

The Status of Women in the States **2015**



STATUS OF WOMEN
IN THE STATES




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About This Report

This report is a part of the Institute for Women's Policy Research's series on the status of women across the United States, begun in 1996. The *Status of Women in the States: 2015* uses data from U.S. government and other sources to analyze women's status in each state and the United States overall, rank and grade states on a set of indicators for six topical areas, and provide additional data on women's status in states across the nation. The Institute for Women's Policy Research has published individual reports on the status of women since 1996 in each state and the District of Columbia. The reports have been used to highlight women's progress and the obstacles they continue to face and to encourage policy and programmatic changes that can improve women's opportunities. This report is funded by the Ford Foundation, Founding Supporter; the American Federation of Teachers, Key Project Sponsor; and the Women's Funding Network, National Outreach Partner. Additional funding was provided by a variety of state and national partners. Created in conversation with a National Advisory Committee, the report will be followed by the release of *The Status of Women in the U.S. South* in 2016, produced with input from a Southern States Advisory Committee.

About the Institute for Women's Policy Research

The Institute for Women's Policy Research (IWPR) conducts rigorous research and disseminates its findings to address the needs of women, promote public dialogue, and strengthen families, communities, and societies. The Institute's research strives to give voice to the needs of women from diverse ethnic and racial backgrounds across the income spectrum and to ensure that their perspectives enter the public debate on ending discrimination and inequality, improving opportunity, and increasing economic security for women and families. The Institute works with policymakers, scholars, and public interest groups to design, execute, and disseminate research and to build a diverse network of individuals and organizations that conduct and use women-oriented policy research. IWPR's work is supported by foundation grants, government grants and contracts, donations from individuals, and contributions from organizations and corporations. IWPR is a 501(c)(3) tax-exempt organization that also works in affiliation with the women's studies and public policy and public administration programs at The George Washington University.



Printed on recycled paper using 100% wind power.

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IWPR #R400
ISBN # 978-1-933161-14-3
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The Status of Women in the States: 2015

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With support from

Ford Foundation | American Federation of Teachers | Women's Funding Network

The Annie E. Casey Foundation

National Air Traffic Controllers Association | National Organization for Women

OWL: The Voice of Women 40+

Covington & Burling LLP | Martha Darling and Gilbert Omenn | Sunrise Foundation

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Women's Funding Alliance (Washington) | New York Women's Foundation | Women's Foundation of Colorado

Women and Girls Foundation of Southwest Pennsylvania | Community Foundation of Southern Wisconsin

Fairfield County's Community Foundation Fund, for Women and Girls (Connecticut)

The Women's Fund, a special initiative of the Foundation for Enhancing Communities (Pennsylvania)

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Foreword

Over the last several decades, women in the United States have been on a road leading to greater economic and social equality with men. In some ways, this road has seemed more like a superhighway, speeding toward greater progress: in 2015, women are now almost half the US workforce, half of all breadwinners in families with young children, and are more likely than men in the United States to have a college degree. But in other ways, the road more often resembles a superhighway at 5pm on Friday, inching too slowly toward its destination: in 2015, women in the United States still face a wide wage gap that has not budged much in the last decade, disproportionate poverty rates, and wide disparities in health outcomes and experiences with violence, all of which is even more stark for women of color.

Compounding these challenges is a patchwork of public policies that make it near impossible to navigate the demands of both work and family responsibilities, as many women must. Imagine a superhighway with incomplete road signs. Just as drivers need road signs to help them identify which direction they need to go to reach their destination or how fast they can go to get there, policymakers need reliable data to help them identify which policies are needed to accelerate progress for women.

But reliable state-level and national data disaggregated by gender and race/ethnicity on issues affecting women's well-being are often not readily available, making it difficult to identify policy or programmatic needs that can make a lasting difference in the lives of women and their families. The 2015 edition of the *Status of Women in the States*, a project of the Institute for Women's Policy Research since 1996, is a data-rich atlas that can help all those involved in monitoring and improving the status of women in the United States—from policymakers and advocates to journalists and concerned citizens—navigate the road ahead. IWPR's interactive website, statusofwomensdata.org, is a tool for leaders and the public to easily access even more information at the state and national level. The site

is also *the most accessible, comprehensive source of state-level data on women of color in the United States*. The research in the following pages represents the combined expertise of IWPR's staff working for many, many months with advisors from across the United States. Hundreds of data points are analyzed and presented in easily understood graphics and charts and arranged in seven thematic chapters. Each state is graded on six composite indices to benchmark state-level progress—providing mile markers on the superhighway—on women's Political Participation, Employment & Earnings, Work & Family situations, Poverty & Opportunity, Reproductive Rights, and Health & Well-Being. The seventh chapter presents national and state-level data on Violence & Safety, which are not yet sufficient to support the calculation of a composite index or letter grade.

Whether you are an advocate motivating people in the field, a state or local policymaker grappling with policy challenges in your community, a national political, business, or labor leader, a student or teacher researching a specific issue, a journalist who shapes public dialogue at the local, state, or national level, or a member of your community who is finding your voice on policy issues that affect your daily life, we hope you will find the data and research provided in this report useful to your work.

With women not expected to have equal representation in the U.S. Congress until 2117 (see Chapter 1: Political Participation) or see equal pay until 2058, and with young women having more education but lower earnings than young men in every state (see Chapter 2: Employment & Earnings), we at IWPR hope that improving access to this comprehensive set of data on women will speed up progress on women's road to equality to the benefit of all of us.



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Acknowledgments

Many advisors, partners, supporters, and staff members have contributed to *The Status of Women in the States* project. IWPR is extremely grateful to LaShawn Jefferson, Program Officer at the Ford Foundation, for her strong support of IWPR's work and commitment to the project. IWPR also thanks Lorretta Johnson, Secretary Treasurer of the American Federation of Teachers and Vice Chair of IWPR's Board of Directors, and Cynthia Nimmo, President and CEO of the Women's Funding Network, for their enthusiastic leadership. Many members of the Women's Funding Network served as outreach partners for the project, disseminating the findings in their states through press releases, social media, and other outreach efforts (see www.statusofwomendata.org for a full list of outreach partners). IWPR is also grateful to all the project sponsors, including many additional state and national partners (see list on title page), for their financial support and assistance with dissemination. Members of IWPR's Board of Directors also deserve gratitude for their enthusiasm for *The Status of Women in the States* project and their steadfast support of IWPR's work.

Glamour Magazine served as a key outreach partner for the project. IWPR is grateful to Cindi Leive, Editor-in-Chief; Wendy Naugle, Executive Editor; Rebecca Webber, Freelance Journalist; Emily Mahaney, Articles Editor; Kateri Benjamin, Public Relations Manager; and Kimberly Bernhardt, Executive Director of Communications, for their help in disseminating the findings on younger women to *Glamour's* readership and through other media outlets.

The project team is indebted to members of the project advisory committees (see lists on the previous pages) for their support and advice on the content and dissemination of *The Status of Women in the States: 2015*. Many advisors also reviewed chapters of the report and gave helpful feedback: Dr. Lee Badgett, Director of the Center for Public Policy and Administration at the University of Massachusetts-Amherst and Williams Distinguished Scholar at the Williams Institute of UCLA School of Law; Dr. Susan Carroll, Professor of Political

Science and Women's and Gender Studies at Rutgers University and Senior Scholar at the Center for American Women and Politics of the Eagleton Center for Politics; Wendy Chun-Hoon, DC Director for Family Values @ Work; Shawn Fremstad, Senior Research Associate at the Center for Economic and Policy Research and Senior Fellow at the Center for American Progress; Dr. TK Logan, Professor of Behavioral Science at the University of Kentucky; Maya Pinto, Economic Justice Program Director at the National Asian Pacific American Women's Forum; Dr. Alina Salganicoff, Vice President and Director of Women's Health Policy at the Henry J. Kaiser Family Foundation; Kiersten Stewart, Director of Public Policy and Advocacy at Futures Without Violence; Dr. Gloria Thomas, Director of the Center for the Education of Women at the University of Michigan; Steven Toledo, Deputy Director at the National Latina Institute for Reproductive Health; Dr. Marilyn Watkins, Policy Director at the Economic Opportunity Institute; and Erica Williams, Assistant Director of State Fiscal Research at the Center on Budget and Policy Priorities.

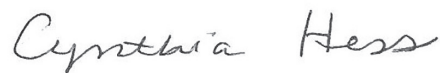
Many other experts also reviewed sections of the report and provided helpful feedback: Dr. Liz Ben-Ishai, Senior Policy Analyst, and Christine Johnson-Staub, Senior Policy Analyst, at the Center for Law and Social Policy; Dr. Alison Earle, Senior Scientist at the Heller School for Social Policy and Management at Brandeis University; Andrea Kane, Senior Director of Public Policy, and Rachel Fey, Director of Public Policy at the National Campaign to Prevent Teen and Unplanned Pregnancy; Elizabeth Nash, Senior State Issues Associate at the Guttmacher Institute; Dr. Evan Stark, Professor Emeritus at Rutgers University's School of Public Affairs and Administration; Dr. Michele Swers, Associate Professor of American Government at Georgetown University; and Ming Wong, Supervising Helpline Attorney at the National Center for Lesbian Rights. Jelena Kolic, Staff Attorney, and Lisalyn Jacobs, Vice President for Government Relations at Legal Momentum, shared insights on laws pertaining to domestic violence victims. Katie Ziegler, Program Manager at the National Conference of State Legislators, provided data on women's commissions.

Arkadi Gerney, Senior Vice President for Campaigns and Strategies, and Chelsea Parsons, Vice President of Guns and Crime Policy at the Center for American Progress, kindly allowed the reprinting of their data compilation on state statutes related to domestic violence, sexual violence, stalking, and gun ownership. Gilda Morales, Project Manager of Information Services at the Center for American Women and Politics (CAWP), shared unpublished CAWP data on women in government. Kathleen Ujvari, Policy Research Senior Analyst at the AARP, provided input on the selection of work and family indicators.

I would also like to thank the many IWPR staff members involved in the production of the report. Ariane Hegewisch, Study Director, authored the work and family chapter and contributed to the writing of the employment and earnings chapter. Dr. Jeff Hayes, Study Director, and Dr. Jessica Milli, Senior Research Associate, conducted the microdata analysis for the project and reviewed sections of the report. Dr. Heidi Hartmann, President, and Dr. Barbara Gault, Vice President and Executive Director, provided invaluable guidance and oversight of the project, reviewed multiple versions of the report draft, and contributed to the report content and design. Dr. Gault also oversaw the development of outreach plans and IWPR's new *Status of Women in the States* website (www.statusofwomendata.org). Senior Communications Manager Jennifer Clark, Senior Communications Associate Mallory Mpare, and Communications Associate Rachel Linn,

contributed to the report design and project website. Mariam K. Chamberlain Fellow Yana Mayayeva, former Research Assistant Stephanie Román, IWPR/George Washington University Women's Public Policy Research Fellow Justine Augeri, and Research Associate Julie Anderson all contributed significantly through their assistance with writing, editing, and data management. Lindsey Reichlin, Research Associate and Program Manager, and Elyse Shaw, Research Associate and Special Assistant to the President, provided helpful input. Research assistance was provided by Mariam K. Chamberlain Fellow Jenny Xia and Research Interns Maya Attamensah, Karen Chonofsky, Micaela Deitch, Amanda Fioritto, Sam McFarland, Natalie Peterson, Mary Sykes, Salina Tulachan, Xiaoran Weng, and Skye Wilson.

Finally, I would like to express my appreciation for all those who offered me their support during the 18 months that I directed this project. The many individuals who contacted me to share their excitement about the project and belief in the importance of data on the status of women provided a source of inspiration. The support of my husband, Stephen Edmondson, and our sons, Andrew and Christopher—including their patience with the long hours that such a project requires—was invaluable. Many other people have contributed to this project in important ways; I am grateful for their commitment to improving the status of women and look forward to seeing the changes their work on behalf of women and families will bring about.



Cynthia Hess, Ph.D.
Study Director

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Introduction

Women in the United States have made remarkable social, economic, and political progress, but further improvements are needed. Over the last several decades, the gender wage gap has narrowed, women have graduated from college and moved into higher-paying jobs in increasing numbers, and women's representation in political office has increased. Yet, women in states across the nation face challenges such as a still-large gender wage gap, poverty, limited access to affordable child care, restricted reproductive rights, adverse health conditions, and threats to their personal safety. Women continue to be significantly underrepresented in political office relative to their share of the population and face stubborn disparities in opportunities and outcomes in all areas, such as business ownership—disparities that exist among women of different racial and ethnic groups, ages, geographic areas, and sexual orientations. Addressing these challenges and disparities is essential to promoting the continued advancement of women and the well-being of families and communities.

The Status of Women in the States: 2015 provides critical data to identify areas of progress for women in states across the nation and pinpoint where additional improvements are still needed. It presents hundreds of data points for each state across seven areas that affect women's lives: political participation, employment and earnings, work and family, poverty and opportunity, reproductive rights, health and well-being, and violence and safety. For each of these topic areas except violence and safety, the report calculates a composite index, ranks the states from best to worst, and assigns a letter grade based on the difference between the state's performance in that area and goals set by IWPR (e.g., no remaining wage gap or the proportional representation of women in political office). The report also tracks progress over time, covers basic demographic statistics on women, and presents additional data on a range of topics related to women's status. In addition, it gives an overview of how women from various population groups fare, including women of color, young women, older women, immigrant women, women living with a same-sex partner, and women in labor unions.

This report builds on IWPR's long-standing work on *The Status of Women in the States*, a series of data analyses and reports that for nearly 20 years have provided data on women's status nationally and for all 50 states and

the District of Columbia. *Status of Women in the States* 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 for monitoring women's progress. The data presented in these reports can serve as a resource for advocates, policymakers, and other stakeholders who seek to develop community investments, programs, and public policies that can lead to positive changes for women and families.

Key Findings

The Status of Women in the States: 2015 identifies a number of improvements in women's status.

- Between 2004 and 2015, the number of women in the U.S. Senate increased from 14 to 20, and the number of women in the U.S. House of Representatives grew from 60 to 84.
- The percentage of all employed women who work in managerial or professional occupations in the United States overall increased from 33.2 percent in 2001 to 39.9 percent in 2013. In every state in the nation, the share of all employed women in these occupations increased during this time, with the largest gains in the District of Columbia (12.7 percentage points), Wyoming (10.9 percentage points), and New Hampshire (10.0 percentage points).
- Between 2000 and 2013, the percentage of women in the United States with a bachelor's degree or higher increased from 22.8 to 29.7 percent. The proportion of women with at least a bachelor's degree grew in every jurisdiction, with the District of Columbia, Massachusetts, and New Hampshire experiencing the largest gains.
- The Patient Protection and Affordable Care Act (ACA) reduced rates of uninsurance among women. Between 2008 and 2014, the uninsurance rate for women of all ages dropped nearly one-fifth, from 13.0 percent of women lacking insurance in 2008 to 10.6 percent lacking insurance in the first nine months of 2014.

- The ACA has expanded women's access to contraception in several ways, including by requiring health care insurers to cover contraceptive counseling and services, as well as all FDA-approved contraceptive methods without any out-of-pocket costs to patients (with some notable exceptions).
 - States across the nation have recognized same-sex marriage, opening up new opportunities for same-sex couples seeking to form the families they desire. As of April 2015, 37 states and the District of Columbia had statutes recognizing the right of same-sex couples to marry.
 - Women are much less likely to die of heart disease than they were in 2001. Between 2001 and 2013, the female mortality rate from heart disease in the United States declined about 36 percent, from 211.5 per 100,000 to 136.1 per 100,000. All states in the nation have experienced a decrease, with the largest declines in Florida, California, and New Hampshire.
 - Between 2001 and 2012, the incidence of AIDS among women aged 13 years and older decreased about 47 percent nationally, from 9.1 per 100,000 to 4.8 per 100,000. Nine states—Arizona, Connecticut, Delaware, Florida, Hawaii, New Jersey, New York, South Dakota, and Vermont—experienced a decline of 50 percent or more in their female AIDS incidence rate.
 - Many states have enacted statutes designed to protect women who are victims of violence, including laws related to stalking offenses, limitations on gun access for perpetrators of intimate partner violence, civil protection orders, and statutes to protect the employment rights of domestic violence victims. As of July 2014, 15 states and the District of Columbia had employment rights laws for victims of domestic violence, and 32 states and the District of Columbia had laws that provide unemployment benefits for individuals who leave their jobs due to domestic violence.
- At the same time, women's status has worsened or stagnated in other areas.
- Even though at an all-time high, the share of seats held by women in the U.S. Congress is well below women's share of the overall population. At the rate of progress since 1960, women will not hold 50 percent of seats in the U.S. Congress until the year 2117.
 - The gender wage gap has barely budged in the past decade or so, narrowing just two percentage points, from 76.3 percent in 2001 to 78.3 percent in 2013. In every state in the nation, women who work full-time, year-round still earn less than similarly-employed men, with the largest gap in Louisiana, where women earn just 66.7 cents on the dollar compared with men. If progress continues at the rate since 1960, the disparity between women's and men's earnings in the United States overall will not close until the year 2058. Florida is projected to be the first state in the nation where women's median annual earnings will reach parity with men's, but not until the year 2038. In five states—West Virginia, Utah, North Dakota, Louisiana, and Wyoming—women's earnings are not expected to equal men's until the next century.
 - The percent of women in poverty has increased over the past decade. In 2013, 14.5 percent of women had family incomes below the federal poverty line, compared with 12.1 percent in 2002 (yet during this time, assistance to low-income families has increased, but this assistance is generally not measured in the official poverty rate).
 - Between 2004 and 2015, the share of public officials—including the Governor (or mayor for the District of Columbia) and state legislators (or city council members for the District of Columbia)—who were pro-choice increased in 14 states and decreased in 22 states. The share of pro-choice officials stayed the same in the other 14 states and the District of Columbia.
 - Between 2001 and 2013, the median percentage of women aged 18 and older who have ever been told they have diabetes increased about 49 percent, from 6.5 to 9.7 percent.
 - The median number of days per month on which women in the United States report experiencing poor mental health increased from 3.8 to 4.2 between 2000 and 2013. Only four jurisdictions—the District of Columbia, New Mexico, Virginia, and Wisconsin—improved on this indicator during this time period.
- In addition, women continue to experience disparities by race/ethnicity, age, sexual orientation, union status, and immigrant status in states across the nation.
- Women of color are 18 percent of the U.S. population aged 18 and older, but hold just 7.4 percent (32 of

435 representatives) of seats in the U.S. House of Representatives. As of 2015, there is only one woman of color serving in the U.S. Senate (1.0 percent).

- Women's earnings vary considerably by race and ethnicity. Asian/Pacific Islander women have the highest median annual earnings at \$46,000, followed by white women (\$40,000). Native American and Hispanic women have the lowest earnings at \$31,000 and \$28,000, respectively. Among Asian/Pacific Islander women, Indian women have the highest median annual earnings at \$60,879—more than twice the earnings of the lowest earning group, the Hmong (\$30,000). Among Hispanic women, those of Argentinian descent have the highest earnings at \$40,804, while women of Honduran and Guatemalan descent have the lowest earnings at \$22,784 and \$23,337. Among Native American women, median annual earnings are highest among the Chickasaw (\$42,000) and lowest among the Sioux (\$28,410) and Apache (\$28,500).
- Like women overall, millennial women (aged 16–34) face a gender wage gap, albeit one that is narrower than the wage gap between all women and men. In 2013, median annual earnings for millennial women in the United States working full-time, year-round were \$30,000, compared with \$35,000 for their male counterparts, resulting in an earnings ratio of 85.7 percent. Between 2011 and 2013, millennial women earned less than millennial men in all but one state, New York, where women of this age range earned \$38,319 compared with \$37,542 for men.
- Millennial women aged 25 and older are considerably more likely than millennial men to have a bachelor's degree or higher (36.3 percent of millennial women in the nation overall compared with 28.3 percent of millennial men), yet they are much more likely than their male counterparts to live in poverty (22.4 percent of millennial women aged 16–34 compared with 16.8 percent of millennial men of this age range are poor). Millennial women have the highest poverty rates in Mississippi (33.9 percent) and New Mexico (30.9 percent), and the lowest rates in Alaska and Maryland (14.0 percent each).
- Women who are represented by labor unions earn 88.7 cents on the dollar compared with their male counterparts, which is considerably better than the earnings ratio among all women and men in the United States. Women who are union members (or covered by a union contract) are also more likely to participate in a pension plan than those who are not unionized. Approximately three in four unionized women (74.1 percent) have a pension plan, compared with slightly more than four in ten (42.3 percent) of their nonunion counterparts.
- Older women (aged 65 and older) are much less likely than older men to have a bachelor's degree or higher (19.6 percent of older women compared with 29.9 percent of older men). Older women (11.3 percent) are also more likely than their male counterparts (7.4 percent) to live in poverty.
- Immigrant women are more likely than U.S.-born women to live in poverty (19.7 percent compared with 14.7 percent). Among the ten largest sending countries, immigrant women from the Dominican Republic (30.3 percent), Mexico (30.0 percent), Cuba (22.6 percent), and El Salvador (20.8 percent) have the highest poverty rates.
- Women who live with a same-sex partner have higher median annual earnings and levels of education than both married women in different-sex households and women who live in a cohabiting relationship with a different-sex partner. Yet, approximately 7.4 percent of women who live with a same-sex partner are poor, compared with 6.2 percent of women married to men. Single women and women who live with (but are not married to) a different-sex partner have much higher poverty rates, at 24.5 and 14.3 percent, respectively.
- Among the largest racial and ethnic groups, black women have the highest mortality rate from heart disease (177.7 per 100,000) and are more than twice as likely to die of heart disease as Asian/Pacific Islander women, the group with the lowest rate (74.9 per 100,000).
- Millennial women aged 18–34 report having, on average, 4.9 days per month of poor mental health, compared with 3.6 days for millennial men and 4.3 days for women overall. Millennial women report the highest average number of days per month of poor mental health in Arkansas (6.5) and the lowest in New Jersey (3.7).

Best and Worst States Overall

Women's status varies widely not only by contextual factors such as race/ethnicity, age, and sexual orientation but also by state. IWPR used two criteria to select the best and worst states: the best states must 1) rank in the top ten on at least one composite index of women's status, and 2) never rank in the bottom half of all states. Honorable mention is given to states that rank in the top half on all the composite indices. The worst states 1) rank in the bottom ten on at least one composite index of women's status, and 2) never rank in the top half of all states. Dishonorable mention is given to states that rank in the bottom half on all composite indices (see Appendices A1–A6 for details on the methodology for ranking the states on the composite indices).

Best and Worst States for Women in 2015

Best States

1. Minnesota
2. Connecticut (tied)
2. Massachusetts (tied)
2. Vermont (tied)
5. California (tied)
5. Hawaii (tied)
5. Maryland (tied)
5. Oregon (tied)
9. Colorado (tied)
9. Rhode Island (tied)
11. Maine (tied)
11. Washington (tied)

Worst States

51. Alabama (tied)
51. Mississippi (tied)
49. Kentucky (tied)
49. Tennessee (tied)
47. Florida (tied)
47. Texas (tied)

Dishonorable Mention

Ohio

Each of the best states for women appears in the top ten on at least one composite index; none appears below the midpoint of all states on any of the composite indices. Twelve 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. Six states meet these criteria. For more on the methodology for ranking the states and for source information, see Appendices 1–6.

No state received honorable mention (given to states that rank in the top half of all states on all of the composite indices but never rank in the top ten of all states). Ohio received a dishonorable mention because it ranked below the midpoint of all states on each of the composite indices, yet never ranked in the bottom ten of all states for any composite.

Overall, the best state for women in 2013 is Minnesota, which ranks in the top ten on five of the six composite indices. Connecticut, Massachusetts, and Vermont—which all rank in the top ten on four indices—tied for second place. California, Hawaii, Maryland, and Oregon tied for fifth place; each ranks in the top ten on three of the six composite indices. Colorado and Rhode Island both rank in the top ten on two indices and tie for ninth place, and Maine and Washington rank in the top ten on one index and tie for 11th place. No state receives an honorable mention.

The worst states for women are Alabama and Mississippi, which rank in the bottom ten on four of the six composite indices. Kentucky and Tennessee rank in the bottom ten on three indices and tie for 49th place. Florida and Texas both rank in the bottom ten on one index, and never rank in the top half; they tie for 47th place. Ohio receives a dishonorable mention for ranking in the bottom half on all six composite indices, without ever ranking in the bottom 10.

Since 2004, there have been some additions to the best states for women.

- The four states that were the best states in 2004—Connecticut, Minnesota, Vermont, and Washington—made the list once again and are joined by eight others, including Oregon—which received an honorable mention in 2004—and California, Colorado, Hawaii, Maine, Maryland, Massachusetts, and Rhode Island.

- Connecticut, Vermont, and Washington have been consistently good states for women; each of these states ranked among the best states in 1998, 2000, 2002, and 2004, as well as in 2015. Minnesota ranked among the best states in each of these years except for 1998.

- 2015 marks the first time that Rhode Island ranks among the best states for women.

Some states have been consistently poor states for women, while others have moved in or out of the group of worst states.

- Mississippi has ranked as the worst state for women in every year that IWPR has calculated the best and worst states (in 1998, 2000, 2002, 2004, and in 2015, when Mississippi tied with Alabama). One other state—Tennessee—has ranked among the worst states for women in all five years. Alabama and Arkansas placed among the worst states in four of the five years.

- Two states that ranked among the worst in 2004—Arkansas and Oklahoma—are not a part of this group in 2015; four other states—Kentucky, Mississippi, Tennessee, and Texas—made the list of worst states in both years. They are joined by Florida, which received a dishonorable mention in 2004, and Alabama, which did not rank among the worst states in 2004 but qualified as a “worst state” in 1998, 2000, and 2002.
- Arkansas and Louisiana narrowly avoided being among the worst states in 2015; Arkansas (which ranked among the worst in 1998, 2000, 2002, and 2004) placed eighth on the Work & Family Composite Index in 2015 but ranked in the bottom ten for all other indices. Louisiana (which ranked among the worst states only in 1998) placed 20th on the Work & Family Index, but ranked in the bottom five on all other indices.

About the Indicators and the Data

The Selection of Indicators

IWPR referred to several sources for guidelines on what to include in *The Status of Women in the States* reports when developing the project in the mid-1990s. The Beijing Declaration and Platform for Action from the U.N. Fourth World Conference on Women guided some of IWPR’s 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 women’s advancement. IWPR also worked with state advisory committees between 1996 and 2004 to produce a report for each of the 50 states and the District of Columbia; these committees 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.

Ultimately, IWPR selected indicators by using several principles: relevance, representativeness, reliability, efficiency, and comparability of data across all the states and the District of Columbia. Many of the indicators presented in IWPR’s earlier reports (1996, 1998, 2000, 2002, and 2004) are also presented here; this continuity allows for comparisons across time. Several indicators, however, were changed for this report in response to policy developments. For example, an indicator on second-parent adoption was modified to include the

recognition of same-sex marriage in states across the nation, a change that allows same-sex couples greater freedom to form the families they desire. An indicator on state contraceptive equity laws was replaced with one on Medicaid expansions. In addition, an indicator on women’s institutional resources—which in 2002 and 2004 included women’s commissions and legislative caucuses, and in 1996 and 1998 also included a women’s economic agenda project—was changed to include women’s PACs, state chapters of the National Women’s Political Caucus, and campaign trainings for women, as well as women’s commissions. (For more on these shifts, see the chapters on political participation and reproductive rights.)

To facilitate comparisons among states, IWPR uses only data collected in the same way for each state. Much of the data are from federal government agencies, including the Census Bureau, the Bureau of Labor Statistics, and the Centers for Disease Control and Prevention. Nonprofit and research organizations also provided data that are used in this report.

American Community Survey Data

In previous years, IWPR used the Current Population Survey (CPS), a monthly survey of a nationally representative sample of households conducted jointly by the U.S. Census Bureau and the Bureau of Labor Statistics, to produce statistics for major economic indices and rankings. This report relies primarily on the American Community Survey (ACS) from the Minnesota Population Center’s Integrated Public Use Microdata Series. The ACS is a large annual survey conducted by the U.S. Census Bureau of a representative sample of the entire resident population in the United States, including both households and group quarter (GQ) facilities. The ACS’s larger sample sizes compared with the Current Population Survey make it possible to provide data on women disaggregated by race/ethnicity and age at the state level. For this report, IWPR used 2013 data, the most recent available, for most indicators and combined three years of data (2011, 2012, and 2013) when necessary to ensure sufficient sample sizes. In some cases, IWPR reports national CPS data on an indicator (e.g., median annual earnings and poverty) to provide a direct comparison to earlier years; for these indicators, national estimates based on the ACS are also provided to allow for comparisons with IWPR’s state-level estimates (also based on the ACS). The CPS and ACS represent different surveys with differences in the timing and wording of questions; for

more information on these differences and their impact on economic measures, see Appendices A2 and A4.

Identifying and reporting on geographic areas within states (cities or counties) were beyond the scope of this project, which means that differences in women's status across substate areas are not reflected. While IWPR has addressed such differences in other recent *Status of Women in the States* reports, addressing them was not possible here due to space limitations and resource constraints.

Some of the differences reported between two states—or between a state and the nation—for a given indicator are likely to be statistically significant. That is, they are unlikely to have occurred by chance and probably represent a true difference between 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 or distribution), the more likely it is that the

difference will be statistically significant. Sample sizes differ among the indicators analyzed.

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 and local partners educate the public on issues related to women's well-being; inform policies and programs; make the case for changes that benefit women, including establishing commissions for women, expanding child care subsidies for low-income women, encouraging women to vote and run for office, strengthening supports for women-owned businesses, developing training programs for women to enter nontraditional occupations, and increasing women's access to health care; establish investment priorities; and inspire community efforts to strengthen area economies by increasing the participation of women and improving women's status.



CHAPTER 1

THE STATUS OF WOMEN IN THE STATES: 2015

Political Participation

Introduction

The equal participation of women in politics and government is integral to building strong communities and a vibrant democracy in which women and men can thrive. By voting, running for office, and engaging in civil society as leaders and activists, women shape laws, policies, and decision-making in ways that reflect their interests and needs, as well as those of their families and communities.

Public opinion polling shows that women express different political preferences from men, even in the context of the recent recession and recovery, when the economy and jobs topped the list of priorities for both women and men. A poll conducted by the Pew Research Center (2012) found that women express concern about issues such as education, health care, birth control, abortion, the environment, and Medicare at higher rates than men. Women's engagement in the political process—both voting and running for office—is essential to ensuring that these issues are addressed in ways that reflect their needs. Research indicates that women in elected office make the concerns of women, children, and families integral to their policy agendas (Center for American Women and Politics n.d.; Swers 2002 and 2013).

Today, women constitute a powerful force in the electorate and inform policymaking at all levels of government. Yet, women continue to be underrepresented in governments

Best and Worst States on Women's Political Participation

State	Rank	Grade
New Hampshire	1	B+
Minnesota	2	B
Maine	3	B
Washington	4	B
Massachusetts	5	B-
Utah	50	F
Texas	49	F
West Virginia	48	F
Arkansas	47	F
Louisiana	46	D-

across the nation and face barriers that often make it difficult for them to exercise political power and assume leadership positions in the public sphere. This chapter presents data on several aspects of women's involvement in the political process in the United States: voter registration and turnout, female state and federal elected and appointed representation, and state-based institutional resources for women. It examines how women fare on these indicators of women's status, the progress women have made and where it has stalled, and how racial and ethnic disparities compound gender disparities in specific forms of political participation.

The Political Participation Composite Score

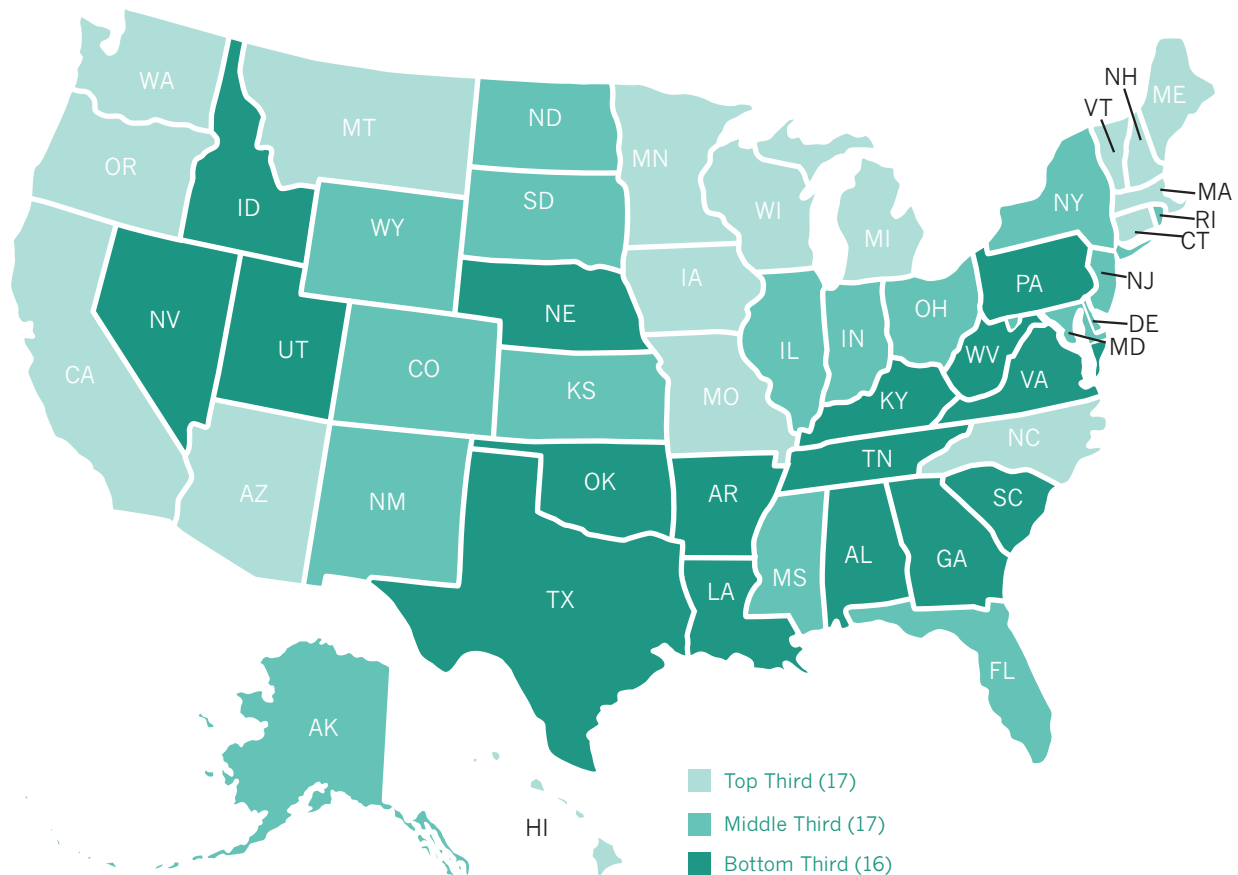
The Political Participation Composite Index combines four component indicators of women's political status: voter registration, voter turnout, representation in elected office, and women's institutional resources. Across the 50 states, composite scores range from a high of 14.40 to a low of -8.12 (Table 1.1), with the higher scores reflecting a stronger performance in this area of women's status and receiving higher letter grades.

- New Hampshire has the highest score for women's overall levels of political participation (Table 1.1). It ranks in the top one-third for women's voter registration and voter turnout and is first in the nation for women in elected office, with a score that

is approximately one-third higher than that of the second-ranking state, Washington.¹

- Utah has the lowest levels of women's political participation. The state ranks in the bottom ten for women's voter registration, women's voter turnout, and women in elected office, and is 36th for the number of institutional resources in the state.
- Women's political participation is highest overall in New England (with New Hampshire, Maine, and Massachusetts all in the top ten states), the Midwest (with Minnesota, Wisconsin, and Iowa ranking in the top ten), and the Pacific West (with California, Oregon, and Washington also among the ten best-ranking states). Montana also ranks in the best ten.

Map 1.1. Political Participation Composite Index



Note: For methodology and sources, see Appendix A1. Calculated by the Institute for Women's Policy Research.

¹Percentages reflect the shares who reported being registered to vote or reported voting, including noncitizens who are ineligible. In 2012, 72.9 percent of U.S. citizen women aged 18 and older reported registering to vote and 63.7 percent reported voting, compared with 67.0 percent of all women aged 18 and older who reported registering to vote and 58.5 percent who reported voting (U.S. Department of Commerce 2013). State-by-state data on voter registration and turnout for both the adult citizen population and the total adult population are available at <http://www.census.gov/hhes/www/socdemo/voting/publications/p20/2012/tables.html>. IWPR selected the larger population base for this indicator because the lack of voting by noncitizens accurately reflects the lack of political voice for this population.

Table 1.1.

How the States Measure Up: Women's Status on the Political Participation Composite Index and Its Components

State	Composite Index			Women in Elected Office Index		Percent of Women Registered to Vote, 2010/2012 Average		Percent of Women Who Voted, 2010/2012 Average		Women's Institutional Resources Index	
	Score	Rank	Grade	Score	Rank	Percent	Rank	Percent	Rank	Score	Rank
Alabama	-4.15	41	D-	1.28	43	68.8%	22	52.9%	28	1.00	25
Alaska	-1.75	33	D	1.95	29	67.0%	26	52.7%	29	0.50	36
Arizona	1.79	14	C	2.73	9	59.3%	46	46.8%	43	1.50	11
Arkansas	-5.93	47	F	1.51	38	62.8%	41	46.2%	44	0.50	36
California	4.84	8	C+	3.38	3	53.8%	50	44.7%	50	2.00	1
Colorado	0.77	19	C-	2.22	18	67.2%	25	59.1%	8	0.50	36
Connecticut	2.32	12	C	2.60	10	65.0%	34	53.2%	27	1.00	25
Delaware	-1.28	30	D+	1.72	33	67.3%	24	57.6%	15	1.00	25
District of Columbia	N/A	N/A	N/A	N/A	N/A	69.9%	17	57.2%	18	1.00	25
Florida	-0.93	27	D+	2.00	27	60.0%	44	48.0%	39	2.00	1
Georgia	-5.18	44	D-	1.01	49	63.4%	38	50.8%	33	2.00	1
Hawaii	1.22	17	C-	2.89	8	52.3%	51	45.1%	49	1.50	11
Idaho	-3.71	40	D-	1.64	37	63.9%	36	54.0%	23	0.50	36
Illinois	-0.86	26	D+	2.23	17	65.9%	32	50.5%	35	0.50	36
Indiana	0.17	20	C-	2.20	20	65.2%	33	48.1%	38	1.50	11
Iowa	2.90	9	C	2.07	22	73.3%	8	60.2%	5	1.50	11
Kansas	-1.54	32	D	1.70	35	69.8%	18	54.1%	22	1.00	25
Kentucky	-2.77	36	D	1.13	46	71.0%	13	53.6%	26	2.00	1
Louisiana	-5.55	46	D-	0.58	50	76.9%	2	58.7%	10	1.00	25
Maine	9.09	3	B	3.15	4	76.8%	3	64.3%	2	1.00	25
Maryland	1.16	18	C-	2.32	15	63.3%	39	52.1%	30	1.50	11
Massachusetts	7.82	5	B-	3.03	6	69.7%	19	57.4%	16	2.00	1
Michigan	1.74	15	C	2.01	26	73.0%	9	55.7%	19	1.50	11
Minnesota	9.86	2	B	3.12	5	73.6%	7	63.0%	4	2.00	1
Mississippi	-1.21	28	D+	1.29	42	80.8%	1	63.3%	3	0.50	36
Missouri	2.37	11	C	2.04	24	71.9%	11	54.6%	21	2.00	1
Montana	2.80	10	C	2.58	11	68.9%	21	58.1%	14	0.50	36
Nebraska	-2.81	37	D	1.93	30	64.9%	35	49.4%	37	0.50	36
Nevada	-4.46	42	D-	2.02	25	56.2%	49	45.4%	46	0.50	36
New Hampshire	14.40	1	B+	4.58	1	70.1%	16	57.3%	17	1.00	25
New Jersey	-1.49	31	D	1.85	31	61.9%	42	47.3%	40	2.00	1
New Mexico	-0.07	23	C-	2.26	16	59.9%	45	49.8%	36	1.50	11
New York	-0.06	22	C-	2.41	12	59.2%	47	45.8%	45	1.50	11
North Carolina	1.59	16	C-	2.07	22	70.6%	14	55.1%	20	1.50	11
North Dakota	0.16	21	C-	2.09	21	73.7%	6	58.2%	13	0.00	51
Ohio	-1.21	28	D+	1.66	36	68.4%	23	53.8%	25	1.50	11
Oklahoma	-2.76	35	D	1.72	33	63.7%	37	47.2%	41	1.50	11
Oregon	6.82	6	B-	2.91	7	70.4%	15	59.8%	6	1.50	11
Pennsylvania	-5.29	45	D-	1.02	48	66.9%	27	51.4%	32	1.50	11
Rhode Island	-0.14	24	D+	2.34	14	66.4%	30	50.8%	33	0.50	36
South Carolina	-3.09	39	D-	1.20	44	71.7%	12	59.0%	9	1.00	25
South Dakota	-0.75	25	D+	1.79	32	72.2%	10	58.6%	11	0.50	36
Tennessee	-3.01	38	D-	1.45	39	66.1%	31	46.9%	42	2.00	1
Texas	-6.22	49	F	1.30	41	57.8%	48	40.9%	51	2.00	1
Utah	-8.12	50	F	1.20	44	60.4%	43	45.4%	46	0.50	36
Vermont	1.97	13	C	2.22	18	74.2%	5	59.2%	7	0.50	36
Virginia	-4.67	43	D-	1.12	47	66.7%	28	52.1%	30	1.50	11
Washington	8.35	4	B	3.45	2	69.0%	20	58.4%	12	1.00	25
West Virginia	-6.08	48	F	1.39	40	66.5%	29	45.4%	46	0.50	36
Wisconsin	4.90	7	C+	2.41	12	74.9%	4	64.8%	1	1.00	25
Wyoming	-1.97	34	D	1.99	28	63.1%	40	54.0%	23	0.50	36
United States				2.04		64.3%		50.6%		1.00	(median)

Notes: N/A: The District of Columbia is not included in the women in elected office index and Composite Index rankings. Data on voter registration and turnout include all women aged 18 and older who reported registering to vote and voting. See Appendix A1 for methodology and sources.
 Calculated by the Institute for Women's Policy Research.

- Women's political participation is lowest overall in the South (see Map 1.1). Alabama, Arkansas, Georgia, Louisiana, Texas, Virginia, and West Virginia all rank in the bottom ten. Nevada and Pennsylvania are also a part of this group, along with the worst-ranking state, Utah.
- The highest grade on the Political Participation Composite Index is a B+ (Table 1.1), which was given to one state, New Hampshire. This grade reflects the state's comparatively high levels of women's political participation, but it also points to the need for improvement in this area of women's status. Arkansas, Texas, Utah, and West Virginia all received a grade of F. For information on how grades are determined, see Appendix A1.
- Women held 1,786 of 7,383 seats in state legislatures across the country in 2015 (24.2 percent), compared with 1,659 of 7,382 seats (22.5 percent) in 2004 (CAWP 2015a; IWPR 2004).
- The number of women in statewide elective executive office declined from 81 (out of 315) in 2004 to 78 (out of 317) in 2015 (CAWP 2004a; CAWP 2015b; CAWP 2015h).²
- In the 1998 and 2000 elections combined, 64.6 percent of women aged 18 and older registered to vote and 49.3 percent voted. In the 2010 and 2012 elections combined, 64.3 percent of women registered to vote, and 50.6 percent went to the polls (Table 1.1; IWPR 2004).

Trends in Women's Political Participation

Between 2004 and 2015, the number and share of women in state legislatures and in the U.S. Senate and House of Representatives increased, while the number and share of women in statewide elective executive office declined (CAWP 2015a; IWPR 2004). Women's voter registration and turnout also showed signs of both progress and lack of progress: the percentage of women who registered to vote was lower in the 2010/2012 elections than in the 1998/2000 elections, but the percentage of women who went to the polls increased during this period (Table 1.1; IWPR 2004).

- In 2015, 20 of 100 members of the U.S. Senate (20 percent) and 84 of 435 members of the U.S. House of Representatives (19.3 percent) are women. These numbers represent an increase since 2004, when women held 14 of 100 seats in the U.S. Senate and 60 of 435 seats in the U.S. House of Representatives (CAWP 2015a; IWPR 2004). Still, even though at an all-time high for the U.S. Congress, the share of seats held by women in the U.S. Congress is well below women's share of the overall population.
- IWPR has calculated that at the rate of progress since 1960, women will not achieve 50 percent of seats in the U.S. Congress until 2117 (IWPR 2015a).

Voter Registration and Turnout

Voting is a critical way for women to express their concerns and ensure that their priorities are fully taken into account in public policy debates and decisions. By voting, women help to choose leaders who represent their interests and concerns. Although women in the United States were denied the right to vote until 1920 and in the following decades were often not considered serious political actors (Carroll and Zerrilli 1993), women today have a significant voice in deciding the outcomes of U.S. political elections. In the nation as a whole, women make up a majority of registered voters and have voted since 1980 at higher rates in presidential elections than men (Center for American Women and Politics 2015c).

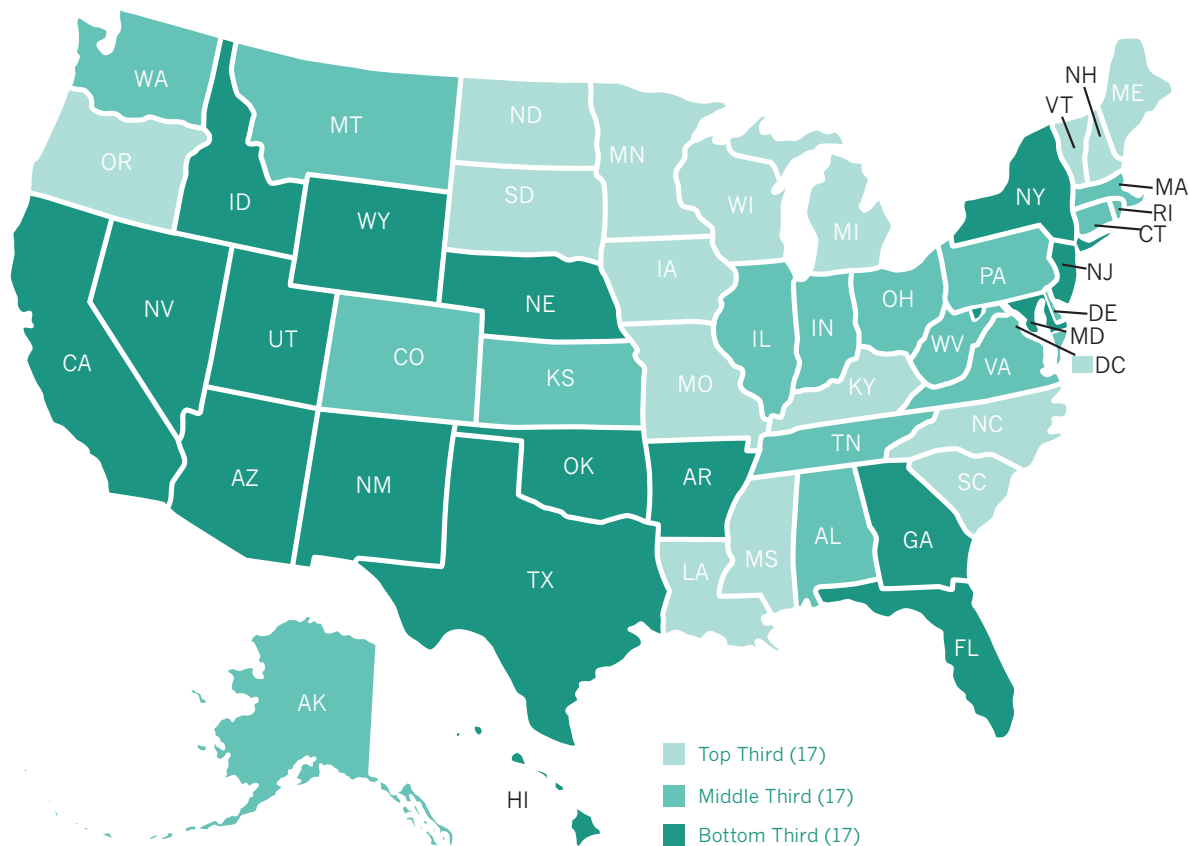
Women's stronger voter turnout relative to men's in the United States reflects an ongoing worldwide struggle to increase women's political participation. National-level efforts to expand opportunities for women to engage in political processes, and the international movement for women's rights, have helped to make the inclusion of women in the electorate acceptable in countries around the world. Although women's political participation varies among nations, women today vote in all countries with legislatures except Saudi Arabia, sometimes at higher rates than men (Paxton, Kunovich, and Hughes 2007).

²The number of available statewide elected executive offices for 2015 is based on unpublished data provided by the Center on American Women and Politics (CAWP 2015b) and differs slightly from the number provided in CAWP's published fact sheet on statewide elected executive offices (318; CAWP 2015a).

In the United States, women are considerably more likely to be registered to vote and to go to the polls than men. Nationally, 61.5 percent of women were registered to vote in the 2010 midterm election and 42.7 percent voted, compared with 57.9 percent of men who registered to vote and 40.9 percent who cast a ballot (U.S. Department of Commerce 2011). In the 2012 general election, 67.0 percent of women were registered to vote and 58.5 percent voted, compared with 63.1 percent and 54.4 percent of men (U.S. Department of Commerce 2013). Registration and turnout are higher for both women and men in presidential election years than in midterm election years, when, in terms of national office, only members of Congress are elected.

Women’s voting rates vary across the largest racial and ethnic groups. In 2012, black and non-Hispanic white women had the highest voting rates among the total female population aged 18 and older, at 66.1 percent and 64.5 percent, respectively (U.S. Department of Commerce 2013). Their voting rates were approximately twice as high as the rates for Hispanic women (33.9 percent) and Asian women (32.0 percent; published rates from the U.S. Census Bureau are not available for Native American women).³ The higher voting rate among black women compared with non-Hispanic white women reflects a shift that first occurred in the 2008 elections, differing from the voting patterns of the elections up to 2004, when a larger share of white women had voted compared with any other group of women (U.S. Department of Commerce N.d.).

Map 1.2. Women’s Voter Registration, 2010 and 2012 Combined



Note: Average percent of all women aged 18 and older who reported registering for the congressional and presidential elections of 2010 and 2012.

Source: U.S. Department of Commerce, Bureau of the Census 2011 and 2013.
 Compiled by the Institute for Women’s Policy Research.

³Asians here do not include Pacific Islanders.

Best and Worst States on Women's Voter Registration, 2010 and 2012 Combined

State	Percent	Rank
Mississippi	80.8%	1
Louisiana	76.9%	2
Maine	76.8%	3
Wisconsin	74.9%	4
Vermont	74.2%	5
Hawaii	52.3%	51
California	53.8%	50
Nevada	56.2%	49
Texas	57.8%	48
New York	59.2%	47

This change likely stems from the participation of the nation's first African American candidate in the presidential election (Philpot, Shaw, and McGowen 2009).

Nationwide, voting rates also vary considerably among women of different ages. Young women have a much lower voting rate than older women. In the 2012 election, 41.3 percent of women aged 18–24 voted, compared with 58.5 percent of adult women overall. Women aged 65–74 had the highest voting rate in 2012 at 70.1 percent, followed by women aged 75 years and older (65.6 percent), women aged 45–64 years (65.0 percent), and women aged 25–44 years (52.6 percent; U.S. Department of Commerce 2013). Overall, 81.7 million women reported having registered to vote in 2012 and 71.4 million voted, compared with approximately 71.5 million men who said they had registered to vote and 61.6 million who cast a ballot (U.S. Department of Commerce 2013).

Women's voter registration rates vary across states (Map 1.2).

- Mississippi and Louisiana had the highest voter registration rates for women in 2010 and 2012 combined at 80.8 percent and 76.9 percent, respectively. Six states in the Midwest—Iowa, Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin—and two states in the Northeast (Maine and Vermont) were also in the top ten (Table 1.2).⁴

- Women's voter registration is lowest overall in the western part of the United States. Hawaii had the lowest reported women's voter registration rate in 2010/2012 at 52.3 percent, followed by California (53.8 percent) and Nevada (56.2 percent). Texas, Arizona, New Mexico, and Utah also rank in the bottom ten. They are joined by two Mid-Atlantic states—New Jersey and New York—and one Southern state (Florida; Table 1.1).

- In 2010, women were more likely to be registered to vote than men in all but three states: Alaska, Montana, and New Hampshire. The state with the greatest gender gap in voter registration was Mississippi, where women's voter registration exceeded men's by 9.5 percentage points (U.S. Department of Commerce 2011). In 2012, the same general pattern held true: a higher percentage of women were registered to vote than men in all but two states, Arizona and North Dakota. South Carolina had the largest gender gap in voter registration in this year, with a rate for women that was 8.4 percentage points higher than the rate for men (Table 1.1; U.S. Department of Commerce 2013).

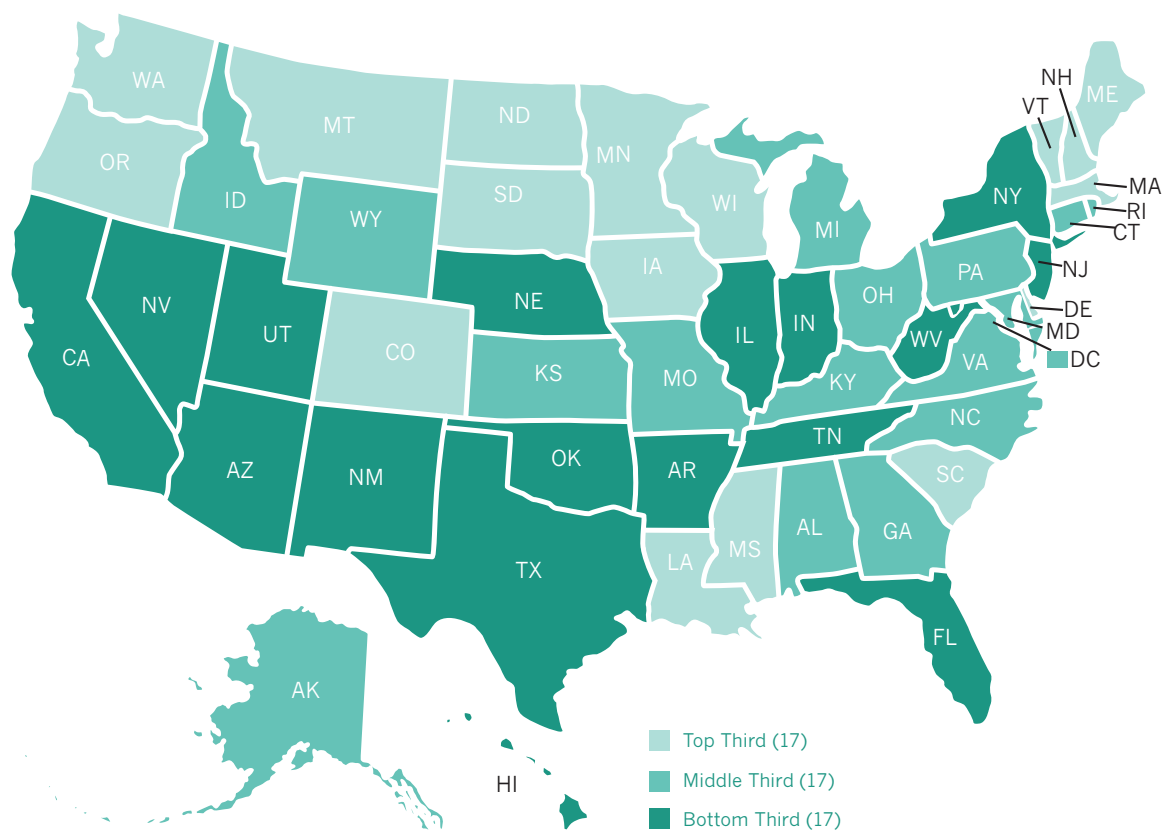
- In 26 states, women's voter registration increased between the 1998/2000 elections and the 2010/2012 elections, while in 24 states and the District of Columbia women's voter registration decreased. The states with the largest increases in women's voter registration were Mississippi (6.0 percentage points) and Arizona (5.1 percentage points). The states with the greatest decreases were North Dakota and Minnesota (17.4 and 7.4 percentage points, respectively; Table 1.1 and IWPR 2004).

Women's voter turnout also varies among the states.

- Wisconsin had the highest women's voter turnout in the country in 2010/2012 at 64.8 percent, followed by Maine (64.3 percent) and Mississippi (63.3 percent). Other states that ranked in the top ten were geographically diverse: Colorado, Iowa, Louisiana, Minnesota, Oregon, South Carolina, and Vermont (Table 1.1; Map 1.3).

⁴The District of Columbia and 10 states—Colorado, Connecticut, Idaho, Iowa, Maine, Minnesota, Montana, New Hampshire, Wisconsin and Wyoming—allow for same-day voter registration so that a resident of a state can both register and vote on Election Day (California, Hawaii, and Illinois have also enacted same-day registration but have not yet implemented it). Other states mandate that voters register by a deadline prior to Election Day, with most deadlines ranging from eight days to a month before Election Day (National Conference of State Legislatures 2015). Of the states that offer same day registration, three—Maine, Minnesota, and Iowa—are in the top ten for women's voter registration. North Dakota, which is ranked sixth for women's voter registration, is the only state that does not require voters to register. In 2015, Oregon became the first state to pass an automatic voter registration law, which will use information collected at the DMV to automatically register qualifying residents to vote (Lachman 2015).

Map 1.3. Women's Voter Turnout, 2010 and 2012 Combined



Note: Average percent of all women aged 18 and older who reported voting in the congressional and presidential elections of 2010 and 2012.

Source: U.S. Department of Commerce, Bureau of the Census 2011 and 2013.

Compiled by the Institute for Women's Policy Research.

Best and Worst States on Women's Voter Turnout, 2010 and 2012 Combined

State	Percent	Rank
Wisconsin	64.8%	1
Maine	64.3%	2
Mississippi	63.3%	3
Minnesota	63.0%	4
Iowa	60.2%	5
Texas	40.9%	51
California	44.7%	50
Hawaii	45.1%	49
Nevada	45.4%	46
Utah	45.4%	46
West Virginia	45.4%	46

■ Women's voter turnout was lowest in Texas in 2010/2012, where only 40.9 percent of women reported voting. Voter turnout in Texas was substantially

lower than in the second and third worst states, California (44.7 percent) and Hawaii (45.1 percent). Other states that ranked among the bottom ten for women's voter turnout include Arizona, Arkansas, Nevada, New York, Tennessee, Utah, and West Virginia (Table 1.1).

■ Women's voter turnout was higher than men's in the District of Columbia and 39 states in 2010. Among jurisdictions where women's voter turnout exceeded men's, the greatest differences were in Mississippi (7.6 points) and the District of Columbia (6.1 points). In 2012, women's voter turnout was higher than men's in all but two states, Arizona and North Dakota (the same two states where women's voter registration was also lower than men's in this year). The largest differences in voter turnout rates were in South Carolina and Louisiana, where women's turnout was higher than men's by 10.6 and 9.0 percentage points, respectively (Table 1.1; U.S. Department of Commerce 2011; U.S. Department of Commerce 2013).

The Impact of Voter Identification Laws on Women

Although women constitute a powerful force in the electorate, a new wave of recently passed state voter identification laws has raised concern that some women (and men) may be prevented from casting ballots in future elections. The momentum behind voter identification laws in the United States has increased since the passage of the first “strict” voter identification laws in Georgia and Indiana in 2005, which required voters to show identification at the polling place at which they vote (other states had previously requested, but not required such identification, starting with South Carolina in 1950; National Conference of State Legislatures 2014a). As of March 2015, a total of 34 states had passed voter identification laws (National Conference of State Legislatures 2014b), which varied across states in their requirements and degree of “strictness” (Keysar 2012). Some states require that voters must show government-issued photo identification to vote, while others are more lenient and accept non-photo identification such as a bank statement with name and address (National Conference of State Legislatures 2014b).

Studies focusing on the populations most likely to be affected by voter identification laws indicate that women, especially low-income, older, minority, and married women, may be particularly affected by stringent voter identification laws (Brennan Center for Justice 2006; Gaskins and Iyer 2012; Sobel 2014). For example, women are more likely to be prevented from voting by laws that require them to show multiple forms of identification with the same name—such as a driver’s license and birth certificate—since women who marry and divorce often change their names. A national survey sponsored by the Brennan Center for Justice in 2006 found that more than half of women with access to a birth certificate did not have one that reflected their current name, and only 66 percent of women with access to any proof of citizenship had documents reflecting their current name (Brennan Center for Justice 2006). The Brennan Center survey showed that 11 percent of the 987 randomly selected citizens of voting age did not have a photo ID. Low-income women (and men) who lack photo identification may face barriers like limited transportation and financial costs associated with accessing other identifying documents like birth certificates and marriage licenses; once time, travel, and the costs of documents are factored in, the cost associated with a “free ID card” can range from \$75 to \$175; when legal fees are included, the costs can be as high as \$1,500 (Sobel 2014). These laws could make acquiring an identification card prohibitively expensive for women, who represent a greater share of those in poverty (IWPR 2015b). Older women may also be affected by voter identification card requirements, since older populations are less likely to have a valid identification card than younger eligible voters (Brennan Center for Social Justice 2006).

The U.S. Government Accountability Office (GAO) conducted a quasi-experimental design to see if voter ID laws affected turnout in Kansas and Tennessee by comparing the two states to neighboring states and controlling for certain factors. It found that “turnout among eligible and registered voters declined more in Kansas and Tennessee than it declined in comparison states—by an estimated 1.9 to 2.2 percentage points more in Kansas and 2.2 to 3.2 percentage points more in Tennessee—and the results were consistent across the different data sources and voter populations used in the analysis.” It also found that young voters, those who had been registered for less than one year, and African American voters had turnout reduced by larger amounts (U.S. GAO 2014).

Because the laws are new and their impact is difficult to measure, their effects are not yet fully understood. Recent studies have yielded mixed results; some have found that voter identification laws have a negative impact on voter turnout (Alvarez, Bailey, and Katz 2007; U.S. GAO 2014), while others have deemed the effects of such laws too minimal to make an impact (Mycoff, Wagner, and Wilson 2009). More research is needed to determine exactly how laws that tighten identification rules for voting may affect women and men differentially.

- In 30 states, women’s voter turnout increased between the 1998/2000 elections and the 2010/2012 elections, while in 20 states and the District of Columbia their voter turnout decreased. The states with the largest increases in women’s voter turnout were Mississippi (10.8 percentage points) and North Carolina (8.1 points). The states with the greatest decreases were Alaska (7.8 points) and Wyoming (6.3 points; Table 1.1; IWPR 2004).

The Women in Elected Office Index

Trends in Women’s Share of Elected Officials

Although women have become increasingly active in U.S. politics, the majority of political office holders at the state and federal levels are still male. As of March 2015, women held just 104 of 535 (19.4 percent) seats in the U.S. Congress, 1,786 of 7,383 (24.2 percent) seats in the nation’s state legislatures, and 78 of 317 (24.6 percent) statewide elective executive offices (Table 1.2). Among women of color, the level of representation is especially low: women of color—who constitute approximately 18 percent of the population aged 18 and older (IWPR 2015b)—hold about 6.2 percent of seats in the U.S. Congress, 5.3 percent of seats in state legislatures, and 2.8 percent of statewide elective executive positions (Table 1.2).⁵

While these figures reflect substantial advances for women over the last several decades, little progress has been made in recent years. In 1979, women held 3 percent of seats in the U.S. Congress, 10 percent of state legislature seats, and 11 percent of statewide elective executive offices. The percentage of seats in the U.S. Congress held by women is now six times larger, and the percentage of state legislature and statewide elective executive offices held by women has more than doubled; yet, in the six year period between 2009 and 2015, women’s representation in Congress grew only minimally, from 16.8 percent to 19.4 percent. During this same time period, their representation in statewide elective executive offices also barely changed (increasing slightly from 22.6 percent to 24.6 percent), and their representation in state legislatures decreased from 24.3 percent to 24.2 percent (Figure 1.1).

Table 1.2.
Women of Color in Elected Office in the United States, 2015

Number and Percent of Women in the U.S. Congress	104 of 535	19.4%
U.S. Senate	20 of 100	20.0%
Women of Color	1	1.0%
U.S. House	84 of 435	19.3%
Women of Color	32	7.4%
Number and Percent of State Senate and House Seats Held by Women	1,786 of 7,383	24.2%
State Senate	436 of 1,972	22.1%
Women of Color	102	5.2%
State House	1,350 of 5,411	24.9%
Women of Color	288	5.3%
Number and Percent of Women in Statewide Executive Elected Office	78 of 317	24.6%
Women of Color	9	2.8%

Source: Center for American Women and Politics (CAWP) 2015a, 2015b, 2015d, and 2015e.

Research suggests that women generally win elected office at similar rates as men (Dolan 2004), but fewer women run for office (Lawless and Fox 2008). Other studies emphasize the barriers women face nearly every step of the way (Baer and Hartmann 2014). Women are less likely than men to decide to run on their own and need to be recruited to run for office (Sanbonmatsu, Carroll, and Walsh 2009; Carroll and Sanbonmatsu 2013), yet women are much less likely than men to be encouraged to run (Lawless and Fox 2010) and to have access to networks of political leaders who could help them get elected (Goetz 2007). For some women, the lack of supportive policies for working families in the United States—such as subsidized child care and paid maternity and caregiving leaves—may be a deterrent to running for elected office. One study that investigated how women make the decision to run for elected office also found that in some cases, women are discouraged by political party leaders, their peers, or other elected officeholders from running for or serving in higher offices (Baer and Hartmann 2014).

⁵ The number of women of color in state legislatures is based on unpublished data provided by CAWP (CAWP 2015e) and differs slightly from the number provided in CAWP’s published fact sheet on women of color in elective office (387; CAWP 2015m).

Barriers to Political Office for Women

Women's active participation in elective office is critical to ensuring the democratic character of our nation. Still, women are largely underrepresented at every level of office, and progress toward achieving parity has nearly stalled.

In a recent report, *Shifting Gears: How Women Navigate the Road to Higher Office* (Hunt Alternatives Fund 2014), Political Parity, a program of the Hunt Alternatives Fund, has identified the barriers women face in seeking political office, especially in attempting to move to higher political office (such as governorships and positions in the U.S. Congress). The report uses the analogy of the “driver” and “the road” to describe the debate in the political science field about whether women are holding themselves back because they have less ambition (Lawless and Fox 2012) or whether women are held back by various pot holes and barriers along the road (Baer and Hartmann 2014; Carroll and Sanbonmatsu 2013). It suggests that both the driver and the road are essential to any journey. Women are often seen to perform as well as men when they campaign for office—with similar fundraising totals and electoral success—yet fewer women decide to pursue candidacy.

One study on the “driver” side attributes the underrepresentation of women in higher office to a gender gap in political ambition (Lawless and Fox 2012). The study analyzed data from a survey of 4,000 male and female potential candidates—those who are well situated to pursue candidacy—and found that 62 percent of men, compared with 46 percent of women had ever considered running for office, and 22 percent of men and 14 percent of women were interested in running for office in the future. On the “road” side, a qualitative study of 60 women candidates who have run for the U.S. Congress or for state and local offices (or have seriously considered running for office) identified barriers women face to running for higher office, and action items for increasing the number of women in elected office. Among the most cited barriers were fundraising, which must be ramped up to a much higher level when running for Congress or a state-wide office—making the ask, developing relationships with donors so that when asked, donors respond, and having access to good call lists—as well as campaigning while female, balancing family obligations and office holding with campaigning, and the dominance of informal, male political networks that often exclude women (Baer and Hartmann 2014).

Proposed action items for increasing the number of female officeholders include recruiting and asking women to run; expanding and enhancing woman-centered campaign training, especially on-going training that emphasizes pursuing politics as a career and making longer run plans for strategically choosing which offices to seek; launching an organized effort to build the pipeline to office and improve strategic race placement; providing for mentoring and sponsorship of women candidates and elected officials; increasing understanding of fundraising, which includes building relationships with sponsors, who may be established office holders or those who do not hold political office but often support candidates they think can be successful; strengthening networks of women's organizations; raising awareness among the public of female role models and increasing respect for women; and making campaigning and office holding more family-friendly (Political Parity 2014). Many of these strategies require that outside groups, such as a strengthened network of women's organizations, become more active in supporting women who run for office (Baer and Hartmann 2014; Carroll and Sanbonmatsu 2013).

Following through with these recommendations may make the difference in encouraging more women to run for office and in helping them excel once they get there. Only then will our institutions of government be able to fully elevate women's perspectives and policy priorities and will the nation be able to benefit from women's leadership.

How the States Compare: Women in Elected Office

The Women in Elected Office index measures women’s representation at state and national levels of government: the U.S. Congress, statewide elective offices, and state legislatures.

- New Hampshire has the highest score on the elected office index, followed by Washington and California (Table 1.1).
- Louisiana has the lowest score on the index on women in elected office, followed by Georgia and Pennsylvania.
- The states with the highest scores are in New England and the West (Table 1.1; Map 1.4). In addition to New Hampshire, three New England states—Connecticut, Maine, and Massachusetts—rank in the top ten. Two western states in addition to California and Washington—Oregon and Hawaii—are also in the best-ranking group. Other states in the top ten include Arizona and Minnesota.
- The states with the worst scores on women in elected office are primarily in the South. In addition to Louisiana and Georgia, six Southern states—Alabama, Kentucky, Mississippi, South Carolina, Texas, and Virginia—are in the bottom ten. Pennsylvania and Utah also rank in the bottom ten for women’s representation in elected office.

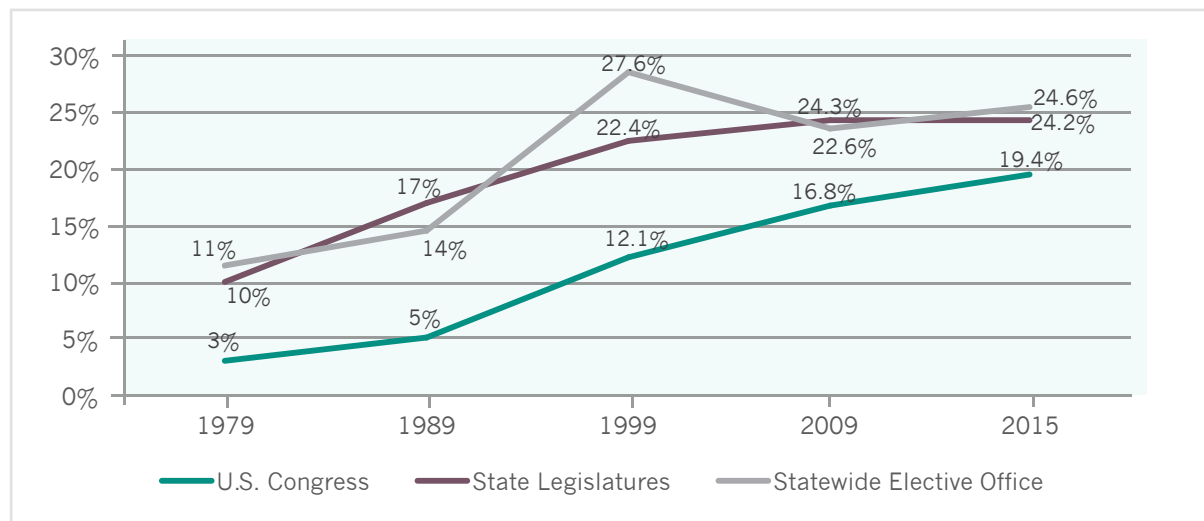
Best and Worst States on Women in Elected Office, 2015

State	Score	Rank
New Hampshire	4.58	1
Washington	3.45	2
California	3.38	3
Maine	3.15	4
Minnesota	3.12	5
Louisiana	0.58	50
Georgia	1.01	49
Pennsylvania	1.02	48
Virginia	1.12	47
Kentucky	1.13	46

Figure 1.2 demonstrates the percent change in states’ scores in the women in elected office index between 2004 and 2015. Twenty-three states declined in women’s representation, while 27 states improved their score. Among the states that increased their score, New Hampshire (281.6 percent), New Jersey (121.3 percent), and Rhode Island (106.0 percent) all more than doubled their score. Louisiana (-77.7 percent), Delaware (-50.8 percent), and Michigan (-44.4 percent) experienced the largest declines.

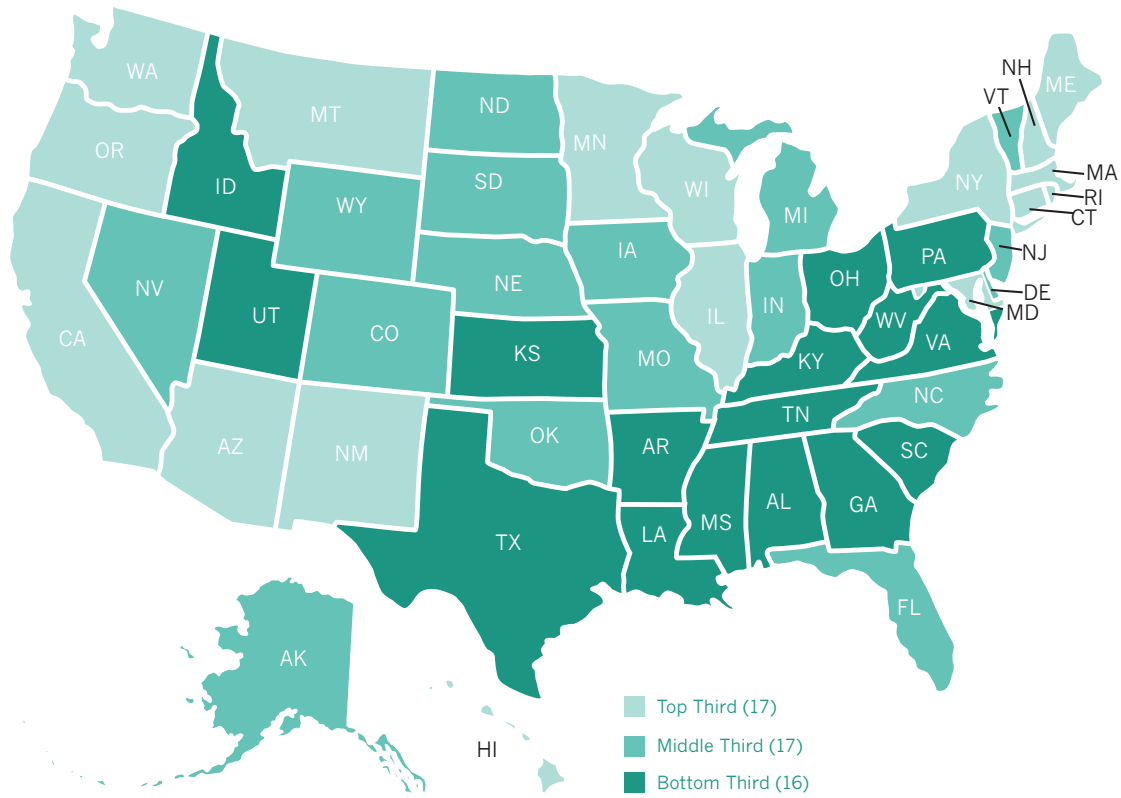
New Hampshire’s substantial gains place it first on the women in elected office index (up from 42nd place in 2004). Three of its four Congressional seats (both

Figure 1.1. Share of Elective Offices Held by Women, United States



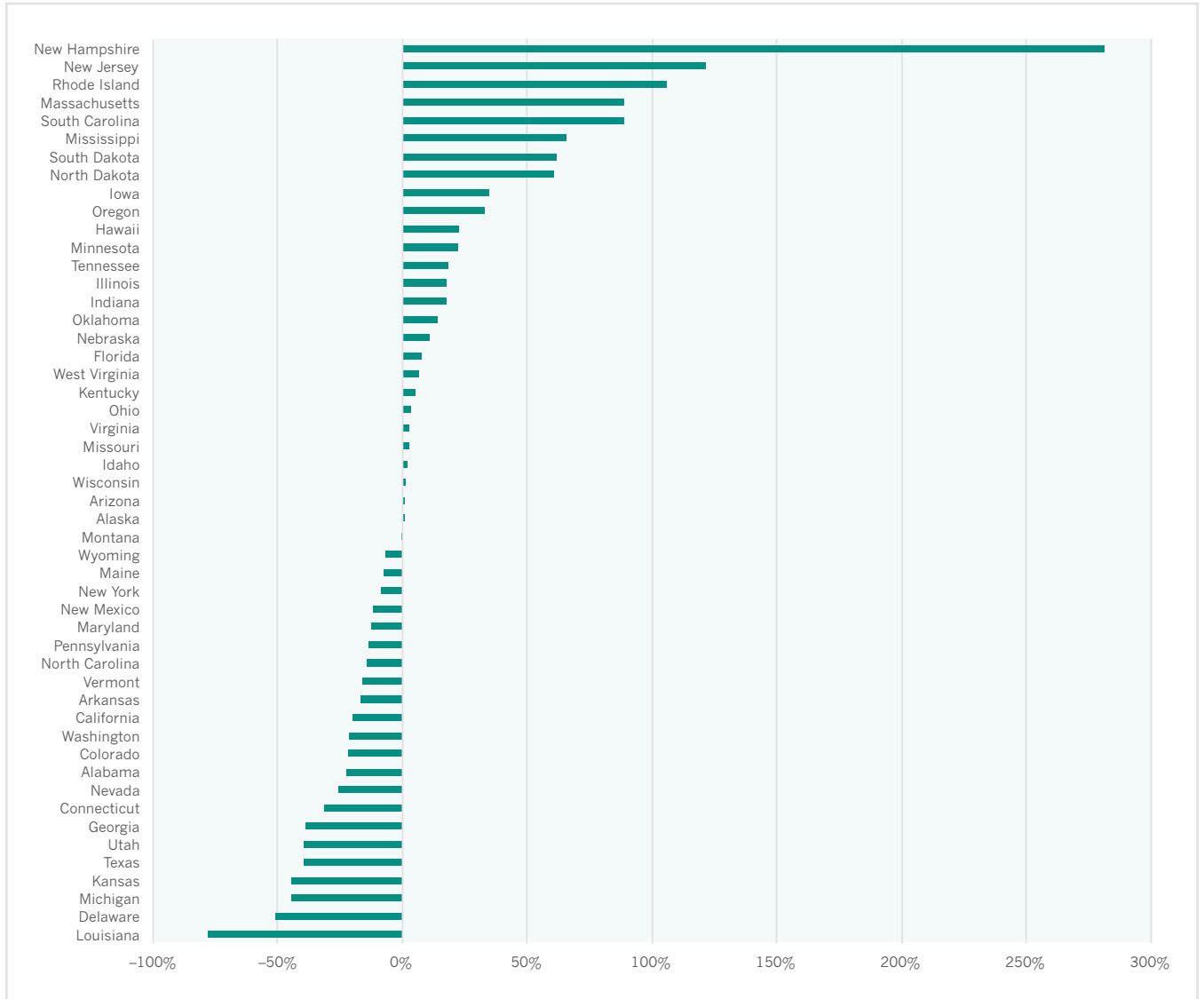
Source: IWPR compilation of data from the Center for American Women and Politics 2015a.

Map 1.4. Women in Elected Office, 2015



Note: Index of share of state and national elected officials who are women, 2015.
 Source: Center for American Women and Politics 2015b, 2015f, 2015g, 2015h, and 2015i.
 Calculated by the Institute for Women's Policy Research.

Figure 1.2.
 Percent Change in Women in Elected Office Composite Score, 2004–2015



Source: Table 1.1 and IWPR 2004.

Campaigning-While-Female

“Campaigning-while-female” refers to experiences that many women running for elective office believe are different from men’s. Campaigning-while-female highlights experiences that differ from incidents of discrimination. Discrimination is seen in instances where women candidates and elected officials may receive fewer resources such as campaign donations and party financial support, or fewer opportunities to sponsor legislation or participate in influential committees (Baer and Hartmann 2014). Rather, campaigning-while-female refers to a range of inappropriate and sexist comments and behaviors, such as a focus on outward appearance, questioning of qualifications for office, and increased curiosity about a woman’s personal life, such as her role as a wife and mother. While male candidates may also experience unwelcome curiosity about their private lives, women believe these concerns are expressed much more strongly to women candidates, including frequent comments, for single women, on their dating life (Baer and Hartmann 2014). Women candidates and elected officials have expressed the need to be always “on,” to always observe societal norms for how a woman in leadership should act and look. Many have experienced the “double bind” and seek to overcome it—they act like strong leaders but hope to escape the stigma of being labeled an aggressive woman (Political Parity 2014).

Campaigning-while-female is relatively common; one study of women candidates and elective officials found that approximately nine in ten (88 percent) participants said women’s campaign experiences are different from men’s (Baer and Hartmann 2014). The most notorious example of campaigning-while-female came about during the 2008 presidential election, when Democratic candidate Hillary Clinton and Republican Vice Presidential nominee Sarah Palin were often portrayed as the “bitch” and the “ditz” (*New York Magazine* 2008). This sexist treatment is most commonly associated with media coverage, but women also receive it from constituents, donors, peers and colleagues, and political party operatives and leaders.

The sexist treatment of women candidates and elected officials may dissuade women from running for political office, or may influence a voter’s likelihood of supporting a female candidate (Lake Research Partners 2010). In one survey of 800 likely voters nationwide, both female and male participants who heard sexist attacks by media on a hypothetical female candidate were less likely to vote for her than the control group that heard a non-sexist attack on the candidate. There was also backlash against the male candidate for issuing sexist attacks; however, the female candidate endured the greatest toll on her favorability and the likelihood that a voter might vote for her. When the female candidate or a surrogate called out the sexist treatment by the media, the support for the female candidate resurged (Lake Research Partners 2010). This finding emphasizes the importance of candidates and supportive networks calling out double standards and unfair treatment not only by the media but also by other candidates (Political Parity 2014).

Senators and one of two representatives) are held by women. It ranks sixth for women in its state senate and is in the top third for women in its lower house. New Hampshire also has a woman governor.

Women in the U.S. Congress

The 19.4 percent of seats (104 of 535) that women hold in the U.S. Congress represents an all-time high (CAWP 2015a). Progress is moving at a snail's pace, however, and if it continues at the current rate of change since 1960, women will not achieve equal representation in Congress until 2117 (IWPR 2015a).

- In five states—Hawaii, Maine, New Hampshire, South Dakota, and Wyoming—women constitute at least half of the state's representatives to the U.S. House of Representatives. These are all small states: Hawaii, Maine, and New Hampshire each have two seats, and South Dakota and Wyoming each have one seat. Eighteen states have no female representatives (see Appendix B1.1).⁶
- There are only three states in which both senators are female: California, New Hampshire, and Washington. Thirty-three states have no female senators (Appendix Table B1.1).
- Three states have never sent a woman to either the U.S. House or the Senate: Delaware, Mississippi, and Vermont (CAWP 2015j).
- In 21 states, the share of representatives to the U.S. Congress who were female increased between 2004 and 2015, while in seven states the share decreased, and in 22 states the share stayed the same (Appendix Table B1.1; IWPR 2004).
- In 10 states, the share of Senators to the U.S. Congress who were female increased between 2004 and 2015, while in five states the share decreased, and in 35 states the share stayed the same (Appendix Table B1.1; IWPR 2004).

Women in State Legislatures

Women's representation in state legislatures is progressing at different speeds in states across the nation. As of 2015, there were no states in which women held half of the seats in either the state senate or the state house or assembly.

- The share of state senate seats held by women is largest in Arizona (43.3 percent), Washington (36.7 percent), and Montana (36 percent) and smallest in Wyoming (3.3 percent), West Virginia (2.9 percent), and South Carolina (2.2 percent; Appendix Table B1.2).
- The share of seats in the state house or assembly held by women is largest in Colorado (46.2 percent) and Vermont (43.3 percent), and smallest in Louisiana and Utah (13.3 percent each) and in Oklahoma (12.9 percent; Appendix Table B1.2.)
- Between 2004 and 2015, the share of state senate seats held by women increased in 27 states, with the largest gains in Montana, where women's share of these seats increased from 16.0 to 36.0 percent. Among the 16 states where women's share of seats decreased, Michigan experienced the greatest decline (from 28.9 percent in 2004 to 10.5 percent in 2015; Appendix Table B1.2 and CAWP 2004b).
- Between 2004 and 2015, the share of state house or assembly seats held by women increased in 32 states, with the largest gains in New Jersey, where women's share of these seats grew from 16.3 percent to 31.3 percent. Among the 17 states that experienced a decline, Utah had the largest decrease (from 22.7 percent to 13.3 percent; Appendix Table B1.2 and CAWP 2004b).

Women in Statewide Elected Executive Office

- As of March 2015, six states had female governors: New Hampshire, New Mexico, Oklahoma, Oregon, Rhode Island, and South Carolina. The largest number of female governors to have served simultaneously

⁶These 18 states are Alaska, Arkansas, Delaware, Georgia, Idaho, Iowa, Kentucky, Louisiana, Mississippi, Montana, Nebraska, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Vermont, and West Virginia.

is nine, in both 2004 and in 2007. Throughout U.S. history, 36 women have served as governors in 27 states (CAWP 2015k), out of a total of more than 2,300 governors (National Governors Association 2015).

- In nine states, women hold at least half of statewide elected executive office positions aside from governorships. Ten states have no women in their statewide elected executive offices (Appendix Table B1.2).⁷
- Between 2004 and 2015, the share of women in statewide elected executive offices other than governorships increased in 17 states, decreased in 16 states, and stayed the same in 14 states.⁸

Women of Color in Elected Office

While women of color have made progress in gaining representation, they are still vastly underrepresented at every level of government reviewed here.

- Women of color make up 7.4 percent (32 of 435 representatives) of the U.S. House of Representatives (Appendix Table B1.3). California has the greatest number of women of color in the House, at 10 of its 53 representatives. Florida and New York, each with 27 members, each have three women of color serving in the House. The states with the greatest proportions of women of color in the House are Hawaii (50.0 percent, or one of two members), New Mexico (33.3 percent, or one of three members), and Utah (25.0 percent, or one of four members). Thirty-four states have no women of color serving as representatives.
- Of the 32 women of color serving in the House of Representatives, 18 are black, nine are Hispanic, and five are Asian/Pacific Islander.
- There is only one woman of color—Senator Mazie Hirono of Hawaii—serving in the U.S. Senate (CAWP 2015d).
- Women of color are 5.3 percent (390 of 7,383 legislators) of the state legislators in the United States (Appendix Table B1.4). The states with the greatest number of women of color legislators are Maryland

(25 of 188 legislators) and Georgia (27 of 236 legislators). The states with the greatest proportions of women of color in state legislatures are Hawaii (15 of 76 legislators, or 19.7 percent), and New Mexico (18 of 112 legislators, or 16.1 percent). Five states—Kentucky, Maine, North Dakota, South Dakota, and Wyoming—have no women of color serving in their state legislatures.

- Of the 390 women of color state legislators, 250 are black, 80 are Hispanic, 44 are Asian/Pacific Islander, 11 are Native American, and five are multiracial.
- There are nine women of color in statewide executive elective office, including two governors (CAWP 2015d). California and New Mexico have the greatest number of women of color in statewide elective office, at two each. Connecticut, Illinois, Montana, Rhode Island, and South Carolina each have one woman of color serving in statewide elective office. Of the nine, four are Hispanic, two are Asian/Pacific islander, one is African American, one is Native American, and one is multiracial.
- Two Governors—Nikki Haley of South Carolina, and Susana Martinez of New Mexico—are women of color (CAWP 2015d). Governor Haley is Indian American and Governor Martinez is Latina.

Women's Institutional Resources

In addition to women's voting and election to local, state, and federal offices, institutional resources dedicated to helping women succeed in the political arena and to promoting and prioritizing women's policy issues play a key role in connecting women constituents to policymakers. Such resources include campaign trainings for women, women's Political Action Committees (PACs), women's commissions, and state chapters of the National Women's Political Caucus (NWPC). These institutional resources serve to amplify the voices of women in government and increase the access of women, their families, and their communities to decision makers on the policy issues that matter most to them. Institutional resources and statewide associations also provide peer support systems for female elected officials and establish informal networks that can help them

⁷The nine states with at least half of statewide elected executive office positions held by women are Connecticut, Illinois, Indiana, Massachusetts, Minnesota, New Jersey, North Carolina, Oregon and Wyoming. The 10 states where no women hold statewide elected executive office positions are Alaska, Colorado, Georgia, Hawaii, Kansas, Louisiana, Maryland, Missouri, Utah, and Virginia.

⁸Three states do not have statewide elective offices other than governorships: Maine, New Hampshire, and Tennessee.

Labor Unions and Women's Leadership

The labor movement spearheaded many of the basic workplace protections we enjoy today, such as the minimum wage, the 40-hour work week, overtime pay, and adequate workplace health and safety. Unions play an important role in collective bargaining for workers' rights, and in raising issues to the forefront of the national agenda. On many policy issues, labor unions have taken the lead in both national and state policy development.

Women's participation in unions is beneficial for several reasons. Unionized women have greater earnings—\$212, or 30.9 percent more per week—and higher rates of health insurance coverage than nonunionized women (see chapters two and four). Women's leadership is also critical to promoting issues of importance to women and families—including paycheck fairness, access to affordable child care, raising the minimum wage, and expanding access to paid sick days—and raising these issues to the forefront of unions' agendas.

Women make up a large proportion of union members and have been closing the gender gap in union membership. In 2004, 57.4 percent of members were male, while 42.6 percent were female (U.S. Department of Labor 2005). By 2014, women were 45.5 percent, or 6.6 million of 14.6 million union members (U.S. Department of Labor 2015a). Of wage and salary workers overall in the United States, 11.7 percent of men and 10.5 percent of women are members of unions, with public sector workers five times as likely to belong to a union as private sector workers (35.7 percent compared with 6.6 percent; U.S. Department of Labor 2015b).

Women are also working toward better representation within union leadership. Women are 18.2 percent (10 out of 55) of the Executive Council of the AFL-CIO, 25.7 percent (9 of 35) of the International Vice Presidents of AFSCME, 38.1 percent (8 of 21) of the Executive Board of the CWA, 42.9 percent (18 of 42) of the AFT Vice Presidents, 50.0 percent (4 of 8) of the leadership of SEIU, and 60.0 percent (3 of 5) of the General Officers of UNITE (AFL-CIO 2015; AFSCME 2015; AFT 2015; CWA 2015; SEIU 2015; UNITE HERE 2015). While these numbers do not provide information about the leadership of the local chapters of these unions, they do speak to the composition of their national union leaderships.

Several obstacles often make it difficult for women to get involved in union leadership. One qualitative study of women union activists identified six barriers that women face in union work: women experience difficulty making room for the time demands of union leadership, especially given their competing family obligations; women and people of color have an acute fear of retribution by employers; few women serve at the top of union leadership, where they could serve as role models to other women activists; women express discomfort with public authority based on an understanding that this is not a female role; women are not aware of how union leadership may benefit their lives as workers; and unions place inadequate emphasis on the priorities and concerns of women (Caiazza 2007). The report also identified seven strategies for promoting women's leadership within unions. Unions can highlight the importance of women's contributions; provide trainings on effective ways to mobilize women; encourage and support more women in leadership positions both nationally and locally; create and strengthen mentoring programs for women; provide dedicated space for women to voice their concerns; address women's priorities by using imagery and language that reflects their experiences; and provide flexible options for involvement by finding creative times and places to meet and providing supports such as childcare (Caiazza 2007).

These strategies encourage women's activism and strengthen unions by enabling them to be more inclusive of the needs and priorities of all their members.

navigate a political system that remains predominantly male (Strimling 1986).

Campaign trainings for women provide valuable insight into running a successful campaign and strengthen the pipeline to higher office. One study found that nine in ten women who participated in a training before running found it extremely helpful; many also believed that campaign trainings should be expanded to be more women-centric so as to address the issue of “campaigning-while-female” (Baer and Hartmann 2014). Experienced women candidates also expressed a need for a range of candidate training, from running for one’s first office to running for a seat in one’s congressional delegation, which as a national office requires the candidate to learn a new range of skills. Most training, however, seems to be aimed at encouraging women to run for their first office.

Political action committees (PACs) raise and spend money for the purpose of electing and defeating candidates. A PAC may give directly to a candidate committee, a national party committee, or another PAC, within the contribution limits (Open Secrets 2015). A women’s PAC may be critical to supplying a female candidate with the campaign contributions she needs to launch a successful campaign. A women’s PAC may also bolster candidates who support women-friendly policy and legislation. In 2014, there were 23 national and 47 state or local PACs or donor networks that either gave money primarily to women candidates or had a primarily female donor base (CAWP 2014).

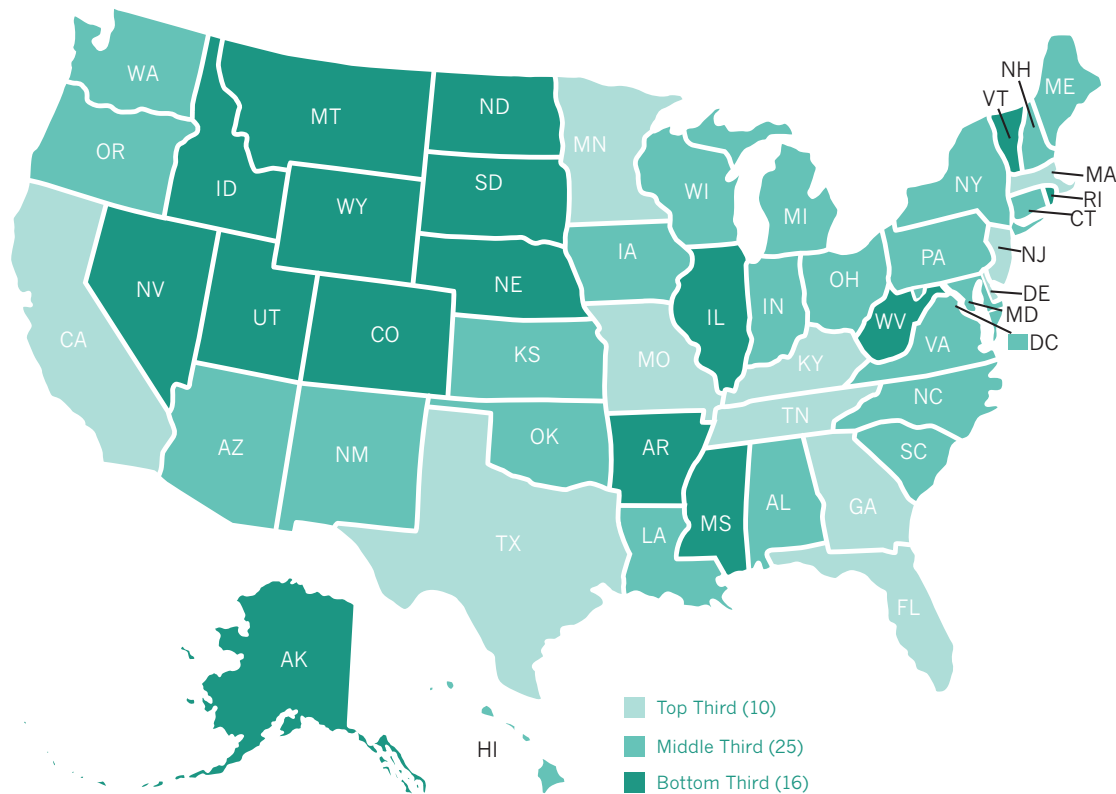
A commission for women is typically established by legislation or executive order and works to prioritize issues that may disproportionately affect women’s lives (National Conference of State Legislatures 2014c). In many states across the nation, women’s commissions—which can operate at the city, county, or state level—strive to identify inequities in laws, policies, and practices and recommend changes to address them. Women’s commissions may engage in a variety of activities to benefit

women in their geographic areas, such as conducting research on issues affecting the lives of women and families, holding briefings to educate the public and legislators on these issues, developing a legislative agenda, and advocating for gender balance in leadership throughout both the public and private sectors (Cecilia Zamora, National Association of Commissions for Women, personal communication, May 1, 2015).

The National Women’s Political Caucus (NWPC) is a multi-partisan, grassroots organization dedicated to increasing the number of women who run for office and who are elected or appointed into leadership positions (National Women’s Political Caucus 2015). The NWPC has state and local chapters that work with women in their communities to provide institutional support by recruiting women to run for office, endorsing women candidates, helping them raise campaign contributions, and providing them with campaign trainings (National Women’s Political Caucus 2015).

- Thirty-five states have state-level campaign trainings specifically for women, 34 states have a women’s commission, 33 states have a women’s PAC, and 16 states have chapters of the National Women’s Political Caucus (Appendix Table B1.6).
- Ten states have all four of these institutional resources for women at the state level: California, Florida, Georgia, Kentucky, Massachusetts, Minnesota, Missouri, New Jersey, Tennessee, and Texas. These states are all tied for the first place ranking and are shown as the top third in Map 1.5. An additional 14 have three institutional resources and are all tied for 11th place. Ten states plus the District of Columbia have two. This group of 25 jurisdictions is shown as the middle third in Map 1.5. The bottom third consists of 15 states that have one institutional resources and the one state—North Dakota—that has no resources to help women in their political participation. North Dakota ranks 51st on this indicator of women’s status (Appendix Table B1.6).

Map 1.5. Women's Institutional Resources



Note: Number of institutional resources for women in the state.
 Source: Center for American Women and Politics 2015i, National Women's Political Caucus 2015, and National Conference of State Legislatures 2014c. Calculated by the Institute for Women's Policy Research.

Conclusion

Although there are many institutions that promote women's civic engagement and political participation, obstacles to women's political participation and leadership persist. Women's lesser economic resources (as shown in other releases from *The Status of Women in the States* project) compared with men's, their greater caregiving responsibilities, their more limited access to important supports that would help them to run for office, and succeed as office holders, and the greater scrutiny that women candidates seem to face from the public

and the media all restrict women's political participation and leadership in states across the nation. Progress in advancing women's political status continues to move at a glacial pace. As of 2015, women's representation at all levels of government remains well below their share of the overall population. IWPR projects that women will not reach 50 percent of the U.S. Congress until 2117 (IWPR 2015a). Efforts to recruit more women to run for office and to increase their success as candidates and office holders will be crucial to increasing their representation in the coming years and decades.

Appendix A1:

Methodology

Calculating the Composite 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 to women, including a commission for women, a campaign training for women, a women's PAC, and a state chapter of the National Women's Political 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 four resources, and received a weight of 1.0. The resulting weighted, standardized values for each of the four component indicators were summed for each state to create a composite score. The states were then ranked from the highest to the lowest score.

To grade the states on this Composite Index, values for each of the components were set at desired levels to produce an "ideal score." Women's voter registration and voter turnout were each set at the value of the highest state for these components; each component of the composite index for women in elected office was set as if 50 percent of elected officials were women; and scores for institutional resources for women assumed that the ideal state had each of the four resources. 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 2012 and 2010) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported registering, including noncitizens who are ineligible. In 2012, 72.9 percent of U.S. citizen women aged 18 and older reported registering to vote, compared with 67.0 percent of all women aged 18 and older. IWPR selected the larger population base for this indicator because the inability of noncitizens to register accurately reflects the lack of political voice for this population. Source: U.S. Department of Commerce, Bureau of the Census 2011 and 2013, based on the Current Population Survey.

WOMEN'S VOTER TURNOUT: This component indicator is the average percent (for the presidential and congressional elections of 2012 and 2010) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported voting, including noncitizens who are ineligible. In 2012, 63.7 percent of U.S. citizen women aged 18 and older reported voting, compared with 58.5 percent of all women of this age range. IWPR selected the larger population base for this indicator because the lack of voting by noncitizens accurately reflects the lack of political voice for this population. Source: U.S. Department of Commerce, Bureau of the Census 2011 and 2013, based on the Current Population Survey.

WOMEN IN ELECTED OFFICE: This index has four components and reflects office-holding at the state and national levels as of January 2015. 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 percent values 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 index for each state. The highest score of any state for this office-holding index is 4.58. These scores were then used to rank the states on the indicator for women in elected office. Sources: Data were compiled by IWPR from the Center for American Women and Politics 2015b, 2015f, 2015g, 2015h, and 2015i.

WOMEN'S INSTITUTIONAL RESOURCES: This index measures the number of institutional resources for women available in the state from a maximum of four, including a commission for women (established by legislation or executive order), a campaign training program for women, a women's political action committee (PAC), and a state chapter of the National Women's Political Caucus (NWPC). In order to score the states, each of

the four components for this indicator was weighted equally at 0.5 points, for a total of 2.0 points. These scores were then used to rank the states on the indicator for resources available to women. In 2002 and 2004, the institutional resources indicator measured whether a state had 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). In earlier years (1996 and 1998) a third resource, a women's economic agenda project, was also included in this indicator. Sources: Data were compiled by IWPR from the Center for American Women and Politics 2015l, Political and Leadership Resources for Women database; the National Conference of State Legislatures 2014c; and the National Women's Political Caucus 2015.

Appendix B1:

Tables by State and Race/Ethnicity

Table B1.1.
Women in the United States Congress, 2015

State	Number of U.S. Senators Who Are Women ^a	Proportion of U.S. Representatives Who Are Women ^b
Alabama	0	28.6%
Alaska	1	0.0%
Arizona	0	33.3%
Arkansas	0	0.0%
California	2	35.8%
Colorado	0	14.3%
Connecticut	0	40.0%
Delaware	0	0.0%
Florida	0	25.9%
Georgia	0	0.0%
Hawaii	1	50.0%
Idaho	0	0.0%
Illinois	0	22.2%
Indiana	0	22.2%
Iowa	1	0.0%
Kansas	0	25.0%
Kentucky	0	0.0%
Louisiana	0	0.0%
Maine	1	50.0%
Maryland	1	12.5%
Massachusetts	1	22.2%
Michigan	1	21.4%
Minnesota	1	12.5%
Mississippi	0	0.0%
Missouri	1	25.0%
Montana	0	0.0%
Nebraska	1	0.0%
Nevada	0	25.0%
New Hampshire	2	50.0%
New Jersey	0	8.3%
New Mexico	0	33.3%
New York	1	29.6%
North Carolina	0	23.1%
North Dakota	1	0.0%
Ohio	0	18.8%
Oklahoma	0	0.0%
Oregon	0	20.0%
Pennsylvania	0	0.0%
Rhode Island	0	0.0%
South Carolina	0	0.0%
South Dakota	0	100.0%
Tennessee	0	22.2%
Texas	0	8.3%
Utah	0	25.0%
Vermont	0	0.0%
Virginia	0	9.1%
Washington	2	30.0%
West Virginia	1	0.0%
Wisconsin	1	12.5%
Wyoming	0	100.0%
United States	20	19.3%

Sources: ^aCAWP 2015f; ^bCAWP 2015g.
Compiled by the Institute for Women's Policy Research.

Table B1.2.
Women in State Government, 2015

State	Proportion of State Senators Who Are Women ^a	Proportion of State Representatives Who Are Women ^a	Proportion of Statewide Elected Executive Offices Held by Women ^b	Number of Governors Who Are Women ^b
Alabama	11.4%	15.2%	22.2%	0
Alaska	25.0%	30.0%	0.0%	0
Arizona	43.3%	31.7%	30.0%	0
Arkansas	20.0%	20.0%	33.3%	0
California	27.5%	25.0%	28.6%	0
Colorado	34.3%	46.2%	0.0%	0
Connecticut	25.0%	29.1%	60.0%	0
Delaware	28.6%	22.0%	20.0%	0
Florida	30.0%	22.5%	25.0%	0
Georgia	16.1%	25.0%	0.0%	0
Hawaii	32.0%	25.5%	0.0%	0
Idaho	25.7%	27.1%	16.7%	0
Illinois	25.4%	33.9%	60.0%	0
Indiana	20.0%	21.0%	83.3%	0
Iowa	14.0%	27.0%	33.3%	0
Kansas	32.5%	22.4%	0.0%	0
Kentucky	10.5%	19.0%	33.3%	0
Louisiana	10.3%	13.3%	0.0%	0
Maine	22.9%	30.5%	N/A	0
Maryland	27.7%	32.6%	0.0%	0
Massachusetts	30.0%	23.8%	80.0%	0
Michigan	10.5%	24.5%	33.3%	0
Minnesota	34.3%	32.8%	75.0%	0
Mississippi	15.4%	18.0%	28.6%	0
Missouri	17.6%	25.8%	0.0%	0
Montana	36.0%	29.0%	40.0%	0
Nebraska	20.4%	20.4%	20.0%	0
Nevada	23.8%	35.7%	20.0%	0
New Hampshire	33.3%	28.5%	N/A	1
New Jersey	27.5%	31.3%	100.0%	0
New Mexico	14.3%	32.9%	16.7%	1
New York	17.5%	26.7%	33.3%	0
North Carolina	24.0%	21.7%	55.6%	0
North Dakota	17.0%	20.2%	25.0%	0
Ohio	21.2%	26.3%	20.0%	0
Oklahoma	12.5%	12.9%	30.0%	1
Oregon	26.7%	33.3%	50.0%	1
Pennsylvania	18.0%	17.7%	25.0%	0
Rhode Island	26.3%	26.7%	25.0%	1
South Carolina	2.2%	17.7%	12.5%	1
South Dakota	20.0%	21.4%	22.2%	0
Tennessee	18.2%	17.2%	N/A	0
Texas	22.6%	19.3%	12.5%	0
Utah	20.7%	13.3%	0.0%	0
Vermont	30.0%	43.3%	20.0%	0
Virginia	20.0%	16.0%	0.0%	0
Washington	36.7%	30.6%	12.5%	0
West Virginia	2.9%	19.0%	20.0%	0
Wisconsin	33.3%	22.2%	20.0%	0
Wyoming	3.3%	18.3%	50.0%	0
United States	22.1%	24.9%	27.0%	6

Notes: Nebraska has a unicameral legislature. Data on women in statewide elected executive offices do not include governorships. Maine, New Hampshire, and Tennessee do not have statewide elected executive offices aside from the governorship. Sources: ^aCAWP 2015i; ^bCAWP 2015h. Compiled by the Institute for Women's Policy Research.

Table B1.3.
Women's Political Representation by Race and Ethnicity: Women in the U.S. House of Representatives, 2015

State	Proportion Women	All Representatives	All Women	White Women	Hispanic Women	Black Women	Asian/Pacific Islander Women	Native American Women	Multiracial Women
Alabama	28.6%	7	2	1	0	1	0	0	0
Alaska	0.0%	1	0	0	0	0	0	0	0
Arizona	33.3%	9	3	3	0	0	0	0	0
Arkansas	0.0%	4	0	0	0	0	0	0	0
California	35.8%	53	19	9	5	3	2	0	0
Colorado	14.3%	7	1	1	0	0	0	0	0
Connecticut	40.0%	5	2	2	0	0	0	0	0
Delaware	0.0%	1	0	0	0	0	0	0	0
Florida	25.9%	27	7	4	1	2	0	0	0
Georgia	0.0%	14	0	0	0	0	0	0	0
Hawaii	50.0%	2	1	0	0	0	1	0	0
Idaho	0.0%	2	0	0	0	0	0	0	0
Illinois	22.2%	18	4	2	0	1	1	0	0
Indiana	22.2%	9	2	2	0	0	0	0	0
Iowa	0.0%	4	0	0	0	0	0	0	0
Kansas	25.0%	4	1	1	0	0	0	0	0
Kentucky	0.0%	6	0	0	0	0	0	0	0
Louisiana	0.0%	6	0	0	0	0	0	0	0
Maine	50.0%	2	1	1	0	0	0	0	0
Maryland	0.0%	8	0	0	0	1	0	0	0
Massachusetts	22.2%	9	2	2	0	0	0	0	0
Michigan	21.4%	14	3	2	0	1	0	0	0
Minnesota	12.5%	8	1	1	0	0	0	0	0
Mississippi	0.0%	4	0	0	0	0	0	0	0
Missouri	25.0%	8	2	2	0	0	0	0	0
Montana	0.0%	1	0	0	0	0	0	0	0
Nebraska	0.0%	3	0	0	0	0	0	0	0
Nevada	25.0%	4	1	1	0	0	0	0	0
New Hampshire	50.0%	2	1	1	0	0	0	0	0
New Jersey	8.3%	12	1	0	0	1	0	0	0
New Mexico	33.3%	3	1	0	1	0	0	0	0
New York	29.6%	27	8	5	1	1	1	0	0
North Carolina	23.1%	13	3	2	0	1	0	0	0
North Dakota	0.0%	1	0	0	0	0	0	0	0
Ohio	18.8%	16	3	1	0	2	0	0	0
Oklahoma	0.0%	5	0	0	0	0	0	0	0
Oregon	20.0%	5	1	1	0	0	0	0	0
Pennsylvania	0.0%	18	0	0	0	0	0	0	0
Rhode Island	0.0%	2	0	0	0	0	0	0	0
South Carolina	0.0%	7	0	0	0	0	0	0	0
South Dakota	100.0%	1	1	1	0	0	0	0	0
Tennessee	22.2%	9	2	2	0	0	0	0	0
Texas	8.3%	36	3	1	0	2	0	0	0
Utah	25.0%	4	1	0	0	1	0	0	0
Vermont	0.0%	1	0	0	0	0	0	0	0
Virginia	9.1%	11	1	1	0	0	0	0	0
Washington	30.0%	10	3	2	1	0	0	0	0
West Virginia	0.0%	3	0	0	0	0	0	0	0
Wisconsin	12.5%	8	1	0	0	1	0	0	0
Wyoming	100.0%	1	1	1	0	0	0	0	0
United States	19.1%	435	83	52	9	18	5	0	0

Sources: Data on women of color are from CAWP 2015d; data on all women are from CAWP 2015g.
Compiled by the Institute for Women's Policy Research.

Table B1.4.

Women's Political Representation by Race and Ethnicity: Women in the State Legislatures, 2015

State	Proportion Women	All Legislators	All Women	White Women	Hispanic Women	Black Women	Asian/Pacific Islander Women	Native American Women	Multiracial Women
Alabama	14.3%	140	20	8	0	12	0	0	0
Alaska	28.3%	60	17	16	1	0	0	0	0
Arizona	35.6%	90	32	22	7	0	1	1	1
Arkansas	20.0%	135	27	23	0	4	0	0	0
California	25.8%	120	31	16	6	4	5	0	0
Colorado	42.0%	100	42	34	6	2	0	0	0
Connecticut	28.3%	187	53	47	2	4	0	0	0
Delaware	24.2%	62	15	13	0	2	0	0	0
Florida	24.4%	160	39	26	3	10	0	0	0
Georgia	22.9%	236	54	27	0	27	0	0	0
Hawaii	27.6%	76	21	6	0	0	14	0	1
Idaho	26.7%	105	28	24	0	1	2	1	0
Illinois	31.1%	177	55	36	5	14	0	0	0
Indiana	20.7%	150	31	25	1	5	0	0	0
Iowa	22.7%	150	34	30	0	4	0	0	0
Kansas	24.8%	165	41	36	0	4	0	0	1
Kentucky	16.7%	138	23	23	0	0	0	0	0
Louisiana	12.5%	144	18	9	0	9	0	0	0
Maine	29.0%	186	54	54	0	0	0	0	0
Maryland	31.4%	188	59	34	3	19	3	0	0
Massachusetts	25.0%	200	50	46	1	2	1	0	0
Michigan	20.9%	148	31	23	2	5	1	0	0
Minnesota	33.3%	201	67	63	1	1	0	1	1
Mississippi	17.2%	174	30	15	0	15	0	0	0
Missouri	24.4%	197	48	38	0	10	0	0	0
Montana	31.3%	150	47	43	0	0	0	4	0
Nebraska	20.4%	49	10	9	0	1	0	0	0
Nevada	31.7%	63	20	15	3	2	0	0	0
New Hampshire	28.8%	424	122	120	0	1	1	0	0
New Jersey	30.0%	120	36	20	0	8	8	0	0
New Mexico	25.9%	112	29	11	13	2	0	3	0
New York	23.9%	213	51	33	3	15	0	0	0
North Carolina	22.4%	170	38	24	1	13	0	0	0
North Dakota	19.1%	141	27	27	0	0	0	0	0
Ohio	25.0%	132	33	25	0	8	0	0	0
Oklahoma	12.8%	149	19	17	0	1	0	1	0
Oregon	31.1%	90	28	26	1	1	0	0	0
Pennsylvania	17.8%	253	45	36	1	7	1	0	0
Rhode Island	26.5%	113	30	27	2	0	0	0	1
South Carolina	13.5%	170	23	17	0	6	0	0	0
South Dakota	21.0%	105	22	22	0	0	0	0	0
Tennessee	17.4%	132	23	15	1	7	0	0	0
Texas	19.9%	181	36	18	9	8	1	0	0
Utah	15.4%	104	16	10	4	1	1	0	0
Vermont	41.1%	180	74	71	1	1	1	0	0
Virginia	17.1%	140	24	14	0	10	0	0	0
Washington	32.7%	147	48	43	1	0	4	0	0
West Virginia	14.9%	134	20	19	0	1	0	0	0
Wisconsin	25.0%	132	33	28	2	3	0	0	0
Wyoming	13.3%	90	12	12	0	0	0	0	0
United States	24.2%	7,383	1,786	1,396	80	250	44	11	5

Sources: Data on women of color are from CAWP 2015e; data on all women from are CAWP 2015i. Compiled by the Institute for Women's Policy Research.

Table B1.5.
Women's Political Representation by Race and Ethnicity: Women in Statewide Elected Executive Office, 2015

State	Proportion Women	All Elected Officials	All Women	White Women	Hispanic Women	Black Women	Asian/Pacific Islander Women	Native American Women	Multiracial Women
Alabama	22.2%	9	2	2	0	0	0	0	0
Alaska	0.0%	1	0	0	0	0	0	0	0
Arizona	30.0%	10	3	3	0	0	0	0	0
Arkansas	33.3%	6	2	2	0	0	0	0	0
California	28.6%	7	2	0	0	0	1	0	1
Colorado	0.0%	4	0	0	0	0	0	0	0
Connecticut	60.0%	5	3	2	0	1	0	0	0
Delaware	20.0%	5	1	1	0	0	0	0	0
Florida	25.0%	4	1	1	0	0	0	0	0
Georgia	0.0%	12	0	0	0	0	0	0	0
Hawaii	0.0%	1	0	0	0	0	0	0	0
Idaho	16.7%	6	1	1	0	0	0	0	0
Illinois	60.0%	5	3	2	1	0	0	0	0
Indiana	83.3%	6	5	5	0	0	0	0	0
Iowa	33.3%	6	2	2	0	0	0	0	0
Kansas	0.0%	5	0	0	0	0	0	0	0
Kentucky	33.3%	6	2	2	0	0	0	0	0
Louisiana	0.0%	6	0	0	0	0	0	0	0
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	0.0%	3	0	0	0	0	0	0	0
Massachusetts	80.0%	5	4	4	0	0	0	0	0
Michigan	33.3%	3	1	1	0	0	0	0	0
Minnesota	75.0%	4	3	3	0	0	0	0	0
Mississippi	28.6%	7	2	2	0	0	0	0	0
Missouri	0.0%	5	0	0	0	0	0	0	0
Montana	40.0%	10	4	3	0	0	0	1	0
Nebraska	20.0%	5	1	1	0	0	0	0	0
Nevada	20.0%	5	1	1	0	0	0	0	0
New Hampshire	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Jersey	100.0%	1	1	1	0	0	0	0	0
New Mexico	16.7%	6	1	0	1	0	0	0	0
New York	33.3%	3	1	1	0	0	0	0	0
North Carolina	55.6%	9	5	5	0	0	0	0	0
North Dakota	25.0%	12	3	3	0	0	0	0	0
Ohio	20.0%	5	1	1	0	0	0	0	0
Oklahoma	30.0%	10	3	3	0	0	0	0	0
Oregon	50.0%	4	2	2	0	0	0	0	0
Pennsylvania	25.0%	4	1	1	0	0	0	0	0
Rhode Island	25.0%	4	1	0	1	0	0	0	0
South Carolina	12.5%	8	1	1	0	0	0	0	0
South Dakota	22.2%	9	2	2	0	0	0	0	0
Tennessee	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Texas	12.5%	8	1	1	0	0	0	0	0
Utah	0.0%	4	0	0	0	0	0	0	0
Vermont	20.0%	5	1	1	0	0	0	0	0
Virginia	0.0%	2	0	0	0	0	0	0	0
Washington	12.5%	8	1	1	0	0	0	0	0
West Virginia	20.0%	5	1	1	0	0	0	0	0
Wisconsin	20.0%	5	1	1	0	0	0	0	0
Wyoming	50.0%	4	2	2	0	0	0	0	0
United States	27.0%	267	72	65	3	1	1	1	1

Notes: Data on women in statewide elected executive offices do not include governorships. Maine, New Hampshire, and Tennessee do not have statewide elected executive offices aside from the governorship. Sources: Data on women of color are from CAWP 2015d; data on all women are from CAWP 2015h; data on available statewide elected executive offices are from CAWP 2015b. Compiled by the Institute for Women's Policy Research.

Table B1.6.
Women's Institutional Resources, 2015

State	Campaign Training for Women ^a	Women's PAC ^a	National Women's Political Caucus State Chapter ^b	Women's Commission ^c
Alabama	1	0	0	1
Alaska	0	1	0	0
Arizona	1	1	1	0
Arkansas	1	0	0	0
California	1	1	1	1
Colorado	0	1	0	0
Connecticut	1	0	0	1
Delaware	0	1	0	1
District of Columbia	1	0	0	1
Florida	1	1	1	1
Georgia	1	1	1	1
Hawaii	1	1	0	1
Idaho	0	1	0	0
Illinois	1	0	0	0
Indiana	1	1	0	1
Iowa	1	1	0	1
Kansas	1	1	0	0
Kentucky	1	1	1	1
Louisiana	0	1	0	1
Maine	1	0	0	1
Maryland	0	1	1	1
Massachusetts	1	1	1	1
Michigan	1	1	0	1
Minnesota	1	1	1	1
Mississippi	0	0	0	1
Missouri	1	1	1	1
Montana	0	1	0	0
Nebraska	1	0	0	0
Nevada	1	0	0	0
New Hampshire	1	0	0	1
New Jersey	1	1	1	1
New Mexico	1	1	0	1
New York	1	1	1	0
North Carolina	1	1	0	1
North Dakota	0	0	0	0
Ohio	1	1	1	0
Oklahoma	1	1	0	1
Oregon	1	1	0	1
Pennsylvania	1	1	0	1
Rhode Island	0	0	0	1
South Carolina	1	0	0	1
South Dakota	0	1	0	0
Tennessee	1	1	1	1
Texas	1	1	1	1
Utah	1	0	0	0
Vermont	0	0	0	1
Virginia	1	1	1	0
Washington	0	1	1	0
West Virginia	0	0	0	1
Wisconsin	1	0	0	1
Wyoming	0	0	0	1

Source: ^aCenter for American Women and Politics 2015; ^bNational Women's Political Caucus 2015; ^cNational Conference of State Legislatures 2014c.
Compiled by the Institute for Women's Policy Research.

References

- American Federation of Labor and Congress of Industrial Organizations (AFL-CIO). 2015. "Executive Council Members." <<http://www.aflcio.org/About/Leadership/Executive-Council-Members>> (accessed April 8, 2015).
- American Federation of State, County and Municipal Employees (AFSCME). 2015. "Our Union Leadership." <<http://www.afscme.org/union/leadership>> (accessed April 8, 2015).
- American Federation of Teachers (AFT). 2015. "AFT Leadership." <<http://www.aft.org/about/leadership>> (accessed April 8, 2015).
- Alvarez, R. Michael, Delia Bailey, and Jonathan N. Katz. 2007. "The Effect of Voter Identification Laws on Turnout." Social Science Working Paper #1269. Pasadena, CA: California Institute of Technology Division of the Humanities and Social Sciences. <http://brennan.3cdn.net/c267529e2bb704e85d_u0m6ib08s.pdf> (accessed August 28, 2014).
- Baer, Denise L. and Heidi I. Hartmann. 2014. *Building Women's Political Careers: Strengthening the Pipeline to Higher Office*. Report #I926. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/building-women2019s-political-careers-strengthening-the-pipeline-to-higher-office>> (accessed July 28, 2014).
- Brennan Center for Social Justice. 2006. *Citizens Without Proof: A Survey of Americans' Possession of Documentary Proof of Citizenship and Photo Identification*. New York, NY: Brennan Center for Justice at New York University School of Law. <http://www.brennancenter.org/sites/default/files/legacy/d/download_file_39242.pdf> (accessed August 28, 2014).
- Caiazza, Amy. 2007. *I Knew I Could Do This Work: Seven Strategies That Promote Women's Activism and Leadership in Unions*. Report #I917. Washington, DC: Institute for Women's Policy Research. <http://www.iwpr.org/publications/pubs/i-knew-i-could-do-this-work-seven-strategies-that-promote-women2019s-activism-and-leadership-in-unions/at_download/file> (accessed April 9, 2015).
- Carroll, Susan J. and Kira Sanbonmatsu. 2013. *More Women Can Run: Gender and Pathways to the State Legislatures*. New York, NY: Oxford University Press.
- Carroll, Susan J. and Linda M. G. Zerrilli. 1993. "Feminist Challenges to Political Science." In *Political Science: The State of the Discipline II*, ed. Ada W. Finifter. Washington, DC: American Political Science Association.
- Center for American Women and Politics. 2004a. "Statewide Elective Executive Women 2004." New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/stwide04.pdf> (accessed May 8, 2015).
- Center for American Women and Politics. 2004b. "Women in State Legislatures 2004." New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/stleg04.pdf> (accessed May 14, 2015).
- Center for American Women and Politics. 2014. "Women's PACs and Donor Networks: A Contact List." New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/education_training/resources/documents/pacs.pdf> (accessed March 24, 2015).
- Center for American Women and Politics. 2015a. "Women in Elective Office 2015." New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/elective.pdf> (accessed March 17, 2015).

Center for American Women and Politics. 2015b. Data on available statewide elected executive offices provided by the Center for American Women and Politics, email communication on February 4, 2015.

Center for American Women and Politics. 2015c. “Gender Differences in Voter Turnout.” New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/fast_facts/voters/documents/genderdiff.pdf> (accessed March 17, 2015).

Center for American Women and Politics. 2015d. “Women of Color in Elective Office 2015.” New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/color.pdf> (accessed March 17, 2015).

Center for American Women and Politics. 2015e. Data on women of color in state legislatures, 2015 provided by the Center for American Women and Politics, email communication on February 11, 2015.

Center for American Women and Politics. 2015f. “Women in the U.S. Senate 1922–2015.” New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/senate.pdf> (accessed March 17, 2015).

Center for American Women and Politics. 2015g. “Women in the U.S. House of Representatives.” New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/house.pdf> (accessed March 17, 2015).

Center for American Women and Politics. 2015h. “Women in Statewide Elective Executive Office 2015.” New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/fast_facts/levels_of_office/Statewide-Current.php> (accessed March 17, 2015).

Center for American Women and Politics. 2015i. “Women in State Legislatures 2015.” New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/stleg.pdf> (accessed March 17, 2015).

Center for American Women and Politics. 2015j. “Women in the U.S. Congress.” New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/cong.pdf> (accessed March 17, 2015).

Center for American Women and Politics. 2015k. “History of Women Governors.” New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/govhistory.pdf> (March 19, 2015).

Center for American Women and Politics. 2015l. “Political and Leadership Resources for Women.” New Brunswick, NJ: Center for American Women and Politics. <http://www.cawp.rutgers.edu/education_training/trainingresources/index.php> (accessed March 21, 2015).

Center for American Women and Politics. 2015m. “Facts on Women of Color in Elective Office.” <http://www.cawp.rutgers.edu/fast_facts/women_of_color/elective_office.php> (accessed May 8, 2015).

Center for American Women and Politics. N.d. “Women State Legislators: Past, Present, and Future.” <<http://www.capwip.org/readingroom/cawp-womenstateleg.pdf>> (accessed May 8, 2015).

Communications Workers of America (CWA). 2015. “Executive Board.” <http://www.cwa-union.org/pages/executive_board> (accessed April 8, 2015).

Dolan, Kathleen A. 2004. *Voting for Women: How the Public Evaluates Women Candidates*. Boulder, CO: Westview Press.

Gaskins, Keesha and Sundeep Iyer. 2012. *The Challenge of Obtaining Voter Identification*. New York, NY: Brennan Center for Justice at New York University School of Law. <http://www.brennancenter.org/sites/default/files/legacy/Democracy/VRE/Challenge_of_Obtaining_Voter_ID.pdf> (accessed August 28, 2014).

Goetz, Anne Marie. 2007. "Political Cleaners: Are Women the New Agents of Anti-Corruption?" *Development and Change* 38 (1): 87–105.

Hunt Alternatives Fund. 2014. *Shifting Gears: How Women Navigate the Road to Higher Office*. Cambridge, MA: Hunt Alternatives. <<http://www.politicalparity.org/research/shifting-gears/>> (accessed April 28, 2015).

Institute for Women's Policy Research. 2004. *The Status of Women in the States*. Report #266. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/the-status-of-women-in-the-states>> (accessed February 28, 2015).

Institute for Women's Policy Research. 2015a. IWPR calculations based on data from the Center for American Women and Politics, *Women in the U.S. Congress 2015*. <http://www.cawp.rutgers.edu/fast_facts/levels_of_office/documents/cong.pdf> (accessed April 28, 2015).

Institute for Women's Policy Research. 2015b. IWPR analysis of data from the 2013 American Community Survey based on Steven J. Ruggles, Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis, MN: University of Minnesota, 2010.

Keysar, Alexandar. 2012. "Voter Suppression Returns: Voting Rights and Partisan Practices." <<http://wcfia.harvard.edu/publications/voter-suppression-returns-voting-rights-and-partisan-practices>> (accessed August 1, 2014).

Lachman, Samantha. 2015. "With Universal Voter Registration Bill, Oregon Dems Seek to Emulate Canada." *Huffington Post*. <http://www.huffingtonpost.com/2015/02/05/oregon-voter-registration_n_6623702.html> (accessed March 21, 2015).

Lake Research Partners. 2010. "Name It. Change It." Washington, DC: Lake Research Partners. <<http://www.lakeresearch.com/news/NameItChangeIt/NameItChangeIt.pres.pdf>> (accessed April 7, 2015).

Lawless, Jennifer L., and Richard L. Fox. 2008. "Why Are Women Still Not Running for Public Office?" *Issues in Governance Studies* 16 (May): 1–20.

Lawless, Jennifer L., and Richard L. Fox. 2010. *It Still Takes a Candidate: Why Women Don't Run for Office*. Cambridge: Cambridge University Press.

Lawless, Jennifer L., and Richard L. Fox. 2012. *Men Rule: The Continued Under-Representation of Women in U.S. Politics*. <<https://www.american.edu/spa/wpi/upload/2012-Men-Rule-Report-web.pdf>> (accessed April 10, 2015).

Mycoff, Jason D., Michael W. Wagner, and David C. Wilson. 2009. "The Empirical Effects of Voter-ID Laws: Present or Absent?" <<http://www.brennancenter.org/sites/default/files/legacy/Democracy/VRE/Mycoff%20et%20al.pdf>> (accessed May 8, 2015).

National Conference of State Legislatures. 2014a. "History of Voter ID." <<http://www.ncsl.org/research/elections-and-campaigns/voter-id-history.aspx>> (accessed March 19, 2015).

National Conference of State Legislatures. 2014b. "Voter Identification Requirements/Voter ID Laws." <<http://www.ncsl.org/research/elections-and-campaigns/voter-id.aspx>> (accessed August 1, 2014).

National Conference of State Legislatures. 2014c. "Women's Caucuses, Commissions, and Committees." <<http://www.ncsl.org/legislators-staff/legislators/womens-legislative-network/womens-legislative-caucuses-and-committees.aspx>> (accessed December 1, 2014). Unpublished updated data on women's commissions provided by the National Conference of State Legislatures by email communication on December 1, 2014.

National Conference of State Legislatures. 2015. "Same-Day Voter Registration." <<http://www.ncsl.org/research/elections-and-campaigns/same-day-registration.aspx>> (accessed March 19, 2015).

National Governors Association. 2015. "Former Governor's Bios." <<http://www.nga.org/cms/FormerGovBios?inOffice=Any&state=Any&party=&lastName=&firstName=&nbrterms=Any&biography=&sex=Any&religion=&race=Any&college=&higherOfficesServed=&militaryService=&warsServed=&honors=&birthState=Any&submit=Search#results>> (accessed May 5, 2015).

National Women's Political Caucus. 2015. "Find Your State Chapters." <<http://www.nwpc.org/findlocal>> (accessed April 22, 2015).

New York Magazine. (November 16, 2008). "The 'Bitch' and the 'Ditz': How the Year of the Woman Reinforced the Two Most Pernicious Sexist Stereotypes and Actually Set Women Back." Amanda Fortini. <<http://nymag.com/news/politics/nationalinterest/52184/>> (accessed April 28, 2015).

Open Secrets. 2015. "What is a PAC?" Washington, DC: Center for Responsive Politics. <<https://www.opensecrets.org/pacs/pacfaq.php>> (accessed May 27, 2015).

Paxton, Pamela, Sheri Kunovich, and Melanie M. Hughes. 2007. "Gender in Politics." *Annual Review of Sociology* 33: 263–84.

Pew Research Center. 2012. *Social Issues Rank As Lowest Priorities: With Voters Focused on Economy, Obama Lead Narrows*. Washington, DC: Pew Research Center. <<http://www.people-press.org/files/legacy-pdf/4-17-12%20Political%20Release%20.pdf>> (accessed June 7, 2014).

Philpot, Tasha S., Daron R. Shaw, and Ernest B. McGowen. 2009. "Winning the Race: Black Voter Turnout in the 2008 Presidential Election." *Public Opinion Quarterly* 73 (5): 995–1022.

Political Parity. 2014. *Shifting Gears: How Women Navigate the Road to Higher Office*. Cambridge, MA: Political Parity. <<http://www.politicalparity.org/wp-content/uploads/2014/05/Shifting%20Gears%20Report.pdf>> (accessed April 7, 2015).

Sanbonmatsu, Kira, Susan J. Carroll, and Debbie Walsh. 2009. *Poised to Run: Women's Pathways to State Legislatures*. New Brunswick, NJ: Center for American Women and Politics.

Service Employees International Union (SEIU). 2015. "Our Leadership." <<http://www.seiu.org/a/ourunion/our-leadership.php>> (accessed April 8, 2015).

Sobel, Richard. 2014. *The High Cost of 'Free' Photo Voter Identification Cards*. Boston, MA: Charles Hamilton Houston Institute for Race and Justice at Harvard Law School. <<http://today.law.harvard.edu/wp-content/uploads/2014/06/FullReportVoterIDJune20141.pdf>> (accessed August 28, 2014).

Strimling, Wendy S. 1986. *Elected Women Organize: Statewide Associations*. New Brunswick, NJ: Center for American Women and Politics. <<http://www.cawp.rutgers.edu/research/topics/documents/ElectedWomenOrganize.pdf>> (accessed July 25, 2014).

Swers, Michele L. 2002. *The Difference Women Make: The Policy Impact of Women in Congress*. Chicago, IL: The University of Chicago Press.

Swers, Michele L. 2013. *Women in the Club: Gender and Policy Making in the Senate*. Chicago, IL: The University of Chicago Press.

UNITE HERE. 2015. "Governance." <<http://unitehere.org/who-we-are/governance/>> (accessed April 8, 2015).

U.S. Department of Commerce. Bureau of the Census. 2011. "Voting and Registration in the Election of November 2010—Detailed Tables." <<http://www.census.gov/hhes/www/socdemo/voting/publications/p20/2010/tables.html>> (accessed July 27, 2014).

U.S. Department of Commerce. Bureau of the Census. 2013. "Voting and Registration in the Election of November 2012—Detailed Tables." <<http://www.census.gov/hhes/www/socdemo/voting/publications/p20/2012/tables.html>> (accessed July 27, 2014).

U.S. Department of Commerce. Bureau of the Census. N.d. "Population Characteristic (P20) Reports and Detailed Tables." <<https://www.census.gov/hhes/www/socdemo/voting/publications/p20/index.html>> (accessed July 27, 2014).

U.S. Department of Labor. Bureau of Labor Statistics. 2005. "Union Members in 2004." <http://www.bls.gov/news.release/archives/union2_01272005.pdf> (accessed April 9, 2015).

U.S. Department of Labor. Bureau of Labor Statistics. 2015a. "Table 1. Union Affiliation of Employed Wage and Salary Workers by Selected Characteristics." <<http://www.bls.gov/news.release/union2.t01.htm>> (accessed April 9, 2015).

U.S. Department of Labor. Bureau of Labor Statistics. 2015b. "Union Members Summary." <<http://www.bls.gov/news.release/union2.nr0.htm>> (accessed April 9, 2015).

U.S. Government Accountability Office. 2014. *Issues Related to State Voter Identification Laws*. Gao-14-634. Washington, DC: United States Government Accountability Office. <<http://www.gao.gov/assets/670/665966.pdf>> (accessed April 28, 2015).



CHAPTER 2

THE STATUS OF WOMEN IN THE STATES: 2015 Employment & Earnings

Introduction

Women make up nearly half of the U.S. workforce, and their earnings are essential to the economic security of families across the nation. Yet, gender equality at work remains elusive. Women who work full-time, year-round still earn only 78 cents on the dollar compared with men, and during the last decade little improvement has been made in closing the gender wage gap (DeNavas-Walt and Proctor 2014). The glass ceiling persists, and occupational segregation—the concentration of women in some jobs and men in others—remains a stubborn feature of the U.S. labor market (Hegewisch et al. 2010).

These national trends show up in states across the nation. This chapter examines women’s earnings and the gender wage gap, women’s labor force participation, and the occupations and industries in which women work. It also considers areas where women have experienced progress toward gender equity in the workforce and places where progress has slowed or stalled.

The Employment & Earnings Composite Score

The Employment & Earnings Composite Index compares the states’ performance on four key component indicators of women’s status in the domain of employment and earnings: median annual earnings for women who work full-time, year-round; the gender earnings ratio among full-time,

Best and Worst States on Women’s Employment & Earnings

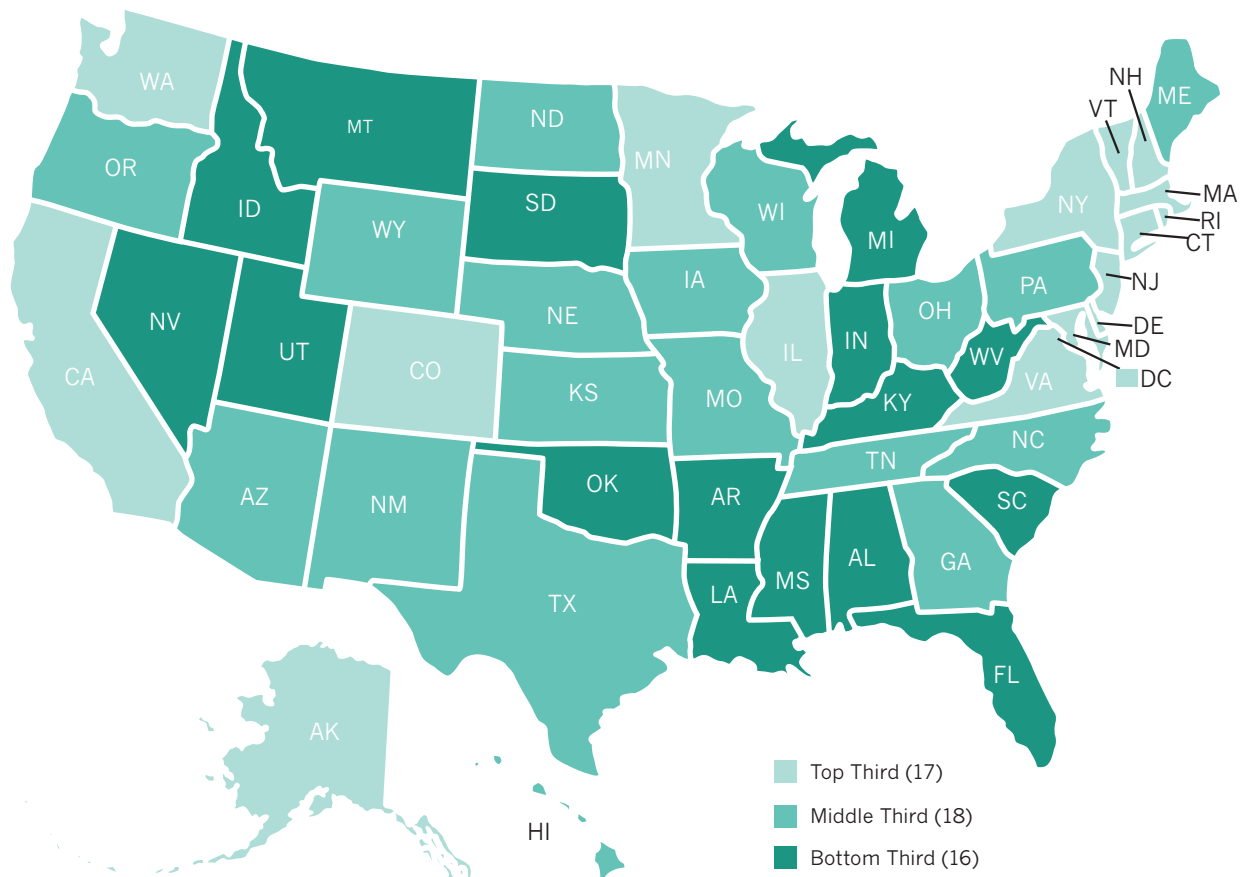
State	Rank	Grade
District of Columbia	1	A
Maryland	2	B+
Massachusetts	3	B+
New Jersey	4	B
Connecticut	5	B
West Virginia	51	F
Idaho	50	F
Louisiana	49	F
Mississippi	48	F
Arkansas	47	F

year-round workers; women’s labor force participation; and the percent of employed women who work in managerial or professional occupations. Composite scores ranged from a high of 5.33 to a low of 3.43, with the higher scores reflecting a stronger performance in the area of employment and earnings (Table 2.1).

- The District of Columbia has, by far, the highest score on the Employment & Earnings Composite Index (Table 2.1). The District ranks in the top ten on all four component indicators and is first for women’s earnings and the percent of employed women in managerial or professional occupations.

- West Virginia has the worst ranking on the Employment & Earnings Composite Index. It ranks in the bottom ten on three of the four indicators and is last for the percent of women in the labor force and second to last for the gender earnings ratio.
- In general, women in the Northeast and Mid-Atlantic regions fare the best on the Employment & Earnings Composite Index (Table 2.1; Map 2.1). Along with the District of Columbia, seven other states from these regions—Connecticut, Maryland, Massachusetts, New Jersey, New York, Vermont, and Rhode Island—are all in the top eleven. Alaska, Minnesota, and Virginia also rank in the top eleven; Minnesota and Rhode Island tied for tenth place.
- The Southern states have poor scores on the Employment & Earnings Composite. In addition to West Virginia, six other Southern states—Alabama, Arkansas, Kentucky, Louisiana, Mississippi, and South Carolina—are in the bottom ten. They are joined by Idaho, Montana, and South Dakota.
- The District of Columbia is the only jurisdiction to receive an A on the Employment & Earnings Composite Index. No state received an A-, and two states—Maryland and Massachusetts—received a B+. Arkansas, Mississippi, Louisiana, Idaho, and West Virginia all received an F (for information on how grades were determined, see Appendix A2).

Map 2.1. Employment & Earnings Composite Index



Note: For methodology and sources, see Appendix A2. Calculated by the Institute for Women's Policy Research.

Table 2.1

How the States Measure Up: Women's Status on the Employment & Earnings Composite and Its Components, 2013

State	Composite Index			Median Annual Earnings for Women Employed Full-Time, Year-Round		Earnings Ratio Between Women and Men Employed Full-Time, Year-Round		Percent of Women in the Labor Force		Percent of All Employed Women in Managerial or Professional Occupations	
	Score	Rank	Grade	Dollars	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	3.69	46	D-	\$33,000	41	76.0%	39	52.6%	50	38.5%	29
Alaska	4.32	7	B	\$43,000	7	76.8%	36	68.3%	1	42.0%	12
Arizona	3.86	34	C-	\$36,000	22	81.8%	17	54.3%	48	37.9%	37
Arkansas	3.58	47	F	\$30,000	48	75.0%	44	53.6%	49	37.1%	40
California	4.13	15	B-	\$42,000	9	84.0%	6	57.2%	38	39.6%	22
Colorado	4.20	12	B	\$40,000	13	80.0%	19	62.7%	11	42.6%	10
Connecticut	4.35	5	B	\$46,000	5	76.7%	38	62.6%	14	43.9%	6
Delaware	4.20	12	B	\$41,000	11	82.2%	16	58.9%	27	43.0%	8
District of Columbia	5.33	1	A	\$60,000	1	87.0%	3	64.4%	7	61.9%	1
Florida	3.82	37	D+	\$34,000	36	85.0%	5	54.4%	45	36.9%	43
Georgia	3.94	26	C	\$35,000	27	82.4%	15	58.1%	33	39.4%	23
Hawaii	4.05	18	C+	\$40,000	13	83.3%	9	59.4%	23	37.0%	42
Idaho	3.54	50	F	\$30,000	48	75.0%	44	56.4%	40	33.6%	50
Illinois	4.11	16	B-	\$40,000	13	80.0%	19	61.2%	19	40.1%	19
Indiana	3.76	39	D	\$34,000	36	75.6%	42	58.6%	31	36.5%	45
Iowa	3.93	27	C	\$35,000	27	77.8%	29	62.7%	11	38.1%	34
Kansas	3.99	21	C+	\$35,000	27	77.8%	29	61.3%	17	41.7%	13
Kentucky	3.73	43	D	\$33,200	40	77.6%	32	54.4%	45	37.7%	38
Louisiana	3.56	49	F	\$32,000	43	66.7%	51	55.7%	43	37.1%	40
Maine	4.03	19	C+	\$36,000	22	83.7%	8	60.4%	21	39.7%	21
Maryland	4.72	2	B+	\$49,800	2	87.4%	2	65.0%	6	47.8%	2
Massachusetts	4.57	3	B+	\$48,500	3	80.8%	18	63.3%	9	47.5%	3
Michigan	3.85	36	C-	\$37,000	21	77.1%	33	57.6%	37	36.7%	44
Minnesota	4.24	10	B	\$40,000	13	80.0%	19	66.4%	2	41.5%	14
Mississippi	3.57	48	F	\$30,000	48	75.0%	44	54.4%	45	36.0%	48
Missouri	3.88	30	C-	\$34,000	36	79.1%	25	59.9%	22	38.3%	32
Montana	3.70	45	D-	\$31,600	46	75.2%	43	59.0%	26	36.2%	47
Nebraska	3.87	31	C-	\$32,900	42	73.1%	47	65.2%	5	38.7%	28
Nevada	3.75	41	D	\$35,000	27	82.7%	11	59.2%	24	31.0%	51
New Hampshire	4.20	12	B	\$40,000	13	76.9%	34	62.7%	11	44.2%	5
New Jersey	4.39	4	B	\$48,000	4	80.0%	19	60.5%	20	43.2%	7
New Mexico	3.87	31	C-	\$35,000	27	82.7%	11	54.5%	44	39.0%	24
New York	4.34	6	B	\$43,800	6	87.6%	1	58.9%	27	42.8%	9
North Carolina	3.97	23	C+	\$35,000	27	83.3%	9	58.1%	33	40.3%	18
North Dakota	3.95	25	C	\$35,000	27	75.8%	41	65.3%	4	38.4%	30
Ohio	3.89	29	C	\$36,000	22	76.8%	36	59.1%	25	38.4%	30
Oklahoma	3.78	38	D+	\$32,000	43	80.0%	19	55.8%	42	38.8%	26
Oregon	4.00	20	C+	\$38,000	19	82.6%	14	57.7%	36	38.8%	26
Pennsylvania	3.97	23	C+	\$38,000	19	76.0%	39	58.6%	31	40.5%	17
Rhode Island	4.24	10	B	\$43,000	7	82.7%	11	62.3%	16	40.1%	19
South Carolina	3.73	43	D	\$32,000	43	80.0%	19	56.8%	39	36.4%	46
South Dakota	3.74	42	D	\$30,000	48	76.9%	34	65.5%	3	34.2%	49
Tennessee	3.86	34	C-	\$33,500	39	83.8%	7	56.3%	41	38.1%	34
Texas	3.87	31	C-	\$35,000	27	77.8%	29	58.1%	33	38.9%	25
Utah	3.76	39	D	\$35,000	27	70.0%	48	58.7%	29	38.0%	36
Vermont	4.25	8	B	\$38,900	18	86.4%	4	62.5%	15	42.6%	10
Virginia	4.25	8	B	\$41,000	11	78.8%	26	61.3%	17	45.1%	4
Washington	4.09	17	B-	\$41,300	10	77.9%	28	58.7%	29	40.6%	16
West Virginia	3.43	51	F	\$30,300	47	67.3%	50	49.3%	51	37.4%	39
Wisconsin	3.98	22	C+	\$36,000	22	78.3%	27	63.4%	8	38.2%	33
Wyoming	3.91	28	C	\$36,000	22	67.9%	49	62.8%	10	41.3%	15
United States	4.00			\$38,000		79.2%		58.6%		39.9%	

Note: Aged 16 and older.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Trends in Employment & Earnings

Women’s status in the area of employment and earnings has improved on two indicators since the publication of IWPR’s last national report on the status of women, the 2004 *Status of Women in the States*, and remained unchanged or declined on two others. Women’s median annual earnings for full-time, year-round work in 2013 (\$39,157) were nearly identical to their earnings for similar work in 2002 (\$39,108 when adjusted to 2013 dollars).¹ The gender earnings ratio improved during this time from 76.6 to 78.3 percent (DeNavas-Walt and Proctor 2014), narrowing the gender wage gap by 1.7 percentage points, and the share of women working in professional or managerial occupations grew from 33.2 to 39.9 percent. Women’s labor force participation rate, however, declined from 59.6 in 2002 to 57.0 percent in 2014 (IWPR 2004; U.S. Bureau of Labor Statistics 2015a).²

- On the composite score for women’s employment and earnings, 30 states have either gained ground or experienced no change. The jurisdictions experiencing the largest gains are New York and the District of Columbia, whose composite scores increased by 8.2 and 7.0 percent, respectively. New York’s ranking improved from 19th to 6th place between the 2004 and 2015 releases, and the District of Columbia ranked first in both years.
- Among states that have declined, Missouri experienced the biggest loss, with a 6.5 percent decrease in its composite score. This decline is considerably higher than the state with the second largest loss, Arizona, whose score decreased by 3.0 percent. Between the 2004 and 2015 data releases, Missouri declined in the rankings from 12th to 30th place, and Arizona fell from 22nd to 34th place.

Earnings and the Gender Wage Gap

Median Annual Earnings

Women’s median annual earnings vary considerably across states (see Table 2.1; Map 2.2).

- The District of Columbia ranked first in the nation for the median annual earnings of women working full-time, year-round in 2013. Women in the nation’s capital had considerably higher earnings (\$60,000) than women in the second- and third-ranking jurisdictions, Maryland and Massachusetts, where women earned \$49,800 and \$48,500, respectively.³
- In Arkansas, Idaho, Mississippi, and South Dakota, women have median annual earnings of \$30,000, the lowest in the nation. Other states that rank in the bottom ten on this indicator include Louisiana, Montana, Nebraska, Oklahoma, South Carolina, and West Virginia.

Best and Worst States on Women’s Median Annual Earnings

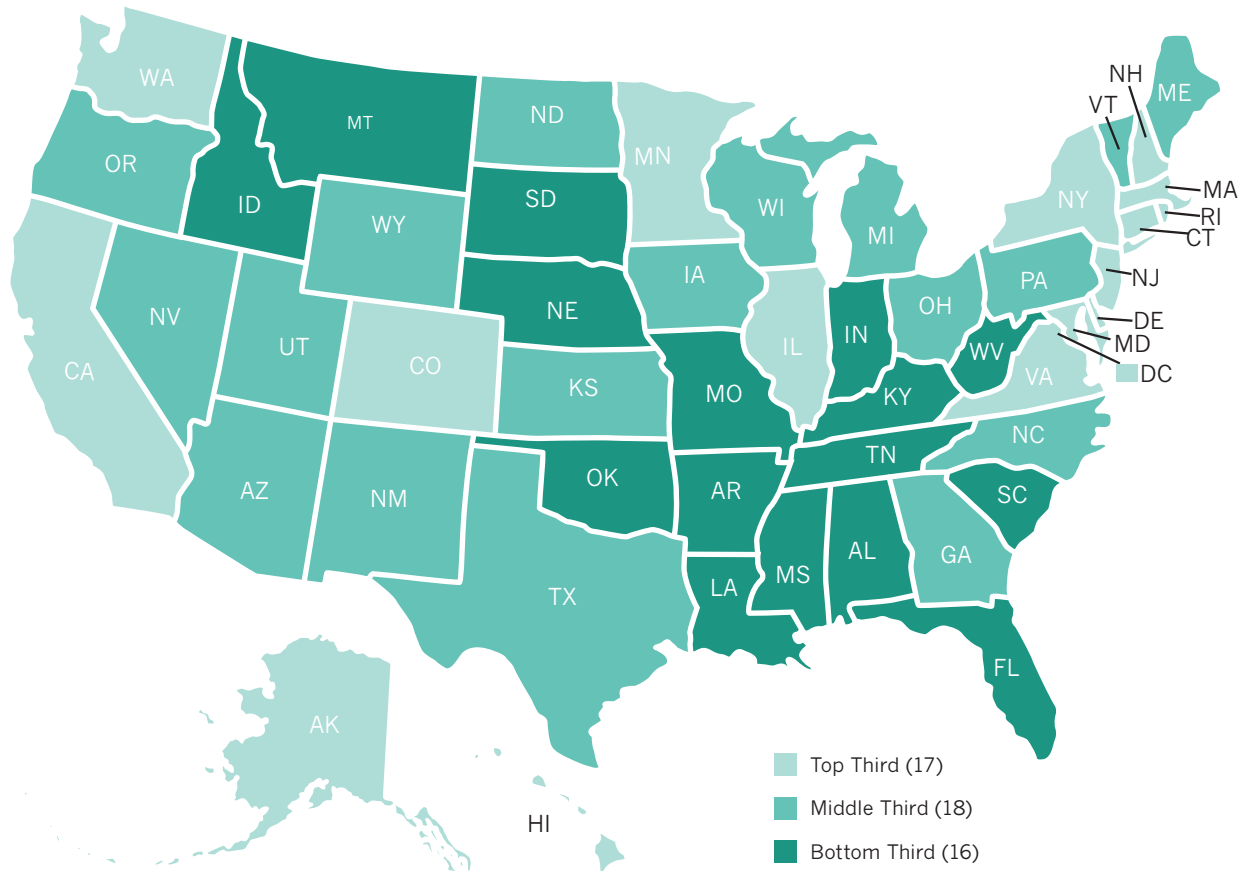
State	Earnings	Rank
District of Columbia	\$60,000	1
Maryland	\$49,800	2
Massachusetts	\$48,500	3
New Jersey	\$48,000	4
Connecticut	\$46,000	5
Arkansas	\$30,000	48
Idaho	\$30,000	48
Mississippi	\$30,000	48
South Dakota	\$30,000	48
West Virginia	\$30,300	47

¹ The earnings estimate for 2013 is based on the Current Population Survey (CPS), the official dataset for national earnings, and the same dataset used for the 2002 estimate. It differs from earnings estimates based on the American Community Survey (ACS), the primary dataset used in this report. IWPR’s national estimate of median annual earnings for full-time, year-round workers based on analysis of the ACS is \$38,000 for women and \$48,000 for men in 2013. This report relies on the ACS because the ACS’s larger sample size makes it possible to provide data disaggregated by age and race/ethnicity on women’s earnings at the state level. Differences in estimates based on the ACS and CPS may be due to the use of different reference periods for reporting annual earnings as well as differences in the method of data collection and the types of households surveyed (see Appendix A2 for more information). Earnings estimates based on the CPS are for the population aged 15 and older; IWPR’s estimates based on analysis of the ACS are for the population aged 16 and older.

² Both the 2004 and 2014 estimates are based on the CPS; estimates based on the ACS differ slightly. IWPR’s estimates of labor force participation in 2013 based on analysis of the ACS are 58.6 percent for women aged 16 and older and 68.9 percent for men (see Appendix Table B2.1). The Bureau of Labor Statistics’s estimates for 2013, based on the CPS, are 57.2 percent for women and 69.7 percent for men aged 16 and older. Differences based on the ACS and CPS may be due to different time periods for reporting labor force activity as well as sampling variability, questionnaire structure, and mode of data collection.

³ The comparatively high earnings of women in some states are, to some extent, offset by higher costs of living in these areas. In general, places such as the District of Columbia, New England, Alaska, Hawaii, and the West Coast have higher costs of living than the Midwestern and Southern states (Missouri Economic Research and Information Center 2015).

Map 2.2. Median Annual Earnings for Women Employed Full-Time, Year-Round, 2013



Note: Median annual earnings for full-time, year-round workers aged 16 and older.
 Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

During the last thirty years, men’s real earnings in the United States have remained essentially the same, while women’s have grown, albeit from a much smaller base. Between 1980 and 2013, after adjusting for inflation, real median earnings for women’s full-time, year-round work grew nationally from \$30,138 to \$39,157, while men’s decreased slightly from \$50,096 to \$50,033 (DeNavas-Walt and Proctor 2014).⁴ Among women, the growth in real median annual earnings took place in the 1980s and 1990s; since the early 2000s, women’s earnings, like men’s, have stagnated.

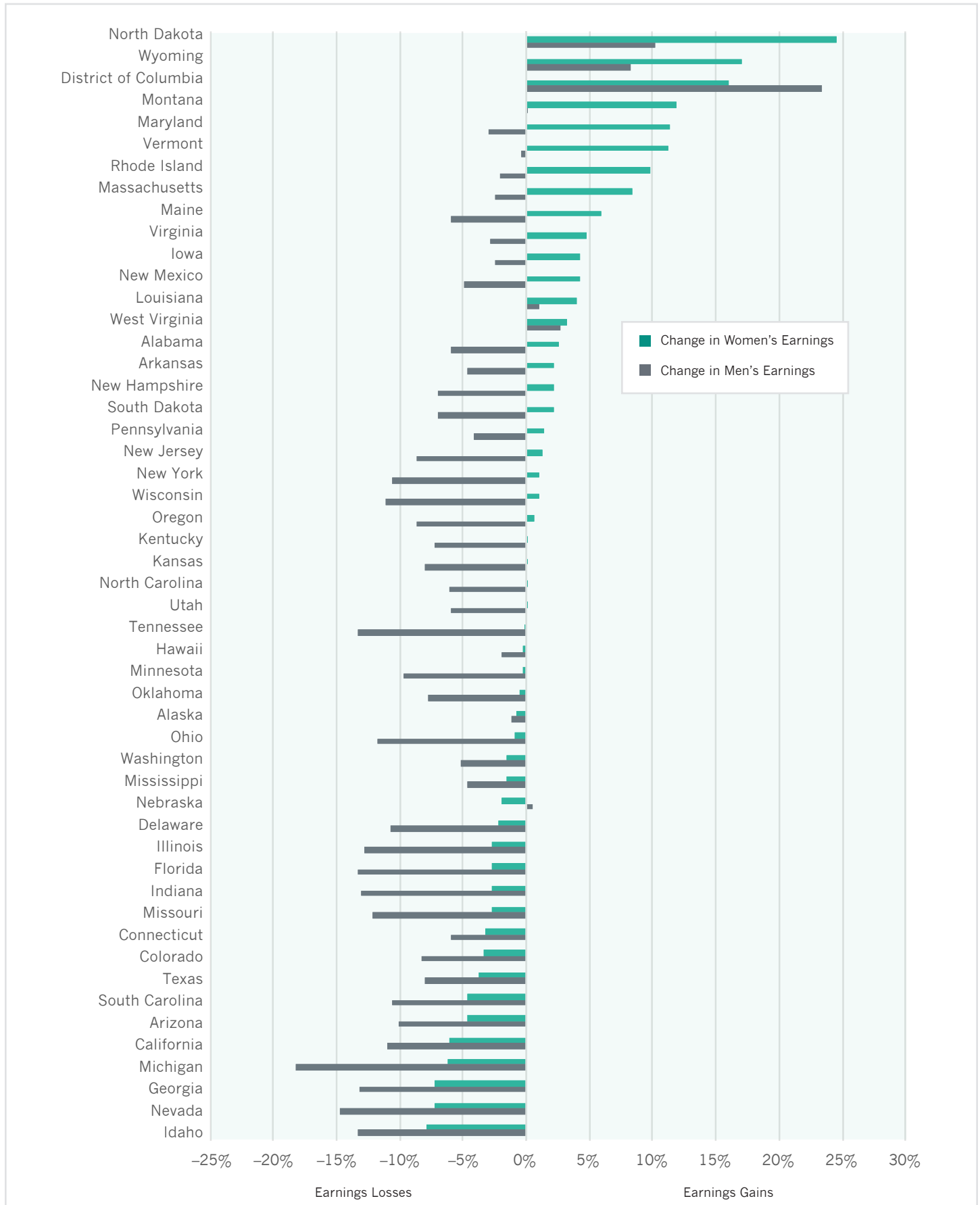
Changes to women’s and men’s real earnings vary across the states, however. IWPR analysis of the 1980, 1990,

and 2000 Decennial Censuses (for the calendar years 1979, 1989, and 1999) indicates that between 1979 and 1999, women’s real earnings increased in all but three states (48) while men’s increased in only 18. Between 1999 and 2013, 27 states had positive earnings growth for women, with the strongest growth in North Dakota. During this time, men’s real earnings grew in only seven states (Figure 2.1). As men’s real earnings have stagnated or fallen, women’s earnings have become increasingly important to family economic security. As of 2012, 29 percent of women in married couples where both spouses work had annual earnings that were higher than their husbands’, an increase of 11 percentage points since 1987 (U.S. Bureau of Labor Statistics 2014a).

⁴ Earnings estimate for 1980 is for the civilian workforce only.

Figure 2.1.

Change in Real Median Annual Earnings by Gender (Full-Time, Year-Round Workers), 1999–2013



Note: Aged 16 and older.
 Source: IWPR analysis of 2000 Decennial Census (for calendar year 1999) and 2013 American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

The Gender Earnings Ratio

The change and stagnation in women’s and men’s real earnings over the last several decades have contributed to the narrowing of the gender wage gap in earlier decades and more recently stalled progress in further closing this gap. Between 1980 and 2000—when women’s real earnings grew while men’s remained unchanged—the gender earnings ratio increased from 60.2 percent (in 1980) to 71.6 percent (in 1990) to 73.7 percent (in 2000). Between 2001 and 2012—when both women’s and men’s earnings stagnated—the gender earnings ratio remained virtually constant (76.3 percent in 2001 and 76.5 percent in 2012; DeNavas-Walt and Proctor 2014).

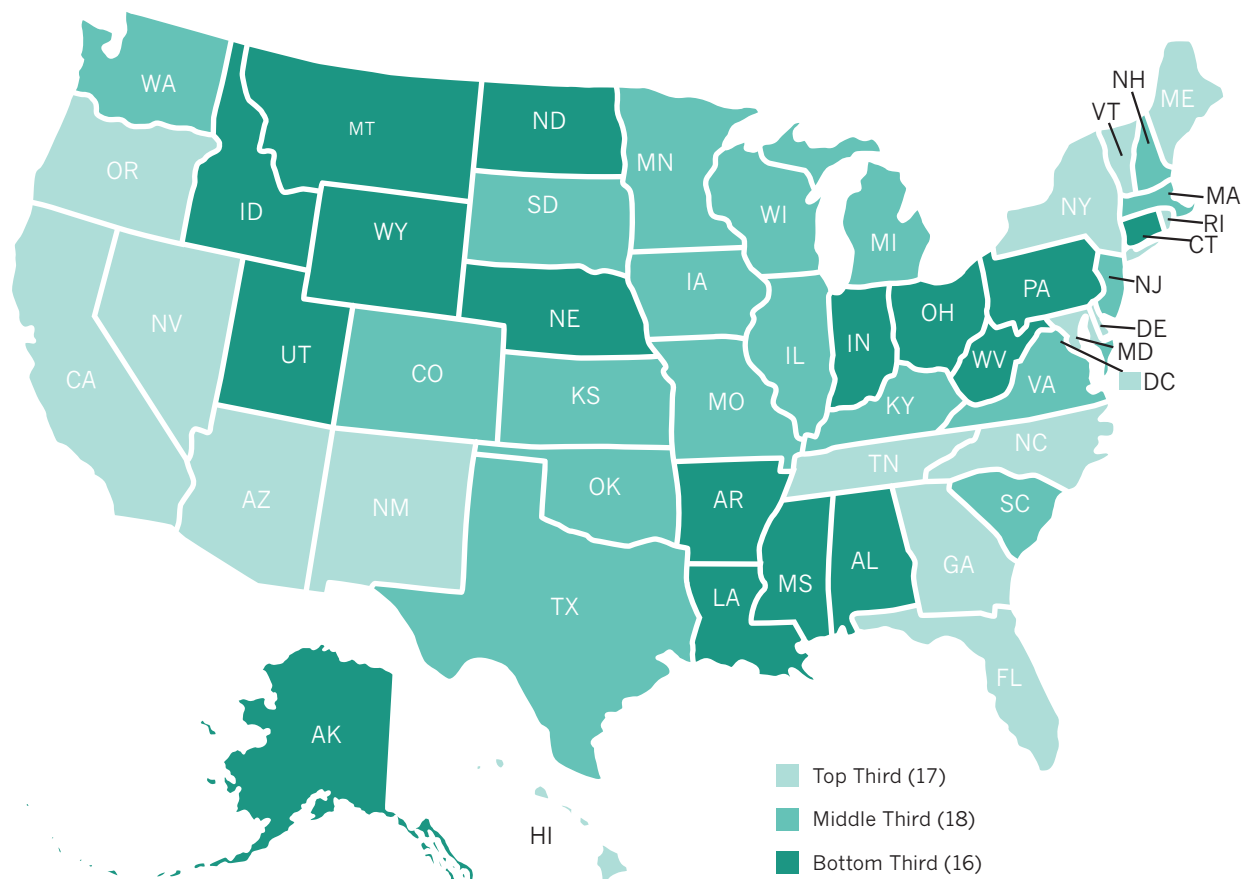
The gender earnings ratio improved between 2012 and 2013 from 76.5 to 78.3 percent (DeNavas-Walt and Proctor 2014), yet in every state in the nation, women still earn less than men (Table 2.1). The gender earnings ratio varies considerably among states (Map 2.3), from 87.6 percent in New York, the best state, to 66.7 percent in Louisiana, the worst state.

Best and Worst States on the Gender Wage Gap

State	Gender Earnings Ratio	Rank
New York	87.6%	1
Maryland	87.4%	2
District of Columbia	87.0%	3
Vermont	86.4%	4
Florida	85.0%	5
Louisiana	66.7%	51
West Virginia	67.3%	50
Wyoming	67.9%	49
Utah	70.0%	48
Nebraska	73.1%	47

- In addition to New York, four other jurisdictions have a gender earnings ratio of 85 percent or higher (87.4 in Maryland, 87.0 in the District of Columbia, 86.4 in Vermont, and 85.0 in Florida).

Map 2.3. Earnings Ratio Between Women and Men Employed Full-Time, Year-Round, 2013



Note: Ratio of women’s to men’s median annual earnings (full-time, year-round workers) aged 16 and older.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

- Women in Louisiana earn just 66.7 cents on the dollar compared with men, the worst earnings ratio in the nation. In two other states—West Virginia (67.3 percent) and Wyoming (67.9 percent)—the gender wage gap is also greater than 30 cents per dollar.

If progress continues at the rate since 1960, the disparity between women's and men's earnings in the United

States overall will not close until the year 2058 (IWPR 2014a). Among the 50 states and the District of Columbia, Florida is projected to be the first state in the nation where women's median annual earnings will reach parity with men's, but not until the year 2038. In five states, women's earnings are not expected to equal men's until the next century. The gender wage gap is expected to close last in Wyoming—in the year 2159 (Figure 2.2).

The Employment and Earnings of Older Women

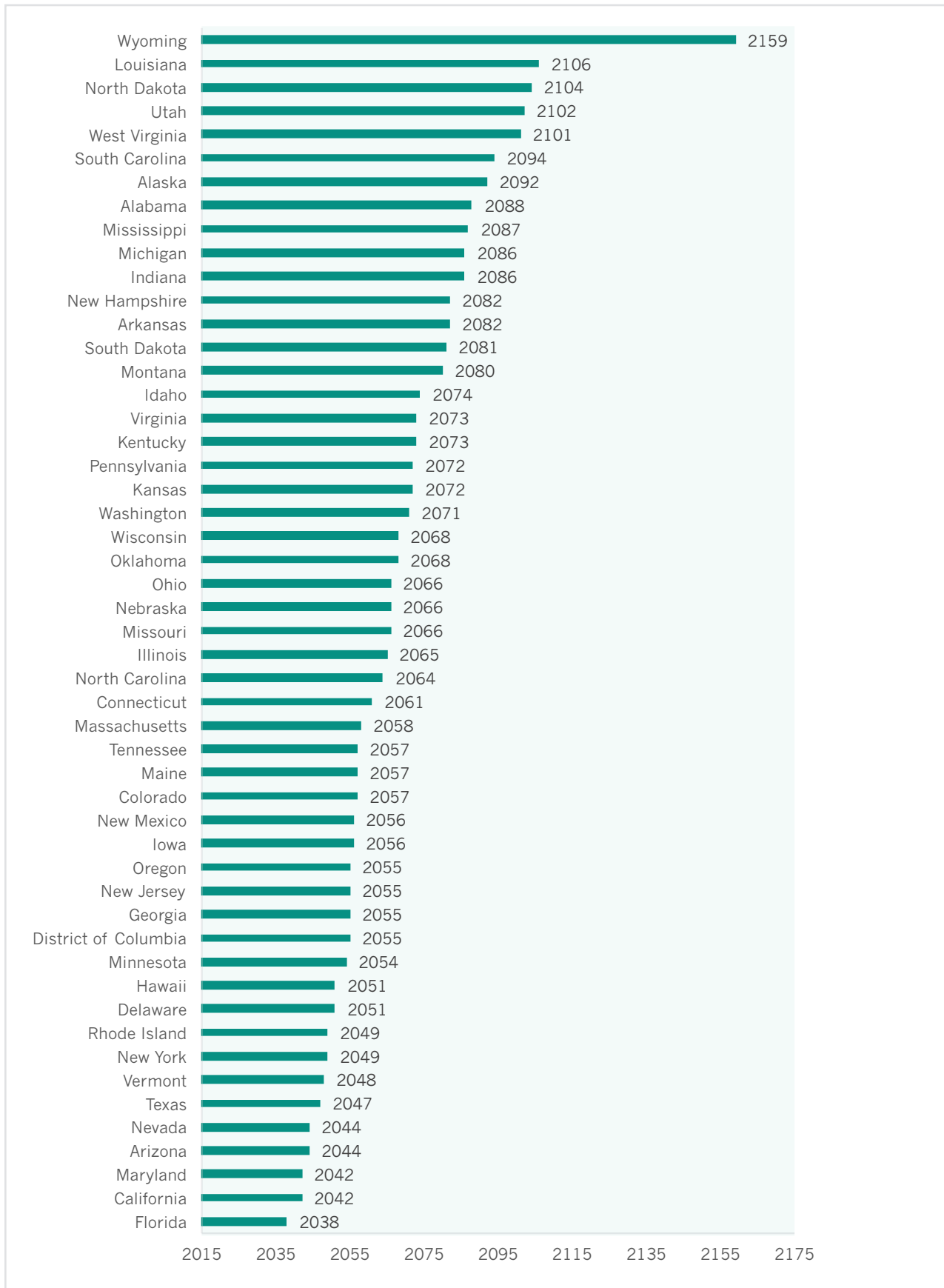
The majority of older people (aged 65 and above) in the United States are women, and many are active in the workforce. In 2013, nearly 14 percent of women aged 65 and older were in the labor force; among the youngest of this age group—those aged 65–74—more than one in five women (22.0 percent) were in the workforce. Slightly more than half of employed women aged 65 and older work part-time (51.4 percent).

- The median annual earnings of women aged 65 and older who work full-time, year-round in the United States are \$37,000, slightly less than the earnings for all women aged 16 and older (\$38,000). Women aged 75 and older who work full-time, year-round have median earnings that are \$8,000 less than those aged 65–74 (\$30,000 compared with \$38,000).
- The gender earnings ratio between women and men aged 65 and older who work full-time, year-round is lower than the earnings ratio between all women and men. Older women earn 72.5 cents on the dollar compared with their male counterparts.
- Approximately 35.6 percent of employed women aged 65 and older work in managerial or professional occupations, a smaller percentage than their male counterparts (42.7 percent). Among all employed women and men aged 16 and older, the pattern differs: women are considerably more likely than men to work in professional or managerial occupations (39.9 percent compared with 33.0 percent).
- As with all employed women and men, older women and men tend to be concentrated in different jobs. Older women are substantially more likely than older men to work in service or in office and administrative support occupations; more than four in ten (45.9 percent) older women work in these occupations, compared with just one in five (19.6 percent) older men. Older women are much less likely than their male counterparts to work in management, business, and financial occupations (12.0 percent compared with 21.0 percent) and in construction or production occupations (5.8 percent compared with 24.9 percent). These general patterns hold true for all-age women and men as well, with slight differences (see Table 2.6 below).

IWPR calculations based on 2013 American Community Survey microdata.

Figure 2.2.

Projected Year for Closing the Gender Wage Gap by State



Note: Linear projection based on the rate of progress in closing the gender wage gap since 1959. Projection is based on the ratio of women's to men's earnings among full-time, year-round workers aged 16 and older.

Source: IWPR calculations based on the 1960, 1970, 1980, and 2000 Decennial Censuses (for the calendar years 1959, 1969, 1979, 1989, and 1999) and the 2001–2013 American Community Surveys (Integrated Public Use Microdata Series, Version 5.0).

The Employment and Earnings of Millennials

The millennial generation has come of age in difficult economic times—in a period where student debt reached all-time highs and employment opportunities were in short supply. Research indicates that in 2013, the average loan debt among bachelor’s degree students graduating with debt from public and private nonprofit colleges was \$28,400 (Reed and Cochrane 2014).

In the face of difficult economic times, millennial women—defined here as those aged 16–34 in 2013—are pursuing many different career paths and jobs. Much like their older counterparts, however, they face a range of challenges in the workforce.

- Nearly seven in ten (67.8 percent) millennial women (aged 16–34) are in the workforce, compared with 73.1 percent of their male counterparts.⁵
- Millennial women and men have been highly vulnerable to unemployment: 11.6 percent of millennial women and 12.5 percent of millennial men were unemployed in 2013, which is well above the unemployment rates for women and men overall.
- Millennial women face a gender wage gap, albeit one that is narrower than the wage gap between all women and men. In 2013, the median annual earnings for millennial women working full-time, year-round were \$30,000, compared with \$35,000 for their male counterparts, resulting in an earnings ratio of 85.7 percent. Between 2011 and 2013, millennial women earned less than millennial men in all but one state, New York, where women of this age range earned \$38,319 compared with \$37,542 for men (Appendix Table B2.2). For both millennial women and all women, New York is the best state for the gender wage gap, and the District of Columbia has the highest earnings.
- More than one in three (34.2 percent) millennial women work in managerial or professional occupations, compared with one in four (25.4 percent) millennial men.
- Millennial women are slightly more likely than millennial men to work in management, business, and financial operations (10.2 percent of employed millennial women compared with 9.7 percent of employed millennial men). Millennial women are also considerably more likely than their male counterparts to work in professional or related occupations (24.0 percent compared with 15.7 percent). As with older women, millennial women are much more likely than their male counterparts to work in service occupations (27.2 percent compared with 20.5 percent), and much less likely to work in construction or production occupations (5.4 percent of employed millennial women compared with 32.9 percent of employed millennial men).

IWPR calculations based on American Community Survey microdata. Earnings data for younger women and men by state are three-year (2011–2013) averages; all other data are for 2013.

⁵ For additional IWPR data on the employment and earnings of millennial women, see the March 2015 issue of *Glamour Magazine*, pp. 274–277.

Earnings and the Gender Wage Gap for Women of Color

Women’s earnings differ considerably by race and ethnicity. Across the largest racial and ethnic groups in the United States, Asian/Pacific Islander women have the highest median annual earnings at \$46,000, followed by white women (\$40,000). Native American and Hispanic women have the lowest earnings at \$31,000 and \$28,000, respectively (Figure 2.3; Appendix Table B2.3).

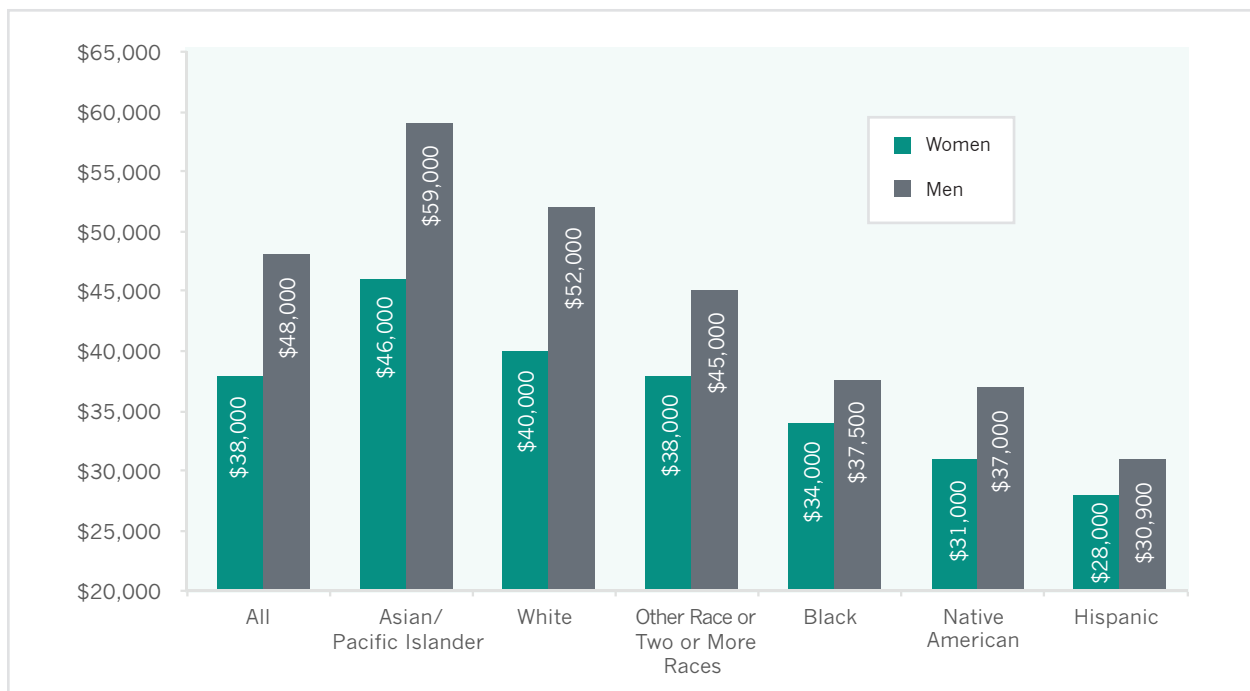
While Asian/Pacific Islander women overall have the highest earnings and Hispanic and Native American women have the lowest earnings, significant differences exist within these groups. Among Asian/Pacific Islander women, Indian women have the highest median annual earnings at \$60,879—more than twice the earnings of the lowest earning group, the Hmong (\$30,000), and approximately twice the earnings of the second lowest group, the Bangladeshi (\$30,439). Among Hispanic women, women of Argentinian and Spanish descent have the highest earnings at \$40,804 and \$40,586, respectively, while women of Honduran and Guate-

malan descent have the lowest earnings at \$22,784 and \$23,337. Among Native American women, median annual earnings are highest among the Chickasaw (\$42,000), and lowest among the Sioux (\$28,410) and Apache (\$28,500; Appendix Table B2.4). These earnings differences likely stem, in part, from differences in education levels; women from the higher-earning racial and ethnic groups are more likely to hold a college degree (IWPR 2015).

In all the racial and ethnic groups shown in Figure 2.3 and all but two of the detailed groups shown in Appendix Table B2.4—the Pueblo and “other” Central Americans—women earn less than men. Among the groups in Figure 2.3, the differences are smallest for blacks and Hispanics, due to the comparatively low earnings of black and Hispanic men, which are considerably less than the earnings of men overall.

Another way of examining gender earnings differences is to compare earnings for different groups of women with the largest group in the labor force, white men. Hispanic women face the largest earnings gap, with median

Figure 2.3. Median Annual Earnings for Women and Men Employed Full-Time, Year-Round by Race/Ethnicity, United States, 2013



Notes: For women and men aged 16 and older. Racial groups are non-Hispanic. Hispanics may be of any race or two or more races. Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table 2.2.

Women's and Men's Median Annual Earnings and the Gender Earnings Ratio, Full-Time, Year-Round Workers, United States, 2013

	Women	Men	Ratio of Women's Earnings to Men's of the Same Racial/Ethnic Group	Ratio of Women's Earnings to White Men's Earnings
Asian/Pacific Islander	\$46,000	\$59,000	78.0%	88.5%
White	\$40,000	\$52,000	76.9%	76.9%
Other Race or Two or More Races	\$38,000	\$45,000	84.4%	73.1%
Black	\$34,000	\$37,500	90.7%	65.4%
Native American	\$31,000	\$37,000	83.8%	59.6%
Hispanic	\$28,000	\$30,900	90.6%	53.8%
Total			All Women to All Men	
American Community Survey	\$38,000	\$48,000	79.2%	
Current Population Survey	\$39,197	\$50,033	78.3%	

Notes: For women and men aged 16 and older. Racial groups are non-Hispanic. Hispanics may be of any race or two or more races. Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

annual earnings that are slightly more than half those of white men (53.8 percent). Asian/Pacific Islander women face the smallest gap, but still earn only 88.5 percent of white men's earnings (Table 2.2).

The Earnings Ratio by Educational Attainment

Education increases women's earnings but does not eliminate the gender wage gap. In the United States, women with a bachelor's degree earn, on average, more than twice the amount that women with less than a high school diploma earn (Figure 2.4). Yet, women who work full-time, year-round earn less than men at the same educational level, and at all but one level they earn the same as or less than men with lower educational qualifications. The gap in earnings is largest for those with the highest levels of educational attainment: women with a graduate degree earn only 69.1 percent of what comparable men earn, and women with a bachelor's degree earn 71.4 percent of the amount their male counterparts earn. These data indicate that women need more educational qualifications than men do to secure jobs that pay well.

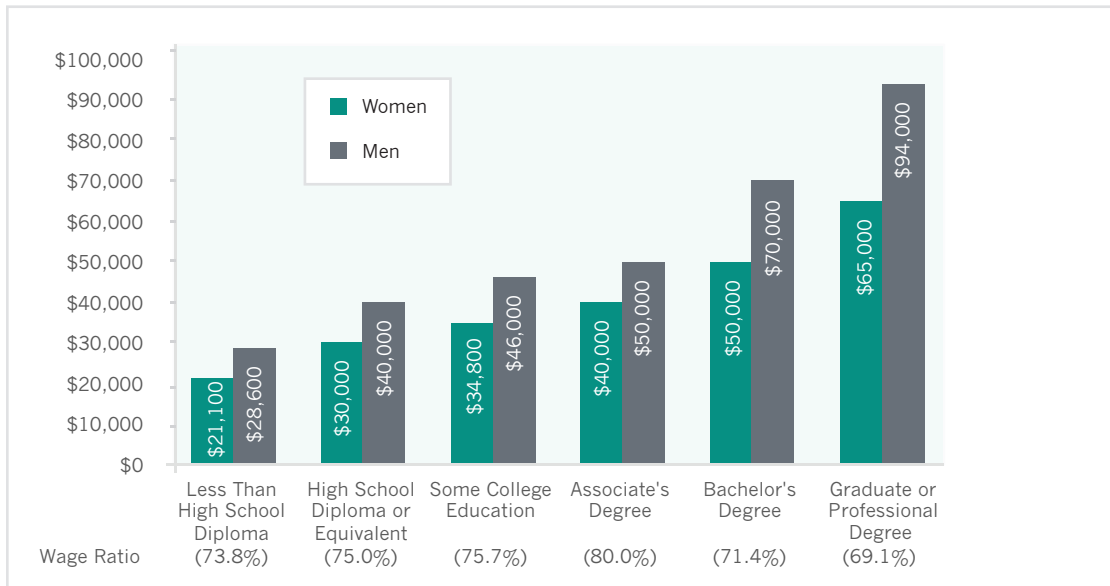
- Median annual earnings for women with at least a bachelor's degree are highest in the District of

Columbia (\$74,000). Five other states—California, Connecticut, Maryland, New Jersey, and New York—have median annual earnings for women with a bachelor's degree or higher of at least \$65,000 per year (Appendix Table B2.5).

- Median annual earnings for women with a bachelor's degree or higher are lowest in South Dakota (\$38,000). Oklahoma has the second lowest earnings for women with at least a bachelor's degree at \$42,000, followed by Mississippi (\$43,000; Appendix Table B2.5).
- The District of Columbia has the highest gender earnings ratio for workers with at least a bachelor's degree (86.0 percent), followed by North Dakota (85.5 percent) and Rhode Island (84.9 percent; Appendix Table B2.5).
- The gender earnings ratio for workers with at least a bachelor's degree is lowest in New Hampshire and Texas (both at 65.0 percent). In three other states, the ratio is also below 67 percent (South Carolina at 66.2 percent, and Arizona and Virginia at 66.7 percent; Appendix Table B2.5).

Figure 2.4.

Median Annual Earnings and the Gender Earnings Ratio for Women and Men at Different Educational Levels, 2013



Notes: Full-time, year-round workers aged 25 years and older.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

State Statutes That Address the Gender Wage Gap

- Tackling Pay Secrecy:** As of 2014, ten states had enacted laws that prohibit employer retaliation against employees who inquire about other employees' wages or disclose their own: California, Colorado, Illinois, Louisiana, Maine, Michigan, Minnesota, New Hampshire, New Jersey, and Vermont (U.S. Department of Labor 2014).
- Tackling the Undervaluation of Women's Work:** As of January 2015, the District of Columbia and at least five states—Iowa, Minnesota, Montana, Washington, and West Virginia—have "comparable worth" statutes or regulations for public employees to address the undervaluation of work performed mainly by women. These statutes and regulations require that compensation for work of comparable worth—measured by the skill, effort, responsibility, and working conditions—be equitable (IWPR n.d.).
- Tackling Low Wages:** As of January 1, 2015, 29 states and the District of Columbia had a minimum wage that was higher than the federal minimum wage of \$7.25. The minimum wage was highest in the District of Columbia at \$9.50 per hour; seven states had a minimum wage of at least \$9.00 per hour (U.S. Department of Labor 2015a). Several other states are scheduled to increase above \$9.50 in future years.
- Tackling the Low Tipped Minimum Wage:** As of 2014, seven states required employers to pay tipped workers the full state minimum wage: Alaska, California, Minnesota, Montana, Nevada, Oregon, and Washington (U.S. Department of Labor 2015b). An additional 26 states and the District of Columbia required employers to pay tipped workers above the federal tipped minimum wage of \$2.13 an hour, ranging from a state tipped minimum wage of \$2.23 in Delaware to a state tipped minimum wage in Connecticut of \$5.78 (for the hotel and restaurant industry) and \$7.46 (for bartenders who customarily receive tips; U.S. Department of Labor 2015b).

Cumulative Losses from the Gender Wage Gap

Losses from the gender wage gap accumulate over the course of a woman's lifetime. Average lifetime losses for all women who were born between 1955 and 1959 and worked full-time, year-round each year total \$531,502 by age 59 (Figure 2.5). Among college-educated women, the losses were even greater, due in part to the larger gender wage gap that women with this level of education face (see Figure 2.4). Women with a college education who were born between 1955 and 1959 and worked full-time, year-round each year lost, on average, nearly \$800,000 by age 59 due to the gender wage gap (Figure 2.5).

Gender Inequality in Low and High Paid Jobs

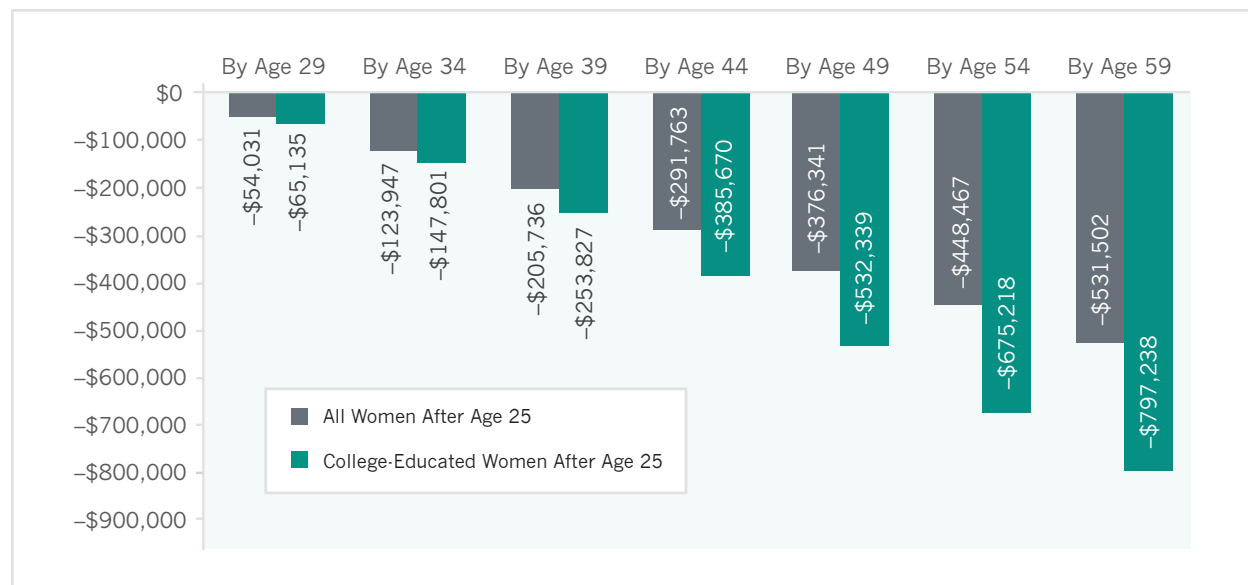
Median earnings capture the midpoint in the earnings distribution: half of all workers earn above and half earn below the median. Another way of comparing earnings is to examine the gender composition of those among

the highest and lowest earnings quartiles in a state. In 2013, women were less likely than men to be among the highest earners in all states in the nation (Appendix Table B2.6).

- The District of Columbia has the highest proportion of women among the top quartile of earners at 21.5 percent. New York and Nevada tie for second with 20.5 percent each, followed by Rhode Island (20.4 percent). Women are least likely to be in the highest-earning quartile in Wyoming (10.4 percent), Utah (12.5 percent), and West Virginia (13.4 percent).
- The states with the largest proportions of women in the lowest earnings quartile are Louisiana (34.6 percent), West Virginia (34.5 percent), and Utah (33.7 percent). Women are least likely to have earnings in the lowest quartile in the District of Columbia (21.7 percent), Alaska (24.0 percent), and Rhode Island (25.1 percent).

Figure 2.5.

Cumulative Losses from the Gender Wage Gap for All Women and College-Educated Women Born in 1955–1959, United States



Note: Data reflect the difference between the median annual earnings of women and men who worked full-time, year-round each year. Source: IWPR analysis of data from the Current Population Survey Annual Social and Economic Supplement (Integrated Public Use Microdata Series, Version 3.0).

The Union Advantage for Women

Union representation brings wage setting into the open and helps ensure that employers set wages based on objective criteria, such as skill, effort, and responsibility. Research shows that labor unions tend to raise wages and improve benefits for all represented workers, especially those at the middle and bottom of the wage distribution, who are disproportionately women (Jones, Schmitt, and Woo 2014).

- Among full-time workers aged 16 and older, women represented by labor unions earn an average of \$212, or 30.9 percent, more per week than women in nonunion jobs.⁶ Men of the same age range who are represented by unions earn, on average, \$173 more per week (or 20.6 percent) than those without union representation (Table 2.3).
- Union women experience a small gender wage gap. Women who are represented by unions earn 88.7 cents on the dollar compared with their male counterparts, a considerably higher earnings ratio than the earnings

ratio between all women and men in the United States.

- Among the racial and ethnic groups shown in Table 2.3, the difference in earnings between those with and without union representation is largest for Hispanics. Hispanic women represented by unions have median weekly earnings that are 42.1 percent higher than those without union representation. Hispanic men with union representation have earnings that are 40.6 percent higher than their nonunion counterparts.
- “Right-to-work” laws—which give employees the benefits of a union contract without paying dues—are associated with lower wages for all workers (both union and nonunion), especially women. In right-to-work states, wages are about 4.4 percent lower for full-time, year-round female workers and 1.7 percent lower for full-time, year-round male workers than in non-right-to-work states (Shierholz and Gould 2011).⁷

Table 2.3.

Union Wage Advantage by Gender and Race/Ethnicity, United States, 2014

Median Weekly Earnings for Full-Time Wage and Salary Workers					
	Union	Nonunion	Union Wage Advantage	Union Wage Advantage (in Percent)	
All Women	\$899	\$687	\$212	30.9%	
Hispanic	\$739	\$520	\$219	42.1%	
Black	\$788	\$590	\$198	33.6%	
White	\$923	\$704	\$219	31.1%	
Asian/Pacific Islander	\$950	\$823	\$127	15.4%	
All Men	\$1,013	\$840	\$173	20.6%	
Hispanic	\$838	\$596	\$242	40.6%	
Black	\$833	\$648	\$185	28.5%	
White	\$1,041	\$867	\$174	20.1%	
Asian/Pacific Islander	\$1,041	\$1,087	-\$46	-4.2%	

Note: Hispanics may be of any race or two or more races and are classified by both ethnicity and race. Asians do not include Pacific Islanders. Data are not available for Native Americans or those who identify with two or more races. Self-employed workers are excluded. Source: IWPR compilation of data from the U.S. Bureau of Labor Statistics 2015b.

⁶ The earnings and pension data in this section are calculated for all workers and are not controlled for age, education, or industry; when controlled for these factors, the union advantage is smaller but still significant, especially for women and minorities (Jones, Schmitt, and Woo 2014).

⁷ Estimates are controlled for individual demographic and socioeconomic variables (including age, gender, race/ethnicity, marital status, education, urbanicity, union status, industry, occupation, whether a worker is an hourly worker, and whether a worker is a full-time worker), as well as state macroeconomic differences, including cost-of-living measures and the unemployment rate (Shierholz and Gould 2011).

The union wage advantage for women varies across states.

- In all states, unionized women who work full-time have higher median weekly earnings than their nonunionized counterparts (Appendix Table B2.7).
- Women who are union members (or covered by a union contract) in Wyoming, South Carolina, and Louisiana have the largest wage advantage compared with nonunionized women at 53.0, 46.2, and 42.1 percent, respectively.
- The jurisdictions with the smallest union wage advantage for women are the District of Columbia (4.5 percent), Colorado (11.9 percent), and Hawaii (14.6 percent).

The union wage advantage for women varies across broad occupational groups. In all of the occupational

groups shown in Table 2.4 below, unionized women earn more than their nonunionized counterparts. The difference is largest in natural resources, construction, and maintenance occupations (95.5 percent), and smallest in management, business, and financial occupations and in sales and related occupations (7.1 percent and 8.0 percent, respectively).

Women who are union members (or covered by a union contract) are also more likely to participate in a pension plan than those who are not unionized. Approximately three in four unionized women (74.1 percent) have a pension plan, compared with slightly more than four in ten (42.3 percent) of their nonunion counterparts (Figure 2.6). Among the largest racial and ethnic groups, the difference in participation rates between union members and nonunion members ranges from about 27 percentage points for black women to about 35 percentage points for Asian/Pacific Islander women.

Table 2.4.

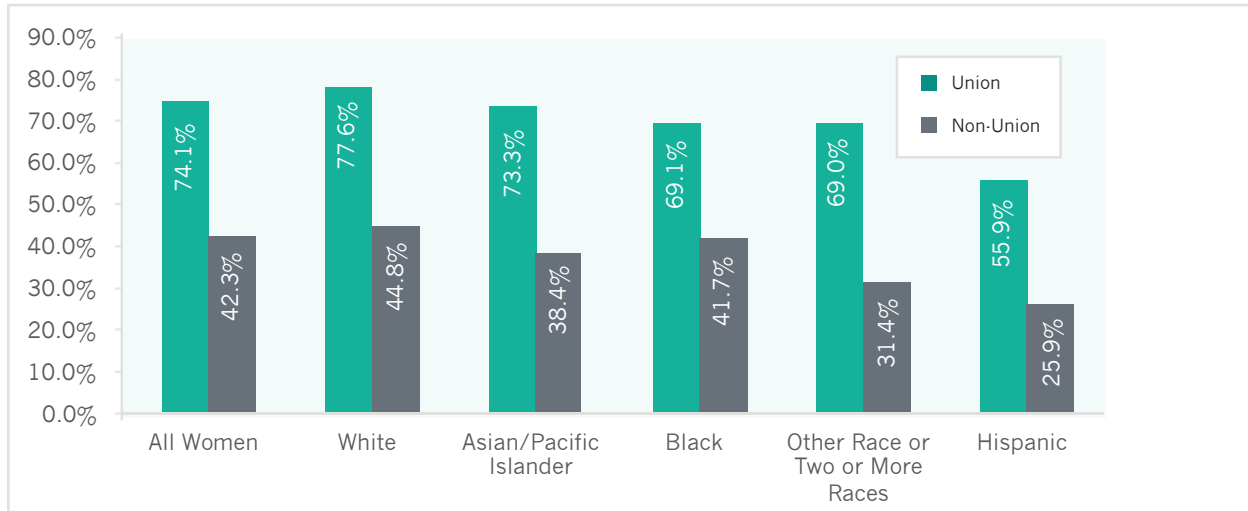
Women’s Median Weekly Earnings for Full-Time Workers by Union Status, United States, 2014

	Union	Nonunion	Union Wage Advantage	Union Wage Advantage (in Percent)
Management, Business, and Financial Occupations	\$1,116	\$1,042	\$74	7.1%
Professional and Related Occupations	\$1,055	\$928	\$127	13.7%
Service Occupations	\$569	\$450	\$119	26.4%
Sales and Related Occupations	\$618	\$572	\$46	8.0%
Office and Administrative Support Occupations	\$771	\$632	\$139	22.0%
Natural Resources, Construction, and Maintenance Occupations	\$989	\$506	\$483	95.5%
Production, Transportation, and Material Moving Occupations	\$621	\$490	\$131	26.7%
All Occupations	\$911	\$694	\$217	31.3%

Note: For workers aged 16 and older. Data are four-year (2011–2014) averages. Earnings are in 2014 dollars. Source: IWPR analysis of Current Population Survey Outgoing Rotation Groups (Version 2.0.1) data.

Figure 2.6.

Percent of Women Workers with a Pension Plan by Union Status, United States, 2013



Notes: Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data include all workers aged 15 and older and are three-year averages (2012–2014, for calendar years 2011–2013). Native Americans are included in “other race or two or more races”; sample sizes are insufficient to report estimates for Native Americans separately.

Source: IWPR analysis of data from the Current Population Survey Annual Social and Economic Supplement.

Women’s Labor Force Participation

Women’s increased labor force participation represents a significant change in the U.S. economy since 1950. As of 2014, nearly six in ten women aged 16 and older (57.0 percent) worked outside the home (U.S. Bureau of Labor Statistics 2015a), compared with 33.9 percent in 1950 and 43.3 percent in 1970 (Fullerton 1999). Women now comprise nearly half of the U.S. labor force at 46.8 percent (U.S. Bureau of Labor Statistics 2015a). In each state, however, women are still less likely to be in the workforce than men (Table 2.1; Appendix Table B2.1).

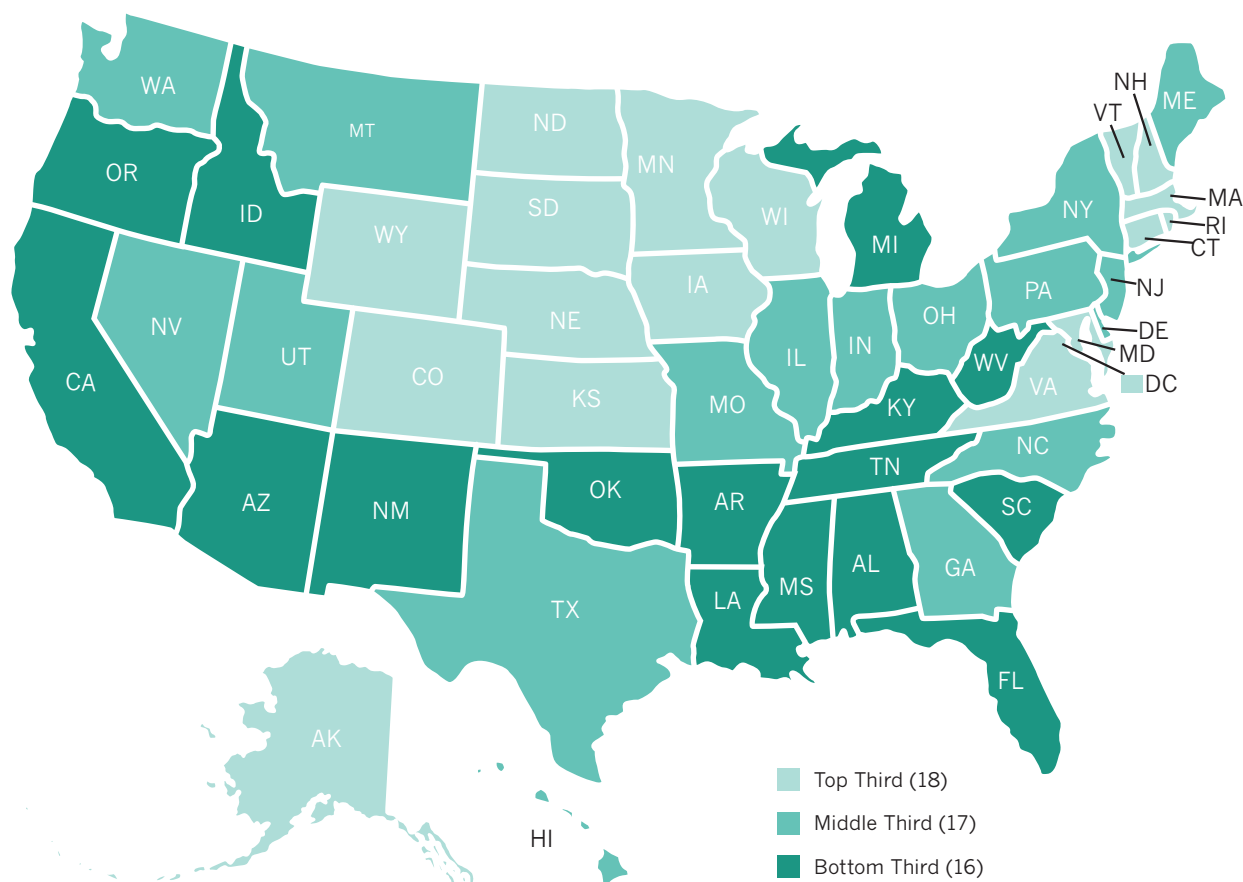
- Among all states, Alaska has the highest rate of women’s labor force participation; 68.3 percent of women aged 16 and older work. Women in the Midwest have the strongest labor force participation rates overall (Table 2.1, Map 2.4): Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin all rank in the top ten. Other top ten jurisdictions include the District of Columbia, Maryland, Massachusetts, and Wyoming (Table 2.1).
- Fewer than half of women (49.3 percent) are in the labor force in West Virginia, the state with the lowest labor force participation rate of women in the nation. Southern states overall also have very low rates; Alabama, Arkansas, Florida, Kentucky, Louisiana, and Mississippi also rank in the bottom ten. Two Mountain West states—Arizona and New Mexico—and Oklahoma also fall into this group.

Best and Worst States on Women’s Labor Force Participation

State	Labor Force Participation Rate	Rank
Alaska	68.3%	1
Minnesota	66.4%	2
South Dakota	65.5%	3
North Dakota	65.3%	4
Nebraska	65.2%	5
West Virginia	49.3%	51
Alabama	52.6%	50
Arkansas	53.6%	49
Arizona	54.3%	48
Florida	54.4%	45
Kentucky	54.4%	45
Mississippi	54.4%	45

- Utah has the largest difference between men’s and women’s labor force participation rates at 16.7 percentage points. Maine has the smallest at 5.8 percentage points (Table 2.1; Appendix Table B2.1).
- Women’s labor force participation has increased in just 11 states and the District of Columbia since 2002. Louisiana and the District of Columbia have shown the largest gains, with increases of 3.6 and 3.3 percentage points, respectively. Idaho and Minnesota have experienced the greatest losses, with declines of 5.6 and 4.8 percentage points (IWPR 2004; Table 2.1).

Map 2.4. Women's Labor Force Participation, 2013



Note: Percent of all women aged 16 and older who were employed or looking for work in 2013.
 Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Among the largest racial and ethnic groups, black women aged 16 and older had the highest national workforce participation rate in 2014 at 59.2 percent. White women had the second highest labor force participation rate at 56.7 percent, followed by Hispanic women (56.0 percent) and Asian women (55.8). Data are not available for Native American women (U.S. Bureau of Labor Statistics 2015c).

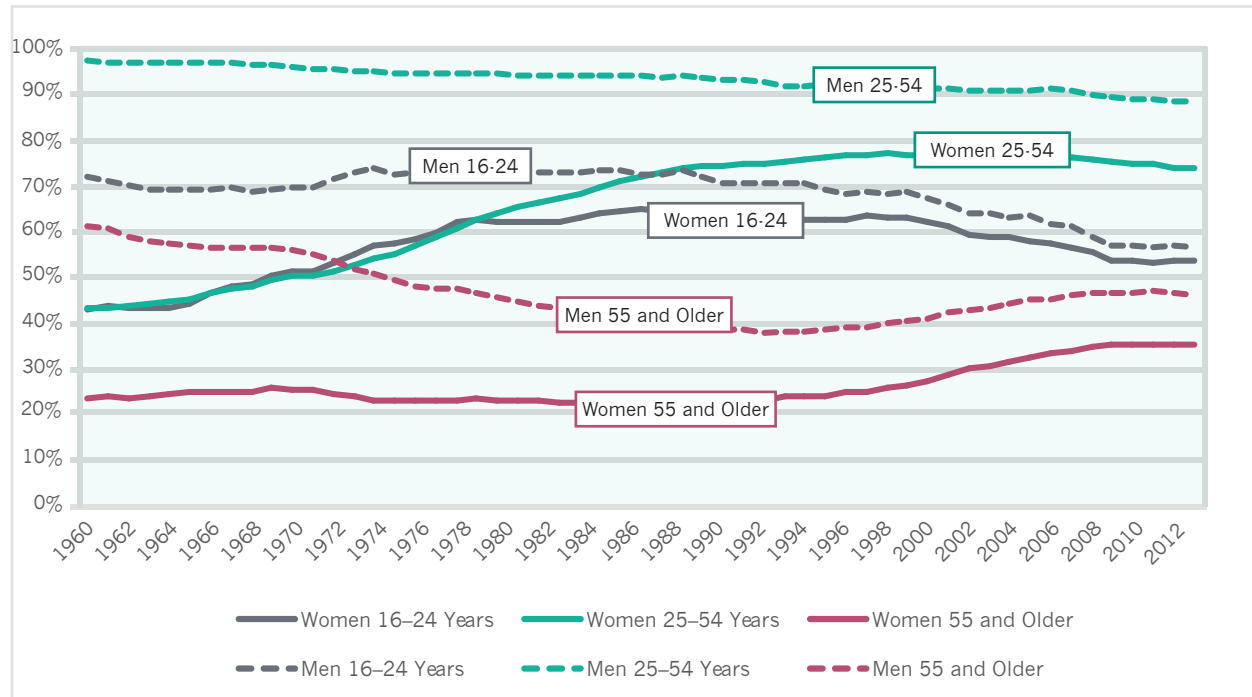
Among the detailed racial and ethnic groups shown in Table B2.4, women of Bolivian and Peruvian descent have the highest labor force participation rates among Hispanic women at 70.1 and 66.0 percent, respectively, and women of Cuban descent have the lowest rate at 55.9 percent (Appendix Table B2.4). Women who identify as Filipino and Laotian have the highest workforce participation rates among Asian/Pacific Islander women (68.2 and

64.8 percent), and women who identify as Pakistani and Bangladeshi have the lowest rates (41.8 and 44.3 percent). Among Native American women, the Chippewa and the Pueblo have the highest workforce participation rates at 59.4 percent and 59.0 percent, respectively, and the Navajo and the Cherokee have the lowest rates (52.2 and 53.9 percent; Appendix Table B2.4).

Labor force participation rates also vary by age. Among women, rates are highest for those in their prime working years (aged 25–54); after increasing between 1960 and 1999, however, the labor force participation rate of women in this age group decreased nearly three percentage points between 2000 and 2014 (the labor force participation rate of men aged 25–54 declined by more than three percentage points during this time; Figure 2.7). The labor force participation rate for young

Figure 2.7.

Labor Force Participation Rates by Gender and Age, 1960–2014



Source: IWPR compilation of Current Population Survey data from the U.S. Bureau of Labor Statistics 2015c.

women (16–24) reached its high point in 1987 and declined more than nine percentage points between 2000 and 2014, while young men’s labor force participation rate declined by more than twelve percentage points, reflecting the longer time this generation now spends in education and also a weak labor market during the Great Recession and in the slow recovery for many young adults. Among women aged 55 years and older—who are much less likely to be in the workforce than younger women—labor force participation has increased over the last three decades, especially so in the 2000s, having remained fairly constant from 1960 until the mid-1980s, when the labor force participation rate of young women was growing rapidly. In 2014, 34.9 percent of older women were in the workforce, compared with 26.1 percent in 2000. Older men, in contrast, experienced a steady decline in their workforce participation rates between 1960 and the mid-1990s, before their labor force participation rate increased between the mid-1990s and 2014, reaching its high point in 2012 (Figure 2.7).

Part-Time Work

Although the majority of employed women and men in the United States work full-time, women are nearly

twice as likely as men to work part-time (29.4 percent compared with 15.8 percent; Appendix Table B2.8).

Working part-time makes it less likely that a worker will receive employment benefits such as paid vacation days, paid family or medical leave, paid sick days, health care insurance, or employer contributions to retirement saving funds (Society for Human Resource Management 2011; Van Giezen 2012).

- Utah (40.2 percent), Oregon (37.1 percent), and Rhode Island (36.5 percent) have the largest percentages of employed women who work part-time.
- The District of Columbia (18.8 percent), Maryland (24.3 percent), and Oklahoma (24.5 percent) have the smallest percentages of employed women who work part-time. The percentage of employed women working part-time in the District of Columbia is roughly half that of Utah.

Women work part-time for various reasons. The majority who work part-time do so by choice (although these choices may be constrained by factors such as their children’s school hours and the high costs of child care). For

some women, however, part-time work is involuntary; approximately one in five women who usually worked part-time in 2013 said they worked part-time because they could not find full-time work or had their hours at work temporarily reduced (IWPR 2014b).

Whether part-time work is voluntary or not, an increasing number of workers report not knowing from one week to the next how many hours and at what times they are expected to work. They may be expected to be available for full-time work, but without any guarantee of how many hours they actually will be scheduled to work. A recent national survey of younger workers between the ages of 26 and 32 found that approximately 70 percent of hourly and non-hourly women workers experience fluctuations in their hours worked per week. Such fluctuations are particularly common for workers classified as part-time (Lambert, Fugiel, and Henly 2014). In addition to potentially creating havoc with workers' family lives, and their own and children's school schedules, these unpredictable schedules can make it hard to secure a steady income that enables them to meet their financial needs. Unpredictable scheduling also can make it difficult for workers to combine two or more part-time jobs to increase earnings or combine part-time work with their own schooling.

Unemployment

Preliminary data from the Bureau of Labor Statistics show that in 2014, 6.1 percent of women aged 16 and older in the nation's civilian, noninstitutionalized population were unemployed, compared with 6.3 percent of men (U.S. Bureau of Labor Statistics 2015d). These unemployment rates were the lowest for women and men since 2008, when 5.4 percent of women and 6.1 percent of men were unemployed (U.S. Bureau of Labor Statistics 2014b). This decrease in unemployment reflects improvement in the nation's economy following the Great Recession that officially lasted from 2007 to 2009. The lower rates, however, may also reflect the decision of some workers to give up their active search for a job in the face of dim employment prospects (Davis 2014). As noted above, labor force participation rates have fallen, and some adults may have left the labor market out of discouragement.

In the United States, women's unemployment rates vary considerably by race and ethnicity. According to preliminary data, black women in 2014 had the highest unemployment rate among women at 10.5 percent, followed by Hispanic women (8.2 percent), white women (5.2 percent), and Asian women (4.6 percent; data are not available for Native American women). For each racial and ethnic group except Hispanics, women's unemployment rates were lower than men's (U.S. Bureau of Labor Statistics 2015e).

Single mothers and young women also have high levels of unemployment. In 2013, single mothers with children under 18 were more than twice as likely to be unemployed as married mothers with a spouse present (12.0 percent compared with 4.8 percent; U.S. Bureau of Labor Statistics 2014c).⁸ According to preliminary data for 2014, the nation's youngest female workers (aged 16–19) had an unemployment rate of 17.7 percent; those aged 20–24 fared better but still had a relatively high unemployment rate (10.1 percent; U.S. Bureau of Labor Statistics 2015d). Many young women face the dual disadvantage of having limited or no prior work experience and a lack of higher educational credentials.

Gender Differences in Employment by Industry

In the United States, gender differences persist across industries. An industry encompasses all employees of a firm or organization, whether they work as a janitor, secretary, accountant, or information technology specialist. Employment in services such as health care, nongovernmental education, leisure, and other services account for more than four in ten women's jobs (nationally 43.2 percent), but only one in four men's jobs (24.8 percent; Table 2.5). The construction industry (1.3 percent of women and 11.1 percent of men), manufacturing (6.6 percent of women and 14.4 percent of men), and transportation and communications (3.0 percent of women and 7.8 percent of men) together account for the jobs held by about one in ten employed women but one-third of those held by employed men (Table 2.5).

The different industries in which women and men work affect their economic status. During the Great Recession of 2007 to 2009, for example, job losses were particularly

⁸Single mothers include those who are never married, married with an absent spouse, divorced, separated, or widowed.

The Employment and Earnings of Immigrant Women

Approximately 21 million female immigrants live in the United States, making up just over 13 percent of the nation's female population. Immigrant women come from all over the world, with the largest shares from Mexico (25.6 percent), the Philippines (5.3 percent), China (4.7 percent), and India (4.6 percent). In their multiple roles as students, professionals and other workers, spouses, parents, and caregivers, immigrant women make important contributions to local communities, the economy, and society.

- Immigrant women are less likely than U.S.-born women to be in the labor force (56.2 percent compared with 59.0 percent). While many immigrant women are thriving in the workforce, others encounter challenges that hinder their workforce participation or limit their access to higher quality employment. These challenges include the same barriers all women face—such as the undervaluation of work performed predominantly by women and the lack of a work-family infrastructure—and often additional challenges as well, such as limited English proficiency and, for those who are undocumented, lack of access to legal status (Hess, Henrici, and Williams 2011; Hess and Henrici 2013).
- Median annual earnings for immigrant women working full-time, year-round in 2013 were \$32,000, which was much less than the earnings for U.S.-born women (\$39,000). Among the ten largest sending countries for female immigrants—Mexico, the Philippines, China, India, Vietnam, Korea, El Salvador, Cuba, the Dominican Republic, and Canada—immigrant women's earnings varied considerably. Women from India had the highest earnings at \$65,000—well above the median earnings for all women of \$38,000—and women from Mexico had the lowest earnings at \$22,000. These differences likely stem, in part, from differences in levels of education; immigrant women from India typically have more years of higher education.
- Immigrant women overall are less likely than U.S.-born women to work in managerial or professional occupations (32.7 percent compared with 41.1 percent).
- Immigrant women are disproportionately represented in service occupations. One in three (32.5 percent) immigrant women work in these occupations, compared with 19.9 percent of U.S.-born women. Immigrant women are also nearly twice as likely as U.S.-born women to work in production, transportation, and material moving occupations (9.9 percent compared with 5.0 percent). They are less likely than U.S.-born women to work in office and administrative support occupations (13.3 percent of employed immigrant women work in these occupations compared with 21.5 percent of employed U.S.-born women) and in professional and related occupations (21.8 percent compared with 27.0 percent).

IWPR calculations based on 2013 American Community Survey microdata.

The Employment and Earnings of Women with Disabilities

Approximately 2.6 million women aged 16 and older in the labor force have disabilities, including cognitive, ambulatory, sight, hearing, and self-care or independent living difficulties. They are 3.6 percent of all women in the labor force.

- The labor force participation rate of women aged 16 and older with disabilities in 2013 was 17.1 percent, compared with 62.7 percent of women without disabilities.
- Finding work is harder for women with a disability than for other women. In 2013, the rate of unemployment for women with a disability was 13.5 percent, compared with 6.8 percent for women without a disability.
- Women with disabilities are more likely to work part-time. The percentage of women with disabilities working part-time in 2013 was 38.4 percent, compared with 28.9 percent of women without disabilities.
- Women with disabilities are about as likely as other women to work in sales and office occupations (31.8 and 30.4 percent, respectively) and slightly more likely to work in service occupations (24.8 and 21.6 percent). They are less likely to work in management, professional, and related occupations (34.9 percent of women with disabilities and 41.8 percent of women without disabilities).
- Women aged 16 and older with disabilities who work full-time, year-round report lower earnings than those without disabilities (\$32,500 compared with \$38,000).

Earnings data and data on part-time work are based on IWPR analysis of 2013 American Community Survey microdata; all other data are from the U.S. Bureau of Labor Statistics 2014d.

high in construction and manufacturing while jobs in health and education grew, resulting in differences in the size and timing of job losses and gains experienced by women and men (Hartmann and English 2010). In the five years after the official end of the Great Recession in June 2009, jobs in health care and education grew by almost two million, benefitting mainly women, while jobs in construction grew by only 7,000 (with net growth only for men; Hartmann, Shaw, and O'Connor 2014). Median annual earnings and the gender earnings ratio for full-time, year-round work differ substantially across industries. Women in government (which includes federal government as well as state and local services such as police and education) have the highest median earnings (\$45,000) and a narrower gender earnings ratio than the one for all women and men (83.3 compared

with 79.2 percent; Table 2.5). Among the industries shown in Table 2.5, the gender earnings ratio is widest in finance, insurance, and real estate (61.8 percent) and narrowest in mining and construction (95.2 percent), an industry that employs proportionately far fewer women than men. Manufacturing provides middle income jobs to women, with median annual earnings of \$37,000, but median earnings for men in these jobs are substantially higher at \$50,000 (resulting in a gender wage ratio of 74.0 percent).

- The share of employed women who work in government, the best paying industry for women, is highest in Wyoming (29.2 percent) and lowest in Pennsylvania (11.9 percent; Appendix Table B2.9).

Table 2.5.

Distribution of Women and Men Across Industries and Gender Earnings Ratio, United States, 2013

Industry	Women's Share of All Workers in Industry	Share of Employed Women	Share of Employed Men	Women's Median Annual Earnings (Full-Time, Year-Round)	Men's Median Annual Earnings (Full-Time, Year-Round)	Gender Earnings Ratio
Health Care, Education, Leisure, and Other Services	61.0%	43.2%	24.8%	\$37,000	\$50,000	74.0%
Wholesale and Retail Trade	47.6%	20.7%	20.5%	\$27,000	\$35,000	77.1%
Government	54.1%	16.9%	12.8%	\$45,000	\$54,000	83.3%
Finance, Insurance, and Real Estate	55.8%	7.3%	5.2%	\$42,000	\$68,000	61.8%
Manufacturing	29.2%	6.6%	14.4%	\$37,000	\$50,000	74.0%
Transportation, Communications, and Utilities	25.6%	3.0%	7.8%	\$41,600	\$50,000	83.2%
Mining and Construction	9.7%	1.3%	11.1%	\$40,000	\$42,000	95.2%
Agriculture, Forestry, and Fisheries	21.4%	1.0%	3.4%	\$25,000	\$29,300	85.3%
Total	47.3%	47.3%	52.7%	\$38,000	\$48,000	79.2%

Note: For employed women and men aged 16 and older; earnings data are for full-time, year-round workers. All public sector workers are in "government"; other workers are private sector employees.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

- Employed women are the most likely to work in finance, insurance, and real estate—the industry with the widest gender earnings ratio—in Delaware (11.5 percent), and least likely to work in this industry in Alaska (4.0 percent).
- In four states—Indiana and Wisconsin (11.4 percent each), Iowa (10.4 percent), and Michigan (10.1 percent)—at least one in ten employed women work in manufacturing (Appendix Table B2.9).

Women in Managerial or Professional Occupations

Nationally, 39.9 percent of employed women and 33.0 percent of employed men work in professional or managerial occupations (Table 2.1; Appendix Table B2.1). This category encompasses a range of occupations—from management, lawyers, doctors, nurses, teachers, and accountants to engineers and software developers—that mostly require at least a college degree. The percentage of employed women working in these occupations has increased since the 2004 *Status of Women in the States* report, when 33.2 of working women held professional or managerial jobs. These jobs offer opportunities for higher earnings for women, although typically even more so for men; women who work in managerial or professional

occupations often earn substantially less than men (Table 2.6). The three jurisdictions with the highest shares of women working in professional or managerial occupations—the District of Columbia, Maryland, and Massachusetts—also have the highest median annual earnings for women (Table 2.1). Map 2.5 shows which states are in the top, middle, and bottom third for the share of employed women in these occupations.

Best and Worst States on the Percent of All Employed Women in Managerial or Professional Occupations

State	Percent in Managerial or Professional Occupations	Rank
District of Columbia	61.9%	1
Maryland	47.8%	2
Massachusetts	47.5%	3
Virginia	45.1%	4
New Hampshire	44.2%	5
Nevada	31.0%	51
Idaho	33.6%	50
South Dakota	34.2%	49
Mississippi	36.0%	48
Montana	36.2%	47

Women are much more likely than men to work in professional and related occupations (26.2 compared with 17.5 percent, respectively) but slightly less likely than men to work in management, business, and financial occupations (13.7 compared with 15.4 percent; Table 2.6).

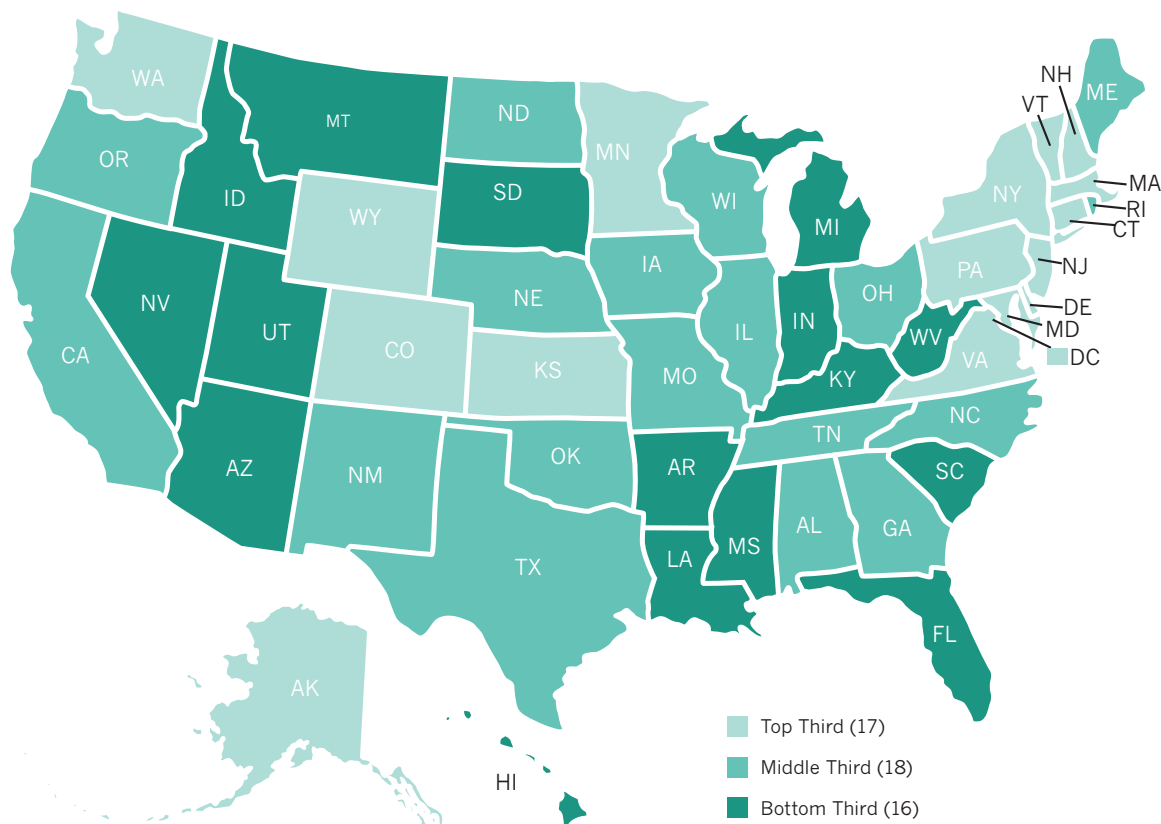
Women in Service Occupations

Women are also much more likely than men to work in service occupations (Table 2.6), which include personal care aides, home health aides, nursing assistants, cooks, and food service staff—occupations that are projected to see high growth in the coming years, but which have median annual earnings for women of less than \$25,000 per year (Table 2.6). According to IWPR analysis of 2013 American Community Survey microdata, one-

third of employed Hispanic women (32.2 percent) and more than one in four employed black (28.2 percent) and Native American (27.4 percent) women work in service occupations, compared with 20.6 percent of Asian/Pacific Islander women and 18.3 percent of white women.⁹

- Nevada has the highest proportion of women working in service occupations (28.8 percent of employed women). In six other states—Louisiana, Montana, New Mexico, North Dakota, West Virginia, and Wyoming—about one-quarter of employed women work in service occupations (Appendix Table B2.10).
- Women are least likely to work in service occupations in the District of Columbia (16.2 percent), New Hampshire (18.7 percent), and Utah (19.4 percent).

Map 2.5. Women in Professional and Managerial Occupations, 2013



Note: Percent of all women aged 16 and older who were employed in executive, administrative, managerial, or professional specialty occupations in 2013.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

⁹ Although the share of Asian/Pacific Islander women overall who work in service occupations is slightly lower than the national average for all women, there is considerable variation among Asian/Pacific Islander groups. For example, three in ten (30.4 percent) Vietnamese workers are employed in service occupations (30.4 percent), compared with less than one in ten (6.7 percent) Indian workers. Data are not available by gender (U.S. Department of Commerce 2015).

Table 2.6.

Distribution of Women and Men Across Broad Occupational Groups and Gender Earnings Ratio, United States, 2013

Occupation	Women's Share of All Workers by Occupation	Share of Employed Women	Share of Employed Men	Women's Median Annual Earnings (Full-Time, Year-Round)	Men's Median Annual Earnings (Full-Time, Year-Round)	Gender Earnings Ratio
Professional and Related	57.3%	26.2%	17.5%	\$50,000	\$70,000	71.4%
Service	56.4%	21.8%	15.1%	\$23,000	\$30,000	76.7%
Office and Administrative Support	72.3%	20.3%	7.0%	\$33,300	\$38,000	87.6%
Management, Business, and Financial	44.3%	13.7%	15.4%	\$55,000	\$75,000	73.3%
Sales and Related	50.0%	11.3%	10.2%	\$31,000	\$50,000	62.0%
Production, Transportation, and Material Moving	22.2%	5.7%	17.9%	\$25,600	\$37,000	69.2%
Natural Resources, Construction, and Maintenance	4.6%	0.9%	16.2%	\$30,000	\$40,000	75.0%
Armed Forces	12.5%	0.1%	0.6%	\$38,000	\$40,000	95.0%
Total	47.3%	47.3%	52.7%	\$38,000	\$48,000	79.2%

Note: For employed women and men aged 16 and older.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Women in STEM Occupations

Science, technology, engineering, and mathematics (STEM) occupations have experienced much faster growth than other occupations in the last decade and play a key role in the sustained growth and stability of the U.S. economy (U.S. Department of Commerce 2011). These fields are among the higher paid; IWPR analysis of 2013 American Community Survey microdata indicates that in 2013, full-time, year-round median annual earnings in STEM occupations were \$64,000 for women and \$78,000 for men.¹⁰ Yet, women are less likely to go into STEM fields than men; only 4.6 percent of women work in STEM occupations, compared with 10.3 percent of men (Appendix Table B2.11).

The percentage of women working in STEM occupations varies across the largest racial and ethnic groups. IWPR analysis of American Community Survey microdata finds that Asian/Pacific Islander women are the most likely to work in these occupations (11.3 percent of employed Asian/Pacific Islander women), followed by white women (4.9 percent), black women (2.8 percent), and Native

American and Hispanic women (2.3 percent each).

- Women are most likely to work in STEM occupations in the District of Columbia (10.6 percent), Maryland (7.5 percent), and Massachusetts (7.0 percent; Appendix Table B2.11), the three states with the highest median annual earnings for women (Table 2.1).
- Women are least likely to work in STEM occupations in South Dakota (2.6 percent), Mississippi (3.1 percent), and Louisiana (3.2 percent).
- Nationally, women are 28.8 percent of STEM workers. Women are less likely than men to work in STEM occupations in every state, but their shares of STEM occupations vary considerably (Appendix Table B2.11).
- Women make up the highest share of STEM workers in the District of Columbia (44.2 percent), followed by Maryland (34.4 percent), Vermont (33.6 percent), and Wyoming (33.0 percent).

¹⁰This analysis uses the Bureau of Labor Statistics' definition of STEM occupations, which includes the social sciences and managers of STEM workers, but excludes support occupations, health occupations, and most technical and trade occupations that do not require a four-year degree (U.S. Bureau of Labor Statistics 2012). Rothwell (2013) and Carnevale, Smith, and Melton (2011) also find a wage advantage for STEM related occupations not requiring a four-year degree.

- Women are less than one-quarter of STEM workers in two states: Utah (23.5 percent) and New Hampshire (24.6 percent).

Conclusion

The differences in occupations in which women and men work are just one factor indicating that much more progress needs to be made before women can achieve equality in the workforce. Occupational segregation continues to be a persistent feature of the U.S. labor force, with the occupations in which women are concentrated

paying less than those in which men are concentrated. Women's participation in the labor force has declined since 2002, and women in all states across the nation continue to earn less than men. In addition, despite signs of progress, the gender wage gap is not expected to close nationally until 2058 if progress continues at the rate since 1960 (and not until a full century later in Wyoming, the last state expected to close the gap). These findings point to the need for policies and practices that can accelerate the pace of change for women and improve their status in the area of employment and earnings in all states and the nation overall.

Appendix A2:

Methodology

To analyze the status of women in the states, IWPR selected indicators that prior research and experience have shown illuminate issues that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. The data in IWPR's Status of Women in the States reports come from federal government agencies and other sources; many of the figures rely on analysis of the U.S. Census Bureau's American Community Survey (ACS) from the Minnesota Population Center's Integrated Public Use Microdata Series (IPUMS). Much of the analysis for IWPR's 1996–2004 Status of Women in the States reports relied on the Current Population Survey (CPS).

The tables and figures present data for individuals, often disaggregated by race and ethnicity. In general, race and ethnicity are self-identified; the person providing the information on the survey form determines the group to which he or she (and other household members) belongs. People who identify as Hispanic or Latino may be of any race; to prevent double counting, IWPR's analysis of American Community Survey microdata separates Hispanics from racial categories—including white, black (which includes those who identified as black or African American), Asian/Pacific Islander (which includes those who identified as Chinese, Japanese, and Other Asian or Pacific Islander, including Native Hawaiians), or Native American (which includes those who identified as American Indian or Alaska Native). The ACS also allows respondents to identify with more specific racial groups and/or Hispanic origins. Detailed racial/ethnic information is available for American Indians and Alaska Natives, Asian/Pacific Islanders, and Hispanics, but not for blacks or whites. IWPR conducted analysis of selected indicators for the groups for which detailed information is available (when sample sizes were not large enough, detailed races/ethnicities were combined into "other" categories based on their corresponding major racial or ethnic group). Published data from the Bureau of Labor Statistics that are cited in the text do not include Pacific Islanders and classify Hispanics in the racial groups with which they identify as well as separately, and in the data that come from these datasets Hispanics are double counted.

When analyzing state- and national-level ACS microdata, IWPR used 2013 data, the most recent available, for most indicators. When disaggregating data at the state level by race and ethnicity, analyzing median annual earnings for young women by state, and analyzing the employment and earnings of women by detailed racial and ethnic group nationally, IWPR combined three years of data (2011, 2012, and 2013) to ensure sufficient sample sizes. IWPR constructed a multi-year file by selecting the 2011, 2012, and 2013 datasets, adjusting dollar values to their 2013 equivalents using the Consumer Price Index for All Urban Consumers, and averaging the sample weights to represent the average population during the three year period. Data on median earnings are not presented if the unweighted sample size is less than 100 for any cell; data on other indicators are not presented if the average cell size for the category total is less than 35.

Earnings lost over time due to the gender wage gap were estimated by comparing the median annual earnings of women and men who worked full-time, year-round using the 1980–2014 CPS Annual Social and Economic Supplements (ASEC). Birth year was estimated by subtracting age from the year of the survey data collection. Earnings were adjusted to 2014 dollars using the CPI-U. The differences in earnings between women and men by single year of age were calculated within five-year birth cohorts and summed to calculate the cumulative losses for all women and for women with a bachelor's degree or higher.

IWPR used personal weights to obtain nationally representative statistics for person-level analyses. Weights included with the IPUMS ACS for person-level data adjust for the mixed geographic sampling rates, nonresponses, and individual sampling probabilities. Estimates from IPUMS ACS samples may not be consistent with summary table ACS estimates available from the U.S. Census Bureau due to the additional sampling error and the fact that over time, the Census Bureau changes the definitions and classifications for some variables. The IPUMS project provides harmonized data to maximize comparability over time; updates and corrections to the microdata released by the Census Bureau and IPUMS may result in minor variation in future analyses.

Differences Between the ACS and the CPS

The differences between the ACS and CPS and their impact on measures of employment and earnings are described in detail in Kromer and Howard (2011). These differences have some bearing on this report's comparisons with data from IWPR's 2004 report, as well as on the reported differences in data for 2013 that come from the two surveys. While both the ACS and the CPS survey households, their sample frames also include noninstitutionalized group quarters, such as college dorms and group homes for adults. The ACS also includes institutionalized group quarters, such as correctional facilities and nursing homes. College students away at school and living in a dormitory are treated differently in the two surveys. In the ACS they would be residents of the dorm in the group quarters population while in the CPS they remain a member of their family household. While all CPS interviews are collected using computer-assisted interviews, about half of the ACS households respond using the paper mail-back form and half by computer-assisted interview (U.S. Department of Commerce 2014). The ACS collects data on work and earnings in the previous 12 months throughout the year while the CPS-ASEC collects work and earnings information for the previous calendar year during interviews collected February-April each year. Finally, the two surveys have differences in wording of some questions that aim to collect similar social and demographic information.

Calculating the Composite Index

To construct the Employment & Earnings Composite Index, each of the four component indicators was first standardized. For each of the 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. The states were ranked from the highest to the lowest scores.

To grade the states on this Composite Index, values for each of the components were set at desired levels to provide an "ideal score." Women's earnings were set at the median annual earnings for men in the United States overall; 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 or professional occupations

was set at the highest score for all states. Each state's score was compared with the ideal score to determine the state's grade.

WOMEN'S MEDIAN ANNUAL EARNINGS:

Median annual earnings of women aged 16 and older who worked full-time, year-round (50 or more weeks per year and 35 or more hours per week) in 2013. The sample size for women ranged from 713 in Alaska to 44,866 in California. Source: Calculations of 2013 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center.

RATIO OF WOMEN'S TO MEN'S EARNINGS:

Median annual earnings of women aged 16 and older who worked full-time, year-round (50 or more weeks per year and 35 or more hours per week) in 2013 divided by the median annual earnings of men aged 16 and older who worked full-time, year-round in 2013. Sample sizes ranged from 713 in Alaska to 44,866 in California for women's earnings, and from 1,074 in Alaska to 62,903 in California for men's earnings. Source: Calculations of 2013 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center.

WOMEN'S LABOR FORCE PARTICIPATION

(proportion of the adult female population in the labor force): Percent of women aged 16 and older who were employed or looking for work in 2013. This includes those employed full-time, part-time voluntarily, or part-time involuntarily, and those who are unemployed but looking for work. The percent of women in the labor force in IWPR's 1996–2004 Status of Women in the States reports included the civilian, noninstitutionalized population. Source: Calculations of 2013 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center.

WOMEN IN MANAGERIAL AND PROFESSIONAL OCCUPATIONS:

Percent of women aged 16 and older who were employed in executive, administrative, managerial, or professional specialty occupations in 2013. Source: Calculations of 2013 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center.

Appendix B2:

Tables by State and Race/Ethnicity

Table B2.1.

State-by-State Data and Rankings on Men's Employment and Earnings, 2013

State	Median Annual Earnings for Men Employed Full-Time, Year-Round		Percent of Men in the Labor Force		Percent of All Employed Men in Managerial or Professional Occupations	
	Dollars	Rank	Percent	Rank	Percent	Rank
Alabama	\$43,400	35	64.2%	46	28.9%	41
Alaska	\$56,000	6	75.6%	2	29.2%	40
Arizona	\$44,000	34	64.4%	45	32.9%	22
Arkansas	\$40,000	44	63.8%	48	27.5%	47
California	\$50,000	12	69.9%	23	34.5%	14
Colorado	\$50,000	12	73.5%	6	36.8%	7
Connecticut	\$60,000	2	73.0%	8	37.7%	5
Delaware	\$49,900	19	67.5%	35	35.2%	12
District of Columbia	\$69,000	1	72.7%	9	61.0%	1
Florida	\$40,000	44	63.9%	47	30.1%	36
Georgia	\$42,500	39	68.3%	31	32.3%	24
Hawaii	\$48,000	20	70.6%	21	30.4%	32
Idaho	\$40,000	44	69.5%	25	30.4%	32
Illinois	\$50,000	12	71.1%	18	33.5%	19
Indiana	\$45,000	27	68.9%	27	28.1%	46
Iowa	\$45,000	27	71.0%	19	30.3%	35
Kansas	\$45,000	27	72.1%	13	33.6%	18
Kentucky	\$42,800	38	64.9%	44	28.4%	45
Louisiana	\$48,000	20	65.8%	41	27.2%	48
Maine	\$43,000	36	66.2%	40	29.4%	38
Maryland	\$57,000	5	72.7%	9	40.4%	3
Massachusetts	\$60,000	2	71.9%	14	40.8%	2
Michigan	\$48,000	20	65.3%	43	32.3%	24
Minnesota	\$50,000	12	73.5%	6	35.4%	10
Mississippi	\$40,000	44	61.8%	50	25.1%	50
Missouri	\$43,000	36	67.9%	33	31.0%	31
Montana	\$42,000	42	67.4%	36	31.5%	26
Nebraska	\$45,000	27	75.0%	4	33.8%	17
Nevada	\$42,300	40	69.5%	25	24.9%	51
New Hampshire	\$52,000	9	72.6%	11	34.1%	16
New Jersey	\$60,000	2	71.6%	16	37.5%	6
New Mexico	\$42,300	40	63.7%	49	31.3%	28
New York	\$50,000	12	68.5%	29	35.3%	11
North Carolina	\$42,000	42	68.0%	32	31.2%	29
North Dakota	\$46,200	24	76.4%	1	29.6%	37
Ohio	\$46,900	23	67.8%	34	31.4%	27
Oklahoma	\$40,000	44	68.8%	28	28.5%	44
Oregon	\$46,000	25	66.6%	39	34.6%	13
Pennsylvania	\$50,000	12	67.4%	36	33.4%	20
Rhode Island	\$52,000	9	70.5%	22	32.9%	22
South Carolina	\$40,000	44	65.8%	41	28.8%	42
South Dakota	\$39,000	51	72.4%	12	33.0%	21
Tennessee	\$40,000	44	66.9%	38	29.3%	39
Texas	\$45,000	27	71.9%	14	31.2%	29
Utah	\$50,000	12	75.4%	3	36.6%	8
Vermont	\$45,000	27	68.4%	30	34.2%	15
Virginia	\$52,000	9	71.4%	17	38.7%	4
Washington	\$53,000	7	69.8%	24	36.0%	9
West Virginia	\$45,000	27	60.7%	51	25.9%	49
Wisconsin	\$46,000	25	70.8%	20	30.4%	32
Wyoming	\$53,000	7	73.8%	5	28.7%	43
United States	\$48,000		68.9%		33.0%	

Note: Aged 16 and older.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B2.2.

Median Annual Earnings and the Gender Earnings Ratio for Millennial Women and Men (Full-Time, Year-Round Workers Aged 16-34) by State, 2013

State	Women's Earnings		Men's Earnings		Earnings Ratio	
	Dollars	Rank	Dollars	Rank	Percent	Rank
Alabama	\$26,787	47	\$31,657	39	84.6%	39
Alaska	\$35,513	7	\$41,426	3	85.7%	35
Arizona	\$30,439	20	\$33,141	33	91.8%	13
Arkansas	\$25,000	50	\$30,000	49	83.3%	42
California	\$34,176	9	\$35,000	23	97.6%	4
Colorado	\$32,469	13	\$36,248	16	89.6%	19
Connecticut	\$36,527	6	\$40,586	6	90.0%	18
Delaware	\$32,000	18	\$36,248	16	88.3%	22
District of Columbia	\$53,854	1	\$55,000	1	97.9%	2
Florida	\$28,998	33	\$30,034	48	96.6%	6
Georgia	\$30,000	25	\$31,069	40	96.6%	6
Hawaii	\$32,469	13	\$36,527	15	88.9%	20
Idaho	\$24,855	51	\$30,500	45	81.5%	48
Illinois	\$33,141	11	\$37,542	12	88.3%	22
Indiana	\$28,998	33	\$33,808	31	85.8%	34
Iowa	\$30,034	24	\$35,513	21	84.6%	39
Kansas	\$28,998	33	\$34,000	28	85.3%	38
Kentucky	\$27,445	42	\$31,069	40	88.3%	22
Louisiana	\$28,000	39	\$36,000	19	77.8%	50
Maine	\$29,516	30	\$34,498	26	85.6%	36
Maryland	\$37,900	5	\$40,586	6	93.4%	10
Massachusetts	\$40,000	2	\$42,900	2	93.2%	11
Michigan	\$29,019	32	\$34,000	28	85.4%	37
Minnesota	\$33,658	10	\$38,557	8	87.3%	28
Mississippi	\$25,366	49	\$30,000	49	84.6%	39
Missouri	\$28,410	36	\$32,105	37	88.5%	21
Montana	\$27,000	43	\$31,000	44	87.1%	29
Nebraska	\$28,410	36	\$34,798	25	81.6%	47
Nevada	\$30,439	20	\$34,487	27	88.3%	22
New Hampshire	\$32,875	12	\$38,000	10	86.5%	32
New Jersey	\$38,600	3	\$41,000	4	94.1%	8
New Mexico	\$26,381	48	\$30,000	49	87.9%	27
New York	\$38,319	4	\$37,542	12	102.1%	1
North Carolina	\$29,526	29	\$30,439	46	97.0%	5
North Dakota	\$30,000	25	\$36,248	16	82.8%	45
Ohio	\$30,000	25	\$34,000	28	88.2%	26
Oklahoma	\$27,000	43	\$31,069	40	86.9%	31
Oregon	\$30,439	20	\$33,483	32	90.9%	15
Pennsylvania	\$32,105	16	\$37,283	14	86.1%	33
Rhode Island	\$32,469	13	\$36,000	19	90.2%	17
South Carolina	\$28,410	36	\$31,048	43	91.5%	14
South Dakota	\$27,000	43	\$32,469	35	83.2%	44
Tennessee	\$27,652	41	\$30,439	46	90.8%	16
Texas	\$30,000	25	\$32,000	38	93.8%	9
Utah	\$28,000	39	\$35,513	21	78.8%	49
Vermont	\$32,000	18	\$32,672	34	97.9%	2
Virginia	\$35,000	8	\$37,801	11	92.6%	12
Washington	\$32,105	16	\$38,557	8	83.3%	42
West Virginia	\$26,888	46	\$32,469	35	82.8%	45
Wisconsin	\$30,439	20	\$35,000	23	87.0%	30
Wyoming	\$29,425	31	\$40,992	5	71.8%	51
United States	\$31,069		\$35,000		88.8%	

Note: For additional IWPR data on young women, see www.statusofwomensdata.org. Data are three-year (2011-2013) averages.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B2.3.

Women's Employment and Earnings and the Gender Earnings Ratio by Race and Ethnicity, United States, 2013

	Median Annual Earnings for Women Employed Full-Time, Year-Round	Median Annual Earnings for Men Employed Full-Time, Year-Round	Ratio of Women's Earnings to Men's of the Same Racial/Ethnic Group	Ratio of Women's Earnings to White Men's Earnings	Percent of Women in the Labor Force	Percent of All Employed Women in Managerial or Professional Occupations
	Dollars	Dollars	Percent	Percent	Percent	Percent
White	\$40,000	\$52,000	76.9%	76.9%	57.7%	44.0%
Hispanic	\$28,000	\$30,900	90.6%	53.8%	58.9%	24.7%
Black	\$34,000	\$37,500	90.7%	65.4%	62.4%	32.9%
Asian/Pacific Islander	\$46,000	\$59,000	78.0%	88.5%	58.7%	47.7%
Native American	\$31,000	\$37,000	83.8%	59.6%	53.6%	30.9%
Other Race or Two or More Races	\$38,000	\$45,000	84.4%	73.1%	62.3%	38.8%

Notes: Aged 16 and older. Racial groups are non-Hispanic. Hispanics may be of any race or two or more races.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B2.4.

Women's Employment and Earnings by Detailed Racial and Ethnic Groups, United States, 2013

	Median Annual Earnings for Women and Men Employed Full-Time, Year-Round		Ratio of Women's Earnings to Men's of the Same Racial/Ethnic Group	Ratio of Women's Earnings to White Men's Earnings	Percent of Women in the Labor Force	Percent of All Employed Women in Managerial or Professional Occupations
	Women	Men	Percent	Percent	Percent	Percent
Hispanic						
Mexican	\$26,381	\$30,034	87.8%	50.7%	57.8%	22.1%
Spaniard	\$40,586	\$53,854	75.4%	78.1%	60.2%	42.0%
Caribbean						
Cuban	\$31,069	\$36,000	86.3%	59.7%	55.9%	35.1%
Dominican	\$27,395	\$31,700	86.4%	52.7%	62.8%	20.1%
Puerto Rican	\$35,212	\$40,000	88.0%	67.7%	58.6%	31.9%
Central America						
Costa Rican	\$33,483	\$40,000	83.7%	64.4%	60.5%	36.4%
Guatemalan	\$23,337	\$24,855	93.9%	44.9%	61.8%	14.6%
Honduran	\$22,784	\$25,000	91.1%	43.8%	65.4%	13.0%
Nicaraguan	\$29,000	\$31,069	93.3%	55.8%	63.0%	26.1%
Panamanian	\$37,283	\$45,568	81.8%	71.7%	64.6%	33.4%
Salvadoran	\$23,540	\$28,998	81.2%	45.3%	65.7%	13.8%
Other Central American	\$31,454	\$30,439	103.3%	60.5%	63.7%	17.8%
South America						
Argentinean	\$40,804	\$50,732	80.4%	78.5%	63.5%	48.8%
Bolivian	\$36,248	\$41,000	88.4%	69.7%	70.1%	28.8%
Chilean	\$36,248	\$44,533	81.4%	69.7%	59.7%	41.9%
Colombian	\$32,875	\$40,586	81.0%	63.2%	65.8%	33.6%
Ecuadorian	\$29,000	\$32,000	90.6%	55.8%	62.2%	24.8%
Peruvian	\$30,439	\$38,252	79.6%	58.5%	66.0%	29.0%
Uruguayan	\$31,069	\$38,837	80.0%	59.7%	64.5%	27.3%
Venezuelan	\$36,000	\$50,000	72.0%	69.2%	63.4%	41.6%
Other South American	\$31,069	\$40,586	76.6%	59.7%	63.3%	32.7%
Other Hispanic	\$32,000	\$38,049	84.1%	61.5%	57.6%	31.1%
Asian/Pacific Islander						
East Asia						
Chinese	\$50,747	\$60,879	83.4%	97.6%	57.9%	52.9%
Hmong	\$30,000	\$31,454	95.4%	57.7%	63.0%	24.6%
Japanese	\$50,732	\$65,952	76.9%	97.6%	48.5%	53.3%
Korean	\$41,426	\$51,782	80.0%	79.7%	52.5%	45.2%
South Central Asia						
Bangladeshi	\$30,439	\$39,147	77.8%	58.5%	44.3%	33.3%
Indian	\$60,879	\$81,172	75.0%	117.1%	56.3%	64.1%
Pakistani	\$44,644	\$51,782	86.2%	85.9%	41.8%	52.0%
Sri Lankan	\$48,000	\$53,854	89.1%	92.3%	63.3%	60.2%
South East Asia						
Cambodian	\$31,069	\$37,000	84.0%	59.7%	61.0%	22.3%
Filipino	\$45,000	\$46,604	96.6%	86.5%	68.2%	46.8%
Indonesian	\$37,745	\$41,426	91.1%	72.6%	59.2%	40.1%
Laotian	\$32,000	\$36,248	88.3%	61.5%	64.8%	22.8%
Thai	\$35,000	\$41,426	84.5%	67.3%	60.1%	35.2%
Vietnamese	\$32,000	\$41,426	77.2%	61.5%	62.2%	28.8%

Table B2.4.

Women's Employment and Earnings by Detailed Racial and Ethnic Groups, United States, 2013 (cont.)

	Median Annual Earnings for Women and Men Employed Full-Time, Year-Round		Ratio of Women's Earnings to Men's of the Same Racial/Ethnic Group	Ratio of Women's Earnings to White Men's Earnings	Percent of Women in the Labor Force	Percent of All Employed Women in Managerial or Professional Occupations
	Women	Men	Percent	Percent	Percent	Percent
Other Asian	\$32,000	\$35,716	89.6%	61.5%	56.0%	31.8%
Pacific Islander						
Guamanian/Chamorro	\$37,283	\$40,586	91.9%	71.7%	63.8%	30.5%
Hawaiian	\$35,000	\$41,426	84.5%	67.3%	64.4%	31.2%
Samoaan	\$31,069	\$40,500	76.7%	59.7%	62.0%	21.3%
Other Pacific Islander	\$31,069	\$35,513	87.5%	59.7%	61.7%	21.8%
Two or More Asian/Pacific Islander Races	\$42,615	\$51,782	82.3%	82.0%	63.7%	45.1%
Native American						
Alaska Native	\$36,248	\$43,700	82.9%	69.7%	56.6%	26.5%
Apache	\$28,500	\$31,000	91.9%	54.8%	57.9%	27.6%
Cherokee	\$32,469	\$41,426	78.4%	62.4%	53.9%	35.6%
Chickasaw	\$42,000	\$48,000	87.5%	80.8%	55.1%	42.9%
Chippewa	\$31,454	\$40,000	78.6%	60.5%	59.4%	32.6%
Choctaw	\$33,000	\$40,000	82.5%	63.5%	58.3%	39.3%
Creek	\$34,000	\$34,498	98.6%	65.4%	58.9%	34.2%
Iroquois	\$34,280	\$40,586	84.5%	65.9%	56.5%	36.6%
Lumbee	\$28,791	\$36,000	80.0%	55.4%	55.2%	31.3%
Navajo	\$28,998	\$32,000	90.6%	55.8%	52.2%	30.4%
Pueblo	\$30,439	\$30,439	100.0%	58.5%	59.0%	33.0%
Sioux	\$28,410	\$31,069	91.4%	54.6%	54.4%	29.6%
Other American Indian Tribe	\$32,469	\$37,283	87.1%	62.4%	54.1%	32.2%
Two or More American Indian and/or Alaska Native Tribes	\$34,000	\$38,049	89.4%	65.4%	54.8%	33.3%

Notes: Data are three-year (2011–2013) averages. Aged 16 and older. Racial groups are non-Hispanic. Hispanics may be of any race or two or more races. Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B2.5.

Median Annual Earnings and the Gender Earnings Ratio for Women and Men with a Bachelor's Degree or Higher (Full-Time, Year-Round Workers Aged 25 and Older) by State, 2013

State	Women's Earnings		Men's Earnings		Earnings Ratio	
	Dollars	Rank	Dollars	Rank	Percent	Rank
Alabama	\$49,000	34	\$70,000	24	70.0%	39
Alaska	\$56,000	14	\$78,000	13	71.8%	34
Arizona	\$50,000	27	\$75,000	15	66.7%	47
Arkansas	\$48,000	37	\$65,000	34	73.8%	21
California	\$65,000	4	\$90,000	3	72.2%	32
Colorado	\$53,000	18	\$76,000	14	69.7%	41
Connecticut	\$65,000	4	\$93,000	2	69.9%	40
Delaware	\$58,000	12	\$72,000	20	80.6%	8
District of Columbia	\$74,000	1	\$86,000	7	86.0%	1
Florida	\$48,000	37	\$65,000	34	73.8%	21
Georgia	\$52,000	21	\$72,000	20	72.2%	32
Hawaii	\$50,000	27	\$67,000	31	74.6%	19
Idaho	\$45,000	46	\$62,000	45	72.6%	29
Illinois	\$59,000	11	\$80,000	9	73.8%	24
Indiana	\$49,300	33	\$70,000	24	70.4%	38
Iowa	\$50,000	27	\$65,000	34	76.9%	12
Kansas	\$47,000	42	\$65,000	34	72.3%	30
Kentucky	\$50,000	27	\$65,000	34	76.9%	12
Louisiana	\$48,000	37	\$70,000	24	68.6%	43
Maine	\$50,000	27	\$60,000	47	83.3%	4
Maryland	\$67,500	2	\$90,000	3	75.0%	16
Massachusetts	\$64,000	7	\$88,000	6	72.7%	28
Michigan	\$56,000	14	\$75,000	15	74.7%	17
Minnesota	\$56,000	14	\$75,000	15	74.7%	17
Mississippi	\$43,000	49	\$60,000	47	71.7%	35
Missouri	\$49,000	34	\$65,000	34	75.4%	15
Montana	\$45,000	46	\$59,300	49	75.9%	14
Nebraska	\$48,500	36	\$65,000	34	74.6%	20
Nevada	\$53,000	18	\$65,000	34	81.5%	6
New Hampshire	\$52,000	21	\$80,000	9	65.0%	50
New Jersey	\$67,000	3	\$95,000	1	70.5%	37
New Mexico	\$51,000	26	\$66,000	32	77.3%	11
New York	\$65,000	4	\$80,000	9	81.3%	7
North Carolina	\$50,000	27	\$70,000	24	71.4%	36
North Dakota	\$47,000	42	\$55,000	50	85.5%	2
Ohio	\$53,000	18	\$72,000	20	73.6%	25
Oklahoma	\$42,000	50	\$62,000	45	67.7%	44
Oregon	\$58,000	12	\$70,000	24	82.9%	5
Pennsylvania	\$55,000	17	\$75,000	15	73.3%	26
Rhode Island	\$62,000	8	\$73,000	19	84.9%	3
South Carolina	\$45,000	46	\$68,000	29	66.2%	49
South Dakota	\$38,000	51	\$55,000	50	69.1%	42
Tennessee	\$47,000	42	\$65,000	34	72.3%	30
Texas	\$52,000	21	\$80,000	9	65.0%	50
Utah	\$48,000	37	\$71,000	23	67.6%	46
Vermont	\$48,000	37	\$65,000	34	73.8%	21
Virginia	\$60,000	9	\$90,000	3	66.7%	47
Washington	\$60,000	9	\$82,000	8	73.2%	27
West Virginia	\$46,000	45	\$68,000	29	67.6%	45
Wisconsin	\$52,000	21	\$66,000	32	78.8%	10
Wyoming	\$52,000	21	\$65,000	34	80.0%	9
United States	\$55,000		\$76,000		72.4%	

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B2.6.

Gender Inequality at the Top and Bottom of the Labor Market: Quartile Distributions by Gender and State, 2013

State	Percent of Women in the Bottom Earnings Quartile		Percent of Men in the Bottom Earnings Quartile		Percent of Women in the Top Earnings Quartile		Percent of Men in the Top Earnings Quartile	
	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	31.5%	37	19.6%	22	15.9%	41	33.1%	13
Alaska	24.0%	2	25.7%	51	14.3%	48	32.7%	15
Arizona	28.4%	14	22.3%	45	17.7%	22	30.7%	41
Arkansas	31.1%	36	20.0%	27	18.0%	18	31.0%	35
California	26.7%	5	23.4%	50	19.4%	7	29.0%	50
Colorado	29.3%	24	20.8%	35	17.5%	24	31.4%	31
Connecticut	30.5%	32	20.7%	33	16.8%	33	32.1%	22
Delaware	28.5%	17	19.1%	14	20.0%	5	29.5%	49
Dist.of Columbia	21.7%	1	22.8%	48	21.5%	1	32.0%	23
Florida	26.3%	4	21.1%	39	18.5%	16	30.6%	42
Georgia	29.0%	22	20.0%	27	18.3%	17	30.4%	45
Hawaii	29.6%	26	21.6%	42	17.5%	24	30.6%	42
Idaho	31.8%	41	18.0%	4	16.3%	38	30.8%	40
Illinois	30.0%	28	20.6%	32	17.0%	31	31.1%	33
Indiana	31.0%	34	19.4%	18	16.5%	35	34.5%	5
Iowa	32.8%	44	19.1%	14	16.5%	35	32.0%	23
Kansas	30.4%	31	21.1%	39	18.9%	13	33.5%	11
Kentucky	31.6%	38	19.0%	10	16.3%	38	31.7%	27
Louisiana	34.6%	51	17.6%	3	15.5%	43	38.0%	1
Maine	30.6%	33	20.3%	30	19.0%	12	31.5%	29
Maryland	28.1%	12	22.0%	44	19.2%	10	30.2%	46
Massachusetts	28.5%	17	20.4%	31	17.4%	26	31.2%	32
Michigan	30.2%	29	19.9%	24	16.7%	34	31.5%	29
Minnesota	27.5%	8	17.1%	1	19.2%	10	32.5%	16
Mississippi	31.6%	38	19.5%	20	16.2%	40	32.3%	19
Missouri	27.8%	11	19.1%	14	17.8%	21	32.2%	21
Montana	31.8%	41	19.9%	24	14.8%	47	32.5%	16
Nebraska	33.2%	45	18.9%	9	15.6%	42	33.7%	9
Nevada	27.3%	7	22.6%	47	20.5%	2	33.2%	12
New Hampshire	33.2%	45	19.3%	17	16.4%	37	31.1%	33
New Jersey	28.7%	20	21.0%	38	17.0%	31	31.0%	35
New Mexico	28.4%	14	21.5%	41	19.3%	8	33.8%	8
New York	26.8%	6	23.3%	49	20.5%	2	28.8%	51
North Carolina	28.4%	14	20.0%	27	18.6%	15	31.7%	27
North Dakota	33.6%	48	19.0%	10	14.9%	46	34.9%	3
Ohio	31.0%	34	19.6%	22	17.1%	29	31.0%	35
Oklahoma	28.5%	17	19.0%	10	15.0%	45	32.5%	16
Oregon	28.1%	12	21.7%	43	18.9%	13	29.6%	48
Pennsylvania	32.1%	43	19.5%	20	17.9%	20	30.9%	38
Rhode Island	25.1%	3	19.0%	10	20.4%	4	30.1%	47
South Carolina	28.8%	21	19.4%	18	17.3%	27	32.3%	19
South Dakota	29.5%	25	18.2%	6	15.1%	44	34.7%	4
Tennessee	29.0%	22	20.8%	35	17.2%	28	31.9%	25
Texas	29.9%	27	20.9%	37	17.6%	23	31.9%	25
Utah	33.7%	49	18.8%	8	12.5%	50	34.1%	7
Vermont	27.7%	10	22.5%	46	19.7%	6	32.8%	14
Virginia	30.3%	30	20.7%	33	18.0%	18	30.9%	38
Washington	27.6%	9	18.0%	4	17.1%	29	30.5%	44
West Virginia	34.5%	50	18.2%	6	13.4%	49	33.7%	9
Wisconsin	31.6%	38	19.9%	24	19.3%	8	34.2%	6
Wyoming	33.2%	45	17.4%	2	10.4%	51	35.4%	2

Notes: Full-time, year-round workers aged 16 and older. Top and bottom earnings quartiles are calculated for all workers residing in each state. The shares of working women and men in the top and bottom quartiles of each state are then calculated.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B2.7.
State-by-State Data on Women and Unions

State	Share of Women Workers Who Are Union Members or Covered by a Union Contract ^a	Share of Union Workers Who Are Women ^a	Median Weekly Earnings for Full-Time Wage and Salary Women Workers ^a		Union Wage Advantage ^a	Union Wage Advantage ^a	Right-to-Work ^b
	Percent	Percent	Union	Nonunion	Dollars	Percent	
Alabama	10.7%	46.6%	\$825	\$618	\$207	33.5%	Yes
Alaska	23.5%	46.2%	\$935	\$728	\$207	28.4%	No
Arizona	5.6%	40.0%	\$867	\$691	\$176	25.5%	Yes
Arkansas	3.9%	40.6%	\$816	\$603	\$213	35.3%	Yes
California	19.1%	49.7%	\$991	\$747	\$244	32.7%	No
Colorado	9.4%	46.8%	\$865	\$773	\$92	11.9%	No
Connecticut	16.4%	52.7%	\$1,119	\$844	\$275	32.6%	No
Delaware	10.3%	45.8%	\$960	\$737	\$223	30.3%	No
District of Columbia	10.7%	52.7%	\$1,124	\$1,076	\$48	4.5%	No
Florida	7.0%	48.3%	\$830	\$688	\$142	20.6%	Yes
Georgia	4.6%	42.3%	\$878	\$674	\$204	30.3%	Yes
Hawaii	21.1%	44.3%	\$795	\$694	\$101	14.6%	No
Idaho	5.4%	40.6%	\$818	\$633	\$185	29.2%	Yes
Illinois	14.7%	43.9%	\$848	\$726	\$122	16.8%	No
Indiana	7.6%	32.8%	\$881	\$634	\$247	39.0%	Yes
Iowa	11.2%	43.9%	\$856	\$655	\$201	30.7%	Yes
Kansas	7.7%	41.4%	\$853	\$651	\$202	31.0%	Yes
Kentucky	9.9%	41.2%	\$744	\$610	\$134	22.0%	No
Louisiana	5.1%	39.4%	\$851	\$599	\$252	42.1%	Yes
Maine	12.7%	48.9%	\$826	\$648	\$178	27.5%	No
Maryland	12.7%	48.9%	\$1,071	\$837	\$234	28.0%	No
Massachusetts	16.3%	54.1%	\$1,060	\$849	\$211	24.9%	No
Michigan	16.7%	47.8%	\$910	\$691	\$219	31.7%	Yes
Minnesota	15.2%	49.1%	\$958	\$769	\$189	24.6%	No
Mississippi	4.4%	41.9%	\$753	\$599	\$154	25.7%	Yes
Missouri	6.9%	32.3%	\$855	\$668	\$187	28.0%	No
Montana	13.8%	46.4%	\$704	\$579	\$125	21.6%	No
Nebraska	8.8%	47.6%	\$879	\$652	\$227	34.8%	Yes
Nevada	15.9%	44.6%	\$757	\$632	\$125	19.8%	Yes
New Hampshire	12.1%	51.7%	\$985	\$771	\$214	27.8%	No
New Jersey	15.9%	45.9%	\$1,006	\$797	\$209	26.2%	No
New Mexico	7.8%	45.8%	\$836	\$651	\$185	28.4%	No
New York	25.7%	49.1%	\$942	\$751	\$191	25.4%	No
North Carolina	3.8%	45.9%	\$787	\$657	\$130	19.8%	Yes
North Dakota	7.6%	45.9%	\$881	\$665	\$216	32.5%	Yes
Ohio	11.9%	42.0%	\$842	\$667	\$175	26.2%	No
Oklahoma	7.7%	42.8%	\$722	\$616	\$106	17.2%	Yes
Oregon	17.6%	51.6%	\$874	\$716	\$158	22.1%	No
Pennsylvania	12.1%	41.0%	\$832	\$690	\$142	20.6%	No
Rhode Island	17.5%	51.0%	\$1,015	\$724	\$291	40.2%	No
South Carolina	4.1%	46.3%	\$896	\$613	\$283	46.2%	Yes
South Dakota	5.9%	46.8%	\$746	\$613	\$133	21.7%	Yes
Tennessee	5.2%	40.6%	\$800	\$621	\$179	28.8%	Yes
Texas	5.9%	42.5%	\$896	\$637	\$259	40.7%	Yes
Utah	5.5%	41.7%	\$819	\$643	\$176	27.4%	Yes
Vermont	14.9%	56.8%	\$938	\$704	\$234	33.2%	No
Virginia	5.4%	44.3%	\$1,099	\$796	\$303	38.1%	Yes
Washington	18.4%	44.3%	\$945	\$748	\$197	26.3%	No
West Virginia	11.7%	41.9%	\$782	\$606	\$176	29.0%	No
Wisconsin	10.9%	41.9%	\$838	\$697	\$141	20.2%	Yes
Wyoming	5.5%	32.4%	\$1,007	\$658	\$349	53.0%	Yes
United States	11.9%	46.0%	\$911	\$694	\$217	31.3%	

Notes: Data on earnings, the share of women workers in unions, and the share of union workers who are women are for those aged 16 and older and are four-year (2011–2014) averages. Earnings are in 2014 dollars and are not controlled for age, level of education, or industry. U.S. earnings data are based on IWPR microdata analysis and differ slightly from the data presented in Table 2.3. Data on right-to-work states are as of March 2015.

Sources: ^aIWPR analysis of data from the Current Population Survey Outgoing Rotation Groups (CPS ORG); ^bNational Conference of State Legislatures 2015.

Table B2.8.

Percent of Employed Women and Men Working Part-Time and Full-Time/
Year-Round by State, 2013

State	Part-Time		Full-Time, Year-Round	
	Women	Men	Women	Men
State	Percent	Percent	Percent	Percent
Alabama	26.3%	15.2%	65.6%	76.1%
Alaska	28.6%	12.5%	57.3%	69.1%
Arizona	28.9%	17.1%	62.6%	73.5%
Arkansas	24.9%	15.3%	66.6%	76.9%
California	31.6%	17.8%	59.3%	72.1%
Colorado	31.2%	15.6%	59.9%	73.5%
Connecticut	32.6%	16.4%	59.1%	73.7%
Delaware	28.3%	17.1%	64.3%	73.6%
District of Columbia	18.8%	13.3%	72.0%	78.1%
Florida	27.4%	18.1%	64.6%	73.2%
Georgia	26.3%	14.0%	65.2%	77.1%
Hawaii	27.5%	14.5%	65.4%	75.9%
Idaho	34.6%	15.7%	56.3%	74.1%
Illinois	30.2%	16.2%	61.4%	74.6%
Indiana	31.0%	15.6%	60.4%	75.2%
Iowa	29.9%	14.8%	62.7%	77.6%
Kansas	28.9%	14.5%	62.4%	77.3%
Kentucky	29.1%	15.7%	62.4%	75.4%
Louisiana	26.1%	13.5%	66.0%	77.0%
Maine	33.4%	17.5%	58.2%	70.9%
Maryland	24.3%	14.9%	68.1%	77.1%
Massachusetts	34.3%	17.0%	58.1%	74.0%
Michigan	34.1%	17.3%	57.7%	72.4%
Minnesota	33.5%	17.5%	58.9%	73.5%
Mississippi	26.0%	14.5%	65.4%	76.6%
Missouri	28.5%	16.0%	63.7%	74.6%
Montana	33.7%	17.5%	57.8%	71.5%
Nebraska	30.0%	14.8%	62.8%	77.9%
Nevada	27.1%	18.1%	64.3%	71.4%
New Hampshire	35.1%	16.0%	56.6%	75.3%
New Jersey	28.4%	14.0%	62.1%	76.5%
New Mexico	29.9%	19.1%	61.9%	72.7%
New York	27.7%	15.6%	63.8%	74.8%
North Carolina	27.3%	15.9%	63.3%	75.3%
North Dakota	29.2%	13.2%	62.7%	77.7%
Ohio	32.2%	16.0%	60.8%	75.4%
Oklahoma	24.5%	13.1%	67.1%	78.3%
Oregon	37.1%	18.3%	54.2%	70.7%
Pennsylvania	30.7%	14.9%	61.8%	75.6%
Rhode Island	36.5%	18.3%	54.9%	72.2%
South Carolina	28.1%	16.0%	63.4%	74.9%
South Dakota	30.1%	15.8%	61.8%	76.4%
Tennessee	26.6%	15.2%	65.5%	75.2%
Texas	25.4%	13.2%	65.7%	77.4%
Utah	40.2%	17.3%	52.5%	74.0%
Vermont	33.6%	16.9%	59.3%	71.5%
Virginia	26.4%	14.4%	64.8%	77.6%
Washington	32.2%	15.2%	59.4%	74.8%
West Virginia	27.0%	13.9%	64.8%	76.4%
Wisconsin	33.5%	16.2%	59.6%	75.0%
Wyoming	26.6%	13.2%	64.1%	75.2%
United States	29.4%	15.8%	62.2%	74.8%

Notes: Aged 16 and older. Part-time includes those who usually work fewer than 35 hours per week. Part-time workers may work either part-year or full-year. Full-time, year-round includes those who work at least 35 hours per week, for at least 50 weeks per year. Percentages of part-time and full-time, year-round workers do not sum to 100 because those who work full-time but less than year-round are not included.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B2.9.
Distribution of Women Across Industries by State, 2013

	Agriculture, Forestry, and Fisheries		Mining and Construction		Manufacturing		Transportation, Communications, and Utilities		Wholesale and Retail Trade		Finance, Insurance, and Real Estate		Health Care, Education, Leisure, and Other Services		Government		Total Number of Women Workers
State	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Number
Alabama	0.6%	45	1.5%	13	8.5%	9	2.5%	31	21.8%	13	6.7%	31	39.2%	43	19.2%	16	945,591
Alaska	1.8%	8	3.0%	1	1.8%	50	3.7%	5	20.1%	31	4.0%	51	41.1%	32	24.5%	3	172,109
Arizona	1.1%	19	1.9%	9	4.6%	37	3.2%	11	21.1%	22	8.6%	6	42.4%	26	17.1%	28	1,306,043
Arkansas	1.1%	19	1.5%	13	8.9%	6	3.0%	18	23.1%	5	5.4%	47	37.4%	48	19.7%	13	590,913
California	1.6%	12	1.2%	22	6.8%	26	3.1%	15	20.8%	25	7.0%	28	42.6%	23	16.8%	30	7,888,723
Colorado	1.2%	18	2.1%	8	4.5%	38	3.7%	5	21.4%	18	7.6%	17	42.9%	22	16.6%	32	1,216,775
Connecticut	0.8%	32	0.9%	41	7.4%	19	2.5%	31	18.0%	47	8.2%	8	46.1%	8	16.1%	36	866,322
Delaware	0.6%	45	1.0%	34	5.2%	33	2.5%	31	18.9%	42	11.5%	1	44.2%	16	16.1%	36	209,879
District of Columbia	0.4%	51	0.7%	50	2.3%	48	2.4%	38	10.4%	51	4.6%	50	56.3%	1	22.9%	6	169,417
Florida	1.0%	23	1.4%	17	3.4%	42	3.5%	7	23.4%	3	8.3%	7	44.5%	14	14.4%	42	4,069,382
Georgia	0.9%	28	1.2%	22	7.1%	23	4.3%	1	22.4%	7	7.2%	24	38.3%	45	18.7%	19	2,101,808
Hawaii	1.3%	16	1.1%	29	1.3%	51	4.1%	2	24.6%	1	7.3%	21	37.8%	46	22.6%	8	318,075
Idaho	2.3%	4	1.5%	13	6.5%	29	2.4%	38	22.8%	6	7.3%	21	38.8%	44	18.5%	21	322,137
Illinois	0.7%	36	0.9%	41	8.2%	12	3.4%	8	19.8%	36	7.8%	14	44.4%	15	14.8%	40	2,932,707
Indiana	0.8%	32	1.2%	22	11.4%	1	2.9%	21	21.3%	19	6.1%	44	42.2%	28	14.1%	46	1,438,477
Iowa	1.8%	8	1.0%	34	10.4%	3	2.1%	49	19.5%	38	8.9%	5	39.6%	39	16.5%	33	749,721
Kansas	1.4%	14	1.0%	34	7.8%	15	3.1%	15	18.8%	44	7.5%	19	41.4%	29	19.0%	17	657,755
Kentucky	1.0%	23	1.1%	29	7.8%	15	3.2%	11	21.6%	14	6.2%	43	40.6%	37	18.5%	21	896,867
Louisiana	0.7%	36	2.6%	5	3.3%	43	2.4%	38	21.5%	16	6.5%	38	43.4%	19	19.6%	14	960,956
Maine	1.4%	14	1.1%	29	5.0%	35	2.6%	27	19.6%	37	7.5%	19	46.1%	8	16.7%	31	323,120
Maryland	0.7%	36	1.5%	13	2.7%	46	2.5%	31	16.1%	50	6.6%	34	45.4%	10	24.4%	4	1,497,358
Massachusetts	0.7%	36	0.9%	41	6.2%	30	2.4%	38	18.2%	46	7.6%	17	50.3%	2	13.7%	48	1,679,427
Michigan	1.0%	23	0.8%	48	10.1%	4	2.4%	38	21.6%	14	6.6%	34	44.1%	17	13.5%	49	2,129,346
Minnesota	1.1%	19	1.0%	34	8.7%	7	2.7%	23	19.2%	39	8.0%	11	45.4%	10	13.8%	47	1,372,947
Mississippi	0.8%	32	0.9%	41	8.4%	11	2.6%	27	22.1%	10	5.8%	45	37.8%	46	21.5%	10	593,868
Missouri	0.9%	28	1.2%	22	6.8%	26	3.2%	11	21.5%	16	8.2%	8	43.6%	18	14.6%	41	1,373,940
Montana	2.4%	3	2.4%	7	3.1%	44	2.2%	47	20.9%	24	6.8%	30	40.2%	38	22.0%	9	227,763
Nebraska	1.8%	8	1.1%	29	7.2%	20	2.7%	23	19.9%	34	9.6%	4	42.5%	24	15.2%	39	462,687
Nevada	0.6%	45	1.6%	11	2.6%	47	4.0%	3	22.3%	8	6.3%	40	48.3%	4	14.3%	43	585,962
New Hampshire	1.1%	19	1.1%	29	7.9%	14	2.7%	23	19.9%	34	6.4%	39	44.8%	12	16.1%	36	332,378
New Jersey	0.5%	49	1.0%	34	7.1%	23	3.4%	8	18.9%	42	8.1%	10	44.6%	13	16.5%	33	2,021,738
New Mexico	0.7%	36	1.7%	10	3.1%	44	2.9%	21	20.1%	31	5.8%	45	39.6%	39	26.2%	2	407,579
New York	0.7%	36	0.9%	41	4.9%	36	3.0%	18	17.6%	48	7.3%	21	48.1%	5	17.5%	26	4,485,004
North Carolina	1.0%	23	1.0%	34	8.7%	7	2.5%	31	21.2%	20	6.6%	34	40.8%	36	18.2%	24	2,134,010
North Dakota	1.9%	6	2.7%	4	4.2%	39	2.6%	27	18.3%	45	10.0%	3	40.9%	34	19.4%	15	181,428
Ohio	0.9%	28	1.2%	22	9.0%	5	2.3%	44	22.1%	10	7.0%	28	43.2%	20	14.3%	43	2,613,044
Oklahoma	1.3%	16	2.8%	3	5.3%	32	2.4%	38	21.1%	22	7.7%	16	39.6%	39	19.9%	12	798,110
Oregon	1.9%	6	1.4%	17	6.8%	26	2.5%	31	23.3%	4	6.6%	34	41.2%	31	16.3%	35	851,844
Pennsylvania	0.9%	28	1.2%	22	7.2%	20	2.7%	23	20.5%	28	7.1%	26	48.5%	3	11.9%	51	2,901,743
Rhode Island	0.5%	49	0.8%	48	7.2%	20	2.3%	44	20.7%	26	7.9%	13	47.3%	6	13.4%	50	254,908
South Carolina	0.6%	45	0.9%	41	8.2%	12	3.1%	15	23.5%	2	7.1%	26	36.5%	50	20.1%	11	1,021,282
South Dakota	2.2%	5	1.2%	22	7.5%	18	2.3%	44	20.3%	29	10.4%	2	37.3%	49	18.7%	19	209,645
Tennessee	0.7%	36	1.0%	34	8.5%	9	4.0%	3	21.2%	20	6.7%	31	40.9%	34	17.0%	29	1,373,948
Texas	0.8%	32	2.5%	6	5.2%	33	3.3%	10	22.0%	12	8.0%	11	41.0%	33	17.3%	27	5,511,285
Utah	0.7%	36	1.4%	17	7.1%	23	3.2%	11	22.3%	8	7.2%	24	39.5%	42	18.5%	21	579,764
Vermont	2.6%	2	0.6%	51	7.7%	17	1.4%	51	16.9%	49	6.3%	40	47.0%	7	17.6%	25	158,694
Virginia	1.0%	23	1.3%	20	4.1%	40	2.5%	31	19.2%	39	6.7%	31	42.5%	24	22.7%	7	1,939,436
Washington	1.7%	11	1.3%	20	5.9%	31	3.0%	18	20.7%	26	6.3%	40	42.3%	27	18.9%	18	1,519,813
West Virginia	0.7%	36	1.6%	11	4.1%	40	2.1%	49	20.3%	29	4.9%	49	43.1%	21	23.1%	5	350,324
Wisconsin	1.6%	12	0.9%	41	11.4%	1	2.6%	27	20.1%	31	7.8%	14	41.4%	29	14.3%	43	1,391,839
Wyoming	3.5%	1	3.0%	1	2.0%	49	2.2%	47	19.1%	41	5.2%	48	35.7%	51	29.2%	1	134,907
United States	1.0%		1.3%		6.6%		3.0%		20.7%		7.3%		43.2%		16.9%		69,232,798

Notes: For employed women aged 16 and older. All public sector workers are included in government; other sectors are private sector only. IWPR data on the distribution of employed men across industries by state can be found at www.statusofwomendata.org.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B2.10.

Distribution of Women Across Broad Occupational Groups by State, 2013

State	Management, Business, and Financial		Professional and Related		Service		Sales and Related		Office and Administrative Support		Natural Resources, Construction, and Maintenance		Production, Transportation, and Material Moving		Total Number of Women Workers
	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Number
Alabama	12.0%	40	26.5%	23	20.5%	39	12.2%	9	20.0%	35	1.2%	9	7.6%	7	945,511
Alaska	14.1%	12	27.9%	13	20.5%	39	11.0%	22	21.1%	19	1.7%	1	3.6%	47	171,832
Arizona	13.5%	18	24.5%	43	22.8%	11	12.5%	5	21.1%	19	1.2%	9	4.5%	37	1,304,785
Arkansas	10.5%	49	26.6%	21	20.7%	38	11.6%	12	22.0%	7	0.9%	21	7.6%	7	590,749
California	14.8%	10	24.9%	39	22.3%	20	11.7%	11	19.4%	41	1.4%	8	5.5%	26	7,882,803
Colorado	16.0%	6	26.7%	20	21.6%	29	11.4%	17	19.4%	41	1.1%	11	3.8%	44	1,214,440
Connecticut	14.6%	11	29.3%	5	21.7%	27	11.0%	22	18.1%	49	0.6%	41	4.7%	31	865,543
Delaware	16.2%	5	26.9%	18	21.1%	35	10.0%	42	21.3%	17	0.4%	48	4.1%	41	209,562
District of Columbia	26.3%	1	35.7%	1	16.2%	51	5.8%	51	14.3%	51	0.4%	48	1.3%	51	169,254
Florida	12.7%	30	24.2%	46	22.7%	14	13.9%	3	21.6%	12	0.8%	25	4.0%	43	4,064,415
Georgia	14.0%	14	25.5%	33	20.2%	44	12.4%	7	19.9%	36	0.9%	21	7.1%	13	2,099,629
Hawaii	13.3%	21	23.8%	47	22.7%	14	15.5%	1	20.7%	26	0.7%	28	3.2%	49	316,755
Idaho	10.4%	50	23.3%	49	22.8%	11	10.4%	35	25.1%	2	1.6%	2	6.4%	16	321,594
Illinois	14.1%	12	25.9%	28	21.0%	36	10.9%	26	20.7%	26	0.5%	46	6.7%	14	2,929,879
Indiana	11.7%	43	24.8%	42	21.4%	31	10.5%	34	20.8%	25	0.7%	28	10.2%	1	1,438,314
Iowa	13.1%	27	24.9%	39	22.0%	23	10.4%	35	21.4%	14	0.7%	28	7.5%	10	749,721
Kansas	13.6%	17	28.0%	12	20.0%	45	10.2%	41	21.4%	14	1.1%	11	5.7%	22	657,533
Kentucky	10.6%	48	27.1%	16	21.7%	27	11.0%	22	21.2%	18	0.9%	21	7.6%	7	896,289
Louisiana	10.9%	47	26.2%	26	24.8%	6	12.0%	10	21.8%	10	1.0%	18	3.3%	48	959,691
Maine	12.9%	28	26.8%	19	22.5%	16	10.0%	42	21.7%	11	0.9%	21	5.2%	28	323,067
Maryland	17.9%	2	30.0%	4	19.7%	47	9.3%	47	19.5%	40	0.6%	41	3.1%	50	1,494,760
Massachusetts	16.5%	3	31.0%	2	19.8%	46	9.7%	45	18.1%	49	0.5%	46	4.3%	40	1,678,738
Michigan	12.3%	38	24.4%	44	22.8%	11	11.5%	14	20.6%	29	0.7%	28	7.8%	4	2,129,043
Minnesota	14.9%	8	26.5%	23	21.4%	31	10.7%	31	19.9%	36	0.7%	28	5.9%	20	1,372,947
Mississippi	11.0%	45	25.0%	37	23.2%	9	13.0%	4	19.0%	45	1.0%	18	7.8%	4	593,145
Missouri	12.5%	34	25.8%	31	21.9%	25	11.0%	22	21.9%	9	0.6%	41	6.2%	18	1,373,120
Montana	12.6%	32	23.7%	48	25.2%	2	9.3%	47	23.0%	4	1.5%	4	4.6%	34	227,253
Nebraska	13.5%	18	25.3%	36	21.6%	29	10.0%	42	22.0%	7	1.1%	11	6.6%	15	462,498
Nevada	11.4%	44	19.6%	51	28.8%	1	14.1%	2	20.7%	26	0.7%	28	4.7%	31	585,551
New Hampshire	13.3%	21	30.9%	3	18.7%	50	10.9%	26	20.5%	31	1.1%	11	4.6%	34	332,378
New Jersey	15.0%	7	28.2%	9	19.6%	48	11.1%	20	20.3%	33	0.3%	50	5.5%	26	2,021,165
New Mexico	12.4%	37	26.6%	21	24.9%	5	10.4%	35	20.1%	34	1.1%	11	4.5%	37	406,972
New York	13.5%	18	29.2%	6	22.9%	10	10.4%	35	19.2%	44	0.6%	41	4.1%	41	4,483,238
North Carolina	13.2%	26	27.2%	15	21.3%	34	11.5%	14	18.5%	47	0.7%	28	7.5%	10	2,129,216
North Dakota	11.9%	41	26.5%	23	24.7%	7	9.6%	46	22.9%	5	0.6%	41	3.8%	44	181,214
Ohio	12.5%	34	25.9%	28	22.4%	18	10.6%	32	20.5%	31	0.7%	28	7.4%	12	2,612,660
Oklahoma	12.7%	30	26.2%	26	21.0%	36	11.3%	18	22.4%	6	1.5%	4	4.9%	30	796,931
Oregon	13.3%	21	25.5%	33	23.4%	8	10.8%	29	19.7%	39	1.5%	4	5.7%	22	851,606
Pennsylvania	12.8%	29	27.8%	14	21.4%	31	10.9%	26	21.0%	22	0.7%	28	5.6%	25	2,901,615
Rhode Island	11.9%	41	28.2%	9	22.0%	23	10.4%	35	21.1%	19	0.7%	28	5.7%	22	254,728
South Carolina	12.3%	38	24.3%	45	21.8%	26	12.5%	5	20.6%	29	0.8%	25	7.7%	6	1,017,597
South Dakota	11.0%	45	23.3%	49	22.1%	22	11.1%	20	25.2%	1	1.0%	18	6.2%	18	209,123
Tennessee	12.6%	32	25.6%	32	20.5%	39	11.5%	14	20.9%	23	0.7%	28	8.3%	2	1,373,338
Texas	13.9%	15	25.0%	37	22.4%	18	12.3%	8	20.9%	23	0.8%	25	4.7%	31	5,503,194
Utah	12.5%	34	25.5%	33	19.4%	49	11.6%	12	23.9%	3	0.7%	28	6.4%	16	579,634
Vermont	13.7%	16	28.9%	7	22.5%	16	8.7%	50	19.4%	41	1.1%	11	5.8%	21	158,688
Virginia	16.5%	3	28.9%	7	20.3%	43	10.8%	29	18.3%	48	0.7%	28	4.6%	34	1,931,057
Washington	14.9%	8	25.9%	28	22.2%	21	10.6%	32	19.9%	36	1.5%	4	5.2%	28	1,516,527
West Virginia	10.3%	51	27.1%	16	25.1%	3	11.2%	19	21.5%	13	0.3%	50	4.5%	37	350,297
Wisconsin	13.3%	21	24.9%	39	20.5%	39	10.4%	35	21.4%	14	1.1%	11	8.3%	2	1,391,839
Wyoming	13.3%	21	28.2%	9	25.1%	3	9.3%	47	18.7%	46	1.6%	2	3.8%	44	134,483
United States	13.7%		26.3%		21.8%		11.4%		20.3%		0.9%		5.7%		69,165,921

Notes: For employed women aged 16 and older. IWPR data on the distribution of employed men across broad occupational groups by state can be found at www.statusofwomendata.org. Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B2.11.

Women and Men in Science, Technology, Engineering, and Mathematics (STEM) Occupations by State, 2013

State	Percent of Employed Women in STEM Occupations		Percent of Employed Men in STEM Occupations		Women's Share of All STEM Workers	
	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	4.0%	31	9.9%	24	26.5%	39
Alaska	4.0%	31	10.0%	23	25.2%	48
Arizona	4.8%	16	11.1%	15	27.1%	37
Arkansas	3.4%	45	7.1%	46	30.0%	17
California	5.3%	8	10.9%	16	28.9%	24
Colorado	6.1%	5	13.0%	7	28.9%	24
Connecticut	5.3%	8	11.6%	11	30.2%	15
Delaware	5.1%	12	11.8%	10	29.8%	19
District of Columbia	10.6%	1	13.8%	3	44.2%	1
Florida	3.5%	40	7.8%	42	28.7%	27
Georgia	4.2%	28	9.9%	24	27.8%	33
Hawaii	3.8%	35	7.4%	44	30.0%	17
Idaho	4.0%	31	9.2%	33	26.1%	42
Illinois	4.5%	21	10.7%	18	28.2%	30
Indiana	3.6%	39	9.3%	30	25.7%	44
Iowa	4.8%	16	9.3%	30	32.2%	8
Kansas	4.6%	20	9.9%	24	28.7%	27
Kentucky	3.3%	47	8.0%	40	27.0%	38
Louisiana	3.2%	49	7.5%	43	27.7%	36
Maine	3.8%	35	9.1%	34	29.2%	23
Maryland	7.5%	2	14.1%	2	34.4%	2
Massachusetts	7.0%	3	14.6%	1	31.9%	9
Michigan	4.3%	24	11.2%	14	26.5%	39
Minnesota	5.5%	6	12.3%	9	29.7%	20
Mississippi	3.1%	50	6.1%	50	32.9%	5
Missouri	4.4%	23	9.3%	30	30.9%	11
Montana	3.7%	38	7.1%	46	32.4%	6
Nebraska	3.5%	40	9.1%	34	25.9%	43
Nevada	3.4%	45	6.4%	48	31.0%	10
New Hampshire	4.5%	21	12.8%	8	24.6%	50
New Jersey	5.2%	10	11.6%	11	28.8%	26
New Mexico	4.1%	30	10.6%	19	25.4%	47
New York	4.3%	24	9.0%	36	30.8%	12
North Carolina	4.9%	15	10.3%	21	30.5%	13
North Dakota	4.2%	28	7.2%	45	32.4%	6
Ohio	4.3%	24	10.2%	22	28.6%	29
Oklahoma	3.5%	40	8.8%	37	25.1%	49
Oregon	5.0%	14	11.5%	13	28.2%	30
Pennsylvania	4.8%	16	10.4%	20	30.4%	14
Rhode Island	4.8%	16	10.9%	16	29.6%	21
South Carolina	3.5%	40	8.3%	38	28.2%	30
South Dakota	2.6%	51	6.3%	49	27.8%	33
Tennessee	3.8%	35	8.0%	40	30.1%	16
Texas	4.3%	24	9.9%	24	26.5%	39
Utah	5.2%	10	13.2%	5	23.5%	51
Vermont	5.1%	12	9.7%	28	33.6%	3
Virginia	6.2%	4	13.2%	5	29.6%	21
Washington	5.5%	6	13.7%	4	25.7%	44
West Virginia	3.3%	47	8.2%	39	25.5%	46
Wisconsin	3.9%	34	9.7%	28	27.8%	33
Wyoming	3.5%	40	6.0%	51	33.0%	4
United States	4.6%		10.3%		28.8%	

Notes: Aged 16 and older. This definition of STEM occupation follows the U.S. Bureau of Labor Statistics definition of STEM occupations, which includes the social sciences and managerial occupations in social science fields, but excludes support occupations, health occupations, and most technical and trade occupations that do not require a four-year degree.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0)

References

- Carnevale, Anthony, Nicole Smith and Michelle Melton. 2011. *STEM*. Washington, DC: Georgetown University, Center on Education and the Workforce. <<http://www.luminafoundation.org/files/resources/stem.pdf>> (accessed December 5, 2014).
- Center for Economic Policy Research. 2015. Current Population Survey Outgoing Rotation Groups (CPS ORG) Uniform Extracts, Version 2.0.1. Washington, DC.
- Davis, Alyssa. 2014. “State Employment and Unemployment Data Shows Signs of Improvement, But We Have a Long Way to Go.” Washington, DC: Economic Policy Institute. <<http://www.epi.org/publication/state-employment-and-unemployment-data-show-signs-of-improvement-but-we-have-a-long-way-to-go/>> (accessed December 31, 2014).
- DeNavas-Walt, Carmen and Bernadette D. Proctor. 2014. *Income and Poverty in the United States: 2013*. U.S. Census Bureau, Current Population Reports, P60-249. Table A-4. U.S. Government Printing Office, Washington, DC. <<http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-249.pdf>> (accessed December 17, 2014).
- Fullerton, Howard N. 1999. “Labor Force Participation: 75 Years of Change, 1950–98 and 1998–2025.” *Monthly Labor Review* (December): 3–12. <<http://www.bls.gov/mlr/1999/12/art1full.pdf>> (accessed December 12, 2014).
- Glamour Magazine. (March 2015). “America Explained.” Rebecca Webber. <<http://www.glamour.com/inspired/2015/02/best-and-worst-states-for-health-happiness-salary>> (accessed February 13, 2015).
- Hartmann, Heidi and Ashley English. 2010. “Women and Men’s Employment and Unemployment in the Great Recession.” Briefing Paper #C373. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/women-and-men2019s-employment-and-unemployment-in-the-great-recession#sthash.QhMFsvO9.dpuf>> (accessed January 30, 2015).
- Hartmann, Heidi, Elyse Shaw, and Rachel O’Connor. 2014. “Women and Men in the Recovery: Where the Jobs Are.” Briefing Paper #C426. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/women-and-men-in-the-recovery-where-the-jobs-are-women-recover-jobs-lost-in-recession-in-year-five>> (accessed January 30, 2015).
- Hegewisch, Ariane, Hannah Liepmann, Jeffrey Hayes, and Heidi Hartmann. 2010. “Separate and Not Equal? Gender Segregation in the Labor Market and the Gender Wage Gap.” Briefing Paper #C377. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/separate-and-not-equal-gender-segregation-in-the-labor-market-and-the-gender-wage-gap>> (accessed December 3, 2014).
- Hess, Cynthia and Jane Henrici. 2013. *Increasing Pathways to Legal Status for Immigrant In-Home Care Workers*. Report #I924. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/increasing-pathways-to-legal-status-for-immigrant-in-home-care-workers>> (accessed January 31, 2015).
- Hess, Cynthia, Jane Henrici, and Claudia Williams. 2011. *Organizations Working with Latina Immigrants: Resources and Strategies for Change*. Report #I922. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/organizations-working-with-latina-immigrants-resources-and-strategies-for-change>> (accessed January 31, 2015).

Institute for Women's Policy Research. 2004. *The Status of Women in the States*. Report #R266. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/the-status-of-women-in-the-states>> (accessed December 11, 2014).

Institute for Women's Policy Research. 2014a. "Women's Median Earnings as Percent of Men's Median Earnings (Full-Time, Year-Round Workers) with Projection for Pay Equity in 2058." Quick Figures #026. <<http://www.iwpr.org/publications/pubs/women2019s-median-earnings-as-a-percent-of-men2019s-median-earnings-1960-2013-full-time-year-round-workers-with-projection-for-pay-equity-in-2058>> (accessed January 22, 2015).

Institute for Women's Policy Research. 2014b. IWPR calculations based on Current Population Survey data from the Geographic Profile of Employment and Unemployment, 2013. Bulletin 2768. Table 23. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics. <http://www.bls.gov/opub/gp/pdf/gp13_23.pdf> (accessed November 19, 2014).

Institute for Women's Policy Research. 2015. IWPR analysis of data from the 2013 American Community Survey based on Ruggles et al., Integrated Public Use Microdata Series (Integrated Public Use Microdata Series, Version 5.0).

Institute for Women's Policy Research. N.d. "State Statutes That Address the Gender Wage Gap." IWPR unpublished compilation of state laws.

Jones, Janelle, John Schmitt, and Nicole Woo. 2014. *Women, Working Families, and Unions*. Washington, DC: Center for Economic and Policy Research. <<http://www.cepr.net/documents/women-union-2014-06.pdf>> (February 10, 2015).

King, Miriam, Steven Ruggles, J. Trent Alexander, Sarah Flood, Katie Genadek, Matthew B. Schroeder, Brandon Trampe, and Rebecca Vick. 2010. Integrated Public Use Microdata Series, Current Population Survey: Version 3.0. [Machine-readable database]. Minneapolis: University of Minnesota.

Kromer, Braedyn K. and David J. Howard. 2011. *Comparison of ACS and CPS Data on Employment Status*. Washington, DC: U.S. Census Bureau, Social, Economic, and Housing Statistics Division. <http://www.census.gov/hhes/www/laborfor/ACS-CPS_Comparison_Report.pdf> (accessed March 6, 2015).

Lambert, Susan, Peter J. Fugiel, and Julia R. Henly. 2014. "Precarious Work Schedules among Early-Career Employees in the US: A National Snapshot." Research Brief issued by EINet (Employment Instability, Family Well-being, and Social Policy Network) at the University of Chicago. <http://ssascholars.uchicago.edu/work-scheduling-study/files/lambert.fugiel.henly_precarious_work_schedules.august2014.pdf> (accessed January 8, 2015).

Missouri Economic Research and Information Center. 2015. "Cost of Living Data Series: Third Quarter 2014." <http://www.missourieconomy.org/indicators/cost_of_living/index.stm> (accessed February 18, 2015).

National Conference of State Legislatures. 2015. "Right-to-Work Resources." <<http://www.ncsl.org/research/labor-and-employment/right-to-work-laws-and-bills.aspx>> (accessed April 17, 2015).

Reed, Matthew and Debbie Cochrane. 2014. *Student Debt and the Class of 2013*. Washington, DC: Institute for College Access and Success. <<http://projectonstudentdebt.org/files/pub/classof2013.pdf>> (accessed January 7, 2015).

Rothwell, Jonathan. 2013. *The Hidden STEM Economy*. Washington, DC: The Brookings Institute. <<http://www.brookings.edu/research/reports/2013/06/10-stem-economy-rothwell>> (accessed January 8, 2015).

Ruggles, Steven, J., Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. 2010. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis, MN: University of Minnesota.

Shierholz, Heidi and Elise Gould. 2011. "The Compensation Penalty of 'Right-to-Work' Laws." Washington, D Economic Policy Institute. <<http://www.epi.org/publication/bp299/>> (accessed April 17, 2015).

Society for Human Resource Management. 2011. *2011 Employee Benefits: Examining Employee Benefits Amidst Uncertainty*. <https://www.shrm.org/Research/SurveyFindings/Articles/Documents/2011_Emp_Benefits_Report.pdf> (accessed November 23, 2014).

U.S. Bureau of Labor Statistics. 2012. "STEM Definition Options: SOC Policy Committee Recommendation to OMB." <http://www.bls.gov/soc/Attachment_B_STEM.pdf> (accessed February 2, 2015).

U.S. Bureau of Labor Statistics. 2014a. *Women in the Labor Force: A Databook (Report 1052)*. <<http://www.bls.gov/opub/reports/cps/women-in-the-labor-force-a-databook-2014.pdf>> (accessed December 6, 2014).

U.S. Bureau of Labor Statistics. 2014b. Household Data Annual Averages. Table 24. "Unemployed Persons by Marital Status, Race, Hispanic or Latino Ethnicity, Age, and Sex." <<http://www.bls.gov/cps/aa2008/cpsaat24.pdf>> (accessed January 2, 2015).

U.S. Bureau of Labor Statistics. 2014c. Annual Average. Table 5. "Employment Status of the Population by Sex, Marital Status, and Presence and Age of Own Children Under 18, 2012–2013." <<http://www.bls.gov/news.release/famee.t05.htm>> (accessed January 26, 2015).

U.S. Bureau of Labor Statistics. 2014d. "Persons with a Disability: Labor Force Characteristics Summary." Economic News Release (June 11, 2014). <<http://www.bls.gov/news.release/disabl.nr0.htm>> (accessed December 6, 2014).

U.S. Bureau of Labor Statistics. 2015a. Household Data Annual Averages. Table 5. "Employment Status of the Civilian Noninstitutional Population by Sex, Age, and Race." <<http://www.bls.gov/cps/cpsaat03.htm>> (accessed February 13, 2015).

U.S. Bureau of Labor Statistics. 2015b. Table 2. "Median Weekly Earnings of Full-Time Wage and Salary Workers by Union Affiliation and Selected Characteristics." <<http://www.bls.gov/news.release/union2.t02.htm>> (accessed February 1, 2015).

U.S. Bureau of Labor Statistics. 2015c. "Labor Force Statistics Including the National Unemployment Rate." <<http://www.bls.gov/cps/#data>> (accessed February 23, 2015).

U.S. Bureau of Labor Statistics. 2015d. "Employment Status of the Civilian Noninstitutional Population by Sex, Race, Hispanic or Latino Ethnicity, and Detailed Age, 2014 Annual Averages." <<http://www.bls.gov/lau/ptable-14full2014.pdf>> (accessed February 18, 2015).

U.S. Bureau of Labor Statistics. 2015e. "Unemployed Persons by Marital Status, Race, Hispanic or Latino Ethnicity, Age, and Sex." <<http://www.bls.gov/cps/cpsaat24.htm>> (accessed February 18, 2015).

U.S. Department of Commerce. Economics and Statistics Administration. 2011. *STEM: Good Jobs Now and for the Future*. <<http://www.esa.doc.gov/reports/stem-good-jobs-now-and-future>> (accessed January 20, 2015).

U.S. Department of Commerce. Bureau of the Census. 2014. *American Community Survey Design and Methodology, Chapter 7: Data Collection and Capture for Housing Units*. Version 2.0. <http://www.census.gov/acs/www/Downloads/survey_methodology/acs_design_methodology_ch07_2014.pdf> (accessed March 5, 2015).

U.S. Department of Commerce. Bureau of the Census. 2015. 2011–2013 American Community Survey data accessed through American Fact Finder. Table S0201. Selected Population Profile in the United States. <<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>> (accessed February 27, 2015).

U.S. Department of Labor. Women's Bureau. 2014. "Pay Secrecy." <http://www.dol.gov/wb/media/pay_secrecy.pdf> (accessed January 20, 2015).

U.S. Department of Labor. Wage and Hour Division. 2015a. "Minimum Wage Laws in the States - January 1, 2015." <<http://www.dol.gov/whd/minwage/america.htm#Consolidated>> (accessed January 20, 2015).

U.S. Department of Labor. Wage and Hour Division. 2015b. "Minimum Wages for Tipped Employees." <<http://www.dol.gov/whd/state/tipped.htm>> (accessed January 20, 2015).

Van Giezen, Robert W. 2012. "Paid Leave in Private Industry Over the Past 20 Years." Washington, DC: U.S. Bureau of Labor Statistics. <<http://www.bls.gov/opub/btn/volume-2/paid-leave-in-private-industry-over-the-past-20-years.htm>> (accessed December 1, 2013).



CHAPTER 3

THE STATUS OF WOMEN IN THE STATES: 2015

Work & Family

Introduction

Women make up almost half of the workforce. Few families have someone who can stay at home to take care of health emergencies, pick children up from school and supervise homework, or take an elderly parent to a doctor’s appointment. In half of all families with children, women are the primary or co-breadwinner¹ (IWPR 2015). Low-income families are particularly likely to have all parents in the labor force (Boushey 2014). Yet, as mothers’ labor force participation has dramatically increased in the past decades (U.S. Bureau of Labor Statistics 2014) and the number of women and men aged 50 and older who provide care for a parent more than tripled between 1994 and 2008 (MetLife 2011)², the development of an infrastructure to support workers with family caregiving responsibilities has been largely neglected. Many workers lack access to even the most basic supports such as earned sick days and job-protected paid parental leave. Quality child care is also out of reach for many families because it is not affordable. Women are the large majority of family caregivers,³ and in the absence of reliable family supports, too many women are forced to make difficult decisions between keeping their jobs and caring for their family members.

Best and Worst States on Work & Family

State	Rank	Grade
New York	1	B
California	2	B
District of Columbia	3	B
New Jersey	4	B–
Rhode Island	5	B–
Indiana	51	F
Utah	50	F
Montana	49	F
Mississippi	48	D–
Wyoming	47	D–

Investments in work-family supports not only improve women’s economic security, but also contribute to economic growth (Council of Economic Advisors 2014). This chapter examines available supports for work and family at the state level. It begins with an overview of the Work & Family Composite Index and the overall ranking of

¹ A primary or co-breadwinner is defined as a single mother, or as a married mother with children under 18 who earns at least 40 percent of a couple’s total earnings; see Appendix A3 for a more detailed discussion of the breadwinner analysis.

² The large majority of family caregivers aged 50 to 64 are employed (MetLife 2011).

³ In this chapter, the term “family caregiver” will be used to describe someone providing unpaid care to a family member. A person paid to provide such care will be described as a “domestic care worker.”

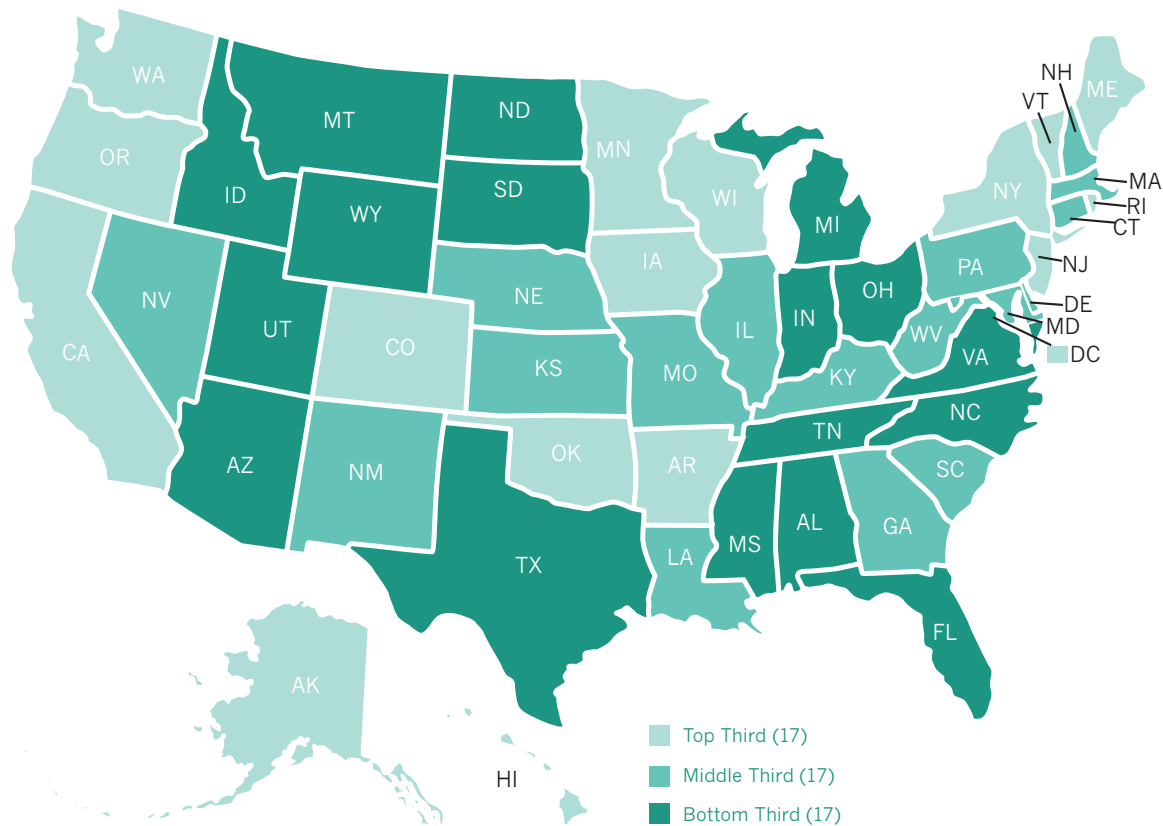
states in this area of women’s status. It then discusses paid leave, elder and dependent care, motherhood and work and female breadwinners, and child care and preschool education. The chapter ends with a discussion of differences in the time spent on paid and unpaid work between mothers and fathers.

The Work & Family Composite Score

The Work & Family Composite compares states’ performance across three components of work-family policy—paid leave, dependent and elder care, and child care—and a fourth component, the gender gap in the labor force participation of parents of children under six, an indicator that highlights gender inequality in family care of young children. This is the first IWPR *Status of Women in the States* report to include the Work & Family Composite (see Map 3.1). Each of the three policy components has a number of indicators selected to represent the ease or difficulty of obtaining work family supports.

The paid leave component includes state policies on Temporary Disability Insurance (TDI), paid family and medical leave, and paid sick days. For dependent and elder care, the component includes the availability of unemployment insurance benefits for a worker who has to leave employment for family care reasons; the availability and level of dependent care tax credits for the care of a dependent adult relative; and the delegation of long-term support services to domestic care agency staff (such delegation can lower the costs of providing care for a family member). The child care component includes three indicators, enrollment of four-year-olds in publicly funded pre-kindergarten (Pre-K), preschool special education, and state and federal Head Start programs, state systems to ensure quality of Pre-K education, and the cost of center-based infant care. The indicator selection is intended to provide a succinct portrait rather than a comprehensive catalogue of all aspects of work and family; the selection of indicators is also informed by the availability of data for state-by-state comparisons.

Map 3.1. Work & Family Composite Index



Note: For methodology and sources, see Appendix A3. Calculated by the Institute for Women’s Policy Research.

Table 3.1.

How the States Measure Up: Women's Status on the Work & Family Composite Index and Its Components

State	Composite Index			Paid Leave Legislation Index		Elder and Dependent Care Index		Child Care Index		Gender Gap in Parents' Labor Force Participation Rates ^a	
	Score	Rank	Grade	Score	Rank	Score	Rank	Score	Rank	Percentage Points	Rank
Alabama	3.13	39	D	0.00	12	0.13	46	1.42	11	20.9	7
Alaska	4.34	15	C	0.00	12	1.50	8	1.37	15	26.5	32
Arizona	3.14	38	D	0.00	12	0.81	27	0.97	39	31.9	46
Arkansas	4.63	8	C+	0.00	12	1.69	5	1.54	5	29.9	42
California	5.30	2	B	2.00	1	1.00	22	0.95	40	32.3	47
Colorado	4.53	11	C+	0.00	12	2.00	1	1.11	31	28.9	38
Connecticut	4.09	21	C	0.67	5	0.81	27	1.07	34	23.3	12
Delaware	3.85	25	C-	0.00	12	1.06	21	1.21	26	21.3	8
District of Columbia	5.20	3	B	0.67	5	1.38	14	1.73	2	28.8	37
Florida	2.82	43	D-	0.00	12	0.00	49	1.34	17	26.3	30
Georgia	4.19	18	C	0.00	12	1.13	19	1.57	4	25.7	24
Hawaii	4.45	13	C+	0.67	5	1.88	3	0.53	50	30.6	44
Idaho	2.61	46	D-	0.00	12	0.81	27	0.57	47	38.7	50
Illinois	3.49	30	D+	0.00	12	0.69	34	1.32	21	25.8	26
Indiana	2.03	51	F	0.00	12	0.00	49	0.56	48	26.6	33
Iowa	4.62	9	C+	0.00	12	1.50	8	1.49	7	18.6	3
Kansas	3.48	31	D+	0.00	12	0.88	25	1.14	29	26.7	34
Kentucky	3.44	32	D+	0.00	12	0.50	40	1.50	6	27.8	36
Louisiana	4.11	20	C	0.00	12	1.19	18	1.43	9	25.6	23
Maine	4.57	10	C+	0.00	12	1.56	7	1.28	23	13.7	1
Maryland	4.06	22	C	0.00	12	1.13	19	1.40	13	23.1	11
Massachusetts	3.86	24	C-	0.67	5	0.63	37	1.04	38	23.5	13
Michigan	2.75	44	D-	0.00	12	0.00	49	1.23	25	24.0	17
Minnesota	4.76	7	C+	0.00	12	2.00	1	1.18	28	20.8	6
Mississippi	2.55	48	D-	0.00	12	0.19	44	0.77	42	20.2	5
Missouri	3.64	28	C-	0.00	12	1.00	22	1.11	31	23.7	15
Montana	2.30	49	F	0.00	12	0.19	44	0.60	46	24.0	17
Nebraska	4.16	19	C	0.00	12	1.50	8	1.14	29	24.2	19
Nevada	3.91	23	C-	0.00	12	1.44	13	1.06	37	29.1	39
New Hampshire	3.40	34	D+	0.00	12	1.38	14	0.51	51	24.3	20
New Jersey	4.99	4	B-	1.67	2	0.44	42	1.42	11	26.3	31
New Mexico	3.65	27	C-	0.00	12	0.88	25	1.37	15	29.7	41
New York	5.55	1	B	1.00	4	1.69	5	1.38	14	25.7	25
North Carolina	3.35	35	D+	0.00	12	0.38	43	1.45	8	23.8	16
North Dakota	2.93	42	D	0.00	12	0.81	27	0.63	44	25.9	27
Ohio	3.27	37	D+	0.00	12	0.81	27	0.91	41	23.0	10
Oklahoma	4.50	12	C+	0.00	12	1.31	17	1.78	1	29.6	40
Oregon	4.89	6	B-	0.33	9	1.88	3	1.20	27	26.0	28
Pennsylvania	3.43	33	D+	0.33	9	0.50	40	1.07	34	23.5	13
Rhode Island	4.94	5	B-	1.33	3	0.75	33	1.31	22	22.9	9
South Carolina	3.64	28	C-	0.00	12	0.81	27	1.33	19	25.2	21
South Dakota	3.07	40	D	0.00	12	0.69	34	0.67	43	14.5	2
Tennessee	3.03	41	D	0.00	12	0.13	46	1.43	9	26.1	29
Texas	3.34	36	D+	0.00	12	0.94	24	1.07	34	33.3	49
Utah	2.27	50	F	0.00	12	0.56	39	0.56	48	42.7	51
Vermont	4.33	16	C	0.00	12	1.50	8	1.34	17	25.4	22
Virginia	2.69	45	D-	0.00	12	0.13	46	1.10	33	27.1	35
Washington	4.44	14	C+	0.33	9	1.50	8	1.25	24	31.8	45
West Virginia	3.77	26	C-	0.00	12	0.69	34	1.69	3	30.2	43
Wisconsin	4.31	17	C	0.00	12	1.38	14	1.33	19	19.6	4
Wyoming	2.60	47	D-	0.00	12	0.63	37	0.63	44	32.7	48

Notes: ^aFor mothers and fathers with children younger than age six. The gap is measured as fathers' labor force participation rate minus mothers' labor force participation rate. See Appendix A3 for methodology and sources. For additional detail on the components of the indicators, see Appendix Tables B3.1-B3.4. Calculated by the Institute for Women's Policy Research.

Each of the four components of the Work & Family Composite Index, or indices, is weighted equally. Out of a maximum score of 8 across all indices, state composite scores range from a low of 2.03 to a high of 5.55, with higher scores reflecting a stronger performance in this area of women's status and receiving higher letter grades (Table 3.1).

- New York, California, and the District of Columbia have the highest scores on the Work & Family Composite Index, which reflects, in part, high rankings on paid leave. None of the best-ranking states, however, consistently ranks in the top ten states for each of the four component indices.
- Indiana, Montana, and Utah have the worst scores on the Work & Family Composite Index overall.
- Four states in the Northeast—Maine, New Jersey, New York, and Rhode Island—rank among the best ten on the Work & Family Composite Index. Other jurisdictions in the group include Arkansas, California, the District of Columbia, Iowa, Minnesota, and Oregon.
- Four Mountain West states—Idaho, Montana, Utah, and Wyoming—rank in the bottom ten. They are joined by Florida, Indiana, Michigan, Mississippi, North Dakota, and Virginia.
- No state received a grade higher than a B on the Work & Family Composite Index. California, New York, and the District of Columbia received a B, and New Jersey, Rhode Island, and Oregon a B-. Three states—Indiana, Utah, and Montana—each received an F.

Paid Leave and Paid Sick Days

Everyone is likely to need to take leave from work at some time due to personal illness, the demands of parenthood, or the need to provide care for someone in their family. Because women are the majority of those

providing care for children as well as elderly and disabled adult family members, and because of their greater need for leave related to pregnancy and childbirth, having access to job-protected paid leave is particularly important for them. Research has documented the benefits of paid leave for women and their families and the negative effects of not having access to leave.⁴ Paid leave helps women remain in the labor force when faced with caregiving responsibilities—whether the caregiving is for a baby, child, parent, or spouse—and the continuous attachment to the labor force can also help them advance in their careers. Paid leave for men can help address the unequal division of caregiving tasks between women and men and can reduce the potential for stereotyping and discrimination against women if they are the only ones making use of paid leave benefits (Patnaik 2015). The United States is one of only two countries in the world without a national paid maternity leave law, and one of a small minority of high-income countries that does not require employers to provide paid sick days (Earle, Mokomane, and Heymann 2011; International Labour Organisation 2014; Ray, Sanes, and Schmitt 2013).

The Family and Medical Leave Act (FMLA) of 1993 provides up to 12 weeks of unpaid, job-protected leave in a given year to care for a newborn or a newly adopted or fostered child, to address one's own serious health condition, or to care for a family member with a serious health condition; 26 weeks of leave are available for care of an injured service member (Gault et al. 2014). Because of restrictions in coverage to employees working for public and private employers with 50 or more employees within 75 miles of their worksite, and who have worked at least 1,250 hours in the past year, only 59 percent of employees are eligible to take FMLA leave (Klerman, Daley, and Pozniak 2014). Coverage is also restricted because of the law's narrow definition of family. Spouses (including same-sex spouses⁵), children, grandchildren, and parents are included, but care for an adult child (unless mentally or physically disabled), sibling, parent-in-law, or grandparent is not.

⁴ Reviews of the research on parental leave are available in Gault et al. 2014; Earle, Mokomane, and Heymann 2011; and Winston 2014.

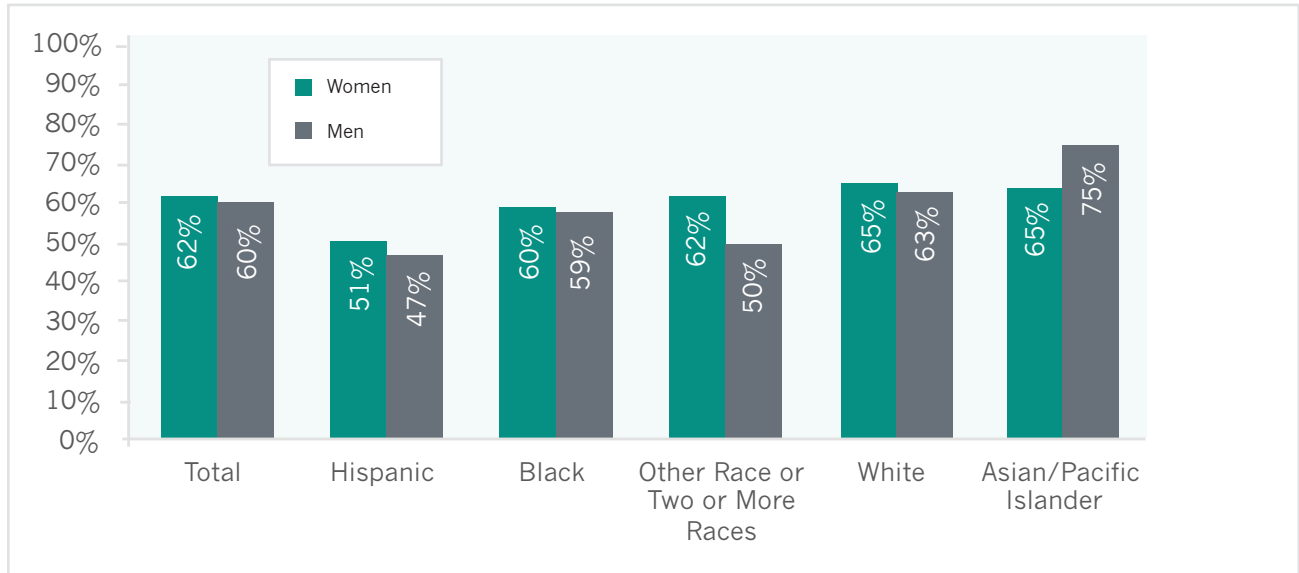
⁵ On February 25, 2015, the U.S. Department of Labor issued a "Final Rule" on the FMLA to clarify that legally married same-sex spouses are entitled to take FMLA leave to care for their spouse irrespective of the legal recognition of same-sex marriage in their state of residence (U.S. Department of Labor, WHD 2015a).

State Laws That Expand Family and Medical Leave Coverage

- Expanding access to workers in smaller businesses: As of 2014, six states—Maine, Maryland, Minnesota, New Jersey, Oregon, and Vermont—and the District of Columbia had expanded Family and Medical Leave eligibility to workers of smaller businesses, ranging from those with at least 15 employees within 75 miles of the worksite in Maine, Maryland, and Vermont to 50 employees worldwide in New Jersey (Gault et al. 2014; National Partnership for Women & Families 2014a).
- Expanding access for pregnant workers: As of 2014, nine states—California, Connecticut, Hawaii, Iowa, Louisiana, Massachusetts, Montana, New Hampshire, and Washington—had expanded FMLA eligibility to workers of smaller businesses in cases of pregnancy only, ranging from those with any number of employees in Hawaii and Montana to those with at least 25 employees in Louisiana (Gault et al. 2014; National Partnership for Women & Families 2014a).
- Expanding the length of job-protected leave: As of 2014, legislation in four states—Connecticut, Oregon, Rhode Island, and Tennessee—and the District of Columbia extended leave for private sector employees beyond 12 weeks, ranging from 16 weeks in Connecticut and the District of Columbia to 30 weeks in Rhode Island. An additional 11 states—Alaska, Colorado, Florida, Illinois, Massachusetts, New York, North Carolina, Pennsylvania, Vermont, Washington, and Wisconsin—provided more than 12 weeks of leave for state employees. Three states—California, Oregon, and Washington—and the District of Columbia provided additional leave for birth mothers (National Partnership for Women & Families 2014a).
- Including same-sex partners and spouses in the definition of family: In ten states—California, Colorado, Connecticut, Hawaii, Maine, New Jersey, Oregon, Vermont, Washington, Wisconsin—and the District of Columbia, same-sex partners or spouses were explicitly included in the definition of family (National Partnership for Women & Families 2014a).
- Broadening the definition of family: In five states—California, Minnesota, Oregon, Rhode Island, and Washington—leave can be taken to care for a grandparent. In six states—California, New Jersey, Oregon, Rhode Island, Vermont, and Washington—leave can be taken to care for a parent-in-law. In California and Maine, leave can be taken to care for a sibling (Gault et al. 2014).

Figure 3.1.

Percent of Workers with Access to Paid Sick Days by Gender and Race/Ethnicity, United States, 2013



Notes: Percent with access to paid sick days is calculated for employed individuals aged 18 years and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Native Americans are included in "other race or two or more races"; sample sizes are insufficient to report estimates for Native Americans separately.
Source: O'Connor, Hayes, and Gault 2014.

State laws and voluntary employer benefits are only partially filling the vacuum left by a lack of federal laws. Nearly 40 percent of all women workers, and about half of Hispanic women workers, do not have access to any paid sick time (Figure 3.1). Part-time workers (the majority of whom are women) are only rarely covered by paid leave benefits of any kind (Figure 3.2). Less than half of all employed women (41 percent) received paid maternity leave before or after the birth of their child (Laughlin 2011).

Access to paid leave is highly unequal. Nine in ten high-income workers have access to paid sick time, compared with only one in five low-income workers (O'Connor, Hayes, and Gault 2014). Fifty-three percent of lower-income workers did not receive pay during their most recent FMLA leave, compared with just 18 percent of higher-paid workers who received paid leave as part of their employers' benefit package (Klerman, Daley, and Pozniak 2014). Nearly half of all employees (46 percent) who reported that they needed leave for FMLA reasons in 2012 reported not having been able to take it because

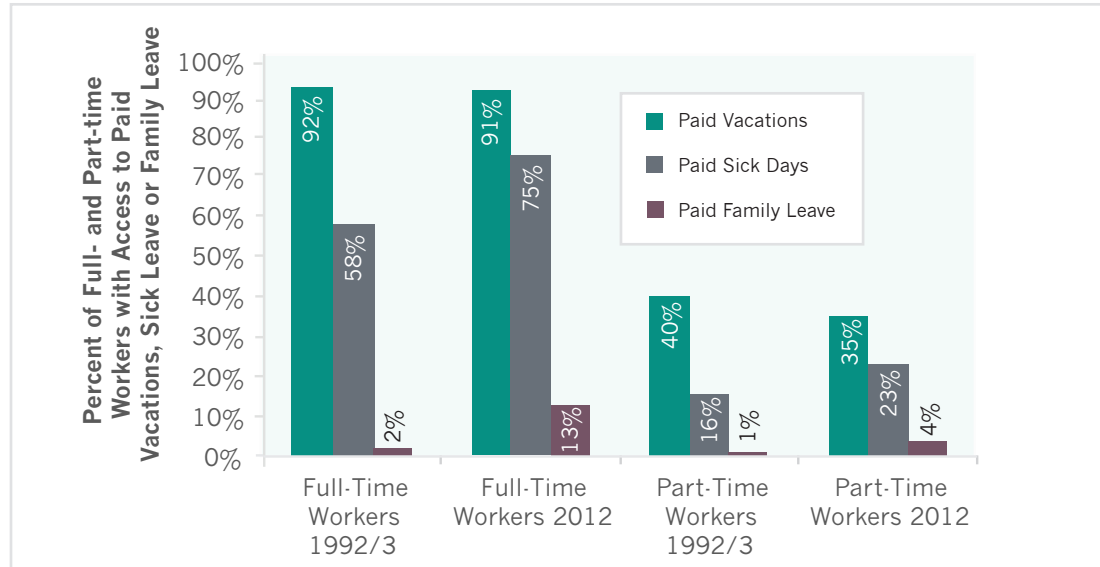
the leave would have been unpaid, and they could not forego the earnings (Klerman, Daley, and Pozniak 2014).

A small but growing number of states have statutes providing workers access to paid leave, with seven states providing some kind of leave as of early 2015. The Work & Family Composite Index scores states on three paid leave policies: statewide Temporary Disability Insurance, or TDI (which provides women with paid maternity leave of four to six weeks for a normal pregnancy and birth as part of providing TDI to all workers with temporary disabilities); paid family leave insurance (which covers the care of newborns and care of family members with illness or aging parents, of the type covered under the FMLA for up to four to six weeks), and paid sick days.

- California ranks highest on paid leave; it is the only state in which workers are covered by TDI and family leave insurance (up to six weeks of paid family leave) and have a right to earn paid sick days (paid for by employers). New Jersey and Rhode Island rank second

Figure 3.2.

Percent with Access to Employer Provided Paid Leave Benefits for Full-Time and Part-Time Workers, 1992/3 and 2012



Notes: Private employers only. National Compensation Survey data for 1992 and 1993 were combined to create a sufficient sample for analysis. Source: IWPR compilation of data from Van Giezen 2013.

and third, respectively. Both have statewide TDI and paid family leave insurance, and several cities in New Jersey have passed paid sick days laws. In Rhode Island, all private sector workers, irrespective of the size of their employer, have job protection while they are on paid family leave (National Partnership for Women & Families 2014a and 2014b).

- Four additional states and the District of Columbia provide the right to at least one type of paid leave: Hawaii and New York both offer TDI leave,⁶ and Connecticut (albeit in a legislative framing that leaves

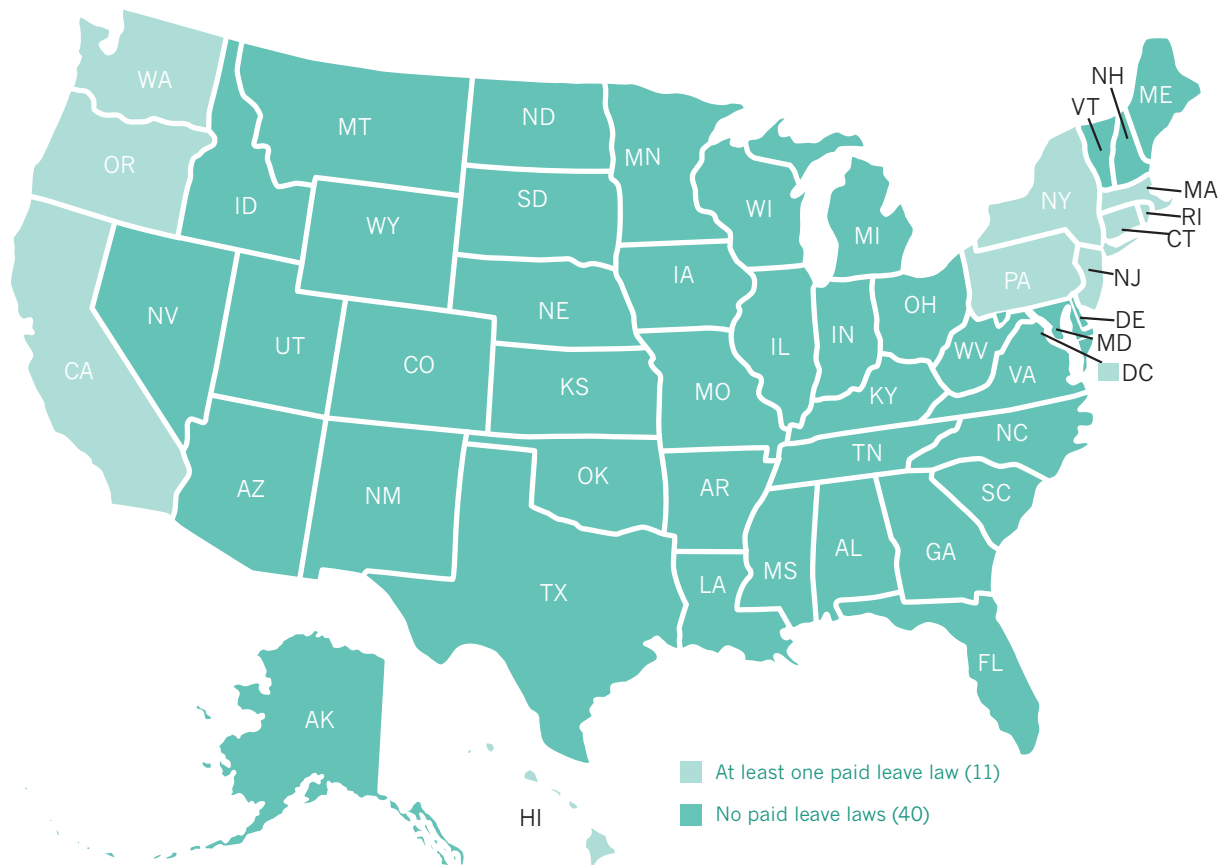
a large number of workers uncovered), Massachusetts, and the District of Columbia require employers to provide paid sick days. Three additional states—Oregon, Pennsylvania, and Washington⁷—include at least one city or district requiring that employers provide paid sick days.

- In 40 states workers lack statutory rights to paid family and medical leave and do not have a statutory right to paid sick days on the job (Appendix Table B3.1; Map 3.2).

⁶ Benefits provided through the TDI State Fund in New York, however, are very low, at an average wage replacement of only \$170 per week (U.S. Social Security Administration 2014, Table 9c1).

⁷ Washington also passed the State Family Leave Act in 2007, but its implementation has been indefinitely postponed.

Map 3.2. Paid Leave Legislation Index



Note: For methodology and sources, see Appendix A3. Calculated by the Institute for Women’s Policy Research.

Elder and Dependent Care

A quarter of the adult population under the age of 65 (24 percent) and an even larger share of those older than 65 (39 percent) have one or more disabilities (Centers for Disease Control and Prevention 2015; West et al. 2014). While many elderly people and many people with disabilities live healthy and independent lives, indeed, may provide support—financial or otherwise—for their families rather than needing support, many others rely on the care of family members to function. According to the 2015 *Caregiving in the U.S.* study, 39.8 million people provided informal care to an adult during the

prior twelve months, and 34 million provided care for an adult aged 50 years or older (National Alliance for Caregiving and AARP 2015). A study focused on care for those 65 years and older found that, in 2011, each month 9 million older adults received informal assistance, and 18 million family members and friends provided such informal care (Spillman et al. 2014). The large majority of caregivers under the age of 65 combine caregiving with paid work (MetLife 2011). Women are the majority of those who provide care for adult family members needing assistance, whether the person who needs care lives with them or elsewhere.⁸ As the American population ages further—the share of the population

⁸ Estimates vary according to the source of data and the type of caregiving that is considered, but all find women to be the majority of those who provide unpaid family care; see Bianchi, Folbre, and Wolf 2012; Lee and Tang 2013; National Alliance for Caregiving and AARP 2015; Spillman et al. 2014; U.S. Bureau of Labor Statistics 2013a.

age 65 and older has grown from 9.9 percent in 1970 to 14.1 percent in 2013 and is projected to reach 20 percent in 2030 (West et al. 2014; U.S. Census Bureau 2012a)—the demand for informal care will continue to increase, with proportionately fewer family members available to provide such care.⁹

Nationally, in 2011–2013 one in seven adult women under the age of 65 lived with a person aged 15 or older with one or more disabilities (Table 3.2).¹⁰ The share of women who live with someone with one or more disabilities varies considerably between states, from fewer than one in ten women under the age of 65 in Nebraska (9.8 percent) and North Dakota (9.6 percent) to one in five women in West Virginia (20.9 percent) and Mississippi (19.3 percent; Table 3.2).

The National Alliance for Caregivers and AARP study (2009) found that, on average, caregivers spent 20 hours per week providing care, rising to almost 40 hours per

week for those who lived with the person who needed care. The weekly time spent is not much lower for those who are employed: the 2014 Older Adult Caregiver Study found that adults who worked full-time while providing care for someone aged 50 and older spent a median of 16 hours per week on such care (Matos 2014). Time spent on support for parents and in-laws is twice as high for families living in poverty than it is for high-income families (Heymann 2005).

Balancing both employment and caregiving responsibilities, particularly for women, leads to significantly higher levels of stress than those experienced by noncaregiving peers (MetLife 2011). This effect may be even stronger for people with elder care responsibilities, as elder care needs may arise more suddenly and intensively, because of a fall or a stroke, for example, than care for a child, making it harder to plan and prepare (Reinhard et al. 2011). The unequal division of family caregiving work between women and men is demonstrated by the fact

Table 3.2.
Women Living with a Person with a Disability, 2013

State	Percent	State	Percent	State	Percent
Alabama	18.0%	Kentucky	18.5%	North Dakota	9.6%
Alaska	14.9%	Louisiana	16.9%	Ohio	14.4%
Arizona	14.2%	Maine	16.6%	Oklahoma	17.2%
Arkansas	18.6%	Maryland	12.7%	Oregon	15.4%
California	14.5%	Massachusetts	12.3%	Pennsylvania	14.4%
Colorado	11.4%	Michigan	15.8%	Rhode Island	13.5%
Connecticut	11.6%	Minnesota	10.6%	South Carolina	16.3%
Delaware	14.5%	Mississippi	19.3%	South Dakota	12.3%
District of Columbia	10.6%	Missouri	15.2%	Tennessee	17.1%
Florida	15.1%	Montana	14.3%	Texas	15.1%
Georgia	15.1%	Nebraska	9.8%	Utah	13.3%
Hawaii	18.6%	Nevada	15.1%	Vermont	12.2%
Idaho	15.0%	New Hampshire	12.7%	Virginia	12.7%
Illinois	12.4%	New Jersey	12.8%	Washington	14.0%
Indiana	14.7%	New Mexico	16.6%	West Virginia	20.9%
Iowa	11.3%	New York	12.6%	Wisconsin	11.6%
Kansas	12.5%	North Carolina	14.7%	Wyoming	13.1%
United States	14.4%				

Notes: Data are three-year (2011–2013) averages for women aged 16 to 64. Persons with one or more disabilities are aged 15 and older and need assistance with one or more of the following: hearing; vision; cognitive tasks because of difficulty remembering, concentrating, or making decisions; walking or climbing stairs; bathing or dressing; and doing errands such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem. Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

⁹ According to a 2014 study, 55 percent of employed adults aged 18 and older had provided care for at least one person aged 65 or older during the last five years; 8 percent only provided care for someone aged 50 to 64; and 37 percent had not provided care for someone aged 50 or older (Matos 2014).

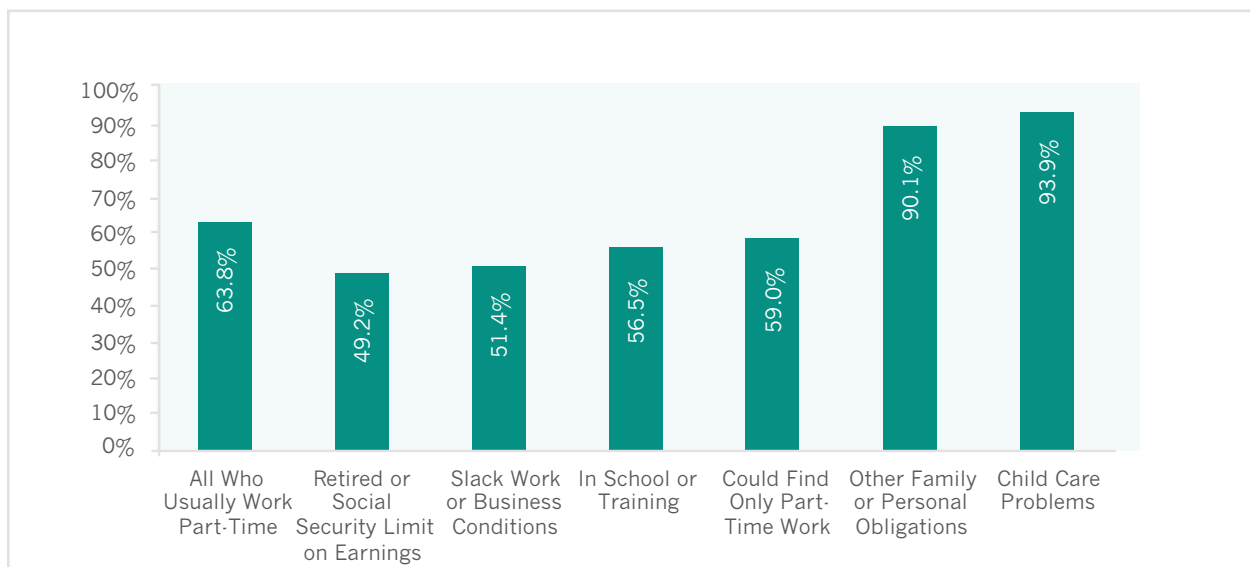
¹⁰ The ACS defines a person with a disability as someone who has one or more of the following: hearing difficulty; vision difficulty; cognitive difficulty (having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem); having serious difficulty walking or climbing stairs; having difficulty bathing or dressing; independent living difficulty (having difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem; U.S. Census Bureau 2012b). A similar methodology is used by the Bureau of Labor Statistics in the CPS (U.S. Bureau of Labor Statistics 2012).

that women are nine times as likely as men to work part-time for family care reasons (Figure 3.3). Part-time work means lower earnings (and lower Social Security contributions) than full-time work; part-time workers are also much less likely than full-time workers to have access to paid leave of any kind or to benefit from employer contributions to employer-provided health insurance or pension plans (SHRM 2011; Van Giezen 2013). Women are also three times as likely as men to report having left their job because of caregiving responsibilities (6 percent compared with 2 percent respectively, according to a 2013 AARP survey of people aged 45 to 74; Perron 2014). A study by MetLife (2011) estimated that women with caregiving responsibilities who are over the age of 50 lose \$324,044 in income and benefits over their lifetime when they completely exit the workforce for caregiving reasons.

State policies can support family caregivers in a number of ways. They can support them directly through providing supports for respite care, assessments, training, and through legislating access to paid leave at work, and

indirectly by properly funding and enforcing quality standards for nursing care and long-term service support workers (see Reinhard et al. 2014 for a state-by-state assessment of long-term care services and supports for older adults, people with disabilities, and family caregivers). Indicators of state-by-state family caregiver needs, and of work family supports specifically designed to support family caregivers, are still evolving.¹¹ The elder and dependent care component of the Work & Family Composite Index scores states on three items linked to financial supports for caregivers: unemployment insurance benefits for workers who have to leave their jobs because of family care; tax credits for dependent care that are not limited to child care, are refundable, and are \$500 or higher; and nurse delegation of long-term support service (LTSS) tasks to domestic care agency workers (nurse delegation of LTSS can lower the costs of hiring external help to provide care). In the context of the low earnings of many women, the high costs of hiring external help to care for a loved one may force a person to choose between her employment and providing the care herself.¹²

Figure 3.3.
Women’s Share of Part-Time Workers by Main Reason for Part-Time Work, 2013



Notes: Part-time workers are those who usually work between 1 and 34 hours per week.
Source: IWPR calculations based on U.S. Bureau of Labor Statistics 2013b.

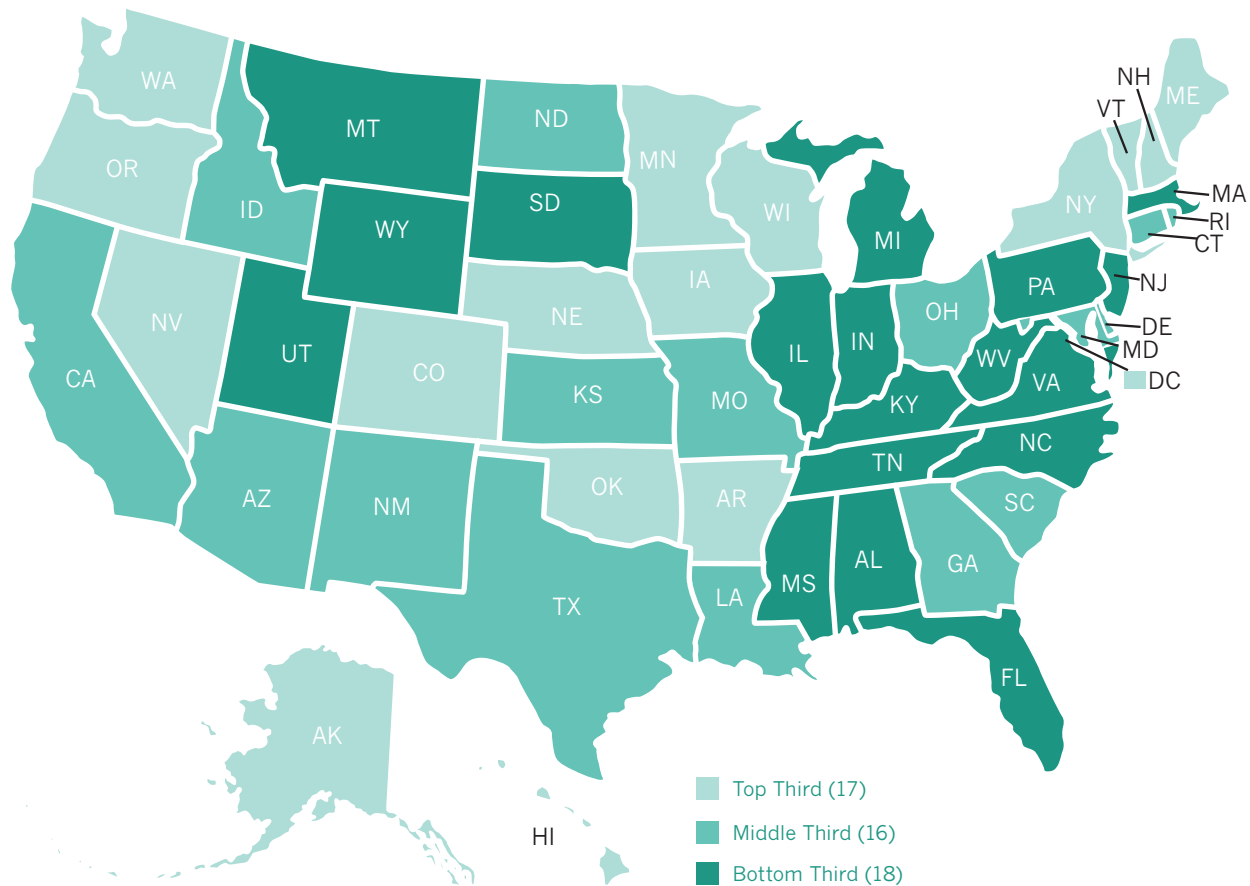
¹¹ To our knowledge, for example, there are no available state-by-state data to allow a comparison of respite care policies for caregivers.

¹² In states without nurse delegation, long-term support services (such as providing an insulin injection to someone with diabetes) have to be provided by a registered nurse when an agency is used to provide such services, increasing the costs of buying such care. The same restrictions do not apply when a family directly hires a caregiver.

- Twenty-four states and the District of Columbia recognize family care reasons as a legitimate cause of job loss for receiving unemployment insurance benefits (Appendix Table B3.2).
- In 21 states and the District of Columbia, dependent care tax credits can be claimed for the care for an adult family member; in ten of these states the tax credit is refundable, and in 13 it is higher than \$500 (Appendix Table B3.2).
- Of a total of 16 medical tasks, 17 states allow nurse delegation to an agency domestic care worker of 14 or more tasks; 5 states do not allow any nurse delegation (Appendix Table B3.2).
- The two best ranked states—Colorado and Minnesota—each make unemployment insurance available to someone who had to leave work to provide care for a family member, provide a refundable tax credit for dependent care of at least \$500, and allow full delegation of LTSS to domestic care agency workers (Appendix Table B3.2).
- The three worst ranked states—Florida, Indiana, and Michigan—do not extend unemployment insurance to workers who have to leave employment to provide family care, do not have a tax credit for dependent care, and do not allow nurse delegation of LTSS to domestic care agency workers (Appendix Table B3.2).

Map 3.3 indicates whether each state is ranked in the top, middle, or bottom third of the country on the elder and dependant care index.

Map 3.3. Elder and Dependent Care Index



Note: For methodology and sources, see Appendix A3. Calculated by the Institute for Women's Policy Research.

State and Local Laws to Support Caregivers at Work

Caregiver discrimination: A number of states have passed laws to protect family caregivers from discrimination at work (such as being fired for needing leave or denying leave for caregiving reasons or not being hired or promoted because one has caregiving responsibilities; Redfoot, Feinberg, and Smith Fitzpatrick 2014; Williams et al. 2012). The U.S. Equal Employment Opportunity Commission (EEOC) has clarified that both under Title VII of the Civil Rights Act and under the Americans with Disabilities Act it constitutes discrimination for an employer to treat a person adversely because he or she is a family caregiver or “associated with a person with a disability” (U.S. EEOC 2007). A number of states have issued laws to extend protections for family caregivers beyond what is covered in federal laws; most statutory protections in this field, however, have happened at the local level in cities and districts (Williams et al. 2012).

- Alaska, Connecticut, New Jersey, Oregon, and the District of Columbia prohibit discrimination against employees who have family responsibilities (Williams et al. 2012). Family caregiver discrimination protection in Alaska, New Jersey, and Oregon is limited to workers with child care responsibilities (Redfoot, Feinberg, and Smith Fitzpatrick 2014).
- At least 67 localities in 22 states have passed family caregiver protection ordinances; only 30 of these are not limited to workers with child care responsibilities and include care for parents or ill or disabled spouses (Williams et al. 2012).

Rights to Request Flexible Work: Workers in Vermont and San Francisco, since 2014, have a formal “right to request” flexible work arrangements. The Vermont law defined these as “intermediate or long-term changes in the employee’s regular working arrangements, including changes in the number of days or hours worked, changes in the time the employee arrives at or departs from work, work from home, or job sharing” (Vermont Commission on Women 2014). Under the law the employer must consider an employee’s request in good faith and may not retaliate against an employee for making a request. The law does not provide a right to changed working conditions, and there are a number of legitimate reasons for an employer to reject a request. While the impact of the Vermont law has not yet been evaluated, similar laws elsewhere in the world have contributed to making alternative work arrangements more widely accessible to workers (Hegewisch 2009).

Six in ten employed family caregivers made adjustments to their work arrangements in response to their caregiving responsibilities (National Alliance for Caregivers and AARP 2015). The proportion of employers in the 2014 *National Study of Employers* reporting that they provide elder care supports and allow job-protected leave for employees with elder care needs has increased since 2008 (Matos and Galinsky 2015). Yet the same study also finds that a falling share of employers allow more systematic (rather than one-off) adjustments to work arrangements. The share of employers who allow at least some employees to job share fell from 29 percent in 2008 to 18 percent in 2014, to take a sabbatical from 38 to 28 percent, and to have a break for personal or family responsibilities from 64 to 52 percent. Of those who left their jobs because of elder care responsibilities, more than half (52 percent) said they did so because their employers did not allow them the flexibility needed to combine work and elder care (Matos 2014). While both men and women find it difficult to combine employment with elder care, women are significantly more likely than men to report work-related difficulties (Matos 2014).

Predictable work schedules: In January 2015 the *Retail Workers Bill of Rights* became law in San Francisco. The law applies to large retailers and provides workers with a right to two weeks’ notice of their schedules; penalty pay if schedules are changed with less than one week’s notice; equal treatment for part-time and full-time workers; and minimum pay for workers who are on-call (whether they are called or not; Jobs with Justice 2015). San Francisco to date is the only locality to have passed such a statute; eight states and the District of Columbia have statutes that entitle an employee to receive some pay if he or she was scheduled to work but then is not needed (Golden 2015).

Whether caring for a child or a person with a disability, providing such care requires predictability and punctuality. Schedule irregularity, and corresponding variability in earnings, has increased strongly since 2000 and is reported by a significant number of workers irrespective of whether they formally work full-time, part-time, or are self-employed (Golden 2015). Schedule flexibility is a particular problem for low wage workers in retail and restaurants (Lambert, Fugiel, and Henly 2014; Watson and Swanberg 2011). According to one recent study, over four in ten mothers working in restaurants reported that their shifts changed weekly (39 percent) if not daily (5 percent); almost a third of mothers had incurred fines from their child care provider or had to change their child care arrangement altogether because of scheduling changes (Restaurant Opportunity Center 2013).

Mothers as Breadwinners

The large majority of mothers are in the workforce, including 62 percent of mothers who gave birth within the last 12 months (U.S. Department of Labor Women’s Bureau 2015). One in three workers (32 percent) have children under 18, and of these, a quarter have children younger than 6 years old (U.S. Bureau of Labor Statistics 2014). Of the 33.4 million households with children under 18, 22.3 million are headed by married couples, 8.4 million by single mothers, and 2.7 million by single fathers (Figure 3.4). Married fathers also spend more time on child care than previously (Pew Research Center 2015). Both mothers and fathers need accommodations at work, such as schedule flexibility.

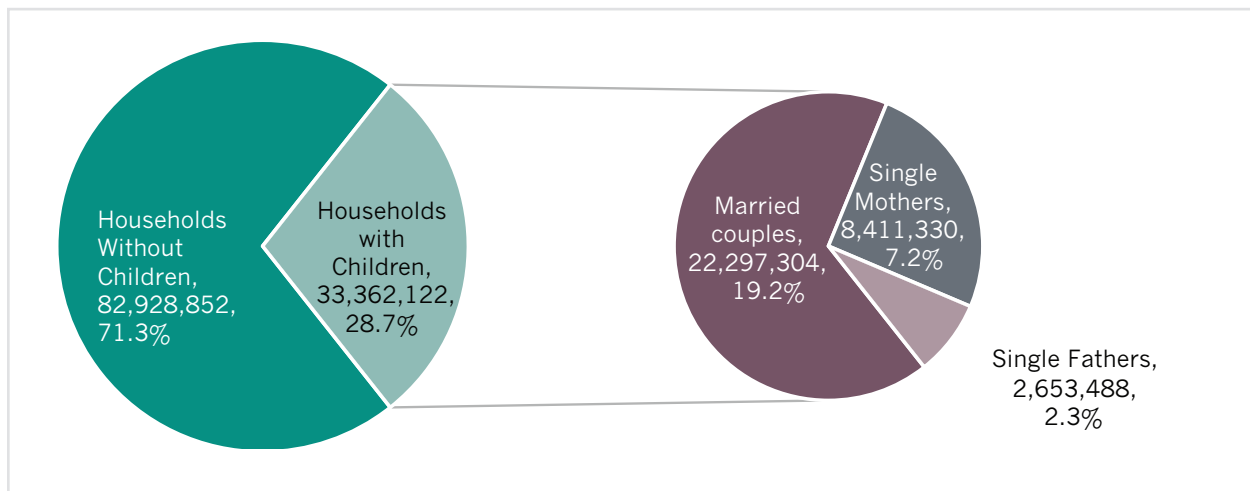
Mothers’ earnings make a major contribution to their family’s income. In half of all families, they are the sole provider or, in married couples, contribute at least 40 percent of family earnings (Table 3.3). Single mothers are a slight majority of female breadwinners (51 percent of mothers who make at least 40 percent of household

income). In married families with children, over a third of wives (37 percent) earn at least 40 percent of the couple’s joint earnings (Table 3.3). The share of female breadwinners¹³ varies considerably between states:

- Among all families with children, the District of Columbia has the highest share (64 percent) of breadwinner mothers. Mississippi (59 percent) and Rhode Island (56 percent) also have high shares of households with female breadwinners. The states with the lowest share of female breadwinners are Utah (35 percent), Wyoming, and Idaho (42 percent each).
- Among married couples with children, Vermont and the District of Columbia (46 percent each), and Iowa, Maine, and South Dakota (44 percent each) have the highest share of breadwinner mothers. The share of married breadwinner mothers among married couples with children is lowest in Utah (25 percent), Wyoming (31 percent), Idaho (32 percent), and Washington (33 percent).

Figure 3.4.

The Distribution of Households with Children Under 18 by Type, 2013



Notes: Data are three-year (2011–2013) averages. Single mothers and single fathers include those who are never married, married with an absent spouse, widowed, divorced, and separated. State-level data are available in Demographic Table B8.5.

Source: IWPR analysis of the American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0)

¹³ This definition of breadwinners (all single mothers and married mothers who contribute at least 40 percent of a couple’s joint earnings) is used for the remainder of this report; the wage gap means that a woman earns only 78 percent of a man’s earnings for full-time year round work; thus, when both work full-time, using median earnings, a woman’s earnings will only be approximately 40 percent of the joint earnings. A subset of women are the primary breadwinners in their families (the sole provider or earning more than half of a couple’s joint earnings, a definition used by Wang, Parker, and Taylor, 2013) in four of ten families with children under 18 (IWPR 2015).

Table 3.3.
Breadwinner Mothers in Households with Children Under 18, 2013

State	Households With Children Under 18		Households with a Breadwinner Mother as Percent of All Households with Children	Single Mothers as Percent of All Female Breadwinners	Married Couples With Female Breadwinner as Percent of All Married Couples
	Number	Percent	Percent	Percent	Percent
Alabama	502,899	27.6%	52.6%	56.4%	36.8%
Alaska	82,877	33.7%	47.5%	50.5%	36.7%
Arizona	666,614	27.8%	48.1%	54.4%	35.0%
Arkansas	312,044	27.7%	52.1%	52.1%	39.5%
California	3,988,783	31.5%	46.5%	48.5%	35.7%
Colorado	582,806	29.1%	45.2%	46.6%	34.5%
Connecticut	392,974	29.3%	50.8%	49.9%	37.9%
Delaware	90,717	26.8%	53.7%	49.6%	42.3%
District of Columbia	47,606	17.5%	64.1%	66.1%	46.4%
Florida	1,758,606	24.4%	53.7%	53.0%	40.9%
Georgia	1,088,759	30.7%	51.9%	54.2%	37.6%
Hawaii	121,349	27.0%	48.9%	39.3%	40.8%
Idaho	183,685	31.2%	42.1%	44.8%	32.2%
Illinois	1,382,018	28.9%	48.8%	49.4%	36.5%
Indiana	716,063	28.7%	48.9%	52.4%	36.0%
Iowa	343,487	27.8%	52.2%	42.5%	43.8%
Kansas	332,979	29.9%	47.2%	45.3%	37.0%
Kentucky	472,528	27.7%	51.9%	51.7%	40.1%
Louisiana	487,165	28.2%	53.6%	63.1%	34.9%
Maine	131,294	24.0%	52.4%	46.6%	44.0%
Maryland	627,885	29.0%	54.2%	48.5%	42.7%
Massachusetts	699,131	27.6%	51.8%	49.0%	39.2%
Michigan	1,036,313	27.0%	50.5%	52.2%	37.8%
Minnesota	606,880	28.6%	51.1%	40.2%	43.3%
Mississippi	316,566	29.0%	58.6%	61.1%	40.9%
Missouri	641,171	27.1%	52.1%	50.4%	40.0%
Montana	101,786	25.1%	47.3%	44.2%	38.5%
Nebraska	213,508	29.2%	49.1%	45.1%	38.8%
Nevada	293,486	29.3%	50.4%	52.3%	38.5%
New Hampshire	143,526	27.6%	47.2%	44.7%	37.6%
New Jersey	995,862	31.4%	47.6%	46.8%	36.0%
New Mexico	211,259	28.0%	50.4%	58.6%	35.8%
New York	1,990,046	27.6%	52.3%	52.4%	38.8%
North Carolina	1,053,449	28.0%	53.1%	52.6%	39.9%
North Dakota	77,642	26.0%	45.4%	41.2%	37.0%
Ohio	1,228,738	26.9%	52.2%	53.1%	39.0%
Oklahoma	417,377	28.8%	48.1%	52.9%	35.3%
Oregon	403,371	26.5%	46.8%	48.9%	36.0%
Pennsylvania	1,286,000	26.0%	50.4%	49.4%	38.5%
Rhode Island	108,144	26.6%	55.6%	53.6%	42.2%
South Carolina	487,317	27.1%	54.3%	56.1%	39.3%
South Dakota	90,472	27.3%	52.6%	43.6%	44.2%
Tennessee	671,834	27.0%	51.4%	51.9%	38.7%
Texas	2,990,853	32.8%	47.6%	52.8%	33.7%
Utah	340,379	37.8%	34.8%	42.6%	25.3%
Vermont	60,819	24.0%	53.6%	41.6%	46.4%
Virginia	881,197	28.8%	49.2%	47.1%	37.6%
Washington	756,558	28.6%	44.2%	48.0%	33.3%
West Virginia	176,786	23.9%	49.1%	52.7%	37.3%
Wisconsin	624,605	27.3%	52.1%	45.5%	42.5%
Wyoming	62,054	27.7%	42.1%	49.1%	30.7%
United States	33,280,267	28.6%	49.8%	50.7%	37.4%

Notes: Data are three-year (2011–2013) averages. Data on households with children under 18 are as percent of all households in the state. **A breadwinner mother is defined as a single mother who is the main householder (irrespective of earnings) or a married mother who earns at least 40 percent of the couple's joint earnings; single mothers who live in someone else's household (such as with their parents) are not included.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

- The share of single mothers among female breadwinners is highest in the District of Columbia (66 percent), Louisiana (63 percent), and Mississippi (61 percent).
- The share of married mothers among all breadwinner mothers is highest in Hawaii (61 percent); in 12 other states, married mothers are at least 55 percent of female breadwinners (Table 3.3).

Having children can present a formidable range of obstacles at work, starting from inadequate protections during and after pregnancy, the high cost of child care, particularly for young children, to a school day and school year unaligned with the working day. Added to such challenges are biases against mothers at work (Correll, Benard, and Paik 2007; Williams and Segal 2003). Research suggests that mothers' earning power is curtailed by discrimination against them as mothers in addition to general factors that contribute to the gender wage gap (Budig 2014). Research finds no evidence that lower earnings are a reflection of lower productivity or of other factors that may justify lower earnings (Kmec 2011). The motherhood penalty is particularly marked for white mothers (Glauber 2007); the lack of a motherhood penalty for women of color is likely an expression of higher general levels of discrimination faced by all black and Hispanic women and men.

Child Care

Reliable child care support is essential for parents' employment. Quality early care and education also promote children's school readiness and have positive effects that last into adulthood (Yoshikawa et al. 2013) and are important for developing economically vibrant communities (Warner 2009). State policies on child care and early care and education differ on many aspects, including access and affordability of provisions, the number of hours provided by public programs, the training and supports available to/required of providers and teachers, after school and school vacation care, subsidies for low-income parents, and guidance provided to parents choosing providers (see for example Barnett et al. 2013; Child Care Aware of America 2013 and 2014a; Minton and Durham 2013; QRIS Compendium 2015; Schmit and Reeves 2015; Schulman and Blank 2013). The child care component of the Work & Family Composite Index focuses on just three indicators: the

costs of full-time center care for an infant as a proportion of the median annual earnings for women in the state, a measure chosen to illustrate the potential barriers created by the costs of care for families considering having children generally and particularly for mothers of young children who want to return to work; the share of four-year-olds who are in publicly funded Pre-K, Headstart, and special education; and policies in place to ensure quality of Pre-K care (each is discussed in greater detail below).¹⁴ States vary widely across these indicators (Map 3.4). Families in the Northeast and the South tend to have better access to quality, affordable care than families in the Mountain States and the West, but no state provides adequate child care supports to a majority of children under five.

The Cost of Early Care

The cost of child care can present a formidable burden to families with young children. Between 1985 and 2011, the weekly out-of-pocket expenditure on child care for families with an employed mother almost doubled in real terms (U.S. Census Bureau 2013). Only a small minority of young children (16 percent of infants and 25.5 percent of toddlers of employed mothers and fewer than five percent of toddlers and infants of mothers who are not employed) are in center care (Laughlin 2013). Families with children who have income below the poverty line spent 30 percent of their income on child care in 2011, more than three times the proportion families with above-poverty income spent (U.S. Census Bureau 2013; Smith and Adams 2013). The majority of all parents rely on care by relatives (including older siblings and grandparents), and more than one in four working mothers reports multiple child care arrangements (Laughlin 2013). Reliable and affordable child care is an important factor in enabling mothers in low-wage jobs to maintain employment and advance at work (Lee 2007).

As Child Care Aware of America (2014a) has documented, in the majority of states and the District of Columbia, the annual costs of center care for an infant are higher than the costs of attending a year of college at a public university, and in 22 states and the District of Columbia, the costs of center care for an infant exceed 40 percent of the median annual income of single mothers. The infant care cost indicator in the child care component of IWPR's Work & Family Composite

¹⁴ The choice of indicators is partly guided by data availability as well as by the desire to select only a few indicators to describe the terrain.

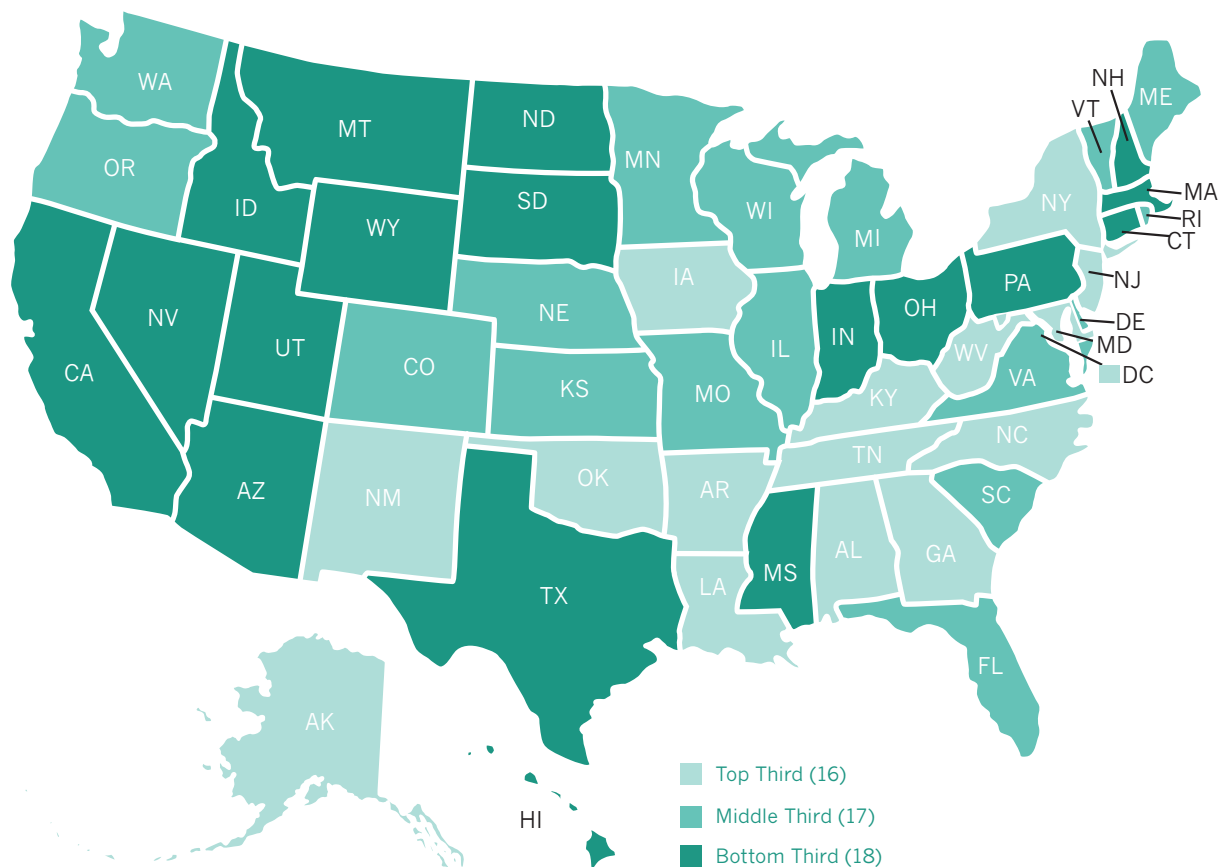
Index compares the cost of center-based infant care to the median annual earnings of all women, regardless of their parental status. The cost of full-time annual center care for infants varies considerably among states.

- The annual cost of center care for an infant as a proportion of women's full-time, year-round median annual earnings is lowest in Alabama (16.8 percent of women's median annual earnings). In seven other states—Arkansas, Kentucky, Louisiana, Mississippi, South Carolina, South Dakota, and Tennessee—the costs are also lower than 20 percent of women's median annual earnings.
- The cost is highest in the District of Columbia (36.6 percent); in two other states—Massachusetts and

Minnesota—costs are comparable to more than a third of annual earnings (Appendix Table B3.3).

This relative measure of the costs of child care does not capture the quality of center care. Indeed, lower relative costs of center care may simply reflect lower quality, such as high ratios of children to staff, larger group sizes, and lack of requirements for teacher certification. Lower cost may also indicate the absence of a market for higher-quality (higher-cost) infant care because of lower median earnings or, where costs are high, may be the sign of a market for high-quality, high-cost child care in response to higher numbers of well-paid women (such as in Washington, DC; Child Care Aware of America 2014a). By its nature, quality child care is labor intensive with limited scope for labor saving technologies or

Map 3.4. Child Care Index



Note: For methodology and sources, see Appendix A3. Calculated by the Institute for Women's Policy Research.

Pregnancy at Work

The number of women who work during their pregnancies has increased sharply during the past decades (Laughlin 2011). Pregnancy-related employment discrimination has increased, too. Between 1992 and 2007, charges of pregnancy discrimination filed with the U.S. Equal Employment Opportunity Commission increased by 65 percent (National Partnership for Women and Families 2008) and have increased further since then (U.S. EEOC 2015). The National Partnership study found a particularly sharp rise in claims from women of color; they also found that pregnancy claims had increased in the majority of states.

The Pregnancy Discrimination Act (PDA) of 1978 clarified that employment discrimination on the basis of pregnancy, childbirth, or related medical conditions is sex discrimination under Title VII of the Civil Rights Act of 1964. The law prohibits an employer from firing, or refusing to hire, a woman because of pregnancy as long as she is still able to perform the major functions of her job, prohibits an employer from treating an applicant or worker differently on the basis of pregnancy, mandates that an employer treat an employee temporarily unable to perform her job the same way as any other temporarily disabled employee, and requires that any health insurance provided by an employer cover expenses for pregnancy-related conditions, among other provisions (U.S. Department of Labor 2015c). Yet while the PDA protects women from pregnancy-related discrimination and from employers withholding benefits or accommodations to pregnant women that are received by other employees, it does not provide a general right to pregnancy accommodations (such as, for example, a temporary shift to lighter duties). Such rights are universal in other high-income countries (ILO 2014).

Since the Affordable Care Act was signed into law in 2010, new mothers returning to work have the right to reasonable time for pumping milk or breast feeding, in a private space, and to facilities for storing breast milk (U.S. Department of Labor 2015b).¹⁵ The new rule increased potential access to breastfeeding especially for low-wage mothers who are less likely to breastfeed than mothers with higher earnings (Drago, Hayes, and Yi 2010). Breastfeeding has positive effects on infant and child health (Golen and Ramey 2014; Horta and Victora 2013; Victora et al. 2015).

State Laws to Expand Pregnancy Protection

- Protections against pregnancy discrimination: Forty-five states and the District of Columbia offer protections against pregnancy discrimination. The five states that do not offer protections against pregnancy discrimination are Alabama, Indiana, Nevada, North Carolina, and South Dakota (U.S. Department of Labor 2015c).
- Pregnancy accommodation: In 14 states—Alaska, California, Connecticut, Delaware, Hawaii, Illinois, Louisiana, Maryland, Minnesota, Nebraska, New Jersey, North Dakota, Texas, and West Virginia—and the District of Columbia, as well as in five cities in other states, employers, by law, must provide reasonable accommodations for pregnant workers. Examples include transfers to a less strenuous or hazardous position, tasks that do not involve heavy lifting, breaks to go to the bathroom, and the option of sitting rather than standing (City of Pittsburgh 2014; National Partnership for Women & Families 2014c).
- Workplace breastfeeding rights: Nineteen states and the District of Columbia have passed laws providing workplace breastfeeding rights (such as break times and a private space for pumping breast milk): Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Indiana, Louisiana, Maine, Minnesota, Montana, New Mexico, New York, Oregon, Rhode Island, Tennessee, Vermont, and Virginia (U.S. Department of Labor 2015c).

¹⁵ The U.S. Department of Labor advises that breastfeeding rights apply to all workers who are covered by the Fair Labor Standards Act (hourly paid and nonsupervisory workers) and should be made available to all workers. Small employers (with fewer than 50 workers) may be exempt from the rule if they can demonstrate that implementing it would impose undue hardship (U.S. Department of Labor Wages and Hours Division 2015b).

other cost saving innovations; without significant public funding, quality child care will remain out of reach for the majority of families (Blau 2001).

The regulation of center care is largely the responsibility of states rather than the federal government. The Child Care Development Block Grant (CCDBG) was reauthorized in 2014 (for the first time since 1996) with new health, safety, and licensing requirements for facilities receiving federal funds. Child care subsidies have a dual role, of raising the quality of programs, and of improving the access to quality programs for children in receipt of childcare subsidies. States are now required to inspect facilities that may receive CCDBG funds before they receive licensure, and at least annually once they are licensed, but have wide flexibility in setting other licensing and program parameters and vary widely in their licensing rules for child care centers (Child Care Aware of America 2013; 2014b).

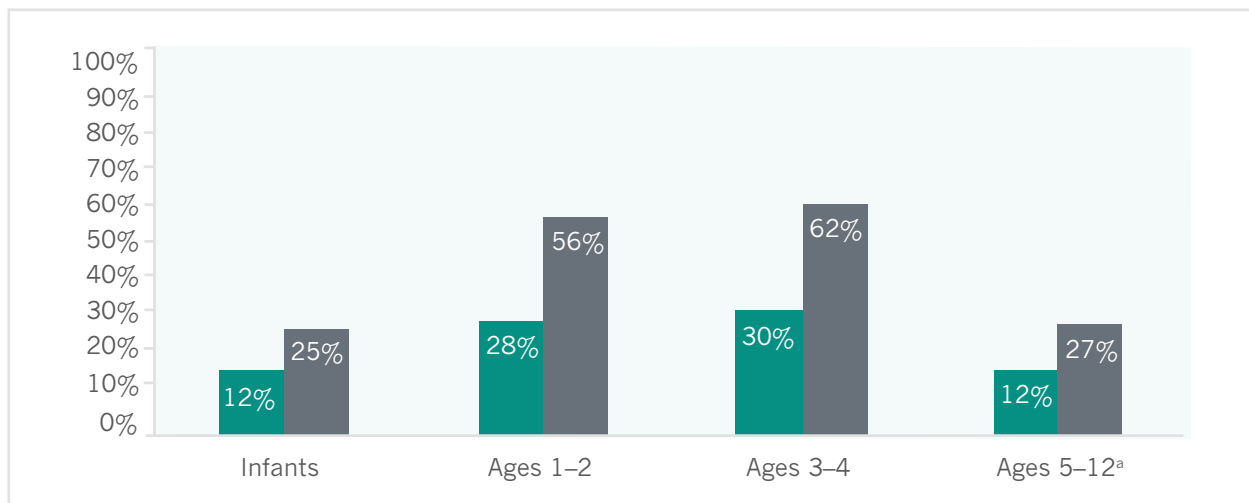
The CCDBG mandates that states spend a minimum of three percent on the improvement of the quality of infant and toddler care and include a four-percent set-aside (to rise to nine percent over a five-year period) for improvements to the quality of child care (U.S.

Department of Health and Human Services 2014a). The National Association for Regulatory Assistance (NARA) and the National Association of Child Care Resource and Referral Agencies (NACCRRA) have developed minimum standards and benchmarks for licensing of child care facilities (Child Care Aware of America 2013; Fiene and Martella 2012). The majority of states—38 in 2014, a steep increase since 2004 when there were just 9—have quality rating and improvement programs in place to monitor and improve the quality of early childhood education and care (QRIS Compendium 2015). Quality Rating and Improvement Systems (QRIS) are designed to improve quality beyond basic licensing standards and use a star rating system to make it easier for parents who need child care or early education to decide between different providers (Mitchell 2005). There is considerable variation, however, in the funding, design, and implementation of QRIS systems among states (Tout et al. 2010; QRIS Compendium 2015).

Child Care Subsidies

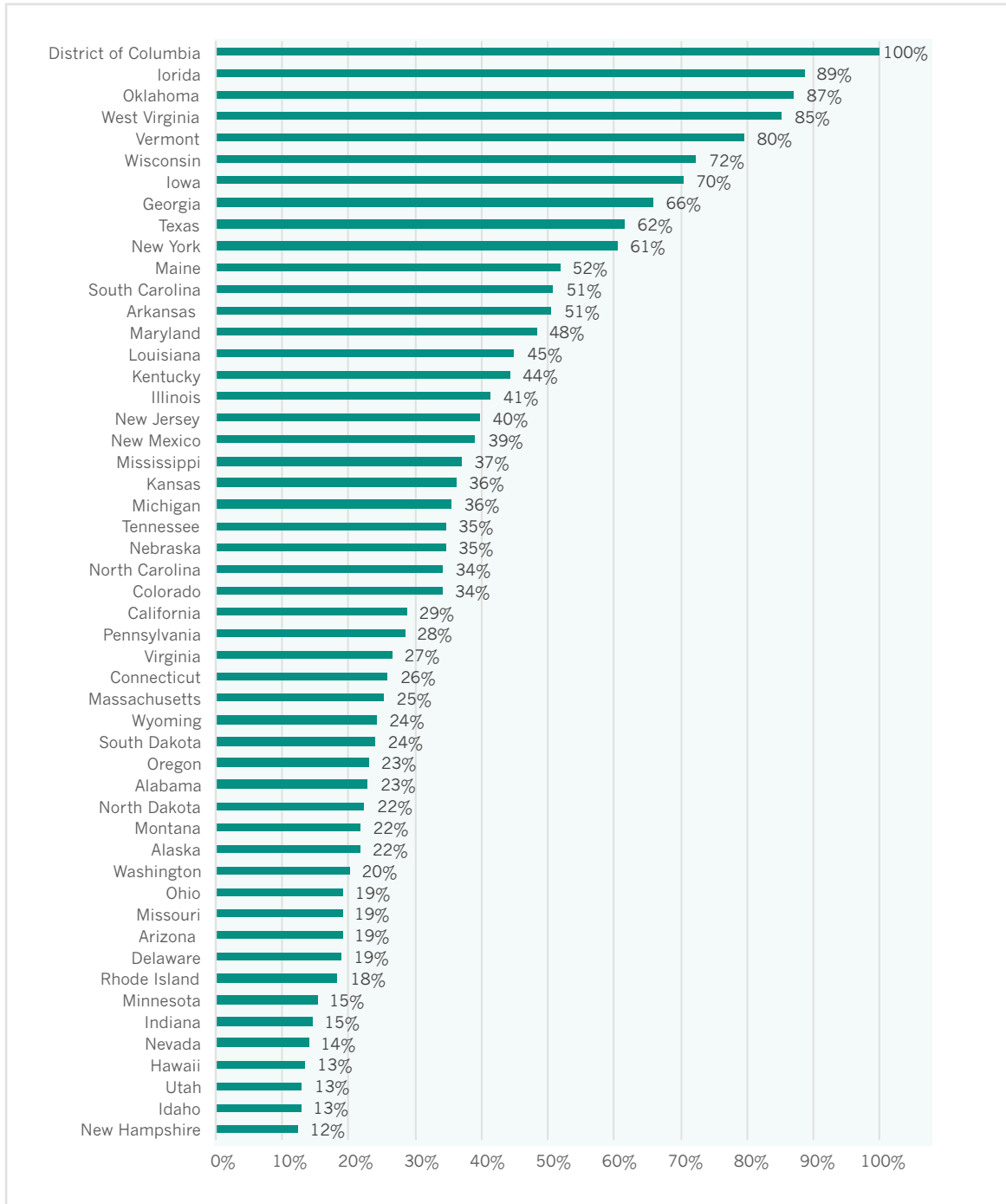
Child care subsidies help mothers and fathers access better quality child care, improve performance and advancement at work, and reduce child care-related work interruptions (Forry and Hofferth 2011; Tekin

Figure 3.5. Percent of Children Eligible under Federal Child Care Subsidy Parameters Who Received Child Care Subsidies, by Age and Poverty Status, 2011



Notes: Children living in households with incomes less than 85 percent of state median household incomes are eligible under federal parameters, subject to their parents' meeting work or training rules; states can set more restrictive eligibility rules. ^aIncludes eligible children with a disability under the age of 19. Source: IWPR compilation based on ASPE 2015.

Figure 3.6.
Percent of Four-Year-Olds Enrolled in State Pre-K, Preschool Special Education, and State and Federal Head Start, 2013



Notes: Coverage rates do not differentiate between full-time and part-time preschool because of data availability. District of Columbia data may overstate coverage rates because of Census underestimates of the number of four-year-olds.
Source: Barnett et al. 2013.

2005; Wagner 2010). Nationally, in 2011, fewer than 4 percent of all infants and toddlers received any child care subsidies, and even among low-income families, only 11.8 percent of children under five received any financial supports for child care from government sources (Laughlin 2013). Federal funding for child care is provided to states through the Child Care Development Block Grant (CCDBG). States are permitted to use funds from the CCDBG to provide subsidies to eligible families with incomes below 85 percent of state median income, and states have considerable flexibility in how the subsidy system is designed and how families are treated when earnings rise above the income eligibility levels (Minton and Durham 2013). Whether parents receive child care assistance depends on a host of factors and policy decisions that differ from state to state, such as income eligibility limits, work requirements, waiting lists for child care assistance, copayments required of parents receiving child care assistance, reimbursement rates for child care providers serving families receiving child care assistance, and eligibility for child care assistance for parents searching for a job (Schulman and Blank 2013).

In 2011—the most recently published national data—only 17 percent of potentially eligible children under the federal CCDBG parameters received any child care subsidy (ASPE 2015).¹⁶ Figure 3.5 shows the proportion of eligible children who received subsidies for different age groups; even the lowest-income households (with incomes of less than 100 percent of poverty) were often left to their own devices, with only 25 percent of eligible infants, and 56–62 percent of eligible toddlers, having received any subsidies (Figure 3.5).

CCDBG rules require most families to pay part of the child care costs, but the share of families required to make a co-payment varies widely between states (from fewer than 15 percent of families in Arkansas and Nebraska to 90 percent or more of families in Connecticut, Illinois, New Hampshire, Ohio, and Utah; U.S. Department of Health and Human Services 2014a). The level of co-pay also varies widely, from an average of 3 percent of family income in the District of Columbia, Michigan, and Minnesota to 26 percent in Mississippi

(U.S. Department of Health and Human Services 2014b).¹⁷

The Coverage and Quality of Pre-Kindergarten Education

The benefits of preschool education for children's cognitive and social development are well established (see Yoshikawa et al. 2013 for a review of the evidence). Expansions of publicly funded early care and education also improve mothers' labor force participation and wage progression (Cascio 2006; Gelbach 2002) and have economic and job-creation benefits as a local economic development strategy (Warner 2009).

Nationally, in the 2012/2013 school year, 40.1 percent of four-year-olds were enrolled in publicly funded Pre-K, Head Start, or special education programs (27.9 percent were in Pre-K, and 12.2 percent were in Head Start¹⁸ or special education; Barnett et al. 2013). The national proportion of four-year-old children who are in publicly funded programs¹⁹ has increased substantially since 2001/2002, when it was only 31.2 percent (Barnett et al. 2003). The level of enrollment varies dramatically across the states. Figure 3.6 shows the state-by-state differences in the overall enrollment in public education for four-year-olds, irrespective of the numbers of hours provided per child.²⁰ Enrollment rates vary from only 12 percent in New Hampshire to 100 percent in the District of Columbia. In the District of Columbia, Pre-K is offered on the same schedule as school for older children (1068 contact hours per child during the school year); in Florida, the state with the next highest level of enrollment (89 percent of four-year-olds), Pre-K is available on a part-time basis only (540 contact hours during the school year; Barnett et al. 2013).

Only a few states provide both high Pre-K access and high-quality preschool education. The National Institute for Early Education Research (NIEER) assesses states on ten indicators of Pre-K quality, including measures such as class size, minimum qualification standards for teachers and teacher assistants, supports for vision- or hearing-impaired children, and site visits by educational

¹⁶ To be eligible under federal parameters, children must be under 13 years of age (under 19 if they have a disability) and must live in a household with income below 85 percent of the state's median household income, with parents who are employed or in training or education (depending on state policies); see ASPE (2015) for more detailed discussion of how eligibility is defined. States have the flexibility to use more restrictive eligibility criteria; in 2013 income eligibility rules in 14 states excluded any families with incomes above 150 percent of poverty (Schulman and Blank 2013).

¹⁷ State data available at www.statusofwomendata.org.

¹⁸ Head Start is a means tested program intended to provide comprehensive early education and support services to low-income 3- and 4-year-old children and their families; in 2013 only 42 percent of eligible children received services (Walker 2014).

¹⁹ Enrollment data for the remainder of this chapter are for four-year olds in all public programs, Pre-K, Head Start, and special education.

²⁰ States typically operate a variety of preschool programs with differing rules, making it difficult to assess the average hours offered to children in ECE in different states (Barnett et al. 2013; Holt 2014).

authorities to check on standards (Barnett et al. 2013). As Barnett et al. emphasize, however, these quality indicators measure program design features, not quality in the actual delivery of Pre-K education.

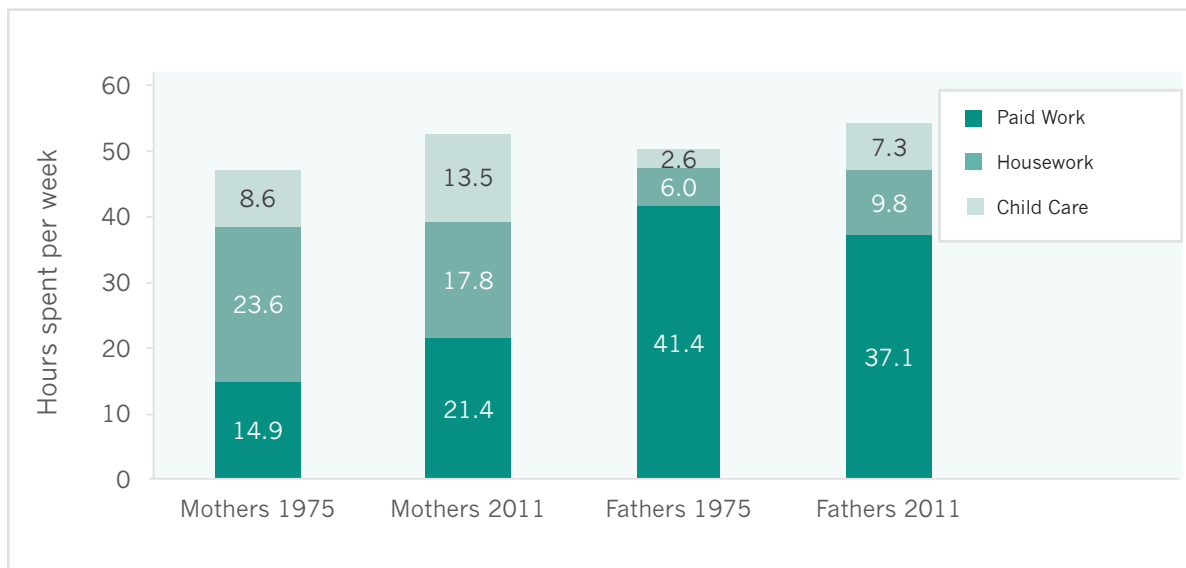
- In the District of Columbia, all four-year-olds have access to publicly provided preschool education.²¹ The District of Columbia also meets eight of ten Pre-K quality indicators. Other states with high rates of access and high quality ratings are Oklahoma (87 percent access and a quality rating of 9); West Virginia (85 percent access and a quality rating of 8); and Georgia (66 percent access and a quality rating of 8).
- There are four states—Alabama, Alaska, North Carolina, and Rhode Island—that meet all ten quality standards, but in all of these states, coverage rates are less than 35 percent.
- The states of Florida (89 percent) and Vermont (80 percent) are among the top ten states for access to Pre-K, but Florida meets only three and Vermont only four of ten quality standards.

- Access to public preschool education is lowest in New Hampshire (12 percent of four-year-olds). Other states with low access are Hawaii, Idaho, and Utah at 13 percent each. These states have also not implemented any of the quality indicators assessed by the National Institute for Early Education Research (Barnett et al. 2013).

The Gap in Mothers' and Fathers' Labor Force Participation Rates

During the past four decades, the labor force participation rate for mothers of children under six has more than doubled, from just under a third (32.1 percent) in 1970 to just over two thirds (67.1 percent) in 2013 (IWPR 2015). During the same period, the labor force participation rate of fathers hardly changed at all, falling from 97.9 percent in 1970 to 94.4 percent in 2013. Trends in the allocation of time between paid work, child care, and housework between 1975 and 2011 show that both mothers and fathers of young children now spend more time on these three activities combined than they did forty years ago (Figure 3.7). Yet, while mothers

Figure 3.7. Time Spent on Paid Work, Housework, and Child Care, Mothers and Fathers, 1975 and 2011

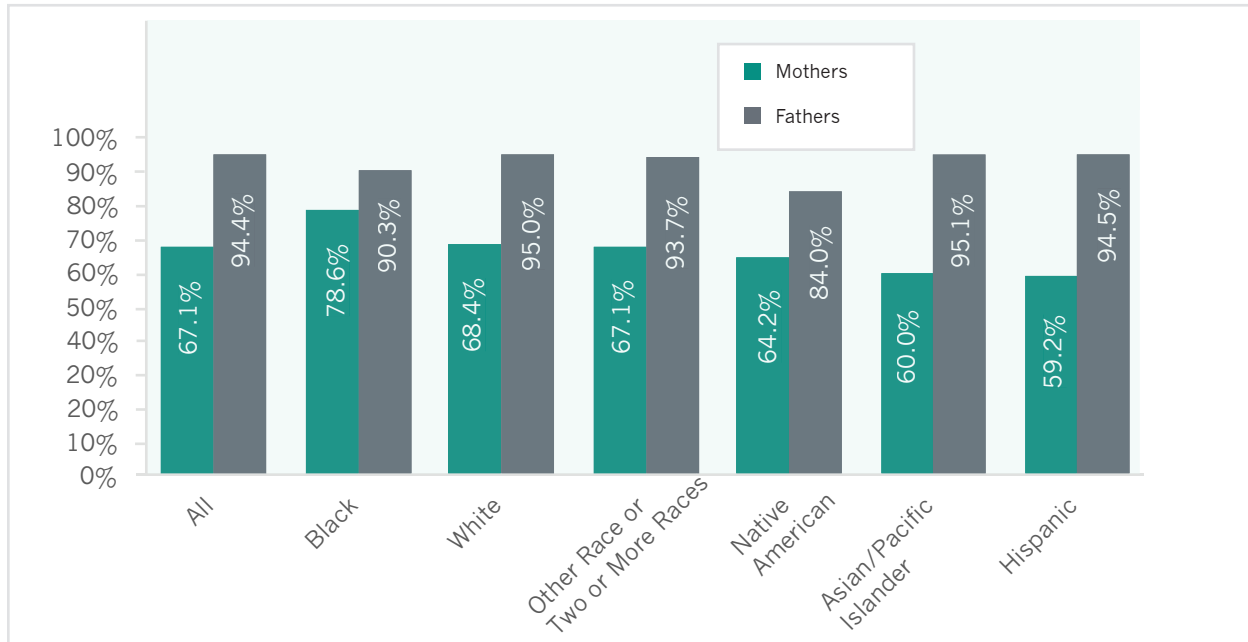


Note: Resident parents of children under 18.
Source: IWPR compilation of data from Pew Research Center 2015.

²¹ The share of enrolled children as a percent of all children draws on U.S. Census estimates of four-year-olds; in the District of Columbia, Census estimates may slightly underestimate the number of four-year-olds in the District, leading to a potential overestimate of the share of children in publicly funded preschool education (communication with Megan Carolan, NIEER, June 2014).

Figure 3.8.

The Labor Force Participation Rate of Parents of Children Under Six by Gender and Race/Ethnicity, United States, 2013



Notes: For individuals aged 16 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Source: IWPR analysis of the American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0)

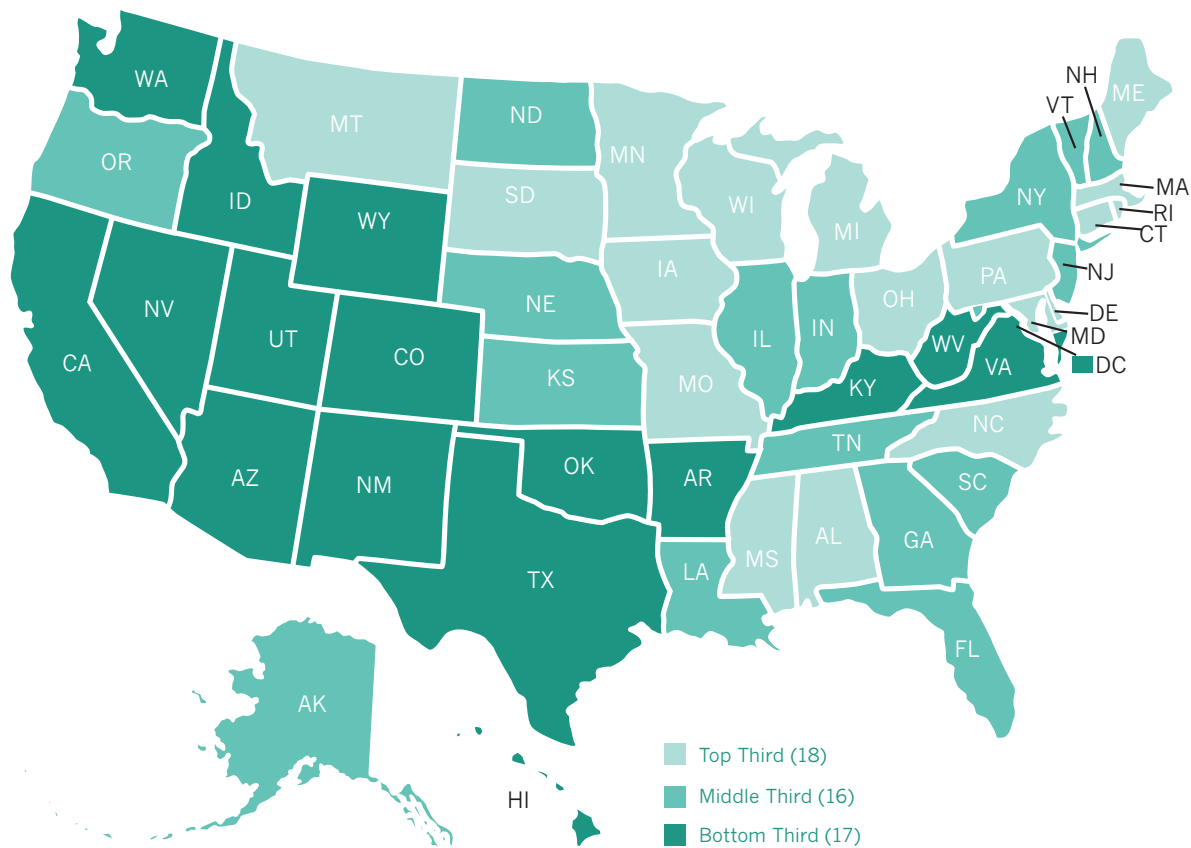
spend more time in paid work and fathers more time on housework and child care, overall mothers still do the large majority of family work and fathers still do the majority of paid work.

There are substantial differences in the likelihood that mothers of young children are in the workforce among women of the largest racial and ethnic groups. The labor force participation rates of black mothers of young children are substantially higher than among comparable mothers of any other racial/ethnic background. Seventy-nine percent of black mothers of children under the age of six are in the workforce, more than ten percentage points higher than the rate for all women (67.1 percent; Figure 3.8). Hispanic and Asian/Pacific Islander women have the lowest rates (at 59.2 and 60.0 percent respectively). Fathers are more likely to be in the workforce than mothers among all of the major racial and ethnic groups, and there is less variation among groups. Asian/Pacific Islanders and white men have the highest rates (95.1 and 95.0 percent respectively), and Native American fathers have the lowest rate (84 percent). The gap in parents' labor force participation rates is smallest for blacks and largest for Asian/Pacific Islanders and Hispanics (Figure 3.8).

Mothers of children under six are less likely than fathers to be in the labor force in all states, but the rates of mothers' labor force participation vary considerably across the states (Map 3.5). Only 53 percent of mothers in Utah are in the workforce, compared with 80 percent of mothers in South Dakota. There is a much smaller range for men's participation rates, ranging from 89 percent in Maine to 98 percent in Wyoming (Appendix Table B3.4).

- Utah has the largest gender gap in parental labor force participation (42.7 percentage points). Eight other states—Arizona, California, Hawaii, Idaho, Texas, Washington, West Virginia, and Wyoming—have gaps that are larger than 30 percentage points.
- Maine has the lowest gender gap (13.7 percent). Three other states—South Dakota (14.5 percentage points), Iowa (18.6 percentage points), and Wisconsin (19.6 percentage points)—have gaps that are smaller than 20 percentage points (Appendix Table B3.4).

Map 3.5. The Gender Gap in Parents' Labor Force Participation Rates



Notes: For women and men aged 16 and older with children under the age of six. Fathers' labor force participation rate minus mothers' labor force participation rate.
 Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 5.0)

Conclusion

Given the high costs of quality child care, it is perhaps not surprising that many families reduce their time in the workforce when children are young, particularly when they have more than one child. In dual-earner families, women's lower earnings provide an economic rationale for the (lower-earning) mother rather than

the (higher-earning) father to be the one to leave paid work and focus on family care. Yet, having sustained time out of employment reduces women's earnings progression and over a lifetime, and this interruption can cost women dearly through lower earnings, fewer advancement opportunities, and reduced pension and retirement assets (Rose and Hartmann 2004).

Appendix A3:

Methodology

To analyze the status of women in the states, IWPR selected indicators that prior research and experience have shown illuminate issues that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. The data in IWPR's *Status of Women in the States* reports come from federal government agencies and other sources; data in this report also rely on analysis from organizations such as AARP, Child Care Aware of America, the National Partnership for Women & Families, the National Institute for Early Education Research, and Tax Credits for Working Families.

Calculating the Composite Index

The four components of the Work & Family Composite Index—paid leave legislation, elder and dependent care, child care, and the gender gap in parents' labor force participation rates—were each weighted equally for a total value of the index of 8. With the exception of the gap in parental labor force participation, each component includes more than one indicator; the indicators were individually scored and weighted. The paid leave, unemployment insurance, dependent care credit for adults, dependent care credit refundability, and large size of dependent care credit indicators were scored on a simple yes/no basis. For the indicator based on the costs of center-based infant care as a proportion of women's median annual earnings, the state with the lowest proportional costs got the highest score and was the reference point for the other states' scores. The resulting values were summed for each state to create the four component scores and the composite index score. The states were ranked from the highest score (first place) to the lowest score (last place) of the composite index. Each state's score was compared with the ideal Composite Index score to determine the state's grade.

PAID LEAVE LEGISLATION: This component is based on three indicators—statewide Temporary Disability Insurance for all workers, statewide paid family care leave, and paid sick days (Gault et al. 2014; National Partnership for Women & Families 2014a and b). The indicators were weighted equally, with a score of 0.67 for a statewide law and a score of 0.33 for a local law (the maximum score in any leave area for a state without a statewide law, irrespective of the number

of localities with separate laws, is 0.33). As a practical matter, only paid sick days have been implemented at the local as well as the state level. The maximum score on this component is 2.0, which only California attained. Forty states had 0.0 scores.

ELDER AND DEPENDENT CARE: This component is based on three indicators: the availability of unemployment insurance benefits to someone who had to leave their job because of family care responsibilities based on a U.S. Department of Labor (2014) report and a study of states' unemployment insurance systems conducted by AARP (Ben-Ishai, McHugh, and Ujvari 2015); dependent care tax credits that can be applied to elder or adult dependent care expenses (Tax Credits for Working Families 2015); and nurse delegation of Long-term Support Services (LTSS; Reinhard et al. 2014). They are each weighted equally within this index, with a maximum score of 0.67 for each of the three indicators and a maximum total of 2.0 for this component.

Unemployment Insurance is scored on a yes/no basis: a state with a law, regulation, or policy interpretation allowing benefits receives a score of 0.67; other states receive a 0.

The dependent care tax credit indicator has three subcomponents: half of the value of the indicator is given to states where dependent care credits are available for the care of dependent adults, on a yes/no basis; 25 percent of the value of the indicator is given to states where the tax credit is refundable (yes/no basis); and another 25 percent to states where the value of the tax credit is at least \$500 (yes/no basis). The maximum value of the indicator is 0.67, the weight of this indicator in the elder and dependent care component of the Work & Family Composite Index.

Nurse delegation of LTSS: 16 tasks are considered for nurse delegation; the score is determined by dividing the number of tasks delegated in a state by the total number of possible tasks to be delegated (16), to a maximum value of 1.0. This score is then multiplied by 0.67, the weight of this indicator in the elder and dependent care component of the Work & Family Composite Index.

CHILD CARE: This component is based on three indicators: the costs of infant center care as a proportion of the median annual earnings of women; the percent of four-year-olds enrolled in state Pre-K, preschool special education, and state and federal Head Start programs; and the number of quality indicators met by the state's Pre-K programs. The costs of center-based infant care are based on the National Association of Child Care Resource and Referral Agencies' (NACCRRA) January 2014 survey of Child Care Resource and Referral State Networks, and in some states it is based on the most recently available state market rate survey (Child Care Aware of America 2014a). Median annual earnings for women who work full-time year-round were calculated based on American Community Survey data (IWPR 2015). The percent of four-year-olds enrolled in state Pre-K, preschool special education, and state and federal Head Start programs and the number of quality measures implemented by a state's Pre-K programs are based on the National Institute for Early Education Research (Barnett et al. 2013). The cost of infant care indicator has a maximum value of 0.5; the enrollment in state Pre-K, preschool special education, and state and federal Head Start programs and the quality of Pre-K indicators each have a maximum value of 0.75. The total value of this component is a maximum of 2.0.

The annual costs of infant care as a proportion of women's median annual earnings for full-time work: This indicator is scored by taking 1.0 minus the cost-to-earnings ratio of a state by the calculated value for the state with the best (lowest) cost-to-earnings ratio; the best state has a value of 1.0. The score is then multiplied by 0.5, the weight of this indicator in the child care component of the Work & Family Composite Index.

The proportion of four-year-olds in publicly funded Pre-K, preschool special education, and state and federal Head Start programs: The score of this indicator is the percent of four-year-old children in publicly funded programs divided by 100 percent; the maximum score of this indicator is 1.00 for 100 percent enrollment. The score is then multiplied with 0.75, the weight of this indicator in the child care component of the Work & Family Composite Index.

The quality of Pre-K education: The score of this indicator is based on NIEER's assessment of states on ten indicators of the quality of Pre-K provision; the score is 0 for states that do not have any programs or practices rated by the NIEER, 0.2 if one or two criteria are met, 0.4 for three or four criteria, 0.6 for five or six criteria, 0.8 for seven or eight criteria, and 1.0 for nine or ten criteria. The score is then multiplied with 0.75, the

weight of this indicator in the child care component of the Work & Family Composite Index.

GENDER GAP IN PARENTS' LABOR FORCE PARTICIPATION RATES: This indicator is calculated for women and men age 16 and older with children under the age of six. To score this indicator, mothers' participation rates (divided by 100 percent) are subtracted from fathers' participation rates (divided by 100 percent) in each state. To give the best-performing state the highest score, a state's differential is subtracted from 1. The score is then multiplied by 2. The total value of this component is a maximum of 2.0, if a state were to have equal labor force participation rates for mothers and fathers. The data on labor force participation rates of parents aged 16 and older with children under age six are based on microdata analysis of the American Community Survey 2013.

Counting Breadwinner Mothers

For the data on breadwinner mothers, IWPR analyzed American Community Survey microdata, combining three years of data (2011, 2012, and 2013) to ensure sufficient sample sizes. IWPR constructed a multi-year file by selecting the 2011, 2012, and 2013 datasets, adjusting dollar values to their 2013 equivalents using the Consumer Price Index for All Urban Consumers and averaging the sample weights to represent the average population during the three year period. Female breadwinners are defined as single mothers who are the main householder, irrespective of earnings or cohabitation, and as married mothers who earn at least 40 percent of the couple's earnings. Single mothers are defined as women who are never married, divorced, separated, or widowed, or where the husband is absent. All households with children under 18 who are related to the main householder by blood, adoption, or marriage are included in the denominator for the analysis of the share of households with female breadwinner mothers. IWPR used personal weights to obtain nationally representative statistics for person-level analyses. Weights included with the IPUMS ACS for person-level data adjust for the mixed geographic sampling rates, nonresponses, and individual sampling probabilities. Estimates from IPUMS ACS samples may not be consistent with summary table ACS estimates due to the additional sampling error and the fact that, over time, the Census Bureau changes the definitions and classifications for some variables. The IPUMS project provides harmonized data to maximize comparability over time; updates and corrections to the microdata released by the Census Bureau and IPUMS may result in minor variation in future analyses.

Appendix B3:

Tables by State

Table B3.1.
Paid Leave Legislation by State, 2014

State	Temporary Disability Insurance Statewide ^a	Paid Leave (for FMLA Related Reasons) ^a	Paid Sick Days ^b	Paid Leave Legislation Total Score	Rank
Alabama	No	No	No	0.00	12
Alaska	No	No	No	0.00	12
Arizona	No	No	No	0.00	12
Arkansas	No	No	No	0.00	12
California	Yes	Yes	State	2.00	1
Colorado	No	No	No	0.00	12
Connecticut	No	No	State	0.67	5
Delaware	No	No	No	0.00	12
District of Columbia	No	No	State	0.67	5
Florida	No	No	No	0.00	12
Georgia	No	No	No	0.00	12
Hawaii	Yes	No	No	0.67	5
Idaho	No	No	No	0.00	12
Illinois	No	No	No	0.00	12
Indiana	No	No	No	0.00	12
Iowa	No	No	No	0.00	12
Kansas	No	No	No	0.00	12
Kentucky	No	No	No	0.00	12
Louisiana	No	No	No	0.00	12
Maine	No	No	No	0.00	12
Maryland	No	No	No	0.00	12
Massachusetts	No	No	State	0.67	5
Michigan	No	No	No	0.00	12
Minnesota	No	No	No	0.00	12
Mississippi	No	No	No	0.00	12
Missouri	No	No	No	0.00	12
Montana	No	No	No	0.00	12
Nebraska	No	No	No	0.00	12
Nevada	No	No	No	0.00	12
New Hampshire	No	No	No	0.00	12
New Jersey	Yes	Yes	Local	1.67	2
New Mexico	No	No	No	0.00	12
New York	Yes	No	Local	1.00	4
North Carolina	No	No	No	0.00	12
North Dakota	No	No	No	0.00	12
Ohio	No	No	No	0.00	12
Oklahoma	No	No	No	0.00	12
Oregon	No	No	Local	0.33	9
Pennsylvania	No	No	Local	0.33	9
Rhode Island	Yes	Yes	No	1.33	3
South Carolina	No	No	No	0.00	12
South Dakota	No	No	No	0.00	12
Tennessee	No	No	No	0.00	12
Texas	No	No	No	0.00	12
Utah	No	No	No	0.00	12
Vermont	No	No	No	0.00	12
Virginia	No	No	No	0.00	12
Washington	No	Yes ^c	Local	0.33	9
West Virginia	No	No	No	0.00	12
Wisconsin	No	No	No	0.00	12
Wyoming	No	No	No	0.00	12

Note: ^cThe Washington State Family Leave Act was passed in 2007, but its implementation has been indefinitely postponed. It receives a score of 0 on this component.

Sources: ^aGault et al. 2014; ^bNational Partnership for Women and Families 2014b.

Table B3.2.
Elder and Dependent Care by State

State	Unemployment Insurance Covers Family Care Reasons, 2014 ^a	Dependent Care Credits Not Limited to Child Care, 2014 ^b	Dependent Care Credit Refundable ^b	Maximum Dependent Care Credit ^b	Dependent Care Credit Total Rank	Number of Long-Term Support Services That Can Be Delegated to a Home Care Agency Worker (out of 16), 2013 ^c	Rank	Elder and Dependent Care Total Score	Rank
Alabama	No	No	N/A	\$0	23	2	40	0.13	46
Alaska	Yes	No	N/A	\$0	23	16	1	1.50	8
Arizona	Yes	No	N/A	\$0	23	5	33	0.81	27
Arkansas	Yes	Yes	No	\$210	15	15	10	1.69	5
California	Yes	Yes	No	\$525	10	2	40	1.00	22
Colorado	Yes	Yes	Yes	\$525	1	16	1	2.00	1
Connecticut	Yes	No	N/A	\$0	23	5	33	0.81	27
Delaware	Yes	Yes	No	\$525	10	3	36	1.06	21
District of Columbia	Yes	Yes	No	\$336	15	10	24	1.38	14
Florida	No	No	N/A	\$0	23	0	47	0.00	49
Georgia	No	Yes	No	\$315	15	14	13	1.13	19
Hawaii	Yes	Yes	Yes	\$600	1	14	13	1.88	3
Idaho	No	No	N/A	\$0	23	13	18	0.81	27
Illinois	Yes	No	N/A	\$0	23	3	36	0.69	34
Indiana	No	No	N/A	\$0	23	0	47	0.00	49
Iowa	No	Yes	Yes	\$788	1	16	1	1.50	8
Kansas	Yes	No	N/A	\$0	23	6	31	0.88	25
Kentucky	No	Yes	No	\$210	15	4	35	0.50	40
Louisiana	No	Yes	Yes	\$525	1	11	20	1.19	18
Maine	Yes	Yes	Yes	\$525	1	9	26	1.56	7
Maryland	No	Yes	No	\$341	15	14	13	1.13	19
Massachusetts	Yes	No	N/A	\$0	23	2	40	0.63	37
Michigan	No	No	N/A	\$0	23	0	47	0.00	49
Minnesota	Yes	Yes	Yes	\$720	1	16	1	2.00	1
Mississippi	No	No	N/A	\$0	23	3	36	0.19	44
Missouri	No	No	N/A	\$0	23	16	1	1.00	22
Montana	No	No	N/A	\$0	23	3	36	0.19	44
Nebraska	No	Yes	Yes	\$1,050	1	16	1	1.50	8
Nevada	Yes	No	N/A	\$0	23	15	10	1.44	13
New Hampshire	Yes	No	N/A	\$0	23	14	13	1.38	14
New Jersey	No	No	N/A	\$0	23	7	29	0.44	42
New Mexico	No	Yes	Yes	\$480	10	8	28	0.88	25
New York	Yes	Yes	Yes	\$1,555	1	11	20	1.69	5
North Carolina	No	No	N/A	\$0	23	6	31	0.38	43
North Dakota	No	No	N/A	\$0	23	13	18	0.81	27
Ohio	No	Yes	No	\$1,050	10	7	29	0.81	27
Oklahoma	Yes	Yes	No	\$210	15	9	26	1.31	17
Oregon	Yes	Yes	No	\$900	10	16	1	1.88	3
Pennsylvania	Yes	No	N/A	\$0	23	0	47	0.50	40
Rhode Island	Yes	Yes	No	\$263	15	0	47	0.75	33
South Carolina	Yes	Yes	No	\$210	15	1	45	0.81	27
South Dakota	No	No	No	\$0	23	11	20	0.69	34
Tennessee	No	No	N/A	\$0	23	2	40	0.13	46
Texas	No	No	N/A	\$0	23	15	10	0.94	24
Utah	Yes	No	N/A	\$0	23	1	45	0.56	39
Vermont	No	Yes	Yes	\$525	1	16	1	1.50	8
Virginia	No	No	N/A	\$0	23	2	40	0.13	46
Washington	Yes	No	N/A	\$0	23	16	1	1.50	8
West Virginia	No	No	N/A	\$0	23	11	20	0.69	34
Wisconsin	Yes	No	N/A	\$0	23	14	13	1.38	14
Wyoming	No	No	N/A	\$0	23	10	24	0.63	37

Notes: The 16 LTSS tasks are: administer oral medications; administer medication on an as needed basis; administer medication via pre-filled insulin or insulin pen; draw up insulin for dosage measurement; administer intramuscular injection medications; administer glucometer test; administer medication through tubes; insert suppository; administer eye/ear drops; gastrostomy tube feeding; administer enema; perform intermittent catheterization; perform ostomy care including skin care and changing appliance; perform nebulizer treatment; administer oxygen therapy; and perform ventilator respiratory care. N/A= not applicable. See Appendix A3 for explanation of rankings.

Sources: ^aBen-Ishai, McHugh, and Ujvari 2015 and U.S. Department of Labor 2014; ^bTax Credits for Working Families 2015; ^cReinhard et al 2014.

Table B3.3.
Child Care by State

State	Average Annual Cost of Full-Time Infant Care in a Center, 2013 ^a	Cost of Infant Care as Percent of Women's Full-Time, Year-Round Median Annual Earnings ^{a,b}	Rank	Percent of Four-Year-Olds Enrolled in State Pre-K, Preschool Special Education, and State and Federal Head Start, 2012–2013 ^c	Rank	Preschool Quality Standards (out of 10), 2012–2013 ^c	Rank	Child Care Total Score	Rank
Alabama	\$5,547	16.8%	1	22.9%	35	10	1	1.42	11
Alaska	\$10,280	23.9%	16	21.7%	38	10	1	1.37	15
Arizona	\$9,166	25.5%	23	19.0%	41	5	35	0.97	39
Arkansas	\$5,933	19.8%	7	50.6%	13	9	5	1.54	5
California	\$11,628	27.7%	33	28.7%	27	4	37	0.95	40
Colorado	\$13,143	32.9%	47	34.1%	26	6	27	1.11	31
Connecticut	\$13,241	28.8%	37	25.9%	30	6	27	1.07	34
Delaware	\$9,058	22.1%	13	18.9%	43	8	12	1.21	26
District of Columbia	\$21,948	36.6%	51	100.0%	1	8	12	1.73	2
Florida	\$8,376	24.6%	21	88.6%	2	3	40	1.34	17
Georgia	\$7,025	20.1%	9	65.9%	8	8	12	1.57	4
Hawaii	\$11,748	29.4%	40	13.4%	48	N/A	N/A	0.53	50
Idaho	\$6,483	21.6%	11	12.8%	50	N/A	N/A	0.57	47
Illinois	\$12,568	31.4%	45	41.4%	17	8	12	1.32	21
Indiana	\$8,281	24.4%	19	14.5%	46	N/A	N/A	0.56	48
Iowa	\$9,185	26.2%	30	70.4%	7	6.9	25	1.49	7
Kansas	\$10,787	30.8%	44	36.2%	21	6	27	1.14	29
Kentucky	\$6,194	18.7%	6	44.3%	16	9	5	1.50	6
Louisiana	\$5,655	17.7%	3	45.0%	15	8	12	1.43	9
Maine	\$9,360	26.0%	27	51.8%	11	6	27	1.28	23
Maryland	\$13,897	27.9%	35	48.3%	14	8	12	1.40	13
Massachusetts	\$16,549	34.1%	49	25.3%	31	6	27	1.04	38
Michigan	\$9,724	26.3%	31	35.5%	22	7	21	1.23	25
Minnesota	\$13,993	35.0%	50	15.2%	45	9	5	1.18	28
Mississippi	\$5,496	18.3%	4	37.0%	20	N/A	N/A	0.77	42
Missouri	\$8,736	25.7%	25	19.0%	41	7	21	1.11	31
Montana	\$8,858	28.0%	36	21.8%	37	N/A	N/A	0.60	46
Nebraska	\$9,100	27.7%	33	34.6%	23	6	27	1.14	29
Nevada	\$10,095	28.8%	37	13.9%	47	7	21	1.06	37
New Hampshire	\$11,901	29.8%	42	12.3%	51	N/A	N/A	0.51	51
New Jersey	\$11,534	24.0%	17	39.8%	18	8.8	11	1.42	11
New Mexico	\$7,523	21.5%	10	39.1%	19	8	12	1.37	15
New York	\$14,508	33.1%	48	60.5%	10	7	21	1.38	14
North Carolina	\$9,107	26.0%	27	34.2%	25	10	1	1.45	8
North Dakota	\$7,871	22.5%	14	22.4%	36	N/A	N/A	0.63	44
Ohio	\$7,771	21.6%	11	19.1%	40	4	37	0.91	41
Oklahoma	\$7,741	24.2%	18	87.1%	3	9	5	1.78	1
Oregon	\$11,078	29.2%	39	23.0%	34	8	12	1.20	27
Pennsylvania	\$10,470	27.6%	32	28.4%	28	5.6	34	1.07	34
Rhode Island	\$12,662	29.4%	40	18.4%	44	10	1	1.31	22
South Carolina	\$6,372	19.9%	8	50.9%	12	6.2	26	1.33	19
South Dakota	\$5,571	18.6%	5	24.0%	33	N/A	N/A	0.67	43
Tennessee	\$5,857	17.5%	2	34.6%	23	9	5	1.43	9
Texas	\$8,619	24.6%	21	61.6%	9	2	41	1.07	34
Utah	\$8,052	23.0%	15	13.0%	49	N/A	N/A	0.56	48
Vermont	\$10,103	26.0%	27	79.6%	5	4	37	1.34	17
Virginia	\$10,028	24.5%	20	26.5%	29	6	27	1.10	33
Washington	\$12,332	29.9%	43	20.1%	39	9	5	1.25	24
West Virginia	\$7,800	25.7%	25	85.3%	4	8	12	1.69	3
Wisconsin	\$11,342	31.5%	46	72.4%	6	5	35	1.33	19
Wyoming	\$9,233	25.6%	24	24.2%	32	N/A	N/A	0.63	44

Note: N/A= not available.
Sources ^aChild Care Aware of America, 2014; ^bIWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0); ^cBarnett, Carolan, Squires, and Clarke Brown (National Institute for Early Education Research) 2013.

Table B3.4.
Gender Gap in Parents' Labor Force Participation Rates, 2013

	Mothers' Labor Force Participation Rate	Fathers' Labor Force Participation Rate	Difference in Labor Force Participation Rates	
State	Percent	Percent	Percentage Point Gap	Rank
Alabama	70.1%	91.0%	+20.9	7
Alaska	68.3%	94.8%	+26.5	32
Arizona	59.8%	91.7%	+31.9	46
Arkansas	62.9%	92.8%	+29.9	42
California	62.1%	94.4%	+32.3	47
Colorado	65.1%	94.0%	+28.9	38
Connecticut	72.2%	95.5%	+23.3	12
Delaware	70.8%	92.1%	+21.3	8
District of Columbia	67.5%	96.3%	+28.8	37
Florida	67.7%	94.0%	+26.3	30
Georgia	68.5%	94.2%	+25.7	24
Hawaii	65.9%	96.5%	+30.6	44
Idaho	58.4%	97.1%	+38.7	50
Illinois	69.8%	95.6%	+25.8	26
Indiana	67.6%	94.2%	+26.6	33
Iowa	77.0%	95.6%	+18.6	3
Kansas	69.9%	96.6%	+26.7	34
Kentucky	66.1%	93.9%	+27.8	36
Louisiana	68.6%	94.2%	+25.6	23
Maine	75.3%	89.0%	+13.7	1
Maryland	72.5%	95.6%	+23.1	11
Massachusetts	72.5%	96.0%	+23.5	13
Michigan	68.4%	92.4%	+24.0	17
Minnesota	74.8%	95.6%	+20.8	6
Mississippi	73.4%	93.6%	+20.2	5
Missouri	70.4%	94.1%	+23.7	15
Montana	69.8%	93.8%	+24.0	17
Nebraska	72.9%	97.1%	+24.2	19
Nevada	65.9%	95.0%	+29.1	39
New Hampshire	71.1%	95.4%	+24.3	20
New Jersey	69.3%	95.6%	+26.3	31
New Mexico	62.2%	91.9%	+29.7	41
New York	67.5%	93.2%	+25.7	25
North Carolina	70.8%	94.6%	+23.8	16
North Dakota	71.3%	97.2%	+25.9	27
Ohio	70.6%	93.6%	+23.0	10
Oklahoma	63.9%	93.5%	+29.6	40
Oregon	66.0%	92.0%	+26.0	28
Pennsylvania	70.5%	94.0%	+23.5	13
Rhode Island	71.7%	94.6%	+22.9	9
South Carolina	68.7%	93.9%	+25.2	21
South Dakota	80.3%	94.8%	+14.5	2
Tennessee	67.7%	93.8%	+26.1	29
Texas	61.9%	95.2%	+33.3	49
Utah	52.8%	95.5%	+42.7	51
Vermont	69.4%	94.8%	+25.4	22
Virginia	69.2%	96.3%	+27.1	35
Washington	63.0%	94.8%	+31.8	45
West Virginia	61.3%	91.5%	+30.2	43
Wisconsin	76.6%	96.2%	+19.6	4
Wyoming	65.3%	98.0%	+32.7	48
United States	67.1%	94.4%	+28.2	

Notes: Difference in labor force participation rates equals fathers' labor force participation rate minus mothers' labor force participation rate. For women and men with a child under six in the household related by birth, marriage, or adoption.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

References

- ASPE (Office of the Assistant Secretary for Planning and Evaluation). 2015. "Estimates of Child Care Eligibility and Receipt for Fiscal Year 2011." Washington, DC: U.S. Department of Health and Human Services. <http://aspe.hhs.gov/hsp/15/childcareeligibility/ib_childcareeligibility.pdf> (accessed April 15, 2015).
- Barnett, W. Steven, Kenneth Robin, Jason T. Hulstedt, and Karen Schulman. 2003. *The State of Preschool: 2003 State Preschool Yearbook*. Table 1. New Brunswick, NJ: National Institute for Early Education Research. <<http://nieer.org/sites/nieer/files/2003yearbook.pdf>> (accessed March 26, 2015).
- Barnett, W. Steven, Megan E. Carolan, James H. Squires, and Kirsty Clarke Brown. 2013. *The State of Preschool 2013: State Preschool Yearbook*. New Brunswick, NJ: National Institute for Early Education Research. <<http://nieer.org/sites/nieer/files/yearbook2013.pdf>> (accessed March 26, 2015).
- Ben-Ishai, Liz, Rick McHugh, and Kathleen Ujvari. 2015. *Access to Unemployment Insurance Benefits for Family Caregivers: An Analysis of State Rules and Practices*. Research Report. Washington, DC: AARP Public Policy Institute. <http://www.clasp.org/resources-and-publications/publication-1/2015.04.06_UIforFamilyCaregivers_FINAL.pdf> (accessed April 10, 2015).
- Bianchi, Suzanne M., Nancy Folbre, and Douglas Wolf. 2012. "Unpaid Care Work." In *For Love and Money: Care Provision in the United States*, ed. Nancy Folbre, 40-64. New York: Russell Sage Publishers.
- Blau, David. 2001. *The Childcare Problem: An Economic Analysis*. New York: Russell Sage Foundation.
- Boushey, Heather. 2014. "A Woman's Workplace Is in the Middle Class." In *The Shriver Report: A Woman's Nation Pushes Back from the Brink*, ed. Olivia Morgan and Karen Skelton, 48-96. New York: Rosetta Books.
- Budig, Michelle. 2014. *The Fatherhood Bonus and the Motherhood Penalty: Parenthood and the Gender Gap in Pay*. Washington, DC: Third Way. <http://content.thirdway.org/publications/853/NEXT_-_Fatherhood_Motherhood.pdf> (accessed March 25, 2015).
- Cascio, Elizabeth. 2006. "Public Preschool and Maternal Labor Supply: Evidence from the Introduction of Kindergartens into American Public Schools." Working Paper 121790. Cambridge, MA: National Bureau of Economic Research.
- Centers for Disease Control and Prevention. 2015. "Disability and Health Data System (DHDS): Disability Status by Age; Table 708." <<http://dhds.cdc.gov/dataviews/view?viewId=708>> (accessed March 23, 2015).
- Child Care Aware of America. 2013. *We Can Do Better: Child Care Aware of America's Ranking of State Child Care Center Regulations and Oversight*. Arlington, VA: Child Care Aware of America. <http://www.naccra.org/sites/default/files/default_site_pages/2013/wcdb_2013_final_april_11_0.pdf> (accessed March 23, 2015).
- Child Care Aware of America. 2014a. *Parents and the High Cost of Child Care: 2014 Report*. Arlington, VA: Child Care Aware of America. <<http://www.usa.childcareaware.org/advocacy/reports-research/costofcare/>> (accessed March, 23 2015).
- Child Care Aware of America. 2014b. "S.1086 – The Child Care and Development Block Grant Act of 2014: Amended Version." Arlington, VA: Child Care Aware of America. <http://usa.childcareaware.org/sites/default/files/default_site_pages/2014/s.1086_house_amended_version_-_one-pager_-_91914.pdf> (accessed March 23, 2015).

City of Pittsburgh. 2014. "Ordinance Supplementing the Pittsburgh City Code, Title One: Administrative; Article VII: Procedure; Chapter 161: Contracts, by Adding Section 161.44 Reasonable Accommodations Due To Pregnancy, Childbirth or Related Medical Conditions." <<https://pittsburgh.legistar.com/LegislationDetail.aspx?ID=1911405&GUID=31C757AF-40A9-4C44-8E7C-7EA971776160>> (accessed March 27, 2015).

Correll, Shelley J., Stephen Benard, and In Paik. 2007. "Getting a Job: Is There a Motherhood Penalty?" *American Journal of Sociology* 112 (5): 1297-1339.

Council of Economic Advisors. 2014. "Nine Facts About American Families and Work." Executive Office of the President of the United States. <https://www.whitehouse.gov/sites/default/files/docs/nine_facts_about_family_and_work_real_final.pdf>(accessed March 23, 2015).

Drago, Robert, Jeff Hayes, and Youngmin Yi. 2010. *Better Health for Mothers and Children: Breastfeeding Accommodations Under the Affordable Care Act*. Report, IWPR #B292. Washington, DC: Institute for Women's Policy Research.

Earle, Alison, Zitha Mokomane, and Jody Heymann. 2011. "International Perspectives on Work-Family Policies: Lessons from the World's Most Competitive Economies." *The Future of Children* 21 (2): 191-210.

Fiene, Richard and Jana Martella. 2012. "Key Indicator Systems." Lexington, KY: National Association for Regulatory Administration. <<http://www.naralicensing.drivehq.com/Publications/Presentations/1NACCRRRA.pdf>> (accessed May 2, 2015).

Forry, Nicole and Sandra L. Hofferth. 2011. "Maintaining Work: The Influence of Child Care Subsidies on Child Care-Related Work Disruptions." *Journal of Family Issues* 32 (3): 346-368.

Gault, Barbara, Heidi Hartmann, Ariane Hegewisch, Jessica Milli, and Lindsey Reichlin. 2014. *Paid Parental Leave in the United States*. U.S. Department of Labor Women's Bureau in commemoration of the 50th Anniversary of American Women: Report of the President's Commission on the Status of Women, 1963. Washington, DC: Institute for Women's Policy Research. <http://www.iwpr.org/publications/pubs/paid-parental-leave-in-the-united-states-what-the-data-tell-us-about-access-usage-and-economic-and-health-benefits/at_download/file> (accessed March 25, 2015).

Gelbach, Jonah B. 2002. "Public Schooling for Young Children and Maternal Labor Supply." *American Economic Review* 92 (1): 307-322.

Glauber, Rebecca. 2007. "Marriage and the Motherhood Wage Penalty Among African Americans, Hispanics, and Whites." *Journal of Marriage and Family* 69 (4): 951-961.

Golden, Lonnie. 2015. "Irregular Work Scheduling and Its Consequences." *EPI Briefing Paper*. Washington, DC: Economic Policy Institute. <<http://s2.epi.org/files/pdf/82524.pdf>> (accessed April 15, 2015).

Golen, Cynthia G. and David M. Ramey. 2014. "Is Breast Truly Best? Estimating the Effects of Breastfeeding on Long-Term Child Health and Wellbeing in the United States Using Sibling Comparisons." *Social Science and Medicine* 109 (May): 55-65.

Hegewisch, Ariane. 2009. *Flexible Working Policies: A Comparable Review*. Research Report 16. London, UK: Equalities and Human Rights Commission. <www.equalityhumanrights.com/uploaded_files/research/16_flexibleworking.pdf> (accessed April 12, 2015).

Heymann, Jody. 2005. "Inequalities at Work and at Home: Social Class and Gender Divides." In *Unfinished Work: Building Equality and Democracy in an Era of Working Families*, ed. Jody Heymann and Christopher Beem, 89-121. New York, NY: New Press.

Holt, Alexander. 2014. "Making the Hours Count: Exposing Disparities in Early Education by Retiring Half-Day vs. Full-Day Labels." *New America Education Policy Brief*. Washington, DC: New America Foundation.

Horta, Bernardo L. and Cesar G. Victora. 2013. *Long-Term Effects of Breastfeeding: A Systematic Review*. Geneva: World Health Organization.

Institute for Women's Policy Research (IWPR). 2015. IWPR analysis of data from 2011-2013 American Community Survey based on Ruggles et al. Integrated Public Use Microdata Series (Version 5.0).

International Labour Organisation (ILO). 2014. *Maternity and Paternity at Work: Law and Practice Across the World*. Geneva: International Labour Organisation. <http://ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_242615.pdf> (accessed March 25, 2015).

Jobs With Justice. 2015. "Everything You Need to Know About San Francisco's Retail Workers Bill of Rights." San Francisco. <<http://retailworkerrights.com/everything-you-need-to-know-about-san-franciscos-retail-workers-bill-of-rights/>> (accessed April 10, 2015).

Klerman, Jacob, Kelly Daley, and Alyssa Pozniak. 2014. *Family and Medical Leave in 2012: Technical Report*. Cambridge, MA: Abt Associates. <<http://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>> (accessed March 25, 2015).

Kmec, Julie A. 2011. "Are Motherhood Penalties and Fatherhood Bonuses Warranted? Comparing Pro-Work Behaviors and Conditions of Mothers, Fathers, and Non-Parents." *Social Science Research* 40 (2): 444-459.

Lambert, Susan, Peter J. Fugiel, and Julia R. Henly. 2014. *Precarious Work Schedules Among Early-Career Employees in the US: A National Snapshot*. Research Brief issued by EINet (Employment Instability, Family Well-Being, and Social Policy Network) at the University of Chicago <http://ssascholars.uchicago.edu/work-scheduling-study/files/lambert.fugiel.henly_.precarious_work_schedules.august2014.pdf> (accessed January 8, 2015).

Laughlin, Lynda. 2011. "Maternity Leave and Employment Patterns of First-Time Mothers: 1961-2008." Current Population Report P70-128. Washington, DC: U.S. Census Bureau. <<https://www.census.gov/prod/2011pubs/p70-128.pdf>> (accessed March 23, 2015).

Laughlin, Lynda. 2013. "Who's Minding the Kids? Child Care Arrangements: Spring 2011." Household Economic Studies P70-135. Washington, DC: U.S. Census Bureau. <<http://www.census.gov/prod/2013pubs/p70-135.pdf>> (accessed March 23, 2015).

Lee, Sunhwa. 2007. *Keeping Moms on the Job: The Impacts of Health Insurance and Child Care on Job Retention and Mobility Among Low-Income Mothers*. Report, IWPR #C360. Washington, DC: Institute for Women's Policy Research.

Lee, Yeonjung and Fengyan Tang. 2013. "More Caregiving, Less Working: Caregiving Roles and Gender Difference." *Journal of Applied Gerontology*, 0733464813508649.

Matos, Kenneth. 2014. *Highlights from the 2014 Older Adult Caregiver Study*. New York: Families and Work Institute. <<http://www.familiesandwork.org/downloads/2014-Older-Adult-Caregiver-Study.pdf>> (accessed March 25, 2015).

Matos, Kenneth and Ellen Galinsky. 2015. *2014 National Study of Employers*. New York: Families and Work Institute. <<http://www.employmentmattersblog.com/files/2014/02/2014NationalStudyOfEmployers.pdf>> (accessed March 25, 2015).

MetLife. 2011. “The MetLife Study of Caregiving Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents.” June MetLife Mature Market Institute. <<https://www.metlife.com/assets/cao/mmi/publications/studies/2011/Caregiving-Costs-to-Working-Caregivers.pdf>> (accessed March 25, 2015).

Minton, Sarah and Chris Durham. 2013. *Low-Income Families and the Cost of Child Care State Child Care Subsidies, Out-of-Pocket Expenses, and the Cliff Effect*. Washington, DC: The Urban Institute. <<http://www.urban.org/research/publication/low-income-families-and-cost-child-care>> (accessed April 15, 2015).

Mitchell, Anne W. 2005. *Stair Steps to Quality: A Guide for States and Communities Developing Quality Rating Systems for Early Care and Education*. Fairfax, VA: National Child Care Information Center. <http://www.earlychildhoodfinance.org/downloads/2005/MitchStairSteps_2005.pdf> (accessed April 12, 2015).

National Alliance for Caregiving and AARP. 2009. *Caregiving in the U.S.: Full Report*. <www.caregiving.org/data/caregiving_in_the_US_2009_full_report.pdf> (accessed November 30, 2012).

National Alliance for Caregiving and AARP. 2015. *Caregiving in the U.S.: 2015 Report*. <http://www.caregiving.org/wp-content/uploads/2015/05/2015_CaregivingintheUS_Final-Report-June-4_WEB.pdf> (accessed June 4, 2015).

National Partnership for Women & Families. 2008. “The Pregnancy Discrimination Act: Where We Stand 30 Years Later.” Washington, DC: National Partnership for Women & Families. <<http://www.nationalpartnership.org/research-library/workplace-fairness/pregnancy-discrimination/pregnancy-discrimination-act-30-years-later.pdf>> (accessed March 26, 2015).

National Partnership for Women & Families. 2014a. *Expecting Better: A State-by-State Analysis of Laws That Help New Parents*. Washington, DC: National Partnership for Women & Families. <<http://www.nationalpartnership.org/research-library/work-family/expecting-better-2014.pdf>> (accessed March 25, 2015).

National Partnership for Women & Families. 2014b. “State and Local Action on Paid Sick Days.” Washington, DC: National Partnership for Women & Families. <<http://www.nationalpartnership.org/research-library/campaigns/psd/state-and-local-action-paid-sick-days.pdf>> (accessed March 25, 2015).

National Partnership for Women & Families. 2014c. “Reasonable Accommodations for Pregnant Workers: State and Local Laws.” Washington, DC: National Partnership for Women & Families. <<http://www.nationalpartnership.org/research-library/workplace-fairness/pregnancy-discrimination/reasonable-accommodations-for-pregnant-workers-state-laws.pdf>> (accessed March 27, 2015).

O'Connor, Rachel, Jeff Hayes, and Barbara Gault. 2014. “Paid Sick Days Access Varies by Race/Ethnicity, Sexual Orientation, and Job Characteristics.” IWPR Fact Sheet. Washington, DC: Institute for Women’s Policy Research.

Patnaik, Ankita. 2015. “Reserving Time for Daddy: The Short and Long-Run Consequences of Fathers’ Quotas.” Available at Social Science Research Network <http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2475970> (accessed May 1, 2015).

Perron, Rebecca. 2014. *Staying Ahead of the Curve 2013: The AARP Work and Career Study*. <http://www.aarp.org/content/dam/aarp/research/surveys_statistics/general/2014/Staying-Ahead-of-the-Curve-2013-The-Work-and-Career-Study-AARP-res-gen.pdf> (accessed May 16, 2014).

- Pew Research Center. 2015. "Parental Time Use Data." Washington, DC: Pew Research Center. <<http://www.pewresearch.org/data-trend/society-and-demographics/parental-time-use/>> (accessed April 12, 2015).
- QRIS Compendium. 2015. "Top Ten Questions About QRIS." <<http://qriscompendium.org/top-ten/question-1/>> (accessed April 12, 2015).
- Ray, Rebecca, Milla Sanes, and John Schmitt. 2013. *No-Vacation Nation Revisited*. Washington, DC: Center for Economic Policy Research.
- Redfoot, Donald, Lynn Feinberg, and Christina Smith Fitzpatrick. 2014. "Family Caregivers: The New Realities of Work and Family." Fact Sheet. Washington, DC: AARP Public Policy Institute.
- Reinhard, Susan, Enid Kassner, Ari Houser, Kathleen Ujvari, Robert Mollica, and Leslie Hendrickson. 2014. *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People With Physical Disabilities, and Family Caregivers*. Washington, DC: AARP Public Policy Institute. <http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2014/raising-expectations-2014-AARP-ppi-ltc.pdf> (accessed March 26, 2015).
- Reinhard, Susan, Enid Kassner, Ari Houser, and Robert Mollica. 2011. *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People With Physical Disabilities, and Family Caregivers*. Washington, DC: AARP Public Policy Institute.
- Restaurant Opportunity Centers United. 2013. *The Third Shift: Child Care Needs and Access for Working Mothers in Restaurants*. New York: Restaurant Opportunity Centers United.
- Rose, Stephen and Heidi Hartmann. 2004. *Still a Man's Labor Market*. IWPR Report #C355. Washington, DC: Institute for Women's Policy Research.
- Schmit, Stephanie and Rhiannon Reeves. 2015. "Child Care Assistance 2013." Washington, DC: Center for Legal and Policy <<http://www.clasp.org/resources-and-publications/publication-1/Spending-and-Participation-Final.pdf>> (accessed April 15, 2015).
- Schulman, Karen and Rebecca Blank. 2013. "Pivot Points: State Child Care Assistance Policies." Washington, DC: National Women's Law Center. <<http://www.nwlc.org/resource/pivot-point-state-child-care-assistance-policies-2013>> (accessed April 15, 2015).
- Smith, Kristin and Nicholas Adams. 2013. "Child Care Subsidies Critical for Low-Income Families Amid Rising Child Care Expenses." University of New Hampshire Scholar's Repository. <<http://scholars.unh.edu/cgi/viewcontent.cgi?article=1194&context=carsey>> (accessed April 15, 2015).
- Society for Human Resource Management (SHRM). 2011. *2011 Employee Benefits: Examining Employee Benefits Amidst Uncertainty*. Washington, DC: Society for Human Resource Management. <https://www.shrm.org/Research/SurveyFindings/Articles/Documents/2011_Emp_Benefits_Report.pdf> (accessed April 20, 2015).
- Spillman, Brenda C., Jennifer Wolff, Vicki A. Freedman, and Judith D. Kasper. 2014. "Informal Caregiving for Older Americans: An Analysis of the 2011 National Health and Aging Trends Study." Prepared for Office of Disability, Aging and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation U.S. Department of Health and Human Services. <<http://aspe.hhs.gov/daltcp/reports/2014/NHATS-IC.cfm>> (accessed March 23, 2015).
- Tax Credits for Working Families. 2015. "States with CDCTCs." Bethesda, MD: The Hatcher Group. <<http://www.taxcreditsforworkingfamilies.org/child-and-dependent-care-tax-credit/states-child-dependent-care-tax-credits/>> (accessed April 29, 2015).

Tekin, Erdal. 2005. "Child Care Subsidy Receipt, Employment, and Child Care Choices of Single Mothers." *Economics Letters* 89 (1): 1-6.

Tout, Kathryn, Rebecca Starr, Margaret Soli, Shannon Moodie, Gretchen Kirby, and Kimberley Boller. 2010. *Compendium of Quality Rating Systems and Evaluations*. OPRE Report. Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services. <<http://www.acf.hhs.gov/programs/opre/resource/compendium-of-quality-rating-systems-and-evaluations>> (accessed April 12, 2015).

U.S. Bureau of Labor Statistics. 2012. "Frequently Asked Questions About Disability Data." *Labor Force Statistics from the Current Population Survey*. November. Washington, DC: U.S. Department of Labor. <http://www.bls.gov/cps/cpsdisability_faq.htm#Identified> (accessed March 23, 2015).

U.S. Bureau of Labor Statistics. 2013a. "Unpaid Elder Care in the United States – 2011-2012: Data from the American Time Use Survey." News Release USDL-13-1886. Washington, DC: U.S. Department of Labor. <<http://www.bls.gov/news.release/pdf/elcare.pdf>> (accessed March 23, 2015).

U.S. Bureau of Labor Statistics. 2013b. "Geographic Profile of Employment and Unemployment - 2013; Table 23." Bulletin 2780. Washington, DC: U.S. Department of Labor. <http://www.bls.gov/opub/gp/pdf/gp13_23.pdf> (accessed March 23, 2015).

U.S. Bureau of Labor Statistics. 2014. "Women in the Labor Force: A Databook 2013." <<http://www.bls.gov/opub/reports/cps/women-in-the-labor-force-a-databook-2014.pdf>> (accessed March 25, 2015).

U.S. Census Bureau. 2012a. "National Population Projections." Washington, DC: U.S. Department of Commerce. <<http://www.census.gov/population/projections/data/national/2012/summarytables.html>> (accessed March 23, 2015).

U.S. Census Bureau 2012b. "Disability: The American Community Survey." November. Washington, DC: U.S. Department of Commerce. <<http://www.census.gov/people/disability/methodology/acs.html>> (accessed March 23, 2015).

U.S. Census Bureau. 2013. "How Do We Know? Child Care: An Important Part of American Life, Infographic." Washington, DC: U.S. Department of Commerce. <http://www.census.gov/how/pdf/child_care.pdf> (accessed March 23, 2015).

U.S. Department of Health and Human Services. Administration for Children and Families. Office of Child Care. 2014a. "Child Care and Development Block Grant Act (CCDBG) of 2014: Plain Language Summary of Statutory Changes." Washington, DC: U.S. Department of Health and Human Services. <<http://www.acf.hhs.gov/programs/occ/resource/ccdbg-of-2014-plain-language-summary-of-statutory-changes>> (accessed April 15, 2015).

U.S. Department of Health and Human Services. Administration for Children and Families. Office of Child Care. 2014b. "FY 2013 Preliminary Data Table 17 - Average Monthly Mean Family Co-payment As a Percent of Family Income." Washington, DC: U.S. Department of Health and Human Services. <<http://www.acf.hhs.gov/programs/occ/resource/fy-2013-ccdf-data-tables-preliminary-table-17>> (accessed April 15, 2015).

U.S. Department of Labor. 2014. "Nonmonetary Eligibility: Unemployment Insurance." Washington, DC: U.S. Department of Employment and Training Administration. <<http://ows.doleta.gov/unemploy/pdf/uilawcompar/2014/nonmonetary.pdf>> (accessed April 12, 2015).

U.S. Department of Labor. Wage and Hours Division. 2015a. "Fact Sheet: Final Rule to Amend the Definition of Spouse in the Family and Medical Leave Act Regulations." Washington, DC: U.S. Department of Labor. <<http://www.dol.gov/whd/fmla/spouse/factsheet.pdf>> (accessed March 26, 2015).

U.S. Department of Labor. Wage and Hours Division. 2015b. "Break Time for Nursing Mothers." Washington, DC: U.S. Department of Labor. <<http://www.dol.gov/whd/nursingmothers/>> (accessed March 26, 2015).

U.S. Department of Labor. 2015c. "Employment Protections for Workers Who Are Pregnant or Nursing." Washington, DC: Department of Labor. <<http://www.dol.gov/wb/maps/>> (accessed March 26, 2015).

U.S. Department of Labor. Women's Bureau. 2015. "Fertility." <<http://www.dol.gov/wb/stats/Fertility.htm>> (accessed March 23, 2015).

U.S. Equal Employment Opportunity Commission (EEOC). 2007. "Enforcement Guidance: Unlawful Disparate Treatment of Workers With Caregiving Responsibilities." Washington, DC: Equal Employment Opportunity Commission. <<http://www.eeoc.gov/policy/docs/caregiving.html>> (accessed March 23, 2015).

U.S. Equal Employment Opportunity Commission. 2015. "Pregnancy Discrimination Charges EEOC & FEPAs Combined: FY 1997 - FY 2011." <<http://www.eeoc.gov/eeoc/statistics/enforcement/pregnancy.cfm>> (accessed March 26, 2015).

U.S. Social Security Administration. Office of Retirement and Disability Policy. 2014. "Other Social Insurance Programs and Veterans' Benefits." Annual Statistical Supplement, Table 9c1. <<http://www.ssa.gov/policy/docs/statcomps/supplement/2014/9c.html>> (accessed March 26, 2015).

Van Giezen, Robert W. 2013. "Paid Leave in Private Industry Over the Past 20 Years." U.S. Bureau of Labor Statistics. <<http://www.bls.gov/opub/btn/volume-2/paid-leave-in-private-industry-over-the-past-20-years.htm>> (accessed March 23, 2015).

Vermont Commission on Women. 2014. "Important Workplace Laws Vermont Workers Should Know." <<http://women.vermont.gov/sites/women/files/pdf/Workplace%20Laws%20for%20VT%20Workers.pdf>> (accessed March 23, 2015).

Victora, Cesar G., Bernardo Lessa Horta, Christian Loret de Mola, Luciana Quevedo, Ricardo Tavares Pinheiro, Denise P. Gigante, Helen Gonçalves, and Fernando C. Barros. 2015. "Association Between Breastfeeding and Intelligence, Educational Attainment, and Income at 30 Years of Age: A Prospective Birth Cohort Study from Brazil." *The Lancet Global Health* 3 (4): 199-205.

Wagner, K. C. 2010. *Working Parents for a Working New York*. New York, NY: District 37, AFSCME.

Walker, Christina. 2014. "Head Start Participants, Programs, Families, and Staff in 2013." Washington, DC: Center for Law and Social Policy. <<http://www.clasp.org/resources-and-publications/publication-1/HSpreschool-PIR-2013-Fact-Sheet.pdf>> (accessed April 12, 2015).

Wang, Wendy, Kim Parker, and Paul Taylor. 2013. *Breadwinner Moms*. Washington, DC: Pew Research Center. <<http://www.pewsocialtrends.org/2013/05/29/breadwinner-moms/>> (accessed April 12, 2015).

Warner, Mildred. 2009. "Child Care Multipliers: Stimulus for the States." Ithaca, NY: Cornell University Department of Regional and Urban Planning. <<http://s3.amazonaws.com/mildredwarner.org/attachments/000/000/078/original/159-da4e7e93.pdf>> (accessed March 26, 2015).

Watson, Elizabeth and Jennifer E. Swanberg. 2011. *Flexible Workplace Solutions for Low-Wage Hourly Workers: A Framework for a National Conversation*. Washington, DC: Georgetown Law. <<http://workplaceflexibility2010.org/images/uploads/whatsnew/Flexible%20Workplace%20Solutions%20for%20Low-Wage%20Hourly%20Workers.pdf>> (accessed March 23, 2015).

West, Loraine A., Samantha Cole, Daniel Goodkind, and Wan He. 2014. *65 + in the United States: 2010*. Current Population Reports Special Studies P23-212. Washington, DC: U.S. Census Bureau.

Williams, Joan C. and Nancy Segal. 2003. "Beyond the Maternal Wall: Relief for Family Caregivers Who Are Discriminated Against on the Job." *Harvard Women's Law Journal* 26: 77.

Williams, Joan C., Robin Devaux, Patricija Petrac, and Lynn Feinberg. 2012. "Protecting Family Caregivers from Employment Discrimination." Washington, DC: AARP Public Policy Institute. <http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/protecting-caregivers-employment-discrimination-insight-AARP-ppi-ltc.pdf> (accessed March 23, 2015).

Winston, Pamela. 2014. *Family Supports for Low-Income Families: Key Research Findings and Policy Trends*. Washington, DC: U.S. Department of Health and Human Services. <http://aspe.hhs.gov/hsp/14/WorkFamily/rpt_WorkFamily.pdf> (accessed March 23, 2015).

Yoshikawa, Hirokazu, Christina Weiland, Jeanne Brooks-Gunn, Margaret R. Burchinal, Linda M. Espinosa, William T. Gormley, Jens Ludwig, Katherine A. Magnuson, Deborah Phillips, and Martha J. Zaslow. 2013. "Investing in Our Future: The Evidence Base on Preschool Education." New York: Foundation for Child Development. <<http://fcd-us.org/sites/default/files/Evidence%20Base%20on%20Preschool%20Education%20FINAL.pdf>> (accessed March 23, 2015).



CHAPTER 4

THE STATUS OF WOMEN IN THE STATES: 2015

Poverty & Opportunity

Introduction

Access to quality education and training, health care services, and business networks can help women to thrive in the workforce and achieve economic success. Yet even with access to these resources, many women struggle to achieve financial security and independence. Women are as likely as men to complete a college degree and are more likely than men to have health insurance, but face higher poverty rates than men and are much less likely to own businesses (IWPR 2015a; IWPR 2015b).

This chapter examines four topics that are integral to women’s economic security: access to health insurance coverage, educational attainment, business ownership, and poverty. It calculates a Composite Index comprised of these indicators, ranks each state and the District of Columbia on the composite score and the component indicators, and examines the relationships among these indicators and their implications for women’s well-being. The chapter also examines trends in the data across time and disparities that exist among racial and ethnic groups in this area of women’s status.

The Poverty & Opportunity Composite Score

The Poverty & Opportunity Composite Index combines

Best and Worst States on Women’s Poverty & Opportunity

State	Rank	Grade
District of Columbia	1	A–
Maryland	2	B+
Massachusetts	3	B+
Connecticut	4	B
Hawaii	5	B
Mississippi	51	F
Arkansas	50	F
West Virginia	49	D–
Kentucky	48	D–
Louisiana	47	D–

four component indicators of women’s economic security and access to opportunity: health insurance coverage, college education, business ownership, and the poverty rate.¹ Composite scores ranged from a high of 8.00 to a low of 6.18, with the higher scores reflecting a stronger performance in the area of poverty and opportunity and receiving a higher letter grade (Table 4.1).

- Among all 50 states and the District of Columbia, the District of Columbia has the best score on the Poverty

¹ In IWPR’s previous national *Status of Women in the States* reports, this area of women’s status was called “Social and Economic Autonomy.”

& Opportunity Composite Index. The District ranks first in the nation for the percentage of women with a bachelor’s degree or higher and share of businesses that are women-owned, and second on the percentage of nonelderly women with health insurance. On the percentage of women living above poverty, however, the District of Columbia ranks 47th, reflecting the high degree of inequality among the city’s residents.

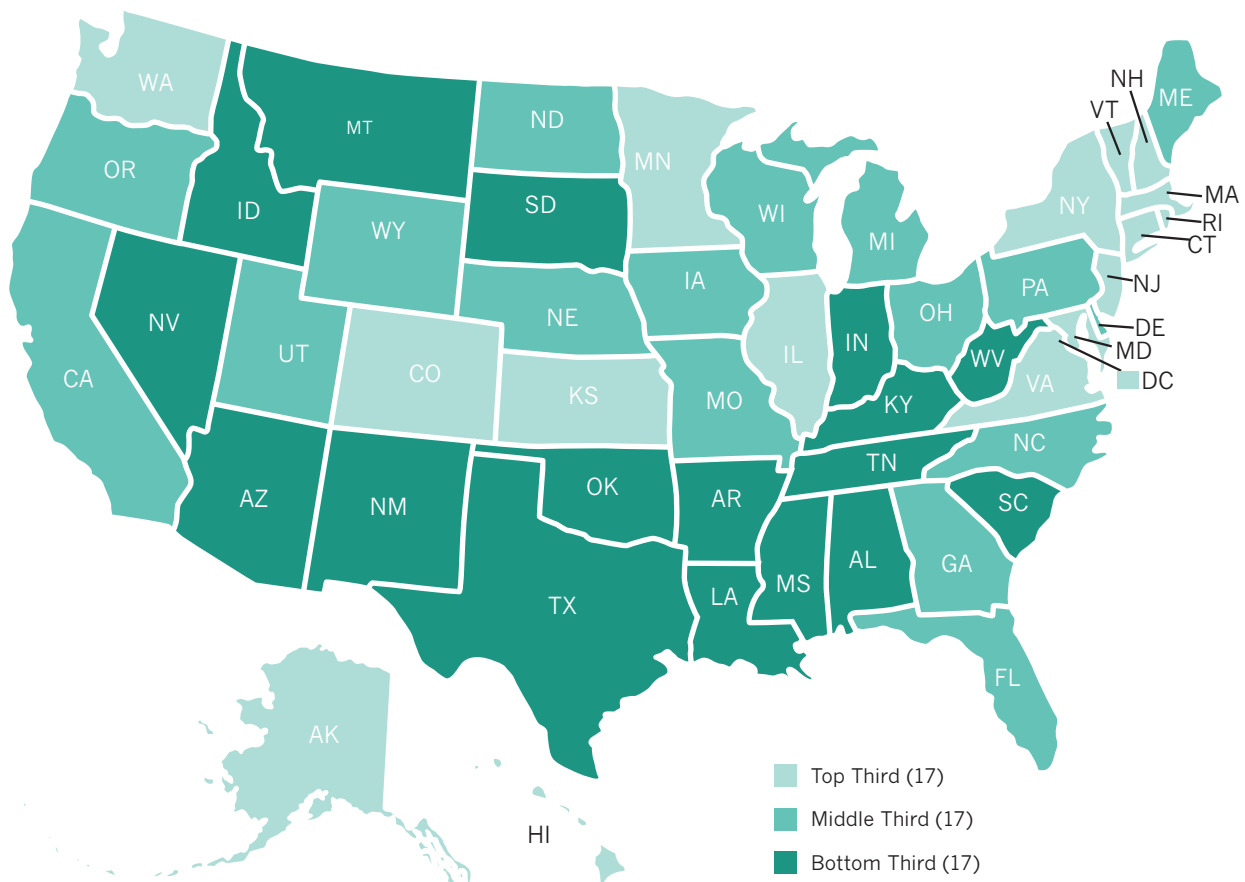
- Mississippi has the worst score on the Poverty & Opportunity Composite Index. It ranks last on the percentage of women above poverty, and among the bottom ten on the percentage of women with health insurance coverage and with a bachelor’s degree or higher. Mississippi’s best ranking is on women-owned businesses, where the state comes in 30th place, in the middle third.

- Four states in the Northeast—Connecticut, Massachusetts, New Hampshire, and Vermont—rank in the top ten on the Poverty & Opportunity Composite Index. Colorado, Hawaii, Maryland, Minnesota, and Virginia are also in this best-ranking group.

- In general, the South and some parts of the West score poorly on the Composite Index for Poverty & Opportunity (Map 4.1). In addition to Mississippi, six Southern states—Alabama, Arkansas, Kentucky, Louisiana, Tennessee, and West Virginia—are among the ten states with the worst scores. They are joined by Idaho, New Mexico, and Oklahoma.

- The District of Columbia received the best grade on the Poverty & Opportunity Index, an A-. This grade reflects both the District’s accomplishments—its well above average scores for the percentage of women

Map 4.1 The Poverty & Opportunity Composite Index



Note: For methodology and sources, see Appendix A4. Calculated by the Institute for Women’s Policy Research.

Table 4.1.

How the States Measure Up: Women's Status on the Poverty & Opportunity Composite Index and Its Components

State	Composite Index			Percent of Women 18–64 Years Old with Health Insurance, 2013		Percent of Women with a Bachelor's Degree or Higher, Aged 25 and Older, 2013		Percent of Businesses That are Women-Owned, 2007		Percent of Women Living Above Poverty, Aged 18 and Older, 2013	
	Score	Rank	Grade	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	6.62	45	D–	81.2%	32	23.5%	46	28.1%	19	81.4%	46
Alaska	7.28	12	B–	78.0%	41	33.2%	12	25.9%	35	91.0%	1
Arizona	6.75	35	D+	78.6%	38	26.8%	35	28.1%	19	82.6%	38
Arkansas	6.36	50	F	77.4%	43	20.7%	50	24.5%	49	81.6%	45
California	7.03	23	C	78.6%	38	30.9%	18	30.3%	9	84.0%	32
Colorado	7.42	8	B–	83.3%	23	37.5%	4	29.2%	13	87.0%	12
Connecticut	7.56	4	B	88.8%	8	37.4%	5	28.1%	19	89.4%	4
Delaware	7.08	19	C	88.0%	9	29.3%	23	25.9%	35	87.0%	12
District of Columbia	8.00	1	A–	94.3%	2	53.5%	1	34.5%	1	81.1%	47
Florida	6.77	34	D+	73.8%	50	26.7%	36	28.9%	14	83.7%	33
Georgia	6.83	31	D+	75.5%	47	28.7%	26	30.9%	5	81.7%	43
Hawaii	7.52	5	B	90.8%	5	32.6%	14	31.0%	4	89.3%	5
Idaho	6.64	43	D	77.7%	42	25.4%	41	23.5%	50	84.8%	27
Illinois	7.24	14	C+	84.2%	21	32.7%	13	30.5%	6	85.5%	24
Indiana	6.72	37	D	81.9%	31	23.9%	44	26.8%	31	84.1%	31
Iowa	6.97	26	C–	89.3%	7	26.7%	36	25.5%	43	86.3%	19
Kansas	7.12	17	C+	83.0%	25	31.2%	17	27.5%	25	86.5%	15
Kentucky	6.46	48	D–	80.0%	34	22.7%	47	25.6%	41	80.9%	48
Louisiana	6.47	47	D–	76.4%	45	23.8%	45	27.3%	26	80.0%	49
Maine	7.08	19	C	86.8%	14	29.9%	22	25.6%	41	87.0%	12
Maryland	7.74	2	B+	88.0%	9	38.1%	3	32.6%	2	89.6%	3
Massachusetts	7.73	3	B+	96.2%	1	40.3%	2	29.8%	11	87.8%	9
Michigan	6.97	26	C–	85.8%	18	26.9%	33	30.4%	7	83.6%	35
Minnesota	7.39	9	B–	90.9%	4	34.0%	11	26.8%	31	88.7%	8
Mississippi	6.18	51	F	76.2%	46	21.6%	49	26.9%	30	75.7%	51
Missouri	6.82	32	D+	82.9%	27	27.1%	31	26.1%	33	84.2%	29
Montana	6.73	36	D	78.3%	40	30.0%	20	24.6%	48	82.4%	41
Nebraska	7.10	18	C	85.7%	19	30.7%	19	25.7%	40	87.1%	11
Nevada	6.69	39	D	74.3%	48	22.2%	48	28.6%	16	85.3%	25
New Hampshire	7.45	6	B–	86.0%	16	35.6%	9	25.8%	39	90.8%	2
New Jersey	7.38	11	B–	83.1%	24	35.8%	7	27.3%	26	88.9%	7
New Mexico	6.64	43	D	74.3%	48	27.0%	32	31.7%	3	78.5%	50
New York	7.28	12	B–	87.6%	12	34.5%	10	30.4%	7	84.2%	29
North Carolina	6.82	32	D+	79.4%	35	28.5%	28	28.2%	17	82.6%	38
North Dakota	6.97	26	C–	87.6%	12	28.2%	29	24.7%	47	86.4%	18
Ohio	6.90	30	C–	85.9%	17	25.9%	39	27.7%	23	84.7%	28
Oklahoma	6.57	46	D–	76.7%	44	24.0%	43	25.3%	45	83.3%	36
Oregon	6.99	25	C	80.8%	33	30.0%	20	29.7%	12	83.7%	33
Pennsylvania	7.07	21	C	88.0%	9	28.6%	27	27.0%	29	86.5%	15
Rhode Island	7.17	15	C+	86.5%	15	32.0%	16	27.3%	26	86.2%	21
South Carolina	6.67	41	D	79.4%	35	25.5%	40	27.6%	24	81.9%	42
South Dakota	6.68	40	D	82.0%	30	26.4%	38	22.1%	51	84.9%	26
Tennessee	6.65	42	D	82.7%	28	24.8%	42	25.9%	35	82.5%	40
Texas	6.72	37	D	71.7%	51	27.4%	30	28.2%	17	83.2%	37
Utah	6.95	29	C–	83.0%	25	28.9%	24	24.9%	46	86.5%	15
Vermont	7.39	9	B–	93.3%	3	37.2%	6	26.0%	34	86.3%	19
Virginia	7.44	7	B–	84.5%	20	35.8%	7	30.1%	10	87.7%	10
Washington	7.17	15	C+	82.1%	29	32.4%	15	28.7%	15	86.1%	23
West Virginia	6.45	49	D–	79.1%	37	19.1%	51	28.0%	22	81.7%	43
Wisconsin	7.05	22	C	89.4%	6	28.8%	25	25.9%	35	86.2%	21
Wyoming	7.03	23	C	83.4%	22	26.9%	33	25.5%	43	89.1%	6
United States	7.00			81.5%		29.7%		28.8%		84.5%	

Note: Figures on women's and men's business ownership (see Appendix Table B4.1) do not add to 100 percent because they do not include firms that are jointly owned by women and men and those that are publicly held.

Sources: Data on health insurance, educational attainment, and poverty are based on IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0). Data on women-owned business are from the U.S. Department of Commerce's 2007 Survey of Business Owners accessed through American Fact Finder (IWPR 2015b).

with health insurance coverage, the percentage of women with a bachelor's degree or higher, and the share of businesses that are women-owned—and its need for improvement in the area of women's poverty.

Trends in Poverty & Opportunity

Women's status in the area of poverty and opportunity in the United States has improved on two indicators since the publication of IWPR's 2004 *Status of Women in the States* report and declined on two others. The share of women with a bachelor's degree or higher increased 6.9 percentage points during this time period, from 22.8 to 29.7 percent, and the share of women-owned businesses increased from 26.0 to 28.8 percent. The percent of women living above poverty, however, declined from 87.9 in 2002 to 85.5 in 2013 (IWPR 2004; U.S. Department of Commerce 2014a).² The percent of women with health insurance in 2013 (81.5) was also slightly lower than in 2002 (82.3 percent), but the 2013 data do not reflect shifts in coverage following the passage of the Patient Protection and Affordable Care Act (ACA) of 2010.

- On the composite score for women's poverty and opportunity status, 21 states and the District of Columbia have gained ground, while 29 have lost ground. The places experiencing the largest gains are the District of Columbia and Hawaii, whose composite scores increased by 5.3 and 3.8 percent, respectively.
- Among states where scores on poverty and opportunity have declined, Indiana experienced the biggest loss, with a 3.3 percent decrease in its composite score. The state with the second largest loss was Nevada, with a decrease of 2.9 percent.

Access to Health Insurance

Health insurance gives women access to critical health services that can also contribute to well-being in other areas of their lives, such as their economic and employment status. In the United States, 81.5 percent of nonelderly women (aged 18–64) had health insurance coverage in 2013, a slightly higher proportion than

Best and Worst States on Women's Health Insurance

State	Percent with Health Insurance	Rank
Massachusetts	96.2%	1
District of Columbia	94.3%	2
Vermont	93.3%	3
Minnesota	90.9%	4
Hawaii	90.8%	5
Texas	71.7%	51
Florida	73.8%	50
Nevada	74.3%	48
New Mexico	74.3%	48
Georgia	75.5%	47

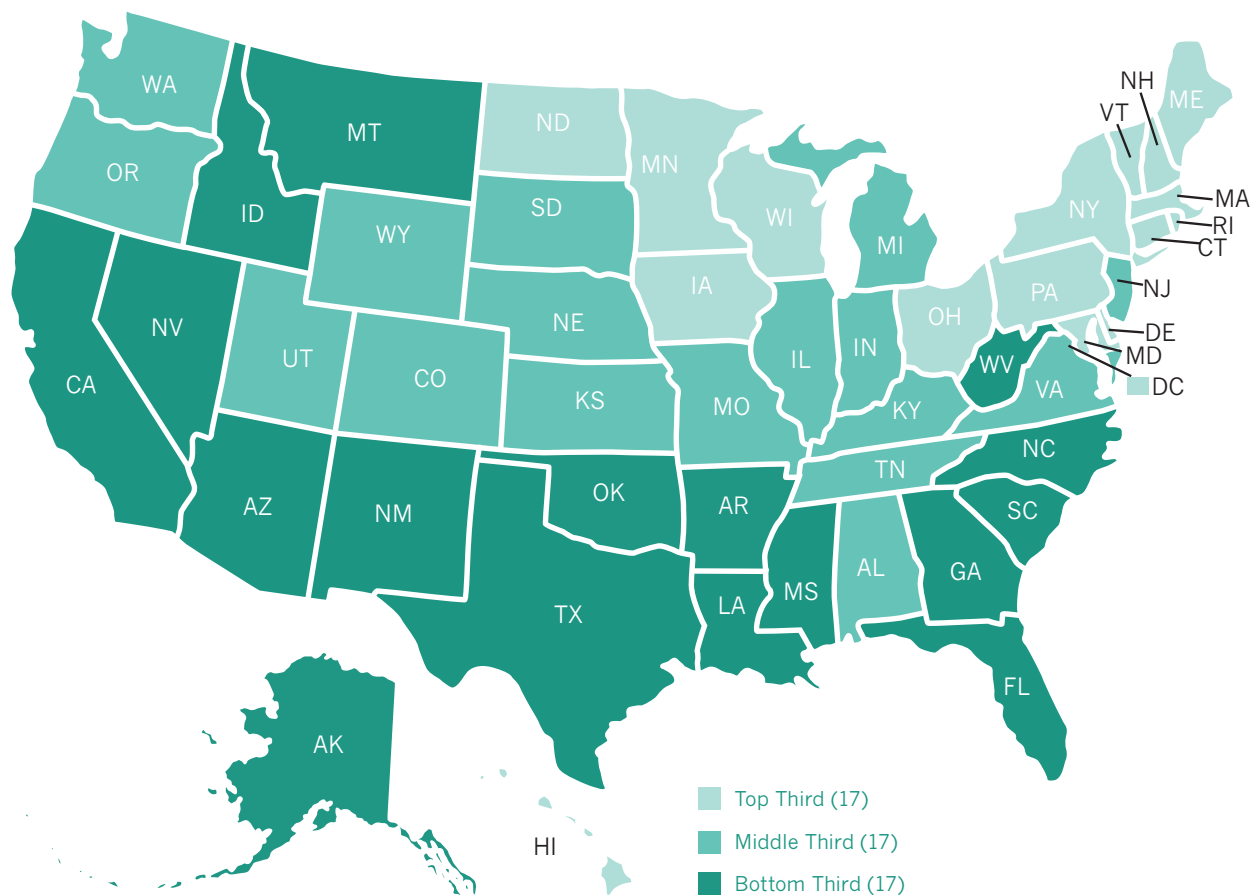
men of the same age range (77.1 percent; Figure 4.1). According to IWPR analysis of 2013 American Community Survey microdata, 59.6 percent of nonelderly women were insured through a union or employer, either their own or their spouse's. Medicare covered 3.8 percent of nonelderly women, and Medicaid and other means-tested programs covered 15.6 percent. Approximately 9.5 percent of women had health insurance purchased directly from an insurance company.³

- In 2013, women aged 18–64 were the most likely to have health insurance coverage in Massachusetts (96.2 percent), followed by the District of Columbia (94.3 percent) and Vermont (93.3 percent; Table 4.1). Other jurisdictions that ranked highly were scattered throughout the country (Map 4.2): Connecticut, Delaware, Hawaii, Iowa, Maryland, Minnesota, Pennsylvania, and Wisconsin were in the top 11 states. Delaware, Maryland, and Pennsylvania tied for ninth place (Table 4.1).
- Women in a band of Southern and Southwestern states were the least likely to have health insurance coverage. Texas had the lowest percentage of women aged 18–64 with coverage (71.7 percent), followed by Florida (73.8 percent). Arkansas, Georgia, Louisiana, Mississippi,

²This poverty estimate for 2013 is based on IWPR calculations of data from the Current Population Survey (CPS) Annual Social and Economic Supplement (the official annual measure of poverty in the United States). These data are published by the Census Bureau (U.S. Department of Commerce 2014a) and are for the population aged 18 and older. IWPR's estimate in the 2004 data release is based on analysis of CPS data and is for the population aged 16 and older. Elsewhere in this report, IWPR relies primarily on the American Community Survey (ACS) for analyzing women's poverty status, since the ACS's larger sample sizes make it possible to provide data disaggregated by age and race/ethnicity at the state level. Based on analysis of 2013 ACS microdata, IWPR estimates the poverty rate to be 15.5 percent for women aged 18 and older in the United States, and 11.9 percent for men of the same age range. See Appendix A4 for a summary of the differences between the ACS and CPS.

³Not all types of health insurance coverage are listed. People may have more than one type of insurance.

Map 4.2. Percent of Women with Health Insurance, 2013



Note: For women aged 18–64.

Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 5.0).

and New Mexico all ranked in the bottom ten. They were joined by Idaho, Nevada, and Oklahoma.

- The Patient Protection and Affordable Care Act (ACA) dramatically reduced rates of uninsurance among women aged 18 to 24, by allowing adult children to stay on their parents' health insurance plans until the age of 26. Between 2008 and 2014, the percentage of women aged 18 to 24 without health

insurance decreased by more than a third, from 24.9 to 15.9 percent. Uninsurance rates for women of all ages dropped nearly one-fifth between 2008 and 2014, from 13.0 percent of women lacking insurance in 2008, to 10.6 percent in the first nine months of 2014 (Martinez and Cohen 2009 and 2015). Complete data reflecting health insurance changes following the ACA, including state by state data, are not yet available.

Poverty and Opportunity Among Millennial Women

Millennial women—defined here as those aged 16–34 in 2013—are a well-educated cohort who nonetheless face the challenges of managing student debt and relatively high rates of poverty.

- More than one in five millennial women (22.4 percent) lives below the poverty line, compared with one in six (16.8 percent) millennial men (Appendix Table B4.5). Millennial women’s poverty rate is higher than the rate for adult women overall. Millennial women are most likely to be poor if they live in Mississippi (33.9 percent), and least likely to be poor if they live in Alaska or Maryland (14.0 percent each). Millennial women are of childbearing age and supporting children on their own contributes to their high poverty rate.
- Millennial women aged 25–34 are considerably more likely than millennial men of the same age range to have a bachelor’s degree or higher (36.3 percent compared with 28.3 percent). This difference between millennial women’s and men’s education is much larger than the difference between women and men overall (29.7 percent of women and 29.5 percent of men overall have a bachelor’s degree or higher).
- Among the 50 states and the District of Columbia, millennial women are the most likely to have at least a bachelor’s degree in the District of Columbia (71.3 percent), followed by Massachusetts (53.6 percent) and New York (46.6 percent; Appendix Table B4.5). Millennial women are the least likely to have a bachelor’s degree or higher in Nevada (24.5 percent), Mississippi (24.7 percent), and Arkansas (25.6 percent). In all states, millennial women are more likely than millennial men to have at least a bachelor’s degree, with the largest differences in Alaska (18.0 percentage points) and Vermont (16.6 percentage points).
- Many millennial women and men have substantial student debt. One study analyzing college affordability found that average undergraduate debt one year after graduation for students who have debt is higher for women than for men, among both those who have children and those who do not. For women with children, average debt is \$29,452 compared with \$26,181 for men with children; for women and men without children, average debt is \$25,638 and \$24,508, respectively (Gault, Reichlin, and Román 2014).
- Millennial women had higher rates of health insurance coverage than millennial men in 2013 (79.2 percent compared with 72.8 percent), but lower rates of coverage than all nonelderly women and men. Coverage rates also varied among younger and older millennials: in the United States overall, women aged 16–25 (who under the ACA are allowed to stay on their parents’ health insurance plan; U.S. Department of Labor n.d.) were more likely to have coverage than those aged 26–34 (80.6 compared with 77.5 percent).
- Health insurance coverage for millennial women across the states ranged from a high of 95.2 in Massachusetts to a low of 67.8 percent in Texas in 2013, prior to the full implementation of health care exchanges under the ACA (Appendix Table B4.5).
- Rates of uninsurance among millennial women under age 25 decreased dramatically following implementation of the ACA. The percentage of women aged 18 to 24 without health insurance decreased by more than a third, from 24.9 percent to 15.9 percent (Martinez and Cohen 2009 and 2015).

Most data are based on IWPR analysis of American Community Survey microdata. Percent of millennial women and men with a bachelor’s degree or higher are three-year (2011–2013) averages; all other data are for 2013. Rates of uninsurance are based on published data from the National Health Interview Survey data for 2008 and 2014.

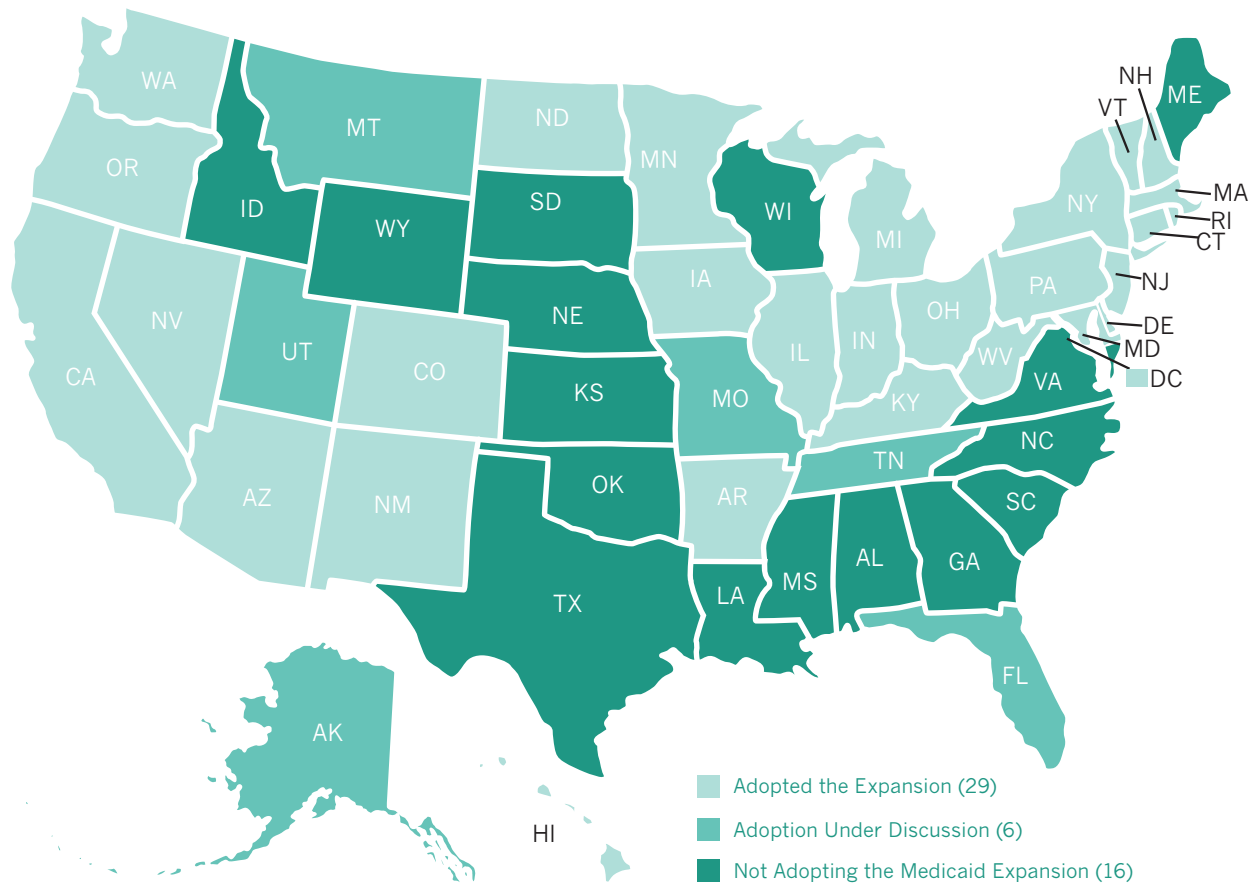
The Patient Protection and Affordable Care Act

The landscape of women's health insurance coverage is changing as a result of the passage of the Patient Protection and Affordable Care Act (ACA) of 2010. The ACA enacted measures designed to expand access to affordable health insurance coverage for women and men in the United States who lack coverage. It has led to state-based exchanges through which individuals can purchase coverage, with premium and cost-sharing benefits available to those with low incomes. It has also established separate exchanges through which small businesses can purchase health insurance coverage for their employees. Along with these changes, the Afford-

able Care Act requires U.S. citizens and legal residents to acquire insurance or pay a penalty, with some exemptions related to factors such as financial hardship and religious objections (Kaiser Family Foundation 2013a). Starting in 2010, the ACA allowed adult children to stay on their parents' health insurance until the age of 26.

To help those who may have struggled in the past to afford insurance, the ACA seeks to expand Medicaid eligibility to all individuals under age 65 who are not eligible for Medicare and have incomes up to 138 percent of the federal poverty line (individuals were previously eligible only if they were pregnant, the parent of a dependent

Map 4.3. Where States Stand on Adopting the Medicaid Expansion, 2015



Source: Kaiser Family Foundation 2015a.
Compiled by the Institute for Women's Policy Research.

child, 65 years of age or older, or disabled, in addition to meeting income requirements; National Conference of State Legislatures 2011).⁴ States can choose to opt out of this Medicaid expansion, however; as of March 2015, 28 states and the District of Columbia had chosen to expand Medicaid coverage, and six were in the process of deciding whether to do so (Map 4.3).

Health Insurance Coverage by Race and Ethnicity

Health insurance coverage rates vary by race and ethnicity. Among the largest racial and ethnic groups, white (86.8 percent) and Asian/Pacific Islander (82.8 percent) women had the highest rates of coverage in 2013.

Hispanic and Native American women had the lowest rates at 64.0 and 67.7 percent, respectively (Figure 4.1). For all racial and ethnic groups shown below, women had higher coverage rates than men.

Health insurance coverage rates also varied considerably across detailed racial and ethnic groups in 2013. Japanese

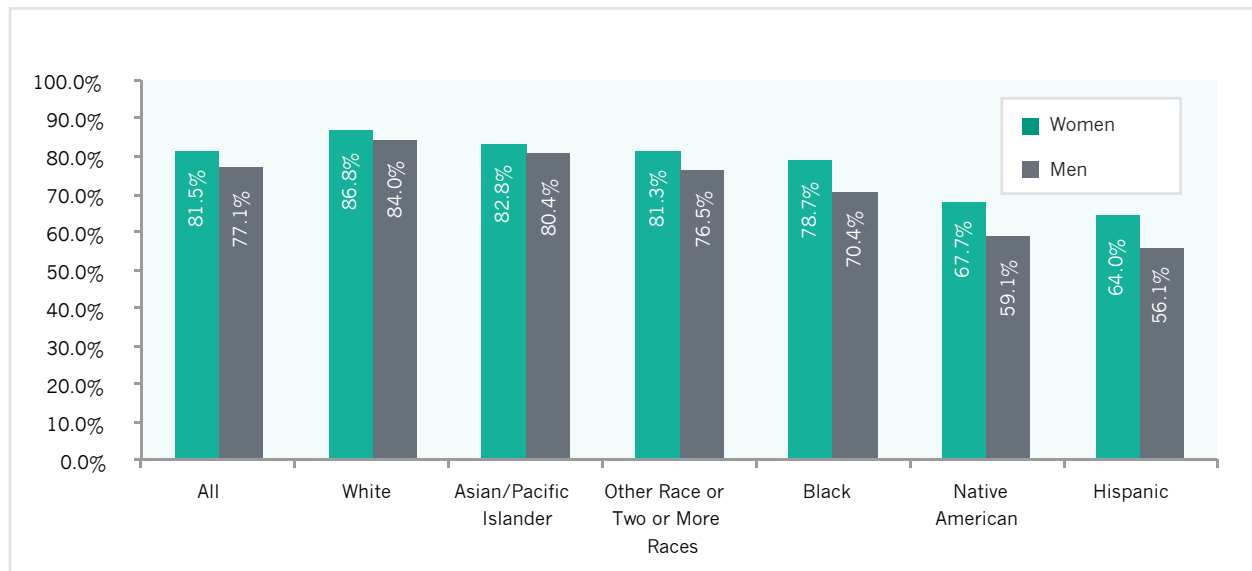
women had the highest rate of coverage among Asian/Pacific Islander women at 91.1 percent, and Korean women had the lowest rates of coverage at 71.9 percent. For Hispanic women, Spanish and Puerto Rican women were the most likely to be covered at 83.1 and 82.9 percent, respectively. Fewer than half of women of Guatemalan (48.0 percent) and Honduran (46.1 percent) descent had coverage; the coverage rates for these groups were the lowest not only among all Hispanic women, but also among all detailed racial and ethnic groups shown in Appendix Table B4.3. Among Native Americans, the Iroquois (79.1 percent) and the Lumbee and Chippewa (each 72.7 percent) were the most likely to have coverage, and the Pueblo (56.1 percent) and Sioux (60.0 percent) were the least likely.

Health Insurance Coverage Among Women by Union Status

Women who are union members (or covered by a union contract) are more likely to receive health insurance benefits through their job than those who are not unionized. As of 2013, approximately three in four unionized

Figure 4.1.

Health Insurance Coverage Rates by Gender and Race/Ethnicity, Aged 18–64, United States, 2013



Note: Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 5.0).

⁴ Federal law allows for the expansion of Medicaid to individuals with incomes at or below 133 percent of the federal poverty line. The law also includes a five percent “income disregard,” which effectively makes the limit 138 percent of poverty (Center for Mississippi Health Policy 2012).

Poverty and Opportunity Among Immigrant Women

Immigrant women in the United States are a diverse group with varied levels of education and access to resources and supports.⁵

- More than one in four immigrant women in the United States (27.9 percent) holds a bachelor's or advanced degree, compared with 30.0 percent of U.S.-born women. Among the ten largest sending countries for female immigrants—Mexico, the Philippines, China, India, Vietnam, Korea, El Salvador, Cuba, the Dominican Republic, and Canada—immigrant women from India (71.8 percent), the Philippines (51.4 percent), and Korea (46.1 percent) are the most likely to have a bachelor's degree or higher (IWPR 2015a). Some immigrant women who have college degrees, however, find that their qualifications are not recognized in this country and can find only low-skilled, low-paying jobs (Redstone Akresh 2006).
- While a substantial share of immigrant women hold bachelor's degrees, three in ten (29.6 percent) have less than a high school diploma. Among the ten largest sending countries, women from Mexico and El Salvador are the most likely to have less than a high school diploma (57.3 and 52.7 percent, respectively). Immigrant women from the Philippines and Canada are the least likely to lack a high school diploma (8.6 and 9.4 percent, respectively).
- Immigrant women are more likely than U.S.-born women to live in poverty (19.7 percent compared with 14.7 percent). Among the ten largest sending countries, immigrant women from the Dominican Republic (30.3 percent), Mexico (30.0 percent), Cuba (22.6 percent), and El Salvador (20.8 percent) have the highest poverty rates. Immigrant women from India (5.7 percent), the Philippines (6.9 percent), and Canada (11.1 percent) have the lowest poverty rates.
- Immigrant women are significantly less likely to have health insurance coverage than U.S.-born women (66.3 percent of immigrant women aged 18–64 compared with 84.6 percent of U.S.-born women of the same age range). Immigrants face multiple barriers in accessing basic health coverage, including a federal law that bans many immigrants from means-tested benefit programs such as Medicaid in their first five years of legal status (Broder and Blazer 2011; National Immigration Law Center 2014).⁶ In Medicaid and Children's Health Insurance Program (CHIP), states may waive the five-year waiting period for children and pregnant women who are lawfully residing in the United States. As of January 2015, 27 states and the District of Columbia covered otherwise ineligible immigrant children to some extent under this option, and 22 states and the District of Columbia covered otherwise ineligible pregnant women (Kaiser Family Foundation 2015b). The Affordable Care Act also permits immigrants who are ineligible for Medicaid due to the five-year ban to buy private insurance through the insurance exchanges and receive subsidies (Hasstedt 2013).
- The percentage of immigrant women from the top ten sending countries who have health insurance varies widely. Mexican and Salvadoran immigrant women are the least likely to have coverage (only 44.0 percent and 51.5 percent, respectively). Canadian and Indian women are the most likely to have coverage (89.6 percent and 88.1 percent have health insurance, respectively).

Data on poverty rates, educational attainment, and health insurance are based on IWPR analysis of 2013 American Community Survey microdata.

⁵ Immigrant women are those born outside the United States who were not U.S. citizens at birth. As Singer, Wilson, and DeRenzis (2009) observe, this includes legal permanent residents, naturalized citizens, refugees, asylum seekers, and migrants who temporarily stay in the United States. It also includes some undocumented immigrants, although this population may be undercounted by Census survey data. The term U.S.-born refers to individuals born in the United States or abroad to American parents.

⁶ Refugees and certain other humanitarian immigrants are not subject to this bar (Broder and Blazer 2011). There are also other exceptions to these restrictions; for example, in SNAP, the five-year waiting period is waived for children who are legal permanent residents or have certain other lawful immigration statuses (U.S. Department of Agriculture 2014). Under federal law, undocumented immigrants are generally ineligible for all public benefits, with a few exceptions (National Immigration Law Center 2014).

women (76.6 percent) had employer- or union-provided health insurance coverage, compared with about half (51.4 percent) of their nonunion counterparts (Figure 4.2). Among the largest racial and ethnic groups, the difference between coverage rates for union members and nonunion members were greatest for Hispanic women and women who identify with another race or two or more races (29.2 and 27.4 percentage points, respectively; Figure 4.2).⁷

Education

Women in the United States have closed the gender gap in education over the past several decades, aided in part by the passage of Title IX of the 1972 Education Amendments, which prohibited discrimination in educational institutions (Rose 2015). While men outnumbered women among those receiving bachelor's degrees throughout the 1970s, women surpassed men in 1981 and have received more bachelor's degrees in every year since then. During the 2012–2013 academic year, women comprised 57 percent of the nation's college students (Rose 2015).

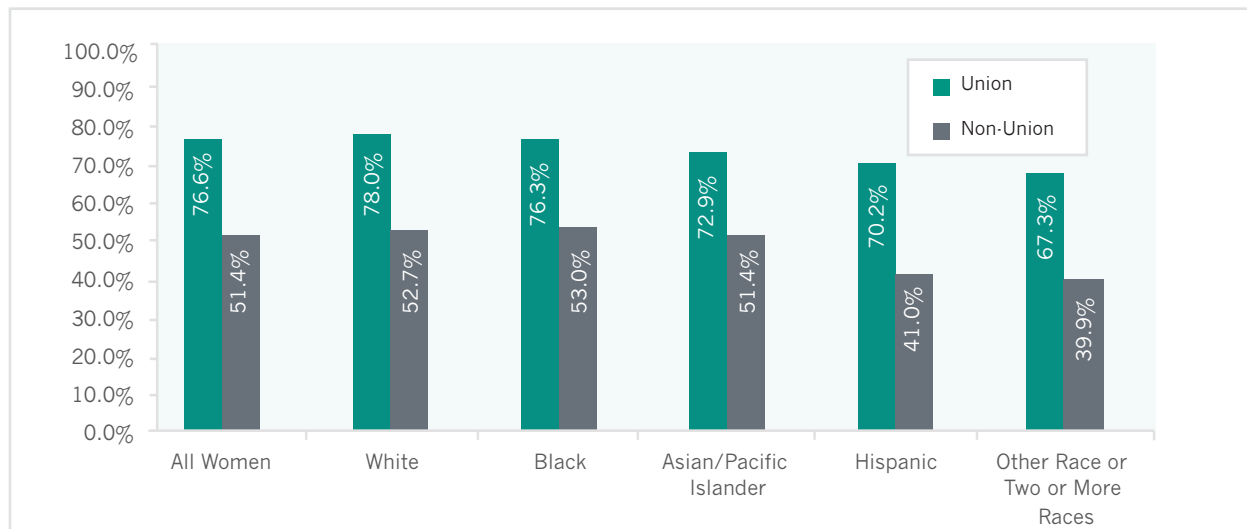
Educational attainment has improved substantially among men in the United States as well as among women in recent years, but women have made progress at a faster rate. In 1990, 23.3 percent of men aged 25 and older held at least a bachelor's degree, while only 17.6 percent of women had such credentials (U.S. Department of Commerce 1994). In 2000, 26.1 percent of men and 22.8 percent of women aged 25 and older had completed a bachelor's degree or higher (Bauman and Graf 2003). In 2013, women not only outnumbered men among those receiving bachelor's degrees, but the share of women who held these degrees also slightly surpassed the share of men who had obtained them: 29.7 percent of women and 29.5 percent of men aged 25 and older held a bachelor's degree or higher (Table 4.1; Appendix Table B4.1).

Women's educational attainment varies considerably across states.

- The District of Columbia has, by far, the largest percentage of women with a bachelor's degree or higher. More than half (53.5 percent) of women aged 25 and older

Figure 4.2.

Percent of Employed Women with Health Insurance Coverage through Their Employer or Union by Race/Ethnicity and Union Status, United States, 2013



Notes: Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data include workers aged 15 and older and are three-year averages (2012–2014, for calendar years 2011–2013). Native Americans are included in “other race or two or more races”; sample sizes are insufficient to report estimates for Native Americans separately.

Source: IWPR analysis of the Current Population Survey Annual Social and Economic Supplement.

⁷Health insurance is calculated for all workers and not controlled for age, level of education, or industry of employment; when controlling for these factors, the union advantage is smaller but still strong (Jones, Schmitt, and Woo 2014).

in the nation's capital hold this level of education. Massachusetts is a distant second, with 40.3 percent of women holding at least a bachelor's degree. The District of Columbia also ranked first on this indicator when the 2004 *Status of Women in the States* report was published.

- In West Virginia, fewer than one in five (19.1 percent) women aged 25 and older hold a bachelor's degree or higher, the lowest percentage in the nation. West Virginia also came in last place in the 2004 *Status of Women in the States* rankings on women's educational attainment.
- In general, women in the Northeast and Mid-Atlantic have relatively high levels of education (Map 4.4). In addition to the District of Columbia and Massachusetts, six states in these regions—Connecticut, Maryland, New Hampshire, New Jersey, New York, and Vermont—rank in the top ten for women's educational attainment. Colorado and Virginia are also in the top ten.
- Women in the South have comparatively lower levels of education. In addition to West Virginia, six Southern states—Alabama, Arkansas, Kentucky, Louisiana, Mississippi, and Tennessee—rank in the bottom ten for the percent of women with a bachelor's degree or higher. Indiana, Nevada, and Oklahoma are also in this worst-ranking group.
- In all states and the District of Columbia, the share of women who hold at least a bachelor's degree has increased since 2000. The District of Columbia, Massachusetts, and New Hampshire have experienced the largest gains, with increases of 16.7, 8.9, and 8.8 percentage points, respectively (IWPR 2004; Table 4.1). New Mexico, Arkansas, and Mississippi have seen the smallest gains, with increases of 4.7, 4.8, and 5.0 percentage points, respectively.
- The proportion of women aged 25 and older with a bachelor's degree or higher is larger than the proportion of men in 29 states. The differences are greatest in Alaska (7.7 percentage points) and Vermont (6.1 percentage points). Among the jurisdictions where men are more likely to hold a bachelor's degree or higher, the gender difference in education is largest in Utah (4.8 percentage points) and the District of Columbia (2.1 percentage points; Table 4.1 and B4.1).

Best and Worst States on Women's Education

State	Percent with a Bachelor's Degree or Higher	Rank
District of Columbia	53.5%	1
Massachusetts	40.3%	2
Maryland	38.1%	3
Colorado	37.5%	4
Connecticut	37.4%	5
West Virginia	19.1%	51
Arkansas	20.7%	50
Mississippi	21.6%	49
Nevada	22.2%	48
Kentucky	22.7%	47

Although more women are receiving high school diplomas and completing college than ever before (U.S. Department of Education 2013; U.S. Department of Education 2014), a significant proportion of women either do not finish high school or end their education with only a high school diploma. In 2013, 12.8 percent of women aged 25 and older in the United States had not completed high school, and 27.3 percent had a high school diploma or the equivalent as their highest level of educational attainment (Appendix Table B4.4).

- Among the 50 states and the District of Columbia, the three jurisdictions with the highest shares of women with less than a high school diploma are California (18.0 percent), Texas (17.5 percent), and Mississippi (16.0 percent) (Appendix Table B4.4).
- Wyoming has the smallest share of women with less than a high school diploma at 5.8 percent, followed by Vermont (6.5 percent) and Montana (6.7 percent). Although Wyoming has proportionately few women at the low end of the education spectrum, it also has a smaller share of women with a bachelor's degree or higher than in the nation overall (26.9 percent compared with 29.7 percent). In Wyoming, women are most likely to have some college education or an associate's degree (42.0 percent) and are considerably more likely to have this level of education than women in the United States overall (30.3 percent).

Poverty, Opportunity, and Economic Security Among Women Living with Same-Sex Partners

Lesbian, gay, bisexual, and transgender (LGBT) Americans have gained strong momentum in securing greater rights and societal acceptance in recent decades. As of February 2015, 37 states and the District of Columbia had authorized same-sex marriage (Human Rights Campaign 2015), the President of the United States had issued an executive order prohibiting discrimination based on sexual orientation and gender identity among federal contractors (The White House 2014), the Justice Department had expanded the interpretation of the Civil Rights Act of 1964 to protect against discrimination of transgender government employees (U.S. Department of Justice 2014), and the U.S. Equal Employment Opportunity Commission had chosen to interpret “sex discrimination” in Title VII to include discrimination based on sex or gender identity and begun accepting charges on those bases (U.S. Equal Opportunity Employment Commission n.d.). In addition, in 2013 the Supreme Court struck down parts of the Defense of Marriage Act (DOMA), clearing the way for same-sex spouses in states that recognize same-sex marriage to file joint tax returns, receive service member spousal benefits, sponsor a partner for U.S. residency, and qualify for the Family and Medical Leave Act (FMLA), among other benefits (Human Rights Campaign 2014).

These changes point to significant progress, yet much remains to be done to extend basic legal protections to LGBT individuals. As of 2014, 29 states—mostly Midwestern, Mountain, and Southern states—still lacked statewide protections against employment discrimination based on sexual orientation and gender identity (Hasenbush et al. 2014).

- One study that analyzed four surveys—the National Survey of Family Growth (NSFG), General Social Survey (GSS), National Health Interview Survey (NHIS), and Gallup Daily Tracking Survey—found that across the surveys the proportion of adults in the United States who identify as LGBT ranged from 2.2 percent (in the NHIS) to 4.0 percent (in the Gallup data; Gates 2014a). Analysis of the Gallup data indicates that among those aged 18 and older, 4.1 percent of women and 3.9 percent of men identify as LGBT, with adults in the West (4.6 percent) and East (4.3 percent) more likely to identify as LGBT than those in the South (4.0 percent) and Midwest (3.8 percent; Gates 2014a).
- The same study shows that across the four surveys, younger adults are more likely to identify as LGBT than older adults (7.2 percent of adults aged 18–29 in the Gallup data compared with 2.1 percent of those aged 60 and older; Gates 2014a).
- Among adults aged 18 and older, a higher percentage of Hispanics (5.7 percent) and blacks (5.6 percent) identify as LGBT than Asians (4.4 percent) and whites (3.6 percent; Gates 2014a). Those who identify with another race or as multiracial are the most likely to identify as LGBT (6.5 percent).⁸
- The median annual earnings for women who live with a same-sex partner⁹ (\$48,000) are considerably lower than those of men who live with a same-sex partner (\$58,000) and lower than married men in different-sex households (\$56,000), but higher than earnings for married women in different-sex households (\$42,000) and women who live in a cohabiting relationship with a different sex partner (\$33,000).¹⁰ Women living with a same-sex partner also have higher earnings than men cohabiting with a different-sex partner (\$38,000).

⁸ Figures are based on analysis of Gallup data (Gates 2014a).

⁹ Due to sample size limitations, data on women living with same-sex partners includes both those who are married and those who are not married.

¹⁰ Earnings data are for full-time, year-round workers aged 16 and older

- Women aged 16 and older who live with a same-sex partner are much more likely to participate in the labor force than women of the same age range who are married to men (74.8 percent compared with 60.0 percent). Women who live with a same-sex partner, however, are less likely to be in the workforce than unmarried women who live with a male partner (76.4 percent).
- Women who live with a same-sex partner are considerably more likely to hold a bachelor's or advanced degree (43.7 percent) than married women in different-sex households (34.9 percent) and women who live with a different-sex partner (25.0 percent). Men who live with a same-sex partner are the most likely to hold at least a bachelor's degree (48.5 percent).¹¹

Despite their strong participation in the labor force, high earnings, and high educational levels, many women living with a same-sex partner experience economic insecurity.

- Women who live with a same-sex partner are more likely to live in poverty than women married to men (7.4 percent compared with 6.2 percent) and men living with a same-sex partner (3.5 percent). Single women and women who live with (but are not married to) a different-sex partner have much higher poverty rates at 24.5 and 14.3 percent, respectively.¹²
- Same-sex couples are 1.7 times more likely than different-sex couples to receive food stamps, with women, bisexuals, and people of color within the LGBT community among the most likely to be recipients (Gates 2014b). About one-third (34 percent) of LGBT women did not have enough money for food in a one year period between 2011 and 2012, compared with 20 percent of non-LGBT women and 24 percent of LGBT men. In addition, during this time 37 percent of black LGBT adults and 55 percent of Native Americans LGBT adults experienced food insecurity, compared with 23 percent of white LGBT adults (Gates 2014b).
- Rates of economic insecurity and discrimination within the transgender community are especially high. One study analyzing the National Transgender Discrimination Survey found that transgender adults were nearly four times more likely than adults in the general population to have a household income below \$10,000 and twice as likely to be unemployed. In addition, almost one in five (19 percent) had experienced homelessness. Ninety percent of survey respondents reported having experienced harassment or mistreatment in the workplace, and 47 percent said they have experienced an adverse job outcome, such as being fired, not hired, or denied a promotion (Grant, Mottet, and Tanis 2011).
- The percentage of LGBT Americans lacking health insurance coverage has decreased substantially since the Affordable Care Act's provisions mandating health insurance went into effect in 2014. Still, LGBT Americans are less likely to be insured than their non-LGBT counterparts. Approximately 18 percent of LGBT adults aged 18 and older report not having health insurance, compared with 13 percent of non-LGBT adults (Gates 2014c).
- LGBT women are significantly more likely than non-LGBT women to report not having enough money to pay for health care or medicine (29 percent compared with 19 percent), and not having a personal doctor (29 percent compared with 16 percent; Gates 2014c).

These findings underlie the need to increase legal protections for LGBT individuals, eliminate discrimination, and foster acceptance of diverse gender identities and expressions.

Data on earnings, labor force participation, educational attainment, and poverty are based on IWPR analysis of 2013 American Community Survey microdata.

¹¹ Percent of those with a bachelor's degree or higher includes those aged 25 and older.

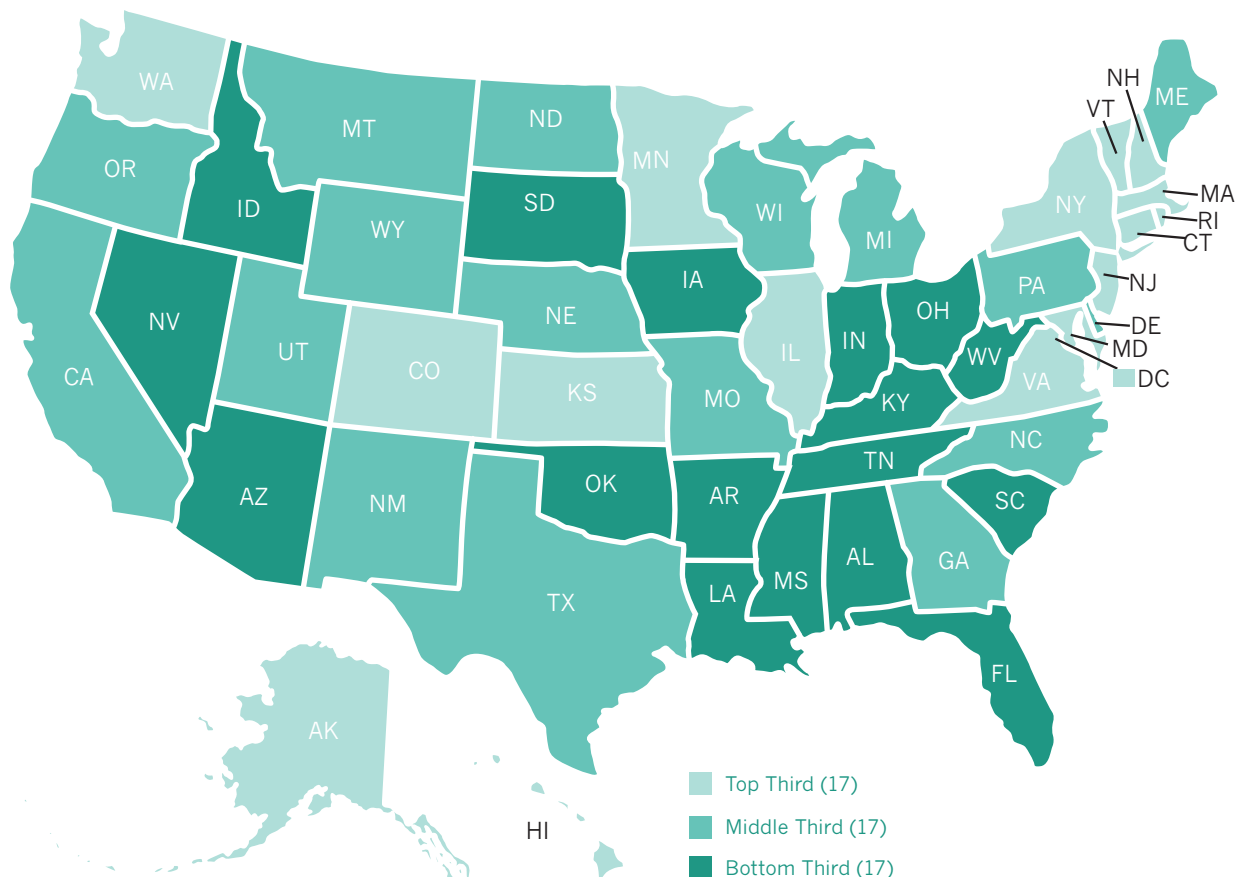
¹² Poverty rates are for those aged 18 and older.

Educational Attainment by Race and Ethnicity

The educational progress women have made has not been distributed equally across racial and ethnic groups. As Figure 4.3 shows, Asian/Pacific Islander women are the most likely to hold a bachelor's degree or higher (48.4 percent), followed by women who identify with another race or two or more races (32.6 percent) and white women (32.5 percent). Native American and Hispanic women are the least likely to hold at least a bachelor's degree (15.5 percent and 15.3 percent, respectively). One in three Hispanic women (33.9 percent) has less than a high school diploma; the proportion of Hispanic women with this level of education is approximately twice as large as the proportion of Native American women, the group with the second largest share of women holding the lowest level of education. White women are the least likely to have less than a high school diploma.

Disparities also exist within the Asian/Pacific Islander, Hispanic, and Native American populations. Among the Asian/Pacific Islander groups shown in Appendix Table B4.3, approximately two-thirds of Indian women (67.9 percent) and more than half of Filipino women (51.4 percent) have a bachelor's degree or higher; among the two lowest-ranking groups—women who identify as Samoan or as Guamanian/Chamorro—fewer than one in seven (12.2 and 13.8 percent, respectively) hold this level of education. Among Hispanic women, the disparities are not quite as large but still substantial: the proportion with a bachelor's degree or higher is largest among women of Venezuelan (49.7 percent) and Argentinian descent (42.1 percent), and smallest among those of Salvadoran and Guatemalan descent (8.8 and 9.3 percent). Among Native American women, the Chickasaw (24.6 percent) and the Iroquois (22.6 percent) are the most likely to hold at least a bachelor's degree, and the Apache (7.8 percent) and Alaska Natives (9.4 percent) are the least likely. The groups with higher

Map 4.4. Percent of Women with a Bachelor's Degree or Higher, 2013

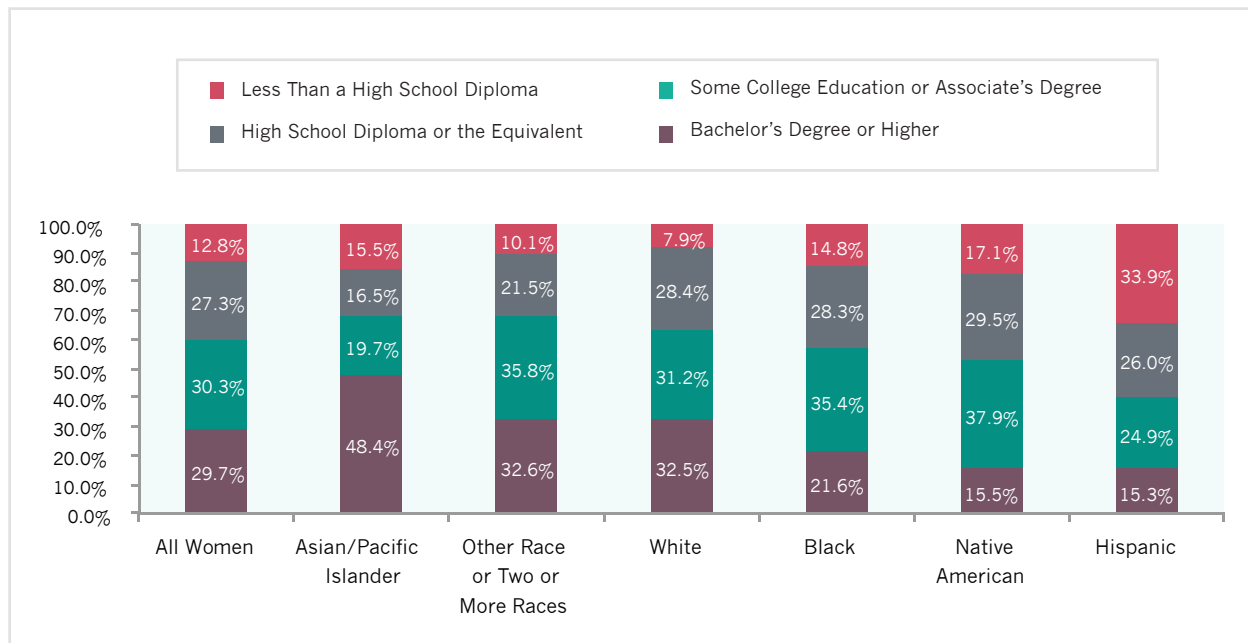


Note: For women aged 25 and older.

Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 5.0).

Figure 4.3.

Educational Attainment Among Women by Race and Ethnicity, Aged 25 and Older, United States, 2013



Note: Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 5.0).

levels of education also have, on average, higher earnings (see Appendix Table B4.3 and chapter two).

Gender Differences in Fields of Study

The fields of study that women choose in college have implications for their earnings once they graduate. In general, women tend to be concentrated in fields that lead to jobs with relatively low wages, such as social work and early childhood education, whereas men tend to be concentrated in fields that lead to higher-paying jobs, such as Science, Technology, Engineering, and Mathematics fields (Carnevale, Strohl, and Melton 2011). Analysis of the earnings of women and men with terminal bachelor's degrees in different fields indicates that women are fewer than half of workers in all ten fields with the highest median annual earnings for women. In some of these fields, they are a very small percentage of workers; for example, in electrical and mechanical engineering—which tied for fourth place among the top ten majors with the highest earnings for

women—women are just seven percent of those with a terminal bachelor's degree. By contrast, men are more than 90 percent of terminal bachelor's degree holders in eight of the ten majors with the highest earnings for men (Carnevale, Melton, and Strohl 2011).¹³

In addition, women who go into higher-paying fields generally earn less than their male counterparts. Carnevale, Strohl, and Melton (2011) found that for nine out of the ten majors with the highest earnings for women¹⁴, the earnings of women who had bachelor's degrees in these fields and worked full-time, year-round were less than the earnings of similar men. Only women with bachelor's degrees in information sciences earned more than their male counterparts.

Women Business Owners and Self-Employment

Like education, business ownership can bring women increased control over their working lives and create

¹³ These majors are petroleum engineering, pharmaceutical sciences and administration, chemical engineering, aerospace engineering, electrical engineering, engineering and industrial management, naval architecture and marine engineering, environmental engineering, metallurgical engineering, and mechanical engineering.

¹⁴ These majors are pharmaceutical sciences and administration, information sciences, chemical engineering, computer science, electrical engineering, mechanical engineering, industrial and manufacturing engineering, computer engineering, business economics, and civil engineering.

financial and social opportunities. Nationally, 28.8 percent of businesses are women-owned (IWPR 2015b); the large majority are owner-operated and have no other employees (88.3 percent), which is also true for men-owned businesses, although the share of men-owned firms with no other employees is lower (U.S. Department of Commerce 2010). Business ownership can encompass various arrangements, from owning a corporation, to consulting, to providing child care in one's home.

Between 1997 and 2007, the proportion and number of women-owned businesses in the United States increased from 26.0 percent (5.4 million businesses) to 28.8 percent (7.8 million businesses; U.S. Small Business Administration 2011). Many of these businesses are in industries that employ more women than men. For example, more than six in ten (61 percent) health care and education firms are women-owned. In traditionally male-dominated industries, the shares of businesses owned by women are much smaller. Women own only 35 percent of businesses in professional, scientific, and technical services; 32 percent in finance, insurance, and real estate; 25 percent in manufacturing; and 14 percent in transportation and warehousing (U.S. Department of Commerce 2010).

Women-owned businesses are concentrated in industries where firms are usually smaller and have smaller sales/receipts than the industries in which men-owned businesses are concentrated. The average sales/receipts for women-owned businesses in the United States are about one-fourth of the average sales/receipts for men-owned businesses (U.S. Department of Commerce 2010). Nationally, women-owned businesses account for only 11 percent of sales and 13 percent of employment of all privately-held businesses, which is a considerably smaller proportion than women's share of the ownership of all privately-held businesses (U.S. Department of Commerce 2010).

The percentage of businesses owned by women varies greatly across the states (Table 4.1; Map 4.5).

- The District of Columbia (34.5 percent), Maryland (32.6 percent), New Mexico (31.7 percent), Hawaii (31.0 percent), and Georgia (30.9 percent) have the largest shares of women-owned businesses. Other states that rank in the top ten on this indicator include California, Illinois, Michigan, New York, and Virginia.
- South Dakota has the smallest share of businesses that are women-owned (22.1 percent), followed by Idaho

Best and Worst States on Women's Business Ownership

State	Percent of Businesses Owned by Women	Rank
District of Columbia	34.5%	1
Maryland	32.6%	2
New Mexico	31.7%	3
Hawaii	31.0%	4
Georgia	30.9%	5
South Dakota	22.1%	51
Idaho	23.5%	50
Arkansas	24.5%	49
Montana	24.6%	48
North Dakota	24.7%	47

(23.5 percent), Arkansas (24.5 percent), Montana (24.6 percent), and North Dakota (24.7 percent). Other states in the bottom eleven include Iowa, Kentucky, Maine (tied with Kentucky for 41st place), Oklahoma, Utah, and Wyoming.

One study (American Express Open 2014) that estimated growth in the number and economic clout of women-owned businesses between 1997 and 2014 found that growth in these businesses varies considerably across states.

- Seven of the top ten states with the fastest estimated growth in women-owned businesses between 1997 and 2014 are in the South: Georgia (117.9 percent), Texas (98.4 percent), North Carolina (91.4 percent), Mississippi (81.4 percent), South Carolina (78.3 percent), Florida (76.5 percent), and Alabama (76.1 percent). Nevada (90.6 percent), Maryland (74.7 percent), and Utah (73.8 percent) are also in the top ten (American Express Open 2014).
- The ten worst-ranking states for the estimated growth in women-owned businesses between 1997 and 2014 are geographically dispersed. Alaska (11.2 percent) had the slowest growth, followed by West Virginia and Iowa (22.7 percent each), Kansas (29.8 percent), and Vermont (30.4 percent). Other states with comparatively slow growth are Ohio (31.0 percent), Indiana (32.5 percent), Connecticut (33.2 percent), Maine (34.6 percent), and South Dakota (35.3 percent; American Express Open 2014).
- The District of Columbia had the fastest estimated revenue growth from women-owned businesses be-

tween 1997 and 2014 (176.0 percent). More than half of the jurisdictions in the top ten for revenue growth are in the Mountain West and Midwest: North Dakota (175.2 percent), Wyoming (163.2 percent), Utah (157.7 percent), South Dakota (119.8 percent), Nevada (111.5 percent), and Arizona (100.5 percent). Other top ten states are Louisiana (143.8 percent), New Hampshire (139.7 percent), and Virginia (105.4 percent; American Express Open 2014).

- Iowa is the only state where revenues from women-owned businesses declined between 1997 and 2014 (-3.8 percent). The four states with the smallest growth in revenues are Maine (13.8 percent), Michigan (20.1 percent), Illinois (30.8 percent), and Rhode Island (31.0 percent). Kentucky, New Jersey, South Carolina, Vermont, and Wisconsin are also in the bottom ten, but had growth rates higher than 42 percent (American Express Open 2014).

The number and share of women-owned firms that are owned by women of color has increased dramatically in recent years. In 1997, women of color—who constitute approximately 35 percent of the female population aged 18 and older (IWPR 2015a)—owned 929,445 businesses in the United States, representing 17 percent of all women-owned firms. By 2014, this number had grown to an estimated 2,934,500, or 32 percent of women-owned firms (American Express Open 2014). Firms owned by black or African American women have experienced the most rapid growth; between 1997 and 2014, African American women-owned firms are estimated to have grown by 296 percent and their revenues to have increased by 265 percent, surpassing the growth among all women-owned firms (which are estimated to have increased in number by 68 percent and in revenues by 72 percent during the same time period). Asian, Hispanic or Latina, and Native Hawaiian/Pacific Islander women-owned firms have also experienced more rapid growth in the number of firms and revenues than all women-owned firms. Native American women-owned firms, however, experienced greater growth in number of firms than all women-owned firms, but did not experience an increase in revenues at a pace greater than that of than all women-owned firms between 1997 and 2014 (American Express Open 2014). Among firms owned by non-minority women, growth in both the number of firms (37 percent) and revenues (58 percent) was slower than among all women-owned businesses. Like women's business ownership, women's self-employ-

ment (a form of business ownership) has increased over the past several decades. In 1976, women made up just over a quarter of the self-employed workforce (26.8 percent); in 2013, they were 40.7 percent (U.S. Bureau of Labor Statistics 2014). In 2013, 5.2 percent of employed women in nonagricultural industries were self-employed compared with 6.7 percent of similarly employed men (U.S. Bureau of Labor Statistics 2014). Among both women and men, self-employed individuals are more likely to have college degrees than those who are not self-employed. They are also more likely to be married and older, which means they are less likely to have young children in their care (U.S. Department of Commerce 2010).

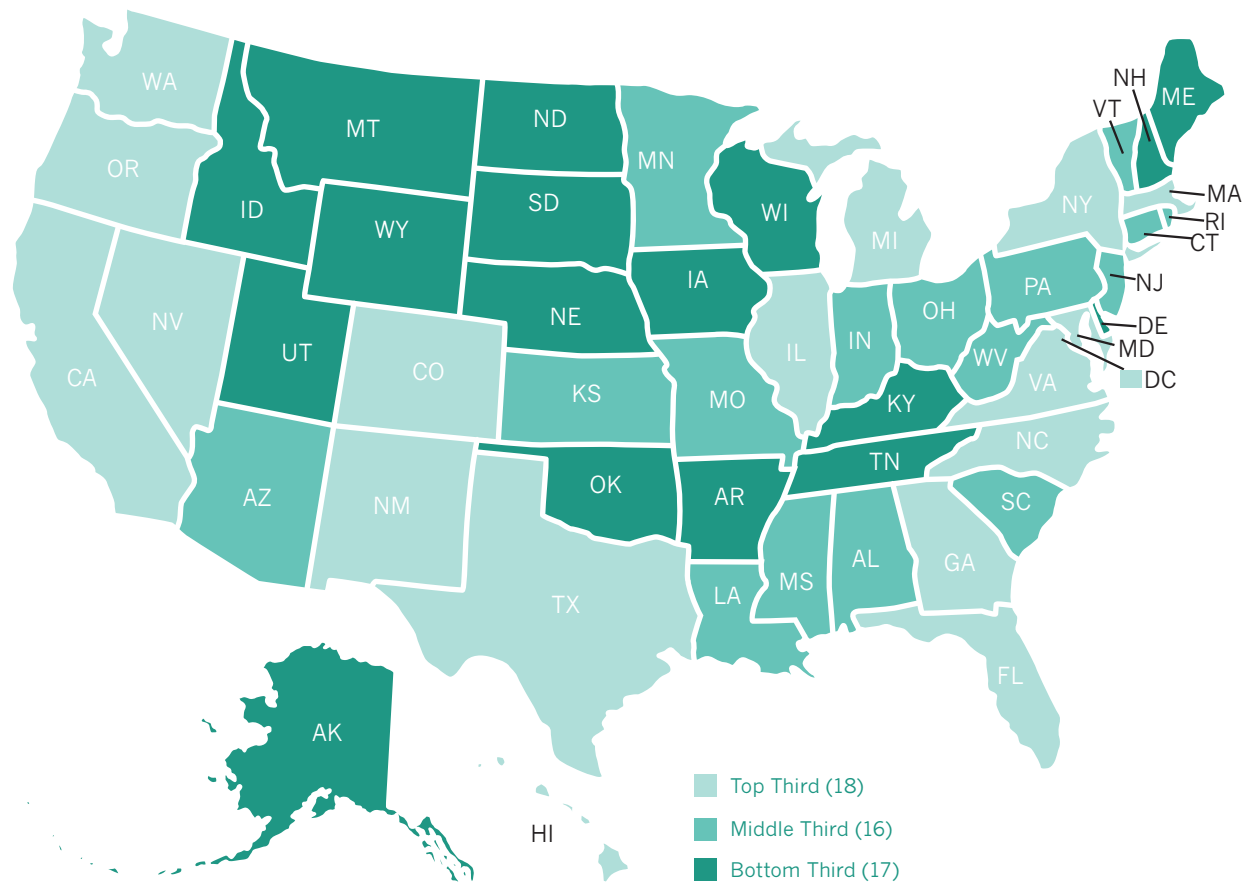
Self-employed women work slightly more hours per week than women who are not self-employed (40.1 hours per week, on average, compared with 38.9 hours; U.S. Department of Commerce 2010). Despite working more hours, self-employed women have slightly lower average annual earnings than women who are not self-employed (\$38,172 compared with \$38,670). They also face a larger gender wage gap; the average annual earnings of women who are self-employed are 55 percent of the earnings of their male counterparts, compared with 70 percent among women and men who are not self-employed.¹⁵ When controlling for the average number of hours worked per week and the number of weeks worked in the year, the gender wage gap narrows for both women who are self-employed and those who are not self-employed, but self-employed women still face a lower gender earnings ratio (63 percent compared with 77 percent for women who are not self-employed; U.S. Department of Commerce 2010).

Women's Poverty and Economic Security

Women's economic security is directly linked to their family income, which includes not only earnings from jobs and any other family members but also income from other sources, such as investments, retirement funds, Social Security, and government benefits. Many women in the United States enjoy comfortable family incomes, but others struggle to make ends meet. IWPR analysis of data from the Current Population Survey (U.S. Department of Commerce 2014a) indicates that 14.5 percent of women aged 18 and older in 2013 had family incomes that placed them below the federal poverty line, compared with 11.0 percent of men.

¹⁵ Data include both part-time and full-time workers.

Map 4.5. Women's Business Ownership, 2007



Note: Percent of all firms owned by women in 2007.

Source: IWPR analysis of data from the Survey of Business Owners (IWPR 2015b).

Women's poverty rates vary across states (Table 4.1; Map 4.6).

- Women in Alaska are the least likely to live in poverty; more than nine in ten (91.0 percent) women in this state live in families with incomes above the federal poverty line. New Hampshire and Maryland rank second and third, with 90.8 and 89.6 percent of women living above poverty.
- Women are the most likely to live in poverty in Mississippi, where only 75.7 percent of women have family incomes above the poverty line. In New Mexico and Louisiana, the second and third worst states on this indicator, 78.5 percent and 80.0 percent of women live above poverty.

- States with relatively low poverty rates for women are geographically dispersed. In addition to Alaska, New Hampshire, and Maryland, two states from the New England—Connecticut and Massachusetts—rank in the top ten. Other states in this best-ranking group include Hawaii, Minnesota, New Jersey, Virginia, and Wyoming.
- Women in the South are the most likely to be poor. In addition to Louisiana and Mississippi, six Southern states—Alabama, Arkansas, Georgia, Kentucky, South Carolina, and West Virginia—all rank in the bottom ten for the percent of women above poverty. The District of Columbia and New Mexico also rank in the bottom ten.

Poverty by Race and Ethnicity

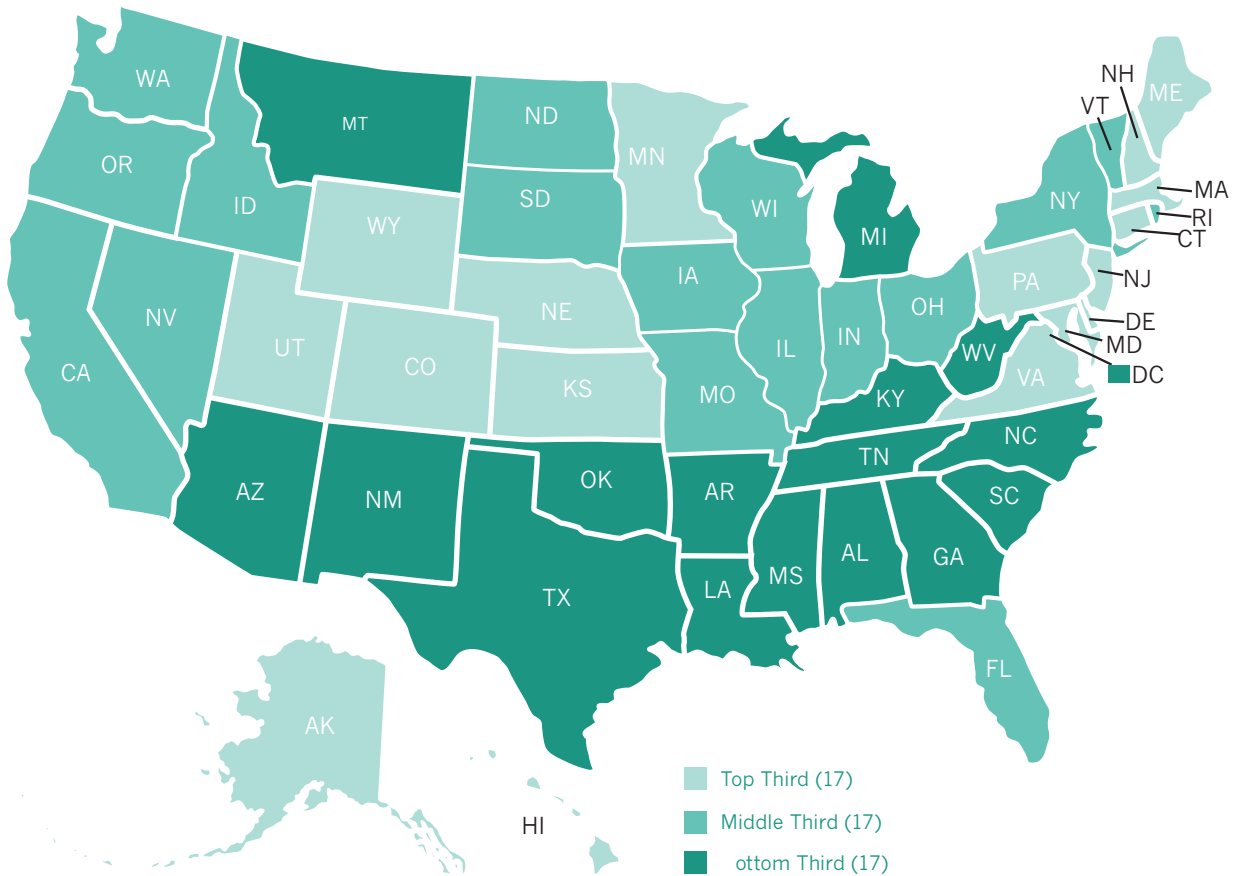
Poverty rates vary considerably among adult women from the largest racial and ethnic groups. Native American women have the highest poverty rate at 28.1 percent, followed by black (25.7 percent) and Hispanic (24.0 percent) women. The poverty rate for white women is the lowest among the groups shown in Figure 4.4 and is less than half the rate for Native American, black, and Hispanic women (11.7 percent). For each of the largest racial and ethnic groups, women’s poverty rate is higher than men’s; the difference is greatest between Hispanic women and men (Figure 4.4).

Poverty rates also differ substantially among detailed racial and ethnic groups. Among Hispanic women, those of Honduran (30.8 percent) and Guatemalan (30.1 percent) descent had the highest poverty rates, with rates that were more than twice as high as the

Best and Worst States on Women’s Poverty		
State	Percent Above Poverty	Rank
Alaska	91.0%	1
New Hampshire	90.8%	2
Maryland	89.6%	3
Connecticut	89.4%	4
Hawaii	89.3%	5
Mississippi	75.7%	51
New Mexico	78.5%	50
Louisiana	80.0%	49
Kentucky	80.9%	48
District of Columbia	81.1%	47

group with the lowest rate, women of Argentinian descent (11.7 percent; Appendix Table B4.3). Among

Map 4.6. Percent of Women Above Poverty, 2013



Note: For women aged 18 and older.

Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 5.0).

Poverty and Opportunity Among Older Women

Older women (aged 65 and older) have lower socioeconomic status than older men due to multiple factors, including their more limited access to pensions and other sources of retirement income, lower lifetime earnings due to the gender wage gap (Hartmann and English 2009), and greater need for long-term care services at older ages (Kaiser Family Foundation 2013b).

- While younger women are much more likely than younger men to have a bachelor's degree or higher, among older women and men the pattern differs: only 19.6 percent of women aged 65 and older have a bachelor's degree or higher, compared with 29.9 percent of their male counterparts. Approximately 23.2 percent of women aged 65–74 have at least a bachelor's degree, compared with 15.3 percent of women aged 75 and older (IWPR 2015a).
- Nearly all women and men aged 65 and older (99 percent) have health insurance coverage. One key source of coverage for older adults is Medicare, the federal health program that provides health insurance coverage to older Americans and younger adults with permanent disabilities (Kaiser Family Foundation 2013b and 2013c). Among women aged 65 and older with health insurance, the vast majority receive Medicare (97.6 percent). More than half (56 percent) of all Medicare recipients are women, and women are two-thirds of Medicare beneficiaries aged 85 and older (Kaiser Family Foundation 2013c).
- Among Medicare beneficiaries, older women have higher out-of-pocket annual expenses than older men, with the difference in expenses the largest among women and men aged 85 and older (\$7,555 for women and \$5,835 for men of this age range in 2009; Kaiser Family Foundation 2013c). These differences are due to women's greater health care needs and use of long-term care services. On average, older women spend more than twice as much as older men for long-term services and supports (Kaiser Family Foundation 2013c).
- Older women (65 and older) are more likely to live in poverty than older men (11.3 percent compared with 7.4 percent; IWPR 2015a).
- Social Security provides an important economic base for older women that keeps many above poverty. In 2009, Social Security lifted more than 14 million women and men aged 65 and older above the poverty line; without Social Security's programs, one-third of women in the United States aged 65–74 and half of women aged 75 and older would be poor (Hartmann, Hayes, and Drago 2011). Although Social Security's benefits are relatively modest (the average monthly benefit for women aged 65 and older in the United States in 2013 was about \$1,120; IWPR 2015c), Social Security's programs provide more than three-fifths of total income for women aged 65 and older and more than half of all income for men of the same age range (Hartmann, Hayes, and Drago 2011). Social Security especially helps older women, whose longer life expectancy means that they often rely on the program for a longer period of time. In addition, older women are less likely to have income from their own pensions (either their own or a spouse's or former spouse's), and when they do have a pension plan they receive, on average, less than half as much as men (Hartmann, Hayes, and Drago 2011).

Data on poverty rates, educational attainment, and the percentage of older women and men with insurance coverage are based on IWPR analysis of 2013 American Community Survey microdata. The average monthly amount of Social Security benefits for older women is based on IWPR calculations of data from the Social Security Administration.

Asian/Pacific Islander women, the groups with the highest poverty rates—those who identify as Hmong and Bangladeshi (25.8 percent and 25.7 percent)—are more than three times as likely to be poor as those who identify as Filipino and Indian, who are the least likely to be poor and have poverty rates of 7.0 and 8.4 percent, respectively. Native American women experience similar disparities, although the differences are less drastic. The Apache (38.8 percent) and Sioux (38.5 percent) are most likely to be poor, with poverty rates that are considerably higher than the rates for the Iroquois and the Choctaw, who have the lowest poverty rates among Native American women at 20.6 and 20.7 percent (Appendix Table B4.3). Differences in educational levels correspond to the disparities in poverty rates among racial and ethnic groups; the groups with the lowest poverty rates also are more likely to have college degrees.

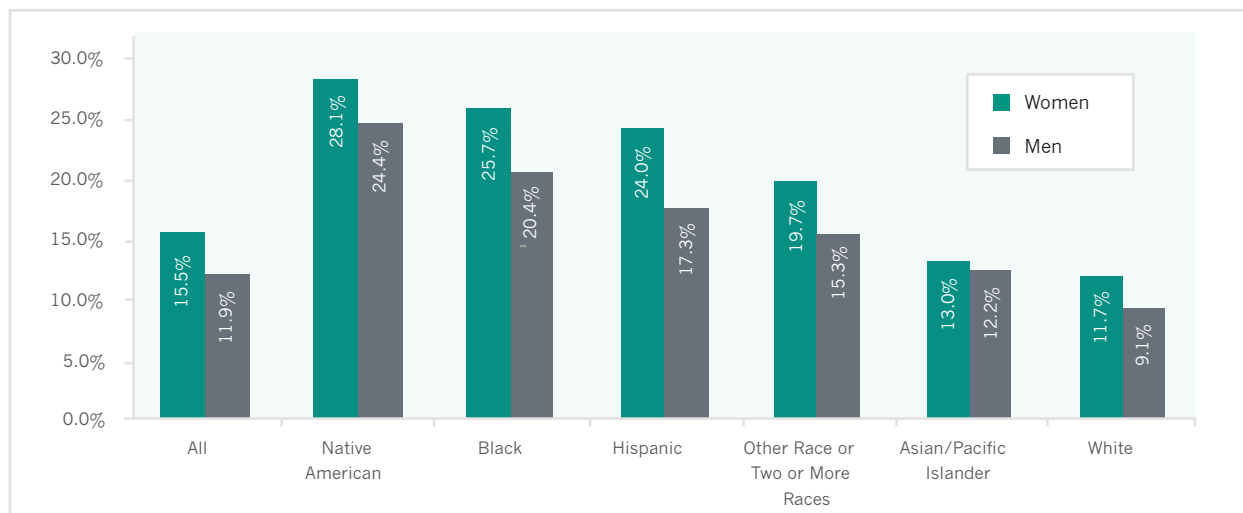
Poverty by Household Type

In the United States, poverty rates vary considerably by household type. Households headed by single women with children under age 18 are more likely to be poor than those headed by single men or married couples with children. More than four in ten households (43.1 percent) headed by single women with children live in poverty, compared with nearly one in four (23.6 percent) households headed by single men with children and fewer than one in ten (8.5 percent) married couples with children. Married couples without children have the lowest poverty rate (4.0 percent; Figure 4.5).

- Maryland, Alaska, and New Hampshire—the three states with the lowest poverty rates for women overall—have the smallest shares of single women with children living in poverty. Still, in each of these states, approximately three in ten single women with children are poor (Appendix Table B4.6).
- More than half of single women with children live in poverty in Mississippi (54.4 percent), Kentucky (52.8 percent), Alabama and West Virginia (52.4 percent each), and Louisiana (51.5 percent).
- The difference between the poverty rates of single women and men with children is largest in Louisiana (29.4 percentage points), Wyoming and Mississippi (27.2 percentage points), and West Virginia (25.9 percentage points). It is smallest in Vermont (11.0 percentage points), the District of Columbia (12.2 percentage points), and Florida (12.8 percentage points).

Multiple factors contribute to women’s higher poverty rate compared with men’s, particularly among single parents with children. Perhaps the most important is lower earnings, due in part to occupational segregation and the gender wage gap. Research indicates that closing the wage gap would significantly reduce poverty: if all working women aged 18 and older were paid the same as comparable men—men who are of the same age, have the same level of education, work the same number of hours, and have the same urban/rural status—the poverty rate for all working women would be cut in half,

Figure 4.4.
Poverty Rates by Gender and Race/Ethnicity, United States, 2013



Note: Aged 18 and older.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

The Official and Supplemental Poverty Measures

While poverty remains a serious problem for many women in the United States, the poverty rate alone does not fully capture the extent of the hardship that women face. Established by the federal government in the 1960s, the federal poverty threshold has been adjusted for inflation, but not for increases in widely accepted living standards, and, therefore, does not accurately measure the resources needed to avoid economic hardship (Fremstad 2010).¹⁶ A family is considered poor if its pre-tax cash income falls below the poverty threshold; as an example, the 2014 poverty threshold for a family of four with two children is \$24,008 (U.S. Department of Commerce 2015)—an amount that is not sufficient to make ends meet, let alone to build assets to ensure long-term economic security. Given the inadequacy of the official poverty measure, the proportion of women and men who face economic hardship is likely much higher than the proportion living in poverty as calculated based on the federal poverty threshold.¹⁷

The Census Bureau recently developed a Supplemental Poverty Measure (SPM), which is based in large part on recommendations made by a National Academy of Sciences panel in the mid-1990s. This measure takes into account the value of the Earned Income Tax Credit (EITC), Supplemental Nutrition Assistance Program (SNAP) and certain other forms of nutrition assistance, and means-tested rental housing assistance, which are not counted as income under the current official measure. The SPM also makes some modest changes to the poverty thresholds, including establishing different thresholds by housing status: for households with two adults and two children in 2013, the SPM poverty threshold for renters (\$25,144) and for homeowners with mortgage payments (\$25,639) was higher than the official poverty threshold in this year (\$23,624), but the SPM poverty threshold for homeowners without a mortgage (\$21,397) was lower (Short 2014). In addition, the SPM subtracts payroll and other taxes from income, as well as out-of-pocket expenditures on child care and health care, but it does not take into account unmet health care and child care needs (Fremstad 2010). Under the SPM, poverty rates for women and men are slightly higher overall than under the official measure (about one-third of a percentage point for women and 1.6 percentage points for men; IWPR 2012 and Short 2014). The rate for female householder units remains high (nearly 29 percent) but does not change significantly, and the poverty rate for children declines, while elderly poverty rates increase (Short 2014). Poverty researchers have generally shown strong support for the SPM, although concerns have been raised about the extent to which it adequately accounts for health care and child care needs (Fremstad 2010).¹⁸

IWPR calculations based on 2013 American Community Survey microdata.

¹⁶ Some cash benefits or cash-like assistance (e.g., the Earned Income Tax Credit and food nutrition assistance) are not counted as income when the Census Bureau calculates the official poverty rate (Fremstad 2010).

¹⁷ The Self-Sufficiency Standard developed by Wider Opportunities for Women attempts to address the inadequacy of the official poverty measure by calculating the amount of money required to support families of various sizes without private or informal assistance in different states across the nation. This standard is adjusted for the cost of living in different counties and accounts for basic costs incurred by working families, including housing, child care, food, health care, transportation, taxes and tax credits, and miscellaneous items. As of 2015, the Standard had been developed for 37 states and the District of Columbia (Center for Women's Welfare 2015).

¹⁸ It is difficult to calculate the SPM at the state level using American Community Survey data (Short 2014), since calculations of the SPM would require additional data beyond the data collected in the ACS (e.g., data on medical out-of-pocket expenditures and work expenses). For this reason, the state poverty estimates in this report are based only on the official poverty measure.

from 8.1 percent to 3.9 percent. The poverty rate for working single mothers would fall from 28.7 percent to 15.0 percent (Hartmann, Hayes, and Clark 2014). Other factors contributing to women's poverty include unemployment, lack of work-family supports (Hess and Román forthcoming), the challenges of accessing public benefits (Waters Boots 2010), and low benefit levels in many states (Huber, Kassabian, and Cohen 2014).

Poverty and the Social Safety Net

Public programs such as Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP, formerly called food stamps), Medicaid, and the Earned Income Tax Credit (a federal tax credit aimed at offsetting federal income taxes for low-income working families and individuals) lessen the financial hardship many families face. Such programs, however, often fail to reach women and families who could benefit from their assistance. Nationally, more than one in three nonelderly women in poverty (35.4 percent) lacked health insurance coverage in 2013 (IWPR 2015a), and in 2012/2013 only 26 percent of families with children in poverty received TANF benefits (Center on Budget and Policy Priorities 2014). Limited access to these programs stems partly from complicated application and eligibility determination processes, lack

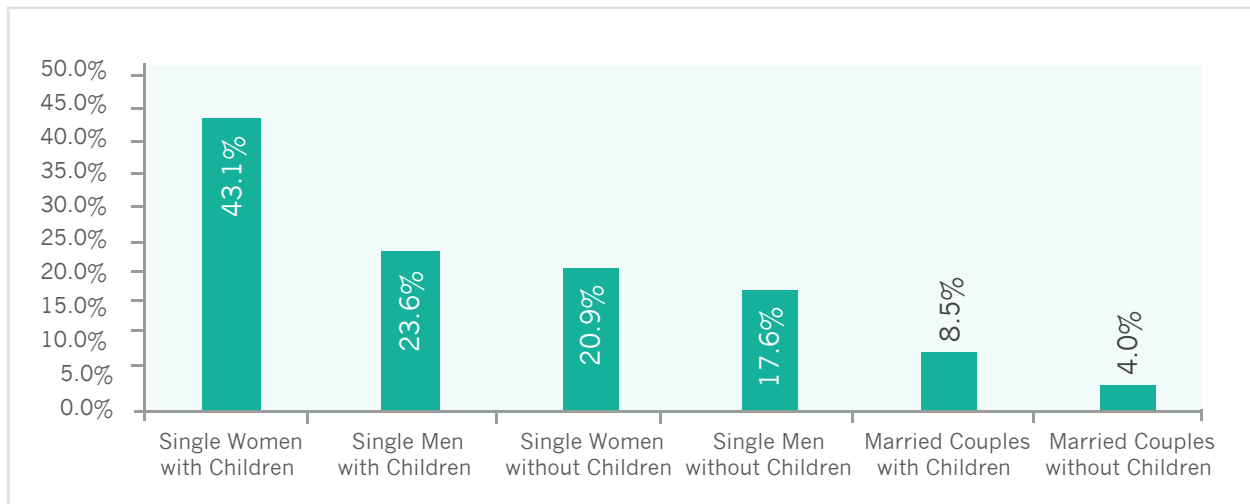
of transportation and information about programs and how to enroll in them, and inconvenient appointment times to complete the application process (Waters Boots 2010). In addition, even those who receive benefits may still experience several economic hardships, since benefit levels for these programs are often quite low (Huber, Kassabian, and Cohen 2014).

Conclusion

Increasing women's access to resources that foster their economic independence and success is integral to the overall well-being of women, families, and communities. Women have made great gains in education in recent years and are a driving force behind the nation's growth in businesses and the revenues they generate, yet many women lack economic security and do not have the opportunity to pursue the education and training that might put them on a path to increased financial stability. In addition, women continue to face significant racial and ethnic disparities, and access to public benefits that serve as an important source of support is often limited. Women's access to the resources that enable economic independence varies across states; pinpointing these differences and increasing supports that help women to thrive in the workforce and beyond is essential to elevating women's status.

Figure 4.5.

Percent of Households with Income Below Poverty by Household Type, United States, 2013



Notes: Households with children are those with children under age 18. Households headed by women and men can consist of unmarried women and men living with relatives, other unrelated individuals, or alone.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Appendix A4:

Methodology

To analyze the status of women in the states, IWPR selected indicators that prior research and experience have shown illuminate issues that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. The data in this report come from federal government and other sources; many of the figures rely on analysis of the U.S. Census Bureau's American Community Survey (ACS) from the Minnesota Population Center's Integrated Public Use Microdata Series (IPUMS; Ruggles et al.). Much of the analysis for IWPR's 1996–2004 *Status of Women in the States* reports relied on the Current Population Survey (CPS).

The tables and figures present data for individuals, often disaggregated by race and ethnicity. In general, race and ethnicity are self-identified; the person providing the information on the survey form determines the group to which he or she (and other household members) belongs. People who identify as Hispanic or Latino may be of any race; to prevent double counting, IWPR's analysis separates Hispanics from racial categories—including white, black (which includes those who identified as black or African American), Asian/Pacific Islander (which includes those who identified as Chinese, Japanese, and Other Asian or Pacific Islander), or Native American (which includes those who identified as American Indian or Alaska Native). The ACS also allows respondents to identify with more specific racial/ethnic groups and/or Hispanic origins. Detailed racial/ethnic information is available for American Indians and Alaska Natives, Asian/Pacific Islanders, and Hispanics, but not for blacks or whites. IWPR conducted analysis of selected indicators for the groups for which detailed information is available. When sample sizes were not large enough, detailed races/ethnicities were combined into "other" categories based on their corresponding major racial or ethnic group.

When analyzing state- and national-level ACS microdata, IWPR used 2013 data, the most recent available, for most indicators. When analyzing poverty rates by household type at the state level, poverty and opportunity indicators by detailed racial and ethnic group nationally, and educational attainment among young women by state,

IWPR combined three years of data (2011, 2012, and 2013) to ensure sufficient sample sizes. IWPR constructed a multi-year file by selecting the 2011, 2012, and 2013 datasets, adjusting dollar values to their 2013 equivalents using the Consumer Price Index for All Urban Consumers, and averaging the sample weights to represent the average population during the three year period. When examining employment-based health insurance coverage among women by union status, IWPR used three-year (2012–2014) data from the Current Population Annual Social and Economic Supplement. Data are not presented if the average cell size for the category total is less than 35.

Same-sex households were identified by matching the gender of the household head with the gender of their spouse or partner living in the same household using 2013 ACS microdata. If the genders matched, the couple was defined as a same-sex male/same-sex female couple. Due to sample size limitations, no distinction was made between same-sex cohabiting and same-sex married couples. For analyses of individuals living in same-sex households, the sample was limited to only heads of households and their spouses or partners to eliminate the possibility of children, other relatives, or roommates of same-sex couples being classified as a woman or man in a same-sex relationship. To estimate poverty rates among same-sex, different-sex, and single men/single women households, IWPR calculated the total income from all individuals in the household, then compared the total household income to the 2013 poverty thresholds from the Census Bureau using the "weighted average thresholds" by number of people in the household (without regard to the age of the householder). Households with total income that is less than the threshold value for the household's size are considered to be "poor."

IWPR used personal weights to obtain nationally representative statistics for person-level analyses, and household weights for household-level analyses. Weights included with the IPUMS ACS for person-level data adjust for the mixed geographic sampling rates, nonresponses, and individual sampling probabilities. Estimates from IPUMS ACS samples may not be consistent with

summary table ACS estimates available from the U.S. Census Bureau due to the additional sampling error and the fact that over time, the Census Bureau changes the definitions and classifications for some variables. The IPUMS project provides harmonized data to maximize comparability over time; updates and corrections to the microdata released by the Census Bureau and IPUMS may result in minor variation in future analyses.

Differences Between the ACS and the CPS

The differences between the ACS and CPS and their impact on measures related to poverty have some bearing on this report's comparisons with data from IWPR's 2004 report and on the reported differences in data for 2013 that come from the two surveys. While both the ACS and the CPS survey households, their sample frames also include noninstitutionalized group quarters, such as college dorms and group homes for adults. The ACS also includes institutionalized group quarters, such as correctional facilities and nursing homes (U.S. Department of Commerce 2014b). College students away at school and living in a dormitory are treated differently in the two surveys. In the ACS they would be residents of the dorm in the group quarters population while in the CPS they remain a member of their family household (Kromer and Howard 2011). While all CPS interviews are collected using computer-assisted interviews, about half of the ACS households respond using the paper mail-back form and half by computer-assisted interview (U.S. Department of Commerce 2014c). The ACS collects income and health insurance information in the previous 12 months throughout the year while the CPS-ASEC collects income and health insurance information for the previous calendar year during interviews collected February–April each year. While the ACS asks eight questions about income from different sources, the CPS-ASEC interview includes questions on more than 50 income sources (U.S. Department of Commerce 2014b). Finally, the two surveys have differences in wording of some questions that aim to collect similar social and demographic information.

Calculating the Composite Index

To construct the Poverty & Opportunity Index, each of the four component indicators was first standardized. For each of the 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. Women's health insurance coverage, educational attainment, and business ownership were given a weight of 1.0 each, while poverty was given a weight of 4.0 (in IWPR's first three series of *Status of Women in the States* 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 scores.

To grade the states on this Composite Index, values for each of the components were set at desired levels to provide an "ideal score." The percentage of women with health insurance and with a bachelor's degree or higher were set at the highest values for all states; 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. In previous IWPR *Status of Women in the States* report, the desired level of educational attainment was set at the national value for men. In 2013, however, the percentage of women aged 25 and older in the United States overall with a bachelor's degree or higher slightly surpassed the percentage of men with this level of education; in 21 states and the District of Columbia in this year, the percentage of women with at least a bachelor's degree was higher than the national average for men (29.5 percent).

PERCENT WITH HEALTH INSURANCE: Percent of women from ages 18 through 64 who are insured. Source: Calculations of 2013 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center (Ruggles et al. 2010).

EDUCATIONAL ATTAINMENT: In 2013, the percent of women aged 25 and older with a bachelor's degree or higher. Source: Calculations of 2013 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center (Ruggles et al. 2010).

WOMEN'S BUSINESS OWNERSHIP: In 2007, the percent of all firms (legal entities engaged in economic activity during any part of 2007 that filed an IRS Form

1040, Schedule C; 1065; any 1120; 941; or 944) owned by women. The Bureau of the Census 2007 Survey of Business Owners asked the sex of the owner(s); a business is classified as woman-owned based on the sex of those with a majority of the stock or equity in the business. Source: Calculations of data from the U.S. Department of Commerce, Bureau of the Census (IWPR 2015b).

PERCENT OF WOMEN ABOVE POVERTY: In 2013, the percent of women living above the federal

poverty threshold, which varies by family size and composition. In 2013, the poverty level of a family of four (with two children) was \$23,624 (U.S. Department of Commerce 2015). This report uses the official Federal definition of poverty that compares the cash income received by family members to an estimate of the minimum amount the family would need to meet their basic needs. Source: Calculations of 2013 American Community Survey microdata as provided by the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center (Ruggles et al. 2010).

Appendix B4:

Tables by State and Race/Ethnicity

Table B4.1.

State-by-State Data and Rankings on Poverty and Opportunity Among Men

State	Percent of Men with Health Insurance, Aged 18–64, 2013		Percent of Men with a Bachelor's Degree or Higher, Aged 25 and Older, 2013		Percent of Businesses That are Men-Owned, 2007		Percent of Men Living Above Poverty, Aged 18 and Older, 2013	
	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	76.8%	33	23.4%	45	53.5%	12	86.4%	39
Alaska	75.4%	37	25.5%	39	47.3%	36	92.8%	1
Arizona	72.8%	44	28.2%	24	44.7%	44	85.7%	48
Arkansas	74.0%	41	20.5%	49	48.3%	33	85.9%	46
California	73.4%	42	31.2%	15	49.2%	30	87.1%	33
Colorado	79.7%	26	37.9%	3	48.2%	34	90.0%	15
Connecticut	84.8%	8	37.7%	4	57.2%	2	92.2%	4
Delaware	82.2%	15	30.0%	20	52.3%	15	90.6%	11
District of Columbia	88.9%	3	55.6%	1	49.4%	29	84.4%	49
Florida	67.5%	51	27.9%	27	51.6%	19	86.6%	38
Georgia	71.3%	47	28.2%	24	52.8%	13	86.3%	41
Hawaii	89.4%	2	30.1%	19	47.6%	35	91.0%	8
Idaho	74.9%	38	27.0%	31	40.5%	51	86.8%	35
Illinois	78.8%	28	31.8%	14	51.5%	21	89.2%	23
Indiana	78.3%	30	23.5%	44	50.5%	24	88.2%	28
Iowa	85.5%	7	25.2%	41	46.2%	38	90.2%	14
Kansas	81.3%	18	30.5%	18	44.4%	46	89.8%	18
Kentucky	76.9%	32	22.4%	47	51.6%	19	86.3%	41
Louisiana	72.4%	46	21.5%	48	50.3%	27	86.3%	41
Maine	81.2%	21	26.0%	37	52.3%	15	88.6%	26
Maryland	83.4%	12	36.4%	6	51.1%	22	92.5%	3
Massachusetts	92.7%	1	39.9%	2	56.2%	6	91.0%	8
Michigan	81.3%	18	27.0%	31	50.4%	25	86.8%	35
Minnesota	87.2%	4	33.2%	11	50.7%	23	90.7%	10
Mississippi	72.5%	45	19.2%	50	54.2%	10	82.9%	50
Missouri	79.9%	25	27.0%	31	47.2%	37	87.6%	29
Montana	74.8%	39	28.7%	22	45.9%	42	85.8%	47
Nebraska	84.3%	10	29.8%	21	44.7%	44	89.8%	18
Nevada	71.0%	48	22.6%	46	46.2%	38	87.6%	29
New Hampshire	82.3%	14	34.6%	8	55.2%	7	92.7%	2
New Jersey	78.6%	29	37.1%	5	57.5%	1	91.6%	6
New Mexico	69.5%	49	25.6%	38	42.7%	49	81.8%	51
New York	81.6%	16	33.2%	11	56.7%	3	87.5%	32
North Carolina	75.6%	36	28.0%	26	52.7%	14	86.4%	39
North Dakota	85.7%	6	27.4%	29	46.0%	41	90.0%	15
Ohio	81.6%	16	26.2%	35	54.0%	11	88.4%	27
Oklahoma	73.3%	43	24.0%	43	46.1%	40	88.7%	25
Oregon	76.2%	35	30.8%	17	43.9%	47	86.3%	41
Pennsylvania	83.7%	11	28.7%	22	56.3%	5	89.3%	22
Rhode Island	80.5%	24	33.6%	10	56.7%	3	89.4%	21
South Carolina	74.5%	40	26.2%	35	55.2%	7	86.9%	34
South Dakota	82.5%	13	25.4%	40	45.2%	43	90.3%	13
Tennessee	76.4%	34	24.5%	42	54.5%	9	86.8%	35
Texas	67.7%	50	27.6%	28	50.4%	25	87.6%	29
Utah	80.8%	23	33.7%	9	48.9%	32	89.7%	20
Vermont	86.8%	5	31.1%	16	49.5%	28	90.5%	12
Virginia	81.3%	18	36.4%	6	51.8%	18	91.4%	7
Washington	78.3%	30	33.2%	11	43.3%	48	89.0%	24
West Virginia	79.0%	27	18.5%	51	51.9%	17	86.3%	41
Wisconsin	84.4%	9	26.7%	34	49.0%	31	90.0%	15
Wyoming	81.1%	22	27.3%	30	42.7%	49	91.9%	5
United States	77.1%		29.5%		51.3%		88.1%	

Note: Figures on women's business ownership (see Table 4.1) and men's business ownership do not add to 100 percent because they do not include firms that are jointly owned by women and men and those that are publicly held.

Source: Data on health insurance, educational attainment, and poverty are based on IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0). Data on men-owned businesses are from the U.S. Department of Commerce's 2007 Survey of Business Owners accessed through American Fact Finder (IWPR 2015b).

Table B4.2.

Poverty and Opportunity by Gender and Race/Ethnicity, United States, 2013

Race/Ethnicity	Percent with Health Insurance, Aged 18–64		Percent with a Bachelor's Degree or Higher, Aged 25 and Older		Percent Living Below Poverty, Aged 18 and Older	
	Women	Men	Women	Men	Women	Men
All	81.5%	77.1%	29.7%	29.5%	15.5%	11.9%
White	86.8%	84.0%	32.5%	33.6%	11.7%	9.1%
Hispanic	64.0%	56.1%	15.3%	12.8%	24.0%	17.3%
Black	78.7%	70.4%	21.6%	16.6%	25.7%	20.4%
Asian/Pacific Islander	82.8%	80.4%	48.4%	53.2%	13.0%	12.2%
Native American	67.7%	59.1%	15.5%	13.7%	28.1%	24.4%
Other Race or Two or More Races	81.3%	76.5%	32.6%	30.5%	19.7%	15.3%

Notes: Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B4.3.

Poverty and Opportunity Among Women by Detailed Racial and Ethnic Groups, United States, 2013

	Percent of Women with Health Insurance, Aged 18–64	Percent of Women with a Bachelor's Degree or Higher, Aged 25 and Older	Percent of Women Living Below Poverty, Aged 18 and Older
Race/Ethnicity	Percent	Percent	Percent
Hispanic			
Mexican	59.0%	11.0%	25.5%
Spaniard	83.1%	31.7%	13.7%
Caribbean			
Cuban	67.4%	25.1%	20.3%
Dominican	76.5%	17.2%	29.3%
Puerto Rican	82.9%	18.8%	27.2%
Central America			
Costa Rican	69.6%	29.5%	16.4%
Guatemalan	48.0%	9.3%	30.1%
Honduran	46.1%	10.1%	30.8%
Nicaraguan	60.3%	21.3%	18.5%
Panamanian	81.7%	30.9%	14.1%
Salvadoran	54.0%	8.8%	22.0%
Other Central American	59.5%	17.4%	16.9%
South America			
Argentinean	74.7%	42.1%	11.7%
Bolivian	61.2%	36.2%	13.2%
Chilean	78.6%	37.7%	13.6%
Colombian	68.7%	31.4%	15.4%
Ecuadorian	63.4%	21.2%	18.9%
Peruvian	67.0%	30.2%	13.9%
Uruguayan	61.1%	20.9%	13.8%
Venezuelan	70.4%	49.7%	16.9%
Other South American	76.9%	29.3%	16.4%
Other Hispanic	74.4%	17.6%	21.3%
Asian/Pacific Islander			
East Asia			
Chinese	83.8%	50.3%	16.4%
Hmong	80.4%	15.2%	25.8%
Japanese	91.1%	45.0%	8.6%
Korean	71.9%	49.4%	15.6%
South Central Asia			
Bangladeshi	74.5%	39.4%	25.7%
Indian	86.8%	67.9%	8.4%
Pakistani	73.0%	49.2%	17.0%
Sri Lankan	89.1%	50.6%	11.1%
South East Asia			
Cambodian	77.2%	15.0%	21.2%
Filipino	86.4%	51.4%	7.0%
Indonesian	75.9%	43.6%	14.9%
Laotian	79.2%	14.3%	15.0%
Thai	74.3%	43.1%	13.5%
Vietnamese	75.9%	24.8%	15.9%
Other Asian	71.5%	36.6%	25.4%
Pacific Islander			
Guamanian/Chamorro	78.9%	13.8%	14.9%
Hawaiian	84.6%	19.2%	19.5%
Samoan	79.7%	12.2%	18.7%
Other Pacific Islander	72.9%	14.2%	23.4%
Two or More Asian/Pacific Islander Races	83.1%	46.4%	14.5%
Native American			
Alaska Native	60.2%	9.4%	24.2%
Apache	66.3%	7.8%	38.8%

Table B4.3. (cont.)

Poverty and Opportunity Among Women by Detailed Racial and Ethnic Groups, United States, 2013

	Percent of Women with Health Insurance, Aged 18–64	Percent of Women with a Bachelor's Degree or Higher, Aged 25 and Older	Percent of Women Living Below Poverty, Aged 18 and Older
	Percent	Percent	Percent
Cherokee	71.7%	20.8%	22.8%
Chickasaw	70.9%	24.6%	22.5%
Chippewa	72.7%	16.0%	26.0%
Choctaw	65.9%	19.4%	20.7%
Creek	70.3%	18.2%	21.4%
Iroquois	79.1%	22.6%	20.6%
Lumbee	72.7%	14.9%	28.7%
Navajo	62.7%	11.6%	35.3%
Pueblo	56.1%	11.9%	27.2%
Sioux	60.0%	13.4%	38.5%
Other American Indian Tribe	68.4%	15.7%	28.1%
Two or More American Indian and/or Alaska Native Tribes	68.5%	16.3%	24.7%

Notes: Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are three-year averages (2011–2013). IWPR data on health insurance, education, and poverty among men by detailed racial and ethnic group are available at www.statusofwomensdata.org. Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B4.4.

Women's Highest Level of Educational Attainment by State, 2013

	Less Than a High School Diploma	High School Diploma or the Equivalent	Some College or an Associate's Degree	Bachelor's Degree or Higher
State	Percent	Percent	Percent	Percent
Alabama	14.3%	30.3%	31.9%	23.5%
Alaska	7.7%	22.3%	36.8%	33.2%
Arizona	13.8%	25.1%	34.3%	26.8%
Arkansas	15.0%	34.3%	30.0%	20.7%
California	18.0%	20.5%	30.6%	30.9%
Colorado	8.8%	21.5%	32.2%	37.5%
Connecticut	9.8%	26.8%	26.1%	37.4%
Delaware	11.6%	30.3%	28.7%	29.3%
District of Columbia	10.0%	18.9%	17.5%	53.5%
Florida	12.5%	29.6%	31.2%	26.7%
Georgia	13.3%	27.5%	30.5%	28.7%
Hawaii	9.7%	25.5%	32.3%	32.6%
Idaho	10.0%	26.7%	37.9%	25.4%
Illinois	11.4%	26.7%	29.2%	32.7%
Indiana	11.7%	33.7%	30.6%	23.9%
Iowa	8.0%	31.4%	33.9%	26.7%
Kansas	8.9%	26.2%	33.7%	31.2%
Kentucky	14.8%	31.6%	30.8%	22.7%
Louisiana	15.0%	33.4%	27.8%	23.8%
Maine	6.8%	33.1%	30.2%	29.9%
Maryland	9.9%	24.9%	27.1%	38.1%
Massachusetts	9.6%	24.9%	25.3%	40.3%
Michigan	9.9%	28.7%	34.5%	26.9%
Minnesota	7.3%	25.3%	33.3%	34.0%
Mississippi	16.0%	28.8%	33.6%	21.6%
Missouri	10.5%	30.5%	31.9%	27.1%
Montana	6.7%	26.0%	37.3%	30.0%
Nebraska	8.5%	26.4%	34.4%	30.7%
Nevada	14.5%	28.6%	34.7%	22.2%
New Hampshire	6.9%	27.1%	30.4%	35.6%
New Jersey	11.3%	29.2%	23.6%	35.8%
New Mexico	15.9%	24.4%	32.7%	27.0%
New York	14.2%	26.3%	25.0%	34.5%
North Carolina	12.8%	25.7%	33.0%	28.5%
North Dakota	7.5%	26.3%	38.0%	28.2%
Ohio	10.4%	33.5%	30.2%	25.9%
Oklahoma	12.4%	31.7%	32.0%	24.0%
Oregon	9.8%	23.9%	36.3%	30.0%
Pennsylvania	10.5%	36.1%	24.8%	28.6%
Rhode Island	13.2%	26.1%	28.7%	32.0%
South Carolina	13.5%	29.0%	32.0%	25.5%
South Dakota	8.6%	30.7%	34.4%	26.4%
Tennessee	13.3%	32.5%	29.4%	24.8%
Texas	17.5%	24.8%	30.2%	27.4%
Utah	7.9%	24.0%	39.1%	28.9%
Vermont	6.5%	28.3%	28.0%	37.2%
Virginia	10.9%	24.2%	29.0%	35.8%
Washington	9.2%	22.8%	35.6%	32.4%
West Virginia	14.2%	38.9%	27.8%	19.1%
Wisconsin	8.5%	30.4%	32.3%	28.8%
Wyoming	5.8%	25.3%	42.0%	26.9%
United States	12.8%	27.3%	30.3%	29.7%

Notes: Aged 25 and older. IWPR data on men's educational attainment are available at www.statusofwomendata.org.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B4.5.
Poverty and Opportunity Among Young Women and Men by State, 2013

State	Percent with Health Insurance, Aged 16–34				Percent with a Bachelor's Degree or Higher, Aged 25–34				Percent Living Below Poverty, Aged 16–34			
	Women		Men		Women		Men		Women		Men	
State	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	76.9%	34	71.3%	35	28.9%	41	21.9%	43	26.4%	44	19.9%	42
Alaska	74.3%	43	71.3%	35	34.6%	28	16.6%	51	14.0%	1	8.0%	1
Arizona	76.3%	38	68.5%	44	28.5%	44	23.1%	39	25.8%	41	20.3%	45
Arkansas	73.6%	46	70.0%	41	25.6%	49	19.8%	47	28.1%	48	20.5%	46
California	76.8%	35	69.7%	43	35.4%	25	28.2%	21	21.7%	24	17.0%	29
Colorado	81.2%	24	76.4%	25	42.1%	12	33.2%	10	20.3%	14	15.1%	14
Connecticut	87.6%	8	81.8%	8	44.8%	6	35.6%	5	16.7%	6	11.0%	3
Delaware	86.3%	9	77.6%	21	36.7%	21	29.9%	15	18.8%	12	14.1%	9
District of Columbia	94.2%	2	89.8%	2	71.3%	1	67.5%	1	22.6%	28	17.8%	35
Florida	71.1%	48	62.3%	50	30.8%	38	22.6%	40	22.9%	29	17.6%	33
Georgia	72.7%	47	65.3%	48	32.9%	32	24.8%	31	25.2%	37	18.9%	38
Hawaii	90.6%	4	87.3%	3	36.9%	19	24.3%	32	15.1%	3	11.9%	4
Idaho	75.9%	41	70.8%	38	28.1%	46	22.6%	40	23.3%	32	20.6%	47
Illinois	83.1%	18	75.1%	27	43.1%	11	33.8%	8	20.9%	17	14.7%	13
Indiana	79.6%	30	73.2%	30	30.7%	39	24.2%	33	24.5%	36	17.5%	32
Iowa	88.0%	6	81.9%	7	37.0%	18	29.3%	18	22.1%	26	16.0%	20
Kansas	80.6%	26	78.4%	17	37.7%	17	29.8%	16	21.4%	22	15.6%	17
Kentucky	76.5%	37	70.9%	37	28.5%	44	22.0%	42	26.1%	42	18.8%	37
Louisiana	74.9%	42	67.5%	45	28.9%	41	20.8%	45	27.5%	47	20.2%	44
Maine	84.0%	15	78.5%	16	34.2%	29	24.9%	30	17.9%	9	17.4%	31
Maryland	86.2%	10	80.3%	10	43.9%	9	34.5%	7	14.0%	1	9.3%	2
Massachusetts	95.2%	1	90.5%	1	53.6%	2	43.6%	2	17.8%	8	12.8%	8
Michigan	83.7%	17	77.1%	23	32.5%	33	26.1%	28	26.3%	43	19.4%	39
Minnesota	88.5%	5	82.8%	6	44.2%	7	33.7%	9	17.9%	9	14.5%	11
Mississippi	74.0%	45	67.1%	46	24.7%	50	17.2%	50	33.9%	51	24.8%	50
Missouri	79.9%	29	75.2%	26	36.0%	23	28.2%	21	23.5%	33	17.6%	33
Montana	77.2%	33	70.7%	39	36.3%	22	27.4%	24	26.9%	45	22.5%	49
Nebraska	83.0%	19	81.0%	9	37.8%	16	30.9%	14	20.4%	15	16.1%	22
Nevada	70.8%	50	67.1%	46	24.5%	51	18.5%	48	21.1%	19	17.1%	30
New Hampshire	81.5%	23	78.6%	15	44.0%	8	31.5%	12	15.2%	4	12.0%	6
New Jersey	80.3%	27	74.2%	28	46.0%	4	37.3%	3	15.2%	4	11.9%	4
New Mexico	70.9%	49	63.1%	49	27.1%	48	17.7%	49	30.9%	50	25.0%	51
New York	85.9%	13	78.4%	17	46.6%	3	37.2%	4	21.0%	18	16.1%	22
North Carolina	76.8%	35	71.5%	34	34.7%	27	25.9%	29	25.5%	38	19.9%	42
North Dakota	86.2%	10	84.5%	5	41.1%	13	26.3%	27	22.2%	27	14.5%	11
Ohio	85.1%	14	78.0%	19	34.1%	30	27.3%	25	23.7%	34	16.8%	27
Oklahoma	74.2%	44	69.9%	42	28.9%	41	21.6%	44	23.9%	35	16.1%	22
Oregon	78.7%	31	72.0%	32	34.1%	30	26.4%	26	25.5%	38	20.9%	48
Pennsylvania	86.1%	12	79.9%	12	40.8%	14	31.9%	11	20.8%	16	16.5%	25
Rhode Island	83.9%	16	76.6%	24	40.8%	14	31.1%	13	21.1%	19	16.0%	20
South Carolina	76.0%	40	70.5%	40	30.6%	40	23.3%	37	27.1%	46	19.5%	40
South Dakota	81.8%	22	79.3%	14	35.8%	24	23.3%	37	22.0%	25	14.3%	10
Tennessee	80.8%	25	71.6%	33	32.4%	34	24.1%	34	25.7%	40	18.7%	36
Texas	67.8%	51	62.2%	51	31.4%	35	23.9%	35	23.0%	30	16.9%	28
Utah	82.4%	21	77.5%	22	31.0%	36	28.5%	20	19.2%	13	15.2%	15
Vermont	92.5%	3	86.2%	4	45.9%	5	29.3%	18	23.0%	30	16.5%	25
Virginia	82.6%	20	77.9%	20	43.8%	10	34.7%	6	18.2%	11	12.4%	7
Washington	78.3%	32	73.6%	29	34.9%	26	29.6%	17	21.3%	21	15.7%	18
West Virginia	76.2%	39	72.1%	31	27.9%	47	20.5%	46	28.8%	49	19.6%	41
Wisconsin	87.8%	7	79.8%	13	36.8%	20	27.6%	23	21.6%	23	15.9%	19
Wyoming	80.3%	27	80.3%	10	31.0%	36	23.4%	36	17.1%	7	15.3%	16
United States	79.2%		72.8%		36.3%		28.3%		22.4%		16.8%	

Note: Data for the percent of young women and men with a bachelor's degree or higher are three-year (2011–2013) averages. All other data are for 2013. Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B4.6.

Percent of Households Below Poverty by Household Type and State, 2013

State	Households Headed by Married Couples				Households Headed by Single Women				Households Headed by Single Men			
	With Children		Without Children		With Children		Without Children		With Children		Without Children	
State	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	9.1%	34	4.6%	40	52.4%	48	26.9%	48	27.2%	41	22.0%	46
Alaska	3.7%	3	2.1%	3	29.0%	2	12.9%	1	14.6%	5	11.1%	1
Arizona	12.5%	50	4.6%	40	42.1%	25	20.7%	27	26.9%	39	18.4%	32
Arkansas	11.4%	48	4.8%	43	49.1%	43	26.4%	47	27.4%	43	22.1%	47
California	11.3%	47	4.5%	38	41.2%	21	19.2%	17	26.0%	34	16.2%	20
Colorado	7.4%	26	2.8%	16	36.5%	9	17.5%	9	19.5%	16	15.9%	18
Connecticut	4.2%	6	2.2%	5	34.7%	6	15.7%	4	17.5%	9	13.0%	5
Delaware	6.2%	17	2.4%	8	33.8%	5	18.5%	15	13.0%	3	12.0%	2
District of Columbia	5.2%	11	3.4%	25	43.4%	30	18.1%	11	31.2%	51	15.4%	13
Florida	10.5%	44	5.1%	46	40.5%	17	20.8%	28	27.7%	44	18.1%	31
Georgia	10.5%	44	5.0%	45	45.9%	37	24.5%	44	25.9%	33	19.6%	36
Hawaii	6.4%	18	3.7%	28	41.1%	20	16.7%	6	18.7%	14	13.3%	7
Idaho	9.7%	40	4.0%	32	47.2%	39	21.2%	32	23.4%	27	20.2%	41
Illinois	7.6%	28	3.1%	20	43.1%	27	19.6%	21	23.0%	26	16.5%	25
Indiana	7.7%	29	3.4%	25	45.1%	33	21.2%	32	26.0%	34	17.5%	30
Iowa	5.2%	11	2.6%	11	43.1%	27	20.1%	25	17.7%	11	16.5%	25
Kansas	7.1%	23	2.7%	13	43.5%	31	19.3%	18	17.8%	12	17.1%	29
Kentucky	9.9%	41	5.9%	49	52.8%	50	27.4%	49	29.2%	49	22.7%	48
Louisiana	6.6%	20	5.3%	47	51.5%	47	28.1%	50	22.1%	25	21.3%	45
Maine	7.2%	24	3.3%	23	42.1%	25	22.3%	37	21.5%	22	20.1%	40
Maryland	3.8%	4	2.3%	7	28.6%	1	14.1%	2	13.8%	4	12.1%	3
Massachusetts	4.3%	7	2.6%	11	38.9%	15	18.0%	10	20.8%	21	15.5%	14
Michigan	8.5%	32	3.5%	27	48.4%	41	21.5%	34	28.6%	46	20.4%	42
Minnesota	4.9%	9	2.0%	2	36.5%	9	17.0%	7	18.1%	13	16.0%	19
Mississippi	10.2%	43	6.2%	50	54.4%	51	30.9%	51	27.2%	41	25.7%	51
Missouri	7.8%	30	4.0%	32	45.8%	36	22.5%	38	24.8%	32	18.9%	33
Montana	6.9%	22	3.8%	30	49.1%	43	21.1%	31	28.1%	45	19.3%	35
Nebraska	6.5%	19	2.4%	8	38.3%	13	20.5%	26	15.9%	7	15.3%	12
Nevada	11.1%	46	4.1%	34	36.5%	9	18.1%	11	21.9%	24	14.8%	9
New Hampshire	3.1%	1	1.8%	1	30.6%	3	15.2%	3	10.0%	1	15.1%	11
New Jersey	4.8%	8	2.7%	13	36.0%	8	15.7%	4	20.5%	19	12.4%	4
New Mexico	15.1%	51	6.6%	51	48.9%	42	24.1%	43	30.0%	50	23.0%	49
New York	9.3%	36	4.2%	35	40.7%	18	19.9%	24	23.8%	28	16.4%	22
North Carolina	9.0%	33	4.5%	38	45.5%	35	23.0%	39	28.7%	47	19.6%	36
North Dakota	3.6%	2	2.5%	10	35.1%	7	23.3%	41	11.8%	2	15.7%	15
Ohio	7.5%	27	3.2%	21	47.7%	40	21.0%	30	26.6%	38	19.0%	34
Oklahoma	9.6%	39	4.3%	36	46.9%	38	23.2%	40	21.8%	23	19.9%	39
Oregon	9.5%	37	3.8%	30	45.3%	34	20.9%	29	26.2%	36	20.4%	42
Pennsylvania	5.4%	14	3.0%	19	43.3%	29	19.5%	19	24.0%	30	16.8%	27
Rhode Island	6.7%	21	3.3%	23	38.7%	14	19.7%	22	16.4%	8	16.2%	20
South Carolina	9.2%	35	4.3%	36	49.5%	45	24.9%	45	27.1%	40	19.8%	38
South Dakota	3.9%	5	2.8%	16	39.2%	16	21.9%	36	24.0%	30	15.0%	10
Tennessee	10.0%	42	4.7%	42	49.8%	46	23.8%	42	28.7%	47	20.5%	44
Texas	11.7%	49	4.9%	44	44.2%	32	21.8%	35	23.8%	28	16.4%	22
Utah	8.3%	31	3.7%	28	41.5%	22	19.7%	22	20.3%	18	16.4%	22
Vermont	5.9%	15	2.1%	3	31.7%	4	18.3%	14	20.7%	20	15.7%	15
Virginia	5.0%	10	2.8%	16	37.1%	12	17.1%	8	17.5%	9	13.9%	8
Washington	7.2%	24	3.2%	21	40.7%	18	18.2%	13	20.2%	17	15.7%	15
West Virginia	9.5%	37	5.5%	48	52.4%	48	26.2%	46	26.5%	37	23.9%	50
Wisconsin	5.3%	13	2.7%	13	41.6%	23	19.5%	19	19.1%	15	16.9%	28
Wyoming	5.9%	15	2.2%	5	41.8%	24	19.1%	16	14.6%	5	13.0%	5
United States	8.5%		4.0%		43.1%		20.9%		23.6%		17.6%	

Notes: State-level data are three-year (2011–2013) averages; national data are for 2013. Households with children include those with children under age 18. Single women and single men include those who are never married, married with an absent spouse, widowed, divorced, or separated.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

References

- American Express Open. 2014. *The 2014 State of Women-Owned Businesses Report*. <http://www.womenable.com/content/userfiles/2014_State_of_Women-owned_Businesses_public.pdf> (accessed February 27, 2015).
- Bauman, Kurt J. and Nikki L. Graf. 2003. "Educational Attainment: 2000." Census 2000 Brief #C2KBR-24. Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census. <<http://www.census.gov/prod/2003pubs/c2kbr-24.pdf>> (accessed February 28, 2015).
- Broder, Tanya and Jonathan Blazer. 2011. *Overview of Immigrant Eligibility for Federal Programs*. <<http://www.nilc.org/overview-immeligfedprograms.html>> (accessed March 13, 2015).
- Carnevale, Anthony P., Jeff Strohl, and Michelle Melton. 2011. *What's It Worth? The Economic Value of College Majors*. Washington, DC: Georgetown University Center on Education and the Workforce. <<https://cew.georgetown.edu/wp-content/uploads/2014/11/whatsitworth-complete.pdf>> (accessed March 5, 2015).
- Center for Mississippi Health Policy. 2012. "Medicaid Expansion: An Overview of Potential Impacts in Mississippi." <https://www.statereforum.org/sites/default/files/medicaid_expansion_overview_issue_brief_nov_2012.pdf> (accessed February 25, 2015).
- Center for Women's Welfare. 2015. "The Self-Sufficiency Standard." <<http://www.selfsufficiencystandard.org/standard.html>> (accessed March 13, 2015).
- Center on Budget and Policy Priorities. 2014. "United States TANF Caseload and TANF-to-Poverty Ratio Fact Sheet." Washington, DC: Center on Budget and Policy Priorities. <http://www.cbpp.org/files/11-4-14tanf_fact-sheets/US.pdf> (accessed March 15, 2015).
- Fremstad, Shawn. 2010. *A Modern Framework for Measuring Poverty and Basic Economic Security*. Washington, DC: Center for Economic and Policy Research. <<http://www.cepr.net/documents/publications/poverty-2010-04.pdf>> (accessed October 8, 2014).
- Gates, Gary. 2014a. "LGBT Demographics: Comparisons Among Population-based Surveys." Los Angeles, CA: Williams Institute, UCLA School of Law. <<http://williamsinstitute.law.ucla.edu/wp-content/uploads/lgbt-demogs-sep-2014.pdf>> (accessed March 13, 2015).
- Gates, Gary. 2014b. *Food Insecurity and SNAP (Food Stamps) Participation in LGBT Communities*. Los Angeles, CA: Williams Institute, UCLA School of Law. <<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Food-Insecurity-in-LGBT-Communities.pdf>> (accessed February 23, 2015).
- Gates, Gary. 2014c. "In U.S., LGBT More Likely Than Non-LGBT to Be Uninsured." <<http://www.gallup.com/poll/175445/lgbt-likely-non-lgbt-uninsured.aspx>> (accessed February 23, 2015).
- Gault, Barbara, Lindsey Reichlin, and Stephanie Román. 2014. *College Affordability for Low-Income Adults: Improving Returns on Investment for Families and Society*. Report #C412. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/college-affordability-for-low-income-adults-improving-returns-on-investment-for-families-and-society>> (accessed March 6, 2015).
- Grant, Jamie M. Lisa A. Mottet, and Justin Tanis. 2011. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington, DC: National Gay and Lesbian Task Force & National Center for Transgender Equality. <http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf> (accessed December 10, 2014).

Hartmann, Heidi and Ashley English. 2009. "Older Women's Retirement Security: A Primer." *Journal of Women, Politics, & Policy* 30 (2-3): 109-140.

Hartmann, Heidi, Jeff Hayes, and Jennifer Clark. 2014. *How Equal Pay for Working Women Would Reduce Poverty and Grow the American Economy*. Briefing Paper #C411. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/how-equal-pay-for-working-women-would-reduce-poverty-and-grow-the-american-economy>> (accessed September 8, 2014).

Hartmann, Heidi, Jeff Hayes, and Robert Drago. 2011. *Social Security: Especially Vital to Women and People of Color, Men Increasingly Reliant*. Report #D494. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/social-security-especially-vital-to-women-and-people-of-color-men-increasingly-reliant>> (accessed March 18, 2015).

Hasenbush, Amira, Andrew R. Flores, Angeliki Kastanis, Brad Sears, and Gary J. Gates. 2014. *The LGBT Divide: A Data Portrait of LGBT People in Midwestern, Mountain & Southern States*. Los Angeles, CA: The Williams Institute, UCLA School of Law. <<http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-divide-Dec-2014.pdf>> (accessed February 3, 2015).

Hasstedt, Kinsey. 2013. "Toward Equity and Access: Removing Legal Barriers to Health Insurance Coverage for Immigrants." *Guttmacher Policy Review* 16 (1). <<http://www.guttmacher.org/pubs/gpr/16/1/gpr160102.pdf>> (accessed February 24, 2015).

Hess, Cynthia and Stephanie Román. Forthcoming. "Poverty, Gender, and Public Policies." Briefing Paper. Washington, DC: Institute for Women's Policy Research.

Huber, Erika, David Kassabian, and Elissa Cohen. 2014. *Welfare Rules Databook: State TANF Policies as of July 2013*. OPRE Report 2014-52. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services. <<http://anfdata.urban.org/databooks/Welfare%20Rules%20Databook%202013.pdf>> (accessed January 11, 2015).

Human Rights Campaign. 2014. "Implementation of the Supreme Court's Decision Holding Section 3 of the Defense of Marriage Act (DOMA) Unconstitutional in *U.S. v. Windsor*." <http://hrc-assets.s3-website-us-east-1.amazonaws.com/files/assets/resources/DOMA_Administrative_Announcements_4.4.14.pdf> (accessed February 3, 2015).

Human Rights Campaign. 2015. "Maps of State Laws & Policies: Marriage Equality and Other Relationship Recognition Laws." <http://www.hrc.org/state_maps> (accessed March 10, 2015).

Institute for Women's Policy Research. 1996. *The Status of Women in the States*. Report #103. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/the-status-of-women-in-the-states-national-report-for-1996/>> (accessed February 27, 2015).

Institute for Women's Policy Research. 1998. *The Status of Women in the States*. Report #138. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/the-status-of-women-in-the-states-national-report-for-1998/>> (accessed February 28, 2015).

Institute for Women's Policy Research. 2000. *The Status of Women in the States*. Report #162. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/the-status-of-women-in-the-states-national-report-for-2000/>> (accessed February 28, 2015).

Institute for Women's Policy Research. 2002. *The Status of Women in the States*. Report #172. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/the-2002-national-overview-report-the-status-of-women-in-the-states/>> (accessed February 28, 2015).

Institute for Women's Policy Research. 2004. *The Status of Women in the States*. Report #266. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/the-status-of-women-in-the-states>> (accessed February 28, 2015).

Institute for Women's Policy Research. 2012. "A Clearer View of Poverty: How the Supplemental Poverty Measure Changes Our Perceptions of Who is Living in Poverty." Fact Sheet #C399. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/a-clearer-view-of-poverty-how-the-supplemental-poverty-measure-changes-our-perceptions-of-who-is-living-in-poverty-1>> (accessed October 22, 2014).

Institute for Women's Policy Research. 2015a. IWPR analysis of data from the 2013 American Community Survey based on Ruggles et al., Integrated Public Use Microdata Series (Integrated Public Use Microdata Series, Version 5.0).

Institute for Women's Policy Research. 2015b. IWPR calculations of data from the 2007 Surveys of Women Business Owners accessed through the U.S. Census Bureau's American Fact Finder. Table SB0700CSA01: Statistics for All U.S. Firms by Industry, Gender, Ethnicity, and Race for U.S. States, Metro Areas, Counties, and Places. <<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>> (accessed February 17, 2015).

Institute for Women's Policy Research. 2015c. IWPR calculations of data from the Social Security Administration, Office of Retirement and Disability Policy, Office of Research, Evaluation, and Statistics. *OASDI Beneficiaries By State and County, 2013*. Tables 2 and 3. <http://www.ssa.gov/policy/docs/statcomps/oasdi_sc/> (accessed February 27, 2015).

Jones, Janelle, John Schmitt, and Nicole Woo. 2014. *Women, Working Families, and Unions*. Washington, DC: Center for Economic and Policy Research. <<http://www.cepr.net/documents/women-union-2014-06.pdf>> (February 10, 2015).

Kaiser Family Foundation. 2013a. "Focus on Health Reform: Summary of the Affordable Care Act." <<http://kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/>> (accessed February 23, 2015).

Kaiser Family Foundation. 2013b. "Health Reform: Implications for Women's Access to Coverage and Care." Issue Brief #7987-03. <http://kaiserfamilyfoundation.files.wordpress.com/2012/03/7987-03-health-reform-implications-for-women_s-access-to-coverage-and-care.pdf> (accessed August 12, 2014).

Kaiser Family Foundation. 2013c. "Medicare's Role for Older Women." <<http://kff.org/womens-health-policy/fact-sheet/medicares-role-for-older-women/>> (accessed March 10, 2015).

Kaiser Family Foundation. 2015a. "Status of State Action on the Medicaid Expansion Decision." <<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>> (accessed March 26, 2015).

Kaiser Family Foundation. 2015b. "Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women." <<http://kff.org/health-reform/state-indicator/medicaid-chip-coverage-of-lawfully-residing-immigrant-children-and-pregnant-women/>> (accessed March 13, 2015).

Kromer, Braeydn K. and David J. Howard. 2011. *Comparison of ACS and CPS Data on Employment Status*. Washington, DC: U.S. Census Bureau, Social, Economic, and Housing Statistics Division. <<http://www.census.gov/hhes/www/laborfor/compare-acs-cps.html>> (accessed March 24, 2015).

Martinez, Michael E. and Robin A. Cohen. 2009. *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–September 2008*. National Center for Health Statistics. <<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur200903.pdf>> (accessed April 2, 2015).

Martinez, Michael E. and Robin A. Cohen. 2015. *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–September 2014*. National Center for Health Statistics. <<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201503.pdf>> (accessed April 2, 2015).

National Conference of State Legislatures. 2011. “States Implement Health Reform: Medicaid and the Affordable Care Act.” <<http://www.ncsl.org/documents/health/HRMedicaid.pdf>> (accessed February 28, 2015).

National Immigration Law Center. 2014. “Immigrants and the Affordable Care Act.” <<http://www.nilc.org/document.html?id=157>> (accessed March 19, 2015).

Redstone Akresh, Ilana. 2006. “Occupational Mobility Among Legal Immigrants to the United States.” *International Migration Review* 40 (4): 854–884.

Rose, Deondra. 2015. “Regulating Opportunity: Title IX and the Birth of Gender-Conscious Higher Education Policy.” *Journal of Policy History* 27 (1): 157–183.

Ruggles, Steven, J., Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. 2010. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis, MN: University of Minnesota.

Short, Kathleen. 2014. *The Supplemental Poverty Measure: 2013* (Current Population Reports P60-251). Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census. <<http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-251.pdf>> (accessed December 16, 2014).

Singer, Audrey, Jill H. Wilson, and Brooke DeRenzis. 2009. “The New Geography of United States Immigration.” <http://www.brookings.edu/~media/research/files/papers/2009/7/immigration-geography-singer/07_immigration_geography_singer.pdf> (accessed March 13, 2015).

U.S. Bureau of Labor Statistics. 2014. *Women in the Labor Force: A Databook*. Report 1049. Washington, DC: U.S. Bureau of Labor Statistics. <<http://www.bls.gov/cps/wlf-databook-2013.pdf>> (accessed March 6, 2015).

U.S. Department of Agriculture. Food and Nutrition Service. 2014. “SNAP Policy on Non-Citizen Eligibility.” <<http://www.fns.usda.gov/snap/snap-policy-non-citizen-eligibility>> (accessed March 19, 2015).

U.S. Department of Commerce. Economics and Statistics Administration. Census Bureau. 1994. *Education in the United States*. Washington, DC: U.S. Government Printing Office. <<http://www.census.gov/prod/cen1990/cp3/cp-3-4.pdf>> (accessed February 27, 2015).

U.S. Department of Commerce. Economics and Statistics Administration. 2010. *Women-Owned Businesses in the 21st Century*. Report prepared for the White House Council on Women and Girls. Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration. <<http://www.esa.doc.gov/sites/default/files/women-owned-businesses.pdf>> (accessed August 14, 2014).

U.S. Department of Commerce. Economics and Statistics Administration. Census Bureau. 2014a. “POV01. Age and Sex of All People, Family Members and Unrelated Individuals Iterated by Income-to-Poverty Ratio and Race.” <http://www.census.gov/hhes/www/cpstables/032014/pov/pov01_100.htm> (accessed February 20, 2015).

U.S. Department of Commerce. Bureau of the Census. 2014b. “Differences Between CPS ASEC and ACS.” <<http://www.census.gov/hhes/www/poverty/about/datasources/factsheet.html>> (accessed March 24, 2015).

U.S. Department of Commerce. Economics and Statistics Administration. Census Bureau. 2014c. *American Community Survey Design and Methodology, Chapter 7: Data Collection and Capture for Housing Units*. Version 2.0. <http://www.census.gov/acs/www/Downloads/survey_methodology/acs_design_methodology_ch07_2014.pdf> (accessed March 5, 2015).

U.S. Department of Commerce. Economics and Statistics Administration. Census Bureau. 2015. “Poverty Thresholds by Size of Family and Number of Children.” <<http://www.census.gov/hhes/www/poverty/data/threshld/>> (accessed August 29, 2014).

U.S. Department of Education. Institute for Education Sciences. National Center for Education Statistics. 2013. “High School Graduates, by Sex and Control of School: Selected Years, 1869–70 Through 2023–24.” Table 219.10. <http://nces.ed.gov/programs/digest/d13/tables/dt13_219.70.asp> (accessed March 24, 2015).

U.S. Department of Education. Institute for Education Sciences. National Center for Education Statistics. 2014. “Historical Summary of Faculty, Enrollment, Degrees, and Finances in Degree-Granting Postsecondary Institutions: Selected Years, 1869–70 Through 2011–2012.” Table 301.20. <http://nces.ed.gov/programs/digest/d13/tables/dt13_301.20.asp> (accessed March 24, 2015).

U.S. Department of Justice. Office of the Attorney General. 2014. “Treatment of Transgender Employment Discrimination Claims Under Title VII of the Civil Rights Act of 1964.” <http://www.justice.gov/sites/default/files/opa/press-releases/attachments/2014/12/18/title_vii_memo.pdf> (accessed February 3, 2015).

U.S. Department of Labor. Employee Benefits Security Administration. N.d. “Young Adults and the Affordable Care Act: Protecting Young Adults and Eliminating Burdens on Businesses and Families.” <<http://www.dol.gov/ebsa/faqs/faq-dependentcoverage.html>> (accessed March 10, 2015).

U.S. Equal Opportunity Employment Commission. N.d. “Facts About Discrimination in Federal Government Employment Based on Marital Status, Political Affiliation, Status as a Parent, Sexual Orientation, or Transgender (Gender Identity) Status.” <<http://www.eeoc.gov/federal/otherprotections.cfm>> (accessed March 14, 2015).

U.S. Small Business Administration. 2011. *Developments in Women-owned Business, 1997–2007*. Washington, DC: U.S. Small Business Administration. <https://www.sba.gov/sites/default/files/rs385tot_0.pdf> (accessed February 27, 2015).

Waters Boots, Shelley. 2010. *Improving Access to Public Benefits: Helping Eligible Individuals and Families Get the Income Supports They Need*. <<http://www.aecf.org/~media/Pubs/Topics/Economic%20Security/Family%20Economic%20Supports/ImprovingAccessstoPublicBenefitsHelpingEligibl/BenefitsAccess41410.pdf>> (accessed April 13, 2014).

The White House. Office of the Press Secretary. 2014. “Executive Order -- Further Amendments to Executive Order 11478, Equal Employment Opportunity in the Federal Government, and Executive Order 11246, Equal Employment Opportunity.” <<http://www.whitehouse.gov/the-press-office/2014/07/21/executive-order-further-amendments-executive-order-11478-equal-employem>> (accessed February 3, 2015).



CHAPTER 5

THE STATUS OF WOMEN IN THE STATES: 2015

Reproductive Rights

Introduction

Reproductive rights—having the ability to decide whether and when to have children—are important to women’s socioeconomic well-being and overall health. Research suggests that being able to make decisions about one’s own reproductive life and the timing of one’s entry into parenthood is associated with greater relationship stability and satisfaction (National Campaign to Prevent Teen and Unplanned Pregnancy 2008), more work experience among women (Buckles 2008), and increased wages and average career earnings (Miller 2011). In addition, the ability to control the timing and size of one’s family can have a significant effect on whether a young woman attends and completes college (Buckles 2008; Hock 2007). Given that a postsecondary degree considerably increases earnings (Gault, Reichlin, and Román 2014), the ability to make family planning choices could mean the difference between a woman stuck at poverty-level wages or achieving long-term financial security.

In recent years, policies affecting women’s reproductive rights in the United States have substantially changed at both the federal and state levels. The 2010 Patient Protection and Affordable Care Act (ACA) increased access to preventive women’s health services and contraceptive methods and counseling for millions of women (Burke and Simmons 2014), and facilitated states’ ability to expand Medicaid family planning services. At the same

time, legal limitations to women’s reproductive rights have increased in states across the country, making it harder for women to access the reproductive health services and information they need (Guttmacher Institute 2015a; NARAL Pro-Choice America and NARAL Pro-Choice America Foundation 2015). In the first quarter of 2015 alone, state legislators introduced a total of 332 provisions to restrict access to abortion services; by April 2015, 53 of these provisions had been approved by a legislative chamber and nine had been enacted (Guttmacher Institute 2015a).

Best and Worst States on Women’s Reproductive Rights

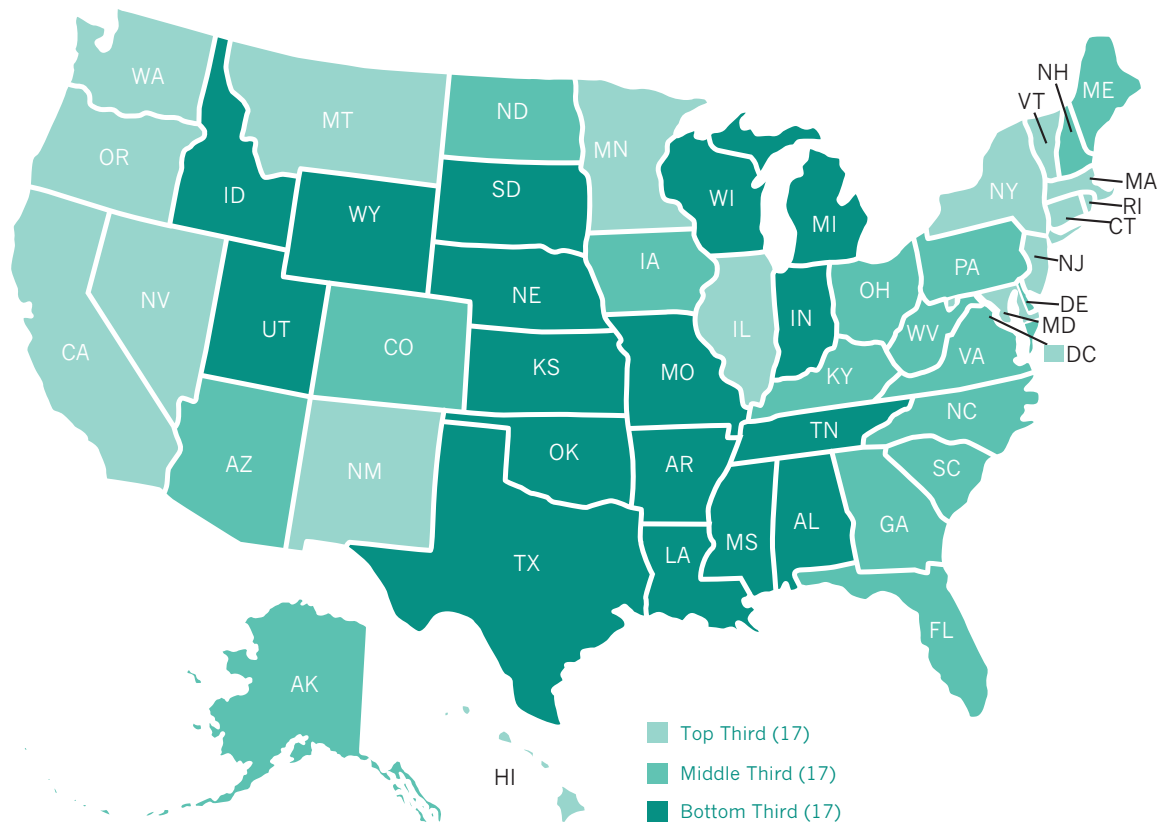
State	Rank	Grade
Oregon	1	A–
Vermont	2	A–
Maryland	3	A–
New Jersey	4	A–
Hawaii	5	A–
South Dakota	51	F
Nebraska	50	F
Kansas	49	F
Idaho	48	F
Tennessee	47	D–

This chapter provides information on a range of policies related to women’s reproductive health and rights. It examines abortion, contraception, the access of individuals in same-sex couples to full parental rights, infertility, and sex education. It also presents data on fertility and natality—including infant mortality—and highlights disparities in women’s reproductive rights by race and ethnicity. In addition, the chapter examines recent shifts in federal and state policies related to reproductive rights. It explores the decision of some states to expand Medicaid coverage under the ACA, as well as state policies to extend eligibility for Medicaid family planning services. It also reviews the recognition of same-sex marriage in a growing majority of states across the nation (National Center for Lesbian Rights 2015)—a change that has profound implications for the ability of same-sex couples to create the families they desire.

The Reproductive Rights Composite Score

The Reproductive Rights Composite Index includes nine component indicators of women’s reproductive rights: mandatory parental consent or notification laws for minors receiving abortions, waiting periods for abortions, restrictions on public funding for abortions, the percent of women living in counties with at least one abortion provider, pro-choice governors or legislatures, Medicaid expansion or state Medicaid family planning eligibility expansions, coverage of infertility treatments, same-sex marriage or second-parent adoption for individuals in a same-sex relationship, and mandatory sex education. States receive composite scores and corresponding grades based on their combined performance on these indicators, with higher scores reflecting a stronger performance and receiving higher letter grades (Table 5.1). For information on how composite scores and grades were determined, see Appendix A5.

Map 5.1. Reproductive Rights Composite Index



Note: For methodology and sources, see Appendix A5. Calculated by the Institute for Women’s Policy Research.

Table 5.1.

How the States Measure Up: Women's Status on the Reproductive Rights Composite Index and Its Components

State	Composite Index			Parental Consent/Notification	Waiting Period	Public Funding	Percent of Women Living in Counties with Providers	Pro-Choice Governor and Legislature	Medicaid Expansion or Medicaid Family Planning Expansion	Coverage of Infertility Treatments	Same-Sex Marriage or Second-Parent Adoption	Mandatory Sex Education
	Score	Rank	Grade									
Alabama	1.91	40	D+	0	0	0	41%	0.00	1	0.0	1.0 ^c	0
Alaska	2.83	29	C	0	1	1	83%	0.00	0	0.0	1.0	0
Arizona	3.36	24	C+	0	0	1	86%	0.00	1	0.0	1.0	0
Arkansas	1.72	43	D	0	0	0	22%	0.00	1	1.0	0.0 ^c	0
California	5.24	9	B+	0 ^a	1	1	99%	1.00	1	0.5	1.0	0
Colorado	3.71	21	C+	0	1	0	88%	0.83	1	0.0	1.0	0
Connecticut	5.95	6	A-	1	1	1	95%	1.00	1	1.0	1.0	0
Delaware	3.82	20	C+	0	0 ^a	0	82%	0.50	1	0.0	1.0	1
District of Columbia	5.50	8	A-	1	1	0	100%	1.00	1	0.0	1.0	1
Florida	2.79	30	C	0	1	0	79%	0.00	1	0.0	1.0	0
Georgia	2.85	28	C	0	0	0	43%	0.17	1	0.0	0.5	1
Hawaii	6.00	5	A-	1	1	1	100%	1.00	1	1.0	1.0	0
Idaho	0.81	48	F	0	0	0	31%	0.00	0	0.0	1.0	0
Illinois	4.78	13	B+	0	1	1	61%	0.67	1	1.0	1.0	0 ^d
Indiana	1.89	42	D+	0	0	0	39%	0.00	1	0.0	1.0	0
Iowa	3.83	19	C+	0	1	0	50%	0.33	1	0.0	1.0	1
Kansas	0.76	49	F	0	0	0	26%	0.00	0	0.0	1.0	0
Kentucky	2.43	32	C	0	0	0	26%	0.17	1	0.0	0.0	1
Louisiana	1.62	46	D	0	0	0	37%	0.00	1	0.0	0.5	0
Maine	3.53	23	C+	1	1	0	53%	0.50	0	0.0	1.0	1
Maryland	6.14	3	A-	0	1	1	81%	0.83	1	1.0	1.0	1
Massachusetts	4.74	14	B+	0	0 ^a	1	91%	0.83	1	1.0	1.0	0
Michigan	1.66	45	D	0	0	0	66%	0.00	1	0.0	0.0 ^c	0
Minnesota	4.58	16	B	0	0	1	41%	0.67	1	0.0	1.0	1
Mississippi	2.09	38	C-	0	0	0	9%	0.00	1	0.0	0.0	1
Missouri	1.68	44	D	0	0	0	26%	0.17	1	0.0	0.5 ^c	0
Montana	5.04	11	B+	0 ^a	0 ^a	1	54%	0.50	1	1.0	1.0	1
Nebraska	0.59	50	F	0	0	0	59%	0.00	0	0.0	0.0	0
Nevada	4.44	17	B	0 ^a	1	0	94%	0.50	1	0.0	1.0	1
New Hampshire	3.55	22	C+	0	1	0	88%	0.67	1	0.0	1.0	0
New Jersey	6.08	4	A-	0 ^a	1	1	91%	0.67	1	1.0	1.0	1
New Mexico	5.02	12	B+	0 ^a	1	1	52%	0.50	1	0.0	1.0	1
New York	5.59	7	A-	1	1	1	92%	0.67	1	1.0	1.0	0
North Carolina	3.01	26	C	0	0	0	51%	0.00	1	0.0	1.0	1
North Dakota	2.27	33	C-	0	0	0	27%	0.00	1	0.0	0.0	1
Ohio	2.99	27	C	0	0	0	49%	0.00	1	1.0	0.0	1
Oklahoma	1.95	39	D+	0	0	0	45%	0.00	1	0.0	1.0	0
Oregon	6.28	1	A-	1	1	1	78%	1.00	1	0.0	1.0	1
Pennsylvania	2.53	31	C	0	0	0	53%	0.50	1	0.0	1.0	0
Rhode Island	4.63	15	B+	0	1	0	63%	0.50	1	1.0	1.0	1
South Carolina	3.07	25	C+	0	0	0	40%	0.17	1	0.0	1.0	1
South Dakota	0.23	51	F	0	0	0	23%	0.00	0	0.0	0.0	0
Tennessee	1.42	47	D-	0	0 ^a	0	42%	0.00	0	0.0	0.0	1 ^e
Texas	2.19	36	C-	0	0	0	69%	0.00	1 ^b	0.5	0.5	0
Utah	2.16	37	C-	0	0	0	66%	0.00	0	0.0	1.0	1
Vermont	6.15	2	A-	1	1	1	65%	1.00	1	0.0	1.0	1
Virginia	2.24	34	C-	0	0	0	41%	0.33	1	0.0	1.0	0
Washington	5.20	10	B+	1	1	1	87%	0.83	1	0.0	1.0	0
West Virginia	4.35	18	B	0	0	1	18%	0.17	1	1.0	1.0	1
Wisconsin	1.90	41	D+	0	0	0	40%	0.00	1	0.0	1.0	0
Wyoming	2.21	35	C-	0	1	0	4%	0.17	1	0.0	1.0	0

Notes: ^aThe legislation is not in effect but remains part of the statutory code. ^bTexas operates its own state-funded family planning program; women aged 18 and older with family incomes up to 185% of the federal poverty line are eligible. ^cSee methodology for details on Alabama, Arkansas, and Michigan. ^dDoes not require sex education but requires health education that covers abstinence. ^eRequires sex education if the teen pregnancy rate for 15-17 year-olds is 19.5 per 1,000 or higher. See Appendix A5 for methodology and sources.

- Oregon has the highest score on the Composite Reproductive Rights Index. It does not require parental consent or notification or waiting periods for abortion; provides public funding to poor women for abortion; has 78 percent of women living in counties with abortion providers; has a pro-choice Governor, Senate, and House of Representatives; has adopted the expansion of Medicaid coverage under the ACA of up to 138 percent of the federal poverty line and enacted a state Medicaid family planning eligibility expansion; recognizes same-sex marriage; and requires schools to provide sex education. Oregon does not, however, require insurance companies to cover infertility treatments. The state's top ranking is a substantial improvement since the 2004 Status of Women in the States report, when it ranked 19th in the nation.
- The worst-ranking state for reproductive rights is South Dakota. It requires parental consent or notification and waiting periods for abortion, does not provide public funding to poor women for abortion, has just 23 percent of women living in counties with abortion providers, does not have a pro-choice state government, has not adopted the overall Medicaid expansion or expanded eligibility for Medicaid family planning services, does not require insurance companies to cover infertility treatments, does not recognize same-sex marriage or allow second-parent adoption for same-sex couples, and does not require schools to provide mandatory sex education. In the 2004 Status of Women in the States report, South Dakota ranked second to last.
- In general, reproductive rights are strongest in the Mid-Atlantic region, New England, and the West (Map 5.1). In addition to Oregon, the top ten jurisdictions include California, Connecticut, the District of Columbia, Hawaii, Maryland, New Jersey, New York, Vermont, and Washington.
- The South and Midwest fare the worst on the Reproductive Rights Composite Index. In addition to South Dakota, five Midwestern states—Indiana, Kansas, Michigan, Missouri, and Nebraska—are among the ten lowest-ranking states. Three Southern states are

also a part of this group: Arkansas, Louisiana, and Tennessee. Idaho also ranks in the bottom ten.

- The top grade for reproductive rights is an A-, which was awarded to the District of Columbia and seven states: Connecticut, Hawaii, Maryland, New Jersey, New York, Oregon, and Vermont. The four lowest-ranking states—South Dakota, Nebraska, Kansas, and Idaho—all received an F (for information on how grades were determined, see Appendix A5).

Trends in Women's Reproductive Rights

Between the publication of the 2004 *Status of Women in the States* report and this report, states overall made nominal progress on two indicators and declined or stayed the same on five others.¹

What Has Improved

- In October 2014, 12 states required insurance companies to provide coverage of infertility treatments, compared with just nine states in 2004. The number of states that required insurance companies to offer policyholders at least one package with coverage of infertility treatments, however, declined from five states in 2004 to two in 2014 (IWPR 2004; National Conference of State Legislatures 2014).
- Between 2004 and 2015, the percentage of women living in counties with at least one abortion provider declined in 22 states, increased in 24 states, and stayed the same in four states and the District of Columbia (IWPR 2004; Table 5.1).

What Has Worsened or Stayed the Same

- In 2015, 30 states had statutes requiring waiting periods for abortions—which mandate that a physician cannot perform an abortion until a certain number of hours after the patient is notified of her options in dealing with a pregnancy—compared with 26 states in 2004 (Table 5.1; IWPR 2004).²

¹ Two additional indicators examined in this report are: 1) Medicaid expansion and state Medicaid family planning eligibility expansions, which replaces an indicator in IWPR's previous Status of Women in the States reports on state contraceptive coverage laws; and 2) same-sex marriage or second-parent adoption, which modifies an indicator on second-parent adoption in previous IWPR Status of Women in the States reports. For more on these changes, see Appendix A5 and the sections on Medicaid expansions and on same-sex marriage and second-parent adoption below.

² An additional four states in 2015 had legislation requiring waiting periods for abortions that was part of the statutory code but not enforced.

- Between 2004 and 2015, the share of public officials—including the Governor (or mayor for the District of Columbia) and state legislators (or city council members for the District of Columbia)—who were pro-choice increased in 14 states and decreased in 22 states. The share of pro-choice officials stayed the same in the other 14 states and the District of Columbia (IWPR 2004; Table 5.1).
- The number of jurisdictions with laws on the books preventing minors from accessing abortion without parental consent or notification (43) stayed the same between 2004 and 2015 (Guttmacher Institute 2004a; Table 5.1).
- The number of states (17) that provide public funding for all or most medically necessary abortions—typically defined to protect the woman’s physical or mental health (Kaiser Family Foundation 2014b)—for Medicaid enrollees stayed the same between 2004 and 2015 (Guttmacher Institute 2004b; Table 5.1).
- Between 2004 and 2015, the number of jurisdictions that required schools to provide mandatory sex education (23) remained the same (Guttmacher Institute 2004c; Table 5.1).

Access to Abortion

In the United States, the 1973 Supreme Court case *Roe v. Wade* established the legal right to abortion. State legislative and executive bodies nonetheless continue to battle over legislation related to access to abortion, including parental consent and notification and mandatory waiting periods (Guttmacher Institute 2015b). In addition, public funding for abortion remains a contested issue in many states: federal law has banned the use of federal funds for most abortions since 1977, and currently does not allow the use of federal funds for abortions unless the pregnancy resulted from rape or incest or the woman’s life is in danger (Boonstra 2013). The Affordable Care Act of 2010 reinforces these restrictions, but state Medicaid programs have the option to cover abortion in other circumstances using only state and no federal funds (Salganicoff et al. 2014).

State legislative efforts to limit access to abortion have become commonplace. In 2013 and 2014, a broad range of legislation was introduced and passed, including bills requiring women to have an ultrasound before obtaining

an abortion, stringent regulatory measures targeting abortion providers, bans or restrictions preventing women from obtaining health insurance coverage for abortion, and bans on abortion at later stages of pregnancy (National Women’s Law Center 2014a and 2014b).

- Twenty-six of the 30 states that as of March 2015 had statutes requiring mandatory waiting periods for obtaining an abortion enforced these statutes, with waiting periods that ranged from 18 to 72 hours (Guttmacher Institute 2015b). In Delaware, Massachusetts, Montana, and Tennessee, the legislation remained part of the statutory code but was not enforced.
- As of March 2015, 43 states had parental consent or notification laws—which require parents of a minor seeking an abortion to consent to the procedure or be notified—and 38 of the 43 enforced these laws. Among these 38 states, 12 enforced the notification of parents and 21 enforced parental consent. Five states—Oklahoma, Texas, Utah, Virginia, and Wyoming—enforced both parental consent and notification for minors seeking to undergo an abortion procedure (Guttmacher Institute 2015b).
- Seventeen states as of March 2015 fund abortions for low-income women who were eligible for Medicaid in all or most medically necessary circumstances. In 27 states and the District of Columbia, state funding for abortions is available only in situations where the woman’s life is in danger or the pregnancy resulted from rape or incest (Guttmacher Institute 2015b). In five states—Indiana, Mississippi, Utah, Virginia, and Wisconsin—state Medicaid funds can be used to pay for abortions in situations where the woman’s life is endangered, when the pregnancy resulted from rape or incest, or when there is a threat to the woman’s physical health or a fetal anomaly. In South Dakota, state Medicaid funds can be used to pay for abortions only when the woman’s life is endangered (Guttmacher Institute 2015b).
- As of 2011—the most recent year for which data are available—the percentage of women aged 15–44 who lived in counties with an abortion provider ranged across states from a low of four percent in Wyoming to a high of 100 percent in the District of Columbia and Hawaii. In the bottom five states—Wyoming, Mississippi, West Virginia, Arkansas, and South

Dakota—fewer than one in four women lived in counties with at least one provider. In the top eight jurisdictions—the District of Columbia, Hawaii, California, Connecticut, Nevada, New York, New Jersey, and Massachusetts—more than 90 percent of women lived in counties with at least one abortion provider (Guttmacher Institute 2014).

- As of December 2014, the governor and majority of state legislators in 21 states were anti-choice (NARAL Pro-Choice America and NARAL Pro-Choice America Foundation 2015). In six jurisdictions—including California, Connecticut, the District of Columbia, Hawaii, Oregon, and Vermont—the governor (or in the case of the District of Columbia, the mayor) and the majority of legislators (city council for the District of Columbia) were pro-choice and would not support restrictions on abortion rights. In the remaining states, the government was mixed.

The Affordable Care Act and Contraceptive Coverage

The 2010 Patient Protection and Affordable Care Act (ACA) has expanded women's access to contraception in several ways, including by requiring health care insurers to cover contraceptive counseling and services and all FDA-approved contraceptive methods without any out-of-pocket costs to patients (U.S. Department of Health and Human Services 2014). This change is particularly significant for lower-income women who often struggle with the financial burden associated with purchasing contraception on a regular basis (Center for Reproductive Rights 2012). According to the Guttmacher Institute, the average cost of a year's supply of birth control pills is the equivalent of 51 hours of work for a woman making the federal minimum wage of \$7.25 an hour (Sonfield 2014). One national study estimates that for uninsured women, the average cost of these pills over a year (\$370) is 68 percent of their annual out-of-pocket expenditures for health care services (Liang, Grossman, and Phillips 2011).

Prior to the ACA, state contraceptive equity laws were the only legal protections ensuring that women could access affordable contraceptives as easily as they could

other prescription drugs (Guttmacher Institute 2015c). These laws required state-regulated plans providing coverage for prescription medications to do the same for contraceptive drugs and devices (National Women's Law Center 2012). Only 28 states, however, required full or partial contraceptive coverage; the remaining states and the District of Columbia had no such legal protection safeguarding access to affordable contraception (Guttmacher Institute 2015c). The ACA has significantly increased the proportion of women who have access to contraception at no cost: one study focusing on about 900 women who had private health insurance and used a prescription contraceptive method found that between the fall of 2012 (before the ACA's contraceptive coverage requirement took effect for most women) and the spring of 2014, the percentage of women paying zero dollars out of pocket for oral contraception increased from 15 to 67 percent (Sonfield et al. 2015).

The ACA's contraceptive requirement, however, has some notable exceptions. Some religious organizations, such as churches and other houses of worship, are exempt from the requirement to include birth control in their health insurance plans (National Women's Law Center 2015). An "accommodation" is also available to religiously-affiliated nonprofit organizations that certify their religious objections to the health insurance carrier or third party administrator, or notify the Department of Health and Human Services of their objection; those who qualify for the accommodation do not have to cover contraceptives for their female employees, but these employees can still get birth control coverage directly from the insurance company (National Women's Law Center 2015; Sobel, Salganicoff, and Kurani 2015). In addition, "grandfathered" health plans that existed prior to the ACA are temporarily exempt from the requirement to provide contraceptive coverage through employer-sponsored health plans, except in states with a contraceptive equity law that already requires coverage (although contraceptive equity laws do not require insurers to provide contraceptive coverage without cost sharing; National Women's Law Center 2012).³ A Supreme Court decision, *Burwell v. Hobby Lobby Stores, Inc.*, has also expanded allowable exemptions to certain family-owned, "closely held" corporations with religious objections to contraception (Dreweke 2014; National

³ Women living in states without a contraceptive equity law must wait until their private health plan loses its grandfathered status to gain full access to no-cost contraceptive coverage (National Women's Law Center 2012).

Women’s Law Center 2015). The ruling does not supersede state contraceptive equity laws, but it does mean that employees of firms such as Hobby Lobby, which self-insures its employees and therefore is subject only to federal law, may lose their coverage of contraceptive drugs and services (Rovner 2014).

While the ACA expands access to contraception for many women, some have expressed concern that insurance-related delays in access or denials of a preferred method of contraception may undermine the law’s intent to eliminate barriers to all FDA-approved methods of contraception (Armstrong 2013). Insurers often use “medical management techniques”—such as limiting quantity and/or supply or requiring provider authorization before providing a drug or service—that can deter patients from using certain services and shape the course of treatment. While such practices, in some circumstances, can improve efficiency and save costs, they can also prevent or delay access to services. When insurers adopt practices that limit women’s options for contraception, some women may be left without access to the method that works best for them (Armstrong 2013). One recent report that reviewed the insurance plan coverage policies of 20 insurance carriers in five states found that while most carriers are complying with the ACA’s contraceptive provision, there exists some variation in how the guidelines for contraceptive coverage issued by the U.S. Department of Health and Human Services are interpreted; as a result, not all carriers cover all contraceptive methods without cost-sharing (Sobel, Salganicoff, and Kurani 2015). To help ensure that women have access to the full range of contraceptive methods without cost-sharing, the state of California passed a post-ACA contraceptive coverage law (SB 1053) that limits medical management as applied to contraception and goes beyond federal law in prohibiting non-grandfathered and Medi-Cal plans from instituting cost-sharing requirements or imposing restrictions or delays in providing contraceptive benefits (Sobel, Salganicoff, and Kurani 2015).

Emergency Contraception

Emergency contraception—birth control that can be taken up to several days after unprotected sex, contraceptive failure, or sexual assault—can prevent unwanted pregnancies and allow women to maintain control over the timing and size of their families. Plan B—approved for use in the United States in 1999—was the first oral form of emergency contraception to be available,

but others were subsequently introduced (Kaiser Family Foundation 2014c). The Affordable Care Act’s contraceptive provision that requires all new private health plans to cover all contraceptive drugs and devices prescribed to patients without cost-sharing includes emergency contraception (Kaiser Family Foundation 2014c).

State legislatures have taken different approaches to addressing the issue of emergency contraception. Some have sought to restrict access by excluding it from state Medicaid family planning eligibility expansions or contraceptive coverage mandates, or by allowing some pharmacists or pharmacies to refuse to provide contraceptive services (Guttmacher Institute 2015d). Others have expanded access by requiring emergency rooms to provide information about emergency contraception to sexual assault victims, requiring emergency rooms to dispense emergency contraception to sexual assault victims who request it, allowing women to obtain emergency contraception without a doctor’s prescription, or directing pharmacies or pharmacists to fill all valid prescriptions (Guttmacher Institute 2015d). Public health and educational initiatives have led to an increase in awareness and use of emergency contraception (Kaiser Family Foundation 2014c); one study that analyzed data from the National Survey of Family Growth found that in 2006–2010, 11 percent of sexually experienced women aged 15 to 44 reported having ever used emergency contraception pills, compared with 4 percent in 2002 (Daniels, Jones, and Abma 2013).

Still, women continue to encounter barriers to accessing emergency contraception. For example, although most women have heard of emergency contraception, some are not aware of its existence (Kaiser Family Foundation 2014c). In addition, federal law requires women of all ages to have a prescription to obtain ella, the most effective form of emergency contraception for women who are overweight or obese; Plan B and generic forms of emergency contraception can be purchased over-the-counter (Kaiser Family Foundation 2014c). Another barrier is that health care providers also do not always discuss emergency contraception with women in clinical settings, leaving some women without the information they need (Kaiser Family Foundation 2014c). One study of 180 pharmacies in 29 states also found that progestin-based EC pills are often not stocked on store shelves or held behind the counter due to their high cost (American Society for Emergency Contraception 2014).

Native American Women and Emergency Contraception

Research indicates that for many Native American women, emergency contraception may be particularly difficult to access. This lack of access represents a serious concern for indigenous communities, especially given that Native American women experience higher levels of sexual assault than women of other races and ethnicities (Breiding et al. 2014; Kingfisher, Asetoyer, and Provost 2012). One study that surveyed 40 Indian Health Service (IHS) pharmacies found that only 10 percent had Plan B available over the counter; at 37.5 percent of the pharmacies surveyed, an alternative form of emergency contraception was offered, and the rest had no emergency contraception at all (Gattozzi 2008; Asetoyer, Luluquisen, and Millis 2009). Many Native American women who live on reservations face significant barriers to accessing emergency contraception through a commercial pharmacy outside of their reservation (Kingfisher, Asetoyer, and Provost 2012), including geographic constraints (having to travel a great distance to find a pharmacy that provides emergency contraception) and financial obstacles. Expanding access to emergency contraception for Native American women and others who may lack access is integral to improving women's overall well-being and securing their reproductive rights.

Medicaid Expansion and State Medicaid Family Planning Eligibility Expansions

In addition to requiring most health insurers to cover contraceptive counseling and services and all FDA-approved contraceptive methods, the Affordable Care Act has increased women's access to contraception by expanding the number of people who have health insurance coverage. The ACA has dramatically reduced rates of uninsurance among women aged 18 to 24 by allowing adult children to stay on their parents' health insurance plans until the age of 26; between 2008 and 2014, the percentage of women aged 18 to 24 without health insurance decreased from 24.9 to 15.9 percent. During this time period, uninsurance rates for women of all ages dropped almost one-fifth, from 13.0 percent of women lacking insurance in 2008 to 10.6 percent in the first nine months of 2014 (Martinez and Cohen 2009 and 2015). Complete data reflecting changes in health insurance for women following the ACA are not yet available.

The ACA has also increased the number of people with health insurance through changes to Medicaid, a public health coverage program for low-income individuals. To

help those who may have struggled in the past to afford insurance, the ACA seeks to expand Medicaid eligibility to all individuals under age 65 who are not eligible for Medicare and have incomes up to 138 percent of the federal poverty line (individuals were previously eligible only if they were pregnant, the parent of a dependent child, 65 years of age or older, or disabled, in addition to meeting income requirements; the National Conference of State Legislatures 2011).⁴ This change increases the number of women who are eligible to receive family planning services, along with other health care services; however, states can opt out of this Medicaid expansion. As of March 2015, 28 states and the District of Columbia had chosen to adopt the Medicaid expansion, and six were in the process of deciding whether to do so (Kaiser Family Foundation 2015).

In addition to the overall Medicaid expansion, the ACA provides states with a new pathway to expand eligibility for family planning coverage through changes to their state Medicaid program. Before the ACA, states could expand their programs by obtaining a waiver of federal policy from the Centers for Medicare and Medicaid Services (Guttmacher Institute 2015e). States interested in expanding family planning through Medicaid can now either complete the process through a waiver from the federal government (which is a temporary

⁴ Federal law allows for the expansion of Medicaid to individuals with incomes at or below 133 percent of the federal poverty line. The law also includes a five percent "income disregard," which effectively makes the limit 138 percent of poverty (Center for Mississippi Health Policy 2012).

solution), or through an expedited option of a State Plan Amendment, which is a permanent change to the state's Medicaid program (Guttmacher Institute 2015e).

- As of April 2015, 28 states had extended family planning services to individuals who are otherwise ineligible, either through a waiver or through a State Plan Amendment (including Texas, which had an expansion funded solely by the state). The income ceiling among states that have expanded their programs ranged from a low of 105 percent of the federal poverty line in Virginia (where the expansion includes those losing postpartum coverage) to a high of 306 percent of the federal poverty line in Wisconsin (Guttmacher Institute 2015e).
- Of the 28 states that expanded eligibility for family planning services through Medicaid, 25 states provided family planning benefits to individuals based on income, with most of these states having an income ceiling at or near 200 percent of the federal poverty line. One state (Florida) provided these benefits to women who lose Medicaid coverage for any reason, rather than basing eligibility only on income, and Rhode Island and Wyoming provided them only if a woman loses coverage postpartum (Guttmacher Institute 2015e).
- Twenty states defined the eligible population for Medicaid coverage of family planning services to include individuals who are younger than 19 years old. Three states—Georgia, Missouri, and Pennsylvania—included individuals who are 18 years old but not those who are younger than 18 (Guttmacher Institute 2015e).
- As of April 2015, 16 states had both expanded Medicaid overall and expanded Medicaid family planning eligibility (Guttmacher Institute 2015e; Kaiser Family Foundation 2015). Fourteen states and the District of Columbia had expanded Medicaid overall but did not have a family planning eligibility expansion, and 13 states had enacted a family planning expansion but had not adopted the Medicaid expansion. Eight states—Alaska, Idaho, Kansas, Maine, Nebraska, South Dakota, Tennessee, and Utah—had neither

expanded Medicaid overall nor enacted a state family planning expansion (Table 5.1).

Other Family Planning Policies and Resources

Access to Fertility Treatments

Infertility treatments can increase the reproductive choices of women and men, but they are often prohibitively expensive, especially when they are not covered by insurance. As of June 2014, the legislatures of 12 states—Arkansas, Connecticut, Hawaii, Illinois, Maryland, Massachusetts, Montana, New Jersey, New York, Ohio, Rhode Island, and West Virginia—had passed measures requiring insurance companies to cover infertility treatments.⁵ In another two states—California and Texas—insurance companies had to offer infertility coverage to their policy holders (National Conference of State Legislatures 2014).⁶

Mandatory Sex Education in Schools

Research has shown that sex education is critical to giving young women and men the knowledge they need to make informed decisions about their sexual activity and to avoid unwanted pregnancy and disease (Kirby 2007). In 22 states and the District of Columbia, schools are required to provide sex education.⁷ One of these states, Tennessee, requires schools to provide sex education if the pregnancy rate among 15- to 17-year-olds is 19.5 per 1,000 or higher. Of the 23 jurisdictions with a statute on the books requiring sex education, all but two—Mississippi and North Dakota—also require HIV education. Eighteen states and the District of Columbia require that information about contraception be included in the curricula, and 37 states require that information regarding abstinence be included (Guttmacher Institute 2015f).

Same-Sex Marriage and Second-Parent Adoption

The laws that shape the ability of individuals in same-sex couples to form the families they want have changed substantially in recent years. Because there is no federal law that guarantees same-sex couples the same parent-

⁵ An additional state, Louisiana, prohibits the exclusion of coverage for a medical condition that would otherwise be covered solely because the condition results in infertility.

⁶ A mandate to cover infertility treatments requires health insurance plans sold by licensed insurers to include coverage for these treatments. A mandate to offer coverage means that the plans must provide this coverage, but the person buying the policy does not have to elect coverage for this benefit (Kaiser Family Foundation 2014a).

⁷ This includes states requiring sex education at any grade level (K-12).

hood rights afforded to different-sex married couples, state courts have held considerable power to determine what legally constitutes lesbian and gay families. In the past, they have exercised this power in many ways, including by denying lesbian and gay individuals the right to legally adopt their partners' children or granting them this right through second-parent adoption, which provides legal rights to second parents in same-sex relationships that are automatically available to biological parents. These rights include (but are not limited to) custodial rights in the case of divorce or death and the right to make health care decisions for the child (Movement Advancement Project, Family Equality Council, and Center for American Progress 2011 and 2012). At the time IWPR's 2004 *Status of Women in the States* report was published, second-parent adoption represented the only option for many lesbian and gay individuals seeking to be legal co-parents of their children. Since then, the recognition of marriage for same-sex couples in 37 states and the District of Columbia, whether by legislation or pursuant to a state or federal court ruling (National Center for Lesbian Rights 2015), has opened up new options for same-sex couples. It has given married same-sex couples who have a child together the same parental rights as married different-sex couples.⁸ In addition, the recognition of same-sex marriage has made stepparent adoption—a legal process available to married couples where the nonbiological parent adopts the child or children of their spouse—a possibility for many individuals in same-sex couples who marry after one or both partners has a child or children.

As of April 2015, same-sex couples had access to marriage statewide in 37 states and the District of Columbia;⁹ in an additional four states, same-sex couples had access to second-parent or stepparent adoption in certain counties (which had either authorized gay marriage or allowed second-parent adoption, though no statewide legislation or appellate court decision expressly allowing it was in place).¹⁰ Nine states do not allow second-parent adoption for same-sex couples or same-sex marriage. Two states that prohibit same-sex marriage have laws that specifically ban second-parent adoption

for all couples (Nebraska and Ohio). One state that bans same-sex marriage—Mississippi—specifically prohibits second-parent adoption for same-sex couples but allows it for different-sex couples (National Center for Lesbian Rights 2014).

Fertility, Natality, and Infant Health

Women's Fertility

The fertility rate for women in the United States has declined in recent years, due in part to women's tendency to marry and give birth later in life. In 2013, the median age for women at the time of their first marriage was 26.6 years, up from 20.3 years in 1960 (U.S. Census Bureau 2013; Cohn et al. 2011). In 2013, the mean age for women at the time of their first birth was 26.0 years, compared with 21.4 years in 1970 (Martin et al. 2015a; Mathews and Brady 2009).

In 2013, the fertility rate was 62.5 live births per 1,000 women aged 15–44 in the United States. This represents a significant decline since 1960, when the fertility rate was 118.0 births per 1,000 (Martin et al. 2015a). In the ten-year period between 2003 and 2013, the fertility rate among women aged 15–44 declined from 66.1 to 62.5 births per 1,000 women (Martin et al. 2015a).

- New Hampshire has the lowest fertility rate in the nation among women aged 15–44 at 50.8 live births per 1,000, followed by Vermont at 51.4 per 1,000 and Rhode Island at 51.6 per 1,000. In addition to these three states, five other states in the Northeast are among the ten jurisdictions with the lowest fertility rates: Connecticut, Maine, Massachusetts, New York, and Pennsylvania. The District of Columbia and Oregon are also among the ten jurisdictions with the lowest fertility rates (Martin et al. 2015a).
- Utah has the highest fertility rate in the nation at 80.9 live births per 1,000, with South Dakota (78.1 per 1,000) and Alaska (77.8 per 1,000) close behind. Hawaii, Idaho, Kansas, Nebraska, North Dakota, Oklahoma, and Texas are also among the ten states with the highest fertility rates (Martin et al. 2015a).

⁸ Even in states where same-sex marriage is recognized, in some circumstances there may still be obstacles to consistent legal recognition of nonbiological parents even if they are married to the birth parent (Ming Wong, National Center for Lesbian Rights, personal communication, April 10, 2015).

⁹ In Alabama, a federal district court ruled the state ban on same-sex marriage to be unconstitutional in January 2015. Both the 11th Circuit Court of Appeals and U.S. Supreme Court declined to impose a stay on the court's order while on appeal. However, the Alabama Supreme Court ordered probate judges in the state to stop issuing marriage licenses to same-sex couples. Couples were seeking a class-action suit in the state's federal court as of April 2015.

¹⁰ Of these four states, three (Georgia, Louisiana, and Texas) did not recognize same-sex marriage, but allowed second-parent adoption in certain counties. In one state—Missouri—same-sex couples can marry in certain counties but second-parent adoption is not available to unmarried same-sex couples.

LGBT Reproductive Rights

The United States has a long and complicated history of debating who deserves to become a parent, and LGBT individuals have often been at the center of this debate. While the traditional conception of the family is shifting, and LGBT reproductive rights are gaining greater recognition, many LGBT individuals still face challenges in their paths to parenthood. These challenges range from finding a culturally competent health care provider to outright discrimination or legal prohibitions in pursuing adoption, foster parenting, surrogacy, or donor insemination (Cooper and Cates 2006; Lambda Legal 2015).

- An estimated 122,000 same-sex couples are raising children under the age of 18 in the United States. Married same-sex couples are considerably more likely to be raising children than unmarried same-sex couples (27 percent compared with 15 percent; Gates 2015).
- While same-sex couples are less likely to be raising children than different-sex couples, same-sex couples are nearly three times as likely to be raising an adopted or foster child (4.0 percent compared with 1.4 percent; Gates 2015). Still, the majority of children of same-sex couples are biologically related to one of their parents (61 percent, compared with 90 percent of children of different-sex couples).
- More than one-third (35 percent) of women of color in same-sex couples are raising a child under the age of 18, compared with 24 percent of white women in same-sex couples (Gates 2015). Seventy-one percent of same-sex married couples and 81 percent of same-sex unmarried couples raising children under the age of 18 are female.
- Six states—California, Massachusetts, New Jersey, Oregon, Rhode Island, and Wisconsin—prohibit discrimination against LGBT parents who want to foster a child. One state, Nebraska, restricts fostering by LGBT parents. Forty-three states and the District of Columbia are silent on the issue (Movement Advancement Project 2015).
- In 35 states and the District of Columbia, LGBT parents can petition for joint adoption statewide. In three states—Louisiana, Michigan, and Mississippi—same-sex couples face legal restrictions when petitioning for joint adoption. In 12 states, the status of joint adoption for same-sex couples is uncertain (Movement Advancement Project 2015).

Prenatal Care

Women who receive prenatal care throughout their pregnancy are, in general, more likely to deliver healthy babies (U.S. Department of Health and Human Services 2009). In the United States in 2011, 84 percent of women began receiving prenatal care in the first trimester of pregnancy, which was a similar proportion to 2001, when 83 percent of all mothers received prenatal care this early in their pregnancy. Between 2001 and 2011, the percentage of women beginning prenatal care in the first trimester of pregnancy has increased among Native American women (a 12 percentage point gain, from 69 to 81 percent). Black and Hispanic women have each

experienced a seven percentage point gain (from 74 to 81 percent for black women and from 76 to 83 percent for Hispanic women). The percentage of Asian/Pacific Islander women beginning prenatal care in the first trimester has stayed the same (84 percent), and among white women the percentage of women receiving early prenatal care declined from 89 to 86 percent (IWPR 2004; Table 5.2).

Pregnant women of color are more likely than white women to begin prenatal care toward the end of their pregnancies, or to not receive it at all. One study that analyzed natality data from the Centers for Disease

Control and Prevention found that between 2007 and 2013, only 4.4 percent of white women nationwide received late (not beginning until the third trimester) or no prenatal care, compared with 5.4 percent of Asian/Pacific Islander women, 7.6 percent of Hispanic women, 10.0 percent of black women, and 11.3 percent of Native American women (Child Trends 2014).

Table 5.2.
Prenatal Care, Infant Mortality, and Low Birth Weight by Race and Ethnicity, United States

Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy ^a	
All Women	83.6%
White	85.7%
Hispanic	82.6%
Black	80.9%
Asian/Pacific Islander	83.9%
Native American	81.0%
Infant Mortality Rate (deaths of infants under age one per 1,000 live births) ^b	
All Women	6.0
White	5.0
Hispanic	5.1
Black	11.2
Asian/Pacific Islander	4.1
Native American	8.4
Percent of Low Birth-Weight Babies (less than 5 lbs., 8 oz.) ^c	
All Women	8.0%
White	7.0%
Hispanic	7.1%
Black	13.1%
Asian/Pacific Islander	8.3%
Native American	7.5%

Notes: Data on prenatal care are for 2011. Data on infant mortality are for 2012. Data on the percent of low birth-weight babies are for 2013. For data on prenatal care and low birth weight, whites and blacks are non-Hispanic; other racial groups include Hispanics. For data on infant mortality, all racial categories are non-Hispanic. Hispanics may be of any race or two or more races.

Source: ^aCenters for Disease Control and Prevention 2012; ^bCenters for Disease Control and Prevention 2013; ^cHamilton et al. 2014. Compiled by the Institute for Women's Policy Research.

Low Birth Weight

Low birth weight is a health concern in states across the nation. Nationally, eight percent of babies born in the United States in 2013 had low birth weight (less than five pounds, eight ounces; Martin et al. 2015b). Among the largest racial and ethnic groups, non-Hispanic black women were the most likely to have low-birth weight

babies (13.1percent), followed by Asian/Pacific Islander women (8.3 percent), Native American women (7.5 percent), Hispanic women (7.1 percent), and white women (7.0 percent; Martin et al. 2015a).

Nationwide, the percent of babies with low birth weight has increased slightly, from 7.7 percent of babies in 2001 to 8.0 percent in 2013. Among blacks, the percent of babies born with low birth weight stayed the same (13.1 percent in both years), while among whites and Native Americans it increased a bit (from 6.8 to 7.0 percent for whites and 7.3 to 7.5 percent for Native Americans). Among Hispanics and Asian/Pacific Islanders, the percent of babies with low birth weight increased more substantially (from 6.5 to 7.1 percent for Hispanics and from 7.5 to 8.3 percent for Asian/Pacific Islanders; IWPR 2004 and Table 5.2).

States differ in their proportions of babies born with low birth weight.

- Alaska has the lowest proportion of babies born with low birth weights at 5.8 percent, followed by Oregon and South Dakota (6.3 percent each). California, Iowa, Minnesota, Nebraska, New Hampshire, North Dakota, Vermont, and Washington are also in the best 11 states (with New Hampshire and California tied for 10th place (Appendix Table B5.1).
- Mississippi has the largest proportion of babies born with low birth weight at 11.5 percent, approximately twice the rate of the best-ranking state, Alaska. In general, states in the South have comparatively high proportions of babies born with low birth weight: Alabama, Arkansas, Georgia, Louisiana, North Carolina, South Carolina, Tennessee, and West Virginia all rank in the bottom twelve. Colorado (which ties with Arkansas and North Carolina for 40th place), the District of Columbia, and New Mexico are also a part of this group (Appendix Table B5.1).

Infant Mortality

In the United States overall, infant deaths occur at a rate of 6.0 per 1,000 live births. Among women of the largest racial and ethnic groups, Asian/Pacific Islander women (4.1 per 1,000 live births), white women (5.0 per 1,000 live births), and Hispanic women (5.1 per 1,000 live births) have the lowest rates of infant mortality, while black women and Native American women have the highest rates (11.2 and 8.4 per 1,000 live births, respectively; Table 5.2).

Between 2001 and 2012, the infant mortality rate in the United States decreased from 6.8 to 6.0 per 1,000 live births. These gains were experienced across all racial and ethnic groups. Rates of infant mortality among white women decreased from 5.7 to 5.0 per 1,000 births, from 13.5 to 11.2 among black women, from 9.7 to 8.4 among Native American women, from 5.4 to 5.1 among Hispanic women, and from 4.7 to 4.1 per 1,000 births among Asian/Pacific Islander women (IWPR 2004; Table 5.2).

Infant mortality rates vary across states.

- New Hampshire and Massachusetts have the lowest infant mortality rates in the nation, at 4.2 per 1,000, followed by Vermont (4.3 per 1,000). Other states in the top eleven are geographically dispersed: California, Colorado, Hawaii, Nebraska, Nevada, New Jersey, New York, and Utah (the rates in both Hawaii and New York are 5.0 per 1,000; Appendix Table B5.2).
- Alabama has the highest infant mortality rate in the nation, at 9.0 per 1,000 live births, more than double the rate of the best-ranking states. Many states with the lowest rankings are in the South: in addition to Alabama, Louisiana, Mississippi, North Carolina, and

South Carolina are in the bottom ten. The District of Columbia, Delaware, Ohio, Oklahoma, and South Dakota are also in this group (Appendix Table B5.2).

Conclusion

Women's status in the area of reproductive rights has seen minor gains, as well as substantial setbacks, since the publication of IWPR's 2004 *Status of Women in the States* report. The rate of infant mortality has declined, states across the nation have recognized same-sex marriage, and many states have expanded their Medicaid programs under the ACA, increasing women's access to reproductive health services. Yet, the number of states requiring mandatory waiting periods for abortion has increased, and the percentage of low birth weight babies has gone up. While the implementation of the Affordable Care Act has changed the landscape of reproductive health care for women by granting more women access to much needed reproductive and family planning services, some women still face barriers to obtaining the services they need, and women's reproductive rights continue to be contested in state legislatures across the nation. Increasing access to reproductive rights and resources will help to advance women's health, economic security, and overall well-being.

Appendix A5:

Methodology

To analyze the status of women in the states, IWPR selected indicators that prior research and experience have shown illuminate issues that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. The data in IWPR's *Status of Women in the States* reports come from federal government agencies and other sources; much of the data in this chapter rely on analysis from the Centers for Disease Control and Prevention and organizations such as the Guttmacher Institute, NARAL Pro-Choice America, and the National Center for Lesbian Rights. The tables present data for individuals, in some cases disaggregated by race and ethnicity. Data disaggregated by race and ethnicity are compiled from reports published by the Centers for Disease Control and Prevention (CDC) that define racial categories (white, black, Asian/Pacific Islander, and Native American) in different ways. In the data tables on prenatal care and low birthweight presented in the report, only whites and blacks are non-Hispanic; other racial categories include Hispanics. In the data on infant mortality, all racial categories are defined as non-Hispanic. Hispanics may be of any race or two or more races.

The Reproductive Rights 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 if a woman is income eligible, the percent of women living in counties with at least one abortion provider, whether the governor and state legislature are pro-choice, whether states have adopted the Medicaid expansion under the ACA and/or expanded eligibility for Medicaid family planning services, policies that mandate insurance coverage of infertility treatments, whether same-sex marriage is recognized or second-parent adoption is allowed for same-sex couples, and mandatory sex education for children in the public school system. These indicators reflect two changes from IWPR's previous *Status of Women in the States* reports that take into account recent policy developments: the indicator on Medicaid expansion replaces a previous indicator on state contraceptive coverage laws, and the indicator on same-sex marriage or second-parent

adoption modifies a previous indicator on second-parent adoption.

Calculating the Composite Index

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 Medicaid expansion and/or Medicaid family planning eligibility expansions were each given a weight of 1.0. The infertility coverage law and same-sex marriage and/or second-parent adoption laws 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, a pro-choice government, 100 percent of women living in counties with an abortion provider, a Medicaid expansion or state Medicaid family planning eligibility expansion, infertility coverage, legal guarantees of same-sex marriage or 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: Guttmacher Institute 2015b.

WAITING PERIOD: States received a score of 1.0 if they allow a woman to have an abortion without a waiting period. Waiting-period 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: Guttmacher Institute 2015b.

RESTRICTIONS ON PUBLIC FUNDING: If a state provides public funding for all or most medically necessary abortions, exceeding federal requirements, for women who meet income eligibility standards, it received a score of 1.0. Source: Guttmacher Institute 2015b.

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: Guttmacher Institute 2014.

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. Legislatures with a majority that are neither anti- or pro-choice are considered mixed. 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 Pro-Choice America and NARAL Pro-Choice America Foundation 2015 and NARAL Pro-Choice America 2015.

MEDICAID EXPANSION: Whether a state had expanded Medicaid under the ACA or enacted a state Medicaid family planning eligibility expansion through either a waiver of federal policy from the Centers for Medicare and Medicaid Services or a state plan amendment: family planning eligibility expansions extend Medicaid coverage of family planning services to women who would be otherwise ineligible, and in some cases to women who are exiting the Medicaid program. States received a score of 1.0 if they have adopted the Medicaid expansion under the ACA or enacted a state Medicaid family planning eligibility expansion. Sources: Guttmacher Institute 2015e and Kaiser Family Foundation 2015.

COVERAGE OF INFERTILITY TREATMENTS: As of June 2014, states mandating that insurance companies provide coverage of infertility treatments received a score of 1.0, while states mandating that insurance companies offer policyholders coverage of infertility treatments received a score of 0.5. Louisiana, which enacted a statute that prohibits the exclusion of coverage for a medical condition that would otherwise be covered solely because it results in infertility, received a score of 0.0. Source: National Conference of State Legislatures 2014.

SAME-SEX MARRIAGE or SECOND-PARENT ADOPTION: Whether a state recognizes same-sex marriage or allows same-sex couples the option of second-parent adoption (which occurs when a nonbiological parent in a couple adopts the child of his or her partner), or stepparent adoption through marriage: states were given 1.0 point if the state recognizes same-sex marriage or second-parent adoption statewide, 0.5 if same-sex marriage or second-parent adoption is allowed in some localities within the state, and no points if the state does not recognize same-sex marriage or allow second-parent adoption for same-sex couples in any county or the state overall. Alabama was given a score of 1.0; in February 2015, a federal district court order overturning the state's ban on same-sex marriage took effect. The 11th Circuit Court of Appeals and the U.S. Supreme Court declined to stay that order. In response, the Alabama Supreme Court ordered probate judges not to issue marriage licenses to same-sex couples; as of April 2015, same sex couples were pursuing a class-action in federal court (Freedom to Marry 2015). Arkansas and Michigan were given scores of zero; court decisions affirming the right of same-sex couples to marry were issued in both states in 2014, but the decisions were subsequently stayed. As of April 2015, both the Arkansas and Michigan marriage cases were pending further appeal. Missouri was given a 0.5; the state has banned same-sex marriage, but that order is stayed pending appeal. In addition, a state court in Missouri also overturned the ban on same-sex marriage; as of April 2015, this ban was on appeal but had not been stayed, and same-sex couples were able to marry in some Missouri counties. In addition, Missouri has a state court order (which the Attorney General declined to appeal) that marriages same-sex couples entered into elsewhere must be recognized in the state. Sources: National Center for Lesbian Rights 2014 and 2015.

MANDATORY SEX EDUCATION: States received a score of 1.0 if they require public schools (including K-12) to provide sex education classes. Two amendments to IWPR's 2004 *Status of Women in the States* report affect the discussion of trend data on this indicator: both the Guttmacher Institute (2004c) and the earlier *Status*

of Women in the States report listed Alaska and Wyoming as having mandatory sex education in 2004; neither state, however, had mandatory sex education at that time (Elizabeth Nash, Guttmacher Institute, personal communication, April 14, 2015). Source: Guttmacher Institute 2015f.

Appendix B5:

Tables by State and Race/Ethnicity

Table B5.1.

Percent of Low Birth-Weight Babies (less than 5 lbs., 8 oz.) by Race/Ethnicity and State, 2013

	All Women	White Women	Hispanic Women	Black Women
State	Percent	Percent	Percent	Percent
Alabama	10.0%	8.1%	6.5%	14.6%
Alaska	5.8%	5.5%	6.6%	6.5%
Arizona	6.9%	6.4%	6.7%	11.2%
Arkansas	8.8%	7.7%	5.9%	14.0%
California	6.8%	6.0%	6.4%	11.4%
Colorado	8.8%	8.3%	8.7%	14.6%
Connecticut	7.8%	6.6%	8.1%	12.2%
Delaware	8.3%	6.8%	5.6%	12.7%
District of Columbia	9.4%	5.8%	7.5%	12.3%
Florida	8.5%	7.2%	7.1%	12.8%
Georgia	9.5%	7.3%	6.8%	13.4%
Hawaii	8.2%	5.9%	9.4%	14.5%
Idaho	6.9%	6.8%	7.0%	N/A
Illinois	8.2%	6.8%	7.1%	13.8%
Indiana	7.9%	7.3%	6.7%	12.8%
Iowa	6.6%	6.3%	5.3%	10.9%
Kansas	7.0%	6.7%	5.8%	12.6%
Kentucky	8.7%	8.4%	6.3%	13.1%
Louisiana	10.9%	8.1%	7.3%	15.6%
Maine	7.1%	7.1%	N/A	8.4%
Maryland	8.5%	6.6%	6.7%	11.9%
Massachusetts	7.7%	7.0%	8.2%	10.7%
Michigan	8.2%	7.0%	7.2%	13.1%
Minnesota	6.4%	5.7%	6.6%	9.7%
Mississippi	11.5%	8.2%	7.5%	16.1%
Missouri	8.0%	7.0%	6.7%	13.6%
Montana	7.4%	6.9%	6.3%	N/A
Nebraska	6.4%	6.0%	6.2%	11.5%
Nevada	8.0%	7.4%	6.9%	12.7%
New Hampshire	6.8%	6.7%	6.0%	13.5%
New Jersey	8.3%	7.0%	7.5%	12.6%
New Mexico	8.9%	8.9%	9.0%	12.8%
New York	8.0%	6.6%	7.7%	12.4%
North Carolina	8.8%	7.3%	6.8%	13.2%
North Dakota	6.4%	6.1%	5.7%	10.4%
Ohio	8.5%	7.4%	8.1%	13.3%
Oklahoma	8.1%	7.8%	6.3%	13.3%
Oregon	6.3%	5.9%	6.4%	9.2%
Pennsylvania	8.0%	6.8%	8.4%	12.7%
Rhode Island	6.9%	5.8%	7.7%	11.8%
South Carolina	9.7%	7.6%	6.8%	14.3%
South Dakota	6.3%	6.0%	8.4%	8.0%
Tennessee	9.1%	7.9%	6.9%	14.0%
Texas	8.3%	7.4%	7.7%	13.1%
Utah	7.0%	6.7%	7.6%	8.8%
Vermont	6.7%	6.6%	N/A	N/A
Virginia	8.0%	6.7%	6.7%	12.3%
Washington	6.4%	5.9%	6.2%	10.1%
West Virginia	9.4%	9.2%	N/A	15.3%
Wisconsin	7.0%	6.0%	6.7%	13.9%
Wyoming	8.6%	8.4%	9.2%	N/A
United States	8.0%	7.0%	7.1%	13.1%

Notes: N/A=not available. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for Asian/Pacific Islanders, Native Americans, or those who identify with another race/ethnicity or with two or more races.

Source: IWPR compilation of data from Martin et al. 2015b.

Table B5.2.

Infant Mortality Rates (deaths of infants under age one per 1,000 live births) by Race/Ethnicity and State, 2012

	All Women	White Women	Hispanic Women	Black Women	Asian/Pacific Islander Women	Native American Women
State	Rate	Rate	Rate	Rate	Rate	Rate
Alabama	9.0	6.8	5.2	13.3	N/A	N/A
Alaska	5.2	3.2	N/A	N/A	N/A	5.7
Arizona	5.8	4.9	6.0	10.4	6.0	8.8
Arkansas	7.0	6.5	5.9	10.5	N/A	N/A
California	4.5	3.9	4.6	9.1	3.8	6.9
Colorado	4.6	4.6	5.5	11.2	6.4	N/A
Connecticut	5.2	3.7	6.7	10.6	3.3	N/A
Delaware	7.6	6.4	6.0	12.3	N/A	N/A
District of Columbia	8.0	3.0	N/A	11.2	N/A	N/A
Florida	6.1	5.0	4.9	11.1	4.0	N/A
Georgia	6.3	5.0	4.4	9.7	3.4	N/A
Hawaii	5.0	3.8	6.3	N/A	5.9	N/A
Idaho	5.4	4.8	6.1	N/A	N/A	N/A
Illinois	6.5	5.1	5.7	13.2	5.3	N/A
Indiana	6.7	6.6	6.6	12.7	4.7	N/A
Iowa	5.3	4.7	3.8	11.4	N/A	N/A
Kansas	6.3	5.5	7.1	12.9	N/A	N/A
Kentucky	7.1	6.6	6.6	10.1	N/A	N/A
Louisiana	8.2	5.9	4.3	11.5	6.4	N/A
Maine	6.7	6.2	N/A	N/A	N/A	N/A
Maryland	6.4	3.9	5.2	11.5	4.3	N/A
Massachusetts	4.2	3.5	6.0	6.4	3.9	N/A
Michigan	6.9	5.2	5.6	13.6	4.0	12.2
Minnesota	5.1	4.2	5.2	8.1	3.8	10.8
Mississippi	8.8	6.4	N/A	13.0	N/A	N/A
Missouri	6.6	5.5	6.4	12.1	4.0	N/A
Montana	5.9	5.6	N/A	N/A	N/A	8.7
Nebraska	4.7	4.4	5.6	11.4	N/A	N/A
Nevada	4.8	5.1	4.9	9.0	4.4	N/A
New Hampshire	4.2	3.9	N/A	N/A	N/A	N/A
New Jersey	4.4	3.2	4.6	10.5	3.8	N/A
New Mexico	6.9	5.4	6.0	N/A	N/A	6.2
New York	5.0	3.9	5.1	9.3	3.5	10.2
North Carolina	7.4	5.4	5.5	12.7	4.4	11.2
North Dakota	6.2	5.7	N/A	N/A	N/A	14.8
Ohio	7.5	6.5	6.5	13.9	4.6	N/A
Oklahoma	7.5	7.0	6.0	10.9	7.2	8.8
Oregon	5.3	4.6	5.0	8.7	5.3	9.5
Pennsylvania	7.0	5.4	7.6	12.7	3.9	N/A
Rhode Island	6.5	5.5	6.1	11.9	N/A	N/A
South Carolina	7.6	5.2	4.5	12.1	N/A	N/A
South Dakota	8.7	5.8	N/A	N/A	N/A	12.3
Tennessee	7.3	6.5	5.1	12.3	3.7	N/A
Texas	5.8	5.2	5.4	10.7	3.8	N/A
Utah	4.9	4.8	5.0	12.1	7.8	N/A
Vermont	4.3	4.5	N/A	N/A	N/A	N/A
Virginia	6.4	4.9	5.8	12.6	5.0	N/A
Washington	5.2	4.4	4.3	8.0	4.2	8.8
West Virginia	7.3	7.1	N/A	9.8	N/A	N/A
Wisconsin	5.8	5.0	5.1	13.4	5.2	8.4
Wyoming	5.2	6.1	N/A	N/A	N/A	N/A
United States	6.0	5.1	5.2	11.4	4.2	8.3

Notes: N/A=not available. Whites and blacks are non-Hispanic; other racial categories include Hispanics. Hispanics may be of any race or two or more races. Data for all women are for 2012; other data are three-year (2010–2012) averages. These three-year averages differ slightly from the data presented in Table 5.2, which are for 2012. Sources: Data for all women are from the Centers for Disease Control and Prevention 2014; data by race and ethnicity are from the Centers for Disease Control and Prevention 2013. Compiled by the Institute for Women's Policy Research.

References

- American Society for Emergency Contraception. 2014. *EC on the Shelf: Real-World Access in the OTC Era*. <<http://www.americansocietyforec.org>> (accessed April 28, 2015).
- Armstrong, Erin. 2013. "Medical Management and Access to Contraception." National Health Law Program. <<http://www.healthlaw.org/about/staff/erin-armstrong/all-publications/medical-management-and-access-to-contraception#.VTILDZNUNSA>> (accessed April 22, 2015).
- Asetoyer, Charon, Mia Luluquisen, and Natalie Millis. 2009. *Indigenous Women's Roundtable Report on the Availability of Plan B® and Emergency Contraceptives Within Indian Health Service*. Lake Andes, SD: Native American Women's Health Education Resource Center. <http://www.nativeshop.org/images/stories/media/pdfs/_RoundtableofEC_PlanBintheIHSER2009.pdf> (accessed August 29, 2014).
- Boonstra, Heather D. 2013. "Insurance Coverage of Abortion: Beyond the Exceptions for Life Endangerment, Rape and Incest." *Guttmacher Policy Review* 16 (3). <<http://www.guttmacher.org/pubs/gpr/16/3/gpr160302.html>> (accessed May 4, 2015).
- Breiding, Matthew J., Sharon G. Smith Kathleen C. Basile, Mikel L. Walters, Jieru Chen, and Melissa T. Merrick. 2014. *Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization - National Intimate Partner and Sexual Violence Survey, United States, 2011*. Morbidity and Mortality Weekly Report, Surveillance Summaries 63: 8. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <<http://www.cdc.gov/mmwr/pdf/ss/ss6308.pdf>> (accessed February 15, 2015).
- Buckles, Kasey. 2008. "Understanding the Returns to Delayed Childbearing for Working Women." *The American Economic Review* 98 (2): 403-407.
- Burke, Amy and Adelle Simmons. 2014. *Increased Coverage of Preventive Services with Zero Cost Sharing Under the Affordable Care Act*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <http://aspe.hhs.gov/health/reports/2014/preventiveservices/ib_preventiveservices.pdf> (accessed March 18, 2015).
- Center for Mississippi Health Policy. 2012. "Medicaid Expansion: An Overview of Potential Impacts in Mississippi." <https://www.statereform.org/sites/default/files/medicaid_expansion_overview_issue_brief_nov_2012.pdf> (accessed February 25, 2015).
- Center for Reproductive Rights. 2012. *The Contraception Controversy: A Comprehensive Reply*. <http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/crr_Contraception_Controversy_041012.PDF> (accessed August 29, 2014).
- Centers for Disease Control and Prevention. 2012. "Pregnancy Nutrition Surveillance System Table 10D: Maternal Behavioral Indicators by Race/Ethnicity, Age, or Education." <http://www.cdc.gov/pednss/pnss_tables/pdf/national_table10.pdf> (accessed December 9, 2014).
- Centers for Disease Control and Prevention. National Center for Health Statistics. 2013. "User Guide to the 2012 Period Linked Birth/Infant Death and Public Use File." <ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Data-set_Documentation/DVS/periodlinked/LinkPE12Guide.pdf> (accessed December 9, 2014).
- Centers for Disease Control and Prevention. National Center for Health Statistics. 2014. "Deaths: Final Data for 2012 Detailed Tables." *National Vital Statistics Reports* 63 (9). Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics. <http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_09.pdf> (accessed March 9, 2015).

Child Trends Databank. 2014. *Late or No Prenatal Care: Indicators on Children and Youth*. Bethesda, MD: Child Trends. <<http://www.childtrends.org/?indicators=late-or-no-prenatal-care>> (accessed January 13, 2015).

Cohn, D'Vera, Jeffrey S. Passel, Wendy Wang, and Gretchen Livingston. 2011. *Barely Half of U.S. Adults Are Married – A Record Low*. Washington, DC: Pew Research Center. <<http://www.pewsocialtrends.org/files/2011/12/Marriage-Decline.pdf>> (accessed January 15, 2015).

Cooper, Leslie and Paul Cates. 2006. *Too High a Price: The Case Against Restricting Gay Parenting*. New York, NY: American Civil Liberties Union. <https://www.aclu.org/files/images/asset_upload_file480_27496.pdf> (accessed March 31, 2015).

Daniels, Kimberly, Jo Jones, and Joyce Abma. 2013. “Use of Emergency Contraception Among Women Aged 15–44: United States, 2006–2010.” National Center for Health Statistics Data Brief #112. Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics. <<http://www.cdc.gov/nchs/data/databriefs/db112.pdf>> (accessed April 23, 2015).

Dreweke, Joerg. 2014. “Contraception Is Not Abortion: The Strategic Campaign of Antiabortion Groups to Persuade the Public Otherwise.” *Guttmacher Institute Policy Review* 17 (4). Washington, DC: Guttmacher Institute. <<http://www.GuttmacherInstitute.org/pubs/gpr/17/4/gpr170414.html>> (accessed September 9, 2014).

Freedom to Marry. 2015. “States.” <<http://www.freedomtomarry.org/states/>> (accessed March 31, 2015).

Gates, Gary. 2015. “Demographics of Married and Unmarried Same-sex Couples: Analyses of the 2013 American Community Survey.” Los Angeles, California: the Williams Institute at UCLA School of Law. <<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Demographics-Same-Sex-Couples-ACS2013-March-2015.pdf>> (accessed March 29, 2015).

Gattozzi, Ellen. 2008. *Indigenous Women's Reproductive Justice: A Survey of the Availability of Plan B® and Emergency Contraceptives Within Indian Health Service*. Lake Andes, SD: Native American Women's Health Education Resource Center. <http://www.nativeshop.org/images/stories/media/pdfs/SurveyofEC_PlanBintheIHSER2008.pdf> (accessed August 29, 2014).

Gault, Barbara, Lindsey Reichlin, and Stephanie Román. 2014. *College Affordability for Low-Income Adults: Improving Returns on Investment for Families and Society. Report #C412*. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/college-affordability-for-low-income-adults-improving-returns-on-investment-for-families-and-society>> (accessed April 21, 2015).

Guttmacher Institute. 2004a. “Parental Involvement in Minors' Abortions.” Washington, DC: Guttmacher Institute.

Guttmacher Institute. 2004b. “State Funding of Abortion Under Medicaid.” Washington, DC: Guttmacher Institute.

Guttmacher Institute. 2004c. “State Sex and STD/HIV Education Policy.” Washington, DC: Guttmacher Institute.

Guttmacher Institute. 2014. State Data Center. “Table: Percentage of Women Aged 15–44 Living in a County Without an Abortion Provider, 2011.” <<http://www.guttmacher.org/datacenter/servlet/CreateTable?action=doTable>> (accessed August 29, 2014).

Guttmacher Institute. 2015a. “Trends in the States: First Quarter 2015.” <<http://www.guttmacher.org/media/inthenews/2015/04/02/index.html>> (accessed April 11, 2015).

Guttmacher Institute. 2015b. “An Overview of Abortion Laws.” <http://www.guttmacher.org/statecenter/spibs/spib_OAL.pdf> (accessed March 2, 2015).

Guttmacher Institute. 2015c. “Insurance Coverage of Contraceptives.” <http://www.guttmacher.org/statecenter/spibs/spib_ICC.pdf> (accessed March 2, 2015).

Guttmacher Institute. 2015d. “Emergency Contraception.” <http://www.guttmacher.org/statecenter/spibs/spib_EC.pdf> (accessed April 22, 2015).

Guttmacher Institute. 2015e. “Medicaid Family Planning Eligibility Expansions.” <http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf> (accessed April 23, 2015).

Guttmacher Institute. 2015f. “Sex and HIV Education.” <http://www.guttmacher.org/statecenter/spibs/spib_SE.pdf> (accessed March 2, 2015).

Hamilton, Brady E. Joyce A. Martin, Michelle J.K. Osterman, Sally C. Curtin, and T.J. Mathews. 2014. “Births: Preliminary Data for 2013.” *National Vital Statistics Reports* 63 (2). Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics. <http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf> (accessed March 9, 2015).

Hock, Heinrich. 2007. *The Pill and the College Attainment of American Women and Men*. Tallahassee, FL: Florida State University. <ftp://econpapers.fsu.edu/RePEc/fsu/wpaper/wp2007_10_01.pdf> (accessed April 16, 2015).

Institute for Women’s Policy Research. 2004. *The Status of Women in the States*. Report #266. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/the-status-of-women-in-the-states>> (accessed February 28, 2015).

Kaiser Family Foundation. 2014a. “State Health Facts: Mandated Coverage of Infertility Treatment.” <<http://kff.org/womens-health-policy/state-indicator/infertility-coverage/#>> (accessed December 20, 2014).

Kaiser Family Foundation. 2014b. “State Funding of Abortions Under Medicaid.” <<http://kff.org/medicaid/state-indicator/abortion-under-medicaid/>> (accessed April 1, 2015).

Kaiser Family Foundation. 2014c. “Emergency Contraception.” <<http://kff.org/womens-health-policy/fact-sheet/emergency-contraception/>> (accessed April 22, 2015).

Kaiser Family Foundation. 2015. “Status of State Action on the Medicaid Expansion Decision.” <<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>> (accessed February 26, 2015).

Kingfisher, Pamela, Charon Asetoyer, and Rolene Provost. 2012. *Indigenous Women’s Dialogue: Roundtable Report on the Accessibility of Plan B® as an Over the Counter (OTC) within Indian Health Service*. Lake Andes, SD: Native American Women’s Health Education Resource Center, <<http://www.nativeshop.org/images/stories/media/pdfs/Plan-B-Report.pdf>> (accessed March 29, 2015).

Kirby, Douglas. 2007. *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. <https://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf> (accessed March 5, 2015).

Lambda Legal. 2015. “Reproductive Rights and Sexual Health.” New York, NY: Lambda Legal. <<http://stage.lambdalegal.org/issues/reproductive-rights-and-sexual-health>> (accessed March 31, 2015).

Liang, Su-Ying, Daniel Grossman, and Kathryn A. Phillips. 2011. “Women’s Out-of-Pocket Expenditures and Dispensing Patterns for Oral Contraceptive Pills Between 1996 and 2006.” *Contraception* 83 (6): 528–536.

Martin, Joyce A., Brady E. Hamilton, Michelle J.K. Osterman, Sally C. Curtin, and T.J. Mathews. 2015a. “Births: Final Data for 2013.” *National Vital Statistics Reports* 64 (1). Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics. <http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf> (accessed March 9, 2015).

- Martin, Joyce A., Brady E. Hamilton, Michelle J.K. Osterman, Sally C. Curtin, and T.J. Mathews. 2015b. "Births: Final Data for 2013 Supplemental Tables." *National Vital Statistics Reports* 64 (1). Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics. <http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01_tables.pdf> (accessed March 9, 2015).
- Martinez, Michael E. and Robin A. Cohen. 2009. *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–September 2008*. Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics. <<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur200903.pdf>> (accessed April 2, 2015).
- Martinez, Michael E. and Robin A. Cohen. 2015. *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–September 2014*. Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics. <<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201503.pdf>> (accessed April 2, 2015).
- Mathews, T.J. and Brady E. 2009. "Delayed Childbearing: More Women Are Having Their First Child Later in Life." Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics. <<http://www.cdc.gov/nchs/data/databriefs/db21.pdf>> (accessed January 7, 2015).
- Miller, Amalia R. 2011. "The Effects of Motherhood Timing on Career Path." *Journal of Population Economics* 24 (3): 1071–1100.
- Movement Advancement Project, Family Equality Council, and Center for American Progress. 2011. "All Children Matter: How Legal and Social Inequalities Hurt LGBT Families." <<http://www.lgbtmap.org/file/all-children-matter-full-report.pdf>> (accessed March 5, 2015).
- Movement Advancement Project, Family Equality Council, and Center for American Progress. 2012. "Securing Legal Ties for Children Living in LGBT Families: A State Strategy and Policy Guide." <<http://www.lgbtmap.org/file/securing-legal-ties.pdf>> (accessed March 5, 2015).
- Movement Advancement Project. 2015. "Foster and Adoption Laws." Denver, Colorado: Movement Advancement Project. <http://www.lgbtmap.org/equality-maps/foster_and_adoption_laws> (accessed March 31, 2015).
- NARAL Pro-Choice America and NARAL Pro-Choice America Foundation. 2015. *Who Decides? The Status of Women's Reproductive Rights in the United States*. Washington, DC. <<http://www.prochoiceamerica.org/assets/download-files/2015-who-decides.pdf>> (accessed January 12, 2015).
- NARAL Pro-Choice America. 2015. "Vermont: Political Info and Laws in Brief." <<http://www.prochoiceamerica.org/government-and-you/state-governments/state-profiles/vermont.html>> (accessed April 23, 2015).
- National Campaign to Prevent Teen and Unplanned Pregnancy. 2008. "Science Says #34: Unplanned Pregnancy and Family Turmoil." Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. <<https://thenationalcampaign.org/resource/science-says-34>> (accessed April 21, 2015).
- National Center for Lesbian Rights. 2014. "Adoption by LGBT Parents." <http://www.nclrights.org/wp-content/uploads/2013/07/2PA_state_list.pdf> (accessed December 19, 2014).
- National Center for Lesbian Rights. 2015. *Marriage, Domestic Partnerships, and Civil Unions: Same-Sex Couples Within the United States*. San Francisco: National Center for Lesbian Rights. <http://www.nclrights.org/wp-content/uploads/2013/07/Relationship_Recognition.pdf> (accessed March 25, 2015).
- National Conference of State Legislatures. 2011. "States Implement Health Reform: Medicaid and the Affordable Care Act." <<http://www.ncsl.org/documents/health/HRMedicaid.pdf>> (accessed February 28, 2015).
- National Conference of State Legislatures. 2014. "State Laws Related to Insurance Coverage for Infertility Treatment." <<http://www.ncsl.org/research/health/insurance-coverage-for-infertility-laws.aspx>> (accessed April 24, 2015).

National Women's Law Center. 2012. "Contraceptive Equity Laws in Your State: Know Your Rights - Use Your Rights, A Consumer Guide." Washington, DC: National Women's Law Center. <<http://www.nwlc.org/resource/contraceptive-equity-laws-your-state-know-your-rights-use-your-rights-consumer-guide-0>> (accessed October 15, 2014).

National Women's Law Center. 2014a. "2013 State Level Abortion Restrictions: An Extreme Overreach into Women's Reproductive Health Care." Washington, DC: National Women's Law Center. <http://www.nwlc.org/sites/default/files/pdfs/2013_state_legislation_factsheet_1-27-14.pdf> (accessed January 20, 2015).

National Women's Law Center. 2014b. "2014 State Level Abortion Restrictions at Mid-Year: An Extreme Overreach into Women's Reproductive Health Care." Washington, DC: National Women's Law Center. <http://www.nwlc.org/sites/default/files/pdfs/2014_state_abortion_legislation_factsheet_1.22.15v2.pdf> (accessed January 20, 2015).

National Women's Law Center. 2015. "Contraceptive Coverage in the Health Care Law: Frequently Asked Questions." Washington, DC: National Women's Law Center. <http://www.nwlc.org/sites/default/files/pdfs/contraceptive_coverage_in_the_health_care_law_frequently_asked_questions.pdfv3_.pdf> (accessed January 15, 2015).

Rovner, Julie. 2014. "Hobby Lobby Decision May Not Be The Last Word On Birth Control Coverage." *Kasier Health News*. <<http://kaiserhealthnews.org/news/contraception-mandate-state-laws-ecoc-pregnancy-discrimination-act/>> (accessed September 9, 2014).

Salganicoff, Alina, Adara Beamesderfer, Nisha Kurani, and Laurie Sobel. 2014. "Coverage for Abortion Services and the ACA." <<http://kff.org/womens-health-policy/issue-brief/coverage-for-abortion-services-and-the-aca/>> (accessed March 23, 2015).

Sobel, Laurie, Alina Salganicoff, and Nisha Kurani. 2015. *Coverage of Contraceptive Services: A Review of Health Insurance Plans in Five States*. <<http://kff.org/womens-health-policy/report/coverage-of-contraceptive-services-a-review-of-health-insurance-plans-in-five-states/>> (accessed April 19, 2015).

Sonfield, Adam. 2014. "Contraceptive Coverage at the U.S. Supreme Court: Countering Rhetoric with Evidence." *Guttmacher Institute Policy Review* 17 (1). <<http://www.GuttmacherInstitute.org/pubs/gpr/17/1/gpr170102.html>> (accessed April 11, 2015).

Sonfield, Adam, Athena Tapales, Rachel K. Jones, and Lawrence B. Finer. 2015. "Impact of the Federal Contraceptive Coverage Guarantee on Out-of-Pocket Payments for Contraceptives: 2014 Update." *Contraception* 91: 44–48. <<http://www.contraceptionjournal.org/article/S0010-7824%2814%2900687-8/pdf>> (accessed April 11, 2015).

U.S. Census Bureau. 2013. "Table MS-2. Estimated Median Age at First Marriage, by Sex: 1890 to the Present." Current Population Survey, March and Annual Social and Economic Supplements, 2013 and earlier. <<https://www.census.gov/hhes/families/files/graphics/MS-2.pdf>> (accessed January 9, 2015).

U.S. Department of Health and Human Services. 2009. "Prenatal Care." <<http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.pdf>> (accessed March 27, 2015).

U.S. Department of Health and Human Services. Health Resources and Services Administration. 2014. "Women's Preventive Services Guidelines." <<http://www.hrsa.gov/womensguidelines/>> (accessed January 25, 2015).



CHAPTER 6

THE STATUS OF WOMEN IN THE STATES: 2015

Health & Well-Being

Introduction

Health is a critical component of women's economic security and overall well-being. Poor health can pose obstacles to women's financial stability, educational attainment, and employment, just as good health can enable women to thrive in each of these areas of life. Multiple factors shape women's health status, including genetics and behaviors. The environments where women live and work also play a role: structural factors such as economic insecurity, access to affordable health care, poor housing quality, lack of safety, inadequate access to healthy food (World Health Organization 2008), and racism (Williams 1999) all influence women's health and their likelihood of experiencing health problems.

This chapter provides data on women's health status in the United States, beginning with a Composite Index of women's health that includes nine indicators covering chronic disease, sexual health, mental health, and physical health. It analyzes data on additional aspects of women's health, including behavioral measures such as smoking, exercise, and diet, and preventive health care measures such as mammograms, pap tests, and screenings for HIV. In addition, the chapter examines how women's health status has improved or declined in these areas in recent years. It also notes places where women's health status varies by race/ethnicity and age and examines the health status of those who identify as a sexual minority.

The Health & Well-Being Composite Score

The Health & Well-Being Composite Index compares the states' performance on nine component indicators: mortality rates from heart disease, breast cancer, and lung cancer; incidence of diabetes, chlamydia, and AIDS; average number of days per month that mental health is not good; average number of days per month that activities were limited due to health status; and suicide mortality rates. Composite scores ranged from a high of 2.81 to a low of

Best and Worst States on Women's Health & Well-Being

State	Rank	Grade
Minnesota	1	A-
Hawaii	2	B+
North Dakota	3	B+
Utah	4	B
Nebraska	5	B
Mississippi	51	F
Alabama	50	F
Louisiana	49	F
District of Columbia	48	F
Arkansas	47	D-

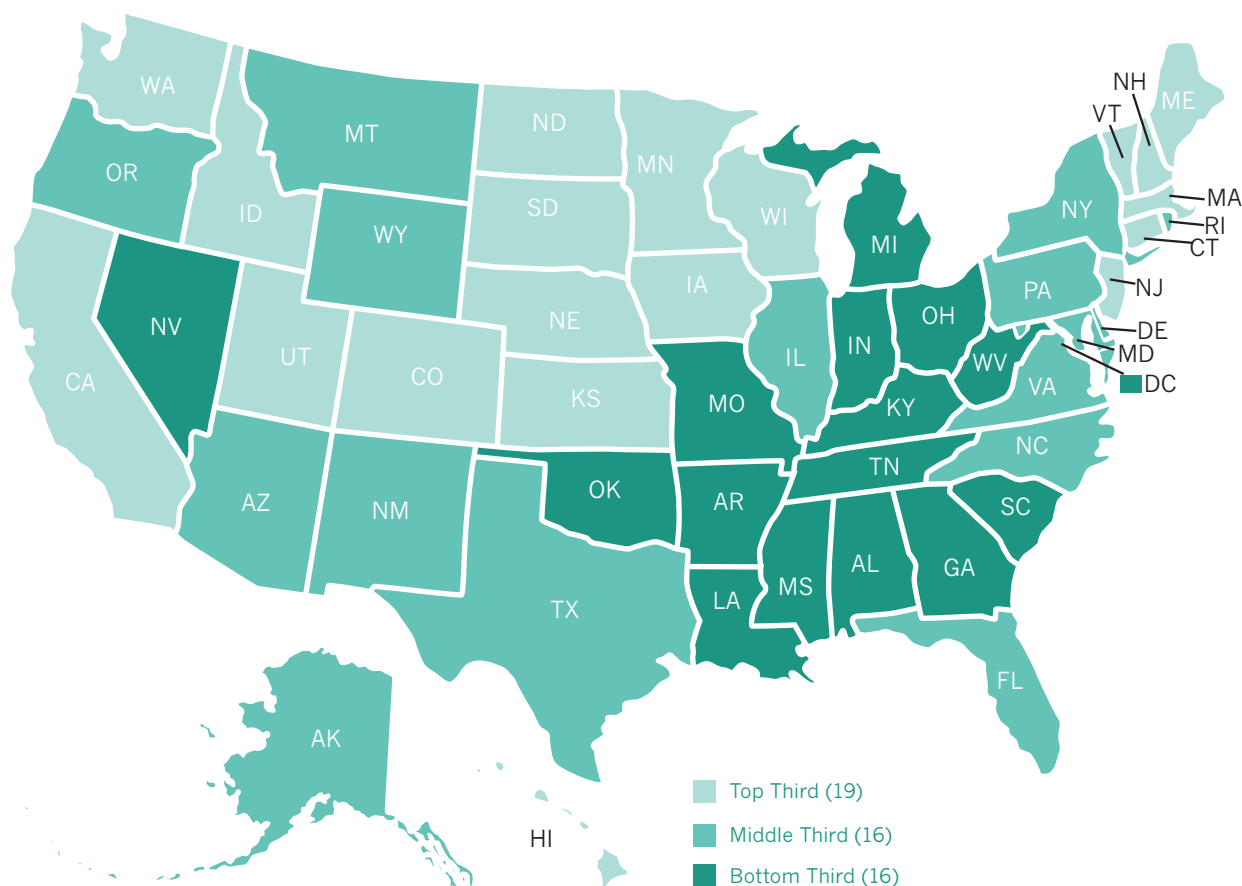
1.20, with the higher scores reflecting stronger performance in the area of women's health and corresponding with higher letter grades (Table 6.1). For information on how the composite scores were calculated and grades determined, see Appendix A6.

- Minnesota ranks first in the nation on the Composite Index of Women's Health & Well-Being. The state has the lowest female mortality rate from heart disease and ranks in the top ten on all other component indicators except for lung cancer and suicide mortality rates and incidence of AIDS, for which the state ranks 11th, 12th, and 30th, respectively. In the 2004 *Status of Women in the States* report, Minnesota ranked second in the nation, behind Utah.

- Mississippi ranks last among all states and the District of Columbia for women's health. It has the worst ranking on mortality from heart disease, and the second to worst ranking on the percentage of women with diabetes. The state also ranks in the bottom ten for mortality from breast cancer, the average number of days per month on which health status limited women's activities, incidence of AIDS and chlamydia, and poor mental health.

- The best ten states for women's health are all in the Western, Northeastern, or Midwestern parts of the country. In addition to Minnesota, the best-ranking states include Colorado, Connecticut, Hawaii, Iowa, Massachusetts, Nebraska, North Dakota, Utah, and Vermont.

Map 6.1. Health & Well-Being Composite Index



Note: For sources and methodology, see Appendix A6. Calculated by the Institute for Women's Policy Research.

Table 6.1. How the States Measure Up: Women’s Status on the Health & Well-Being Composite Index and Its Components

State	Composite Index			Heart Disease Mortality		Lung Cancer Mortality		Breast Cancer Mortality		Incidence of Diabetes		Rate of Reported Cases 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	1.23	50	F	184.3	50	39.3	32	21.9	31	14.1%	51	849.5	47	5.6	37	5.6	51	5.5	20	5.9	47
Alaska	2.09	27	C	100.9	3	42.8	43	18.9	6	6.6%	2	1,113.3	50	2.0	20	3.9	11	8.5	45	4.6	23
Arizona	2.08	28	C-	112.6	8	30.7	6	19.7	14	10.0%	28	666.2	35	1.4	11	4.5	32	7.9	43	5.2	40
Arkansas	1.41	47	D-	173.6	48	44.3	47	21.9	31	10.5%	39	755.3	43	2.0	20	5.5	50	6.4	35	5.9	47
California	2.30	17	C+	122.1	22	28.5	5	20.6	25	10.2%	33	588.1	26	2.3	26	4.2	23	4.6	9	4.7	28
Colorado	2.57	6	B	102.3	4	27.5	4	19.4	11	5.9%	1	554.8	19	2.0	20	4.0	13	8.7	46	3.8	4
Connecticut	2.52	7	B-	121.9	21	33.5	12	19.2	10	7.6%	8	500.4	11	5.2	36	3.9	11	4.2	7	4.1	9
Delaware	1.91	34	D+	137.5	32	42.0	41	22.1	34	11.2%	43	785.6	44	7.9	45	4.1	18	5.5	20	4.4	18
District of Columbia	1.37	48	F	166.8	45	34.2	14	29.1	51	8.5%	18	1,197.8	51	47.6	51	3.8	8	3.1	1	4.3	14
Florida	2.00	32	C-	117.6	18	35.7	17	20.3	20	10.1%	30	574.4	25	10.1	47	4.7	41	6.5	37	5.1	37
Georgia	1.83	38	D	144.2	36	35.7	17	22.2	36	11.7%	45	721.2	40	14.8	50	4.1	18	5.0	13	4.8	31
Hawaii	2.76	2	B+	98.2	2	25.1	2	14.8	1	8.4%	17	673.0	36	0.8	6	3.1	1	5.3	17	4.1	9
Idaho	2.33	14	C+	116.7	14	31.5	8	20.1	17	7.3%	7	487.4	9	0.6	4	4.5	32	8.1	44	4.4	18
Illinois	2.18	23	C	136.9	29	39.2	31	22.8	45	10.2%	33	698.1	39	3.7	31	4.1	18	3.9	5	4.0	8
Indiana	1.86	37	D+	147.7	38	42.2	42	22.0	33	10.3%	36	611.8	28	2.5	29	4.9	44	5.8	27	4.9	32
Iowa	2.45	10	B-	132.5	28	36.5	22	19.6	13	9.4%	25	509.5	14	1.5	13	3.5	5	5.3	17	3.7	2
Kansas	2.30	17	C+	124.5	23	38.4	30	20.5	23	9.3%	24	573.8	24	1.7	16	3.8	8	5.8	27	4.2	12
Kentucky	1.50	43	D-	162.8	43	54.4	51	22.4	38	10.6%	40	543.8	17	2.1	23	5.4	49	6.1	32	5.7	46
Louisiana	1.31	49	F	170.8	47	41.7	40	24.3	50	12.8%	48	904.7	49	14.0	49	4.9	44	5.2	15	5.5	44
Maine	2.30	17	C+	116.7	14	44.0	46	17.7	3	8.9%	22	354.1	2	1.7	16	4.4	30	6.5	37	4.6	23
Maryland	2.12	26	C	139.0	33	36.1	19	22.5	39	10.0%	28	627.8	29	13.7	48	4.0	13	3.5	3	4.3	14
Massachusetts	2.48	9	B-	110.2	7	37.9	28	19.1	8	8.1%	11	462.7	7	6.1	40	4.2	23	4.1	6	4.3	14
Michigan	1.87	36	D+	160.4	42	41.2	36	22.1	34	9.7%	26	636.9	32	2.4	28	4.6	36	5.0	13	4.9	32
Minnesota	2.81	1	A-	89.3	1	33.4	11	19.1	8	7.0%	4	478.4	8	2.6	30	3.4	4	4.9	12	3.8	4
Mississippi	1.20	51	F	191.7	51	41.2	36	23.9	49	13.7%	50	825.5	46	7.2	43	5.0	47	5.5	20	5.9	47
Missouri	1.75	41	D	155.8	41	44.4	48	22.6	41	10.2%	33	628.6	30	2.1	23	4.5	32	6.4	35	5.2	40
Montana	2.16	25	C	116.6	13	36.4	21	20.4	21	7.0%	4	540.0	16	0.5	3	4.0	13	10.8	51	4.6	23
Nebraska	2.58	5	B	117.1	16	34.8	16	20.2	18	8.3%	14	529.9	15	1.1	9	3.5	5	4.7	10	3.8	4
Nevada	1.76	40	D	147.0	37	41.6	39	22.7	42	8.5%	18	598.3	27	4.2	34	4.6	36	9.1	47	5.0	35
New Hampshire	2.43	11	B-	117.4	17	41.1	35	19.7	14	7.9%	10	327.2	1	1.3	10	4.2	23	5.7	25	4.4	18
New Jersey	2.39	13	C+	137.4	31	33.6	13	23.4	47	8.3%	14	457.4	6	6.9	42	3.7	7	3.2	2	4.2	12
New Mexico	1.93	33	D+	118.2	19	26.2	3	18.7	4	10.7%	41	858.0	48	0.9	7	4.3	27	10.0	50	5.2	40
New York	2.03	30	C-	155.0	40	34.2	14	21.0	27	10.9%	42	639.4	33	8.5	46	4.3	27	3.6	4	4.5	22
North Carolina	1.91	34	D+	131.2	26	37.6	26	21.4	29	11.3%	44	743.0	42	5.9	39	4.3	27	5.8	27	5.0	35
North Dakota	2.70	3	B+	116.1	11	31.5	8	17.4	2	7.8%	9	559.2	21	0.4	2	3.2	2	5.7	25	3.5	1
Ohio	1.81	39	D	150.7	39	43.6	45	23.2	46	10.3%	36	648.9	34	2.3	26	4.6	36	5.3	17	5.1	37
Oklahoma	1.42	46	D-	182.7	49	45.7	49	23.4	47	10.1%	30	678.7	38	2.1	23	4.9	44	7.3	41	5.6	45
Oregon	2.17	24	C	102.6	5	39.3	32	20.2	18	8.7%	20	504.5	12	1.4	11	4.7	41	7.6	42	5.1	37
Pennsylvania	2.02	31	C-	143.6	35	37.4	25	22.5	39	10.1%	30	545.8	18	5.6	37	4.6	36	5.2	15	4.6	23
Rhode Island	2.19	21	C	131.3	27	41.2	36	19.0	7	8.2%	13	561.6	22	3.8	32	4.4	30	4.4	8	4.9	32
South Carolina	1.63	42	D-	140.7	34	38.1	29	22.7	42	13.4%	49	787.3	45	7.2	43	4.7	41	6.0	31	5.3	43
South Dakota	2.43	11	B-	116.0	9	36.5	22	21.1	28	9.2%	23	673.0	36	0.6	4	3.2	2	6.2	33	3.8	4
Tennessee	1.44	45	D-	162.8	43	43.4	44	22.3	37	12.0%	46	636.6	31	4.8	35	4.6	36	5.9	30	6.5	51
Texas	2.08	28	C-	136.9	29	31.8	10	20.5	23	10.4%	38	739.2	41	6.6	41	4.1	18	4.8	11	4.7	28
Utah	2.60	4	B	121.8	20	15.6	1	20.4	21	6.8%	3	355.8	3	1.7	16	4.2	23	9.1	47	3.7	2
Vermont	2.49	8	B-	116.5	12	39.9	34	18.8	5	7.1%	6	415.8	5	0.0	1	4.1	18	6.3	34	4.1	9
Virginia	2.19	21	C	128.3	25	36.5	22	21.7	30	9.7%	26	556.3	20	4.0	33	3.8	8	5.5	20	4.7	28
Washington	2.33	14	C+	108.3	6	36.1	19	19.7	14	8.1%	11	505.1	13	1.6	14	4.5	32	6.6	40	4.6	23
West Virginia	1.49	44	D-	167.1	46	46.7	50	22.7	42	12.6%	47	385.5	4	1.8	19	5.3	48	6.5	37	6.0	50
Wisconsin	2.32	16	C+	125.0	24	37.8	27	20.8	26	8.3%	14	570.5	23	1.6	14	4.0	13	5.6	24	4.3	14
Wyoming	2.29	20	C+	116.0	9	31.4	7	19.4	11	8.7%	20	491.6	10	0.9	7	4.0	13	9.2	49	4.4	18
United States				136.1		36.3		21.3		10.0%		623.1		4.8		4.3		5.4		4.8	

Notes: For purposes of comparing with earlier IWPR *Status of Women in the States* reports, the median has been calculated for all 50 states and the District of Columbia for incidence of diabetes (9.7%), poor mental health (4.2 days), and limited activities (4.6 days). Data on heart disease, lung cancer, breast cancer, chlamydia, and suicide mortality are for women of all ages; data on diabetes, poor mental health, and limited activities are for women aged 18 and older; and data on AIDS are for women aged 13 and older. State-level IWPR data on men’s health are available at www.statusofwomensdata.org. See Appendix A6 for methodology and sources.

- States in the South have the lowest composite scores on women’s health status (Map 6.1). Alabama, Arkansas, Kentucky, Louisiana, Mississippi, South Carolina, Tennessee, and West Virginia rank among the bottom ten states. The District of Columbia and Oklahoma are also in the bottom ten.
- One state—Minnesota—received an A- on the Composite Index of Health & Well-Being. Hawaii and North Dakota received a B+. Four jurisdictions—Alabama, the District of Columbia, Louisiana, and Mississippi—received grades of F. For information on how grades were determined, see Appendix A6.

Trends in Health & Well-Being

In the United States overall, women’s health status has improved in some areas and declined in others. Women’s mortality rates from heart disease, lung cancer, and breast cancer have decreased since the publication of IWPR’s 2004 *Status of Women in the States* report, as has the incidence of AIDS among female adolescents and adults. Women’s incidence of chlamydia and diabetes, however, have increased (IWPR 2004; Table 6.1). In addition, the average number of poor mental health days per month, suicide mortality rate, and average number of days per month of limited activities have also gone up for women.

- On the composite score for women’s health, only the District of Columbia and 10 states—California, Colorado, Connecticut, Delaware, Florida, Kentucky, Maine, Nebraska, New Jersey, and Texas—have improved in their scores. Delaware and California experienced the largest gains, with scores that increased by 8.5 and 7.0 percent, respectively. Both states moved up in the rankings on the Composite Index since the 2004 data release; Delaware moved up from 45th place to 34th, and California from 29th place to 17th.
- Among states whose composite scores have declined, Alabama and Tennessee experienced the biggest losses, with scores that decreased by 27.6 and 25.4 percent. Both states slid down in the rankings since the 2004 data release; Alabama fell from 46th to 50th place, and Tennessee moved down from 38th to 45th place.

What Has Improved

- Nationally, the rate of heart disease among women of all ages declined 36 percent between 2001 and 2013, from 211.5 to 136.1 per 100,000.¹ All states in the nation have experienced a decrease, with the biggest declines in Florida and California (40 percent each), New Hampshire (39 percent), and Maine, Alaska, New York, and Massachusetts (38 percent each; IWPR 2004 and Table 6.1).
- The lung cancer mortality rate among women of all ages in the United States declined between 2001 and 2013 from 41.0 per 100,000 to 36.3 per 100,000, or about 11 percent. The states experiencing the greatest declines are in the West: California (26 percent), Nevada (24 percent), Washington (23 percent), Wyoming (21 percent), and Arizona (20 percent). Eight states had a higher female lung cancer mortality rate in 2013 than in 2001, including South Dakota (their rate increased by 15 percent), Vermont and Wisconsin (their rates increased by four percent), and Kentucky, Iowa, Arkansas, Alabama, and Oklahoma, which experienced smaller increases (IWPR 2004; Table 6.1).
- The female breast cancer mortality rate in the United States overall decreased 20 percent between 2001 and 2013, from 26.5 per 100,000 to 21.3 per 100,000. Every state in the nation experienced a decline, with the largest improvements in Vermont (which had a 32 percent drop in its mortality rate), North Dakota (a 31 percent decline), Massachusetts (a 29 percent decrease), and Maine and Rhode Island (which had 28 and 27 percent declines, respectively; IWPR 2004 and Table 6.1).
- Between 2001 and 2012, the incidence of AIDS among adolescent and adult women aged 13 years and older decreased 47 percent nationally, from 9.1 per 100,000 to 4.8 per 100,000. Nine states—Arizona, Connecticut, Delaware, Florida, Hawaii, New Jersey, New York, South Dakota, and Vermont—experienced a decline of 50 percent or more in their female AIDS incidence rate. All but nine states—Alaska, Georgia, Iowa, Kansas, Louisiana, Minnesota, North Dakota, Utah, and Wyoming—experienced a decrease in their AIDS incidence rate among women during this time (IWPR 2004; Table 6.1).

¹ Heart disease, breast cancer, and lung cancer data are three-year averages (1999–2001 and 2011–2013).

What Has Worsened

- Across the 50 states and the District of Columbia, the median percentage of women aged 18 and older who have ever been told they have diabetes increased between 2001 and 2013 from 6.5 percent to 9.7 percent, an increase of about 49 percent during this time period (IWPR 2004; Table 6.1).² Arizona experienced the greatest rise in its diabetes incidence rate among women, from 4.9 percent of women with diabetes in 2001 to 10.0 percent in 2013, a 104 percent increase. Montana had the smallest increase, from 6.2 percent to 7.0 percent, about a 13 percent increase.³
- The rate of reported cases of chlamydia among women of all ages in the United States increased 37 percent between 2002 and 2013, from 455.4 to 623.1 cases per 100,000 (IWPR 2004; Table 6.1). The rate of increase varies widely among states. North Dakota had the largest increase at 118 percent (from 256.8 to 559.2 cases per 100,000), followed by Massachusetts (an 86 percent increase, from 248.5 to 462.7 cases per 100,000) and Arkansas (a 78 percent increase, from 425.0 to 755.3 cases per 100,000). Georgia, Connecticut, Colorado, Hawaii, and Mississippi had the smallest increases. According to the Centers for Disease Control and Prevention (2014f), increases in rates of reported cases of chlamydia may stem from an increase in screenings, the use of more sensitive tests, and more complete reporting, as well as from increases in the rate of infection.
- The median number of days per month on which women aged 18 and older in the United States overall report experiencing poor mental health increased from 3.8 to 4.2 between 2000 and 2013, or about 11 percent (IWPR 2004; Table 6.1). Only four jurisdictions—the District of Columbia, New Mexico, Virginia, and Wisconsin—improved on this indicator during this time period. Oklahoma and Alabama experienced the largest increase in the average number of poor mental health days, followed by Arizona, Arkansas, and Louisiana.
- The suicide mortality rate among all women increased 35 percent between 2001 and 2013, from 4.0 per 100,000 to 5.4 per 100,000. Every state in the nation experienced an increase during this time period. The suicide mortality rate of the District of Columbia, which had the lowest rate in 2001, more than doubled between 2001 and 2013, from 1.3 per 100,000 to 3.1 per 100,000, but the District still retained its best ranking. Montana (which ranked 42nd in 2001) also saw an especially large increase, from 5.7 to 10.8 per 100,000, which is double the national average. Other states with the biggest increases include South Dakota (their rate grew from 3.6 to 6.2 per 100,000), Iowa (their rate grew from 3.1 to 5.3 per 100,000), and Vermont (their rate grew from 3.7 to 6.3 per 100,000). States with the smallest increases include Alaska, New Jersey, Hawaii, Georgia, and Maryland (IWPR 2004; Table 6.1).
- Nationwide, the median number of days per month on which women aged 18 and older reported that their activities were limited by their mental or physical health status increased between 2000 and 2013 from 3.5 to 4.6, or about 31 percent. Nebraska and Kentucky experienced small improvements on this indicator; all other states and the District of Columbia experienced a decline. Women in Tennessee, Missouri, Mississippi, and Virginia had the largest increases in their self-reported number of days with activity limitations per month (IWPR 2004; Table 6.1).

² In IWPR's 2004 Status of Women in the States report, the U.S. totals for diabetes, poor mental health, and limited activities were reported as the median rather than the average; state data on these indicators were reported as averages. For comparison purposes, the U.S. totals on these indicators given in this section are also medians.

³ Data collection procedures for the Behavioral Risk Factor Surveillance System survey—on which IWPR's estimates of incidence of diabetes, poor mental health days, and days of limited activities are based—changed in 2011. See Appendix A6 for more details.

Women’s Access to Health Care Services and Resources

Health insurance gives women access to critical health services. In the United States in 2013, 81.5 percent of nonelderly women (aged 18–64) had health insurance coverage, a higher proportion than men of the same age range (77.1 percent; IWPR 2015a). These data do not reflect the full implementation of the Patient Protection and Affordable Care Act (ACA) of 2010, which enacted measures to expand access to affordable health insurance coverage for those who lack coverage, including creating state-based exchanges through which individuals can purchase coverage (with premium and cost-sharing benefits available to those with low incomes); establishing separate exchanges through which small businesses can purchase health insurance coverage for their employees; and seeking to expand Medicaid eligibility to all individuals under age 65 who are not eligible for Medicare and have incomes up to 138 percent of the federal poverty line (Kaiser Family Foundation 2013a).^{4,5} Recent data show that women’s health insurance coverage has increased substantially since the implementation of the ACA. Between 2008 and 2014, uninsurance rates for women of all ages dropped by almost one-fifth, from 13.0 percent of women lacking coverage in 2008 to 10.6 percent in the first nine months of 2014 (Martinez and Cohen 2009 and 2015).

The ACA has also changed the landscape of health care coverage for women in the United States by requiring health plans to cover annual well-woman visits and preventive services such as mammograms and pap tests with no cost sharing. Yet, state policies continue to contribute to women’s health status in important ways. For example, states can choose to opt out of the Medicaid expansion; as of March 2015, 28 states and the District of Columbia had adopted the expansion, and six were deciding whether to do so (Kaiser Family Foundation 2015a). Research indicates that women in states that had not chosen to expand Medicaid coverage may especially struggle to access needed services. One report found that in the 22 states that had not expanded Medicaid coverage as of October 2014, more than three million women with low incomes fall into a “coverage gap” and have no affordable coverage options (National Women’s Law Center 2014).

Other factors also limit many women’s access to health care resources, such as a lack of transportation, substantial travel time needed to get to the doctor, and limited availability of health care services in one’s community (Kullgren et al. 2012). In addition, immigrant women and men face multiple barriers in accessing basic health coverage, including a federal law that bans many immigrants from means-tested benefit programs such as Medicaid in their first five years of legal status (Broder and Blazer 2011; National Immigration Law Center 2014).⁶

⁴ Individuals were previously eligible only if they were pregnant, the parent of a dependent child, 65 years of age or older, or disabled, in addition to meeting income requirements (National Conference of State Legislatures 2011).

⁵ Federal law allows for the expansion of Medicaid to individuals with incomes at or below 133 percent of the federal poverty line. The law also includes a five percent “income disregard,” which effectively makes the limit 138 percent of poverty (Center for Mississippi Health Policy 2012).

⁶ There are some exceptions; for example, states may waive the five-year waiting period for children and pregnant women who are lawfully residing in the United States and applying for benefits from Medicaid and Children’s Health Insurance program (CHIP). As of January 2015, 27 states and the District of Columbia covered otherwise ineligible immigrant children to some extent under this option, and 22 states and the District of Columbia covered otherwise ineligible pregnant women (Kaiser Family Foundation 2015b). The Affordable Care Act also permits immigrants who are ineligible for Medicaid due to the five-year ban to buy private insurance through the insurance exchanges and receive subsidies (Hasstedt 2013). Undocumented immigrants are not eligible for Medicaid and CHIP, although Medicaid can cover emergency services for them (Hasstedt 2013).

Chronic Disease

Heart Disease

One in four women in the United States dies from heart disease (U.S. Department of Health and Human Services 2014). Coronary heart disease—which is the most common form—is the leading cause of death among both women and men. In addition, women are at higher risk than men for other forms of heart disease, such as coronary microvascular disease (in which the walls of the heart’s tiny arteries are damaged or diseased) and stress-induced cardiomyopathy (in which emotional stress leads to severe—but often temporary—heart muscle failure; U.S. Department of Health and Human Services 2014).

Nationwide, the mortality rate from heart disease among women of all ages is 136.1 per 100,000 (Table 6.1), meaning that more than 136 in 100,000 women die of heart disease each year. Heart disease mortality rates, however, vary considerably across states.

Best and Worst States on Women’s Heart Disease Mortality

State	Mortality Rate per 100,000	Rank
Minnesota	89.3	1
Hawaii	98.2	2
Alaska	100.9	3
Colorado	102.3	4
Oregon	102.6	5
Mississippi	191.7	51
Alabama	184.3	50
Oklahoma	182.7	49
Arkansas	173.6	48
Louisiana	170.8	47

- Among the 50 states and the District of Columbia, Minnesota has the lowest heart disease mortality rate for women (89.3 per 100,000), followed by Hawaii (98.2 per 100,000) and Alaska (100.9 per 100,000). Minnesota and Hawaii also ranked first and second on this indicator when the 2004 *Status of Women in the*

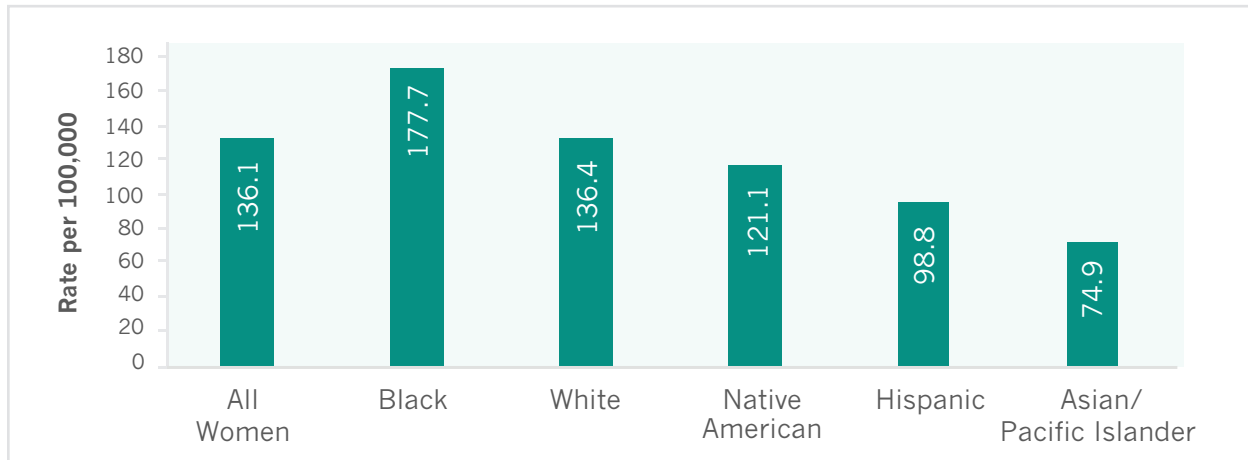
States report was published, while Alaska moved up from seventh place to third.

- The rate of heart disease mortality in the worst state, Mississippi (191.7 per 100,000), is more than twice the rate of Minnesota, the best state. Alabama (184.3 per 1,000) and Oklahoma (182.7 per 1,000) are the second- and third-worst ranking states on this indicator.
- The best ten states for women’s mortality from heart disease are primarily in the western United States. In addition to Hawaii and Alaska, five states in the West—Arizona, Colorado, Oregon, Washington, and Wyoming—are among the best ten states. Massachusetts and South Dakota are also in the group of best-ranking states, along with Minnesota.
- Mortality rates from heart disease are the highest in the South. In addition to Alabama and Mississippi, five other states in the South—Arkansas, Kentucky, Louisiana, Tennessee, and West Virginia—are among the ten worst-ranking states. The District of Columbia, Michigan, and Oklahoma are also in the bottom ten.

As Figure 6.1 shows, mortality rates from heart disease vary substantially by race and ethnicity. Black women have the highest rate at 177.7 per 100,000, followed by white women (136.4 per 100,000) and Native American women (121.1 per 100,000). Asian/Pacific Islander and Hispanic women have the lowest rates of heart disease mortality at 74.9 and 98.8 per 100,000, respectively (Figure 6.1; Appendix Table B6.1). Although Asian/Pacific Islander women have the lowest rate, heart disease remains the second biggest killer for this group (Centers for Disease Control and Prevention 2014a), and rates of heart disease mortality differ across Asian/Pacific Islander populations. One study that examined heart disease mortality rates among Asian Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese women and men found that Asian Indian women and men had the highest rates of mortality among these groups and were more likely to die from heart disease than non-Hispanic white women and men (Jose et al. 2014).

Figure 6.1.

Heart Disease Mortality Rates (per 100,000) Among Women by Race/Ethnicity, United States, 2013



Note: Data include women of all ages and are age-adjusted to the 2000 U.S. standard population.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention 2015a.

Cancer

The nation has made considerable progress in the prevention, detection, and treatment of certain forms of cancer in recent decades. Nevertheless, cancer is the second leading cause of death for all women in the United States (Centers for Disease Control and Prevention 2013a). Lung and breast cancer are the forms of cancer from which women are most likely to die (Centers for Disease Control and Prevention 2013b).

Nationally, the mortality rate from lung cancer among women of all ages is 36.3 per 100,000 (Table 6.1). Since lung cancer, like heart disease, is often linked to cigarette smoking, efforts to raise public awareness about the health risks of smoking are essential to reducing lung cancer incidence and mortality. The female mortality rate from lung cancer of 36.3 per 100,000 represents a decline in the mortality rate among women from this disease since 1999–2001, when the rate was 41.0 per 100,000 (IWPR 2004; Table 6.1). This decline is due, in part, to tobacco prevention and control efforts (Henley et al. 2014).

- Utah has the lowest lung cancer mortality rate for women at 15.6 per 100,000. The second-ranking state, Hawaii, has a much higher female mortality rate from lung cancer (25.1 per 100,000).
- Kentucky has the highest lung cancer mortality rate for women with a rate of 54.4 per 100,000, followed by West Virginia at 46.7 per 100,000.

- In general, states in the West and Southwest have low mortality rates from lung cancer for women. In addition to Utah and Hawaii, seven states from these regions—Arizona, California, Colorado, Idaho, New Mexico, Texas, and Wyoming—are among the ten best ranking states. North Dakota is also in the top ten.
- Most of the states with the highest lung cancer mortality rates for women are in the South and the Midwest. In addition to Kentucky and West Virginia, Arkansas, Indiana, Missouri, Ohio, Oklahoma, and Tennessee are in the bottom ten. Alaska and Maine are also a part of this group.

Lung cancer mortality rates vary sharply among the largest racial and ethnic groups. In the United States overall, white women have the highest rate (39.9 per 100,000), followed by black women (35.7 per 100,000). Hispanic women have the lowest rates of lung cancer mortality (13.3 per 100,000), followed by Asian/Pacific Islander women (18.3 per 100,000 women; Table 6.2).

While lung cancer is the deadliest cancer for women in the United States, breast cancer is the most common form of the disease. Approximately 231,840 new cases of breast cancer and 40,290 deaths are expected among the nation's women in 2015 (American Cancer Society 2015). Nationally, the mortality rate for women of all ages from breast cancer is 21.3 per 100,000 (Table 6.1).

- Hawaii is the best state in the nation for mortality from breast cancer with a rate of 14.8 per 100,000, followed by North Dakota, which has a rate of 17.4 per 100,000. While Hawaii was also ranked first in the 2004 report, North Dakota rose from 19th in the 2004 rankings to second place.
- The District of Columbia, which ranks last on women's breast cancer mortality rate, has a rate that is almost twice as high (29.1 per 100,000) as the rate for Hawaii, the best ranking state. The District of Columbia was also last in the 2004 Status of Women in the States rankings.
- Half of the states in the top ten are from the Northeast, including Connecticut, Maine, Massachusetts, Rhode Island, and Vermont. Other states in the top ten are Alaska, Minnesota, and New Mexico, along with Hawaii and North Dakota.
- Four of the worst jurisdictions on this indicator—Louisiana, Mississippi, South Carolina, and West Virginia—are in the South. Other jurisdictions in the bottom ten include the District of Columbia, Illinois, Nevada, New Jersey, Ohio and Oklahoma.

As with the other types of cancer, mortality rates due to breast cancer vary widely by race and ethnicity (Table 6.2). Black women have the highest mortality rates from breast cancer (30.2 per 100,000 women), which is more than double the rate for Asian/Pacific Islander, Native American, and Hispanic women and considerably higher

than the rate for white women (21.2 per 100,000). Asian/Pacific Islander women have the lowest mortality rate (11.3 per 100,000) from breast cancer. Fortunately, black women are also more likely than women overall to have had a mammogram; 85.6 percent of black women aged 50 and older report having had a mammogram in the past two years, compared with 80.9 percent of all women (see Table 6.3 below). Mortality rates from both breast and lung cancer among women from different racial and ethnic groups vary across states (Appendix Tables B6.2 and B6.3).

The racial and ethnic disparities in mortality from disease are alarming. Black women are considerably more likely than women of all other racial and ethnic groups to die from heart disease and breast cancer; black women have a rate of heart disease mortality that is more than double the rate for Asian/Pacific Islander women, the group with the best rate, and a breast cancer mortality rate that is nearly triple the rate for Asian/Pacific Islander women. White women have the second worst mortality rate from both of these diseases. In addition, white and black women have the highest rates of lung cancer mortality; the rate for white women is three times that of Hispanic women, the group with the best rate, and the rate for black women is more than two and a half times the rate for Hispanic women (Table 6.2). These striking disparities indicate that much more needs to be done to reduce the very high rates of mortality from disease, especially among black and white women who generally have the highest mortality rates.

Table 6.2.
Rates of Disease and Mortality Among Women by Race and Ethnicity, United States

	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 2013	136.1	136.4	98.8	177.7	74.9	121.1
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 2013	36.3	39.9	13.3	35.7	18.3	31.1
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 2013	21.3	21.2	14.4	30.2	11.3	13.8
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), 2012	4.8	1.2	4.7	27.5	0.9	3.1
Rate of Reported Cases of Chlamydia Among Women (per 100,000), 2013	623.1	258.5	564.2	1,491.7	154.6	1,079.2

Notes: Mortality rates include women of all ages and are age-adjusted to the 2000 U.S. standard population. Data on chlamydia are the rate of reported cases in 2013 for women of all ages. For heart disease, AIDS, lung cancer, and breast cancer, all racial groups are non-Hispanic and Asians include Pacific Islanders. For chlamydia, only whites and blacks are non-Hispanic, and Asians do not include Pacific Islanders. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or with two or more races. Data for heart disease, lung, and breast cancer mortality are three-year (2011–2013) averages.

Sources: IWPR compilation of data from the Centers for Disease Control and Prevention 2015a, 2015b, and 2015c.

Older Women's Health

As women age, they are more likely to experience chronic health conditions (Crescioni et al. 2010; Robinson 2007) and limitations in activities of daily living (Kaiser Family Foundation 2013b). Many older women do not have a spouse or relative who can provide the care they need, in part because women have a longer life expectancy than men (U.S. Census Bureau 2012), often marry men who are older than they are, and are less likely than men to remarry following divorce or spousal death (Livingston 2014). Older women's lower likelihood of having a spouse, combined with their greater health care needs and larger share of the elderly population, means that they have higher average expenditures for home health care services and long-term care than men (Robinson 2007).

- Among older women, as among all women, heart disease is the leading cause of death (American Heart Association 2013). The mortality rate from heart disease is 266.6 per 100,000 for women aged 65–74 and 879.8 per 100,000 for women aged 75–84. The rate for women aged 85 and older is 3,732.9 per 100,000 (Centers for Disease Control and Prevention 2015a).
- Women's mortality rate from breast cancer also increases as they age. Women aged 55–64 have a breast cancer mortality rate of 44.1 per 100,000, compared with 68.4 per 100,000 for women aged 65–74, 104.4 per 100,000 for women aged 75–84, and 173.0 per 100,000 for women aged 85 and older (Centers for Disease Control and Prevention 2015a).
- In the United States overall, slightly less than half (47.8 percent) of older women—those aged 65 and older—report that they get at least 150 minutes of physical activity per week outside of their jobs, a similar proportion to women overall (48.2 percent) but a lower proportion than older men (55.1 percent). Older women in Oregon are the most likely to get this amount of exercise (62.2 percent), and older women in Mississippi are the least likely (30.8 percent).
- Women aged 65 and older are about as likely as women overall to report that they eat at least five servings of fruits or vegetables per day (20.4 percent of older women and 19.9 percent of all women say they eat this amount of fruits and vegetables). Older women are the most likely to say they eat five or more fruits or vegetables per day if they live in California (30.6 percent) or Oregon (27.6 percent) and least likely to do so if they live in Louisiana (9.8 percent) or Tennessee (10.2 percent).
- Older women in the United States also report having a higher average number of days of poor mental health per month than older men (2.7 compared with 2.0) but a lower number than women overall (4.3). Among older women, the average number of days of poor mental health per month is largest in Nevada (3.5) and West Virginia (3.3), and smallest in Minnesota (1.6) and South Dakota (1.7; Appendix Table B6.7).
- Six in ten women aged 65 and older (60.0 percent) are overweight or obese, compared with 72.1 percent of older men and 57.6 percent of women overall. Two-thirds of older women are overweight or obese in Louisiana (65.8 percent) and Michigan (65.5 percent), the states with the highest proportions. In Hawaii, the state with the smallest proportion, fewer than half of older women (44.4 percent) are overweight or obese (Appendix Table B6.11).

- One in five women aged 65 and older in the United States (19.8 percent) report having diabetes. Among older women, incidence of diabetes is highest in Mississippi (24.6 percent), South Carolina (23.9 percent), and Georgia (23.6 percent), and lowest in Colorado (14.2 percent) and in Montana and Vermont (14.8 percent each; Appendix Table B6.5).
- In the United States overall, older women report an average of 5.7 days per month on which their activities are limited by their health status, compared with 4.8 days for women aged 18 and older and 6.2 days for older men. Older women in North Dakota and Maine report having the smallest numbers of days of limited activities, and older women in West Virginia and Tennessee report having the most (Appendix Table B6.9).

Given older women's lower socioeconomic status, tendency to experience more chronic health conditions than men, and greater longevity, the financing of their health care is an especially important issue. Medicare, the federal health program that provides health coverage to Americans aged 65 and older and younger adults with permanent disabilities, is a key source of health insurance for older women. More than half (56 percent) of all older Medicare recipients are women, and women constitute two-thirds of Medicare beneficiaries aged 85 and older (Kaiser Family Foundation 2013b). Medicare helps cover the costs of a range of basic medical care services, but the program has important gaps in coverage and charges relatively high cost-sharing that can result in higher out-of-pocket expenses for recipients (National Partnership for Women and Families 2012). Among Medicare beneficiaries, women have higher expenses than older men, with the difference in out-of-pocket expenses the largest among women and men aged 85 and older (\$7,555 for women and \$5,835 for men; Kaiser Family Foundation 2013b). The average out-of-pocket expenditures for older women who receive Medicare increase with age (Kaiser Family Foundation 2013b), which means that the highest expenditures come as some women's financial resources are becoming more limited or depleted.

The Affordable Care Act includes some provisions that address the gaps in Medicare coverage. In addition to the ACA's coverage of annual wellness visits and some preventive benefits that previously required co-pays—a financial barrier for many older women with low incomes and limited financial resources in retirement—the legislation begins to close a gap in coverage for prescription drugs that some individuals who use Medicare's Part D drug benefit encounter and will fully close the gap by 2020 (National Partnership for Women and Families 2012). In addition, the ACA created the Center for Medicare and Medicaid Innovation to support the development and testing of new payment and service delivery models that improve the quality of care and lower costs. It also funds hospitals and community-based groups to provide transitional care services (from a hospital to home or another care facility) to high-risk beneficiaries to help make these transitions smoother and safer (National Partnership for Women and Families 2012). Since older women are more likely than older men to be Medicare recipients and to require transitional care services, these changes will especially benefit older women.

Data other than heart disease and breast cancer are based on IWPR analysis of Behavioral Risk Factor Surveillance System microdata (IWPR 2015b and 2015c). BRFSS data for the United States overall are for 2013; all other data are three-year averages (2011–2013). IWPR data not cited in the text are available at www.statusofwomendata.org.

Diabetes

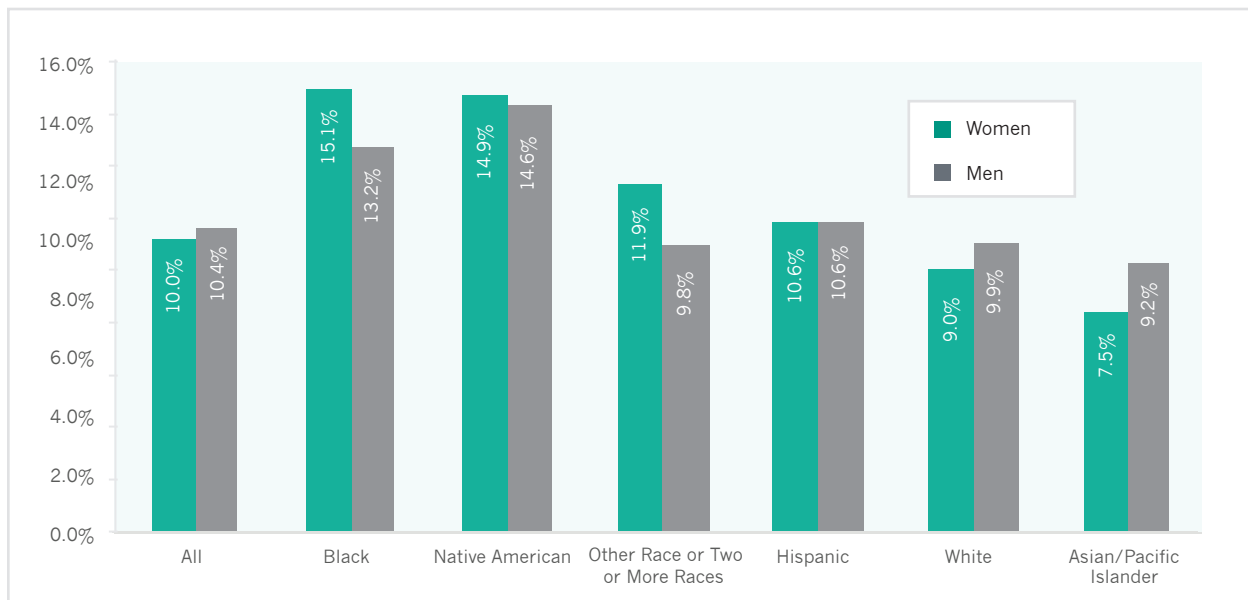
Women and men with diabetes are considerably more likely than those without it to develop heart disease or stroke, blindness, kidney disease, and other serious health conditions (Centers for Disease Control and Prevention 2011a). In the United States overall, 10.0 percent of women and 10.4 percent of men aged 18 and older report having been told they have diabetes (Table 6.1; IWPR 2015b).

- Among the 50 states and the District of Columbia, Colorado (5.9 percent), Alaska (6.6 percent), and Utah (6.8 percent) have the smallest percentages of women living with diabetes. Other states in the top ten include Connecticut, Idaho, Minnesota, Montana, New Hampshire, North Dakota, and Vermont.
- Alabama (14.1 percent), Mississippi (13.7 percent), and South Carolina (13.4 percent) have the largest percentages of women living with diabetes. In general, the South fares poorly on this indicator. Five other states from this region are among the ten states

with the worst rankings: Georgia, Louisiana, North Carolina, Tennessee, and West Virginia. Delaware and New York are also among the bottom ten states.

Rates of diabetes vary by age and among the largest racial and ethnic groups (Appendix Tables B6.4 and B6.5). In the United States overall, black and Native American women have the highest rates of diabetes (15.1 and 14.9 percent, respectively) and are twice as likely as Asian/Pacific Islander women, who have the lowest rate (7.5 percent), to have ever been told they have diabetes (Figure 6.2). One study that analyzed 2010–2012 data from the National Health Interview Survey found that among Hispanic adults, the rate of diagnosed diabetes was highest among Puerto Ricans (14.8 percent) and Mexican Americans (13.9 percent; data not available by gender), and lowest among Central and South Americans (8.5 percent) and Cubans (9.3 percent; Centers for Disease Control and Prevention 2014b). Among Asians, the rate was highest for those who identify as Indian (13.0 percent) or Filipino (11.3 percent) and lowest for those who are of Chinese descent (4.4 percent; Centers for Disease Control and Prevention 2014b).

Figure 6.2.
Percent of Women and Men Who Have Ever Been Told They Have Diabetes by Race and Ethnicity, United States, 2013



Note: Aged 18 and older.
Source: IWPR analysis of 2013 Behavioral Risk Factor Surveillance System microdata.

HIV/AIDS

Although the majority of individuals in the United States with HIV infections and newly diagnosed AIDS cases are men, women—particularly women of color—are also profoundly affected by HIV/AIDS. In the nation overall in 2010, there were 9,500 new diagnoses of HIV among female adolescents and adults; in 2011, there were 8,102 new AIDS diagnoses among adolescent and adult women (Kaiser Family Foundation 2014).⁷ Young women (aged 25–34) comprise the largest share of new HIV infections among women (29 percent), followed by women aged 35–44 (25 percent) and aged 13–24 (22 percent; Kaiser Family Foundation 2014).

Nationally, the incidence rate for AIDS among adolescent and adult women was 4.8 per 100,000 in 2012 (Table 6.1) compared with 15.3 per 100,000 among adolescent and adult men (Centers for Disease Control and Prevention 2015b). The incidence of AIDS has declined from 9.1 per 100,000 women in 2001 to 4.8 per 100,000 in 2012 (IWPR 2004; Table 6.1). The rate for men also declined during this time period (Centers for Disease Control and Prevention 2015b).

- The rate of AIDS among adolescent and adult women (aged 13 and older) is lowest in Vermont (0.0 per 100,000), North Dakota (0.4 per 100,000), and Montana (0.5 per 100,000).
- The AIDS rate among adolescent and adult women in the District of Columbia (47.6 per 100,000), the jurisdiction with the highest rate, is more than three times as high as the rates of the second and third worst-ranking jurisdictions, Georgia (14.8 per 100,000) and Louisiana (14.0 per 100,000). The District of Columbia also ranked last in the 2004 rankings.
- Many of the states with the best AIDS incidence rates are in the Midwest or Mountain West. In addition to Montana and North Dakota, five other states in these regions—Idaho, Nebraska, New Mexico, South Dakota, and Wyoming—rank among the top ten states. Hawaii, New Hampshire, and Vermont are also in the top ten.

- The states with the worst AIDS incidence rates are all in the South or the Mid-Atlantic regions. Delaware, the District of Columbia, Florida, Georgia, Louisiana, Maryland, Mississippi, New Jersey, New York, and South Carolina all rank in the bottom ten on this indicator.
- In 40 states and the District of Columbia, the rate of AIDS among adolescent and adult women has declined between 2001 and 2012. Despite its poor ranking on this indicator, the District of Columbia is one of the jurisdictions with the greatest improvement, with an incidence rate that declined by nearly half, from 92.0 per 100,000 in 2001 to 47.6 per 100,000 in 2012 (IWPR 2004; Table 6.1).

The rate of AIDS among black women in the United States (27.5 per 100,000) is higher than for any other racial and ethnic group and is nearly six times the rate for all women (4.8 per 100,000). Asian/Pacific Islander and white women have the lowest incidence rates (0.9 and 1.2 per 100,000, respectively; Table 6.2).

While there continues to be no cure for HIV/AIDS, the medical community has made significant advances in the treatment of HIV and AIDS, with the introduction of antiretroviral drugs that can suppress the HIV virus and slow the progression of the disease (Anderson et al. 2015). These medications have helped reduce the number of deaths from AIDS, yet early detection remains critical. The CDC recommends that persons at high risk for HIV be screened at least annually, and that HIV screening be included in routine prenatal screening tests for pregnant women (U.S. Preventive Services Task Force 2013).

- The District of Columbia, which has the highest AIDS incidence rate among adolescent and adult women, also has the highest percentage of women aged 18 and older who have ever been screened for HIV, at 66.2 percent.⁸ The proportion of women who reported having been screened in the District of Columbia was almost 20 percentage points higher than the next two jurisdictions with the best rankings for HIV screenings, Alaska (46.4 per 100,000) and

⁷ AIDS diagnoses data include six U.S. dependent areas.

⁸ State-by-state IWPR data on HIV screenings rates are available at www.statusofwomensdata.org.

Maryland (46.3 per 100,000). Many of the states with the highest incidence rates of AIDS are also among the states with the highest screening rates (Table 6.1; IWPR 2015b).

- In 2013, Utah had the lowest rate of women aged 18 and older who reported having ever been screened for HIV (24.9 percent). Many of the states with the lowest proportions of women who say they have been screened are also among states with the lowest AIDS incidence rates (Table 6.1; IWPR 2015b).

The percentage of women who have ever been screened for HIV also varies considerably across racial and ethnic groups. According to IWPR analysis of 2013 Behavioral Risk Factor Surveillance System microdata, approximately 60.7 percent of black women in the United States report having been screened, compared with 50.8 percent of Hispanic women, 45.0 percent of Native American women, 33.3 percent of Asian/Pacific Islander women, 32.5 percent of white women, and 51.3 percent of women who identify as multiracial or with another racial group (Table 6.3).

Sexual Health

National data show that women are more likely than men to be diagnosed with a sexually transmitted infection, or STI (U.S. Department of Health and Human Services 2012a). Women are biologically more susceptible to certain STIs than men (Centers for Disease Control and Prevention 2011b). In addition, women visit the doctor more often—and, therefore, may be more likely to be screened for STIs (Centers for Disease Control and Prevention 2011b). As with many other health problems, education, awareness, and proper screening can limit the spread of STIs and diminish their health impact.

One of the more common STIs among women is chlamydia. In 2013, there were 993,348 reported cases of chlamydia among women of all ages in the United States, with the largest number in the South (412,537; Centers for Disease Control and Prevention 2015c). While approximately 75 percent of women and 50 percent of men with chlamydia do not experience symptoms (Centers for Disease Control and Prevention n.d.), the infection can lead to Pelvic Inflammatory Disease

(PID), a common cause of infertility, miscarriage, and ectopic pregnancy (Centers for Disease Control and Prevention 2014c). Screening for chlamydia is, therefore, important to women's overall reproductive health.

Among women, young women aged 20–24 have the highest rates of chlamydia with a rate of 3,621.1 cases per 100,000, followed by young women aged 15–19 (3,043.3 cases per 100,000). The rate for women aged 25–29 (1,428.3 cases per 100,000) is less than half the rate of women aged 20–24. The rates of infection are lower in older age groups (Centers for Disease Control and Prevention 2014d).

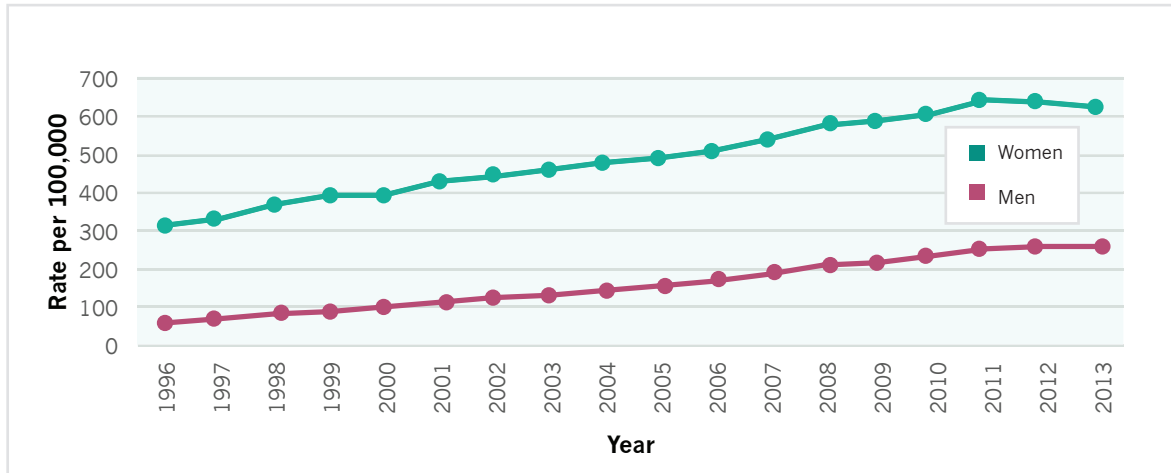
Rates of chlamydial infection vary widely among states (Table 6.1).

- The District of Columbia had the highest rate of chlamydia among women in 2013 at 1,197.8 reported cases per 100,000 women, followed by Alaska (1,113.3 cases per 100,000 women). Both jurisdictions have rates of infection that are more than three times as high as the rate of the best-ranking state, New Hampshire (327.2 reported cases per 100,000 women in 2013).
- In general, states in the South fare worst on this indicator. Alabama, Arkansas, Louisiana, Mississippi, North Carolina, and South Carolina are all in the bottom ten. Alaska, Delaware, the District of Columbia, and New Mexico are in this bottom group as well.
- In addition to New Hampshire, three New England states—Maine, Massachusetts, and Vermont—are among the ten states with the lowest rates of chlamydial infection in 2013. Three states from the Mountain West region—Idaho, Utah, and Wyoming—also rank in the best ten, as do Minnesota, New Jersey, and West Virginia.

Between 2002 and 2012, the rate of chlamydial infection increased in every state and the District of Columbia (IWPR 2004; Table 6.1). Between 1996 and 2013, the national rate for women nearly doubled, increasing from 315.5 to 623.1 cases per 100,000 (Figure 6.3). During this time, the rate of chlamydial infection among men increased from 59.8 to 262.6 cases per 100,000 (Figure 6.3).

Figure 6.3

Rate of Chlamydia by Gender (per 100,000), United States, 1996–2013



Note: Rate of reported cases for women and men of all ages.
 Source: IWPR compilation of data from the Centers for Disease Control and Prevention 2015c.

Among the largest racial and ethnic groups, black women had the highest rate of reported cases of chlamydia in 2013 (1491.7 per 100,000 women), followed by Native American women (1079.2 per 100,000). Asian/Pacific Islander women had the lowest rate at 154.6 cases per 100,000 (Table 6.2), which is nearly ten times lower than the rate among black women.

Mental Health

Women have higher incidences than men of certain mental health conditions, including anxiety, depression, and eating disorders (Eaton et al. 2012). Multiple factors may contribute to women’s greater likelihood of experiencing such conditions, including higher rates of poverty (Heflin and Iceland 2009), greater responsibility in caring for disabled or ill family members (Cannuscio et al. 2002), and trauma from gender-based violence (Rees et al. 2011).

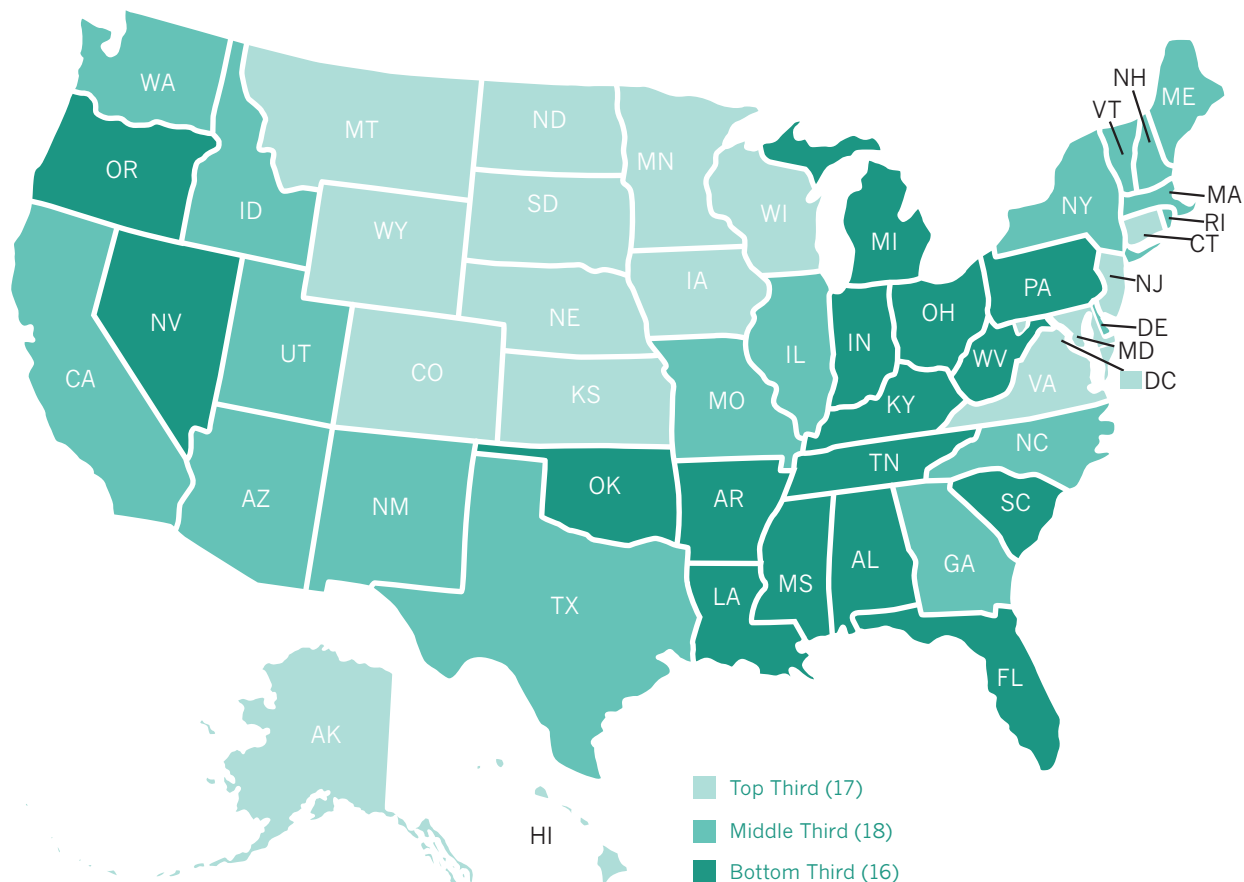
Poor Mental Health

Analysis of data from the 2013 Behavioral Risk Factor Surveillance System indicates that adult women in the United States—when asked to think about their mental health, including stress, depression, and problems with emotions—report having an average of 4.3 days per month on which their mental health is not good (Table 6.1). The number of poor mental health days that

women report experiencing is higher than the average number of poor mental health days per month reported by men (3.3; IWPR 2015b).

- Women’s self-reported number of days per month of poor mental health is lowest in Hawaii at 3.1 days per month, followed by North Dakota and South Dakota (3.2 days each).
- Alabama has the highest self-reported average number of days per month of poor mental health among women at 5.6, followed by Arkansas (5.5 days) and Kentucky (5.4 days).
- The Midwest fares the best on this indicator (Map 6.2); in addition to North and South Dakota, four states in this region—Iowa, Kansas, Minnesota, and Nebraska—are in the top ten. The District of Columbia, Hawaii, New Jersey, and Virginia are also in this best-ranking group.
- The South fares the worst on this indicator. In addition to Alabama, Arkansas, and Kentucky, five Southern states—Florida, Louisiana, Mississippi, South Carolina, and West Virginia—are all in the bottom eleven. Indiana, Oklahoma, and Oregon (which tied for 41st place along with Florida and South Carolina) are also in this worst-ranking group.

Map 6.2. Average Number of Days per Month of Poor Mental Health Among Women, 2013



Note: Mean number of days in the past 30 days on which mental health was not good, as self-reported by women respondents to the Behavioral Risk Factor Surveillance System (BRFSS) survey. Includes women aged 18 and older. Source: IWPR analysis of BRFSS survey microdata.

- Between 2000 and 2013, the average number of days on which women experienced poor mental health increased in all but five states—New Mexico, Texas, Virginia, Wisconsin, and Wyoming—and the District of Columbia (IWPR 2004; Table 6.1).

Among women from the largest racial and ethnic groups, Native American women report having, on average, the most number of days per month of poor mental health (6.3; Appendix Table B6.6), followed by women who identify with another racial group or two or more races (5.9 days), black women (4.8 days), Hispanic women (4.6 days), and white women (4.2 days). Asian/Pacific Islander women report having the fewest days per month of poor mental health (2.7 days on average).

Suicide

Suicide is another public health problem related to mental health that poses a serious concern for many communities. In the United States, women are much less likely than men to commit suicide but more likely to have suicidal thoughts (Crosby et al. 2011) and to attempt suicide (McIntosh and Drapeau 2014). In 2011, there were an estimated 987,950 suicide attempts in the United States; women were three times more likely to attempt suicide than men (McIntosh and Drapeau 2014). During this same year, there were 8,515 deaths from suicide among women and 31,003 among men (McIntosh and Drapeau 2014).

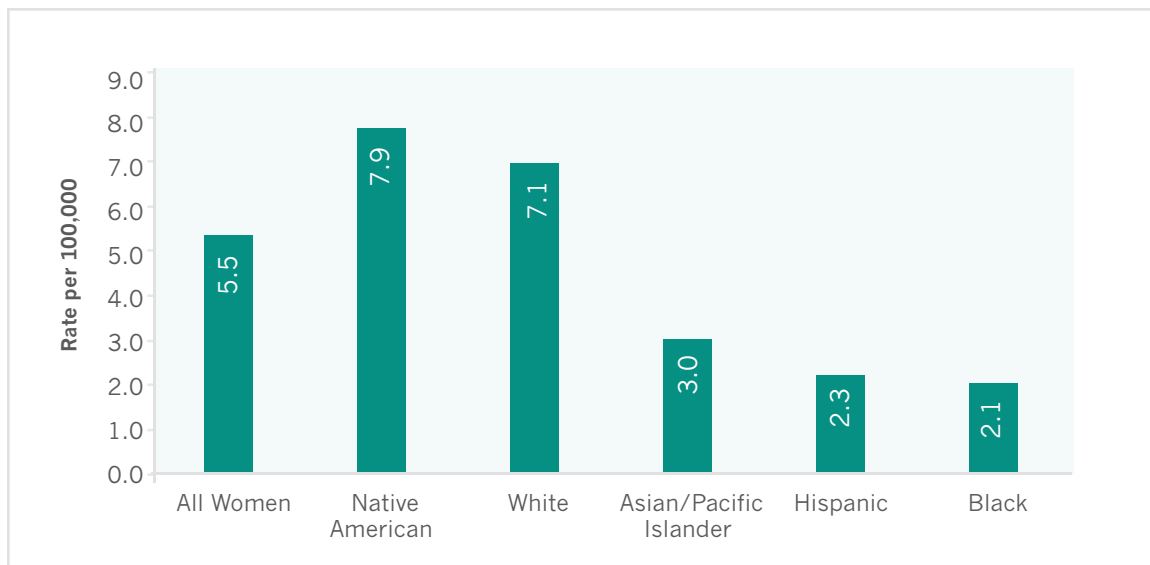
The national suicide rate is 5.4 per 100,000 for women (Table 6.1) and 20.2 per 100,000 for men (Centers for Disease Control and Prevention 2015e).

- Among women, the District of Columbia had the lowest suicide mortality rate between 2011 and 2013 at 3.1 per 100,000, followed by New Jersey (3.2 per 100,000) and Maryland (3.5 per 100,000). Other best ten states include California, Connecticut, Illinois, Massachusetts, Nebraska, New York, and Rhode Island.
- Montana had the highest female mortality rate from suicide in 2011–2013 at 10.8 per 100,000, followed by New Mexico (10.0 per 100,000) and Wyoming (9.2 per 100,000). The suicide rates among women are highest in the Mountain West region; all the states in this region—Arizona, Colorado, Idaho, Montana, New Mexico, Nevada, Utah, and Wyoming—are among the worst ten states. Alaska and Oregon are also a part of the worst-ranking group.

Certain populations have higher rates of suicide or attempted suicide. One recent report that analyzed data from the U.S. National Transgender Discrimination Survey (NTDS), conducted by the National Gay and Lesbian Task Force and the National Center for Transgender Equality, found that lifetime suicide attempts by transgender individuals are far higher than among the total population (Haas, Rodgers, and Herman 2014). Forty-two percent of transgender women and 46 percent of transgender men report having attempted suicide at some point in their lifetime.

Suicide rates also vary across the largest racial and ethnic groups. Among women in the United States, Native American and white women have the highest suicide rates at 7.9 and 7.1 per 100,000 respectively, more than three times the rate of the two groups with the lowest rates, Hispanic and black women (Figure 6.4).

Figure 6.4.
Suicide Mortality Rates Among Women (per 100,000) by Race and Ethnicity, United States, 2013



Notes: Data include women of all ages and are age-adjusted to the 2000 U.S. standard population. Racial categories are non-Hispanic. Hispanics may be of any race.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention 2015e.

The Health Status of LGBT Women

LGBT women face health disparities that may stem from a variety of factors, including the stresses of being part of a sexual minority, societal stigma toward the LGBT community, barriers to accessing health insurance, and outright denial of care due to sexual orientation or gender nonconforming behavior (Grant et al. 2011; Institute for Medicine 2011; Lick et al. 2013; Ranji et al. 2014).

- Research indicates that lesbian and bisexual women aged 18 and older are less likely than heterosexual women to describe their health as excellent or very good (53.4 percent and 55.5 percent, respectively, compared with 59.8 percent; Ward et al. 2014). Among men, the pattern differs: those who identify as gay are the most likely to say their health is excellent or very good (66.2 percent, compared with 63.6 percent of bisexual men and 61.6 percent of heterosexual men).
- Analysis of data from one survey of nearly 5,000 LGBT individuals in the United States found that more than half (nearly 56 percent) of respondents reported having faced discrimination in a health care setting, including being refused needed care, having a health care professional use excessive precautions or refuse to touch them, being blamed for their health status, or having a health care professional use harsh or abusive language toward them (Lambda Legal 2010). Such discrimination may mean that LGBT women do not receive the care they need.
- One study analyzing Gallup-Healthways Well-Being Index data found that LGBT women are considerably more likely than non-LGBT women (29 percent compared with 16 percent) to report that they do not have a personal doctor. Among LGBT and non-LGBT men, the difference is not significant (29 percent and 27 percent, respectively; Gates 2014).
- Among women aged 20 and older, lesbian (36.7 percent) and bisexual women (40.9 percent) are considerably more likely to be obese than heterosexual women (28.3 percent; Ward et al. 2014).
- Lesbian (25.7 percent) and bisexual women (28.5 percent) aged 18 and over are more likely than heterosexual women (15.0 percent) to be current cigarette smokers (Ward et al. 2014).
- Bisexual women aged 18 and older are more than twice as likely as heterosexual women of the same age range to report consuming five or more alcoholic drinks in one day at least once in the past year (33.8 percent compared with 14.3 percent). Lesbian women also are more likely than heterosexual women to report having had at least five alcoholic drinks in one day in the past year, although the difference is not as large (25.8 percent compared with 14.3 percent; Ward et al. 2014).
- LGBT women (29 percent) are more likely than LGBT men (21 percent) and non-LGBT women and men (19 and 15 percent, respectively) to say that they did not have enough money for health care needs at least once in the past year (Gates 2014).

Limitations on Women's Activities

Illness, disability, and overall poor health make it difficult for women to thrive at home and in the workplace. IWPR analysis indicates that women aged 18 and older who participated in the Centers for Disease Control and Prevention's 2013 Behavioral Risk Factor Surveillance System survey reported that their activities were limited

by their health status for an average of 4.8 days in the month preceding the survey (Table 6.1).

- Women in North Dakota report having the fewest days per month during which their activities were limited, at 3.5 days. Five other Midwestern states—Illinois, Iowa, Minnesota, Nebraska, and South Dakota—rank in the top eleven on this indicator.

- Lesbian and bisexual women aged 18 and older are more likely than heterosexual women to report having experienced serious psychological distress in the past 30 days. Approximately 10.9 percent of bisexual women and 5.3 percent of lesbian women say they have recently experienced serious distress, compared with 4.2 percent of heterosexual women (Ward et al. 2014).
- LGBT youth are more likely to experience mood and anxiety disorders, depression, and suicidal ideation and attempts than their non-LGBT counterparts (Institute for Medicine 2011). Analysis of Youth Risk Behavior Surveys conducted between 2001 and 2009 found that across nine jurisdictions—Delaware, Maine, Massachusetts, Rhode Island, Vermont, Boston, Chicago, New York City, and San Francisco—the prevalence of attempted suicide among high school students during the 12 months before the survey ranged from 3.8 to 9.6 percent (median: 6.4 percent) among heterosexual students, from 15.1 to 34.3 percent (median: 25.8 percent) among gay or lesbian students, from 20.6 to 32.0 percent (median: 28.0 percent) among bisexual students, and from 13.0 to 26.7 percent (median: 18.5 percent) among students who describe themselves as unsure of their sexual orientation (Kann et al. 2011).
- Transgender adults often face specific challenges to maintaining good health, including harassment and discrimination in medical settings, economic insecurity and lack of access to health insurance, refusal of care, and lack of knowledge among providers about the health care needs of transgender persons (Grant, Mottet, and Tanis 2011). Analysis of the National Transgender Discrimination Survey found that 19 percent of respondents reported having been refused care due to their transgender or gender nonconforming status, 28 percent said they had experienced verbal harassment in medical settings, and 50 percent reported having to teach their medical provider about transgender care. One in four respondents (26 percent) reported having used drugs or alcohol to cope with the impacts of discrimination (Grant, Mottet, and Tanis 2011).

The Affordable Care Act has made inroads in addressing some of these challenges. An analysis of Gallup-Healthways Well-Being Index data published in August 2014 indicated that the percentage of LGBT adults aged 18 and older without health insurance decreased after the ACA went into effect at the beginning of 2014; however, LGBT adults were still more likely than their non-LGBT counterparts to lack health insurance (17.6 percent of LGBT adults polled between January and June 2014 lacked coverage, compared with 13.2 percent of non-LGBT adults; Gates 2014). In addition to expanding access to coverage, the Affordable Care Act prohibits discrimination based on sex and gender identity in any health program receiving federal funds. The U.S. Department of Health and Human Services has issued additional regulations governing health insurance marketplaces and the plans sold in them that prohibit discrimination on the basis of sexual orientation (U.S. Department of Health and Human Services 2012b).

Colorado, Connecticut, Hawaii, Utah, and Vermont are also among the states with the best rankings. Connecticut, Hawaii, and Vermont tied for ninth place with an average of 4.1 days of poor mental health per month.

Southern states—Alabama, Arkansas, Kentucky, Louisiana, Mississippi, South Carolina, and West Virginia—are in the bottom twelve. Arizona, Missouri, and New Mexico, all tied for 40th place, are also in the worst-ranking group, along with Oklahoma.

- Women in Tennessee report the most days of activities limitations per month at 6.5 days. Seven other

Among women from the largest racial and ethnic groups, Native American women have the highest self-reported

average number of days per month of activities limitations at 7.0, more than double the average number of days for Asian/Pacific Islander women, who have the least (3.2; Appendix Table B6.8). For all racial and ethnic groups, the self-reported number of days of limited activities among women varies considerably across states (Appendix Table B6.8).

Obesity and Healthy Weight

Being overweight or obese is a growing health concern for women in the United States. Nationally, nearly six in ten women (57.6 percent) aged 18 and older are overweight or obese (classified as having a body mass index of 25 or greater; Appendix Tables B6.10 and B6.11). Overweight and obesity rates vary across the states.

- Hawaii (45.7 percent), Massachusetts (48.7 percent), and Colorado (48.9 percent) have the smallest proportions of women who are overweight or obese. Other jurisdictions in the best ten are California, the District of Columbia, Minnesota, Montana, Oregon, Utah, and Vermont.
- Two-thirds of women (66.0 percent) in the state with the worst ranking, Mississippi, are overweight or obese; Arkansas and Alabama have the second and third largest proportions of women who are overweight or obese at 65.2 and 64.8 percent, respectively. In general, the South fares poorly on this indicator; in addition to Mississippi, Arkansas, and Alabama, five Southern states—Kentucky, Louisiana, South Carolina, Tennessee, and West Virginia—are in the bottom ten. Indiana and Oklahoma are also in the worst-ranking group.

Among women from the largest racial and ethnic groups, black women in the United States overall are the most likely to be overweight or obese at 73.3 percent, followed by Native American women (64.1 percent), Hispanic women (63.7 percent), and white women (54.3 percent). Asian/Pacific Islander women are the least likely to be overweight or obese (30.5 percent). For each racial and ethnic group, the percentage of women who are overweight or obese varies considerably across states (Appendix Table B6.10).

Preventive Care and Health Behaviors

Practicing preventive health care and maintaining good health behaviors are important components of women's health and overall well-being.

Best and Worst States on Activities Limitations Among Women

State	Days per Month Activities Limited by Health Status	Rank
North Dakota	3.5	1
Iowa	3.7	2
Utah	3.7	2
Colorado	3.8	4
Minnesota	3.8	4
Nebraska	3.8	4
South Dakota	3.8	4
Tennessee	6.5	51
West Virginia	6.0	50
Alabama	5.9	47
Arkansas	5.9	47
Mississippi	5.9	47

- In the United States as a whole, fewer than half of women aged 18 and older (48.2 percent) report exercising at least 150 minutes per week. Oregon (64.6 percent), Colorado (59.1 percent), and Vermont (59.0 percent) have the largest proportions of women who say they get this much exercise. The states with the smallest proportions of women who report exercising at least 150 minutes per week are Mississippi (33.1 percent), Tennessee (34.7 percent), and Arkansas (38.1 percent; IWPR 2015b).
- Only 20.6 percent of women aged 18 and older in the United States say they eat five or more servings of fruits and vegetables every day. Women in West Virginia, Tennessee, and Mississippi are the least likely to eat this amount of fruits and vegetables daily, and women in California, Oregon, and Vermont are the most likely. Even in the best ranking state, California, nearly seven in ten women do not eat at least five servings of fruits and vegetables per day (IWPR 2015b).
- Nationally, 15.8 percent of adult women report that they have smoked 100 or more cigarettes in their lifetime and now smoke every day or some days. Utah has the smallest proportion of women who smoke at 9.2 percent, and West Virginia has the largest (26.5 percent; IWPR 2015b). Overall, the percentage of women in the United States who report smoking has declined considerably since 2000, when 21.2 percent of women said they had smoked 100 or more cigarettes in their lifetime and smoke every day or some days (IWPR 2002).

■ About one in nine (11.2 percent) women aged 18 and older report binge drinking (having consumed four or more drinks on at least one occasion during the preceding month). The percentage of women who report binge drinking in the District of Columbia, which fares the worst on this indicator, is more than three times that of West Virginia, which fares the best (18.7 in the District of Columbia compared with 5.7 percent in West Virginia; IWPR 2015b).

■ Nearly four in five (79.5 percent) women aged 18 and older in the United States report having had a pap test in the past three years (Table 6.3). Women in the District of Columbia, Massachusetts, and Maryland are the most likely to say they have had a pap test. Women in Idaho, Montana, and Oklahoma are the least likely to report having done so (IWPR 2015b).⁹

■ Approximately four in five (80.9 percent) women in the United States aged 50 and older report having had a mammogram in the past two years. Massachusetts (89.5 percent), the District of Columbia (86.3 percent), and Rhode Island (86.2 percent) have the largest shares of women who have had a breast cancer screening. Wyoming (70.6 percent), Idaho (72.4 percent), and Oklahoma (73.4 percent) have the smallest shares (IWPR 2015b).

Health behaviors and preventive care also vary by race and ethnicity. Among women aged 18 and older, white women are the most likely to exercise at least 150 minutes per week (51.0 percent), but have higher than average rates of smoking and are the second most likely to say they have engaged in binge drinking at least once in the preceding month (Table 6.3). Among women

Table 6.3.
Health Behaviors and Preventive Care Among Women by Race and Ethnicity, United States

	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Percent Who Exercise 150 Minutes per Week, 2013	48.2%	51.0%	42.5%	39.6%	45.4%	48.9%	50.8%
Percent Who Eat Five or More Servings of Fruits and Vegetables per Day, 2013	20.6%	20.0%	23.7%	19.0%	23.5%	20.4%	24.3%
Percent Who Smoke (Some Days or Every Day and Have Smoked at Least 100 Cigarettes in Lifetime), 2013	15.8%	17.5%	9.2%	16.3%	4.8%	30.5%	21.9%
Percent Who Report Binge Drinking (Four or More Drinks on One Occasion at Least Once in the Past Month), 2013	11.2%	12.1%	10.1%	8.4%	8.3%	11.3%	14.4%
Percent Aged 50 and Older Who Have Had a Mammogram in Past Two Years, 2012	80.9%	80.3%	80.0%	85.6%	85.7%	75.4%	75.4%
Percent Who Have Had a Pap Test in the Past Three Years, 2012	79.5%	76.3%	86.9%	87.0%	87.1%	76.8%	80.1%
Percent Who Have Been Screened for Cholesterol in the Past Five Years, 2013	61.6%	63.6%	51.4%	65.8%	57.4%	57.4%	56.3%
Percent Who Have Ever Been Tested for HIV, 2013	39.0%	32.5%	50.8%	60.7%	33.3%	45.0%	51.3%

Notes: Data are for women aged 18 and older, except for the percent of women who have had a mammogram in the past two years. Racial groups are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata.

⁹ IWPR state-level data on preventive care and health behaviors is available at www.statusofwomensdata.org.

Millennial Women's Health¹⁰

Establishing good health behaviors and practicing preventive medical care is critical to millennial women's ability to maintain good health as they age.

- Only about half (49.4 percent) of millennial women in the United States get at least 150 minutes per week of moderate or vigorous physical activity (such as running, calisthenics, gardening, or walking for exercise) outside of their jobs. Oregon has the largest percentage of young women who report getting this much exercise at 67.7 percent, and Tennessee has the smallest percentage at 35.5 percent.
- Approximately one in five millennial women (19.9 percent) report that they eat five or more servings of fruits and vegetables per day. Millennial women in Oregon are most likely to eat at least five servings of fruits and vegetables on a daily basis, but even in this best-ranking state only about 27 percent of young women consume this amount of fruits and vegetables. In West Virginia, the worst-ranking state, about one in ten young women (10.5 percent) report that they eat five or more servings of fruits and vegetables per day.
- One in five millennial women (20.0 percent) say they have engaged in binge drinking (defined for women as drinking four or more drinks on one occasion) in the past month. The percentage of women who have engaged in binge drinking varies from a low of 11.0 percent in Utah to a high of 31.6 percent in the District of Columbia. Nationally, more than one in three millennial men (35.0 percent) report having engaged in binge drinking (defined for men as drinking five or more drinks on one occasion).
- Millennial women report having, on average, 4.9 days per month of poor mental health, compared with 3.6 days for millennial men and 4.3 days for women overall. Millennial women report the highest average number of days per month of poor mental health in Arkansas (6.5) and the lowest in New Jersey (3.7; Appendix Table B6.7).
- Nearly half of young women (46.5 percent) in the United States are overweight or obese, defined as having a body mass index of 25 or greater. Young women are the most likely to be overweight or obese in Mississippi (58.1 percent), Alabama (56.2 percent), and West Virginia (54.6 percent). They are least likely to be overweight or obese in Colorado (36.5 percent), Massachusetts (38.2 percent), and Utah (39.5 percent; Appendix Table B6.11).
- More than nine in ten young women in the United States (94.0 percent) say they have had a pap test in the past three years. They are most likely to have had the test if they live in Massachusetts (97.6 percent), Iowa (96.7 percent), or Maryland (96.5 percent), and least likely to have done so if they live in Idaho and Arizona (87.0 percent each) or in Utah (89.7 percent).

Data are based on IWPR analysis of Behavioral Risk Factor Surveillance System microdata (IWPR 2015b and 2015c). Data for the United States overall are for 2013; all other data are three-year averages (2011–2013). IWPR data not cited in the text are available at www.statusofwomensdata.org.

¹⁰“Millennials” here include women and men aged 18–34; analysis of the health of millennials is based on the Behavioral Risk Factor Surveillance System survey, which is conducted among adults in the United States aged 18 and older. This definition of millennials differs slightly from the definition in chapters two and four, which define millennials to include those aged 16–34.

aged 50 and older, black women—who have the highest breast cancer mortality rate—and Asian/Pacific Islander women are the most likely to say that they have had a mammogram in the past two years. Among women aged 18 and older, Asian/Pacific Islander, black, and Hispanic women are the most likely to say they have had a pap test in the past three years. Black women are the most likely to have ever been tested for HIV (60.7 percent) and to have been screened for cholesterol in the past five years (65.8 percent; Table 6.3).

Conclusion

Some measures of women's health status have shown signs of progress since the publication of IWPR's 2004 *Status of Women in the States* report, but in other ways women's health status has worsened. Women are less

likely to die from heart disease, breast cancer, and lung cancer, but more likely to experience poor mental health, have their activities limited by their health status, and to be diagnosed with diabetes or chlamydia. In addition, the suicide mortality rate among women has increased. The implementation of the Affordable Care Act has changed the landscape of health care for women, providing more women access to preventive care and other services, yet some women continue to face barriers to obtaining the services they need. Ensuring that women have adequate access to preventive care, health care services and information about specific health conditions is integral to promoting the good health women need to work, pursue educational and career opportunities, achieve economic security, and maintain their overall well-being.

Appendix A6:

Methodology

To analyze the status of women in the states, IWPR selected indicators that prior research and experience have shown illuminate issues that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. The data in IWPR's *Status of Women in the States* reports come from federal government agencies and other sources; much of the analysis of women's health relies on data from the Centers for Disease Control and Prevention (CDC), including the CDC's Wide-ranging OnLine Data for Epidemiologic Research (WONDER), Web-based Injury Statistics Query and Reporting System (WISQARS), and National Center for HIV, STD, and TB Prevention Atlas databases. In addition, IWPR analyzed microdata from the Behavioral Risk Factor Surveillance System (BRFSS) survey, which is conducted by the CDC annually in conjunction with the states, the District of Columbia, and five U.S. territories. BRFSS measures behavioral risk factors for the noninstitutionalized adult population (aged 18 and older) living in the United States. Data are collected using telephone interviews; in 2011, the data collection methods were refined to include both land line and mobile telephone numbers in the sample to ensure all segments of the population were covered. Some of the changes noted in poor mental health, diabetes, and activities limitations could be due to methodological differences (Centers for Disease Control and Prevention 2012), but these data represent the best estimates of population health behaviors at the state level. In 2013, 491,733 interviews were completed (Centers for Disease Control and Prevention 2014e).

When analyzing state- and national-level BRFSS microdata, IWPR used 2013 data, the most recent available. When disaggregating data at the state level by race/ethnicity and by age, IWPR combined three years of data (2011, 2012, and 2013) to ensure sufficient sample sizes, with several exceptions. Data on the percent of women who exercise at least 150 minutes per week were available only for 2013; data on the percent of women who eat at least five servings of fruits or vegetables per day and the percent who have been screened for cholesterol in the past five years were available only for 2011 and 2013; and data on the percent of women who have had a pap test in the past three years and the percent who have had a mammogram in the past two years were

available only for 2012 for all states and 2013 for five states. When analyzing the percent of women who have had a mammogram or pap test nationally, IWPR used 2012 data only. State-level estimates on these indicators combine 2012 and 2013 data. IWPR used sample weights provided by the CDC to obtain nationally representative statistics that adjust for sampling both landline and mobile telephone numbers. Data are not presented if the average cell size for the category total is less than 35.

The tables and figures present data for individuals, often disaggregated by race and ethnicity. In general, race and ethnicity are self-identified; the person providing the information for the survey determines the group to which he or she (and other household members) belongs. People who identify as Hispanic or Latino may be of any race; to prevent double counting, IWPR's analysis separates Hispanics from racial categories—including white, black (which includes those who identified as black or African American), Asian/Pacific Islander (which includes those who identified as Chinese, Japanese, or other Asian or Pacific Islander), or Native American (which includes those who identified as American Indian or Alaska Native). Hispanics may be of any race or two or more races.

Calculating the Composite 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, mean days 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 mortality 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." For each indicator, the desired level was set at the lowest rate or lowest level among all states. Each state's score was then compared with the ideal score to determine the state's grade. In previous Status of Women in the States reports, mortality rates from heart disease, lung cancer, and breast cancer were set according to national objectives for the year 2010, as determined by the U.S. Department of Health and Human Services under the Healthy People 2010 program, and all other indicators were set at the lowest rate or lowest level among all states.

MORTALITY FROM HEART DISEASE: Average annual mortality from heart disease among women of all ages per 100,000 population (in 2011–2013). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention, National Center for Health Statistics (CDC 2015a).

MORTALITY FROM LUNG CANCER: Average mortality among women of all ages from lung cancer per 100,000 population (in 2011–2013). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention, National Center for Health Statistics (CDC 2015a).

MORTALITY FROM BREAST CANCER: Average mortality among women of all ages from breast cancer per 100,000 population (in 2011–2013). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention, National Center for Health Statistics (CDC 2015a).

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 2013. 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: IWPR analysis of BRFSS 2013 microdata (IWPR 2015b).

RATE OF REPORTED CASES OF CHLAMYDIA: Reported rate of chlamydia among women of all ages per 100,000 population in 2013. Source: Centers for Disease Control, National Center for HIV, STD, and TB Prevention, Division of STD Prevention 2013 (CDC 2015c).

INCIDENCE OF AIDS: Average incidence of AIDS-indicating diseases among females aged 13 years and older per 100,000 population in 2012. Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention Atlas (CDC 2015b).

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 2013. 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: IWPR analysis of BRFSS 2013 microdata (IWPR 2015b).

MORTALITY FROM SUICIDE: Average annual mortality from suicide among women of all ages per 100,000 population in 2011–2013. Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention Web-based Injury Statistics Query and Reporting System (CDC 2015e).

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 2013. 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: IWPR analysis of BRFSS 2013 microdata (IWPR 2015b).

Appendix B6:

Tables by Race and Ethnicity, Age, and State

Table B6.1.

Average Annual Heart Disease Mortality Rate Among Women (per 100,000) by Race/Ethnicity and State, 2013

	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
State	Rate	Rate	Rate	Rate	Rate	Rate
Alabama	184.3	180.2	73.6	208.5	40.5	54.4
Alaska	100.9	100.9	N/A	70.3	61.4	136.9
Arizona	112.6	114.8	97.6	139.6	61.7	103.8
Arkansas	173.6	170.0	58.8	215.1	97.2	N/A
California	122.1	132.1	100.2	187.2	76.5	129.6
Colorado	102.3	103.1	88.0	136.7	70.3	80.3
Connecticut	121.9	121.5	87.5	141.6	65.6	N/A
Delaware	137.5	136.2	64.6	156.5	N/A	N/A
District of Columbia	166.8	85.9	84.2	211.9	N/A	N/A
Florida	117.6	117.5	101.1	150.8	58.1	68.0
Georgia	144.2	139.9	44.2	170.3	63.2	N/A
Hawaii	98.2	104.3	131.1	N/A	95.2	N/A
Idaho	116.7	118.2	71.7	N/A	99.3	118.4
Illinois	136.9	133.8	79.8	186.1	70.5	72.1
Indiana	147.7	147.3	86.5	174.4	53.3	N/A
Iowa	132.5	132.7	44.2	191.5	64.7	N/A
Kansas	124.5	124.7	75.3	154.3	71.8	135.9
Kentucky	162.8	163.4	56.2	179.0	71.0	N/A
Louisiana	170.8	164.3	63.5	198.8	64.2	88.6
Maine	116.7	116.3	N/A	N/A	N/A	N/A
Maryland	139.0	135.3	55.0	165.3	66.1	N/A
Massachusetts	110.2	112.8	64.0	110.3	47.9	122.4
Michigan	160.4	152.3	110.7	226.0	67.5	167.5
Minnesota	89.3	88.7	46.6	99.9	59.3	171.2
Mississippi	191.7	180.5	45.2	221.1	89.8	131.2
Missouri	155.8	154.6	74.5	181.8	86.5	78.6
Montana	116.6	114.4	N/A	N/A	N/A	179.6
Nebraska	117.1	117.4	45.9	153.2	N/A	173.6
Nevada	147.0	158.2	87.1	210.7	77.9	95.6
New Hampshire	117.4	118.7	N/A	N/A	N/A	N/A
New Jersey	137.4	140.7	87.9	168.0	68.0	N/A
New Mexico	118.2	126.5	109.1	126.8	77.2	73.9
New York	155.0	154.8	119.6	187.4	83.7	75.0
North Carolina	131.2	128.3	42.2	151.0	56.3	168.0
North Dakota	116.1	113.6	N/A	N/A	N/A	184.3
Ohio	150.7	148.7	78.4	177.1	70.9	54.6
Oklahoma	182.7	182.6	86.8	224.9	99.7	196.4
Oregon	102.6	104.9	54.1	105.7	57.2	102.7
Pennsylvania	143.6	140.8	84.1	171.3	70.0	64.0
Rhode Island	131.3	133.3	78.7	111.0	94.6	N/A
South Carolina	140.7	131.5	66.2	173.7	80.2	106.1
South Dakota	116.0	115.1	N/A	N/A	N/A	139.4
Tennessee	162.8	161.0	49.9	187.4	78.0	N/A
Texas	136.9	141.2	109.2	181.7	75.6	52.0
Utah	121.8	124.9	71.9	N/A	89.3	86.9
Vermont	116.5	117.1	N/A	N/A	N/A	N/A
Virginia	128.3	126.3	65.2	157.7	58.4	N/A
Washington	108.3	111.4	66.9	121.7	66.0	146.4
West Virginia	167.1	168.6	N/A	163.8	N/A	N/A
Wisconsin	125.0	122.9	59.6	177.1	83.9	198.7
Wyoming	116.0	118.3	74.4	N/A	N/A	N/A
United States	136.1	136.4	98.8	177.7	74.9	121.1

Notes: Data are three-year (2011–2013) averages. Racial groups are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or two or more races. N/A=not available.

State-level IWPR data on men's heart disease mortality rate are available at www.statusofwomendata.org.

Source: IWPR compilation of data from the Centers for Disease Control and Prevention 2015a.

Table B6.2.

Average Annual Lung Cancer Mortality Rate Among Women (per 100,000) by Race/Ethnicity and State, 2013

	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
State	Rate	Rate	Rate	Rate	Rate	Rate
Alabama	39.3	42.5	N/A	30.1	N/A	N/A
Alaska	42.8	43.9	N/A	N/A	34.0	53.1
Arizona	30.7	34.6	14.4	31.2	15.4	11.3
Arkansas	44.3	46.4	N/A	35.6	N/A	N/A
California	28.5	35.9	12.5	36.9	18.1	29.0
Colorado	27.5	28.6	19.9	31.9	18.0	N/A
Connecticut	33.5	36.0	13.2	26.7	N/A	N/A
Delaware	42.0	43.6	N/A	39.1	N/A	N/A
District of Columbia	34.2	22.8	N/A	41.7	N/A	N/A
Florida	35.7	42.6	14.3	24.9	15.5	N/A
Georgia	35.7	40.4	7.6	27.3	15.8	N/A
Hawaii	25.1	28.4	24.3	N/A	24.0	N/A
Idaho	31.5	32.6	N/A	N/A	N/A	N/A
Illinois	39.2	42.0	11.6	44.2	15.8	N/A
Indiana	42.2	42.8	10.1	48.3	N/A	N/A
Iowa	36.5	36.8	N/A	52.2	N/A	N/A
Kansas	38.4	38.8	17.9	50.0	N/A	73.3
Kentucky	54.4	55.0	N/A	56.4	N/A	N/A
Louisiana	41.7	44.3	11.0	38.1	30.6	N/A
Maine	44.0	44.0	N/A	N/A	N/A	N/A
Maryland	36.1	39.2	9.3	34.6	17.0	N/A
Massachusetts	37.9	40.4	12.3	31.9	16.4	N/A
Michigan	41.2	41.6	16.2	43.6	19.9	61.6
Minnesota	33.4	33.8	N/A	27.6	20.0	60.3
Mississippi	41.2	44.5	N/A	34.9	N/A	N/A
Missouri	44.4	45.2	15.8	43.9	18.4	N/A
Montana	36.4	35.7	N/A	N/A	N/A	55.6
Nebraska	34.8	35.2	N/A	46.8	N/A	N/A
Nevada	41.6	48.9	15.7	38.2	17.9	N/A
New Hampshire	41.1	42.1	N/A	N/A	N/A	N/A
New Jersey	33.6	38.2	12.0	33.3	13.8	N/A
New Mexico	26.2	32.2	20.0	N/A	N/A	N/A
New York	34.2	39.4	14.5	29.8	16.5	23.0
North Carolina	37.6	40.0	6.8	32.4	20.4	33.8
North Dakota	31.5	31.4	N/A	N/A	N/A	N/A
Ohio	43.6	44.1	8.6	46.7	18.2	N/A
Oklahoma	45.7	47.1	15.4	43.2	35.9	46.6
Oregon	39.3	40.7	15.2	43.8	22.8	33.4
Pennsylvania	37.4	37.0	15.8	48.5	17.5	N/A
Rhode Island	41.2	43.7	N/A	N/A	N/A	N/A
South Carolina	38.1	41.2	N/A	30.2	N/A	N/A
South Dakota	36.5	36.0	N/A	N/A	N/A	69.2
Tennessee	43.4	44.7	N/A	41.1	25.5	N/A
Texas	31.8	38.8	12.8	36.3	18.5	N/A
Utah	15.6	15.8	14.5	N/A	N/A	N/A
Vermont	39.9	40.3	N/A	N/A	N/A	N/A
Virginia	36.5	38.8	11.5	35.3	15.1	N/A
Washington	36.1	38.3	14.2	31.3	22.8	35.1
West Virginia	46.7	47.6	N/A	30.8	N/A	N/A
Wisconsin	37.8	37.3	12.3	56.5	24.9	68.7
Wyoming	31.4	32.1	N/A	N/A	N/A	N/A
United States	36.3	39.9	13.3	35.7	18.3	31.1

Notes: Data are three-year (2011–2013) averages. Racial groups are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or two or more races. N/A=not available.

State-level IWPR data on men's lung cancer mortality rate are available at www.statusofwomensdata.org.

Source: IWPR compilation of data from the Centers for Disease Control and Prevention 2015a.

Table B6.3.
Average Annual Breast Cancer Mortality Rate Among Women (per 100,000) by Race/Ethnicity and State, 2013

	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
State	Rate	Rate	Rate	Rate	Rate	Rate
Alabama	21.9	20.0	N/A	28.9	N/A	N/A
Alaska	18.9	19.1	N/A	N/A	N/A	22.7
Arizona	19.7	20.7	15.5	25.7	13.7	10.3
Arkansas	21.9	21.2	N/A	29.0	N/A	N/A
California	20.6	23.7	14.9	32.1	12.7	16.2
Colorado	19.4	19.7	16.9	26.0	10.3	N/A
Connecticut	19.2	19.7	10.1	21.7	N/A	N/A
Delaware	22.1	21.2	N/A	28.0	N/A	N/A
District of Columbia	29.1	26.1	N/A	33.4	N/A	N/A
Florida	20.3	20.7	15.3	26.3	10.4	N/A
Georgia	22.2	20.2	11.9	29.2	9.6	N/A
Hawaii	14.8	17.4	N/A	N/A	14.1	N/A
Idaho	20.1	21.0	N/A	N/A	N/A	N/A
Illinois	22.8	22.8	10.6	32.6	11.5	N/A
Indiana	22.0	21.5	15.0	32.6	N/A	N/A
Iowa	19.6	19.8	N/A	N/A	N/A	N/A
Kansas	20.5	20.3	11.6	30.5	N/A	N/A
Kentucky	22.4	22.2	N/A	28.1	N/A	N/A
Louisiana	24.3	21.0	9.8	34.7	N/A	N/A
Maine	17.7	17.7	N/A	N/A	N/A	N/A
Maryland	22.5	21.3	11.9	28.4	10.2	N/A
Massachusetts	19.1	19.7	11.9	23.2	7.2	N/A
Michigan	22.1	21.2	17.0	30.6	10.1	N/A
Minnesota	19.1	19.5	N/A	21.2	N/A	N/A
Mississippi	23.9	19.7	N/A	32.7	N/A	N/A
Missouri	22.6	21.7	N/A	34.1	14.2	N/A
Montana	20.4	20.5	N/A	N/A	N/A	N/A
Nebraska	20.2	20.4	N/A	24.5	N/A	N/A
Nevada	22.7	25.2	11.2	28.3	15.0	N/A
New Hampshire	19.7	20.3	N/A	N/A	N/A	N/A
New Jersey	23.4	24.0	13.2	33.3	12.2	N/A
New Mexico	18.7	20.8	16.8	N/A	N/A	11.3
New York	21.0	21.1	15.1	27.7	9.0	N/A
North Carolina	21.4	19.8	9.9	29.3	11.7	17.1
North Dakota	17.4	17.3	N/A	N/A	N/A	N/A
Ohio	23.2	22.6	9.2	31.4	10.9	N/A
Oklahoma	23.4	23.3	12.7	34.7	N/A	19.9
Oregon	20.2	20.9	11.1	28.1	10.2	N/A
Pennsylvania	22.5	21.8	12.4	31.6	11.8	N/A
Rhode Island	19.0	19.5	N/A	N/A	N/A	N/A
South Carolina	22.7	20.6	N/A	30.2	N/A	N/A
South Dakota	21.1	21.4	N/A	N/A	N/A	N/A
Tennessee	22.3	21.0	N/A	32.6	N/A	N/A
Texas	20.5	20.8	15.6	32.2	11.1	N/A
Utah	20.4	21.3	11.8	N/A	N/A	N/A
Vermont	18.8	18.7	N/A	N/A	N/A	N/A
Virginia	21.7	20.7	10.7	30.5	9.5	N/A
Washington	19.7	20.8	8.7	25.6	10.4	20.3
West Virginia	22.7	22.7	N/A	29.5	N/A	N/A
Wisconsin	20.8	20.5	9.2	33.4	N/A	N/A
Wyoming	19.4	20.6	N/A	N/A	N/A	N/A
United States	21.3	21.2	14.4	30.2	11.3	13.8

Notes: Data are three-year (2011–2013) averages. Racial groups are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or two or more races. N/A=not available.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention 2015a.

Table B6.4.

Incidence of Diabetes Among Women by Race/Ethnicity and State, 2013

	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
State	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Alabama	14.1%	11.3%	9.9%	17.6%	N/A	17.3%	6.1%
Alaska	6.6%	7.2%	8.5%	12.9%	3.4%	7.4%	7.9%
Arizona	10.0%	8.9%	10.9%	11.4%	1.9%	19.8%	9.4%
Arkansas	10.5%	10.6%	6.5%	14.2%	N/A	16.4%	13.9%
California	10.2%	7.4%	11.5%	15.7%	7.9%	13.1%	9.1%
Colorado	5.9%	5.1%	9.0%	12.5%	5.8%	8.6%	7.9%
Connecticut	7.6%	7.3%	9.7%	12.7%	3.7%	11.6%	7.7%
Delaware	11.2%	8.8%	4.8%	15.4%	2.1%	N/A	7.4%
District of Columbia	8.5%	2.2%	4.7%	14.6%	1.8%	N/A	8.9%
Florida	10.1%	9.4%	10.0%	13.3%	5.4%	14.0%	11.5%
Georgia	11.7%	10.0%	8.1%	13.4%	4.2%	16.9%	8.0%
Hawaii	8.4%	4.1%	7.3%	N/A	10.2%	N/A	9.3%
Idaho	7.3%	7.6%	10.1%	N/A	N/A	10.4%	5.9%
Illinois	10.2%	8.5%	8.9%	13.0%	4.7%	N/A	6.5%
Indiana	10.3%	10.1%	8.8%	14.0%	7.4%	16.5%	10.4%
Iowa	9.4%	8.8%	5.1%	11.7%	4.0%	N/A	14.0%
Kansas	9.3%	9.0%	8.5%	13.2%	4.8%	15.9%	9.6%
Kentucky	10.6%	10.8%	7.9%	12.1%	N/A	9.4%	15.2%
Louisiana	12.8%	10.4%	8.1%	16.7%	N/A	14.5%	8.4%
Maine	8.9%	9.0%	7.4%	N/A	N/A	16.4%	14.2%
Maryland	10.0%	8.5%	8.1%	13.5%	6.6%	11.4%	11.3%
Massachusetts	8.1%	7.2%	11.5%	12.9%	4.5%	12.5%	10.3%
Michigan	9.7%	9.1%	10.3%	12.9%	5.0%	12.3%	12.5%
Minnesota	7.0%	6.5%	8.5%	7.6%	5.4%	16.9%	10.2%
Mississippi	13.7%	11.5%	11.4%	16.2%	N/A	16.1%	16.0%
Missouri	10.2%	9.9%	5.8%	13.6%	N/A	11.1%	14.7%
Montana	7.0%	6.8%	5.6%	N/A	N/A	15.0%	7.7%
Nebraska	8.3%	7.9%	6.9%	12.2%	3.6%	15.4%	12.0%
Nevada	8.5%	6.9%	9.2%	16.6%	11.7%	18.6%	10.6%
New Hampshire	7.9%	7.8%	5.1%	N/A	3.7%	N/A	12.8%
New Jersey	8.3%	7.4%	10.0%	12.3%	5.1%	26.2%	11.1%
New Mexico	10.7%	7.3%	12.1%	12.4%	8.8%	16.7%	8.0%
New York	10.9%	7.8%	11.8%	15.4%	9.4%	N/A	22.7%
North Carolina	11.3%	9.6%	7.0%	15.2%	3.7%	17.9%	8.7%
North Dakota	7.8%	7.6%	9.5%	N/A	N/A	16.0%	7.5%
Ohio	10.3%	10.1%	8.9%	13.4%	5.7%	13.8%	9.7%
Oklahoma	10.1%	9.9%	7.1%	11.2%	7.0%	16.4%	12.0%
Oregon	8.7%	9.1%	9.1%	N/A	2.9%	N/A	8.8%
Pennsylvania	10.1%	8.9%	11.2%	14.4%	3.9%	12.9%	14.7%
Rhode Island	8.2%	8.4%	10.3%	11.5%	0.8%	23.2%	9.0%
South Carolina	13.4%	10.7%	6.9%	18.3%	3.7%	11.0%	12.7%
South Dakota	9.2%	7.9%	7.9%	N/A	N/A	16.3%	7.3%
Tennessee	12.0%	11.6%	3.7%	14.2%	N/A	N/A	10.0%
Texas	10.4%	8.8%	11.5%	13.1%	5.3%	18.4%	5.4%
Utah	6.8%	6.6%	7.1%	12.5%	2.4%	11.3%	9.0%
Vermont	7.1%	7.1%	3.8%	N/A	N/A	12.3%	11.0%
Virginia	9.7%	9.7%	5.4%	16.0%	4.8%	10.1%	10.6%
Washington	8.1%	8.4%	7.3%	12.5%	8.0%	13.4%	7.8%
West Virginia	12.6%	12.8%	8.2%	16.0%	N/A	N/A	12.4%
Wisconsin	8.3%	8.1%	6.8%	13.9%	N/A	12.8%	15.7%
Wyoming	8.7%	7.9%	10.8%	N/A	N/A	18.9%	9.3%
United States	10.0%	8.8%	10.4%	14.3%	6.9%	14.8%	10.6%

Notes: Percent of women aged 18 and older who have ever been told they have diabetes. Data for all women are for 2013; all other data are three-year (2011–2013) averages. Data for the United States differ slightly from the data presented in Figure 6.2. N/A = not available.

Racial groups are non-Hispanic. Hispanics may be of any race or two or more races.

State-level IWPR data on diabetes among men by race/ethnicity are available at www.statusofwomensdata.org.

Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata.

Table B6.5.
Incidence of Diabetes Among Women by Age and State, 2013

State	All Women		Women Aged 18–34		Women Aged 35–64		Women Aged 65 and Older	
	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	14.1%	51	3.3%	50	14.2%	50	22.5%	45
Alaska	6.6%	2	1.7%	21	8.0%	11	19.6%	31
Arizona	10.0%	28	2.0%	30	10.9%	36	17.9%	19
Arkansas	10.5%	39	2.5%	43	12.1%	45	19.3%	27
California	10.2%	33	1.8%	25	10.2%	30	19.6%	31
Colorado	5.9%	1	1.5%	9	6.2%	1	14.2%	1
Connecticut	7.6%	8	1.1%	2	7.3%	6	17.8%	18
Delaware	11.2%	43	2.9%	46	9.9%	27	18.2%	22
District of Columbia	8.5%	18	1.3%	5	10.3%	32	21.2%	40
Florida	10.1%	30	1.8%	25	10.1%	29	18.9%	25
Georgia	11.7%	45	2.1%	34	11.4%	41	23.6%	49
Hawaii	8.4%	17	1.2%	3	8.0%	11	17.4%	15
Idaho	7.3%	7	1.8%	25	8.0%	11	17.0%	12
Illinois	10.2%	33	1.3%	5	9.2%	21	20.8%	39
Indiana	10.3%	36	2.2%	37	11.0%	37	20.5%	35
Iowa	9.4%	25	1.5%	9	8.7%	18	18.0%	20
Kansas	9.3%	24	2.2%	37	9.6%	25	18.2%	22
Kentucky	10.6%	40	2.4%	41	11.5%	42	20.7%	37
Louisiana	12.8%	48	2.6%	44	13.9%	49	23.5%	48
Maine	8.9%	22	2.0%	30	8.3%	15	18.1%	21
Maryland	10.0%	28	2.0%	30	9.9%	27	21.5%	43
Massachusetts	8.1%	11	1.9%	28	7.6%	8	16.7%	9
Michigan	9.7%	26	2.2%	37	9.8%	26	19.0%	26
Minnesota	7.0%	4	1.5%	9	6.6%	2	15.2%	4
Mississippi	13.7%	50	3.3%	50	14.8%	51	24.6%	51
Missouri	10.2%	33	2.0%	30	10.5%	34	20.3%	34
Montana	7.0%	4	1.6%	17	6.9%	4	14.8%	2
Nebraska	8.3%	14	1.5%	9	8.5%	17	16.5%	8
Nevada	8.5%	18	2.9%	46	9.5%	23	16.7%	9
New Hampshire	7.9%	10	1.6%	17	7.2%	5	16.8%	11
New Jersey	8.3%	14	1.0%	1	7.7%	9	19.3%	27
New Mexico	10.7%	41	1.6%	17	11.6%	43	19.4%	29
New York	10.9%	42	1.2%	3	10.6%	35	20.6%	36
North Carolina	11.3%	44	2.4%	41	11.2%	40	20.7%	37
North Dakota	7.8%	9	1.3%	5	7.9%	10	17.2%	13
Ohio	10.3%	36	1.7%	21	10.3%	32	21.4%	42
Oklahoma	10.1%	30	2.3%	40	11.0%	37	19.9%	33
Oregon	8.7%	20	1.9%	28	10.2%	30	15.9%	5
Pennsylvania	10.1%	30	1.6%	17	9.4%	22	19.4%	29
Rhode Island	8.2%	13	1.7%	21	9.5%	23	16.2%	7
South Carolina	13.4%	49	2.9%	46	13.3%	47	23.9%	50
South Dakota	9.2%	23	1.5%	9	8.2%	14	17.6%	17
Tennessee	12.0%	46	3.0%	49	12.2%	46	22.5%	45
Texas	10.4%	38	1.5%	9	11.7%	44	21.7%	44
Utah	6.8%	3	1.5%	9	7.4%	7	17.4%	15
Vermont	7.1%	6	1.7%	21	6.7%	3	14.8%	2
Virginia	9.7%	26	2.1%	34	11.1%	39	21.3%	41
Washington	8.1%	11	1.5%	9	9.1%	20	17.2%	13
West Virginia	12.6%	47	2.1%	34	13.7%	48	22.5%	45
Wisconsin	8.3%	14	1.4%	8	8.3%	15	18.3%	24
Wyoming	8.7%	20	2.8%	45	8.8%	19	16.0%	6
United States	10.0%		1.8%		10.2%		19.8%	

Notes: Percent of women who have ever been told they have diabetes. Data for all women are for those aged 18 and older and are for 2013; all other data are three-year (2011–2013) averages. State-level IWPR data on diabetes among men by age are available at www.statusofwomendata.org. Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata.

Table B6.6.

Average Number of Days per Month of Poor Mental Health Among Women by Race/Ethnicity and State, 2013

	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
State	Days	Days	Days	Days	Days	Days	Days
Alabama	5.6	5.6	4.7	5.4	3.8	10.8	6.5
Alaska	3.9	3.8	4.8	3.5	1.9	4.4	5.3
Arizona	4.5	4.0	5.1	5.6	4.2	5.0	6.2
Arkansas	5.5	5.4	4.1	6.2	N/A	6.4	9.5
California	4.2	4.2	4.5	5.5	3.0	6.7	5.0
Colorado	4.0	3.9	4.1	4.7	1.8	5.9	5.2
Connecticut	3.9	3.9	4.5	4.2	1.3	4.0	6.0
Delaware	4.1	4.2	3.5	3.9	2.2	6.2	6.1
District of Columbia	3.8	2.6	4.3	4.6	3.9	N/A	5.1
Florida	4.7	4.4	5.3	4.9	1.8	7.7	7.7
Georgia	4.1	4.3	3.7	3.9	1.4	8.9	5.1
Hawaii	3.1	3.3	4.9	1.3	2.2	N/A	3.9
Idaho	4.5	4.4	5.5	N/A	3.8	7.1	5.0
Illinois	4.1	3.8	4.5	5.2	2.5	7.1	6.5
Indiana	4.9	4.9	4.2	5.1	3.0	6.9	7.3
Iowa	3.5	3.4	4.0	4.4	1.9	5.7	10.9
Kansas	3.8	3.7	3.7	4.8	2.4	7.5	6.5
Kentucky	5.4	5.3	4.7	5.5	3.1	13.2	8.7
Louisiana	4.9	4.6	5.7	5.2	1.5	5.9	5.0
Maine	4.4	4.3	5.5	3.8	3.2	7.0	5.1
Maryland	4.0	4.1	3.6	4.1	2.3	6.3	4.0
Massachusetts	4.2	4.0	5.6	4.4	2.6	5.1	6.1
Michigan	4.6	4.5	6.3	4.9	1.5	6.0	7.3
Minnesota	3.4	3.3	3.8	5.6	2.1	5.0	7.7
Mississippi	5.0	4.9	5.7	5.1	0.7	5.4	7.2
Missouri	4.5	4.4	5.0	4.6	2.6	10.1	7.7
Montana	4.0	3.9	3.9	N/A	5.8	6.0	7.1
Nebraska	3.5	3.5	3.0	4.3	2.3	5.7	5.8
Nevada	4.6	4.8	3.8	6.1	3.0	7.2	6.6
New Hampshire	4.2	4.1	6.8	7.2	1.7	7.9	5.7
New Jersey	3.7	3.8	4.1	3.9	1.8	3.3	4.5
New Mexico	4.3	4.2	4.6	3.7	3.2	4.0	5.2
New York	4.3	4.0	5.3	5.0	2.8	4.8	5.5
North Carolina	4.3	4.4	3.0	4.5	2.1	6.4	5.9
North Dakota	3.2	3.1	4.4	3.8	2.3	4.3	4.1
Ohio	4.6	4.4	5.6	5.7	2.1	7.8	6.4
Oklahoma	4.9	4.7	4.2	5.7	2.5	6.6	6.6
Oregon	4.7	4.7	4.3	7.9	2.4	9.3	6.5
Pennsylvania	4.6	4.3	6.6	5.1	3.0	7.5	7.3
Rhode Island	4.4	4.3	5.6	3.4	2.9	6.6	6.3
South Carolina	4.7	4.8	4.7	4.4	1.6	8.2	7.0
South Dakota	3.2	3.1	3.3	3.8	3.3	4.5	5.8
Tennessee	4.6	4.7	2.6	4.4	0.7	10.7	3.6
Texas	4.1	3.9	4.1	4.7	2.0	5.2	6.2
Utah	4.2	4.2	4.0	3.8	3.0	4.6	5.4
Vermont	4.1	4.0	5.5	4.1	3.7	5.9	5.3
Virginia	3.8	3.7	3.2	3.7	3.6	8.8	4.2
Washington	4.5	4.5	4.4	5.5	2.7	6.3	5.9
West Virginia	5.3	5.3	4.6	4.8	N/A	N/A	6.2
Wisconsin	4.0	3.6	6.0	6.5	4.0	3.4	9.1
Wyoming	4.0	3.9	4.9	5.7	7.8	4.9	5.4
United States	4.3	4.2	4.6	4.8	2.7	6.3	5.9

Notes: Data are for women aged 18 and older. Data for all women are for 2013; all other data are three-year (2011–2013) averages. Racial groups are non-Hispanic. Hispanics may be of any race or two or more races. N/A = not available. State-level IWPR data on poor mental health among men by race and ethnicity are available at www.statusofwomensdata.org. Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata.

Table B6.7.

Average Number of Days per Month of Poor Mental Health Among Women by Age and State, 2013

State	All Women		Women Aged 18–34		Women Aged 35–64		Women Aged 65 and Older	
	Days	Rank	Days	Rank	Days	Rank	Days	Rank
Alabama	5.6	51	5.8	47	6.4	51	3.2	49
Alaska	3.9	11	4.2	6	4.0	8	2.4	18
Arizona	4.5	32	5.5	40	4.7	31	2.4	18
Arkansas	5.5	50	6.5	51	6.1	48	3.0	44
California	4.2	23	4.5	11	4.5	23	3.0	44
Colorado	4.0	13	4.6	17	4.2	12	2.2	10
Connecticut	3.9	11	4.5	11	4.3	16	2.5	23
Delaware	4.1	18	4.8	23	4.5	23	2.3	14
District of Columbia	3.8	8	4.4	9	3.9	7	2.2	10
Florida	4.7	41	5.0	25	5.4	43	3.1	46
Georgia	4.1	18	4.4	9	4.4	20	2.6	28
Hawaii	3.1	1	3.8	2	3.2	1	1.9	4
Idaho	4.5	32	5.3	33	4.8	32	2.5	23
Illinois	4.1	18	4.7	22	4.3	16	2.6	28
Indiana	4.9	44	5.7	44	5.4	43	2.7	32
Iowa	3.5	5	4.6	17	3.7	5	1.8	3
Kansas	3.8	8	4.6	17	4.1	10	2.0	6
Kentucky	5.4	49	5.8	47	6.1	48	3.1	46
Louisiana	4.9	44	5.4	35	5.3	41	2.8	38
Maine	4.4	30	5.9	50	4.6	27	2.3	14
Maryland	4.0	13	5.0	25	4.1	10	2.4	18
Massachusetts	4.2	23	5.0	25	4.5	23	2.4	18
Michigan	4.6	36	5.7	44	5.0	36	2.4	18
Minnesota	3.4	4	4.6	17	3.5	4	1.6	1
Mississippi	5.0	47	5.4	35	5.7	47	2.8	38
Missouri	4.5	32	5.0	25	5.1	39	2.5	23
Montana	4.0	13	4.5	11	4.4	20	2.6	28
Nebraska	3.5	5	4.1	5	3.8	6	2.1	7
Nevada	4.6	36	5.4	35	4.6	27	3.5	51
New Hampshire	4.2	23	5.8	47	4.2	12	2.1	7
New Jersey	3.7	7	3.7	1	4.2	12	2.5	23
New Mexico	4.3	27	4.5	11	5.0	36	2.6	28
New York	4.3	27	4.8	23	4.6	27	3.1	46
North Carolina	4.3	27	4.5	11	4.9	34	2.7	32
North Dakota	3.2	2	3.9	3	3.3	2	1.9	4
Ohio	4.6	36	5.5	40	5.0	36	2.7	32
Oklahoma	4.9	44	5.4	35	5.4	43	2.9	42
Oregon	4.7	41	5.6	42	5.1	39	2.7	32
Pennsylvania	4.6	36	5.6	42	4.9	34	2.8	38
Rhode Island	4.4	30	5.3	33	4.8	32	2.7	32
South Carolina	4.7	41	5.1	31	5.3	41	2.9	42
South Dakota	3.2	2	4.2	6	3.3	2	1.7	2
Tennessee	4.6	36	4.5	11	5.4	43	2.7	32
Texas	4.1	18	4.3	8	4.5	23	2.5	23
Utah	4.2	23	4.6	17	4.4	20	2.8	38
Vermont	4.1	18	5.0	25	4.3	16	2.3	14
Virginia	3.8	8	3.9	3	4.3	16	2.2	10
Washington	4.5	32	5.7	44	4.6	27	2.3	14
West Virginia	5.3	48	5.4	35	6.1	48	3.3	50
Wisconsin	4.0	13	5.1	31	4.0	8	2.2	10
Wyoming	4.0	13	5.0	25	4.2	12	2.1	7
United States	4.3		4.9		4.7		2.7	

Notes: Data for all women are for those aged 18 and older and are for 2013; all other data are three-year (2011–2013) averages. State-level IWPR data on poor mental health among men by age are available at www.statusofwomendata.org.

Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata.

Table B6.8.

Average Number of Days per Month of Limited Activities Among Women by Race/Ethnicity and State, 2013

	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
State	Days	Days	Days	Days	Days	Days	Days
Alabama	5.9	6.0	4.1	5.8	5.2	9.9	6.4
Alaska	4.6	4.4	5.0	7.8	3.1	5.0	5.3
Arizona	5.2	4.9	5.8	5.7	4.1	5.1	4.0
Arkansas	5.9	5.7	3.8	7.0	N/A	7.4	8.1
California	4.7	4.7	4.6	6.6	3.6	6.7	5.4
Colorado	3.8	3.6	4.3	4.9	3.2	6.5	3.7
Connecticut	4.1	3.8	5.5	5.2	1.8	4.1	5.1
Delaware	4.4	4.5	4.6	4.1	1.2	5.3	4.6
District of Columbia	4.3	2.6	3.9	5.8	3.6	N/A	5.0
Florida	5.1	5.2	5.2	4.4	2.9	6.9	6.9
Georgia	4.8	4.9	3.3	4.7	2.7	6.9	5.8
Hawaii	4.1	4.0	4.6	4.9	3.5	N/A	4.7
Idaho	4.4	4.3	5.1	N/A	0.8	7.8	5.1
Illinois	4.0	3.8	4.1	4.8	2.9	6.9	5.6
Indiana	4.9	4.9	4.0	4.8	3.4	8.3	7.9
Iowa	3.7	3.7	4.3	5.0	0.8	1.9	6.4
Kansas	4.2	4.1	3.6	4.6	1.5	8.2	5.5
Kentucky	5.7	5.8	3.3	6.0	0.7	10.8	7.7
Louisiana	5.5	5.3	5.9	5.8	4.2	5.7	5.5
Maine	4.6	4.6	4.2	2.5	3.0	6.3	6.1
Maryland	4.3	4.0	4.9	4.7	2.4	4.5	7.0
Massachusetts	4.3	4.1	5.4	4.7	3.1	10.4	5.7
Michigan	4.9	4.6	5.3	6.1	1.8	7.1	6.0
Minnesota	3.8	3.7	3.9	5.1	2.4	6.5	5.9
Mississippi	5.9	6.0	6.4	5.8	1.1	9.3	5.9
Missouri	5.2	5.0	6.4	5.7	2.4	9.0	5.9
Montana	4.6	4.5	3.9	N/A	5.5	5.7	6.0
Nebraska	3.8	3.7	3.6	5.1	2.9	6.5	6.1
Nevada	5.0	5.0	4.4	6.2	3.2	7.2	8.3
New Hampshire	4.4	4.3	4.1	3.6	3.1	12.2	7.1
New Jersey	4.2	4.0	5.4	4.5	2.5	8.6	4.8
New Mexico	5.2	4.8	5.6	4.5	3.7	5.3	5.5
New York	4.5	4.1	4.8	5.4	3.6	7.5	6.4
North Carolina	5.0	5.1	3.3	5.3	2.0	6.6	5.8
North Dakota	3.5	3.4	3.2	6.6	1.7	4.2	4.5
Ohio	5.1	4.9	6.0	5.9	3.0	8.0	5.8
Oklahoma	5.6	5.5	4.0	6.3	4.6	6.5	7.0
Oregon	5.1	5.1	3.9	7.4	3.5	8.8	6.1
Pennsylvania	4.6	4.4	6.5	5.5	2.7	8.3	5.8
Rhode Island	4.9	4.7	5.9	3.8	5.1	7.5	6.3
South Carolina	5.3	5.3	4.9	5.3	4.1	10.9	5.9
South Dakota	3.8	3.7	3.8	2.3	1.0	5.3	5.1
Tennessee	6.5	6.4	3.1	6.4	0.4	13.8	8.5
Texas	4.7	4.7	4.2	6.6	2.4	7.2	5.1
Utah	3.7	3.7	4.2	4.7	1.5	4.6	5.0
Vermont	4.1	4.0	6.2	3.8	3.6	9.5	6.3
Virginia	4.7	4.7	3.8	4.9	2.7	6.9	5.1
Washington	4.6	4.5	4.0	5.2	2.5	8.6	6.3
West Virginia	6.0	6.0	5.9	4.2	N/A	N/A	6.0
Wisconsin	4.3	3.9	5.5	7.2	2.8	6.8	10.7
Wyoming	4.4	4.3	4.6	3.9	4.2	8.4	5.4
United States	4.8	4.7	4.7	5.5	3.2	7.0	5.9

Notes: Data are for women aged 18 and older. Data for all women are for 2013; all other data are three-year (2011–2013) averages. Racial groups are non-Hispanic. Hispanics may be of any race or two or more races. N/A = not available. State-level IWPR data on activities limitations among men by race and ethnicity are available at www.statusofwomensdata.org. Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata.

Table B6.9.

Average Number of Days per Month of Limited Activities Among Women by Age and State, 2013

State	All Women		Women Aged 18–34		Women Aged 35–64		Women Aged 65 and Older	
	Days	Rank	Days	Rank	Days	Rank	Days	Rank
Alabama	5.9	47	3.8	48	7.0	49	6.2	41
Alaska	4.6	23	3.2	25	5.2	23	6.5	45
Arizona	5.2	40	3.8	48	5.8	38	5.7	28
Arkansas	5.9	47	4.3	51	6.7	46	5.9	33
California	4.7	28	3.3	30	5.1	22	6.0	36
Colorado	3.8	4	2.8	8	4.2	3	4.9	7
Connecticut	4.1	9	3.1	21	4.2	3	5.3	17
Delaware	4.4	18	3.3	30	4.8	15	5.2	14
District of Columbia	4.3	14	2.9	14	5.5	29	5.2	14
Florida	5.1	37	2.9	14	6.2	42	5.8	30
Georgia	4.8	31	2.6	4	5.7	33	5.9	33
Hawaii	4.1	9	3.4	36	4.2	3	4.7	3
Idaho	4.4	18	3.1	21	5.0	18	5.6	26
Illinois	4.0	8	2.8	8	4.3	6	5.1	11
Indiana	4.9	32	3.2	25	5.7	33	5.6	26
Iowa	3.7	2	2.3	1	4.3	6	4.9	7
Kansas	4.2	12	2.6	4	4.8	15	5.2	14
Kentucky	5.7	46	3.5	40	6.7	46	6.8	48
Louisiana	5.5	44	3.6	45	6.3	44	6.4	43
Maine	4.6	23	3.3	30	5.4	28	4.6	2
Maryland	4.3	14	3.6	45	4.4	11	5.3	17
Massachusetts	4.3	14	3.1	21	4.8	15	5.3	17
Michigan	4.9	32	3.0	18	5.7	33	5.9	33
Minnesota	3.8	4	2.8	8	4.3	6	4.8	6
Mississippi	5.9	47	3.5	40	7.0	49	7.1	49
Missouri	5.2	40	3.3	30	5.9	39	6.4	43
Montana	4.6	23	2.8	8	5.2	23	6.0	36
Nebraska	3.8	4	2.5	3	4.3	6	4.7	3
Nevada	5.0	35	3.5	40	5.6	32	6.0	36
New Hampshire	4.4	18	3.3	30	5.0	18	4.7	3
New Jersey	4.2	12	2.9	14	4.5	12	5.3	17
New Mexico	5.2	40	3.3	30	5.9	39	6.2	41
New York	4.5	22	2.8	8	5.2	23	5.4	21
North Carolina	5.0	35	3.0	18	5.7	33	6.5	45
North Dakota	3.5	1	2.4	2	4.0	1	4.1	1
Ohio	5.1	37	3.4	36	5.7	33	6.0	36
Oklahoma	5.6	45	3.6	45	6.5	45	6.6	47
Oregon	5.1	37	3.4	36	5.9	39	5.5	24
Pennsylvania	4.6	23	3.2	25	5.3	27	5.1	11
Rhode Island	4.9	32	3.5	40	5.5	29	5.4	21
South Carolina	5.3	43	3.2	25	6.2	42	6.0	36
South Dakota	3.8	4	2.9	14	4.1	2	4.9	7
Tennessee	6.5	51	4.1	50	7.4	51	7.2	50
Texas	4.7	28	3.5	40	5.2	23	5.8	30
Utah	3.7	2	2.6	4	4.3	6	5.5	24
Vermont	4.1	9	2.8	8	4.5	12	4.9	7
Virginia	4.7	28	2.6	4	5.5	29	5.8	30
Washington	4.6	23	3.2	25	5.0	18	5.7	28
West Virginia	6.0	50	3.4	36	6.7	46	7.3	51
Wisconsin	4.3	14	3.1	21	4.6	14	5.1	11
Wyoming	4.4	18	3.0	18	5.0	18	5.4	21
United States	4.8		3.2		5.4		5.7	

Notes: Data for all women are for those aged 18 and older and are for 2013; all other data are three-year (2011–2013) averages. State-level IWPR data on limited activities among men by age are available at www.statusofwomendata.org. Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata.

Table B6.10.

Percent of Women Who Are Overweight or Obese by Race/Ethnicity and State, 2013

	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
State	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Alabama	64.8%	59.4%	57.5%	76.9%	N/A	59.1%	61.1%
Alaska	58.8%	56.5%	66.0%	75.7%	42.3%	64.8%	58.4%
Arizona	53.9%	49.3%	65.5%	63.3%	30.4%	70.2%	54.9%
Arkansas	65.2%	59.6%	66.4%	75.2%	N/A	56.9%	64.5%
California	52.8%	49.5%	65.1%	72.5%	29.4%	60.4%	55.4%
Colorado	48.9%	44.2%	61.7%	64.2%	22.7%	55.8%	48.7%
Connecticut	55.8%	50.1%	67.2%	70.7%	35.3%	58.5%	61.0%
Delaware	58.5%	55.1%	63.5%	72.3%	24.2%	N/A	54.7%
District of Columbia	49.2%	27.6%	44.5%	70.6%	24.7%	N/A	50.3%
Florida	55.3%	51.1%	59.2%	70.9%	33.1%	52.2%	56.8%
Georgia	61.3%	53.7%	58.6%	73.6%	29.4%	47.9%	62.2%
Hawaii	45.7%	42.1%	56.3%	N/A	38.3%	N/A	61.3%
Idaho	56.8%	54.9%	65.3%	N/A	N/A	64.5%	60.0%
Illinois	60.3%	55.1%	64.5%	72.4%	30.6%	N/A	54.4%
Indiana	62.2%	59.1%	61.9%	74.1%	37.7%	61.5%	70.2%
Iowa	60.3%	58.4%	67.2%	81.4%	26.4%	N/A	67.6%
Kansas	59.2%	57.3%	68.9%	70.8%	31.7%	70.8%	56.4%
Kentucky	63.2%	60.7%	58.7%	75.2%	N/A	68.5%	64.1%
Louisiana	62.4%	57.9%	48.8%	78.0%	N/A	66.0%	63.9%
Maine	58.9%	57.9%	58.6%	N/A	N/A	60.9%	67.4%
Maryland	59.7%	54.3%	56.9%	72.5%	30.4%	45.1%	57.4%
Massachusetts	48.7%	48.0%	63.8%	69.9%	19.3%	60.8%	52.9%
Michigan	61.3%	58.5%	63.0%	75.9%	32.1%	67.6%	62.4%
Minnesota	52.4%	52.9%	60.1%	N/A	32.5%	55.6%	60.8%
Mississippi	66.0%	59.0%	60.1%	78.9%	N/A	69.9%	66.6%
Missouri	58.4%	58.1%	57.6%	74.8%	N/A	55.1%	63.4%
Montana	53.2%	50.9%	64.8%	N/A	N/A	72.9%	63.4%
Nebraska	58.5%	56.9%	62.1%	71.0%	31.1%	73.9%	61.1%
Nevada	56.4%	51.2%	60.6%	68.2%	36.2%	74.9%	58.6%
New Hampshire	53.8%	53.9%	47.1%	N/A	31.8%	N/A	60.1%
New Jersey	54.6%	49.8%	62.0%	72.2%	33.6%	57.0%	52.2%
New Mexico	57.5%	49.3%	63.0%	70.3%	28.3%	73.7%	47.5%
New York	54.6%	50.1%	62.2%	68.3%	32.5%	N/A	65.2%
North Carolina	60.4%	55.3%	64.1%	75.3%	30.0%	73.3%	61.8%
North Dakota	58.9%	56.8%	58.4%	N/A	N/A	72.8%	59.6%
Ohio	59.5%	57.1%	60.3%	72.0%	32.4%	56.4%	63.6%
Oklahoma	62.8%	59.7%	65.6%	74.2%	29.7%	67.8%	63.5%
Oregon	52.3%	54.6%	61.2%	N/A	17.4%	N/A	56.1%
Pennsylvania	57.6%	56.2%	65.2%	72.6%	31.7%	55.2%	60.2%
Rhode Island	57.6%	53.6%	62.6%	66.2%	37.9%	80.4%	59.5%
South Carolina	63.2%	56.2%	64.0%	78.6%	28.0%	72.7%	53.5%
South Dakota	59.5%	57.3%	63.2%	N/A	N/A	68.6%	59.4%
Tennessee	63.4%	59.7%	50.6%	75.1%	N/A	N/A	56.4%
Texas	61.2%	53.9%	67.6%	73.3%	27.5%	59.0%	49.7%
Utah	51.8%	49.7%	59.5%	62.0%	28.8%	66.1%	60.3%
Vermont	53.8%	52.2%	60.5%	N/A	N/A	67.5%	54.6%
Virginia	58.0%	54.3%	55.4%	74.4%	31.2%	62.6%	52.3%
Washington	55.3%	55.1%	62.6%	69.2%	29.8%	72.8%	54.0%
West Virginia	63.4%	63.8%	66.9%	74.3%	N/A	N/A	64.2%
Wisconsin	59.6%	57.9%	57.9%	80.2%	N/A	56.9%	61.3%
Wyoming	56.7%	55.0%	64.0%	N/A	N/A	65.6%	49.6%
United States	57.6%	54.3%	63.7%	73.3%	30.5%	64.1%	57.8%

Notes: Percent of women with a BMI of 25 or greater. Data for all women include those aged 18 and older and are for 2013; all other data are three-year (2011–2013) averages. Racial groups are non-Hispanic. Hispanics may be of any race or two or more races. State-level IWPR data on the percent of men who are overweight or obese by race and ethnicity are available at www.statusofwomensdata.org. N/A = not available.

Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata.

Table B6.11.
Percent of Women Who Are Overweight or Obese by Age and State, 2013

State	All Women		Women Aged 18–34		Women Aged 35–64		Women Aged 65 and Older	
	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	64.8%	49	56.2%	50	68.0%	47	63.7%	44
Alaska	58.8%	28	49.1%	36	62.8%	26	63.4%	42
Arizona	53.9%	12	45.0%	19	59.9%	19	53.9%	3
Arkansas	65.2%	50	53.6%	46	68.3%	48	60.4%	25
California	52.8%	8	44.2%	16	57.7%	12	54.9%	5
Colorado	48.9%	3	36.5%	1	52.3%	2	52.5%	2
Connecticut	55.8%	17	43.5%	13	56.1%	5	60.0%	24
Delaware	58.5%	26	45.3%	21	64.2%	36	63.1%	41
District of Columbia	49.2%	4	39.6%	4	57.5%	11	57.3%	9
Florida	55.3%	15	45.2%	20	59.6%	18	57.8%	11
Georgia	61.3%	40	50.5%	41	65.2%	39	59.8%	22
Hawaii	45.7%	1	41.3%	5	50.2%	1	44.4%	1
Idaho	56.8%	20	43.7%	14	60.9%	21	61.4%	31
Illinois	60.3%	36	46.0%	27	63.0%	28	62.3%	36
Indiana	62.2%	42	49.7%	38	64.8%	38	64.9%	49
Iowa	60.3%	36	47.2%	34	63.8%	34	62.6%	39
Kansas	59.2%	31	50.0%	39	63.0%	28	59.8%	22
Kentucky	63.2%	45	51.1%	42	67.1%	44	62.3%	36
Louisiana	62.4%	43	52.0%	44	70.7%	50	65.8%	51
Maine	58.9%	29	46.8%	30	61.5%	22	61.1%	29
Maryland	59.7%	35	47.0%	32	63.4%	31	62.5%	38
Massachusetts	48.7%	2	38.2%	2	52.5%	3	57.3%	9
Michigan	61.3%	40	52.0%	44	63.6%	33	65.5%	50
Minnesota	52.4%	7	43.9%	15	57.0%	9	57.8%	11
Mississippi	66.0%	51	58.1%	51	72.4%	51	63.4%	42
Missouri	58.4%	25	48.5%	35	65.4%	40	61.7%	32
Montana	53.2%	9	43.1%	11	56.5%	7	55.3%	6
Nebraska	58.5%	26	46.0%	27	62.4%	25	62.6%	39
Nevada	56.4%	18	45.9%	24	58.0%	13	56.8%	8
New Hampshire	53.8%	10	42.7%	10	56.6%	8	59.3%	17
New Jersey	54.6%	13	41.5%	6	56.1%	5	60.6%	27
New Mexico	57.5%	21	46.9%	31	64.0%	35	54.2%	4
New York	54.6%	13	41.5%	6	59.0%	16	59.6%	19
North Carolina	60.4%	38	51.3%	43	65.4%	40	58.9%	16
North Dakota	58.9%	29	43.3%	12	64.3%	37	61.7%	32
Ohio	59.5%	32	46.6%	29	62.9%	27	64.1%	47
Oklahoma	62.8%	44	54.0%	48	66.4%	43	59.6%	19
Oregon	52.3%	6	44.5%	18	58.5%	14	58.0%	14
Pennsylvania	57.6%	22	45.9%	24	61.5%	22	64.1%	47
Rhode Island	57.6%	22	44.3%	17	59.1%	17	60.5%	26
South Carolina	63.2%	45	53.7%	47	67.5%	45	61.7%	32
South Dakota	59.5%	32	45.9%	24	61.9%	24	63.7%	44
Tennessee	63.4%	47	50.3%	40	67.9%	46	61.0%	28
Texas	61.2%	39	49.2%	37	65.6%	42	61.1%	29
Utah	51.8%	5	39.5%	3	57.4%	10	58.2%	15
Vermont	53.8%	10	41.7%	8	55.4%	4	57.8%	11
Virginia	58.0%	24	45.7%	22	63.2%	30	59.3%	17
Washington	55.3%	15	42.6%	9	58.9%	15	59.6%	19
West Virginia	63.4%	47	54.6%	49	69.8%	49	62.0%	35
Wisconsin	59.6%	34	45.7%	22	63.5%	32	63.8%	46
Wyoming	56.7%	19	47.1%	33	60.8%	20	55.8%	7
United States	57.6%		46.5%		61.7%		60.0%	

Notes: Percent of women with a BMI of 25 or greater. Data for all women include those aged 18 and older and are for 2013; all other data are three-year (2011–2013) averages. State-level IWPR data on the percent of men who are overweight or obese by age are available at www.statusofwomensdata.org.
Source: IWPR analysis of 2013 Behavioral Risk Factor Surveillance System microdata.

References

American Cancer Society. 2015. "Cancer Facts & Figures 2014." Atlanta, GA: American Cancer Society. <<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>> (accessed March 2, 2015).

American Heart Association. 2013. "Facts: Cardiovascular Disease: Women's No. 1 Health Threat." Washington, DC: American Heart Association. <http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_302256.pdf> (accessed January 7, 2015).

Anderson, Jenny Louise, Rémi Fromentin, Maria Giulio Corbelli, Lars Ostergaard, Anna Laura Ross. 2015. "Progress Towards an HIV Cure: Update from the 2014 International AIDS Society Symposium." *AIDS Research and Human Retroviruses* 31(1): 36–44.

Broder, Tanya and Jonathan Blazer. 2011. *Overview of Immigrant Eligibility for Federal Programs*. <<http://www.nilc.org/overview-immeligfedprograms.html>> (accessed March 13, 2015).

Cannuscio, Carolyn, Camara Jones, Ichiro Kawachi, Graham Colditz, Lisa Berkman, and Eric Rimm. 2002. "Reverberations of Family Illness: A Longitudinal Assessment of Informal Caregiving and Mental Health Status in the Nurses' Health Study." *American Journal of Public Health* 92 (8): 1305–1311.

Centers for Disease Control and Prevention. 2011a. "National Estimates and General Information on Diabetes and Prediabetes in the United States." Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. <http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf> (accessed March 12, 2015).

Centers for Disease Control and Prevention. 2011b. "10 Ways STDs Impact Women Differently from Men." <<http://www.cdc.gov/nchhstp/newsroom/docs/STDs-Women-042011.pdf>> (accessed February 2, 2015).

Centers for Disease Control and Prevention. 2012. *Methodologic Changes in the Behavioral Risk Factor Surveillance System in 2011 and Potential Effects on Prevalence Estimates*. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6122a3.htm>> (accessed April 12, 2015).

Centers for Disease Control and Prevention. 2013a. "Leading Causes of Death by Race/Ethnicity, All Females—United States, 2010." (November 6). <http://www.cdc.gov/women/lcod/2010/WomenRace_2010.pdf> (accessed August 17, 2014).

Centers for Disease Control and Prevention. 2013b. "Cancer Among Women." (October 24). <<http://www.cdc.gov/cancer/dpc/data/women.htm>> (accessed August 17, 2014).

Centers for Disease Control and Prevention. Division for Heart and Stroke Prevention. 2014a. "Women and Heart Disease Fact Sheet." <http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_women_heart.htm> (accessed April 13, 2015).

Centers for Disease Control and Prevention. 2014b. *National Diabetes Statistics Report, 2014*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation. <<http://www.cdc.gov/diabetes/pdfs/data/2014-report-estimates-of-diabetes-and-its-burden-in-the-united-states.pdf>> (accessed April 8, 2015).

Centers for Disease Control and Prevention. 2014c. "Pelvic Inflammatory Disease (PID) – CDC Fact Sheet." Atlanta, GA: Centers for Disease Control and Prevention. January 27, 2014. <<http://www.cdc.gov/std/pid/std-fact-pid-detailed.htm>> (accessed August 18, 2014).

Centers for Disease Control and Prevention. 2014d. *Sexually Transmitted Disease Surveillance 2013*. Atlanta, GA: Centers for Disease Control and Prevention. <<http://www.cdc.gov/std/stats13/surv2013-print.pdf>> (accessed March 5, 2015).

Centers for Disease Control and Prevention. 2014e. *Behavioral Risk Factor Surveillance System 2013 Codebook Report*. <http://www.cdc.gov/brfss/annual_data/2013/pdf/CODEBOOK13_LLCP.pdf> (accessed March 26, 2015).

Centers for Disease Control and Prevention. 2014f. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Division of STD Prevention. *Sexually Transmitted Disease Surveillance 2013*. Atlanta, GA: Centers for Disease Control and Prevention. <<http://www.cdc.gov/std/stats13/surv2013-print.pdf>> (accessed June 18, 2015).

Centers for Disease Control and Prevention. 2015a. Underlying Cause of Death 1999–2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999–2013, as compiled from data provided by 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <<http://wonder.cdc.gov/ucd-icd10.html>> (accessed January 25, 2015).

Centers for Disease Control and Prevention. National Center for Injury Prevention. 2015b. NCHHSTP Atlas Interactive Tool. <<http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>> (accessed March 12, 2015).

Centers for Disease Control and Prevention. 2015c. “Chlamydia - Women - Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2009–2013.” <<http://www.cdc.gov/std/stats13/tables/4.htm>> (accessed March 21, 2015).

Centers for Disease Control and Prevention. National Center for HIV, STD, and TB Prevention (NCHSTP). Division of STD/HIV Prevention. 2015d. Sexually Transmitted Diseases Morbidity for Selected STDs by Age, Race/Ethnicity, and Gender 1996–2013. CDC WONDER Online Database. <<http://wonder.cdc.gov/std-std-race-age.html>> (accessed April 13, 2015).

Centers for Disease Control and Prevention. 2015e. IWPR compilation of data from the Web-based Injury Statistics Query and Reporting System (WISQARS). <<http://www.cdc.gov/injury/wisqars/fatal.html>> (accessed February 27, 2015).

Centers for Disease Control and Prevention. N.d. *Tracking the Hidden Epidemics: Trends in the STD Epidemics in the United States*. <<http://www.cdc.gov/std/stats98/STD-Trends.pdf>> (accessed April 12, 2015).

Center for Mississippi Health Policy. 2012. “Medicaid Expansion: An Overview of Potential Impacts in Mississippi.” <https://www.statereform.org/sites/default/files/medicaid_expansion_overview_issue_brief_nov_2012.pdf> (accessed February 25, 2015).

Crescioni, Mabel, Yelena Gorina, Linda Bilheimer, and Richard F. Gillum. 2010. “Trends in Health Status and Health Care Use Among Older Men.” *National Health Statistics Reports* 24. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control. <<http://www.cdc.gov/nchs/data/nhsr/nhsr024.pdf>> (accessed December 2, 2014).

Crosby, Alex E., Beth Han, LaVonne A.G. Ortega, Sharyn E. Parks, Joseph Gfroerer. 2011. “Suicidal Thoughts and Behaviors Among Adults Aged ≥18 Years—United States, 2008–2009.” *Surveillance Summaries* 60 (SS13): 1–22.

Eaton, Nicholas R., Katherine M. Keyes, Robert F. Krueger, Steve Balsis, Andrew E. Skodol, Kristian E. Markon, Bridget F. Grant, Deborah S. Hasin. 2012. “An Invariant Dimensional Liability Model of Gender Differences in Mental Disorder Prevalence: Evidence From a National Sample.” *Journal of Abnormal Psychology* 121 (1): 282–288. <<http://www.apa.org/pubs/journals/releases/abn-121-1-282.pdf>> (accessed August 18, 2014).

- Gates, Gary. 2014. "In U.S., LGBT More Likely Than Non-LGBT To Be Uninsured." Washington, DC: Gallup. <<http://www.gallup.com/poll/175445/lgbt-likely-non-lgbt-uninsured.aspx>> (accessed March 4, 2015).
- Grant, Jaime, Lisa Mottet, and Justin Tanis. 2011. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force. <http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf> (accessed March 5, 2015).
- Haas, Ann P., Philip L. Rodgers, and Jody L. Herman. 2014. *Suicide Attempts Among Transgender and Gender Non-Conforming Adults*. American Foundation for Suicide Prevention and Williams Institute. <<http://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>> (accessed August 21, 2014).
- Hasstedt, Kinsey. 2013. "Toward Equity and Access: Removing Legal Barriers to Health Insurance Coverage for Immigrants." *Guttmacher Policy Review* 16 (1). <<http://www.guttmacher.org/pubs/gpr/16/1/gpr160102.pdf>> (accessed February 24, 2015).
- Heflin, C. M. and J. Iceland. 2009. "Poverty, Material Hardship, and Depression." *Social Science Quarterly* 90 (5): 1051–1071.
- Henley, Jane S., Thomas B. Richards, Michael J. Underwood, Christie R. Ehemann, Marcus Plescia, and Timothy A. McAfee. 2014. "Lung Cancer Incidence Trends Among Men and Women — United States, 2005–2009." *Center for Disease Control Morbidity and Mortality Weekly Report* 63 (1): 1–5.
- Institute of Medicine. 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: Institute of Medicine.
- Institute for Women's Policy Research. 2002. *The Status of Women in West Virginia*. Report #R170. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/the-status-of-women-in-west-virginia-1>> (accessed November 14, 2014).
- Institute for Women's Policy Research. 2004. *The Status of Women in the States*. Report #266. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/the-status-of-women-in-the-states>> (accessed November 14, 2014).
- Institute for Women's Policy Research. 2015a. IWPR analysis of data from the 2013 American Community Survey based on Ruggles et al., Integrated Public Use Microdata Series (Integrated Public Use Microdata Series, Version 5.0).
- Institute for Women's Policy Research. 2015b. IWPR analysis of Behavioral Risk Factor Surveillance System microdata. Centers for Disease Control and Prevention, 2013 Survey Results.
- Institute for Women's Policy Research. 2015c. IWPR analysis of Behavioral Risk Factor Surveillance System microdata. Centers for Disease Control and Prevention, 2011–2013 Survey Results.
- Jose, Powell O., Ariel T.H. Frank, Kristopher I. Kapphahn, Benjamin A. Goldstein, Karen Eggleston, and Katherine G. Hastings. 2014. "Cardiovascular Disease Mortality in Asian Americans." *Journal of the American College of Cardiology* 64 (23): 2486–94.
- Kaiser Family Foundation. 2013a. "Focus on Health Reform: Summary of the Affordable Care Act." <<http://kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/>> (accessed February 23, 2015).
- Kaiser Family Foundation. 2013b. "Medicare's Role for Older Women." <<http://kff.org/womens-health-policy/fact-sheet/medicares-role-for-older-women/>> (accessed November 22, 2014).

- Kaiser Family Foundation. 2014. “Women and HIV/AIDS in the United States.” Washington, DC. <<http://kff.org/hivaids/fact-sheet/women-and-hivaids-in-the-united-states/>> (accessed August 20, 2014).
- Kaiser Family Foundation. 2015a. “Status of State Action on the Medicaid Expansion Decision.” <<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>> (accessed March 22, 2015).
- Kaiser Family Foundation. 2015b. “Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women.” <<http://kff.org/health-reform/state-indicator/medicaid-chip-coverage-of-lawfully-residing-immigrant-children-and-pregnant-women/>> (accessed March 13, 2015).
- Kann, Laura, Emily O’Malley Olsen, Tim McManus, Steve Kinchen, David Chyen, William A. Harris, and Howell Wechsler. 2011. *Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12 —Youth Risk Behavior Surveillance, Selected Sites, United States, 2001–2009*. Atlanta, GA: Office of Surveillance, Epidemiology, and Laboratory Services, Center for Disease Control and Prevention. <<http://www.cdc.gov/mmwr/pdf/ss/ss60e0606.pdf>> (accessed March 4, 2015).
- Kullgren, Jeffrey T., Catherine G. McLaughlin, Nandita Mitra, and Katrina Armstrong. 2012. “Nonfinancial Barriers and Access to Care for U.S. Adults.” *Health Services Research* 47 (1): 462–485.
- Lambda Legal. 2010. *When Health Care Isn’t Caring: Lambda Legal’s Survey of Discrimination Against LGBT People and People with HIV*. <http://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf> (accessed March 8, 2015).
- Lick, David, Laura Durso, Kerri Johnson. 2013. “Minority Stress and Physical Health Among Sexual Minorities.” *Perspectives on Psychological Science* 8 (5): 521–548.
- Livingston, Gretchen. 2014. *Four-in-Ten Couples Are Saying ‘I Do,’ Again*. Washington, DC: Pew Research Center. <http://www.pewsocialtrends.org/files/2014/11/2014-11-14_remarriage-final.pdf> (accessed April 20, 2015).
- Martinez, Michael E. and Robin A. Cohen. 2009. *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–September 2008*. Hyattsville, MD: National Center for Health Statistics. <<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur200903.pdf>> (accessed April 2, 2015).
- Martinez, Michael E. and Robin A. Cohen. 2015. *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–September 2014*. Hyattsville, MD: National Center for Health Statistics. <<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201503.pdf>> (accessed April 2, 2015).
- McIntosh, J. L., and C.W. Drapeau. 2014. “U.S.A. Suicide 2011: Official Final Data.” Washington, DC: American Association of Suicidology. <<http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2011OverallData.pdf>> (accessed August 22, 2014).
- National Conference of State Legislatures. 2011. “States Implement Health Reform: Medicaid and the Affordable Care Act.” <<http://www.ncsl.org/documents/health/HRMedicaid.pdf>> (accessed February 28, 2015).
- National Immigration Law Center. 2014. “Immigrants and the Affordable Care Act.” <<http://www.nilc.org/document.html?id=157>> (accessed March 19, 2015).
- National Partnership for Women and Families. 2012. “Why the Affordable Care Act Matters for Women: Improving Health Care for Older Women.” Washington, DC: National Partnership for Women and Families. <http://go.nationalpartnership.org/site/DocServer/OLDER_WOMEN.pdf?docID=10004> (accessed December 1, 2014).

National Women's Law Center. 2014. *States Must Close the Gap*. <<http://www.nwlc.org/resource/states-must-close-gap-low-income-women-need-health-insurance>> (accessed November 16, 2014).

Ranji, Usha, Adara Beamesderfer, Jen Kates, and Alina Salganicoff. 2014. *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.* Washington, DC: The Henry J. Kaiser Foundation. <<http://files.kff.org/attachment/issue-brief-health-and-access-to-care-and-coverage-for-lgbt-individuals-in-the-u-s-2>> (accessed March 4, 2015).

Rees, Susan, Derrick Silove, Tien Chey, Lorraine Ivancic, Zachary Steel, Mark Creamer, Maree Teesson, Richard Bryant, Alexander McFarlane, Katherine Mills, Tim Slade, Natacha Carragher, Meaghan O'Donnell, and David Forbes. 2011. "Lifetime Prevalence of Gender-Based Violence in Women and the Relationship with Mental Disorders and Psychosocial Function." *Journal of the American Medical Association* 306 (5): 513–521.

Robinson, Kristen. 2007. "Trends in Health Status and Health Care Use Among Older Women." Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. <<http://www.cdc.gov/nchs/data/ahcd/agingtrends/07olderwomen.pdf>> (accessed December 1, 2014).

Ruggles, Steven J., Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. 2010. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis, MN: University of Minnesota.

U.S. Census Bureau. 2012. "Expectation of Life at Birth, 1970 to 2008, and Projections, 2010 to 2020." In *Statistical Abstract of the United States: 2012* (131st Edition). Washington, DC. <<http://www.census.gov/compendia/statab/2012/tables/12s0105.pdf>> (accessed December 1, 2014).

U.S. Department of Health and Human Services. National Institutes of Health. 2012a. "Gender-Specific Health Challenges Facing Women." <<http://www.niaid.nih.gov/topics/womensHealth/Pages/diseases.aspx>> (accessed March 5, 2015).

U.S. Department of Health and Human Services. 2012b. "Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers." Washington, DC: Department of Health and Human Services. <<http://www.gpo.gov/fdsys/pkg/FR-2012-03-27/pdf/2012-6125.pdf>> (accessed March 5, 2015).

U.S. Department of Health and Human Services. 2014. "How Does Heart Disease Affect Women?" (April 21). <<http://www.nhlbi.nih.gov/health/health-topics/topics/hdw/>> (accessed August 17, 2014).

U.S. Preventive Services Task Force. 2013. "Screening for HIV: U.S. Preventive Services Task Force Recommendation Statement." *Annals of Internal Medicine* 59 (1): 51–60.

Ward, Brian, James Dahlgamer, Adena Galinsky, and Sarah Joestl. 2014. *Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013*. Hyattsville, MD: National Center for Health Statistics, Center for Disease Control and Prevention. <<http://www.cdc.gov/nchs/data/nhsr/nhsr077.pdf>> (accessed March 4, 2015).

Williams, David R. 1999. "Race, Socioeconomic Status, and Health: The Added Effects of Racism and Discrimination." *Annals of the New York Academy of Sciences* 896: 173–88.

World Health Organization. Commission on the Social Determinants of Health. 2008. *Closing the Gap: Health Equity through Action on the Social Determinants of Health*. <http://www.who.int/social_determinants/thecommission/finalreport/en/> (accessed March 5, 2012).

A photograph showing a woman with long dark hair hugging a young child with curly hair from behind. The woman is wearing a purple long-sleeved shirt, and the child is wearing a grey shirt. They are in front of a light-colored brick wall.

CHAPTER 7

THE STATUS OF WOMEN IN THE STATES: 2015

Violence & Safety

Introduction

Over the last few decades, the nation has made considerable progress in addressing the violence and abuse many women experience at the hands of partners, acquaintances, and strangers. Since the 1970s, the movement to end partner abuse has led to many reforms in the United States (and worldwide) on the part of federal agencies, the criminal justice system, child welfare programs, and others that have increased protections for women and children (Aron and Olson 1997; Stark 2012a).

Despite this progress, threats to women's safety continue to profoundly affect their economic security, health, civic engagement, and overall well-being. For many women, experiences with violence and abuse make it difficult to pursue educational opportunities (Riger et al. 2000) and to perform their jobs without interruption (Logan et al. 2007; Riger et al 2000). Although contextual factors such as poverty status and racial/ethnic background correlate with the prevalence of victimization, no one remains immune (Benson and Fox 2004; Breiding et al. 2014). Violence and abuse affect women and girls from all walks of life.

This report examines many of the major topics that advocates in this area have prioritized, including intimate partner violence and abuse, rape and sexual assault, stalking, workplace violence and sexual harassment, teen

dating violence and bullying, gun violence, and human trafficking. Because quantitative data on these issues are limited, especially at the state level, the report provides an overview of available data but does not rank the states on selected indicators or calculate a composite index. (IWPR hopes to develop a composite index in this area in the future and to address additional issues in the field, including military sexual assault and immigrant women's experiences with violence and harassment.) The report also considers state laws intended to protect survivors, where information on these laws has been compiled and analyzed by experts in the field. Such laws may increase women's safety but may also fall short of providing the full range of protections that women need.

Intimate Partner Violence and Abuse

The Prevalence of Intimate Partner Violence and Abuse

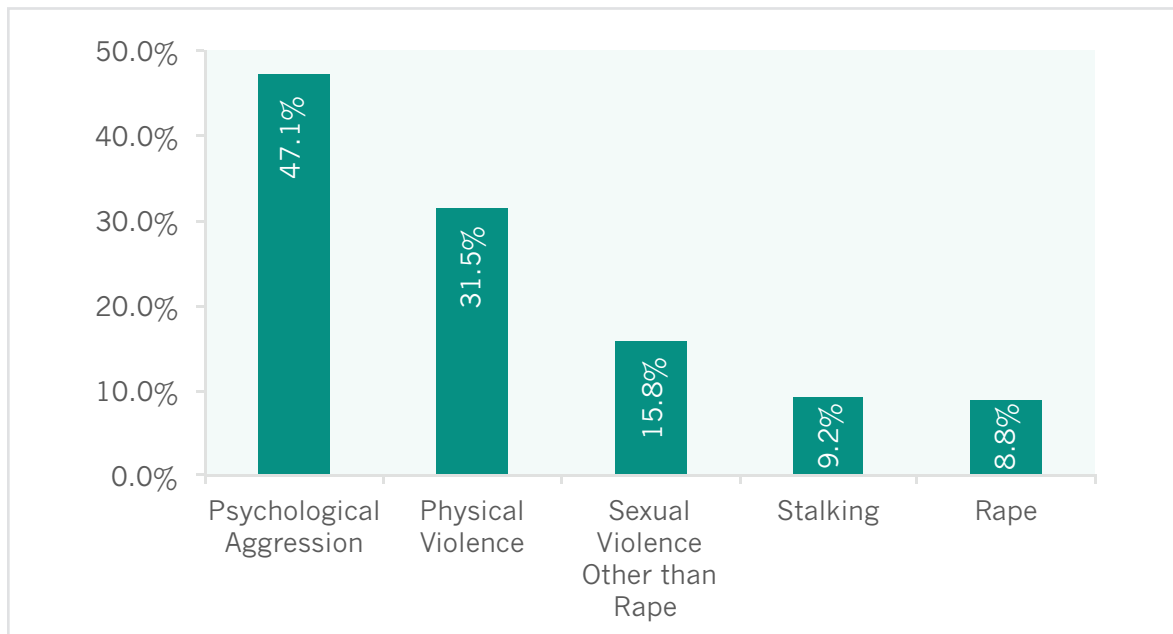
Domestic (or intimate partner) violence is a pattern of behavior in which one person seeks to isolate, dominate, and control the other through psychological, sexual, and/or physical abuse (Breiding et al. 2014). According to analysis of the 2011 Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey (NISVS), nearly one in three women (31.5 percent) experiences physical violence by an intimate partner at some point in her lifetime. A smaller,

but still substantial, share experience partner stalking (9.2 percent), rape (8.8 percent), or other sexual violence by an intimate partner (15.8 percent; Figure 7.1).¹ In addition, nearly half of all women experience, at some point in their lifetimes, psychological aggression from an intimate partner. This aggression—which is arguably the most harmful component of intimate partner violence (Stark 2012b)—includes both expressive aggression, such as name calling, and attempts to monitor, threaten, or control their partner’s behavior (Figure 7.1).

Many victims experience more than one of these forms of harm. Often, perpetrators combine attempts to subjugate and control victims with physical and sexual

violence, creating a condition of “entrapment” that undermines victims’ physical and psychological integrity (Stark 2012b). Nearly four in ten female victims interviewed for the 2010 NISVS reported having experienced more than one form of partner violence (Black et al. 2011). Approximately 14 percent said they experienced physical violence and stalking; nine percent reported experiencing rape and other forms of physical violence by an intimate partner; nearly 13 percent said they experienced rape, other physical violence, and stalking; and a very small percentage said they experienced both rape and stalking by an intimate partner (Black et al. 2011).

Figure 7.1.
Lifetime Prevalence of Intimate Partner Violence and Abuse Among Women by Type of Violence, United States, 2011



Note: Women aged 18 and older.
Source: Breiding et al. 2014. Compiled by the Institute for Women’s Policy Research.

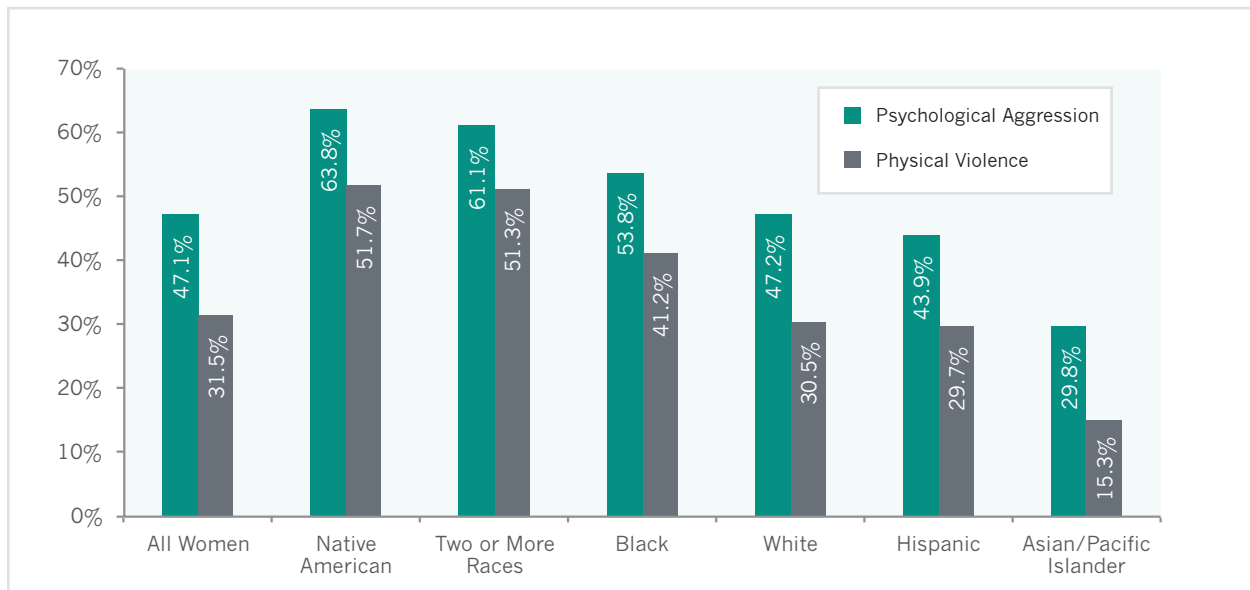
¹ Other sexual violence includes “being made to penetrate, sexual coercion, unwanted sexual contact, and noncontact unwanted sexual experiences” (Breiding et al. 2014).

Intimate Partner Violence by Race and Ethnicity

The prevalence of intimate partner violence and abuse varies across the largest racial and ethnic groups. Nationally, it is estimated that more than half of Native American and multiracial women, more than four in ten black women, three in ten white and Hispanic women,

and three in twenty Asian/Pacific Islander women have experienced physical violence by an intimate partner (Figure 7.2). An even higher proportion have experienced psychological aggression: more than six in ten Native American and multiracial women report having experienced psychological aggression by an intimate partner, as have more than half of black women, more than four in ten white and Hispanic women, and three

Figure 7.2. Lifetime Prevalence of Physical Violence and Psychological Aggression by an Intimate Partner Among Women, by Race/Ethnicity, United States, 2011



Notes: Women aged 18 and older. Only whites and blacks are non-Hispanic. Hispanics may be of any race or two or more races. Source: Breiding et al. 2014. Compiled by the Institute for Women's Policy Research.

in ten Asian/Pacific Islander women (Figure 7.2).² Sexual violence within intimate partner relationships also affects a disturbingly large share of the population. Breiding et al. (2014) estimate that about 11 percent of women who identify with two or more races, 10 percent of white women, 9 percent of black women, and 6 percent of Hispanic women have experienced rape by an intimate partner. A larger proportion—27 percent of multiracial women, 17 percent of black and white women, and 10 percent of Hispanic women—have experienced sexual violence other than rape by an

intimate partner (Breiding et al. 2014). Data on sexual violence other than rape are not available for Asian/Pacific Islander or Native American women.

Other research indicates that Native American women experience particularly high rates of sexual violence within intimate partner relationships. One study that analyzed rape and sexual assault data from the National Crime Victimization Survey found that Native Americans are two and a half times as likely as whites and African Americans, and five times as likely as Asian

² As a result of smaller sample sizes, the 95 percent confidence intervals published by the CDC suggest that the estimates for women of color on rape, sexual violence other than rape, physical violence, and psychological aggression contain more sampling variability than the estimates for non-Hispanic white women.

Americans, to experience a rape or sexual assault (data are not disaggregated by gender; Perry 2004). Another study found that Native American women are considerably more likely than white or African American women to be victimized by an intimate partner. Nearly four in ten (38 percent) Native American women who have experienced rape or sexual assault were victimized by an intimate partner, compared with about one in four white women and African American women (24 and 23 percent, respectively) and one in five (20 percent) Asian American women (Bachman et al. 2008). The high rates of sexual violence experienced by Native American women are part of a broader pattern in which Native American women disproportionately experience violent crime (Greenfeld and Smith 1999).

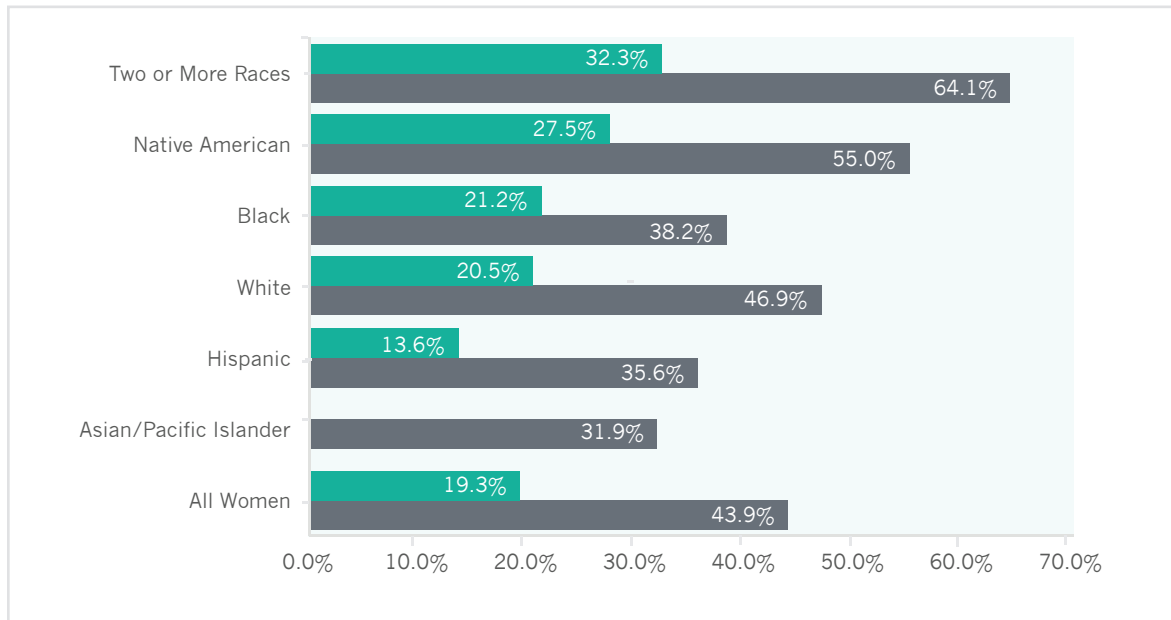
Intimate Partner Violence and Older Women

Violence and abuse can affect women of all ages, including in the later stages of life. One study analyzing data from the National Crime Victimization Survey—which focuses on violent crime, not including economic domination or psychological abuse—found that the rate

for IPV victimization among older women (aged 50 and older) in the United States is 1.3 per 1,000; while this rate is much lower than the victimization rate for younger women (9.7 per 1,000 women aged 18–24, 12.1 per 1,000 women aged 25–34, and 9.6 per 1,000 women aged 35–49; Catalano 2012a), the prevalence of elder IPV may be higher than the social science literature reports (Rennison and Rand 2003).³ In addition, older women are also at risk for other forms of family violence, including abuse from adult children and from other institutional and noninstitutional caregivers. One statewide study found that unlike younger women, older women were more likely to be abused by nonintimate family members than intimate partners (Klein et al. 2008).

Older women who experience intimate partner or family violence and abuse may face challenges in accessing services and extricating themselves from abusive situations. Adult protective services in all states serve older women who are abused, yet these services focus primarily on frail elderly victims, and most abuse cases do not come to their attention. Shelters and services for abused women

Figure 7.3.
Lifetime Prevalence of Sexual Violence Victimization by Any Perpetrator Among Women, by Race and Ethnicity, United States, 2011



Notes: Only whites and blacks are non-Hispanic. Hispanics may be of any race or two or more races. Data on rape are not available for Asian/Pacific Islanders due to insufficient sample sizes.
Source: IWPR compilation of data from the National Intimate Partner and Sexual Violence Survey based on Breiding et al. 2014.

³ Some older women—who were socialized during a time when society provided domestic violence victims with little support—may be reluctant to report abuse (Rennison and Rand 2003).

are also generally set up to address the needs of younger women with children (Brandl and Cook-Daniels 2011). In addition, older women—who may have been out of the workforce for some time or lack the skills to obtain a living-wage job—may find that leaving their abusive spouse could leave them without financial security and health insurance, at a time when they most need it (Rennison and Rand 2003). Older women who experience violence and abuse may have even fewer options than their younger counterparts.

Domestic Violence Fatality Review Teams

Domestic violence is sometimes fatal: in 2012, 924 women in the United States were killed by their spouse or by an intimate partner (Violence Policy Center 2014). To reduce domestic violence-related deaths, many states have established domestic violence fatality review teams (DVFRTs) that bring together professionals from different fields—including health, education, social services, criminal justice, and policy—to review fatal and near fatal domestic violence cases to identify trends and patterns, offer recommendations, and track the implementation of those recommendations (Sullivan and Websdale 2006). Domestic violence fatality review teams—which vary in their size, composition, and review processes—focus on developing best practices and implementing coordinated, cross-disciplinary approaches to meet the needs of domestic violence survivors and reduce fatalities in their local communities (Sullivan and Websdale 2006). A 2013 report found that 32 states had enacted legislation establishing Domestic Violence Fatality Review teams; some domestic and sexual violence coalitions, state governments, and local municipalities have also developed such teams without legislative direction (Durborow et al. 2013).

In 2013, the U.S. Department of Justice awarded \$2.3 million to 12 sites across the country as part of a Domestic Violence Homicide Prevention Demonstration Initiative (DVHP Initiative). Modeled after programs in Maryland and Massachusetts where coordinated teams of service providers, law enforcement officers, prosecutors, and health professionals worked together to reduce the domestic violence homicide rate—the initiative aims to identify women who may be in fatally abusive relationships and to monitor high-risk offenders (The White House 2013).

Unmet Needs for Services and Supports

While many domestic violence victims seek assistance from anti-violence programs and services in their local areas, services are not always available to them. In September 2013, the National Network to End Domestic Violence conducted its annual one-day count of domestic violence shelters and services across the country (National Network to End Domestic Violence 2013b). Nationally, 87 percent of all identified local domestic violence service programs were surveyed (1,649 out of 1,905). The programs surveyed served 66,581 adults and children in a single day, offering services such as individual and/or children’s support or advocacy, emergency shelter, court or legal services, and transportation services. On that one day, 9,641 requests for services went unmet, 60 percent (5,778) of which were for housing. Multiple factors contribute to these unmet needs, including reduced funding for domestic violence services and lack of staff resources to administer them (National Network to End Domestic Violence 2013b). The number of unmet needs varies greatly by state, with states that have larger population sizes generally having more instances of unmet needs.

Rape and Sexual Violence

Basic Statistics on Rape and Sexual Violence

Sexual violence and rape are alarmingly common and pose a serious threat to women’s health and well-being. One study analyzing data from the 2011 NISVS found that in the United States, 19.3 percent of women are raped at some time in their lives, and 43.9 percent experience sexual violence other than rape (Breiding et al. 2014). Often, the perpetrator is someone the victim knows: almost half of the female rape victims surveyed (46.7 percent) said they had at least one perpetrator who was an acquaintance, and a similar proportion (45.4 percent) said they had at least one perpetrator who was an intimate partner (Breiding et al. 2014).

Nearly eight in ten female rape victims were first raped before age 25, and approximately 40 percent were raped before age 18 (Breiding et al. 2014). Victimization at a young age is associated with revictimization later in life. One report analyzing the 2010 NISVS found that more than one-third of women who were raped as minors were also raped as adults, compared with 14 percent of women who had no history of victimization prior to adulthood (Black et al. 2011).

Policies to Address Violence Against Women

Since the 1970s, the movement to end partner abuse has led to many reforms in the United States that help to protect survivors, including criminalizing physical abuse by partners, developing sanctions to hold offenders accountable, and opening emergency shelters that provide supports for victims and their children (Stark 2012a). In addition, child welfare agencies have integrated domestic violence concerns into their services (Aron and Olson 1997), and states across the nation have implemented a range of legal protections for victims of violence. These protections include laws related to stalking offenses, limitations on gun access for perpetrators of intimate partner violence, civil protection orders, and statutes to protect the employment rights of domestic violence, sexual assault, and stalking victims, among others.

The first domestic-violence specific federal funding stream—the Family Violence Prevention Services Act (FVPSA)—was enacted in 1984 to fund domestic violence shelters and programs (U.S. Department of Health and Human Services 2012). Over the last 20 years, the Violence Against Women Act (VAWA) and other federal and state funding streams have provided funding to enhance the response of police, prosecutors, and the court system to partner abuse (Buzawa, Buzawa, and Stark 2012). First passed in 1994, VAWA also established new penalties for those who crossed state lines to injure, stalk, or harass another person and created the National Domestic Violence Hotline, a toll-free number that has served victims across the nation. In addition, VAWA 1994 created legal protections for undocumented immigrant victims of violence whose abusers often use their legal status as a tool of coercion; these protections were strengthened in subsequent reauthorizations of VAWA (Faith Trust Institute 2013; National Network to End Domestic Violence 2013a; Sacco 2014).

The most recent reauthorization of VAWA, which was signed into law in March 2013, extends provisions for victims in multiple ways (Violence Against Women Reauthorization Act of 2013). For example, it explicitly includes members of LGBT communities among those eligible for VAWA programs and increases protections for Native American women by empowering tribal authorities to prosecute non-Native American residents who commit crimes on tribal land (National Network to End Domestic Violence 2013a). In addition, VAWA 2013 adds stalking to the list of crimes that make undocumented immigrants eligible for protection (National Organization for Women 2013) and requires colleges and universities to report statistics on domestic violence, dating violence, and stalking in the annual security report that each institution must issue under the Jeanne Clery Act (American Council on Education 2014).

Rape and Sexual Violence by Race and Ethnicity

Multiracial and Native American women are more likely to experience rape and sexual violence than other groups of women. Estimates suggest that nearly a third (32.3 percent) of multiracial women, and 27.5 percent of Native American women, are raped at some point in their lifetimes (Figure 7.3). Approximately 64.1 percent of multiracial women and 55.0 percent of Native American women are estimated to have experienced sexual violence other than rape, compared with 46.9 percent of white

women, 38.2 percent of black women, 35.6 percent of Hispanic women, and 31.9 percent of Asian/Pacific Islander women (Breiding et al. 2014).⁴

Violence and Safety Among Teen Girls

Bullying and Teen Dating Violence

Youth violence—especially bullying and teen dating violence—is a serious public health concern for girls and

⁴ As with Figure 7.2, the 95 percent confidence intervals published by the CDC suggest that the estimates for women of color on rape, sexual violence other than rape, and physical violence contain more sampling variability than the estimates for non-Hispanic white women.

Domestic Violence and Child Custody Cases

Women who experience domestic or intimate partner violence often become involved in contested child custody cases. Domestic violence researchers and practitioners have become increasingly concerned with the outcomes of custody and visitation cases where mothers or their children allege that a father has been abusive. Scholars and practitioners report that courts often do not take this abuse into account (or fail to believe the allegations, seeing them instead as evidence that the mother seeks to “alienate” the child from his or her father) and award access or custody to the abusive parent (Goldfarb 2008; Meier 2010). While the exact number of children who face this outcome is unknown, one study that used data on divorce, family violence, and the outcomes of custody and visitation litigation in cases involving abuse allegations estimates that more than 58,000 children each year are court-ordered into unsupervised contact with an abusive parent following divorce (Leadership Council 2008).

Domestic violence can be minimized or discounted in decisions about custody and visitation in multiple ways. One study found that some courts allow “friendly parent principles”—which give preference to the parent who is more likely to support an ongoing relationship between the child and the other parent—to take precedence over allegations of abuse (Morrill et al. 2005). In addition, research indicates that some custody evaluators lack expertise in domestic violence and fail to report or to adequately assess the nature and effects of this abuse when making their recommendations (Davis et al. 2011; Pence et al. 2012; Saunders, Faller, and Tolman 2011), which play an important role in informing court decisions (Bruch 2002; Saunders, Faller, and Tolman 2011). Evaluators who do consider domestic violence sometimes focus only on physical violence and fail to see a broader pattern of domination and control (Pence et al. 2012). One study that interviewed 23 custody evaluators across the United States found that those who recognized that physical domestic violence could be part of a broader pattern of control were more likely to endorse specific safeguards to protect children—such as supervised visitation, neutral and public drop-off and pick-up locations, and no visitation when safety could not be ensured—than those who held a more incident-based view of domestic violence (Haselschwerdt, Hardesty, and Hans 2011).

boys. IWPR analysis of the Centers for Disease Control and Prevention’s 2013 Youth Risk Behavior Survey finds that nearly one in four (23.7 percent) girls and one in six (15.6 percent) boys reported having experienced bullying on school property one or more times in the 12 months prior to the survey. An estimated 21.0 percent of girls, and 8.5 percent of boys, said they had been bullied in the past 12 months through electronic means such as e-mail, chat rooms, websites, instant messaging, and texting. An estimated 8.7 percent of high school girls and 5.4 percent of high school boys did not attend school at least once in the previous 30 days because they felt unsafe either at school or traveling to and/or from school (Figure 7.4).

In addition, 13.0 percent of girls and 7.4 percent of boys who dated or went out with someone during the 12

months before the survey said they experienced physical dating violence (including being hit, slammed into something, or injured on purpose) during this period. About 14.4 percent of girls and 6.2 percent of boys who dated or went out with someone during the 12 months before the survey said they had experienced sexual dating violence during this time, including kissing, touching, or being physically forced to have sexual intercourse by someone they were dating (Figure 7.5).

- High school girls in Nevada (13.2), were most likely to say they did not go to school at least once in the past 30 days because they felt unsafe. Girls in Kansas were least likely to report not attending school for this reason (3.9 percent; Appendix Table B7.1).⁵

⁵ Data are available for the District of Columbia and 39 states.

Sexual Violence on College Campuses

Sexual violence on college campuses has gained attention in recent years among policymakers, the public, college and university officials, and others. One survey of more than 6,800 students (5,466 women and 1,375 men) at two large public universities found that about one in five women had experienced an attempted or completed sexual assault while in college (defined to encompass a wide range of victimization types, including rape and other unwanted sexual contact; Krebs et al. 2007). Although this study is not nationally representative, its findings are in line with a 2004 study that analyzed three years of data on a randomly selected sample of students (n=8,567 for the first year, 8,425 for the second year, and 6,988 for the third year) from 119 schools participating in the Harvard School of Public Health College Alcohol Survey. This study found that 1 in 20 female students surveyed had been raped since the beginning of each school year, with nearly three-quarters of the victims intoxicated at the time of the rape (Mohler-Kuo et al. 2004). Another study analyzing results from a telephone survey of a randomly selected national sample of 4,466 women attending a two- or four-year university found that 1 in 36 students reported having experienced attempted or completed rape during the previous six months of the academic year—a figure that may amount to nearly five percent of female students in a full year and one-fifth to one-quarter of all women over the course of their college career (Fisher, Cullen, and Turner 2000).

The vast majority of campus sexual assaults are not reported to law enforcement. One study that analyzed data from the National Crime Victimization Survey found that between 1995 and 2013, 80 percent of sexual assaults and rapes of female students aged 18 to 24 were not reported to the police. Twenty-six percent of female students who did not report said they felt the incident was a personal matter, 20 percent cited fear of reprisal, 12 percent said they did not think the incident was important enough to report, 10 percent indicated they did not want the offender to get in trouble with the law, and 9 percent said they believed the police would not or could not do anything to help, among other reasons (Sinozich and Langton 2014). Another study found even lower rates of reporting, with just 2.1 percent of incapacitated (i.e. drunk, drugged, passed out, or otherwise incapacitated) sexual assault victims and 12.9 percent of physically forced sexual assault victims reporting the incident to the police or campus security (Krebs et al. 2007).

- Among the 41 jurisdictions for which data are available, high school girls in Montana, Missouri, and Idaho are the most likely to say they were bullied at school one or more times in the 12 months prior to the survey (30.5, 30.4, and 29.6 percent, respectively). High school girls in the District of Columbia are the least likely to report having been bullied at school (11.9 percent), followed by Massachusetts (18.0 percent) and Hawaii (18.4 percent).
- Maine has the highest percentage of high school girls who have experienced electronic bullying in the past 12 months at 28.9 percent, and the District of Columbia has the lowest at 9.3 percent (data are not available for ten states).
- Louisiana (16.1 percent), the District of Columbia (15.0 percent), and Arkansas (14.8 percent) have the highest shares of high school girls who report having dated or gone out with someone in the past 12 months and experienced physical dating violence during this time. Utah (7.7 percent), New Hampshire (9.1 percent), and Kansas and Rhode Island (both 9.4 percent) have the lowest shares.⁶
- Among the 32 jurisdictions for which data are available, high school girls in Hawaii, Nevada, and Illinois

⁶ Data are available for the District of Columbia and 38 states.

Many colleges and universities have been criticized for failing to issue punishments that fit the severity of the crime. A study by the Center for Public Integrity that examined data on about 130 colleges and universities receiving federal funds between 2003 and 2008 to address sexual violence found that schools expel only 10 to 25 percent of the students found responsible for sexual assault (Lombardi 2010). More often, perpetrators are temporarily suspended, receive an academic penalty, or face no disciplinary action at all (Lombardi 2010). For victims—who may already be struggling in the aftermath of the assault—the effects of the assault may be compounded by the inaction of their college or university (Lombardi 2010).

Recently, steps have been taken on the federal level to address this issue. In 2014, the Department of Education released a list of 55 colleges and universities under investigation for mishandling cases of sexual violence (U.S. Department of Education 2014), a number that had grown to 94 colleges and universities by January 2015 (Kingkade 2015). The Obama administration also launched the “It’s On Us” initiative, an awareness campaign about sexual assault on college campuses (Somanader 2014; U.S. Department of Education 2014). In addition, the 2013 reauthorization of the Violence Against Women Act (VAWA) imposed new obligations on colleges and universities to report domestic violence, dating violence, and stalking (beyond the required reporting of forcible and non-forcible sex offenses and aggravated assault under the federal Jeanne Clery Act); to notify victims of their legal rights; to abide by a standard for investigation and conduct of student discipline proceedings; and to offer new students and employees sexual violence prevention and awareness programs, among other requirements (American Council on Education 2014).

While such federal action is promising, additional steps can be taken to increase the safety of students on college campuses. A report prepared by the U.S. Senate Subcommittee on Financial and Contracting Oversight surveyed 440 four-year institutions of higher education and found that while federal law requires an institution to investigate instances of sexual violence, 40 percent of institutions had not conducted a single investigation in the past five years. The report also found inadequate sexual assault response training for faculty and students; a lack of trained and coordinated law enforcement; failure to adopt policies proven to encourage reporting, such as allowing reports to be made via hotline or website; failure to comply with requirements and best practices for adjudication; and a lack of adequate services for survivors (U.S. Senate Subcommittee on Financial and Contracting Oversight 2014).

are the most likely to report having dated or gone out with someone in the past 12 months and experienced sexual dating violence during this time (18.4, 17.1, and 16.7 percent, respectively). Girls in the District of Columbia (10.5 percent), Kansas (11.6 percent), and Rhode Island (12.0 percent) are the least likely.

Several other national studies indicate that as technology has advanced, “electronic” abuse has become a significant issue in teen relationships. For example, a survey of 615 teens aged 13–18 and 414 parents of teens of this age range found that in 2006, 25 percent of teens reported having been called names, harassed, or put down by their partner via cell phone or texting. Twenty-two percent reported having been asked by cell phone or the internet to engage in unwanted sexual activity, and 19 percent

said their partner has used a cell phone or the internet to spread rumors about them (Picard 2007). In another study that examined the prevalence of electronic dating abuse among 5,647 seventh to twelfth grade youth from ten schools in three Northeastern states, 29 percent of girls and 23 percent of boys in a current or recent dating relationship said they had been a victim of electronic abuse in the past year (Zweig et al. 2013).

Despite the sizable number of teens who experience violence or bullying, few states recognize teens as domestic violence victims, and state laws vary considerably with respect to the protections and services they provide for youth (Break the Cycle 2010). The nonprofit organization Break the Cycle’s State Law Report Cards assess aspects of each state’s civil protection order laws

that are relevant to teens facing domestic and dating violence and provide additional information about services available to teens experiencing these forms of harm. States were assigned grades on the basis of teens' access to civil protection orders, access to critical services, and school response to dating violence. Only the District of Columbia and six states—California, Illinois, New Hampshire, Oklahoma, Rhode Island, and Washington—received an A.⁷ Alabama, Georgia, Kentucky, Missouri, Ohio, South Carolina, South Dakota, Utah, and Virginia all received an F (Break the Cycle 2010).

Stalking

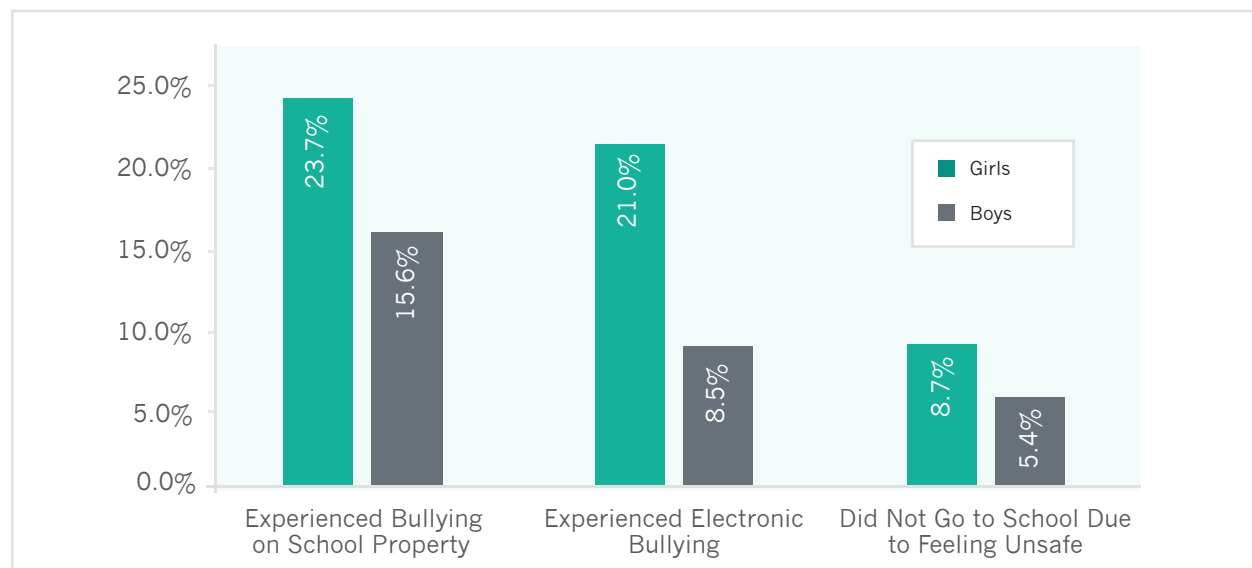
Prevalence of Stalking and Common Stalking Behaviors

Stalking is an unfortunately common crime in the United States. A 2009 study by the Bureau of Justice Statistics found that during a 12-month period between 2005 and 2006, an estimated 3.3 million people aged 18 and older were stalked; the majority of victims were female, with those who are divorced or separated especially at risk (Catalano 2012b). Another study found that an

estimated 15.2 percent of adult women and 5.7 percent of adult men in the United States have been stalked at some point in their lifetimes (Breiding et al. 2014). Nearly seven in ten victims are stalked by someone they know (Catalano 2012b). Studies have found that intimate partner stalkers are more violent and threatening than non-intimate partner stalkers (Mohandie et al. 2006; Palarea et al. 1999), and that partner stalkers tend to stalk their victims more frequently and more intensely than non-partner stalkers (Mohandie et al. 2006).

Stalking is defined as “a course of conduct directed at a specific person that would cause a reasonable person to feel fear” (Catalano 2012b). Common stalking behaviors include leaving unwanted messages, sending unsolicited e-mails or letters, spreading rumors about the victim, following or spying on her or him, and leaving unwanted gifts (Catalano 2012b). Many victims suffer serious effects from such behaviors; even when stalking does not lead to physical violence, most victims experience psychological harm (Blaauw et al. 2002; Brewster 1999). Some also experience financial disruption, especially those who are forced to move or leave their jobs (Mullen, Pathe, and Purcell 2009). Research suggests

Figure 7.4.
Percent of High School Students Feeling Unsafe or Experiencing Bullying by Gender, United States, 2013



Notes: For students in grades 9–12. The percent of those who experienced bullying are for the 12 months prior to the survey; the percent of those who did not go to school is for the 30 days prior to the survey.
Source: IWPR compilation of data from the Youth Risk Behavior Survey.

⁷ States were graded individually on 11 indicators using ideal policy criteria determined by Break the Cycle. States that earned eight points or more received an A. Failing grades were given to any state with a score of less than five, and states automatically failed if minors were prohibited from getting civil protection orders or dating relationships were not recognized for civil protection orders (Break the Cycle 2010).

that stalking creates enormous problems for women's participation in the labor force; many victims experience disruption in their work life, job performance problems, and harassment at work (Logan et al. 2007; Swanberg and Logan 2005). Perpetrators may show up at the victim's workplace, make threatening phone calls to their co-workers, and use other harassing behaviors that make it difficult for victims to sustain employment (Swanberg and Logan 2005).

Stalking poses a serious threat to personal safety in part because it is difficult to prosecute. Many stalking victims do not report their experiences to the police, most often because they do not think the incidents are serious or consider them a private matter (National Center for Victims of Crime 2002). Even when it is reported, the crime can be difficult for the criminal justice system to address. Stalking can be hard for law enforcement officers to identify, since the perpetrator's behaviors may be recognized as harmful only when understood within the broader framework of the perpetrator's course of conduct, which may involve behaviors that in another context would be considered harmless, such as sending letters or making phone calls to the victim. In addition, the unpredictable nature of stalking behaviors makes it

difficult to predict if, and when, these behaviors may lead to physical harm (National Center for Victims of Crime 2002).

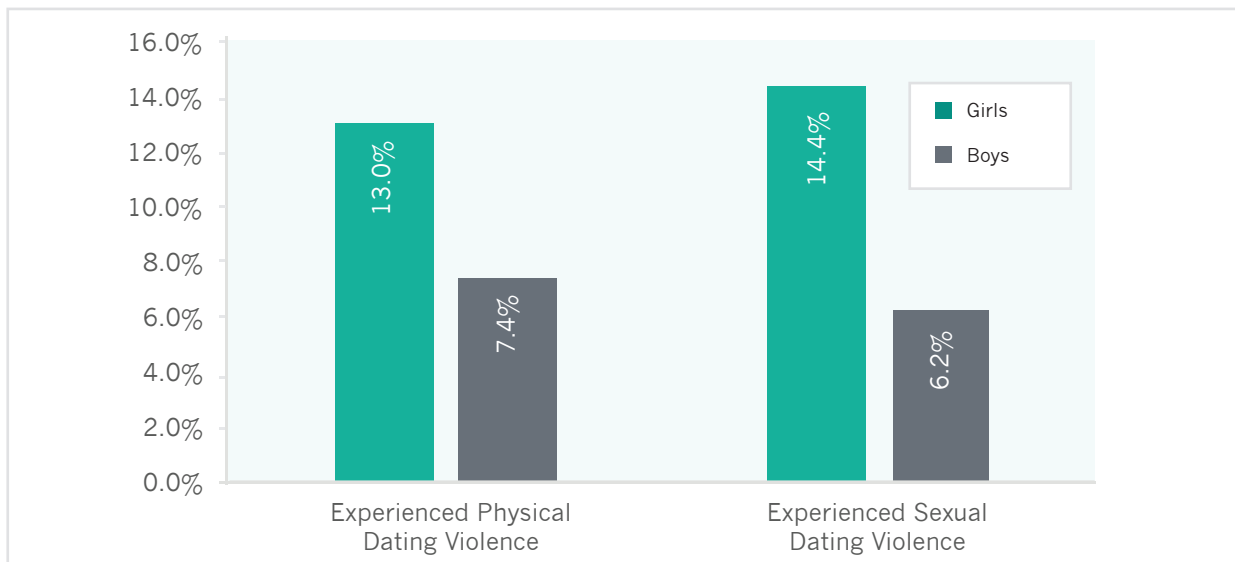
While stalking is an extremely difficult crime to address and prosecute, states have taken steps to offer victims greater protection. For example, states have passed statutes on stalking and enacted legislation authorizing civil protection orders to increase safety for victims.

State Statutes on Stalking

California enacted the first state stalking law in 1990; the rest of the states and the District of Columbia soon followed suit (National Center for Victims of Crime 2007). In 1996, Congress made interstate stalking a federal offense; subsequent amendments expanded the statute to include stalking via electronic communications, conduct that causes the victim severe emotional distress, and surveillance using global positioning systems (National Center for Victims of Crime 2007).

Although all 50 states, the District of Columbia, and the federal government have passed laws that criminalize stalking (Catalano 2012b; National Center for Victims

Figure 7.5.
Percent of High School Students Experiencing Dating Violence in the Past 12 Months by Type of Violence and Gender, United States, 2013



Note: For students in grades 9–12. Includes the percent of students among those who dated or went out with someone in the 12 months prior to the survey who experienced physical or sexual dating violence during this time.
Source: IWPR compilation of data from the Youth Risk Behavior Survey.

of Crime 2007), the intent of these laws is often not carried out in practice. The laws were created to protect victims from a series of actions that add up to criminal abuse, yet research indicates that prosecutors often do not use stalking statutes to address this crime. They are more likely to charge stalking behaviors as harassment or domestic violence-related crimes, such as assault or violation of a protective order (Klein et al. 2009; Tjaden and Thoennes 2000)—a decision that can be particularly significant in jurisdictions where stalking constitutes a felony and most domestic violence charges are misdemeanors (Klein et al. 2009).

Civil Protection Orders

To address stalking and domestic violence victims' need to establish safety, states have enacted statutes authorizing civil protection orders (CPOs). First initiated by Pennsylvania in 1976 (Goldfarb 2008), CPOs have been enacted by statute in all 50 states and the District of Columbia (American Bar Association Commission on Domestic & Sexual Violence 2014; Goldfarb 2008).

Civil protection orders are an important legal resource for women experiencing intimate partner or other family

violence (e.g., Fagan 1996; Holt et al. 2003; Ko 2002). Research suggests that protection orders reduce violence and the fear many victims experience, although they may be less effective for those who have experienced severe violence (Logan et al. 2009).

Not all victims who want a civil protection order are able to obtain one. Many individuals who pursue this legal recourse face significant barriers, including difficulty in navigating the legal system, discouragement from clerks handling the paperwork, limited hours of access to file the petition, difficulty taking off work or arranging for child care to follow through with the process (Logan et al. 2009), and difficulty meeting a state's criteria for obtaining a protective order (Eigenberg et al. 2003).

Gun Laws and Violence Against Women

Violence against women is too often fatal: 1,706 women in the United States were murdered by men in 2012 in incidents involving a single victim and single offender (Violence Policy Center 2014).⁸ Among the 47 states for which relatively complete data are available, Alaska and South Carolina have the highest rates, at 2.57 and 2.06

Intimate Partner Violence and Reproductive Health

Abuse has many effects on women's reproductive health. The tactics employed by abusers may include not only sexual assault or rape but also reproductive or sexual coercion, including behaviors such as demanding unprotected sex, sabotaging a partner's birth control, impregnating a partner who does not want to become pregnant, and injuring a partner in a way that can lead to miscarriage (American College of Obstetricians and Gynecologists 2013; Chamberlain and Levenson 2012). Analysis of the 2010 NISVS indicates that about nine percent of female survey respondents have had an intimate partner who tried to get them pregnant or stop them from using birth control (Black et al. 2011).

Domestic and sexual violence also puts women and girls at higher risk of sexually transmitted infections and HIV (Decker, Silverman, and Raj 2005; Sareen, Pagura, and Grant 2009; Wingood, DiClemente, and Raj 2000). One study analyzing data from ninth through twelfth grade girls participating in the Massachusetts Youth Risk Behavior Surveys found that among girls who have been diagnosed with HIV or another sexually transmitted infection, more than half reported having experienced physical or sexual intimate partner violence. Girls experiencing this violence were 2.6 times more likely than nonabused girls to report an STD diagnosis (Decker, Silverman, and Raj 2005).

⁸ Illinois has a rate of .24 per 100,000, but only limited data for this state were available (Violence Policy Center 2014).

per 100,000, and New Hampshire has the lowest (0.30 per 100,000; Violence Policy Center 2014). A majority of female homicide victims are killed by men they know, and many are killed by their partners. Between 2003 and 2012, about one-third of female homicide victims in the United States died at the hands of an intimate partner; in many states, intimate partner violence accounted for more than two in five female homicides (Gerney and Parsons 2014).

Guns are the most common weapon used to kill female intimate partners. Between 2003 and 2012, more than half (54.8 percent) of the women who were killed by intimate partners were murdered with guns (Gerney and Parsons 2014). Nationally, the rate of gun violence against women in the context of domestic or intimate partner violence is alarmingly high: one study found that women in the United States are about 11 times more likely to be killed with a gun than non-US women in other highly populated, high-income countries that are members of the Organization for Economic Co-Operation and Development (Richardson and Hemenway 2011).

Federal laws have been passed to protect women (as well as men and children) from gun violence. The Violence Against Women Act of 1994 prohibited individuals subject to domestic violence restraining orders from gun possession, and in 1996 Congress barred individuals convicted of misdemeanor domestic violence crimes from buying or possessing guns (Gerney and Parsons 2014). VAWA 2005 required states and local governments, “as a condition of certain funding,” to certify that their judicial administrative policies and practices included informing domestic violence offenders about the federal firearm prohibitions and any relevant federal, state, or local laws (Law Center to Prevent Gun Violence 2014).

While federal laws on gun violence are vital to protecting victims, they are difficult to enforce, and loopholes in the law remain. State laws can help close these gaps and protect potential victims from harm (Gerney and Parsons 2014). For example, one limitation of federal law is its failure to disqualify those convicted of misdemeanor or stalking crimes from gun possession (Gerney and Parsons 2014). As of July 2014, the District of Columbia and nine states—California, Connecticut, Maryland, Massachusetts, Minnesota, New Jersey, New York,

Pennsylvania, and Tennessee—had enacted laws barring all those convicted of domestic violence misdemeanor stalking crimes from possessing guns. Two states—North Dakota and Washington—had passed a statute barring some individuals convicted of these crimes from having guns (Appendix Table B7.3).⁹

Some states are also taking steps to protect abuse victims by providing records of abusers prohibited from gun ownership to the FBI’s National Instant Criminal Background Check System (NICS). Created by the Brady Handgun Violence Prevention Act of 1993 and launched by the FBI in 1998, NICS is a system for determining whether prospective buyers of firearms are eligible to purchase them. Dealers submit the buyers’ names and other information to NICS for a search of databases containing criminal justice information to determine whether the purchaser qualifies for gun ownership under state and federal law. The system, however, has processing problems, including many states’ failure to identify to the NICS individuals who are ineligible to possess a gun due to a criminal history involving domestic violence. As a result, many domestic abusers succeed in purchasing guns from licensed dealers (Gerney and Parsons 2014). Between December 31, 2008, and April 30, 2014, state submissions of domestic violence records to the NICS Index increased by 132 percent. Thirty-six states have submitted such records, but most submit only a very small number. Just three states—Connecticut, New Hampshire, and New Mexico—submit fairly complete records (Gerney and Parsons 2014).

Increasing the submission of records of protection orders to the background check system, for example, could help reduce the number of domestic abusers with guns and the number of women who are at risk for violence. While research suggests that protection orders are associated with reductions in violence (Kothari et al. 2012; Logan et al. 2009), women often remain at risk in the aftermath of securing an order of protection. Ensuring that the NICS has up-to-date information on protection orders that can be used to identify domestic abusers who are not eligible for gun ownership can help ensure the safety of victims.

Some states have taken other measures to protect domestic and intimate partner violence victims from gun violence. For example, some have required a background

⁹ North Dakota and Washington state law bars only some convicted misdemeanant stalkers from gun possession (Gerney and Parsons 2014).

check for all gun sales; under current federal law, only licensed firearms dealers are required to conduct a background check when completing a gun sale, opening up opportunities for domestic abusers to purchase guns through private sellers. Only 17 states and the District of Columbia have laws that require background checks for at least some private sales (Law Center to Prevent Gun Violence 2013).

Some states have also enacted laws and policies requiring domestic abusers to give up any firearms they own once they are disqualified from gun possession under state or federal law. Only nine states—Colorado, Hawaii, Illinois, Iowa, Minnesota, New York, Pennsylvania, Tennessee, and Washington—require surrender of certain firearms when a person is convicted of a domestic violence misdemeanor. Fifteen states require a person to give up certain firearms when they become subject to a domestic violence restraining order (Appendix Table B7.3). These laws, however, are difficult to enforce.

Violence and Harassment in the Workplace

Intimate Partner Violence and the Workplace

Domestic violence and abuse has profound effects on women's employment and on workplaces. One study estimates that each year women lose almost eight million days of paid work due to intimate partner violence (Max et al. 2004). For many women, the abusers' actions lead to a decline in their job performance, causing them not only to miss work but to be late, need to leave early, or struggle to stay focused while at their jobs (Swanberg and Logan 2005).

Most states and the District of Columbia have laws to protect the employment rights of domestic violence victims, and some of these laws also explicitly cover sexual assault and/or stalking (Legal Momentum 2014a). Two different types of laws protect victim's job rights: laws related directly to domestic violence (which offer protections such as the right to leave work to seek services, obtain a restraining order, or attend to other personal matters related to the violence, and/or protect victims from employment discrimination related to the

violence) and laws that focus on crime victims more generally (which prohibit employers from punishing or firing crime victims who take leave to appear in criminal court, at least under some circumstances).

State Employment Protections for Victims of Domestic Violence

As of July 2014, only 15 states and the District of Columbia had employment rights laws for victims of domestic violence, some of which explicitly covered sexual violence and stalking: California, Connecticut, Colorado, Florida, Hawaii, Illinois, Kansas, Maine, New Jersey, New Mexico, New York, North Carolina, Oregon, Rhode Island, and Washington (Appendix Table B7.2).¹⁰ Thirty-three states had general crime protection laws. Nine states did not have either a domestic violence law or a crime victim protection law: Idaho, Indiana, Kentucky, Louisiana, Nebraska, Oklahoma, South Dakota, Texas, and West Virginia (Appendix Table B7.2).

Unemployment insurance laws can also support domestic violence victims. In most states, individuals are not eligible to receive unemployment benefits if they leave their jobs without "good cause." As of July 2014, 32 states and the District of Columbia had enacted laws that define good cause to include family violence (Legal Momentum 2014b; Appendix Table B7.2). As in the case of laws protecting employment rights, the laws vary from state to state and may or may not explicitly cover sexual assault and/or stalking (Legal Momentum 2014b). Even if a state does not have such a law, victims may still qualify for unemployment benefits under regulations or other provisions¹¹ if they need to leave their jobs. Most states require documentation that violence has occurred for an individual to be eligible for unemployment benefits, though the form of documentation required varies across states, and in some cases is not explicitly specified (Legal Momentum 2014b).

Paid sick time laws can also help victims of violence access services without risking their jobs. Although a host of cities across the nation, including Washington, DC, have implemented paid sick time laws, only three states—California, Connecticut, and Massachusetts—have done so at the state level (A Better Balance 2015)¹².

¹⁰ In Colorado and Hawaii, employees must first exhaust their annual, vacation, personal, and sick leave before taking this leave (Legal Momentum 2014a).

¹¹ As of January 2014, five states that did not have unemployment insurance laws specifically pertaining to domestic violence victims did have policies, interpretations, or regulations that acknowledge domestic violence may be recognized as a good personal cause for receiving unemployment insurance: Iowa, Mississippi, Nevada, Pennsylvania, and Utah (U.S. Department of Labor 2014).

¹² Connecticut implemented its law in 2013; California and Massachusetts are scheduled to implement theirs in July 2015.

All three states include some form of job protected “safe time” for employed victims of domestic violence that allows them to use their sick days to recover from violence or seek help in addressing it, but only one—Massachusetts—also allows workers to use sick time to care for family members who have been victimized (the District of Columbia’s law also covers workers’ children; A Better Balance 2015). Several municipal paid sick days laws in three other states—Washington, Oregon, and Pennsylvania—also provide victims of domestic violence “safe time” to recover from violence or seek help (A Better Balance 2015).¹³

Workplace Sexual Harassment

Sexual harassment in the workplace represents a significant barrier to the career satisfaction and advancement of many women. In 2014, approximately 6,900 charges alleging sexual harassment were filed with the U.S. Equal Employment Opportunity Commission, a slight decrease from the year before, when about 7,300 charges were filed (U.S. Equal Employment Opportunity Commission 2015). Many victims, however, do not report incidences of workplace sexual harassment (Huffington Post 2013). Polling data indicate that workplace sexual harassment is widespread: an ABC News/Washington Post poll (2011) of more than 1,000 adults in the United States found that more than one in four women and one in ten men in the workforce have experienced sexual harassment.

Women in certain industries experience workplace harassment at especially high rates. A recent report from the Restaurant Opportunities Centers United and Forward Together or ROC-U (2014), for example, found that although only seven percent of women in the United States work in the restaurant industry, more than 37 percent of the sexual harassment charges reported to the EEOC over an eleven-month period came from women in this industry (ROC-U and Forward Together 2014); many more women experienced harassment they never reported. Similarly, women who work in agriculture jobs—which are predominantly held by men (U.S. Bureau of Labor Statistics 2014)—experience high rates of harassment and violence, ranging from unwanted touching and comments of a sexual nature to assault

and rape in the fields (Morales Waugh 2010). Women who work in these jobs are often migrant workers for whom reporting the harassment can mean risking their jobs, putting their families in danger, and, in some cases, facing deportation (Morales Waugh 2010).

Workplace sexual harassment can have devastating consequences. For the victims, it can result in lower job satisfaction and negative mental and physical health outcomes (Willness, Steel, and Lee 2007). Sexual harassment also has negative effects on organizations, including lower organizational commitment (Willness, Steel, and Lee 2007) and the legal costs associated with any lawsuits. Many organizations have established guidelines to prevent sexual harassment in the workplace and procedures for addressing complaints, yet the pervasive nature of the problem, and extent to which it goes underreported, point to the need for systemic change to address the power dynamics that allow sexual harassment to go unchecked and that often prevent women from participating fully in economic life.

Human Trafficking

Human trafficking occurs when an individual uses force, fraud, or coercion to induce someone to perform commercial sex acts or forced labor and services (Clawson et al. 2009). Although little data exist to document the scope of human trafficking in the United States, one study that draws on qualitative and quantitative data to examine the size and structure of the underground commercial sex economy in eight cities—Atlanta, Dallas, Denver, Kansas City, Miami, Seattle, San Diego, and Washington, DC—estimates that the monetary size of this economy was between \$39.9 and \$290 in 2007 and had decreased in all but two cities since 2003 (Dank et al. 2014). In 2014, the National Human Trafficking Resource Center hotline received reports of 3,598 trafficking cases within the United States, and the National Center for Missing and Exploited Children estimated that one in six endangered runaways reported to them were likely trafficking victims (Polaris Project n.d.). Trafficking victims include women, men, and children (U.S. Government Accountability Office 2006). Those with limited economic opportunities are especially at risk (Action Group 2008), as are runaway or

¹³ In addition to these state employment protections, eligible employees can take leave under the federal Family and Medical Leave Act to address their own health problems or the health problems of a family member that resulted from domestic violence (U.S. Department of Labor 2009).

Violence and Safety Among LGBT Women and Youth

LGBT Americans face heightened exposure to hate crimes and physical violence. Although one study that analyzed four national surveys found that across the surveys the proportion of adults in the United States who identified as LGBT ranged from 2.2 to 4.0 percent (Gates 2014), sexual orientation-based hate crimes made up about 21 percent of hate crimes reported by law enforcement in 2013 to the Bureau of Justice Statistic’s Uniform Crime Reporting program (U.S. Department of Justice 2014). This percentage is probably an underestimate given that state and local agencies are not required to release statistics to the FBI, and a number of LGBT survivors of hate violence may not report their abuse to the police (National Coalition of Anti-Violence Programs 2014).

An analysis of the 2010 National Intimate Partner Violence Survey finds that bisexual women are significantly more likely than heterosexual or lesbian women to have experienced violence: 46.1 percent of bisexual women aged 18 and older report having experienced rape, 74.9 percent report having experienced sexual violence other than rape, 36.6 percent say they have been stalked, and 61.1 percent report having experienced intimate partner violence (Table 7.1). Among lesbian and heterosexual women, the prevalence of these forms of violence is considerably lower.

Table 7.1.
Lifetime Prevalence of Violence by Type of Violence and Sexual Orientation, 2010

	Rape	Sexual Violence Other Than Rape	Stalking Victimization	Intimate Partner Violence
Women				
Bisexual Women	46.1%	74.9%	36.6%	61.1%
Lesbian Women	13.1%	46.4%	N/A	43.8%
Heterosexual Women	17.4%	43.3%	15.5%	35.0%
Men				
Bisexual Men	N/A	47.4%	N/A	37.3%
Gay Men	N/A	40.2%	N/A	26.0%
Heterosexual Men	0.7%	20.8%	N/A	29.0%

Note: N/A=insufficient sample size. Intimate partner violence includes rape, physical violence, and/or stalking by an intimate partner. Source: Walters, Chen, and Breiding 2013. Compiled by the Institute for Women’s Policy Research.

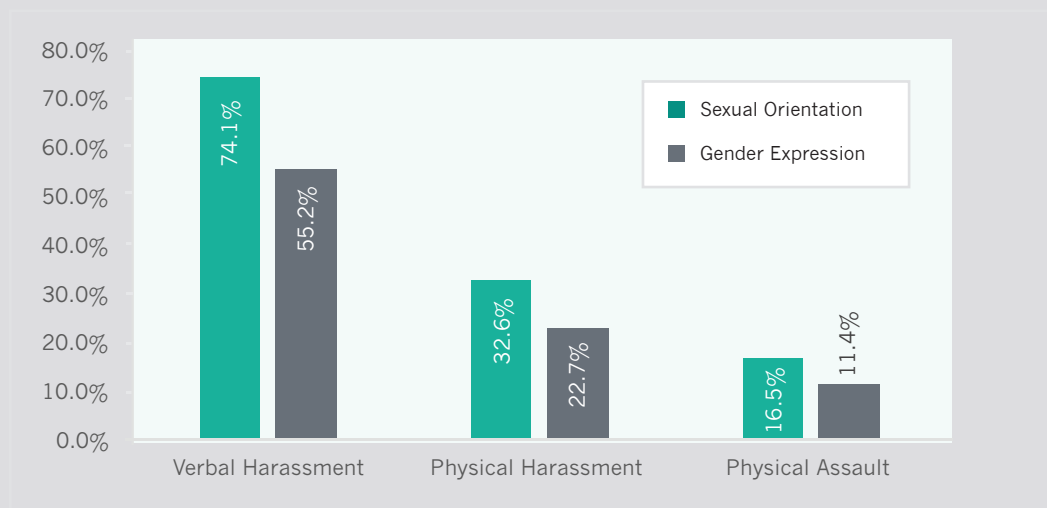
“throwaway” youth (who have been forced to leave their homes), homeless youth, those with prior juvenile arrests, and family abuse victims (Williams and Frederick 2009).

The federal Trafficking Victims Protection Act of 2000 defines trafficking as a federal crime and provides guidance on what a government response to the problem should include (Polaris Project 2014a). Subsequent re-authorizations of the legislation have expanded its scope, and individual states have made important contributions to combating human trafficking. Washington state and Texas passed the first state-level anti-trafficking laws in 2003 (Polaris Project 2014a).

Since then, other states have enacted legislation to combat human trafficking, punish traffickers, and support survivors (Polaris Project 2014a). In its 2014 state ratings on human trafficking laws, the Polaris Project reported that 37 states passed new laws to combat human trafficking between July 2013 and July 2014, and 39 states achieved a “Tier 1” rating, which is given to states that have at least seven points (out of a possible twelve) for having passed significant laws to combat trafficking. Three states—Delaware, New Jersey, and Washington—obtained a perfect score. The two lowest ranked states—North Dakota and South Dakota—have made only nominal efforts to address human

LGBT youth are also vulnerable to violence and discrimination. One study, that analyzed data from the 2013 National School Climate Survey, found that during the 2012–2013 school year, an estimated 74.1 percent of LGBT students aged 13 to 21 were verbally harassed because of their sexual orientation and 55.2 percent because of their gender expression (Figure 7.6). Almost one in three (32.6 percent) were physically harassed (e.g., being shoved or pushed) because of their sexual orientation and more than one in five (22.7 percent) because of their gender expression. A smaller, but still substantial, percentage of LGBT students were physically assaulted because of their sexual orientation or gender expression (Figure 7.6). In addition, nearly half of LGBT students (49.0 percent) experienced cyberbullying, and more than half (55.5 percent) reported personally experiencing LGBT-related discriminatory policies or practices at school (Kosciw et al. 2014). LGBT students who experienced higher levels of victimization had lower GPAs than those who experienced lower levels of victimization. They were also more than three times as likely to miss school in the month before the survey, twice as likely to have no plans to pursue postsecondary education, and had lower self-esteem and greater levels of depression (Kosciw et al. 2014).

Figure 7.6.
Percent of LGBT Students Experiencing Verbal Harassment, Physical Harassment, or Physical Assault in the Past School Year Based on Sexual Orientation or Gender Expression, United States, 2013



Note: Students aged 13 to 21.
Source: IWPR compilation of data based on the 2013 National School Climate Survey (Kosciw et al. 2014).

trafficking (Polaris Project 2014b). The ratings are based on the presence or absence of specific laws, such as those criminalizing sex or labor trafficking; mandating or encouraging law enforcement to be trained in human trafficking issues; ensuring that elements of force, fraud, or coercion are not required for a trafficker to be prosecuted for the sex trafficking of a minor; mandating or encouraging the public posting of a human trafficking hotline; and granting immunity from prosecution to sexually exploited children, among others (Polaris Project 2014a).

The Consequences of Violence and Abuse

Domestic violence, abuse, harassment, and stalking have a multitude of individual and societal consequences. At the societal level, female victims of intimate partner violence over the age of 18 in the United States lose about 5.6 million days of household productivity and nearly eight million days of paid work each year, which amounts to approximately 32,000 full-time jobs. In 1995, the most recent year for which an estimate is available, the costs of domestic violence in the United

States were estimated to be \$5.8 billion, with \$4.1 billion paying for direct medical and mental health services (the study did not include civil and criminal justice costs; Max et al. 2004). In 2015 dollars, these costs would be about \$8.9 billion, with approximately \$6.3 billion for direct medical and mental health services.¹⁴

Violence and abuse also have profound psychological, health, and social consequences for victims. In the short-term, these forms of harm can result in serious physical injuries. These injuries, however, are only a part of the consequences many women face: the ongoing and controlling nature of abuse can lead victims to experience a range of chronic physical conditions, such as frequent headaches, chronic pain, difficulty sleeping, and activities limitations (Black et al. 2011). Survivors may also experience mental health problems such as depression, suicidality, and posttraumatic stress disorder (Black et al. 2011; Golding 1999); in addition, violence and abuse are associated with negative health behaviors, including smoking, physical inactivity, poor nutrition, and substance abuse (McNutt et al. 2002). Over time, the negative physical and mental health outcomes that survivors may experience can interfere with their daily functioning, disrupting their employment and other dimensions of their lives (Loya 2014). In some instances, the unaddressed psychological and social effects of violence and abuse can lead to an ongoing cycle of harm. Research indicates, for instance, that girls who experience physical violence are more likely to be victimized as adults (Whitfield et al. 2003).

Conclusion

These sobering realities point to the need to continue working to enhance our understanding of violence and abuse and to develop effective responses to the multiple forms of harm that women face. At a basic level, this requires improving data collection in the area of violence and abuse by ensuring that survey data are available with sufficiently large samples to allow for analysis at the state level and by race and ethnicity, age, sexual orientation, and other contextual factors. Having improved data will allow researchers to pinpoint the needs of various populations and will help advocates, policymakers, and others to strengthen effective institutional, political, and community responses.

Increasing women's safety is integral to elevating their overall status. Violence and abuse have devastating consequences that go beyond physical injury to undermine women's autonomy, liberty, and dignity, preventing them from fully participating in the economy and in civic and political life (Stark 2012b). Often, the non-physical abuse women experience is not or cannot be categorized as a crime and, therefore, falls outside the scope of the legal protections available. Improving effective responses to these forms of harm entails developing laws and policies that reflect a broader perspective on what victims are facing (Stark 2012b), as well as continuing to invest in programs and services that address the threats to safety that prevent women's full participation in social, political, and economic life.

¹⁴ IWPR calculations using the CPI-U index from the U.S. Department of Labor. The cost due to medical and mental health services needed is likely to be higher than estimated here because medical care expenditures in the CPI-U outpaced overall inflation by 27 percent between 1995 and 2015.

Appendix A7:

Methodology

This report draws on data from multiple sources that are referenced in the text, including published reports from the Centers for Disease Control and Prevention (CDC), the Bureau of Justice Statistics, and other sources to examine issues related to violence and safety among women in the United States. Much of the data are drawn from published reports from the CDC that analyze findings from the 2010 and 2011 National Intimate Partner and Sexual Violence Surveys (NISVS), a national random-digit-dial telephone survey of the noninstitutionalized U.S. English- and Spanish-speaking population aged 18 and older. Some of the tables in this report that rely on data from the 2011 NISVS are disaggregated by race and ethnicity. In this CDC report, Hispanics may be of any race or two or more races, and

only whites and blacks are defined as non-Hispanic. To highlight issues pertinent to the safety of youth in states across the nation, IWPR compiled data from the CDC's Youth Risk Behavior Surveillance System (YRBSS), which includes a national school-based survey conducted by the CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments. The YRBSS includes both high school and middle school surveys that monitor health-risk behaviors contributing to the leading causes of death and disability among youth and adults. IWPR analyzed YRBSS data for high school students by state using the CDC's Youth Online Interactive Data Tables for 2013, the most recent data available.

Appendix B7:

Tables by State

Table B7.1.
Percent of High School Students Feeling Unsafe or Experiencing Bullying or Dating Violence by Gender and State, 2013

State	Experienced Physical Dating Violence		Experienced Sexual Dating Violence		Experienced Bullying on School Property		Experienced Electronic Bullying		Did Not Go to School at Least One Day in the Past Month Because Felt Unsafe	
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
Alabama	12.9%	10.2%	13.7%	7.2%	23.4%	18.1%	18.3%	8.7%	8.6%	8.0%
Alaska	11.3%	6.2%	16.6%	5.7%	25.5%	16.0%	19.5%	10.1%	6.5%	5.0%
Arizona	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7.8%	8.3%
Arkansas	14.8%	11.6%	15.2%	9.7%	29.2%	20.4%	24.4%	10.7%	8.9%	9.2%
California	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	10.1%	7.9%	15.5%	7.3%	26.1%	17.9%	22.8%	12.3%	7.1%	6.6%
Delaware	10.7%	6.8%	12.3%	8.4%	20.4%	16.6%	17.5%	9.4%	9.2%	7.1%
District of Columbia	15.0%	8.0%	10.5%	7.3%	11.9%	9.7%	9.3%	6.3%	8.2%	9.0%
Florida	10.6%	9.1%	13.1%	7.7%	18.7%	12.8%	16.9%	7.8%	10.8%	9.6%
Georgia	12.9%	11.6%	N/A	N/A	21.1%	17.9%	16.4%	11.2%	6.7%	7.4%
Hawaii	12.3%	8.8%	18.4%	8.0%	18.4%	18.7%	18.6%	12.4%	8.3%	8.2%
Idaho	11.8%	6.3%	N/A	N/A	29.6%	21.3%	27.4%	10.6%	6.9%	5.4%
Illinois	13.7%	8.5%	16.7%	6.5%	24.4%	19.7%	22.6%	11.2%	8.3%	8.5%
Indiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Iowa	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kansas	9.4%	5.9%	11.6%	4.0%	26.2%	18.2%	25.2%	9.0%	3.9%	3.8%
Kentucky	11.8%	7.6%	13.1%	6.4%	24.1%	18.6%	16.4%	9.9%	7.2%	6.6%
Louisiana	16.1%	12.6%	N/A	N/A	25.4%	22.7%	19.5%	13.9%	11.5%	14.1%
Maine	11.1%	6.8%	N/A	N/A	28.0%	20.5%	28.9%	12.7%	5.9%	4.8%
Maryland	12.0%	9.7%	13.8%	9.0%	20.9%	18.1%	17.2%	10.7%	8.5%	8.6%
Massachusetts	N/A	N/A	N/A	N/A	18.0%	15.0%	18.7%	9.0%	4.4%	2.8%
Michigan	11.0%	6.6%	14.1%	5.5%	28.8%	21.9%	25.2%	12.5%	7.2%	6.3%
Minnesota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mississippi	13.4%	7.3%	12.7%	8.3%	24.0%	14.5%	17.2%	6.5%	8.1%	8.6%
Missouri	11.6%	7.4%	N/A	N/A	30.4%	20.0%	N/A	N/A	N/A	N/A
Montana	11.0%	6.6%	15.6%	6.4%	30.5%	22.3%	25.9%	10.6%	11.1%	6.5%
Nebraska	10.0%	5.3%	15.6%	4.7%	24.9%	17.0%	22.2%	9.7%	5.2%	3.4%
Nevada	12.4%	9.1%	17.1%	7.2%	23.0%	16.5%	21.6%	8.6%	13.2%	9.0%
New Hampshire	9.1%	5.8%	14.8%	5.0%	25.3%	19.9%	23.7%	12.8%	5.6%	5.7%
New Jersey	N/A	N/A	N/A	N/A	23.9%	18.8%	19.9%	9.9%	4.4%	7.1%
New Mexico	11.0%	7.7%	12.6%	7.3%	20.5%	16.0%	18.3%	8.1%	6.7%	5.9%
New York	12.4%	11.7%	14.2%	9.3%	22.3%	17.1%	20.4%	10.2%	7.6%	7.1%
North Carolina	12.2%	6.2%	14.5%	5.1%	24.4%	14.1%	17.8%	7.4%	7.3%	5.9%
North Dakota	11.9%	7.3%	N/A	N/A	27.4%	23.6%	22.6%	11.9%	N/A	N/A
Ohio	N/A	N/A	13.4%	6.1%	23.4%	18.5%	22.1%	8.5%	5.3%	4.5%
Oklahoma	11.3%	5.7%	13.9%	5.5%	22.6%	14.8%	21.5%	7.4%	7.6%	3.7%
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pennsylvania	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	9.4%	7.3%	12.0%	5.2%	20.5%	15.6%	19.3%	9.3%	6.8%	6.9%
South Carolina	13.1%	7.5%	13.7%	7.0%	23.1%	17.3%	17.9%	9.6%	9.5%	7.3%
South Dakota	9.6%	6.0%	15.8%	5.3%	27.7%	20.8%	21.8%	13.9%	6.0%	4.5%
Tennessee	10.8%	8.4%	14.4%	6.9%	25.1%	17.4%	21.4%	9.8%	7.3%	8.5%
Texas	12.5%	7.4%	14.5%	7.9%	22.9%	15.5%	19.3%	8.6%	8.9%	6.5%
Utah	7.7%	6.1%	15.1%	6.4%	23.1%	20.5%	22.2%	11.9%	8.3%	6.3%
Vermont	11.4%	9.0%	N/A	N/A	N/A	N/A	26.0%	10.3%	N/A	N/A
Virginia	13.5%	8.1%	N/A	N/A	24.8%	19.0%	19.5%	9.3%	5.2%	5.2%
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	13.8%	8.0%	13.4%	4.2%	28.3%	16.4%	27.4%	7.7%	8.5%	5.1%
Wisconsin	10.3%	6.7%	15.7%	4.0%	25.7%	19.8%	24.6%	10.9%	7.4%	4.2%
Wyoming	12.6%	7.4%	15.7%	6.7%	26.6%	20.0%	23.2%	9.2%	9.5%	6.0%
United States	13.0%	7.4%	14.4%	6.2%	23.7%	15.6%	21.0%	8.5%	8.7%	5.4%

Notes: N/A=not available. For students in grade 9–12. Data on dating violence include the percent of students among those who dated or went out with someone in the 12 months prior to the survey who experienced physical or sexual dating violence during this time.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention's 2013 Youth Risk Behavior Survey.

Table B7.2.
State Statutes on Violence and Employment, 2014

State	Does State Law Provide Unemployment Insurance Benefits to Domestic Violence Victims?	Does the State Have an Employment Rights Law for Victims of Domestic Violence?	Does the State Have a General Crime Victim Protection Law?
Alabama	No	No	Yes
Alaska	Yes	No	Yes
Arizona	Yes	No	Yes
Arkansas	Yes	No	Yes
California	Yes	Yes	Yes
Colorado	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes
Delaware	Yes	No	Yes
District of Columbia	Yes	Yes	No
Florida	No	Yes	Yes
Georgia	No	No	Yes
Hawaii	Yes	Yes	Yes
Idaho	No	No	No
Illinois	Yes	Yes	No
Indiana	Yes	No	No
Iowa	No	No	Yes
Kansas	Yes	Yes	No
Kentucky	No	No	No
Louisiana	No	No	No
Maine	Yes	Yes	No
Maryland	Yes	No	Yes
Massachusetts	Yes	No	Yes
Michigan	No	No	Yes
Minnesota	Yes	No	Yes
Mississippi	No	No	Yes
Missouri	No	No	Yes
Montana	Yes	No	Yes
Nebraska	Yes	No	No
Nevada	No	No	Yes
New Hampshire	Yes	No	Yes
New Jersey	Yes	Yes	No
New Mexico	Yes	Yes	No
New York	Yes	Yes	Yes
North Carolina	No	Yes	No
North Dakota	Yes	No	Yes
Ohio	No	No	Yes
Oklahoma	Yes	No	No
Oregon	Yes	Yes	No
Pennsylvania	No	No	Yes
Rhode Island	Yes	Yes	Yes
South Carolina	Yes	No	Yes
South Dakota	Yes	No	No
Tennessee	No	No	Yes
Texas	Yes	No	No
Utah	No	No	Yes
Vermont	Yes	No	Yes
Virginia	No	No	Yes
Washington	Yes	Yes	No
West Virginia	No	No	No
Wisconsin	Yes	No	Yes
Wyoming	Yes	No	Yes

Notes: Employment rights laws provide victims with leave from work to address matters related to domestic violence and/or provide broader protections against employment discrimination related to the violence. Crime victim protection laws prohibit employers from punishing or firing crime victims who take leave to appear in criminal court, at least under some circumstances. Sources: Legal Momentum 2014a and 2014b.

Table B7.3.
State Statutes Related to Domestic Violence, Sexual Violence, Stalking, and Gun Ownership, 2014

State	Gun Possession Bar on Individuals Convicted of Misdemeanor Domestic Violence Crimes	Gun Possession Bar on Individuals Subject to Domestic Violence Protection Orders	Gun Possession Bar on Individuals Convicted of Misdemeanor Sex Crimes	Gun Possession Bar on Individuals Convicted of Misdemeanor Stalking Crimes	Bar for Misdemeanor Domestic Violence Crimes, Including "Dating Partners"	Required Surrender of Certain Firearms by Persons Convicted of Misdemeanor Domestic Violence Crimes	Required Surrender of Certain Firearms by Persons Subject to Domestic Violence Restraining Orders	Required Removal of Certain Firearms by Law Enforcement at Specified Domestic Violence Incidents
Alabama	No	No	No	No	No	No	No	No
Alaska	No	No	No	No	No	No	No	No
Arizona	Yes	No	No	No	Yes	No	No	No
Arkansas	No	No	No	No	No	No	No	No
California	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Colorado	Yes	Yes	No	No	No	Yes	Yes	No
Connecticut	Yes	Yes	No	Yes	No	No	Yes	No
Delaware	Yes	Yes	Yes	No	No	No	No	No
District of Columbia	Yes	Yes	Yes	Yes	Yes	No	No	No
Florida	No	Yes	No	No	No	No	No	No
Georgia	No	No	No	No	No	No	No	No
Hawaii	Yes	Yes	No	No	No	Yes	Yes	No
Idaho	No	No	No	No	No	No	No	No
Illinois	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Indiana	Yes	No	No	No	No	No	No	No
Iowa	Yes	Yes	No	No	No	Yes	Yes	No
Kansas	No	No	No	No	No	No	No	No
Kentucky	No	No	No	No	No	No	No	No
Louisiana	Yes	Yes	No	No	No	No	No	No
Maine	No	Yes	No	No	No	No	No	No
Maryland	No	Yes	No	Yes	No	No	No	No
Massachusetts	No	Yes	No	Yes	No	No	Yes	No
Michigan	No	No	No	No	No	No	No	No
Minnesota	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Mississippi	No	No	No	No	No	No	No	No
Missouri	No	No	No	No	No	No	No	No
Montana	No	No	No	No	No	No	No	Yes
Nebraska	Yes	No	No	No	Yes	No	No	Yes
Nevada	No	No	No	No	No	No	No	No
New Hampshire	No	Yes	No	No	No	No	Yes	Yes
New Jersey	Yes	Yes	Yes	Yes	Yes	No	No	Yes
New Mexico	No	No	No	No	No	No	No	No
New York	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
North Carolina	No	Yes	No	No	No	No	Yes	No
North Dakota	No	No	No	Yes	No	No	No	No
Ohio	No	No	No	No	No	No	No	Yes
Oklahoma	No	No	No	No	No	No	No	Yes
Oregon	No	No	No	No	No	No	No	No
Pennsylvania	Yes	No	No	Yes	No	Yes	No	Yes
Rhode Island	No	No	No	No	No	No	No	No
South Carolina	No	No	No	No	No	No	No	No
South Dakota	Yes	No	No	No	No	No	No	No
Tennessee	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Texas	Yes	Yes	No	No	No	No	No	No
Utah	No	No	No	No	No	No	No	Yes
Vermont	No	No	No	No	No	No	No	No
Virginia	No	No	No	No	No	No	No	No
Washington	Yes	Yes	No	Yes	Yes	Yes	Yes	No
West Virginia	Yes	Yes	No	No	Yes	No	Yes	Yes
Wisconsin	No	Yes	No	No	No	No	Yes	No
Wyoming	No	No	No	No	No	No	No	No

Note: In North Dakota and Washington, state law bars some convicted misdemeanant stalkers from gun possession. Source: Gerney and Parsons 2014. Reprinted with permission.

References

- A Better Balance. 2015. "Overview of Paid Sick Time Laws in the United States." <<http://www.abetterbalance.org/web/images/stories/Documents/sickdays/factsheet/PSDchart.pdf>> (accessed February 20, 2015).
- ABC News and Washington Post. 2011. (November 16). "One in Four U.S. Women Reports Workplace Harassment." <<http://www.langerresearch.com/uploads/1130a2WorkplaceHarassment.pdf>> (accessed April 4, 2015).
- Action Group to End Human Trafficking and Modern-Day Slavery. 2008. *Recommendations for Fighting Human Slavery in the United States and Abroad*. <http://rmfoundation.arsls.net/PDF/action_group_transition_memo.pdf> (accessed April 14, 2015).
- American Bar Association Commission on Domestic & Sexual Violence. 2014. "Domestic Violence Civil Protection Orders (CPOs)." <http://www.americanbar.org/content/dam/aba/administrative/domestic_violence1/Resources/statutorysummarycharts/2014%20CPO%20Availability%20Chart.authcheckdam.pdf> (accessed December 1, 2014).
- American College of Obstetricians and Gynecologists. Committee on Health Care for Underserved Women. 2013. *Reproductive and Sexual Coercion*. Washington, DC: The American College of Obstetricians and Gynecologists, Women's Health Care Physicians. <<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-and-Sexual-Coercion>> (accessed March 31, 2015).
- American Council on Education. 2014. "New Requirements Imposed by the Violence Against Women Reauthorization Act." Washington, DC: American Council on Education. <<http://www.acenet.edu/news-room/Documents/VAWA-Summary.pdf>> (accessed April 3, 2015).
- Aron, Laudan Y. and Krista K. Olson. 1997. *Efforts by Child Welfare Agencies to Address Domestic Violence: The Experiences of Five Communities*. Washington, DC: Urban Institute. <<http://www.urban.org/publications/406798.html>> (March 25, 2015).
- Bachman, Ronet, Heather Zaykowski, Rachel Kallmyer, Margarita Poteyeva, and Christina Lanier. 2008. *Violence Against American Indian and Alaska Native Women and the Criminal Justice Response: What is Known*. NIJ 223691. <<https://www.ncjrs.gov/pdffiles1/nij/grants/223691.pdf>> (accessed April 15, 2015).
- Battered Women's Legal Advocacy Project. 2009. "Federal Law: Firearms & Ammunitions Prohibitions." <http://www.bwlap.org/publication/stream?fileName=Firearms__Federal__2.pdf> (accessed April 6, 2015).
- Benson, Michael L. and Greer Litton Fox. 2004. *When Violence Hits Home: How Economics and Neighborhood Play a Role*. NCJ205004. Washington, DC: U.S. Department of Justice, Office of Justice Programs. <<https://www.ncjrs.gov/pdffiles1/nij/205004.pdf>> (accessed February 20, 2015).
- Blaauw, Eric, Frans W. Winkel, Ella Arensman, Lorraine Sheridan, and Adrienne Freeve. 2002. "The Toll of Stalking The Relationship Between Features of Stalking and Psychopathology of Victims." *Journal of Interpersonal Violence* 17 (1): 50–63.
- Black, Michele C., Kathleen C. Basile, Mathew J. Breiding, Sharon G., Smith, Mikel L. Walters, Melissa T. Merrick, Jieru Chen, and Mark R. Stevens. 2011. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf> (accessed February 11, 2015).

Black, Michele C. 2011. "Intimate Partner Violence and Adverse Health Consequences: Implications for Clinicians." *American Journal of Lifestyle Medicine* 5: 428–439.

Brandl, Bonnie and Loree Cook-Daniels. 2011. "Domestic Abuse Later in Life." <http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=376> (accessed March 30, 2015).

Break the Cycle. 2010. *2010 State Law Report Cards: A National Survey of Teen Dating Violence Laws*. Washington, DC: Break the Cycle. <<http://www.breakthecycle.org/sites/default/files/pdf/2010-Dating-Violence-State-Law-Report-Card-Full-Report.pdf>> (accessed March 8, 2013).

Breiding, Matthew J., Sharon G. Smith Kathleen C. Basile, Mikel L. Walters, Jieru Chen, and Melissa T. Merrick. 2014. *Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization - National Intimate Partner and Sexual Violence Survey, United States, 2011*. Morbidity and Mortality Weekly Report, Surveillance Summaries 63: 8. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <<http://www.cdc.gov/mmwr/pdf/ss/ss6308.pdf>> (accessed February 15, 2015).

Brewster, Mary P. 1999. *An Exploration of the Experiences and Needs of Former Intimate Stalking Victims*. Final report submitted to the National Institute of Justice. West Chester, PA: West Chester University. <<https://www.ncjrs.gov/pdffiles1/nij/grants/175475.pdf>> (accessed February 19, 2015).

Bruch, Carol S. 2002. "Parental Alienation Syndrome and Parental Alienation: Getting It Wrong in Child Custody Cases." *Child and Family Law Quarterly* 14: 381–400.

Buzawa, Eve S., Carl G. Buzawa, and Evan D. Stark. 2012. *Responding to Domestic Violence: The Integration of Criminal Justice and Human Services*. Thousand Oaks, CA: Sage.

Catalano, Shannan. 2012a. *Intimate Partner Violence, 1993–2010*. Special Report. NCJ239203. Washington, DC: US Department of Justice Office of Justice Programs, Bureau of Justice Statistics. <<http://www.bjs.gov/content/pub/pdf/ipv9310.pdf>> (accessed April 8, 2015).

Catalano, Shannan. 2012b. *Stalking Victims in the United States—Revised*. NCJ224527. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <http://www.bjs.gov/content/pub/pdf/svus_rev.pdf> (accessed January 3, 2015).

Centers for Disease Control and Prevention (CDC). 2014. *1991–2013 High School Youth Risk Behavior Survey Data*. <<http://nccd.cdc.gov/youthonline/>> (accessed December 3, 2014).

Chamberlain Linda and Rebecca Levenson. 2012. *Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings*. 2nd ed. San Francisco, CA: American College of Obstetricians and Gynecologists and Futures Without Violence. <http://www.acog.org/About_ACOG/ACOG_Departments/Health_Care_for_Underserved_Women/~media/Departments/Violence%20Against%20Women/Reproguidelines.pdf> (accessed April 13, 2015).

Clawson, Heather J., Nicole Dutch, Amy Solomon, and Lisa Goldblatt Grace. 2009. *Human Trafficking Into and Within the United States: A Review of the Literature*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <<http://aspe.hhs.gov/hsp/07/HumanTrafficking/LitRev/>> (accessed December 3, 2014).

Dank, Meredith, Bilal Kahn, P. Mitchell Downey, Cybele Kotonias, Deborah Mayer, Colleen Owens, Laura Pacifici, and Lilly Yu. 2014. *Estimating the Size and Structure of the Underground Commercial Sex Economy*. Washington, DC: The Urban Institute. <<http://www.urban.org/sites/default/files/alfresco/publication-pdfs/413047-Estimating-the-Size-and-Structure-of-the-Underground-Commercial-Sex-Economy-in-Eight-Major-US-Cities.PDF>> (accessed April 15, 2015).

Davis, Michael S., Chris O'Sullivan, Kim Susser, and Marjory D. Fields. 2011. *Custody Evaluations When There Are Allegations of Domestic Violence: Practices, Beliefs, and Recommendations of Professional Evaluators*. NCJRS 234465. Final Report submitted to the National Institute of Justice. <<https://www.ncjrs.gov/pdffiles1/nij/grants/234465.pdf>> (accessed April 4, 2015).

Decker, Michele R, Jay G. Silverman, and Anita. Raj. 2005. "Dating Violence and Sexually Transmitted Disease/HIV Testing and Diagnosis among Adolescent Females." *Pediatrics* (116): 272–276.

Durborow, Nancy, Kristine C. Lizdas, Abigail O'Flaherty, and Anna Marjavi. 2013. *Compendium of State Statutes and Policies on Domestic Violence and Health Care*. Washington, DC: Futures Without Violence. <<http://www.futureswithoutviolence.org/compendium-of-state-statutes-and-policies-on-domestic-violence-and-health-care/>> (accessed February 5, 2015).

Eigenberg, Helen, Karen McGuffee, Phyllis Berry, and William H. Hall. 2003. "Protective Order Legislation: Trends in State Statutes." *Journal of Criminal Justice* 31: 411–422.

Fagan, Jeffrey. 1996. *The Criminalization of Domestic Violence: Promises and Limits*. NCJ 157641. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. <<https://www.ncjrs.gov/pdffiles1/crimdom.pdf>> (accessed February 11, 2015).

Faith Trust Institute. 2013. "History of VAWA." <<http://www.ncdsv.org/images/historyofvawa.pdf>> (accessed March 28, 2015).

Fisher, Bonnie S., Francis T. Cullen, and Michael Turner. 2000. *The Sexual Victimization of College Women*. Washington, DC: U.S. Department of Justice. NCJ 182369. <<https://www.ncjrs.gov/pdffiles1/nij/182369.pdf>> (accessed April 15, 2015).

Gates, Gary. 2014. "LGBT Demographics: Comparisons Among Population-based Surveys." Los Angeles, California: Williams Institute, UCLA School of Law. <<http://williamsinstitute.law.ucla.edu/wp-content/uploads/lgbt-demogs-sep-2014.pdf>> (accessed March 13, 2015).

Gerney, Arkadi and Chelsea Parsons. 2014. *Women Under the Gun: How Gun Violence Affects Women and 4 Policy Solutions to Better Protect Them*. Washington, DC: Center for American Progress. <<https://www.americanprogress.org/issues/guns-crime/report/2014/06/18/91998/women-under-the-gun/>> (accessed January 13, 2015).

Goldfarb, Sally F. 2008. "Reconceiving Civil Protection Orders for Domestic Violence: Can Law Help End the Abuse Without Ending the Relationship." *Cardozo Law Review* 29 (4): 1487–1551.

Golding, Jacqueline M. 1999. "Intimate Partner Violence as a Risk Factor for Mental Disorders: A Meta-Analysis." *Journal of Family Violence* 14 (2): 99–132.

Greenfeld, Lawrence A. and Steven K. Smith. 1999. *American Indians and Crime*. NCJ 173386. Washington, DC: US Department of Justice, Bureau of Justice Statistics. <bjs.ojp.usdoj.gov/content/pub/pdf/aic.pdf> (accessed April 15, 2015).

Haselschwerdt, Megan L., Jennifer L. Hardesty, and Jason D. Hans. 2011. "Custody Evaluators' Beliefs about Domestic Violence Allegations During Divorce: Feminist and Family Violence Perspectives." *Journal of Interpersonal Violence* 26 (8): 1694–1719.

Holt, Victoria L., Mary A. Kernic, Marsha E. Wolf, and Frederick P. Rivara. 2003. "Do Protection Orders Affect the Likelihood of Future Partner Violence and Injury?" *American Journal of Preventive Medicine* 24 (1): 16–21.

Huffington Post. (August 27, 2013). "Workplace Sexual Harassment Poll Finds Large Share of Workers Suffer, Don't Report." Jillian Berman and Emily Swanson. <http://www.huffingtonpost.com/2013/08/27/workplace-sexual-harassment-poll_n_3823671.html> (accessed April 26, 2015).

Institute for Women's Policy Research. 2014. IWPR analysis of data from the 2013 Youth Risk Behavior Survey. <<http://nccd.cdc.gov/youthonline/App/Default.aspx>> (accessed December 11, 2014).

Institute for Women's Policy Research. 2015. IWPR calculations based on the 2011–2013 National Crime Victimization Survey.

Kingkade, Tyler. 2015. "List of 94 Postsecondary Institutions That Have Pending Title IX Sexual Violence Investigations." <<http://www.scribd.com/doc/251988486/List-of-94-Postsecondary-Institutions-That-Have-Pending-Title-IX-Sexual-Violence-Investigations#scribd>> (accessed April 14, 2015).

Klein, Andrew, Terri Tobin, Amy Salomon, and Janice Dubois. 2008. *A Statewide Profile of Abuse of Older Women and the Criminal Justice Response*. NCJRS 222459. <<http://www.ncjrs.gov/pdffiles1/nij/grants/222459.pdf>> (February 11, 2015).

Klein, Andrew, Amy Salomon, Nick Huntington, Janice Dubois, and Denise Lang. 2009. *A Statewide Study of Stalking and Its Criminal Justice Response*. <<https://www.ncjrs.gov/pdffiles1/nij/grants/228354.pdf>> (February 11, 2015).

Ko, Carolyn N. 2002. "Civil Restraining Orders for Domestic Violence: The Unresolved Question of Efficacy." *Southern California Interdisciplinary Law Journal* 11: 361–367. <<http://www-bcf.usc.edu/~idjlaw/PDF/11-2/11-2%20Ko.pdf>> (accessed March 2, 2015).

Kosciw, Joseph G., Emily A. Greytak, Neal A. Palmer, and Madelyn J. Boesen. 2014. *The 2013 National School Climate Survey*. Washington, DC: The Gay, Lesbian & Straight Education Network. <<http://glsen.org/nscs>> (accessed February 9, 2015).

Kothari, Catherine L., Karin V. Rhodes, James A. Wiley, Jeffrey Fink, Scott Overholt, Melissa E. Dichter, Steven C. Marcus, and Catherine Cerulli. 2012. "Protection Orders Protect Against Assault and Injury: A Longitudinal Study of Police-Involved Women Victims of Intimate Partner Violence." *Journal of Interpersonal Violence* 27 (14): 2845–2868.

Krebs, Christopher, Christine Lindquist, Tara Warner, Bonnie Fisher, Sandra Martin. 2007. *The Campus Sexual Assault (CSA) Study*. NCJRS 221153. <<https://www.ncjrs.gov/pdffiles1/nij/grants/221153.pdf>> (accessed April 3, 2015).

Law Center to Prevent Gun Violence. 2013. "Universal Background Checks and the Private Sale Loophole Policy Summary." <<http://smartgunlaws.org/universal-gun-background-checks-policy-summary/>> (accessed February 8, 2015).

Law Center to Prevent Gun Violence. 2014. "Domestic Violence & Firearms Policy Summary." <<http://smartgunlaws.org/domestic-violence-firearms-policy-summary/#state>> (accessed December 4, 2014).

Leadership Council. 2008. "How Many Children Are Court-Ordered Into Unsupervised Contact With an Abusive Parent After Divorce?" Baltimore, MD: Leadership Council. <<http://www.leadershipcouncil.org/1/med/PR3.html>> (accessed April 3, 2015).

Legal Momentum. 2014a. *State Law Guide: Employment Rights for Victims of Domestic or Sexual Violence*. Washington, DC: Legal Momentum. <<http://www.legalmomentum.org/resources/state-law-guide-employment-rights-victims-domestic-or-sexual-violence>> (accessed February 11, 2015).

Legal Momentum. 2014b. *State Law Guide: Unemployment Insurance Benefits for Victims of Domestic & Sexual Violence*. Washington, DC: Legal Momentum. <<http://www.legalmomentum.org/resources/state-law-guide-unemployment-benefits-victims-domestic-or-sexual-violence#sthash.5eZoRvk0.dpuf>> (accessed February 11, 2015).

Logan, TK., Lisa Shannon, Jennifer Cole, and Jennifer Swanberg. 2007. "Partner Stalking and Implications for Women's Employment." *Journal of Interpersonal Violence* 22: 286–291.

Logan, TK., Robert Walker, William Hoyt, and Teri Faragher. 2009. *The Kentucky Civil Protective Order Study: A Rural and Urban Multiple Perspective Study of Protective Order Violation Consequences, Responses, and Costs*. NCJRS 228350. Washington, DC: U.S. Department of Justice, National Institute of Justice. <<https://www.ncjrs.gov/pdffiles1/nij/grants/228350.pdf>> (accessed January 24, 2015).

Lombardi, Kristen. 2010. "A Lack of Consequences for Sexual Assault." Washington, DC: Center for Public Integrity. <<http://www.publicintegrity.org/2010/02/24/4360/lack-consequences-sexual-assault>> (accessed April 3, 2015).

Loya, Rebecca M. 2014. "Rape as an Economic Crime: The Impact of Sexual Violence on Survivors' Employment and Economic Well-Being." *Journal of Interpersonal Violence* (November 2014): 0886260514554291.

Max, Wendy, Dorothy P. Rice, Eric Finkelstein, Robert A. Bardwell, and Steven Leadbetter. 2004. "The Economic Toll of Intimate Partner Violence Against Women in the United States." *Violence and Victims* 19 (3): 259–272.

McNutt, Louise-Anne, Bonnie E. Carlson, Michele Persaud, and Judy Postmus. 2002. "Cumulative Abuse Experiences, Physical Health, and Health Behaviors." *Annals of Epidemiology* 12: 123–30.

Meier, Joan S. 2010. "Getting Real About Abuse and Alienation: a Critique of Drozd and Olesen's Decision Tree." *Journal of Child Custody* 7 (4): 219–252. <http://scholarship.law.gwu.edu/cgi/viewcontent.cgi?article=1858&context=faculty_publications> (accessed April 27, 2015).

Mohandie, Kris, J. Reid Meloy, Mila Green McGowan, and Jenn Williams. 2006. "The RECON Typology of Stalking: Reliability and Validity Based Upon a Large Sample of North American Stalkers." *Journal of Forensic Sciences* 51 (1): 147–155.

Mohler-Kuo, Meichun, George W. Dowdall, Mary P. Koss, and Henry Wechsler. 2004. "Correlates of Rape While Intoxicated in a National Sample of College Women." *Journal of Studies on Alcohol* 65 (1): 37–45. <<http://www.jsad.com/doi/pdf/10.15288/jsa.2004.65.37>> (accessed April 15, 2015).

Morales Waugh, Irma. 2010. "Examining the Sexual Harassment Experiences of Mexican Immigrant Farmworking Women." *Violence Against Women* 16 (3): 237–261. <<http://www.ncfh.org/pdfs/2k9/8716.pdf>> (accessed April 4, 2015).

Morrill, Allison C., Jianyu Dai, Samantha Dunn, Iyue Sung, Kevin Smith. 2005. "Child Custody and Visitation Decisions When the Father Has Perpetrated Violence Against the Mother." *Violence Against Women* 11(8): 1076 – 1107. <http://capacities.org/Cap_docs/Child_Custody_and_Domestic_Violence.pdf> (accessed April 27, 2015).

Mullen, Paul, Michele Pathe, and Rosemary Purcell. 2009. *Stalkers and Their Victims*. London: Cambridge University Press.

National Center for Victims of Crime. 2002. *Creating an Effective Stalking Protocol*. Washington, DC: U.S. Department of Justice, Office of Community Oriented Policing Services. <<https://www.victimsofcrime.org/docs/src/creating-an-effective-stalking-protocol.pdf?sfvrsn=2>> (accessed May 13, 2010).

National Center for the Victims of Crime. 2007. *The Model Stalking Code Revisited: Responding to the New Realities of Stalking*. NCJ 189192. <<https://www.victimsofcrime.org/docs/src/model-stalking-code.pdf?sfvrsn=0>> (accessed February 2, 2015). Washington, DC: U.S. Department of Justice.

National Coalition of Anti-Violence Programs. 2014. *Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2013*. New York, NY: National Coalition of Anti-Violence Programs. <http://www.avp.org/storage/documents/2013_ncavp_hvreport_final.pdf> (accessed February 11, 2015).

National Network to End Domestic Violence. 2013a. "The Violence Against Women Reauthorization Act of 2013: Safely and Effectively Meeting the Needs of More Victims." <http://www.nnedv.org/docs/Policy/VAWAReauthorization_Summary_2013.pdf> (accessed April 12, 2013).

National Network to End Domestic Violence. 2013b. *Domestic Violence Counts: Census 2013 Report*. <<http://nnedv.org/projects/census/4225-domestic-violence-counts-census-2013-report.html>> (accessed December 9, 2014).

National Organization for Women. 2013. "S.47 and H.R. 11 The 2013 Violence Against Women Reauthorization Act." <<http://now.org/issues/violence/VAWAFactSheetFeb2013.pdf>> (accessed March 12, 2015).

Palarea Russell E., Michael A. Zona, John C. Lane, and Jennifer Langhinrichsen-Rohling. 1999. "The Dangerous Nature of Intimate Relationship Stalking: Threats, Violence, and Associated Risk Factors." *Behavioral Sciences and the Law* 17: 269–283.

Pence, Ellen, Gabrielle Davis, Cheryl Beardslee, Denise Gamache. 2012. "Mind the Gap: Accounting for Domestic Abuse in Child Custody Evaluations." *The Battered Women's Justice Project*. <http://www.ncdsv.org/images/BWJP_MindTheGapAccountingForDomesticAbuseInChildCustodyEvaluations_6-2012.pdf> (accessed April 4, 2015).

Perry, Steven.W. 2004. *American Indians and Crime: A BJS Statistical Profile, 1992–2002*. NCJ 203097. Washington, DC: Bureau of Justice Statistics.

Picard, Peter. 2007. *Tech Abuse in Teen Relationships Study*. Chicago, IL: Teen Research Unlimited. <<http://www.loveisrespect.org/wp-content/uploads/2009/03/liz-claiborne-2007-tech-relationship-abuse.pdf>> (accessed March 4, 2013).

Polaris Project. 2014a. “A Look Back: Building a Human Trafficking Legal Framework.” <<http://www.polarisproject.org/storage/2014SRM-capstone-report.pdf>> (accessed February 8, 2015).

Polaris Project. 2014b. “2014 State Ratings on Human Trafficking Laws.” <<http://www.polarisproject.org/what-we-do/policy-advocacy/national-policy/state-ratings-on-human-trafficking-laws/2014-state-ratings-on-human-trafficking-laws#statereports>> (accessed December 2, 2014).

Polaris Project. n.d. “Sex Trafficking in the U.S.” <<http://www.polarisproject.org/human-trafficking/sex-trafficking-in-the-us>> (accessed April 14, 2015).

Rennison, Callie, and Michael R. Rand. 2003. “Nonlethal Intimate Partner Violence Against Women: A Comparison of Three Age Cohorts.” *Violence Against Women* 9 (12): 1417–1428.

Restaurant Opportunities Centers United and Forward Together. 2014. *The Glass Floor: Sexual Harassment in the Restaurant Industry*. New York, NY: Restaurant Opportunities Centers United. <http://rocunited.org/wp-content/uploads/2014/10/REPORT_The-Glass-Floor-Sexual-Harassment-in-the-Restaurant-Industry2.pdf> (accessed April 4, 2015).

Richardson, Erin G., and David Hemenway. 2011. “Homicide, Suicide, and Unintentional Firearm Fatality: Comparing the United States with Other High-Income Countries, 2003.” *Journal of Trauma* 70 (1): 238–243.

Riger, Stephanie, Courtney Ahrens, and Amy Blickenstaff. 2000. “Measuring Interference with Employment and Education Reported by Women with Abusive Partners: Preliminary Data.” *Violence and Victims* 15 (2): 161–172.

Sacco, Lisa N. 2014. *The Violence Against Women Act: Overview, Legislation, and Federal Funding*. Washington, DC: Congressional Research Service. R42499. <<https://fas.org/sgp/crs/misc/R42499.pdf>> (accessed April 26, 2015).

Sareen, Jitender, Jina Pagura, and Bridget Grant. 2009. “Is Intimate Partner Violence Associated with HIV Infection among Women in the United States?” *General Hospital Psychiatry* 31 (3): 274–278.

Saunders, Daniel G., Kathleen C. Faller, and Richard M. Tolman. 2011. *Child Custody Evaluators’ Beliefs About Domestic Abuse Allegations: Their Relationship to Evaluator Demographics, Background, Domestic Violence Knowledge and Custody-Visitation Recommendations*. Final Technical Report submitted to the National Institutes of Justice <<https://www.ncjrs.gov/pdffiles1/nij/grants/238891.pdf>> (accessed April 4, 2015).

Sinozich, Sofi and Lynn Langton. 2014. “Rape and Sexual Assault Victimization Among College-Age Females, 1995–2013.” NCJ 248471. Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice. <<http://www.bjs.gov/content/pub/pdf/rsavcaf9513.pdf>> (accessed April 3, 2015).

Slote, Kim Y., Carrie Cuthbert, Cynthia J. Mesh, Monica G. Driggers, Lundy Bancroft, and Jay G. Silverman. 2005. "Battered Mothers Speak Out: Participatory Human Rights Documentation as a Model for Research and Activism in the United States." *Violence Against Women* 11(11): 1367–1395.

Somanader, Tanya. 2014. "President Obama Launches the 'It's On Us' Campaign to End Sexual Assault on Campus." Washington, DC: The White House Blog. <<https://www.whitehouse.gov/blog/2014/09/19/president-obama-launches-its-us-campaign-end-sexual-assault-campus>> (accessed April 3, 2015).

Stalking Resource Center. N.d. "Analyzing State Stalking Laws." Washington, DC: National Center for Victims of Crime, Stalking Resource Center. <http://www.ncdsv.org/images/NCVC-SRC_AnalyzingStalkingLaws.pdf> (accessed April 4, 2015).

Stark, Evan. 2012a. "Looking Beyond Domestic Violence: Policing Coercive Control." *Journal of Police Crisis Negotiations* 12: 199–217.

Stark, Evan. 2012b. "Re-presenting Battered Women: Coercive Control and the Defense of Liberty." <http://www.stopvaw.org/uploads/evan_stark_article_final_100812.pdf> (accessed March 6, 2015).

Sullivan, Janet Wilson and Neil Websdale. 2006. "Domestic Violence Fatality Review Teams: An Interprofessional Model to Reduce Death." *Journal of Interprofessional Care* 20 (5): 535–544.

Swanberg, Jennifer E. and TK Logan. 2005. "Domestic Violence and Employment: A Qualitative Study." *Journal of Occupational Health Psychology* 10 (1): 3–17.

Tjaden, Patricia and Nancy Thoennes. 2000. "The Role of Stalking in Domestic Violence Crime Reports Generated by the Colorado Springs Police Department." *Violence and Victims* 15 (4): 427–441.

U.S. Bureau of Labor Statistics. 2014. *Women in the Labor Force: A Databook*. Report 1049. Washington, DC: Bureau of Labor Statistics. <http://www.bls.gov/opub/reports/cps/womenlaborforce_2013.pdf> (accessed April 26, 2015).

U.S. Department of Education. 2014. "U.S. Department of Education Releases List of Higher Education Institutions with Open Title IX Sexual Violence Investigations." Washington, DC: U.S. Department of Education. <<http://www.ed.gov/news/press-releases/us-department-education-releases-list-higher-education-institutions-open-title-ix-sexual-violence-investigations>> (accessed April 3, 2015).

U.S. Department of Health and Human Services. Administration on Children, Youth, and Families. 2012. *Navigating the Family Violence Prevention and Services Program: A Guide for State and Territorial Administrators*. Washington, DC: U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. <http://www.acf.hhs.gov/sites/default/files/fysb/fvpsa_admin_guide_20121119_0.pdf> (accessed April 14, 2015).

U.S. Department of Justice. 2012. (January 6). "Attorney General Eric Holder Announces Revisions to the Uniform Crime Report's Definition of Rape." <<http://www.fbi.gov/news/pressrel/press-releases/attorney-general-eric-holder-announcesrevisions-to-the-uniform-crime-reports-definition-of-rape>> (accessed January 25, 2012).

U.S. Department of Justice. Federal Bureau of Investigation. 2014. *Hate Crime Statistics, 2013*. <http://www.fbi.gov/about-us/cjis/ucr/hate-crime/2013/topic-pages/incidents-and-offenses/incidentsandoffenses_final> (accessed May 5, 2015).

U.S. Department of Labor. 2009. "Frequently Asked Questions and Answers About the Revisions to the Family and Medical Leave Act." <<http://www.dol.gov/whd/fmla/finalrule/NonMilitaryFAQs.pdf>> (accessed May 1, 2015).

U.S. Department of Labor. Employment and Training Administration. 2014. "Comparison of State Unemployment Insurance Laws." <<http://www.oui.doleta.gov/unemploy/statelaws.asp#Statelaw>> (accessed January 28, 2015).

U.S. Department of Labor. CPI Inflation Calculator. <http://www.bls.gov/data/inflation_calculator.htm> (accessed May 2, 2015).

U.S. Equal Employment Opportunity Commission. 2015. "Charges Alleging Sexual Harassment FY 2010–2014." <http://www.eeoc.gov/eeoc/statistics/enforcement/sexual_harassment_new.cfm> (accessed April 13, 2015).

U.S. Government Accountability Office. 2006. *Human Trafficking: Better Data, Strategy, and Reporting Needed to Enhance U.S. Antitrafficking Efforts Abroad* (GAO–06–825). Washington, DC: U.S. Government Printing Office. <<http://www.gao.gov/assets/260/250812.pdf>> (accessed April 19, 2013).

U.S. Senate Subcommittee on Financial and Contracting Oversight. 2014. *Sexual Violence on Campus: How Too Many Institutions of Higher Education Are Failing to Protect Students*. Washington, DC: U.S. Senate Subcommittee on Financial and Contracting Oversight – Majority Staff. <<http://www.mccaskill.senate.gov/SurveyReportwithAppendix.pdf>> (accessed April 29, 2015).

Violence Against Women Reauthorization Act of 2013. 2013. U.S. Public Law No. 113–4, 127 Stat 54. 113th Congress, 1st Session, 7 March 2013. <<http://www.gpo.gov/fdsys/pkg/PLAW-113publ4/pdf/PLAW-113publ4.pdf>> (accessed March 15, 2015).

Violence Policy Center. 2014. *When Men Murder Women: An Analysis of 2012 Homicide Data*. <<http://www.vpc.org/studies/wmmw2014.pdf>> (accessed December 3, 2014).

Walters, Mikel, Jieru Chen, and Matthew Breiding. 2013. *The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. <http://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf> (accessed February 9, 2015).

The White House. 2013. "Vice President Biden and Attorney General Holder Announce Grants to Help Reduce Domestic Violence Homicides." Washington, DC: The White House. <<https://www.whitehouse.gov/the-press-office/2013/03/13/vice-president-biden-and-attorney-general-holder-announce-grants-help-re>> (accessed April 15, 2015).

Whitfield, Charles L., Robert F. Anda, Shanta R. Dube, and Vincent J. Felitti. 2003. "Violent Childhood Experiences and the Risk of Intimate Partner Violence in Adults: Assessment in a Large Health Maintenance Organization." *Journal of Interpersonal Violence* 18 (2): 166–185.

Williams, Linda M. and Mary E. Frederick. 2009. *Pathways into and out of Commercial Sexual Victimization of Children: Understanding and Responding to Sexually Exploited Teens*. <<http://faculty.uml.edu/lwilliams/Williams%20Pathways%20Final%20Report%202006-MU-FX-0060%2010-31-09L.pdf>> (accessed April 5, 2013).

Willness, Chelsea R., Piers Steel, and Kibeom Lee. 2007. "A Meta-Analysis of the Antecedents and Consequences of Workplace Sexual Harassment." *Personnel Psychology* 60 (1): 127–162.

Wingood, Gina M., Ralph J. DiClemente, and Anita Raj. 2000. "Adverse Consequences of Intimate Partner Abuse Among Women in Non-Urban Domestic Violence Shelters." *American Journal of Preventive Medicine* 19 (4): 270–275.

Zweig, Janine M., Meredith Dank, Jennifer Yahner, and Pamela Lachman. 2013. *The Rate of Cyber Dating Abuse Among Teens and How It Relates to Other Forms of Teen Dating Violence*. Washington, DC: Urban Institute. <<http://www.urban.org/publications/412749.html>> (accessed February 27, 2013).



CHAPTER 8

THE STATUS OF WOMEN IN THE STATES: 2015

Recommendations

Women in states across the nation face challenges that demand attention from policymakers, advocates, employers, and funders. While on many indicators of women's status there has been progress, women still earn less than men, own a small proportion of businesses, are more likely than their male counterparts to live in poverty, are vastly underrepresented in public office, and experience gender-based violence. Substantial racial and ethnic disparities also persist on almost every indicator of women's status, including on measures of health and well-being. Policies and programs to address these inequities can improve women's status and make a powerful difference in the lives of women, men, and children.

Strengthening Women's Political Participation

- Initiatives that strengthen the pipeline of women to political office can amplify women's political voice and ensure that policymaking at all levels—local, state, and federal—addresses issues of concern to women. Such initiatives include expanding campaign trainings for women, asking and encouraging women to run for office, educating the public about the reality of “campaigning-while-female,” encouraging women's organizations to get involved in electing more women to office, and holding political parties accountable for supporting and promoting women candidates.
- The federal government can increase pathways to citizenship for undocumented immigrants, rendering them eligible to vote and increasing their political voice. States can strengthen women's political participation by abolishing state-level legislation that restricts the civic participation and leadership of noncitizens, and by removing restrictive voter identification laws that may prevent some women who are citizens from registering to vote and going to the polls.

Supporting Employment and Increasing Earnings for Women

- Employers should be held accountable for their obligation to monitor their hiring, compensation, and promotion practices and remedy gender and race disparities. They should be required by federal, state, or local policies to increase transparency about pay and promotion decisions and allow workers to share pay information without retaliation. States and localities could make the receipt of public contracts conditional on contractors' reviewing their pay and grading systems to make sure they are gender neutral and equitably reward skills, effort, and responsibility.
- The federal government can increase women's earnings and reduce poverty by raising the minimum wage, which would improve economic security among women, particularly women of color, who are dispro-

portionately represented among low-wage workers. States should also consider raising their minimum wages and both the states and the federal government should consider tying their minimum wages to cost-of-living increases to set a reasonable wage floor.

- The federal government and states should fully enforce labor standards and equal pay and equal employment opportunity laws, such as the Equal Pay Act and Title VII of the Civil Rights Act of 1964. They should also protect women's rights on the job, including the right to organize, since women with union jobs have higher earnings and better benefits than nonunionized workers. The federal government and states can also ensure that women have adequate access to information about their rights at work and in education and training, and enforce Title IX rules about equal access to educational programs at elementary and secondary schools, colleges, and universities.

Creating a Policy Infrastructure to Support Work-Life Balance

- States can help women stay in their jobs and advance by enacting policies such as paid family leave and paid medical leave, paid sick days, and schedule predictability, which are currently not available to many workers, especially those with low wages. States should ensure that laws and regulations fully reflect the needs of workers with caregiving responsibilities, including pregnant workers, parents, and caregivers of elderly parents or other adult family members.
- States can develop policies to require fair work scheduling practices. They can also provide technical assistance and information to employers on innovative working time and scheduling arrangements to improve work-life balance.
- To improve access to quality and affordable child care, states should increase resources for early care and education and ensure that eligible parents receive child care subsidies whether they are in work, looking for work, or pursuing training and education. States and districts should ensure that school hours (including pre-kindergarten and kindergarten) are aligned with the traditional working day and that affordable facilities are available to parents during school vacations.

Reducing Poverty and Expanding Opportunities for Women

- States can increase women's access to health care services by expanding public health programs to a wider range of women, including women with lower incomes and immigrant women who may be ineligible for public health insurance. States should opt to expand their Medicaid programs if they have not yet done so—either by expanding eligibility for all Medicaid services to those with incomes up to 138 percent of the poverty line (which 21 states had not done as of April 2015), or by expanding Medicaid family planning services to women who need assistance but are otherwise ineligible (which 22 states and the District of Columbia had not done as of April 2015).
- Policymakers, funders, and education and workforce development leaders should adopt strategies to promote gender and racial/ethnic equity in access to higher-paid, traditionally male career training opportunities. Educators and career counselors should ensure that career advice for women and girls explicitly addresses the earnings potential of different fields of study and occupations; in addition, they should work to encourage and support women pursuing nontraditional fields, including science, technology, engineering, and mathematics fields (STEM). Vocational and education and training programs should actively encourage and recruit women to pursue nontraditional majors and careers.
- Rates of women's business ownership and the growth of women's businesses can be increased by ensuring that federal, state, and local government contracts are accessible to women-owned businesses, and through public and private sector investments in loan and entrepreneurship programs that expand business opportunities for all. The number of women-owned businesses may also be increased through technical assistance to women entrepreneurs that helps them identify good business and financing opportunities to enable them to start and grow businesses.
- States and the federal government can reduce women's poverty by strengthening the basic safety net for those who earn very low wages or cannot work, including by ensuring that those who need support from

programs such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance (SNAP), Supplemental Security Income (SSI), and the Earned Income Tax Credit (EITC) have access to these programs and by increasing the level of benefits provided. In addition, the federal government can safeguard Social Security benefits, a vital economic base for dependent survivors, the disabled, and older women that keeps many above the poverty line.

Increasing Women's Access to Reproductive Rights

- Policies to expand women's access to reproductive health services and rights enable women to determine the timing and size of their families and contribute to women's educational and economic success. States can enhance women's reproductive rights by eliminating the policy barriers that make it difficult for women to access contraception and abortion and to obtain the full range of reproductive health services and information they need.
- States should strive to ensure that all women who are pregnant or have recently given birth have adequate access to prenatal and infant care. This includes supporting health insurance coverage and early enrollment, efforts to educate women about the importance of prenatal care, and training for health care providers to give culturally sensitive care.

Improving Women's Health and Access to Health Care Services

- Increased investments in health prevention and treatment for groups that disproportionately suffer from chronic diseases, such as heart disease, cancer, and HIV/AIDS, can also expand women's access to health services and address disparities in health outcomes among women from different racial/ethnic and socioeconomic groups.
- Investments in programs designed to train health providers to understand the health care needs of all women—including minority and LGBT women—and address them appropriately and with sensitivity would help women make use of available services and increase their access to adequate care.

Reducing Violence and Increasing Women's Safety

- Increased enforcement of existing policies to promote women's safety and the enactment of new statutes can help to ensure that women can live free from violence, harassment, stalking, and abuse. The federal government can take steps such as creating a more comprehensive approach to protect women from gun violence, continuing to support funding streams that provide essential services and supports for domestic violence victims, and raising awareness about sexual and dating violence on college campuses and strategies for addressing it. States can safeguard the employment rights of domestic violence victims, bar abusers from gun possession, and recognize stalking as a serious crime that includes a wide range of behaviors, among other actions.
- Improved data collection on women's experiences with violence and abuse would help researchers and policymakers develop a more complete understanding of the challenges women face and solutions to address them. Investing in data collection and studies to produce consistent and reliable quantitative state-by-state estimates on key indicators related to women's safety, and information disaggregated by race and ethnicity, is essential to pinpointing the greatest threats to safety for women, reducing violence and abuse, and holding perpetrators accountable.
- States can address the threats to personal safety that many students experience by encouraging schools to implement a health curriculum on physical and mental health that includes dating violence, online harassment, and bullying prevention.

Such changes are essential to improving the economic security, health, civic and political participation, and overall well-being of women in states across the nation. Women and girls are an integral part of each state's future, and their progress can positively affect the lives of all residents. Information—and data that track progress over time—can strengthen efforts to make each state a place where women from all walks of life can thrive, leading to a stronger economy and nation.

Appendix A8:

List of Census Bureau Regions

East North Central

Illinois
Indiana
Michigan
Ohio
Wisconsin

East South Central

Alabama
Kentucky
Mississippi
Tennessee

Middle Atlantic

New Jersey
New York
Pennsylvania

Mountain West

Arizona
Colorado
Idaho
Montana
New Mexico
Nevada
Utah
Wyoming

New England

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

Pacific West

Alaska
California
Hawaii
Oregon
Washington

South Atlantic

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

West North Central

Iowa
Kansas
Minnesota
Missouri
Nebraska
North Dakota
South Dakota

West South Central

Arkansas
Louisiana
Oklahoma
Texas

Regional rankings on many of the indicators in this report are provided in 51 state fact sheets (including the District of Columbia) that are available at www.statusofwomendata.org. These rankings are based on the Census regions. The text of this report characterizes several states differently: it refers to Delaware, the District of Columbia, and Maryland as a part of the Middle Atlantic region and does not include Oklahoma as a part of the South.

Appendix B8:

Demographic Tables

Table B8.1.
Basic Demographic Statistics by State, 2013

	Total Population	Number of Women, All Ages	Sex Ratio (Women to Men, Aged 18 and Older)	Median Age of All Women	Proportion of Female Population Aged 65 and Older	Proportion of Female Population Under Age 35	Number of Female Same-Sex Partner Households	Proportion of Women Living in Metropolitan Areas, All Ages	Proportion of Women Who Are Immigrants, All Ages	Percent of Federal and State Prison Population Who Are Women	Proportion of Women with a Disability, Ages 21–64
State	Number	Number	Ratio	Years	Percent	Percent	Number	Percent	Percent	Percent	Percent
Alabama	4,833,722	2,492,548	1.10:1	39	16.5%	44.2%	3,731	65.3%	3.0%	8.4%	15.4%
Alaska	735,132	350,128	0.90:1	34	9.9%	51.4%	812	42.6%	6.6%	12.4%	9.5%
Arizona	6,626,624	3,325,355	1.02:1	38	16.5%	46.1%	8,849	89.7%	13.7%	9.2%	10.1%
Arkansas	2,959,373	1,498,176	1.06:1	39	16.9%	44.8%	2,248	45.4%	4.5%	7.7%	15.6%
California	38,332,521	19,273,782	1.03:1	36	14.0%	47.3%	43,160	97.6%	27.7%	4.6%	8.6%
Colorado	5,268,367	2,616,599	1.00:1	37	13.6%	46.5%	6,726	76.5%	9.9%	8.9%	8.9%
Connecticut	3,596,080	1,844,231	1.08:1	41	16.8%	41.7%	4,494	94.8%	14.0%	7.0%	8.4%
Delaware	925,749	476,664	1.10:1	40	17.0%	42.7%	1,054	100.0%	7.8%	8.6%	12.3%
District of Columbia	646,449	341,690	1.14:1	33	12.9%	52.1%	1,045	100.0%	14.7%	N/A	9.1%
Florida	19,552,860	9,989,240	1.07:1	43	20.1%	40.4%	21,084	92.5%	20.1%	7.1%	10.5%
Georgia	9,992,167	5,113,796	1.08:1	37	13.2%	47.0%	10,766	70.5%	9.3%	6.6%	11.6%
Hawaii	1,404,054	694,578	0.99:1	40	17.6%	44.0%	1,670	70.1%	19.6%	11.7%	7.4%
Idaho	1,612,136	805,049	1.02:1	36	14.7%	48.2%	1,294	50.6%	5.9%	13.6%	10.8%
Illinois	12,882,135	6,560,187	1.06:1	38	15.2%	45.5%	13,131	84.2%	13.8%	6.0%	9.3%
Indiana	6,570,902	3,343,036	1.06:1	38	15.5%	45.6%	6,530	69.4%	4.6%	9.5%	12.9%
Iowa	3,090,416	1,562,487	1.05:1	39	17.3%	44.9%	2,545	41.8%	5.0%	8.2%	10.4%
Kansas	2,893,957	1,453,067	1.03:1	37	15.9%	46.6%	2,783	54.2%	6.6%	7.5%	10.7%
Kentucky	4,395,295	2,232,200	1.06:1	39	16.0%	43.9%	4,190	41.4%	3.4%	11.0%	16.8%
Louisiana	4,625,470	2,367,933	1.07:1	37	14.5%	47.1%	3,447	67.5%	3.5%	5.7%	13.0%
Maine	1,328,302	677,009	1.06:1	45	19.0%	37.9%	2,034	59.1%	3.6%	7.4%	14.0%
Maryland	5,928,814	3,048,733	1.09:1	39	14.8%	43.9%	8,139	92.2%	14.2%	4.3%	8.9%
Massachusetts	6,692,824	3,450,931	1.10:1	41	16.5%	43.0%	12,982	86.3%	16.1%	7.4%	9.6%
Michigan	9,895,622	5,038,988	1.07:1	40	16.5%	43.1%	9,569	73.4%	6.2%	4.7%	12.5%
Minnesota	5,420,380	2,747,152	1.04:1	38	15.3%	45.5%	7,028	64.8%	7.6%	7.0%	8.7%
Mississippi	2,991,207	1,540,005	1.10:1	38	15.5%	46.2%	2,023	34.4%	2.0%	7.4%	15.6%
Missouri	6,044,171	3,081,854	1.07:1	39	16.6%	44.6%	6,171	69.2%	3.9%	8.8%	12.4%
Montana	1,015,165	508,501	1.01:1	40	17.1%	43.7%	989	11.1%	2.0%	11.3%	11.2%
Nebraska	1,868,516	942,838	1.04:1	37	15.8%	47.1%	1,708	53.3%	6.1%	7.4%	8.6%
Nevada	2,790,136	1,386,739	1.00:1	37	14.6%	46.0%	2,777	88.5%	19.9%	8.3%	12.0%
New Hampshire	1,323,459	672,259	1.05:1	42	16.7%	40.5%	1,975	41.3%	6.1%	7.9%	10.0%
New Jersey	8,899,339	4,559,251	1.08:1	41	16.3%	42.4%	8,133	97.6%	21.4%	4.6%	8.4%
New Mexico	2,085,287	1,049,487	1.03:1	38	15.9%	45.8%	3,281	65.2%	10.6%	9.5%	13.1%
New York	19,651,127	10,109,477	1.09:1	39	16.2%	44.0%	21,904	90.1%	23.0%	4.4%	9.1%
North Carolina	9,848,060	5,047,190	1.09:1	39	15.8%	44.2%	10,532	66.9%	7.2%	6.7%	12.0%
North Dakota	723,393	354,742	0.96:1	37	15.9%	47.5%	351	22.6%	3.1%	10.4%	7.3%
Ohio	11,570,808	5,915,372	1.07:1	40	16.9%	43.4%	11,495	76.7%	4.0%	8.0%	12.2%
Oklahoma	3,850,568	1,946,121	1.05:1	37	15.6%	47.0%	3,387	53.7%	5.5%	10.1%	14.3%
Oregon	3,930,065	1,984,979	1.04:1	40	16.6%	43.5%	7,126	70.5%	10.2%	8.4%	13.4%
Pennsylvania	12,773,801	6,534,366	1.07:1	41	18.3%	41.9%	13,831	83.1%	6.3%	5.3%	11.4%
Rhode Island	1,051,511	537,532	1.09:1	41	17.5%	42.3%	1,709	100.0%	13.4%	5.7%	10.9%
South Carolina	4,774,839	2,455,831	1.09:1	39	16.6%	44.0%	3,844	76.6%	4.6%	6.3%	12.5%
South Dakota	844,877	420,653	1.00:1	37	16.3%	46.4%	762	19.4%	2.6%	12.1%	11.3%
Tennessee	6,495,978	3,319,592	1.08:1	39	16.1%	44.0%	6,008	62.3%	4.3%	8.6%	14.7%
Texas	26,448,193	13,301,940	1.03:1	35	12.4%	49.8%	22,874	84.1%	16.2%	8.2%	10.3%
Utah	2,900,872	1,438,422	1.01:1	30	10.6%	56.6%	2,161	80.8%	8.5%	9.4%	8.8%
Vermont	626,630	318,348	1.06:1	43	17.8%	40.1%	1,692	34.6%	4.3%	7.4%	11.5%
Virginia	8,260,405	4,204,129	1.06:1	38	14.8%	45.0%	7,672	72.1%	11.8%	7.7%	9.5%
Washington	6,971,406	3,487,837	1.01:1	38	14.9%	45.3%	10,746	83.9%	14.0%	8.1%	10.5%
West Virginia	1,854,304	936,667	1.04:1	42	18.8%	40.2%	1,571	18.2%	1.6%	11.8%	18.4%
Wisconsin	5,742,713	2,892,365	1.03:1	40	16.3%	43.9%	5,673	65.4%	4.8%	5.5%	10.2%
Wyoming	582,658	286,499	0.98:1	36	14.4%	47.5%	438	0.0%	3.7%	11.3%	10.7%
United States	316,128,839	160,536,555	1.06:1	38	15.6%	45.1%	340,144	78.4%	13.2%	7.1%	10.8%

Notes: N/A=data are not available. State-level IWPR data on basic demographic statistics for men are available at www.statusofwomendata.org. Data on same-sex partner households include both those headed by married and cohabiting couples and are three-year (2011–2013) averages. Metropolitan areas have a core urban area with a population of 50,000 or more and may include adjacent areas that are socially and economically integrated with the urban core. Disability includes cognitive, ambulatory, sight, hearing, and self-care or independent living difficulties. Sources: Data on the percent of federal and state prison population who are women are from E. Ann Carson, 2014. *Prisoners in 2013* (Washington, DC: U.S. Department of Justice). All other data are based on IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B8.2.
Distribution of Women by Race and Ethnicity, All Ages, 2013

	White	Hispanic	Black	Asian/Pacific Islander	Native American	Other Race or Two or More Races
State	Percent	Percent	Percent	Percent	Percent	Percent
Alabama	65.8%	3.4%	27.6%	1.3%	0.4%	1.6%
Alaska	61.0%	7.3%	3.1%	7.0%	14.4%	7.2%
Arizona	57.1%	29.8%	3.8%	3.2%	4.0%	2.2%
Arkansas	73.9%	6.5%	15.7%	1.3%	0.5%	2.1%
California	38.7%	37.8%	5.7%	14.4%	0.4%	3.0%
Colorado	69.6%	20.6%	3.5%	3.3%	0.5%	2.5%
Connecticut	69.4%	14.4%	9.9%	4.0%	0.1%	2.2%
Delaware	63.9%	8.1%	21.5%	3.8%	0.4%	2.2%
District of Columbia	33.9%	9.8%	49.8%	3.7%	0.2%	2.6%
Florida	56.1%	23.3%	15.7%	2.7%	0.2%	2.0%
Georgia	54.2%	8.3%	31.8%	3.6%	0.2%	2.0%
Hawaii	20.8%	9.5%	1.5%	47.4%	0.1%	20.6%
Idaho	83.4%	11.5%	0.4%	1.8%	1.1%	1.8%
Illinois	62.6%	15.7%	14.8%	5.0%	0.1%	1.8%
Indiana	80.6%	6.2%	9.1%	1.9%	0.1%	2.1%
Iowa	87.9%	5.2%	3.2%	2.0%	0.2%	1.5%
Kansas	77.6%	10.6%	5.7%	2.6%	0.7%	2.8%
Kentucky	85.8%	2.7%	7.9%	1.3%	0.2%	2.0%
Louisiana	59.0%	4.3%	33.1%	1.6%	0.5%	1.5%
Maine	94.3%	1.0%	0.8%	1.3%	0.6%	2.1%
Maryland	52.7%	8.2%	30.2%	5.9%	0.3%	2.7%
Massachusetts	74.7%	10.3%	6.5%	5.9%	0.1%	2.6%
Michigan	75.6%	4.6%	14.3%	2.7%	0.4%	2.5%
Minnesota	81.7%	4.8%	5.5%	4.7%	1.1%	2.3%
Mississippi	56.5%	2.3%	38.7%	1.0%	0.4%	1.1%
Missouri	80.1%	3.6%	11.8%	1.7%	0.3%	2.4%
Montana	86.5%	3.4%	0.2%	0.6%	7.0%	2.3%
Nebraska	81.2%	9.4%	4.6%	1.8%	0.7%	2.3%
Nevada	51.4%	27.2%	8.1%	9.2%	0.9%	3.1%
New Hampshire	91.4%	3.0%	1.0%	2.5%	0.1%	2.0%
New Jersey	57.4%	18.3%	13.2%	9.0%	0.1%	1.9%
New Mexico	39.6%	47.0%	1.4%	1.5%	8.8%	1.8%
New York	56.6%	18.0%	15.0%	7.9%	0.2%	2.2%
North Carolina	64.0%	8.1%	22.1%	2.5%	1.1%	2.2%
North Dakota	87.6%	1.8%	1.7%	1.2%	6.0%	1.7%
Ohio	80.1%	3.2%	12.3%	1.9%	0.1%	2.3%
Oklahoma	67.8%	9.1%	7.2%	1.8%	7.7%	6.4%
Oregon	77.8%	11.6%	1.5%	4.6%	0.9%	3.6%
Pennsylvania	78.3%	6.0%	10.9%	3.0%	0.1%	1.6%
Rhode Island	75.8%	13.0%	5.2%	3.2%	0.2%	2.6%
South Carolina	63.4%	4.8%	28.3%	1.6%	0.3%	1.7%
South Dakota	83.7%	3.2%	1.2%	1.1%	8.6%	2.3%
Tennessee	74.9%	4.3%	17.3%	1.6%	0.2%	1.7%
Texas	44.1%	37.8%	11.9%	4.2%	0.2%	1.8%
Utah	80.1%	12.9%	0.8%	3.2%	0.9%	2.1%
Vermont	93.8%	1.5%	0.7%	1.5%	0.4%	2.2%
Virginia	63.1%	8.0%	19.6%	6.2%	0.2%	2.9%
Washington	71.1%	11.5%	3.2%	8.7%	1.2%	4.4%
West Virginia	93.1%	1.3%	3.0%	0.7%	0.1%	1.9%
Wisconsin	82.6%	6.0%	6.2%	2.6%	0.8%	1.8%
Wyoming	84.8%	8.6%	1.2%	1.2%	1.7%	2.5%
United States	62.4%	16.6%	12.7%	5.3%	0.7%	2.4%

Notes: Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. State-level IWPR data on the racial and ethnic distribution of men are available at www.statusofwomensdata.org.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B8.3.

Number of Women and Men by Detailed Racial and Ethnic Groups, All Ages, United States, 2013

	Number of Women	Number of Men	Total
Hispanic			
Mexican	16,580,097	17,451,335	34,031,432
Spaniard	365,562	360,155	725,717
Caribbean			
Cuban	977,797	971,437	1,949,234
Dominican	880,522	774,391	1,654,913
Puerto Rican	2,525,449	2,463,891	4,989,340
Central America			
Costa Rican	70,927	63,475	134,402
Guatemalan	547,644	714,146	1,261,790
Honduran	361,829	394,171	756,000
Nicaraguan	206,543	188,272	394,815
Panamanian	103,827	76,912	180,739
Salvadoran	957,749	1,007,948	1,965,697
Other Central American	18,843	22,402	41,245
South America			
Argentinean	121,359	120,583	241,942
Bolivian	57,968	54,074	112,042
Chilean	72,246	70,427	142,673
Colombian	579,399	468,294	1,047,693
Ecuadorian	319,695	345,659	665,354
Peruvian	307,505	281,642	589,147
Uruguayan	31,183	29,456	60,639
Venezuelan	136,115	118,679	254,794
Other South American	27,564	23,940	51,504
Other Hispanic	843,867	846,549	1,690,416
Asian/Pacific Islander			
East Asia			
Chinese	1,924,760	1,693,738	3,618,498
Hmong	127,578	127,462	255,040
Japanese	444,619	322,723	767,342
Korean	806,487	646,277	1,452,764
South Central Asia			
Bangladeshi	73,259	80,331	153,590
Indian	1,471,168	1,571,579	3,042,747
Pakistani	181,983	198,026	380,009
Sri Lankan	22,175	21,549	43,724
South East Asia			
Cambodian	131,543	117,727	249,270
Filipino	1,443,882	1,125,209	2,569,091
Indonesian	35,714	29,428	65,142
Laotian	97,857	92,105	189,962
Thai	108,510	71,212	179,722
Vietnamese	857,564	809,298	1,666,862
Other Asian	188,773	192,313	381,086
Pacific Islander			
Guamanian/Chamorro	29,908	28,801	58,709
Hawaiian	73,463	74,520	147,983
Samoan	48,685	50,958	99,643
Other Pacific Islander	79,475	79,239	158,714
Two or More Asian/Pacific Islander Races	3,369,956	3,313,374	6,683,330
Native American			
Alaska Native	51,562	51,415	102,977
Apache	24,765	26,582	51,347
Cherokee	128,591	125,202	253,793
Chickasaw	11,785	12,429	24,214
Chippewa	55,659	54,127	109,786
Choctaw	46,092	42,415	88,507
Creek	20,409	18,926	39,335
Iroquois	23,609	19,475	43,084
Lumbee	35,481	32,164	67,645
Navajo	149,227	138,931	288,158
Pueblo	24,569	23,947	48,516
Sioux	61,362	57,559	118,921
Other American Indian Tribe	331,830	323,928	655,758
Two or More American Indian and/or Alaska Native Tribes	99,095	93,379	192,474

Notes: Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are three-year averages (2011–2013).
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B8.4.
Distribution of Women and Men Aged 15 and Older by Marital Status, 2013

State	Total Number		Percent Married		Percent Separated, Widowed, or Divorced		Percent Never Married	
	Women	Men	Women	Men	Women	Men	Women	Men
Alabama	2,036,504	1,870,537	45.0%	49.9%	27.6%	16.6%	27.3%	33.5%
Alaska	271,681	304,545	49.0%	46.2%	20.6%	14.6%	30.4%	39.2%
Arizona	2,670,694	2,611,038	46.2%	48.3%	24.2%	15.3%	29.6%	36.4%
Arkansas	1,213,246	1,151,339	48.4%	52.2%	27.1%	17.2%	24.6%	30.5%
California	15,565,209	15,168,144	44.9%	47.4%	21.9%	12.2%	33.1%	40.4%
Colorado	2,115,430	2,112,252	49.9%	50.8%	22.5%	13.8%	27.6%	35.3%
Connecticut	1,528,805	1,424,912	45.8%	50.0%	23.4%	12.6%	30.8%	37.3%
Delaware	393,892	361,522	44.8%	49.2%	25.0%	14.1%	30.2%	36.7%
District of Columbia	292,991	256,751	24.7%	30.5%	19.4%	13.0%	55.9%	56.6%
Florida	8,368,847	7,859,070	43.8%	48.2%	28.3%	16.5%	28.0%	35.3%
Georgia	4,101,656	3,817,832	44.4%	48.5%	24.6%	14.4%	31.1%	37.0%
Hawaii	571,071	574,794	49.2%	50.2%	21.4%	11.9%	29.3%	37.9%
Idaho	630,750	624,832	54.1%	55.7%	23.6%	14.6%	22.3%	29.6%
Illinois	5,340,213	5,039,914	46.2%	49.8%	21.9%	12.3%	31.9%	37.9%
Indiana	2,697,084	2,556,099	47.9%	51.0%	24.9%	15.7%	27.2%	33.3%
Iowa	1,268,320	1,220,209	51.8%	53.6%	22.3%	14.3%	25.9%	32.1%
Kansas	1,159,194	1,133,853	51.8%	53.8%	23.3%	14.4%	24.9%	31.8%
Kentucky	1,819,505	1,731,739	48.5%	51.6%	27.2%	16.6%	24.3%	31.8%
Louisiana	1,905,906	1,788,781	41.7%	45.8%	26.4%	16.7%	31.8%	37.4%
Maine	575,065	542,219	47.8%	51.0%	26.4%	17.4%	25.8%	31.6%
Maryland	2,507,586	2,307,143	44.3%	49.4%	22.8%	12.8%	33.0%	37.8%
Massachusetts	2,896,679	2,654,761	44.7%	49.1%	21.9%	12.0%	33.5%	39.0%
Michigan	4,145,250	3,912,356	46.3%	49.1%	23.8%	14.9%	29.9%	36.0%
Minnesota	2,214,425	2,141,366	50.9%	52.6%	20.6%	12.3%	28.5%	35.0%
Mississippi	1,234,311	1,141,472	42.3%	47.0%	26.9%	16.3%	30.8%	36.8%
Missouri	2,515,290	2,364,531	48.0%	51.2%	24.5%	15.7%	27.5%	33.1%
Montana	417,839	412,707	48.9%	51.9%	24.9%	16.8%	26.2%	31.2%
Nebraska	751,005	727,654	51.5%	54.1%	22.0%	12.9%	26.5%	33.0%
Nevada	1,116,303	1,123,285	45.7%	46.4%	25.6%	17.5%	28.8%	36.1%
New Hampshire	561,659	540,260	50.9%	53.4%	22.9%	14.1%	26.2%	32.6%
New Jersey	3,738,875	3,493,676	46.7%	51.7%	22.3%	11.2%	31.0%	37.1%
New Mexico	842,433	820,174	43.2%	46.3%	25.6%	14.7%	31.2%	38.9%
New York	8,406,889	7,746,348	42.1%	46.7%	22.5%	11.9%	35.4%	41.4%
North Carolina	4,115,544	3,823,175	46.0%	50.6%	25.1%	14.6%	28.9%	34.8%
North Dakota	288,011	299,763	52.3%	51.4%	20.5%	13.0%	27.2%	35.6%
Ohio	4,846,900	4,545,226	46.2%	49.5%	24.8%	15.7%	29.0%	34.8%
Oklahoma	1,559,341	1,494,588	48.8%	51.1%	26.2%	17.2%	24.9%	31.7%
Oregon	1,637,441	1,581,833	47.9%	50.4%	25.2%	15.9%	26.9%	33.7%
Pennsylvania	5,444,426	5,105,387	45.7%	49.8%	23.6%	13.7%	30.7%	36.5%
Rhode Island	454,191	423,285	42.3%	47.0%	25.2%	13.6%	32.5%	39.3%
South Carolina	2,011,471	1,863,237	44.8%	48.9%	25.7%	15.9%	29.5%	35.3%
South Dakota	335,491	335,794	50.8%	53.0%	22.7%	13.7%	26.5%	33.3%
Tennessee	2,716,823	2,537,916	47.1%	51.2%	26.1%	16.8%	26.8%	31.9%
Texas	10,420,162	10,131,796	47.5%	51.0%	23.5%	13.8%	29.0%	35.2%
Utah	1,072,832	1,068,477	55.6%	56.2%	18.0%	11.5%	26.4%	32.3%
Vermont	269,875	256,521	47.6%	49.0%	23.6%	15.1%	28.8%	35.9%
Virginia	3,440,627	3,267,508	47.7%	51.1%	23.2%	13.3%	29.1%	35.6%
Washington	2,835,803	2,803,756	49.3%	51.4%	23.6%	13.8%	27.2%	34.8%
West Virginia	781,407	755,635	48.0%	51.0%	27.2%	16.9%	24.7%	32.1%
Wisconsin	2,361,875	2,294,962	49.7%	51.7%	21.6%	13.2%	28.7%	35.1%
Wyoming	229,683	234,237	53.3%	54.1%	22.5%	15.6%	24.3%	30.3%
United States	130,696,510	124,359,211	46.2%	49.6%	23.8%	14.1%	29.9%	36.3%

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

Table B8.5.

Distribution of Households by Type, 2013

State	Total	Households Headed by Married Couples		Households Headed by Single Women		Households Headed by Single Men	
		With Children	Without Children	With Children	Without Children	With Children	Without Children
State	Number	Percent	Percent	Percent	Percent	Percent	Percent
Alabama	1,822,436	17.2%	30.0%	8.5%	25.1%	1.9%	17.3%
Alaska	246,018	23.0%	27.4%	6.2%	19.5%	3.7%	20.2%
Arizona	2,400,803	18.0%	29.5%	7.5%	22.8%	2.6%	19.6%
Arkansas	1,125,899	18.2%	30.6%	7.3%	24.0%	2.1%	17.7%
California	12,650,589	21.8%	26.9%	7.0%	23.3%	2.7%	18.2%
Colorado	2,002,794	20.7%	28.3%	6.3%	22.5%	2.3%	19.9%
Connecticut	1,339,859	19.6%	29.3%	7.4%	24.4%	1.7%	17.6%
Delaware	339,073	15.9%	32.4%	7.7%	25.2%	2.0%	16.8%
District of Columbia	271,650	9.6%	14.6%	7.7%	39.1%	2.2%	26.9%
Florida	7,211,580	15.4%	30.9%	6.9%	25.8%	2.0%	19.1%
Georgia	3,546,963	19.5%	27.7%	8.8%	24.1%	2.5%	17.5%
Hawaii	450,116	20.2%	31.8%	4.6%	22.6%	1.7%	19.1%
Idaho	588,488	23.6%	31.4%	6.0%	19.3%	2.9%	16.9%
Illinois	4,783,425	19.7%	28.3%	6.9%	24.4%	2.2%	18.5%
Indiana	2,498,400	19.1%	30.0%	7.2%	23.0%	2.6%	18.0%
Iowa	1,236,210	19.6%	31.1%	6.4%	21.6%	2.4%	18.9%
Kansas	1,113,726	21.5%	29.8%	6.5%	21.9%	2.3%	18.0%
Kentucky	1,705,618	18.1%	30.7%	7.4%	23.5%	2.2%	18.0%
Louisiana	1,728,150	16.2%	26.7%	9.5%	25.5%	2.4%	19.6%
Maine	547,682	14.5%	33.3%	5.5%	24.8%	2.7%	19.2%
Maryland	2,161,681	19.8%	27.6%	7.7%	25.9%	2.2%	16.9%
Massachusetts	2,536,322	19.0%	28.1%	6.9%	26.1%	1.7%	18.2%
Michigan	3,832,464	17.6%	29.7%	7.3%	24.0%	2.3%	19.1%
Minnesota	2,119,953	20.4%	30.3%	6.2%	22.2%	2.3%	18.6%
Mississippi	1,090,993	15.9%	28.7%	10.5%	25.3%	2.0%	17.6%
Missouri	2,362,855	18.0%	30.1%	7.0%	24.2%	2.2%	18.5%
Montana	406,292	17.0%	31.8%	5.8%	22.6%	2.7%	20.0%
Nebraska	730,578	20.5%	30.5%	6.9%	21.2%	2.6%	18.2%
Nevada	1,002,567	19.0%	26.7%	7.4%	22.3%	2.6%	22.0%
New Hampshire	519,243	20.3%	32.3%	5.8%	21.0%	2.4%	18.2%
New Jersey	3,176,136	22.1%	28.6%	6.9%	24.2%	2.1%	16.1%
New Mexico	753,508	16.7%	28.0%	8.2%	24.8%	2.9%	19.3%
New York	7,219,354	18.2%	25.6%	7.4%	27.5%	1.9%	19.4%
North Carolina	3,757,474	17.8%	29.7%	7.8%	24.7%	2.2%	17.7%
North Dakota	298,296	19.6%	28.8%	5.4%	21.7%	2.2%	22.3%
Ohio	4,564,753	17.2%	29.3%	7.6%	24.6%	2.3%	19.1%
Oklahoma	1,447,278	18.9%	29.5%	7.5%	22.8%	2.8%	18.6%
Oregon	1,523,796	18.1%	30.0%	6.3%	23.9%	2.2%	19.5%
Pennsylvania	4,938,901	17.2%	30.6%	6.4%	25.3%	2.0%	18.5%
Rhode Island	406,366	16.5%	28.2%	7.9%	24.9%	2.4%	20.2%
South Carolina	1,794,984	16.7%	30.2%	8.1%	25.4%	1.9%	17.7%
South Dakota	331,410	18.6%	31.1%	6.8%	21.5%	3.2%	18.7%
Tennessee	2,490,243	17.8%	30.5%	7.2%	24.6%	2.2%	17.6%
Texas	9,110,856	22.5%	27.5%	8.3%	21.8%	2.4%	17.4%
Utah	899,473	31.4%	30.1%	5.5%	16.7%	2.3%	14.1%
Vermont	253,233	15.6%	32.9%	5.8%	24.7%	2.6%	18.4%
Virginia	3,055,864	20.2%	29.8%	6.7%	23.7%	1.9%	17.6%
Washington	2,644,548	20.4%	29.2%	6.0%	22.7%	2.6%	19.1%
West Virginia	738,655	15.2%	32.8%	6.2%	24.1%	3.0%	18.6%
Wisconsin	2,289,418	18.4%	30.7%	6.4%	22.9%	2.3%	19.2%
Wyoming	224,001	20.5%	31.7%	5.5%	20.7%	2.5%	19.1%
United States	116,290,974	19.2%	28.9%	7.2%	24.0%	2.3%	18.4%

Notes: Households with children include those with children under age 18. Households headed by women and men can consist of unmarried women and men living with relatives, with unrelated individuals, or alone.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 5.0).

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