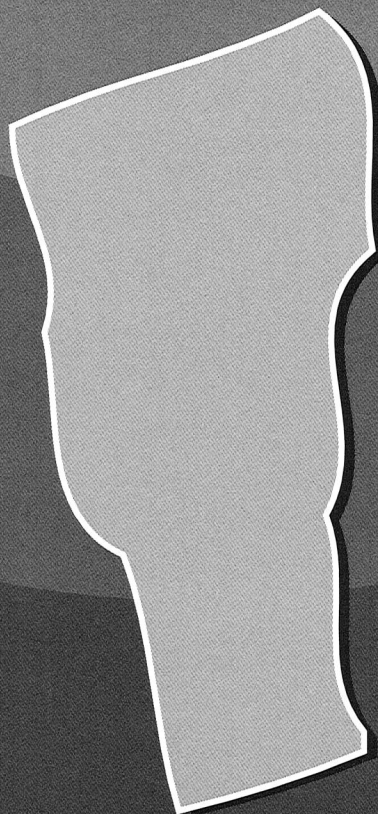


# The Status of Women in Vermont

POLITICS • ECONOMICS • HEALTH • DEMOGRAPHICS



INSTITUTE FOR WOMEN'S POLICY RESEARCH



## About this Report

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

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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

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In producing these reports, IWPR called upon many individuals and organizations in the states. Judith Sutphen, Governor's Commission on Women, served as Chair of Vermont'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.

## Vermont Advisory Committee

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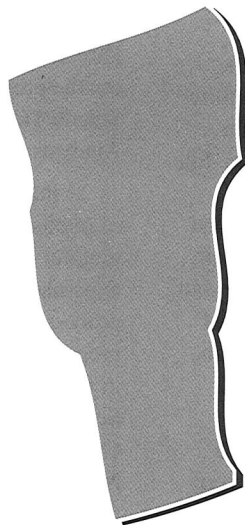
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*Affiliations are for identification purposes only; the views expressed in this report are those of the authors and do not necessarily reflect the views of the Advisory Committee.*



# The Status of Women in Vermont

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CO-PUBLISHER

Governor's Commission on Women

## Acknowledgments

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

The Institute would also like to express its appreciation to the Ford Foundation for primary financial support of this project, and especially to Helen Neuborne, IWPR's program officer, for her continuing support of the Institute's work. Additional funding was provided by the Motorola Corporation and by the Center for the Study of Women in Society, University of Oregon in the State of Oregon and by the George Gund Foundation in the State of Ohio.

IWPR owes a special debt of gratitude to Amy Caiazza and Daphne Nesbitt, Co-Coordinator of the 1998 Status of Women in the States Project, who worked effectively, cheerfully, and tirelessly to produce the 11 reports in the 1998 series. Daphne Nesbitt had the primary responsibility for collecting, updating, and analyzing much of the data used in the reports, including calculating the indicators. She also ensured the accuracy of the information in all the reports and supervised several IWPR interns who assisted in the data collection and data checking tasks, as well as in presenting the information in tables and charts. Ms. Nesbitt succeeded Dr. Julie Whittaker, the initial Study Director of the 1998 States Project, as the leader of the data collection and analysis effort. Dr. Whittaker, no longer with IWPR, conducted research on the reliability of the indicators, tabulated data from the Census Bureau's public use data sets, and, based upon the 1996 reports, updated the text of the 1998 reports. Amy Caiazza, Project Co-Coordinator, and State Issues Coordinator at IWPR, had the primary responsibility for working with IWPR's state partners. She worked with hundreds of individuals to form, organize, and coordinate the work of ten State Advisory Committees from around the country. Her enthusiasm for the project and her diplomacy in dealing 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.

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

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

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

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# Preface

I am pleased to chair the Advisory Committee for the report by the Institute for Women's Policy Research on *The Status of Women in Vermont* and to assist in the introduction and dissemination of the report to Vermonters. They will find it both interesting and useful. I am indebted to the other members of the Advisory Committee for their painstaking review of the Report and their insightful comments on it.

The Advisory Committee is delighted to have data on the current realities of women's lives in Vermont because data that are specific to women are rare. We support this report and the national project of which it is a part but we caution readers not to come away with the notion that our work is done here in Vermont.

Vermont does well relative to other states on some of the indicators detailed. But it is expressly that comparison that can obscure the true picture of women's lives. For example, women in the state earn more relative to men than they do in some other states. But wages of men in Vermont are quite low, and therefore the relative status of women can misrepresent how women are actually faring. Vermont is at the bottom of the New England region in terms of median earnings for both men and women alike. And we know through the careful work of the *Vermont Job Gap Study* by the Peace and Justice Center that not enough Vermonters make a "living wage," that is, a wage that is sufficient to pay for life's basic necessities.

Some of the report's conclusions within this context of state-by-state comparison cry out for change by those who care about women's well-being. I hope the reader will pay particularly close attention to the low rate of political participation by women in the state and the fact that currently there are no women in state-wide elected office. The high rate of labor force participation by mothers of young children (including very young children) reflects the often severe economic pressures facing Vermont families, especially those families headed by women. It also underscores the need for safe, affordable and high-quality child care in Vermont today. As one of the few states without legal restrictions on abortion, although there are issues of access, it is critical to remain alert to the defense of Vermonters' reproductive rights. Finally, as this report reflects, we know little about what happens to women of color in Vermont. This must be addressed as our state becomes more diverse.

I know the other Advisory Committee members join me in being delighted to have a current source of information on women in Vermont. We all appreciate the opportunity to work with the Institute for Women's Policy Research, an organization committed to quality research which interprets data through the lens of the special conditions of women's lives.

Please let us know if this information has been useful to you. We are interested in your comments to inform our future work.

***Judith Sutphen***

Executive Director, Governor's Commission on Women

Chair, Vermont State Advisory Committee,  
*The Status of Women in Vermont*





# 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 Vermont* to inform residents in Vermont concerned about the progress of Vermont'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 tables with 'N/A.'

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

In some cases, differences reported between two states or between a state and the nation for a given indicator are statistically significant (unlikely to have

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

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

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

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

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

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

## About IWPR

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

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



# Overview of the Status of Women in Vermont

Women in Vermont exemplify both the achievements and shortcomings of women's progress over the past century. Many Vermont women are witnessing real improvements in their economic, political and social status, and these advances are evident in relatively high rankings on several of the composite indices calculated by IWPR. Of the 50 states and the District of Columbia, Vermont scores 17th in political participation and fourth in employment and earnings, in economic autonomy and in reproductive rights (see Chart 1). Despite improvements and the high rank of some states, however, women do not do as well as men in any state, including Vermont. Even those states with better policies for women do not ensure equal rights for women. Despite their positive rankings, women in Vermont still face significant

problems demanding attention from policymakers, women's advocates and researchers concerned with women's status.

Any conclusions about women in Vermont also require some context concerning the state as a whole. As a member of the New England region, Vermont joins the five states of Connecticut, Maine, Massachusetts, New Hampshire and Rhode Island, and it shares in the generally high regional standard of living. The cost of living is generally also thought to be relatively high among the New England states and is not adequately controlled for in these measures of women's status. In addition, Vermont is much less ethnically diverse than the rest of the United State, with minorities making up less than 2.0 percent of women in the

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

Indicators	National Rank*	Regional Rank*
<b>Composite Political Participation and Representation Index</b>	<b>17</b>	<b>4</b>
• Women's Voter Registration, 1992-94	13	3
• Women's Voter Turnout, 1992-96	8	2
• Women in Elected Office Composite, 1998	21	4
• Women's Institutional Resources, 1998	35	5
<b>Composite Employment and Earnings Index</b>	<b>4</b>	<b>1</b>
• Women's Median Annual Earnings, 1995	16	5
• Ratio of Women's to Men's Earnings, 1995	2	1
• Women's Labor Force Participation, 1995	8	1
• Women in Managerial and Professional Occupations, 1995	5	2
<b>Composite Economic Autonomy Index</b>	<b>4</b>	<b>1</b>
• Percent with Health Insurance Among Nonelderly Women, 1994-95	12	2
• Educational Attainment: Percent of Women with Four or More Years of College, 1990	5	3
• Women's Business Ownership, 1992	11	1
• Percent of Women Above the Poverty Level, 1995	11	3
<b>Composite Reproductive Rights Index</b>	<b>4</b>	<b>2</b>

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

\* The national rankings are of a possible 51, referring to the 50 states and the District of Columbia except for the Political Participation and Representation indicators, which do not include the District of Columbia. The regional rankings are of a maximum of six and refer to the states in the New England Region (CT, ME, MA, NH, RI, VT). See Appendix V.

Calculated by the Institute for Women's Policy Research.

state, compared with 27 percent for the nation as a whole. In some areas of the country, factors such as discrimination against minority women substantially lower a state's indicators, such as women's median income. The vast majority of Vermont women, however, do not face these obstacles. Thus, some indicators here may both be higher than in other states with more diverse populations and may simultaneously mask some of the real problems facing minority women in Vermont.

## Political Participation and Representation

Vermont's lowest ranking among the composite indices calculated by IWPR is in the area of political participation and representation, where the state ranks 17th in the nation. Although women tend to vote more frequently in Vermont than in other areas, their ranking on this index drops substantially as a result of low scores for the number of women in elected office and for women's institutional resources. Women in Vermont would benefit from greater political representation; their lower political representation is surprising in light of their generally high ranking on economic indicators.

## Employment and Earnings

Most Vermont women now participate in the workforce. Many work as professionals or managers, and many are increasing their earnings relative to men's. These factors, combined with Vermont's generally high standard (and cost) of living, enable Vermont women to rank 4th in the nation on the employment and earnings composite index. On the other hand, the significance of having a smaller earnings gap between men and women than most other states is lessened by relatively low median earnings, especially within the New England region—the smaller wage gap indicates that men in Vermont also earn relatively low wages. Moreover, high numbers of Vermont women with young children now have a paid job. Vermont's parents thus increasingly need adequate child care, a policy demand not yet adequately addressed in Vermont or the United States as a whole. In an economic era when all able or available parents must work for pay to support their children, public policies lag far behind reality.

## Economic Autonomy

While Vermont also ranked 4th in measures of economic autonomy, the state's women still face serious obstacles in this category as well. While women's college education rates and share of business ownership are high, many women who report owning businesses operate very small entities, and it is likely that many use self-employ-

ment to supplement their wage or salary jobs. In addition, about ten percent of women in the state remain without health insurance and ten percent live below the poverty line. While these percentages are above average for the nation, they still indicate that thousands of Vermont women lack the basic necessities of life.

## Reproductive Rights

Vermont women have many of the reproductive rights identified as important. As a result, the state ranked 4th of 51 on this measure. Because many women live in rural areas, however, access to legal abortion is limited by the fact that only 57 percent of counties have abortion providers—a figure higher than average but nonetheless inadequate for women far from a provider. In addition, proposed legislation requiring health insurers to provide contraceptive coverage did not pass in the last legislative session and cannot be reconsidered unless it is resubmitted in 1999.

## 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 it. 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 Vermont rates on selected indicators of women's rights, some of which 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 these indicators result directly from state policy decisions (see Appendix II for detailed explanations of the indicators).

## Chart II. Women's Rights Checklist

Reproductive Rights	Yes	No	Other
• Does Vermont allow access to abortion services without mandatory parental consent laws? .....	✓		
• Does Vermont allow access to abortion services without a waiting period? .....	✓		
• Does Vermont provide public funding for abortions under any or most circumstances if a woman is eligible? .....	✓		
• Does Vermont require health insurers to provide coverage for contraceptives?*			Proposed
• Does Vermont offer public funding for infertility treatments? .....		✓	
• Does Vermont allow the non-biological parent in a gay/lesbian couple to adopt his/her partner's biological child? .....	✓		State Supreme Court
<b>Domestic Violence Legislation</b>			
• Does Vermont require law-enforcement officials to arrest under all or some circumstances?***		✓	
<b>Child Support</b>			
• Percent of single-mother households receiving child support or alimony .....			48.0%
• Percent of child support cases with orders for collection in which child support has actually been collected. ....			43.6%
<b>Welfare (as of July 1998)***</b>			
• Child Exclusion/Family Caps: Does Vermont extend TANF benefits to children who are born or conceived while the mother was on welfare? .....	✓		
• Time Limits: How many consecutive months does Vermont allow TANF recipients to receive benefits? .....			No lifetime total
• Work Requirements: When are welfare recipients required to work according to Vermont's TANF plan? .....			Within 15 months for unemployed parent families and within 30 months for single parents.
• Has Vermont made provision for victims of family violence in its state TANF plan?†		✓	
<b>Employment/Unemployment Benefits</b>			
• Is Vermont's minimum wage higher than the federal minimum wage as of January 1998?††	✓		
• Does Vermont have mandatory temporary disability insurance? .....		✓	
• Does Vermont provide unemployment insurance benefits for low-wage earners? .....		✓	
• Has Vermont implemented adjustments to achieve pay equity in its civil service?††† ...	✓		
<b>Institutional Resources</b>			
• Does Vermont have a Commission on the Status of Women? .....	✓		

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

\* Legislation requiring health insurers to provide contraceptive coverage was proposed in the last legislative session; however, this legislation did not pass.

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

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

† While Vermont does not yet have a domestic violence provision in place as part of its TANF plan, Vermont's legislature has mandated adoption of the domestic violence option, and the Department of Social Welfare has formally proposed rules for this provision. The new rules are expected to be adopted no later than January 1, 1999.

†† As of September 1, 1997, the federal minimum hourly wage was increased to \$5.15. Vermont's minimum wage is \$5.25.

††† Although Vermont implemented pay equity adjustments in its civil service, they have had only modest results. The state plans to implement a new pay equity program in the future.

Compiled by the Institute for Women's Policy Research.



As the chart shows, women in Vermont have many of the rights identified with women's well-being, but they lack many others. Vermont women have representation through the state's Governor's Commission on Women as well as access to abortion unencumbered by parental consent or waiting periods. A state Supreme Court decision allows the non-biological parent in a gay or lesbian couple to adopt the partner's child. Vermont extends TANF (Temporary Assistance for Needy Families, the new welfare program) benefits to children born or conceived while the mother receives welfare. While Vermont does not yet have a domestic violence provision in place as part of its TANF plan, because the state is operating under a waiver, Vermont women currently have no time limits on receiving benefits. In addition, Vermont's legislature has mandated adoption of the domestic violence option, and the responsible state agency, the Department of Social Welfare, has formally proposed rules for this provision by means of the state's rule-making process. The new rules are expected to be adopted no later than January 1, 1999.

Vermont currently falls short on several rights included in the checklist. Vermont women do not have guaranteed health coverage for contraception or public funding for infertility treatment. Vermont does not require mandatory TDI (Temporary Disability Insurance) coverage, and its eligibility for Unemployment Insurance benefits does not extend to low earners. Finally, Vermont does not have a mandatory arrest law in cases of domestic violence; however, mandatory arrest policies can be somewhat controversial among domestic violence activists and experts since victims of domestic violence are sometimes arrested, presumably not the original intent of such laws.

Vermont, then, truly illustrates both the advances and limited progress achieved by women in the United States. While Vermont 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 life 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.

Political participation is the foundation of democratic citizenship—it allows citizens to define their own political interests and influence public policy. 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 concerns like education, health care, children's issues and reproductive rights a high priority. Because women often fill the role of primary care providers 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). These institutions also make government more accessible to women. Thus women need to be in both the executive and legislative branches to ensure their perspectives are part of political debate.

Vermont ranks in almost the top third (17th) on the political participation and representation composite. It's best rank among the four component indicators is for women's voter turnout, in which it ranks eighth. Vermont ranks 13th in women's voter registration, 21st in women in elected offices and 35th in women's institutional resources (see Chart III).

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

Indicators	National Rank* (of 50)	Regional Rank* (of 6)
<b>Composite Political Participation and Representation Index</b>	<b>17</b>	<b>4</b>
• Women's Voter Registration (percent of women 18 and older who reported registering to vote in 1992 and 1994) <sup>a</sup>	13	3
• Women's Voter Turnout (percent of women 18 and older estimated to have voted in 1992 and 1996) <sup>b</sup>	8	2
• Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 1998) <sup>c,e</sup>	21	4
• Women's Institutional Resources (number of institutional resources for women in Vermont, 1998) <sup>d,e</sup>	35	5

See Appendix I for methodology.

\* The national rank is of a possible 50, because the District of Columbia is not included in this ranking. The regional rankings are of a maximum of six and refer to the states in the New England Region (CT, ME, MA, NH, RI, VT). See Appendix V.

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.

Calculated by the Institute for Women's Policy Research.

## Voter Registration and Turnout

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

Women now register and vote slightly more often than men. By 1994, over 63 million women, or 63.7 percent of those eligible, reported being registered to vote, compared with nearly 56 million or 61.2 percent of eligible men. Vermont's voter registration rates are generally considerably higher for both men and women than national ones. In Vermont, 74.0 percent of women reported being registered to vote in the November 1994 elections while 68.0 percent of men did (see Table 1).

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

	Vermont		United States	
	Percent	Number	Percent	Number
<b>1994 Voter Registration<sup>a</sup></b>				
Women	74.0	163,000	63.7	63,257,000
Men	68.0	143,000	61.2	55,737,000
<b>1992 Voter Registration<sup>a</sup></b>				
Women	75.7	171,000	69.8	67,324,000
Men	76.5	166,000	66.9	69,254,000
<b>Number of Unregistered Women Eligible to Vote, 1996<sup>b</sup></b>	N/A	37,700	N/A	23,775,050
<b>Percent and Number of Eligible Public Assistance Recipients Who Are Registered, 1996<sup>b</sup></b>	N/A	N/A	14.1	1,311,848

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

Source: <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 Vermont and the United States**

	Vermont		United States	
	Percent	Number	Percent	Number
<b>1996 Voter Turnout<sup>a</sup></b>				
Women	58.9	134,400	49.0	50,062,800
Men	58.2	124,100	49.0	46,211,800
<b>1992 Voter Turnout<sup>a</sup></b>				
Women	67.6	150,600	57.3	56,391,300
Men	67.5	139,100	53.0	48,037,100
<b>Percent of Registered Women Who Did Not Vote in Any of the Presidential Elections in 1984, 1988 and 1992<sup>b</sup></b>	13.0	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.

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). Vermont has substantially higher voter turnout than the nation as a whole. In 1992, 67.6 percent of Vermont's women are estimated to have voted, and 58.9 percent in 1996 (see Table 2). As a result, Vermont ranked eighth among all the states for women's voter turnout in the 1992 and 1996 elections combined. Voter turnout dropped for both genders in Vermont and the nation in 1996. Although Vermont women's turnout fell in 1996, it remained slightly higher than the rate for men in Vermont and substantially higher 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 advance registration in a few specified locations. This system is one main cause of low voting rates, and two groups typically underserved by it are the poor and persons with disabilities (Wolfinger and Rosenstone, 1980). In addition, voting itself is more difficult for 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, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and disability services. By 1996, the NVRA successfully enrolled or updated voting addresses for over eleven million people, including 1.3 million through public assistance agencies (HumanSERVE, 1996). Under the new welfare system, applicants for TANF and related programs will continue to have the opportunity to register to vote when seeking welfare benefits. Nearly 24 million eligible women remain unregistered in the United States, and almost 38,000 of them live in Vermont. 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.

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

	Vermont	United States
<b>Number of Women in Statewide Executive Elected Office</b>	0	82
<b>Number of Women in the U.S. Congress</b>		
U.S. Senate	0 of 2	9 of 100
U.S. House	0 of 1	53 of 435*
<b>Percent of State Legislators Who Are Women</b>	33.3%	21.6%
* Does not include delegates from the District of Columbia or the Virgin Islands.		
Source: CAWP, 1998a, 1998b, 1998c, 1998d.		
Compiled by the Institute for Women's Policy Research.		

## 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). Since there is only one seat in the U.S. House assigned to Vermont, and that seat was not filled by a woman, Vermont falls well below the national average for representation by women. In the Vermont state legislature, women fill 33.3 percent of seats, substantially more than the U.S. average of 21.6 percent. Unlike most states, Vermont currently has no women who hold state-level elective office (see Table 3). Between 1985 and 1991, however, Vermont's Governor was a woman—Madeline Kunin. Women also constitute 45.5 percent of public appointees in Vermont (data not shown; Center for Women in Government, 1997).

## Institutional Resources

Women's institutional resources can play an important role in providing information about women's issues and attracting the attention of 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. Vermont has a governor-appointed commission on the status of women, the Governor's Commission on Women, but not a women's state agenda project—a non-governmental, state-

based coalition group addressing a broad range of issues concerning women (see Table 4). While Vermont does have a variety of women's organizations and activity 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. Vermont's female legislators have also organized a women's caucus in the House of Representatives.

Table 4. Institutional Resources for Women in Vermont		
	Yes	No
<b>Does Vermont Have a . . .</b>		
• Commission on the Status of Women? <sup>a</sup>	✓	
• Women's State Agenda Project? <sup>b</sup>		✓
• Legislative Caucus in the State Legislature? <sup>c</sup>		
House?	✓	
Senate?		✓
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.		



# 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 stay 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 and negative real wage growth during the 1980s and the early portion of the 1990s, more married couple families rely on both the husband's and wife's earnings to survive, more women head their own households and are in the labor force.

Vermont women ranked first in New England and fourth in the nation in the Earnings and Employment composite index. Although women in Vermont ranked 17th among all states and near the bottom in the New England region in median annual earnings, they ranked high in other measures of earnings and employment.

Compared with women in the nation as a whole, women in Vermont ranked second in the ratio of women's to men's median earnings, eighth in labor force participation and fifth in the percentage of women working in managerial and professional occupations. Regionally, Vermont women ranked first in both the ratio of women's to men's earnings and women's labor force participation and second in the percentage of women in managerial and professional occupations (see Chart 4).

## Women's Earnings

Vermont women working full-time, year-round have slightly higher median annual earnings than women in the United States as a whole (approximately \$25,300 and approximately \$24,900, respectively; see Figure 1. See Appendix I for the methodology used by IWPR to develop the earnings data). Median annual earnings for men in Vermont are lower than for the United States (\$30,900 and \$34,400, respectively). The median annual earnings for women in Vermont ranked 16th highest in the nation, tied with Hawaii. High earnings in Vermont may overstate difference between workers' living standards in Vermont and other states because the high earnings may be partially offset by higher costs of living (cost-of-living data are not

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

Indicators	National Rank* (of 51)	Regional Rank* (of 6)
<b>Composite Employment and Earnings Index</b>	<b>4</b>	<b>1</b>
• Women's Median Annual Earnings (for full-time, year-round workers aged 16 and older, 1995) <sup>a</sup>	16	5
• 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>	2	1
• Women's Labor Force Participation (percent of all women aged 16 and older in the civilian non-institutional population who are either employed or looking for work, 1995) <sup>b</sup>	8	1
• 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>	5	2

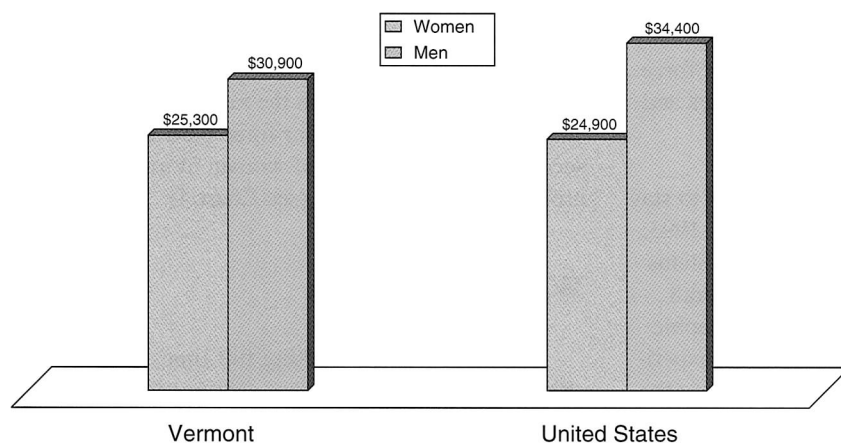
See Appendix I for methodology.

\* The national rank is out of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of six and refer to the states in the New England Region (CT, ME, MA, NH, RI, VT). See Appendix V.

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

Calculated by the Institute for Women's Policy Research.

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



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

*Source: IWPR, 1998b.*

***Calculated by the Institute for Women's Policy Research.***

available by state, however, so no adjustments were made to state earnings data). Alaska's women ranked first at \$31,400. Vermont ranked fifth of six in its region for women's median annual earnings, though this region is generally considered to have a higher cost of living. Between 1989 and 1995 women in Vermont saw their median annual earnings increase by 8.5 percent, a rate of growth that within the New England region was behind New Hampshire and ahead of Maine (data not shown; all growth rates are calculated for earnings that have been adjusted to remove the effects of inflation).

Unfortunately, the data set on which these state-level women's earnings estimates 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 the highest of all groups at \$25,560 (median earnings of full-time, year-round women workers aged 15 years or older; U.S. Department of Commerce, Bureau of Census, 1998c). Earnings for Native American women are not available between decennial Census years, but in 1989, earnings for year-round, full-time workers were only 84 percent of white women's earnings (U.S. Department of Commerce, Bureau of Census, 1990). In addition, in a 1994-95 national

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

## The Wage Gap

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

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

every dollar earned by their male counterparts. At the same time, women in Vermont were earning about 81.9 percent of what men in Vermont were earning. Therefore, compared with the earnings ratio for the nation as whole, Vermont women enjoy much greater earnings equality with men (see Figure 2). Vermont ranks second in the nation in terms of the ratio of women's earnings to men's for full-time, year-round workers. However, the significance of having a smaller earnings gap between men and women than most other states is lessened by the relatively low median earnings; the smaller wage gap indicates that men in Vermont also earn wages which are low for their region. The District of Columbia has the highest earnings ratio at 87.5 percent. Compared with the other states in the New England region, Vermont ranks first. Massachusetts ranks second (73.7 percent wage ratio) and Maine ranks sixth (67.5 percent wage ratio). While the wage gap is relatively narrow in Vermont, it remains significant both in Vermont and throughout in the nation—women's absolute status is still low on this indicator, and they are far from achieving equity.

### *Narrowing the Wage Gap*

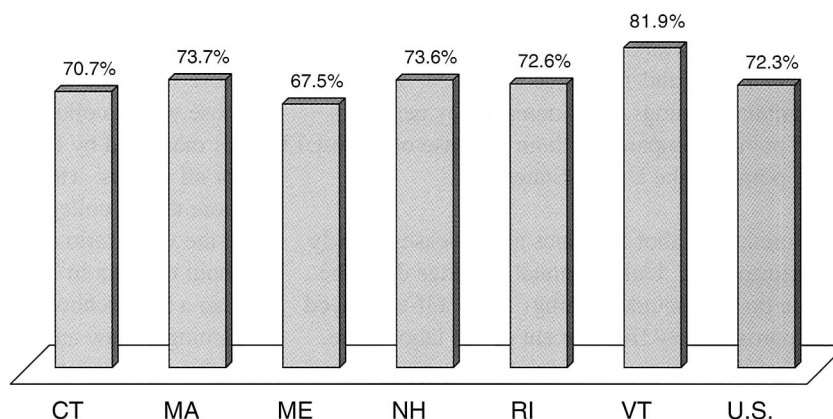
Throughout the 1960s and 1970s, the ratio of women's earnings to men's in the United States remained fairly constant at around 60 percent. During the 1980s, however, women made progress in narrowing the gap between men's earnings and their own. Women increased their educational attainment and their time in the labor

market and entered better-paying occupations in large numbers, partly because of equal opportunity laws. At the same time, however, adverse economic trends such as declining wages in the low-wage sector of the labor market began to make it more difficult to close the gap since women still tend to be concentrated at the low end of the earnings distribution. Had women not increased their relative skill levels and work experience as much as they did during the 1980s, those adverse trends might have led to a widening of the gap rather than the significant narrowing that did occur (Blau and Kahn, 1994).

One factor that most likely also helped to narrow the earnings gap between women and men is unionization. Women have increased their share of union membership and being unionized tends to raise women's wages relatively more than men's, the wages of women of color relatively more than the wages of non-Hispanic white women and the wages of low earners relatively more than the wages of high earners (Spalter-Roth, et al., 1993a).

Unfortunately, part of the narrowing that did occur was due to a fall in men's real wages. According to research done by 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 two-thirds (64 percent) is due to

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

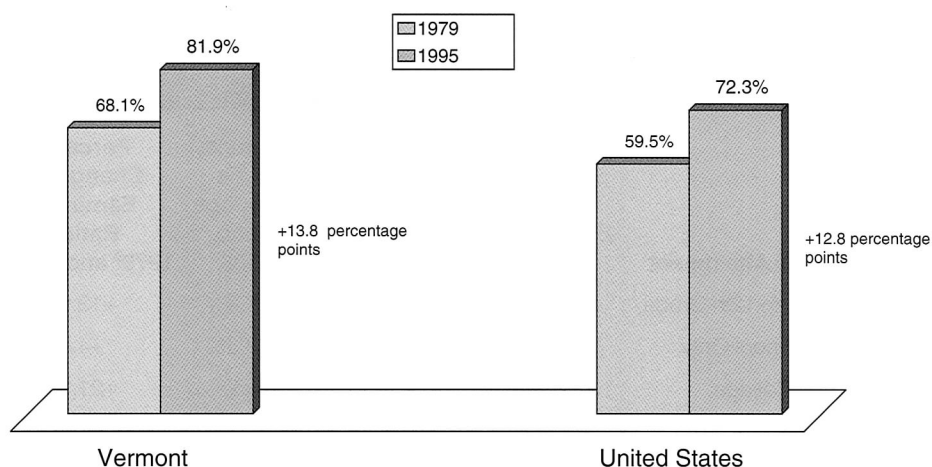


*For women and men aged 16 and older. See Appendix I for methodology.*

*Source: IWPR, 1998b.*

*Calculated by the Institute for Women's Policy Research.*

**Figure 3.**  
**Change in the Wage Ratio Between 1979 and 1995 in Vermont and the United States**



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

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

*Calculated by the Institute for Women's Policy Research.*

men's falling real wages. More disturbing is the slow-down 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 (in constant dollar terms, adjusting for inflation; Institute for Women's Policy Research, 1998a).

Vermont only slightly outpaced the United States as a whole in increasing women's annual earnings relative to men's between 1979 and 1995 (see Figure 3). In Vermont, the annual earnings ratio increased by nearly 14 percentage points, compared with an increase of almost 13 percentage points in the United States.

The Bureau of Labor Statistics also releases weekly earnings information. Unlike annual earnings data, the weekly data do not include earnings from self-employed workers, approximately five percent of the labor force. Thus, because they are more complete, the annual earnings statistics are used for IWPR's employment and earnings composite indicators. Still, weekly earnings provide an interesting comparison. In 1997, the BLS reports that women in Vermont earned 78.9 percent of men's weekly earnings for full-time work. Vermont's rank of ninth in the nation on this ratio is lower than its annual earnings ranking of second place. In the annual earnings ranking, both women and men have median earnings that place them in the middle range (women ranking sixteenth and men ranking below the median for the nation as a whole) whereas in the weekly data, Vermont men rank near the very top while the women rank below the median. It is possible that these large differences in rankings in the two series stem from high rates of self-employment in Vermont. It is also possible they stem from small sample sizes in both series.

### ***Earnings and Earnings Ratios by Educational Levels***

Between 1979 and 1995, women at all educational levels in Vermont saw their median annual earnings as well as their earnings relative to men increase. In general, women with higher levels of education saw their annual earnings increase at greater rates than women with less educational attainment. As Table 5 shows, increases in earnings ranged from 0.4 percent (in constant dollars) for those with only a high school diploma to 25 percent for those with a college education. Women's relative earnings (as measured by the female/male earnings ratio) increased for all groups. However, the most educated women (with more than a college education) saw the smallest increase in the wage ratio at less than two percent. What is striking about the data in Table 5, is that those women with less than a high school diploma—despite a meager increase in earnings—saw an increase of nearly 14 percentage points in the earnings ratio with men, indicating that men's earnings at that educational level fell dramatically in real terms.

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

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

<b>Educational Attainment</b>	<b>Women's Median Annual Earnings, 1995<sup>a</sup></b>	<b>Percent Growth in Real Earnings, 1979<sup>b</sup> and 1995<sup>a</sup></b>	<b>Female/ Male Earnings Ratio, 1995<sup>a</sup></b>	<b>Percent Change in Earnings Ratio, 1979<sup>b</sup> and 1995<sup>a</sup></b>
Less than 12th Grade	\$16,294	+0.4	77.4%	+13.9
High School Only	\$20,010	+6.0	68.5%	+4.4
Some College	\$25,992	+19.5	84.2%	+21.3
College	\$29,488	+25.0	76.1%	+17.9
College Plus	\$36,860	+21.3	72.7%	+1.7

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

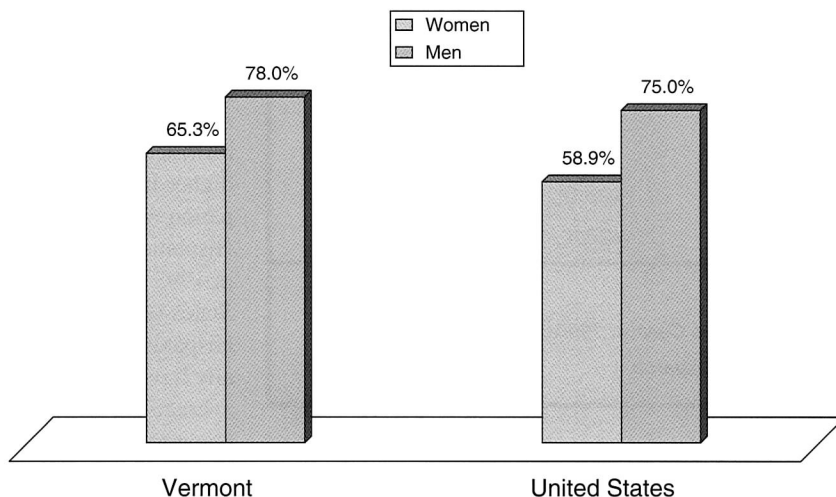
*Source: <sup>a</sup> IWPR, 1998b; <sup>b</sup> IWPR, 1995a.*

*Calculated by the Institute for Women's Policy Research.*

### **Labor Force Participation**

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

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



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

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

*Compiled by the Institute for Women's Policy Research.*

(46 percent) 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 between 1995 and 2005 (U.S. Department of Labor, Bureau of Labor Statistics, 1995a).

In 1995, 65.3 percent of women in Vermont were in the labor force, compared with 58.9 percent of women in the United States. Vermont ranks eighth in the nation, and first in the New England ratio, in women's labor force participation. Men's labor force participation rate in Vermont was also higher than the rate for men in the United States as a whole (see Figure 4).

### ***Unemployment and Personal Income Per Capita***

In Vermont, a smaller percentage of workers as compared with the nation are unemployed. In 1995, the unemployment rate for women in Vermont was 4.1

percent, compared with the nation's 5.6 percent female unemployment rate (see Figure 5).

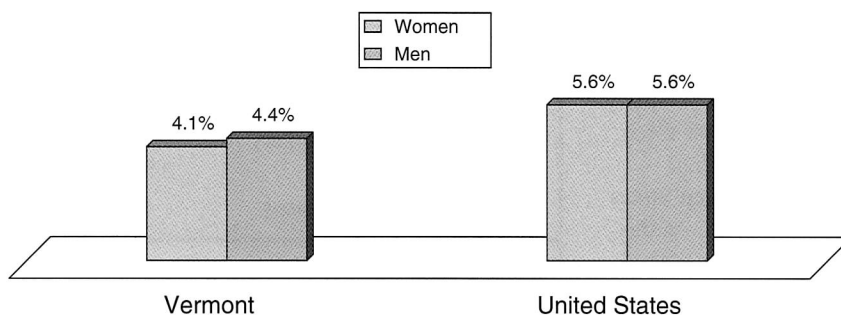
Vermont experienced lower than average unemployment rates throughout the 1980s and 1990s, but especially during the 1980s, and personal income per capita in Vermont kept pace. Personal income per capita in Vermont grew faster than it did for the nation in the 1980s (23.0 percent versus 16.9 percent) and then slowed in the 1990s to a rate comparable to that for the nation in the 1990s (Vermont's personal income per capita growth was actually slightly slower than that of the nation at 4.0 percent versus 5.2 percent, see Table 6). Low unemployment and high growth

in personal income per capita are two indicators of a strong economy.

### ***Part-Time and Full-Time Work***

In spite of the lower levels of unemployment in Vermont for women, the percentage of women in the labor force who are "involuntary" part-time employees—that is, workers who would prefer full-time work were

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



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

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

*Compiled by the Institute for Women's Policy Research.*



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

	Vermont	United States
<b>Personal Income Per Capita, 1996</b>	\$22,632	\$24,787
<b>Personal Income Per Capita, Percent Change*</b>		
Between 1990 and 1996	+4.0	+5.2
Between 1980 and 1990	+23.0	+16.9
Between 1980 and 1996	+26.1	+21.2

\* In constant dollars.

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

Calculated by the Institute for Women's Policy Research.

it available—is slightly higher relative to the United States as a whole (3.9 percent and 3.0 percent, respectively; see Table 7).<sup>1</sup> This is surprising since involuntary part-time work has been shown to be highly correlated with unemployment rates (Blank, 1990). The difference suggests that relatively more women in Vermont would choose to work full-time, but cannot find full-time jobs. Vermont also has a greater proportion of its female labor force working part-time voluntarily, and because Vermont has a greater percentage of its female labor force working part-time overall, a smaller percentage of the female labor force in Vermont is employed full-time compared with the national average (64.1 percent and 68.5 percent, respectively).

### ***Labor Force Status of Women by Race/Ethnicity***

In 1995, women in Vermont had a substantially higher average labor force participation rate than women in the United States as a whole. In fact, on this indicator, Vermont ranked eighth in the nation and first in its region. According to U.S. Census Bureau data for 1995, 65.3 percent of women in Vermont aged 16 and older regardless of race

were in the labor force. White women's labor force participation rate was also substantially higher in Vermont than in the United States as a whole (65.4 percent compared with 59.0 percent, see Table 8). African American women historically have had a higher labor force participation rate than white and Hispanic women and did so in 1995 for the United States (see Table 8). Hispanic women traditionally have the lowest average participation rate among women; in the

United States, only 52.6 percent of Hispanic women were in the labor force in 1995. Data for Asian American women were not available for 1995; however, in 1990, Asian American women had the highest participation rate, 60.2 percent, in the United States. The national labor force participation rate for Native American women was 55.4 percent in 1990 (Population Reference Bureau, 1993). Data for African American, Hispanic, Asian

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

	Vermont		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
<b>Total Number in the Labor Force</b>	153,000	166,000	60,944,000	71,360,000
Percent Employed Full-Time	64.1	83.1	68.5	84.0
Percent Employed Part-Time*	32.0	12.7	25.9	10.4
Percent Voluntary Part-Time	25.5	9.6	21.0	7.9
Percent Involuntary Part-Time	3.9	2.4	3.0	2.0
Percent Unemployed	4.1	4.4	5.6	5.6

For men and women aged 16 and older.

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

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

Calculated by the Institute for Women's Policy Research.

American, and Native American women were not available for Vermont.

### ***Labor Force Participation of Women by Age***

Labor force participation varies across the life cycle, with the highest participation typically occurring between the ages of 25 and 44, also generally considered the prime earning years. Table 9 shows the changing relationship between labor force participation and age for women in Vermont and the United States as a whole. Vermont women generally have substantially higher labor force participation in all age groups than their U.S. counterparts. Nationally, the highest labor force participation of women occurs between the ages of 35 and 44 with just over 77 percent of these women working. In Vermont, the highest labor force participation occurs between the ages of 45 and 54 with 85.4 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 Vermont, 61.1 percent of teenage women reported being in the labor force, greater than the reported 52.2 percent of female teens in United States overall. As women near retirement age, they are much less likely to work than younger women. This is reflected in the participation rates of women ages 55 to 64; in the United States, 48.2 percent of these women reported being in the labor force. Data for this age group were not available for Vermont.

### ***Labor Force Participation of Women with Children***

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

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

Race/Ethnicity	Vermont		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
<b>All Races</b>	153,000	65.3	60,944,000	58.9
White*	152,000	65.4	50,804,000	59.0
African American*	N/A	N/A	7,634,000	59.5
Hispanic†	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, 1997, Table 12.

Compiled by the Institute for Women's Policy Research.

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

Age Groups	Vermont		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
<b>All Ages</b>	153,000	65.3	60,944,000	58.9
Ages 16-19	10,000	61.1	3,729,000	52.2
Ages 20-24	12,000	84.3	6,349,000	70.3
Ages 25-34	37,000	80.6	15,528,000	74.9
Ages 35-44	44,000	83.0	16,562,000	77.2
Ages 45-54	34,000	85.4	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

Calculated by the Institute for Women's Policy Research.

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 women over age 16; thus, both teenagers and retirement age women are included. Mothers, on the other hand, tend to be in the age groups with higher labor force participation. This is true in Vermont as well with 76.1 percent of women with children under age 18 in the labor force compared with 65.3 percent of all Vermont women. Vermont mothers are also far more likely to engage in labor market activity than are mothers in the United States as a whole (see Table 10).

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

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

	Vermont	United States
Women with Children	Percent in Labor Force	Percent in Labor Force
Under Age 18*	76.1	67.3
Under Age 6*	74.9	61.5

*For women aged 16 and older.*

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

Source: IWPR, 1998b.

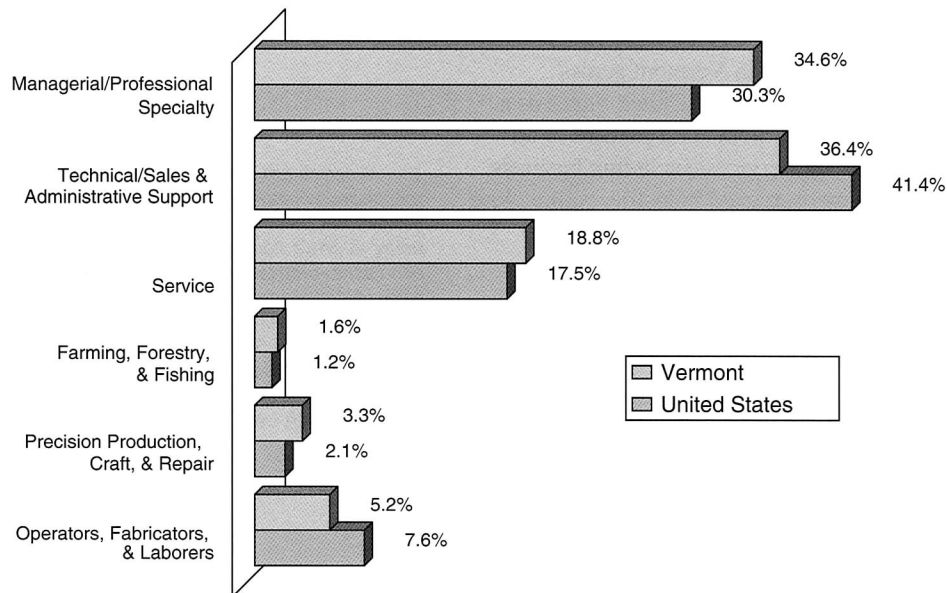
Calculated by the Institute for Women's Policy Research.

## Occupation and Industry

The distribution of women in Vermont across occupations generally mirrors the distribution found the United States. In both cases, technical, sales and administrative support occupations provides the greatest proportion of all jobs held by women (see Figure 6a) though the proportion of women working in such jobs in Vermont is smaller than that of the United States overall (36.4 percent compared with 41.4 percent respectively). Women workers in Vermont are more likely to be in managerial and professional occupations than the United States as a whole (34.6 percent and 30.3 percent, respectively; see Figure 6a). Women in Vermont are also slightly more likely to work in service occupations (18.8 percent versus 17.5 percent) and are also more likely to work in precision production, craft and repair (3.3 percent versus 2.1 percent). Vermont ranks fifth among the 50 states and the District of Columbia for the proportion of its female labor force employed in professional and managerial occupations and second of the six states in the New England region.

Unfortunately, despite the disproportionately high representation of women in the higher wage occupations such as managers, in Vermont women still earn substantially less than men in these occupations. For example, in 1995, for the United States as a whole, Bureau of Labor Statistics data show that weekly earnings for women managers were only 68.4 percent of the earnings of men managers, well below the average female/male earnings ratio for all occupations. An IWPR (1995b) study also shows that women managers are unlikely to be among the top earners. Only one percent of women managers had earnings that placed them in the top ten percent of all managers by earnings (had women had equal access to top earning jobs, ten percent of them would have earned in the

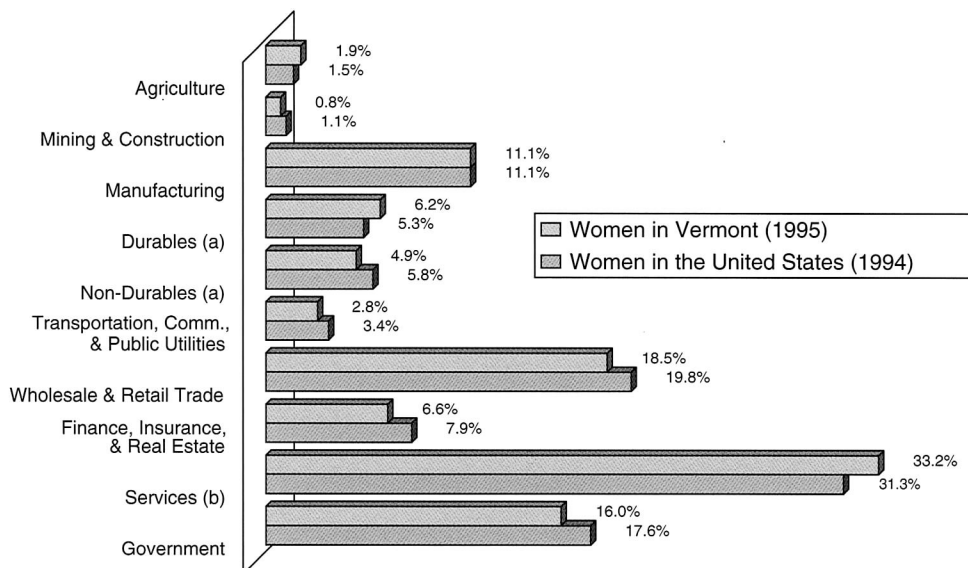
**Figure 6a.**  
**Distribution of Women Across Occupations**  
**in Vermont and the United States, 1995**



*For employed women aged 16 and older.*

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

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



*For employed women aged 16 and older.*

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

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

*(b) Private household workers are included in services.*

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

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 2,500 highest earning high level executives in the Fortune 500 companies were women.

The distribution of women in Vermont across industries is also similar to that of the United States as a whole (see Figure 6b). In Vermont, 33.2 percent of all women are employed in the services (including business, professional and personnel services) industries, quite close to the 31.3 percent of all working women, the largest industry for women both in Vermont and nationally. About 20 percent of all employed women in the United States work in the wholesale and retail trade industries, and 18.5 percent of women in Vermont work in these industries; 17.6 percent of the nation's women work in government while 16 percent of the women in Vermont

work in government. Vermont women are as likely to work in manufacturing industries and are slightly less likely to work in the finance, insurance and real estate (F.I.R.E.) industry than women in the United States as a whole.

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<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 Commerce Bureau of Labor Statistics (1997b), since workers must indicate they are available for full-time work to be considered involuntarily employed part-time. This definition therefore likely understates the extent to which women would prefer to work full-time



# Economic Autonomy

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

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

Vermont ranks in the top third of the states in access to health insurance, women's business ownership, and women above poverty and it ranks fifth overall in educational attainment. Its high scores on all components raise

its rank on the composite economic autonomy index to fourth among all the states and the District of Columbia (see Chart V).

## Access to Health Insurance

Women in Vermont are more likely than women in the nation as a whole to have health insurance. In Vermont, only 10.1 percent of women lack health insurance compared with 13.8 percent in the United States (see Table 11). Among all the states, Vermont ranks twelfth. On average, women and men in Vermont rely on employer-based health insurance more than women and men in the United States as a whole (72.9 percent and 66.0 percent, respectively, for women; 70.2 percent and 66.2 percent, respectively, for men).

## 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 higher 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

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

Indicators	National Rank* (of 51)	Regional Rank* (of 6)
<b>Composite Economic Autonomy Index</b>	<b>4</b>	<b>1</b>
• Percent with Health Insurance (among nonelderly women, 1994-95) <sup>a</sup>	12	2
• Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990) <sup>b</sup>	5	3
• Women's Business Ownership (percent of all firms owned by women, 1992) <sup>c</sup>	11	1
• Percent of Women Above Poverty (percent of women living above the poverty threshold, 1995) <sup>d</sup>	11	3

See Appendix I for methodology.

\* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of six and refer to the states in the New England Region (CT, ME, MA, NH, RI, VT). See Appendix V.

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.

Calculated by the Institute for Women's Policy Research

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

	Vermont		United States	
	Women	Men	Women	Men
Number	268,000	261,000	114,857,000	113,867,000
Percent Uninsured	10.1	12.7	13.8	17.2
Percent with Employer-Based Health Insurance	72.9	70.2	66.0	66.2
Percent with Other Coverage	17.0	17.1	20.2	16.6

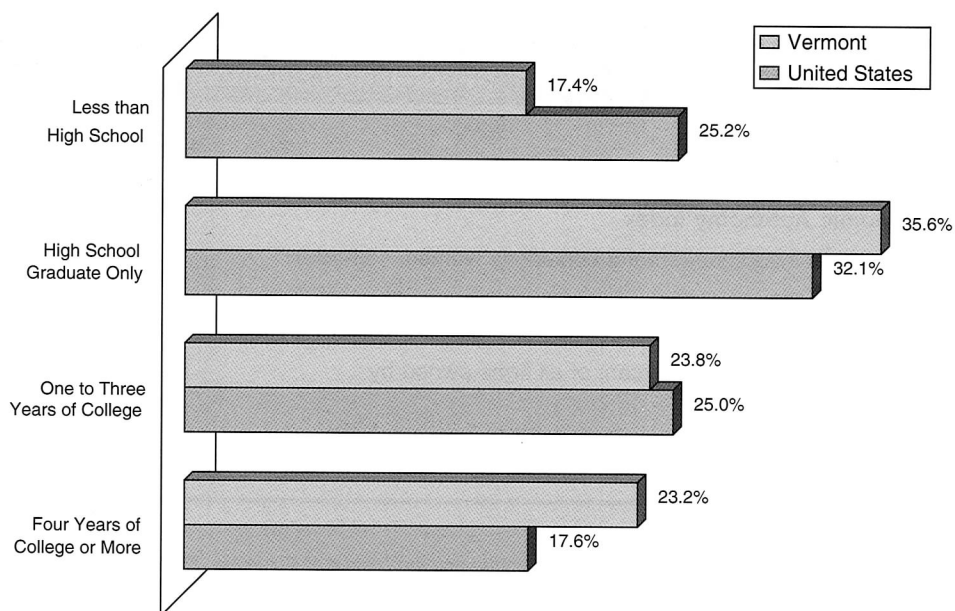
*Women and men below age 65 (including those under 18).*  
*Source: Liska et al., 1998.*  
*Compiled by the Institute for Women's Policy Research.*

In general, women in Vermont have substantially more college experience than women in the United States as a whole. Forty-seven percent of women in Vermont have completed more than a high school education compared with 42.6 percent of women in the country as a whole (see Figure 7). The proportion of women over 25 years of age in Vermont without high school diplomas is much smaller than the average for women in the United States as a whole (17.4 percent versus 25.2 percent).

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

percent). In Vermont, at 23.8 percent, the percentage of women with one to three years of college education is slightly less than the national average of 25.0 percent, while the percentage of women with four or more years of college education, at 23.2 percent, is nearly seven percentage points higher than the national average (see Figure 7).

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



*Source: Population Reference Bureau, 1993.*

*Compiled by the Institute for Women's Policy Research.*

## Women Business Owners and Self-Employment

Between 1987 and 1992, the number of women-owned businesses grew 52.4 percent in Vermont, substantially higher than the growth of women-owned businesses in the United States as a whole (43.1 percent); 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 21,033 firms in Vermont (see Table 12). In Vermont, as in the nation as a whole, the largest proportion of women-owned firms was in the service industries (55.0 percent in Vermont) and the next highest proportion (18.6 percent) was in retail trade (see Figure 8). The business receipts of women-owned businesses in Vermont rose by 65.8 percent (in constant dollars) between 1987 and 1992. This growth is substantially less than the increase of 87 percent growth in business receipts for

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

	Vermont	United States
<b>Number of Women-Owned Firms*</b>	21,033	5,888,883
Percent of All Firms that Are Women-Owned	35.7%	34.1%
Percent Increase, 1987-92	52.4%	43.1%
<b>Total Sales &amp; Receipts (in billions, 1992 dollars)</b>	\$1.6	\$642.5
Percent Increase (in constant dollars), 1987-92	65.8%	87.0%
<b>Number Employed by Women-Owned Firms</b>	17,800	6,252,029

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

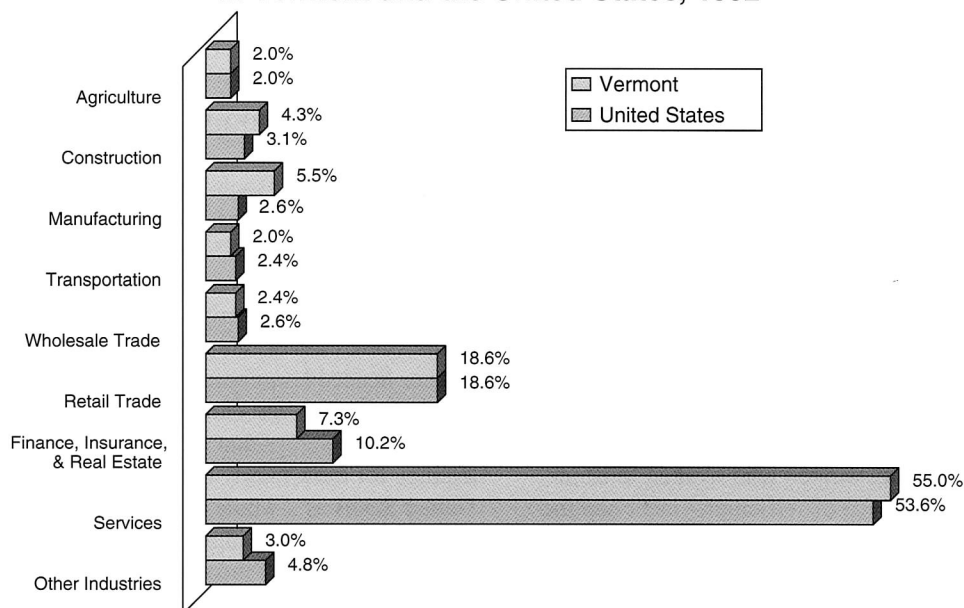
Source: U.S. Department of Commerce, Bureau of the Census, 1996a.

Compiled by the Institute for Women's Policy Research.

women-owned firms during this time period, also adjusted for inflation (see Table 12).

In 1992, the U.S. Department of Commerce reported that women owned more than 6.4 million firms in the United States, employing over 13 million persons and generating \$1.6 trillion in business revenues (these numbers include all women-owned businesses including type C corporations; U.S. Department of Commerce,

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



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

Compiled by the Institute for Women's Policy Research.

Bureau of the Census, 1996a). Projecting growth rates from 1987 to 1992 forward and including type C corporations, the National Foundation for Women's Business Owners (NFWBO, 1996a) estimates the 1996 number of firms for Vermont to be 29,000 of eight million women-owned firms estimated for the United States as a whole. If this estimate is correct, the number of women-owned businesses in Vermont increased by 94 percent from between 1987 and 1996.

Obtaining the necessary capital has been a challenge for women business owners who traditionally have had smaller and younger businesses. In addition, collateral has been a problem in obtaining capital for women-owned firms because many are service businesses. Although women still fall far behind men in amounts of credit available, a 1996 NFWBO report shows that this is beginning to change compared to their 1994 report (NFBWO, 1996c). Services in Vermont that provide technical assistance to women starting businesses include the Women's Small Business Program of Trinity College, the Women's Agricultural Network of the University of Vermont, the Microbusiness Development Programs located state-wide at regional Community Action Agencies, and the Small Business Development Center of the Small Business Administration.

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 report 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's health insurance (Spalter-Roth et al., 1993b). Self-employed women are also 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 does not pay women especially well, 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, child care and catering). In 1986-87 in the United States as a whole, women who worked full-time, year-round at only one type of self-employment had the lowest median hourly earnings of all full-time, year-round workers (\$3.75); those with two or more types of self-employment with full-time schedules earned somewhat more (\$4.41 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most (\$8.08 per hour at the median). Those who combined wage and salaried work with self-employment had

median earnings that ranged between these extremes (Spalter-Roth et al., 1993b). 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 contractors may be denied the fringe benefits (such as health insurance and employer-paid pension contributions) that wage and salaried workers employed by that same client firm receive. Indeed, the average self-employed woman who works full-time, year-round at just one type of self-employment has health insurance an average of only 1.7 months out of twelve 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).

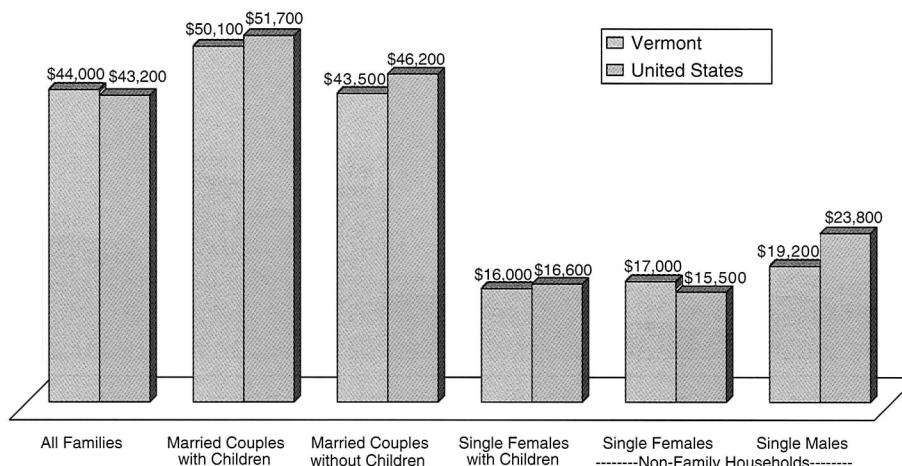
Fortunately, recent research found that the rising earnings potential of women in self-employment compared to wage and salary work explains most of the upward trend in the self-employment of married women between 1970 and 1990. This suggests that the growing movement of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Women in Vermont are nearly twice as likely to be self-employed as women in the United States as a whole. In 1994, 10.3 percent of employed women in Vermont were self-employed, compared with 6.1 percent of women in the United States (U.S. Department of Labor, Bureau of 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-headed households was \$16,600 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 most family types in Vermont than in the United States as a whole except for single females in non-family households. Single females do relatively well in Vermont in terms of income compared with the nation while single males do substantially less well than their national counterparts.

During the years 1994 and 1996, the proportion of women in poverty in Vermont was smaller than that of

**Figure 9.**  
**Median Annual Income for Selected Family Types**  
**and Single Women and Men**  
**in Vermont and the United States, 1995**



Source: IWPR, 1998b.

Calculated by the Institute for Women's Policy Research.

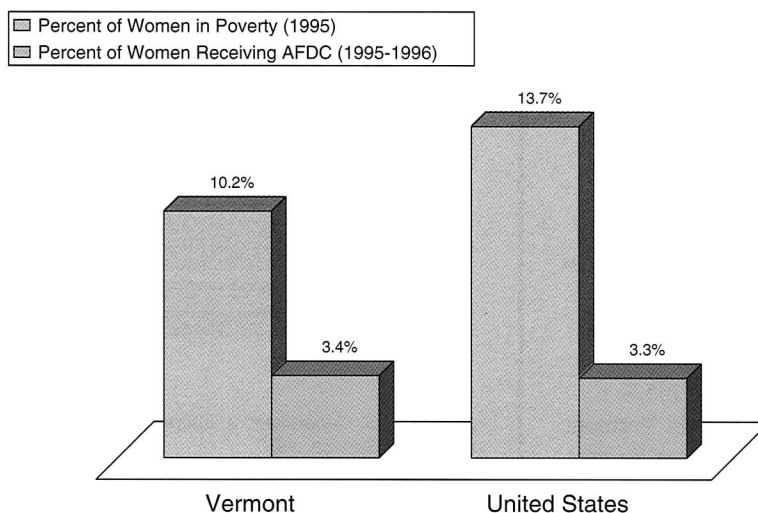
poverty rate for single mothers is 42.0 percent, similar to the nationwide rate of 41.5 percent and much higher than for any other family type (see Figure 11).

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

women in the United States, 10.2 percent versus 13.7 percent (see Figure 10). Thus, Vermont ranked eleventh in the nation for women above poverty. Figure 10 also shows the proportion of adult women receiving AFDC (the form of welfare in place in 1996) for Vermont and the nation as a measure of how effective the state and national safety nets for poor women are. Obviously, the poverty of many women is not alleviated by welfare alone; many also receive food stamps or other forms of noncash benefits, but research shows that even counting the value of these noncash benefits many women remain poor (U.S. Department of Commerce, Bureau of the Census, 1997d). The proportion of women receiving AFDC in Vermont, 3.4 percent, is about the same as the proportion of women receiving AFDC nationwide, 3.3 percent (see Figure 10). Despite Vermont's lower overall rate of female poverty, the

Vermont and the nation (Renwick and Bergmann, 1993). Renwick and Bergmann found that single parents who do not work have basic cash needs at about 64 percent of the poverty line while those who work have basic cash needs

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



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

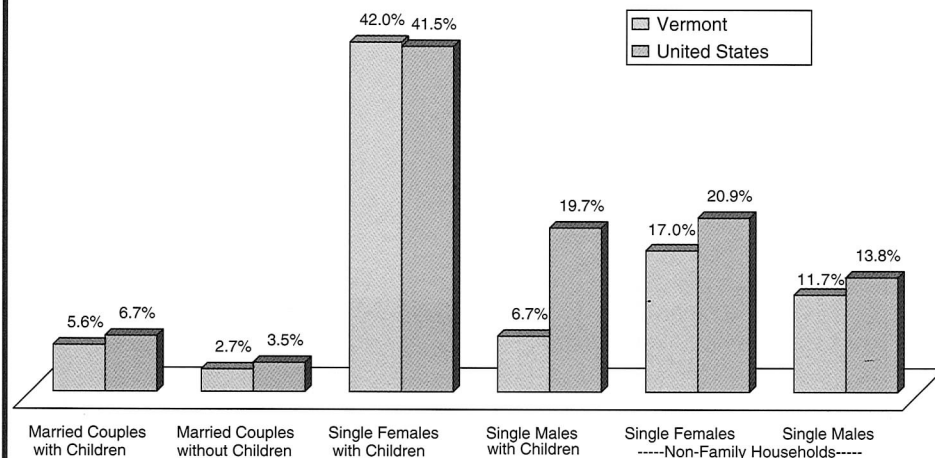
Calculated by the Institute for Women's Policy Research.



ranging from 113 to 186 percent of the poverty line depending on the number and ages of their children. The net effect of the under- and over-estimation of poverty for the different types of single parent families as measured by the official poverty lines for the nation was a significant underestimation. Renwick and Bergmann estimated a national poverty rate of 47 percent compared to an official estimate of 39 percent in 1989 (Renwick and Bergmann, 1993). Low-income, married-couple families with working mothers would also be measured as experiencing higher poverty rates if child care costs were included (Renwick, 1993).

Vermont does a better than average job of providing a safety net for employed women. The unemployment rate for women in Vermont (4.1 percent) is less than the national average (5.6 percent) (see Table 7). The percent of unemployed women in Vermont receiving unemployment insurance benefits, 51.6 percent, is much higher than in the United State as a whole, 31.8 percent (see Figure 12). The same is true for unemployed men in Vermont—the proportion of men receiving unemployment insurance benefits is much higher than the national average (55.7 percent for men in Vermont versus 37.8 percent for men nationwide). Vermont places second in the New England region in its rate of unemployment insurance benefit receipt for both women and men.

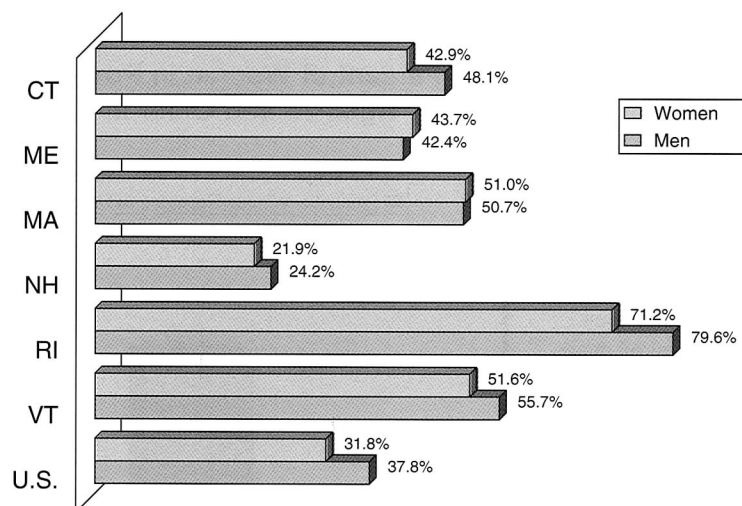
**Figure 11.**  
**Poverty Rates for Selected Family Types and Single Men and Women in Vermont and the United States, 1995**



Source: IWPR, 1998b.

Calculated by the Institute for Women's Policy Research.

**Figure 12.**  
**Percent of Unemployed Women and Men with Unemployment Insurance in the New England Region and the United States, 1996**



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

Compiled by the Institute for Women's Policy Research.

# 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 couple 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 (United Nations Fourth World Conference on Women, 1995). It 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 Vermont ranks second in its region and fourth in the nation,

indicating that Vermont has many protections for women's reproductive rights; however, some kinds of protection are still inadequate. For example, Vermont does not extend public funds to cover infertility treatments and does not require insurance companies to cover contraceptives.

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 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, Vermont is one of eleven states that have no mandatory parental consent laws (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. As of January 1998, Vermont is one of the 31 states without a mandatory waiting period (NARAL and NARAL Foundation, 1998).

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. Vermont provides public funds to eligible women for abortions deemed medically necessary (NARAL and NARAL Foundation, 1998).

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

	National Rank* (of 51)	Regional Rank* (of 6)
<b>Composite Reproductive Rights Index</b>	<b>4</b>	<b>2</b>
<i>See Appendix I for methodology.</i>		
* 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 six and refer to the states in the New England Region (CT, ME, MA, NH, RI, VT). See Appendix V.		
Calculated by the Institute for Women's Policy Research.		

## Chart VI. Panel B

### Components of the Reproductive Rights Composite Index

	Yes	No
• Does Vermont allow access to abortion services without mandatory parental consent laws for minors? <sup>a</sup> .....	✓	
• Does Vermont allow access to abortion services without a waiting period? <sup>a</sup> .....	✓	
• Does Vermont provide public funding for abortions under any circumstances if a woman is eligible? <sup>a</sup> .....	✓	
• What percent of counties in Vermont have abortion providers? <sup>b</sup> .....	57.0%	
• Is Vermont's state government pro-choice? <sup>a</sup>		
Governor .....	✓	
Senate .....	✓	
Assembly .....	✓	
• Does public funding cover infertility treatments? <sup>c</sup> .....		✓
• Does Vermont require health insurers to provide coverage for contraceptives? <sup>*d</sup> .....	Proposed	
• Does Vermont allow the non-biological parent in a gay/lesbian couple to adopt his/her partner's biological child? <sup>e</sup> .....	✓	State Supreme Court
* Legislation requiring health insurers to provide contraceptive coverage was proposed in the last legislative session; however, this legislation did not pass.		
Source: <sup>a</sup> NARAL Foundation, 1997, 1998; <sup>b</sup> Henshaw and Van Vort, 1994; <sup>c</sup> King and Meyer, 1996; <sup>d</sup> Planned Parenthood, 1998; <sup>e</sup> 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. This proportion ranges from two to 100 percent across the states. At 57 percent, Vermont's proportion of counties places it in the top ten of all states (Henshaw and Van Vort, 1994).

About 49 percent of traditional health plans do not cover any reversible method of contraception, such as the pill or IUD. Others will pay for one or two types, but not all five types of prescription methods—the pill, implants and injectables, IUD and diaphragms. About 38 percent of HMOs cover all five prescription methods (Alan Guttmacher Institute, 1994). The controversy is leading lawmakers in 19 states, including Vermont, to introduce bills that would require health insurers to cover contraception (Planned Parenthood, 1998); however, this legislation was not passed by the Vermont legislature before the end of the session. Maryland recently became the first state to pass a bill requiring contraception coverage. Six states (not including Vermont) 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 this study, governors and legislators who supported restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. In Vermont, both the Governor and the majority of members of the state Senate and General Assembly are pro-choice.

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. Vermont 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. In many states, courts or legislatures have supported or limited the right to second parent adoption. As of April 1998, lower courts have approved second parent adoption petitions in 19 states, intermediate appellate courts have done so in three states and the District of Columbia, and state supreme courts have explicitly permitted lesbians and gay men to adopt the children of their partners in three states. Legislation prohibits or substantially restricts such adoption in four states. In Vermont, the supreme court has expressly allowed the right to 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 the Vermont. 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 of 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 do 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 was 24.8 years (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. This research suggests the link may result both because work provides health benefits to women and because healthier women "self-select" to work (Hartmann et al., 1996). For some women, such as those with difficult health problems or with disabilities, work presents more difficult challenges. As women's employment rates continue to rise, studies have increasingly looked at the extent and type of access women have to health insurance coverage. 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 Vermont are slightly more likely to have insurance than women nationally and also more likely to have access through their employment (see Table 11).

Fertility and infant mortality rates in Vermont and the United States are both lower than they are in the United States as a whole (50.2 live births per 1,000 women in

Vermont and 65.6 births per 1,000 women in the United States, 6.0 infant deaths per 1,000 births in Vermont and 7.6 infant deaths per 1,000 in the United States; see Table 13). The percentage of white infants with low birth weights is also lower in Vermont than in the United States (5.4 percent in Vermont and 6.2 in the U.S.). Traditionally, African American infants have much higher death rates than white infants; data on African American infant death rates are not available for Vermont. In terms of births to teenage mothers and unmarried mothers, Vermont experienced substantially lower rates of births than the United States did as a whole.

Vermont does almost an average job on most preventive health care measures. Of women over age 40, 82.0 percent have had a mammogram, almost the same as the median rate for women in the United States. Of women over age 18, 94.3 percent have had a pap test, almost the same as the median rate for women in the United States. Of Vermont women aged 45-54, almost the same proportion as nationally have had a blood pressure screenings or proctoscopies. With regard to children, Vermont does well—87.0 percent of all young children in Vermont have been vaccinated, substantially more than the national rate of 75.0 percent (see Table 13). Vermont does 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 Vermont, the percentage of women 45 to 54 years old who smoke is slightly less than the national average (20.8 percent and 21.6 percent respectively). Likewise, the rates of breast, cervical, uterine and ovarian cancer in Vermont are about the same as in the United States as a whole (see Table 13).

In recent years, the trend toward HMOs has grown, with national enrollment rising from 9.1 million in 1980 to 58.4 million at the end of 1996 (U.S. Department of Commerce, Bureau of the Census, 1997e). This major trend requires monitoring to ascertain how well the new arrangements meet women's health care needs. In addition, concerns have been raised about how well HMOs meet the needs of heavy medical users such as the disabled or those with severe or long-term illnesses.

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

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

	Vermont	United States
<b>Fertility and Infant Health</b>		
• Fertility Rate in 1995 (live births per 1,000 women aged 15-44) <sup>a</sup>	50.2	65.6
• Infant Mortality Rate in 1995 (deaths of infants under age one per 1,000 live births) <sup>b</sup>	6.0	7.6
• Percent of Counties with at Least One Abortion Provider, 1992 <sup>c</sup>	57.0%	16.0%
• Percent of Low Birth Weight Babies (less than 5 lbs., 8 oz.), 1995 <sup>d</sup>		
Among Whites	5.4%	6.2%
Among African Americans	N/A	13.1%
• Births to Teenage Women as a Percent of All Births, 1995 <sup>e</sup>	8.1%	13.2%
• Births to Unmarried Women as a Percent of All Births, 1995 <sup>d</sup>	24.9%	32.2%
<b>Preventive Health Care</b>		
• Percent of Women Who Have Ever Had a:		
Mammogram (Aged 40 and Older), 1995 <sup>f</sup>	82.0%	81.8%*
Pap Test (Aged 18 and Older), 1995 <sup>g</sup>	94.3%	93.6%*
• Percent of Women Aged 45-54 Who Have Been Screened for Blood Pressure in the Previous Two Years, 1993 <sup>h</sup>	92.5%	95.5%
• Percent of Women Aged 45-54 Who Have Been Screened for Cholesterol in the Previous Two Years, 1993 <sup>h</sup>	94.7%	97.1%
• Percent of Women Aged 45-54 Who Have Ever Had a Proctoscopy, 1993 <sup>i</sup>	22.5%	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>	87.0%	75.0%
<b>Environmental and Cancer Risks</b>		
• Percent of Women Aged 45-54 Who Smoke, 1993 <sup>k</sup>	20.8%	21.6%
• Toxic Chemicals that Could Cause Birth Defects (pounds per person), 1992 <sup>l</sup>	16.2 lbs	36.0 lbs
• Average Annual Mortality Rate (per 100,000) Due to:		
Female Breast Cancer, 1990-94 <sup>m</sup>	26.1	26.4
Cervical and Uterine Cancer, 1990-94 <sup>m</sup>	3.1	2.9
Ovarian Cancer, 1990-94 <sup>m</sup>	8.9	7.8
• Estimated Number of New Cases of Female Breast, Cervical and Uterine Cancers, 1997 <sup>n</sup>	430	229,600
<b>Other</b>		
• Does Vermont have a mastectomy stay law? <sup>o</sup>	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.



HMO membership varies dramatically across states. HMOs tend to play a more important role in the states of California, Massachusetts, Minnesota and Oregon and are much less prevalent throughout the South (Liska et al., 1998). The percentage of the population enrolled in HMOs as of 1996 was substantially lower in Vermont than in the nation as a whole (13.4 percent versus 22.0 percent), and no Vermont Medicaid recipients were enrolled in HMOs (see Table 14). Since 1996, however, Vermont has been moving towards a managed care system for its Medicaid program, and as of August 1998, about 54,000 individuals are enrolled in the Medicaid managed care program (or about 9.2 percent of the population; Vermont Agency of Human Services, Department of Social Welfare, 1998). The program,

which operates on a waiver from the federal government, includes both residents traditionally eligible for Medicaid and those made eligible through the waiver including adults with family incomes at or below 150 percent of the federal poverty level.

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

	Vermont	United States
<b>Total Population<sup>a</sup></b>	589,000	265,284,000
Percent of Total Population Enrolled in HMOs <sup>b</sup>	13.4	22.0
Percent of Total Population Receiving Medicare <sup>c</sup>	14.3	14.0
Percent of Medicare Recipients Enrolled in HMOs <sup>c</sup>	1.0	13.0
Percent of Total Population Receiving Medicaid <sup>c</sup>	17.0	13.4
Percent of Medicaid Recipients Enrolled in HMOs <sup>d</sup>	0.0	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.*



# Basic Demographics

This section includes data on different populations within Vermont. 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, Vermont has a much smaller proportion of women living in urban areas, is much less diverse in terms of race and

ethnicity and has a much smaller proportion of women who are foreign born. 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.

Vermont has the second smallest population among all the states in the United States. Only the state of Wyoming has a smaller population (the District of Columbia also has a smaller population). There were

**Table 15.**  
**Basic Demographic Statistics for Vermont and the United States**

	Vermont	United States
<b>Total Population, 1996<sup>a</sup></b>	588,654	265,283,783
• Number of Women, All Ages <sup>b</sup>	298,644	135,473,568
• Sex Ratio (women to men aged 18 and older) <sup>b</sup>	1.06:1	1.08:1
• Median Age of All Women <sup>b</sup>	36.5	35.8
• Proportion of Women Over Age 65 <sup>b</sup>	14.0%	14.7%
<b>Distribution of Women by Race and Ethnicity, 1995, All Ages<sup>c</sup></b>		
• White*	98.0%	73.0%
• African American*	0.3%	12.8%
• Hispanic <sup>†</sup>	0.7%	9.8%
• Asian American*	0.7%	3.6%
• Native American*	0.3%	0.8%
<b>Distribution of Households by Type, 1990<sup>d</sup></b>		
• Total Number of Family and Non-Family Households	209,718	91,770,958
• Married-Couple Families (with and without their own children)	56.7%	56.2%
• Female-Headed Families (with and without their own children)	9.1%	11.3%
• Male-Headed Families (with and without their own children)	3.2%	3.2%
• Non-Family Households: Single-Person Households	23.5%	24.4%
• Non-Family Households: Other	7.5%	4.9%
<b>Proportion of Women Living in Metropolitan Areas, All Ages, 1990<sup>e</sup></b>	43.0%	83.1%
<b>Proportion of Women Who Are Foreign Born, All Ages, 1990<sup>f</sup></b>	3.6%	7.9%
<b>Percent of Federal and State Prison Population Who Are Women, 1996<sup>g</sup></b>	2.8%	6.3%

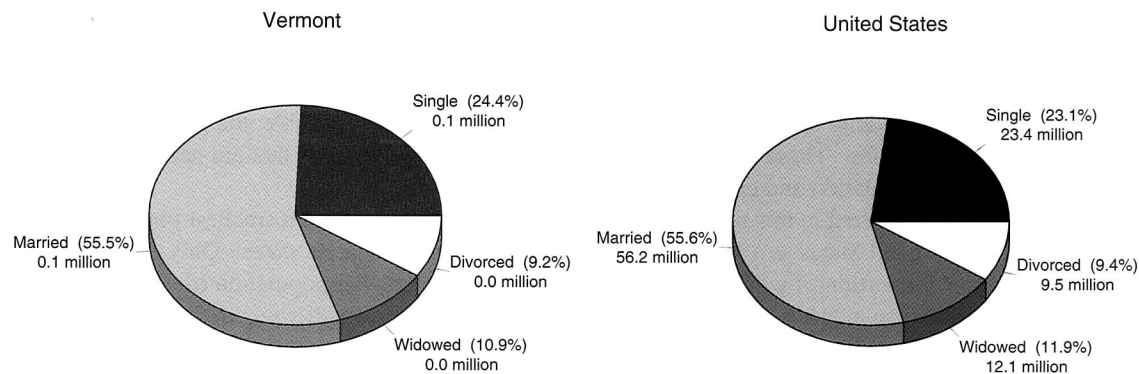
\* Non-Hispanic.

† Hispanics may be of any race.

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 7; <sup>e</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.

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



*For women aged 15 and older.*

*Source: Population Reference Bureau, 1993.*

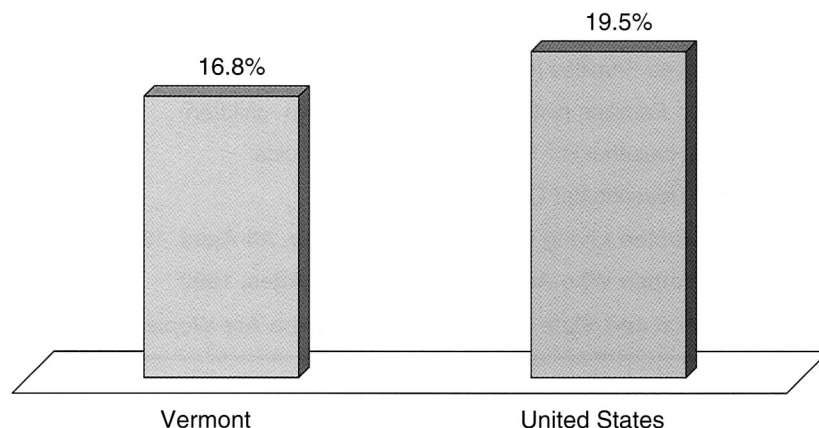
*Compiled by the Institute for Women's Policy Research.*

nearly 298,644 women in Vermont in 1996. Between 1990 and 1996, the population of Vermont grew by 4.6 percent, a rate of growth which is slower the nation as a whole (6.7 percent; U.S. Department of Commerce, Bureau of the Census, 1997a). Within its region, however, Vermont's population growth rate is the second highest behind only that of New Hampshire. The change in female population growth from 1990 to 1996 showed similar patterns regionally and nationally (second highest growth rate in the region but below the U.S. average). The proportion of women in Vermont is about the same as for the nation but the female population of Vermont is much less ethnically diverse than the rest of the United States with minorities making up less than 2.0 percent of women in the state (compared with 27 percent for the nation as a whole). No racial or ethnic minority group in Vermont is of a size comparable to national proportions (see Table 15).

The proportion of single women in Vermont is slightly higher than that in

the country as a whole while the proportion of divorced and widowed women is slightly lower (see Figure 13). The proportion of women in Vermont who are married is similar to the proportion nationally (55.5 percent compared with 55.6 percent of women in the United States). Vermont's distribution of family types is similar to that in the nation as a whole (see Table 15). The proportion of

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



*Source: IWPR, 1995a.*

*Calculated by the Institute for Women's Policy Research.*

single-person households is about the same, but the proportion of other non-family households in Vermont (7.5 percent) is larger than in the rest of the United States (4.9 percent).

Vermont's proportion of women living in metropolitan areas is much lower than in the nation as a whole (43.0 percent compared with 83.1 percent of women in the

United States). The percent of Vermont's prison population that is female is also much less than the national average (see Table 15). There is also a large difference between Vermont and the nation as a whole in terms of the proportion of the population that is foreign born. Vermont has a much smaller foreign-born female population than does the United States as a whole (3.6 percent compared with 7.9 percent).





# Conclusion

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Women's Median Annual Earnings:** Median yearly earnings (in 1997 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1994, 1995 and 1996. Earnings were converted to constant 1997 dollars using the Consumer Price Index and the median was selected from the merged file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state. The sample size for women ranges from 431 in New Hampshire to 4,039 in California; for men, the sample size for men ranges from 564 in the District of Columbia to 4,521 in New York. For Vermont, the sample size is 455 for women and 671 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 Vermont, the sample size is 455 for women and 671 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, 1996b.

## Welfare

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

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

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

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

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

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

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

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

## Employment/Unemployment Benefits

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

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

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

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

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

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

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

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



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

EMPLOYMENT AND EARNINGS			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	
State	Score	Rank	Dollars	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	3.45	51	\$20,577	45	63.3%	50	55.3%	46	24.6%	51	24.6%	51
Alaska	4.46	3	\$31,380	1	66.3%	44	66.4%	6	34.9%	4	34.9%	4
Arizona	3.80	38	\$21,906	35	69.7%	33	59.6%	33	28.5%	26	28.5%	26
Arkansas	3.72	42	\$20,577	45	76.7%	4	58.4%	37	25.6%	46	25.6%	46
California	4.20	8	\$28,158	7	76.4%	5	56.5%	41	32.0%	10	32.0%	10
Colorado	4.11	11	\$24,749	21	66.8%	42	67.2%	4	31.8%	13	31.8%	13
Connecticut	4.34	6	\$30,541	3	70.7%	29	60.7%	25	33.4%	7	33.4%	7
Delaware	4.10	12	\$25,721	13	75.8%	7	62.9%	17	28.9%	21	28.9%	21
District of Columbia	5.06	1	\$30,865	2	87.5%	1	61.4%	20	47.4%	1	47.4%	1
Florida	3.86	26	\$23,169	28	75.9%	6	54.5%	48	28.9%	21	28.9%	21
Georgia	3.86	26	\$23,169	28	71.0%	27	59.2%	35	28.6%	24	28.6%	24
Hawaii	4.08	15	\$25,276	16	74.8%	10	61.2%	21	30.0%	17	30.0%	17
Idaho	3.81	35	\$22,223	33	70.3%	30	62.1%	18	27.0%	36	27.0%	36
Illinois	4.03	18	\$26,329	11	70.8%	28	60.3%	28	29.3%	19	29.3%	19
Indiana	3.70	43	\$21,606	37	66.5%	43	64.2%	13	24.8%	50	24.8%	50
Iowa	3.85	28	\$21,606	37	68.3%	37	66.6%	5	27.4%	35	27.4%	35
Kansas	4.03	18	\$23,581	26	72.6%	19	63.4%	15	30.5%	15	30.5%	15
Kentucky	3.69	44	\$22,635	31	69.7%	33	56.0%	42	26.2%	44	26.2%	44
Louisiana	3.55	47	\$20,235	48	64.4%	48	53.6%	49	28.4%	27	28.4%	27
Maine	3.84	30	\$21,906	35	67.5%	41	61.6%	19	29.6%	1	29.6%	1
Maryland	4.56	2	\$29,241	4	75.0%	9	64.5%	12	37.9%	2	37.9%	2
Massachusetts	4.38	5	\$28,808	5	73.7%	15	60.8%	23	35.4%	3	35.4%	3
Michigan	3.84	30	\$25,721	13	66.0%	45	57.9%	40	27.7%	31	27.7%	31
Minnesota	4.09	14	\$24,909	18	71.2%	25	69.6%	1	27.9%	30	27.9%	30
Mississippi	3.53	49	\$19,494	51	70.2%	31	55.8%	43	25.1%	48	25.1%	48
Missouri	4.00	20	\$23,663	25	74.6%	11	65.0%	10	27.7%	31	27.7%	31
Montana	3.78	39	\$21,606	37	73.3%	17	59.6%	33	26.8%	37	26.8%	37
Nebraska	3.84	30	\$20,577	45	71.4%	23	68.4%	2	26.3%	42	26.3%	42
Nevada	3.93	24	\$24,909	18	73.9%	14	60.5%	27	26.8%	37	26.8%	37
New Hampshire	4.28	7	\$25,992	12	73.6%	16	65.3%	8	33.6%	6	33.6%	6
New Jersey	4.15	9	\$28,435	6	67.9%	40	58.7%	36	32.6%	8	32.6%	8
New Mexico	3.84	30	\$21,606	37	72.5%	21	55.6%	45	31.0%	14	31.0%	14
New York	4.08	15	\$27,400	8	74.4%	12	52.8%	50	31.9%	12	31.9%	12
North Carolina	3.82	34	\$22,635	31	74.1%	13	59.8%	32	26.3%	42	26.3%	42
North Dakota	3.66	46	\$19,548	50	64.0%	49	64.9%	11	26.8%	37	26.8%	37
Ohio	3.81	35	\$24,692	22	69.1%	36	58.3%	39	26.6%	40	26.6%	40
Oklahoma	3.55	47	\$19,852	49	63.3%	50	55.7%	44	28.4%	27	28.4%	27
Oregon	3.95	22	\$24,909	18	69.6%	35	60.8%	23	29.1%	20	29.1%	20
Pennsylvania	3.85	28	\$25,450	15	71.2%	25	55.0%	47	27.6%	33	27.6%	33
Rhode Island	4.14	10	\$26,750	10	72.6%	19	58.4%	37	32.3%	9	32.3%	9
South Carolina	3.68	45	\$21,606	37	70.0%	32	59.9%	31	25.1%	48	25.1%	48
South Dakota	3.89	25	\$21,063	42	76.9%	3	65.8%	7	26.2%	44	26.2%	44
Tennessee	3.77	40	\$22,743	30	72.0%	22	60.3%	28	25.4%	47	25.4%	47
Texas	3.98	21	\$23,196	27	75.2%	8	60.0%	30	30.1%	16	30.1%	16
Utah	3.81	35	\$22,116	34	68.1%	39	61.2%	21	28.6%	24	28.6%	24
Vermont	4.40	4	\$25,276	16	81.9%	2	65.3%	8	34.6%	5	34.6%	5
Virginia	4.10	12	\$24,692	22	71.3%	24	63.0%	16	32.0%	11	32.0%	11
Washington	4.08	15	\$27,075	9	73.1%	18	60.6%	26	28.8%	23	28.8%	23
West Virginia	3.46	50	\$21,063	42	64.8%	46	46.3%	51	28.3%	29	28.3%	29
Wisconsin	3.95	22	\$24,201	24	68.3%	37	68.2%	3	26.6%	40	26.6%	40
Wyoming	3.74	41	\$21,063	42	64.8%	46	64.1%	14	27.6%	33	27.6%	33
United States			\$24,909		72.3%		58.9%		30.3%		30.3%	

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

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

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

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

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

## Appendix IV: State and National Resources

### Selected Vermont Resources

Burlington Women's Council  
PO Box 05831  
Burlington, VT 05402-0583

Center for Cultural Pluralism  
University of Vermont  
Allen House  
Burlington, VT 50405

Changing Work  
30 Adams Street  
Burlington, VT 05401  
Tel: (802) 860-1034  
Fax: (802) 862-8774

Department of Economics  
University of Vermont  
Old Mill PO Box 54160  
Burlington, VT 05405-4160  
Tel: (802) 656-3064  
Fax: (802) 656-8405

Department of Sociology  
Middlebury College  
Middlebury, VT 05753

Governor's Commission on Women  
126 State Street  
Montpelier, VT 05633-6801  
Tel: (802) 828-2851  
Fax: (802) 828-2930

League of Women Voters  
11 Fitzsimonds  
Jericho, VT 05465-9711  
Tel: (802) 657-0242

National Organization for Women -  
Vermont NOW  
PO Box 1877  
Manchester Center, VT 05255  
Tel: (802) 362-2005  
Fax: (802) 362-2005

Peace and Justice Center  
21 Church Street  
Burlington, VT 05401  
Tel: (802) 863-8326  
Fax: (802) 863-2532

STEP-UP for Women  
Northern New England  
Tradeswomen, Inc.  
189 North Main Street, #9  
Barrie, VT 05641-4130  
Tel: (802) 476-4040  
Fax: (802) 476-3346

Twin State Women's Network  
PO Box 3  
Cavendish, VT 05142

Vermont Department of Health  
AIDS Program  
PO Box 70  
Room 305  
Burlington, VT 05402  
Tel: (802) 863-7245  
Fax: (802) 863-7314

Vermont Federation of Business and  
Professional Women (BPW/USA)  
PO Box 67  
Richmond, VT 05477  
Tel: (802) 434-2312

Vermont Network for the Prevention  
of Domestic Violence  
5 School Avenue  
Montpelier, VT 05602  
Tel: (802) 223-1302  
Fax: (802) 223-6943

Vermont Women's Fund  
PO Box 30  
Middlebury, VT 05753  
Tel: (802) 388-3355

Woman Centered  
5 School Avenue  
Montpelier, VT 05602  
Tel: (802) 229-5202

Women of Color Alliance  
PO Box 1534  
Burlington, VT 05402  
Tel: (802) 660-0606

Women's Center  
University of Vermont  
34 South Williams Street  
Burlington, VT 05401  
Tel: (802) 656-2925

Women's Small Business Program  
Trinity College  
208 Colchester Avenue  
Burlington, VT 05401  
Tel: (802) 658-0337, ext. 7160  
Fax: (802) 658-5446

Women's Studies  
University of Vermont  
Old Mill, PO Box 54260  
Burlington, VT 05405-4260  
Tel: (802) 656-4282

The Women's Union  
35 Wilson Street  
Burlington, VT 05401  
Tel: (802) 658-1047

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



<p>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</p>	<p>National Political Congress of Black Women 8401 Colesville Road, Suite 400 Silver Spring, MD 20910 Tel: (301) 562-8000 Fax: (301) 562-8303 <a href="http://www.natpolcongbblackwomen.org">http://www.natpolcongbblackwomen.org</a></p>	<p>Pension Rights Center 918 16th Street, NW, Suite 704 Washington, DC 20006 Tel: (202) 296-3776 Fax: (202) 833-2472</p>
<p>National Education Association 1201 16th Street, NW Washington, DC 20036 Tel: (202) 833-4000 Fax: (202) 822-7397 <a href="http://www.nea.org">http://www.nea.org</a></p>	<p>National Resource Center on Domestic Violence 6400 Flank Drive Harrisburg, PA 17112-2778 Tel: (800) 932-4632 Fax: (717) 671-8149</p>	<p>Planned Parenthood Federation of America 810 Seventh Avenue New York, NY 10019 Tel: (212) 347-8500 Fax: (212) 783-1007 <a href="http://www.plannedparenthood.org">http://www.plannedparenthood.org</a></p>
<p>National Employment Law Project, Inc. 55 John Street, 7th Floor New York, NY 10038 Tel: (212) 285-3025 Fax: (212) 285-3044</p>	<p>National Women's Business Council 409 Third Street, SW, Suite 5850 Washington, DC 20024 Tel: (202) 205-3850 Fax: (202) 205-6825 <a href="http://www.womenconnect.com">http://www.womenconnect.com</a></p>	<p>Population Reference Bureau, Inc. 1875 Connecticut Avenue, NW, Suite 520 Washington, DC 20009-5728 Tel: (202) 483-1100 Fax: (202) 483-3937 <a href="http://www.prb.org">http://www.prb.org</a></p>
<p>National Foundation of Women Business Owners 1180 Wayne Avenue, Suite 830 Silver Spring, MD 20910 Tel: (301) 495-4975 Fax: (301) 495-4979 <a href="http://www.nfwbo.org">http://www.nfwbo.org</a></p>	<p>National Women's Health Network 514 10th Street, NW, Suite 400 Washington, DC 20004 Tel: (202) 347-1140 Fax: (202) 347-1168</p>	<p>The Urban Institute 2100 M Street, NW Washington, DC 20037 Tel: (202) 833-7200 Fax: (202) 659-8985 <a href="http://www.urban.org">http://www.urban.org</a></p>
<p>National Gay and Lesbian Task Force 2520 17th Street, NW Washington, DC 20009 Tel: (202) 332-6482 Fax: (202) 332-0207 <a href="http://www.nglwf.org">http://www.nglwf.org</a></p>	<p>National Women's Law Center 11 Dupont Circle, NW, Suite 800 Washington, DC 20036 Tel: (202) 588-5180 Fax: (202) 588-5185</p>	<p>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</p>
<p>National Organization for Women 1000 16th Street, NW, Suite 700 Washington, DC 20036 Tel: (202) 331-0066 Fax: (202) 785-8576 <a href="http://www.now.org">http://www.now.org</a></p>	<p>National Women's Political Caucus 1211 Connecticut Avenue, NW, Suite 501 Washington, DC 20008 Tel: (202) 785-1100 Fax: (202) 785-3605 <a href="http://www.nwpc.org">http://www.nwpc.org</a></p>	<p>U.S. Department of Commerce, Bureau of the Census Population Division Washington, DC 20233 Tel: (301) 457-2422 Fax: (301) 457-2643 <a href="http://www.census.gov">http://www.census.gov</a></p>
<p>NOW Legal Defense and Education Fund 99 Hudson Street, 12th Floor New York, NY 10013 Tel: (212) 925-6635 Fax: (212) 226-1066 <a href="http://www.nowldef.org">http://www.nowldef.org</a></p>	<p>National Women's Studies Association 7100 Baltimore Avenue, Suite 301 College Park, MD 20740 Tel: (301) 403-0525 Fax: (301) 403-4137 <a href="http://www.nwsa.org">http://www.nwsa.org</a></p>	<p>U.S. Department of Education 600 Independence Avenue, SW Washington, DC 20202 Tel: (202) 401-1576 Fax: (202) 401-0596 <a href="http://www.ed.gov">http://www.ed.gov</a></p>
<p>National Partnership for Women and Families 1875 Connecticut Avenue, NW, Suite 710 Washington, DC 20009 Tel: (202) 986-2600 Fax: (202) 986-2539 <a href="http://www.nationalpartnership.org">http://www.nationalpartnership.org</a></p>	<p>9 to 5, National Association of Working Women 231 Wisconsin Avenue, Suite 900 Milwaukee, WI 53203 Tel: (414) 274-0925 Fax: (414) 272-2870 <a href="http://www.members.aol.com/nwsa925">http://www.members.aol.com/nwsa925</a></p>	<p>U.S. Department of Health and Human Services 200 Independence Avenue, SW Washington, DC 20201 Tel: (202) 690-7204 <a href="http://www.os.dhhs.gov">http://www.os.dhhs.gov</a></p>
	<p>Older Women's League 666 11th Street, NW, Suite 700 Washington, DC 20001 Tel: (202) 783-6686 Fax: (202) 638-2356</p>	



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 Registration  
622 West 113th Street, Suite 410  
New York, NY 10025  
Tel: (212) 854-4053  
Fax: (212) 854-8727  
<http://www.igc.org/humanserve>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Appendix V: List of Census Bureau Regions

### East South Central

Alabama  
Kentucky  
Mississippi  
Tennessee

### West South Central

Arkansas  
Louisiana  
Oklahoma  
Texas

### West North Central

Iowa  
Kansas  
Minnesota  
Missouri  
Nebraska  
North Dakota  
South Dakota

### East North Central

Illinois  
Indiana  
Michigan  
Ohio  
Wisconsin

### Pacific West

Alaska  
California  
Hawaii  
Oregon  
Washington

### Mountain West

Arizona  
Colorado  
Idaho  
Montana  
New Mexico  
Nevada  
Utah  
Wyoming

### New England

Connecticut  
Maine  
Massachusetts  
New Hampshire  
Rhode Island  
Vermont

### Middle Atlantic

New Jersey  
New York  
Pennsylvania

### South Atlantic

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

# 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.
- The Annie E. Casey Foundation. 1997. *Kids Count Data Book 1997*. Baltimore, MD: Annie E. Casey Foundation.
- Blank, Rebecca. 1990. "Are Part-Time Jobs Bad Jobs?" In *A Future of Lousy Jobs: The Changing Structure of U.S. Wages*. G. Burtless (ed). Washington, DC: The Brookings Institute.
- Blau, Francine, and Lawrence Kahn. 1994. "Rising Wage Inequality and the U.S. Gender Gap." *American Economic Review* 84(2).
- Brown, Robin. 1994. *Children in Crisis*. New York: The H. W. Wilson Company.
- Cancian, Maria, Sheldon Danziger and Peter Gottschalk. 1993. "Working Wives and Family Income Inequality Among Married Couples." In *Uneven Tides: Rising Inequality in America*, Sheldon Danziger and Peter Gottschalk (eds). New York: Russell Sage Foundation.
- Carroll, Susan J. 1994. *Women as Candidates in American Politics*. Bloomington, IN: Indiana University Press.
- Carroll, Susan J., and Linda M.G. Zerilli. 1993. "Feminist Challenges to Political Science." In *Political Science: The State of the Discipline*, Ada W. Finifter (ed). Washington, DC: American Political Science Association.
- Catalyst. 1996. *The 1996 Catalyst Census of Women Corporate Officers and Top Earners*. New York: Catalyst.
- Center for the American Woman and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 1998a. *Statewide Elective Executive Women 1998 Fact Sheet*. New Brunswick, NJ: Center for the American Woman and Politics.
- Center for the American Woman and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 1998b. *Women in the U.S. House of Representatives 1998 Fact Sheet*. New Brunswick, NJ: Center for the American Woman and Politics.
- Center for the American Woman and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 1998c. *Women in the U.S. Senate 1922-1998 Fact Sheet*. New Brunswick, NJ: Center for the American Woman and Politics.
- Center for the American Woman and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 1998d. *Women in State Legislatures 1998 Fact Sheet*. New Brunswick, NJ: Center for the American Woman and Politics.
- Center for the American Woman and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 1998e. *Women's Caucuses in State Legislatures*, CAWP News and Notes 11(3).
- Center for the American Woman and Politics (CAWP), Eagleton Institute of Politics, Rutgers University. 1991. *The Impact of Women in Public Office: Findings at a Glance*. New Brunswick, NJ: Center for the American Woman and Politics.
- Center for Policy Alternatives. 1995. *A Matter of Simple Justice: Beijing Blue Book*. Washington, DC: Center for Policy Alternatives.
- Center for Women in Government. 1997. *Appointed Policy Makers in State Government: The Regional Profile*. Albany, NY: Center for Women in Government.
- Centers for Disease Control and Prevention. 1997a. *Report of Final Mortality Statistics, 1995*. Monthly Vital Statistics Report 45 (11S2), June 12.
- Centers for Disease Control and Prevention. 1997b. *Report of Final Natality Statistics, 1995*. Monthly Vital Statistics Report 45 (11S), June 10.
- Centers for Disease Control and Prevention. 1997c. *State- and Sex-Specific Prevalence of Selected Characteristics—Behavioral Risk Factor Surveillance System, 1994 and 1995*. Morbidity and Mortality Weekly Report 46 (SS-3), August 1.
- Commonwealth Fund, Commission on Women's Health. July 1994. *Health Care Reform: What Is at Stake for Women?* New York: The Commonwealth Fund.

- Costello, Cynthia B., Jennifer E. Griffith, Angela Wilbon and Ashley Redfearn. 1998. *The Health of Mid-Life Women in the States: A Report Prepared for the Women's Research and Education Institute*. Washington, DC: Women's Research and Education Institute.
- Council of Economic Advisors. 1998. Data released at the celebration of the 35th anniversary of the Equal Pay Act. Washington, DC: The White House.
- Dalton, Russell J., and Martin P. Wattenberg. 1993. "The Not So Simple Act of Voting." In *Political Science: The State of the Discipline*, Ada W. Finifter (ed). Washington, DC: American Political Science Association.
- Delli Carpini, Michael X., and Ester R. Fuchs. 1993. "The Year of the Woman? Candidates, Voters and the 1992 Elections." *Political Science Quarterly* 108.
- Devine, Theresa J. 1994. "Characteristics of Self-Employed Women in the United States." *Monthly Labor Review* 117(3).
- Dodson, Debra L. (ed). 1991. *Gender and Policy Making: Studies of Women in Office*. New Brunswick, NJ: Center for the American Woman and Politics.
- Edmondson, Brad. 1998. "State Profiles: 1990-96." *American Demographics*. April.
- Evans, Sara. 1989. *Born for Liberty*. New York: Knopf, 1989.
- Gershenson, Leora. 1993. *U.S. Child Support Performance*. San Francisco, CA: The Child Support Reform Initiative.
- Gold, R. B., and D. Daley. 1994. *Uneven and Unequal: Insurance Coverage of Reproductive Health Services*. New York: The Alan Guttmacher Institute.
- Hart, Barbara J. 1992. "State Codes on Domestic Violence: Analysis, Commentary and Recommendations." *Juvenile and Family Court Journal* 43(4).
- Hartmann, Heidi, Joan A. Kuriansky and Christine L. Owens. 1996. "Employment and Women's Health," in *Women's Health: The Commonwealth Survey*, Marilyn M. Falik and Karen Scott Collins (eds). Baltimore, MD: Johns Hopkins University Press.
- Hartmann, Heidi, Young-Hee Yoon, Roberta Spalter-Roth and Lois Shaw. 1995. *Temporary Disability Insurance: A Model to Provide Income Security Over the Life Cycle*. Paper presented at the 1995 Annual Meetings of the American Economics Association of the Allied Social Science Associations. Washington, DC: Institute for Women's Policy Research.
- Hartmann, Heidi I., and Stephanie Aaronson. 1994. "Pay Equity and Women's Wage Increases: Success in the States, A Model for the Nation." *Duke Journal of Gender Law and Policy*, Volume 1.
- Henshaw, Stanley K., and Jennifer Van Vort. 1994. "Abortion Services in the United States, 1991 and 1992," *Family Planning Perspectives* 26(3).
- HumanSERVE. 1996. *The National Voter Registration Act of 1993: 1995, The First Year*. Prepared for the National Motor Voter Coalition. New York, NY: HumanSERVE.
- Institute for Women's Policy Research (IWPR). 1998a. *Stall in Women's Real Wage Growth Slows Progress in Closing the Wage Gap*. Briefing Paper. Washington DC: Institute for Women's Policy Research.
- Institute for Women's Policy Research (IWPR). 1998b. Unpublished calculations based on the 1995-97 Current Population Survey March Demographic Supplements, for calendar years 1994-96.
- Institute for Women's Policy Research (IWPR). 1997. "Education and Job Training Under Welfare Reform." *Welfare Reform Network News* 9/10. August/September.
- Institute for Women's Policy Research (IWPR). 1996. *Research-in-Brief: Childcare Usage Among Low-Income and AFDC Families*. Washington, DC: Institute for Women's Policy Research. October.
- Institute for Women's Policy Research (IWPR). 1995a. *A Cross-State Comparison of the Economic Status of Women*. Calculations are based on the U.S. Bureau of the Census Public Use Microdata Sample, 1990 and 1980. Prepared by Susan M. Dynarski under the Public Policy Masters Program at the John F. Kennedy School of Government, Harvard University.
- Institute for Women's Policy Research (IWPR). 1995b. *Research-in-Brief: Restructuring Work: How Have Women and Minority Managers Fared?* Washington, DC: Institute for Women's Policy Research. January.
- Jacobs, Eva E., (ed). 1997. *Handbook of U.S. Labor Statistics*. Lanham, MD: Bernan Press.
- Jacobs Institute of Women's Health. 1996. *In Touch* 4(2).
- King, Leslie, and Madonna Harrington Meyer. 1996. *The Politics of Reproductive Benefits: U.S. Insurance Coverage of Contraceptive and Infertility Treatments*. Presented at the 1996 American Sociological Association Annual Meeting, held in New York City. August.

- Lamphere, JoAnn, Danielle Holahan, Normandy Brangan and Robin Burke. 1997. *Reforming the Health Care System: State Profiles 1997*. Washington, DC: Public Policy Institute, American Association of Retired Persons.
- Liska, David W., Niall J. Brennan and Brian K. Bruen. 1998. *State-Level Databook on Health Care Access and Financing (Third Edition)*. Washington, DC: The Urban Institute.
- Lombard, Karen. 1996. *Female Self-Employment and the Demand for Flexible, Non-Standard Work Schedules*. Working Paper. Miami: University of Miami.
- McCloskey, Amanda H., Danielle Holahan, Normandy Brangan and Evelyn Yee. 1996. *Reforming the Health Care System: State Profiles 1996*. Washington, DC: Public Policy Institute, American Association of Retired Persons.
- McCloskey, Amanda H., Jennifer Woolwich and Danielle Holahan. 1995. *Reforming the Health Care System: State Profiles 1995*. Washington, DC: Public Policy Institute, American Association of Retired Persons.
- Miller, Patricia, (ed). 1998. *American Health Line 50-State Report: Fourteenth Edition*. Alexandria, VA: National Journal Group, Inc.
- Mueller, Carol M. (ed). 1988. *The Politics of the Gender Gap: The Social Construction of Political Influence*. Newbury Park, CA: Sage.
- NARAL and NARAL Foundation. 1998. *A State-by-State Review of Abortion and Reproductive Rights: Who Decides?* Washington, DC: NARAL.
- NARAL and NARAL Foundation. 1997. *A State-by-State Review of Abortion and Reproductive Rights: Who Decides?* Washington, DC: NARAL.
- National Association of Women's Commissions. 1997. *Membership Roster of State and Local Commissions, Part I*. Tables from website. <[www.nacw.org/memros1.htm](http://www.nacw.org/memros1.htm)>
- National Cancer Institute, National Institutes of Health. 1997. *SEER Cancer Statistics Review, 1973-1994: Tables and Graphs*. Washington, DC: U.S. Department of Health and Human Services.
- National Center for Lesbian Rights (NCLR). 1998. *Lesbians and Gay Men as Adoptive Parents: An Overview of Current Law*. San Francisco, CA: National Center for Lesbian Rights.
- National Council of Juvenile and Family Court Judges. 1997. Unpublished data. *Family Violence Legislative Update: Volume II*. Reno, NV: University of Nevada—Reno.
- National Committee on Pay Equity. 1997. *State Government Pay Equity Activity*. Washington, DC: National Committee on Pay Equity.
- National Foundation for Women Business Owners. 1996a. *Women-Owned Businesses in the United States: A Fact Sheet*. Silver Spring, MD: National Foundation for Women Business Owners.
- National Foundation for Women Business Owners. 1996c. *Capital, Credit and Financing: Comparing Women and Men Business Owners' Sources and Uses of Capital*. Silver Spring, MD: National Foundation for Women Business Owners.
- National Organization for Women, Legal Defense and Education Fund (NOW LDEF). 1998. *Summary of State Activity Regarding Family Violence Provisions in Their State Welfare Reforms*. Washington, DC: NOW LDEF.
- National Women's Political Caucus (NWPC). 1995. *Factsheet on Women's Political Progress*. Washington, DC: National Women's Political Caucus.
- Planned Parenthood Federation of America, Inc. 1998. *Equity in Prescription Insurance and Contraceptive Coverage Fact Sheet*. New York: Planned Parenthood Federation.
- Population Reference Bureau. 1993. *What the 1990 Census Tells Us About Women: A State Factbook*. Washington, DC: Population Reference Bureau.
- President's Interagency Council on Women. May 1996. *U.S. Follow-up to the U.N. Fourth World Conference*. Washington, DC: White House Office of Women's Initiatives and Outreach.
- Renwick, Trudi J. 1993. "Budget-based Poverty Measurement: 1992 Basic Needs Budgets." *Proceedings of the Social Statistics Section*. Alexandria, VA: American Statistical Association.
- Renwick, Trudi J., and Barbara R. Bergmann. 1993. "A Budget-Based Definition of Poverty With an Application to Single-Parent Families." *Journal of Human Resources* 28 (1).
- Rinehart, Sue Tolleson. 1992. *Gender Consciousness and Politics*. New York: Routledge, Chapman and Hall.



- Sapiro, Virginia. 1983. *The Political Integration of Women: Roles, Socialization and Politics*. Urbana: University of Illinois Press.
- Spalter-Roth, Roberta M., and Heidi I. Hartmann. 1993. "Dependence on Men, the Market or the State: The Rhetoric and Reality of Welfare Reform." Washington, DC: Institute for Women's Policy Research.
- Spalter-Roth, Roberta, Heidi Hartmann and Linda M. Andrews. 1990. *Mothers, Children and Low-Wage Work: The Ability to Earn a Family Wage*. Washington, DC: Institute for Women's Policy Research.
- Spalter-Roth, Roberta, Heidi Hartmann and Nancy Collins. 1993a. *What Do Unions Do for Women?* Washington, DC: Institute for Women's Policy Research.
- Spalter-Roth, Roberta, Heidi Hartmann, and Lois B. Shaw with Linda Andrews, Jill Braunstein, and LiLi Zandniapour. 1993b. *Exploring the Characteristics of Self-Employment and Part-Time Work Among Women*. Washington, DC: Institute for Women's Policy Research.
- Stetson, Dorothy McBride, and Amy Mazur (eds). 1995. *Comparative State Feminism*. Thousand Oaks, CA: Sage.
- Strategic Research Concepts. 1998. *Estimates of National Voter Turnout for 1992 and 1996: Using Voter News Service Exit Poll Proportions, Census Estimates of Voting Age Population, and Certified Election Returns*. Rockville, MD: Strategic Research Concepts.
- Thomas, Sue. 1994. *How Women Legislate*. New York: Oxford University Press.
- U.N. Fourth World Conference on Women. 1995. *Beijing Declaration and Platform for Action*. New York: United Nations.
- Urban Institute. 1996. "Health Reform and Its Implications for Employers." *Update* 21.
- U.S. Department of Commerce, Bureau of the Census. 1998a. "Educational Attainment in the United States: March 1997." *Current Population Reports* P20-505. Washington, DC: U.S. Department of Commerce, Bureau of the Census.
- U.S. Department of Commerce, Bureau of the Census. 1998b. *Estimated Median Age at First Marriage, by Sex: 1890 to the Present*. Table from website. <<http://www.census.gov/population/socdemo/ms-la/tabms-2.txt>>
- U.S. Department of Commerce, Bureau of the Census. 1998c. *Historical Income Tables—Persons 15 Years and Over by Median Earnings and Sex: 1967 to 1996*. Tables from website. <<http://www.census.gov/hhes/income/histinc/p31b>>
- U.S. Department of Commerce, Bureau of the Census. 1998d. *Percent of People 25 Years Old and Over Who Have Completed High School by Race, Hispanic Origin and Gender: Selected Years 1940 to 1997; published June 1998*. Table from website. <<http://www.census.gov/population/socdemo/education/tablea-02.txt>>
- U.S. Department of Commerce, Bureau of the Census. 1998e. *Race by Sex by Employment Status*. Table from website. <<http://www.census.gov/cdrom.lookup/902775823>>
- U.S. Department of Commerce, Bureau of the Census. 1997a. *Estimates of the Population of States: Annual Time Series, July 1, 1990, to July 1, 1996*. Washington, DC: Population Estimates Program.
- U.S. Department of Commerce, Bureau of the Census. 1997b. *Estimates of the Population of States by Age Group and Sex: 1990 and 1996*. Population Paper Listing 68. Washington, DC: U.S. Bureau of the Census.
- U.S. Department of Commerce, Bureau of the Census. 1997c. *Population Projections for States, by Age, Sex, Race, and Hispanic Origin: 1995 and 2025*. Population Paper Listing 47. Washington, DC: U.S. Bureau of the Census.
- U.S. Department of Commerce, Bureau of the Census. 1997d. "Poverty in the U.S.: 1996." *Current Population Reports* P60-198.
- U.S. Department of Commerce, Bureau of the Census. 1997e. *Statistical Abstract of the United States: 1997 (117th edition)*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Commerce, Bureau of the Census. 1997f. *Women 15 to 44 Years Old Who Have Had a Child in the Last Year and Their Percentage in the Labor Force: Selected Years, June 1976 to Present*. Table from website. <<http://www.census.gov/population/socdemo/fertility/fert95/tabH4.txt>>
- U.S. Department of Commerce, Bureau of the Census. 1996a. *1992 Economic Census: Women-Owned Businesses*. Washington, DC: U.S. Government Printing Office.

- U.S. Department of Commerce, Bureau of the Census. 1996b. "Median Weekly Earnings of Full-Time Wage and Salary Workers by Detailed Occupation and Sex." *Employment and Earnings* 43 (1).
- U.S. Department of Commerce, Bureau of the Census. 1996c. "Poverty in the United States: 1995." *Current Population Reports* P60-194.
- U.S. Department of Commerce, Bureau of the Census. 1996d. *Voting and Registration in the Election of November 1994* PPL-25RV. Washington, DC: U.S. Bureau of the Census.
- U.S. Department of Commerce, Bureau of the Census. 1996e. "Who's Minding Our Preschoolers?" *Current Population Reports* P-70-53. March.
- U.S. Department of Commerce, Bureau of the Census. 1995a. *Americans with Disabilities: 1994-95 - Table 10C - Number of Full-Time Female Workers 21 to 64 Years Old and Median Monthly Earnings: 1994-95 Data from the Survey of Income and Program Participation*. Table from website. <<http://www.census.gov/hhes/disable/sipp/disbl9495/ds94t10c>>
- U.S. Department of Commerce, Bureau of the Census. 1995b. "What Does it Cost to Mind Our Preschoolers?" *Current Population Reports* P-70-52. September.
- U.S. Department of Commerce, Bureau of the Census. 1993. *Voting and Registration in the Election of November 1992* PPL-25RV. Washington, DC: U.S. Bureau of the Census.
- U.S. Department of Commerce, Bureau of the Census. 1991. *Statistical Abstract of the United States: 1991 (111th edition)*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Commerce, Bureau of the Census. 1990. *Earnings by Occupation and Education 1990*. Table from website. <<http://govinfo.library.orst.edu>>
- U.S. Department of Commerce, Bureau of the Census. 1984. *Statistical Abstract of the United States: 1985 (105th edition)*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services. 1998. *Family Violence Option*. Washington, DC: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services. 1997. *Characteristics and Financial Circumstances of AFDC Recipients: FY 1996*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services. 1996. Unpublished data. *Average CSE caseloads by AFDC/FC and AFDC Arrears only, Fiscal Year 1995. Average annual CSE Caseloads with Orders Established, FY 1995. Average Number of CSE Cases in which a Collection was made on an Obligation by AFDC/FC Arrears Only, FY 1995*.
- U.S. Department of Health and Human Services, Administration for Children and Families. 1998. *Selected Provisions of State TANF Plans, Parts I and II*. Washington, DC: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services, Health Care Financing Administration. 1997. *1997 Data Compendium*. Baltimore, MD: U.S. Government Printing Office.
- U.S. Department of Justice, Bureau of Justice Statistics. 1997. *Prisoners in 1996*. Report No. NCJ-164619, (June). Washington, DC: U.S. Department of Justice.
- U.S. Department of Labor, Bureau of Labor Statistics. 1997a. *Geographic Profile of Employment and Unemployment, 1995*. Washington, DC: Government Printing Office.
- U.S. Department of Labor, Bureau of Labor Statistics. 1997b. Unpublished Tabulations from the Current Population Survey, 1997 annual averages.
- U.S. Department of Labor, Bureau of Labor Statistics. 1995a. "BLS Releases New 1994-2005 Employment Projections." News Release No. 95-485. Washington, DC: U.S. Department of Labor.
- U.S. Department of Labor, Bureau of Labor Statistics. 1995b. *Geographic Profile of Employment and Unemployment, 1994*. Washington, DC: Government Printing Office.
- U.S. Department of Labor, Employment and Training Administration, Unemployment Insurance Service. 1998. *Unpublished IUTU Tables for 1998*.
- U.S. Department of Labor, Employment and Training Administration, Unemployment Insurance Service. 1997. *Unpublished IUTU Tables for 1996*.
- U.S. Department of Labor, Wage and Hour Division, Employment Standards Administration. 1998. *Minimum Wage and Overtime Premium Pay Standards Applicable to Nonsupervisory Nonfarm Private Sector Employment Under State and Federal Laws*. Washington, DC: U.S. Department of Labor.

Vermont Agency of Human Services, Department of Social Welfare, Office of Vermont Health Access. 1998. "Daily MC-VHAP Counts." Waterbury, VT: Office of Vermont Health Access.

Wolfinger, Raymond, and Steven Rosenstone. 1980. *Who Votes?* New Haven: Yale University Press.

Women's Vote Project, National Council of Women's Organizations (formerly Council of Presidents). 1996. *Where Are the Women Voting?* Washington, DC: Women's Vote Project '96, March 13.

Yoon, Young-Hee, Stephanie Aaronson, Heidi Hartmann, Lois Shaw and Roberta Spalter-Roth. 1994. *Women's Access to Health Insurance*. Washington, DC: Institute for Women's Policy Research.

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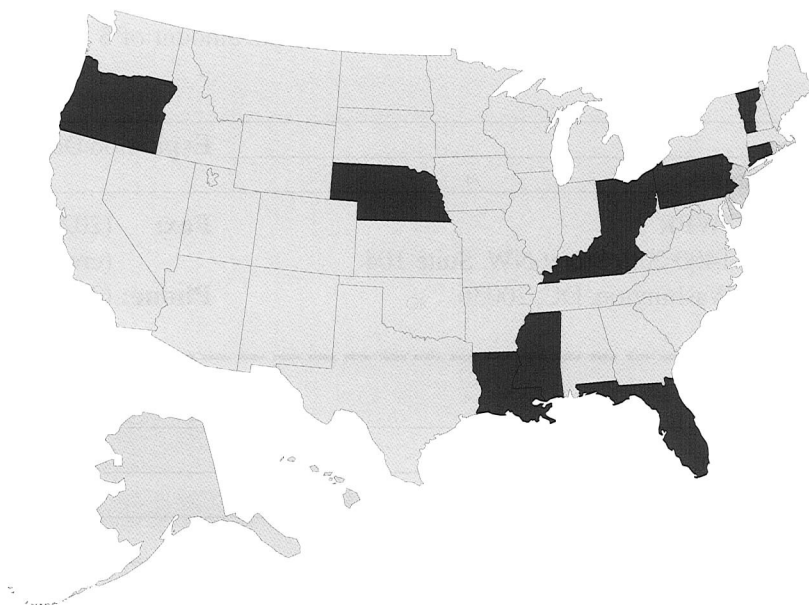
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