parental consent, and poor women can receive public funding for abortion only under limited circumstances. Women in Arizona are not legally guaranteed that their health insurers will provide coverage for contraception or infertility treatments, and Arizona does not mandate sex education. Because, like most states, Arizona does not guarantee many important reproductive rights, the state received a grade of D+ on this composite index.

Health and Well-Being

At 18th in the nation as a whole, women in Arizona have better health status than women in many other states. The state has a low proportion of women with

diabetes and low rates of mortality from breast cancer. Women's incidence of AIDS, mortality from heart disease, and activities limitations due to their health status rank near the midpoint for all states, however, and the state ranks 40th for incidence of chlamydia. Finally, while women's self-reported overall mental health is first in the country, women in the state are much more likely to die from suicide than women in almost every other state. Arizona's grade of B- reflects the state's room for improvement in women's health and well-being.

Conclusion

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

Women's Resources and Rights Checklist

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

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

Chart II, the Women's Resources and Rights Checklist, provides an overview of the policies supporting women's rights and the resources available to women in Arizona. This list derives from ideas presented in the Platform for Action, including the need for policies that help prevent violence against women, promote women's economic equality, alleviate poverty among women, improve their physical, mental, and reproductive health and well-being, and enhance their political power. The rights and resources outlined in the Women's Resources and Rights Checklist fall under several categories: protection from violence, access to income support (through welfare and child support collection), women-friendly employment protections, legislation protecting sexual minorities, reproductive rights, and institutional representation of women's concerns.

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

Violence Against Women

Arizona has adopted some of the policies and provisions identified in this report that can help curtail violence and protect victims, but it lacks others. The state has adopted domestic battery laws that supplement assault statutes. Creating a separate offense for domestic battery allows enhanced penalties for repeat offenders and equal treatment for victims of domestic violence, since victims of domestic violence are often treated less seriously than victims of other kinds of assault (Miller, 1999a). A total of 30 states have adopted this type of law. Arizona has also expanded its definition of domestic violence to include same-sex couples (Arizona, 2000). In contrast, Arizona does not require domestic violence training among new police recruits to ensure that police are aware of state laws, the prevalence and significance of domestic violence, and the resources available to victims (Miller, 1999a). Thirty-one states and the District of Columbia require domestic violence training by statute. However, Arizona's police academies do routinely include twelve hours of domestic violence training in their curriculum for new recruits (Arizona Peace Officer Standards and Training Board, 2000).

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

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

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Violence Against Women				
Is domestic violence a separate criminal offense in Arizona?	✓			30
Does Arizona law require domestic violence training of new police recruits?		✓	Included in Standard Training Curriculum	32
Domestic violence and sexual assault spending per person:			\$1.18	\$1.34
Is a first stalking offense a felony in Arizona?	✓			10
Does Arizona law require sexual assault training for police and prosecutors?		✓		10
Child Support				
Percent of single-mother households receiving child support or alimony:			30%	34%
Percent of child support cases with orders for collection in which support was collected:			43.6%	39.2%
Welfare Policies				
Does Arizona extend TANF benefits to children born or conceived while a mother is on welfare?		✓		27
Does Arizona allow receipt of TANF benefits up to or beyond the 60-month federal time limit? ¹		✓	24-month limit	30
Does Arizona allow welfare recipients at least 24 months before requiring participation in work activities?		✓	Individually Determined	23
Does Arizona provide transitional child care under TANF for more than 12 months?	✓		24 months	33
Has Arizona's TANF plan been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence?	✓		Certified	40
In determining welfare eligibility, does Arizona disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job?		✓		25
Average TANF benefit in Arizona, 1997-98:			\$278.76	\$358.08
Employment/Unemployment Benefits				
Is Arizona's minimum wage higher than the federal level as of March 2000?	✓			10
Does Arizona have mandatory temporary disability insurance?		✓		5
Does Arizona provide Unemployment Insurance benefits to:				
Low-wage workers?		✓		12
Workers seeking part-time jobs?		✓		9
Workers who leave their jobs for certain circumstances ("good cause quits")?		✓		23

Chart II continued

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
As of July 2000, has Arizona proposed policies allowing workers to use Unemployment Insurance for paid family leave?		✓		0 Enacted; 13 Proposed
Has Arizona implemented adjustments to achieve pay equity in its state civil service?		✓		20
Sexual Orientation and Gender Identity				
Does Arizona have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity?		✓		19
Does Arizona have a Hate Crimes law covering sexual orientation?	✓			24
Has Arizona avoided adopting a ban on same-sex marriage?		✓		20
Reproductive Rights				
Does Arizona allow access to abortion services: Without mandatory parental consent or notification? ²		✓		9
Without a waiting period?	✓			33
Does Arizona provide public funding for abortions under any or most circumstances if a woman is eligible?		✓		15
Does Arizona require health insurers to provide comprehensive coverage for contraceptives?		✓		11
Does Arizona require health insurers to provide coverage of infertility treatments?		✓		10
Does Arizona allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child? ³			No case has been tried	21
Does Arizona require schools to provide sex education?		✓		18
Institutional Resources				
Does Arizona have a Commission for Women?		✓		39
Total Policies⁴	6	21		28 possible

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

¹ Arizona limits receipt to 24 months out of any 60-month period, with a lifetime limit of 60 total months.

² Arizona's parental consent law is not enforced.

³ Most states that allow such adoptions do so as the result of court decisions. In Arizona, no case has yet been tried.

⁴ Arizona's policies in the "yes" and "no" columns do not add up to 28 because some of Arizona's policies have mixed evaluations and thus fall in the "other" column.

Compiled by the Institute for Women's Policy Research.

a felony or a misdemeanor, depending on circumstances such as use of a weapon or prior convictions. Straight felony status is considered preferable because it usually leads to quicker arrest, since otherwise police must investigate the level of seriousness of the stalking in determining probable cause (U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998). In Arizona, stalking is always a felony. Ten states also have provisions requiring training on sexual assault for police and prosecutors. Arizona is not one of those states.

In fiscal year 1994-95, Arizona administered \$1.18 per person of state and federal funds for domestic violence and sexual assault programs, below the U.S. average of \$1.34. Federal funds constituted 67 percent of funds for domestic violence and sexual assault administered in Arizona, while 33 percent came from the state. Of federal funds, 94 percent was spent on domestic violence programs and 6 percent was spent on sexual assault programs. Of state funds, 99 percent was spent on domestic violence and 1 percent was spent on sexual assault. Investing in programs to decrease the prevalence of domestic battery and sexual assault, as well as to provide services to victims, is important to reducing both types of crimes and to helping victims rebuild their lives.

Child Support

Many mother-headed households experience low wages and poverty, and child support or alimony is one way to supplement their depressed incomes. In the United States, approximately 34 percent of female-headed households receive some level of child support or alimony. In Arizona, 30 percent receive such support, somewhat below the national average.

According to the U.S. Department of Health and Human Services Office of Child Support Enforcement, 55 percent of all child support cases that go to trial are granted a support order by a judge. However, child support is collected in only 39.2 percent of cases with orders (or about 22 percent of all child support cases). The enforcement efforts made by state and local agencies can affect the extent of collections (Gershenson, 1993). Of all

child support cases with orders for collection in Arizona, child support was collected in only 43.6 percent. This proportion is above the average for the United States as a whole. IWPR research shows that child support can make a substantial difference in low-income families' lives by lifting many out of poverty. Among nonwelfare, low-income families with child support agreements, poverty rates would increase by more than 30 percent without their child support income (IWPR, 1999).

Welfare Policies

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

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

Arizona does not extend TANF benefits to children born or conceived while a mother receives welfare. As of August 1999, 24 states have Child Exclusion

policies, or "Family Caps." Of these states, two have a modified Family Cap and therefore give partial increases in benefits for additional children. Twenty-six states and the District of Columbia do not have any kind of Family Cap (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c).

Arizona's time limits on receiving TANF benefits are also more stringent than federal regulations require. In Arizona, recipients have a lifetime limit of 60 months, but they are limited to 24 months within any 60-month time period. The average time limit for all states is just over 46 months. Twenty-seven states and the District of Columbia have a time limit of 60 months (the maximum allowed under federal law). Nineteen other states report lifetime time limits of less than 60 months. Four states have no lifetime limits for individuals complying with TANF requirements. Of these four, two supplement federal funds with state monies, and two have other kinds of restrictions on receipt after 24 months (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c).

Federal law requires nonexempt residents to participate in work activities within two years of receiving cash assistance. States have the option of establishing stricter guidelines, and many have elected to do so. In 20 states, nonexempt recipients are required to engage in work activities immediately under TANF. Six states have work requirements within less than 24 months. Twenty-two states and the District of Columbia require recipients to work within 24 months or when determined able to work, whichever comes first. In Arizona, work requirements are evaluated on an individual basis (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). This policy may limit the time some Arizona welfare recipients can invest in upgrading skills through training or education, and a failure to invest in women's capacity to support themselves may doom them to a lifetime of low earnings.

PRWORA also replaced former child care entitlements with the Child Care and Development Fund, which consolidated funding streams for child care and provided new child care funds to states. This new system requires that states use no less than 70

percent of the new funds to provide child care assistance to several types of families: those receiving TANF, those transitioning away from welfare through work activities, and those at risk of becoming dependent on TANF (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). In addition to these funds, many states use TANF funds or additional state funds to provide child care services. States also have substantial discretion over designing their child care programs, including how long they provide child care services to families. Currently, while all of the states provide a minimum of twelve months of child care to families transitioning away from welfare, 33 states, including Arizona, extend child care beyond twelve months. Arizona provides transitional child care to families for 24 months. Expanded child care services are a crucial support for working families, especially single mothers, and are critical to ensuring families' self-sufficiency.

As of August 1999, 27 states and the District of Columbia were recognized by the U.S. Department of Health and Human Services, Administration for Children and Families, as having adopted the Family Violence Option, which allows victims of violence to be exempted from work requirements, lifetime time limits, or both as part of state TANF plans (U.S. Department of Health and Human Services, 1999c). Another five states are in the process of developing screening and counseling standards, and seven others have adopted exemptions for domestic violence but have not received certification. The eleven other states have not applied for or received the optional certification and have not adopted other language. Arizona is certified under the Family Violence Option.

PRWORA also gave states increased flexibility in how they treat earnings in determining income eligibility for TANF applicants. One standard for measuring the generosity of state rules is whether they disregard 50 percent or more of the earnings of a full-time, minimum-wage worker. Arizona has a relatively stringent policy on how it treats earnings in determining TANF eligibility. The state disregards less than 50 percent of earnings when a person is working in a full-time minimum wage job. Strict earnings disregards make the transition away from

Focus on Women's Policy in Arizona

The current political environment and priorities of elected officials in state government can seriously impact women's status. In 2000, Arizona's legislature introduced several bills related to women's status in the areas of violence against women and reproductive rights (highlighted below). In contrast, the legislature has not been as active in introducing bills that would improve women's status in other areas, such as employment and earnings and economic autonomy.

Violence Against Women

Key legislation passed in 2000 addressed penalties for domestic violence; victims' rights; definitions of who is covered by domestic violence legislation; and procedures that may be applied in court and correctional procedures. Among the important provisions of the legislation were:

- ◆ increasing the penalties that may be imposed when a defendant commits an offense against a pregnant victim and knows of the pregnancy;
- ◆ extending the rights of victims of violence who were convicted of homicide or attempted homicide before September 30, 1992, to petition for a review of their sentences by the Board of Executive Clemency;
- ◆ expanding the set of relationships covered under definitions of domestic violence to include step-parents, step-grandparents, and relationships established by court order;
- ◆ expanding the rights of victims of domestic violence by extending anti-discrimination provisions governing health, disability and life insurance claims to include property insurance claims (Arizona Legislative Computer Services, 2000).
- ◆ broadening the definition of domestic violence in the Arizona criminal code by removing the requirement that the defendant and victim be of the opposite sex (Arizona Legislative Computer services, 2000). This legislation marks a significant departure in Arizona, where definitions of domestic violence previously only applied to heterosexual relationships; and
- ◆ clarifying who may serve injunctions related to domestic violence in different jurisdictions (Arizona Legislative Computer Services, 2000).

(continued on next page)

Health and Reproductive Rights

Most legislation concerning women's health care and reproductive rights has been less successful. One important proposal mandated that health insurance providers cover such procedures as mammograms at specified intervals, breast reconstruction if a plan covers mastectomies, a 48-96 hour hospital stay after childbirth, and benefits for contraceptives in prescription plans. The bill failed, as did another that would have established a Women's Health Information and Policy Center in the Office of the Governor. Given the health problems faced by Arizona women, especially in relation to health insurance, these remain important issues to pursue.

Finally, abortion continues to be an active item on Arizona's legislative agenda. The state legislature passed laws in 1989 and 1996 requiring parental consent for minors who wish to terminate a pregnancy. Both laws have been overridden by courts based on constitutional objections to provisions that are unenforceable and insufficiently specific. Legislation passed in 2000 stipulates that parent's decisions to consent must be made in a timely fashion, in order to allow an opportunity for an abortion to be obtained, and also permits doctors to perform an immediate abortion when necessary to avert significant health risks to the woman. A 48-hour time frame for court rulings is now stipulated. The legal procedure also allows a minor to use a fictitious name and requires the judge to order that records of the evidence remain confidential (Arizona Legislative Computer Services, 2000). Planned Parenthood filed suit against this law, arguing that it arbitrarily creates classes of girls who do or do not need consent. A preliminary injunction against the law was issued by the U.S. District Court in Tucson on July 14, 2000, keeping it off the books four days before it was to have taken effect (Arizona Daily Star, 2000).

welfare more difficult for women and their families as they strive for self-sufficiency.

In the United States as a whole, in the period from October 1997 to September 1998, over three million families received an average cash assistance benefit of \$358.08 per month. In Arizona, the average monthly benefit was \$278.76, lower than the national average (U.S. Department of Health and Human Services, Administration for Children and Families, 1999b). When low benefits are combined with stringent earnings disregards, welfare recipients can have more difficulty moving out of poverty and achieving an adequate standard of living.

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

emphasis on informing welfare recipients of their rights, and other policies, states can work to ensure that welfare recipients are able to take full advantage of the economic and support services available to them.

Employment/Unemployment Benefits

Employment policies and protections are crucial to helping women achieve economic self-sufficiency and to providing them a safety net during periods of unemployment. Arizona lacks many employment policies that would be supportive of women workers.

The minimum wage is particularly important to women because they constitute the majority of low-wage workers. Recent research by IWPR and the Economic Policy Institute found that women would be a majority of the workers affected by a one-dollar increase in the minimum wage (Bernstein, Hartmann, and Schmitt, 1999). As of March 2000, ten states and the District of Columbia had minimum wage rates higher than the federal level of \$5.15. Six states had minimum wage rates lower than the federal level (but the federal level generally applies to most employees in these states). Seven states had no minimum wage law, and 27 states had state minimum wages equal to the federal level. Arizona has no state minimum wage (U.S. Department of Labor, 1999).

Temporary Disability Insurance (TDI) is also an important resource for women because it provides partial income replacement to employees who leave work because of an illness or accident unrelated to their jobs. In the five states with mandated programs (California, Hawaii, New Jersey, New York and Rhode Island), employees and/or their employers pay a small percentage of the employee's salary into an insurance fund and, in return, employees are provided with partial wage replacement if they become ill or disabled. Moreover, in states with TDI programs, women workers typically receive eight to twelve weeks of partial wage replacement for maternity leave through TDI (Hartmann, Yoon, Spalter-Roth and Shaw, 1995). Arizona does not require mandatory TDI. Failure to require mandatory TDI

coverage leaves many women, especially single mothers, vulnerable in case of injury or illness.

Unemployment Insurance (UI) provides workers and their families a safety net during periods of unemployment. In order to receive UI, potential recipients must meet several eligibility requirements. IWPR research has shown that nearly 14 percent of unemployed women workers are disqualified from receiving UI by two earnings criteria, more than twice the rate for unemployed men (see Appendix III for more details on UI requirements; Yoon, Spalter-Roth and Baldwin, 1995). States typically set eligibility standards for UI and can enact policies that are more or less inclusive and more or less generous to claimants. In Arizona, UI provisions are relatively unsupportive of women. Earnings requirements generally disqualify the majority of low-wage workers. In addition, policies do not allow workers seeking part-time jobs to qualify for unemployment benefits. Because women are more likely than men to seek part-time work, the failure to cover workers seeking part-time work disproportionately harms women. Arizona's policy also does not allow women to qualify for insurance in cases of "good cause quits," in which a worker leaves a job for personal circumstances, which might include moving with a spouse, harassment on the job, or other situations.

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

Some states have implemented pay equity remedies, which are policies designed to raise the wages of jobs undervalued at least partly because of the sex or race of the workers who hold those jobs. By 1997,

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

Sexual Orientation and Gender Identity

Arizona lacks some policies that would provide lesbians and other sexual minorities access to the same rights that other citizens have. Eighteen states and the District of Columbia have adopted statutes prohibiting discrimination on the basis of sexual orientation. Arizona has not adopted such a law. In addition, 23 states and the District of Columbia have passed laws creating enhanced penalties for perpetrators of hate crimes committed against victims because of their sexual orientation. Arizona has passed a hate crime bill that addresses crimes against gay, lesbian and bisexual residents. In contrast, Arizona has specifically prohibited same-sex marriage. Thirty one states have banned same-sex marriage. Only one state, Vermont, has expressly allowed gay and lesbian couples to take advantage of the same rights and benefits extended to married couples under state law, through the passage of a "civil union" act. Vermont's law was signed in April 2000 and allows gay and lesbian couples to claim benefits such as inheritance rights, property rights, tax advantages, and the authority to make medical decisions for a partner, once they register as a civil union.

Reproductive Rights

While indicators concerning reproductive rights and family planning resources are covered in more detail later in the report, they also represent crucial components to any list of desirable policies for women. Overall, in Arizona, women have below average levels of access to abortion, contraception, and other family planning resources. Without adequate access, women have limited resources for making careful, informed, and independent decisions about child-bearing, which can in turn have a significant impact on their lives and well-being and the lives and well-being of their children.

Institutional Resources

Since Arizona lacks a state-level commission for women, it lacks one form of representation that might help create more women-friendly policies in the state (see the section on Political Participation for more details). A total of 39 states currently have state-level commissions for women.

Conclusion

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

Political Participation

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

Over the past few decades, a growing gender gap in attitudes among voters—the tendency for women and men to vote differently—suggests that women's political preferences at times differ from men's (Conway, Steuernagel and Ahern, 1997). Women,

for example, tend to support funding for social services and child care, as well as measures combating violence against women, more than men do. Many women also stress the importance of issues like education, health care and reproductive rights. Because women are often primary care providers in families, these issues can affect women's lives profoundly.

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

Chart III.
Political Participation: National and Regional Ranks

Indicators	National Rank* (of 50)	Regional Rank* (of 8)	Grade
Composite Political Participation Index	7	1	C+
Women's Voter Registration (percent of women 18 and older who reported being registered to vote in 1992 and 1996) ^a	38	6	
Women's Voter Turnout (percent of women 18 and older who reported voting in 1992 and 1996) ^a	36	7	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2000) ^{b, c, d}	4	1	
Women's Institutional Resources (number of institutional resources for women in Arizona, 2000) ^{e, f}	44	6	

See Appendix II for methodology.

* The national rank is of a possible 50, because the District of Columbia is not included in this ranking. The regional rankings are of a maximum of eight and refer to the states in the Mountain West Region (AZ, CO, ID, MT, NM, NV, UT, WY).

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

Calculated by the Institute for Women's Policy Research.

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

Overall, women in Arizona fare relatively well when compared with women in the United States as a whole, and the state ranks among the top ten, at seventh, on the political participation composite index. Still, Arizona's rankings for each of the component indicators of women's political participation vary greatly. While its score for women in elected office ranks fourth in the country, its performance on each of the other indicators ranks below the midpoint for all states, at 36th for women's voter turnout, 38th for women's voter registration, and 44th (near the bottom of all states) for women's institutional resources (see Chart III). Within its region, Arizona ranks first for women in elected office, sixth for women's insti-

tutional resources and voter registration, and seventh for voter turnout.

In addition, although women in Arizona fare better on measures of political participation than women in many other states, they have still not achieved a proportional voice in the state's political life. Women make up less than 36 percent of the state legislature, and no woman holds a seat in Arizona's Congressional delegation. Similarly, Arizona women have low voter turnout and lack a women's commission and legislative caucus. Thus Arizona's performance on the political participation indicators earns it a grade of C+. Women throughout the country and in Arizona need better representation within the political process.

Voter Registration and Turnout

Voting is one of the most fundamental ways Americans express their political needs and interests. Through voting, citizens choose leaders to represent them and their concerns. Recognizing this, early women's movements made suffrage one of their first goals. Ratified in 1920, the Nineteenth Amendment established U.S. women's right to vote, and in November of that year, about eight million out of 51.8 million women voted for the first time (National Women's Political Caucus, 1995). African American and other minority women, however, were denied the right to vote in many states until the Voting Rights Act of 1965 was passed. But even after women of all races were able to exercise their right to vote,

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

	Arizona		United States	
	Percent	Number	Percent	Number
1996 Voter Registration*^a				
Women	60.4	1,012,000	67.3	67,989,000
Men	56.4	831,000	64.4	59,672,000
1992 Voter Registration*^b				
Women	72.6	974,000	69.3	67,324,000
Men	68.3	908,000	66.9	59,254,000
Number of Unregistered Women Eligible to Vote, 1996^c	N/A	430,000	N/A	23,775,000
Percent and Number of Public Assistance Recipients Registered under the National Voter Registration Act, 1996^c	1.6	2,744	14.1	1,312,000

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

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

Compiled by the Institute for Women's Policy Research.

many candidates and political observers did not take women voters seriously. Instead, they assumed women would either ignore politics or simply vote like their fathers or husbands (Carroll and Zerrilli, 1993).

Neither prediction came true. Women now register and vote slightly more often than men. By 1996, almost 68 million women, or 67.3 percent of those eligible, reported being registered to vote, compared with nearly 60 million or 64.4 percent of eligible men (see Table 1). However, Arizona's 1996 voter registration rates were much lower for both men and women than the national rates. In Arizona, 60.4 percent of women reported being registered to vote in the November 1996 elections, while 56.4 percent of men did. In contrast, in 1992, men and women's voter registration rates in Arizona were both slightly higher than national rates.

Women voters have constituted a majority of U.S. voters since 1964. In 1996, 53 percent of voters were women, compared with 54 percent in 1992, and in most states women have higher voter turnout rates than men. In 1992, 65.4 percent of Arizona women reported voting, while in 1996, 51.1 percent did (see Table 2). As a result, in 1992, women's voter turnout in Arizona was above national levels, while in 1996,

Arizona had much lower voter turnout than the nation as a whole. Arizona ranks 36th among all the states and seventh in the Mountain West region for women's voter turnout in the 1992 and 1996 elections combined. Notably, voter turnout dropped substantially for both sexes in the nation as a whole between 1992 and 1996. Although in Arizona women's turnout fell substantially in 1996, it remained much higher than the rate for men. Overall, compared with other Western democracies, voter turnout is relatively low for both sexes in the United States.

Minority men and women in the United States generally vote at lower rates than white men and women. In 1996, 54.8 percent of white men and 57.2 percent of white women voted, compared with 46.6 percent of African American men, 53.9 percent of African American women, 24.2 percent of Hispanic men, and 29.3 percent of Hispanic women. Separate data for minority men and women are not available at the state level. However, in Arizona, 49.1 percent of all whites, 45.0 percent of all African Americans, and 23.0 percent of Hispanics voted in 1996 (data not shown; U.S. Department of Commerce, Bureau of the Census, 1998b). Lower levels of voter turnout among minority men and women can mean that their interests and concerns are less well represented in the political process.

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

	Arizona		United States	
	Percent	Number	Percent	Number
1996 Voter Turnout*^a				
Women	51.1	857,000	55.5	56,108,000
Men	42.9	632,000	52.8	48,909,000
1992 Voter Turnout*^b				
Women	65.4	878,000	62.3	60,554,000
Men	63.9	849,000	60.2	53,312,000

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

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

Compiled by the Institute for Women's Policy Research.

Over the years, most states in the United States have developed relatively complicated systems of voter registration. Voting has typically required advance registration in a few specified locations, and this system is historically a major cause of low U.S. voting rates (Wolfinger and Rosenstone, 1980). Those in poverty and persons with disabilities are particularly disadvantaged by the inaccessible voter registration system. Voting itself is also more diffi-

cult for people with disabilities because of problems such as inadequate transportation to the polls.

Effective as of January 1995, the National Voter Registration Act (NVRA) required states to allow citizens to register to vote when receiving or renewing a driver's license or applying for AFDC, Food Stamps, Medicaid, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and disability services. Under the new welfare system, applicants for TANF and related programs continue to have the opportunity to register to vote when seeking welfare benefits. By 1996, the NVRA successfully enrolled or updated voting addresses for over eleven million people, including 1.3 million through public assistance agencies, 2,744 of whom live in Arizona (see Table 1). As of 1996, 14.1 percent of eligible public assistance recipients were registered to vote through public assistance offices. In Arizona, only 1.6 percent were registered by 1996. Nearly 24 million eligible women remain unregistered in the United States, and nearly 430,000 of them live in Arizona.

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 served in the 1999-2000 U.S. Senate (106th Congress). Women also filled 56 of

the 435 seats in the 106th U.S. House of Representatives (not including Eleanor Holmes Norton, the nonvoting delegate from the District of Columbia, and Donna Christian-Green, the nonvoting delegate from the Virgin Islands). Women of color filled only 20 House seats and no Senate seats, and only one openly lesbian woman served in Congress. Women from Arizona filled no seats in the U.S. House or Senate, meaning that they had no national representation and were well below the national average (see Table 3).

In contrast, at the state level, women held five elected executive offices in Arizona (governor, attorney general, secretary of state, treasurer, and superintendent of public instruction), placing the state substantially above the national average. No women of color serve in a statewide elected office in Arizona. The proportion of women in the state legislature is

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

	Arizona	United States
Number of Women in Statewide Executive Elected Office^{a, b}		
Women of Color ^c	5	91
	0	6
Number of Women in the U.S. Congress		
U.S. Senate ^d	0 of 2	9 of 100
Women of Color ^c	0	0
U.S. House ^e	0 of 6	56 of 435
Women of Color ^c	0	20
Number of Women Running for the U.S. Congress, 1998^{f, g}		
U.S. Senate	0 of 4	10 of 79
U.S. House	0 of 13	121 of 779
Percent of State Legislators Who Are Women^h	35.6%	22.4%
Percent of Women in Appointed Officeⁱ	26.1%	29.8%

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

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

Compiled by the Institute for Women's Policy Research.

Focus on Women in Politics in Arizona

As of January 2000, all of Arizona's top elected executive officials are women: the Governor, Secretary of State, Attorney General, Treasurer, and Superintendent of Public Instruction. The state also ranked high—third in the U.S. in 1999—in its representation of women among state legislatures. Women hold 23 percent of seats in the state senate and 42 percent of seats in the state assembly. The majority of these women (59 percent) are Republicans (Center for American Women and Politics, 2000). However, Arizona has no female representation in Congress and has only ever sent two women to Congress: Isabella Selmes Greenway (Democrat), 1933-36, and Karan English (Democrat), 1992-94 (Arizona Women's Political Caucus, 1999).

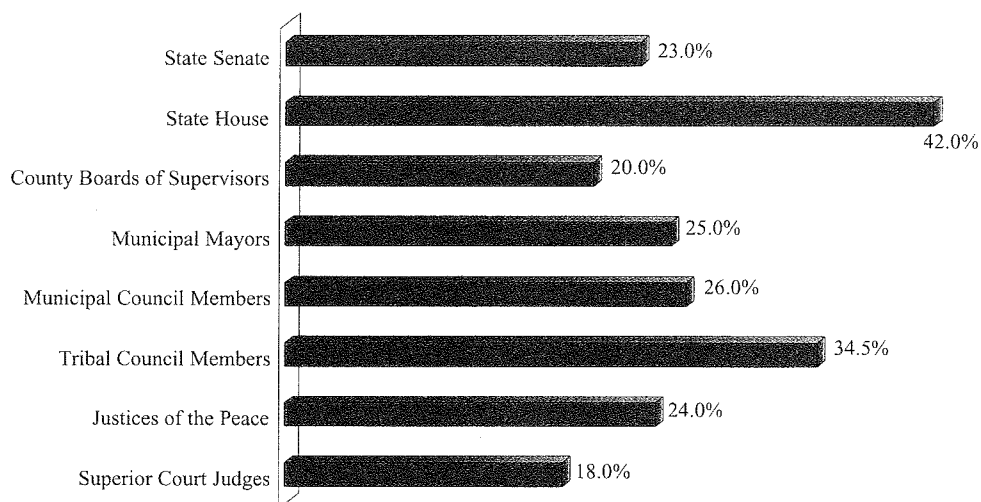
In addition, women's political representation in local government does not yet match that achieved at the state level. As indicated in Illustration 1, women make up 20-26 percent of mayors, council members, and members of County Boards. Geographic representation is also uneven: seven of the state's 15 counties have no women on their Boards of Supervisors, although women serve as Board chairs in four counties: La Paz, Pima, Pinal, and Yuma (Arizona Women's Political Caucus, 1999). Women's membership among American Indian Tribal Councils averages 35 percent but varies widely from tribe to tribe. Six of the eight members of the San Juan Southern Paiute Tribal Council are women, for example, but only five of the 44 members of the Navajo Nation Council are women (Administration Office, San Juan Southern Paiute Tribe, 2000; Inter Tribal Council of Arizona, 2000; Office of Legislative Services, Council Delegate's Office, Navajo Nation Council, 2000).

Within the judiciary, 24 percent of Justices of the Peace and 18 percent of Superior Court Judges are women, but again representation varies across the state. Thirteen percent (18 of 137) of Superior Court Judges in Maricopa County are women, compared with 28 percent (7 of 25) in Pima County. In 1998, the second woman to serve and the first woman in 23 years was appointed to the Arizona Supreme Court (Arizona Women's Political Caucus, 1999).

Despite Arizona's relatively high level of female representation at the local and state level and its unique position as the only state whose top elected executive officials are all women, Arizona women do not enjoy equitable political representation with men. Further strides should be made to encourage women's political participation in Arizona.

(continued on next page)

Focus Box Illustration 1. Women Elected Office Holders in Arizona, 2000



Source: Administration Office, San Juan Southern Paiute Tribe, 2000; Arizona Women's Political Caucus, 1999; Center for American Women and Politics, 2000; Inter Tribal Council of Arizona, 2000; Office of Legislative Services, Council Delegate's Office, Navajo Nation Council, 2000.

Compiled by the Southwest Institute for Research on Women.

also relatively high, as women make up 35.6 percent of the legislature, compared with a 22.4 percent average for the nation as a whole. Finally, as of October 1999, women constituted 26.1 percent of top-level public appointees with policymaking responsibility who were appointed by the current governor in Arizona. The national average is slightly higher at 29.8 percent (for more information, see Focus on Women in Politics).

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

Research on women as political candidates suggests that they generally win elected office at similar rates to men, but far fewer women run for office (National Women's Political Caucus, 1994). In 1998, 121 women out of 779 total candidates (15.5 percent) ran for office in the U.S. House of Representatives, while ten women of 79 total candidates (12.7 percent) ran for office in the U.S. Senate. In Arizona, no women ran for a seat in either the U.S. House or Senate in the 1998 general election (CAWP, 1999b; FEC, 1998a, 1998b).

For women to win their proportionate share of political offices in the near term, the number and percentage of seats they hold must increase much more quickly than they did during the 1990s. Policies and practices that might encourage women to run for office—including those that would help them challenge incumbents—can be integral to increasing women's political voice (Burrell, 1994). Such poli-

cies include campaign finance reform, recruitment of female candidates by political parties, and fair and equal media treatment for male and female candidates.

Institutional Resources

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

Table 4.
Institutional Resources for Women in Arizona

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

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

sion for women and a women's caucus in either the Assembly or the Senate (see Table 4). In the country as a whole, 39 states have state-level commissions for women and 34 have women's caucuses. Fifteen states have both a commission for women and caucuses in each house of the state legislature.

Employment and Earnings

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

Families often rely on women's earnings to remain out of poverty (Cancian, Danziger and Gottschalk, 1993; Spalter-Roth, Hartmann and Andrews, 1990).

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

Women in Arizona rank 26th in the nation and second in the Mountain West region on the earnings and employment composite index (see Chart IV). The state ranks relatively high, at fifth, on the ratio of women's to men's earnings. In contrast, Arizona ranks at the midpoint for all states for women in managerial and professional occupations, slightly below the midpoint for women's annual earnings, and near the bottom on women's labor force participation. Within the Mountain West region,

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

Indicators	National Rank* (of 51)	Regional Rank* (of 8)	Grade
Composite Employment and Earnings Index	26	2	C
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 1997) ^a	30	3	
Ratio of Women's to Men's Earnings (median annual earnings of full-time, year-round women and men workers aged 16 and older, 1997) ^a	5	1	
Women's Labor Force Participation (percent of all women, aged 16 and older, in the civilian non-institutional population who are either employed or looking for work, 1998) ^b	45	8	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1998) ^b	26	3	

See Appendix II for methodology.

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

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

Calculated by the Institute for Women's Policy Research.

Arizona ranks first for the wage ratio and third for both women in managerial and professional positions and women's earnings, but it falls to last for women's labor force participation.

Although its overall ranking is near the middle of all states, women in Arizona do not enjoy anything near full economic equality with men. Despite the state's high ranking for the wage ratio, women still lag significantly behind men in their wages. Women's overall rate of labor force participation in Arizona is also far below that of both men in Arizona and women in most states. As a result, Arizona received a C on the employment and earnings index.

Women's Earnings

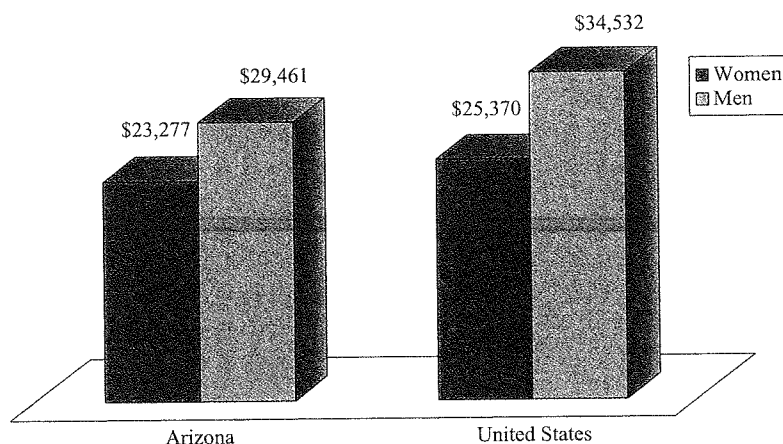
Arizona women working full-time, year-round have somewhat lower median annual earnings than women in the United States as a whole (\$23,277 and \$25,370, respectively; see Figure 1). The median annual earnings of men in Arizona are also substantially lower than those of men in the United States as a whole (\$29,461 and \$34,532, respectively). Arizona ranks third in the Mountain West region and 30th in the nation in median annual earnings for women. Women in the District of Columbia rank the highest with earnings of \$30,495.

Between 1989 and 1997, women in Arizona saw their median annual earnings decrease by 1.7 percent, in real terms. Only one other state, Nevada, saw women's wages decrease (by 1.0 percent). In all other states in the region, women's wages increased. The largest rate of growth was in Idaho, where women's wages increased by 10.6 percent (data not shown; all growth rates are calcu-

lated for earnings that have been adjusted to remove the effects of inflation; EPI, 2000; IWPR, 1995a).

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

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



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

Focus on Economic and Social Conditions on American Indian Reservations in Arizona

On American Indian reservations in the United States, most families with children live in economically depressed conditions. Their economic status is a product of several factors: the geographic isolation of reservations, reductions in federal and state public assistance, the limited economic development of tribes, a lack of adequate support programs, a lack of work opportunities, and low levels of work readiness (Vinje, 1996). Within Arizona there are 21 American Indian tribes.¹ Most of their reservations are largely untouched by national and regional economic upturns.

Data from the 1990 Census indicate that the poverty rate for Native Americans is considerably higher than that of the total population. In 1989, the Native American poverty rate was 31 percent, almost 2.5 times the national rate of 13 percent (Paisano, 1990). On reservations, poverty is even more common, with 51 percent of Native Americans living below the poverty level (U.S. Department of Commerce, Bureau of the Census, 1993b). In Arizona, poverty rates on reservations range from 12.6 percent in the Tonto Apache Tribe to 64.4 percent in the Gila River Indian Community (U.S. Department of Commerce, Bureau of the Census, 1993c).

High rates of poverty are especially common among female-headed Native American families, which are also more likely to live in poverty than female-headed families in the United States as a whole. In 1989, 50 percent of female-headed Native American families lived at or below the poverty level, compared with 31 percent nationally (U.S. Department of Commerce, Bureau of the Census, 1993a). In addition, Native American families are more likely to be female-headed than other families. In 1989, 27 percent of American Indian families were female-headed, compared with 17 percent nationally (Paisano, 1990), and median income for such households was only 62 percent of the national median income for female-headed households; 55 percent of these families had an annual family income of less than \$10,000 (U.S. Department of Commerce, Bureau of the Census, 1993c). In Arizona, median family income for Native American, female-headed families ranged from \$5,000 among the White Mountain Apache Tribe to \$26,458 among the Yavapai-Prescott Tribe. Variations in median family income across tribes reflect an array of local influences, such as geographic location and the nature of tribal economic ventures.

Educational attainment among Native Americans also lags far behind that of the overall population. In 1990, only 66 percent of Native Americans 25 years and older were high school graduates, and among those on reservations, only 53.8 percent were, compared with 74.9 percent in the United States as a whole. For women, these numbers are even lower: in 1990, over 46 percent of females 25 years or older residing on reservations had less than a high school diploma, compared with 25 percent nationally. This low level of educational attainment extends into higher education as well, with only 9 percent of American Indians earning four-year degrees, compared with more than 20 percent nationally (Paisano, 1990). In an effort to strengthen the education of their populations, two Arizona tribes, the Navajo and the

(continued on next page)

Tohono O'odham, have established community colleges on the reservations (see Focus on Education through Community Colleges in Arizona).

Finally, labor force participation rates among women 16 years and over on reservations are low compared with women in the United States as a whole (45.1 percent compared with 70.7 percent in 1989; U.S. Department of Commerce, Bureau of the Census, 1990b; U.S. Department of the Interior, Bureau of Indian Affairs, 1995; U.S. Department of Labor, Bureau of Labor Statistics, 1999c). Among tribes in Arizona, labor force participation rates among women 16 years and over vary widely, ranging from 79.6 percent on the Yavapai-Prescott Tribe to 29.4 percent among the San Carlos Apache Tribe (U.S. Department of Commerce, Bureau of the Census, 1990b; U.S. Department of the Interior, Bureau of Indian Affairs, 1995). For women in the labor force with children under age six, labor force participation rates range from 32 percent in the San Carlos Apache Tribe to 100 percent in the Cocopah Tribe (U.S. Department of Commerce, Bureau of the Census, 1990b; U.S. Department of the Interior, Bureau of Indian Affairs, 1995). Once again, factors like location and opportunity play an important role in accounting for these differences among Indian women: San Carlos is a remote reservation, whereas Cocopah is close to the town of Yuma.

Because Native Americans have scarce opportunities for employment on and off reservations, and obstacles to their employment remain large, fulfilling TANF work requirements can be impossible, often leading to sanctions. In 1997, of all TANF recipients in Arizona required to work to avoid sanctions under the state's time limit provisions, 98 percent were women (Arizona Department of Economic Security, Division of Employee Service and Support, Research Administration, 1999). With a national unemployment rate of 26 percent for all reservations, and a regional variation of 10 to 35 percent (U.S. Department of Commerce, Bureau of the Census, 1990b; U.S. Department of the Interior, Bureau of Indian Affairs, 1995), further efforts must be made to increase educational attainment, employment opportunities, and other resources that will help American Indian women achieve economic security and financial self-sufficiency (Pandey and Brown, 1999).

Despite the unpromising but realistic picture these statistics paint, there is still hope for American Indian women of Arizona. Native Americans have many resources, including a rich cultural history of survival in conditions of hardship, and political opportunities such as the rights of self-government. Tribal sovereignty places them in a unique relationship with the federal government, and tribes have entered into agreements with state governments in several areas of joint interest: social services, employment, environmental management, education, and casino development, among others. The distinct status of tribes as "nations within a nation" fosters identity, stimulates international interest, and offers women a place to grow and exercise leadership. Many tribes also have matrilineal clans and kinship systems that can promote a sense of strength and well-being among women.

¹ American Indian communities in Arizona include the Ak-Chin Indian community, Cocopah Tribe, Fort McDowell Yavapai Nation, Gila River Indian Community, Hopi Tribe, Kaibab-Paiute Tribe, Quechan Tribe, San Carlos Apache Tribe, Tohono O'odham Nation, Yavapai Apache Nation, Colorado River Indian Tribes, Fort Mojave Tribe, Havasupai Tribe, Hualapai Tribe, Pascua Yaqui Tribe, Salt River Pima-Maricopa Indian Community, San Juan Southern Paiute, White Mountain Apache Tribe, Yavapai-Prescott Tribe, Navajo Nation and Tonto Apache tribe.

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

The Wage Gap

The Wage Gap and Women's Relative Earnings

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

In Arizona, women earned about 79.0 percent of what men earned in 1997. Therefore, compared with the earnings ratio for the nation as a whole, Arizona women experience more earnings equality with men (see Figure 2). As a result, Arizona ranks fifth in the nation for the ratio of women's to men's earnings for full-time, year-round work. The District of

Columbia has the highest earnings ratio at 85.7 percent. Compared with the other states in the Mountain West region, Arizona ranks first. Wyoming ranks eighth with a 62.8 percent wage ratio. Unfortunately, Arizona's high rank stems in part from the fact that men's earnings are low, at only 85 percent of the national median. Moreover, despite its high rank, the wage gap remains large in Arizona, as it does everywhere in the United States.

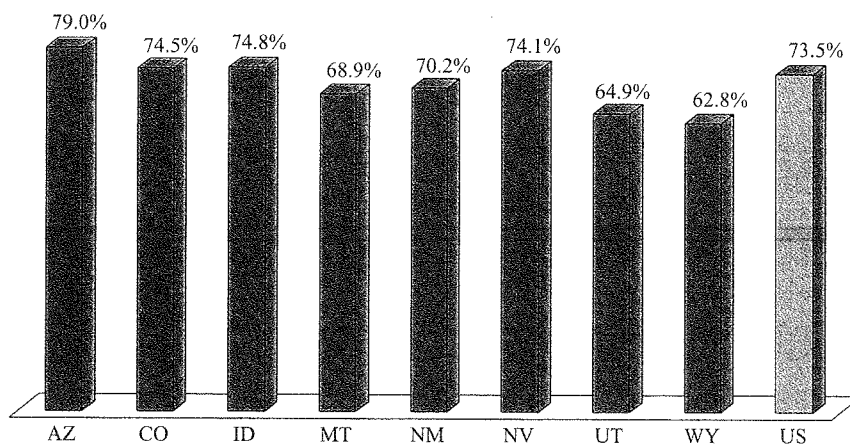
Narrowing the Wage Gap

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

experience as much as they did during the 1980s, those adverse trends might have led to a widening of the gap rather than the significant narrowing that did occur (Blau and Kahn, 1994).

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

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

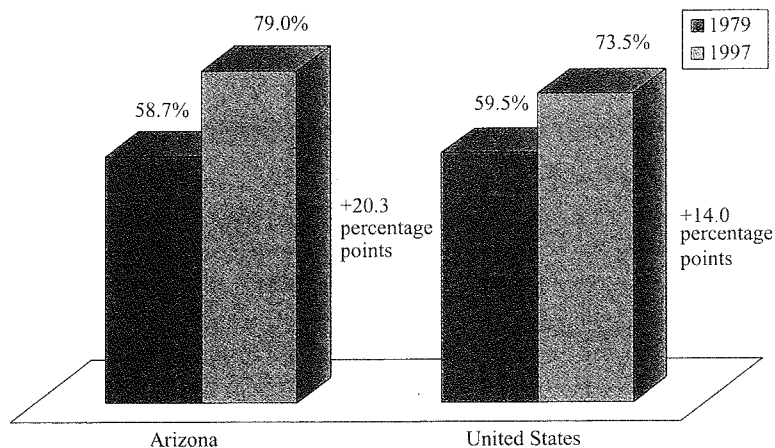


For women and men aged 16 and older. See Appendix II for methodology.

Source: Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

Figure 3.
Change in the Wage Ratio between 1979^a and 1997^b
in Arizona and the United States



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

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

Compiled by the Institute for Women's Policy Research.

Arizona moved ahead of the United States as a whole in increasing women's annual earnings relative to men's between 1979 and 1997 (see Figure 3). In Arizona, the annual earnings ratio increased by 20.3 percentage points compared with an increase of 14.0 percentage points in the United States.

Weekly earnings data provide an interesting comparison to annual earnings figures. Unlike annual earnings data, the weekly data released by the Bureau of Labor Statistics (BLS) do not include earnings from

membership raises women's weekly wages by 38.2 percent and men's by 26.0 percent (data not shown; Hartmann, Allen and Owens, 1999). In Arizona, the wages of all unionized women were 23.0 percent higher than those of nonunionized women. Unionization also raises the wages of women of color relatively more than the wages of non-Hispanic white women and the wages of low earners relatively more than the wages of high earners (Spalter-Roth, Hartmann and Collins, 1993). In the United States as a whole, unionized minority women earned 38.6 percent more than nonunionized ones (Hartmann, Allen and Owens, 1999).

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

self-employed workers, approximately 6 percent of the labor force. Thus, because they are more complete, the annual earnings statistics are used in IWPR's employment and earnings composite indicator. In 1997, women in Arizona earned 81.9 percent of men's weekly earnings for full-time work. At fifth in the nation, the same as its ranking based on annual earnings, this ratio indicates that Arizona also ranks substantially above the national median for female-male median weekly earnings. According to the weekly data series, the District of Columbia ranked first, at 97.1 percent (Council of Economic Advisors, 1998).

Earnings and Earnings Ratios by Educational Levels

Between 1979 and 1997, women with higher levels of education in both Arizona and the United States saw their median annual earnings increase more than women with lower levels of educational attainment. As Table 5 shows, the annual earnings for women in Arizona increased from 9.1 percent (in constant dollars) for women with some college to 39.1 percent for those with more than four years of college, while women who had not completed high school experienced an earnings decrease of 13.2 percent.

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

	Women's Median Annual Earnings 1997 ^a	Percent Change in Real Earnings 1979 ^b and 1997 ^a	Female/Male Earnings Ratio, 1997 ^a	Percent Change in Earnings Ratio, 1979 ^b and 1997 ^a
Educational Attainment				
Less than 12th Grade	\$15,212	-13.2	95.5%	+59.2
High School Only	\$19,938	-4.1	76.4%	+27.5
Some College	\$24,505	+9.1	83.4%	+41.9
College	\$31,586	+17.4	66.2%	+10.6
College Plus	\$46,876	+39.1	90.9%	+33.3

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

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

Calculated by the Institute for Women's Policy Research.

In contrast, in Arizona the relative earnings of women (as measured by the female/male earnings ratio) increased for women with all levels of education. Those with the lowest educational attainment (less than high school completion) experienced the largest narrowing of the wage gap, 59.2 percent, indicating that men with low education fared even worse in the labor market than women. Women with a four-year college education experienced the smallest narrowing at 10.6 percent.

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

Labor Force Participation

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

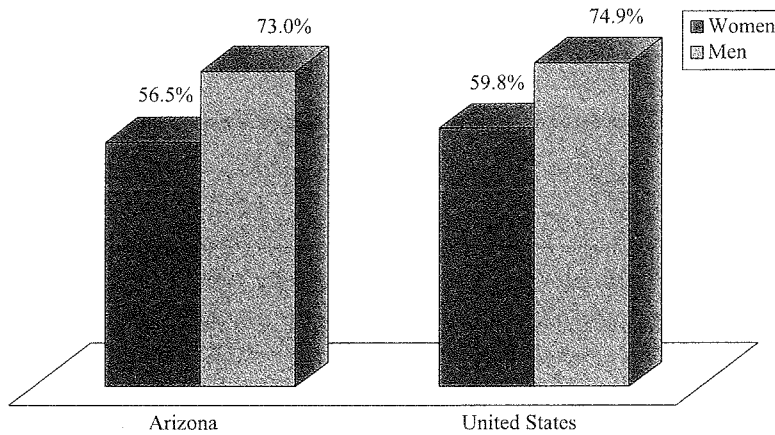
Statistics, 1999c). Women now make up nearly half of the U.S. labor force at 46.2 percent of all workers (full-time and part-time combined). According to projections by BLS, women's share of the labor force will continue to increase, growing from 46 to 48 percent between 1998 and 2008 (U.S. Department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

In 1998, 56.5 percent of women in Arizona were in the labor force, compared with 59.8 percent of women in the United States, earning Arizona the rank of 45th in the nation. Men's labor force participation rate in Arizona was also lower than the rate for men in the United States as a whole (see Figure 4).

Unemployment and Personal Income Per Capita

In Arizona, a smaller proportion of workers is unemployed than in the nation as a whole. In 1998, the unemployment rate in Arizona was 4.5 percent for women and 3.8 percent for men, compared with the nation's 4.6 percent for women and 4.4 percent for men (see Figure 5).

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



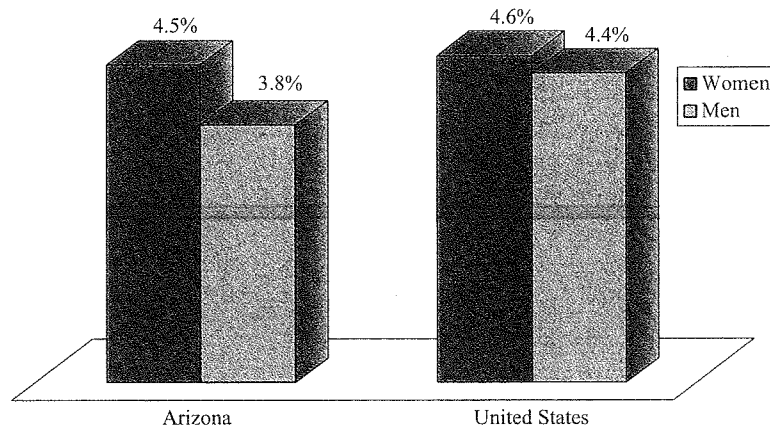
For women and men in the civilian non-institutional population, aged 16 and older.
 Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c, Tables 1 and 12.
 Compiled by the Institute for Women's Policy Research.

24.8 percent). The percentage of the female workforce in Arizona employed full-time is also similar to the national average (70.4 percent versus 70.7 percent). Within the part-time category, 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 slightly lower in Arizona than in the United States (2.1 percent and 2.3 percent, respectively; see Table 7). This pattern reflects national trends, in which

During the past 20 years, Arizona's unemployment rates have been similar to those of the nation as a whole, climbing to very high levels in 1980-86, followed by a gradual decline to moderate levels in the 1990s. Despite this similarity in unemployment rates, personal income per capita in Arizona grew more slowly than it did for the nation between 1980 and 1990 (11.7 percent versus 19.9 percent; see Table 6). However, from 1990 to 1998, as the unemployment rate decreased, income per capita in Arizona grew 0.8 percentage points faster than the nation.

involuntary part-time work correlates highly with unemployment rates (Blank, 1990); thus, the slightly lower unemployment rate for women in Arizona corresponds with a slightly lower rate of involuntary part-time work. About the same proportion of Arizona's female labor force is working part-time

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



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

Part-Time and Full-Time Work

Arizona's female labor force is almost as likely to work part-time as women are nationally (25.0 percent versus

voluntarily compared with the United States as a whole (21.0 percent in Arizona and 20.8 percent respectively).

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

Labor Force Participation of Women by Race/Ethnicity

According to analysis of data from the Current Population Survey from 1996-98, 57.0 percent of women of all races aged 16 years and older in Arizona were in the labor force in 1997, a rate somewhat lower than in the United States as a whole (see Table 8; see Appendix II for details on the methodology used for the 1996-98 Current Population Survey data presented

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

	Arizona	United States
Personal Income Per Capita, 1998	\$23,060	\$26,412
Personal Income Per Capita, Percent Change*:		
Between 1990 and 1998	+14.5	+13.7
Between 1980 and 1990	+11.7	+19.9
Between 1980 and 1998	+27.9	+36.3

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

in this report). The labor force participation rate for white women was also lower in Arizona than in the United States as a whole (57.4 percent compared with 60.2 percent; see Table 8). African American women have historically had a higher labor force participation rate than white and Hispanic women and did so in 1997. In Arizona, African American

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

	Arizona		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	1,032,000	1,240,000	63,714,000	73,959,000
Percent Employed Full-Time	70.4	86.7	70.7	85.5
Percent Employed Part-Time*	25.0	9.5	24.8	10.2
Percent Voluntary Part-Time	21.0	7.6	20.8	8.2
Percent Involuntary Part-Time	2.1	1.5	2.3	1.4
Percent Unemployed	4.5	3.8	4.6	4.4

For men and women aged 16 and older.
* Percent part-time includes workers normally employed part-time who were temporarily absent from work the week of the survey. Those who were absent that week are not included in the numbers for voluntary and involuntary part-time. Thus, these two categories do not add to the total percent working part-time.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c, Tables 1, 12, and 13.
Calculated by the Institute for Women's Policy Research.

women had a labor force participation rate that was 6.3 percentage points higher than that for white women. Hispanic women traditionally have the lowest average participation rates among women, and in 1997 in the United States, 55.8 percent were in the workforce. In Arizona, Hispanic women had a labor force participation rate of 54.6 percent. Asian American and other women, including Native American women, had a labor force participation rate of 58.4 percent. While separate data for Asian American women alone were not available for 1997, in 1990, this group had the highest participation rate (60.2 percent) of women in the United States. The national labor force participation rate for Native American women was 55.4 percent in 1990 (Population Reference Bureau, 1993); separate data were not available for Native American women alone in either Arizona or the United States for 1997.

Labor Force Participation of Women by Age

Workforce participation varies across the life cycle. The highest participation generally occurs between ages 25 and 44, which are also generally considered the prime earning years. Table 9 shows the relationship between labor force participation and age for women in Arizona and in the United States as a whole. Women in Arizona generally have lower labor force participation rates than their U.S. counterparts. Nationally, the highest labor force participation rate among women occurs between ages 35 and 44, with just over 77 percent of these women

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

Race/Ethnicity	Arizona		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Races	1,025,000	57.0	64,027,000	60.1
White*	706,000	57.4	47,124,000	60.2
African American*	39,000	63.7	8,317,000	63.4
Hispanic	233,000	54.6	5,771,000	55.8
Asian American/ Other*	48,000	58.4	2,815,000	59.8

For women aged 16 and older.

*Non-Hispanic

Hispanics may be of any race.

Source: Economic Policy Institute, 2000.

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

Compiled by the Institute for Women's Policy Research.

working. In Arizona, on the other hand, the highest level of labor force participation occurs between ages 25 and 34, with 73.0 percent in the workforce (compared with 76.6 percent in the United States as a whole). Young women in their teens (16-19 years), many of whom are attending school, are much less likely to participate in the labor market than any other age group except the pre-retirement and retired cohorts. In Arizona, 50.3 percent of teenage women reported being in the labor force, somewhat lower than the reported 52.7 percent for female teens in United States as a whole.

As women near retirement age, they are much less likely to work than younger women. In the United States, women aged 55-64 have a labor force participation rate of only 51.6 percent. In Arizona, 49.8 percent of these women are in the workforce. Finally, 7.5 percent of women over 65 are working in Arizona, compared with 9.0 percent of women in the United States.

Labor Force Participation of Women with Children

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In 1998, 59 percent of women with children under age one were in the labor force, compared with 31 percent in 1976 (U.S. Department of Commerce, Bureau of the Census, 2000). In general, the workforce participation rate for women with children in the United States tends to be higher than the rate for all women (70.3 percent versus 60.1 percent in 1997; EPI, 2000). This is partially explained by the fact that the overall labor force participation rate is for all women aged 16 and older; thus both teenagers and retirement-age women are included in the statistics even though they have much lower labor force participation. Mothers, in contrast, tend to be in age groups with higher labor force participation. This is also true in Arizona, with 64.3 percent of women with children under age 18 in the workforce, compared with 57.0 percent of all women in Arizona in 1997. Nevertheless, women with children are less likely to engage in labor market activity in Arizona than in the United States as a whole (64.3 percent versus 70.3 percent; see Table 10).

Child Care and Other Caregiving

The high and growing rates of labor force participation of women with children suggest that the demand for child care is also growing. Many women report a variety of problems finding suitable child

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

Age Groups	Arizona		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Ages	1,025,000	57.0	64,027,000	60.1
Ages 16-19	76,000	50.3	4,046,000	52.7
Ages 20-24	117,000	71.9	6,420,000	73.0
Ages 25-34	253,000	73.0	15,087,000	76.6
Ages 35-44	250,000	71.1	17,352,000	77.3
Ages 45-54	205,000	72.1	13,440,000	76.3
Ages 55-64	102,000	49.8	6,005,000	51.6
Over 65	22,000	7.5	1,677,000	9.0

For women aged 16 and older.
Source: Economic Policy Institute, 2000.
Since the numbers and percentages in this table are based on three years of pooled data for data years 1996-98, they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics for 1997. See Appendix II for details on the methodology.
Compiled by the Institute for Women's Policy Research.

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

	Arizona	United States
	Percent in the Labor Force	Percent in the Labor Force
Women with Children		
Under Age 18*	64.3	70.3
Under Age 6*	59.0	64.1

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

care (affordable, good quality and conveniently located), and women use a wide variety of types of child care. These arrangements include doing shift work to allow both parents to take turns providing care; bringing a child to a parent's workplace; working at home; using another family member (usually 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, but child care costs are a significant barrier to employment for many women. Child care expenditures use up a large percentage of earnings, especially for lower-income mothers. For example, among single mothers with family incomes within 200 percent of the poverty level, the costs for those who paid for child care amount to 19 percent of the mother's earnings on average. Among married mothers at the same income level, child care costs amount to 30 percent of the mother's earnings on average (although the costs of child care are similar for both types of women, the individual earnings of married women with children are less on average than those of single women with children; IWPR, 1996).

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

that, nationally, only 10 percent of those children potentially eligible for child care subsidies under federal rules actually receive subsidies under the federal government's Child Care and Development Fund. In Arizona, a higher proportion, 12 percent, of these children receive subsidies (see Table 11). In contrast, Arizona maintains stricter criteria for eligibility for receiving child care subsidies than required by federal law. If state income eligibility limits were equal to the federal maximum, 283,800 children would be eligible for subsidies, while in Arizona, only 54 percent of that number, about 154,400 children, are eligible under existing state eligibility policies. Clearly many Arizona families in need of economic support for child care are not receiving it.

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

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

	Arizona	United States
Eligibility**		
Number of Children Eligible under Federal Provisions	283,800	14,749,300
Number of Children Eligible under State Provisions	154,400	9,851,100
Receipt		
Number and Percent of Children Eligible under Federal Law Receiving Subsidies in the State	33,060 12%	1,530,500 10%

*Child Care and Development Fund (CCDF).

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

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

(National Alliance for Caregiving and American Association of Retired Persons, 1997). Like mothers of young children, other types of caregivers experience shortages of time, money and other resources, and they too require policies designed to lessen the burden of long-term care. Nonetheless, few such policies exist, and this kind of caregiving remains an issue for state and national policymakers to address.

Occupation and Industry

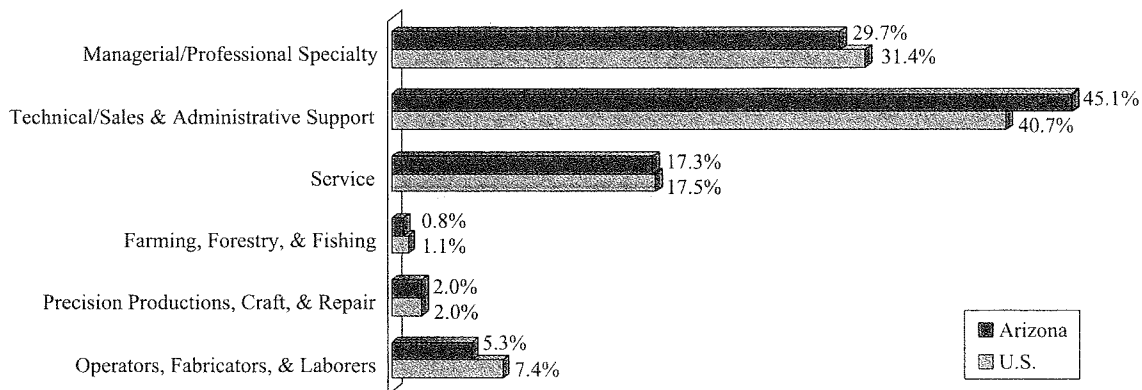
The distribution of women in Arizona across occupations diverges slightly from the distribution found in the United States as a whole. In the United States, technical, sales and administrative support occupations provide 40.7 percent of all jobs held by women (see Figure 6a). In contrast, at 45.1 percent, women in Arizona are more likely to be in technical, sales and administrative support occupations. Women in Arizona are about as likely to work in service occupations (17.3 percent versus 17.5 percent) and somewhat less likely to work as operators, fabricators and laborers than women in the United States (5.3 percent versus 7.4 percent). Women in Arizona are also slightly less likely to work in managerial and professional specialty occupations than are women in the United States (29.7 percent versus

31.4 percent). As a result, Arizona ranks 26th in the nation and third in the Mountain West region for the proportion of its female labor force employed in professional and managerial occupations.

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

The distribution of women in Arizona across industries differs only slightly from that of the United States as a whole (see Figure 6b). In Arizona, 32.6 percent of all women are employed in the service industries (including business, professional and personnel services), compared to 33.2 percent in the United States. About 19.7 percent of employed

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

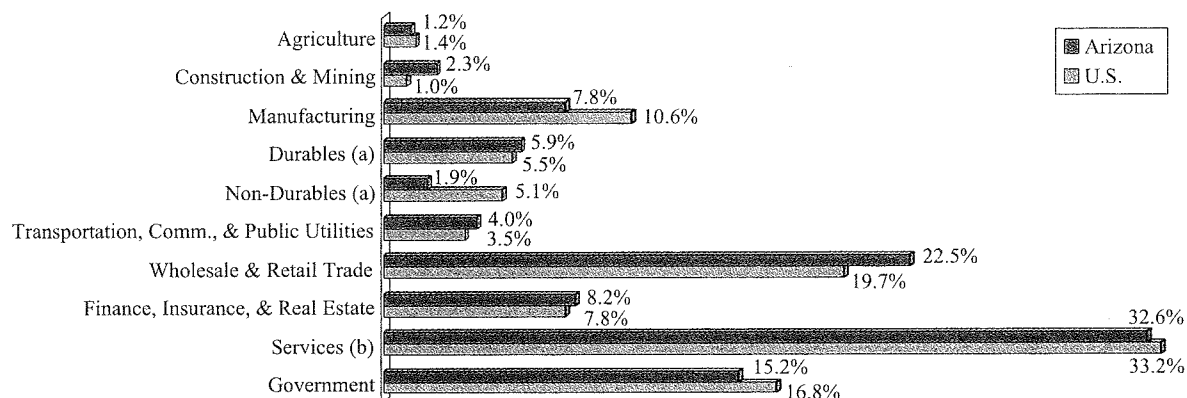


For employed women aged 16 and older.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c, Table 15.

Compiled by the Institute for Women's Policy Research.

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



For employed women aged 16 and older.

Percents do not add up to 100 percent because 'self-employed' and 'unpaid family workers' are excluded.

(a) Durables and non-durables are included in manufacturing.

(b) Private household workers are included in services.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c, Table 17.

Compiled by the Institute for Women's Policy Research.

women in the United States work in the wholesale and retail trade industries, and a higher proportion, 22.5 percent, of women in Arizona work in these industries. About 16.8 percent of the nation's women work in government, while 15.2 percent of women in Arizona do. Arizona women are much less likely to work in the manufacturing industries. However, within manufacturing, they are slightly more likely

to work in durables than women in the United States as a whole (5.9 percent versus 5.5 percent) but less likely to work in non-durables (1.9 percent versus 5.1 percent). Women in Arizona are about as likely to work in the finance, insurance and real estate (F.I.R.E.) industry as women in the United States as a whole.

Economic Autonomy

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

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

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

With its rank of 25th among the states, Arizona falls in the middle of all states for women's economic autonomy. Arizona also ranks third of eight in the Mountain West region. Its ranks on each of the individual indicators in this composite index vary greatly. Arizona ranks near the top of all states (third) for women's business ownership but near the bottom (43rd) for women's poverty levels and health insurance coverage (49th). Its rank for women's educational attainment (25th) falls between these extremes (see Chart V). Regionally, its rankings also range from near the top (second) in women's business ownership to near the bottom in health

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

Indicators	National Rank* (of 51)	Regional Rank* (of 8)	Grade
Composite Economic Autonomy Index	25	3	C
Percent with Health Insurance (among nonelderly women, 1997) ^a	49	7	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990) ^b	25	5	
Women's Business Ownership (percent of all firms owned by women, 1992) ^c	3	2	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1997) ^d	43	6	

See Appendix II for methodology.

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

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

Calculated by the Institute for Women's Policy Research.

insurance coverage (seventh) and women's poverty (sixth), and near the middle (fifth) in women's educational attainment.

On most of the indicators of economic autonomy, women have far less access than men to the resources identified as important. Throughout the country, men are more likely to have a college education, own a business, and live above the poverty line than women are. Although women generally have health insurance at rates higher than men, largely because of public insurance like Medicaid, the rates of uninsured men and women are both growing. Trends in Arizona do not diverge from these basic patterns, and, in fact, some of the problems facing women are even more acute. For example, the state's poverty rate among women is higher than the poverty rate for men in the worst state in the United States. As a result, the state received a grade of C on the economic autonomy composite index, indicating that the state should take active steps to better women's status in this area, especially on issues concerning poverty and health insurance.

Access to Health Insurance

Women in Arizona are much less likely than women in the nation as a whole to have health insurance. In Arizona, 24.7 percent of women, compared with 18.5 percent in the United States, are not insured (see Table 12). Thus Arizona ranks 49th among all states and seventh in the Mountain West region for the proportion of women who are insured.

On average, women and men in Arizona have substantially less access to employer-based health insurance, either through their own employment or

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

	Arizona		United States	
	Women	Men	Women	Men
Number	1,434,866	1,361,000	85,132,000	81,458,000
Percent Uninsured	24.7	32.0	18.5	21.0
Percent with Employer-Based Health Insurance	58.1	56.8	66.4	67.4
Own Name	34.5	46.4	40.1	54.9
Dependent	23.5	10.4	26.4	12.5
Percent with Public Insurance	15.5	9.4	12.5	8.7
Percent with Individually-Purchased Insurance	7.5	5.5	6.4	5.8

Women and men ages 18 to 64; numbers do not add to 100 percent because some people have more than one source of health insurance.

Source: Employee Benefit Research Institute, 1999.

Compiled by the Institute for Women's Policy Research.

through a family member's, than women and men in the United States as a whole (58.1 percent and 66.4 percent, respectively, for women and 56.8 percent and 67.4 percent, respectively, for men). In the United States as a whole, women tend to have health insurance coverage from public sources, such as Medicaid, at higher rates than men. In Arizona, the rate of publicly insured women is also higher than it is for men (15.5 percent versus 9.4 percent) and higher than the U.S. rate for women (15.5 percent in Arizona and 12.5 percent in the United States). Despite higher rates of public insurance in Arizona than nationally, as well as higher rates of individually purchased insurance (7.5 percent for Arizona's women versus 6.4 percent for U.S. women), Arizona's women remain substantially less likely to have health insurance overall. Men in Arizona also lag behind the nation in health insurance coverage.

Education

In the United States, women have made steady progress in achieving higher levels of education. Between 1980 and 1998, the percent of women in the United States with a high school education or more increased by about one-fifth, and as of 1998,

Focus on Education through Community Colleges in Arizona

Community college education is important for women in Arizona, especially for nontraditional students and minority women. The State Board of Directors for Community Colleges in Arizona reported that in the fall of 1998, women accounted for 56.3 percent of the 162,817 students registered in the ten community college districts in the state (Arizona State Board of Community Colleges, 2000). Maricopa Community College District, which serves the Phoenix metropolitan area, is the largest system of its kind in the United States and the largest single provider of higher education in Arizona, educating and training more than 243,000 persons year-round (Maricopa Community Colleges, 2000). Fifty-five percent of its students are women, and one of three of these women is over age 25 (Maricopa Community Colleges, 2000).

The profile is similar at Pima Community College, which enrolled 29,607 students in the fall of 1999, 54 percent of whom were women, up from 41 percent in 1970 (Attinasi and Reece, 2000). The average Pima Community College student is 28 years of age, and minority students made up 39 percent of those enrolled in fall, 1999. Data are not available to identify these students by sex (Attinasi and Reece, 2000).

The Navajo Nation operates Diné College at Tsaile, its branch campus at Shiprock, its five additional community campuses in Arizona, and one in New Mexico. In 1998, Diné College enrolled 4,707 students. It offered Associate degrees in such fields as business, computer science, education, Navajo studies, and clerical and instructional assistant programs, as well as a joint four-year degree in teacher education offered in conjunction with Arizona State University (Diné College, 1998). In 1999-2000, women made up approximately three-quarters of the student body (Diné College, Registrar's Office, 2000). In addition, the Tohono O'odham Community College was founded on the reservation in Sells in 1998. It chiefly offers general education and skill courses, including computer skills, along with American Indian studies. Staff at the Tribal Department of Education report that approximately 75 percent of the students at Tohono O'odham have been women (Office of the Tohono O'odham Department of Education, 2000). Through their provision of culturally specific courses and their location in or near American Indian communities, these colleges make an important contribution to expanding educational opportunities for American Indian women.

Arizona's community colleges provide academic preparation and commonly include Associate of Arts degrees. Their role in offering occupational and technical training is especially important in the state. Because the courses are offered in diverse locations and within a range of schedules, they are attractive to employed people, women with children, and residents of non-metropolitan as well as metropolitan areas. Resources for community college education are clearly important for enhancing women's education and economic status in Arizona.

comparable percentages of women and men had completed a high school education (82.9 percent of women and 82.7 percent of men). During the same period, the percent of women with four or more years of college increased by three-fifths, from 13.6 percent in 1980 to 22.4 percent in 1997 (compared with 26.5 percent of men in 1997), bringing women closer to closing the education gap (U.S. Department of Commerce, Bureau of the Census, 1998a, 1998c).

Women in Arizona tend to have less college experience than women in the nation and rank 25th overall. In 1998, 17.0 percent of women in Arizona had four years of college or more, compared with 22.4 percent of women in the United States as a whole (see Figure 7). In addition, the proportion of women older than 25 in Arizona without high school diplomas was larger than that of women in the United States as a whole, at 19.2 percent and 17.1 percent, respectively (for more information, see Focus on Education through Community Colleges in Arizona).

Because data for 1998 were only available for the larger states, the rankings on this indicator are based on 1990 data. In 1990, 17.2 percent of women in Arizona had four years of college or more, only slightly lower than the proportion for the nation as a

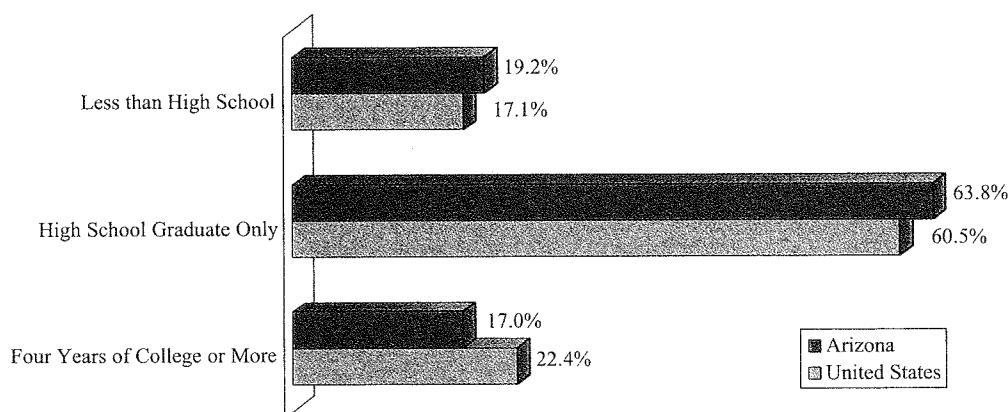
whole, 17.6 percent. In the period from 1990 to 1998, however, while the proportion of women in the United States with a college education increased by 4.8 percentage points, in Arizona, it decreased slightly. As a result, despite the state's rank at the midpoint for all states based on 1990 data, by 1998 the proportion of women in the state with a college education was much lower than that for the nation as a whole.

Women Business Owners and Self-Employment

Owning a business can bring women increased control over their working lives and create important financial opportunities for them. It can encompass a wide range of arrangements, from owning a corporation, to consulting, to engaging in less lucrative activities such as child care provision. Overall, both the number and proportion of businesses owned by women have been growing.

Between 1987 and 1992, the number of women-owned businesses grew 54.0 percent in Arizona, substantially more than the 43.1 percent growth of women-owned businesses in the United States as a whole (for purposes of comparability over time, these data exclude Type C corporations; for a

Figure 7.
Educational Attainment of Women Aged 25 and Older in Arizona and the United States, 1998



Source: U.S. Department of Commerce, U.S. Bureau of the Census, 1999a.
Compiled by the Institute for Women's Policy Research.

definition of Type C corporations, see Appendix II). By 1992, women owned 93,300 firms in Arizona and women-owned businesses employed 105,527 people (see Table 13). In Arizona, 53.3 percent of women-owned firms were in the service industries, and the next highest proportion (17.8 percent) was in retail trade, similar to the national distribution of women-owned firms (see Figure 8). Business receipts of women-owned businesses in Arizona rose by 149.6 percent (in constant dollars) between 1987 and 1992. This growth is substantially higher than both the increase of 87.0 percent in business receipts for women-owned firms and the 34.9 percent increase for all firms in the United States during the same time period, also adjusted for inflation (data not shown).

In 1992, the U.S. Bureau of the Census reported that women owned more than 6.4 million firms nationwide, employing over 13 million persons and generating \$1.6 trillion in business revenues (unlike the figures in Table 13, these numbers include all women-owned businesses, including Type C corporations; U.S. Department of Commerce, Bureau of the Census, 1996a). Projecting women's business growth rates forward from 1987 to 1992 and including Type C corporations, the National Foundation for Women Business Owners (NFWBO) estimates the 1999 number of women-owned firms for Arizona to be 151,400 of the more than 9.1 million

estimated for the United States as a whole (NFWBO, 1999; for more detail, see Focus on Women-Owned Business in Arizona).

Like women's business ownership, self-employment for women (one kind of business ownership) has also been rising over recent decades. In 1975, women represented one in every four self-employed workers in the United States, and in 1998 they were approximately one in two. The decision to become self-employed is influenced by many factors. An IWPR study shows that self-employed women tend to be older and married, have no young children, and have higher levels of education than the average. They are also more likely to be covered by another person's health insurance (Spalter-Roth, Hartmann and Shaw, 1993). Self-employed women are more likely to work part-time, with 42 percent of married self-employed women and 34 percent of nonmarried self-employed women working part-time (Devine, 1994).

Unfortunately, most self-employment is not especially well-paying for women, and about half of self-employed women combine this work with another job, either a wage or salaried job or a second type of self-employment (for example, babysitting and catering). In 1986-87 in the United States as a whole, women who worked full-time, year-round at only one type of self-employment had the lowest

median hourly earnings of all full-time, year-round workers (\$5.38); those with two or more types of self-employment with full-time schedules earned somewhat more (\$6.33 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most (\$11.59 per hour at the median; all figures in 1998 dollars). Those who combined wage and salaried work with self-employment had median earnings that ranged between

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

	Arizona	United States
Number of Women-Owned Firms*	93,300	5,888,883
Percent of All Firms that Are Women-Owned	37.6%	34.1%
Percent Increase, 1987-1992	54.0%	43.1%
Total Sales & Receipts (in billions, 1992 dollars)	\$9.0	\$642.5
Percent Increase (in constant dollars), 1987-1992	149.6%	87.0%
Number Employed by Women-Owned Firms	105,257	6,252,029

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

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

Compiled by the Institute for Women's Policy Research.

Focus on Women-Owned Business in Arizona

As in the United States as a whole, Arizona women are increasingly represented among business owners. According to the most recent Economic Census data available, in 1992 women owned 37.6 percent of businesses in Arizona and 32.9 percent of firms with employees (U.S. Department of Commerce, Bureau of the Census, 1996b). Since women-owned businesses are most often in the service and retail sectors, and service and retail businesses are found everywhere, it is not surprising that from county to county across the state, the representation of women among business owners varies relatively little. However, two counties differ from this pattern: one with relatively low rates of women's business ownership and the other with relatively high ones. These counties suggest some of the factors that may influence women's opportunities for business ownership.

In Greenlee County, women accounted for a larger percentage of business owners in 1992 than was found across the state: 44.5 percent of business owners were women and 57.6 percent of businesses with employees were owned by women (U.S. Department of Commerce, Bureau of the Census, 1996c). At that time, major mining companies were operating in the county, providing relatively well-paid jobs for men but few opportunities for women. This economy may have created a demand for goods and services, which may have led women, who had fewer opportunities to be employees, to open businesses.

In contrast, in Santa Cruz County bordering Mexico, women owned only 28.5 percent of businesses and 23.9 percent of businesses with employees in 1992 (U.S. Department of Commerce, Bureau of the Census, 1996d). In this predominantly Hispanic county, poverty is more severe than in most other parts of the state. Many businesses are involved in activities related to the border economy, such as wholesaling (e.g., low-wage seasonal work distributing fruit and vegetables imported from Mexico) and retailing (including sales to cross-border shoppers). Given the high poverty and seasonal nature of much of the local economy, women may have difficulty generating sufficient capital to start and maintain businesses.

Technical assistance and micro-lending programs specifically designed to account for women's cultural backgrounds and circumstances might help women of lesser means develop their own businesses.

Focus on Poverty, Race, Ethnicity and Region among Women in Arizona

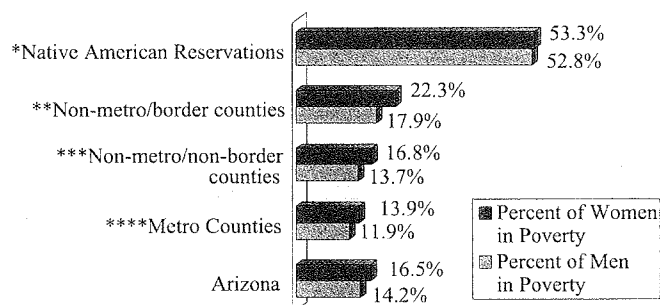
In all regions of Arizona, women are more likely to live in poverty than men, although their rates of hardship vary by race, by ethnicity and by region. In 1999, one in ten non-Hispanic white women, close to one-third of Hispanic and African American women, and half of Native American women in the state lived in poverty. In fact, the majority of people living in poverty in Arizona (66 percent) are from minority groups, although minority groups comprise only 31 percent of the total population (Arizona Department of Economic Security, Division of Employee Service and Support, Research Administration, 1999).

Women's poverty levels also vary regionally. Poverty rates are lower in urban areas than in rural counties. Women confront the most severe economic conditions on Native American reservations, where most women live below the poverty line (53.3 percent; see Illustration 2 below). Rural counties along the U.S.-Mexico border also have high rates of poverty (22.3 percent compared with 16.5 percent for Arizona as a whole in 1999). These counties have higher percentages of Hispanics than the rest of the state: 40.8 percent, compared with 19.9 percent. Among Hispanic women in these counties, 36 percent live in poverty, compared to 12.0 percent of non-Hispanic white women (Arizona Department of Economic Security, Division of Employee Service and Support, Research Administration, 1999).

Among Hispanic women, high unemployment rates are linked to high poverty rates. For example, although Arizona's unemployment rate is 4.5 percent overall, it is twice that for Hispanic women (9.4 percent). In the border county of Yuma, almost half of all Hispanic women are unemployed (49.1 percent, compared with 33.2 percent of white women; Arizona Department of Economic Security, Division of Employee Service and Support, Research Administration, 1999).

Variations in poverty by region, race and ethnicity suggest a need for public policy programs that encourage women's financial security throughout the state, but especially in communities with higher levels of hardship.

Focus Box Illustration 2.
Geographic Distribution of Poverty in Arizona, 1999



*Navajo Reservation, Tribal Consortium. Total population: 208,301

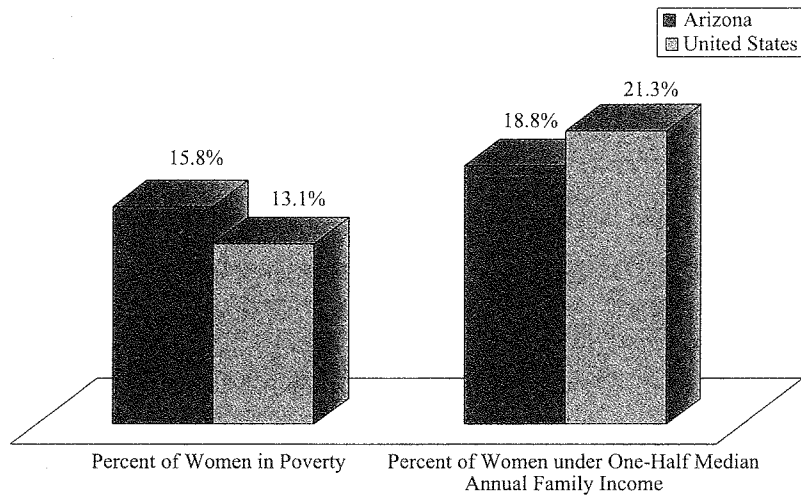
**Cochise, Santa Cruz, Yuma. Total population: 297,390

***Apache, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Pinal, Yavapai. Total population: 895,030

****Maricopa, Pima. Total population: 3,761,229

Source: Arizona Department of Economic Security, Division of Employee Service and Support, Research Administration, 1999. Compiled by the Southwest Institute for Research on Women.

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



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

efits they receive would reduce their poverty rates, adding the cost of child care for working mothers would increase the calculated poverty rates both in

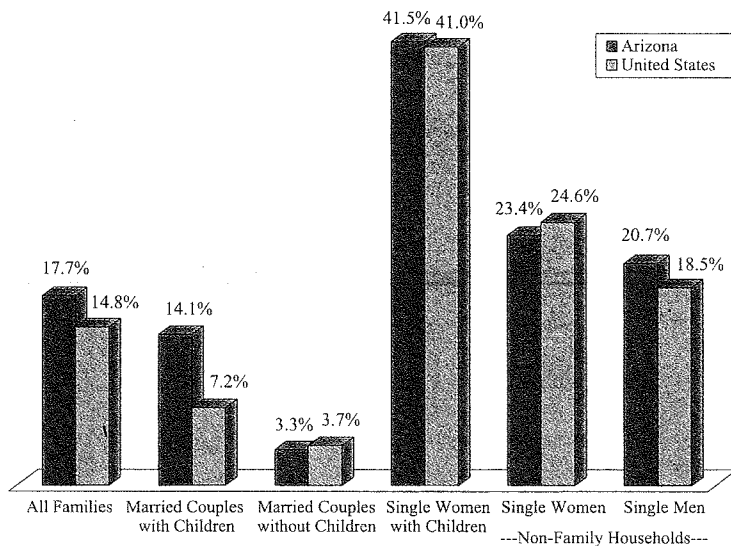
significant underestimation, and Renwick and Bergmann estimate a 1989 national poverty rate of 47 percent, compared with an official estimate of 39

Arizona and the nation (Renwick and Bergmann, 1993). Child care costs were not included at all in family expenditures when federal poverty thresholds were developed. However, for the country as a whole, single parents who do not work have basic cash needs at about 64 percent of the poverty line, while those who work have basic cash needs from 113 to 186 percent of the poverty line, depending on the number and ages of their children. Overall, the net effect of this under- and over-estimation of poverty was a

percent, for single-parent families (Renwick and Bergmann, 1993). Poverty rates for low-income, married-couple families would also be much higher if child care costs were included (Renwick, 1993).

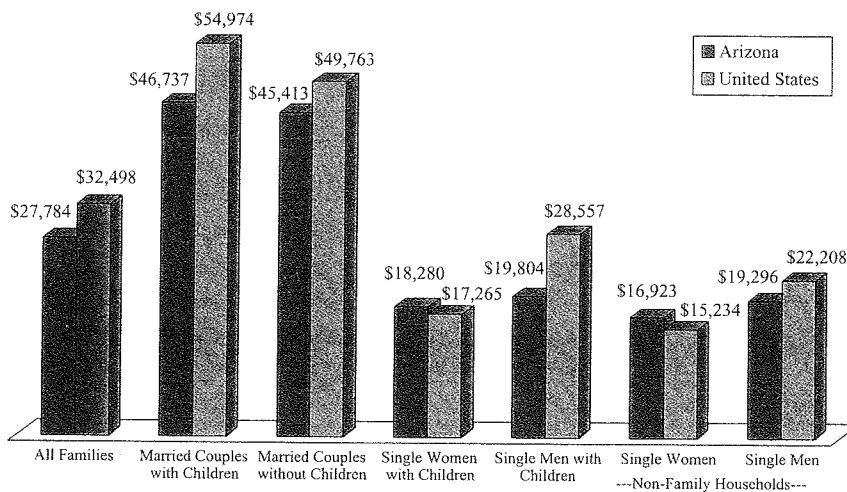
Another factor contributing to poverty among all types of households is the wage gap. Recent IWPR research found that in the nation as a whole, eliminating the wage gap, and thus raising women's wages to a level equal to those of men with similar qualifications, would cut the poverty rate among

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



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

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



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

lower on average for almost all family types in Arizona than in the United States as a whole, although single women with and without children had slightly higher median incomes in Arizona.

In 1997 the proportion of women in poverty in Arizona was substantially larger than that of women in the United States: 15.8 percent and 13.1 percent, respectively (see Figure 10). Thus Arizona ranks low, at 43rd in the nation and sixth of the eight states in its region, for women living above poverty. Utah has the least female poverty in the region, at 8.6 percent, while both Montana and New Mexico have higher levels of women living in poverty than Arizona, at 16.3 and 20.9 percent, respectively.

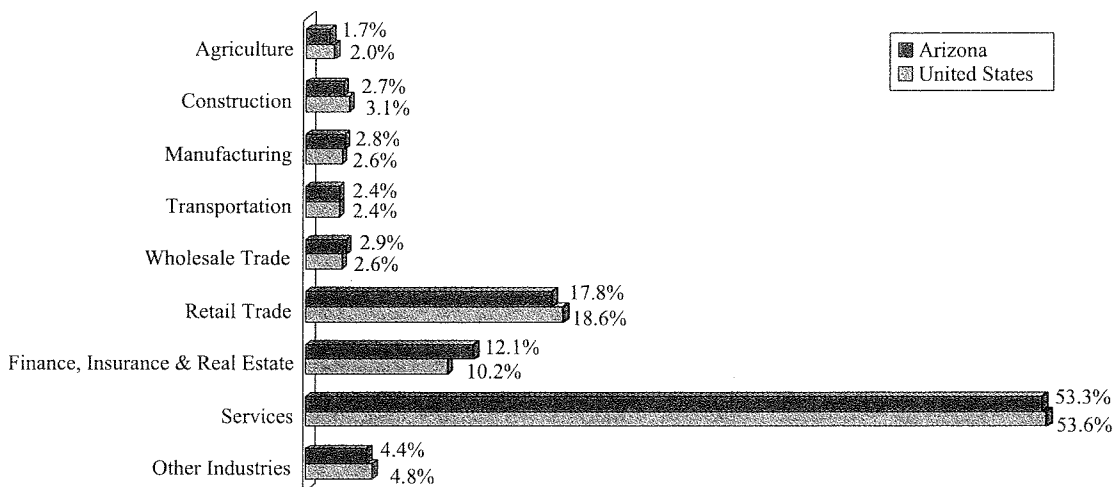
Although the poverty line is the federal standard of hardship in the United States, to measure hardship in wealthier countries, many researchers also use one-half median family income as an indicator of families' access to adequate social and economic resources (Miringoff and Miringoff, 1999; Smeeding, 1997). Because median income varies by state, this measure is more sensitive to variations in cost or standard of living than the federal poverty

line, which is the same for all states. Figure 10 also shows the proportion of women living under one-half of median family income in Arizona and in the United States as a whole. Overall, this measure shows much higher rates of hardship than the poverty rate does. In the United States as a whole, the proportion of women living in families with incomes under one-half median family income was 21.3 percent, much higher than the percent of women living in families with incomes below the federal poverty line (13.1 percent). In Arizona, 18.8 percent of women

were living in families with less than one-half median family income in 1997. This number is also much higher than the poverty rate among women in Arizona. Nevertheless, the percent of women living under one-half median family income in Arizona is 2.5 percentage points lower than that for the nation as a whole, indicating that compared with women in other states, women in Arizona fare slightly better in terms of enjoying one-half median family income within their state (for more detail, see Focus on Poverty, Race and Region among Women in Arizona).

The poverty rate for single women with children in Arizona is slightly higher than the nationwide rate (41.5 percent and 41.0 percent, respectively), despite the fact that single women with children have higher incomes in Arizona than in the nation as a whole (see Figure 9). In Arizona and in the nation as a whole, single women with children experience much higher levels of poverty than any other family type (see Figure 11). Moreover, even these high rates probably understate the degree of hardship among these families, especially among those with working mothers. While counting any noncash ben-

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

these extremes. Many low-income women package earnings from many sources in an effort to raise their family incomes (Spalter-Roth, Hartmann and Shaw, 1993).

Moreover, some self-employed workers are independent contractors, a form of work that can be largely contingent, involving temporary or on-call work without job security, benefits, or opportunity for advancement. Even when working primarily for one client, independent contractors may be denied the fringe benefits (such as health insurance and employer-paid pension contributions) offered to wage and salaried workers employed by the same client firm. The average self-employed woman who works full-time, year-round at just one type of self-employment has health insurance an average of only 1.7 months out of 12, while full-time wage and salaried women average 9.6 months of health insurance (those who lack health insurance entirely are also included in the averages; Spalter-Roth, Hartmann and Shaw, 1993).

Overall, however, recent research finds that the rising earnings potential of women in self-employment compared with wage and salary work explains most

of the upward trend in the self-employment of married women between 1970 and 1990. This suggests that the growing movement of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Women in Arizona are more likely to be self-employed than women in the United States. In 1997, 7.0 percent of working women in Arizona were self-employed, compared with 6.1 percent of women nationwide (U.S. Department of Labor, Bureau of Labor Statistics, 1995).

Women's Economic Security and Poverty

As women's responsibility for their families' economic well-being grows, the continuing wage gap and women's prevalence in low-paid, female-dominated occupations impede their ability to ensure their families' financial security, particularly for single women with children. In the United States, the median family income for single women with children was \$17,265 in 1997, while that for married couples with children was \$54,974 (see Figure 9). Figure 9 also shows that household income was

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

Finally, despite the overall growth in women's earnings and a strong economy, in most states—including both high and low earnings states—inequality among families is growing. Research by the Economic Policy Institute notes that in the nation as a whole in 1996-98, the income of the average family in the top 20 percent of families was 10.6 times the income of the average family in the bottom 20 percent. This represents a substantial increase from 1978-80, when families in the top 20 percent had about 7.4 times as much income as those in the bottom 20 percent. In Arizona, inequality among families was substantially greater than in the nation as a whole: families in the top 20 percent received 13.1 times as much income as those in the bottom 20 percent in 1996-98 (Bernstein, McNichol, Mishel and Zahradnik, 2000). This inequality ratio represents a

substantial increase from 1978-80, when the ratio of income of the top 20 percent to the bottom 20 percent of families was 7.3, almost the same as in the nation as a whole. Thus in the period from 1978-80 to 1996-98, Arizona's ratio of inequality increased by 5.8 percentage points, a much faster rate than the increase of 3.2 percentage points for the nation as a whole (Bernstein, McNichol, Mishel and Zahradnik, 2000).

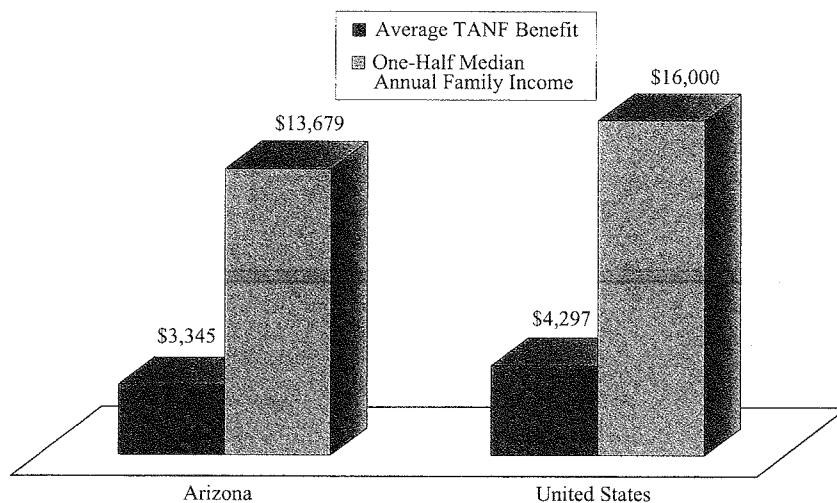
State Safety Nets for Economic Security

The amount of cash welfare benefits varies widely from state to state. Figure 12 compares the size of Arizona's average welfare benefit with one-half median family income in the state, as a measure of how well the state's welfare safety net helps poor women achieve an acceptable standard of living. Obviously, the poverty of many families is not alleviated by welfare alone, and many families also receive Food Stamps or other forms of noncash benefits. Still, research shows that, even adding the value of noncash benefits, many women remain poor (U.S. Department of Commerce, Bureau of the

Census, 1997b). In Arizona as in all of the United States, TANF cash benefits are substantially below one-half median income. In addition, at \$3,345 per year, Arizona's benefits are considerably lower than the U.S. average of \$4,297 per year. Arizona's benefits are approximately 24.5 percent of one-half median annual income in the state, somewhat lower than the U.S. average of 26.9 percent.

Arizona also does a substantially worse than average job of providing a safety net for employed women. The unemploy-

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

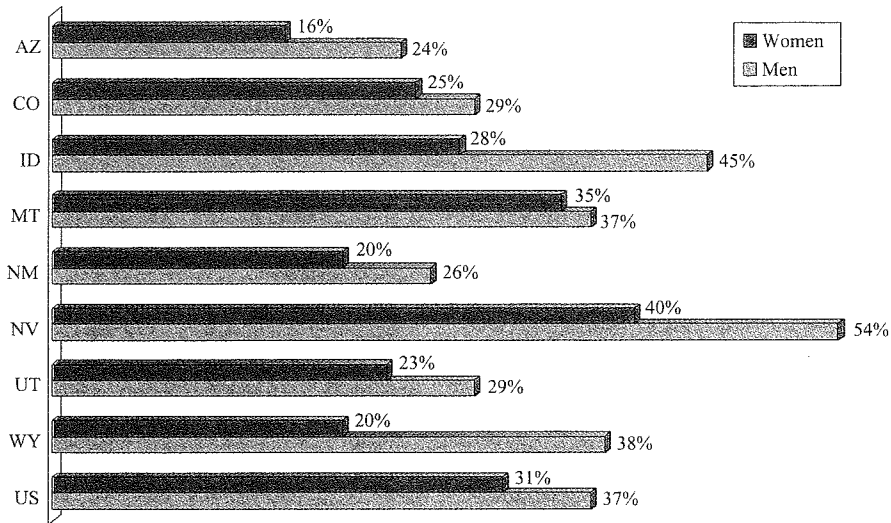


Source: ^a U.S. Department of Health and Human Services, Administration for Children and Families, 1999b;

^b Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

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



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

ment rate for women in Arizona (4.5 percent) is slightly lower than the national average of 4.6 percent (see Table 7). However, the percent of unemployed women in Arizona receiving unemployment insurance benefits (16 percent) is barely half the figure for the United States as a whole (31 percent; see Figure 13). Unemployed men in Arizona fare similarly: the unemployment rate for men is somewhat lower in Arizona than in the United States, but the rate of unemployment insurance benefit receipt for men (at 24 percent) is substantially lower in Arizona

than nationwide (37 percent). In Arizona, as in most of the country and the Mountain West region, unemployment insurance benefit receipt is much higher for men than it is for women. In the region, only in Montana are benefits similar for men and women. Moreover, only a few states do better than the national average in insuring either men or women. Overall, Arizona's safety nets, especially for women, need improvements.

Reproductive Rights

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

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

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

The reproductive rights composite index shows that Arizona, which ranks fifth in its region and 31st in the nation, has some protections for women's reproductive rights compared with other states. However, these protections are still inadequate (see Chart VI, Panel A). Arizona's grade of D+ on the reproductive rights index reflects the gap between the ideal status of women's reproductive rights and resources and their actual status within the state. Despite its ranking near the midpoint of all states, in Arizona as in most of the country, women lack many important guarantees of their reproductive freedom.

Access to Abortion

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

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

	National Rank* (of 51)	Regional Rank* (of 8)	Grade
Composite Reproductive Rights Index	31	5	D+

See Appendix II for methodology.

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

Calculated by the Institute for Women's Policy Research.

with consent or notification laws on the books as of January 2000, 32 enforce their laws. Of these 32 states, 15 enforce notification laws and 17 enforce consent laws. In states with notification or consent laws, 37 allow for a judicial bypass if the minor appears before a judge and provides a reason that parental notification would place an undue burden on the decision to have an abortion. Three states provide for physician bypass, and two allow minors to petition for either judicial or physician bypass. Of the 32 states that enforce consent and notification

laws, only Idaho and Utah have no bypass procedure. As of January 2000, Arizona did not enforce its mandatory consent law (see Chart VI, Panel B; NARAL and NARAL Foundation, 2000).

Waiting-period legislation mandates that a physician cannot perform an abortion until a certain number of hours after his or her patient is notified of her options in dealing with a pregnancy. Waiting periods range from one to 72 hours. Of the 18 states with mandatory waiting periods, as of January 2000, 14

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

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Does Arizona allow access to abortion services:				
Without mandatory parental consent or notification? ^a		✓		9
Without a waiting period? ^a	✓			33
Does Arizona provide public funding for abortions under any or most circumstances if a woman is eligible?^a				
		✓		15
What percent of Arizona women live in counties with an abortion provider?^b				
			81%	68%
Is Arizona's state government pro-choice?^c				
Governor			Mixed	15
Senate			Mixed	13
Assembly			Mixed	7 of 49
Does Arizona require health insurers to provide comprehensive coverage for contraceptives?^a				
		✓		11
Does Arizona require health insurers to provide comprehensive coverage for infertility treatments?^d				
		✓		10
Does Arizona allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?^{**e}				
		✓	No case has been tried	21
Does Arizona require schools to provide sex education?^a				
		✓		18

* Arizona's parental consent law is not enforced.

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

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

Compiled by the Institute for Women's Policy Research.

states (with waiting periods ranging from one to 24 hours) enforce their laws (NARAL and NARAL Foundation, 2000). Arizona does not have waiting period legislation.

Public funding for abortion for women who qualify can be instrumental in reducing the financial obstacles to abortion for low-income women. In some states, public funding for abortions is available only under specific circumstances, such as rape or incest, life endangerment to the woman, or limited health circumstances of the fetus. Fifteen states fund abortions in all or most circumstances. Arizona is one of 29 states that do not provide public funding for abortions under any circumstances other than those required by the federal Medicaid law, which are when the pregnancy results from reported rape or incest or when the pregnancy threatens the life of the woman (NARAL and NARAL Foundation, 2000).

The percent of women in Arizona who live in counties with abortion providers measures the availability of abortion services to women in the state. This proportion ranges from 16 to 100 percent across the states. As of 1996, in the bottom three states, 20 percent or fewer of women live in counties with at least one provider, while in the top six states, more than 90 percent of women live in counties with at least one (Henshaw, 1998). At 81 percent of women in counties with a provider, Arizona's proportion falls near the top of the nation. Nonetheless, only 20 percent of counties in Arizona have abortion providers. For those women in rural counties without a provider, access can be problematic. In 41 states, more than half of all counties have no abortion provider, and in 21 states more than 90 percent of counties have none (Henshaw, 1998).

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

ed to) provisions concerning parental consent, mandatory waiting periods, prohibitions on Medicaid funding for abortion and bans on certain abortion procedures. NARAL also gathered official comments from governors' offices and conducted interviews with knowledgeable sources involved in reproductive issues in each state (NARAL and NARAL Foundation, 1999). For this study, governors and legislators who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. In Arizona, the state's governor, Senate and Assembly were evaluated as closely divided on abortion rights.

Other Family Planning Policies and Resources

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

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

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

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

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

does not mandate sex education. If schools teach sex education, the state requires that they teach abstinence but does not require that information about contraception be included.

Fertility, Natality and Infant Health

Current trends in the United States reveal a decline in the birth rate for all women, in part due to women's tendency to marry and give birth later in life. In 1998, the median age for women at the time of their first marriage was 25.0 years, while as of 1994, the median age at first birth was 23.8 years (U.S. Department of Commerce, Bureau of the Census, 1999b; National Center for Health Statistics, 1997). Fertility rates in Arizona are considerably higher than in the nation as a whole. Table 14 shows 78.1 live births per 1,000 women aged 15-44 in Arizona and 65.0 births per 1,000 women aged 15-44 in the United States in 1997.

Table 14 also shows 7.1 infant deaths per 1,000 births in Arizona, a rate close to that for the United States as a whole, 7.2 infant deaths per 1,000. Infant mortality, however, affects white and African American communities at very different rates. In Arizona, the infant mortality rate is 6.8 for white infants and 14.4 for African American infants. In the United States, respective rates are 6.0 for white infants and 14.2 for African American infants. Comparable data were not available for Hispanic infants in Arizona or the United States.

Low birth weight (less than 5 lbs., 8 oz.) among babies also affects different racial and ethnic groups at different rates. In the United States as a whole, the percent of low-weight births among white infants was 6.5; for Hispanic infants, it was 6.4; and for African American infants, it was 13.1. In Arizona, the percentage of births of low weight is 6.7 for white infants and 6.6 among for infants, while it is 13.6 for African American infants. In the country as a whole, disparities in both infant mortality and low birth-weight rates between African Americans and whites are growing. These differences are probably related to a variety of factors, including disparities in socioeconomic status, nutrition, maternal health, and access to prenatal care, among others (U.S.

Department of Health and Human Services, Public Health Service, 2000).

For all women, access to prenatal care can be crucial to health during pregnancy and for lowering the risk of infant mortality and low birth weight (U.S. Department of Health and Human Services, Public Health Service, 2000). In the country as a whole, about 82.5 percent of women begin prenatal care in their first trimester of pregnancy, while a somewhat lower proportion, 75.4 percent, of women in Arizona do. Use of prenatal care also varies by race. In the United States as a whole, 84.7 percent of white women use prenatal care in the first trimester, while 72.3 percent of African American and 73.7 percent of Hispanic women do. In Arizona, 76.5 percent of

white women, 70.9 percent of African American women, and 65.1 percent of Hispanic women use first trimester prenatal care.

Births to teenage mothers can make it difficult for them to achieve an adequate standard of living by limiting their choices about education and employment (The Alan Guttmacher Institute, 1994; U.S. Department of Health and Human Services, Public Health Service, 2000). In 1997, births to teenage mothers accounted for a larger proportion of all births in Arizona (14.9 percent) than they did nationally (12.8 percent). In fact, from 1985 to 1996 Arizona's rate of births to teen mothers grew substantially, from 39 births per 1,000 females aged 15-17 in 1985 to 49 births per 1,000 females aged

15-17 in 1996. This represents an almost 26 percent increase. In contrast, in the United States as a whole, the teen birth rate grew from 31 to 34 births per 1,000 females aged 15-17, only about a 10 percent increase (Anne E. Casey Foundation, 1999). Births to unmarried mothers also accounted for a larger proportion of all births in Arizona than they did nationally (37.7 percent compared with 32.4 percent).

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

	Arizona	United States
Fertility Rate in 1997 (live births per 1,000 women aged 15-44)^a	78.1	65.0
Infant Mortality Rate in 1997 (deaths of infants under age one per 1,000 live births)^b	7.1	7.2
Among Whites	6.8	6.0
Among African Americans	14.4	14.2
Percent of Low Birth Weight Babies (less than 5 lbs, 8 oz.), 1997	6.9%	7.5%
Among Whites	6.7%	6.5%
Among African Americans	13.6%	13.1%
Among Hispanics	6.6%	6.4%
Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 1997^a	75.4%	82.5%
Among Whites	76.5%	84.7%
Among African Americans	70.9%	72.3%
Among Hispanics	65.1%	73.7%
Births to Teenage Women (aged 15-19 years) as a Percent of All Births, 1997^c	14.9%	12.8%
Births to Unmarried Women as a Percent of All Births, 1997^c	37.7%	32.4%

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

Health and Well-Being

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

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

This section focuses on the quality of health of women in Arizona. The composite index of women's health and well-being ranks the states on several indicators, including mortality from heart disease, breast cancer and lung cancer; the incidence of diabetes, chlamydia, and AIDS; women's mental health status and mortality from suicide; and limitations on

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

Indicators	National Rank* (of 51)	Regional Rank* (of 8)	Grade
Composite Health and Well-Being Index	18	6	B-
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1995) ^a	22	8	
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1991-95) ^b	20	7	
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1991-95) ^b	6	4	
Percent of Women Who Have Ever Been Told They Have Diabetes (1998) ^c	2	1	
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 1997) ^d	40	7	
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, July 1998 through June 1999) ^e	29	7	
Average Number of Days per Month on which Women's Mental Health Is Not Good (1998) ^c	1	1	
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1995-97) ^f	47	5	
Average Number of Days per Month on which Women's Activities Are Limited by Their Health (1998) ^c	27	7	

See Appendix II for methodology.

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

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

Calculated by the Institute for Women's Policy Research.

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

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

Women's overall health status is closely connected to many of the other indicators in this report, including women's poverty status, access to health insurance, and reproductive rights and family planning. As a result, it is important to consider women's health as imbedded in and related to their political, economic, and social status (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and Lewin Group, forthcoming). For example, women's health is significantly influenced by their socioeconomic status. Many studies find direct and indirect relationships between income, education and work status, and health. Poor, uneducated women with few work opportunities are more likely to be unhealthy. Women with low incomes, little education and no jobs also face significant problems accessing the health care system, which indirectly influences their health status (Mead, Witkowski and Hartmann, forthcoming). On the other hand, research shows that women's employment has a positive effect on health. Studies suggest the link may result both because work provides health benefits to women and because healthier women "self-select" to work (Hartmann, Kuriansky and Owens, 1996). Finally, research suggests that across the states, women's mortality rates, cause-specific death rates and mean days of activity limitations due to health are highly correlated with their economic and political status, and especially with their political participation and

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

Arizona, which ranks 18th of all states, does about average overall on women's health and well-being. However, its rankings on the indicators comprising this composite index vary greatly. The state ranks in the top ten on measures of women's mortality from breast cancer, incidence of diabetes, and number of days per month on which women's mental health is not good. However, it ranks near the middle for mortality from heart disease and lung cancer, incidence of AIDS, and activities limitations from health. It falls to the bottom third for incidence of chlamydia and is near the bottom (47th) for mortality from suicide among women.

Arizona's grade of B- on the health and well-being index reflects the difference between women's actual health status in the state and national goals concerning their health status, including goals set by the U.S. Department of Health and Human Services in its Healthy People 2010 program (see Appendix II for a discussion of the composite methodology). Arizona has room for improvement on indicators of women's health, especially on those indicators where the state ranks near the middle or relatively low among all states.

Mortality and Incidence of Disease

Heart disease has been the leading cause of death for both women and men of all ages in the United States since 1970. It is the second leading cause of death among women aged 45-74, following all cancers combined (but is the leading cause when cancers are examined separately). It remains the leading cause of death for women aged 75 and over even when all cancers are combined (National Center for Health Statistics, 1996). Since many of the factors contributing to heart disease, including high blood pressure, smoking, obesity and inactivity, can be addressed by changing women's health habits, states can contribute to decreasing rates of death from heart disease by raising awareness of the risk factors and how to modify them. In addition, states can help by implementing policies that facilitate access to health care professionals and preventive screening

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

Indicator	Arizona	United States
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 1995^a	86.9	90.9*
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 1991-95^b	32.1	33.3
Among White Women ^c	33.2	33.8
Among African American Women ^c	25.3	32.7
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 1991-95^b	23.3	26.0
Among White Women ^c	23.6	25.6
Among African American Women ^c	26.4	31.5
Percent of Women Who Have Ever Been Told They Have Diabetes (1998)^d	2.9%	5.3%*
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000), 1997^e	384.6	335.8
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), July 1998 through June 1999^f	3.9	9.4
Average Number of Days of Poor Mental Health Among Women, 1998^c	1.2	3.5*
Average Annual Mortality Rate Among Women from Suicide (per 100,000), 1995-97^g	5.9	3.9
Average Number of Days of Limited Activities Among Women, 1998^c	3.7	3.6*

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

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

Compiled by the Institute for Women's Policy Research.

higher in Arizona and in the country as a whole (161.7 and 174.4 per 100,000 population; data not shown). Unlike women's, however, men's mortality rates from heart disease in Arizona are much lower than the median for the United States.

Mortality from heart disease varies greatly by race in Arizona and the United States as a whole. As Figure 14 shows, mortality rates from heart disease are generally much higher among African American women than among white women, while Asian American women have the lowest rates. In the United States, the mortality rate from heart disease for 1991-95 among all women 35 and older was 401 deaths per 100,000 women (these data differ from those in Table 15, which presents 1995 mortality rates for women of all ages). For African American women, it was much higher, at 553 deaths per 100,000, while for white women it was 388. For Hispanic women, the rate was only 265 deaths per 100,000; for Asian

services. Women in Arizona experience mortality from heart disease at a slightly lower rate than the median for all states (86.9 and 90.9 per 100,000 population, respectively; see Table 15), and thus the state ranks 22nd among all states on this indicator. Notably, men's mortality from heart disease is much

American women, it was 221; and for Native American women, 259. In Arizona, patterns of mortality from heart disease among women of different racial and ethnic groups were similar in some cases to those in the nation as a whole but were quite different in others. African American women

experienced mortality from heart disease at a rate of 492 per 100,000; white women did at a rate of 338 per 100,000; and Hispanic women's rate was 319 per 100,000. For Asian American women, the rate was 241 per 100,000, and for Native American women, it was 286. Notably, while for white, African American, and Hispanic women rates of mortality from heart disease are lower in Arizona than in the United States as a whole, for Asian American and Native American women, they are higher.

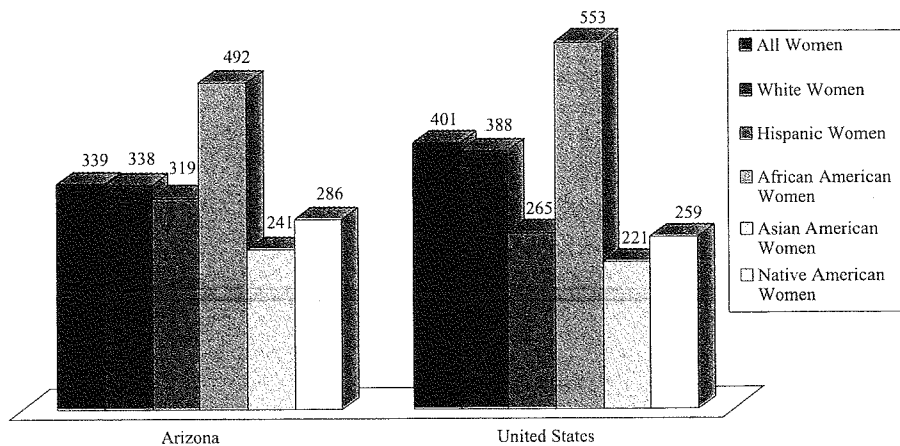
Cancer is the leading cause of death for women aged 45-74, and women's lung cancer, the leading cause of death among cancers, in particular is on the rise. Among women nationally, the incidence of lung cancer doubled and the death rate rose 182 percent between the early 1970s and early 1990s (National Center for Health Statistics, 1996). Like heart disease, lung cancer is closely linked with cigarette smoking. State public awareness efforts on the link between cancer and smoking can be crucial to lowering lung cancer incidence and mortality. In Arizona, the mortality rate from lung cancer is 32.1, slightly better than the national rate of 33.3 per 100,000 women. As a result, Arizona ranks 20th in the nation and seventh in the Mountain West region on this indicator. In addition, in Arizona as in the nation as a whole, mortality from lung cancer is higher among white women than among African American women. In Arizona, 33.2 white women per 100,000 die from lung cancer each year, while 25.3 African American women do. Nationally, 33.8 white women and 32.7 African American women per 100,000 die annually from lung cancer.

Among cancers, breast cancer is the second most common cause of death for U.S. women.

Approximately 175,000 new invasive cases of breast cancer are expected in 1999 (American Cancer Society, 1999). Breast cancer screening is crucial not just for detecting breast cancer but also for reducing breast cancer mortality. Consequently health insurance coverage, breast cancer screenings, and public awareness of the need for screenings are all important issues to address as states attempt to diminish death rates from the disease. Arizona's rate of mortality from breast cancer is relatively low, at 23.3, compared with the national rate of 26.0 per 100,000 population. The state is sixth in the country on this indicator of women's health status. Unlike mortality rates from lung cancer, mortality rates from breast cancer are higher among African American women than they are among white women in Arizona and in the nation as a whole. In Arizona, mortality from breast cancer is 23.6 per 100,000 white women but 26.4 per 100,000 African American women. Nationally, the mortality rates from breast cancer are 25.6 per 100,000 white women and 31.5 per 100,000 African American women.

People with diabetes are two to four times more likely to develop heart disease or stroke, blindness,

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



* Average annual mortality rates (deaths per 100,000) for women aged 35 years and older. Data for Hispanics are also included within each of the four categories of race. Data differ from those provided in Table 15, which are for women of all ages for 1995.

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

Compiled by the Institute for Women's Policy Research.

Focus on Reducing HIV/AIDS Risks for Women in Arizona

In Arizona as in the United States as a whole, both the number and proportion of women with HIV/AIDS continues to increase (Centers for Disease Control and Prevention, 1996). The incidence of AIDS is increasing among women at a faster rate than among men. In 1981-85, the ratio of male to female AIDS diagnoses in Arizona was 17 to one. By 1998 that ratio was 6.4 to one. In addition, according to the Arizona Department of Health Services (2000), the number of women infected is likely to continue to increase.

Women who engage in high-risk behaviors such as unprotected sex, drug use, and prostitution are particularly vulnerable to HIV/AIDS. New research at the Southwest Institute for Research on Women at the University of Arizona points to the shortcomings of established AIDS-prevention programs designed to reach these women (Stevens, Estrada and Estrada, 1998; Stevens and Patton, 1998). This research identifies gender-specific approaches that address the different realities of women who either have HIV or are at risk for it (Stevens and Bogart, 1999).

Recommended approaches include the following:

- ◆ Educating women about their greater vulnerability to the transmission of HIV through sexual intercourse, due to their physiological differences from men.
- ◆ Recognizing that it can be difficult and sometimes dangerous for women to insist on male condom use. Women should be presented with alternative forms of protection, such as the female condom.
- ◆ Educating women about the prevention and treatment of STDs, which, left untreated, can increase the likelihood of HIV transmission.
- ◆ Ensuring that pregnant women are educated about the risks of HIV transmission to their fetus and providing preventive care to those who are HIV positive.
- ◆ Developing approaches to HIV/AIDS intervention that empower women to free themselves of sexual partners whose behaviors place women at high risk for contracting HIV/AIDS.

kidney disease, and other serious health conditions than those without it, and women with diabetes have the same risk of heart disease as men (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999b). Rates of diabetes vary tremendously by race, with African Americans, Hispanics, and American Indians experiencing much higher rates of diabetes than white men and women (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998). The overall risk of diabetes can be decreased by lowering the level of obesity and as a result of improving health habits in a state. In Arizona, 2.9 percent of women have been diagnosed with diabetes at some point in their lifetime, a rate much lower than the median rate for all states, 5.3 percent. As a result, the state ranks second in the nation on this indicator. On the other hand, diabetes was the fourth leading cause of death among American Indians in Arizona in 1997. The age-adjusted mortality rate from diabetes for Native Americans in Arizona is 5.6 times higher than the rate for non-Hispanic whites and at least 2.1 times as high as the diabetes death rates of African Americans and Hispanics (data by sex are not available; Arizona Diabetes Surveillance Committee, 1999).

Sexually transmitted diseases (STDs) are a common threat to younger women's health. As with many other health problems, education, awareness, and proper screening can be key to limiting the spread of STDs and diminishing the health impact associated with them. One of the more common STDs among women is chlamydia, which affects over 436,000 women in the United States. Chlamydia is often asymptomatic, as up to 85 percent of women who have it manifest no symptoms. Nonetheless, chlamydia can lead to Pelvic Inflammatory Disease (PID), which is a serious threat to female reproductive capacity (U.S. Department of Health and Human Services, Public Health Service, 2000). Screening for chlamydia is important to women's reproductive health. In Arizona, chlamydia affects 384.6 women per 100,000 population, a rate much higher than that for the United States as a whole, or 335.8 women per 100,000 population. As a result, Arizona ranks 40th on this indicator of women's health status.

Finally, the incidence of HIV and AIDS in women is one of the fastest growing threats to their health, especially among younger women. In fact, the original gap between the incidence of AIDS in women and men is diminishing quickly. While in 1985 the incidence of AIDS-related illnesses among men was 13 times more than for women, by 1998-99 men had fewer than four times as many AIDS-related illnesses as women. The proportion of people with AIDS who are women is likely to continue rising, since a higher proportion of HIV cases are women: in 1998-99, 23 percent of AIDS cases were women, while 32 percent of HIV cases were (U.S. Department of Health and Human Services, Public Health Service, 1999). Moreover, the majority of the AIDS burden falls on minority women: in 1998, 63 percent of women diagnosed with AIDS were African American, and over 18 percent were Hispanic (U.S. Department of Health and Human Services, Public Health Service, 1999). Unfortunately, state-by-state data for minority women are not available. However, overall, Arizona has a lower than average incidence rate of AIDS than the nation as a whole, at 3.9 and 9.4, respectively, per 100,000 population, and the state ranks 29th on this indicator. In contrast, for men the AIDS incidence rate is higher in Arizona than in the country as a whole, at 35.8 cases per 100,000 population compared with 33.2 cases (data not shown; U.S. Department of Health and Human Services, Public Health Service, 1999; for more information, see Focus on Reducing HIV/AIDS Risks for Women in Arizona).

Mental Health

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

treatments, however, are integral to helping patients achieve good mental health.

In Arizona, women's self-reported evaluations indicate that women experience an average of 1.2 days per month on which their mental health is not good, and as a result, the state ranks first on this indicator (see Table 15 and Chart VII). Nationally, the median rate for all states is 3.5 days per month of poor mental health. Men's rate of poor mental health is also much lower than the national median at 0.4 and 2.4 days, respectively (data not shown). In Arizona, the lower rate of poor mental health for men compared with women mirrors national trends: in the nation as a whole, the median rate for women is over 1 day more than it is for men (3.5 and 2.4 days per month, respectively), and in Arizona, it is 0.8 days more than it is for men.

One of the most severe public health problems related to psychological disorders is suicide. In the United States as a whole, 1.3 percent of all deaths occur from suicide, about the same number of deaths as from AIDS (National Institute of Mental Health, 1999). Women are much less likely than men to commit suicide, with four times as many men as women dying by suicide. However, women are twice as likely to attempt suicide as men are, and a total of 500,000 suicide attempts are estimated to have occurred in 1996. In addition, in 1997, suicide was the fourth leading cause of death among women aged 14-24 and 35-44, the sixth leading cause of death among women aged 25-34, and the eighth leading cause of death among women 45-54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2000a). Among women in the United States, the annual rate of mortality from suicide is 3.9 per 100,000 population. In Arizona, the rate of death by suicide among women is much higher, at 5.9. As a result, Arizona ranks 47th in the nation and fifth in the Mountain West region on this indicator of women's health status.

While risk factors for suicide often occur in combination, research indicates that 90 percent of men and women who kill themselves are experiencing depression, substance abuse, or another diagnosable psychological disorder (National Institute of Mental Health, 1999). As a result, policies that extend and

expand mental health services to those who need them can help potential suicide victims. According to the National Institute of Mental Health, the most effective programs prevent suicide by addressing broader mental health issues, such as stress and substance abuse (National Institute of Mental Health, 1999). Arizona's high suicide rates among women may indicate a lack of available and adequate resources and services for women who need mental health treatment.

Limitations on Activities

Women's overall health status strongly affects their ability to carry out everyday tasks, provide for their families, fulfill their goals, and live full and satisfying lives. Illness, disability and generally poor health can obstruct their ability to do so. Women's self-evaluation of the number of days in a month on which their activities were limited by their health status measures the extent to which women are unable to perform the tasks they need and want to complete. Among all states, the median days with limited activities are 3.6; in Arizona, the average number of days of limited activities for women is about the same, at 3.7 (see Table 15). In contrast, for men, the rate in Arizona (5.2 days per month) is much higher than the median rate for all states (3.5 days per month; data not shown).

Preventive Care and Health Behaviors

Women's health status is affected tremendously by their use of early detection measures, preventive health care, and good personal health habits. In fact, preventive health care, healthy eating and exercise, as well as elimination of smoking and heavy drinking, can help women avoid many of the diseases and conditions described above. Table 16 presents data on women's use of preventive care, early detection resources, and good health habits in Arizona. Generally, women in Arizona use preventive care resources at above-average levels. Of women over age 50, 81.0 percent have had a mammogram within the past two years, much higher than the median number for all states. Arizona women also have slightly higher usage rates of cholesterol screenings

than the median rate for all states, although their use of pap tests is below the median rate for all states.

In contrast, women in Arizona engage in good health habits at fairly low levels. On the one hand, the percent of adult women in Arizona who smoke, 19.2 percent, is only slightly lower than the median for all states, 20.8 percent, as is the percent of Arizona women who drink chronically (60 or more alcoholic beverages a month; 0.6 and 0.7, respectively; see Table 16). On the other hand, women in Arizona are much less likely to participate in physical activity, as 50.5 percent report being inactive in the last month, compared with 29.9 percent of U.S. women as a whole. In addition, Arizona women are much less likely to eat the recommended amount of fruits and vegetables than women in other states (89.6 percent in Arizona compared with 72.2 percent in the nation as a whole).

State Health Policies and Resources

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

Table 16.
Preventive Care and Health Behaviors

	Arizona	United States*
Preventive Care		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 1998 ^a	81.0	67.8
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 1998 ^a	81.7	84.9
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 1995 ^b	69.1	68.2
Health Behaviors		
Percent of Women Who Smoke (100 or more cigarettes in their lifetime and who now smoke everyday or some days), 1998 ^a	19.2	20.8
Percent of Women Who Report Chronic Drinking (60 or more alcoholic beverages during the previous month), 1995 ^b	0.6	0.7
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 1998 ^a	50.5	29.9
Percent of Women Who Do Not Eat 5 or More Servings of Fruits or Vegetables per Day, 1998 ^a	89.6	72.2

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

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

Compiled by the Institute for Women's Policy Research.

over 50 percent more women receive Medicaid benefits than men (U.S. Department of Health and Human Services, Health Care Financing Administration, 1999a). In Arizona, more women than men receive health insurance from public sources (15.5 percent versus 9.4 percent; see Table 12). During the 1990s, states gained increased autonomy in setting eligibility and benefit levels for Medicaid programs, and as a result their spending varied substantially. Table 17 shows the level of Medicaid spending per adult enrollee in Arizona ("adults" are generally defined as nondisabled people aged 18-64, although some states extend "adult" to cover some younger people, such as pregnant teens or mothers classified as head-of-household). In 1997, at \$1,670, Arizona's spending was below the average among all states of \$1,874 per adult enrollee. Without adequate financial support for their health care needs, the health status of low-

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

	Arizona	United States
Medicaid Spending Per Adult Enrollee, 1997 ^a	\$1,670	\$1,874
Domestic Violence and Sexual Assault Services and Prevention Spending Per Capita, 1994-95 ^b	\$1.18	\$1.34

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

Compiled by the Institute for Women's Policy Research.

constituted 67 percent of those administered in Arizona, while 33 percent of funds came from the state. Of federal funds, 94 percent was spent on domestic violence programs, and 6 percent was spent on sexual assault programs. Of state funds, 99 percent was spent on domestic violence programs, while only 1 percent was spent on sexual assault programs (for more information, see

Focus on Domestic Violence in Arizona).

income women and their families is likely to suffer. State and federal policy should also ensure that as men and women move off welfare and into the workforce, they do not lose access to health insurance.

Domestic violence and stalking can also affect women's physical health and mental well-being significantly. Very little reliable data on rates of violence against women exist, however, because many incidences of violence go unreported. Women who suffer from domestic violence, stalking, and other crimes often need appropriate services to help them make the transition from a violent and unhealthy situation to an independent and stable life. Still, state spending related to violence against women varies tremendously. Table 17 shows that federal and state funds administered by Arizona for domestic violence and stalking programs are also somewhat below the national average, at \$1.18 per person in the state, compared with \$1.34 in the United States as a whole. Federal funds

Studies show that the quality of insurance coverage significantly affects women's access to certain health resources and, consequently, their health (Mead, Witkowski and Hartmann, forthcoming). In order to advance women's and men's access to adequate health-related resources, many states have passed policies governing health care coverage by insurance companies for their policyholders. These policies include required coverage for preventive

Table 18.
State Health Insurance Mandates in Arizona, 1999

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

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

Compiled by the Institute for Women's Policy Research.

Focus on Domestic Violence in Arizona

Resources for Victims of Domestic Violence in Arizona

The Office for Domestic Violence Prevention, created by the governor in 1992, works together with a volunteer Commission on Violence Against Women (appointed by the Office to represent a broad range of organizations, agencies, service providers and citizens dedicated to reducing domestic violence in Arizona) to coordinate domestic violence and sexual assault resources, promote education and awareness, and recommend policy changes.

To address the needs of immigrant women facing domestic violence, the Pima County-Tucson Women's Commission is in the process of publishing a multi-lingual booklet explaining legal options under the Violence Against Women Act. The booklet will be distributed to both service providers and victims (Pima County-Tucson Women's Commission, forthcoming).

See Appendix V for contact information for each of these organizations.

Remaining Obstacles for Victims of Domestic Violence in Arizona

Inadequate Shelter Space

Abused women in Arizona face problems of inadequate shelter space. The Arizona Sexual Assault Network estimates that there is only one sexual assault center for every 1.2 million people in the state (compared, for example, to one for every 150,000 in Wisconsin; Arizona Sexual Assault Network 1999). For all categories of abuse (domestic violence, rape and other sexual abuse) there is only one provider for every 99,239 people (Arizona Department of Economic Security, Division of Employee Service and Support, Research Administration, 1999; Governor's Office for Domestic Violence Prevention, n.d.). In Santa Cruz, a predominantly Hispanic and rural border county, there is not one shelter or safe house. Two other rural counties, covering over 5,500 square miles, share one shelter (Governor's Office for Domestic Violence Prevention, n.d.). Finally, there are few shelters on Indian reservations, and many geographic and cultural barriers inhibit Native American women from using shelters elsewhere (Governor's Office for Domestic Violence Prevention, n.d.).

Poor Data Collection

Because of a lack of standardization and different jurisdictional needs, collecting statistics on violence against women remains a challenge in Arizona. Advocacy groups are working with law enforcement agencies statewide to find better methods for gathering accurate and complete statistics on incidents of domestic violence. Although the Governor's Office surveys all law enforcement agencies quarterly on domestic violence crimes, the data remain incomplete. In 1998, less than 50 percent of law enforcement agencies answered all questions posed by the relevant survey form, and 18 percent did not respond at all (Governor's Office for Domestic Violence Prevention, 1999).

Obstacles Facing Immigrant Women

Immigrant women in Arizona are particularly at risk of not getting the support they need when faced with violence. Obstacles include language barriers that limit their access to resources; misunderstanding of their cultural practices by service providers; few support networks of family members or friends; high rates of poverty; substance abuse; patriarchal practices that threaten their rights to safety and well-being (Andrade and Le Denmat, 1999); susceptibility to deportation if they lack documents (and do not understand their legal options); and threats by their abusers that they could lose their immigration status or their children if they seek help.

Obstacles Facing Native American Women

Native American women experience unusual legal constraints in trying to escape situations of domestic violence on reservations. Neither the state nor the tribes have criminal jurisdiction over non-Indians who commit crimes against Indian victims on reservations; the U.S. Attorney's office has sole jurisdiction (see Canby, 1998, for a summary of jurisdictional parameters). And while the 1994 Federal Crime Bill addressed domestic violence on reservations by defining domestic violence as a felony, the bill also requires proof that a perpetrator crossed into Indian country with an intent to commit an act of domestic violence, essentially making prosecution impossible (Lodge, 2000). In addition, most tribes do not have domestic protection codes (White, 2000). The Indian Country Intelligence Network has established a process for sharing information, and the Arizona Full Faith and Credit Project, which is designed to combat domestic violence, is actively encouraging cooperation across tribal, local, state, and federal governments and agencies.

screenings for cervical cancer and osteoporosis; laws allowing women to choose a specialist in obstetrics and gynecology as their primary care physician or allowing direct access to one without referral; and mandates for coverage of mental health services. In addition, some states have mastectomy

stay laws, requiring insurance companies to cover inpatient care for defined periods following a mastectomy. Arizona has none of the state insurance mandates presented in Table 18, indicating that policymakers could improve women's access to health insurance in important ways.

Conclusions and Policy Recommendations

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

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

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

opportunities. Variance in specific public policies undoubtedly accounts for some of the contrasts in outcomes among the states. Indicators such as those presented here can be used to monitor women's progress and evaluate the effects of policy changes on a state-by-state basis.

In a time when the federal government is transferring many responsibilities to the state and local level, women need 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 and/or in the private sector.
- ◆ The health of women and their children can be safeguarded and improved by policies that make it possible for all citizens to have adequate insurance coverage and for a broader array of citizens to benefit from available federal programs.
- ◆ 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 provision of adequate and affordable child care and from 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 collection and by implementing welfare reform programs that maximize women's educational and

earning opportunities, while still providing a basic safety net for those who earn very low wages or cannot work.

National policies also remain important in improving women's status in individual 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 or the establishment of an employee pay-in system.

- ◆ Because most income redistribution occurs at the national level, federal legislation on taxes, entitlements and income security programs (such as the Earned Income Tax Credit, Social Security, Medicaid, Medicare, Food Stamps and welfare) will continue to profoundly affect women's lives and should take women's needs and interests into account.

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

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

Appendix I

Basic Demographics

This Appendix includes data on different populations within Arizona. Statistics on age, the sex ratio and the elderly female population are presented, as

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

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

	Arizona	United States
Total Population, 1998^a	4,668,631	270,298,524
Number of Women, All Ages ^b	2,359,661	138,252,197
Sex Ratio (women to men, aged 18 and older) ^b	1.05:1	1.08:1
Median Age of All Women ^b	35.7	36.3
Proportion of Women Over Age 65 ^b	14.6%	14.6%
Distribution of Women by Race and Ethnicity, All Ages, 1995^c		
White*	69.1%	73.0%
African American*	3.2%	12.8%
Hispanic**	19.9%	9.8%
Asian American*	1.9%	3.6%
Native American*	5.8%	0.8%
Distribution of Households by Type, 1990^d		
Total Number of Family and Nonfamily Households	1,366,220	91,770,958
Married-Couple Families (with and without their own children)	55.8%	56.2%
Female-Headed Families (with and without their own children)	10.0%	11.3%
Male-Headed Families (with and without their own children)	3.4%	3.2%
Nonfamily Households: Single-Person Households	24.5%	24.4%
Nonfamily Households: Other	6.2%	4.9%
Distribution of Women Aged 15 and Older by Marital Status, 1990^e		
Married	57.0%	55.6%
Single	21.2%	23.1%
Widowed	10.3%	11.9%
Divorced	11.6%	9.4%
Percent of Households with Children Under Age 18 Headed by Women, 1990^f	19.6%	19.5%
Proportion of Women Living in Metropolitan Areas, All Ages, 1990^g	79.4%	83.1%
Proportion of Women Who Are Foreign-Born, All Ages, 1990^h	7.6%	7.9%
Percent of Federal and State Prison Population Who Are Women, 1998ⁱ	7.0%	6.5%

* Non-Hispanic.

** Hispanics may be of any race.

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

Compiled by the Institute for Women's Policy Research.

of women and can be used to provide insight on the topics covered in this report. For example, compared with the United States as a whole, Arizona has a lower ratio of women to men, a slightly younger population, much smaller proportions of African American and Asian American women, much larger proportions of Hispanic and Native American women, and a somewhat lower proportion of women living in urban areas. Demographic factors have implications for the location of economic activity, the types of jobs available, market growth, and the types of public services needed.

Arizona has the 21st largest population among all the states in the United States. There were over 2.3 million women of all ages in Arizona in 1998 (see Appendix Table 1). Between 1990 and 1998, the population of Arizona grew by 27.4 percent, more than three times the growth of the nation as a whole (8.7 percent; U.S. Department of Commerce, Bureau of the Census, 1999e). This growth rate is second in the nation. Compared with its region, Arizona's population growth rate is also second highest, behind that of Nevada, which had a growth rate of 45.4 percent, and is higher than the regional growth rate of 23.1. White women are a smaller share of the female population in Arizona than they are in the United States as a whole, with minorities making up almost 31 percent of women in the state (compared with 27 percent for the nation as a whole). Of all the racial/ethnic groups in Arizona, Hispanic women (19.9 percent) constitute a proportion substantially higher than the national average (9.8 percent), and Native American women make up 5.8 percent of all women, compared with 0.8 percent nationally. African American and Asian American

women combined make up just over 5 percent of the female population in Arizona, over 11 percentage points lower than for the rest of the United States.

Arizona's distribution of women by marital status is very similar to that of the nation as a whole (see Appendix Table 1). The proportions of single and widowed women in Arizona are slightly lower than in the country as a whole, while the proportions of married and divorced women are slightly higher than the nation. Arizona's distribution of family types is also very similar to that in the nation as a whole. The proportion of single-person households is almost the same as in the nation as a whole, while the proportion of female-headed families in Arizona (10.0 percent) is slightly smaller than in the United States as a whole (11.3 percent). The proportion of married-couple families in Arizona is also slightly smaller than nationally, while nonfamily households make up a slightly larger proportion (6.2 and 4.9 percent in Arizona and the United States, respectively). Female-headed families with children under age 18 constitute 19.6 percent of all families with children in Arizona, a similar proportion to the 19.5 percent nationwide.

Arizona's proportion of women living in metropolitan areas is somewhat lower than in the nation as a whole (79.4 percent compared with 83.1 percent of women in the United States). The percent of Arizona's prison population that is female is slightly higher than the national average (see Appendix Table 1). Finally, Arizona has about the same proportion of foreign-born women as the United States as a whole (7.6 percent compared with 7.9 percent).

Appendix II

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

Composite Political Participation Index

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

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

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score." Women's voter registration and voter turnout were each set at the value of the highest state for these components; each component of the composite index for women in elected office was set as if 50 percent of elected officials were women; and scores for institutional resources for women assumed the ideal state had both a commission for women and a women's legislative caucus in each house of the state legislature.

Because states can have a negative score on this composite index, values for each of the components were set at low levels as well: voter registration and turnout were each set at the value of the lowest state; each component of the composite index of women in elected office was set at 0.0, and women's institutional resources were each set at 0.0. Each state's score was then compared with the difference between the ideal score and the lowest possible score, to get a percentage value representing the state's performance relative to the ideal performance. The resulting percentage determined the state's grade.

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

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

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

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

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

Composite Employment and Earnings Index

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

To construct this composite index, each of the four component indicators was standardized; that is, for each of the four indicators, the observed value for

the state was divided by the comparable value for the entire United States. The resulting values were summed for each state to create a composite score. Each of the four component indicators has equal weight in the composite. The states were ranked from the highest to the lowest score.

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

Women's Median Annual Earnings: Median yearly earnings (in 1998 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1996, 1997 and 1998. Earnings were converted to constant dollars using the Consumer Price Index and the median was selected from the merged data file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state. The sample size for women ranges from 511 in Vermont to 4,805 in California; for men, the sample size ranges from 641 in the District of Columbia to 7,594 in California. For Arizona, the sample size is 820 for women and 1,365 for men. These earnings data have not been adjusted for cost-of-living differences between the states because the federal government does not produce an index of such differences. Source: Economic Policy Institute calculations of the 1997-99 Annual Demographic Files (March) from the Current Population Survey, for the 1996-98 calendar years; Economic Policy Institute, 2000.

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

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

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

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

Composite Economic Autonomy Index

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

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

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

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

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

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

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

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

Composite Reproductive Rights Index

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

To construct this composite index, each component indicator was rated on a scale of 0 to 1 and assigned a weight. The notification and waiting-period indicators were each given a weight of 0.5. The indicators of public funding for abortions, pro-choice government, women living in counties with an abortion

provider, and contraceptive coverage were each given a weight of 1.0. The infertility coverage law and gay/lesbian adoption law were each given a weight of 0.5. Finally, states were given 1.0 point if they mandate sex education for students. The weighted scores for each component indicator were summed to arrive at the value of the composite index score for each state. The states were ranked from the highest to the lowest score.

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

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

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

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

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

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

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

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

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

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

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

Composite Health and Well-Being Index

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

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

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

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

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

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

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

and women at least 18 years of age, and all data are age-adjusted to the 1970 U.S. standard population. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999a.

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

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

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

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

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

Appendix III

Sources for Chart II

(Women's Resources and Rights Checklist)

Violence Against Women

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

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

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

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

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

Child Support

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

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

Welfare

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

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

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

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

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

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

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

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

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

Employment/Unemployment Benefits

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

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

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

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

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

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

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

Use of UI for Paid Family Leave: Recent initiatives in several states have advanced the idea of using UI

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

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

Sexual Orientation and Gender Identity

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

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

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

Reproductive Rights

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

Institutional Resources

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

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

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

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

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

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

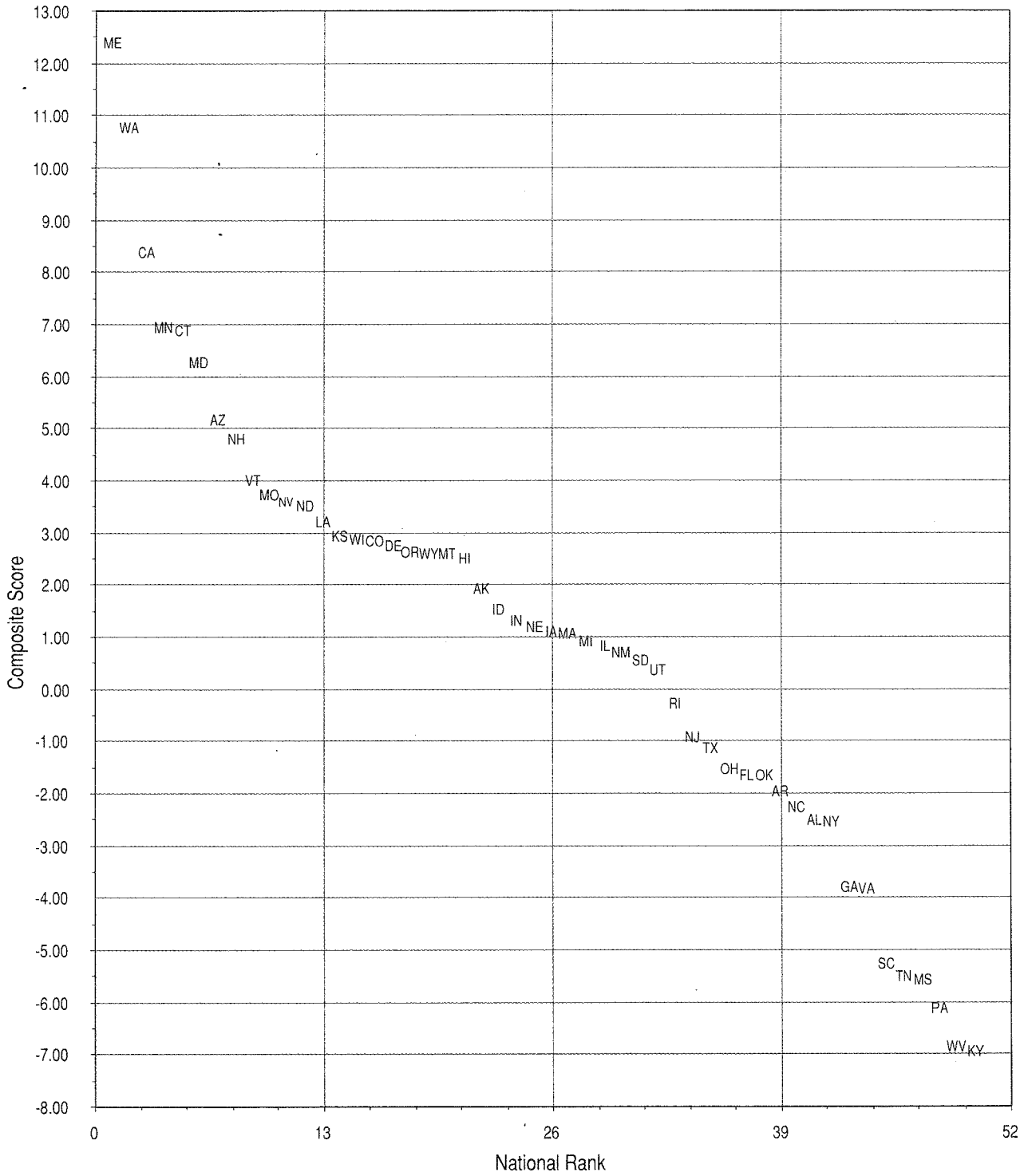
State	Composite Index			Percent of Women with Health Insurance		Percent of Women with Four or More Years of College		Percent of Businesses that are Women-Owned		Percent of Women Living above Poverty	
	Score	Rank	Grade	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	3.67	46	D-	81.9%	33	13.5%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

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

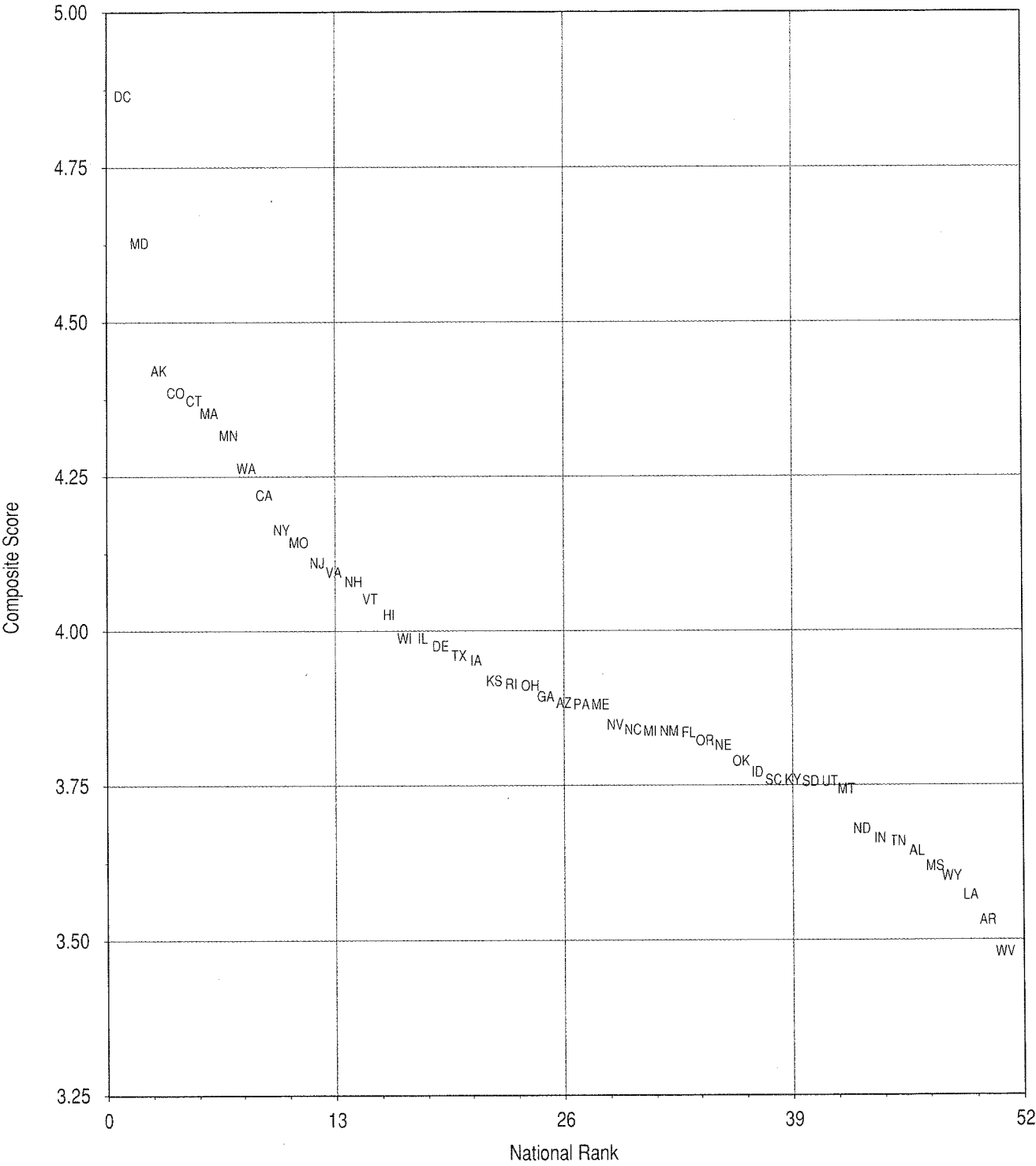
State	Composite Index			Parental Consent	Waiting Period	Public Funding	Percent of Women Living in Counties with Providers	Contraceptive Coverage	Pro-Choice Government	Infertility	Second- Parent Adoption	Mandatory Sex Education
	Score	Rank	Grade									
Alabama	1.50	36	D	0	1	0	0.42	0.0	0.33	0.0	0.50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

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

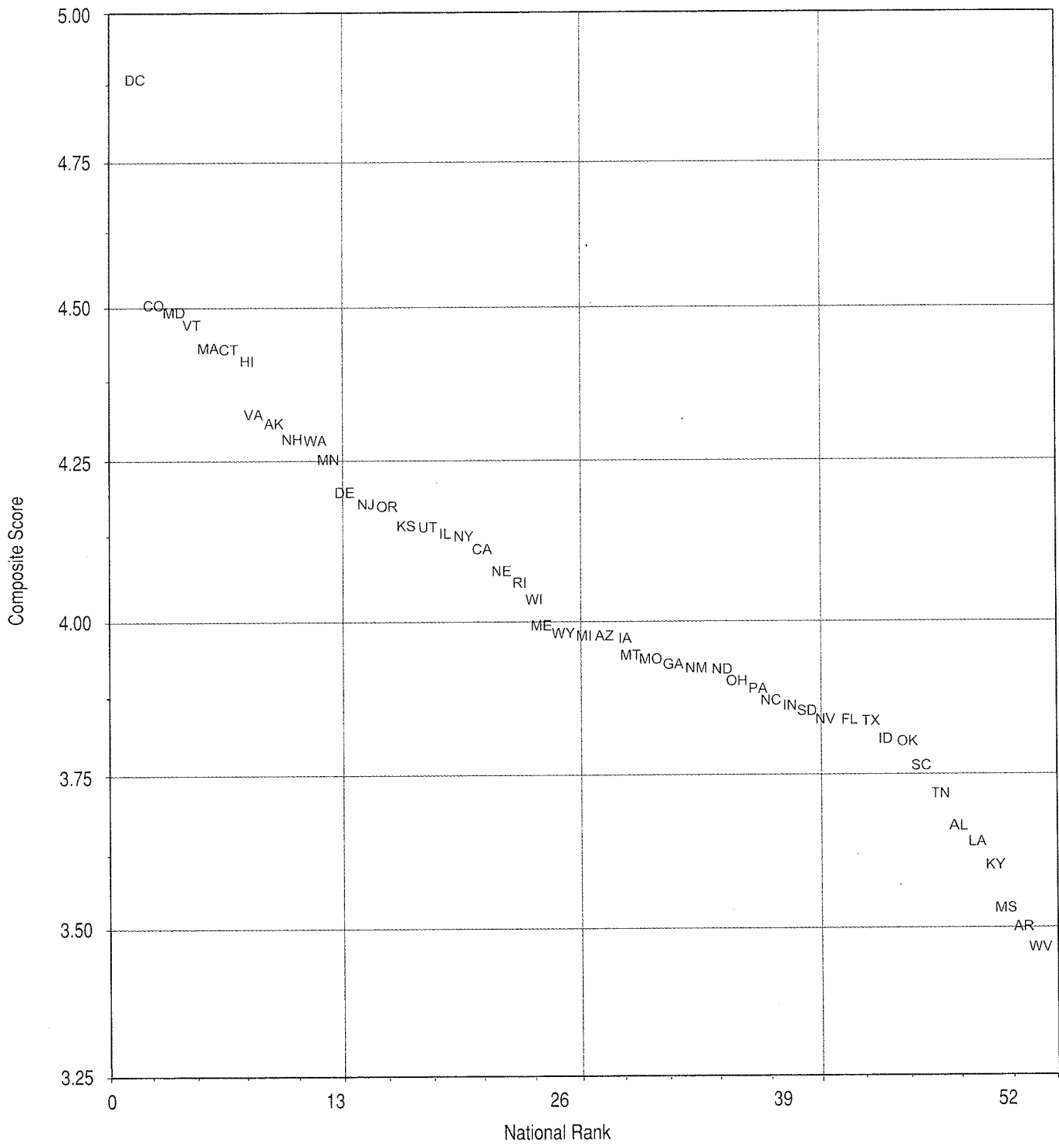
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Political Participation



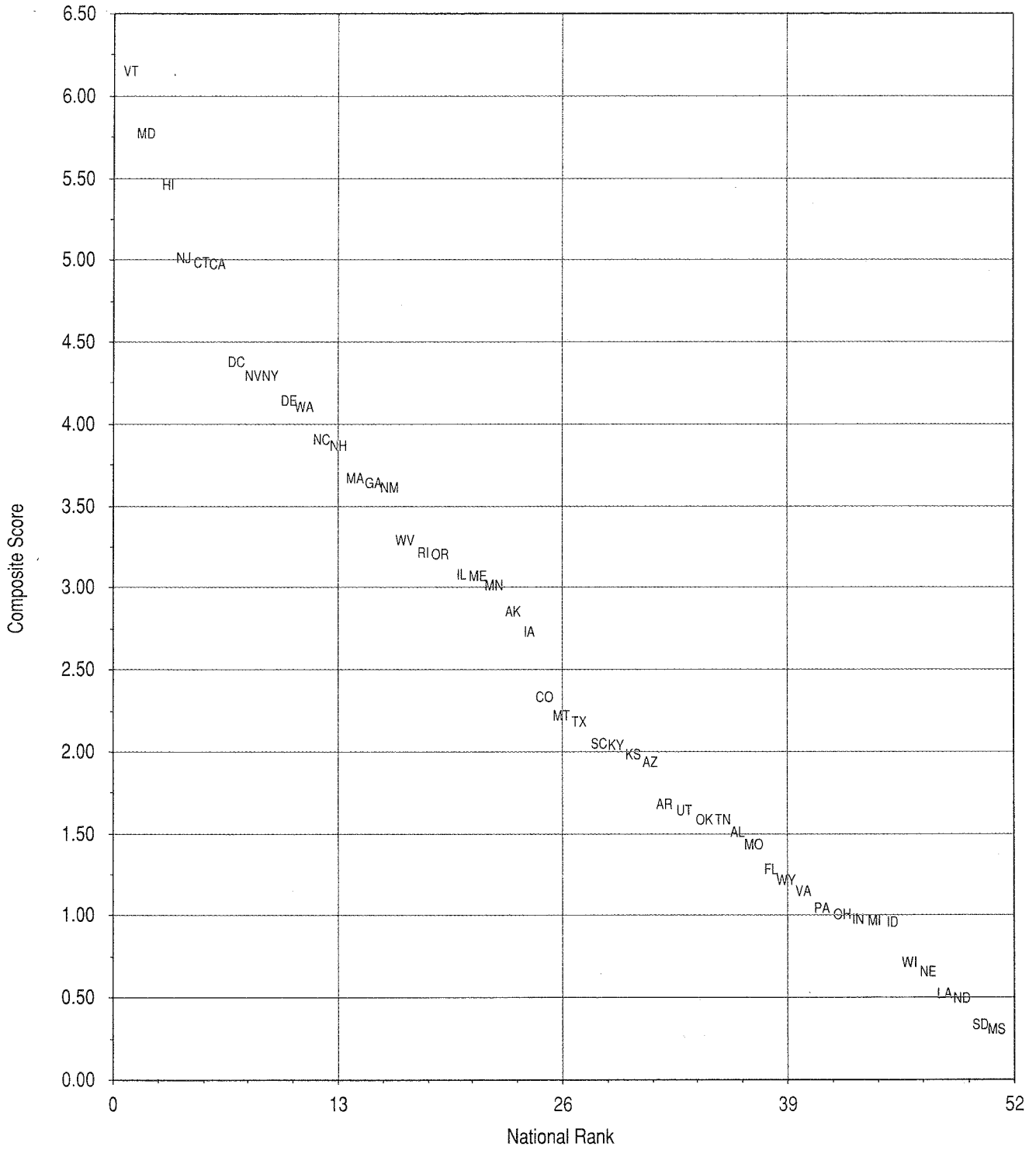
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Employment and Earnings



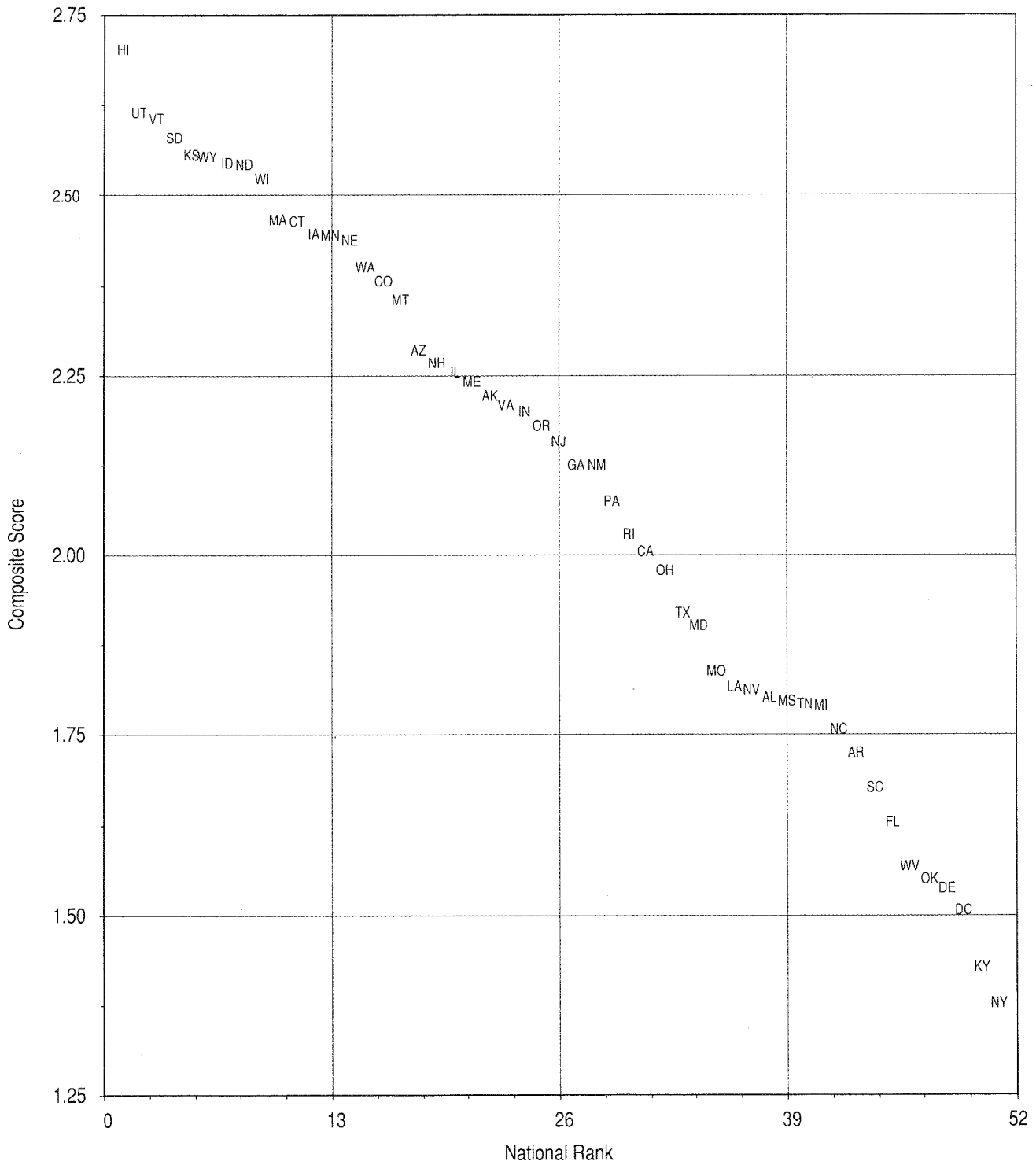
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Economic Autonomy



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



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



Appendix V

State and National Resources

Selected Arizona Resources

- Aid to Women Centers
Palmcroft Medical Center
2039 S. Mill Ave, Suite A
Tempe, AZ 85282
Tel: (480) 966-1902
- Amazon Foundation
3610 N. Prince Village Place
Suite 100
Tucson, AZ 85719-2099
Tel: (520) 795-5288
Fax: (520) 795-5499
www.amazonfound.org
- Antigua Books
411 N. 4th Avenue
Tucson, AZ 85701
Tel: (520) 792-3715
- Arcadia Bookstore
116 W. Cottage
Flagstaff, AZ 86001
Tel: (520) 779-3817
Fax: (520) 779-3817
- Arizona Business and Professional Women's Foundation
6361 N. Pomona Road
Tucson, AZ 85704
- Arizona Commercial Real Estate Women
P.O. Box 7762
Phoenix, AZ 85011
- Arizona League of Women Voters
7315 N. 16th Street, Suite 101
Phoenix, AZ 85020
Tel: (602) 997-5218
Fax: (602) 997-5218
www.dnet.org
- Arizona State University Women's Studies Program
P.O. Box 873404
Tempe, AZ 85287-3404
Tel: (480) 965-2358
- Arizona State University-West Women's Studies Program
P.O. Box 37100
Phoenix, AZ 85069-7100
Tel: (602) 543-3314
- Arizona Women's Council
P.O. Box 45448
Phoenix, AZ 85064-5448
Tel: (602) 912-9877
- Arizona Women's Education and Employment, Inc.
640 N. First Avenue
Phoenix, AZ 85003
Tel: (602) 223-4335
Fax: (602) 223-1338
- Arizona Women Lawyers Association
P. O. Box 55823
Phoenix, AZ 85078
Tel: (623) 572-2292
- Arizona Women's News
P.O. Box 45207
Phoenix, AZ 85064-5207
Tel: (602) 954-6169
- Arizona Women's Political Caucus
130 W. Congress
Tucson, AZ 85701
Tel: (520) 625-4579
Fax: (520) 625-4579
www.azstarnet.com/nonprofit/awpc
- Associated Students for Women's Issues
CU 4112, Northern Arizona University
Flagstaff, AZ 86011
Tel: (520) 523-6943
- Black Women's Chamber of Commerce
4601 N. 102nd Avenue
Phoenix, AZ 85037
- Brewster Center Domestic Violence Services, Inc.
2711 E. Broadway
Tucson, AZ 85716
Tel: (520) 881-7201
Hotline: (520) 622-6347
- Business and Professional Women/Arizona
3003 N. Central Ave., #103-195
Phoenix, AZ 85012
Tel: (602) 279-0940
- Chicanos Por La Causa
200 N. Stone Ave
Tucson, AZ 85701-1208
Tel: (520) 882-0018
Fax: (520) 884-9007
www.cplc@azstarnet.com
- Cochise County Health and Social Services
1415 W. Melody Lane,
Building A
Bisbee, AZ 85603
Tel: (520) 432-9472
Fax: (520) 432-9480
- CODAC Behavioral Health Services, Inc.
3100 N. First Avenue
Tucson, AZ 85719-2513
- Community Foundation for Southern Arizona
6601 E. Grant Road
Tucson, AZ 85715
Tel: (520) 722-1707
Fax: (520) 722-0850
www.cfsoav@aol.com
- Domestic Violence Commission
P.O. Box 185
Tucson, AZ 85702
Tel: (520) 791-3244
- Federally Employed Women Roadrunner Chapter
4570 W. Binner Dr.
Chandler, AZ 85226
- Flagstaff Women's Shelter & Center Against Domestic Violence
2501 N. 4th Street, Suite 18
Flagstaff, AZ 86004

Governor's Community Policy Office
Division for Women
1700 W. Washington,
Suite 101-A
Phoenix AZ 85007
Tel: (602) 542-1775
www.governor.state.az.us/women/index

Governor's Community Policy Office
Division for Domestic Violence
Prevention
1700 W. Washington, Ste. 100F
Phoenix, AZ 85007
Tel: (602) 542-1761
www.governor.state.az.us/dvp/index

House of Hope
P.O. Box 1218
Douglas, AZ 85607
Tel: (520) 364-2465
Fax: (520) 364-4061

Jewish Family and Children's
Services of Southern Arizona
4301 E. 5th St.
Tucson, AZ 85711
Tel: (520) 881-7622

League of United Latin American
Citizens
P.O. Box 2443
Tucson, AZ 85702

Northern Arizona University
Women's Studies Program
Box 5695
Flagstaff, AZ 86011
Tel: (520) 523-3300

NOW-Flagstaff
P.O. Box 1031
Flagstaff, AZ 86002

Phoenix Women's Commission
550 W. Washington Street
Phoenix, AZ 85003
Tel: (602) 495-3737

Pima County – Tucson
Women's Commission
240 N. Court Ave
Tucson, AZ 85701-1032
Tel: (520) 624-8318
Fax: (520) 624-5599
www.pctwc@azstarnet.com

Project for Homemakers in Arizona
Seeking Employment (PHASE)
1230 N. Park, # 209
Tucson, AZ 85721-0001
Tel: (520) 621-3902

Sahuaro Girl Scout Council, Inc.
4300 E. Broadway
Tucson, AZ 85711
Tel: (520) 327-2288

Southern Arizona Center Against
Sexual Assault
1632 N. Country Club
Tucson, AZ 85716
Tel: (520) 327-1171
Fax: (520) 327-2992

Southwest Institute for Research on
Women
University of Arizona
P.O. Box 210025
Tucson AZ 85721-0025
Tel: (520) 621-7338
Fax: (520) 621-1533

Tucson Centers for Women and
Children
P.O. Box 40878
Tucson, AZ 85717
Tel: (520) 795-8001
Fax: (520) 795-1559
www.tucsoncenters.com

Tucson Commission on Lesbian, Gay,
Bisexual and Transgender Issues
P.O. Box 27210
Tucson, AZ 85726

Tucson Indian Center
P.O. Box 2307
Tucson, AZ 85702
Tel: (520) 884-7131
Fax: (520) 884-0240

Tucson Shalom House
2590 N. Alvernon Way
Tucson, AZ 85712
Tel: (520) 325-3385
Fax: (520) 325-8841

Tucson Urban League
2305 South Park Ave
Tucson, AZ 85713
Tel: (520) 791-9522
Fax: (520) 623-9364

Wingspan
300 E. 6th St.
Tucson, AZ 85705
Tel: (520) 624-1779

Wingspan Domestic Violence Project
300 E 6th St
Tucson, AZ 85705
Tel: (520) 624-0348

Women's Center of Yavapai County
P.O. Box 2817
Prescott, AZ 86302
Tel: (520) 717-1715

Women's Foundation of Southern
Arizona
3610 N. Prince Village Place
Suite 100
Tucson, AZ 85719-2099
Tel: (520) 795-8168
Fax: (520) 795-5499

Women's Studies Department
University of Arizona
P.O. Box 210025
Tucson, AZ 85721-0025
Tel: (520) 621-7338

Women's Transition Project
107 Turquoise Street
Bisbee, AZ 85603
Tel: (520) 432-5722

YWCA of Maricopa County
755 E. Willetta
Phoenix, AZ 85006-2796
Tel: (602) 258-0990
Fax: (602) 258-9116

YWCA of Tucson
738 N. 5th Avenue #110
Tucson, AZ 85705-8400
Tel: (520) 884-7810
Fax: (520) 884-5205
www.ywcatucson.org

National Resources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix VI

List of Census Bureau Regions

East North Central

Illinois
Indiana
Michigan
Ohio
Wisconsin

Pacific West

Alaska
California
Hawaii
Oregon
Washington

East South Central

Alabama
Kentucky
Mississippi
Tennessee

South Atlantic

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

Middle Atlantic

New Jersey
New York
Pennsylvania

West North Central

Iowa
Kansas
Minnesota
Missouri
Nebraska
North Dakota
South Dakota

Mountain West

Arizona
Colorado
Idaho
Montana
New Mexico
Nevada
Utah
Wyoming

West South Central

Arkansas
Louisiana
Oklahoma
Texas

New England

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

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