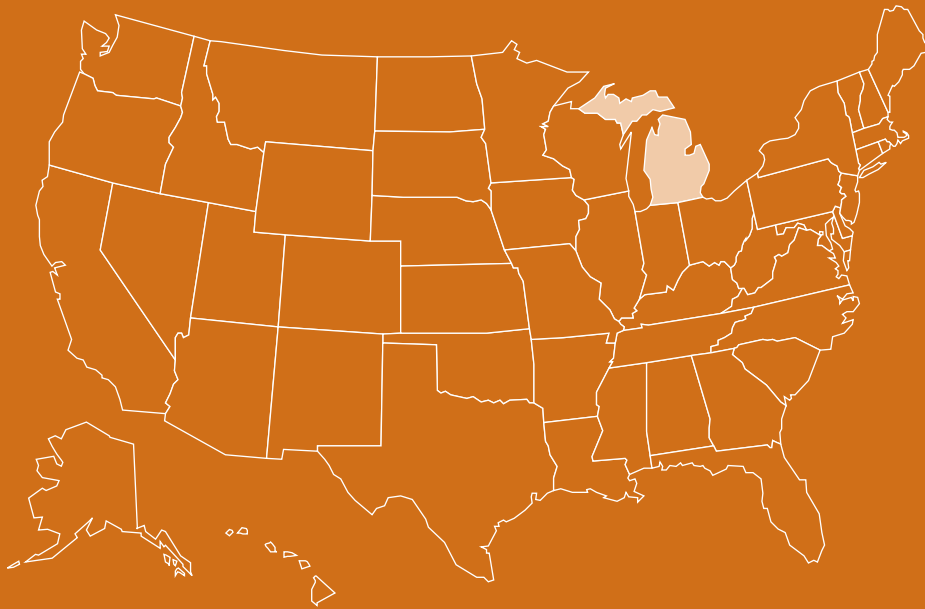


THE STATUS OF WOMEN IN MICHIGAN

POLITICS ♦ ECONOMICS ♦ HEALTH ♦ RIGHTS ♦ DEMOGRAPHICS



MICHIGAN



Institute for Women's Policy Research

About *The Status of Women in the States* Project

This publication is one in a series of *Status of Women in the States* reports by the Institute for Women's Policy Research (IWPR). Over the past ten years, *The Status of Women in the States* has become a leading source of analysis of women's status across the country. Between 1996 and 2004, IWPR has produced individual reports on women's status in all 50 states and the District of Columbia, as well as biennially updated reports on national trends across the states.

The *Status of Women in the States* project is designed 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 *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. Data on the status of women give citizens the information they need to address the key issues facing women and their families.

About This Report

This report is part of a set of *The Status of Women in the States* reports released in 2004. This set includes *Women's Economic Status in the States*; *The Status of Early Care and Education in the States* and two accompanying state-level analyses of Wisconsin and New Mexico; 12 state-level *Status of Women* reports; and a national overview of women's status across the country.

This report was produced with support from the Nokomis Foundation.

The data used in the report come from a variety of sources, primarily federal government agencies, although other organizations also provided data. While every effort has been made to check the accuracy and completeness of the information presented, any errors are the responsibility of IWPR. Please do not hesitate to contact the Institute with any questions or comments.

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About the Institute for Women's Policy Research

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

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

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

About The Nokomis Foundation

The Nokomis Foundation is a private women's foundation established by Mary Caroline "Twink" Frey in 1990. The Nokomis Foundation strives to make a difference in the lives of women and girls, primarily by advocating for women-friendly policies, celebrating women's accomplishments, instilling economic self-sufficiency, and promoting healthy choices.

The mission of the Nokomis Foundation is to create a stronger voice for women and girls. The Foundation carries out this mission by advocating for the needs of women and girls; offering funding, expertise and resources for organizations serving women and girls; and providing opportunities to convene around gender-based issues.

The Nokomis Foundation has been providing grants to organizations serving women and girls in West Michigan since 1991. The Foundation also sponsors the Taking Flight Grants for Girls program, the Women's Technology Consortium, and the New Voices Initiative (featuring the Prostitution Round Table community learning venture and the Nurturing a New Start program for incarcerated women). Nokomis also publishes an informational newsletter and website and hosts technical assistance programs and events highlighting women's issues.

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THE STATUS OF WOMEN IN MICHIGAN

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PREFACE

Nearly a decade ago—in 1996—the Nokomis Foundation released the first *Status of Women in Michigan* report as part of a sweeping, nationwide project led by the Institute for Women's Policy Research to track and rank the status of women in all 50 states and the District of Columbia. The first Michigan report gave us a snapshot view of women's lives in 1996, providing state policymakers, activists, scholars, and other advocates with comprehensive, reliable data to use in developing public policy and programs affecting Michigan women.

Now, eight years later, the landscape in Michigan has changed dramatically. Challenged by the state's most significant budget crisis in decades, we are struggling to prevent loss of progress for women in Michigan in the areas of economic security, child care, education, health care, and reproductive rights. It's time to take another snapshot! What is the view now, in 2004? What has improved for women in Michigan? And where have we lost ground?

To update *The Status of Women in Michigan* report for 2004, the Nokomis Foundation again worked with the Institute for Women's Policy Research. This new, updated report can provide a gauge of how far we've come—and how far we still need to go—to bring about autonomy and equality for women in Michigan in the areas of political participation, employment and earnings, social and economic autonomy, reproductive rights, and health and well-being.

The publication of this updated *Status of Women in Michigan* report offers new benchmarks, data, and analyses to strengthen policy and program development for women in Michigan. We hope this report will act as a catalyst for bringing about positive change for women in Michigan—stimulating policy, educating voters, inspiring activism, strengthening nonprofit organizations, and challenging new corporate initiatives.

We offer our thanks to the Institute for Women's Policy Research for partnering with us on this project. Special thanks go to our Michigan Advisory Committee—we so appreciate their commitment to this project and their willingness to share their expertise and insights. In particular, I would like to thank and acknowledge those members of the committee who provided focus box information and narrative for this report: Jan Mancinelli, Jean Doss, Judy Karandjeff, Kary Moss, Linda Seestedt-Stanford, and Nokomis Foundation project consultants Jeannie Hosey and Dotti Clune.



Kym Mulhern
Executive Director
Nokomis Foundation

Highlighting the Changes for Women in Michigan — 1996 to 2004

Political Participation

- Overall, Michigan has seen its greatest improvements since the 1996 report (IWPR 1996b) in the area of women's political participation. The state climbed from an overall ranking of 24th in the 1996 report to 2nd in the 2004 report.
- The election of Governor Jennifer Granholm helped Michigan dramatically improve its ranking in the women in elected office composite index; the state jumped from 33rd among all states in the 1996 report to 4th in 2004 (Michigan also gained by having a woman now serve as U.S. senator, as well as continuing to have a proportion of women in the state legislature that is higher than the proportion in the nation as a whole).

(Continued on next page)

- In terms of voter turnout among women, Michigan's national rankings increased from 17th in 1996 to 11th in 2004. However, data from the 1996 report showed that 59.9 percent of Michigan women voted in the 1992 and 1994 elections (average of both elections), while only 56.3 percent of women voted in the 1998 and 2000 elections, as noted in the 2004 report. So, although the ranking improved, a smaller percentage of Michigan women actually voted, showing that the advancement in Michigan's ranking is due to the rates in other states worsening, rather than Michigan actually improving.
- The 1996 report showed 75.4 percent of Michigan women registered to vote for the 1992 and 1994 elections, earning the state a rank of 10th. A smaller percentage (71.9 percent) registered to vote in the 1998 and 2000 elections, dropping the state's ranking to 13th in the 2004 report.
- One important gain for women in Michigan since 1996 has been the institution of a legislative caucus for women in the state legislature.

Employment and Earnings

- Michigan ranks 33rd for employment and earnings in the 2004 report, compared with 27th in the 1996 report.
- The percent of women employed in managerial or professional occupations in Michigan has been slowly increasing. With 31.6 percent of women employed in such occupations in 2001, Michigan is ranked 27th in the 2004 report, an improvement from 26.9 percent of women employed in managerial and professional occupations in 1994 (ranking the state 34th in the 1996 report).
- Median annual earnings for women in Michigan have improved by approximately 6 percent between 1989 and 2002, from \$28,900 (in 2003 dollars) in 1989 (reported in the 1996 report) to \$30,700 in 2001-02 (in 2003 dollars; reported in the 2004 report). However, Michigan's national ranking in this category has shifted from 13th in 1996 to 15th in 2004.
- The earnings ratio between men and women was 61.8 percent in 1989, ranking the state 45th in the 1996 report. Michigan ranks 49th in the 2004 report, with an earnings ratio of 66.7 percent in 2001-02. Although the ratio itself improved, the fact that the state's ranking dropped means that other states had greater improvement.
- The percentage of women in the labor force in Michigan in 1994 was 58.7 percent, ranking the state 35th in the 1996 report. The state's 2004 ranking is the same (35th), with 58.9 percent of women in the labor force in 2002.

Social and Economic Autonomy

- Michigan's social and economic autonomy composite ranking was 28th in 1996 and is 25th in 2004.
- Michigan improved its ranking and percentage of women living above the poverty line. The 1996 report ranked Michigan 31st for women living above poverty, with 86.7 percent of women in the state living above poverty in 1989. The 2004 report shows that 88.7 percent of women in Michigan lived above poverty in 2001-02, ranking the state 27th.
- The percent of women in Michigan with four or more years of college has improved from 15.1 percent in 1989 (ranking the state 36th in the 1996 report) to 20.2 percent in 2000 (ranking Michigan 37th in the 2004 report). Despite its improvement, the fact that the state slipped a place in the rankings shows that other states showed greater improvement.
- In the 1996 report, Michigan ranked 10th among the states and the District of Columbia for the proportion of women with health insurance. In the 2004 report, the state ranks 19th, with 86.5 percent of women having health insurance (in 2001-02).

(Continued on next page)

- In the 1996 report, Michigan ranked 16th for the percent of businesses that are women-owned. In the 2004 report, Michigan ranks higher, at 10th, with 27.2 percent of businesses women-owned in 1997.

Reproductive Rights

- Michigan's ranking for reproductive rights improved from 45th in 1996 to 42nd in 2004. Having a pro-choice governor helped Michigan improve its ranking (other indicators in the reproductive rights section did not change or did not change significantly). Despite this slight improvement, however, the state still remains one of the ten worst states for reproductive rights.

Health and Well-Being

- IWPR began ranking the states for women's health in 2000. Since then, Michigan's ranking for women's health and well-being has improved, climbing from 41st overall in 2000 (as published in a national overview of all states; Caiazza 2000) to 37th in Michigan's 2004 report.
- At the same time, Michigan's overall grade for women's health and well-being has actually fallen from a C- in the 2000 national report to D+ in 2004. Michigan has also fallen in the rankings on several specific indicators related to women's health and well-being.
- At 3.2 per 100,000 in 2001, the incidence of AIDS among women in Michigan is the lowest the state has seen in recent years. Between 2000 and 2001, the rate dropped substantially, from 4.8 (as reported in the 2002 national report) to 3.2 per 100,000 women. The state also improved its ranking in the 2004 report to 28th among the 50 states and the District of Columbia, compared with 30th in the 2002 national report.
- Lung cancer mortality rates among Michigan women rank the state 32nd nationally in the 2004 report, with 43.3 per 100,000 women dying annually of lung cancer in 1999-2001. This indicator was not included in the 1996 Michigan report, but in the 2000 national report, Michigan ranked 33rd.

ACKNOWLEDGMENTS

The success of *The Status of Women in the States* project can be attributed to the many staff members, allied groups, and devoted volunteers involved in producing, publicizing, and applying IWPR's research.

IWPR's state partners are a crucial part of *The Status of Women in the States* project. The Nokomis Foundation provided the funding for *The Status of Women in Michigan* report and took the lead in organizing and managing an advisory committee of experts from around the state. These dedicated individuals reviewed drafts of the report and took the lead on disseminating its findings. We are grateful to the Nokomis Foundation and the Michigan Advisory Committee (listed on the facing page) for their support and advice on the design, content, and outreach strategies of *The Status of Women in Michigan* report.

Thanks also go to members of *The Status of Women in the States* project's Data Advisory Group, including Jared Bernstein, Economic Policy Institute; Jorge del Pinal, U.S. Census Bureau; Roderick Harrison, Joint Center for Political and Economic Studies; Marlene Kim, University of Massachusetts, Boston; Sonia Perez, National Council of La Raza; Elena Silva, AAUW Educational Foundation; Matthew Snipp, Stanford University; Greg Squires, The George Washington University; and Peter Tatian, Urban Institute. These experts guided us on key decisions about the data and indicators used in this report. Mr. Tatian and the Urban Institute were also commissioned to analyze the original Current Population Survey and Census data used in this report.

We are particularly indebted to members of our National Advisory Committee to *The Status of Women in the States* project and other experts who reviewed all or parts of draft reports. Kiran Ahuja of the National Asian Pacific American Women's Forum, Charon Asetoyer of the Native American Women's Health Education Resource Center, Nicole Mason of the National Women's Alliance, and Montoya Whiteman of the Native American Rights Fund provided feedback on the section of the reports addressing the reproductive rights of women of color, a new addition to the 2004 reports. Many state and national experts also reviewed IWPR's state-level analyses of the status of Native American women included in the 2004 series: Nicole Bowman, Bowman Performance Consulting, LLC; Gwen Carr, Minority Business Development Agency, State of Wisconsin; Jacqueline Johnson, National Congress of American Indians; Julie Kane, Office of Legal Counsel, Nez Perce Tribe; Camille Naslund, Native American Liaison/Special Populations Coordinator, North Dakota Coalition on Abused Women's Services; Carol Sample, Spotted Eagle, Inc.; Diane Sands, Montana Community Foundation; Donna Skenadore, Milwaukee 9 to 5; Matthew Snipp, Stanford University; and Montoya Whiteman, Native American Rights Fund.

We would like to thank the program officers who participated on behalf of our foundation supporters: Michael Laracy of the Annie E. Casey Foundation, Jael Silliman and Alan Jenkins of the Ford Foundation, Theresa Fay-Bustillos of the Levi Strauss Foundation, John Kostishack and Elsa Vega-Perez of the Otto Bremer Foundation, and Lisa Guide of the Rockefeller Family Fund. We are also grateful to the AFL-CIO and Merck & Co., Inc. for their support of the national *Status of Women in the States* report. We would especially like to thank our supporters in the states in addition to the Nokomis Foundation: the Women's Foundation of Minnesota for *The Status of Women of Color in Minnesota*; the Women's Foundation of Montana for *The Status of Women in Montana*; the Women's Foundation of Oklahoma for *The Status of Women in Oklahoma*; and the Women's Fund of the Greater Milwaukee Foundation for *The Status of Women in Wisconsin*.

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In producing this report, IWPR collaborated with many individuals and organizations in the state. **Kym Mulhern**, Nokomis Foundation, served as chair of the Michigan Advisory Committee. As chair, Ms. Mulhern coordinated the work of various individuals on the committee, who represented organizations from all over the state. Ms. Mulhern managed the committee's activities, including organizing meetings and overseeing the creation of the focus boxes. The committee made many contributions, including reviewing the draft report for accuracy, making suggestions to ensure that the data contained in the report would be useful, and organizing the dissemination of and publicity surrounding the release of the report. Several committee members wrote the focus boxes contained in this report, including Jan Mancinelli, Jean Doss, Judy Karandjeff, Kary Moss, Linda Seestedt-Stanford, and Nokomis Foundation project consultants Jeannie Hosey and Dotti Clune.

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1. Introduction



During the 20th century, women made significant economic, political, and social advances, but they are still 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 between 1989 and 2002, women will not achieve wage parity for more than 50 years. If women's representation in Congress changes at the rate it did during the last decade, it will take almost 100 years 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 fifth round. Over the course of a decade, reports on each of the 50 states and the District of Columbia have been completed. This year, IWPR produced reports on twelve 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 2004 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 facing 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, these state partners have collaborated on the design and written portions of *The Status of Women in the States* reports, reviewed drafts, and disseminated and applied the findings in their states. Their participation has been crucial to improving the reports and increasing their effectiveness and impact in each round. Many 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 IWPR's choices of indicators. This document, the result of an official con-

vocation of delegates from around the world, outlines issues of concern to women, rights fundamental to achieving equality and autonomy, and remaining obstacles to women's advancement. IWPR also 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.

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.

For the 2004 series of reports, IWPR used data from two different sources to report on women's economic status:

A) Census 2000 Data.

Census 2000 data were collected by the United States Census Bureau through its census of the entire U.S. population. A subset of Census respondents, or 17 percent of households, was asked to complete a long form with additional questions, and a portion of these data (for 2.8 million individuals) is available through the Public Use Microdata Samples. In the Census data, the sample size for women for full-time, full-year workers ranged from 2,768 in Wyoming to 179,500 in California; for men, the sample size ranged from 4,314 in the District of Columbia to 273,713 in California. These data allowed IWPR to provide state-level statistics on a variety of indicators of women's economic status by race and ethnicity, including data on earnings, the gender wage ratio, labor force participation, education, and poverty. These data reflect conditions in 1999-2000. The decennial censuses provide the most comprehensive data for states and local areas, but they are conducted only every ten years. Please note that unless otherwise noted, the data in this report for the various races (white, African American, Asian American, and Native American) do not include Hispanics; Hispanics, who may be of any race, are reported separately. For information on how race and ethnicity were defined for the purposes of this report, see Appendix III.

B) 2002-2003 Current Population Survey Data.

As in previous years, IWPR used the Current Population Survey (CPS) to produce statistics for the major economic indices and rankings, to maintain consistency with previous reports and to use the most up-to-date information available. The CPS is a monthly survey of a nationally representative sample of households. It is conducted jointly by the U.S. Census Bureau and the Bureau of Labor Statistics. To ensure sufficiently large sample sizes for cross-state comparisons, two years of data were combined and then tabulated. For this set of reports, IWPR used new economic data for the calendar years 2001-2002. 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), which led to the decision to supplement the most current CPS data with slightly older decennial Census data from 2000.

In some cases, we report data on one indicator from two different sources (for example median annual earnings), so that we can provide both the most current data available from the CPS and detailed race and ethnicity breakdowns using Census 2000. The reader should use caution in making comparisons across these data sources since they represent two different samples of individuals surveyed in different years in different economic conditions.

Identifying and reporting on subregions within states (cities or counties) were beyond the scope of this project, which means that some regional differences among women within the states are not reflected. 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 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 state; 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. 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.

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 or distribution), 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 1990-2004 period, the United States experienced a major economic recession at the start of the 1990s, 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 and officially ended

in November 2001. The period since the end of the recession has been marked by slow economic growth.

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 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.

In addition, as a companion piece to this report, which was funded by the Nokomis Foundation, IWPR and the James A. and Faith Knight Foundation are publishing *The Status of Women in Your County: A Community Research Tool* (available on each organization's web site). This tool is designed to help local leaders assess the status of women in their communities, as a complement to *The Status of Women in the States*.

2. Overview of The Status of Women in Michigan

Women in Michigan exemplify both the achievements and shortfalls of women's progress over the past century. While Michigan's women are witnessing real improvements in their economic, political, and social status, serious obstacles to their equality remain. The state's rankings are near the top of the nation for women's political participation, at 2nd; about average, at 25th, for social and economic autonomy; but below average for employment and earnings, health and well-being, and reproductive rights, at 33rd, 37th, and 42nd, respectively (see Chart 2.1).

Even the state's better rankings speak only to the status of its women relative to women in other states: despite improvements and the high ranks of some states, in no state do women do as well as men, and even those states with better policies for women do not ensure equal rights.

With below average rankings on many indicators, women in Michigan still face significant problems that demand attention from policymakers, advocates, and researchers concerned with women's status. Thus, Michigan earns the grades of B in political participation, C in social and economic autonomy, C- in employment and earnings, D+ in health, and D- in reproductive rights (see Chart 2.1).

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

Chart 2.1.
How Michigan Ranks on Key Indicators

Indicators	National Rank*	Regional Rank*	Grade
Composite Political Participation Index	2	1	B
Women's Voter Registration, 1998 and 2000 (71.9%)	13	2	
Women's Voter Turnout, 1998 and 2000 (56.3%)	11	2	
Women in Elected Office Composite Index, 2004	4	1	
Women's Institutional Resources, 2004	22	3	
Composite Employment and Earnings Index	33	4	C-
Women's Median Annual Earnings, 2002 (\$30,700)	15	1	
Ratio of Women's to Men's Earnings, 2002 (66.7%)	49	5	
Women's Labor Force Participation, 2002 (58.9%)	35	5	
Women in Managerial and Professional Occupations, 2001 (31.6%)	27	3	
Composite Social and Economic Autonomy Index	25	3	C
Percent with Health Insurance Among Nonelderly Women, 2001-02 (86.5%)	19	2	
Educational Attainment: Percent of Women with Four or More Years of College, 2000 (20.2%)	37	3	
Women's Business Ownership, 1997 (27.2%)	10	1	
Percent of Women Above the Poverty Level, 2002 (88.7%)	27	5	
Composite Reproductive Rights Index	42	3	D-
Composite Health and Well-Being Index	37	5	D+

Notes:

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 five and refer to the states in the East North Central region (IL, IN, MI, OH, and WI).

Calculated by the Institute for Women's Policy Research.

Michigan joins Illinois, Indiana, Ohio, and Wisconsin as part of the East North Central region. Among these five states, Michigan's ranks vary from best to worst depending on the issue area: the state is 1st in the region in political participation, 3rd in reproductive rights, 3rd in social and economic autonomy, 4th in employment and earnings, and 5th in health and well-being.

Michigan is a large state, with over 5.1 million women of all ages. The state has the 8th-largest population of women in the nation. While in some ways Michigan's women are less diverse than the national population, with fewer Asian American and Hispanic women, the state has more African American women than the national average, and the proportion of Native American women is similar to the nation as a whole.

Women in Michigan fare well in some key areas:

- As of July 2004, women held two key elected executive office positions in Michigan: governor and secretary of state. One of two U.S. senators from Michigan is a woman, out of only 14 female U.S. senators in the nation as a whole.
- Women's rates of voter registration and turnout, at 70 percent and 62 percent in 2000, respectively, are higher than the national averages.
- Women's median annual earnings in Michigan are in the top third of the nation, at \$30,700 for full-time, year-round employment, compared with \$30,100 among women in the nation as a whole.
- Michigan is one of the few states where African American women earn the same as or more than white women, at \$30,900 per year for full-time, year-round work for both African American and white women (Chart 2.2).
- Michigan is ranked 10th in the nation and 1st in the region for women's business ownership, with 27 percent of businesses owned by women.
- Michigan's AIDS rate is lower than the national average, at 3.1 per 100,000 versus 9.2 per 100,000 in the nation as a whole.

Still, there are many important areas where the state can improve women's status:

- Michigan is close to the bottom of the nation, at 49th, for the ratio of women's to men's earnings, with women earning only 67 percent of what men earn. This ratio is also much worse than the ratio in all other states in the region.
- Thirty six states have higher levels of educational attainment among women, and only 20 percent of Michigan women have completed their college education. This compares with 23 percent of men in the state and 23 percent of women nationally.

- More than one in ten women in Michigan live below the poverty line.
- Michigan ranks in the bottom third of the nation for women's rates of heart disease (42nd) and breast cancer mortality (38th) and for rates of diabetes (45th), chlamydia (35th), and poor mental health (50th).
- Michigan law does not allow minors to receive an abortion without parental consent and does not require health insurers to provide comprehensive coverage for contraceptives or fertility treatments.

Michigan can also improve the status of women of color by addressing the ongoing racial and ethnic disparities in the state (Chart 2.2):

- Hispanic and Native American women in Michigan who work full-time, full-year earn significantly less than women in other racial/ethnic groups in the state.
- Hispanic, Native American, and African American women are less likely than Asian American or white women to work in professional and managerial jobs.
- Compared with Michigan's white and Asian American women, African American, Native American, and Hispanic women in the state are much less likely to have two- or four-year college degrees and are more likely to live in poverty. Nearly one in four African American women live in poverty.
- African American and Native American women in Michigan are more likely to die from heart disease or lung cancer than women of other major racial and ethnic groups.
- Hispanic, African American, and Native American women face serious obstacles to prenatal care, and the infant mortality rate among African Americans is more than double that among every other racial/ethnic group.

While Michigan's women are witnessing real improvements in their economic, political, and social status, serious obstacles to their equality remain.

Political Participation

Michigan has a relatively large number of women in elected office, ranking 4th in the country as a whole (Chart 3.1). There is a partisan women's caucus in the state legislature and a government-appointed commission for women. Women in Michigan also register and vote at rates that are higher than those among women in the country as a whole. Consequently, the state ranks 2nd in the nation and 1st in its region on the political participation composite index. Despite its high ranking, like most states, Michigan's performance on indicators of political participation does not approach equality for women. For example, as of August 2004, only two of its 15 members

Chart 2.2.
Overview of the Status of Women of Color in Michigan

	White Women	African American Women	Hispanic Women	Asian American Women	Native American Women
Political Participation					
Number of Women in Elected Statewide Executive Office, 2004 ^a	2	0	0	0	0
Number of Women in U.S. Congress, 2004 ^a	2	1	0	0	0
Number of Women in Appointed Office, 2003 ^b	8	2	0	1	0
Employment and Earnings					
Median Annual Earnings (for full-time, year-round employed women), 1999 (in 2003 dollars) ^c	\$30,900	\$30,900	\$26,500	\$35,300	\$26,000
Earnings Ratio Between Women and White Men, 1999 ^c	65.1%	65.1%	55.8%	74.4%	54.7%
Women's Labor Force Participation, 2000 ^c	59.1%	59.3%	60.7%	56.8%	64.0%
Women in Managerial and Professional Occupations, 2000 ^d	34.2%	26.8%	23.1%	50.8%	25.6%
Social and Economic Autonomy					
Percent of Women with College Education (two- or four-year degree or higher), 2000 ^c	28.7%	20.9%	19.8%	60.1%	18.4%
Percent of Women Above the Poverty Level, 1999 ^c	91.7%	76.4%	82.2%	88.7%	80.4%
Reproductive Rights					
Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 2001 ^e	89%	69%	71%	89%	77%
Infant Mortality Rate (deaths of infants under age one per 1,000 live births), 2001 ^f	6.2	16.2	6.3	5.6	N/A
Percent of Low Birth Weight Babies, 2001 ^g	6.7%	14.1%	6.2%	7.7%	8.1%
Health and Well-Being					
Female Heart Disease Mortality, per 100,000, 1999-2001 ^h	223.8	321.8	157.4	104.6	317.8
Female Lung Cancer Mortality, per 100,000, 1999-2001 ^h	42.6	49.7	16.3	25.2	94.9
Female Breast Cancer Mortality, per 100,000, 1999-2001 ^h	26.1	36.2	16.2	N/A	37.8
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), 1999 ⁱ	0.7	18.0	8.2	N/A	N/A

Notes:

N/A = Not Available.

Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

See Appendix III for a description of how race and ethnicity are defined for economic data in this report.

Source: ^a CAWP 2004e; ^b Center for Women in Government and Civil Society 2004; ^c Urban Institute 2004b; ^d U.S. Department of Commerce, Bureau of the Census 2004j; ^e Centers for Disease Control and Prevention 2003b; ^f Centers for Disease Control and Prevention 2003a; ^g Centers for Disease Control and Prevention 2003c; ^h National Center for Health Statistics 2003; ⁱ Henry J. Kaiser Family Foundation 2001.

Compiled by the Institute for Women's Policy Research.

of the U.S. House of Representatives were women, and women made up less than one-fourth of the state legislature. As a result, Michigan receives a grade of B for measures of political participation.

Employment and Earnings

Michigan's overall ranking of 33rd on the employment and earnings composite index encompasses a range of rankings on the indicators included within it (Chart 4.1). Michigan women score within the top third of the nation, at 15th, for median annual earnings, and around the middle of the nation, at 27th, for the percent of women in managerial and professional occupations. The state ranks 35th for women's labor force participation. At 49th, Michigan ranks near the bottom for the ratio of women's to men's earnings, with Michigan women earning only 67 percent of what men earn. This lack of equity in wages contributes to an overall grade of C- for employment and earnings, indicating that the state can still make important strides in promoting women's equity in the labor market.

Social and Economic Autonomy

Ranking 25th in social and economic autonomy, Michigan's women fare reasonably well on some indicators but face obstacles in this category as well. While women in Michigan are more likely than women nationally to own businesses, at 10th in the nation, still not quite one-third of all businesses in the state are owned by women. Michigan women are more likely than women in the country as a whole to have health insurance but more than one in seven remains uninsured. They are less likely to have a college education than women nationally. Finally, Michigan ranks in the bottom half of states, at 27th, for the proportion of women living above poverty. Michigan's room for improvement in guaranteeing women's social and economic autonomy is reflected in the state's grade of C. Michigan must still make significant strides toward ensuring equal access to key resources for all of the state's women.

Reproductive Rights

Michigan women lack many of the reproductive rights and resources identified as important, and as a result the state ranks 42nd of 51 on the reproductive rights composite index. Poor women in Michigan can receive public

funding for abortion only under federally mandated, limited circumstances. In addition, although 69 percent of women live in counties with abortion providers, for many women, especially those in rural areas, abortion is virtually inaccessible: the majority of counties in Michigan, 83 percent, do not have an abortion provider, and women living in rural counties without a provider may have to travel a considerable distance to access abortion. The state does not require health insurers to provide comprehensive coverage for contraceptives and for infertility treatments. Lesbian couples are not guaranteed the right to adopt their partners' children. Because, like most states, Michigan does not guarantee many important rights, the state receives a grade of D- on this composite index.

Health and Well-Being

Women in Michigan experience many obstacles to good health and well-being compared with women in other states. Michigan ranks 37th of all the states on this indicator and receives a grade of D+. Although Michigan women have better than average rates of mortality from suicide compared with women in other states, they are more likely to die from heart disease, lung cancer, and breast cancer, to be diagnosed with diabetes and chlamydia, and to have poor mental health. Michigan's women would benefit from better health care access and from more preventive services, including screening programs and services to reduce smoking and to promote good nutrition and exercise.

Conclusion

While women in Michigan and the United States as a whole are seeing important changes in their lives and improved access to political, economic, and social rights, they by no means enjoy equality with men, and they still lack many of the legal guarantees that would allow them to achieve that equality. Disparities by race and ethnicity continue to diminish women's health, education, earnings, and rights. Women in Michigan and the nation as a whole would benefit from improved access to education and to high quality jobs, stronger enforcement of equal opportunity laws, better political representation, adequate and affordable early care and education, and other policies that would help improve their status.

The Status of African American Women in Michigan

African American women have seen many advances in their economic status in past decades. They have increased their educational attainment more quickly than white women have (Adams 2001), and they have moved into increasingly stable, diverse, and well-paying jobs. For example, in the period between 1940 and 1980, the proportion of African American women in private household jobs decreased from 58.4 percent to 6.2 percent (Cunningham and Zalokar 1992). During that same period, African American women moved into more middle-class, white-collar positions, and their rising earnings and professional status have contributed to the rise of an African American middle class, particularly in the decades since the 1960s (Patillo-McCoy 1999).

African American women in Michigan fare better on some indicators than African American women nationally, as they have higher earnings (Table 4.2) and lower poverty rates (Table 5.3). At the same time, in Michigan African American women are less likely to work in professional and managerial jobs (Figure 4.7) and are less likely to have a two- or four-year college degree than nationally (Figure 5.2). In terms of reproductive health and overall health and well-being, African American women in Michigan experience an especially poor status (Table 6.1 and Table 7.2).

As Table 4.2 shows, the median annual earnings for African American women working full-time, year-round in Michigan in 1999 were \$30,900, the same as earnings for white women in Michigan and \$4,400 less than those of Asian American women. Michigan is one of only five states where African American women earn as much or more than white women. In fact, African American women in Michigan earn on average \$3,300 more than African American women in the United States as a whole. Still, a large gap divides the earnings of African American women and white men: full-time, year-round African American women workers in Michigan earn 65.1 percent—less than two-thirds—of what white men earn.

Despite their relatively high earnings, African American women in Michigan still experience extremely high poverty rates. In Michigan, 23.6 percent of African American women live below the poverty line, the highest poverty rate of all major racial and ethnic groups (Table 5.3). This means that nearly one in four African American women in Michigan is poor.

The economic hardship experienced by many African American women results from persistent discrimination in hiring and promotion, occupational segregation by race and gender, and differences in access to higher education. Inequalities in access to other key resources also play a role. Racial segregation and the location of housing and jobs also contribute to lower earnings for African Americans (Drago 1994), and occupational segregation by race and gender twice disadvantage female African American workers (Reskin 1999). In addition, African American women have relatively low levels of educational attainment, even though the education levels of African Americans have increased considerably since the 1960s (Blau, Ferber, and Winkler 2001). Finally, declines in union membership and in manufacturing jobs and general urban economic decline have contributed to falling earnings among African American women over the 1980s and 1990s (Bound and Dresser 1999).

African American women also experience barriers in reproductive rights and health and well-being. In Michigan, African American women are the least likely of all racial and ethnic groups to receive prenatal care in the first trimester, and they have the highest rates of infant mortality and low birth weight babies by far (Table 6.1). African American women in Michigan also have the highest mortality rates from heart disease, as well as high rates of mortality from lung and breast cancer (Table 7.2). Interestingly, while African American women have the highest incidence rate of AIDS among all racial and ethnic groups in Michigan, the rate is less than half of the incidence rate for African American women in the United States as a whole.

African American women clearly face many obstacles to improving their status in the United States. Both the federal and state governments could reduce these inequities by adopting better policies and adequately enforcing those that already exist. For example, the adoption and stronger enforcement of equal opportunity and affirmative action provisions, expansion of programs designed to minimize occupational segregation, and an increase in scholarships and other educational support programs to widen access to higher education would all enhance the status of African American women.

3. 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 Michigan: 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 tend to 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 can 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 can provide ongoing channels for expressing women's concerns and make policy-

Chart 3.1.
Political Participation: National and Regional Ranks

Indicators	National Rank* (of 50)	Regional Rank* (of 5)	Grade
Composite Political Participation Index	2	1	B
Women's Voter Registration (percent of women 18 and older who reported being registered to vote in 1998 and 2000) ^a	13	2	
Women's Voter Turnout (percent of women 18 and older who reported voting in 1998 and 2000) ^a	11	2	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2004) ^{b, c, d}	4	1	
Women's Institutional Resources (number of institutional resources for women in Michigan, 2004) ^{e, f}	22	3	

Notes:

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 five and refer to the states in the East North Central region (IL, IN, MI, OH, and WI).

Source: ^a U.S. Department of Commerce, Bureau of the Census 2000, 2002; ^b CAWP 2004a, 2004b, 2004c, 2004d; ^c Council of State Governments 2004; ^d Compiled by IWPR based on Center for Policy Alternatives 1995; ^e CAWP 1998; ^f National Association of Commissions for Women 2004.

Calculated by the Institute for Women's Policy Research.

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

Overall, women in Michigan fare very well when compared with women in the United States as a whole on indicators of political participation. The state ranks near the top of all states, at 2nd, on the political participation composite index. Still, Michigan's ranks on each of the component indicators of women's political participation vary. The state is 4th for women in elected office but 11th for women's voter turnout and 13th for women's voter registration. Michigan ranks even lower, at 22nd, for women's institutional resources (Michigan ranks 2nd overall, even though none of its ranks on individual components of this index is higher than 4th, because its ranks on individual indicators are consistently higher than those of most other states).

Within the East North Central region, Michigan ranks 1st of five states on the composite political participation index. It ranks 1st for women in elected office, 2nd for women's voter registration and for women's voter turnout, and 3rd for women's institutional resources.

Although women in Michigan fare better on measures of political participation than women in many other states, they have still not achieved a proportional voice in the state's political life. Women make up less than 25 percent of the state legislature, and women hold only three seats out of 17 in Michigan's Congressional delegation. No women of color hold statewide executive elected office. Thus, Michigan's performance on the political participation indicators earns a grade of B. Women throughout the country and in Michigan need better representation within the political process.

Voter Registration and Turnout

Voting is one of the most fundamental ways Americans express their political needs and interests. Through voting, citizens choose leaders to represent them and their concerns. Recognizing this, early women's movements made suffrage one of their first goals. Ratified in 1920, the 19th 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

Table 3.1.
Voter Registration and Turnout for Women and Men in Michigan and the United States

	Michigan		United States	
	Percent	Number	Percent	Number
2000 Voter Registration^a				
Women	70.3%	2,609,000	65.6%	69,193,000
Men	67.9%	2,387,000	62.2%	60,356,000
1998 Voter Registration^b				
Women	73.5%	2,747,000	63.5%	65,445,000
Men	70.8%	2,470,000	60.6%	57,659,000
2000 Voter Turnout^a				
Women	61.6%	2,287,000	56.2%	59,284,000
Men	58.5%	2,057,000	53.1%	51,542,000
1998 Voter Turnout^b				
Women	50.9%	1,901,000	42.4%	43,706,000
Men	48.4%	1,689,000	41.4%	39,391,000

Notes:

Percent of all women and men aged 18 and older who reported registering to vote and 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 registration and turnout.

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

Compiled by the Institute for Women's Policy Research.

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).

Neither prediction came true. In 2000, in the nation as a whole, about 69 million women, or 65.6 percent of those eligible, reported being registered to vote, compared with 60 million, or 62.2 percent, of eligible men (Table 3.1). Michigan's 2000 voter registration rates were substantially higher for both men and women than national rates. In Michigan, 70.3 percent of women reported being registered to vote in the November 2000 elections, while 67.9 percent of men did. Similarly, in 1998, men and women's voter registration rates in Michigan were both higher than national rates.

Michigan ranks 13th among all the states and 2nd in the East North Central region for women's voter registration levels in the 2000 and 1998 elections combined.

In 2000, 61.6 percent of Michigan women reported voting, while in 1998, 50.9 percent did (compared with national proportions of 56.2 percent and 42.4 percent, respectively; Table 3.1). This means that women's voter turnout in Michigan was above national levels in both 1998 and 2000. As in most states, women in Michigan have higher voter turnout

rates than men. 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. Michigan ranks 11th among all the states and 2nd in the East North Central region for women's voter turnout in the 1998 and 2000 elections combined.

Table 3.2.
Women in Elected Office in Michigan and the United States, 2004

	Michigan	United States
Number of Women in Statewide Executive Elected Office^a	2	80
Women of Color ^b	0	5
Number of Women in the U.S. Congress		
U.S. Senate ^c	1 of 2	14 of 100
Women of Color ^b	0	0
U.S. House ^d	2 of 15	60 of 435
Women of Color ^b	1	18
Percent of State Legislators Who Are Women^e	23.6%	22.4%

Source: ^a CAWP 2004a; ^b CAWP 2004e; ^c CAWP 2004c; ^d CAWP 2004d; ^e CAWP 2004b.
Compiled by the Institute for Women's Policy Research.

Women in Public Office

Women 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 (Carroll 2001). Fourteen women served in the 2003-04 U.S. Senate (108th Congress). Women also filled 60 of the 435 seats in the 108th U.S. House of Representatives (not including the nonvoting delegates from the District of Columbia, the Virgin Islands, and Guam, all three of whom are women). Women of color filled only 18 House seats and no Senate seats. Women from Michigan filled one seat in the U.S. Senate and two seats in the U.S. House, and one of these seats was held by a woman of color (Table 3.2).

At the state level, women held two elected executive offices in Michigan—governor and secretary of state—out of four total, but no women of color served in a statewide elected office in the state. The proportion of women in the state legislature was relatively high, at 23.6 percent, compared with a 22.4 percent average for the nation as a whole.

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

Based on the proportion of women in elected office, Michigan ranks

4th in the nation and 1st in the region on this component of the political participation index.

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 significantly over the past several years. In the period between 1999 and 2001, the percentage of women appointees serving in leadership positions in state executive branches across the United States rose by 5.1 percentage points, from 29.8 to 34.9 percent, but in the period from 2001 to 2003, this percentage fell by 3.3 points, to 31.6 percent in 2003 (Center for Women in Government and Civil Society 2004). Women in Michigan served in a slightly higher proportion of appointed executive offices in 2003, at 36.7 percent. A total of eleven women served, out of 30 possible positions (Table 3.3).

Women of color filled just three appointed executive positions in Michigan in 2003. In Michigan, two African American women, one Asian American woman and no Hispanic or Native American women served in appointed executive office. In the United States as a whole, out of 1,718 possible positions, 66 African American women, 22

Table 3.3.
Women in Appointed Office
in Michigan and the United States, 2003

	Michigan	United States
Number and Percent of Women in Appointed Executive Office	11 (36.7%)	546 (31.6%)
White	8	446
African American	2	66
Hispanic	0	22
Asian American	1	9
Native American	0	3

Source: Center for Women in Government and Civil Society 2004.
Compiled by the Institute for Women's Policy Research.

Focus on Women in Elected Office in Michigan

On January 1, 2003, Governor Jennifer M. Granholm became Michigan's first female governor, following 46 men who served before her for more than 165 years. This event marks an important step in the state's progress toward gender equality and sets Michigan apart from most states.

Nationally, there are only nine women serving as governors in the United States, in Arizona, Connecticut, Delaware, Hawaii, Kansas, Louisiana, Michigan, Montana, and Utah. In U.S. history, only 26 women have ever served as governor (CAWP 2004a). The low number of female governors in the United States is troublesome, as this position is the most likely path to office for the first female president of the country.

By 2004, only six women served in statewide elective executive office positions in Michigan's history: Jennifer Granholm as both governor and attorney general; Terri Lynn Land and Candice Miller as secretaries of state; and Connie Binsfeld, Martha Griffiths, and Matilda Wilson as lieutenant governors (CAWP 2004f).

At the national level, Michigan had one woman, Debbie Stabenow, serving as senator in 2004, with two women serving in the U.S. House of Representatives, Candice Miller and Carolyn Cheeks Kilpatrick. Five other women have served in the U.S. House of Representatives for Michigan: Lynn Rivers, Debbie Stabenow, Barbara Rose-Collins, Martha Griffiths, and Ruth Thompson (CAWP 2004b).

Other firsts celebrated in the 92nd Michigan Legislative Session (2003-04) included the following:

- The first woman house minority leader, Representative Dianne Byrum (D-Onondaga).
- The first woman to chair an Appropriations Committee in the Senate, Senator Shirley Johnson (R-Royal Oak; Michigan Women's Commission 2003).
- The highest number of women state senators ever, with eleven elected to the chamber in the 2003-04 legislative session (out of 38 seats; CAWP 2004b).

Despite this considerable progress, there are troubling concerns. In 1992, Michigan voters adopted life-time term limits for state executive and state legislative offices; state representatives are limited to three two-year terms in office (or a total of six years), while senators and other statewide office holders are limited to two four-year terms in office (or a total of eight years). While term limits are controversial, they can open up more opportunities for women seeking elected office. The five new female state senators in 2003-04, for example, were probably helped by running in open seats vacated by term limits, rather than against incumbents. But while Michigan had the most women in its history serving in the state senate in 2003-04, much of the increase was not a gain so much as a shift of women who had previously served in the Michigan House of Representatives, who were forced out of that body and then ran for (and won) in the state Senate. In part as a result, Michigan had 24 women serving in the Michigan House of Representatives out of 110 seats in 2003-04, a much lower number than in 1997-2000, when there were 31 women (CAWP 2004b).

The early 21st century also saw a decrease in the number of women serving in what has become the "farm team" for the Michigan state legislature: county commissions. According to *Inside Michigan Politics*, "In the '02 election women commissioners' numbers shrank for the third successive election. The total is now down to 133 (about 18.9 percent), which is as low as it's been at any point in the past decade and a half" (Ballenger 2004).

What are the implications for the future? Senate Majority Floor Leader Beverly Hammerstrom (R-Temperance) put it plainly: "Women need to get behind other women and encourage them to run. Term limits have opened up the doors to upward mobility, but we haven't attracted more women into the pipeline. That's where women need to get involved" (Michigan Republican State Committee 2003).

Organizations as diverse as the Michigan Junior Leagues, the American Association of University Women, and EMILY's List have recognized this challenge and are sponsoring workshops and seminars that encourage women to run for elected office and that provide the tools to help women run and win. Such programs may be key to sustaining and increasing women's voices as leaders in Michigan politics.

Hispanic women, nine Asian American women, and three Native American women served in appointed executive office.

Notably, Michigan's first surgeon general, Kimberly-dawn Wisdom, is an African American women; she was appointed to office in February 2003.

Institutional Resources

Women's institutional resources, including commissions for women and women's caucuses, can increase the visibility of women's political concerns and interests, particularly when they are adequately staffed and funded,

politically stable, and accessible to citizens' groups (Stetson and Mazur 1995). Michigan has a state-level, government-appointed commission for women and a partisan women's caucus in the state legislature (Table 3.4). Nationwide, 41 states have state-level commissions for women and 34 states have women's caucuses in their state legislatures. Sixteen states have both a commission for women and formal, non-partisan caucuses in each house of the state legislature. Based on the number of institutional resources available to women in Michigan, the state ranks 22nd in the nation and 3rd in the region.

Table 3.4.
Institutional Resources for Women in Michigan and the United States, 2004

	Yes	No	Total, United States
Does Michigan have a:			
Commission for Women? ^a	X		41
Legislative Caucus in the State Legislature? ^b	Partisan		34
House of Representatives?			
Senate?			
Source: ^a National Association of Commissions for Women 2004, updated by IWPR; ^b CAWP 1998, updated by IWPR. Compiled by the Institute for Women's Policy Research.			

The Status of Hispanic Women in Michigan

Hispanics are one of the fastest-growing groups in the U.S. middle class, particularly among those born in the United States (Bean et al. 2001), and in recent decades, Hispanic women have experienced important gains in their social and economic status. On economic indicators, Hispanic women in Michigan fare comparatively better than in the United States as a whole, with higher earnings and labor force participation (Table 4.2 and 4.5). Still, their earnings are the lowest of any racial or ethnic group in Michigan besides Native American women, and they are more likely to live in poverty than white or Asian American women (Table 5.3). The health status of Hispanic women in Michigan is also mixed; Hispanic women have one of the poorest rates of prenatal care as well as higher infant mortality rates compared with white or Asian American women, but they have the lowest rates of mortality from lung and breast cancer of all racial and ethnic groups in Michigan (Table 6.1 and Table 7.2).

Hispanic women are 3.0 percent of the female population in Michigan, far less than the national average of 12.0 percent (Appendix Table 1.1). Still, Hispanic women are the second-largest group of women of color in the state, after African American women. Among Latinas, Mexicans are by far the largest group of women, at 2.0 percent of the state's population, or two-thirds of all Latinas. Puerto Rican women (0.3 percent of Michigan's female population), as well as Central American, Cuban, and South American women (each at 0.1 percent), are also represented in the state's population. Another 0.5 percent of the state's female population, or about one in six Latinas, reports being of another Hispanic heritage.

Interestingly, the economic status of Hispanic women is marked by large differences nationally and in Michigan among the major subgroups of Hispanic women. In Michigan, Puerto Rican full-time, full-year women workers earned \$28,700 in 1999, compared with \$25,400 for Mexican women (data not shown; data not available other subgroups of Hispanic women in Michigan; Urban Institute 2004b). Labor force participation rates also reflect substantial differences among the major subgroups of Hispanic women. Central American women have the highest rate of labor force participation, at 71.3 percent. Cuban American and South American women also have high labor force participation rates, at 64.7 percent and 64.5 percent, respectively. Puerto Rican and Mexican American women have the lowest rates of labor force participation in Michigan, at 57.8 percent and 60.4 percent, respectively, while the rate for other Hispanic women is 61.2 percent. These rates are all higher than the national labor force participation rates for Hispanic women.

A variety of issues contributes to the economic hardships of many Hispanic women. It has been estimated that 35 percent of employers required to file EEO-1 forms discriminated against Hispanic workers nationwide, and research shows that discrimination is worse in low-skilled occupations (Blumrosen and Blumrosen 2002, Thomas-Breitfeld 2003). Hispanic women also have significantly lower levels of educational attainment; in Michigan, while they are more likely to have a two- or four-year college degree than Hispanic women nationally, they are much less likely to have college education than white or Asian American women (Figure 5.2). Hispanic workers are also less likely to be union members than those from other racial and ethnic groups (Thomas-Breitfeld 2003).

For many Latinas, immigration status poses a unique set of issues and obstacles. Among Hispanic women in Michigan, earnings for those born in the United States are \$27,600, compared with \$22,000 for those who are born outside the country (for full-time, full-year work; data not shown; Urban Institute 2004b). A majority of all Hispanic workers nationally are foreign-born, and immigrant workers tend to have lower levels of education, less proficiency in English, and less awareness of their legal protections (which are often fairly weak themselves), all of which are barriers to higher earnings and better job placement (Thomas-Breitfeld 2003). Poverty rates in Michigan are also higher for foreign-born Hispanic women, at 19.0 percent, compared with 17.3 percent for native-born Hispanic women.

Hispanic women's status would benefit from policies designed to improve their educational attainment and union representation, reduce the discrimination they confront, and provide stronger protections from exploitation among those who are immigrants.

4. Employment and Earnings

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

Women in Michigan rank 33rd in the nation on IWPR's employment and earnings composite index (see Chart 2.1). Although the state ranks above average (15th) for women's median annual earnings, it ranks more poorly on other important measures of employment and earnings. Nationwide, women in Michigan rank 27th for the percent of women working in managerial and professional occupations, 35th for women's labor force participation, and almost at the bottom, at 49th, for the ratio of women's to men's earnings.

Michigan ranks 4th out of five states in the East North Central region for women's employment and earnings. Michigan ranks 1st in the region for women's median

Chart 4.1.
Employment and Earnings: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Employment and Earnings Index	33	4	C-
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 2002, in 2003 dollars) ^a	15	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, 2002, in 2003 dollars) ^a	49	5	
Women's Labor Force Participation (percent of all women, aged 16 and older, in the civilian noninstitutional population who are either employed or looking for work, 2002) ^b	35	5	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 2001) ^c	27	3	

Notes:

See Appendix II for methodology.

* The national rankings are out of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of five and refer to the states in the East North Central region (IL, IN, MI, OH, and WI).

Source: ^a Urban Institute 2004a; ^b U.S. Department of Labor, Bureau of Labor Statistics 2004c; ^c U.S. Department of Labor, Bureau of Labor Statistics 2003.

Calculated by the Institute for Women's Policy Research.

annual earnings, 3rd for the percent of women working in managerial and professional occupations, and last for the ratio of women's to men's earnings and for women's labor force participation.

Although several of the state's rankings are above or near the middle of all states, women in Michigan do not enjoy anything near economic equality with men. Like women in most states, they lag significantly behind men in their wages and labor force participation, and Michigan's ratio of women's to men's earnings is particularly low. As a result, Michigan receives a grade of C- on the employment and earnings index.

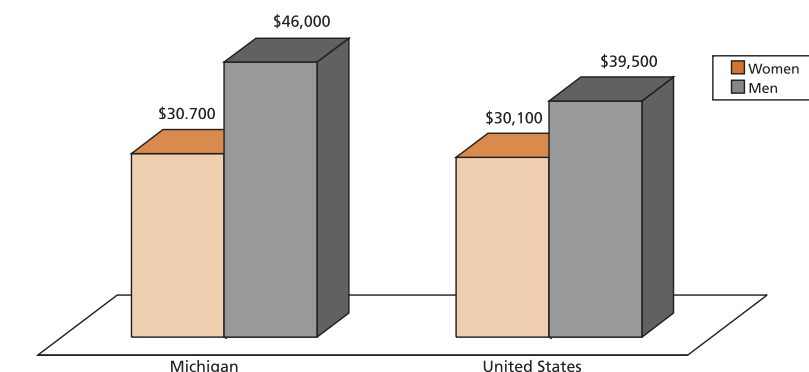
Women's Earnings

Michigan women working full-time, year-round have somewhat higher median annual earnings than women in the United States as a whole (\$30,700 and \$30,100, respectively; Figure 4.1; see Appendix II for details on the methodology used for the Current Population Survey data presented in this report). Median annual earnings for men in Michigan are also higher than in the United States as a whole (\$46,000 and \$39,500, respectively; Figure 4.1).

Median annual earnings for women in Michigan rank 15th in the nation. Women in the District of Columbia rank the highest, with earnings of \$37,800. Regionally, Michigan ranks 1st for women's earnings. The worst states in the region are Indiana and Wisconsin, where women's earnings are \$28,100 (Appendix V; Urban Institute 2004b).

Wages in Michigan and the nation as a whole differ considerably between rural and urban areas. Among women living in metropolitan areas in Michigan,

Figure 4.1.
Median Annual Earnings of Women and Men Employed Full-Time/Year-Round in Michigan and the United States, 2002 (2003 dollars), Current Population Survey



Notes:

For women and men aged 16 and older. See Appendix II for methodology.

Source: Urban Institute 2004a, based on analysis of data from Current Population Survey 2002-03.

Compiled by the Institute for Women's Policy Research.

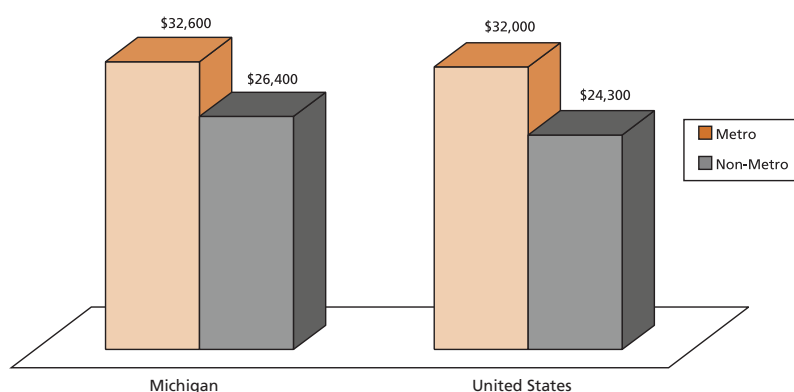
wages were \$32,600 in 1999, compared with \$26,400 among women in non-metropolitan areas (Figure 4.2; the source of these data is the 2000 Census, which differs from the Current Population Survey data presented in Chart 2.1). These differences are similar to national trends, in which women in metropolitan areas earn more than women in non-metropolitan areas, although the gap is smaller in Michigan than nationally.

The Wage Gap

The Wage Gap and Women's Relative Earnings

In the United States, women's wages continue to lag behind men's. In 2002, the median wages of women who

Figure 4.2.
Median Annual Earnings of Women Employed Full-Time/Year-Round, by Metropolitan or Non-Metropolitan Status, in Michigan and the United States, 1999 (2003 dollars), Decennial Census



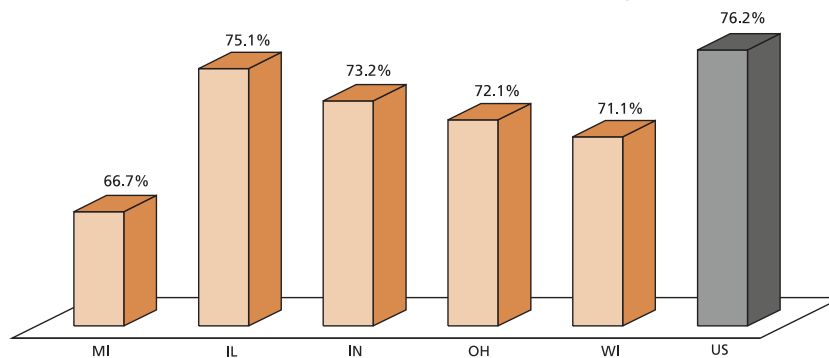
Note:

For women aged 16 and older. See Appendix III for methodology.

Source: Urban Institute 2004b, based on analysis of data from Census 2000.

Compiled by the Institute for Women's Policy Research.

Figure 4.3.
Ratio of Women's to Men's Full-Time/Year-Round
Median Annual Earnings in States in the East North Central Region,
2002 (2003 dollars), Current Population Survey



Notes:

For women and men aged 16 and older. See Appendix II for methodology.

Source: Urban Institute 2004a, based on analysis of data from Current Population Survey 2002-03.

Compiled by the Institute for Women's Policy Research.

worked full-time, year-round were only 76.2 percent of men's (Urban Institute 2004a). In other words, women earned about 76 cents for every dollar earned by men.

In Michigan, women earned only about 66.7 percent of what men earned in 2002. Compared with the earnings ratio for the nation as whole, Michigan women's earnings are much farther from equality with men's (Figure 4.3). Michigan ranks 49th 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 92.4 percent. Every state in the East North Central region lags behind the United States average on this indicator, and Michigan has the poorest wage ratio in the region, 4.4 percentage points lower than the next-worst state, Wisconsin. (Note: these figures are based on analysis of the Current Population Surveys from 2002-03.)

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 significant 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). 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 non-unionized ones. In Michigan, the discrepancy between unionized and non-unionized minority women was much higher, at 46.4 percent (Hartmann, Allen, and Owens 1999).

Part of the narrowing in the wage gap that occurred over the past few decades was due to a fall in men's real earnings. Between 1979 and 2002, 88 percent of the narrowing of the national female/male earnings gap was due to women's rising real earnings, while 12 percent was due to men's falling real earnings. The slowdown in real earnings growth for women during the later portion of this period is even more disturbing. From 1989 to 2002, more than one-quarter of the narrowing of the gap (26.3 percent) was due to the fall in men's real earnings (IWPR 1995a and Urban Institute 2004a). At the national level, the wage ratio in 2002 was at a historic high, at 76.2 percent (Urban Institute 2004a).

Earnings and Earnings Ratios by Educational Levels

Between 1979 and 1999, women with higher levels of education in Michigan and the United States saw their median annual earnings increase, while women with lower levels of educational attainment saw theirs decrease. As Table 4.1 shows, Michigan women with a two- or four-year college degree experienced earnings increases of 9.0 percent (in constant dollars) during that

period, and those with graduate training saw a 25.2 percent increase, while women who had not completed high school, who had a high school education only, and who had some college education experienced earnings decreases of 13.0 percent, 4.5 percent, and 3.0 percent, respectively.

Changes in the wage gap between 1979 and 1999 differed for women with different education levels. Women with less than a high school education saw their earnings ratios increase the most, at 24.2 percent. Women with a two- or four-year college degree also saw their earnings ratio increase substantially, at 19.6 percent. Still, 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 two- or four-year college education experienced only a 5.8 percent increase in the ratio of women's to men's earnings, even though their earnings increased by

25.2 percent. Thus, the wage gap among women at the highest level of education was closing very slowly, because men's earnings were growing even faster than women's at the highest education levels.

The low and falling earnings of women with less education make it especially important that all women have the opportunity to increase their education. For example, many welfare recipients lack a high school diploma or further education, 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 4.1 shows, women with a college degree or postgraduate training have much higher earnings than those without, and their earnings have generally been growing.

Table 4.1.
Women's Earnings and the Earnings Ratio in Michigan,
by Educational Attainment, 1979 and 1999 (2003 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	\$22,100	-13.0	69.1%	+24.2
High School Only	\$25,400	-4.5	65.6%	+18.7
Some College	\$29,500	-3.0	65.1%	+8.5
College (two- or four-year degree)	\$38,700	+9.0	70.1%	+19.6
College Plus	\$55,200	+25.2	71.4%	+5.8

Source: ^a Urban Institute 2004b; ^b IWPR 1995a.

Compiled by the Institute for Women's Policy Research.

Earnings, Race, and Ethnicity in Michigan

Earnings and the Earnings Ratio by Race and Ethnicity

Wages vary strikingly by race and ethnicity in Michigan and in the nation as a whole. Nationally, African American, Hispanic, and Native American women have much lower wages than white and Asian American women (Table 4.2; the source of these data is the 2000 Census, which differs from the Current Population Survey data presented elsewhere in this report). Michigan follows this same basic pattern. The wages of women from most major racial and ethnic categories, though, are higher in Michigan than nationally; only women of other races or two or more races have lower wages in Michigan, while white women in the state have wages equal to their national counterparts.

The earnings of African American women in Michigan who work full-time, full-year are ranked 10th in the nation and are equal to white women's earnings in Michigan (note that annual earnings figures are rounded to the nearest \$100). In fact, Michigan is one of only five states where the earnings of African American women are equal to or higher than white women's earnings. African American men's earnings in Michigan are also relatively high, at first in the nation among African American men, but are substantially lower than white men's earnings in the state (Appendix V). The relatively high earnings of African American women in Michigan reflect only one facet of their overall family economic well-

(Continued next page)

Table 4.2.
Women's Median Annual Earnings and the Earnings Ratio Between Women and White Men
in Michigan and the United States, by Race and Ethnicity, 1999 (2003 dollars), Decennial Census

Race and Ethnicity	Michigan				United States	
	Women's Median Annual Earnings		Earnings Ratio		Women's Median Annual Earnings	Earnings Ratio
	State Figure	National Rank	State Figure	National Rank		
All	\$30,900	15 of 51	65.1%	40 of 51	\$29,800	67.5%
White	\$30,900	20 of 51	65.1%	49 of 51	\$30,900	70.0%
African American	\$30,900	10 of 43	65.1%	16 of 43	\$27,600	62.5%
Hispanic	\$26,500	7 of 48	55.8%	20 of 48	\$23,200	52.5%
Asian American	\$35,300	8 of 45	74.4%	9 of 45	\$33,100	75.0%
Native American	\$26,000	21 of 43	54.7%	39 of 43	\$25,500	57.8%
Other/Two or More	\$27,600	18 of 46	58.1%	39 of 46	\$28,400	64.3%

Notes:

For full-time, full-year workers aged 16 and older. See Appendix III for methodology.

Not all states are included in the rankings because of insufficient sample sizes in some states for some population groups.

The numbers and rankings presented here are based on 2000 Census data for the year 1999. They differ from those based on the 2003 Current Population Survey data (for the year 2002) presented in Chart 4.1 and Figure 4.1. The earnings ratios in this table are also calculated differently from those in Chart 2.1, Chart 4.1, Table 4.1, and Figure 4.3, which compare all women and all men; this table compares women's wages by race and ethnicity to white men only.

Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

Source: Urban Institute 2004b, based on analysis of data from Census 2000.

Compiled by the Institute for Women's Policy Research.

being. They describe only the situations of women who work full-time, full-year, while family incomes are also affected by unemployment and underemployment as well as by family composition and the presence or absence of additional income from other adults in the household. As discussed later in this report, the poverty rate among African American women, at 23.6 percent, is much higher than the rate among white women, at 8.3 percent (Table 5.3).

As noted, earnings are relatively high in Michigan for most groups of workers. Michigan ranks 7th of 48 states in the country for the wages of Hispanic women, 8th of 45 states for Asian American women, 10th of 43 states for African American women, 20th of 51 states for white women, and 21st of 43 states for Native American women (not all the states are included in these rankings due to insufficient sample sizes for some groups in some states; Table 4.2).

Earnings inequality becomes more striking when illustrated by the earnings ratios between women of different races and ethnicities, on the one hand, and white men, on the other. In Michigan, as in the United States as a whole, all groups of women earn substantially less than white men. Asian American women earned the most, at 75.0 percent nationally and 74.4 percent in Michigan in 1999. The wage ratio between white women and white men was 70.0 percent nationally and 65.1 percent (the same as that for all women) in Michigan. In contrast, the wage ratio between African American women and white men was 62.5 percent nationally and 65.1 percent in Michigan. The ratio between Native American women and white men was 57.8 percent nationally and 54.7 percent in Michigan, and that between Hispanic women and white men was 52.5 percent nationally and 55.8 percent in Michigan. For these three groups, women earned less than two-thirds of what white men earned.

Based on these numbers, Michigan ranks 9th of 45 states in the country for the wage ratio between Asian American women and white men, 16th of 43 states for African American women, 20th of 48 states for Hispanic women, 39th of 43 states for Native American women, and 49th of 51 states for white women.

Educational Attainment and Earnings by Race and Ethnicity

While increasing educational attainment benefits women of all races and ethnicities, disparities among women are still evident at all levels of education. Among women with only a high school edu-

(Continued next page)

Table 4.3.
Women's Median Annual Earnings in Michigan,
by Race and Ethnicity, 1999 (2003 dollars), Decennial Census

	Median Annual Earnings, Women with a High School Degree Only	Median Annual Earnings, Women with a Two- or Four-Year College Degree
All	\$25,400	\$38,700
White	\$25,400	\$38,700
African American	\$25,200	\$38,400
Hispanic	\$22,100	\$35,900
Asian American	\$24,300	\$44,700
Native American	\$22,100	\$33,100
Other/Two or More	\$23,700	\$33,100

Notes:

For full-time, full-year workers aged 25 and older. See Appendix III for methodology.

The numbers and rankings presented here are based on 2000 Census data for the year 1999. They differ from those based on the 2003 Current Population Survey data (for the year 2002) presented in Chart 4.1 and Figure 4.1.

Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

Source: Urban Institute 2004b, based on analysis of data from Census 2000.

Compiled by the Institute for Women's Policy Research.

cation, white women have the highest earnings in Michigan (\$25,400; Table 4.3). African American women have the second highest earnings at this level of education (\$25,200), followed by Asian American women (\$24,300) and women of other or two or more races (\$23,700). Hispanic and Native American women have the lowest earnings (both earn \$22,100) at this level of education.

Among women with a four-year college degree only, Asian American women have the highest earnings (\$44,700), followed by white women (\$38,700) and African American women (\$38,400). Hispanic women's earnings at this educational level are \$35,900. Native American women and women of other or two or more races have the lowest earnings among those with a four-year college degree (both groups earn \$33,100).

For every racial and ethnic group, a college education increases earnings substantially, with the differences ranging from \$9,400 (or a 40 percent increase) for women of other or two or more races to \$20,400 (or an 84 percent increase) for Asian American women. Other groups of women (white, African American, Hispanic, and Native American) experience approximately a 50 to 60 percent increase in their earnings by obtaining a college degree. Still, disparities by race are evident at both lower and higher levels of education.

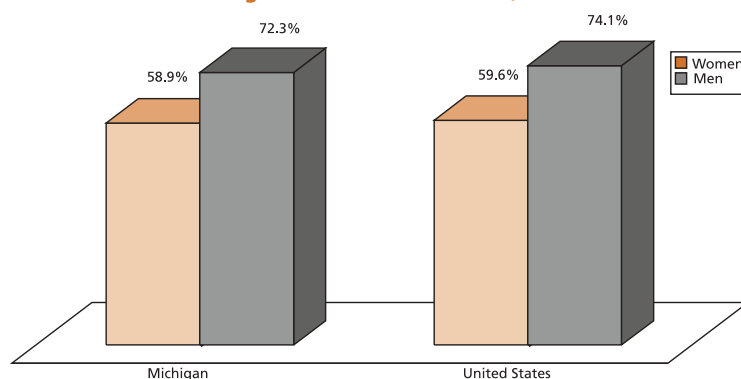
Labor Force Participation

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 2002, 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 were employed or looking for work; U.S. Department of Labor, Bureau of Labor Statistics 2001 and 2004c). In 2002, 58.9 percent of women in Michigan were in the labor force, compared with 59.6 percent of women in the United States overall, earning Michigan the rank of 35th in the nation and 5th in the East North Central region

(Figure 4.4 and Chart 4.1). Men's labor force participation rate in Michigan was also slightly higher than the rate for men in the United States as a whole, at 72.3 versus 74.1 percent (Figure 4.4).

Unemployment rates in Michigan were higher than they were nationally in 2002. Nationally, unemployment rates were 5.9 percent for men and 5.6 percent for women aged 16 and over. In Michigan, unemployment rates were 6.7 percent for men and 5.7 percent for women (Figure 4.5). Thus, unemployment rates were much higher in Michigan for men but only slightly higher in Michigan for women.

Figure 4.4.
Percent of Women and Men in the Labor Force in Michigan and the United States, 2002



Notes:
For women and men in the civilian noninstitutional population aged 16 and older.
Source: U.S. Department of Labor, Bureau of Labor Statistics 2004b.
Compiled by the Institute for Women's Policy Research.

Part-Time and Full-Time Work

The percent of the female workforce in Michigan employed full-time is lower than the national average (66.0 percent versus 70.3 percent; Table 4.4), but the percent working part-time is higher than the national average (28.3 percent versus 23.9 percent). In 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 about the same in Michigan and in the United States overall (2.3 percent and 2.2 percent, respectively). A higher proportion of Michigan’s female labor force is working part-time voluntarily compared with that of the United States overall (24.0 percent and 20.0 percent, respectively).

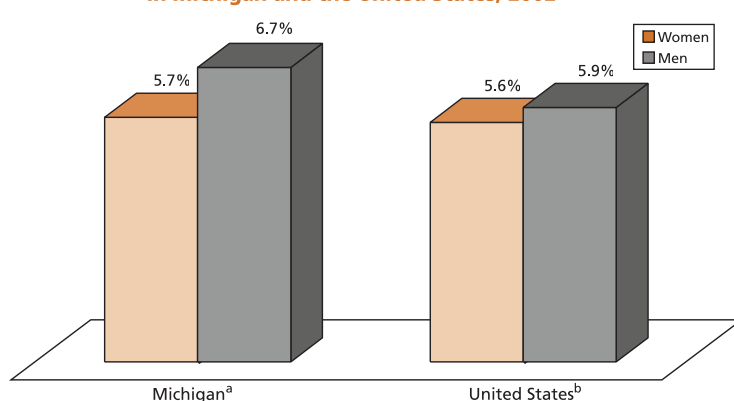
women would prefer to work full-time.

Employment and Unemployment Among Women by Race and Ethnicity

According to analysis of data from the 2000 Census, 59.1 percent of women of all races aged 16 and older in Michigan were in the labor force in 2000, a higher rate than in the United States as a whole, 58.3 percent (Table 4.5; these data differ from the figures above, which are based on the 2002-03 Current Population Survey). White women, Hispanic women, Asian American women, and Native American women all had higher labor force participation rates in Michigan than in the United States as a whole, with Hispanic and Native American women working at particularly high rates relative to their national counterparts (rates were 59.1 percent compared with 58.8 percent for whites, 60.7 percent compared with 53.0 percent for Hispanic women, 56.8 percent compared with 56.5 percent for Asian American women, and 64.0 percent compared with 57.9 percent for Native American women). On the other hand, labor force participation rates for African American women and women of other or two or more races were slightly lower in Michigan than in the United States as a whole (59.3 percent compared with 60.4 percent for African American women and 57.0 percent versus 59.6 percent for women of other or two or more races).

Unemployment rates also vary significantly by race. Nationally, unemploy-

Figure 4.5.
Unemployment Rates for Women and Men in Michigan and the United States, 2002



Notes:
For women and men in the civilian noninstitutional population aged 16 and older.
Source: ^a U.S. Department of Labor, Bureau of Labor Statistics 2004c; ^b U.S. Department of Labor, Bureau of Labor Statistics 2004d.
Compiled by the Institute for Women's Policy Research.

Table 4.4.
Full-Time and Part-Time Employment and Unemployment Rates
for Women and Men in Michigan and the United States, 2002

	Michigan ^a		United States ^b	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	2,335,000	2,667,000	67,579,000	77,783,000
Percent Employed Full-Time	66.0%	82.0%	70.3%	83.8%
Percent Employed Part-Time*	28.3%	11.3%	23.9%	9.9%
Percent Voluntary Part-Time	24.0%	9.0%	20.0%	7.8%
Percent Involuntary Part-Time	2.3%	1.7%	2.2%	1.6%
Percent Unemployed	5.7%	6.7%	5.6%	5.9%

Notes:

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: ^a U.S. Department of Labor, Bureau of Labor Statistics 2004c; ^b U.S. Department of Labor, Bureau of Labor Statistics 2004e.

Compiled by the Institute for Women's Policy Research.

ment rates were 9.8 percent among African American women, 8.0 percent among Hispanic women, and 5.7 percent among Asian American women, compared with 4.9 percent among white women, in 2002 (national data are not available for Native American women; these data for African American, Asian American, and white women include Hispanics; U.S. Department of Labor, Bureau of Labor Statistics 2004b). Unemployment rates were higher in Michigan than in the United States as a whole for all major racial and ethnic groups besides Hispanic women. African American women have the highest unemployment in Michigan, at 10.2 percent, followed by Hispanic

women, at 7.5 percent, and white women, at 5.0 percent (data are not available in Michigan for Asian American or Native American women; U.S. Department of Labor, Bureau of Labor Statistics 2004a).

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, a span which is also generally considered the prime earning years. Table 4.6 shows the relationship between labor force participation and age for women in Michigan and in the United States. In most age

Table 4.5.
Labor Force Participation Rates Among Women in Michigan and
the United States, by Race and Ethnicity, 2000, Decennial Census

Race and Ethnicity	Michigan		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All	2,267,000	59.1%	63,429,400	58.3%
White	1,817,400	59.1%	45,759,200	58.8%
African American	307,800	59.3%	7,664,300	60.4%
Hispanic	60,400	60.7%	6,153,100	53.0%
Asian American	38,200	56.8%	2,391,300	56.5%
Native American	13,200	64.0%	433,100	57.9%
Other/Two or More	30,000	57.0%	1,028,300	59.6%

Notes:

For women aged 16 and older. See Appendix III for methodology.

The numbers and percentages in this table are based on 2000 Census data; they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 2000, based on the Current Population Survey.

Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

Source: Urban Institute 2004b, based on analysis of data from Census 2000.

Compiled by the Institute for Women's Policy Research.

Table 4.6.
Labor Force Participation of Women
in Michigan and the United States, by Age, 2000, Decennial Census

Age Groups	Michigan		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Ages	2,267,000	59.1%	63,429,400	58.3%
Ages 16-19	145,600	57.2%	3,536,100	49.9%
Ages 20-24	232,000	76.3%	6,309,500	72.3%
Ages 25-34	503,400	74.9%	14,181,600	73.0%
Ages 35-44	608,200	75.3%	17,011,400	74.2%
Ages 45-54	513,400	74.5%	14,112,700	74.1%
Ages 55-64	208,400	47.6%	6,369,600	51.0%
Ages 65 and older	56,000	8.4%	1,908,500	10.0%

Notes:

For women aged 16 and older. See Appendix III for methodology.

The numbers and percentages in this table are based on 2000 Census data; they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 2000.

Source: Urban Institute 2004b, based on analysis of data from Census 2000.

Compiled by the Institute for Women's Policy Research.

categories, women in Michigan have higher labor force participation than their U.S. counterparts, but as they near retirement, women in Michigan participate in the labor force less than their counterparts nationally. In the United States as a whole, the highest labor force participation of women occurs between ages 35 and 44, with 74.2 percent of these women working. In Michigan, on the other hand, the highest level of labor force participation occurs between ages 20 and 24, with 76.3 percent in the workforce (compared with 72.3 percent in the United States as a whole). Young women in their teens (16 to 19 years), 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 Michigan, 57.2 percent of teenage women reported being in the labor force, considerably higher than the 49.9 percent for female teens in United States as a whole.

As women near retirement age, they are much less likely to work than younger women, and women in Michigan are less likely than women nationally to work into their retirement years. In the United States, women aged 55 to 64 have labor force participation rates of only 51.0 percent. In Michigan, 47.6 percent of women in this age group are in the workforce. In addition, 8.4 percent of women aged 65 and older in Michigan are in the workforce. In the United States as a whole, about 10.0 percent of women are working or looking for work in that age group.

Labor Force Participation of Women with Children

Mothers' labor force participation has grown tremendously in recent decades. In 2002, 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 2003b). In general, the workforce participation rate for women with children in the United States tends to be higher than the rate for all women (64.2 percent versus 58.3 percent in 2000; Tables 4.6 and 4.7). 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 relatively low labor force participation rates. Mothers, in contrast, tend to be in age groups with higher labor force participation rates.

Table 4.7.
Labor Force Participation of Women with Children
in Michigan and the United States, 2000, Decennial Census

	Michigan Percent in Labor Force	United States Percent in Labor Force
With Children		
Under Age 18	67.3%	64.2%
Under Age 6	62.9%	59.9%

Notes:

For women aged 16 and older. See Appendix III for methodology.

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

Source: Urban Institute 2004b, based on analysis of data from Census 2000.

Compiled by the Institute for Women's Policy Research.

In Michigan, 67.3 percent of women with children under age 18 are in the workforce, compared with 59.1 percent of all women in Michigan in 2000 (Tables 4.6 and 4.7). Like all women in Michigan, women with children are more likely to engage in labor market activity than in the United States as a whole (67.3 percent versus 64.2 percent), but the difference is larger for mothers than for all women. Women with children under age six are also more likely to be in the labor force in Michigan than in the United States as a whole (62.9 percent versus 59.9 percent).

Child Care and Other Caregiving

The high and growing rates of labor force participation for 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, of 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 paid caregiver in one's own home or in the caregiver's home in a family child care setting; using a group child care center; or leaving the child unattended (U.S. Department of Commerce, Bureau of the Census 1996).

As full-time work among women has grown, so has the use of formal child care centers, but child care costs are a significant barrier to employment for many women. Child care expenditures use up a large percentage of earnings, especially for lower-income mothers. For example, among single mothers with family incomes below 200 percent of the poverty level, the costs for those who pay 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 1996a).

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

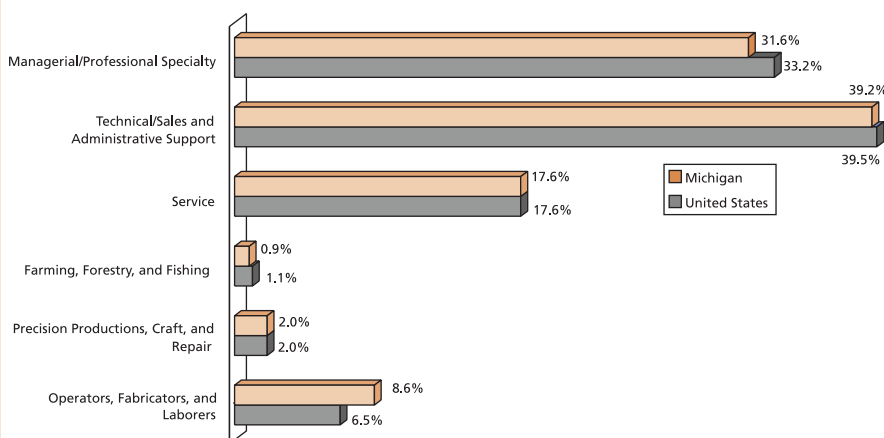
Table 4.8.
Percent of Eligible Children Receiving CCDF* Subsidies
in Michigan and the United States, 2001

	Michigan	United States
Eligibility**		
Number of Children Eligible under Federal Provisions	300,920	9,884,198
Receipt		
Number and Percent of Children Eligible under Federal Law	50,100	1,813,800
Receiving Subsidies in the State	16.6%	18.3%
Notes: * 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 2002. Compiled by the Institute for Women's Policy Research.		

well-being. Currently, these subsidies exist in all states, but they are often inadequate; many poor women and families do not receive them. For example, nationally only 18.3 percent of those children potentially eligible for child care subsidies under federal rules actually received subsidies under the federal government's Child Care and Development Fund in 2001. In Michigan, a lower proportion, 16.6 percent, of these children did (Table 4.8). Clearly, many Michigan families in need of economic support for child care are not receiving it.

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, and over 70 percent of those giving care are female. Caregivers, on average, provide just under 18 hours a 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.

Figure 4.6.
Distribution of Women Across Occupations in Michigan and the United States, 2001



Notes:
For employed women aged 16 and older
Source: U.S. Department of Labor, Bureau of Labor Statistics, 2003
Compiled by the Institute for Women's Policy Research.

likely to be in these occupations as women in the United States as a whole. In contrast, women in Michigan are much more likely to work as operators, fabricators, and laborers (8.6 percent versus 6.5 percent nationally). Women in Michigan are slightly less likely to work in managerial and professional specialty occupations than are women in the United States as a whole (31.6 percent versus 33.2 percent). As a result, Michigan ranks 27th in

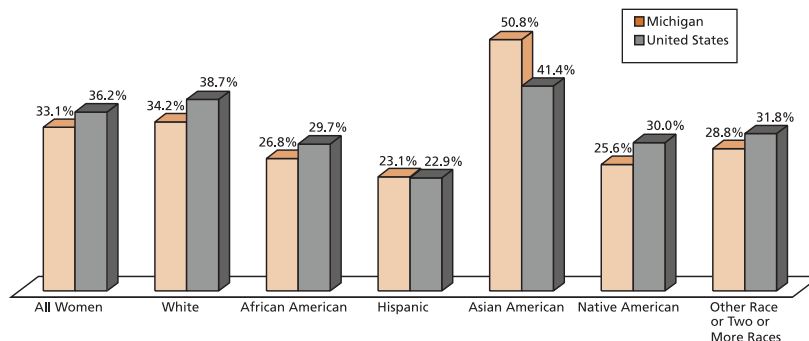
Managerial and Professional Occupations

The distribution of women in Michigan across occupations is similar to the distribution in the United States. Nationally, technical, sales, and administrative support occupations provide 39.5 percent of all jobs held by women, and service occupations provide 17.6 percent of jobs (see Figure 4.6). Women in Michigan are about as

the nation and 3rd in the East North Central region for the proportion of its female labor force employed in professional and managerial occupations.

Asian American women are the most likely racial and ethnic group to work in professional and managerial jobs, as 50.8 percent of Asian American women in Michigan and 41.4 percent in the nation work in this industry (Figure 4.7). Interestingly, while Asian American women in Michigan are more likely to hold professional and manage-

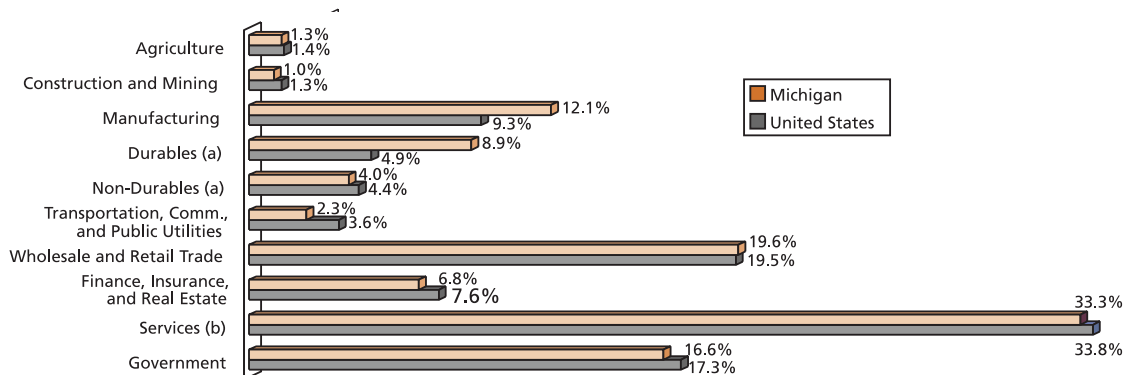
Figure 4.7.
Percent of Women in Professional and Managerial Occupations in Michigan and the United States, by Race and Ethnicity, 2000, Decennial Census



Notes:
For women aged 16 and older. See Appendix III for methodology. The numbers and rankings presented here are based on 2000 Census data. They differ from those in Charts 2.1 and 4.1 and Figure 4.6, which are based on 2002-03 Current Population Survey data (for the calendar years 2001-02). In addition to the difference in data source and year, the 2000 Census relied on a new system for classifying occupations; thus, the category "managerial and professional occupations" now encompasses a larger group of jobs. Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

Source: U.S. Department of Commerce, Bureau of the Census 2004j.
Compiled by the Institute for Women's Policy Research.

Figure 4.8.
Distribution of Women Across Industries in
Michigan and the United States, 2001



Notes:

For employed women aged 16 and older.

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

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

(b) Private household workers are included in services.

Source: U.S. Department of Labor, Bureau of Labor Statistics 2003.

Compiled by the Institute for Women's Policy Research.

rial jobs than Asian American women nationally, white, African American, and Native American women are all less likely to hold these jobs in Michigan. Hispanic women in Michigan are the least likely to hold these jobs, and they are about as likely to do so as Hispanic women nationally, at 23.1 percent in Michigan versus 22.9 percent in the United States as a whole.

Even when women work in the higher paid occupations, as managers for example, 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 (2002) study showed that only 5.2 percent (just 118) of the highest-earning high-level executives in Fortune 500 companies were women as of 2002.

The distribution of women in Michigan across industries diverges slightly from that in the United States as a

whole (Figure 4.8). In Michigan, 33.3 percent of all women are employed in the service industries (including business, professional, and personnel services), while 33.8 percent are so employed in the United States overall. About 19.5 percent of employed women in the United States work in the wholesale and retail trade industries, and a similar proportion, 19.6 percent, of women in Michigan work in these industries. About 17.3 percent of the nation's women work in government, while slightly fewer, 16.6 percent, of women in Michigan do. The biggest difference between the industrial distribution of women in Michigan and nationally is in manufacturing: Michigan women are much more likely to work in manufacturing, and especially durable manufacturing, industries (12.1 percent of women in Michigan and 9.3 percent of women nationally work in the manufacturing industry). Michigan women are slightly less likely to work in the finance, insurance, and real estate industry than are women in the United States as a whole (6.8 percent versus 7.6 percent).

The Status of Asian American Women in Michigan

Overall, Asian American women in Michigan and the United States have made progress in their earnings, labor force participation, and education, in many cases achieving an economic status better than that of women from many other racial and ethnic groups. In Michigan, Asian American women have higher earnings than women in all other major racial/ethnic groups in the state (Table 4.2) and lower poverty levels than all but white women (Table 5.3). They have the highest levels of education of all women (Figure 5.2). At the same time, not all Asian American women are experiencing the same economic advantages; the larger population of Asian American women is marked by large differences that are at least in part associated with their specific heritages.

Asian American women make up 1.8 percent of the female population in Michigan, less than the national proportion of 3.8 percent in the United States as a whole (Appendix Table 1.1). Among Asian American women in the state, the largest group is women of Asian Indian heritage, who are 0.5 percent of the state's female population, or slightly less than a third of all Asian American women. Women of Chinese heritage are the next largest group, at 0.3 percent of the state's population of women. Korean (0.2 percent), Filipina (0.2 percent), Vietnamese (0.1 percent), Japanese (0.1 percent), and Native Hawaiian/Pacific Islander (0.03 percent) women are also among the state's female population, in smaller proportions. Women of another Asian American heritage constitute 0.3 percent of the state's female population.

The earnings differential between the different groups of Asian American women in Michigan is substantial. While the earnings of Filipina women in Michigan are \$44,700 for full-time, full-year workers, Chinese women earn over \$9,000 less, or \$35,300 (data not available for other groups of Asian American women in Michigan; Urban Institute 2004b). Whereas Filipina women earned a full 94 percent of white men's wages, Chinese women only earned 74 percent of white men's earnings in Michigan in 1999, compared with 65 percent for all women relative to white men (Urban Institute 2004b).

Labor force participation rates also vary among different groups of Asian women. In Michigan, 68.2 percent of Filipina women, 61.1 percent of Vietnamese women, 60.4 percent of Chinese women, 59.8 percent of Hawaiian/Pacific Islander women, 53.7 percent of Korean women, 55.3 percent of Asian Indian women, and 39.9 percent of Japanese women were in the labor force in 1999 (Urban Institute 2004b).

Finally, poverty rates also range widely according to specific Asian heritage. In Michigan, while a relatively low proportion of Filipina women lived in poverty in 1999 (6.5 percent), a substantially higher proportion (15.7 percent) of Korean women had incomes below the federal poverty line. In addition, 13.3 percent of Chinese women, 12.6 percent of Hawaii/Pacific Islander women, 10.7 percent of Vietnamese women, 8.4 percent of Japanese women, and 8.3 percent of Asian Indian women lived below poverty in 1999 (Urban Institute 2004b).

Differences among Asian American women are partially related to disparities in educational attainment, labor force participation, and job opportunities, as well as immigrant status (Foo 2003; Ro 2001). Although many Asian Americans are highly educated and earn high wages, many others, including Asian immigrants, work in low-paying positions and have limited English and educational attainment. These women have comparatively few opportunities for higher earnings and job promotion.

Although Asian American women as a group have made important strides in improving their economic status, significant differences among these women point to discrepancies in access to the factors related to higher earnings, including education, unionization, and higher-quality job opportunities. Governments should consider policies that diminish race- and sex-based inequalities in access to resources, including affirmative action policies and the stronger enforcement of anti-discrimination laws.

5. Social and Economic Autonomy

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

Each of these issues contributes to 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 regulations enforced by their case-workers. They do not have the economic means to travel freely, and their participation in society is limited in many ways. In addition, they often do not have access to the education and training necessary to improve their economic situation.

With its ranking of 25th among the states for this composite index, Michigan falls in the middle of all states for women's social and economic autonomy (Chart 5.1). It also ranks near the middle for the percent of women living above poverty (27th) and for women's health insurance coverage (19th). It ranks higher for women's business ownership (10th), but Michigan ranks poorly, in the bottom third of all states, for women's educational attainment (37th).

Regionally, Michigan ranks 3rd on the social and economic autonomy composite index. It ranks 1st in the region for women's business ownership, 2nd for women's health insurance coverage, 3rd for women's educational attainment, and last for the percent of women above poverty.

Throughout the country, women have less access than men to most of the resources measured by the social and

Chart 5.1.
Social and Economic Autonomy: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Social and Economic Autonomy Index	25	3	C
Percent with Health Insurance (among nonelderly women, 2001-02) ^a	19	2	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 2000) ^b	37	3	
Women's Business Ownership (percent of all firms owned by women, 1997) ^c	10	1	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 2002) ^d	27	5	
<p>Notes: 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 five and refer to the states in the East North Central region (IL, IN, MI, OH, and WI). Source: ^a Henry J. Kaiser Family Foundation 2004a; ^b U.S. Department of Commerce, Bureau of the Census 2003c; ^c U.S. Department of Commerce, Bureau of the Census, 2001b; ^d Urban Institute 2004a. Calculated by the Institute for Women's Policy Research.</p>			

economic autonomy composite index. Nationally, men are more likely to have a college education, own a business, and live above the poverty line than women are. Although women generally have health insurance at higher rates than men, largely because of public insurance programs such as Medicaid, the rates of uninsured men and women are both large in the United States. Trends in Michigan do not diverge from these basic patterns. Moreover, women in the state have even fewer resources than women in many other states. As a result, the state receives a grade of C on the social and economic autonomy composite index.

Access to Health Insurance

Women in Michigan are more likely than women in the nation as a whole to have health insurance. In Michigan, 13.5 percent of women, compared with 17.7 percent of women in the United States, are uninsured (Table 5.1). Michigan ranks 19th in the nation and 2nd regionally for the proportion of women with health insurance.

The Indian Health Service (IHS) provides health care to many Native Americans. Unfortunately, access to health care from these sources is not included in the available federal data on which this indicator is based (Henry J. Kaiser Family Foundation 2004b), so this indicator likely understates the extent of access to health care. At the same time, the IHS is severely underfunded and spends only \$1,914 per patient per year, compared with the \$5,065 that is spent on the average American (Washington Post 2004).

In Michigan, the rate of women's insurance through Medicaid is the same as the U.S. rate (8.6 percent in Michigan and the United States). On average, women in

Michigan have slightly more access to other forms of health insurance than women in the rest of the country: 77.9 percent of women in Michigan are covered by private or other insurance, compared with only 73.7 percent of women in the U.S. as a whole. Among low-income women, rates of Medicaid insurance are also similar in Michigan and in the United States. Low-income women in Michigan are uninsured at lower rates than in the nation as a whole, at 28.4 percent versus 35.2 percent, and have higher rates of coverage through private or other insurance than their national counterparts (49.0 percent versus 42.6 percent).

Education

In the United States, the percent of women aged 25 and older with four or more years of college almost doubled between 1980 and 2002, from 13.6 percent to 25.1 percent (compared with 28.5 percent of men in 2002; U.S. Department of Commerce, Bureau of the Census 2003d). Michigan ranked 37th in the nation and 3rd in the East North Central region for the proportion of the female population with four or more years of college in 2002. In 2000, only 20.2 percent of women in Michigan had completed a four-year college education, compared with 22.8 percent of women in the United States (Figure 5.1). The proportion of women 25 and older without high school diplomas in Michigan was substantially smaller than that of women in the United States as a whole (16.1 percent and 19.3 percent, respectively). The proportion of women with a high school education only in Michigan was 41.3 percent, 4.1 percentage points higher the national average (37.2 percent). Women in the state were also more likely to have one to three years of

Table 5.1.
Percent of Women Aged 18 to 64 without Health Insurance and with
Different Sources of Health Insurance in Michigan and the United States, 2001-02

	Michigan		United States	
	Women	Low-Income Women	Women	Low-Income Women
Percent Uninsured	13.5%	28.4%	17.7%	35.2%
Percent with Medicaid	8.6%	22.6%	8.6%	22.3%
Percent with Private/ Other Insurance	77.9%	49.0%	73.7%	42.6%

Notes:

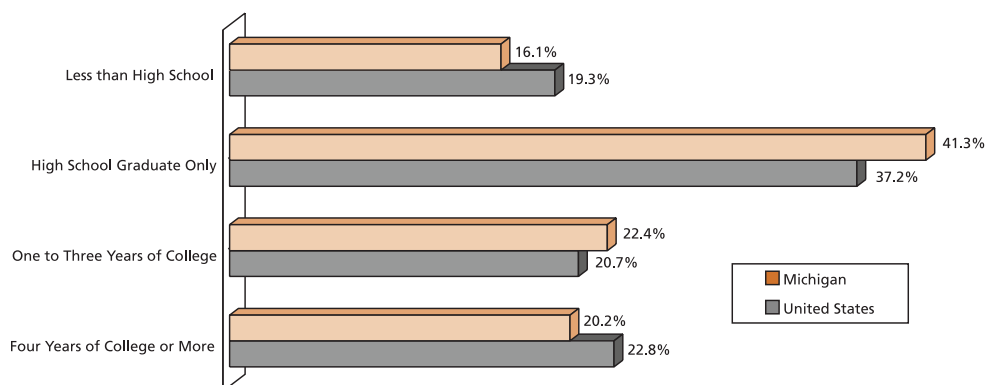
"Low-income" is defined as less than 200 percent of the federal poverty line, or \$30,040 for a family of three in 2002.

Private/Other category includes employer-based coverage, other private insurance, and other public insurance, such as Medicare and military-related coverage.

Source: Henry J. Kaiser Family Foundation 2004a.

Compiled by the Institute for Women's Policy Research.

Figure 5.1.
Educational Attainment of Women Aged 25 and Older in Michigan
and the United States, 2000, Decennial Census



Source: U.S. Department of Commerce, Bureau of the Census 2003c, based on analysis of data from Census 2000.
Compiled by the Institute for Women's Policy Research.

college education, at 22.4 percent in Michigan versus 20.7 percent nationally.

Educational attainment varies by race across the United States. As Figure 5.2 shows, the percent of white women with college education (two- or four-year degree) was 28.7 percent in Michigan in 2000. This figure was much higher than the rate for African American women (20.9 percent), Hispanic women (19.8 percent), and Native American women (18.4 percent). Asian American women had the highest rates of college education, both in Michigan and in the United States, at 60.1 and 46.9 percent, respectively. Asian American women in the state had the largest advantage compared with their national coun-

terparts, as they were about a third more likely to have a college diploma in the state. Hispanic women were also more likely to have a college education in Michigan than nationally, but white, African American, and Native American women were less likely to.

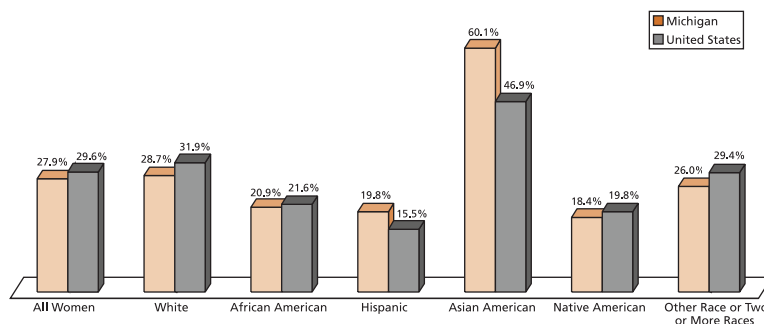
Women Business Owners and Self-Employment

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. 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 \$938.5 billion in business revenues (U.S. Department of Commerce, Bureau of the Census 2001b). By 1997, women

Figure 5.2.
Percent of Women with College Education in Michigan and the United States,
by Race and Ethnicity, 2000, Decennial Census



Notes:

For women aged 25 and older. These data come from a different source than those in Figure 5.1 and include women with a two- or four-year degree or higher. Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

Source: Urban Institute 2004b, based on analysis of data from Census 2000.
Compiled by the Institute for Women's Policy Research.

Table 5.2.
Women-Owned Firms in Michigan and the United States, 1997

	Michigan	United States
Number of Women-Owned Firms	184,590	5,417,034
Percent of All Firms That Are Women-Owned	27.2%	26.0%
Total Sales and Receipts (in billions, 2003 dollars)	\$30.4	\$938.5
Number Employed by Women-Owned Firms	228,132	7,076,081

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

owned 184,590, or 27.2 percent, of firms in Michigan, above the national average of 26.0 percent (Table 5.2). Women-owned firms in the state employed 228,132 people and generated \$30.4 billion in total sales and receipts (in 2003 dollars). Michigan ranks 10th in the country and 1st in the region for the proportion of businesses owned by women, by far its highest ranking for women's social and economic autonomy.

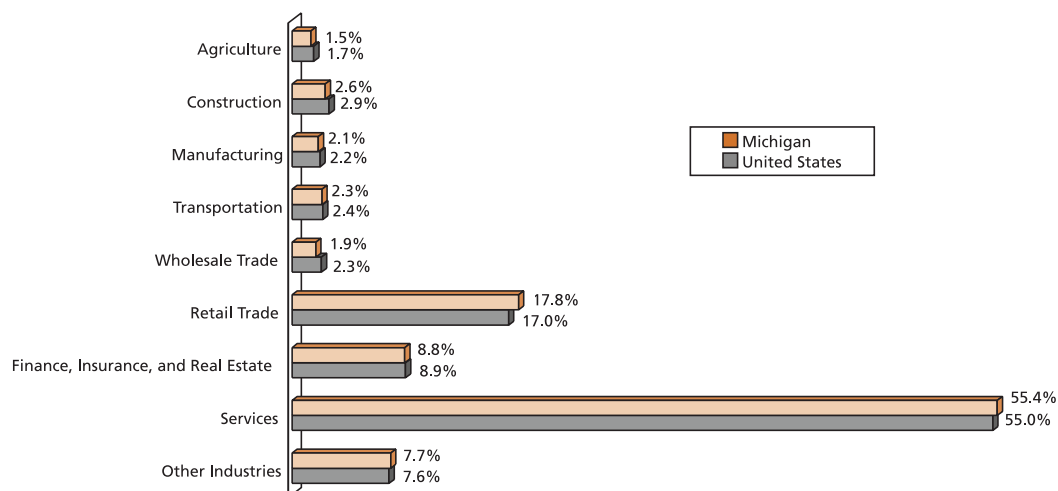
In Michigan, 55.4 percent of women-owned firms were in the service industries in 1997. The next highest proportion (17.8 percent) was in retail trade (Figure 5.3). A large proportion of women-owned firms also existed in the finance, insurance, and real estate industry (8.8 percent). This distribution is similar to national patterns.

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 has shown 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-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

Figure 5.3.
Distribution of Women-Owned Firms Across Industries in Michigan and the United States, 1997



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

(for example, babysitting and catering). In 1986 and 1987 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 (\$6.02); those with two or more types of self-employment with full-time schedules earned somewhat more (\$7.14 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most (\$13.08 per hour at the median; all figures in 2003 dollars). Those who combined wage and salaried work with self-employment had median earnings that ranged between these extremes. Many low-income women package earnings from many sources in an effort to raise their family incomes (Spalter-Roth, Hartmann, and Shaw 1993).

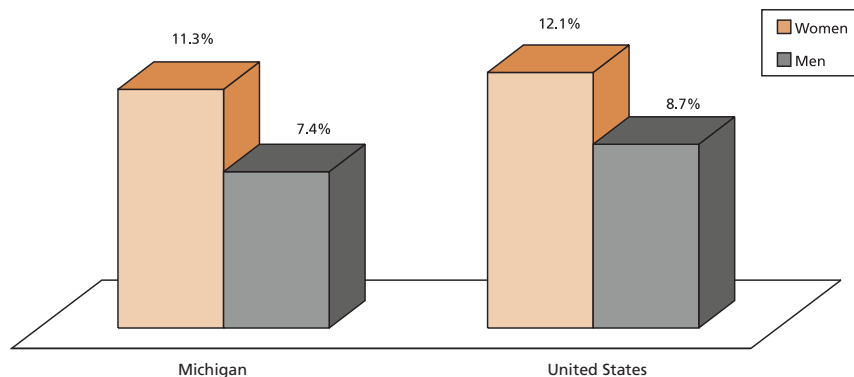
Some self-employed workers are independent contractors, a form of work that can be largely contingent, involving temporary or on-call work without job security, benefits, or opportunity for advancement. Even when working primarily for one client, independent contractors may be denied the fringe benefits (such as health insurance and employer-paid pension contributions) offered to wage and salaried workers employed by the same client firm. The average self-employed woman who works full-time, year-round at just one type of self-employment has health insurance an average of only 1.7 months out of 12, while full-time wage and salaried women average 9.6 months (those who lack health insurance entirely are also included in the averages; Spalter-Roth, Hartmann, and Shaw 1993).

Overall, however, recent research finds that the rapid increase between 1970 and 1990 in the number of married women who were self-employed can be attributed mostly to the rising earnings potential of women in self-employment compared with wage and salary work. In other words, while women's earnings from self-employment are often still low, they have increased relative to wage and salary work. Married women are also more likely to choose self-employment over wage-salary employment if they have a high demand for flexibility and a nonstandard work week, high relative earnings potential as self-employed women, and husbands with health insurance (Lombard 2001).

Women's Economic Security and Poverty

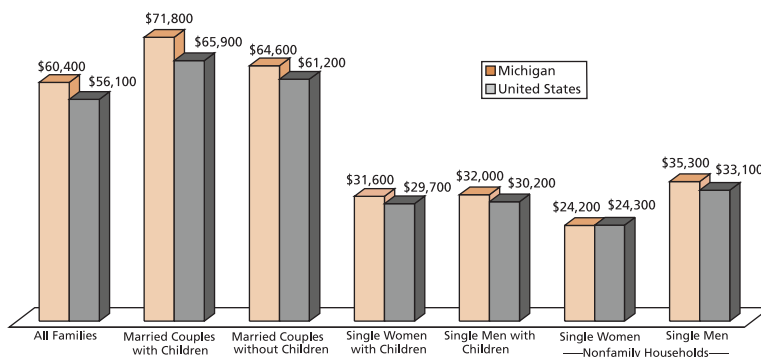
Women bear substantial responsibility for their families' economic well-being, and factors such as the wage gap and women's prevalence in low-paid, female-dominated occupations impede their ability to ensure their families' financial security, particularly for single mothers. The proportion of women aged 16 and older in poverty in 2002 was smaller in Michigan than in the United States—11.3 percent versus 12.1 percent (Figure 5.4). Michigan ranks 27th in the nation and last of the five states in its region for women living above poverty (Chart 5.1; women in Michigan rank below the midpoint of all states even though the percent of all women above poverty in Michigan is higher than the national average because the national number is based on the total U.S. population

Figure 5.4.
Percent of Women and Men Living in Poverty in Michigan and the United States, 2002,
Current Population Survey



Source: Urban Institute 2004a, based on analysis of data from Current Population Surveys 2002-03.
Compiled by the Institute for Women's Policy Research.

Figure 5.5.
Median Annual Income for Selected Family Types and Single Women and Men
in Michigan and the United States, 1999 (2003 dollars), Decennial Census



Notes:
 The figures included here are calculated using data from the 2000 Census, which differs from the 2002-03 Current Population Survey data (for the years 2001-02) used for Figure 5.4.

Source: Urban Institute 2004b.
 Compiled by the Institute for Women's Policy Research.

average and not the average among all states). Men in Michigan also have lower poverty rates than they do nationally, at 7.4 percent versus 8.7 percent (Figure 5.4).

Married-couple families with and without children have higher incomes than other family types in Michigan and nationally (Figure 5.5). In general, the median incomes of most household types were higher in Michigan than in the United States as a whole in 1999. The only exception was single women without children, whose median income was slightly lower in the state. As Figure 5.6 shows, poverty rates for all family types were lower in Michigan than in the nation as a whole in 1999. For example, the poverty rate for married couples with children was 4.3 percent in Michigan, compared to 7.1 percent in the United States.

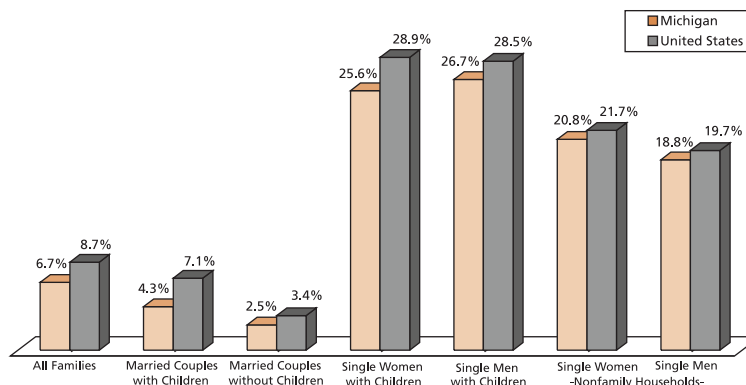
These rates of poverty, both nationally and in Michigan, probably understate the degree of hardship among women. Although the poverty line is the federal standard of hardship in the United States, it was created to measure the minimum amount of income needed for survival by calculating minimum

food expenses and multiplying them by three (Fisher 1992). Other alternatives, including those developed by Wider Opportunities for Women and the Economic Policy Institute, calculate 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 (Bernstein, Brocht, and Spade-

Aguilar 2000; Boushey et al. 2001; Pearce and Brooks 2003). According to the Economic Policy Institute, more than two and a half times as many people live below its “basic family budget” level than fall below the official poverty level (Boushey et al. 2001).

Nationally, the proportion of families (consisting of one to two parents and one to three children under the age of 12) living with incomes below the family budget level was 27.6 percent in 1999, much higher than the proportion of comparable families living below the federal poverty line (10.1 percent). In Michigan, 20.2 percent of families

Figure 5.6.
Poverty Rates for Selected Family Types and Single Women and Men
in Michigan and the United States, 1999, Decennial Census



Notes:
 The figures included here are calculated using data from the 2000 Census, which differs from the 2002-03 Current Population Survey data (for the years 2001-02) used for Figure 5.4.
 See Appendix III for methodology.
 Source: Urban Institute 2004b.
 Compiled by the Institute for Women's Policy Research.

Poverty by Race and Ethnicity

Women of color of all races and ethnicities are more likely to live in poverty than white women. Nationally, 75.0 percent of Native American women, 75.9 percent of African American women, and 77.5 percent of Hispanic women aged 16 and older were living above the poverty line in 1999. This compares with 91.0 percent of white women and 87.6 percent of Asian American women (Table 5.3; note that the source of these data is the 2000 Census, which differs from the Current Population Survey data for poverty used to rank the states in Figure 5.4 and Chart 2.1; Urban Institute 2004b). In Michigan, racial and ethnic disparities in poverty rates among women are also evident. African American women in Michigan have the highest poverty rates, as only 76.4 percent of women live above the poverty line. This figure is similar to that for African American women na-

Table 5.3.
Percent of Women Living Above the Poverty Line in Michigan and the United States, by Race and Ethnicity, 1999, Decennial Census

Race and Ethnicity	Michigan		United States
	Percent	National Rank	Percent
All Women	89.1%	20 of 51	87.4%
White	91.7%	14 of 51	91.0%
African American	76.4%	23 of 43	75.9%
Hispanic	82.2%	5 of 48	77.5%
Asian American	88.7%	15 of 46	87.6%
Native American	80.4%	15 of 44	75.0%
Other/Two or More	81.3%	28 of 47	82.5%

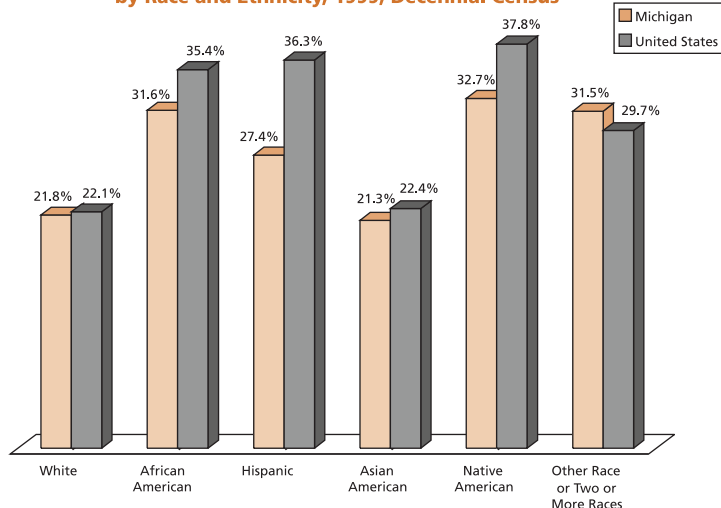
Notes:

For women aged 16 and older. See Appendix III for methodology. These poverty rates are from the 2000 Census, which differs from the 2002-03 Current Population Survey data (for the years 2001-02) used for Charts 2.1 and 5.1 and Figure 5.4, based on the Current Population Survey. Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

Source: Urban Institute 2004b, based on analysis of data from Census 2000.

Compiled by the Institute for Women's Policy Research.

Figure 5.7.
Poverty Rates Among Single-Mother Families in Michigan and the United States, by Race and Ethnicity, 1999, Decennial Census



Notes:

See Appendix III for methodology. Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other Two or More) do not include Hispanics. The figures included here are calculated using data from the 2000 Census, which differs from the 2002-03 Current Population survey data (for the years 2001-02) used for Figure 5.4.

Source: Urban Institute 2004b.

Compiled by the Institute for Women's Policy Research.

tionally, 75.9 percent. Hispanic and Native American women also have high poverty rates in Michigan, at 82.2 percent and 80.4 percent above poverty, respectively, although the rate for Hispanic women in the state is identical to the national rate, while Native American women in Michigan are much more likely to live above poverty than those nationally. White and Asian American women are more likely to live above poverty than other women in the state and about as likely to do so as their national counterparts.

(Continued next page)

Based on these figures, Michigan ranks 5th among 48 states for the proportion of Hispanic women living above poverty, 14th of 51 states for white women, 15th of 46 states for Asian American women, 15th of 44 for Native American women, and 23rd of 43 states for African American women.

Poverty rates are high among single-mother families overall (Figure 5.6), but they are much higher for African American, Native American, and Hispanic single-mother families than for white and Asian American ones (Figure 5.7). Poverty rates for single-mother families are lower for most racial and ethnic groups in Michigan than in the United States. For Hispanic women, in particular, the poverty rate is more than 30 percent higher in the United States as a whole than in Michigan. As they do nationally, Native American single-mother families have the highest poverty rate among all racial/ethnic groups in Michigan, at 32.7 percent.

had incomes below a basic family budget level, significantly lower than in the United States as a whole (Boushey et al. 2001).

Along with Michigan's lower overall rate of family poverty, the poverty rate for single women with children is lower than the nationwide rate (25.6 percent and 28.9 percent, respectively). Still, in Michigan and in the nation as a whole, single women and men with children experience much higher levels of poverty than any other family types (Figure 5.6). Approximately one in four of these families are poor. And again, hardship among single-mother families, especially among working mothers, is probably more prevalent than these figures suggest.

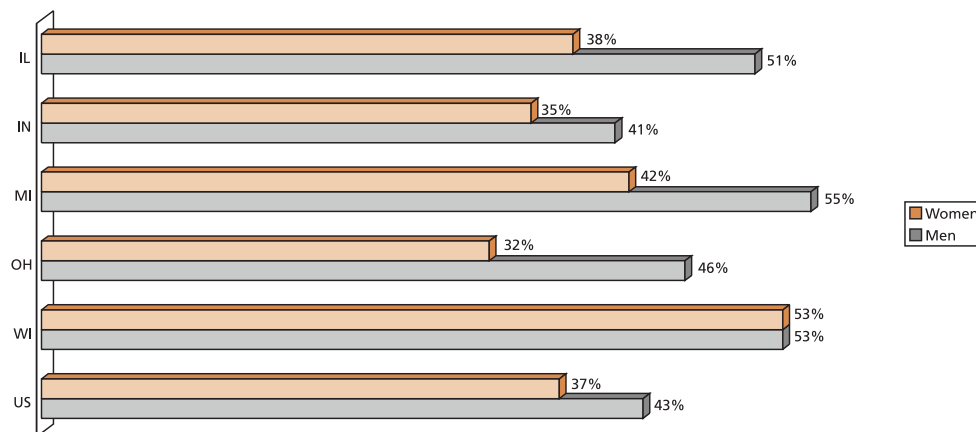
Another factor contributing to poverty among all types of households is the wage gap. IWPR research has found that in the nation as a whole, eliminating the wage gap, and thus raising women's wages to a level equal to those

of men with similar qualifications, would cut the poverty rate among married women and single mothers in half. In Michigan, poverty among working single-mother households would have dropped by more than half, from 31.1 percent to 12.9 percent, in 1997 (data not shown; Hartmann, Allen, and Owens 1999).

State Safety Nets for Economic Security

State and national safety nets can be crucial to assisting women and families who lack economic security. Michigan does a better than average job of providing a safety net for employed women. While the unemployment rate for women in Michigan (5.7 percent) is slightly higher than the national average of 5.6 percent (Figure 4.5), the percent of unemployed women in Michigan receiving unemployment insurance benefits is also higher than in the United States overall (Figure 5.8). The same is true for unemployed men in Michigan—the percent of unem-

Figure 5.8.
Percent of Unemployed Women and Men with Unemployment Insurance
in the East North Central States and the United States, 2002



Source: Unpublished data, U.S. Department of Labor, Employment and Training Administration, Unemployment Insurance Service, 2004.
Compiled by the Institute for Women's Policy Research.

Focus on Immigration in Michigan

Over the last decade, there has been a significant increase in the number of foreign-born men and women living in Michigan. Between 1990 and 2000, the foreign-born population of Michigan grew by 47 percent—from 355,393 to 523,589. Of the total foreign-born population in Michigan, 45 percent entered the United States between 1990 and 2000. In Michigan, 75 percent of the foreign-born population speaks a language other than English at home (Migration Policy Institute 2004). Michigan also experienced a 218 percent increase in Latino immigration between 1990 and 2000 (Suro and Singer 2002).

Isolation, language and cultural issues, economic dependency, citizenship status, fear of deportation, and lack of education are just a few of the barriers to immigrant women's full participation in American society (Family Violence Prevention Fund 2004). Historically, when there has been a rapid increase in new immigrants (as with the Latino population in Michigan), the ratio of men to women tends to become imbalanced, as Latino men tend to arrive in the United States first, without spouses or other family members. Family members (including spouses) and friends follow later, after Latino men are more established. Because women more commonly arrive in this second phase, they are often, then, more dependent on the men in their lives (Suro and Singer 2002).

Because of their extreme isolation, new immigrant women are particularly vulnerable to domestic abuse. According to the Family Violence Prevention Fund (2004), abusing partners may prevent immigrant women from learning English, threaten to report them to the Citizenship and Immigration Service, hide or destroy critical documents (e.g., ID card, health insurance card, Green card, etc.), fail to file necessary papers to legalize their immigration status, or threaten to take children away from the United States or to report them to the Citizen and Immigration Service (formerly the Immigration and Naturalization Service).

Immigrants in Michigan clearly face more hardship than those who are native-born: poverty rates were 10.7 percent for native-born women and 12.8 percent for foreign-born women in 1999. For men, poverty rates were 7.4 percent for the native-born and 12.7 percent for the foreign-born (Urban Institute 2004b).

Recent and continuing increases in the immigrant population in Michigan point to the need for public policies to address the issues facing immigrant communities, and particularly immigrant women. Policies tailored for immigrant women that address the specific issues of language obstacles, cultural isolation, domestic abuse, and lack of education, among others, are needed. Helping immigrant women navigate the complex social, cultural, and economic barriers they face is critical, in order to help them and their families achieve self-sufficiency.

employed men is higher and the rate of men receiving unemployment insurance benefits is higher in Michigan than nationwide. In fact, in Michigan as in many states, men are much more likely to receive unemployment insurance benefits than women: 55 percent of unemployed men, compared with 42 percent of unemployed women, receive benefits. The gap between unemployed men's and women's unemployment insurance receipt is even larger in Michigan than it is nationally: men are 13 percentage points more likely to receive benefits than women in Michigan, while the national gap is just 6 percentage points. Thus, while Michigan's unemployed women are

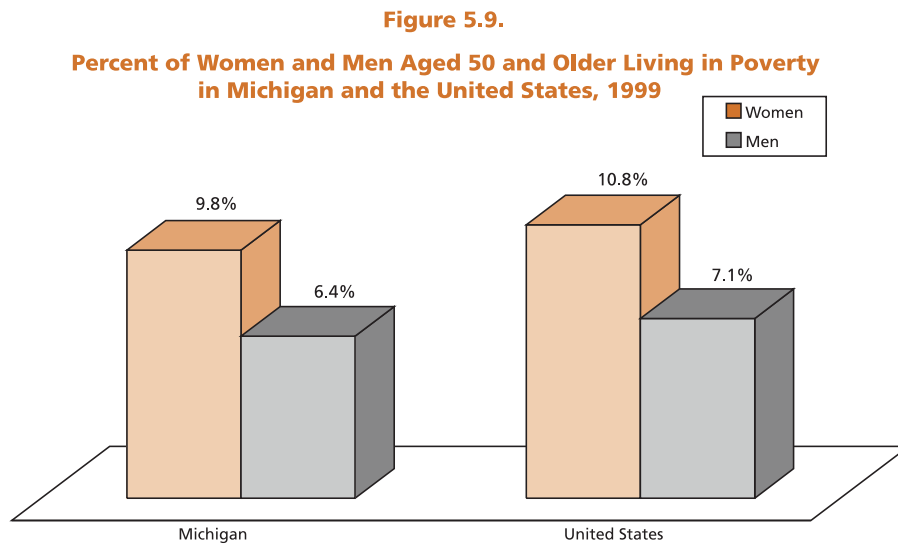
more likely to receive benefits than unemployed women nationally, they are much less likely to do so than the state's unemployed men.

Poverty and the Elderly

Despite the increase in women's participation in the paid labor force over the past three decades, a variety of familiar 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, have left many women economically disadvantaged in their old age and are expected to continue to do so (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 (Figure 5.9).

Similarly, 9.8 percent of women and 6.4 percent of men aged 50 and older were living in poverty in Michigan. Both rates were lower than national averages.



Source: Lee and Shaw 2002.

Calculated by the Institute for Women's Policy Research.

The Status of Native American Women in Michigan

As data throughout this report indicate, Native American women in Michigan and nationally experience lower social and economic status than many other groups of women. Their earnings and education levels are lower than all other racial or ethnic groups in the state, and their poverty levels are higher than those of all other groups except African American women. Their health status is also worse than that of most other racial/ethnic groups in the state. Native American women would clearly benefit from policies and practices designed to lessen both race- and sex-based inequalities that disadvantage Native American women.

Michigan is home to 2.5 percent of the country's Native American population. Women who are Native American alone in Michigan make up 0.6 percent of the state's population (including Hispanics), with Chippewa women comprising the largest group of Native American women in the state (at 0.2 percent of Michigan's women; Appendix Table 1.2). Tribal nations included as Chippewa are the Bay Mills Indian Community of the Sault Ste. Marie Band, Chippewa, Grand Traverse Band of Ottawa and Chippewa Indians, Keweenaw Bay Indian Community of the L'Anse and Ontonagon Bands, Lac Vieux Desert Band of Lake Superior Chippewa, Saginaw Chippewa, and Sault Ste. Marie Chippewa. The next largest groups of Native women in Michigan are Cherokee (0.06 percent), Ottawa (0.04 percent; this group includes the Little River Band of Ottawa Indians of Michigan, Little Traverse Bay Bands of Ottawa Indians of Michigan, and Ottawa), and Potawatomi (0.02 percent; this includes Pokagon Band of Potawatomi Indians and Potawatomi). Another 0.7 percent of the population is Native American in combination with another race; thus, 1.3 percent of all women in the state are Native American either alone or in combination with another race. Including Hispanics, over 68,200 women in Michigan are Native American either alone or in combination with another race. Among all the states, Michigan has the fifth-largest percent of Chippewa women (U.S. Department of Commerce, Bureau of the Census 2004b) and is tied with Wisconsin for the 3rd-highest proportion of Potawatomi in the United States (data not shown; U.S. Department of Commerce, Bureau of the Census 2004b).

One indicator of the difficulties facing Native American women in Michigan is their earnings. For full-time, full-year workers, these earnings are much lower than the earnings of white women in Michigan (\$26,000 versus \$30,900) although they are slightly higher than those of Native American women nationally (\$25,500; Table 4.2). In contrast, the wage ratio between Native American women and white men is lower than it is nationally, at 54.7 percent versus 57.8 percent, and Michigan ranks 39th of 43 states (Table 4.2). Native American women in Michigan earn just over half of what white men earn.

Earnings are lower for Michigan's Native American women who live outside of metropolitan areas, at \$24,300 in non-metro areas versus \$26,500 for those in cities (data not shown; Urban Institute 2004b). When women who work less than full-year, full-time are included in the earnings figures, the difficulties facing many Native American women in Michigan become even clearer. These earnings are only \$17,700 annually for those in metro areas and \$17,300 for those outside cities in Michigan (data not shown; note that none of the figures for earnings include transfer payments; Urban Institute 2004b).

These earnings data reflect the limited job opportunities available to Native American women in rural areas. A lack of employment opportunities, low levels of human capital such as education and work experience, and geographic isolation in these areas, including reservations, contribute to especially low earnings and high levels of poverty there (Snipp and Sandefur 1988). Inadequate state and federal policies have contributed to the economic underdevelopment of reservations as well (Snipp 1992; Vinje 1996; Brown et al. 2001). Policies encouraging the economic development of Native American communities are one key path for improving the economic status of Native American women and their families. Such programs are particularly important as reservations take more control over implementing welfare programs, as they have since the adoption of new welfare provisions in the 1990s, and as they subsequently design rules and restrictions that affect the eligibility of Native American women for receiving benefits.

Poverty levels among Michigan's Native American women are higher than those among every other major racial/ethnic group included in this report except African Americans. As Table 5.3 shows, only 80.4 percent of Native American women in Michigan live above poverty (meaning that 19.6 percent live

(Continued next page)

below the poverty line). Native Americans living in single-mother families in Michigan experience greater poverty than that seen among other families, with 32.7 percent living below the poverty line compared with 25.0 percent among all family types (Figure 5.7; Urban Institute 2004b). In other words, nearly three in ten Native American single-mother families in Michigan live in poverty; nearly one in five Native American women overall do. Importantly, poverty rates are also high among Michigan's Native American single-father families, at 35.2 percent (Urban Institute 2004b).

Women in the largest Indian nation in the state, the Chippewa nation, earn \$27,611 per year for full-time, year-round work, compared with \$35,342 earned by Chippewa men in Michigan (data not shown; Urban Institute 2004b). Michigan's Chippewa women earn more than the national average for Chippewa women of \$25,300 (data not shown; Urban Institute 2004b). The proportion of Michigan's Chippewa women living above poverty is 86.8 percent, compared with 89.5 percent among Chippewa men and 78.0 percent of Chippewa women in the United States as a whole (data not shown; Urban Institute 2004b). The rate of women living above poverty among Michigan's Cherokee women is 79.5 percent, worse than the national average, 81.8 percent (data not shown; data not available for women of other Indian nations in Michigan; Urban Institute 2004b). Michigan's Cherokee women also experience more poverty than do the state's Cherokee men, with 79.5 percent of women and 81.8 percent of these men living above the poverty line (data not shown; Urban Institute 2004b).

The types of jobs available to Native American women contribute to their relatively low earnings and high poverty rates. Like African American and Hispanic women, Native American women are more highly represented in lower-paying jobs such as service and domestic work (Reskin 1993). As Figure 4.7 shows, Native American women in Michigan are less likely to hold managerial and professional positions than Asian American, white, and African American women in the state (but more likely than Hispanics to do so). Both racial and gender discrimination play a role in Native American women's earnings and mobility; not only do many Native Americans experience discrimination, but Native American women are on average paid less for jobs in similar circumstances than both white women and Native American men (Snipp 1992). Native American women's relatively low levels of educational attainment also contribute to the wage difference between Native Americans and whites (Waters and Eschbach 1995; Snipp 1992). Only 18.4 percent of Native American women in Michigan have completed at least a two- or four-year college degree, compared with 28.7 percent of the state's white women (Figure 5.2). Finally, poor state, federal, and some tribal policies have contributed to the economic underdevelopment of reservations (Snipp 1992; Vinje 1996; Brown et al. 2001).

In addition to their poor economic and educational status, Native American women's health status is worse than that of most other racial/ethnic groups in the state, and unlike many of the economic indicators, it is much worse in Michigan than nationally. Furthermore, Native American women's access to reproductive rights and health resources is curtailed by poor past and current policies by tribal, state, and federal agencies. As Table 7.2 shows, Native American women in Michigan are more than twice as likely to die of heart disease, more than three times as likely to die of lung cancer, and more than twice as likely to die of breast cancer than Native American women nationally. Although Michigan's Native American women are more likely to receive early prenatal care than Native American women in other states, they are also more likely to have low birth weight babies (Table 6.1). These data suggest that serious investments are needed to address the poor health status of Native American women in Michigan. These women's diminished access to health care resources is related at least in part to a legacy of discriminatory policies, inadequate funding and resources through the Indian Health Service, and distrust of government health services because of racist policies linked to them (for more, see "The Reproductive Rights of Women of Color").

Overall, Native American women experience high levels of hardship in Michigan, as they do across the United States. Policies designed to increase their educational attainment and job opportunities, to encourage economic development where they live, and to provide them with access to other economic and health resources would all contribute to improving their status.

6. Reproductive Rights



Issues pertaining to reproductive rights and health can be controversial. Nonetheless, 189 countries, including the United States, adopted by consensus the Platform for Action from the U.N. Fourth Conference on Women. This document stresses that reproductive health includes the ability to have a safe, satisfying sex life, to reproduce, and to decide if, when, and how often to do so (U.N. Fourth World Conference on Women 1995). The document also stresses that adolescent girls in particular need information and access to relevant services. 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.

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. However, state legislative and executive bodies are continually in battle over legislation relating to access to abortion, including parental consent and notification, mandatory waiting periods, and public funding for abortion. The availability of providers also affects women's ability to access abortion. Because of ongoing efforts 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 these couples a fundamental family planning choice. Finally, sex education for high school students can provide them with the information they need to make educated choices about sexual activity.

The reproductive rights composite index shows that Michigan, which ranks 42nd in the nation and 3rd in its region, lacks adequate policies concerning the reproductive rights of women when compared with other states (Chart 6.1 and Chart 6.2). Michigan's grade of D- on the reproductive rights index reflects the gap between the ideal status of women's reproductive rights and of resources and their actual status within the state.

Access to Abortion

Michigan's performance in guaranteeing women access to abortion is poor. 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 44 states with consent or notification laws on the books as of December 2003, 34 enforced their laws. Of these 34 states, 14 enforced notification laws and 20 enforced consent laws. As of December 2003, Michigan was still enforcing its mandatory consent law, which requires minors to gain the consent of one parent before a physician can perform an abortion procedure (Chart 6.2).

Waiting-period legislation mandates that a physician cannot perform an abortion until a certain number of hours after his or her patient is notified of her options in

Chart 6.1.
Reproductive Rights: National and Regional Ranks

	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Reproductive Rights Index	42	3	D-

Notes:

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 five and refers to the states in the East North Central region (IL, IN, MI, OH, and WI).

Calculated by the Institute for Women's Policy Research.

Chart 6.2.
Components of the Reproductive Rights Composite Index

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Does Michigan allow access to abortion services:				
Without mandatory parental consent or notification? ^a		X		7
Without a waiting period? ^a		X		25
Does Michigan provide public funding for abortions under any or most circumstances if a woman is eligible? ^a		X		15
What percent of Michigan women live in counties with an abortion provider? ^b			69%	66%
Is Michigan's state government pro-choice? ^c				
Governor	X			23
Senate		X		8
House of Representatives		X		8
Does Michigan require health insurers to provide comprehensive coverage for contraceptives? ^d		X		21
Does Michigan require health insurers to provide coverage for infertility treatments? ^e		X		9
Does Michigan require schools to provide sex education? ^f		X		23
Does Michigan allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child? ^{g*}			No case has yet been tried	24
Notes: * Most states that allow such adoptions do so as a result of court decisions. No case has yet been tried. Source: ^a NARAL Pro-Choice America Foundation and NARAL Pro-Choice America 2004; ^b Finer and Henshaw 2003; ^c NARAL Pro-Choice America Foundation and NARAL Pro-Choice America 2003; ^d Alan Guttmacher Institute 2004a; ^e National Conference of State Legislatures 2004; ^f Alan Guttmacher Institute 2004b; ^g National Center for Lesbian Rights 2003; Human Rights Campaign 2003. Compiled by the Institute for Women's Policy Research.				

dealing with a pregnancy. Waiting periods range from one to 72 hours. Michigan prohibits a physician from performing an abortion until 24 hours after the patient is notified of her options in dealing with a pregnancy. A total of 25 states have waiting-period statutes, and 20 of these states, including Michigan, enforce those laws.

Public funding for abortion 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. Fifteen states fund abortions in all or most circumstances. Michigan is one of 27 states that do not provide public funding for abortions under any circumstances other than those required by the federal Medicaid law, namely when the pregnancy results from reported rape or incest or threatens the life of the woman.

The percent of women living in counties with abortion providers, which measures the availability of abortion services to women in a state, ranges from 12 to 100 per-

cent across the states (Finer and Henshaw 2003). As of 2000, in the bottom three states, fewer than 20 percent of women lived in counties with at least one provider, while in the top seven states, more than 90 percent of women lived in counties with at least one (Finer and Henshaw 2003). With 69 percent of women living in counties with a provider, Michigan's proportion falls near the middle of the nation. In 41 states, more than half of all counties have no abortion provider, and in 24 states more than 90 percent of counties had none (Finer and Henshaw 2003). Notably, despite the high proportion of women in counties with providers, 83 percent of all Michigan counties have no abortion provider (data not shown; Finer and Henshaw 2003). Thus, for women in the majority of counties in Michigan, and particularly for women in rural counties without a provider, access to abortion services may involve traveling a considerable distance, which poses an additional obstacle to receiving this service.

Debates over reproductive rights and family planning policies frequently involve potential restrictions on

Focus on Prostitution in Michigan

From 2000 to 2002, the Prostitution Round Table, consisting of 70 people from 35 organizations in Grand Rapids, Michigan, studied the issues surrounding street prostitution. They listened to the voices of prostituted women and girls, dialogued with service providers and practitioners, and reviewed relevant research and best practices. Their conclusion: the key to addressing prostitution in a positive way is to recognize it as a human rights issue and build systems of support based on that perspective (Nokomis Foundation 2002).

Dispelling the Myth and Reframing the Issue

From the “heart of gold” portrayal of Kitty in the Gunsmoke television series many years ago to the more recent glamorized prostitutes in movies such as *Pretty Woman* and *Moulin Rouge*, myths and misconceptions about prostitution abound. It’s depicted as a “victimless crime” and “the world’s oldest profession.” Benign labels such as “escort service” and “adult entertainment” are used to describe it. Some even proclaim prostitution to be an act of liberation.

Prostitution may be the world’s oldest form of exploiting women and girls. The myths and misconceptions that dominate our culture serve to mask the harm of prostitution, the realities of the lives of women and girls trapped by issues such as poverty and homelessness, addictions, and the crippling effects of trauma.

To address the harsh realities of prostitution, it is important to change the language used to describe it. Referring to women and girls as “prostituted,” rather than “prostitutes,” helps to make visible the exploiters—customers and pimps—and to hold them accountable. In contrast, the term “prostitute” simply labels victims and survivors, defining them in terms of a single aspect of their lives and at the same time shielding their exploiters from view. This alternate language makes the point that trading in access to women’s bodies is a human rights violation—a system that consistently denies women and girls their universally recognized rights as human beings. Reframing prostitution as a human rights issue “makes the harm visible,” in the language of survivors, and points to appropriate responses (Nokomis Foundation 2002).

“Making the Harm Visible”

Women and girls who have been prostituted report that their experiences involve a complex interplay of one or more of three key issues: poverty and homelessness; substance abuse, addiction, and chemical dependency; and violence and its after-effects. It is this interplay of issues that limits women’s and girls’ options, creating environments that dramatically undermine their ability to make free choices (Nokomis Foundation 2002).

Poverty and Homelessness

Prostitution is sometimes referred to as “survival sex” because it is so often an act of desperation on the part of a person lacking the basic necessities of life—food, shelter, or protection from harm. Current or past homelessness is a reality in the lives of 84 percent of prostituted women (Farley and Barkan 1998). Homeless youth are particularly vulnerable to coercion and recruitment into prostitution:

- A large percentage of homeless youth are solicited within 36 to 48 hours of being on the street (Minnesota Attorney General’s Office 1999).
- Being homeless for more than 30 days is the single greatest risk factor for adolescent involvement in prostitution (Minnesota Attorney General’s Office 1999).
- The average age of entry into prostitution is between 14 and 19 (Weisberg 1985).

Chemical Dependency and Addiction

Between 60 and 90 percent of prostituted women and girls are dealing with substance abuse issues (O’Leary and Howard 2001; Jacksonville Community Council, Inc. 2000). Addicted women and girls may turn to prostitution—or be coerced into it by pimps and johns—to support their habits. Or prostitution may be the factor that leads to substance abuse as a form of self-medication to numb the pain from the violence and trauma of prostitution.

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Violence and Its After-Effects

Violence and trauma—physical, emotional, psychological, sexual—are recurrent themes in the lives of prostituted women and girls. Many—from 65 to 90 percent—are survivors of childhood sexual abuse (Westerland 1992; Farley and Kelley 2000). Exploitation and violence are inherent in prostitution and are perpetrated by pimps, customers, and intimate partners. These recurring experiences of trauma result in long-term physical, emotional, and psychological effects. More than 65 percent of those who have been prostituted suffer from post-traumatic stress disorder (PTSD)—a level significantly higher than both the general population (5 percent) and Vietnam War combat veterans (20 to 30 percent; Farley and Barkan 1998).

A System of Support

There are no simple solutions to the challenge of helping prostituted women and girls and those vulnerable to exploitation—because the issues they face are complex, and because these women and girls comprise just one element of systems of prostitution. More attention needs to be paid to the other elements of these systems: the customers and the pimps, managers, or boyfriends who exploit prostituted women and girls.

In order to help prostituted women and girls make positive choices, a comprehensive system of support is needed. Such a system should encompass public awareness, advocacy, and education on prostitution-related issues. It should also include demand-reduction efforts specifically addressing the role that customers and pimps play in exploiting women and girls through prostitution. And it should include a full range of services for women and girls: prevention, harm reduction, intervention, recovery, and transition/reintegration.

Communities throughout the world are doing innovative and exciting work to build effective systems of support for prostituted women and girls. Based on this work, two factors seem to be critical to the success of such a system:

- **A multi-agency response** that involves organizations ranging from alcohol and substance abuse recovery programs to housing and job training services that integrate an understanding of prostitution-related issues into their practices and coordinate their efforts.
- **Prostitution-focused expertise** in organizations that develop competencies specifically on the experience of prostitution, that play a leadership role in providing innovative services for prostituted women and girls, that raise the level of understanding among other organizations in the system, and that advocate for prostituted women and girls.

Systems of support that incorporate all these practices can help address the hardships and poor choices facing most prostitutes, and thus dismantle a historically exploitative system that targets and degrades already disadvantaged women.

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 Pro-Choice America Foundation and NARAL Pro-Choice America 2004). For this study, governors and legislators who would support restrictions on abortion rights were considered anti-choice, and those who would oppose them were considered pro-choice. In Michigan, the governor is pro-choice, but the majority of members of the state senate and house of representatives are anti-choice.

Other Family Planning Policies and Resources

A recent survey by the Henry J. Kaiser Family Foundation found that 88 percent of insured employees had coverage for oral contraceptives in 2003, up from 71 percent in 2000. In 2001, 41 percent of covered workers had coverage for all reversible contraceptives and 67 percent had coverage for sterilization (Henry J. Kaiser Family Foundation 2003b). Because of the importance of contraception to women's control over their reproductive lives, women's advocates and policymakers have focused on improving insurance coverage of contraception. As of August 2004, 21 states required all health insurers that cover prescription drugs to also provide comprehensive contraceptive coverage. Another nine states required certified HMOs to cover family planning services. Michigan does not require private insurers to provide comprehensive coverage of contraceptives, but it does require HMOs to cover family planning services (Alan Guttmacher Institute 2004a).

Infertility treatments can also expand the reproductive choices open to women and men, but they are often prohibitively expensive, especially when they are not covered by insurance. In nine states, legislatures have passed measures requiring insurance companies to pay for infertility treatments. In Michigan, insurance companies are not required to cover infertility treatments at all (National Conference of State Legislatures 2004).

Because there is no comprehensive federal law concerning the reproductive rights of lesbians and gays, state courts currently hold considerable power over lesbians' and gay men's 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 legal rights to non-legal parents in same-sex relationships, rights that 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. Court rulings in 24 states specifically extend second-parent adoption to lesbians and gays. In four states, courts have ruled against second-parent adoption, and one state, Florida has specifically banned second-parent adoption through state statute (National Center for Lesbian Rights 2003). In addition, courts in the remaining states, including Michigan, have not ruled on a case involving second-parent adoption, creating a sense of ambiguity for lesbian and gay families.

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. In 22 states and the District of Columbia, schools are required to provide sex education. Of those 23, 21 states require that sexuality education stress abstinence, and nine states require that abstinence be covered during instruction. In 14 states and the District of Columbia, sex education programs must cover contraception. Michigan does not require mandatory sex education in public schools, and if classes are taught, they are required to cover abstinence. Michigan mandates STD/HIV education, and requires that abstinence be covered in that curriculum as well (Alan Guttmacher Institute 2004b).

The Reproductive Rights of Women of Color

Women of color and indigenous women in the United States have a history of reduced access to reproductive rights and resources, in part due to inequalities in factors such as education, access to health care, and socioeconomic status, but in part due to a history of discrimination and racism specific to reproductive health policies. These policies have often worked to disadvantage women of color, indigenous women, and immigrant women by lessening these women's access to resources such as abortion and contraception, disrupting their access to information about reproductive health issues, and exposing them to toxins and other health risks. Both poor public policies and social and economic inequalities have led to disparities in access to prenatal care and in low birth weights and infant mortality (Table 6.1). In addition, they have led to decreased access to health insurance coverage, particularly among low-income women (Table 5.1), and higher incidence rates and mortality from diseases related to reproductive health, including AIDS and chlamydia (see Table 7.2 and "Racial Disparities in Mortality and Incidence of Disease").

Forced sterilizations performed within the Indian Health Service (IHS) and federal and state health programs, mostly in the 1960s and 1970s, are a stark example of discriminatory practices affecting women of color. During the 1970s, when the majority of sterilizations occurred, thousands were

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Table 6.1
Prenatal Care, Infant Mortality, and Low Birth Weight in
Michigan and the United States, by Race and Ethnicity, 2001

	Michigan	United States
Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy ^a	85%	83%
Among Whites	89%	89%
Among African Americans	69%	74%
Among Hispanics	71%	76%
Among Asian Americans	89%	84%
Among Native Americans	77%	69%
Infant Mortality Rate (deaths of infants under age one per 1,000 live births) ^b	8.0	6.8
Among Whites	6.2	5.7
Among African Americans	16.2	13.5
Among Hispanics	6.3	5.4
Among Asian Americans	5.6	4.7
Among Native Americans	N/A	9.7
Percent of Low Birth Weight Babies (less than 5 lbs., 8 oz.) ^c	8.0%	7.7%
Among Whites	6.7%	6.8%
Among African Americans	14.1%	13.1%
Among Hispanics	6.2%	6.5%
Among Asian Americans	7.7%	7.5%
Among Native Americans	8.1%	7.3%

Notes:

N/A = Not Available.

Hispanics may be of any race or two or more races. Data for whites and African Americans do not include Hispanics; data for Asian Americans and Native Americans do include Hispanics; Hispanics may be of any race.

Source: ^a Centers for Disease Control and Prevention 2003b; ^b Centers for Disease Control and Prevention 2003a; ^c Centers for Disease Control and Prevention 2003c.

Compiled by the Institute for Women's Policy Research.

performed on women of color and indigenous women, who commonly lacked full or accurate information about the irreversibility of the sterilization procedure and who were frequently under threat of losing welfare benefits or medical care (Gordon 1990; Lawrence 2000; Trombley 1988). The justification for forced sterilization was primarily to decrease higher birth rates among women of color, which was seen as a way to decrease welfare spending and increase families' economic security (Lawrence 2000). Not only did the sterilizations disrupt women's reproductive rights over their lifetimes, but they resulted in a longstanding distrust of health care institutions for many women of color, which has in turn led to diminished use of health care resources.

Discriminatory policies continue to shape the reproductive health experiences of women of color. Various states have considered or adopted measures designed to punish pregnant women who use drugs or alcohol; some, for example, require drug testing and reporting of women seeking obstetrical care in hospitals. These policies have resulted in prosecuting disproportionate numbers of women of color, especially African American women (NARAL Pro-Choice America Foundation and NARAL Pro-Choice America 2000). In addition, some research suggests that public health officials within the IHS actively promoted long-term hormonal treatments like Depo-Provera, without providing to patients full information about the health consequences of the drugs (Chen and Asetoyer 1995). In the 1980s, before Depo-Provera was approved for general use by the Federal Drug Administration, health providers administered the drug to mentally disabled Native American women to control their menstruation and possible pregnancy, again without proper consent and against manufacturer protocols (which did not recommend the drug for mentally disabled women; Chen and Asetoyer 1995).

Many policies also deny women of color access to crucial resources that would allow them more control over their reproductive lives. The 1976 Hyde Amendment, which disallows the use of federal

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funding for most abortions, disproportionately affects women of color, who are more likely than white women to use public health services because of their lower incomes. As noted in Chart 6.2, only 15 states allow the use of their own public funds to pay for abortions for income-eligible women, and Michigan only allows public funds to pay for abortions when required under Medicaid, that is, in cases of life endangerment, rape, or incest. A national survey of IHS facilities found that only 5 percent provide abortion services to Native American women in accordance with the Hyde Amendment, and, according to IHS statistics, only 25 abortions had been performed between 1981 and 2002 (Native American Women's Health Education Resource Center 2002). In some Indian nations, because of a lack of resources and poverty, one of the only recourses a low-income Native woman may have is to go in front of her Tribal Council to gain emergency assistance for abortion by pleading her private situation publicly, if she qualifies for public health assistance (Native American Women's Health Education Resource Center 2003).

For Native American women, federal policies interrupted the transmission of traditional health knowledge from elders to younger generations by encouraging assimilation among youth. The 19th- and early-20th-century policy of sending youth to boarding schools left young mothers with little information about traditional health care practices that had been transmitted across generations within Native American communities, and many who are now elders report limited knowledge of those practices, including natural contraception, to pass along (Long and Curry 1998).

Women of color may also experience higher levels of exposure to environmental health risks than white women, which in turn may affect their reproductive health status. While the links between disparities in health status and environmental hazards are difficult to assess, there is credible evidence of higher exposure among low-income communities and communities of color to health hazards resulting from, for example, industrial manufacturing, waste treatment, and waste disposal processes, which can taint air and water quality. These disparities may be related to higher rates of infant mortality and low birth weights, as well as lower life expectancy and higher cancer rates, among these communities (Institute of Medicine 1999). Because many women of color, and particularly immigrant women, work in occupations with high levels of occupational hazards, they may experience additional exposure to such risks.

Finally, it is increasingly clear that many physicians and health care providers stereotype their patients based on race, ethnicity, immigrant status, and sex, and that this affects the quality of health care provided to different patients (Schulman et al. 1999). Along with language barriers, particularly among Hispanic and Asian American immigrant women (who make up relatively high proportions of the Asian American and Hispanic populations), these stereotypes can mean that many providers also display an insensitivity to the cultural and linguistic needs of a wide range of patients. Such biases and barriers discourage many women from seeking access to health care providers and from following the providers' advice when they do (NARAL Pro-Choice America Foundation and NARAL Pro-Choice America 2000). Very few medical schools offer courses in cultural issues related to treating various racial and ethnic groups. In addition, the health care providers who might be particularly sensitive to these issues—men and women of color—comprise only a small proportion of U.S. physicians, and the proportion studying medicine declined in the late 1990s (NARAL Pro-Choice America Foundation and NARAL Pro-Choice America 2000).

Women of color have less access to a variety of reproductive health care resources than white women do. For example, when pregnant, women of color are less likely to use prenatal care (Table 6.1). Among white women nationwide, 89 percent use prenatal care, compared with 84 percent of Asian American women, 76 percent of Hispanic women, 74 percent of African American women, and 69 percent of Native American women. In Michigan, 89 percent of white and Asian American women, 77 percent of Native American women, 71 percent of Hispanic women, and 69 percent of African American women do. Thus, rates are better for Asian American and Native American women in Michigan than nationally, worse for African American and Hispanic women, and the same for white women.

Disparities and discrimination in access to reproductive resources have seriously compromised minority and indigenous women's reproductive health, as well as their children's health. For exam-

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ple, in Michigan, the infant mortality rate is 6.2 per 1,000 for white infants and 16.2, more than double that number, for African American infants. The infant mortality rate is 6.3 per 1,000 for Hispanic infants and 5.6 for Asian American infants. These trends roughly follow national patterns, where mortality rates are 5.7 for white infants, 13.5 for African American infants, 5.4 for Hispanic infants, and 4.7 for Asian American infants. Data for Native American infants in Michigan is not available due to small sample sizes, but the infant mortality rate nationwide is 9.7 Native American infants per 1,000. Overall, infant mortality rates are higher among all groups in Michigan than nationally. African American infants face especially high mortality rates in Michigan compared with nationally.

Low birth weight (less than 5 lbs., 8 oz.) among babies also affects different racial and ethnic groups at different rates. In Michigan, the percent of births of low weight is 6.2 among Hispanic infants, 6.7 among white infants, 7.7 among Asian American infants, 8.1 among Native American infants, and 14.1 among African American infants. In the United States, the percent of births of low weight among Hispanic infants is 6.5; for whites, it is 6.8; for Native Americans, it is 7.3; for Asian Americans, it is 7.5; and for African American infants, it is 13.1. Thus, in Michigan, the percent of low birth weight babies is slightly lower than nationally for white and Hispanic infants, but slightly higher for African American infants, Asian American infants, and Native American infants. African American infants have the highest infant mortality rates of all major racial and ethnic groups both in Michigan and in the United States as a whole. Notably, although state-level data are not available on the proportion of babies born with high birth weight (over 8 lbs., 14 oz.), this condition is also more common for babies born of women of color and is associated with maternal gestational diabetes (Martin et al. 2003). High birth weight is particularly common for births to native women in the IHS Bemidji service area, which includes Michigan, at 16.5 percent of births compared with 12.6 percent for all IHS and 10.2 percent for all U.S. births in 1997 (Indian Health Service 2003).

As federal, state, local, and tribal governments seek to better the status of women, they should consider the impacts of current policies and the legacies of former policies on the reproductive rights and health of women of color. States should assess and modify discriminatory practices and policies that punish pregnant women or restrict women's access to abortion, contraception, and prenatal care within their public health programs. They should provide training to health care providers on the cultural and socioeconomic issues facing women of color in these women's reproductive lives and in their access to health care and family planning. They should encourage women of color to become health care providers through recruitment and scholarship programs. Programs that are designed to raise awareness of the health disparities of women of color and to build advocacy skills and self-help concerning the health of women of color would also contribute to improving their status. All of these steps would work toward improving trust and confidence in the health care system and access to reproductive rights and resources among women of color.

7. Health and Well-Being



Health is a crucial factor in women's overall status. Health problems can seriously impair women's quality of life, as well as their ability to care for themselves and their families. Illness can be costly and painful and can interrupt daily tasks people take for granted. The healthier the residents of an area are, the better their quality of life, and the more productive those inhabitants are likely to be. 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 the health of women in Michigan. The composite index of women's health and well-being ranks the states on 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, Witkowski,

Chart 7.1.
Health and Well-Being: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 5)	Grade
Composite Health and Well-Being Index	37	5	D+
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1999-2001) ^a	42	5	
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1999-2001) ^a	32	3	
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1999-2001) ^a	38	3	
Percent of Women Who Have Ever Been Told They Have Diabetes (2001) ^b	45	5	
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 2002) ^c	35	3	
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, 2001) ^d	28	4	
Average Number of Days per Month on Which Women's Mental Health Is Not Good (2000) ^e	50	5	
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1999-2001) ^a	16	3	
Average Number of Days per Month on Which Women's Activities Are Limited by Their Health (2000) ^e	23	2	

Notes:

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 five and refer to the states in the East North Central region (IL, IN, MI, OH, and WI).

Source: ^a National Center for Health Statistics 2003; ^b Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2002; ^c Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention 2003; ^d Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention 2002; ^e Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2001.

Calculated by the Institute for Women's Policy Research.

Table 7.1.
Mortality and Incidence of Disease Among Women
in Michigan and the United States

Indicator	Michigan	United States
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1999-2001) ^a	236.2	211.5
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1999-2001) ^a	43.3	41.0
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1999-2001) ^a	27.3	26.5
Percent of Women Who Have Ever Been Told They Have Diabetes (2001) ^b	7.6%	6.5%*
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 2002) ^c	496.1	455.4
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, 2001) ^d	3.2	9.1

Notes:
* Median rate for the 50 states and the District of Columbia.
Source: ^a National Center for Health Statistics 2003; ^b Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2002; ^c Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention 2003; ^d Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention 2002.
Compiled by the Institute for Women's Policy Research.

Gault, and Hartmann 2001), this section also presents information on women's use of preventive services, health-related behaviors, and state-level policies and 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 for women compared with 73 years for men in the United States in 1998—women suffer from more nonfatal acute and chronic conditions and are more likely to live with disabilities and suffer from depression. In addition, women have higher rates of health service use, physician visits, and prescription and nonprescription drug use than men (Mead, Witkowski, Gault, and Hartmann 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 imbedded in and related to their political, economic, and social status (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University 2001). For example, women's health is significantly influenced by their socioeconomic status. Many studies find direct and indirect relationships between income, education and work status, and health. Poor, uneducated women with few work opportunities are more likely to be unhealthy.

Women with low incomes, little education, and no jobs also face significant problems accessing the health care system, which indirectly influences their health status (Mead, Witkowski, Gault, and Hartmann 2001). On the other hand, research shows that women's employment has a positive effect on health. Studies suggest the link may result both because work provides health benefits to women and because healthier women "self-select" to work (Hartmann, Kuriansky, and Owens 1996). Finally, research suggests that across the states, women's mortality rates,

cause-specific death rates, and mean days of activity limitations due to health are highly correlated with their economic and political status, and especially with their political participation and with a smaller wage gap (Kawachi, Kennedy, Gupta, and Prothrow-Stith 1999).

Importantly, in states such as Michigan with large rural areas, accessing health care resources can be an issue for women living in those regions of the state. These women may need to travel considerable distances to access health care services, including both preventive care and treatment of health conditions. This can pose a significant barrier to these services for many women, particularly those with few transportation resources.

Michigan, which ranks 37th of all states, lags behind most states and the nation on indicators of women's health and well-being (Chart 7.1). The state fares particularly badly on the average number of days per month of poor mental health (50th), the average mortality rate of women from heart disease (42nd), and the percent of women who have ever been told that they have diabetes (45th). Michigan ranks somewhat higher on the average annual mortality rate from suicide (16th), the average number of days per month in which women's activities are limited by their health (23rd), and the average annual incidence rate of AIDS among women (28th). Its rankings for other indicators of women's health status fall in between these highs and lows.

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

Mortality and Incidence of Disease

Heart disease has been the leading cause of death for both women and men of all ages in the United States since 1970. It is the second leading cause of death among women aged 45 to 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 2001). 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 risk factors and how to modify them. In addition, states can help by implementing policies that facilitate access to health care professionals and preventive screening services. Women in Michigan experience mortality from heart disease at a rate considerably higher than the U.S. rate (236.2 and 211.5 per 100,000 women, respectively; Table 7.1). The state ranks 42nd nationally and 5th regionally on this indicator. Men's mortality from heart disease is also much higher in Michigan than in the country as a whole (351.8 and 320.2 per 100,000 men, respectively; data not shown; National Center for Health Statistics 2003).

Cancer is the leading cause of death for women aged 35 to 64 and 75 and above (Centers for Disease Control and Prevention, Office of Women's Health 2004). Lung cancer, in particular, is the leading cause of cancer death in women (American Cancer Society 2004). Among women nationally, the incidence of lung cancer doubled and the death rate rose 182 percent between the early 1970s and early 1990s (National Center for Health Statistics 1996). Like heart disease, lung cancer is closely linked with cigarette smoking. State public awareness efforts on the link between cancer and smoking can be crucial to lowering lung cancer incidence and mortality. In Michigan, the average mortality rate from lung cancer is 43.3 per 100,000 women, slightly above the national rate of 41.0. As a result, Michigan ranks 32nd in the nation and 3rd in the East North Central region on this indicator.

Among cancers, breast cancer is the 2nd-most common cause of cancer death for U.S. women (American Cancer Society 2004). 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 reduce death rates from the disease. Michigan's rate of mortality from breast cancer is 27.3 per 100,000, higher than that of the nation overall (at 26.5 per 100,000 women). Michigan ranks 38th in the nation and 3rd in the region on this measure.

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 (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 1999). The overall risk of diabetes can be decreased by lowering the level of obesity and by improving health habits in a state. In Michigan, 7.6 percent of women have been diagnosed with diabetes at some point in their lifetimes, a higher rate than the median for all states, 6.5 percent. Michigan ranks 45th in the nation and 5th regionally on this indicator of women's health.

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. Chlamydia affects more than 654,000 women in the United States and can be a serious threat to female reproductive capacity (Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention 2003). In Michigan, chlamydia affects 496.1 women per 100,000, a rate higher than that for the United States as a whole, 455.4 women per 100,000. Michigan ranks 35th in the nation and 3rd in the region 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. Women comprised 26 percent of all people with AIDS and were 32 percent of new reported cases of HIV in 2002 (Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention 2003). Michigan had a much lower incidence rate of AIDS than the nation as a whole in 2001, at 3.2 compared with 9.1 per 100,000 women. Michigan ranks 28th nationally and 4th regionally on this indicator (Michigan ranks above the middle of all states even though its incidence rate of AIDS is lower than the national median because the national number is based on the total U.S. population average and not the average among all states).

Racial Disparities in Mortality and Incidence of Disease

While U.S. women's health status has generally improved over the past few decades, health disparities among different racial and ethnic groups remain large (Table 7.2).

Mortality rates from heart disease are much higher among African American women than among white women nationally (281.1 compared with 207.3 per 100,000). Asian American women have the lowest rate (119.1), with somewhat higher rates among Native American and Hispanic women (158.1 and 166.9, respectively). In Michigan, rates of mortality from heart disease are higher among white, African American, and Native American women than among their counterparts in the United States as a whole. White women in Michigan experience mortality from heart disease at a rate of 223.8 per 100,000, while African American women's rate is 321.8 per 100,000 and Native American women's rate is 317.8 per 100,000. The mortality rate from heart disease among Native American women in Michigan is much higher than the national rate for Native American women. Hispanic and Asian American women, on the other hand, experience mortality from heart disease at lower rates in Michigan, at 157.4 and 104.6 per 100,000, respectively, than they do nationally.

Mortality from lung cancer also varies by race and ethnicity. In Michigan, Native American women have the highest rate of mortality from lung cancer, at 94.9 per 100,000. African American and white women have the next highest rates of mortality from lung cancer, at 49.7 African American women and 42.6 white women per 100,000. Among Asian American women, 25.2 die from lung cancer per 100,000, while 16.3 Hispanic women do. These patterns differ from those in the nation as a whole, where white women are more likely to die from lung cancer than African American women and considerably more likely than Hispanic, Asian American, and Native American women: 43.6 white women, 40.3 African American women, 14.7 Hispanic women, 19.5 Asian American women, and 30.3 Native American women per 100,000 died of lung cancer annually in 1999-2001.

Mortality rates from breast cancer are much higher among African American and Native American women than they are among white and Hispanic women in Michigan: 36.2 African American women and 37.8 Native American women per 100,000 died of breast cancer annually in 1999-2001, compared with 26.1 white women and 16.2 Hispanic women per 100,000. Rates for African American, white, and Hispanic women in Michigan are all similar to the national rates of 35.4 African American women, 26.5 white women, and 16.7 Hispanic women per 100,000. In contrast, Native American women have much higher mortality from breast cancer in Michigan than in the nation as a whole. In fact, they have the highest rate of breast cancer mortality of all groups for which data are available in the state, while nationally they have among the lowest. While data for Asian American women are not available for Michigan due to small sample sizes, at the national level, Asian American women have the lowest mortality rate from breast cancer, at 12.8 Asian American women per 100,000.

Racial and ethnic disparities in the incidence of AIDS are particularly alarming: in 1999, the AIDS rate per 100,000 women nationwide was 1.4 among Asian American women, 2.3 among white women, and 5.0 among Native American women, compared to 14.9 among Hispanic women and 49.0 among African American women (note that the source of these data differs from the 2001 data presented earlier in this report). In Michigan, the AIDS rate per 100,000 women was 0.7 among white women, 8.2 among Hispanic women, and 18.0 among African American women (due to small sample sizes, AIDS rates are not available for women of other races and ethnicities in Michigan). These rates are lower for women of every race and ethnicity for which data are available, but they are still much higher among Hispanic and African American women than among white women.

Although state data on the incidence of chlamydia are not available by race and ethnicity, there are also extremely large disparities in these rates nationally. In 2002, rates of chlamydia incidence per 100,000 women were 203 for white women and 244 for Asian American women, rising dramatically to 754 for Hispanic women, 1,190 for Native American women, and 1,638 for African American women (Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention 2003).

The racial and ethnic disparities in health outlined here are large, and there are many others for dis-

(Continued next page)

Table 7.2.
Mortality and Incidence of Disease Among Women in Michigan and the United States, by Race and Ethnicity

Indicator	Michigan	United States
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 1999-2001 ^a	236.2	211.5
Among Whites	223.8	207.3
Among African Americans	321.8	281.1
Among Hispanics	157.4	166.9
Among Asian Americans	104.6	119.1
Among Native Americans	317.8	158.1
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 1999-2001 ^a	43.3	41.0
Among Whites	42.6	43.6
Among African Americans	49.7	40.3
Among Hispanics	16.3	14.7
Among Asian Americans	25.2	19.5
Among Native Americans	94.9	30.3
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 1999-2001 ^a	27.3	26.5
Among Whites	26.1	26.5
Among African Americans	36.2	35.4
Among Hispanics	16.2	16.7
Among Asian Americans	N/A	12.8
Among Native Americans	37.8	15.3
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), 1999 ^{b*}	3.3	9.3
Among Whites	0.7	2.3
Among African Americans	18.0	49.0
Among Hispanics	8.2	14.9
Among Asian Americans	N/A	1.4
Among Native Americans	N/A	5.0

Notes:

N/A = Not Available.

Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, and Native Americans) do not include Hispanics.

* These numbers are from a different source than those in Chart 7.1, which are for 2001.

Source: ^a National Center for Health Statistics 2003; ^b Henry J. Kaiser Family Foundation 2001.

Compiled by the Institute for Women's Policy Research.

eases where state-level data are not available. For example, women of color are two to three times more likely than white women to develop type-2 diabetes (Centers for Disease Control and Prevention 2001). The incidence of diabetes in African American women is particularly high: the National Women's Health Information Center estimates that nationally, African American women over age 55 are almost twice as likely to have diabetes than white women of the same age (Benet 2001). These differences in disease rates and health outcomes are probably at least partially related to disparities in health insurance coverage: while 16 percent of white women lacked coverage as of 2001, 20 percent of African American and 37 percent of Latina women did (Henry J. Kaiser Family Foundation 2004c). They are also compounded by the problems related to women's reproductive rights and health described elsewhere in this report (see "The Reproductive Rights of Women of Color"). To alleviate these disparities, state governments can develop policies that reduce barriers to minority women's access to health resources, including health insurance, preventive care, and screenings for disease. In addition, states can work to decrease the economic and social inequalities that can lead to poor health, especially among minority women, who are disproportionately low-income.

Focus on Violence Against Women in Michigan

Summary

On the whole, Michigan has made great strides in improving its response to violence against women in the state. Rates of abuse, however, remain high. Despite the efforts of nonprofit community-based programs that offer crisis intervention, advocacy, and/or shelter and of state agencies such as the Michigan Department of Community Health and the Michigan Domestic Violence Prevention and Treatment Board, many efforts lack adequate funding and operate in isolation from one other, leaving many survivors to find doors closed to them. More comprehensive efforts to prevent violence against women are needed (Siebold 2003).

Domestic Violence

The Michigan Uniform Crime Report defines domestic violence as physical abuse upon another person by a spouse, former spouse, boyfriend or girlfriend, person living in the same household, or cohabitant. During 2002, 53,633 domestic violence offenses were reported. Seventy-six percent of the victims were female, and 21 percent were male (an additional 3 percent were listed as "unknown"). Thirty-five percent of the victims were between the ages of 20 and 29 years old. Ninety percent of the perpetrators were listed as a spouse or friend of the victim. In 65 percent of the domestic violence offenses reported, weapons were used, ranging from knives to handguns and rifles to blunt objects (Michigan State Police Criminal Justice Information Center 2002).

The Michigan Domestic Violence Prevention and Treatment Board (MDVPTB) estimates that more than 100 domestic violence-related homicides occur each year in Michigan. MDVPTB compiles an annual summary of domestic violence homicides, using a clipping service that provides newspaper stories printed in Michigan reporting on domestic violence homicides. The clipping service, however, typically locates less than half of the domestic violence homicides that occur, as not all newspapers cover them, and, in some cases, family members of the victim may request that this information be omitted from the story. In 2002, 42 homicides were documented in the summary. Six of the murder victims were children, while nine were friends or relatives of the domestic violence victim. Also documented were the suicides of nine perpetrators (MDVPTB 2002).

An additional tragic consequence of domestic violence homicides is the effect on children who are witnesses or who are orphaned when their parent is murdered. During 2002, at least 57 children lost one or both parents. Of these 57 children, 15 witnessed the murder (MDVPTB 2002).

Sexual Assault

The definition of rape in the Michigan Uniform Crime Report is the carnal knowledge of a person, forcibly and against that person's will or when the victim is incapable of giving consent because of his/her temporary or permanent mental or physical incapacity. Rape classification includes assault to rape and attempted rape, and only covers those offenses where the victim and offender are of the opposite sex (Michigan State Police Criminal Justice Information Center 2002).

During 2002, 5,438 rape offenses were committed in Michigan (97 percent forcible and 3 percent attempted). Ninety-six percent of victims were female, and 4 percent were male. Seventeen percent of these rape victims were under the age of ten. An additional 56 percent—more than half—were between the ages of 10 and 19. In 30 percent of the cases, the offender was an acquaintance/friend or neighbor; 17 percent of offenders were family members; 9 percent of offenders were spouses/common spouses or ex-boyfriends/girlfriends (Michigan State Police Criminal Justice Information Center 2002).

These numbers reflect only reported statistics, and not all law enforcement agencies report these data. Also, these reported data only include cases where there was law enforcement intervention. Many victims never call the police, and in other cases the law enforcement response does not result in an arrest of the perpetrator.

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Programs and Policy Solutions

In Michigan, there is a network of 70 domestic violence and sexual assault programs serving survivors of domestic and sexual violence. These programs provide a wide range of comprehensive services, including 24-hour crisis intervention hotlines, counseling and support groups, outreach and public education, legal advocacy, forensic nurse examiner programs, emergency shelters, and children's programs (Michigan Coalition Against Domestic and Sexual Violence 2004). These programs offer comprehensive services to survivors 24 hours a day, seven days a week, despite operating on very limited funding from local, state, and federal sources. Funding for these organizations should be expanded, and every effort should be made to help them meet the needs of the communities they serve.

Recommendations for policy solutions to address the problems of violence against women in Michigan, and also to support the programs working to help the problem, also include greater involvement by state and local policymakers in raising awareness of violence against women, through making regular announcements of issues and statistics related to the issue, developing strategies to more accurately collect and publicize data on the occurrence of violence against women, and strengthening existing coalitions between organizations and agencies around the state, as well as by building new relationships with organizations not currently involved (Siebold 2003).

Conclusion

On the whole, Michigan has many successes to highlight in the state's efforts to prevent domestic and sexual violence and respond appropriately to the needs of survivors of violence against women. However, much work still remains in our workplaces, our communities, and our social service systems, to ensure that women have access to the best remedies and highest-quality services possible. The goal of all these prevention efforts is simple: that violence will no longer be a threat to Michigan women.

Mental Health

Women experience some psychological disorders, such as depression, anxiety, panic disorders, and eating disorders, at higher rates than men, and they are more likely to report feelings of sadness, helplessness, and worthlessness than men (National Center for Health Statistics 1996; Centers for Disease Control and Prevention and National Center for Health Statistics 2003). However, they are less likely to suffer from substance abuse and conduct disorders than men are, and because of stigmas associated with psychological disorders and their treatment, many women's mental health problems go untreated. In addition, while many health insurance policies cover some portion of alcohol and substance abuse programs, many do not adequately cover treat-

ments of other psychological disorders. These treatments, however, are integral to helping patients achieve good mental health.

In Michigan, women's self-reported evaluations indicate that women experience an average of 4.5 days per month on which their mental health is not good, and the state ranks almost last, at 50th of 50 states and the District of Columbia, on this measure (Table 7.3 and Chart 7.1).

Table 7.3.
Mental Health Among Women and Men in Michigan and the United States

Indicator	Michigan		United States	
	Women	Men	Women	Men
Average Number of Days per Month on which Women's Mental Health Is Not Good (2000) ^a	4.5	2.8	3.8*	2.5*
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1999-2001) ^b	3.7	17.2	4.0	17.9

Notes:

* 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 National Center for Health Statistics 2003.

Compiled by the Institute for Women's Policy Research.

Nationally, the median rate for all states is 3.8 days per month of poor mental health. Men's rate of poor mental health is also higher than the national median, at 2.8 compared with 2.5 days, but the difference is smaller between Michigan and the nation as a whole for men.

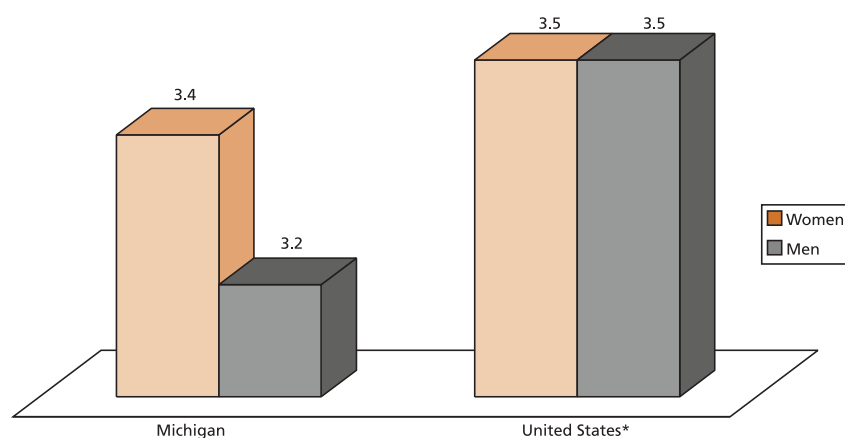
One of the most severe public health problems related to psychological disorders is suicide. In the United States, 1.3 percent of all deaths occur from suicide, about the same number of deaths as from AIDS (National Institute of Mental Health 1999). Women are much less likely than men to commit suicide, with 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 1997, suicide was the fourth leading cause of death among women aged 14 to 24 and 35 to 44, the sixth leading cause of death among women aged 25 to 34, and the eighth leading cause of death among women 45 to 54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control 2001). Among women in the United States, the annual rate of mortality from suicide is 4.0 per 100,000. In Michigan, the rate of death by suicide among women is slightly lower, at 3.7. Michigan ranks 16th in the nation and 3rd in the East North Central region on this indicator of women's health status.

While risk factors for suicide often occur in combination, research indicates that 90 percent of men and women who kill themselves are experiencing depression, substance abuse, or another diagnosable 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 women's 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 Michigan, the average number of days of limited activities for women is slightly lower, at 3.4 (Figure 7.1), and the state ranks 23rd on this measure. For men, the rate in

Figure 7.1.
Average Number of Days per Month of Limited Activities
Among Women and Men in Michigan and the United States, 2000



Notes:

*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.

Table 7.4.
Preventive Care and Health Behaviors Among Women
in Michigan and the United States

	Michigan	United States*
Preventive Care		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 2002 ^a	82.0%	83.0%
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 2002 ^a	88.7%	87.5%
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 2001 ^b	77.8%	74.7%
Health Behaviors		
Percent of Women Who Smoke (who have smoked 100 or more cigarettes in their lifetimes and who now smoke every day or some days), 2001 ^a	24.5%	21.3%
Percent of Women Who Report Binge Drinking (consumption of five or more drinks on at least one occasion during the preceding month), 2001 ^b	9.9%	7.0%
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 2001 ^a	26.2%	28.1%
Percent of Women Who Do Not Eat Five or More Servings of Fruits or Vegetables per Day, 2002 ^a	73.3%	72.2%
Notes: * National rates are median rates for the 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. Source: ^a Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2002; ^b Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health. 2002. Compiled by the Institute for Women's Policy Research.		

Michigan (3.2 days per month) is also lower than the median rate for all states (3.5 days per month); the difference between Michigan and the United States as a whole is larger for men than for women, however.

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 7.4 presents data on women's use of preventive care, early detection resources, and good health habits in Michigan.

Generally, women in Michigan use preventive care resources at average levels. Of women over age 50, 82.0 percent have had a mammogram within the past two years, slightly lower than the median percent for all states

(83.0). In contrast, Michigan women have slightly higher usage rates of pap tests (88.7 percent, compared with 87.5 percent in the United States, among women aged 18 and older), and their rates of cholesterol screenings are also above the median for all states (77.8 percent, compared with 74.7 percent, for women aged 18 and older).

Women in Michigan engage in somewhat worse health habits than women nationally. The percent of Michigan women who engage in binge drinking (five or more alcoholic beverages at one time during the past month) is much higher than the median for all states (9.9 and 7.0, respectively). The percent of adult women in Michigan who smoke, 24.5 percent, is also higher than the median for all states, 21.3 percent (Table 7.4). Women in Michigan are slightly more likely to participate in physical activity, but they are slightly less likely to eat the recommended amount of fruits and vegetables than women in other states.

Focus on Obesity and Smoking in Michigan

Among health issues facing women today, obesity and smoking are two of the most serious for Michigan women, as their rates are on the increase and both cause severe health problems that could otherwise be prevented. Curbing smoking and obesity rates in Michigan would have long-term positive impacts on the health of the state's women.

Obesity

A new epidemic is sweeping Michigan: obesity. According to the Michigan Surgeon General's Healthy Michigan 2010 report, Michigan ranks as one of the heaviest states in the union (47th, or among the five heaviest states) and has been one of the worst ten states for obesity for the past 14 years (Wisdom and Olszewski 2004). This trend, which is due in large part to poor nutrition and inactivity, has serious health implications, as obesity increases the risk of developing 30 serious medical conditions, among them heart disease (the leading cause of death in Michigan), stroke (the third leading cause of death), and diabetes (the sixth leading cause of death in Michigan; American Obesity Association 2002; Wisdom and Olszewski 2004). Obesity also has serious economic implications: with over 61 percent of the state's citizens overweight, obesity-related medical costs in Michigan were estimated at nearly \$2.9 billion in 2003 (Michigan State Medical Society 2004).

Smoking

According to the Michigan Department of Community Health, cigarette smoking is the single most preventable cause of premature death. Like obesity, smoking contributes to a variety of diseases and medical conditions, including heart disease, stroke, cancer, and low birth weight babies. Michigan citizens, however, continue to smoke at rates higher than national averages, contributing to an estimated 16,000 deaths a year from tobacco-related illnesses. In Michigan, 26 percent of adults smoke cigarettes (Michigan Department of Community Health 2003).

The smoking rate among women in Michigan is also significantly higher than the national average: in 1995, 25.2 percent of women in Michigan smoked, compared with 20.9 percent of women nationally. In addition, as of 1995, 31.6 percent of women aged 18 to 29 in Michigan smoked, higher than any other state in the country (Horton 1998).

Women who smoke face serious problems. Smoking during pregnancy increases the risk of infant mortality, low birth weight, and the adverse outcomes associated with low birth weight (Michigan Department of Community Health 2003). The 2000 Michigan Pregnancy Risk Assessment Monitoring System survey indicated that women who smoked during pregnancy were more likely to have low birth weight babies than those who did not (27.6 percent of mothers who smoked during the last three months of pregnancy had low birth weight babies, compared with 14.6 percent of mothers who did not smoke; Michigan Department of Community Health 2000). Michigan prenatal smoking rates declined significantly between 1992 and 2001, but Michigan's rate (15.5 percent in 2001) remained higher than the U.S. rate (12.2 percent; Wisdom and Olszewski 2004).

Addressing the problems of obesity and smoking will help reduce the impact of chronic illnesses, lower mortality rates, increase the rates of healthy births, and save on health care-related costs, among others. Creating a healthier population in the long term will ensure that Michigan continues to be a productive, economically viable state.

8. Conclusions and Policy Recommendations



The status of women in Michigan is critical to the success and growth of the state. When women can contribute as full and equal participants in work, politics, and community life, they unleash the potential of communities, cities, and the state as a whole.

Michigan could clearly invest more in the state's women, in order to both improve their status and increase the well-being of all its citizens. In most cases, both state and national policies lag far behind the changing realities of women's lives. Policies and programs designed to diminish both gender- and race-based inequities should remain at the forefront of local, state, and national policymaking efforts. All women need policies promoting equality and basic well-being:

- Michigan's state fiscal crisis has resulted in funding cuts that have affected many important services and programs in the areas of education, health care, and social services, among others. It is critical that the state government address this crisis with long-term solutions that continue to provide the resources needed by women and their families to achieve and maintain economic self-sufficiency.
- Policies and practices that encourage women to run for office are integral to increasing women's political voice. 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.
- Michigan's state and local governments, along with the federal government, can increase women's earnings by strengthening their support for the enforcement of equal opportunity laws. With more resources, federal, state, and local equal opportunity offices could resolve complaints more quickly and audit large employers regularly for discrimination.
- Businesses should regularly evaluate their wage and promotion practices to ensure that men and women of all races and ethnicities are fairly compensated for their work. Employers should be required by federal or state policies or by union contracts to show that comparable jobs are paid fairly, using tools such as job evaluation systems that measure job content on many dimensions.
- Because union representation correlates strongly with higher wages for women and improved pay equity, benefits, and working conditions, efforts to increase women's membership in unions should be supported. This can include expanded unionization in industries dominated by women, such as the service industries.
- Employers should actively recruit women into predominantly male jobs that pay well compared with traditionally female jobs with similar educational and skill requirements. They should also proactively prevent harassment and discrimination in these traditionally male fields.
- Michigan's state and local governments should improve educational and job training opportunities for women, especially in higher-paid occupations not traditionally held by women. The state should also invest in technological training in primary, secondary, and post-secondary school, in order to reduce the digital divide keeping many disadvantaged women out of these occupations. Michigan should enforce Title IX rules about equal access to educational programs at the elementary and secondary school level, as well as at colleges and universities.
- Michigan's state and local governments, as well as the federal government, should consider passing living wage laws and tying minimum wages to cost of living increases. These steps would raise public awareness about the importance of setting a reasonable wage floor, which disproportionately benefits women workers—and particularly women of color—because they are more likely to be in low-wage work.
- Educational attainment should be encouraged among all women, and especially women of color, through affirmative action policies encouraging their enrollment in higher education and through increased financial aid and scholarship programs designed to reduce economic barriers. Native American women's educational opportunities can be specifically expanded by increased investment in tribal colleges and universities.
- Michigan should work to ensure that federal, state, and local government contracts are accessible to women-owned businesses. Public and private sector investment in loan and entrepreneurial programs

- that expand small-business opportunities for all would also help increase rates of women's business ownership and business success.
- Women workers in Michigan would benefit from greater availability of adequate and affordable child care. More child care services are also needed for women completing their education, to support them on a crucial pathway to economic self-sufficiency.
 - Women workers would also benefit from greater availability of paid parental and dependent-care leave policies—benefits often least available to the lowest-paid workers. These benefits can be expanded through state policy mandates, including strategies such as using unemployment insurance funds or temporary disability benefits, and through the private sector, where businesses can incorporate such benefits into worker compensation packages and collective bargaining agreements.
 - The state should expand public health programs to reach a wider range of at-risk and uninsured women, including non-English speakers and low-income women not eligible for Medicaid but still in need of public funding.
 - Funding for organizations and programs that serve victims of domestic and sexual violence should be expanded, and every effort should be made to help these programs meet the needs of the communities they serve. State and local policymakers should work to raise awareness of violence against women, through making regular announcements of issues and statistics related to the issue, developing strategies to more accurately collect and publicize data on the occurrence of violence against women, and strengthening existing coalitions between organizations and agencies around the state, as well as by building new relationships with organizations not currently involved.
 - Michigan can reduce women's poverty by implementing welfare reform programs that provide a range of important support services, such as high-quality education and training opportunities, while still maintaining a basic safety net for those who earn very low wages or cannot work.
 - State and tribal policies should support the economic and political development of reservations and Native American tribes by incorporating tribally designed economic development strategies, supporting and reinforcing tribal sovereignty, and serving tribal goals.
 - Increased investment in targeted health prevention and treatment, including women's reproductive health, could improve women's health and reduce disparities in health status associated with race and socioeconomic status. Broadening access to public health programs would help alleviate differences associated with socioeconomic status, and investing in programs designed to develop trust and sensitivity to cultural differences among health care practitioners would help encourage women of color to access health care resources.
 - Michigan should adopt laws mandating that insurance companies provide coverage of mental health care services on par with physical health care services, and that they offer comprehensive coverage of contraceptives.
 - In general, enhanced reproductive rights and policies, particularly for low-income women, would allow women more control over their overall economic, health, and social status by giving them more control over their reproductive lives. Policies that would help do so include public funding for abortion coverage and expanded access to prenatal care, particularly for women of color.
 - Women can increase the visibility of the issues facing them by striving to assume leadership positions in a variety of places—in villages and in tribal governments, in Native corporations, in towns and cities, in state and federal government, in businesses and corporations, in community groups, and in any other place where leadership is needed.
- Policies that would improve women's status and promote women's equality at the local, state, and national levels could address many of the issues and obstacles facing women and increase economic growth as women's potential is better realized.

Appendices



Appendix I: Basic Demographics

Michigan has the 8th-largest female population among all the states in the United States, with slightly more than 5.1 million women of all ages in 2003 (Appendix Table 1.1). White women make up a larger proportion of the female population in Michigan than they do in the United States as a whole, at 78.3 percent of women in the state (compared with 69.3 percent in the nation as a whole). Of all the racial/ethnic groups in Michigan, the next largest group, African American women, also constitutes a larger proportion of the population in Michigan than nationally (14.5 percent versus 12.4 percent). Hispanic women are the next largest group in Michigan, at 3.0 percent of the female population, but this figure is

much lower than the national proportion (12.0 percent). Within the Latina population, the largest group is women of Mexican heritage, who are 2.0 percent of the state's female population, or two-thirds of all Hispanic women in Michigan. Asian American women and women of other or two or more races each make up 1.8 percent of Michigan's female population, compared with 3.8 percent and 1.9 percent nationally, respectively. Among Asian American women, the largest group is women of Asian Indian heritage, who are 0.5 percent of the state's female population. Native American women (0.6 percent) constitute a smaller proportion of women in Michigan than in the nation as a whole (0.7 percent). About 2.5 percent of the Native American population in the country lives in Michigan.

Appendix Table 1.1.
Basic Demographic Statistics for Michigan and the United States

	Michigan	United States
Total Population, 2003 ^a	10,079,985	290,809,777
Number of Women, All Ages, 2003 ^a	5,128,174	147,772,517
Sex Ratio (women to men, aged 18 and older), 2003 ^a	1.07:1	1.06:1
Fertility Rate in 2000 (live births per 1,000 women aged 15-44) ^b	62.0	67.5
Distribution of Women by Race and Ethnicity, All Ages, 2000 ^c		
White	78.3%	69.3%
African American	14.5%	12.4%
Hispanic	3.0%	12.0%
Mexican	2.0%	6.9%
Puerto Rican	0.3%	1.2%
Central American	0.1%	0.6%
Cuban	0.1%	0.4%
South American	0.1%	0.5%
Other Hispanic	0.5%	2.3%
Asian American	1.8%	3.8%
Chinese	0.3%	0.9%
Filipina	0.2%	0.7%
Asian Indian	0.5%	0.5%
Korean	0.2%	0.4%
Vietnamese	0.1%	0.4%
Japanese	0.1%	0.3%
Native Hawaiian/Pacific Islander	0.03%	0.05%
Other Asian	0.3%	0.4%
Native American	0.6%	0.7%
Other/Two or More	1.8%	1.9%
Median Age of All Women, 2000 ^d	36.7	36.6
By Race and Ethnicity ^c		
White	38.6	39.8
African American	31.5	32.1
Hispanic	24.3	26.6
Asian American	29.6	31.6
Native American	31.3	30.3
Other/Two or More	21.6	24.9

(Continued next page)

Appendix Table 1.1. (continued)
Basic Demographic Statistics for Michigan and the United States

	Michigan	United States
Median Age of All Women, 2000 ^d	36.7	36.6
By Race and Ethnicity^c		
White	38.6	39.8
African American	31.5	32.1
Hispanic	24.3	26.6
Asian American	29.6	31.6
Native American	31.3	30.3
Other/Two or More	21.6	24.9
Proportion of Women Over Age 65, 2003 ^a	14.1%	14.2%
By Race and Ethnicity, 2000^b		
White	15.8%	17.3%
African American	9.9%	9.8%
Hispanic	14.2%	5.8%
Asian American	4.5%	8.5%
Native American	6.2%	6.8%
Other/Two or More	5.8%	6.6%
Number of Lesbian Unmarried Partner Households, 2000 ^e	9,038	326,066
Proportion of Women Aged 21-64 with a Disability, 2001 ^f	17.3%	18.2%
Proportion of Women Who Are Foreign-Born, All Ages, 2000 ^g	5.1%	10.9%
By Race and Ethnicity		
White	2.7%	2.6%
African American	0.2%	0.7%
Hispanic	0.6%	4.6%
Asian American	1.3%	2.6%
Native American	0.01%	0.01%
Other/Two or More	0.3%	0.4%
Proportion of Women Living in Metropolitan Areas, All Ages, 2000 ^c	82.6%	81.7%
Percent of Federal and State Prison Population Who Are Women, 2000 ^h	4.5%	6.8%
<p>Notes:</p> <p>Hispanics may be of any race or two or more races. Racial Categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.</p> <p>Source: ^a U.S. Department of Commerce, Bureau of the Census 2004a; ^b Martin et al. 2002; ^c U.S. Department of Commerce, Bureau of the Census 2004b; ^d U.S. Department of Commerce, Bureau of the Census 2004c; ^e U.S. Department of Commerce, Bureau of the Census 2004e; ^f U.S. Department of Commerce, Bureau of the Census 2004i; ^g U.S. Department of Commerce, Bureau of the Census 2004h; ^h Harrison and Beck 2003.</p> <p>Compiled by the Institute for Women's Policy Research.</p>		

The largest tribal nations in Michigan are Chippewa (0.2 percent of the total population of women) and Cherokee (0.06 percent), followed by Ottawa (0.04 percent) and Potawatomi (0.02 percent; these proportions include Hispanics; Appendix Table 1.2). When Hispanic Native Americans are included, 30,632 women in the state are Native American alone. Another 37,776 women (0.7 percent of the female population) are Native American in combination with one or more other races. A total of 68,408 women in Michigan are Native American either alone or in combination with another race.

The fertility rate in Michigan is 62.0 live births per 1,000 women aged 15 to 44, lower than the national rate of 67.5 (Appendix Table 1.1). The median ages of all women and of women from specific racial and ethnic

groups in Michigan are for the most part similar to those of the United States overall. The median ages of white, African American, Hispanic, and Asian American women are slightly lower in Michigan than in the United States, while the median age of Native American women is slightly higher. While the proportions of all women and women of specific races and ethnicities over age 65 are also generally similar to those in the nation as a whole, the proportion of Hispanic women who are over age 65 is much higher in the state, at 14.2 percent versus 5.8 percent nationally. The proportion of Asian American women above 65 is somewhat smaller than nationally, at 4.5 percent versus 8.5 percent.

Michigan is about as rural as the rest of the country, with 17.4 percent of women living outside metropolitan

Focus on Women Behind Bars

“Most women offenders are nonviolent and their crimes are typically less threatening to community safety than male offenders. Their most common pathways to crime are based on survival due to abuse, poverty, and substance abuse” (Bloom, Owen, and Covington 2003).

Slightly more than 176,000 women were behind bars (either in federal or state prisons or local jails) in the United States as of June 2003. The number of women incarcerated in federal or state prisons increased 5.0 percent from July 2002 to June 2003, while the number of women in local jails increased 6.3 percent (Harrison and Karberg 2004).

The number of women in prison today is more than ten times the number just 30 years ago. Only a very small number—about 16 percent of imprisoned women—have been convicted of violent offenses (Greenfeld and Snell 2000).

Women behind bars tend to be 30 to 35 years old, disproportionately women of color, low-income, undereducated, and unskilled, with sporadic employment histories. Their lives tend to be dramatically different from imprisoned men’s:

- Children play a more significant role in the lives of women than in the lives of men in prison.
- Women are three times more likely than male prisoners to have been physically or sexually abused at some time in their lives.
- Women are more likely to have significant substance abuse problems.
- Women are more likely to have experienced fragmented family histories, with family members involved with the criminal justice system (Bloom, Owen, and Covington 2003).

Women experience more severe physical and mental health problems than men. They are twice as likely as men to suffer depression; they also have higher rates of HIV infection and are two times as likely to contract sexually transmitted diseases. They may be pregnant, and most are stressed about the well-being of the children they left behind. Consequently, an estimated 20 to 25 percent of imprisoned women go to sick call daily, compared with 7 to 10 percent of men (Lyke 2003).

“[W]omen are seen as whinier, needier, more emotional,” one corrections officer reported to the *Seattle Post-Intelligencer*. A 2000 nationwide study confirmed this gender bias – or “male inmate preference”—among both female and male correctional officers (Lyke 2003).

Even “equal” treatment isn’t equal in prison. For example, researchers point out that standard (i.e., male-focused) practices in prisons—searches, restraints, and isolation—“can have profound effects on women with histories of trauma and abuse, and they often act as triggers to re-traumatize women who have post traumatic stress disorder” (Bloom, Owen, and Covington 2003). In addition, from the design of prisons to the people and policies that govern them, prisons are clearly made for men. “Too often,” journalist M. L. Lyke (2003) reports, “female offenders don’t get the same degree of programs, treatment, education or attention as men, let alone services tailored to their specific needs.”

Research-based, gender-responsive strategies hold great promise for more humanely and effectively intervening with women offenders, in ways far more suitable to the needs of women and the well-being of their families and communities.

Michigan Women and Incarceration

Incarceration rates of Michigan women vary significantly by race and ethnicity, according to Human Rights Watch. For example, for every 100,000 women residents of Michigan in 2000, 70 white women were incarcerated, 158 Hispanic women were incarcerated, and 392 African American women were incarcerated (Civic Research Institute 2002).

These disparities in Michigan—African American women incarcerated at a rate five to six times the rate of white women, and Hispanic women at two to three times the rate of white women—pretty closely reflect national averages (Civic Research Institute 2002).

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Prison Legacies

Eighty percent of all imprisoned women are mothers. More than 230,000 children under the age of 18 have mothers in prison. Approximately 20,000 of those children are in foster homes. Children separated from their parents due to incarceration are five times more likely than other children to eventually end up in prison or jail (National Center on Institutions and Alternatives 1999).

areas, compared with a national figure of 18.3 percent. The proportion of women in the state who are foreign-born is much lower than nationally, at 5.1 percent versus 10.9 percent. Michigan has 9,038 lesbian unmarried partner households of a total of 326,066 nationwide. Among women aged 21 to 64, 17.3 percent have a disability, slightly below the national average of 18.2 percent. A smaller proportion of the federal and state prison population is women in Michigan than in the United States overall.

Michigan's distribution of family types is very similar to that in the nation overall (Appendix Table 1.3). The proportions of female-headed families and single-person households are only slightly larger than in the nation as a whole, while the proportions of married-couple families, male-headed families, and other households in Michigan are slightly smaller. Among white, Asian American, and Native American households, married-couple families are a slightly larger proportion in Michigan than nationally (Appendix Table 1.4). African American and Hispanic households in Michigan, on the other hand, are somewhat less likely to be married-couple families than nation-

ally. White and African American households, as well as those of other or two or more races, are more likely in Michigan to be female-headed, while Hispanic, Asian American, and Native American households are less likely to be female-headed families in Michigan than nationally. The biggest gap between Michigan and the United States is found among Asian American households, where female-headed families are 5.9 percent of all households in Michigan and 8.9 percent of all households nationally.

The proportions of married and widowed women in Michigan are slightly smaller than in the country as a whole, while the proportions of single and divorced women are larger (Appendix Table 1.3). Families with children under age 18 that are headed by women are 22.0 percent of all families with children in Michigan, slightly more than the 20.9 percent nationwide. Among these families, smaller proportions are female-headed in Michigan than nationally among those who are Asian American and Native American, while larger proportions are female-headed among white, African American, and Hispanic women and among families of other or two or more races.

Appendix Table 1.2.
American Indian and Alaska Native Female Population in Michigan, 2000^a

Distribution of Women within the Native American Population, All Ages	Number of Women in the Native American Population in Michigan	Percent of Women (as proportion of the total population of women in Michigan)
American Indian and Alaska Native Alone ^a	30,632	0.6%
By Tribe ^a		
Cherokee Alone	3,101	0.06%
Chippewa Alone	11,915	0.2%
Ottawa Alone	2,005	0.04%
Potawatomi Alone	1,248	0.02%
Other Tribe/Tribe Not Specified/Two or More Tribes ^a	12,363	0.2%
American Indian and Alaska Native in Combination with Other Race(s) ^b	37,776	0.7%

Notes:

Data in this table include Hispanics. Tribes listed here are those with 0.02 percent or more of the total population in Michigan according to the U.S. Census Bureau.

Source: ^a U.S. Department of Commerce, Bureau of the Census 2003a; ^b U.S. Department of Commerce, Bureau of the Census 2004b.

Compiled by the Institute for Women's Policy Research.

Appendix Table 1.3.
Distribution of Households by Type, Women by Marital Status, and Women-Headed Families with Children Under Age 18, by Race and Ethnicity, 2000

	Michigan	United States
Distribution of Households by Type^a		
Total Number of Family and Nonfamily Households	3,788,780	105,539,122
Married-Couple Families (with and without their own children)	52.3%	52.5%
Female-Headed Families (with and without their own children)	12.1%	11.8%
Male-Headed Families (with and without their own children)	4.0%	4.1%
Nonfamily Households: Single-Person Households	26.2%	25.8%
Nonfamily Households: Other	5.4%	5.8%
Distribution of Women Aged 15 and Older by Marital Status^b		
Married	53.4%	54.6%
Single	25.0%	24.1%
Widowed	10.4%	10.5%
Divorced	11.2%	10.8%
Percent of Families with Children Under Age 18 Headed by Women^c		
By Race and Ethnicity		
White	15.8%	15.5%
African American	55.3%	49.7%
Hispanic	24.1%	21.7%
Asian American	6.8%	10.1%
Native American	30.1%	31.7%
Other/Two or More	26.9%	25.8%

Source: ^a U.S. Department of Commerce, Bureau of the Census 2004d; ^b U.S. Department of Commerce, Bureau of the Census 2004g; ^c U.S. Department of Commerce, Bureau of the Census 2004f.
 Compiled by the Institute for Women's Policy Research.

Appendix Table 1.4.
Proportion of Married-Couple Families and Female-Headed Families (with and without their own children) in Michigan and the United States, by Race and Ethnicity, 2000

By Race and Ethnicity	Michigan		United States	
	Married-Couple Families	Female-Headed Families	Married-Couple Families	Female-Headed Families
Proportion of All Households	52.3%	12.1%	52.5%	11.8%
White	56.1%	8.8%	55.2%	8.4%
African American	28.3%	32.8%	32.1%	30.5%
Hispanic	50.5%	16.1%	55.1%	17.3%
Asian American	63.9%	5.9%	61.7%	8.9%
Native American	44.9%	18.1%	44.3%	20.8%
Other/Two or More	44.1%	16.4%	44.9%	15.1%

Notes:
 Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.
 Source: U.S. Department of Commerce, Bureau of the Census 2004d.
 Compiled by the Institute for Women's Policy Research.

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

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	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 (\$39,500)	
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 (74.1%)	
Women in Managerial and Professional Occupations	Women in Managerial and Professional Occupations, Best State (49.3%)	
Composite Social and Economic Autonomy Index		B+
Percent of Women with Health Insurance	Percent of Women with Health Insurance, Best State (92.1%)	
Women's Educational Attainment	Men's Educational Attainment (percent with four years or more of college, United States; 26.1%)	
Women's Business Ownership	50 Percent of Businesses Owned by Women	
Percent of Women Above Poverty	Percent of Men Above Poverty, Best State (95.6%)	
Composite Reproductive Rights Index	Presence of All Relevant Policies and Resources (see Chart 6.2.)	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.		

voter registration and voter turnout were each set at the value of the highest state for these components; each component of the composite index for women in elected office was set as if 50 percent of elected officials were women; and scores for institutional resources for women assumed that the ideal state had both a commission for women and a bipartisan 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 2000 and 2002, 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 2000 and 2002, based on the Current Population Survey.

WOMEN IN ELECTED OFFICE: This composite indicator has four components and reflects office-holding at the state and national levels as of July 2004. 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 4.34. These scores were then used to rank the states on the indicator for women in elected office. Sources: Data were compiled by IWPR from several sources, including the Center for American Women and Politics 2004a, 2004b, 2004c, 2004d; Council of State Governments 2004.

WOMEN'S INSTITUTIONAL RESOURCES: This indicator measures the number of institutional resources for women available in the state from a maximum of two, including a commission for women (established by legislation or execu-

utive 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, bipartisan legislative caucus is present in both houses or the legislature is unicameral. Sources: National Association of Commissions for Women 2004; 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 figure 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 2003 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 2001-02. Earnings were converted to constant dollars using the Consumer Price Index, and the median was selected from the merged data file for the two years. Two years of data were used in order to ensure a sufficiently large sample for each state. The sample size for women ranged from 568 in Montana to 4,521 in California; for men, the sample size ranged from 781 in Mississippi to 6,584 in California. In Michigan, the sample size was 1,566 for women and 2,175 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. Although all the data presented combine data from 2001 and 2002, they are labeled 2002 in the report. Source: Calculations of the 2002-03 Annual Demographic Files (March) from the Current Population Survey for the calendar years 2001-02; Urban Institute 2004a.

RATIO OF WOMEN'S TO MEN'S EARNINGS: Median yearly earnings (in 2003 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 2001-02 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 2001-02. See the description of women's median annual earnings, above, for a more detailed description of the methodology and for sample sizes. Source: Calculations of the 2002-03 Annual Demographic Files (March) from the Current Population Survey, for the calendar years 2001-02; Urban Institute 2004a.

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 2002). 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 2004b (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 2001). Source: U.S. Department of Labor, Bureau of Labor Statistics 2003, 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 2002-03 Annual Demographic Files (March) from the Current Population Survey, for calendar years 2001-02. Source: Henry J. Kaiser Family Foundation 2004a.

EDUCATIONAL ATTAINMENT: In 2000, the percent of women aged 25 and older with four or more years of college. Source: U.S. Department of Commerce, Bureau of the Census 2003c, based on the 2000 Census.

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 2001b, based on the 1997 Economic Census.

PERCENT OF WOMEN ABOVE POVERTY: In 2001-02, the percent of women living above the official poverty thresh-

old, which varies by family size and composition. In 2002, the poverty level for a family of four (with two children) was \$18,513 (in 2003 dollars). Source: Calculations of the 2002-03 Annual Demographic Files (March) from the Current Population Survey for the calendar years 2001-02; Urban Institute 2004a.

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 noti-

fication laws require they notify one or both parents of the decision to have an abortion. Source: NARAL Pro-Choice America Foundation and NARAL Pro-Choice America 2004.

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 Pro-Choice America Foundation and NARAL Pro-Choice America 2004.

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 Pro-Choice America Foundation and NARAL Pro-Choice America 2004.

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: Finer and Henshaw 2003.

PRO-CHOICE GOVERNOR OR LEGISLATURE: This indicator is based on NARAL's assessment of whether governors and legislatures would support a ban or restrictions on abortion. Governors and legislatures who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. Each state received 0.33 points per pro-choice governmental body—governor, upper house, and lower house—up to a maximum of 1.0 point. Those governors and legislatures with mixed assessments received half credit. Source: NARAL Pro-Choice America Foundation and NARAL Pro-Choice America 2004.

CONTRACEPTIVE COVERAGE LAWS: As of August 17, 2004, whether a state had 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: Alan Guttmacher Institute 2004a.

COVERAGE OF INFERTILITY TREATMENTS: As of January 2004, 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: National Conference of State Legislatures 2004.

SECOND-PARENT 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. Sources: Human Rights Campaign 2003; National Center for Lesbian Rights 2003.

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: Alan Guttmacher Institute 2004b.

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. 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 1999-2001). Data are age-adjusted to the 2000 total U.S. population. Source: National Center for Health Statistics 2003.

MORTALITY FROM LUNG CANCER: Average mortality among women from lung cancer per 100,000 population (in 1999-2001). Data are age-adjusted to the 2000 U.S. standard population. Source: National Center for Health Statistics 2003.

MORTALITY FROM BREAST CANCER: Average mortality among women from breast cancer per 100,000 population (in 1999-2001). Data are age-adjusted to the 2000 U.S. standard population. Source: National Center for Health Statistics 2003.

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 2001. 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 2002.

INCIDENCE OF CHLAMYDIA: Reported rate of chlamydia among women per 100,000 population in 2002. Source: Centers for Disease Control, National Center for HIV, STD, and TB Prevention, Division of STD Prevention 2003.

INCIDENCE OF AIDS: Average incidence of AIDS-indicating diseases among females aged 13 years and older per 100,000 population (in 2001). Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention 2002.

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 1999-2001). Data are age-adjusted to the 2000 total U.S. population. Source: National Center for Health Statistics 2003.

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: Race and Ethnicity Data

Using 2000 Census data, IWPR is able to provide statistics on a variety of indicators of women's economic status, including earnings, the gender wage ratio, labor force participation, education, and poverty, by race and ethnicity. This Appendix provides an overview of how IWPR determines race and ethnicity using the 2000 Census.

Unless otherwise noted, the data included in this report for the various races (whites, African Americans, Asian Americans, Native Americans, and other/two or more races) do not include Hispanics, and Hispanics, who may be of any race, are reported separately. In contrast, most data produced by the Census Bureau include Hispanics in whatever racial group they report and then, in addition, note the number who also report being Hispanic. As a result, the numbers in this report for the various racial groups generally differ from Census Bureau numbers, and the racial groups, including the "other/two or more" category, plus Hispanics equal 100 percent of the U.S. population.

In the 2000 Census, respondents were allowed for the first time to indicate belonging to two or more racial categories. Only 2.4 percent of the population did so (including both Hispanic and non-Hispanic respondents), and only 1.6 percent of the non-Hispanic population did (U.S. Department of Commerce, Bureau of the Census 2001a). Among people who marked "two or more races," the most common combination (47 percent) was "white and some other race." For these reasons, and because social scientists who have been analyzing this group of people have not found

consistent patterns to report, IWPR grouped people of "two or more races" with the "other" category, which is also small, at 0.2 percent of the population when Hispanics are removed from this category (5.5 percent of the population with Hispanics included; U.S. Department of Commerce, Bureau of the Census 2001a). Thus, when this report refers to the various racial groups, unless otherwise noted, it refers only to those people who indicated one race alone.

Although excluding people who mark "two or more races" from all the individual racial categories only slightly underestimates the numbers of most categories, it has a larger impact on the American Indian/Alaska Native population. This population jumps from 0.9 percent to 1.5 percent of the total population if those who report American Indian or Alaska Native in combination with another race are included (these numbers include Hispanics; U.S. Department of Commerce, Bureau of the Census 2001a). Notably, estimates of the population of Native Americans are also proportionately most affected by subtracting Hispanics: about 16.4 percent of all Native Americans are Hispanic, compared with 8.0 percent of whites (U.S. Department of Commerce, Bureau of the Census 2001a). Most Hispanic Native Americans live in the states of the Southwest, such as Arizona, Oklahoma, and New Mexico. Altogether, the national population of Native American women jumps from approximately 1.0 million to 2.2 million if both Hispanics and those identifying as Native American plus one or more other races are included.

Appendix IV:

State-by-State Rankings on the Composite Indicators and Their Components and Data on Men's Economic Status

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

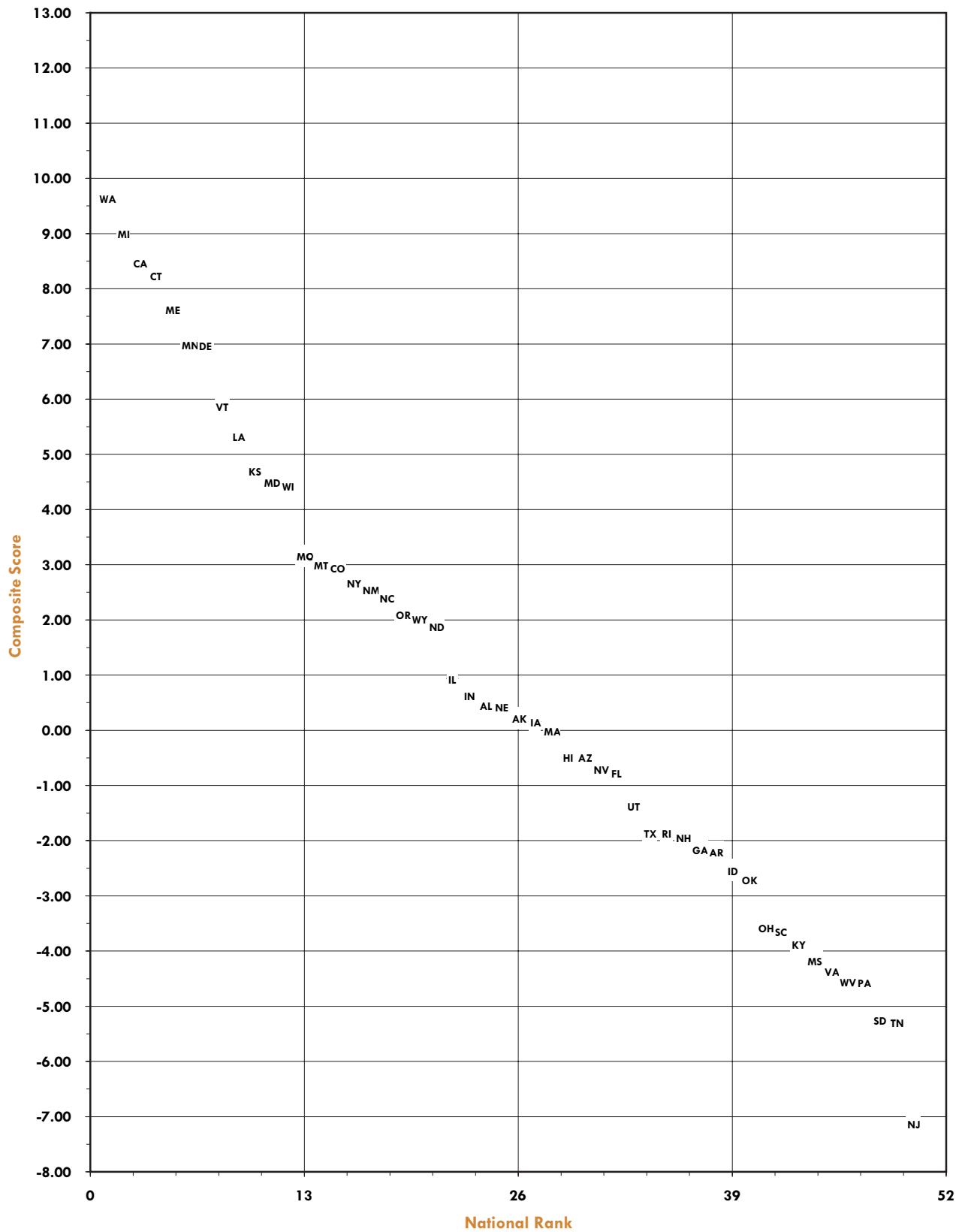
State	Composite Index			Women in Elected Office Composite Index		Percent of Women Registered to Vote, 1998 and 2000		Percent of Women Who Voted, 1998 and 2000		Number of Institutional Resources Available to Women in the State	
	Score	Rank	Grade	Score	Rank	Percent	Rank	Percent	Rank	Score	Rank
Alabama	0.46	24	C-	1.66	32	75.0%	5	55.8%	12	1.25	22
Alaska	0.23	26	C-	1.95	26	72.8%	12	60.5%	3	0.00	46
Arizona	-0.49	29	C-	2.70	10	54.2%	47	41.4%	50	1.00	31
Arkansas	-2.20	38	D	1.81	30	63.9%	37	47.5%	36	1.00	31
California	8.48	3	B	4.23	2	53.6%	48	44.3%	44	2.00	1
Colorado	2.94	15	C	2.85	8	67.8%	21	53.8%	18	0.25	44
Connecticut	8.25	4	B	3.81	3	66.8%	27	50.6%	32	1.25	22
Delaware	6.98	7	B-	3.49	5	67.2%	25	51.5%	30	1.25	22
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	-0.78	32	C-	1.86	29	61.8%	44	46.9%	40	2.00	1
Georgia	-2.16	37	D	1.65	33	62.6%	40	43.7%	47	2.00	1
Hawaii	-0.49	29	C-	2.36	20	51.0%	50	43.9%	46	2.00	1
Idaho	-2.53	39	D	1.61	34	62.9%	39	52.0%	25	1.00	31
Illinois	0.94	22	C-	1.89	27	67.1%	26	52.0%	25	2.00	1
Indiana	0.64	23	C-	1.87	28	66.8%	27	50.9%	31	2.00	1
Iowa	0.16	27	C-	1.54	37	75.3%	4	59.6%	8	1.00	31
Kansas	4.71	10	B-	3.05	7	67.8%	21	51.7%	27	1.00	31
Kentucky	-3.88	43	D-	1.08	47	67.8%	31	49.6%	34	1.50	17
Louisiana	5.34	9	B-	2.62	14	74.9%	6	51.7%	27	2.00	1
Maine	7.64	5	B-	3.40	6	78.8%	3	60.1%	6	0.00	46
Maryland	4.50	11	C+	2.64	12	65.3%	33	54.2%	16	2.00	1
Massachusetts	-0.01	28	C-	1.61	34	68.1%	20	53.2%	22	2.00	1
Michigan	9.00	2	B	3.61	4	71.9%	13	56.3%	11	1.25	22
Minnesota	6.99	6	B-	2.56	17	81.0%	2	67.9%	1	1.00	31
Mississippi	-4.17	44	D-	0.78	49	74.8%	7	52.5%	23	1.25	22
Missouri	3.16	13	C	1.99	24	74.5%	9	56.5%	10	2.00	1
Montana	3.00	14	C	2.58	15	73.1%	11	59.4%	9	0.00	46
Nebraska	0.43	25	C-	1.74	31	71.9%	13	53.9%	17	1.50	17
Nevada	-0.70	31	C-	2.72	9	51.6%	49	41.8%	48	1.00	31
New Hampshire	-1.94	36	D	1.20	42	67.5%	24	53.3%	21	2.00	1
New Jersey	-7.13	50	F	0.84	48	63.1%	38	45.3%	41	1.00	31
New Mexico	2.55	17	C	2.57	16	62.4%	41	51.7%	27	1.50	17
New York	2.68	16	C	2.65	11	59.8%	46	47.5%	36	2.00	1
North Carolina	2.40	18	C	2.42	18	65.9%	32	47.0%	39	2.00	1
North Dakota	1.88	21	C	1.30	40	91.1%	1	63.3%	2	1.00	31
Ohio	-3.57	41	D-	1.60	36	66.3%	30	52.5%	23	0.00	46
Oklahoma	-2.70	40	D	1.51	38	66.6%	29	48.1%	35	1.25	22
Oregon	2.10	19	C	2.19	21	69.9%	16	55.6%	13	1.25	22
Pennsylvania	-4.56	47	D-	1.18	43	62.3%	42	47.3%	38	1.50	17
Rhode Island	-1.86	35	D	1.13	44	68.3%	18	54.9%	15	2.00	1
South Carolina	-3.63	42	D-	0.64	50	71.2%	15	55.6%	13	2.00	1
South Dakota	-5.24	48	D-	1.11	45	69.7%	17	53.4%	19	0.00	46
Tennessee	-5.29	49	D-	1.23	41	64.2%	36	44.7%	42	1.00	31
Texas	-1.85	34	D	2.15	22	62.1%	43	41.7%	49	1.00	31
Utah	-1.37	33	D+	1.98	25	61.6%	45	49.7%	33	1.00	31
Vermont	5.87	8	B-	2.64	12	73.8%	10	60.1%	6	1.50	17
Virginia	-4.36	45	D-	1.09	46	64.5%	34	44.3%	44	2.00	1
Washington	9.64	1	B	4.38	1	66.0%	31	53.4%	19	0.25	44
West Virginia	-4.55	46	D-	1.31	39	64.4%	35	44.4%	43	1.25	22
Wisconsin	4.42	12	C+	2.39	19	74.6%	8	60.2%	5	1.25	22
Wyoming	2.02	20	C	2.14	23	68.2%	19	60.3%	4	1.00	31
United States				2.10		64.6%		49.3%		1.25	(median)

n/a: The District of Columbia is not included in these rankings.

See Appendix II for methodology.

Appendix IV:

State-by-State Rankings on the Composite Indices: Political Participation



Appendix IV:

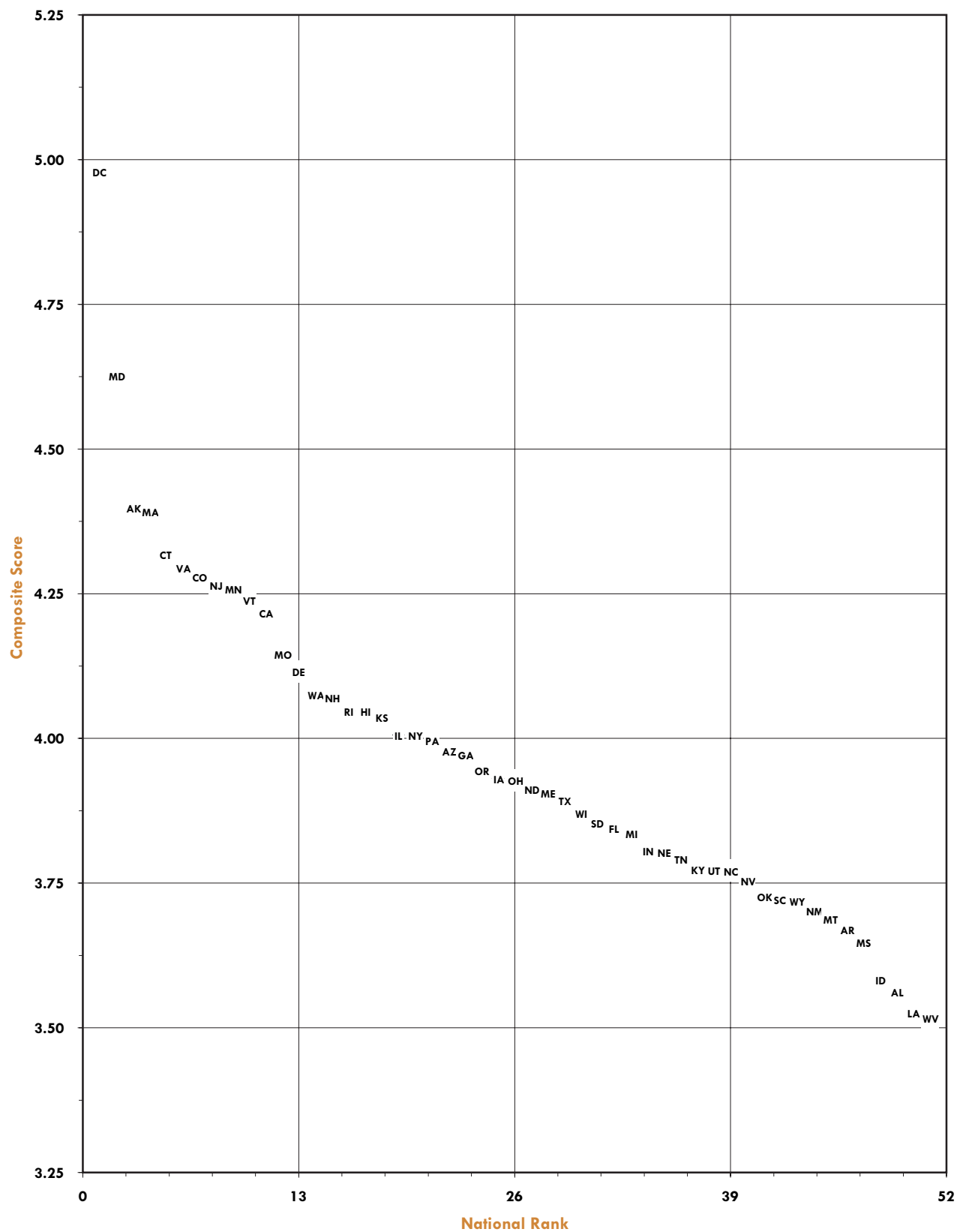
State-by-State Rankings on the Composite Indices and Their Components (continued): Employment and Earnings (Based on Data from the Current Population Survey)

State	Composite Score			Median Annual Earnings Full-Time, Year-Round for Employed Women		Earnings Ratio between Full-Time, Year-Round Employed Women and Men		Percent of Women in the Labor Force		Percent of Employed Women in Managerial or Professional Occupations	
	Score	Rank	Grade	Dollars	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	3.56	49	F	\$26,600	37	66.7%	49	54.7%	48	29.4%	43
Alaska	4.40	3	B	\$34,300	6	78.7%	8	66.3%	7	37.0%	7
Arizona	3.98	22	C+	\$29,700	21	79.8%	7	57.0%	42	32.8%	24
Arkansas	3.67	46	D-	\$24,900	48	78.5%	11	55.4%	47	29.3%	45
California	4.22	11	B	\$32,700	7	80.7%	4	58.8%	37	36.0%	9
Colorado	4.28	7	B	\$32,200	9	78.7%	8	64.4%	10	36.4%	8
Connecticut	4.32	5	B	\$35,800	3	71.5%	43	62.0%	19	38.2%	4
Delaware	4.12	13	B-	\$31,200	12	76.3%	20	62.5%	15	34.2%	14
District of Columbia	4.98	1	A-	\$37,800	1	92.4%	1	61.1%	23	49.3%	1
Florida	3.85	31	C-	\$28,600	26	79.9%	6	55.7%	45	30.3%	36
Georgia	3.97	23	C+	\$28,600	26	76.5%	18	59.8%	32	33.7%	18
Hawaii	4.05	16	C+	\$30,700	15	83.4%	2	60.8%	25	30.3%	36
Idaho	3.58	48	F	\$25,600	42	72.5%	40	62.0%	19	24.6%	51
Illinois	4.01	19	C+	\$30,700	15	75.1%	24	60.2%	30	32.9%	23
Indiana	3.81	34	D+	\$28,100	28	73.2%	37	61.4%	22	29.3%	45
Iowa	3.93	25	C	\$27,100	32	74.5%	30	67.1%	3	30.8%	30
Kansas	4.04	18	C+	\$29,100	23	77.8%	14	62.9%	14	33.0%	21
Kentucky	3.77	37	D	\$27,000	33	74.2%	31	55.6%	46	32.2%	25
Louisiana	3.53	50	F	\$25,200	47	68.5%	48	52.1%	50	30.4%	35
Maine	3.91	27	C	\$26,900	35	73.9%	33	61.6%	21	33.5%	19
Maryland	4.63	2	B+	\$37,200	2	81.4%	3	64.3%	11	41.3%	2
Massachusetts	4.39	4	B	\$35,800	3	76.5%	18	62.3%	17	38.3%	3
Michigan	3.84	33	C-	\$30,700	15	66.7%	49	58.9%	35	31.6%	27
Minnesota	4.26	9	B	\$31,900	11	74.2%	31	71.2%	1	34.2%	14
Mississippi	3.65	47	D-	\$25,600	42	77.1%	16	54.0%	49	29.2%	48
Missouri	4.15	12	B-	\$29,700	21	78.6%	10	63.8%	13	35.1%	11
Montana	3.69	45	D-	\$24,400	50	73.5%	36	60.7%	26	29.7%	42
Nebraska	3.80	35	D+	\$26,000	41	71.4%	44	67.1%	3	29.1%	49
Nevada	3.75	40	D	\$27,500	31	76.8%	17	60.9%	24	26.9%	50
New Hampshire	4.07	15	B-	\$31,200	12	69.3%	47	65.2%	9	34.2%	14
New Jersey	4.27	8	B	\$35,800	3	76.2%	21	59.5%	34	35.8%	10
New Mexico	3.70	44	D-	\$25,600	42	74.6%	29	57.4%	41	30.2%	38
New York	4.01	19	C+	\$30,700	15	75.1%	24	56.6%	44	34.9%	12
North Carolina	3.77	37	D	\$26,400	40	73.7%	34	59.9%	31	30.6%	32
North Dakota	3.91	27	C	\$25,600	42	80.5%	5	65.5%	8	30.1%	39
Ohio	3.93	25	C	\$30,000	20	72.1%	41	60.7%	26	32.1%	26
Oklahoma	3.73	41	D	\$26,600	37	75.8%	22	57.6%	40	29.3%	45
Oregon	3.94	24	C	\$29,100	23	73.7%	34	60.6%	29	33.0%	21
Pennsylvania	4.00	21	C+	\$30,700	15	74.7%	28	58.9%	35	33.5%	19
Rhode Island	4.05	16	C+	\$31,200	12	75.0%	27	59.6%	33	34.1%	17
South Carolina	3.72	42	D	\$26,600	37	73.1%	38	56.9%	43	30.7%	31
South Dakota	3.85	31	C-	\$24,400	50	75.8%	22	68.1%	2	30.1%	39
Tennessee	3.79	36	D+	\$26,900	35	75.1%	24	58.3%	39	31.0%	29
Texas	3.89	29	C	\$28,100	28	78.5%	11	58.8%	37	31.3%	28
Utah	3.77	37	D	\$27,000	33	70.3%	46	62.5%	15	30.0%	41
Vermont	4.24	10	B	\$29,100	23	77.8%	14	66.5%	6	37.7%	6
Virginia	4.29	6	B	\$32,400	8	77.9%	13	62.3%	17	38.2%	4
Washington	4.08	14	B-	\$32,200	9	71.6%	42	60.7%	26	34.8%	13
West Virginia	3.52	51	F	\$24,900	48	72.6%	39	48.8%	51	30.5%	34
Wisconsin	3.87	30	C	\$28,100	28	71.1%	45	66.7%	5	29.4%	43
Wyoming	3.72	42	D	\$25,600	42	66.3%	51	64.2%	12	30.6%	32
United States	4.00			\$30,100		76.2%		59.6%		33.2%	

See Appendix II for methodology.

Appendix IV:

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



Appendix IV:

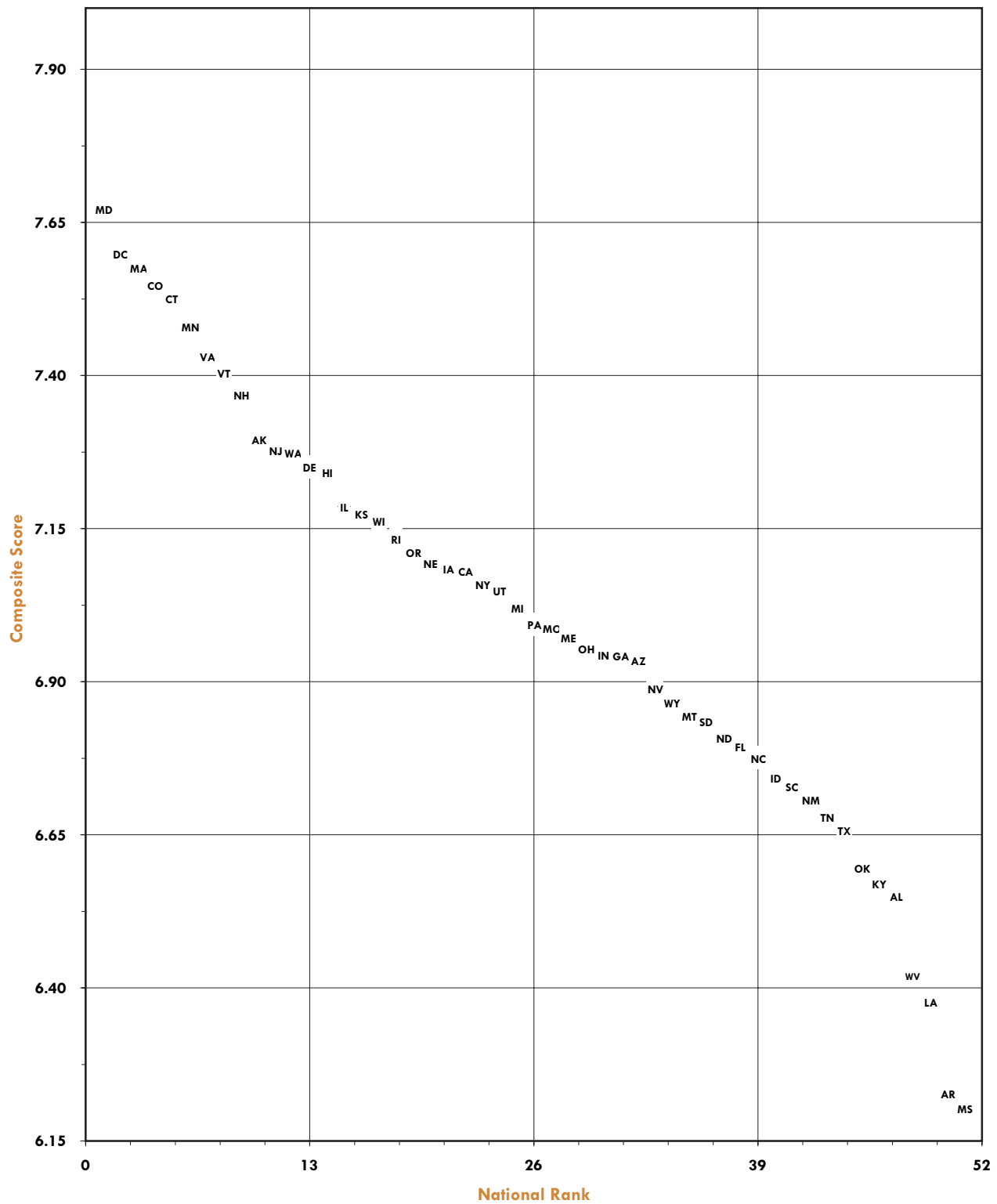
State-by-State Rankings on the Composite Indices and Their Components (continued): Social and Economic Autonomy

State	Composite Index			Percent of Women with Health Insurance		Percent of Women with Four or More Years of College		Percent of Businesses that are Women-Owned		Percent of Women Living above Poverty Based on CPS Data	
	Score	Rank	Grade	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	6.55	47	D-	84.0%	30	17.9%	46	24.4%	33	83.7%	45
Alaska	7.30	10	B-	82.4%	34	25.4%	14	25.9%	18	92.0%	4
Arizona	6.94	31	C-	81.3%	38	21.5%	30	27.0%	13	87.2%	33
Arkansas	6.23	50	F	78.3%	46	15.9%	50	22.0%	50	82.1%	48
California	7.08	21	C	78.6%	45	24.7%	15	27.3%	9	87.8%	31
Colorado	7.55	4	B	82.4%	34	30.9%	3	28.0%	4	90.4%	13
Connecticut	7.53	5	B	87.7%	12	29.5%	5	25.5%	24	92.0%	4
Delaware	7.25	13	B-	91.1%	2	23.5%	19	24.1%	36	92.0%	4
District of Columbia	7.60	2	B	87.4%	15	36.8%	1	30.9%	1	82.1%	48
Florida	6.79	38	D+	79.1%	44	20.2%	37	25.9%	18	86.8%	35
Georgia	6.94	31	C-	81.0%	40	23.0%	22	25.6%	22	87.1%	34
Hawaii	7.24	14	B-	88.3%	9	25.5%	13	27.5%	6	87.8%	31
Idaho	6.74	40	D	79.9%	42	19.4%	39	23.5%	45	88.3%	28
Illinois	7.19	15	C+	84.2%	29	24.5%	16	27.2%	10	88.9%	25
Indiana	6.95	29	C-	84.8%	26	18.1%	45	25.9%	18	90.7%	12
Iowa	7.08	21	C	89.3%	5	20.4%	35	25.3%	25	90.8%	11
Kansas	7.17	16	C+	85.6%	22	24.4%	17	25.6%	22	89.7%	18
Kentucky	6.57	46	D-	83.7%	31	16.4%	49	23.4%	46	86.5%	36
Louisiana	6.38	49	F	74.2%	49	18.2%	44	23.9%	41	82.6%	47
Maine	6.97	28	C-	87.2%	16	22.5%	24	24.0%	38	88.0%	29
Maryland	7.67	1	B+	86.9%	18	29.6%	4	28.9%	3	92.4%	2
Massachusetts	7.58	3	B	90.5%	4	31.4%	2	26.6%	14	89.6%	20
Michigan	7.02	25	C	86.5%	19	20.2%	37	27.2%	10	88.7%	27
Minnesota	7.48	6	B	92.1%	1	26.2%	10	26.4%	15	92.3%	3
Mississippi	6.20	51	F	79.5%	43	16.6%	48	22.8%	47	79.8%	51
Missouri	6.99	26	C-	85.5%	23	20.3%	36	25.2%	26	89.9%	15
Montana	6.84	35	D+	82.5%	33	23.4%	21	23.9%	41	85.6%	41
Nebraska	7.09	20	C	88.4%	8	22.9%	23	24.1%	36	89.9%	15
Nevada	6.89	33	D+	81.5%	37	16.7%	47	25.7%	21	91.9%	7
New Hampshire	7.37	9	B-	88.0%	11	26.8%	9	23.6%	44	92.7%	1
New Jersey	7.28	11	B-	84.7%	28	27.4%	8	23.7%	43	90.9%	9
New Mexico	6.71	42	D	71.9%	50	22.3%	25	29.4%	2	81.9%	50
New York	7.06	23	C	81.7%	36	26.1%	11	26.1%	17	86.1%	37
North Carolina	6.78	39	D+	80.6%	41	21.8%	28	24.5%	32	85.7%	39
North Dakota	6.81	37	D+	87.6%	13	21.9%	27	22.5%	49	86.1%	37
Ohio	6.95	29	C-	86.2%	21	19.4%	39	26.2%	16	89.0%	24
Oklahoma	6.60	45	D-	78.2%	47	18.9%	42	24.0%	38	85.6%	41
Oregon	7.11	19	C	83.7%	31	23.5%	19	27.6%	5	88.0%	29
Pennsylvania	6.99	26	C-	88.3%	9	20.6%	34	24.2%	35	89.8%	17
Rhode Island	7.13	18	C+	89.3%	5	23.7%	18	24.6%	31	89.3%	22
South Carolina	6.73	41	D	84.8%	26	19.4%	39	24.7%	30	85.7%	39
South Dakota	6.84	35	D+	87.0%	17	20.8%	32	21.5%	51	88.8%	26
Tennessee	6.68	43	D	87.6%	13	18.3%	43	24.0%	38	85.5%	43
Texas	6.66	44	D	71.7%	51	21.5%	30	25.0%	28	85.3%	44
Utah	7.05	24	C	85.2%	24	22.3%	25	24.8%	29	89.7%	18
Vermont	7.40	8	B-	88.5%	7	29.5%	5	25.2%	26	89.4%	21
Virginia	7.43	7	B-	86.3%	20	27.6%	7	27.5%	6	90.4%	13
Washington	7.27	12	B-	84.9%	25	25.8%	12	27.5%	6	89.1%	23
West Virginia	6.42	48	F	81.2%	39	14.0%	51	27.1%	12	83.1%	46
Wisconsin	7.16	17	C+	91.1%	2	21.7%	29	24.4%	33	91.6%	8
Wyoming	6.87	34	D+	78.1%	48	20.8%	32	22.6%	48	90.9%	9
United States	7.00			82.3%		22.8%		26.0%		87.9%	

See Appendix II for methodology.

Appendix IV:

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



Appendix IV:

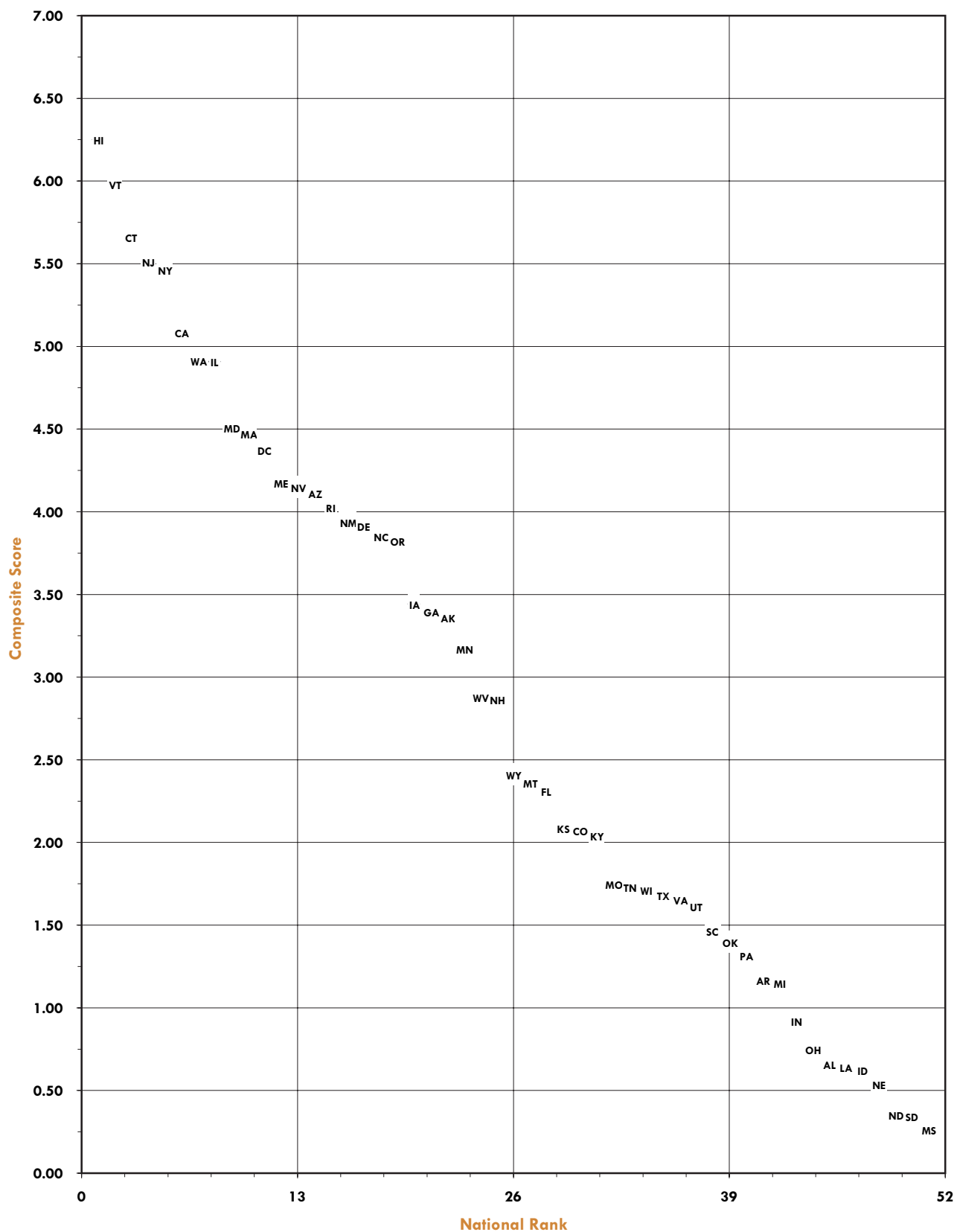
State-by-State Rankings on the Composite Indices and Their Components (continued): Reproductive Rights

	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	0.66	45	F	0	0	0	41%	0.0	0.00	0.0	0.50	0
Alaska	3.36	22	C+	0*	1	1	61%	0.0	0.00	0.0	0.50	1
Arizona	4.11	14	B	0	1	1	82%	1.0	0.67	0.0	0.25	0
Arkansas	1.17	41	D-	0	0	0	21%	0.0	0.33	1.0	0.25	0
California	5.09	6	B+	0*	1	1	96%	1.0	1.00	0.5	0.75	0
Colorado	2.07	30	D+	0	1	0	74%	0.5	0.33	0.0	0.00	0
Connecticut	5.66	3	A-	1	1	1	91%	1.0	1.00	0.5	1.00	0
Delaware	3.91	17	B-	0	0*	0	83%	1.0	0.83	0.0	0.50	1
Dist. of Columbia	4.38	11	B	1	1	0	100%	0.0	1.00	0.0	0.75	1
Florida	2.31	28	C-	0*	1	0	81%	0.0	0.00	0.0	0.00	1
Georgia	3.40	21	C+	0	1	0	44%	1.0	0.33	0.0	0.25	1
Hawaii	6.25	1	A-	1	1	1	100%	1.0	0.50	1.0	0.50	1
Idaho	0.62	47	F	0*	0	0	33%	0.0	0.17	0.0	0.25	0
Illinois	4.91	7	B+	0*	1	0	70%	1.0	0.83	1.0	0.75	1
Indiana	0.92	43	F	0	0	0	38%	0.0	0.17	0.0	0.75	0
Iowa	3.44	20	C+	0	1	0	36%	1.0	0.33	0.0	0.50	1
Kansas	2.09	29	D+	0	0	0	46%	0.0	0.50	0.0	0.25	1
Kentucky	2.04	31	D+	0	0	0	25%	0.5	0.17	0.0	0.25	1
Louisiana	0.64	46	F	0	0	0	39%	0.0	0.00	0.0	0.50	0
Maine	4.18	12	B	0	1	0	55%	1.0	1.00	0.0	0.25	1
Maryland	4.51	9	B	0	1	0	76%	1.0	0.50	1.0	0.50	1
Massachusetts	4.47	10	B	0	0*	1	93%	1.0	0.67	1.0	0.75	0
Michigan	1.15	42	D-	0	0	0	69%	0.0	0.33	0.0	0.25	0
Minnesota	3.17	23	C+	0	0	1	42%	0.5	0.00	0.0	0.50	1
Mississippi	0.27	51	F	0	0	0	14%	0.0	0.00	0.0	0.25	0
Missouri	1.75	32	D	0	0*	0	29%	1.0	0.33	0.0	0.25	0
Montana	2.36	27	C-	0*	0*	1	57%	0.0	0.17	1.0	0.25	0
Nebraska	0.54	48	F	0	0	0	54%	0.0	0.00	0.0	0.00	0
Nevada	4.15	13	B	0*	1	0	90%	1.0	0.50	0.0	0.50	1
New Hampshire	2.87	25	C	0*	1	0	74%	1.0	0.50	0.0	0.25	0
New Jersey	5.51	4	A-	0*	1	1	97%	0.5	0.67	1.0	0.75	1
New Mexico	3.94	16	B-	0*	1	1	52%	1.0	0.67	0.0	0.50	0
New York	5.46	5	A-	1	1	1	92%	1.0	0.67	1.0	0.75	0
North Carolina	3.85	18	B-	0	1	0	56%	1.0	0.67	0.0	0.25	1
North Dakota	0.36	49	F	0	0	0	23%	0.0	0.00	0.0	0.25	0
Ohio	0.75	44	F	0	0	0	50%	0.0	0.00	0.5	0.00	0
Oklahoma	1.40	39	D-	0*	1	0	44%	0.0	0.33	0.0	0.25	0
Oregon	3.82	19	B-	1	1	1	74%	0.0	0.83	0.0	0.50	0
Pennsylvania	1.32	40	D-	0	0	0	61%	0.0	0.33	0.0	0.75	0
Rhode Island	4.03	15	B-	0	1	0	61%	1.0	0.17	1.0	0.50	1
South Carolina	1.47	38	D-	0	0	0	34%	0.0	0.00	0.0	0.25	1
South Dakota	0.35	50	F	0	0	0	22%	0.0	0.00	0.0	0.25	0
Tennessee	1.73	33	D	0	0*	0	44%	0.0	0.17	0.0	0.25	1
Texas	1.68	35	D	0	0	0	68%	0.5	0.00	0.5	0.50	0
Utah	1.62	37	D	0	0	0	49%	0.0	0.00	0.0	0.25	1
Vermont	5.98	2	A-	1	1	1	77%	1.0	0.83	0.0	0.75	1
Virginia	1.66	36	D	0	0	0	53%	0.5	0.50	0.0	0.25	0
Washington	4.91	7	B+	1	1	1	83%	1.0	0.83	0.0	0.50	0
West Virginia	2.88	24	C	0	0	1	17%	0.0	0.33	0.5	0.25	1
Wisconsin	1.71	34	D	0	0	0	38%	0.0	0.33	0.0	0.00	0
Wyoming	2.41	26	C-	0	1	0	12%	0.0	0.67	0.0	0.25	1

*Indicates the legislation is not enforced but remains part of the statutory code.
See Appendix II for methodology.

Appendix IV:

State-by-State Rankings on the Composite Indices: Reproductive Rights



Appendix IV:

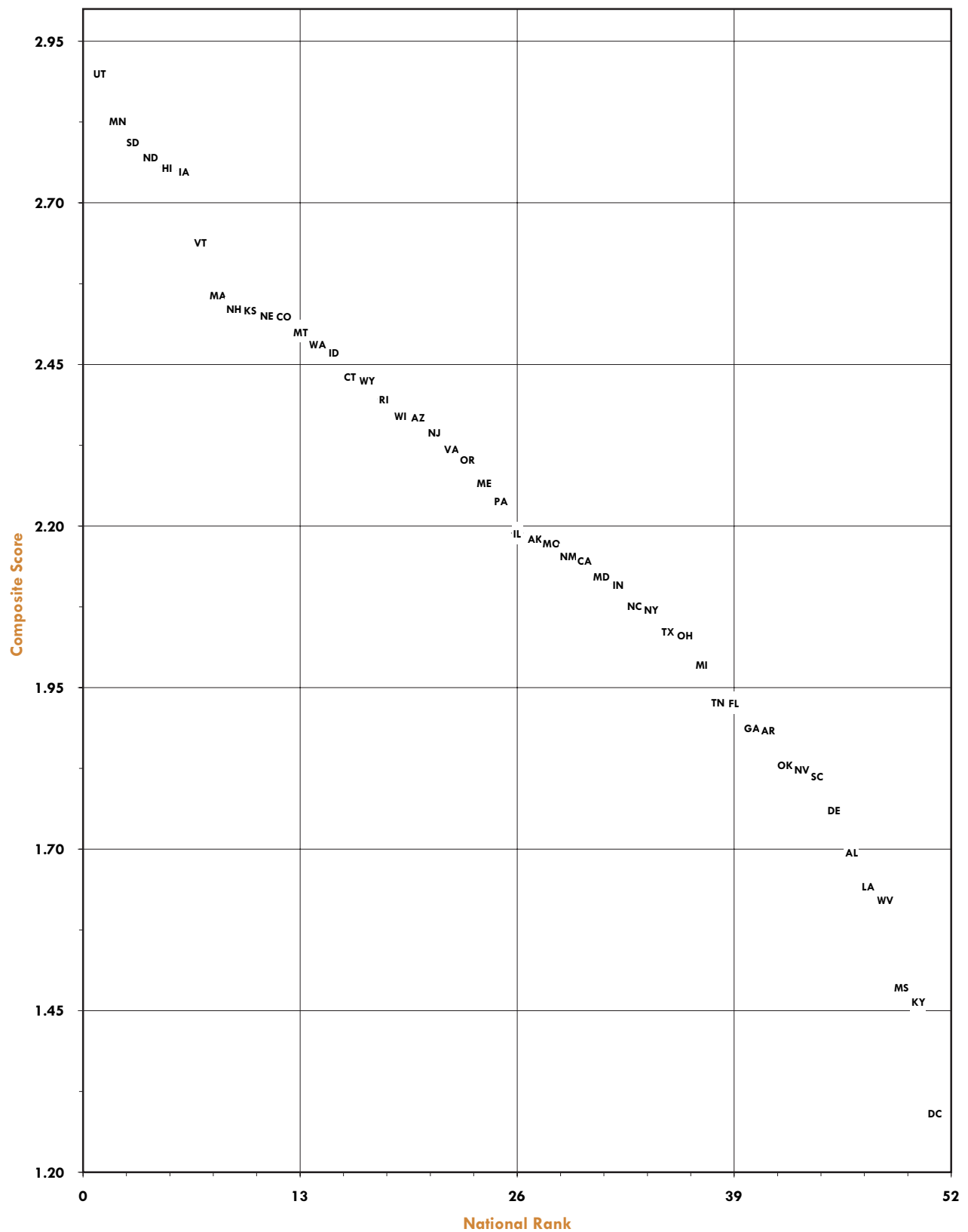
State-by-State Rankings on the Composite Indices and Their Components (continued): Health and Well-Being

State	Composite Index			Heart Disease Mortality		Lung Cancer Mortality		Breast Cancer Mortality		Incidence of Diabetes		Incidence of Chlamydia		Incidence of AIDS		Poor Mental Health		Suicide Mortality		Limited Activities	
	Score	Rank	Grade	Rate	Rank	Rate	Rank	Rate	Rank	Percent	Rank	Rate	Rank	Rate	Rank	Days	Rank	Rate	Rank	Days	Rank
Alabama	1.70	46	D	243.5	45	39.1	17	27.1	36	8.8%	49	608.0	45	5.6	33	4.1	38	4.4	25	4.4	45
Alaska	2.18	27	C	162.2	7	46.7	45	23.7	6	4.0%	2	850.7	50	1.3	7	3.7	21	7.5	50	2.9	5
Arizona	2.37	19	C+	170.5	12	38.3	12	25.4	19	4.9%	6	454.0	31	3.1	26	3.2	9	6.1	46	3.7	32
Arkansas	1.88	41	D+	231.5	40	44.0	37	24.5	12	7.2%	39	425.0	26	3.9	29	4.2	41	4.8	37	4.4	45
California	2.15	29	C	202.5	27	38.3	12	25.3	18	7.1%	38	477.8	33	4.1	30	3.9	30	3.5	13	4.2	41
Colorado	2.53	10	B-	154.6	3	33.5	6	23.6	5	3.7%	1	488.1	34	2.1	16	3.8	24	6.0	45	3.5	26
Connecticut	2.43	16	B-	186.7	20	40.1	21	26.2	27	6.0%	21	440.6	28	14.2	45	3.4	12	3.1	6	3.2	14
Delaware	1.76	45	D	219.5	35	49.6	48	28.7	45	6.7%	31	504.6	38	24.1	48	3.8	24	4.5	27	4.3	43
Dist. of Columbia	1.29	51	F	257.4	50	40.2	22	34.5	51	7.2%	39	933.3	51	92.0	51	4.2	41	1.3	1	3.6	29
Florida	1.93	38	D+	196.3	24	42.3	28	24.2	10	7.3%	44	414.2	19	21.0	47	3.7	21	5.4	40	4.5	48
Georgia	1.89	40	D+	227.8	38	40.3	24	25.7	22	7.2%	39	661.0	48	12.9	42	4.0	32	4.3	24	3.8	35
Hawaii	2.76	5	B+	146.1	2	25.4	2	20.0	1	5.6%	13	571.4	43	3.0	24	2.7	1	4.7	33	3.3	18
Idaho	2.47	15	B-	167.5	11	33.8	7	24.9	15	5.7%	18	288.6	9	0.7	3	4.2	41	6.2	47	3.2	14
Illinois	2.19	26	C	216.2	31	41.2	27	28.7	45	6.6%	29	538.8	41	5.3	32	3.5	14	3.1	6	3.5	26
Indiana	2.11	32	C	220.7	36	46.5	43	27.2	37	6.8%	34	424.5	25	3.1	26	4.1	38	4.0	19	3.4	23
Iowa	2.75	6	B+	186.4	19	36.2	8	24.6	14	5.6%	13	313.9	13	0.8	4	2.9	3	3.1	6	2.9	5
Kansas	2.53	10	B-	189.2	22	38.9	16	25.2	16	6.1%	22	415.7	20	1.2	6	3.4	12	4.0	19	2.8	3
Kentucky	1.46	50	F	249.0	46	52.7	49	26.8	32	6.4%	26	340.8	14	3.0	24	5.3	51	4.1	21	6.1	51
Louisiana	1.64	47	D-	238.0	44	44.7	39	30.1	50	8.2%	48	640.0	46	13.1	43	3.6	19	4.1	21	4.5	48
Maine	2.27	24	C+	188.8	21	46.5	43	24.5	12	6.5%	27	204.2	2	2.0	15	3.7	21	4.6	28	4.2	41
Maryland	2.12	31	C	216.8	32	44.7	39	28.0	42	6.6%	29	505.8	39	26.5	49	3.5	14	3.0	5	3.2	14
Massachusetts	2.56	8	B-	176.9	15	43.6	34	27.0	34	5.2%	8	248.5	6	8.1	39	3.8	24	2.9	4	3.3	18
Michigan	1.99	37	D+	236.2	42	43.3	32	27.3	38	7.6%	45	496.1	35	3.2	28	4.5	50	3.7	16	3.4	23
Minnesota	2.83	2	A-	137.9	1	36.3	9	25.8	23	4.3%	4	296.0	11	1.9	13	3.2	9	3.1	6	3.6	29
Mississippi	1.49	49	F	287.0	51	42.8	30	28.8	47	9.7%	51	698.4	49	9.5	41	4.2	41	3.7	16	3.9	37
Missouri	2.17	28	C	234.5	41	45.5	41	27.0	34	6.2%	23	461.0	32	2.9	23	3.8	24	4.6	28	2.8	3
Montana	2.50	13	B-	159.0	6	43.0	31	23.9	9	6.2%	23	406.4	18	0.8	4	3.0	5	5.7	42	3.1	10
Nebraska	2.53	10	B-	179.1	16	36.6	11	23.8	8	5.5%	11	415.8	21	1.5	9	3.0	5	3.3	10	4	38
Nevada	1.83	42	D	210.7	30	54.4	51	26.6	31	6.2%	23	445.3	29	5.0	31	4.2	41	7.7	51	3.5	26
New Hampshire	2.54	9	B-	191.5	23	44.0	37	26.8	32	5.0%	7	186.0	1	2.5	20	3.1	8	4.6	28	3.3	18
New Jersey	2.35	21	C+	219.0	34	40.8	26	29.6	49	7.0%	37	281.3	8	16.2	46	3.5	14	2.8	3	2.9	5
New Mexico	2.15	29	C	167.3	10	29.0	3	22.8	3	6.5%	27	640.0	46	1.5	9	4.4	48	7.3	49	3.6	29
New York	2.07	34	C-	249.0	46	38.3	12	27.9	41	6.8%	34	419.2	23	30.3	50	3.8	24	2.3	2	3.4	23
North Carolina	2.08	33	C-	207.7	28	40.6	25	25.6	21	6.7%	31	496.4	36	7.3	36	3.5	14	4.9	38	4	38
North Dakota	2.77	4	A-	164.3	8	31.6	4	25.4	19	5.6%	13	256.8	7	0.0	1	2.9	3	4.7	33	3	9
Ohio	2.03	36	C-	229.3	39	43.9	35	29.1	48	6.9%	36	506.1	40	2.3	17	4.0	32	3.4	11	3.7	32
Oklahoma	1.83	42	D	254.7	48	45.5	41	26.3	29	7.2%	39	499.4	37	2.5	20	2.7	1	5.7	42	4.3	43
Oregon	2.30	23	C+	157.5	4	46.9	47	26.0	24	5.8%	19	291.8	10	1.6	11	4.3	46	5.6	41	3.7	32
Pennsylvania	2.24	25	C+	222.1	37	40.2	22	28.5	44	6.7%	31	370.7	15	9.3	40	3.9	30	3.6	14	3.1	10
Rhode Island	2.40	18	C+	199.1	25	43.9	35	26.1	25	5.6%	13	377.7	17	6.1	34	3.8	24	3.4	11	3.2	14
South Carolina	1.81	44	D	209.3	29	39.5	19	27.5	39	7.7%	46	604.3	44	13.1	43	4.0	32	4.7	33	4.4	45
South Dakota	2.80	3	A	174.7	14	31.7	5	23.3	4	5.6%	13	422.8	24	1.6	11	3.0	5	3.6	14	2.6	1
Tennessee	1.93	38	D+	237.7	43	43.4	33	26.2	27	7.9%	47	432.5	27	6.3	35	3.5	14	4.7	33	4	38
Texas	2.04	35	C-	217.5	33	39.1	17	25.2	16	7.2%	39	547.1	42	7.4	37	4.1	38	4.1	21	3.8	35
Utah	2.90	1	A-	157.6	5	16.6	1	22.3	2	4.2%	3	223.9	4	1.4	8	4.0	32	5.8	44	2.9	5
Vermont	2.64	7	B	180.4	17	38.5	15	27.8	40	5.5%	11	240.3	5	2.3	17	3.2	9	3.7	16	3.1	10
Virginia	2.32	22	C+	199.9	26	42.4	29	28.2	43	5.8%	19	418.7	22	7.9	38	4.0	32	4.6	28	2.7	2
Washington	2.48	14	B-	167.1	9	46.8	46	24.3	11	5.2%	8	371.7	16	2.4	19	3.6	19	5.0	39	3.1	10
West Virginia	1.62	48	D-	255.9	49	53.6	50	26.3	29	8.8%	49	223.0	3	2.8	22	4.3	46	4.6	28	5	50
Wisconsin	2.37	19	C+	185.4	18	36.5	10	26.1	25	5.3%	10	453.0	30	1.9	13	4.4	48	4.4	25	3.3	18
Wyoming	2.43	16	B-	173.0	13	39.8	20	23.7	6	4.8%	5	307.7	12	0.5	2	4.0	32	6.6	48	3.3	18
United States				211.5		41.0		26.5		6.5%*		455.4		9.1		3.8*		4.0		3.5*	

*Median for all 50 states and the District of Columbia.
See Appendix II for methodology.

Appendix IV:

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



Appendix IV:

State-by-State Data on Selected Indicators of Men's Economic Status

State	Median Annual Earnings for Full-Time, Year-Round Employed Men, 2002	Percent of Men Living Above Poverty, 2002	Percent of Men in the Labor Force	Percent of Men with Four or More Years of College
State	Dollars	Percent	Percent	Percent
Alabama	\$39,900	90.1%	68.7%	20.3%
Alaska	\$43,600	93.1%	77.5%	24.1%
Arizona	\$37,200	89.3%	75.5%	25.7%
Arkansas	\$31,700	88.0%	70.3%	17.5%
California	\$40,500	89.7%	75.0%	28.6%
Colorado	\$40,900	92.5%	79.1%	34.5%
Connecticut	\$50,100	93.6%	73.8%	33.5%
Delaware	\$40,900	93.8%	74.2%	26.8%
District of Columbia	\$40,900	89.5%	72.2%	41.7%
Florida	\$35,800	90.9%	69.9%	24.7%
Georgia	\$37,400	92.9%	76.5%	25.7%
Hawaii	\$36,800	91.9%	70.6%	26.9%
Idaho	\$35,300	92.1%	76.9%	24.0%
Illinois	\$40,900	91.7%	74.4%	27.8%
Indiana	\$38,400	93.3%	75.6%	20.9%
Iowa	\$36,400	93.4%	79.8%	22.1%
Kansas	\$37,400	92.2%	76.4%	27.3%
Kentucky	\$36,400	90.5%	68.6%	18.0%
Louisiana	\$36,800	89.6%	69.2%	19.4%
Maine	\$36,400	90.3%	71.5%	23.3%
Maryland	\$45,700	93.0%	77.0%	33.5%
Massachusetts	\$46,800	93.2%	76.6%	35.2%
Michigan	\$46,000	92.6%	72.3%	23.4%
Minnesota	\$43,000	94.4%	80.3%	28.7%
Mississippi	\$33,200	87.0%	68.7%	17.3%
Missouri	\$37,800	93.6%	74.9%	23.0%
Montana	\$33,200	90.3%	70.8%	25.4%
Nebraska	\$36,400	92.2%	79.7%	24.7%
Nevada	\$35,800	93.8%	77.7%	19.6%
New Hampshire	\$45,000	95.6%	77.9%	30.6%
New Jersey	\$47,000	94.0%	73.8%	32.4%
New Mexico	\$34,300	87.3%	70.0%	24.7%
New York	\$40,900	89.4%	70.6%	28.8%
North Carolina	\$35,800	90.8%	73.9%	23.2%
North Dakota	\$31,800	91.3%	75.5%	22.1%
Ohio	\$41,600	93.3%	73.9%	23.0%
Oklahoma	\$35,100	88.9%	72.3%	21.8%
Oregon	\$39,500	91.4%	74.7%	26.8%
Pennsylvania	\$41,100	93.6%	72.6%	24.3%
Rhode Island	\$41,600	91.9%	73.9%	27.8%
South Carolina	\$36,400	89.1%	68.9%	21.6%
South Dakota	\$32,200	91.6%	79.0%	22.3%
Tennessee	\$35,800	89.5%	74.2%	20.9%
Texas	\$35,800	89.0%	77.5%	25.1%
Utah	\$38,400	92.1%	80.3%	30.0%
Vermont	\$37,400	92.5%	76.5%	29.3%
Virginia	\$41,600	93.4%	75.2%	31.5%
Washington	\$45,000	91.1%	74.1%	29.7%
West Virginia	\$34,300	87.7%	64.0%	15.8%
Wisconsin	\$39,500	94.2%	78.0%	23.2%
Wyoming	\$38,600	92.9%	77.3%	23.0%
United States	\$39,500	91.3%	74.1%	26.1%

See Appendix II for methodology.

Appendix V:

State-by-State Rankings and Data on Indicators of Women's Economic Status by Race and Ethnicity

Median Annual Earnings for Full-Time, Year-Round Workers, 1999, by State, Race, and Ethnicity (in 2003 dollars)^a

Based on Data from Census 2000

State	Total Population			Whites	African Americans				Asian Americans		
	Women's Earnings	Men's Earnings	Women's Earnings	Rank for Women (of 51)	Men's Earnings	Women's Earnings	Rank for Women (of 43)	Men's Earnings	Women's Earnings	Rank for Women (of 45)	Men's Earnings
Alabama	\$24,700	\$36,300	\$26,500	36	\$38,700	\$21,200	40	\$28,700	\$27,600	24	\$43,100
Alaska	\$33,400	\$45,300	\$35,300	7	\$48,700	\$29,800	12	\$33,100	\$26,500	33	\$34,200
Arizona	\$29,200	\$38,700	\$31,800	18	\$44,200	\$27,600	17	\$33,100	\$30,900	15	\$44,200
Arkansas	\$23,200	\$33,100	\$23,200	47	\$33,100	\$20,800	41	\$26,500	\$21,400	45	\$29,300
California	\$34,900	\$44,200	\$39,300	2	\$55,200	\$35,300	1	\$39,800	\$36,400	6	\$45,300
Colorado	\$32,000	\$42,700	\$33,100	10	\$45,300	\$30,900	10	\$34,500	\$32,800	13	\$42,000
Connecticut	\$37,000	\$49,700	\$38,700	3	\$54,100	\$32,000	6	\$38,700	\$37,900	4	\$49,700
Delaware	\$33,100	\$43,500	\$33,100	10	\$44,200	\$29,000	14	\$33,100	\$38,700	2	\$57,400
Dist. of Columbia	\$39,800	\$44,200	\$55,200	1	\$67,400	\$33,700	3	\$33,700	\$38,700	2	\$39,800
Florida	\$27,600	\$35,300	\$29,200	26	\$39,800	\$24,300	32	\$28,700	\$27,600	24	\$36,400
Georgia	\$28,700	\$38,700	\$30,900	20	\$44,200	\$26,600	24	\$31,900	\$27,600	24	\$39,800
Hawaii	\$31,100	\$39,800	\$34,200	9	\$44,200	\$27,600	17	\$33,100	\$31,100	14	\$39,800
Idaho	\$25,400	\$36,400	\$25,600	43	\$37,800				\$29,800	19	\$40,600
Illinois	\$32,000	\$44,200	\$33,100	10	\$49,700	\$32,000	6	\$38,200	\$36,400	6	\$47,500
Indiana	\$27,600	\$40,800	\$27,600	30	\$41,900	\$27,600	17	\$34,200	\$26,500	33	\$49,700
Iowa	\$26,500	\$36,200	\$26,500	36	\$36,400	\$24,300	32	\$29,800	\$26,500	33	\$36,800
Kansas	\$27,600	\$38,700	\$27,600	30	\$39,800	\$26,000	28	\$33,100	\$25,400	38	\$33,100
Kentucky	\$25,400	\$36,400	\$25,600	43	\$36,700	\$24,300	32	\$30,900	\$27,600	24	\$48,600
Louisiana	\$24,300	\$36,700	\$26,500	36	\$39,800	\$19,400	43	\$27,600	\$23,400	43	\$36,000
Maine	\$26,500	\$35,600	\$26,500	36	\$35,900				\$25,400	38	\$27,600
Maryland	\$35,300	\$45,900	\$36,400	5	\$49,700	\$34,200	2	\$38,700	\$36,600	5	\$47,500
Massachusetts	\$35,300	\$47,500	\$36,400	5	\$49,700	\$32,000	6	\$35,300	\$34,000	10	\$47,500
Michigan	\$30,900	\$46,400	\$30,900	20	\$47,500	\$30,900	10	\$40,900	\$35,300	8	\$57,400
Minnesota	\$31,300	\$43,100	\$32,000	15	\$44,200	\$28,500	16	\$33,100	\$28,700	21	\$38,700
Mississippi	\$23,200	\$33,100	\$25,700	42	\$36,600	\$19,900	42	\$26,000	\$27,400	32	\$39,800
Missouri	\$27,100	\$37,900	\$27,200	35	\$38,700	\$27,400	23	\$30,900	\$27,600	24	\$44,200
Montana	\$22,100	\$33,100	\$22,100	51	\$33,100						
Nebraska	\$26,500	\$35,300	\$26,500	36	\$36,400	\$26,000	28	\$30,500	\$23,200	44	\$33,100
Nevada	\$29,800	\$38,700	\$32,000	15	\$44,200	\$27,600	17	\$33,100	\$27,600	24	\$33,100
New Hampshire	\$30,900	\$44,100	\$30,900	20	\$44,200				\$27,600	24	\$50,800
New Jersey	\$36,400	\$50,600	\$38,700	3	\$55,200	\$33,100	4	\$38,700	\$44,200	1	\$55,200
New Mexico	\$25,700	\$34,200	\$29,500	24	\$42,000	\$24,300	32	\$32,400	\$33,100	11	\$39,800
New York	\$33,400	\$44,200	\$35,300	7	\$49,700	\$33,100	4	\$36,400	\$35,300	8	\$38,700
North Carolina	\$27,500	\$35,300	\$27,900	29	\$38,700	\$24,300	32	\$28,700	\$27,600	24	\$40,600
North Dakota	\$22,100	\$33,100	\$22,300	50	\$33,100						
Ohio	\$28,700	\$42,000	\$28,700	27	\$42,700	\$27,600	17	\$33,100	\$30,900	15	\$49,700
Oklahoma	\$24,900	\$33,200	\$25,400	45	\$35,600	\$22,900	37	\$28,700	\$24,300	40	\$33,100
Oregon	\$29,300	\$39,800	\$29,800	23	\$42,000	\$29,800	12	\$35,300	\$27,700	23	\$39,800
Pennsylvania	\$28,700	\$40,900	\$29,300	25	\$42,000	\$28,700	15	\$33,100	\$29,800	19	\$42,700
Rhode Island	\$30,000	\$41,600	\$31,500	19	\$44,200	\$23,900	37	\$33,100	\$23,700	42	\$37,600
South Carolina	\$26,000	\$35,300	\$27,600	30	\$38,700	\$22,100	39	\$27,600	\$26,500	33	\$42,000
South Dakota	\$23,200	\$33,100	\$23,200	47	\$33,100						
Tennessee	\$26,500	\$35,500	\$26,500	36	\$37,600	\$25,400	30	\$30,900	\$28,700	21	\$36,400
Texas	\$28,300	\$38,700	\$32,000	15	\$45,300	\$27,600	17	\$33,100	\$30,900	15	\$44,200
Utah	\$26,500	\$40,900	\$27,600	30	\$43,200	\$26,500	25	\$33,100	\$26,500	33	\$33,100
Vermont	\$27,600	\$35,300	\$27,600	30	\$35,300						
Virginia	\$30,900	\$42,000	\$33,100	10	\$44,200	\$26,500	25	\$33,100	\$33,100	11	\$46,400
Washington	\$33,100	\$44,200	\$33,100	10	\$46,400	\$31,800	9	\$36,400	\$30,900	15	\$42,000
West Virginia	\$23,200	\$34,200	\$23,200	47	\$34,200	\$24,900	31	\$28,700			
Wisconsin	\$27,700	\$40,900	\$28,400	28	\$41,900	\$26,500	25	\$33,100	\$25,300	40	\$35,300
Wyoming	\$24,200	\$38,600	\$25,300	46	\$38,700						\$46,400
United States	\$29,800	\$40,900	\$30,900		\$44,200	\$27,600		\$33,100	\$33,100		\$44,200

Notes: Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

Blank cells indicate insufficient sample sizes to reliably estimate these figures.

^aThe numbers and rankings presented here are based on 2000 Census data for the year 1999. They differ slightly from those based on the 2003 Current Population Survey data (for the year 2002) presented in Appendix IV.

^bThis category includes men and women who report "other" or "two or more" races.

Appendix V:

(Continued) **Median Annual Earnings for Full-Time, Year-Round Workers, 1999, by State, Race, and Ethnicity**
(in 2003 dollars)^a Based on Data from Census 2000

State	Native Americans			Other/Two Or More ^b			Hispanics		
	Women's Earnings	Rank for Women (of 43)	Men's Earnings	Women's Earnings	Rank for Women (of 46)	Men's Earnings	Women's Earnings	Rank for Women (of 48)	Men's Earnings
Alabama	\$23,400	33	\$33,600	\$24,300	33	\$33,100	\$22,100	27	\$22,100
Alaska	\$32,000	3	\$40,900	\$34,200	2	\$42,000	\$28,700	1	\$33,100
Arizona	\$23,200	34	\$28,700	\$28,200	16	\$34,200	\$22,400	26	\$26,500
Arkansas	\$26,100	20	\$34,500	\$21,000	46	\$30,900	\$17,700	48	\$20,300
California	\$29,800	5	\$38,100	\$33,100	3	\$43,100	\$24,300	14	\$27,600
Colorado	\$26,500	16	\$33,600	\$29,800	9	\$35,300	\$25,400	10	\$28,700
Connecticut	\$38,700	1	\$39,800	\$29,400	11	\$38,700	\$26,500	7	\$30,900
Delaware				\$30,900	5	\$35,300	\$23,200	22	\$26,500
Dist. of Columbia				\$35,500	1	\$39,800	\$27,600	3	\$26,200
Florida	\$26,500	16	\$33,100	\$23,500	40	\$29,800	\$24,300	14	\$28,300
Georgia	\$24,300	27	\$34,500	\$28,700	13	\$34,200	\$22,100	27	\$23,200
Hawaii				\$28,700	13	\$37,800	\$27,600	3	\$33,100
Idaho	\$24,900	25	\$30,900	\$22,100	42	\$27,600	\$21,000	37	\$24,000
Illinois	\$27,800	11	\$38,700	\$28,500	15	\$35,900	\$23,200	22	\$28,700
Indiana	\$23,200	34	\$37,600	\$25,400	30	\$35,300	\$24,300	14	\$28,700
Iowa	\$24,700	26	\$27,600	\$22,100	42	\$28,200	\$22,100	27	\$25,400
Kansas	\$25,400	23	\$28,700	\$25,200	32	\$30,900	\$22,100	27	\$27,400
Kentucky				\$26,500	25	\$33,100	\$22,100	27	\$24,300
Louisiana	\$26,000	21	\$34,200	\$24,300	33	\$33,100	\$22,500	25	\$32,600
Maine	\$24,300	27	\$34,200	\$23,200	41	\$33,100	\$28,700	1	\$34,600
Maryland	\$35,300	2	\$40,900	\$33,100	3	\$42,000	\$27,600	3	\$31,500
Massachusetts	\$28,700	7	\$35,600	\$27,600	18	\$33,100	\$25,500	7	\$28,700
Michigan	\$26,000	21	\$35,300	\$27,600	18	\$39,300	\$26,500	7	\$33,200
Minnesota	\$26,500	16	\$30,900	\$28,200	16	\$33,100	\$23,500	21	\$27,600
Mississippi	\$22,100	39	\$26,500	\$24,300	33	\$34,200	\$21,000	37	\$23,200
Missouri	\$24,300	27	\$30,900	\$24,300	33	\$30,300	\$24,300	14	\$27,600
Montana	\$22,100	39	\$27,600	\$21,400	45	\$24,300	\$19,900	41	\$33,900
Nebraska	\$22,100	39	\$27,600	\$26,500	25	\$30,900	\$22,100	27	\$25,400
Nevada	\$27,400	13	\$34,200	\$27,600	18	\$36,400	\$22,100	27	\$26,500
New Hampshire				\$30,600	7	\$29,800	\$23,200	22	\$37,000
New Jersey	\$28,700	7	\$39,800	\$30,900	5	\$38,800	\$25,400	10	\$30,900
New Mexico	\$23,200	34	\$26,500	\$27,600	18	\$33,100	\$22,100	27	\$27,600
New York	\$28,400	9	\$34,100	\$30,600	7	\$34,200	\$27,600	3	\$29,800
North Carolina	\$23,700	30	\$28,700	\$26,500	25	\$30,900	\$18,200	47	\$21,000
North Dakota	\$19,900	43	\$26,500						
Ohio	\$27,400	13	\$33,800	\$27,600	18	\$33,100	\$24,300	14	\$32,700
Oklahoma	\$23,200	34	\$28,700	\$23,100	42	\$29,800	\$19,500	44	\$23,500
Oregon	\$27,200	15	\$33,100	\$26,500	25	\$34,000	\$22,100	27	\$24,300
Pennsylvania	\$31,900	4	\$33,100	\$27,600	18	\$35,300	\$24,300	14	\$28,600
Rhode Island				\$25,300	31	\$28,200	\$19,100	45	\$22,100
South Carolina	\$22,100	39	\$30,000	\$24,300	33	\$33,100	\$21,900	36	\$22,100
South Dakota	\$23,600	31	\$22,100				\$18,400	46	\$25,200
Tennessee	\$28,200	10	\$34,200	\$23,700	39	\$33,100	\$19,900	41	\$22,100
Texas	\$29,800	5	\$38,700	\$27,600	18	\$36,400	\$21,000	37	\$26,500
Utah	\$23,200	34	\$30,900	\$26,500	25	\$33,100	\$20,200	40	\$27,600
Vermont									
Virginia	\$26,500	16	\$39,800	\$29,800	9	\$38,100	\$25,300	12	\$28,700
Washington	\$27,600	12	\$36,000	\$29,200	12	\$38,100	\$24,300	14	\$26,500
West Virginia									\$27,600
Wisconsin	\$25,400	23	\$30,900	\$24,300	33	\$35,300	\$24,900	13	\$27,600
Wyoming	\$23,600	31	\$28,700				\$19,900	41	\$28,700
United States	\$25,500		\$32,800	\$28,400		\$35,300	\$23,200		\$27,600

Notes: Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

Blank cells indicate insufficient sample sizes to reliably estimate these figures.

^aThe numbers and rankings presented here are based on 2000 Census data for the year 1999. They differ slightly from those based on the 2003 Current Population Survey data (for the year 2002) presented in Appendix IV.

^bThis category includes men and women who report "other" or "two or more" races.

Appendix V:

Wage Ratio Between Full-Time, Year Round Employed Women Compared with Non-Hispanic White Men, by State and by Race and Ethnicity^a

Based on Data from Census 2000

State	All Women		White Women		African American Women		Asian American Women		Native American Women		Other/Two or More Women ^b		Hispanic Women	
	Ratio	Rank	Ratio	Rank (of 51)	Ratio	Rank (of 43)	Ratio	Rank (of 45)	Ratio	Rank (of 43)	Ratio	Rank (of 46)	Ratio	Rank (of 48)
Alabama	64.0%	43	68.6%	39	54.9%	39	71.4%	14	60.6%	24	62.9%	25	57.1%	15
Alaska	68.5%	24	72.6%	13	61.2%	30	54.4%	44	65.8%	12	70.3%	3	59.0%	10
Arizona	66.0%	37	72.0%	17	62.5%	26	70.0%	22	52.5%	42	63.8%	19	50.8%	37
Arkansas	70.0%	14	70.0%	31	62.7%	24	64.7%	33	78.7%	1	63.3%	21	53.3%	27
California	63.2%	45	71.2%	23	64.0%	22	66.0%	31	54.0%	40	60.0%	36	44.0%	46
Colorado	70.7%	11	73.2%	10	68.3%	8	70.2%	20	58.5%	31	65.9%	10	56.1%	19
Connecticut	68.4%	25	71.4%	18	59.2%	36	70.0%	22	71.4%	4	54.3%	45	49.0%	40
Delaware	75.0%	2	75.0%	4	65.8%	14	87.5%	1			70.0%	4	52.5%	32
Dist. of Columbia	59.0%	51	82.0%	1	50.0%	42	57.4%	43			52.6%	46	41.0%	48
Florida	69.4%	21	73.3%	7	61.1%	31	69.4%	24	66.7%	9	59.2%	37	61.1%	4
Georgia	65.0%	41	70.0%	31	60.3%	33	62.5%	37	55.0%	38	65.0%	13	50.0%	38
Hawaii	70.5%	13	77.5%	3	62.5%	26	70.5%	20			65.0%	13	62.5%	3
Idaho	67.3%	30	67.8%	40			78.9%	3	65.8%	12	58.5%	38	55.6%	22
Illinois	64.4%	42	66.7%	45	64.4%	19	73.3%	11	56.0%	35	57.3%	41	46.7%	43
Indiana	66.0%	37	66.0%	48	66.0%	13	63.3%	36	55.4%	36	60.7%	34	58.0%	11
Iowa	72.7%	4	72.7%	11	66.7%	10	72.7%	12	67.9%	7	60.6%	35	60.6%	5
Kansas	69.4%	21	69.4%	38	65.3%	15	63.9%	34	63.9%	18	63.3%	21	55.6%	22
Kentucky	69.3%	23	69.9%	36	66.3%	12	75.3%	6			72.3%	2	60.2%	7
Louisiana	61.1%	50	66.7%	45	48.9%	43	58.9%	42	65.3%	14	61.1%	32	56.7%	17
Maine	73.8%	3	73.8%	6			70.8%	19	67.7%	8	64.6%	17	80.0%	1
Maryland	71.1%	7	73.3%	7	68.9%	5	73.6%	10	71.1%	6	66.7%	8	55.6%	22
Massachusetts	71.1%	7	73.3%	7	64.4%	19	68.4%	26	57.8%	32	55.6%	44	51.3%	36
Michigan	65.1%	40	65.1%	49	65.1%	16	74.4%	9	54.7%	39	58.1%	39	55.8%	20
Minnesota	70.8%	10	72.5%	14	64.5%	18	65.0%	32	60.0%	27	63.8%	19	53.3%	27
Mississippi	63.4%	44	70.4%	28	54.4%	40	74.9%	8	60.4%	26	66.5%	9	57.4%	13
Missouri	70.0%	14	70.3%	29	70.9%	4	71.4%	14	62.9%	19	62.9%	25	62.9%	2
Montana	66.7%	34	66.7%	45					66.7%	9	64.7%	16	60.0%	8
Nebraska	72.7%	4	72.7%	11	71.2%	2	63.6%	35	60.6%	24	72.7%	1	60.6%	5
Nevada	67.5%	29	72.5%	14	62.5%	26	62.5%	37	62.0%	20	62.5%	29	50.0%	38
New Hampshire	70.0%	14	70.0%	31			62.5%	37			69.3%	5	52.5%	32
New Jersey	66.0%	37	70.0%	31	60.0%	34	80.0%	2	52.0%	43	56.0%	43	46.0%	45
New Mexico	61.3%	49	70.3%	29	57.9%	37	78.9%	3	55.3%	37	65.8%	11	52.6%	30
New York	67.1%	32	71.1%	24	66.7%	10	71.1%	17	57.1%	33	61.6%	30	55.6%	22
North Carolina	71.1%	7	72.3%	16	62.9%	24	71.4%	14	61.4%	21	68.6%	6	47.1%	41
North Dakota	66.7%	34	67.3%	43					60.0%	27				
Ohio	67.2%	31	67.2%	44	64.6%	17	72.4%	13	64.1%	17	64.6%	17	56.8%	16
Oklahoma	69.9%	19	71.4%	18	64.3%	21	68.3%	27	65.2%	15	64.9%	15	55.0%	26
Oregon	69.7%	20	71.1%	24	71.1%	3	66.1%	30	64.7%	16	63.2%	23	52.6%	30
Pennsylvania	68.4%	25	69.7%	37	68.4%	7	71.1%	17	76.1%	2	65.8%	11	57.9%	12
Rhode Island	68.0%	27	71.3%	22	54.0%	41	53.8%	45			57.3%	41	43.3%	47
South Carolina	67.1%	32	71.4%	18	57.1%	38	68.6%	25	57.1%	33	62.9%	25	56.6%	18
South Dakota	70.0%	14	70.0%	31					71.3%	5			55.7%	21
Tennessee	70.6%	12	70.6%	27	67.6%	9	76.5%	5	75.0%	3	63.2%	23	52.9%	29
Texas	62.4%	47	70.7%	26	61.0%	32	68.3%	27	65.9%	11	61.0%	33	46.3%	44
Utah	61.4%	48	63.9%	50	61.4%	29	61.4%	40	53.7%	41	61.4%	31	46.8%	42
Vermont	78.1%	1	78.1%	2										
Virginia	70.0%	14	75.0%	4	60.0%	34	75.0%	7	60.0%	27	67.5%	7	57.3%	14
Washington	71.4%	6	71.4%	18	68.6%	6	66.7%	29	59.5%	30	62.9%	25	52.4%	34
West Virginia	67.7%	28	67.7%	42	72.6%	1								
Wisconsin	66.2%	36	67.8%	40	63.3%	23	60.4%	41	60.7%	23	58.0%	40	59.4%	9
Wyoming	62.6%	46	62.9%	51					61.1%	22			51.4%	35
United States	67.5%		70.0%		62.5%		75.0%		57.8%		64.3%		52.5%	

Notes: Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

Blank cells indicate insufficient sample sizes to reliably estimate these figures.

^aThe numbers and rankings presented here are based on 2000 Census data for the year 1999. These data differ slightly from those based on the 2003 Current Population Survey data (for the year 2002) presented in Appendix IV. Note that the ratios in this table are calculated differently from those in Appendix IV between all women and all men; this table compares women's wages by race and ethnicity to white men only.

^bThis category includes men and women who report "other" or "two or more" races.

Appendix V:

Percent of Women and Men Aged 16 and Older Living Above Poverty, 1999, by State, Race, and Ethnicity^a Based on Data from Census 2000

State	Total Population		Whites			African Americans			Asian Americans		
	Percent of Women	Percent of Men	Percent of Women	Rank for Women (of 51)	Percent of Men	Percent of Women	Rank for Women (of 43)	Percent of Men	Percent of Women	Rank for Women (of 46)	Percent of Men
Alabama	83.2%	88.3%	88.5%	41	91.8%	68.7%	40	77.2%	85.1%	33	84.9%
Alaska	91.4%	91.8%	94.1%	3	94.5%	92.9%	1	88.7%	90.3%	8	87.3%
Arizona	86.7%	89.1%	91.6%	15	93.5%	79.3%	13	84.0%	87.6%	19	87.8%
Arkansas	83.8%	88.4%	87.2%	48	90.8%	67.1%	41	76.6%	85.9%	29	81.7%
California	86.4%	88.7%	91.5%	16	93.3%	78.9%	14	83.3%	87.6%	19	88.7%
Colorado	90.1%	92.4%	92.4%	12	94.5%	82.9%	4	89.3%	89.5%	13	89.7%
Connecticut	91.7%	94.0%	94.5%	1	96.2%	81.9%	6	86.4%	91.1%	3	89.8%
Delaware	90.4%	93.1%	93.2%	5	95.4%	82.0%	5	87.0%	92.5%	2	92.7%
Dist. of Columbia	81.5%	84.2%	90.6%	30	92.4%	77.9%	15	79.6%	79.0%	44	79.1%
Florida	87.3%	90.4%	91.2%	20	93.4%	75.1%	27	81.9%	87.6%	19	87.3%
Georgia	86.4%	90.5%	91.0%	22	93.8%	76.9%	19	84.1%	89.8%	12	89.4%
Hawaii	89.1%	90.9%	89.9%	34	91.1%	89.2%	2	95.1%	90.5%	7	91.9%
Idaho	87.9%	91.0%	88.9%	39	92.0%				85.7%	31	86.1%
Illinois	89.2%	91.8%	92.9%	7	94.9%	75.3%	25	80.2%	89.9%	11	90.5%
Indiana	89.8%	93.0%	91.4%	18	94.3%	77.2%	17	85.2%	86.6%	26	80.1%
Iowa	90.6%	92.6%	91.3%	19	93.5%	69.7%	39	76.5%	82.6%	41	77.7%
Kansas	89.5%	92.3%	91.0%	22	93.7%	77.6%	16	84.2%	86.7%	25	85.5%
Kentucky	83.8%	87.9%	84.8%	50	88.6%	72.0%	35	81.3%	86.5%	27	89.4%
Louisiana	79.9%	85.9%	87.4%	46	91.0%	64.4%	43	73.7%	80.5%	42	81.4%
Maine	87.9%	91.7%	88.4%	42	92.0%				79.8%	43	88.8%
Maryland	91.1%	93.5%	93.8%	4	95.8%	86.0%	3	88.9%	90.6%	6	91.5%
Massachusetts	90.0%	92.9%	92.5%	10	95.0%	80.3%	11	83.0%	83.2%	38	85.1%
Michigan	89.1%	92.2%	91.7%	14	94.3%	76.4%	23	81.8%	88.7%	15	89.2%
Minnesota	91.5%	93.6%	92.9%	7	95.0%	72.2%	34	77.6%	85.4%	32	82.6%
Mississippi	79.4%	85.7%	87.3%	47	91.1%	65.3%	42	74.8%	84.0%	35	78.6%
Missouri	87.9%	91.3%	89.7%	35	92.7%	76.5%	21	81.8%	85.8%	30	85.1%
Montana	85.2%	87.8%	87.2%	48	89.3%						
Nebraska	90.2%	92.8%	91.5%	16	93.9%	74.6%	29	81.9%	90.1%	10	88.7%
Nevada	89.5%	91.9%	92.1%	13	94.2%	80.3%	11	86.4%	91.0%	4	91.9%
New Hampshire	92.7%	95.3%	93.1%	6	95.6%				89.1%	14	91.5%
New Jersey	90.9%	93.6%	94.3%	2	96.2%	81.9%	6	86.8%	93.0%	1	93.3%
New Mexico	82.6%	85.7%	89.7%	35	92.0%	80.6%	10	86.1%	87.7%	18	81.7%
New York	85.4%	88.9%	91.0%	22	93.3%	76.5%	21	81.5%	83.1%	39	83.8%
North Carolina	87.1%	90.9%	90.8%	27	93.7%	76.9%	19	84.0%	90.7%	5	87.9%
North Dakota	87.4%	89.8%	88.9%	39	91.0%						
Ohio	88.9%	92.5%	91.0%	22	94.1%	74.9%	28	81.8%	87.1%	22	86.3%
Oklahoma	85.2%	88.8%	87.7%	45	90.8%	72.0%	35	80.7%	84.0%	35	79.4%
Oregon	88.2%	90.5%	89.6%	37	92.0%	75.5%	24	83.3%	86.9%	24	86.6%
Pennsylvania	88.4%	92.0%	90.8%	27	93.8%	73.8%	31	80.3%	82.8%	40	83.3%
Rhode Island	87.3%	91.8%	90.5%	31	94.1%	73.6%	32	79.8%	73.8%	46	81.8%
South Carolina	85.2%	89.8%	90.4%	32	93.5%	73.5%	33	81.3%	86.1%	28	85.0%
South Dakota	87.1%	89.8%	89.6%	37	92.4%						
Tennessee	85.9%	89.8%	88.2%	44	91.5%	75.2%	26	82.9%	88.1%	17	85.8%
Texas	84.9%	88.3%	91.2%	20	93.7%	77.0%	18	83.1%	88.5%	16	87.3%
Utah	89.4%	92.3%	90.9%	26	93.8%	74.5%	30	81.9%	84.8%	34	84.8%
Vermont	89.5%	93.0%	90.0%	33	93.2%						
Virginia	89.9%	92.8%	92.5%	10	94.4%	80.9%	9	87.3%	90.3%	8	91.3%
Washington	89.0%	91.5%	90.7%	29	93.2%	81.9%	6	85.5%	87.1%	22	88.2%
West Virginia	82.2%	85.5%	82.7%	51	86.0%	70.6%	37	73.5%	77.0%	45	74.2%
Wisconsin	91.0%	93.5%	92.8%	9	95.0%	69.8%	38	78.6%	83.9%	37	78.6%
Wyoming	87.2%	91.6%	88.4%	42	92.4%						
United States	87.4%	90.6%	91.0%		93.5%	75.9%		82.2%	87.6%		88.0%

Notes: Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

Blank cells indicate insufficient sample sizes to reliably estimate these figures.

^aThe numbers and rankings presented here are based on 2000 Census data for the year 1999. They differ from those based on the 2003 Current Population Survey data (for the year 2002) presented in Appendix IV.

^bThis category includes men and women who report "other" or "two or more" races.

Appendix V:

(Continued) **Percent of Women and Men Aged 16 and Older Living Above Poverty, 1999, by State, Race, and Ethnicity^a** Based on Data from Census 2000

State	Native Americans			Other/Two or More ^b			Hispanics		
	Percent of Women	Rank for Women (of 44)	Percent of Men	Percent of Women	Rank for Women (of 47)	Percent of Men	Percent of Women	Rank for Women (of 48)	Percent of Men
Alabama	75.1%	30	86.9%	82.9%	19	86.8%	75.6%	37	77.0%
Alaska	80.7%	12	80.4%	88.4%	2	89.2%	87.0%	1	88.8%
Arizona	63.8%	40	65.1%	80.1%	32	84.9%	76.3%	32	80.8%
Arkansas	78.0%	23	83.5%	85.0%	10	83.9%	72.6%	44	77.1%
California	79.8%	17	83.7%	84.8%	11	86.3%	78.4%	24	82.4%
Colorado	79.2%	18	83.5%	84.4%	13	87.4%	80.7%	15	84.2%
Connecticut	84.4%	8	89.8%	84.6%	12	87.0%	75.8%	35	81.1%
Delaware				86.9%	3	87.6%	76.3%	32	79.6%
Dist. of Columbia				78.5%	42	82.4%	79.9%	19	85.7%
Florida	78.5%	22	86.0%	79.3%	36	83.2%	81.5%	11	85.0%
Georgia	81.3%	11	88.8%	82.6%	23	86.7%	78.4%	24	81.0%
Hawaii				85.3%	9	89.0%	82.1%	7	85.8%
Idaho	75.6%	28	81.8%	83.1%	17	84.6%	75.7%	36	80.7%
Illinois	85.6%	4	88.8%	83.8%	14	86.8%	83.7%	4	86.1%
Indiana	84.5%	7	85.6%	82.9%	19	88.6%	81.6%	10	83.6%
Iowa	71.0%	34	71.1%	83.3%	16	80.4%	81.4%	12	83.6%
Kansas	86.6%	2	89.9%	81.4%	27	85.1%	79.5%	21	83.4%
Kentucky	74.3%	31	73.2%	78.7%	40	82.4%	78.3%	26	76.6%
Louisiana	72.9%	33	84.2%	75.1%	46	83.7%	80.3%	17	82.5%
Maine	68.9%	36	71.0%	72.1%	47	81.9%	82.0%	8	80.2%
Maryland	85.5%	5	86.4%	90.1%	1	90.7%	86.2%	2	88.9%
Massachusetts	77.6%	24	84.7%	79.5%	34	86.3%	69.9%	46	78.0%
Michigan	80.4%	15	86.3%	81.3%	28	84.6%	82.2%	5	85.1%
Minnesota	73.7%	32	78.0%	81.5%	25	81.7%	78.1%	27	81.1%
Mississippi	65.3%	39	75.4%	79.4%	35	82.5%	77.6%	29	78.8%
Missouri	81.5%	10	83.7%	79.2%	37	83.9%	80.0%	18	83.2%
Montana	58.8%	42	63.5%	76.1%	44	81.3%	77.7%	28	82.8%
Nebraska	70.6%	35	74.3%	82.8%	21	90.3%	80.5%	16	83.7%
Nevada	81.6%	9	88.0%	86.8%	4	90.1%	82.2%	5	85.7%
New Hampshire				86.2%	6	83.0%	81.9%	9	91.7%
New Jersey	86.5%	3	92.7%	85.5%	8	89.0%	81.2%	13	85.9%
New Mexico	65.9%	38	67.9%	78.8%	39	84.6%	77.2%	30	81.4%
New York	75.5%	29	81.1%	79.9%	33	82.0%	71.1%	45	79.0%
North Carolina	79.0%	20	83.1%	81.0%	29	86.2%	74.1%	42	78.8%
North Dakota	55.6%	43	68.8%						
Ohio	76.7%	25	85.7%	78.7%	40	84.2%	81.0%	14	84.5%
Oklahoma	79.2%	19	83.0%	81.5%	25	86.6%	73.6%	43	79.7%
Oregon	79.0%	20	79.5%	80.7%	30	83.2%	74.9%	41	79.3%
Pennsylvania	80.5%	14	85.5%	80.7%	30	84.0%	68.4%	47	75.8%
Rhode Island				78.3%	43	87.6%	62.3%	48	75.9%
South Carolina	76.4%	26	88.5%	81.7%	24	84.4%	76.7%	31	75.3%
South Dakota	54.7%	44	57.6%						
Tennessee	80.6%	13	86.7%	79.2%	37	83.6%	76.1%	34	77.1%
Texas	84.7%	6	88.0%	83.4%	15	86.6%	75.3%	39	80.0%
Utah	66.3%	37	74.5%	83.0%	18	87.6%	79.6%	20	83.1%
Vermont									
Virginia	88.7%	1	90.6%	86.5%	5	89.0%	86.2%	2	88.4%
Washington	76.1%	27	80.0%	82.8%	21	87.0%	75.6%	37	80.3%
West Virginia				76.1%	44	78.6%	75.0%	40	79.7%
Wisconsin	80.1%	16	84.5%	86.0%	7	86.3%	79.1%	22	82.0%
Wyoming	62.2%	41	77.2%				78.9%	23	87.0%
United States	75.0%		79.2%	82.5%		85.7%	77.5%		82.0%

Notes:

Hispanics may be of any race or two or more races. Racial categories (Whites, African Americans, Asian Americans, Native Americans, Other/Two or More) do not include Hispanics.

Blank cells indicate insufficient sample sizes to reliably estimate these figures.

^aThe numbers and rankings presented here are based on 2000 Census data for the year 1999. They differ from those based on the 2003 Current Population Survey data (for the year 2002) presented in Appendix IV.

Appendix VI: Selected State and National Resources

Selected Michigan Resources

Affirmations Lesbian/Gay

Community Center
195 West 9 Mile Road
Ferndale, MI 48220
Tel: (248) 398-7105
Fax: (248) 541-1943
<http://www.goaffirmations.org>

African American Women's Network

5440 Cass Avenue, Suite 202
Detroit, MI 48202
Tel: (313) 831-2523
<http://aawn1.tripod.com>

Alliance of Women Entrepreneurs

P.O. Box 1201
Grand Rapids, MI 49501-1201
Tel: (616) 975-0134
Fax: (616) 261-8605
<http://www.awe-westmichigan.org>

Alternatives for Girls

903 West Grand Boulevard
Detroit, MI 48208
Tel: (313) 496-0938

American Association of University Women, Executive Office

1111 16th Street, NW
Washington, DC 20036
Tel: (248) 684-1439
<http://www.aauw-michigan.org>

American Civil Liberties Union

60 West Hancock Street
Detroit, MI 48201
Tel: (313) 578-6800
Fax: (313) 578-6811
<http://www.aclumich.org>

American College of Obstetricians and Gynecologists

1609 Washington Boulevard
Birmingham, MI 48009
Tel: (248) 551-5000
Fax: (616) 391-3174
<http://www.acog.com>

American Friends Service Committee, Michigan

1414 Hill Street
Ann Arbor, MI 48104
Tel: (734) 761-8283
Fax: (734) 761-6022
<http://www.afsc.org>

American Women in Radio and Television

3500 Patterson Avenue, SE
Grand Rapids, MI 49512
Tel: (616) 247-3600
Fax: (616) 490-9505
<http://www.awrt.org>

Anti-Defamation League

6735 Telegraph Road, Suite 300
Bloomfield Hills, MI 48301
Tel: (248) 646-2440
Fax: (248) 646-2462
<http://www.adl.org>

Arab American Anti-Discrimination League

13530 Michigan Avenue, Suite 228
Dearborn, MI 48126
Tel: (313) 581-1201
Fax: (313) 581-1601

Arab Community Center for Economics and Social Services

2651 Saulino Court
Dearborn, MI 48120
Tel: (313) 842-7010
Fax: (313) 842-5150
<http://www.accesscommunity.org>

Asian American Center for Justice

19111 West 10 Mile Road, Suite 121
Southfield, MI 48075
Tel: (248) 548-3361
Fax: (248) 398-7859

Asian-Pacific-American Women's Association

2149 Quarry
Lansing, MI 48823
Tel: (517) 349-3284
Fax: (517) 355-4657

Association for Women in Science, University of Michigan

Ann Arbor, MI 48109
<http://www.umich.edu/~awisum>

Association of Women in Computing, Ann Arbor Chapter

P.O. Box 1864
Ann Arbor, MI 48106-1864
<http://www.hvcn.org/info/awc>

Association of Women in the Metal Industry

7050 Fox Chase Lane
Westland, MI 48185
Tel: (734) 416-3894

Automotive Women's Alliance

P.O. Box 4305
Troy, MI 48099
Tel: (248) 583-3922
Fax: (248) 583-4838
<http://www.automotivewomensalliance.com>

Black Family Development

284 Alice Avenue
Bloomfield Hills, MI 48302
Tel: (313) 272-3500 ext. 20

Business and Professional Women of Michigan

P.O. Box 21064
Lansing, MI 48909-1064
Tel: (517) 484-6409
Fax: (517) 374-9073

Center for Empowerment and Economic Development

2002 Hogback Road, Suite 12
Ann Arbor, MI 48105-9751
Tel: (734) 677-1400
Fax: (734) 677-1465
<http://www.miced.org>

Center for the Education of Women, University of Michigan

330 East Liberty Street
Ann Arbor, MI 48104
Tel: (734) 998-7078
Fax: (734) 998-6203
<http://www.umich.edu/~cew>

Coalition of Labor Union Women

Jefferson Station
P.O. Box 14120
Detroit, MI 48214
Tel: (313) 537-5845
<http://www.cluw.org>

Communities for Equity

P.O. Box 663
Ada, MI 49301
Tel: (616) 361-0526

Community Foundation of Greater Flint, Women and Girls Fund

502 Church Street
Flint, MI 48502-1206
Tel: (810) 767-8270
Fax: (810) 767-0496
<http://www.cfgf.org>

Council of Michigan Foundations

1 South Harbor Avenue
Grand Haven, MI 49417
Tel: (616) 842-7080
Fax: (616) 842-1760
<http://www.cmif.org>

Diocesan Council of Catholic Women

600 Burton Street, SE
Grand Rapids, MI 49507
Tel: (616) 243-0491

Domestic Violence Prevention and Treatment Board

Family Independence Agency
P.O. Box 30037
Lansing, MI 48909
Tel: (517) 373-8144
Fax: (517) 241-8903
<http://www.michigan.gov/fia>

Domestic Violence Resource Directory

http://www.michigan.gov/emi/1,1303,7-102-112_219_240-2884—CI,00.html

Elder Law of Michigan

221 North Pine Street
Lansing, MI 48933
Tel: (517) 485-9164
Fax: (517) 372-0791
<http://www.elderslaw.org>

EMILY's List

1120 Connecticut Avenue
Washington, DC 20036
Tel: (202) 326-1400
Fax: (202) 326-1415
<http://www.emilyslist.org>

Federally Employed Women

23300 Providence Drive, Suite 815
Southfield, MI 48075-3676
Tel: (618) 229-9313

Institute for Research on Women and Gender, University of Michigan

1136 Lane Hall
Ann Arbor, MI 48109-1290
Tel: (734) 764-9537
Fax: (734) 764-9533
<http://www.umich.edu/~irwg>

James A. & Faith Knight Foundation

180 Little Lake Drive, Suite 6B
Ann Arbor, MI 48103
Tel: (734) 769-5653
Fax: (734) 769-8383
www.KnightFoundationMI.org

Jewish Women's Foundation of Metropolitan Detroit

6735 Telegraph Road
Bloomfield Hills, MI 48301
Tel: (248) 203-1483
Fax: (248) 645-7857

La Leche League of Michigan

<http://www.lalecheleague.org/Web/Michigan.html>

Latin Americans for Social and Economic Development

4819 Lonyo Street
Detroit, MI 40210
Tel: (313) 916-1293

League of Women Voters of Michigan

200 Museum Drive, Suite 104
Lansing, MI 48933
Tel: (517) 484-5383
Fax: (517) 484-3086
<http://www.lwvmi.org>

MARAL Pro-Choice Michigan

4515 West Saginaw, Suite 201
Lansing, MI 48917
Tel: (517) 327-4707
Fax: (517) 327-4710
<http://www.prochoicemichigan.org>

Michigan Agri-Women

6690 Walker Avenue, NW
Grand Rapids, MI 49504
Tel: (616) 784-0229
<http://www.americanagriwomen.org>

Michigan Association for the Education of Young Children

Beacon Place
4572 South Hagadorn Road, Suite 1D
East Lansing, MI 48823-5385
Tel: (517) 241-4741
Fax: (517) 336-9790
<http://www.miaeyc.com>

Michigan Coalition Against Domestic and Sexual Violence

3893 Okemos Road, Suite B2
Okemos, MI 48864
Tel: (517) 347-7000
TTY: (517) 381-8470
Fax: (517) 347-1377

Michigan Democratic Women's Caucus

3431 Studor Road
Saginaw, MI 48601
Tel: (989) 777-6553

Michigan Department of Civil Rights

1200 Sixth Street
Michigan Plaza Building
Detroit, MI 48226
Tel: (517) 335-3164
Fax: (517) 335-6513

Michigan Gender Equity Team

4045 23rd Street
Wyandotte, MI 48192
Tel: (313) 235-2168
<http://www.mi-gender-equity.com>

Michigan Girl Scout Councils

<http://www.girlscouts.org>
<http://www.emf.net/~troop24/scouting/gs-mi.html>

Michigan League for Nursing

2410 Woodlake Drive
Okemos, MI 48864
Tel: (517) 347-8091
Fax: (517) 347-4096
<http://www.michleaguenursing.org>

Michigan Midwives Association

4220 East Loop Road
Hesperia, MI 49421
Tel: (877) BIRTH-4-U
<http://www.michiganmidwives.org>

Michigan NOW

P.O. Box 18063
Lansing, MI 48901
Tel: (517) 485-9687
<http://www.michnow.org>

Michigan Pay Equity Network

P.O. Box 5156
Dearborn, MI 48128
Tel: (313) 562-6924

Michigan Poverty Law Program

611 Church Street, Suite 4A
Ann Arbor, MI 48104
Tel: (734) 998-6100
Fax: (734) 998-9125
<http://www.mplp.org>

Michigan Pride, Inc.

P.O. Box 16191
Lansing, MI 48901
Tel: (517) 371-8466
<http://www.artofcombat.org/501c/michprid>

Michigan Republican Coalition for Choice

5540 Woodville Road
Haslette, MI 48840
Tel: (517) 339-2248

Michigan Resource Center on Domestic and Sexual Violence

3893 Okemos Road, Suite B2
Okemos, MI 48864
Tel: (517) 381-4663
Fax: (517) 347-1060
<http://www.mcadsv.org>

Michigan State University Women's Resource Center

332 Union Building, MSU
East Lansing, MI 48824-1029
Tel: (517) 353-1635
<http://www.msu.edu/~wrc/programs.htm>

Michigan Women's Commission

110 West Michigan Avenue, Suite 800
Lansing, MI 48933
Tel: (517) 373-2884
Fax: (517) 335-1649
<http://www.michigan.gov/mdcr/0,1607,7-138-4957—,00.html>

Michigan Women's Foundation

17177 North Laurel Park Drive, Suite 161
Livonia, MI 48152
Tel: (734) 542-3946
Fax: (734) 542-3952
<http://www.miwf.org>

Michigan Women's Historical Center and Hall of Fame

213 West Main Street
Lansing, MI 48933
Tel: (517) 484-1880
Fax: (517) 372-0170
<http://members.tripod.com/mwfame>

Michigan Women's Political Caucus

20090 Shrewsbury Road
Detroit, MI 48221

Michigan Women's Studies Association

213 West Main Street
Lansing, MI 48933
Tel: (517) 372-9772
Fax: (517) 372-9772

Michigan Womyn's Music Festival
P.O. Box 22
Walhalla, MI 49458
Tel: (231) 757-4766
<http://www.michfest.com/home.htm>

National Association of Social Workers, Michigan Chapter
741 North Cedar Street, Suite 100
Lansing, MI 48906
Tel: (517) 487-1548
Fax: (517) 487-0675
<http://www.nasw-michigan.org>

National Association of Women Business Owners
660 Woodward Avenue, Suite 1166
Detroit, MI 48226
Tel: (313) 961-4748
<http://www.nawbogdc.org>

National Council of Jewish Women
6900 Heron Point
West Bloomfield, MI 48323
Tel: (248) 682-0468

National Domestic Violence Hotline
Tel: (802) 799-SAFE
TTY: (800) 787-3224

National Initiative for Women in Higher Education
1818 R Street, NW
Washington, DC 20009
Tel: (202) 387-3760
Fax: (202) 265-9532
<http://www.campuswomenlead.org>

National Women's Rights Organizing Coalition
P.O. Box 1092, Penobscot Station
Detroit, MI 48231
Tel: (313) 730-3577
<http://www.umich.edu/~nwroc>

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
<http://www.nwsa.org>

Nokomis Foundation
161 Ottawa, NW, Suite 305C
Grand Rapids, MI 49503
Tel: (616) 451-0267
Fax: (616) 451-9914
<http://www.nokomisfoundation.org>

Older Women's League (OWL)
666 11th Street, NW, Suite 700
Washington, DC 20001
Tel: (202) 783-6686
Fax: (202) 638-2356
<http://www.owl-national.org>

Planned Parenthood Affiliates of Michigan
P.O. Box 19104
Lansing, MI 48901-9104
Tel: (517) 482-1080
<http://www.miplannedparenthood.org>

Republican Women's Federation of Michigan
7468 Bridgeway Drive
Temperance, MI 48182-3201
Tel: (734) 847-8326
Fax: (734) 847-9297
<http://www.nfrw.org/statefederations/michigan.htm>

Society of Women Engineers, Michigan Tech University
106 Union Building, 1400 Townsend Drive
Houghton, MI 49931-1295
Tel: (906) 487-0035
Fax: (906) 487-3158
<http://www.sos.mtu.edu/swe>

Sojourner Foundation
25940 Grand River Avenue
Detroit, MI 48240-1485
Tel: (313) 534-4263
Fax: (248) 355-0403

Transgender Michigan
<http://www.transgendermichigan.org>

United Auto Workers International Union, Women's Department
8000 East Jefferson Avenue
Detroit, MI 48214
Tel: (313) 926-5432
Fax: (313) 823-6016

Upper Peninsula Coalition for Women's Rights
410 Spruce Street
Marquette, MI 49855
Tel: (906) 228-4513

Vista Maria
20651 West Warren Avenue
Dearborn Heights, MI 48127
Tel: (313) 271-3050
Fax: (313) 271-6250

Women in Communications, Inc.
1659 Dennett Lane
Rochester, MI 48307
Tel: (248) 652-1460

Women in International Trade, Detroit
P.O. Box 43949
Detroit, MI 48243-0949
Tel: (734) 833-3694
<http://www.owit.org/chapterDetails.asp?id=15>

Women Involved in Giving Support (WINGS)
8928 Portage Road
Portage, MI 49002
Tel: (269) 327-8304
Fax: (269) 323-7779

Women Lawyers Association of Michigan
23210 Great Mack, Suite 117
St. Clair Shores, MI 48080
Tel: (800) 654-5959
Tel: (313) 881-1833
Fax: (313) 886-8115
<http://www.womenlawyers.org>

Women's Business Council
316 West Water Street
Flint, MI 48503-5629
Tel: (810) 232-7101
Fax: (810) 232-7452

Women's Center of America
2425 West Stadium Boulevard
Ann Arbor, MI 48103
Tel: (734) 973-6779
Fax: (734) 973-6609
<http://www.thewomenscentrofamerica.org>

Women's Economic Club
3663 Woodward Avenue, Suite 4-1610
Detroit, MI 48201-2403
Tel: (313) 578-3230
<http://www.womenseconomicclub.org>

Women's Initiative for Self-Employment (WISE)
2002 Hogback Road, Suite 12
Ann Arbor, MI 48105
Tel: (734) 677-1400
Fax: (734) 677-1465

Women's Sports Foundation Community Action Program
200 SAC
Mt. Pleasant, MI 48858
Tel: (517) 774-7319

Working Women Artists, Inc.
2694 Heather Drive
East Lansing, MI 48823
Tel: (517) 332-6205
<http://www.msu.edu/user/krem-pask/wwwa.htm>

YWCA USA
1015 18th Street, NW, Suite 1100
Washington, DC 20036
Tel: (202) 467-0801
Fax: (202) 467-0802
<http://www.ywca.org>

Selected National Resources

AARP

<http://www.aarp.org>

AFL-CIO Civil, Women's, and Human Rights Department

<http://www.aflcio.org>

African American Women Business Owners Association

<http://www.blackpgs.com/aawboa.html>

African American Women's Institute, Howard University

<http://www.howard.edu/collegeartssciences/sociology/aawi>

Alan Guttmacher Institute

<http://www.guttmacher.org>

American Association of University Women

<http://www.aauw.org>

American Federation of State, County, and Municipal Employees

<http://www.afscme.org>

American Federation of Teachers

<http://www.aft.org>

American Nurses Association

<http://www.ana.org>

American Woman's Economic Development Corporation

<http://www.awed.org>

American Women's Medical Association

<http://www.amwa-doc.org>

Asian Women in Business

<http://www.awib.org>

Association of Women in Agriculture

<http://www.sit.wisc.edu/~awa>

Black Women's Health Imperative

<http://www.blackwomenshealth.org>

Black Women United for Action, Inc.

<http://www.bwufa.org>

Catalyst

<http://www.catalystwomen.org>

Catholics for a Free Choice

<http://www.catholicsforchoice.org>

Center for Advancement of Public Policy

<http://www.caponline.org>

Center for American Women and Politics

<http://www.rci.rutgers.edu/~cawp>

Center for Law and Social Policy

<http://www.clasp.org>

Center for the Prevention of Sexual and Domestic Violence

<http://www.cpsdv.org>

Center for Reproductive Rights (formerly Center for Reproductive Law and Policy)

<http://www.crlp.org>

Center for Women Policy Studies

<http://www.centerwomenpolicy.org>

Center for Women's Business Research

<http://www.womensbusinessresearch.org>

Center on Budget and Policy Priorities

<http://www.cbpp.org>

Children's Defense Fund

<http://www.childrensdefense.org>

Church Women United

<http://www.churchwomen.org>

Coalition of Labor Union Women

<http://www.cluw.org>

Communication Workers of America

<http://www.cwa-union.org>

Economic Policy Institute

<http://www.epinet.org>

Equal Rights Advocates

<http://www.equalrights.org>

Family Violence Prevention Fund

<http://www.endabuse.org>

Federally Employed Women

<http://www.few.org>

Feminist Majority Foundation

<http://www.feminist.org>

General Federation of Women's Clubs

<http://www.gfwc.org>

Girls Incorporated National Resource Center

<http://www.girlsinc.org>

Girl Scouts of the USA

<http://www.girlscouts.org>

Hadassah, The Women's Zionist Organization of America

<http://www.hadassah.com>

Human Rights Campaign

<http://www.hrc.org>

Institute for Women's Policy Research

<http://www.iwpr.org>

Jacobs Institute of Women's Health

<http://www.jiwh.org>

Jewish Women International

<http://www.jewishwomen.org>

Lambda Legal Defense and Education Fund

<http://www.lambdalegal.org>

League of Women Voters

<http://www.lwv.org>

Legal Momentum (formerly NOW Legal Defense and Education Fund)

<http://www.legalmomentum.org>

MANA—A National Latina Organization

<http://www.hermana.org>

Mexican American Legal Defense and Educational Fund

<http://www.maldef.org>

Ms. Foundation for Women

<http://www.ms.foundation.org>

NARAL Pro-Choice America

<http://www.prochoiceamerica.org>

National Abortion Federation

<http://www.prochoice.org>

National Asian Pacific American Women's Forum

<http://www.napawf.org>

National Asian Women's Health Organization

<http://www.nawho.org>

National Association for Female Executives

<http://www.nafe.com>

National Association of Commissions for Women

<http://www.nacw.org>

National Association of Negro Business and Professional Women's Clubs, Inc.

<http://www.nanbpwc.org>

National Association of Women Business Owners

<http://www.nawbo.org>

National Breast Cancer Coalition

<http://www.natlbcc.org>

National Center for American Indian Enterprise Development

<http://www.ncaied.org>

National Center for Lesbian Rights

<http://www.nclrights.org>

National Coalition Against Domestic Violence

<http://www.ncadv.org>

National Committee on Pay Equity

<http://www.pay-equity.org>

National Congress of American Indians

<http://www.ncai.org>

National Congress of Black Women

<http://www.npcbw.org>

National Council for Research on Women
<http://www.ncrw.org>

National Council of Negro Women
<http://www.ncnw.org>

National Council of Women's Organizations
<http://www.womensorganizations.org>

National Education Association
<http://www.nea.org>

National Family Planning & Reproductive Health Association
<http://www.nfprha.org>

National Gay and Lesbian Task Force
<http://www.nglftf.org>

National Organization for Women
<http://www.now.org>

National Partnership for Women and Families
<http://www.nationalpartnership.org>

National Women's Alliance
<http://www.nwaforchange.org>

National Women's Business Council
<http://www.nwbc.gov>

National Women's Health Network
<http://www.nwhn.org>

National Women's Health Resource Center
<http://www.healthywomen.org>

National Women's Law Center
<http://www.nwlc.org>

National Women's Political Caucus
<http://www.nwpc.org>

National Women's Studies Association
<http://www.nwsa.org>

Native American Rights Fund
<http://www.narf.org>

Native American Women's Health Education Resource Center
<http://www.nativeshop.org>

9 to 5, National Association of Working Women
<http://www.9to5.org>

Organization of Chinese-American Women
<http://mason.gmu.edu/~lsaavedr/ocawfinal/home.htm>

OWL: The Voice of Midlife and Older Women
<http://www.owl-national.org>

Planned Parenthood Federation of America, Inc.
<http://www.plannedparenthood.org>

Poverty and Race Research Action Council
<http://www.prrac.org>

Religious Coalition for Reproductive Choice
<http://www.rcrc.org>

The Rural Womyn Zone
<http://www.ruralwomyn.net>

Service Employees International Union
<http://www.seiu.org>

Third Wave Foundation
<http://www.thirdwavefoundation.org>

UNITE HERE
<http://www.unitehere.org>

United Food and Commercial Workers International Union Working Women's Department
<http://www.ufcw.org>

The Urban Institute
<http://www.urban.org>

The White House Project
<http://www.thewhitehouseproject.org>

Wider Opportunities for Women
<http://www.wowonline.org>

Women & Philanthropy
<http://www.womenphil.org>

Women Employed
<http://www.womenemployed.org>

Women, Ink.
<http://www.womenink.org>

Women Work! The National Network for Women's Employment
<http://www.womenwork.org>

Women's Cancer Center
<http://www.wccenter.com/index.html>

Women's Funding Network
<http://www.wfnet.org>

Women's Institute for a Secure Retirement
<http://www.network-democracy.org/socialsecurity/bb/whc/wiser.html>

Women's International League for Peace and Freedom
<http://www.wilpf.org>

Women's Law Project
<http://www.womenslawproject.org>

Women's Research and Education Institute
<http://www.wrei.org>

Women's Rural Entrepreneurial Network (WREN)
<http://www.wrencommunity.org>

Young Women's Christian Association of the USA (YWCA)
<http://www.ywca.org>

The Young Women's Project
<http://www.youngwomensproject.org>

Appendix VII: 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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The Status of Women in the States project is designed 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.

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