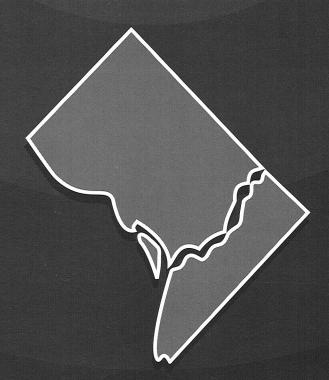
The Status of Women in the District of Columbia

POLITICS • ECONOMICS • HEALTH • DEMOGRAPHICS



INSTITUTE FOR WOMEN'S POLICY RESEARCH



About this Report =

The Status of Women in the District of Columbia is a result of a research project conducted by the Institute for Women's Policy Research (IWPR) to establish baseline measures for the status of women in the District of Columbia as well as 13 other states (California, Georgia, Illinois, Maine, Maryland, Michigan, New Jersey, New Mexico, New York, North Carolina, Texas, Virginia, and Washington). The effort is part of a larger IWPR Economic Policy Education Program, funded by the Ford Foundation, that is intended to improve the ability of advocates and policymakers at the state level to address women's economic issues.

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

While every effort has been made to check the accuracy and completeness of the information presented, please do not hesitate to contact the Institute with any questions or comments. The Board of Directors and staff of IWPR and our District of Columbia partners hope the people of the District of Columbia will find this information useful.

About the Institute for Women's Policy Research =

The Institute for Women's Policy Research is an independent, nonprofit, scientific research organization founded in 1987 to meet the need for women-centered, policy-oriented research. The Institute works with policymakers, scholars, and advocacy groups around the country to design, execute, and disseminate research findings that illuminate policy issues affecting women and families and to build a network of individuals and organizations that conduct and use women-oriented policy research. Members and affiliates of the Institute's Information Network receive regular reports and information. The Institute is a 501(c)(3) tax-exempt organization.

About IWPR's Partners in this Project ____

In producing these reports, the Institute for Women's Policy Research called upon many individuals and organizations in the states. Carrolena Key, Executive Director of the District of Columbia Commission for Women, served as Chair of the District of Columbia's Advisory Committee. This position involved coordinating the various individuals on the Committee, who represented organizations from all over the state. These individuals provided suggestions for ensuring that the data contained in the report would be usable, and they helped to disseminate the report across the state. Each report also benefitted from a National Advisory Committee.

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For copies of a national report, bulk copies of this report, or reports for other states contact:

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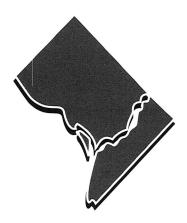
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Preface

The Status of Women in the District of Columbia is a study conducted by the Institute for Women's Policy Research (IWPR) in an effort to establish baseline measures for the status of women who reside in the District and for use as a resource to guide policy decisions affecting the lives of women.

The Institute for Women's Policy Research's report, in most instances, places the status of District women at the top of their region and the United States as a whole. The District ranks first or second in most categories, i.e. wage gap, college education, business ownership. This positive picture reflects the dedicated work of 400 national women's organizations who are located in the District of Columbia, local groups that focus on women's issues, and the advocacy of the District of Columbia Commission for Women. It is important to point out that the many national groups provide resources for women in the District of Columbia. Further, the District ranks among the bottom third in poverty, indicating that much remains to be done in the areas of child care, health care, employment training, and information and referral services.

In the words of Mayor Marion Barry, "Each quadrant of our city, each ward, each neighborhood, presents different challenges for its female constituents." The IWPR report represents hard facts and data concerning the plight of women in the District of Columbia. It highlights our progress, as well as our challenges and areas for concern. Thus, the District of Columbia Commission for Women distributes this report to citizens of the District with the hope that is will be used as a tool to further the progress of women.

Carrolena Key

District of Columbia Commission for Women

Introduction

The changes that have occurred in women's economic roles during the current century are among the most significant and sweeping transformations of United States society and, indeed, of societies around the world. The 1995 Fourth World Conference on Women heightened awareness of the progress women have made in achieving equal rights and opportunities, of the barriers remaining, and of the need to monitor women's progress.

The staff of the Institute for Women's Policy Research (IWPR) have prepared this report on the Status of Women in the District of Columbia to inform District residents about the progress of women in the District relative to women in the 50 states, to men, and to national trends. In addition to this report, IWPR staff have produced reports on 13 states, as well as a shorter national report that summarizes key findings for all 50 states and the District of Columbia.

In each report, various indieators describe women's status in political participation, employment and earnings, economic autonomy, reproductive rights, and health. Basic demographic data are also provided. Each report also provides rankings on the key indicators for all 50 states and the District of Columbia.

The data used in each report come from a variety of sources, primarily government agencies (although other organizations also provided data where relevant). Most of the figures reported come either from the 1990 Census, which provides a large number of cases for each state and the District of Columbia, making reliable comparisons possible, or from combining several years or months of data since 1990 from the U.S. Census Bureau's Current Population Survey, a procedure which also makes comparisons possible. In cases where the figures reported here come from only one Current Population Survey interview rather than several, the Census Bureau's judgment in publishing state-by-state data was relied upon. In comparing indicators or variables based on data from different years, it is important to keep in mind that the 1990 to 1995 period was characterized by a major economic recession at the start of the period, followed, in most regions, by a slow and gradual recovery. In some cases, the differences reported between the District and a state, or between the District and the nation for a given indicator or variable are statistically significant (unlikely to have occurred by chance), and in other cases they are insignificant (likely to have occurred by chance). Measures of statistical significance were neither calculated nor reported. For any given sample size, the larger the difference, relative to the base-value, the more likely the difference is to be statistically significant. Sample sizes differ among the District and the states and among the indicators. A description of the data sources and methodology used to create the indicators and rank the states, as well as a list of regional and national resources, can be found at the end of the report.

In producing any report of this nature, it is necessary to select some data for inclusion and leave out other data, to choose some indicators of women's status and reject others. In making these decisions, the IWPR research team kept in mind several principles and constraints: parsimony, representativeness and reliability, and comparability of data across all the states and the District of Columbia. The indicators chosen were selected to provide the most concise summaries of women's status in several important areas. The treatment of several topics was necessarily limited by the lack of reliable and comparable data at the state level: these topics include domestic violence, older women, pension coverage, and the experiences of women in different racial and ethnic groups. In the area of health care, the amount of data is vast, and developing and summarizing one index to represent women's health status was not attempted.

The data presented are designed to provide baseline information on a broad range of topics in a concise format. This report is intended to serve as a useful reference to guide policy decisions affecting the lives of women in the District of Columbia.

Overview of the Status of Women in the District of Columbia

Women in the District of Columbia enjoy relatively high status when compared with women in the 50 states and in the United States as a whole. As Chart I ("How the District of Columbia Ranks on Key Indicators") shows, on each of the four important aspects of women's well-being for which the Institute for Women's Policy Research (IWPR) calculated composite indicators, the District of Columbia ranks in the top five. The District of Columbia ranks first in the nation in women's employment and earnings, in women's economic autonomy, and in political participation*, and ranks fourth in reproductive rights.

The District of Columbia is part of the South Atlantic region (consisting of Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia), a region with more diverse rankings on the status of women than other regions. The District of Columbia ranks first in its region on employment and earnings, economic autonomy, and political participation, and second on reproductive rights.

The District of Columbia is unique in many ways. It is the seat of the federal government, yet also serves as one of the largest metropolitan areas in the nation and must provide the municipal services required by the residents of the District. The District government carries out the responsibilities of a city, a county, and a state, combined. Although the residents of the District of Columbia pay federal income taxes, the District has limited self-government and lacks full representation in the U.S. Congress. Because the District is not a state, the indicators regarding women in elected office are not fully comparable with the 50 states. However, IWPR research shows that women's political participation in the District of Columbia is strong. Women's high rate of participation in politica.l life in the District is encouraged by the District's Commission for Women. The District of Columbia Commission for Women serves to coordinate efforts on a range of topics of concern to women, including legislative issues, domestic violence, housing, health care, and employment.

In September of 1995, the UN Fourth World Conference on Women, held in Beijing, heightened awareness of women's status around the world and pointed to the importance of government action and public policy for the well-being of women. At the conference, representatives from 189 countries, including the United States, unanimously adopted the Beijing Declaration and Platform for Action pledging their governments to action on behalf of women. The Platform for Action outlines the critical issues of concern to women and the obstacles to women's advancement and identifies women's rights in such areas as education and training, health, violence against women, the economy, and human rights.

In the United States, the President's Interagency Council on Women continues to follow up on commitments made at the Fourth World Conference on Women. Many of the laws, policies, and programs that already exist in the United States meet the goals of the Platform for Action and fulfill the rights of women (The President's Interagency Council on Women, 1996), but in other areas, the United States, many individual states, and the District of Columbia all have an opportunity to improve women's rights.

Chart II shows how the District of Columbia rates on selected indicators of women's rights. The indicators chosen are some of those that directly result from policy decisions at the state and District level. As the Chart shows, women in the District have many of the rights that IWPR has identified as important for women's well-being, although there is still much room for improvement.

^{*} For the purposes of this report, women's political participation in the District of Columbia was calculated as if the District were a state, for example, considering the city council as though it were a unicameral state legislature, and so on. In the reports for each of the states in the study, the District was not included in the rankings on political participation.

Chart I. How the District of Columbia Ranks on Key Indicators

	National Rank*	Regional Rank*
COMPOSITE POLITICAL PARTICIPATION INDEX	1	1
Women's Voter Registration, 1992-1994	16	
Women's Voter Turnout, 1992-1994	8	1
Women in Elected Office Composite, 1996	2	1
Women's Institutional Resources, 1996	40	9
COMPOSITE EMPLOYMENT AND EARNINGS INDEX	1	1
Women's Median Annual Earnings, 1990	1	1
Ratio of Women's to Men's Earnings, 1990	1	1
Women's Labor Force Participation, 1994	24	4
Women in Managerial and Professional Occupations, 1994	1	1
COMPOSITE ECONOMIC AUTONOMY INDEX	1	1
Percent with Health Insurance Among Nonelderly Women, 1991-1992	45	8
Educational Attainment: Percent of Women with Four or More Years of College, 1990	1	1
Women's Business Ownership, 1992	1	1
Percent of Women Above the Poverty Level, 1990	41	8
COMPOSITE REPRODUCTIVE RIGHTS INDEX	4	2

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

^{*} The national rankings are of a possible 51, referring to the 50 states and the District of Columbia. The regional rankings are of a maximum of nine and refer to the states in the South Atlantic region (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia), in addition to the District of Columbia. For the purposes of this report, women's political participation in the District of Columbia was calculated as if the District were a state, for example, considering the city council as though it were a unicameral state legislature, and so on. In the reports for each of the states in the study, the District was not included in the rankings on political participation.

Chart II. Women's Rights Checklist					
REPRODUCTIVE RIGHTS	Yes	No	Other		
Does The District of Columbia allow access to abortion services without mandatory parental consent laws?	√				
Does The District of Columbia allow access to abortion services without a waiting period?	1				
Does The District of Columbia provide public funding for abortions under any circumstances if a woman is eligible?	1	_	*		
Does The District of Columbia have a maternity stay law?*		/			
Does public funding cover infertility treatments?		/			
Does state allow gay/lesbian couples to adopt?			District government is neutral		
DOMESTIC VIOLENCE LEGISLATION					
Does The District of Columbia have mandatory arrest laws?	-				
CHILD SUPPORT					
Percent of child support cases with orders for collection in which child support has actually been collected.			27.1%		
WELFARE (as of August 1996) [†]					
Child Exclusion/Family Caps: Does The District of Columbia extend AFDC benefits to children who are born or conceived while the mother was on welfare?	1				
Does The District of Columbia allow AFDC recipients to retain more of their earnings?	ekrelende de de fan		ानुस्ता न स्वतंत्रकार्यकार्यकार्यकार्यकार्यकार्यकार्यकार		
Has The District of Columbia raised its asset limits?					
EMPLOYMENT/UNEMPLOYMENT BENEFITS					
Is The District of Columbia's minimum wage higher than or equal to that of the United States as of August 1996?	1				
Does The District of Columbia have mandatory temporary disability insurance?		√			
Does The District of Columbia have inclusive criteria for unemployment insurance eligibility?		J			
Has The District of Columbia implemented adjustments to achieve pay equity in its civil service?					
INSTITUTIONAL RESOURCES					
Does The District of Columbia have a Commission on the Status of Women?					
See Appendix II for a detailed description and sources for the items on this checklist	t.				

^{*} New federal legislation, passed in September 1996, requires insurance companies to pay for minimum hospital stays in maternity cases.

As this report goes to press, new federal legislation on welfare that gives states much more autonomy in shaping their welfare programs has been passed. The policies a state adopted under the former federal law may indicate the direction its welfare policy will take under the new law, which went into effect October 1, 1996. States have until July 1997 to comply; however, states may continue to carry out programs approved by the Department of Health and Human Services prior to passage of the new law.

^{††} As of October 1, 1996, the federal minimum hourly wage was increased to \$4.75. It will increase to \$5.15 on September 1, 1997. The District of Columbia's minimum wage was \$5.25 as of June 1996, substantially higher than the federal standard at that time. The District's relatively high minimum wage may, in part, indicate that the District's lawmakers will seek to raise the District's minimum wage again.

Political Participation

This section describes several aspects of political life that are important to women: voter registration and turnout, women elected officials at the District and federal level, and women's institutional resources in the District (commissions or other bodies for women). Political participation is important, because only through participation can citizens affect the design and implementation of public policies and legislation.

In recent years, a growing gender gap — the tendency for women and men to vote differently — has focused attention on the ways in which women's and men's interests and policy needs might differ. There is also growing support among voters, both male and female, for electing women to political office. Research has found that regardless of party affiliation, women officeholders are more likely than male officeholders to support women's agendas

(Center for the American Woman and Politics, CAWP, 1991).

Women need to be at the table when policies affecting women's lives are discussed to ensure that women's unique perspectives are being included in the debate and their needs addressed. The institutional resources focused on women's interests that are available in the District of Columbia or in any state are important in making women's voices heard.

The composite political participation index has four components. To compare the District of Columbia with the 50 states and the United States, some adjustments in some of the components were necessary since the District's governmental structure reflects state, county, and municipal government functions. The indicators for women's voter registration and turnout in the District of Columbia were directly comparable to the 50 states and no assump-

Chart III.
Political Participation: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 9)
COMPOSITE POLITICAL PARTICIPATION INDEX	1	1
Women's Voter Registration (percent of women 18 and older who reported registering to vote in 1992 and 1994) ^a	16	1
Women's Voter Turnout (percent of women 18 and older who reported voting in 1992 and 1994) ^a	8	1
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 1996) ^{b,c}	2	1
Women's Resources (number of institutional resources for women in the state, 1996)°	40	9

For methodology see Appendix I.

^{*} The national rankings are of a possible 51, referring to the 50 states and the District of Columbia. The regional rankings are of a maximum of nine and refer to the states in the South Atlantic region (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia), in addition to the District of Columbia. For the purposes of this report, women's political participation in the District of Columbia was calculated as if the District were a state, for example, considering the city council as though it were a unicameral state legislature, and so on. In the reports for each of the states in the study, the District was not included in the rankings on political participation.

U.S. Bureau of the Census, 1993, 1996; CAWP, 1996a, 1996b, 1996c, 1996d, and Council on State Governments, 1996;
 Compiled by IWPR, based on the Center for Policy Alternatives, 1995.

tions were necessary for these indicators. To compare the District of Columbia with the United States and the 50 states for the composite indicator on elected office, women's representation in the District government (in the D.C. Council and at the executive level) was used in place of women's representation in state government (in the state legislature and at the state executive level). Also, since the District has no representation in the U.S. Senate, it was assumed that women's representation in this governmental body was zero, although women's representation in the U.S. House of Representatives was 100 percent for the District (see Table 3). The indicators for women's institutional resources was adjusted slightly, with the city council being considered as a unicameral state legislature, for the purposes of determining whether or not it has a women's caucus in the legislature. Because the District is not strictly comparable, the District is not included in the political participation indicators listed in the tables in Appendix III for all 50 states and the District of Columbia. Chart III shows IWPR estimates of the District's rank as if it were comparable and ranked along with the 50 states.

Voter Registration and Turnout

In 1920, the 19th Amendment, giving women the right to vote, was officially ratified, and approxi-

mately eight million of 51.8 million women of all ages voted for the first time in the November 1920 election (NWPC, 1995). District residents, however, were not able to vote for the President and Vice President of the United States until after the ratification of the 23rd Amendment in 1961, and exercised their vote for the first time in 1964. In the 1992 presidential election, over 60 million women voted, constituting 62 percent of women eligible to vote, compared with 53 million men, constituting 60 percent of men eligible to vote. Women today are more likely to register to vote and to actually vote than men and have had consistently higher registration and voter turnout rates than men since 1980 (U.S. Bureau of the Census, 1993).

The District of Columbia reflects these national trends, with over 70 percent of women reporting that they were registered to vote in the November 1994 election compared with 64 percent of men (see Table 1). Voter registration rates in the District of Columbia for both men and women have generally been higher than voter registration rates for men and women nationally. Voter registration for both men and women in the District of Columbia, as well as in the United States as a whole, fell between the 1992 November elections, as voter interest usually declines in non-presidential elections.

Table 1.

Voter Registration* for Women and Men in the District of Columbia and the United States

	District of Columbia		United	d States
	Percent	Number	Percent	Number
1994 Voter Registrationat				
Women	70.8	167,000	63.7	63,257,000
Men	64.2	131,000	61.2	55,737,000
1992 Voter Registrationa [↑]				
Women	77.0	161,000	69.3	67,324,000
Men	70.9	134,000	66.9	59,254,000
Number of Unregistered Women Eligible				
to Vote, 1996 ^b	n/a	45,500	n/a	23,775,050
Percent and Number of Eligible Public Assistance	е		10 mm to 10	414144444444444444444444444444444444444
Recipients Who Are Registered, 1996b	21.4	7,926	14.1	1,311,848

^{*} Voter registration data presented here are self-reports from the Current Population Survey. These tend to overstate actual voter registration.

[†] Percent of all women and men ages 18 and older who reported registering, based on data from the 1993 and 1995 November supplements of the Current Population Surveys.

^a U.S. Bureau of the Census, 1993, 1996; ^b HumanSERVE, 1996.

Table 2. Women's and Men's Voter Turnout* in the District of Columbia and the United States

	District of Columbia		United	d States
	Percent	Number	Percent	Number
1994 Voter Turnout ^{a†}				
Women	59.7	141,000	45.3	44,986,000
Men	52.0	106,000	44.7	40,716,000
1992 Voter Turnout ^{a†}				
Women	69.9	146,000	62.3	60,554,000
Men	62.4	118,000	60.2	53,312,000
Percent and Number of Registered Women				
Who Did Not Vote Over the Past Three				
Presidential Elections ^b	12.8	n/a	12.1	n/a

^{*} Voter turnout data presented here are self-reports from the Current Population Survey. These tend to overstate actual voter turnout.

Compiled by the Institute for Women's Policy Research.

Since 1964, women voters in the United States have outnumbered male voters, but voter turnout is relatively low for both sexes (see Table 2). Sixty-two percent of all women who were eligible to vote reported that they did so in the 1992 presidential election, and women constituted 54 percent of the total vote. In the District of Columbia, 70 percent of all women reported that they voted in 1992, considerably higher than the voter turnout rate for women

in the nation (62 percent in 1992). In the 1994 election, voter turnout rates dropped for both sexes in the District of Columbia and in the nation. In the District of Columbia, women's voter turnout fell to 60 percent, although this rate still was higher than the rates for men in the District of Columbia and in the United States, as well as the turnout for women in the United States.

Table 3. Women in Elected Office

	District of Columbia	United States
Number of Women in District-wide Executive Elected Office (state-wide for the U.S.)	zero*	81
Number of Women in the U.S. Congress	2010	V 1
U.S. Senate	0 of 0	9 of 100
U.S. House	1 of 1	49 of 435 [†]
Percent of District Council Members in the District versus the Percent of State Legislators Who Are Women	38.5% ††	20.8%

^{*} The District elects only one executive officeholder: the Mayor. The Cabinet is appointed.

Source: CAWP, (1996); Center for Policy Alternatives (1995)

Percent of all women and men ages 18 and older who reported voting, based on data from the 1993 and 1995 November supplements of the Current Population Survey.

^a U.S. Bureau of the Census, 1993, 1996; ^b Women's Vote Project, Council of Presidents, 1996.

[†] This includes the non-voting delegate from the District of Columbia.

^{††} 5 of 13 Council Members.

Two groups that typically have been underserved by the voter registration system are the poor and the disabled. The National Voter Registration Act (NVRA), which went into effect in January 1995, addresses this problem by requiring states to offer to register people to vote when they get or renew their drivers' licenses or when they apply for AFDC, Food Stamps, Medicaid, WIC, and disability services. The NVRA has succeeded in enrolling or updating the voting addresses of over 11 million people, 1.3 million of them through public assistance agencies (HumanSERVE, 1996). Still, there are nearly 24 million eligible unregistered women in the United States, 45,500 of whom are in the District of Columbia.

Elected Officials

Although women are still a minority in elected office at both national and state levels, their presence has grown steadily over the years. Currently, a record nine women serve in the U.S. Senate (104th Congress). Also in the 104th Congress, women fill 49 of the 435 seats in the U.S. House of Representatives (this includes Eleanor Holmes Norton, the nonvoting delegate from the District of Columbia). It was not until 1970 that the District received congressional authorization to elect a non-voting delegate to the U.S. House of Representatives, and the District still lacks representation in the U.S Senate. Also, it was not until 1973 that Congress passed the Home Rule Act, allowing District residents to vote for the mayor and D.C. Council members.

In the District, women play an active role in local government. The District is divided into eight wards, each of which is represented by an elected council member, in addition to five at-large council members. Of these thirteen council persons, five are women. Thus, the proportion of women holding seats on the District council (38.5 percent) is much higher than the proportion of state legislators in the United States who are women (20.8 percent; see Table 3).

Institutional Resources

Women's institutional resources play an important role in providing information and attracting the attention of policymakers and the public to women's issues. The D.C. Commission for Women was created in 1967 by Order of the Commissioners and serves as a voice for women on legislative issues such as equality, health care, violence against women, criminal justice, homelessness, child care, and workplace issues. Because of the unique role of the District Government, the Commission also serves as a state Commission for Women, working at both a local and a national level. The D.C. Commission for Women also serves as a clearinghouse of information on women's issues, fulfilling many of the roles of a women's agenda project (a non-profit, non-governmental organization that advocates on behalf of women). However, as it does not meet the definition used in this report, it is not counted as an agenda project in calculating the District's score on the women's institutional resources indicator.

Institutional Resources for Women		
Does the District of Columbia Have a	Yes	No
Commission on the Status of Women?	1	
Women's State Agenda Project?		1
Women's Legislative Caucus? in the City Council*		1

Employment and Earnings

This section focuses on the economic issues surrounding women's participation in the labor market. Topics include women's earnings; the female/male earnings ratio; women's educational attainment and the impact of education on women's earnings, labor force participation, and unemployment rates; and the industries and occupations in which women in the state are concentrated. Earnings and economic well-

being are inextricably linked for all people and increasingly so for women. Women's employment status and earnings have grown in importance to women and their families as demographic changes have occurred — more married couple families rely on both the husband's and the wife's earnings to survive, more women are heading their own households alone, and more women are in the labor force.

Chart IV.	
imployment and Earnings: National and Regional Ranks	5

Indicators	National Rank* (of 51)	Regional Rank* (of 5)
COMPOSITE EMPLOYMENT AND EARNINGS INDEX	1	1
Women's Median Annual Earnings (for full-time, year-round workers, aged 18-65, 1990) ^a	, , 1	1
Ratio of Women's to Men's Earnings (median yearly earnings of full-time, year-round women and men workers, aged 18-65, 1990) ^a	1	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, 1994) ^b	24	4
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1994) ^b	1	1

For methodology, see Appendix I.

^{*} The national rank is of a possible 51, referring to the 50 states plus the District of Columbia. The regional rank is of a maximum of nine and refers to the states in the South Atlantic region (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia), in addition to the District of Columbia.

Institute for Women's Policy Research, 1995; b U.S. Department of Labor, 1995b.

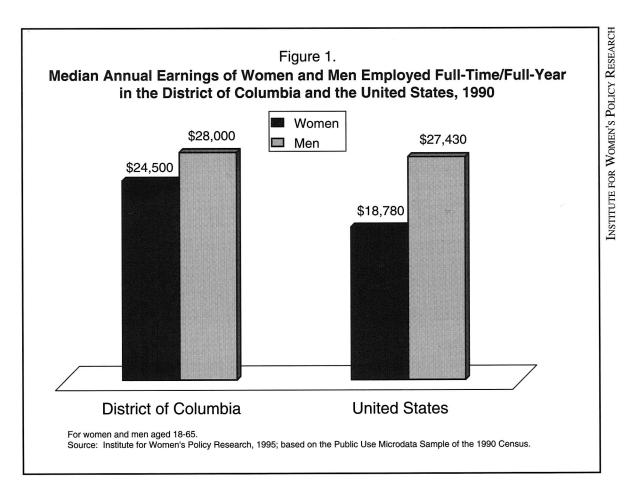
Women's Earnings

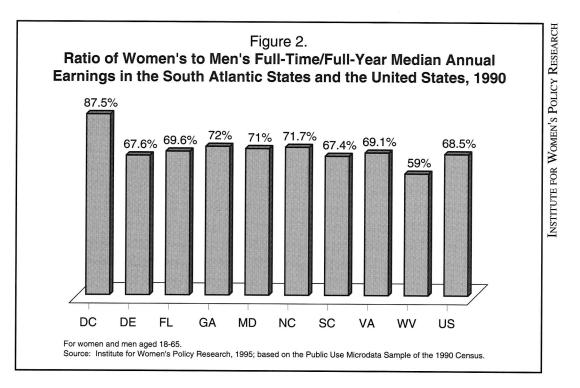
Women in the District of Columbia working full-time, full-year have the highest median annual earnings in the United States (\$24,500 versus approximately \$19,000 for the United States, as a whole; see Figure 1). Similarly, median annual earnings for men in the District of Columbia are also higher than for the United States, but only slightly (\$28,000 and \$27,000, respectively). Within the South Atlantic region, after the District, the states with the next highest median annual earnings of women working fulltime, full-year are Maryland, Delaware, and Virginia. Between 1980 and 1990, women in the District of Columbia saw their annual earnings grow by 8.7 percent (in constant dollars), slightly greater than the median rate of growth in women's earnings among all the states (8.1 percent, also in constant dollars; data not shown).

The Wage Gap

The Wage Gap and Women's Relative Earnings

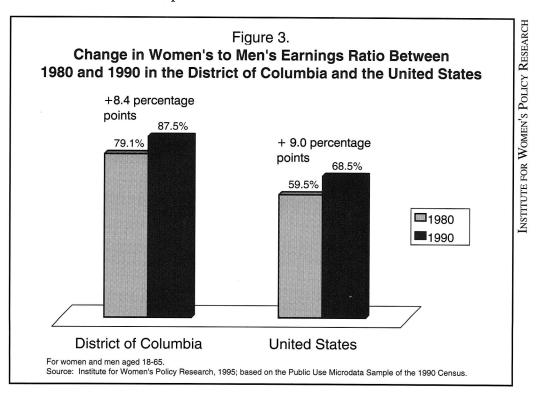
In 1990, the ratio of the earnings of women to those of men in the United States for full-time, year-round workers, aged 18 to 65, was 68.5 percent. In other words, women were earning about 69 cents for every dollar earned by their male counterparts. At the same time, women in the District of Columbia were earning about 88 percent of what men in the District of Columbia were earning. Compared with the earnings ratio for the nation as a whole, District women enjoy greater earnings equality with men (see Figure 2). The District of Columbia ranks first in the nation in terms of the highest earnings ratio between women and men for full-time, yearround workers. Compared with the other states in the South Atlantic region, the District of Columbia also ranks first above Georgia and North Carolina, both at 72 percent for the earn-





ings ratio. West Virginia and South Carolina have the least equality in earnings in the South Atlantic region, 59 percent and 67 percent, respectively. While women in the District have made considerable progress and indeed enjoy greater earnings equality with men than women in the 50 states, the wage gap remains large in the District as it does elsewhere in the nation. In addition, African-American and Hispanic

women face even greater barriers to earnings equality. In the United States among full-time, year-round workers, African-American women earned 64 percent and Hispanic women earned 57 percent of men's median annual earnings. These differences in the earnings ratio by race and ethnicity are significant in the District of Columbia, where the majority of women are African-American.



Narrowing the Wage Gap

Throughout the 1960s and 1970s, the ratio of women's to men's earnings 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. But at the same time, adverse economic trends, such as declining wages in the low-wage sector of the labor market, began to make it more difficult to close the gap, since women still tend to be concentrated at the low end of the earnings distribution. Had women not increased their relative skill levels and work experience as much as they did during the 1980s, those adverse trends might have led to a widening of the gap rather than the narrowing that did occur (Blau and Kahn, 1994).

Unfortunately, part of the narrowing that did occur was due to an actual fall in men's real wages. According to research done by the Institute for Women's Policy Research, only about one-third (34 percent) of the closing in the national female/male earnings gap between 1979

and 1994 is due to women's rising real wages and about two-thirds (66 percent) is due to men's falling real wages in constant dollar terms, adjusting for inflation (Institute for Women's Policy Research, 1996).

The District of Columbia nearly kept pace with the United States as a whole in increasing women's earnings relative to men's between 1980 and 1990 (see Figure 3). In the District of Columbia, the earnings ratio increased by 8.4 percentage points, compared with an increase of nine percentage points in the United States. The District of Columbia had the 20th highest increase in the ratio between women's and men's earnings in the United States, between 1980 and 1990 (data not shown).

Earnings and Earnings Ratios by Educational Levels

Between 1980 and 1990, only women at higher educational levels in the District of Columbia saw their absolute earnings increase. As Table 5 shows, changes in real earnings ranged from a decrease of 2.3 percent for women with high school educations only, to an increase of 17.9 percent for those with post-

Table 5.

Women's Earnings and the Earnings Ratio in the District of Columbia by Educational Attainment, 1980 and 1990

Educational Attainment	Women's Median Annual Earnings, 1990	Percent Growth in Earnings, 1980-1990*	Female/Male Earnings Ratio, 1990	Percent Point Change in the Earnings Ratio, 1980-1990
Less than 12th Grade	\$16,000	- 0.6	84.2%	+ 10.4
High School Only	\$19,900	- 2.3	96.1%	+ 9.3
Some College	\$23,000	- 2.0	95.8%	+ 5.5
College	\$29,000	+ 14.4	90.6%	+ 11.0
College Plus	\$41,500	+17.9	83.3%	+ 8.3

All figures are for full-time, full-year working women aged 18-65.

Source: Institute for Women's Policy Research, 1995; based on the Public Use Microdata Sample of the 1980 and 1990 Censuses.

^{*} In constant dollars.

college education. Unlike most of the states, in the District, even women with some college education saw real earnings decline. Women's relative earnings (as measured by the female/ male earnings ratios) increased for all groups, and women with college educations saw the largest increase in the earnings ratio between 1980 and 1990. However, the most educated women (with more than a college education) saw the second smallest increase in the wage ratio (with an 8.3 percentage point increase), and those with some college education also saw a small increase. Thus there is no consistent relationship between educational level and the degree to which the wage gap changed. Indeed, the closing in the wage gap that occurred for the three lower educational groups must have occurred because men's real wages declined more than women's.

Labor Force Participation

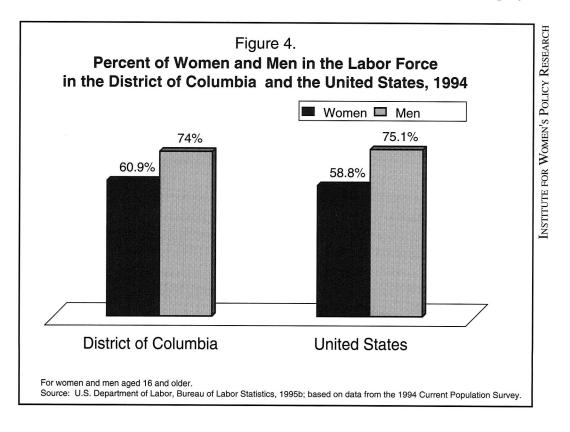
One of the most notable changes in the U.S. economy over the past decades has been the rapid rise in women's participation in the labor force. Between 1965 and 1990, women's labor force participation (the proportion of the civilian noninstitutional population aged 16 and older

who are employed or looking for work) increased from 39 to 58 percent (U.S. Department of Labor, 1995). Women now make up nearly half the U.S. labor force (full-time and part-time combined). According to projections by the Bureau of Labor Statistics, women's share of the labor force will continue to increase, growing from 46 to 48 percent between 1994 and 2005 (U.S. Department of Labor, Bureau of Labor Statistics, 1995a).

In 1994, 61 percent of women in the District of Columbia were in the labor force, compared with 59 percent of women in the United States. While women's labor force participation rate in the District of Columbia is slightly higher than the national participation rate for women, men's labor force participation rate in the District of Columbia is slightly lower than the rate for men in the United States as a whole (see Figure 4).

Unemployment and Per Capita Personal Income

A larger percentage of workers in the District of Columbia, as compared with the nation, are unemployed. In 1994, the unemployment rate



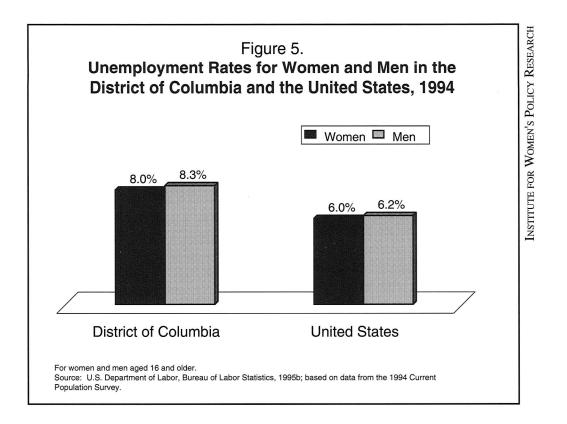


Table 6.

Per Capita Personal Income for Both Women and Men in The District of Columbia and in the United States, 1994

	District of Columbia	United States
Per Capita Personal Income, 1994	\$31,136	\$21,809
Per Capita Personal Income, Percent Chang		abelandian kanan in kalandi dalam dalam kanan dalam
Between 1990 and 1994	+ 11.4%	+ 3.0%
Between 1980 and 1990	+ 24.2%	+ 18.4%

Compiled by the Institute for Women's Policy Research.

for women in the District of Columbia was 8.0 percent, compared with the nation's 6.0 percent unemployment rate for women (see Figure 5). Women in the District of Columbia had the highest unemployment rate of all the states in the South Atlantic region, with men having the second highest unemployment rate in the region. Low unemployment and high growth in per capita personal income are two indicators of a strong economy. Despite higher than average unemployment rates, the District experienced strong growth in per capita personal income

throughout the 1980s and into the 1990s. Per capita personal income increased by 24 percent during the 1980s and by 11.4 percent between 1990 and 1994 in the District of Columbia (both rates in constant dollars), growth rates that were substantially higher than the nation's.

Part-Time and Full-Time Work

Although there is a high level of unemployment for women in the District of Columbia, an

Table 7.

Full-Time, Part-Time, and Unemployment Rates for Women and Men in the District of Columbia and the United States, 1995

	District of	District of Columbia		United States	
Labor Force Status	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force	
Fotal Number in the Labor Force	153,000	162,000	60,239,000	70,817,000	
Percent Employed Full-Time	77.1	81.5	67.9	83.0	
Percent Employed Part-Time*	14.4	9.9	26.0	10.8	
Percent Voluntary Part-Time	10.5	6.2	21.0	8.0	
Percent Involuntary Part-Time	3.3	3.7	3.2	2.2	
Percent Unemployed	8.0	8.3	6.0	6.2	

For men and women aged 16 and older.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1995b; based on data from the 1994 Current Population Survey.

Compiled by the Institute for Women's Policy Research.

Table 8.

Labor Force Participation of Women in the District of Columbia and the United States by Race/Ethnicity, 1990

	District of	District of Columbia		United States		
	Total Number of Women	Percent in the Labor Force	Total Number of Women	Percent in the Labor Force		
All Races	272,592	62.1	99,559,747	56.8		
White	78,042	67.8	77,436,552	56.4		
African-American	176,933	58.8	11,344,218	59.6		
Hispanic	11,626	71.0	7,256,540	55.9		
Asian-American	5,360	70.2	2,809,897	60.2		
Native American	631	55.6	712,540	55.4		

For women aged 16 and older.

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

^{*} 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.

almost equal percentage of women in the labor force are "involuntary" part-time employees in the District — that is, they would prefer full-time work were it available — as in the United States, (3.3 percent and 3.2 percent, respectively; see Table 7). This is not surprising since involuntary part-time work has been shown to be nearly perfectly correlated with unemployment rates (Blank, 1990). However, a much larger percentage of women in the District of Columbia work full-time as compared with women in the United States as a whole (77.1 percent versus 67.9 percent in the United States), and a much smaller proportion work part-time voluntarily.

Labor Force Status of Women by Race and Ethnicity

In 1994, women in the District of Columbia had a slightly higher labor force participation rate than women in the United States. Four years earlier the pattern was the same, with women in the District of Columbia participating in the labor market at a greater rate than the average for women in the United States.

According to U.S. Census data for 1990, a little over six of ten women in the District of Columbia, aged 16 and older, were in the labor force regardless of race or ethnicity. The labor force participation rate of white women is higher in the District of Columbia than in the United

States (67.8 percent compared with 56.4 percent; see Table 8). Compared with other racial and ethnic groups in the District of Columbia, African-American women have surprisingly low labor force participation rates. They have the second lowest participation rates, above only Native-Americans (58.8 percent and 55.6 percent, respectively). Their participation rate, however, is similar to the national rate for African-American women (59.6 percent). Asian-American women in the District of Columbia have the second highest participation of all racial/ethnic groups, below Hispanics who have the highest rate (70.2 percent and 71.0, respectively).

While women in the District of Columbia were slightly more likely to participate in the labor force in 1990 than women nationwide, there were large disparities in women's labor force participation rates by race and ethnicity. In the District of Columbia, the difference among the groups between the lowest and highest labor force participation rates was 15.4 percentage points, compared with 4.8 percentage points for the United States as a whole.

Labor Force Participation of Women with Children

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In

Table 9.	
Labor Force Status of Women with Children in the District of Colum	bia and
the United States, 1990	

	District of	f Columbia	United	States
	Total Number of Women	Percent in the Labor Force	Total Number of Women	Percent in the Labor Force
With Children Under Age 18*	59,299	72.2	31,646,008	67.7
With Children Under Age 6*	29,646	64.8	15,183,228	59.7

Women aged 16 and older.

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

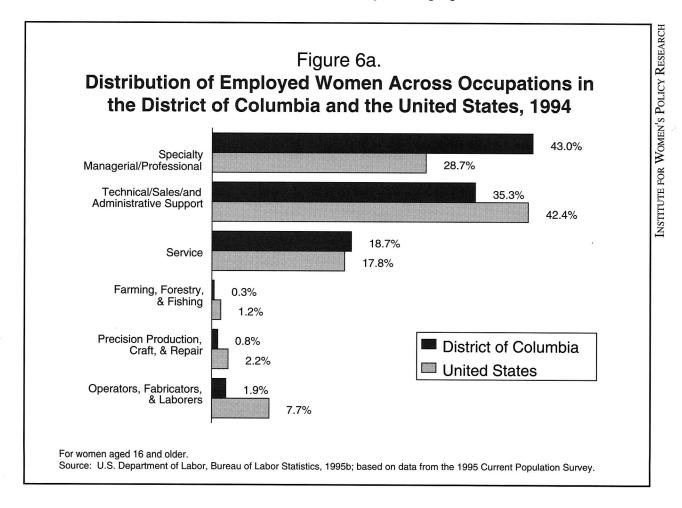
Source: Population Reference Bureau, 1993; based on the Public Use Microdata Sample of the 1990 Census.

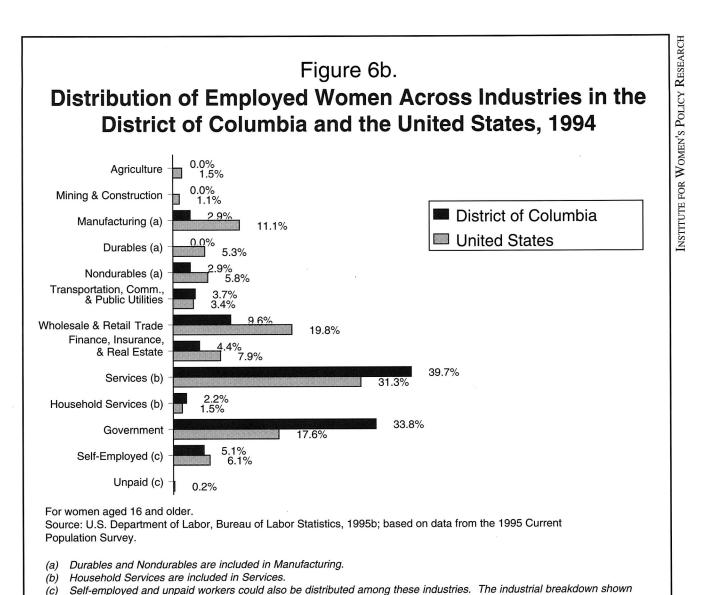
1992, 54 percent of women with children under age one were in the labor force compared with 31 percent in 1976 (Bachu, 1993).

In general, the labor force participation rate for women with children in the United States tends to be higher than the rate for all women. This is partially explained by the fact that the overall labor force participation rate is for women over age 16, whereas mothers tend to be in their prime working years (aged 18 to 44). This is true in the District of Columbia as well. What is striking about the District of Columbia is that women with children appear to be much more likely to engage in labor market activity than in the United States as a whole (see Table 9). In the District of Columbia, 72.2 percent of women with children under the age of 18 are in the labor force compared with 67.7 percent of women with children in the same age range in the nation. Women with younger children (under the age of six) in the District of Columbia have a labor force participation rate of 64.8 percent compared with 59.7 percent in the United States.

Occupation and Industry

The distribution of women in the District of Columbia across occupations differs from that of the United States as a whole. In the United States, women workers are most likely to be in technical, sales, and administrative support occupations (42.4 percent; see Figure 6a). However, in the District of Columbia, only 35 percent of women work in this area. The largest group of District of Columbia women are located in managerial and professional occupations unlike women in the United States as a whole (43 percent compared with 29 percent). The District of Columbia ranks first, regionally and nationally, in the proportion of its female labor force





employed in professional and managerial occupations. District of Columbia women are only slightly more likely to work in service occupations than women in the United States (18.7 percent versus 17.8 percent), but are much less likely to work in blue collar jobs as operators or craft persons.

here is for wage and salary workers only.

The distribution of employed women in the District of Columbia across industries is also dissimilar to that for the United States as a whole (see Figure 6b). While in both the District of Columbia and the United States, the

largest group of women work in the service industry, more women in the District of Columbia than in the United States work in this industry (39.7 percent compared with 31.3 percent, respectively). Women in the District of Columbia are much less likely to work in wholesale and retail trade and in manufacturing than women in the United States. And, not surprisingly, given the dominant presence of the federal government in the metropolitan area, a much larger percentage of District women than United States women work in government.

Economic Autonomy

This section highlights the issues, in addition to employment and earnings, that relate to women's ability to act independently, exercise choice, and control their lives. Topics include access to health insurance, educational attainment, women's business ownership and self-employment, and women living in poverty. Access to health insurance plays a role in determining the overall quality of health care for women in the state and governs the extent of choice women have in selecting health care services. Educational attainment relates to

economic autonomy in many ways; through labor force participation, hours of work, earnings, child-bearing decisions, and career advancement. Women who own their own businesses or are self-employed control many aspects of their working lives. Women in poverty unfortunately have limited choices; if they receive public income support, they must answer to their caseworkers; they do not have the economic means to travel freely; and they often do not have the skills and tools necessary to improve their economic situation.

	Shart V.
Economic Autonomy:	National and Regional Ranks

	National Rank* (of 51)	Regional Rank* (of 9)
COMPOSITE ECONOMIC AUTONOMY INDEX	1	1
Percent with Health Insurance (among nonelderly women, 1991-1993) ^a	45	8
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990) ^b	1	1
Women's Business Ownership (percent of all firms owned by women, 1992)°	1	1
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1990) ^b	. 41	8

See Appendix I for methodology.

^{*} The national rank is of a possible 51, referring to the 50 states plus the District of Columbia. The regional rank is of a maximum of nine and refers to the states in the South Atlantic region (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia) in addition to the District of Columbia.

^a Winterbottom et al., 1995; Population Reference Bureau, 1993; U.S. Department of Commerce, 1996;

d Unpublished data from the U.S. Department of Labor for 1994.

Access to Health Insurance

Although women in the District of Columbia enjoy the highest earnings of all women in the United States, women are much more likely to be uninsured in the District of Columbia than in the United States as a whole (18.9 percent in the District of Columbia, as compared with 13.8 percent in the United States; see Table 10). And although women in the District of Columbia are much more likely to work full-time, they are less likely to have employer-based health insurance than women in the United States as a whole (51.0 percent compared with 63.7 percent; see Table 10). Both men and women in the District of Columbia are more likely to be covered by Medicaid compared with men and women in the United States. Women in the District of Columbia, in particular, appear to rely on publicly funded health insurance, with 22 percent of District of Columbia women covered by Medicaid, compared with 13 percent of women in the United States.

Education

In the United States as a whole, women have made steady progress in achieving higher levels of education. Between 1980 and 1990, the percentage of women in the United States with a high school education or more increased by about one-fifth, with comparable percentages of men and women having completed high school (81.0 percent of men versus 80.5 percent of women in 1994). During the 1980s, the percentage of women with four or more years of college increased by 44 percent, from 13 percent to 18 percent, compared with 24.4 percent of men in 1990, bringing women closer to closing the education gap (U.S. Department of Labor, 1995b). The education gap on a number of educational outcomes between African-Americans and whites has also been closing.

In general, women in the District of Columbia tend to be more highly educated than the national average. Over 50 percent of women in the

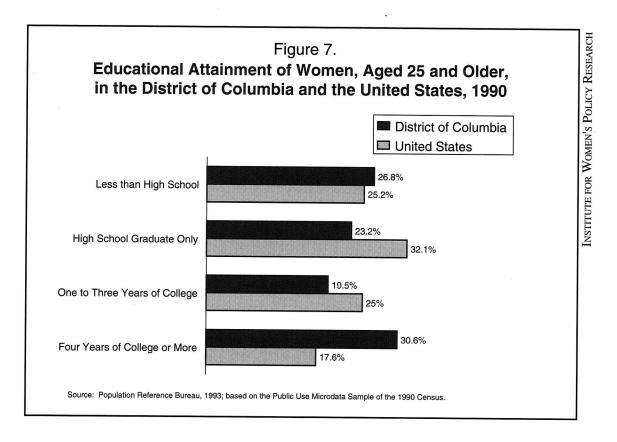
Table 10.

Percent of Women and Men without Health Insurance and with Different Sources of Health Insurance in the District of Columbia and the United States, 1990-1992

	District of Columbia		United States	
	Women	Men	Women	Men
Number	251,000	227,000	109,961,000	108,625,000
Percent Uninsured	18.9	27.4	13.8	17.8
Percent with Employer-Based Health Insurance	51.0	47.0	63.7	63.8
Percent with Medicaid	22.1	16.8	13.0	8.8
Percent with Other Coverage	7.9	8.9	9.5	9.7

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

Source: Winterbottom et al., 1995; based on data from the 1991-1993 Current Population Surveys.



District of Columbia have more than a high school education, compared with 42.6 percent of women in the United States (see Figure 7). The proportion of women over 25 in the District of Columbia without high school diplomas is similar to that of women in the United States as a whole (26.8 percent compared with 25.2 percent, respectively), while the proportions of women in the District of Columbia who have graduated from high school or have at least some college are lower than the national averages. However, the percentage of women with four or more years of college, at 30.6 percent, is 13 percentage points higher than the national average (see Figure 7).

Women Business Owners and Self-Employment

In January 1996, the U.S. Department of Commerce announced that women owned over 6.4 million firms in the United States, employing over 13 million persons and generating \$1.6 trillion in business revenues (these numbers include all women-owned businesses, including C corporations — see notes for Table 11 for

further explanation). Between 1987 and 1992, the number of women-owned businesses grew at a rate of 33 percent in the District of Columbia, somewhat less than the growth rate of womenowned businesses in the United States. By 1992, women-owned 14,599 firms in the District of Columbia (see Table 11). In the District of Columbia, 68 percent of women-owned firms were in the service industries and the next highest proportion, nine percent, were in finance, insurance, and real estate (see Figure 8). The business receipts of women-owned businesses in the District of Columbia rose by 68.4 percent (in constant dollars) between 1987 to 1992. This compares with an increase of 87 percent in business receipts for women-owned firms nationally, and 35 percent for all firms in the United States during this time period, also adjusted for inflation (data not shown).

Like women's business ownership, selfemployment for women has also been rising over recent decades. In 1975, women represented one in every four self-employed workers in the United States, and in 1990, they were one in three. The decision to become self-employed is influenced by many factors. According to recent

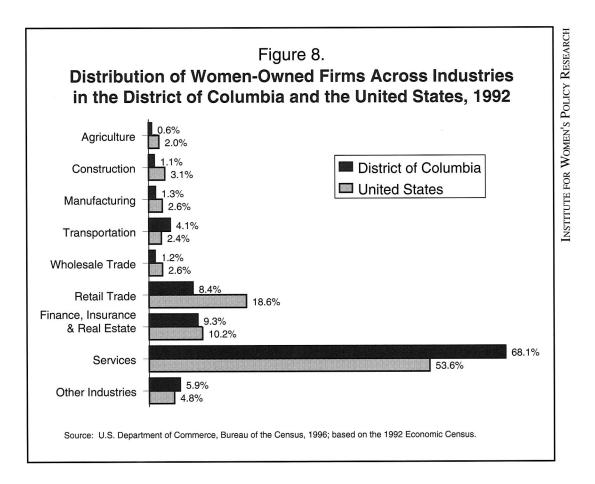
Table 11.

Women-Owned Firms* in the District of Columbia and the United States, 1992

	District of Columbia	United States
Number of Women-Owned Firms	14,599	5,888,883
Percent of All Firms that Are Women-Owned	41.3%	34.1%
Percent Increase, 1987-1992	32.9%	43.1%
Total Sales & Receipts (in billions)	\$1.6	\$642.5
Percent Increase (in constant dollars), 1987-1992	68.4%	87.0%
Number Employed by Women-Owned Firms	1,539	6,252,029

For reasons of comparability, the statistics in Table 11 do not include data on C corporations. Because data on C corporations were collected for the first time in the most recent Economic Census (1992), there are no comparable numbers for C corporations in the 1987 Economic Census. In 1992, there were over 517,000 women-owned C corporations nationally. C corporations are legally incorporated businesses that are non-subchapter S — i.e., unlike subchapter S corporations, which must have 35 or fewer shareholders to qualify for taxation as individual shareholders rather than as corporations, C corporations have no restrictions.

Source: U.S. Department of Commerce, Bureau of the Census, 1996; based on the 1992 Economic Census.



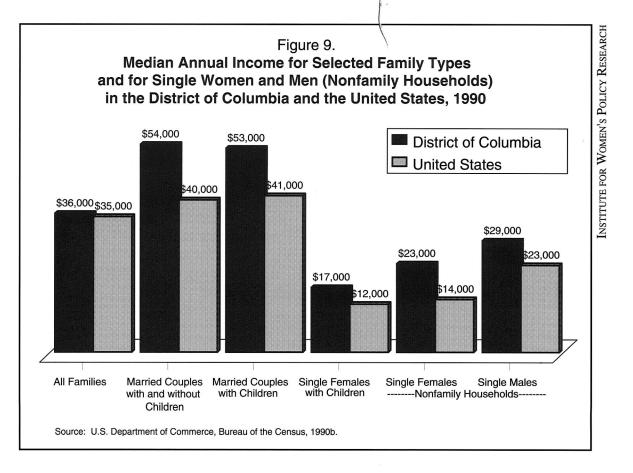
research, self-employed women tend to be older and married, have no young children, and have higher than average levels of education. They are also more likely to be covered by another's health insurance. Self-employed women are also more likely to work flexible hours, with 42 percent of married self-employed women and 34 percent of nonmarried self-employed women working part-time (Devine, 1994). Women in the District of Columbia are less likely to be self-employed than women in the United States. In the District of Columbia, 5.1 percent of employed women are self-employed, compared with 6.1 percent of women nationally (see Figure 6b).

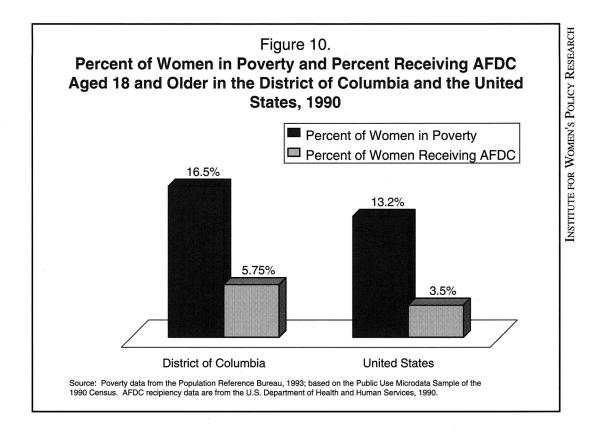
Women's Economic Security and Poverty

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 may frustrate women's ability to ensure their families' finan-

cial security, particularly for single mothers. In the United States, the median family income for single-mother-headed households was \$12,000, while that for married couples with children was \$41,000 (see Figure 9). Figure 9 also shows that family incomes were substantially higher, on average, for all family types in the District of Columbia than in the United States as a whole.

Despite higher family incomes, the proportion of women in poverty in the District of Columbia is also higher than that of women in the United States, 16.5 percent and 13.2 percent, respectively (see Figure 10). The proportion of women receiving AFDC in the District of Columbia is also higher than the proportion of women receiving AFDC in the United States. Approximately 20,000 women and 46,000 children in the District of Columbia received benefits in 1993 (U.S. Department of Health and Human Services, 1993). The level of AFDC benefits for a family of three in the District of Columbia was \$420 in 1993. AFDC and Food Stamp benefits combined equalled 63 percent of the poverty threshold. In the United States, the average AFDC

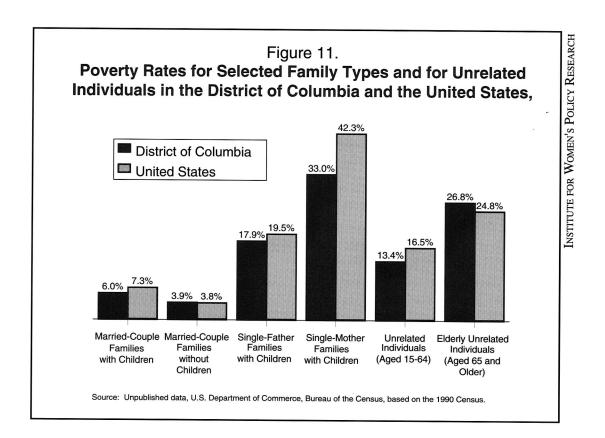


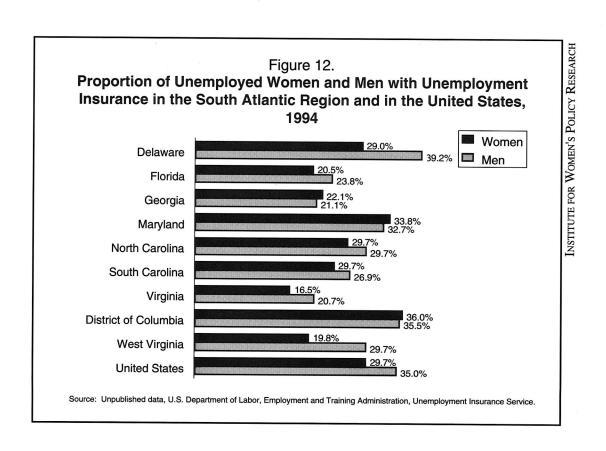


benefit for a family of three was \$393 and combined AFDC and Food Stamp benefits equalled 62 percent of the poverty line. Thus among the states, the District of Columbia does a slightly better than average job in providing a minimum sufficiency level for poor women and their children. The poverty rate for single mother families is 33 percent in the District of Columbia, substantially lower than the 42 percent rate nationwide, but still much higher than that for any other family type (see Figure 11).

The District of Columbia does better than the United States as a whole in providing a safety net for employed women (see Figure 12). Al-

though the percent of women who are unemployed in the District of Columbia is almost two percentage points higher than that for the nation as a whole (see Table 7), the percent of unemployed women receiving Unemployment Insurance (UI) is also higher in the District than in the nation as a whole. The District of Columbia ranks first in the South Atlantic region in the proportion of unemployed women who receive UI benefits. The same is true for unemployed men in the District — while the percentage of unemployed men in the District is noticeably higher than that of the nation as a whole, the rate of UI receipt for men in the District is also high — the second highest for men in the South Atlantic region.





Reproductive Rights

This section includes information on legislation relating to access to legal abortions, public funding for abortions and infertility treatments, the position of the political leadership on reproductive choice, and maternity stay laws, among other factors related to reproductive rights.

Reproductive rights include more than the legal right to abortion; they also include the ability to exercise that right in practice. Ease of access to abortions is critical. Legal issues that relate to access to abortion include parental notification and waiting periods. The number of abortion providers also plays an important role in providing access to abortions. The stances of public office holders are also important in maintaining access to legal abortions in the face

of concerted antiabortion campaigns. There are also economic issues relating to abortion, such as public funding for abortions for women who qualify. In addition, abortion is not the only reproductive issue of importance to women. Maternity stay laws (which provide a minimum length of hospitalization after childbirth), the right of gay and lesbian couples to adopt children, and public funding for infertility treatments all affect the reproductive lives of women.

The reproductive rights composite index shows that the District of Columbia ranks fourth in the nation and near the top within its region. This indicates that, compared with other states in the nation, reproductive rights in the District are relatively strong.

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

	National Rank* (of 51)	Regional Rank* (of 9)
Reproductive Rights Composite Index	4	2

For methodology see Appendix I.

^{*} The national rank is of a possible 51, referring to the 50 states plus the District of Columbia. The regional rank is of a maximum of nine and refers to the states in the South Atlantic region (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia), in addition to the District of Columbia.

Chart VI. Panel B Components of the Reproductive Rights Composite Index Yes No Does the District of Columbia allow access to abortion services without mandatory parental consent laws for minors? Does the District of Columbia allow access to abortion services without a waiting period? Does the District of Columbia provide public funding for abortions under any circumstances if a woman is eligible? How many abortion providers are there in District of Columbia? 100% Is the District of Columbia's government pro-choice? Mayor? **City Council?** Does public funding cover infertility treatments?^c Does the District of Columbia have a maternity stay law? d* District of Does the District of Columbia allow gay/lesbian couples to adopt?^e Columbia is neutral New federal legislation, passed in September 1996, requires insurance companies to pay for minimum hospital stays in maternity cases. NARAL Foundation and NARAL, 1995; henshaw and Van Vort, 1994; King and Meyer, 1996; American Political Network, Inc., 1996; Human Rights Campaign, forthcoming.

Compiled by the Institute for Women's Policy Research.

Explanation of the Components in the Reproductive Rights Composite Index

Mandatory consent laws require that minors notify one or both parents of the decision to have an abortion or gain the consent of one or both parents before a physician can perform the procedure. Of 35 states with such laws on the books as of January 1995, 24 enforced their laws, which usually included some type of procedure allowing courts or physicians to waive the notice or consent requirement in cases of undue burden. As of January 1995, the District of Columbia had no mandatory consent law (NARAL Foundation and NARAL, 1995).

Waiting-period legislation mandates that a physician cannot perform an abortion until a certain number of hours after the woman has been notified of her options in dealing with a pregnancy. The waiting periods range from one to 72 hours. Of the 15 states with mandatory waiting periods as of January 1995, seven enforced their laws. The District of Columbia has no waiting period requirement (NARAL Foundation and NARAL, 1995).

In some states, public funding for abortions is available only under specific circumstances,

such as rape or incest, life endangerment to the mother, or limited health circumstances of the fetus. Seventeen states and the District of Columbia fund abortions in all or most circumstances (NARAL Foundation and NARAL, 1995).

The percent of counties with abortion providers includes all counties that have at least one abortion provider. This proportion ranges from two to 88 percent across the states. For the purposes of this study, the District of Columbia was considered to consist of one county. Because the District has abortion providers, its score on this indicator was one (for 100 percent; Henshaw and Van Vort, 1994).

Maternity stay laws require that a minimum length of time under hospitalization be provided to a new mother. Such laws follow the recommendations of the American Medical Association, which suggests a minimum hospital stay of 48 hours after an uncomplicated vaginal birth and of 96 hours after a cesarean section. If the doctor and the mother agree to an early release, such legislation generally requires that the relevant insurance company provide one home visit. The District of Columbia does not have a maternity stay law (American Political Network, Inc., 1996). In September 1996, new federal legislation was passed which mandates that insurance companies pay for the recommended stays.

For the 50 states, the governor and members of the State Senate and State Assembly were asked by NARAL if they would uphold a judicial restriction on abortion rights and availability. If they answered "yes," they were considered anti-choice. If they answered "no," they were considered pro-choice. In addition, the official comments made by the Governor's office were taken into account in determining abortion rights positions. The District's Mayor and City Council have both expressed a pro-choice stance (NARAL Foundation and NARAL, 1995).

While increasing numbers of private health insurance plans cover infertility treatments, few states in the United States allow for infertility treatments under publicly funded health plans such as Medicaid, although they tend to cover a wide range of contraceptive services. The District of Columbia follows the general trend (King and Meyer, 1996).

Some states have specific legislation prohibiting discrimination against gay and lesbian couples in adoption procedures. One state, New Mexico, has passed legislation to allow the nonbiological parent in a gay or lesbian couple to adopt the child, while four states have passed legislation explicitly prohibiting adoption in such circumstances. The District government is neutral on this issue (Human Rights Campaign, forthcoming).

Health and Vital Statistics

This section focuses on the quality of health of the population in the District of Columbia. Topics include fertility and infant health, the consumption of preventive health services, environmental and cancer risks, and Health Management Organization (HMO) enrollment. Health is an important aspect of the economic status of women. Illness can be costly and painful and can interrupt the daily tasks people take for granted. The healthier the inhabitants of an area are, the more productive those inhabitants are likely to be.

As stated in the 1994 Policy Report of the Commonwealth Fund Commission on Women's Health, women and men face different health problems, even outside of reproductive differences. Women tend to see physicians more routinely, and they use preventive services at twice the rate that men do. Women also suffer more chronic illness, are more likely to suffer from depression, and are prescribed more drugs by their physicians, but they live longer than men do (Commonwealth Fund, 1994). Average life expectancy in the United States in 1992 was 79.1 years for women and 72.3 years for men. The median age for women at the time of their first birth was 23.8 years, and the age at first marriage was 24 years.

As women, particularly mothers, have entered the labor force in record numbers, their health care needs have changed. Many studies have focused on the link between women's work and their health, and many have found a positive relationship between women's employment and better health (Hartmann et al., 1996). As women's employment rates continue to rise, studies have increasingly looked at the extent and type of access women have to health insurance coverage. The Institute for Women's Policy Research has found that about 12 million women of working age lack health insurance of any kind (Yoon et al., 1994). Women in the District are less likely to have insurance and to have access through their employment than women nationally (see Table 10).

The District of Columbia has the highest infant mortality rate in the United States (17.4 per 1,000 births compared with 8.4 per 1,000 births for the United States; see Table 12). In addition, the fertility rate is slightly higher (68.5 births per 1,000 women in the District of Columbia compared with 66.7 births per 1,000 women nationally). The percentage of babies with low birth weights in the District of Columbia is lower than the national average for white women (5.3 percent versus 6.1 percent), but substantially higher for African-American women (16.1 percent compared with 13.2 percent). The rate of low birth weight babies in the District among African-American women is also much higher than the rate among white women in the District. In terms of births to teenage mothers and unmarried mothers, the District of Columbia follows the national trend. In the United States, births to teenage mothers as a percentage of all births fell from 15.6 percent in 1980 to 12.7 percent in 1992. Births to unmarried mothers rose from 18.4 percent to 32.6 percent between 1980 and 1994, indicating that, increasingly, unwed motherhood extends across all age groups. In the District of Columbia, births to teenage mothers also fell and births to unmarried mothers also rose, but the levels are higher. For example, the proportion of all births that were to unmarried mothers rose from 56.5 percent to 68.8 percent.

The District of Columbia falls behind on a number of preventive health care measures. Of women over age 40, 69 percent have had a mammogram, much lower than the median rate for women in the United States. Of adult women, 85 percent have had a pap smear, also a lower proportion than the U.S. median. Also, fewer than three-quarters of all young children in the District have been vaccinated, slightly below the national rate.

In recent years, the trend toward HMOs has grown, with national enrollment rising from 9.1 million in 1980 to 45.2 million at the end of

Table 12.

Health and Vital Statistics in the District of Columbia and the United States

Die	strict of Columbia	United State
ERTILITY AND INFANT HEALTH		
Fertility Rate in 1994 (live births per 1,000 women aged 15-4	44) ^a 68.5	66.7
Infant Mortality Rate in 1993 (deaths of infants under age of per 1,000 live births) ^b	ne 17.4	8.4
Percent of Counties with Abortion Providers, 1992 ^c	100% [†]	16%
Percent of Low Birth Weight Babies (less than 5 lb. 8 oz.)		
Among Whites, 1994 ^a	5.3%	6.1%
Among African-Americans ^a	16.1%	13.2%
Births to Teenage Mothers as a Percent of All Births, 1992d	16.3%	12.7%
Births to Unmarried Mothers as a Percent of All Births, 1992	2ª 68.8 %	32.6%
PREVENTIVE HEALTH CARE		
Percent of Women Who Have Ever Had a	,	
Mammogram (aged 40 and older), 1993 ^e	68.5%	77.9%*
Pap Test (aged 18 and older), 1993 ^e	85.4%	93.4%*
Vaccination Coverage of Children Aged 19-35 Months		
(estimated percentage of those receiving four doses		
of diphtheria and tetanus toxoids and pertussis vaccine,		
three doses of polio virus vaccine, and one dose of		
measles-mumps-rubella vaccine), 1994 ^f	73.0%	75.0%
ENVIRONMENTAL AND CANCER RISKS		
Toxic Chemicals that Could Cause Birth Defects		
(pounds per person), 1992 ^f	n/a	36.0 lbs
Average Annual Mortality Rate (per 100,000) Due to		
Female Breast Cancer, 1988-1992 ⁹	35.3	27.1
Cervical and Uterine Cancer, 1988-1992 ^g	4.9	3.0
Ovarian Cancer, 1988-1992 ⁹	6.7	7.8
Estimated Number of New Cases of Female Breast,	THE THE BERTH COURTED AND COURTED AND AND ADD AND ADD AND ADD AND AND ADD AND ADD AND ADD AND ADD AD	umaaaaguummaaaaaguuphhhhhhissayinjiijiliitii
Cervical and Uterine Cancers, 1996 ^h	640	200,000
OTHER		
As of July 1995, has the District of Columbia enacted legisla that attempts to ensure universal access to health insura		

There are 15 abortion providers in the District of Columbia. For the purposes of this report, the District was considered one county.

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

Centers for Disease Control, 1996a; Centers for Disease Control, 1996b; Henshaw and Van Vort, 1994; U.S. Department of Commerce, 1995b; American Cancer Society, 1995; McCloskey et al., 1995; National Cancer Institute, 1995 (rates are age adjusted to the 1970 U.S. standard population); American Cancer Society, 1996.

Table 13.

Percent of Total Population, Medicare, and Medicaid Recipients Enrolled in Health
Maintenance Organizations (HMOs), 1994

	District of Columbia	United States
Total Population	570,000	260,341,000
Percent of Total Population Enrolled in HMOs	25.6	19.5
Percent of Total Population Receiving Medicare	13.9	14.0
Percent of Medicare Recipients Enrolled in HMOs	10.6	9.2
Percent of Total Population Receiving Medicaid	22.3	13.1
Percent of Medicaid Recipients Enrolled in HMOs	33.5	21.4

Source: McCloskey et al., 1995, and unpublished tables for 1994 from the U.S. Department of Commerce.

Compiled by the Institute for Women's Policy Research.

1993 (U.S. Department of Commerce, 1995b). This major trend requires monitoring from the point of view of how well the new arrangements meet women's health care needs. In addition, concerns have been raised about how well HMOs meet the needs of the medically needy, such as the disabled or those with severe or long-term illnesses.

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

There is a great deal of variation in HMO membership across states. HMOs tend to play a

more important role in the states of California, Massachusetts, Minnesota, and Oregon and are much less prevalent throughout the South (Winterbottom et al., 1995). The percentage of the population enrolled in HMOs in the District of Columbia is somewhat higher than that of the United States (25.6 percent versus 19.5 percent; see Table 13). Similarly, Medicare recipients in the District of Columbia are slightly more likely to be enrolled in an HMO than the national average (10.6 percent versus 9.2 percent of Medicare recipients). At the same time that a higher proportion of the total population receives Medicaid in the District of Columbia than in the United States, Medicaid recipients in the District of Columbia are also more likely to be enrolled in HMOs (33.5 percent compared with 21.4 percent in the United States).

Basic Demographics

This section includes data on different populations within the District. Statistics on age, the sex ratio, and the elderly female population are presented, as are the distribution of women by race/ethnicity and family types and information on women in prisons. These data present an image of the state's female population and can be used to provide insight on the topics covered in this report. For example, the District of Columbia has a similar proportion of women over age 65 as the nation as a whole, but has a very different distribution of women by race and ethnicity, a much lower proportion of married couple families, and a higher proportion of single people, both with and without children. Demographic factors also have implications for the location of economic activity, the types of jobs available, the growth of markets, and the types of public services that are needed.

Between 1980 and 1990, the population of the District of Columbia decreased 4.9 percent, while the population for the nation as a whole grew 9.8 percent (U.S. Department of Commerce, 1995b). Compared with other states in its region, the District of Columbia's population growth rate was the second lowest, behind West Virginia, whose population decreased by 8.0 percent. In recent years, population growth has slowed even more in the District of Columbia, with population decreasing by 6.1 percent between 1990 and 1993. The United States population grew 3.7 percent and the population in the South Atlantic region grew 6.5 percent.

There were 273,000 women in the District of Columbia in 1990, 59,000 of whom were aged

16 and older. Women in the District of Columbia are slightly older than the U.S. average, but the District of Columbia's proportion of women over age 65 is similar to the United States (15 percent in both D.C. and the United States). The female population in the District has a large share of African-American women, who make up 67 percent of women in the District compared with 12 percent nationwide.

The proportion of single women in the District of Columbia is much higher than for the country as a whole and the proportion of married women is much lower (see Figure 13). Thirty-two percent of women in the District of Columbia are married, compared with 56 percent of women in the United States. The distribution of family types also differs from the nation as a whole; the District of Columbia has a smaller proportion of married-couple families (26 percent compared with 56 percent) and a slightly greater proportion of male-headed families (four percent compared with three percent). Among families with children under age 18, the percent of those that are female-headed in the District of Columbia is also much higher than that of the United States (48 percent versus 20 percent; see Figure 14).

By definition, the District of Columbia is entirely urbanized (see Table 14). The proportion of women who are foreign born is slightly higher than in the nation as a whole (9.1 percent compared with 7.9 percent in the United States). The percent of the District's prison population that is female is slightly less than that for the nation as a whole.

Table 14.

Basic Statistics*

	District of Columbia	United States
Total Population, 1995 ^a	559,000	263,434,000
Number of Women, All Ages ^b	323,898	127,212,264
Sex Ratio (women to men, aged 18 and older) ^c	1.10:1	1.09:1
Median Age of All Women ^c	34.5 years	34.1 years
Proportion of Women Over Age 65 ^b	14.9%	14.7%
Distribution of Women by Race and Ethnicity, All Age	s ^b	
White [†]	26.3%	75.9%
African-American [†]	67.4%	12.1%
Hispanic ^{††}	4.3%	8.3%
Asian-American [†]	1.8%	2.9%
Native American [†]	0.2%	0.8%
Distribution of Households by Type, 1990 ^b Total Number of Family and Nonfamily Households	248,706	91,770,958
Married-Couple Families (with and without their ow children)	n 25.6%	56.2%
Female-Headed Families (with and without their ov children)	vn 19.6%	11.3%
Male-Headed Families (with and without their own children)	4.4%	3.2%
Nonfamily Households: Single-Person Households	41.2%	24.4%
Nonfamily Households: Other	9.2%	4.9%
Proportion of Women Living in Metropolitan Areas,	100.0%	83.1%
All Ages (1990) ^b		
All Ages (1990) ^b Proportion of Women Who Are Foreign-Born, All Ages (1990) ^b	9.1%	7.9%

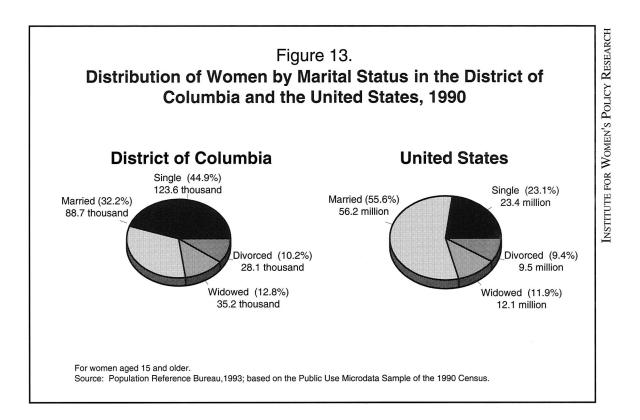
^{*} Data are for 1990 unless otherwise specified.

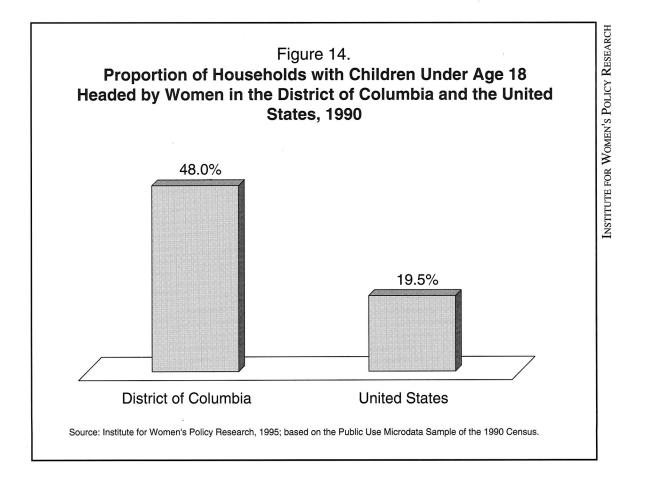
Compiled by the Institute for Women's Policy Research.

[†] Non-Hispanic.

[#] Hispanics may be of any race.

McCloskey et al., 1995; Population Reference Bureau, 1993; Institute for Women's Policy Research, 1995; U.S. Department of Justice, 1995.





Appendix 1: 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 state agenda project, a commission on the status of women, or a legislative caucus).

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

Voter Registration and Voter Turnout: These two component indicators show the average percent (for the two elections) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported registering or voting. Source: U.S. Bureau of the Census (1993, 1996), based on the Current Population Survey.

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

This composite has four components and reflects office-holding at the state and national levels. For each state the proportion of office holders who are women was computed for several levels: state representatives, state senators, state-wide elected executive officials and U.S. representatives, and U.S. senators and governors. The percentages were then converted to scores that ranged from 0 to 1 by dividing the observed value for each state by the highest value for all states. The scores were then weighted according to the degree of political influence of the position: state representatives were given a weight of 1.0, state senators were given a weight of 1.25, statewide executive elected officials and 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 was 4.45. These scores were then used to rank the states on the indicator for women in elected office. Source: Data were compiled by the Institute for Women's Policy Research (IWPR) from several sources, including the Center for the American Woman and Politics (1996) and the Council of State Governments (1996).

Women's Institutional Resources: This indicator measures the number of institutional resources for women available in the state from a maximum of three, including commissions on the status of women (which are established by legislation or executive order), women's state agenda projects (usually voluntary, nonprofit organizations), and legislative caucuses for women (organized by women legislators in either or both houses of the state legislature). States receive 1.0 point for each institutional resource present in their state and 0.5 point if a legislative caucus exists in one house but not the other. Source: Center for Policy Alternatives, 1995, updated in 1996 by IWPR.

Composite Employment and Earnings Index: This composite index consists of four component indicators: median annual earnings for women, the ratio of the earnings of women to the earnings of men, women's labor force participation, and the

percent of employed women in managerial and professional specialty occupations.

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

Women's Median Annual Earnings: 1989 median yearly earnings of noninstitutionalized women aged 18-65 who worked more than 49 weeks during the year and more than 34 hours per week. Source: IWPR calculations of the Public Use Microdata Sample of the 1990 Census of Population.

Ratio of Women's to Men's Earnings: 1989 median yearly earnings of noninstitutionalized women aged 18-65 who worked more than 49 weeks per year and more than 34 hours per week divided by 1989 median yearly earnings of noninstitutionalized men aged 18-65 who worked more than 49 weeks per year and more than 34 hours per week. Source: IWPR calculations of the Public Use Microdata Sample of the 1990 Census of Population.

Women's Labor Force Participation (proportion of the adult female population that is in the labor force): Percent of civilian noninstitutionalized women aged 16 and older who were, in 1994, employed or looking for work. This includes those employed full-time, part-time voluntarily, or parttime involuntarily and those who are unemployed. Source: U.S Department of Labor, Bureau of Labor Statistics, 1995a, based on the Current Population Survey.

Women in Managerial and Professional Occupations: Percent of civilian noninstitutionalized women aged 16 and older who, in 1994, were employed in executive, administrative, managerial, or professional specialty occupations. Source: U.S. Department of Labor, Bureau of Labor Statistics, 1995, based on the Current Population Survey.

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

To construct this composite index, each of the component indicators was "standardized" — i.e., for each indicator, the observed value for the state was divided by the comparable value for the United States as a whole. The resulting ratios were summed for each state to create the composite index. Each component was given a weight of 1.0.

Access to Health Insurance: Percent of civilian noninstitutionalized women under age 65 who are insured. The state-by-state percentages are based on the averages of three years of pooled data from the 1991, 1992, and 1993 Current Population Survey from the Bureau of the Census. Source: Winterbottom et al., 1995.

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

Women's Business Ownership: In 1992, the percent of all firms (legal entities engaged in economic activity during any part of 1992 that filed an IRS form 1040, Schedule C; 1065; or 1120S) that were owned by women. Sex of the owner was determined by sending their social security numbers to the Social Security Administration for a list of sex codes. Source: U.S. Department of Commerce, 1996, based on the 1992 Economic Census.

Women Above Poverty Level: In 1989, the percent of women living above the official poverty threshold, which varies by family size and composition. In 1989, the poverty level for a family of four was \$12,675. Source: Population Reference Bureau, 1993, based on the Public Use Microdata Sample of the 1990 Census of Population.

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

To construct this composite index, each component indicator was rated on a scale of 0 to 1 and assigned a weight. The notification and waiting-period indicators were each given a weight of 0.5. The indicator of public funding for abortions was given a weight of 1.0. For the indicator of the

percent of counties with abortion providers, states were given a scaled score ranging from 0 to 1. For the indicator of whether the governor, upper house, or lower house is pro-choice, each state receives 0.33 points per governmental body (up to a maximum of 1.0 point). The indicator for public funding for infertility treatments was given a weight of 1.0. For the maternity stay law indicator, the state received a score of 0.5 if it had legislation pending. For the indicator of whether gay/ lesbian couples can adopt, states were given 1.0 point if legislation prohibiting discrimination against these couples in adoption proceedings exists and 0.5 points if the state has no official position on the subject. The maternity stay law and gay/lesbian adoption law were each given a weight of 0.5. The weighted scores for each component indicator were summed to arrive at the value of the composite index score for each state. The states and the District of Columbia were then ranked according to those values.

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

Reproductive Rights

Mandatory Consent: Mandatory consent laws require that minors notify one or both parents of the decision to have an abortion or gain the consent of one or both parents before a physician can perform the procedure. Of the 35 states with such laws on the books as of January 1995, 24 enforce their laws. Of the 24, 20 allow for a judicial bypass of notification if the minor appears before a judge and provides a reason that notification would place an undue burden on the decision to have an abortion. Three states provide for physician bypass of notification; only Utah had no bypass procedure as of January 1995 (NARAL Foundation and NARAL, 1995).

Waiting Period: Waiting-period legislation mandates that a physician cannot perform an abortion until a certain number of hours after the woman has been notified of her options in dealing with a pregnancy. The waiting periods range from one to 72 hours. Of the 15 states with mandatory waiting periods as of January 1995, seven (with waiting periods ranging from eight to 24 hours) enforced their laws (NARAL Foundation and NARAL, 1995).

Restrictions on Public Funding: In some states, public funding for abortions is available only under specific circumstances, such as rape or incest, endangerment to the mother's life, or limited health circumstances of the fetus. As of January 1995, 17 states and the District of Columbia funded abortions in all or most circumstances (NARAL Foundation and NARAL, 1995).

Maternity Stay Laws: Maternity stay laws require that a minimum length of time under hospitalization be provided to a new mother. The laws follow the recommendations of the American Medical Association, which suggests a minimum hospital stay of 48 hours after an uncomplicated vaginal birth and 96 hours after a cesarean section. Usually, the laws provide that if the doctor and the

mother agree to an early release, the relevant insurance company must provide one home visit (American Political Network, Inc., 1996). In September 1996, new federal legislation was passed to require that insurance companies pay for the recommended minimum hospital stays in maternity cases.

Fertility Treatments and Public Funding: While increasing numbers of private health insurance plans cover infertility treatments, few states in the United States allow for infertility treatments under publicly funded health plans such as Medicaid, although they tend to cover a wide range of contraceptive services (King and Meyer, 1996).

Same-Sex Couples and Adoption: Some states have specific legislation prohibiting discrimination against gay and lesbian couples in adoption procedures. For situations in which only one member of the couple is the biological parent, states can adopt legislation that allows the nonbiological parent in a gay or lesbian couple to adopt the child. One state, New Mexico, has passed legislation to allow the nonbiological parent in a gay or lesbian couple to adopt the child, while four states have passed legislation explicitly prohibiting adoption in such circumstances (Human Rights Campaign, forthcoming).

Domestic Violence

Mandatory Arrest: As of 1992, the codes of 14 states and the District of Columbia mandate arrest for perpetrators when a responding officer concludes that domestic violence has occurred. Generally, arrest is mandated only under specific circumstances; for instance, when an assault results in bodily injury to the victim, when the intent of the abuser was to cause fear of serious injury or death, or when the officer believes that domestic violence is likely to continue (Hart, 1992). Michigan and Virginia also recently passed pro-arrest laws.

Child Support

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

Welfare

Note: As this report goes to press, new federal legislation on welfare that gives states much more autonomy in shaping their welfare programs has been passed. The policies a state adopted under the former federal law may indicate the direction its welfare policy will take under the new law, which went into effect October 1, 1996. States have until July 1997 to comply; however, states may continue to carry out programs approved by the Department of Health and Human Services prior to the passage of the new law.

Child Exclusion/Family Caps: Under child exclusion/family cap provisions, additional AFDC benefits are denied to children conceived while the mother was receiving AFDC. As of May 1995, 14 states requested waivers from the federal law to implement child exclusion rules. In most of those states, the exclusion applies to children born more than ten months after the mother first started receive benefits or to children conceived while mother was receiving AFDC. Eleven of the states would exempt from the child exclusion requirement children born as a result of incest, rape or sexual assault (Savner and Greenberg, 1995).

Retains More Earnings: Under prior law, AFDC recipients who enter employment are entitled to disregard only a small amount of earnings before their AFDC grants are reduced. The rule has been criticized as creating a disincentive to work. As of May 1995, 28 states had submitted waiver requests to the federal government to liberalize the treatment of earnings for AFDC recipients (Savner and Greenberg, 1995).

Raised Asset Limitations: Under prior law, families with assets exceeding \$1,000 are ineligible for AFDC. However, the asset rule has been criticized for penalizing savings. As of May 1995, 31 states had requested waivers from the federal government to change the asset rules. Increased asset limits range from \$1,500 in Indiana to \$10,000 in Oregon and Missouri (Savner and Greenberg, 1995).

Employment/Unemployment Benefits

Minimum Wage: As of June 1996, 11 states and the District of Columbia had minimum wage rates that were higher than the federal level. Seven states had minimum wage rates lower than the federal level (but the federal level generally applies to most employers in these states). Seven states had no minimum wage law, and 25 states had state minimum wages that were the same as the federal level. According to the Fair Labor Standards Act, the state minimum wage is controlling if the state minimum wage is higher than the federal minimum wage (U.S. Department of Labor, 1996). A federal minimum wage increase was signed into law on August 20, 1996. The federal standard will rise to \$5.15 in two steps — the first step, effective October 1, 1996, is an increase to \$4.75, and the second step, effective September 1, 1997, is an increase to \$5.15 per hour.

Temporary Disability Insurance (TDI): Temporary Disability Insurance provides partial income replacement to employees who leave work because of an illness or accident that is not related to their work. In five states with mandated programs, 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 seriously ill or disabled. In states with TDI programs, women workers typically receive 8 to 12 weeks of partial wage replacement for maternity leaves through TDI (Hartmann et al., 1995).

Access to Unemployment Insurance (UI): In order to receive UI, potential recipients must meet several eligibility requirements. Two of these are high quarter earnings and base period earnings requirements. The "base period" is the 12-month period preceding the start of a spell of unemploy-

ment. 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 minimum amount in one of the quarters within the base period. IWPR research has shown that women are less likely to meet the two earnings requirements than are men and thus are more likely to be disqualified from receipt of UI benefits. IWPR found that nearly 14 percent of unemployed women workers were disqualified from receiving UI by the two earnings criteria; this is more than twice the rate for unemployed men (Yoon et al., 1995). States typically set eligibility standards for UI and can enact policies that are more or less inclusive and more or less generous to claimants.

Pay Equity: The concept of pay equity, also known as comparable worth, refers to a set of remedies designed to raise the wages of jobs that are undervalued at least partly because of the sex or race of the workers who hold those jobs. By 1989, 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, 1995). A study by the Institute for Women's Policy Research found that for states that implemented pay equity remedies, the remedies improved female/male wage ratios (Hartmann and Aaronson, 1994).

Appendix III: National Rankings on Selected Indicators

Political Participation Rankings

	Composit	e Index	Women in Elected Offi Composite Index	
STATE	SCORE	RANK	SCORE RANK	
Alabama	-3.09	41	.60 47	7
Alaska	2.97	12	2.35 11	1
Arizona	-2.16	36	2.08 16	3
Arkansas	-5.46	46	1.16 38	3
California	4.16	8	3.11 3	3
Colorado	2.87	13	2.65 5	
Connecticut	4.24	7	2.39 9)
Delaware	3.16	11	2.80 4	
District of Columbia	6.00	n/a	n/a n/a	ì
Florida	-2.97	40	1.42 32	2
Georgia	-3.44	42	1.11 39)
Hawaii	0.31	23	2.60 6	3
Idaho	2.86	14	2.23 13	3
Illinois	0.69	21	2.31 12	<u> </u>
Indiana	-0.69	29	1.89 20)
lowa	0.50	22	1.24 35	;
Kansas	8.78	1	4.45 1	
Kentucky	-7.10	49	0.53 49)
Louisiana	-4.02	43	0.60 47	,
Maine	4.84	4	2.46 8	}
Maryland	4.79	5	2.56 7	,
Massachusetts	-1.15	30	1.23 37	,
Michigan	0.28	24	1.39 33	}
Minnesota	4.98	3	1.93 18	}
Mississippi	-6.32	48	0.52 50)
Missouri	0.91	19	1.46 31	
Montana	2.59	15	1.59 26	;
Nebraska	0.84	20	1.53 27	,
Nevada	-0.06	27	2.37 10)
New Hampshire	-1.23	31	1.51 29)
New Jersey	-1.38	33	1.65 23	}
New Mexico	-1.86	35	1.49 30)
New York	-2.26	37	1.39 33	}
North Carolina	-2.78	38	1.03 41	
North Dakota	4.53	6	1.69 22	
Ohio	-0.10	28	1.72 21	
Oklahoma	-1.64	34	1.09 40)
Oregon	3.95	9	1.95 17	
Pennsylvania	-5.94	47	0.74 45	j
Rhode Island	0.04	26	1.63 24	
South Carolina	-4.88	44	0.73 46	
South Dakota	1.42	18	1.61 25	
Tennessee	-7.29	50	0.84 43	
Texas	-1.25	32	1.92 19	
Utah	0.06	24	1.53 27	
Vermont	3.33	10	2.21 14	
Virginia	-2.87	39	0.88 42	
Washington	7.87	2	3.88 2	
West Virginia	-4.98	45	0.82 44	
Wisconsin	1.58	17	1.34 65	
Wyoming	2.39	16	2.19 15	ì
United States			1.64	

Political Participation Rankings

	Percent of W Registered to in 1992 and	o Vote	Percent of Who Vo 1992 and	ted in	Resources	Institutional Available to n the State
STATE	PERCENT F	RANK	PERCENT	RANK	NUMBER	RANK
Alabama	73.2	17	54.4	27	2.5	6
Alaska	73.8	16	64.4	8	1.0	40
Arizona	65.0	34	54.3	29	0.0	48
Arkansas	65.2	33	50.4	43	0.5	46
California	58.1	48	50.6	41	3.0	1
Colorado	72.4	19	58.0	22	1.0	40
Connecticut	74.9	12	62.1	12	2.0	10
Delaware	65.0	34	54.1	31	2.0	10
District of Columbia	73.9	n/a	64.8	n/a	1.0	n/a
Florida	61.3	45	50.5	42	2.0	10
Georgia	60.9	46	46.7	48	3.0	1
Hawaii	57.8	49	51.2	39	1.5	37
Idaho	70.2	25	61.1	14	2.0	10
Illinois	69.2	26	54.7	26	1.0	40
Indiana	63.3	42	52.4	34	2.0	10
lowa	76.8	7	63.6	9	2.0	10
Kansas	72.6	18	61.6	13	0.0	48
Kentucky	62.9	43	43.6	50	2.0	10
Louisiana	74.0	15	52.0	35	2.0	10
Maine	83.8	2	65.1	6	1.0	40
Maryland	68.9	27	58.0	22	3.0	1
Massachusetts	70.3	24	58.9	19	2.0	10
Michigan Minnesota	75.4 83.3	10 3	59.9 66.0	17	2.0 2.5	10 6
Mississippi	76.6	9	54.4	5 27	0.0	48
Missouri	75.2	11	62.5	11	2.0	10
Montana	76.7	8	68.8	1	2.0	10
Nebraska	74.4	14	61.1	14	2.0	10
Nevada	57.1	50	50.4	43	2.0	10
New Hampshire	68.0	30	53.8	32	2.0	10
New Jersey	65.8	32	51.4	38	2.0	10
New Mexico	63.4	39	54.3	29	2.0	10
New York	60.9	46	51.8	37	2.5	6
North Carolina	66.1	31	48.0	45	3.0	1
North Dakota	92.4	1	65.1	7	2.0	10
Ohio	68.1	29	56.0	25	2.0	10
Oklahoma	72.1	20	57.5	24	2.0	10
Oregon	77.2	6	68.7	2	2.0	10
Pennsylvania	62.2	44	51.1	40	1.5	37
Rhode Island	68.6	28	58.6	20	2.0	10
South Carolina	64.4	36	51.9	36	2.0	10
South Dakota	79.3	5	67.4	3	1.0	40
Tennessee	64.0	37	47.2	47	0.5	46
Texas	63.4	39	47.9	46	2.0	10
Utah	70.7	23	59.2	18	2.0	10
Vermont	74.7	13	60.7	16	2.0	10
Virginia	63.4	39	53.4	33	3.0	1
Washington	70.8	21	58.1	21	1.5	37
West Virginia	63.6	38	45.5	49	2.5	6
Wisconsin	82.2	4	63.4	10	2.0	10
Wyoming	70.8	21	67.2	4	1.0	40
United States	66.5		53.7		2.0 (me	edian)

Employment and Earnings Rankings

Composite Index

Median Annual Earnings for Full-Time, Full-Year Employed Women

STATE	SCORE	RANK	EARNINGS	RANK
Alabama	3.52	48	\$15,000	42
Alaska	4.63	2	24,000	2
Arizona	4.00	22	18,000	20
Arkansas	3.57	46	14,000	47
California	4.27	8	22,000	5
Colorado	4.28	6	19,000	14
Connecticut	4.35	5	23,000	3
Delaware	4.13	15	19,600	12
District of Columbia	5.12	1	24,500	1
Florida	3.84	32	17,062	27
	4.04	18	18,000	20
Georgia	4.18	12		14
Hawaii	3.73	40	19,000	42
Idaho			15,000	
Illinois	4.01	21	19,842	9
Indiana	3.57	46	16,500	32
lowa	3.79	36	16,000	34
Kansas	3.93	25	16,640	30
Kentucky	3.50	49	15,087	41
Louisiana	3.58	45	15,000	42
Maine	3.88	27	16,536	31
Maryland	4.53	3	22,000	5
Massachusetts	4.45	4	22,000	5
Michigan	3.88	27	19,500	13
Minnesota	4.14	14	19,000	14
Mississippi	3.44	50	14,000	47
Missouri	3.86	30	17,000	28
Montana	3.66	43	14,000	47
Nebraska	3.81	35	15,000	42
Nevada	3.97	23	18,531	19
New Hampshire	4.22	11	19,800	10
New Jersey	4.26	9	22,700	4
New Mexico	3.88	27	15,900	37
New York	4.25	10	22,000	5
North Carolina	3.82	33	16,000	34
North Dakota	3.86	30	14,000	47
Ohio	3.82	33	18,000	20
Oklahoma	3.76	38	16,000	34
Oregon	4.12	17	18,000	20
Pennsylvania	3.79	36	18,000	20
Rhode Island	4.04	18	18,833	18
South Carolina	3.70	41	15,500	39
South Dakota	3.74	39	13,429	51
Tennessee	3.67	42	15,739	38
Texas	4.04	18	18,000	20
Utah	3.97	23	16,500	32
Vermont	4.28	6	18,000	20
Virginia	4.18	12	19,000	14
Washington	4.13	15	19,680	11
West Virginia	3.34	51	14,738	46
Wisconsin	3.92	26	16,981	29
Wyoming	3.62	44	15,200	40
United States			18,778	

Employment and Earnings Rankings

	Full-Time, F	Full-Time, Full-Year Percent of Women in Wo			Percent of E Women, Mar Professional C	agerial or
STATE	PERCENT	RANK	PERCENT	RANK	PERCENT	RANK
Alabama	61.2	46	54.8	46	25.7	39
Alaska	75.0	3	67.5	2	31.7	9
Arizona	69.7	17	57.4	38	30.1	17
Arkansas	70.0	15	57.3	40	23.7	48
California	73.3	6	56.9	41	30.3	16
Colorado	70.4	14	65.7	5	32.2	4
Connecticut	67.6	24	61.5	23	31.3	12
Delaware	67.6	24	63.4	15	29.4	19
District of Columbia	a 87.5	1	60.9	24	43.0	1
Florida	69.6	18	55.4	42	28.0	28
Georgia	72.0	8	60.1	29	29.0	20
Hawaii	76.0	2	62.8	18	28.3	25
Idaho	65.2	40	63.3	16	25.8	38
Illinois	66.1	35	59.7	32	28.0	28
Indiana	61.1	47	62.5	19	21.2	51
lowa	66.7	30	65.6	8	24.3	45
Kansas	66.6	32	63.8	14	28.3	25
Kentucky	62.9	44	55.3	43	24.2	47
Louisiana	60.0	49	53.3	49	28.7	23
Maine	68.9	21	58.6	36	28.5	24
Maryland	71.0	12	64.2	12	35.4	2
Massachusetts	70.8	13	60.7	25	34.9	3
Michigan	61.8	45	58.7	35	26.9	34
Minnesota	67.9	23	69.8	1	27.4	31
Mississippi	63.6	41	55.2	45	23.6	49
Missouri	67.5	26	60.6	26	27.0	33
Montana	63.6	41	61.8	22	26.7	35
Nebraska	68.2	22	66.9	4	25.2	43
Nevada	71.3	11	62.4	20	25.3	42
New Hampshire	66.3	34	65.7	5	31.1	13
New Jersey	65.7	37	57.4	38	31.9	6
New Mexico	67.3	28	55.3	43	31.8	7
New York	73.3	6	53.2	50	31.8	7
North Carolina	71.7	10	60.4	27	25.6	40
North Dakota Ohio	70.0	15	65.6 57.6	8	28.1	27
Oklahoma	63.6 66.7	41	57.6	37	27.5	30
Oregon	69.2	30 19	54.7 62.2	47	28.8	21
Pennsylvania	65.5	38	54.6	21 48	31.5 27.2	10
Rhode Island	67.3	28	59.3	33	29.9	32 18
South Carolina	67.4	27	59.5 59.1	34	25.5 25.5	41
South Dakota	74.6	5	65.7	5	23.5	50
Tennessee	66.1	35	60.2	28	24.3	45
Texas	72.0	8	60.1	29	28.8	21
Utah	61.1	47	65.5	10	31.1	13
Vermont	75.0	3	65.3	11	32.1	5
Virginia	69.1	20	63.0	17	31.1	13
Washington	66.5	33	59.9	31	31.3	11
West Virginia	58.9	51	46.6	51	25.9	37
Wisconsin	65.3	39	67.3	3	26.2	36
Wyoming	59.7	50	64.1	13	24.5	44
United States	68.5		58.8		28.7	

Economic Autonomy Rankings

	Composi	te Index		Percent of Women with Four or More Years of College		with Four or More without h		Health
STATE	SCORE	RANK		PERCENT	RANK	PERCENT	RANK	
Alabama	3.58	46		13.5	45	16.8	39	
Alaska	4.23	10		22.2	7	17.9	42	
Arizona	4.03	23		17.2	25	16.3	37	
Arkansas	3.47	50		11.9	50	18.5	43	
California	4.17	14		20.1	13	16.3	37	
Colorado	4.49	3		23.5	4	10.6	18	
Connecticut	4.49	3		23.8	3	6.8	1	
Delaware	4.15	16		18.7	16	13.2	28	
District of Columbia	4.85	1		30.6	1	18.9	45	
Florida	3.83	37		15.1	36	20.0	47	
Georgia	3.89	32		16.8	27	16.2	36	
Hawaii	4.42	7		20.9	11	7.8	3	
Idaho	3.77	40		14.6	41	17.8	41	
Illinois	4.11	18		18.4	17	10.5	16	
Indiana	3.82	38		13.4	46	11.0	20	
lowa	3.93	31		15.0	38	8.4	6	
Kansas	4.11	18		18.4	17	10.8	19	
Kentucky	3.58	46		12.2	49	11.2	21	
Louisiana	3.58	46		14.5	42	20.6	49	
Maine	3.96	26		17.2	25	11.4	22	
Maryland	4.50	2		23.1	6	10.0	14	
Massachusetts	4.44	6		24.1	2	9.7	12	
Michigan	3.94	28		15.1	36	9.3	10	
Minnesota	4.17	14		19.2	15	10.1	15	
Mississippi	3.45	51		13.3	47	18.7	44	
Missouri	3.86	33		15.2	35	13.0	27	
Montana	3.94	28		18.0	20	15.5	35	
Nebraska	4.05	21		16.7	28	9.1	9	
Nevada	3.77	40		12.8	48	20.1	48	
New Hampshire	4.23	10		21.1	9	12.0	24	
New Jersey	4.22	12		21.0	10	11.5	23	
New Mexico	3.95	27		17.8	22	21.7	51	
New York	4.19	13		20.7	12	12.9	26	
North Carolina	3.84	36		15.7	32	13.6	30	
North Dakota	3.94	28		16.7	28	7.6	2	
Ohio	3.86	33		14.4	43	9.7	12	
Oklahoma	3.72	43		15.0	38	19.9	46	
Oregon	4.12	17		18.1	19	13.5	29	
Pennsylvania	3.86	33		15.3	34	8.9	8	
Rhode Island	4.04	22		18.0	20	8.2	5	
South Carolina	3.72	43		14.7	40	17.0	40	
South Dakota	3.77	40		15.5	33	14.8	33	
Tennessee	3.67	45		14.0	44	14.0	32	
Texas	3.82	38		17.4	24	21.5	50	
Utah	4.08	20		17.5	23	10.5	16	
Vermont	4.46	5		23.2	5	8.0	4	
Virginia	4.25	9		21.3	8	15.3	34	
Washington	4.27	8		19.7	14	9.6	11	
West Virginia	3.49	49		10.9	51	13.8	31	
Wisconsin	3.97	25		16.0	31	8.4	6	
Wyoming	3.99	24		16.1	30	12.7	25	
United States	4.00			17.6		13.8		

Economic Autonomy Rankings

	Percent of Women in Poverty		Percen Businesses Women-C	that are
STATE	PERCENT	RANK	PERCENT	RANK
Alabama	19.4	46	31.5	47
Alaska	8.5	5	32.9	35
Arizona	14.6	36	37.6	3
Arkansas	19.8	49	31.6	45
California	11.6	17	35.5	12
Colorado	11.9	20	37.6	3
Connecticut	7.0	1	33.6	28
Delaware	9.6	8	35.3	14
District of Columbia	16.5	41	41.3	1
Florida	12.7	28	35.2	16
Georgia	15.1	37	33.6	28
Hawaii	8.2	4	37.6	3
Idaho	13.6	32	33.8	25
Illinois	11.8	19	34.5	21
Indiana	11.5	16	34.4	22
lowa	12.2	23	34.3	23
Kansas	12.1	22	34.7	19
Kentucky	19.0	45	31.4	48
Louisiana	23.6	50	32.5	37
Maine	12.3	24	32.2	40
Maryland	8.8	6	37.1	6
Massachusetts	9.3	7	33.3	31
Michigan	13.3	, 31	35.2	16
Minnesota	11.0	13	34.6	20
Mississippi	25.2	51	30.2	51
Missouri	13.8	33	33.8	25
Montana	16.8	42	33.2	32
Nebraska	11.9	20	35.2 35.1	18
Nevada	10.7	9	36.9	7
New Hampshire	7.4	2	32.2	40
New Jersey	7.8	3	31.9	42
New Mexico	19.7	48	37.8	2
New York	12.8	30	34.1	24
North Carolina	14.1	34	32.4	38
North Dakota	14.3	35	31.7	44
Ohio	12.6	27	33.7	27
Oklahoma	17.1	43	33.6	28
Oregon	12.7	28	36.8	8
Pennsylvania	11.7	18	31.2	49
Rhode Island	10.9	11	31.6	45
South Carolina	16.4	39	32.8	36
South Dakota	16.2	38	31.9	42
Tennessee	16.4	39	31.1	50
Texas	17.4	44	33.0	34
Utah	12.3	24	35.3	14
Vermont	10.9	11	35.7	11
Virginia	11.2	15	35.4	13
Washington	11.0	13	36.5	9
West Virginia	19.6	47	32.3	39
Wisconsin	10.7	9	33.1	33
Wyoming	10.7	26	35.1 35.9	33 10
-		20		10
United States	13.2		34.1	

Reproductive Rights Rankings

Composite Index

STATE	SCORE	RANK	Notification	Waiting Period
Alabama	0.84	39	0	1
Alaska	2.61	16	0	1
Arizona	1.27	32	0	1
Arkansas	0.79	42	0	1
California	3.00	13	0	1
Colorado	1.32	29	0	1
Connecticut	3.63	9	1	1
Delaware	1.17	33	0	0*
District of Columbia	3.92	4	1	1
Florida	1.31	31	1	1
Georgia	1.39	26	0	1
Hawaii	5.25	1	1	1
Idaho	1.36	28	0	0*
Illinois	2.09	19	0	1
Indiana	0.85	38	0	0*
lowa	2.54	18	1	1
Kansas	0.81	41	0	0
Kentucky	0.77	43	0	0*
Louisiana	1.83	21	0	1
Maine	2.58	17	1	1
Maryland	4.08	3	0	1
Massachusetts	2.94	15	0	0*
Michigan	0.72	45	0	0*
Minnesota	3.30	11	0	1
Mississippi	0.30	49	0	0
Missouri	1.37	27	0	1
Montana	0.88	36	0	1
Nebraska	0.03	51	0	0
Nevada	0.93	35	0	1
New Hampshire	3.00	13	1	1
New Jersey	3.84	5	1	1
New Mexico	3.68	8	0	1
New York	4.68	2	1	1
North Carolina	3.17	12	· 1	1
North Dakota	0.27	50	0	0
Ohio	0.60	46	0	0
Oklahoma	1.80	22	1	1
Oregon	3.83	6	1	1
Pennsylvania	1.80	22	0	0 .
Rhode Island	1.15	34	0	1
South Carolina	1.47	25	0	1
South Dakota	0.77	43	0	0*
Tennessee	0.36	47	0	0*
Texas	1.32	29	1	1
Utah	0.32	48	0	0
Vermont	3.82	7	1	1
Virginia	2.00	20	1	1
Washington	3.36	10	1	1
West Virginia	1.79	24	0	1
Wisconsin	0.82	40	0	1
Wyoming	0.88	36	0	1

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

Reproductive Rights Rankings

STATE	Public Funding	Providers	Maternity Stay	Pro-Choice Gov't.	Infertility	Adoption
Alabama	0	0.09	0	0	0	0.5
Alaska	1	0.28	0.5	0.33	0	0.5
Arizona	0	0.27	0.5	0	0	0.5
Arkansas	0	0.04	0	0	0	0.5
California	1	0.67	0.5	0.33	0	0.5
Colorado	0	0.24	0	0.33	0	0.5
Connecticut Delaware	1 0	0.88 0.67	1 0.5	0 0	0	0.5
District of Columbia	1	1.00	0.5	0.67	0 0	0.5 0.5
Florida	Ö	0.31	0	0.67	0	0.5
Georgia	0	0.14	1	0	0	0.5
Hawaii	1	1.00	0	1.00	1	0.5
Idaho	i	0.11	0	0	Ö	0.5
Illinois	i	0.09	0.5	Ö	Ö	0.5
Indiana	Ö	0.10	1	Ö	Ö	0.5
lowa	Ō	0.04	0.5	Ö	1	0.5
Kansas	0	0.06	1	0	0	0.5
Kentucky	0	0.02	1	0	0	0.5
Louisiana	0	0.08	0	0	1	0.5
Maine	0	0.50	1	0.33	0	0.5
Maryland	1	0.50	1	0.33	1	0.5
Massachusetts	1	0.86	1	0.33	0	0.5
Michigan	0	0.22	0.5	0	0	0.5
Minnesota	1	0.05	1	0	1	0.5
Mississippi	0	0.05	0	0	0	0.5
Missouri	0	0.04	0.5	0.33	0	0.5
Montana	0	0.13	. 0	0	0	0.5
Nebraska	0	0.03	0	0	0	0
Nevada	0	0.18	0	0	0	0.5
New Hampshire	0	0.50	1	0	1	0
New Jersey New Mexico	1	0.76	1	0.33	0	0.5
New York	1 1	0.18 0.60	1	0 0.33	1 1	1 0.5
North Carolina	1	0.80	i	0.33	0	0.5
North Dakota	Ö	0.02	Ó	0.55	0	0.5
Ohio	0	0.10	0.5	Ö	0	0.5
Oklahoma	Ö	0.05	1	Ö	Ö	0.5
Oregon	1	0.25	Ö	0.33	1	0.5
Pennsylvania	0	0.30	0.5	0	1	0.5
Rhode Island	0	0.40	0	0	0	0.5
South Carolina	0	0.22	1	0	0	0.5
South Dakota	0	0.02	1	0	0	0.5
Tennessee	0	0.11	0	0	0	0.5
Texas	0	0.07	0	0	0	0.5
Utah	0	0.07	0	0	0	0.5
Vermont	1	0.57	0	1.00	0	0.5
Virginia	0	0.25	1	0	0	0.5
Washington	1	0.28	1	0.33	0	0.5
West Virginia	1	0.04	0	0	0	0.5
Wisconsin	0	0.07	0	0	0	0.5
Wyoming	0	0.13	0	0	0	0.5

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