

The Status of Women in Hawai'i

POLITICS • ECONOMICS • HEALTH • DEMOGRAPHICS



INSTITUTE FOR WOMEN'S POLICY RESEARCH



About This Report

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

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

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

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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 poverty and welfare, employment and earnings, work and family issues, the economic and social aspects of health care and domestic violence, and women's civic and political participation.

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

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

About IWPR's Partners in this Project

In producing these reports, IWPR called upon many individuals and organizations in the states. Allicyn Hikida Tasaka, Executive Director, Hawai'i State Commission on the Status of Women, served as Chair of the Hawai'i Advisory Committee, coordinating the various individuals on the Committee, who represented organizations from all over the state. Jeanne Ohta, Hawai'i State Commission on the Status of Women, took the lead in compiling and authoring the focus boxes found in the report, as well as assisting Ms. Tasaka with the Chair's responsibilities. The Committee made many contributions, including reviewing the draft report for accuracy and applicability, making suggestions to ensure that the data contained in the report would be useful, providing data for the focus boxes, and organizing the dissemination of and publicity surrounding the release of the report. Many individuals and organizations in Hawai'i assisted in locating data and reviewing this report, and one organization has joined in co-publishing the report.

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www.iwpr.org

ISBN # 1-878428-55-1

\$15.00

IWPR # R156

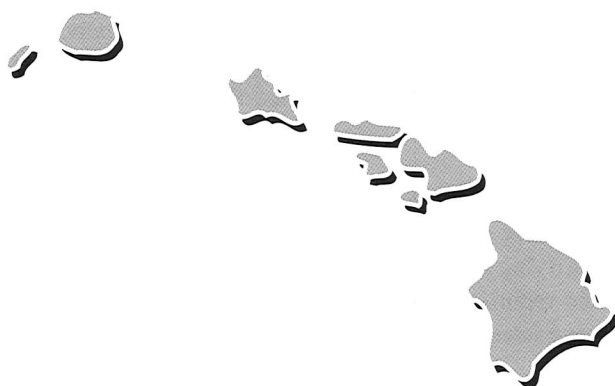
Library of Congress Catalogue Card # 00-109146

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The Status of Women in Hawai'i

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Edited by Amy B. Caiazza, Ph.D.



Institute for Women's Policy Research

with the assistance of the Hawai'i Advisory Committee

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Co-sponsoring Organizations

The Wallace Alexander Gerbode Foundation

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Acknowledgments

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

IWPR would like to express its special appreciation to the Ford Foundation for primary financial support of this project, and to Helen Neuborne and Barbara Philips Sullivan, program officers, who have both been extremely supportive of the Institute. Additional funding was provided by the Motorola Corporation, by the Wallace Alexander Gerbode Foundation for *The Status of Women in Hawai'i*, by Kristie Graham and the Stocker Foundation for *The Status of Women in Arizona*, and by the Minnesota Women's Foundation for *The Status of Women in Minnesota*.

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

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

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

IWPR's appreciation also goes to Jared Bernstein, Labor Economist, and Jeff Strohl, Programmer, at the Economic Policy Institute, who provided analysis of the 1997-99 Current Population Survey data, which was used in several sections of the report.

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

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Preface

This report is a valuable tool for those who share the goal of expanding the social equality and well-being of women and families in Hawai'i. *The Status of Women in Hawai'i*, one of nine state reports published in 2000, was written by the Institute for Women's Policy Research with contributions by and input from the Hawai'i State Commission on the Status of Women, to help policymakers and advocates address the critical issues affecting the lives of women and girls in Hawai'i. It ranks Hawai'i against the rest of the United States on issues such as the gender-based wage gap, educational equity, economic security, poverty, political participation and the use of voting power, health and reproductive rights.

Throughout this report you will find Asian and Pacific Islander and Native Hawaiians reported as one group due to the federal reporting of demographics. The findings for the aggregate group may not necessarily reflect the experiences of each individual group. It is important to note that the recent changes in census categories, including the addition of Native Hawaiian and Pacific Islander, and the newly created President's Commission on Asian and Pacific Islanders are likely to increase the availability of data specific to these populations.

This report is offered as a catalyst to initiate interaction between policymakers and advocates for the purpose of effecting change and increasing equality between men and women.

Overall Findings about Women's Status in Hawai'i

The people of Hawai'i can take pride in the fact that some enlightened public policies have led to measurable gains for women. Compared to the United States as a whole, Hawai'i women:

- ◆ Rank first in the percent of non-elderly women with health insurance in 1997;
- ◆ Rank second for the ratio of women's to men's earnings;
- ◆ Rank third for women's business ownership in 1992;
- ◆ Rank third for accessibility to reproductive and family planning services;
- ◆ Rank eleventh for women with four or more years of college;
- ◆ Rank seventeenth for labor force participation in 1998; and
- ◆ Rank eighteenth for median annual earnings in 1997.

However, there is still a long way to go! Among the report's troubling findings are that:

- ◆ Almost 47 percent of single females with children in Hawai'i are living in poverty in 1997;
- ◆ Hawai'i ranks 50th among all the states for women's voter turnout for the 1992 and 1996 elections combined;
- ◆ Hawai'i ranks 49th among all the states for women's voter registration;
- ◆ Hawai'i ranks 49th for women in managerial and professional occupations in 1998; and
- ◆ Women still lack many legal guarantees that would help them achieve equality with men.

Economic Vitality of Hawai'i's Women and Families

The data in the report highlight both the positive and negative aspects of the economic vitality of Hawai'i's women and families. While the report demonstrates that women in Hawai'i rank relatively well on indicators of median annual earnings, labor force participation, women's business ownership, and the ratio of women's to men's earnings, the vitality of poor women remains a growing concern.

Although in the recent past welfare reform has been touted as the key policy focus for alleviating poverty, real progress requires a concerted, integrated effort encompassing many state agencies and the business community. At a minimum Hawai'i needs:

- ◆ More affordable housing and affordable, high-quality child care;
- ◆ More family wage jobs and rewards for employers who pay living wages and offer benefits;
- ◆ Tax reform to more evenly distribute taxes between corporations and individuals;

- ◆ Reform of the state Earned Income Tax Credit, so that poor and working families do not pay disproportionately high state taxes; and
- ◆ Mandated resources for agencies that work with poor women and families to assist families in moving out of poverty.

Over 66 percent of women with children under age 6 participate in Hawai'i's labor force. With such a large population of working mothers, affordable and high-quality child care is imperative. Hawai'i must do better by our children, using licensing requirements, educational opportunities for providers, and economic assistance to low-income families to ensure the safety and well-being of our most vulnerable residents.

Education and Health Care in Hawai'i

The report also highlights Hawai'i's standing on education and health care. Data in the report indicate that:

- ◆ 20.9 percent of women in Hawai'i had four or more years of college, compared with 17.6 percent nationally;
- ◆ 48.9 percent of Hawai'i women had more than a high school education, compared with 42.6 percent nationally;
- ◆ Women in Hawai'i have relatively low rates of mortality from heart disease, breast cancer, and lung cancer; however, mortality rates differ greatly by ethnicity; and
- ◆ Women in Hawai'i use the preventive services of mammograms, pap smears, and cholesterol screenings at rates higher than women nationally.

While these data demonstrate that women in Hawai'i are on the whole doing well in both education and health care, there is always room for improved policies and implementation.

Diversity in Hawai'i

All of us lose when women, children, communities of color, Native Hawaiians, gays and lesbians, the disabled or the non-English-speaking do not share equally in the opportunities our Aloha State has to offer. Hawai'i's diversity requires that policymakers and advocates look beneath statistics on all women in Hawai'i and look specifically at the status of different groups of women in Hawai'i. Unfortunately, data on many of these women are limited, and thereby creative and targeted policy solutions are impaired. Therefore, it is imperative that Hawai'i continue to engage in collecting women-specific and ethnicity-specific data, compiling reports with Hawai'i-specific solutions, and prioritizing an action plan for major changes to ensure equal opportunity for all in Hawai'i.

In addition, while enhancing women's status is important to women, many men share the vision that equality between men and women and among racial and ethnic groups is good public policy. We need to elect more women and men who bring that vision to public office. While Hawai'i ranks high on the number of female elected officials, we are nowhere near equity in political representation. In 1999-2000, only 17 out of 76 state legislators were women. And it is not enough to elect good representatives. We all have a role to play in advocating for progressive public policies.

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

Women's issues are family issues, and they affect everyone!

Allicyn C. Hikida Tasaka

Executive Director, Hawai'i State Commission on the Status of Women
Chair, Hawai'i State Advisory Committee, *The Status of Women in Hawai'i*

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Introduction

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

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

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

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

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

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

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

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

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

About the Indicators and the Data

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

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

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

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

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

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

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

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

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

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

About IWPR

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

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

Overview of the Status of Women in Hawai'i

Women in Hawai'i exemplify both the achievements and shortfalls of women's progress over the past century. Many Hawai'i 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, Hawai'i scores in the top ten on three composite indices: the state is first in health and well-being, third in reproductive rights, and seventh in economic autonomy. The state is also in the top

third, at 16th, for women's employment and earnings and slightly above the midpoint for all states, at 21st, for political participation (see Chart I, Panel A).

Despite improvements and the strong performance of Hawai'i, however, women do not do as well as men in any state, and even those states with better rankings do not ensure equal rights for women. Women in Hawai'i still face significant problems that demand attention from policymakers, women's advocates and researchers concerned with women's status. As a result, in an evaluation of Hawai'i

**Chart I. Panel A.
How Hawai'i Ranks on Key Indicators**

Indicators	National Rank*	Regional Rank*
Composite Political Participation Index	21	4
Women's Voter Registration, 1992-96	49	4
Women's Voter Turnout, 1992-96	50	5
Women in Elected Office Composite Index, 2000	7	3
Women's Institutional Resources, 2000	1	1
Composite Employment and Earnings Index	16	4
Women's Median Annual Earnings, 1997	18	4
Ratio of Women's to Men's Earnings, 1997	2	1
Women's Labor Force Participation, 1998	17	2
Women in Managerial and Professional Occupations, 1998	49	5
Composite Economic Autonomy Index	7	1
Percent with Health Insurance Among Nonelderly Women, 1997	1	1
Educational Attainment: Percent of Women with Four or More Years of College, 1990	11	2
Women's Business Ownership, 1992	3	1
Percent of Women Above the Poverty Level, 1997	29	4
Composite Reproductive Rights Index	3	1
Composite Health and Well-Being Index	1	1

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

* The national rankings are of a possible 51, referring to the 50 states and the District of Columbia except for the Political Participation indicators, which do not include the District of Columbia. The regional rankings are of a maximum of five and refer to the states in the Pacific West Region (AK, CA, HI, OR, WA).

Calculated by the Institute for Women's Policy Research.

Chart I. Panel B.
Criteria for Grading and Hawai'i's Grades

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

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

women's status compared with goals set for women's ideal status, Hawai'i earns a grade of A- in reproductive rights and in health and well-being; B in economic autonomy; and C+ in employment and earnings. The state falls to C for political participation (see Chart I, Panel B).

Hawai'i's rankings and grades for each of the composite indices were calculated by combining data on several indicators of women's status in each of the

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

Hawai'i joins Alaska, California, Oregon, and Washington as part of the Pacific West region.

Among these five states, Hawai'i's rankings vary. While the state is first on three composites, economic autonomy, reproductive rights, and health and well-being, it falls to fourth on two composites, political participation and employment and earnings.

Hawai'i is a small state, with just under 600,000 women of all ages. Women in Hawai'i have relatively high labor force participation rates. The majority of women in Hawai'i are Asian/Pacific Islander Americans (approximately 63.1 percent compared with 3.6 percent nationally). In contrast, only 26.7 percent of Hawai'i's women are white, compared with 73.0 percent nationally. The state also has a smaller population of Hispanic women (8.0 percent versus 9.8 percent), Native American women (0.5 versus 0.8 percent), and African American women (1.8 compared with 12.8 percent) than the nation as a whole. However, the state also has a substantially higher percentage of women who are foreign-born than nationally (approximately 17 percent versus 8 percent). Hawai'i's women are less likely to live in single-person households but more likely to live in married-coupled families than women in other states. Hawaiian women are also much more likely to live in rural areas (see Appendix I for further details on the state's demographics).

Women across Hawai'i do not all share the same life experiences, and not all women enjoy equal access to Hawai'i's political and economic resources. While this report relies primarily on aggregate data for the state—data which are comparable with those available for other states—it does not seek to deny important differences among Hawai'i's women. For example, limited access many women have to resources due to the difficulty of travel between islands is an important factor affecting their status. Race and ethnicity also play important roles. Recognizing these differences is important both to understanding the limitations of the aggregate data presented here and to developing policies that can benefit all of Hawai'i's women.

Political Participation

Because Hawai'i's women have above average proportions of female elected representatives and more

institutional resources than women in most states, their ranking on this index is above average at 21st of 50. However, Hawai'i's women's voting and voter registration rates rank quite low, at 50th and 49th in the nation. In addition, despite the state's high ranking for women in elected office (7th), women in Hawai'i hold nowhere near a proportional number of political offices. For example, less than a quarter of the state's legislature is composed of women. Thus the state receives a C on this index.

Employment and Earnings

Hawai'i's ranking on the employment and earnings composite index (16th) encompasses a wide range of rankings on the indicators included in it. The ratio of women's to men's earnings is near the top for all states, at second. Women's labor force participation (17th) and women's median earnings (18th) are above the national average. However, the state ranks near the bottom of all states, at 49th, for women in managerial and professional occupations. A continued lack of equity earns the state a C+ on the employment and earnings composite index.

In addition, in Hawai'i a very large proportion, about 66 percent, of women with children under six years of age is currently participating in the workforce. Hawai'i's parents increasingly need adequate and affordable child care, a policy demand not yet adequately addressed in Hawai'i or in the United States as a whole. In an economic era when all able or available parents generally work for pay to support their children, public policies lag far behind reality.

Economic Autonomy

Hawai'i ranks seventh in IWPR's composite index of economic autonomy. Its ranking for women with health insurance is first in the nation, and the state is third for women's business ownership and 11th for women's educational attainment. However, many of the state's women face serious obstacles in this domain as well. Almost 47 percent of single females with children are living in poverty, slightly more than the national poverty rate for this family

type, and the state ranks below the midpoint for all states, at 29th, for women in poverty. Hawai'i's room for improvement is reflected in its grade of B for this composite index.

Reproductive Rights

Hawai'i's women have many of the reproductive rights identified as important, and as a result the state ranks third on this composite index. The state allows access to abortion without a waiting period for parental consent for minors, and it requires health insurers to cover contraceptives and infertility treatments, for example. However, the state does not guarantee lesbians the right to adopt their partners' biological children and does not require that schools provide sex education. Because it still has some room for improvement, Hawai'i receives a grade of A- on the reproductive rights index.

Health and Well-Being

Women in Hawai'i have relatively good health status compared with women in other states. They have lower mortality from heart disease, lung cancer and breast cancer than women in the nation as a whole. Their mental health is also much better and they experience activities limitations due to health less

often than women nationally. As a result, the state ranks first in the nation and receives an A- for women's health and well-being. The higher status of women in the state may be related to high rates of access to health insurance, preventive services and good health habits.

Women in Hawai'i could benefit even further from policies they currently lack, including requiring insurers to allow women to identify a specialist in obstetrics and gynecology as their primary care physician and to cover screenings for cervical cancer and osteoporosis.

Conclusion

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

Women's Resources and Rights Checklist

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

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

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

Many of the indicators in Chart II can be affected by state policy decisions (see Appendix III for detailed explanations of the indicators). As a result, the Women's Resources and Rights Checklist provides a measure of Hawai'i's commitment to policies designed to help women achieve economic, political, and social well-being. In Hawai'i, women enjoy many of the rights and resources identified with women's well-being, although they lack others. The state receives a total score of 19 out of 28 possible measures presented in the Women's Resources and Rights Checklist.

Violence Against Women

Hawai'i has adopted a few of the policies and provisions identified in this report that can help curtail violence against women and protect victims, but it lacks several others. The state has adopted domestic battery laws that supplement assault statutes. Creating a separate offense for domestic battery allows enhanced penalties for repeat offenders and equal treatment for victims of domestic violence, since victims of domestic violence are often treated less seriously than victims of other kinds of assault (Miller, 1999a). A total of 30 states have adopted this type of law. In contrast, Hawai'i does not by law require domestic violence training among new police recruits to ensure that police are aware of state laws, the prevalence and significance of domestic violence, and the resources available to victims (Miller, 1999a). Thirty-one states and the District of Columbia require domestic violence training by statute.

In addition to domestic violence policies, many states also have provisions related to crimes such as stalking, harassment, and sexual assault. In ten states, a first stalking offense is considered a felony, while in 23 others stalking can be classified as either a felony or a misdemeanor, depending on circumstances such as use of a weapon or prior convictions. Straight felony status is considered preferable because it usually leads to quicker arrest, since

Chart II.
Women's Resources and Rights Checklist

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Violence Against Women				
Is domestic violence a separate criminal offense in Hawai'i?	✓			30
Does Hawai'i law require domestic violence training of new police recruits?		✓		32
Domestic violence and sexual assault spending per person:			\$5.95	\$1.34
Is a first stalking offense a felony in Hawai'i?		✓		10
Does Hawai'i law require sexual assault training for police and prosecutors?		✓		10
Child Support				
Percent of single-mother households receiving child support or alimony:			40%	34%
Percent of child support cases with orders for collection in which support was collected:			46.1%	39.2%
Welfare Policies				
Does Hawai'i extend TANF benefits to children born or conceived while a mother is on welfare?	✓			27
Does Hawai'i allow receipt of TANF benefits up to or beyond the 60-month federal time limit?	✓		60-month limit	30
Does Hawai'i allow welfare recipients at least 24 months before requiring participation in work activities?	✓			23
Hawai'i provide transitional child care under TANF for more than 12 months?	✓		No limit; sliding fee based on income	33
Has Hawai'i's TANF plan been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence?	✓		Certified	40
In determining welfare eligibility, does Hawai'i disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job?	✓			25
Average TANF benefit in Hawai'i, 1997-98:			\$519.78	\$358.08
Employment/Unemployment Benefits				
Is Hawai'i's minimum wage higher than the federal level as of March 2000? ¹	✓			11
Does Hawai'i have mandatory temporary disability insurance?	✓			5
Does Hawai'i provide Unemployment Insurance benefits to:				
Low-wage workers?	✓			12
Workers seeking part-time jobs?		✓		9
Workers who leave their jobs for certain circumstances ("good cause quits")?	✓			23

Chart II continued

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
As of July 2000, has Hawai'i proposed policies allowing workers to use Unemployment Insurance for paid family leave?		✓		0 Enacted; 13 Proposed
Has Hawai'i implemented adjustments to achieve pay equity in its state civil service?	✓			20
Sexual Orientation and Gender Identity				
Does Hawai'i have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity?	✓			19
Does Hawai'i have a Hate Crimes law covering sexual orientation?		✓		24
Has Hawai'i avoided adopting a ban on same-sex marriage?		✓		20
Reproductive Rights				
Does Hawai'i allow access to abortion services:				
Without mandatory parental consent or notification?	✓			9
Without a waiting period?	✓			33
Does Hawai'i provide public funding for abortions under any or most circumstances if a woman is eligible?	✓			15
Does Hawai'i require health insurers to provide comprehensive coverage for contraceptives?	✓			11
Does Hawai'i require health insurers to provide coverage of infertility treatments?	✓			10
Does Hawai'i allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child? ²			No case has been tried	21
Does Hawai'i require schools to provide sex education?		✓		18
Institutional Resources				
Does Hawai'i have a Commission for Women?	✓			39
Total Policies³	19	8		28 possible

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

¹ As of September 1, 1997, the federal minimum hourly wage was increased to \$5.15. Hawai'i's minimum wage is \$5.25. However, an employee earning a guaranteed monthly compensation of \$1250 or more is exempt from the state minimum law.

² Most states that allow such adoptions do so as the result of court decisions. In Hawai'i, no case has yet been decided.

³ Policies in the "yes" and "no" columns do not add up to 28 because some of Hawai'i's policies have mixed evaluations and thus fall in the "other" column.

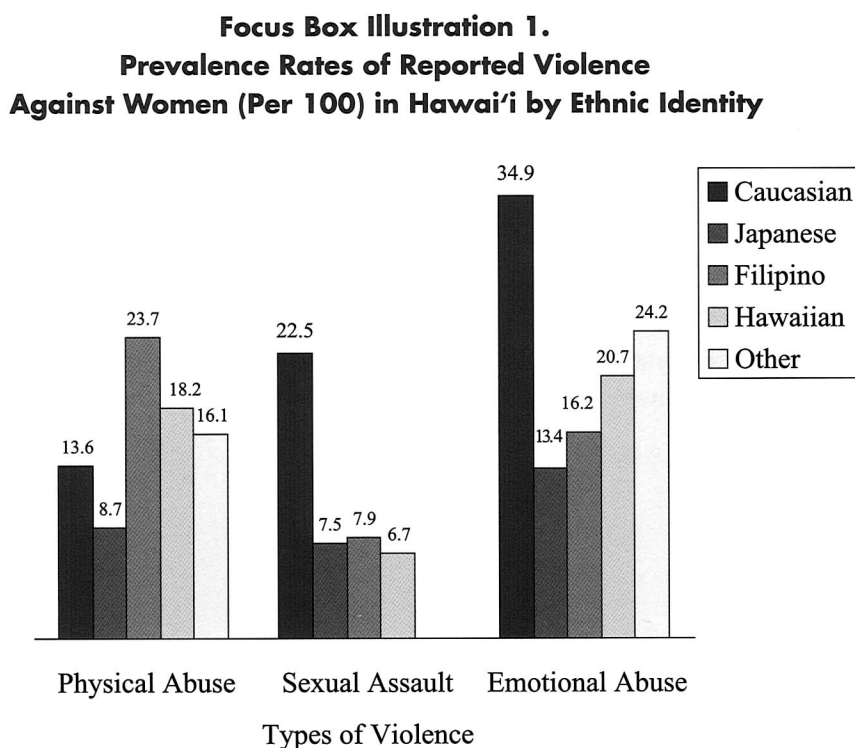
Compiled by the Institute for Women's Policy Research.

Focus on Violence Against Women in Hawai'i

While violence against women is a serious problem among women of all races and ethnicities, its known prevalence in Hawai'i varies dramatically by ethnic identity. For example, according to a 1999 survey of 332 women in O'ahu, Japanese or Hawaiian women are significantly less likely to be willing to seek help for physical abuse than Caucasian women in Hawai'i (Goebert, 2000). These differences may reflect cultural differences in reporting the occurrence of physical abuse, sexual assault, and emotional abuse. Differences in reporting rates may also reflect cultural differences in defining or recognizing violence.

Illustration 1 presents age-adjusted prevalence rates of violence against women in Hawai'i by ethnic identity. Based on studies of underreporting in community samples, these rates should be considered conservative estimates. Actual rates are likely to be higher.

Because, as the illustration shows, the prevalence of reported violence varies tremendously by ethnic identity, the design and implementation of violence prevention programs and resources for victims of violence should take cultural differences into account.



Source: Goebert, 2000.

otherwise police must investigate the level of seriousness of the stalking in determining probable cause (U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998). In Hawai'i, a first stalking offense is considered a misdemeanor (Hawai'i, 1992). In addition, ten states have legislative provisions requiring training on sexual assault for police and prosecutors. Hawai'i is not one of those states.

In fiscal year 1994-95, Hawai'i administered \$5.95 in federal and state funds for domestic violence and sexual assault programs per person in the state, more than four times the U.S. average of \$1.34. Of this money, 82 percent came from state sources, while 18 percent came from federal sources. Of the state money, 76 percent was spent on domestic violence programs and 24 percent was spent on sexual assault programs. Of the federal money, 80 percent was spent on domestic violence programs and 20 percent was spent on sexual assault programs. Investing in programs to decrease the prevalence of domestic battery and sexual assault, as well as to provide services to victims, is important to reducing both types of crimes and to helping victims rebuild their lives.

In Hawai'i, public funds support victim and perpetrator services and, to a lesser extent, prevention (Hawai'i State Commission on the Status of Women, 1997). These funds are administered by the Departments of Health, Human Services, the Attorney General and the Judiciary. Based on the funding matrix developed by these agencies in 1996, only about 6 percent of the \$7.3 million expended on domestic and sexual violence is spent on prevention, about 40 percent is spent on perpetrator services, and 54 percent is spent on victim services. The number of victims served, primarily women, is substantially greater than the number of perpetrators served, primarily men, and as a result victim service costs typically represent a much lower per individual amount. Not surprisingly, an increase in the availability of services to female victims of violence in Hawaii results in an increase in the use of services (Hawai'i State Commission on the Status of Women, 1993).

An additional resource in Hawai'i is the state-funded Coalition for the Prevention of Sexual Assault,

which seeks to involve public, private, and voluntary resources in a collaborative effort to ensure the availability of quality services and programs for the prevention of sexual assault (Amaral, 2000; for more detail, see Focus on Violence Against Women in Hawai'i).

Child Support

Many mother-headed households experience low wages and poverty, and child support or alimony is one way to supplement their depressed incomes. In the United States, approximately 34 percent of female-headed households receive some level of child support or alimony. In Hawai'i, 40 percent receive such support, somewhat above the national average.

According to the U.S. Department of Health and Human Services Office of Child Support Enforcement, 55 percent of all child support cases that go to trial are granted a support order by a judge. However, child support is collected in only 39.2 percent of cases with orders (or about 22 percent of all child support cases). The enforcement efforts made by state and local agencies can affect the extent of collections (Gershenzon, 1993). Of all child support cases with orders for collection in Hawai'i, child support was collected in 46.1 percent. This proportion is above the average for the United States as a whole. IWPR research shows that child support can make a substantial difference in low-income families' lives by lifting many out of poverty. Among non-welfare, low-income families with child support agreements, poverty rates would increase by more than 30 percent without their child support income (IWPR, 1999).

Welfare Policies

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) enacted the most sweeping changes to the federal welfare system since it was established in the 1930s. PRWORA ended entitlements to federal cash assistance, replacing the Aid to Families with Dependent Children (AFDC) program with the Temporary Assistance for Needy Families (TANF) program.

Where AFDC provided minimal guaranteed income support for all eligible families (most frequently those headed by low-income single mothers), TANF benefits are restricted to a five-year lifetime limit and are contingent on work participation after 24 months. TANF funds are distributed to states in the form of block grants, and states are free to devise their own eligibility rules, participation requirements and sanction policies within the federal restrictions.

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

Hawai'i has not adopted a "Family Cap," which would limit or eliminate TANF benefits to children born or conceived while a mother receives welfare. As of August 1999, 24 states have Child Exclusion policies, or Family Caps. Of these states, two have a modified Family Cap and therefore give partial increases in benefits to additional children. Twenty-six states and the District of Columbia do not have any kind of Family Cap (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c).

Hawai'i's time limits on receiving TANF are the maximum they can be under federal regulations. In Hawai'i, recipients are limited to 60 months, while the average for all states is just over 46 months. Twenty-seven states and the District of Columbia have a time limit of 60 months (the maximum allowed under federal law). Nineteen other states report lifetime time limits of less than 60 months. Four states have no lifetime limits for individuals complying with TANF requirements. Of these four, two supplement federal funds with state monies, and two have other kinds of restrictions on receipt after 24 months (U.S. Department of Health and Human

Services, Administration for Children and Families, 1999c).

Federal law requires nonexempt residents to participate in work activities within two years of receiving cash assistance. States have the option of establishing stricter guidelines, and many have elected to do so. In 20 states, nonexempt recipients are required to engage in work activities immediately under TANF. Six states have work requirements within less than 24 months. Twenty-two states and the District of Columbia require recipients to work within 24 months or when determined able to work, whichever comes first. In one state, Arizona, work requirements are evaluated on an individual basis (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). Welfare recipients in Hawai'i have 24 months before they are required to work, allowing them time to upgrade their skills through training or education.

PRWORA also replaced former child care entitlements with the Child Care and Development Fund, which consolidated funding streams for child care and provided new child care funds to states. This new system requires that states use no less than 70 percent of the new funds to provide child care assistance to several types of families: those receiving TANF, those transitioning away from welfare through work activities, and those at risk of becoming dependent on TANF (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). In addition to these funds, many states use TANF funds or additional state funds to provide child care services. States also have substantial discretion over designing their child care programs, including how long they provide child care services to families. Currently, while all of the states provide a minimum of 12 months of child care to families transitioning away from welfare, 33 states, including Hawai'i, extend child care beyond 12 months. Hawai'i provides child care to families for as long as families are income eligible. Expanded child care services are a crucial form of support for working families, especially single mothers, and are critical to ensuring families' self-sufficiency.

As of August 1999, 27 states and the District of Columbia were recognized by the U.S. Department

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

PRWORA also gave states increased flexibility in how they treat earnings in determining income eligibility for TANF applicants. One standard for measuring the generosity of state rules is whether they disregard 50 percent or more of the earnings of a full-time, minimum-wage worker. Hawai'i has a relatively generous policy on how it treats earnings in determining TANF eligibility. The state disregards at least 50 percent of earnings for a full-time, minimum-wage job. Generous earnings disregards can help ease the transition away from welfare for women and their families as they strive for self-sufficiency.

In the United States as a whole, in the period from October 1997 to September 1998, over three million families received an average cash assistance benefit of \$358.08 per month. In Hawai'i, the average monthly benefit was \$519.78, substantially above the national average (U.S. Department of Health and Human Services, Administration for Children and Families, 1999b).

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

extend their eligibility for receiving benefits. Through rigorous training of caseworkers, an emphasis on informing welfare recipients of their rights, and other policies, states can work to ensure that welfare recipients are able to take full advantage of the economic and support services available to them.

Employment/Unemployment Benefits

Employment policies and protections are crucial to helping women achieve economic self-sufficiency and to providing them a safety net during periods of unemployment. Hawai'i's employment policies are generally supportive of women workers. The state could adopt a few additional policies, however, to help women workers.

The minimum wage is particularly important to women because they constitute the majority of low-wage workers. Recent research by IWPR and the Economic Policy Institute found that women would be a majority of the workers affected by a one-dollar increase in the minimum wage (Bernstein, Hartmann, and Schmitt, 1999). As of March 2000, ten states and the District of Columbia had minimum wage rates higher than the federal level of \$5.15. Six states had minimum wage rates lower than the federal level (but the federal level generally applies to most employees in these states). Seven states had no minimum wage law, and 27 states had state minimum wages equal to the federal level. In Hawai'i, the minimum wage is higher than the federal level (at \$5.25), bringing higher earnings to many women (U.S. Department of Labor, 1999).

Temporary Disability Insurance (TDI) is also an important resource for women because it provides partial income replacement to employees who leave work because of an illness or accident unrelated to their jobs. In the five states with mandated programs (California, Hawai'i, New Jersey, New York and Rhode Island), employees and/or their employers pay a small percentage of the employee's salary into an insurance fund and, in return, employees are provided with partial wage replacement if they become ill or disabled. Moreover, in states with TDI programs, women workers typically receive eight to 12

weeks of partial wage replacement for maternity leave through TDI (Hartmann, Yoon, Spalter-Roth and Shaw, 1995). Hawai'i's TDI program is an important resource for women.

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

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

Some states have implemented pay equity remedies, which are policies designed to raise the wages of jobs undervalued at least partly because of the sex or

race of the workers who hold those jobs. By 1997, 20 states had implemented programs to raise the wages of workers in female-dominated jobs in their states' civil services (National Committee on Pay Equity, 1997). A study by IWPR found that for states that implemented pay equity remedies, the remedies improved female/male wage ratios (Hartmann and Aaronson, 1994). Hawai'i has implemented policies within its state civil service to achieve pay equity.

Sexual Orientation and Gender Identity

Hawai'i lacks a few policies that would provide lesbians and other sexual minorities access to the same rights that other citizens have. Eighteen states and the District of Columbia have adopted statutes prohibiting discrimination on the basis of sexual orientation. Hawai'i has adopted a statute prohibiting discrimination against gay, lesbian, and bisexual residents. However, this law does not prohibit discrimination in housing on the basis of sexual orientation (Hawai'i, 1999). In addition, while 23 states and the District of Columbia have passed laws creating enhanced penalties for perpetrators of hate crimes committed against victims because of their sexual orientation, Hawai'i has not passed a hate crime bill. Hawai'i has also specifically prohibited same-sex marriage. Thirty-one states have banned same-sex marriage. Only one state, Vermont, has expressly allowed gay and lesbian couples to take advantage of the same rights and benefits extended to married couples under state law, through the passage of a "civil union" act. Vermont's law was signed in April 2000 and allows gay and lesbian couples to claim benefits such as inheritance rights, property rights, tax advantages, and the authority to make medical decisions for a partner, once they register as a civil union.

Reproductive Rights

While indicators concerning reproductive rights are covered in more detail later in the report, they also represent crucial components of any list of desirable policies for women. Overall, in Hawai'i, women have relatively high levels of access to abortion,

contraception, and other family-planning resources, although the state denies lesbians the right to adopt their partners' legal children and does not require schools to provide sex education. Because of the state's policies, many women in Hawai'i have important resources that can help them make careful, informed, and independent decisions about childbearing, which can in turn have significant impact on their lives and well-being and the lives and well-being of their children.

Institutional Resources

Finally, since Hawai'i's women have a state commission for women, they have one important form of representation that might help create more women-friendly policies in their state (see the section on political participation for more details). A

total of 39 states currently have state-level commissions for women.

Conclusion

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

Political Participation

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

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

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

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

Chart III.
Political Participation: National and Regional Ranks

Indicators	National Rank* (of 50)	Regional Rank* (of 5)	Grade
Composite Political Participation Index	21	4	C
Women's Voter Registration (percent of women 18 and older who reported being registered to vote in 1992 and 1996) ^a	49	4	
Women's Voter Turnout (percent of women 18 and older who reported voting in 1992 and 1996) ^a	50	5	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2000) ^{b, c, d}	7	3	
Women's Institutional Resources (number of institutional resources for women in Hawai'i, 2000) ^{e, f}	1	1	

See Appendix II for methodology.

* The national rank is of a possible 50, because the District of Columbia is not included in this ranking. The regional rankings are of a maximum of five and refer to the states in the Pacific West Region (AK, CA, HI, OR, WA).

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

Calculated by the Institute for Women's Policy Research.

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

Overall, women in Hawai'i fare slightly above average for their levels of political participation. The state ranks above the midpoint of all states, at 21st, on the political participation composite index. However, its rankings for each of the individual indicators on this index vary greatly. The state is seventh for women in elected office (partially due to the fact that one of Hawai'i's two U.S. Representatives is a woman, Representative Patsy Mink) and first for women's institutional resources (see Chart III). Hawai'i falls to the bottom on women's voter turnout (at 50th) and is near the bottom for women's voter registration (at 49th). Regionally, Hawai'i is first for women's institutional resources and third for women in elected office, but only fourth of five for voter registration and fifth for voter turnout.

Hawai'i's performance suggests that for indicators of political participation, the state still has room for improvement. For example, many eligible women do not vote or register to vote. In addition, despite its relatively high ranking for women in elected office, substantially fewer than half of all state and national elected officials are women. Since Hawai'i could improve significantly on most indicators of political participation, the state received a grade of C for the political participation indicators.

Women throughout the country and in Hawai'i need better representation within the political process.

Voter Registration and Turnout

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

Table 1.
Voter Registration for Women and Men
in Hawai'i and the United States

	Hawai'i		United States	
	Percent	Number	Percent	Number
1996 Voter Registration*^a				
Women	54.7	243,000	67.3	67,989,000
Men	55.6	220,000	64.4	59,672,000
1992 Voter Registration*^b				
Women	62.7	271,000	69.3	67,324,000
Men	58.2	222,000	66.9	59,254,000
Number of Unregistered Women Eligible to Vote, 1996^c	N/A	142,000	N/A	23,775,000
Percentage and Number of Public Assistance Recipients Registered under the National Voter Registration Act, 1996^c	1.4	630	14.1	1,312,000

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

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

Compiled by the Institute for Women's Policy Research.

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

Neither prediction came true. Women now register and vote slightly more often than men. By 1996, almost 68 million women, or 67.3 percent of those eligible, reported being registered to vote, compared with nearly 60 million or 64.4 percent of eligible men (see Table 1). Hawai'i's voter registration rates, though, are considerably lower for both men and women than national ones. In Hawai'i, 54.7 percent of women reported being registered to vote in the November 1996 elections, while 55.6 percent of men did. Thus Hawai'i is one of the few states where women were registered to vote at lower levels than men. In contrast, in 1992 more women than men were registered to vote in Hawai'i, at 62.7 and 58.2 percent, respectively.

Women voters have constituted a majority of U.S. voters since 1964. In 1996, 53.0 percent of voters were women while in 1992, 56.0 percent were. Hawai'i has lower voter turnout than the nation as a whole. In 1992, 56.6 percent of Hawai'i's women reported voting, and 43.6 percent reported voting in 1996, compared with 62.3 percent and 55.5 percent

among women in the nation as a whole in 1992 and 1996, respectively (see Table 2). As a result Hawai'i ranks 50th among all the states and fifth in the Pacific West region for women's voter turnout in the 1992 and 1996 elections combined. Notably, voter turnout dropped substantially for both sexes in the nation as a whole between 1992 and 1996. Although Hawai'i women's turnout fell substantially in 1996, it remained slightly higher than the rate for men in Hawai'i. It was also much lower than for men and women in the United States as a whole. Overall, compared with other Western democracies, voter turnout is relatively low for both sexes in the United States.

Minority men and women in the United States generally vote at lower rates than white men and women. In 1996, 54.8 percent of white men and 57.2 percent of white women voted, compared with 46.6 percent of African American men, 53.9 percent of African American women, 24.2 percent of Hispanic men, and 29.3 percent of Hispanic women. Separate data for minority men and women are not available at the state level. However, in Hawai'i, 46.6 percent of all white adults voted in 1996. While comparable data for Asian/Pacific Islander Americans, African Americans and Hispanics who voted in Hawai'i are not available, since overall voter participation rates were only 43.1 percent, at

least some of the other racial and ethnic groups in Hawai'i must have had lower voter turnout (data not shown; U.S. Department of Commerce, Bureau of the Census, 1998b). Lower levels of voter turnout among minority men and women can mean that their interests and concerns are less well represented in the political process.

Over the years, most states in the United States have developed relatively complicated systems of voter registration. Voting has typically

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

	Hawai'i		United States	
	Percent	Number	Percent	Number
1996 Voter Turnout^a				
Women	43.6	194,000	55.5	56,108,000
Men	42.5	168,000	52.8	48,909,000
1992 Voter Turnout^b				
Women	56.6	244,000	62.3	60,554,000
Men	53.7	205,000	60.2	53,312,000

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

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

Compiled by the Institute for Women's Policy Research.

required advance registration in a few specified locations, and this system is historically a major cause of low U.S. voting rates (Wolfinger and Rosenstone, 1980). Two groups most underserved by it are the poor and persons with disabilities, and voting itself is more difficult for people with disabilities because of problems such as inadequate transportation to the polls.

Effective as of January 1995, the National Voter Registration Act (NVRA) required states to allow citizens to register to vote when receiving or renewing a driver's license or applying for AFDC, Food Stamps, Medicaid, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and disability services. Under the new welfare system, applicants for TANF and related programs continue to have the opportunity to register to vote when seeking welfare benefits. By 1996, the

NVRA successfully enrolled or updated voting addresses for over eleven million people, including 1.3 million through public assistance agencies, only 630 of whom live in Hawai'i (see Table 1). As of 1996, 14.1 percent of eligible public assistance recipients were registered to vote through public assistance offices, while in Hawai'i, only 1.4 percent were. Nearly 24 million eligible women remain unregistered in the United States, and nearly 142,000 of them live in Hawai'i.

Elected Officials

Although women constitute a minority of elected officials at both the national and state levels, their presence has grown steadily over the years. As more women hold office, women's issues are also becoming more prominent in legislative agendas (Thomas, 1994). Nine

women served in the 1999-2000 U.S. Senate (106th Congress). Women also filled 56 of the 435 seats in the 106th U.S. House of Representatives (not including Eleanor Holmes Norton, the nonvoting delegate from the District of Columbia, and Donna Christian-Green, the nonvoting delegate from the Virgin Islands). Women of color filled only 20 House seats and no Senate seats, and only one openly lesbian woman served in Congress. A woman from Hawai'i filled one of the state's two seats in the U.S. House, but no woman filled either of Hawai'i's seats in the U.S. Senate, leading to rates above the national average. Representative Patsy Takemoto Mink, a

Table 3.
Women in Elected and Appointed Office
in Hawai'i and the United States, 2000

	Hawai'i	United States
Number of Women in Statewide Executive Elected Office^{a, b}		
Women of Color ^c	1	91
	1	6
Number of Women in the U.S. Congress		
U.S. Senate ^d	0 of 2	9 of 100
Women of Color ^c	0	0
U.S. House ^e	1 of 2	56 of 435
Women of Color ^c	1	20
Number of Women Running for the U.S. Congress, 1998^{* f, g}		
U.S. Senate	1 of 2	10 of 79
U.S. House	2 of 4	121 of 779
Percent of State Legislators Who Are Women^h	22.4%	22.4%
Percent of Women in Appointed Officeⁱ	32.0%	29.8%

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

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

Compiled by the Institute for Women's Policy Research.

woman of color, filled the one seat in Congress held by a woman from the state (see Table 3).

At the state level, only one elected executive office, the lieutenant governor, was held by a woman of color in Hawai'i. The proportion of women in the state legislature is on par with the national average, as women make up 22.4 percent of the legislature, the same as the average for the nation as a whole. Finally, as of October 1999, women constituted 32.0 percent of top-level public appointees with policy-making responsibility selected by the current governor in Hawai'i. The national average is 29.8 percent.

Based on its proportion of women in elected office, Hawai'i ranks seventh in the nation and third of five states in the Pacific West region on this component of the political participation index. Its relatively high ranking despite proportionately low levels of women's representation illustrates the lack of political power women have attained by winning elected office in the country as a whole.

Research on women as political candidates suggests that they generally win elected office at rates similar to men, but far fewer women run for office (National Women's Political Caucus, 1994). In 1998, 121 women out of 779 total candidates (15.5 percent) ran for office in the U.S. House of Representatives, while ten women of 79 total candidates (12.7 percent) ran for office in the U.S. Senate. In Hawai'i, two women out of four total candidates ran for the state's two seats in the House in the 1998 general election, and one woman ran for the state's available Senate seat (CAWP, 1999b; FEC 1998a, 1998b). Thus, Hawai'i's ratio of women candidates, at 50.0 percent, was much higher than nationally.

For women to win their proportionate share of political offices in the near term, the number and percentage of seats they hold must increase much more quickly than they did during the

1990s. Policies and practices that might encourage women to run for office—including those that would help them challenge incumbents—can be integral to increasing women's political voice (Burrell, 1994). Such policies include campaign finance reform, recruitment of female candidates by political parties, and fair and equal media treatment for male and female candidates.

Institutional Resources

Women's institutional resources can play an important role in providing information about women's issues and attracting the attention of policymakers and the public to women's political concerns. They can also serve as an access point for women and women's groups to express their interests to public officials. Thus such institutions can ensure that women's issues remain on the political agenda. Hawai'i has both a state-level, government-appointed commission for women, the Hawai'i State Commission on the Status of Women, and a bicameral, formal women's caucus in the state legislature (see Table 4). Hawai'i also has county commissions for women in each of its four counties; these commissions are mandated by Hawai'i State law but established and controlled by each individual county (Hawai'i State Commission on the Status of Women, 2000). In the country as a whole, 39 states have state-level commissions for women and 34 have women's caucuses. Only fifteen states have both a state-level commission for women and caucuses in each house of the state legislature.

Table 4.
Institutional Resources for Women in Hawai'i

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

Source: ^a Compiled by IWPR, based on National Association of Commissions on Women, 1997; ^b CAWP, 1998.

Compiled by the Institute for Women's Policy Research.

Employment and Earnings

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

Families often rely on women's earnings to remain out of poverty (Cancian, Danziger and Gottschalk,

1993; Spalter-Roth, Hartmann and Andrews, 1990). Moreover, women's employment status and earnings have grown in importance for the overall well-being of women and their families as demographic and economic changes have occurred. Men, for example, experienced stagnant or negative real wage growth during the 1980s and the early portion of the 1990s. At the same time, more married-couple families now rely on both husbands' and wives' earnings to survive. In addition, more women head households alone, and more women are in the labor force.

Hawai'i ranks 16th in the nation, in the top third, and fourth in the Pacific West on the earnings and employment composite index (see Chart IV). The state ranks particularly high, at second in the nation, on the ratio of women's to men's earnings; in or near the top third on two other important measures of employment and earnings; and very near the bottom on the fourth measure. Nationwide, women in

Chart IV.
Employment and Earnings: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Employment and Earnings Index	16	4	C+
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 1997) ^a	18	4	
Ratio of Women's to Men's Earnings (median annual earnings of full-time, year-round women and men workers aged 16 and older, 1997) ^a	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, 1998) ^b	17	2	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1998) ^b	49	5	

See Appendix II for methodology.

* The national rank is out of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of five and refer to the states in the Pacific West Region (AK, CA, HI, OR, WA).

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

Calculated by the Institute for Women's Policy Research.

Hawai'i rank 17th in labor force participation, 18th in the level of women's median annual earnings, but 49th in the percent of women working in managerial and professional occupations. Within its region of five states, Hawai'i's above average rankings range from first (the wage ratio) to last (on women in management and the professions).

Despite its mostly above-average rankings, women in Hawai'i do not enjoy economic parity with men. Like women in most states, they lag significantly behind men in their wages and labor force participation. As a result, Hawai'i received a grade of C+ on the employment and earnings index.

Women's Earnings

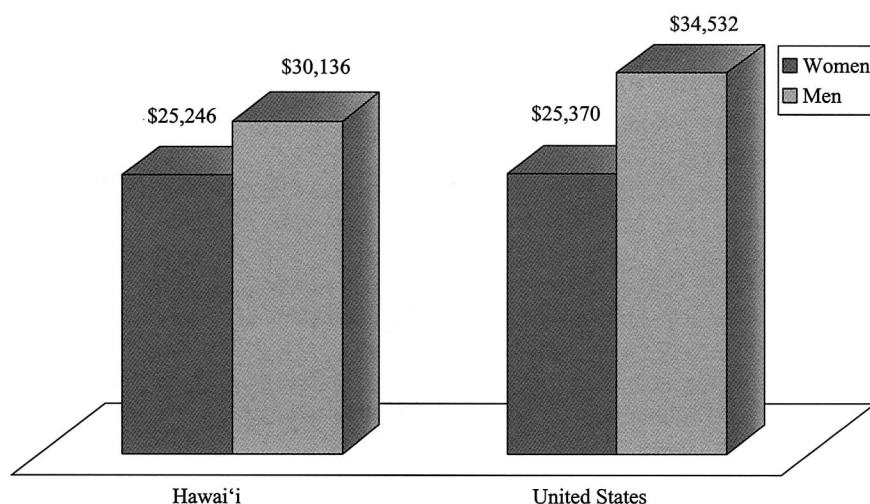
Hawai'i women working full-time, year-round have slightly lower median annual earnings than women in the United States as a whole (\$25,246 and \$25,370, respectively; see Figure 1). Median annual earnings for men in Hawai'i are substantially lower than for the United States as a whole (\$30,136 and \$34,532, respectively). Thus for women's median annual earnings, Hawai'i ranks fourth in the Pacific West region and 18th in the nation (despite Hawai'i's below average median wages, the state ranks well above the median for all states, because the national average is higher than the median wage for all states). Women in the District of Columbia rank the highest with earnings of \$30,495.

Between 1989 and 1997, women in Hawai'i saw their median annual earnings increase by 1.1 percent in real terms, a rate of growth that within the Pacific West region was behind Wash-

ington, where women's earnings increased 7.9 percent, but ahead of Oregon, California and Alaska, where women's earnings fell 1.5, 3.3, and 4.6 percent, respectively (data not shown; all growth rates are calculated for earnings that have been adjusted to remove the effects of inflation; EPI, 2000; IWPR, 1995a).

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

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



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

Source: Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

only 84 percent of white women's earnings (U.S. Department of Commerce, Bureau of the Census, 1990).

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

The Wage Gap

The Wage Gap and Women's Relative Earnings

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

In Hawai'i, women earned about 83.8 percent of what men did in 1997. Therefore, compared with the earnings ratio for the nation as whole, Hawai'i

women experience more earnings equality with men (see Figure 2). As a result, Hawai'i ranks second in the nation for the ratio of women's to men's earnings for full-time, year-round work. The District of Columbia has the highest earnings ratio at 85.7 percent. Compared with the other states in the Pacific West region, Hawai'i ranks first. California ranks second with a 78.7 percent wage ratio, and Oregon ranks fifth with a 67.7 percent wage ratio. Unfortunately, despite the state's high ranking, the wage gap remains large in Hawai'i, as it does everywhere in the United States.

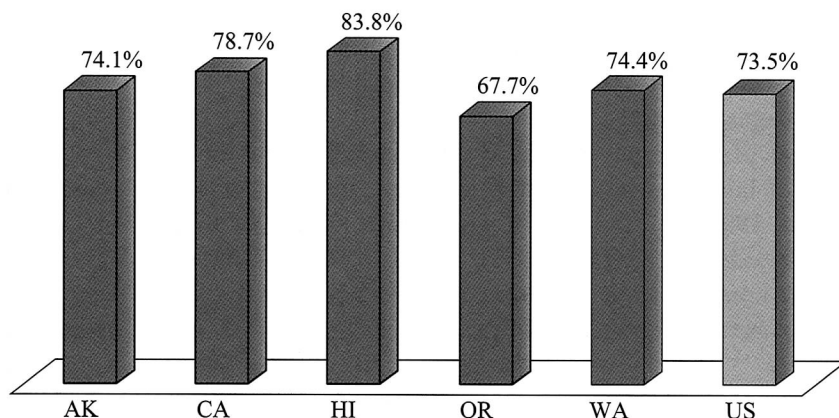
Narrowing the Wage Gap

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

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

One factor that probably also helped to narrow the earnings gap between women and men is unionization. Women have increased their

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



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

Source: Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

Focus on Working Women and Occupational Segregation in Hawai'i

One of the main factors contributing to the significant wage gap between men and women in Hawai'i, and in the nation as a whole, is occupational segregation by gender. According to the U.S. Department of Labor, Bureau of Labor Statistics, approximately 67 percent of women are employed in occupations that are traditionally female (U.S. Department of Labor, Bureau of Labor Statistics, 1999b). And as Illustration 2 demonstrates, traditionally female occupations have lower compensation than those that are traditionally male. Traditionally female jobs include bank tellers, child care workers, cashiers/checkers, receptionists, flight attendants, typists and word processors, hairstylists, telephone operators, salespersons, and secretaries. In contrast, traditionally male jobs include drafters, firefighters, law enforcement, installers, heavy equipment operators, aircraft mechanics, machinists, cement masons, electricians and plumbers.

Because traditionally female jobs generally pay less than traditionally male jobs, occupational segregation contributes not only to the wage gap but to higher levels of female poverty. Comparable worth policies and educational campaigns encouraging girls and women to enter non-traditional fields would greatly benefit the financial security of women and girls in Hawai'i.

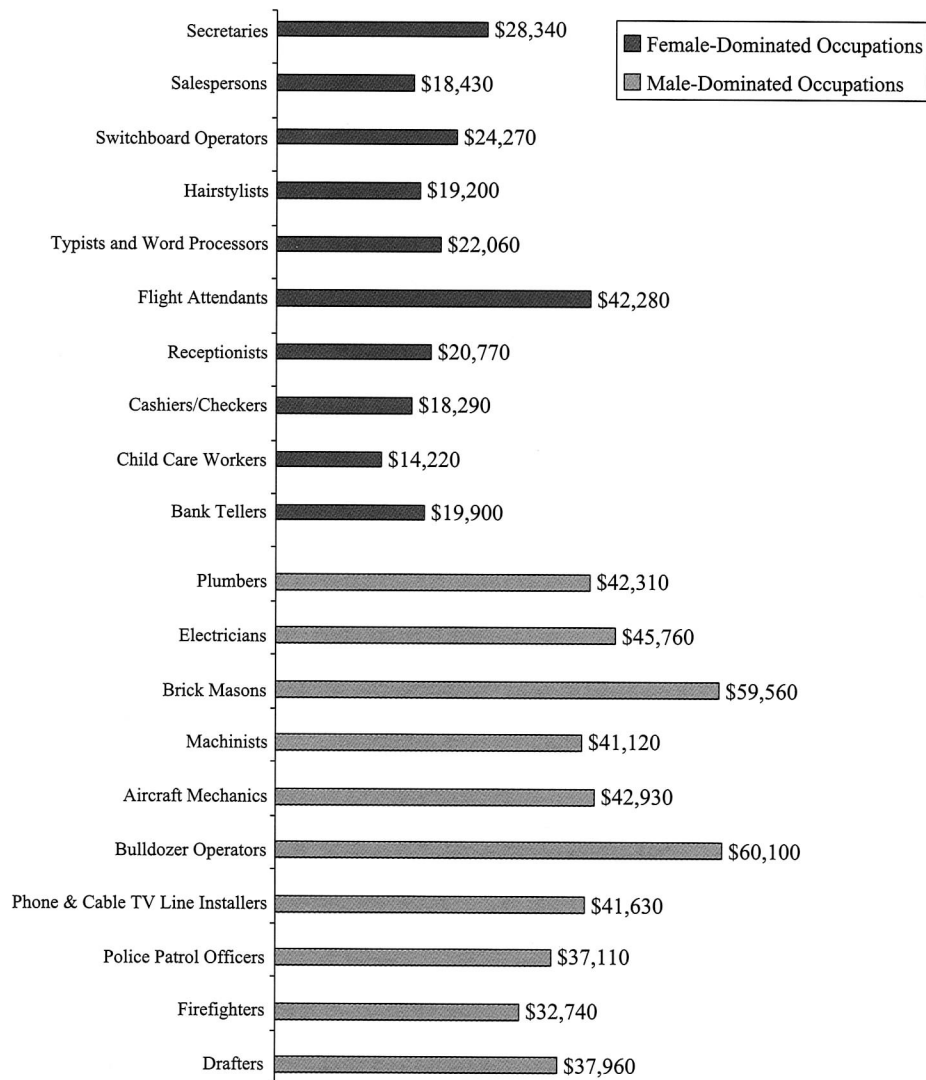
share of union membership, and being unionized tends to raise women's wages relatively more than men's. Recent research by IWPR found that union membership raises women's weekly wages by 38.2 percent and men's by 26.0 percent (data not shown; Hartmann, Allen and Owens, 1999). In Hawai'i, the wages of all unionized women were 22.8 percent higher than those of nonunionized women. Unionization also raises the wages of women of color relatively more than the wages of non-Hispanic white women and the wages of low earners relatively more than the wages of high earners (Spalter-Roth, Hartmann and Collins, 1993). In the United States as a whole, unionized minority women earned 38.6 percent more than nonunionized ones. In Hawai'i, they earned 28.0 percent more (Hartmann, Allen and Owens, 1999).

Unfortunately, part of the narrowing in the wage gap that occurred during the 1980s and 1990s was due to a fall in men's real earnings. According to research done by IWPR, less than one-half (47.8 percent) of

the narrowing of the national female/male earnings gap between 1979 and 1997 was due to women's rising real earnings, while more than half (52.2 percent) was due to men's falling real earnings. The slowdown in real earnings growth for women during the later portion of this period is even more disturbing. From 1989 to 1997, more than two-thirds (71.5 percent) of the narrowing of the gap was due to the fall in men's real earnings.

Hawai'i moved ahead of the United States as a whole substantially in increasing women's annual earnings relative to men's between 1979 and 1997 (see Figure 3). In Hawai'i, the annual earnings ratio narrowed by 31.9 percentage points, compared with 14.0 percentage points in the United States. Hawai'i moved from a wage ratio well below the national average in 1979 to a wage ratio well above the nation's in 1997. Hawai'i's high wage ratio in 1997, however, is due more to men's below-average earnings than it is to women's above-average earnings (compared to the nation as a whole).

Focus Box Illustration 2.
Annual Average Pay Across Occupations in Hawai'i, 1998

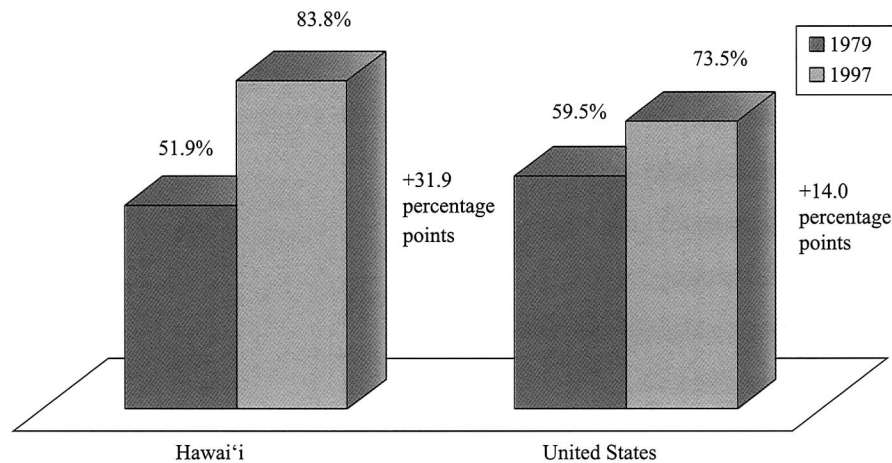


Source: U.S. Department of Labor, Bureau of Labor Statistics, 2000.

Weekly earnings data provide an interesting comparison to annual earnings figures. In 1997, women in Hawai'i earned 82.4 percent of men's weekly earnings for full-time work. Unlike annual earnings data, the weekly data released by the Bureau of Labor Statistics (BLS) do not include earnings from self-employed workers, approximately 6 percent of the labor force. Thus, because they are more complete, the annual earnings statistics are used in IWPR's employment and earnings composite indi-

cator. This ratio also indicates that Hawai'i ranks close to the top, at fourth in the nation, for this ratio of female-male median weekly earnings. According to the weekly data series, the District of Columbia ranked first in the ratio of women's to men's weekly earnings at 97.1 percent (Council of Economic Advisors, 1998; for more information on the wage gap, see Focus on Working Women and Occupational Segregation in Hawai'i).

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



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

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

Compiled by the Institute for Women's Policy Research.

Earnings and Earnings Ratios by Educational Levels

Between 1979 and 1997, women with higher levels of education in the United States saw their median annual earnings increase more than women with lower levels of educational attainment. This trend was somewhat different for Hawai'i. As Table 5 shows, Hawai'i experienced increases that ranged from 43.1 percent (in constant dollars) for women with more than a college education to 2.2 percent for women with less than a high school education, while women who had some college but not a four-year degree experienced an earnings decrease of 8.7 percent.

In contrast, women's relative earnings (as measured by the female/male earnings ratio) increased for all women in the state, indicating that men in Hawai'i did not experience as much earnings growth as women did. Those with the lowest educational attainment (less than high school completion) experienced a narrowing of 57.7 percent in the wage ratio, and those with only high school attainment experienced an increase of 90.9 percent. Unfortunately, because of a lack of data for 1979, earnings growth cannot be calculated for those with a four-year college degree. However, women with more than a four-year college education saw the wage gap narrow by 53.4 percent.

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

	Women's Median Annual Earnings 1997 ^a	Percent Change in Real Earnings 1979 ^b and 1997 ^a	Female/Male Earnings Ratio, 1997 ^a	Percent Change in Earnings Ratio, 1979 ^b and 1997 ^a
Educational Attainment				
Less than 12th Grade	\$18,360	+2.2	97.1%	+57.7
High School Only	\$22,227	+38.9	90.7%	+90.9
Some College	\$26,035	-8.7	87.6%	+24.1
College	\$33,630	N/A	78.6%	N/A
College Plus	\$44,990	+43.1	79.0%	+53.4

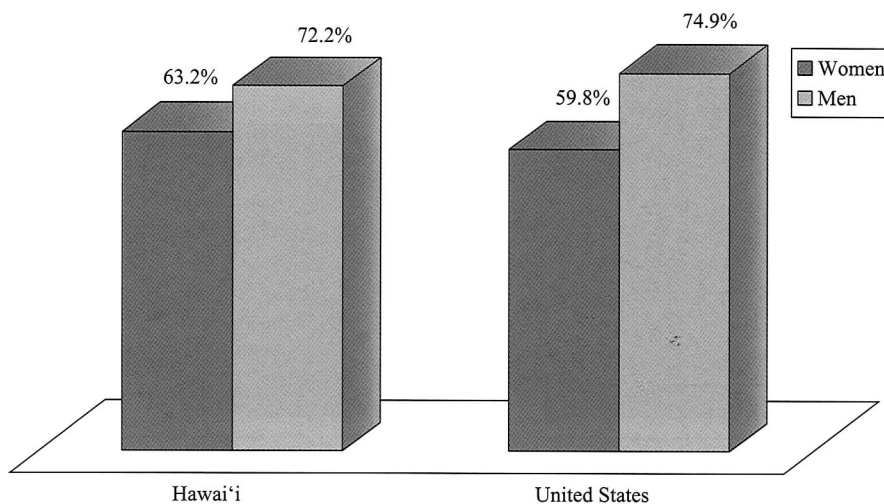
For women and men working full-time year-round.

N/A = Not available.

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

Calculated by the Institute for Women's Policy Research.

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



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

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

In 1998, 63.2 percent of women in Hawai'i were in the labor force, compared with 59.8 percent of women in the United States, earning Hawai'i the rank of 17th in the

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 further education, yet in many cases they are being encouraged or required to leave the welfare rolls in favor of immediate employment. These single mothers may be consigned to a lifetime of low earnings if they are not allowed the opportunity to complete high school and acquire a few years of education beyond high school (IWPR, 1997). As Table 5 shows, women with some college, who have completed college, or who have postgraduate training have much higher earnings than those without.

Labor Force Participation

One of the most notable changes in the U.S. economy over the past four decades has been the rapid rise in women's participation in the labor force. Between 1965 and 1997, women's labor force participation increased from 39 to 60 percent (these data reflect the proportion of the civilian noninstitutional population aged 16 and older who are employed or looking for work; U.S. Department of Labor, Bureau of

nation. In contrast, men's labor force participation rate in Hawai'i was lower than the rate for men in the United States as a whole (see Figure 4).

Unemployment and Personal Income Per Capita

In Hawai'i, a larger percent of workers is unemployed than in the nation as a whole. In 1998, the unemployment rate in Hawai'i was 6.1 percent for women and 6.4 percent for men, compared with the nation's 4.6 percent for women and 4.4 percent for men (see Figure 5).

While Hawai'i experienced higher than average unemployment rates in 1998, they experienced much lower than average rates throughout the 1980s. As a result, personal income per capita in Hawai'i grew more quickly than it did for the nation between 1980 and 1990 (24.2 percent versus 19.9 percent; see Table 6). From 1990 to 1998, as the unemployment rate increased (and exceeded the national average), income per capita in Hawai'i grew only 0.1 percentage points, compared with 13.7 percentage points for the nation. Over the entire 1980 to 1998 period, Hawai'i's per capita

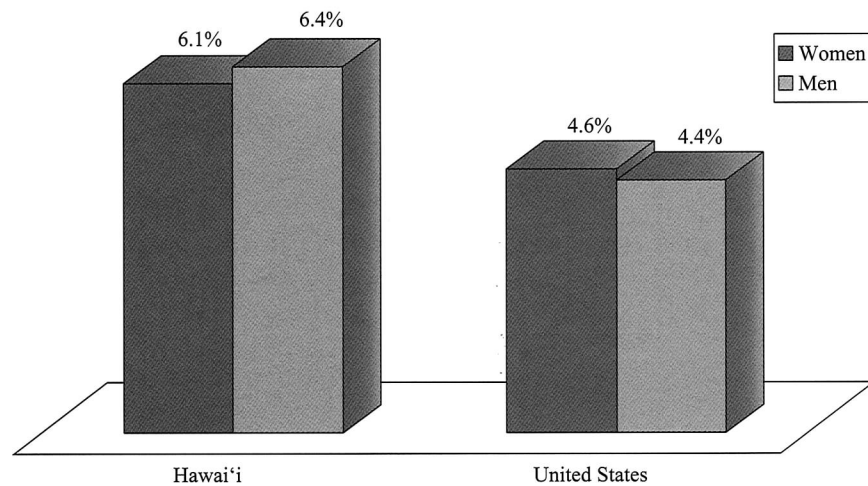
personal income growth did not keep pace with the nation's, yet Hawai'i's per capita income at \$26,137 was almost as high as the nation's (\$26,412) in 1998.

Part-Time and Full-Time Work

The percent of the female workforce in Hawai'i employed full-time is slightly smaller than the national average (68.6 percent versus 70.7 percent). The percent of the female workforce working part-time is virtually the same as in the nation as a whole (24.9 percent compared with 24.8 percent), while the percent unemployed is much larger. Within the part-time category in Hawai'i, the percent of women in the labor force who are "involuntary" part-time employees—that is, they would prefer full-time work were it available—is higher than in the United States (4.3 percent and 2.3 percent, respectively; see Table 7). This pattern reflects national trends, in which involuntary part-time work is highly correlated with unemployment rates (Blank, 1990); thus the high unemployment rate in Hawai'i corresponds with a higher rate of involuntary part-time work. In contrast, a smaller proportion of Hawai'i's female labor force is working part-time voluntarily compared with the United States as a whole (18.6 percent and 20.8 percent, respectively).

Workers are considered involuntary part-time workers if, when inter-

Figure 5.
Unemployment Rates for Women and Men
in Hawai'i and the United States, 1998



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

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

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

	Hawai'i	United States
Personal Income Per Capita, 1998	\$26,137	\$26,412
Personal Income Per Capita, Percent Change*:		
Between 1990 and 1998	+0.1	+13.7
Between 1980 and 1990	+24.2	+19.9
Between 1980 and 1998	+24.3	+36.3

* In constant dollars.

Source: U.S. Bureau of Economic Analysis, 1999.

Calculated by the Institute for Women's Policy Research.

nition therefore likely understates the extent to which women would prefer to work full-time.

Labor Force Participation of Women by Race/Ethnicity

According to analysis of data from the Current Population Survey from 1996-98, 63.5 percent of women of all races aged 16 and older in Hawai'i were in the labor force in 1997, a rate higher than in the United States as a whole, 60.1 percent (see Table 8; see Appendix II for details on the methodology used for the 1996-98 Current Population Survey data presented in this report). In Hawai'i, the largest racial/ethnic group is the composite category of Asian/Pacific Islander Americans and Native Americans. This group has a fairly high labor force participation rate, both in Hawai'i (64.2 percent) and nationally (59.8 percent). Separate data for Asian/Pacific Islander American women were not available for 1997 for either Hawai'i or the nation as a whole. However, in 1990, Asian/Pacific Islander American women had the highest participation rate (60.2 percent) of women in

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

	Hawai'i		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	301,000	296,000	63,714,000	73,959,000
Percent Employed Full-Time	68.6	81.8	70.7	85.5
Percent Employed Part-Time*	24.9	11.8	24.8	10.2
Percent Voluntary Part-Time	18.6	7.4	20.8	8.2
Percent Involuntary Part-Time	4.3	3.0	2.3	1.4
Percent Unemployed	6.1	6.4	4.6	4.4

For men and women aged 16 and older.

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

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1999c, Tables 1, 12, and 13.

Calculated by the Institute for Women's Policy Research.

Table 8.
Labor Force Participation of Women in Hawai'i and the United States by Race/Ethnicity, 1997

Race/Ethnicity	Hawai'i		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Races	302,000	63.5	64,027,000	60.1
White*	63,000	60.4	47,124,000	60.2
African American*	N/A	N/A	8,317,000	63.4
Hispanic	7,000	66.9	5,771,000	55.8
Asian and Pacific Islander American/Other*	226,000	64.2	2,815,000	59.8

For women aged 16 and older.

*Non-Hispanic.

Hispanics may be of any race.

N/A = Not available.

Source: Economic Policy Institute, 2000.

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

Compiled by the Institute for Women's Policy Research.

the United States. White women's labor force participation rate was comparable in Hawai'i to that in the United States as a whole (60.4 percent compared with 60.2 percent; see Table 8). Hispanic women traditionally have the lowest average participation rates among women. However, in Hawai'i, Hispanic women had substantially higher rates of participation in 1997 than they did in the United States as a whole, 66.9 percent, compared with 55.8 percent. Nationally, African American women have historically had a higher labor force participation rate than white and Hispanic women and did so in 1997. In Hawai'i, data were unavailable for African American women's labor force participation. The national labor force participation rate for Native American women was 55.4 percent in 1990 (Population Reference Bureau, 1993); separate data were not available for Native American women in either Hawai'i or the nation as a whole for 1997.

Labor Force Participation of Women by Age

Workforce participation varies across the life cycle. The highest participation generally occurs between ages 25 and 44, which are also generally considered the prime earning years. Table 9 shows the relationship between labor force participation and age for women in Hawai'i and in the United States as a whole. Women in Hawai'i generally have higher labor force participation than their U.S. counterparts. Nationally, the highest labor force participation of women occurs between ages 35 to 44, with just over 77 percent of these women working. In Hawai'i, 80.3 percent of this age group is working or looking for work, but the highest level of

labor force participation occurs between ages 45 to 54, with 86.8 percent in the workforce (more than 10 percentage points higher than the 76.3 percent of women ages 45 to 54 working in the United States as a whole). Women in Hawai'i aged 25-34 also have higher labor force participation than women of that age in the United States as a whole (79.0 percent and 76.6 percent respectively). Young women in their teens (16-19), many of whom are attending school, are much less likely to participate in the labor market than any other age group except the pre-retirement and retired cohorts. In Hawai'i, 42.1 percent of teenage women reported being in the labor force, considerably lower than the reported 52.7 percent for female teens in United States as a whole.

As women near retirement age, they are much less likely to work than younger women. In the United States, women aged 55-64 have labor participation rates of only 51.6 percent. In Hawai'i, substantially more, 64.7 percent, of these women are in the workforce. In addition, 12.8 percent of Hawai'i's women aged 65 and older were in the workforce in

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

Age Groups	Hawai'i		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Ages	302,000	63.5	64,027,000	60.1
Ages 16-19	13,000	42.1	4,046,000	52.7
Ages 20-24	30,000	69.4	6,420,000	73.0
Ages 25-34	75,000	79.0	15,087,000	76.6
Ages 35-44	74,000	80.3	17,352,000	77.3
Ages 45-54	64,000	86.8	13,440,000	76.3
Ages 55-64	36,000	64.7	6,005,000	51.6
Over 65	11,000	12.8	1,677,000	9.0

For women aged 16 and older.

Source: Economic Policy Institute, 2000.

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

Compiled by the Institute for Women's Policy Research.

1997, but for the United States as a whole, only 9 percent were working or looking for work in that age group.

Labor Force Participation of Women with Children

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In 1998, 59 percent of women with children under age one were in the labor force, compared with 31 percent in 1976 (U.S. Department of Commerce, Bureau of the Census, 2000). In general, the workforce participation rate for women with children in the United States tends to be higher than the rate for all women (70.3 percent versus 60.1 percent in 1997; EPI, 2000). This is partially explained by the fact that the overall labor force participation rate is for all women aged 16 and older; thus both teenagers and retirement-age women are included in the statistics even though they have much lower labor force participation. Mothers, in contrast, tend to be in age groups with higher labor force participation. This is also true in Hawai'i, with 72.3 percent of women with children under age 18 in the workforce, compared with 63.5 percent of all women in Hawai'i in 1997. Women with children are also more likely to engage in labor market activity in Hawai'i than in the United States as a whole (72.3 percent versus 70.3 percent; see Table 10).

Child Care and Other Caregiving

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

care. These arrangements include doing shift work to allow both parents to take turns providing care; bringing a child to a parent's workplace; working at home; using another family member (usually a sibling or grandparent) to provide care; using a babysitter in one's own home or in the babysitter's home; using a group child care center; or leaving the child unattended (U.S. Department of Commerce, Bureau of the Census, 1996b).

As full-time work among women has grown, so has the use of formal child care centers, but child care costs are a significant barrier to employment for many women. Child care expenditures use up a large percentage of earnings, especially for lower-income mothers. For example, among single mothers with family incomes within 200 percent of the poverty level, the costs for those who paid for child care amount to 19 percent of the mother's earnings on average. Among married mothers at the same income level, child care costs amount to 30 percent of the mother's earnings on average (although the costs of child care are similar for both types of women, the individual earnings of married women with children are less on average than those of single women with children; IWPR, 1996).

As more low-income women are encouraged or required (through welfare reform) to enter the labor market, the growing need for affordable child care must be addressed. Child care subsidies for low-income mothers are essential to enable them to

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

	Hawai'i	United States
	Percent in the Labor Force	Percent in the Labor Force
Women with Children		
Under Age 18*	72.3	70.3
Under Age 6*	66.1	64.1

For women aged 16 and older.

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

Source: Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

purchase good quality child care without sacrificing their families' economic well-being. Currently, these subsidies exist in all states but are often inadequate; many poor women and families do not receive them. Recent data show that, nationally, only 10 percent of those children potentially eligible for child care subsidies under federal rules actually receive subsidies under the federal government's Child Care and Development Fund.

In Hawai'i, a lower proportion, 8 percent, of these children do (see Table 11). In addition, Hawai'i maintains stricter criteria for eligibility for receiving child care subsidies than required by federal law. If state income eligibility limits were equal to the federal maximum, 81,200 children would be eligible for subsidies in Hawai'i, but only about 87.3 percent of that number, about 70,900 children, are eligible under existing state eligibility policies. These stricter limits can make it more difficult for many women, especially single mothers, to enter the labor market. Hawai'i does have a statewide, state-supported after school child care program, the A+ program, available for students of single working parents, or parents in a school or training program (Hawai'i, 2000a).

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

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

	Hawai'i	United States
Eligibility**		
Number of Children Eligible under Federal Provisions	81,200	14,749,300
Number of Children Eligible under State Provisions	70,900	9,851,100
Receipt		
Number and Percent of Children Eligible under Federal Law Receiving Subsidies in the State	6,670 8%	1,530,500 10%

*Child Care and Development Fund (CCDF).

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

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

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

Occupation and Industry

In Hawai'i, the distribution of the female labor force across occupations differs substantially from the distribution found in the United States as a whole. In the United States, technical, sales and administrative support occupations provide 40.7 percent of all jobs held by women (see Figure 6a). At 45.8 percent, women in Hawai'i are more likely to be in technical, sales and administrative support occupations than women in the United States as a whole. Women in Hawai'i are also more likely to work in service occupations (21.3 percent versus 17.5 percent; this is likely due to Hawai'i's tourism-based economy) and substantially less likely to work as operators, fabricators and laborers (3.5 percent versus 7.4 percent, respectively). Women in Hawai'i are also substantially less likely to work in managerial and pro-

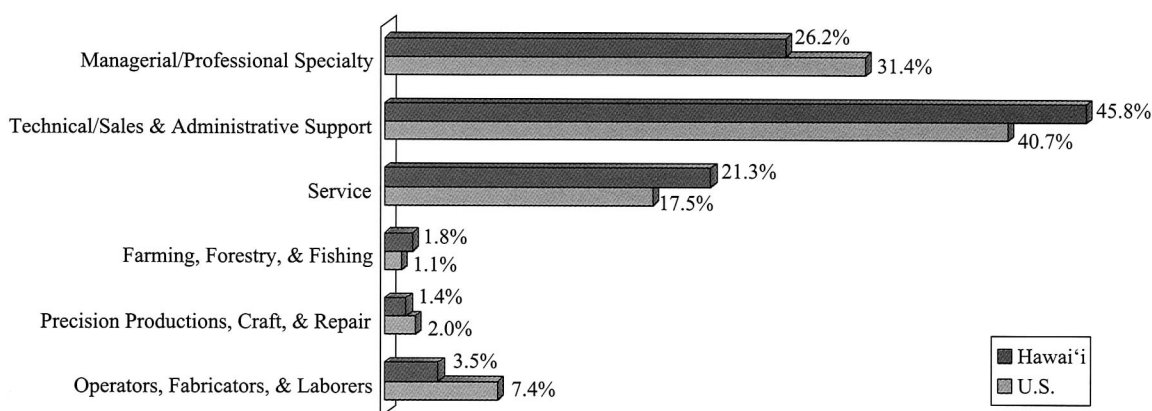
fessional specialty occupations than are women in the United States as a whole (26.2 percent versus 31.4 percent). As a result, Hawai'i ranks 49th in the nation and fifth in the Pacific West region for the proportion of its female labor force employed in professional and managerial occupations.

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

The distribution of women in Hawai'i across industries also differs from that of the United States as a

whole (see Figure 6b). In Hawai'i, a somewhat smaller proportion, 30.8 percent, of all women are employed in the service industries (including business, professional and personal services), while 33.2 percent are nationally. About 19.7 percent of employed women in the United States work in the wholesale and retail trade industries, while substantially more, 23.0 percent, of women in Hawai'i work in these industries. About 16.8 percent of the nation's women work in government, while slightly more than 20 percent of the women in Hawai'i do. Hawai'i also has a high proportion of women working in transportation, communications, and public utilities, at 5.7 percent versus 3.5 percent for the nation as a whole. Hawai'i's women are substantially less likely to work in the manufacturing (durables or nondurables) industries but just as likely to work in the finance, insurance and real estate (F.I.R.E.) industry as women in the United States as a whole. Hawai'i's economy is substantially more dependent on trade and government than most other states.

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

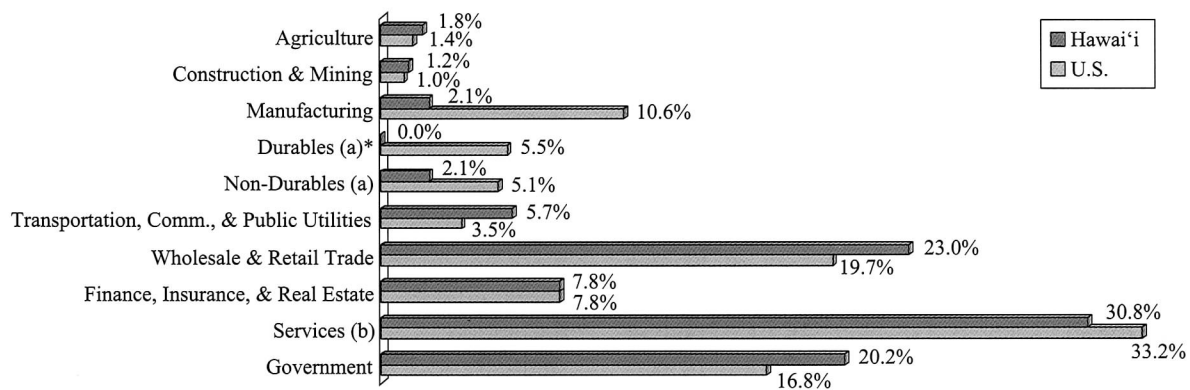


For employed women aged 16 and older.

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

Compiled by the Institute for Women's Policy Research.

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



For employed women aged 16 and older.

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

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

(b) Private household workers are included in services.

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

Compiled by the Institute for Women's Policy Research.

Economic Autonomy

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

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

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

With its composite index of seventh among the states, Hawai'i ranks near the top of all states on almost all of the individual indicators of economic autonomy. This is especially true of women's health insurance coverage, for which it ranks first in the nation, and women's business ownership, for which it ranks third (see Chart V). Hawai'i also ranks high in women's educational attainment at eleventh. It falls to 29th for the percent of women above poverty, however. Within its five-state region, Hawai'i ranks first or second on each of the indicators of women's economic autonomy except women's poverty, for which it ranks fourth.

Chart V.
Economic Autonomy: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Economic Autonomy Index	7	1	B
Percent with Health Insurance (among nonelderly women, 1997) ^a	1	1	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990) ^b	11	2	
Women's Business Ownership (percent of all firms owned by women, 1992) ^c	3	1	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1997) ^d	29	4	

See Appendix II for methodology.

* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of five and refer to the states in the Pacific West Region (AK, CA, HI, OR, WA).

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

Calculated by the Institute for Women's Policy Research.

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

	Hawai'i		United States	
	Women	Men	Women	Men
Number	362,000	334,000	85,132,000	81,458,000
Percent Uninsured	8.1	15.5	18.5	21.0
Percent with Employer-Based Health Insurance	70.9	71.3	66.4	67.4
Own Name	49.8	58.6	40.1	54.9
Dependent	21.1	12.7	26.4	12.5
Percent with Public Insurance	20.4	11.2	12.5	8.7
Percent with Individually-Purchased Insurance	6.4	5.8	6.4	5.8

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

Source: Employee Benefit Research Institute, 1999.

Compiled by the Institute for Women's Policy Research.

On most of the indicators of economic autonomy, women have far less access than men to the resources identified as important. Throughout the country, men are more likely to have a college education, own a business and live above the poverty line than women. Although women generally do have health insurance at rates higher than men, largely because of public insurance like Medicaid, the rates of uninsured men and women are both growing. Although Hawai'i ranks relatively high on most indicators, trends in the state do not diverge from these basic patterns. As a result, the state receives a grade of B on the economic autonomy composite index, reflecting both its successes and its need for improvement.

Access to Health Insurance

Women in Hawai'i are much more likely than women in the nation as a whole to have health insurance. In Hawai'i, only 8.1 percent of women, compared with 18.5 percent in the United States, are not insured (see Table 12). Thus, among all the states, Hawai'i ranks first in the proportion of women insured.

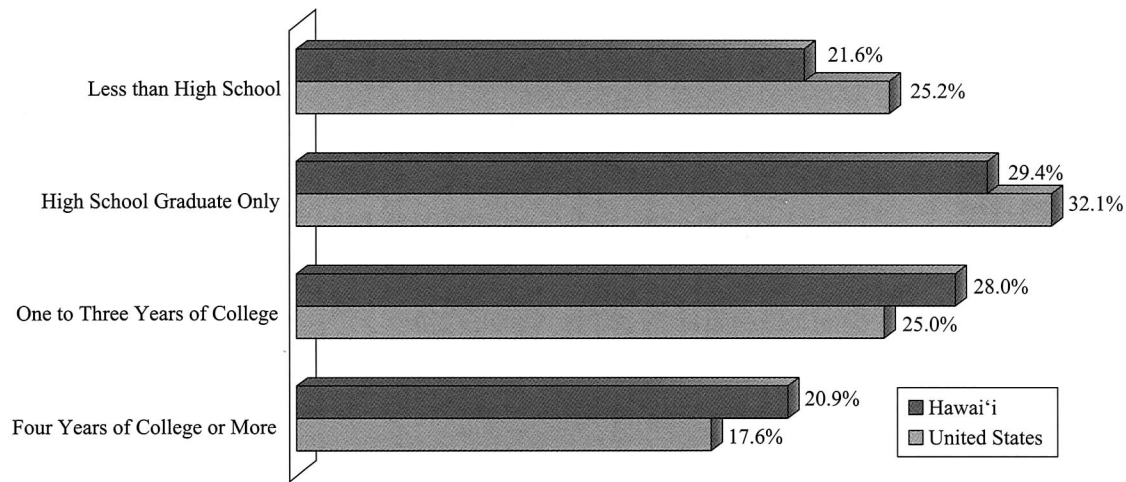
On average, women and men in Hawai'i have more access to employer-based health insurance than women and men in the United States as a whole (70.9 percent and 66.4 percent, respectively, for women; 71.3 percent and 67.4 percent, respectively, for men). More women in Hawai'i than in the nation as a whole receive employer-based health insurance in their own name (49.8 percent compared with 40.1 percent). A substantial proportion of women also receive employer-based health insurance through another family member's insurance, at

21.1 percent, compared with 26.4 percent in the nation as a whole. In the United States as a whole, women tend to have health insurance coverage from public sources, such as Medicaid, at higher rates than men. In Hawai'i, the rate of publicly insured women is considerably higher than the U.S. rate (20.4 percent in Hawai'i and 12.5 percent in the United States). While men in Hawai'i are also much more likely to receive public health insurance than men in the nation as a whole (11.2 and 8.7 percent, respectively), women in Hawai'i still receive public health insurance at rates much higher than men in the state (20.4 percent compared with 11.2 percent). Notably, Hawai'i law requires private sector employers to provide a minimum medical plan approved by the Director of the State Department of Labor (Hawai'i, 2000b).

Education

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

Figure 7.
Educational Attainment of Women Aged 25 and Older
in Hawai'i and the United States, 1990



Source: Population Reference Bureau, 1993.

Compiled by the Institute for Women's Policy Research.

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

In general, women in Hawai'i tend to have more college experience than women in the nation. In 1990, 48.9 percent of women in Hawai'i had more than a high school education, compared with 42.6 percent of women in the United States as a whole (see Figure 7). In Hawai'i, at 28 percent, the proportion of women with one to three years of college was three percentage points higher than the national average, while the percent of women with four or more years of college, at 20.9 percent, is about 3.3 percentage points higher than the national average. The proportion of women older than 25 in Hawai'i without high school diplomas was substantially smaller than that of women in the United States as a whole (21.6 percent and 25.2 percent, respectively). Women in Hawai'i are relatively well-educated,

ranking eleventh in the nation and second in their region. Their relatively high educational attainment makes Hawai'i's low rank (49th) on proportion of women workers in professional and managerial jobs all the more surprising.

Women Business Owners and Self-Employment

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

Between 1987 and 1992, the number of women-owned businesses grew 37.1 percent in Hawai'i, somewhat lower than the 43.1 percent growth of women-owned businesses in the United States as a whole (for purposes of comparability over time, these data exclude Type C corporations; for a definition of Type C corporations, see Appendix II). By 1992, women owned 29,743 firms in Hawai'i and

women-owned businesses employed 25,937 people (see Table 13). In Hawai'i, 49.8 percent of women-owned firms were in the service industries (less than in the United States as a whole) and the next highest proportion (20.3 percent), more than in the United States as a whole, was in retail trade (see Figure 8). Business receipts of women-owned businesses in Hawai'i rose by 143.3 percent (in constant dollars) between 1987 and 1992.

This growth is substantially higher than the increase of 87.0 percent in business receipts for women-owned firms and the 34.9 percent increase for all firms in the United States (data not shown) during the same time period, also adjusted for inflation.

In 1992, the U.S. Bureau of the Census reported that women owned more than 6.4 million firms nationwide, employing over 13 million persons and generating \$1.6 trillion in business revenues (unlike the figures in Table 13, these numbers include all women-owned businesses, including Type C corporations; U.S. Department of Commerce, Bureau of the Census, 1996a). Projecting women's business growth rates forward from 1987 to 1992 and including Type C corporations, the National Foundation for Women Business Owners (NFWBO) estimates the 1999 number of women-owned firms for Hawai'i to be 44,600 of the more than 9.1 million estimated for the United States as a whole (NFWBO, 1999).

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; by 1998 they were approximately one in two. The decision to become self-employed is influenced by many factors. An IWPR study shows that self-employed women tend to be older and married, have no young children,

Table 13.
Women-Owned Firms in Hawai'i
and the United States, 1992

	Hawai'i	United States
Number of Women-Owned Firms*	29,743	5,888,883
Percent of All Firms that Are Women-Owned	37.6%	34.1%
Percent Increase, 1987-1992	37.1%	43.1%
Total Sales & Receipts (in billions, 1992 dollars)	\$2.6	\$642.5
Percent Increase (in constant dollars), 1987-1992	143.3%	87.0%
Number Employed by Women-Owned Firms	25,937	6,252,029

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

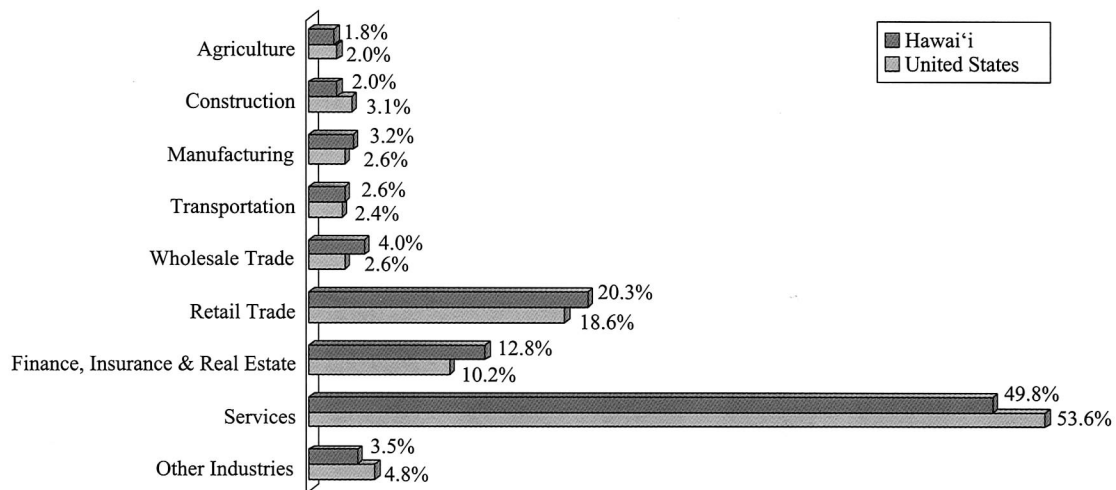
Source: U.S. Department of Commerce, Bureau of the Census, 1996a.

Compiled by the Institute for Women's Policy Research.

and have higher levels of education than the average. They are also more likely to be covered by another person's health insurance (Spalter-Roth, Hartmann and Shaw, 1993). Self-employed women are more likely to work part-time, with 42 percent of married self-employed women and 34 percent of nonmarried self-employed women working part-time (Devine, 1994).

Unfortunately, most self-employment is not especially well-paying for women, and about half of self-employed women combine this work with another job, either a wage or salaried job or a second type of self-employment (for example, babysitting and catering). In 1986-87 in the United States as a whole, women who worked full-time, year-round at only one type of self employment had the lowest median hourly earnings of all full-time, year-round workers (\$5.38); those with two or more types of self-employment with full-time schedules earned somewhat more (\$6.33 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most (\$11.59 per hour at the median; all figures in 1998 dollars). Those who combined wage and salaried work with self-employment had median earnings that ranged between these extremes. Many low-income women package earnings from many sources in an effort to raise their family incomes (Spalter-Roth, Hartmann and Shaw, 1993).

Figure 8.
Distribution of Women-Owned Firms Across Industries
in Hawai'i 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.

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

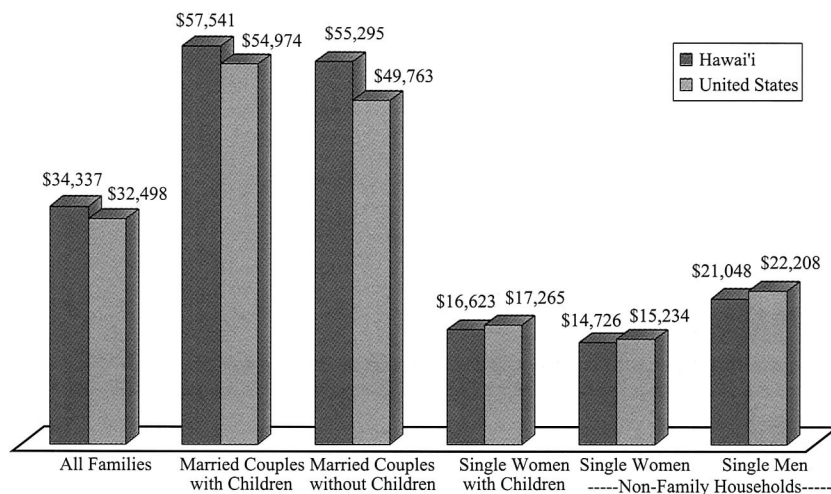
Overall, however, recent research finds that the rising earnings potential of women in self-employment compared with wage and salary work explains most of the upward trend in the self-employment of married women between 1970 and 1990. This suggests that the growing movement of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Women in Hawai'i are somewhat more likely to be self-employed than

women in the United States. In 1997, 6.9 percent of working women in Hawai'i were self-employed, compared with 6.1 percent of women nationwide (U.S. Department of Labor, Bureau of Labor Statistics, 1995).

Women's Economic Security and Poverty

As women's responsibility for their families' economic well-being grows, the continuing wage gap and women's prevalence in low-paid, female-dominated occupations impedes their ability to ensure their families' financial security, particularly for single mothers. In the United States, the median family income for families comprised of single women with children was \$17,265 in 1997, while that for married couples with children was \$54,974 (see Figure 9). Figure 9 also shows household income for families and individuals in Hawai'i. In Hawai'i, family income was higher for married couples, with and without children, than it was for married-couple families nationally, but incomes for single people, both those with and without children, were lower in Hawai'i than nationwide. Across all family types

Figure 9.
Median Annual Income for Selected Family Types
and Single Women and Men, in Hawai'i and
the United States, 1997 (1998 dollars)



Source: Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

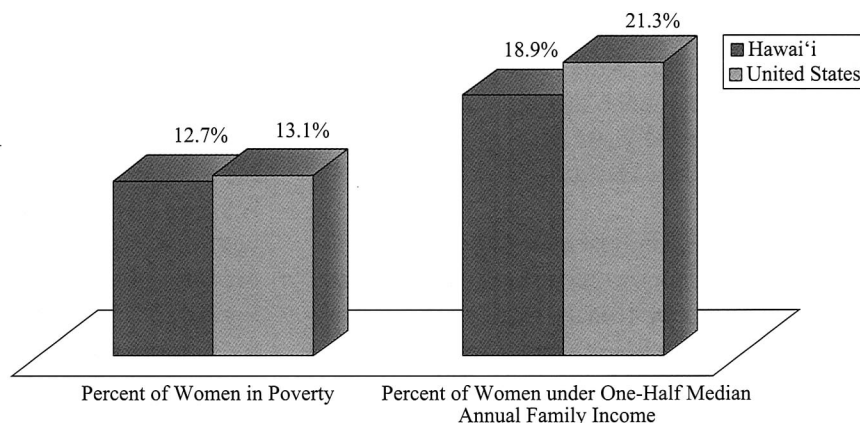
taken together, median income was higher in Hawai'i than in the United States as a whole.

Hawai'i is a relatively high-income state, and many high-income states also have higher costs of living, a factor not

region, at 8.8 percent of women living below the poverty line (these statistics are based on official U.S. poverty thresholds, which are used to estimate hardship in the United States, and which do not vary by state. In contrast, the U.S. poverty guidelines, which are used to determine eligibility for certain federal assistance programs, have higher levels for Alaska and Hawai'i; U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2000).

In addition, in 1997 the proportion of women in poverty in Hawai'i was slightly smaller than that of women in the United States—12.7 percent and 13.1 percent, respectively (see Figure 10). As a result, Hawai'i ranks 29th in the nation (just below the median state) and fourth of the five states in its region for women living above poverty (although poverty is lower in Hawai'i than the national average, the national average is higher than the poverty rate for the median state). Alaska has the least poverty in the

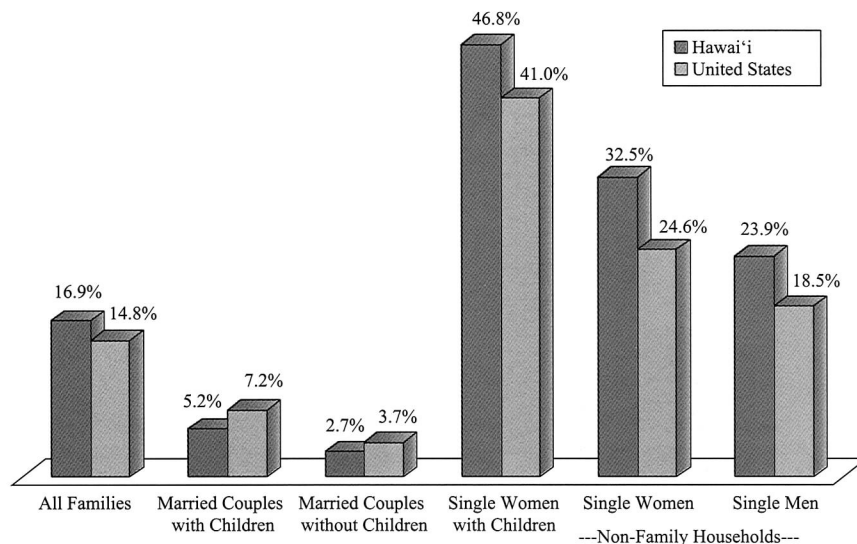
Figure 10.
Percent of Women Living in Poverty and Living
under One-Half Median Annual Family Income
in Hawai'i and the United States, 1997



Source: Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

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



Source: Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

accounted for by the federal poverty line, which is the same for the whole country. To measure hardship in wealthier countries, many researchers use one-half median income as an indicator of families' access to adequate social and economic resources (Miringoff and Miringoff, 1999; Smeeding, 1997). Because median income varies by state, this measure is more sensitive to variations in cost or standard of living than the federal poverty line, which is the same for all states. Figure 10 also shows the proportion of women living under one-half of median family income in the state and in the United States as a whole. Overall, this measure shows much higher rates of hardship than the poverty rate does. In the United States as a whole, the proportion of women living in families with incomes under one-half median income was 21.3 percent, much higher than the percent of women living in families with incomes below the federal poverty line (13.1 percent). In Hawai'i, 18.9 percent of women were living under one-half median family income in 1997. This number is also much higher than the poverty rate among women. Nevertheless, the percent of women living under one-half median family income in Hawai'i is 2.4 percentage points lower than that for the nation as a whole, indicating that women in

Hawai'i fare somewhat better than women nationally in terms of family income.

Despite Hawai'i's lower overall rate of female poverty, the poverty rate for single women with children is considerably higher than the nationwide rate (46.8 percent and 41.0 percent, respectively). In Hawai'i and in the nation as a whole, single women with children experience much higher levels of poverty than any other family type (see Figure 11). Moreover, even these high rates of poverty among single women with children

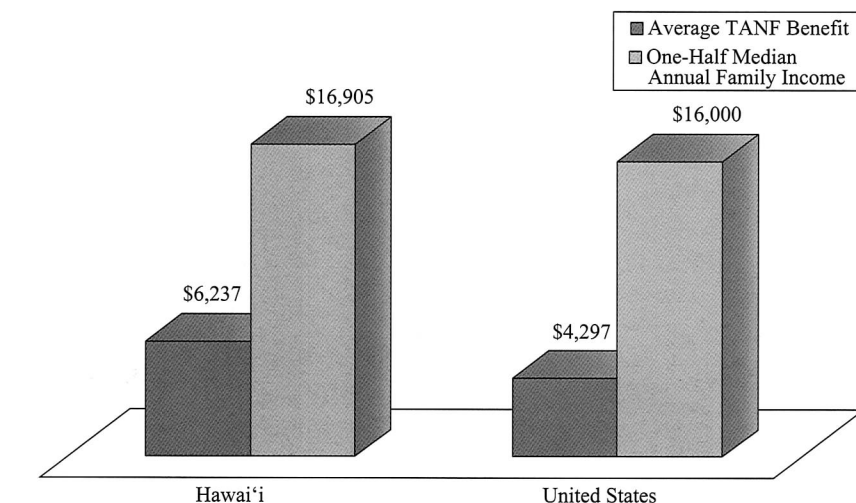
probably understate the degree of hardship among them, especially among those with working mothers. While counting noncash benefits would reduce their poverty rates, adding the cost of child care for working mothers would increase the calculated poverty rates both in Hawai'i and the nation (Renwick and Bergmann, 1993). Child care costs were not included at all in family expenditures when federal poverty thresholds were developed. However, for the country as a whole, single parents who do not work have basic cash needs at about 64 percent of the poverty line, while those who work have basic cash needs from 113 to 186 percent of the poverty line, depending on the number and ages of their children. Overall, the net effect of this under- and over-estimation of poverty was a significant underestimation, and Renwick and Bergmann estimate a 1989 national poverty rate of 47 percent, compared with an official estimate of 39 percent, for single-parent families (Renwick and Bergmann, 1993). Poverty rates for low-income, married-couple families would also be much higher if child care costs were included (Renwick, 1993).

Another factor contributing to poverty among all types of households is the wage gap. Recent IWPR

research found that in the nation as a whole, eliminating the wage gap, and thus raising women's wages to a level equal to those of men with similar qualifications, would cut the poverty rate among married women and single mothers in half. In Hawai'i, poverty among single-mother households would drop by four-fifths (Hartmann, Allen and Owens, 1999). As a result, while eliminating the wage gap would not completely eliminate poverty or hardship—especially for women and men in low-wage jobs—pay equity provisions would help many women support their families.

Finally, despite the overall growth in women's earnings and a strong economy, in most states—including both high and low earnings states—inequality among families is growing. Research by the Economic Policy Institute notes that in the nation as a whole in 1996-98, the income of the average family in the top 20 percent of families was 10.6 times the income of the average family in the bottom 20 percent. This represents a substantial increase from 1978-80, when families in the top 20 percent had about 7.4 times as much income as those in the bottom 20 percent. In Hawai'i, families in the top 20 percent had 9.8 times as much income as those in the bottom 20 percent in 1996-98, which was also an increase from 1978-80, when top-earning families had 7.0 times the income as families in the bottom 20 percent (Bernstein, McNichol, Mishel and Zahradnik, 2000). Thus income inequality in Hawai'i grew by 2.8 percentage points during the period from 1978-80 and 1996-98, slightly slower than the 3.2 percentage points in the nation as a whole.

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



Source: ^a U.S. Department of Health and Human Services, Administration for Children and Families, 1999b;
^b Economic Policy Institute, 2000.
Compiled by the Institute for Women's Policy Research.

State Safety Nets for Economic Security

The amount of cash welfare benefits varies widely from state to state. Figure 12 compares the size of Hawai'i's average welfare benefit with one-half median family income in the state, as a measure of how well the state's welfare safety net helps poor women achieve an acceptable standard of living. Obviously, the poverty of many families is not alleviated by welfare alone, and many families also receive Food Stamps or other forms of noncash benefits. Still, research shows that, even adding the value of noncash benefits, many women remain poor (U.S. Department of Commerce, Bureau of the Census, 1997b). In Hawai'i as in all of the United States, TANF benefits are substantially below one-half median income. Hawai'i, however, does a better than average job of providing a safety net for low-income families, since its average TANF cash payment constitutes more than one-third of one-half median family income in the state, while nationally TANF payments are only about a quarter of one-half median income (for more detail on welfare in

Focus on Families Who Receive Welfare

Federal and state welfare programs can be critical safety nets for families living in or near poverty. Because women are more likely than men to live in families with incomes below the poverty line, they are also more likely to receive welfare benefits. Illustration 3 presents data about participants in both of Hawai'i's welfare programs, Temporary Assistance to Needy Families (TANF) and Temporary Assistance to Other Needy Families (TAONF).^{*} As this table indicates, the majority of welfare participants in Hawai'i are female (92 percent). In addition, a majority (61.5 percent) of welfare recipients are under 35. TANF recipients are much more likely to be single, whether never married, separated or divorced. While only 5.4 percent of welfare recipients are married, 40.7 percent are divorced or separated, and 52.6 percent have never been married.

Because so many welfare recipients are single mothers, welfare policies should provide support for these women to both achieve financial security and care for their children. Such policies might include high earnings disregards, work exemptions for mothers with young children, expanded child care subsidies, and strict child support enforcement.

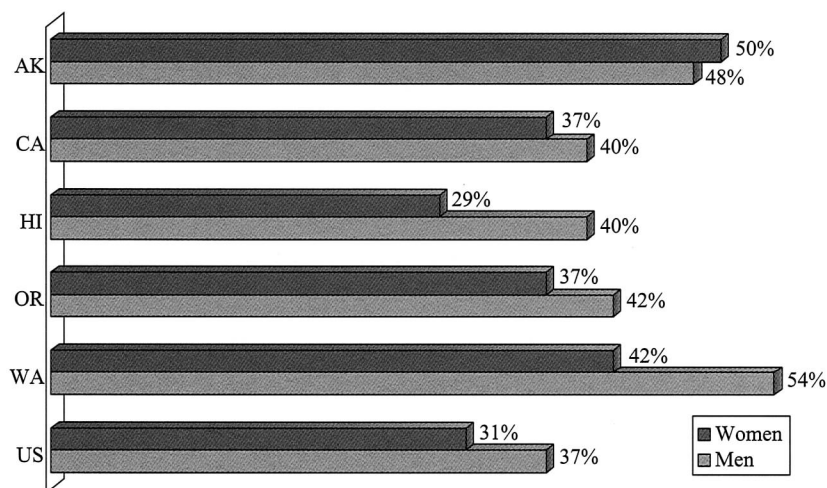
^{*}These programs are identical in rules and requirements. However, TANF is funded from federal sources, while TAONF is funded by the state alone.

Focus Box Illustration 3. Characteristics of Families in Hawai'i Served by TANF/TAONF Programs, Fiscal Year 1999

Characteristic	Percent of Recipients
Female	92.0
Male	8.0
Under 35 years old	61.5
Never married	52.6
Married	5.4
Separated or divorced	40.7
Widowed	1.3
Head of household disabled	23.0
Head of household with grade 12 or higher education	62.0
Mixed ethnicity, other than part-Hawaiian	38.3
Part-Hawaiian	28.2
White	10.4
Samoan	7.1
Filipino	8.2
Hispanic, Black or Asian	7.8

Source: Hawai'i State Department of Human Services, 1999.

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



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

Hawai'i, see Focus on Families Who Receive Welfare).

In contrast, Hawai'i does a worse than average job of providing a safety net for employed women. The unemployment rate for women in Hawai'i (6.1 percent) is higher than the national average of 4.6 percent (see Table 7). Yet the percent of unemployed women in Hawai'i receiving unemployment insurance benefits is lower than in the United States as a whole, at 29 percent versus 31 percent (see Figure

13). While men in Hawai'i also have high relative unemployment, the rate of unemployment insurance benefit receipt for men is higher in Hawai'i than nationwide. In Hawai'i, as in most states, male workers are more likely to receive unemployment insurance than women workers when they lose their jobs. Alaska is the only state in the Pacific West region in which a larger proportion of unemployed women (50 percent) than unemployed men (48 percent) receive unemployment insurance benefits.

Reproductive Rights

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

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

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

The reproductive rights composite index shows that Hawai'i, which ranks first in its region and third in the nation, has many protections for women's reproductive rights and resources when compared with other states. However, some kinds of protection are still inadequate (see Chart VI, Panel A). Hawai'i's grade of A- on the reproductive rights index reflects Hawai'i's successes as well as its performance in relation to the ideal status of women's reproductive rights and resources and their actual status within the state.

Access to Abortion

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

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

	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Reproductive Rights Index	3	1	A-

See Appendix II for methodology.

* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of five and refer to the states in the Pacific West Region (AK, CA, HI, OR, WA).

Calculated by the Institute for Women's Policy Research.

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

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Does Hawai'i allow access to abortion services:				
Without mandatory parental consent or notification? ^a	✓			9
Without a waiting period? ^a	✓			33
Does Hawai'i provide public funding for abortions under any or most circumstances if a woman is eligible?^a	✓			15
What percent of Hawai'i women live in counties with an abortion provider?^b			100%	68%
Is Hawai'i's state government pro-choice?^c				
Governor	✓			15
Senate	✓			13
Assembly			Mixed	7 of 49
Does Hawai'i require health insurers to provide comprehensive coverage for contraceptives?^a	✓			11
Does Hawai'i require health insurers to provide coverage for infertility treatments?^d	✓			10
Does Hawai'i allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?^{*e}			No case has been tried	21
Does Hawai'i require schools to provide sex education?^a		✓		18

* Most states that allow such adoption do so as the result of court decisions. In Hawai'i no case has yet been tried.

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

Compiled by the Institute for Women's Policy Research.

January 2000, 32 enforce their laws. Of these 32 states, 15 enforce notification laws and 17 enforce consent laws. In states with notification or consent laws, 37 allow for a judicial bypass if the minor appears before a judge and provides a reason that parental notification would place an undue burden on the decision to have an abortion. Three provide for physician bypass, and two allow minors to petition for either judicial or physician bypass. Of the 32 states that enforce consent and notification laws, only Idaho and Utah have no bypass procedure. As

of January 2000, Hawai'i has no mandatory parental consent law (see Chart VI, Panel B; NARAL and NARAL Foundation, 2000).

Waiting-period legislation mandates that a physician cannot perform an abortion until a certain number of hours after his or her patient is notified of her options in dealing with a pregnancy. Waiting periods range from one to 72 hours. As of January 2000, Hawai'i is one of 33 states that have no waiting-period legislation (NARAL and NARAL Foundation, 2000).

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

The percent of women in Hawai'i who live in counties with abortion providers measures the availability of abortion services to women in the state. This proportion ranges from 16 to 100 percent across the states. As of 1996, in the bottom three states, 20 percent or fewer women live in counties with at least one provider, while in the top six states, more than 90 percent of women live in counties with at least one (Henshaw, 1998). At 100 percent of women in counties with a provider, Hawai'i's proportion falls at the top of the nation. In 41 states, more than half of all counties have no abortion provider, and in 21 states more than 90 percent of counties had none (Henshaw, 1998).

Debates over reproductive rights policies frequently involve potential restrictions on women's access to abortion and contraception, and the stances of elected officials play an important role in the success or failure of these efforts. To measure the level of support for or opposition to potential restrictions, the National Abortion and Reproductive Rights Action League (NARAL) examined the votes and public statements of governors and members of state legislatures. NARAL determined whether these public officials would support restrictions on access to abortion and contraception, including (but not limited to) provisions concerning parental consent, mandatory waiting periods, prohibitions on Medicaid funding for abortion and bans on certain abortion procedures. NARAL also gathered official comments from governors' offices and conducted interviews with knowledgeable sources involved in reproductive issues in each

state (NARAL and NARAL Foundation, 1999). For this study, governors and legislators who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. In Hawai'i, both the governor and Senate are pro-choice; the Assembly, however, has been evaluated as closely divided on abortion rights.

Other Family Planning Policies and Resources

About 49 percent of traditional health plans do not cover any reversible method of contraception such as the pill or IUD. Others will pay for one or two types but not all five types of prescription methods—the pill, implants, injectables, IUDs and diaphragms. About 38 percent of HMOs cover all five prescription methods (Gold and Daley, 1994). Controversy about contraceptive coverage is leading lawmakers in many states to introduce bills that would require health insurers to cover contraception. Eleven states, including Hawai'i, require all private insurers to provide comprehensive contraceptive coverage. Seven states have provisions requiring partial coverage for contraception. In five of these states, insurance companies must offer at least one insurance package that covers some or all birth control prescription methods. One state, Minnesota, requires coverage of all prescription drugs, including contraceptives, and another, Texas, requires insurers with coverage for prescription drugs to cover oral contraceptives (NARAL and NARAL Foundation, 2000). As in many states, Hawai'i's contraceptive coverage law allows employers to opt out if they are affiliated with religious institutions. However, the statute, which was passed in 1999, also stipulates that Hawai'i will provide alternative coverage in those circumstances and that employers cannot opt out if contraception is needed to preserve a woman's life.

Infertility treatments can also widen the reproductive choices open to women and men, but they are often prohibitively expensive, especially when they are not covered by insurance. In ten states, including Hawai'i, legislatures have passed measures requiring insurance companies to pay for infertility treatments, and in three states insurance companies must

Focus on Reproductive Health and Teen Pregnancy in Hawai'i

Women in Hawai'i have relatively good health status compared with women in other states. However, there is still room for improvement, particularly in the area of maternal and child health and teen pregnancy.

In 1997, only 2.9 percent of Honolulu births and 4.2 percent of Hawai'i births were to women who were under age 20, unmarried, and had attained less than twelve years of education. However, also in 1997, only 69.8 percent of Honolulu births and 67 percent of Hawai'i births were classified as healthy, based on a composite measure that includes a birth weight of at least 5.5 pounds, a 5-minute APGAR* score of nine or ten, gestation of at least 37 completed weeks, and prenatal care starting in the first trimester (Anne E. Casey Foundation, 1999).

Illustration 4 provides a comparison of several indicators of maternal and child health in Hawai'i and Honolulu. Honolulu's and Hawai'i's scores on each indicator are quite similar, although Honolulu's percent of teen births, births to mothers with less than twelve years of education, births to mothers receiving no or late prenatal care, and percent of pre-term babies are all slightly lower than in Hawai'i as a whole. Interestingly, Honolulu's percent of total births to mothers who smoked during pregnancy is drastically lower than for Hawai'i as a whole (4.6 percent compared with 8.0 percent respectively).

Teen pregnancy is an ongoing problem in Hawai'i and the nation. Teen pregnancy in Hawai'i occurs at slightly lower rates than in the United States as a whole (11.0 percent compared to 12.8 percent respectively; U.S Department of Commerce, Bureau of the Census, 1999e). However, as indicated in the Illustration 5, rates of teen pregnancy in Hawai'i vary by school district. In the 1997-98 school year, the Leeward and Windward districts experienced the highest rates of teen pregnancy (both were at 1.58 percent of total school enrollment). However, rates of teen pregnancy decreased in all school districts in the 1998-99 school year, except in Kaua'i, where they actually increased by 0.23 percentage points.

Prevention campaigns targeted toward reducing teen pregnancy and increasing the use of prenatal care could significantly impact the health status of women and children in Hawai'i.

*APGAR scores measure a newborn's response to birth and life outside the womb. Ratings are based on appearance, pulse, grimace (reflex), activity (muscle tone), and respiration, with a low of one and high of ten. The score is taken at one, five and ten minutes after birth.

Focus Box Illustration 4.
Indicators of Maternal and Child Health in Hawai'i

Indicator	Honolulu	Hawai'i
Percent of teen births to women who were already mothers	16.0	17.2
Percent of total births to mothers with less than 12 years of education	9.5	10.4
Percent of total births to mothers receiving late or no prenatal care	4.3	4.6
Percent of total births to mothers who smoked during pregnancy	4.6	8.0
Percent of pre-term babies (less than 37 completed weeks of gestation)	10.4	10.6

Source: Annie E. Casey Foundation, 1999b.

Focus Box Illustration 5.
Pregnant Females in High School by School District as Percentage of Female Enrollment in Hawai'i

School District	Percent Pregnant School Year	
	1997-98	1998-99
Honolulu	1.05	0.99
Central	1.29	1.04
Leeward	1.58	1.49
Windward	1.58	1.35
Hawai'i	1.54	1.51
Maui	1.1	1.06
Kaua'i	0.86	1.09
Total	1.32	1.23

Source: Hawai'i State Department of Education, 1999.

offer at least one package with infertility coverage to their policyholders (Stauffer and Plaza, 1999).

State courts currently hold considerable power to determine what legally constitutes lesbian and gay families, because there is no comprehensive federal law concerning their reproductive rights. Courts have exercised this power in many ways, including allowing or denying lesbians and gays to legally adopt their partners' children, or second-parent adoption. Second-parent adoption provides legal rights to nonlegal parents in same-sex relationships that legal parents take for granted. These rights include (but are not limited to) custodial rights in the case of divorce or death and the right to make health care decisions for the child. Court rulings in 21 states specifically allow second-parent adoption to lesbians and gays. In 15 of those states, lower

courts have approved a petition to adopt; in five states, high or appellate courts have prohibited discrimination; and in one state, the state supreme court has prohibited discrimination against gays or lesbians in second-parent adoption cases. In five states, courts have ruled against second-parent adoption. Because many of the rulings have been issued from lower-level courts there is room for these laws, both in favor of and against second-parent adoption, to be overturned by courts at a higher level. In addition, courts in the remaining 24 states have not ruled on a case involving second-parent adoption, creating a sense of ambiguity for lesbian and gay families. Only one state, Florida, has specifically banned second-parent adoption through state statute. In Hawai'i, there has been no case tried to either challenge or support the option of a non-biological parent in a gay/lesbian couple

to adopt his or her partner's child (National Center for Lesbian Rights, 1999).

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

(NARAL and NARAL Foundation, 2000). Hawai'i does not mandate sex education or require schools that teach sex education to teach abstinence until marriage.

Fertility, Natality, and Infant Health

Current trends in the United States reveal a decline in the birth rate for all women, in part due to women's tendency to marry and give birth later in life. In 1998, the median age for women at the time of their first marriage was 25.0 years, while as of 1994, the median age at first birth was 23.8 years

(U.S. Department of Commerce, Bureau of the Census, 1999a; National Center for Health Statistics, 1997). Fertility rates in Hawai'i are higher than in the nation as a whole. Table 14 shows 69.0 live births per 1,000 women aged 15-44 in Hawai'i and 65.0 births per 1,000 women aged 15-44 in the United States in 1997.

Table 14 also shows 6.6 infant deaths per 1,000 births in Hawai'i, a rate lower than that for the United States as a whole, at 7.2 infant deaths per 1,000. Infant mortality, however, affects white and African American communities in the United States at very different rates. In the United States, infant deaths occur at a rate of 6.0 for white infants and 14.2 for African American infants. Comparable data on infant mortality were not available for

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

	Hawai'i	United States
Fertility Rate in 1997 (live births per 1,000 women aged 15-44)^a	69.0	65.0
Infant Mortality Rate in 1997 (deaths of infants under age one per 1,000 live births)^b	6.6	7.2
Among Whites	N/A	6.0
Among African Americans	N/A	14.2
Percent of Low Birth Weight Babies (less than 5 lbs, 8 oz.), 1997^a	7.2%	7.5%
Among Whites	5.1%	6.5%
Among African Americans	9.9%	13.1%
Among Hispanics	7.4%	6.4%
Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 1997^a	83.4%	82.5%
Among Whites	88.9%	84.7%
Among African Americans	89.2%	72.3%
Among Hispanics	82.0%	73.7%
Births to Teenage Women (aged 15-19 years) as a Percent of All Births, 1997^c	11.0%	12.8%
Births to Unmarried Women as a Percent of All Births, 1997^c	29.8%	32.4%

N/A = Not available.

Source: ^a National Center for Health Statistics, 1999a; ^b National Center for Health Statistics, 1999b; ^c U.S. Department of Commerce, Bureau of the Census, 1999e.

Compiled by the Institute for Women's Policy Research.

Hawai'i. In addition, infant death rates for Asian/Pacific Islander Americans were unavailable for either Hawai'i or the United States as a whole.

Low birth weight (less than 5 lbs., 8 oz.) among babies also affects different racial and ethnic groups at different rates. In the United States as a whole, the percent of births of low birth weight among white infants is 6.5; for Hispanic infants, it is 6.4; and for African American infants, it is 13.1. In Hawai'i, the percent of births of low birth weight is 5.1 among white infants and 7.4 among Hispanic infants, while it is 9.9 among African American infants. Comparable data for Asian/Pacific Islander American infants were unavailable for Hawai'i or the United States. In the country as a whole, disparities in both infant mortality and low birth weight rates between African Americans and whites are growing. These differences are probably related to a variety of factors, including disparities in socioeconomic status, nutrition, maternal health, and access to prenatal care, among others (U.S. Department of Health and Human Services, Public Health Service, 2000).

For all women, women's access to prenatal care can be crucial to health during pregnancy and to lowering the risk of infant mortality and low birth weights (U.S. Department of Health and Human Services, Public Health Service, 2000). In the country as a

whole, about 82.5 percent of women begin prenatal care in their first trimester of pregnancy, while 83.4 percent of women in Hawai'i do. However, use of prenatal care varies by race. In the United States as a whole, 84.7 percent of white women use prenatal care in the first trimester, while 72.3 percent of African American and 73.7 percent of Hispanic women do. In Hawai'i, 88.9 percent of white women, 89.2 percent of African American women, and 82.0 percent of Hispanic women use first trimester prenatal care. Once again, comparable data for Asian/Pacific Islander American women were unavailable.

Births to teenage mothers can make it difficult for them to achieve an adequate standard of living by limiting their choices about education and employment (The Alan Guttmacher Institute, 1994; U.S. Department of Health and Human Services, Public Health Service, 2000). In 1997, births to teenage mothers accounted for a smaller proportion of all births in Hawai'i (11.0 percent) than they did nationally (12.8 percent). Births to unmarried mothers also accounted for a smaller proportion of all births in Hawai'i than they did nationally (29.8 percent in Hawai'i compared with 32.4 percent for the nation as a whole; for more information, see Focus on Reproductive Health and Teen Pregnancy in Hawaii).

Health and Well-Being

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

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

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

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

Indicators	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Health and Well-Being Index	1	1	A-
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1995) ^a	1	1	
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1991-95) ^b	2	1	
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1991-95) ^b	1	1	
Percent of Women Who Have Ever Been Told They Have Diabetes (1998) ^c	31	5	
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 1997) ^d	18	2	
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, July 1998 through June 1999) ^e	24	4	
Average Number of Days per Month on which Women's Mental Health Is Not Good (1998) ^c	4	1	
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1995-97) ^f	40	3	
Average Number of Days per Month on which Women's Activities Are Limited by Their Health (1998) ^c	12	3	

See Appendix II for methodology.

* The national rank is of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of five and refer to the states in the Pacific West Region (AK, CA, HI, OR, WA).

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

Calculated by the Institute for Women's Policy Research.

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

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

Women's overall health status is closely connected to many of the other indicators in this report, including women's poverty status, access to health insurance, and reproductive rights and family planning. As a result, it is important to consider women's health as imbedded in and related to their political, economic, and social status

(National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and Lewin Group, forthcoming). For example, women's health is significantly influenced by their socioeconomic status. Many studies find direct and indirect relationships between

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

Indicator	Hawai'i	United States
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 1995^a	60.6	90.9*
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 1991-95^b	22.9	33.3
Among White Women ^c	29.7	33.8
Among African American Women ^c	23.7	32.7
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 1991-95^b	17.5	26.0
Among White Women ^c	20.0	25.6
Among African American Women ^c	7.4	31.5
Percent of Women Who Have Ever Been Told They Have Diabetes (1998)^d	5.7%	5.3%*
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000), 1997^e	261.3	335.8
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), July 1998 through June 1999^f	2.7	9.4
Average Number of Days of Poor Mental Health Among Women, 1998^d	2.6	3.5*
Average Annual Mortality Rate Among Women from Suicide (per 100,000), 1995-97^g	4.8	3.9
Average Number of Days of Limited Activities Among Women, 1998^d	3.0	3.6*

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

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

Compiled by the Institute for Women's Policy Research.

income, education and work status, and health. Poor, uneducated women with few work opportunities are more likely to be unhealthy. Women with low incomes, little education and no jobs also face significant problems accessing the health care system, which indirectly influences their health status (Mead, Witkowski and Hartmann, forthcoming). On the other hand, research shows that women's employment has a positive effect on health. Studies suggest the link may result both because work provides health benefits to women and because healthier women "self-select" to work (Hartmann, Kuriansky and Owens, 1996). Finally, research suggests that across the states, women's mortality rates, cause-specific death rates and mean days of activity limitations due to health are highly correlated with their economic and political status, and especially with their political participation and with a smaller wage gap (Kawachi, Kennedy, Gupta and Prothrow-Stith, 1999).

Hawai'i, which ranks first among all the states, leads the states and the nation as a whole on indicators of women's health and well-being (see Chart VII). The state fares particularly well on mortality rates among women from heart disease, lung cancer, and breast cancer. Hawai'i also ranks high on the average number of days per month in which women are in good mental health, and it is in the top 20 for incidence of chlamydia and women's activities limitations due to health. However, it scores only about average for the rate of AIDS among women and is lower than average for women with diabetes and women's mortality from suicide. Regionally, Hawai'i ranks at or near the top for most indicators of women's health, although it is only fourth for the incidence of AIDS and last for women with diabetes.

Hawai'i's grade of A- on the health and well-being index reflects both the state's successes and its performance in relation to national goals concerning their health status, including those set by the U.S. Department of Health and Human Services in its Healthy People 2010 program (see Appendix II for a discussion of the composite methodology).

Notably, while Hawai'i women experience better health than other women in the nation, Hawai'i's island nature poses specific problems for many of

Hawai'i's women: services that are available on larger, more populated islands may not be available on smaller remote islands, and for women on smaller islands, travel to other areas can be a large financial burden. According to the Hawai'i State Department of Health, four of six census tract areas in Maui County are considered medically underserved areas or populations, as are five of nine census tracts in Hawai'i County, five of 32 census areas in the city and county of Honolulu, and all of Kaua'i County (Hawai'i State Department of Health, 2000).

Mortality and Incidence of Disease

Heart disease has been the leading cause of death for both women and men of all ages in the United States since 1970. It is the second leading cause of death among women aged 45-74, following all cancers combined (but is the leading cause when cancers are examined separately). It remains the leading cause of death for women aged 75 and over even when all cancers are combined (National Center for Health Statistics, 1996). Since many of the factors contributing to heart disease, including high blood pressure, smoking, obesity and inactivity, can be addressed by changing women's health habits, states can contribute to decreasing rates of death from heart disease by raising awareness of the risk factors and how to modify them. In addition, states can help by implementing policies that facilitate access to health care professionals and preventive screening services. Women in Hawai'i experience mortality from heart disease at rates substantially below the median mortality rate for all states (60.6 and 90.9 per 100,000 population, respectively; see Table 15) and ranks first among all states on this indicator. Notably, men's mortality from heart disease is much higher in Hawai'i and in the country as a whole, at 114.5 and 174.4 per 100,000 population; data not shown). As with women's rates, however, men's mortality rates from heart disease in Hawai'i are much lower than the median for the United States. Mortality from heart disease varies greatly by race in Hawai'i and the United States as a whole. As Figure 14 shows, mortality rates from heart disease are generally much higher among African American women than among white women, while

Asian/Pacific Islander American women have the lowest rates of mortality from heart disease. In the United States, the mortality rate from heart disease for 1991-95 among all women 35 and older was 401 deaths per 100,000 women (these data differ from those in Table 15, which presents 1995 mortality rates for women of all ages). For African American women, it was much higher, at 553 deaths per 100,000, while for white women it was 388. For Hispanic women, the rate was only 265 deaths per 100,000; for Asian/Pacific Islander American women, it was 221, and for Native American women, it was 259.

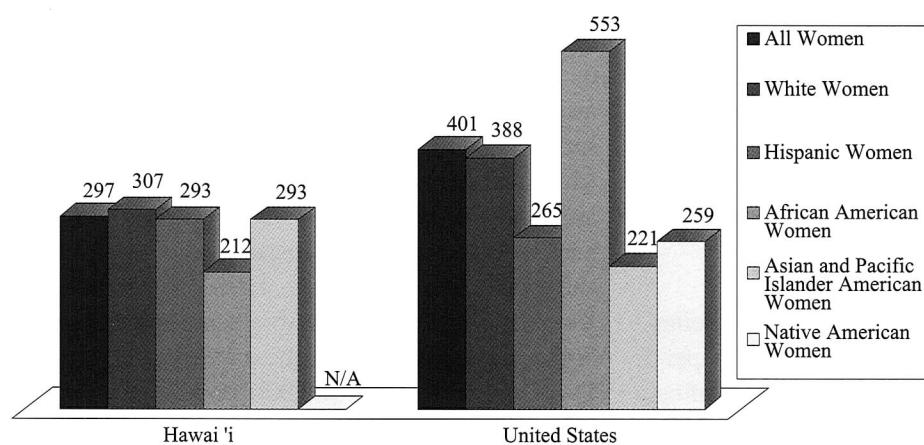
In Hawai'i, patterns of mortality from heart disease among women of different racial and ethnic groups differed substantially from those in the nation as a whole. African American women experienced mortality from heart disease at a rate of 212 per 100,000, substantially below the U.S. rate for African American women and below the average for all demographic groups of women in Hawai'i. White women's mortality rate was 307 per 100,000, the highest of all groups in Hawai'i, and Hispanic

women's rate was 293 per 100,000. Asian American and Pacific Islander women also had a mortality rate from heart disease of 293, substantially above the national rate for this demographic group. Data were not available for Native American women in the state. Overall, mortality rates from heart disease in Hawai'i varied much less by race and ethnicity than in the United States as a whole and were lower overall. While Asian/Pacific Islander American women in the nation have much lower than average mortality rates from heart disease, in Hawai'i they were closer to the average for all women. In contrast, while African American women are more likely to die from heart disease in the nation as a whole, in Hawai'i they are less likely to.

Cancer is the leading cause of death for women aged 45-74, and women's lung cancer, the leading cause of death among cancers, in particular is on the rise. Among women nationally, the incidence of lung cancer doubled and the death rate rose 182 percent between the early 1970s and early 1990s (National Center for Health Statistics, 1996). Like heart disease, lung cancer is closely linked with cigarette smoking. State public awareness efforts on the link between cancer and smoking can be crucial to lowering lung cancer incidence and mortality.

In Hawai'i, average mortality from lung cancer is 22.9, substantially below the national rate of 33.3 per 100,000 women. As a result, Hawai'i ranks second in the nation and first of five states in the Pacific West region on this indicator. In addition, in Hawai'i as in the nation as a whole, mortality from lung cancer is higher among white women than among African American women. In Hawai'i, 29.7 white women per 100,000 die from lung

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



* Average annual mortality rates (deaths per 100,000) for women aged 35 years and older. Data for Hispanics are also included within each of the four categories of race. Data for Native American women are not available for Hawai'i. Data differ from those provided in Table 15, which are for women of all ages for 1995.

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

Compiled by the Institute for Women's Policy Research.

cancer each year, while 23.7 African American women do. Nationally, 33.8 white women and 32.7 African American women per 100,000 die annually from lung cancer. While data for other racial and ethnic groups are not available for 1991-95, in 1986-90, rates of mortality from lung cancer in Hawai'i were 23.4 per 100,000 women of all races but about twice as high, at 47.7 per 100,000 women, for Native Hawaiians (Cancer Registry Center of Hawai'i, 1998).

Among cancers, breast cancer is the second-most common cause of death for U.S. women. Approximately 175,000 new invasive cases of breast cancer are expected in 1999 (American Cancer Society, 1999). Breast cancer screening is crucial not just for detecting breast cancer but also for reducing breast cancer mortality. Consequently, health insurance coverage, breast cancer screenings, and public awareness of the need for screenings are all important issues to address as states attempt to diminish death rates from the disease. Hawai'i's rate of mortality from breast cancer is relatively low, at 17.5 compared with the national rate of 26.0 per 100,000 population. As a result, the state ranks first on this indicator of women's health. Unlike mortality rates from lung cancer, mortality rates from breast cancer are higher among African American women than they are among white women in the nation as a whole, but in Hawai'i, they are much lower among African American women. In Hawai'i, mortality from breast cancer is 20.0 per 100,000 white women but less than half that, 7.4, per 100,000 African American women. Nationally, the mortality rate from breast cancer is 25.6 per 100,000 white women and 31.5 per 100,000 African American women. While comparable data for other racial and ethnic groups are not available, in 1986-90, mortality from breast cancer was 22.52 per 100,000 women of all races and much higher, at 37.9 per 100,000 women, for Native Hawaiian women (Cancer Research Center of Hawaii, 1998).

People with diabetes are two to four times more likely to develop heart disease or stroke, blindness, kidney disease, and other serious health conditions than those without it, and women with diabetes have the same risk of heart disease as men (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion,

1999b). Rates of diabetes vary tremendously by race, with African Americans, Hispanics, and American Indians experiencing much higher rates than white men and women (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998). The overall risk of diabetes can be decreased by lowering the level of obesity and by improving health habits in a state. In Hawai'i, 5.7 percent of women have been diagnosed with diabetes at some point in their lifetime, a rate slightly higher than the median rate for all states, 5.3 percent. At 31st in the nation and last in its region, Hawai'i ranks much lower, 31st, on this indicator than it does other measures of women's health.

Sexually transmitted diseases (STDs) are a common threat to younger women's health. As with many other health problems, education, awareness, and proper screening can be key to limiting the spread of STDs and diminishing the health impact associated with them. One of the more common STDs among women is chlamydia, which affects over 436,000 women in the United States. Chlamydia is often asymptomatic, as up to 85 percent of women who have it manifest no symptoms. Nonetheless, chlamydia can lead to Pelvic Inflammatory Disease (PID), which is a serious threat to female reproductive capacity (U.S. Department of Health and Human Services, Public Health Service, 2000). As a result, screening for chlamydia is important to women's reproductive health. In Hawai'i, chlamydia affects 261.3 women per 100,000 population, a rate somewhat lower than that for the United States as a whole, or 335.8 women per 100,000 population. As a result, Hawai'i ranks 18th in the nation and second in the region on this indicator of women's health status.

Finally, the incidence of HIV and AIDS in women is one of the fastest-growing threats to their health, especially among younger women. In fact, the original gap between the incidence of AIDS in women and men is diminishing quickly. While in 1985 the incidence of AIDS-related illnesses among men was 13 times more than for women, by 1998-99 men had fewer than four times as many AIDS-related illnesses as women. The proportion of people with AIDS who are women is likely to continue rising, since a higher proportion of HIV cases are women: in 1998-

Focus on the Incidence of AIDS in Hawai'i

Since 1995, the number of new AIDS cases reported per year in Hawai'i has decreased by a little more than half; in 1995, 222 new cases of AIDS were reported, compared with only 104 new cases in 1999. But while the overall number of newly reported AIDS cases has decreased, the percentage of those cases who are women has increased (Hawai'i Department of Health, 1999). Women constituted only 5.9 percent of all new reported AIDS cases in 1995, but 16.3 percent in 1998. On the other hand, this percentage decreased to 7.6 percent of all new reported AIDS cases in 1999 (see Illustration 6).

AIDS incidence in Hawai'i also varies by race and ethnicity. Caucasians constitute the largest percentage of all reported AIDS cases (58.5 percent), followed by Hawaiian/Part Hawaiians at 10 percent (see Illustration 7). Interestingly, the distribution of AIDS cases by ethnicity differs for men and women. Caucasians constitute 60.0 percent of all AIDS cases in men, but only 40.0 percent of all female AIDS cases. Hawaiian/Part Hawaiian men constitute only 9.0 percent of AIDS cases among men, while Hawaiian/Part-Hawaiian women make up 23.0 percent of AIDS cases among women.

The increased proportion of AIDS patients who are women has created the need for HIV/AIDS prevention campaigns targeted toward women, particularly Caucasian and Hawaiian/Part Hawaiian women, who constitute the majority of female AIDS cases in the state.

Focus Box Illustration 6.
Number and Percent of New Reported AIDS Cases by Sex and Year in Hawai'i

Year	Male		Female		Total
	Number	Percent	Number	Percent	
1999	96	92.0%	8	7.6%	104
1998	147	89.6%	17	16.3%	164
1997	87	88.7%	11	11.2%	98
1996	171	89.0%	21	10.9%	192
1995	209	94.0%	13	5.9%	222
Total	710	91.0%	70	9.0%	780

Source: Hawai'i State Department of Health, AIDS Surveillance Program, 1999.

Focus Box Illustration 7.
Number and Percent of Reported Cases of AIDS by Sex and Ethnicity in
Hawai'i, 1995-99

Ethnicity	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Caucasian	428	60.0%	28	40.0%	456	58.5%
African-American	37	5.2%	4	6.0%	41	5.3%
Hispanic	45	6.3%	5	7.0%	50	6.4%
American Indian	3	4.0%	0	0.0%	3	0.4%
Hawaiian/Part Hawaiian	61	9.0%	16	23.0%	77	10.0%
Filipino	44	6.2%	7	20.0%	51	6.5%
Chinese	18	5.2%	2	3.0%	20	3.0%
Japanese	37	5.2%	1	1.4%	38	5.0%
Other Asian/Pacific Islander	37	5.2%	7	10.0%	44	6.0%
Total Cases	710	91.0%	70	9.0%	780	100.0%

Source: Hawai'i State Department of Health, AIDS Surveillance Program, 1999.

99, 23 percent of AIDS cases were women, while 32 percent of HIV cases were (U.S. Department of Health and Human Services, Public Health Service, 1999). Moreover, the majority of the AIDS burden falls on minority women: in 1998, 63 percent of women diagnosed with AIDS were African American, and over 18 percent were Hispanic (U.S. Department of Health and Human Services, Public Health Service, 1999). Unfortunately, state-by-state data for minority women are not available. However, overall Hawai'i has lower incidence rates of AIDS than the nation as a whole, at 2.7 compared with 9.4, respectively, per 100,000 population. For men the AIDS incidence rate is higher in Hawai'i, but the disparity is similar as it is for women, at 26 cases per 100,000 population in Hawai'i versus 33.2 cases in the United States as a whole for men (data not shown; U.S. Department of Health and Human Services, Public Health Service, 1999). Hawai'i ranks only slightly above the midpoint for all states and fourth of the five states in its region on this indicator (since the national rate of AIDS incidence among women is much higher than the median rate for each of the states, Hawai'i is near the midpoint despite its relatively lower rates; for more information, see Focus on the Incidence of AIDS in Hawai'i).

Mental Health

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

In Hawai'i, women's self-reported evaluations indicate that women experience an average of 2.6 days per month on which their mental health is not good, and the state ranks fourth in the nation and first in the region on this measure (see Table 15 and Chart VII). Nationally, the median rate for all states is 3.5 days per month of poor mental health. Men's rate of poor mental health is also better than the national median at 1.8 days compared with 2.4 days, respectively

(data not shown). In Hawai'i, men's lower rate of poor mental health compared with women mirrors national trends: in the nation as a whole, the median rate for women is over one day more than it is for men (3.5 and 2.4 days per month, respectively).

One of the most severe public health problems related to psychological disorders is suicide. In the United States as a whole, 1.3 percent of all deaths occur from suicide, about the same number of deaths as from AIDS (National Institute of Mental Health, 1999). Women are much less likely than men to commit suicide, with four times as many men as women dying by suicide. However, women are twice as likely to attempt suicide as men are, and a total of 500,000 suicide attempts are estimated to have occurred in 1996. In addition, in 1997, suicide was the fourth leading cause of death among women aged 14-24 and 35-44, the sixth leading cause of death among women aged 25-34, and the eighth leading cause of death among women 45-54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2000). Among women in the United States, the annual rate of mortality from suicide is 3.9 per 100,000 population. In Hawai'i, rates of death by suicide among women are much higher, at 4.8. As a result, Hawai'i ranks 40th in the nation and third in the Pacific West region on this indicator of women's health status.

While risk factors for suicide often occur in combination, research indicates that 90 percent of men and women who kill themselves are experiencing depression, substance abuse, or another diagnosable psychological disorder (National Institute of Mental Health, 1999). As a result, policies that extend and expand mental health services to those who need them can help potential suicide victims. According to the National Institute of Mental Health, the most effective programs prevent suicide by addressing broader mental health issues, such as stress and substance abuse (National Institute of Mental Health, 1999).

Limitations on Activities

Women's overall health status strongly affects their ability to carry out everyday tasks, provide for their

families, fulfill their goals, and live full and satisfying lives. Illness, disability and generally poor health can obstruct their ability to do so. Women's self-evaluation of the number of days in a month on which their activities were limited by their health status measures the extent to which women are unable to perform the tasks they need and want to complete. Among all states, the median is 3.6; in Hawai'i, the average number of days of limited activities for women is somewhat lower, at 3.0 (see Table 15), and the state ranks twelfth in the nation and third in the region on this measure. In contrast, for men, the rate in Hawai'i (3.5 days per month) is the same as the median rate for all states (3.5 days per month; data not shown).

Preventive Care and Health Behaviors

Women's health status is affected tremendously by their use of early detection measures, preventive health care, and good personal health habits. In fact, preventive health care, healthy eating and exercise, as well as elimination of smoking and heavy drinking, can help women avoid many of the diseases and conditions described above. Table 16 presents data on women's use of preventive care, early detection resources, and good health habits in Hawai'i. Generally, women in Hawai'i use preventive care resources at levels above the median for all states. Of women over age 50, 69.7 percent have had a mammogram within the past two years, higher than the median number for all states. Likewise, Hawai'i women have higher usage rates of pap tests and cholesterol screenings than the median rate for all states.

The use of preventive care resources also varies among Hawai'i women. In 1998, for example, Filipina women were most likely to have ever had professional breast exams, at 22 percent, while only 13 percent of native Hawaiian and part Hawaiian women, 9 percent of Japanese women, and 4 percent of Caucasian women had (Hawaii State Department of Health, Office of Health Status Monitoring, 1999).

In addition, women in Hawai'i have better health habits than women nationally. The percent of adult

Table 16.
Preventive Care and Health Behaviors

	Hawai'i	United States*
Preventive Care		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 1998 ^a	69.7	67.8
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 1998 ^a	86.3	84.9
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 1995 ^b	69.7	68.2
Health Behaviors		
Percent of Women Who Smoke (100 or more cigarettes in their lifetime and who now smoke everyday or some days), 1998 ^a	16.7	20.8
Percent of Women Who Report Chronic Drinking (60 or more alcoholic beverages during the previous month), 1995 ^b	1.0	0.7
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 1998 ^a	22.5	29.9
Percent of Women Who Do Not Eat 5 or More Servings of Fruits or Vegetables per Day, 1998 ^a	66.7	72.2

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

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

Compiled by the Institute for Women's Policy Research.

to help low-income men and women cover health-related expenses are critical for improving health and well-being. Women are particularly affected by resource allocations to Medicaid programs since more women than men live in poverty and, consequently, over 50 percent more women receive Medicaid benefits than men (U.S. Department of Health and Human Services, Health Care Financing Administration, 1999a). In Hawai'i, substantially more women than men receive health insurance from public sources (20.4 percent versus 11.2 percent; see Table 12). During the 1990s, states gained increased autonomy in setting eligibility and benefit levels for Medicaid programs, and as a

women in Hawai'i who smoke, 16.7 percent, is less than the median for all states, 20.8 percent (see Table 16). However, the percent of Hawai'i women who drink chronically (60 or more alcoholic beverages a month) is higher than the median for all states (1.0 and 0.7, respectively). Nevertheless, women in Hawai'i are considerably more likely to participate in physical activity and considerably more likely to eat the recommended amount of fruits and vegetables than women in other states.

State Health Policies and Resources

State policies can contribute to women's health status in significant ways. Because poverty is closely associated with poor health among women, policies allocating resources to Medicaid programs

result their spending varied substantially. Table 17 shows the level of Medicaid spending per adult enrollee in Hawai'i ("adults" are generally defined as nondisabled people aged 18-64, although some states extend "adult" to cover some younger people, such as pregnant teens or mothers classified as head-of-household). In 1997, at \$2,331, Hawai'i's spending was far above the average among all states of \$1,874 per adult enrollee. Financial support for health care needs can have a significant positive impact on the health status of low-income women and their families. State and federal policy should also ensure that as men and women move off welfare and into the workforce, they do not lose access to health insurance.

Domestic violence and stalking can also affect women's physical health and mental well-being significantly. Very little reliable data on rates of

violence against women exist, however, because many incidences of violence go unreported. Women who suffer from domestic violence, stalking, and other crimes often need appropriate services to help them make the transition from a violent and unhealthy situation to an independent and stable life. Still, state spending related to violence against women varies tremendously. Table 17 shows that Hawai'i's funding for domestic violence and stalking programs, at \$5.95 per person in the state, is far above the national average of \$1.34. In Hawai'i, 82 percent of funding for domestic violence and sexual assault programs came from state sources, while 18 percent came from federal sources. Of state money, 76 percent was spent on domestic violence programs and 24 percent was spent on sexual assault programs. Of federal money, 78 percent was spent on domestic violence programs and 20 percent was spent on sexual assault programs.

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

icyholders. These policies include: required coverage for preventive screenings for cervical cancer and osteoporosis; laws allowing women to choose a specialist in obstetrics and gynecology as their primary care physician or allowing direct access to one without referral; and mandates for coverage of mental health services. In addition, some states have mastectomy stay laws, requiring insurance companies to cover inpatient care for defined periods fol-

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

	Hawai'i	United States
Medicaid Spending Per Adult Enrollee, 1997^a	\$2,331*	\$1,874
Domestic Violence and Sexual Assault Services and Prevention Spending Per Capita, 1994-95^b	\$5.95	\$1.34

* Significant amounts of expenditures and/or numbers of enrollees were either missing or categorized as "unknown" (no reported enrollee group or cash assistance status) in the original data released from the U.S. Health Care Finance Administration. The estimate shown relies heavily on supplemental data sources.

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

Compiled by the Institute for Women's Policy Research.

Table 18.
State Health Insurance Mandates in Hawai'i, 1999

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

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

Compiled by the Institute for Women's Policy Research.

lowing a mastectomy. Overall, Hawai'i has few of the state insurance mandates important to women (see Table 18). However, Hawai'i requires insurance companies to cover or at least offer a policy covering mental health services at the same level as other health services. The state's women would benefit

from policies mandating coverage of screenings for cervical cancer and osteoporosis and inpatient care after a mastectomy, as well as those allowing women to visit obstetrics and gynecology specialists directly.

Conclusions and Policy Recommendations

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

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

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

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

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

- ◆ Women's wages need to be raised by policies such as stronger enforcement of equal employment opportunity laws, improved educational opportunities, higher minimum wages, or the implementation of pay equity adjustments in the state civil service and/or in the private sector.
- ◆ Rates of women's business ownership and business success could be increased by ensuring that state and local government contracts are accessible to women-owned businesses.
- ◆ Women workers would benefit from the greater provision of adequate and affordable child care and from mandatory paid parental and dependent-care leave policies.
- ◆ Women's physical security can be enhanced by increasing public safety generally and by better protecting women from domestic violence, via anti-stalking and other legislation and better police and judicial training.
- ◆ Women's economic security can be improved by greater state emphasis on child support collection and by implementing welfare reform programs that maximize women's educational and earning opportunities, while still providing a basic safety net for those who earn very low wages or cannot work.

National policies also remain important in improving women's status in 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 or the establishment of an employee pay-in system.
- ◆ Because most income redistribution occurs at the national level, federal legislation on taxes, entitlements and income security programs (such as the Earned Income Tax Credit, Social Security, Medicaid, Medicare, Food Stamps and welfare) will continue to profoundly affect women's lives and should take women's needs and interests into account.

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

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

Appendix I

Basic Demographics

This Appendix includes data on different populations within Hawai'i. 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

Appendix Table 1.
Basic Demographic Statistics for Hawai'i and the United States

	Hawai'i	United States
Total Population, 1998^a	1,193,001	270,298,524
Number of Women, All Ages ^b	594,854	138,252,197
Sex Ratio (women to men, aged 18 and older) ^b	1.01:1	1.08:1
Median Age of All Women ^b	37.3	36.3
Proportion of Women Over Age 65 ^b	14.5%	14.6%
Distribution of Women by Race and Ethnicity, All Ages, 1995^c		
White*	26.7%	73.0%
African American*	1.8%	12.8%
Hispanic**	8.0%	9.8%
Asian and Pacific Islander American*	63.1%	3.6%
Native American*	0.5%	0.8%
Distribution of Households by Type, 1990^d		
Total Number of Family and Nonfamily Households	355,642	91,770,958
Married-Couple Families (with and without their own children)	60.8%	56.2%
Female-Headed Families (with and without their own children)	9.7%	11.3%
Male-Headed Families (with and without their own children)	4.2%	3.2%
Nonfamily Households: Single-Person Households	19.3%	24.4%
Nonfamily Households: Other	6.1%	4.9%
Distribution of Women Aged 15 and Older by Marital Status, 1990^e		
Married	58.0%	55.6%
Single	24.4%	23.1%
Widowed	8.8%	11.9%
Divorced	8.7%	9.4%
Percent of Households with Children Under Age 18 Headed by Women, 1990^f	14.5%	19.5%
Proportion of Women Living in Metropolitan Areas, All Ages, 1990^g	75.3%	83.1%
Proportion of Women Who Are Foreign-Born, All Ages, 1990^h	16.8%	7.9%
Percent of Federal and State Prison Population Who Are Women, 1998ⁱ	8.7%	6.5%
* Non-Hispanic.		
** Hispanics may be of any race.		
Source: ^a U.S. Department of Commerce, Bureau of the Census, 1999b; ^b U.S. Department of Commerce, Bureau of the Census, 1999d; ^c U.S. Department of Commerce, Bureau of the Census, 1997a; ^d Population Reference Bureau, 1993, Table 7; ^e Population Reference Bureau, 1993, Table 10; ^f IWPR, 1995a; ^g Population Reference Bureau, 1993, Table 6; ^h Population Reference Bureau, 1993, Table 3; ⁱ U.S. Department of Justice, Bureau of Justice Statistics, 1999, Tables 3 and 7.		
Compiled by the Institute for Women's Policy Research.		

Focus on Women in Prison in Hawai'i

While the number of women who are incarcerated has been steadily increasing in Hawai'i, as it has in the nation as a whole, incarcerated men still outnumber incarcerated women in the state nine to one. As of January 2000, the state had 4,208 incarcerated men, compared with 465 incarcerated women (Sakai, 2000).

Prisoners in Hawai'i face unique circumstances. Because Hawai'i's inmate population exceeds facility capacity, approximately 29 percent of sentenced female felons are housed in a facility in Oklahoma, separating them from family and children and making a transition back to normalcy difficult. Women from other islands also face separation when housed in the largest prison facility in Hawai'i, which is on Oahu. These conditions, of course, are also a problem for men (Sakai, 2000).

Women of Hawaiian and Part-Hawaiian descent constitute the largest proportion of women in prison, at 40.2 percent, followed by Caucasian women, at 29.0 percent (see Illustration 8). These percentages differ somewhat from the ethnic breakdown of male prisoners: 37.7 percent are Hawaiian or Part-Hawaiian, and 19.8 percent are Caucasian. However, Caucasian men are a smaller percentage of the male prison population than Caucasian women are of the female prison population (19.8 percent versus 29.0 percent respectively). In contrast, Filipino men account for a much larger percentage of the male prison population than Filipino women do among female prisoners (10.1 compared with 5.3, respectively).

Illustration 9 shows the distribution of male and female prisoners in Hawai'i by facility and custody status. The data demonstrate that inmates are more likely to be housed out of state if they have received a felony rather than misdemeanor indictment.

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, Hawai'i has a lower ratio of women to men, a slightly older population, a much smaller proportion of African American women, smaller proportions of Hispanic and Native American women, a much larger proportion of Asian/Pacific Islander American and foreign-born women, and a lower proportion of women living in urban areas. Demographic factors have implications for the location of economic activity, the types of jobs available, market growth, and the types of public services needed.

Hawai'i has the eleventh smallest population among all the states and the District of Columbia. There were just under 600,000 million women of all ages in Hawai'i in 1998 (see Appendix Table 1). Between 1990 and 1998, the population of Hawai'i grew by 7.6 percent, less than the growth of the nation as a whole (8.7 percent; U.S. Department of Commerce, Bureau of the Census, 1999d). Compared with its region, Hawai'i's population growth rate is last, behind Washington (16.9 percent), Oregon (15.5 percent), Alaska (11.6 percent), and California (9.7 percent). Hawai'i's population growth rate is also well below the regional rate of 11.0 percent. White

Focus Box Illustration 8.
Percent of Male and Female Inmates by Ethnicity in Hawai'i

Ethnicity*	Percent Female	Percent Male
Total Number of Inmates	463	4580
Black	3.1%	4.3%
Caucasian	29.0%	19.8%
Chinese	0.6%	0.7%
Filipino	5.3%	10.1%
Hawaiian or Part Hawaiian	40.2%	37.7%
Japanese	2.4%	4.3%
Korean	1.0%	8.0%
Samoaan	2.9%	4.7%
Other**	13.6%	15.4%
Not Reported	1.8%	2.1%

*As reported by inmates.

**Includes those who reported two or more ethnicities other than Hawaiian.

Source: Sakai, 2000.

Focus Box Illustration 9.
Distribution of Female and Male Prisoners in Hawai'i by Facility and Custody Status

All Prisoners	Sentenced Felons		Sentenced Misdemeanants			
Facilities	Female	Male	Female	Male	Female	Male
All Facilities	465	4208	278	2207	18	99
Hawai'i Correctional Facility	28	198	4	17	8	47
Kaua'i Correctional Facility	20	108	10	52	2	16
Maui Correctional Facility	45	290	17	89	1	30
Oahu Correctional Facility	58	854	1	55	1	1
Women's Correctional Facility	232		164		6	
Contracted Out of State	82*	1086**	82	984	0	0
Halawa Correctional Facility		1234		655		3
Kulani Correctional Facility		127		127		0
Waiawa Correctional Facility		311		228		2

*as of 12/21/99 in Oklahoma.

**as of 12/21/99 in Minnesota, Oklahoma, and Tennessee.

Source: Sakai, 2000.

women are a smaller share of the female population in Hawai'i than they are in the United States as a whole, making up only 26.7 percent of women in the state (compared with 73.0 percent for the nation

as a whole). In contrast, at 63.1 percent, Asian/Pacific Islander American women make up the majority of the female population in Hawai'i. All other minority racial and ethnic groups combined

make up less than 11 percent of the female population in Hawai'i, over 13 percentage points lower than for the rest of the United States.

According to 1990 population figures, of all Asian/Pacific Islander Americans in Hawai'i, 36 percent are Japanese, 25 percent are Filipino, 20 percent are Hawaiian, 10 percent are Chinese, 4 percent are Korean, 2 percent are Samoan, 2 percent are other Asian or Pacific and 1 percent are Vietnamese (Hawai'i State Department of Business, Economic Development and Tourism, Research and Economic Analysis Division, 1999).

The proportions of divorced and widowed women in Hawai'i are lower than in the nation as a whole, while the proportions of women in Hawai'i who are married or single are larger than the proportion nationally (see Appendix Table 1). Hawai'i's distribution of family types diverges slightly from that in the nation as a whole. The proportion of single-person households is somewhat smaller than in the nation (19.3 percent versus 24.4 percent), as is the

proportion of female-headed families (at 9.7 and 11.3 percent, respectively). The proportion of married-couple families in Hawai'i is larger than nationally (at 60.8 percent versus 56.2 percent). Female-headed households with children under age 18 constitute 14.5 percent of all households with children in Hawai'i, a smaller proportion than the 19.5 percent nationwide.

Hawai'i's proportion of women living in metropolitan areas is somewhat lower than in the nation as a whole (75.3 percent compared with 83.1 percent of women in the United States). The percent of Hawai'i's prison population that is female is somewhat higher than the national average (see Appendix Table 1; for more detail, see Focus on Women in Prison in Hawai'i). There is a large difference between Hawai'i and the nation as a whole in terms of the proportion of the population that is foreign-born. Hawai'i has a much larger foreign-born female population than does the United States as a whole (16.8 percent compared with 7.9 percent).

Appendix II

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

Composite Political Participation Index

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

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

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

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

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

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

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

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

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

Composite Employment and Earnings Index

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

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

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

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

Women's Median Annual Earnings: Median yearly earnings (in 1998 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1996, 1997 and 1998. Earnings were converted to constant dollars using the Consumer Price Index and the median was selected from the merged data file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state. The sample size for women ranges from 511 in Vermont to 4,805 in California; for men, the sample size ranges from 641 in the District of Columbia to 7,594 in California. For Hawai'i, the sample size is 568 for women and 697 for men. These earnings data have not been adjusted for cost-of-living differences between the states because the federal government does not produce an index of such differences. Source: Economic Policy Institute calculations of the 1997-99 Annual Demographic Files (March) from the Current Population Survey, for the 1996-98 calendar years; Economic Policy Institute, 2000.

Ratio of Women's to Men's Earnings: Median yearly earnings (in 1998 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1996-98

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

Women's Labor Force Participation (proportion of the adult female population in the labor force):

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

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

Composite Economic Autonomy Index

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

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

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

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

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

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

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

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

Composite Reproductive Rights Index

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Composite Health and Well-Being Index

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

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

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

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

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

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

Percent of Women Who Have Ever Been Told They Have Diabetes: As self-reported by female respondents in the Behavioral Risk Factor Surveillance System (BRFSS) survey in 1996. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age, and all data are

age-adjusted to the 1970 U.S. standard population. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999a.

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

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

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

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

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

Appendix III

Sources for Chart II

(Women's Resources and Rights Checklist)

Violence Against Women

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

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

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

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

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

Child Support

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

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

Welfare

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

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

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

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

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

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

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

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

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

Employment/Unemployment Benefits

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

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

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

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

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

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

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

Use of UI for Paid Family Leave: Recent initiatives in several states have advanced the idea of using UI to provide benefits during periods of fam-

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

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

Sexual Orientation and Gender Identity

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

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

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

Reproductive Rights

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

Institutional Resources

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

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

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

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

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

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

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

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

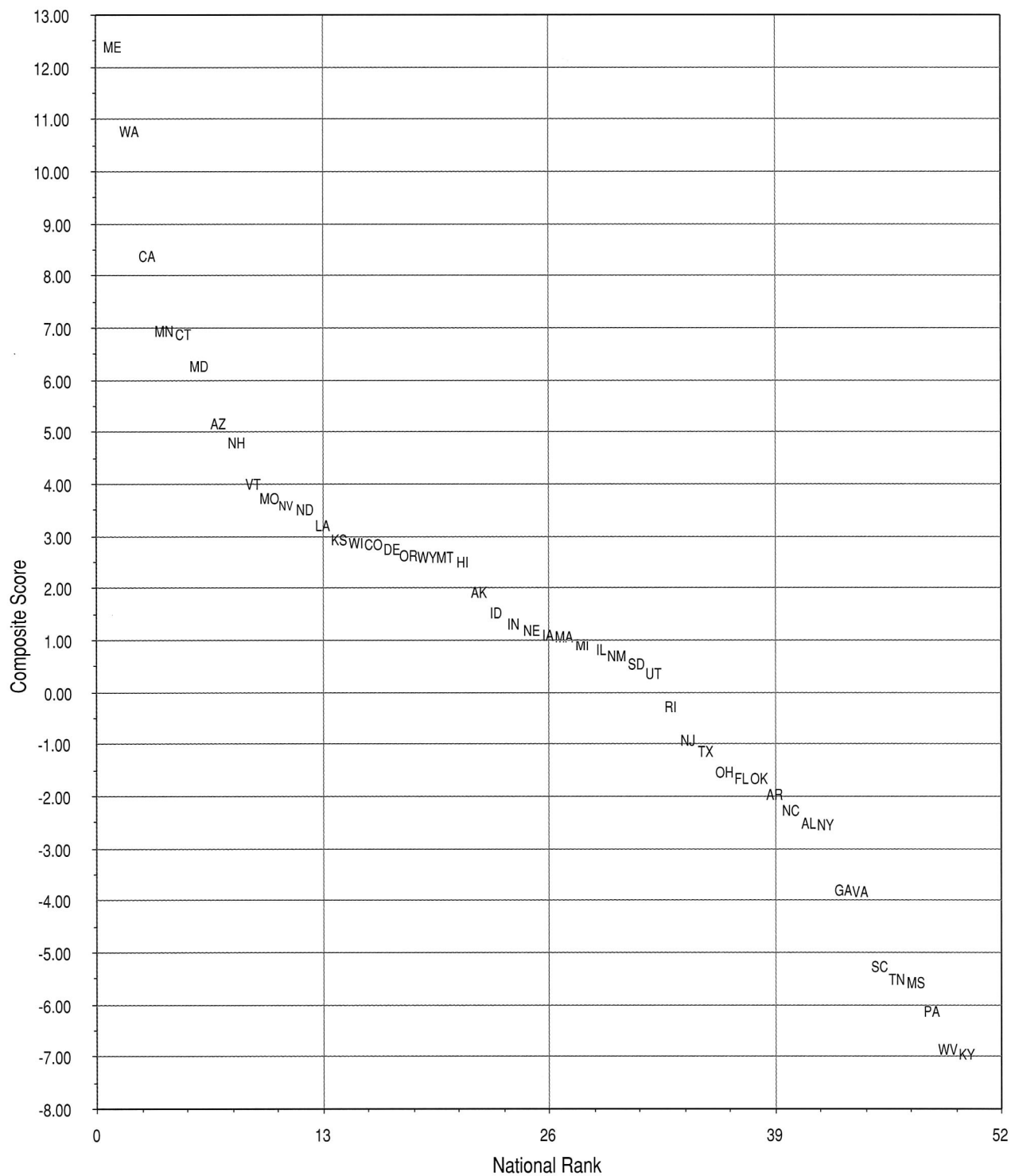
	Composite Index			Parental Consent	Waiting Period	Public Funding	Percent of Women Living in Counties with Providers	Contraceptive Coverage	Pro-Choice Government	Infertility	Second- Parent Adoption	Mandatory Sex Education
State	Score	Rank	Grade	Score	Score	Score	Score	Score	Score	Score	Score	Score
Alabama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

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

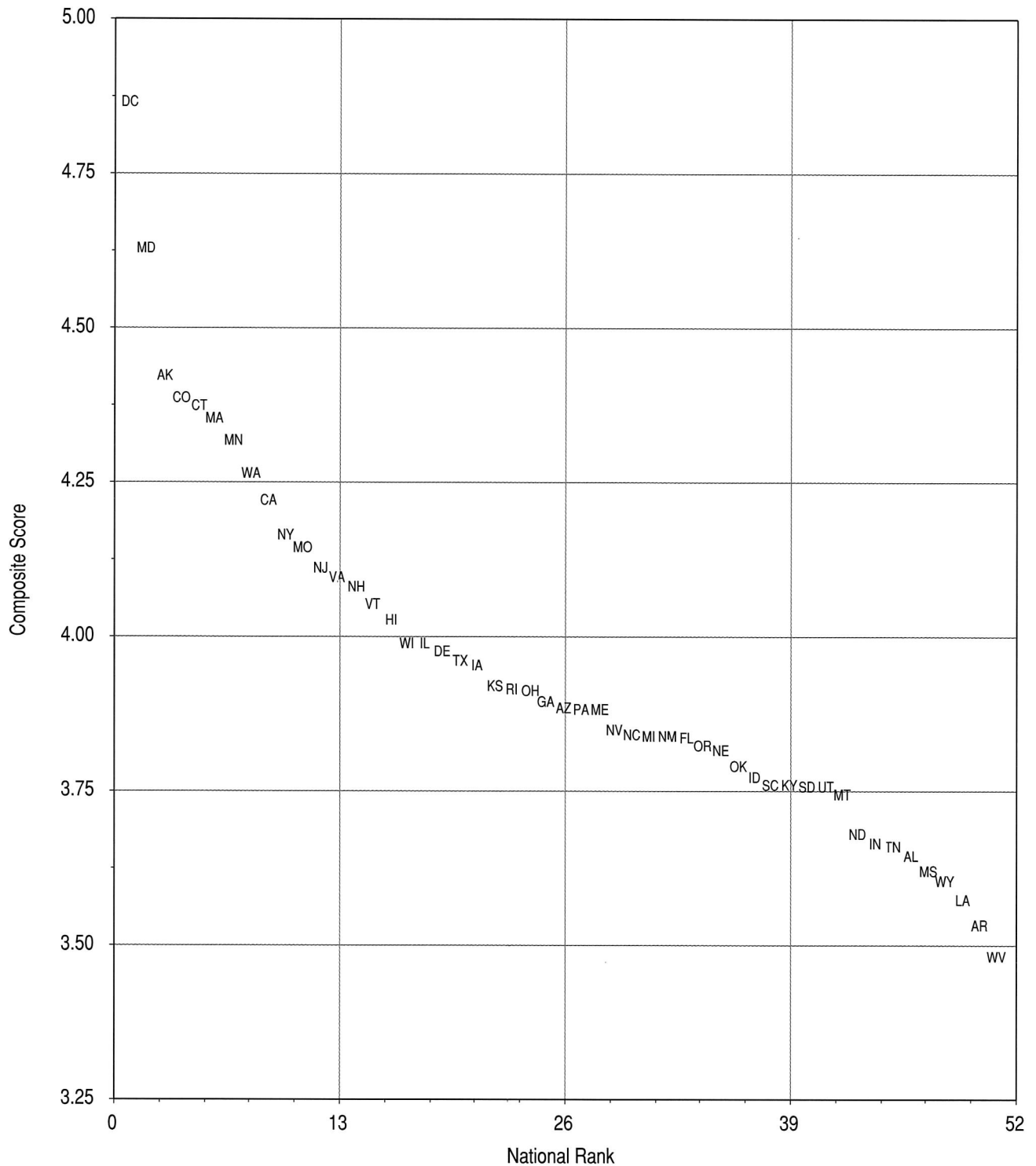
Appendix IV, Part A: State-by-State Rankings on the Composite Indices and Their Components—Health and Well-Being

State	Composite Index			Heart Disease Mortality		Lung Cancer Mortality		Breast Cancer Mortality		Incidence of Diabetes		Incidence of Chlamydia		Incidence of AIDS		Poor Mental Health		Suicide Mortality		Limited Activities	
	Score	Rank	Grade	Rate	Rank	Rate	Rank	Rate	Rank	Percent	Rank	Rate	Rank	Rate	Rank	Days	Rank	Rate	Rank	Days	Rank
Alabama	1.81	38	C-	82.6	15	30.0	14	23.7	9	7.9	50	358.4	36	5.7	32	4.3	47	3.9	23	5.1	45
Alaska	2.22	22	C+	69.7	7	40.0	46	22.5	3	2.6	1	448.4	46	1.3	7	3.0	8	6.6	50	2.6	1
Arizona	2.29	18	B-	86.9	22	32.1	20	23.3	6	2.9	2	384.6	40	3.9	29	1.2	1	5.9	47	3.7	27
Arkansas	1.73	43	D+	102.9	37	35.4	34	23.3	6	6.4	41	181.1	5	3.0	26	3.8	36	4.5	37	5.7	47
California	2.01	31	C	96.3	33	33.9	28	24.8	22	5.5	29	327.7	31	5.1	30	3.4	18	4.4	34	4.0	37
Colorado	2.39	16	B	64.1	4	25.5	5	23.0	5	4.6	16	284.4	25	2.3	23	3.7	30	5.7	46	3.1	13
Connecticut	2.47	10	B	84.9	18	32.6	23	26.0	37	3.8	9	298.9	29	13.6	45	3.2	13	3.0	8	3.2	15
Delaware	1.54	48	D-	89.0	25	41.2	48	28.4	45	4.5	15	557.1	49	13.5	44	3.7	30	3.6	17	6.0	49
District of Columbia	1.51	49	D-	75.7	12	34.7	32	33.2	51	7.2	46	335.8	32	86.7	51	2.4	2	2.3	1	5.9	48
Florida	1.63	45	D	98.0	34	35.7	36	24.9	23	5.9	35	296.4	28	24.1	49	3.7	30	5.0	42	4.8	44
Georgia	2.13	27	C+	93.4	31	31.2	18	24.4	16	5.1	24	369.4	37	11.6	42	4.0	42	3.8	22	3.4	19
Hawai'i	2.71	1	A-	60.6	1	22.9	2	17.5	1	5.7	31	261.3	18	2.7	24	2.6	4	4.8	40	3.0	12
Idaho	2.55	7	B+	75.0	11	27.5	8	23.3	6	3.9	11	224.7	12	1.4	10	3.4	18	4.9	41	2.8	4
Illinois	2.26	20	B-	108.0	41	33.7	26	28.4	45	5.9	35	285.4	27	5.5	31	3.5	23	2.9	6	2.7	2
Indiana	2.20	24	C+	106.6	40	36.0	41	25.7	32	5.8	34	261.1	17	1.8	16	3.5	23	3.6	17	2.9	7
Iowa	2.45	12	B	92.3	27	29.8	12	25.1	24	5.3	26	266.7	20	1.1	6	3.6	26	3.3	12	2.8	4
Kansas	2.56	5	B+	85.4	19	29.8	12	23.9	12	3.6	5	255.4	15	2.0	20	3.0	8	3.7	19	3.3	17
Kentucky	1.43	50	F	108.4	42	41.8	50	25.1	24	5.7	31	256.8	16	2.7	24	5.5	51	3.3	12	6.7	51
Louisiana	1.82	36	C-	100.1	36	35.9	38	26.5	38	6.8	45	417.8	44	11.5	41	3.3	15	4.6	38	3.4	19
Maine	2.25	21	B-	92.7	28	39.1	45	25.7	32	4.9	21	141.3	4	1.3	7	3.4	18	3.5	15	4.2	40
Maryland	1.91	34	C	86.7	21	37.7	43	27.8	42	5.7	31	460.0	47	21.6	48	4.1	43	3.1	9	3.8	33
Massachusetts	2.47	10	B	85.8	20	35.7	36	29.1	49	3.1	3	206.9	6	13.0	43	3.2	13	2.8	5	3.6	24
Michigan	1.79	41	C-	112.4	47	34.9	33	27.0	40	7.6	48	371.9	39	3.7	28	4.6	50	3.2	10	3.6	24
Minnesota	2.45	12	B	71.2	9	28.2	10	25.3	26	5.1	24	209.9	7	2.1	21	3.7	30	3.3	11	4.2	40
Mississippi	1.80	39	C-	93.1	29	30.0	14	23.7	9	8.2	51	483.3	48	9.5	40	3.8	36	3.9	24	4.0	37
Missouri	1.84	35	C-	113.6	48	35.9	38	25.4	28	5.6	30	391.1	42	3.4	27	3.9	39	4.1	29	3.7	27
Montana	2.36	17	B	63.9	3	32.0	19	24.5	18	4.1	13	213.3	10	0.5	1	3.4	18	6.1	49	3.2	15
Nebraska	2.44	14	B	77.6	13	26.9	6	24.7	21	5.0	23	271.4	21	1.9	18	3.3	15	3.7	21	3.7	27
Nevada	1.82	36	C-	80.5	14	46.0	51	25.3	26	3.6	5	211.6	8	6.5	34	4.1	43	7.9	51	2.9	7
New Hampshire	2.27	19	B-	93.3	30	38.0	44	28.3	43	3.7	8	108.3	1	1.4	10	3.8	36	4.4	35	3.4	19
New Jersey	2.16	26	C+	111.0	44	33.9	28	29.6	50	4.9	21	234.7	13	20.3	47	2.9	6	2.7	3	3.7	27
New Mexico	2.13	27	C+	60.8	2	24.4	4	22.7	4	4.8	19	403.7	43	1.4	10	4.3	47	5.9	48	3.9	36
New York	1.38	51	F	144.0	51	32.2	21	28.6	47	6.7	43	659.1	51	29.7	50	3.6	26	2.5	2	4.1	39
North Carolina	1.76	42	D+	99.5	35	30.2	16	25.4	28	7.5	47	386.6	41	6.2	33	3.7	30	4.3	32	4.4	43
North Dakota	2.55	7	B+	82.8	16	24.3	3	25.5	30	4.2	14	212.3	9	0.8	3	3.0	8	4.0	26	3.5	23
Ohio	1.98	32	C	114.8	49	35.9	38	27.3	41	5.3	26	342.3	34	1.9	18	3.3	15	3.0	7	4.3	42
Oklahoma	1.55	47	D-	110.9	43	34.4	31	24.3	15	7.8	49	371.5	38	1.7	14	2.4	2	5.4	43	5.1	45
Oregon	2.18	25	C+	72.9	10	40.0	46	24.4	16	4.7	18	237.5	14	1.0	5	3.6	26	5.4	44	3.4	19
Pennsylvania	2.08	29	C	104.0	38	32.2	21	28.3	43	6.0	38	276.0	23	8.8	39	3.1	11	3.5	14	3.8	33
Rhode Island	2.03	30	C	111.4	46	34.1	30	28.7	48	5.9	35	338.3	33	7.9	37	3.5	23	2.8	4	3.7	27
South Carolina	1.68	44	D	106.4	39	29.4	11	25.5	30	6.3	40	581.7	50	16.3	46	3.6	26	4.5	36	3.7	27
South Dakota	2.58	4	B+	90.9	26	26.9	6	24.2	14	3.6	5	278.5	24	1.3	7	2.7	5	4.0	25	2.9	7
Tennessee	1.80	39	C-	111.0	44	33.4	25	25.7	32	6.4	41	349.6	35	6.7	35	4.2	46	4.2	31	3.8	33
Texas	1.92	33	C	96.2	32	32.6	23	23.9	12	6.2	39	441.7	45	7.9	37	4.1	43	4.1	28	3.6	24
Utah	2.62	2	B+	64.8	5	14.0	1	22.0	2	3.8	9	135.2	3	1.8	16	4.4	49	5.5	45	3.3	17
Vermont	2.61	3	B+	82.9	17	35.4	34	25.8	35	4.6	16	126.9	2	0.8	3	3.1	11	3.7	20	2.7	2
Virginia	2.21	23	C+	87.7	24	33.8	27	26.5	38	4.8	19	300.3	30	7.2	36	3.9	39	4.1	30	3.1	13
Washington	2.41	15	B	68.5	6	36.7	42	24.6	20	5.3	26	265.3	19	2.2	22	3.7	30	4.3	32	2.8	4
West Virginia	1.57	46	D-	117.4	50	41.3	49	23.8	11	6.7	43	274.2	22	0.6	2	2.9	6	4.0	27	6.1	50
Wisconsin	2.53	9	B+	87.5	23	28.0	9	25.8	35	4.0	12	284.6	26	1.7	14	3.4	18	3.6	16	2.9	7
Wyoming	2.56	5	B+	70.5	8	30.7	17	24.5	18	3.1	3	224.2	11	1.5	13	3.9	39	4.6	39	2.9	7
United States				90.9		33.3		26.0		5.3		335.8		9.4		3.5		3.9		3.6	

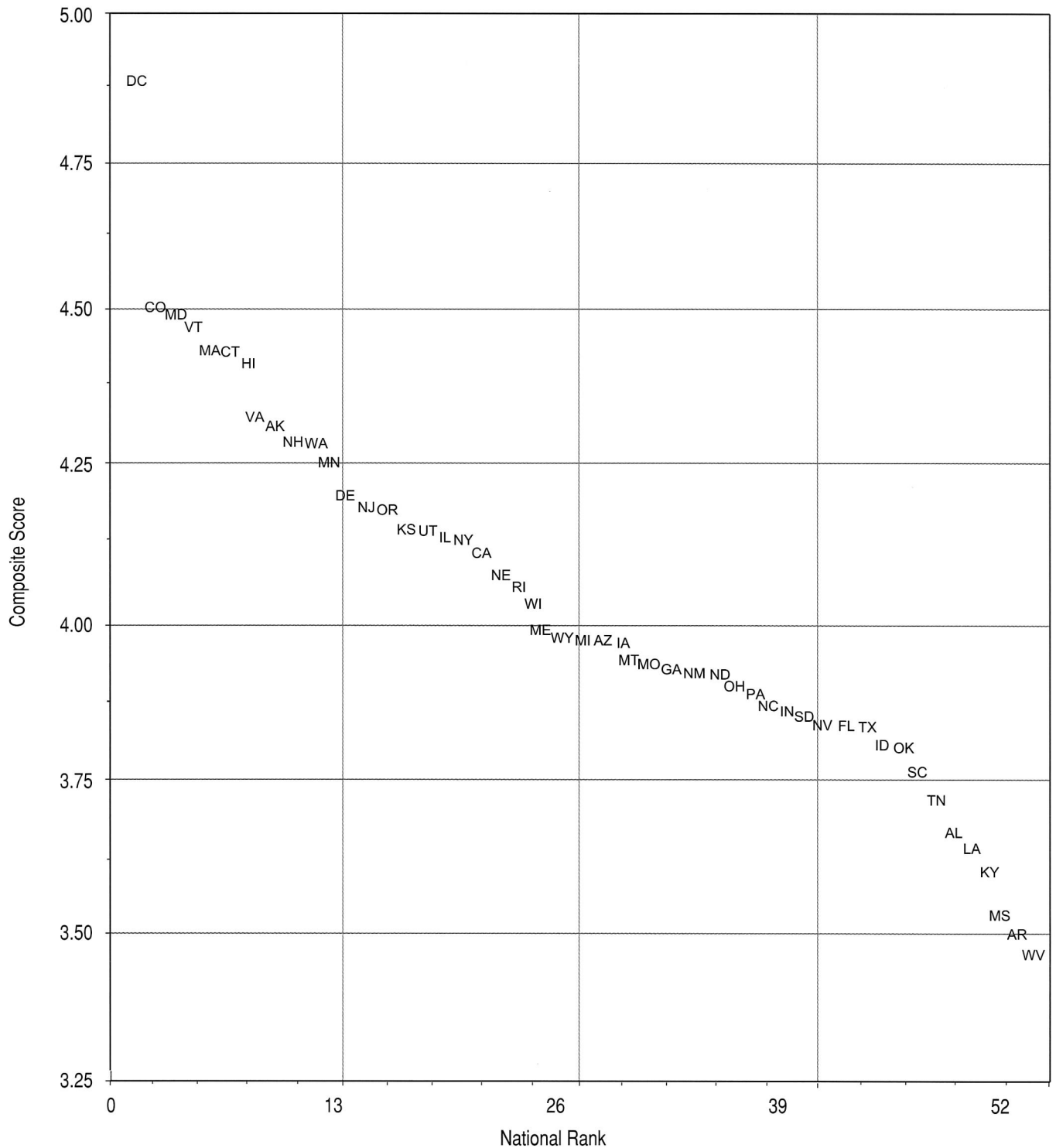
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Political Participation



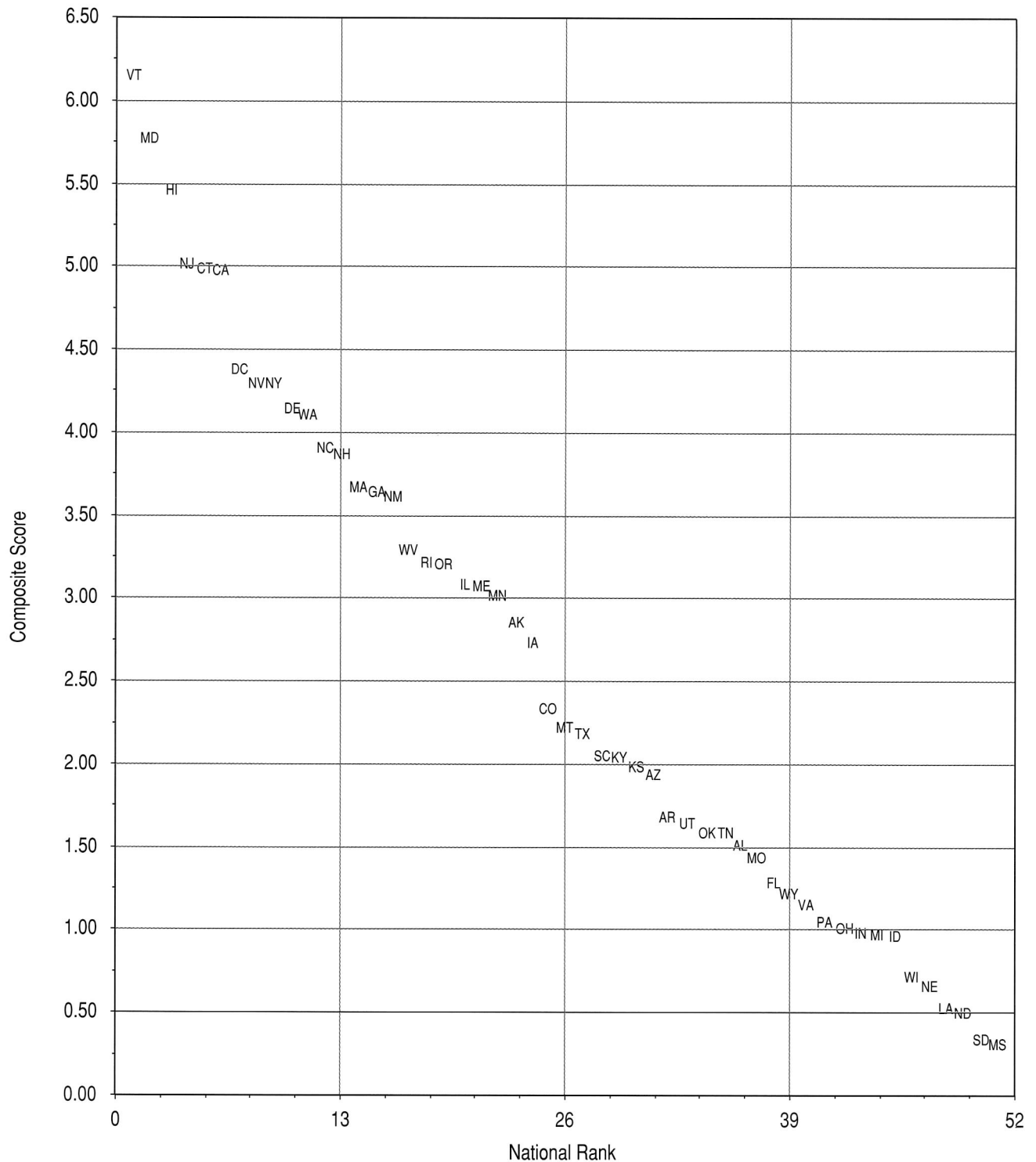
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Employment and Earnings



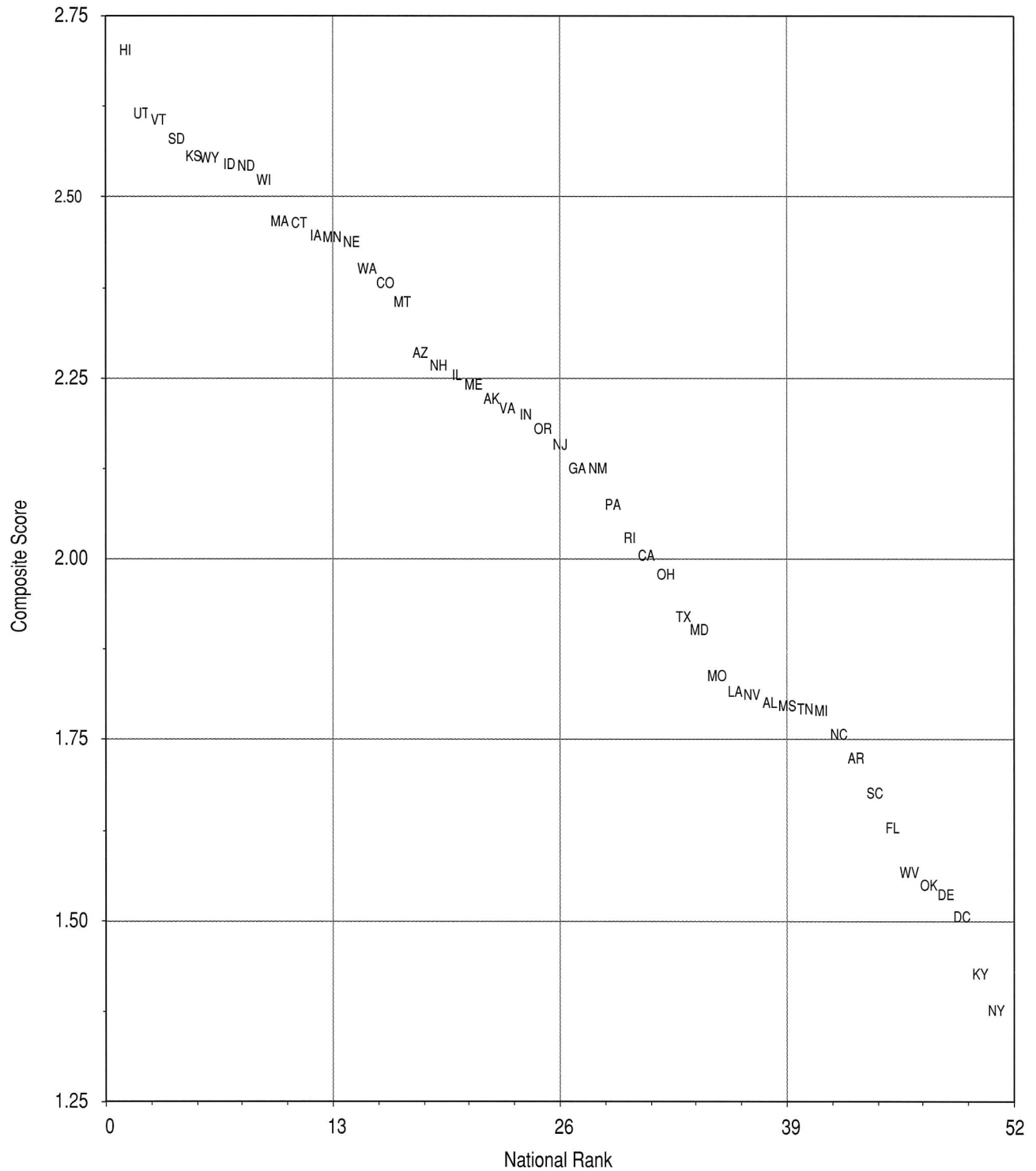
Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Economic Autonomy



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



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



Appendix V

State and National Resources

Selected Hawai'i Resources

Advocates for Immigrant Women
3094 Kaloaluiki St.
Honolulu, HI 96822
Tel: (808) 988-6026

Business and Professional Women,
North Shore
P.O. Box 3007
Princeville, HI 96722
www.aloha.net/~karenh/nsbpw.html

Child and Family Services
State of Hawai'i
200 N. Vineyard Boulevard, Bldg. B
Honolulu, HI 96817
Tel: (808) 521-2377

Coalition for Affordable Long Term
Care
C/o 2651 Pali Highway
Honolulu, HI 96817
Tel: (808) 597-8838
Fax: (808) 597-8838

Coalition for a Drug Free Hawai'i
1130 North Nimitz Highway
Suite A259
Honolulu, HI 96817
Tel: (808) 545-3228

Domestic Violence Clearinghouse
and Legal Hotline
P.O. Box 3198
Honolulu, HI 96801
Tel: (808) 534-0040
Tel: (808) 531-3771
dvclh@lava.net

Family Planning Centers of Hawai'i
1350 S. King Street, Suite 309
Honolulu, HI 96813
Tel: (808) 589-1149
Tel: (808) 589-1156

Hale Ola Windward Abuse Shelter
C/o Castle Medical Center
640 Ulukahiki
Kailua, HI 96734
Tel: (808) 528-0606

Hawai'i Civil Rights Commission
830 Punchbowl Street, Room 411
Honolulu, HI 96813
Tel: (808) 586-8636
Fax: (808) 586-8655
info@hicrc.org
www.state.hi.us/hcrc

Hawai'i County Committee on the
Status of Women
25 Aupuni Street, Room 215
Hilo, HI 96720
Tel: (808) 961-8211
Fax: (808) 961-6553

Hawai'i Department of Health
Breast and Cervical Cancer Control
Program
601 Kamokila Boulevard, Room 344
Kapolei, HI 96707
Tel: (808) 692-7460 or
1-800-4CANCER (The Cancer
Information Service of Hawai'i)

Hawai'i Department of Health
Committee on the Status of Women
1250 Punchbowl Street, Room 266
P.O. Box 3378
Honolulu, HI 96801-3378
Tel: (808) 586-4616
Fax: (808) 586-4648

Hawai'i Department of Health
Maternal and Child Health Branch
Family Planning Services Section
741A Sunset Avenue, Room 100
Honolulu, HI 96816
Tel: (808) 733-9030

Hawai'i Department of Health
Maternal and Child Health Branch
THE PARENT LINE
741-A Sunset Avenue, Room 209
Honolulu, HI 96816
Tel: (808) 526-1222 (Oahu)
Tel: (800) 816-1222

Hawai'i Department of Health
STD/AIDS Prevention Branch
3627 Kilauea Avenue, #305
Honolulu, HI 96816
Tel: (808) 733-9281 (Oahu)
Fax: (808) 733-9291
East Hawai'i Tel: (808) 974-4247
West Hawai'i Tel: (808) 322-9705
Kaua'i Tel: (808) 241-3427
Maui Tel: (808) 984-2129

Hawai'i Justice Foundation
810 Richards Street, Suite 645
Honolulu, HI 96813
Tel: (808) 537-3886
Fax: (808) 528-1974

Hawai'i NOW
758 Kapahulu Ave.
Suite 197
Honolulu, HI 96816
Tel: (808) 735-3786
now@aloha.net
aloha.net/~now/donation.html

Hawai'i State Commission on the
Status of Women
235 S. Beretania Street
Room 407
Honolulu, HI 96813
Tel: (808) 586-5757
Fax: (808) 586-5756
hscsw@pixi.com
www.state.hi.us/hscsw

The Hawai'i Women's Business
Center
1111 Bishop Street, Suite 204
Honolulu, HI 96813
Tel: (808) 522-8130
Fax: (808) 522-8135
www.Hawai'iWBC.org

Hawai'i Women of Color
2525 Alauala Way
Honolulu, HI 96822
Tel: (808) 988-4445

Honolulu County Committee on the
Status of Women
715 South King Street, 5th floor
Honolulu, HI 96813
Tel: (808) 523-4073
Fax: (808) 527-5237

Joint Military Family Abuse Shelter
P.O. Box 29217
Honolulu, HI 96820
Tel: (808) 533-7125

Kaua'i County Committee on the
Status of Women
444 Rice Street
Līhu'e, HI 96766
Tel: (808) 241-6300
Fax: (808) 241-6877

League of Women Voters
49 South Hotel Street, Room 314
Honolulu, HI 96813
Tel: (808) 531-7448

Legal Aid Society of Hawai'i
924 Bethel Street
Honolulu, HI 96813
Tel: (808) 527-8021
Fax: (808) 527-8088

Legal Aid Society of Hawai'i
Waianae Branch
85-670 Farrington Highway, Room 8
Waianae, HI 96792
Tel: (808) 696-6321

Maui County Committee on the
Status of Women
200 S. High Street
Wailuku, HI 96793
Tel: (808) 270-7855
Fax: (808) 270-7870

National Association of Social
Workers
Hawai'i Chapter
680 Iwilei Road, Suite 665
Honolulu, HI 96817
Tel: (808) 521-1787
Fax: (808) 521-3299
naswhiAaloha.com

PACT/Family Peace Center
938 E. Austin Lane
Honolulu, HI 96817
Tel: (808) 832-0855
Fax: (808) 832-0853

Prevent Child Abuse Hawai'i
1575 S. Beretania Street, Suite 202
Honolulu, HI 96826
Tel: (808) 951-0200

Sex Abuse Treatment Center
55 Merchant Street, 22nd Floor
Honolulu, HI 96813
Tel: (808) 535-7600
Fax: (808) 535-7630

Sex Assault Support Services
375 Ululani Street
Hilo, HI 96720
Tel: (808) 935-7750

University of Chaminade
Women's Studies program
3140 Waiālae Ave.
Honolulu, HI 96816
Tel: (808) 735-4711
University of Hawai'i, Mānoa
Women's Studies Program
Social Sciences 722B
Honolulu, HI 96822
Tel: (808) 956-7464

Women Helping Women
P.O. Box 760
Paia, HI 96779
Tel: (808) 579-9581

YWCA of Hawai'i Island
145 Ululani St.
Hilo, HI 96720
Tel: (808) 935-7141
Fax: (808) 935-5150

YWCA of Kaua'i
3094 Elua St.
Kaua'i, HI 96766
Tel: (808) 245-5959
Fax: (808) 245-5961

YWCA of Oahu
1040 Richards St.
Honolulu, HI 96813
Tel: (808) 538-7061
Fax: (808) 545-2832

National Resources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix VI

List of Census Bureau Regions

East North Central

Illinois
Indiana
Michigan
Ohio
Wisconsin

Pacific West

Alaska
California
Hawai'i
Oregon
Washington

East South Central

Alabama
Kentucky
Mississippi
Tennessee

South Atlantic

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

Middle Atlantic

New Jersey
New York
Pennsylvania

West North Central

Iowa
Kansas
Minnesota
Missouri
Nebraska
North Dakota
South Dakota

Mountain West

Arizona
Colorado
Idaho
Montana
New Mexico
Nevada
Utah
Wyoming

West South Central

Arkansas
Louisiana
Oklahoma
Texas

New England

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

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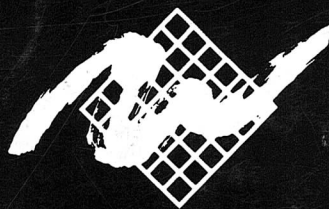
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