

STATUS OF WOMEN IN THE STATES



THE STATUS OF WOMEN IN THE STATES: 2015 Executive Summary

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.



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The Status of Women in the States: 2015

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Introduction

Women in the United States have made remarkable social, economic, and political progress over the last several decades, but further improvements are needed. 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 across the nation still face a number of challenges—such as a still-large gender wage gap, higher poverty rates than men, limited access to affordable child care, greater restriction on reproductive rights, adverse health conditions, and threats to their personal safety—that affect their economic security and well-being. 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—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 is a comprehensive national report that presents and analyzes data for all 50 states and the District of Columbia. The full report 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. 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. The data come from a variety of sources, primarily government agencies, although other organizations also provided data. For a complete discussion of data sources and methodology, please see the full report, available at statusofwomendata.org.

The 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. Twelve states qualified under these criteria. Honorable mention is given to states that rank in the top half on all the composite indices, although no state received honorable mention. 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. Six states met these criteria. Dishonorable mention is given to states that rank in the bottom half on all composite indices; one state received a dishonorable mention.

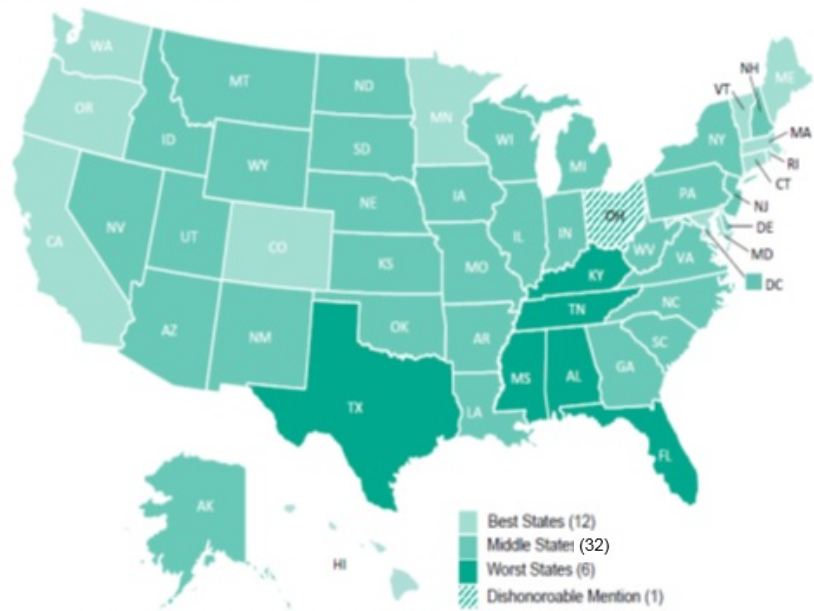
Best and Worst States for Women in 2015	
Best States	Worst States
1. Minnesota	51. Alabama (tied)
2. Connecticut (tied)	51. Mississippi (tied)
2. Massachusetts (tied)	49. Kentucky (tied)
2. Vermont (tied)	49. Tennessee (tied)
5. California (tied)	47. Florida (tied)
5. Hawaii (tied)	47. Texas (tied)
5. Maryland (tied)	
5. Oregon (tied)	
9. Colorado (tied)	
9. Rhode Island (tied)	
11. Maine (tied)	
11. Washington (tied)	
	Dishonorable Mention
	Ohio

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. None of these states rank in the bottom half on any composite index. 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; they tie for 47th place. None of these states rank in the top half on any composite index. Ohio receives a dishonorable mention for ranking in the bottom half on all six composite indices, without ever ranking in the bottom ten.

Map 1. Best and Worst States for Women in 2015



Source: Calculated by the Institute for Women's Policy Research.

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 and 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 and family index, but ranked in the bottom five on all other indices.

Women in the United States: What's Promising?

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 gain in the District of Columbia (12.7 percentage points).
- Between 2000 and 2013, the percentage of women aged 25 and older 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 exceptions for religious or religiously-affiliated nonprofit organizations and family-owned, "closely held" corporations with religious objections to contraception).
- 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.

Women in the United States: What's Disappointing?

Women's status has worsened or stagnated in several important 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.

Political Participation

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. States with high overall scores are geographically diverse and include New Hampshire (ranked first), Minnesota, Maine, Washington, and Massachusetts. The lowest-scoring states—Utah (ranked last), Texas, West Virginia, Arkansas, and Louisiana—are concentrated in the South.

Map 2 shows at a glance which states are in the top, middle, or bottom third on the Political Participation Composite Index.

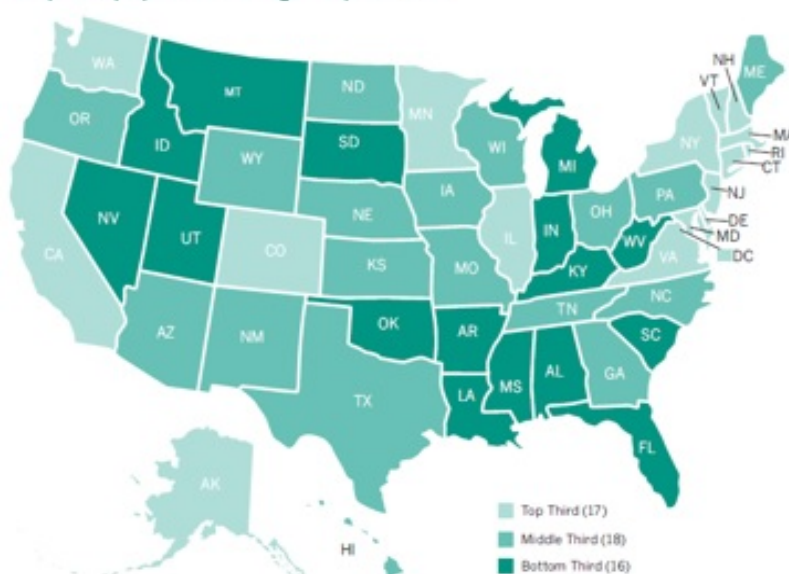
women of color. Throughout U.S. history, 36 women have served as governors in 27 states, out of a total of more than 2,300 governors.

- 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) and smallest in South Carolina (2.2 percent). The share of seats in the state house or assembly held by women is largest in Colorado (46.2 percent) and smallest in Oklahoma (12.9 percent).
- 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.
- Women of color are 5.3 percent (390 of 7,383 legislators) of the state legislators in the United States, and five states— Kentucky, Maine, North Dakota, South Dakota, and Wyoming—have no women of color serving in their state legislatures.

Employment & Earnings

The Employment & Earnings Composite Index compares the performance of the 50 states and the District of Columbia 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, year-round workers; women's labor force participation; and the percent of employed women who work in managerial or professional occupations. In general, women in the Northeast and Mid-Atlantic regions fare the best on the Employment & Earnings Composite Index, while Southern states have poor scores.

Map 3. Employment & Earnings Composite Index



Note: For methodology and sources, see Appendix A2 in *The Status of Women in the States: 2015*, available at statusofwomendata.org.

Source: Calculated by the Institute for Women's Policy Research.

Map 3 shows which states fall in the top, middle, or bottom third on the Employment & Earnings Composite Index.

- 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, and earned twice as much as women in the lowest-ranking states--Arkansas, Idaho, Mississippi, and South Dakota—where women have median annual earnings of \$30,000.
- 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). Black, Native American, and Hispanic women have the lowest earnings at \$34,000, \$31,000, and \$28,000, respectively.
- In every state in the nation, women still earn less than men. The gender earnings ratio varies considerably among states, from 87.6 percent in New York, the best state, to 66.7 percent in Louisiana, the worst state. Hispanic women face the largest earnings gap (at 46.2 percent), with median annual earnings that are slightly more than half those of white men (53.8 percent). Asian/Pacific Islander women face the smallest

gap (at 11.5 percent), but still earn only 88.5 percent of white men's earnings. Ranging between the highest and lowest are white women, who earn 76.9 percent of white men's earnings; black women, who earn 65.4 percent of white men's earnings; and Native American women, who earn only 59.6 percent of the amount white men earn.

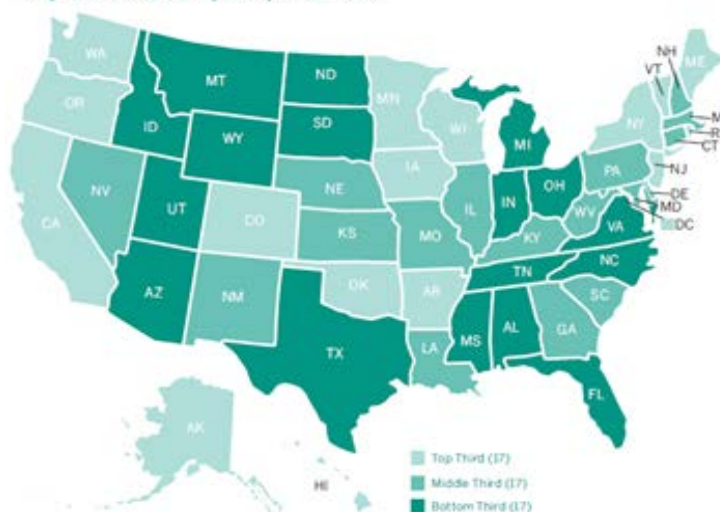
- Average lifetime losses for all women who were born between 1955 and 1959 and worked full-time, year-round each year starting at age 25 total \$531,502 by age 59. Among college-educated women, the losses are even greater, due in part to the larger gender wage gap that women with this level of education face. Women with a college education who were born between 1955 and 1959 and worked full-time, year-round each year lose, on average, nearly \$800,000 by age 59 due to the gender wage gap.
- Among all states, Alaska has the highest rate of women's labor force participation; 68.3 percent of women aged 16 and older work. 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.
- 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 percent).
- Nationally, 39.9 percent of employed women and 33.0 percent of employed men work in professional or managerial occupations. 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.

Work & Family

The Work & Family Composite Index 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 Index.

Map 4 indicates which states are in the top, middle, or bottom third on the Work & Family Composite Index.

Map 4. Work & Family Composite Index



Note: For methodology and sources, see Appendix A3 in *The Status of Women in the States: 2015*, available at statusofwomendata.org.

Source: Calculated by the Institute for Women's Policy Research.

- The Work & Family Composite Index shows more geographic diversity than the other five composite indices. While the West Coast states, including Alaska and Hawaii, all place in the top third of the states, other top third states are well distributed across the nation, including Arkansas and Oklahoma in the Southern area. States in the bottom third are also found in most regions.
- New York, California, and the District of Columbia have the highest scores on the composite index, in part due to their high rankings on paid leave. None of the highest ranking states, however, consistently ranks in the top ten states for each of the four indicators, reflecting the patchwork of work-family supports across the country.

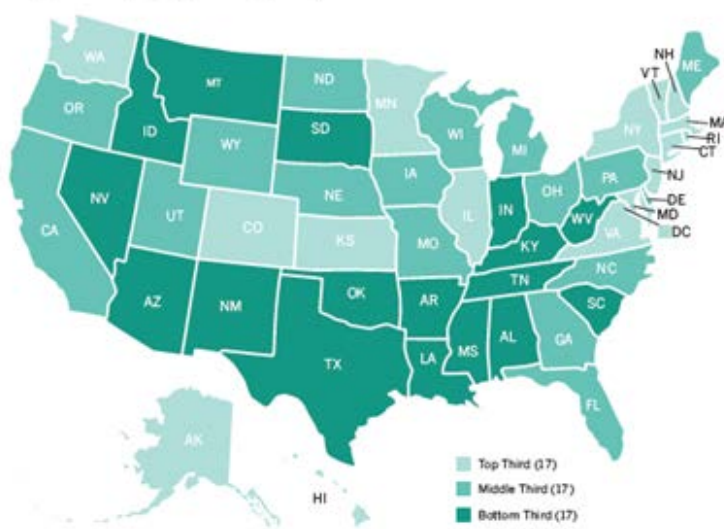
- The only state to receive a full score on the Paid Leave Index is California, which has statewide temporary disability insurance, paid family leave, and paid sick days policies. Forty states scored a zero on the Paid Leave Index, indicating that they have none of those policies.
- There are disparities in access to paid sick days by race and ethnicity. Nearly half of Hispanic women (49 percent) lack access to paid sick days, compared with 40 percent of black women and about one-third of white and Asian/Pacific Islander women (35 percent) who lack access.
- Women are nine times more likely than men to work part-time for family care reasons. The two best ranked states on the Elder & Dependent Care Index—Colorado and Minnesota—each make unemployment insurance available to someone who has to leave work to provide care for a family member, provide a refundable tax credit for dependent care of at least \$500, allow the use of dependent care credits for the care of dependent adults, and allow full delegation of long-term support services (LTSS) to domestic care agency workers.
- Half of all families with children (49.8 percent) have a breadwinner mother. A breadwinner mother is either the sole provider or, in married couples, contributes at least 40 percent of family earnings. The District of Columbia has the highest share (64.1 percent) of breadwinner mothers among all families with children and Utah has the lowest share (34.8 percent).
- Utah has the largest gender gap in parental labor force participation (42.7 percentage points), which is more than more than three times the gap than the state with the smallest difference, Maine (13.7 percent).
- The labor force participation rates of black mothers of young children (78.6 percent) is more than ten percentage points higher than the rate for all women (67.1 percent). Hispanic women have the lowest rate (59.2 percent). 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. The gap in parents' labor force participation rates is smallest for blacks and largest for Asian/Pacific Islanders and Hispanics.

Poverty & Opportunity

The Poverty & Opportunity Composite Index combines four component indicators of women's economic security and access to opportunity: health insurance coverage, college education, business ownership, and the poverty rate. In general, women in Northeastern states have more access to opportunity than women in the South. Four states in the Northeast—Connecticut, Massachusetts, New Hampshire, and Vermont—rank in the top ten on the Poverty & Opportunity Composite Index while seven southern states—Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Tennessee, and West Virginia—are in the bottom ten.

Map 5 shows which states are in the top, middle, or bottom third on the Poverty & Opportunity Composite Index.

Map 5. Poverty & Opportunity Composite Index



Note: For methodology and sources, see Appendix A4 in *The Status of Women in the States: 2015*, available at statusofwomendata.org.

Source: Calculated by the Institute for Women's Policy Research.

- The status of women in the area of poverty and opportunity has worsened in the majority of states (29) in the last decade. In 21 states and the District of Columbia, women's status with regard to poverty and opportunity has improved.
- Nationally, following passage of the Affordable Care Act in 2010, 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. In 2013, women aged 18–64 were the most likely to have health insurance coverage in Massachusetts (96.2 percent), while 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).
- Among the largest racial and ethnic groups, white (86.8 percent), Asian/Pacific Islander (82.8 percent), and black (78.7 percent) women had the highest rates of health insurance coverage in 2013. Hispanic and Native American women had the lowest rates at 64.0 and 67.7 percent, respectively.
- Nationally, women are slightly more likely than men to hold bachelor's degrees (29.7 percent of women aged 25 and older held a bachelor's degree or higher in 2013, compared with 29.5 percent of men of the same age). 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 in the nation's capital hold this level of education. 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.
- 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). Black, Native American and Hispanic women are the least likely to hold at least a bachelor's degree (21.6 percent, 15.5 percent, and 15.3 percent, respectively).
- 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). The District of Columbia (34.5 percent) has the largest share of women-owned businesses and South Dakota has the smallest share (22.1 percent).
- 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. 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.
- 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 rates for white (11.7 percent) and Asian/Pacific Islander women (13.0 percent) are the lowest among the groups and are nearly half the rate for Native American, black, and Hispanic women. 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.
- Single mothers are significantly more likely than single fathers to be living in poverty—43.1 percent of households headed by single mothers live in poverty, compared with 23.6 percent of households headed by single fathers. More than half of single mothers 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).

Women in the United States: Disparities among Population Groups

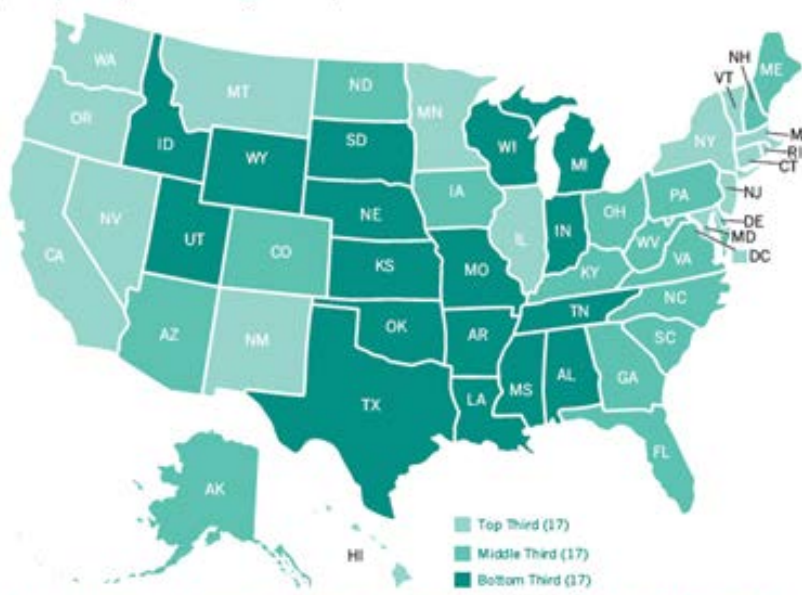
Women continue to experience disparities by race/ethnicity, age, sexual orientation, union status, and immigrant status in states across the nation.

- 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, of the 20 women serving in the U.S. Senate, there is only one woman of color.
- Women's earnings vary considerably by race and ethnicity. Asian/Pacific Islander women have the highest median annual earnings at \$46,000 for full-time, year-round work, followed by white women (\$40,000). Black, Native American and Hispanic women have the lowest earnings at \$34,000, \$31,000 and \$28,000, respectively.
- Millennial women aged 25-34 are considerably more likely than millennial men to have a bachelor's degree or higher (36.3 percent of millennial women, 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 are poor, compared with 16.8 percent of millennial men of the same age). In 2013, millennial women earned less than millennial men in all but one state, New York, where women aged 16-34 earned \$38,319 compared with \$37,542 for men (for full-time, year-round work).
- 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.
- Women who are represented by labor unions earn 88.7 cents on the dollar (for full-time work) 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.
- 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 and 14.3 percent of women who live with, but are not married to, a different-sex partner.
- 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). Ranging between the highest and lowest are white women, with a mortality rate of 136.4 per 100,000, Native American women (121.1 per 100,000), and Hispanic women (98.8 per 100,000).
- Infant health varies by race and ethnicity. Black women are the most likely to have low birth-weight babies (13.1 percent of babies) and have the highest rates of infant mortality (11.2 per 1,000 live births)—more than twice the rate for white women (5.0 infant mortalities per 1,000 live births) and Hispanic women (5.1 per 1,000 live births) and nearly three times the rate for Asian/Pacific Islander women (4.1 per 1,000 live births), who had the lowest rates. Native American women have the second highest rates of infant mortality, at 8.4 per 1,000 live births.

Reproductive Rights

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. In general, states in the Midwest and South fare the worst on the Reproductive Rights Composite Index.

Map 6. Reproductive Rights Composite Index



Note: For methodology and sources, see Appendix A5 in *The Status of Women in the States: 2015*, available at statusofwomendata.org.

Source: Calculated by the Institute for Women's Policy Research.

Map 6 shows each state's rank—top, middle, or bottom third—on the Reproductive Rights Composite Index.

Since 2004, women's status with regard to reproductive rights improved on just two indicators:

- Twelve states now require insurance companies to provide coverage of infertility treatments, compared with just 9 states in 2004.
- The percentage of women living in counties with at least one abortion provider increased in 24 states, declined in 22 states, and stayed the same in four states and the District of Columbia. As of 2011, 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.

Women's status with regard to reproductive rights has worsened or remained the same in five areas of the composite index since 2004:

- More states have laws on the books 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. Thirty states require this today, up from 26 states in 2004.
- As of March 2015, the number of states (43) that had parental consent or notification laws—which require parents of a minor seeking an abortion to consent to the procedure or be notified—remained unchanged since 2004. Of the 43 states, 38 enforced these laws.
- As of March 2015, 17 states, the same number as in 2004, 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

* *The Status of Women in the States: 2015* was published in May 2015, prior to the Supreme Court decision on June 26, 2015 in *Obergefell v. Hodges* that requires all states to allow same-sex couples to marry and recognize marriages performed in other jurisdictions.

Columbia, state funding for abortions is available only in situations where the women's life is in danger or the pregnancy resulted from rape or incest.

- Between 2014 and 2015, the share of public officials who are pro-choice increased in 14 states and decreased in 22 states. The share of pro-choice officials stayed the same in 14 states and the District of Columbia. As of December 2014, the governor and majority of state legislators in 21 states were anti-choice. In six jurisdictions, 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.
- The number of jurisdictions that require schools to provide mandatory sex education (23) remained the same. 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.

The final two component indicators of the 2015 Reproductive Rights Composite Index also showed disparities by state:

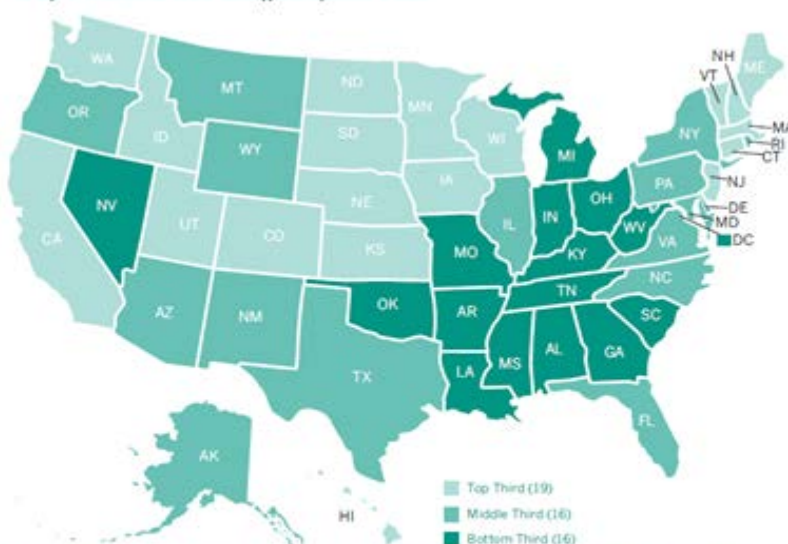
- As of April 2015, 28 states had extended family planning services to individuals who are otherwise ineligible for Medicaid. Sixteen states had both expanded Medicaid overall and expanded Medicaid family planning eligibility. Fourteen states and the District of Columbia had expanded Medicaid overall 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 expanded neither.
- As of April 2015, nine states did not allow second-parent adoption for same-sex couples or same-sex marriage. Two states that prohibited same-sex marriage had laws that specifically banned second-parent adoption for all couples (Nebraska and Ohio). One state that banned same-sex marriage—Mississippi—specifically prohibited second-parent adoption for same-sex couples but allowed it for different-sex couples.

Health & Well-Being

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. States with high scores are scattered across the country except for the South, while states in the South generally have the lowest composite scores on women's health status.

Map 7 shows at a glance which states are in the top, middle, or bottom third on the Health & Well-Being Composite Index.

Map 7. Health & Well-Being Composite Index



Note: For methodology and sources, see Appendix A6 in *The Status of Women in the States: 2015*, available at statusofwomendata.org.

Source: Calculated by the Institute for Women's Policy Research.

- 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. The state with the highest heart disease mortality rate, Mississippi (191.7 per

100,000 women), has a rate more than double that of the state with the lowest rate (Minnesota, 89.3 per 100,000).

- 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, although in eight states the rate increased in that timeframe. South Dakota experienced a 15 percent increase, while California had the greatest decline, a 26 percent decrease. Utah has by far the lowest lung cancer mortality rate (15.6 per 100,000 women) and Kentucky has the highest (54.4 per 100,000).
- 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, although there are striking racial and ethnic disparities. 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).
- 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. Colorado has the lowest percent of women who have been told they have diabetes (5.9 percent) and Alabama has the highest (14.1 percent). 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. The rate for white women is 9.0 percent and for Hispanic women is 10.6 percent.
- 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. 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). The rates for Hispanic (4.7 per 100,000), Native American (3.1 per 100,000), white (1.2 per 100,000), and Asian/Pacific Islander women (0.9 per 100,000) are dramatically lower.
- 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 per 100,000. The District of Columbia has the highest rate of reported cases of chlamydia among women at 1,197.8 per 100,000, a rate that is more than three times as high as the rate of the best-ranking state, New Hampshire (327.2 per 100,000). Black women have the highest rate of reported cases of chlamydia (1,491.7 per 100,000 women), followed by Native American women (1,079.2 per 100,000). Asian/Pacific Islander women have the lowest rate at 154.6 per 100,000, which is nearly ten times lower than the rate among black women. Ranging between highest and lowest are Hispanic and white women (564.2 and 285.5 per 100,000, respectively).
- 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; the median number of days increased in all but four jurisdictions. Women's self-reported number of days per month of poor mental health is lowest in Hawaii at 3.1 days per month and highest in Alabama at 5.6 days monthly.
- 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 rates among women are highest in the Mountain West region, with the highest female suicide mortality rate in 2011-2013 in Montana (10.8 per 100,000). Native American women have the highest suicide mortality rate (7.9 per 100,000), followed by white women (7.1 per 100,000). Asian/Pacific Islander women have rates of 3.0 per 100,000, while black and Hispanic women have the lowest rates (2.1 and 2.3 per 100,000, respectively).

- 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. 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 days per month). The rates for both white and Hispanic women is 4.7 days per month and for black women is 5.5 days per month.

Violence & Safety

The Status of Women in the States: 2015 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.

- 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). In addition, nearly half of all women experience, at some point in their lifetimes, psychological aggression from an intimate partner.
- 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. 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. Approximately one in five black women (21.2 percent) and white women (20.5 percent), and 13.6 percent of Hispanic women are estimated to experience rape and sexual violence in their lifetime.
- 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.
- Approximately 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.
- In 2012, 1,706 women in the United States were murdered by men in incidents involving a single victim and single offender. 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 per 100,000, and New Hampshire has the lowest

(0.30 per 100,000). Between 2003 and 2012, more than half (54.8 percent) of the women who were killed by intimate partners were murdered with guns.

- 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.
- 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. Employment rights laws related to domestic violence offer protections such as the right to leave work to seek services, obtain a restraining order, attend to other personal matters related to the violence, and/or protect victims from employment discrimination. Thirty-three states had general crime protection laws prohibiting employers from punishing or firing crime victims who take leave to appear in criminal court, at least in some circumstances.
- 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.

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 smaller 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 disproportionately 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.

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“I’m of the belief that where there is no measurement, there is no impetus for progress. So this work is critical.”

Avis Jones-DeWeever, Founder of the
Exceptional Leadership Institute for Women

“IWPR’s *Status of Women in the States* gives AFT the analytical resources it needs to more effectively drive policy that improves our members’ social, political and economic conditions. The report’s research informs how we as a labor movement can better fight for the needs of our members and of working families everywhere.”

American Federation of Teachers

“As funders and educators within their communities, women’s funds benefit from data that supports the need for gender equity. While many communities in the United States have an understanding of the uneven educational, social and economic playing field facing women and girls living in developing nations, far fewer have internalized the knowledge that gender inequality is alive and well in their own backyards. IWPR’s reports on the status of women and girls in backyards across America have become a trusted source of data for our members as they make the case and formulate strategies for the allocation of resources to women and girls.”

Women’s Funding Network

“Again and again I am amazed at the work you do and the energy and ability to produce documents that can be interpreted to all women regardless of age, culture, and ethnicity. In Miami Dade county the international culture is daunting when attempting to disseminate information to women of many cultures. Your reports make it much easier in any language as the significance of the data and numbers are clear to all.”

M.J. Andrews, Women’s Fund of Miami

“I can already think of a million ways we’re going to use this research in our work.”

Ai-jen Poo, Director of the National Domestic Workers
Alliance and Co-director of the Caring Across Generations Campaign



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