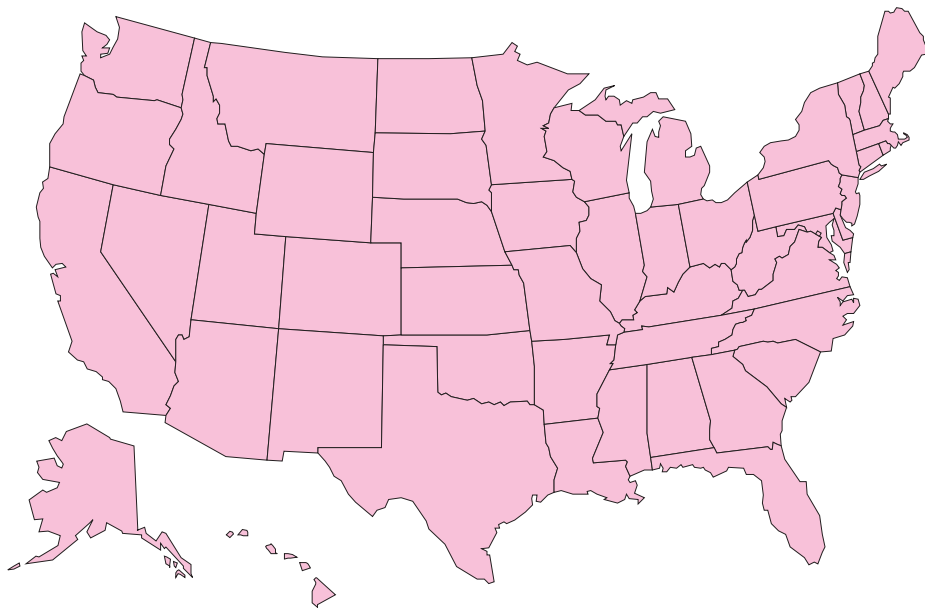


The Status of Women in the States

POLITICS ♦ ECONOMICS ♦ HEALTH ♦ RIGHTS ♦ DEMOGRAPHICS

Edited by Amy B. Caiazza, Ph.D.



Institute for Women's Policy Research

Fourth Edition, 2002-03

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The Status of Women in the States project has grown tremendously from its beginning in 1996 to become a leading source of analysis of women's status across the country. It is an increasingly participatory project that involves close and ongoing relationships with IWPR's state partners. Not coincidentally, it has also become more visible as a crucial resource for improving state policies that affect women's status.

IWPR would like to express its sincere thanks to the many groups and individuals involved in *The Status of Women in the States* reports. We are especially indebted to the members of the state advisory committees, whose volunteer time and energy on this project are crucial to its success. We are also grateful to the many other state and national organizations that have partnered with IWPR on this project.

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The Status of Women in the States project is blessed with a passionate and impressive staff. April Shaw, Policy Analyst, was a keystone for the project: she coordinated data collection; the production of all charts, tables, and figures; and the revision process. In her second round of States reports, Ms. Shaw's knowledge of and commitment to the project—not to mention her organizational skills—were indispensable. Her kind and positive nature was also much appreciated. New to the project, Jean Sinzdak (IWPR's States Outreach Associate) coordinated the work of the state advisory committees. She showed an outstanding ability to juggle the needs of many individuals and groups and to keep everyone on task, always with a smile on her face. Nancy Mortell, Research/Development Associate, assisted Ms. Shaw in producing the reports and coordinated IWPR's efforts to fundraise for production and dissemination of the reports in the states. Her ability to balance these two tasks efficiently and effectively, and her (dry) sense of humor, were irreplaceable to the research and development staff at IWPR.

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A handwritten signature in black ink, appearing to read 'Amy Caiazza', with a long horizontal line extending to the right.

Amy Caiazza, Ph.D.

Study Director and Editor, *The Status of Women in the States*

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1. Introduction



During the twentieth century women made significant economic, political, and social advances, but they are far from enjoying gender equality. Throughout the United States, women earn less than men, are seriously underrepresented in political office, and make up a disproportionate share of those in poverty. Even in areas where there have been significant advances in women's status, rates of progress are slow. For example, at the rate of progress achieved over the past ten years, women will not achieve wage parity for more than 60 years. If women's representation in Congress changes at the rate it did during the 1990s, it will take more than a century to achieve equality in political representation.

To make significant progress toward gender equity, policymakers, researchers, and advocates need reliable data about women and the issues affecting their lives. 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 biennial series is now in its fourth round. Over the course of a decade, reports on each of the 50 states and the District of Columbia are being completed. This year, IWPR produced reports on nine states together with this updated 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 Status of Women in the States reports are produced 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 reports have three main goals: 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. The reports also highlight issues of particular importance to women in different states through the contributions of IWPR's advisory committees in each state.

The 2002 reports contain indicators describing women's status in five main areas: political participation, employment and earnings, social and economic autonomy, reproductive rights, and health and well-being. In addition, the reports provide information about the basic demographics of each state (see Appendix I for United States totals). For the five major issue areas addressed in this report for the United States totals, 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).

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 for this report. All women continue to face important obstacles to achieving economic, political, and social parity.

To address the continuing barriers to women across the United States, the reports also include letter grades for each state for each of the five major issue areas. IWPR designed the grading system to highlight the gaps between men's and women's access to various rights and resources. States were graded based on the difference between their performance and goals (e.g., no remaining wage gap or the proportional representation of women in political office) 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. 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 can quickly identify remaining barriers to equality for women in their state.

IWPR designed the Status of Women in the States Project to actively involve state researchers, policy-



makers, 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 is a participatory process of preparing, reviewing, producing, and publicizing the reports. This participation has been crucial to improving the reports and increasing their effectiveness and impact in each round. Many of the advisory committees have used the reports to advance policies to improve women's status. The National Advisory Committee assists IWPR in disseminating the reports to a broad audience.

About the Indicators and the Data

IWPR referred to several sources for guidelines on what to include in these reports. The Beijing Declaration and Platform for Action from the U.N. Fourth World Conference on Women (1995) guided some of its choices of indicators. This document, the result of an official convocation of delegates from around the world, outlines issues of 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 consulted experts in each subject area for input about the most critical issues affecting women's lives. An important source of this expertise for the reports was IWPR's Working Group on Social Indicators of Women's Status, described below.

Ultimately, the IWPR research team selected indicators by using several principles: relevance, representativeness, reliability, and comparability of data across all the states and the District of Columbia. While women's status is constantly changing throughout the United States, the evidence contained in this report represents a compilation of the best available data for measuring women's status.

To facilitate comparisons among states, IWPR uses only data collected in the same way for each state. Much of the data is from federal government agen-

cies, including the Census Bureau, the Bureau of Labor Statistics, the Centers for Disease Control, and the National Center for Health Statistics. Nonprofit and research organizations also provide 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. 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 used to provide more timely information. For this set of reports, IWPR used new economic data from the years 1998-2000. The 2000 Census data were largely not available at the time these reports were prepared; where possible, IWPR used these data. 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 the CPS has much smaller sample sizes than the decennial census, the population subgroups that can be reliably studied are limited (for information on sample sizes, see Appendix II). The decision to use more recent data with smaller sample sizes is in no way meant to minimize how profoundly differences among women—for example, by race, ethnicity, age, sexual orientation, and family structure—affect their status or how important it is to implement policies that speak to these differences. IWPR made it a top priority to report these differences wherever possible using existing data. Identifying and reporting on subregions within states (cities, counties, or urban and rural areas) were 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 community-level differences in women's status are not described. While these differences are important, addressing them was not possible due to data and resource constraints.

A lack of reliable and comparable state-by-state data limits IWPR's treatment of several important topics: violence against women; issues concerning nontradi-

tional families of all types; issues of special importance to lesbians; 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. In some cases, IWPR's state advisory committees have contributed their own data and analysis of these issues to the report to supplement IWPR's analysis. Nonetheless, many of these issues do not receive sufficient treatment in national surveys or other data collection efforts.

These 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 the 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 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 also encourages state advisory committees to contribute text presenting state-specific data on topics not covered by the reports. These contributions enhance the reports' usefulness to the residents of each state, while maintaining comparability across all the states, since the contributed data do not affect the rankings or grades.

Readers of this report 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.

Finally, when comparing indicators based on data from different years, the reader should note that in the 1990-2002 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 of the 1990s. By 2000, however, the economy had slowed significantly, and a recession began in March of 2001.

How *The Status of Women in the States* Reports Are Used

The Status of Women in the States reports have been used throughout the country to highlight remaining obstacles facing women in the United States and to encourage policy changes designed to improve women's status. The reports have helped IWPR's state partners and others to educate the public about issues concerning women's status, inform policies and programs to increase women's voter turnout, and make the case for establishing commissions for women, expanding child care subsidies for low-income women, strengthening supports for women-owned businesses, developing training programs for women to enter non-traditional occupations, and improving women's access to health care. Data on the status of women give citizens the information they need to address the key issues facing women and their families.

2. Overview of the Status of Women in the States



Women in the United States have achieved great advances and are seeing important changes in their lives. Their access to political, economic, and social rights has improved greatly over the past 20 years. Nonetheless, they do not enjoy equality with men, and they lack many of the legal guarantees that would allow them to achieve it. Women across the nation would benefit from stronger enforcement of equal opportunity laws, greater political representation, adequate and affordable child care, stronger poverty reduction programs, and other policies to improve their status.

This report describes how measures of women's rights and equality vary among the states. It presents data for each state on 30 indicators of women's status. It also ranks each state for women's overall status in five areas: political participation, employment and earnings, social and economic autonomy, reproductive rights, and health and well-being. These rankings are based on composite indices of women's status for indicators in each of the five areas of their lives.

In recent years, women's status has improved in many important ways:

- ◆ Between the fall of 1996 and fall of 2002, the number of women governors jumped from one to five, the number of women in the U.S. Senate grew from nine to 13, and the number of women in the U.S. House of Representatives increased from 49 to 60.
- ◆ In all but four states, the ratio of women's to men's earnings improved between 1989 and 1999.
- ◆ Between 1995 and 1999, the percent of women living in poverty fell in all but eight states; nationally, it dropped from 13.7 percent to 12.0 percent.

- ◆ Between 1996 and 2002, 19 states adopted laws mandating comprehensive coverage for contraceptives by health insurance companies.
- ◆ Women's average annual incidence rate of AIDS decreased from 9.4 per 100,000 in 1997 to 8.7 per 100,000 in 2000.
- ◆ Between 1998 and 2002, twenty states introduced legislation that would expand unemployment insurance coverage to cover parental leave (although none passed it).

At the same time, women's status has worsened or stagnated in other areas:

- ◆ The proportion of women state legislators grew only slightly, from 20.8 percent to 22.6 percent, between 1996 and 2002, and in a third of all states women's political representation dropped.
- ◆ In 25 states where the ratio of women's to men's earnings increased between 1989 and 1999, it did so in part because men's earnings fell (in constant dollars).
- ◆ In eight states, women's poverty actually increased between 1995 and 1999, and in another nine states, it fell by less than 1.0 percentage point (compared with 1.7 percentage points nationally).
- ◆ In 1996, fourteen states had waiting periods for women seeking abortions; by 2002, 22 states did.
- ◆ Between 1997 and 2000, rates of chlamydia grew from 336 to 404 per 100,000 women.
- ◆ Since 1996, an additional nine states have implemented family caps, denying benefits to children conceived or born while a mother is receiving welfare.

Many U.S. women are witnessing real improvements in their economic, political, and social status. These advances are evident in some relatively high rankings for women's status in some states. But women have

not achieved equality with men in any state, and throughout the country there are still many important problems and obstacles to their well-being.

Political Participation

The political participation composite index combines four aspects of women's political status: voter registration, voter turnout, representation in elected office, and women's institutional resources. These components vary widely among the states.

- ♦ Nationally, women are more likely to register to vote than men in every state but Pennsylvania.
- ♦ Hawaii has the lowest registration rate for women in the country, 51.0 percent. More than 40 percentage points divide Hawaii from the state with the highest rate, North Dakota, at 91.1 percent. North Dakota and several other top states for women's voter registration have either automatic or same-day registration.

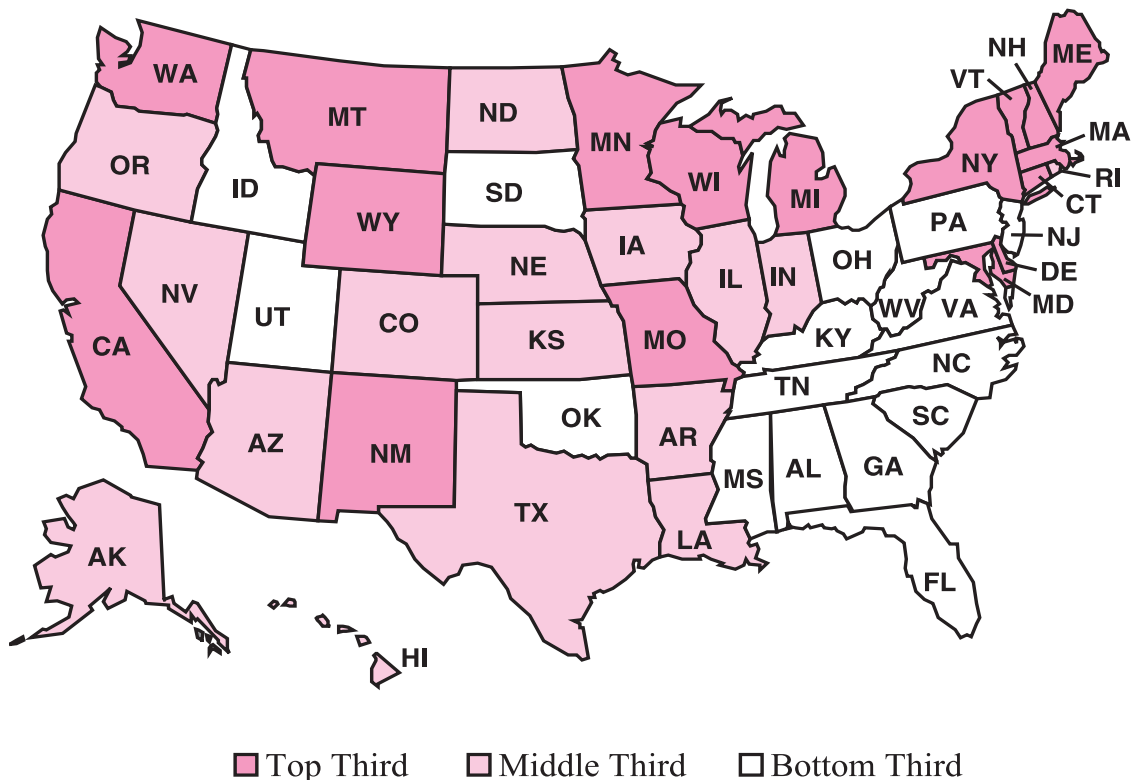
♦ Women are more likely to vote than men in all but seven states: Hawaii, Kentucky, New Jersey, North Dakota, Oklahoma, Pennsylvania, and South Dakota.

♦ The state with the highest rate of women's voter participation (Minnesota, 67.9 percent) and that with the lowest rate (Arizona, 41.4 percent) differ by almost 27 percentage points.

States also vary widely in their levels of women's political representation:

- ♦ In four states—California, Kansas, Maine, and Washington—women have held both Senate seats simultaneously.
- ♦ As of October 2002, six other states—Alaska, Delaware, Iowa, Mississippi, New Hampshire, and Vermont—had never sent a woman to either house of Congress.
- ♦ In state legislatures, the proportion of female representatives ranges from 7.9 percent in Alabama to 38.8 percent in Washington.

Map 2.1
Political Participation Composite Index



- ◆ Four of the states where women vote at lower rates than men—Kentucky, New Jersey, Oklahoma, and Pennsylvania—also rank in the bottom ten for women’s representation.

Map 2.1 shows at a glance which states are in the top, middle, or bottom third of the nation overall on the women’s political participation composite index. The District of Columbia is omitted from this ranking.

Employment and Earnings

The employment and earnings composite index combines four indicators of women’s economic status: women’s earnings, the wage gap, women’s representation in managerial and professional jobs, and women’s participation in the labor force. Women’s earnings and the wage gap vary substantially from state to state. Nonetheless, in every state, some gap exists.

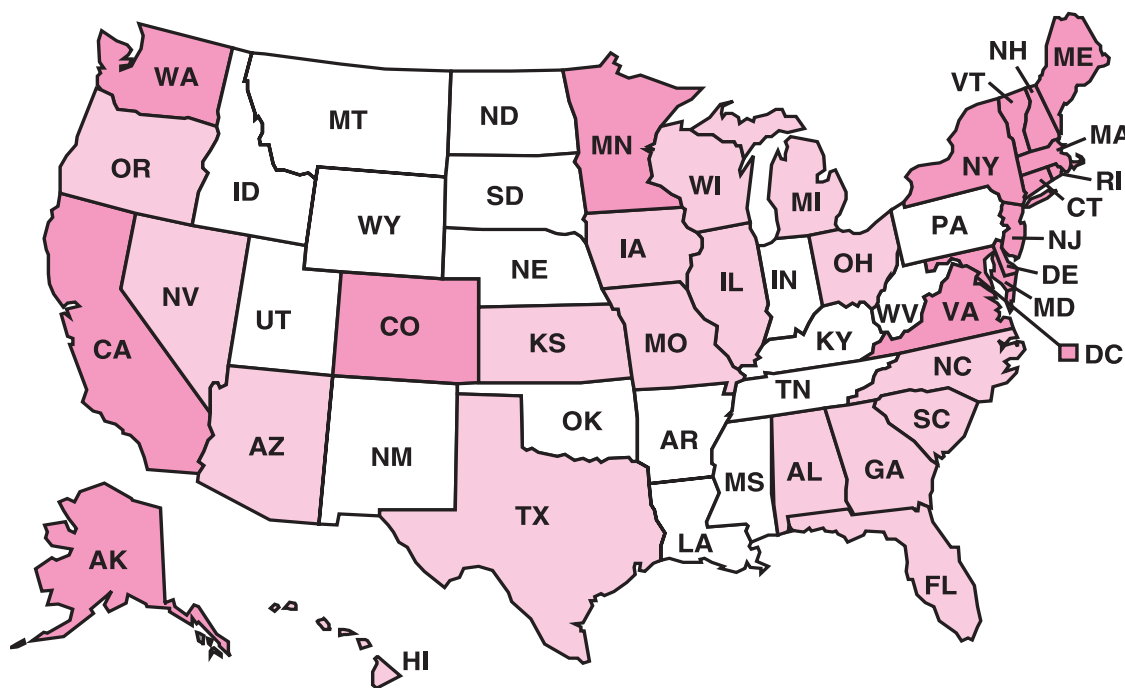
- ◆ Earnings tend to be higher in the West, the Northeast, and parts of the Midwest, while they

are lower in much of the Southeast and in the Mountain states.

- ◆ Women in the District of Columbia earn the most and come the closest to earnings equality with men. District women earn 89.2 percent of men’s earnings for full-time, year-round work.
- ◆ In contrast, women in Wyoming have the least equity with men. They earn only 64.4 percent of men’s wages.
- ◆ Nationally, about 32 percent of all women workers are in professional and managerial occupations. The percent of women in these fields, however, is much larger in some states than in others.
- ◆ As a share of all women workers, women in the District of Columbia are almost twice as likely to work in managerial and professional positions as women in Idaho, at 48.0 percent versus 26.1 percent.

- ◆ The wage gap, women’s earnings, and women’s representation in professional and

Map 2.2
Employment and Earnings Composite Index



■ Top Third ■ Middle Third □ Bottom Third

managerial occupations are closely related in many states. Alaska, the District of Columbia, Maryland, Minnesota, and New Jersey all score in the top ten on all three indicators. Louisiana, Mississippi, and Wyoming are in the bottom ten on all three.

Trends are slightly different for the fourth component of this index, women's labor force participation. The percentage of women in the labor force is high in many states among the Mountain and northern Midwestern regions, as well as a few Northeastern states.

Map 2.2 shows how states fall in the top, middle, or bottom third of the nation on the women's employment and earnings composite index.

Social and Economic Autonomy

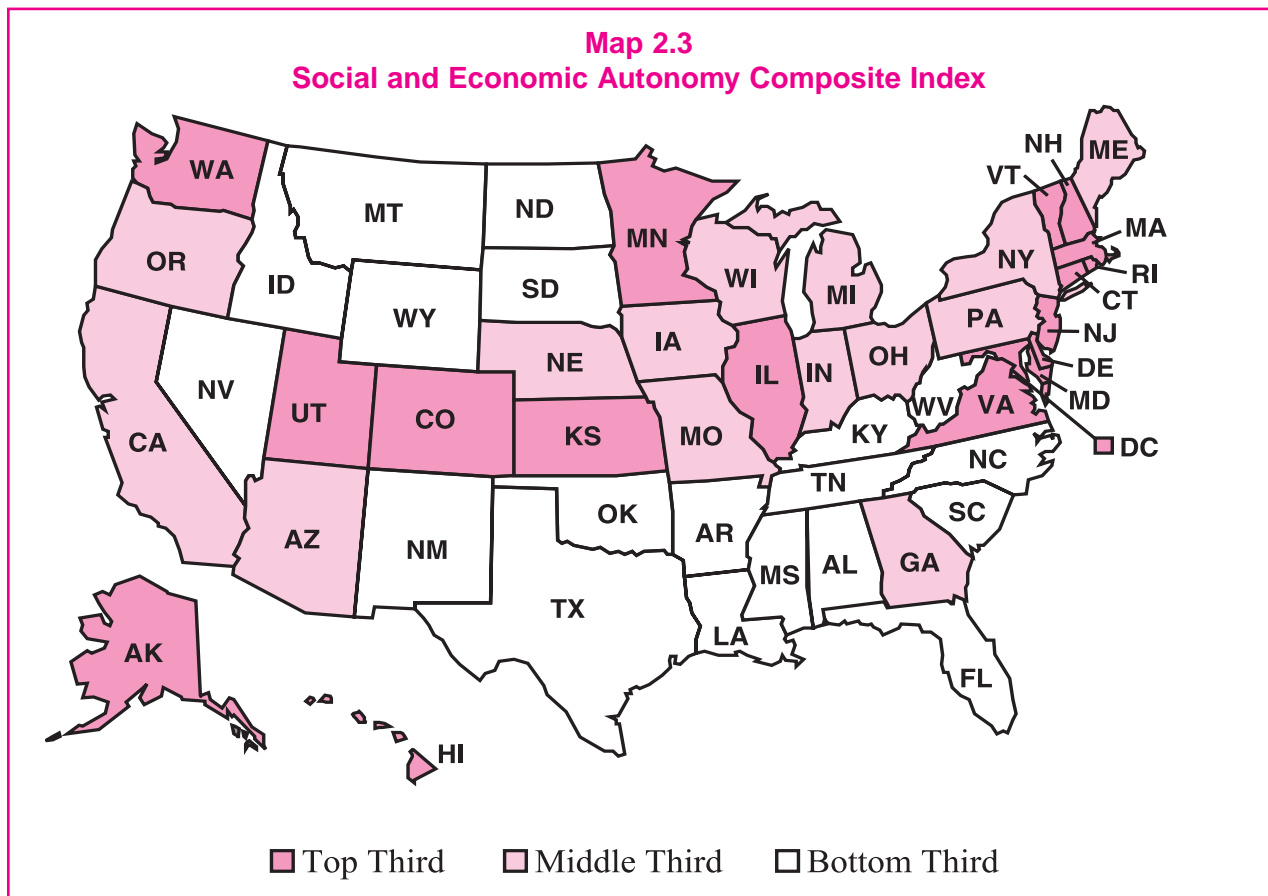
The social and economic autonomy composite index combines four indicators of women's ability

to exercise control over their social and economic lives: health insurance, college education, business ownership, and poverty rates. Overall, more women earn college degrees and start their own businesses today than ever before. However, many women lack health insurance, and more women than men live in poverty.

In general, women in the Northeast, the West, and parts of the Midwest are the most likely to have a college degree and to own a business. Women in the Northeast and the Midwest are also more likely to have health insurance and to live above the poverty line.

♦ Four states—Connecticut, Maryland, Minnesota, and New Hampshire—are among the top third for three indicators: the percent of women with four-year college degrees, with health insurance, and above the poverty line.

♦ Four Southeastern states—Arkansas, Louisiana, Mississippi, and West Virginia—are in the bottom third for all three indicators.



- ◆ Poverty rates in the United States vary widely for women in particular. While almost 20 percent of Louisiana women live in poverty, just seven percent of New Hampshire women do.
- ◆ Six of the top ten states for women's business ownership—California, Colorado, Hawaii, New Mexico, Oregon, and Washington—are in the West. The area encompassing the District of Columbia, Virginia, and Maryland also does well on this indicator.
- ◆ States with the least women's business ownership are clustered in the middle part of the Southern region of the country and in the Mountain states.

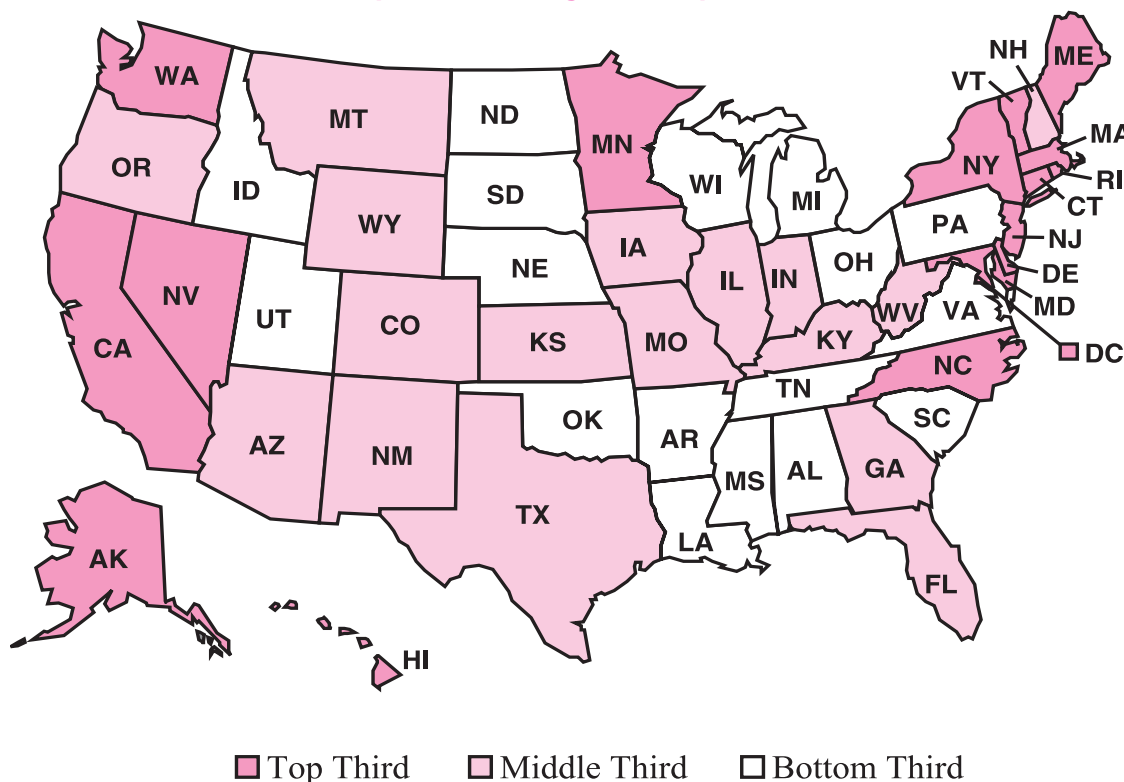
Map 2.3 ranks the states in the top, middle, or bottom third of the United States on the women's social and economic autonomy composite index.

Reproductive Rights

The reproductive rights composite index incorporates each state's scores on nine component indicators. The states' scores on this composite vary widely.

- ◆ States such as Connecticut, Hawaii, Maryland, and Vermont rank well on most components of the index and on the composite index as a whole.
- ◆ Other states, such as Mississippi, North Dakota, and South Dakota, rank poorly on the composite index as well as on each component of the index.
- ◆ Most states show a more mixed commitment to reproductive rights, ranking well on some components and poorly on others.
- ◆ In all states, however, reproductive rights are continually being challenged, and women need to continue to defend and expand their access to reproductive choice.

Map 2.4
Reproductive Rights Composite Index



Map 2.4 indicates whether each state is ranked in the top, middle, or bottom third of the country on the overall women's reproductive rights composite index.

Health and Well-Being

The health and well-being composite index includes each state's score on nine indicators of women's health status. States' scores on this composite index vary widely as well.

- ◆ Overall, states in the Mountain region and parts of the Midwest rank well, while states in the South and other parts of the Midwest fare poorly.
- ◆ Women in Utah and Hawaii have particularly good health status when compared with women in other states. Both states ranked in the top five on four indicators. Women's health overall is best in Utah and next best in Hawaii.
- ◆ In contrast, the District of Columbia ranks in the bottom five states on four of the indicators, and

Kentucky does on three. Women's overall health status is the worst in the District of Columbia.

- ◆ In all states, disparities in health status based on race and ethnicity are wide. African American women are much more likely to die of heart disease and breast cancer, and to have AIDS, than white women.

Map 2.5 shows each state's rank—top, middle, or bottom third—on the overall composite index of women's health and well-being.

The Best and Worst States Overall

Overall, the best states for women are Massachusetts, Minnesota, and Vermont (see Chart 2.1). Women in Connecticut and Washington also fared well, followed by women in Alaska. Maine and New Hampshire rounded out the best states for women. Only these eight states met the two criteria for being among the top states for women: 1) ranking in the top ten on at least one composite index of

Map 2.5
Health and Well-Being Composite Index

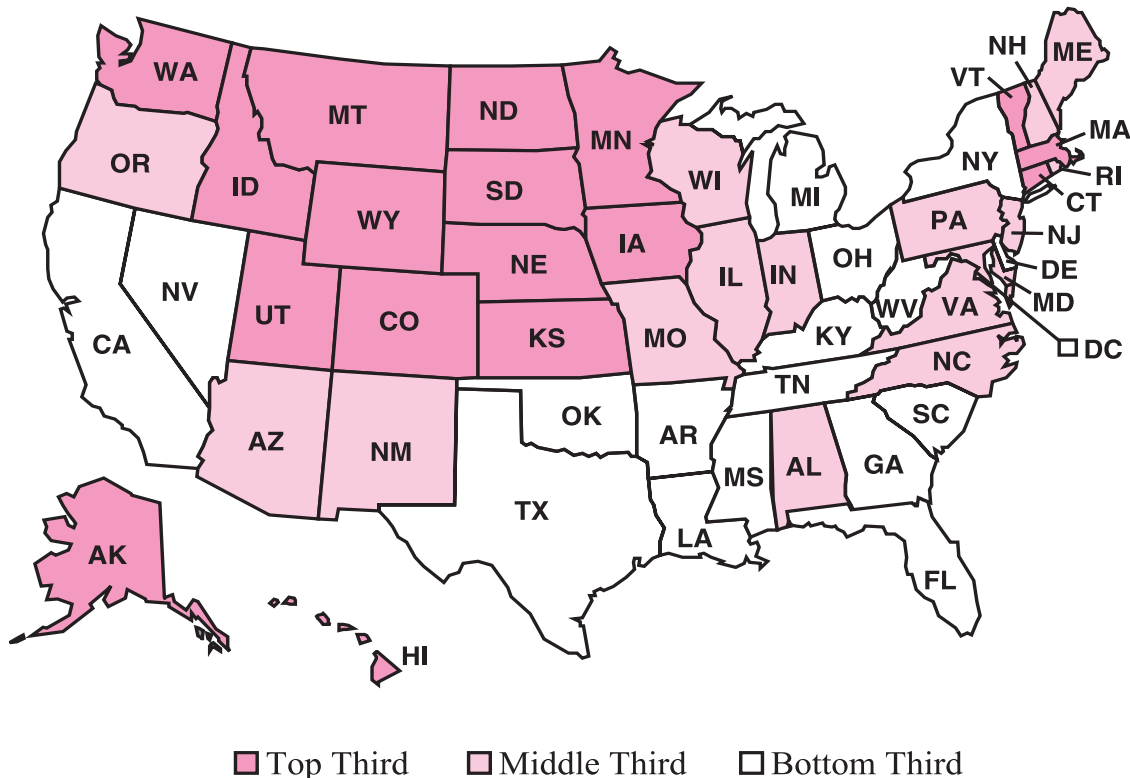


Chart 2.1
The Best and Worst States for Women, 2002

Best States, 2002	Worst States, 2002
1. Massachusetts Minnesota Vermont (all tied) 4. Connecticut Washington (tied) 6. Alaska 7. Maine New Hampshire (tied)	51. Mississippi 50. Tennessee 49. Kentucky 48. Oklahoma 47. Arkansas 46. Alabama 45. Pennsylvania 44. Florida 43. Indiana
<p>Each of the best states for women appears in the top ten at least once; none appears below the midpoint of all states on any of the composite indices. Only eight states qualified under these criteria. Each of the worst states appears in the bottom ten at least once and is below the midpoint of all states on all of the composite indices. Nine states met these criteria. For more on the methodology and for source information, see Appendix II.</p> <p>Compiled by the Institute for Women's Policy Research.</p>	

women's status, and 2) never appearing in the bottom half of all states (see Appendix II for details).

In contrast, the worst state for women is Mississippi. Women's status is also low in Tennessee, Kentucky, and Oklahoma, followed by Arkansas, Alabama, and Pennsylvania. Florida and Indiana round out the ten worst states for women. Each of these states ranks in the bottom ten on at least one composite index of women's status and never appears in the top half of all states.

Since 2000, there have been some interesting changes among the best states for women:

- ◆ Massachusetts, which was not among the top states for women in 2000, is now tied for first with Minnesota and Vermont. Between 2000 and 2002, Massachusetts improved its rank for women's political participation from the bottom half of the states, at 27th, to eighth, in part because it elected a woman lieutenant governor who then became governor. Its rank for reproductive rights also improved, from 14th to eighth. It is now in the top ten on all five composite indices except women's health and well-being, for which it is in the top third (at 16th).

◆ Maine is also a new member of the top states for women, tied at seventh. Between 2000 and 2002, Maine jumped into the top half of all states, from 26th to second, for women's employment and earnings. It moved into the top third, from 21st to 13th, for women's reproductive rights. It is also in the top ten for women's political participation, at second (in 2000 it was first).

◆ Colorado and Hawaii dropped out of the top states for women. Colorado is no longer in the top half of all states for political participation (falling from 16th to 26th) and reproductive rights (falling from 25th to 31st). Hawaii fell below the midpoint of all states (from 16th to 27th) for women's employment and earnings, primarily because of a drop from second to 27th in the country for the ratio of women's to men's earnings.

- ◆ Within the top states for women, New Hampshire dropped from fifth to tie for seventh (after dropping from the top ten on political participation and from the top third on reproductive rights).
- ◆ Connecticut dropped from first to fourth (after falling from the top ten into the top third for women's political participation and health and well-being).
- ◆ Minnesota jumped from fifth to first (after climbing into the top ten for women's social and economic autonomy and health and well-being). The state also moved into the top third for women's reproductive rights.
- ◆ Alaska climbed from eighth to sixth (after moving into the top third for women's reproductive rights and health and well-being).

There were also a few developments among the worst states for women:

- ◆ Indiana joined the ranks of the worst states for women for the first time. In 2000, Indiana was ranked above the midpoint of all states for political participation and for health and well-being, but by 2002 the state had dropped to 30th and 29th, respectively, on these indices. It ranks in the bottom ten for women's employment and earnings (at 45th).

- ◆ Between 2000 and 2002, Alabama advanced from 49th to 46th overall, after leaving the bottom ten for women's political participation and rising to the middle third for employment and earnings. The state joined the bottom ten for women's reproductive rights.
- ◆ Oklahoma dropped from 45th to 48th after joining the bottom ten states for women's political participation.
- ◆ Kentucky dropped by three places after falling into the bottom ten for women's employment and earnings.

- ◆ Mississippi was the worst state for women for the third time in a row (1998, 2000, and 2002).

Throughout the country, women still face significant problems that demand attention from policymakers, women's advocates, and researchers concerned with women's status. This report is designed to provide an overview of women's progress and the remaining barriers to women's equality.

3. Political Participation



Political participation allows women to influence the policies that affect their lives. By voting, running for office, and taking advantage of other avenues for participation, women can make their concerns, experiences, and priorities felt in governmental policy decision-making. Recognizing the lack of equity for women in political participation and leadership throughout the world, the Beijing Declaration and Platform for Action cites as a major objective ensuring women equal access to avenues for participation and decision-making. This section presents data on several aspects of women's involvement in the political process across the United States: 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 some of women's political preferences differ from men's. For example, women are more likely to support funding for social services and child care, as well as measures combating violence against women. In public opinion surveys, women express concern at higher rates than men about issues such as education, health care, and reproductive rights (Conway, Steuernagel, and Ahern, 1997). Because women are often primary care providers in families, these issues have an especially profound effect on women's lives.

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 officeholders to support women's agendas (Center for American Women and Politics [CAWP], 1991; Swers, 2002). In addition, legislatures with larger proportions of female elected officials tend to address

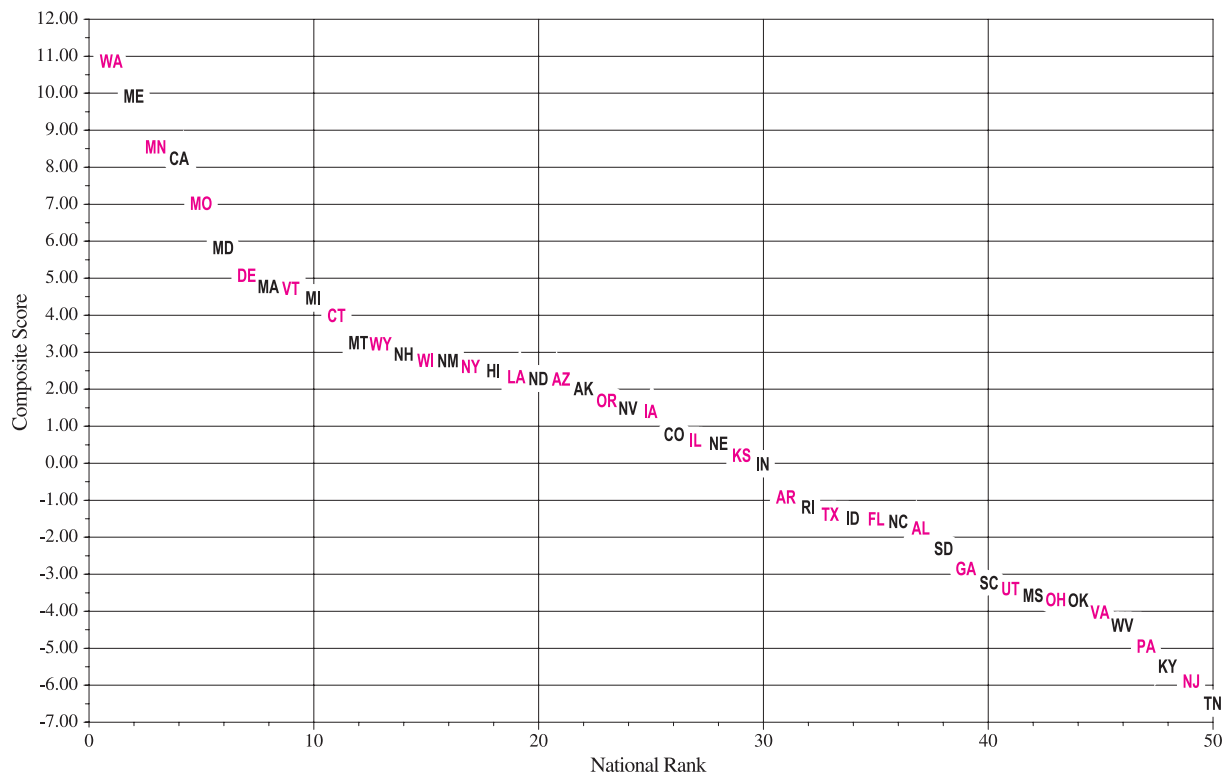
women's issues more often and more seriously than those with fewer female representatives (Dodson, 1991; Thomas, 1994). Finally, representation through institutions such as women's commissions or women's legislative caucuses provides ongoing channels for expressing women's concerns and makes policymakers more accessible to women, especially when those institutions work closely with women's organizations (Stetson and Mazur, 1995).

The Political Participation Composite Index

- ♦ Washington state has the highest score for women's overall levels of political participation (see Figure 3.1). Washington ranks in the top half of all states for women's voter turnout and women's representation in elected office. It is the top-ranking state for women in elected office by a considerable margin: its score is nearly ten percent higher than the score of the next state, California.
- ♦ Tennessee has the lowest levels of women's political participation. Tennessee's highest rank (for women's institutional resources) is 31st. The state falls among the bottom third for every other indicator of women's political participation. It is 47th for women's representation in political office.
- ♦ Women's political participation is highest overall in the Western states (California, Montana, New Mexico, Washington, and Wyoming); in the Northeast (from Maine to New York and Connecticut, as well as in Delaware and Maryland); and in some Midwestern states (Michigan, Minnesota, Missouri, and Wisconsin).
- ♦ In a band of states that extends from New Jersey west to Ohio and south to Florida, women have the lowest levels of political participation overall. Some of these states do, however, rank well for at least one indicator—first steps, perhaps, to greater political involvement in other ways in the future.



Figure 3.1
State-By-State Rankings on the
Political Participation Composite Index



The highest grade on the political participation composite index is a B (see also Appendix IV), which was awarded to the top four states (Washington, Maine, Minnesota, and California). This grade reflects these states' relatively high levels of women's political participation, but it also stresses the need for improvement, especially in the proportion of elected offices held by women. For example, in Washington, 39 percent of state legislators and both U.S. Senators are female, but only one of the state's nine U.S. House members (just 11.1 percent) is. In Maine, both senators are women, but only 30 percent of the state legislature are. Women in all states need more representation in the political process.

Voter Registration and Voter Turnout

Voting is one of the most fundamental ways Americans express their political needs and inter-

ests. Through voting, citizens choose leaders to represent them and their concerns. The Nineteenth Amendment, ratified in 1920, established women's right to vote in the United States, and that year, about eight million out of 51.8 million women voted for the first time (National Women's Political Caucus, 1995). African American and other minority women were denied the right to vote in many states until the Voting Rights Act of 1965 was passed. 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).

Women now register and vote at a slightly higher rate than men. They have reported consistently higher registration and voter turnout rates than men since 1980, although voter turnout in the United States for both sexes is relatively low compared with that in

other Western democracies. In 2000, more than 59 million women, or 56.2 percent, reported voting, compared with more than 51 million, or 53.1 percent, of men (U.S. Department of Commerce, Bureau of the Census, 2002c). As a result, 53 percent of U.S. voters were women in 2000.

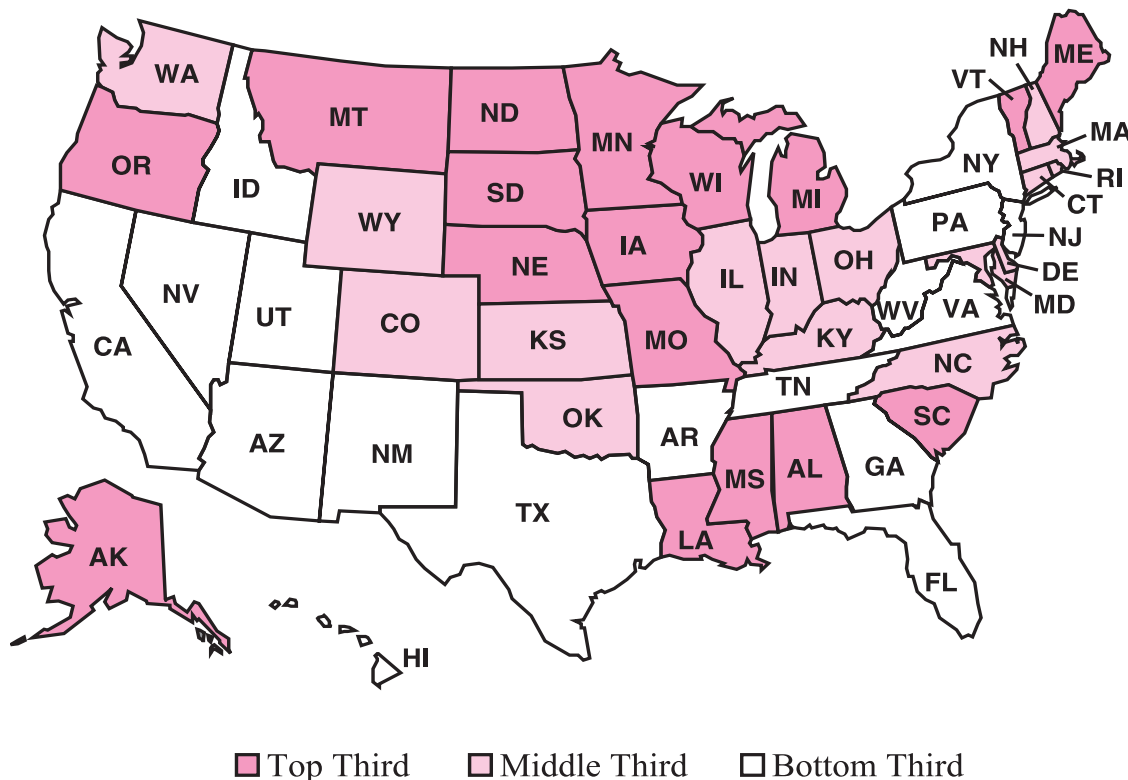
Lower levels of voter turnout among minority men and women can mean that their interests and concerns are less well represented in the political process. In 1998, 37.6 percent of African American men and 41.9 percent of African American women voted, compared with 46.4 percent of white men and 46.5 percent of white women. Even lower proportions of Hispanic and Asian American citizens voted: just 18.8 percent of Hispanic men, 21.3 percent of Hispanic women, 18.6 percent of Asian American men, and 19.7 percent of Asian American women voted (U.S. Department of Commerce, Bureau of the Census, 2000c).

- ◆ Voter registration is generally highest in the East and West North Central states (the prairie states and parts of the Midwest), parts of New

England, and parts of the Southeast, as well as in Oregon and Alaska (see Map 3.1).

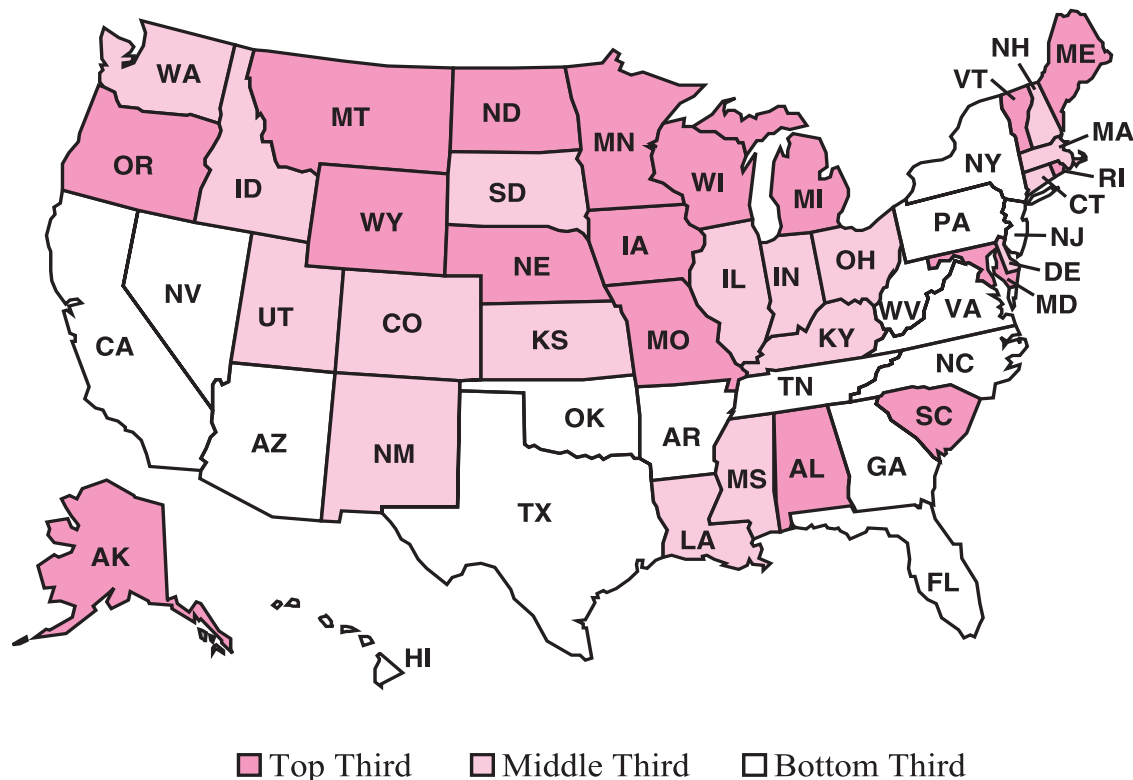
- ◆ North Dakota, where an average of 91.1 percent of women reported they were registered for the 1998 and 2000 elections, has the highest rate of voter registration. It has consistently had higher rates than other states during the 1990s, thanks in part to a system of automatic registration: all eligible voters in North Dakota register when they vote. Some other states, including Idaho, Maine, New Hampshire, Minnesota, Wisconsin, and Wyoming, have same-day or automatic voter registration. Several of these states rank among the top states for women's registration levels.
- ◆ Hawaii has the lowest reported women's voter registration, with only 51.0 percent of women registered for 1998 and 2000 combined. A band of states from California to Texas, as well as several Southeastern states and the entire Middle Atlantic region, also has consistently low female registration rates.

Map 3.1
Women's Voter Registration



- ◆ Minnesota has the highest women's voter turnout rates in the country, with 67.9 percent of women reporting voting in 1998 and 2000 combined. Reported women's voter turnout was generally high across most of the Northern states, from Michigan west to Oregon, and in Alaska and several New England states, as well as in a few Southeastern states (see Map 3.2).
- ◆ Voter turnout is lowest in several Southeastern and Western states. In Arizona, only 41.4 percent of women reported that they voted, on average, in the 1998 and 2000 elections, earning it the lowest rank in the country. Texas (41.7 percent) was second lowest, followed by Nevada (41.8), Georgia (43.7 percent), and Hawaii (43.9 percent).
- ◆ Women's voter turnout in a few states has changed substantially relative to that in other states. Voter turnout in Alabama, for example, jumped from 19th in the country based on the 1992 and 1996 elections to twelfth based on the 1998 and 2000 elections. Women's turnout rates in Alaska also jumped in the rankings, from 16th to third. Women's overall voting rates actually fell in both states, but they fell less precipitously than in the rest of the country.
- ◆ In contrast, Kansas' ranking for women's voter turnout fell from ninth to 27th. Its rate dropped more sharply than rates in the United States as a whole. Notably, Kansas' proportion of women in elected office also dropped in the 1990s; the state fell from first in 1996 to 27th in 2002 (see also *Changes in Women's Representation in Elected Office, 1996-2002*).
- ◆ Surprisingly, some states with relatively low percentages of women registered and voting have higher numbers of female elected officials. California, Nevada, and Arizona all rank high for women in elected office but in the bottom third of the nation for both women's registration and women's turnout. In contrast, most New England states, Michigan, Minnesota, and Missouri rank well on all three components. Several southern states and Pennsylvania rank poorly on all three.

Map 3.2 Women's Voter Turnout



Changes in Women's Representation in Elected Office, 1996-2002

Between 1996 and 2002, women nationally made many gains in representation in elected office:

- ♦ The number of women in the U.S. Senate grew from nine in 1996 to thirteen in 2002, just less than a 50 percent increase.
- ♦ In 1996, women held 49 out of 435 total seats in the U.S. House of Representatives; in 2002, sixty women held House seats, for a 20 percent increase.
- ♦ In 1996, there was just one woman governor (in New Jersey); in 2002 there were five (in Arizona, Delaware, Massachusetts, Montana, and New Hampshire).
- ♦ The proportion of women state legislators grew from 20.8 percent to 22.4 percent between 1996 and 2002, an increase of less than 10 percent.
- ♦ Just as women's representation has grown differentially at different levels of government, it has also grown unevenly across the states. In some states, women made even faster gains than nationally, but in others women actually lost ground. And in most states, change has been relatively slow.

Map 3.4 shows trends in the increases and decreases in states' scores on the IWPR composite index for women in elected office between 1996 and 2002. In most states, women experienced a net gain in political offices held. In a handful of states, these gains have been quite large in relation to women's political representation in 1996, often because women captured higher offices:

- ♦ Arkansas, Louisiana, Maine, Michigan, Missouri, New York, and Washington have all elected new women U.S. Senators since 1996.
- ♦ Arizona, Delaware, Massachusetts, Montana, and New Hampshire have all elected new women governors since 1996.
- ♦ In Alabama, although rates of women's representation remain low overall, the percent of women in the state legislature more than doubled between 1996 and 2002.
- ♦ Mississippi voters elected their first woman lieutenant governor in 1998.
- ♦ Although Wisconsin women had no representation in statewide elected office or in Congress in 1996, they gained a lieutenant governor, a superintendent of schools, and a U.S. Representative by 2002. Wisconsin's first Congresswoman, Tammy Baldwin, was elected in 1998.

Overall, women's representation increased the most sharply in states of the South and the Northeast. Some Midwestern states (such as Michigan and Wisconsin) and a few Western ones (Arizona, Montana, and New Mexico) also experienced significant gains.

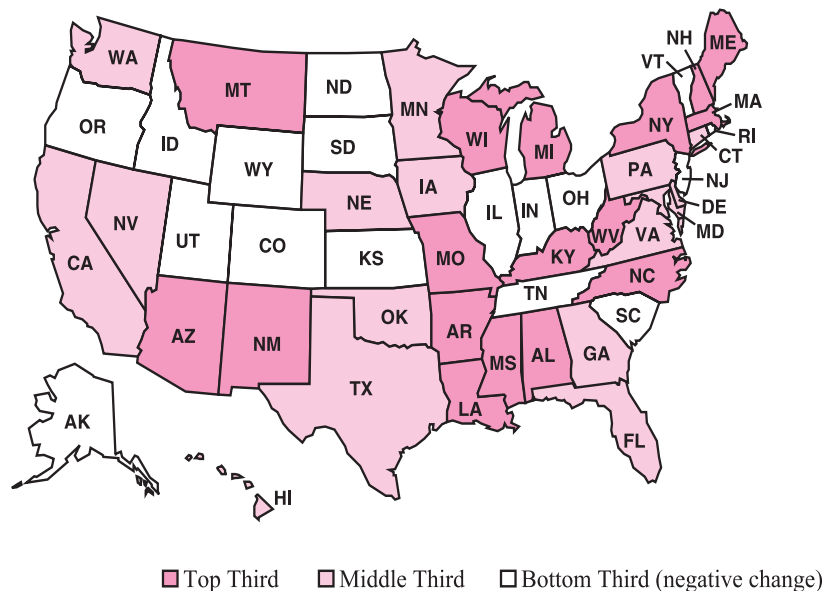
In contrast, in 17 of the 50 states women actually lost ground between 1996 and 2002:

- ♦ Kansas lost a female U.S. Senator, a lieutenant governor, a state treasurer, and a U.S. Representative.
- ♦ Illinois lost a woman U.S. Senator, and New Jersey lost a woman governor.
- ♦ Idaho lost one woman serving as U.S. Representative and one serving as commissioner of corporations.
- ♦ The proportion of women serving as state legislators in Indiana dropped by almost a quarter between 1996 and 2002. The number of women dropped from 19 to 15 out of 100 total seats in the Indiana House, and from 14 to twelve out of 100 in the Senate.

(continued on next page)

In most of the Mountain states and in several Midwestern states (Illinois, Indiana, and Ohio), women's elected representation decreased between 1996 and 2002. Since women's representation is disproportionately low across the United States, any decrease is problematic. Efforts to increase women's visibility and success as candidates and to recruit more women to run for office will be crucial to increasing their representation over the next several years and decades.

Map 3.4
Changes in Women in Elected Office, 1996-2002



for the proportion of women in elected office. The top ten states also include California (second), Arizona (fourth), Nevada (fifth), and Hawaii (seventh). Two Northeastern states, Maine (third) and Connecticut (ninth), along with two South Atlantic states, Maryland (ninth) and Delaware (sixth), also rank in the top ten.

- ◆ Nearly all of the Southeastern states rank in the bottom third. South Carolina (50th), Kentucky (49th), Mississippi (48th), Tennessee (47th), Alabama (44th), and Virginia (43rd) are among the states with the lowest rates of women elected to public office. Two other Southern states, Arkansas and Louisiana, did surprisingly well, ranking 23rd and 27th, respectively. This difference is largely due to the election of female U.S. Senators in both of those states. At 33rd, Florida also ranks in the middle third on this indicator.
- ◆ Oklahoma (42nd), New Jersey (44th), and Pennsylvania (46th) are the only states in the bottom ten that are not in the Southeast.
- ◆ Five women served as governors in 2002: Arizona's Jane Dee Hull (Republican), Delaware's Ruth Ann Minner (Democrat), Massachusetts' Jane Swift (Republican), Montana's Judy Martz (Republican), and New

Hampshire's Jeanne Shaheen (Democrat). This represents a substantial increase over 1996, when Christine Todd Whitman, a Republican from New Jersey, was the only female governor. To date, only 19 women have ever served as governors, just eleven of whom were elected in their own right (CAWP, 2002).

- ◆ Since 2000, two states have experienced drastic changes in their rankings for women in elected office. In New Jersey, Whitman's resignation as governor (to serve as director of the U.S. Environmental Protection Agency) contributed to the state's drop from 23rd to 44th. In New York, Hillary Rodham Clinton's election to the U.S. Senate contributed to the state's jump from 41st to 13th (see also Changes in Women's Representation in Elected Office, 1996-2002).

Institutional Resources

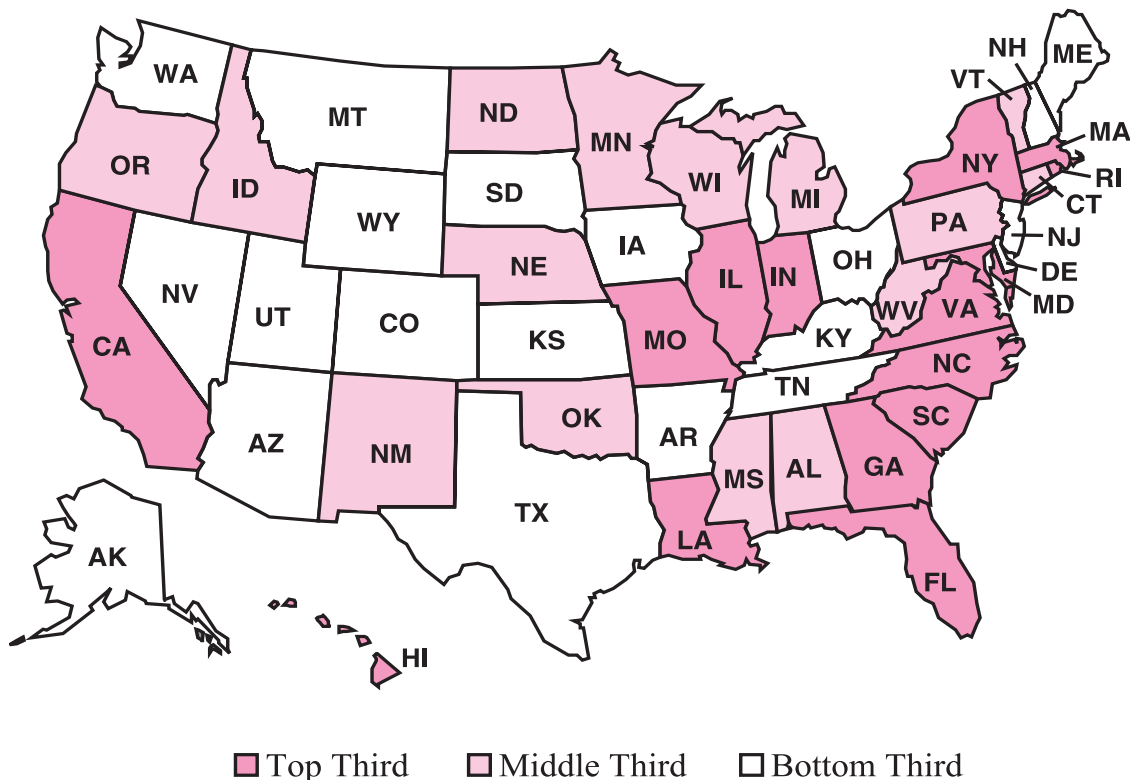
Women's institutional resources in state government, including commissions for women and women's caucuses, can increase the visibility of women's political concerns and interests. When adequately staffed and funded, politically stable, and structured to be accessible to women's groups, these resources can advance women's political voices by providing

information about women's issues and attracting the attention of policymakers and the public to women's political concerns (Stetson and Mazur, 1995). They can also serve as an access point for women and women's groups to express their interests to public officials. Such institutions can ensure that women's issues remain on the political agenda.

Several types of institutions can serve women in each state. Women members of state legislatures often join together in caucuses in the senate and/or the general assembly; these can be formal or informal, partisan or nonpartisan. In addition, in many states, the governor or the legislature appoints a state commission for women. The first such commission was named in February of 1963 in Washington state, following in the footsteps of the first President's Commission on the Status of Women, established by President John F. Kennedy in 1961 (Harrison, 1988). Today, there is no national commission on women, but more than 270 state, county, and local commissions are in operation (National Association of Commissions for Women, 2002).

- ◆ Forty states have state-level commissions for women, and 33 have women's caucuses.
- ◆ Fifteen states—California, Florida, Georgia, Hawaii, Illinois, Indiana, Louisiana, Maryland, Massachusetts, Missouri, New York, North Carolina, Rhode Island, South Carolina, and Virginia—have both a state-level commission for women and a formal women's caucus in each house of the state legislature. Institutional resources for women tend to be most prevalent in the South Atlantic region and a few states of the Midwest, with California, New York, and Massachusetts also ranking highly (see Map 3.5).
- ◆ Seven states—Alaska, Arizona, Kansas, Maine, Montana, Ohio, and South Dakota—have none of the institutional resources for women at the state level that are counted in this study. Since 2000, Ohio has lost its commission on women. Nevada, which had neither a women's caucus or a commission in 2000, gained a commission by 2002.

Map 3.5
Women's Institutional Resources



4. Employment and Earnings



Because earnings are the largest component of income for most families, earnings and economic well-being are closely linked. Noting the historic and ongoing inequities between women's and men's economic status, the Beijing Declaration and Platform for Action stresses the need to promote women's economic rights. Its recommendations include improving women's access to employment, eliminating occupational segregation and employment discrimination, and helping men and women balance work and family responsibilities.

This section surveys several aspects of women's economic status by examining the following topics: women's earnings, the female/male earnings ratio, women's labor force participation, and the industries and occupations in which women work.

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

The Employment and Earnings Composite Index

- ♦ In general, women in the Pacific West and New England regions fare best on the employment and earnings composite index. Two states in the Middle Atlantic (New Jersey and New York) and four in the South Atlantic (Delaware, the District of Columbia, Maryland, and Virginia) also did well, as did Minnesota and Colorado.

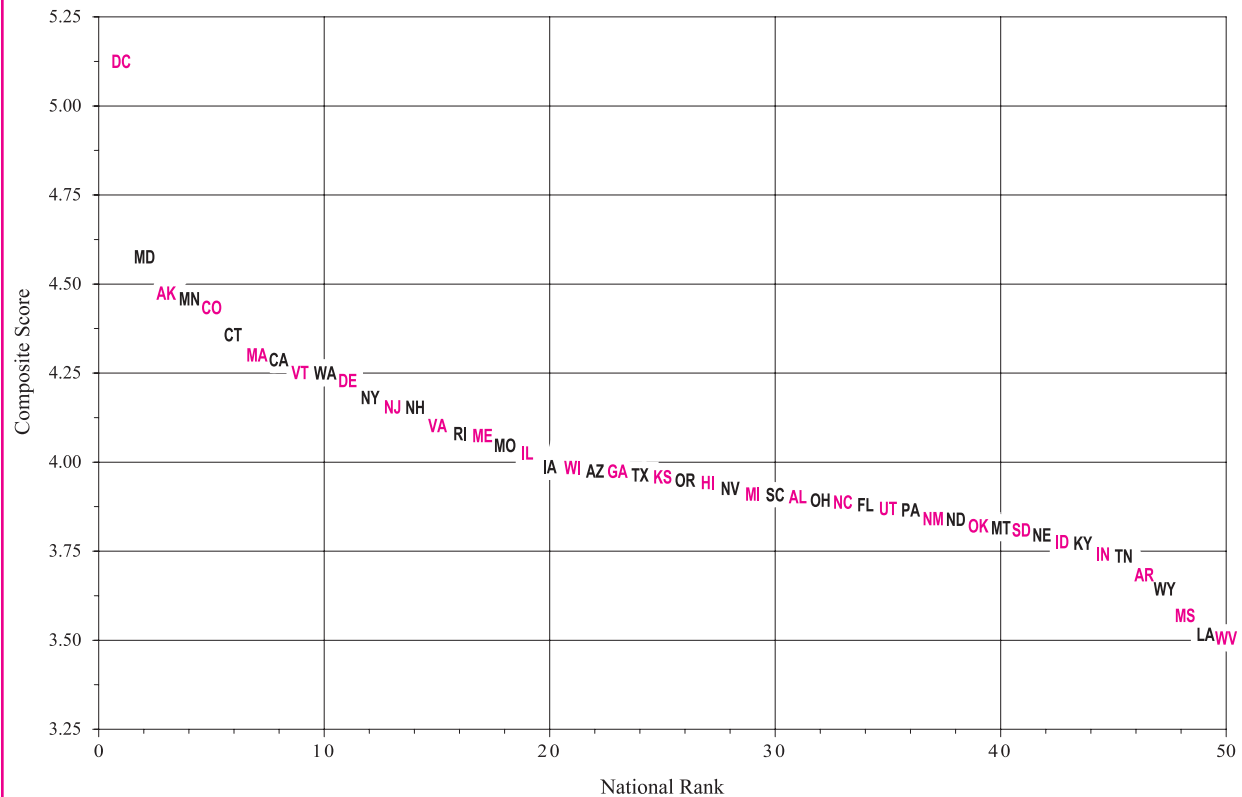
- ♦ The District of Columbia, by far, has the highest composite employment and earnings index (see Figure 4.1). The District ranks first for women's earnings, the wage gap, and the percentage of women in professional and managerial occupations. It ranks in the top third of the nation for the proportion of women in the labor force.
- ♦ Women in the Mountain states and the South Central states tend to score poorly on the composite employment and earnings index.
- ♦ West Virginia ranks the worst in the nation on the composite employment and earnings index. It ranks in the bottom ten states for women's earnings (45th), percentage of women in professional and managerial occupations (47th), and proportion of women in the labor force (51st). It ranks slightly higher, near the top of the bottom third (38th), for the ratio of women's to men's earnings, primarily because men's wages are also low in the state.
- ♦ The highest grade on the employment and earnings composite index was an A-, awarded to the District of Columbia, followed by a B+ for Maryland (see Appendix IV). These grades represent women's relatively good status in both places, but they also point to a continued need for improvement. Despite their relatively high rankings, women in the District of Columbia and Maryland, like women in all states, lag behind men in wages and labor force participation.

Women's Earnings

In 1999, women in the United States working full-time, year-round earned median wages of \$26,900 (based on IWPR calculations of three years of pooled data; IWPR, 2001; see Appendix II for details on the methodology used for 1998-2000 Current Population Survey data presented in this report). Women's earn-



Figure 4.1
State-By-State Rankings on the Employment and Earnings Composite Index



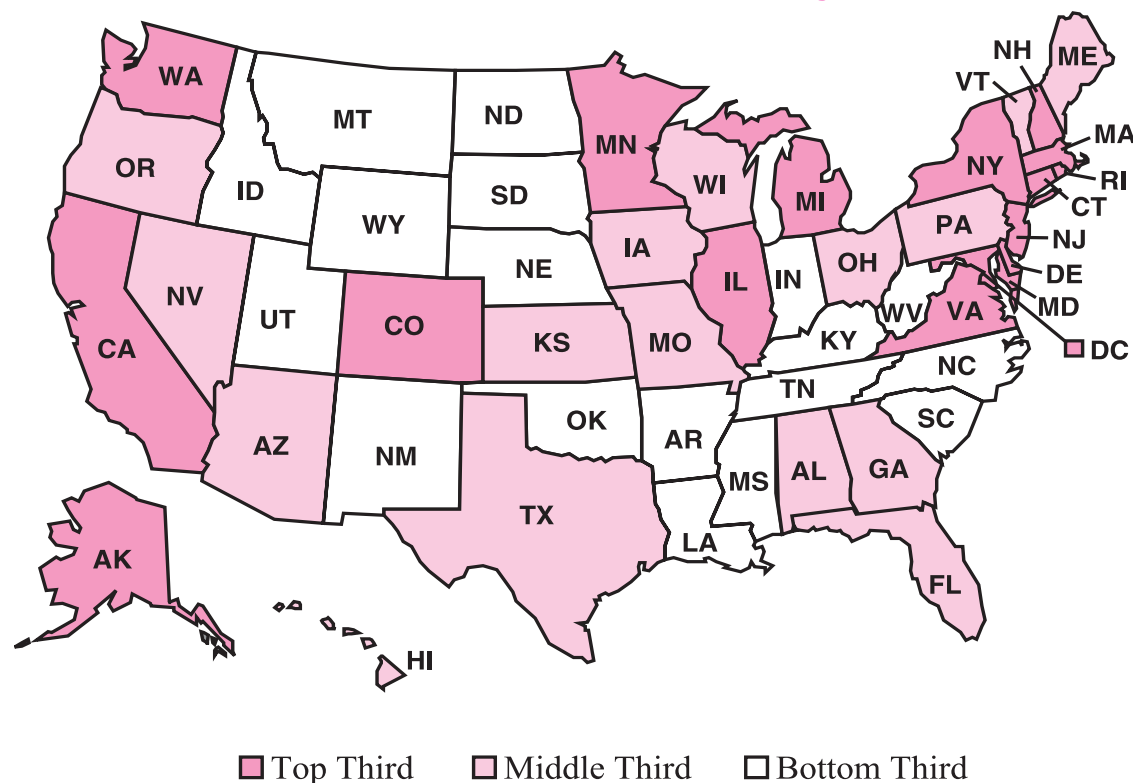
ings have generally been growing faster than men's since 1975. A large part of this growth is due to women's rapid accumulation of human capital, through both formal education and labor market experience. Better paying jobs and better educational opportunities have opened up to women as a result of equal opportunity laws. Women's pay has also risen as a result of the enforcement of the Equal Pay Act and an increase in union representation in traditional women's occupations (e.g., teaching and nursing).

At the same time, wages have not increased equally for all groups of women. National data show that in 1999 the median annual earnings of African American women were \$24,800, those of Native American women were \$23,300, and those of Hispanic women were \$20,000, substantially below those of non-Hispanic white women, who earned \$28,500. The earnings of Asian American women were the highest of all groups at \$30,000 (median earnings of full-time, year-round women workers aged 15 years and older; IWPR, 2001).

A national survey by the Census Bureau also shows that, in 1997, the median annual earnings of women with disabilities were only 75 percent of the earnings of women without disabilities (for female workers 21-64 years of age; McNeil, 2000).

- ◆ The District of Columbia ranked first in the nation for the median annual earnings of women working full-time, year-round in 1999, at \$35,800. Women in Alaska, Connecticut, and Maryland also had much higher earnings than average for women in the United States (see map 4.1).
- ◆ In Montana, women earned a median salary of \$21,500, the lowest in the country. In other low-ranking states, including Mississippi, North Dakota, and South Dakota, women earn only slightly more.
- ◆ Between 1979 and 1999, the median annual earnings of women in the United States increased by 21.4 percent, while men's earnings increased by only 0.3 percent in constant dollars.

Map 4.1
Women's Median Annual Earnings



The Wage Gap

In the United States, women's wages historically lag behind men's. In 1999, the median wages of women who worked full-time, year-round were only 72.7 percent of men's (IWPR, 2001). In other words, women earned about 73 cents for every dollar earned by men.

Many factors help explain this difference. Earnings are determined partly by human capital, or the development of job-related skills through education, job training, and workforce experience, and women and men continue to differ in the amount of human capital they attain. Women and men also tend to hold different occupations, work in different industries, and join unions at different rates. Research shows that the combined effect of differences in human capital, jobs, and unionization is likely to account for roughly three-fifths of the gender wage gap (Council of Economic Advisers, 1998), leaving a substantial portion that cannot be explained. Evidence from case studies and litigation suggests

that sex discrimination continues to play a role in holding down women's earnings. Differences in human capital and job characteristics may also reflect discrimination, to the extent that women face greater barriers to obtaining human capital or are discouraged or prevented from entering certain occupations or industries.

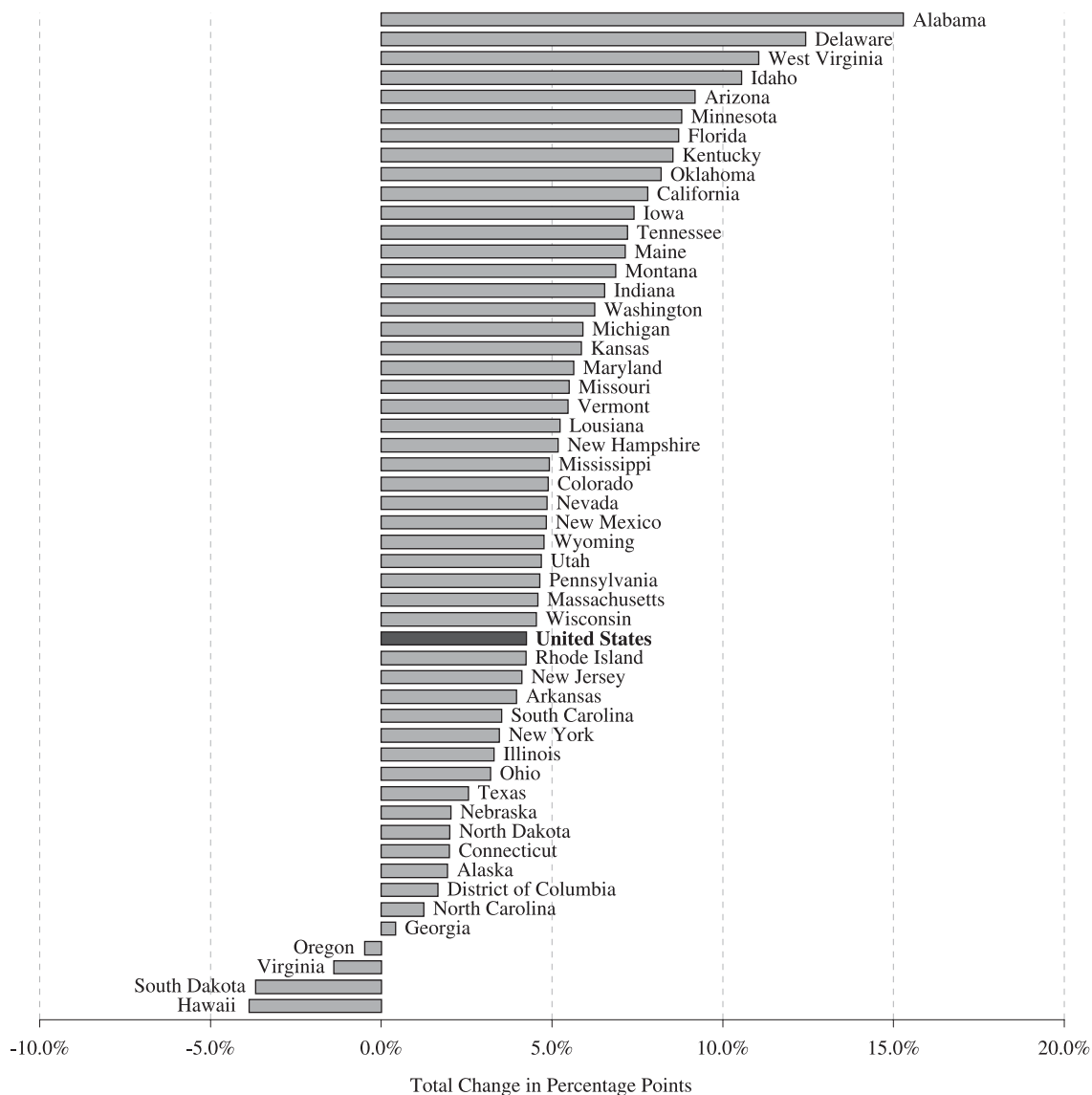
This report uses the overall wage gap between women and men who work full-time year-round as an indicator of women's status because it accurately reflects the difference in women's and men's access to earnings. While some of the gap is due to measurable differences in human capital and job characteristics, women do not have the same opportunities as men to increase their human capital, nor do they enjoy equal employment opportunities in all occupations and industries.

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.

Changes in the Wage Ratio, 1989-1999

Over the last decade, changes in the wage ratio have varied tremendously by state. Nationally, the ratio of women's to men's annual earnings increased by 4.2 percentage points between 1989 and 1999. As Figure 4.2 illustrates, however, this growth was not consistent across all states. In 32 states, the earnings ratio improved more than in the nation as a whole. In one state, Rhode Island, it grew the same as the national average, while in 14 states and the District of Columbia it grew more slowly. In four states, the wage ratio actually decreased.

Figure 4.2
Change in the Earnings Ratio by State
(in percentage points), 1989-99



(continued on next page)

States with Increasing Earnings Ratios

In 46 states and the District of Columbia, the wage ratio increased. Gains ranged from 0.4 percentage points in Georgia to 15.3 percentage points in Alabama:

- ◆ Four states had increases of more than 10.0 percentage points: Idaho's was 10.5 percentage points; West Virginia's, 11.0 percentage points; Delaware's, 12.4 percentage points; and Alabama's, 15.3 percentage points.
- ◆ Twelve states had increases between 6.0 and 10.0 percentage points, while another 19 states had earnings ratio increases between 4.0 and 6.0 percentage points.
- ◆ The remaining ten states experienced increases of 4.0 percentage points or less.

Reasons for the narrowing of the wage gap varied. In 21 states and the District of Columbia, both men's and women's real wages grew—but women's rose more sharply, allowing them to gain on men. Because both men and women benefited in these states, they represent the most desirable way for women to close the wage gap. Unfortunately, however, the improvement in the earnings ratio often resulted from decreases in men's real earnings:

- ◆ In 19 states, women's real wages grew, but men's fell. In these states, women now earn more in relation to men, but in part because of men's falling earnings.
- ◆ In another six states (Alaska, California, Connecticut, Massachusetts, New Jersey, and New York), both men's and women's real wages fell, but men's fell more drastically, thus improving the earnings ratio. In these states, the ratio would actually have decreased had men's wages not fallen more than women's. As a result, while women were doing better relative to men in 1999, both men and women were doing worse economically than they were in 1989.

States with Declining Earnings Ratios

In four states (Hawaii, Oregon, South Dakota, and Virginia) the wage gap actually worsened between 1989 and 1999. Decreases in the earnings ratio ranged from 0.5 percentage points in Oregon to 3.9 percentage points in Hawaii.

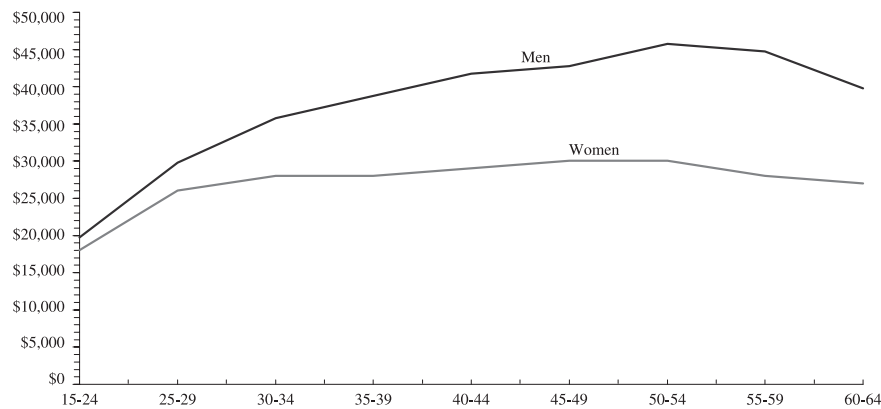
The reasons for the falling wage ratio varied:

- ◆ In South Dakota, Virginia, and Oregon women's wages grew, but men's wages grew more quickly, widening the gap.
- ◆ In Hawaii, women's wages were basically unchanged, but men's increased.

Conclusion

In all states, improving the earnings ratio would ideally involve growth in both men's and women's earnings, with women's earnings increasing faster. This happened in 21 states and the District of Columbia between 1989 and 1999. To foster continued change in this direction, states should consider taking steps such as strengthening the enforcement of existing equal opportunity laws; implementing pay equity policies in both the public and private sectors; and pursuing overall wage growth, especially for workers at the low end of the range, through higher minimum wages and the encouragement of collective bargaining.

Figure 4.3
The Female-Male Wage Gap Over the Life Cycle
(1999 Median Annual Earnings by Age)*



* for full-time, year-round workers.

Source: IWPR, 2001.

Calculated by the Institute for Women's Policy Research.

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, though, 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 to the significant narrowing that did occur (Blau and Kahn, 1994).

One factor that probably also helped to narrow the gap is unionization. Women have increased their share of union membership, and being unionized tends to raise women's wages relatively more than men's. IWPR research has found that union membership raises women's weekly wages by 38.2 percent and men's by 26.0 percent (Hartmann, Allen, and Owens, 1999). 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).

Although women's real wage growth has been strong over most of the past two decades, part of the narrowing in the wage gap that occurred during that period was due to a fall in men's real earnings. Between 1979 and 1999, about two-thirds (63 percent) of the narrowing of the national earnings gap was due to women's rising real earnings, while about one third (37 percent) was due to men's falling real earnings. During the latter half of this period, the growth in women's real earnings

slowed, and even more of the narrowing of the gap was due to falling real wages for men. From 1989 to 1999, almost half of the narrowing (47.5 percent) was due to the fall in men's real earnings (IWPR, 1995a and 2001). Men's real earnings have increased again over the last few years, and women's wage growth has not kept pace. As a result, the wage gap increased again. At the national level, the highest wage ratio for annual earnings for full-time, year-round workers, 74.2 percent, was observed in 1997, but by 2000 the ratio had fallen to 73.3 percent, a gap of 26.7 percent (U.S. Department of Commerce, Bureau of the Census, 2002b).

On average, men continue to outearn women both overall and at every age level. In fact, the wage gap grows as men and women grow older, as Figure 4.3 shows. The gap is relatively small for young men and women, but thereafter men's wages increase sharply, while women's do not. The average woman in her working prime (that is, in her early 40s) makes only about the same as a man in his late 20s (IWPR, 2001b).

- ♦The District of Columbia has the best earnings ratio in the nation. There, women earn 89.2 percent of what men earn. In California (81.1 per-

cent), Vermont (80.5 percent), and Delaware (80.0 percent), women also rank well. A few states in almost every region do well on this indicator, some because neither women nor men have high earnings; others, because both sexes do (see Map 4.2).

- ♦ Wyoming has the worst ratio in the nation, at 64.4 percent. Louisiana (65.2 percent), Utah (65.8 percent), and Ohio (66.8 percent) are next lowest. Several Mountain states and a band of states from New Jersey west to Illinois and Wisconsin have large wage gaps and low rankings on earnings equity.
- ♦ Hawaii, where the earnings ratio was 72.1 percent in 1999, dropped a surprising 25 states from IWPR's 2000 rankings (for 1997 data) to 27th. Between 1997 and 1999, women's earnings in the state fell 1.1 percent, while men's wages increased 15.1 percent (in constant dollars).
- ♦ In contrast, Alabama, which was ranked 41st in the 2000 rankings, narrowed the wage gap by almost 8.0 percentage points to place eleventh,

with a ratio of 76.5. There, women's earnings increased by 10.7 percent, while men's decreased slightly, by 0.3 percent (in constant dollars; see also Changes in the Wage Ratio, 1989-1999).

Labor Force Participation

One of the most notable changes in the U.S. economy over the past decades has been the rapid rise in women's participation in the labor force. Between 1965 and 2000, the proportion of American women who work 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 [BLS], 2001a). Women now make up nearly half of the U.S. labor force at 46.5 percent of all workers (full-time and part-time combined). According to projections by the BLS, women's share of the labor force will continue to increase, growing to 48 percent by 2010 (Fullerton and Toossi, 2001).

Map 4.2
Ratio of Women's to Men's Earnings

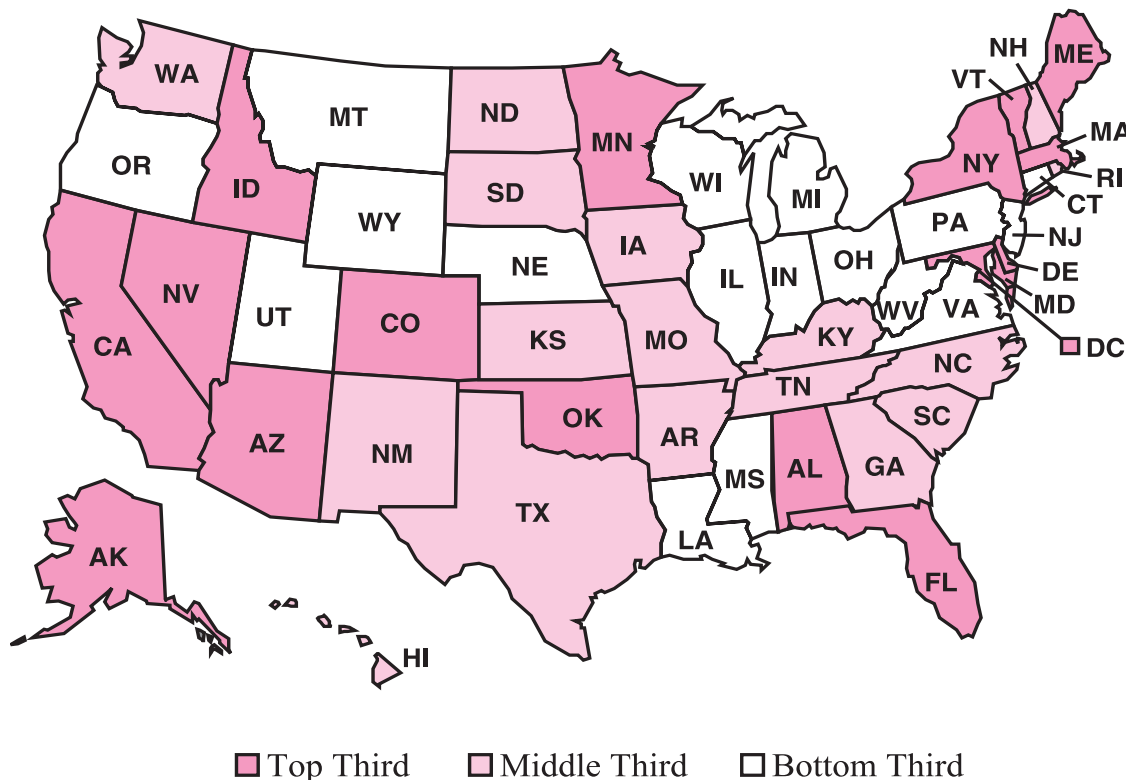
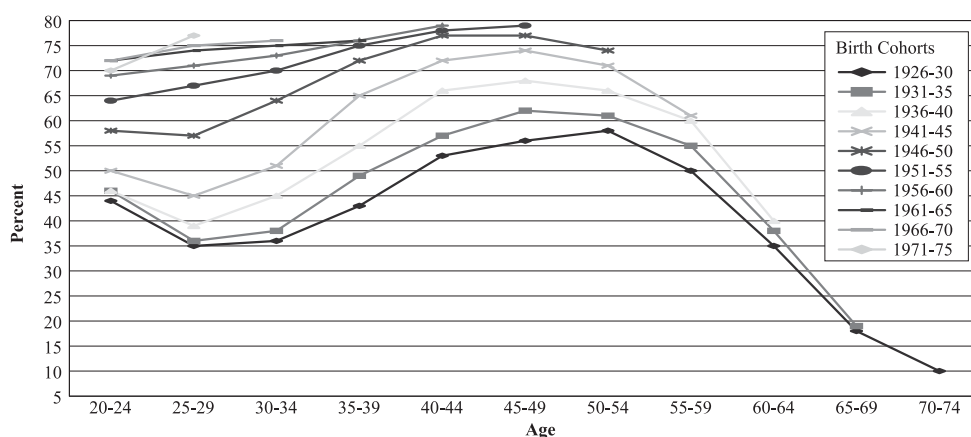


Figure 4.4
Trends in Labor Force Participation Rates for Women, 1950-2000,
by Birth Cohort



Source: Social Security Administration, 1993; U.S. Department of Labor, Bureau of Labor Statistics, 1996; U.S. Department of Labor, Bureau of Labor Statistics, 2001b.
Compiled by the Institute for Women's Policy Research.

Figure 4.4 illustrates the historic growth of women's labor force participation. Each new cohort (age group) of women has worked more than the one before. For example, approximately 44 percent of women born between 1926 and 1930 worked between the ages of 20 and 24. Of women born

among women aged 25-29. In addition, women have generally worked more as they have aged (until approaching retirement age). Cohorts of women born between 1926 and 1950 tended to leave the labor force during their childrearing years, but fewer women now drop out of the labor force when they have children. For women born in 1951 or later, labor force participation rates show no decrease on average during the childrearing years.

Table 4.1
Labor Force Participation of Women in the
United States by Race and Ethnicity, 1999

Race and Ethnicity	Number of Women in Labor Force	Percent in Labor Force
All Races	65,769,000	60.5
White*	47,805,000	60.6
African American*	8,602,000	63.9
Hispanic**	6,364,000	56.7
Asian American*	2,515,000	59.4
Native American*	494,000	59.0

For women aged 16 and older.

The numbers and percentages in this table are based on pooled data for the years 1998-2000; they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 1999. See Appendix II for details on the methodology.

*Non-Hispanic.

**Hispanics may be of any race.

Source: IWPR, 2001.

Calculated by the Institute for Women's Policy Research.

Labor force participation rates also vary by race and ethnicity. According to an IWPR analysis of data from the Current Population Survey for 1998-2000, 60.5 percent of women of all races aged 16 and older were in the labor force in 1999 (see Table 4.1). For white women, the rate was 60.6 percent. African American women historically have had a higher rate of participation than white and Hispanic women and continued to do so in 1999, at 63.9 percent. Hispanic women traditionally have the lowest average labor force participation rates among women; their rate was 56.7 percent in 1999. The rate was 59.4 percent for Asian American women and 59.0 percent for Native American women (these numbers are based on three years of pooled

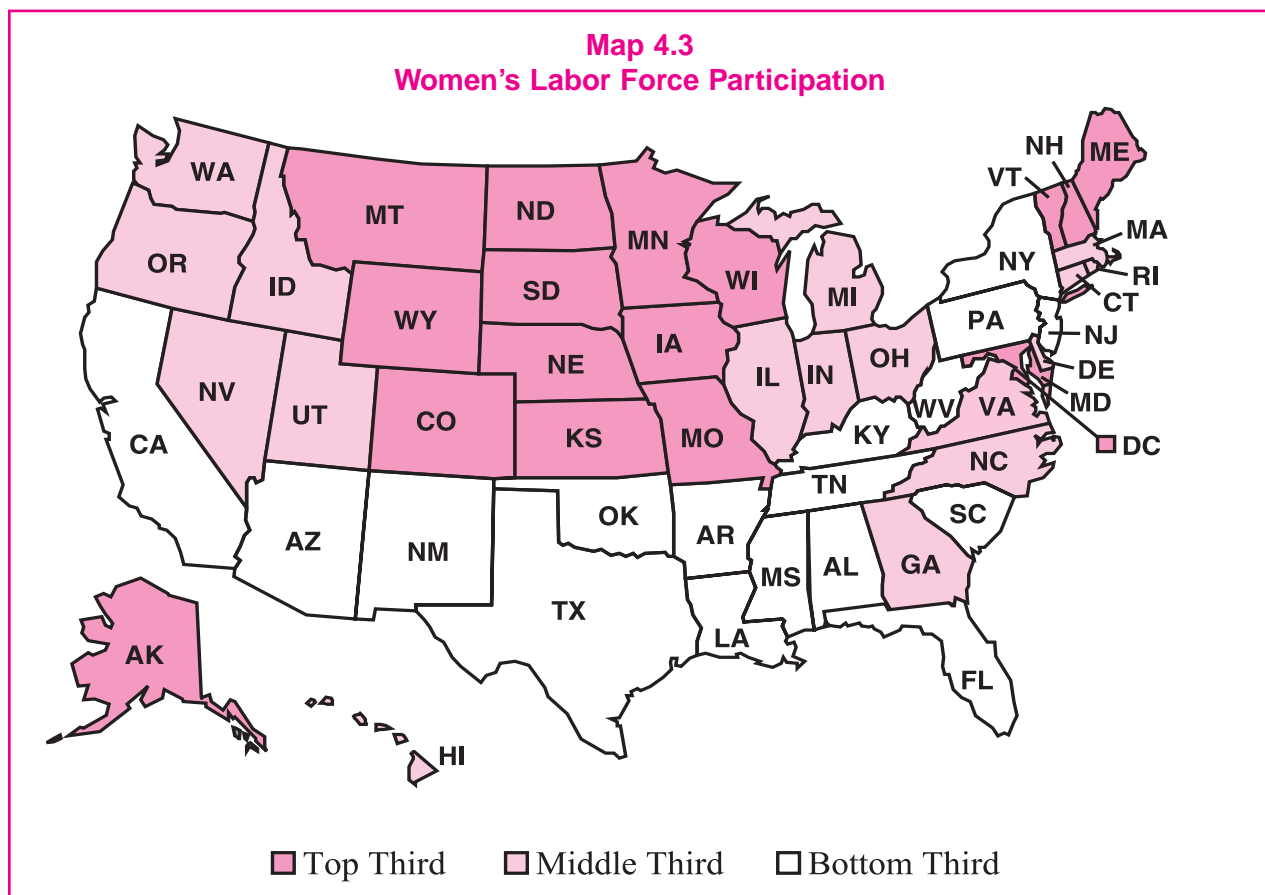
data for the years 1998-2000; IWPR, 2001; they differ slightly from labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 1999).

- ◆ In Minnesota, 70.3 percent of women were in the labor force in 2000, making it the state with the highest rate. Women in the East and West North Central region and some of the states in the Mountain West region also tend to have high rates. In addition to Minnesota, the top ten states include six other states from this area of the country: Nebraska (second), Wisconsin (third), South Dakota (fifth), North Dakota (sixth), and Iowa and Kansas (tied for eighth; see Map 4.3).
- ◆ West Virginia has the lowest percentage of women in the labor force, at 51.3 percent. Louisiana also has a low rate (54.2 percent), as does Florida (55.7 percent). States with low rates stretch across the southern part of the country from California to Florida. The three

Middle Atlantic states also fall in the bottom third on this indicator.

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In 1999, 55 percent of women with children under age one were in the labor force, compared with 31 percent in 1976 (U.S. Department of Commerce, Bureau of the Census, 2001a). In general, the workforce participation rate for mothers tends to be higher than the rate for all women (67.5 percent versus 60.5 percent in 1999). This is partially explained because the overall 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 rates. Mothers, in contrast, tend to be in the age groups with the highest rates.

The high and growing rates of labor force participation of women with children suggest that the demand



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

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 average 19 percent of the mother's earnings. Among married mothers at the same income level, child care costs average 30 percent of earnings (although the costs of child care are similar for both groups of women, the individual earnings of married women with children are less on average than those of single women with children; IWPR, 1996).

As more low-income women are encouraged or required (through welfare reform) to enter the labor market, the growing need for affordable child care must be addressed. Child care subsidies for low-income mothers are essential to enable them to purchase good quality child care without sacrificing their families' economic well-being. Currently, subsidies exist in all states, but they are often inadequate; many poor women and families do not receive them. Recent data show that nationally, only twelve percent of those children potentially eligible for child care subsidies under federal rules actually received subsidies under the federal government's Child Care and Development Fund in 1999. This percentage ranges from 25 percent in West Virginia to just 3 percent in the District of Columbia (U.S. Department of Health and Human Services, Administration for Children and Families, 2000a).

In addition to caring for children, many women are responsible for providing 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. More than 70 percent of those giving care are female. Caregivers on average provide slightly less than 18 hours per week of care. Many report giving up time with other family members; foregoing vacations, hobbies, or other activities; and making adjustments to work hours or schedules for caregiving (National Alliance for Caregiving and AARP, 1997). Like mothers of young children, other types of caregivers experience shortages of time, money, and other resources. 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.

While the past few decades have seen a dramatic increase in women's labor force participation, especially among working mothers, the increase in labor force participation of women with disabilities has not been as large. The Americans with Disabilities Act (ADA) of 1990 guarantees individuals with disabilities equal opportunity in public accommodations, employment, transportation, state and local government services, and telecommunications. The ADA also provides civil rights protection to individuals with disabilities similar to the protections provided to individuals on the basis of race, sex, national origin, age, and religion. Despite the ADA, women with disabilities continue to encounter numerous forms of discrimination, such as architectural, transportation, and communication barriers; assumptions regarding incapacity and ability; exclusionary qualification standards and criteria; segregation; relegation to lesser services, benefits, jobs, or other opportunities; and gender discrimination (Kaye, 1998; Robertson, 2001).

The labor force participation rate of women with disabilities continues to lag significantly behind the rate for women without disabilities. In 2000, 71.4 percent of women aged 21 through 64 without a disability in the United States were employed, compared with only

44.1 percent of women in the same age group with a disability. Clearly, the United States could devote more attention to the disadvantaged employment status of women with disabilities. In addition, disability benefit policies provide some financial disincentives for disabled persons to work. With earnings, they face not only the possible loss of cash benefits but also the potential loss of medical coverage from public insurance programs (Bryen and Moulton, 1998).

Occupation and Industry

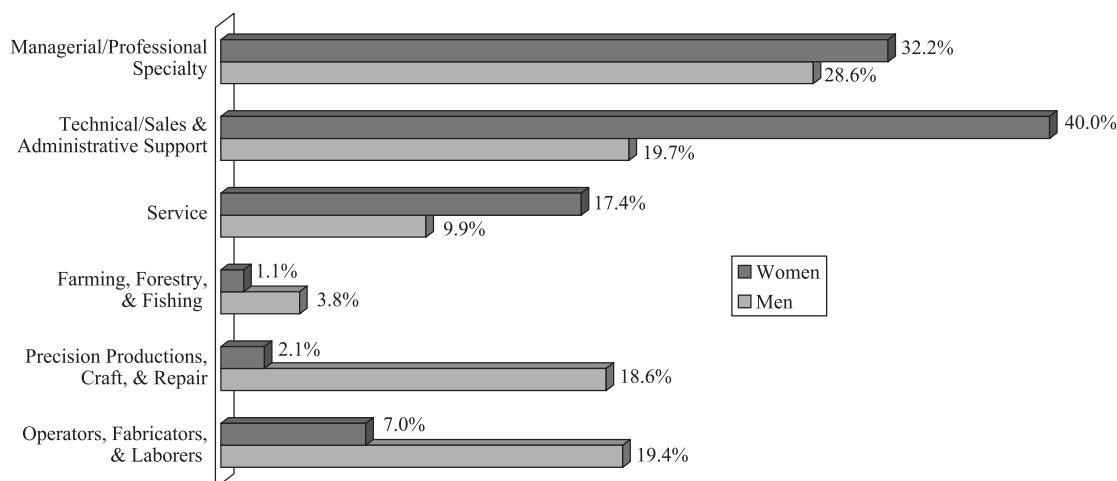
Figure 4.5 shows that women and men are distributed differently across occupations. Women workers are most likely to be in technical, sales, and administrative support occupations. Forty percent of women workers are in these occupations. Women's next most likely occupational group is managers and professionals (32.2 percent). About 17.4 percent of working women are in service occupations, and very small percentages work in skilled and unskilled blue collar jobs or in agricultural jobs. Men are more evenly spread across the six broad occupational categories: their largest occupational group is managers and professionals (28.6 percent); following are male technical, sales, and administrative support occupations (at 19.7 percent) and operators, fabricators, and laborers (at 19.4 percent). Precision, production, craft, and

repair occupations are next at 18.6 percent. Smaller percentages of men work in service jobs and as agricultural workers.

Even when women work in the higher-paid occupations, such as managerial positions, they earn substantially less than men. An 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, ten percent of women managers would be among the top ten percent of earners for all managers; however, only one percent of women managers have earnings in the top ten percent. In fact, only six percent of women had earnings in the top 20 percent. Similarly, a Catalyst (2000) study showed that only 4.1 percent (just 93) of the highest-earning high-level executives in Fortune 500 companies were women as of 2000.

Still, women's growing participation in managerial and professional jobs is an important component of women's employment and earnings, as it reflects employers' willingness to promote women to positions of responsibility and authority, and challenges the glass ceiling. These types of jobs allow women more control over their work lives, pay well, and are highly regarded.

Figure 4.5
Distribution of Women and Men Across Occupations in the United States, 1999



For employed women aged 16 and older.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Table 15.

Compiled by the Institute for Women's Policy Research.

- ◆ The District of Columbia has the highest rate (48.0 percent) of women employed in professional and managerial jobs. A high proportion of women workers in Maryland (41.0 percent), Colorado (38.9 percent), and Connecticut (37.8 percent) also hold professional and managerial jobs. Women in the Northeast and Pacific West, as well as in Colorado, New Mexico, Texas, and a few other states, are generally more likely to work in these jobs (see Map 4.4).
- ◆ In general, women are least likely to hold professional and managerial jobs in parts of the South, Mountain, and Prairie regions. For example, Idaho (26.1 percent), Nebraska (26.3 percent), Wyoming (26.9 percent), Nevada (27.3 percent), and West Virginia (27.8 percent) all score poorly in comparison with the national average (32.2 percent) for women in professional and managerial positions. Mississippi (28.0 percent) and Tennessee (28.3 percent) also fare poorly on this indicator.

Figure 4.6 shows that women and men are also distributed differently across industries, and as with occupations, men are distributed more evenly. Women are most likely to be employed in the service industries. One-third of all working women are employed in that category, including business, professional, and personal services. About one-fifth work in the wholesale and retail trade industries. A slightly smaller proportion work for the government. The next largest industries for women are manufacturing (10.1 percent) and finance, insurance, and real estate (7.7 percent). Men are most likely to be employed in wholesale and retail trade (18.9 percent), and they are almost as likely to be employed in manufacturing and services (18.7 percent and 18.5 percent, respectively). Of employed men, 11.6 percent work in government, 9.4 percent work in construction and mining, and approximately 7.5 percent work in transportation, communications, and public utilities.

Because of their close proximity to the nation's capital, high proportions of women working in Virginia

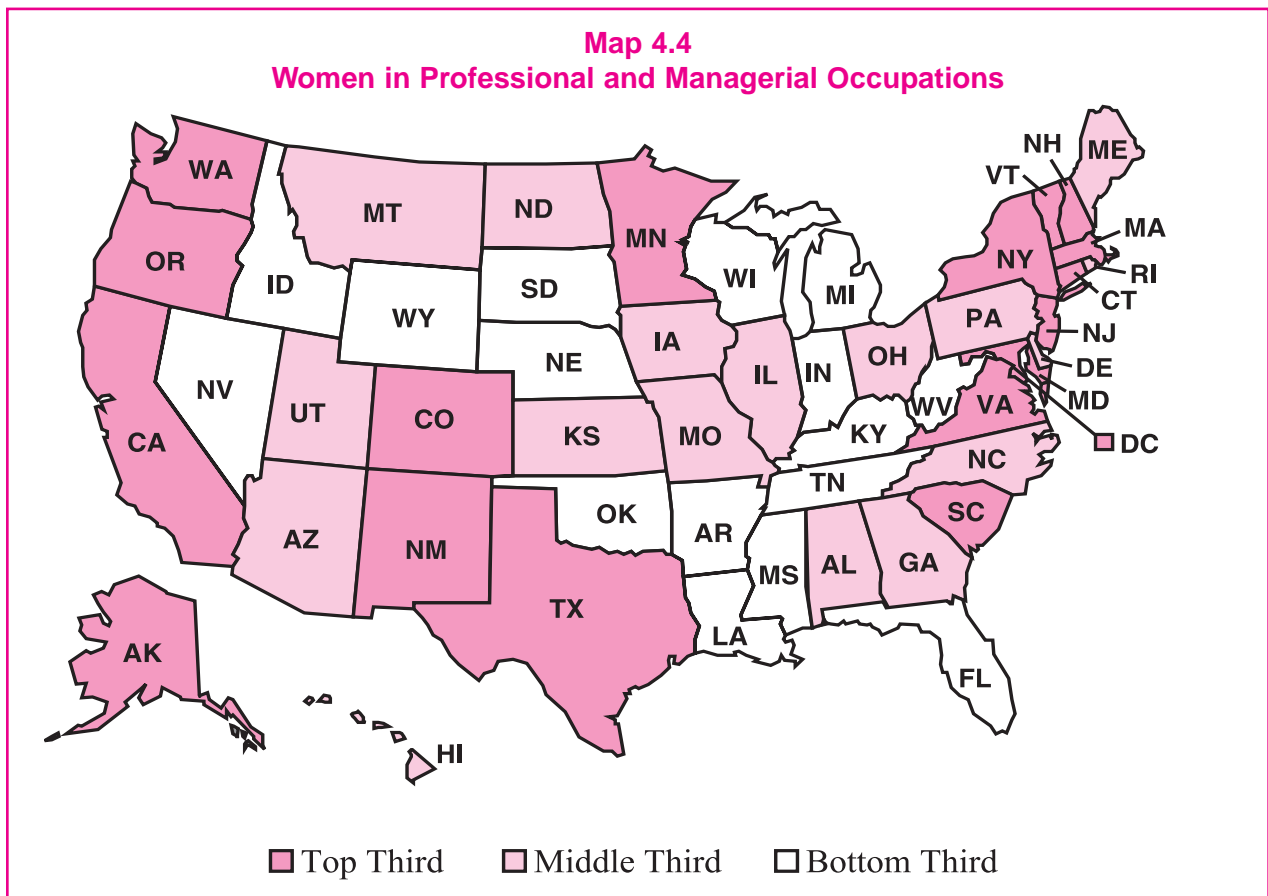
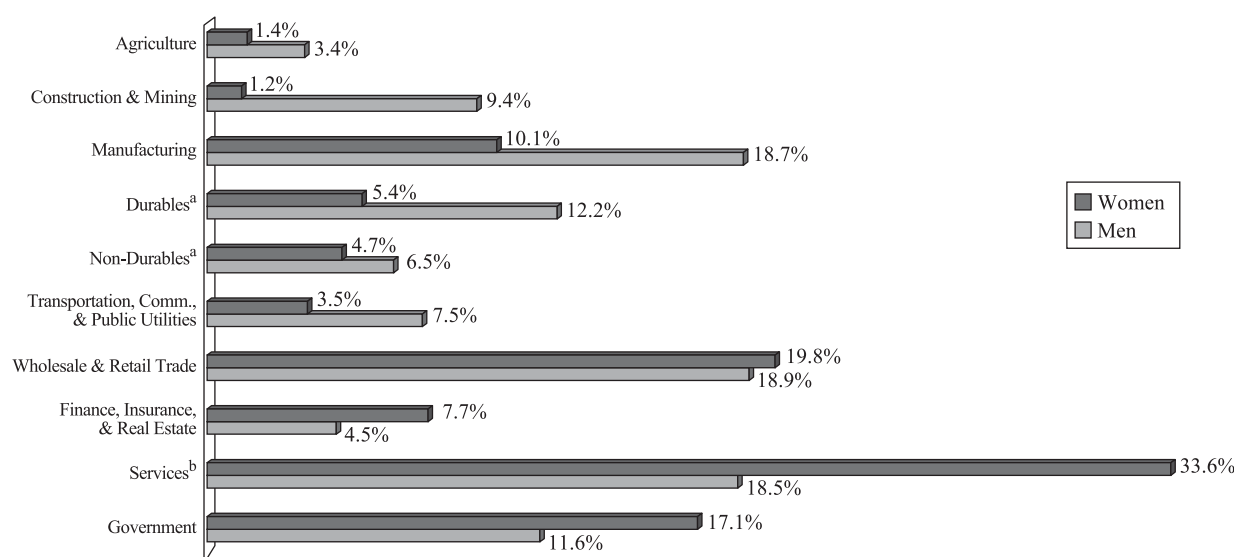


Figure 4.6
Distribution of Women and Men Across
Industries in the United States, 1999



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, 2001a, Table 17.

Compiled by the Institute for Women's Policy Research.

(19.7 percent) and in Maryland (26.1 percent), as well as in the District of Columbia itself (26.0 percent), work in government. High proportions of women in Wyoming (25.7 percent) and New Mexico (25.4 percent) also work in government. Government employment especially benefits women, as it tends to provide employment opportunities, pay, and benefits that are

closer to those of men than is the case in private industry, as well as good access to health insurance and a high rate of representation by labor unions and professional associations. Large proportions of all women managers and professionals, especially among women of color, work in the public sector.

5. Social and Economic Autonomy



While labor force participation and earnings are critical to women's 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 social and economic autonomy: health insurance coverage, educational attainment, business ownership, and poverty.

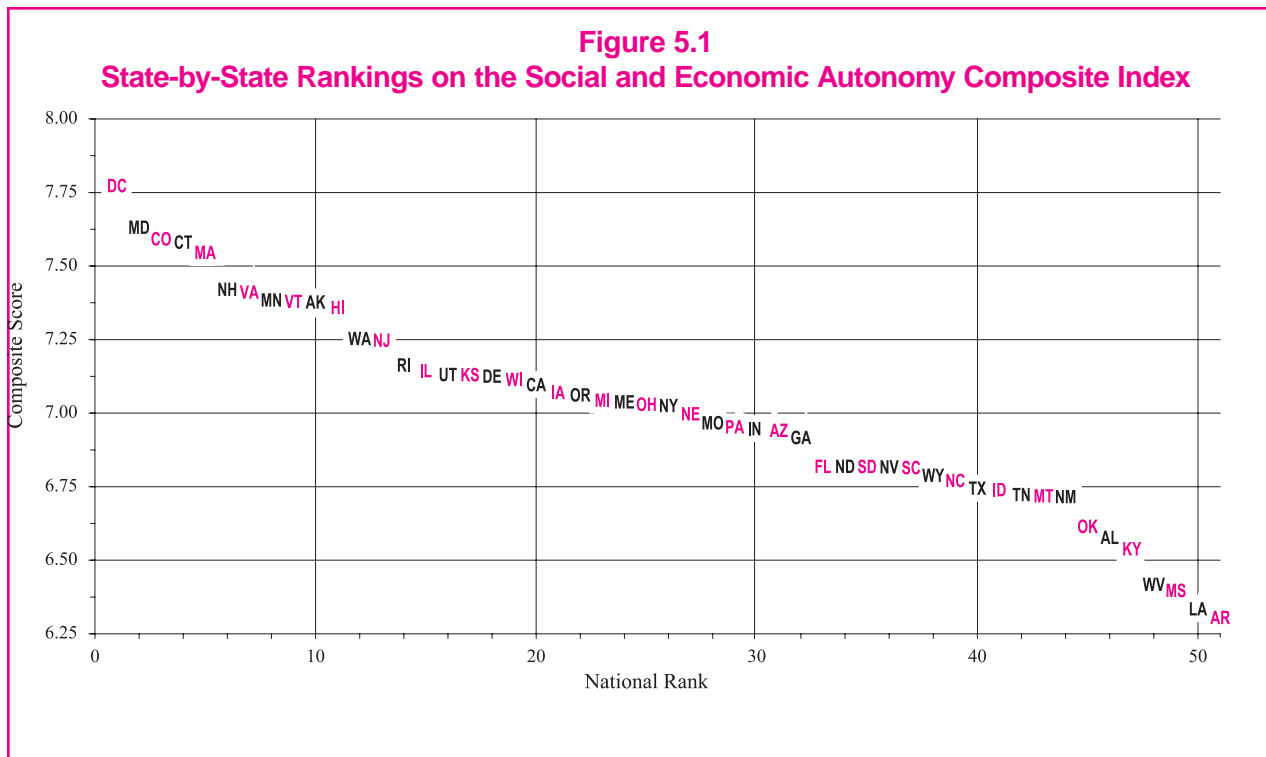
Each of these issues affects women's lives in distinct yet interrelated ways. Access to health insurance plays a role in determining the overall quality of health care for women and governs the extent of choice women have in selecting health care services. Educational attainment relates to social and economic autonomy in many ways: through labor force participation, hours of work and earnings, occupational prestige, civic participation, childbearing decisions, and career advancement. Women who own their own businesses control many aspects of their working lives and participate in their communities in many ways. Finally, women in poverty have limited choices. If they receive public income support, they must comply with legislative and administrative regulations enforced by their case-workers. They do not have the economic means to travel freely, and their participation in society is limited in many ways. In addition, they often do not have access to the education and training necessary to improve their economic situations.

Throughout the country, women have less access than men do to most of the resources measured by the social and economic autonomy composite index. Nationally, 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 numbers of uninsured men and women are both growing.

The Social and Economic Autonomy Composite Index

- ♦ Women in parts of the Pacific West, most of New England, and the area surrounding the District of Columbia rank highest on the composite social and economic autonomy index. A few Midwestern and Mountain states (such as Colorado, Illinois, Kansas, Minnesota, and Utah) also rank well.
- ♦ The District of Columbia ranks first on the composite social and economic autonomy index (see Figure 5.1), primarily due to its high proportions of college-educated women (first) and women-owned businesses (first). The District of Columbia also ranks tenth for women with health insurance. It is, however, among the worst in the nation for women living above poverty (47th).
- ♦ After the District of Columbia, Maryland (second), Colorado (third), Connecticut (fourth), and Massachusetts (fifth) also rank well on measures of social and economic autonomy.
- ♦ In general, women in the South, as well as in several of the Mountain states, score poorly on the composite social and economic autonomy index. The lowest scoring states are Arkansas (51st), Louisiana (50th), Mississippi (49th), West Virginia (48th), Kentucky (47th), Alabama (46th), and Oklahoma (45th).
- ♦ The highest grade on the social and economic autonomy composite index was a B+, awarded only to the District of Columbia. Despite that high ranking, women in the District of Columbia are much more likely to live below the poverty line than men in the District or women in most of the country. The B+ thus reflects both the District's achievements and its remaining room for improvement in this area. See Appendix IV for letter grades.





Access to Health Insurance

Nationwide, 16.6 percent of women ages 18 to 64 have no health insurance (Employee Benefit Research Institute, 2001). Approximately 68.7 percent of women are insured through employers—either their own employer (41.9 percent) or their spouse's (26.8 percent). Public insurance programs cover 11.9 percent of women and 8.5 percent of men nationally. Private health insurance covers 6.5 percent of American women in this age range.

- ◆ Women in the southern United States, in a band from Mississippi to Arizona, are the least likely to have insurance. New Mexico (70.7 percent), Texas (75.8 percent), Oklahoma (76.5 percent), and Louisiana (76.8 percent) have the lowest percentages of coverage (see Map 5.1). Another Southern state, Florida, also ranks low. California, which ranks high on many indicators of women's status, ranks surprisingly low on health insurance, at 47th.
- ◆ Women in several North Central states and New England are the among most likely to have health insurance. Rhode Island (94.0 percent), New Hampshire (92.2 percent), Minnesota (91.4

percent), and Wisconsin (91.4 percent) have the highest rates.

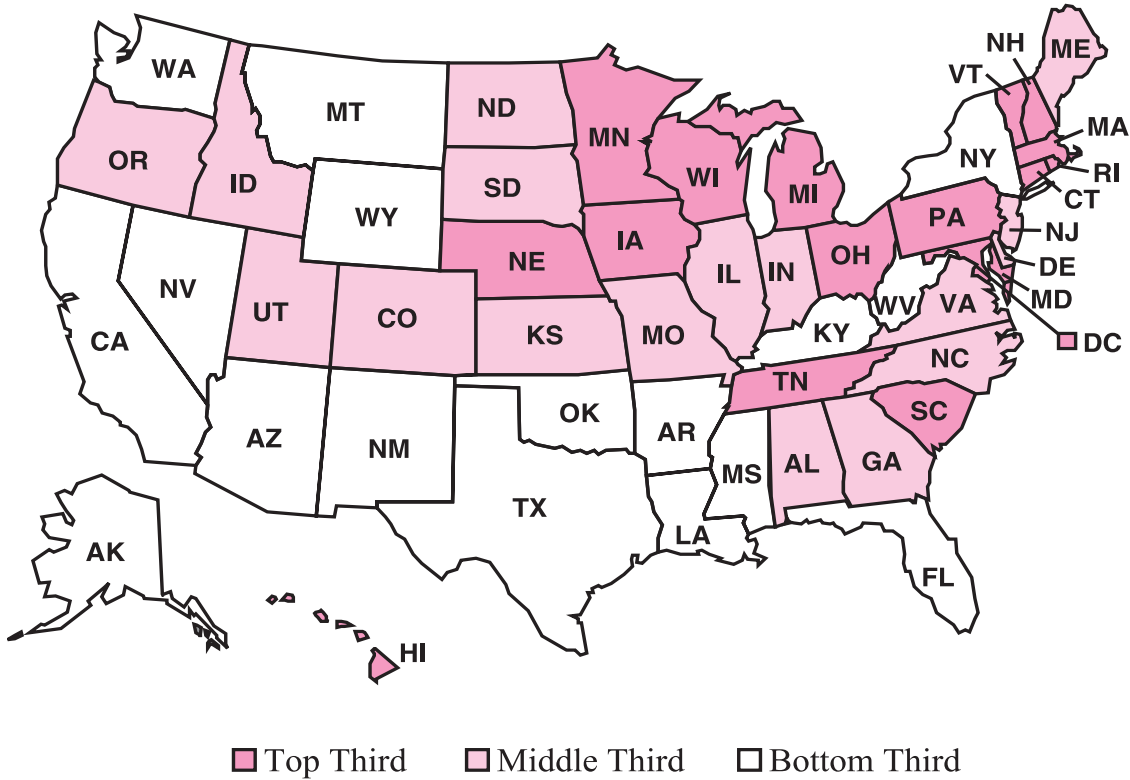
Education

Nationally, women have made steady progress in increasing their levels of education. Between 1980 and 2000, the percent of women aged 25 and older with a high school education or more increased by about one-fifth. As of 2000, a higher percentage of women than men had completed a high school education (83.4 percent versus 82.8 percent).

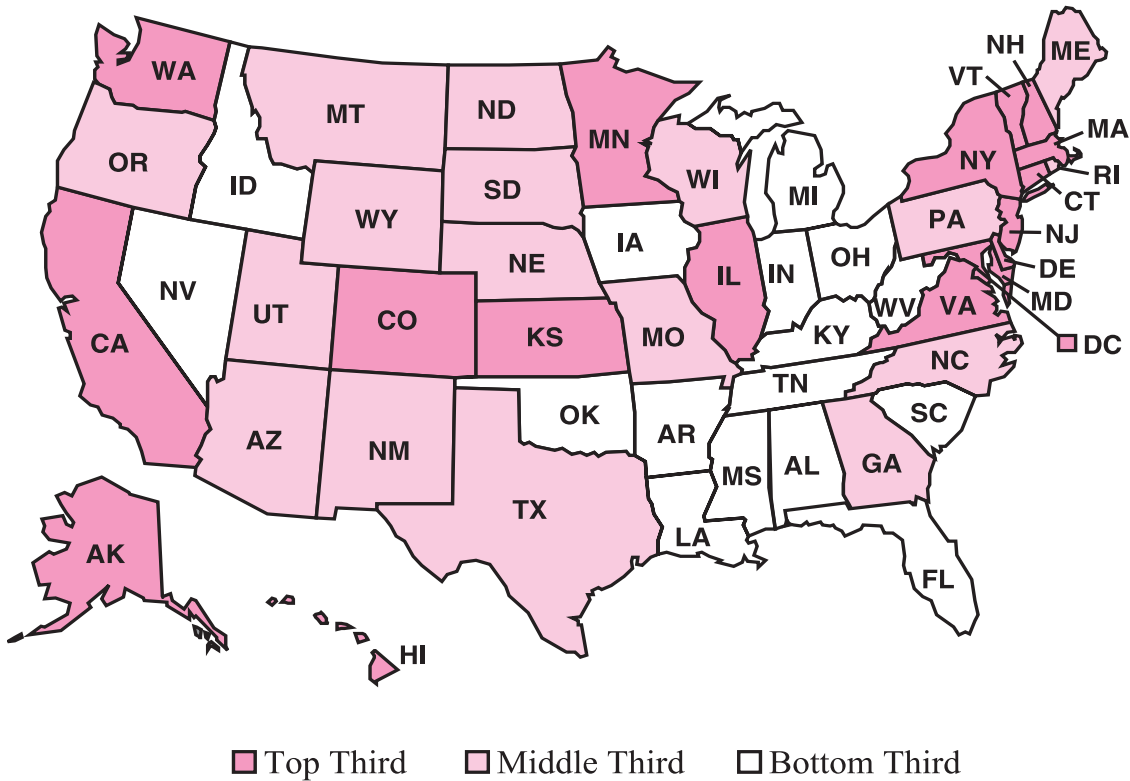
During the same period, the proportion of women aged 25 and older with four or more years of college increased by three-fifths, from 13.6 percent in 1980 to 21.8 percent in 2000 (compared with 24.8 percent of men in 2000), bringing women closer to closing the education gap (U.S. Department of Commerce, Bureau of the Census, 2000a). Since 1982, a higher proportion of college graduates have been women than men, but among all those aged 25 and older, male college graduates still outnumber females.

Women are increasingly pursuing courses of study more like those men pursue, earning degrees in business, law, medicine, and computer science. In

Map 5.1
Percent of Women with Health Insurance



Map 5.2
Percent of College-Educated Women



recent years, women have earned almost 42 percent of degrees awarded in medicine and about 44 percent of law degrees. In most of the sciences, however, the proportion of women still lags behind that of men (U.S. Department of Commerce, Bureau of the Census, 2001).

Although women continue to increase their levels of education, there is still room for improvement. Slightly less than 50 percent of women nationwide have more than a high school education (U.S. Department of Commerce, Bureau of the Census, 2001d). The proportion of women aged 25 and older without high school diplomas in the United States is still high, at 16.6 percent. The proportion of women with four or more years of college is only 21.8 percent, compared with 24.8 percent of men. Finally, there is room for improvement in graduate education. Only 12.2 percent of engineering Ph.D. recipients in 1998 were women, and while the number of women earning doctorates in biology and the life sciences is approaching equity (42.5 percent of all doctorates in these fields in 1998), psychology and the health sciences are the only broad science fields in which women receive the majority share of doctorates earned. Women received only 16.3 percent of doctorates in computer and information sciences and only 25.2 percent in the physical sciences and science technologies in 1998 (U.S. Department of Commerce, Bureau of the Census, 2001d). Minority women accounted for only 7.0 percent of Ph.D. degrees earned by U.S. citizens during the 1999-2000 academic year (National Center for Education Statistics, 2001).

- ◆ Women are more highly educated in the District of Columbia than elsewhere in the nation. Almost 31 percent of women in the District of Columbia have at least a college degree. There is a large gap between the District of Columbia and the state with the next highest percentage of college-educated women, Massachusetts (24.1 percent).
- ◆ Women in the Northeast tend to be among the best educated in the country (see Map 5.2). Massachusetts (24.1 percent), Connecticut (23.8 percent), Vermont (23.2 percent), New Hampshire (21.1 percent), and New Jersey (21.0 percent) all rank in the top ten states in

proportions of women with four or more years of college.

- ◆ West Virginia, Arkansas, and Kentucky women are among the least likely in the nation to have graduated from four-year colleges. Only 10.9, 11.9, and 12.2 percent of women in these states, respectively, have a college degree or more. In general, women in parts of the South (from Florida west to Oklahoma) and much of the Midwest tend to be less well educated than women in other parts of the country.

Women Business Owners and Self-Employment

Owning a business can bring women increased control over their working lives and create important financial and social 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 providing child care in one's home. Overall, both the number and proportion of businesses owned by women have been growing.

By 1997, women owned 5.4 million firms in the United States. Of these firms, 55.0 percent were in the service industries, and the next highest proportion, 17.0 percent, was in retail trade. Women-owned businesses employed slightly less than 7.1 million people and generated \$878.3 billion in business revenues in 1997 (U.S. Department of Commerce, Bureau of the Census, 2001f).

Like women's business ownership, self-employment for women (one kind of business ownership) has also been increasing over recent decades. In 1975, women represented one in every four self-employed workers in the United States. In 1998, they were approximately two of every five (U.S. Small Business Administration, 1999). 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—42 percent of married self-employed women and 34 percent of nonmarried self-employed women do (Devine, 1994).

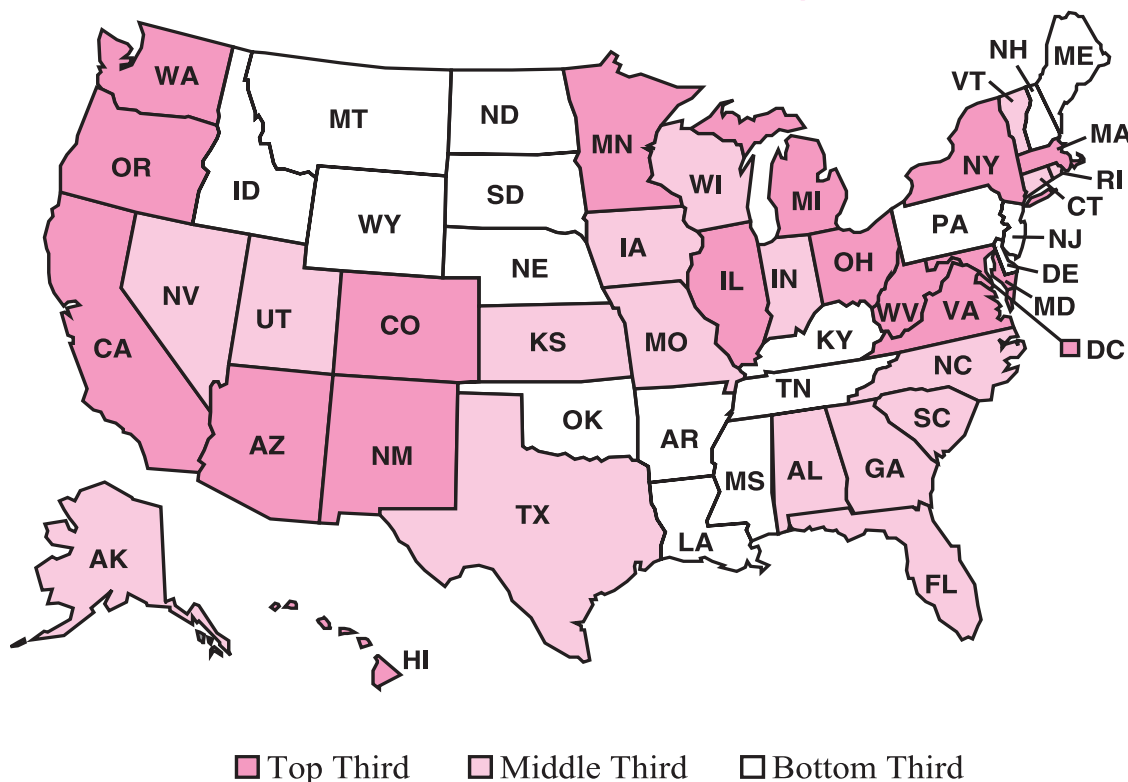
Unfortunately, most self-employment is not especially well-paying for women, and about half of self-employed women combine this work with another job, either a wage or salaried job or a second type of self-employment (for example, child care and catering). In 1986-87 in the United States, women who worked full-time, year-round at one type of self-employment had the lowest median hourly earnings of all full-time, year-round workers (\$5.63). Those with two or more types of self-employment adding up to full-time work earned somewhat more (\$6.68 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most (\$12.24 per hour at the median; all figures in 2000 dollars). Those who combined wage and salaried work with self-employment had earnings ranging 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).

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 coverage for an average of only 1.7 months per year, 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

Map 5.3
Women's Business Ownership



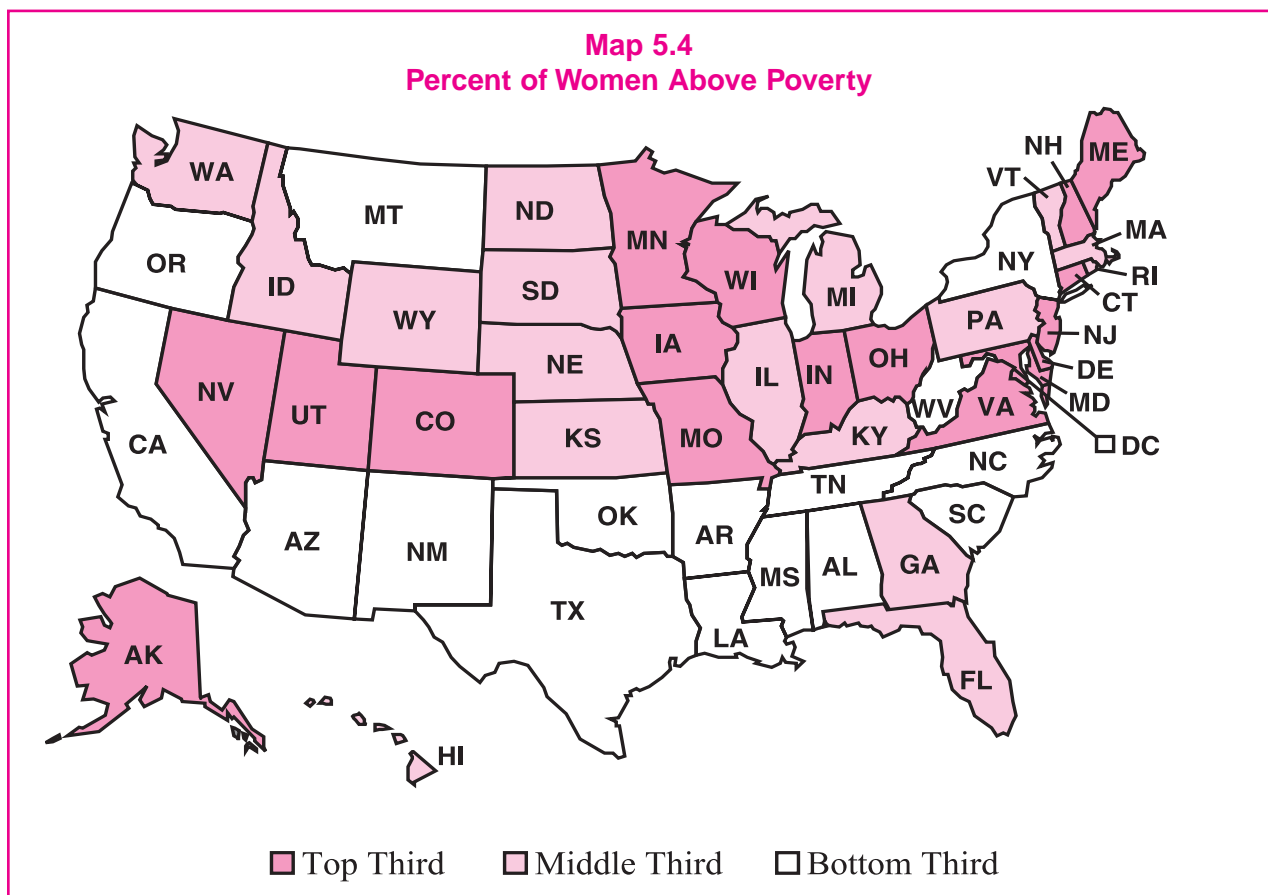
explains most of the upward trend in the self-employment of married women between 1970 and 1990. This suggests that the growing movement of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Nationwide, 6.1 percent of women were self-employed in 1999 (U.S. Department of Labor, Bureau of Labor Statistics, 2001c).

- ◆ The District of Columbia has the highest percentage (30.9 percent) of businesses that are women-owned; South Dakota has the lowest (21.5 percent).
- ◆ The Pacific West and Southwestern regions of the country have high percentages of women-owned businesses, along with the states bordering the District of Columbia and a few Midwestern states (see Map 5.3). New Mexico, with 29.4 percent of all businesses owned by women, ranks second, and Maryland, with 28.9, ranks third.

- ◆ The Mountain states and a cluster of states in the South (from Kentucky to Oklahoma and Louisiana) have smaller proportions of women-owned businesses and rank in the bottom third.

Women's Economic Security and Poverty

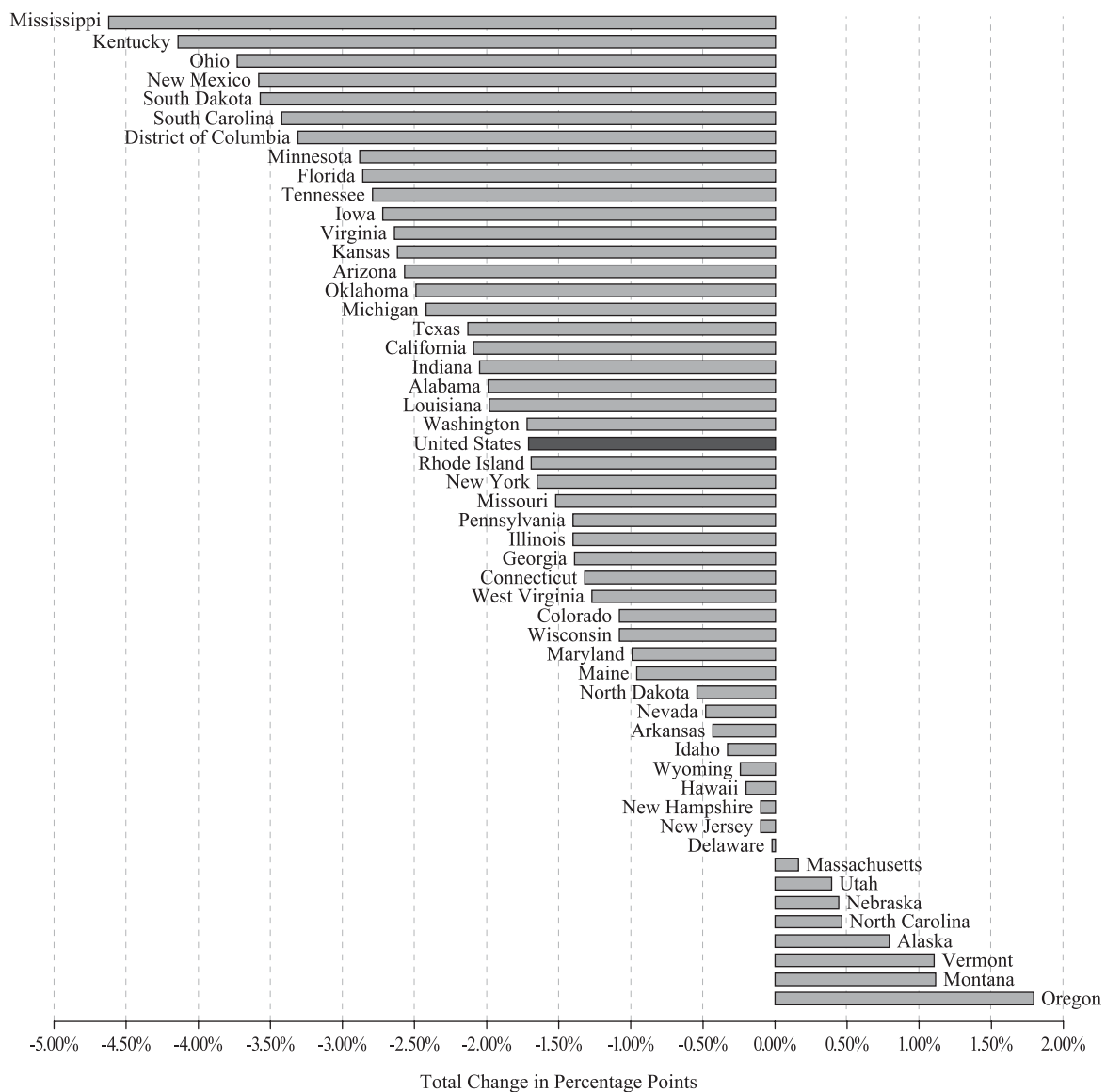
As women's responsibility for their families' economic well-being grows, the continuing wage gap and women's prevalence in low-paid, female-dominated occupations impede their ability to ensure their families' financial security, particularly for single mothers. Nationally, median family income for single-mother households was \$20,400 in 1999, while that for married couples with children was \$61,900. The proportion of women aged 16 and over in poverty was 12.0 percent, compared with 8.3 percent for men (see also Changes in Women's Poverty, 1995-99).



Changes in Women's Poverty, 1995-99

During the 1990s, female poverty rates dropped both nationally and in most states. Nationwide, in the period from 1995 to 1999, the proportion of women living in poverty dropped by 1.7 percentage points, from 13.7 percent to 12.0 percent. This change, however, masks a great deal of variation among the states. Figure 5.2 illustrates the range of their experiences.

Figure 5.2
Change in the Proportion of Women in Poverty
by State (in percentage points), 1995-99



(continued on next page)

Falling Poverty Rates in Most States

In 42 states and the District of Columbia, women's poverty fell between 1995 and 1999:

- ◆ In 25 states, poverty rates dropped between 1.0 and 3.0 percentage points.
- ◆ Four states—South Carolina, South Dakota, New Mexico, and Ohio—and the District of Columbia saw their rates decrease between 3.0 and 4.0 percentage points.
- ◆ Two states—Kentucky and Mississippi—experienced decreases of more than 4.0 percentage points. In Kentucky, poverty fell from 19.9 percent to 12.8 percent; in Mississippi, it fell from 21.4 percent to 16.8 percent.
- ◆ In the remaining eleven states, the rate fell by less than 1.0 percentage point.

Despite impressive drops in women's poverty in South Carolina, New Mexico, Kentucky, Mississippi, and the District of Columbia, poverty rates among women in all these states both began and ended the 1995-99 period above the national average. Thus, their relatively large drops in poverty did not eradicate their high poverty rates.

Increasing Poverty in Eight States

In eight states, poverty among women actually increased between 1995 and 1999:

- ◆ In five states—Massachusetts, Utah, Nebraska, North Carolina, and Alaska—poverty increased by less than 1.0 percentage point.
- ◆ In three states, it increased by more than 1.0 percentage point. In both Vermont and Montana, it increased by 1.1 percentage points—from 10.2 percent to 11.3 percent in Vermont and from 14.8 percent to 15.9 percent in Montana.
- ◆ With a jump of 1.79 percentage points—from 11.3 percent in 1995 to 13.1 percent in 1999—Oregon had the largest increase in poverty.

States can play an important role in improving women's economic security and combating poverty among women by providing educational and training programs to maximize women's earnings potential, by setting minimum wage levels above the national minimum, and by strengthening efforts to guarantee women pay equity. In addition, states can implement welfare, tax, and unemployment policies that provide a basic safety net for those who earn very low wages or cannot work.

Women's poverty rates vary substantially by race. Nationally in 1999, 23.5 percent of African American women, 22.8 percent of Native American women, and 22.4 percent of Hispanic women aged 16 and older were living below the poverty level, compared with only 8.5 percent of white women and 10.9 percent of Asian American women (data not shown; IWPR, 2001).

The nationwide poverty rate for single-mother families in 1999 was 35.7 percent, much higher than for any other family type. Even these rates of poverty probably understate the degree of hardship among 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 throughout the nation (Renwick and Bergmann, 1993). Child care costs were not included at all in family expenditures when federal poverty thresholds were developed. 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. Renwick and Bergmann (1993) estimate a 1989 national poverty rate for single-parent families of 47 percent, compared with an official estimate of 39 percent. Poverty rates for low-income, married-couple families would also be much higher if child care costs were included (Renwick, 1993).

Although the poverty line is the federal standard of hardship in the United States, some researchers have begun to use basic family budgets as a more realistic measure of hardship. When the federal poverty line was created, it sought to measure the minimum amount of income needed for survival, by calculating minimum food expenses and multiplying them by three (Fisher, 1992). In contrast, the basic family budget method sets a higher standard by measuring how much income is required for a safe and decent standard of living. It also calculates the cost of every major budget item a family needs—including housing, child care, health care, transportation, food, and taxes—based on family composition and where the family resides (Boushey, et al., 2001). It can be tailored specifi-

cally to a particular family type and to a specific region, state, or city. Thus, the basic family budget measure is more sensitive to variations in cost or standard of living than the federal poverty line, which is the same throughout the United States.

More than two and a half times as many people live below the basic family budget level than fall below the official poverty level. Nationally, the proportion of people in families (consisting of one or two parents and one to three children under the age of twelve) with incomes below a minimum family budget level was 27.6 percent in 1999, much higher than the proportion of people in comparable families living below the federal poverty line (10.1 percent; Boushey, et al., 2001).

With the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, welfare has moved from an entitlement program that guaranteed assistance to all eligible families to a transitional employment program with time limits, and responsibility for implementation has devolved to the state level. The amount of cash welfare benefits varies widely from state to state. In 2001, the maximum annual Temporary Assistance for Needy Families (TANF) benefit was \$4,500 per family (Welfare Information Network, et al., 2001). This figure is substantially below the minimum family budget level of \$30,200 (Boushey, et al., 2001; median for all states calculated by IWPR). Thus families receiving welfare benefits receive an average of about 14.9 percent of this standard for hardship. Of course, poverty is not alleviated by welfare payments alone; many families also receive food stamps or other forms of noncash benefits. Still, research shows that, even when adding the value of noncash benefits, many women remain poor (U.S. Department of Commerce, Bureau of the Census, 1997; for more information on state welfare policies, see the Women's Resources and Rights Checklist).

The time limits and budget cutbacks of the new welfare system suggest that welfare will be a less reliable source of income to low-income families than it has been in recent decades. In light of these changes, women will need to look to other programs if the job market cannot provide sufficient employment and income for them. More women workers will look to Unemployment Insurance (UI)

as a source of income in the event of unemployment. A lower proportion of unemployed women (40 percent) than unemployed men (46 percent) collect UI benefits, however (Ensellem, et al., 2002). This difference results in part from policies that keep low-wage workers, the majority of whom

are women, from qualifying for UI or that exclude workers from receiving UI if they leave a job for reasons such as sexual harassment, domestic violence, or their own or family illness (for more information on these UI provisions, see the Women's Resources and Rights Checklist).

6. Reproductive Rights

Issues pertaining to reproductive rights and health can be controversial. Nonetheless, 189 countries, including the United States, adopted by consensus the Platform for Action from the U.N. Fourth Conference on Women (1995). 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. The document also stresses that adolescent girls in particular need information and access to relevant services. Because reproductive issues are so important to women's lives, this section provides information on 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.

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

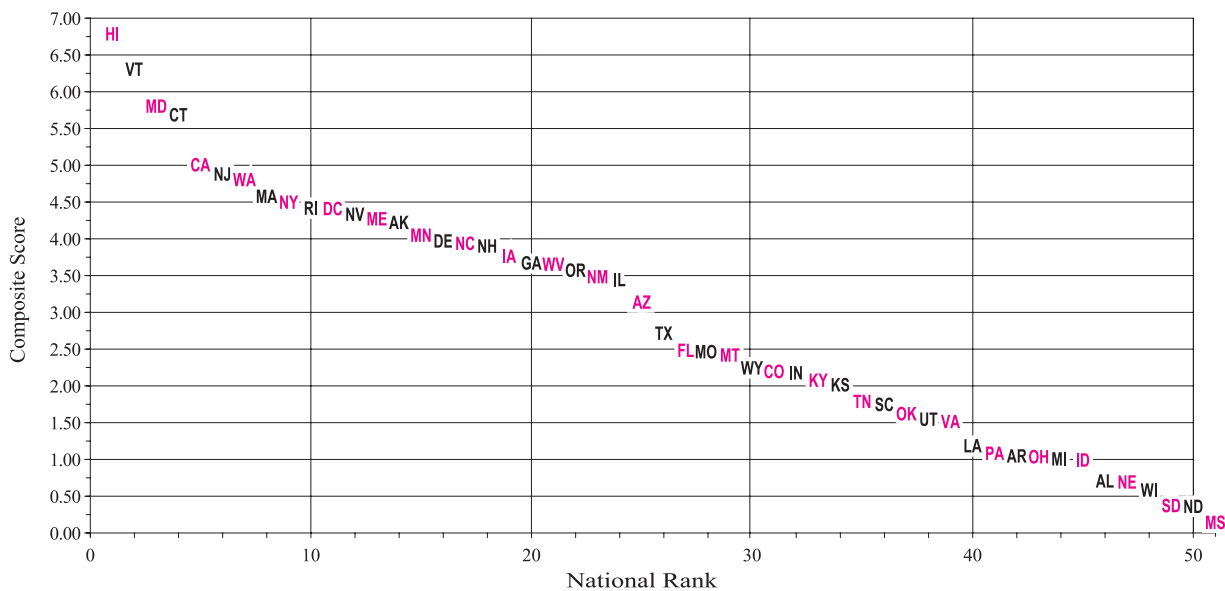
Reproductive issues encompass other policies as well. Laws requiring health insurers to cover contraception and infertility treatments allow insured women to exercise choice in deciding when and if to have children. Policies allowing gay and lesbian couples to adopt their partners' children give them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



The Reproductive Rights Composite Index

- ◆ Reproductive rights are strongest in the Northeast and the Pacific West regions. The highest ranking state, Hawaii, does not require parental consent/notification or waiting periods for abortion, provides public funding to poor women for abortion, has 100 percent of women living in counties with abortion providers, has a pro-choice state government, requires insurance companies to cover contraception and infertility, allows second parent adoption by lesbian and gay couples, and requires schools to provide sex education. Other high-ranking states include Vermont (second), Maryland (third), Connecticut (fourth), California (fifth), and New Jersey (sixth; see Figure 6.1).
- ◆ The worst ranking states for reproductive rights are Mississippi (51st), North Dakota (50th), South Dakota (49th), and Wisconsin (48th), which rank poorly on all components of the index. Two Mountain states (Idaho and Utah), Nebraska, four Midwestern states (Michigan, Ohio, Nebraska, and Wisconsin), Pennsylvania, and several Southern states (a band from Oklahoma to Louisiana to Tennessee, as well as South Carolina and Virginia) also rank near the bottom.
- ◆ The top grade for the reproductive rights composite index is an A, which was awarded to Hawaii (See Appendix IV). Vermont, Maryland, and Connecticut received grades of A-. All four of these states have relatively high levels of support for women's reproductive rights and resources, but all have some room for improvement. Hawaii's protection of second-parent adoption comes from the ruling of a lower level court and could be overturned by a higher one. Vermont does not require insurance coverage of infertility treatments. Maryland has a parental notification law. Connecticut does not require sex education. In all states, women can benefit from stronger support among policymakers for their reproductive choices.

Figure 6.1
State-by-State Rankings on the Reproductive Rights Composite Index



Access to Abortion

- ♦ Of the 43 states with consent or notification laws on the books as of December 2001, 33 enforce those laws. Among these 33 states, 15 enforce notification laws and 18 enforce consent laws. In the 43 states with notification or consent laws, 38 allow for a judicial bypass if the minor appears before a judge and provides a reason why parental notification would place an undue burden on the decision to have an abortion. Two states provide for physician bypass, and two allow for both judicial and physician bypass. Utah is the only one of the 43 to have no bypass procedure (NARAL and NARAL Foundation, 2002).
- ♦ A total of 22 states have statutes requiring mandatory waiting periods. In the 18 states that enforce these statutes, waiting periods range from one to 72 hours (NARAL and NARAL Foundation, 2002).
- ♦ Sixteen states fund abortions for eligible low-income women in all or most circumstances. In some states, public funding for abortions is

available only under specific circumstances, such as rape or incest, life endangerment to the woman, or health circumstances of the fetus. Twenty-eight states do not provide public funding for abortions under any circumstances other than those required by the federal Medicaid law—that is, in cases of rape, incest, or life endangerment to the woman (NARAL and NARAL Foundation, 2002).

- ♦ As of 1996, the percent of women who live in counties with an abortion provider ranged from 16 to 100 percent across the states. In the bottom three states, 20 percent or fewer women live in counties with at least one provider, while in the top six states, more than 90 percent of women live in counties with at least one (Henshaw, 1998).
- ♦ In six states—California, Connecticut, Hawaii, Maine, New Hampshire, and Vermont—and the District of Columbia, the governor (or, in the District of Columbia, the mayor), the state senate, and the state assembly are pro-choice. In twelve states, all three are anti-choice (NARAL and NARAL Foundation, 2001).

Trends in Protections for Women's Reproductive Rights

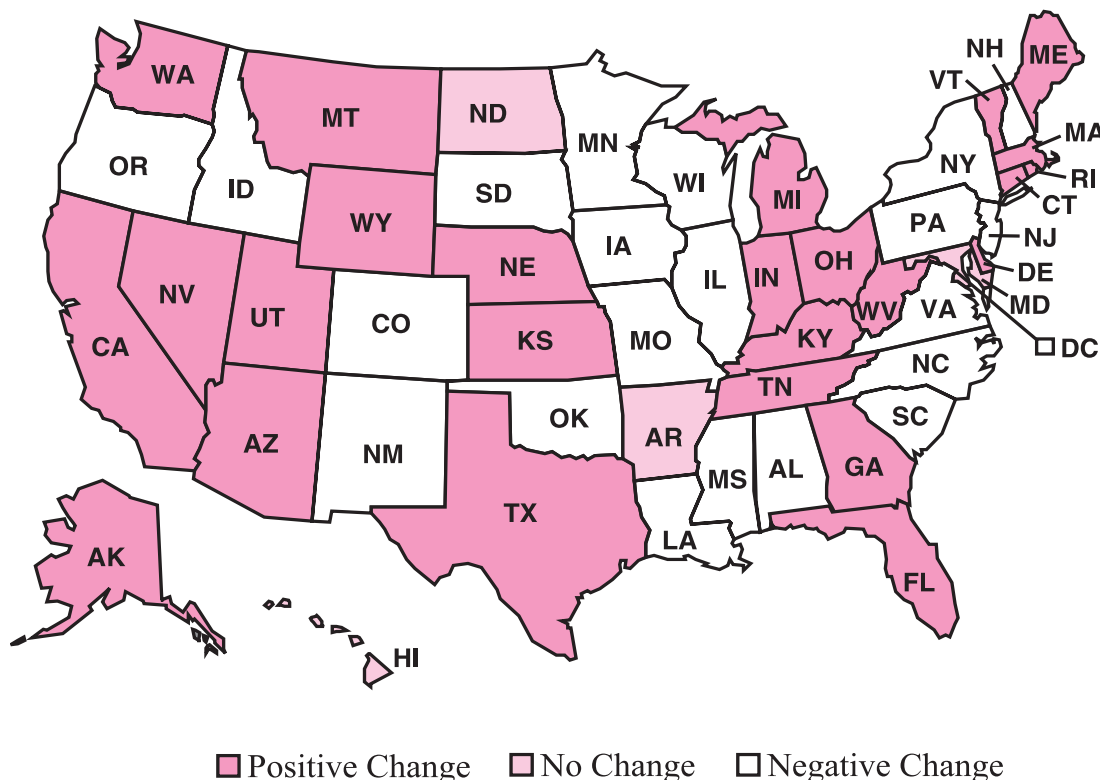
Because reproductive rights continue to spark controversy throughout the United States, state-level policies concerning abortion, contraception, and other important reproductive resources are constantly in flux. Over the past six years, some states have made significant improvements in their policies concerning women's reproductive choices compared with other states. At the same time, many states have passed provisions that decrease women's access to their reproductive rights relative to women's rights in other states.

Lower Rankings in 22 States

Since 1996, 22 states have fallen in IWPR's rankings for women's reproductive rights (see Map 6.1):

- ♦ Eight states—Idaho, Louisiana, New Mexico, Oklahoma, Oregon, Pennsylvania, South Carolina, and Virginia—fell more than ten places on the reproductive rights composite index.
- ♦ None of these states mandates sex education, and all but one (Oregon) require parental consent or notification for minors seeking abortion. Only New Mexico requires comprehensive coverage of contraception by insurance companies, and only Louisiana requires insurance coverage of infertility treatment.

Map 6.1
Trends in Reproductive Rights



(continued on next page)

ments. Most of these states also require a waiting period for abortion and do not provide public funding for abortion.

- ♦ Seven states—Alabama, Illinois, New Hampshire, New York, North Carolina, South Dakota, and Wisconsin—and the District of Columbia fell between five and ten places on the reproductive rights index.
- ♦ Six more states—Colorado, Iowa, Minnesota, Mississippi, Missouri, and New Jersey—fell by fewer than five places.

Improved Rankings in 25 States

Twenty-five states have improved their rankings for women's reproductive rights since 1996:

- ♦ Six states—Delaware, Kentucky, Nevada, Rhode Island, Tennessee, and Utah—jumped ten or more places. All of these states require sex education for public school students. Three of these states—Delaware, Nevada, and Rhode Island—have mandated that insurance companies provide comprehensive coverage of contraceptives. Despite their improved rankings, none allow access to abortion without parental consent or notification or provide public funding for abortion.
- ♦ Rhode Island improved from 34th in 1996 to tenth in 2002, and Nevada jumped from 35th to twelfth. Since 1996, both states have adopted insurance mandates for contraceptive coverage, and their elected officials have become more pro-choice. Both also require sex education, and Rhode Island requires insurance coverage of infertility treatments.
- ♦ Ten states—Arizona, California, Connecticut, Georgia, Indiana, Kansas, Massachusetts, Montana, Vermont, and Wyoming—jumped at least five but fewer than ten places. Another nine—Alaska, Florida, Maine, Michigan, Nebraska, Ohio, Texas, Washington, and West Virginia—rose by fewer than five positions.

A Continued Need To Protect Reproductive Rights

Four states saw no change in their rank on the reproductive rights composite index between 1996 and 2002. Of these, two—Hawaii (first) and Maryland (third)—began and stayed among the top states for women's reproductive rights. The other two—Arkansas (42nd) and North Dakota (50th)—remained among the worst.

To improve levels of reproductive choice for women, states need to strengthen their policies for protecting access to abortion, contraception, and infertility treatments; providing students mandatory sex education; and guaranteeing gay and lesbian adoptive rights.

Other Family Planning Policies and Resources

- ♦ In 19 states, all private health insurers are required to provide comprehensive contraceptive coverage. Seven states have provisions requiring partial coverage for contraception
- (Alan Guttmacher Institute, 2002a). This represents an enormous change since 1996, when no state had passed an insurance mandate for contraceptive coverage.
- ♦ Nationwide, 39 percent of all women who are in need of publicly supported contraceptive services are served at publicly supported family plan-

ning clinics, while 37 percent of teenage women are (Frederick 1998).

- ♦ In eleven states, legislatures have passed measures requiring insurance companies to pay for infertility treatments. In another three states, insurance companies must offer at least one package with infertility coverage to their policyholders (Plaza, 2001b).
- ♦ Court rulings in 25 states specifically allow second-parent adoption, which gives lesbians and gays the legal right to adopt their partners' children. In 18 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 two states, the state supreme court has prohibited discrimination against gays or lesbians in second-parent adoption cases. In six states, courts have ruled against second-parent adoption. Only one state, Florida, has banned second-parent adoption by statute. Courts in the remaining 20 states have not ruled on a case involving second-parent adoption (National Center for Lesbian Rights, 2001).
- ♦ In 23 states, schools are required to provide sex education. Of those 23, nine require that sex education include abstinence and also provide students with information about contraception. Three states require that sex education programs teach abstinence but do not require that schools provide information about contraception (NARAL and NARAL Foundation, 2001).

Fertility, Natality, and Infant Health

The U.S. birth rate for all women has declined in recent years, due in part to women's tendency to marry and give birth later in life. In 2000, the median age for women at the time of their first marriage was 25.1 years (Fields and Casper, 2001). As of 1999, the median age at first birth was 24.5 years (National Center for Health Statistics, 2001b). In 2000, there were 67.5 births per 1,000 women aged 15-44 in the United States (Martin, et al., 2002).

Infant deaths in the United States occur at a rate of 7.1 per 1,000 births. Infant mortality affects white and African American communities at very different rates. Nationwide, the rate for white infants is 5.8 per 1,000, while for African American infants it is 14.6 per 1,000. Low birth weight (less than 5 lbs, 8 oz.) also occurs among different racial and ethnic groups at different rates. In the United States as a whole, the rate of births of low birth weight among white infants is 6.6 percent. For Hispanic infants, it is 6.4, while for African American infants, it is 13.1 (National Center for Health Statistics, 2001c). Disparities in both infant mortality and low birth-weight rates between African Americans and whites are probably related to a variety of factors, including socioeconomic status, nutrition, maternal health, and access to prenatal care (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 reducing the risk of infant mortality and low birth weight (U.S. Department of Health and Human Services, Public Health Service, 2000). Nationally, about 83 percent of women begin prenatal care in their first trimester of pregnancy. However, use of prenatal care varies sharply by race and education. Eighty-eight percent of white women use prenatal care in the first trimester, compared with 74 percent for African American and Hispanic women and 70 percent for Native American women. Use of prenatal care varies greatly by age, as well. Nationally, just 48 percent of girls under age 15 received prenatal care in 1999, compared with 69 percent of those aged 15-19. Rates were much higher, from 78 to 90 percent, for women over age 20 (National Center for Health Statistics, Division of Health Promotion, 2001).

Births to teenage girls can make it difficult for them to achieve an adequate standard of living, because of their limited choices about education and employment (The Alan Guttmacher Institute, 1994; U.S. Department of Health and Human Services, Public Health Service, 2000). In 1999, births to teenage mothers accounted for 14.5 percent of all births in the United States, while births to unmarried mothers accounted for 33.0 percent of all births nationally (U.S. Department of Commerce, Bureau of the Census, 2001d).

7. Health and Well-Being



Health is a crucial factor in women's overall status. Health problems can seriously impair women's quality of life as well as their ability to care for themselves and their families. As with other resources described in this report, women's access to health-related resources varies from state to state. To ensure equal access, the Beijing Declaration and Platform for Action stresses the need for strong prevention programs, research, and information campaigns targeting all groups of women, as well as adequate and affordable quality health care.

This section focuses on women's health across the United States. The composite index of women's health and well-being includes several indicators, including mortality from heart disease, breast cancer, and lung cancer; incidence of diabetes, chlamydia, and AIDS; women's mental health status and mortality from suicide; and limitations on women's everyday activities.

Although women on average live longer than men—79 years 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, et al., 2001).

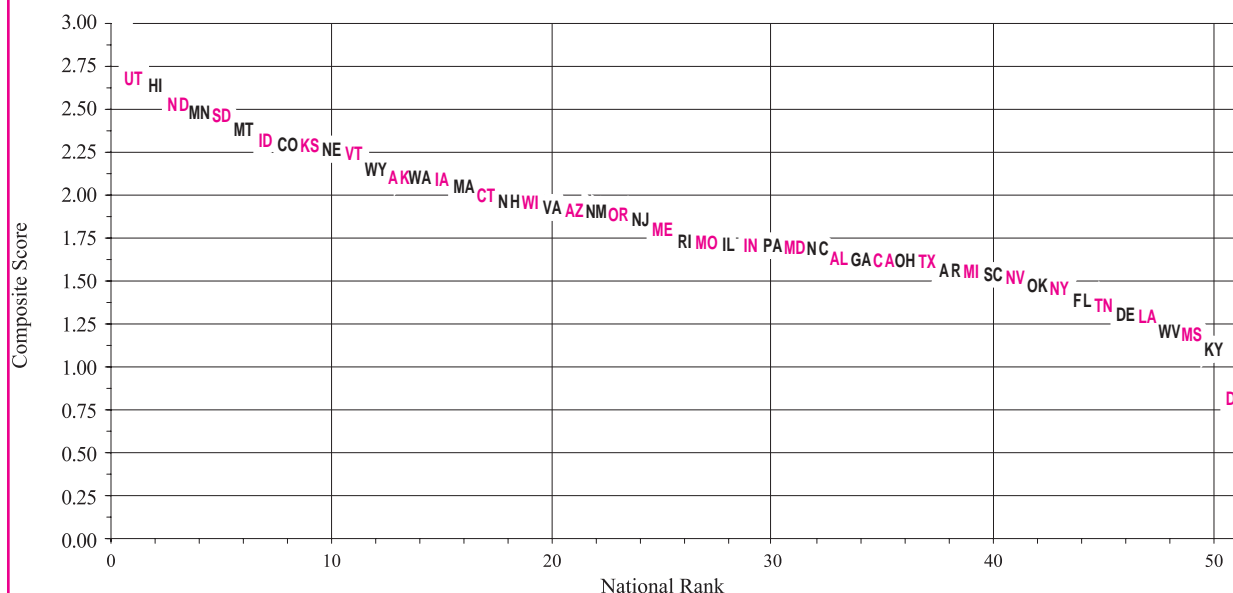
Women's overall health status is closely connected to many of the other indicators in this report, including women's poverty status, access to health insurance, reproductive rights, and family planning. As a result, it is important to consider women's health as embedded in and related to their political, economic, and social status (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University, 2001). For example, 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, et al., 2001). Research shows that, in contrast, women's employment has a positive effect on health. Studies suggest the link may result both because work provides health benefits to women and because healthier women "self-select" to work (Hartmann, Kuriansky, and Owens, 1996). Finally, research suggests that across the states, women's mortality rates, cause-specific death rates, and mean days of activity limitations due to health are highly correlated with their economic and political status, and especially with their political participation and with a smaller wage gap (Kawachi, et al., 1999).

The Health and Well-Being Composite Index

- ♦ Utah ranks first in the country for measures of women's health and well-being (see Figure 7.1). Women in Utah have the lowest rates of mortality from lung cancer and the third lowest rates of both chlamydia and mortality from breast cancer. The state also fares well for women's heart disease mortality rate (fourth best) and women's limited activities due to health (fifth best).
- ♦ Overall, women in several of the Mountain West states and most of the West North Central region have the best health status. Within these regions, Utah (first), North Dakota (third), Minnesota (fourth), South Dakota (fifth), Montana (sixth), Idaho (seventh), Colorado and Kansas (tied for eighth), and Nebraska (tenth) are all in the top ten states for women's health. A Pacific West state, Hawaii (second), is also in the top ten.
- ♦ The District of Columbia is lowest ranked overall for women's health and well-being. It has the worst incidence rate of diabetes and mortality rate from breast cancer. It also has the worst proportions of AIDS and chlamydia cases among women, with rates significantly larger than the next worst states (over 250 percent more AIDS cases and over 30 percent more chlamydia cases).

Figure 7.1
State-by-State Rankings on the Health and Well-Being Composite Index



- ◆ Overall, women in much of the South tend to have the worst health status. Kentucky (50th), Mississippi (49th), West Virginia (48th), Louisiana (47th), Tennessee (46th), and Florida (44th) are all among the bottom ten states. However, women in Delaware (46th) and New York (43rd) also have poor health, as do women in two Midwestern states (Ohio and Michigan) and two Western ones (California and Nevada).
- ◆ Only two states, Utah and Hawaii, received the top grade of A- on this index. Their grades reflect both the states' successes and their performance in relation to national goals concerning health status, including those set by the U.S. Department of Health and Human Services in its Healthy People 2010 program (see Appendix II).

Mortality and Incidence of Disease

Mortality from Heart 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. It remains the leading cause of death for women

aged 75 and older, even when all cancers are combined (National Center for Health Statistics, 2001d). Since many of the factors contributing to heart disease—including high blood pressure, smoking, obesity and inactivity—can be addressed by changing people's health habits, states can contribute to cutting 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 and preventive screening services. Nationwide, the mortality rate from heart disease among women is 161.7 per 100,000 population (like many indicators of women's health, heart disease mortality varies greatly by race and ethnicity; see Racial Disparities in Women's Health).

- ◆ Women's mortality rates from heart disease vary widely among the states. The rate of the worst state, New York, is 216.9 per 100,000 women, more than twice that of the best state, Alaska, at 91.5.
- ◆ Mortality from heart disease is generally worst in the Southeast and the Northeast. States in these areas ranking in the bottom ten include New York (51st), West Virginia and Tennessee (tied for 49th), Mississippi (46th), Rhode Island (45th), and New Jersey (43th).

- ◆ The best ten states for women's mortality from heart disease are primarily Western. Alaska (first), Hawaii (second), Utah (fourth), Montana (fifth), Colorado (sixth), Idaho (seventh), and Oregon (eighth) all rank in the top ten. Three states in the northern part of the Midwest—Minnesota (third), Nebraska (ninth), and North Dakota (tenth)—round out the top ten.

Mortality from Cancer

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

Among cancers, breast cancer is the second most common cause of death for U.S. women. Approximately 203,500 new cases of invasive breast cancer are expected in 2002 (American Cancer Society, 2002). Women's national breast cancer mortality rate is 28.8 per 100,000. Screening is crucial not just for detecting breast cancer but also for reducing mortality through early detection. Consequently, health insurance coverage, breast cancer screenings, and public awareness of the need for screenings are all important issues to address as states attempt to diminish death rates from the disease.

- ◆ In Utah, the best state, the lung cancer mortality rate is 17.9 per 100,000. The state with the second best ranking, Hawaii, has a lung cancer mortality rate that is more than 60 percent greater, at 29.0 per 100,000. Generally, states in the West, such as Utah (first), Colorado (third), New Mexico (fifth), and Idaho (eighth), have relatively low levels of mortality from lung cancer among women.
- ◆ The worst state for mortality from lung cancer is Nevada, at 56.3 per 100,000 women. Kentucky follows, with a rate of 52.9. The other states that rank in the bottom ten are located in the East—Maine and Delaware (48th), West Virginia (47th), New Hampshire (46th), Rhode Island (45th), and Maryland (44th). Two Northwestern states also rank poorly for women's mortality from lung cancer: Oregon (43rd) and Alaska (42nd).
- ◆ In the District of Columbia, which ranks worst for women's mortality from breast cancer, the rate is 40.4 per 100,000 women. This number is twice that of the best state on this indicator, Hawaii (19.9 per 100,000 population).
- ◆ Overall, women in Western states have the lowest levels of mortality from breast cancer: Hawaii (first), Colorado (second), Utah (third), Montana (fifth), Alaska (sixth), Arizona (seventh), and Idaho (ninth) all rank in the top ten. Women in the East fare the worst on this indicator. After the District of Columbia (51st) come Delaware (50th), New Jersey (49th), New York (48th), and Rhode Island (46th).

Incidence of Diabetes

People with diabetes are two to four times more likely to develop heart disease, stroke, blindness, kidney disease, and other serious health conditions than those without it. Women with diabetes have the same risk of heart disease as men (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999). Rates of diabetes vary tremendously by race, with African Americans, Hispanics, and Native Americans experiencing much higher rates than white men and women (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998). The median rate of diabetes in women among the states (5.9 percent) is similar to that of men (6.1 percent). The overall risk of diabetes can be decreased by lowering the level of obesity and by improving health habits.

- ◆ Alaska and New Hampshire have the smallest percentages of women who have been diagnosed with diabetes, at 4.0 percent.
- ◆ Mississippi and the District of Columbia, like much of the Southeast, have the worst rates, at 8.2 percent.

Racial Disparities in Women's Health

While U.S. women's health status has generally improved over the past few decades, health disparities among different racial and ethnic groups remain large. For two of the most common causes of death among women, heart disease and breast cancer, African American women experience much higher death rates than other women do. They are also much more likely to have AIDS than other women. In contrast, white women are the most likely to die of lung cancer.

Mortality rates from heart disease are much higher among African American women than among white women, while Asian American women have the lowest rates (see Table 7.1). The mortality rate from heart disease for 1996-98 among all women was 161.7 deaths per 100,000 women. For African American women, it was much higher, at 195.3, while for white women it was 159.8. For Hispanic women, the rate was lower, at 113.4; for Native American women, it was 94.2; for Asian American women, it was 89.5.

Mortality rates from breast cancer are also much higher among African American women than among white women. Nationally, mortality rates from breast cancer are 28.7 for white women and 37.8 for African American women per 100,000. Rates are much lower among Hispanic, Native American, and Asian American women: 17.6 for Hispanic, 15.1 for Native American, and 12.8 for Asian American women per 100,000.

White women are more likely to die from lung cancer than women from any other racial or ethnic group: 43.7 white women, 41.3 African American women, 25.0 Native American women, 19.4 Asian American women, and 13.8 Hispanic women per 100,000 died of lung cancer annually in 1996-98.

Table 7.1
Mortality and Incidence Rates of Disease Among
Women in the United States by Race and Ethnicity

Race and Ethnicity	Average Annual Mortality Rate of Heart Disease (per 100,000), 1996-98 ^a	Average Annual Mortality Rate from Breast Cancer (per 100,000), 1996-98 ^a	Average Annual Mortality Rate from Lung Cancer (per 100,000), 1996-98 ^a	Average Annual Incidence Rate of AIDS (per 100,000 adolescents and adults), 2000 ^b
All Races	161.7	28.8	41.3	9.3
Among Whites*	159.8	28.7	43.7	2.3
Among African Americans*	195.3	37.8	41.3	49.0
Among Hispanics**	113.4	17.6	13.8	14.9
Among Asian Americans	89.5	12.8	19.4	1.4
Among Native Americans	94.2	15.1	25.0	5.0

* Non-Hispanic.

** Hispanics may be of any race.

Source: ^a National Center for Health Statistics, 2001a; ^b The Henry J. Kaiser Family Foundation, 2001.

Compiled by the Institute for Women's Policy Research.

(continued on next page)

Perhaps the most alarming racial and ethnic disparities are evident in AIDS rates. Nationally, African American women are reported to have 49.0 cases per 100,000 women. This rate is more than three times the rate for Latinas (14.9) and almost ten times the rate for Native American women (5.0). Rates for all three groups were much higher than those for white women (2.3) and Asian American women (1.4). Based on these numbers, African American women have 35 times greater incidence of AIDS than Asian American women, and 21 times more than white women.

State governments can contribute to improving women's health status and minimizing racial and ethnic differences by developing policies that reduce barriers to minority women's access to health resources, including health insurance, preventive care, and screenings for disease. In addition, states can work to decrease the economic and social inequalities that can lead to poor health, especially among minority women.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are a common threat to younger women's health. As with many other health problems, education, awareness, and proper screening can be key to limiting the spread of STDs and diminishing the health impact associated with them. One of the more common STDs among women is chlamydia, which affected more than 563,000 women in the United States in 2000. Nationwide, 404.0 women per 100,000 have chlamydia. Up to 85 percent of women who have chlamydia manifest no symptoms. Nonetheless, it can lead to Pelvic Inflammatory Disease (PID), which is a serious threat to female reproductive capacity (U.S. Department of Health and Human Services, Public Health Service, 2000). As a result, screening for chlamydia is important to women's reproductive health.

- ◆ Incidence rates of chlamydia range widely. The District of Columbia ranks worst among the states, with a rate of 1009.5 per 100,000 women. This rate is more than seven times greater than that of the best state, Vermont (143.2). It is also much higher than the rate in the second worst state, Mississippi (763.2). Many of the New England states ranked in the top third on this indicator, while most South Atlantic states ranked poorly.

The incidence of HIV and AIDS in women is one of the fastest growing threats to their health, especially among younger women. In fact, the original gap between the incidence of AIDS in women and men is

diminishing quickly. While in 1985 the incidence of AIDS-related illnesses among men was 13 times greater than for women, by 1998-99 men had less than four times as many AIDS-related illnesses as women. The proportion of people with AIDS who are women is likely to continue rising, since a rising proportion of HIV cases are women: in 2000, 17 percent of people with AIDS were women, while 28 percent of people with HIV were (U.S. Department of Health and Human Services, Public Health Service, 2000). The average annual incidence rate of AIDS among women in the United States is 8.7 per 100,000.

- ◆ The rate of AIDS among adolescent and adult women varies greatly from state to state. The best state (Montana) has a rate of 0.5 per 100,000, while the worst (the District of Columbia) has a rate of 87.8.
- ◆ Many of the best AIDS rates are found among states with largely rural populations—Montana (first), Idaho (second), South Dakota (third), North Dakota (fourth), and Wyoming (fifth). In contrast, the highest rates and worst rankings are found among states with largely metropolitan populations—the District of Columbia (51st), New York (50th), Florida (49th), New Jersey (46th), and Connecticut (45th).

Mental Health

Women experience certain psychological conditions, such as depression, anxiety, panic, and eating disorders, at higher rates than men. They are less likely, however, to suffer from substance abuse and conduct

disorder than men are. Overall, about half of all women aged 15-54 experience symptoms of mental illness at some point in their life (National Center for Health Statistics, 1996). Because of stigmas associated with psychological disorders and their treatment, however, many go untreated. In addition, while many health insurance policies cover some portion of alcohol and substance abuse programs, many do not adequately cover treatment of psychological disorders. Such treatment, however, is essential to helping patients achieve good mental health.

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 as from AIDS (National Institute of Mental Health, 1999). Women are much less likely than men to commit suicide, with more than four times as many men as women dying by suicide. Women, however, are twice as likely to attempt suicide, and a total of 500,000 suicide attempts are estimated to have occurred in 1996. In 1999, suicide was the fourth leading cause of death among women aged 14-34, the fifth leading cause among women aged 35-44, and the eighth leading cause among women aged 45-54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2002). Among women nationwide, the annual rate of mortality from suicide is 4.4 per 100,000.

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

- ♦ Women's self-reported number of days per month of poor mental health is worst in Kentucky (51st), at 5.3 days per month. With the exception of Arizona (at ninth), the Western states fared the worst on this indicator: New

Mexico (48th), Oregon (46th), Nevada (41st), and Idaho (41st) all rank in the bottom ten states.

- ♦ Hawaii and Oklahoma tie for best ranking for women's days of poor mental health, with only 2.7 days per month. Women in Iowa and North Dakota (tied for third) and Montana, Nebraska, and South Dakota (all tied for fifth) rounded out the best seven states for mental health.
- ♦ New York and Rhode Island have the best mortality rate for women from suicide, at 2.8 per 100,000 women. Many other Northeastern states also have relatively good rates: New Jersey ranks third, the District of Columbia fourth, and Connecticut and Massachusetts fifth.
- ♦ Nevada has the worst mortality rate from suicide, at 9.2 deaths per 100,000 women. Northwestern and Southwestern states tend to have the highest rates. Alaska (50th), Arizona (49th), Montana (48th), New Mexico (46th), Oregon (46th), Colorado (45th), and Utah (43rd) all rank among the worst ten states.

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 are limited by health problems measures the extent to which they are unable to perform the tasks they need and want to complete. Among all states, the median is 3.5 days per month.

- ♦ Women in South Dakota report the fewest days of activities limitation per month, at 2.6 days. Several other Midwestern states also rank in the top ten on this indicator: Kansas and Missouri (third), Iowa (fifth), and North Dakota (ninth).
- ♦ Kentucky women report the highest rate of activities limitations due to health, at 6.1 days per month. Several other Southeastern states are in the bottom ten for this indicator: West Virginia (50th); Louisiana and Florida (48th); and South Carolina, Arkansas, and Alabama (45th).

8. Women's Resources and Rights Checklist



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

Many of the laws, policies, and programs that already exist in the United States meet the goals of the Platform for Action and support the rights of women identified in the Platform (President's Interagency Council on Women, 2000). In some ways, women in the United States enjoy access to relatively high levels of gender equality compared with women around the world. In other areas, the United States and many individual states have an opportunity to better support women's rights.

The Women's Resources and Rights Checklist, Table 8.1, provides an overview of the policies supporting women's rights and the resources available to women in the United States. This list was derived from ideas presented in the Platform for Action, including the need for policies that help prevent violence against women, promote women's economic equality, alleviate poverty among women, improve their physical, mental, and reproductive health and well-being, and enhance their political power. The rights and resources outlined in the Women's Resources and Rights Checklist fall under several categories: protection from violence, access to income support (e.g., through welfare and child support collection), women-friendly employment protections, family leave benefits, legislation protecting sexual minorities, reproductive rights, and institutional representation of women's concerns.

Many of the indicators in Table 8.1 can be affected by state policy decisions (see Appendix III for detailed

explanations of the indicators). As a result, the Women's Resources and Rights Checklist provides a measure of states' commitment to policies designed to help women achieve economic, political, and social well-being (see also *Changes in State Protections for Women's Resources and Rights*).

Violence Against Women

Violence against women can significantly affect women's physical health, psychological well-being, and economic and social stability. Women who experience domestic violence, stalking, sexual assault, and other violence often need appropriate social services and health care to help them escape violent situations. They also need protection from perpetrators of violence and increased awareness among police, prosecutors, and health care professionals about the issues facing victims of violence.

A total of 34 states have adopted domestic battery statutes that complement their assault and battery laws. These provisions are designed to provide enhanced penalties for repeat offenders and/or equal treatment for victims of domestic violence.

Additionally, domestic violence training for new police recruits and health professionals ensures that they are aware of state laws, the prevalence and significance of domestic violence, and the resources available to victims. Survivors of domestic violence can also benefit from domestic violence training for health care professionals. Training gives health care providers the tools to recognize the signs of abuse and intervene effectively. Ten states require domestic violence training for both groups by statute.

Some insurance companies use domestic violence to justify discrimination against victims of such violence, by denying, canceling, or limiting coverage and/or charging a higher premium for coverage. Twenty-two states prohibit insurance companies from using domestic violence as a basis for discrimination.



Table 8.1
Women's Resources and Rights Checklist

Resources and Rights	Total Number of States with Policy (of 51) or U.S. Average
Violence Against Women	
Number of states that have adopted a domestic battery statute to complement assault laws:	34
Number of states whose laws require domestic violence training of new police recruits and health care professionals:	10
Number of states that prohibit domestic violence discrimination in insurance:	22
Number of states in which a first stalking offense is considered a felony:	12
Number of states whose laws require sexual assault training for police, prosecutors, and health care professionals:	4
Child Support	
Percent of single-mother households receiving child support or alimony:	34%
Percent of child support cases with orders for collection in which support was collected:	39%
Welfare and Poverty Policies	
Number of states that extend TANF benefits to children born or conceived while a mother is receiving welfare:	28
Number of states that allow receipt of TANF benefits up to or beyond the 60-month federal time limit:	44
Number of states that allow welfare recipients at least 24 months before requiring participation in work activities:	13
Number of states that provide transitional child care under TANF for more than 12 months:	14
Number of state TANF plans that have been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence:	37
In determining welfare eligibility, number of states that disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job:	11
Number of states that have a state Earned Income Tax Credit:	16
Maximum TANF benefit for a family of three (two children) in 2001:	\$379.00
Employment/Unemployment Benefits	
Number of states with a minimum wage higher than the federal level as of January 2002:	12
Number of states that have mandatory temporary disability insurance:	5

Chart 8.1 continued

	Total Number of States with Policy (of 51) or U.S. Average
Number of states that provide Unemployment Insurance benefits to:	
Low-wage earners:	14
Workers seeking part-time jobs:	9
Workers who leave their jobs for certain circumstances ("good cause quits"):	30
Number of states that implemented adjustments to achieve pay equity in state civil services:	20
Family Leave Benefits	
Number of states that have proposed legislation extending Unemployment Insurance benefits to workers on temporary leave to care for infants and newly adopted children:	0 Enacted; 20 Proposed
Number of states that have proposed legislation allowing use of temporary disability insurance to cover periods of work absence due to family care needs:	1 Enacted; 3 Proposed
Sexual Orientation and Gender Identity	
Number of states that have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity:	14
Number of states that have adopted legislation creating enhanced penalties or a separate offense for crimes based on sexual orientation:	28
Number of states that have avoided adopting a ban on same-sex marriage:	16
Reproductive Rights	
Number of states that allow access to abortion services:	
Without mandatory parental consent or notification:	8
Without a waiting period:	29
Number of states that provide public funding for abortions under any or most circumstances if a woman is eligible:	16
Number of states that require health insurers to provide comprehensive coverage for contraceptives:	19
Number of states that require health insurers to provide coverage of infertility treatments:	11
Number of states that allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child:	25
Number of states that require schools to provide sex education:	23
Institutional Resources	
Number of states that have a commission for women:	40
See Appendix III for a detailed description and sources for the items on this checklist.	
Compiled by the Institute for Women's Policy Research.	

In addition to domestic violence policies, many states have provisions related to crimes such as stalking, harassment, and sexual assault. In twelve states, a first stalking offense is considered a felony. In 26 others, stalking can be classified as either a felony or a misdemeanor, depending on circumstances such as use of a weapon or prior convictions. Felony status is considered preferable because it usually leads to quicker arrest, eliminating the need for police to investigate the seriousness of stalking to determine probable cause (U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998).

Finally, four states have also adopted laws requiring sexual assault training for police, prosecutors, and health care professionals.

Child Support

Single mothers who head households alone often experience low wages and poverty. Child support or alimony is one way to supplement their incomes. 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 arrangements, poverty rates would increase by more than 30 percent without their child support income (IWPR, 1999).

Nationwide, 34 percent of single-mother households receive some level of child support or alimony. According to the U.S. Department of Health and Human Services, Office of Child Support Enforcement (2001), 61 percent of child support cases have support orders established. Child support, however, is collected in only 39 percent of cases with orders (or about 21 percent of all child support cases). The enforcement efforts made by state and local agencies can affect the extent of collections (Gershenson, 1993).

Welfare and Poverty 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. While AFDC provided minimum 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 establish their own eligibility rules, participation requirements, and sanction policies within federal restrictions.

States have adopted widely divergent TANF plans. The provisions of their welfare programs can have important ramifications for the economic security of low-income residents, the majority of whom are women and children. These policies affect the ability of welfare recipients to acquire training and education for better-paying jobs, leave family situations involving domestic violence and other circumstances, and support their families during times of economic hardship.

As of June 2001, 23 states had Child Exclusion policies, or "Family Caps," which deny or limit benefits to children born to a family that is receiving welfare. Such policies are intended to reduce childbearing among unwed parents and to prevent women from having more children for the sole purpose of increasing their cash benefits. Research suggests, however, that cash assistance does not influence women's childbearing decisions, making the Family Cap an unnecessary source of additional economic hardship (IWPR, 1998a). Twenty-seven states and the District of Columbia do not have any kind of Family Cap.

Many states' time limits on receiving TANF are also more stringent than under federal regulations. The average number of months recipients can receive benefits for all states is 55.4 months. Thirty-seven states and the District of Columbia have a time limit of 60 months, the maximum allowed under federal law. Seven states report lifetime time limits of less than 60 months. Six states have no lifetime limits for individuals complying with TANF requirements. These states use state money to supplement federal funding.

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 29 states, nonexempt recipients are required to engage in work activities immediately under TANF. Nine other states have work requirements within less than 24 months. Twelve states require recipients to work within 24 months or when determined able to work, whichever comes first. One state, Vermont, allows recipients 30 months before requiring work.

PRWORA also replaced former child care entitlements with the Child Care and Development Fund, which consolidated funding streams for child care, increased overall child care funds to states, and allowed states significant discretion in determining eligibility for funds. This new system requires that states use no less than 70 percent of the new funds to provide child care assistance to several types of families: those receiving TANF, those transitioning away from welfare through work activities, and those designated as being 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, for families transitioning away from welfare, 14 states guarantee child care beyond twelve months. Eighteen states provide a total of twelve months of transitional child care. Nineteen states provide less than twelve months of transitional child care. Expanding child care services is a crucial form of support for working families, especially single mothers, and can be critical to ensuring families' self-sufficiency.

The Family Violence Option (FVO) allows victims of violence to be exempted from work requirements, lifetime time limits, or both as part of state TANF plans. As of June 2001, 36 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.

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. Eleven states disregard at least 50 percent of earnings when determining income eligibility for TANF.

The federal Earned Income Tax Credit (EITC) program began in 1975 and has been expanded several times over the years to support work and decrease poverty. The EITC program allows low-income families to receive tax rebates on all or some of the taxes taken out of their paychecks during the year. The success of the program has prompted some states to enact state EITCs in recent years. State EITCs reduce poverty and play a critical role in supporting families with low earnings, especially those families making the transition from welfare to work.

Currently, 16 states offer an EITC modeled on the federal EITC (Zahradnik, Johnson, and Mazerov, 2001). Eleven of these states have a refundable EITC, which means that families can receive the full amount of their tax credits even if they exceed the total amount of families' income tax liabilities. Refundable EITCs benefit many more low-income working families than non-refundable EITCs.

Among all 50 states and the District of Columbia, the median maximum cash assistance benefit check in 2001 for families receiving TANF was \$379 per month for a family of three (two children and one parent).

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 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 rigor-

ous 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.

The minimum wage is particularly important to women because they constitute the majority of low-wage workers. 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 April 2001, eleven states and the District of Columbia had minimum wage rates higher than the federal level of \$5.15. Three 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 29 states had state minimum wages equal to the federal level.

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, 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. In return, employees receive 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 leaves through TDI (Hartmann, et al., 1995). 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 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 may enact policies that are more or less inclusive and more or less generous to claimants.

In 14 states, earnings requirements generally include low-wage earners. In nine states, UI policies allow workers seeking part-time jobs to qualify for benefits. Because women are more likely than men to seek part-time work, the failure to cover workers seeking part-time work disproportionately harms women. In 30 states, policies allow workers to qualify for UI in cases of "good cause quits," in which a worker leaves a job for personal circumstances, which might include moving with a spouse, harassment on the job, own or family illness, or other situations.

To decrease wage inequality between women and men, 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. Since 1997, twenty 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 in states that implemented pay equity remedies, the remedies improved female/male wage ratios (Hartmann and Aaronson, 1994).

Family Leave Benefits

As women's labor force participation has increased, so has the need for paid family leave. The Family and Medical Leave Act of 1993 provides for unpaid time off from work to care for sick relatives or a newborn or adopted child, guaranteeing leave-takers' jobs when they return to work. This legislation does not replace the income workers lose while taking leave to care for their families, however. Among workers, 77 percent who need

Changes in State Protections for Women's Resources and Rights

In the period since the publication of IWPR's first report on *The Status of Women in the States* in 1996, states have both adopted and dismantled many of the important policies outlined in the Women's Resources and Rights Checklist. In some cases, these changes reflect the progress states are making in advancing women's status through the passage of women-friendly policies. In others, states have either failed to enact such policies or have adopted harmful ones.

Three Areas of Progress

Some important developments in states' commitment to women-friendly policies have occurred over the past several years:

- ◆ Several states have passed hate crimes laws covering sexual orientation. In 2000, 24 states had laws that protected sexual minorities; by 2002, the total number had risen to 28 states.
- ◆ More states have also adopted domestic battery statutes complementing assault laws. These statutes are designed to increase penalties for repeated offenses. In 2000, 30 states had these laws; in 2002, 34 states did.
- ◆ For the first time, several states are also considering expanding unemployment insurance to cover periods of family leave. In 1999, 13 states had proposed this use of unemployment insurance. In 2001, 20 states had (although none had passed such a statute).

Four Areas of Declining Access to Rights and Resources

In some policy areas, women's access to important rights and resources has eroded over the past several years:

- ◆ In 1996, 37 states extended welfare benefits to children born or conceived while a mother is receiving welfare; in 2001, the number of states was down to 28.
- ◆ In 1996, 28 states disregarded at least 50 percent of earnings for the equivalent of a full-time, minimum wage job when determining welfare eligibility; only eleven states did so by 2001.
- ◆ In 2000, 19 states prohibited discrimination on the basis of sexual orientation and/or gender identity; by 2002, only 14 states did so.
- ◆ In 2000, 20 states did not ban same-sex marriage; by 2002, only 16 states did not.

Four Areas of Stalled Progress

Finally, in some important areas, there has been no change over the past six years in guaranteeing women's rights and equality:

(continued on next page)

- ♦ As of 1997, 20 states had implemented programs to raise the wages of workers in female-dominated jobs in the state civil service. No additional states had joined that list by the summer of 2002, although West Virginia had passed legislation that appropriates funds for pay adjustments, which have not yet been implemented.
- ♦ In both 1996 and 2002, just twelve states had a minimum wage level higher than the federal minimum wage.
- ♦ As of 1995, five states—California, Hawaii, New Jersey, New York, and Rhode Island—had adopted mandatory temporary disability insurance programs; no others have followed suit.
- ♦ In 1996, 39 states had commissions for women, while in 2002, a net of only one more state does. A few states have gained commissions (including Illinois, Louisiana, Mississippi, and Tennessee), but others have lost them (the District of Columbia, Montana, and Ohio). Nevada lost and then regained its commission.

Ideally, all states will take steps to improve women's status by adopting the policies on the Women's Resources and Rights Checklist, so that women have the rights and resources they need to better their lives.

leave but fail to take it cannot afford the time without pay, and 25 percent of low-income workers who do take some leave have to turn to welfare for support (U.S. Department of Labor, 2001).

Some states have responded to this problem in recent years by adopting policies that give families more options for paid family leave. One initiative proposed by 20 states would extend UI benefits to workers on temporary leave to care for infants and newly adopted children (Society for Human Resource Management, 2001; National Partnership for Women and Families, 2001a). If adopted, "Baby UI" is expected to improve parent-child bonding, encourage more stable child-care arrangements, and increase workforce attachment (Lovell and Rahmanou, 2000).

Another strategy used by some states to provide paid family leave involves extending mandatory TDI programs to provide insurance coverage for periods of work absence due to family care needs, in addition to the worker's own illness or disability. In September 2002, California amended its TDI program to include family leave with partial pay for up to six weeks. New York and New Jersey have proposed similar expansions of their plans, and Massachusetts has proposed adopting a new mandatory TDI program that would include cover-

age for family leave (National Partnership for Women and Families, 2001b).

If states were to provide family leave benefits through adopting and expanding TDI and/or adopting Baby UI, all workers would be better able to care for their families.

Sexual Orientation and Gender Identity

A variety of policies can help provide lesbians and other sexual minorities access to the same rights that other citizens have. Thirteen states and the District of Columbia have adopted statutes prohibiting discrimination on the basis of sexual orientation. Twenty-seven states and the District of Columbia have passed laws creating enhanced penalties or separate offenses for perpetrators of hate crimes committed against victims because of their sexual orientation. In contrast, 35 states have banned same-sex marriage. Only one state, Vermont, has expressly allowed gay and lesbian couples to take advantage of the same rights and benefits extended to married couples under state law, through the passage of a "civil union" act. Vermont's law, which was signed in April 2000, allows gay and lesbian couples that have been registered in civil unions to claim benefits such as inheri-

tance rights, property rights, tax advantages, and the authority to make medical decisions for a partner.

Reproductive Rights

While indicators concerning reproductive rights are covered in detail earlier in the report, they also represent crucial components of any list of desirable policies for women. Many states lack these important policies, and states' commitments to them are summarized in Table 8.1.

Institutional Resources

State-level commissions for women give women a form of representation that can help create more women-friendly policies in their state (see the section

on Political Participation for details). Currently, 40 states have state-level commissions for women.

Conclusion

In order for women throughout the United States to achieve more equality and greater well-being, states should adopt the policies they still lack from the Women's Resources and Rights Checklist. Although this list does not encompass all the policies necessary to guarantee gender 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 remain important for improving women's lives and the well-being of their families.

9. Conclusions and Policy Recommendations

Women in the United States have made a great deal of progress in recent decades. They have more education, they are more active in the workforce, and they have made some strides in narrowing the wage gap. In other areas, however, women face substantial and persistent obstacles to attaining equality. Women are far from achieving political representation in proportion to their share of the population, for example, and the need to defend and expand their reproductive rights endures. In addition, they clearly have not achieved economic equality with men.

Many attempts to improve women's status are complicated by larger economic and political factors. For example, while women are approaching parity with men in labor force participation, women's added earnings are, in many cases, simply compensating for earnings losses among married men in the last two decades. Since women's median earnings still lag behind men's, they do not contribute equally to supporting their families, much less achieve economic autonomy.

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

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

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

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

- ♦ Women's wages need to be raised through policies such as stronger enforcement of equal employment opportunity laws, improved educational opportunities, higher minimum wages, living wage ordinances, or the implementation of pay equity adjustments in the state civil service and/or in the private sector.
- ♦ Rates of women's business ownership and business success could be increased by ensuring that state and local government contracts are accessible to women-owned businesses.
- ♦ Women workers would benefit from greater availability of adequate and affordable child care and from mandatory paid parental and dependent-care leave policies.
- ♦ Women's physical security can be enhanced by increasing public safety and better protecting women from domestic violence, via anti-stalking and other legislation and better police and judicial training.
- ♦ Women's economic security can be improved through greater state-level emphasis on child support collection and easier access to Unemployment Insurance, Medicaid, and Food Stamps.
- ♦ States can reduce women's poverty by implementing welfare reform programs that provide a range of important support services, such as edu-

cation and learning opportunities, while still providing a basic safety net for those who earn very low wages or cannot work.

- ◆ States should consider passing same-day voter registration laws, which allow voters to register and vote simultaneously. These laws can improve levels of voter participation, which is especially important for minority women and men.
- ◆ Increased investment in targeted health prevention and treatment could improve women's health and reduce disparities in health status associated with race and socioeconomic status.
- ◆ Enhanced reproductive rights and policies would allow women more control over their overall economic, health, and social status by giving them more control over their reproductive lives.

National policies also remain important in improving women's status:

- ◆ The federal minimum wage, equal employment opportunity legislation, and 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 better 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 employer-provided insurance or the establishment of an employee/employer cost-sharing 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.

- ◆ Federal legislation on welfare reform should encourage meaningful skill development among low-income women to promote long-term economic well-being.

- ◆ Campaign finance reforms could be adopted to encourage a wider array of candidates, including women and minorities, to run for office. Standardized voting procedures for the entire country could also increase the civic participation of women of color, and all women, by enhancing Americans' sense that their votes matter.

- ◆ Greater federal protection for reproductive rights would guarantee women all over the country the resources needed to control their reproductive lives.

- ◆ The federal government should examine its data collection and reporting policies to provide more information on the status of women, especially those of minority racial and ethnic backgrounds.

In most cases, both state and national policies lag far behind the changing realities of women's lives. Careful consideration of policies that would improve women's status and better guarantee women's equality at the local, state, and national levels could address many of the issues and obstacles facing women as they strive to improve their status and well-being.

Appendices



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Appendix I: Basic Demographics

This section provides statistics on the number, age, race, family status, and other demographic characteristics of women in the United States (see Appendix Table 1.1). These data present an image of the nation's female population and can be used to provide insight into the topics covered in this report.

Between 1990 and 2000, the population of the United States grew by 13.1 percent. In 2000, there were more than 143.3 million women in the United States. Their median age of women was 36.6 years. Women over age 65 made up 14.4 percent of the total.

Women of color (African Americans, Asian Americans, Native Americans, Hispanics—who may be of any race—and women of other races or two or more races) made up 30.7 percent of the national female population. The two largest minority groups are African Americans (approximately 12.4 percent of all women) and Hispanics (approximately 12.0 percent). In 2001, the proportion of disabled women aged 21-64 was 13.9 percent. Foreign-born women made up 7.9 percent of the female population in 1990 (while 2000 numbers for foreign-born women were not yet available for this writing, 11.1 percent of all U.S. residents were foreign-born in 2000). Most American women (83.1 percent) live in metropolitan areas. Approximately 6.6 percent of prison inmates in the United States are women.

More than 24 percent of women are single, eleven percent are divorced, and ten percent are widowed. Approximately 54 percent are married. Among all households, the proportion of married-person families is 52 percent. The next largest household type, single-person households, make up almost 26 percent of all households, followed by female-headed families (12 percent), other non-family households (6 percent), and male-headed families (4 percent). Families with children under age 18 headed by women constitute 20.6 percent of all families with children. Approximately 290,000 households are made up of lesbian unmarried partners.

Demographic Variations among the States

All women in Connecticut, the District of Columbia, New Jersey, and Rhode Island live in metropolitan areas. In Idaho, Montana, Mississippi, South Dakota, Alaska, Vermont, and New Mexico, more than 50 percent of women live in non-metropolitan areas.

The median age of women is lowest in Utah (27.4) and Alaska (30.3) and highest in West Virginia (40.2), Florida (40.0), and Pennsylvania (39.4).

Hawaii (78.8 percent), the District of Columbia (73.5 percent), and New Mexico (55.1 percent) have the highest proportions of women of color. In the District of Columbia, most women of color are African

American (61.5 percent); in Hawaii, most are Asian American and Pacific Islander (52.0 percent); and in New Mexico, most are Hispanic and Native American (41.8 and 9.0 percent, respectively).

California (21.3 percent), Hawaii (16.8 percent), and New York (16.0 percent) had the highest percentages of foreign-born women as of 1990. Between 1990 and 2000, the total population of

Appendix Table 1.1
Basic Demographic Statistics for the United States

	United States*
Total Population, 2000^a	281,421,906
Number of Women, All Ages, 2000 ^a	143,368,343
Sex Ratio (women to men, aged 18 and older), 2000 ^a	1.1
Median Age of All Women, 1999 ^b	36.6
Proportion of Women Over Age 65, 2000 ^a	14.4%
Distribution of Women by Race and Ethnicity, All Ages, 2000^c	
White*	69.3%
African American*	12.4%
Hispanic**	12.0%
Asian American*	3.8%
Native American*	0.7%
Other Race*	0.2%
Two or More Races*	1.6%
Distribution of Households by Type, 2000^a	
Total Number of Family and Nonfamily Households	105,480,101
Married-Couple Families (with and without their own children)	51.7%
Female-Headed Families (with and without their own children)	12.2%
Male-Headed Families (with and without their own children)	4.2%
Nonfamily Households: Single-Person Households	25.8%
Nonfamily Households: Other	6.1%
Distribution of Women Aged 15 and Older by Marital Status, 2000^d	
Married	54.3%
Single	24.4%
Widowed	10.2%
Divorced	11.1%
Number of Lesbian Unmarried Partner Households, 2000^e	293,365
Proportion of Women Aged 21-64 with a Disability, 2001^f	13.9%
Percent of Families with Children Under Age 18 Headed by Women, 2000^c	20.6%
Proportion of Women Living in Metropolitan Areas, All Ages, 1990^g	83.1%
Proportion of Women Who Are Foreign-Born, All Ages, 1990^g	7.9%
Percent of Federal and State Prison Population Who Are Women, 2000^h	6.6%

*Non-Hispanic.

**Hispanics may be of any race.

Source: ^a U.S. Department of Commerce, Bureau of the Census, 2001b; ^b U.S. Department of Commerce, Bureau of the Census, 2000b;

^c U.S. Department of Commerce, Bureau of the Census, 2002a; ^d U.S. Department of Commerce, Bureau of the Census, 2001e; ^e Smith and Gates, 2001; ^f U.S. Department of Commerce, Bureau of the Census, 2001c; ^g Population Reference Bureau, 1993; ^h U.S. Department of Justice, Bureau of Justice Statistics, 2001.

Compiled by the Institute for Women's Policy Research.

Nevada grew 66.3 percent. Other states with relatively high growth rates include Arizona (40.0), Colorado (30.6), Utah (29.6), and Idaho (28.5). Every state but one had at least nominal population growth during this time period. The exception, the District of Columbia, had a population decrease of 5.7 percent.

The number of lesbian unmarried partner households is greatest in California (42,524), New York (21,996), and Texas (21,172). The fewest are found in North Dakota (343), Wyoming (395), and South Dakota (437). The proportion of women aged 65 and older is highest in Florida (19.4) and Pennsylvania (18.1). It is lowest in Alaska (6.3) and Utah (9.6).

Appendix II: Methodology, Terms, and Sources for the Composite Indices and Grades

Composite Political Participation Index

This composite index reflects four areas of political participation: voter registration; voter turnout; women in elected office, including state legislatures, statewide elected 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 for a state and dividing the difference by the standard deviation for the United States as a whole. The standardized scores were then given different weights. Voter registration and voter turnout were each given a weight of 1.0. The indicator for women in elected office is itself a composite reflecting different levels of office-holding and was given a weight of 4.0 (in the first two series of reports, published in 1996 and 1998, this indicator was given a weight of 3.0, but since 2000 it has been weighted at 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" (see Appendix Chart 2.1). 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. Each state's score was then compared with the ideal score to determine its grade.

Women's Voter Registration: This component indicator is the average percent (for the presidential and congressional elections of 2000 and 1998) 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, 2000c and 2002c, based on the Current Population Survey.

Women's Voter Turnout: This component indicator is the average percent (for the presidential and congressional elections of 2000 and 1998) 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, 2000c and 2002c, 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 April 2002. 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 4.28. 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, 2002a, 2002b, 2002c, and 2002d; Council of State Governments, 2000.

Appendix Chart 2.1
Criteria for Grading

Index	Criteria for a Grade of "A"	Highest Grade, U.S.
Composite Political Participation Index		B
Women's Voter Registration	Women's Voter Registration, Best State (91.1%)	
Women's Voter Turnout	Women's Voter Turnout, Best State (67.9%)	
Women in Elected Office Composite Index	50 Percent of Elected Positions Held by Women	
Women's Institutional Resources	Commission for Women and a Women's Legislative Caucus in Each House of State Legislature	
Composite Employment and Earnings Index		A-
Women's Median Annual Earnings	Men's Median Annual Earnings, United States (\$36,960)	
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 (74.7%)	
Women in Managerial and Professional Occupations	Women in Managerial and Professional Occupations, Best State (48.0%)	
Composite Social and Economic Autonomy Index		B+
Percent of Women with Health Insurance	Percent of Women with Health Insurance Best State (94.0%)	
Women's 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 (94.9%)	
Composite Reproductive Rights Index	Presence of All Relevant Policies and Resources	A
Composite Health and Well-Being Index	Best State or Goals Set by Healthy People 2010 (U.S. Department of Health and Human Services) for All Relevant Indicators (see Appendix II for details)	A-
Calculated by the Institute for Women's Policy Research.		

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 for Women, 2000, and Center for American Women and Politics, 1998, updated by IWPR.

Composite Employment and Earnings Index

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

To construct this composite index, each of the four component indicators was first standardized. 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 ratio was set at 100 percent, as if women earned 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 determine the state's grade.

Women's Median Annual Earnings: Median yearly earnings (in 2000 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 1998, 1999, and 2000. 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 data are referred to as 1999 data, the midpoint of the three years analyzed. The sample size for women ranges from 560 in Rhode Island to 5,174 in California; for men, the sample size ranges from 685 in the District of Columbia to 7,906 in California. These earnings data have not been adjusted for cost-of-living differences between the states because the federal government does not produce an index of such differences. Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey, for the 1998-2000 calendar years; IWPR, 2001b.

Ratio of Women's to Men's Earnings: Median yearly earnings (in 2000 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 1998-2000 divided by the median yearly earnings (in 2000 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 1998-2000. See the description of women's median annual earnings above for a more detailed description of the methodology and for sample sizes. Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey, for the 1998-2000 calendar years; IWPR, 2001b.

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 2000). 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, 2002 (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 1999). Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a (based on the Current Population Survey).

Composite Social and Economic Autonomy Index

This composite index reflects four aspects of women's social and 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 first standardized. 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. To create the composite score, women's health insurance coverage, educational attainment, and business ownership were given a weight of 1.0, while poverty was given a weight of 4.0 (in the first three series of reports, published in 1996, 1998, and 2000, this indicator was given a weight of 1.0, but in 2002 IWPR began weighting it at 4.0). 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." The percentage of women with health insurance was set at the highest value for all states; the percentage of women with higher education was set at the national value for men; the percentage of businesses owned by women was set as if 50 percent of businesses were owned by women; and the percentage of women in poverty was set at the national value for men. Each state's score was then compared with the ideal score to determine its grade.

Percent with Health Insurance: Percent of civilian noninstitutionalized women from ages 18 through 64 who are insured. The state-by-state percents are

based on the 2001 Annual Demographic Files (March) from the Current Population Survey, for calendar year 2000. Respondents are asked whether they had insurance from a variety of different sources during the previous year. They are counted as uninsured if they did not have health insurance for the entire year 2000. Because respondents are asked to report about all sources of insurance over the past year, some report insurance from more than one source. It is impossible to determine whether they had had more than one type simultaneously or changed sources of insurance over the course of the year. In 2001, the CPS included an expanded sample to improve state estimates of uninsured children. The expanded sample was not used in these estimates, however, because it was not yet available. Source: Employee Benefit Research Institute, 2001.

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 1997, the percent of all firms (legal entities engaged in economic activity during any part of 1997 that filed an IRS Form 1040, Schedule C; 1065; any 1120; or 941) owned by women. This indicator includes five legal forms of organization: C corporations (any legally incorporated business, except subchapter S, under state laws), Subchapter S corporations (those with fewer than 75 shareholders who elect to be taxed as individuals), individual proprietorships (including self-employed individuals), partnerships, and others (a category encompassing cooperatives, estates, receiverships, and businesses classified as unknown legal forms of organization). The Bureau of the Census determines the sex of business owners by matching the social security numbers of individuals who file business tax returns with Social Security Administration records providing the sex codes indicated by individuals or their parents 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. Source: U.S. Department of Commerce, Bureau of the Census, 2001f, based on the 1997 Economic Census.

Percent of Women Above Poverty: In 1998-2000, 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 1999, the poverty level for a family of four (with two children) was \$17,463 (in 2000 dollars). Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey for the calendar years 1998-2000; IWPR, 2001b.

Composite Reproductive Rights Index

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

To construct this composite index, each component indicator was rated on a scale of 0 to 1 and assigned a weight. The notification/consent 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/consent 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 determine its 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, 2002.

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, 2002.

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, 2002.

Percent of Women Living in Counties with at Least One Abortion Provider: 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, 2001.

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: The Alan Guttmacher Institute, 2002a.

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: Plaza, 2001a.

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: National Center for Lesbian Rights, 2001.

Mandatory Sex Education: States received a score of 1.0 if they require public middle, junior, or high schools to provide sex education classes. Source: The Alan Guttmacher Institute, 2002b.

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 lung cancer, mortality from breast 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. Lung and breast 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 rates from heart disease, lung cancer, and breast 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 for mortality from suicide, the 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 determine the state's grade.

Mortality from Heart Disease: Average annual mortality from heart disease among all women per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 total U.S. population. Source: National Center for Health Statistics, 2001a.

Mortality from Lung Cancer: Average mortality among women from lung cancer per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 U.S. standard population. Source: National Center for Health Statistics, 2001a.

Mortality from Breast Cancer: Average mortality among women from breast cancer per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 U.S. standard population. Source: National Center for Health Statistics, 2001a.

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 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Incidence of Chlamydia: Average rate of chlamydia among women per 100,000 population (2000). Source: Centers for Disease Control, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001.

Incidence of AIDS: Average incidence of AIDS-indicating diseases among females aged 13 years and older per 100,000 population (in 2000). Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001.

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 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Mortality from Suicide: Average annual mortality from suicide among all women per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 total U.S. population. Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.

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 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Appendix III: Sources for Table 8.1 (Women's Resources and Rights Checklist)

Violence Against Women

Separate Offense: States are given a "yes" if they classify domestic violence as an offense separate from general assault and battery or otherwise complement assault and battery laws with domestic violence statutes. These laws or provisions provide enhanced penalties for repeat offenders and help ensure equal treatment for victims of domestic violence. Sources: Institute for Law and Justice, 1999, 2000, and 2001.

Domestic Violence Training: Whether the state has adopted a statute requiring police recruits and health care professionals to undergo training about domestic violence. Sources: Family Violence Prevention Fund, 2001; Institute for Law and Justice, 1999, 2000, and 2001.

Insurance Mandates for Domestic Violence Victims: Whether a state has banned insurance companies from denying coverage to victims of domestic violence. Source: Family Violence Prevention Fund, 2001.

Stalking Offense Status: Whether a state classifies a first offense for stalking as a felony. Sources: Institute for Law and Justice, 1999, 2000, and 2001.

Sexual Assault Training: Whether a state has adopted a legislative requirement mandating sexual assault training for police, prosecutors, and health care professionals. Source: Family Violence Prevention Fund, 2001; Institute for Law and Justice, 1999, 2000, and 2001.

Child Support

Single-Mother Households Receiving Child Support or Alimony: A single-mother household is defined as a family headed by an unmarried 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, 2001). Figures are based on an average of data from the Current Population Survey for 1997-99. Source: Annie E. Casey Foundation, 2001.

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, 2000b.

Welfare and Poverty Policies

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." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

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." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Work Requirements: What constitutes work activities is a contentious issue at both the state and federal levels. State policies concerning 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 2002, 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. Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Transitional Child Care: Whether a state extends child care to families moving off welfare beyond a minimum of twelve months. Sources: Center for Law and Social Policy and Center for Budget and Policy Priorities, 2000; Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

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 certification or adopted other language providing for victims of domestic violence. Source: NOW Legal Defense and Education Fund, 2001.

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. States that disregard at least 50 percent of low-income workers' earnings are indicated by a "yes." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Size of TANF Benefit: Maximum monthly benefit received by TANF recipient families in a state (for a family of three with two children) in 2001. Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Earned Income Tax Credit: Whether a state has implemented a state EITC for low-income families. Source: Johnson, 2001.

Employment/Unemployment Benefits

Minimum Wage: States receive a "yes" if their state minimum wage rate as of January 2002 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, 2002.

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, including by pregnancy and childbirth. Source: Hartmann, et al., 1995.

Access to Unemployment Insurance (UI) for Low-Wage Workers: In order to receive unemployment insurance, 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. They are more than twice as likely as men to be disqualified from receipt of unemployment insurance benefits because of these requirements (Yoon, Spalter-Roth, and Baldwin, 1995). States typically set eligibility standards for unemployment insurance and can enact policies that are more or less inclusive and more or less generous to claimants. For example, some states have implemented an "alternative base period," allowing the most recent earnings to count to the advantage of the claimant.

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 that fell between the

"yes" and "no" ranges. Source: U.S. Department of Labor, Employment and Training Administration, Unemployment Insurance Service, 2001.

Access to Unemployment Insurance for Part-Time Workers: Only nine states and the District of Columbia allow unemployed workers seeking a part-time position to qualify for unemployment insurance. Source: National Employment Law Project, 2001.

Access to Unemployment Insurance for "Good Cause Quits": Twenty-two states offer unemployment insurance 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: National Association of Child Advocates, 1998; National Employment Law Project, 2001.

Pay Equity: Pay equity or comparable worthy 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.

Family Leave Benefits

Proposed Use of Unemployment Insurance for Paid Family Leave: Recent initiatives in several states have advanced the idea of using unemployment insurance to provide benefits during periods of family leave (sometimes known as "Baby UI"). At the federal level, as of August 2000, the Department of Labor allowed 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. State legislatures must approve plans to use unemployment insurance in this fashion. Source: National Partnership for Women and Families, 2001a; Society for Human Resource Management, 2001.

Temporary Disability Insurance for Family Leave: In three states—Massachusetts, New Jersey, and New York—legislation has been introduced to cover periods of family leave under new or existing mandatory Temporary Disability Insurance programs. In September 2002, California amended its TDI program to include family leave with partial pay for up to six weeks. Source: National Partnership for Women and Families, 2001b.

Sexual Orientation and Gender

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: National Gay and Lesbian Task Force Policy Institute, 2001a.

Same-Sex Marriage: Whether a state has avoided adopting a policy—statute, executive order, or other regulation—prohibiting same-sex marriage. Source: National Gay and Lesbian Task Force Policy Institute, 2001c.

Hate Crimes Legislation: Whether a state has established enhanced penalties for crimes perpetrated against victims due to their sexual orientation or gender identity. Source: National Gay and Lesbian Task Force Policy Institute, 2001b.

Reproductive Rights

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

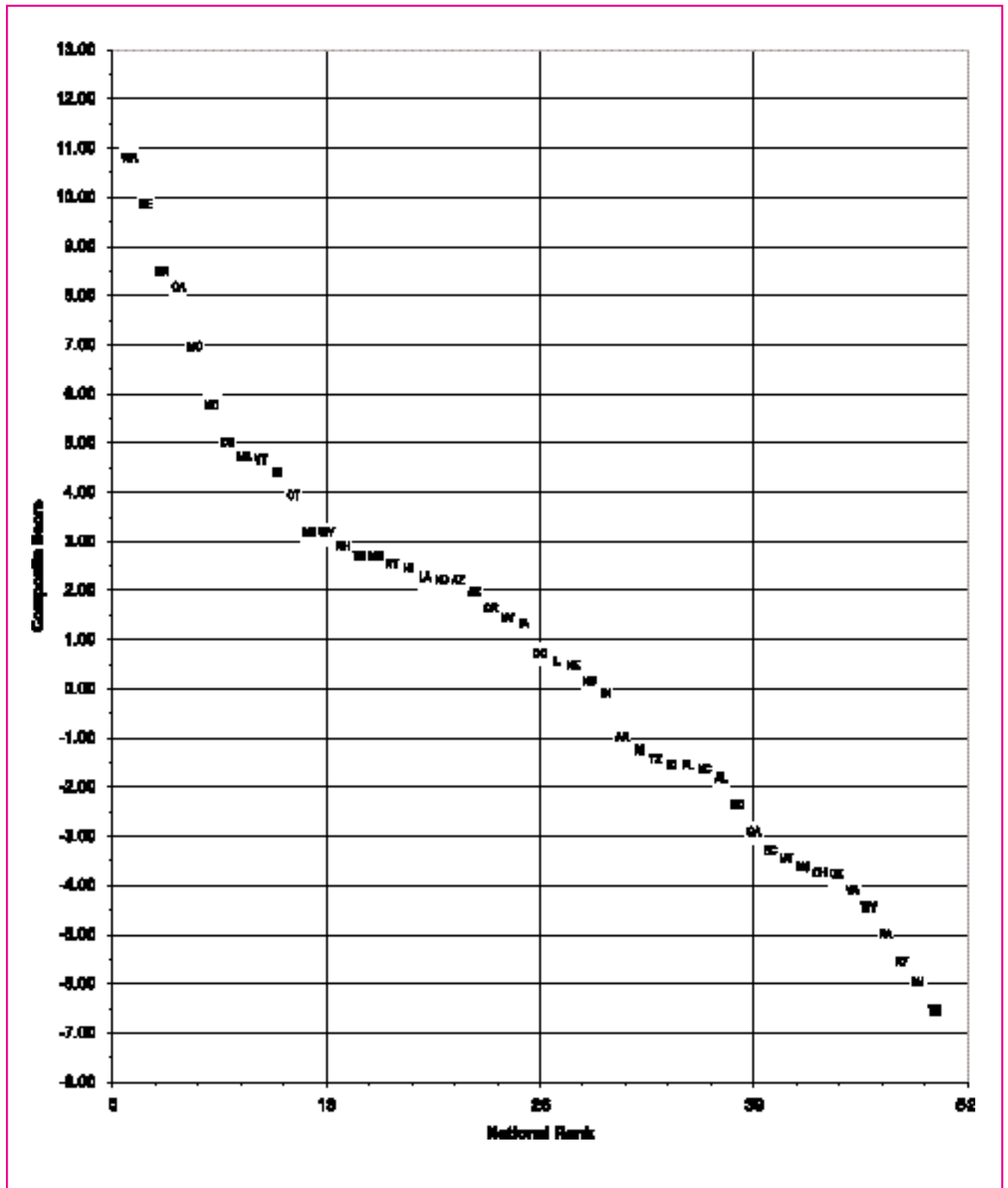
Institutional Resources

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

Appendix IV: 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, 1998 and 2000		Percent of Women Who Voted, 1998 and 2000		Number of Institutional Resources Available to Women in the State	
	Score	Rank	Grade	Score	Rank	Percent	Rank	Percent	Rank	Score	Rank
Alabama	-2.18	37	D	0.94	44	75.0%	5	55.8%	12	1.25	20
Alaska	1.95	22	C	2.08	22	72.8%	12	60.5%	3	0.00	44
Arizona	2.21	21	C	3.33	4	54.2%	47	41.4%	50	0.00	44
Arkansas	-0.98	31	D+	2.03	23	63.9%	37	47.5%	36	0.50	41
California	8.18	4	B	3.87	2	53.6%	48	44.3%	44	2.00	1
Colorado	0.72	26	C-	2.12	21	67.8%	21	53.8%	18	0.25	42
Connecticut	3.93	11	C+	2.62	9	66.8%	27	50.6%	32	1.25	20
Delaware	5.01	7	C+	2.88	6	67.2%	25	51.5%	30	1.00	31
District of Columbia	n/a	n/a	n/a	n/a	n/a	72.0%	n/a	59.4%	n/a	n/a	n/a
Florida	-1.56	35	D	1.52	33	61.8%	44	46.9%	40	2.00	1
Georgia	-2.91	39	D	1.33	38	62.6%	40	43.7%	47	2.00	1
Hawaii	2.44	18	C	2.77	7	51.0%	50	43.9%	46	2.00	1
Idaho	-1.55	34	D	1.55	31	62.9%	39	52.0%	25	1.25	20
Illinois	0.56	27	C-	1.63	28	67.1%	26	52.0%	25	2.00	1
Indiana	-0.08	30	C-	1.55	31	66.8%	27	50.9%	31	2.00	1
Iowa	1.33	25	C	1.60	29	75.3%	4	59.6%	8	1.00	31
Kansas	0.15	29	C-	2.16	19	67.8%	21	51.7%	27	0.00	44
Kentucky	-5.55	48	D-	0.74	49	67.8%	21	49.6%	34	1.00	31
Louisiana	2.28	19	C	1.78	27	74.9%	6	51.7%	27	2.00	1
Maine	9.86	2	B	3.56	3	78.8%	3	60.1%	6	0.00	44
Maryland	5.77	6	B-	2.69	8	65.3%	33	54.2%	16	2.00	1
Massachusetts	4.72	8	C+	2.43	12	68.1%	20	53.2%	22	2.00	1
Michigan	4.40	10	C+	2.38	14	71.9%	13	56.3%	11	1.25	20
Minnesota	8.48	3	B	2.56	11	81.0%	2	67.9%	1	1.25	20
Mississippi	-3.63	42	D-	0.76	48	74.8%	7	52.5%	23	1.25	20
Missouri	6.97	5	B-	2.59	10	74.5%	9	56.5%	10	2.00	1
Montana	3.19	12	C	2.37	16	73.1%	11	59.4%	9	0.00	44
Nebraska	0.48	28	C-	1.57	30	71.9%	13	53.9%	17	1.50	16
Nevada	1.42	24	C	2.92	5	51.6%	49	41.8%	48	1.00	31
New Hampshire	2.89	14	C	2.37	16	67.5%	24	53.3%	21	1.00	31
New Jersey	-5.95	49	F	0.94	44	63.1%	38	45.3%	41	1.00	31
New Mexico	2.71	16	C	2.38	14	62.4%	41	51.7%	27	1.50	16
New York	2.55	17	C	2.41	13	59.8%	46	47.5%	36	2.00	1
North Carolina	-1.63	36	D	1.38	35	65.9%	32	47.0%	39	2.00	1
North Dakota	2.22	20	C	1.13	40	91.1%	1	63.3%	2	1.25	20
Ohio	-3.75	43	D-	1.36	36	66.3%	30	52.5%	23	0.00	44
Oklahoma	-3.76	44	D-	1.12	42	66.6%	29	48.1%	35	1.25	20
Oregon	1.63	23	C	1.88	25	69.9%	16	55.6%	13	1.25	20
Pennsylvania	-5.01	47	D-	0.93	46	62.3%	42	47.3%	38	1.50	16
Rhode Island	-1.25	32	D	1.13	40	68.3%	18	54.9%	15	2.00	1
South Carolina	-3.29	40	D-	0.60	50	71.2%	15	55.6%	13	2.00	1
South Dakota	-2.37	38	D	1.52	33	69.7%	17	53.4%	19	0.00	44
Tennessee	-6.55	50	F	0.80	47	64.2%	36	44.7%	42	1.00	31
Texas	-1.44	33	D	2.03	23	62.1%	43	41.7%	49	1.00	31
Utah	-3.45	41	D-	1.35	37	61.6%	45	49.7%	33	1.00	31
Vermont	4.66	9	C+	2.17	18	73.8%	10	60.1%	6	1.50	16
Virginia	-4.09	45	D-	1.01	43	64.5%	34	44.3%	44	2.00	1
Washington	10.80	1	B	4.28	1	66.0%	31	53.4%	19	0.25	42
West Virginia	-4.44	46	D-	1.17	39	64.4%	35	44.4%	43	1.25	20
Wisconsin	2.71	15	C	1.81	26	74.6%	8	60.2%	5	1.25	20
Wyoming	3.16	13	C	2.16	19	68.2%	19	60.3%	4	1.00	31
United States				1.89		64.6%		49.3%		1.25	(median)

Appendix IV: State-by-State Rankings on the Composite Indices—Political Participation

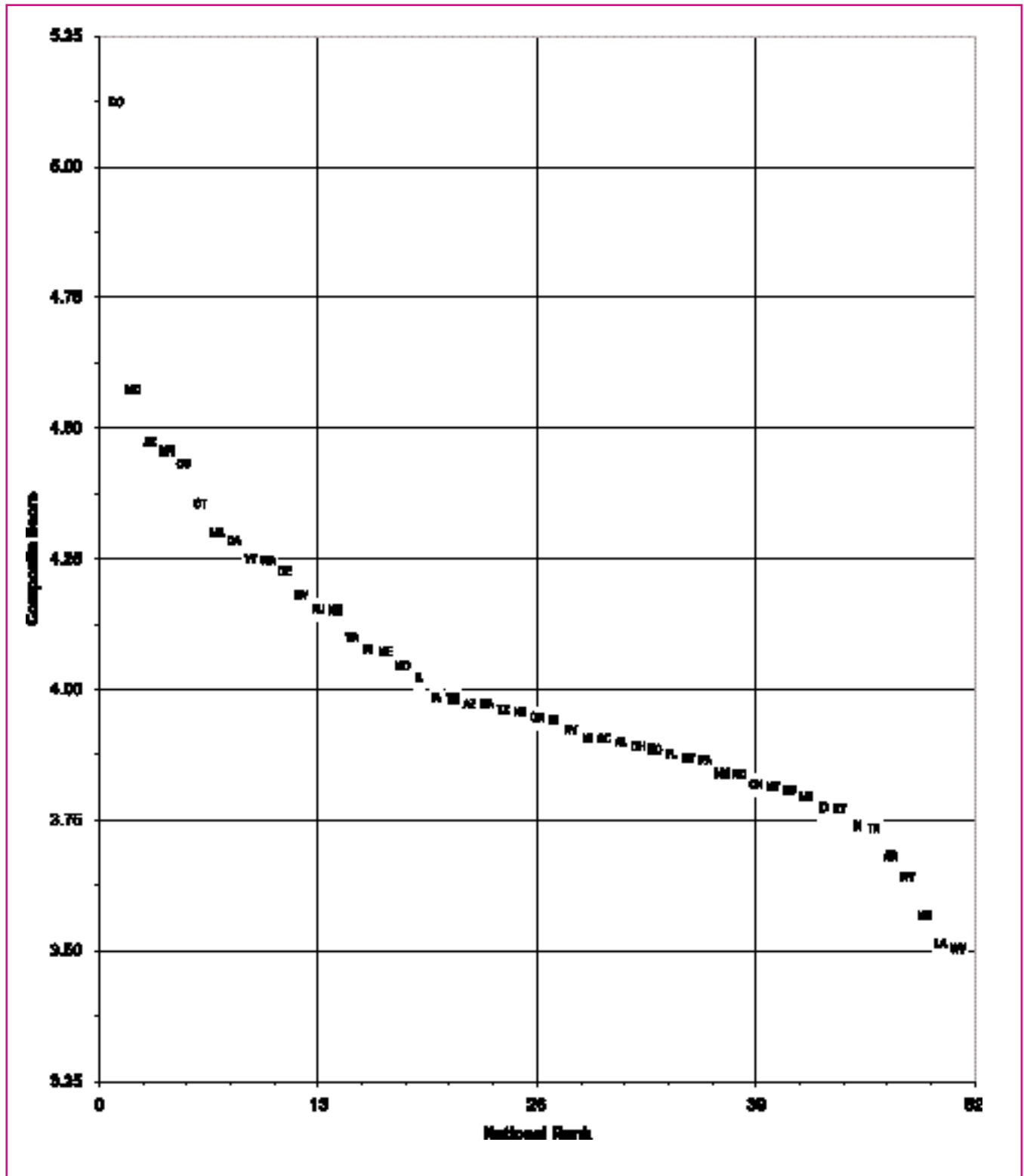


Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Employment and Earnings

State	Composite Index			Median Annual Earnings Full-Time, Year-Round for Employed Women		Earnings Ratio between Full-Time, Year-Round Employed Women and Men		Percent of Women in the Labor Force		Percent of Employed Women, Managerial or Professional Occupations	
	Score	Rank	Grade	Dollars	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	3.90	30	C	\$25,850	25	76.5%	11	56.9%	45	30.3%	30
Alaska	4.47	3	B	\$31,680	2	76.9%	7	67.8%	4	35.7%	6
Arizona	3.97	22	C+	\$26,400	20	78.8%	5	56.6%	46	31.1%	26
Arkansas	3.68	47	D-	\$22,176	45	74.0%	20	56.1%	47	29.2%	40
California	4.28	8	B	\$29,986	10	81.1%	2	59.1%	37	34.5%	12
Colorado	4.43	5	B	\$29,568	11	75.3%	16	65.5%	10	38.9%	3
Connecticut	4.35	6	B	\$31,680	2	69.6%	41	62.9%	22	37.8%	4
Delaware	4.23	11	B-	\$29,568	11	80.0%	4	63.8%	18	31.1%	26
District of Columbia	5.12	1	A-	\$35,776	1	89.2%	1	64.7%	13	48.0%	1
Florida	3.88	33	C-	\$25,850	25	78.3%	6	55.7%	49	29.4%	38
Georgia	3.97	22	C+	\$25,344	30	72.4%	25	63.3%	19	31.6%	23
Hawaii	3.94	27	C	\$26,400	20	72.1%	27	62.6%	24	29.8%	33
Idaho	3.77	43	D	\$24,000	40	75.8%	14	61.9%	27	26.1%	51
Illinois	4.02	19	C+	\$28,000	14	69.4%	42	63.1%	20	31.5%	24
Indiana	3.74	45	D	\$25,000	34	67.6%	47	59.8%	34	28.5%	44
Iowa	3.98	20	C+	\$25,340	33	74.1%	19	65.7%	8	30.0%	32
Kansas	3.96	24	C+	\$25,344	30	72.4%	25	65.7%	8	29.8%	33
Kentucky	3.77	43	D	\$24,288	39	71.4%	32	57.9%	40	29.7%	36
Louisiana	3.51	50	F	\$22,176	45	65.2%	50	54.2%	50	28.7%	42
Maine	4.07	17	C+	\$25,850	25	76.0%	13	63.9%	17	32.3%	19
Maryland	4.57	2	B+	\$31,680	2	76.6%	9	64.3%	14	41.0%	2
Massachusetts	4.30	7	B	\$30,264	7	75.4%	15	61.4%	30	35.9%	5
Michigan	3.91	29	C	\$28,000	14	67.7%	45	61.5%	29	29.4%	38
Minnesota	4.46	4	B	\$30,659	6	76.6%	9	70.3%	1	35.2%	9
Mississippi	3.57	49	F	\$21,714	49	68.5%	44	57.0%	44	28.0%	46
Missouri	4.04	18	C+	\$26,400	20	72.9%	23	64.3%	14	31.9%	20
Montana	3.81	40	D+	\$21,500	51	70.5%	35	64.3%	14	31.4%	25
Nebraska	3.79	42	D+	\$23,232	41	70.2%	36	69.0%	2	26.3%	50
Nevada	3.92	28	C	\$26,400	20	76.1%	12	63.0%	21	27.3%	48
New Hampshire	4.15	13	B-	\$27,918	17	71.5%	30	66.7%	7	32.9%	15
New Jersey	4.15	13	B-	\$31,020	5	69.8%	39	58.4%	39	34.4%	13
New Mexico	3.84	37	D+	\$23,086	43	72.1%	27	57.2%	42	33.4%	14
New York	4.18	12	B-	\$30,000	9	76.8%	8	56.1%	47	34.6%	11
North Carolina	3.88	33	C-	\$24,816	37	73.0%	22	61.6%	28	30.1%	31
North Dakota	3.84	37	D+	\$21,714	49	72.0%	29	67.0%	6	29.8%	33
Ohio	3.89	32	C-	\$26,717	19	66.8%	48	60.9%	32	31.1%	26
Oklahoma	3.82	39	D+	\$25,000	34	74.9%	17	57.3%	41	29.2%	40
Oregon	3.95	26	C	\$25,850	25	68.8%	43	62.2%	26	32.4%	17
Pennsylvania	3.86	36	C-	\$26,884	18	70.1%	37	57.1%	43	30.6%	29
Rhode Island	4.08	16	C+	\$29,568	11	71.5%	30	60.6%	33	31.8%	22
South Carolina	3.90	30	C	\$24,816	37	70.9%	33	59.5%	35	32.8%	16
South Dakota	3.81	40	D+	\$22,000	48	70.9%	33	67.7%	5	28.6%	43
Tennessee	3.73	46	D	\$23,232	41	73.3%	21	59.1%	37	28.3%	45
Texas	3.96	24	C+	\$25,344	30	74.5%	18	59.4%	36	32.4%	17
Utah	3.87	35	C-	\$25,000	34	65.8%	49	62.7%	23	31.9%	20
Vermont	4.25	9	B	\$25,747	29	80.5%	3	65.3%	11	35.4%	8
Virginia	4.10	15	C+	\$28,000	14	67.7%	45	61.3%	31	35.7%	6
Washington	4.25	9	B	\$30,096	8	72.8%	24	62.6%	24	35.0%	10
West Virginia	3.50	51	F	\$22,176	45	70.0%	38	51.3%	51	27.8%	47
Wisconsin	3.98	20	C+	\$26,000	24	69.8%	39	68.3%	3	29.6%	37
Wyoming	3.64	48	F	\$22,541	44	64.4%	51	65.1%	12	26.9%	49
United States	4.00			\$26,884		72.7%		60.2%		32.2%	



Appendix IV: State-by-State Rankings on the Composite Indices–Employment and Earnings

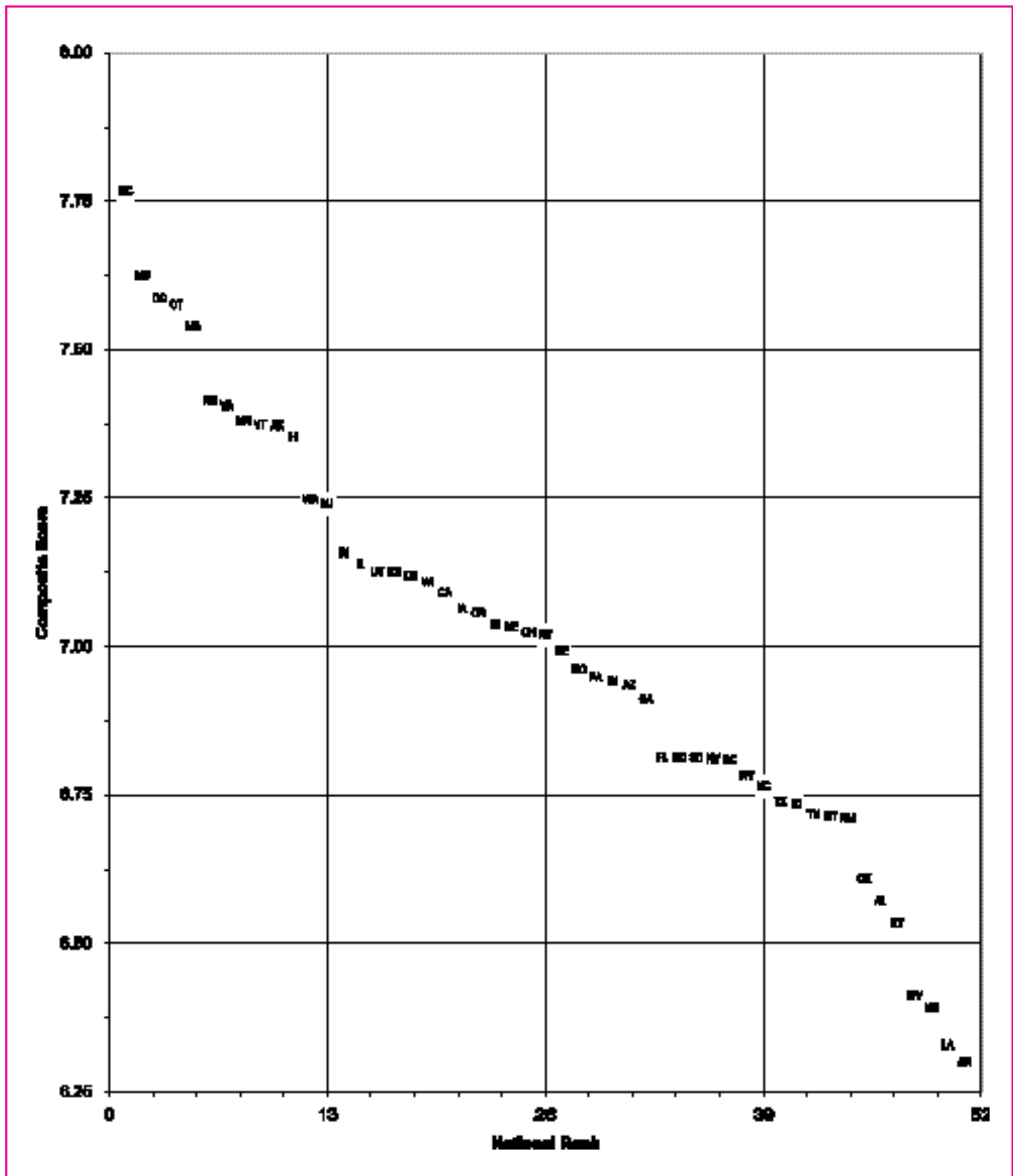


Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Social and Economic Autonomy

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	6.57	46	D-	83.8%	30	13.5%	45	24.4%	33	85.1%	43
Alaska	7.37	9	B-	81.5%	39	22.2%	7	25.9%	18	91.1%	11
Arizona	6.93	31	C-	80.8%	44	17.2%	25	27.0%	13	87.1%	35
Arkansas	6.30	51	F	81.3%	42	11.9%	50	22.0%	50	83.6%	46
California	7.09	20	C+	79.1%	47	20.1%	13	27.3%	9	87.0%	37
Colorado	7.59	3	B	84.4%	28	23.5%	4	28.0%	4	91.7%	6
Connecticut	7.57	4	B	89.7%	7	23.8%	3	25.5%	24	91.8%	4
Delaware	7.12	16	C+	85.9%	24	18.7%	16	24.1%	36	90.2%	15
District of Columbia	7.77	1	B+	88.9%	10	30.6%	1	30.9%	1	83.2%	47
Florida	6.81	33	D+	79.6%	45	15.1%	36	25.9%	18	88.1%	31
Georgia	6.91	32	C-	83.4%	31	16.8%	27	25.6%	22	87.4%	32
Hawaii	7.35	11	B-	88.6%	11	20.9%	11	27.5%	6	89.1%	26
Idaho	6.73	41	D	83.0%	33	14.6%	41	23.5%	45	88.2%	30
Illinois	7.14	15	C+	83.3%	32	18.4%	17	27.2%	10	89.2%	24
Indiana	6.94	30	C-	87.2%	18	13.4%	46	25.9%	18	91.2%	10
Iowa	7.06	21	C	88.4%	12	15.0%	38	25.3%	25	92.0%	2
Kansas	7.12	16	C+	86.7%	22	18.4%	17	25.6%	22	89.2%	24
Kentucky	6.53	47	D-	81.4%	41	12.2%	49	23.4%	46	87.2%	34
Louisiana	6.33	50	F	76.8%	48	14.5%	42	23.9%	41	80.7%	51
Maine	7.03	24	C	87.0%	20	17.2%	25	24.0%	38	90.1%	16
Maryland	7.63	2	B	87.8%	15	23.1%	6	28.9%	3	91.3%	8
Massachusetts	7.54	5	B	90.1%	5	24.1%	2	26.6%	14	89.6%	20
Michigan	7.04	23	C	88.0%	14	15.1%	36	27.2%	10	89.8%	18
Minnesota	7.38	8	B-	91.4%	3	19.2%	15	26.4%	15	92.0%	2
Mississippi	6.39	49	F	81.5%	39	13.3%	47	22.8%	47	83.2%	47
Missouri	6.96	28	C-	87.2%	18	15.2%	35	25.2%	26	89.9%	17
Montana	6.71	43	D	79.3%	46	18.0%	20	23.9%	41	84.1%	45
Nebraska	6.99	27	C-	89.7%	7	16.7%	28	24.1%	36	89.0%	27
Nevada	6.81	33	D+	82.4%	36	12.8%	48	25.7%	21	90.4%	14
New Hampshire	7.41	6	B-	92.2%	2	21.1%	9	23.6%	44	92.5%	1
New Jersey	7.24	13	B-	83.0%	33	21.0%	10	23.7%	43	91.1%	11
New Mexico	6.71	43	D	70.7%	51	17.8%	22	29.4%	2	82.0%	50
New York	7.02	25	C	81.7%	38	20.7%	12	26.1%	17	85.1%	43
North Carolina	6.76	39	D+	84.7%	27	15.7%	32	24.5%	32	86.1%	41
North Dakota	6.81	33	D+	86.0%	23	16.7%	28	22.5%	49	87.4%	32
Ohio	7.02	25	C	87.5%	17	14.4%	43	26.2%	16	91.3%	8
Oklahoma	6.61	45	D-	76.5%	49	15.0%	38	24.0%	38	86.2%	40
Oregon	7.06	21	C	84.8%	26	18.1%	19	27.6%	5	86.9%	38
Pennsylvania	6.95	29	C-	89.9%	6	15.3%	34	24.2%	35	89.5%	21
Rhode Island	7.16	14	C+	94.0%	1	18.0%	20	24.6%	31	89.4%	23
South Carolina	6.81	33	D+	89.1%	9	14.7%	40	24.7%	30	87.1%	35
South Dakota	6.81	33	D+	86.8%	21	15.5%	33	21.5%	51	89.5%	21
Tennessee	6.72	42	D	87.8%	15	14.0%	44	24.0%	38	86.9%	38
Texas	6.74	40	D	75.8%	50	17.4%	24	25.0%	28	85.4%	42
Utah	7.12	16	C+	85.5%	25	17.5%	23	24.8%	29	91.4%	7
Vermont	7.37	9	B-	88.2%	13	23.2%	5	25.2%	26	88.7%	28
Virginia	7.40	7	B-	84.3%	29	21.3%	8	27.5%	6	90.8%	13
Washington	7.25	12	B-	82.8%	35	19.7%	14	27.5%	6	89.7%	19
West Virginia	6.41	48	F	81.3%	42	10.9%	51	27.1%	12	83.2%	47
Wisconsin	7.11	19	C+	91.4%	3	16.0%	31	24.4%	33	91.8%	4
Wyoming	6.78	38	D+	81.9%	37	16.1%	30	22.6%	48	88.4%	29
United States	7.00			83.4%		17.6%		26.0%		88.0%	



Appendix IV: State-by-State Rankings on the Composite Indices—Social and Economic Autonomy

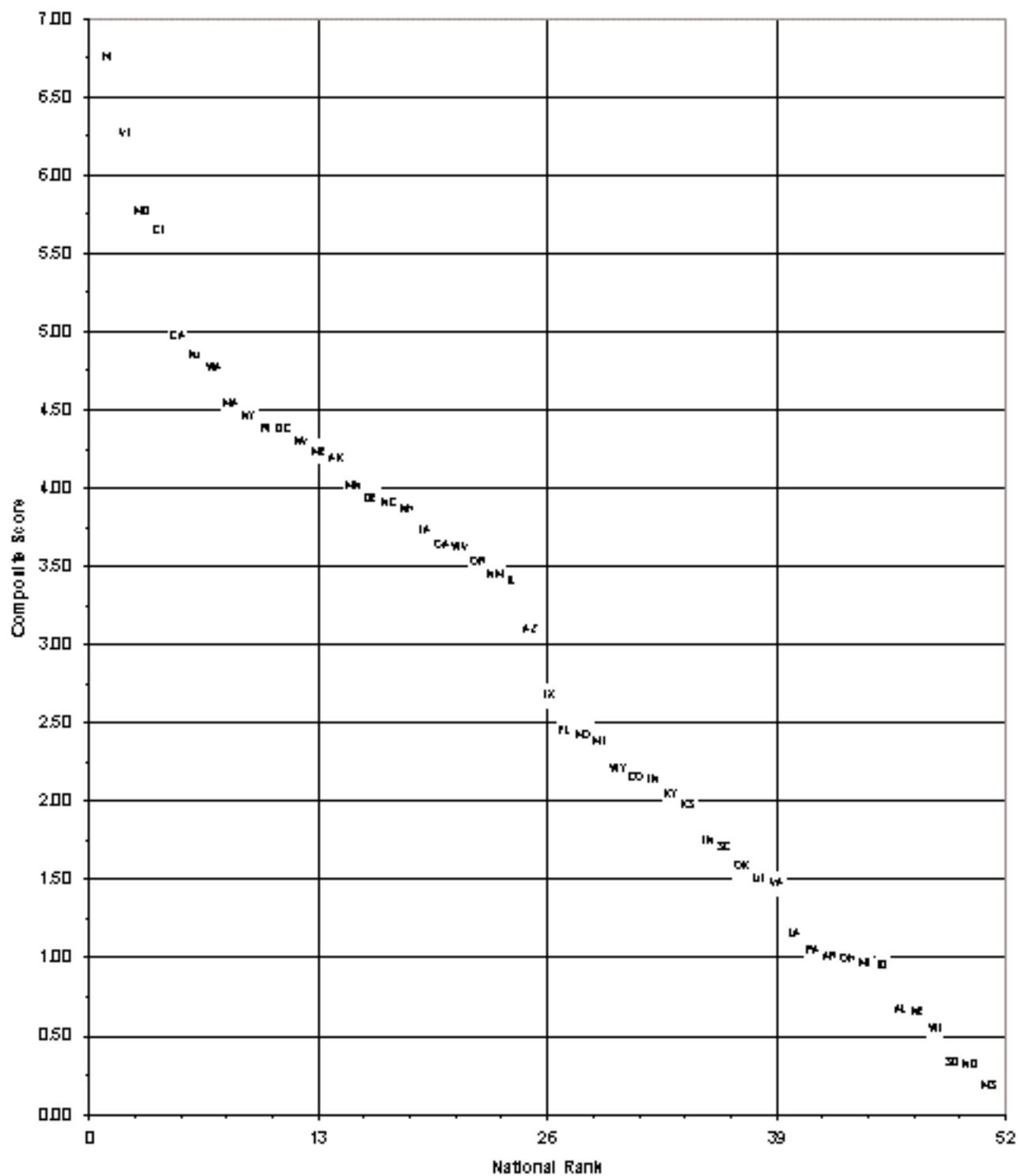


Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Reproductive Rights

State	Composite Index		Parental Consent/ Notification	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	Percent	Score	Score	Score	Score	Score
Alabama	0.67	46	F	0	0	42%	0.0	0.00	0.0	0.50	0
Alaska	4.19	14	B	0*	1	77%	0.0	0.67	0.0	0.50	1
Arizona	3.10	25	C+	0*	1	81%	1.0	0.67	0.0	0.25	0
Arkansas	1.01	42	F	0	0	22%	0.0	0.17	1.0	0.25	0
California	4.97	5	B+	0*	1	97%	1.0	1.00	0.5	0.50	0
Colorado	2.16	31	C-	0*	1	66%	0.5	0.50	0.0	0.00	0
Connecticut	5.65	4	A-	1	1	90%	1.0	1.00	0.5	1.00	0
Delaware	3.93	16	B-	0	0*	85%	1.0	0.83	0.0	0.50	1
Dist.Columbia	4.38	10	B	1	1	100%	0.0	1.00	0.0	0.75	1
Florida	2.45	27	C	0*	1	78%	0.0	0.17	0.0	0.00	1
Georgia	3.64	20	B-	0	1	51%	1.0	0.50	0.0	0.25	1
Hawaii	6.75	1	A	1	1	100%	1.0	1.00	1.0	0.50	1
Idaho	0.96	45	F	0	0	33%	0.5	0.00	0.0	0.25	0
Illinois	3.41	24	C+	0*	1	70%	0.0	0.33	1.0	0.75	1
Indiana	2.14	32	C-	0	0	39%	0.0	0.50	0.0	0.50	0
Iowa	3.73	19	B-	0	1	31%	1.0	0.67	0.0	0.50	1
Kansas	1.98	34	D+	0	0	52%	0.0	0.33	0.0	0.25	1
Kentucky	2.04	33	D+	0	0	25%	0.5	0.17	0.0	0.25	1
Louisiana	1.15	40	D-	0	0	40%	0.0	0.00	1.0	0.50	0
Maine	4.24	13	B	0	1	61%	1.0	1.00	0.0	0.25	1
Maryland	5.77	3	A-	0	1	85%	1.0	0.67	1.0	0.50	1
Massachusetts	4.54	8	B	0	0*	100%	1.0	0.67	1.0	0.75	0
Michigan	0.97	44	F	0	0	72%	0.0	0.00	0.0	0.50	0
Minnesota	4.01	15	B-	0	1	43%	0.5	0.33	0.0	0.50	1
Mississippi	0.18	51	F	0	0	18%	0.0	0.00	0.0	0.00	0
Missouri	2.43	28	C	0	1	47%	1.0	0.33	0.0	0.25	0
Montana	2.38	29	C	0*	0*	59%	0.0	0.17	1.0	0.25	0
Nebraska	0.66	47	F	0	0	53%	0.0	0.00	0.0	0.25	0
Nevada	4.30	12	B	0*	1	88%	1.0	0.67	0.0	0.50	1
New Hampshire	3.87	18	B-	1	1	74%	1.0	1.00	0.0	0.25	0
New Jersey	4.85	6	B+	0*	1	97%	0.5	0.50	0.0	0.75	1
New Mexico	3.45	23	C+	0*	1	53%	1.0	0.17	0.0	0.50	0
New York	4.46	9	B	1	1	92%	0.0	0.67	1.0	0.75	0
North Carolina	3.90	17	B-	0	1	61%	1.0	0.67	0.0	0.25	1
North Dakota	0.33	50	F	0	0	20%	0.0	0.00	0.0	0.25	0
Ohio	1.00	43	F	0	0	50%	0.0	0.00	1.0	0.00	0
Oklahoma	1.59	37	D	0	1	46%	0.5	0.00	0.0	0.25	0
Oregon	3.54	22	B-	1	1	62%	0.0	0.67	0.0	0.50	0
Pennsylvania	1.08	41	F	0	0	63%	0.0	0.17	0.0	0.50	0
Rhode Island	4.38	10	B	0	1	63%	1.0	0.50	1.0	0.50	1
South Carolina	1.71	36	D	0	0	42%	0.0	0.17	0.0	0.25	1
South Dakota	0.34	49	F	0	0	21%	0.0	0.00	0.0	0.25	0
Tennessee	1.75	35	D	0	0*	46%	0.0	0.17	0.0	0.25	1
Texas	2.68	26	C	0	1	68%	1.0	0.00	0.5	0.50	0
Utah	1.51	38	D	0	0	51%	0.0	0.00	0.0	0.00	1
Vermont	6.27	2	A-	1	1	77%	1.0	1.00	0.0	1.00	1
Virginia	1.48	39	D	0	0	52%	0.5	0.33	0.0	0.25	0
Washington	4.77	7	B+	1	1	85%	1.0	0.67	0.0	0.50	0
West Virginia	3.62	21	B-	0	1	16%	0.0	0.33	1.0	0.25	1
Wisconsin	0.55	48	F	0	0	38%	0.0	0.17	0.0	0.00	0
Wyoming	2.21	30	C-	0	1	25%	0.0	0.33	0.0	0.25	1

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

Appendix IV: State-by-State Rankings on the Composite Indices—Reproductive Rights

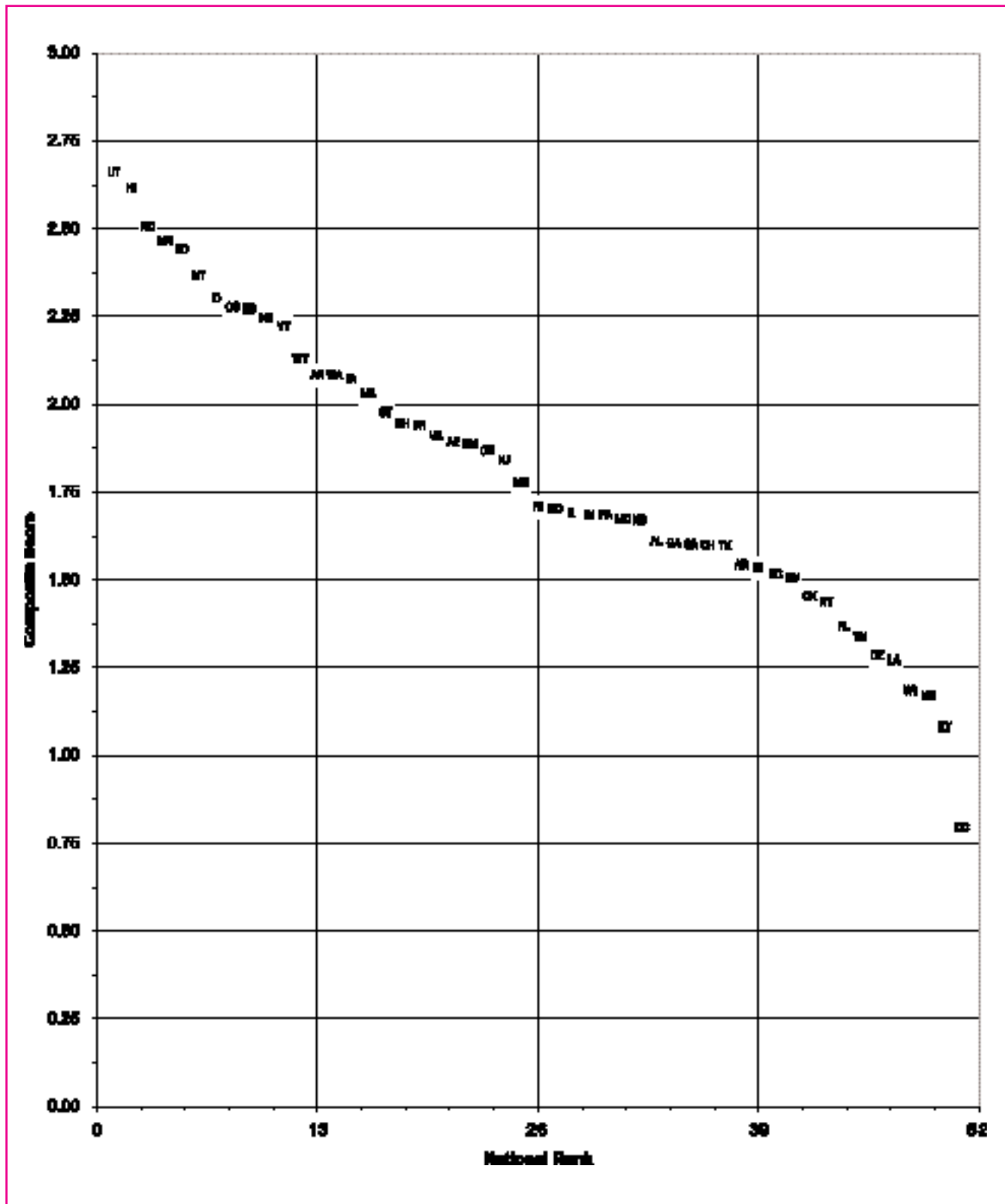


Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Health and Well-Being

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	1.61	33	C-	130.5	17	38.7	16	26.9	13	7.4%	44	604.9	47	5.8	33	4.1	38	4.7	29	4.4	45
Alaska	2.08	13	B-	91.5	1	45.9	42	25.5	6	4.0%	1	632.8	49	2.6	20	3.7	21	8.4	50	2.9	5
Arizona	1.89	21	C+	138.6	21	38.8	17	25.7	7	5.8%	23	414.6	33	3.1	24	3.2	9	6.5	49	3.7	32
Arkansas	1.54	38	D+	160.9	32	43.6	33	26.6	10	6.3%	33	380.4	27	4.0	28	4.2	41	4.8	31	4.4	45
California	1.60	34	C-	164.6	36	39.1	19	27.2	17	6.1%	29	435.7	37	4.6	29	3.9	30	4.9	35	4.2	41
Colorado	2.27	8	B	112.6	6	31.3	3	23.6	2	4.1%	3	427.7	34	1.6	12	3.8	24	6.2	45	3.5	26
Connecticut	1.97	17	B-	144.9	24	41.5	26	30.1	39	5.1%	9	369.3	26	16.0	45	3.4	12	3.2	5	3.2	14
Delaware	1.28	46	D	166.0	39	50.2	48	33.5	50	5.6%	20	586.4	45	19.4	47	3.8	24	3.6	11	4.3	43
Dist. Columbia	0.79	51	F	137.2	19	41.4	25	40.4	51	8.2%	50	1009.5	51	87.8	51	4.2	41	3.1	4	3.6	29
Florida	1.37	44	D	162.0	35	43.8	34	27.1	14	6.9%	41	354.2	21	21.3	49	3.7	21	6.0	43	4.5	48
Georgia	1.60	34	C-	143.5	23	39.3	20	28.5	31	7.5%	46	602.1	46	9.6	40	4.0	32	4.2	20	3.8	35
Hawaii	2.62	2	A-	94.2	2	29.0	2	19.9	1	4.7%	7	464.6	41	2.8	22	2.7	1	5.1	38	3.3	18
Idaho	2.30	7	B	115.6	7	33.5	8	26.3	9	5.1%	9	228.8	8	0.2	2	4.2	41	5.1	38	3.2	14
Illinois	1.69	28	C	166.5	40	41.6	27	31.0	45	6.8%	40	407.6	29	8.0	37	3.5	14	3.2	5	3.5	26
Indiana	1.68	29	C	160.1	30	45.3	39	29.7	38	6.5%	35	358.4	23	2.6	20	4.1	38	4.2	20	3.4	23
Iowa	2.07	15	B-	161.6	34	36.5	11	28.0	26	6.1%	29	304.3	14	1.2	6	2.9	3	4.1	17	2.9	5
Kansas	2.27	8	B	126.1	13	38.3	13	26.2	8	5.5%	18	368.7	24	2.0	16	3.4	12	4.1	17	2.8	3
Kentucky	1.08	50	F	165.4	38	52.9	50	28.0	26	6.1%	29	317.4	16	2.4	18	5.3	51	4.2	20	6.1	51
Louisiana	1.27	47	D	160.8	31	45.0	37	30.5	42	7.5%	46	621.6	48	10.1	41	3.6	19	4.8	31	4.5	48
Maine	1.78	25	C+	148.7	25	50.2	48	27.8	23	5.5%	18	178.1	4	1.3	8	3.7	21	4.5	25	4.2	41
Maryland	1.67	31	C	157.9	29	46.3	44	31.5	46	5.8%	23	455.1	39	20.2	48	3.5	14	3.6	11	3.2	14
Massachusetts	2.03	16	B-	128.5	16	44.5	35	30.2	41	5.6%	20	264.4	11	11.9	43	3.8	24	3.2	5	3.3	18
Michigan	1.53	39	D+	182.8	47	42.7	30	28.9	36	6.7%	37	412.8	32	4.8	30	4.5	50	3.6	11	3.4	23
Minnesota	2.46	4	B+	97.8	3	35.6	9	27.6	20	5.1%	9	241.7	9	1.8	14	3.2	9	3.5	9	3.6	29
Mississippi	1.17	49	D-	182.6	46	40.0	21	28.6	33	8.2%	50	763.2	50	11.3	42	4.2	41	4.5	25	3.9	37
Missouri	1.70	27	C	177.2	44	45.7	41	27.9	24	5.9%	26	408.9	30	3.5	26	3.8	24	4.9	35	2.8	3
Montana	2.36	6	B	101.0	5	40.5	24	25.2	5	5.3%	15	247.1	10	0.0	1	3.0	5	6.4	48	3.1	10
Nebraska	2.25	10	B	120.3	9	33.2	7	27.7	22	4.5%	5	354.5	22	2.9	23	3.0	5	4.1	17	4.0	38
Nevada	1.50	41	D+	141.3	22	56.3	51	27.1	14	4.8%	8	351.7	20	6.2	34	4.2	41	9.2	51	3.5	26
New Hampshire	1.94	18	B-	161.0	33	47.7	46	30.1	39	4.0%	1	145.7	2	1.2	6	3.1	8	5.6	40	3.3	18
New Jersey	1.84	24	C+	173.6	43	42.9	31	32.6	49	5.4%	16	226.0	7	17.1	46	3.5	14	2.9	3	2.9	5
New Mexico	1.88	22	C+	124.4	12	31.9	5	26.7	12	6.7%	37	471.9	42	1.3	8	4.4	48	6.3	46	3.6	29
New York	1.44	43	D+	216.9	51	38.3	13	31.7	48	6.0%	27	285.7	13	23.4	50	3.8	24	2.8	1	3.4	23
North Carolina	1.67	31	C	153.9	27	39.0	18	28.6	33	6.7%	37	472.6	43	5.6	32	3.5	14	4.6	28	4.0	38
North Dakota	2.50	3	B+	120.9	10	31.7	4	28.0	26	5.2%	12	208.2	6	0.4	4	2.9	3	3.5	9	3.0	9
Ohio	1.60	34	C-	169.7	42	45.0	37	30.5	42	6.3%	33	431.7	35	2.2	17	4.0	32	3.4	8	3.7	32
Oklahoma	1.45	42	D+	184.5	48	44.5	35	27.5	19	6.0%	27	448.9	38	3.8	27	2.7	1	5.9	41	4.3	43
Oregon	1.87	23	C+	117.4	8	46.2	43	27.6	20	5.8%	23	309.3	15	1.4	10	4.3	46	6.3	46	3.7	32
Pennsylvania	1.68	29	C	168.6	41	40.3	22	30.8	44	7.4%	44	343.4	18	8.4	39	3.9	30	3.8	15	3.1	10
Rhode Island	1.71	26	C	179.6	45	46.5	45	31.5	46	5.2%	12	382.7	28	5.3	31	3.8	24	2.8	1	3.2	14
South Carolina	1.51	40	D+	155.0	28	38.3	13	27.9	24	7.0%	43	433.7	36	13.8	44	4.0	32	4.8	31	4.4	45
South Dakota	2.44	5	B+	127.7	14	32.1	6	25.0	4	5.4%	16	351.0	19	0.3	3	3.0	5	4.3	23	2.6	1
Tennessee	1.33	45	D	190.2	49	43.3	32	28.5	31	7.6%	48	410.6	31	8.1	38	3.5	14	5.0	37	4.0	38
Texas	1.59	37	C-	165.0	37	40.4	23	26.6	10	6.1%	29	559.4	44	6.4	35	4.1	38	4.4	24	3.8	35
Utah	2.66	1	A-	98.9	4	17.9	1	24.9	3	5.2%	12	150.3	3	1.9	15	4.0	32	6.0	43	2.9	5
Vermont	2.22	11	B	151.5	26	42.1	28	28.4	30	4.1%	3	143.2	1	1.5	11	3.2	9	3.7	14	3.1	10
Virginia	1.91	20	C+	137.8	20	42.2	29	29.4	37	6.9%	41	369.2	25	7.3	36	4.0	32	4.7	29	2.7	2
Washington	2.08	13	B-	123.0	11	45.5	40	27.1	14	5.7%	22	331.1	17	3.2	25	3.6	19	4.8	31	3.1	10
West Virginia	1.18	48	D-	190.2	49	50.1	47	28.6	33	7.6%	48	191.1	5	1.7	13	4.3	46	4.5	25	5.0	50
Wisconsin	1.94	18	C+	132.6	18	37.5	12	27.4	18	6.5%	35	462.6	40	2.4	18	4.4	48	4.0	16	3.3	18
Wyoming	2.13	12	B-	127.8	15	35.9	10	28.1	29	4.6%	6	279.5	12	0.5	5	4.0	32	5.9	41	3.3	18
United States	1.72			161.7		41.3		28.8		5.9%*		404.0		8.7		3.8*		4.4		3.5*	

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

Appendix IV: State-by-State Rankings on the Composite Indices–Health and Well-Being





Appendix V: National Resources

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Tel: (800) 424-3410
Fax: (202) 434-7599
www.aarp.org

ACORN
739 8th Street, SE
Washington, DC 20003
Tel: (202) 547-2500
Fax: (202) 546-2483
www.acorn.org

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.gov

AFL-CIO Civil, Women's,
and Human Rights Department
815 16th Street, NW
Washington, DC 20006
Tel: (202) 637-3000
Fax: (202) 637-5058
www.aflcio.org

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

African American Women's Institute
Howard University
P.O. Box 590492
Washington, DC 20059
Tel: (202) 806-4556
Fax: (202) 806-9263
blackwomen@howard.edu
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) 594-1364
Fax: (301) 594-2283
info@ahrq.gov
www.ahrq.gov

Alan Guttmacher Institute
1120 Connecticut Avenue, NW
Suite 460
Washington, DC 20036
Tel: (202) 296-4012
Fax: (202) 223-5756
policyinfo@guttmacher.org
www.guttmacher.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
info@alz.org
www.alz.org

American Association of Black Women
Entrepreneurs
P.O. Box 13933
Silver Spring, MD 20911-3933
Tel: (301) 565-0527

American Association of Homes and
Services for the Aging
2519 Connecticut Ave, NW
Washington, DC 20008-1520
Tel: (202) 783-2242
Fax: (202) 783-2255
www.aahsa.org

American Association of University
Women
1111 16th Street, NW
Washington, DC 20036
Tel: (800) 326-AAUW
TTY: (202) 785-7777
Fax: (202) 872-1425
info@aauw.org
www.aauw.org

AFSCME
American Federation of State, County,
and Municipal Employees
1625 L Street, NW
Washington, DC 20036-5687
Tel: (202) 429-1000
TTY: (202) 659-0446
Fax: (202) 429-1923
www.afscme.org

American Medical Association
1101 Vermont Avenue, NW
Washington, DC 20005
Tel: (202) 789-7400
Fax: (202) 789-7485
www.ama-assn.org

American Women's Medical
Association
801 Fairfax Street, Suite 400
Alexandria, VA 22314
Tel: (703) 838-0500
Fax: (703) 549-3864
info@amwa-doc.org
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: (202) 336-5510
Tel: (800) 374-2721
TTY: (202) 336-6123
Fax: (202) 336-5500
www.apa.org

American Sociological Association
1307 New York Avenue, NW
Suite 700
Washington, DC 20005
Tel: (202) 383-9005
TTY: (202) 872-0486
Fax: (202) 638-0882
executive.office@asanet.org
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

Asian Women in Business
One West 34th Street
Suite 200
New York, NY 10001
Tel: (212) 868-1368
Fax: (212) 863-1373
info@awib.org
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 for Health Services
Research
1801 K Street, NW
Suite 701-L
Washington, DC 20006-1301
Tel: (202) 292-6700
Fax: (202) 292-6800
info@ahsrhp.org
www.ahsr.org

Association of Women in Agriculture
(AWA)
1909 University Avenue
Madison, WI 53705
Tel: (608) 231-3702
www.sit.wisc.edu/~awa/

Black Women United for Action
6551 Loisdale Court
Suite 222
Springfield, VA 22150
Tel: (703) 922-5757
Fax: (703) 922-7681
www.bwufa.org

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

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

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

Center for Law and Social Policy
1015 15th Street, NW
Suite 400
Washington, DC 20005
Tel: (202) 906-8000
Fax: (202) 842-2885
www.clasp.org

Center for Policy Alternatives
1875 Connecticut Avenue, NW
Suite 710
Washington, DC 20009
Tel: (202) 387-6030
Fax: (202) 387-8529
www.cfpa.org

Center for the Prevention of Sexual and
Domestic Violence
2400 North 45th Street, #10
Seattle, WA 98103
Tel: (206) 634-1903
Fax: (206) 634-0115
cpsdv@cpsdv.org
www.cpsdv.org

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

Center for Research on Women
University of Memphis
Clement Hall 339
Memphis, TN 38152-3550
Tel: (901) 678-2770
Fax: (901) 678-3652
crow@memphis.edu
ca.memphis.edu/isc/crow

Center for Women's Business Research
1411 K Street, NW, Suite 1350
Washington, DC 20005-3407
Tel: (202) 638-3060
Fax: (202) 638-3064
www.womensbusinessresearch.org

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

Centers for Disease Control and
Prevention
U.S. Department of Health and Human
Services
1600 Clifton Road
Atlanta, GA 30333
Tel: (404) 639-3311
www.cdc.gov/nchs

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 Avenue, 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
cdinfo@childrensdefense.org
www.childrensdefense.org

Church Women United
475 Riverside Drive, Suite 1626
New York, NY 10115
Tel: (212) 870-2347
Fax: (212) 870-2338
www.churchwomen.org

Coalition of Labor Union Women
1925 K Street, NW, Suite 402
Washington, DC 20006
Tel: (202) 223-8360
Fax: (202) 776-0537
info@cluw.org
www.cluw.org

Coalition on Human Needs
1120 Connecticut Avenue, NW
Suite 910
Washington, DC 20036
Tel: (202) 223-2532
Fax: (202) 223-2538
chn@chn.org
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

Equal Rights Advocates
1663 Mission Street
Suite 250
San Francisco, CA 94103
Tel: (415) 621-0672
Fax: (415) 621-6744
Advice/Counseling Line:
(800) 839-4ERA
www.equalrights.org

Family Violence Prevention Fund
383 Rhode Island Street
Suite 304
San Francisco, CA 94103
Tel: (415) 252-8900
TTY: (800) 595-4TTY
Fax: (415) 252-8991
www.fvpf.org

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

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

First Chance
Colorado Nonprofit Development
Center
4130 Tejon Street Suite A
Denver CO 80211
Tel: 720 855 0501
www.ruralwomyn.net/firstchance.html

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.girlscouts.org

Hadassah
50 West 58th Street
New York, NY 10019
Tel: (212) 355-7900
Fax: (212) 303-8282
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

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
washington@ilo.org
www.ilo.org

International Women's Democracy Center
1730 Rhode Island Avenue, NW
Suite 715
Washington, DC 20036
Tel: (202) 530-0563
Fax: (202) 530-0564
info@iwdc.org
www.iwdc.org

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

McAuley Institute
8300 Colesville Road, Suite 310
Silver Spring, Maryland 20910
Tel: (301) 588-8110
Fax: (301) 588-8154
www.mcauley.org

Mexican American Legal Defense and Educational Fund
634 S. Spring Street
Los Angeles, CA 90014
Tel: (213) 629-2512
Fax: (213) 629-0266
www.maldef.org

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

9 to 5, National Association of Working Women
231 W. Wisconsin Avenue Suite 900
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) 667-5890
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 900
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 Child Advocates
1522 K Street NW, Suite 600
Washington, DC 20005-1202
Tel: (202) 289-0777
Fax: (202) 289-0776
naca@childadvocacy.org
www.childadvocacy.org

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

National Association of the Deaf
814 Thayer Street
Silver Spring, MD 20910-4500
Tel: (301) 587-1788
TTY: (301) 587-1789
Fax: (301) 587-1791
NADinfo@nad.org
www.nad.org

National Association of Female Executives
P.O. Box 469031
Escondido, CA 92046
Tel: (800) 634-NAFE
Fax: (760) 745-7200
www.nafe.com

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

National Association of Women Business Owners
1595 Spring Hill Road
Suite 330
Vienna, VA 22182
Tel: (703) 506-3268
Fax: (703) 506-3266
national@nawbo.org
www.nawbo.org

National Black Women's Health Project
600 Pennsylvania Avenue, SE
Suite 310
Washington, DC 20003
Tel: (202) 543-9311
Fax: (202) 543-9743

National Breast Cancer Coalition
1707 L Street, NW
Suite 1060
Washington, DC 20036
Tel: (202) 296-7477
Tel: (800) 622-2838
Fax: (202) 265-6854
www.natlbcc.org

National Center for American Indian Enterprise Development
815 NE Northgate Way
2nd Floor
Seattle, WA 98125
Tel: (206) 365-7735
Fax: (206) 365-7764
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 80218-0749
Tel: (303) 839-1852
Fax: (303) 831-9251
www.ncadv.org

National Committee on Pay Equity
P.O. Box 34446
Washington, DC 20043-4446
Tel: (301) 277-1033
Fax: (301) 277-4451
fairpay@patriot.net
www.feminist.com/fairpay

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

National Council of Women's Organizations
733 15th Street, NW
Suite 1011
Washington, DC 20005
Tel: (202) 393-7122
Fax: (202) 387-7915
info@womensorganizations.org
www.womensorganizations.org

National Education Association
1201 16th Street, NW
Washington, DC 20036
Tel: (202) 833-4000
Fax: (202) 822-7974
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 Family Planning & Reproductive Health Association
1627 K Street NW
12th Floor
Washington, DC 20006
Tel: (202) 293-3114
info@nfprha.org
www.nfprha.org

National Federation of Democratic Women
19432 Burlington Drive
Detroit, MI 48203-1454
Tel: (313) 892-6199
Fax: (313) 892-8424
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 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 Law Center on Homelessness and Poverty
1411 K Street, NW
Suite 1400
Washington, DC 20005
Tel: (202) 638-2535
Fax: (202) 628-2737
nlchp@nlchp.org
www.nlchp.org

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

National Organization for Women Legal Defense and Education Fund
359 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 650
Washington, DC 20009
Tel: (202) 986-2600
Fax: (202) 986-2539
info@nationalpartnership.org
www.nationalpartnership.org

National Political Congress of Black Women
8401 Colesville Road
Suite 400
Silver Spring, MD 20910
Tel: (301) 562-8000
Tel: (800) 274-1198
Fax: (301) 562-8303
info@npcbw.org
www.npcbw.org

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

National Urban League
120 Wall Street
New York, NY 10005
Tel: (212) 558-5300
Fax: (212) 344-5332
info@nul.org
www.nul.org

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

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

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

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

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

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

New Ways to Work
425 Market Street, Suite 2200
San Francisco, CA 94105
Tel: (415) 995-9860
Fax: (707) 824-4410
www.nww.org

OWL
The Voice of Midlife and Older Women
666 11th Street, NW, Suite 700
Washington, DC 20001
Tel: (202) 783-6686
Tel: (800) 825-3695
Fax: (202) 638-2356
www.owl-national.org

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

Pennsylvania Coalition Against Domestic Violence and National Resource Center
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
Tel: (717) 545-6400
Tel: (800) 537-2238
TTY: (800) 553-2508
Legal Line: (800) 903-0111 ext. 72
Fax: (717) 545-9456
www.pcadv.org

Pension Rights Center
1140 19th Street, NW
Suite 602
Washington, DC 20036
Tel: (202) 296-3776
Fax: (202) 833-2472
pnsnrights@aol.com
www.pensionrights.org

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

Population Reference Bureau, Inc.
1875 Connecticut Avenue, NW
Suite 520
Washington, DC 20009-5728
Tel: (202) 483-1100
Fax: (202) 328-3937
popref@prb.org
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
info@prrac.org
www.prrac.org

Project Vote
88 Third Avenue, 3rd Floor
Brooklyn, NY 11217
Tel: (718) 246-7929
Fax: (718) 246-7939
pvnatfield@acorn.org

Religious Coalition for Reproductive Choice

1025 Vermont Avenue, NW
Suite 1130
Washington, DC 20005
Tel: (202) 628-7700
Fax: (202) 628-7716
info@rcrc.org
www.rcrc.org

Service Employers International Union

1313 L Street, NW
Washington, DC 20005
Tel: (202) 898-3200
Fax: (202) 898-3481
www.seiu.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

5600 Fisher's Lane
Rockville, MD 20857
Tel: (301) 443-4795
Fax: (301) 443-0284
www.samhsa.gov

Third Wave Foundation

511 West 25th Street
Suite 301
New York, NY 10001
info@thirdwavefoundation.org
www.thirdwavefoundation.org

United Food and Commercial Workers International Union

Working Women's Department
1775 K Street, NW
Washington, DC 20006
Tel: (202) 223-3111
Fax: (202) 728-1836
www.ufcw.org

U.N. Division for the Advancement of Women

Two United Nations Plaza
New York, NY 10017
Tel: (212) 963-3177
Fax: (212) 963-3463

The Urban Institute

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

U.S. Agency for International Development Office of Women in Development

Washington, DC 20523-3801
Tel: (202) 712-0570
Fax: (202) 216-3173
genderreach@dai.com
www.genderreach.org

U.S. Small Business Administration Office of Women's Business Ownership

409 Third Street, NW
Fourth Floor
Washington, DC 20416
Tel: (202) 205-6673
owbo@sba.gov

The White House Project

110 Wall Street, 2nd Floor
New York, NY
Tel: (212) 785-6001
admin@thewhitehouseproject.org
www.thewhitehouseproject.org

Wider Opportunities for Women

815 15th Street, NW, Suite 916
Washington, DC 20005
Tel: (202) 638-3143
Fax: (202) 638-4885
info@wowonline.org
www.wowonline.org

Women & Philanthropy

1015 18th Street, NW, Suite 202
Washington, DC 20036
Tel: (202) 887-9660
Fax: (202) 861-5483
www.womenphil.org

Women Employed

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

Women, Ink.

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

Women Work!

The National Network for Women's Employment

1625 K Street, NW
Suite 300
Washington, DC 20006
Tel: (202) 467-6346
Fax: (202) 467-5366
www.womenwork.org

Women's Cancer Center

815 Pollard Road
Los Gatos, CA 95032
Tel: (650) 326-6500
Fax: (408) 866-3858

Women's Environmental and Development Organization

355 Lexington Avenue
3rd Floor
New York, NY 10017-6603
Tel: (212) 973-0325
Fax: (212) 973-0335
wedo@wedo.org
www.wedo.org

Women's Foreign Policy Group

1875 Connecticut Avenue, NW
Suite 720
Washington, DC 20009
Tel: (202) 884-8597
Fax: (202) 882-8487
wfp@wfp.org
www.wfp.org

Women's Funding Network

1375 Sutter Street, Suite 406
San Francisco, CA 94109
Tel: (415) 441-0706
Fax: (415) 441-0827
info@wfnet.org
www.wfnet.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/social-security/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.wilpf.org

Women's Law Project
125 S. 9th Street, Suite 300
Philadelphia, PA 19107
Tel: (215) 928-9801
info@womenslawproject.org
www.womenslawproject.org

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

Women's Rural Entrepreneurial
Network (WREN)
2015 Main Street
Bethlehem, NH 03574
Tel: (603) 869-WREN (9736)
Fax: (603) 869-9738
www.wrencommunity.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) 273-7939
www.ywca.org

The Young Women's Project
1328 Florida Avenue, NW
Suite 2000
Washington, DC 20009
Tel: (202) 332-3399
Fax: (202) 332-0066
ywp@youngwomensproject.org
www.youngwomensproject.org

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

Wisconsin
Wisconsin
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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