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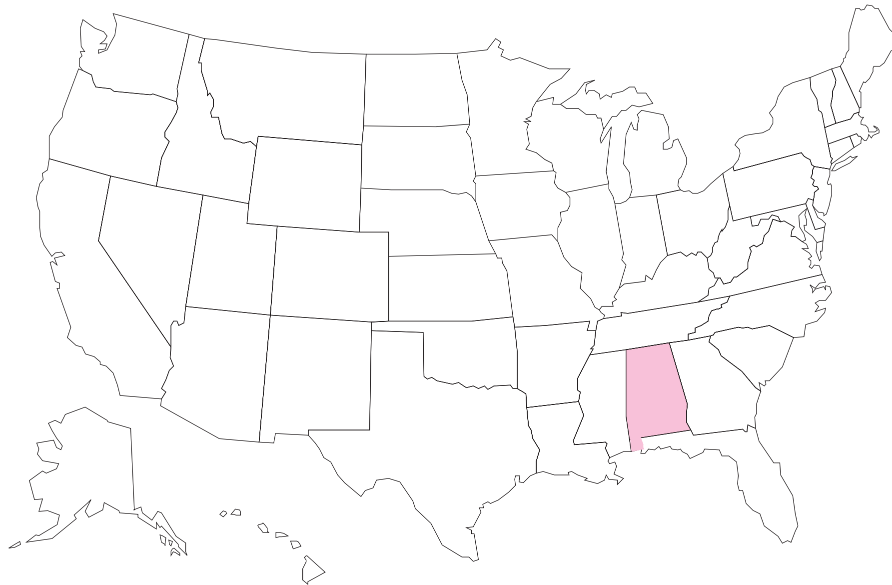
The Status of Women in Alabama

POLITICS ◆ ECONOMICS ◆ HEALTH ◆ RIGHTS ◆ DEMOGRAPHICS

Edited by Amy B. Caiazza, Ph.D.



The Institute for Women's Policy Research

with the assistance of the Alabama Advisory Committee

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Preface from the Alabama Advisory Committee

Alabama has a glorious history of strong women struggling to overcome obstacles, sometimes as movements but often in individual fights for dignity, autonomy, and survival. Imagine the strength and ingenuity it took—and takes—for a slave woman, a sharecropper, a battered wife, or a domestic worker to survive. Women in this state have also fought on behalf of others, through social movements such as the abolitionist, anti-lynching, trade unionist, prison reform, suffrage, anti-poll tax, literacy, and civil rights movements. More recently, such battles have focused on equal rights for women, protection from rape and domestic violence, child support, reproductive rights, child care, educational equity, and inheritance equity.

Currently, attempts to improve the status of Alabama women are particularly focused on the continuing problems associated with poverty and relative powerlessness. Alabama organizations are examining poverty, the lack of women in decision-making positions, violence against women in the home and on the streets, and the poor health of women. So far, these contemporary efforts have at times been fragmented and lacked coordination. Now we have a guide.

After these many years of struggle, *The Status of Women in Alabama* examines the progress that we have made and compares the position of Alabama's women to that of women in the rest of the United States. Specifically, the report examines political, economic, social, and health measures. We can be proud of our rankings in some areas, but many others should give us pause. For instance, we score well in women's voter registration, yet we have few women elected to public office. The ratio of women's to men's earnings is a positive sign, but the percentage of women in the labor force is low.

We understand that the status of women is inextricably tied to national as well as regional trends in the economy and political culture. We also understand that some of the status indicators of women in Alabama are low because we share the fate of men in Alabama. Most importantly, we understand that for each woman who rises above the state average or who is little affected by a policy, there is a woman who falls below the average or who is greatly affected by an institution, tradition, or law.

Through this report, we have a road map, an analysis of where we are strongest and weakest, and some indication of the roads we need to travel. This report should educate us about the mechanisms that marginalize certain members of our population and about how to significantly improve their status. It gives us the opportunity to discuss and understand that women's status is an indicator of the well-being of all of Alabama. Finally, the report should give us the tools to organize for positive social change.

Working with a diverse group of women from Alabama has been a great experience. I am amazed at the drive and skills we possess collectively. Our hopes are to harness those attributes in the hundreds of women who are willing and able to effect positive change for the women of Alabama.

None of this could be undertaken if we had not the impetus furnished by the Institute for Women's Policy Research. Their work and attention to detail are obvious in the quality of the report. Most importantly, we thank them for caring deeply about the condition of women in Alabama. We are honored to have been a part of their extraordinary work on behalf of women.

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Acknowledgments

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

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

IWPR would like to express its special appreciation to the Ford Foundation for primary financial support of this project, and to Helen Neuborne and Barbara Phillips, program officers, both of whom have been extremely supportive of IWPR's work on this project. The Rockefeller Family Fund and the Open Society Institute provided financial support for the outreach work on the project. The Marjorie Cook Family Foundation's generous support of IWPR also contributed to *The Status of Women in the States*. IWPR also received financial support from funders and organizations in the states: the University of Alabama at Birmingham and the University of Alabama for *The Status of Women in Alabama*; the Iowa Women's Foundation and Chrysalis Foundation for *The Status of Women in Iowa*; the Skillbuilders Fund for *The Status of Women in Kansas* and *The Status of Women in Missouri*; the New Directions Foundation for *The Status of Women in Massachusetts*; Women's Fund of Rhode Island for *The Status of Women in Rhode Island*; and the Women's Fund of Greater Milwaukee Foundation, the Brico Fund, A Fund for Women of the Madison Community Foundation, the Women's Fund of the Oshkosh Area Community Foundation, and the French Family Foundation for *The Status of Women in Wisconsin*.

The Status of Women in the States project is blessed with a passionate and impressive staff. April Shaw, Policy Analyst, was a keystone for the project: she coordinated data collection; the production of all charts, tables, and figures; and the revision process. In her second round of States reports, Ms. Shaw's knowledge of and commitment to the project–not to mention her organizational skills–were indispensable. Her kind and positive nature was also much appreciated. New to the project, Jean Sinzdak (IWPR's States Outreach Associate) coordinated the work of the state advisory committees. She showed an outstanding ability to juggle the needs of many individuals and groups and to keep everyone on task, always with a smile on her face. Nancy Mortell, Research/Development Associate, assisted Ms. Shaw in producing the reports and coordinated IWPR's efforts to fundraise for production and dissemination of the reports in the states. Her ability to balance these two tasks efficiently and effectively, and her (dry) sense of humor, were irreplaceable to the research and development staff at IWPR. IWPR also relied on the work of several interns and work-study students on *The Status of Women in the States* project. Meghan Purvis, Amanda Innes, Lindsay Clark, Julie Hart, Margaret Langsenkamp, Laura Phillips, Katrina Holiday, and Kate Speirs all assisted with data collection and production of the reports. Amy LeMar, IWPR's Mariam K. Chamberlain Fellow in 2001-02, and Melissa Sills, IWPR's George Washington University Fellow in 2001-02, also assisted with the reports.

Many other IWPR researchers also contributed to drafting and editing the reports, including Dr. Stacie Golin, Study Director; Dr. Vicky Lovell, Study Director; Vanessa Melamede, Research Program Assistant; and Lois Shaw, Senior Consulting Economist. All of these researchers took time from their own projects to assist in producing the reports, and the staff of *The Status of Women in the States* owes them a debt of gratitude.

IWPR's communications and production staff played a pivotal role in the reports. Linda Silberg, Director of Communications, and Katie O'Neill, Communications Coordinator, worked with the state advisory committees for more than a year to maximize publicity and visibility for each state's report. Both brought fantastic energy and enthusiasm to the project. With Ms. Silberg, Mick Schommer, Publications Manager and Editor, led the process of laying out and producing the final reports.

Thanks, too, to IWPR's development staff—and especially Noris Weiss Malvey and Matt Chayt, along with Nancy Mortell—whose fundraising for the project allowed it to exist. Their easygoing and engaging attitudes were appreciated by everyone involved.

Finally, Dr. Barbara Gault, Director of Research, and Dr. Heidi Hartmann, President and CEO, provided invaluable ongoing support and input for the project. Their creativity and overall brilliance are, as always, the driving force behind the success of IWPR and all its projects.

Amy Caiazza, Ph.D.
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1. Introduction

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

To make significant progress toward gender equity, policymakers, researchers, and advocates need reliable data about women and the issues affecting their lives. Recognizing this need, the Institute for Women's Policy Research (IWPR) initiated a series of reports on *The Status of Women in the States* in 1996. The biennial series is now in its fourth round. Over the course of a decade, reports on each of the 50 states and the District of Columbia are being completed. This year, IWPR produced reports on nine states, together with an updated national report summarizing results for all the states and the nation as a whole.

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

The Status of Women in the States reports are produced to inform citizens about the progress of women in their state relative to women in other states, to men, and to the nation as a whole. The reports have three main goals: 1) to analyze and disseminate information about women's progress in achieving rights and opportunities; 2) to identify and measure the remaining barriers to equality; and 3) to provide baseline measures and a continuing monitor of women's progress throughout the country. The reports also highlight issues of particular importance to women in different states through the contributions of IWPR's advisory committees in each state.

The 2002 reports contain indicators describing women's status in five main areas: political participation, employment and earnings, social and economic autonomy, reproductive rights, and health and well-being. In addition, the reports provide information about the basic demographics of the state (see Appendix I). For the five major issue areas addressed in this report, IWPR compiled composite indices based on the indicators presented to provide an overall assessment of the status of women in each area and to rank the states from 1 to 51 (including the District of Columbia; see Appendix II for details).

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

To address the continuing barriers to women across the United States, the reports also include letter grades for each state for each of the five major issue areas. IWPR designed the grading system to highlight the gaps between men's and women's access to various rights and resources. States were graded based on the difference between their performance and goals set by IWPR (e.g., no remaining wage gap or the proportional representation of women in political office; see Appendix II). For example, since no state has eliminated the gap between women's and men's earnings, no state received an A on the employment and earnings composite index. Because women in the United States are closer to achieving some goals than others, the curve for each index is somewhat different. Using the grades, policymakers, researchers, and advocates can quickly identify remaining barriers to equality for women in their state.

IWPR designed *The Status of Women in the States* to actively involve state researchers, policymakers, and advocates concerned with women's status. Beginning in 1996, state advisory committees helped design *The Status of Women in the States* reports, reviewed drafts, and disseminated the findings in their states. IWPR's partnership with the state advisory committees is a participatory process of preparing, reviewing, producing, and publicizing the reports. This participation has been crucial to improving the reports and increasing their effectiveness and impact in each round. Many of the advisory committees have used the reports to advance policies to improve women's status.

About the Indicators and the Data

IWPR referred to several sources for guidelines on what to include in these reports. The Beijing Declaration and Platform for Action from the U.N. Fourth World Conference on Women guided some of its choices of indicators. This document, the result of an official convocation of delegates from around the world, outlines issues of concern to women, rights fundamental to achieving equality and autonomy, and remaining obstacles to their advancement. IWPR also turned to members of its state advisory committees, who reviewed their state's report and provided input for improving the project as a whole. Finally, IWPR staff consulted experts in each subject area for input about the most critical issues affecting women's lives. An important source of this expertise was IWPR's Working Group on Social Indicators of Women's Status, described below.

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

To facilitate comparisons among states, IWPR uses only data collected in the same way for each state. Much of the data is from federal government agencies, including the Census Bureau, the Bureau of Labor Statistics, the Centers for Disease Control, and the National Center for Health Statistics. Nonprofit and research organizations also provide data.

Many figures rely on the U.S. Census Bureau's Current Population Survey (CPS), a monthly survey of a nationally representative sample of households. To ensure sufficiently large sample sizes for cross-state comparisons, several years of data were combined and then tabulated. The decennial censuses provide the most comprehensive data for states and local areas, but because they are conducted only every ten years, their data are often out of date. CPS data are used to provide more timely information. For this set of reports, IWPR used new economic data from the years 1998-2000. Most 2000 decennial Census data were not yet available at the time these reports were prepared, but IWPR used these data where possible. Some figures, necessarily, rely on older data from the 1990 Census and other sources; historical data from 1980 or earlier are also presented on some topics.

Because the CPS has a much smaller sample than the decennial Census, the population subgroups that can be reliably studied are limited (for information on sample sizes, see Appendix II). The decision to use more recent data with smaller sample sizes is in no way meant to minimize how profoundly differences among women—for example, by race, ethnicity, age, sexual orientation, and family structure—affect their status or how important it is to implement policies that speak to these differences. IWPR made it a top priority to report these differences wherever possible using existing data. Identifying and reporting on sub-regions within states (cities, counties, or urban and rural areas) were also beyond the scope of this project. The lack of disaggregated data often masks regional differences among women within the states. For example, pockets of poverty are not identified, and community-level differences in women's status are not described. While these differences are important, addressing them was not possible due to data and resource constraints.

A lack of reliable and comparable state-by-state data limits IWPR's treatment of several important topics: violence against women; issues concerning nontraditional families of all types; issues of special importance to lesbians; and issues concerning women with disabilities. The report also does not

analyze women's unpaid labor or women in nontraditional occupations. In addition, income and poverty data across states are limited in their comparability by the lack of good indicators of differences in the cost of living by states; thus, poor states may look worse than they really are, and rich states may look better than they really are. IWPR firmly believes that all of these topics are of utmost concern to women in the United States and continues to search for data and methods to address them. In some cases, IWPR's state advisory committees have contributed their own data and analyses of these issues to the report to supplement IWPR's analysis. Nonetheless, many of these issues do not receive sufficient treatment in national surveys or other data collection efforts.

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

To address gaps in state-by-state data and to highlight issues of special concern within particular states, IWPR also encourages state advisory committees to contribute text presenting state-specific data on topics not covered by the reports. These contributions enhance the reports' usefulness to the residents of each state, while maintaining comparability across all the states, since the contributed data do not affect the rankings or grades.

Readers of this report should keep a few technical notes in mind. In some cases, differences reported between two states—or between a state and the nation—for a given indicator are statistically significant. That is, they are unlikely to have occurred by chance and probably represent a true difference between the two states or the state and the country as a whole. In other cases, these differences are too small to be statistically significant and are likely to have occurred by chance. IWPR did not calculate or report measures of statistical significance. Generally, the larger a difference between two values (for any given sample size), the more likely it is that the difference will be statistically significant.

Finally, when comparing indicators based on data from different years, the reader should note that in the 1990-2002 period, the United States experienced a major economic recession at the start of the decade, followed by a slow and gradual recovery, with strong economic growth (in most states) in the last few years of the 1990s. By 2000, however, the economy had slowed significantly, and a recession began in March 2001.

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

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

2. Overview of the Status of Women in Alabama

Alabama illustrates many of the difficult obstacles still facing women in the United States. Women in Alabama are seeing important changes in their lives and access to political, economic, and social rights. Still, they by no means enjoy equality with men, and they lack many of the legal guarantees that would allow them to achieve it. Women in Alabama, and the nation, would benefit from stronger enforcement of equal opportunity laws, better political representation, adequate and affordable child care, stronger poverty reduction programs, and other policies to improve their status.

Among all 50 states and the District of Columbia, Alabama ranks just below the midpoint of all states in two areas: it is 30th for women's employment and earnings and 33rd for women's health and well-being. In contrast, it falls to the bottom third for three other areas: it is 37th for women's political participation, 46th for women's social and economic autonomy, and 46th for women's reproductive rights (see Chart 2.1).

Alabama women have made important strides in improving their status, but the state's lower rankings show that Alabama does not ensure equal rights for

Chart 2.1
How Alabama Ranks on Key Indicators

Indicators	National Rank*	Regional Rank*	Grade
Composite Political Participation Index	**37**	**1**	**D**
Women's Voter Registration, 1998 and 2000	5	1	
Women's Voter Turnout, 1998 and 2000	12	1	
Women in Elected Office Composite Index, 2002	44	1	
Women's Institutional Resources, 2002	20	1	
Composite Employment and Earnings Index	**30**	**1**	**C**
Women's Median Annual Earnings, 1999	25	1	
Ratio of Women's to Men's Earnings, 1999	11	1	
Women's Labor Force Participation, 2000	45	4	
Women in Managerial and Professional Occupations, 1999	30	1	
Composite Social and Economic Autonomy Index	**46**	**2**	**D-**
Percent with Health Insurance Among Nonelderly Women, 2000	30	2	
Educational Attainment: Percent of Women with Four or More Years of College, 1990	45	2	
Women's Business Ownership, 1997	33	1	
Percent of Women Above the Poverty Level, 1999	43	3	
Composite Reproductive Rights Index	**46**	**3**	**F**
Composite Health and Well-Being Index	**33**	**1**	**C-**

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

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

Calculated by the Institute for Women's Policy Research.

women. In an evaluation of Alabama women's status compared with goals set for women's status, Alabama earns the grades of C in employment and earnings, C- in health and well-being, D in political participation, D- in social and economic autonomy, and F in reproductive rights.

Alabama joins Kentucky, Tennessee, and Mississippi as part of the East South Central region. Of the four states of the East South Central area, Alabama ranks first for women's employment and earnings, political participation, and health and well-being. It is second for women's social and economic autonomy and third for their reproductive rights. This suggests that women's status is low in the region overall.

Alabama can improve women's status in many ways:

- As of fall 2002, there were no women in Alabama's congressional delegation, and less than eight percent of state legislators were women.
- Women in Alabama are less likely to be in the labor force than women in all but six other states.
- Women in Alabama are among the least likely to have a college education and the most likely to live in poverty.
- Alabama does not require insurance companies to cover either contraception or infertility treatments, important resources in women's reproductive lives.
- Alabama has among the highest rates of chlamydia and diabetes, and Alabama women experience among the most days of activities limitations due to health in the nation as a whole.

Women in Alabama do somewhat better in a few areas:

- Women in the state are much more likely to be registered to vote than women in most other states.
- Alabama women workers earn almost 77 cents to men's dollar for full-time, full-year work, compared with just 73 cents nationally.
- Alabama women are less likely than women in most states to die of heart disease, lung cancer, or breast cancer.

Alabama is a mid-sized state, home to more than 2.3 million women. Alabama has fewer immigrants, Hispanics, Asian Americans, and Native Americans than the country as a whole, but a higher proportion of the state's population is made up of African American women than is the case nationally. A much higher proportion of women in Alabama live in rural areas (see Appendix I for further details).

Alabama women continue to face serious obstacles to achieving equality with men and attaining a standing equal to the average for women in the United States. Their problems are evident in low rankings on many indicators of women's status presented in this report. While Alabama women are witnessing real improvements in many areas of their economic, social, political, and health status, many important problems remain.

Political Participation

Women in Alabama register and vote at higher rates than in most of the country, but they have much lower political representation among elected officials, at just 44th among the states. Overall, Alabama ranks 37th and receives a grade of D on the political participation composite index. Greater representation in elected office could benefit women overall by encouraging the adoption of more women-friendly policies, which in turn could enhance women's status in other areas.

Employment and Earnings

Women in Alabama participate in the workforce much less often and work as managers or professionals less frequently than women in the nation as a whole. Their earnings fall at the midpoint of all the states and their earnings equality with men is better than in most of the country. These factors combine to place Alabama 30th in the nation on the employment and earnings composite index. The state receives its highest grade in this area, a C.

Social and Economic Autonomy

At 46th for indicators of social and economic autonomy, Alabama women face serious obstacles in this category. Fewer businesses are owned by women in

Alabama than nationally, and women in the state are much less likely to have a college education than women in the nation as a whole. More than 16 percent of Alabama women lack health insurance, and about 15 percent live below the poverty line. These women lack many of the basic necessities of life. Alabama's problems guaranteeing women's social and economic autonomy are reflected in the state's grade of D-.

Reproductive Rights

Alabama women lack many important reproductive rights and resources, and as a result the state ranks 46th of 51 on the reproductive rights composite index. Poor women in Alabama can receive public funding for abortion only under federally mandated, limited circumstances, and the state lacks mandates for comprehensive coverage of contraception or infertility treatments. In addition, 58 percent of women in Alabama live in counties without abortion providers. As a result, for most women, especially those in rural areas, abortion is relatively inaccessible. The state receives a grade of F on this composite index.

Health and Well-Being

Alabama ranks just below the midpoint of all states, at 33rd, and receives a grade of C- for indicators of women's health and well-being. Alabama women have lower lung cancer, breast cancer, and heart disease mortality rates than women in the rest of the country. In contrast, they are more likely to be diagnosed with diabetes, to have poor mental health, and to have limitations on their physical activity because of health issues. Incidence rates of AIDS and chlamydia are also much higher in Alabama than in most of the country. Women's relatively poor health status is probably related to their lower rates of insurance coverage and the lack of adequate insurance mandates in the state.

3. Women's Resources and Rights Checklist

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

Violence Against Women

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

Training toward this awareness provides the tools to recognize the signs of abuse and intervene effectively. Alabama has adopted some important policies and provisions that can help curtail violence and protect survivors, but it has yet to instate a few others.

Alabama has adopted a domestic battery statute complementing its assault and battery laws. In many states, such provisions are designed to provide enhanced penalties for repeat offenders. A total of 34 states have adopted this type of law.

In contrast, Alabama law does not have a legislative mandate requiring domestic violence training for new police recruits and health care professionals. Ten states require domestic violence training for both groups by statute. Importantly, despite its lack of legislation in this area, Alabama does provide such training to most officers. The Police Officers Standards and Training Commission requires police academies to provide four hours of domestic violence training as part of the training curriculum (Wells, 2002).

Without a law protecting victims of domestic violence, some insurance companies use domestic violence to justify discrimination against them, by denying, canceling, or limiting coverage and/or charging a higher premium for coverage. A total of 22 states, including Alabama, prohibit insurance companies from using domestic violence as a basis for discrimination.

In addition to domestic violence policies, many states also have provisions related to crimes like stalking, harassment, and sexual assault. In twelve states, a first stalking offense is considered a felony. In 26 states, stalking can be classified as either a felony or a misdemeanor, depending on circumstances such as use of a weapon or prior convictions.

Felony status is considered preferable because it usually leads to quicker arrest, eliminating the need for police to investigate the seriousness of the stalking to determine probable cause (U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998). In Alabama, a first stalking offense is a felony.

Finally, four states have adopted laws requiring sexual assault training for police, prosecutors, and health care professionals. Alabama is not one of those states (for more on these issues, see also Focus on Violence Against Women in Alabama).

Chart 3.1
Women's Resources and Rights Checklist

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Violence Against Women				
Has Alabama adopted a domestic battery statute complementing assault laws?	✓			34
Does Alabama law require domestic violence training of new police recruits and health care professionals?[1]		✓		10
Does Alabama law prohibit domestic violence discrimination in insurance?	✓			22
Is a first stalking offense a felony in Alabama?	✓			12
Does Alabama law require sexual assault training for police, prosecutors, and health care professionals?		✓		4
Child Support				
Percent of single-mother households receiving child support or alimony:			32%	34%
Percent of child support cases with orders for collection in which support was collected:			35%	39%
Welfare and Poverty Policies				
Does Alabama extend TANF benefits to children born or conceived while a mother is receiving welfare?	✓			28
Does Alabama allow receipt of TANF benefits up to or beyond the 60-month federal time limit?	✓		60-month limit	44
Does Alabama allow welfare recipients at least 24 months before requiring participation in work activities?		✓	Immediate	13
Does Alabama provide transitional child care under TANF for more than 12 months?	✓		No time limit	14
Has Alabama's TANF plan been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence?	✓			37
In determining welfare eligibility, does Alabama disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job?		✓		11
Does Alabama have a state Earned Income Tax Credit?		✓		16
Maximum TANF benefit for a family of three (two children) in Alabama, 2001:			$164.00	$379.00
Employment/Unemployment Benefits				
Is Alabama's minimum wage higher than the federal level as of January 2002?[2]		✓		12
Does Alabama have mandatory temporary disability insurance?		✓		5
Does Alabama provide Unemployment Insurance benefits to:				
Low-wage earners?		✓		14
Workers seeking part-time jobs?		✓		9
Workers who leave their jobs for certain circumstances ("good cause quits")?		✓		30

Chart 3.1 continued

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Has Alabama implemented adjustments to achieve pay equity in its state civil service?		✓		20
Family Leave Benefits				
Has Alabama proposed legislation extending Unemployment Insurance benefits to workers on temporary leave to care for infants and newly adopted children?		✓		0 Enacted; 20 Proposed
Has Alabama proposed legislation allowing use of temporary disability insurance to cover periods of work absence due to family care needs?		✓		1 Enacted; 3 Proposed
Sexual Orientation and Gender Identity				
Does Alabama have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity?		✓		14
Has Alabama adopted legislation creating enhanced penalties or a separate offense for crimes based on sexual orientation?		✓		28
Has Alabama avoided adopting a ban on same-sex marriage?		✓		16
Reproductive Rights				
Does Alabama allow access to abortion services:				
Without mandatory parental consent or notification?		✓		8
Without a waiting period?		✓		29
Does Alabama provide public funding for abortions under any or most circumstances if a woman is eligible?		✓		16
Does Alabama require health insurers to provide comprehensive coverage for contraceptives?		✓		19
Does Alabama require health insurers to provide coverage of infertility treatments?		✓		11
Does Alabama allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?[3]	✓			25
Does Alabama require schools to provide sex education?		✓		23
Institutional Resources				
Does Alabama have a commission for women?	✓			40
Total Policies	**9**	**22**		**31 possible**

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

[1] Alabama lacks a legislative mandate that requires police training. However, the Police Officers Standards and Training Commission requires police academies to provide four hours of domestic violence training as part of the training curriculum.

[2] Alabama has no state minimum wage as of January 2002. In most cases, the federal minimum wage of $5.15 prevails.

[3] Most states that allow such adoptions do so as a result of court decisions. In Alabama, a lower-level court has ruled in favor of second-parent adoptions.

Compiled by the Institute for Women's Policy Research.

Focus on Violence Against Women in Alabama

Violence against women is a major criminal justice and health problem in Alabama, as it is in the rest of the nation. In 2000, 20 percent of violent felonies committed in Alabama were domestic violence crimes. These included 38 homicides, 202 rapes, 4,195 aggravated assaults, and over 25,000 simple assaults. Nearly 1,400 women reported sexual assaults to the police, a number believed by advocates to represent only a tiny fraction of the rapes that occur (Alabama Criminal Justice Information Center, 2000).

Alabama's overall intimate homicide rate is among the highest in the nation, and it is the highest for African American women. Between 1981 and 1998, Alabama's homicide rate for white females murdered by intimate partners was 1.57 per 100,000. For African American females, the rate was 4.70. The national rate for female intimate partner homicides was 1.43 per 100,000 women of all races during the same period (Centers for Disease Control and Prevention, 2001).

Alabama and the nation have seen a steady decline in domestic violence homicides since the implementation of criminal justice responses and expanded victim services. Domestic violence homicides in Alabama declined from a high of 56 in 1996, the first year for which separate statistics were collected, to a low of 38 in 2000. The rate of arrest for domestic violence assaults simultaneously increased from a low of 26,000 in 1996 to a high of 29,500 in 2000 (Alabama Criminal Justice Information Center, 2000). The increased assault arrest rate, along with the decreased homicide rate, may indicate that effective responses to misdemeanor assaults, accompanied by victim services and perpetrator accountability programs, can deter domestic homicide.

Alabama's response to violence against women has been mixed. Strong advocacy by domestic violence and sexual assault programs has resulted in relatively progressive state legislation. Domestic violence is a separate criminal offense in Alabama and, more importantly, state law provides for enhanced penalties and mandatory minimum sentences for repeated offenses or offenses in violation of protection orders.

Largely in response to federal requirements, the Alabama Crime Victim's Compensation Commission now covers the cost of sexual assault forensic examinations, and a small but growing number of Sexual Assault Nurse Examination (SANE) programs provides those examinations in non-emergency room settings (Alabama Department of Economic and Community Affairs, 2000).

Domestic violence victims are also eligible for specialized crime victim's compensation awards with a rapid turn-around and a waiver of the normal requirements that victims actively prosecute their offenders (Alabama Crime Victim Compensation Commission, 1998). In addition, Alabama's welfare program has adopted the Family Violence Option, providing special exemptions and benefits to victims, and has instituted a state-wide system of victim advocates housed in county welfare offices.

In many areas, however, Alabama's response to violence against women continues to lag behind the rest of the nation. Historically a poor state, Alabama appropriates only $800,000 a year in state support for domestic violence shelters and provides no state support at all for sexual assault services (Alabama Legislative Fiscal Office, 2002). Victims of domestic violence in Alabama who have only dated their abuser but not lived with him are unable to obtain civil protection orders, and civil protection orders are unavailable to sexual assault and stalking victims who do not have close personal relationships with their assailant (State of Alabama, 2001).

Alabama law also requires that, in order to obtain a conviction for first-degree rape, the act must include force or a threat of death or serious harm. In addition, a victim raped while intoxicated must have become intoxicated against her will. As a result, victims who are raped while drunk or using drugs, or victims who fail to de-

(continued on next page)

monstrate a sufficient level of force on the part of their rapists, often see their cases dismissed or tried as misdemeanors (Alabama Coalition Against Rape, 2002).

Alabama's high poverty rate, historic racism, and failure to adequately support human needs and infrastructure also contribute to continued violence against the women of the state (Alabama Coalition Against Domestic Violence, 2001). Isolated in rural, under-policed counties, with limited private and no public transportation, many domestic violence victims may find it impossible to obtain police assistance or to escape physically from abuse. Faced with the lowest welfare payments in the nation (Welfare Information Network, et al., 2001), battered women may elect to stay with their abuser rather than force their children into the poverty and probable homelessness they face when they flee. And, if they flee, it may be difficult or impossible for a battered woman to find shelter space for herself and her children. Alabama's 67 counties are served by only 20 domestic violence shelters, and many victims may have to travel more than an hour to access shelter services (Alabama Coalition Against Domestic Violence, 1995). The picture for sexual assault victims is even worse in the many Alabama counties with no sexual assault program at all and in those with programs stretched thin trying to serve as many as ten counties (Alabama Coalition Against Domestic Violence, 2001).

Unfortunately, Alabama can anticipate that victims' access to services will deteriorate during the next few years. Funding for domestic violence shelters was reduced by the state in 2001 and was very nearly reduced again in 2002 (Alabama Legislative Fiscal Office, 2002).

Finally, Alabama's share of Victims of Crime federal funds is anticipated to drop due to new federal funding formulas for Fiscal Year 2003, unless Congress modifies them (National Network to End Domestic Violence, 2002).

Child Support

Many single-mother households experience low wages and poverty, and child support or alimony is one way to supplement their incomes. Child support can make a substantial difference in low-income families' lives by lifting many out of poverty. Among nonwelfare, low-income families with child support arrangements, poverty rates would increase by more than 30 percent without their child support income (IWPR, 1999).

In the United States, approximately 34 percent of single-mother households receive some level of child support or alimony. In Alabama, about 32 percent receive such support, a rate slightly below the national average. According to the U.S. Department of Health and Human Services, Office of Child Support Enforcement, 61 percent of child support cases have support orders established (U.S. Department of Health and Human Services, Administration for Children and Families, 2001). Child support, however, is collected in only 39 percent of cases with orders (or about 24 percent of all child support cases). The enforcement efforts made by state and local agencies can affect the extent of collections (Gershenzon, 1993). Of all child support cases with orders for collection in Alabama in 1998, child support was collected in only 35 percent of cases. This proportion is somewhat below the average for the United States.

Welfare and Poverty Policies

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

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

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

Alabama's time limits on receiving TANF are the maximum allowed under federal regulations. In Alabama, recipients are limited to 60 months, while the average for all states is 55.4 months. Thirty-seven states and the District of Columbia have a time limit of 60 months (the maximum allowed under federal law). Seven states report lifetime time limits of less than 60 months. Six states have no lifetime limits for individuals complying with TANF requirements. These states use state money to supplement federal funding.

Federal law requires nonexempt residents to participate in work activities within two years of receiving cash assistance. States have the option of establishing stricter guidelines, and many have elected to do so. In 29 states, nonexempt recipients are required to engage in work activities immediately under TANF. Nine other states have work requirements within less than 24 months. Twelve states require recipients to work within 24 months or when determined able to work, whichever comes first. One state, Vermont, allows recipients 30 months before requiring work to receive benefits. Welfare recipients in Alabama are required to engage in work activities immediately upon joining the welfare roles. At the same time, Alabama includes several categories of activities as work activities, including job searches; counseling for mental health, domestic violence, and substance abuse; and post-secondary education under certain circumstances (Alabama Department of Human Resources, 2002; Deere, 2002). These provisions may help welfare recipients receive important training and services.

PRWORA also replaced former child care entitlements with the Child Care Development Fund, which consolidated funding streams for child care, increased overall child care funds to states, and allowed states significant discretion in determining eligibility for child care. This new system requires that states use no less than 70 percent of the new funds to provide child care assistance to several types of families: those receiving TANF, those transitioning away from welfare through work activities, and those designated as being at risk of becoming dependent on TANF (U.S. Department of Health and Human Services, Administration for Children and Families, 1999). In addition to these funds, many states use TANF or additional state funds to provide child care services. States also have substantial discretion over designing their child care programs, including how long they provide child care services to families.

Currently, 14 states, including Alabama, guarantee child care beyond twelve months for families transitioning off of welfare. Another 18 states provide a total of twelve months of transitional child care. Nineteen states provide less than twelve months. Expanding child care services is a crucial form of support for working families, especially single mothers, and can be critical to ensuring families' self-sufficiency.

As of June 2001, 36 states and the District of Columbia were recognized by the U.S. Department of Health and Human Services, Administration for Children and Families, as having adopted the Family Violence Option, which allows victims of violence to

be exempted from work requirements, lifetime time limits, or both, as part of state TANF plans. Alabama has adopted the Family Violence Option.

PRWORA also gave states increased flexibility in how they treat earnings in determining income eligibility for TANF applicants. One standard for measuring the generosity of state rules is whether they disregard 50 percent or more of the earnings of a full-time, minimum-wage worker. Alabama has a relatively stringent policy on how it treats earnings in determining TANF eligibility. The state disregards less than 50 percent of the earnings of a full-time, minimum-wage job. Strict earnings disregards make the transition away from welfare more difficult for women and their families as they strive for self-sufficiency. Moreover, because Alabama's welfare benefits are so low (see below), and because they are decreased by the amount of the non-disregarded earnings, even with higher disregards, welfare benefits would only help recipients minimally. For example, a full-time minimum-wage worker would earn about $824 per month. Even with a 50 percent disregard, she would still be over income for the maximum cash assistance for a family of three (with two children), $164 per month.

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

Currently, 16 states offer an EITC modeled on the federal EITC (Zahradnik, Johnson, and Mazerov, 2001). Eleven of these states have a refundable EITC, which means that families can receive the full amount of their tax credits even if they exceed the total amount of families' income tax liabilities. Refundable EITCs benefit many more low-income working families than non-refundable EITCs. Alabama has not enacted a state EITC program.

Among all 50 states and the District of Columbia, the median maximum cash assistance benefit check in 2001 for families receiving TANF was $379 per month for a family of three (two children and one parent). In Alabama, the maximum monthly benefit was $164, less than half the national average.

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

Employment/Unemployment Benefits

Employment policies and protections are crucial to helping women achieve economic self-sufficiency and to providing them a safety net during periods of unemployment. Alabama employment policies are relatively unsupportive of women workers.

The minimum wage is particularly important to women because they constitute the majority of low-wage workers. Research by IWPR and the Economic Policy Institute has found that women would be a majority of the workers affected by a one-dollar increase in the minimum wage (Bernstein, Hartmann, and Schmitt, 1999). As of January 2002, eleven states and the District of Columbia had minimum wage rates higher than the federal level of $5.15. Three states had minimum wage rates lower than the federal level (but the federal level generally applies to most employees in these states). Seven states had no minimum wage law, and 29 states had state minimum wages equal to the federal level. Alabama has no min-

imum wage law, and so the federal minimum wage generally prevails.

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

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

In Alabama, UI policies are relatively harmful to women. Earnings requirements generally disqualify low-wage earners from qualifying for unemployment benefits. Policies also prohibit workers seeking part-time jobs from qualifying for unemployment benefits. Because women are more likely than men to seek part-time work, the failure to cover part-time workers disproportionately harms women. Alabama's UI policies also do not allow women to qualify for insurance in cases of "good cause quits," in which a worker leaves a job for personal circumstances, which might include moving with a spouse, harassment on the job, own or family illness, or other situations.

To decrease wage inequality between women and men, some states have implemented pay equity remedies, which are policies designed to raise the wages of jobs undervalued at least partly because of the sex or race of the workers who hold those jobs. Since 1997, 20 states have implemented programs to raise the wages of workers in female-dominated jobs in their state employment systems (National Committee on Pay Equity, 1997). A study by IWPR found that in states implementing pay equity remedies, the remedies improved female/male wage ratios (Hartmann and Aaronson, 1994). Alabama has not implemented policies within its state civil service to achieve pay equity for state government employees.

Family Leave Benefits

As women's labor force participation has increased, so has the need for paid family leave. The Family and Medical Leave Act of 1993 provides for unpaid time off from work to care for sick relatives or a newborn or adopted child, guaranteeing leave-takers' jobs when they return to work. This legislation does not replace the income workers lose while taking leave to care for their families. Among workers, 77 percent who need leave but fail to take it cannot afford the time without pay, and 25 percent of low-income workers who do take some leave have to turn to welfare for support (U.S. Department of Labor, 2001).

Some states have responded to this gap in recent years by adopting policies that give families more options for paid family leave. One initiative proposed by 20 states would extend UI benefits to workers on temporary leave to care for infants and newly adopted children (Society for Human Resource Management, 2001; National Partnership for Women and Families, 2001a). If adopted, "Baby UI" is expected to improve parent-child bonding, encourage more stable child-care arrangements, and increase workforce attachment (Lovell and Rahmanou, 2000). Alabama has not introduced "Baby UI" legislation.

Another strategy used by some states to provide paid family leave involves extending mandatory

TDI programs to provide insurance coverage for periods of work absence due to family care needs, in addition to the worker's own illness or disability. In September 2002, California amended its TDI program to include family leave with partial pay for up to six weeks. New York and New Jersey have proposed similar expansions of their plans, and Massachusetts has proposed adopting a new mandatory TDI program that would include coverage for family leave (National Partnership for Women and Families, 2001b). Alabama has not (and does not have) mandatory TDI.

If Alabama were to provide family leave benefits by adopting an expansive TDI program and/or adopting Baby UI, all workers would be better able to care for their families.

Sexual Orientation and Gender Identity

Alabama lacks several important policies that would provide lesbians and other sexual minorities access to the same rights as other citizens. Thirteen states and the District of Columbia have adopted statutes prohibiting discrimination on the basis of sexual orientation. Alabama has not adopted such a law. Another 27 states and the District of Columbia have passed laws creating enhanced penalties or a separate offense for hate crimes committed against victims because of their sexual orientation. Alabama has not passed such a hate crime bill. Alabama also has specifically prohibited same-sex marriage. Thirty-five states have banned same-sex marriage. Only one state, Vermont, has expressly allowed gay and lesbian couples to take advantage of the same rights and benefits extended to married couples under state law, through the passage of a "civil union" act. Vermont's law, which was signed in April 2000, allows gay and lesbian couples to claim benefits such as inheritance rights, property rights, tax advantages, and the authority to make medical decisions for a partner if they are registered as a civil union.

Reproductive Rights

While indicators concerning reproductive rights are covered in detail later in the report, they also represent crucial components of any list of desirable policies for women. In Alabama, women have relatively low levels of access to abortion, contraception, and other family planning resources. As a result, women lack important resources that might help them to make careful, informed, and independent decisions about childbearing, which can in turn have a substantial impact on their well-being and the well-being of their children.

Institutional Resources

Since Alabama women have a state-level commission for women, they have one form of representation that might help create more women-friendly policies in their state (see the section on Political Participation for details). Forty states currently have state-level commissions for women.

Conclusion

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

4. Political Participation

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

Over the past few decades, a growing gender gap in attitudes among voters–the tendency for women and men to vote differently–suggests that some of women's political preferences differ from men's. Women, for example, tend to support funding for social services and child care, as well as measures combating violence against women, more than men do. In public opinion surveys, women express concern about issues like education, health care, and reproductive rights at higher rates than men (Conway, Steuernagel, and Ahern, 1997). Because women are often primary care providers in families, these issues have an especially profound effect on women's lives.

Political participation allows women to demand that policymakers address these and other priorities. Voting is one way for them to express their concerns. Women's representation in political office also gives them a more prominent voice. In fact, regardless of party affiliation, female officeholders are more likely than male officeholders to support women's agendas (Center for American Women and Politics [CAWP], 1991; Swers, 2002). In addition, legislatures with larger proportions of female elected officials tend to address women's issues more often and more seriously than those with fewer female representatives (Dodson, 1991; Thomas, 1994). Finally, representation through institutions such as women's commissions or women's legislative caucuses provides ongoing channels for expressing women's concerns and

Chart 4.1
Political Participation: National and Regional Ranks

Indicators	National Rank* (of 50)	Regional Rank* (of 4)	Grade
Composite Political Participation Index	**37**	**1**	**D**
Women's Voter Registration (percent of women 18 and older who reported being registered to vote in 1998 and 2000)[a]	5	1	
Women's Voter Turnout (percent of women 18 and older who reported voting in 1998 and 2000)[a]	12	1	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2002)[b, c, d]	44	1	
Women's Institutional Resources (number of institutional resources for women in Alabama, 2002)[e, f]	20	1	

See Appendix II for methodology.
* The national rankings are of a possible 50, because the District of Columbia is not included in these rankings. The regional rankings are of a maximum of four and refer to the states in the East South Central region (AL, MS, KY, and TN).
Source: [a] U.S. Department of Commerce, Bureau of the Census, 2000c, 2002c; [b] CAWP, 2002b, 2002c, 2002d, 2002e; [c] Council of State Governments, 2000; [d] Compiled by IWPR based on Center for Policy Alternatives, 1995; [e] CAWP, 1998; [f] National Association of Commissions for Women, 2000.
Calculated by the Institute for Women's Policy Research.

makes policymakers more accessible to women, especially when those institutions work closely with women's organizations (Stetson and Mazur, 1995).

Overall, women in Alabama do not fare well on measures of political participation when compared with women in the United States. At 37th, the state ranks in the bottom third of all states on the political participation composite index (see Chart 4.1). While the state ranks near the top of all states for women's voter registration, at fifth, it falls to twelfth for women's voter turnout and 20th for women's institutional resources. It ranks just 44th for the proportion of women in elected office, indicating that women have far from adequate political representation.

Within the East South Central region, Alabama is the highest-ranked state for indicators of women's political participation. Alabama's low rankings overall, but high rankings within its region, indicate that women in the East South Central region are particularly limited in their levels of political participation compared to the nation as a whole.

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

Voter Registration and Turnout

Voting is one of the most fundamental ways Americans express their political needs and interests. Through voting, citizens choose leaders to represent them and their concerns. Recognizing this, early women's movements made suffrage one of their first goals. Ratified in 1920, the Nineteenth Amendment established U.S. women's right to vote, and that year, about eight million out of 51.8 million women voted for the first time (National Women's Political Caucus, 1995). African American and other minority women were denied the right to vote in many states until the Voting Rights Act of 1965 was passed. Even after women of all races were able to exercise their right to vote, many candidates and political observers did not take women voters seriously. Instead, they assumed women would either ignore politics or simply vote like their fathers or husbands (Carroll and Zerrilli, 1993).

Women now register and vote at a slightly higher rate than men. In 2000, about 69 million women, or 65.6 percent of those eligible, reported being registered to vote, compared with more than 60 million, or 62.2 percent, of eligible men (see Table 4.1). Alabama's 2000 voter registration rates were substantially higher for both men and women than national rates. In Alabama, 74.9 percent of women reported being registered to vote in the November 2000 elections, while 72.0 percent of men did. Similarly, in 1998, men and women's voter registration rates in Alabama were both higher than national rates. Alabama ranks fifth among all the states and first in the East South Central region for women's voter registration levels in the 2000 and 1998 elections combined.

Women voters have constituted a majority of U.S. voters since 1964. In both 1998 and 2000, 53 percent of all voters were women. In most states, women have higher voter turnout rates than men. In 2000, 60.2 percent of Alabama women reported voting, while in 1998, 51.4 percent did (compared to national proportions of 56.2 percent and 42.4 percent respectively; see Table 4.2). As a result, women's voter turnout in Alabama was above national levels in both 1998 and 2000. Alabama ranks twelfth among all the states and first in the East South Central region for women's voter turnout in the 1998 and 2000 elections combined.

Voter turnout jumped substantially for both sexes in the nation as a whole between 1998 and 2000, primarily because 2000 was a presidential election year. Presidential elections traditionally have much higher turnout than non-presidential elections. In Alabama, women not only voted at a higher rate than men in 2000 (60.2 percent and 58.8 percent respectively), but both women's and men's voter turnout increased substantially from 1998. That year, 51.4 percent of women and 51.0 percent of men in the state voted. Overall, compared with other Western democracies, voter turnout is relatively low for both sexes in the United States.

Lower levels of voter turnout among minority men and women can mean that their interests and concerns are less well represented in the political process. In 1998, 46.4 percent of white men and 46.5 percent of white women voted, compared with 37.6 percent of African American men and 41.9 percent

Table 4.1
Voter Registration for Women and Men in Alabama and the United States

	Alabama		United States	
	Percent	Number	Percent	Number
2000 Voter Registration[a]*				
Women	74.9%	1,326,000	65.6%	69,193,000
Men	72.0%	1,084,000	62.2%	60,356,000
1998 Voter Registration[b]*				
Women	75.1%	1,272,000	63.5%	65,445,000
Men	72.3%	1,127,000	60.6%	57,659,000
Number and Percent of All Voter Registration Applications, 1999-2000, Received at:[c]				
Public Assistance Offices	4.1%	16,362	2.9%	1,314,500
Disability Services Offices	0.8%	3,223	0.4%	190,009

* Percent of all women and men aged 18 and older who reported registering, based on data from the 1998 and 2000 November Supplements of the Current Population Survey. These data are self-reports and tend to overstate actual voter registration.

Source: [a] U.S. Department of Commerce, Bureau of the Census, 2002c; [b] U.S. Department of Commerce, Bureau of the Census, 2000c; [c] Federal Election Commission, 2000.

Compiled by the Institute for Women's Policy Research.

of African American women. Even lower proportions of Hispanic and Asian American citizens voted: just 18.8 percent of Hispanic men, 21.3 percent of Hispanic women, 18.6 percent of Asian American men, and 19.7 percent of Asian American women voted in 1998. Data for minorities are not available by sex at the state level, but in Alabama, all whites and African Americans vote at the about the same rates. In 1998, 51.9 percent of whites and 51.4 percent of African Americans voted (data not shown; U.S. Department of Commerce, Bureau of the Census, 2000c). State-by-state data are unavailable for Hispanics or Asian Americans in Alabama due to small sample sizes.

Table 4.2
Women's and Men's Voter Turnout in Alabama and the United States

	Alabama		United States	
	Percent	Number	Percent	Number
2000 Voter Turnout[a]*				
Women	60.2%	1,067,000	56.2%	59,284,000
Men	58.8%	886,000	53.1%	51,542,000
1998 Voter Turnout[b]*				
Women	51.4%	869,000	42.4%	43,706,000
Men	51.0%	796,000	41.4%	39,391,000

* Percent of all women and men aged 18 and older who reported voting, based on data from the 1998 and 2000 November Supplements of the Current Population Survey. These data are self-reports and tend to overstate actual voter turnout.

Source: [a] U.S. Department of Commerce, Bureau of the Census, 2002c; [b] U.S. Department of Commerce, Bureau of the Census, 2000c.

Compiled by the Institute for Women's Policy Research.

Over the years, most U.S. states have developed relatively complicated systems of voter registration. Voting has typically required advance registration at a few specified locations. This system is historically a major cause of low U.S. voting rates (Wolfinger and Rosenstone, 1980). Those in poverty and persons with disabilities are particularly disadvantaged by the inaccessible and cumbersome voter registration system. Voting itself is also more difficult for people with disabilities because of problems such as

inadequate transportation to the polls. In response to these issues, several states have eliminated registration requirements or allowed registration on the same day as voting. In these states, both voting and registration rates are among the highest in the country.

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

In 1999-2000, states processed voter registration applications for over 20 million people through public agencies, including 1.3 million through public assistance agencies, 16,362 of whom live in Alabama (see Table 4.1). Another 190,009 applications in the United States and 3,223 in Alabama were received at disability services offices. In Alabama, a higher proportion of all applications, 4.1 percent, was received through public assistance offices than were in the nation as a whole (2.9 percent). In addition, people were more likely to be registered to vote through disability service offices in Alabama (0.8 percent) than in the United States (0.4 percent).

Women in Public Office

Elected Officials in the Legislative and Executive Branches

Although women constitute a minority of elected officials at both the national and state levels, their presence has grown steadily over the years. As more women hold office, women's issues are also becoming more prominent in legislative agendas (Thomas, 1994). Thirteen women served in the 2001-02 U.S. Senate (107th Congress). Women also filled 60 of the 435 seats in the 107th U.S. House of Representatives (not including Eleanor Holmes Norton, the nonvoting delegate from the District of Columbia, and Donna Christian-Green, the nonvoting delegate from the Virgin Islands). Women of color filled only 21 House seats and no Senate seats. Women from Alabama filled no seats in the U.S. House or Senate, meaning that they had no national representation (see Table 4.3).

At the state level, women held three elected executive offices in Alabama–state treasurer, auditor, and public service commissioner–but no women of color served in a statewide elected office in the state. The proportion of women in the state legislature was quite low, at 7.9 percent, compared with a 22.6 percent average for the nation as a whole.

Based on the proportion of women in elected office, Alabama ranks 44th in the nation on this component of the political participation index. Women in

Table 4.3
Women in Elected Office in Alabama and the United States, 2002

	Alabama	United States
Number of Women in Statewide Executive Elected Office[a, b]	3	88
Women of Color[c]	0	4
Number of Women in the U.S. Congress:		
U.S. Senate[d]	0 of 2	13 of 100
Women of Color[c]	0	0
U.S. House[e]	0 of 7	60 of 435
Women of Color[c]	0	21
Number of Women Running for the U.S. Congress, 2000[f, g]*		
U.S. Senate	0 of 0**	9 of 89
U.S. House	1 of 9	122 of 799
Percent of State Legislators Who Are Women[h]	7.9%	22.6%

* These figures refer to candidates running for congressional seats in the general election and exclude those running in primaries.
** Alabama had no Senate election in 2000.
Source: [a] CAWP, 2002b; [b] Council of State Governments, 2000; [c] CAWP, 2002f; [d] CAWP, 2002d; [e] CAWP, 2002e; [f] CAWP, 2001; [g] Federal Election Commission, 2001a, 2001b; [h] CAWP, 2002c.
Compiled by the Institute for Women's Policy Research.

Focus on Women's Inadequate Representation at the Local Level: A Persistent Problem in Alabama

The political landscape for women in Alabama can only be described as bleak. Alabama currently has no woman serving as a U.S. Senator or as a member of the U.S. House of Representatives (see Table 4.3). After the female population in the Alabama legislature almost doubled in 1999, Alabama still had only eleven female legislators out of 140 total legislators (CAWP, 2002a). Three women serve in statewide elected executive office out of seven possible positions (see Table 4.3). Six women serve on the Alabama Supreme Court and the Alabama Courts of Criminal and Civil Appeals out of 22 positions (Alabama Appellate Courts, 2002).

While the problem of women's under-representation in politics is apparent at the state and national level, the source of Alabama's problem may very well be at the local level. The Alabama Women's Initiative, Inc. conducted a comprehensive survey of women's representation in the five counties of the greater Birmingham area in 2000-01. Of the 13 cities in the area, only Hoover had a female mayor. Women filled just 20 of the 79 city council positions in the 13 cities surveyed. Out of 28 total county commissioners in the five-county metropolitan area, only three of them were women (Alabama's Women's Initiative, Inc., 2002).

In total, there are only 24 female local elected officials (compared with 96 male elected officials) in a community of almost one million people. These statistics are disturbing for two reasons. First, this serious under-representation may mean that the needs of a large portion of the population are not being fully addressed. Second, this low representation at the local level may lead to low representation at the state and national levels in the near future. Local politics can be a very important training ground for all candidates. Public servants learn valuable campaign skills such as budgeting, fund-raising and public speaking at the local level. These skills are then applied to larger statewide campaigns. Local campaigns and service also provide candidates with the name recognition that is imperative in statewide campaigns.

Without larger political representation among women at the local level, it will be very difficult to achieve parity at the state and national levels. When women run, they win at about the same rate as their male opponents, but more women candidates are needed if women are to move up the political ladder.

Alabama have not achieved proportional political representation in elected office in the state (see also Focus on Women's Inadequate Representation at the Local Level: A Persistent Problem in Alabama).

Research on women as political candidates suggests that they generally win elected office at similar rates to men, but far fewer women run for office (National Women's Political Caucus, 1994). In 2000, 122 women out of 799 total candidates (15.2 percent) ran for office in the U.S. House of Representatives, while nine women of 89 total candidates (10.1 percent) ran for office in the U.S. Senate. Thus women's rates of representation (13.8 percent of the House and 13.0 percent of the Senate) were very close to their proportion of candidacies for office. This suggests that, for women to win their proportionate share of political offices in the near term, the number and percentage of seats they run for must be much higher than they were during the 1990s. In Alabama, one out of nine total candidates in the 2000 U.S. House election (11.1 percent of all candidates) was a woman, for a rate somewhat

below the national average (there was no Senate election in Alabama in 2000).

Policies and practices that encourage women to run for office–including those that would help them challenge incumbents–can be integral to increasing women's political voice (Burrell, 1994). Such policies include campaign finance reform, recruitment of female candidates by political parties and other organizations, and fair and equal media treatment for male and female candidates.

Women Executive Appointees

Women appointed to political positions in the executive branch can also influence policy to better account for women's needs and interests. Women's representation in appointed office in the executive branch has grown considerably over the past several years. In the period between 1997 and 2001, the percentage of women appointees serving in leadership positions in state executive branches across the United States rose by 6.6 percentage points, from 28.3 to 34.9 percent (Center for Women in Government and Civil Society, 2001). Women in Alabama served in a much lower proportion of appointed executive offices in 2001, at 25.0 percent (Table 4.4). A total of nine women served out of 36 appointed positions.

Women of color filled two appointed executive positions in Alabama in 2001: two African American women and no Hispanic, Asian American, or Native American women served in these offices in the state. In the United States as a whole, out of 1,905 possible positions, 70 African American women, 29 Hispanic women, 18 Asian American women, and just one Native American woman served in appointed executive office (for a proportion of 6.2 percent women of color).

Table 4.4
Women in Appointed Office in Alabama and the United States, 2002

	Alabama	United States
Number and Percent of Women in Appointed Executive Office	9 of 36 25%	665 of 1,905 34.9%
White	7	547
African American	2	70
Hispanic	0	29
Asian American	0	18
Native American	0	1

Source: Center for Women in Government and Civil Society, 2001.
Compiled by the Institute for Women's Policy Research.

Women in the Judicial Branch

Women can also play an important role in implementing and deciding policy in the judicial branch, especially as judges on state courts. Judicial interpretation of the law is crucial to many policy areas of concern to women, including reproductive rights, discrimination, violence, and family law (Kenney, 2001). Women's presence in judicial policymaking in these areas can shape the way these issues are decided. As of 2001, among state supreme courts, the median rate of representation for women was 26 percent. In Alabama, it was lower, at 22 percent (see Table 4.5). In Alabama, two of nine justices are women: Justice Jean Williams Brown and Justice Lyn Stuart.

Recognizing the importance of the court system to guaranteeing women's rights, during the 1980s many states created gender bias task forces designed to analyze whether women received equal treatment under the law within their judicial systems. The first of these was created in 1982 in New Jersey. The first gender bias task force for federal court circuits was created in 1992 within the Ninth Circuit (encompassing nine Western states; Resnik, 1996). These task forces have repeatedly found evidence of discrimination against women and made recommendations for improving judicial equality. As of 1999, 45 states had established gender bias task forces at some point in their history. Alabama has never had a gender bias task force.

Table 4.5
Women in the Judiciary in Alabama and the United States

	Alabama	Total, United States
Percent of State Supreme Court Seats Held by Women, 2001	22%	26%*
Has Alabama Ever Had a Gender Bias Task Force, as of 1999?	No	45

*Median for all 50 states.
Source: Kenney, 2001.
Compiled by the Institute for Women's Policy Research.

Institutional Resources

Women's institutional resources in state government, including commissions for women and women's caucuses, can increase the visibility of women's political concerns and interests. When adequately staffed and funded, politically stable, and structured to be accessible to women's groups, they can advance women's political voices by providing information about women's issues and attracting the attention of policymakers and the public to women's political concerns (Stetson and Mazur, 1995). They can also serve as an access point for women and women's groups to express their interests to public officials. Such institutions can ensure that women's issues remain on the political agenda.

Alabama has a state-level, government-appointed commission for women and an informal women's caucus in the state House of Representatives (Table 4.6). Nationwide, 40 states have state-level commissions for women. The Alabama Women's Commission, which is apportioned about $20,000 per year by the legislatures, has no paid staff and is made of up of appointed commissioners (Alabama State Executive Budget Office, 2001; Harbinger, 1998). A total of 33 states have women's caucuses in their state legislatures. Fifteen states have both a commission for women and formal caucuses in each house of the state legislature. Based on the number of institutional resources available to women in Alabama, the state ranks 20th in the nation.

Table 4.6
Institutional Resources for Women in Alabama and the United States, 2002

	Yes	No	Total, United States
Does Alabama have a:			
Commission for Women?[a]	✓		40
Legislative Caucus in the State Legislature?[b]	Informal		33
House of Representatives?	✓		
Senate?		✓	

Source: [a] National Association of Commissions for Women, 2000, updated by IWPR; [b] CAWP, 1998, updated by IWPR.
Compiled by the Institute for Women's Policy Research.

5. Employment and Earnings

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

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

Alabama women rank 30th in the nation on IWPR's employment and earnings composite index. The state ranks above average (eleventh) for the ratio of women's to men's earnings and about average (25th) for women's median annual earnings. Alabama ranks more poorly on other important measures of employment and earnings. It is 30th in the percent of women working in managerial and professional occupations and 45th for women's labor force participation.

Chart 5.1
Employment and Earnings: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 7)	Grade
Composite Employment and Earnings Index	**30**	**1**	**C**
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 1999)[a]	25	1	
Ratio of Women's to Men's Earnings (median annual earnings of full-time, year-round women and men workers aged 16 and older, 1999)[a]	11	1	
Women's Labor Force Participation (percent of all women, aged 16 and older, in the civilian non-institutional population who are either employed or looking for work, 2000)[b]	45	4	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1999)[c]	30	1	

See Appendix II for methodology.

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

Source: [a] IWPR, 2001b; [b] U.S. Department of Labor, Bureau of Labor Statistics, 2002; [c] U.S. Department of Labor, Bureau of Labor Statistics, 2001a.

Calculated by the Institute for Women's Policy Research.

Of the four states in the East South Central region, Alabama is first for women's median annual earnings, the ratio of women's to men's earnings, and women in managerial or professional positions. Alabama falls to last in the East South Central region, however, for women's labor force participation. Overall, the state is first regionally for indicators of women's employment and earnings, indicating that women in the region as a whole fare poorly in this area.

Women in Alabama do not come close to full economic equality with men. Like women in most states, they lag considerably behind men in their wages and labor force participation. As a result, Alabama receives a grade of C on the employment and earnings index.

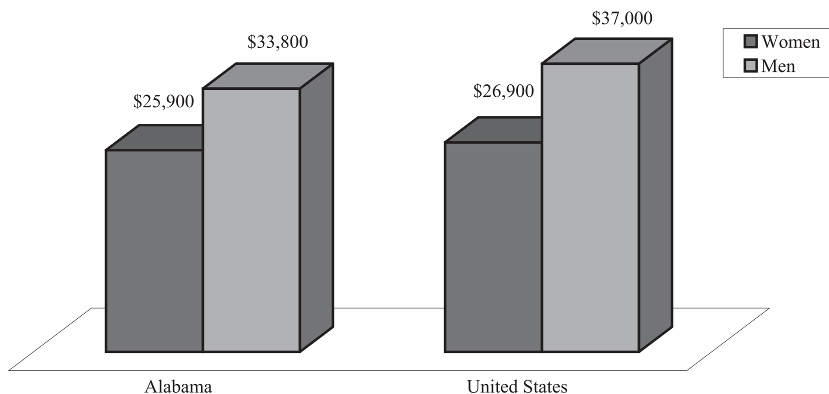
Women's Earnings

Alabama women working full-time, year-round have slightly lower median annual earnings than women in the United States as a whole ($25,900 and $26,900, respectively; see Figure 5.1; see Appendix II for details on the methodology used for 1998-2000 Current Population Survey data presented in this report). Median annual earnings for men in Alabama are also lower than in the United States as a whole ($33,800 and $37,000, respectively). Median annual earnings for women in Alabama rank 25th in the nation. Women in the District of Columbia rank the highest with earnings of $35,800.

Between 1989 and 1999, women's annual earnings in Alabama increased by 24.1 percent in real terms, a rate of growth that leads the East South Central region (data not shown; all growth rates are calculated for earnings that have been adjusted to remove the effects of inflation; IWPR, 2001b and 1995a). In this region, Kentucky had the next fastest earnings growth, at 15.9 percent, while Tennessee had the slowest growth rate, at 6.3 percent.

Unfortunately, the data set used to estimate state-level women's earnings does not provide enough cases to reliably estimate earnings separately for women of different races and ethnicities. National data show, however, that in 1999 the median annual earnings of African American women were $24,800, those of Native American women were $23,300, and those of Hispanic women were $20,000, substantially below that of non-Hispanic white women, who earned $28,500. The earnings of Asian American women were the highest of all groups at $30,000 (median earnings of full-time, year-round women workers aged 15 years and over; all data converted to 2000 dollars; IWPR, 2001b).

Figure 5.1
Median Annual Earnings of Women and Men Employed Full-Time/Year-Round in Alabama and the United States, 1999 (2000 Dollars)



For women and men aged 16 and older. See Appendix II for methodology.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

A national survey by the Census Bureau also shows that, in 1997, the median annual earnings of women with disabilities were only 78 percent of the earnings of women without disabilities (for female workers 21-64 years of age; McNeil, 2000).

The Wage and Pension Gap

The Wage Gap and Women's Relative Earnings

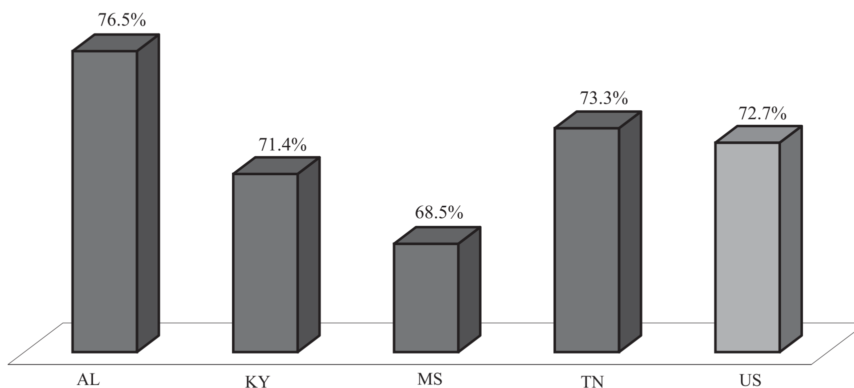
In the United States, women's wages have historically lagged behind men's. In 1999, the median wages of women who worked full-time, year-round were only 72.7 percent of men's (based on calculations from three years of pooled data). In other words, women were earning about 73 cents for every dollar earned by men.

In Alabama, women earned about 76.5 percent of what men earned in 1999. Compared with the earnings ratio for the nation as whole, Alabama women's earnings are somewhat closer to equality with men's (see Figure 5.2). Alabama ranks eleventh in the nation for the ratio of women's to men's earnings for full-time, year-round work. In contrast, the District of Columbia has the highest earnings ratio at 89.2 percent. Compared with the other states in the East South Central region, Alabama ranks first. Tennessee follows in second place, with a ratio of 73.3 percent. Kentucky and Mississippi, the remaining two states in the region, fall below the national average with ratios of 71.4 percent and 68.5 percent, respectively. Despite its high rank, the wage gap remains large in Alabama, as it does throughout the United States.

There are many factors that help explain differences in women's and men's wages. Earnings are determined partly by human capital, or the development of job-related skills through education, job training, and workforce experience, and women and men continue to differ in the amount of human capital they attain.

Women and men also tend to hold different occupations, work in different industries, and join unions at different rates. Research shows that the combined effect of differences in human capital, jobs, and unionization is likely to account for roughly three-fifths of the gender wage gap (Council of Economic Advisers, 1998), leaving a substantial portion that cannot be explained. Evidence from case studies and litigation suggests that discrimination continues to play a role in reducing women's earnings. Differences in human capital and job characteristics may also reflect discrimination, to the extent that women face greater barriers to obtaining human capital or are discouraged or prevented from entering certain occupations or industries.

Figure 5.2
Ratio of Women's to Men's Full-Time/Year-Round Median Annual Earnings in States in the East South Central Region, 1999



For women and men aged 16 and older. See Appendix II for methodology.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

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

Narrowing the Wage Gap

Throughout the 1960s and 1970s, the ratio of women's earnings to men's in the United States remained fairly constant at around 60 percent. During the 1980s, however, women made progress in narrowing the gap between men's earnings and their own. Women increased their educational attainment and their time in the labor market and entered better-paying occupations in large numbers, partly because of equal opportunity laws. At the same time, though, adverse economic trends such as declining wages in the low-wage sector of the labor market began to make it more difficult to close the gap, since women still tend to be concentrated at the low end of the earnings distribution. If women had not increased their relative skill levels and work experience as much as they did during the 1980s, those adverse trends might have led to a widening of the gap rather than the substantial narrowing that occurred (Blau and Kahn, 1994).

One factor that probably also helped to narrow the earnings gap between women and men is unionization. Women have increased their share of union membership, and being unionized tends to raise women's wages relatively more than men's. Research by IWPR found that union membership raises women's weekly wages by 38.2 percent and men's by 26.0 percent (data not shown; Hartmann, Allen, and Owens, 1999). In Alabama, the wages of all unionized women were 48.9 percent higher than those of nonunionized women. Unionization also raises the wages of women of color relatively more than the wages of non-Hispanic white women and the wages of low earners relatively more than the wages of high earners (Spalter-Roth, Hartmann, and Collins, 1993). In the United States, unionized minority women earned 38.6 percent more than nonunionized ones. Unionized minority women in Alabama earned 49.0 percent more than their nonunion counterparts (Hartmann, Allen, and Owens, 1999).

Although women's real wage growth has been strong over most of the past few decades, part of the narrowing in the wage gap that occurred in the past two decades was due to a fall in men's real earnings. Between 1979 and 1999, about two-thirds (63 percent) of the narrowing of the national female/male earnings gap was due to women's rising real earnings, while about one third (37 percent) was due to men's falling real earnings. During the latter half of this period, the growth in women's real earnings slowed, and even more of the narrowing of the gap was due to falling real wages for men. From 1989 to 1999, almost half (47.5 percent) was due to the fall in men's real earnings (IWPR, 1995a and 2001b). As men's real earnings have increased during the last few years, the wage gap between men and women increased again, as women's wage growth did not keep pace with men's. At the national level, the highest wage ratio for annual earnings for full-time, full-year workers, 74.2 percent, was observed in 1997, but by 2000 the ratio had fallen to 73.3 percent, a gap of 26.7 percent (U.S. Department of Commerce, Bureau of the Census, 2002b).

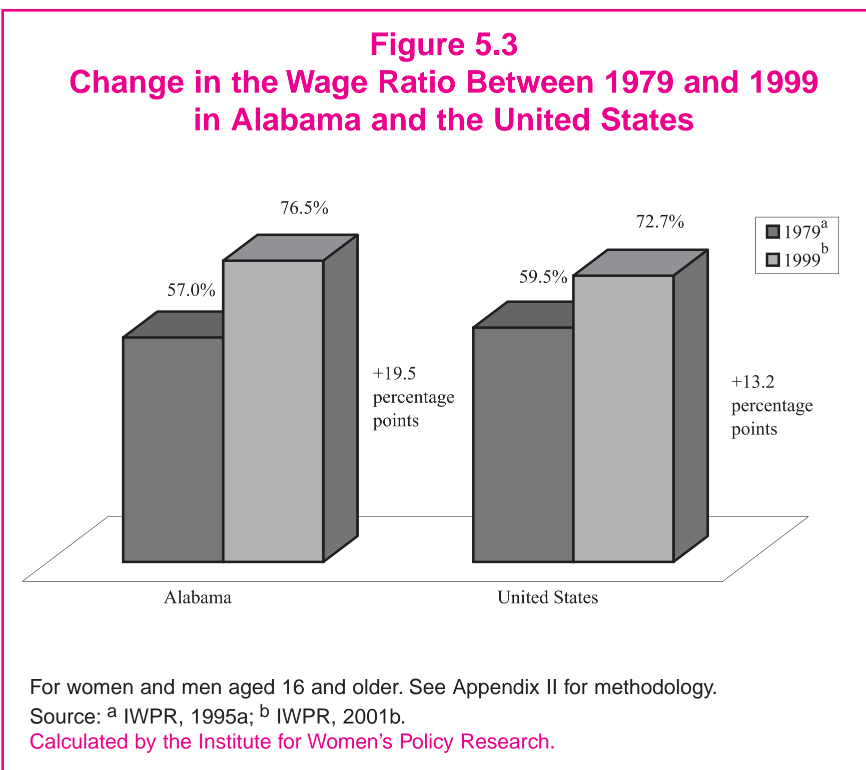


Figure 5.3
Change in the Wage Ratio Between 1979 and 1999 in Alabama and the United States

For women and men aged 16 and older. See Appendix II for methodology.
Source: [a] IWPR, 1995a; [b] IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

Alabama moved at a much faster rate than the United States in increasing women's annual earnings relative to men's between 1979 and 1999 (see Figure 5.3). In Alabama, the annual earnings ratio increased by 19.5 percentage points, compared with an increase of 13.2 percentage points in the United States. Notably, between 1989 and 1999, Alabama saw the fastest narrowing of the wage gap, 15.3 percentage points, among all the states (data not shown; IWPR, 2001b and 1995a).

Earnings and Earnings Ratios by Educational Levels

Between 1979 and 1999, women with higher levels of education in Alabama and the United States saw their median annual earnings increase more than women with lower levels of educational attainment. As Table 5.1 shows, Alabama experienced increases that ranged from 10.1 percent (in constant dollars) for women with some college to 23.4 percent for those with a four-year college education and 13.6 percent for women with graduate training, while women who had not completed high school experienced an earnings decrease of 3.7 percent. The earnings of high school educated women remained about the same.

Alabama women at the middle levels of education experienced the greatest narrowing of the wage gap. Women with high school, some college, and a college degree saw their earnings ratios increase the most, at 16.0 percent, 26.3 percent, and 17.1 percent, respectively. Curiously, women's relative earnings (as measured by the female/male earnings ratio) grew the most slowly for women with the most education. Women with more than a four-year college education experienced only a 2.1 percent increase in the ratio of women's to men's earnings. Thus women at the highest level of education were only slowly closing the wage gap. At the highest education level, men's earnings were growing even faster than women's.

The low and falling earnings of women with the least education make it especially important that all women have the opportunity to increase their education. For example, many welfare recipients lack a high school diploma or further education, but in many cases they are encouraged or required to leave the welfare rolls in favor of immediate employment. These single mothers may be consigned to a lifetime of low earnings if they are not allowed the opportunity to complete and acquire some education beyond high school (Negrey, et al., 2002). As Table 5.1 shows, women with some college, a college degree, or postgraduate training have much higher earnings than those without, and their earnings have generally been growing.

Pension Receipt and Benefit Levels

On average, women earn less and live longer than men. Older women typically enter retirement with fewer economic resources than men. For today's women, the likelihood of having long-term financial-support from a man is less than in previous genera-

Table 5.1
Women's Earnings and the Earnings Ratio in Alabama by Educational Attainment, 1979 and 1999 (2000 Dollars)

Educational Attainment	Women's Median Annual Earnings, 1999[a]	Percent Change in Real Earnings, 1979[b] and 1999[a]	Female/Male Earnings Ratio, 1999[a]	Percent Change in Earnings Ratio, 1979[b] and 1999[a]
Less than 12th Grade	$16,000	-3.7	70.3%	+10.9
High School Only	$20,000	+0.8	65.3%	+16.0
Some College	$24,800	+10.1	75.0%	+26.3
College	$35,100	+23.4	70.3%	+17.1
College Plus	$39,100	+13.6	67.3%	+2.1

Source: [a] IWPR, 2001b; [b] IWPR, 1995a.
Calculated by the Institute for Women's Policy Research.

tions. It is particularly unlikely that a woman can depend principally on a husband's financial support in her old age. For older African American and Hispanic women, the economic challenges can be particularly severe. Overall, there is a substantial gender and race gap in all sources of retirement income, including Social Security, pensions, savings, and post-retirement employment (Shaw and Hill, 2001).

In 1999, 18.4 percent of women and 27.8 percent of men aged 50 and older received income from pensions and other retirement sources (excluding Social Security income, but including income from company or union pension plans, government pensions, regular payments from IRA or Keogh accounts, and regular payments from annuities or paid insurance policies) in the United States (see Table 5.2; for data on Social Security income see Figure 6.9). Similarly, in Alabama, 18.2 percent of women, compared with 29.9 percent of men, received pensions and other retirement income. In both Alabama and the United States, there was also a large gap in the level of benefits received in 1999. Nationally, women aged 50 and older received median annual benefits of $6,200, while men aged 50 and older received benefits twice as large, $12,400. The gap in Alabama is even bigger. Median annual benefits for women in Alabama were slightly lower than those for women in the United States as a whole ($6,000 and $6,200, respectively). In contrast, median annual benefits for men were somewhat higher in Alabama than in the United States as a whole ($13,700 and $12,400, respectively).

Minority men and women are much less likely to receive pensions than white men and women. Unfortunately, the data set used to examine pensions and other retirement income at the state level does not provide enough cases to reliably estimate pensions and other retirement income by state separately for women and men of different races and ethnicities. In the United States as a whole, however, 20.1 percent of white women aged 50 and older received pensions and other retirement income, compared with only 11.9 percent of minority women. Similarly, 30.2 percent of white men aged 50 and older received benefits, compared with only 17.4 percent of minority men (IWPR, 2001a). This gap is larger than the gap between minority women's and white women's wages.

Labor Force Participation

One of the most notable changes in the U.S. economy over the past decades has been the rapid rise in women's participation in the labor force. Between 1965 and 2000, women's labor force participation increased from 39 to 60 percent (these data reflect the proportion of the civilian noninstitutional population aged 16 and older who are employed or looking for work; U.S. Department of Labor, Bureau of Labor Statistics [BLS], 2001a). Women now make up nearly half of the U.S. labor force at 46.5 percent of all workers (full-time and part-time combined). According to projections by the BLS, women's share of the labor force will continue to increase, growing to 48 percent by 2010 (Fullerton and Toossi, 2001).

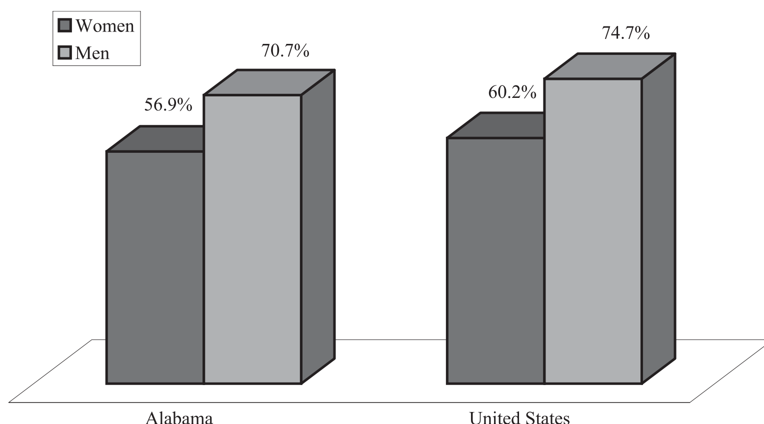
In 2000, 56.9 percent of women in Alabama were in the labor force, compared with 60.2 percent of women in the United States, earning Alabama the rank of 45th in the nation. Men's labor force

Table 5.2
Pension-Related Income Among Women and Men Aged 50 and Older in Alabama and the United States, 1999

	Alabama		United States	
	Women	Men	Women	Men
Percent Receiving Pensions and Other Retirement Income*	18.2%	29.9%	18.4%	27.8%
Median Annual Benefits**	$6,000	$13,700	$6,200	$12,400

* Includes veterans' pensions, survivor pensions, and any other pension and retirement income (excluding Social Security income), including income from company or union pension plans, government pensions, regular payments from IRA or Keogh accounts, and regular payments from annuities or paid insurance policies.
** For those receiving benefits.
Source: IWPR, 2001a.
Calculated by the Institute for Women's Policy Research.

Figure 5.4
Percent of Women and Men in the Labor Force in Alabama and the United States, 2000



For women and men in the civilian non-institutional population, aged 16 and older.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 2002.
Compiled by the Institute for Women's Policy Research.

participation rate in Alabama was also lower than the rate for men in the United States as a whole (see Figure 5.4).

Unemployment and Personal Income Per Capita

In Alabama, a larger proportion of workers are unemployed than in the nation as a whole. In 2000, the unemployment rate in Alabama was 4.8 percent for women and 4.5 percent for men, compared with the nation's 4.1 percent for women and 3.9 percent for men (see Figure 5.5).

Alabama experienced unemployment rates that were higher than the national average throughout the 1980s and early 1990s. The state's unemployment rate fell below the national average during the middle 1990s and hovered close to it over the late 1990s. Despite its high unemployment rates in the 1980s, personal income per capita in Alabama grew more quickly than it did for the nation between 1980 and 1990 (23.8 percent versus 19.9 percent; see Table 5.3). From 1990 to 2000, when unemployment rates were close to the national average, income per capita in Alabama grew 0.5 percentage points slower than the nation. Overall, Alabama's per capita income grew slightly faster than the nation's. However, because the state's income was so far below national figures in 1980, even with these faster growth rates, it remained below national numbers in 2000.

Part-Time and Full-Time Work

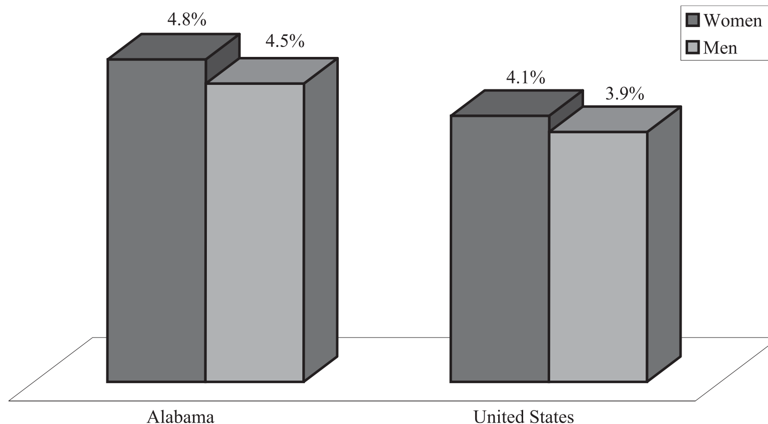
The percent of the female workforce in Alabama employed full-time is slightly larger than the national average (73.0 percent versus 71.5 percent; see Table 5.4), while the percent working part-time is lower (21.9 percent versus 24.2 percent). Within the part-time category, the percent of women in the labor force who are "involuntary" part-time employees–that is, they would prefer full-time work were it available–is slightly higher in Alabama than in the United States (2.4 percent and 2.0 percent, respectively). A lower proportion of Alabama's female labor force is working part-time voluntarily

Table 5.3
Personal Income Per Capita for Both Women and Men in Alabama and the United States, 2000

	Alabama	United States
Personal Income Per Capita, 2000	**$23,500**	**$29,700**
Personal Income Per Capita, Percent Change*:		
Between 1990 and 2000	16.8%	17.3%
Between 1980 and 1990	23.8%	19.9%
Between 1980 and 2000	44.6%	40.6%

* In constant dollars.
Source: U.S. Bureau of Economic Analysis, 2001.
Calculated by the Institute for Women's Policy Research.

Figure 5.5
Unemployment Rates for Women and Men in Alabama and the United States, 2000



For women and men in the civilian non-institutional population, aged 16 and older.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 2002.
Compiled by the Institute for Women's Policy Research.

compared with that of the United States (18.5 percent and 20.6 percent, respectively).

Workers are considered involuntary part-time workers if, when interviewed, they state that their reason for working part-time (fewer than 35 hours per week) is slack work–usually reduced hours at one's normally full-time job, unfavorable business conditions, reduced seasonal demand, or inability to find full-time work. Many reasons for part-time work, including lack of child care, are not considered involuntary by the Bureau of Labor Statistics, since workers must indicate they are available for full-time work to be considered involuntarily employed part-time. This definition therefore likely understates the extent to which women would prefer to work full-time.

Labor Force Participation of Women by Race and Ethnicity

According to IWPR analysis of data from the Current Population Survey from 1998-2000, 58.0 percent of women of all races aged 16 and older in Alabama were in the labor force in 1999, a lower rate than in the United States as a whole, 60.5 percent (see Table 5.5; the numbers and percentages in this table are based on three years of pooled data for 1998-2000 and differ slightly from official labor force participation rates for 1999). Both white women's and African American

Table 5.4
Full-Time, Part-Time, and Unemployment Rates for Women and Men in Alabama and the United States, 1999

	Alabama		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	**1,007,000**	**1,139,000**	**64,855,000**	**74,512,000**
Percent Employed Full-Time	73.0	86.5	71.5	85.8
Percent Employed Part-Time*	21.9	9.0	24.2	10.1
Percent Voluntary Part-Time	18.5	7.7	20.6	8.3
Percent Involuntary Part-Time	2.4	0.9	2.0	1.3
Percent Unemployed	5.1	4.5	4.3	4.1

For men and women aged 16 and older.
* Percent part-time includes workers normally employed part-time who were temporarily absent from work the week of the survey. Those who were absent that week are not included in the numbers for voluntary and involuntary part-time. Thus, these two categories do not add to the total percent working part-time.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Tables 1, 12, and 13.
Compiled by the Institute for Women's Policy Research.

women's labor force participation rates were also lower in Alabama than in the United States as a whole (56.8 percent compared with 60.6 percent for whites; 60.8 percent compared with 63.9 percent for African Americans). African American women historically have had a higher labor force participation rate than white and Hispanic women and continued to do so in 1999 in both Alabama and the nation as a whole. In Alabama, African American women had an average labor force participation rate that was 4.0 percentage points higher than that for white women. Hispanic women traditionally have the lowest average participation rates among women. Data for Hispanic women in Alabama were not available due to small sample sizes, but in the United States as a whole, only 56.7 percent of Hispanic women were in the workforce in 1999. Nationally, labor force participation rates were 59.4 percent for Asian American women and 59.0 percent for Native American women in 1999, slightly below the rate for all women. Comparable data were not available for Asian American or Native American women in Alabama due to small sample sizes.

Labor Force Participation of Women by Age

Workforce participation varies across the life cycle. Women's highest levels of participation generally occur between ages 25 and 54, which are also considered the prime earning years. Table 5.6 shows the relationship between labor force participation and age for women in Alabama and in the United States. At most ages, women in Alabama have lower rates of labor force participation than their U.S. counterparts. Nationally, the highest labor force participation of women occurs between ages 35 and 44, with 78.0 percent of these women working. In Alabama, the highest rate of labor force participation occurs between ages 25 and 34, with 77.8 percent in the workforce (compared with 76.7 percent in the United States as a whole for that age group). Young women in their teens (ages 16-19), many of whom are attending school, are much less likely to participate in the labor market than any other age group except the pre-retirement and retired cohorts. In Alabama, 45.1 percent of teenage women reported being in the labor force, even lower than the 48.5 percent for female teens in United States as a whole.

Table 5.5
Labor Force Participation of Women in Alabama and the United States by Race and Ethnicity, 1999

Race and Ethnicity	Alabama: Number of Women in Labor Force	Alabama: Percent in Labor Force	United States: Number of Women Labor Force	United States: Percent in Labor Force
All Races	**1,049,000**	**58.0**	**65,769,000**	**60.5**
White*	742,000	56.8	47,805,000	60.6
African American*	290,000	60.8	8,602,000	63.9
Hispanic**	N/A	N/A	6,364,000	56.7
Asian American*	N/A	N/A	2,515,000	59.4
Native American*	N/A	N/A	494,000	59.0

For women aged 16 and older.
The numbers and percentages in this table are based on three years of pooled data for the years 1998-2000; they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 1999. See Appendix II for details on the methodology.
N/A = Not available.
* Non-Hispanic.
** Hispanics may be of any race.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

Table 5.6
Labor Force Participation of Women in Alabama and the United States by Age, 1999

Age Groups	Alabama Number of Women in Labor Force	Alabama Percent in Labor Force	United States Number of Women in Labor Force	United States Percent in Labor Force
All Ages	**1,049,000**	**58.0**	**65,769,000**	**60.5**
Ages 16-19	59,000	45.1	3,809,000	48.5
Ages 20-24	121,000	76.3	6,774,000	73.2
Ages 25-34	246,000	77.8	14,750,000	76.7
Ages 35-44	262,000	76.5	17,625,000	78.0
Ages 45-54	243,000	73.7	14,493,000	77.3
Ages 55-64	99,000	47.1	6,477,000	52.9
Ages 65 and Older	19,000	5.8	1,842,000	9.8

For women aged 16 and older.
The numbers and percentages in this table are based on three years of pooled data for the years 1998-2000; they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 1999. See Appendix II for details on the methodology.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

As women near retirement age, they are much less likely to work than younger women. In the United States, women aged 55-64 have a labor participation rate of only 52.9 percent. In Alabama, even fewer, 47.1 percent, of women in this age range are in the workforce. Similarly, only 5.8 percent of women aged 65 and older in Alabama are in the workforce, compared with about 9.8 percent of women in the United States as a whole.

Labor Force Participation of Women with Children

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In 1999, 55 percent of women with children under age one were in the labor force, compared with 31 percent in 1976 (U.S. Department of Commerce, Bureau of the Census, 2001a). In general, the workforce participation rate for women with children in the United States tends to be higher than the rate for all women (67.5 percent versus 60.5 percent in 1999). This is partially explained by the fact that the overall labor force participation rate is for all women aged 16 and older; thus both teenagers and retirement-age women are included in the statistics, even though they have much lower labor force participation rates. Mothers, in contrast, tend to be in age groups with higher labor force participation rates. This is also true in Alabama, with 66.8 percent of women with children under age 18 in the workforce, compared with 58.0 percent of all women in Alabama in 1999 (see Tables 5.7 and 5.5). Like all women in Alabama, women with children are less likely to engage in labor market activity than in the

Table 5.7
Labor Force Participation of Women with Children in Alabama and the United States, 1999

	Alabama Percent in the Labor Force	United States Percent in the Labor Force
Women with Children		
Under Age 18*	66.8	67.5
Under Age 6	63.7	63.4

For women aged 16 and older.
* Children under age 6 are also included in children under 18.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

United States as a whole (66.8 percent versus 67.5 percent, respectively; see Table 5.7), but the difference is smaller for mothers than for all women. In addition, women with children under six are slightly more likely to be in the labor force in Alabama than in the United States (63.7 percent versus 63.4 percent).

Child Care and Other Caregiving

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

As full-time work among women has grown, so has the use of formal child care centers, but child care costs are a considerable barrier to employment for many women. Child care expenditures use up a large percentage of earnings, especially for lower-income mothers. For example, among single mothers with family incomes within 200 percent of the poverty level, the costs for those who paid for child care amount to 19 percent of the mother's earnings on average. Among married mothers at the same income level, child care costs amount to 30 percent of the mother's earnings on average (although the costs of child care are similar for both types of women, the individual earnings of married women with children are less on average than those of single women with children; IWPR, 1996).

As more low-income women are encouraged or required (through welfare reform) to enter the labor market, the growing need for affordable child care must be addressed. Child care subsidies for low-income mothers are essential to enable them to purchase good quality child care without sacrificing their families' economic well-being. Currently, subsidies exist in all states, but they are often inadequate; many poor women and families do not receive them. The Child Care and Development Fund (CCDF) is the primary federal funding source of child care subsidies for low-income families, although states also receive child care funding from the Social Services Block Grant (SSBG) and TANF. Each state qualifies to receive an amount of CCDF funds each year and can receive additional CCDF funds by spending state dollars for child care subsidies and quality initiatives.

Recent data show that, nationally, only 12 percent of those children potentially eligible for child care

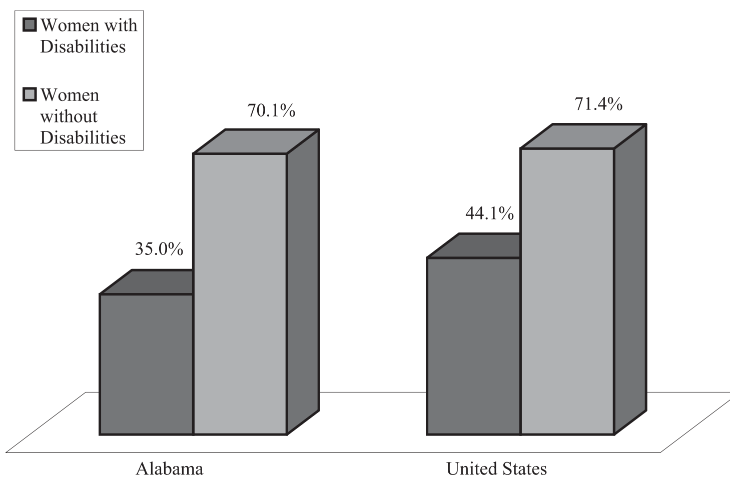
Table 5.8
Percent of Eligible Children Receiving CCDF* Subsidies in Alabama and the United States, 1999

	Alabama	United States
Eligibility**		
Number of Children Eligible under Federal Provisions	233,300	14,749,500
Receipt		
Number and Percent of Children Eligible under Federal Law Receiving Subsidies in the State	24,500 11%	1,760,260 12%

* Child Care and Development Fund (CCDF).
** "Children eligible under federal provisions" refers to those children with parents working or in education or training who would be eligible for CCDF subsidies if state income eligibility limits were equal to the federal maximum. Many states set stricter limits, and therefore the pool of eligible children is often smaller under state provisions.
Source: U.S. Department of Health and Human Services, Administration for Children and Families, 2000a.
Compiled by the Institute for Women's Policy Research.

subsidies under federal rules actually received subsidies under the federal government's Child Care and Development Fund in 1999. In Alabama, a slightly lower proportion, 11 percent, of eligible children received these subsidies (see Table 5.8; the proportion of eligible children receiving CCDF subsidies does not include the child care monies that come from SSBG or TANF). Clearly many Alabama families in need of economic support for child care are not receiving it.

Figure 5.6
Labor Force Participation Rates of Women with and without Disabilities in Alabama and the United States, 2000



For women in the civilian non-institutional population, aged 21 to 64.
Source: U.S. Department of Commerce, Bureau of the Census, 2001c.
Compiled by the Institute for Women's Policy Research.

In addition to caring for children, many women are responsible for providing care for friends and relatives who experience long-term illness or disability. Although few data on caregiving exist, research suggests that about a quarter of all households in the United States are giving or have given care to a relative or friend in the past year. More than 70 percent of those giving care are female. Caregivers on average provide slightly less than 18 hours per week of care. Many report giving up time with other family members; foregoing vacations, hobbies, or other activities; and making adjustments to work hours or schedules for caregiving (National Alliance for Caregiving and AARP, 1997). Like mothers of young children, other types of caregivers experience shortages of time, money, and other resources. They, too, require policies designed to lessen the burden of long-term care. Nonetheless, few such policies exist, and this kind of caregiving remains an issue for state and national policymakers to address.

Labor Force Participation of Women with Disabilities

While the past few decades have seen a dramatic increase in women's labor force participation, especially among working mothers, the increase in labor force participation of women with disabilities has not been as large. The Americans with Disabilities Act (ADA) of 1990 guarantees individuals with disabilities equal opportunity in public accommodations, employment, transportation, state and local government services, and telecommunications. The ADA also provides civil rights protection to individuals with disabilities similar to the protections provided to individuals on the basis of race, sex, national origin, age, and religion. Despite the ADA, women with disabilities continue to encounter numerous forms of discrimination, such as architectural, transportation, and communication barriers; assumptions regarding incapacity and ability; exclusionary qualification standards and criteria; segregation; and relegation to lesser services, benefits, jobs, or other opportunities; and gender discrimination (Kaye, 1998; Robertson, 2001). In addition, disability benefit policies provide some financial disincentives for disabled persons to work. With earnings, they face not only the possible loss of cash benefits but also the potential loss of medical coverage from public insurance programs (Bryen and Moulton, 1998).

The labor force participation of women with disabilities continues to lag substantially behind the labor

force participation of women without disabilities. In 2000, 71.4 percent of women aged 21 through 64 without a disability in the United States were employed, compared with only 44.1 percent of women in the same age group with a disability (see Figure 5.6). Similarly, in Alabama, 70.1 percent of women aged 21 through 64 without a disability were employed, compared with only 35.0 percent of women with a disability, considerably below the national average. Clearly, Alabama, like the nation as a whole, could devote more attention to the disadvantaged employment status of women with disabilities.

Occupation and Industry

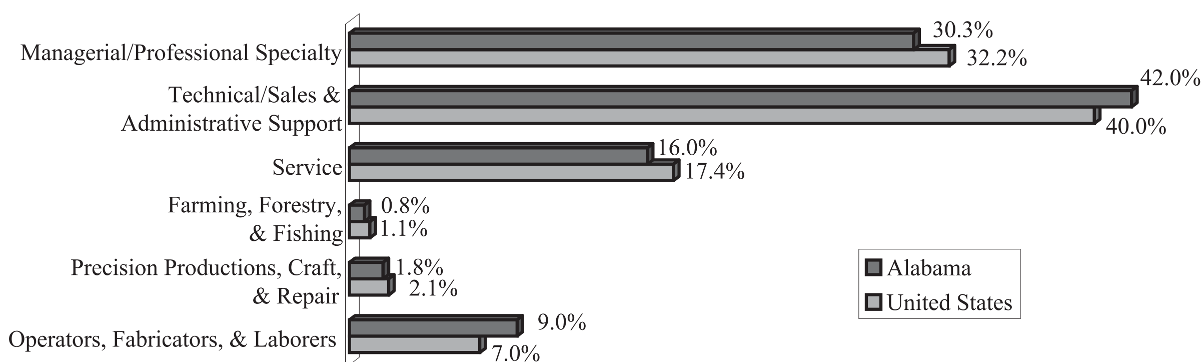
The distribution of women in Alabama across occupations diverges slightly from the distribution in the United States. Nationally, technical, sales, and administrative support occupations provide 40.0 percent of all jobs held by women (see Figure 5.7a). In Alabama, 42.0 percent of working women are employed in these occupations. Women in Alabama are less likely to work in service occupations (16.0 percent versus 17.4 percent) and more likely to work as operators, fabricators, and laborers (9.0 percent versus 7.0 percent, respectively).

Women in Alabama are somewhat less likely to work in managerial and professional specialty occupations than are women in the United States (30.3 percent versus 32.2 percent). As a result, Alabama ranks 30th in the nation for the proportion of itsfemale labor force employed in professional and managerial occupations.

Even when women work in higher paid occupations, such as managerial positions, they earn substantially less than men. An IWPR (1995b) study shows that women managers are unlikely to be among top earners in managerial positions. If women had equal access to top-earning jobs, 10 percent of women managers would be among the top 10 percent of earners for all managers; however, only 1 percent of women managers have earnings in the top 10 percent. In fact, only 6 percent of women had earnings in the top fifth. Similarly, a Catalyst (2000) study showed that only 4.1 percent (just 93) of the highest earning high-level executives in Fortune 500 companies were women as of 2000.

The distribution of employed women in Alabama across industries differs somewhat from that of the United States as a whole (see Figure 5.7b). Alabama

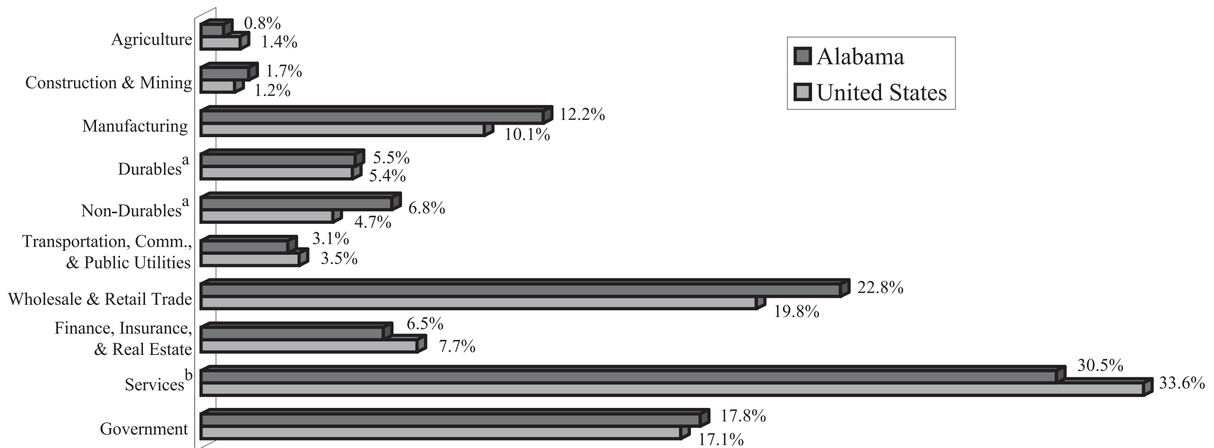
Figure 5.7a
Distribution of Women Across Occupations in Alabama and the United States, 1999



For employed women aged 16 and older.
Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Table 15.
Compiled by the Institute for Women's Policy Research.

women are more likely to work in the manufacturing industries (12.2 percent versus 10.1 percent nationally), and especially in the nondurables sector of manufacturing (6.8 percent versus 4.7 percent). A higher proportion (22.8 percent) of women in Alabama work in the wholesale and retail trade industries than do in the United States as a whole (19.8 percent). In contrast, Alabama women are less likely to work in services: 30.5 percent of all women are employed in the service industries, compared with 33.6 percent in the United States. Alabama women are also less likely to work in the finance, insurance, and real estate (F.I.R.E.) industries than are women in the United States as a whole (6.5 percent versus 7.7 percent nationally). Thus, Alabama's industrial distribution echoes the pattern shown in the occupational distribution above–a disproportionately blue collar economic base with correspondingly less white collar work.

Figure 5.7b
Distribution of Women Across Industries in Alabama and the United States, 1999



For employed women aged 16 and older.

Percents do not add up to 100 percent because 'self-employed' and 'unpaid family workers' are excluded. [a] Durables and nondurables are included in manufacturing. [b] Private household workers are included in services.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Table 17.

Compiled by the Institute for Women's Policy Research.

6. Social and Economic Autonomy

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

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

Ranking 46th among the states, Alabama falls in the bottom half of all states on all four measures of social and economic autonomy. Alabama's lowest rankings are for women's educational attainment, at 45th, and for women living above poverty, at 43rd (Chart 6.1). Alabama ranks somewhat better for women's health insurance coverage (30th) and women's business ownership (33rd) but is still below the midpoint of all states.

Chart 6.1
Social and Economic Autonomy: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 4)	Grade
Composite Social and Economic Autonomy Index	**46**	**2**	**D-**
Percent with Health Insurance (among nonelderly women, 2000)[a]	30	2	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990)[b]	45	2	
Women's Business Ownership (percent of all firms owned by women, 1997)[c]	33	1	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1999)[d]	43	3	

See Appendix II for methodology.
* The national rankings are of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of four and refer to the states in the East South Central region (AL, KY, MS, and TN).
Source: [a] Employee Benefit Research Institute, 2001; [b] Population Reference Bureau, 1993; [c] U.S. Department of Commerce, Bureau of the Census, 2001f; [d] IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

Despite low rankings nationwide, Alabama ranks second within the East South Central region for the composite index of women's social and economic autonomy. It is first for women's business ownership, second for women's health insurance coverage and educational attainment, and third for women living above poverty. These rankings indicate that women in the region do poorly overall on these indicators.

Throughout the country, women have less access than men to most of the resources measured by the social and economic autonomy composite index. Nationally, men are more likely to have a college education, own a business, and live above the poverty line than women are. Women generally have health insurance at higher rates than men, largely because of public insurance programs for the poor such as Medicaid, but rates of both men and women without health insurance are high in the United States. Trends in Alabama do not diverge from these basic patterns, and women in Alabama have even fewer resources than women in other states. As a result, the state receives a grade of D- on the social and economic autonomy composite index.

Access to Health Insurance

Women in Alabama are about as likely as women in the nation as a whole to have health insurance. In Alabama, 16.2 percent of women, compared with 16.6 percent of women in the United States, are not insured (see Table 6.1). Alabama ranks 30th in the nation for the proportion of women insured (Alabama ranks lower than the midpoint of all states, despite a higher proportion of women with health insurance coverage, because the national average is for the country as a whole and not the median for all the states).

On average, women and men in Alabama have slightly less access to employer-based health insurance than women and men in the United States as a whole (67.9 percent and 68.7 percent, respectively, for women; 67.7 percent and 69.6 percent, respectively, for men). In the United States, men are much more likely than women to receive health insurance from their own employment, and women are much more likely than men to receive employment-based health insurance through their spouses' insurance. Alabama follows this national trend. In Alabama, 42.9 percent of women receive employer-based health insurance coverage in their own name, versus 41.9 percent for women in the nation as a whole. In contrast, somewhat fewer women in Alabama receive health insurance as dependents than do women in the United States as a whole (25.0 percent and 26.8 percent, respectively). Still, Alabama women are more likely than men to receive coverage as dependents and less likely to do so in their own name.

Table 6.1
Percent of Women and Men without Health Insurance and with Different Sources of Health Insurance in Alabama and the United States, 2000

	Alabama		United States	
	Women	Men	Women	Men
Number	**1,470,000**	**1,283,000**	**86,993,000**	**83,215,000**
Percent Uninsured	16.2	20.1	16.6	18.8
Percent with Employer-Based Health Insurance	67.9	67.7	68.7	69.6
Own Name	42.9	55.0	41.9	56.4
Dependent	25.0	12.8	26.8	13.2
Percent with Public Insurance	12.8	8.9	11.9	8.5
Percent with Individually-Purchased Insurance	7.1	5.7	6.5	6.1

Women and men aged 18 to 64; total percentages exceed 100 because some people have more than one source of health insurance.
Source: Employee Benefit Research Institute, 2001.
Compiled by the Institute for Women's Policy Research.

In the United States, because women of all ages are more likely than men to have very low incomes, they tend to have health insurance coverage from public sources, such as Medicaid, at higher rates. This is also the case in Alabama. In Alabama, rates of public insurance are slightly higher for both women and men than U.S. rates (12.8 percent in Alabama and 11.9 percent in the United States for women; 8.9 percent in Alabama and 8.5 percent in the United States for men).

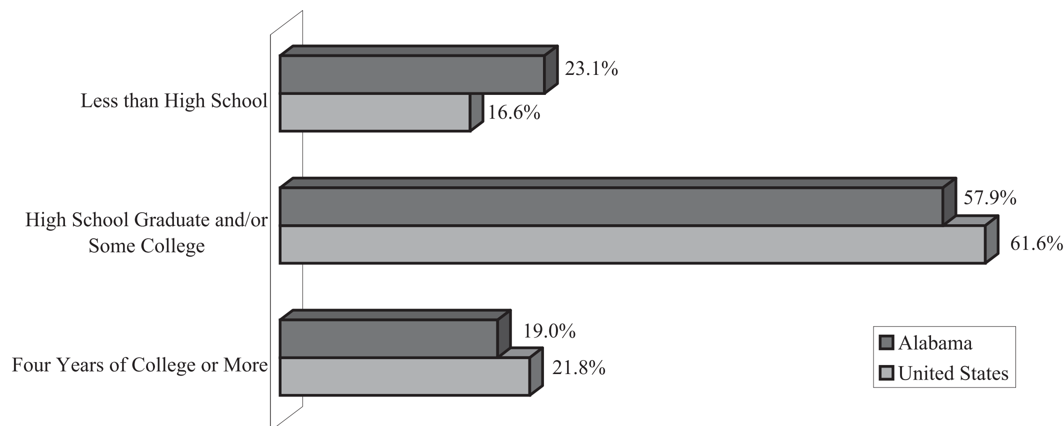
Education

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

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

Regional differences in education are conspicuous. The South and much of the Midwest have lower levels of educational attainment than other areas of the country. This is true for Alabama, which ranked 45th in the nation for the proportion of the female population with four or more years of college. In 2000, only 19.0 percent of women in Alabama had completed a four-year college education, compared with 21.8 percent of women in the United States (see Figure 6.1). The proportion of women older than 25 in Alabama without high school diplomas was substantially larger than that of women in the United States as a whole (23.1 percent and 16.6 percent, respectively). The proportion of women with a high school education or some college in Alabama was 57.9 percent, 3.7 percentage points lower than the national average.

Figure 6.1
Educational Attainment of Women Aged 25 and Older in Alabama and the United States, 2000



Source: U.S. Department of Commerce, Bureau of the Census, 2000a.
Compiled by the Institute for Women's Policy Research.

Focus on Tracking in Alabama Schools: The New Civil Rights Battleground

Alabama has a rich history of struggle for civil rights, especially in the area of education. Still, decades after the passage of civil rights legislation, the state ranks near the bottom on key indicators of the state's educational status, including women and minorities' educational attainment. Current data suggest that Alabama's tracking system in particular has hurt minorities, women, and the poor more than other groups by segregating them into less demanding educational programs. Ability grouping and tracking became especially widespread after the Brown v. Topeka, Kansas Board of Education decision outlawed school segregation in 1954. After Brown, students of different races began to attend the same schools, but they were often tracked into different classes, ostensibly by ability but often for other reasons, including racism (Gordon and Della Piana, 1999).

As recently as 1990, Alabama schools were found to be tracking students based only on teacher recommendations, a system that allowed room for abuse and especially racism. In Selma, a group of parents called Best Education Support Team (B.E.S.T.) organized to fight this system of tracking students. Out of this struggle grew a coalition of organizations whose goal was to raise community awareness about tracking and to eliminate tracking from schools (Gordon and Della Piana, 1999).

Today, education remains a central focus of Alabama's civil rights struggle. One grassroots organization, the Coalition of Alabamians Reforming Education or C.A.R.E., advocates that schools end tracking in the state and the nation as a whole. C.A.R.E. contends that tracking has negatively affected Alabama's ability to advance educationally, politically, and economically (Coalition of Alabamians Reforming Education, 2002).

There is a strong correlation between tracking and poverty. Overwhelmingly, lower-tracked students get a poorer education and tend to drop out of school more. Women are disproportionately affected by tracking in that they are even more likely than men to be segregated into low-paying jobs if they do not complete high school. Tracking seems to contribute to their poverty by contributing to their drop-out rates (Harlan and Berheide, 1994).

In an attempt to improve the quality of education, Alabama now administers the Alabama High School Graduation Examination, which students are required to pass before they receive a high school diploma (Alabama Department of Education, 2001). Unfortunately, these tests have the potential to increase the number of Alabama students who do not graduate from high school and do little to address the continued issues facing low-income and minority students due to tracking.

Some alternatives to tracking include mixed-ability and skill-based groupings, cooperative learning, and unified required core curriculums. While the issue is complicated, education is clearly a civil rights issue in Alabama of concern to women, minorities, and the poor.

Because data for 2000 were available only for the larger states, the rankings on this indicator are based on 1990 data. In 1990, 35.1 percent of women in Alabama had more than a high school education, compared with 42.7 percent of women in the United States. Also in 1990, 13.5 percent of women in Alabama had four years or more of college education, compared with 17.6 percent of women nationally. Thus, in the period from 1990 to 2000, while the proportion of women in the United States with a college education increased by 4.2 percentage points, in Alabama it increased by 5.5 percentage points. As a result, during the 1990s, Alabama caught up somewhat with the nation as a whole (see also Focus on Tracking in Alabama Schools: The New Civil Rights Battleground).

Women Business Owners and Self-Employment

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

According to the U.S. Bureau of the Census, women owned more than 5.4 million firms nationwide in 1997, employing just under 7.1 million persons and generating $878.3 billion in business revenues (U.S. Department of Commerce, Bureau of the Census, 2001f). By 1997, women owned 69,515 or 24.4 percent of firms in Alabama, only slightly less than the national average of 26.0 percent (see Table 6.2). Women-owned firms in the state employed 97,966 people and generated $11.0 billion in total sales and receipts (in 2000 dollars). Alabama ranks 33rd in the country for the proportion of businesses owned by women.

In Alabama, 49.9 percent of women-owned firms were in the service industries. The next highest proportion (22.9 percent) was in retail trade (see Figure 6.2). This distribution is similar to national patterns, although Alabama has relatively more businesses in retail trade and relatively fewer in services.

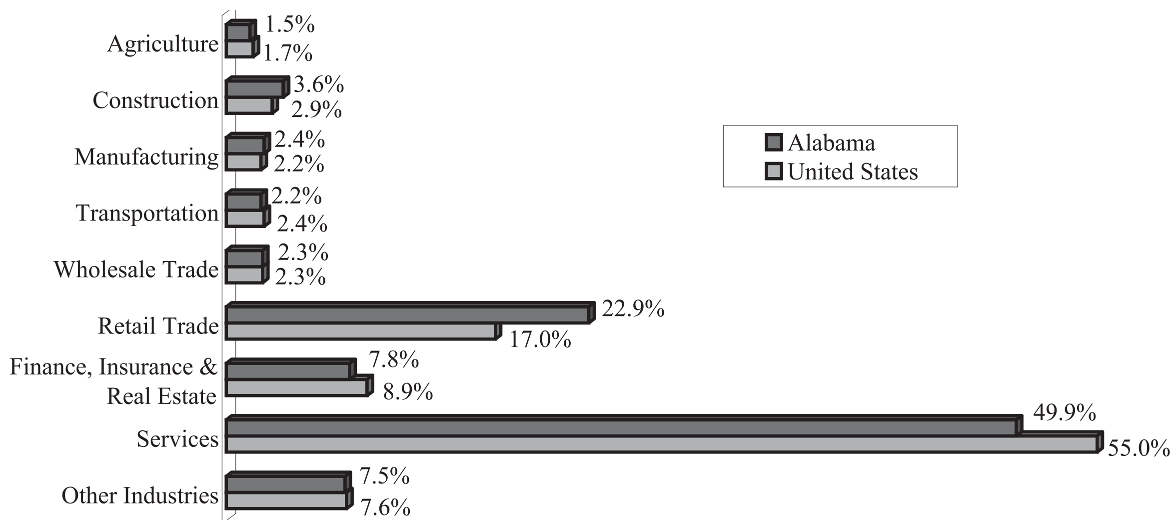
Like women's business ownership, self-employment for women (one kind of business ownership) has also been increasing over recent decades. In 1975, women represented one in every four self-employed workers in the United States, and in 1998 they were approximately two of every five (U.S. Small Business Administration, 1999). The decision to become self-employed is influenced by many factors. An IWPR study shows that self-employed women tend to be older and married, have no young children, and have higher levels of education than average. They are also more likely to be covered by another person's health insurance (Spalter-Roth, Hartmann, and Shaw, 1993). Self-employed women are more likely to work part-

Table 6.2
Women-Owned Firms in Alabama and the United States, 1997

	Alabama	United States
Number of Women-Owned Firms	**69,515**	**5,417,034**
Percent of All Firms that Are Women-Owned	24.4%	26.0%
Total Sales and Receipts (in billions, 2000 dollars)	**$11.0**	**$878.3**
Number Employed by Women-Owned Firms	**97,966**	**7,076,081**

Source: U.S. Department of Commerce, Bureau of the Census, 2001f.
Compiled by the Institute for Women's Policy Research.

Figure 6.2
Distribution of Women-Owned Firms Across Industries in Alabama and the United States, 1997



Source: U.S. Department of Commerce, Bureau of the Census, 2001f.
Compiled by the Institute for Women's Policy Research.

time, with 42 percent of married self-employed women and 34 percent of nonmarried self-employed women working part-time (Devine, 1994).

Unfortunately, most self-employment is not especially well-paying for women, and about half of self-employed women combine this work with another job, either a wage or salaried job or a second type of self-employment (for example, child care and catering). In 1986-87 in the United States, women who worked full-time, year-round at only one type of self-employment had the lowest median hourly earnings of all full-time, year-round workers ($5.63); those with two or more types of self-employment with full-time schedules earned somewhat more ($6.68 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most ($12.24 per hour at the median; all figures in 2000 dollars). Those who combined wage and salaried work with self-employment had median earnings that ranged between these extremes. Many low-income women package earnings from many sources, including self-employment, in an effort to raise their family incomes (Spalter-Roth, Hartmann, and Shaw, 1993).

Some self-employed workers are independent contractors, a form of work that can be largely contingent, involving temporary or on-call work without job security, benefits, or opportunity for advancement. Even when working primarily for one client, independent contractors may be denied the fringe benefits (such as health insurance and employer-paid pension contributions) offered to wage and salaried workers employed by the same client firm. The typical self-employed woman who works full-time, year-round at just one type of self-employment has health insurance an average of only 1.7 months out of twelve, while full-time wage and salaried women average 9.6 months of health insurance coverage (those who lack health insurance entirely are also included in the averages; Spalter-Roth, Hartmann, and Shaw, 1993).

Overall, however, recent research finds that the rising earnings potential of women in self-employ-

ment compared with wage and salary work explains most of the upward trend in the self-employment of married women between 1970 and 1990. This suggests that the growing movement of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Women in Alabama are less likely to be self-employed than women in the United States. In 1999, 4.8 percent of employed women in Alabama were self-employed, compared with 6.1 percent of women nationwide (data not shown; U.S. Department of Labor, Bureau of Labor Statistics, 2001b).

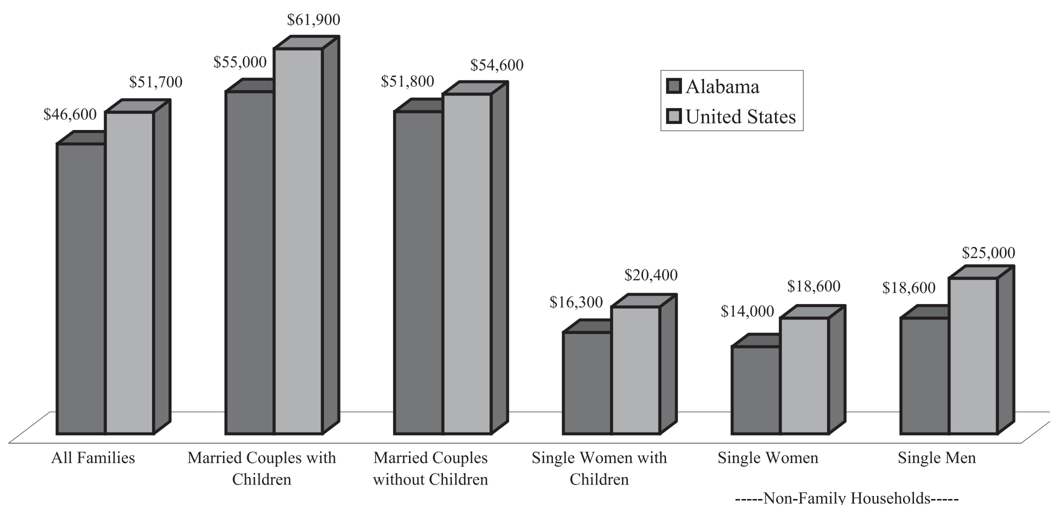
Women's Economic Security and Poverty

As women's responsibility for their families' economic well-being grows, the continuing wage gap and women's prevalence in low-paid, female-dominated occupations impede their ability to ensure their families' financial security, particularly for single mothers. In the United States, median family income for single-mother households was $20,400 in 1999, while that for married couples with children was $61,900 (see Figure 6.3). Figure 6.3 also shows that household income was lower on average for all family types, including single-mother families, in Alabama than in the United States.

The proportion of women aged 16 and older in poverty in 1999 was larger in Alabama than in the United States-14.9 percent and 12.0 percent, respectively (see Figure 6.4). Alabama ranks 43rd in the nation and third of the four states in its region for women living above poverty.

Women's poverty rates vary by race and ethnicity nationally and in Alabama. Nationally, 23.5 percent of African American women aged 16 and older were living below the poverty level, compared with only 8.5 percent of white women in 1999. In Alabama, 30.6 percent of African American women were living in poverty, compared with only 9.2 percent of white women. Data on poverty levels were not available for Native American women, Asian

Figure 6.3
Median Annual Income for Selected Family Types and Single Women and Men in Alabama and the United States, 1999 (2000 dollars)



Data for single men with children were not available due to small sample size.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

American women, and Hispanic women in Alabama due to small sample sizes. However, nationally, 22.8 percent of Native American women, 22.4 percent of Hispanic women, and 10.9 percent of Asian American women aged 16 and older were living in poverty (data not shown; IWPR, 2001b).

As Figure 6.5 shows, poverty rates for all family types, except married couples with children, were higher in Alabama than in the nation as a whole. Alabama's poverty rate for single-mother families is nearly 25 percent higher than the national rate (44.2 percent and 35.7 percent, respectively).

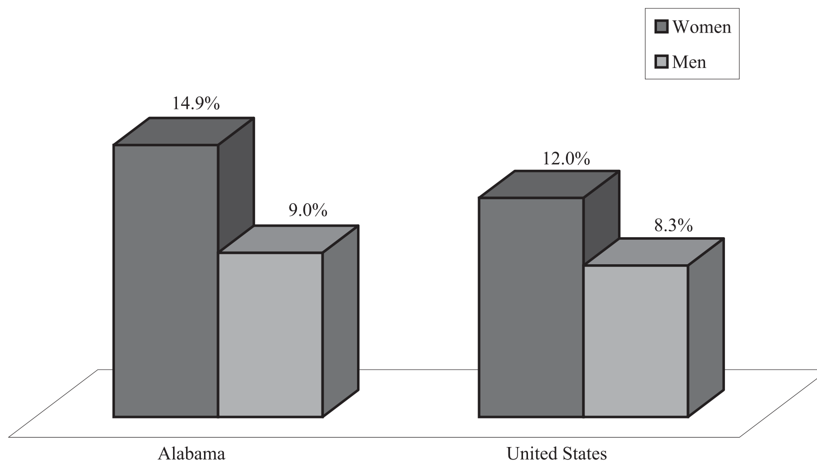
Although the poverty line is the federal standard of hardship in the United States, some researchers have begun to use basic family budgets as a more realistic measure of hardship. When the federal poverty line was created, it sought to measure the minimum amount of income needed for survival, by calculating minimum food expenses and multiplying them by three (Fisher, 1992). In contrast, the basic family budget method sets a higher standard by measuring how much income is required for a safe and decent standard of living. It also calculates the cost of every major budget item a family needs-including housing, child care, health care, transportation, food, and taxes-based on family composition and where the family resides (Boushey, et al., 2001). It can be tailored specifically to a particular family type and to a specific region, state, or city. Thus, the family budget measure is more sensitive to variations in cost or standard of living than the federal poverty line, which is the same for all states. Over two and a half times as many people live below the basic family budget level as below the official poverty level in the United States.

Table 6.3 shows the proportion of people in families living below a minimum family budget level in Alabama and the United States. Nationally, the proportion of people in these families (consisting of one or two parents and one to three children under the age of twelve) was 27.6 percent in 1999, much higher than the proportion living below the federal poverty line (10.1 percent). In Alabama, 31.7 percent of people had incomes below a basic family budget level, substantially higher than in the United States as a whole.

Since Alabama is a relatively low-income state, and many low-income states also have lower costs of living, Alabama's high rates of poverty could overstate hardship in the state relative to other states. The proportion of people in families living in poverty in Alabama and the proportion of people in families living below the minimum family budget level are both higher in Alabama than in the United States as a whole, however. Thus, Alabama's high poverty rates are not due solely to overstatement.

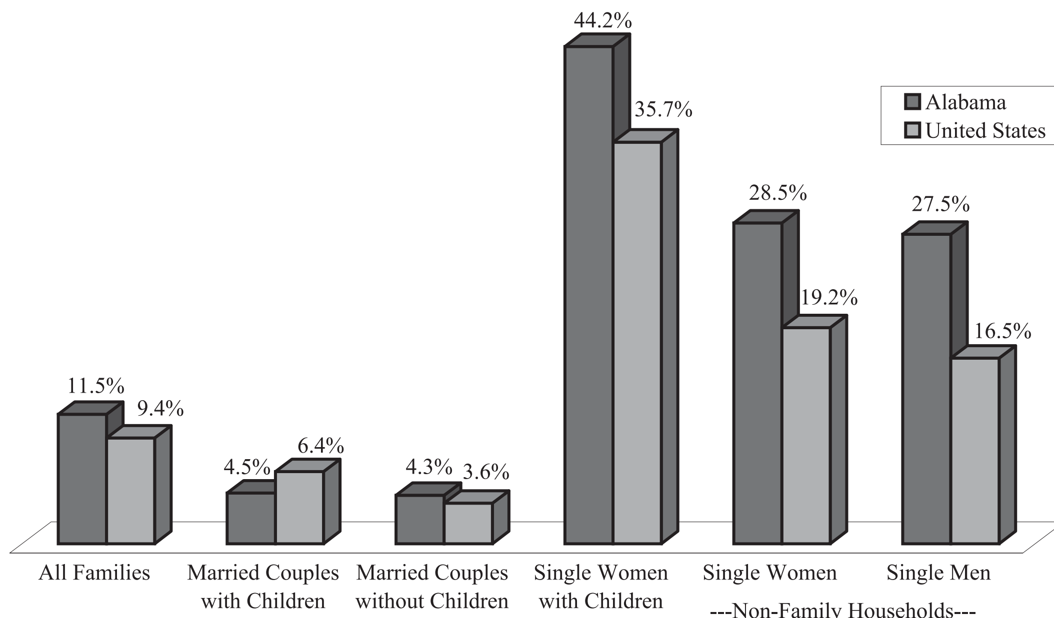
Along with Alabama's higher overall rate of family poverty, the poverty rate for single women with children is considerably higher than the nationwide rate (44.2 percent and 35.7 percent, respectively). In Alabama and in the nation as a whole, single women with children experience much higher levels of

Figure 6.4
Percent of Women and Men Living in Poverty in Alabama and the United States, 1999



Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

Figure 6.5
Poverty Rates for Selected Family Types and Single Women and Men in Alabama and the United States, 1999



Data for single men with children were not available due to small sample size.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

poverty than any other family or household type (see Figure 6.5). Even these high rates of poverty probably understate the degree of hardship among single-mother families, especially among working mothers. While counting noncash benefits would reduce their poverty rates, adding the cost of child care for working mothers would increase the calculated poverty rates in Alabama and the nation (Renwick and Bergmann, 1993). Child care costs were not included at all in family expenditures when federal poverty thresholds were developed. For the country as a whole, single parents who do not work have basic cash needs at about 64 percent of the poverty line, while those who work have basic cash needs ranging from 113 to 186 percent of the poverty line, depending on the number and ages of their children. Overall, the net effect of this under- and over-estimation of poverty was a significant underestimation. Renwick and Bergmann estimate a 1989 national poverty rate of 47 percent, compared with an official estimate of 39 percent, for single-parent families (Renwick and Bergmann, 1993). Poverty rates for low-income, married-couple

Table 6.3
Number and Percent of Persons in Families with Incomes Less Than a Minimum Family Budget Level* in Alabama and the United States, 1998

	Alabama	United States
Number of Persons	233,000	14,154,000
Percent of Persons	31.7%	27.6%

* The Minimum Family Budget Level calculates the amount a family would need to earn to afford housing, food, child care, health insurance, transportation, and utilities. Families consist of one or two parents and one to three children under the age of twelve.
Source: Boushey, et. al., 2001.
Compiled by the Institute for Women's Policy Research.

families would also be much higher if child care costs were included (Renwick, 1993).

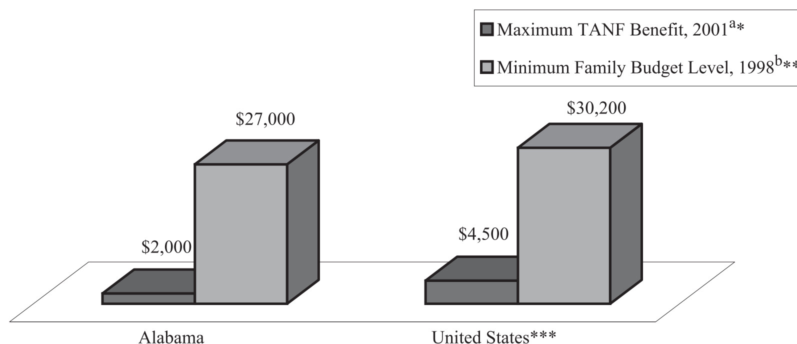
Another factor contributing to poverty among all types of households is the wage gap. IWPR research has found that in the nation as a whole, eliminating the wage gap, and thus raising women's wages to a level equal to those of men with similar qualifications, would cut the poverty rate among working married women and single mothers approximately in half. In Alabama, poverty among working single-mother households would have dropped from 33.0 percent to 16.3 percent in 1997 (Hartmann, Allen, and Owens, 1999). While eliminating the wage gap would not completely eliminate poverty or hardship–there would still be many low-wage jobs–pay equity provisions would help many women support their families

State Safety Nets for Economic Security

State and national safety nets, such as TANF and unemployment insurance, can be crucial in assisting women and families who lack economic security. The amount of cash welfare benefits varies widely from state to state. Figure 6.6 compares Alabama's maximum annual welfare benefit with the basic family budget level in the state, as a measure of how well the state's welfare safety net helps poor women achieve an acceptable standard of living. The poverty of many families is not alleviated by welfare payments alone; many families also receive food stamps or other forms of noncash benefits. Still, research shows that, even when adding the value of noncash benefits, many women and their families remain poor (U.S. Department of Commerce, Bureau of the Census, 1997). In Alabama, as in all of the United States, TANF benefits are substantially below basic family budget levels. In addition, Alabama's benefits are much lower than the U.S. average–only 44 percent of the national average. In Alabama, the maximum annual TANF benefit is only 7.4 percent of the basic family budget level in the state, compared with 14.9 percent nationally.

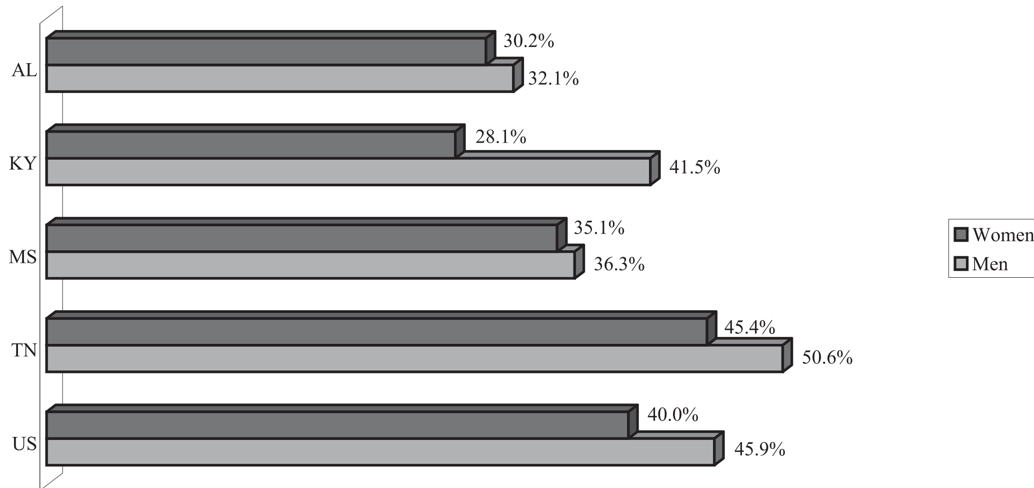
Alabama also does a worse than average job of providing a safety net for unemployed women. The unemployment rate for women in Alabama (4.8 percent) was higher than the national average of 4.1 percent in 2000 (see Figure 5.5), while the percent of unemployed women in Alabama receiving unemploy-

Figure 6.6
Maximum Annual TANF Benefits and Minimum Family Budget Levels in Alabama and the United States



* TANF benefits are for a family of three with two children.
** The Minimum Family Budget Level calculates the amount a family (consisting of one parent and two children under the age of twelve) would need to earn to afford housing, food, child care, health insurance, transportation, and utilities (in 2000 dollars).
*** United States figures are medians among all 50 states and the District of Columbia.
Source: [a] Welfare Information Network, et al., 2001; [b] Boushey, et al., 2001.
Compiled by the Institute for Women's Policy Research.

Figure 6.7
Percent of Unemployed Women and Men with Unemployment Insurance in the East South Central States and the United States, 2001



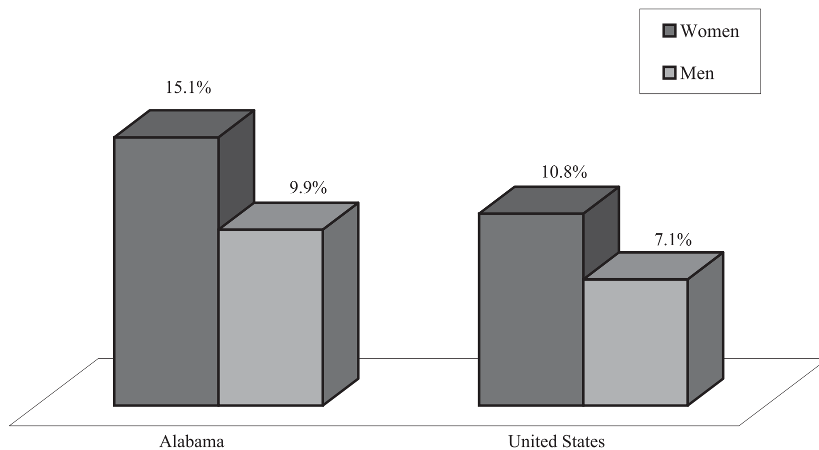
Source: Emsellem, et al., 2002.
Compiled by the Institute for Women's Policy Research.

ment insurance benefits was much lower than in the United States (30.2 percent, compared to 40.0 percent for women in the nation as a whole; see Figure 6.7). The same is true for unemployed men in Alabama–the percent of unemployed men was higher, and the rate of unemployment insurance benefit receipt for men was much lower, in Alabama than nationwide in 2000. Regionally, Alabama ranks third of four in benefit receipt for unemployed women.

Poverty and Age

Despite the increase in women's participation in the paid labor force over the past three decades, a variety of factors, such as the persistence of the wage gap, differences in women's and men's family responsibilities, and the rise in divorce and single motherhood, has left many women economically disadvantaged in their old age, and this situation is expected to continue (National Council of Women's Organizations, Task Force on Women and Social Security, 1999). In 1999, 10.8 percent of women aged 50 and older were living in poverty, compared with 7.1 percent of men aged 50 and older in the United States (see Figure 6.8).

Figure 6.8
Percent of Women and Men Aged 50 and Older Living in Poverty in Alabama and the United States, 1999

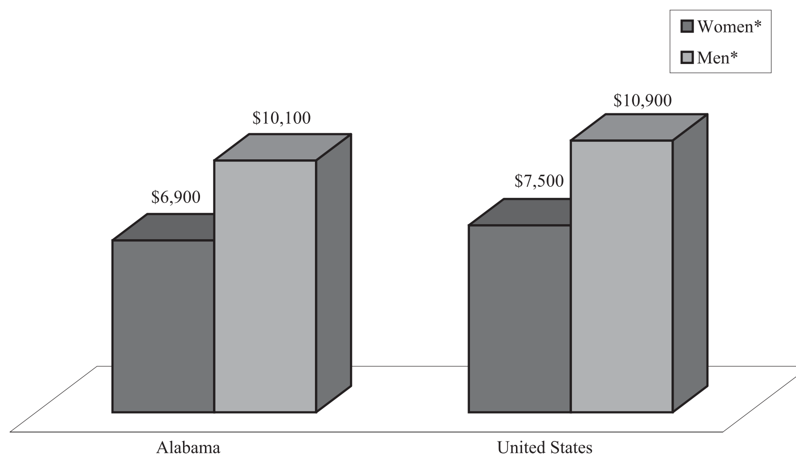


Source: IWPR, 2001a.
Calculated by the Institute for Women's Policy Research.

Poverty rates for those 50 and older were higher in Alabama, with 15.1 percent of women and 9.9 percent of men aged 50 and older living in poverty.

Among those who receive Social Security benefits, median annual benefits for women aged 50 and older in Alabama are lower than they are nationally ($6,900 and $7,500, respectively), probably because earnings are lower. Median annual benefits for men aged 50 and older in Alabama are also lower than nationally ($10,100 and $10,900, respectively; see Figure 6.9).

Figure 6.9
Median Annual Social Security Benefits Among Women and Men Aged 50 and Older in Alabama and the United States, 1999



*Among those receiving benefits.
Source: IWPR, 2001a.
Calculated by the Institute for Women's Policy Research.

Social Security is the core of our nation's social insurance program for the elderly. For most people, it is the only income source that is adjusted fully for inflation and is not outlived. Typically, women are more dependent on Social Security because they earn less, have fewer pension plan resources, and live longer than men. Indeed, without Social Security, more than half of all women aged 65 or older would be poor. Social Security has helped reduce poverty rates among the elderly from 35 percent in 1959 to less than 11 percent in 1999. For 25 percent of unmarried elderly women (widowed, divorced, separated, or never married), Social Security is their only source of income (National Council of Women's Organizations, Task Force on Women and Social Security, 1999).

7. Reproductive Rights

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

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

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

The reproductive rights composite index shows that Alabama, which ranks third in its region and 46th in the nation, lacks adequate policies concerning the reproductive rights of women when compared with other states (see Chart 7.1, Panels A and B). Access to services is a particular problem in the state: there are many legal limitations on abortion, and less than half of the state's women live in counties with abortion providers. Alabama's grade of F on the reproductive rights index reflects the gap between the ideal status of women's reproductive rights and resources and their actual status within the state.

Access to Abortion

Mandatory consent laws require minors to gain the consent of one or both parents before a physician can perform an abortion procedure, while notification laws require that they notify one or both parents of the decision to have an abortion. Of the 43 states with consent or notification laws on the books as of

Chart 7.1 Panel A
Reproductive Rights: National and Regional Ranks

	National Rank* (of 51)	Regional Rank* (of 4)	Grade
Composite Reproductive Rights Index	46	3	F

See Appendix II for methodology.
* The national ranking is of a possible 51, including the 50 states and the District of Columbia. The regional ranking is of a maximum of four and refers to the states in the East South Central region (AL, KY, MS, and TN).
Calculated by the Institute for Women's Policy Research.

Chart 7.1 Panel B
Components of the Reproductive Rights Composite Index

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Does Alabama allow access to abortion services:				
Without mandatory parental consent or notification?[a]		✓		8
Without a waiting period?[a]		✓		29
Does Alabama provide public funding for abortions under any or most circumstances if a woman is eligible?[a]		✓		16
What percent of Alabama women live in counties with an abortion provider?[b]			42%	68%
Is Alabama's state government pro-choice?[c]				
Governor		✓		17
Senate		✓		11
House of Representatives		✓		8
Does Alabama require health insurers to provide comprehensive coverage for contraceptives?[d]		✓		19
Does Alabama require health insurers to provide coverage for infertility treatments?[e]		✓		11
Does Alabama allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?[f]*	✓			25
Does Alabama require schools to provide sex education?[g]**		✓		23

* Most states that allow such adoptions do so as a result of court decisions. In Alabama, a lower-level court has ruled in favor of second-parent adoption.

** Alabama requires HIV and STD education, but not sex education.

Source: [a] NARAL and NARAL Foundation, 2002; [b] Henshaw, 1998; [c] NARAL and NARAL Foundation, 2001; [d] Alan Guttmacher Institute, 2002a; [e] Plaza, 2001a; [f] National Center for Lesbian Rights, 2001; [g] Alan Guttmacher Institute, 2002b.

Compiled by the Institute for Women's Policy Research.

December 2001, 33 enforce their laws. Of these 33 states, 15 enforce notification laws and 18 enforce consent laws. In states with notification or consent laws, 38 allow for a judicial bypass if the minor appears before a judge and provides a reason that parental notification would place an undue burden on the decision to have an abortion. Two states provide for physician bypass, and two allow for both judicial and physician bypass. Utah is the only state to have no bypass procedure. As of December 2001, Alabama still enforces its mandatory consent law (requiring consent of one parent) but allows for a judicial bypass (see Chart 7.1, Panel B).

Waiting period legislation mandates 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. Waiting periods range from one to 72 hours. Of the 22 states with mandatory waiting periods, Alabama is one of 18 states (with waiting periods ranging from one to 24 hours) that enforce their laws. Alabama's waiting period legislation, passed in 2002, requires a waiting period of 24 hours.

Public funding for women who qualify can be instrumental in reducing the financial obstacles to abortion for low-income women. In some states, public funding for abortions is available only under specific circumstances, such as rape or incest, life endangerment to the woman, or limited health circumstances of the fetus. Eighteen states fund abortions in all or most circumstances. Alabama is one of 28 states that do

not provide public funding for abortions under any circumstances other than those required by the federal Medicaid law, which are when the pregnancy results from reported rape or incest or threatens the life of the woman.

The percent of women in Alabama living in counties with abortion providers measures the availability of abortion services to women in the state. This proportion ranges from 16 to 100 percent across the states. As of 1996, in the bottom three states, 20 percent or fewer women lived in counties with at least one provider, while in the top six states, more than 90 percent of women lived in counties with at least one (Henshaw, 1998). At 42 percent of women in counties with a provider, Alabama's proportion falls near the bottom of the nation. In 41 states, more than half of all counties have no abortion provider, and in 21 states more than 90 percent of counties had none (Henshaw, 1998). In Alabama, 62 out of 67 counties (93 percent) have no abortion provider.

Debates over reproductive rights and family planning policies frequently involve potential restrictions on women's access to abortion and contraception, and the stances of elected officials play an important role in the success or failure of these efforts. To measure the level of support for or opposition to potential restrictions, the National Abortion and Reproductive Rights Action League (NARAL) examined the votes and public statements of governors and members of state legislatures. NARAL determined whether these public officials would support restrictions on access to abortion and contraception, including (but not limited to) provisions concerning parental consent, mandatory waiting periods, prohibitions on Medicaid funding for abortion, and bans on certain abortion procedures. NARAL also gathered official comments from governors' offices and conducted interviews with knowledgeable sources involved in reproductive issues in each state (NARAL and NARAL Foundation, 2001). For this study, governors and legislators who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. In Alabama, the governor and the majority of members of the state Senate and House of Representatives are all anti-choice.

Other Family Planning Policies and Resources

About 49 percent of traditional health plans do not cover any reversible method of contraception such as the pill or IUD. Others will pay for one or two types but not all five types of prescription methods–the pill, implants, injectables, IUDs, and diaphragms. About 39 percent of HMOs cover all five prescription methods (The Alan Guttmacher Institute, 1996). Because of the importance of contraception to women's control over their reproductive lives, women's advocates and policymakers have focused on insurance coverage of contraception as an important issue to women. Responding to a set of lawsuits filed against individual companies, in 2000 the Equal Employment Opportunity Commission ruled that employers that offer coverage for comparable prescription drugs must also cover prescription contraceptives under federal anti-discrimination laws.

Controversy about contraceptive coverage is leading lawmakers in many states to introduce bills that would require health insurers to cover contraception. Nineteen states require all private insurers to provide comprehensive contraceptive coverage. Seven states have provisions requiring partial coverage for contraception. In four of these states, insurance companies must offer at least one insurance package that covers some or all birth control prescription methods. One state, Minnesota, requires coverage of all prescription drugs, including contraceptives. Another, Texas, requires insurers with coverage for prescription drugs to cover oral contraceptives. In Oklahoma, a state regulation mandates that HMOs cover "voluntary family planning services," which is interpreted to include some kind of contraception (NARAL and NARAL Foundation, 2001). Alabama does not have any of these requirements.

Publicly funded contraceptive services prevent many unintended pregnancies each year among the young, the unmarried, and the poor (Forrest and Amara, 1996). In addition to giving women more control over family planning, contraceptive services are financially beneficial. Every dollar spent for contraceptive services saves three dollars in public funds that would otherwise be needed for prenatal and new-

born medical care alone (Frederick, 1998). In the United States, 39 percent of all women who are in need of publicly supported contraceptive services are served at publicly supported family planning clinics, compared to 43 percent in Alabama (Table 7.1). Thirty-eight percent of teenage women in need of publicly supported contraceptive services in Alabama are served at publicly supported clinics, while 37 percent of teenage women nationally are. In order to support all women in choosing their family size, states should make a commitment to expand publicly supported contraceptive services.

Infertility treatments can also increase the reproductive choices open to women and men, but they are often prohibitively expensive, especially when they are not covered by insurance. In eleven states, legislatures have passed measures requiring insurance companies to pay for infertility treatments. In another three states, insurance companies must offer at least one package with infertility coverage to their policyholders (Plaza, 2001a). In Alabama, insurance companies are not required to cover infertility treatments at all.

Because there is no comprehensive federal law concerning the reproductive rights of lesbians and gays, state courts currently hold considerable power over their choices in building their families. Courts have exercised this power in many ways, for example, by deciding whether lesbians and gays can legally adopt their partners' children, sometimes called second-parent adoption.

Second-parent adoption provides the legal rights to otherwise non-legal parents in same-sex relationships that many legal parents take for granted, such as custodial rights in the case of divorce or death and the right to make health care decisions for the child. Research also suggests that children raised by homosexual parents have the same advantages and levels of health and development as those whose parents are heterosexual (American Academy of Pediatrics, 2002).

Court rulings in 25 states specifically extend second-parent adoption to lesbians and gays. In 18 of those states, lower courts have approved a petition to adopt; in five states, high or appellate courts have prohibited discrimination; and in two states, the state supreme court has prohibited discrimination against gays or lesbians in second-parent adoption cases. In six states, courts have ruled against second-parent adoption. Because many of the rulings have been issued from lower-level courts, there is room for these laws–both in favor of and against second-parent adoption–to be overturned by courts at a higher level. In addition, courts in the remaining 20 states have not ruled on a case involving second-parent adoption, creating a sense of ambiguity for lesbian and gay families. Only one state, Florida, has specifically banned second-parent adoption through state statute (National Center for Lesbian Rights, 2001). In Alabama, a lower-level court has ruled that the non-legal parent in a gay/lesbian couple may adopt his/her partner's child.

Sexuality education is crucial 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. In 23 states, schools are required to provide sex education. Of those 23, nine states require that sexuality education

Table 7.1
Contraceptive Coverage Among Low-Income and Teenage Women in Alabama and the United States, 1995

	Alabama	United States
Percent of All Women in Need of Publicly Supported Contraceptive Services Who are Served by Publicly Supported Family Planning Clinics	43%	39%
Percent of Teenage Women in Need of Publicly Supported Contraceptive Services Who are Served by Publicly Supported Family Planning Clinics	38%	37%

Source: Fredrick, 1998.
Compiled by the Institute for Women's Policy Research.

teach abstinence and also provide students information about contraception. Three states require that sex education programs teach abstinence but do not require that schools provide students information about contraception (NARAL and NARAL Foundation, 2001). Alabama does not require mandatory sex education in public schools. It does, however, require HIV/STD education, with an emphasis on abstinence (The Alan Guttmacher Institute, 2002b).

Fertility and Natality

Women's reproductive rights are crucial to their ability to control the timing and circumstances of giving birth. This, in turn, gives them more control over their economic, health, and social status. Women's reproductive rights can also improve the economic and health status of their children, since women's ability to achieve their own well-being affects the well-being of their families.

By 2000, the median age for women at the time of their first marriage was 25.1 years. As of 1999, the median age at first birth was 24.5 years (Fields and Casper, 2001; National Center for Health Statistics, 2001b). Fertility rates are lower in Alabama than in the nation as a whole. Table 7.2 shows 65.0 live births per 1,000 women aged 15-44 in Alabama,

Table 7.2
Fertility, Natality, and Infant Health

	Alabama	United States
Fertility Rate in 2000 (live births per 1,000 women aged 15-44)[a]	**65.0**	**67.5**
Infant Mortality Rate in 1999 (deaths of infants under age one per 1,000 live births)[b]	**9.8**	**7.1**
Among Whites	6.9	5.8
Among African Americans	16.0	14.6
Percent of Low Birth Weight Babies (less than 5 lbs, 8 oz.),1999[a]	**9.3%**	**7.6%**
Among Whites	7.3%	6.6%
Among African Americans	13.6%	13.1%
Among Hispanics	6.6%	6.4%
Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 1999[c]	**83%**	**83%**
By Race and Ethnicity:		
Among Whites	90%	88%
Among African Americans	71%	74%
Among Hispanics	61%	74%
Among Asian Americans	84%	84%
Among Native Americans	76%	70%
By Age:		
Under Age 15	43%	48%
Ages 15-19	68%	69%
Ages 20-24	80%	78%
Ages 25-29	89%	87%
Ages 30-34	92%	90%
Ages 35 and Older	89%	88%
Births to Teenage Women (aged 15-19 years) as a Percent of all Births, 1999[d]	**14.2%**	**14.5%**
Births to Unmarried Women as a Percent of All Births, 1999[d]	**33.3%**	**33.0%**

Sources: [a] Martin, et al., 2002; [b] National Center for Health Statistics, 2001c; [c] National Center for Health Statistics, Division of Health Promotion, 2001; [d] U.S. Department of Commerce, Bureau of the Census, 2001d.
Compiled by the Institute for Women's Policy Research.

compared to 67.5 births per 1,000 women aged 15-44 in the United States as a whole, in 2000.

Table 7.2 also shows that there were 9.8 infant deaths per 1,000 births in Alabama, a rate higher than that for the United States as a whole, at 7.1 infant deaths per 1,000. Infant mortality also affects white and African American communities in Alabama and the United States at very different rates. In Alabama, the infant mortality rate is 6.9 per 1,000 for white infants and 16.0 for African American infants. In the United States, mortality rates are 5.8 for white infants and 14.6 for African American infants. While infant mortality rates are higher among both groups in Alabama than nationally, the racial disparity is also greater in Alabama than nationwide (National Center for Health Statistics, 2001c). African American infant mortality rates are more than double those of whites in Alabama and nationwide.

Low birth weight (less than 5 lbs., 8 oz.) among babies also affects different racial and ethnic groups at different rates. In Alabama, while the overall low birth weight rate is 9.3 percent (compared to 7.6 percent nationally), the percent of births of low weight is 7.3 among white infants, 6.6 among Hispanic infants, and 13.6 among African American infants. In the United States, the percent of births of low weight among white infants was 6.6; for Hispanic infants, it was 6.4; and for African American infants, it was 13.1. Nationally, disparities in both infant mortality and low birth-weight rates between African Americans and whites are growing. These differences are probably related to a variety of factors, including disparities in socioeconomic status, nutrition, maternal health, and access to prenatal care, among others (U.S. Department of Health and Human Services, Public Health Service, 2000).

For all women, access to prenatal care can be crucial to health during pregnancy and to reducing the risk of infant mortality and low birth weights (U.S. Department of Health and Human Services, Public Health Service, 2000). In the country as a whole and in Alabama, about 83 percent of women begin prenatal care in their first trimester of pregnancy. Use of prenatal care varies sharply by race and education. In the United States as a whole, 88 percent of white women use prenatal care in the first trimester, while 84 percent of Asian American women, 74 percent of African American and Hispanic women, and 70 percent of Native American women do. In Alabama, 90 percent of white women, 84 percent of Asian American women, 71 percent of African American women, 61 percent of Hispanic women, and 76 percent of Native American women do. Thus, while white, Native American, and Asian American women are more likely to use prenatal care in Alabama than in the nation as a whole, African American and Hispanic women in Alabama are less likely to do so.

Use of prenatal care in the first trimester varies greatly by age, as well. In the United States, just 48 percent of girls under age 15 received prenatal care in 1999, compared with 69 percent of those aged 15-19. Rates were much higher, from 78 to 90 percent, for women over age 20. In Alabama, younger women are even less likely to get prenatal care than in the national population. Only 43 percent of women under 15 and 68 percent of women aged 15-19 receive prenatal care in Alabama. Women in Alabama are more likely to receive prenatal care as they get older. Prenatal care rates range from 80 percent to 92 percent among women aged 20-34. After the age of 35, 89 percent of women received prenatal care, slightly higher than the national average.

Teenage mothers can have difficulties achieving an adequate standard of living because of their limited choices about education and employment (The Alan Guttmacher Institute, 1994; U.S. Department of Health and Human Services, Public Health Service, 2000). In addition, as Table 7.2 shows, teenage women have decreased access to prenatal care in the first trimester compared to older women. In 1999, births to teenage mothers accounted for a slightly smaller proportion of all births in Alabama (14.2 percent) than they did nationally (14.5 percent). In contrast, births to unmarried mothers accounted for a slightly larger proportion of all births in Alabama than they did nationally (33.3 percent in Alabama compared with 33.0 percent for the nation as a whole; U.S. Department of Commerce, Bureau of the Census, 2001d).

8. Health and Well-Being

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

This section focuses on women's health in Alabama. The composite index of women's health and well-being includes several indicators, including mortality from heart disease, breast cancer, and lung cancer; the incidence of diabetes, chlamydia, and AIDS; women's mental health status and mortality from suicide; and limitations on women's everyday activities. Because research links women's health and well-being to their ability to access the health care system (Mead, et al., 2001), this section also presents information on women's use of preventive services, health-related behaviors, and state-level policies and

Chart 8.1
Health and Well-Being: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 4)	Grade
Composite Health and Well-Being Index	**33**	**1**	**C-**
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1996-98)[a]	17	1	
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1996-98)[a]	16	1	
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1996-98)[a]	13	1	
Percent of Women Who Have Ever Been Told They Have Diabetes (2000)[b]	44	2	
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 2000)[c]	47	3	
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, 2000)[d]	33	2	
Average Number of Days per Month on which Women's Mental Health Is Not Good (2000)[b]	38	2	
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1996-98)[e]	29	3	
Average Number of Days per Month on which Women's Activities Are Limited by Their Health (2000)[b]	45	3	

See Appendix II for methodology.
* The national rankings are of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of four and refer to the states in the East South Central region (AL, KY, MS, and TN).
Source: [a] National Center for Health Statistics, 2001a; [b] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; [c] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001; [d] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001; [e] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.
Calculated by the Institute for Women's Policy Research.

resources concerning women's health issues. Information on women's access to health insurance is presented earlier in this report.

Although women on average live longer than men–79 years compared with 73 years for men in the United States in 1998–women suffer from more nonfatal acute and chronic conditions and are more likely to live with disabilities and suffer from depression. In addition, women have higher rates of health service use, physician visits, and prescription and nonprescription drug use than men (Mead, et al., 2001).

Women's overall health status is closely connected to many of the other indicators in this report, including women's poverty status, access to health insurance, reproductive rights, and family planning. As a result, it is important to consider women's health as embedded in and related to their political, economic, and social status (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University, 2001). For example, many studies find direct and indirect relationships between income, education and work status, and health. Poor, uneducated women with few work opportunities are more likely to be unhealthy. Women with low incomes, little education, and no jobs also face significant problems accessing the health care system, which indirectly influences their health status (Mead, et al., 2001). Research shows that, in contrast, women's employment has a positive effect on health. Studies suggest the link may result both because work provides health benefits to women and because healthier women "self-select" to work (Hartmann, Kuriansky, and Owens, 1996). Finally, research suggests that across the states, women's mortality rates, cause-specific death rates, and mean days of activity limitations due to health are highly correlated with their economic and political status, and especially with their political participation and with a smaller wage gap (Kawachi, et al., 1999).

Alabama is in the middle third of all states on indicators of women's health and well-being, ranking 33rd (see Chart 8.1). The state performs well on some indicators of women's health, with relatively low rates of mortality from breast cancer (13th), lung cancer (16th), and heart disease (17th). In contrast, the state ranks just below average for women's mortality from suicide (29th) and incidence of AIDS (33rd). It falls well below average for women's overall mental health (38th) and in the bottom ten states for women's incidence of diabetes (44th) and chlamydia (47th) and for women's activities limitations due to health (45th).

Within the East South Central region, Alabama's rankings range from first for women's mortality from heart disease, lung cancer, and breast cancer to third for incidence of chlamydia, mortality from suicide, and activities limitations due to health. Overall, the state is first regionally. Its relatively high regional rankings, despite relatively low national rankings, indicate that women's health in the East South Central region is generally poor.

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

Mortality and Incidence of Disease

Heart disease has been the leading cause of death for both women and men of all ages in the United States since 1970. It is the second leading cause of death among women aged 45-74, following all cancers combined. It remains the leading cause of death for women aged 75 and older even when all cancers are combined (National Center for Health Statistics, 2001d). Since many of the factors contributing to heart disease, including high blood pressure, smoking, obesity, and inactivity, can be addressed by changing women's health habits, states can contribute to decreasing rates of death from heart disease by raising awareness of its risk factors and how to modify them. In addition, states can implement policies that facilitate access to health care professionals and preventive screening services.

Women in Alabama experience mortality from heart disease at a rate considerably below the U.S. rate (130.5 and 161.7 per 100,000 population, respectively; see Table 8.1). The state ranks 17th among all the states on this indicator. Men's mortality from heart disease is also lower in Alabama than in the country

Table 8.1
Mortality and Incidence of Disease Among Women in Alabama and the United States

Indicator	Alabama	United States
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 1996-98[a]	130.5	161.7
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 1996-98[a]	38.7	41.3
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 1996-98[a]	26.9	28.8
Percent of Women Who Have Ever Been Told They Have Diabetes, 2000[b]	7.4	5.9*
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000), 2000[c]	604.9	404.0
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), 2000[d]	5.8	8.7

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

Source: [a] National Center for Health Statistics, 2001a; [b] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; [c] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001; [d] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001.

Compiled by the Institute for Women's Policy Research.

as a whole (234.4 and 266.2 per 100,000 population, respectively; data not shown; National Center for Health Statistics, 2001a).

Women's mortality from heart disease varies greatly by race and ethnicity in Alabama and in the United States. As Figure 8.1 shows, mortality rates from heart disease are generally much higher among African American women than among white women, while Asian American women have the lowest rates. In the United States, the mortality rate from heart disease for 1996-98 among all women was 161.7 deaths per 100,000 women. For African American women, it was much higher, at 195.3 deaths per 100,000, while for white women it was 159.8. For Hispanic women, the rate was only 113.4 deaths per 100,000; for Asian American women, it was 89.5; for Native American women, it was 94.2. In Alabama, the pattern of mortality from heart disease among white and African American women differs somewhat from that in the nation as a whole. African American women experienced mortality from heart disease at a rate of 139.5 per 100,000, and white women's rate was 128.9 per 100,000. Thus, while African American women have a higher heart disease mortality rate than white women in Alabama, the gap is smaller than in the nation as a whole (due to small sample sizes, this level of data is not available for other racial and ethnic groups; see also Focus on Disparities in Health and Well-Being of Alabama Women).

Cancer is the leading cause of death for women aged 45-74. Lung cancer in particular, the leading cause of death among cancers in women, is on the rise. Among women nationally, the incidence of lung cancer doubled and the death rate rose 182 percent between the early 1970s and early 1990s (National Center for Health Statistics, 1996). Like heart disease, lung cancer is closely linked to cigarette smoking. State public awareness efforts on the link between cancer and smoking can be crucial to lowering lung cancer incidence and mortality. In Alabama, the average mortality rate from lung cancer is 38.7 per 100,000 women, slightly below the national rate of 41.3. As a result, Alabama ranks 16th in the nation on this indicator.

Mortality from lung cancer varies significantly by race and ethnicity. In Alabama, 41.1 white women per 100,000 die from lung cancer each year, while 30.4 African American women do (Table 8.2). Nationally, white women are also more likely to die from lung cancer than African American women and considerably more likely than Hispanic, Asian American, and Native American women: 43.7 white women, 41.3 African American women, 13.8 Hispanic women, 19.4 Asian American women, and 25.0 Native American women per 100,000 died of lung cancer annually in 1996-98 (data on Hispanic, Asian, and Native American women not available in Alabama due to small sample sizes).

Focus on Disparities in Health and Well-Being of Alabama Women

Although Alabama ranks below average for women's health in general, the health of some Alabama women is noticeably worse than that of others. Racial differences are especially relevant. Women's overall status, measured by political, social, and economic factors, is the context within which specific health problems, behaviors, and policies occur. Thus, to the extent that some women, including African Americans, are more disadvantaged, they are also likely to have poorer health.

Life Expectancy

Life expectancy has increased for all segments of the population in the last half of the twentieth century. Nonetheless, even though African Americans made greater gains than whites during that time, they still lag substantially behind whites. Life expectancy for African American women in Alabama was 74.0 years in 1998, while white women's life expectancy was 78.5 years. Overall life expectancy for all women in Alabama was 77.4 years (Alabama Department of Public Health, Center for Health Statistics, 1999).

Access to Heath Care

Among white women in Alabama, 12.3 percent do not have health insurance, while 21.6 percent of African American women are not covered (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University, 2001). The recent rise in unemployment in 2001 has undoubtedly contributed to a rise in these numbers. In Alabama, only 52 percent of private sector establishments offered insurance in 1993 (National Center for Health Statistics, 2002).

Racial disparities in prenatal care are also dramatic, as Table 7.2 shows, with white women in Alabama much more likely to receive care in the first trimester than minority women. These disparities have important implications for maternal mortality, fetal and infant mortality, and infant health.

In Alabama, 21.7 percent of women, typically the poorest and disproportionately African-American, live in medically underserved areas, while nationally only 9.5 percent do (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University, 2001). This is despite the availability of excellent doctors at internationally known medical centers, such as the University of Alabama at Birmingham, ranked among the top in the United States (Birmingham Chamber of Commerce, 2002).

Environmental Factors

Poverty is a major predictor of poor health, and African American women in Alabama are more likely than white women to be poor. In 1999, 30.6 percent of African American women in Alabama lived in poverty, while 9.2 percent of white women did (IWPR, 2001b).

(continued on next page)

Domestic violence is another environmental factor affecting women's health. Of the 19,873 violent offenses reported in Alabama in 2001, 20 percent were domestic violence incidents. An additional 24,635 domestic simple assault cases were reported. Seventy-five percent of the victims were female (Alabama Criminal Justice Information Center, 2002). In addition, while 1.57 white women per 100,000 were murdered by an intimate partner between 1981 and 1998, 4.70 African American women were (Centers for Disease Control and Prevention, 2001).

Disparities in Disease and Mortality Rates

The presence of disease is also strongly affected by race, as Figure 8.1 and Table 8.2 show for mortality rates of heart disease, breast cancer, and lung cancer. Although African American women in Alabama had a lower mortality rate from lung cancer than white women, their mortality rates of heart disease and breast cancer are higher than those of white women.

Diabetes also varies in its effects by race and ethnicity. It is the sixth leading cause of death for all Alabamians. But while it is eighth for white women, it is fourth for all women of color combined (Alabama Center for Health Statistics, 2001). In addition to being a cause of death, diabetes has a major impact on health. It is a maternal risk factor, associated with fetal deaths in the last half of pregnancy as well as earlier. Infant mortality is higher among women with diabetes. They are hospitalized more frequently, more likely to be dialyzed and to die of end-stage renal disease. Long-term damage, especially to the functioning of organs–eyes, kidneys, nerves, heart, and blood vessels–is an accompanying complication (Beckles and Thompson-Reid, 2001).

The rates of AIDS incidence among white and African American women in Alabama also vary substantially. The rate of African American women with AIDS in Alabama is 19.6 per 100,000, versus 1.7 for white women (see Table 8.3).

Conclusion

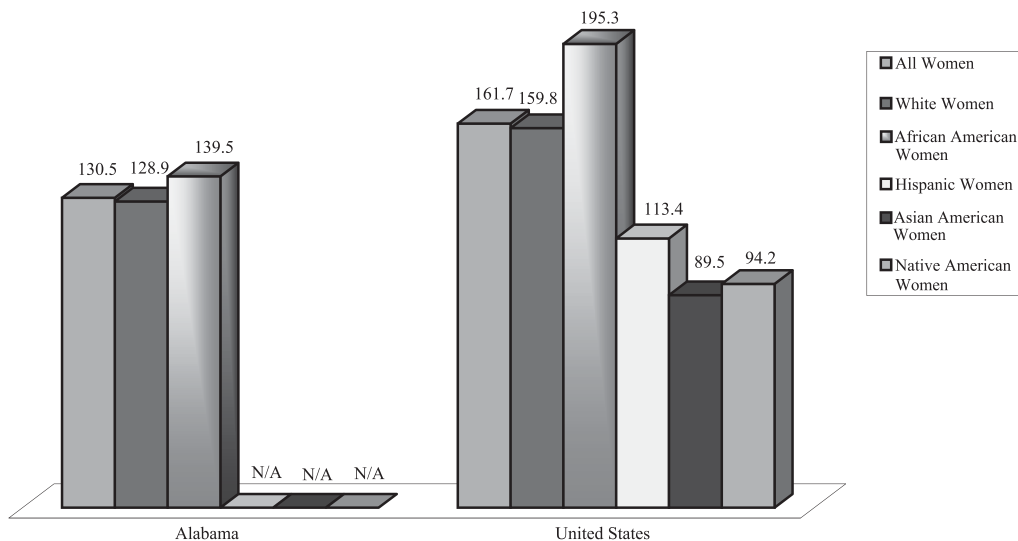
Overall, racial disparities in women's health status in Alabama are wide. Efforts to improve access to health care, environmental factors, and overall health status among all women, but especially women of color, in the state should be adopted and sustained by the state's political leaders and policymakers.

Among cancers, breast cancer is the second most common cause of death for U.S. women. Approximately 203,500 new invasive cases of breast cancer are expected in 2002 (American Cancer Society, 2002). Breast cancer screening is crucial, not just for detecting breast cancer, but also for reducing breast cancer mortality. Consequently, health insurance coverage, breast cancer screenings, and public awareness of the need for screenings are all important issues to address as states attempt to diminish death rates from the disease. Alabama's rate of mortality from breast cancer, 26.9 per 100,000, is lower that of the nation overall (at 28.8 per 100,000 women). Alabama ranks 13th in the nation on this measure, its highest rank for women's health status.

Mortality rates from breast cancer are much higher among African American women than they are among white women in Alabama: 24.9 white women and 34.2 African American women per 100,000 died of breast cancer annually in 1996-98 (Table 8.2; data are not available for other races and ethnicities due to small sample sizes in Alabama). Both rates are lower than the national rates of 28.7 white women and 37.8 African American women. Among other minorities nationally, mortality rates were 17.6 Hispanic women, 12.8 Asian women, and 15.1 Native American women per 100,000.

People with diabetes are two to four times more likely to develop heart disease or stroke, blindness, kidney disease, and other serious health conditions than those without it. Women with diabetes have the same risk of heart disease as men (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999). Rates of diabetes vary tremendously by race and ethnicity, with African Americans, Hispanics, and Native Americans experiencing much higher rates than white men and women (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998). The overall risk of diabetes can be decreased by lowering the level of obesity and by improving health habits in a state. In Alabama, 7.4 percent of women have been diagnosed with diabetes at some point in their lifetime, a higher rate than the median for all states, 5.9 percent. Alabama ranks 44th in the nation on this indicator of women's health.

Figure 8.1
Average Annual Mortality Rates Among Women from Heart Disease in Alabama and the United States by Race and Ethnicity, 1996-98*



* Deaths per 100,000.
N/A=Not Available
Source: National Center for Health Statistics, 2001a.
Compiled by the Institute for Women's Policy Research.

Table 8.2
Average Annual Mortality Rates Among Women from Lung and Breast Cancer in Alabama and the United States by Race and Ethnicity, 1996-98

Indicator	Alabama	United States
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000)	**38.7**	**41.3**
Among Whites*	41.1	43.7
Among African Americans*	30.4	41.3
Among Hispanics**	N/A	13.8
Among Asian Americans	N/A	19.4
Among Native Americans	N/A	25.0
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000)	**26.9**	**28.8**
Among Whites*	24.9	28.7
Among African Americans*	34.2	37.8
Among Hispanics**	N/A	17.6
Among Asian Americans	N/A	12.8
Among Native Americans	N/A	15.1

* Non-Hispanic.
**Hispanics may be of any race.
N/A = Not available.
Source: National Center for Health Statistics, 2001a.
Compiled by the Institute for Women's Policy Research.

Sexually transmitted diseases (STDs) are a common threat to younger women's health. As with many other health problems, education, awareness, and proper screening can be key to limiting the spread of STDs and diminishing the health impact associated with them. One of the more common STDs among women is chlamydia, which affects more than 563,000 women in the United States. Up to 85 percent of women who have chlamydia manifest no symptoms. Nonetheless, chlamydia can lead to Pelvic Inflammatory Disease (PID), which is a serious threat to female reproductive capacity (U.S. Department of Health and Human Services, Public Health Service, 2000). As a result, screening for chlamydia is important to women's reproductive health. In Alabama, chlamydia affects 604.9 women per 100,000, a rate nearly 50 percent higher than that for the United States as a whole, or 404.0 women per 100,000. Alabama ranks 47th in the nation on this indicator of women's health status.

The incidence of HIV and AIDS in women is one of the fastest growing threats to their health, especially among younger women. The gap between the incidence of AIDS in women and men is diminishing quickly. While in 1985 the incidence of AIDS-related illnesses among men was 13 times greater than for women, by 1998-99 men had less than four times as many AIDS-related illnesses as women. The proportion of people with AIDS who are women is likely to continue rising, since a higher proportion of those with HIV are women: in 2000, 17 percent of people with AIDS were women, while 28 percent of people with HIV were. The race and ethnicity disparities in the incidence of AIDS are alarming: in 1999, the AIDS rate per 100,000 women nationwide was 2.3 among white women, 49.0 among African American women, 14.9 among Hispanic women, 1.4 among Asian American women, and 5.0 among Native American women (Table 8.3). In Alabama, the AIDS rate per 100,000 women was 1.7 among white women and 19.6 among African American women (due to small sample sizes, these rates were not available for women of other races and ethnicities in Alabama).

Overall, Alabama had a lower incidence rate of AIDS than the nation as a whole in 2000, at 5.8 compared with 8.7 per 100,000 women (see Table 8.1). For men, the incidence of AIDS is also lower in Alabama than in the nation as a whole, at 21.1 cases per 100,000 population in Alabama, compared with 28.0 cases in the United States as a whole for men (data not shown; Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001). Alabama ranks 33rd nationally on this indicator (the state ranks lower than the midpoint

for all states, despite a better AIDS incidence rate than the national average, because the national number is based on the whole U.S. population and not the median among states).

Table 8.3
Average Annual Incidence Rate of AIDS Among Women in Alabama and the United States by Race and Ethnicity, 1999*

Indicator	Alabama	United States
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults)	**6.3**	**9.3**
Among Whites	1.7	2.3
Among African Americans	19.6	49.0
Among Hispanics	N/A	14.9
Among Asian Americans	N/A	1.4
Among Native Americans	N/A	5.0

* Data differ from those provided in Table 8.1, which are for 2000. These numbers are based on unpublished numbers from the Centers for Disease Control for 1999.
N/A = Not available.
Source: The Henry J. Kaiser Family Foundation, 2001.
Compiled by the Institute for Women's Policy Research.

Mental Health

Women experience some psychological conditions, such as depression, anxiety, panic, and eating disorders, at higher rates than men. However, they are less likely to suffer from substance abuse and conduct disorders than men are. Overall, about half of all women aged 15-54 experience symptoms of mental illness at some point in their lives (National Center for Health Statistics, 1996). Because of stigmas associated with psychological disorders and their treatment, many go untreated. In addition, while many health insurance policies cover some portion of alcohol and substance abuse programs, many do not adequately cover treatments of other psychological disorders. These treatments, however, are integral to helping patients achieve good mental health.

In Alabama, women's self-reported evaluations indicate that women experience an average of 4.1 days per month on which their mental health is not good, and the state ranks 38th on this measure (see Table 8.4 and Chart 8.1). Nationally, the median rate for all states is 3.8 days per month of poor mental health. Men's rate of poor mental health in Alabama is also slightly higher than the national median, at 2.8 compared with 2.5 days, respectively. In Alabama, as in the nation, the median rate of poor mental health days per month for women is over one day more than it is for men.

Table 8.4
Mental Health Among Women and Men in Alabama and the United States

Indicator	Alabama Women	Alabama Men	United States Women	United States Men
Average Number of Days per Month of Poor Mental Health, 2000[a]	4.1	2.8	3.8*	2.5*
Average Annual Mortality Rate from Suicide (per 100,000), 1996-98[b]	4.7	21.2	4.4	19.6

* Median rate for the 50 states and the District of Columbia.
Source: [a] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; [b] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.
Compiled by the Institute for Women's Policy Research.

One of the most severe public health problems related to psychological disorders is suicide. In the United States, 1.3 percent of all deaths occur from suicide, about the same number of deaths as from AIDS (National Institute of Mental Health, 1999). Women are much less likely than men to commit

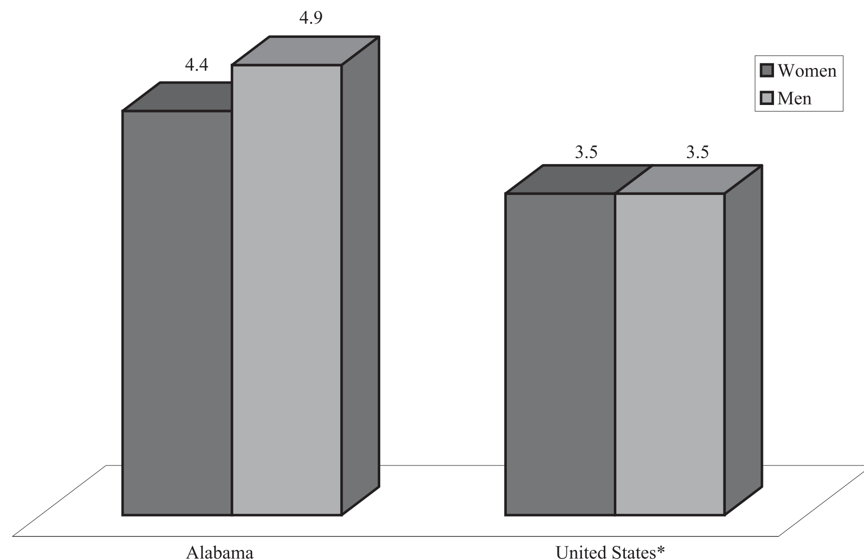
suicide, with over four times as many men as women dying by suicide. However, women are two to three times as likely to attempt suicide as men are, and a total of 500,000 suicide attempts are estimated to have occurred in 1996. In addition, in 1999, suicide was the fourth leading cause of death among women aged 14-34, the fifth leading cause of death among women aged 35-44, and the eighth leading cause of death among women 45-54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2002). Among women in the United States, the annual rate of mortality from suicide is 4.4 per 100,000 population. In Alabama, the rate of death by suicide among women is slightly higher, at 4.7. Alabama ranks 29th in the nation on this indicator of women's health status.

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

Limitations on Activities

Women's overall health status strongly affects their ability to carry out everyday tasks, provide for their families, fulfill their goals, and live full and satisfying lives. Illness, disability, and generally poor health can obstruct their ability to do all these things. Women's self-evaluation of the number of days in a month on which their activities are limited by their health status measures the extent to which women are unable to perform the tasks they need and want to complete. Among all states, the median is 3.5; in Alabama, the average number of days of limited activities for women is substantially higher, at 4.4 (see Figure 8.2). The state ranks 45th nationally on this measure. Alabama's low score and rank on this measure are probably related to women's poor health on other indicators of women's health status. Similarly, for men, the rate in Alabama (4.9 days per month) is much higher than the median rate for all states (3.5 days per month).

Figure 8.2
Average Number of Days per Month of Limited Activities Among Women and Men in Alabama and the United States, 2000



* Median rates for the 50 states and the District of Columbia.
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.
Compiled by the Institute for Women's Policy Research.

Preventive Care and Health Behaviors

Women's health status is affected tremendously by their use of early detection measures, preventive health care, and good personal health habits. In fact, preventive health care, healthy eating, and exercise, as well as the elimination of smoking and heavy drinking, can help women avoid many of the diseases and conditions described above. Table 8.5 presents data on women's use of preventive care, early detection resources, and good health habits in Alabama.

Generally, women in Alabama use preventive care resources at about average levels. Of women over age 50, 67.3 percent have had a mammogram within the past two years, less than the median percent for all states (71.1). Alabama women have similar usage rates of pap tests as women nationally (86.3 percent compared with 86.8 percent in the United States among women aged 18 and older). Their rates of cholesterol screenings are somewhat higher than the median for all states (76.2 percent compared with 71.2 percent, respectively, for women aged 18 and older).

In contrast, women in Alabama have poorer health habits on average than women nationally. While the percent of Alabama women who engage in binge drinking (five or more alcoholic beverages at one time during the past month) is lower than the median for all states (5.5 and 6.7, respectively), the percent of adult women in Alabama who smoke, 22 percent, is slightly higher than the median for all states, 21.2 percent (see Table 8.5). Women in Alabama are much less likely to participate in physical activity and to eat the recommended amount of fruits and vegetables than women in other states.

Table 8.5
Preventive Care and Health Behaviors Among Women in Alabama and the United States

	Alabama	United States*
Preventive Care		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 2000[a]	67.3	71.1
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 2000[a]	86.3	86.8
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 1997[b]	76.2	71.2
Health Behaviors		
Percent of Women Who Smoke (100 or more cigarettes in their lifetime and who now smoke every day or some days), 2000[a]	22.0	21.2
Percent of Women Who Report Binge Drinking (Consumption of five or more drinks on at least one occasion during the preceding month), 1997[b]	5.5	6.7
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 2000[a]	35.9	28.6
Percent of Women Who Do Not Eat Five or More Servings of Fruits or Vegetables per Day, 2000[a]	77.2	73.1

* National rates are median rates for the 50 states and the District of Columbia.
Source: [a] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; [b] Centers for Disease Control and Prevention, 2000.
Compiled by the Institute for Women's Policy Research.

State Health Policies and Resources

State policies can contribute to women's health status in significant ways. Because poverty is closely associated with poor health among women, policies allocating resources to Medicaid programs to help low-income men and women cover health-related expenses are critical for improving health and well-being. Women are particularly affected by resource allocations to Medicaid programs, since more women than men live in poverty. Consequently, over 50 percent more women receive Medicaid benefits than men (U.S. Department of Health and Human Services, Health Care Financing Administration, 1999). In Alabama, more women than men receive health insurance from public sources (12.8 percent versus 8.9 percent; see Table 6.1).

During the 1990s, states gained increased autonomy in setting eligibility and benefit levels for Medicaid programs, and as a result their spending varied substantially. Table 8.6 shows the level of Medicaid spending per adult enrollee in Alabama ("adults" are generally defined as nondisabled people aged 18-64, although some states extend "adult" to cover some younger people, such as pregnant teens or mothers classified as head-of-household). At $2,329 in 1998, Alabama's spending was well above the average among all states of $1,892 per adult enrollee. State and federal policy should also ensure that, as men and women move off welfare and into the workforce, they do not lose access to health insurance.

Studies show that the quality of insurance coverage significantly affects women's access to certain health resources and, consequently, their health status (Mead, et al., 2001). In order to advance women's and men's access to adequate health-related resources, many states have passed policies governing health care coverage by insurance companies for their policyholders. These policies include required coverage for preventive screenings for cervical cancer and osteoporosis; laws allowing women to choose a specialist in obstetrics and gynecology as their primary care physician or allowing direct access to one without referral; and mandates for coverage of mental health services. In addition, some states have mastectomy stay laws, requiring insurance companies to cover inpatient care for defined periods following a mastectomy. Alabama does not require insurance companies to cover screenings for cervical cancer, osteoporosis, or inpatient care for a defined

Table 8.6
Health Policies and Resources in Alabama and the United States

	Yes	No	Other Information	Total or Average, United States (of 51)
Medicaid Spending per Adult Enrollee, 1998[c]			$2,329	$1,892
Does Alabama require insurance companies to:				
Cover screenings for cervical cancer?[a]		✓		25
Cover screenings for osteoporosis?[a]		✓		12
Cover inpatient care for a defined period after a mastectomy?[a]		✓		18
Allow women to identify a specialist in obstetrics and gynecology as their primary care physician or allow direct access to one?[a]	✓			39
Cover or offer at least one policy covering mental health services at the same level as other health services?[b]		✓		21

Source: [a] Plaza, 2001b; [b] National Conference of State Legislatures Health Policy Tracking Service, 2001; [c] Kaiser Commission on Medicaid and the Uninsured, 2001.
Compiled by the Institute for Women's Policy Research.

period after a mastectomy. The state also does not mandate that insurance companies offer at least one policy covering mental health services at the same level as other health services. It does allow women to see specialists in obstetrics and gynecology as a primary physician. Overall, Alabama has only one of the state insurance mandates presented in Table 8.6, indicating that policymakers could improve women's access to health insurance in important ways.

9. Conclusions and Policy Recommendations

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

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

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

Women's status varies significantly across states and regions. The reasons for these differences are not well understood. Very little research has been done on the causes of the diversity revealed in this report or the factors associated with it. Different local and regional economic structures–whether based on manufacturing, commerce, or government–undoubtedly affect women's employment and earnings opportunities, while cultural and historical factors may better explain variations in educational attainment, reproductive rights, and women's political behavior and opportunities. Differences in specific public policies undoubtedly account for some of the contrasts in outcomes among the states. Indicators such as those presented here can be used to monitor women's progress and evaluate the effects of policy changes on a state-by-state basis.

Alabama women have a strong history of activism in both civil rights and women's rights movements. But there is much more to do. In a time when the federal government is transferring many responsibilities to the state and local levels, women in Alabama need state-based public policies to adequately address these complex issues:

- Increased support for the state's commission on women is crucial to promoting equality and justice for all women in Alabama. The Alabama Commission on Women would benefit from increased funding and permanent paid staff members. This increased support would ensure greater effectiveness in advocating on women's behalf in the legislative arena and educating the public on key issue areas affecting women.

- While Alabama women have made some important progress in increasing their wages in relation to men's, expanded and enhanced policies such as stronger enforcement of equal employment opportunity laws, improved educational opportunities, higher minimum wages, living wage ordinances, and the implementation of pay equity adjustments in the state civil service and/or in the private sector would benefit them further.

- Women workers would benefit from the greater provision of adequate and affordable child care and from mandatory paid parental and dependent-care leave policies.

- Women's physical security can be enhanced by increasing public safety and better protecting women from domestic violence via legislative mandates for better police and judicial training. Policies requiring sexual assault training for police, prosecutors, and health care professionals are also necessary.

- Women's economic security can be improved by greater state emphasis on child support collection and improved access to unemployment insurance, Medicaid, and food stamps.

- Alabama can work to reduce women's poverty by implementing welfare reform programs that continue to provide a range of important support services, such as education and learning opportunities, while still providing a basic safety net for those who earn very low wages or cannot work.

- Increased investment in targeted health prevention and treatment could improve women's health and reduce disparities in health status associated with race and socioeconomic status.

- Enhanced reproductive rights and policies would allow women more control over their overall economic, health, and social status by giving them more control over their reproductive lives. Creating policies that allow for increased access to care is especially critical for Alabama women.

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

- The federal minimum wage, equal employment opportunity legislation, and health and safety standards are all critical in ensuring minimum levels of decency and fairness for women workers.

- Because union representation correlates strongly with higher wages for women and improved pay equity, benefits, and working conditions, federal laws that better protect and encourage unionization efforts would assist women workers.

- Policies such as paid family leave could be legislated nationally as well as at the state level through, for example, mandatory employer-provided insurance or the establishment of an employee/employer cost-share system.

- Because most income redistribution occurs at the national level, federal legislation on taxes, entitlements, and income security programs (such as the Earned Income Tax Credit, Social Security, Medicaid, Medicare, Food Stamps and welfare) will continue to affect profoundly women's lives and should take women's needs and interests into account.

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

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

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

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

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

The Alabama Advisory Committee

Appendices

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Appendix I: Basic Demographics

This Appendix includes data on different populations within Alabama. Statistics on age, the sex ratio, and the elderly female population are presented, as are the distribution of women by race and ethnicity and family type, as well as information on women in prisons. These data present an image of the state's female population and can be used to provide insight on the topics covered in this report. For example, compared with the United States as a whole, Alabama has a slightly older female population, a much larger proportion of African American women, much smaller proportions of Hispanic, Asian, Native American, and foreign-born women, and a somewhat smaller proportion of women living in urban areas. Demographic factors have implications for the location of economic activity, the types of jobs available, market growth, and the types of public services needed.

Alabama has the 23rd largest population among all the states in the United States. There were more than 2.3 million women of all ages in Alabama in 2000 (see Appendix Table 1.1). Between 1990 and 2000, the population of Alabama grew by 7.7 percent, less than the growth of the nation as a whole (13.2 percent; U.S. Department of Commerce, Bureau of the Census, 2001b). Compared with the four states in its region, Alabama's population growth rate is the second highest, after Tennessee's 11.3 percent.

White women make up about the same proportion of the female population in Alabama as they do in the United States as a whole, at 69.6 percent of women in the state (compared with 69.3 percent in the nation as a whole). Of all the racial/ethnic groups in Alabama, the next largest group, African American women (26.8 percent), constitutes a proportion more than double the national average (12.4 percent). The other groups combined make up 3.6 percent of the female population in Alabama, 14.7 percentage points less than in the United States as a whole. Notably, however, the proportion of Alabama's female population that is Hispanic grew from 0.5 percent in 1990 to 1.4 percent in 2000.

The proportions of married and divorced women in Alabama are approximately the same as in the country as a whole, while the proportion of single women is somewhat lower and the proportion of widowed

women is somewhat higher in Alabama than the nation. Alabama's distribution of family types diverges slightly from that in the nation overall. The proportions of single-person households and female-headed families are slightly larger than in the nation as a whole (26.1 percent versus 25.8 percent for single-person households and 14.2 versus 12.2 percent for female-headed families). The proportion of mar-

Appendix Table 1.1
Basic Demographic Statistics for Alabama and the United States

	Alabama	United States
Total Population, 2000[a]	**4,447,100**	**281,421,906**
Number of Women, All Ages, 2000[a]	2,300,596	143,368,343
Sex Ratio (women to men, aged 18 and older), 2000[a]	1.1	1.1
Median Age of All Women, 1999[b]	37.2	36.6
Proportion of Women Over Age 65, 2000[a]	15.1%	14.4%
Distribution of Women by Race and Ethnicity, All Ages, 2000[c]		
White*	69.6%	69.3%
African American*	26.8%	12.4%
Hispanic**	1.4%	12.0%
Asian American*	0.7%	3.8%
Native American*	0.5%	0.7%
Other Race*	0.1%	0.2%
Two or More Races*	0.9%	1.6%
Distribution of Households by Type, 2000[a]		
Total Number of Family and Nonfamily Households	1,737,080	105,480,101
Married-Couple Families (with and without their own children)	52.2%	51.7%
Female-Headed Families (with and without their own children)	14.2%	12.2%
Male-Headed Families (with and without their own children)	3.6%	4.2%
Nonfamily Households: Single-Person Households	26.1%	25.8%
Nonfamily Households: Other	3.9%	6.1%
Distribution of Women Aged 15 and Older by Marital Status, 2000[d]		
Married	54.3%	54.3%
Single	21.8%	24.4%
Widowed	12.5%	10.2%
Divorced	11.4%	11.1%
Number of Lesbian Unmarried Partner Households, 2000[e]	**4,129**	**293,365**
Proportion of Women Aged 21-64 with a Disability, 2001[f]	**18.3%**	**13.9%**
Percent of Families with Children Under Age 18 Headed by Women, 2000[c]	**25.0%**	**20.6%**
Proportion of Women Living in Metropolitan Areas, All Ages, 1990[g]	**76.9%**	**83.1%**
Proportion of Women Who Are Foreign-Born, All Ages, 1990[g]	**1.1%**	**7.9%**
Percent of Federal and State Prison Population Who Are Women, 2000[h]	**5.9%**	**6.6%**

* Non-Hispanic.
** Hispanics may be of any race.
Source: [a] U.S. Department of Commerce, Bureau of the Census, 2001b; [b] U.S. Department of Commerce, Bureau of the Census, 2000b; [c] U.S. Department of Commerce, Bureau of the Census, 2002a; [d] U.S. Department of Commerce, Bureau of the Census, 2001e; [e] Smith and Gates, 2001; [f] U.S. Department of Commerce, Bureau of the Census, 2001c; [g] Population Reference Bureau, 1993; [h] U.S. Department of Justice, Bureau of Justice Statistics, 2001.
Compiled by the Institute for Women's Policy Research.

ried-couple families in Alabama is also larger than nationally, while other family types have smaller proportions than in the nation as a whole. Families with children under age 18 that are headed by women constitute 25.0 percent of all families with children in Alabama, a larger proportion than the 20.6 percent nationwide. In 2000, 4,129 lesbian unmarried partner households were reported in Alabama, with a total of 293,365 nationwide.

Alabama's proportion of women living in metropolitan areas is substantially smaller than in the nation overall (76.9 percent compared with 83.1 percent of women in the United States). The percent of Alabama's prison population that is female is less than the national average. Alabama had a much smaller foreign-born female population than the United States as a whole in 1990 (1.1 percent compared with 7.9 percent; while 2000 numbers for foreign born women were not yet available for this writing, 2.0 percent of all Alabama residents and 11.1 percent of United States residents were foreign-born in 2000). Alabama's proportion of women aged 21-64 with a disability is substantially higher than in the nation overall, at 18.3 percent compared with 13.9 percent.

Appendix II: Methodology, Terms, and Sources for Chart 2.1 (the Composite Indices and Grades)

Composite Political Participation Index

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

To construct this composite index, each of the component indicators was standardized to remove the effects of different units of measurement for each state's score on the resulting composite index. Each component was standardized by subtracting the mean value for all 50 states from the observed value for a state and dividing the difference by the standard deviation for the United States as a whole. The standardized scores were then given different weights. Voter registration and voter turnout were each given a weight of 1.0. The indicator for women in elected office is itself a composite reflecting different levels of office-holding and was given a weight of 4.0 (in the first two series of reports, published in 1996 and 1998, this indicator was given a weight of 3.0, but since 2000 it has been weighted at 4.0). The last component indicator, women's institutional resources, is also a composite of scores indicating the presence or absence of each of two resources: a commission for women and a women's legislative caucus. It received a weight of 1.0. The resulting weighted, standardized values for each of the four component indicators were summed for each state to create a composite score. The states were then ranked from the highest to the lowest score.

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score" (see Appendix Chart 2.1). Women's voter registration and voter turnout were each set at the value of the highest state for these components; each component of the composite index for women in elected office was set as if 50 percent of elected officials were women; and scores for institutional resources for women assumed the ideal state had both a commission for women and a women's legislative caucus in each house of the state legislature. Each state's score was then compared with the ideal score to determine its grade.

Women's Voter Registration: This component indicator is the average percent (for the presidential and congressional elections of 2000 and 1998) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported registering. Source: U.S. Department of Commerce, Bureau of the Census, 2000c and 2002c, based on the Current Population Survey.

Women's Voter Turnout: This component indicator is the average percent (for the presidential and congressional elections of 2000 and 1998) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported voting. Source: U.S. Department of Commerce, Bureau of the Census, 2000c and 2002c, based on the Current Population Survey.

Women in Elected Office: This composite indicator is based on a methodology developed by the Center for Policy Alternatives (1995). It has four components and reflects office-holding at the state and national levels as of April 2002. For each state, the proportion of office-holders who are women was computed for four levels: state representatives; state senators; statewide elected executive officials and U.S. Representatives; and U.S. Senators and governors. The percents were then converted to scores that ranged from 0 to 1 by dividing the observed value for each state by the highest value for all states. The scores were then weighted according to the degree of political influence of the position: state representatives were given a weight of 1.0, state senators were given a weight of 1.25, statewide executive elected officials (except governors) and U.S. Representatives were each given a weight of 1.5, and U.S. Senators and state governors were each given a weight of 1.75. The resulting weighted scores for the four components were added to yield the total score on this composite for each state. The highest score of any state for this composite office-holding indicator is 4.28. These scores were then used to rank the states on the indicator for women in elected office. Source: Data were compiled by IWPR from several sources, including the Center for American Women and Politics, 2002b, 2002c, 2002d, and 2002e; Council of State Governments, 2000.

Women's Institutional Resources: This indicator measures the number of institutional resources for

Appendix Chart 2.1
Criteria for Grading

Index	Criteria for a Grade of "A"	Highest Grade, U.S.
Composite Political Participation Index		**B**
Women's Voter Registration	Women's Voter Registration, Best State (91.1%)	
Women's Voter Turnout	Women's Voter Turnout, Best State (67.9%)	
Women in Elected Office Composite Index	50 Percent of Elected Positions Held by Women	
Women's Institutional Resources	Commission for Women and a Women's Legislative Caucus in Each House of State Legislature	
Composite Employment and Earnings Index		**A-**
Women's Median Annual Earnings	Men's Median Annual Earnings, United States ($36,960)	
Ratio of Women's to Men's Earnings	Women Earn 100 Percent of Men's Earnings	
Women's Labor Force Participation	Men's Labor Force Participation, United States (74.7%)	
Women in Managerial and Professional Occupations	Women in Managerial and Professional Occupations, Best State (48.0%)	
Composite Social and Economic Autonomy Index		**B+**
Percent of Women with Health Insurance	Percent of Women with Health Insurance, Best State (94.0%)	
Women's Educational Attainment	Men's Educational Attainment (percent with four years or more of college, United States; 24.0%)	
Women's Business Ownership	50 Percent of Businesses Owned by Women	
Percent of Women Above Poverty	Percent of Men Above Poverty, Best State (94.9%)	
Composite Reproductive Rights Index	Presence of All Relevant Policies and Resources (see Chart 7.1 Panel B)	**A**
Composite Health and Well-Being Index	Best State or Goals Set by Healthy People 2010 (U.S. Department of Health and Human Services) for All Relevant Indicators (see Appendix II for details)	**A-**

Calculated by the Institute for Women's Policy Research.

women available in the state from a maximum of two, including a commission for women (established by legislation or executive order) and a legislative caucus for women (organized by women legislators in either or both houses of the state legislature). States receive 1.0 point for each institutional resource present in their state, although they can receive partial credit if a bipartisan legislative caucus does not exist in both houses. States receive a score of 0.25 if informal or partisan meetings are held by women legislators in either house, 0.5 if a formal legislative caucus exists in one house but not the other, and 1.0 if a formal legislative caucus is present in both houses or the legislature is unicameral. Source: National Association of Commissions for Women, 2000, and Center for American Women and Politics, 1998, updated by IWPR.

Composite Employment and Earnings Index

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

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

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

Women's Median Annual Earnings: Median yearly earnings (in 2000 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1998, 1999, and 2000. Earnings were converted to constant dollars using the Consumer Price Index, and the median was selected from the merged data file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state; the data are referred to as 1999 data, the midpoint of the three years analyzed. The sample size for women ranges from 560 in Rhode Island to 5,174 in California; for men, the sample size ranges from 685 in the District of Columbia to 7,906 in California. In Alabama, the sample size was 772 for women and 1,005 for men. These earnings data have not been adjusted for cost-of-living differences between the states because the federal government does not produce an index of such differences. Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey, for the 1998-2000 calendar years; IWPR, 2001b.

Ratio of Women's to Men's Earnings: Median yearly earnings (in 2000 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1998-2000 divided by the median yearly earnings (in 2000 dollars) of noninstitutionalized men aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1998-2000. See the description of women's median annual earnings, above, for a more detailed description of the methodology and for sample sizes. Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey, for the 1998-2000 calendar years; IWPR, 2001b.

Women's Labor Force Participation (proportion of the adult female population in the labor force): Percent of civilian noninstitutionalized women aged 16 and older who were employed or looking for work (in 2000). This includes those employed full-time, part-time voluntarily or part-time involuntarily, and those who are unemployed. Source: U.S. Department of Labor, Bureau of Labor Statistics, 2002 (based on the Current Population Survey).

Women in Managerial and Professional Occupations: Percent of civilian noninstitutionalized women aged 16 and older who were employed in executive, administrative, managerial, or professional specialty occupations (in 1999). Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a (based on the Current Population Survey).

Composite Social and Economic Autonomy Index

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

To construct this composite index, each of the four component indicators was first standardized. For each indicator, the observed value for the state was divided by the comparable value for the United States as a whole. The resulting values were summed for each state to create a composite score. To create the composite score, women's health insurance coverage, educational attainment, and business ownership were given a weight of 1.0, while poverty was given a weight of 4.0 (in the first three series of reports, published in 1996, 1998, and 2000, this indicator was given a weight of 1.0, but in 2002 IWPR began weighting it at 4.0). The states were ranked from the highest to the lowest score.

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

Percent with Health Insurance: Percent of civilian noninstitutionalized women from ages 18 through 64 who are insured. The state-by-state percents are based on the 2001 Annual Demographic Files (March) from the Current Population Survey, for calendar year 2000. Respondents are asked whether they had insurance from a variety of different sources during the previous year. They are counted as uninsured if they did not have health insurance for the entire year 2000. Because respondents are asked to report about all sources of insurance over the past year, some report insurance from more than one source. It is impossible to determine whether they had had more than one type simultaneously or changed sources of insurance over the course of the year. In 2001, the CPS included an expanded sample to improve state estimates of uninsured children. The expanded sample was not used in these estimates, however, because it was not yet available. Source: Employee Benefit Research Institute, 2001.

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

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

Percent of Women Above Poverty: In 1998-2000, the percent of women living above the official poverty threshold, which varies by family size and composition. The average percent of women above the poverty level for the three years is used; three years of data ensure a sufficiently large sample for each state. In 1999, the poverty level for a family of four (with two children) was $17,463 (in 2000 dollars). Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey for the calendar years 1998-2000; IWPR, 2001b.

Composite Reproductive Rights Index

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

To construct this composite index, each component indicator was rated on a scale of 0 to 1 and assigned a weight. The notification/consent and waiting period indicators were each given a weight of 0.5. The indicators of public funding for abortions, pro-choice government, women living in counties with an abortion provider, and contraceptive coverage were each given a weight of 1.0. The infertility coverage law and gay/lesbian adoption law were each given a weight of 0.5. Finally, states were given 1.0 point if they mandate sex education for students. The weighted scores for each component indicator were summed to arrive at the value of the composite index score for each state. The states were ranked from the highest to the lowest score.

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

Mandatory Consent: States received a score of 1.0 if they allow minors access to abortion without parental consent or notification. Mandatory consent laws require that minors gain the consent of one or both parents before a physician can perform the procedure, while notification laws require they notify one or both parents of the decision to have an abortion. Source: NARAL and NARAL Foundation, 2002.

Waiting Period: States received a score of 1.0 if they allow a woman to have an abortion without a waiting period. Such legislation mandates that a physician cannot perform an abortion until a certain number of hours after notifying the woman of her options in dealing with a pregnancy. Source: NARAL and NARAL Foundation, 2002.

Restrictions on Public Funding: If a state provides public funding for abortions under most circumstances for women who meet income eligibility standards, it received a score of 1.0. Source: NARAL and NARAL Foundation, 2002.

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

Pro-Choice Governor or Legislature: This indicator is based on NARAL's asssessment of whether governors and legislatures would support a ban or restrictions on abortion. Governors and legislatures who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. Each state received 0.33 points per pro-choice governmental body-governor, upper house and lower house-up to

a maximum of 1.0 point. Those governors and legislatures with mixed assessments received half credit. Source: NARAL and NARAL Foundation, 2001.

Contraceptive Coverage Laws: Whether a state has a law or policy requiring that health insurers who provide coverage for prescription drugs extend coverage for FDA-approved contraceptives (e.g., drugs and devices) and related medical services, including exams and insertion/removal treatments. States received a score of 1.0 if they mandate full contraceptive coverage. They received a score of 0.5 if they mandate partial coverage, which may include mandating that insurance companies offer at least one insurance package covering some or all birth control prescription methods or requiring insurers with coverage for prescription drugs to cover oral contraceptives. Source: The Alan Guttmacher Institute, 2002a.

Coverage of Infertility Treatments: States mandating that insurance companies provide coverage of infertility treatments received a score of 1.0, while states mandating that insurance companies offer policyholders at least one package with coverage of infertility treatments received a score of 0.5. Source: Plaza, 2001a.

Same-Sex Couples and Adoption: Whether a state allows gays and lesbians the option of second-parent adoption, which occurs when a nonbiological parent in a couple adopts the child of his or her partner. At the state level, courts and/or legislatures have upheld or limited the right to second-parent adoption among gay and lesbian couples. States were given 1.0 point if the state supreme court has prohibited discrimination against these couples in adoption, 0.75 if an appellate or high court has, 0.5 if a lower court has approved a petition for second-parent adoption, 0.25 if a state has no official position on the subject, and no points if the state has banned second-parent adoption. Source: National Center for Lesbian Rights, 2001.

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

Composite Health and Well-Being Index

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

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score." Mortality rates from heart disease, lung cancer, and breast cancer were set according to national goals for the year 2010, as determined by the U.S. Department of Health and Human Services under the Healthy People 2010 program (U.S. Department of Health and Human Services, Public Health Service, 2000). For heart disease and breast cancer, this entailed a 20 percent decrease from the national number. For lung cancer, it entailed a 22 percent decrease from the national number. For incidence of diabetes, chlamydia and AIDS and mortality from suicide, the Healthy People 2010 goals are to achieve levels that are "better than the best," and thus the ideal score was set at the lowest rate for each indicator among all states. In the absence of national objectives, mean days of poor mental health and mean days of activity limitations were also set at the lowest level among all states. Each state's score was then compared with the ideal score to determine the state's grade.

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

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

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

Percent of Women Who Have Ever Been Told They Have Diabetes: As self-reported by female respondents in the Behavioral Risk Factor Surveillance System (BRFSS) survey in 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

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

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

Poor Mental Health: Mean number of days in the past 30 days on which mental health was not good, as self-reported by female respondents in the BRFSS survey in 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

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

Mean Days of Activity Limitations: Mean number of days in the past 30 days on which activities were limited due to health status, as self-reported by female respondents in the BRFSS survey in 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Appendix III: Sources for Chart 3.1 (Women's Resources and Rights Checklist)

Violence Against Women

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

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

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

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

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

Child Support

Single-Mother Households Receiving Child Support or Alimony: A single-mother household is defined as a family headed by an unmarried woman with one or more of her own children (by birth, marriage, or adoption). Such a family is counted as receiving child support or alimony if it received full or partial payment of child support or alimony during the past year (Annie E. Casey Foundation, 2001). Figures are based on an average of data from the Current Population Survey for 1997-99. Source: Annie E. Casey Foundation, 2001.

Cases with Collection: A case is counted as having a collection if as little as one cent is collected during the year. These figures include data on child support for all family types. Source: U.S. Department of Health and Human Services, Administration for Children and Families, 2000b.

Welfare and Poverty Policies

Child Exclusion/Family Caps: Whether a state extends TANF benefits to children born or conceived while a mother receives welfare. Many states have adopted a prohibition on these benefits, sometimes called a "family cap." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Time Limits: States may not use federal funds to assist families with an adult who has received federally funded assistance for 60 months or more. They can set lower time limits, however. States that allow welfare recipients to receive benefits for the maximum allowable time or more are indicated by "yes." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Work Requirements: What constitutes work activities is a contentious issue at both the state and federal levels. State policies concerning these issues continue to evolve and are subject to caseworker discretion. This report uses each state's self-reported policy to identify which states require immediate work activities and which allow recipients time before they lose benefits. Those states that allow at least 24 months are indicated as "yes." To receive the full amount of their block grants, states must demonstrate that a specific portion of their TANF caseload is participating in activities that meet the federal definition of work. In fiscal year 2002, states must demonstrate that 50 percent of their TANF caseload is engaged in work. PRWORA also restricts the amount of a caseload that may be engaged in basic education or vocational training to be counted in the state's work participation figures and allows job training to count as work only for a limited period of time for any individual. Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

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

Family Violence Provisions in TANF Plans: States can provide exemptions to time limits and other policies to victims of domestic violence under the Family Violence Option. This measure indicates whether a state has opted for certification or adopted other language providing for victims of domestic violence. Source: NOW Legal Defense and Education Fund, 2001.

Earnings Disregards: States are given leeway in determining how much of a low-income worker's earnings to disregard in determining eligibility for welfare recipiency. States that disregard at least 50 percent of low-income workers' earnings are indicated by a "yes." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

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

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

Employment/Unemployment Benefits

Minimum Wage: States receive a "yes" if their state minimum wage rate as of January 2002 exceeded the federal rate. According to the Fair Labor Standards Act, the state minimum wage is controlling if it is higher than the federal minimum wage. A federal minimum wage increase was signed into law on August 20, 1996, and raised the federal standard to $5.15 per hour on September 1, 1997. Source: U.S. Department of Labor, 2002.

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

Access to Unemployment Insurance (UI) for Low-Wage Workers: In order to receive unemployment insurance, potential recipients must meet several eligibility requirements. Two of these are high quarter earnings and base period earnings requirements. The "base period" is a 12-month period preceding the start of a spell of unemployment. This, however, excludes the current calendar quarter and often the previous full calendar quarter (this has serious consequences for low-wage and contingent workers who need to count more recent earnings to qualify). The base period criterion states that the individual must have earned a minimum amount during the base period. The high quarter earnings criterion requires that individuals earn a total reaching a specified threshold amount in one of the quarters within the base period. IWPR research has shown that women are less likely to meet the two earnings requirements than men are. They are more than twice as likely as men to be disqualified from receipt of unemployment insurance benefits because of these requirements (Yoon, Spalter-Roth, and Baldwin, 1995). States typically set eligibility standards for unemployment insurance and can enact policies that are more or less inclusive and more or less generous to claimants. For example, some states have implemented an "alternative base period," allowing the most recent earnings to count to the advantage of the claimant.

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

Labor, Employment and Training Administration, Unemployment Insurance Service, 2001.

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

Access to Unemployment Insurance for "Good Cause Quits": Twenty-two states offer unemployment insurance coverage for voluntary quits caused by a variety of circumstances, such as moving with a spouse, harassment on the job, or other situations. The specifics of which circumstances are considered "good cause" differ by state. Source: National Association of Child Advocates, 1998; National Employment Law Project, 2001.

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

Family Leave Benefits

Proposed Use of Unemployment Insurance for Paid Family Leave: Recent initiatives in several states have advanced the idea of using unemployment insurance to provide benefits during periods of family leave (sometimes known as "Baby UI"). At the federal level, as of August 2000, the Department of Labor allowed states to provide partial wage replacement under the unemployment compensation program on a voluntary, experimental basis to parents who take leave or otherwise leave employment following the birth or adoption of a child. State legislatures must approve plans to use unemployment insurance in this fashion. Source: National Partnership for Women and Families, 2001a; Society for Human Resource Management, 2001.

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

Sexual Orientation and Gender

Civil Rights Legislation: Whether a state has passed a statute extending anti-discrimination laws to apply to discrimination on the basis of sexual orientation or gender identity. Source: National Gay and Lesbian Task Force Policy Institute, 2001a.

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

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

Reproductive Rights

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

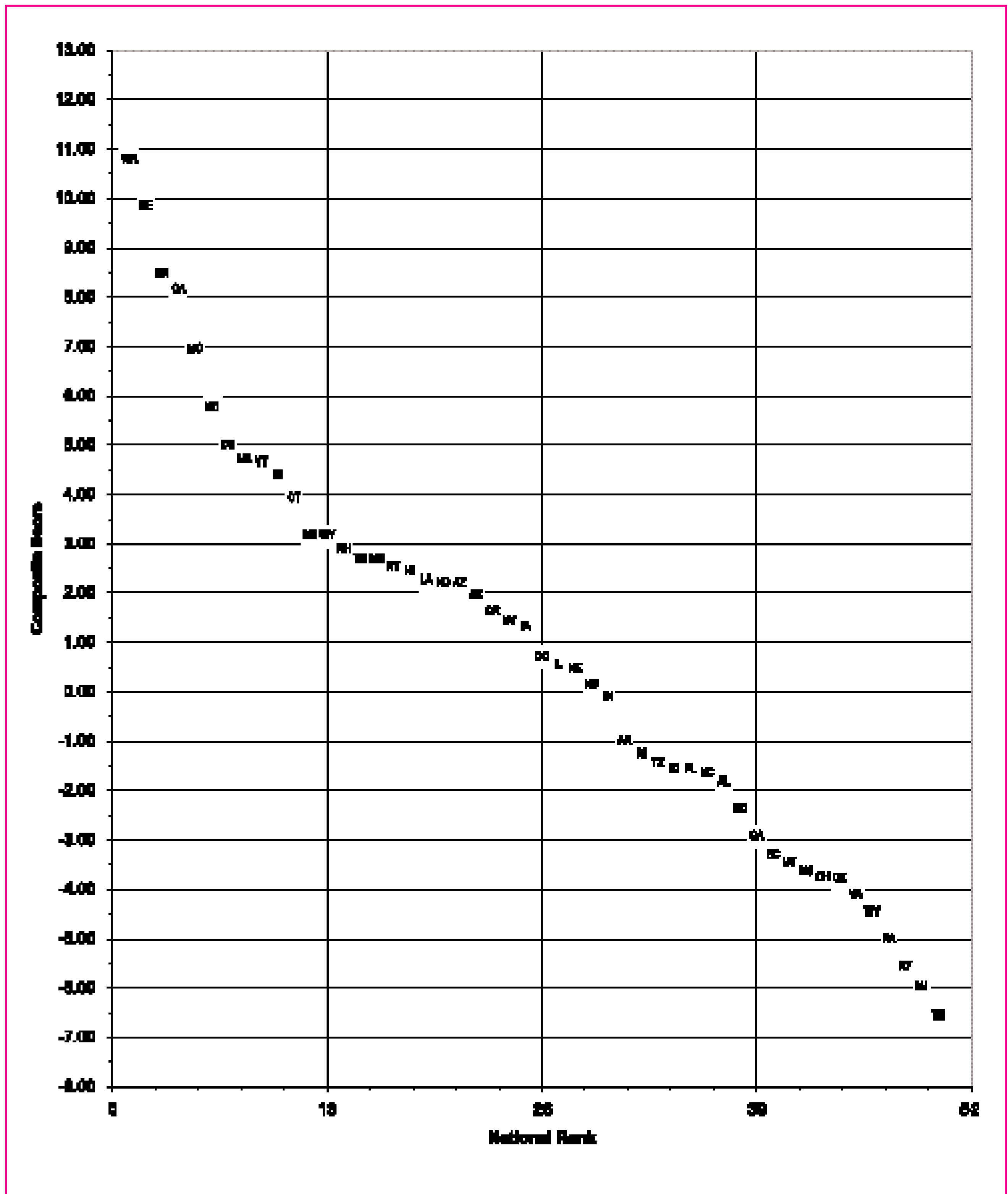
Institutional Resources

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

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

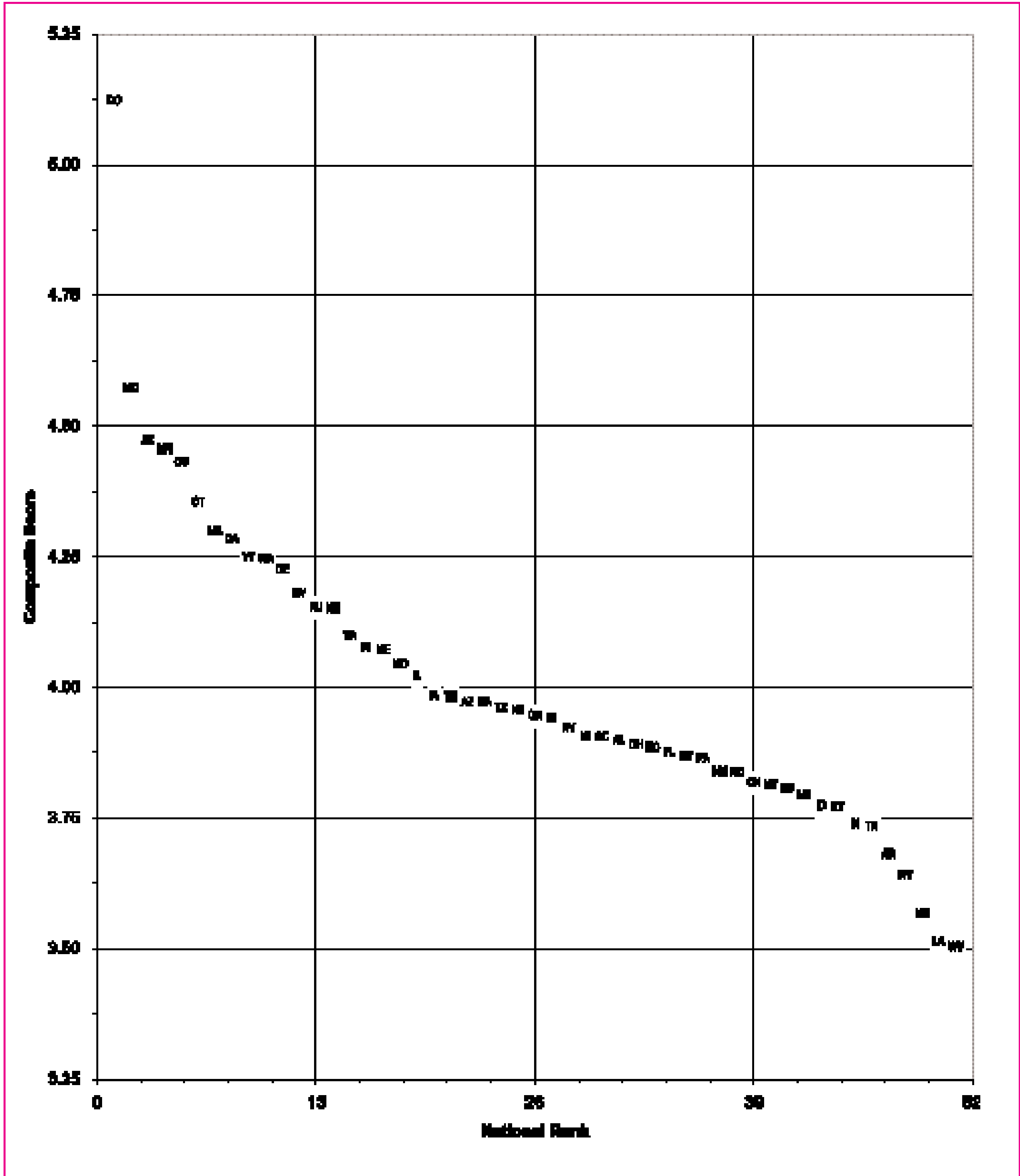
	Composite Index			Women in Elected Office Composite Index		Percent of Women Registered to Vote, 1998 and 2000		Percent of Women Who Voted, 1998 and 2000		Number of Institutional Resources Available to Women in the State	
State	**Score**	**Rank**	**Grade**	**Score**	**Rank**	**Percent**	**Rank**	**Percent**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

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



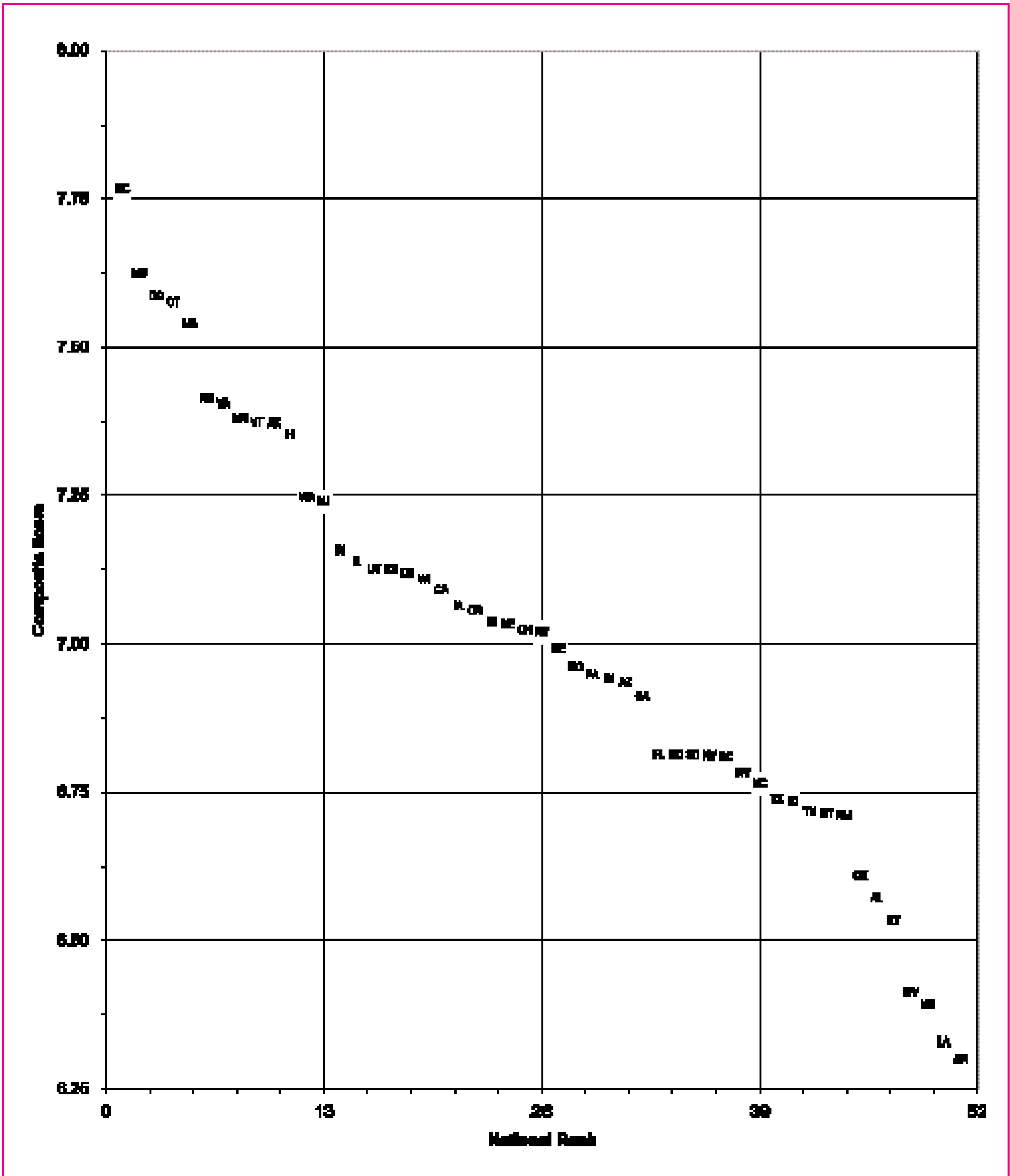
Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Employment and Earnings

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



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

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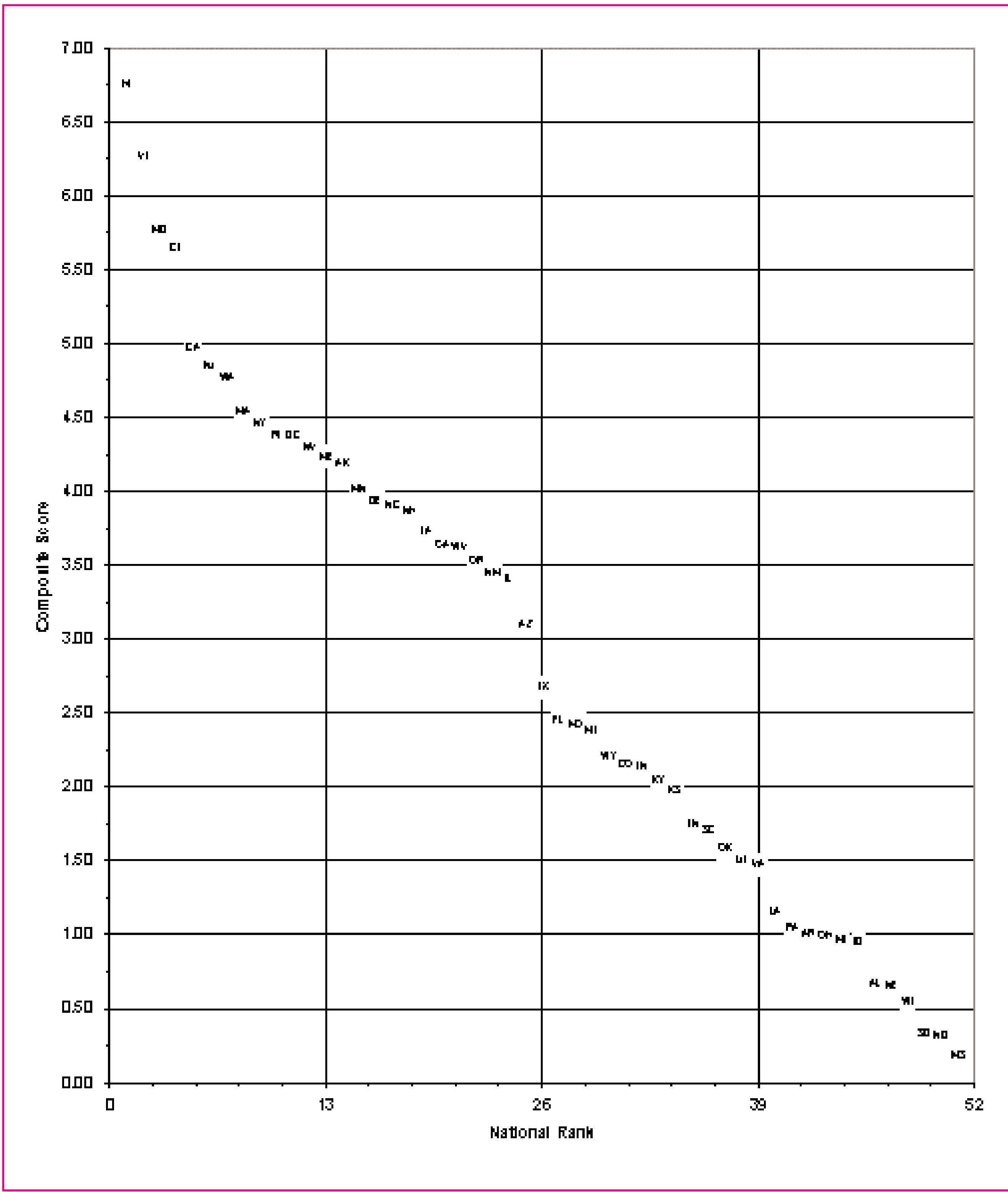
Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Reproductive Rights

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

** Indicates the legislation is not enforced but remains part of the statutory code.*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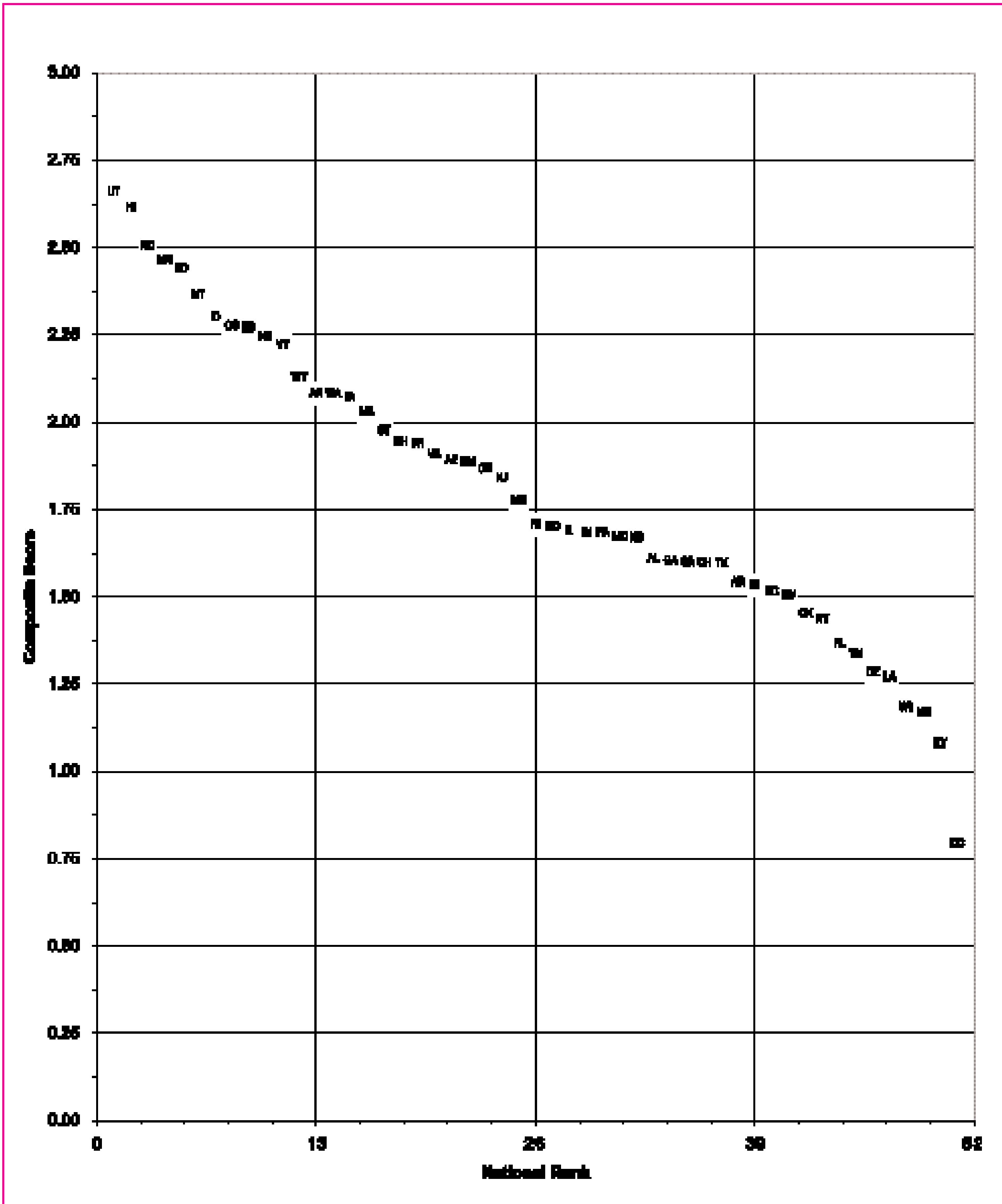
52
National Rank

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

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

** Median for all 50 states and the District of Columbia.*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0.00
Composite Score
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13
26
39
52
National Rank

Selected Alabama Resources

Alabama ARISE
P.O. Box 612
Montgomery, AL 36101
Tel: (334) 832-9060
www.alarise.org

Alabama AFL-CIO
435 South McDonough Street
Montgomery, AL 36104
Tel: (334) 834-1061
Fax: (334) 834-1065
www.alaflcio.com

Alabama Business and Professional Women's Club
Contact: Julie Sinclair
1802 Windsor Boulevard
Homewood, AL 35209
Tel: (205) 879-3113
jmwsinclair@mindspring.com

Alabama Coalition Against Domestic Violence
P.O. Box 4762
Montgomery, AL 36101
Tel: (334) 832-4842
Fax: (334) 832-4803
acadv.org
www.acadv.org

Alabama Coalition Against Rape
207 Montgomery Street
P.O. Box 4091
Montgomery, AL 36104
Tel: (334) 264-0123
Tel: (888) 725-RAPE
Fax: (334) 264-0128

Alabama Coalition of Labor Union Women
Contact: Anne Skelton, State Coordinator
7801 Lake Judson Road
Cottondale, AL 35453

Alabama Criminal Justice Information Center
770 Washington Avenue
Montgomery, AL 36130-0660
acjic.state.al.us/alacrime.htm

Alabama Department of Economic and Community Affairs
401 Adams Avenue
P.O. Box 5690
Montgomery, AL 36103
Tel: (334) 242-5525
www.adeca.state.al.us/adeca/pages/pages_stm/ADECAdefault.stm

Alabama New South Coalition
838 South Court Street
Montgomery, AL 36104
Tel: (334) 262-0932

Alabama Poverty Project
Samford University
800 Lakeshore Drive
P.O. Box 2300
Birmingham, AL 35229-2300
www.samford.edu/groups/app/

Alabama Small Business Administration
801 Tom Martin Drive
Birmingham, AL 35211
Tel: (205) 290-7101
Fax: (205) 290-7404
www.sba.gov/al/

The Alabama Solution
P.O. Box 370821
Birmingham, AL 35237
Tel: (205) 250-0205
Fax: (205) 874-7037
alabamasolution@mindspring.com

Alabama Women's Commission
200 South Franklin Drive
Troy, AL 36081-4508
Tel: (205) 566-8744

Alabama Women's Hall of Fame
Judson College
Marion, AL 36756
Tel: (334) 683-5243
awhf@future.judson.edu
www.awhf.org

Alabama Women's Health Initiative
205 20th Street N., #636
Birmingham, AL 35203
Tel: (205) 714-4474

Alabama Women's Initiative
P.O. Box 59323
Birmingham, AL 35259-9323
Tel: (205) 991-3221
alabamawomen.org
www.alabamawomen.org

American Association of University Women, Alabama
Contact: Elaine Hughes
University of Montevallo
Station 6501
Montevallo, AL 35115
Tel: (205) 665-6504
hughes@montevallo.edu
www.aauwalabama.org

Auburn Gay/Lesbian/Bisexual Caucus
Contact: Becky Liddle
Auburn University
Department of Counseling & Counseling Psychology
2084 Haley Center
Auburn, AL 36849
Tel: (334) 844-2881
aglbc@auburn.edu

Birmingham Chamber of Commerce
2027 First Avenue North, Birmingham, Alabama 35203
P.O. Box 10127
Birmingham, AL 35202
Tel: (205) 323-5461
Fax: (205) 250-7669
www.birminghamchamber.com/

Birmingham Kwanzaa and Heritage Foundation, Inc.
2027 1st Avenue N., #506
Birmingham, AL 35203
Tel: (205) 322-6008

Center for Research in Women's Health
University of Alabama - Birmingham
1500 6th Street South
Birmingham, AL 25333
Tel: (205) 934-7330
main.uab.edu/show.asp?durki=34715

Coalition of Alabamians Reforming Education (CARE)
Contact: April Parker
P. O. Box 323
Tyler, AL 36785
Tel: (205) 348-6339
care.freeservers.com/contact.html

Committee de Salud Reproductiva
c/o Alabama Health Center
1210 3rd Avenue South
Birmingham, AL 35233
Tel: (205) 324-1975

The Deep South Network
for Cancer Control
Contact: Claudia Hardy
University of Alabama-Birmingham
Comprehensive Cancer Center
1824 6th Avenue South
Birmingham, AL 35294-3300
Tel: (205) 975-5454
www.ccc.uab.edu/Outreach_Education/
DSN/Deep_South_Network.htm

East Alabama AIDS Outreach
P.O. Box 1971
Auburn, AL 36831
Tel: (334) 887-5244
Tel: (800) 799-4967
www.mindspring.com/~lcao

Executive Women's Forum
Contact: Jenny Hogan
107 Saint Francis Street
Mobile, AL 36602
Tel: (251) 433-4977

Family Violence Center
P.O. Box 11865
Birmingham, AL 35202
Tel: (205) 521-9646
Fax: (205) 521-9652
Hotline: (205) 322-4878

League of Women Voters of Alabama
3357 Cherokee Road
Birmingham, AL 35223-1313
Tel: (205) 967-2829
www.lwval.org

League of Women Voters of Greater
Birmingham
P.O. Box 661213
Birmingham, AL 35266
Tel: (205) 824-8112
Fax: (205) 879-8936
www.bham.net/lwvgb

National Association of Social Workers,
Alabama Chapter
Governors Park II
2921 Marti Lane, #G
Montgomery, AL 36116
Tel: (334) 288-2633
Fax: (334) 288-1398
naswal@earthlink.net

National Association of Women
Business Owners
Birmingham Chapter
P.O. Box 55414
Birmingham, AL 35255
Tel: (205) 942-1957
nawbobham@aol.com
www.nawbobham.org

National Council of Jewish Women
3149 Fitzpatrick Road
Montgomery, AL 36106

National Council of Negro Women
Contact: Peggy Myles
1111 47th Street West
Birmingham, AL 35208
Tel: (205) 788-1007

Region 8 UAW CAP Council
1004 North 50th Street
Birmingham, Alabama 35212

Turning Point
P.O. Box 1165
Tuscaloosa, AL 35403
Tel: (205) 758-0808
Fax: (205) 759-8042

Planned Parenthood of Alabama
1211 27th Place South
Birmingham, AL 35205
Tel: (205) 322-2121
Fax: (205) 322-2162

University of Alabama
African American Studies Program
College of Arts & Sciences
P. O. Box 870214
Tuscaloosa, AL 35487-021
Tel: (205) 348-2532
Fax: (205) 348-9766
www.as.ua.edu/amstud/aasthome.htm

University of Alabama
Department of Health Sciences College
of Human Environmental Sciences
204 Foster Auditorium
Box 870311
Tuscaloosa, AL 35487-0311
Tel: (205) 348 - 8371
Fax: (205) 348 - 7568
www.ches.ua.edu/health/index.html

University of Alabama
Women's Studies Department
Box 870272
Tuscaloosa, AL 35487-0272
Tel: (205)348-5782
www.as.ua.edu/ws/

University of Alabama-Birmingham
Women's Studies Department
1212 University Blvd.
Birmingham, AL 35294-3350
Tel: (205) 934-8685
Fax: (205) 975-5614

The Women's Exchange
P.O. Box 660824
Birmingham, AL 35266-0824
Tel: (205) 967-0085
Fax: (205) 967-0124
info@womens-exchange.com
www.womens-exchange.com

Women's Fund of Greater Birmingham
2027 First Avenue North - Suite 410
Birmingham, AL 35213
Tel: (205) 328-8641
Fax: (205) 328-6576

Women's Resource Center,
University of Alabama
Russell Student Health Center
3rd Floor, Box 870360
Tuscaloosa, AL 35487-0360
Tel: (205) 348-5040
Fax: (205) 348-5282
wrc@sa.ua.edu
www.sa.ua.edu/wrc

Women's Resource Center, YWCA
YWCA of Birmingham
309 North 23rd Street
Birmingham, AL 35203
Tel: (205) 322-9922
Fax: (205) 521-9652
www.ywcabham.org

National Resources

AARP
601 E Street, NW
Washington, DC 20049
Tel: (202) 434-2277
Tel: (800) 424-3410
Fax: (202) 434-7599
www.aarp.org

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

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

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

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

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

Agency for Health Care Research and Quality
U.S. Department of Health and Human Services
2101 E. Jefferson Street
Suite 501
Rockville, MD 20852
Tel: (301) 594-1364
Fax: (301) 594-2283
info@ahrq.gov
www.ahcpr.gov

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

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

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

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

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

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

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

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

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

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Tel: (202) 336-5510
Tel: (800) 374-2721
TTY: (202) 336-6123
Fax: (202) 336-5500
www.apa.org

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

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

Asian Women in Business
One West 34th Street
Suite 200
New York, NY 10001
Tel: (212) 868-1368
Fax: (212) 863-1373
info@awib.org
www.awib.org

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
Tel: (202) 628-8787
cdfinfo@childrensdefense.org
www.childrensdefense.org

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

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

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

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

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

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

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

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

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

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

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

Girls Incorporated National Resource
Center
120 Wall Street, 3rd Floor
New York, NY 10005
Tel: (212) 509-2000
Fax: (215) 509-8708
www.girlsinc.org

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 to 5, National Association of Working Women
231 W. Wisconsin Avenue Suite 900
Milwaukee, WI 53203-2308
Tel: (800) 522-0925
Tel: (414) 274-0925
Fax: (414) 272-2870
www.9to5.org

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

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

National Asian Women's Health Organization
250 Montgomery Street
Suite 900
San Francisco, CA 94104
Tel: (415) 989-9747
Fax: (415) 989-9758
www.nawho.org

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

National Association of Child Advocates
1522 K Street NW, Suite 600
Washington, DC 20005-1202
Tel: (202) 289-0777
Fax: (202) 289-0776
naca@childadvocacy.org
www.childadvocacy.org

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

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

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

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

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

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

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

National Center for American Indian Enterprise Development
815 NE Northgate Way
2nd Floor
Seattle, WA 98125
Tel: (206) 365-7735
Fax: (206) 365-7764
www.ncaied.org

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

National Coalition Against Domestic Violence
P.O. Box 18749
Denver, CO 80218-0749
Tel: (303) 839-1852
Fax: (303) 831-9251
www.ncadv.org

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

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

National Council of Negro Women
633 Pennsylvania Avenue, NW
Washington, DC 20004
Tel: (202) 737-0120
Fax: (202) 737-0476
www.ncnw.org

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

National Education Association
1201 16th Street, NW
Washington, DC 20036
Tel: (202) 833-4000
Fax: (202) 822-7974
www.nea.org

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

National Family Planning & Reproductive Health Association
1627 K Street NW
12th Floor
Washington, DC 20006
Tel: (202) 293-3114
info@nfprha.org
www.nfprha.org

National Federation of Democratic Women
19432 Burlington Drive
Detroit, MI 48203-1454
Tel: (313) 892-6199
Fax: (313) 892-8424
www.nfdw.org

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

National Gay and Lesbian Task Force
1700 Kalorama Road, NW
Washington, DC 20009-2624
Tel: (202) 332-6483
Fax: (202) 332-0207
www.ngltf.org

National Law Center on Homelessness and Poverty
1411 K Street, NW
Suite 1400
Washington, DC 20005
Tel: (202) 638-2535
Fax: (202) 628-2737
nlchp@nlchp.org
www.nlchp.org

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

National Organization for Women Legal Defense and Education Fund
359 Hudson Street, 5th Floor
New York, NY 10014
Tel: (212) 925-6635
Fax: (212) 226-1066
www.nowldef.org

National Partnership for Women and Families
1875 Connecticut Avenue, NW
Suite 650
Washington, DC 20009
Tel: (202) 986-2600
Fax: (202) 986-2539
info@nationalpartnership.org
www.nationalpartnership.org

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Poverty and Race Research Action Council
3000 Connecticut Avenue, NW
Suite 200
Washington, DC 20008
Tel: (202) 387-9887
Fax: (202) 387-0764
info@prrac.org
www.prrac.org

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

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

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

Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fisher's Lane
Rockville, MD 20857
Tel: (301) 443-4795
Fax: (301) 443-0284
www.samhsa.gov

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

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

U.N. Division for the Advancement of Women
Two United Nations Plaza
New York, NY 10017
Tel: (212) 963-3177
Fax: (212) 963-3463

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

U.S. Agency for International Development Office of Women in Development
Washington, DC 20523-3801
Tel: (202) 712-0570
Fax: (202) 216-3173
genderreach@dai.com
www.genderreach.org

U.S. Small Business Administration Office of Women's Business Ownership
409 Third Street, NW
Fourth Floor
Washington, DC 20416
Tel: (202) 205-6673
owbo@sba.gov

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

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

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

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

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

Women Work!
The National Network for Women's Employment
1625 K Street, NW
Suite 300
Washington, DC 20006
Tel: (202) 467-6346
Fax: (202) 467-5366
www.womenwork.org

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

Women's Environmental and Development Organization
355 Lexington Avenue
3rd Floor
New York, NY 10017-6603
Tel: (212) 973-0325
Fax: (212) 973-0335
wedo@wedo.org
www.wedo.org

Women's Foreign Policy Group
1875 Connecticut Avenue, NW
Suite 720
Washington, DC 20009
Tel: (202) 884-8597
Fax: (202) 882-8487
wfpg@wfpg.org
www.wfpg.org

Women's Funding Network
1375 Sutter Street, Suite 406
San Francisco, CA 94109
Tel: (415) 441-0706
Fax: (415) 441-0827
info@wfnet.org
www.wfnet.org

Women's Institute for a Secure Retirement
1201 Pennsylvania Avenue, NW
Suite 619
Washington, DC 20004
Tel: (202) 393-5452
Fax: (202) 638-1336
www.network-democracy.org/socialsecurity/bb/whc/wiser.html

Women's International League for Peace and Freedom
1213 Race Street
Philadelphia, PA 19107
Tel: (215) 563-7110
Fax: (215) 563-5527
www.wilpf.org

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

Women's Research and Education Institute
1750 New York Avenue, NW
Suite 350
Washington, DC 20006
Tel: (202) 628-0444
Fax: (202) 628-0458
www.wrei.org

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

Young Women's Christian Association of the USA (YWCA)
Empire State Building
350 Fifth Avenue, Suite 301
New York, NY 10118
Tel: (212) 273-7800
Fax: (212) 273-7939
www.ywca.org

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

Appendix VI: List of Census Bureau Regions

East North Central

Illinois
Indiana
Michigan
Ohio
Wisconsin

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

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