# The Status of Women in Kentucky

POLITICS · ECONOMICS · HEALTH · DEMOGRAPHICS



INSTITUTE FOR WOMEN'S POLICY RESEARCH



### About this Report =

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

The data used in each report come from a variety of sources, primarily government agencies, although other organizations also provided data where relevant. Many individuals and organizations in Kentucky assisted in locating data and reviewing this report, and one organization has joined in co-publishing the report. 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 issues of poverty and welfare, affirmative action and pay equity, employment and earnings, work and family issues, and the economic and social aspects of health care and domestic violence. The Institute works with policymakers, scholars, and public interest groups around the country to design, execute, and disseminate research that illuminates economic and social policy issues affecting women and families, and to build a network of individuals and organizations that conduct and use women-oriented policy research. IWPR, an independent, nonprofit organization, also works in affiliation with the graduate programs in public policy and women's studies at the George Washington University.

### About IWPR's Partners in this Project =

In producing these reports, IWPR called upon many individuals and organizations in the states. Diane Bryant, Kentucky Women Advocates, served as Chair of Kentucky's Advisory Committee. This position involved coordinating the various individuals on the Committee, who represented organizations from all over the state. The Committee reviewed the draft report for accuracy and applicability and made suggestions for ensuring that the data contained in the report would be useful. They also help to disseminate the report across the state.

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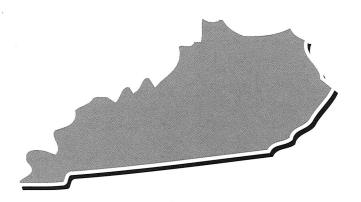
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POLITICS · ECONOMICS · HEALTH · DEMOGRAPHICS



### INSTITUTE FOR WOMEN'S POLICY RESEARCH



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Kentucky Women Advocates

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

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

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

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### **Preface**

The Status of Women in Kentucky is one of ten state reports developed in the 1998 editions by the Institute for Women's Policy Research (IWPR) to provide policymakers and advocates with an expanded perspective and help them address the critical issues affecting the lives of Kentucky women. It ranks Kentucky against the rest of the United States on such issues as the gender-based wage gap, educational equity, economic security, poverty, political participation and the use of voting power, health, and reproductive rights. This report is offered as a catalyst to initiate interaction between policymakers and advocates for the purpose of effecting change and increased equality between men and women.

Although the report is intended to provide an overview relative to issues that are comparable nationwide, it is important to note that Kentucky's unique characteristics contribute significantly to the bleak conditions that exist for women in this state. As residents of a state with an overall high poverty level and below-average educational attainment, women in Kentucky have an even harder fight than in other states to demonstrate any improvement in equality, when compared on national standards. In addition, the diverse geographic characteristics within the boundaries of the state create a multi-faceted dilemma for policymakers seeking speedy and economically feasible solutions to women's employment and education challenges. An analysis of the problems and implementation of solutions are further frustrated by the overabundance of independent governmental systems in Kentucky's 120 counties.

Yet policymakers would be remiss to dilute the impact of this report and deny that Kentucky needs to make changes that affect *women*. Although solutions to

low economic and educational standards may seem to benefit the entire populace, unless they are analyzed carefully for the benefit and well-being of women, the future of Kentucky women will continue to be at risk, and, therefore, so will the future of Kentucky's children.

It is imperative that Kentucky continue to engage in collecting female-specific data, compile reports with more Kentucky-specific solutions, and prioritize an action plan for major changes. How the transportation problems of the Appalachians, environmental hazards of western Kentucky's numerous Superfund sites, and individual health hazards of coal mining affect our ability to change the future of Kentucky women still needs to be explored in depth and actively addressed. The cultural and economic impact that welfare reform and back-to-work plans are having on Eastern Kentucky women, who have to relocate away from extended family to find work, needs to be taken into account. Accessibility of health facilities, as well as the availability and feasibility of reproductive choices, have far-reaching impacts on women's economic circumstances. Solutions for the indigenous problems of Kentucky will not be found at the national level. They will be found here at home by enlightened perspectives.

Many advocates, experts in various areas of women's studies, and several governmental representatives worked together to contribute Kentucky perspectives to the national data sets used by IWPR in its analysis of how Kentucky's women compare to other states. *The Status of Women in Kentucky* is an impetus and a springboard for our continued work. As we all unify our efforts and involve others, we move ahead faster in our goal to change the lives of women, girls, and thereby, families in Kentucky.

Diane Bryant

Chair, Kentucky Women Advocates
Chair, Kentucky State Advisory Committee,

The Status of Women in Kentucky

### Introduction

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

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

# Goals of The Status of Women in the States Reports

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

In each report, indicators describe women's status in political participation and representation, employment and earnings, economic autonomy and reproductive rights. In addition, the reports provide basic demographics and health information about women in each state. For the four major issue areas addressed in this report, IWPR compiled composite indices based on the indicators presented to provide an overall assessment of the status of women in each area. Because the amount of data on health care issues is vast, IWPR did not attempt to develop and summarize one index to measure women's health status.

Although state-by-state rankings provide important insights into women's rights throughout the country indicating where progress is greater or less, in no state (including those ranked relatively highly on the indices

compiled in this report) do women have adequate policies ensuring their equal rights. In no state have women achieved equity with men. All women continue to face important obstacles to achieving equity with men.

### **About the Indicators and the Data**

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

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

To facilitate comparisons among states, IWPR used data collected in the same way for each state. While most of the data are from federal government agencies, other organizations also provided data where relevant. Many figures rely on the U.S. Census Bureau's Current Population Survey (CPS), a monthly survey of a nationally representative sample of households. To ensure sufficiently large sample sizes for cross-state comparisons, several years of data were combined and then tabulated by IWPR researchers since few state breakdowns by gender are available in published form. One of the major changes to the state reports involved incorporating new data from the years 1994-97. Some data could not be updated and some figures necessarily rely on older data from the 1990 Census; historical data from 1980 or earlier are presented on some topics. When data were not available, this is indicated in the table with "N/A."

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

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

In comparing indicators based on data from different years, the reader should keep in mind that the 1990-97 period encompassed a major economic recession at the start of the decade, followed by a slow and gradual recovery with strong economic growth (in most states) in the last few years.

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

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

search for data that can address them. However, many of them do not receive sufficient treatment in national polls or other data collection efforts.

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

### **About IWPR**

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

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

# Overview of the Status of Women in Kentucky

Kentucky women continue to face serious obstacles in achieving equality with men and with attaining a standing equal to the average for women in the United States. Their problems are evident in extremely low rankings on the composite indices calculated by IWPR: of the 50 states and the District of Columbia, Kentucky ranks 46th in political participation and representation, 44th in employment and earnings, 48th in economic autonomy, and 41st in reproductive rights (see Chart I). Kentucky clearly does not ensure equal rights for women, and the problems facing Kentucky women demand significant attention from policymakers, women's advocates, and researchers concerned with women's status.

As part of the East South Central region, Kentucky joins Alabama, Mississippi and Tennessee. Within this region, which generally ranks poorly on the status of women, Kentucky ranks second in political participation and representation, employment and earnings, and reproductive rights and third in economic autonomy. The state ranks low nationally but closer to average regionally, in part due to a generally lower standard of living in the region than in other areas of the country. Women in these states, however, do even worse than men do: they lack many rights crucial to achieving equality.

Kentucky's consistently low rankings on most of the indicators calculated by IWPR illustrate the interrelation of

Chart I. How Kentucky Ranks on Key Indicators			
Indicators	National Rank*	Regional Rank*	
Composite Political Participation and Representation Index	46	2	
<ul> <li>Women's Voter Registration, 1992-94</li> </ul>	43	4	
<ul> <li>Women's Voter Turnout, 1992-96</li> </ul>	33	2	
<ul> <li>Women in Elected Office Composite, 1998</li> </ul>	49	3	
<ul> <li>Women's Institutional Resources, 1998</li> </ul>	21	2	
Composite Employment and Earnings Index	44	2	
<ul> <li>Women's Median Annual Earnings, 1995</li> </ul>	31	2	
<ul> <li>Ratio of Women's to Men's Earnings, 1995</li> </ul>	33	3	
<ul> <li>Women's Labor Force Participation, 1995</li> </ul>	42	2	
<ul> <li>Women in Managerial and Professional Occupations, 1995</li> </ul>	44	1	
Composite Economic Autonomy Index	48	3	
<ul> <li>Percent with Health Insurance Among Nonelderly Women, 1994-95</li> </ul>	38	2	
<ul> <li>Educational Attainment: Percent of Women with Four or More Years of College, 1990</li> </ul>	49	4	
<ul> <li>Women's Business Ownership, 1992</li> </ul>	48	2	
Percent of Women Above the Poverty Level, 1995	45	2	
Composite Reproductive Rights Index	41	2	

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

<sup>\*</sup> The national rankings are of a possible 51, referring to the 50 states and the District of Columbia except for the Political Participation and Representation indicators, which do not include the District of Columbia. The regional rankings are of a maximum of four and refer to the states in the East South Central Region (AL, KY, MS, TN). See Appendix V.

many of the variables presented in this report. Lower levels of educational attainment, for example, can contribute to fewer women working in managerial and professional occupations. Women's limited economic autonomy can make it more difficult for them to run for political office. Thus, in many cases, the various problems women face can reinforce each other as obstacles to women's equality.

### Political Participation and Representation

Kentucky women lack political representation among elected officials, and many are not registered to vote. As a result the state ranks 46th in the nation in the political participation and representation composite index. Women in Kentucky enjoy some institutional resources, such as the state's Commission on Women, but they would benefit from greater political representation in the legislative branch, since women's voices there could encourage more women-friendly policies in other areas.

### **Employment and Earnings**

Women in Kentucky participate in the workforce less and earn wages lower than women in the nation as a whole. Their earnings in relation to men's are also substantially lower than in most of the country. Finally, a much lower proportion of Kentucky women work in managerial and professional occupations. These factors combine to place Kentucky 44th in the nation on the employment and earnings composite index. More than 63 percent of Kentucky women with children under 18 are working. Thus Kentucky's parents increasingly need adequate child care, a policy demand not yet adequately addressed in Kentucky 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**

Kentucky's lowest ranking among the composite indices calculated by IWPR is in economic autonomy, where the state ranks 48th in the nation. Far fewer women than average own their own businesses or have a college education. In addition, about 15 percent of Kentucky women lack health insurance and about 17 percent live below the poverty level, a proportion much worse than the national average. These women lack the basic necessities of life.

### Reproductive Rights

Kentucky women have few of the reproductive rights identified as important, and as a result the state ranks 41st of 51 on this measure. State policies restrict access to abortion by mandating parental consent, and poor women cannot receive public funding for infertility treatments or for abortion (except under federally mandated, limited circumstances). Moreover for many women, especially those in rural areas, abortion is virtually inaccessible: only two percent of Kentucky counties have abortion providers.

### Women's Rights Checklist

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

In the United States, the President's Interagency Council on Women continues to follow up on U.S. commitments made at the Fourth World Conference on Women. According to the Council (1996), many of the laws, policies and programs that already exist in the United States meet the goals of the Platform for Action and establish the rights of women identified in the Platform. In other areas, however, the United States and many individual states have an opportunity to improve women's rights.

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

As the chart shows, women in Kentucky lack most of the rights identified with women's well-being. In addition to restrictions on reproductive rights noted above, public funding does not cover infertility treatments and health

# Chart II. Women's Rights Checklist

		Yes	No	Other
R	eproductive Rights	-	-	•
•	Does Kentucky allow access to abortion services without mandatory parental consent laws?		/	
•	Does Kentucky allow access to abortion services without a waiting period?*		1	
•	Does Kentucky provide public funding for abortions under any or most circumstances if a woman is eligible?		1	
•	Does Kentucky require health insurers to provide coverage for contraceptives?		1	
•	Does Kentucky offer public funding for infertility treatments?		1	
•	Does Kentucky allow the non-biological parent in a gay/lesbian couple to adopt his/her partner's biological child?			No Legislation
Do	omestic Violence Legislation			
•	Does Kentucky require law-enforcement officials to arrest under all or some circumstances?**	🗸		
Ch	nild Support			
•	Percent of single-mother households receiving child support or alimony			39.0%
•	Percent of child support cases with orders for collection in which child support has actually been collected			30.4%
We	elfare (as of July 1998) <sup>†</sup>			E. E.J. n total
•	Child Exclusion/Family Caps: Does Kentucky extend TANF benefits to children who are born or conceived while the mother was on welfare?	✓		
•	Time Limits: How many consecutive months does Kentucky allow TANF recipients to receive benefits?			60 months
•	Work Requirements: When are welfare recipients required to work according to Kentucky's TANF plan?		Wit	hin 6 months
•	Has Kentucky made provision for victims of family violence in its state TANF plan?			
Em	ployment/Unemployment Benefits	200		
•	Is Kentucky's minimum wage higher than the federal minimum wage as of January 1998? <sup>++</sup>		/	
•	Does Kentucky have mandatory temporary disability insurance?		/	
•	Does Kentucky provide unemployment insurance benefits for low-wage earners? .		lang.	Sometimes
•	Has Kentucky implemented adjustments to achieve pay equity in its civil service?		1	
Ins	titutional Resources			
•	Does Kentucky have a Commission on the Status of Women?	. 🗸		
0	Appendix II for a detailed description			

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

- \* Kentucky does not yet enforce its waiting period law and, while an earlier waiting period law was ruled unconstitutional, new legislation was passed in 1998 and is slated to go into effect in January 1999.
- \*\* This indicator is only one of many potential measures of anti-domestic violence policies, but data are more difficult to find for other measures.
- f Under federal law, Temporary Assistance for Needy Families (TANF) benefits are restricted to a five-year (60 month) lifetime limit and are contingent on work participation after 24 months; as allowed by the law, some states set more stringent time limits or work requirements or exempt victims of domestic violence from certain requirements.
- †† As of September 1, 1997, the federal minimum hourly wage was increased to \$5.15.

insurers do not have to provide contraceptive coverage. The failure to require mandatory TDI (Temporary Disability Insurance) coverage leaves many women, especially single mothers, vulnerable in case of injury or illness. Kentucky's work-first welfare policy and its failure to invest in poor women's capacity to support themselves may doom them to a lifetime of low earnings and further widen the already large pay gap between men and women.

Conversely, Kentucky does not have a "family cap" for families receiving public assistance, and the state has opted for the family violence provision in its Temporary Assistance for Needy Families (or TANF, the new welfare program) plan. While the state has a pro-arrest policy on domestic violence, mandatory arrest policies, are somewhat controversial among domestic violence activists and experts since victims of domestic violence are sometimes arrested, presumably not the original intent of the law.

Kentucky has a task force on domestic violence in the Governor's office, which pursues a law enforcement policy that prefers but does not mandate arrest. Kentucky also has many other statutory provisions for victims of domestic violence, including enhanced penalties for domestic violence assaults and broad mandatory training requirements for criminal justice, health and mental health, and social services professionals on the topic of domestic violence.

In most areas, however, Kentucky truly illustrates many of the difficult obstacles still facing women in the United States. While Kentucky women and U.S. women as a whole are seeing important changes in their lives and their access to political, economic, and social rights, they by no means enjoy equality with men, and they still lack many of the legal guarantees that would allow them to achieve it.

### **Political Participation and Representation**

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

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

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

Kentucky ranks near the bottom of all states in the political participation and representation index. Its ranking on individual indicators ranges from just above the midpoint at 21st in women's resources to 49th on women in elected office (see Chart III).

Chart III. Political Participation and Representation: National and Regional Ranks			
	Indicators	National Rank* (of 50)	Regional Rank* (of 4)
Co	mposite Political Participation and Representation Index	46	2
•	Women's Voter Registration (percent of women 18 and older who reported registering to vote in 1992 and 1994) <sup>a</sup>	43	4
•	Women's Voter Turnout (percent of women 18 and older estimated to have voted in 1992 and 1996) <sup>b</sup>	33	2
•	Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 1998) <sup>c,e</sup>	49	3
•	Women's Institutional Resources (number of institutional resources for women in Kentucky, 1998) <sup>d,e</sup>	21	2

See Appendix I for methodology.

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

<sup>\*</sup> 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 four and refer to the states in the East South Central Region (AL, KY, MS, TN). See Appendix V.

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

	Kentucky		United States	
	Percent	Number	Percent	Number
1994 Voter Registration <sup>*a</sup>				
Women	61.9	916,000	63.7	63,257,000
Men	63.3	841,000	61.2	55,737,000
1992 Voter Registration a				
Women	63.8	897,000	69.8	67,324,000
Men	66.1	872,000	66.9	69,254,000
Number of Unregistered Women Eligible to Vote, 1996 <sup>b</sup>	N/A	365,300	N/A	23,775,050
Percent and Number of Eligible Public Assistance Recipients Who Are Registered, 1996 <sup>b</sup>	18.7	32,970	14.1	1,311,848

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

Source: <sup>a</sup> U.S. Department of Commerce, Bureau of the Census, 1993, 1996d; <sup>b</sup>HumanSERVE, 1996. **Compiled by the Institute for Women's Policy Research.** 

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

	Kentucky		United States	
	Percent	Number	Percent	Number
1996 Voter Turnout⁺a				
Women	48.3	736,000	49.0	50,062,800
Men	46.6	652,700	49.0	46,211,800
1992 Voter Turnout*a				
Women	56.3	821,100	57.3	56,391,300
Men	50.9	671,800	53.0	48,037,100
Percent of Registered Women Who Did Not Vote in Any of the Presidential Elections in				
1984, 1988 and 1992 <sup>b</sup>	16.1	N/A	12.1	N/A

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

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

Compiled by the Institute for Women's Policy Research.

## **Voter Registration** and **Turnout**

One of the basic democratic rights is the right to vote. The principle "one person one vote" helps different kinds of citizens have an equal voice in the democratic process. Recognizing this value, many early Western women's movements made suffrage one of their first goals. Ratified in 1920, the Nineteenth Amendment gave women in the United States the right to vote, and in November of that year, about eight million 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 Kentucky and many other parts of the South until the Voting Rights Act of 1964 was passed. Nonetheless even after women of all races were ensured the right to vote, many candidates (and political researchers) did not take women voters seriously. Instead they assumed women would disregard politics and vote like their fathers or husbands (Carroll and Zerrilli, 1993; Evans, 1989). Neither assumption proved valid. Research shows that women do not always vote like men.

Women now register and vote slightly more often than men. By 1994, over 63 million women, or 63.7 percent of those eligible, reported being registered to vote, compared with nearly 56 million or 61.2 percent of

eligible men (see Table 1). Kentucky voter registration rates are generally comparable to national ones. In Kentucky, 61.9 percent of women reported being registered to vote in the November 1994 elections, while 63.3 percent of men did.

Women voters have been an actual majority of U.S. voters since 1964. In 1996, 52 percent of voters were women, while in 1992, 54 percent were. Still, compared with other Western democracies, voter turnout is relatively low for both genders for a variety of reasons (Dalton and Wattenberg, 1993). Kentucky generally has lower voter turnout than the nation as a whole. In 1992, 56.3 percent of Kentucky women are estimated to have voted, as are 48.3 percent in 1996 (see Table 2). As a result, Kentucky ranks 33rd among all the states for women's voter turnout in the 1992 and 1996 elections combined. Voter turnout dropped for both sexes in Kentucky and the nation in 1996. Although Kentucky women's turnout fell in 1996, it remained slightly higher than the rate for men in Kentucky and marginally lower than for men and women in the United States as a whole.

Over the years, most states in the United States have developed relatively complicated systems of voter registration. Voting typically requires advanced registration in a few specified locations. This system is one main cause of low voting rates, and two groups typically underserved by it are the poor and persons with disabilities (Wolfinger and Rosenstone, 1980). In addition, voting itself is more difficult for women with disabilities because of problems such as inadequate transportation to the polls. Effective January 1995, however, the National Voter Registration Act (NVRA) required states to allow citizens to register to vote when receiving or renewing a driver's license or applying for Aid to Families with Dependent Children (AFDC), Food Stamps, Medicaid, Special Supplemental Nutrition Program for Women, Infants, and

Children (WIC), and disability services. By 1996, the NVRA successfully enrolled or updated voting addresses for over eleven million people including 1.3 million through public assistance agencies (HumanSERVE, 1996). Under the new welfare system, applicants for TANF and related programs will continue to have the opportunity to register to vote when seeking welfare benefits. Still, nearly 24 million eligible women remain unregistered in the United States, and approximately 365,000 of them live in Kentucky. Finally, states need to recognize that without transportation and accessibility to expanded places for both registration and voting, people with disabilities will continue to be unable to exercise their right to vote.

### **Elected Officials**

Although women constitute a minority of elected officials at both the national and state levels, their presence has grown steadily over the years, and as more women hold office, women's issues are also becoming more prominent in legislative agendas (Thomas, 1994). Nine women serve in the 1997-98 U.S. Senate (105th Congress). Women also fill 53 of the 435 seats in the 105th U.S. House of Representatives (not including Eleanor Holmes Norton, the non-voting delegate from the District of Columbia, and Donna Christian-Green, the non-voting delegate from the Virgin Islands). Women from Kentucky filled only one of a possible six state seats in the U.S. House, which is a slightly higher rate than the national average. In the Kentucky state legislature, women fill only 9.4 percent of seats, substantially less than the U.S. average of 21.6 percent. In addition, Kentucky currently has no U.S. women Senators and no women in statewide executive elected office such as Lieutenant Governor or Attorney General (see Table 3). Women constitute 25.9 percent of public appointees in Ken-

> tucky (data not shown; Center for Women in Government, 1997). At the state level, Kentucky has one top advisor and six department heads who are women (Center for Women in Government, 1997). Of Kentucky's larger 347 cities, 25.4 percent of mayors, council members and commission members are women (Kentucky League of Cities, 1998). Just 15.1 percent of Kentucky's judges are women, including one female Supreme Court

Table 3. Women in Elected Office in Kentucky and the United States, 1998			
	Kentucky	United States	
Number of Women in Statewide Executive Elected Office	0	82	
Number of Women in the U.S. Congress			
U.S. Senate U.S. House	0 of 2 1 of 6	9 of 100 53 of 435*	
Percent of State Legislators Who Are Women	9.4%	21.6%	

<sup>\*</sup> Does not include delegates from the District of Columbia or the Virgin Islands. Source: CAWP, 1998a, 1998b, 1998c, 1998d.

Table 4. Institutional Resources for Women in Kentucky				
	Yes	No		
Does Kentucky Have a				
<ul> <li>Commission on the Status of Women?<sup>a</sup></li> </ul>	✓			
<ul> <li>Women's State Agenda Project?<sup>b</sup></li> </ul>	✓			
<ul> <li>Legislative Caucus in the State Legislature?°         House?         Senate?</li> </ul>		1		
Source: <sup>a</sup> National Association of Women's Commissions, 1997; <sup>b</sup> Center for Policy Alternatives, 1995; <sup>c</sup> CAWP, 1998e.				
Compiled by the Institute for Women's Policy Research.				

justice and two female judges on the Court of Appeals (Kentucky Administrative Office of the Courts, 1998).

### **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. 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. Kentucky has both a governor-appointed commission on the status of women, the Kentucky Commission on Women, and two women's state agenda projects, Kentucky Women's Advocates and Kentucky Women's Leadership Network, non-

governmental, state-based coalition groups addressing a broad range of issues concerning women (see Table 4). While Kentucky also has a variety of women's organizations and activities around women's issues, women's state agenda projects can help increase the visibility of women's activism and provide resources like networking and support. In the state legislature, however, women members have not organized a party-based caucus addressing women's issues in either the Senate or the House.

### **Employment and Earnings**

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

Families must often rely on women's earnings to remain out of poverty (Cancian, Danziger, and Gottschalk, 1993; Spalter-Roth et al., 1990). Women's employment status and earnings have grown in importance for the overall well-being of women and their families as demographic and economic changes have occurred—men have experienced stagnant or negative real wage growth during the 1980s and the early portion of the 1990s; more married-couple families now rely on both the husband's and wife's earnings to survive; more women head their own households; and more women are in the labor force.

Women in Kentucky rank slightly below the national median and near the middle in the East South Central region in both their median annual earnings and ratio of women's to men's earnings, and they rank even more poorly on other important measures of employment and

earnings. On the national level, women in Kentucky rank 42nd in the women's labor force participation and 44th in the percentage of women working in managerial and professional occupations (see Chart IV).

### Women's Earnings

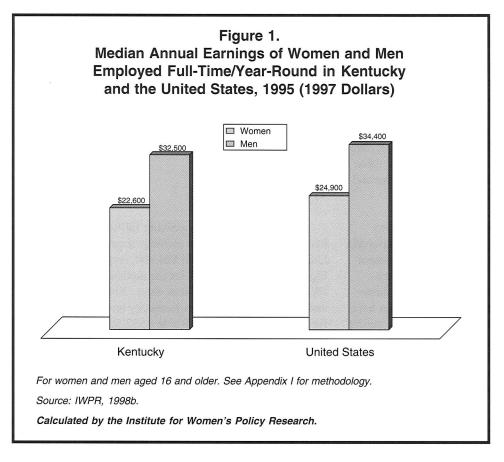
Women in Kentucky working full-time, year-round have lower median annual earnings than women in the United States (\$22,600 and \$24,900, respectively; see Figure 1. See Appendix I for the methodology used by IWPR to develop the earnings data). Similarly, median annual earnings for men in Kentucky are also lower than for the United States as a whole (\$32,500 and \$34,400, respectively). The median annual earnings for women in Kentucky ranks 31st in the nation with Alaska's women ranking the highest at \$31,400. In addition, Kentucky ranks second in its region for women's median annual earnings. Between 1989 and 1995, women in Kentucky saw their median annual earnings increase by 15.9 percent, a rate of growth that was higher than any other state within the East South Central region (data not shown; all growth rates are calculated for earnings that have been adjusted to remove the effects of inflation).

Chart IV. Employment and Earnings: National and Regional Ranks			
	Indicators	National Rank* (of 51)	Regional Rank* (of 4)
Co	mposite Employment and Earnings Index	44	2
•	Women's Median Annual Earnings (for full-time, year-round workers aged 16 and older, 1995) <sup>a</sup>	31	2
•	Ratio of Women's to Men's Earnings (median yearly earnings of full-time, year-round women and men workers aged 16 and older, 1995) <sup>a</sup>	33	3
•	Women's Labor Force Participation (percent of all women aged 16 and older in the civilian non-institutional population who are either employed or looking for work, 1995) <sup>b</sup>	42	2
•	Women in Managerial and Professional Occupations (percent of all employed women aged 16 and older in managerial or professional specialty occupations, 1995) <sup>b</sup>	44	1

See Appendix I for methodology.

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

<sup>\*</sup> 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 four and refer to the states in the East South Central Region (AL, KY, MS, TN). See Appendix V.



Unfortunately, the data set on which these state-level women's earnings estimates are based does not provide enough cases to reliably estimate earnings separately for women of different races and ethnicities. National data show, however, that in 1996, the median annual earnings of African American women were \$21,470 and of Hispanic women were \$18,670, substantially below that of non-Hispanic white women, who earn \$24,890. The earnings of Asian American women were \$25,560 (median earnings of full-time, year-round women workers aged 15 years or older; U.S. Department of Commerce, Bureau of the Census, 1998c). Earnings for Native American women are not available between decennial Census years, but in 1989, earnings for year-round, fulltime workers were only 84 percent of white women's earnings (U.S. Department of Commerce, Bureau of the Census, 1990). In a 1994-95 national survey by the Census Bureau, data show that the median monthly income of women with disabilities is \$1,400 compared with \$1,750 for women with no disability (data for female full-time workers 21 to 64 years of age; U.S. Department of Commerce, Bureau of the Census, 1995a).

### The Wage Gap

### The Wage Gap and Women's Relative Earnings

According to IWPR's calculations based upon three years of pooled data, the ratio of the median earnings of

women to those of men in the United States for fulltime, year-round workers in 1995 was 72.3 percent. In other words, women were earning about 72 cents for every dollar earned by their male counterparts. At the same time, women in Kentucky were earning about 69.7 percent of what men in Kentucky were earning. Therefore, compared with the earnings ratio for the nation as whole, Kentucky women experienced considerably less earnings equality with men (see Figure 2). As a result, Kentucky ranks 33rd in the nation in terms of the ratio between women's to men's earnings for fulltime, year-round work. The District of Columbia has the highest earnings ratio at 87.5 percent. Compared with the other states in the

East South Central region, Kentucky ranks third. Tennessee ranks first (72.0 percent wage ratio), Mississippi ranks second (70.2 percent wage ratio) and Alabama ranks fourth (63.3 percent wage ratio). Unfortunately, the wage gap remains large in Kentucky and elsewhere in the nation.

### Narrowing the Wage Gap

Throughout the 1960s and 1970s, the ratio of women's earnings to men's in the United States remained fairly constant at around 60 percent. During the 1980s, however, women made progress in narrowing the gap between men's earnings and their own. Women increased their educational attainment and their time in the labor market and entered better paying occupations in large numbers, partly because of equal opportunity laws. At the same time, however, adverse economic trends such as declining wages in the low-wage sector of the labor market began to make it more difficult to close the gap, since women still tend to be concentrated at the low end of the earnings distribution. Had women not increased their relative skill levels and work experience as much as they did during the 1980s, those adverse trends might have led to a widening of the gap rather than the significant narrowing that did occur (Blau and Kahn, 1994).

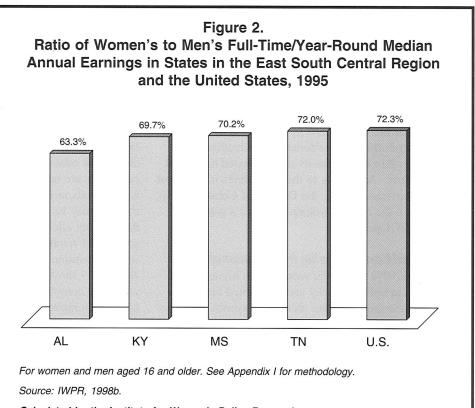
One factor that most likely also helped to narrow the earnings gap between women and men is unionization. Women have increased their share of union membership

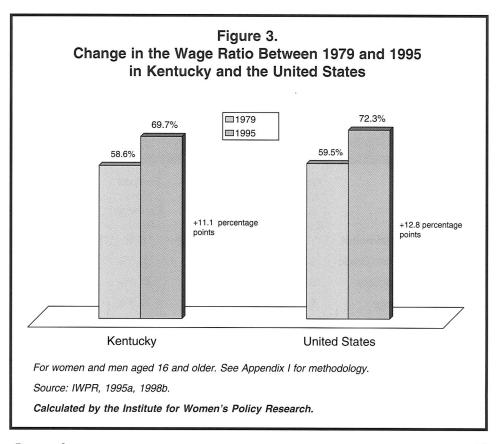
and being unionized tends to raise women's wages relatively more than men's and the wages of women of color relatively more than the wages of non-Hispanic white women and the wages of low earners relatively more than the wages of high earners (Spalter-Roth et al., 1993a).

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

Kentucky fell behind the United States as a whole in increasing women's annual earnings relative to men's between 1979 and 1995 (see Figure 3). In Kentucky, the annual earnings ratio increased by 11.1 percentage points, compared with an increase of 12.8 percentage points in the United States.

The Bureau of Labor Statistics (BLS) also releases weekly earnings information. Unlike annual earnings data, the weekly data do not include earnings





data do not include earnings from self-employed workers, approximately 5 percent of the labor force. Thus, because they are more complete, the annual earnings statistics are used in IWPR's employment and earnings composite indicator. Still, weekly earnings data provide an interesting comparison. In 1997, women in Kentucky earned 71.6 percent of men's weekly earnings for full-time work. That ratio indicates that Kentucky ranks quite low (44th in the nation) in this ratio of female-male median earnings, considerably lower than its ranking based on annual earnings (33rd). According to this data series (Council of Economic Advisors, 1998), the District of Columbia also ranked first in the ratio of women's to men's weekly earnings at 97.1 percent.

### Earnings and Earnings Ratios by Educational Levels

Between 1979 and 1995, women with higher levels of education in both Kentucky and the United States saw their annual earnings increase more than women with less educational attainment. As Table 5 shows, Kentucky experienced increases that ranged from 9.7 percent (in constant dollars) for college graduates to 20. 8 percent for those with post-college education, while women who did not complete high school experienced an earnings decrease of 18.3 percent. Women's relative earnings (as measured by the female/male earnings ratio) increased for all of the groups except for those with the highest educational attainment, who experienced a decrease in the wage ratio of 10.6 percent. What is striking about the data in Table 5 is that those women in Kentucky with less than a high school diploma—despite enormous earnings losses—saw an increase of 12.0 percentage points in the earnings ratio, while women who experienced the highest percent increase in real earnings also saw the largest percent decrease in the earnings ratio. These figures

indicated that men's earnings at the lowest educational level fell even more than women's and conversely men's earnings at the highest educational attainment increased more than women's.

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 education beyond high school, yet in many cases they are being encouraged or required to leave the welfare rolls in favor of employment. Those single mothers may be consigned to a lifetime of low earnings if they are not allowed the opportunity to complete high school and acquire a few years of education beyond high school (Institute for Women's Policy Research, 1997). As Table 5 shows, women with some college and those who have completed college or 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 decades has been the rapid rise in women's participation in the labor force. Between 1965 and 1995, women's labor force participation (the proportion of the civilian non-institutional population aged 16 and older employed or looking for work) increased from 39 to 59 percent (U.S. Department of Labor, Bureau of Labor Statistics, 1997a). Women now make up nearly half (46 percent)of the U.S. labor force (full-time and part-time combined). According to projections by the Bureau of Labor Statistics, women's share of the labor force will

continue to increase, growing from 46 to 48 percent of the total between 1995 and 2005 (U.S. Department of Labor, Bureau of Labor Statistics, 1995a).

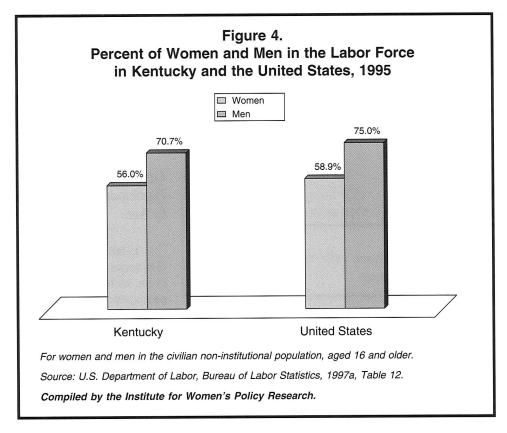
In 1995, 56.0 percent of women in Kentucky were in the labor force, compared with 58.9 percent of women in the United States. As a result, Kentucky ranks 42nd in the nation in women's labor force participation and only second in the East South Central region. In addition, men's labor force participation rate in Kentucky was

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

Educational Attainment	Women's Median Annual Earnings, 1995 <sup>a</sup>	Percent Growth in Real Earnings, 1979 <sup>b</sup> and 1995 <sup>a</sup>	Female/ Male Earnings Ratio, 1995 <sup>a</sup>	Percent Change in Earnings Ratio, 1979 <sup>b</sup> and 1995 <sup>a</sup>
Less than 12th Grade	\$13,806	-18.3	65.5%	+12.0
High School Only	\$18,519	-1.5	61.1%	+7.2
Some College	\$24,909	+13.0	71.9%	+18.2
College	\$27,382	+9.7	66.5%	+15.1
College Plus	\$38,967	+20.8	63.1%	-10.6

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

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



also lower than the rate for men in the United States as a whole (see Figure 4).

### Unemployment and Personal Income Per Capita

In Kentucky, a slightly smaller percentage of workers as compared with the nation are unemployed. In 1995, the unemployment rate for women in Kentucky was 5.1 percent, compared with the nation's 5.6 percent female

unemployment rate (see Figure 5). However, Kentucky's unemployment rate for men was same as the national average (5.6 percent).

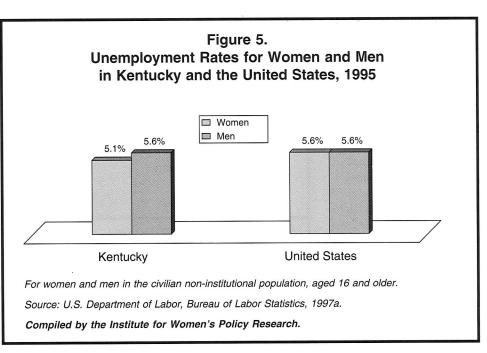
Although Kentucky's unemployment rate was comparable to the national average in 1995, Kentucky experienced higher than average unemployment rates during the 1980's and personal income per capita in Kentucky also grew more slowly than it did for the nation (15.1 percent versus 16.9 percent; see Table 6). From 1990-96, as the unemployment rate

decreased and approached the national average, income per capita in Kentucky grew 2.8 percentage points faster than in the nation as a whole.

### Part-Time and Full-Time Work

Along with the slightly higher levels of unemployment in Kentucky in the period between 1980 and 1995, the percentage of women in the labor force who were "involuntary" part-time employees—that is, they would have preferred full-time work were it available—was slightly lower than the United States as a whole (2.3 percent and 3.0 percent, respectively; see Table 7).1 This is expected since involuntary part-time work has been shown to be highly corre-

lated with unemployment rates (Blank, 1990). In addition, only a slightly smaller proportion of Kentucky's female labor force is working part-time voluntarily. Because Kentucky's female labor force is slightly less likely to be unemployed and to work part-time than women nationwide, the percentage of the female labor force in Kentucky employed full-time is slightly larger than the national average (70.3 and 68.5).



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

	Kentucky	United States
Personal Income Per Capita, 1996	\$20,139	\$24,787
Personal Income Per Capita, Percent Change*		
Between 1990 and 1996	+8.0	+5.2
Between 1980 and 1990	+15.1	+16.9
Between 1980 and 1996	+21.9	+21.2

<sup>\*</sup> In constant dollars.

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

Calculated by the Institute for Women's Policy Research.

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

In 1995, women in Kentucky had a lower average labor-force participation rate than women in the United States. According to U.S. Census Bureau data for 1995, over 56.0 percent of women in Kentucky, aged 16 and older, were in the labor force regardless of race. White women's labor force participation rate was also lower in

Kentucky than in the United States (55.2 percent compared with 59.0 percent, see Table 8). African American women historically have had a higher average labor force participation rate than white and Hispanic women and did so in 1995 both in Kentucky and in the United States as a whole (see Table 8). In Kentucky, African American women had labor force participation rates that were 8.4 percentage points higher than white women. Hispanic women traditionally have the lowest participation rates among women. Data for Hispanic women in Kentucky were not available but in the United States as a whole, only 52.6 percent of Hispanic women were in the labor force in 1995. Data for Asian American women were not available for 1995; however, in 1990, Asian American women had the

highest participation rate, 60.2 percent, of women in the United States. The national labor force participation rate for Native American women was 54.9 percent in 1990 (Population Reference Bureau, 1993).

### Labor Force Participation of Women by Age

Labor force participation varies across the life cycle, with the highest participation occurring between the ages of 25 and

44, which are also generally considered the prime earning years. Table 9 shows the changing relationship between labor force participation and age for women in Kentucky and in the United States as a whole. Women in Kentucky generally have lower labor force participation in all age groups than their counterparts nationwide. Nationally, the highest labor force participation of women occurs between the ages of 35 and 44, with just over 77 percent of the

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

	Kentucky		United S	States
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	864,000	997,000	60,944,000	71,360,000
Percent Employed Full-Time	70.3	84.8	68.5	84.0
Percent Employed Part-Time*	24.7	9.6	25.9	10.4
Percent Voluntary Part-Time	20.4	7.3	21.0	7.9
Percent Involuntary Part-Time	2.3	1.6	3.0	2.0
Percent Unemployed	5.1	5.6	5.6	5.6

For men and women aged 16 and older.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1997a, Tables 12 and 13.

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.

Table 8.	
<b>Labor Force Participation of Women</b>	in Kentucky

	Kentucky		United States	
Race/Ethnicity	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Races	864,000	56.0	60,944,000	58.9
White*	789,000	55.2	50,804,000	59.0
African American*	67,000	64.6	7,634,000	59.5
Hispanic <sup>†</sup>	N/A	N/A	4,891,000	52.6
Asian American/ Other*††	N/A	N/A	N/A	N/A

For women aged 16 and older.

- \* Non-Hispanic.
- † Hispanics may be of any race.
- †† Data are unavailable for 1995; however, in 1990, Asian American women had the highest participation rate (60.2 percent) of women in the United States (Population Reference Bureau, 1993).

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

Compiled by the Institute for Women's Policy Research.

women working. In Kentucky, the highest level of labor force participation also occurs between the ages of 35 and 44, with 73.2 percent in the labor force. Young women in their teens (16-19) are much less likely to participate in the labor market than any other age group except the pre-

retirement and retired cohorts. In Kentucky, 52.6 percent of teenage women reported being in the labor force, almost the same as the reported 52.2 percent for female teens in the United States as a whole. As women near retirement age, they are much less likely to work than younger women. Data from women aged 65 and older are not available for Kentucky, but for the United States as a whole, fewer than nine percent are working or looking for work.

### Labor Force Participation of Women with Children

Mothers represent the fastest-growing group in the U.S. labor market

In general, the labor force participation rate for women with children in the United States tends to be higher than the rate for all women. This is partially explained by the fact that the overall labor force participation rate is for all women aged 16 and older; thus, both teenagers and retirement-age women are

included in the statistics

even though they have

(Brown, 1994). In 1995, 55 percent of women with children under age one were in the labor force compared with 31 percent in 1976 (U.S. Department of Commerce, Bureau of

much lower labor force participation. Mothers, in contrast, tend to be in age groups with higher labor force participation. This is also true in Kentucky, with 63.5 percent of women with children under age 18 in the labor force compared with 56.0 percent of all women in Kentucky. Nevertheless, like other women in Kentucky,

mothers with children under 18 are less likely to engage in

Table 9.

Labor Force Participation of Women in Kentucky and the United States by Age, 1995

	Kentucky		United States		
Age Groups	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force	
All Ages	864,000	56.0	60,944,000	58.9	
Ages 16-19	59,000	52.6	3,729,000	52.2	
Ages 20-24	83,000	67.3	6,349,000	70.3	
Ages 25-34	223,000	72.1	15,528,000	74.9	
Ages 35-44	248,000	73.2	16,562,000	77.2	
Ages 45-54	161,000	65.9	11,801,000	74.4	
Ages 55-64	N/A	N/A	5,356,000	48.2	
Over 65	N/A	N/A	1,618,000	8.8	

For women aged 16 and older.

Source: IWPR, 1998b

labor market activity than are mothers in the United States as a whole (see Table 10), perhaps because of greater difficulties of finding suitable child care.

The high and growing rates of labor force participation of women with children suggest that the demand for child care is also growing. Many women report a variety of problems finding suitable child care (affordable, good quality, and conveniently located), and women use a wide variety of types of

child care. They include doing shift work to allow both parents to provide the care, having the child accompany the parent to work or working at home, using another family member (usually a sibling or grandparent) to provide care, using a babysitter in one's own home or in the babysitter's home, using a group child care center, or leaving the child unattended (U.S. Department of Commerce, Bureau of the Census, 1996e). As full-time work among women has grown so has the use of formal child care centers. Child care costs are a significant barrier to employment for many women and child care expenditures use up a large percentage of earnings, especially for lowerincome mothers. For example, among single mothers with family incomes within 200 percent of the poverty level, child care costs for those who paid for child care amounted to 19 percent of the mother's earnings on average; among married mothers at the same income level, child care costs amounted to 30 percent of the mother's earnings on average (Institute for Women's Policy Research, 1996). Thus as more and more low income women are encouraged or required (through welfare reform) to enter the labor market, the growing need for affordable child care must be addressed. Child care subsidies for low-income mothers are essential to enable them to purchase good quality child care without sacrificing their families' economic well-being.

### **Occupation and Industry**

The distribution of women in Kentucky across occupations generally mirrors the distribution found in the United States as a whole. In both cases, technical, sales, and administrative support occupations provide over 40 percent of all jobs held by women (see Figure 6a). Women workers in Kentucky are slightly less likely to be in technical, sales, and administrative support occupations than women in the United States as a whole (41.0 percent

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

	Kentucky	United States		
	Percent in Labor Force	Percent in Labor Force		
Women with Children				
Under Age 18*	63.5	67.3		
Under Age 6*	61.0	61.5		

For women aged 16 and older.

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

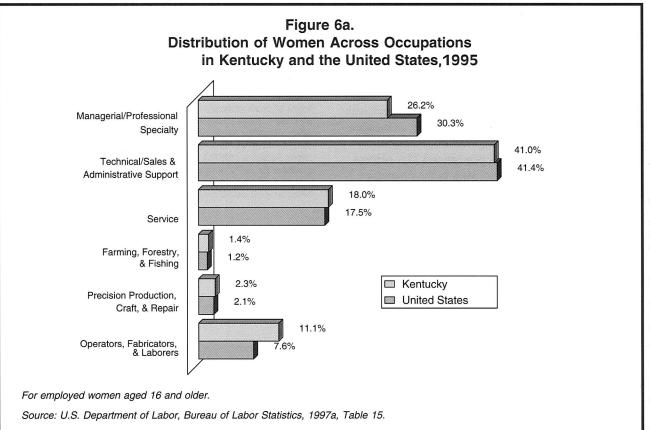
Source: IWPR, 1998b.

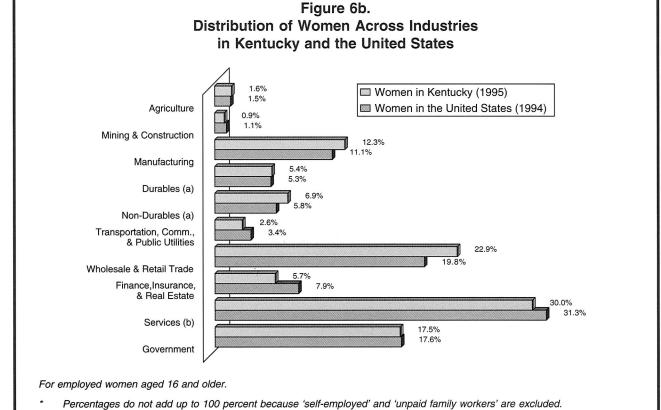
Calculated by the Institute for Women's Policy Research.

and 41.4 percent, respectively; see Figure 6a). Women in Kentucky are much more likely than national women to work as operatives, fabricators, and laborers (11.1 percent versus 7.6 percent) and slightly *more* likely to work in service occupations (18.0 percent versus 17.5 percent). On the other hand, women in Kentucky are considerably less likely to work in managerial and professional specialty occupations than are women in the United States (26.2 percent versus 30.3 percent). Kentucky ranks 44th of the 50 states and the District of Columbia for the proportion of its female labor force employed in professional and managerial occupations, but first of the four states in the East South Central region.

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

The distribution of women in Kentucky across industries is also similar to that of the United States as the occupational distribution (see Figure 6b). In Kentucky, 30.0 percent of all women were employed in the service





Durables and non-durables are included in manufacturing. Private household workers are included in services.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1997a, Table 17; 1995b, Table 17.

industries (including business, professional and personnel services), slightly less than the 31.3 percent of all working women in the United States. About 20.0 percent of employed women in the United States work in the wholesale and retail trade industries, while more than 22.0 percent of the women in Kentucky work in these industries. Almost 18 percent of women work in government both nationally and in Kentucky. Kentucky women are more likely to work in the manufacturing (durables/or nondurables) industries (12.3 percent and 11.1 percent, respectively) and less likely to work in the finance, insurance, and real estate (F.I.R.E.) industry than are

women in the United States as a whole (5.7 percent and 7.9 percent, respectively).

<sup>1</sup> Workers are considered involuntary part-time workers if they responded when interviewed that their reason for working part-time (fewer than 35 hours per week) was slack work (usually reduced hours at one's normally full-time job), unfavorable business conditions, reduced seasonal demand or inability to find full-time work. Reasons for part-time work such as lack of child care are not considered involuntary by the U.S. Department of Labor, Bureau of Labor Statistics (1997b), since workers must indicate they are available for full-time work to be considered involuntarily employed part-time. This definition therefore likely understates the extent to which women would prefer to work full-time.

### **Economic Autonomy**

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

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

With its composite index of 48th among the states, Kentucky ranks near the bottom of the states in all four of the individual indicators of economic autonomy. This is especially true of educational attainment and women's business ownership (see Chart V). Kentucky ranks higher in women with health insurance but not enough to significantly raise the composite index.

### **Access to Health Insurance**

Women in Kentucky are less likely than women in the nation as a whole to have health insurance. For instance, 15.0 percent of women in Kentucky are not insured, compared with 13.8 percent in the United States (see Table 11). Women in Kentucky also rely on employer-based health insurance less than women and men in the United States (64.0 percent and 66.0 percent, respectively). However, men in Kentucky have access to employer-based insurance at about the national rate. Among all the states, Kentucky ranks 38th in the proportion of women insured and second in the South East Central region.

### **Education**

In the United States, women have made steady progress in achieving higher levels of education. Between 1980 and 1997, the percentage of women in the United States with a high school education or more increased by about one-fifth, with comparable percentages of women and men having completed high school (82.2 percent of women and 82.0 percent of men in 1997). During the

Chart V. Economic Autonomy: National and Regional Ranks				
Indicators	National Rank* (of 51)	Regional Rank* (of 4)		
Composite Economic Autonomy Index	48	3		
Percent with Health Insurance (among nonelderly women, 1994–1995) <sup>a</sup>	38	2		
<ul> <li>Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990)<sup>b</sup></li> </ul>	49	4		
<ul> <li>Women's Business Ownership (percent of all firms owned by women, 1992)<sup>c</sup></li> </ul>	48	2		
<ul> <li>Percent of Women Above Poverty (percent of women living above the poverty threshold, 1995)<sup>d</sup></li> </ul>	45	2		

See Appendix I for methodology.

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

<sup>\*</sup> 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 four and refer to the states in the East South Central Region (AL, KY, MS, TN). See Appendix V.

### Table 11.

Percent of Women and Men without Health Insurance and with Different Sources of Health Insurance in Kentucky and the United States, 1994-95

	Kentucky		United States		
	Women	Men	Women	Men	
Number	1,634,000	1,654,000	114,857,000	113,867,000	
Percent Uninsured	15.0	17.2	13.8	17.2	
Percent with Employer- Based Health Insurance	64.1	66.3	66.0	66.2	
Percent with Other Coverage	21.0	16.5	20.2	16.6	

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

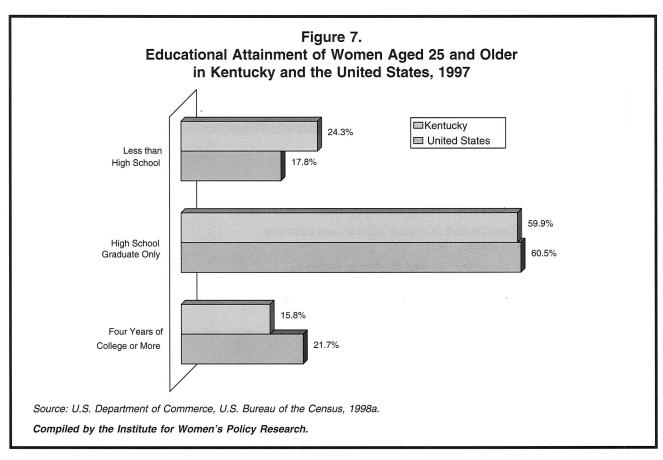
Source: Liska et al., 1998.

Compiled by the Institute for Women's Policy Research.

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

Regional differences in education are conspicuous, with the South having lower attainment levels than other areas of the country. Kentucky ranks 49th in the proportion of the female population 25 years old or older who have attained four or more years of colleges. It can be seen in Figure 7 that the lower levels of educational attainment for Kentucky women begin early in life. More women in Kentucky end their formal education before graduating from high school than women in the United States as a whole (24.3 percent

compared to 17.8 percent). Therefore, fewer women in Kentucky than women in the United States at large continue past high school to earn a college degree. As a result, only 15.8 percent of women in Kentucky have a college degree compared with 21.7 percent of women in the United States.<sup>1</sup>



### Women Business Owners and Self-Employment

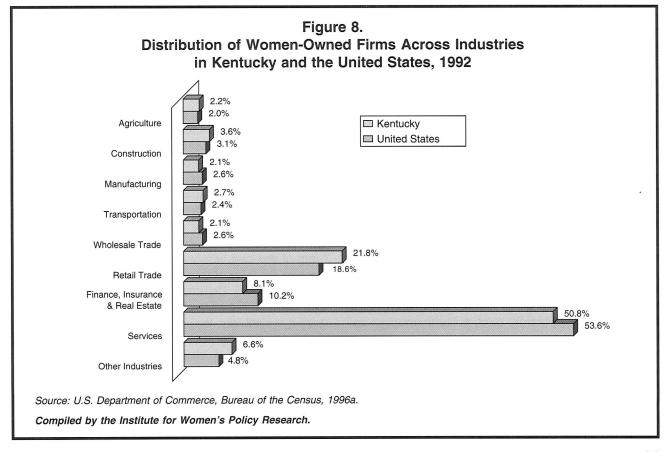
Between 1987 and 1992, the number of women-owned businesses grew 39.0 percent in Kentucky, somewhat less than the 43.1 percent growth of women-owned businesses in the United States as a whole (for purposes of comparability over time, these data exclude type C corporations; for a definition of type C corporations, see Appendix I). By 1992, women owned 74,280

Table 12. Women-Owned Firms in Kentucky and the United States, 1992				
	Kentucky	United States		
Number of Women-Owned Firms*	74,280	5,888,883		
Percent of All Firms that Are Women-Owned	31.4%	34.1%		
Percent Increase, 1987-1992	39.0%	43.1%		
Total Sales & Receipts (in billions, 1992 dollars)	\$6.8	\$642.5		
Percent Increase (in constant dollars), 1987-1992	67.7%	87.0%		
Number Employed by Women-Owned Firms	74,204	6,252,029		
* For reasons of comparability between 1987 and 1992, these statistics do not include data on type C corporations; see Appendix I.				
Source: U.S. Department of Commerce, Bureau of the Census, 1996a.				
Compiled by the Institute for Women's Policy Research.				

firms in Kentucky (see Table 12), the highest percent of women-owned firms being in the service industries (50.8 percent) and the next highest proportion in retail trade (21.8 percent; see Figure 8). Business receipts of womenowned businesses in Kentucky rose by 67.7 percent (in constant dollars) between 1987 and 1992. That growth is considerably lower than the increase of 87 percent in business receipts for women-owned firms (but higher than

the 35 percent increase for all firms, data not shown) in the United States during the same period, also adjusted for inflation.

In 1992, the U.S. Bureau of the Census reported that women owned more than 6.4 million firms nationwide, employing over 13 million persons and generating \$1.6 trillion in business revenues (unlike the figures in Table



12, these numbers include all women-owned businesses, including type C corporations; Department of Commerce, Bureau of the Census, 1996a). Projecting women's business growth rates from 1987 to 1992 forward and including type C corporations, the National Foundation for Women Business Owners (NFWBO) estimates the 1996 number of firms for Kentucky to be 99,000, of the eight million women-owned firms estimated for the United States as a whole (NFWBO, 1996).

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

Unfortunately, most self-employment is not especially well-paying for women and about half of self-employed women combine self-employment with another job, either a wage and salary job or a second type of self-employment (for example, babysitting and catering). In 1986-87 in the United States as a whole, women who worked full-time, year-round at only one type of self-employment had the lowest median hourly earnings of all full-time, year-round workers (\$3.75); those with two or more types of selfemployment with full-time schedules earned somewhat more (\$4.41 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most (\$8.08 per hour at the median). Those who combined wage and salaried work with self-employment had median earnings that ranged between these extremes. Many low-income women package earnings from many sources in an effort to raise their family incomes (Spalter-Roth and Hartmann, 1993). Some self-employed workers are independent contractors; independent contracting is often viewed as a form of contingent work—temporary or on-call work that does not provide job security, fringe benefits or opportunity for advancement. Even when they work primarily for one client, independent contracters may be denied the fringe benefits (such as health insurance and employer-paid pension contributions) that wage and salaried workers employed by that same client firm receive. Indeed, the average self-employed woman who works full-time, year-round at just one type of selfemployment has health insurance an average of only 1.7 months out of 12, while full-time wage and salaried women average 9.6 months (those who lack health

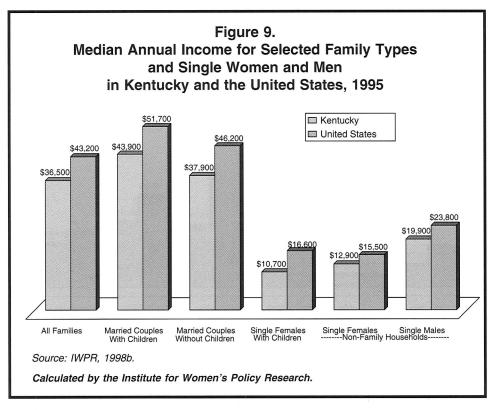
insurance entirely are assigned a value of 0 and are included in the averages; Spalter-Roth et al., 1993b).

Fortunately, 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 move of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Women in Kentucky are slightly less likely to be self-employed than women in the United States as a whole. In 1994, 5.8 percent of employed women in Kentucky were self-employed, compared with 6.1 percent of women nationwide (U.S. Department of Labor, Bureau of Labor Statistics, 1995b).

### Women's Economic Security and Poverty

As women's responsibility for their families' economic well-being grows, the continuing wage gap and women's prevalence in low-paid, female-dominated occupations impedes women's ability to ensure their families' financial security, particularly for single mothers. In the United States, the median family income for single-mother families was \$16,600 in 1995, while that for married couples with children was \$51,700 (see Figure 9). Figure 9 also shows that family incomes were lower, on average, for all family types in Kentucky than in the United States as a whole, and especially for female-headed households whose median family income was only \$10,700.

In 1995, the proportion of women in poverty in Kentucky was higher than that of women nationwide, 16.9 percent and 13.7 percent, respectively (see Figure 10). Thus, Kentucky ranks 45th in the nation for women above poverty and second in the East South Central region. Figure 10 also shows the proportion of adult women receiving AFDC (the form of welfare in place in 1996) for Kentucky and the nation, as a measure of how effective the state and national safety nets for poor women are. Obviously, the poverty of many women is not alleviated by welfare alone; many also receive food stamps or other forms of non-cash benefits, but research shows that even counting the value of these noncash benefits many women remain poor (U.S. Department of Commerce, Bureau of the Census, 1997d). Despite the higher rate of poverty for women in Kentucky, the percent receiving AFDC is slightly less than the percent of women receiving AFDC in the United States as a whole (see Figure 10). Along with Kentucky's higher overall rate of female poverty, the poverty rate for single mothers is considerably higher than the nationwide rate (55.5 percent to 41.5 percent, respectively) and much higher than for any other family type in Kentucky (see Figure 11).



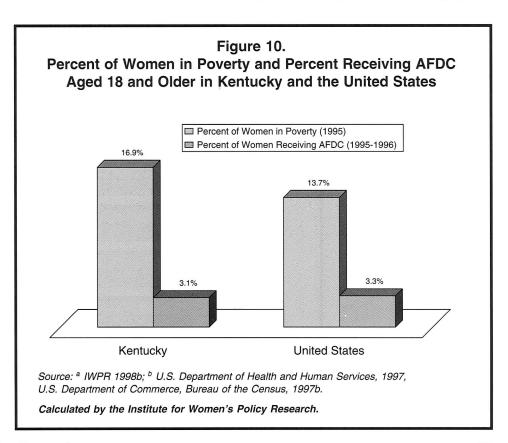
by the official poverty lines for the nation was a significant underestimation. Renwick and Bergmann estimated a national poverty rate of 47 percent compared to an official estimate of 39 percent in 1989 (Renwick and Bergmann, 1993). Lowincome, married-couple families with working mothers also would be measured as experiencing higher poverty rates if child care costs were included (Renwick 1993).

Kentucky also does a worse-than-average job of providing a safety net for employed women. The unemployment rate for women in Kentucky (5.1 percent) is slightly less than the national average of 5.6

percent (see Table 7). Likewise, the percent of unemployed women in Kentucky receiving unemployment insurance benefits is also lower than in the United State as a whole (see Figure 12). The percentage of unemployed

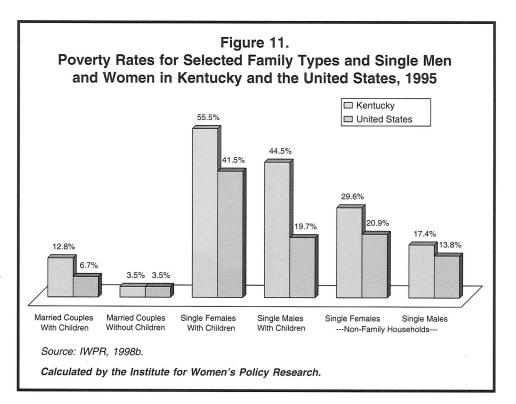
It is likely that even these high rates of poverty among single mother families understate the degree of hardship among these families, especially among working mother families. While counting noncash benefits would reduce

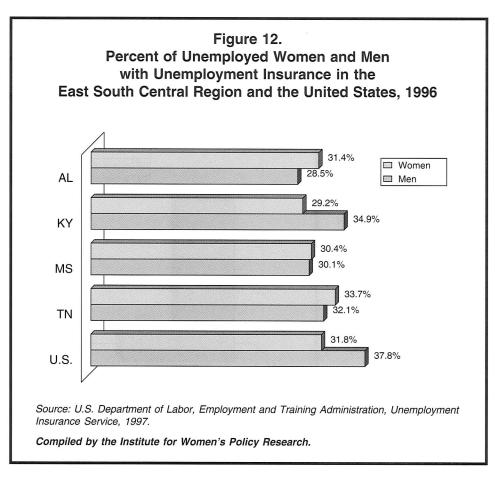
their poverty rates, adding the cost of child care for working mothers (which was not included in family expenditures when the federal poverty thresholds were developed) would increase the calculated poverty rates, both in Kentucky and the nation at large (Renwick and Bergmann, 1993). Renwick and Bergmann found that single parents who do not work have basic cash needs at about 64 percent of the poverty line, while those who work have basic cash needs ranging from 113 to 186 percent of the poverty line depending on the number and ages of their children. The net effect of the under- and overestimation of poverty for the different types of singleparent families as measured



men, on the other hand, is exactly equal to the national figure but the percent receiving unemployment insurance benefits is approximately 3.0 percentage points lower than the national average. It is interesting to note that Kentucky is the only state in the East South Central region which has a lower rate of unemployment insurance benefit receipt for women than for men.

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





### Reproductive Rights

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

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

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

The reproductive rights composite index shows that Kentucky, which ranks second in its region and 41st in the

nation, lacks adequate policies promoting the reproductive rights of women when compared to other states (see Chart VI, Panels A and B).

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

Waiting-period legislation mandates that a physician cannot perform an abortion until a certain number of hours after the woman has been notified of her options in dealing with a pregnancy. The waiting periods range from one to 72 hours. Of the 19 states with mandatory waiting periods, Kentucky does not yet enforce its law (NARAL and NARAL Foundation, 1998). An earlier waiting period law was ruled unconstitutional, while new waiting period legislation was passed in 1998 and is slated to go into effect in January 1999.

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

Chart VI. F Reproductive Rights: Nation		
	National Rank* (of 51)	Regional Rank* (of 4)
Composite Reproductive Rights Index	41	2
See Appendix I for methodology.		
* The national rank is of a possible 51 including the 50 states and maximum of four and refer to the states in the East South Centr		
Calculated by the Institute for Women's Policy Research.		

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

	Υ	es	No
•	Does Kentucky allow access to abortion services without mandatory parental consent laws for minors? <sup>a</sup>		1
•	Does Kentucky allow access to abortion services without a waiting period?**a	i.	✓
•	Does Kentucky provide public funding for abortions under any circumstances if a woman is eligible? <sup>a</sup>		✓
•	What percent of counties in Kentucky have abortion providers? <sup>b</sup>	2.0%	
•	Is Kentucky's state government pro-choice? <sup>a</sup> Governor	/	<b>√</b>
	Assembly		✓
•	Does public funding cover infertility treatments?c		✓
•	Does Kentucky require health insurers to provide coverage for contraceptives?d		✓
•	Does Kentucky allow the non-biological parent in a gay/lesbian couple to adopt his/her partner's biological child?e	No Legislation	

<sup>\*</sup> Kentucky does not yet enforce its waiting period law and, while an earlier waiting period law was ruled unconstitutional, new legislation was passed in 1998 and is slated to go into effect in January 1999.

Source: ANARAL Foundation, 1997, 1998; Henshaw and Van Vort, 1994; King and Meyer, 1996; Planned Parenthood, 1998; National Center for Lesbian Rights, 1998.

Compiled by the Institute for Women's Policy Research.

The percent of counties with abortion providers includes all counties that have at least one abortion provider in 1992. That proportion ranges from two to 100 percent across the states. Kentucky ranks last with only two percent of its counties having abortion providers (Henshaw and Van Vort, 1994). However, counties in Kentucky are smaller than in most areas of the country, implying that access to abortion providers may actually be better in Kentucky than in other states with a small percentages.

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). The controversy is leading lawmakers in 19 states to introduce bills that would require health insurers to cover contraception; Kentucky is not one of the states (Planned Parenthood, 1998). Maryland recently became the first state to pass a bill requiring contraception coverage. Six states, not including Kentucky, have provisions that require each insurance company to offer at least one insurance package that covers some or all birth control prescription methods. The U.S. Congress also had a similar bill pending as of July 1998.

The National Abortion and Reproductive Rights Action League (NARAL) polled governors and members of state legislatures to determine whether they would support a criminal ban on abortion or restrictions making it more difficult for women to obtain abortions. These restrictions included (but were not limited to) provisions

concerning parental consent, mandatory waiting periods, prohibitions on Medicaid funding for abortion, and bans on certain abortion procedures. NARAL also gathered official comments from Governors' offices to determine their positions on abortion (NARAL and NARAL Foundation, 1997). For the study, governors and legislators who supported restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. In Kentucky, the governor is pro-choice while the majority of members of the state senate and state general assembly are not.

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

Second parent adoption allows the non-biological parent in a gay or lesbian couple to adopt the biological child of his or her partner. At the state level, courts or legislatures have both supported and limited the right to second parent adoption. As of April 1998, lower courts had approved second parent adoption petitions in 19 states, intermediate appellate courts have done so in three states and the District of Columbia, and state supreme courts have explicitly permitted lesbians and gay men to adopt the children of their partners in three states. Legislation prohibits or substantially restricts such adoption in four states. Kentucky has no ruling or legislation regarding second parent adoption (National Center for Lesbian Rights, 1998).

# **Health and Vital Statistics**

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

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

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

Current trends in the United States reveal a decline in the birth rate for all women. Fertility rates in Kentucky are lower than the national average while the infant mortality rate in Kentucky and the United States are identical. Table 13 shows 59.0 live births per 1,000 women in Kentucky and 65.6 live births per 1,000 women in the United States at large; it also shows 7.6 infant deaths per 1,000 births in both Kentucky and the United States as a whole. The percent of white infants with low birth weights, on the other hand, is higher in Kentucky than in the United States as a whole (7.1 in Kentucky and 6.2 in the United States). Traditionally, African American infants have much higher death rates than white infants and this is also the case in Kentucky. The variances in infant mortality and low birth weight rates between racial and ethnic groups are likely due to socioeconomic differences between white and African American families, which can lead to less access to resources like adequate prenatal care. In 1995, 85 percent of all white women in Kentucky received firsttrimester prenatal care as compared to 72.7 percent of all non-white women (Campbell et al., 1997). The low birth weight rate for African American infants in Kentucky is similar to the United States as a whole (12.8 percent versus 13.1 percent). The high percentage of low birth weight infants in both Kentucky and the United States indicates that improvements in access to prenatal care for African American women are crucial. In 1995, births to teenage mothers accounted for 17.1 percent of all statewide births compared with 13.2 percent for the nation. However, births to unmarried mothers accounted for a smaller proportion of all births in Kentucky than nationally.

Kentucky does relatively well on most preventive health care measures. The state has recently established an Office of Women's Health. Of women over age 40, 80 percent have had a mammogram, slightly lower than the median rate for all women in the United States. Adult women in Kentucky have approximately the same rates of pap tests, blood pressure and cholesterol screenings, but lower rates of proctoscopies than the median rate for women in the nation. And, 81.0 percent of all young children in Kentucky have been vaccinated, a higher percent than the national rate. As of December 1997, Kentucky did not have a mastectomy stay law.

Measures of environmental and cancer risks are important when assessing the overall health of women in the states. In Kentucky, the percentage of women 45 to 54 years old who smoke is considerably higher than the national average (31.3 percent and 21.6 percent respectively). However, the average annual mortality rates due to breast, cervical, uterine and ovarian cancer in Kentucky differ only slightly from the average annual mortality rates

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

		Kentucky	United States
Fer	tility and Infant Health		
•	Fertility Rate in 1995 (live births per 1,000 women aged 15-44) <sup>a</sup>	59.0	65.6
•	Infant Mortality Rate in 1995 (deaths of infants under age one per 1,000 live births) <sup>b</sup>	7.6	7.6
	Percent of Counties with at Least One Abortion Provider, 1992°	2.0%	16.0%
•	Percent of Low Birth Weight Babies (less than 5 lbs., 8 oz.), 1995 <sup>d</sup> Among Whites Among African Americans	7.1% 12.8%	6.2% 13.1%
•	Births to Teenage Women as a Percent of All Births, 1995e	17.1%	13.2%
	Births to Unmarried Women as a Percent of All Births, 1995 <sup>d</sup>	28.5%	32.2%
Pre	eventive Health Care		
•	Percent of Women Who Have Ever Had a: Mammogram (Aged 40 and Older), 1995 <sup>f</sup> Pap Test (Aged 18 and Older), 1995 <sup>g</sup>	80.0% 93.3%	81.8%* 93.6%*
•	Percent of Women Aged 45-54 Who Have Been Screened for Blood Pressure in the Previous Two Years, 1993 <sup>h</sup>	96.7%	95.5%
•	Percent of Women Aged 45-54 Who Have Been Screened for Cholesterol in the Previous Two Years, 1993h	97.7%	97.1%
	Percent of Women Aged 45-54 Who Have Ever Had a Proctoscopy, 1993 <sup>i</sup>	22.4%	25.6%
•	Vaccination Coverage of Children Aged 19-35 Months (estimated percentage of those receiving four doses of diphtheria and tetanus toxoids and pertussis vaccine, three doses of polio virus vaccine and one dose of measles-mumps-rubella vaccine), 1995 <sup>j</sup>	81.0%	75.0%
En	vironmental and Cancer Risks		
	Percent of Women Aged 45-54 Who Smoke, 1993k	31.3%	21.6%
•	Toxic Chemicals that Could Cause Birth Defects (pounds per person), 1992	54.7 lbs	36.0 lbs
•	Average Annual Mortality Rate (per 100,000) Due to: Female Breast Cancer, 1990-94 <sup>m</sup> Cervical and Uterine Cancer, 1990-94 <sup>m</sup> Ovarian Cancer, 1990-94 <sup>m</sup>	25.5 3.8 7.7	26.4 2.9 7.8
•	Estimated Number of New Cases of Female Breast, Cervical and Uterine Cancers, 1997 <sup>n</sup>	3,410	229,600
Otl	ner		
•	Does Kentucky have a mastectomy stay law?°	No	

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

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

Compiled by the Institute for Women's Policy Research.

#### Table 14.

### Percent of Total Population, Medicare and Medicaid Recipients Enrolled in Health Maintenance Organizations (HMOs) in Kentucky and the United States, 1996

	Kentucky	United States
Total Population <sup>a</sup>	3,884,000	265,284,000
Percent of Total Population Enrolled in HMOs <sup>b</sup>	15.3	22.0
Percent of Total Population Receiving Medicare <sup>c</sup>	15.2	14.0
Percent of Medicare Recipients Enrolled in HMOsc	1.0	13.0
Percent of Total Population Receiving Medicaid <sup>c</sup>	16.6	13.4
Percent of Medicaid Recipients Enrolled in HMOsd	53.2	40.1

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

Compiled by the Institute for Women's Policy Research.

for these same causes in the United States as a whole. It should be noted that Kentucky is in the midst of creating a task force on breast cancer.

White and non-white Kentucky women sometimes experience different health-related problems. Non-white women are at a much higher risk of contracting chlamydia, gonorrhea, and syphilis than their white peers. African American women with breast cancer are more likely to discover their disease at a later stage as compared with white women. From 1991-95, 68 percent of white women with breast cancer learned about their illness at an early stage in the disease, whereas 56.2 percent of African American women did. African American women tend to experience higher breast cancer death rates, which may be due to later detection of the disease. Despite the differences between racial groups, however, the three leading causes of death among white and non-white females are

the same: heart disease, malignant neoplasm and cerebrovascular disease (Campbell, et al., 1997).

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

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

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

HMO membership varies dramatically across the states. HMOs tend to play a more important role in the states of California, Maryland, Massachusetts, and Oregon and are much less prevalent throughout the South (Liska et al., 1998). The percentage of the population enrolled in HMOs is lower in Kentucky than in the nation as a whole (15.3 percent and 22.0 percent, respectively; see Table 14).

# **Basic Demographics**

This section includes data on different populations within Kentucky. 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 female population and can be used to provide insight on the topics covered in this report. For example, compared with the United States as a whole, Kentucky has the same proportion of women over age 65, a higher ratio of women to men, more married couple

families, and a considerably lower proportion of women living in urban areas, and is less diverse in terms of race and ethnicity. Demographic factors also have implications for the location of economic activity, the types of jobs that are available, the growth of markets, and the types of public services that are needed.

Kentucky has the 24th largest population among all the states in the United States. There were nearly two million women in Kentucky in 1996 (see Table 15).

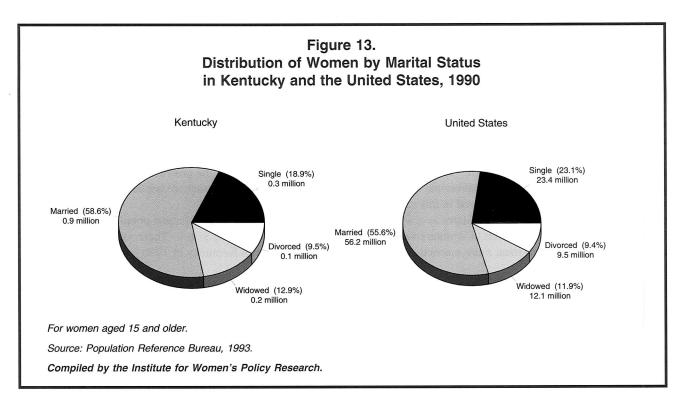
Table 15. Basic Demographic Statistics for Kentucky and the United States				
	Kentucky	United States		
Total Population, 1996 <sup>a</sup>	3,883,723	265,283,783		
Number of Women, All Ages <sup>b</sup>	1,996,854	135,473,568		
Sex Ratio (women to men aged 18 and older) <sup>b</sup>	1.10:1	1.08:1		
Median Age of All Women <sup>b</sup>	36.3	35.8		
Proportion of Women Over Age 65 <sup>b</sup>	14.7%	14.7%		
Distribution of Women by Race and Ethnicity, 1995, All Ages <sup>c</sup>				
White*	91.3%	73.0%		
African American*	7.2%	12.8%		
• Hispanic <sup>†</sup>	0.7%	9.8%		
Asian American*	0.7%	3.6%		
Native American*	0.2%	0.8%		
Distribution of Households by Type, 1990 <sup>d</sup>				
Total Number of Family and Non-family Households	1,373,988	91,770,958		
Married-Couple Families (with and without their own children)	60.4%	56.2%		
Female-Headed Families (with and without their own children)	10.9%	11.3%		
Male-Headed Families (with and without their own children)	2.7%	3.2%		
Nonfamily Households: Single-Person Households	23.3%	24.4%		
Nonfamily Households: Other	2.7%	4.9%		
Proportion of Women Living in Metropolitan Areas, All Ages, 1990e	58.1%	83.1%		
Proportion of Women Who Are Foreign-Born, All Ages, 1990 <sup>f</sup>	1.0%	7.9%		
Percent of Federal and State Prison Population Who Are Women, 1996 <sup>9</sup> 6.4% 6.3%				

<sup>\*</sup> Non-Hispanic.

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

Calculated by the Institute for Women's Policy Research.

<sup>†</sup> Hispanics may be of any race.



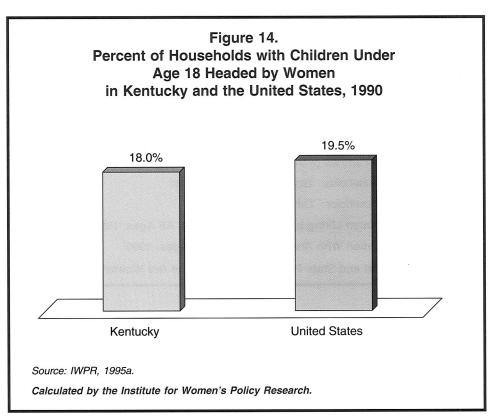
Between 1990 and 1996, the population of Kentucky grew by 5.3 percent, less than the growth of the nation as a whole (6.7 percent; U.S. Department of Commerce, Bureau of the Census, 1997a). Compared with its region, Kentucky's population growth rate is the lowest, behind that of Tennessee (9.1), Alabama (5.8) and Mississippi (5.5). The increase in female population growth from

1990 to 1996 showed similar patterns (5.0 percent for Kentucky and 6.3 percent for the United States). Kentucky has the same proportion of women over age 65 as the United States (14.7 percent).

The female population in Kentucky is much less ethnically diverse than the rest of the United States, with minorities making up less than 10.0 percent of women in the state (compared with 27.0 percent for the nation as a whole). Of all the racial/ethnic minority groups in Kentucky, only African American women (7.2 percent) constitute a sizable proportion, and even this group is well below the national average (12.8 percent).

Other racial and ethnic minority groups combined make up less than 2.0 percent of the female population in Kentucky, over 12.0 percentage points lower than the rest of the United States (see Table 15).

The proportion of single women in Kentucky is considerably lower than in the country as a whole,



while the proportion of divorced and widowed women is slightly higher (see Figure 13). The proportion of women in Kentucky who are married is higher than the proportion nationally (58.6 percent compared with 55.6 percent of women in the United States as a whole). Kentucky's distribution of family types also diverges from that in the nation as a whole (see Table 15). The proportion of married couple families is considerably higher in Kentucky (60.4 percent compared with 56.2 percent nationally). The proportion of both femaleheaded families and maleheaded families in Kentucky is only slightly lower than nationally, but the proportion of non-family households is considerably lower than the national average. Femaleheaded families with children under age 18 constitute 18.0 percent of

all families with children in Kentucky, a slightly smaller proportion than the 19.5 percent nationwide (see Figure 14).

Kentucky's proportion of women living in metropolitan areas is considerably lower than in the nation as a whole (58.1 percent compared with 83.1 percent of women in the United States as a whole). The percent of Kentucky's prison population that is female is about the same as the national average (see Table 15). There is, however, a large difference between Kentucky and the nation as a whole in the proportion of the population that is foreign born. Kentucky has a much smaller foreignborn female population than does the United States as a whole (1.0 percent compared with 7.9 percent).

# **Conclusion**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This composite indicator has four components and reflects office-holding at the state and national levels as of April 1998. For each state, the proportion of office holders who are women was computed for four levels: state representatives; state senators; state-wide elected executive officials and U.S. Representatives; and U.S. Senators and governors. The percentages were then converted to scores that ranged from 0 to 1 by dividing the observed value for each state by the highest value for all states. The scores were then weighted according to the degree of political influence of the position-state representatives were given a weight of 1.0, state senators were given a weight of 1.25, statewide executive elected officials and U.S. Representatives were each given a weight of 1.5 and U.S. Senators and state governors were each given a weight of 1.75. The resulting weighted scores for the four components were added to yield the total score on this composite for each state. The highest score of any state for this composite office-holding indicator is 3.74. These scores were then used to rank the states on the indicator for women in elected office. Source: Data were compiled by the Institute for Women's Policy Research (IWPR) from several sources including the Center for the American Woman and Politics (1998a, 1998b, 1998c, 1998d, and 1998e).

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

lished by legislation or executive order), women's state agenda projects (usually a voluntary, nongovernmental, state-based coalition group addressing a broad range of issues concerning women) and legislative caucuses for women (organized by women legislators in either or both houses of the state legislature). States receive 1.0 point for each institutional resource present in their state except that partial credit is given if a bipartisan legislative caucus does not exist in both houses. States receive a score of 0.25 if informal or partisan meetings are held by women legislators in either house, 0.5 if a formal legislative caucus exists in one house but not the other and 1.0 if a formal legislative caucus is present in both houses or is bicameral. Source: Center for Policy Alternatives, 1995, updated in 1998 by IWPR and Center for the American Woman and Politics, 1998e.

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

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

Women's Median Annual Earnings: Median yearly earnings (in 1997 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1994, 1995 and 1996. Earnings were converted to constant 1997 dollars using the Consumer Price Index and the median was selected from the merged file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state. The sample size for women ranges from 431 in New Hampshire to 4,039 in California; for men, the sample size for men ranges from 564 in the District of Columbia to 4,521 in New York. For Kentucky, the sample size is 527 for women and 797 for men. These earnings data have not been adjusted for cost of living differences between the states because the federal government does not produce an index of such differences. Source: IWPR calculations of the 1995-97 Annual Demographic Files (March) from the Current Population Survey, for the 1994-96 calendar years; IWPR, 1998b.

Ratio of Women's to Men's Earnings: Median yearly earnings (in 1997 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34

hours per week) in 1994-96 divided by the median yearly earnings (in 1997 dollars) of noninstitutionalized men aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1994-96. Earnings were converted to constant 1997 dollars using the Consumer Price Index and the medians were selected from the merged file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state. The sample size for women ranges from 431 in New Hampshire to 4,039 in California; for men, the sample size ranges from 564 in the District of Columbia to 4,521 in New York. For Kentucky, the sample size is 527 for women and 797 for men. Source: IWPR calculations of the 1995-97 Annual Demographic Files (March) from the Current Population Survey; IWPR 1998b.

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

Women in Managerial and Professional Occupations: Percent of civilian noninstitutionalized women aged 16 and older who were employed in executive, administrative, managerial or professional specialty occupations (in 1995). Source: U.S. Department of Labor, Bureau of Labor Statistics, 1997a (based on the Current Population Survey).

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

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

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

**Educational Attainment:** In 1989, the percent of women aged 25 and older with four or more years of college.

Source: Population Reference Bureau, 1993, based on the Public Use Microdata Sample of the 1990 Census of Population.

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

Percent of Women Above Poverty: In 1994-96, the percent of women living above the official poverty threshold, which varies by family size and composition. The average percent of women above the poverty level for the three years is used; three years of data ensure a sufficiently large sample for each state. In 1995, the poverty level for a family of four was \$15,569. Source: IWPR calculations of the 1995-97 Annual Demographic Files (March) from the Current Population Survey for the calendar years 1994-96; IWPR, 1998b.

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

To construct this composite index, each component indicator was rated on a scale of 0 to 1 and assigned a weight. The notification and waiting-period indicators were each given a weight of 0.5. The indicator of public funding for abortions was given a weight of 1.0. For the indicator of the percent of counties with abortion providers, states were given a scaled score ranging from 0 to 1. For the indicator of whether the Governor, upper house or lower house is pro-choice, each state receives 0.33 points per governmental body (up to a maximum of 1.0 point). The indicator for public funding for infertility treatments was given a weight of 1.0. For the health insurance coverage of contraceptives law, the state received a score of 0.5 if legislation had been proposed and a score of 1.0 if it had a contraceptive coverage law or provision. For the indicator of whether the nonbiological partner in a gay/ lesbian couple can adopt the partner's child, states were given 1.0 point if the state supreme court has prohibited discrimination against these couples in adoption, 0.75 point if an appellate court has, 0.5 if a lower court has approved a petition for second parent adoption, 0.25 if a state has no official position on the subject, and no points if the state has banned second parent adoption. The contraceptive coverage law and gay/lesbian adoption law were each given a weight of 0.5. The weighted scores for each component indicator were summed to arrive at the value of the composite index score for each state. The states and the District of Columbia were then ranked according to those values.

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

### Reproductive Rights

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

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

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

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

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

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

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

#### **Domestic Violence**

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

### **Child Support**

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

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

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

### Welfare

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

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

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

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

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

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

Family Violence Provisions in TANF plans. As of March 1998, 26 states are recognized by the U.S. Department of Health and Human Services Administration for Children and Families as having adopted the Family Violence Option (which allows victims of violence to be exempted from work requirements, lifetime time limits or both) as a part of their TANF plans (U.S. Department of

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

### **Employment/Unemployment Benefits**

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

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

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

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

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

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

	Appendix III: Stat	e-by-State Rankings on	State-by-State Rankings on the Composite Indices and their Components	nd their Components	
POLITICAL PARTICIPATION AND REPRESENTATION	Composite Index	Women in Elected Office Composite Index	Percent of Women Registered to Vote in 1992 and 1994	Percent of Women Who Voted in 1992 and 1994	Number of Institutional Resources Available to Women in the State
State		Score Rank		Percent Rank	Score Rank
Alabama	-3.10	0.66	73.8%16	54.0% 4 64.0% 4	141
Arizona			65.0%34	51.7%34	141
Arkansas5.45	5.45		65.2%	21.1%	3
California	5.27	3.31 2	72.4% 19	59.0%	1.2538
Colorado	5.55	2.3810	74.9%12	61.0% 15	2.2513
Delaware	3.81 6	2.90 5	65.0%34	52.6%31	2 21
District of ColumbiaN/A		N/A	73.9%N/A	50.6% N/A	2
Florida1.92	1.92	•	61.3% 45	44	3
Georgia4.63		0.9342	57.8% 49	42.4% 50	2 21
Наwaii	7 35 14			61.5% 10	2.2513
Illinois		2.2412	69.2%26	54.0%	221
Indiana -1.22			63.3%42	53.9%30	2
Iowa0.35		1.3133	:	61.7%9	1.25
Kansas		2.3311	72.6%	57.3% 33	2
Kentucky5.84		0.34 49	74.0%	61.4%	
Louisiana	0.09	3 27 3	83.8%	68.1% 2	141
Mante	3.81	2.52	68.9%27	50.9%37	31
Massachnsetts -0.96	3	1.03	70.3%24	57.1%	3
Michigan	0.71	1.4531	75.4%10	58.4%21	2.2513
Minnesota	5.21 4	2.08 14	83.3%3	64.3%3	2.25
Mississippi6.43	-6.43 49		76.6%	50.5%38	0.23 48
Missouri	_		75.2%11	58.0%	2 21
Montana3.65	3.65		74.407. 1.4	60.2%	1.5
Nebraska	1.6234	1.05	57 10 50	48.0% 43	2 21
Nevada 38	-2.18	7.47	68.0% 30	59.5%	$\frac{1}{2}$
New Hampshire	3.00	1.76	65.8%	54.8%27	2
New Jersey1.22	-0.22	1.78	63.4%39	49.8% 40	2.511
New York -2.50	-2.50		60.9%46	48.8%41	3 1
North Carolina	-2.98		66.1%31	46.4%46	3
North Dakota	3.6010	1.3932	92.4%1	63.5%	2.25
Ohio0.60	-0.60		68.1%29	56.8%24	2.35 13
Oklahoma1.43	3		72.1% 20	56.4%	2.2313
Oregon3.61			63.3%	50.4% 39	1.5
Pennsylvania6.23		0.69	68 6% 78	55.6%	2
Khode Island	-0.55			45.4%48	31
South Carolina4.88		1.71	79.3%	61.1%14	141
Tannaccae	7.31		64.0%37	51.1%36	0
Texas -1.70			63.4%39	45.7%47	221
1.06 Utah			70.7%23	58.8%19	2
Vermont	1.87	1.80 21		63.2%	1.535
Virginia -3.58			63.4%39	52.5% 32	
Washington	7.77 2		70.8%	57.1%	3
West Virginia6.03	-6.0347	0.68	63.6% 38	46.8% 43	2 25 13
Wisconsin	1.66 18	1.24 55	70.8%	63.6%	
Wyoming	•	1.65	% S.O./	53.2%	2.0 (Median)
United States					

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

Inst	EMPLOYMENT AND EARNINGS  Composite Index	Median Annual Earnings Full-Time, Year-Round for Employed Women	Earnings Ratio Between Full-Time, Year-Round Employed Women and Men	Percent of Women in the Labor Force	Percent of Employed Women, Managerial or Professional Occupations
itut	State Score Rank	<b>Dollars</b> Rank	Percent Rank	Percent Rank	Percent Rank
o fr	ma3.45				24.6%51
or	Alaska 4.46 3	\$31,3801 \$31,006	60.3% 44	50.6% 33	34.3% 4
W	Arizona 3.00	\$21,900		58.4% 37	25.6% 46
าท	California 4.20 8	- ∞		56.5%41	32.0% 10
ρn	Colorado	_			
'.c		_	70.7%	60.7%	33.4%7
P/		\$25,721	75.8%	62.9% 17	28.9%21
oli.		\$30,8652	75.0%	51.5%	78.9%
cv	Florida	\$23,109 28 \$23,160	71 0%	59.2%	
R	Geolgia		74.8% 10		
250			70.3% 30	62.1% 18	27.0%36
ar			70.8%	60.3%28	
ch	3.70			64.2%13	24.8% 50
		_	68.3%3/	66.6%	30.5% 15
	Kansas	\$23,581 20 \$22,635	69.7%	56.0% 42	26.2%
	3.55	10	64.4%	53.6%	28.4%27
	Maine 3.84 30	0.77	67.5% 41	61.6%19	29.6%1
			75.0%	64.5%12	37.9%
		\$28,808 5	73.7%15	60.8%23	35.4%3
	Michigan		66.0% 45	57.9%40	27.7%31
	4.09		71.2%	69.6%1	25.1%30
	3.53		74.50	55.8%43	23.1% 48
	Missouri 4.00 20	\$23,00323	73.3%	50 6% 33	37
		\$21,00037 \$20,577 45	71.4%	68.4%	26.3%
	3.93	. 6	73.9%14	60.5%27	26.8%37
	4.28		73.6%16	65.3%8	33.6% 6
			67.9% 40	58.7%36	32.6%
	3.84		72.5%21	55.6%45	31.0%14
			74.4%	52.8%50	31.9%12
	North Carolina	\$22,635 31	74.1%13	59.8%52	26.3%42
	3.81	\$13,348	69.1%	58.3% 39	26.6% 40
	Oklahoma 3.55 47		63.3% 50	55.7% 44	
	3.95		69.6%35		
			71.2%	55.0%47	27.6%33
	4.14		72.6%		32.3%9
	3.68		76.0%	29.9%31 65.8% 7	25.1% 48
		\$21,063 42 \$22,743	72.0%	60.3%	25.4%
	3.77		75.2%		30.1%
	Trah 3.81 35		68.1% 39		
			81.9% 2	65.3%8	34.6% 5
		2	71.3% 24		
				60.6%26	
		3	64.8%46	46.3%51	
49	Wisconsin 3.95 22	\$24,201 24	68.3%37	68.2%3	26.6% 40
	Wyoming	\$21,063 42	73.3040	58.0%	30.3%
	United States		0/ 5.7/		3

	Appendix III:	III: State-by-	y-State Rar	nkings on the	Composite	State Rankings on the Composite Indices and their Components (continued)	leir Componen	ts (continue	q)
Есономіс Аυтоному	Composite Index	Index	Percent of Women with Four or More Years of College	'omen More ollege	Percent of Women without Health Insurance	Vomen ealth ice	Percent of Women in Poverty	8	Percent of Businesses that are Women-Owned
State	Score	Rank	Percent	Rank	Percent	Rank	Percent Rank	K P	Percent Ran
Alacka	3.63	46	13.5% 45	45	15.6%	40	16.9%45		31.5%47
Arizona		22	17.2%	25	17.2%	44	15.5% 38		37.6%
Arkansas		50	11.9%50	50		49	16.8%4		31.6%45
California		16	20.1%13	13	16.9%	43	15.1% 37		35.5%12
Connecticut	4.30	7	25.5%	43	12.4%	29	9.4%		37.6%3
Delaware		15	18.7%	3	13.2%	32	9.3%		35.0%
District of Columbia		1	30.6%	1	16.1%	. 42	20.1%48		1.3%
Florida		38	15.1%	36	17.3%	45	14.8%3		35.2%16
Georgia		31	16.8%	27	14.9%	37	3		3.6% 28
Hawaii Idaho	3.85	/ ······	20.9%11	11 41	6.7%	1	11.1%18		7.6%3
Illinois		19	18.4% 17	17	10.2%	14	12.2%		33.8%23
Indiana	. 3.83	41	13.4%	46	11.1%	17	10.9%		34.4% 22
Iowa	3.95	28	15.0%38	38	8.8%	7	10.7%14		34.3%23
Kansas		20	18.4%	17	12.0%	25	13.4%31		34.7%19
Neutucky	3.50	48	14.5%	49	15.0%	38	16.9%45		1.4% 48
Maine		26	17.2%	25	11.4%		10.9%		32.5%31
Maryland	. 4.463	3	23.1%	9	12.5%	30	9.7%		37.1%
Massachusetts	. 4.42	9	24.1%	2	10.8%	16	10.2%11		3.3%31
Michigan	3.95		15.1%	36	9.6%10	10	12.6%29		35.2%16
Minnesota	. 4.20	12	19.2%	15	8.0%	4	10.9%15		34.6%20
Mississippi			13.3%	47	18.4%47	47	21.4%50		30.2% 51
Montana	3.90	32 73	18.0%	35	11.9%23	23	11.6%20		33.8%25
Mehraska	4.00		16.7%	28	12.0% 23	6	10.6% 35		33.2% 32.2% 32.32 3
Nevada			12.8% 48	48	15.1% 39	39	10.1%		36.9%
New Hampshire	4.25	10	21.1%	6	10.7%15	15	7.6%		32.2% 40
New Jersey		13	21.0%10	10	12.8%31	31	9.0%		31.9% 42
New Mexico	3.90	32	17.8%22	22	24.1%51	51	21.6%51		37.8%
New York	. 4.13	16	20.7%12	12	14.5%36	36	16.6%42		34.1%24
North Carolina	3.87	34	15.7%32	32	11.9%23	23	13.4%31		32.4%38
Ohio		38	10.7%	28	8.0%		13.1% 30		31.7% 44
Oklahoma	3.76	43	15.0% 38	38	17.4% 46		16.3% 40		33.6% 28
Oregon	4.16	14	18.1%19	91	11.8%		11.3%19		36.8%
Pennsylvania	3.8536	36	15.3%	34	9.7%	11	11.9%23		31.2% 49
Rhode Island	. 4.00	23	18.0% 20	20	11.1%		12.3%27		31.6% 45
South Carolina		43	14.7%40	40	13.9%	34	16.3%40		32.8%36
South Dakota	3.01	54 77	15.5%	33	8.8%		14.1%34		31.9%42
Texas	3.83	57 CL	14.0%	44	71 00%	7	15.9%39		31.1%50
Utah	4.13	16	17.5%	23	10.1%	30	8.2%		35.0% 34
Vermont	4.44	4	23.2%	5	10.1%	12	10.2%	3, 60	7.5.7%
Virginia	4.27	6	21.3%	8	13.4%	33	11.8%	35	35.4%
Washington		11	19.7%	14	11.1%	17	12.0%24		36.5%
West Virginia	3.51	49	10.9%	51	14.3%	35	18.1% 47	32	32.3%39
Wisconsin		25	16.0%	31	7.9%	3	9.3%	33	33.1%33
Wyoning	3.90	71	10.1% 3(	30	13.8%	41	11.8%21	33	35.9%10
		:	o/ o-/ T		15.0 %		13.7%	5	34.1 %

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

S Ilumbia	Core         Rank         Sc           1.09         30         30           2.36         15         30           0.90         34         38           0.67         38         31           1.07         31         31           0.80         36         36           0.80         36         32           1.02         32         32           5.62         1         1           1.49         22         22           0.60         39         0.60           0.19         48         0.04           0.48         41         0.04	Score 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Score	Score         Score           0         0.09           1         0.28           0         0.27           0         0.04           1         0.67           0         0.67           1         0.88           0         0.67           0         0.04           0         0.10           1         0.09           1         0.09           1         0.00           0         0.00           0         0.00           0         0.00           0         0.00           0         0.00           0         0.00           0         0.00           0         0.00	Score 0.50 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Score 0.00 0.33 0.00 0.00 0.00 0.00 0.33 0.33 0.33	Score 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Score 0.50 0.50 0.25 0.25
s.					0.50 0.00 0.00 0.00 0.50 0.00 0.00 0.50 0.50 0.50 0.50 0.50	0.00 0.00 0.00 0.00 0.00 0.33 0.33 0.00	0	0.50 0.50 0.25 0.25
s s s s s s s s s s s s s s s s s s s		***************************************		0.028	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.50 0.50 0.50 0.50 0.50	0.33 0.00 0.00 0.00 0.33 1.00 0.00	0	0.50
s s ia o o o o o o o o o o o o columbia		***************************************		0.027 0.04 0.057 0.057 0.088 0.07 0.011 0.011 0.010 0.004 0.002	0.00 0.00 0.00 0.00 0.50 0.00 0.00 0.50 0.50 0.50 0.50	0.00 0.00 0.00 0.33 1.00 0.00	0	0.25
s s iia oo				0.04	0.00 0.50 0.00 0.50 0.00 0.00 0.50 0.50	0.00 0.00 0.33 1.00 0.00	0	0.25
ia o o cicut e of Columbia		***************************************		0.057 0.24 0.024 0.038 0.067 0.011 0.011 0.010 0.006 0.0	0.50 0.00 0.50 0.00 0.00 0.50 1.00 0.50 0.5	0.00		0.50
icut e e of Columbia		***************************************		0.24 0.88 0.087 0.07 0.01 0.01 0.09 0.00	0.00 0.50 0.00 0.00 0.50 1.00 0.50 0.50	0.33 1.00 0.00 0.67	0	0.00
e of Columbia		-00-0***		0.088 0.067 0.011 0.011 0.011 0.010 0.004 0.005 0.006 0.006 0.006	0.50 0.00 0.00 0.50 1.00 0.50 0.50	1.00 0.00 0.67	0	0.00
of Columbia			*00-0-0	0.67	0.00 0.00 0.50 0.50 0.50 0.50	0.00	0	0.75
of Columbia				1.00 0.31 0.14 1.00 1.10 0.10 0.10 0.04 0.06 0.06	0.00 0.50 0.50 0.50 0.50 0.50		0	0.25
		- T - O - O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0.01 1.00 1.00 1.00 0.00	0.50	1010	0	0.75
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.14 1.00 1.00 1.00 0.03 0.04 0.02	0.50	0.33	0	00.0
		**************************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1.00 1.00 0.01 0.00 0.04 0.06 0.06	1.00	000	0	0.25
		***************************************	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.10 0.09 0.04 0.06 0.06	0.50	1.00	_	0.25
		** 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.09 0.10 0.04 0.05 0.02 0.02	0.50	0.00		67.0
		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00	0.50	00.0	0	0.75
		00000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00		0.00	0	0.50
Low/2	19 48	0 0	. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.06	00.0	00.0		0.50
	48 41	0 0	* 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.02	00.0	0.00		50.0
		0	0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.08	0.00	0.00	0	67.0
	21	0	0.1 1 0.0	0.00	0.00			0.25
	71		1	030	0.00	0.00		67.0
			1	0.30	0.00	0.33	0	0.50
Massachusatts		0		0.30	0.50	0.33	1	0.30
Michigan 0	2.34	0	***	0.30	0.00	000	0	0.1
		0	1	0.05	0.00	00.0		0.50
	0.18	0	0	0.05	00.0	00.0	0	0.25
			, _	0.04	0.50	0.33	0	0.25
		*0	*0	0.13	1.00	00.00	0	0.25
Nebraska 0.16	1650	0	0	0.03	000	0.00	0	0.25
			. —	0.18	0.00	0.00	0	0.50
		1	1	0.50	00.0	1.00		00.0
			T	0.76	00.00	0.33	0	0.75
	2.43 14	*0	1	0.18	1.00	00.00		0.50
		_	_	09.0	0.50	0.33	_	1.00
	7	0	1	0.34	00.0	0.33	0	0.25
	0.15	0	0	0.02	00.0	00.00	0	0.25
		0	0	0.10	0.50	0.00	0	0.50
Oklahoma1.4		1	1	0.05	0.50	00.00	0	0.25
	83	1	1	0.25	0.00	0.33	1	0.50
	6.		0	0.30	00.00	0.33	0	0.50
	1.15	0		0.40	00.0	0.00	0	0.50
la		0	0	0.22	0.50	0.00	0	0.25
South Dakota0.4		0	0	0.02	0.50	0.00	0	0.25
Tennessee	0.24 47	*0	*0	0.11	0.00	0.00	0	0.25
Texas1.82		1	1	0.07	1.00	0.00	0	0.50
	0.45 43	0	0	0.07	0.50	0.00	0	0.25
	4.32 4	1	1	0.57	0.50	1.00	0	1.00
	1.38	0	1	0.25	1.00	0.00	0	0.25
	3.11 8	1	1	0.28	0.50	0.33	0	0.50
ia	17	0	1	0.04	1.00	0.00	0	0.25
i	0.32 46	0		0.07	0.50	00.00	0	0.00
Wyoming0.76	7637	0	1	) 0.13	0.00	00.00	0	0.25

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

# **Appendix IV: State and National Resources**

### Selected Kentucky Resources

Business and Professional Women (BPW)
University of Louisville
Old DPS Bldg.
Louisville, KY 40292
Tel: (502) 852–0270

Business and Professional Women River City PO Box 36004 Louisville, KY 40233–6004 Tel: (502) 566–7877

Clark Publishing, Inc. 250 East Short Street P.O. Box 24766 Lexington, KY 40524 Tel: (606) 233–7421

College of Human Environmental Sciences Office of the Dean, 102 Erickson Hall University of Kentucky Lexington, KY 40506–0050 Tel: (606) 257–4080

College of Social Work University of Kentucky 631 Patterston Office Tower Lexington, KY 40506 Tel: (606) 257–3978

Department for Social Services 275 East Main Street 6th Floor Frankfort, KY 40621 Tel: (502) 564–6643

EMW Women's Surgical Center 136 West Market Louisville, KY 40202 Tel: (502) 589–2124 Governor's Office of Child Abuse & Domestic Violence Services
Capitol Building, Room 146
700 Capitol Avenue
Frankfort, KY 40601
Tel: (502) 564–2611

Institute on Women and Substance Abuse University of Kentucky 1151 Red Mile Road, Suite 1B Lexington, KY 40504–2645 Tel: (606) 257–6441

Kentucky ACLU 425 West Mohammed Ali Blvd. Louisville, KY 40202 Tel: (502) 582–1181

Kentucky Association of Sexual Assault Programs PO Box 602 Frankfort, KY 40602–0602 Tel: (502) 226–2704

Kentucky Commission on Human Rights 332 West Broadway 7th Floor Louisville, KY 40202 Tel: (502) 595–4024

Kentucky Commission on Women 614a Shelby Street Frankfort, KY 40601 Tel: (502) 564–6643

Kentucky Council on Child Abuse 2041 Regency Road Lexington, KY 40503 Tel: (606) 276–1299

Kentucky Domestic Violence Association PO Box 356 Frankfort, KY 40602 Tel: (502) 875–4132 Kentucky Foundation for Women 332 West Broadway Suite 1215 Louisville, KY 40202 Tel: (502) 562–0045

Kentucky Long-Term Policy Research Center 1024 Capitol Center Drive Suite 310 Frankfort, KY 40601–8204 Tel: (502) 573–2851

Kentucky Women Advocates PO Box 425 Frankfort, KY 40602–0425

Kentucky Women's Leadership Program 251 West Second Street Lexington, KY 40507 Tel: (606) 252–5258 Fax: (606) 281–1151

Kentucky Women's Political Caucus PO Box 1564 Frankfort, KY 40602–1564

Kentucky Youth Advocates 624 Shelby Street Frankfort, KY 40601 Tel: (502) 875–4865

League of Women Voters Suburban Park Building, Suite 103 1009 Twilight Trail Frankfort, KY 40601 Tel: (502) 875–6481

National Council of Jewish Women 1250 Bardstown Road Louisville, KY 40205 Tel: (502) 458–5566

New Opportunity School for Women 314 Jackson Street Berea, KY 40403 Tel: (606) 985–7200 Professional Women's Forum PO Box 1762 Lexington, KY 40593

Sexual and Domestic Violence Program Division of Mental Health 100 Fairoaks Lane, 4th Floor Frankfort, KY 40621 Tel: (502) 564–4448

University of Louisville Women's Center Gardiner Hall University of Louisville Louisville, KY 40292 Tel: (802) 852–8976 Victim's Advocacy Division Office of the Attorney General 1024 Capitol Center Drive Frankfort, KY 40601 Tel: (502) 573–5900

WINGS (Women's Initiative Networking Groups)
433 Chestnut Street
Berea, KY 40403
Tel: (606) 986–2373

Women 4 Women 211 Browns Lane Louisville, KY 40207 Tel: (800) 928–2011

Women's Health Center University of Kentucky A301 Kentucky Clinic Lexington, KY 40536 Tel: (606) 257–2323

#### **National Resources**

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

African American Women's Association PO Box 55122 Washington, DC 20011

Tel/Fax: (202) 882-8263

Alan Guttmacher Institute 1120 Connecticut Avenue, Suite 460 Washington, DC 20036 Tel: (202) 296–4012

Fax: (202) 223–5756 http://www.agi-usa.org

American Association of Retired Persons

601 E Street, NW Washington, DC 20049 Tel: (202) 434–2277 Fax: (202) 434–6477 http://www.aarp.org

American Association of University Women

1111 16th Street, NW Washington, DC 20036 Tel: (202) 785–7700 Fax: (202) 872–1425 http://www.aauw.org

http://www.amwa-doc.org

American Medical Women's Association 801 North Fairfax Street, #400 Alexandria, VA 22314 Tel: (703) 838–0500 Fax: (703) 549–3864

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

American Women's Economic Development Corporation

71 Vanderbilt Avenue, Suite 320 New York, NY 10169 Tel: (212) 692–9100 Fax: (212) 692–2718

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

Asian Women in Business/Asian American Professional Women One West 34th Street, Suite 1201 New York, NY 10001

Tel: (212) 868–1368 Fax: (212) 868–1373

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

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

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

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

Center for Advancement of Public Policy, Washington Feminist Faxnet 1735 S Street, NW Washington, DC 20009 Tel: (202) 797–0606 Fax: (202) 265-6245

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

http://www.essential.org/capp

Center for the Child Care Workforce 733 15th Street, NW, Suite 1037 Washington, DC 20005–2112 Tel: (202) 737–7700 or (800) U–R–WORTHY

Fax: (202) 737–0370 http://www.ccw.org

Centers for Disease Control and Prevention National Center for Health Statistics 6525 Belcrest Road Hyattsville, MD 20782 Tel: (301) 436–8500 http://www.cdc.gov Center for Law and Social Policy 1616 P Street, NW, Suite 150 Washington, DC 20036 Tel: (202) 328–5140 Fax: (202) 328–5195 http://www.clasp.org

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

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

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

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

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

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

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

Church Women United 475 Riverside Drive, Suite 500 New York, NY 10115 Tel: (212) 870–2347 Fax: (212) 870–2338 http://www.churchwomen.org Coalition of Labor Union Women 1126 16th Street, NW, Suite 104 Washington, DC 20036

Tel: (202) 466–4610 Fax: (202) 776–0537

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

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

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

Family Violence Prevention Fund 383 Rhode Island Street, Suite 304 San Francisco, CA 94103–5133

Tel: (415) 252–8900 Fax: (415) 252–8991

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

General Federation of Women's Clubs 1734 N Street, NW Washington, DC 20036–2990

Tel: (202) 347–3168 Fax: (202) 835–0246

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

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

Campaign for Universal Voter Registra-

tion

622 West 113th Street, Suite 410

New York, NY 10025 Tel: (212) 854–4053 Fax: (212) 854–8727

http://www.igc.org/humanserve

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

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

Fax: (202)554–0453 http://www.jiwh.org

Joint Center for Political and Economic Studies 1090 Vermont Avenue, NW, Suite 1100 Washington, DC 20005–4961 Tel: (202) 789–3500 Fax: (202) 789–6390

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

http://www.jointctr.org

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

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

National Abortion and Reproductive Rights Action League 1156 15th Street, NW, Suite700 Washington, DC 20005 Tel: (202) 973–3000

Fax: (202) 973–3097 http://www.naral.org National Association of Women Business Owners 1100 Wayne Avenue, Suite 830 Silver Spring, MD 20910 Tel: (301) 608–2590 Fax: (301) 608–2596 http://www.nawbo.org

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

National Association of Negro Business and Professional Women's Clubs, Inc. 1806 New Hampshire Avenue, NW Washington, DC 20009 Tel: (202) 483–4206

Tel: (202) 483–4206 Fax: (202) 462–7253 http://www.nanbpwc.org

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

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

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

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

National Council of Negro Women 1001 G Street, NW, Suite 800 Washington, DC 20001 Tel: (202) 628–0015 Fax: (202) 628–0233 National Council of Women's Organizations c/o National Committee on Pay Equity 1126 16th Street, NW, Suite 411. Washington, DC 20036

Tel: (202) 331–7343 Fax: (202) 331–7406

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

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

National Foundation of Women Business Owners 1180 Wayne Avenue, Suite 830 Silver Spring, MD 20910 Tel: (301) 495–4975 Fax: (301) 495–4979

http://www.www.nfwbo.org

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

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

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

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

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

National Resource Center on Domestic Violence 6400 Flank Drive Harrisburg, PA 17112–2778 Tel: (800) 932–4632

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

Fax: (717) 671-8149

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

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

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

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

Women
231 Wisconsin Avenue, Suite 900
Milwaukee, WI 53203
Tel: (414) 274–0925
Fax: (414) 272–2870
http://www.members.aol.com/nwsa925

9 to 5, National Association of Working

Older Women's League 666 11th Street, NW, Suite 700 Washington, DC 20001 Tel: (202) 783–6686 Fax: (202) 638–2356 Pension Rights Center 918 16th Street, NW, Suite 704 Washington, DC 20006 Tel: (202) 296–3776 Fax: (202) 833–2472

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

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

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

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

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

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

U.S. Department of Health and Human Services 200 Independence Avenue, SW Washington, DC 20201 Tel: (202) 690–7204 http://www.os.dhhs.gov U.S. Department of Labor, Bureau of Labor Statistics Washington, DC 20212 Tel: (202) 606–6392 for State Labor Force Data http://stats.bls.gov

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

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

Wider Opportunities for Women/National Commission on Working Women 815 15th Street, NW, Suite 916 Washington, DC 20005 Tel: (202) 638–3143

Fax: (202) 638–4885 http://www.w-o-w.org Women Employed 22 West Monroe, Suite 1400 Chicago, IL 60603 Tel: (312) 782–3902 Fax: (312) 782–5249

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

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

Women's Environmental and Development Organization 845 Third Avenue, 15th Floor New York, NY 10022 Tel: (212) 759–7982 Fax: (212) 759–8647 Women's Institute for a Secure Retirement 1201 Pennsylvania Avenue, NW, Suite 619 Washington, DC 20004 Tel: (202) 393–5452

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

Tel: (202) 628–0444 Fax: (202) 628–0458

Fax: (202) 638-1336

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

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

# Appendix V: List of Census Bureau Regions

<b>East South Central</b>	East North Central	New England
Alabama	Illinois	Connecticut
Kentucky	Indiana	Maine
Mississippi	Michigan	Massachusetts
Tennessee	Ohio	New Hampshire
	Wisconsin	Rhode Island
West South Central		Vermont
Arkansas	Pacific West	
Louisiana	Alaska	Middle Atlantic
Oklahoma	California	New Jersey
Texas	Hawaii	New York
	Oregon	Pennsylvania
West North Central	Washington	
Iowa		South Atlantic
Kansas	Mountain West	Delaware
Minnesota	Arizona	Florida
Missouri	Colorado	Georgia
Nebraska	Idaho	Maryland
North Dakota	Montana	North Carolina
South Dakota	New Mexico	South Carolina
	Nevada	Virginia
	Utah	West Virginia
	Wyoming	District of Columbia

### References

American Cancer Society. 1997a. Cancer Facts and Figures: 1997. Atlanta, GA: American Cancer Society.

American Cancer Society. 1997b. Cancer Risk Report: Prevention and Control, 1995. Atlanta, GA: American Cancer Society.

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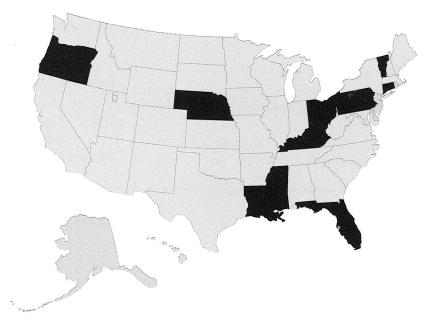
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