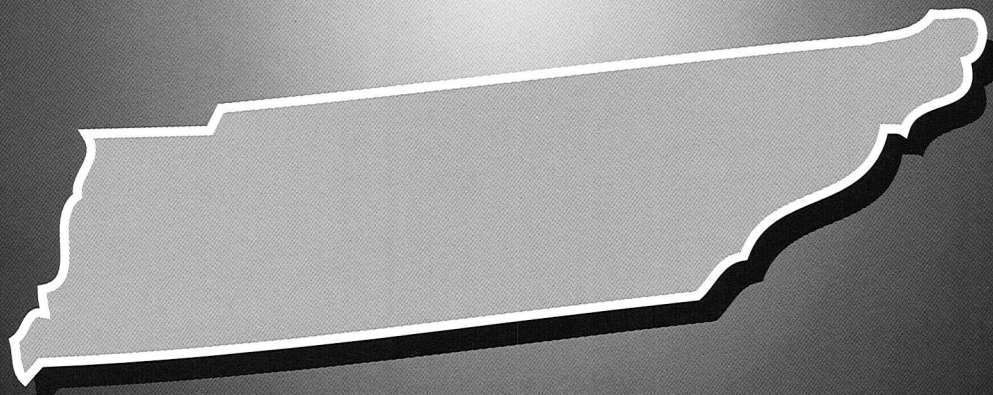


# The Status of Women in Tennessee

POLITICS • ECONOMICS • HEALTH • DEMOGRAPHICS



INSTITUTE FOR WOMEN'S POLICY RESEARCH



## **About This Report**

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

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

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

## **About the Institute for Women's Policy Research**

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

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

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

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

In producing these reports, IWPR called upon many individuals and organizations in the states. Ronnie Steinberg, Professor of Sociology and Women's Studies at Vanderbilt University and Chair of the Tennessee Economic Council on Women, served as Chair of the Tennessee Advisory Committee, coordinating the various individuals on the Committee, who represented organizations from all over the state. With the assistance of Alisa Palmisano, Research Assistant, Vanderbilt University, Dr. Steinberg authored the focus boxes found in the report. In addition, Barbara Devaney, Executive Director, Tennessee Economic Council on Women, helped IWPR raise funds for the project and took the lead on organizing the dissemination of and publicity surrounding the release of the report. The Committee made many contributions, including reviewing the draft report for accuracy and making suggestions to ensure that the data contained in the report would be useful. Many individuals and organizations in Tennessee assisted in locating data and reviewing this report, and one organization has joined in co-publishing the report.

**The Tennessee Economic Council on Women**, a state agency established in 1998, assesses Tennessee women's economic status and develops and advocates solutions to address their needs. It seeks to improve Tennessee women's economic autonomy and quality of life. It collaborates with other women's organizations to increase women's collective impact. It works closely with Tennessee policymakers and elected officials to improve women's status.

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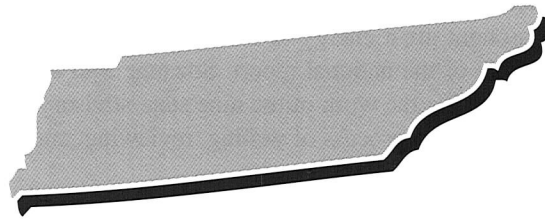
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# The Status of Women in Tennessee

POLITICS ♦ ECONOMICS ♦ HEALTH ♦ RIGHTS ♦ DEMOGRAPHICS

Edited by Amy B. Caiazza, Ph.D



Institute for Women's Policy Research

with the assistance of the Tennessee Advisory Committee

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Women's Studies Program, Vanderbilt University

# Acknowledgments

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

IWPR would like to express its special appreciation to the Ford Foundation for primary financial support of this project, and to Helen Neuborne and Barbara Philips Sullivan, program officers, who have both been extremely supportive of the Institute. Additional funding was provided by the Motorola Corporation; by Kristie Graham and the Stocker Foundation for *The Status of Women in Arizona*; by Eastman Chemical Foundation, East Tennessee State University, Ginger Ralston, KPMG Consulting, the University of Memphis, the University of Tennessee, and Vanderbilt University for *The Status of Women in Tennessee*; and by the Minnesota Women's Foundation for *The Status of Women in Minnesota*.

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

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

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

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

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# Preface

Tennessee takes great pride in being the state whose ratification of the Nineteenth Amendment to the Constitution gave women the right to vote. Since the amendment's ratification in 1920, Tennessee women's lives have changed a great deal. Many more women now work for pay, on the one hand allowing them greater economic autonomy but, on the other hand, bringing them greater worries about combining their work and family responsibilities and about finding acceptable and affordable child care. Many more women have completed high school and college, but many women still drop out of high school, cutting off a crucial resource for economic self-sufficiency. The life expectancy of Tennessee women has risen significantly since 1920, but Tennessee ranks 46th of 51 on women's mental health status, 44th on women's mortality from heart disease, and 39th overall on the Institute for Women's Policy Research's (IWPR) indicators of women's health and well-being.

Tennesseans often remark that our state is a composite of three "states"—East Tennessee, Middle Tennessee, and West Tennessee. Yet in terms of the realities of women's lives, there are more than three Tennessees. Women who live in rural Tennessee live very different lives from women who live in Chattanooga, Jackson, Johnson City, Knoxville, Nashville, or Memphis. The life chances and resources available for women of color, especially African American women, American Indian women, and the growing population of Latinas, are markedly different from those available to white women. Women who completed college experienced a 15.3 percent increase in income between 1979 and 1997, while women who had not completed high school experienced an earnings decrease of 5.7 percent. Tennessee families in the top 20 percent of income received 9.3 times as much income as those in the bottom 20 percent in 1996-98. The handful of women in Tennessee who earn over \$100,000 live profoundly different lives from the 36 percent of single women with children who earn less than \$7.50 per hour. When the available data allow for these comparisons, this report highlights the diversity among women in Tennessee. These differences suggest that policies and programs to achieve equality between women and men need to be diverse, to reflect the different sources of inequality among different groups of women.

This report also highlights the similarities among Tennessee women in their economic, social and political status relative to men. We must note these common disadvantages. Women experience a gender gap in wages regardless of their occupation. Indeed, if you compare men and women who have attained the same level of education, the more education attained, the larger the gender gap in wages. Occupational segregation is pervasive in Tennessee. In general, the more female-dominated an occupation, the lower the pay. Tennessee women face similar difficulties in combining their work responsibilities with their responsibilities to their families, and particularly to their children and elderly relatives. They have difficulty finding safe and affordable child care. They suffer the physical, psychological and economic effects of domestic violence, sexual harassment and sexual assault.

Low-income women in Tennessee are particularly disadvantaged, especially single mothers who experience much higher levels of poverty than any other family type. Fully 21.1 percent of women in Tennessee had incomes that were under half the median income for a Tennessee family in 1997 (using one-half median family income as a measure of poverty removes the effects of cost-of-living differences among states in calculating the extent of poverty). Many single women work full-time and year-round but continue to earn wages that keep them in poverty. More than one out of three single women with children earn less than \$7.50 per hour. Two out of three earn less than \$11.25 per hour. Assuming that these women work 40 hours per week for 52 weeks of the year, before tax earnings for a \$7.50 per hour worker yields an annual wage of \$15,600. A worker earning \$10.00 per hour earns \$20,800 per year. Even taking into account that the cost-of-living in Tennessee has been calculated to be 93 percent of the national average, these wage levels are not adequate to enable single women with children to achieve economic autonomy.

Tennesseans can take pride in the fact that some enlightened public policies have provided low-income women with important protections and opportunities. The Families First Program encourages women to get their high school equivalency degree (GED) as well as job-specific training. Through TennCare, the rate of publicly insured women is nearly twice as high as the U.S. rate, and women in Tennessee are more likely to receive public health insurance than men. While these policies move in the right direction, they must be supplemented with policies that ensure women will be paid a living wage for the work they perform.

Compared with women in the nation as a whole, Tennessee women fare poorly, even taking cost-of-living adjustments into account:

- ◆ Fewer women in Tennessee own their own businesses;
- ◆ Tennessee women have much lower median annual earnings;
- ◆ The wage gap between men and women is larger;
- ◆ Women are much less likely to be professionals or managers;
- ◆ Women are much more likely to drop out of school before receiving their high school diplomas;
- ◆ Women are less likely to complete four or more years of college;
- ◆ Women are more likely to have mental health problems;
- ◆ Fewer women register to vote;
- ◆ Fewer women turn out to vote in elections; and
- ◆ Fewer women hold elective political offices.

By examining the position of Tennessee women compared with U.S. women in general, we hope that this report will act as a catalyst for effecting positive change and increasing equality between men and women. The report also represents a starting point for continued monitoring of the position of women in Tennessee—in their diversity, relative to men, and relative to women in other states.

We regret that the reliance on national data sets and their limitations did not allow for greater analysis of differences among Tennessee women. We hope that this report will lead to policies to collect these kinds of data more regularly and in greater detail, in order to monitor women's progress and to evaluate the impact of proposed and existing policies on all kinds of women in Tennessee. This information is the basis for informed policy and funding decisions.

The Tennessee Economic Council on Women is proud to co-publish *The Status of Women in Tennessee*. The Council was established in 1998 to act as an advocate for women by assessing Tennessee women's economic status, by developing and advocating for solutions to address the economic needs of Tennessee women, and by helping them achieve economic autonomy. The 21 Council members held their first meeting on June 11, 1999. Over the next three years, the Council plans to focus on seven strategic projects. These include:

- ◆ Increasing access to educational opportunities;
- ◆ Increasing training opportunities for jobs that pay a living wage;
- ◆ Examining discrimination in wages, benefits and Social Security;
- ◆ Examining access to quality child care;
- ◆ Examining capital and credit opportunities available to women;
- ◆ Examining the economic impact of domestic violence; and
- ◆ Improving access to quality health services.

*The Status of Women in Tennessee* is part of a nationwide project by the Institute for Women's Policy Research to provide state policymakers, activists, scholars, and others with a comprehensive set of reliable data to use in seeking public policy for women's autonomy and equality. The Tennessee Economic Council on Women is honored to have worked with IWPR in making this report a reality in Tennessee. The Advisory Committee



for the report provided detailed suggestions that ensured that the report would address the concerns of the diverse groups of women who live in Tennessee. I especially want to thank Fran Ansley, Michele Flynn, Linda Knight, Robbie Jackman, Annie Neal, Linda Rudolph, Marty Schmidt, and Barbara Ellen Smith for their close reading of the text, the information they provided, and their suggestions for the State Resource List (see Appendix V). The Economic Policy Institute graciously ran additional data analyses at no expense to the Council; this analysis served as the basis for one of our focus boxes. Kristi Erickson assisted in the development and analysis of the statistics for the focus boxes on earnings distribution by the type of job a person holds. She also contributed to the State Resource List. Jennifer Jackman of the Feminist Majority Foundation compiled data on the gender gap in Tennessee that served as the basis for that focus box. Barbara Devaney assisted in organizing the Advisory Committee and collecting the information on domestic violence that formed the basis for that focus box.

I especially want to thank Alisa Palmisano for her tireless work in assisting me with all aspects of *The Status of Women in Tennessee* that were my responsibility. She constructed an original data set that served as the basis for one of the focus boxes. She took primary responsibility for the completion of the State Resource List, a unique compilation of organizations across Tennessee that provide varied programs and services to women. She researched the 1990 Census to provide additional data on racial differences in educational attainment and in earnings, so that the report could better reflect the variations in the life experiences of women in Tennessee.

**Ronnie J. Steinberg**

Chair, Tennessee Economic Council on Women

Chair, Women's Studies Program, and

Professor of Sociology, Vanderbilt University

Chair, Tennessee State Advisory Committee

*Status of Women in Tennessee*



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# Introduction

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

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

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

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



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

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

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

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

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

## About the Indicators and the Data

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

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

ity, and comparability of data across all the states and the District of Columbia. As a result, the evidence contained in this report represents a compilation of the best available data for measuring women's status.

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

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

A lack of reliable and comparable data at the state level limits the treatment of several important top-



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

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

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

each state, while maintaining comparability across all the states.

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

## About IWPR

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

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



# Overview of the Status of Women in Tennessee

Tennessee women continue to face serious obstacles in achieving equality with men and attaining a standing equal to the average for women in the United States. Their problems are evident in extremely low rankings on all of the indicators calculated by IWPR. Of the 50 states and the District of Columbia, Tennessee ranks in the bottom third for the IWPR index on reproduction and family planning, at 34th, and in the bottom ten for all the other IWPR composite indices. The state ranks 39th in health and well-being, 44th in employment and earnings, 45th in economic autonomy, and 46th in political participation (see Chart I, Panel A).

The problems facing Tennessee women demand significant attention from policymakers, women's advocates and researchers concerned with women's status. As a result, in an evaluation of Tennessee women's status compared with goals set for women's ideal status, Tennessee earns the grades of C- in health and well-being, D in economic autonomy and reproduction and family planning, D- in employment and earnings, and D- in political participation. (see Chart I, Panel B).

Tennessee's rankings and grades for each of the composite indices were calculated by combining

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

Indicators	National Rank*	Regional Rank*
<b>Composite Political Participation Index</b>	<b>46</b>	<b>2</b>
Women's Voter Registration, 1992-96	42	4
Women's Voter Turnout, 1992-96	46	4
Women in Elected Office Composite Index, 2000	43	1
Women's Institutional Resources, 2000	21	2
<b>Composite Employment and Earnings Index</b>	<b>44</b>	<b>2</b>
Women's Median Annual Earnings, 1997	45	3
Ratio of Women's to Men's Earnings, 1997	32	3
Women's Labor Force Participation, 1998	37	1
Women in Managerial and Professional Occupations, 1998	42	4
<b>Composite Economic Autonomy Index</b>	<b>45</b>	<b>1</b>
Percent with Health Insurance Among Nonelderly Women, 1997	27	1
Educational Attainment: Percent of Women with Four or More Years of College, 1990	44	1
Women's Business Ownership, 1992	50	3
Percent of Women Above the Poverty Level, 1997	37	1
<b>Composite Reproduction and Family Planning Index</b>	<b>34</b>	<b>2</b>
<b>Composite Health and Well-Being Index</b>	<b>39</b>	<b>2</b>

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

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

Calculated by the Institute for Women's Policy Research.

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

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

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

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

Tennessee joins Alabama, Kentucky, and Mississippi as part of the East South Central census region, which shares a generally lower standard of

living relative to other areas of the country. Moreover, women in the region do even worse than men do: they do not have many rights crucial to achieving equality. Within the four states of the East South Central area, Tennessee does fairly well. The state ranks first for measures of economic autonomy and is second in political participation, employment and earnings, reproduction and family planning, and health and well-being.

Tennessee is a medium-sized state, with over 2.8 million women of all ages. While in some ways

Tennessee's women are less diverse than women nationally—with a lower percentage of immigrants, Hispanics, Asian Americans, and Native Americans—Tennessee has a higher percentage of African Americans than the national average. Tennessee's women are slightly older than the national average, and a considerably higher proportion of women in the state live in rural areas (see Appendix I for further details).

Tennessee's consistently low rankings on most of the indicators calculated by IWPR illustrate the interrelation of many of the indicators presented in this report. Lower levels of educational attainment, for example, can contribute to lower earnings and more female poverty. While the same problems do not always affect the same women, in many cases they reinforce one another.

## Political Participation

Women in Tennessee register to vote, vote, and hold political office at rates much lower than women in the rest of the country. However, the state does have a commission for women and an informal caucus in the state legislature. Overall, the state ranks 46th in the country and receives a grade of D- on the political participation composite index. More active voter participation and greater political representation in both the legislative and executive branches could benefit women overall by encouraging the adoption of more women-friendly policies, which in turn could enhance women's status in other areas.

## Employment and Earnings

Women in Tennessee participate in the workforce less, earn much lower wages, and work as managers or professionals much less often than women in the nation as a whole. Their earnings in relation to men's are also lower than in many states. These factors combine to place Tennessee 44th in the nation on the IWPR employment and earnings composite index. The state receives a grade of D- in this area.

Almost 68 percent of Tennessee women with children under six years of age are working. Tennessee's parents increasingly need adequate and affordable

child care, a policy demand not yet adequately addressed in Tennessee or in the United States. In an economic era when many able or available parents must work for pay to support their children, public policies lag far behind reality.

## Economic Autonomy

Ranking 45th in economic autonomy, Tennessee's women face serious obstacles in this category as well. Far fewer women than average own their own businesses or have a college education. In addition, almost 15 percent of Tennessee women lack health insurance, and almost 15 percent live below the poverty line. These problems are reflected in the state's grade of D in economic autonomy.

## Reproduction and Family Planning

Tennessee ranks 34th of 51 on the IWPR reproduction and family planning index and receives a grade of D on this composite index. State policies restrict access to abortion by mandating parental consent and waiting periods, and poor women can receive public funding for abortion only under federally mandated, limited circumstances. For many women, especially those in rural areas, abortion is virtually inaccessible: only 46 percent of Tennessee counties have abortion providers. Finally, women in Tennessee are not legally guaranteed that their health insurers will provide coverage for contraception or infertility treatments.

## Health and Well-Being

Women in Tennessee experience many obstacles to good health and well-being compared with women in other states. Women in the state experience mortality from heart disease, have diabetes, and have poor mental health at rates much higher than women in other states. They also have relatively high rates of mortality from breast cancer and incidences of AIDS and chlamydia. Thus Tennessee ranks 39th of 51 and receives a grade of C- for this composite index. The state also has few insurance mandates related to women's health and low funding levels for

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

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
<b>Violence Against Women</b>				
Is domestic violence a separate criminal offense in Tennessee?	✓			30
Does Tennessee law require domestic violence training of new police recruits?	✓			32
Domestic violence and sexual assault spending per person:			\$0.66	\$1.34
Is a first stalking offense a felony in Tennessee?	✓			10
Does Tennessee law require sexual assault training for police and prosecutors?	✓			10
<b>Child Support</b>				
Percent of single-mother households receiving child support or alimony:			33%	34%
Percent of child support cases with orders for collection in which support was collected:			25.9%	39.2%
<b>Welfare Policies</b>				
Does Tennessee extend TANF benefits to children born or conceived while a mother is on welfare?	✓			27
Does Tennessee allow receipt of TANF benefits up to or beyond the 60-month federal time limit?	✓		18-month limit	30
Does Tennessee allow welfare recipients at least 24 months before requiring participation in work activities? <sup>1</sup>	✓		Immediate	23
Does Tennessee provide transitional child care under TANF for more than 12 months?	✓		18 months	33
Has Tennessee's TANF plan been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence?	✓		Certified	40
In determining welfare eligibility, does Tennessee disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job?		✓		25
Average TANF benefit in Tennessee, 1997-98:			\$169.91	\$358.08
<b>Employment/Unemployment Benefits</b>				
Is Tennessee's minimum wage higher than the federal level as of March 2000?	✓			11
Does Tennessee have mandatory temporary disability insurance?	✓			5
Does Tennessee provide Unemployment Insurance benefits to:				
Low-wage workers?			Sometimes	12
Workers seeking part-time jobs?	✓			9
Workers who leave their jobs for certain circumstances ("good cause quits")?	✓			23

**Chart II continued**

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
As of July 2000, has Tennessee proposed policies allowing workers to use Unemployment Insurance for paid family leave?		✓		0 Enacted; 13 Proposed
Has Tennessee implemented adjustments to achieve pay equity in its state civil service?		✓		20
<b>Sexual Orientation and Gender Identity</b>				
Does Tennessee have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity?		✓		19
Does Tennessee have a Hate Crimes law covering sexual orientation?		✓		24
Has Tennessee avoided adopting a ban on same-sex marriage?		✓		20
<b>Reproduction and Family Planning</b>				
Does Tennessee allow access to abortion services:				
Without mandatory parental consent or notification?		✓		9
Without a waiting period? <sup>2</sup>		✓		33
Does Tennessee provide public funding for abortions under any or most circumstances if a woman is eligible?		✓		15
Does Tennessee require health insurers to provide comprehensive coverage for contraceptives?		✓		11
Does Tennessee require health insurers to provide coverage of infertility treatments?		✓		10
Does Tennessee allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child? <sup>3</sup>			No case has been tried	21
Does Tennessee require schools to provide sex education?	✓			18
<b>Institutional Resources</b>				
Does Tennessee have a Commission for Women?	✓			39
<b>Total Policies<sup>4</sup></b>	<b>4</b>	<b>22</b>		<b>28 possible</b>

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

<sup>1</sup> Tennessee mandates receipt of 18 months followed by three months off, with a lifetime limit of 60 total months.

<sup>2</sup> Tennessee's waiting period is not enforced.

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

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

Compiled by the Institute for Women's Policy Research.

(U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998). In Tennessee, stalking is not a felony. In addition, ten states have provisions requiring training on sexual assault for police and prosecutors. Tennessee is not one of those states.

In fiscal year 1994-95, Tennessee spent \$0.66 per person on domestic violence and sexual assault programs in the state, well below the U.S. average of \$1.34. Investing in programs to decrease the prevalence of domestic battery and sexual assault, as well as to provide services to victims, is important to reducing both types of crimes and to helping victims rebuild their lives.

## Child Support

Many mother-headed households experience low wages and poverty. Child support or alimony is one way to supplement their depressed incomes. In the United States, approximately 34 percent of female-headed households receive some level of child support or alimony. In Tennessee, 33 percent receive such support, near the national average.

According to the U.S. Department of Health and Human Services Office of Child Support Enforcement, 55 percent of all child support cases that go to trial are granted a support order by a judge. However, child support is collected in only 39.2 percent of all cases with orders (or about 22 percent of all child support cases; these numbers are for all households and not just female-headed ones). The enforcement efforts made by state and local agencies can affect the extent of collections (Gershenson, 1993). Of all child support cases with orders for collection in Tennessee, child support was collected in only 25.9 percent. This proportion is substantially below the average for the United States as a whole. IWPR research shows that child support can make a substantial difference in low-income families' lives by lifting many out of poverty. Among nonwelfare, low-income families with child support agreements, poverty rates would increase by more than 30 percent without their child support income (IWPR, 1999).

## Welfare Policies

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

Within federal restrictions, states have adopted widely divergent TANF plans, and the provisions of their welfare programs can have important ramifications on the economic security of low-income residents, the majority of whom are women and children. These policies affect the ability of welfare recipients to receive training and education for better-paying jobs, to leave family situations involving domestic violence and other circumstances, and simply to support their families during times of economic hardship. Tennessee's TANF program, Families First, went into effect September 1, 1996 (State of Tennessee, Department of Human Services, 2000a). Overall, many of the policies included in Families First are relatively unsupportive of low-income women.

Under a "Family Cap," Tennessee does not extend TANF benefits to children born or conceived while a mother receives welfare. As of August 1999, 24 states have Child Exclusion policies, or Family Caps. Of these states, two have a modified Family Cap, giving partial increases in benefits to additional children. Twenty-six states and the District of Columbia do not have any kind of Family Cap (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). Tennessee's time limits on receiving TANF are also more stringent than federal regulations require. In



Tennessee, recipients are limited to 18 months, while the average number for all states is just over 46 months. Twenty-seven states and the District of Columbia have a time limit of 60 months (the maximum allowed under federal law). Nineteen other states report lifetime time limits of less than 60 months. Four states have no lifetime limits for individuals complying with TANF requirements. Of these four, two supplement federal funds with state monies, and two have other kinds of restrictions on receipt after 24 months (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c).

Federal law requires nonexempt residents to participate in work activities within two years of receiving cash assistance. States have the option of establishing stricter guidelines, and many have elected to do so. In 20 states, including Tennessee, nonexempt recipients are required to engage in work activities immediately under TANF. Six states have work requirements within less than 24 months. Twenty-two states and the District of Columbia require recipients to work within 24 months or when determined able to work, whichever comes first. In one state, Arizona, work requirements are evaluated on an individual basis (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). Despite its immediate work requirements, Tennessee does exempt recipients who have below ninth grade reading levels, if they enroll in adult education and high school equivalency courses. This policy enables some recipients in Tennessee to upgrade skills through education and training. Nonetheless, Tennessee's overall failure to invest in women's capacity to support themselves may doom many women to a lifetime of low earnings.

PRWORA also replaced former child care entitlements with the Child Care and Development Fund, which consolidated funding streams for child care and provided new child care funds to states. This new system requires that states use at least 70 percent of the new funds to provide child care assistance to several types of families: those receiving TANF, those transitioning away from welfare through work activities, and those at risk of becoming dependent on TANF (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). In addition to these funds,

many states use TANF or additional state funds to provide child care services. States also have substantial discretion over designing their child care programs, including how long they provide child care services to families. Currently, all of the states provide a minimum of twelve months of child care to families transitioning away from welfare. Thirty-three states, including Tennessee, extend child care beyond twelve months. Tennessee provides child care to families for 18 months (U.S. Department of Health and Human Services, Administration for Children and Families, 1999c). Expanded child care services are a crucial form of support for working families, especially single mothers, and are critical to ensuring families' self-sufficiency.

As of August 1999, 26 states and the District of Columbia were recognized by the U.S. Department of Health and Human Services, Administration for Children and Families, as having adopted the Family Violence Option (FVO), which allows victims of violence to be exempted from work requirements, lifetime time limits, or both as part of state TANF plans (U.S. Department of Health and Human Services, 1999c). Five states are in the process of developing screening and counseling standards, and seven others have adopted exemptions for domestic violence but have not received certification. The eleven other states have not applied for or received the optional certification and have not adopted other language. Tennessee has adopted FVO exemptions from time limits and work requirements for domestic violence and is certified under the program.

PRWORA also gave states increased flexibility in how they treat earnings in determining income eligibility for TANF applicants. One standard for measuring the generosity of state rules is whether they disregard 50 percent or more of the earnings of a full-time, minimum-wage worker. Tennessee also has a relatively stringent policy on how it treats earnings in determining TANF eligibility. The state disregards less than 50 percent of earnings for a full-time, minimum-wage job. In fact, Tennessee provides only a flat earnings disregard of \$150 per month. It does, however, allow families to earn up to the income eligibility level minus the grant without a grant reduction. For example, the income eligibility limit for a family of three is \$799 per

month and the maximum grant is \$185 per month, allowing net earnings of up to \$614 without an impact on the grant (State of Tennessee, Department of Human Services, 2000c). Strict earnings disregards make the transition away from welfare more difficult for women and their families as they strive for self-sufficiency.

In the United States as a whole, in the period from October 1997 to September 1998, over three million families received an average cash assistance benefit of \$358.08 per month. In Tennessee, the average monthly benefit was \$169.91, less than half the amount of the national average (U.S. Department of Health and Human Services, Administration for Children and Families, 1999b). When low benefits are combined with stringent earnings disregards, welfare recipients can have more difficulty moving out of poverty and achieving an adequate standard of living.

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

## **Employment/Unemployment Benefits**

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

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

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

Unemployment Insurance (UI) provides workers and their families a safety net during periods of unemployment. In order to receive UI, potential recipients must meet several eligibility requirements. IWPR research has shown that nearly 14 percent of unemployed women workers are disqualified from receiving UI by two earnings criteria, more than twice the rate for unemployed men (see Appendix III for more details on UI requirements; Yoon, Spalter-Roth and Baldwin, 1995). States typically set eligibility standards for UI and can enact policies that are more or less inclusive and more or less generous to claimants. In Tennessee, UI policies

are relatively unsupportive of women. Earnings requirements sometimes cover low-wage workers. However, policies do not allow workers seeking part-time jobs to qualify for unemployment benefits. Because women are more likely than men to seek part-time work, the failure to cover workers seeking part-time work disproportionately hurts women. Tennessee policy also does not allow women to qualify for insurance in cases of “good cause quits,” in which a worker leaves a job under certain circumstances, which might include moving with a spouse, harassment on the job, or other situations.

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

Some states have implemented pay equity remedies, which are policies designed to raise the wages of jobs undervalued at least partly because of the sex or race of the workers who hold those jobs. By 1997, 20 states had implemented programs to raise the wages of workers in female-dominated jobs in their states’ civil services (National Committee on Pay Equity, 1997). A study by IWPR found that for states that implemented pay equity remedies, the remedies improved female/male wage ratios (Hartmann and Aaronson, 1994). Tennessee has not implemented policies within its state civil service to achieve pay equity.

## Sexual Orientation and Gender Identity

Tennessee lacks policies that would provide lesbians and other sexual minorities access to the same

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

## Reproduction and Family Planning

While indicators concerning reproduction and family planning resources are covered in more detail later in the report, they also represent crucial components of any list of desirable policies for women. Overall, in Tennessee, women have relatively little access to abortion, contraception, and other family planning resources. As a result, women lack important resources that might help them make careful, informed, and independent decisions about child-bearing, which can in turn have a significant impact on their lives and well-being and the lives and well-being of their children.

## Institutional Resources

Finally, because Tennessee women have a state commission for women, they have an important form of representation that can help create policies that will advance their concerns (see the section on Political Participation for more detail). A total of 39 states currently have state-level commissions for women.

## Conclusion

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

# Political Participation



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

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

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

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

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

Indicators	National Rank* (of 50)	Regional Rank* (of 4)	Grade
<b>Composite Political Participation Index</b>	<b>46</b>	<b>2</b>	<b>D-</b>
Women's Voter Registration (percent of women 18 and older who reported being registered to vote in 1992 and 1996) <sup>a</sup>	42	4	
Women's Voter Turnout (percent of women 18 and older who reported voting in 1992 and 1996) <sup>a</sup>	46	4	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2000) <sup>b, c, d</sup>	43	1	
Women's Institutional Resources (number of institutional resources for women in Tennessee, 2000) <sup>e, f</sup>	21	2	

See Appendix II for methodology.

\* The national rank is of a possible 50, because the District of Columbia is not included in this ranking. The regional rankings are of a maximum of four and refer to the states in the East South Central Region (AL, KY, MS, TN).

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

Calculated by the Institute for Women's Policy Research.

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

Overall, women in Tennessee do not fare well on measures of political participation when compared with women in the United States. At 46th, the state ranks near the bottom of the political participation composite index. Its ranking on individual indicators range from 21st for women's institutional resources, to 46th for women's voter turnout (see Chart III). Tennessee also falls in the bottom ten states for women's voter registration (42nd) and for women in elected office (43rd).

Within the East South Central region, Tennessee generally fares poorly on women's voter turnout and voter registration, ranking last in the region. However, Tennessee is first in the region for women in elected office, indicating that women in the other three states have even less representation in elected office. Tennessee is second in the region for women's institutional resources. Overall, Tennessee ranks second in its region for women's political participation.

Tennessee's grade of D- for the political participation index represents women's muted voice in the political process of the state. Women in Tennessee and throughout the country need better representation within the political process.

## Voter Registration and Turnout

Voting is one of the most fundamental ways Americans express their political needs and interests. Through voting, citizens choose leaders to represent them and their concerns. Ratified in 1920, the Nineteenth Amendment established U.S. women's right to vote, and in November of that year, about eight million out of 51.8 million women voted for the first time (National Women's Political Caucus, 1995). Tennessee was the final state needed to add the Nineteenth Amendment to the Constitution, and thus its ratification of the suffrage amendment

marked an important milestone in women's history. African American and other minority women, however, were denied the right to vote in many parts of the South until the Voting Rights Act of 1965 was passed. But even after women of all races were able to exercise their right to vote, many candidates and political observers did not take women voters seriously. Instead, they assumed women would either ignore politics or simply vote like their fathers or husbands (Carroll and Zerrilli, 1993).

Neither prediction came true. Women now register and vote slightly more often than men. By 1996, almost 68 million women, or 67.3 percent of those eligible, reported being registered to vote, compared with nearly 60 million or 64.4 percent of eligible men (see Table 1). Tennessee's voter registration rates are lower for women, but not men, when compared with national rates. In Tennessee, 66.4 percent of women reported being registered to vote in the November 1996 elections, compared with 65.5 percent of men. In 1992, women's voter registration rates were even lower, at 65.1 percent compared with 69.3 percent nationally. Thus for women's voter registration in 1992 and 1996 combined, Tennessee ranked 42nd in the nation and fourth in its region.

Women voters have constituted a majority of U.S. voters since 1964. In 1996, 53 percent of voters were women, while in 1992, 56 percent were. Tennessee has lower voter turnout than the nation as a whole. In 1992, 54.3 percent of Tennessee women reported voting, and 53.3 percent reported voting in 1996 (see Table 2). These numbers fell well below the national averages of 62.3 in 1992 and 55.5 in 1996. Thus Tennessee ranks 46th among all the states and last in the East South Central region for women's voter turnout in the 1992 and 1996 elections combined. Notably, voter turnout dropped substantially for both men and women in the nation as a whole between 1992 and 1996. Tennessee women's turnout also fell in 1996, remaining slightly lower than for men and women in the United States as a whole. However, while in 1992 men's voter turnout exceeded women's in Tennessee (at 57.2 percent for men and 54.3 percent for women), by 1996 women's was slightly higher than men's in the state (53.3 versus 53.0 percent, respectively). Overall, compared with other Western democracies,

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

	Tennessee		United States	
	Percent	Number	Percent	Number
<b>1996 Voter Registration*<sup>a</sup></b>				
Women	66.4	1,372,000	67.3	67,989,000
Men	65.5	1,276,000	64.4	59,672,000
<b>1992 Voter Registration*<sup>b</sup></b>				
Women	65.1	1,318,000	69.3	67,324,000
Men	64.8	1,094,000	66.9	59,254,000
<b>Number of Unregistered Women Eligible to Vote, 1996<sup>c</sup></b>	N/A	495,000	N/A	23,775,000
<b>Percentage and Number of Public Assistance Recipients Registered under the National Voter Registration Act, 1996<sup>c</sup></b>	30.6	85,000	14.1	1,312,000

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

Source: <sup>a</sup> U.S. Department of Commerce, Bureau of the Census, 1998b; <sup>b</sup> U.S. Department of Commerce, Bureau of the Census, 1993; <sup>c</sup> HumanSERVE, 1996.  
Compiled by the Institute for Women's Policy Research.

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

	Tennessee		United States	
	Percent	Number	Percent	Number
<b>1996 Voter Turnout*<sup>a</sup></b>				
Women	53.3	1,100,000	55.5	56,108,000
Men	53.0	1,032,000	52.8	48,909,000
<b>1992 Voter Turnout*<sup>b</sup></b>				
Women	54.3	1,099,000	62.3	60,554,000
Men	57.2	966,000	60.2	53,312,000

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

Source: <sup>a</sup> U.S. Department of Commerce, Bureau of the Census, 1998b; <sup>b</sup> U.S. Department of Commerce, Bureau of the Census, 1993.  
Compiled by the Institute for Women's Policy Research.

voter turnout is low for both sexes in the United States (for more details on voting patterns, see Focus on the Gender Gap in Tennessee).

Although minority men and women in the United States generally vote at lower rates than white men and women, this is not the case in Tennessee. In 1996, in the United States 54.8 percent of white men and 57.2 percent of white women voted, compared with 46.6 percent of African American men, 53.9 percent of African American women, 24.2 percent of Hispanic men, and 29.3 percent of Hispanic women. Separate data for minority men and women are not available at the state level. However, in Tennessee, 52.8 percent of all whites and 56.0 percent of all African Americans voted in 1996 (data not shown; data are not available for Hispanics in Tennessee; U.S. Department of Commerce, Bureau of the Census, 1998d). Thus, in 1996, African American voter turnout in Tennessee exceeded that of whites.

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

## Focus on the Gender Gap in Tennessee

While women in Tennessee vote only slightly more than men, the impact of their political participation depends not only on their voter turnout, but also on their political agenda. Women, on average, are more likely to support candidates who favor women's legal and economic rights, who promote policies to combat sexual assault and domestic violence, and who support gun control. Women are also more likely than men to vote for candidates who support spending on public education, on universal health care, on economic programs that assist the elderly, and on programs designed to help welfare recipients and their dependent children (Shapiro and Mahajan, 1986). These differences in issue support reflect the tendency of women and men to vote in different ways and to prefer different candidates and political parties. This phenomenon is known as the gender gap.

Increased political participation among women, in combination with the gender gap in voting patterns, has influenced electoral outcomes, especially in presidential elections. Nationally, data indicate that the 1992 presidential election encompassed a four-point gender gap, with women favoring Bill Clinton over George Bush (Voter News Service, 1992). The gender gap was larger in Tennessee, with women favoring Bill Clinton over George Bush by 6 percentage points. In the 1996 presidential election, the national gender gap grew to an 11-point difference between women and men's support for Bill Clinton, with women favoring Clinton over Bob Dole. The gender gap in Tennessee was also 11 points, suggesting that women both nationally and within the state greatly influenced the outcome of the election (Voter News Service, 1996). Had significantly fewer Tennessee women voted in the 1996 presidential election, Bob Dole would have carried the state and could have won the federal election.

While there are no state-level data examining the effects of voter turnout and voting patterns among different groups of minority women, national data for the 1996 presidential election suggest that Clinton would have lost the election if not for the overwhelming support of African American and Hispanic voters, especially women. Among African Americans, 83.7 percent voted for Clinton, as did 71.7 percent of Hispanics, compared with only 43.4 percent of whites. In addition, gender gaps within racial and ethnic minorities met or exceeded the overall gender gap. For African Americans, 88.6 percent of women, compared with 78.5 percent of men, voted for Clinton. For Hispanics, the gender gap totaled 13.4 percentage points, with 77.9 percent of women, compared with 64.5 percent of men, voting for Clinton (Hardy-Fanta and Cardozo, 1997).

In the 1994 election for Governor in Tennessee, there was also a slight gender gap among voters, with 57 percent of men and 53 percent of women favoring Don Sundquist over Phil Bredesen. Nonetheless, despite the four-percentage point gender gap, the majority of both women and men favored Don Sundquist. Similarly, in elections for the U.S. Senate, a majority of both men and women in the state favored William Frist and Fred Thompson (Voter News Service, 1994). In these elections, gender differences in party identification and issue preferences did not affect the electoral outcomes.

Voter turnout in Tennessee is low relative to other states, and voter turnout in midterm elections is low in general. As a result, even with a gender gap, women's influence over the electoral process is less profound. The 1995 National Voter Registration Act allows citizens to register to vote when they renew or receive a driver's license, but voter registration is not automatic: potential voters must ask about voter registration and follow through on the procedures to register. However, the half million women eligible to register to vote who have not yet done so could potentially change the political landscape of Tennessee.



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

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

vote when seeking welfare benefits. By 1996, the NVRA successfully enrolled or updated voting addresses for over eleven million people, including 1.3 million through public assistance agencies, 85,000 of whom live in Tennessee (see Table 1). As of 1996, 14.1 percent of eligible public assistance recipients were registered to vote through public assistance offices, and in Tennessee, 30.6 percent were. Despite these changes, nearly 24 million eligible women remain unregistered in the United States, and nearly half a million of them live in Tennessee.

### Elected Officials

Although women constitute a minority of elected officials at both the national and state levels, their presence has grown steadily over the years. As more

women hold office, women's issues are also becoming more prominent in legislative agendas (Thomas, 1994). Nine women served in the 1999-2000 U.S. Senate (106th Congress). Women also filled 56 of the 435 seats in the 106th U.S. House of Representatives (not including Eleanor Holmes Norton, the nonvoting delegate from the District of Columbia, and Donna Christian-Green, the nonvoting delegate from the Virgin Islands). Women of color filled only 20 House seats and no Senate seats, and only one openly lesbian woman served in Congress. Women from Tennessee filled no seats in the U.S. House or Senate, leading to rates well below the national average (see Table 3).

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

	Tennessee	United States
<b>Number of Women in Statewide Executive Elected Office<sup>a, b</sup></b>	1	91
Women of Color <sup>c</sup>	0	6
<b>Number of Women in the U.S. Congress</b>		
U.S. Senate <sup>d</sup>	0 of 2	9 of 100
Women of Color <sup>c</sup>	0	0
U.S. House <sup>e</sup>	0 of 9	56 of 435
Women of Color <sup>c</sup>	0	20
<b>Number of Women Running for the U.S. Congress, 1998<sup>f, g</sup></b>		
U.S. Senate	0 of 0**	10 of 79
U.S. House	1 of 13	121 of 779
<b>Percent of State Legislators Who Are Women<sup>h</sup></b>	16.7%	22.4%
<b>Percent of Women in Appointed Office<sup>i</sup></b>	36.4%	29.8%

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

\*\* Tennessee had no Senate election in 1998.

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

Compiled by the Institute for Women's Policy Research.

At the state level, a woman held only one elected executive office, public service commissioner, in Tennessee in 2000. No women of color served in statewide elected office. Women’s proportion of the state legislature was also quite low, as women made up 16.7 percent of the legislature, compared with a 22.4 percent average for the nation as a whole.

In contrast, as of October 1999, women constituted 36.4 percent of top-level public appointees with policymaking responsibility who were appointed by the current governor in Tennessee. The national average is 29.8 percent. Thus, Tennessee’s proportion of appointed officials who are women is much larger than that for the nation as a whole.

Based on Tennessee’s proportion of women in elected office, the state ranks 43rd in the nation and first in the East South Central region on this component of the political participation index. Like women in most states, women in Tennessee have not attained proportional political power through elected office.

Research on women as political candidates suggests that they generally win elected office at similar rates to men, but far fewer women run for office (National Women’s Political Caucus, 1994). In the general election of 1998, 121 women out of 779 total candidates (15.5 percent) ran for office in the U.S. House of Representatives, while ten women of 79 total candidates (12.7 percent) ran for office in the U.S. Senate. In Tennessee, only one woman of 13 total candidates ran for one of the nine seats in

the U.S. House of Representatives in the 1998 general election (CAWP, 1999b; FEC 1998a, 1998b). At one female candidate out of a total of 13, Tennessee’s proportion of women running for Congress was relatively low at 7.7 percent.

For women to win their proportionate share of political offices in the near term, the number and percentage of seats they hold must increase much more quickly than they did during the 1990s. Policies and practices that might encourage women to run for office—including those that would help them challenge incumbents—can be integral to increasing women’s political voice (Burrell, 1994). Such policies include campaign finance reform, recruitment of female candidates by political parties, and fair and equal media treatment for male and female candidates.

### Institutional Resources

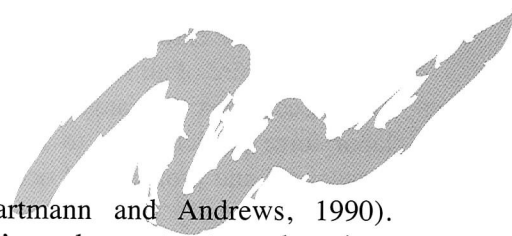
Women’s institutional resources can play an important role in providing information about women’s issues and attracting the attention of policymakers and the public to women’s political concerns. They can also serve as an access point for women and women’s groups to express their interests to public officials. Thus such institutions can ensure that women’s issues remain on the political agenda. Tennessee has a state-level, government-appointed commission for women, the Tennessee Economic Council on Women, and an informal women’s caucus in the State House of Representatives and Senate (see Table 4). In the country as a whole, 39 states have state-level commissions for women and 34 have women’s caucuses. Fifteen states have both a commission for women and formal caucuses in each house of the state legislature.

**Table 4.**  
**Institutional Resources for Women in Tennessee**

	Yes	No	Total, United States
<b>Does Tennessee have a:</b>			
Commission for Women? <sup>a</sup>	✓		39
Legislative Caucus in the State Legislature? <sup>b</sup> House of Representatives? Senate?	Informal		34

Source: <sup>a</sup> Compiled by IWPR, based on National Association of Commissions on Women, 1997; <sup>b</sup> CAWP, 1998.  
Compiled by the Institute for Women’s Policy Research.

# Employment and Earnings



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

Families often rely on women's earnings to stay out of poverty (Cancian, Danziger and Gottschalk, 1993;

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

Tennessee ranks 44th in the nation and second in the East South Central region on the employment and earnings composite index (see Chart IV). The state ranks 32nd, below average, on the ratio of women's to men's earnings and even more poorly on other measures of employment and earnings. Nationally, women in Tennessee rank 37th in labor force participation, 42nd for women working in managerial and professional occupations, and 45th for women's

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

Indicators	National Rank* (of 51)	Regional Rank* (of 4)	Grade
<b>Composite Employment and Earnings Index</b>	<b>44</b>	<b>2</b>	<b>D-</b>
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 1997) <sup>a</sup>	45	3	
Ratio of Women's to Men's Earnings (median annual earnings of full-time, year-round women and men workers aged 16 and older, 1997) <sup>a</sup>	32	3	
Women's Labor Force Participation (percent of all women, aged 16 and older, in the civilian non-institutional population who are either employed or looking for work, 1998) <sup>b</sup>	37	1	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1998) <sup>b</sup>	42	4	

See Appendix II for methodology.

\* The national rank is out of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of four and refer to the states in the East South Central Region (AL, KY, MS, TN).

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

Calculated by the Institute for Women's Policy Research.

median annual earnings. All these rankings are in the bottom third of all states. In its four-state region, Tennessee's rankings range from first, for women's labor force participation, to fourth, for women in managerial and professional occupations. The state is third regionally for women's earnings and the wage gap.

Women in Tennessee clearly do not have sufficient access to economic resources in the state. Like women in most states, they lag significantly behind men in their wages and labor force participation, and they lag behind women in most other states on all of the indicators included here. As a result, Tennessee received a D- on the employment and earnings index.

### Women's Earnings

Tennessee women working full-time, year-round have much lower median annual earnings than women in the United States as a whole (\$20,927 and \$25,370, respectively; see Figure 1). Similarly, median annual earnings for men in Tennessee are significantly lower than for the United States as a whole (\$29,599 and \$34,532, respectively). The median annual earnings for women in Tennessee rank third in the East South Central region and 45th in the nation. Women in the District of Columbia rank the highest with earnings of \$30,495.

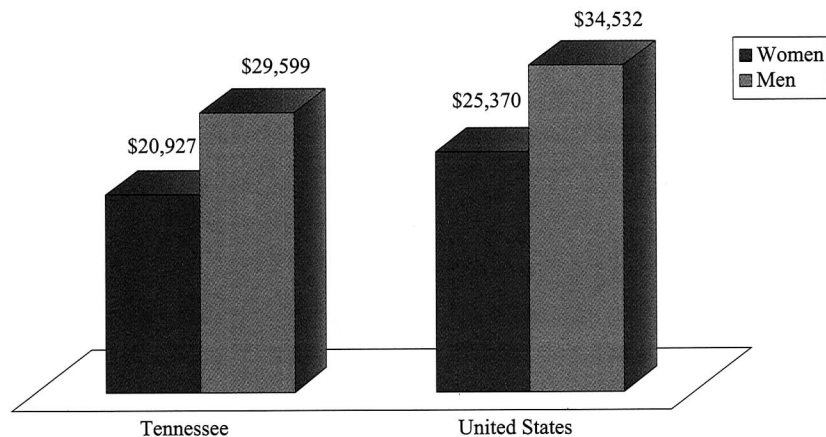
Between 1989 and 1997, women in Tennessee saw their median annual earnings increase by 1.1 percent in real terms, a rate of growth that ranked last within the East South Central region. Tennessee's growth is well behind the regional leader, Kentucky, at 11.5 percent (data not shown; all growth rates are calculated for earnings that have been

adjusted to remove the effects of inflation; EPI, 2000, IWPR, 1995a).

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

In addition, a national survey by the Census Bureau showed that in 1994-95 the median monthly income

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



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

## Focus on Income Disparities by Race and Ethnicity in Tennessee

Income varies substantially by race, sex and household type in Tennessee, indicating that all Tennesseans do not share equal access to the state's resources. African Americans are more likely than most other groups to be concentrated in lower-income brackets, followed by Native Americans (see Illustration 1). In contrast, white households in Tennessee are more likely to be concentrated in middle-income brackets, as are Hispanic households, while Asian Americans are found in higher income brackets in Tennessee.

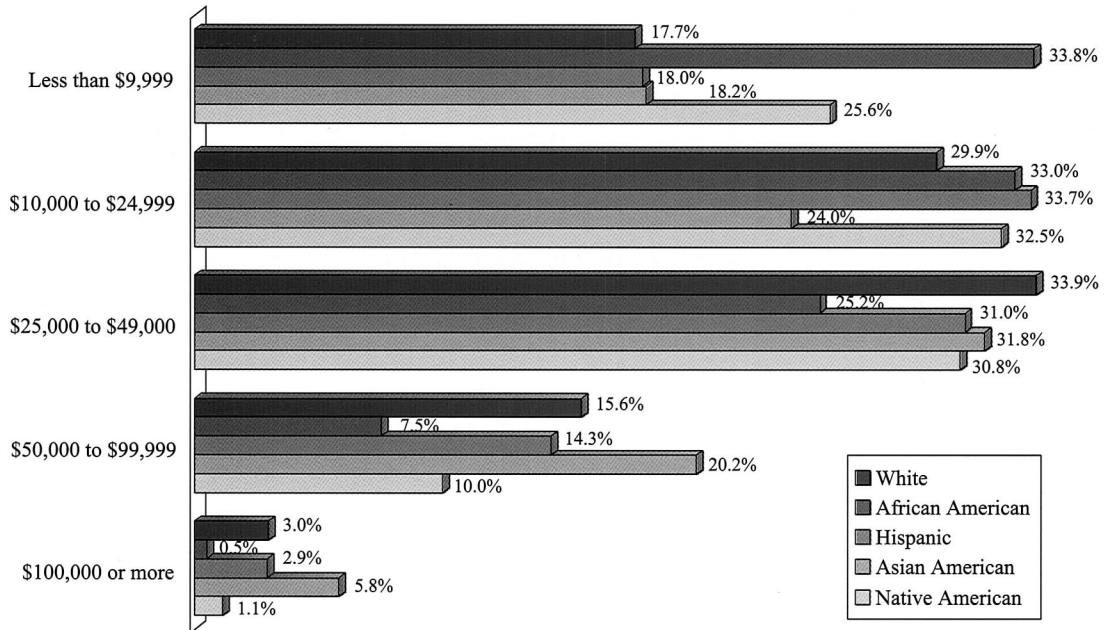
Similarly, white and Asian American families of all types are much less likely to experience poverty than any other racial or ethnic group (see Illustration 2). African American, Hispanic, and Native American families have much higher rates of poverty. As a result, families from these backgrounds have different economic resources available to them.

Moreover, of all households and for all races in Tennessee, single women with children are substantially more likely to be poor than any other household type (see Illustration 2). As of 1989, the only exception was Hispanic males without children, who experience higher poverty rates than single Hispanic females with children. Of single females with children, African American women experience the highest percentages of poverty, followed by Native American, Hispanic, white and Asian American women. In contrast, women and men in married couples with children experience the lowest poverty rates among both African American and whites; single men without children experience the lowest poverty rates among American Indians; and single women without children experience the lowest poverty rates among Asian Americans and Hispanics.

Overall, disparities in income level exist among different races and ethnicities, as well as for different household types, in Tennessee. Low-income families of all races and household types in the state would greatly benefit from public policies that would foster their financial stability, such as job training and education, living-wage statutes, affordable and adequate child care, and policies combating discrimination in employment. In addition, Tennessee should consider race when determining the allocation of economic resources.

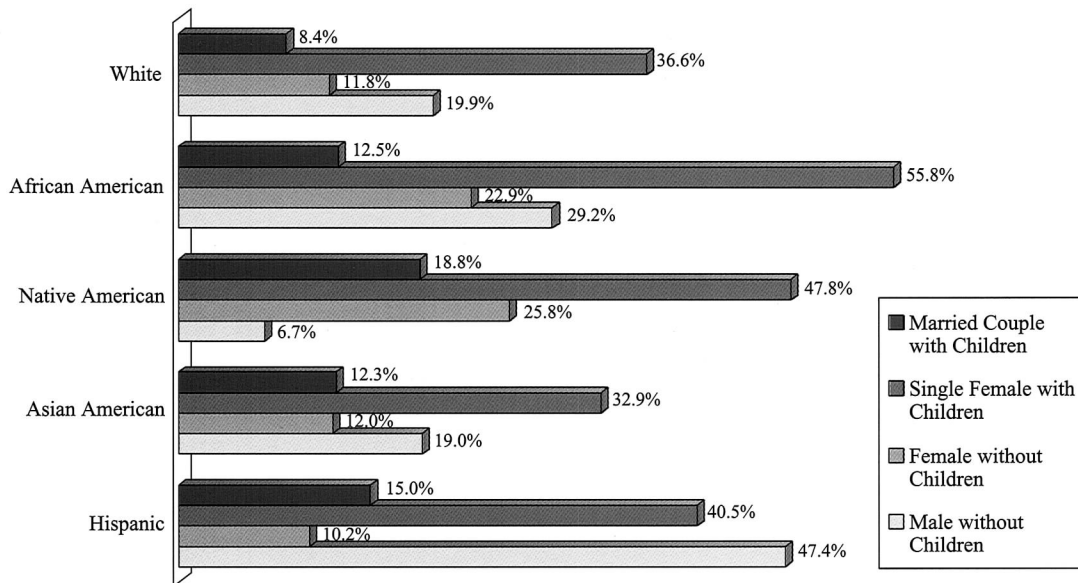
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**Focus Box Illustration 1.  
Family Income by Race, 1989**



Source: U.S. Department of Commerce, Bureau of the Census, 1990e.

**Focus Box Illustration 2.  
Poverty Rates by Race and Family Type, 1989**



Source: Department of Commerce, Bureau of the Census, 1990d; U.S. Department of Commerce, Bureau of the Census, 1990f.

of women with disabilities was only 80 percent of the income of women with no disability (for female full-time workers 21-64 years of age; U.S. Department of Commerce, Bureau of the Census, 1995).

Low earnings levels in Tennessee may overstate differences between workers' living standards in Tennessee and other states because low earnings may be partially offset by lower costs of living. Similarly in other states, high earnings may be partially offset by a high cost of living. Cost-of-living data are not available by state, however, so no adjustments were made to state earnings data.

## The Wage Gap

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

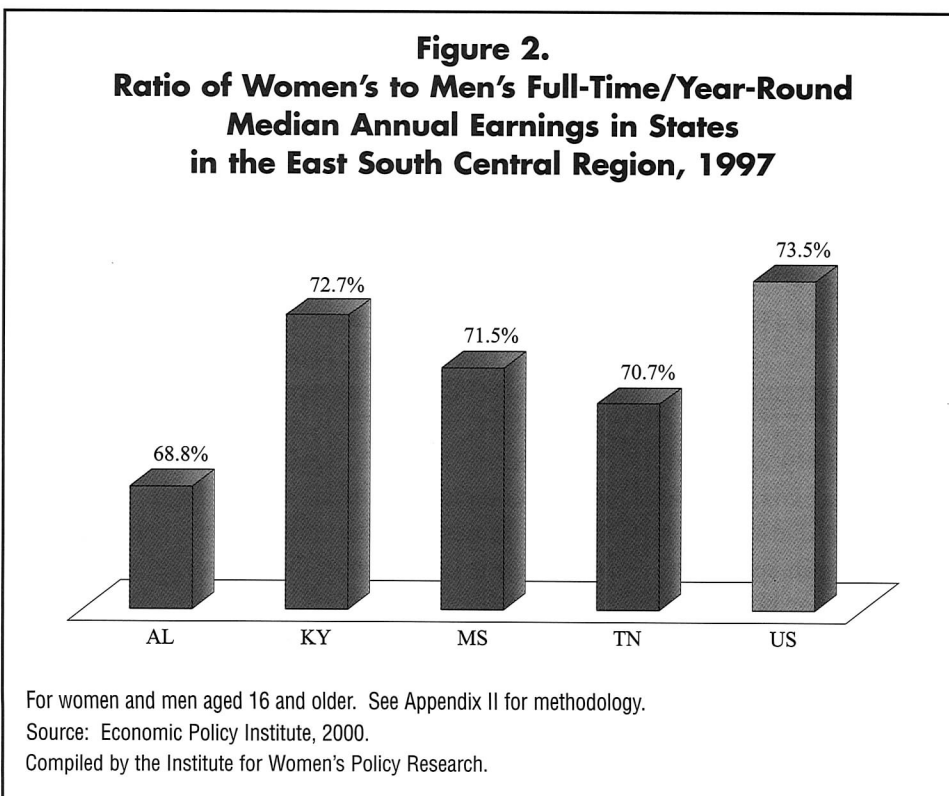
In the United States, women's wages historically lag behind men's. In 1997, the median wages of women who worked full-time, year-round were only 73.5 percent of men's (based on calculations from three years of pooled data). In other words, women earned about 74 cents for every dollar earned by men.

In 1997, women in Tennessee earned 70.7 percent of what men in Tennessee were earning. Therefore, compared with the earnings ratio for the nation as whole, Tennessee women experience less earnings equality with men (see Figure 2). Tennessee ranks 32nd in the nation for the ratio of women's to men's earnings for full-time, year-round work. In contrast, the District of Columbia has the highest earnings ratio at 85.7 percent. Compared with the other states in the East South Central region, Tennessee ranks third. Kentucky ranks first with a 72.7 percent wage ratio, and Alabama ranks fourth with a 68.8 percent wage ratio. Unfortunately, the wage gap remains large in Tennessee, as it does everywhere in the United States.

### Narrowing the Wage Gap

Throughout the 1960s and 1970s, the ratio of women's earnings to men's in the United States remained fairly constant at around 60 percent. During the 1980s, however, women made progress in narrowing the gap between men's earnings and their own. Women increased their educational attainment and their time in the labor market and entered better-paying occupations in large numbers, partly because of equal opportunity laws. At the same time, however,

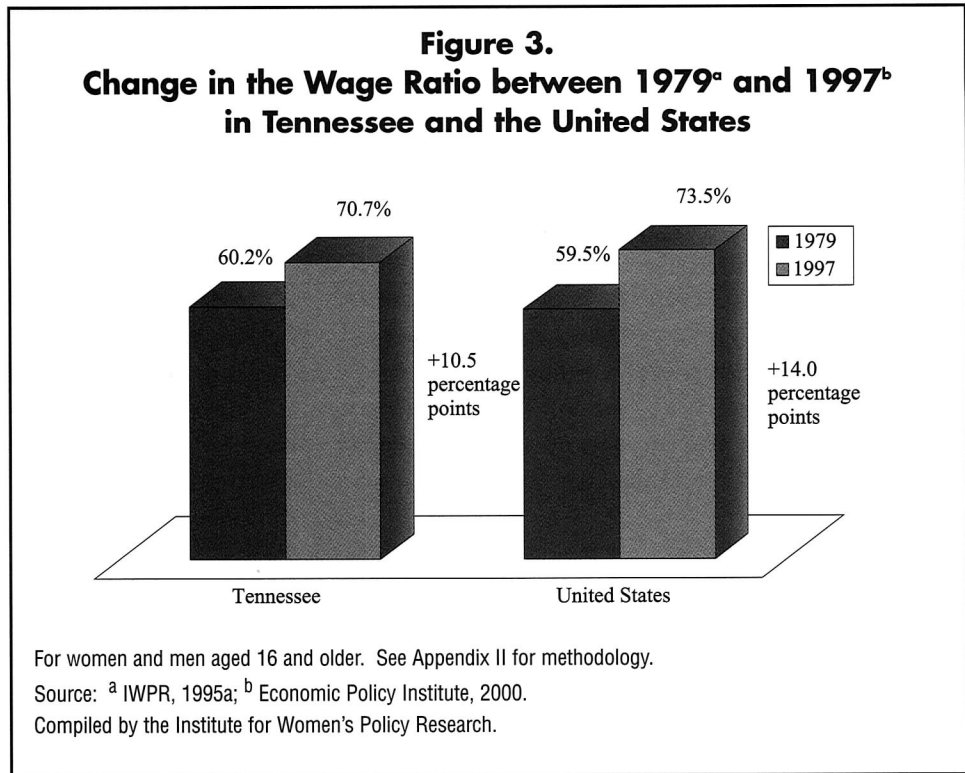
adverse economic trends such as declining wages in the low-wage sector of the labor market began to make it more difficult to close the gap, since women still tend to be concentrated at the low end of the earnings distribution. If women had not increased their relative skill levels and work experience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



One factor that probably also helped to narrow the earnings gap between women and men is unionization. Women have increased their share of union membership, and being unionized tends to raise women's wages relatively more than men's. Recent research by IWPR found that union membership raises women's weekly wages by 38.2 percent and men's by 26.0 percent (data not shown; Hartmann, Allen and Owens, 1999). In Tennessee, the wages of all unionized women were 47.0 percent higher than those of non-

unionized women. Unionization also raises the wages of women of color relatively more than the wages of non-Hispanic white women and the wages of low earners relatively more than the wages of high earners (Spalter-Roth, Hartmann and Collins, 1993). In the United States as a whole, unionized minority women workers earned 38.6 percent more than nonunionized ones (Hartmann, Allen and Owens, 1999). Unionized minority women in Tennessee earned 15.6 percent more than their nonunion counterparts.

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



Tennessee fell behind the United States as a whole in increasing women's annual earnings relative to men's between 1979 and 1997 (see Figure 3). In Tennessee, the annual earnings ratio increased by only 10.5 percentage points, compared with an increase of 14.0 percentage points in the United States.

Weekly earnings data provide an interesting comparison to annual earnings figures. Unlike annual earnings data, the weekly data released by the Bureau of Labor Statistics (BLS) do not include earnings from self-employed workers, approximately 6 percent of the labor force. Thus, because they are more complete, the annual earnings statistics are used in IWPR's employment and earnings composite indicator. In 1997, women in Tennessee earned 73.0 percent of men's weekly earnings for full-time work, compared with 74.4 percent in the United States. Tennessee also ranks somewhat below the national median (38th in the nation) on this ratio of female-male median weekly earnings. According to the weekly data series, the District of Columbia ranked first in the ratio of women's to men's weekly earnings at 97.1 percent (Council of Economic Advisors, 1998).



**Earnings and Earnings Ratios by Educational Levels**

Between 1979 and 1997, women with higher levels of education in both Tennessee and the United States saw their annual median earnings increase more than women with lower levels of educational attainment. As Table 5 shows, women with the highest levels of education experienced wage increases in Tennessee, at 15.3 percent growth (in constant dollars) for women with a four-year college education and 0.1 percent growth for women with more than a four-year college education. Women at all other educational levels, including those with some college, experienced a decrease in earnings. Women who had not completed high school experienced an earnings decrease of 5.7 percent, those with high school diplomas only had a decrease of 3.8 percent, and those with some college saw their earnings diminish by 1.3 percent.

In contrast, women's relative earnings (as measured by the female/male earnings ratio) decreased for women with the most education. Women with more than a four-year college education experienced a -20.0 percent widening of the wage gap. Thus men at this high educational level had much larger earnings increases than women. Those with the lowest educational attainment (less than high school completion) experienced the most narrowing in the wage ratio at 14.1 percent, indicating that men with this level of education fared even worse than women in the labor market. Women at other levels of education experienced from a 10.7 percent narrowing of the wage gap (for women with a four-year college education) to a 13.1 percent narrowing (for women with some college).

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

**Labor Force Participation**

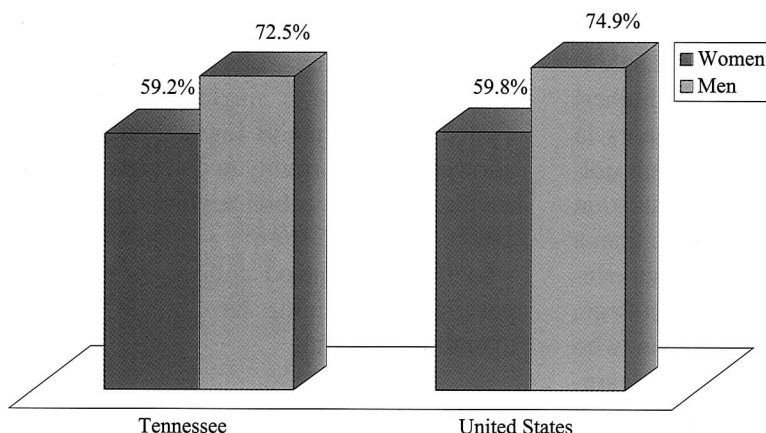
One of the most notable changes in the U.S. economy over the past four decades has been the rapid rise in women's participation in the labor force. Between 1965 and 1997, women's labor force participation increased from 39 to 60 percent (these data reflect the proportion of the civilian noninstitutional population aged 16 and older who are employed or looking for work; U.S. Department of Labor, Bureau of Labor Statistics, 1999c). Women now

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

Educational Attainment	Women's Median Annual Earnings 1997 <sup>a</sup>	Percent Change in Real Earnings 1979 <sup>b</sup> and 1997 <sup>a</sup>	Female/Male Earnings Ratio 1997 <sup>a</sup>	Percent Change in Earnings Ratio, 1979 <sup>b</sup> and 1997 <sup>a</sup>
Less than 12th Grade	\$14,877	-5.7	72.8%	+14.1
High School Only	\$18,230	-3.8	67.2%	+11.5
Some College	\$21,969	-1.3	71.8%	+13.1
College	\$29,276	+15.3	62.6%	+10.7
College Plus	\$32,588	+0.1	55.2%	-20.0

Source: <sup>a</sup> Economic Policy Institute, 2000; <sup>b</sup> IWPR, 1995a.  
Calculated by the Institute for Women's Policy Research.

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



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

**Unemployment and Personal Income Per Capita**

In Tennessee, the unemployment rate is slightly lower than the national average. In 1998, the unemployment rate in Tennessee was 4.4 percent for women and 4.0 percent for men, compared with the nation's 4.6 percent for women and 4.4 percent for men (see Figure 5).

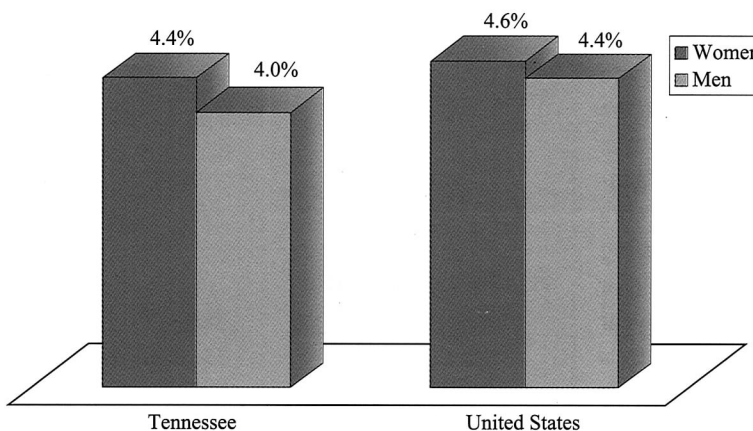
While Tennessee experienced below-average unemployment rates in 1998 and in most of the

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

1990s, its unemployment rates were higher than average during the 1980s. Despite this high unemployment, personal income per capita in Tennessee grew more quickly than it did for the nation between 1980 and 1990 (26.1 percent versus 19.9 percent; see Table 6). From 1990 to 1998, when unemploy-

In 1998, 59.2 percent of women in Tennessee were in the labor force, close to the national female labor force participation rate of 59.8 percent of women in the United States. Tennessee ranks 37th in the nation in the proportion of women in the labor force. Men's labor force participation rate in Tennessee was lower than the rate for men in the United States as a whole (see Figure 4).

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



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

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

	Tennessee	United States
<b>Personal Income Per Capita, 1998</b>	<b>\$25,559</b>	<b>\$26,412</b>
<b>Personal Income Per Capita, Percent Change*:</b>		
Between 1990 and 1998	+19.1	+13.7
Between 1980 and 1990	+26.1	+19.9
Between 1980 and 1998	+50.1	+36.3

\* In constant dollars.

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

Calculated by the Institute for Women's Policy Research.

unemployment rates (Blank, 1990); thus the lower unemployment rate in Tennessee corresponds to a lower rate of involuntary part-time employment. A smaller proportion of Tennessee's female labor force is also working part-time voluntarily compared with the United States as a whole (18.4 percent in Tennessee and 20.8 percent, respectively).

ment was low in Tennessee, income per capita in Tennessee grew 5.4 percentage points faster than the nation.

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

The percent of the female workforce in Tennessee employed full-time is larger than the national average (73.6 percent versus 70.7 percent; see Table 7); correspondingly, the percent employed part-time is smaller than nationally (22.0 percent versus 24.8 percent). Within the part-time category, the percent of women in the labor force who are "involuntary" part-time employees—that is, they would prefer full-time work were it available—is lower in Tennessee than in the United States (1.8 percent and 2.3 percent, respectively). This pattern reflects national trends, in which involuntary part-time work is highly correlated with

Workers are considered involuntary part-time workers if, when interviewed, they state that their reason for working part-time (fewer than 35 hours per week) is slack work—usually reduced hours at one's normally full-time job, unfavorable business conditions, reduced seasonal demand, or inability to find full-time work. Many reasons for part-time work, including lack of child

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

	Tennessee		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
<b>Total Number in the Labor Force</b>	<b>1,312,000</b>	<b>1,447,000</b>	<b>63,714,000</b>	<b>73,959,000</b>
Percent Employed Full-Time	73.6	86.9	70.7	85.5
Percent Employed Part-Time*	22.0	9.1	24.8	10.2
Percent Voluntary Part-Time	18.4	7.8	20.8	8.2
Percent Involuntary Part-Time	1.8	0.9	2.3	1.4
Percent Unemployed	4.4	4.0	4.6	4.4

For men and women aged 16 and older.

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

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

Calculated by the Institute for Women's Policy Research.

## Focus on Labor Force Participation and Unemployment by Urban/Rural Status and Race in Tennessee

Rural women and men in Tennessee face more difficulties finding and maintaining employment than women and men living in urban areas. As Illustration 3 shows, in 1997, the labor force participation rate for rural women was 52.1 percent, significantly lower than the labor force participation rate for women across the state (59.7 percent; see Table 8). For urban women the rate was 62.9 percent, more than ten percentage points higher than the rate for rural women. Among men, the labor force participation rate varies by geographic area as well: 74.6 percent of men who live in urban areas are employed in the formal labor market, compared with 68.5 percent who live in rural areas.

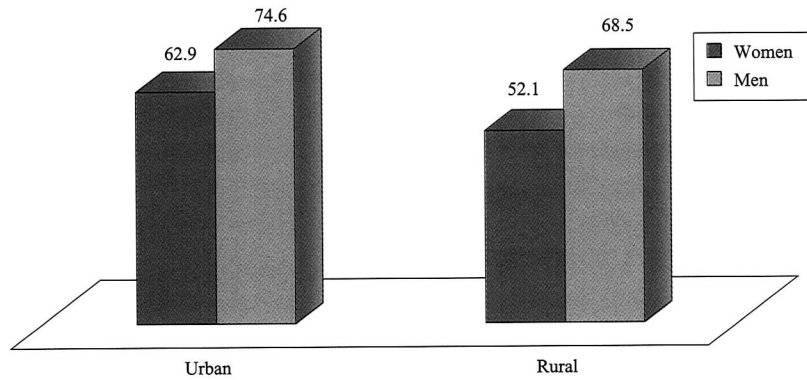
Similarly, unemployment rates among rural women and men are significantly higher than those among urban women and men. While 5.7 percent of rural women and 6.2 percent of rural men reported being unemployed, 4.1 percent of women and 4.7 percent of men who live in urban areas were unemployed in 1997 (see Illustration 4).

Disparities in labor force participation rates and in unemployment rates by region may result from several factors. First, there are fewer jobs available for women and men in rural areas. As a result, rural women and men must rely on government services and income support or on low-paid and unstable jobs in the informal underground economy, such as babysitting, fixing cars, or cleaning houses on an ad hoc basis. Alternatively, they must commute long distances to find work in the closest urban area. Even despite the lack of available jobs, one in 19 rural women who do not work in the formal economy continues to actively look for paid work in rural Tennessee.

Notably, unemployment rates also differ drastically by race, with rates for African American men and women substantially higher than those for white women and men (7.1 percent for African American women compared with 3.9 percent for white women, and 10.3 percent for African American men compared with 4.1 percent for white men; see Illustration 4).

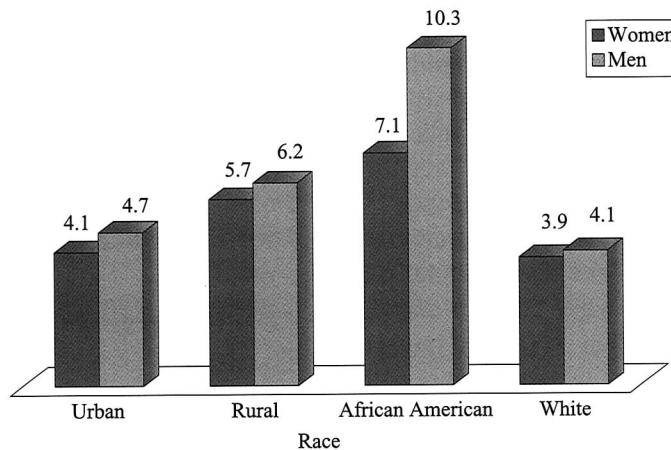
State-level policies can be instrumental in combating both urban/rural and racial disparities in employment and unemployment. Effective policies might include economic development initiatives in high unemployment areas, geographic considerations in the allocation of resources and the focus of social service programs, stronger enforcement of equal opportunity laws, and other policies combating discrimination.

**Focus Box Illustration 3.  
Labor Force Participation of Women and Men in Tennessee  
by Urban/Rural Status, 1997**



Source: Economic Policy Institute, 1999.

**Focus Box Illustration 4.  
Unemployment Rates for Women and Men in Tennessee  
by Race and Urban/Rural Status, 1997**



Source: Economic Policy Institute, 1999.

care, are not considered involuntary by the Bureau of Labor Statistics, since workers must indicate they are available for full-time work to be considered involuntarily employed part-time. This definition therefore likely understates the extent to which women would prefer to work full-time.

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

According to analysis of data from the Current Population Survey from 1996-98, 59.7 percent of women of all races aged 16 and older in Tennessee were in the labor force in 1997, a rate slightly lower than in the United States as a whole, 60.1 percent (see Table 8; see Appendix II for details on the methodology used for the 1996-98 Current Population Survey data presented in this report). White women's labor force participation rate was lower in Tennessee than in the United States as a whole (57.3 percent compared with 60.2 percent; see Table 8). In contrast, African American women historically have had higher and more consistent participation in the labor force than white women and continued to in 1997. In Tennessee, African American women had an average labor force participation rate that was 14.0 percentage points higher than white women and 7.9 percentage points higher than African American women nationally. Hispanic women traditionally have the lowest participation rates among women. Data for Hispanic women in Tennessee were not available, but in the United States, only 55.8 percent of Hispanic women were in the workforce in 1997. The labor force participation rate was 59.8 percent in the nation as a whole for women of all other races and ethnicities, including Asian American and

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

Race/Ethnicity	Tennessee		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Races	1,323,000	59.7	64,027,000	60.1
White*	1,040,000	57.3	47,124,000	60.2
African American*	2,666,000	71.3	8,317,000	63.4
Hispanic	N/A	N/A	5,771,000	55.8
Asian American/ Other*	N/A	N/A	2,815,000	59.8

For women aged 16 and older.

\*Non-Hispanic.

Hispanics may be of any race.

N/A = Not available.

Source: Economic Policy Institute, 2000.

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

Compiled by the Institute for Women's Policy Research.

Native American women, in 1997. Comparable data were not available for Tennessee. In addition, separate data for Asian American or Native American women were not available for 1997 in either Tennessee or the nation. In 1990, Asian American women had the highest participation rate (60.2 percent) of women in the United States, and the national labor force participation rate for Native American women was 55.4 percent (Population Reference Bureau, 1993; for more detail, see Focus on Labor Force Participation and Unemployment by Urban/Rural Status and Race in Tennessee).

**Labor Force Participation of Women by Age**

Workforce participation varies across the life cycle. The highest participation generally occurs between ages 25 to 44, which are also generally considered the prime earning years. Table 9 shows the relationship between labor force participation and age for women in Tennessee and in the United States as a whole. Women in Tennessee generally have lower

labor force participation than their U.S. counterparts, but in some age groups Tennessee's women work more than women nationally. Nationally, the highest labor force participation among women occurs between ages 35 to 44, with just over 77 percent of these women working. In Tennessee, the highest level of labor force participation occurs between ages 25 to 34, with 80.7 percent in the workforce (compared with only 76.6 percent in the United States as a whole). Young women in their teens (16-19), many of whom are attending school, are much less likely to participate in the labor market than any other age group except the pre-retirement and retired cohorts. In Tennessee, 56.4 percent of teenage women reported being in the labor force, higher than the 52.7 percent reported for female teens in United States overall. In contrast, Tennessee women aged 35-44 work less than their counterparts nationally (75.4 versus 77.3 percent, respectively), as do Tennessee women aged 20-24 (69.4 versus 73.0) and women aged 45-54 (71.1 versus 76.3). As women near retirement age, they are much less likely to work than younger women. In the United States, women aged 55-64 have a labor force partic-

ipation rate of 51.6 percent. In Tennessee, 47.6 percent of these women are in the workforce. Women aged 65 and older in Tennessee have a labor force participation rate of 9.6 percent, slightly higher than for the United States as a whole, at 9.0 percent.

**Labor Force Participation of Women with Children**

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

groups with the highest labor force participation. This is also true in Tennessee, with 69.3 percent of women with children under age 18 in the workforce, compared with 59.7 percent of all women in Tennessee in 1997. However, women with children are slightly less likely to engage in labor market activity in Tennessee than in the United States as a whole (69.3 percent versus 70.3 percent; see Table 10).

**Child Care and Other Caregiving**

The high and growing rates of labor force

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

Age Groups	Tennessee		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Ages	1,323,000	59.7	64,027,000	60.1
Ages 16-19	84,000	56.4	4,046,000	52.7
Ages 20-24	120,000	69.4	6,420,000	73.0
Ages 25-34	337,000	80.7	15,087,000	76.6
Ages 35-44	351,000	75.4	17,352,000	77.3
Ages 45-54	271,000	71.1	13,440,000	76.3
Ages 55-64	124,000	47.6	6,005,000	51.6
Over 65	35,000	9.6	1,677,000	9.0

For women aged 16 and older.

Source: Economic Policy Institute, 2000.

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

Compiled by the Institute for Women's Policy Research.

participation of women with children suggest that the demand for child care is also growing. Many women report a variety of problems finding suitable child care (affordable, good quality and conveniently located). Women also use a wide variety of types of child care. These arrangements include doing shift work to allow both parents to take turns providing care; bringing a child to a parent's workplace; working at home; using another family member (usually a sibling or grandparent) to provide care; using a babysitter in one's own home or in the babysitter's home; using a group child care center; or leaving the child unattended (U.S. Department of Commerce, Bureau of the Census, 1996b).

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

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

	Tennessee	United States
	Percent in the Labor Force	Percent in the Labor Force
<b>Women with Children</b>		
Under Age 18*	69.3	70.3
Under Age 6*	67.9	64.1

For women aged 16 and older.

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

Source: Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

individual earnings of married women with children are less on average than those of single women with children; IWPR, 1996).

As more low-income women are encouraged or required (through welfare reform) to enter the labor market, the growing need for affordable child care must be addressed. Child care subsidies for low-income mothers are essential to enable them to purchase good quality child care without sacrificing their families' economic well-being. Currently,

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

	Tennessee	United States
<b>Eligibility**</b>		
Number of Children Eligible under Federal Provisions	346,000	14,749,300
Number of Children Eligible under State Provisions	183,600	9,851,100
<b>Receipt</b>		
Number and Percent of Children Eligible under Federal Law Receiving Subsidies in the State	54,820 16%	1,530,500 10%

\*Child Care and Development Fund (CCDF).

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

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

Compiled by the Institute for Women's Policy Research.



these subsidies exist in all states, but are often inadequate; many poor women and families do not receive them. Recent data show that nationally, only 10 percent of those children potentially eligible for child care subsidies under federal rules actually receive subsidies under the federal government's Child Care and Development Fund. In Tennessee, a higher proportion, 16 percent, of these children do (see Table 11), reflecting above average commitment to providing child care. However, Tennessee maintains stricter criteria for eligibility for receiving child care subsidies than required by federal law. If state income eligibility limits were equal to the federal maximum, 346,000 children would be eligible for subsidies. In Tennessee, only about 53 percent of that number, about 183,600 children, are eligible under existing state eligibility policies. However, while the federal maximum for income limits for child care would make more children eligible, to expand child care in this way would also require substantially more funding, a policy that states and the federal government should consider. Overall, many Tennessee families in need of economic support for child care are not receiving it.

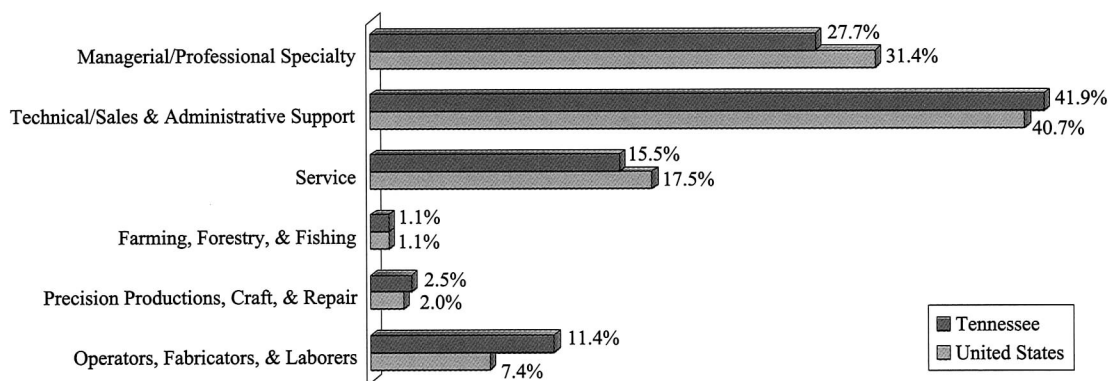
In addition to caring for children, many women provide care for friends and relatives who experience long-term illness or disability. Although few data on caregiving exist, recent research suggests that about a quarter of all households in the United States are

giving or have given care to a relative or friend in the past year, and over 70 percent of those giving care are female. Caregivers on average provide just under 18 hours a week of care, and many report giving up time with other family members; giving up vacations, hobbies, or other activities; and making adjustments to work arrangements for caregiving (National Alliance for Caregiving and American Association of Retired Persons, 1997). Like mothers of young children, other types of caregivers experience shortages of time, money and other resources, and they too require policies designed to lessen the burden of long-term care. Nonetheless, few such policies exist, and this kind of caregiving remains an issue for state and national policymakers to address.

### Occupation and Industry

The distribution of women in Tennessee across occupations differs somewhat from the distribution found in the United States as a whole. Tennessee women are more likely to work as operators, fabricators and laborers (11.4 percent versus 7.4 percent in the nation; see Figure 6a). In the United States, technical, sales and administrative support occupations provide 40.7 percent of all jobs held by women. For Tennessee women, this number is higher, as these occupations account for 41.9 percent of all jobs held. Women in Tennessee are less likely to

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

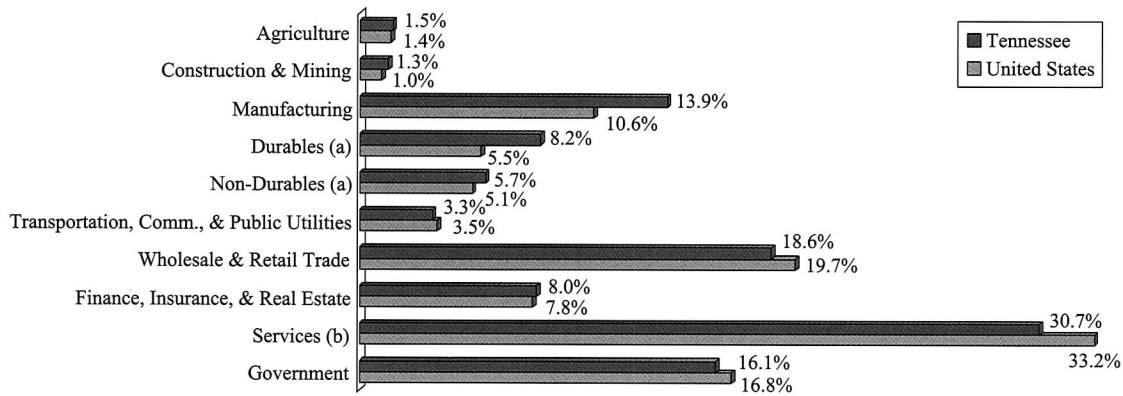


For employed women aged 16 and older.

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

Compiled by the Institute for Women's Policy Research.

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



For employed women aged 16 and older.

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

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

(b) Private household workers are included in services.

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

Compiled by the Institute for Women's Policy Research.

work in service occupations (15.5 percent versus 17.5 percent). Women in Tennessee are also less likely to work in managerial and professional specialty occupations than are women in the United States (27.7 percent versus 31.4 percent). As a result, Tennessee, with substantially more blue-collar workers and substantially fewer managers and professionals, ranks 42nd in the nation and fourth in the East South Central region for the proportion of its female labor force employed in professional and managerial occupations.

Unfortunately, even when women work in the higher-paid occupations, such as managers, they earn substantially less than men. A national IWPR (1995b) study shows that women managers are unlikely to be among top earners in managerial positions. If women had equal access to top-earning jobs, 10 percent of women managers would be among the top 10 percent of earners for all managers; however, only 1 percent of women managers have earnings in the top 10 percent. In fact, only 6 percent of women had earnings in the top fifth. Similarly, a Catalyst (1996) study showed that only 1.9 percent (just 47) of the 2,500 highest-earning high-level executives in Fortune 500 companies were women as of 1996 (for more information, see

Focus on Wage Inequality in Male and Female Occupations).

The distribution of women in Tennessee across industries also differs somewhat from that of the United States as a whole (see Figure 6b). In Tennessee, 30.7 percent of all women are employed in the service industries (including business, professional and personnel services), while 33.2 percent are in the United States. About 19.7 percent of employed women in the United States work in the wholesale and retail trade industries, and a slightly smaller proportion—18.6 percent—of women in Tennessee work in these industries. About 16.8 percent of the nation's women work in government, while a similar percent (16.1) of the women in Tennessee do. Tennessee women are more likely to work in the manufacturing (durables or nondurables) industries (13.9 percent compared with 10.6 percent nationally). A similar proportion of women work in the finance, insurance and real estate (F.I.R.E.) industry as in the United States. Overall, the industrial distribution echoes the pattern shown in the occupational distribution above—a disproportionately blue-collar economic base with correspondingly less white-collar work.

## Focus on Wage Inequality in Male and Female Occupations

Throughout the United States, women tend to be concentrated in a small number of female-dominated, low-paying occupations. In general, the more female-dominated an occupation, the lower the pay, and the more male-dominated an occupation, the higher the pay (see Illustration 5). In Tennessee, a majority of male-dominated jobs (52.0 percent) pay above \$11.26 per hour, while only 29.0 percent of female-dominated jobs do. In contrast, 43.0 percent of female-dominated jobs pay between \$6.75 and \$11.25 per hour, and another 28.3 percent pays less than \$6.75 per hour.

Low-wage, female-dominated jobs include positions such as child care workers, teacher aides, nursing aides and hospital attendants, recreation workers, crossing guards and cashiers, all of which generally pay less than \$6.75 per hour. In addition, psychiatric aides, personal and home health care aides, bank tellers, sewing machine operators, receptionists and information clerks, and medical record technicians generally earn less than \$8.50 per hour. Despite their low pay, these jobs often require high levels of responsibility for client well-being, human relations skills, emotional effort and specialized professional skills. They can also involve undesirable working conditions. Jobs such as psychiatrists' aides and sewing machine operators often involve high levels of work pressure and stress.

Generally, female-dominated and male-dominated jobs fall into different occupational categories. As Illustration 6 shows, clerical and service occupations tend to be female-dominated. Among managerial and administrative jobs, 53.3 percent of jobs are gender-neutral. At the other extreme, almost two-thirds of product/construction/maintenance jobs are male-dominated. Male-dominated jobs tend to be somewhat more evenly distributed across occupational categories than female ones, with the exception of clerical and sales occupations.

Within female-dominated occupations, service workers are particularly likely to earn low wages (see Illustration 7). Almost one-half of all employees in service occupations earn less than \$6.75 per hour, and 41.2 percent earn between \$6.75 and \$11.25 per hour. Employees in clerical occupations fare somewhat better. Of these workers, 31.9 percent earn above \$11.26 per hour. On the other hand, slightly over one-half (53.7 percent) earn only between \$6.75 and \$11.25 per hour. In contrast, three out of every four employees who work professional and technical jobs earn more than \$11.26 per hour.

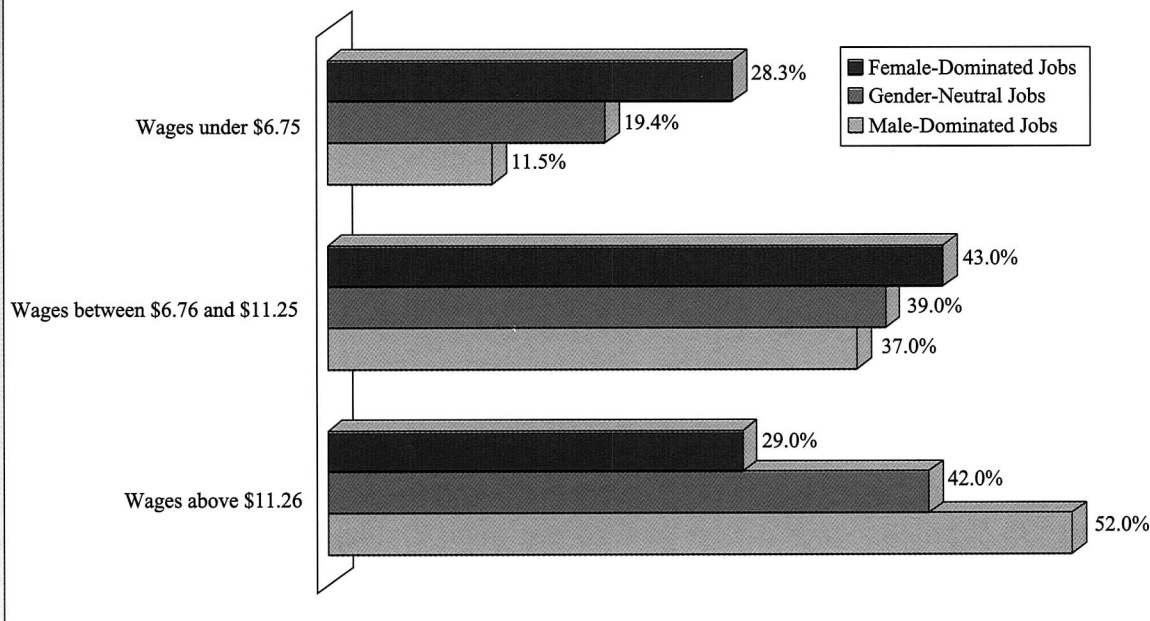
(continued on next page)

Because many jobs dominated by women are low-paying, they make it difficult for women to support themselves and their families, and often they do not provide women with a living wage (see *Who is Earning a Living Wage? Focus on Women and Living Wages in Tennessee*). In Tennessee, the only female-dominated occupations that earn a living wage (over \$11.26 per hour) require at least a college degree and often an advanced degree.

Several policy options could help employees who work in female-dominated occupations. One is to encourage women through education and training to enter male-dominated occupations, since these jobs tend to pay more, especially when they require a high school degree. A second is to provide access to higher education to all women, including those who prefer to work in female-dominated occupations. A third option is to implement a system of pay equity. Pay equity, or comparable worth, policies seek to correct for the low wages paid for historically female work.

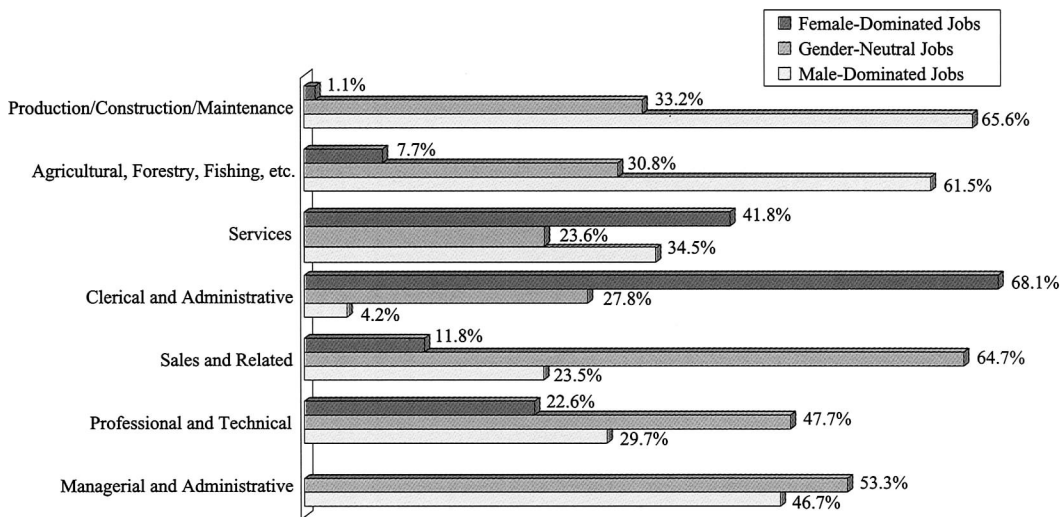
For more information on occupational segregation in Tennessee and possible policy options to address it, contact the Tennessee Economic Council on Women (see Appendix V).

**Focus Box Illustration 5.**  
**Distribution of Wages in Female, Male**  
**and Gender-Neutral Jobs in Tennessee, 1998**



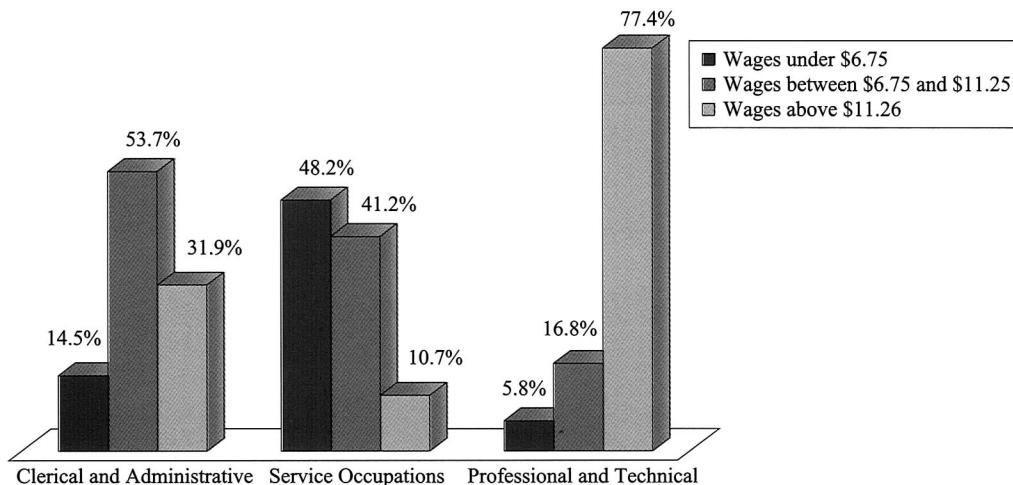
Source: State of Tennessee, Department of Labor and Workforce Development, Research and Statistics Section, 1999a; State of Tennessee, Department of Labor and Workforce Development, Research and Statistics Section, 1999b.

**Focus Box Illustration 6.**  
**Distribution of Male, Female, and Gender-Neutral Jobs**  
**in Occupational Categories in Tennessee, 1998**



Source: State of Tennessee, Department of Labor and Workforce Development, Research and Statistics Section, 1999a; State of Tennessee, Department of Labor and Workforce Development, Research and Statistics Section, 1999b.

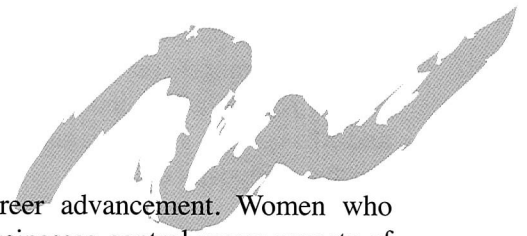
**Focus Box Illustration 7.**  
**Distribution of Wages by Occupational Category in Tennessee, 1998**



Source: State of Tennessee, Department of Labor and Workforce Development, Research and Statistics Section, 1999a; State of Tennessee, Department of Labor and Workforce Development, Research and Statistics Section, 1999b.



# Economic Autonomy



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

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

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

With its composite index of 45th among the states, Tennessee ranks in the bottom third of all states on all but one of the individual indicators of economic autonomy. Tennessee ranks next to last (50th of 51) on women's business ownership and 44th on women's educational attainment (see Chart V). The state ranks in the bottom third (37th) on women's poverty as well. Although Tennessee ranks near the median in women's health insurance coverage (27th), this somewhat higher ranking does not significantly raise its ranking on the IWPR composite economic autonomy index. Within its region of four states, Tennessee ranks first on the composite index

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

Indicators	National Rank* (of 51)	Regional Rank* (of 4)	Grade
<b>Composite Economic Autonomy Index</b>	<b>45</b>	<b>1</b>	<b>D</b>
Percent with Health Insurance (among nonelderly women, 1997) <sup>a</sup>	27	1	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990) <sup>b</sup>	44	1	
Women's Business Ownership (percent of all firms owned by women, 1992) <sup>c</sup>	50	3	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1997) <sup>d</sup>	37	1	

See Appendix II for methodology.

\* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of four and refer to the states in the East South Central Region (AL, KY, MS, TN).

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

Calculated by the Institute for Women's Policy Research.

and on all the individual indicators, except women's business earnings, on which it ranks third. Tennessee's region, which includes Alabama, Kentucky and Mississippi, is a generally low-ranking region for this composite index.

On most of the indicators of economic autonomy, women have less access than men to the resources identified as important. Throughout the country, men are more likely to have a college education, own a business and live above the poverty line than women are. Although women generally have health insurance at higher rates than men, largely because of public insurance like Medicaid, the rates of uninsured men and women are both growing. Trends in Tennessee do not diverge from these basic patterns. Moreover, women in the state have even fewer resources than women in other states. As a result, the state received a grade of D on the economic autonomy composite index.

### Access to Health Insurance

Women in Tennessee are somewhat more likely than women in the nation as a whole to have health insurance. In Tennessee, 15.2 percent of women, compared with 18.5 percent in the United States, are not insured (see Table 12). Thus among all the states, Tennessee ranks 27th in the nation and first in the East South Central region in the proportion of women insured.

On average, both women and men in Tennessee have less access to employer-based health insurance than women and men in the United States as a whole (61.4 percent and 66.4 percent, respectively, for women; 63.5 percent and 67.4 percent, respectively, for men). While

about the same proportion of women in Tennessee as nationally receive employer-based health insurance in their own name (39.6 percent versus 40.1 percent), fewer women in Tennessee receive employer-based health insurance as dependents. In Tennessee, 21.9 percent of all women receive employer-based insurance as dependents, compared with 26.4 percent in the nation as a whole.

In the United States as a whole, women tend to have health insurance coverage from public sources, such as Medicaid, at higher rates than men. In Tennessee, the rate of publicly insured women is nearly twice as high as the U.S. rate (24.2 percent versus 12.5 percent). The rate of publicly insured men is also almost twice as high as the U.S. rate (17.3 versus 8.7 percent), but women in Tennessee are still much more likely to receive public health insurance than men are (24.2 percent compared with 17.3 percent). Tennessee provides health care coverage to low-income residents through TennCare, a statewide health care reform plan that replaced Medicaid and extended health care coverage to an additional 400,000 people through a managed-care system. Eligibility for the program extends to children under age 19 with no access to health insurance, dislocated workers who previously had health insurance

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

	Tennessee		United States	
	Women	Men	Women	Men
<b>Number</b>	<b>1,814,000</b>	<b>1,618,000</b>	<b>85,132,000</b>	<b>81,458,000</b>
Percent Uninsured	15.2	18.0	18.5	21.0
Percent with Employer-Based Health Insurance	61.4	63.5	66.4	67.4
Own Name	39.6	50.9	40.1	54.9
Dependent	21.9	12.6	26.4	12.5
Percent with Public Insurance	24.2	17.3	12.5	8.7
Percent with Individually-Purchased Insurance	6.6	6.8	6.4	5.8

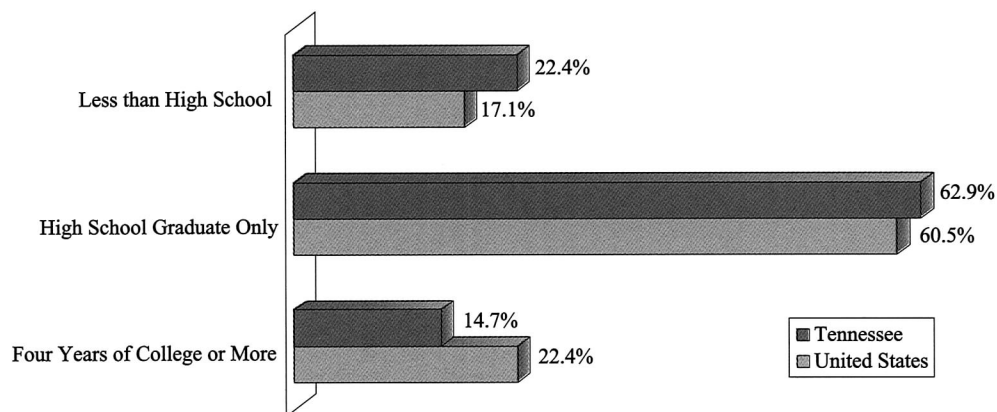
Women and men ages 18 to 64; numbers do not add to 100 percent because some people have more than one source of health insurance.

Source: Employee Benefit Research Institute, 1999.

Compiled by the Institute for Women's Policy Research.



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



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

through employers and became uninsured due to the closure of a business or plant, and persons with proof of uninsurability in the form of a letter of denial from an insurance company licensed in the State of Tennessee (State of Tennessee, Bureau of TennCare, 2000).

## Education

In the United States, women have made steady progress in achieving higher levels of education. Between 1980 and 1998, the percent of women in the United States with a high school education or more increased by about one-fifth. As of 1998, comparable percentages of women and men had completed a high school education (82.9 percent of women and 82.7 percent of men). During the same period, the percent of women with four or more years of college increased by three-fifths, from 13.6 percent in 1980 to 22.4 percent in 1997 (compared with 26.5 percent of men in 1997), bringing women closer to closing the education gap nationally (U.S. Department of Commerce, Bureau of the Census, 1998a, 1998c).

Regional differences in education are conspicuous. The South and much of the Midwest have achieved lower levels of educational attainment than other

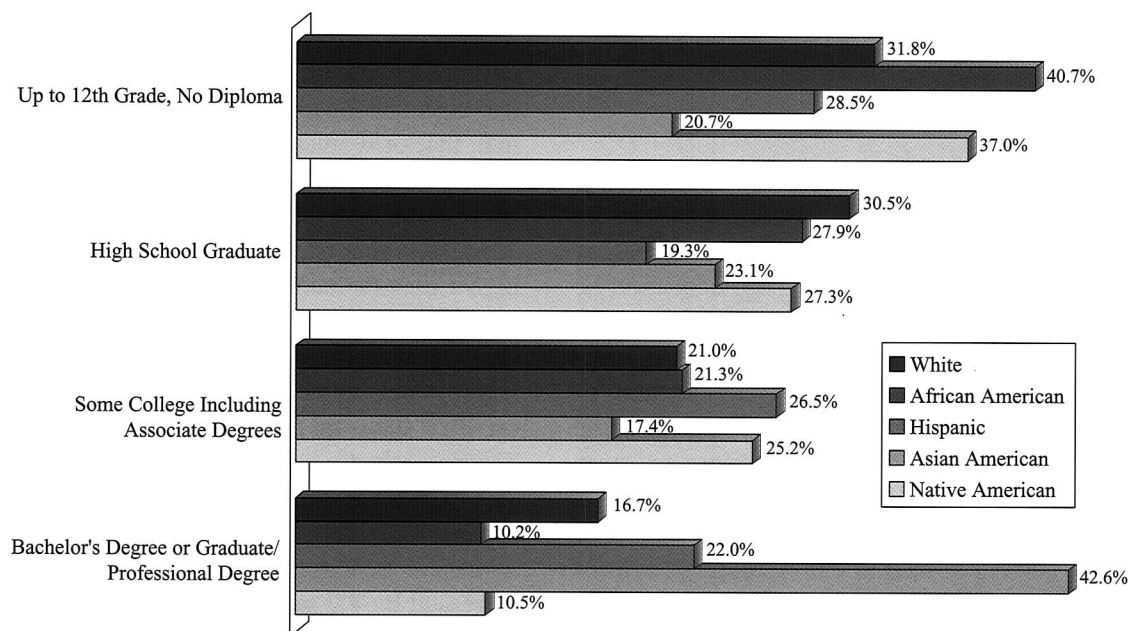
areas of the country. This is especially true for Tennessee, which ranked 44th in the proportion of the female population aged 25 and older with four or more years of college. In 1998, only 14.7 percent of women in Tennessee had completed a four-year college education, compared with 22.4 percent of women in the United States (see Figure 7). The proportion of women older than 25 in Tennessee without high school diplomas was substantially larger than that of women in the United States (22.4 percent and 17.1 percent, respectively). The proportion of women with only a high school education in Tennessee was 62.9 percent, 2.4 percentage points higher than the national average.

Because data for 1998 were only available for the larger states, the rankings on this indicator are based on 1990 data. In 1990, 14.0 percent of women in Tennessee had a college education, compared with 17.6 percent in the nation as a whole. Thus in the period from 1990 to 1998, while the proportion of women in the United States with a college education increased by 4.7 percentage points, in Tennessee it increased by only 0.7 percentage points. As a result, during the 1990s, Tennessee fell even further behind the nation as a whole (for more information, see Focus on Race and Educational Attainment in Tennessee).

## Focus on Race and Educational Attainment in Tennessee

Tennessee women have made significant improvements in their levels of educational attainment. While this improvement is important due to the significant effects of education on income, real disparities exist among the educational attainment of different racial groups. According to the 1990 Census, 33 percent, or over one million of Tennessee's adults, did not have a high school diploma or its equivalent in 1989. Fully 48 percent of these one million adults did not finish the ninth grade. Moreover, 41 percent of African Americans lacked a high school degree or its equivalent, compared with 29 percent of Hispanic Americans and 32 percent of whites (see Illustration 8). Finally, only two out of ten African Americans and American Indians had some college or an Associate's degree, and only one in ten of these groups had earned a four-year Bachelor's degree. In contrast, over 40 percent of Asians and over 20 percent of Hispanics in Tennessee had earned a four-year college degree.

**Focus Box Illustration 8.**  
**Educational Attainment of Men and Women**  
**by Race in Tennessee, 1989**



Source: U.S. Department of Commerce, Bureau of the Census, 1990b; U.S. Department of Commerce, Bureau of the Census, 1990c.

## Women Business Owners and Self-Employment

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

Between 1987 and 1992, the number of women-owned businesses grew 49.9 percent in Tennessee, higher than the 43.1 percent growth of women-owned businesses in the United States (for purposes of comparability over time, these data exclude Type C corporations; for a definition of Type C corporations, see Appendix II). By 1992, women owned 101,134 firms in Tennessee (see Table 13). Women-owned businesses employed 91,848 people in addition to the owners themselves. In Tennessee, 51.6 percent of women-owned firms were in the service industries, while the next highest proportion (22.0 percent) was in retail trade (see Figure 8). Business receipts of women-owned businesses in Tennessee rose by 64.2 percent (in constant dollars) between 1987 and 1992. This growth is substantially lower than the increase of 87.0 percent in business receipts

for women-owned firms nationally but much higher than the 34.9 percent increase for all firms in the United States during the same time period, also adjusted for inflation (data not shown).

In 1992, the U.S. Bureau of the Census reported that women owned more than 6.4 million firms nationwide, employing over 13 million persons and generating \$1.6 trillion in business revenues (unlike the figures in Table 13, these numbers include all women-owned businesses, including Type C corporations; U.S. Department of Commerce, Bureau of the Census, 1996a). Projecting women's business growth rates forward from 1987 to 1992 and including Type C corporations, the National Foundation for Women Business Owners (NFWBO) estimates the 1999 number of women-owned firms for Tennessee to be 161,300 of more than 9.1 million estimated for the United States overall (NFWBO, 1999).

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

Unfortunately, most self-employment is not especially well-paying for women, and about

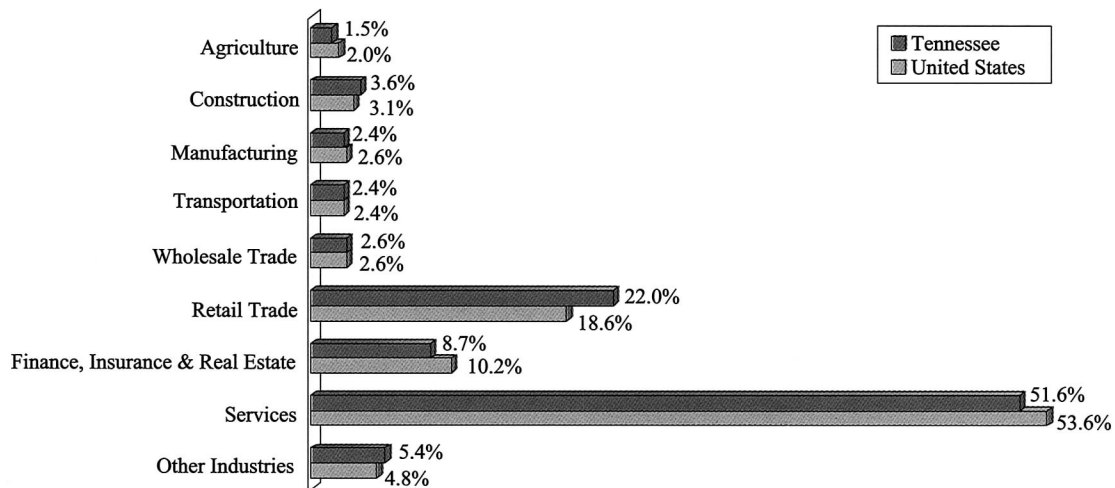
**Table 13.**  
**Women-Owned Firms in Tennessee**  
**and the United States, 1992**

	Tennessee	United States
<b>Number of Women-Owned Firms*</b>	<b>101,134</b>	<b>5,888,883</b>
Percent of All Firms that Are Women-Owned	31.1%	34.1%
Percent Increase, 1987-1992	49.9%	43.1%
<b>Total Sales &amp; Receipts (in billions, 1992 dollars)</b>	<b>\$8.6</b>	<b>\$642.5</b>
Percent Increase (in constant dollars), 1987-1992	64.2%	87.0%
<b>Number Employed by Women-Owned Firms</b>	<b>91,848</b>	<b>6,252,029</b>

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

Source: U.S. Department of Commerce, Bureau of the Census, 1996a.  
Compiled by the Institute for Women's Policy Research.

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



Source: U.S. Department of Commerce, Bureau of the Census, 1996a.  
 Compiled by the Institute for Women's Policy Research.

half of self-employed women combine this work with another job, either a wage or salaried job or a second type of self-employment (for example, babysitting and catering). In 1986-87 in the United States, women who worked full-time, year-round at only one type of self employment had the lowest median hourly earnings of all full-time, year-round workers (\$5.38); those with two or more types of self-employment with full-time schedules earned somewhat more (\$6.33 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most (\$11.59 per hour at the median; all figures in 1998 dollars). Those who combined wage and salaried work with self-employment had median earnings that ranged between these extremes. Many low-income women package earnings from many sources in an effort to raise their family incomes (Spalter-Roth, Hartmann and Shaw, 1993).

Moreover, some self-employed workers are independent contractors, a form of work that can be largely contingent, involving temporary or on-call work without job security, benefits, or opportunity for advancement. Even when working primarily for one client, independent contractors may be denied

the fringe benefits (such as health insurance and employer-paid pension contributions) offered to wage and salaried workers employed by the same client firm. The average self-employed woman who works full-time, year-round at just one type of self-employment has health insurance an average of only 1.7 months out of 12, while full-time wage and salaried women average 9.6 months (those who lack health insurance entirely are also included in the averages; Spalter-Roth, Hartmann and Shaw, 1993).

Overall, however, recent research finds that the rising earnings potential of women in self-employment compared with wage and salary work explains most of the upward trend in the self-employment of married women between 1970 and 1990. This suggests that the growing movement of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Women in Tennessee are less likely to be self-employed than women in the United States. In 1997, 5.3 percent of working women in Tennessee were self-employed, compared with 6.1 percent of women nationwide (U.S. Department of Labor, Bureau of Labor Statistics, 1995).

## Women's Economic Security and Poverty

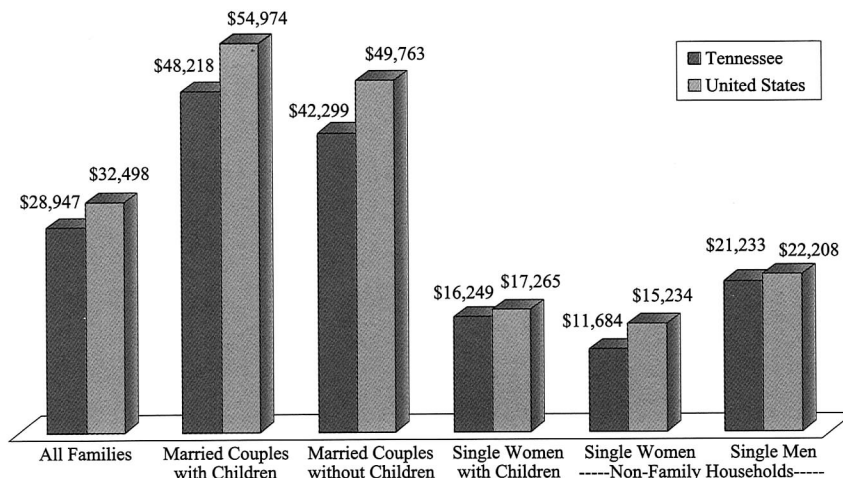
As women's responsibility for their families' economic well-being grows, the continuing wage gap and women's prevalence in low-paid, female-dominated occupations impede their ability to ensure their families' financial security, particularly for single mothers. In the United States, the median family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

In addition, in 1997 the proportion of women in poverty in Tennessee was larger than that of women in the United States—14.7 percent versus 13.1 percent, respectively (see Figure 10). Tennessee ranks 37th in the nation, and first of the four states in its region, for women living above poverty (for more information, see *Who Is Earning a Living Wage? Focus on Women and Living Wages in Tennessee*).

Since Tennessee is a relatively low-income state, and many low-income states also have lower costs of living, Tennessee's high poverty rates may overstate hardship in the state relative to other states. Although the poverty line is the federal standard of hardship in the United States, to measure hardship in wealthier countries, many researchers use one-half median income as an indicator of families' access to adequate social and economic resources (Miringoff and Miringoff, 1999; Smeeding, 1997). Because median income varies by state, this measure is more sensitive to variations in cost or standard of living than the federal poverty line, which is the same for all states. Figure 10 also shows the proportion of women living under one-half of median family income in Tennessee and in the United States as a whole. Overall, this measure shows much higher rates of hardship than the poverty rate does. In the United States, the proportion of women living in families with incomes under one-half median family income was 21.3 percent, much higher than the percent of women living in families with incomes below the federal poverty line (13.1 percent). In Tennessee, 21.1 percent of women were living under one-half median family income in 1997. This

number is also much higher than the poverty rate among women in Tennessee (14.7 percent). Nevertheless, unlike the poverty rate in Tennessee, the percent of women living under one-half median family income in Tennessee is similar to that for the nation, indicating that compared with women in other states, women in Tennessee fare about the same in terms of enjoying one-half median family income in their state. Still, in Tennessee and throughout the country, lower incomes may also reflect relatively low standards of living and thus more

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



Source: Economic Policy Institute, 2000.

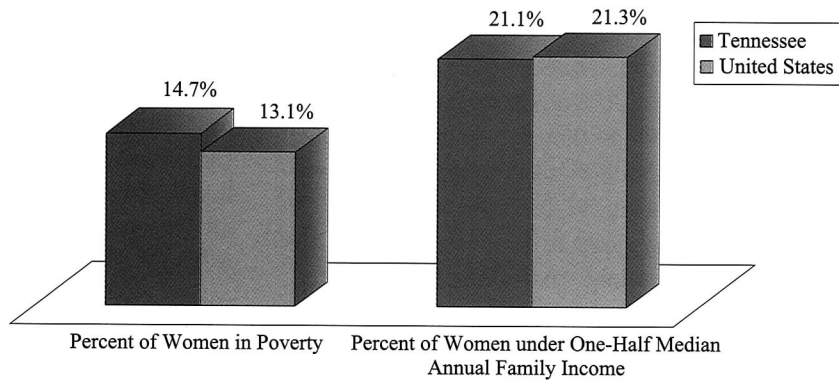
Compiled by the Institute for Women's Policy Research.

limited access to economic and other resources.

Despite Tennessee's higher overall rate of female poverty, the poverty rate for single women with children (as shown in Figure 11) is slightly lower than the nationwide rate (38.9 percent and 41.0 percent, respectively). In Tennessee, as in the nation, single women with children experience much higher levels of poverty than any other family type (see Figure 11). Moreover, even these high rates of poverty among single women with children probably understate the degree of hardship among these families, especially among those with working mothers. While counting noncash benefits would reduce their poverty rates, adding the cost of child care for working mothers would increase the calculated poverty rates both in Tennessee and the nation (Renwick and Bergmann, 1993). Child care costs were not included at all in family expenditures when federal poverty thresholds were developed. However, for the country as a whole, single parents who do not work have basic cash needs at about 64 percent of the poverty line, while those who work have basic cash needs from 113 to 186 percent of the poverty line, depending on the number and ages

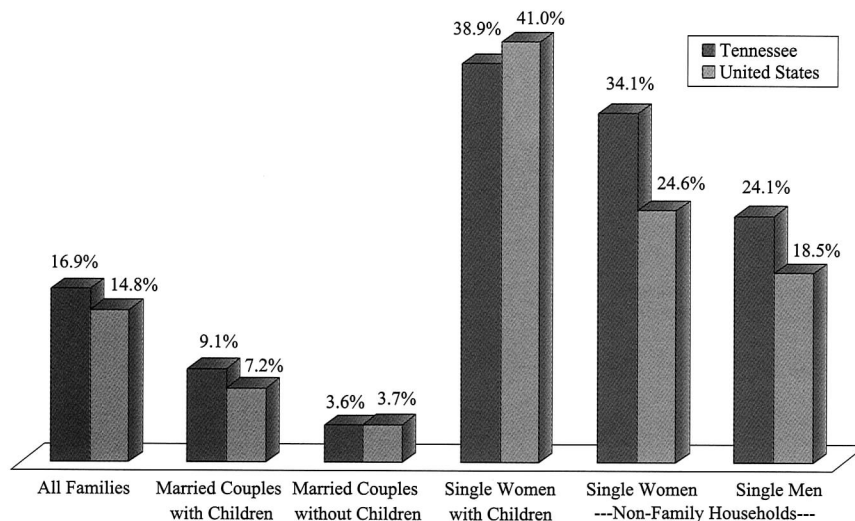
of their children. Overall, the net effect of this under- and over-estimation of poverty was a significant underestimation, and Renwick and Bergmann

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



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

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



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

## Who Is Earning a Living Wage? Focus on Women and Living Wages in Tennessee

Not only do women in Tennessee have lower median earnings than women in the United States (see Figure 1), but many Tennessee women do not even earn a living wage. Two independent studies in Tennessee have arrived at similar living wage estimates for the state (Palmisano, Erickson and Steinberg, 2000). In Memphis, the living wage for one adult supporting one child is estimated to be \$11.15 per hour, while for one adult supporting two children it is \$13.61 per hour (Cicisel, 1999). In Knoxville, the living wage for one adult supporting one child is slightly higher, at \$11.37 per hour (Knapp, 1998).

Most working women, especially those heading their own families, earn less than these living wages. In Tennessee, almost two-thirds of all working women who head their own families earn less than \$10.00 per hour. In 1997, 36.2 percent of all working women heading one-adult families with at least one child earned between \$5.15 and \$7.49 an hour (see Illustration 9; EPI, 1999). At best, these women earned about \$3.50 per hour less than it takes to cover the bare necessities. In a 40-hour work week, they suffer a \$140 shortfall per week, or a \$7,000 deficit per year. At \$5.15 per hour, a woman with one child would need to work 87 hours per week to earn a living wage in Memphis; for two children, she would need to work 106 hours (Cicisel, 1999).

Another 30.9 percent of working women who support at least one child on their own earn between \$7.50 and \$9.99 per hour. In 1997, at \$8.00 per hour, such a woman needed to work 56 hours a week to earn a living wage. She would need to work 68 hours per week to support herself and two children (Cicisel, 1999).

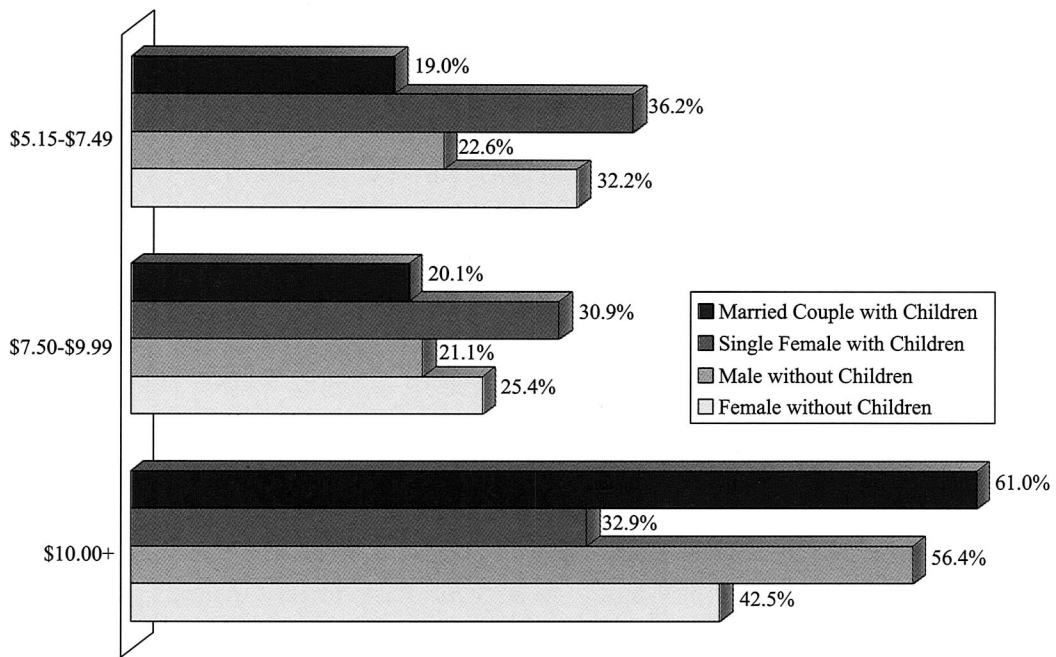
Married couples with children also struggle to earn a living wage. According to the Knoxville Living Wage Study, each adult in such a family must earn at least \$9.68 per hour, or a total of \$19.36 jointly, to support their family (Knapp, 1998). In Memphis, each adult must earn at least \$7.83 per hour to support a two-adult, one-child family and at least \$8.92 to support a two-adult, two-child family (Cicisel, 1999). As a result, as Illustration 9 shows, almost 40 percent of two-earner families with children, encompassing over 86,657 workers, are unable to earn a living wage in Tennessee.

(continued on next page)

Interestingly, as Illustration 9 shows, large percentages of single men and women without children in Tennessee earn low wages as well. Although living-wage data for these populations are not available, it is likely, based on living wage data for single men and women with children, that many single men and women without children in Tennessee are not earning a living wage either.

Large numbers of adult women support themselves and their children alone or live in two-adult families where both partners earn low wages. Their wages are often insufficient to cover basic necessities. In addition, despite working, they have difficulty paying for health care, saving for emergencies, or paying for school supplies or after-school activities. Such women can rarely afford other activities, such as eating out, going to the movies, or taking vacations.

**Focus Box Illustration 9.**  
**Distribution of Wages by Family Type in Tennessee, 1997**



Source: Economic Policy Institute, 1999.



estimate a 1989 national poverty rate of 47 percent, compared with an official estimate of 39 percent, for single-parent families (Renwick and Bergmann, 1993). Poverty rates for low-income, married-couple families would also be much higher if child care costs were included (Renwick, 1993).

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

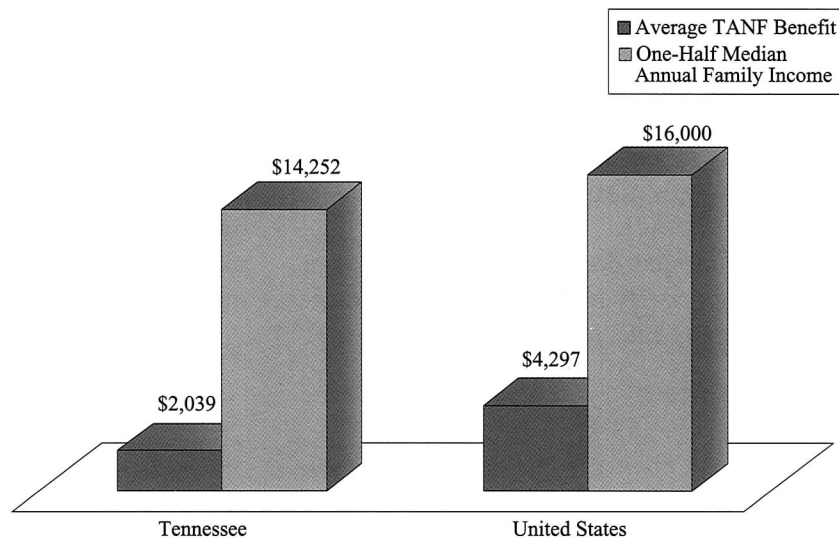
Finally, despite the overall growth in women's earnings and a strong economy, in most states—including both high and low earnings states—inequality among families is growing. Research by the Economic Policy Institute notes that in the nation as a whole in 1996-98, the income of the average family in the top 20 percent of families was 10.6 times the income of the average family in the bottom 20 percent. This represents a substantial increase from 1978-80, when families in the top 20 percent nationally had about 7.4 times as much income as those in the bottom 20 percent. In Tennessee, families in the top 20 percent received 9.3 times as much income as those in the bottom 20 percent in 1996-98, which was also an increase from 1978-80,

when top-income families received 8.1 times the income of families in the lowest 20 percent (Bernstein, McNichol, Mishel and Zahradnik, 2000). However, inequality grew less quickly in the period from 1978-80 to 1996-98 in Tennessee than in the nation as a whole, at 1.1 percentage points in the state compared with 3.2 percentage points nationally.

## State Safety Nets for Economic Security

The amount of cash welfare benefits varies widely from state to state. Figure 12 compares the size of Tennessee's average welfare benefit with one-half median family income in the state, as a measure of how well the state's welfare safety net helps poor women achieve an acceptable standard of living. Obviously, the poverty of many families is not alleviated by welfare alone, and many families also receive Food Stamps or other forms of noncash benefits. Tennessee provides health care coverage to low income citizens through TennCare, a statewide health care reform plan which replaced Medicaid and extended health care coverage to an additional 400,000 people through a managed care system

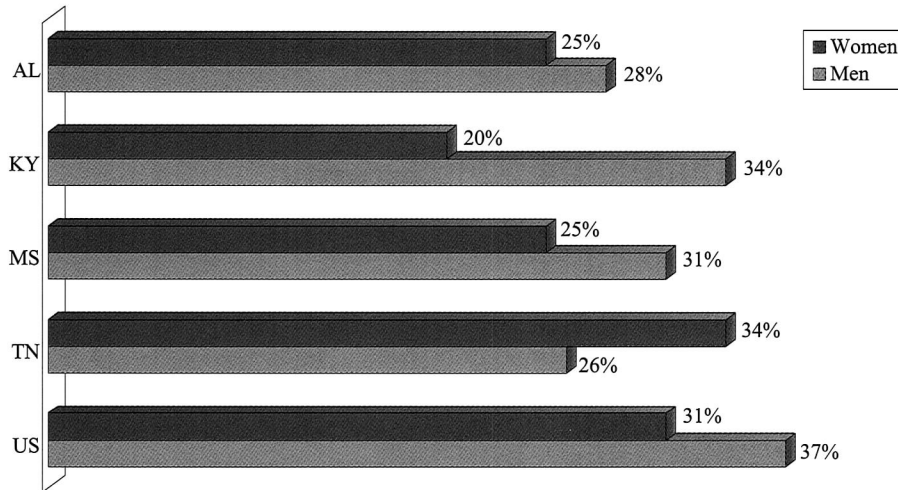
**Figure 12.**  
**Average Annual TANF Benefit<sup>a</sup> and One-Half Median Annual Family Income<sup>b</sup> in Tennessee and the United States, 1997**



Source: <sup>a</sup> U.S. Department of Health and Human Services, Administration for Children and Families, 1999b;  
<sup>b</sup> Economic Policy Institute, 2000.

Compiled by the Institute for Women's Policy Research.

**Figure 13.**  
**Percent of Unemployed Women and Men with Unemployment Insurance**  
**in the East South Central States and the United States, 1997**



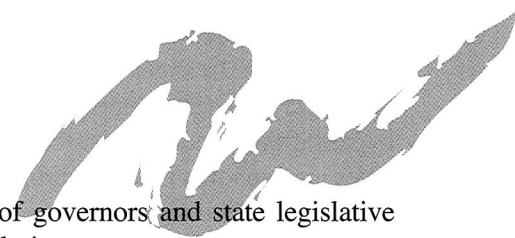
Source: U.S. Department of Labor, Employment and Training Administration, Unemployment Insurance Service, 1999.  
 Compiled by the Institute for Women's Policy Research.

(Tennessee, Bureau of TennCare, 2000). Still, research shows that, even adding the value of non-cash benefits, many women remain poor (U.S. Department of Commerce, Bureau of the Census, 1997b). In Tennessee as in all of the United States, TANF benefits are substantially below one-half median family income. In addition, Tennessee's cash benefits are less than half of the U.S. average, although one-half median income in the state is only somewhat lower than in the nation as a whole. Tennessee's cash benefits reach only 14.3 percent of one-half median family income in the state, compared with 26.9 percent nationally.

In contrast, Tennessee does a better-than-average job of providing a safety net for employed women. The unemployment rate for women in Tennessee

(4.4 percent) is slightly lower than the national average of 4.6 percent (see Table 7), and the percent of unemployed women in Tennessee receiving unemployment insurance benefits is higher than in the United States as a whole (34 percent versus 31 percent; see Figure 13). However, while men in Tennessee have lower unemployment than men nationally, the rate of unemployment insurance benefit receipt for men is lower in Tennessee than nationwide. In addition, Tennessee is the only state in the East South Central region whose rate of unemployment insurance benefit receipt for women is higher than the rate of unemployment insurance benefit receipt for men. In most states, unemployment insurance benefit receipt is much higher for men than it is for women.

# Reproduction and Family Planning



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

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

tion, the stances of governors and state legislative bodies are critically important.

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

Tennessee ranks second in its region and 34th in the nation on the reproduction and family planning composite index (see Chart VI, Panel A). Like most states, Tennessee fails to guarantee women adequate access to resources related to their reproductive choices. The state's grade of D on this composite index reflects this as well.

## Access to Abortion

Mandatory consent laws require minors to gain the consent of one or both parents before a physician can perform an abortion procedure, while notification laws require they notify one or both parents of the decision to have an abortion. Of the 42 states with consent or notification laws on the books as of January 2000, 32 enforce their laws. Of these 32

**Chart VI. Panel A.**  
**Reproduction and Family Planning: National and Regional Ranks**

	National Rank* (of 51)	Regional Rank* (of 4)	Grade
<b>Composite Reproduction and Family Planning Index</b>	<b>34</b>	<b>2</b>	<b>D</b>

See Appendix II for methodology.

\* The national rank is of a possible 51 including the 50 states and the District of Columbia. The regional rankings are of a maximum of four and refer to the states in the East South Central Region (AL, KY, MS, TN).

Calculated by the Institute for Women's Policy Research.

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

enforces its mandatory consent law but allows for a judicial bypass (see Chart VI, Panel B; NARAL and NARAL Foundation, 2000).

Waiting-period legislation mandates that a physician cannot perform an abortion until a certain number of hours after his or her patient is notified of her options in dealing with a pregnancy. Waiting periods range from one to 72 hours, and a total of 18 states have mandatory waiting periods. As of January 2000, Tennessee is one of four states that have offi-

**Chart VI. Panel B.  
Components of the Reproduction and Family Planning Composite Index**

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
<b>Does Tennessee allow access to abortion services:</b>				
Without mandatory parental consent or notification? <sup>a</sup>		✓		9
Without a waiting period? <sup>*</sup>		✓		33
<b>Does Tennessee provide public funding for abortions under any or most circumstances if a woman is eligible?<sup>a</sup></b>				
		✓		15
<b>What percent of Tennessee women live in counties with an abortion provider?<sup>b</sup></b>				
			46%	68%
<b>Is Tennessee's state government pro-choice?<sup>c</sup></b>				
Governor		✓		15
Senate		✓		13
Assembly		✓		7 of 49
<b>Does Tennessee require health insurers to provide comprehensive coverage for contraceptives?<sup>a</sup></b>				
		✓		11
<b>Does Tennessee require health insurers to provide comprehensive coverage for infertility treatments?<sup>d</sup></b>				
		✓		10
<b>Does Tennessee allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?<sup>** e</sup></b>				
			No case has been tried	21
<b>Does Tennessee require schools to provide sex education?<sup>a</sup></b>				
	✓			18

<sup>\*</sup>Tennessee's waiting period is not enforced.

<sup>\*\*</sup>Most states that allow such adoption do so as the result of court decisions. In Tennessee no case has yet been tried.

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

Compiled by the Institute for Women's Policy Research.

cial waiting periods but that do not enforce their laws. In Tennessee, a court has ruled that the state's waiting period provisions are unconstitutional. The unenforced waiting period legislation stipulates that a woman cannot have an abortion until three days after the initial consultation with her doctor (NARAL and NARAL Foundation, 2000).

States vary widely in the extent to which they provide public funding for abortion to women who qualify. In many states it is available only under specific circumstances, such as rape or incest, life endangerment to the woman, or limited health circumstances of the fetus. Fifteen states fund abortions in all or most circumstances. Tennessee is one of 29 states that do not provide public funding for abortions under any circumstances other than those required by the federal Medicaid law, which are when the pregnancy results from reported rape or incest or when the pregnancy threatens the life of the woman (NARAL and NARAL Foundation, 2000).

The percent of women in Tennessee who live in counties with abortion providers measures the availability of abortion services to women in the state. This proportion ranges from 16 to 100 percent across the states. As of 1996, in the three bottom states, 20 percent or fewer women live in counties with at least one provider, while in the six top states, more than 90 percent of women live in counties with at least one (Henshaw, 1998). At 46 percent of women in counties with a provider, Tennessee's proportion falls in the bottom third of the nation. In addition, 95 percent of counties in Tennessee have no abortion provider at all, and the women who live in these counties have limited access to a provider. In 41 states, more than half of all counties have no abortion provider, and in 21 states more than 90 percent of counties have none (Henshaw, 1998).

Debates over reproduction and family planning policies frequently involve potential restrictions on women's access to abortion and contraception. The stances of elected officials play an important role in the success or failure of these efforts. To measure the level of support for or opposition to potential restrictions, the National Abortion and Reproduction and Family Planning Action League (NARAL) examined the votes and public statements of governors and members of state legislatures.

NARAL determined whether these public officials would support restrictions on access to abortion and contraception, including (but not limited to) provisions concerning parental consent, mandatory waiting periods, prohibitions on Medicaid funding for abortion and bans on certain abortion procedures. NARAL also gathered official comments from governors' offices and conducted interviews with knowledgeable sources involved in reproductive issues in each state (NARAL and NARAL Foundation, 1999). For this study, governors and legislators who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. In Tennessee, neither the governor nor the majority of members of the state Senate or House of Representatives were pro-choice.

## Other Family Planning Policies and Resources

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

Infertility treatments can also widen the reproductive choices open to women and men, but they are often prohibitively expensive, especially when they are not covered by insurance. In ten states, legislatures have passed measures requiring insurance

companies to pay for infertility treatments and in three states, insurance companies must offer at least one package with infertility coverage to their policyholders. In Tennessee, insurance companies are not required to cover infertility treatments at all (Stauffer and Plaza, 1999).

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

Accurate information about sexuality can help young women and men make informed decisions about their sexual activity and avoid unwanted pregnancy. In 18 states, including Tennessee, schools are required to provide sex education to help provide that information. Of those 18, nine states, including Tennessee, require that sexuality education teach abstinence and also provide students information about contraception. Three states that require sex education teach abstinence but do not require that schools provide information about contraception (NARAL and NARAL Foundation, 2000).

## Fertility, Natality, and Infant Health

Current trends in the United States reveal a decline in the birth rate for all women, in part due to women's tendency to marry and give birth later in life. In 1998, the median age for women at the time of their first marriage was 25.0 years, while as of 1994, the median age at first birth was 23.8 years (U.S. Department of Commerce, Bureau of the Census, 1999b; National Center for Health Statistics, 1997). Fertility rates in Tennessee are lower than in the nation as a whole. Table 14 shows 61.2 live births per 1,000 women aged 15-44 in Tennessee and 65.0 births per 1,000 women aged 15-44 in the United States in 1997.

Table 14 also shows infant deaths in Tennessee at 8.6 infant deaths per 1,000 live births, a rate somewhat higher than the United States as a whole, 7.2 infant deaths per 1,000. Infant mortality, however, affects white and African American communities in the United States at very different rates. In Tennessee, the infant mortality rate is 6.5 for white infants and 16.3 for African American infants. In the United States, respective rates are 6.0 for white infants and 14.2 for African American infants. Thus while infant mortality is only 0.2 percentage points higher for whites, it is 2.1 percentage points higher for African Americans, indicating that racial disparities are one significant factor influencing Tennessee's overall high infant mortality rate.

Low birth weight (less than 5 lbs, 8 oz.) among babies also affects different racial and ethnic groups at different rates. In Tennessee, while the overall low birth-weight rate is 8.8 percent (compared with 7.5 percent nationally), the percent of births of low birth weight is 7.4 among white infants, 6.3 among Hispanic infants, and 13.7 among African American infants. In the United States as a whole, the percent of births of low birth weight among white infants is 6.5; for Hispanic infants, it is 6.4; and for African American infants, it is 13.1. Thus Tennessee's higher overall rates of low birth-weight babies are primarily due to higher rates among whites. Still, rates of low birth-weight babies are much higher among African Americans. In the country as a whole, disparities in both infant mortality and low

birth-weight rates between African Americans and whites are growing. These differences are probably related to a variety of factors, including disparities in socioeconomic status, nutrition, maternal health, and access to prenatal care, among others (U.S. Department of Health and Human Services, Public Health Service, 2000).

Women's access to prenatal care can be crucial to health during pregnancy and to lowering the risk of infant mortality and low birth weights (U.S. Department of Health and Human Services, Public Health Service, 2000). In the country as a whole, about 82.5 percent of women begin prenatal care in their first trimester of pregnancy, while 83.7 percent of women in Tennessee do.

However, use of prenatal care varies by race. In the United States as a whole, 84.7 percent of white women use prenatal care in the first trimester, while 72.3 percent of African American and 73.7 percent of Hispanic women do. In Tennessee, 87.1 percent of white women, 71.8 percent of African American women, and 63.2 percent of Hispanic women use first trimester prenatal care. Thus while white women have higher usage rates of prenatal care in Tennessee than in the nation as a whole, in Tennessee African American women have usage rates slightly lower than African American women nationally, and Hispanic women in Tennessee at much lower rates than Hispanic women nationally.

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

	Tennessee	United States
<b>Fertility Rate in 1997 (live births per 1,000 women aged 15-44)<sup>a</sup></b>	<b>61.2</b>	<b>65.0</b>
<b>Infant Mortality Rate in 1997 (deaths of infants under age one per 1,000 live births)<sup>b</sup></b>	<b>8.6</b>	<b>7.2</b>
Among Whites	6.5	6.0
Among African Americans	16.3	14.2
<b>Percent of Low Birth Weight Babies (less than 5 lbs, 8 oz.), 1997<sup>a</sup></b>	<b>8.8%</b>	<b>7.5%</b>
Among Whites	7.4%	6.5%
Among African Americans	13.7%	13.1%
Among Hispanics	6.3%	6.4%
<b>Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 1997<sup>a</sup></b>	<b>83.7%</b>	<b>82.5%</b>
Among Whites	87.1%	84.7%
Among African Americans	71.8%	72.3%
Among Hispanics	63.2%	73.7%
<b>Births to Teenage Women (aged 15-19 years) as a Percent of All Births, 1997<sup>c</sup></b>	<b>16.3%</b>	<b>12.8%</b>
<b>Births to Unmarried Women as a Percent of All Births, 1997<sup>c</sup></b>	<b>34.1%</b>	<b>32.4%</b>

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

Births to teenage mothers can make it difficult for them to achieve an adequate standard of living by limiting their choices about education and employment (The Alan Guttmacher Institute, 1994; U.S. Department of Health and Human Services, Public Health Service, 2000). In 1997, births to teenage mothers accounted for a substantially larger proportion of all births in Tennessee (16.3 percent) than they did nationally (12.8 percent). Births to unmarried mothers also accounted for a larger proportion of all births in Tennessee than they did nationally (34.1 percent in Tennessee compared with 32.4 percent for the nation as a whole).

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

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

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

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

Tennessee, which ranks 39th of all states, lags behind most states and the nation as a whole on indicators of women's health and well-being. The state fares particularly badly on days of poor mental health (46th), women's mortality rate from heart disease (44th) and women's incidence of diabetes (41st). Tennessee ranks slightly higher, nearer to the midpoint for all states, on women's mortality rate from lung cancer (25th), women's mortality rate from suicide (31st), women's mortality rate from breast cancer (32nd), limitations on women's everyday activities (33rd), incidence of chlamydia among women (35th), and incidence of AIDS among women (35th). Regionally, Tennessee ranks second of four states, indicating that women in the region overall have generally low health status.

Tennessee's grade of C- on the health and well-being index reflects the difference between women's actual health status in the state and national goals concerning their health status, including goals set by the U.S. Department of Health and Human Services in its Healthy People 2010 program (see Appendix II for a discussion of the composite methodology).

## Mortality and Incidence of Disease

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



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

Indicator	Tennessee	United States
<b>Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 1995<sup>a</sup></b>	<b>111.0</b>	<b>90.9*</b>
<b>Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 1991-95<sup>b</sup></b>	<b>33.4</b>	<b>33.3</b>
Among White Women <sup>c</sup>	33.2	33.8
Among African American Women <sup>c</sup>	36.9	32.7
<b>Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 1991-95<sup>b</sup></b>	<b>25.7</b>	<b>26.0</b>
Among White Women <sup>c</sup>	24.3	25.6
Among African American Women <sup>c</sup>	35.2	31.5
<b>Percent of Women Who Have Ever Been Told They Have Diabetes, 1998<sup>d</sup></b>	<b>6.4%</b>	<b>5.3%*</b>
<b>Average Annual Incidence Rate of Chlamydia Among Women (per 100,000), 1997<sup>e</sup></b>	<b>349.6</b>	<b>335.8</b>
<b>Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), July 1998 through June 1999<sup>f</sup></b>	<b>6.7</b>	<b>9.4</b>
<b>Average Number of Days of Poor Mental Health Among Women, 1998<sup>d</sup></b>	<b>4.2</b>	<b>3.5*</b>
<b>Average Annual Mortality Rate Among Women from Suicide (per 100,000), 1995-97<sup>g</sup></b>	<b>4.2</b>	<b>3.9</b>
<b>Average Number of Days of Limited Activities Among Women, 1998<sup>d</sup></b>	<b>3.8</b>	<b>3.6*</b>

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

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

Compiled by the Institute for Women's Policy Research.

screening services. Women in Tennessee experience mortality from heart disease at rates substantially above the median mortality rate for all states (111.0 versus 90.9 per 100,000 women, respectively; see Table 15). Tennessee ranks 44th among

all states and fourth of four in the region on this indicator. Notably, men's mortality from heart disease is much higher than both women's in Tennessee and men's in the country as a whole, at 211.3 per 100,000 population (compared with 174.4 nationally; data not shown).

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

per 100,000; for Asian American women, it was 221; and for Native American women, it was 259. In Tennessee, patterns of mortality from heart disease among women of different racial and ethnic groups were similar to those in the nation as a whole.

untreated. In addition, while many health insurance policies cover some portion of alcohol and substance abuse programs, many do not adequately cover treatments of psychological disorders. These treatments, however, are integral to helping patients achieve good mental health.

In Tennessee, women's self-reported evaluations indicate that women experience an average of 4.2 days per month on which their mental health is not good, and the state ranks 46th on this measure (see Table 15 and Chart VII). Nationally, the median rate for all states is 3.5 days per month of poor mental health. Men's rate of poor mental health is also (close to) the national median at 2.7 and 2.4 days, respectively (data not shown). In Tennessee, men's lower rate of poor mental health compared with women mirrors national trends: in the nation as a whole, the median rate for women is over 1 day more than it is for men (3.5 and 2.4 days per month, respectively), while the median rate for women is 1.5 days more than it is for men in Tennessee.

One of the most severe public health problems related to psychological disorders is suicide. In the United States as a whole, 1.3 percent of all deaths occur from suicide, about the same number of deaths as from AIDS (National Institute of Mental Health, 1999). Women are much less likely than men to commit suicide, with four times as many men as women dying by suicide. However, women are twice as likely to attempt suicide as men are, and a total of 500,000 suicide attempts are estimated to have occurred in 1996. In addition, in 1997, suicide was the fourth leading cause of death among women aged 14-24 and 35-44, the sixth leading cause of death among women aged 25-34, and the eighth leading cause of death among women 45-54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2000). Among women in the United States, the annual rate of mortality from suicide is 3.9 per 100,000 population. In Tennessee, rates of death by suicide among women are higher at 4.2. As a result, Tennessee ranks 31st in the nation and fourth in the East South Central region on this indicator of women's health status.

While risk factors for suicide often occur in combination, research indicates that 90 percent of men and

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

## Limitations on Activities

Women's overall health status strongly affects their ability to carry out everyday tasks, provide for their families, fulfill their goals, and live full and satisfying lives. Illness, disability and generally poor health can obstruct their ability to do so. Women's self-evaluation of the number of days in a month on which their activities were limited by their health status measures the extent to which women are unable to perform the tasks they need and want to complete. Among all states, the median is 3.6; in Tennessee, the average number of days of limited activities for women is approximately the same, at 3.8 (see Table 15). For men, the rate in Tennessee (4.5 days per month) is higher than the median rate for all states (3.5 days per month; data not shown). Tennessee ranks 33rd nationally and first in the East South Central region on this indicator, somewhat higher than most of its other rankings. Its high regional ranking points to women's low status in this indicator in nearby states.

## Preventive Care and Health Behaviors

Women's health status is affected tremendously by their use of early detection measures, preventive health care, and good personal health habits. In fact, preventive health care, healthy eating and exercise, as well as elimination of smoking and heavy drinking, can help women avoid many of the diseases and conditions described above. Table 16 presents data on women's use of preventive care, early detection resources, and good health habits in Tennessee. Generally, women in Tennessee use preventive care

**Table 16.**  
**Preventive Care and Health Behaviors**

	Tennessee	United States*
<b>Preventive Care</b>		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 1998 <sup>a</sup>	70.9	67.8
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 1998 <sup>a</sup>	86.2	84.9
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 1995 <sup>b</sup>	70.9	68.2
<b>Health Behaviors</b>		
Percent of Women Who Smoke (100 or more cigarettes in their lifetime and who now smoke everyday or some days), 1998 <sup>a</sup>	22.3	20.8
Percent of Women Who Report Chronic Drinking (60 or more alcoholic beverages during the previous month), 1995 <sup>b</sup>	0.2	0.7
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 1998 <sup>a</sup>	38.0	29.9
Percent of Women Who Do Not Eat 5 or More Servings of Fruits or Vegetables per Day, 1998 <sup>a</sup>	67.3	72.2

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

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

Compiled by the Institute for Women's Policy Research.

## State Health Policies and Resources

State policies can contribute to women's health status in significant ways. Because poverty is closely associated with poor health, policies allocating resources to Medicaid programs to help low-income men and women cover health-related expenses are critical for improving health and well-being. Women are particularly affected by resource allocations to Medicaid programs since more women than men live in poverty and, consequently, over 50 percent more women receive Medicaid benefits than men (U.S. Department of Health and Human Services, Health Care Financing

resources at slightly higher than average levels. Of women over age 50, 70.9 percent have had a mammogram within the past two years, slightly higher than the median for all states (67.8 percent). Likewise, Tennessee women have slightly higher usage rates of pap tests and cholesterol screenings than the median rate for all states.

In contrast, women in Tennessee have mixed health habits. The percent of adult women in Tennessee who smoke, 22.3 percent, is higher than the median for all states, 20.8 percent. However, the percent of Tennessee women who drink chronically (60 or more alcoholic beverages a month) is lower than the median for all states, (0.2 versus 0.7, respectively). Finally, women in Tennessee are much less likely to participate in physical activity but more likely to eat the recommended amount of fruits and vegetables than women in other states.

Administration, 1999a). In Tennessee, more women than men receive health insurance from public sources (24.2 percent versus 17.3 percent; see Table 12). During the 1990s, states gained increased autonomy in setting eligibility and benefit levels for Medicaid programs, and as a result their spending varied substantially. Table 17 shows the level of Medicaid spending per adult enrollee in Tennessee ("adults" are generally defined as nondisabled people aged 18-64, although some states extend "adult" to cover some younger people, such as pregnant teens or mothers classified as head-of-household). In 1997, at \$1,497, Tennessee's spending was far below the average among all states of \$1,874 per adult enrollee. Without adequate financial support for their health care needs, the health status of low-income women and their families is likely to suffer. Domestic violence and sexual assault can also affect women's physical health and mental well-being

## Focus on Domestic Violence in Tennessee

Domestic violence is a serious and widespread problem throughout Tennessee, as it is across the nation. According to data from the Tennessee Administrative Office of the Courts, 37,127 domestic physical assaults were reported to police in fiscal year 1996-97 (State of Tennessee, Administrative Office of the Courts, 1998), 54,130 incidents were reported in fiscal year 1997-98 (State of Tennessee, Administrative Office of the Courts, 1999), and 45,602 incidents were reported in fiscal year 1998-99 (State of Tennessee, Administrative Office of the Courts, 2000).<sup>1</sup> Based on data from fiscal year 1998-99, 61 percent of those assaulted were wives, ex-wives or girlfriends; 15 percent were husbands, ex-husbands or boyfriends. In addition, 6.3 percent of those assaulted were children or stepchildren of the alleged perpetrator (State of Tennessee, Administrative Office of the Courts, 2000). However, these numbers are likely to underestimate the extent of domestic violence in Tennessee. A large minority of sheriff and police departments do not submit reports on domestic violence, even though they are required by law to do so (State of Tennessee, Administrative Office of the Courts, 1998). In addition, many victims simply do not report incidents of violence.

Despite the evidence that many women are affected by domestic violence, there is a shortage of domestic violence shelters in Tennessee. In 1997, 3,876 women and 4,271 children were housed in domestic violence shelters in Tennessee. Also that year, however, 1,945 women and 711 children were turned away from shelters due to lack of space (State of Tennessee, Department of Human Services, 2000b). And these numbers probably underestimate demand for shelter space. If it is generally known that domestic violence shelters are turning away potential clients, victims who might otherwise leave abusive relationships and seek services may simply not do so.

Finally, Tennessee commits inadequate funding to domestic violence services. As Table 17 indicates, the state spends less than half the national average on domestic violence and sexual assault services and prevention. In addition, the majority of funding for domestic violence services available in Tennessee comes from the federal government. In fiscal year 1998-99, only 16 percent of funding for these programs came from the Tennessee state government, which contributes funds raised from a \$10 fee on marriage licenses (Tennessee Taskforce Against Domestic Violence, 2000). Tennessee could expand its state funding substantially in this area.

Mandated police and sheriff compliance with domestic violence reporting, increased state funding for domestic violence programs, and the creation of adequate shelter space for victims of domestic violence would all help prevent incidents of domestic violence and improve the welfare of domestic violence victims.

<sup>1</sup>For the purposes of data collection, domestic violence is defined as cases involving violence between current or former household members. It can include verbal assault or intimidation in situations in which an office response to a call alleging violence and finds that no physical assault has occurred.

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

	Tennessee	United States
Medicaid Spending Per Adult Enrollee, 1997 <sup>a</sup>	\$1,497	\$1,874
Domestic Violence and Sexual Assault Services and Prevention Spending Per Capita, 1994-95 <sup>b</sup>	\$0.66	\$1.34

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

Compiled by the Institute for Women's Policy Research.

significantly. Very little reliable data on rates of violence against women exist, however, because many incidences of violence go unreported. Women who suffer from domestic violence, sexual assault, and other crimes need appropriate services to help them make the transition from a violent and unhealthy situation to an independent and stable life. Still, state spending related to violence against women varies tremendously. Table 17 shows that Tennessee's funding for domestic violence and sexual assault pro-

grams, at \$0.66 per person in the state, is also far below the national average of \$1.34 (for more information, see Focus on Domestic Violence in Tennessee).

Studies show that the existence and quality of insurance coverage significantly affects women's access to health resources and, consequently, their health (Mead, Witkowski and Hartmann, forthcoming).

In order to advance women's and men's access to adequate health-related resources, many states have developed policies governing health care coverage by insurance companies for their policyholders. These policies include required coverage for preventive screenings for cervical cancer and osteoporosis; laws allowing women to choose a specialist in obstetrics and gynecology as their primary care physician or allowing direct access to one without referral; and mandates for coverage of mental health services. In addition, some states have mastectomy stay laws, requiring insurance companies to cover inpatient care for defined periods following a mastectomy. Overall, Tennessee has few of these state insurance mandates (see Table 18).

**Table 18.**  
**State Health Insurance Mandates in Tennessee, 1999**

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

\* Tennessee requires insurance companies to offer coverage of osteoporosis screening.

Source: <sup>a</sup> Stauffer and Plaza, 1999; <sup>b</sup> Delaney, 1999.

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# Conclusions and Policy Recommendations

Women in Tennessee, like women nationally, have made a great deal of progress in recent decades. However, many improvements in women's status are complicated by the larger economic and political landscape in Tennessee. For example, although women's labor force participation in Tennessee is higher than for the nation, the wage gap between men and women in Tennessee is also higher. Thus, despite the fact that more women in Tennessee are working than women nationally, they are earning less relative to men than women in the nation.

The status of women in Tennessee also varies significantly by region, race and ethnicity, age, marital status, and social class. Different local economic structures undoubtedly affect women's educational attainment and earnings opportunities, and cultural variations and historical factors may explain some differences in the amount and type of education women gain, as well as the degree to which they participate in politics.

While it is necessary to be sensitive to the differences among women, it is also critical to remember that, within income groups and by almost every measure available, women as a group are economically disadvantaged relative to their male counterparts. Public policies must take into account women's common inequality as well as their varied life experiences.

In a time when the federal government is transferring many responsibilities to the state and local level, Tennessee women need state-based public policies to adequately address the complex issues addressed in this report. The Tennessee Advisory Committee recommends the following policy priorities:

**Tennessee should underwrite the regular collection of data on the educational, employment, economic, social, and political status of citizens in Tennessee.**

- ◆ Data available at the state level rarely allow for differentiation between women and men, let

alone among women of different racial and ethnic groups, ages, marital statuses, or parts of the state. But data should be collected in a manner allowing comparisons among these different groups of women. Policymakers and politicians, as well as advocates and researchers, need this information to make informed policy and funding decisions.

**Policies should be adopted that correct for women's low wages and lack of benefits.**

- ◆ Women in Tennessee will benefit more from the state's strong economy if the minimum wage is raised, programs to increase the growth of living-wage jobs are developed, local and state governments enact living wage legislation, and efforts are made to eliminate the wage gap.
- ◆ Tennessee should enforce equal opportunity laws and implement pay equity policies that require fair wages be paid to those performing historically female jobs. In addition, women who work full-time, year-round should earn a living wage, receive health benefits, disability insurance, personal days, and vacation days.
- ◆ Tennessee laws should protect and encourage unionization and thereby assist women workers in achieving economic autonomy.
- ◆ Women in Tennessee who seek capital for new business ventures should receive equal consideration to men. Policies should enhance opportunities for women to own businesses by requiring that commercial loan departments of banks provide equal access for women who seek loans and equity to start or expand their businesses. State and local government contracts need to be accessible to women-owned businesses.

**The state should adopt policies to enhance educational and training opportunities and educational attainment.**

- ◆ Tennessee, in general, needs to increase spending on non-traditional training programs for women to prepare them to enter historically male jobs with higher wages. In addition, existing federal, state, and local government programs that offer college scholarships need to be better advertised to low-income women.

**Policies should be designed to enhance reliable and affordable child care programs**

**Tennessee should require that employers provide mandatory temporary disability insurance to cover maternity leave and should adopt paid parental and dependent-care leave policies.**

**The state needs stronger policies to protect women from domestic violence and sexual assault.**

- ◆ To safeguard women's physical safety, Tennessee should increase funding for domestic violence shelters and for public awareness and preventive programs that deal with violence against women. Policies should also be enacted to strengthen interventions in violent relationships.
- ◆ Tennessee should protect the rights of domestic violence and sexual assault victims through the enforcement of existing laws and the creation of stronger domestic violence, sexual assault, and stalking laws.
- ◆ Tennessee should change state law to treat marital rape as sexual assault.
- ◆ Judicial and police training in Tennessee should include educating officials about the unique characteristics and the prevalence of these crimes.
- ◆ Local police departments and sheriff offices should fulfill their requirement to report incidents of domestic violence to the Tennessee Administrative Office of the Courts.

**Tennessee should fund public awareness programs on health and preventative health care programs at higher levels.**

**Tennessee should aim to improve women's overall health by increasing women's economic autonomy.**

**Policies and programs should be adopted that would expand women's participation in the political process.**

- ◆ Women's organizations in Tennessee should mount statewide voter registration drives so that women are encouraged to register to vote, vote in elections, and translate their policy priorities into state policies.
- ◆ Women in Tennessee should seek more elected offices and political appointments.

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

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

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

—*The Tennessee Advisory Committee*



# Appendix I

## Basic Demographics

This Appendix includes data on different populations within Tennessee. Statistics on age, the sex ratio and the elderly female population are present-

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

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

	Tennessee	United States
<b>Total Population, 1998<sup>a</sup></b>	<b>5,430,621</b>	<b>270,298,524</b>
Number of Women, All Ages <sup>b</sup>	2,810,064	138,252,197
Sex Ratio (women to men, aged 18 and older) <sup>b</sup>	1.12:1	1.08:1
Median Age of All Women <sup>b</sup>	37.1	36.3
Proportion of Women Over Age 65 <sup>b</sup>	14.5%	14.6%
<b>Distribution of Women by Race and Ethnicity, All Ages, 1995<sup>c</sup></b>		
White*	81.4%	73.0%
African American*	16.8%	12.8%
Hispanic**	0.8%	9.8%
Asian American*	0.8%	3.6%
Native American*	0.2%	0.8%
<b>Distribution of Households by Type, 1990<sup>d</sup></b>		
Total Number of Family and Nonfamily Households	1,847,859	91,770,958
Married-Couple Families (with and without their own children)	58.1%	56.2%
Female-Headed Families (with and without their own children)	12.3%	11.3%
Male-Headed Families (with and without their own children)	2.8%	3.2%
Nonfamily Households: Single-Person Households	23.6%	24.4%
Nonfamily Households: Other	3.2%	4.9%
<b>Distribution of Women Aged 15 and Older by Marital Status, 1990<sup>e</sup></b>		
Married	56.9%	55.6%
Single	19.9%	23.1%
Widowed	13.0%	11.9%
Divorced	10.1%	9.4%
<b>Percent of Households with Children Under Age 18 Headed by Women, 1990<sup>f</sup></b>	<b>20.4%</b>	<b>19.5%</b>
<b>Proportion of Women Living in Metropolitan Areas, All Ages, 1990<sup>g</sup></b>	<b>73.8%</b>	<b>83.1%</b>
<b>Proportion of Women Who Are Foreign-Born, All Ages, 1990<sup>h</sup></b>	<b>1.2%</b>	<b>7.9%</b>
<b>Percent of Federal and State Prison Population Who Are Women, 1998<sup>i</sup></b>	<b>5.0%</b>	<b>6.5%</b>

\* Non-Hispanic.

\*\* Hispanics may be of any race.

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

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

Tennessee has the 17th largest population among all the states in the United States. There were over 2.8 million women of all ages in Tennessee in 1998 (see Appendix Table 1). Between 1990 and 1998, the population of Tennessee grew by 11.3 percent, more than the growth of the nation as a whole (8.7 percent; U.S. Department of Commerce, Bureau of the Census, 1999e). Tennessee's population growth rate is the highest of the four states in the East South Central region and well above the regional rate of 8.5 percent. White women are a much larger share of the female population in Tennessee than they are in the United States as a whole, at about 81.4 percent of women in the state (compared with 73.0 percent of white women for the nation as a whole). Of all the racial/ethnic groups in Tennessee, African American women (16.8 percent) constitute a proportion substantially higher than the national average (12.8 percent). The other groups combined make up less than 2 percent of the female population in Tennessee,

over 12 percentage points lower than for the rest of the United States.

The proportions of married, divorced and widowed women in Tennessee are slightly higher than in the country as a whole, while the proportion of single women is somewhat lower in Tennessee than the nation (see Appendix Table 1). Tennessee's distribution of family types diverges slightly from that in the nation overall. The proportion of single-person households is slightly smaller than in the nation as a whole (23.6 percent versus 24.4 percent), while the proportion of female-headed families in Tennessee is slightly larger (12.3 versus 11.3 percent). The proportion of married-couple families in Tennessee is also larger than nationally, while other family types have smaller proportions than in the nation as a whole. Female-headed households with children under age 18 constitute 20.4 percent of all families with children in Tennessee, a slightly larger proportion than the 19.5 percent nationwide.

Tennessee's proportion of women living in metropolitan areas is substantially lower than in the nation overall (73.8 percent compared with 83.1 percent of women in the United States). The percent of Tennessee's prison population that is female is lower than the national average (see Appendix Table 1). There is a large difference between Tennessee and the nation as a whole in terms of the proportion of the population that is foreign-born. Tennessee has a much smaller foreign-born female population than does the United States as a whole (1.2 percent compared with 7.9 percent).

# Appendix II

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

### **Composite Political Participation Index**

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

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

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

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

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

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

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

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

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

### **Composite Employment and Earnings Index**

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

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

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

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

**Women's Median Annual Earnings:** Median yearly earnings (in 1998 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1996, 1997 and 1998. Earnings were converted to constant dollars using the Consumer Price Index and the median was selected from the merged data file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state. The sample size for women ranges from 511 in Vermont to 4,805 in California; for men, the sample size ranges from 641 in the District of Columbia to 7,594 in California. For Tennessee, the sample size is 715 for women and 971 for men. These earnings data have not been adjusted for cost-of-living differences between the states because the federal government does not produce an index of such differences. Source: Economic Policy Institute calculations of the 1997-99 Annual Demographic Files (March) from the Current Population Survey, for the 1996-98 calendar years; Economic Policy Institute, 2000.

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

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

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

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

### **Composite Economic Autonomy Index**

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

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

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

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

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

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

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

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

### **Composite Reproduction and Family Planning Index**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### ***Composite Health and Well-Being Index***

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

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

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

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

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

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

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

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

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

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

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

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

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



# Appendix III

## Sources for Chart II

### (Women's Resources and Rights Checklist)

#### **Violence Against Women**

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

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

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

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

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

#### **Child Support**

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

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

#### **Welfare**

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

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

**Work Requirements:** What constitutes work activities is a contentious issue at both the state and federal level. State policies around these issues continue to evolve and are subject to caseworker discretion. This report uses each state's self-reported

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

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

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

**Earnings Disregards:** States are given leeway in determining how much of a low-income worker’s earnings to disregard in determining eligibility for welfare reciprocity. Six states have not changed their earnings disregards policy from the test that existed under the former welfare program, AFDC, which disregarded \$90 for work expenses and \$30 plus one-third of remaining earnings for four months; \$120 for the next 8 months; and \$90 after a full year. Forty-four states and the District of Columbia have changed their policies. Those that disregard at least 50 percent of earnings are indicated by a “yes.” Source: U.S. Department of Health and Human Services, Administration for Children and Families, 1999c.

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

### ***Employment/Unemployment Benefits***

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

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

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

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

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

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

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

**Use of UI for Paid Family Leave:** Recent initiatives in several states have advanced the idea of using UI to provide benefits during periods of family leave. At the federal level, the Department of

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

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

### ***Sexual Orientation and Gender Identity***

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

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

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

### ***Reproduction and Family Planning***

For information on sources concerning these indicators, please see the section describing the Composite Reproduction and Family Planning Index in Appendix II.

### ***Institutional Resources***

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

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

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

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

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

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

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

## Appendix IV, Part A: State-by-State Rankings on the Composite Indices and Their Components—Reproduction and Family Planning

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

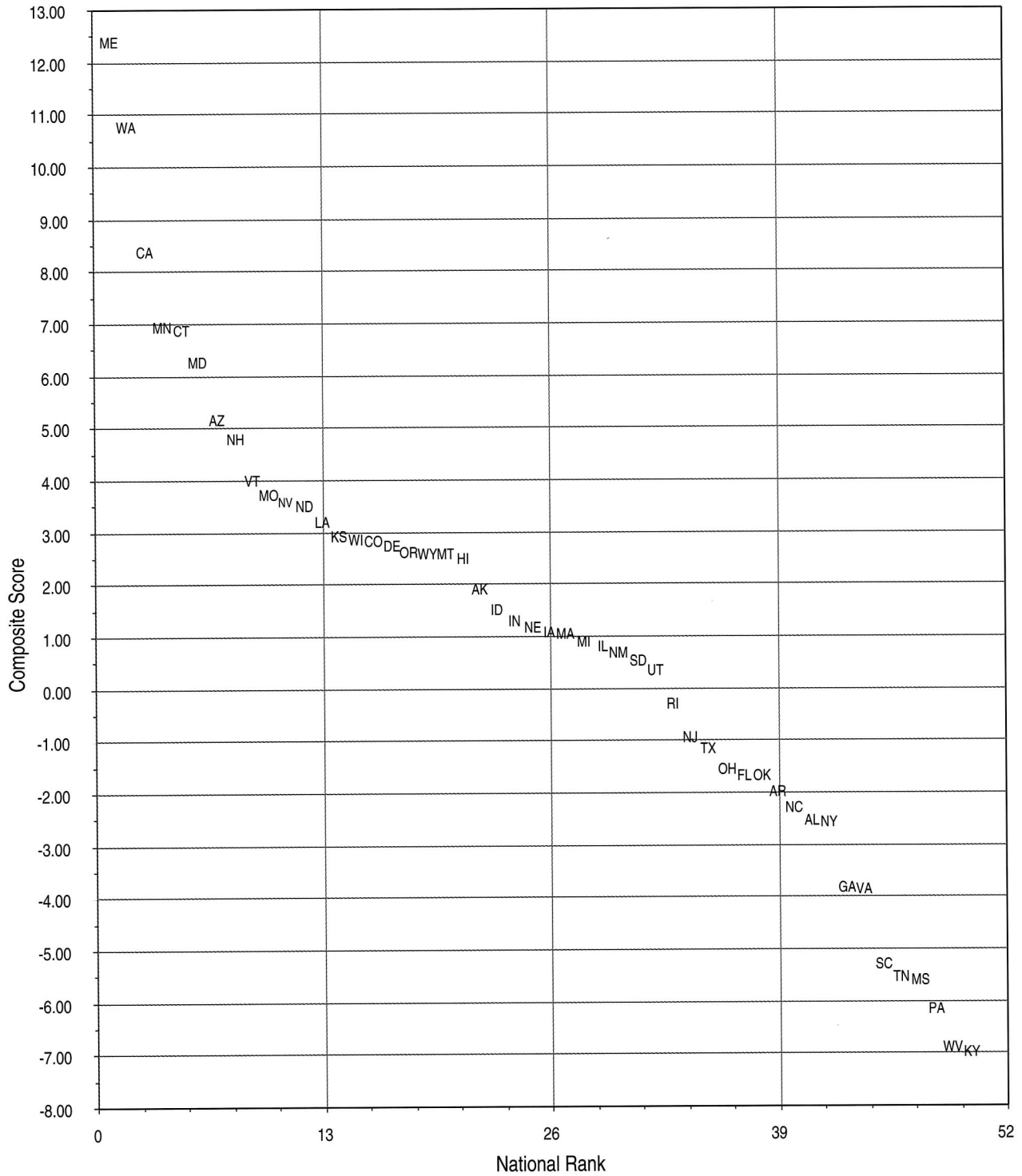
\* Indicates the legislation is not enforced but remains part of the statutory code.

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

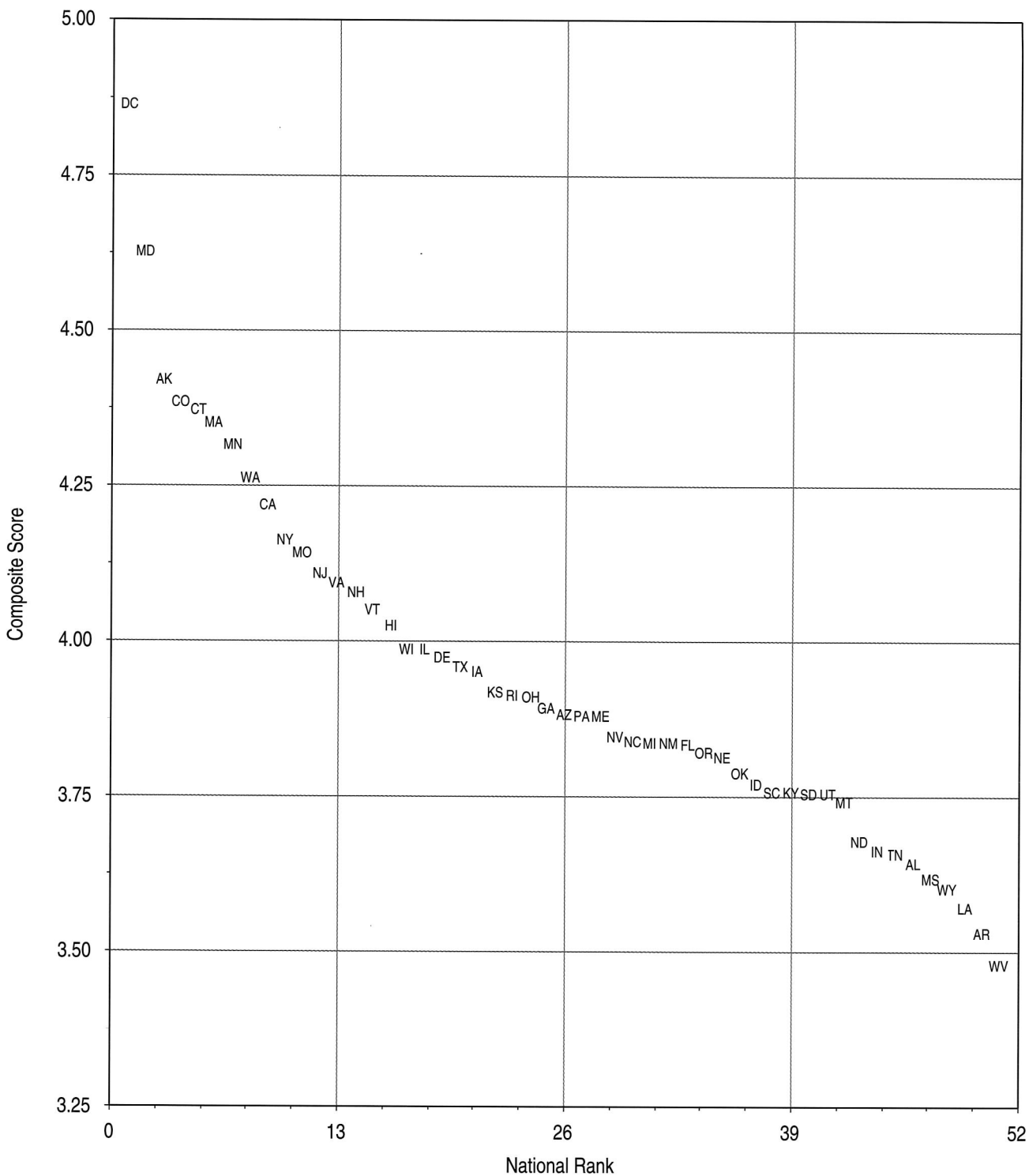
State	Composite Index			Heart Disease Mortality		Lung Cancer Mortality		Breast Cancer Mortality		Incidence of Diabetes		Incidence of Chlamydia		Incidence of AIDS		Poor Mental Health		Suicide Mortality		Limited Activities	
	Score	Rank	Grade	Rate	Rank	Rate	Rank	Rate	Rank	Percent	Rank	Rate	Rank	Rate	Rank	Days	Rank	Rate	Rank	Days	Rank
Alabama	1.81	38	C-	82.6	15	30.0	14	23.7	9	7.9	50	358.4	36	5.7	32	4.3	47	3.9	23	5.1	45
Alaska	2.22	22	C+	69.7	7	40.0	46	22.5	3	2.6	1	448.4	46	1.3	7	3.0	8	6.6	50	2.6	1
Arizona	2.29	18	B-	86.9	22	32.1	20	23.3	6	2.9	2	384.6	40	3.9	29	1.2	1	5.9	47	3.7	27
Arkansas	1.73	43	D+	102.9	37	35.4	34	23.3	6	6.4	41	181.1	5	3.0	26	3.8	36	4.5	37	5.7	47
California	2.01	31	C	96.3	33	33.9	28	24.8	22	5.5	29	327.7	31	5.1	30	3.4	18	4.4	34	4.0	37
Colorado	2.39	16	B	64.1	4	25.5	5	23.0	5	4.6	16	284.4	25	2.3	23	3.7	30	5.7	46	3.1	13
Connecticut	2.47	10	B	84.9	18	32.6	23	26.0	37	3.8	9	298.9	29	13.6	45	3.2	13	3.0	8	3.2	15
Delaware	1.54	48	D-	89.0	25	41.2	48	28.4	45	4.5	15	557.1	49	13.5	44	3.7	30	3.6	17	6.0	49
District of Columbia	1.51	49	D-	75.7	12	34.7	32	33.2	51	7.2	46	335.8	32	86.7	51	2.4	2	2.3	1	5.9	48
Florida	1.63	45	D	98.0	34	35.7	36	24.9	23	5.9	35	296.4	28	24.1	49	3.7	30	5.0	42	4.8	44
Georgia	2.13	27	C+	93.4	31	31.2	18	24.4	16	5.1	24	369.4	37	11.6	42	4.0	42	3.8	22	3.4	19
Hawaii	2.71	1	A-	60.6	1	22.9	2	17.5	1	5.7	31	261.3	18	2.7	24	2.6	4	4.8	40	3.0	12
Idaho	2.55	7	B+	75.0	11	27.5	8	23.3	6	3.9	11	224.7	12	1.4	10	3.4	18	4.9	41	2.8	4
Illinois	2.26	20	B-	108.0	41	33.7	26	28.4	45	5.9	35	285.4	27	5.5	31	3.5	23	2.9	6	2.7	2
Indiana	2.20	24	C+	106.6	40	36.0	41	25.7	32	5.8	34	261.1	17	1.8	16	3.5	23	3.6	17	2.9	7
Iowa	2.45	12	B	92.3	27	29.8	12	25.1	24	5.3	26	266.7	20	1.1	6	3.6	26	3.3	12	2.8	4
Kansas	2.56	5	B+	85.4	19	29.8	12	23.9	12	3.6	5	255.4	15	2.0	20	3.0	8	3.7	19	3.3	17
Kentucky	1.43	50	F	108.4	42	41.8	50	25.1	24	5.7	31	256.8	16	2.7	24	5.5	51	3.3	12	6.7	51
Louisiana	1.82	36	C-	100.1	36	35.9	38	26.5	38	6.8	45	417.8	44	11.5	41	3.3	15	4.6	38	3.4	19
Maine	2.25	21	B-	92.7	28	39.1	45	25.7	32	4.9	21	141.3	4	1.3	7	3.4	18	3.5	15	4.2	40
Maryland	1.91	34	C	86.7	21	37.7	43	27.8	42	5.7	31	460.0	47	21.6	48	4.1	43	3.1	9	3.8	33
Massachusetts	2.47	10	B	85.8	20	35.7	36	29.1	49	3.1	3	206.9	6	13.0	43	3.2	13	2.8	5	3.6	24
Michigan	1.79	41	C-	112.4	47	34.9	33	27.0	40	7.6	48	371.9	39	3.7	28	4.6	50	3.2	10	3.6	24
Minnesota	2.45	12	B	71.2	9	28.2	10	25.3	26	5.1	24	209.9	7	2.1	21	3.7	30	3.3	11	4.2	40
Mississippi	1.80	39	C-	93.1	29	30.0	14	23.7	9	8.2	51	483.3	48	9.5	40	3.8	36	3.9	24	4.0	37
Missouri	1.84	35	C-	113.6	48	35.9	38	25.4	28	5.6	30	391.1	42	3.4	27	3.9	39	4.1	29	3.7	27
Montana	2.36	17	B	63.9	3	32.0	19	24.5	18	4.1	13	213.3	10	0.5	1	3.4	18	6.1	49	3.2	15
Nebraska	2.44	14	B	77.6	13	26.9	6	24.7	21	5.0	23	217.4	21	1.9	18	3.3	15	3.7	21	3.7	27
Nevada	1.82	36	C-	80.5	14	46.0	51	25.3	26	3.6	5	211.6	8	6.5	34	4.1	43	7.9	51	2.9	7
New Hampshire	2.27	19	B-	93.3	30	38.0	44	28.3	43	3.7	8	108.3	1	1.4	10	3.8	36	4.4	35	3.4	19
New Jersey	2.16	26	C+	111.0	44	33.9	28	29.6	50	4.9	21	234.7	13	20.3	47	2.9	6	2.7	3	3.7	27
New Mexico	2.13	27	C+	60.8	2	24.4	4	22.7	4	4.8	19	403.7	43	1.4	10	4.3	47	5.9	48	3.9	36
New York	1.38	51	F	144.0	51	32.2	21	28.6	47	6.7	43	659.1	51	29.7	50	3.6	26	2.5	2	4.1	39
North Carolina	1.76	42	D+	99.5	35	30.2	16	25.4	28	7.5	47	386.6	41	6.2	33	3.7	30	4.3	32	4.4	43
North Dakota	2.55	7	B+	82.8	16	24.3	3	25.5	30	4.2	14	212.3	9	0.8	3	3.0	8	4.0	26	3.5	23
Ohio	1.98	32	C	114.8	49	35.9	38	27.3	41	5.3	26	342.3	34	1.9	18	3.3	15	3.0	7	4.3	42
Oklahoma	1.55	47	D-	110.9	43	34.4	31	24.3	15	7.8	49	371.5	38	1.7	14	2.4	2	5.4	43	5.1	45
Oregon	2.18	25	C+	72.9	10	40.0	46	24.4	16	4.7	18	237.5	14	1.0	5	3.6	26	5.4	44	3.4	19
Pennsylvania	2.08	29	C	104.0	38	32.2	21	28.3	43	6.0	38	276.0	23	8.8	39	3.1	11	3.5	14	3.8	33
Rhode Island	2.03	30	C	111.4	46	34.1	30	28.7	48	5.9	35	338.3	33	7.9	37	3.5	23	2.8	4	3.7	27
South Carolina	1.68	44	D	106.4	39	29.4	11	25.5	30	6.3	40	581.7	50	16.3	46	3.6	26	4.5	36	3.7	27
South Dakota	2.58	4	B+	90.9	26	26.9	6	24.2	14	3.6	5	278.5	24	1.3	7	2.7	5	4.0	25	2.9	7
Tennessee	1.80	39	C-	111.0	44	33.4	25	25.7	32	6.4	41	349.6	35	6.7	35	4.2	46	4.2	31	3.8	33
Texas	1.92	33	C	96.2	32	32.6	23	23.9	12	6.2	39	441.7	45	7.9	37	4.1	43	4.1	28	3.6	24
Utah	2.62	2	B+	64.8	5	14.0	1	22.0	2	3.8	9	135.2	3	1.8	16	4.4	49	5.5	45	3.3	17
Vermont	2.61	3	B+	82.9	17	35.4	34	25.8	35	4.6	16	126.9	2	0.8	3	3.1	11	3.7	20	2.7	2
Virginia	2.21	23	C+	87.7	24	33.8	27	26.5	38	4.8	19	300.3	30	7.2	36	3.9	39	4.1	30	3.1	13
Washington	2.41	15	B	68.5	6	36.7	42	24.6	20	5.3	26	265.3	19	2.2	22	3.7	30	4.3	32	2.8	4
West Virginia	1.57	46	D-	117.4	50	41.3	49	23.8	11	6.7	43	274.2	22	0.6	2	2.9	6	4.0	27	6.1	50
Wisconsin	2.53	9	B+	87.5	23	28.0	9	25.8	35	4.0	12	284.6	26	1.7	14	3.4	18	3.6	16	2.9	7
Wyoming	2.56	5	B+	70.5	8	30.7	17	24.5	18	3.1	3	224.2	11	1.5	13	3.9	39	4.6	39	2.9	7
<b>United States</b>				<b>90.9</b>		<b>33.3</b>		<b>26.0</b>		<b>5.3</b>		<b>335.8</b>		<b>9.4</b>		<b>3.5</b>		<b>3.9</b>		<b>3.6</b>	



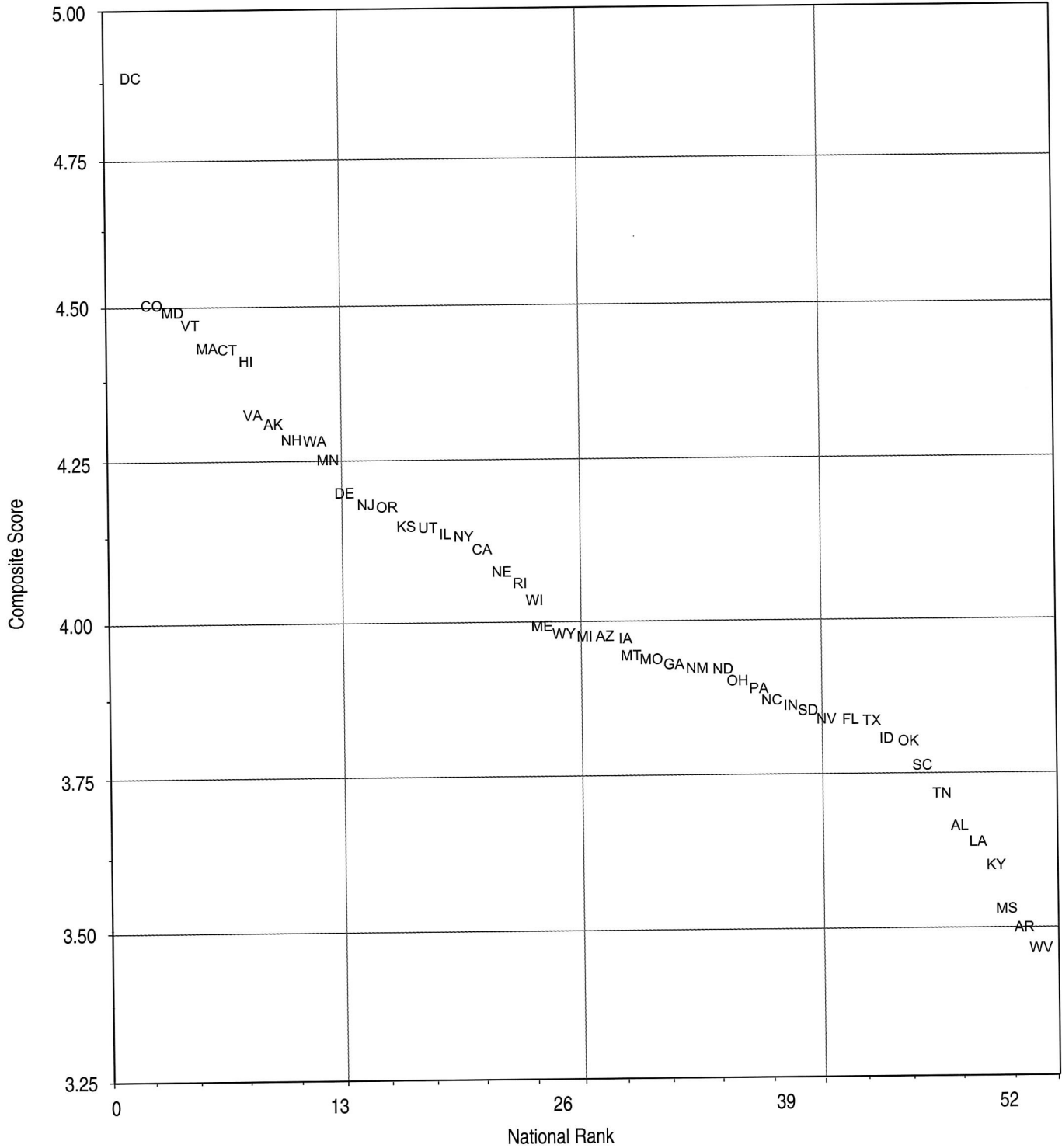
# Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Political Participation



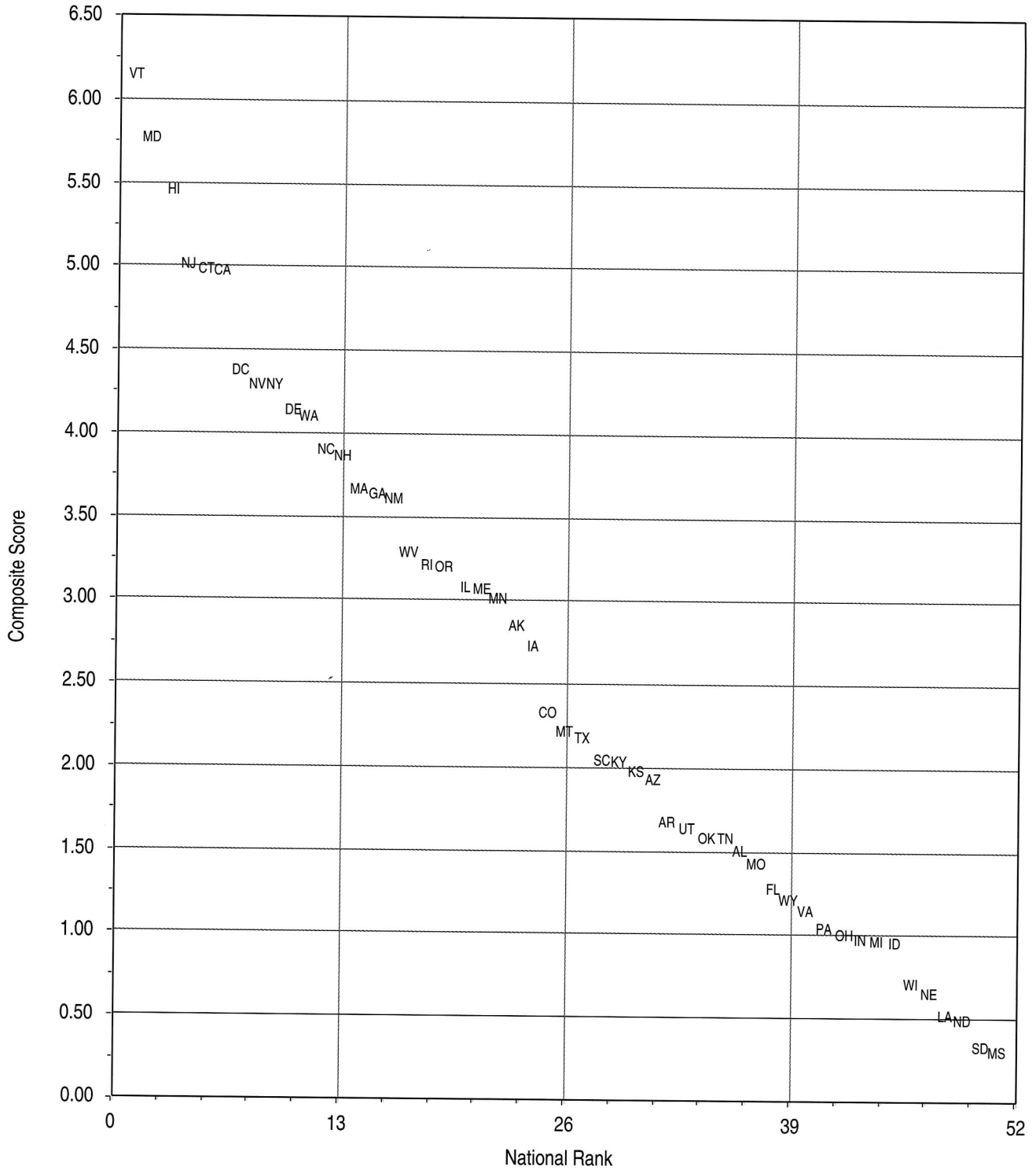
# Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Employment and Earnings



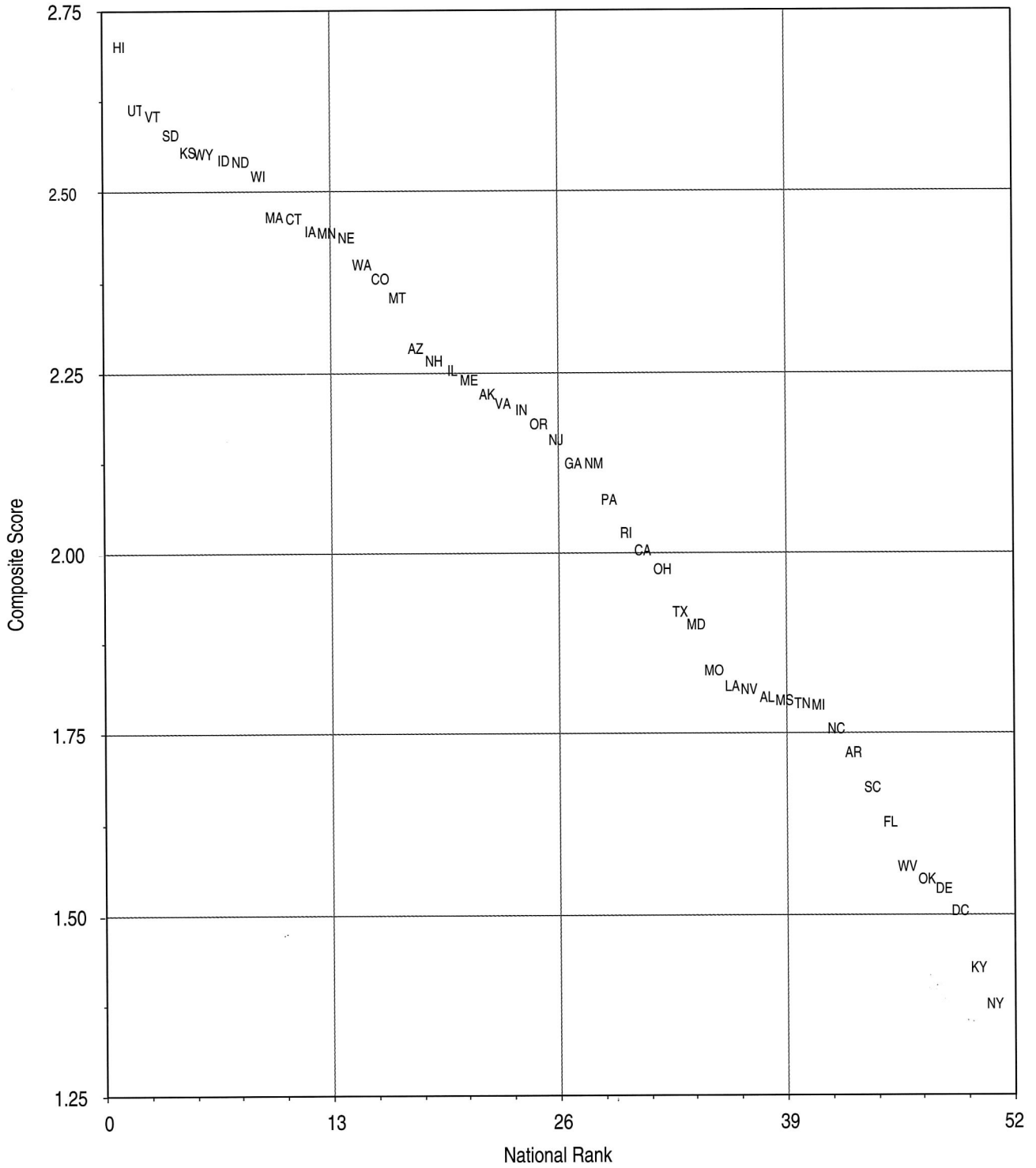
# Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Economic Autonomy



# Appendix IV, Part B: Graphs of State-by-State Rankings on the Composite Indices Reproduction and Family Planning



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



# Appendix V

## State and National Resources

### **Selected Tennessee Resources**

AFL/CIO Tennessee Labor Council  
1901 Lindell Ave.  
Nashville, TN 37203  
Tel: (615) 269-7111  
Fax: (615) 269-8534  
www.tnafclcio.org

Alpha Kappa Alpha Sorority, Inc.  
Alpha Delta Omega Chapter  
750 Work Drive  
Nashville, TN 37207  
Tel: (615) 876-6667

American Association of Retired  
Persons  
Tennessee Chapter  
150 4th Ave N, Suite 180  
Nashville, TN 37219-2499  
Tel: (615) 259-2277  
Fax: (615) 313-8414  
www.aarp.org

American Association of University  
Women  
Department of History  
Box 23  
MTSU  
Murfreesboro, TN 37212  
Tel: (615) 898-2536  
Fax: (615) 898-5881  
rtaylor@mtsu.edu  
www.aauw.org

American Civil Liberties Union of  
Tennessee  
P.O. Box 120160  
Nashville, TN 37212  
Tel: (615) 320-7142  
www.aclu-tn.org/

Black Children's Institute of  
Tennessee  
301 Starboard Court  
Nashville, TN 37212  
Tel: (615) 366-5530  
Fax: (615) 360-7843  
bcitn@nashville.com

Business and Professional Women,  
Tennessee Federation  
P.O. Box 41415  
Nashville, TN 37204-1415  
Tel: (615) 292-7927  
www.bpwwusa.org

CEASE Domestic Violence and  
Sexual Assault  
P.O. Box 3359  
Morristown, TN 37815-3359  
Crisis Line: (800) 303-2220  
Tel: (800) 304-2220  
Fax: (423) 586-0692  
Cease@lcs.net

Center for Entrepreneurship  
Belmont University  
1900 Belmont University  
Nashville, TN 37212  
Tel: (615) 460-6603  
Fax: (615) 460-6605  
garvinb@mail.belmont.edu

Center for Research on Women  
The University of Memphis  
339 Clement Hall  
Memphis, TN 38152-6105  
Tel: (901) 678-2770  
Fax: (901) 678-3652  
crow@memphis.com  
www.cas.memphis.edu/isc/crow/

Child and Family  
901 East Summit Hill Drive  
Knoxville, TN 37915  
Tel: (423) 524-7483  
Fax: (423) 524-4790  
www.child-family.org

Child Care Resource and Referral  
Service  
State of Tennessee  
400 Deadrick Street, 14th Floor  
Nashville, TN 37248-9810  
Tel: (800) 462-8261  
Tel: (615) 313-4820  
Fax: (615) 532-9956  
www.state.tn.us/humanserv/  
childcare.htm

Children and Family Services, Inc.  
P.O. Box 845  
Covington, TN 38019  
Tel: (901) 476-2364  
Fax: (901) 476-2368

Children's Advocacy Center  
P.O. Box 867  
Blountville, TN 37617  
Tel: (423) 279-1222  
24hr. Hotline for sexual abuse:  
423-323-2044  
Fax: (423) 323-0972  
dschurjer@chartertn.net

Coalition of 100 Black Women  
P.O. Box 210975  
Nashville, TN 37211  
Tel: (615) 646-9202  
laeineinna@prodigy.net  
www.orgs.womenconnect.com/ncbw

Coalition of Labor Union Women  
1901 Lindell Ave.  
Nashville, TN 37203  
Tel: (615) 269-7111

Council of Jewish Women-Tennessee  
801 Percy Warner Boulevard  
Nashville, Tennessee, 37205  
Tel: (615) 352-7057

Crisis Intervention Center  
P.O. Box 40752  
Nashville, TN 37204  
Tel: (615) 244-7444

Delta Sigma Theta Sorority, Inc.  
Nashville Alumnae Chapter  
4100 Home Haven Dr.  
Nashville, TN 37218  
Tel: (615) 876-9246

Department of Economic and  
Community Development  
State of Tennessee  
320 Sixth Ave N.  
Rachel Jackson Bldge, 7th Floor  
Nashville, TN 37243-0405  
Tel: (615) 532-8892  
Fax: (615) 532-8715

Department of Labor and Workforce  
Development  
State of Tennessee  
710 James Robertson Parkway  
Nashville, TN 37243-0655  
Tel: (615) 741-2582  
Fax: (615) 741-5078  
[www.state.tn.us/labor-wfd/](http://www.state.tn.us/labor-wfd/)

Domestic Violence Coalition of  
Greater Chattanooga  
1106 Carter Drive  
Chattanooga, TN 37415  
Tel: (423) 875-0120  
Fax: (423) 875-9768  
[dvccom@aol.com](mailto:dvccom@aol.com)

Economic Ventures  
P.O. Box 3550  
Knoxville, TN 37927  
Tel: (865) 594-8762  
Fax: (865) 594-8795  
[tomary@ml.kcdc.org](mailto:tomary@ml.kcdc.org)

Faith Unlimited Civic Club  
6432 Fleetwood Drive  
Nashville, TN 37209

Families First  
400 Deaderick St.  
Nashville, TN 37248  
Tel: (615) 313-4700  
Tel: (888) 863-6178  
Fax: (615) 741-4165  
[www.state.tn.us/humanserv/  
fmfirst.htm](http://www.state.tn.us/humanserv/fmfirst.htm)

Farm Bureau  
P.O. Box 313  
Columbia, TN 38402-0313  
Tel: (931) 388-7872  
[rose@tbf.com](mailto:rose@tbf.com)

First Call For Help  
46 Frasier Ave, Suite C  
Chattanooga, TN 37405  
Tel: (423) 326-5800  
Tel: (800) 635-0444  
Fax: (423) 752-0354

Girl Scout Council - Appalachian  
P.O. Box 3100 CRS  
Johnson City, TN 37602  
Tel: (423) 929-8185

Girl Scout Council-  
Cumberland Valley  
4522 Granny White Pike  
P.O. Box 40466  
Nashville, TN 37204  
Tel: (615) 383-0490  
Tel: (800) 395-5318  
Fax: (615) 383-2288  
[www.girlscouts.org](http://www.girlscouts.org)

Girl Scout Council - MidSouth  
P.O. Box 240246  
Memphis, TN 38124  
Tel: (901) 767-1440

Girl Scout Council-  
Moccasin Bend  
P.O. Box 15969  
Chattanooga, TN 37415-09969  
Tel: (423) 877-2688  
Fax: (423) 877-5587  
[mbgsc@aol.com](mailto:mbgsc@aol.com)

Girl Scout Council - Reelfoot  
10007 Old Humbolt Road  
Jackson, TN 38305  
Tel: (901) 668-1122

Girl Scout Council - Tanasi  
1600 Breda Drive  
Knoxville, TN 37918-1405  
Tel: (423) 688-9440  
Tel: (800) 474-1912  
[www.tanasi.org](http://www.tanasi.org)

Girls Inc.  
227 Library Ln.  
Johnson City, TN 37601  
Tel: (423) 928-4251

Girls Inc.  
1100 Girls Place  
Kingsport, TN 37660  
Tel: (423) 247-2321

Girls Inc.  
1404 McCallie Ave  
Chattanooga, TN 37404  
Tel: (423) 624-4757

Girls Inc.  
152 Beal St., 2nd Floor  
Memphis, TN 38103-3714  
Tel: (901) 523-0217

Girls Inc.  
301 Sulphur Springs  
Morristown, TN 37813  
Tel: (423) 531-4430

Girls Inc.  
560 Warehouse Rd.  
Oak Ridge, TN 37830  
Tel: (423) 482-4475

Highlander Research and Education  
Center  
1959 Highlander Way  
New Market, TN 37820  
Tel: (865) 933-3443

Hispanic Family Resource Center.  
224 Oriol Ave.  
Nashville, TN 37210  
Tel: (615) 837-9988

Holston Children and Youth Services  
2001 Stonebrook Place  
Kingsport, TN 37660  
Tel: (423) 224-1000  
Fax: (423) 224-1023

June Anderson Women's Center  
Middle Tennessee State University  
Box 295  
Murfreesboro, TN 37132  
Tel: (615) 898-2193  
[jawc@mtsu.edu](mailto:jawc@mtsu.edu)  
[www.mtsu.edu/~jawc/](http://www.mtsu.edu/~jawc/)

Knoxville Legal Aid Society  
502 South Gay Street, Suite 404  
Knoxville, TN 37902  
Tel: (423) 637-0484  
Fax: (423) 525-1162

Knoxville Women's Center  
220 Carrick St.  
Knoxville, TN 37921  
Tel: (865) 546-1873

League of Women Voters  
6903 Hickory View Lane  
Chattanooga, TN 37421  
Tel: (423) 899-7440  
Fax: (240) 358-7202

League of Women Voters of Tennessee  
1701 21st Ave S., Suite 425  
Nashville, TN 37212-3797  
Tel: (615) 297-7134  
Fax: (615) 383-6504  
lwvtn@compuserve.com

Legal Aid Society of Middle Tennessee  
211 Union Street, Suite 800  
Nashville, TN 37201  
Tel: (615) 244-6610  
Fax: (615) 244-6186

Legal Services of South Central Tennessee  
P.O. Box 1256  
Columbia, TN 38402  
Tel: (931) 381-5533  
Fax: (931) 381-5541

Legal Services of Upper East Tennessee  
311 W. Walnut Street  
P.O. Box 36037605  
Johnson City, TN 37605-0360  
Tel: (423) 928-8311  
Tel: (800) 821-1312  
Fax: (423) 928-9488

Life Planning Program in the Center for Community Career Education  
University of Tennessee at Chattanooga  
615 Callie Ave.  
Chattanooga, TN 37403  
Tel: (423) 755-4475  
Fax: (423) 755-5282

The Links, Inc.  
Nashville Area Cluster  
922 Kelly June Drive  
Mt. Juliet, TN 37122-3540  
Tel: (615) 754-6095

Margaret Cuninggim Women's Center  
Vanderbilt University  
Box 1513, Station B  
Nashville, TN 37235  
Tel: (615) 322-4843  
Fax: (615) 343-0940  
womenctr@ctrvax.vanderbilt.edu  
www.vanderbilt.edu/WomensCenter/

Memphis Area Legal Services  
109 N. Main Street  
Second Floor, Claridge House  
Memphis, TN 38103  
Tel: (901) 523-8822

Memphis Child Advocacy Center  
1085 Poplar Ave.  
Memphis, TN 38105  
Tel: (901) 525-2377  
Fax: (901) 526-6088  
www.memphiscac.org

Memphis Sexual Assault Resource Center  
2675 Union Extended  
Memphis, TN 38112  
Tel: (901) 327-0233  
Fax: (901) 274-2769

Nashville Child Advocacy Center  
1808 West End Ave., Suite 709  
Nashville, TN 37203  
Tel: (615) 327-9958  
Fax: (615) 327-9896  
juneturner@mindspring.com

Nashville Minority Business Center  
14 Academy Place #2  
Nashville, TN 37210-2026  
Tel: (615) 255-0432  
Fax: (615) 255-2377  
marilyn1955@bellsouth.net

Nashville Peace and Justice Center  
1016 18th Ave S.  
Nashville, TN 37212  
Tel: (615) 321-9066  
NashvillePeaceJustice@hotmail.com

National Congress for Neighborhood Women  
1006 Shelby Ave.  
Nashville, TN 37206  
Tel: (615) 226-5241  
Fax: (615) 226-5922

National Council of Jewish Women - Tennessee  
P.O. Box 1225  
Cordova, TN 38088-1225  
Tel: (901) 357-6760

National Organization of Women, Tennessee  
P.O. Box 120523  
Nashville, TN 37212  
Tel: (615) 269-7141  
Fax: (615) 383-6022  
now@nashville.com

National Organization of Women, Memphis  
P.O. Box 40982  
Memphis, TN 38174  
memphisnow@hotmail.com

The Network  
c/o Sharon Patterson  
1971 Craigmont Blvd.  
Clarksville, TN 37043  
Tel: (913) 645-2601/(615)552-0358  
camille3@midsouth.net

Northeast Tennessee Career Center  
2515 Wesley St.  
Johnson City, TN 37601  
Tel: (423) 610-0222  
Fax: (423) 610-0078

Office of Minority Health  
Tennessee Department of Health  
425 5th Ave N,  
Cordell Hall Bldg, 3rd Floor  
Nashville, TN 37247-0135  
Tel: (615) 741-9443  
Fax: (615) 253-1434  
rjackman@mail.state.tn.us

Our Kids Center  
1900 Hayes Street  
Nashville, TN 37203  
Tel: (615) 862-4217  
Fax: (615) 862-4338

Rape and Sexual Abuse Center  
25 Lindsley Ave  
Nashville, TN 37210  
Tel: (615) 259-9055  
Fax: (615) 244-6855

Rural Legal Services of Tennessee  
P.O. Box 5209  
Oak Ridge, TN 37831-5209  
Tel: (423) 483-8454  
Fax: (423) 483-8905



Safe Passage, Inc.  
603 Bert St.  
Johnson City, TN 37605  
Tel: (423) 232-8920  
Tel: (423) 926-SAFE

Serenity Shelter  
P.O. Box 3352  
Knoxville, TN 37927  
Tel: (865) 971-4673  
Fax: (865) 673-6562

Service Employees International  
Union 205  
969 Main Street  
Nashville, TN 37206  
Tel: (615) 227-5070  
[www.seiu.org/](http://www.seiu.org/)

Sexual Assault Crisis Center  
P.O. Box 11523  
Knoxville, TN 37939-1523  
Tel: (865) 558-9040  
Crisis Line: (865) 522-7273/  
(888)522-5244  
Fax: (865) 584-7872

Sexual Assault Response Center  
323 W. Walnut St.  
Johnson City, TN 37604  
Tel: (423) 928-8522  
Emergency: (423) 928-4710  
Fax: (423) 928-8443

Sigma Gamma Rho  
1703 Marymount Drive  
Murfreesboro, TN 37130

Small Business Administration  
Disadvantaged Business Enterprise  
50 Vantage Way  
Nashville, TN 37228  
Tel: (615) 741-3681  
Fax: (615) 741-3169

Solutions to Issues of Concern to  
Knoxvillians  
3204 East Magnolia Ave  
Knoxville, TN 37911  
Tel: (865) 523-8000  
Fax: (865) 523-8083  
[Solutions@kornnet.org](mailto:Solutions@kornnet.org)

Southeast Tennessee Legal Services  
414 McCallie Ave.  
Chattanooga, TN 37402  
Tel: (423) 756-4013  
Fax: (423) 265-4164

Tennessee Association of Legal  
Services  
211 Union Street, Suite 833  
Nashville, TN 37201  
Tel: (615) 242-0438  
Fax: (615) 244-4920

Tennessee Coalition Against  
Domestic and Sexual Violence (for-  
mer Tennessee Task Force Against  
Domestic Violence)  
P.O. Box 120972  
Nashville, TN 37212  
Tel: (615) 386-9406  
Tel: (800) 356-6767  
Fax: (615) 383-2967

Tennessee Disability Coalition  
418 Mapletree Drive  
Farragut, TN 37922  
Tel: (423) 966-9445

Tennessee Economic Council on  
Women  
312 8th Avenue North  
Suite 300  
Nashville, TN 37243  
Tel: (615) 253-4264  
Fax: (615) 253-4263

Tennessee Industrial Renewal  
Network  
1515 E. Magnolia Avenue Suite 403  
Knoxville, TN 37917  
Tel: (865) 637-1576  
Fax: (865) 522-7476  
[www.tirn.org](http://www.tirn.org)

Tennessee Industrial Renewal  
Network  
2001 Elm Hill Pike  
Nashville, TN 37210  
Tel: (615) 874-3559  
Fax: (615) 889-5421  
[nashville@tirn.org](mailto:nashville@tirn.org)

Tennessee Latina Network  
Cordell Hall Building  
425 5th Avenue North  
Nashville, TN 37247  
Tel: (615) 741-9444  
Fax: (615) 253-1434  
[ptotty@mail.state.tn.us](mailto:ptotty@mail.state.tn.us)

Tennessee Lawyers' Association for  
Women  
249 Westfield Dr.  
Nashville, TN 38221  
Tel: (615) 646-2954  
[TNLA4Women@aol.com](mailto:TNLA4Women@aol.com)

Tennessee Leadership  
P.O. Box 4409  
Chattanooga, TN 37405  
Tel: (423) 266-0382  
Tel: (888) 666-7137  
Fax: (423) 266-0761  
[www.tennesseeleadership.org](http://www.tennesseeleadership.org)

Tennessee Native American Indian  
Association  
211 Union Street  
932- Stahlman Building  
Nashville, TN 37201  
Tel: (615) 726-0806

Tennessee Network for Community  
Economic Development  
Women and Self Sufficiency  
PO Box 23353  
Nashville, TN 37202  
Tel: (615) 226-8868  
Fax: (615) 226-5992  
[TNCED@aol.com](mailto:TNCED@aol.com)

Tennessee Small Business  
Development Center  
East Tennessee State University  
P.O. Box 70698  
Johnson City, TN 37614  
Tel: (423) 439-5630  
Fax: (423) 439-7080  
[justiceb@etsu.edu](mailto:justiceb@etsu.edu)

Tennessee State Employees  
Association  
627 Woodland St.  
Nashville, TN 37206  
Tel: (615) 256-4533  
Fax: (615) 242-6329  
[tseal@bellsouth.net](mailto:tseal@bellsouth.net)

Tennessee Women's Political Caucus  
P.O. Box 25211  
Nashville, TN 37202  
Tel: (615) 664-3382  
Fax: (615) 399-0234  
vthigpen@vscc.cc.tn.us

Tennesseans for Fair Taxation  
119 Dameron Street  
Knoxville, TN 37917-6414  
Tel: (931) 766-0087  
Tel: (888) 524-4424  
Fax: (931) 762-5893  
fairfax@ix.netcom.com  
www.kornnet.org/tft/

TVA Economic Development – Small  
and Minority Business Support  
P.O. Box 292409  
Nashville, TN 37229-2409  
Tel: (615) 232-6169  
Fax: (615) 232-6148  
ecrogers@tva.gov

Union of Needletrades, Industrial and  
Textile Employees (UNITE)  
Tennessee/Kentucky District  
1124 N. Broadway St.  
Nashville, TN 37229  
Tel: (865) 525-2018  
Fax: (865) 637-9231  
www.uniteunion.org

West Tennessee Legal Services  
P.O. Box 2066  
Jackson, TN 38302  
Tel: (901) 423-0616  
Tel: (800) 372-8346  
Fax: (901) 423-2600

Women Are Safe  
931 Iron Hill Rd.  
Burns, TN 37029  
Tel: (615) 441-9449  
Fax: (615) 446-4182

Women in Leadership Program  
University of Memphis  
323 Administration Building  
Memphis, TN 38152  
Tel: (901) 678-4788  
Fax: (901) 678-5129

Women's Bureau Regional Office  
U.S. Department of Labor  
1371 Peachtree Street NE, Room 323  
Atlanta, GA 30367  
Tel: (404) 347-4461  
Fax: (404) 347-1755

Women's Foundation for a Greater  
Memphis  
1900 Union Ave.  
Memphis, TN 38104  
Tel: (901) 722-0022  
Fax: (901) 722-0010

Women's Health  
Prince Medical Center  
1601 Western Avenue - Suite 101  
Knoxville, TN 37921  
Tel: (865) 546-5177  
Fax: (865) 525-7689  
CHCS1601@aol.com

Women's Health  
Oliver Springs Medical Clinic  
616 Tri-County Boulevard  
Oliver Springs, TN 37840  
Tel: (865) 435-7840  
Fax: (865) 435-9376  
CHCS1601@aol.com

Women's Health  
Tennessee Department of Health  
425 5th Ave. N.  
Cordell Hull Bldg., 5th Floor  
Nashville, TN 37247  
Tel: (615) 741-0377  
Fax: (615) 741-1063  
mmajor@mail.state.tn.us

Women's Leadership Institute  
P.O. Box 4409  
Chattanooga, TN 37405  
Tel: (423) 266-0382  
Fax: (423) 266-0761

Women's Resource Center  
East Tennessee State University  
P.O. Box 70272  
Johnson City, TN 37614  
Tel: (423) 439-7847  
Fax: (423) 439-7886  
wrcetsu@preferred.com

Women's Resource Center  
1112 8th Ave South  
Nashville, TN 37203  
Tel: (615) 248-3474  
Fax: (615) 256-2706  
tlmaswrc@bellsouth.net  
www.onlinewrc.org

Women's Studies Department  
Middle Tennessee State University  
Box 498  
Murfreesboro, TN 37132  
Tel: (615) 898-5910  
Fax: (615) 898-2125  
jaeller@frank.mtsu.edu  
www.mtsu.edu/~womenstu/

Women's Studies Minor  
East Tennessee State University  
P.O. Box 70295  
Johnson City, TN 37614  
burgessw@etsu.edu  
www.etsu.edu/cas/history/  
wmstfram.htm

Women's Studies Program  
Vanderbilt University  
Box 86, Station B  
Nashville, TN 37235  
Tel: (615) 353-7808  
Fax: (615) 353-0335  
wstudies@ctravx.vanderbilt.edu  
www.vanderbilt.edu/AnS/womens\_  
studies/index.html

Women's Studies Program  
University of Tennessee, Knoxville  
1912 Terrace Ave.  
Knoxville, TN 37996  
Tel: (423) 974-2409  
wstudy@utk.edu  
web.utk.edu/~wstudy/

Women's Studies Program  
The University of the South  
Van Ness 120  
Sewanee, TN 37383  
Tel: (931) 598-1725  
jberebit@sewanee.edu

Women's Studies Program  
University of Memphis  
213 Mitchell Hall  
Memphis, TN 38152

Woodland Community Development  
Corporation  
P.O. Box 146-B  
469 Roses Creek Road  
Clarifield, TN 37715  
Tel: (423) 784-5304  
Fax: (423) 784-5303  
woodland@jellico.com

YWCA  
1608 Woodmont Blvd.  
Nashville, TN 37215  
Tel: (615) 269-9922  
Fax: (615) 385-9754

YWCA  
401 5th Street  
Bristol, TN 37620-2303  
Tel: (423) 968-9444  
Fax: (423) 968-5937

YWCA  
766 S. Highland  
Memphis, TN 38111-4213  
Tel: (901) 323-2211  
Fax: (901) 458-3784

YWCA  
1044 Mississippi Blvd.  
Memphis, TN 38126  
Tel: (901) 948-0493

YWCA  
3841 New Covington Pike  
Memphis, TN 38128  
Tel: (901) 382-3540

YWCA  
420 West Clinch Ave.  
Knoxville, TN 37902-2109  
Tel: (865) 523-6126  
Fax: (865) 637-5263  
ywca@kornnet.org

YWCA  
1660 Oak Ridge Turnpike  
Oak Ridge, TN 37830-4921  
Tel: (865) 482-9922  
Fax: (865) 482-8097

YWCA  
1905 Sequoyah Ave  
Maryville, TN 37804  
Tel: (865) 983-8131  
Fax: (865) 983-9943

Zeta Phi Beta Sorority  
312 Starboard Ct.  
Nashville, TN 37217

**National Resources**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Coalition on Human Needs  
1120 Connecticut Avenue, NW  
Suite 910  
Washington, DC 20006  
Tel: (202) 223-2532  
www.chn.org

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## National Council for Research on Women

11 Hanover Square  
New York, NY 10005  
Tel: (212) 785-7335  
Fax: (212) 785-7350  
www.ncrw.org

## National Council of Negro Women

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

## National Council of Women's Organizations

733 15th Street, NW, Suite 1011  
Washington, DC 20036  
Tel: (202) 393-7122  
Fax: (202) 387-7915  
www.womensorganizations.org

## National Education Association

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

## National Employment Law Project, Inc.

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

## National Federation of Democratic Women

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

## National Federation of Republican Women

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

## National Foundation for Women Business Owners

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

## National Gay and Lesbian Task Force

1700 Kalorama Road, NW  
Washington, DC 20009-2624  
Tel: (202) 332-6483  
Fax: (202) 332-0207  
www.nglftf.org

## National Latina Institute for Reproductive Health

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

## National Law Center on Homelessness and Poverty

1411 K Street, NW, Suite 1400  
Washington, DC 20005  
Tel: (202) 638-2535  
Fax: (202) 628-2737  
www.nlchp.org

## National Organization for Women

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

## National Organization for Women Legal Defense and Education Fund

395 Hudson Street, 5th Floor  
New York, NY 10014  
Tel: (212) -925-6635  
Fax: (212) -226-1066  
www.nowldef.org

## National Partnership for Women and Families

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

## National Political Congress of Black Women

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

## National Prevention Information Network (HIV, STD, TB)

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

## National Resource Center on Domestic Violence

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

## National Women's Business Council

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

## National Women's Health Network

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

## National Women's Health Resource Center

120 Albany Street, Suite 820  
New Brunswick, NJ 08901  
Tel: (877) 986-9472  
Fax: (732) 249-4671  
www.healthwomen.org

## National Women's Law Center

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Appendix VI:

## List of Census Bureau Regions

### ***East North Central***

Illinois  
Indiana  
Michigan  
Ohio  
Wisconsin

### ***Pacific West***

Alaska  
California  
Hawaii  
Oregon  
Washington

### ***East South Central***

Alabama  
Kentucky  
Mississippi  
Tennessee

### ***South Atlantic***

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

### ***Middle Atlantic***

New Jersey  
New York  
Pennsylvania

### ***West North Central***

Iowa  
Kansas  
Minnesota  
Missouri  
Nebraska  
North Dakota  
South Dakota

### ***Mountain West***

Arizona  
Colorado  
Idaho  
Montana  
New Mexico  
Nevada  
Utah  
Wyoming

### ***West South Central***

Arkansas  
Louisiana  
Oklahoma  
Texas

### ***New England***

Connecticut  
Maine  
Massachusetts  
New Hampshire  
Rhode Island  
Vermont

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