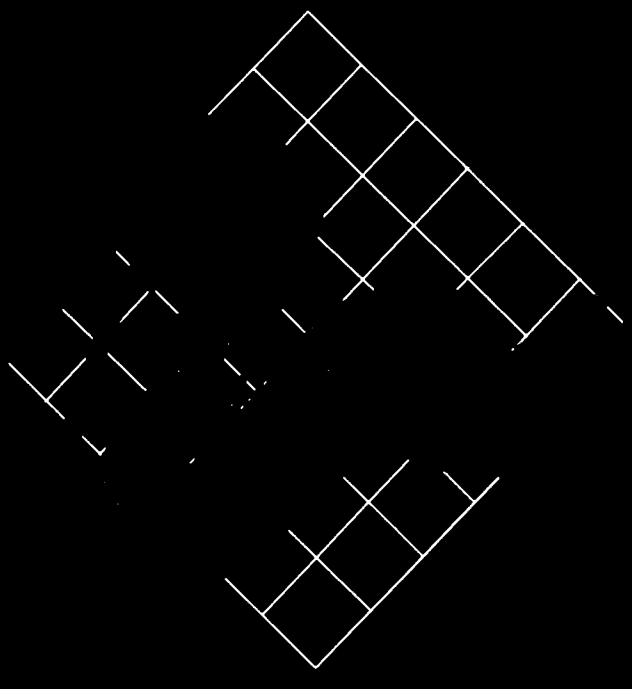
From the Wage Gap to the Gender Gap:

A Political and Economic Handbook

1996



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A Political and Economic Handbook

From the Wage Gap to the Gender Gap

IWPR 1996

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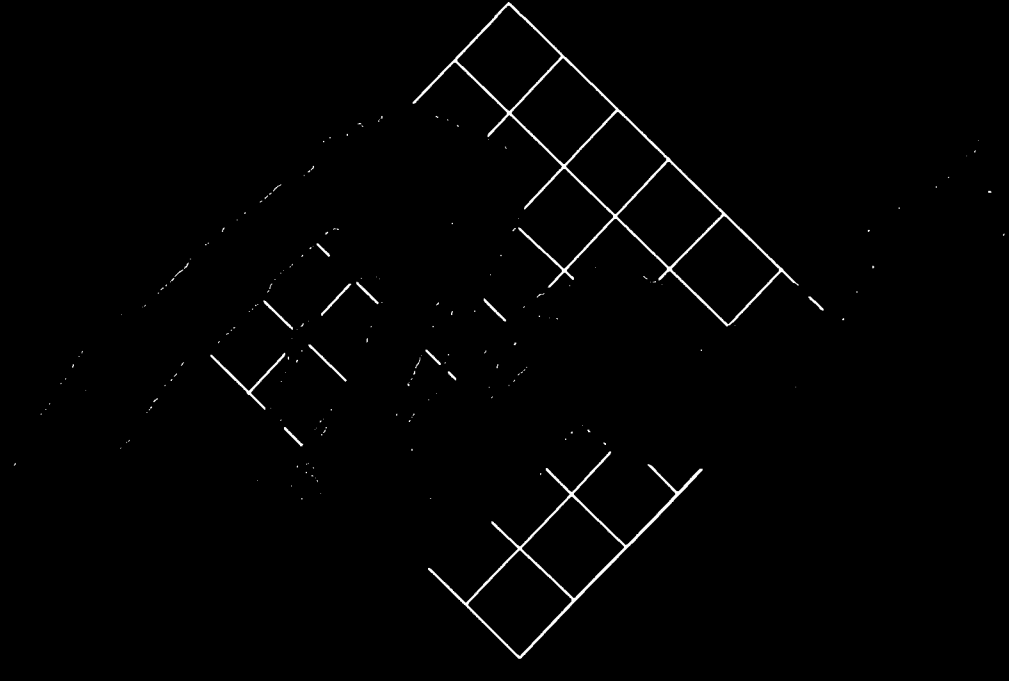

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ABOUT THIS BRIEFING BOOK

Compiled under the direction of:
Cynthia Fraser, Conference Associate
with the assistance of Kristin Ward, Conference Intern

"From the Wage Gap to the Gender Gap" is a handbook comprised of fact sheets highlighting the issues covered in the *1996 Leadership Conference for Women, the Economy, and the Elections*, held in Washington, DC, on July 25, 1996. These fact sheets are meant to offer accessible summaries of political and economic issues of importance to women. For more details on these topics, please contact the appropriate organizations or the "Suggested Resources" lists.

This briefing book could not have been assembled without the cooperation of the many organizations with which IWPR has worked over the past ten years, all of which provided either permission to reprint or multiple copies of their materials for inclusion. It has been a pleasure to learn about the outstanding resources that these organizations provide and to have an opportunity to share their excellent materials with the Conference participants and other readers. Please see the next two pages for a list of the contributing organizations.

IWPR would also like to thank the following people who assisted IWPR in assembling the materials:

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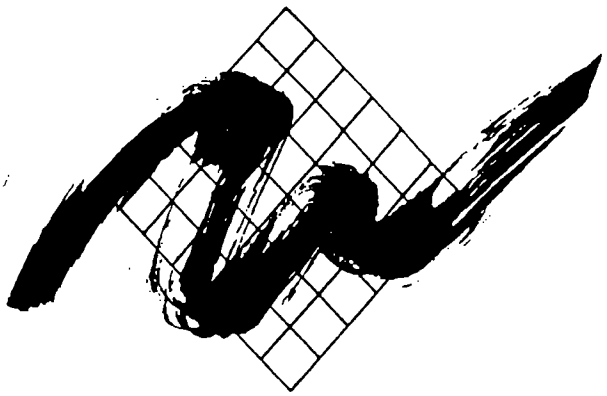

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FACTS AT A GLANCE

From the Wage Gap to the Gender Gap

- ✔ In 1994, the median annual earnings of year-round, full-time women workers were 74% of men's year-round, full-time earnings *(U.S. Department of Commerce, March 1995)*.
- ✔ In the last three presidential elections, 52% of voters were women with 64% of women voting *(Washington Post, March 15, 1996 and the National Women's Political Caucus, 1996)*.
- ✔ As of 1996, 1,524, or 20.8%, of the 7,424 state legislators in the U.S. are women *(Center for the American Woman and Politics, 1996)*.

Women and Economic Change

- ✔ Women constitute 46% of the current labor force, up from 41% in 1978 *(Employment and Earnings, 1996, U.S. Department of Labor)*.
- ✔ Women's share of the managerial labor force has grown, to 42% in 1990 from 30% in 1980, but their share among top earning managers is still small -- only six percent of women managers earn in the top fifth *(Institute for Women's Policy Research, 1993)*.
- ✔ In 1992, women owned 6.4 million firms, one-third of all U.S. firms *(National Women's Business Council, 1996)*.
- ✔ Women are 42% of the top wealth holders in the U.S., yet make up only 10% of the federal elected officals making crucial decisions about the use of our tax money *(Women's Budget, 1996 and Internal Revenue Service, 1989)*.

Women in the Media's Eye

- ✔ Despite the fact than women constitute 52% of the population, only 15% of newspaper front page references are made to women *(Women, Men, and Media, 1996)*.
- ✔ While women own one-third of all U.S. firms, only 14% of the references on key business pages are made to women *(Women, Men, and Media, 1996)*.

Changing Federal Priorities

- ✔ The federal budget for the 1996 fiscal year includes a $3.4 billion cut from the Department of Health and Human Services and $2.3 billion dollars from Education *(Wall Street Journal, April 26, 1996)*.
- ✔ In 1995, discretionary domestic spending accounted for 36% of the federal spending and over 50% of this spending went to the military *(Office of Management and Budget, 1995 and Women's Budget Project, 1996)*.
- ✔ In the past two decades, as the growth in government spending as a proportion of GDP increased from 34% to 39%, state and local government expenditures accounted for 46% of that increase *(The Urban Institute, 1995)*.

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Facts on Working Women

U.S. Department of Labor
Women's Bureau

No. 95-1
May 1995

20 FACTS ON WOMEN WORKERS

1. There were **102 million** women age 16 and over in the United States in 1994. Of that total, a record **60 million** were in the civilian labor force (persons working or looking for work).

2. Women's share of the total labor force continues to rise. Women accounted for **46 percent** of total United States labor force participants in 1994 and are projected to comprise 48 percent in the year 2005.

3. Nearly six out of every ten women--**58.8 percent**--age 16 and over were labor force participants (working or looking for work) in 1994.

4. Women's groups between the ages of 20 and 54 had labor force participation rates of at least 70 percent. Even half the Nation's teenage women ages 16-19 were labor force participants--51 percent (see Table 1).

5. Labor force participation by marital status varies for women. Divorced and separated women have higher participation rates mainly because they are the primary or the only wage earners in their families (see Table 2).

6. Unemployment for all women in 1994 was only **6.0 percent**. For white women it was 5.2 percent; 11.0 percent for black women; and 10.7 percent for Hispanic women.

Table 1
Labor Force Participation Rates
For Women by Age Groups, 1994

Age Groups	Participation Rate
All Women	58.8
16 to 19	51.3
20 to 24	71.0
25 to 34	74.0
35 to 44	77.1
45 to 54	74.6
55 to 65	48.9
65 and over	9.2

Source: U.S. Department of Labor, Bureau of Labor Statistics, *Employment and Earnings*, January 1995.

Table 2
Female Labor Force Participation,
by Marital Status, March 1994

Marital Status	Participation Rate
All women	58.8
Never Married	65.1
Married, spouse present	60.6
Married, spouse absent	62.9
Divorced	73.9
Widowed	17.6

Source: U.S. Department of Labor, Bureau of Labor Statistics, Unpublished Data, March 1994.

Coalition of Labor Union Women
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FACT SHEET ON WOMEN AND WORK

From 1989 through the year 2000, **2 out of 3 new entrants into the labor force will be women.** By the year 2000 it is projected that 80% of women ages 25 to 54 will be in the work force. Women will comprise nearly half (47%) of the paid labor force. Nearly 90% of jobs created between now and the year 2000 will be in the service sector. Five of the 11 occupations projected to create the largest number of new jobs over the next decade are now female dominated occupations, within median weekly wages below poverty level.

Women of Hispanic origin, Asian women, and other women of color will have the fastest growth; both at 80%. Participation rates for both white and black women are expected to exceed 60%, but for the first time, during the decade at the turn of the century, white women's participation rate (63.5%) is projected to exceed that of black women (61.7%).

The median age of persons in the labor force will rise from 36.6 years in 1990 to a projected 40.6 years in 2005. By 2005 nearly 7 out of 10 workers will be 25 to 54 years of age. There will also be more workers age 55 and over. Approximately 25 million new jobs will be added to the economy, raising total employment from 123 million in 1990 to 147 million in 2005. Occupations that will experience large employment increases include General managers and top executives, computer programmers and systems analysts, teachers, accountants and auditors, lawyers, electrical and electronic engineers, food service and lodging managers, and physicians.

More than half (51%) of mothers of infants are returning to work within the baby's first year. Fifty three percent of mothers with children under 3 are in the labor force. Twenty five percent of mothers of pre-schoolers who are not in the paid work force say they would work if they had access to safe and affordable child care.

African-American mothers with children under 18 are more likely to be in the labor force than Hispanic or white mothers. Almost 5 million working mothers maintain their families alone and 22.3% of them live in poverty. Nearly forty five percent of all female headed households live in poverty. In 1989 the median income of households headed by men alone was more than twice that of households headed by women alone. Working women are almost twice as likely to earn minimum wage or less than men.

Non-traditional jobs for women are defined as those jobs in which 25% or less of those employed are women. In 1992, 53.8 million women were employed; 3.5 million women (6.6% of all working women) were employed in non-traditional occupations. Differences in race, ethnicity, age, and marital status are minimal between women working in traditional jobs and women in non-traditional jobs. Women working in non-traditional jobs typically earn 20% to 30% more than women in traditional occupations. In 1986, little more than 9% of all females enrolled in a classroom training program under the Job Training Partnership Act were trained for non-traditional jobs.

Barriers inhibiting entry of women into non-traditional training and employment include: Social/cultural--socialization to traditional female roles, lack of self confidence and assertiveness, lack of female role models; education and training--limited information provided about non-traditional options, females directed toward traditional classes, isolation and sexual harassment in classrooms; on-the-job discrimination in hiring, firing, promotion or lay-offs on basis of sex, race, age, physical build/ability, isolation and sexual harassment on the worksite, women in non-traditional jobs are training at a greater risk of sexual harassment.

The number of women who are union members has continued to increase. Union membership is important for women because membership or coverage under a collective bargaining agreement is associated with higher wages and longer job tenure, as well as a smaller pay gap between men and women. The number of union women is growing as unionization has shifted to areas such as teaching, nursing, and the public sector. Also unionization has increased among better educated and higher wage women. Women in unions are predominantly white collar workers in service industries. Professional and technical workers are the largest single group of women union members. Among union members, women are more likely than men to be college educated, while men are more likely to be high school graduates.

Unionized women earn an average of $2.50 more per hour than non-unionized women. Unions benefit minority women. Women of color who are unionized earn 37 cents or 13% more than non-unionized women. Although all workers benefit from union representation, unions increase wages more at the low end than at the high end of the income distribution. There is a smaller pay gap between men and women workers in a unionized work force. Unionized women earned 75 cents for every dollar earned by men, while non-unionized women earned 68 cents for every dollar earned by unionized men. Unionization is also associated with greater job tenure. Unionized women workers have twice as many years on the job as non-union workers.

Seventeen to 30% of the wage gap between men and women is due to the over representation of women in certain occupations. In general, the more employed in a certain occupation, the lower the pay. Despite progress by women in entering occupations predominantly held by men in the past, the overall labor market remains sharply segregated by sex. Half of all year round full time female employees worked in just 19 out of a possible 503 occupations classified in the 1980 consensus. Women and girls continue to be enrolled in education training programs that prepare them for low wage jobs in traditionally female occupations. Seventy percent of female secondary school students are enrolled in programs leading to traditional female jobs.

Facts and information contained in this fact sheet were contributed by the AFL-CIO.

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Facts on Working Women

U.S. Department of Labor
Women's Bureau

No. 94-2
December 1994

WOMEN OF HISPANIC ORIGIN[1] IN THE LABOR FORCE

Women of Hispanic origin are one of the fastest growing groups in the Nation. In 1983 there were 5.1 million Hispanic women age 16 years and over in the United States. By the end of 1993 they numbered nearly 8 million (see Table 1). The largest subgroup continues to be women of Mexican origin (4.7 million), followed by women of Puerto Rican origin (919,000), and Cuban origin (494,000). The remaining 1.8 million were of other Spanish descent.[2]

Of all Hispanic origin women, those of Mexican descent recorded the largest population gains between 1983 and 1993--1.8 million women (see Table 1). Puerto Rican and Cuban women also experienced population growth, but not nearly as much as Mexican women. As with non-Hispanic white and black women, Cuban and Puerto Rican origin women outnumber their male counterparts. Only among persons of Mexican descent do males age 16 and over outnumber females--4.9 million as compared with 4.7 million.

Table 1
Population of Hispanic Origin Women
16 years and over, 1983 and 1993
(numbers in thousands)

	1983	1993	Change	Percent Change
All Hispanic women	5,084	7,928	2,844	55.9
Mexican origin women	2,961	4,735	1,774	59.9
Puerto Rican origin women	722	919	197	27.3
Cuban origin women	411	494	83	20.2

Source: U.S. Department of Labor, Bureau of Labor Statistics, *Employment and Earnings, January 1984 and 1994.*

[1]Hispanic origin refers to all persons who identify themselves as Mexican, Puerto Rican, Cuban, Central American, or other Hispanic origin or descent. Persons of Hispanic origin may be of any race.

[2]Includes persons of Central or South American origin and of other Hispanic origin.

Institute for Gay and Lesbian Strategic Studies
Fact Sheet

Economic Issues for Lesbians and Bisexual Women

Lesbians are not part of an economic elite. Lesbians' and bisexual women's earnings are no higher--and might even be lower--than the earnings of heterosexual women.

Right-wing anti-gay groups argue that gay and lesbian people are a privileged elite. They base this stereotype on biased data taken from marketing surveys of gay newspaper readers.

Recent surveys from random samples of homosexual, heterosexual, and bisexual people reveal a very different picture. In some surveys, lesbians actually earn less than heterosexual women, and they always earn less than gay and straight men.

	Women		Men	
Source:	**Lesbian/Bi**	**Heterosexual**	**Gay/Bi**	**Heterosexual**
General Social Survey (1988-90)				
Individuals (full-time workers only)	$15,056	$18,341	$26,321	$28,312
1990 Census of Population (individuals in couples only)				
Couples (Household income)	$45,166	$47,193	$58,366	$47,193
Individuals (Earnings, not controlling for labor force participation)	$17,497	$ 9,308	$23,037	$24,949
Yankelovich Monitor (1993)				
Households	$34,800	$34,400	$37,400	$39,300
Individuals	$13,300	$13,200	$21,500	$22,500
Voter News Service				
1991 Family Income (% of respondents in categories)	**Lesbians**	**All women**	**Gay men**	**All men**
less than $15,000	26%	16%	18%	12%
$15,000-30,000	26%	25%	26%	23%
$30,000-50,000	29%	29%	28%	30%
$50,000-75,000	12%	19%	16%	20%
more than $75,000	6%	11%	12%	14%

One issue for researchers is how to define what it means to be "gay," "lesbian," or "bisexual." Each survey defines those terms a bit differently, and the proportion of respondents identifying as gay ranges from 3-6%. The General Social Survey categories are based on sexual behavior. The Yankelovich Monitor and the Voter News Service exit poll ask people to self identify as gay or lesbian, so bisexuals might be in either category. The 1990 Census data classifies people with same-sex "unmarried partners" as lesbian, gay, or bisexual, and single people are excluded from all categories.

Lesbians and bisexual women experience discrimination in employment, housing, and public accommodations.

Numerous surveys of lesbian, gay, and bisexual people reveal experiences of discrimination. For instance, in a national survey by the *San Francisco Examiner* in 1989, 16% of lesbians and gay men reported employment discrimination. Another 15% reported housing discrimination. In other surveys from across the United States, lesbians report being fired, losing promotions, or being harassed because of their sexual orientation. Only nine states (California, Connecticut, Hawaii, Massachusetts, Minnesota, New Jersey, Rhode Island, Vermont, and Wisconsin), the District of Columbia, and some cities have laws protecting gay people against sexual orientation discrimination in the private sector.

Lesbians are just as likely to be raising children as heterosexual women.

Two surveys show that lesbians are, statistically speaking, just as likely to be mothers or to be raising children as heterosexual women. This means that lesbians and their families face the same economic pressures as heterosexual families, especially related to the cost and quality of child-care, health care, and education. In the voter exit poll, 31% of lesbians and 37% of heterosexual women had children under 18 in their households. In the Yankelovich Monitor, 67% of lesbians and 72% of heterosexual women were parents; 32% of lesbians and 36% of heterosexual women had children under 18 in the household. These small differences are not statistically significant.

Lesbians and their families are excluded from the economic benefits of legal family relationships.

Same-sex couples cannot legally marry, so lesbians' partners are not eligible for spousal social security benefits, automatic inheritance rights, certain tax exemptions, family housing assistance, and other kinds of benefits that help to support families. Further, usually only one member of a lesbian couple can have legal parent rights to their children. Lesbian couples must pay lawyers thousands of dollars to try to replicate just a small set of those rights and benefits.

Because employer benefit policies often cover spouses but rarely cover unmarried domestic partners or partners' children, lesbians receive less compensation than married heterosexual men and women. Health care benefits for partners and children can be worth thousands of dollars per year. And when lesbian and gay employees do receive domestic partner benefits, the IRS considers the value of the benefits as taxable income, even though benefits for heterosexual spouses are *not* taxable.

Sources: General Social Survey: M. V. Lee Badgett, "The Wage Effects of Sexual Orientation Discrimination," *Industrial and Labor Relations Review*, July 1995.
1990 Census: Marieka Klawitter and Victor Flatt, "The Effects of State and Local Antidiscrimination Policies for Sexual Orientation," unpublished manuscript, Univ. of Washington, 1996.
Voter exit polls: A. Cronin, (1993, June 27) "Two Viewfinders, Two Pictures of Gay America," *New York Times*, June 27, 1993, Section 4, p. 16.
Yankelovich Monitor: Grant Lukenbill, *Untold Millions*. New York: Harper Business, 1995.
Discrimination surveys: Lee Badgett, Colleen Donnelly, and Jennifer Kibbe, "Pervasive Patterns of Discrimination Against Lesbians and Gay Men: Evidence from Surveys Across the United States," NGLTF, 1992.

Prepared by Lee Badgett, July 1996. For more information, contact the Institute for Gay and Lesbian Strategic Studies.

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Briefing Paper

THE WAGE GAP: WOMEN'S AND MEN'S EARNINGS

The wage gap between women and men, which had remained virtually constant from 1955 through the 1970's, began to decline in the 1980's. The ratio of women's annual earnings to men's for full-time year-round workers increased gradually over the 1980's and early 1990's, reaching 73.5 percent in 1994. The ratio of women's weekly earnings to those of men rose from 62 percent in 1970 to almost 76 percent in 1995. This latter figure includes earnings of wage and salary workers only. Male-female differences are larger for self-employed workers who are included in the annual figures.

TABLE 1. Women's Earnings as a Percentage of Men's Among Full-time Workers, 1955-1995

Year	Median Annual Earnings Year-Round Workers	Median Weekly Earnings
1955	63.9	
1960	60.7	
1965	59.9	
1970	59.4	62.3
1975	58.8	62.0
1976	60.2	62.2
1977	58.9	61.9
1978	59.4	61.3
1979	59.7	62.5
1980	60.2	64.4
1981	59.2	64.6
1982	61.7	65.4
1983	63.6	66.7
1984	63.7	67.8
1985	64.6	68.2
1986	64.3	69.2
1987	65.2	70.0
1988	66.0	70.2
1989	68.7	70.1
1990	71.1	71.8
1991	69.9	74.0
1992	70.6	75.6
1993	71.5	76.8
1994	73.5	76.4
1995		75.4

Note: The median annual ratio of women's to men's earnings represents workers 15 years and older; the median weekly figure represents workers 16 years and older, who were wage and salary workers and did not necessarily work year-round.

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CLOSING THE GAP

For women's wages to catch up to men's, their real wages must rise faster than men's, but men's need not fall. The reduction in the wage gap represents progress in the labor market position of women, but part of the closing of the gap represents a decline in the position of men. During this period the real earnings of men fell (after controlling for inflation). If men's annual earnings had remained at their 1979 levels in real terms, the female-male earnings ratio would have risen to only 67.0 percent rather than 73.5 percent. Thus, approximately half of the reduction in the wage gap has been due to the falling earnings of men rather than to improvement in women's earnings.

TABLE 2. Median Annual Earnings of Women and Men in Current and Constant Dollars for Full-Time, Year-Round Workers, 15 and Older, 1979-1994

	Current Dollars			Constant (1990) Dollars*		
	Women	Men	Ratio	Women	Men	Ratio**
1979	$10,151	$17,014	59.7	$18,274	$30,629	59.6
1985	15,624	24,195	64.6	18,978	29,389	61.9
1990	19,816	27,866	71.1	19,816	27,866	64.7
1991	20,553	29,421	69.9	19,723	28,232	64.4
1992	21,440	30,358	70.6	19,972	28,280	65.2
1993	21,747	30,407	71.5	19,670	27,503	64.2
1994	23,265	31,612	73.5	20,517	27,879	67.0

*CPI adjusted.

**Hypothetical ratio calculated with men's real wages in 1979 as base; i.e., calculated as if men's real wages had not fallen. The difference between the actual ratio and the hypothetical ratio (73.5 - 67.0 = 6.5) in 1994, as a proportion of the overall increase in the actual ratio between 1979 and 1994 (73.5 - 59.7 = 13.8), is a measure of the increase in the ratio due to the fall in men's real wages, or 47 percent (6.5/13.8).

RACE AND ETHNIC DIFFERENCES IN EARNINGS

As illustrated in Table 3 below, black and Hispanic workers of both sexes continue to earn much less than white men.

TABLE 3. Median Annual Earnings of Women and Men for Full-Time, Year-Round Workers, 15 and Older, By Race and Ethnicity, 1994

	Women	Men	Ratio
All Races	$23,265	$31,612	73.5
White	22,623	31,598	71.5*
African American	19,910		63.0*
Hispanic**	17,569		55.6*
African American		23,742	75.1*
Hispanic**		20,314	64.2*

*The base for this ratio is the earnings of white men.

**Persons of Hispanic origin may be of any race.

The Institute for Women's Policy Research (IWPR) is an independent, nonprofit, research institute dedicated to conducting and disseminating research that informs public policy debates affecting women. The data in this Research-in-Brief was taken from published and unpublished federal data sources and was prepared by Lois Shaw with the assistance of Melinda Gish, Jill Braunstein, and Sara Allore and updated by Jodi Burns in July 1996. Members and affiliates of IWPR receive several Briefs and additional papers and materials. The introductory membership fee is $40 per year for individuals; additional categories of membership, with additional benefits, are available for individuals and organizations. Call (202) 785-5100 for more information.

EARNINGS DIFFERENCES BY EDUCATIONAL LEVEL

At all levels of educational attainment, women and people of color earn less than white men. Men with a high school education earn nearly as much as women college graduates. For all men and women, the gap remains constant as the level of educational attainment increases.

TABLE 4. Mean Annual Earnings of Women and Men, 18 and Older, by Educational Level, 1994

	High School	College (B.A.)	Post-graduate (Masters)
White			
Women	$15,078	$26,198	$35,923
Men	26,125	47,575	56,366
Black			
Women	14,333	28,356	37,684
Men	18,527	34,073	47,825
Hispanic*			
Women	14,313	23,867	35,333
Men	19,667	33,797	43,313
All			
Women	14,955	26,483	35,770
Men	25,038	46,278	55,296

* Persons of Hispanic origin may be of any race.

EARNING DIFFERENCES BY OCCUPATION

TABLE 5. Earning Differences between Men and Women within Occupational Categories

Occupation	1983		1993	
	percent female	earnings ratio	percent female	earnings ratio
Teachers, Secondary Education	49.1	88.0	55.1	90.2
Teachers, College and University	28.5	79.3	35.5	77.1
Computer Programmers	31.9	80.8	30.7	89.8
Bookkeepers, Accountants and Auditors	89.2	81.2	90.0	94.4
Registered Nurses	94.4	99.7	93.2	101.5
Nursing Aides, Orderlies and Attendants	86.8	80.4	85.9	93.3
Social Workers	62.8	77.4	66.8	86.6
Lawyers	20.2	87.9	29.2	83.7
Administrative Support Occupations, Misc.	85.2	74.5	81.9	77.1
Supervisors, Production Occupations	13.9	63.3	15.5	66.0
Supervisors, Food Preparation and Service Occupations	51.8	68.6	56.4	67.1
Janitors and Cleaners	20.5	79.9	23.0	80.2

AGE DIFFERENCES IN EARNINGS

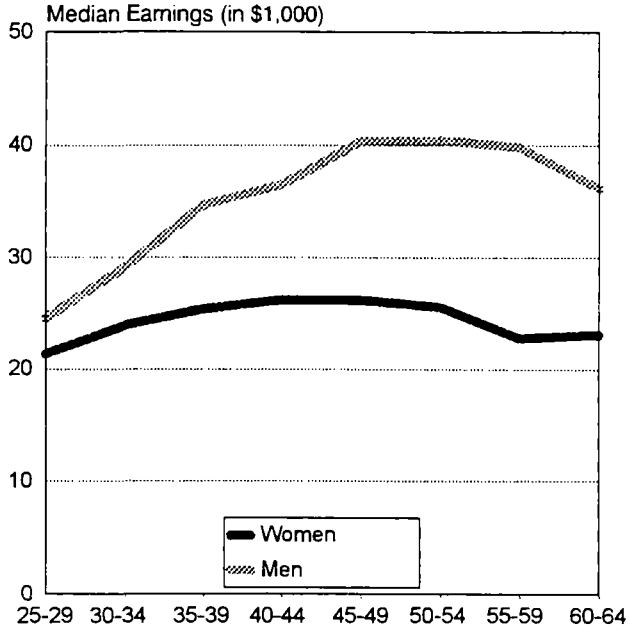
The gap between women's and men's earnings is smallest at younger ages and increases with age. Men's earnings rise substantially until they are in their fifties, while women's earning show little growth ove. the life cycle. During this late fifties, men's wages fall proportionately more than do women's wages, narrowing the gap slightly.

TABLE 6. Median Annual Earnings of Women and Men for Full-Time, Year-Round Workers by Age, 1994

Age Group	Women	Men	Ratio
25 - 29	$21,356	$24,512	87.1
30 - 34	23,924	29,145	87.0
35 - 39	25,327	34,700	72.9
40 - 44	26,177	36,500	71.7
45 - 49	26,176	40,323	64.9
50 - 54	25,537	40,432	63.1
55 - 59	22,766	39,832	57.1
60 - 64	23,118	36,257	63.7

Figure 1.

Gap Between Women's and Men's Earnings by Age, 1994



DATA SOURCES

Table 1. Data through 1983 are from Francine D. Blau and Marianne A. Ferber, The Economics of Women, Men and Work (Prentice-Hall, 1986). Annual data from 1984 through 1992 are from the Census Bureau, U.S. Department of Commerce, Current Population Reports, Consumer Income Series P-60, nos. 167 (Table 26), 172 (Table 24), 174 (Table 24), 180 (Table 24), and 184 (Table 31). Annual data for 1993 and 1994 are from unpublished data from the Census Bureau, Table PINC-03, March 1995. Weekly data from 1984 through 1995 are from the U.S. Department of Labor, Bureau of Labor Statistics, Employment & Earnings, January issues.

Table 2. Unpublished data from the Current Population Survey, Bureau of the Census, Table PINC-03, March 1995.

Table 3. Same as Table 2.

Table 4. Unpublished data from the Current Population Survey, Bureau of the Census, Table PINC-06A, March 1995.

Table 5. 1983 data are from the Bureau of Labor Statistics, U.S. Department of Labor, unpublished tabulations from the CPS, 1983 Annual Averages, median weekly earnings; 1993 data are from the Bureau of Labor Statistics, U.S. Department of Labor, unpublished tabulations from the CPS, 1993 Annual Averages, median weekly earnings.

Table 6 and Figure 1. Same as Table 2.

PAY EQUITY
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QUESTIONS AND ANSWERS ON PAY EQUITY

WHAT IS PAY EQUITY?

Pay equity is a means of eliminating sex and race discrimination in the wage-setting system. Most women and people of color are still segregated into a small number of jobs--such as clericals, service workers, nurses and teachers. These jobs have historically been undervalued and continue to be underpaid because of the gender and race of the people who hold them. Pay equity means that the criteria employers use to set wages must be sex- and race-neutral.

IS PAY EQUITY THE LAW?

Yes, two laws protect workers against wage discrimination. The Equal Pay Act of 1963 prohibits unequal pay for equal or "substantially equal" work performed by men and women. Title VII of the Civil Rights Act of 1964 prohibits wage discrimination on the basis of race, color, sex, religion or national origin. In 1981, the Supreme Court made it clear that Title VII is broader than the Equal Pay Act, and prohibits wage discrimination even when the jobs are not identical. However, wage discrimination laws are poorly enforced and are extremely difficult to prove and win. Stronger legislation is needed to ease the burden of filing claims and clarify the right to pay equity.

THE WAGE GAP: 1994

1994 Median Annual Earnings of Year-Round, Full-Time Workers

All Men		**$30,854 (100%)**
All Women		**$22,205 (72.0%)**
Men		Women
White	$31,598 (100%)	$22,623 (71.6%)
Black	$23,742 (75.1%)	$19,910 (63.0%)
Hispanic	$20,314 (64.3%)	$17,569 (55.6%)

Source: US. Census Bureau, Current Population Reports, Series P-60.

WHY IS THERE A WAGE GAP?

The wage gap exists because most women and people of color are still segregated into a few low-paying occupations. More than half (61 percent) of all women workers hold sales, clerical and service jobs. Studies show that the more an occupation is dominated by women or people of color, the less it pays. Part of the wage gap results from differences in education, experience or time in the workforce. But a significant portion cannot be explained by any of those factors; it is attributable to discrimination. In other words, certain jobs pay less because they are held by women and people of color.

HASN'T THE WAGE GAP CLOSED CONSIDERABLY IN RECENT YEARS?

The wage gap has narrowed by about ten percentage points during the last ten years, from 61.7 percent in 1982 to 72.0 percent in 1994. However, about 60 percent of the change in the wage gap is due to the fall in men's real earnings. Approximately 40 percent of the change in the wage gap is due to the increase in women's wages. The wage gap has fluctuated often, ranging from a low of 57 percent in the mid 1970's, and peaking at 72 percent in 1990, and again in 1993 and 1994. In 1946, the wage gap reached a high of 66 percent, but fell again to 63 percent in the 1950's.

IS IT POSSIBLE TO COMPARE DIFFERENT JOBS?

Yes, employers have used job evaluations for nearly a century to set pay and rank for different occupations within a company or organization. Today, two out of three workers are employed by firms that use some form of job evaluation. The federal government, the nation's largest employer, has a 70 year old job evaluation system that covers nearly two million employees.

WHO REALLY NEEDS PAY EQUITY?

Women, people of color, and white men who work in jobs that have been undervalued due to race or sex bias. Many are the sole support for their families. Two out of three women workers are single, divorced, widowed, separated or have husbands who earn less than $15,000 per year. Discriminatory pay has consequences as people age and across generations. Everyone in society is harmed by wage discrimination. Therefore, everyone needs pay equity.

WILL WHITE MEN'S WAGES BE REDUCED IF PAY EQUITY IS IMPLEMENTED?

No. Federal law prohibits reducing pay for any employee to remedy discrimination. Furthermore, male workers in female-dominated jobs benefit when sex discrimination is eliminated, as do white workers in minority-dominated jobs. Pay equity means equal treatment for all workers.

WILL PAY EQUITY REQUIRE A NATIONAL WAGE-SETTING SYSTEM?

No. Pay equity does not mandate across-the-board salaries for any occupation or tamper with supply and demand. It merely means that wages must be based on job requirements like skill, effort, responsibility and working conditions without consideration of race, sex or ethnicity.

DOESN'T PAY EQUITY COST EMPLOYERS TOO MUCH?

In Minnesota, where pay equity legislation meant raises for 30,000 state employees, the cost was only 3.7 percent of the state's payroll budget over a four year period--less than 1% of the budget each year. In Washington state, pay equity was achieved at a cost of 2.6 percent of the state's personnel costs and was implemented over an eight year period. Voluntary implementation of pay equity is cost effective. Court-ordered pay equity adjustments can lead to greater costs. Discrimination is costly and illegal.

WILL PAY EQUITY DISRUPT THE ECONOMY?

No. The Equal Pay Act, minimum wage and child labor laws all provoked the same concerns, and all were implemented without major disruption. What disrupts the economy and penalizes families is the systematic underpayment of some people because of their sex or race. When wages for women and people of color are raised, their purchasing power will increase, strengthening the economy. A recent survey found that a growing number of businesses support the elimination of wage discrimination between different jobs as "good business" and not inconsistent with remaining competitive.

IS PAY EQUITY AN EFFECTIVE ANTI-POVERTY STRATEGY?

Yes, pay equity helps workers become self sufficient and reduces their reliance on government assistance programs. A recent study found that nearly 40 percent of working poor women could leave welfare programs if they were to receive pay equity wage increases. Pay equity can bring great savings to tax payers at a minimal cost to business, adjustments would cost no more than 3.7 percent of hourly wage costs.

WHAT IS THE STATUS OF PAY EQUITY?

Pay equity is a growing national movement. Twenty states have made same adjustments of payrolls to correct sex or race bias. Seven of these states had successfully completed full implementation of a pay equity plan. Twenty-four states (including Washington, DC) have conducted studies to determine if sex was a wage determinant. Four states have examined their compensation systems to correct race bias as well. On the federal level, the Fair Pay Act has been introduced in the U.S. House of Representatives by Congresswoman Eleanor Holmes Norton, and in the Senate by Senator Tom Harkin. The Fair Pay Act would expand the Equal Pay Act's protections against wage discrimination to workers in equivalent jobs with similar skills and responsibilities, even if the jobs are not identical.

WHO IS NCPE?

The National Committee on Pay Equity (NCPE), founded in 1979, is the national coalition of labor, women's and civil rights organizations, religious, professional, education and legal associations, commissions on women, state and local pay equity coalitions and individual women and men working to eliminate sex- and race-based wage discrimination and to achieve pay equity.

HOW CAN I JOIN NCPE?

Individual membership to NCPE is $35 per calendar year, $15 for low-income persons. Organizational membership is $200 per calendar year, $100 for organizations with an annual budget of less than $250,000. Members are provided with special updates and mailings on pay equity activity, NCPE's newsletter, *Newsnotes*, discounts on NCPE publications, and access to pay equity networks. Labor, women's and civil rights organizations also have the opportunity to set policy, serve on and elect NCPE Board members.

Subscriptions for government offices, libraries and others interested in receiving NCPE publications only, are available for $50 per year.

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The Fair Pay Act

The Fair Pay Act is legislation that has been introduced in both houses of Congress. In the Senate, S. 1650 has been introduced by Senator Tom Harkin (D-IA). In the House of Representatives, H.R. 1507 was introduced by Congresswoman Eleanor Holmes Norton (D-DC).

The Fair Pay Act would expand the Equal Pay Act's protections against sex-based wage discrimination to cover wage discrimination based on race or national origin. In addition, it extends the Equal Pay Act's guarantee of equal pay for equal work to equal pay for work in equivalent jobs. (see box) Unlike the Equal Pay Act, the jobs do not have to be "substantially equal" or have the same job title to be deemed equivalent.

"Just as there is a glass ceiling in the American workplace, there is also a 'glass wall,' where women have the same experience, skills, and responsibilities as their male counterparts, but do not receive the same pay," Senator Harkin said, in explaining the need for the bill.

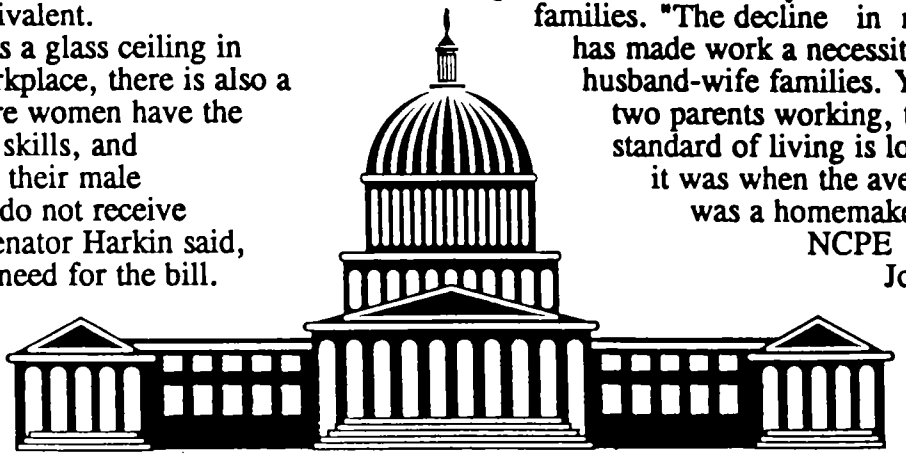
Women still earn 72 cents, on average, for each dollar a man earns.

For men and women of color, the earnings ratio ranges from 56 percent to 75 percent of white men's pay. But when a wage discrimination problem is suspected, there is great difficulty getting access to the information needed to confirm the story.

"We have two problems - a wage gap and an information gap," said NCPE Executive Director Susan Bianchi-Sand. "The Fair Pay Act is needed to close both. It will give women and people of color the information they need to negotiate fair pay directly with their employers."

The House legislation, H.R. 1507, was introduced by Congresswoman Norton. She pointed to the Fair Pay Act as a way of helping families. "The decline in men's wages has made work a necessity even in husband-wife families. Yet, even with two parents working, the American standard of living is lower today than it was when the average woman was a homemaker." she said.

NCPE Chair Gloria Johnson has pledged the Coalition's full support for the legislation.



THE FAIR PAY ACT, H.R. 1507 and S. 1650

EXPANDED DISCRIMINATION PROTECTION: The Fair Pay Act extends the Equal Pay Act's protections against sex-based wage discrimination to cover wage discrimination based on race or national origin.

EQUAL PAY FOR EQUIVALENT JOBS: Employers must pay equal wages to workers in equivalent jobs, except where payment is based on seniority or merit systems, or on quantity or quality of production. The work performed in equivalent jobs may be different, but the combination of the jobs' skills, effort, responsibility, and working conditions must be similar.

EASIER ACCESS TO REMEDIES: Class action lawsuits are easier to file under the Fair Pay Act than the Equal Pay Act.

JOB CLASSIFICATION AND PAY STATISTICS: Employers are required to maintain pay records for job classifications as well as the sex, race, and national origin of the employees within each classification. These reports will not contain individual's names, and will become public information.

PROHIBITED ACTS CLAUSE: It is unlawful to discriminate in any manner against anyone who has participated in a discrimination charge, investigation, proceeding, or hearing under the Act.

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Pay Equity and the Wage Gap: Success in the States

By 1989, twenty states had implemented programs to raise the wages of workers in female-dominated jobs in their state civil services. According to a joint Institute for Women's Policy Research and Urban Institute study, of the fourteen states for which information was available, all succeeded in increasing the female/male wage ratio in their civil service. Statistical analysis of wages and employment in three states indicates that these adjustments were implemented without substantial negative side effects such as increased unemployment. These findings suggest that pay equity is an effective means of raising women's wages to levels that reduce the impact of discrimination or devaluation. This fact sheet answers many common questions about the wage gap and pay equity based on findings from this study. The data analyzed in the study were collected over a four-year period from the relevant state agencies.[1]

THE WAGE GAP AND PAY EQUITY

Isn't most of the gap between female and male workers due to differences in education, skill, and work experience?

No. Reviewing its civil service for pay equity, the State of Minnesota found that female-dominated jobs were consistently paid less than comparable male-dominated jobs. For instance, the jobs of radio communications supervisors (who were more likely to be male) and typing pool supervisors (who were more likely to be female) were determined to entail comparable skills and responsibilities, yet the male communications supervisors were paid $460 a month more than the female typing pool supervisors, an additional $5,500 a year. Studies that attempt to control for variations in human capital disagree as to what proportion of the wage gap is due to discrimination, with those using a greater number of variables finding smaller unexplained wage gaps. These unexplained remaining wage gaps are usually considered to be the result of discrimination. However, certain control variables reflect discrimination themselves and should not be factored out.[2] In 1981, the National Academy of Sciences estimated that about half the gross wage gap between women and men might be to due to discrimination.[3]

What is Pay Equity?

The concept of pay equity, also known as comparable worth or equal pay for jobs of equal value, refers to a set of remedies designed to raise the wages of jobs that are undervalued at least partly because of the sex or race of the workers who hold those jobs.

As practiced in the United States and Canada, pay equity remedies are applied within a given firm, rather than in the labor market as a whole. The jobs in a single firm are evaluated and compared to one another according to a set of uniform criteria accepted by the firm. Once these guidelines are set, however, they must be applied equally to all employees in the firm. Based on these criteria, a determination is made as to whether those jobs typically held by women or minorities are underpaid (ie., paid less than jobs typically held by white males that are comparable in the skill, effort, responsibility, or working conditions they entail). An adjustment plan is developed to raise the wages of the jobs found to be underpaid.

THE EXTENT OF STATE PAY EQUITY PROGRAMS

How extensive have pay equity adjustments in the state civil services[4] been?

When the study began in 1989, twenty states had implemented reforms aimed at increasing the wages of employees in female-dominated job classes: California, Connecticut, Florida, Hawaii, Illinois, Iowa, Maine, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, South Dakota, Vermont, Washington, and Wisconsin. Of these, Florida, Hawaii, Pennsylvania, and South Dakota do not consider their adjustments to have been motivated by pay equity concerns. In Maine, the reform was limited to the University system. In some other states, such as Vermont and New Mexico, pay equity was not the only goal of the civil service reform.

For the sixteen states from which we were able to collect data, the total spent on pay equity adjustments was more than $527,000,000 (1990 dollars) through 1992. Individual states spent between $1.1 million in Hawaii to $71 million in Massachusetts (1990 dollars).

Pay equity adjustments as a percent of the states' annual wage bills ranged from one-tenth of one percent in Hawaii to twelve percent in Vermont. Of the sixteen states for which we were able to collect data, twelve states -- California, Connecticut, Iowa, Maine (the University System only), Massachusetts, Michigan, Minnesota, New Mexico, New York, Oregon, Vermont, and Washington -- spent one percent or more of their wage bills on pay equity adjustments, a considerable reform.

Approximately 335,000 workers received pay increases. The number of affected workers ranged from 700 in Hawaii to 78,000 in New York. In ten of the twelve states for which we were able to collect data about the gender of affected workers, women were the majority of those receiving pay increases (from 59 percent in Iowa to 98 percent in Pennsylvania). In Connecticut and Oregon, where women constituted 49 percent of the workers receiving pay increases, they nevertheless were more likely to receive increases than male workers (who constituted an even larger portion of their state work forces). In Connecticut, 79 percent of the female workers received increases, while in Oregon, 65 percent did.

The average annual pay equity adjustment received by an affected worker was $1,400 (1990 dollars).

FEATURES OF STATE PAY EQUITY PROGRAMS

What methods did states use to increase women's wages?

Some states targeted adjustments at the most undervalued female-dominated job classes. Other states made large scale changes in their personnel systems. These large scale or systemic changes can be further broken down into those that affected the classification system, those that updated or implemented a job evaluation system, and those that revised the state's compensation system. Many states utilized a combination of these three systemic changes, and some used both targeting and systemic reform. Of the sixteen states for which we have sufficient information, seven states targeted adjustments, five implemented system-wide changes, and four combined both approaches.

Who was involved in pay equity reform?

A wide range of actors worked to increase women's wages, including women's groups, unions, consultants, elected officials, and administrators.

Legislatures, government employees, and women's leaders worked together to institute pay equity in the states. Six states -- Hawaii, Massachusetts, Minnesota, New Jersey, Oregon, and Vermont -- created committees to study the extent of discrimination and potential comparable worth policies.

All the states that implemented pay equity plans allow collective bargaining. In all but four of the states (Michigan, New Mexico, South Dakota, and Washington) unions are allowed to bargain on classification. In all but two (South Dakota and Washington) the unions are allowed to bargain over wages. In virtually all the states, unions were involved in raising the visibility of workers' pay equity concerns and in negotiating specific pay increases or classification changes. The high rate of unionization in pay equity states suggests the importance of unions in promoting pay equity.

What factors affected the success of the pay equity programs?

The following decisions about the scope of pay equity and methodology used in implementing it substantially affected program outcomes:

whether states revised their job classification systems to better account for the skills associated with female-dominated jobs;

whether states gave adjustments to all undervalued job classes or only to some undervalued female-dominated job classes;

whether states raised the salaries of undervalued job classes to an average payline (which would be below the payline for male-dominated jobs), or to the male payline, or to some percentage of either;

whether pay equity was the only goal of reform or whether (as in New Mexico, Oregon, and Vermont), pay equity was only one goal of larger civil service reform, in which case, pay equity goals may have been moderated to meet other requirements.

Program details are important because they determine how much pay discrimination is found, how many and which workers are affected, and the extent of the remedies.

PAY EQUITY IS AN EFFECTIVE MEANS OF CLOSING THE WAGE GAP

Did the female/male wage gap close during the period of pay equity implementation?

Yes. In all fourteen states that implemented some type of wage adjustments and for which we have outcome data, the female/male wage ratios improved during the period of implementation, no matter how small the program.

Improvement in the state female/male wage ratios ranged from one to eight percentage points. All fourteen states increased their wage ratios to between 74 and 88 percent, higher than the national wage ratio of 71 percent in 1992.

Minnesota, Oregon, Washington, Michigan, California, and Connecticut saw their female/male wage ratios increase significantly, by at least four percentage points.

Statistical regression analysis of three states shows that pay equity reforms were responsible for the wage gains taking place.

In Minnesota, pay equity implementation was responsible for a nine percentage point increase in the ratio.[5] In the state of Washington, pay equity was responsible for five out of the seven percentage points

Table 1.
Change in Female/Male Wage Ratio During Pay Equity Implementation by Type of Program, Pay Equity Programs in Sixteen States

(States ranked by percentage point change in wage ratios)

State	Percent of Wage Bill Spent	Type of Program Implemented	Increase in the Female/Male Wage Ratio[1]	Percent of the Total Workforce Affected	Average Adjustment per Affected Worker (1990 dollars)
Minnesota	3.5%	Targeted Occupations	0.08	30.6%	$2,531
Washington[2]	7.0%	Job Evaluation, Compensation	0.07	63.7%	2,873
Oregon[2]	9.8%	Reclassification, Job Evaluation, Compensation	0.06	64.1%	2,718
Michigan	1.0%	Targeted Occupations	0.05	34.3%	1,195
California	1.0%	Targeted Occupations	0.05	35.3%	862
Connecticut	7.2%	Reclassification, Job Evaluation, Compensation	0.04	79.7%	1,279
Maine (Univ.)	2.7%	Reclassification, Job Evaluation	0.03	36.6%	1,977
New Mexico[2, 3]	5.2%	Job Evaluation, Compensation	0.03	73.8%	$1,453
Pennsylvania	0.3%	Targeted Occupations	0.02	3.5%	2,471
New York	1.0%	Reclassification, Job Evaluation	0.02	45.5%	685
Illinois	0.7%	Targeted Occupations	0.02	25.1%	562
Vermont	11.8%	Reclassification, Job Evaluation, Compensation	0.02	78.7%	2,794
Iowa	7.6%	Job Evaluation, Compensation	0.01	57.5%	3,497
New Jersey	0.4%	Targeted Occupations	0.01	15.0%	903
Massachusetts[2]	4.2%	Reclassification, Job Evaluation	N	54.8%	$2,081
Hawaii	0.1%	Targeted Occupations	N	1.8%	1,735

Source: Data collected by the Institute for Women's Policy Research (IWPR) from the states and other sources, as adjusted by IWPR.

Notes:

1 In states that had more than one program, changes are for all programs implemented unless otherwise noted.

2 State initially targeted occupations before instituting the systemic programs listed above.

3 Because of lack of data, the change in the female/male wage ratio reflects only the effects of the systemic program and not the prior targeted adjustments.

N Data not available.

of the wage ratio increase. In Iowa, the model estimated that pay equity policies increased the female/male wage ratio by one percentage point.

Which pay equity programs were the most cost-effective?

Targeting underpaid female-dominated occupations is more cost-effective than systemic approaches, if pay equity is the only goal. This may be due to the fact that women receive a greater proportion of the pay adjustments when they are targeted.

No state that used targeting spent over 3.5 percent of its wage bill on pay equity programs, yet three of the six targeting states achieved wage ratio improvements of five percentage points or more. For these three states, the "average" improvement was six percentage points at a cost of 1.8 percent of the wage bill.

States that used the more comprehensive methods spent up to twelve percent of their wage bills, yet only two out of eight achieved wage ratio improvements of five percentage points or more. These two states, Washington and Oregon, experienced an "average" gain of seven percentage points at a cost of 8.4 percent of the wage bill. It should be noted that some states using comprehensive methods, such as Vermont, were trying to achieve other goals in addition to pay equity when implementing their adjustments.

Although targeting is more cost-effective, it may not be feasible for all states. Systemic approaches address more issues and therefore garner more support for pay equity objectives. Furthermore, systemic approaches may be the only practical route to achieve pay equity, if the state does not have a sound enough personnel system on which to base specific targeting.

PAY EQUITY DOES NOT HAVE SIGNIFICANT NEGATIVE SIDE-EFFECTS

Won't the wages of white male workers have to be reduced in order to raise the wages of underpaid women and minorities?

No. Pay equity reforms need not come at the expense of other workers, and in fact may be less effective if they do so. In Iowa and New York, where the original pay equity proposals included reductions in the wages of some men's jobs, the programs failed to gain broad support. As a result, pay equity in Iowa and New York had a much smaller effect on the wage gap than in states whose plans did not include pay reductions for male workers.

Won't employers be forced to reduce employment in order to pay for higher wages?

No. Statistical regression analysis in three states indicates that in Minnesota there was virtually no effect on employment growth, while in Washington, women did experience slightly slower (but not negative) employment growth. In these states pay equity was implemented over a number of years, probably reducing the impact on employment. In Iowa, where employment growth slowed noticeably for both men and women, reforms were implemented all at once.

CONCLUSION

Women employed in state governments that implemented pay equity programs have made significant wage gains, absolutely, relative to their male co-workers, and relative to the national experience for all women. In all states, the female/male wage ratio improved during the period of pay equity implementation. The pay equity programs of all states affected more women than men. In two-thirds of the states, more than half of all women workers received pay increases through these programs. Thus, these programs were generally large enough to make a positive difference for women workers.

This fact sheet is based on the forthcoming report tentatively titled *Pay Equity Remedies in State Governments: Assessing Their Economic Effects*, by Heidi Hartmann, Elaine Sorensen, and Stephanie Aaronson. The full report contains summaries of pay equity activity in each of the 20 states included in the study. The study upon which this report is based was made possible through generous funding from the Ford Foundation. This fact sheet was prepared by Stephanie Aaronson in January 1995. The Institute for Women's Policy Research is an independent, nonprofit, scientific research organization founded in 1987 to meet the need for women-centered, policy-oriented research. Members of the Institute receive regular mailings including fact sheets such as this. Individual memberships begin at $35.00 annually (see below). Organizational memberships are also available. Contact the Institute for further information.

NOTES:

1. Occasionally, data and information available from the states was supplemented by information from professional associations, labor unions, and women's groups. A few states did not cooperate in providing data. For details on how the data were adjusted to make them comparable across states, please see the full report.
2. See for example Morley Gunderson, "Male-Female Wage Differentials and Policy Responses," Journal of Economic Literature 27(46): 48-53.
3. See Donald J. Treiman and Heidi I. Hartmann, eds. Women, Work and Wages: Equal Pay for Jobs of Equal Value. Washington, DC: National Academy Press, 1981. See also Robert T. Michael, Heidi Hartmann, and Brigid O'Farrell, eds. Pay Equity: Empirical Inquiries. Washington, DC: National Adademy Press, 1989.
4. In order to render the data comparable, we have limited our study to the executive branch of state goverment, and, except for Maine, excluded the states' higher education systems.
5. The data used in the regression analysis are slightly different from those used in our descriptive analysis of Minnesota. The data for the regression analysis indicate a nine percentage point decrease in the wage gap, all due to the state's pay equity program. The descriptive data indicate an eight percentage point decrease in the gap, with an undetermined amount due to pay equity.

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Fact Sheet: Minimum Wage

> "Any American who works hard and plays by the rules ought to have a fair chance to get ahead. The current minimum wage betrays those ideals. It's not a liveable wage...to suggest it's good enough mocks the values we claim to hold dear."
>
> --Robert B. Reich, Secretary of Labor

The current federal minimum wage of $4.25 an hour forces millions of working Americans to live well below the poverty line. The purchasing power of the minimum wage has declined to the point where it is nearing its lowest level in forty years. Twenty-five years ago, full-time minimum wage earnings supported a family of three above the poverty level. Today, those earnings fall 30 percent below the poverty line for a family of three. President Clinton, citing the hardships that low-wage workers face, has proposed a 90-cent increase in the minimum wage, to be phased in over a two-year period. Because 60 percent of minimum wage earners are women, an increase in the minimum wage is a working women's issue.

Congress last legislated an increase in the minimum wage in 1989, raising the rate to $4.25 effective April 1, 1991. Today, there are more than 12 million American workers earning an hourly wage less than President Clinton's proposed $5.15 an hour. The Clinton proposal has been introduced by the Democratic Leadership in the House of Representatives by Representative Richard Gephardt (D-MO) and in the U.S. Senate by Senator Tom Daschle (D-SD). The bills are numbered H.R. 490 and S. 413, respectively.

Clinton's proposal has met with strong opposition in Congress, despite the fact that the current wage levels act as a disincentive to Welfare recipients moving into the work force--a highly-touted priority of the 104th Congress.

REALITIES OF THE MINIMUM WAGE TODAY

- An American earning $4.25 an hour, working 8 hours a day, 40 hours a week, 52 weeks a year, only earns $8,840.
- The poverty line for a family of three is $12,557 per year.
- The average minimum wage earner brings in at least half of the entire family's income.
- More than 4 million American workers are paid the minimum wage.
- $4.25 is the lowest "real dollar" minimum wage in 40 years.
- 12 million workers earn less than Clinton's proposed increase to $5.15 an hour, roughly 10% of the American workforce.

The Leading Advocate for Working Women

Although the statistics are startling, efforts to increase the minimum wage have been hampered by persistent misconceptions about who benefits and who will be hurt by the increase and the impact that an increase might have on the economy.

FACT: AN INCREASE IN MINIMUM WAGE WILL NOT HAVE A NEGATIVE EFFECT ON EMPLOYMENT.

Opponents of a minimum wage increase argue that it will end up costing jobs--forcing layoffs and preventing new hires--because employers will be unable to afford the increase. Several studies have shown that increasing the minimum wage does not lead to an increase in unemployment. These include a recent study that analyzed the impact of the $.90 federal minimum wage increase in 1991, as well as studies examining the effects of increases at the state level, including California and New Jersey. Each of these studies suggested that the minimum wage increases did not reduce employment opportunities.

- After reviewing studies on federal and state minimum wage changes, Richard Freeman, a noted Harvard labor economist, said:

  > "At the level of the minimum wage in the late 1980's, moderate legislated increases did not reduce employment and were, if anything, associated with higher employment in some locales."

- 101 respected economists, including 3 Nobel Prize winners, signed a statement in support of a minimum wage increase in the summer of 1995 which stated that:

  > "It produces positive work incentives and is administratively simple. For these and other reasons, such as its exceptionally low value today, there should be a greater reliance on the minimum wage to support the earnings of low wage workers."

FACT: THE MAJORITY OF MINIMUM WAGE WORKERS ARE ADULTS.

- Opponents of an increase also argue that minimum wage workers are mostly college or high school students trying to earn extra spending money. The fact is that 87% of minimum wage workers are age 18 or older, and 63% are 20 or older. Only one in 14 minimum wage workers is a teenager from a family with an above-average income.

- The average minimum wage earner brings in at least half of his/her family's total income and one out of three minimum wage workers is the sole supporter of his/her family.

FACT: EARNING THE MINIMUM WAGE MEANS LIVING IN POVERTY.

- In 1996, the Congressional Budget Office has estimated the federal poverty line for a family of three to be $12,557. A minimum wage worker only earns about $8,500 per year--or $4000 less than the poverty line.

- The Earned Income Tax Credit (EITC), a refundable tax credit for the working poor, raised the income for 15 million families in 1993. Although the EITC combined with the minimum wage used to keep a family of three out of poverty, it no longer

does so. A minimum wage worker with two children will receive a tax credit of $3400--added to a minimum wage income, this still falls $600 below the poverty line.

- Historically, minimum wage increases tended to boost the wages of workers earning slightly above the new minimum. All told, a potential 14 million workers would benefit from a minimum wage increase.

FACT: RAISING THE MINIMUM WAGE IS A BI-PARTISAN TRADITION.

- The successful effort to raise the minimum wage in 1989 was the product of a Republican president and a Democratic Congress. The increase was approved by overwhelming margins of 382-37 in the House and 89-8 in the Senate.

- In 1989, the increase was supported by then-Minority Leader, Senator Bob Dole (R-KS) and by the House Minority Whip, Newt Gingrich (R-GA). Today, both men are on record opposing an increase in the minimum wage.

FACT: A LOW MINIMUM WAGE HURTS WOMEN.

- 60% of minimum wage workers are women.

- Since 1979, the decline in the real value of the minimum wage is responsible for an estimated 30% of the wage gap between men and women.

- The last time the minimum wage was increased, the wage gap between men and women decreased.

FACT: AMERICANS OVERWHELMINGLY FAVOR INCREASING THE MINIMUM WAGE!

- A January 1995 poll conducted by the *Los Angeles Times* found that 72% of Americans support an increase in the minimum wage. A similar survey conducted by *The Wall Street Journal* and NBC News in December of 1994 found that an increase was favored by 75% of the public and only 20% of those questioned actually opposed an increase.

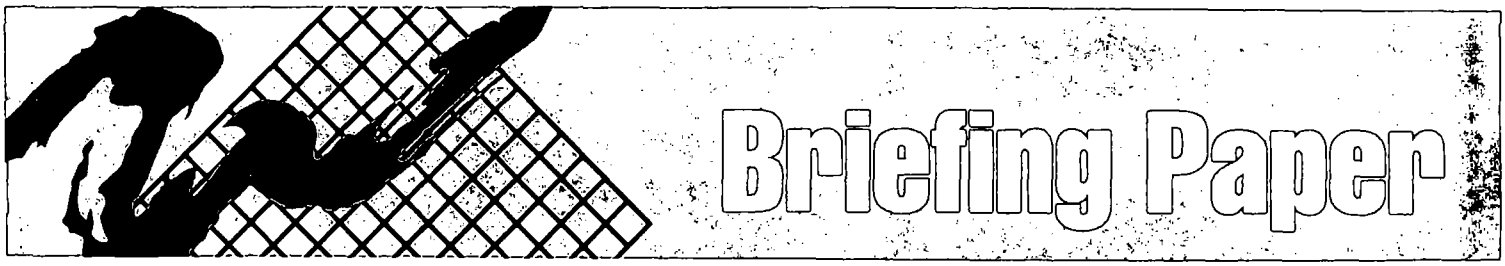
- Several states have recognized the need for a minimum wage that is a livable wage. Today, there are nine states that have a minimum wage above the federal minimum wage of $4.25 an hour. These states are: Alaska; Connecticut; Hawaii; Iowa; New Jersey; Oregon; Rhode Island; Vermont and Washington.

FACT: A 90-CENT INCREASE WILL HELP, BUT MORE IS NEEDED.

- A minimum wage of $5.15 an hour will still fall 13% below its average buying power during the 1970's.

- Raising the minimum wage to $5.15 an hour would only make up a little more than half the ground lost to inflation during the 1980's.

- The current minimum wage would have to be $5.93 an hour if it were to equal the value of the minimum wage of the 1970's.



Women and the Minimum Wage

The Eroding Minimum Wage

The value of the minimum wage reached its peak in the 1970's. Since 1978, the value of the minimum wage (in 1995 dollars) has continued to decline. The minimum wage has now reached its second lowest value in 40 years. Without an increase, the minimum wage will continue to fall, further depleting the purchasing power of the more than five million workers[1] who earn at or below $4.25 per hour.

Value of the Minimum Wage

Years	Average Nominal Dollars	Average 1995 Dollars
1960-69	$ 1.29	$ 5.66
1970-79	$ 2.07	$ 5.74
1980-89	$ 3.33	$ 4.93
1990-95	$ 4.18	$ 4.50[2]

Who Works at the Minimum Wage?

Composition of the Minimum Wage Workforce

	Number of Workers	Percent of Minimum Wage Workforce
Male	2,019,000	35.6%
Female	3,630,000	64.3%
Teenagers	850,000	15.2%
Adults	4,796,000	84.8%
Full Time	2,409,000	42.6%
Part Time	3,248,000	57.4%
Total	5,657,000	100.0%[3]

Contrary to popular stereotypes that most minimum wage workers are teenagers, 15-19 year olds make up only 15 percent of the minimum wage workforce. In addition, two-thirds of the minimum wage workforce are women; nearly 4 million women work at minimum wages.

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[1] Lawrence Mishel and Jared Bernstein. *The State of Working America 1994-95*. Washington, DC: Economic Policy Institute: 1994. p. 172.

[2] Calculations based on the Center on Budget and Policy Priorities analysis in *Four Years and Still Falling: The Decline in the Value of the Minimum Wage*. Washington, DC: CBPP, January 11, 1995.

[3] *The State of Working America 1994-95*. p. 172.

The Status of Women and the Minimum Wage

Not only are women's earnings low relative to men's, they are also very low in absolute terms. Nearly three in ten women earned less than the poverty standard for a family of four if they worked full-time, year-round. The earnings of low-wage women workers are essential to their self support and the support of their children and partners. Our research, based upon extensive analysis of the Census Bureau's Survey of Income and Program Participation, shows that more than half of all low-wage women workers are mothers. Of these, nearly half are the *sole* wage earners in their families, **directly responsible for the support of themselves and their children.** Federal standard setting is required if earnings are to be kept above the lowest competitive level to which they could fall. Women's low wages mean that a child with a working mother often has a standard of living no higher than a child and mother receiving AFDC.[4] Because the number of female-headed households is escalating, restoring the value of the minimum wage is increasingly critical if women are going to be able to support themselves and their families with a minimum of public assistance.

The Minimum Wage and Poverty

At $4.25 an hour, a full-time, year-round worker earns $8,500. While this is over the 1994 poverty threshold[5] for a single person, it is more than $1,000 below the poverty line for a family of two. An increase to $5.15 would total $10,300 for a full-time, year-round worker, bringing a family of two over the poverty line.

Difference between the Poverty Threshold and the Earnings of a Full-Time, Year-Round Minimum Wage Worker

Wage	Family of 2	Family of 3
$ 4.25	- $ 1,155	- $ 3,317
$ 5.15	$ 645	- $ 1,517

The Effect of the Minimum Wage on the Labor Market

The minimum wage not only affects those who are earning wages or salaries equal to the minimum, but also affects those who are earning slightly above the minimum wage; they receive increases when the minimum wage rises. Using this definition, an increase in the minimum wage would affect 16.8 percent of the total workforce, raising the earnings of more than 16.5 million workers.[6]

Much economic research now shows that increasing the minimum wage has little or no effect on reducing the number of jobs. Our own research on the implementation of pay equity in state civil services shows that wage increases that are phased in over time have very little employment displacement effect.[7] Higher wages do not automatically translate into job loss.

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[4] Roberta Spalter-Roth, Heidi Hartmann, and Linda Andrews "Mothers, Children, and Low-Wage Work: The Ability to Earn a Family Wage," in *Sociology and the Public Agenda*. William Julius Wilson, Ed., Newbury Park, CA: Sage Publications, 1993.

[5] Based on the U.S. Department of Commerce, Census Bureau's 1994 poverty thresholds. $7,551 for a single person, $9,655 for a family of two, and $11,817 for a family of three. Earnings calculations do not include the Earned Income Tax Credit.

[6] *The State of Working America 1994-95*. p. 172. Calculation includes those workers at or below the value of the 1979 minimum wage in 1993 dollars ($5.66 in 1993 dollars).

[7] Heidi Hartmann, Elaine Sorensen, and Stephanie Aaronson, *Pay Equity Remedies in State Governments: Assessing their Economic Effects*. Washington, DC: Institute for Women's Policy Research, Forthcoming.

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FACT SHEET ON THE GLASS CEILING AND ITS EFFECTS ON WOMEN

The Glass Ceiling is the level beyond which women and minorities do not advance in a given work place. The glass ceiling is evident at many levels and is a result of day-to-day practices, management and employee attitudes, and internal systems that operate to the career disadvantage of women and minorities.

Over the past two decades, women and minorities have made unprecedented strides into the work force. Yet, discrimination due to gender and race is still a problem. According to the Department of Labor, minorities and women have not made significant gains into middle and senior levels of management, despite their increased experience, credentials, overall qualifications and greater attachment to the work force. It is organizational, attitudinal and societal barriers that effectively keep women and minorities from advancing up the career ladder. The glass ceiling is not confined only to the corporate world. The glass ceiling also exists in academia, government and politics.

Sources of the glass ceiling:

FALSE ASSUMPTIONS:	Employers assume women are less committed to their careers than are men. Statistical studies show that women and men are equally committed to their careers, and women tend to be more loyal to their employers.
DOUBLE STANDARDS:	Women are not taken seriously in the workforce and must work harder to achieve the same recognition as men. Women are expected to act like men in the work place, but are punished if they do not satisfy the expectations of femininity.
LACK OF MENTORS:	Having a mentor and the opportunity to network with people in power is the key to success in the business circles. Yet, women report having little access to mentors, while observing men mentoring other men.
LACK OF ACCESS TO TRAINING AND ADVANCEMENT OPPORTUNITIES:	Women continue to be concentrated in staff positions with little opportunity to advance, and lacking in line positions where most training for corporate advancement takes place.

As women and minorities have increased their numbers in the labor market, the existence of barriers to their advancement have been recognized. This is a universal problem experienced by women as a group and minorities as a group. By the year 2000, two out of three new entrants into the labor force will be women, but at the current rate of increase it will be 475 years, or until the year 2466 before women are equally represented at the top of the career ladder as they are at the bottom. By the year 2000 almost a third of all new

entrants into the labor force will be minorities, who will double their current share of the labor market.

The glass ceiling exists at different levels in different companies or industries. Minorities and women now hold less than 5% of top managerial positions. Of the top Fortune 500 companies, women comprise a mere 2.6% of corporate officers. Statistics also reveal that minorities and women are less likely to obtain positions in line functions--such as sales and production--which most directly effect the corporations bottom line and are considered the fast track to the executive suite.

Male and female career patterns do differ. After the initial hire, career paths run parallel for men and women for several years. After this point, men are promoted more quickly and more often. Job segregation also plays a part in the glass ceiling. The majority of female workers are concentrated in female dominated industries, such as health care and education. Women and minorities are continually discriminated against because of their race and gender.

The Civil Rights Act of 1991 represents essential steps toward shattering the glass ceiling. By providing compensatory and punitive damages for victims of sexual discrimination, the Civil Rights Act and the Equal Remedies Act create more effective economic incentives for companies to eliminate discriminatory practices, including the organizational practices and attitudinal views which have limited careers of women and minorities. Businesses cannot afford to continue to under-utilize half of their available work force. Discrimination, whether intentional or unintentional, prevents women and minorities from truly benefiting from their training and efforts and from fully contributing their abilities and knowledge to the productivity of our country.

WHAT YOU CAN DO:

- Solicit your employer for feedback about performance and advancement
- Work with various communication styles and office politics
- Find your own mentors
- Know your industry and company
- Place yourself in situations that lead to the promotional track.

Facts and information provided in this fact sheet were contributed by the Business and Professional Women's Foundation.

Restructuring Work: How Have Women and Minority Managers Fared?

Have the employment opportunities of women and minorities been negatively impacted as a result of corporate and industrial restructuring? A new Institute for Women's Policy Research (IWPR) study, ***Impact of the Glass Ceiling and Structural Change on Minorities and Women***, examines how changes in the workplace in the 1970s and 1980s affected women and minority men.

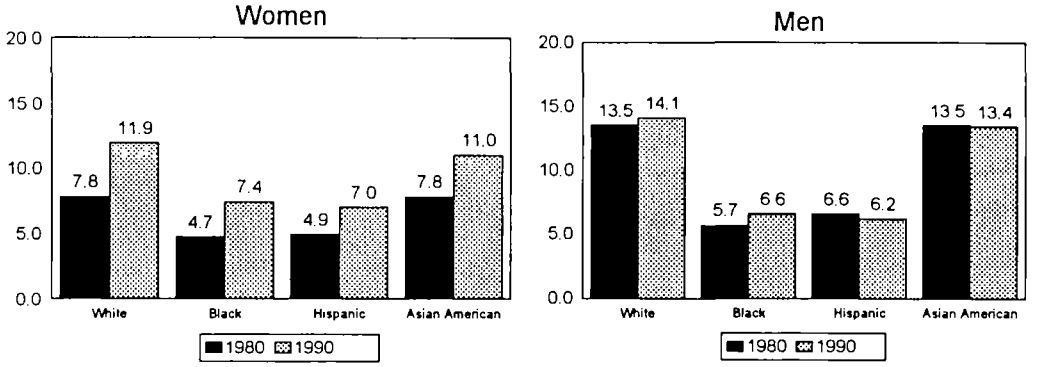
The need for corporate restructuring to compete in the new global marketplace is a much discussed topic. Factors leading to corporate restructuring include an increase in global competition, new technologies, and shifts in the level of demand for specific goods and services. These factors, along with changes in the political and economic climate, contributed to two types of structural changes during the 1970s and 1980s: 1) corporate restructuring, in which companies reorganized the workplace to reduce costs; and 2) industrial restructuring, in which the economy shifted away from manufacturing to the service sector.

Corporate Restructuring. Companies have responded in a variety of ways to the institutional and market changes of the last twenty years, including reducing labor costs through pay reductions or moving operations to low-wage countries and abandoning whole product lines as unprofitable. Reorganization has often involved an attempt to increase flexibility in order to take advantage of new technologies and to respond more quickly to changes in demand. Flexibility may require workers who are highly trained so they can perform a variety of tasks. Or it might entail more use of temporary and contract labor or of subcontracts to other firms that provide specific products and services. In some cases, downsizing of the firm's labor force may be so extensive as to jeopardize long-term growth capacity for short-term gains.

Industrial Restructuring. The percentage of workers employed in manufacturing jobs has been declining since World War II and the significance of this shift has been the subject of considerable debate. One view is that the shift reflects a "natural" shift attendant on the maturing of an industrial economy. Bolstering this view is the fact that the percentage of workers employed in manufacturing has declined in all industrial countries in the past 20 years. A more pessimistic view is that the shift to services is due in part to failures on the part of management and government to strengthen the manufacturing sector.

The Impact of the Changing Business Environment and Restructuring on Minorities and Women in Management. Many problems for minorities and women might arise out of restructuring, including: the loss of supervisory and low-level management positions, often held by women and minority men, that were formerly routes into management; career ladders that are less well-defined and may require impressing upper management with one's "star status," which may be particularly difficult for minorities and women; the

Figure 1.
Managers as a Percentage of the Labor Force by Race/Ethnicity and Sex



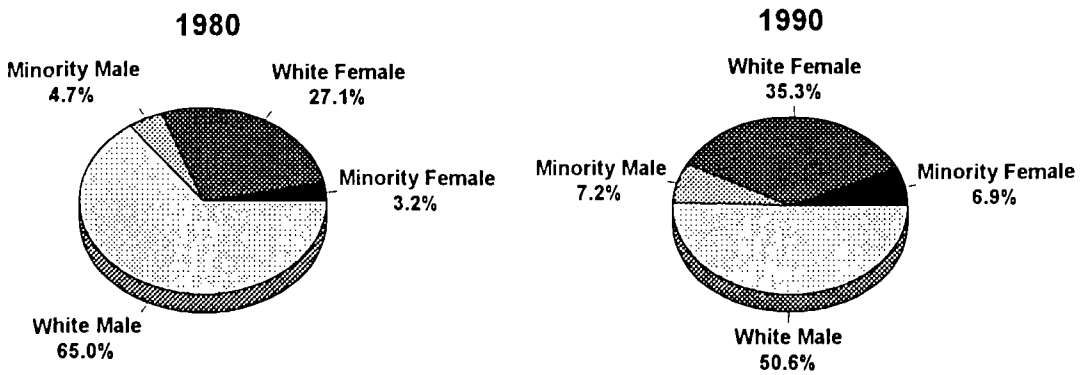
Source: IWPR calculations based on the U.S. Bureau of the Census, Census of Population, 1980 and 1990.

hiring of temporary workers, or independent contractors, supplanting permanent staff; the increased demands on managers due to downsizing, making it more difficult to combine careers with family life; and the increased emphasis on geographic mobility, including foreign experience for operating in the global marketplace, can be impeded by family responsibilities.

The data show, however, that minorities and women did make gains at the managerial level despite the problems that restructuring may entail. The overall representation of women and minority men in management improved during the 1980s. Not only did women and minority men make up a bigger percentage of the labor force in 1990 than in 1980, managers grew as a proportion of the labor force, and women and minority men generally increased their representation in these growing occupations.

Managers as a Proportion of the Labor Force. Between 1980 and 1990 employment in managerial occupations increased from 10.4 to 11.8 percent of total employment, indicating a more rapid growth in management than in the labor force as a whole. The percentage of workers who were managers increased more rapidly for women than for men in all racial/ethnic categories (see Figure 1). By 1990, the percentage of white women workers who were managers had increased to 11.9 percent from 7.8 percent, while the percentage of Asian American women in management increased from the same starting point to 11.0 percent. For these two groups, by 1990 their proportion in management was about equal to the proportion of the labor force as a whole in management (11.8 percent). Although their representation in management improved during the 1980s, black and Hispanic women continued to be under-represented, with only 7.4 and 7.0 percent (respectively) in management by 1990.

Figure 2.
Distribution of Managers by Race/Ethnicity and Sex



Source: IWPR calculations based on the U.S. Bureau of the Census, Census of the Population, 1980 and 1990.

Among men, whites and Asian Americans were somewhat over-represented in managerial occupations in both 1980 and 1990, while black and Hispanic men remained under-represented. Among men, growth in the proportion working as managers was either small or negative, depending on the racial/ethnic group (see Figure 1).

The Demographic Composition of Management. Figure 2 shows that, as a result of the more rapid growth of black men and women of all racial/ethnic groups in management jobs, the demographic composition of the managerial workforce had changed substantially by 1990. White women's representation in the managerial labor force jumped from 27 to 35 percent, while minority women increased from 3 to 7 percent and minority men increased from 5 to 7 percent. White men's share of all management jobs fell from 65 percent to 51 percent over the same period. As noted above, however, white men are still over-represented as managers (relative to their share of the total labor force) and their numbers still grew during the 1980s. But other groups entered managerial jobs faster.

Managers in Top-Earning Jobs. Table 1 shows that among all managers, representation in the top earnings groups is highly unequal by gender and race/ethnicity. If all groups had equal access to the high-earnings jobs, then 10 percent of each gender/racial group would be in the top decile (10 percent) of jobs by earnings. But, as Table 1 shows, only 1.4 percent of all white women managers were in the top decile of earners in 1982 and by 1992 only 2.4 percent were. The change for white women in the top quintile (20 percent) was similar. Although their representation nearly doubled from 1982 to 1992, white women still fell far short of equal representation (20 percent). Women of color did not double their representation in the top quintile of earnings, though they did experience some increase. Minority men who were in management moved into the top-earnings jobs more rapidly than women did. Although minority men have difficulty entering management positions, where like minority women they continue to be under-represented, once minority men become managers, their chances of achieving high-paying jobs are more favorable. Minority male managers are only slightly under-represented in both the top 10 and the top 20 percent of salaried managers. Minority men more than doubled their representation among top-earnings groups between 1982 and 1992 (see Table 1).

Table 1.
Percentage of Managers with Earnings in the Top Decile and Quintile
by Race/Ethnicity and Sex

	TOP DECILE		TOP QUINTILE	
	1982	1992	1982	1992
WOMEN				
White	1.4	2.4	3.2	6.3
Minority Total [a]	[b]	[b]	2.8	3.6
MEN				
White	14.4	15.7	28.4	30.5
Minority Total	4.8	10.1	11.0	21.2
Black	[b]	9.8	8.2	18.4
Hispanic	[b]	8.0	9.8	16.3
Other	[b]	12.6	16.7	30.1

(a) = Number of minority women in specific racial and ethnic groups too small to tabulate separately.
(b) = Numbers too small to provide reliable information.

Source: IWPR calculations based on unpublished data from the March 1983 and March 1993 Current Population Surveys.

Conclusions. Because restructuring appears to present both problems and opportunities for minorities and women in management, policymakers in business and government should monitor on-going changes and consider the following policy issues:

✓ continuing attention to enforcement of equal opportunity legislation and regulations, especially to improve the access of minority women and men to management positions and the access of women to top-earnings positions;

✓ improving access to higher education for disadvantaged Americans;

✓ monitoring the increased use of temporary and contingent workers, including independent contractors, for impact on long-term capacity and profitability as well as for impact on women and minorities; and

✓ adopting new "family friendly" workplace policies that apply equally to upper-level managers.

The full report, ***The Impact of the Glass Ceiling and Structural Change on Women and Minorities****, by Lois B. Shaw, Dell P. Champlin, Heidi I. Hartmann, and Roberta M. Spalter-Roth, is available from the Institute for Women's Policy Research for $10.00. The research on which this report is based was funded by the U.S. Department of Labor, Glass Ceiling Commission. Opinions stated in this document or the report do not necessarily represent the official position or policy of the U.S. Department of Labor. This Research-in-Brief was prepared by Jill Braunstein, Heidi Hartmann, and Lois Shaw and was published in January 1995.*

The Institute for Women's Policy Research is an independent, nonprofit, scientific research organization founded in 1987 to meet the need for women-centered, policy-oriented research. IWPR focuses on the issues that affect women's lives, including family/work policies, employment and job training, pay equity and the glass ceiling, poverty and welfare reform, and access to health care. The IWPR Information Network plays a vital role in our mission to create and disseminate women-centered, policy-oriented research. Members of the Institute's Information Network receive regular mailings including fact sheets such as this. Individual memberships begin at $40 annually. Contact IWPR for further information.

Work to Inform Women's Public Policy

IWPR Reports on Women's Opportunities

Women's Access to Health Insurance, by Young-Hee Yoon, Stephanie Aaronson, Heidi Hartmann, Lois Shaw, and Roberta Spalter-Roth. An analysis of women's sources of health insurance and variations in coverage based on social and economic factors.
(June 1994) 55 pages. $15 **Item #A114**

What Do Unions Do For Women?, by Roberta Spalter-Roth, Heidi Hartmann, and Nancy Collins. A look at the impact of collective bargaining on the wages and job tenure of women. Trends in unionization are also explored.
(January 1994) 55 pages. $15 **Item #C327**

The Impact of the Glass Ceiling & Structural Change on Women and Minorities, by Lois Shaw, Dell Champlin, Heidi Hartmann, and Roberta Spalter-Roth. A review of the repercussions of large-scale structural changes and employer responses to these changes. Human resource policy and the structure of firms' promotion opportunities are addressed.
(December 1993) 39 pages. $10 **Item #C329**

Micro-Enterprise and Women: The Viability of Self-Employment as a Strategy for Alleviating Poverty, by Roberta Spalter-Roth, Enrique Soto, and Lily Zandniapour. A report on the ways in which AFDC recipients use self-employment earnings to supplement their incomes. Public policies which act as barriers and catalysts to micro-enterprise are also outlined.
(November 1994) 76 pages. $15 **Item #D417**

Welfare That Works: The Working Lives of AFDC Recipients, by Roberta Spalter-Roth, Beverly Burr, Heidi Hartmann, and Lois Shaw. An investigation into the survival strategies of single mothers on AFDC and a critique of the prevailing consensus that welfare creates dependency.
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catalyst Perspective

May, 1996 *Catalyst, 250 Park Avenue South, New York, NY 10003-1459 • (212) 777-8900 • fax (212) 477-4252 • info@catalystwomen.org*

Catalyst Surveys Pioneering Female Executives

Trends

Consistently exceeding performance expectations (77 percent) and developing a style with which male colleagues are comfortable (61 percent) are the two most critical success factors for today's female executives, according to senior-level women in business in the new Catalyst report *Women in Corporate Leadership: Progress and Prospects*.

Catalyst surveyed 1,251 women at the VP level and above in *Fortune* 1000 companies about their career experiences; 461, or 37 percent, responded. *Women in Corporate Leadership* also compares some of their responses with those of *Fortune* 1000 CEOs in a parallel survey yielding 325 responses, or 33 percent. Catalyst Senior Vice President Bickley Townsend called this "a one-of-a-kind study with its comprehensive look at the career experiences of the first generation of working women to dismantle the glass ceiling. But it also offers a dual perspective — of women who have made it and of the nation's top chief executives — to illuminate what's holding women back and what works to accelerate their progress."

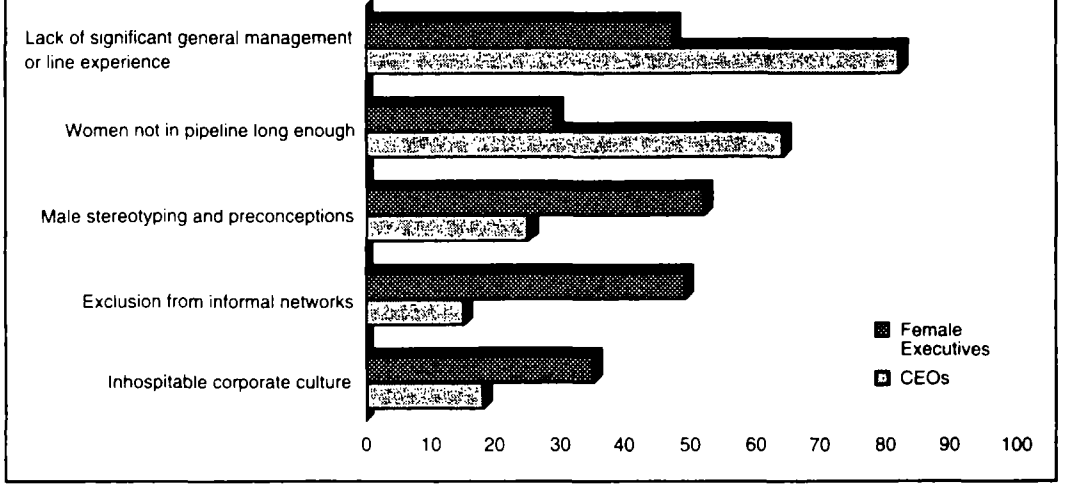
The trailblazing women in the survey represent a unique and powerful segment of the female workforce: their average annual income is $248,000, and 81 percent fall within two reporting levels of the CEO. Forty-four percent report directly to the CEO or are one level away. Average age is 45 years old. Almost two-thirds have postgraduate degrees. Only 8 percent identify themselves as other than Caucasian.

Edgar J. Bronfman Jr., President and CEO of The Seagram Company Ltd., which funded this research, spoke at a press briefing February 27 at The Seagram Co. offices in New York City, saying, "This research brings to light information that will help corporations capitalize on the critical resource that women represent: it's essential to know what's holding women back and what works, and this breakthrough study tells us."

Advancement Barriers

Women in Corporate Leadership finds that executive women and CEOs differ in their assessment of barriers to women's advancement. Women are more than twice as likely to fault subtle factors in the work environment as the top barriers: 52 percent cite "male stereotyping and preconceptions of women" compared to 25 percent of CEOs; 49 percent of women point to "exclusion from informal networks of communication," versus 15 percent of CEOs. CEOs identify two principal obstacles to women's advancement: "lack of general management/line experience and "not in the pipeline long enough."

WHAT PREVENTS WOMEN FROM ADVANCING TO CORPORATE LEADERSHIP?



This issue of *Perspective* was funded by THE SEAGRAM COMPANY LTD.

Female respondents and CEOs agree that a lack of general management or line experience remains a key barrier (although women rank it after the two environmental factors). The CEO slot generally requires profit-and-loss experience, whereas female executives — by self-selection, company steering, or tradition — tend to cluster in staff support functions like public affairs, human resources, certain financial positions, or, if they become corporate officers, in positions such as secretary, treasurer, or general counsel. Catalyst's survey sample bears this out; only 15 percent of female respondents are in line or general management functions.

Balancing Act

A large number of survey participants balance career and family responsibilities: 72 percent are married, and 64 percent have children. Two-thirds of the working mothers have children under 18. Married respondents contribute 68 percent of household income on average, and three-quarters provide over half of total household income, making them the primary breadwinners of the family.

These executive working mothers employ a number of strategies in quest of work/life balance. They report rigorous time management as critical to their success, along with purchasing domestic services: 85 percent employ domestic help; 93 percent of mothers use child care. Many cited a supportive husband as key. Most succeeded without benefit of diversity initiatives, as during their rise, companies did not yet offer family-friendly policies or those designed to foster a diverse executive pool.

Advancement Strategies

What are the most important company strategies for women's advancement? Female executives cite the identification and development of high-potential women, giving women high-visibility assignments, and cross-functional job rotations. CEOs voice support not only for high-visibility assignments, but also for ensuring that succession planning incorporates gender diversity, instituting formal mentoring programs, and holding managers accountable for women's advancement.

Forty-four percent of executive women in Catalyst's study believe that equal employment policies did not affect their own opportunities. One-third say affirmative action had a wholly positive effect, while another 22 percent believe the effect was mixed. Only one percent say the effect was negative. Women of color and those aged 45 or older are more likely to perceive a positive or mixed effect, and much less likely to say "no effect."

Catalyst found both women executives and CEOs to be positive about the progress of women in management. Eighty-five percent of women and 97 percent of CEOs believe that opportunities for women to advance to senior leadership in their own companies have improved compared to five years ago. Women foresee continued progress, with 33 percent projecting that women will represent at least one-fifth of senior management in their companies by the year 2000; 18 percent believe it to be that high today.

Action Steps

Female executives and CEOs agree that companies must change to meet the needs of management women and that women, too, must change to fit into the corporate culture.

Companies should:

► Demonstrate top-level commitment to lifting barriers impeding women's advancement;

► Take risks on high-potential women;

► Ensure that women rotate into operational and line management positions;

► Help employees balance work and personal or family responsibilities.

Female executives should:

► Seek to understand the corporate culture and what is valued;

► Be willing to make the trade-offs required for executive success;

► Support other women, through women's networks and/or informal mentoring.

AVAILABLE NOW

► To order *Women in Corporate Leadership*, call Catalyst's Publications Department at (212) 777-8900, ext. 339, or fax to (212) 477-4252. $50; contributors $25.

► *Making Work Flexible: Policy to Practice* (1996) is a practical, comprehensive guide to implementing flexiblility. $85; contributors $70; special rates for five or more copies.

Why are women only 13 percent of experts cited in business-related articles?

Catalyst and the International Women's Media Foundation will cosponsor *Women, Business, and the Media*, an all-day conference on increasing the visibility and credibility of women in business on June 10th in New York City. Call (212) 777-8900, ext. 335.

Catalyst is currently seeking nominations for the 1997 Catalyst Award. If you are interested in nominating, contact Tara Levine at (212) 777-8900, ext. 312.

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GET THE FACTS

Women and Affirmative Actior

How Women and Girls are Faring Nationally

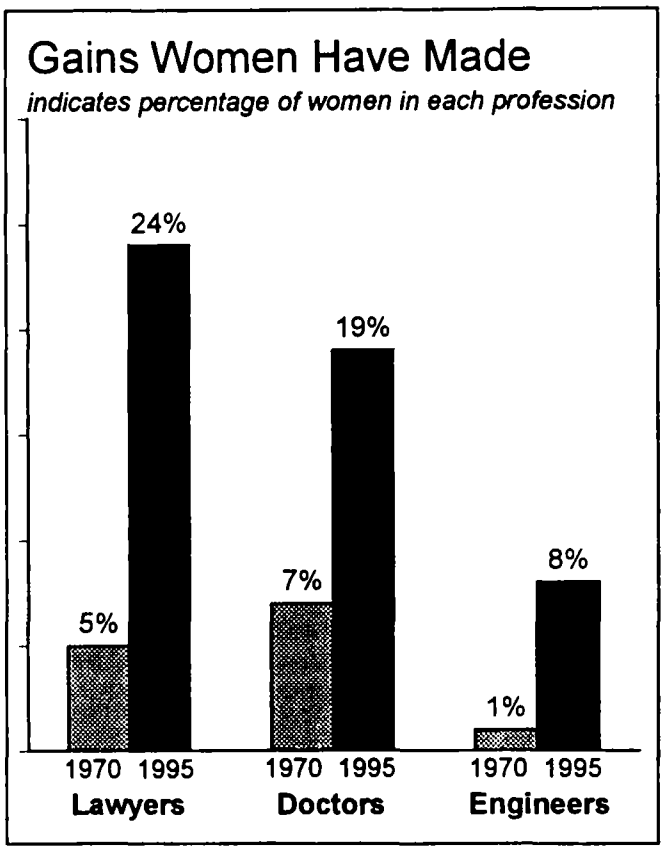
What is Affirmative Action?

Affirmative Action programs seek to remedy past and ongoing discrimination against women, minorities, and others by increasing the recruitment, promotion, retention, and on-the-job training opportunities in employment and by removing barriers to admission to educational institutions and government contracting.

Title VII of the Civil Rights Act of 1964, and a set of Executive Orders in the 1960s, provided the initial foundation for affirmative action programs. Title VII prohibits discrimination by any employer or labor union on the basis of race, color, religion, sex or national origin. This law has stimulated affirmative action programs in the public and private sector.

Executive Order 11246, signed in 1965 and amended to include women in 1967,[1] bars discrimination on the basis of race, color, religion, or national origin in federal employment and in employment by federal contractors and subcontractors. The order requires executive departments and agencies to "maintain a positive program of equal opportunities," and requires federal contractors and subcontractors to "take affirmative action" to ensure that applicants are hired and compensated without discrimination.

Further, the 1978 Civil Service Reform Act called for elimination of the under-representation of women and minorities in federal employment.[2] Most recently, last year Congress adopted a 5% goal of awarding federal contracts to small women-owned businesses.[3]



The Federal government's commitment to equal opportunity now affects 193,000 businesses and 26 million workers—approximately one-quarter of the U.S. labor force.[4] This figure does not include the tens of thousands of private employers who have voluntarily adopted affirmative action programs.[5]

The future of affirmative action programs, however, remains uncertain. A series of United States Supreme Court cases have limited federal, state and local governments' ability to adopt and maintain affirmative action programs. In the most recent U.S. Supreme Court case, *Adarand v. Pena*,[6] the Court adopted a more rigorous legal burden which will make it more difficult to establish and maintain federal affirmative action programs to provide racial minorities with educational and employment opportunities.

Gaining Opportunities in the Workplace

According to a 1995 study, an estimated six million women wouldn't have the jobs they have today were it not for affirmative action.[7]

- Women now account for 24% of lawyers, up from 5% in 1970, 19.4% of doctors, up from 7.6% in 1970, and 8.3% of engineers, up from 1.3% in 1973.[8]

- In companies that are federal contractors and hence subject to federal goals and timetables, women managers and officials in the Computer industry increased from 15% in 1983 to 30% in 1993; in Pharmaceuticals from 15% in 1983 to 26% in 1993.[9]

- Between 1991 and 1994, women-owned businesses in traditional industries, such as finance, insurance and retail, grew by twice the rate of male-owned companies in those same industries.[10]

- Nearly 29.9% of lower and middle managerial positions in private industry are now filled by women, almost triple the percentage in 1966.[11]

- Following the implementation of an affirmative action consent decree, the total number of women working in the U.S. Forest Service increased from 27.8% in 1981 to 43.5% in 1991.[12]

Persistent Gender Gap on the Job: Affirmative Action is Still Needed

Despite the tremendous gains of the past 25 years, women still remain segregated in low-wage, low-status positions. Women also continue to be excluded from non-traditional jobs and senior positions.

- Nationally, the number of tradeswomen is less than 2%.[13]

- In 1994, women were only 8% of the nation's police officers, 3.7% of Sergeants, 2.5% of Lieutenants and 1.4% of Command Staff.[14]

- Though women own 37% of businesses in the United States,[15] women-owned firms receive only 1.2% of federal contracts.[16]

- While women make up 35% of the federal professional work force, they hold 86% of the clerical jobs.[17]

• In 1993, Hispanic women earned a median income of $16,758, African-American women earned a median income of $19,816, and white women earned a median income of $22,023. White men earned a median income of $31,089.[18]

The Glass Ceiling Commission

In 1994 only two Fortune 1000 companies were headed by female CEO's.[19]

Only 3-5 percent of senior positions in the private sector are held by women.[20]

According to a 1992 study of senior women executives in the 1000 largest industrial and 500 largest service industries, only 5% of these women were minorities.[21]

According to an analysis of the 1990 U.S. Census, African-American women with professional degrees in top management positions earn 60% of what white men in comparable positions earn.[22]

Making the Grade: Gains for Women and Girls in Education

In 1972, Congress passed The Educational Amendments to the Civil Rights Act of 1964. Title IX, one of the provisions, prohibits sex discrimination in federally-funded educational institutions, including athletics. Though Title IX was gutted by a 1984 U.S. Supreme Court decision, which held that Title IX only applied to programs directly receiving federal funds, this was reversed with Congress' passage of the Civil Rights Restoration Act of 1988. This Act restored the prohibition against sex discrimination throughout entire educational institutions should any part of the institution receive federal funds.

These laws, in combination with the resulting affirmative action programs, have increased hiring, promotion, training, and athletic and admission opportunities in educational institutions for women and girls.

• In 1971, women received only 14.4% of doctorates. By 1991, the number of female doctoral recipients had jumped to 36.8%.[23]

• In 1993, women were 42% of all law students, up from 8.5% in 1970.[24]

• In 1969, women were 8.4% of medical school graduates. In 1990, women were 36.2% of medical school graduates.[25]

"Failing at Fairness": The Education Gender Gap Persists

Despite gains resulting from affirmative action programs, including outreach and recruiting efforts, women continue to be segregated in traditionally "female" educational programs and teaching positions.

• Though women now earn approximately half of all bachelor's and master's degrees, they earn only about one-third of doctorate and professional degrees.[26]

• Women still remain underrepresented in traditionally "male" areas of study. In 1992, women received approximately 15.4% of undergraduate engineering degrees, 9.6% of doctorate degrees in engineering, and less than 22% of doctorate degrees in mathematics and the physical sciences.[27]

• Women have barely improved their representation among tenured faculty. Women's percentage of tenured positions, including both associate and full professorships, rose from 6% in 1972 to 11% in 1989, an increase of only 5% over 17 years.[28] Women who are full professors make only 88.5% of the salaries of men who are full professors.[29]

• In 1990, women were only 20.7% of medical school faculty, representing only a 7% increase from 1967. Only 4.7% of this figure were women of color. In medical schools, 89% of all white women and 93.5% of all women of color faculty were below the rank of professor, compared to only 69% of white men and 78.3% of men of color.[30]

• Though women are 72% of elementary school teachers, they are only 29% of school principals.[31]

Running With the Torch: Gains for Women and Girls in Sports

Some of the greatest gains for women and girls have occurred in athletics.

• At the high school level, in 1972, only 7% of interscholastic athletes were girls. By 1992, 37% of those athletes were female.[32]

• In 1972, women comprised only 15.6% of college athletes. As of 1993, this percentage had grown to 34.8%.[33]

"Running Behind": The Sports Gender Gap Persists

In recent years, the growth in girls athletics has slowed. If this trend continues, it will take girls approximately 40 years to reach parity.[34]

• Women college athletes receive less than 24% college sports programs' operating budgets, and less than 18% of college recruiting money.[35]

• Only 21% of collegiate women's athletic programs are headed by women. In high schools, less than 20% of athletic directors are women.[36]

• In collegiate basketball, men's head coaches, on the average, earn $71,511. Women's coaches earn only $39,177.[37]

[1] It was not until 1973, however, after intense pressure from women's rights groups, that this added provision was enforced.
[2] U.S. Merit Systems Protection Board, *A Question of Equity: Women and the Glass Ceiling in the Federal Government* at 2, October 1992, *cited by* Marcia D. Greenberger, Co-President, National Women's Law Center. *Testimony Before the Subcommittee on the Constitution*, at 17, U.S. House of Representatives on Affirmative Action and H.R. 2123 (December 7, 1995)
[3] *Id.*
[4] Tom Dunkel, "Affirmative Reaction," *Working Women*, at 40, (October, 1995).
[5] *Id.*
[6] 115 S.Ct. 2097 (1995).
[7] Dunkel, at 96.
[8] Gary Belsky and Susan Berger, "Women could be Big Losers if Affirmative Action Falls," at 21, *Money* (August, 1995).
[9] U.S. Equal Employment Opportunity Commission, *cited by* Dunkel, at 44.
[10] National Association of Women Business Owners Fact Sheet.
[11] Greenberger, at 14.
[12] William L. Taylor, Esq., *Testimony Before the Subcommittee o Constitution* at 5, Committee on the Judiciary, United States Hou, Representatives, (April 3, 1995).
[13] California Women's Law Center Fact Sheet.
[14] The National Center for Women and Policing, *The Status of Women in Policing Fact Sheet* (1995).
[15] Belsky and Berger, at 20.
[16] Greenberger, at 17.
[17] Dunkel, at 43.
[18] Institute for Women's Policy and Research, *The Wage Gap: Women's and Men's Earnings* (1995), *cited by* Greenberger, at 10.
[19] The Federal Glass Ceiling Commission, *Good for Business: Making Full Use of the Nation's Human Capital*, at 12 (March, 1995).
[20] *Id.*, at 143.
[21] *Id.*, at 13.
[22] *Id.*, at 143.
[23] National Research Council Office of Scientific and Engineering Personnel, *Summary Report 1991: Doctorate Recipients from United States Universities*, (March 1995).
[24] *California Law Business*, May 1993.
[25] American Medical Association, *Women in Medicine in America: In the Mainstream*, at 3 (1991).
[26] Greenberger, at 10.
[27] U.S. Department of Education, National Center for Education Statistics, "Digest of Education Statistics," table 239 (1994), *cited by* Greenberger, at 10.
[28] Martha S. West, *Gender Bias in Academic Robes: The Law's Failure to Protect Women Faculty*, 67 Temple L.Rev 68, 72 (Spring 1994).
[29] U.S. Department of Education, National Center for Educational Statistics, *Salaries, Tenure and Fringe Benefits 1993-1994*, at 4.
[30] The Feminist Majority Foundation, *Empowering Women in Medicine*, at 1 (1991).
[31] U.S. Department of Education, National Center for Education Statistics, "Digest of Education Statistics," table 239 (1994), *cited by* Greenberger, at 10.
[32] The Feminist Majority Foundation, *Empowering Women in Spo* at 3 (1995).
[33] *Id.*
[34] *Id.*
[35] National Collegiate Athletic Association, *Final Report of the NCAA Gender-Equity Task Force* at 1 (1992).
[36] *Empowering Women in Sports*, at 6
[37] *Id.*

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Briefing Paper

Affirmative Action in Employment: An Overview

Affirmative action in the employment arena refers to two types of government-ordered programs. The first is the federal contract compliance program (enforced by the Office of Federal Contract Compliance Programs, or OFCCP, in the US Department of Labor) in which a presidential executive order (E.O. 11246) requires firms with federal contracts to develop goals and timetables for hiring women and minority men for occupations in which they are underrepresented and to make annual reports on the progress they have made. The OFCCP requires that approximately 200,000 federal contractors (who employ one quarter of the civilian workforce) file affirmative action plans, which generally compare the proportion of women and minorities in a firm with the proportion of women and minorities in the labor force (OFCCP data, FY 1994).

The second type of government program includes a variety of steps employers (private firms, state and local governments, and federal governmental agencies) are required to take as the result of court involvement in the resolution of discrimination suits (brought under Title VII of the Civil Rights Act). Compliance with Title VII falls under the jurisdiction of the Equal Employment Opportunity Commission (EEOC) for private employers and the Department of Justice for state and local governments. Federal employees must first bring a complaint to their department's equal employment opportunity office, but they may also file a complaint through the EEOC if they are unhappy with the outcome of their own offices' processes.

The EEOC received 91,189 complaints in 1994 from employees who felt they had been victims of discrimination. Twenty-six percent of these complaints were instances of alleged race discrimination, and 21 percent involved alleged sex discrimination. After dismissing the complaints that they believed did not have sufficient proof of discrimination, the EEOC was left with 3 to 4 percent of the original 91,189. They litigated 418 of these "sufficient cause" cases.[1]

In addition to implementing required affirmative action steps, employers may engage in voluntary programs for a variety of reasons: because they want to attract the best qualified workforce they can find; because they value diversity; because they are responding to concerns raised by employees, unions, and community members; because they wish to avoid charges of discrimination. The extent to which voluntary affirmative action exists is difficult to measure because there is neither an enforcement agency collecting data on these programs nor a court system in which these voluntary affirmative action steps are recorded.

In order to determine the overall prevalence of affirmative action programs in the workplace, both voluntary and involuntary, Professors Konrad and Linnehan of Temple University recently asked 138 public and private employers in the Philadelphia area if they had implemented any of several affirmative steps in hiring, promoting or firing, and found that 37 percent had implemented one or more steps that take into account the race or gender of an employee, while 58 percent had adopted race- or gender-neutral policies also designed to improve the fairness and openness of personnel procedures.[2]

[1] *EEOC data, cited in Arndt, 1995.*

[2] *Konrad and Linnehan, 1995.*

THE PROGRESS OF WOMEN AND MINORITIES IN THE WORKPLACE

How successful has affirmative action been in helping women and minorities achieve greater equality in the workplace? In order to measure its success, we must first look at the gains made by these groups in the workforce during the time period in which affirmative action programs (both voluntary and required) were implemented.

Growth in the Labor Force

As Table 1 shows, women increased their share of the total labor force dramatically between 1965 and 1994, from 35 percent to almost 46 percent. In the past decade, between 1985 and 1994, neither black nor white women's share grew rapidly, although the female workforce of other racial and ethnic groups did. One group in particular, Asian women, has experienced higher rates of immigration in the recent past, which may at least partially account for the increase in the number and proportion of Asian women in the labor force. However, black and white women have recently increased their share in some specific occupations--for example, accountants and lawyers, as illustrated in Table 2.

Table 1.
Civilian Labor Force by Sex and Race/Ethnicity, 1965-1994
(Persons 16 Years and Older, Numbers in Thousands)

	1965		1975		1985		1994		%Change	%Change
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	1965-1994	1985-1994
Total Labor Force	74,455	100.0	93,800	100.0	115,500	100.0	131,000	100.0	75.9	13.4
Women	26,200	35.2	37,500	40.0	51,000	44.3	60,200	45.9	129.8	18.0
White	22,736	30.5	32,500	34.6	43,500	37.7	50,300	38.4	121.2	15.6
Black	3,464	4.7	4,200	4.5	6,100	5.3	7,400	5.6	113.6	21.3
Other	N/A	N/A	800	0.9	1,500	1.3	2,500	1.9	N/A	66.7
Hispanic	N/A	N/A	N/A	N/A	3,000	2.6	4,800	3.7	N/A	60.0
Men	48,255	64.8	56,300	60.0	64,400	55.8	70,800	54.0	46.7	9.9
White	43,400	58.3	50,300	53.6	56,500	48.9	60,700	46.3	39.9	7.4
Black	4,855	6.5	5,000	5.3	6,200	5.4	7,100	5.4	46.2	14.5
Other	N/A	N/A	1,000	1.1	1,700	1.5	3,000	2.3	N/A	76.5
Hispanic	N/A	N/A	N/A	N/A	4,700	4.1	7,200	5.5	N/A	53.2

Note: Hispanics may be of any race. Data for Hispanics are not available before 1980. For 1965, Black also includes Other Races.
Source: U.S. Department of Commerce, Bureau of the Census, Statistical Abstract(s) 1976:571, 1989:627, 1995:627.

By nearly all measures, women's earnings have improved relative to men's (although it should be kept in mind that part of the improvement in the ratio is due to the fall in men's real wages, which have still not recovered to their peak in 1973). Yet relative to the progress women have made in other countries, women in the United States could be expected to have done better, given our strong national commitment to equal opportunity and affirmative action.

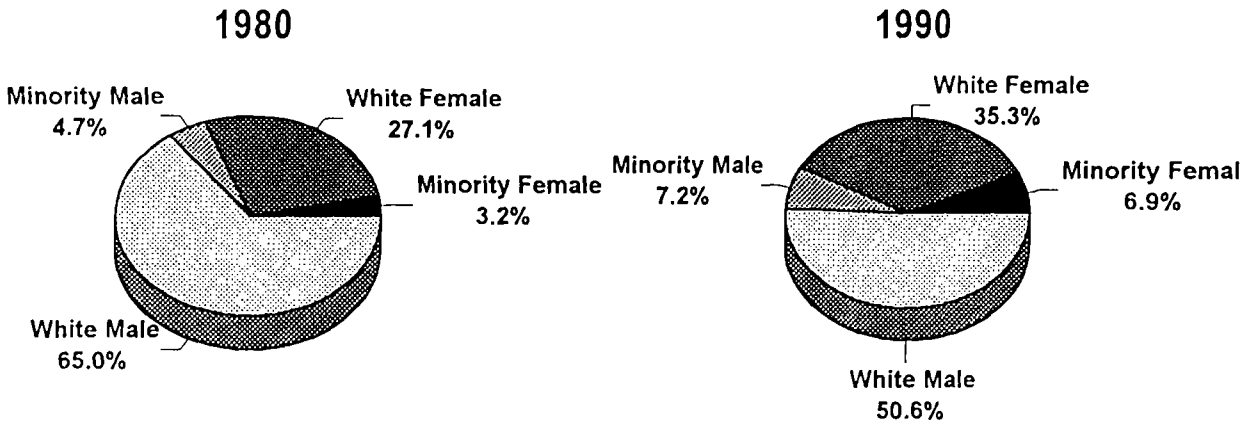
Different groups of women have fared differently in the United States. Although the pay gaps between white men and women of color and between white men and white women have narrowed, especially in the 1980's, differences persist between white women and women of color. An IWPR

study based on data from the Survey of Income and Program Participation (SIPP) found that minority women are four times as likely as white men to work in low wage jobs, while white women are three times as likely to work in these types of jobs.[3]

Growth in Specific Occupations

The number of women in management-level jobs has increased enormously, particularly in the 1980s. Contrary to popular belief, this progress has not come at the expense of minorities, who enjoyed even greater increases than did white women during this time period. As Figure 1 shows, women and men of color, on average, doubled their representation in management jobs (from 3.2 percent to 6.9 percent for women of color and from 4.7 percent to 7.2 percent for men of color), while white women's share of all management jobs increased more slowly, by about one-third (an 8.2 percentage point increase, from 27.1 to 35.3 percent). However, although minorities have significantly increased their share of management jobs, they are still underrepresented in that occupational area (unlike white women, who are now proportionately represented).

Figure 1.
Distribution of Managers by Race/Ethnicity and Sex



Source: Lois Shaw, Dell Champlin, Heidi I. Hartmann, and Roberta Spalter-Roth, The Impact of the Glass Ceiling on Minorities and Women. Washington, DC,: Institute for Women's Policy Research, 1993.

Table 2 shows a selected number of male-dominated and mixed occupations (all with less than a 70 percent female workforce) in which women have generally increased their representation during the past decade, as well as two female-dominated occupations in which, overall, women have decreased their representation. The mixed or male-dominated professional occupations listed (e.g., administrators, accountants, lawyers) show increased shares for both white women and women of color, except for physicians, where black women's share decreased and Hispanic women's share remained static between 1983 and 1994. Several other occupations (e.g., computer equipment operators, general office supervisors, private guards, and bus drivers) show decreases in the occupational share for white women, increases for black women, and little or no change for Hispanic women. Several other occupations such as police, scheduling clerks, and mail carriers show healthy growth for all groups of women. In the two female-dominated occupations shown, white women have decreased their share, while the representation of black and Hispanic women has generally grown.

[3] *Institute for Women's Policy Research, 1989.*

Table 2.
Percentage of Employed Women in Selected Occupations by Race and Ethnicity, 1983 and 1994

	ALL		WHITE		BLACK		HISPANIC	
	1983	1994	1983	1994	1983	1994	1983	1994
TOTAL LABOR FORCE	44	46	38	38	5	5	2	3
MALE-DOMINATED & MIXED OCCUPATIONS								
Administrators, Education & Related	41	62	35	53	6	8	1	3
Accountants	39	51	33	42	3	5	1	2
Lawyers	15	24	14	21	1	2	0	1
Physicians	16	20	13	17	3	2	1	1
Social Workers	64	69	50	51	13	15	4	5
Teachers, Secondary	52	55	47	50	4	4	1	2
Teachers, Colleges and Universities	36	42	32	37	2	3	0	1
Computer Equipment Operators	64	64	54	49	8	9	4	4
Supervisors, General Office	66	66	57	55	7	10	3	3
Clerks, Scheduling and Distribution	38	44	33	37	4	5	2	3
Mail Carriers, Postal Service	17	34	15	31	2	3	0	1
Police	9	16	7	11	2	5	0	1
Guards, Private	21	23	18	17	3	5	1	1
Bus Drivers	45	47	38	36	7	10	2	3
FEMALE-DOMINATED OCCUPATIONS								
Administrative Support	79	78	71	67	7	9	5	6
Registered Nurses	96	93	85	80	6	9	2	2

Note: Hispanics may be of any race.
Source: U.S. Bureau of Labor Statistics, Unpublished data from the Current Population Survey, 1983 and 1994.

These figures show that women of diverse racial and ethnic backgrounds have entered different occupations at varying rates. Women of color remain underrepresented in most of the professions shown in Table 2, except social work, where both black and Hispanic women are overrepresented (relative to their share of the labor force as a whole). Black women are also overrepresented as educational administrators, computer equipment operators, general office supervisors, and bus drivers.

Occupational Segregation

Occupational segregation is still a problem facing working women, with women being overrepresented in some occupations and underrepresented in others. The amount of occupational segregation observed in the labor market can be measured by an index that quantifies the lack of equality in the occupational distributions between two groups; its value ranges from 0 (perfect equality) to 100 (perfect inequality). In 1990, the index of sex segregation was 53, meaning that 53 percent of women or men would have to change occupations in order for women and men to have equal representation across all occupations in the economy. Race-based segregation is less pervasive in employment than sex-based segregation when measured on a national level (30 for black and white men in 1990 and 26 for black women and white women)[4].

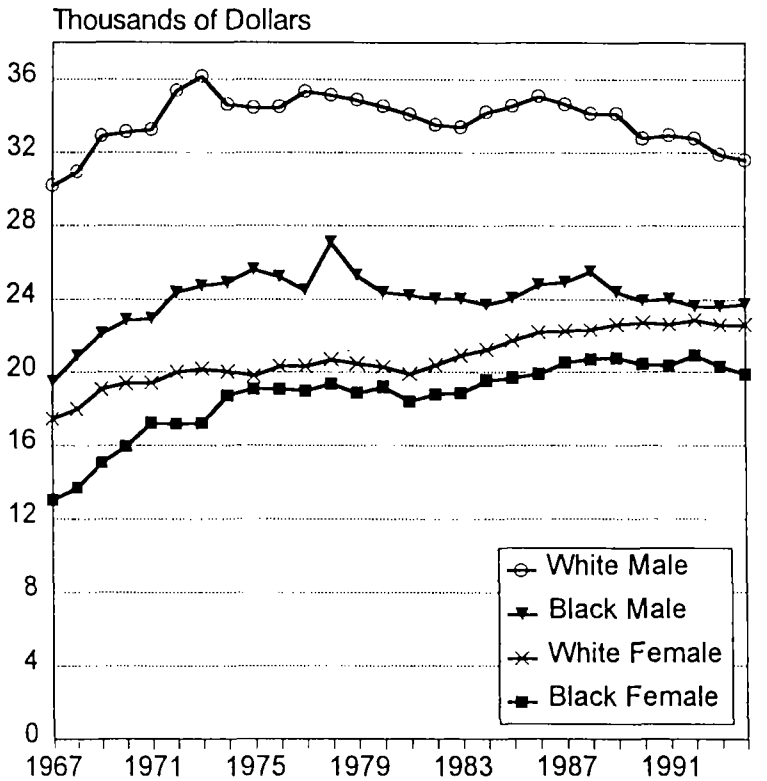
[4] *Reskin, 1994.*

Although both race- and sex-based occupational segregation have declined significantly, and substantial occupational growth is predicted in the coming years, allowing opportunity for further change, there are still many job markets in which there is virtually no competition between blacks and whites or men and women.[5] This is precisely why we have affirmative action and equal opportunity legislation; it promotes fair employment opportunities so that people can compete for all jobs on a more level playing field.

Earnings Growth

Figure 2 shows median annual earnings in constant dollars for full-time, year-round workers over the past three decades. The graph shows that, consistently from 1967 through 1994, women have earned less than men. However, the graph also shows a fairly continuous increase in black and white women's earnings, with no such increase for men. Real wages have been generally falling for both black and white men since the early- to mid-seventies, while real earnings gains for black and white women have been relatively steady. Black men have also partially closed the gap with white men, although most of the gains occurred prior to 1978. The graph shows that, in 1994, black women still earn, on average, $4,000 less than black men annually, while white women's earnings fall somewhere between those of black men and women. Averaged together, all three groups still earn about $10,000 less per year than white men, despite the progress that has been made in closing the gap.

Figure 2.
Annual Median Earnings by Race and Gender, in 1994 Dollars, of Full-Time, Year-Round Workers



Source: U.S. Bureau of the Census, Unpublished data from the Curent Population Survey of various years.

[5] *Bielby and Baron, 1984.*

ACCOUNTING FOR PROGRESS – SOURCES OF CHANGE

It is clear that women and minority men have experienced some substantial gains in the labor market, in terms of their earnings and their representation in certain occupations. But can all these gains be attributed to affirmative action efforts? Changes in other social and economic factors, in addition to laws and regulations, also affect employment and earnings.

The Impact of Other Factors

Both white women and minorities, particularly blacks of both sexes, enjoyed an increase in educational attainment during the time period in which affirmative action programs developed. Table 3 shows that the proportion of black adults with at least a high school education has more than tripled since 1960; for whites, the proportion approximately doubled. Although black men and women have near-equal levels of education, a larger proportion of adult white men has completed four or more years of college, as compared to white women. Currently, however, more women are graduating from college than men; eventually all women, white as well as black, are likely to "catch up" to men in college completion.

Table 3.
Educational Attainment by Race and Gender, 1960 to 1993

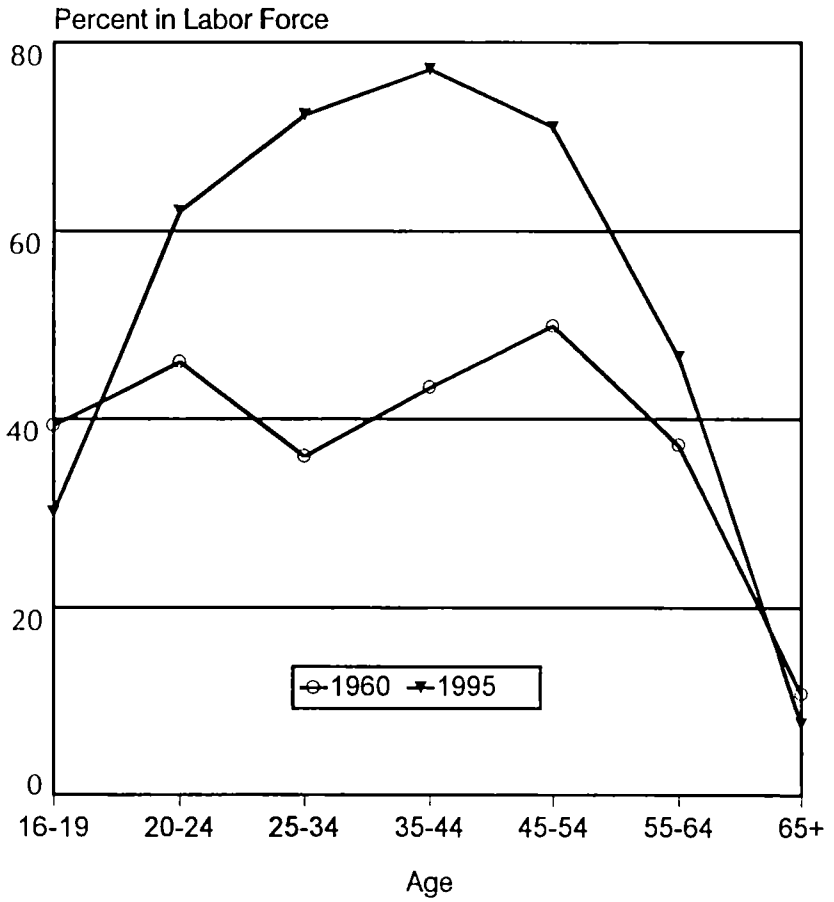
YEAR	ALL RACES		WHITE		BLACK	
	Male (percent)	Female (percent)	Male (percent)	Female (percent)	Male (percent)	Female (percent)
Completed Four Years of High School or More						
1960	39.5	42.5	41.6	44.7	18.2	21.8
1965	48.0	49.9	50.2	52.2	25.8	28.4
1970	51.9	52.8	54.0	55.0	30.1	32.5
1975	63.1	62.1	65.0	64.1	41.6	43.3
1980	67.3	65.8	69.6	68.1	50.8	51.5
1985	74.4	73.5	76.0	75.1	58.4	60.8
1990	77.7	77.5	79.1	79.0	65.8	66.5
1991	78.5	78.3	79.8	79.9	66.7	66.7
1992	79.7	79.2	81.1	80.7	67.0	68.2
1993	80.5	80.0	81.8	81.3	69.6	71.1
Completed Four Years of College or More						
1960	9.7	5.8	10.3	6.0	2.8	3.3
1965	12.0	7.1	12.7	7.3	4.9	4.5
1970	13.5	8.1	14.4	8.4	4.2	4.6
1975	17.6	10.6	18.4	11.0	6.7	6.2
1980	20.1	12.8	21.3	13.3	8.4	8.3
1985	23.1	16.0	24.0	16.3	11.2	11.0
1990	24.4	18.4	25.3	19.0	11.9	10.8
1991	24.3	18.8	25.4	19.3	11.4	11.6
1992	24.3	18.6	25.2	19.1	11.9	12.0
1993	24.8	19.2	25.7	19.7	11.9	12.4

Note: Population 25 years and older.
Source: U.S. Department of Commerce, Bureau of the Census, Statistical Abstract 1994:157.

Employment success for women and minorities can be partially attributed to the increased levels of education they have attained. Education is the single most important factor affecting earnings--those with more education receive higher salaries, on average, than those with less. Improved access to education is most likely due to other federal civil rights legislation, as well as to a generally rising standard of living that has enabled people to invest more in education.

Economic factors have also affected the labor market experiences of women and minorities. For women, the most important change has been a dramatic increase in their labor force participation, as shown in Figure 3.

Figure 3.
Trends in Labor Force Participation Rates of Women, 1960 and January 1995, by Age



Source: U.S. Bureau of Labor Statistics, Employment and Earnings, February 1995 and U.S. Bureau of Labor Statistics, Handbook of Labor Statistics, August 1989.

On the demand side, the economy has grown in the areas in which women are concentrated, occupations known as "pink collar jobs." These include clerical work, retail sales jobs, teaching, health care, and social work. The growth in these fields enabled many black women to leave domestic service jobs, in which they were highly concentrated before 1960, and enter a wide range of occupations with better pay.

On the supply side, women's increased education is also associated with increased labor force participation; as women achieve higher levels of education, they are more likely to participate in the labor force in order to use their hard-earned skills. Also, changing cultural mores regarding child rearing and family size, as well as changing consumption standards, affect women's labor force decisions. In addition, improved methods of birth control have likely affected women's decisions regarding their labor force participation. The Pregnancy Discrimination Act of 1978 has also led to further increases in work after childbirth, particularly for white women.

The Impact of Affirmative Action and Title VII Enforcement Efforts

The number of empirical studies attempting to measure the effects of affirmative action efforts by employers has been limited by the general lack of data. One recent review of the research literature, by Lee Badgett and Heidi Hartmann, published by the Joint Center for Political and Economic Studies, found that enforcement by the OFCCP (representing that portion of affirmative action that is required of federal contractors) has shown modest effects in the intended direction. Contract compliance increased the employment of women and minorities in contractor firms by more than would have occurred anyway without these policies, but the effects were generally small. The authors attributed the small effects to weak enforcement efforts. Hartmann and Badgett also reviewed the effects of Title VII enforcement on the earnings and employment of women and minorities relative to white men and found a strongly positive correlation between enforcement efforts and gains for women and minorities in the workforce (enforcement efforts were measured by the number of investigations of charges and the number of settlements).[6] An IWPR study analyzing the effects of the Pregnancy Discrimination Act (PDA) of 1978 found that the PDA led to increases in labor force participation of women of child-bearing age and greater access to temporary disability insurance for pregnant women workers with positive impact on the earnings of women.[7]

THE CONTINUING NEED FOR AFFIRMATIVE ACTION

Because affirmative action remedies are controversial, and women and minority males have made substantial progress, we must ask whether these programs are still needed. Have the gains that these groups enjoyed in the eighties and nineties, because of the success of affirmative action and changes in other factors, reached their conclusion? Or is further progress required? Are affirmative action policies the best way to achieve further gains?

The evidence clearly suggests that women and minorities still face discrimination in the labor market. The index of sex segregation is substantially greater than it would be if all barriers to occupational choice for women and men were removed, and earnings of women and men are still far from equal. In addition, some of the "natural" opportunities that women experienced as the demand for their labor grew are likely to decline in the future. Jobs in services, health care, and education are not expected to grow as quickly as they have for the past several decades.

And while the pay gap between men and women has been closing, men's real wages are likely to rise again as productivity increases at a faster rate. The result is likely to be a widening wage gap between women and men, absent all other factors which narrow the gap. Women's wages will have to increase at an even faster rate than they have in order to continue to close the wage gap.

Without strong anti-discrimination and affirmative action policies, the progress of women in the labor market is likely to slow. In their survey of Philadelphia firms, Konrad and Linnehan found that most of the employers surveyed would not have implemented affirmative action programs had the government not required them to do so. The reluctance of employers to voluntarily implement these programs emphasizes the need for continued government action.

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[6] *Badgett and Hartmann, 1995.*

[7] *Spalter-Roth et al., 1990.*

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January 1996

REFERENCES

Arndt, Michael. 1995. "Overworked, Ineffective, EEOC Can't Keep Up." Chicago Tribune. February 12, 1995, p.1.

Badgett, M.V. Lee, and Heidi Hartmann. 1995. "The Effectiveness of Equal Employment Opportunity Policies." Pp. 55-83 in Margaret Simms, editor. Economic Perspectives on Affirmative Action. Joint Center for Political and Economic Studies. Washington, DC.

Bielby, William T. and James N. Baron. 1984. "A Woman's Place is with Other Women: Sex Segregation Within Organizations," Pp. 27-55 in Barbara F. Reskin, editor. Sex Segregation in the Workplace: Trends, Explanations, Remedies. National Academy Press, Washington, D.C.

Hartmann, Heidi. Forthcoming. "How Much Have Women Benefitted From Affirmative Action?" In George Curry, editor, The Affirmative Action Debate. Addison-Wesley Publishing, Inc. Reading, MA.

Hartmann, Heidi, and Roberta Spalter-Roth. 1991. "Improving Employment Opportunities for Women." Testimony concerning H.R.1 (Civil Rights Act of 1991) before the U.S. House of Representatives Committee on Education and Labor, February 27, 1991. Institute for Women's Policy Research. Washington, DC.

Institute for Women's Policy Research, and Displaced Homemakers Network. 1989. Low Wage Jobs and Workers: Trends and Options for Change, Final Report. Prepared for the U.S. Department of Labor, Employment and Training Administration. Institute for Women's Policy Research. Washington, DC.

Konrad, Alison, and Frank Linnehan. 1995. "Formalized HRM Structures: Coordinating Equal Employment Opportunity or Concealing Organizational Practices." Academy of Management Journal, 38(3): 797-820.

Reskin, Barbara. 1994. "Segregating Workers: Occupational Differences by Race, Ethnicity, and Sex." Presented at the Annual Meetings of the Industrial Relations Research Association, January 4. Boston, MA.

Spalter-Roth, Roberta, Claudia Withers, and Sheila R. Gibbs. 1990. Improving Employment Opportunities for Women Workers: An Assessment of the Ten Year Economic and Legal Impact of the Pregnancy Discrimination Act of 1978. Institute for Women's Policy Research. Washington, DC.

ANTI-AFFIRMATIVE ACTION LEGISLATION
STATE ROUND-UP

Prepared by Service Employees International Union
Research Department
July 1996

State	Title	Synopsis	Results
California	AB 211, AB 727, AB 833, ACA 2, SB 938, SB 939, SB 940, SB 983, SCA 10	The proposed bills include language which prohibit affirmative action requirements in public employment, public education, or public contracting.	3/28/95 - SCA 10 defeated in committee by 5-4 margin along party lines; reconsideration granted in Cmte. on Governmental Organization. 4/11/96 - ACA 2 Cmte hearing postponed. 1/31/96 - **remaining bills are dead.**
California	California Civil Rights Initiative -	State initiative that calls for the repeal of affirmative action within the state.	Sponsors filed more than 1.2 million signatures on February 21, 1996 - meeting the deadline for the November ballot.
Colorado	Colorado Equal Opportunity/Repeal of Affirmative Action	State initiative that prohibits affirmative action requirements as factors in decision making pertaining to public employment, public contracting, and public education.	The initiative has been filed with the Secretary of State and resubmitted twice. The second filing has been challenged and presented to the Supreme Court 12/11/95. Requires 54,242 signatures by July 11, 1996. Secretary of State has not received signatures as of July 9, 1996.
Delaware	HB 114	A Constitutional Amendment which prohibits discrimination against any person and "preferential treatment" for any person in public employment, public contracting and public education.	**6/30/96 - bill died at end of legislative session.**
Florida	Constitutional Amendment	Ends affirmative action policies in the state.	Approved by Secretary of State; must obtain 429,428 signatures by August 6, 1996 to be placed on November 1996 ballot.
Georgia	HR 154, SB 82	Prohibits the state from using affirmative action requirements as a criteria for public employment, public education, or public contracting.	**3/18/96 - Died in Committee.**
Illinois	SB 994, SB 1184	Amendments to the Human Rights Act to prohibit affirmative action requirements.	Referred to various committees; no action in 1996. Bills are considered dead.
Illinois	Illinois Affirmative Action Initiative	Anti-affirmative action language.	The State Board of Elections stated that the initiative will not be on the November 1996 ballot.
Mississippi	SCR 548	A constitutional amendment similar to CA bills.	**Approved by a Senate committee but defeated on the floor; will not carry into next session.**
North Carolina	HB 862	Prohibits affirmative action requirements in public hiring or public contracting.	Referred to the House Committee on Appropriations. No action in 1996; if no action by end of session bill will die.
Oregon	HB 3394	Repeals provisions of state law requiring or encouraging affirmative action.	**Died in the House Judiciary Committee.**
Oregon	Six initiatives	Anti-affirmative action language.	Must obtain 73,261 signatures by July 1996 to be placed on November 1996 ballot. **Has not sought approval to circulate signature sheets.**
Pennsylvania	HB 360	Prohibits affirmative action requirements in state hiring, contracting, or education.	Referred to State Government Committee; no action in 1996.
South Carolina	SB 855, SB 856	Prohibits affirmative action requirements in state hiring, contracting, or education.	**5/30/96 - died in committee.**
Texas	SJR 45	A state constitutional amendment to end affirmative action programs.	**3/14/95 - died in Committee on State Affairs.**
Washington	State Initiative	Prohibits affirmative action requirements in state hiring, contracting, education.	**Had not submitted the required 181,667 signatures by July 5, 1996 and will not appear on November 1996 ballot.**

WHAT DO UNIONS DO FOR WOMEN?

At a time when union membership has been declining overall, a new report by IWPR, What Do Unions Do for Women, shows that the number of women who are union members has continued to increase. As a result, women are currently 37 percent of organized labor's membership — a higher percentage than at any time in the U.S. labor movement's history. Thus the face of unionism in the U.S. is changing, even though much of the research on unions continues to focus on men. IWPR research shows that union membership is important for women because membership or coverage under a collective bargaining agreement is associated with higher wages and longer job tenure, as well as a smaller pay gap between women and men.

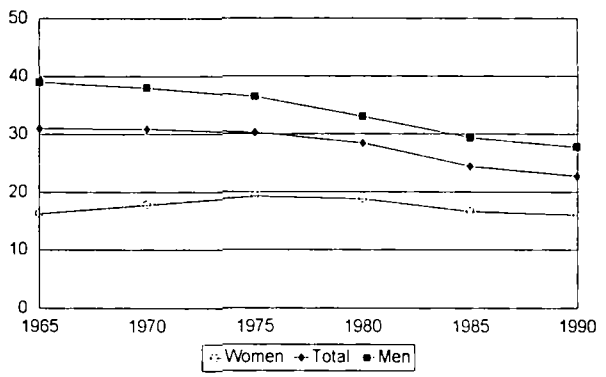
Trend in Union Membership

Overall, since 1980, both the absolute number of union workers and the proportion of the U.S. workforce that is unionized has fallen. Among women, however, union membership has nearly kept pace with the rapidly growing female labor force, and the absolute number of women union members has continued to grow. The proportion of women workers who are union members increased from 16.3 percent in 1965 to 19.3 percent in 1975 and then fell to 14 percent in 1990 (See Figure 1). Approximately 7.4 million women were union members or represented by unions in 1992.

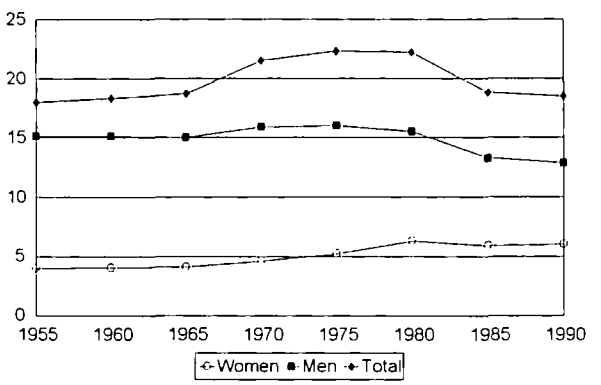
In contrast the proportion of male workers in unions fell from 39 percent in 1965 to 22 percent in 1990. About 11 million men had union representation in 1992.

Figure 1:
Trends in Union Membership, 1955-1990

A. Union Membership as a Percent of Female, Male, and Total Workers



B. Union Membership By Year



Who are the Union Women?

The number of union women is growing as unionization has shifted to areas such as teaching, nursing, and the public sector where women work in disproportionate numbers. IWPR's research also shows that unionization has increased among better educated and higher-wage women.

Industry and Occupation. While male union members are predominately blue collar workers in manufacturing, construction, and public utilities, women in unions are predominately white collar workers in service industries (see Table 1). Professional and technical workers are the largest single group of women union members.

Education. Among union members, women are more likely than men to be college educated, while men are more likely to be high school graduates (see Table 1).

This mapping illustrates the changing face of unions as women become a higher proportion of membership. It shows the movement of union membership from blue collar to white collar occupations, from manufacturing to professional specialty industries, and from high school to college-educated workers.

Impacts of Unionization

Increased Wages. Union membership or coverage by a collective bargaining agreement is associated with higher wages for women. Unionized women earned an average of $2.50 more per hour than non-unionized women. This was equivalent to a union wage premium of 38 percent. When differences between unionized and non-unionized women workers, such as education, are taken into account, the union wage premium is 90 cents or about 12 percent (see Figure 2). This wage difference is reasonably certain to be due to unionization alone.

Table 1: Where are the Union Workers? (Union Members Working at Least 7 Months) 1987

LOCATION	Women (in%)	Men (in %)
BY OCCUPATION	100	100
Administrative Support	27	9
Blue Collar	18	59
Professional/Technical	39	18
Sales	5	3
Service	11	11
BY INDUSTRY	100*	100
Finance/Trade	8	10
Manufacturing	17	34
Mining/Construction	0	12
Public Administration	9	10
Public Utilities	12	18
Service	53	16
BY FIRM SIZE	100	100
Less than 25 Employees	3	6
Between 25 and 99 Employees	8	10
At least 100 Employees	89	84
BY EDUCATION LEVEL	100	100
Less than High School	12	17
High School Diploma	33	44
Some College	22	24
College or More	32	15

*May not add to 100 because of rounding.

Source: IWPR calculations based on the 1986 and 1987 panels of the Survey of Income and Program Participation.

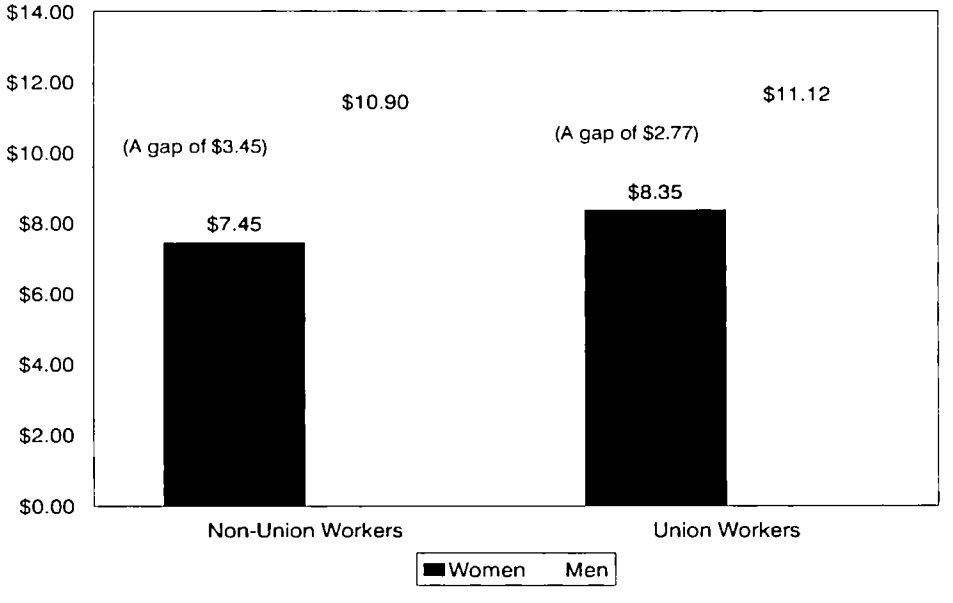
Relative Benefits for Women of Color. Unions benefit minority women, particularly African-Americans and Hispanics, at least as much as white women. The union wage premium, slightly more than the $2.50 gained by white women, represents a premium of about 45 percent for women of color. Controlling for all other factors, women of color who are unionized earn 87 cents or 13 percent more than non-unionized women. Although all workers benefit from union representation, unions increase wages more at the low end than at the high end of the income distribution.

Decreased Pay Gap. There is a smaller pay gap between male and female workers in a unionized workforce ($2.77 per hour) than in a non-unionized workforce ($3.45 per hour, see Figure 2). Unionized women earned 75 cents for every dollar earned by unionized men, while non-unionized women earned 68 cents for every dollar earned by non-unionized men.

Increased Job Tenure. Unionization is also associated with greater job tenure. Unionized women workers have twice as many years on the job as non-union workers. Among low-wage workers, union women have three more years of job tenure than non-union women. When the effect of union membership on years of job tenure is controlled statistically for differences in other factors that might affect tenure, unions increase job tenure by about one year or 20 percent, and increase tenure more (in percentage terms) for low-wage women workers than for high-wage women workers.

Labor law reform that increases women's ability to organize and to bargain collectively as well as increased voice for women within unions are necessary if the current 86 percent of women who are not organized or represented by collective bargaining agreements are to benefit from the increased wages, pay equity, and job security that unionization can bring.

Figure 2. What Unions Do For Sex Equity, 1987



The Institute for Women's Policy Research is an independent, nonprofit research institute dedicated to conducting and disseminating research that informs public policy debates affecting women. This fact sheet is based on the report, ***What Do Unions Do for Women?*** *by Roberta Spalter-Roth, Heidi Hartmann, and Nancy Collins, with the assistance of Jill Braunstein. The data are for the 1987 calendar year and are from the U.S. Bureau of the Census' Survey of Income and Program Participation. The full report is available from IWPR for $10.00 (less 20 percent discount for IWPR members). Mailed orders must be pre-paid. Mailed, faxed, or telephoned orders can be paid for with Visa or MasterCard. This project was funded by the Women's Bureau of the U.S. Department of Labor. Points of view or opinions stated in this document do not necessarily represent the official position or policy of the U.S. Department of Labor. This "Research-in-Brief" was prepared by Jill Braunstein, Lois Shaw, and Robin Dennis in March 1994.*

Work to Inform Women's Public Policy

Women's Access to Health Insurance, by Young-Hee Yoon, Stephanie Aaronson, Heidi Hartmann, Lois Shaw, and Roberta Spalter-Roth. An analysis of women's sources of health insurance and variations in coverage based on social and economic factors.
(June 1994) 55 pages. $15 **Item #A114**

What Do Unions Do For Women?, by Roberta Spalter-Roth, Heidi Hartmann, and Nancy Collins. A look at the impact of collective bargaining on the wages and job tenure of women. Trends in unionization are also explored.
(January 1994) 55 pages. $15 **Item #C327**

The Impact of the Glass Ceiling & Structural Change on Women and Minorities, by Lois Shaw, Dell Champlin, Heidi Hartmann, and Roberta Spalter-Roth. A review of the repercussions of large-scale structural changes and employer responses to these changes. Human resource policy and the structure of firms' promotion opportunities are addressed.
(December 1993) 39 pages. $10 **Item #C329**

Micro-Enterprise and Women: The Viability of Self-Employment as a Strategy for Alleviating Poverty, by Roberta Spalter-Roth, Enrique Soto, and Lily Zandniapour. A report on the ways in which AFDC recipients use self-employment earnings to supplement their incomes. Public policies which act as barriers and catalysts to micro-enterprise are also outlined.
(November 1994) 76 pages. $15 **Item #D417**

Welfare That Works: The Working Lives of AFDC Recipients, by Roberta Spalter-Roth, Beverly Burr, Heidi Hartmann, and Lois Shaw. An investigation into the survival strategies of single mothers on AFDC and a critique of the prevailing consensus that welfare creates dependency. (March 1995) 88 pages. $19 **Item #D422**

IWPR Information Network Membership Benefits

IWPR focuses on the issues that affect women's lives, including family/work policies, employment and job training, pay equity and the glass ceiling, poverty and welfare reform, and access to health care. The IWPR Information Network plays a vital role in our mission to create and disseminate women-centered, policy-oriented research.

Individual Sustaining Membership
Receive Research News Reporter, a monthly compilation of research in the news which includes full citation and ordering information; Quarterly Products Mailings which include current IWPR briefing papers, fact sheets and working papers; a 20 percent discount on major reports and all previously issued publications; and a 50 percent discount on one registration to IWPR's Women's Policy Research Conference.

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FACT SHEET ON WOMEN AND MINORITY ISSUES

African-Americans, women, and other minorities make up the greatest percentage of recent increases in the work force. Statistics make clear that the work force increase among black workers will double the white labor growth rate by the year 2000. Women are an increasingly important part of membership in labor unions in the United States. Women are currently 37 percent of organized labor's membership. Union membership is important for women because membership or coverage under a collective bargaining agreement is associated with higher wages and longer job tenure, as well as a smaller pay gap between men and women.

For women in particular, union membership increases earnings and enhances the quality of working life. Women union members earn an average of $417, while non-union women earn only $312. Wages for unionized African-American women average $385 per week, compared with $276 a week for non-union women. Latina women in union jobs earn $369 per week, compared with $255 received by non-union Latina women workers. Overall, women hold 60% of all minimum wage jobs and 59% of these women would have to change jobs if they ever wanted to be equal to white men.

Occupational segregation by race and sex continues to concentrate men and women of color in occupations where wages are lower. The economic standing of people of color must be strengthened by significant policy initiatives. These include restoration of civil rights protection, enforcement of race, sex and age action policies, unionization, and an increase in the minimum wage.

Contrary to belief, teenagers make up less than 13% of all low wage workers. Nearly half of the families of black men and women, and more than half of the families of Hispanic men depend on the earnings of low wage jobs for support. A substantial number of these families live in or near poverty. Attaining a high school diploma does not assure a job with decent wages. The majority of year long low wage workers from all gender/race-ethnic groups hold high school diplomas.

An estimated 20 million Hispanics now account for eight percent of the U.S. population. By the year 2000, the Bureau of the Census estimates there will be more than 25 million Hispanic Americans, or 10% of the work force. A Hispanic youth regardless of gender or age is more likely to work at full time jobs, the year round. Unfortunately the lack of education locks many into the poverty cycle. However, when education and experience are held constant, there is still a discrepancy in pay. Hispanics are less likely to work in professional and technical jobs: 45% are clustered in blue collar jobs; 38% are in white collar jobs; and 18% are service workers. Unemployment of Hispanic workers in general is higher than for the population as a whole and, part of the cause is widespread discrimination in employment.

For the past 30 years, the unemployment rate for black workers has been about double the

general jobless rate. The overall jobless rate in mid-1993 was 6.9% but for blacks the rate was 12.9%. Unemployment rates for black youth hover between 30 and 40% and when they do enter the work force these young people frequently find themselves forced to settle for low wages.

During the past few years black union membership has grown and has provided the only increase in union membership since 1986. Black workers represented by unions total almost 3 million--about 1/4 of all blacks in the work force. For black workers union membership translates into significant economic gains, better health insurance, pensions, and other on-the-job safeguards. Racial discrimination in various forms makes a significant contribution to the relatively high number of blacks in America's underclass. Nearly 1 out of 3 black families lives in poverty as compared to one of ten families in the general population. 44% of black children live below the poverty line compared with 14.7% of white children.

WHAT YOU CAN DO:

*Educate all workers and their communities about labor and the principles of trade unionism.
*Promote, support, and assist the organizing of minorities into unions.
*Defend and advocate for the civil and human rights of all people of color.
*Continue support of affirmative action programs.
*Continue lobbying for a secure equitable federal minimum wage.

Facts and information contained in this fact sheet were contributed by Gloria Johnson, National President of CLUW, NDHN, and the AFL-CIO.

The Economic Impact of Contingent Work on Women and their Families

Since the mid 1980s, many labor market researchers have become increasingly convinced that the U.S. is witnessing a restructuring of the labor market. As a result, the economy has been experiencing a growth in temporary, part-time, and contingent jobs which offer little security, lower pay, or fewer benefits.

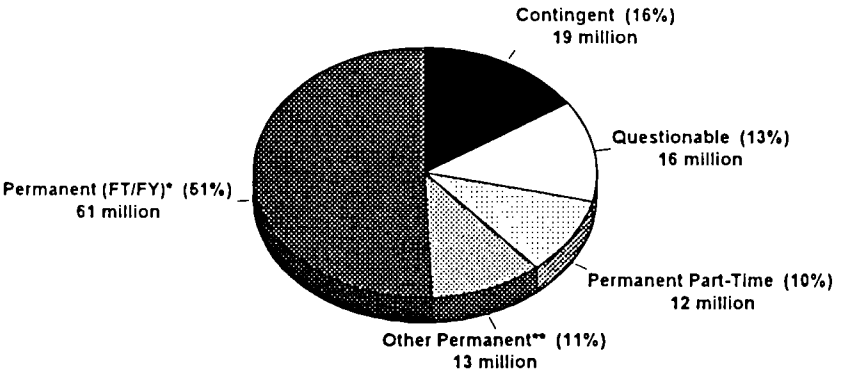
In a new study, IWPR investigates the relationship between contingent work and the gendered division of labor and assesses the financial consequences for workers and their families and the costs contingent work imposes on taxpayers through public assistance to the workers in these jobs. According to the IWPR study, by 1990, more than 19 million workers, or one out of six, were contingent workers.

Scope of Contingent Work

Using data from the U.S. Bureau of the Census' Survey of Income and Program Participation (SIPP), IWPR's study classified workers as "contingent," "permanent," or "questionable" for both 1987 and 1990. Although no "perfect" data set currently exists to measure the extent of contingent work, researchers have identified three defining elements of contingent work: a temporary or unpredictable work schedule, low pay and few or no fringe benefits, and a tenuous relationship between employers and employees. In IWPR's study, contingent workers are defined as those who worked part-time/part-year, regardless of the number of employers; those who worked full-time/part-year for more than one employer; and those who worked part-time/full-year while mixing self-employment with wage or salary work. Permanent workers are those who do work a full-time/full-year schedule, even if for more than one employer, plus those who work part-time throughout the year but for only one employer. The latter are likely to have stable relationships with their employers and are classified as "permanent part-time." The work relations of the remaining workers could not be categorized as either permanent or contingent and were categorized as questionable. Included in IWPR's study were workers up through age 65, who worked at least 200 hours per year. The analysis excluded teenagers living with parents, but included those living on their own.

Analysis of the SIPP data set, using IWPR's definitions, shows that, between 1987 and 1990, the number of contingent workers grew by five percent, more than the workforce as a whole, which grew by four percent. The number of permanent workers grew by somewhat less than four percent, or by less than the workforce as a whole.

Figure 1.
All Workers Grouped by Work Relation, 1990
(millions of workers)



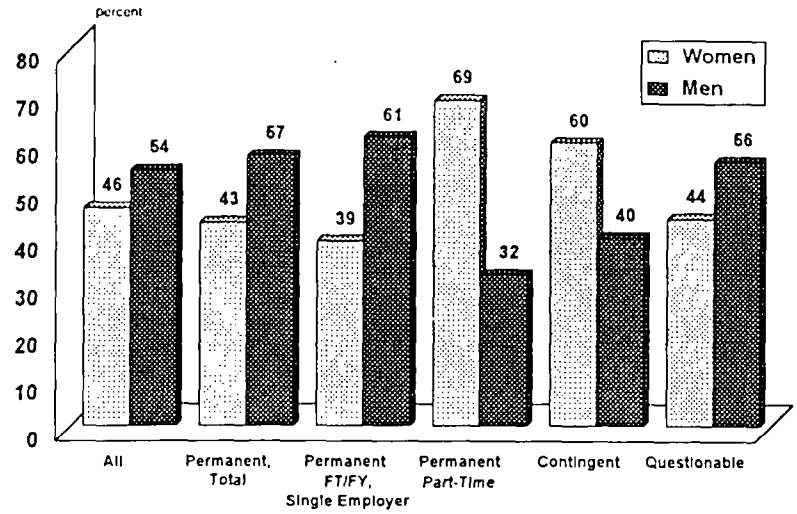
* This group of permanent workers consists of full-time/full-year wage or salary workers with a single employer and full-time/full-year self-employed workers with only one business during the year.
** Other Permanent consists of workers who work full-time/full-year schedules, but who hold multiple jobs or work at more than one business, mix wage and salary work with self-employment, or change jobs.

Source: IWPR calculations based on the U.S. Census Bureau Survey of Income and Program Participation, 1990 Panel.

Contingent Work and the Gendered Division of Labor

In 1990, three-quarters of male workers held permanent jobs compared to two-thirds of female workers. Between 1987 and 1990, women's share of permanent jobs grew slightly while their share of contingent jobs fell slightly. The rate of women's participation in permanent work grew by six percent, while the rate of men's participation grew by only two percent. During the same period, women's rate of participation in contingent work grew by only three percent, while men's rate of participation grew by seven percent. Despite these minimal shifts, women still bear an unequal share of these temporary work arrangements. Women still hold 60 percent of contingent jobs.

Figure 2.
Percent of Women and Men in Each Permanent and Contingent Work Relation, 1990



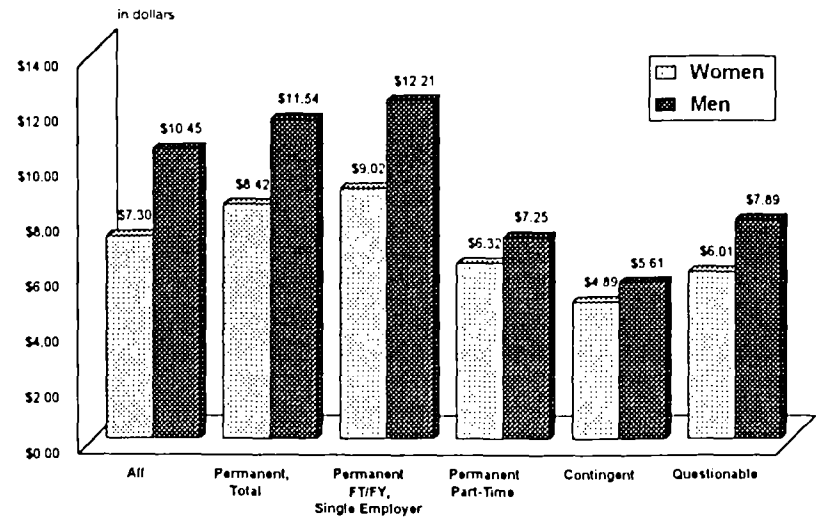
Source: IWPR calculations based on the U.S. Census Bureau, Survey of Income and Program Participation, 1990 Panel.

The Financial Consequences of Contingent Work

In 1990, contingent work was the least financially rewarding type of work for both men and women. The median hourly wage for contingent work was $4.89 for women and $5.61 for men. Not surprisingly, men and women earned the highest hourly wages in permanent full-time/full-year jobs with a single employer, with women earning $9.02 per hour and men earning $12.21 per hour. Although permanent jobs are more financially rewarding for both men and women, the gap between men's and women's earnings is the greatest in these jobs. Women in permanent jobs earn 73 cents for every dollar earned by their male counterparts. In contrast, women in contingent jobs earn 87 cents for every dollar earned by male contingent workers. The female-to-male earnings ratio for permanent part-time workers is also 87 percent. The data show that among contingent workers, who also earn the lowest wages, the wage gap is smaller -- a situation we refer to as "negative equity," or "equality at the bottom."

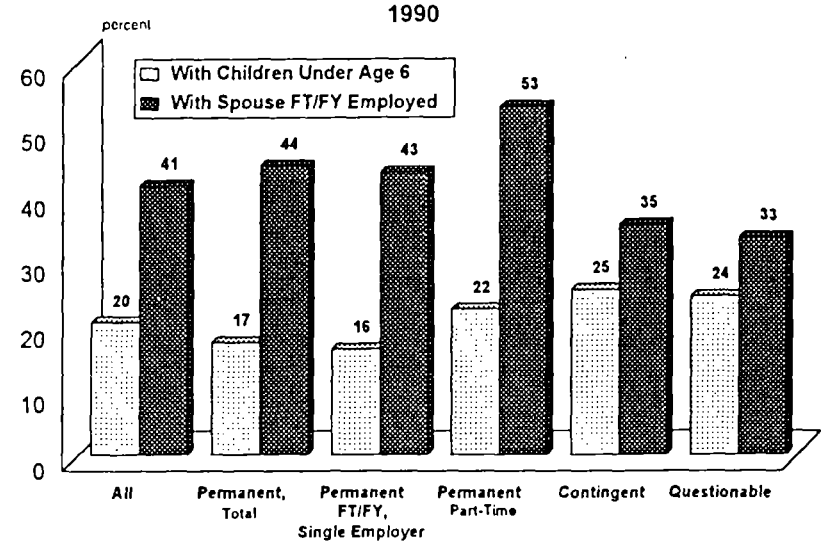
As a group, workers in contingent jobs are the least likely to have health insurance. Men in contingent jobs reported having only three out of 12 months of direct employer-based health insurance, on average. Women contingent workers reported having health care coverage for only two out of every 12 months, and are the least likely to have direct health insurance out of all the major work categories. Men in full-time/full-year jobs for a single employer are the most likely to have direct coverage, with 10 of 12 months, on average.

Figure 3.
Median Hourly Wages of Permanent and Contingent Workers by Gender, 1990



Source: IWPR calculations based on the U.S. Census Bureau, Survey of Income and Program Participation, 1990 Panel.

Figure 4.
Percent of Women Workers in Permanent and Contingent Work Arrangements with Children Under Age Six and with a Spouse Employed Full-Time/Full-Year, 1990



Source: IWPR calculations based on the U.S. Census Bureau, Survey of Income and Program Participation, 1990 Panel.

Although the growth in contingent work may be the result of changing employer demand or restructuring of the labor market, some women do appear to choose contingent work as a means of spending more time with their families. In fact, 44 percent of contingent workers cited this as a motivation for choosing contingent work in a 1994 survey by the National Association of Temporary and Staffing Services.[1] However, 78 percent reported that they were using contingent work to provide a foot in the door for a full-time job.

IWPR's study shows that women employed as contingent workers do have significant child care obligations; they are more likely to have young children than women employed full-time/full-year by a single employer (25 percent versus 16 percent). Women permanent part-time workers are also relatively likely to have young children (22 percent do). In contrast, men who are contingent workers are less likely to have young children (12 percent) than men employed full-time/full-year for a single employer (22 percent).

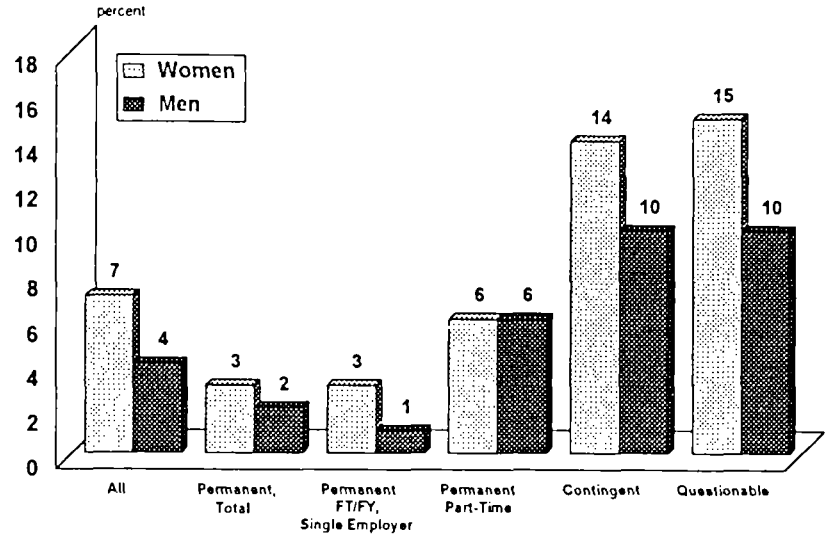
These data suggest that women employed as contingent workers may be trading time off to care for their children and families for lower pay and less stable work arrangements. However, in order to support their families financially, this trade-off requires additional sources of income. Women employed in permanent part-time jobs are the group most likely to have their earnings supplemented by those of a primary breadwinner (53 percent do). In contrast, only 35 percent of women contingent workers have access to the income of a male breadwinner with a permanent job. Among women with permanent jobs, who have among the highest earnings of all women, 44 percent have access to the income of a male worker who also has a permanent job. Similarly, men in full-time/full-year permanent jobs with a single employer, who enjoy the highest earnings of all workers, are the most likely among male workers to have spouses who also have full-time/full-year incomes (data not shown). Thus, for many women employed as contingent workers, the idealized model of trade-offs, in which men specialize in market work and women specialize in family care, does not appear to work in practice. Contingent workers, who most need such income supplements, lack access to earnings from male breadwinners.

Contingent Workers and Public Programs: Costs to Taxpayers

If women in contingent jobs are, on average, the group of workers who are the most likely to have young children, but are also the least likely to have access to the earnings of an additional breadwinner, how do they support themselves and their children? According to IWPR data, one out of seven women employed as contingent workers use income from means-tested benefits (including Aid to Families with Dependent Children, food stamps, and WIC) to supplement their earnings, and likely as a source of income between jobs. On average, 14 percent of women in contingent work arrangements rely on means-tested benefits as compared to three percent of all women with permanent work patterns and six percent of permanent part-time women workers. In contrast, male workers are less likely to receive means-tested benefits than their female counterparts. Even in contingent work categories, men tend to earn more than women in similar work relations, and need support less often because male contingent workers are

less likely than their female counterpartss to have young children. Still, men in contingent jobs are five times as likely as men in permanent jobs to rely on means-tested benefits. These findings indicate that government welfare programs serve as a source of support for the low-wages and tenuous work relations of contingent workers. Employers who offer jobs that fail to provide a "living wage" may be imposing costs on society and taxpayers.

Figure 5.
Percent of Permanent and Contingent Workers, by Gender, with Means-Tested Benefits, 1990



Source: IWPR calculations based on the U.S. Bureau of the Census, Surveys of Income Program Participation, 1990 Panel

Policy Implications

The situation of contingent workers could be improved through labor market policies designed to improve the bargaining position, pay, and benefits of such workers. Such policies would include raising the federal minimum wage, implementing labor standards that create pay and benefit parity between permanent and contingent workers, and decreasing barriers to union representation of such workers. Alternatively, the government could implement a set of policies designed to improve the predicament of contingent workers directly, by compensating for their low wages and lack of benefits through public programs. This would involve expanding the benefit level of and eligibility for such existing programs as the Earned Income Tax Credit, Unemployment Insurance, and Aid to Families with Dependent Children, as well as funding universal health care and universal child care. Policies such as these may make flexible work less costly to the workers who do it.

In the current political climate, policies such as these are likely to be labelled as unwarranted federal intrusions that will raise the cost of doing business or as expensive government handouts. So far, policymakers have been able to ignore the situation of contingent workers because the majority are women, since many business owners and policymakers persist in viewing women as secondary workers who need, want, or deserve contingent work. However, as the percentage of men in these contingent jobs increases and they earn the same low wages and limited benefits that women do in these jobs, and as society begins to accept the reality of women as breadwinners, policymakers will have to deal with the implications of contingent work for families and for taxpayers.

[1] National Association of Temporary and Staffing Services (NATSS). 1994. 1994 Profile of the Temporary Workforce. Alexandria, VA: NATSS.

This fact sheet is based on the IWPR discussion paper, "Contingent Work: Its Consequences for Economic Well-Being, the Gendered Division of Labor, and the Welfare State," by Roberta Spalter-Roth and Heidi Hartmann, available from IWPR for $8.00 (Item #C327). The paper is forthcoming as a chapter in Contingent Work: From Entitlement to Privilege, edited by Kathleen Barker and Kathleen Christensen. This "Research-in-Brief" was prepared by Jackie Chu, Sonya Smallets, and Jill Braunstein in September 1995. The Institute for Women's Policy Research (IWPR) is an independent, nonprofit research institute dedicated to conducting and disseminating research that informs public policy debates affecting women. Members of the Institute receive regular mailings including fact sheets such as this. Individual memberships begin at $40.00. Organizational memberships are also available. Contact the Institute for further information.

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AARP

WOMEN'S INITIATIVE FACT SHEET

The Contingent Workforce

Implications for Today's and Tomorrow's Midlife and Older Women

The contingent workforce[1] — part-time workers, independent contractors, temporaries, day laborers, and others — has grown dramatically since 1980, although the rate of growth has slowed recently.[2] Several business and government employers have significantly reduced the size of their permanent, full-time workforces in favor of arrangements that permit them to pare labor and benefits costs and respond quickly to changing conditions. Hiring contingent workers is one way employers can do both.

Contingent work arrangements have especially significant implications for today's and tomorrow's midlife (**age 45-64**) and older (**age 65 and up**) women. A significant number of midlife and older women are contingent workers. Moreover, whether by choice or not, women of all ages are much more likely than men to work in contingent jobs.

This is partly because women are concentrated in the kinds of traditionally female occupations (administrative support, sales, services) that are often configured as contingent.[3] They may want but cannot find full-time, permanent work. Conversely, because women still perform a disproportionate share of child-rearing and family caregiving, many prefer the flexibility or shorter hours contingent work offers.

Either way, contingent workers face lower earnings, fewer benefits and legal rights, truncated career paths, and dimmer prospects for retirement income security, deficiencies that come home to roost in women's midlife and retirement years.

Types of Contingent Employees

Part-time workers: Those who usually work 34 or fewer hours per week.

Alternative Work Arrangements:[4]

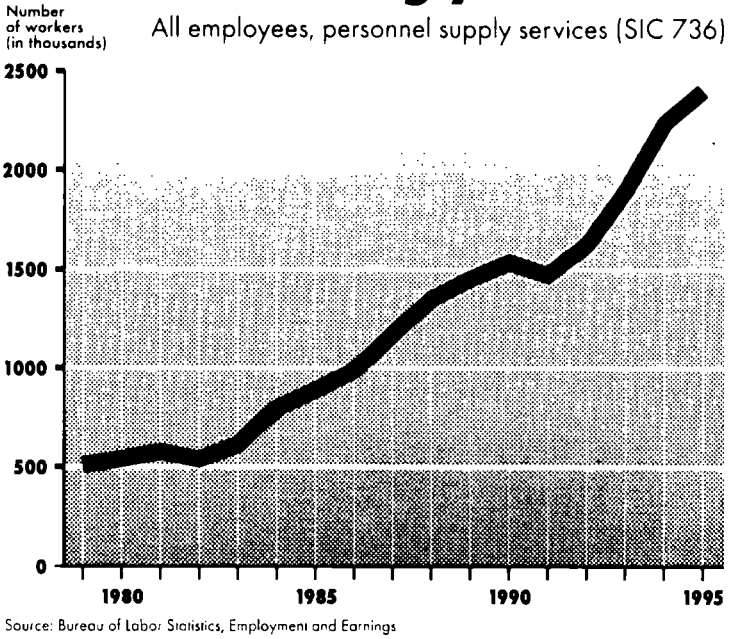
- ***Independent Contractors.*** Self-employed workers who identify themselves as independent contractors, consultants, or freelance workers but not as business operators, such as shop or restaurant owners.
- ***Temporary Workers.*** Workers who are paid by temporary help agencies, not by the company where they actually work.[5]
- ***On-Call Workers & Day Laborers.*** On-call workers are those called to work from a pool as needed (e.g., substitute teachers); day laborers are those hired at a pick-up site to work by the day.
- ***Leased Workers.*** Those who are employed by an employee leasing firm or labor contractor and who (usually) provide services to only one customer at the customer's worksite for the duration of the contract (e.g., security guards).

Part-time, temporary and contract workers need a raise.

- **There are various definitions** of "contingent" work, like part-time and contract jobs. An estimated 30 million to 37 million Americans are "contingent workers."

- **When the business organization,** the Conference Board, surveyed its members, they found that 21 percent of their companies hired 10 percent or more of their employees on a temporary basis. It expects 35 percent of these companies to have 10 percent or higher rates of contingent work in the year 2000.

Temporary help increasingly in demand



Source: Bureau of Labor Statistics, Employment and Earnings

- **Almost half** (47 percent) of all part-time workers between the ages of 25 and 44 had no employer-provided health insurance in 1993.

- **Only 7.5 percent** of part-time workers are union members compared to 16.6 percent of full-time workers.

- 3.2 million part-time workers (14 percent of all part-time workers) were working part-time because they could not find full-time work in 1995.

Part-time and contingent work increases insecurity and reduces living standards.

AMERICA NEEDS A RAISE

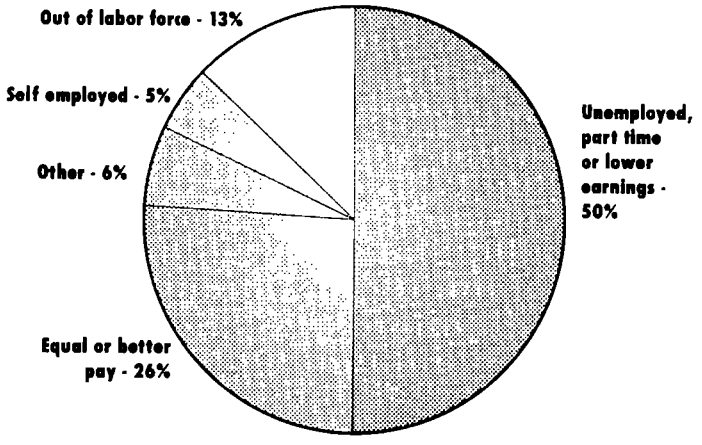
AFL-CIO

Laid-off workers need jobs with raises.

- **In each year** of the 1980s, about 2 million workers lost their jobs due to plant closings or permanent layoffs.
- **In 1995,** 8,900 mergers took place between companies, resulting in 72,000 layoffs.
- **A special** Department of Labor survey of displaced workers between 1981 and 1990 found one-third of these workers lost 20 percent or more of their previous earnings if they found new jobs.

More then half of displaced workers fall behind

February 1994 status of 4.5 million workers displaced between 1991 and 1993



Source: Bureau of Labor Statistics

- **This same survey** found that 26 percent of the displaced workers were either unemployed or had given up looking.
- **In 1995 alone,** 1.3 million American workers were unemployed for 27 weeks or longer.
- **Particularly** due to state restrictions on eligibility, in 1995 only 36 percent of the unemployed received unemployment benefits.

America must lift up displaced workers or living standards will continue to decline.

AMERICA NEEDS A RAISE

AFL-CIO

Coalition of Labor Union Women
1126 16th Street, N.W. • Washington, D.C. 20036 • (202) 296-1200 • Fax (202) 776-0537

FACT SHEET ON SEXUAL HARASSMENT

The issues surrounding sexual harassment are important to every woman in today's society. Why is it so important? Because "studies have found that victim's of sexual harassment vary in physical appearance, type of dress, age and behavior. The only thing they have in common is that over 99% of them are female." Sexual harassment is offensive, frightening and insulting to women and it is time to take a stand against it.

Title VII of the Civil Rights Act of 1964 defines sexual harassment as unwelcome and demeaning sexually related behavior that creates an intimidating, hostile and offensive work environment. Title VII prohibits an employer from discrimination based on sex, among other factors, in hiring and firing, promotions, job advertisements, wages, job classification, training programs, benefits and job conditions, including sexual harassment.

Sexual harassment is:

*threats to your job such as loss of assignments, loss of promotion, retaliatory discipline or loss of job, if you do not agree to sexual demands
*any sexually explicit derogatory statement
*any unwelcome verbal or physical advance or suggestion of a sexual nature
*sexually offensive materials or objects such as pictures or posters in the workplace
*comments about a person's body or clothing
*touching, grabbing, or staring at body parts

Sexual harassment is not limited to any class or level of employee. The motivation behind sexual harassment is power and control. Sexual harassment isn't about sex. It's about abuse. Sexual harassment is a power play, a tactic to dominate by embarrassment or degradation. It has been estimated that 90% of harassment cases involve men harassing women.

The psychological symptoms and effects of sexual harassment may include anger, fear, depression, anxiety, irritability, loss of self esteem, feelings of humiliation and embarrassment, and shame. Physical symptoms may include headaches, loss of appetite, gastrointestinal disorders, inability to sleep, weight loss, and crying spells. Psychologists report that a woman who does speak out about sexual harassment is often a person with a strong sense of integrity who can no longer ignore the injustice.

WHAT YOU CAN DO:

- Object! When it happens be assertive, be firm, tell the harasser the behavior is unwelcome and offensive and it **MUST** stop.
- Talk to other employees if you suspect that they have been harassed.
- Document your case by writing down dates, places, times and possible witnesses to the conflicts you have encountered. Keep all evidence, i.e. notes, pictures, photos, drawings, in a safe place other than the office.

- Create a paper trail by making your complaints to supervisors and administrators in writing.
- Involve your union by filing a formal grievance through the union.
- File a timely discrimination complaint--a formal charge of discrimination with Equal Employment Opportunities Commission (EEOC).

When investigating allegations of sexual harassment, EEOC looks at the whole record-the circumstances, such as the nature of the sexual advances, and the context in which the alleged incidents occurred. A determination on the allegations is made from the facts on a case-by-case basis.

Charges of sexual harassment may be filed at any field office of the U.S. Equal Employment Opportunity Commission. **The toll free number is 1-800-669-3362.**

Prevention is the best tool to eliminate sexual harassment in the work place. Employers are encouraged to take steps necessary to prevent sexual harassment from occurring. They should clearly communicate to employees that sexual harassment will not be tolerated.

WHAT CAN A UNION DO?

While the legal responsibility for preventing or ending sexual harassment on the job rests primarily with the employer, unions should also take active steps to prevent or eliminate sexual harassment in the workplace.

- Educate members through newsletters, workshops, posted policy statements, speakers, films and women's committees.
- Adopt a strong policy and procedure dealing with sexual harassment.
- Train international staff, regional staff, business agents, union leadership, and stewards/committee people in how to be sensitive to and respond to sexual harassment in the work place.
- Investigate complaints immediately, thoroughly, sensitively, as confidentially as possible, and with tact.
- If the harasser is another union member, try to resolve the problem using internal remedies.
- Fair remedies the union can help you seek:
  - -order to the harasser to stop
  - -adoption of a strong employer policy and procedure dealing with sexual harassment
  - -counseling, training, and discipline, ranging from a warning to discharge of the harasser
  - -counseling and training for supervisors, managers and co-workers
  - -compensation for damages suffered, ranging from economic harm to mental anguish to loss of job
  - -removal of critical material from your personnel file placed there by a harassing supervisor or manager.

Facts and information contained in this fact sheet were contributed by The American Psychological Association, Catalyst, Women's Legal Defense Fund, Advocacy Division of Women Employed, the AFL-CIO, EEOC, UNITE and CLUW.

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Divider Title: Business Ownership

The National Foundation for Women Business Owners

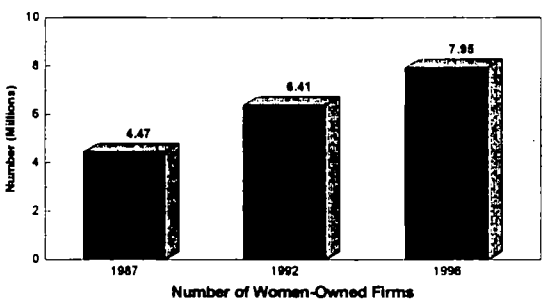
NFWBO

Women-Owned Businesses in the United States: 1996
A Fact Sheet

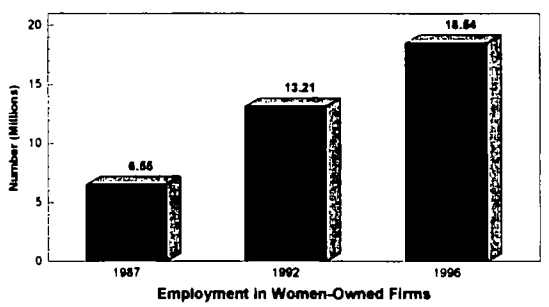
In this fact sheet, the National Foundation for Women Business Owners (NFWBO) presents the most up-to-date information on women-owned businesses in the United States. Analyzing recently released figures from the U.S. Bureau of the Census, along with previous Census data from 1987, the NFWBO projects the following statistical portrait of women-owned businesses in 1996:

- As of 1996, there are nearly 8 million women-owned businesses in the U.S., employing over 18.5 million people and generating more than $2.28 trillion in sales.
- Between 1987 and 1992, Census figures indicate that the number of women-owned firms increased by 43% nationwide, employment increased by 102%, and sales grew by 131%.
- During the entire 1987-1996 period, NFWBO estimates that the number of women-owned firms has increased by 78%, that employment has grown by 183%, and sales have risen 236%.
- In 1996, women-owned firms account for one-third (36%) of all firms in the country, provide employment for one out of every four (26%) U.S. workers, and generate 16% of the nation's business sales.
- The largest share of women-owned firms are in the service sector. Fully 52% of women-owned firms (4 million) are in services, 19% (1.5 million) are in retail trade, and 10% (800,000) are in finance, insurance or real estate—accounting for over three-fourths of all firms.

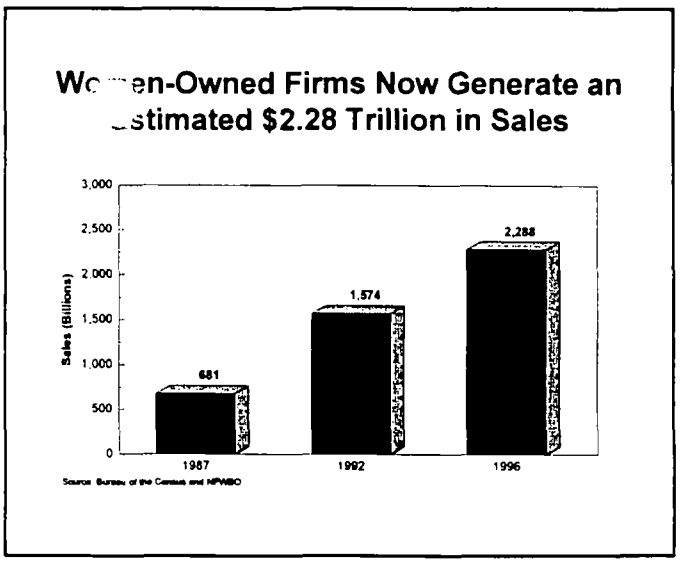
Women-Owned Firms Now Number Nearly 8 Million in the U.S.

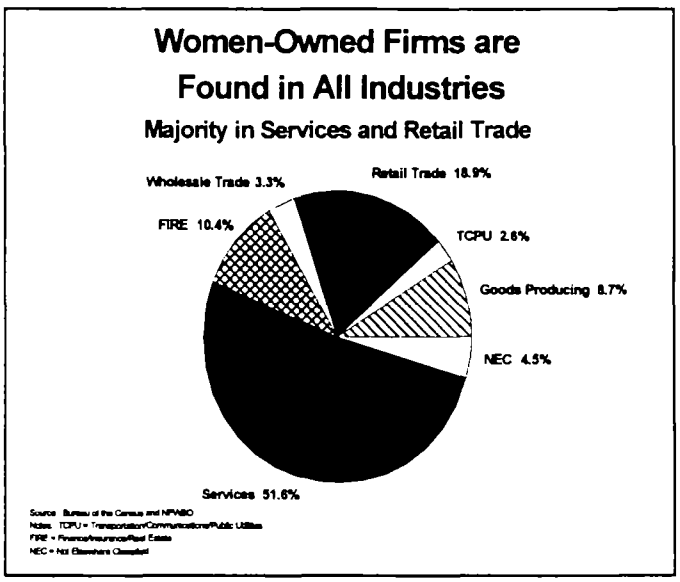


Women-Owned Firms Employ an Estimated 18.5 Million People in the U.S.



- The share of women-owned firms in each of these three industry sectors has declined somewhat since 1987, however, as women are diversifying into non-traditional industries. The greatest growth in the number of women-owned firms has been seen in:
  - construction (171% growth)
  - wholesale trade (157% growth)
  - transportation/communications (140% growth)
  - agriculture (130% growth)
  - manufacturing (112% growth)





For further information about this fact sheet, for individual state fact sheets or other available publications about women-owned businesses, please contact the National Foundation for Women Business Owners at: 1100 Wayne Avenue, Suite 830, Silver Spring, MD 20910-5603; phone: 301-495-4975; fax: 301-495-4979; e-mail: 73564.3214@compuserve.com.

Women-Owned Firms in the United States: 1987-1996				
	1987[1]	1992[2]	1996[3]	% Change, 1987-96
Total U.S.				
Number of Firms	4,476,616	6,406,715	7,951,000	77.61
Employment	6,559,213	13,217,066	18,543,000	182.71
Sales ($000)	$681,440,025	$1,574,090,448	$2,288,211,000	235.79
Industry				
Agriculture				
Number of Firms	51,471	88,532	118,000	129.6
Employment	37,871	106,671	162,000	327.0
Sales ($000)	$3,142,675	$8,109,567	$12,083,000	284.5
Mining				
Number of Firms	29,002	40,841	50,000	73.5
Employment	26,293	67,012	100,000	278.8
Sales ($000)	$3,427,939	$12,240,629	$19,291,000	462.8
Construction				
Number of Firms	119,687	233,128	324,000	170.6
Employment	362,138	746,591	1,054,000	191.1
Sales ($000)	$39,805,405	$90,147,198	$130,421,000	227.7
Manufacturing				
Number of Firms	118,332	191,863	251,000	111.9
Employment	1,044,755	2,306,397	3,316,000	217.4
Sales ($000)	$124,554,898	$365,173,381	$557,668,000	347.7
TCPU[4]				
Number of Firms	94,020	166,926	225,000	139.6
Employment	345,948	943,274	1,421,000	310.8
Sales ($000)	$42,484,415	$100,312,077	$146,574,000	245.0
Wholesale Trade				
Number of Firms	113,756	213,059	293,000	157.1
Employment	513,635	1,055,021	1,488,000	189.7
Sales ($000)	$104,298,424	$304,204,870	$464,130,000	345.0
Retail Trade				
Number of Firms	882,425	1,207,966	1,468,000	66.4
Employment	1,756,319	2,979,122	3,957,000	125.3
Sales ($000)	$149,651,297	$273,053,643	$371,776,000	148.4
FIRE[5]				
Number of Firms	484,615	667,932	815,000	68.1
Employment	355,474	962,150	1,447,000	307.2
Sales ($000)	$71,298,670	$206,891,735	$315,366,000	342.3
Services				
Number of Firms	2,377,162	3,308,965	4,054,000	70.6
Employment	1,881,266	3,972,773	5,646,000	200.1
Sales ($000)	$95,362,262	$203,983,463	$290,880,000	205.0

SOURCE: U.S. Bureau of the Census and the National Foundation for Women Business Owners
[1]Estimate of 1987 totals including C corporations using 1992 ratios.
[2]Bureau of the Census figure.
[3]NFWBO estimate using 1987-1992 Census growth rates.
[4]Transportation, communications, public utilities.
[5]Finance, insurance, real estate.

Number of Women-Owned Firms, Employment and Sales by State: 1996			
State	**Number of Firms**	**Employment**	**Sales ($000)**
U.S. Total	7,951,000	18,543,000	2,288,211,000
Alabama	98,000	231,000	26,534,000
Alaska	26,000	41,000	6,626,000
Arizona	130,000	336,000	33,869,000
Arkansas	68,000	141,000	15,541,000
California	1,082,000	2,337,000	313,784,000
Colorado	160,000	382,000	39,206,000
Connecticut	103,000	250,000	38,427,000
Delaware	21,000	82,000	8,682,000
District of Columbia	19,000	41,000	5,581,000
Florida	497,000	1,293,000	141,144,000
Georgia	203,000	622,000	87,494,000
Hawaii	39,000	83,000	9,675,000
Idaho	42,000	87,000	8,722,000
Illinois	337,000	949,000	119,591,000
Indiana	167,000	521,000	53,336,000
Iowa	92,000	177,000	20,860,000
Kansas	84,000	161,000	20,186,000
Kentucky	99,000	213,000	23,427,000
Louisiana	102,000	257,000	45,981,000
Maine	48,000	92,000	10,228,000
Maryland	167,000	301,000	39,182,000
Massachusetts	192,000	366,000	49,182,000
Michigan	263,000	533,000	63,020,000
Minnesota	166,000	350,000	42,308,000
Mississippi	55,000	112,000	11,182,000
Missouri	155,000	306,000	38,356,000
Montana	34,000	66,000	6,177,000
Nebraska	57,000	149,000	18,557,000
Nevada	47,000	131,000	13,432,000
New Hampshire	42,000	96,000	14,551,000
New Jersey	221,000	617,000	90,993,000

Number of Women-Owned Firms, Employment and Sales by State: 1996			
State	**Number of Firms**	**Employment**	**Sales ($000)**
New Mexico	57,000	115,000	10,795,000
New York	527,000	1,365,000	205,639,000
North Carolina	198,000	436,000	49,997,000
North Dakota	19,000	36,000	3,708,000
Ohio	306,000	739,000	74,801,000
Oklahoma	107,000	195,000	23,352,000
Oregon	121,000	267,000	32,744,000
Pennsylvania	300,000	862,000	103,510,000
Rhode Island	29,000	91,000	10,244,000
South Carolina	90,000	174,000	16,487,000
South Dakota	24,000	52,000	5,991,000
Tennessee	139,000	263,000	29,521,000
Texas	552,000	1,098,000	129,570,000
Utah	63,000	116,000	15,811,000
Vermont	29,000	50,000	5,415,000
Virginia	189,000	374,000	41,209,000
Washington	188,000	510,000	61,622,000
West Virginia	40,000	63,000	6,988,000
Wisconsin	134,000	374,000	41,615,000
Wyoming	19,000	41,000	3,350,000

SOURCE: National Foundation for Women Business Owners estimates using Bureau of the Census data.

Ranking of Number of Women-Owned Firms, Employment and Sales by State: 1996				
State	Number of Firms	Employment	Sales	Average Ranking[1]
Alabama	28	26	26	26
Alaska	46	48	45	46
Arizona	22	19	23	21
Arkansas	32	33	34	33
California	1	1	1	1
Colorado	18	14	19	16
Connecticut	25	25	21	25
Delaware	48	43	43	45
District of Columbia	50	49	48	49
Florida	4	3	3	3
Georgia	10	8	8	9
Hawaii	42	42	41	42
Idaho	39	41	42	40
Illinois	5	5	5	5
Indiana	15	11	12	13
Iowa	29	29	29	29
Kansas	31	31	30	30
Kentucky	27	27	27	28
Louisiana	26	24	15	22
Maine	37	39	40	39
Maryland	16	21	20	19
Massachusetts	12	17	14	14
Michigan	8	10	10	10
Minnesota	17	18	16	16
Mississippi	36	37	37	37
Missouri	19	20	22	20
Montana	43	44	46	44
Nebraska	35	32	31	32
Nevada	38	34	36	35
New Hampshire	40	38	35	38
New Jersey	9	9	7	8

Ranking of Number of Women-Owned Firms, Employment and Sales by State: 1996				
State	**Number of Firms**	**Employment**	**Sales**	**Average Ranking[1]**
New Mexico	34	36	38	35
New York	3	2	2	2
North Carolina	11	13	13	11
North Dakota	51	51	50	51
Ohio	6	7	9	7
Oklahoma	24	28	28	26
Oregon	23	22	24	24
Pennsylvania	7	6	6	6
Rhode Island	44	40	39	41
South Carolina	30	30	32	30
South Dakota	47	46	47	47
Tennessee	20	23	25	23
Texas	2	4	4	3
Utah	33	35	33	34
Vermont	45	47	49	48
Virginia	13	16	18	15
Washington	14	12	11	11
West Virginia	41	45	44	43
Wisconsin	21	15	17	18
Wyoming	49	50	51	50

SOURCE: U.S. Bureau of the Census and the National Foundation for Women Business Owners.
[1]Average state ranking based on the rankings of number of firms, number of employees and sales.

The Top 50 Women Business Owners, May 1996
(From *Working Woman* Magazine)

1. Martha Ingram, Chair, Ingram Industries, Nashville, TN
2. Loida Nicolas Lewis, Chair and CEO, TLC Beatrice, New York, NY
3. Joyce Raley Teel, Co-Chair, Raley's, West Sacramento, CA
4. Lynda Resnick, Co-Owner, Roll International, West Los Angeles, CA
5. Marian Ilitch, Co-Founder, Secretary, and Treasurer, Little Caesar Enterprises, Detroit, MI
6. Antonia Axson Johnson, Chair, Axel Johnson Group, Stockholm, Sweden
7. Linda Wachner, Chair, CEO, and President, Warnaco Group, New York, NY
8. Liz Minyard and Gretchen Minyard Williams, Co-Chairs, Minyard Food Stores, Coppell, TX
9. Sally McClain, Chair, Mark III Industries, Ocala, FL
10. Gay Love, Chair, Printpack, Atlanta, GA
11. Donna Karan, Founder and CEO, Donna Karan, New York, NY
12. Donna Wolf Steigerwaldt, Chair, CEO, Jockey International, Kenosha, WI
13. Helen Copley, Chair and CEO, Copley Press, La Jolla, CA
14. Irma Elder, President, Troy Motors, Troy, MI
15. Dian Graves Owen, Co-Founder and Chair, Owen Healthcare, Houston, TX
16. Jenny Craig, Co-Founder and Vice Chair, Jenny Craig International, Del Mar, CA
17. Christine Liang, Founder, President, and COO, ASI, Fremont, CA
18. Kavelle Bajaj, Founder and CEO, I-Net, Bethesda, MD
19. Barbara Levy Kipper, Chair, Chas. Levy, Chicago, IL
20. Ellen Gordon, President and COO, Tootsie Roll Industries, Chicago, IL
21. Gertrude Boyle, Chair, Columbia Sportswear, Portland, OR
22. Patricia Gallup, Co-Founder, Chair, and CEO, PC Connection, Marlow, NH
23. Jane O'Dell, Co-Owner, Westfall Investment Associates, Kansas City, MO
24. Susie Tompkins, Founder, Esprit De Corp., San Francisco, CA
25. Marta Weinstein, Co-Founder and Executive Vice President, Logistix, Fremont, CA
26. Annabelle Lundy Fetterman, Co-Founder, Chair, and CEO, Lundy Packing, Clinton, NC
27. Christel DeHaan, Co-Founder, Chair, and CEO, Resort Condominiums International, Indianapolis, IN
28. Rachelle Friedman, Co-Founder and Co-Ceo, J&R Music World, New York, NY
29. Carole Little, Co-Founder and Co-Chair, Carole Little, Los Angeles, CA
30. Lillian Vernon, Founder, Chair, and CEO, Lillian Vernon, New Rochelle, NY
31. Essa Hoffman and Sharon Hoffman Avent, Chair and President, and Senior Executive Vice President, Smead Manufacturing, Hastings, MN
32. Marilyn Marks, Chair, CEO, and President, Dorsey Trailers, Atlanta, GA
33. Kathy Prasnicki Lehne, Founder and President, Sun Coast Resources, Houston, TX
34. Pleasant Rowland, Founder and President, Pleasant Company, Middleton, WI
35. Helen Jo Whitsell, Chair and CEO, Copeland Lumber Yards, Portland, OR
36. Ann Gaither, Chair, J.H. Heafner, Lincolnton, NC
37. Josephine Chaus, Co-Founder and Chair, Bernard Chaus, New York, NY
38. Ann McIlrath Drake, CEO, DSC Logistics, Des Plaines, IL

39. Marcy Carsey, Co-Founder and Co-Owner, Carsey-Werner, Studio City, CA
40. Aya Azrielant, Co-Founder and President, Andin International, New York
41. Jessica McClintock, Founder, CEO, and President, Jessica McClintock, San Francisco, CA
42. Sondra Healy, Chair, Turtle Wax, Chicago, IL
43. Janice Davidson, Co-Founder and President, Davidson & Associates, Torrance, CA
44. Lois Rust, President, Rose Acre Farms, Seymour, IN
45. Oprah Winfrey, Founder, Chair, and CEO, Harpo Entertainment Group, Chicago, IL
46. Sharon Snyder, CEO and President, Cornbelt Chemical, McCook, NE
47. Nanci MacKenzie, Founder and President, U.S. Gas Transportation, Dallas, TX
48. Gail Duncan-Campagne, President, Jerome-Duncan Ford, Sterling Heights, MI
49. Suzanne Millard, Chair and President, Turtle & Hughes, Linden, NJ
50. MaryJo Cohen, CEO and President, National Presto Industries, Eau Claire, WI

Expanding Business Opportunities for Women

The 1995 Report of the Interagency Committee on Women's Business Enterprise
in cooperation with the National Women's Business Council
The White House, January 1996

APPENDIX A

FEDERAL PROGRAMS FOR WOMEN-OWNED BUSINESSES

For questions regarding programs or issues not addressed below, contact the Small Business Administration's Office of Women's Business Ownership at 202-205-6673 or the National Women's Business Council at 202-205-3850. On-line access is also available at: *http://www.sbaonline.sba.gov/womeninbusiness.*

Access to Financial Resources

Small Business Administration Loan Guarantee Programs - SBA's family of loan guarantee programs -- the 7(a) program is the largest -- is designed to help small businesses that would not otherwise qualify for private loans or for favorable terms. Since 1992, these programs have been streamlined and made customer-friendly, significantly expanding support for women-owned businesses. *Call* 1-800-ASK-SBA.

Women's Prequalification Loan Program - This demonstration program, established in 1994, allows the Small Business Administration (SBA) to prequalify a loan guarantee of $250,000 or less for a woman business owner before she goes to the bank. The program focuses on the applicant's character, credit, experience, and reliability -- not just her assets. Independent loan packagers work with the business owner to strengthen her loan application. Eligible businesses must be at least 51 percent owned, operated and managed by women; have average annual sales for the preceding three years that do not exceed $5 million; and employ fewer than 100 persons. The Women's Prequalification Loan Program is currently available in 16 states. *Call* 1-800-8-ASK-SBA.

MicroLoan Demonstration Program - SBA's microloan program addresses women's needs for very small amounts -- less than $25,000 -- of capital. Nonprofit intermediaries with experience in making non-traditional loans provide technical assistance and perform origination and servicing functions. There are more than 100 participating intermediaries, and they are located in all but two states. Virtually all types of businesses are eligible for loans, and money can be used for working capital or to purchase machinery and equipment, fixtures, inventory and supplies for start-up or expansion. *Call* 1-800-8-ASK-SBA.

Low Documentation Loan Program (LowDoc) - SBA's popular LowDoc program, launched in 1993, radically streamlines the application process for 7(a) loans under $100,000. LowDoc cut the loan application from an inch-thick document to a single page, and reduced the loan processing time to three business days or less. *Call* 1-800-8-ASK-SBA.

Community Development Financial Institutions (CDFI) Fund - This recently established, $50 million fund will invest in new and existing financial institutions, ranging from micro-lenders to insured depository institutions, whose primary mission is community development. It will also promote community development activities on the part of mainstream institutions, and provide technical assistance and training in economic development. *Call* 202-622-8662.

Export Working Capital Demonstration Program - The Commerce Department, the Export-Import Bank, and SBA established this program in 1994 to help small businesses compete in the increasingly globalized market. The program guarantees 90 percent of the principal and interest on working capital loans to small and medium-sized U.S. exporters. *Call* 1-800-USA-TRADE.

Market Development Cooperator Program - The Commerce Department awards funds to help implement innovative export marketing projects. Non-profit industry organizations and trade associations representing women-owned businesses are eligible for funding. The award limit is $500,000. Funds are competitively awarded and must be matched by nonfederal funds on a two-to-one ratio. *Call* 202-482-3197.

Public Telecommunications Facilities Program - This Commerce Department program awards matching grants (including planning grants) to public radio and television stations, "distance learning" providers and other noncommercial telecommunications entities to help purchase telecommunications equipment. In awarding grants, PTFP officials give special consideration to applications from women-owned and/or -managed organizations. *Call the National Telecommunications and Information Administration:* 202-482-1835.

Federal Unemployment Program - Under the 1993 North American Free Trade Agreement (NAFTA), the Department of Labor can permit states to establish self-employment programs for individuals receiving federal unemployment benefits. For example, Washington State allowed participants in a pilot program to withdraw their unemployment benefits in one lump sum to start a new business. So far, 22 states have enacted, or are considering enacting, legislation to provide opportunities for entrepreneurship by the unemployed. *Call* 202-219-5608.

Community Development Block Grant (CDBG) Program - The Department of Housing and Urban Development has issued new regulations that permit its Community Development Block Grant funds to be used for micro-loans and other small business loans in distressed communities. This modification of the long-established CDBG program makes it possible for women in low-income areas to start or expand enterprises, enabling them to become self-sufficient. *Call the CDBG Program:* 202-708-1577.

Defense Loan and Technical Assistance Program (DELTA) - This new program provides financial and technical assistance for small defense-dependent businesses that have been adversely affected by military downsizing. SBA administers the program on behalf of the Department of Defense. *Call* 1-800-8-ASK-SBA.

Federal Procurement Opportunities

Results-Oriented Procurement and Outreach Policies - The Federal Acquisition Streamlining Act (FASA) of 1994 challenges federal departments and agencies to purchase 5 percent of their goods and services from women-owned businesses. As a result of FASA and earlier legislation, federal agencies are aggressively reaching out to women-owned businesses through procurement fairs, "marketplaces," hotlines and other activities. Every federal agency has an Office of Small and Disadvantaged Business Utilization (OSDBU), and these offices are the first point of contact for small and women-owned businesses. *Call individual OSDBU offices (see list at end of this appendix) for information on special programs and procurement fairs sponsored by each federal agency.*

Federal Marketplace On Line: FACNET - FASA established a Federal Acquisition Computer Network (FACNET) that will give anyone with a computer and modem the chance to learn about and bid on government contracts. Small businesses, including women-owned businesses, will particularly benefit from the ability to pursue procurement opportunities "on-line." By the year 2000, the entire federal procurement process, from solicitation through award and payment, will be performed electronically via FACNET. *Call* 1-800-EDI-3414.

Women's Procurement Pilot Program - In 1994, SBA and 11 federal agencies began this program to expand the pool of women-owned firms receiving federal contracts. The participating agencies share information and "best practices". Program staff also work with women's business organizations to provide outreach, training, and marketing assistance to their members. *Call* 1-800-8-ASK-SBA.

Department of Transportation Bonding Assistance Program - This program provides bid, performance and payment bonds to certified disadvantaged businesses performing on transportation-related contracts. Bonds are provided on contracts and subcontracts up to $1 million. Most women-owned small businesses are eligible for certification. *Call DOT's National Information Clearinghouse:* 1-800-532-1169.

DOT's Short Term Lending Program - This recently reinvented program provides working capital at prime interest rates to certified disadvantaged businesses performing on transportation related contracts. STLP lines of credit give eligible firms financial flexibility, enabling borrowers to manage contracts more efficiently, to compete for more and larger contracts and, eventually, to obtain financing in the commercial marketplace. Most women-owned small businesses are eligible for certification. *Call* 1-800-532-1169.

Liaison Outreach Services Program (LOSP) - This Department of Transportation program is designed to increase participation by women and minorities in DOT procurement. LOSP funds trade and service associations, including women's business advocates, to work with small women- and minority-owned firms to increase their awareness of DOT contracting opportunities and financial assistance programs. *Call* 1-800-532-1169.

Transportation Marketplaces – DOT conducts trade fairs around the country to promote opportunities for government contracting; other federal agencies are represented as well. These Transportation Marketplaces also offer workshops and one–on–one assistance for women–owned and minority businesses interested in DOT's Bonding Assistance and Short Term Lending Programs and in certification as a disadvantaged business enterprise. *Call Art Jackson, Manager, Surety Bond Program, DOT Office of Small and Disadvantaged Business Utilization*: 202–366–2852.

Mentor–Protege – The Air Force established its mentor–protege program in 1992 to encourage large prime contractors to subcontract to women–owned minority firms and other small disadvantaged businesses. Thus far, the Air Force has committed more than $26 million for mentor–protege agreements. Mentor–Protege programs also have been established by the Department of Energy and NASA. *Call Anthony DeLuca, Director, Air Force Office of Small and Disadvantaged Business Utilization*: 703–697–1942.

DoD Procurement Technical Assistance – This program sponsors centers nationwide to counsel small businesses on how to market their goods and services to the Department of Defense. The centers assist firms in following specifications and preparing proposals. *Call the Defense Logistics Agency's Office of Small and Disadvantaged Business Utilization*: 703–274–6471.

General Services Administration Workshops – GSA, the fourth largest purchaser in the federal government, is sponsoring a series of procurement training workshops for women business owners. Workshops are planned for 1996 in Atlanta, Chicago, Miami, New York and other locations. *Call* 202–501–2590.

Training and Technical Assistance

SBA Women's Demonstration Program – The Women's Demonstration Program, operated by SBA's Office of Women's Business Ownership, provides long-term training and counseling in all aspects of business ownership (finance, management, marketing, procurement). The program operates at 54 non-profit business development centers in 28 states and the District of Columbia. Since 1988, it has provided training and technical assistance to 60,000 women. *Call* 202-205-6673.

Women's Network for Entrepreneurial Training – WNET provides successful mentors for aspiring women entrepreneurs. Offered through SBA district offices and other organizations, the program is designed to improve women entrepreneurs' prospects for success by linking them to experienced women business owners who have already succeeded. *Call the Office of Women's Business Ownership*: 202-205-6673.

Minority Business Development Agency (MBDA) Programs – The Commerce Department provides a range of programs through the Minority Business Development Agency, whose mission is to help minority entrepreneurs gain the technical assistance and financial resources they need to succeed. Under the leadership of its first female director, MBDA is reaching out to assist eligible women business owners and entrepreneurs. *Call* 202-482-5061.

Export Assistance Centers – Jointly run by Commerce, SBA and the Export-Import Bank, these centers provide export information, marketing and technical assistance, and export financing under one roof for small and mid-sized businesses. Centers are now operating in Atlanta, Baltimore, Boston, Chicago, Cleveland, Dallas, Denver, Long Beach, Miami, New Orleans, New York, Philadelphia, Seattle and St. Louis. *Call* 1-800-USA-TRADE.

Job Opportunities for Low-Income Individuals (JOLI) – Administered by the Department of Health and Human Services (HHS), JOLI provides three- to six-year grants to nonprofit organizations that offer training and technical assistance to welfare recipients and other low-income women who want to become economically self-sufficient. *Call* 202-401-9347.

Demonstration Partnership Program (DPP) – This HHS program provides three-year grants to local community action agencies to support innovative approaches to increasing the self-sufficiency of the poor. The program emphasizes women receiving Aid to Families with Dependent Children (AFDC) benefits and urban at-risk youth, including teen-age mothers. Call 202-401-9347.

JTPA Micro-Enterprise Program – This Department of Labor program gives states the funds to train economically disadvantaged persons who are interested in starting a microenterprise. The program makes grants of up to $500,000 a year to as many as 10 states. *Call the Office of Policy and Research*: 202-219-7674, Extension 164.

Entrepreneurial Experience for Women – This program is targeted to technically trained women in the U.S. Department of Energy (DOE), or DOE contractors, who are at risk of being laid off. Beginning with a one-week workshop, the program helps these women explore ways to start their own technology-based business, including through the transfer and commercialization of technology developed in DOE. *Call Program Coordinator Ladonna Robson:* 301-903-1276.

OFFICES OF SMALL AND DISADVANTAGED BUSINESS UTILIZATION (OSDBU)

	GOVERNMENT AGENCY	CONTACT #
AG	Department of Agriculture	(202) 720-7117
DOC	Department of Commerce	(202) 482-3387
DOD	Department of Defense, Office of the Secretary	(703) 614-1151
	Air Force	(703) 697-9249
	Army	(703) 697-2868
	Navy	(703) 602-2700
ED	Department of Education	(202) 708-9820
DOE	Department of Energy	(202) 586-7377
HHS	Department of Health & Human Services	(202) 690-7300
HUD	Department of Housing & Urban Development	(202) 708-1428
DOI	Department of the Interior	(202) 208-3493
DOJ	Department of Justice	(202) 616-0521
DOL	Department of Labor, Small Business, & Minority Affairs	(202) 219-9148
TR	Department of the Treasury	(202) 622-0530
VA	Department of Veteran's Affairs	(202) 565-8124
EPA	Environmental Protection Agency	(703) 305-7777
FTC	Federal Trade Commission, Procurement Office	(202) 326-2258
GSA	General Services Administration, Enterprise Development	(202) 501-1021
NASA	National Aeronautics & Space Administration	(202) 358-2088
NSF	National Science Foundation, Office of Industrial Innovations	(703) 306-1330 ext. 5042
NRC	Nuclear Regulatory Commission, Small Business & Civil Rights	(301) 415-7380
SBA	Small Business Administration, Procurement & Grants Management	(202) 205-6622
TVA	Tennessee Valley Authority	(615) 751-6269

Expanding Business Opportunities for Women

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The White House, January 1996

APPENDIX B

DATA SOURCES ON WOMEN-OWNED BUSINESSES

Bureau of the Census (Contact: 301-763-7234)

- The U.S. Bureau of the Census has conducted surveys of women-owned businesses (except farms) in conjunction with the quinquennial economic census programs since 1972. The economic censuses are conducted in years ending in 2 and 7. Prior to the most recent, 1992 survey, Census looked only at businesses that filed tax returns as sole proprietors, partnerships and subchapter S corporations; C corporations were not included. With its 1992 survey, the Census Bureau for the first time looked at all women-owned businesses, including C corporations. Census' report analyzing this latest survey, *1992 Women-Owned Businesses*, was issued in January 1996.

- The Census Bureau recently conducted a special mid-term (1994) business census on women *employers* -- an important subset of women-owned businesses. The results of this survey will be issued in March 1996.

- The Census Bureau is writing another report on *Characteristics of Business Owners in 1992*. This is the third such report, co-sponsored by the Small Business Administration and the Minority Business Development Agency. The report includes information for 1992 *and 1994* on business formation, demographics and finances for both women-owned and minority-owned businesses as well as for a comparable group of businesses owned by nonminority males. Census will issue this report in late 1996.

Small Business Administration (Contact: 202-205-6530)

SBA is a major source of research information on women-owned businesses, drawing primarily on data from the Census Bureau, the Internal Revenue Service (IRS), and the Bureau of Labor Statistics (BLS).

- As part of the SBA's annual report to Congress, *The State of Small Business*, the Office of Advocacy contributes a brief narrative and statistical analysis of the characteristics of small business owners, including firms owned by women and minorities. This narrative is based on information from *Characteristics of Business Owners,* which is funded in part by SBA.

- The Office of Advocacy also contracts with the IRS to provide tabulations on nonfarm sole proprietorships by gender of owner and geographic area (i.e., SBA region) and industry group. These tabulations, which are in the form of four charts, date back to 1977 and are updated annually.

- The Office of Advocacy also publishes special reports based on data available from the population and economic censuses, IRS and other sources. For example, in February 1995, it issued a report on *Business Ownership as an Employment Opportunity for Women,* based on information from the 1990 population census.

Bureau of Labor Statistics (Contact: 202-606-6378)

BLS does not collect data directly relevant to women's business enterprises, but it does maintain statistical information on women in the workplace. It contracts with the Census Bureau to conduct monthly Current Population Surveys (CPS) at the household level. The primary purpose of the CPS is to track employment and unemployment statistics, and it is the basis for the unemployment rates that are widely reported in the media each month. These surveys contain data on self-employed, unincorporated individuals by gender and ethnicity. The tabulations based on the CPS are published in *Employment and Earnings,* the monthly BLS statistical report.

Federal Reserve (Contact: 202-452-2503)

The Federal Reserve Board has conducted two surveys of small business finance. The 1993 National Survey of Small Business Finances was conducted in 1994 and early 1995 with about 5,300 representative firms. The main purposes were to provide information on the use of credit by small and minority-owned firms and to create a general-purpose database on the finances of such firms. Preliminary results were published in the July 1995 *Federal Reserve Bulletin*. A similar survey, conducted for 1987, focused on banking markets.

National Foundation for Women Business Owners (Contact: 301-495-4975)

The primary source of non-federal data and information on women-owned businesses is the National Foundation for Women Business Owners (NFWBO). It provides for sale a series of research monographs and reports that include original research on selected subjects.

NFWBO's most useful publication is *A Compendium of National Statistics on Women-Owned Businesses in the U.S.* (September 1994). Prepared under contract for the National Women's Business Council, this report brings together in one document all the publicly available statistical information on women-owned businesses. The report contains 38 statistical tables, 18 charts, and an annotated bibliography.

Women First
NATIONAL LEGISLATIVE COMMITTEE
Women in Business Who Mean Business
622 NORTH TAZEWELL ST.
ARLINGTON, VA 22203

Affirmative Action and Women in Federal Procurement Contracting

There is a misconception in the United States that women business owners are included in all or most of our government's affirmative action federal contracting programs. **Let's be very clear about this misconception. Women business owners are not generally included in any federal contracting "set asides" or Small Disadvantaged Programs.**

Did you Know:

- In 1994 The National Foundation for Women Business Owners estimates that there are 7.7 million women-owned businesses in the U.S.
- Women business owners employ 15.5 million people
- Women business owners generate $1.6 trillion in sales
- Women business owners employ 35% more people in the U.S. than the Fortune 500 companies do worldwide
- 35% of all businesses are women-owned
- The number of women owned businesses increased by 43% from 1987 - 1992 and total receipts doubled from 278 billion to 643 billion.
- Women operated 41% of the county's services/retail businesses in 1995
- Women owned businesses increased their participation in non-traditional businesses such as construction and transportation by 19.5%

Yet,

- The federal procurement dollars going to women business owners was 2.6% or $4.9 billion dollars out of $200 billion in 1994
- 70% of women use their credit cards or loans from family members to finance their businesses and the expansion phase of their businesses
- Women-owned businesses generate only approximately 17% of our total gross domestic dollars
- In 1987 the annual average receipts of all women-owned firms was $67,595 compared to $145,700 for all small businesses (latest statistics given)
- Women owned businesses overall participation in non-traditional industries still remains below 10% including their participation in transportation and construction.

The first federal contracting program for women, a good faith effort, began in 1980 through an executive order signed by President Jimmy Carter. The executive order required a "good

faith" effort to reach out to women-owned business in all of the federal agencies. **In 1994, this good faith effort resulted in only 2.6% of the $200 billion federal procurement dollars.**

The first statutory program for women business owners began in 1987 when Congress passed the Surface Transportation and Uniform Relocation Assistance Act of 1987 (STURAA-Pub.L. 100-17). This landmark legislation allowed women business owners in transportation's consultant and contractors industry to participate in the Disadvantaged Business Enterprise (DBE) Program's 10% goal setting economic development program administered by the U.S. Department of Transportation. **The DBE program has produced over $1.4 billion in revenues annually for certified women-owned businesses.** Since 1987, there have been a few small statutory programs which include women business owners, **but none have the same magnitude or success of the goal setting DBE program.**

The Federal Acquisition and Simplification Act of 1994 (FASA-Pub. L. 103-355), included a government-wide 5% goal for women. To date, the rules and regulations to implement the 5% goal have not been published. The law, even if fully implemented, still would not have the "teeth"needed to ensure growth in federal procurement contracts for women. **Presently, there are very few outreach and economic development program in place in the federal agencies where women business owners qualify to participate.** The pilot programs that do exist for women have been created because of the **aggressive stewardship** and care by the **National Women Business Council (NWBC)**. Small Business Administration and the United States Congress.

Source: U.S. Department of Labor, Women's Bureau, December 1989; Bureau of the Census, 1992; Bureau of the Census, Current Population Report, 1991; The National Foundation for Women Business Owners; Dun and Bradstreet Information Services, April 1995, Report of the Inter-agency Committee on Women's Business Enterprise, 1995.

Women First
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Women in Business Who Mean Business
622 NORTH TAZEWELL ST.
ARLINGTON, VA 22203

The Disadvantaged Business Enterprise Program "An Economic Development Program that Actually Makes a Difference for Women-Owned Business"

Background

Women-owned businesses in the highway construction industry (a non-traditional industry for women) had a very difficult time breaking into the competitive federal transportation's contracting market. Initially, the construction dollars going to women owned businesses was 0% of the funds procured.

In 1980 the Department of Transportation created a "good faith" program for Women Business Enterprise (WBE). By 1983 women had increased their procurement dollars to approximately 3% of all highway construction dollars.

In 1987 Congress included Women Business Enterprise (WBE) in the U.S. Department of Transportation's Disadvantaged Business Enterprise Program (DBE) which they had created for Minority Business Enterprises (MBE) in January 1983.

Since the inclusion of women in the DBE program, nationally women have increased from 2.7% in FY1986 to 6.2% according to Federal Highway Administration's nine month summary of FY1995. In 1994 women owned businesses procured $1.4 billion in highway construction and related transportation consultant industries.

In FHWA's nine month summary, there are specific states where women-owned businesses dominate the DBE procurement dollars.

They are as follows:

Arkansas	Kentucky	Nevada	Oklahoma
Connecticut	Maine	New Hampshire	Oregon
Florida	Minnesota	New Jersey	South Dakota
Idaho	Mississippi	North Carolina	Washington
Illinois	Missouri	North Dakota	West Virginia
Iowa	Montana	Ohio	Wisconsin

The Disadvantaged Business Enterprise Program is a goal-setting economic development program. Women, ethnic minorities and majority-male companies compete for highway construction contracts (Generally women and minority owned companies are subcontractors). The statute requires no less than 10% of Transportation's contracting dollars shall go to women and minority owned businesses.

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Because of the competitive nature of construction subcontracting and the competition between majority males, and women and minorities, highway construction prices are comparable to the prices in the late 1970's and early 1980's.

Important Facts about the U.S. Department of Transportation's DBE Program

- GAO reports (August 1994) that the DBE program increases cost by less than one percent.
- The DBE program is a goal-setting economic development program not a set-aside or quota program.
- The DBE program is not a sole source program, but a competitive bidding program which includes majority males, minority and women owned businesses competing for transportation dollars.
- To participate in the DBE program a woman or minority owned company must be certified by his or her state. The certification is an in-depth investigation of the company and its owners.
- The DBE program was *not the* subject of the Adarand vs. Peña Supreme Court case; that was an SBA 8(D) self certifying program.
- DBE program's construction contracts do not contain any compensation clauses or 10% preference pricing.
- The DBE program is the best economic development program that exists for women-owned businesses.
- The DBE program is the only program that includes women-owned small businesses equally with other small businesses.
- In 1995 the federal government procured 2.6% with women-owned businesses.
- The DBE program generated 6.2% or $1.4 billion dollars for women owned businesses.
- Even though women represent 35% of all small businesses, the federal government procures only $4.9 billion with women-owned businesses out of $200 billion or 2.6%.
- The DBE Program is not a race-based program. Women as well as ethnic minorities participate fully in the program and majority male contractors receive 98% of all prime contracts and 85% of all subcontracts.
- Since the inclusion of women in the DBE program in 1987, women have enhanced their procurement dollars by approximately 175%.

MICRO-ENTERPRISE AND WOMEN:

THE VIABILITY OF SELF-EMPLOYMENT AS A STRATEGY FOR ALLEVIATING POVERTY

Supporters of micro-enterprise argue that self-employment is a strategy that can improve the economic well being of low-income families and promote economic development in poverty stricken urban communities. IWPR's study *Micro-Enterprise and Women* investigates self-employment and micro-enterprise as strategies to enhance the income package of women receiving Aid to Families with Dependent Children (AFDC) as well as other low-income women.

The development of micro-enterprise ventures among low-income women could contribute to the economic well-being of their families, provided that this activity is viewed as part of an income package rather than as the sole source of family support. Our study links IWPR's previous work on income packaging[1] with our analysis of self-employment.

In addition, *Micro-Enterprise and Women* shows that there is a pool of current welfare recipients with self-employment experience who could benefit from technical assistance, lending circles, and advocacy. The study also discusses program changes and policy alternatives that could increase the development of micro-enterprises and facilitate the success of these ventures.

SOURCES AND METHODS

This study uses data generated from the 1984, 1986, 1987, and 1988 panels of the U.S. Bureau of the Census' nationally representative Survey of Income and Program Participation (SIPP)[2], augmented by special topical modules on welfare history and assets. In addition to the data presented in this **Research-In-Brief**, the full study uses information collected from in-depth interviews and focus groups with participants in micro-enterprise training programs to examine the constraints and catalysts for AFDC recipients who aspire to engage in successful self-employment.[3]

In this research we compare women who currently receive means-tested welfare benefits (including AFDC, Food Stamps, WIC, or Supplemental Security Income) and who are also engaged in self-employment[4] with three other sample populations:

(1) **Self-employed, Former Welfare Recipients** = Currently self-employed women who have a history of receiving means-tested benefits but do not do so now. These women are referred to as self-employed "successes."

(2) **Wage and Salaried Recipients** = Women whose income packages include wage and salary work and means-tested benefits but not self-employment.

(3) **Welfare Reliants** = Women whose income packages do not include self-employment or wage and salary employment and are, therefore, reliant on means-tested benefits.

We compare the groups based on their personal and workforce characteristics. It is important to note that members of these groups are unlikely to have participated in micro-enterprise training and loan programs.

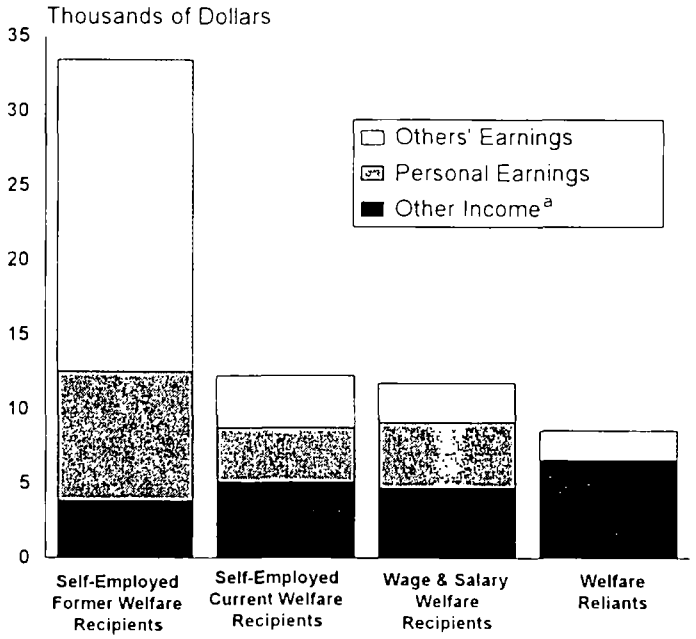
WOMEN MICRO-ENTREPRENEURS

Women in *all* of our comparison groups are involved in income packaging. They combine earnings from different jobs, income of other family members, and where possible, means-tested government-provided benefits.

Figure 1 shows the portion of family income that comes from the women's personal earnings, other family members' earnings, and other income (including government transfers), for each of the groups.

The data also show that women in all groups, except for welfare reliants, have more than one job per person. ***Even the "successful" former welfare recipients continue to be 'packagers' of self-employment with wage and salary work. On average, these women had 1.9 jobs.***

Figure 1. Components of Family Income

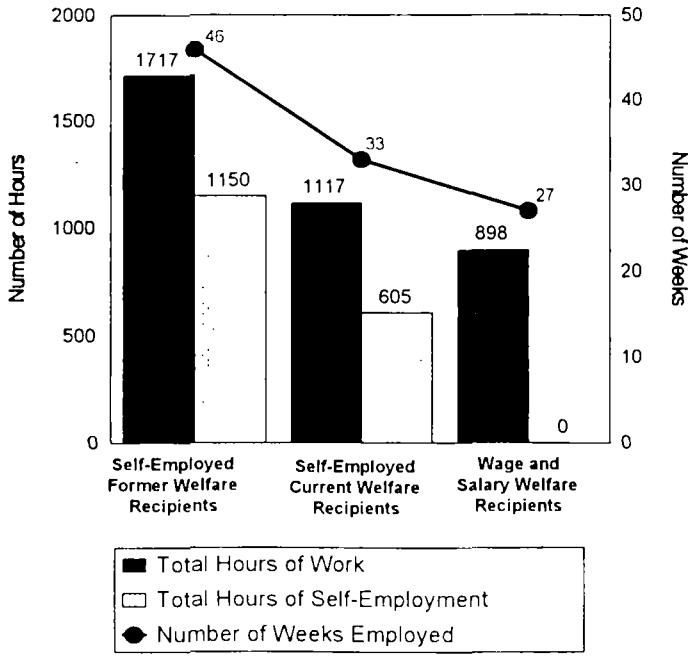


[a]Other income includes government transfers, private benefits, child support, other informal and miscellaneous income.

Source: IWPR calculations based on the 1984, 1986, 1987, and 1988 panels of the Survey of Income and Program Participation.

Compared to other current welfare recipients, the recipients who package welfare with self-employment appear to be a special population who could emulate the "successes" *if* they received additional training and access to educational and financial resources.

Figure 2. Total Hours of Work, Self-Employment, and Number of Weeks Employed

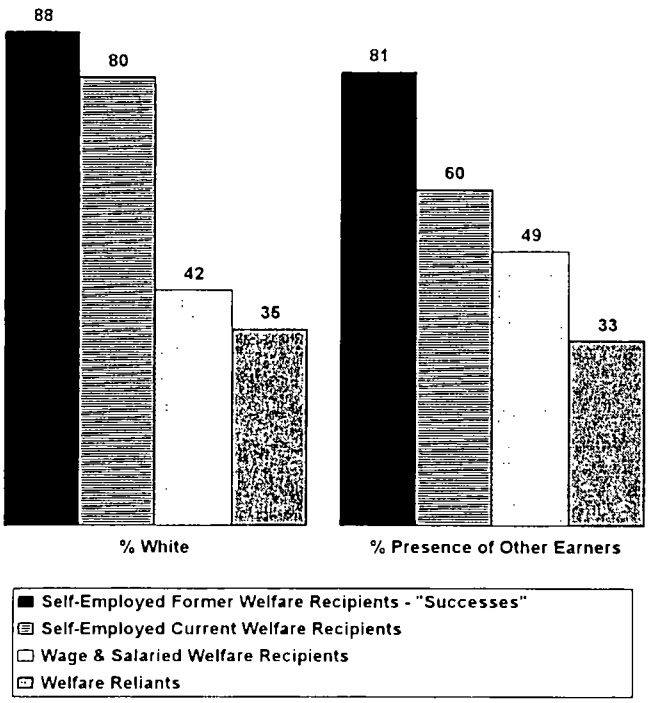


Source: IWPR calculations based on the 1984, 1986, 1987, and 1988 panels of the Survey of Income and Program Participation.

Figure 2 shows that, compared to other groups, "successes" work more hours (1717) and weeks per year (46) and have higher personal earnings ($8,658). Most striking, their work effort includes both self-employment (1150 hours) and wage and salary employment. Like the "successes," the self-employed current transfer recipients also work longer hours than the wage and salary recipients (1117 hours as opposed to 898) and work more weeks (33 compared to 27 weeks). Like the successes, the self-employed current welfare recipients include both wage-employment and self-employment in their income package.

Figure 3 shows selected personal and family characteristics of women in the four groups. Despite certain differences, characteristics of current self-employed welfare recipients resemble "successes" more than other current welfare clients. They are more likely to have other earners in their family and, like the "successes," they are also more likely to be white.

Figure 3. Selected Characteristics of Comparison Groups



Source: IWPR calculations based on the 1984, 1986, 1987 and 1988 SIPP panels of the Survey of Income and Program Participation

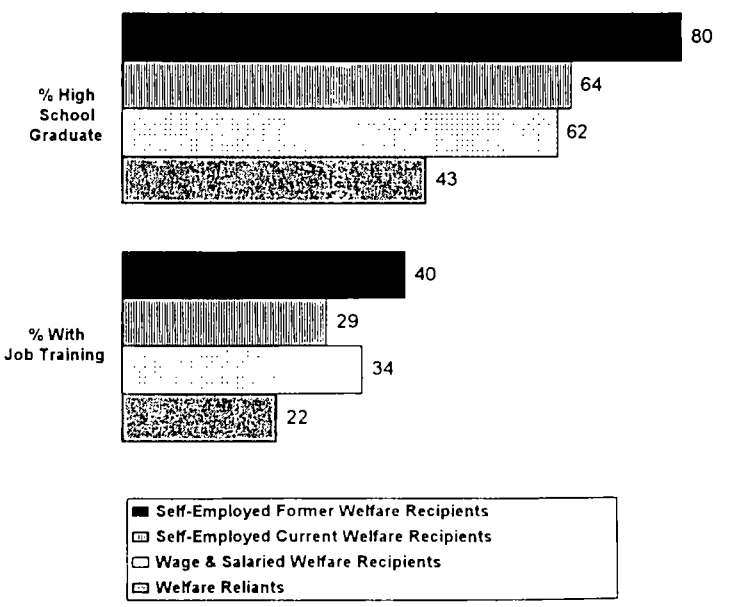
Figure 4, which demonstrates findings on education and skills of these women, shows that "successful" entrepreneurship requires relatively high levels of education and job training. Current self-employed welfare recipients have more education and work experience than welfare reliant women but not as much as the successes; they are most similar to the wage and salary workers who receive transfers.

Although training, high school completion, and more hours of work contribute to successful self-employment, they do not appear to be sufficient for success. A key factor that distinguishes "successes" from the other women is the amount of income from other family members (principally spouses).

Figure 3 shows that self-employed women who previously received AFDC are more likely to have other earners in their families than all other groups of current recipients (81 percent reported other earners in the family). These other earners are most likely working spouses who can provide initial capital and supplementary sources of income during periods of low-earnings from the self-employment businesses. Self-employed *current* transfer recipients are the most likely group of welfare recipients to receive earnings from other family members next to previous recipients (60 percent as opposed to 33 percent for the non-employed and 49 percent for wage and salary workers). Findings on earnings and income of families reveal that 63 percent of the family income of "successes" comes from other earners (see Figure 1). Self-employed *current* transfer recipients receive 28 percent of their family income from other earners and welfare reliants and wage and salary welfare recipients receive 23 percent and 22 percent of their family income from other earners, respectively.

Mainly because of the existence of other income sources, families of self-employed transfer recipients spend fewer months in poverty compared to the other groups and have a higher ratio of family income to poverty level income (110 percent compared to 64 percent for welfare reliants and 95 percent for wage and salary recipients). This suggests that although adding self-employment to the income packages of welfare recipients contributes to the economic well-being of these families, by itself it is not a route to self-sufficiency.

Figure 4. Education and Job Training



Source: IWPR calculations based on the 1984, 1986, 1987, and 1988 panels of the Survey of Income and Program Participation.

POLICY IMPLICATIONS

Because income from self-employment alone does not raise a woman and her family out of poverty, an important policy and program issue is what additional financial and social supports can be put in place to supplement self-employment income. This is especially important for those women who lack assets or cannot rely on income from other family members.

A relatively secure financial base is a potentially important factor in ensuring self-employment success. Lack of assets, like lack of supplemental income, is a barrier to successful business development. "Successes," on average reported about $2,600 in individual assets in a four month period. Self-employed current recipients reported a significantly lower level of assets (fewer than $400 on average for the same period) to invest in their businesses. This suggests that self-employed former welfare recipients have a more secure financial base than do current recipients. This is also confirmed by the median level of household net worth for "successes," which is equal to $2,287.

We also found that, for "successes" with a history of AFDC, an average of nine years had passed since their first AFDC spell. This suggests that it takes time for these businesses to 'take off' and for these women to get off welfare. Until then, means-tested welfare benefits represent an important income source. We conclude then that success at self-employment appears unlikely without the help of policies that ensure access to financial resources. ***This is especially true for women who are currently on welfare.***

In order for self-employment to be successfully included in the welfare recipient's income package, changes must be made in the treatment of income and financial assets by welfare regulations.

Regulations such as the $1,000 limit on assets for AFDC recipients, the $1,500 limit on vehicle value, and the treatment of business income as personal income, prevent recipients from accruing enough earnings to cover expenses and expand their business. Also using gross rather than net income in measuring self-employment earnings overstates family income, and acts as a barrier to successful self-employment.

Lack of health insurance among the "successes" suggests that without more accessible health care benefits, self-employment is risky for women with families.

Although better off in terms of their earnings, income, and assets, the group of "successes" are the worst off in terms of access to health insurance compared to all other groups. The average number of months of health insurance for these women was 2.5 out of 12, which is drastically lower than every other group in this study. Current transfer recipients with some self-employment also had fewer months of health insurance compared to non-employed AFDC recipients and welfare clients with wage or salary work (8.9 months as opposed to 11.5 and 10.0 months). This suggests that undertaking self-employment may reduce one's access to health insurance and health care. This will continue to be the situation until affordable, accessible health care coverage becomes available.

Micro-enterprise programs must affirmatively recruit women of color.

Given the high percentage of whites among the "successes" and current recipients packaging with self-employment, our study points to the importance of recruitment and training of women of color into micro-enterprise training and lending programs.

The full report, **Micro-Enterprise and Women: The Viability of Self-Employment as a Strategy for Alleviating Poverty**, *by Roberta Spalter-Roth, Enrique Soto, and Lily Zandniapour, is available from the Institute for Women's Policy Research. This research project was funded by the Charles Stewart Mott and the John D. and Catherine T. MacArthur Foundations. This* **Research-In-Brief** *was prepared by Enrique Soto, Lily Zandniapour, and Jill Braunstein in June 1994.*

Notes:

[1] See ***Combining Work and Welfare: An Alternative Anti-Poverty Strategy***, by Roberta Spalter-Roth, Heidi Hartmann, and Linda Andrews, Institute for Women's Policy Research, Washington, DC, 1992.

[2] We did not use the 1985 panel of the SIPP because it does not include a welfare history module.

[3] See the full report, ***Micro-Enterprise and Women: The Viability of Self-Employment as a Strategy for Alleviating Poverty***, and the **Research-In-Brief**, ***Micro-Enterprise Catalysts and Barriers: Voices of Low-Income and Poor Women***.

[4] Our findings show that 12 percent of welfare recipients include self-employment in their income package. This is about the same rate of self-employment in the general population of unemployed women (10 percent).

MICRO-ENTERPRISE CATALYSTS AND BARRIERS: Voices of Low-Income and Poor Women

Supporters of micro-enterprise argue that self-employment is a strategy that can improve the economic well being of low-income families and promote economic development in poverty stricken urban communities. IWPR's study **Micro-Enterprise and Women** investigates self-employment and micro-enterprise as a strategy to enhance the income package of women receiving Aid to Families with Dependent Children (AFDC) and other low-income women.

The development of micro-enterprise ventures among low-income women could contribute to the economic well-being of their families, provided that this activity is viewed as part of an income package rather than as the sole source of family support. Our study links IWPR's previous work on income packaging[1] with our analysis of self-employment.

In addition, **Micro-Enterprise and Women** shows that there is a pool of current welfare recipients with self-employment experience who could likely benefit from technical assistance, lending circles, and advocacy. The study also discusses program changes and policy alternatives that could increase the development of micro-enterprises and facilitate the success of these ventures.

SOURCES AND METHODS

This study uses qualitative data collected through four focus groups, 20 in-depth interviews, and answers to open-ended questions from 140 participants in a survey of micro-enterprise program trainees.[2] In addition to the data summarized in this **Research-In-Brief**, the full study uses data generated from the 1984, 1986, 1987, and 1988 panels of the U.S. Bureau of the Census' nationally representative Survey of Income and Program Participation (SIPP), augmented by special topical modules in welfare history and assets.

The qualitative portion of **Micro-Enterprise and Women** analyzes the comments of welfare and low-income women about the factors that helped (**catalysts**), hampered (**barriers**), or could contribute to their success (**suggestions**) as micro-enterprise owners.

The women interviewed in the first focus group did not receive training nor were they running a business; those interviewed in the second focus group received business training but did not start a micro-enterprise. The rest of the interviewees (the third and fourth focus groups' members, and the respondents to the survey and in-depth interviews) received business training and were already in business or starting to run one.

VOICES OF THE WOMEN

The women interviewed identified three types of **barriers** for becoming self-employed:

■**Welfare Regulations**: Women feared loss of welfare benefits (income, medicaid, etc.) if they attempted self-employment, because welfare regulations exclude them as recipients when their income increases due to their business earnings or assets. Their business income, however, was not seen as stable. The complexity of welfare regulations, the lack of clear information about them, the difficulty in filling out AFDC applications for recipients attempting self-employment, and the attitudes, inaccurate knowledge, and lack of availability of informed case workers were other obstacles to self-employment.

■**Lack of Financial Resources**: Lack or insufficient capital was deemed as a serious barrier working against self-employment. Debts and previous bad credit records compounded financial difficulties.

■**Lack of Support and Services**: Child care, health services, business knowledge and skills, transportation, family support, and even confidence, were important conditions the women felt they were missing, which if obtained could greatly contribute to their business success.

■■■

Strongly related to their perceptions about business barriers, the women interviewed pointed out the following "**catalysts**" that would help them become successful business owners:

■**Financial Support**: Money was regarded as an essential requirement for running a business, since it is needed to purchase the materials, equipment, and services that are used to produce a product or service for sale.

■**Access to Training and to More Individualized Forms of Training**: Business training was another factor participants thought crucial for starting a business. They noted, however, the need for more specific forms of business training, guidance, after-training support, and even for business mentors.

■**Support from Family Members**: Participants who had already started a business mentioned the importance of family support. Family members contribute economic aid as well as free labor and moral support.

■**Health Coverage**: Most participants emphasized that affordable health insurance would greatly benefit them and their businesses.

■■■

Building on their views about barriers working against self-employment, the women interviewed recommended changes that could be made to encourage more low-income women to become successful micro-enterprise owners. Some relevant **suggestions**, in their own words, are:

Allow more earnings before benefit reduction/exclusion would begin:

> "If you're going to have a business, you need to be a capitalist. And what is a capitalist -- someone who has capital. So, you have to have the money in the business to run the business, because if you don't have it, you won't have a business. So, if you're not allowed to feed money back into your business to get your capital big enough to keep it going, you don't have a business and you can't get off of AFDC...."

Allow for some form of savings/re-investment:

> "We were contemplating... a solution to the situation.... It has to do with an incentive to get off -- an incentive to have your own business. Somehow a sliding scale that as you're going up, a place for you to start saving maybe $100 here and there to get it up to maybe $1000... there has got to be some kind of a gradual thing, where instead of getting penalized every time you make some money in your business, you're allowed some leeway there...."

Measure businesses' income annually instead of monthly:

> "Or like, if you do have a business -- like my business is better in the winter months than it is in the summer months. And like you said, don't be penalized if you have more income coming in. It should be on a yearly scale, not on a month to month when you own your own business. Cause there are a lot of businesses that are seasonal."

Have specialized case workers for self-employed welfare recipients:

> "If they had someone through non-profit, whatever, who understood the welfare system, who also understood starting a business, who also understood having kids, who understood. I mean actually knew what all of this was about. Then maybe they -- have them as case workers. That for us, as business owners, to expect the people who are working in welfare to understand what it is that we're going through is unrealistic. They can't. They have no idea."

The comments of these women show that what they perceive as **catalysts** and **barriers** to self-employment are **two sides of the coin of micro-enterprise development**.

POLICY IMPLICATIONS

■ **In order for self-employment to be successfully included in the welfare recipient's income package, changes must be made in the treatment of income and financial assets by welfare regulations.**

Treating business income as personal income acts as a barrier to successful self-employment since recipients fear losing their benefits when business earnings accrue. In addition, regulations such as the $1,000 limit on assets for AFDC recipients, and the $1,500 limit on vehicle value, prevent recipients from accumulating enough earnings to cover expenses and expand their businesses. Thus, the measurement of personal and business earnings and assets should be separate, and the level of income disregard and asset limits should be raised.

■ **More funds should be available through lending programs to women on welfare for them to become successfully self-employed.**

Lack of access to credit and loans was reported as a major stumbling block in the road toward self-employment. The poor credit histories and limited assets of welfare recipients make them unattractive to the commercial financial system. Federal or state funds should be available for the creation of revolving funds for welfare recipients, which could be administered by non-profit organizations working in the area of micro-enterprise training for low-income individuals.

■ **Increased training is required for welfare women attempting to become successful micro-enterprise owners.**

The women interviewed reported that although the training they receive is very valuable, they need more of it. Thus, the creation of federal or state self-employment job training programs (instead of training only for wage and salary jobs) would be appropriate to meet this demand.

■ **Lack of health insurance suggests that without access to affordable health care benefits, self-employment is risky for women and their children.**

Interviewees complained that undertaking self-employment meant the loss of health coverage because of their exit from welfare rolls. This will continue to discourage self-employment until affordable health care coverage becomes available.

This **Research-In-Brief** *was prepared by Enrique Soto in October 1994. The full report,* **Micro-Enterprise and Women: The Viability of Self-Employment as a Strategy for Alleviating Poverty**, *by Roberta Spalter-Roth, Enrique Soto, and Lily Zandniapour, is available from the Institute for Women's Policy Research for $15; it includes both the qualitative and quantitative research findings. This research project was funded by the Charles Stewart Mott and the John D. and Catherine T. MacArthur Foundations.*

1. See *COMBINING WORK AND WELFARE: An Alternative Anti-Poverty Strategy*, A Report to the Ford Foundation from the Institute for Women's Policy Research, by Roberta Spalter-Roth, Heidi Hartmann, and Linda Andrews, 1992.

2. The focus group data analyzed (from four focus groups) were provided by two self-employment training organizations for low-income women -- Women's Economic Growth (WEG) from California and Women's Self-Employment Project (WSEP) from Chicago. The survey data were obtained through the Self Employment Learning Program (SELP) of the Aspen Institute, and consisted of responses from 140 participants on twelve open ended questions from their survey of clients of two micro-enterprise training programs: WSEP and The Institute for Social and Economic Development (ISED) from Iowa. The in-depth interviews were conducted by WSEP with 20 participants of their training program.

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Divider Title: Family Issues

NATIONAL WOMEN'S LAW CENTER

OVER 20 YEARS ADVANCING WOMEN'S RIGHTS

THE ESSENTIAL ELEMENTS OF CHILD SUPPORT REFORM

The face of the American family is changing. Current projections are that half of all children born today will spend some time in a single-parent family before reaching age 18. In 1970, 12 percent of all children in the United States lived in one-parent families. In 1993, 27 percent of all children lived in single-parent families. Most of these children -- 65 percent -- lived with a parent who was divorced, separated or widowed; 35 percent lived with a parent who had never been married. Eighty-seven percent of these children lived with their mothers.

The poverty rate of children in single-parent, female-headed families in staggering -- over 50 percent. Millions more families live close to the poverty line. These statistics are due at least in part to a lack of child support. Despite a quadrupling in the amount of child support collected by state programs since 1978, the continuing increase in the number of families in need of support has resulted in little overall improvement in our nation's child support statistics.

Comprehensive child support reform must assure that: 1) paternity is established promptly in all but the few cases where harm to the family could result; 2) awards are set at a reasonable level and adjusted to keep pace with inflation and changes in circumstances; 3) awards are collected routinely and promptly; and 4) a guarantee of child support in the form of child support assurance is implemented on a phased-in basis or tested to evaluate its effectiveness.

THE NEED FOR SIGNIFICANT CHILD SUPPORT REFORM

There is a continued, critical need for a strong federal-state child support program. The Child Support Enforcement Program was established in 1975 to respond to the widespread problem of non-support of children. It created a significant new federal-state partnership, aimed at improving the efforts of both the states and the federal government to collect child support. Although the program has resulted in cost-effective improvements in child support enforcement that have helped significant numbers of families and reduced welfare costs, it has not yet achieved the desired results. Indeed, despite a quadrupling of the amount of support collected by state child support programs since 1978, the continuing increase in the number of families in need of support has resulted in little overall improvement in our nation's child support statistics. Only 46 percent of custodial families have a child support order to receive payments, and half of these families receive no support at all or less than the full amount owed. For those families who actually receive some support, the average amount is just over $2,000 a year.

To remedy this failure, there must be significant reform of the overburdened, understaffed child support enforcement program.

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PATERNITY ESTABLISHMENT

In 1993, over 550,000 children had paternity established -- a 63 percent increase from 1989. While a notable improvement, this represents only a fraction of the many children who need paternity established. Only about one-third of the nearly 1.2 million children born each year to unmarried women have paternity established, and there are nearly 3.5 million children in the child support system in need of paternity establishment.

- **States should do more to encourage voluntary establishment of paternity.** States should establish procedures to assure that a voluntary acknowledgement of paternity results in a quick, conclusive and fair determination of paternity. To do this, states should build on the reforms made in 1993 that require states to have hospital-based programs for establishing paternity by making clear the legal significance of the signed paternity acknowledgment. States should also be required to offer voluntary establishment procedures at birth records agencies and other locations so that older children can benefit as well.

- **States should be required to create comprehensive outreach programs to let parents know the benefits of and procedures available for establishing paternity.**

- **States should be entitled to federal incentive payments that reward increases in paternity establishment rates and penalize decreases in rates.** Given the low rates of paternity establishment, states must be encouraged financially to do more.

ESTABLISHING REASONABLE AWARDS AND ADJUSTING THEM ROUTINELY

Child support awards are often inadequate, providing insufficient income to adequately support children. In 1991, the average annual support amount awarded and due, $3,321, had to provide for an average of 1.7 children -- making the average award due $5.35 a day per child. Moreover, since awards are not updated regularly, these already low amounts lose value significantly over time as children grow and the value of money diminishes.

- **Child support guidelines -- numeric formulas used to determine child support awards -- should be improved to ensure that they result in fair, equitable and sufficient awards.** Moreover, since guidelines differ from state to state, a national guideline should be considered. To accomplish these reforms, a National Child Support Guidelines Commission should be established to make recommendations to Congress based on its study of various guideline models, their benefits and deficiencies, and any needed improvements.

- **An improved mechanism for updating and modifying child support orders must be implemented.** First, each award should be required to include a provision for automatic annual inflation adjustments. Second, at either parent's request, every three years states should be required to review and, if appropriate under the guidelines, adjust orders above inflation. If there has been a substantial change in circumstances, states should be required to adjust orders at any time. Parents should be required to exchange financial information every year, so they can make an informed decision about whether to seek a review.

ENFORCEMENT: COLLECTING AWARDS THAT ARE OWED

In 1993, a collection of child support was made in only 18.2 percent of cases enforced by state child support programs. Of particular concern are interstate cases, which are approximately 30 percent of child support cases but accounted for less than eight percent of state collections in 1993.

To streamline and strengthen the enforcement of child support, the most effective solution would be to move the enforcement of child support obligations to the federal level. This would have several salutary effects: 1) free up state staff and resources to perform other functions such as establishing paternity, setting and modifying awards, and reaching out to additional families eligible for services; 2) provide a uniform national collection system that could reach obligated parents wherever they live or work; 3) greatly ease the burden of employers involved in income withholding, who would only have to deal with one entity and one set of policies and procedures; and 4) simplify significantly the tracking, monitoring and distribution of child support payments across the country.

If complete federalization of enforcement is not feasible in the short-term, immediate improvements in the federal-state system must nonetheless be made.

- **Each state should establish a central state registry of all child support orders entered or modified in the state, and a centralized collections unit to collect and distribute child support payments.** The registry would maintain current records of support orders in a format to be shared with and matched against data from other states and the federal government. The collection and distribution unit would monitor the payment of support and take enforcement action when support payments are delinquent.

- **The federal government should help expedite coordination among the states in enforcing orders.** The current Federal Parent Locator Service (FPLS) should be expanded to include a registry of information provided by each state on each child support order issued or modified in the state, which would be matched against nationwide employer records. The FPLS would receive from employers

reports gathered from the W-4 forms of all newly-hired employees, and match these reports against the registry information provided by the states to confirm that support is owed, to whom it is owed, and in what amount. When a match is found, the information would be forwarded to the appropriate state.

- **Certain state laws dealing with interstate cases should be made uniform to help states resolve conflicts.** A model law, the Uniform Interstate Family Support Act (UIFSA), should be adopted uniformly by all states. UIFSA eliminates confusion over which state has jurisdiction over interstate support orders by establishing rules to assure that only one order is controlling at any one time.

- **State locate functions and other enforcement tools should be enhanced.** All states should be required to: automatically issue a lien when an asset is located and support owed; intercept lottery winnings and other awards; extend state statute of limitation laws so that child support owed can be collected after a child reaches the age of majority or the age at which support is scheduled to cease: and deny or revoke driver's, recreational, occupational and professional licenses of noncustodial parents with outstanding past-due child support.

DISTRIBUTION OF CHILD SUPPORT PAYMENTS FOR FAMILIES WHO ARE ON OR HAVE BEEN ON AFDC

Under current law, families who are receiving, or have previously received, Aid to Families with Dependent Children (AFDC) benefits often see little of the child support collected on their behalf, with a good part of these collections going to the state. Changes must be made to ensure that more child support collected goes to these most-vulnerable families, so that noncustodial parents are encouraged to pay support and children directly benefit from the support collected.

- **The $50 "pass-through" that families on AFDC currently receive should be raised and indexed for inflation.** Under current law, a family receiving AFDC must assign its right to child support to the state, though the state must pass through the first $50 of monthly support collected if paid when due. Required since 1984, the $50 pass-through has never been indexed for inflation or increased, and thus has lost value over time.

- **Former AFDC families should receive any child support arrearages that accrued when they were not receiving AFDC.** Under current law, once a family leaves AFDC, the assignment for current support ends, but the state is entitled to keep any back-due support collected until it reimburses itself for the AFDC paid to the family.

Any back-due support that accrued before the family went on AFDC and after the family went off AFDC should go to the family rather than the state. This is especially important for families who have just left the AFDC system and are in a particularly vulnerable economic state.

IMPROVED DELIVERY OF CHILD SUPPORT SERVICES

Even with all the proposed improvements, a child support system will only be as good as the people who run it. Child support workers must have manageable caseloads and proper training if they are to provide the services required for a decent child support system.

- **The Secretary of Health and Human Services should conduct a staffing study for each state's child support program, determining the proper number of staff needed to run an individual program given the caseload, level of automation and other factors.** If a state fails to meet its performance standards, it should be required to adopt the proper staffing levels or face a two percent reduction in its match rate.

- **The federal government should be required to develop a core curriculum of training, and states required to use this curriculum to provide staff training on an annual basis.**

FUNDING

Improvements in establishing paternity, setting and timely updating orders, and enforcement are integrally tied to funding. States should have an adequate base amount of funding, plus bonus payments for improved performance.

- **The base federal match rate for state programs should be increased from the current 66 percent to 75 percent, with a requirement that states maintain their current levels of funding.**

- **Additional incentive payments should be based on performance outcomes in establishing paternity, establishing and enforcing orders, and the cost-effectiveness of the state's program, rather than, as under current law, only on the cost-effectiveness of the program.** Any incentive payments made to a state should be required to be reinvested in its child support program (rather than going into the general treasury for non-child support expenditures). Likewise, a penalty for poor performance should be assessed against the child support program rather than the welfare program as is done under current law.

CHILD SUPPORT ASSURANCE

Even with the best enforcement mechanisms, some noncustodial parents will not, or due to low incomes cannot, pay support. A Child Support Assurance program would help the children of such parents. Under such a program the government would provide an assured child support benefit on behalf of any child who had been awarded support but whose custodial parent could not or did not pay, in whole or in part, the amount owed. The assured benefit would be equal to a fixed amount that varied according to family size, less the amount of child support collected. Child Support Assurance reinforces parental responsibility by insisting that parents pay and children receive child support. At the same time, it protects children whose custodial parents are unable or fail to pay support.

- **The federal government should phase-in a universal child support assurance system that would reach every child owed support. If this is not possible, at a minimum Congress should authorize a significant number of broad-based demonstration projects to establish the viability of this approach.**

The National Women's Law Center is a non-profit organization that has been working since 1972 to advance and protect women's legal rights. The Center focuses on major policy areas of importance to women and their families, including child support, employment, education, reproductive rights and health, child and adult dependant care, public assistance, tax reform, and social security--with special attention given to the concerns of low-income women.

NATIONAL WOMEN'S LAW CENTER, WASHINGTON, D.C., AUGUST, 1995

WorkingMother

WORKING MOTHER'S CHILD CARE REPORT: A STATE-BY-STATE REVIEW

June 1996

TEN BEST: CALIFORNIA, COLORADO, CONNECTICUT, HAWAII, MARYLAND, MASSACHUSETTS, MINNESOTA, VERMONT, WASHINGTON, WISCONSIN

LOWEST RANKED STATES: ALABAMA, ALASKA, ARIZONA, IDAHO, LOUISIANA, MISSISSIPPI, MONTANA, NEVADA, NEW HAMPSHIRE, NEW MEXICO, NORTH DAKOTA, SOUTH DAKOTA, UTAH

In Maryland, one adult is allowed to care for no more than six toddlers at a time. Yet in neighboring Virginia, one adult can look after as many as 10 toddlers at once. Why the discrepancy? State laws governing child care vary dramatically from state to state, according to Working Mother magazine's report on how states meet the needs of their children, entitled "Child Care: How Does Your State Rate?" As the federal government grants more money and policymaking authority for child care to the states, it's crucial for parents--and the public at large--to know their state's policies.

In this year's report, which appeared in the June issue, Working Mother named California, Colorado, Connecticut, Hawaii, Maryland, Massachusetts, Minnesota, Vermont, Washington and Wisconsin the Ten Best States in America for child care (states are listed in alphabetical order). Criteria for the Ten Best States include quality, safety and availability of care, as well as the commitment of state leaders to improving and expanding care. The report gives each state a score of one to five in each of the four categories.

The Ten Best states scored relatively well on these measures. But the others still need to do much more to keep children safe and healthy. The 13 lowest-ranked states (Alabama, Alaska, Arizona, Idaho, Louisiana, Mississippi, Montana, Nevada, New Hampshire, New

Mexico, North Dakota, South Dakota and Utah), in particular, are letting down their youngest children, jeopardizing their health, development and school-readiness. In Idaho, for example, a single adult is permitted to care for a dozen babies at a time; Louisiana, until last year, did not even apply for a huge portion of its federal child care funds.

To compile the report, Working Mother consulted a distinguished panel of national child care experts, as well as child advocates and government officials in every state plus the District of Columbia. Each state entry contains details on health and safety standards such as immunization requirements, adult supervision and playground safety, as well as requirements for teacher training and news about special projects.

Selections from the report:

* Children need plenty of attention and supervision to thrive emotionally and stay out of danger. In both family child care homes and child care centers, one adult should care for only three to four infants, four to six toddlers or seven to 10 preschoolers at a time. But:

--Eight states (Ala., Ark., Ga., Idaho, La., Nev., N.M., S.C.) allow one person to care for six or more babies at a time.

--One person may care for 10 or more toddlers at a time in 14 states (Ark., Del., Fla., Ga., Idaho, Ky., La., Miss., Nev., N.M., N.C., S.C., Tex., Va.).

--One person may care for 13 or more preschoolers at a time in nine states (Ark., Fla., Ga., La., Miss., Nev., N.C., S.C., Tex.).

* States are not making playgrounds safe for kids: Falls onto hard surfaces are the leading cause of the most serious injuries in child care. Energy-absorbing surfaces under playground equipment (such as wood chips or rubber mats) can help prevent injuries, but

only 12 states require these surfaces at both child care centers and family child care homes. States that insist on safer surfaces are: Alaska, Hawaii, La., Me., Mo., Nev., N.H., Ohio, Pa., Tenn., Va., Wash.

* Children learn more rapidly in the early years than at any other time in their lives. Yet often they are supervised by caregivers who are unfamiliar with basic information on child development or even health and safety. Trained caregivers are more sensitive to children's needs and more able to offer stimulating age-appropriate activities.

--Only 27 states require any training at all for family child care providers.

--In the vast majority of states, child care center directors are not required to have a college degree. The states with the best training standards include Indiana, where directors must have a bachelor's degree with some credits in early-childhood education. In Pennsylvania, directors must have an associate's degree in early education. Five states grant "master teacher" status to staff with bachelor's or associate's degrees (N.H., N.J., N.Y., Pa., R.I.) and three more require master teachers to have at least some college training (Conn., Mass., Vt.).

* Licensed or regulated family child care providers are required to pass inspections and meet basic health and safety standards (such as keeping yards fenced and poisons out of kids' reach). But in 17 states, children in family child care homes aren't protected until caregivers take in five or more children at a time (and often, providers' own children are not even counted in that tally). Children in smaller family child care homes may be in unsafe environments in these states: Alaska, Ariz., Ark., Idaho, Ind., Iowa, La., Miss., Mo., Nev., N.J., N.M., N.D., Ohio, S.D., Tenn., Va.

* The Centers for Disease Control and Prevention and the American Academy of Pediatrics recommend that children cared for outside the

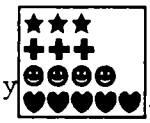
home have immunizations to protect them against diphtheria, tetanus and pertussis (DTP); polio; measles, mumps and rubella (MMR); hepatitis B and meningitis. Yet only 10 states require kids to have all these vaccinations prior to starting a child care program (Ariz., Ark., Calif., D.C., Md., Mass., Mo., N.Y., Wash., W.V.). Four more states require all the shots, but allow a grace period for kids who aren't caught up (Idaho, N.C., Pa., Wyo.). The remaining states don't require all the shots, or allow a grace period of 30 days or longer.

For more information about good-quality child care and parent advocacy, contact the Child Care Action Campaign, 212-239-0138, or the National Association for the Education of Young Children, 800-424-2460. For more information on this report, visit the Working Mother Website at http://www.womweb.com. To order a copy of the report for $2.95, write to Catherine Cartwright at Working Mother, 230 Park Avenue, New York, NY 10169. Or send fax to 212-551-9757.

Sample listing:

COLORADO

Quality
Safety
Availability
Commitment



562,853 (65%)
119 (1 for every 1,488 kids)
13 (1 for every 13,617 kids)

★ **Number of children one adult can care for:** 5 infants • 7 toddlers • 10 preschoolers • 15 school-agers (6&7 yrs only; 8&9 yrs not regulated). **Group size:** Mediocre standards; no standards for school-age children 8 years and older. **Caregiver training:** *Center directors:* Some course work to start, none annually. *Center staff:* None to start, 6 hours annually. *Family child care providers:* None to start, 6 hours annually. ✚ **Adult supervision:** Mediocre. **Size at which family child care is regulated:** 2+ children. **Immunizations:** – (no HepB), 60-day lag. **Playground surfaces:** *Centers:* +. *Family child care homes:* –. **Hand-washing:** *Centers:* Good. *Family child care homes:* Poor. **Inspections:** Centers and family child care homes have unannounced inspections once a year or every 3 years, depending on whether they are accredited. ☻ Governor Roy Romer's First Impressions initiative is expanding the state's child care programs. Romer's new Bright Beginnings program is encouraging private employers to become more family-friendly. **R&Rs:** 1 for every 347,000 residents; 29,552 parent referrals. Statewide network (+). ♥ Colorado continues to show a strong commitment to child care, adding several initiatives this year.

Colorado remains a leader among the states on child care. This year, it strengthened training requirements for caregivers. All child care workers—even those in family child care homes and school-age programs—must now have at least six hours of training annually. The state is also making more unannounced inspections of homes and centers, and giving $300,000 in grants to early-childhood education programs.

The legislature is considering a number of proposals from a child care financing committee, assembled by Governor Romer. Some of the recommendations: a state child care tax refund for parents of up to $400 a year, and new child care programs in recreational facilities and schools.

Governor Romer has also worked hard to make Colorado businesses more family-friendly. The state teamed up with community leaders to put together the Bright Beginnings program to assist private employers who want to offer such benefits as on-site child care and parent support groups. Romer's comprehensive First Impressions initiative continues to help expand the state's child care programs and other services to children. This program works through state agencies as well as private groups to improve early education and make sure every child gets off to a healthy start, ready for school.

Colorado also launched a new computer system for parents to run a background check on potential caregivers. Instead of waiting as long as three weeks for information by mail, parents can obtain an instant background check via the new database through the state's R&R network or even a local library.

NATIONAL WOMEN'S LAW CENTER

THE SCHOOL-TO-WORK OPPORTUNITIES ACT: CREATING EQUAL OPPORTUNITIES FOR YOUNG WOMEN

The School-to-Work Opportunities Act, passed in 1994, provides states with the framework for creating systems to provide young people with the academic and vocational skills necessary to succeed in the workforce. The Act authorizes the Departments of Education and Labor to provide funding jointly to states creating their own school-to-work systems.

Central to the Act is the mandate that all students have equal access to the full array of programs offered in a school-to-work system, which is particularly important to girls and young women who historically have been steered into low-wage, low-paying career tracks. School-to-Work provides girls and young women with the tools to prepare for and enter the high-wage, high-skilled careers that have traditionally been male-dominated, and, in so doing, provides young women with the skills to better provide for themselves and their families.

- **School-to-Work can help increase women's access to the full array of career opportunities presented by vocational education and job training programs through its mandate of equality of opportunity for all students.** Programs created under the new school-to-work systems must provide **all students**, irrespective of gender, race, and other characteristics, equal access to the full array of opportunities created, as well as exposure to all aspects of the industry being studied. To ensue that women, among other traditionally underserved groups, obtain the full benefit of the school-to-work programs, the Act requires the following:

  - State plans must describe goals and methods for ensuring that young women have opportunities to participate in programs leading to high-performance, high-paying jobs (§ 213(d)(14));

  - Programs must include component parts designed to help students identify career options not traditional for their gender, race, or ethnicity and train students to work in all aspects of an industry (§§ 102(1) & (4));

  - States seeking funds must collaborate with sex equity administrators, as well as state job training and employment officials, among others, in formulating their school-to-work systems (§ 203(b)(2));

  - State plans must describe strategies for training teachers, employers, mentors, counselors, and others in counseling and training women for high-skill, high-wage careers in nontraditional employment (§ 213(d)(7)); and

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- State plans must describe goals to ensure that students work in an environment free from sexual and racial harassment (§ 213(d)(14)).

- **School-to-Work gives states the flexibility to design programs that maximize participation by women.** By offering support services such as child care and transportation, for example, the programs can facilitate young women's participation in school-to-work programs, and in so dong, increase the odds that they will complete their training.

- **Tracking in vocational education and job training programs has been a barrier to young women's economic well-being.** Under the existing vocational education system, young women are tracked into dead-end jobs where their wages are only 71% of what their male peers make. 1992 Bureau of Labor Statistics data show that in two top occupations for women, sales and administrative support, the average wage is $338 per week compared to an average wage of $448 per week in the male-dominated trade and industry jobs. Such discrepancies severely undermine a young woman's ability to become economically self-sufficient.

- **Sex discrimination, including sexual harassment, has been a formidable barrier to women's success in the nontraditional fields leading to high-wage, high-paying jobs.** The harassment facing women who choose to pursue fields such as automotive repair and construction, for example, frequently causes them to abandon these programs, and, as a consequence, the economic self-sufficiency provided by the completion of these programs.

School-to-Work's attention to gender equity represents a new opportunity for girls and young women to obtain the academic and occupational skills necessary for career flexibility, adaptability, and mobility -- the keys to success in today's competitive job market.

5/95

Do Mothers Stay on the Job?

What Employers Can Do to Increase Retention after Childbirth

Since 1989, when Felice Schwartz created a furor with her "Mommy Track" piece in the pages of the *Harvard Business Review* (Schwartz, 1989), two things have become abundantly clear:

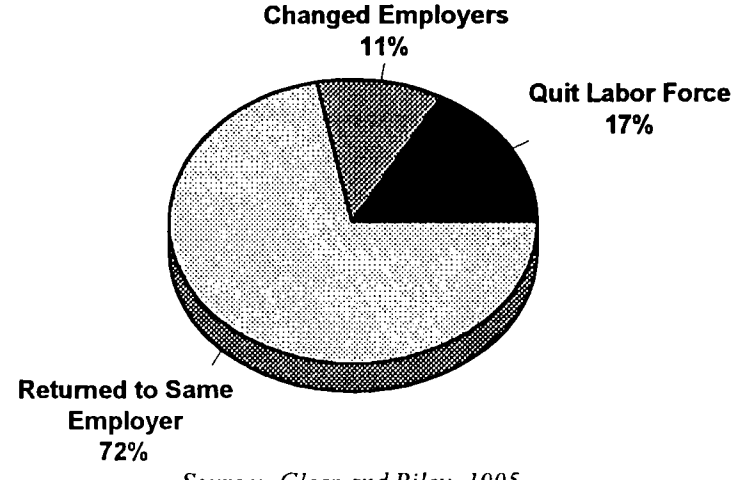
- the growth in employment among mothers of infants and toddlers shows no signs of stopping or reversing itself (U.S. Bureau of the Census, 1992)
- the U.S. is in the midst of a baby "boomlet" as the baby boomers continue to have their postponed children while younger cohorts start their childbearing years earlier than the baby boomers did (Rindfuss, 1991).

So just how far have we come in our understanding of how to manage maternity in the workplace? Fortunately, two recent studies shed light on many of the mistaken assumptions and open questions about the behavior of employed women who become pregnant. Researchers at the RAND Corporation have been closely following the employment decisions of young women who became pregnant in the cohort of women born between 1957 and 1965 (Klerman and Leibowitz, 1995). Another research team has been working with a smaller Midwestern sample of 324 employed pregnant women randomly selected from hospital records in 1991-92 (Glass and Riley, 1995).

LOW TURNOVER AFTER CHILDBIRTH

Perhaps the most surprising but consistent finding is that the problem of turnover among pregnant employees is far less serious than previously believed. In both studies, ***over seventy percent of pregnant employees were still employed at the same job six months following childbirth.*** This compares quite favorably to the eighty percent retention rate reported for young women who did not have a child over the same period in the RAND study. Figure 1 shows data for the Midwestern sample: at six months after childbirth, 72 percent had returned to work with the same employer, an additional eleven percent had returned to work but with a different employer, and fewer than one-fifth (17 percent) had not yet returned to work and could be considered to have left the labor

Figure 1. Status of Employed Pregnant Women at Six Months Postpartum Total Sample, n=308

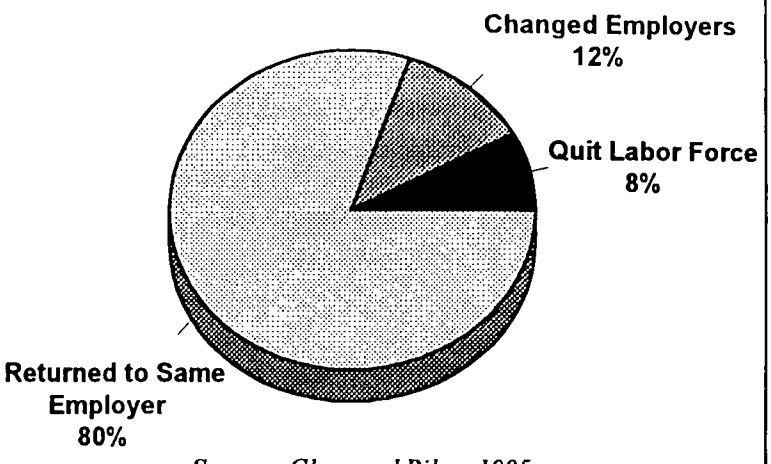


Source: Glass and Riley, 1995.

force. In sum, the turnover rate for pregnant employees in the 1990s is not much higher than the "normal" turnover rate for young women.

When the focus is turned toward only managers and professionals, the turnover issue practically becomes moot. Only seven of 111 employed managers and professionals in the Midwestern sample were still out of the labor force at six months postpartum, and only 11 of the rest had changed jobs from their pre-pregnancy employment (Figure 2). While the media have bombarded us with images of mothers trading briefcases for babies, careful assessment of what is really happening reveals that ***managers and professionals are the least likely of all women employees to leave the labor force following childbirth***. This occurs in large part because they have the most to lose from labor force withdrawals (high wages, accumulated seniority, future raises, and promotion possibilities), but also because they tend to have the best working conditions and benefits that enable them to combine employment and parenting.

Figure 2. Status of Employed Pregnant Women at Six Months Postpartum Managers and Professionals, n=111



Source: Glass and Riley, 1995.

WHAT EMPLOYERS CAN DO

Lest it appear that the problem of turnover following childbirth does not really exist, it is vital to note that ***employer accommodations to pregnant workers play a significant role in producing high retention figures***. In the Midwestern study, employer practices were divided into three categories --

- those that allowed women to reduce their work hours;
- those that gave them increased schedule flexibility; and
- those that provided workplace social support, whether that be child care assistance, the ability to leave in case of emergency, or assistance from supervisors or coworkers when family issues arose.

Analysis of the data shows that ***policies in the hours reduction and social support categories produce the strongest effects on retention.***

Reduce Hours

Regarding hours reduction, both ***the total length of childbearing leave and the ability to avoid excessive work hours (over 40 per week) show strong and consistent effects on employee retention***. In fact, these two policies produced stronger effects on retention than any of the other policies studied. The ability to avoid overtime was particularly important for managers and professionals and was one of the few variables to show any effects on this group.

Provide Social Support

Under the heading of social support, the most important deterrents to turnover were the attitudes of supervisors and coworkers. ***Women who felt their supervisor was indifferent or hostile to their needs were statistically more likely to change jobs or exit the labor force, even after controlling for the effects of wages and other job characteristics***. Moreover, a small but significant fraction of mothers in the Midwestern sample (eight percent) returned to their pre-pregnancy jobs following birth but later changed employers before their infants were a year old. This suggests that some companies provide incentives that induce swift returns to work, but do not provide ongoing support for mothers who plan to stay in the labor force.

Flextime Widespread, But Relatively Ineffective

Finally, evidence suggests that the presence of any form of schedule flexibility increased retention, although the effect was small. Schedule flexibility was the most commonly reported employer accommodation to childbearing (flextime was available to over 40 percent of the sample, for example). Unfortunately, it was not the most effective in reducing turnover.

OTHER CHARACTERISTICS OF JOB COMMITTED WORKERS

Evidence from the midwestern study also suggests that several individual and job attributes also contribute to retention. High wages and interesting or challenging work discouraged job quitting following childbirth. Workers' job tenure was also important--the longer the tenure, the less likely the employee was to leave. However, employee's feeling about employed mothers produced the largest effect of all the personal characteristics studied. ***Women who believe that employed mothers can have just as good a relationship with their children as nonemployed mothers are significantly less likely to exit the labor force following childbirth.***

SUMMARY

As it turns out, Felice Schwartz had the right prescription but the wrong diagnosis - childbearing women do need longer parenting leaves, less overtime, and social support in the workplace, but ***not*** because they lack commitment to their employers or are likely to withdraw from high quality jobs in which they have made substantial investments. In the final analysis, two points need to be remembered about managing maternity in the workplace: (1) the problem is not as severe as many imagine, particularly among managers and professionals, and retention problems can probably be remedied by encouraging employers to provide longer leaves, workloads that can be handled in a 40 hour week, and supervisor training in the provision of support to childbearing employees; and (2) a small minority of women employees will have strong ideological reasons for staying home with their infants that may override attempts to retain them. The evidence shows, however, that most women who quit after childbirth are leaving jobs that do not accommodate their needs or pay wages so low that they have little to lose by quitting and looking for a different job in the future.

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REFERENCES

Glass, Jennifer and Lisa Riley. 1995. "Family Responsive Policies and Turnover Among Childbearing Women." Paper presented at the annual meeting of the Population Association of America, San Francisco, CA.

Klerman, Jacob A. and Arleen Leibowitz. 1995. "Employment Continuity Among New Mothers." RAND Working Paper, Santa Monica, CA.

Rindfuss, Ronald. 1991. "The Young Adult Years: Diversity, Structural Changes and Fertility." *Demography* 28:493-512.

Schwartz, Felice. 1989. "Management Women and the New Facts of Life." *Harvard Business Review*, January-February, pp. 65-76.

U.S. Bureau of the Census. 1992. *Statistical Abstract of the United States: 1992* (112th Edition). Washington, D.C.

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ABOUT THIS RESEARCH IN BRIEF

This Research-in-Brief is the first in a series designed to bring pertinent research findings produced by scholars and others located across the United States to the attention of the Institute for Women's Policy Research audience. Researchers at universities and other instituations are invited to write up their results in a short form suitable for a broad and diverse audience. Jerry Jacobs (University of Pennsylvania), Barbara Reskin (Ohio State University), Paula England (University of Arizona), and Ronnie Steinberg (Temple University) serve as the editorial review committee for this series. Contact Jill Braunstein at IWPR for more information.

Support for the research on which this Research-In-Brief is based was provided by National Science Foundation grant no. SES90-23475 and by the Center for Public Policy at the University of Iowa. An extended version of this paper can be found in Compensation and Benefits Management, Winter, 1996. *For further information, please contact Jennifer Glass, Department of Sociology, University of Iowa, phone: 319/335-3745, fax: 319/335-2509, e-mail: Jennifer-Glass@uiowa.edu.*

ARE MOMMIES DROPPING OUT OF THE LABOR FORCE? *NO!*

Despite a spate of recent news articles reporting a slowdown and even reversal of the long-term growth in women's labor force participation -- articles that assume the reversal is led by mothers anxious to stay at home with their children -- the data show that most mothers are continuing to increase their participation in the labor force, even during the current recession. ***More women are working than ever before. Married mothers and mothers of very young children have increased their labor force participation the most.***

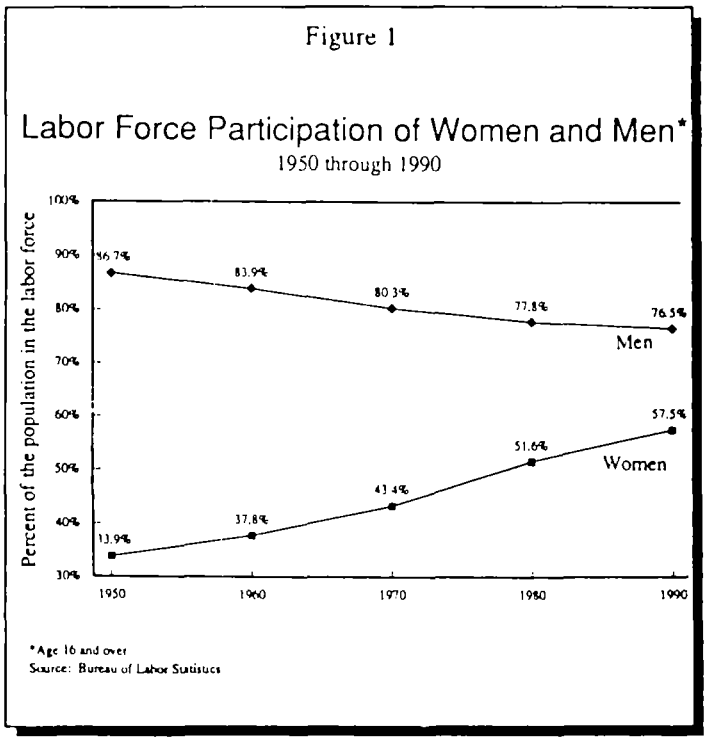
TRENDS IN WOMEN'S AND MEN'S LABOR FORCE PARTICIPATION

♦ When considered decade by decade, women's participation in the labor force (the proportion of women working or looking for work relative to women in the population as a whole) shows remarkably large increases since 1950. Only in the last decade has the rate of increase slowed.

♦ In contrast, labor force participation rates for men have fallen steadily. As a result, the gap between the rates for women and men narrowed from a difference of 53 percentage points in 1950 to 19 percentage points in 1990.

These trends, illustrated by data from the U.S. Bureau of Labor Statistics, are shown in Figure 1.

Figure 1



Since 1990, women's labor force participation has declined slightly while men's labor force participation declined more.

Both declines most likely resulted from the recession:

♦ In 1991, 57.4 percent of women over age 16 (56.9 million women) were in the labor force compared to 57.5 percent (56.5 million women) in 1990. Between 1990 and 1991, the number of women working or looking for work increased by 400,000, even though the *proportion* of the female population working or looking for work decreased by one tenth of one percentage point.

♦ The decrease in the men's labor force participation rate was larger (six tenths of one percentage point), and the *number* of men in the labor force declined by approximately 1.4 million between 1990 and 1991. Since the average *annual* decline in the labor force participation rate for men during the 1980s was just slightly more than one tenth of a percentage point (0.13 percent), the relatively large drop between 1990

The Institute for Women's Policy Research is an independent nonprofit research institute dedicated to conducting and disseminating research that informs public policy debates affecting women. This fact sheet is based on a briefing paper, "Are Mommies Dropping Out of the Labor Force?" written for IWPR by demographer Janice Hamilton Outtz. The full report is available for $8.00. Data used in this study were provided by the U.S. Bureau of Labor Statistics and the U.S. Census Bureau and are based on the Current Population Survey, a monthly survey of approximately 60,000 households. This project was supported by IWPR's Fund for Action Research.

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and 1991 suggests a new development--the effect of the recession. It is likely, therefore, that the much smaller decline for women was also due to the recession. (Because jobs are harder to find during recessionary periods, many unemployed workers stop looking for work and people who would have entered the labor market do not; neither group is considered part of the labor force, so that labor force participation rates are likely to fall during a recession.)

♦ Women continued to increase their share of the total labor force: from 45 percent in 1990 to 46 percent in 1991.

HIGH LABOR FORCE PARTICIPATION OF MOTHERS AND WOMEN OF CHILDBEARING AGE

The recent news reports about "drop out moms" focused on women of childbearing age (ages 20 to 24, 25 to 34, and 35 to 44), most of whom have some work experience. Through 1970, many women in these age groups tended to drop out of the labor force when having and raising children. Since 1970 however, women's labor force participation rates have *not* declined for these age groups; again the largest increases in participation rates occurred in the 1970s (see Figure 2).

♦ Despite a steady increase over four decades, between 1988 and 1990 the labor force participation rate for 20 to 24 year old women did decline, and it fell again in 1991 (72.7, 71.6, and 70.4 percent respectively).

♦ The labor force participation rates of women in the older childbearing-age groups (25 to 34 and 35 to 44) continued to increase for the entire 1980 to 1990 period, but the rate for 25 to 34 year olds also dropped slightly in 1991 (from 73.6 to 73.3 percent).

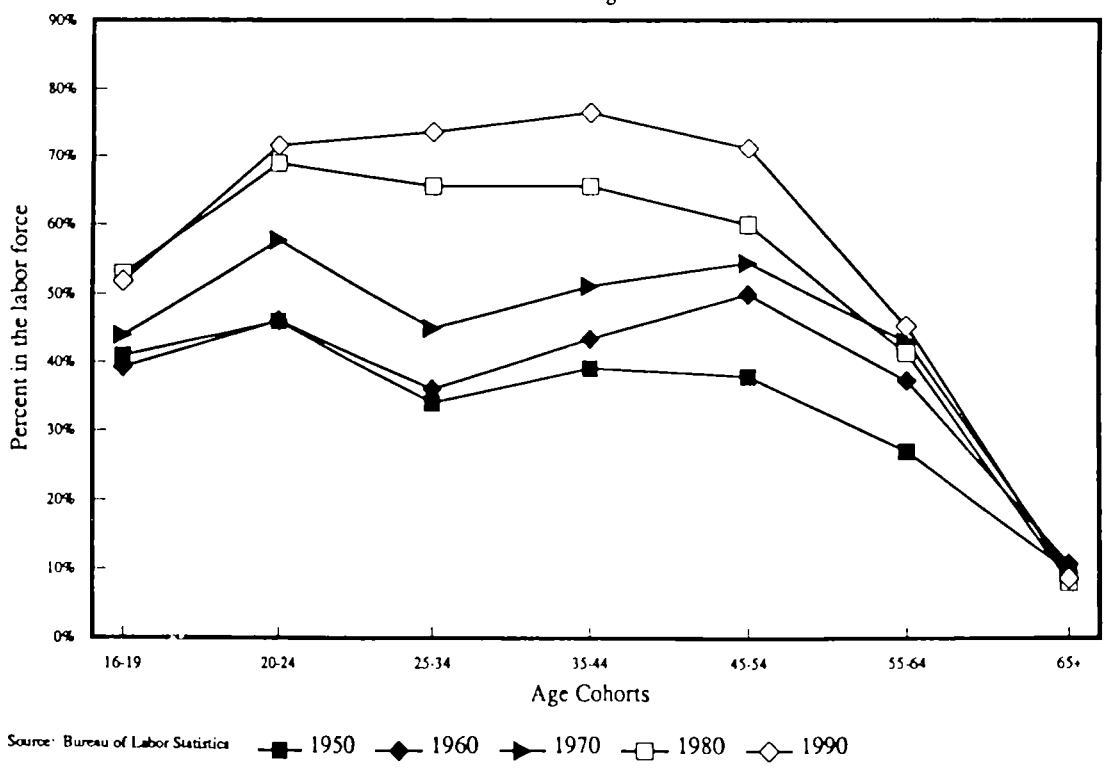
♦ The labor force participation rates for all three age groups of *men* fell between 1990 and 1991, once again suggesting the effect of the recession.

Were the women who dropped out of the labor force (or did not enter) mothers? NO! The labor force participation rates continued to rise for mothers, and the rates for married mothers rose even during the recession.

Figure 2

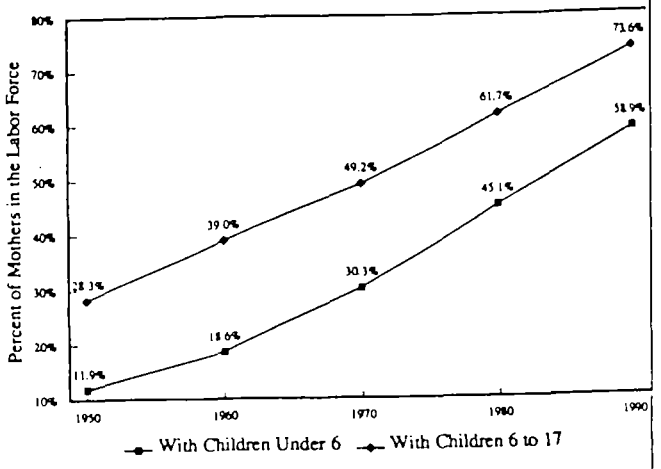
Women's Labor Force Participation Rates by Age Cohorts

1950 through 1990



♦ In every decade since 1950, the labor force participation rates of mothers have increased more than they have for all women; mothers have been the group whose labor force participation has increased the most. (See Figure 3 and compare with Figure 1).

Figure 3
Labor Force Participation Rates for Married Women With Children 1950 through 1990



Source. U.S. Dept. of Education, Office of Research and Improvement

♦ Among married women, the labor force participation rates for those *with children* increased faster than the rates for those *with no children*. The largest two-year increase occurred between 1986 and 1988 when the rate for married women with children increased from 61.3 percent to 65.5 percent. By 1990, the labor force participation rate for married women *with children* was 66.6 percent compared to the rate for married women *without children* of 52.5 percent. (The lower rate for married women without children reflects their age distribution; they are more likely to be both younger and older than women with children, and thus outside their prime working and earning years.)

Increases for married women with young children were even larger than those for women with older children:

♦ Between 1970 and 1990, the labor force participation rate for married women with children under age six rose from 30.3 percent to 58.9 percent, an increase of nearly 29 percentage points.

♦ The participation rate for married women with school-age children only (age 6 to 17) rose from 49.2 percent in 1970 to 73.6 percent in 1990, an increase of 24 percentage points.

♦ Both groups of mothers had slightly higher labor force participation rates in 1991 (59.7 percent and 73.7 percent respectively) than in 1990, even though the recession had begun.

Single mothers also increased their labor force participation over the 1950 to 1990 period. And they increased their share of families with children, from 7.4 percent in 1950 to 24 percent in 1990. For most of this period, single mothers had higher labor force participation rates than married mothers. During the decade of the 1980s, however, the labor force participation rate for single mothers stopped growing and married mothers caught up.

♦ Between 1990 and 1991, the labor force partici-pation rate for single mothers fell from 67.0 to 65.6 percent, whereas the rate for married mothers rose slightly. The recession appears to have affected single mothers more than married mothers, discouraging them from seeking work. This discouragement most likely reflects a lack of adequate child care as well as factors such as low levels of educational attainment, especially for never married mothers. This puts single mothers at risk and complicates their ability to work or even look for work.

LIMITED IMPACT OF HIGHER BIRTH RATES

Much of the media presentation of the recent decline in women's labor force participation focuses on formerly working mothers now staying home with their children and notes the recent rise in the birth rate. The headlines ask: *"Do More Babies Mean Fewer Working Women?"* The answer is again -- NO!

A new Census Bureau study reports that the labor force participation rates for mothers with newborns increased sharply during the 1980s:

♦ In 1980, the labor force participation rate for mothers (aged 18 to 44) who had a child in the preceding year was 38 percent (1.2 million new mothers). In 1990, the rate was 53 percent (2.1 million new mothers).

♦ The rates were higher for older, more educated, and first-time mothers. In June 1990, the labor force participation rate for women aged 20 to 24 who had a birth was 56.1 percent; 55.3 percent for women aged 25 to 29; and 58.9 percent for women aged 30 to 44.

♦ A growing proportion of all births are to older women. This trend will tend to encourage high and growing labor force participation among mothers of newborns.

WILL WOMEN'S LABOR FORCE PARTICIPATION RATES CONTINUE TO INCREASE?

YES! Labor economists have cited many factors to explain the dramatic, long-running increases in women's labor force participation rates: declining fertility (which despite recent increases is well below its 1950 level), closer child-spacing and fewer years spent in child rearing; increased educational attainment of women -- more education is associated with more work; increased real wages, both absolutely and relative to men; greater financial responsibilities for families, for both single and married mothers; and the growth of available jobs for women in the service sector, such as in health care and education. These long-term trends can be expected to continue to push labor force participation rates up for women.

On the whole, no evidence suggests that **mothers** are dropping out of the labor force at increasing rates. Labor force participation rates of mothers rose throughout the 1980s. The rates for married mothers (precisely those thought to be dropping out), continued to rise in both 1990 and 1991, even after the onset of the recession. Because older mothers especially tend to work after childbirth, and older mothers have had an increasing share of all births, the labor force participation rate for mothers can be expected to continue to increase.

For the first time since 1950, the overall labor force participation rate for women dropped slightly in 1991. Those women dropping out seem to be those with the lowest earning capacity -- younger and older women and never married mothers. These women are the most likely to be discouraged from seeking work because of poor job prospects during the current recessionary period. Especially for young women, getting increased schooling becomes relatively attractive in a recession.

Today, three of every four women of *childbearing age* (the groups of women with the highest labor force participation rates) are in the workforce. Nearly seven of ten married women with children are working or are looking for work.

Mommies, the data show, are not dropping out of the labor force. As working women, they are the new role models for their daughters.

Look Who's Talking About Work and Family

By Rosalind Barnett and Caryl Rivers

We feminists have been saying for a long time that "women's issues" in the workplace are really people issues. Flextime, family leave, child care, the ability to work at home are not just for women, nor are they policies that only women want. But no matter how often we beg to differ, the idea still exists in corporations, in the media, and in our public agencies that families are women's responsibility. Part of the problem is that men have yet to speak up to demand benefits for themselves and their children. The other part is that the powers that be don't seem to believe that men care about this stuff. So it's time to hear from the men. A new study provides insight into that age-old question: What do men really want? Rosalind Barnett, of the Murray Research Center at Radcliffe College, and journalist Caryl Rivers present interesting news about modern men in this excerpt from their book based on Barnett's research: men define themselves more through their families and children than through their jobs and, just like women, men often find it difficult to balance work and family. Studies like this may be an important step in bringing women and men together to fight for greater flexibility at work. —*The Editors*

The ghosts of old images still shape society's ideas about manhood. People believe that men are what they do. After all, the male quest is literature's great story. And the quintessential image of American manhood is the lone cowboy with little connection to women or children. No wonder the idea of work as a primary influence in men's lives holds sway. That view even dominates public policy on men's health. You will find volumes on the impact of work on men's health, but many of the most often-cited studies never even mention men's home lives.

Yet when researchers ask the right questions, the results are intriguing. Joseph Pleck, a University of Illinois psychologist, has conducted several studies on men and masculinity. In one, a representative study of U.S. men published in 1993, Pleck concluded that "men in contemporary industrial culture seek their primary emotional, personal, and spiritual gratification in the family setting." Another study showed that what happens to a man at midlife is influenced mainly by what's happening in his family. Pleck says that his research indicates that men experience their family life as far more psychologically significant than their jobs. Finally, our own study shows that as far as men's health is concerned, work and family play equally powerful roles.

Men's family life is far more psychologically significant for them than their jobs.

But U.S. corporations still operate as if a job were more important to a man than his family. Companies run seminars on the dangers of Type A behavior, techniques to reduce stress at work, and time management. Barely a whisper is aimed at men about juggling home and work problems. Yet these issues have a huge impact on today's working man. In a Dupont company study conducted between 1985 and 1989, the percentage of men reporting difficulties managing work and family increased dramatically. A 1987 study of 1,200 employees in a Minneapolis company showed that a higher percentage of fathers than mothers reported both difficulties with child care and dual-career problems. And a study of two companies in the Northeast showed that 36 percent of fathers and 37 percent of mothers reported "a lot of stress" in balancing their work and family lives. For men, missing work when child care arrangements break down is more strongly associated with stress, poor health, and diminished well-being than it is for women.

In our study, the surprising finding—given the conventional wisdom—was that work turned out to be just as important to women as to men, and family life had as much impact on men's health as it did on women's—sometimes even more so. The study threw cold water on a number of accepted ideas:

- Work is the most critical factor in a man's health and happiness.
- Women bring the home problems with

them to work; men tune everything else out while on the job.

• Problems with children have a greater impact on women than on men.

One of our most surprising findings was that problems in a man's relationship with his child have a significant impact on his physical health—while problems at his job do not. The men in our study who had the fewest worries about their relationships with their children also had the fewest health problems. Those who had the most troubled relationships with their children had the most health problems.

Men worried about their children's choice of friends, safety, and performance in school; they worried about whether they were being good fathers. The more of these worries that men had, the more they experienced such physical symptoms as insomnia, chest pain, lower back pain, indigestion, and rashes. Once we factored the quality of their relationships with their children into their health picture, job stress had no significant impact on men's health.

Because of the assumption that women are the ones worrying about home and hearth, flexibility has been ghettoized as a women's issue. But recent studies help debunk that notion. As reported by the *Wall Street Journal,* a 1993 study by the Families and Work Institute showed that one third of U.S. men under 40 would consider giving up raises and advancement for a better home life—twice the number who felt that way five years earlier. The Dupont survey found that 56 percent of the company's male employees favored flexible schedules allowing more family time, and 40 percent would consider working for another employer who offered more flexibility. And a 1992 Canadian study of 20,000 male and female employees found that three quarters wanted more flexibility.

A 1991 study conducted by researchers at Virginia Polytechnic Institute and State University looked at a number of variables in the lives of dual-earner couples—number of children, work hours, problems with kids and spouses, coping strategies—and found that, for men, the flexibility of their work schedules had the strongest impact on their lives. Having enough time to deal with family issues was linked to less distress on the job and in their marriages. Another study found that flexibility at work had more impact on men's stress levels than it did on women's.

Still, many men equate being a father with bringing home the bacon—as do their bosses. Colin Harrison, an editor at

first person

A READER AND HER JOB

BEFORE WE HAD OUR DAUGHTER, Erin, who's four, and our son, Tory, who's almost three, my husband and I agreed that one of us would always stay home with the kids. For the first two years he did the child care, and now I've been doing it for two years. We don't have much money, but we're not into material things. People used to say, "Has Rick found a job yet?" Now they say to me, "Are you doing anything?"—as if I were watching TV and eating bonbons all alone.

When I went back to teaching after my first child, I missed holding my daughter. It's a little like an amputation: you've lost something, but still feel like it's there. But I didn't make the decision to stay home because it was hard to leave the baby. It was because I believe that only a parent can give a young child the best care. I'm following my mother's example; she raised six kids and that was the most important thing in her life. Of course, I had a choice, which she didn't have. I don't know if that makes it easier or harder.

Maureen Hodge, 28
Full-time mother, part-time educational consultant
Bisbee, Arizona

I've often felt like the only feminist staying home with the kids. People assume that if you do this you're a traditional, conservative person. I just recently found the Feminist Mothers at Home site on the Internet. It turns out, there are so many of us, the site has a waiting list!

The hardest part about being at home is the constancy of it. I'm with the kids all the time. There's no chance for a break with other adults. Consulting is so much easier, it's almost like free time. Luckily, my husband knows he has it easier than I do and takes over when he comes home. When the kids start school, I'll spend more time consulting. If we have a third child, it will be Rick's turn to stay home.

As a feminist, I always find little pleasures in my day. Once, I told my daughter that the plumber was coming and she said, "When is she going to get here?" Another time, my son showed his toy screwdriver to Rick and said, "Look, I have tools just like Mommy."

Harper's magazine, wrote in the New York *Times*: "Even though parental leave is now law, I doubt that the nation's bosses have changed their opinions much since a 1986 survey cited by the Washington *Post*. When chief executives and human resources directors at 1,500 of the nation's largest companies were asked what a reasonable length of time would be for paternity leave, 63 percent of those who responded said 'none.'"

Harrison describes his own "parental leave": "Although I work in a reasonably progressive office, as the birth of our first child neared, no one came to me and said, 'We hope you'll feel comfortable taking a few weeks off.' I asked about a paternal leave policy; there was none. So I arranged to take two weeks of vacation."

Which is exactly, research shows, what men do. They take sick time, vacation time—anything to deal with family needs or emergencies and not admit they're doing it. Joseph Pleck found that 87 percent of the fathers he studied reported taking days off when a child was born. Seventy-five percent of a sample of 1,395 fathers of newborns in Minnesota, Oregon, Rhode Island, and Wisconsin took leave from work. But fathers don't think of such arrangements as paternity leave. Why do they sneak around, avoiding formal paternity leave? Because the culture still doesn't think men ought to leave work to deal with kids.

Another reason that men adopt this informal leave is that they get paid days off, and most paternity leave is unpaid. "Taking a formal parental leave almost always leads to loss of pay," notes Pleck, "a particularly important factor if the mother is also taking unpaid leave or leaving her job." Parental leave also requires getting formal approval, while the informal system can be managed by the employee on his own.

Our research shows that we must make it possible for working men and women to have the flexibility to see to the needs of children. Rigid policies in many workplaces make it nearly impossible for parents to respond to family emergencies or arrange to be with children at important times. Ms.

Rosalind Barnett is a clinical psychologist. Caryl Rivers is a journalist based in Los Angeles.

TIM FULLER

USING TEMPORARY DISABILITY INSURANCE TO PROVIDE PAID FAMILY LEAVE: A Comparison with the Family and Medical Leave Act

TDI COMPARED TO THE FMLA

Although women have gradually become more established members of the labor force and mothers' earnings have become more critical to family well-being than in the past, women still provide the bulk of primary caregiving as mothers, wives, and daughters. This juggling between demanding work outside the home and caregiver roles often puts women's employment in jeopardy. IWPR research shows that, in the late 1980s, about one quarter of women who left jobs did so because of pregnancy or other family reasons.

In August 1993, the Family and Medical Leave Act (FMLA), which guarantees employment upon return from a medical- or family-related absence, became effective.[1] The goal of the law is to provide an opportunity for workers to personally provide family care in critical situations, or to attend to their own illness, without losing their jobs. The FMLA covers only about half of the American workforce, however, and, since the FMLA does not provide for wage replacement, some workers who are eligible may not be able to afford to take the full amount of the family care and medical leave to which they are entitled; they may return to work before they are fully ready in order to avoid further wage loss. Findings from the 1994 Working Women Count Survey by the Women's Bureau, U.S. Department of Labor, reveal that most working women want access to paid family care leave.

Temporary Disability Insurance (TDI) generally provides partial wage replacement to workers who are temporarily disabled for non-work-related reasons (such as pregnancy and childbirth, automobile accidents, or heart disease and cancer). TDI plans can be voluntary[2] or mandated and paid for by workers or employers or both. Currently five states (California, Hawaii, New Jersey, New York, and Rhode Island) and Puerto Rico require employers to provide access to TDI. In some states, the mandated plan is a public one, in others private, in others mixed. Costs, benefits, eligibility, and payment mechanisms for these existing state plans vary from state to state. Even though TDI plans do not as yet cover leave for the care of other family members, they are more generous to employees than the FMLA in several ways:

- First, in states with mandated TDI, more workers are covered by TDI plans than by the FMLA. Employees who work for smaller firms, have shorter job tenure, or have fewer hours of work (who are excluded under the FMLA) often qualify for paid time off in cases of sickness and accident under TDI in the states that require it;

- Second, TDI provides economic security for workers by providing partial wage replacement, whereas the FMLA-guaranteed leave is unpaid; and

[1] The Family and Medical Leave Act requires employers with 50 or more employees to provide 12 weeks of unpaid leave for the care of a newborn or newly adopted child, to care for a spouse or an immediate family member with a serious health condition, or when the employee is unable to work due to illness or temporary disability (including childbirth). In order to qualify, an employee must have worked for the employer for at least 12 months and for 1,250 hours during the year preceding the start of the leave.

[2] Voluntary disability insurance plans may be purchased by employers and provided as a fringe benefit or purchased by individual workers. In the U.S. as a whole, fewer than half of all workers have access to disability insurance through their employment.

- Third, TDI provides a longer duration of wage replacement than the FMLA guarantees jobs. Under TDI, employees can generally receive partial pay for 26 to 52 weeks of leave, depending on the state, while the FMLA guarantees jobs for only 12 weeks of absence.

State TDI plans do not, however, provide job security in the form of guaranteed re-employment rights, as the FMLA does.

NEW IWPR STUDY ON TDI & PAID FAMILY LEAVE

A new study by the Institute for Women's Policy Research (IWPR), ***Expanding Social Insurance to Include Paid Family Care Leaves***, explores the economic feasibility of extending and enhancing TDI programs. It presents estimates of the cost of replicating TDI plans in five additional states (Georgia, Maryland, New Mexico, Washington, and Wisconsin), modelling several different levels of eligibility requirements and benefits. In addition, the study estimates costs for extending TDI to include paid family care leave in all 10 states in the study (the five states with existing TDI plans and the five additional states).

STUDY RESULTS

Using data from the 1991 *Current Population Survey* and usage information for covered workers provided by the state of California, the study replicates the California TDI plan, comparing it to five different eligibility/benefit models developed by IWPR. The TDI cost estimates (i.e. estimates of the total benefits paid out, excluding administration costs) that most closely approximate the current TDI plan in California are based on IWPR's inclusive/low benefit model. This is a relatively modest cost plan which has broad eligibility definitions and therefore covers almost all workers, but offers a relatively low rate of wage replacement (50 percent) and sets a maximum benefit equal to one-half the average earnings in the state. IWPR's findings for all 10 states are based on this inclusive/low benefit plan.

Table 1 shows the estimated costs for TDI programs in the five states with TDI and the five additional states in the study. Estimated TDI costs range from $44 million in Rhode Island to $1.4 billion in California. Table 1 also shows that pregnancy/childbirth claims paid to women would range from $7.4 million in Rhode Island to $299 million in California, or approximately 20 percent of the total estimated TDI benefits paid in 1990. These estimates do not, however, adjust for actual differences between the states in fertility, and states with lower fertility rates among working women would tend to pay out fewer benefits for pregnancy and childbirth than those states with higher fertility.[1]

The second panel of Table 1 shows IWPR's estimates of the cost of providing wage replacement for family care leaves of the type that are allowed under the FMLA. The FMLA requires employers to reinstate a worker who must leave work to care for a new child or a sick family member, including a spouse, parent, or child. Due to insufficient data on likely usage of paid leave for these reasons, the study adapts the methodology used by the U.S. General Accounting Office and reviews other studies to estimate potential usage. In calculating the likely benefits, IWPR's model uses the same wage replacement rate as for TDI leaves and limits family care leaves to a maximum of 12 weeks (the same time limit as in the FMLA).

As Table 1 shows, the estimated costs of paid family leave range from $33 million in Rhode Island to $1.2 billion in California. The total estimated cost for paid family care leave is slightly smaller than the cost estimated for TDI, largely because of the time limitation on benefit receipt. The estimated cost of providing paid family leave benefits for newborn care ranges, across the 10 states, from 59 to 68 percent of the total costs for paid family leave. Although the mothers of newborns are younger and have lower average wages than other caregivers, there are more new mothers than other caregivers and their estimated average duration of leave is longer. Spousal care is the next largest category of care in terms of benefits paid, amounting to about 20 percent, followed by care for elderly parents and care for ill children -- each amounting to less than 10 percent of total family care benefits.

According to IWPR's estimates, the cost of TDI enhanced to include paid family care leave is slightly less than double the cost of TDI alone. Including paid family care, cost estimates range from $77 million in Rhode Island to $2.5 billion in California.

[1] Although the IWPR study adjusts for state-by-state differences in the number of working women of child bearing age, state-by-state information on the fertility of working women is lacking.

TABLE 1. Projected TDI & Family Care Benefits for Women and Men in Ten States, 1990

in millions of dollars	States with existing Temporary Disability Insurance Programs					States with proposed Temporary Disability Insurance Programs				
	California	New York	New Jersey	Hawaii	Rhode Island	Georgia	Maryland	Wisconsin	Washington	New Mexico
Total Estimated TDI Benefits	$1,372.9	$845.8	$450.3	$56.8	$44.2	$272.5	$262.6	$218.9	$217.6	$53.3
Pregnancy-related Disability *a*	299.2	162.3	103.3	12.2	7.4	61.5	54.7	48.4	39.8	13.6
Other Disability	1,073.7	683.5	347.0	44.6	36.8	211.0	207.9	170.5	177.8	39.7
Total Estimated Paid Family Leave Benefits *b*	$1,171.9	$658.2	$399.3	$47.8	$33.2	$237.5	$221.5	$186.5	$164.7	$50.9
Care for Sick Spouse	207.1	132.8	72 1	8.6	6.9	44.0	39.5	35.9	35.8	8.5
Care for Elderly Parents	106.6	64.6	34 0	4.2	3.4	20.7	20.3	16.4	17.0	3.8
Care for Sick Children	89.8	51.8	27.6	3.4	2.6	18.7	16.1	15.2	14.9	4.0
Single Parent Families	21.1	10.1	5.0	0.7	0.7	3.8	4.4	3.3	3.0	1.0
Two Parent Families	68.7	41.7	22 6	2.7	1.9	14.9	11.7	11.9	11.9	3.0
Care for Newborns	768.4	409.0	265.6	31.6	20.3	154.1	145.6	119.0	97.0	34.6
Eligible & Claimed TDI for Childbirth	316.0	171.4	109.1	12.9	7.8	64.9	57 7	51.0	38.5	14.4
Eligible & Did Not Claim TDI for Childbirth *c*	452.4	237.6	156.5	18.7	12.5	89.2	87.9	68.0	58.5	20.2
Total TDI Plus Family Care	$2,544.8	$1,504.0	$849.6	$104.6	$77.4	$510.0	$484.1	$405.4	$382.3	$104.2
in dollars										
Per Worker Premium Costs *d*										
Average Annual Premium per Worker	$176.70	$175.30	$212.70	$186.20	$151.20	$159.30	$193.30	$160.90	$153.20	$153.10
Average Monthly Premium per Worker	$ 14.70	$ 14.60	$ 17.70	$ 15.50	$ 12.60	$ 13.30	$ 16.10	$ 13.40	$ 12.80	$ 12.80

Notes:
a Administrative data for the states with existing TDI plans show that the proportion of all claims paid out that are for pregnancy and child birth varies from 13 percent in New York to 22 percent in California. Some of these differences in actual pregnancy-related claims may reflect fertility differences between the states; some may reflect differences in eligibility criteria set by the states. IWPR's estimated costs are based on California's usage rates and standardized eligibility criteria across all the states.
b Based on usage data from various sources, IWPR's model estimates that, in an average year, about 1.0 percent of the labor force would use paid leave for the care of a seriously ill spouse (for an average duration of 7 weeks); about 0.5 percent would use leave to care for an elderly parent (also for an average duration of 7 weeks); about 0.6 percent would use leave to care for a seriously ill child (for an average duration of 5 weeks); and about 2.0 percent would use paid leave to care for a newborn or newly adopted child (for an average duration of 10 weeks).
c IWPR's model assumes that even those workers who would not claim benefits for childbirth under TDI (perhaps because they have more generous benefits available from their employers) would nevertheless claim paid leave benefits for the care of newborns or newly adopted children, because so few employers provide paid family care leave.
d Per worker premium costs are the total estimated costs of wage replacement benefits for both TDI and family care leaves (excluding administrative costs) divided by the number of covered workers in each state.

Source: IWPR calculations based on the March 1991 Current Population Survey, usage data for TDI from the State of California, and various sources for estimates of family care leave usage.

Table 2 compares the total cost for TDI plus family care to the cost of other social programs that provide income support or in-kind, cash-like benefits. The cost for TDI plus family care is about one-tenth that of Social Security programs. Costs for SSI, Aid to Families with Dependent Children (AFDC), Unemployment Insurance (UI), and Food Stamps are shown for comparison. In most states, the paid family leave component is smaller than the cost of any of these programs. Only the EITC program is generally smaller. In this light, the enhancement of Temporary Disability Insurance to include paid family care leave is a relatively inexpensive program.

POLICY CONCLUSIONS

IWPR's findings clearly show that it is feasible to develop a social insurance program that provides paid family care leave on the scale modelled in this study. ***For less than the cost of the current Unemployment Insurance program, a new social insurance program could provide paid leave for family care.*** Considering the opposition from much of the business community during the debate prior to the passage of the FMLA and a generalized resistance to tax increases among the public and political leadership, the prospects that a paid family care leave program will be adopted may seem slim in the

TABLE 2. Selected Social Welfare Programs: Benefits Paid in Ten States, 1990
(in millions of dollars)

TYPE OF BENEFIT	States with existing Temporary Disability Insurance Programs: California	New York	New Jersey	Hawaii	Rhode Island	States with proposed Temporary Disability Insurance Programs: Georgia	Maryland	Wisconsin	Washington	New Mexico
Unemployment Insurance (UI)	$2,232	$1,873	$1,052	$48	$171	$318	$267	$362	$426	$54
Social Security										
Retirement Program	16,661	13,692	6,224	693	855	3,224	2,706	3,877	3,367	829
Survivors Program	4,359	3,578	1,561	139	195	1,116	829	1,045	842	269
Disability Program	2,273	1,764	676	62	99	725	340	487	424	145
Total Social Security	23,293	19,034	8,461	894	1,149	5,065	3,875	5,409	4,633	1,243
Supplemental Security Income (SSI)	4,278	1,557	340	51	53	415	185	288	208	90
Aid to Families with Dependent Children (AFDC)	5,107	2,326	459	100	104	333	304	441	447	66
Food Stamps	968	1,086	289	81	42	382	203	180	229	117
Earned Income Tax Credit (EITC)	1,091	460	174	19	21	275	115	91	102	71
Temporary Disability Insurance (TDI) & Paid Family Leave										
TDI (disability and pregnancy) *a*	$1,373	$846	$450	$57	$44	$273	$263	$219	$218	$53
Paid Family Leave	1,172	658	399	48	33	238	222	187	165	51
Total TDI Plus Family Care *b*	2,545	1,504	850	105	77	510	484	405	382	104

Notes:
a Actual costs of benefits in the five states with existing TDI plans differ from the IWPR estimates shown here. IWPR's estimates are based on a standard model while the states vary in their criteria for coverage and eligibility and in the generosity of their wage replacement ratios and allowable durations of leave.
b Costs for administration are excluded; for all programs, the expenditures shown are for benefits only.

Source: Annual Statistical Supplement to the Social Security Bulletin, 1991 and 1992, Statistical Abstract of the United States, 1993; US Congress, Committee on Ways and Means, Green Book, 1993; and IWPR calculations (see Table 1).

short run. It is important to note, however, that, like Social Security and Unemployment Insurance, and unlike many other income assistance programs, TDI plans are structured as insurance programs, with workers and employers generally sharing the costs of premiums. TDI is a pay-as-you-go system, rather than a new entitlement paid out of general tax revenues. Even for TDI and paid family leave combined, the premium cost per worker is generally modest (ranging from $151 to $213 annually in 1990 dollars), a cost that seems very low for providing basic income protection for illness, disability, newborn care, and family care emergencies. The additional cost of providing paid family leave for states with existing TDI plans is particularly modest, between $69 and $98 per worker per year (in 1990 dollars). The need for paid family care leave continues to grow as the number and proportion of women workers in the labor force continue to increase. In the long run, such a program is likely to come to be seen as an ideal American adaptation of the paid family care leaves common in Europe, which are much more generous and expensive, and often funded, at least partially, out of general tax revenues.

Written by: Heidi Hartmann and Young-Hee Yoon

April 1996

This fact sheet is based on the IWPR report **Expanding Social Insurance to Include Paid Family Care Leaves** *by Heidi Hartmann, Young-Hee Yoon, Roberta Spalter-Roth, and Lois Shaw. The study upon which this report is based was made possible through the support of the Ford Foundation. IWPR research cited here includes "Temporary Disability Insurance. A Model to Provide Income Security for Women Over the Life Cycle" and "An Analysis of The Unemployment Insurance Eligibility Screening Process, With Special Attention to the Barriers Faced by Women and Part-Time Workers." The Institute for Women's Policy Research (IWPR) is an independent, nonprofit research institute dedicated to conducting and disseminating research that informs public policy debates affecting women. Members of the Institute receive regular mailings including fact sheets such as this. Individual memberships begin at $35.00. Organizational memberships are also available. Contact IWPR for more information*

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AARP WOMEN'S INITIATIVE

FACT SHEET

MIDLIFE AND OLDER DIVORCED WOMEN

A FINANCIAL SNAPSHOT

Divorce at any age can be a blow. For midlife* and older women, however, divorce can be a financial disaster. One-fifth of divorced midlife and older women are poor, and the risks of poverty increase with age. Despite the fact that a substantial number of today's midlife and older women were lifelong homemakers or took extended absences from paid employment, only a minuscule number receive alimony or financial assistance to obtain job (re)training. Besides facing an abrupt drop in income, most also lose out on health insurance and pension benefits.

INCIDENCE OF DIVORCE

The population of midlife and older women who are divorced has grown over the past 15-20 years. This growth is the result of two trends: more divorces among midlife and older couples and fewer remarriages by midlife and older women.

- In 1970, divorced women were only 5 percent of all women between the ages of 45 and 64. By 1992, their ranks had nearly tripled to 14 percent of that age group. The same pattern can be observed for women 65 and older. Divorced women were 2 percent of all women 65 and older in 1970. By 1992, 6 percent of all older women were divorced.[1]
- Divorce rates for every age subgroup of midlife and older women have increased, but they have increased most for women in their 40s. In 1970, 12 out of every 1,000 married women age 40-44 and nine out of every 1,000 married women age 45-49 got divorced. By 1988, however, 19 of every 1,000 married women age 40-44 and 13 of every 1,000 married women age 45-49 got divorced.[2]
- Increasingly, divorced women are staying divorced. For example, between 1971 and 1988, the remarriage rate for divorced women age 40-44 dropped dramatically, from 98 per 1,000 divorced women[3] to 67 per 1,000 divorced women.[4] Between 1983 and 1988, the remarriage rates for divorced women age 45-64 decreased in every age subgroup.[5]

HUMAN
RIGHTS
CAMPAIGN

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Talking Points

MARRIAGE: A BASIC HUMAN RIGHT

In considering same-sex marriage, it's important to recognize the general, pervasive discrimination gay men and lesbians face in society. Not only can we not marry each other anywhere in this country, we can be fired from our jobs simply for being gay or lesbian. No federal law protects people on the basis of sexual orientation.

However, the vast majority of Americans think this kind of discrimination is wrong: 74 percent of voters oppose job discrimination against gay people.

Nearly one-third of voters support same-sex marriage. However, 45 percent say they have not formed clear opinions on the issue. Keep this in mind, then, as the debate about same-sex marriage percolates through communities across the country.

Marriage is a basic human right and a matter of personal choice, which the government should not hinder. Adults should be free to choose the person with whom they want to spend their life. Everyone should have an equal opportunity to share in the rights and responsibilities of marriage.

Denying people the basic human right of marriage can be extremely harmful to families. Rights that married couples take for granted are denied gay people -- such as the ability to visit a spouse in the hospital. If your spouse were injured in an accident or critically ill, how would you feel if you were denied the right to visit him or her? But because gay people's committed relationships are not recognized by law, hospitals and other institutions sometimes do this.

89 percent of voters polled by the Human Rights Campaign said they believe hospital visitation rights are an important benefit of marriage. 70 percent believe gay and lesbian couples should have this benefit.

Likewise, if one partner in a marriage is seriously ill and incapacitated, the other spouse is allowed to make decisions regarding the care of their children. This basic right is denied to gay and lesbian couples with children because their partnerships are not recognized by law.

88 percent of Americans believe guardianship rights are an important benefit of marriage. 67 percent believe it is appropriate for gay couples to have this benefit.

Less than 30 years ago, people of different races were denied the basic human right to marry one another. The same language used by opponents of same-sex marriages today was used to oppose interracial marriages.

For years, gay men and lesbians have been criticized for their supposed inability to establish and maintain long-term, committed relationships. Now the same people who helped perpetuate th stereotype would deny us the right -- and responsibility -- to form legally binding commitments to each other.

(Polling data cited here are based on a survey conducted by Lake Research Inc. Among 801 registered voters nationwide. The survey was conducted between May 16-21, 1995, and has a margin of error of +/- 3.5 percentage points.)

BACKGROUND ON THE POLITICS OF SAME-SEX MARRIAGE

In a case filed by three same-sex couples in 1991, the Hawaii Supreme Court ruled that denying the couples marriage licenses because they were gay or lesbian violated the state constitution, which has a non-discrimination clause (*Baehr v. Lewin*). The court said that restricting the personal choice of whom to marry in this case was similar to denying people of different races the right to marry.

Because the state of Hawaii is considered unlikely to be able to make a legally "compelling" argumer against gay marriage, most legal observers expect the state Supreme Court to approve gay marriage sometime in 1996. This has sparked a backlash among extremists bent on singling out lesbian and gay Americans for discrimination. Legislation has been introduced in some states explicitly banning gay marriages and Congress could also attempt to restrict this basic human right.

Passing such laws may be unconstitutional and could set up an absurd patchwork of laws. Imagine if California passed a law against recognizing marriages performed in New Jersey, or if Oregon didn't recognize divorces granted in Florida.

This is an issue that is certain to generate heated debate, especially as we get closer to a decision in Hawaii. The bottom line for our community is that gay people should have the same rights and responsibilities that non-gay people have in our society.

(Updated 2/29/96)

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Homeownership Opportunities for Women

National Partners In Homeownership

U.S. Department of Housing and Urban Development

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AARP WOMEN'S INITIATIVE

FACT SHEET

FACTS ABOUT OLDER WOMEN

HOUSING AND LIVING ARRANGEMENTS

The living arrangements of older women and men are very different. Three-fourths of all older men are married and live with spouses. In contrast, older women are much more likely than older men to live alone, live with relatives, live in public housing, and live in nursing homes. In addition, older women have lower incomes. As a result, regardless of whether they rent or own their homes, older women spend a greater proportion of their household incomes on housing. This leaves them less money for food, medical care, and other necessities.

LIVING ARRANGEMENTS

- **Older women are much more likely than older men to live alone.** Forty-two percent of all women age 65 and older lived alone in 1992, compared to only 16 percent of men that age.[1] Of all persons age 65 and older living alone, nearly 8 out of 10 (78 percent) were women.[2] Further, women's chances of living alone increase with age: about one-third (34 percent) of women age 65 to 74 and more than half (52 percent) of women age 75 and older lived alone in 1992.[3] This is significant because more than one-fourth (27 percent) of all older women who lived alone in 1992 were poor, and another 14 percent were near-poor.[4]

- **Older women of color are less likely to live alone than older white women.** Only one-fourth (25 percent) of older women of Hispanic origin lived alone in 1992, compared to 40 percent of black women and 42 percent of white women. Despite this, women of color age 65 and older were still poorer than older white women in 1992: 58 percent of older black women living alone[5] and half (50 percent) of older women of Hispanic origin living alone were poor in 1992,[6] as compared to 23 percent of older white women living alone.[7]

- **Older women are only about half as likely as older men to be married and living with spouses.** In 1992, only 40 percent of women age 65 and older were married and living with a spouse, compared to 74 percent of men age 65 and older.[8] Older women (16 percent) were more than twice as likely as older men (7 percent) to live with relatives.[9]

- **Very few older women live with unmarried partners.** Only 1 percent of older women and men householders live with unmarried partners.[10] Of the 148,000 women householders age 65 and older who lived with an unmarried partner in 1992, 55 percent lived with a male partner and 45 percent lived with a female partner.[11]

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Divider Title: Health and Violence

Women's Access to Health Insurance: Excerpts

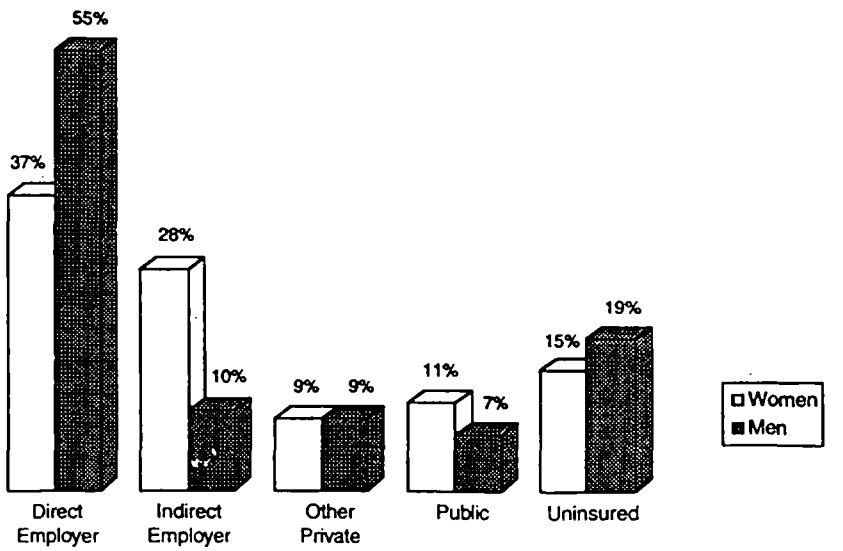
GENDER DIFFERENCES IN SOURCES OF INSURANCE COVERAGE

Overall, women are more likely than men to have insurance coverage. Our findings show that in 1990, 15 percent of women between the ages of 18 and 64, or 12 million women, are uninsured compared to 19 percent, or 14 million men (see Figure 1).[4] Women are less likely to have insurance through their own employers (direct employer-based insurance) than are men. While 55 percent of men aged 18-64 are insured through their own employers, only 37 percent of women in this age group have direct coverage. In contrast to men, women are more likely to receive insurance through other sources. For example, 28 percent of women aged 18-64 receive insurance indirectly through an employer other than their own (generally their spouses'), while only 10 percent of men are covered indirectly.[5] Women are also more likely to have a publicly funded source of insurance: 11 percent of women ages 18 to 64 are covered through the public sector while only seven percent of men are publicly insured. Women's higher rate of Medicaid coverage (eight percent for women versus three percent for men) accounts for the difference (not shown).[6]

Figure 1. Sources of Health Insurance of Persons Ages 18-64, by Gender, 1990

Women have less access to health insurance from their own employers (direct-employer based) than do men.

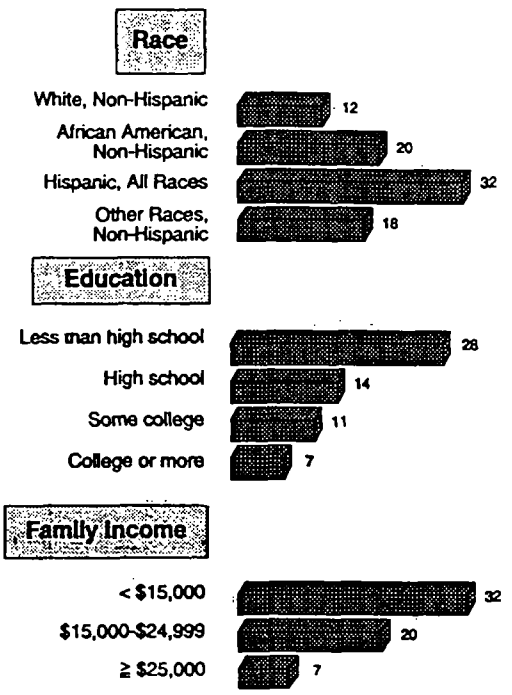
Considering all sources, men are slightly less likely to have health insurance than are women.



Source: IWPR analysis of data from the March 1991 Current Population Survey.

Figure 6. Why Do Women Lack Insurance? Social and Economic Factors

Percent of Women in Each Category Who Are Uninsured

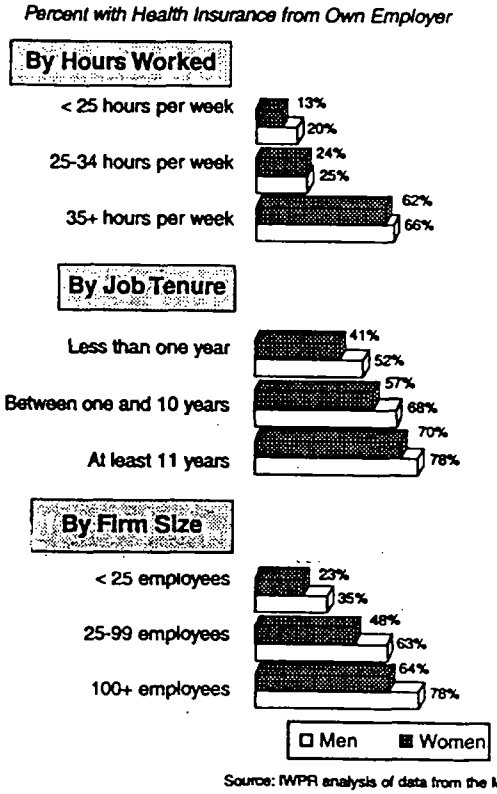


- Hispanic women, of all races, are the least likely to have health insurance.
- Women who have not completed high school are four times more likely than college graduates to lack health insurance.
- Women with low family income are least likely to have health insurance.

Source: IWPR analysis of data from the March 1991 Current Population Survey.

Figure 10. Direct Employer-Based Coverage for Employees Ages 21-64 by Gender, Hours Worked Per Week, Firm Size, and Job Tenure

Percent with Health Insurance from Own Employer



In nearly all circumstances, men have more access to health insurance through their own employers than do women.

- The more hours worked per week, the more likely workers are to have health insurance from their own employers.
- The more years on the job, the more likely workers are to have health insurance from their own employers.
- The larger the firm, the more likely workers are to have health insurance from their own employers.

Source: IWPR analysis of data from the March 1991 Current Population Survey.

The Institute for Women's Policy Research (IWPR) is an independent, nonprofit, research institute dedicated to conducting and disseminating research that informs public policy debates affecting women. The data in this Research-in-Brief are excerpted from the IWPR report, Women's Access to Health Insurance, available from IWPR for $15.00. Call 202/785-5100 for more information.

Society for the Advancement of
WOMEN'S HEALTH RESEARCH

Women's Health Fact Sheet

- Women account for 52% of the U.S. population.
- Women make three-fourths of the health care decisions in American households and spend almost two of every three health care dollars, approximately $500 billion annually.
- Over 59% of physician visits are made by women, 59% of prescription drugs are purchased by women, and 75% of nursing home residents over the age of 75 are women.

Cardiovascular disease:

- Heart disease is the *number one* killer of U.S. women (58% of all deaths); death rates are highest for women of color.
- Women who are diagnosed with heart disease are typically ten years older and sicker than men with the same condition; a marked increase in incidence is observed after menopause.
- Heart disease in women often goes undetected and untreated until the disease has become severe. As a result, 39% of women who have heart attacks die within one year compared to 31% of men.
- Hypertension -- a major risk factor in cardiovascular disease -- is 2 to 3 times more common in women than men and highest among African-American women. Drugs to treat hypertension have been tested primarily on white male populations.

Lung Cancer:

- Lung cancer is the number one cancer killer of American women today.
- If current trends continue, the death rate among women from smoking-related diseases will exceed that of men by early next century. Teenage women now smoke at higher rates than their male counterparts.
- Smoking lowers a woman's estrogen level and increases her risk for early menopause, pregnancy complications, and having a low-birth-weight baby.
- Studies show doctors are more apt to give stop-smoking messages to male patients than to women, although such advice greatly increases the likelihood of quitting.

- more -

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Breast cancer:

- Options for breast cancer treatment -- surgery, radiation and/or chemotherapy -- *have not appreciably changed over the last 30 years.*
- In 1996, approximately 184,300 new cases of invasive breast cancer are expected to be diagnosed, and 44,300 women are expected to die from this disease.
- 1 in 8 women in the United States will develop breast cancer during their lifetime
- Although heart disease is the leading cause of death in women in the United States, breast cancer is the leading cause of death in women between the ages of 40 and 55.

Ovarian, Cervical, and Uterine Cancers:

- There is no early detection method for ovarian cancer. Yet, there is a 90% survival rate even after 5 years when detected in Stage I (cancer confined to the ovary).
- In 1995, 26,600 new cases of ovarian cancer were expected to be diagnosed; 14,500 women are expected to have died in 1995 from this form of cancer. Women of color die from this form of cancer at disproportionate rates.
- Nearly one-third of all American women will have had hysterectomies by age 60; this is the highest rate in the world. Ovaries do not usually need to be removed, but doctors, lacking alternatives, often remove them to prevent ovarian cancer.

Violence Against Women:

- One-quarter of all women in the United States will be abused at some point in their lives.
- A recent study found that 92% of women who were physically abused by their partners did not discuss these incidents with their physicians; 57% did not discuss the incidents with anyone.
- In 1989, of the 143 accredited U.S. and Canadian medical schools, over half these schools did not require medical students to receive instruction about domestic violence.
- Twenty-three percent of pregnant women seeking prenatal care are battered.

- more -

Osteoporosis:

- Osteoporosis, a debilitating disease characterized by loss of bone mass, is a major public health threat for 20 million American women.

- In 1990, of the 7 million women over age 75, nearly 2 million were limited in their ability to carry out major life activities. The cause of this disability was often osteoporosis.

- The estimated amount spent nationwide on osteoporosis and associated fractures is around $27 million each day.

- A woman's risk of hip fracture, often related to osteoporosis, is equal to her combined risk of breast, uterine, and ovarian cancer.

Menopause:

- Menopause, unlike menstruation, is often viewed by the medical profession as a disease rather than as a natural part of aging.

- There is little research data available for women seeking nonpharmacologic techniques and alternative methods for symptom management of menopause. Data on pharmacologic treatments is only marginally more available and is often conflicting.

Mental Illness:

- About one-fourth of all women suffer from depression at some point in their lives.

- Depression afflicts twice as many women as men, and only 3 in 10 depressed persons get any form of treatment. Without treatment, the frequency and severity of symptoms tend to increase over the years.

- More than 3 million people will have a panic disorder, in which one experiences brief episodes of intense fear accompanied by a variety of physical symptoms as a response to ordinary, nonthreatening situations, at some time in their lives. Women are affected twice as frequently as men.

Eating Disorders:

- Eating disorders, including anorexia and bulemia, are about 10 times as common in women as in men.

  Anorexia, in which a person starves oneself to control their weight, has the highest mortality rate - 7 to 24% - of any psychiatric disorder.

Sexually Transmitted Diseases:

- More than 12 million new cases of STDs (other than AIDS) are diagnosed each year in the United States.
- Women account for about half of these new cases of STDs. Since women are more susceptible to infection and are less likely to experience symptoms, women tend to suffer more frequent and severe long-term consequences than men.
- Chlamydia is currently the most common sexually transmitted disease and shows no symptoms in approximately 75% of chlamydia infection cases. Left untreated in women, Chlamydia can cause urinary tract infections, pelvic inflamatory disease, and even sterility.

AIDS:

- Women are one of the fastest growing demographic groups affected by HIV infection.
- AIDS is now the fourth leading cause of death among women ages 24 to 44.
- Of all AIDS cases, the proportion of women diagnosed with AIDS has increased from 7% in 1985 to 8% in 1994.

We recognize that we have merely touched upon a few of the great number of diseases and conditions that adversely affect women. Our aim is to highlight several of the alarming gaps in knowledge which make effective preventive methods, treatments, and cures impossible.

By bringing these inequities in research to the public eye, the Society strives to bring much needed attention and resources to women's health research.

Statistics were compiled from the following organizations: the Congressional Caucus for Women's Issues; the Jacobs Institute of Women's Health; NIH Office of Research on Women's Health; the National Institute on Aging; the American Cancer Society; the Women's Health Initiative; the American Medical Association; the Commonwealth Fund; the Family Violence Prevention Fund; the National Osteoporosis Foundation; the American Psychiatric Association; the *Journal of the American Medical Women's Association*; the American Social Health Association; the National AIDS Clearinghouse; the American Heart Association; and the Society for the Advancement of Women's Health Research.

* * *

Summary Chart of Documented Cost Savings of Selected Women's Health Services

Health Service	Cost Savings
Prenatal Care	$3.00 saved for every $1 spent on prenatal care for high risk women
	$2.57 saved for every $1 spent on prenatal care, according to a study of all pregnant women giving birth in the state of New Hampshire between 1981 and 1987
Preconception Care	$1.86 saved for every $1 spent on preconception care for diabetic women
Family Planning Services	$4.40 for each $1 spent on family planning for low-income women in one year or $12.20 for every $1 spent over 18 years due to reduced expenditures on unwanted children
Abortion Services	$4.00 for every $1 spent on abortions for low-income women
Sexually Transmitted Diseases Screening and Treatment	$6 million to $13 million above the costs of the program, if the state of California had implemented a universal screening and treatment program for chlamydia.
Gonorrhea Screening	Routine screening for gonorrhea was estimated to reduce overall medical expenditures based on analysis of direct and indirect costs. Data are not available.
Breast Cancer Screening	$1.29 saved for every $1 spent on mammograms for underscreened women
Cervical Cancer Screening	$5,907 saved (1988 dollars) for every 100 screens (above the cost of the screens) among low income women who had not been screened in the past at the Medical Primary Care Unit in New York
Multiple Personality Disorders Diagnosis and Treatment	$250,000 saved in lifetime medical expenses if MPD is detected during the first year of the patient's utilization of medical care, according to a Canadian study of 15 women

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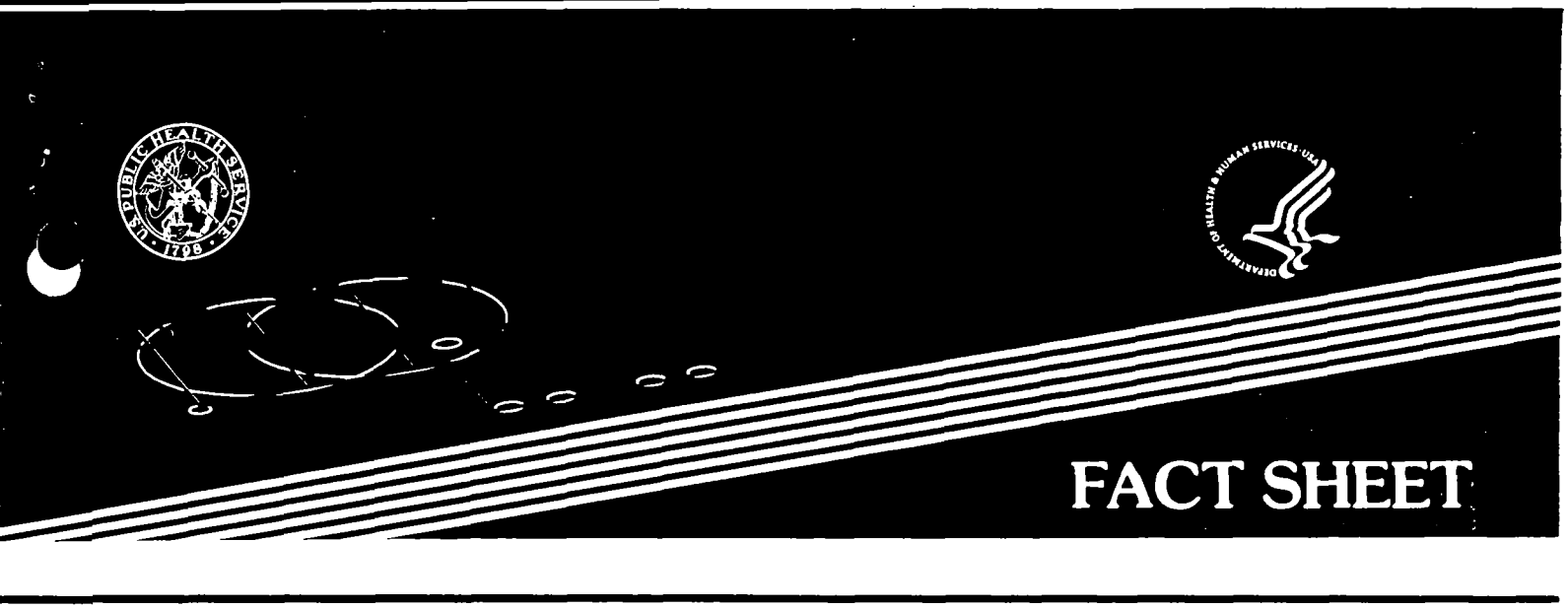
Summary Chart of Documented Cost-Effectiveness of Selected Women's Health Services

Women's Health Services	Cost Per Year of Life Saved
Breast Cancer	$8,400 (median cost) per year of life saved (1991 dollars) according to a review of the literature
	$21,717 to $83,830 per year of life saved using clinical breast exams and mammography for women 55 - 65
	$8,113 to $15,536 per year of life saved using clinical breast exams alone for women 55 - 65
Cervical Cancer	$18,500 to $28,600 per year of life saved (1990 dollars) for screening at three year intervals
	$11,800 to $14,500 per year of life saved for screening at six year intervals
	$2,254 (1992 dollars) to $3,325 (1990 dollars) per year of life saved for triennial screening for women over 65
Comparable Health Services	
Coronary Artery Bypass Graft (Left Main)	$7,300 per year of life saved (1991 dollars)
Mild High Blood Pressure	$32,600 per year of life saved for a 40 year old man (1991 dollars)
Coronary Artery Bypass Graft (Angina)	$62,900 per year of life saved (1991 dollars)
Liver Transplant	$225,000 per year of life saved (1991 dollars)

This Research-in-Brief summarizes the cost analyses available in the medical research literature concerning selected women's health services. Full citation of the sources and discussion of the research findings and methods used can be found in IWPR's Research and Resource Kit on ***Preventive Health Services for Women: Benefits and Cost-Effectiveness***, produced by Stephanie Aaronson and Nicoletta Karam with the assistance of Ellen Cutler in August 1994. The project was funded by the Nathan Cummings Foundation, with additional funds for dissemination provided by The Ford Foundation. The entire Kit, which includes fact sheets and annotated bibliographies on eight women's preventive health services, is available from IWPR for $20.00. Members of IWPR receive discounts on this kit and all publications. Please contact IWPR for information on membership and bulk order discounts.



Director: Susan J. Blumenthal, M.D., M.P.A., Deputy Assistant Secretary for Health (Women's Health)

Mental and Addictive Disorders in Women

Mental and addictive disorders are real, diagnosable, and treatable diseases that affect millions of women and men nationwide. These disorders are as disabling and potentially life-threatening as heart disease. They take a staggering human and economic toll. Women disproportionately are affected by certain mental disorders, but historically, research into most mental illnesses has focused on male populations. Similarly, because substance abuse traditionally was considered a man's disease, neither research nor services focused on the unique needs of women with addictive disorders. The U.S. Department of Health and Human Services is leading government-wide efforts to better understand these disorders and to address the disparities in women's health research, services, and education to improve women's mental and physical health.

OVERVIEW

Mental and addictive disorders are real and disabling medical illnesses for which very effective treatments are available. Some mental illnesses affect women disproportionately, such as depression, panic disorder and eating disorders. Special issues must be addressed in the treatment of women patients, targeting interventions to their unique needs.

Currently available treatments:

- Produce a significant decrease in the use and cost of other medical services .
- Reap savings in general health care costs that offset the cost of providing coverage to persons suffering from mental or addictive disorders .
- Result in a substantial economic benefit to the Nation in productivity that otherwise would have been lost.

PREVALENCE OF THE DISORDERS

Mental illnesses and addictive disorders are major causes of widespread illness, disability, and premature death in the United States. People with these disorders experience severe pain and suffering; many are forced into economic dependence, homelessness, social isolation and loss of opportunities.

- Mental and addictive disorders affect 28% of the U.S. adult population in any one year, a percentage comparable to that of cardiovascular disorders. Two to three percent of these suffer from a severe mental disorder.
- One out of 12 American **children** suffers from a mental or addictive disorder. Within any given 6-month period, approximately 3.2% of children, ages 9-17, suffer from a severe mental illness.
- Addictive and mental disorders often co-occur, complicating the course and treatment of both.
- **Suicide** is the eighth leading cause of death in the U.S. and the third leading killer of young people between the ages of 15 and 24. Since 1950, the rate of youth suicide has tripled. Over 90% of all suicides are by those suffering from a mental or addictive disorder.
- Of the 700,000 to 1 million **homeless** in the country, nearly 1/3 are mentally ill.
- An estimated 10.5 million U.S. adults exhibit some symptoms of **alcoholism or alcohol dependence**; about 25% of all patients hospitalized in the U.S. have alcohol-related problems. Thirty percent of all suicides, 50% of all homicides, and 30% of all accidental deaths are attributable to alcohol abuse. Alcohol related traffic fatalities are the number one cause of death among youth.

Important gender differences have been found in the rates of specific mental disorders. [See Table 1] Disorders in which women predominate include clinical depression, seasonal affective disorder,

the depressed phase of bipolar disorder, rapid cycling bipolar disorder, eating disorders, somatization disorder, panic disorder, phobias, dissociative disorders, borderline and histrionic personality disorder, and suicide attempts. In contrast, men predominate in the incidence of completed suicide, substance abuse, intermittent explosive disorder, antisocial personality disorder, early-onset schizophrenia, autism, learning disabilities and conduct disorder. Obsessive-compulsive disorder, and bipolar disorder appear to occur about equally among women and men.

Table 1

Lifetime Rates of Selected Mental Disorders By Gender

[by percentage of population]

Disorder	Male	Female
Alcoholism	23.8%	4.75%
Mood Disorders	5.4	10.9
Unipolar Disorder	2.6	6.8
Bipolar Disorder	1.1	1.4
Schizophrenia	1.2	1.7
Panic Disorder	.99	2.1
Drug Abuse	41	31.7

[data provided by NIMH and SAMHSA, 1995]

Clinical depression has become a major public health problem in the United States. Approximately seven percent of women in the United States—compared with approximately 2.6% of men—will suffer from major depression during their lifetime. Between 10-15% of women experience **postpartum depression**, with one in 1,000 women experiencing a **postpartum psychosis** with potentially dangerous effects not only for the woman but for her infant as well. Women of color, women on welfare, and women who are poor, less educated, and unemployed are more likely to experience depression than is found in the general population.

Specific mental disorders affect women at particular stages of the lifespan. **Eating disorders** (anorexia nervosa, bulimia nervosa, and compulsive eating) affect up to 2% of the population, arise nearly exclusively in young women (approximately 90% of all cases), and have among the highest mortality rates of any of the mental disorders. Some disorders, thought primarily to be nearly exclusively the province of men, are affecting women in increasing numbers. Of the almost 15 million people in the United States who abused **alcohol** in 1990, almost five million were women.

Older women are at substantially greater risk of **Alzheimer's disease**, responsible for 60-70% of all cases of dementia and one of the leading causes of nursing home placements among older adults.

COST OF MENTAL AND ADDICTIVE DISORDERS

The annual direct and indirect costs of mental and addictive disorders are over $273 billion

- **Mental illness**—$129.3 billion (47%);
- **Alcohol abuse** —$85.8 billion (31%); and
- **Drug abuse** —$58.3 billion (21%).

Costs of mental and addictive disorders to the justice system are $14.2 billion; costs to the social welfare system are $471 million. The costs to society of not providing treatment for these illnesses is 3 times the cost of direct treatment.

COMPARING COSTS OF MENTAL ILLNESS TO THOSE FOR OTHER DISEASES

The total economic costs of mental illnesses must be viewed in the context of the economic costs of other illnesses. Comparing some physical illnesses with mental illnesses may help to clarify some of the similarities:

Comparing Mental Illnesses and Cardiovascular Disease

- Both cardiovascular diseases and mental illnesses include a broad range of conditions varying from mild to life-threatening. In 1990, about 18% of the US population had a cardiovascular disease; 22% had a mental illness. Both mental illnesses and cardiovascular diseases can be treated with medications and behavioral interventions.

- In 1990, the direct, indirect and related costs of treating mental illnesses was $148 billion, $12 billion less than the $160 billion in total costs related to cardiovascular diseases, disorders of similar prevalence and disability rates to those for mental illness.

Comparing Schizophrenia to Severe Diabetes

- Two million US citizens have severe diabetes; 2.5 million Americans have schizophrenia, one of the most severe psychiatric disorders. Both disorders cause significant disability and are lifetime chronic disorders that can be managed by medications but cannot yet be cured.

- The annual cost of treating severe diabetes is $15 billion. The annual cost of treating schizophrenia is $18 billion. Notwithstanding the $3 billion difference, the *per capita* costs

of treating schizophrenia are actually *$550 less* per year than those associated with the treatment of severe diabetes. Moreover, given the greater indirect costs associated with schizophrenia and the potential gains, in terms of reduced morbidity and mortality through treatment, the savings are even more significant than they are for severe diabetes.

EFFECTIVE TREATMENTS ARE AVAILABLE

Dramatic advances in behavioral and neuroscience research over the past decade have led to greater diagnostic precision and new effective treatments for mental disorders. A growing body of research has verified the effectiveness of specific pharmacologic, psychotherapeutic and rehabilitative treatments for different mental disorders. Psychotherapy represents both an adjunct and alternative to the use of medications. (For example, some depressed patients—pregnant or nursing women, some elderly patients, patients about to undergo surgery—cannot take medications.) The combination of medications and psychotherapy is often the most effective in treating of mental illnesses. The goals of any of these interventions include both the reduction or eradication of symptoms and the improvement of functioning at work or school and in interpersonal relationships. ***The treatments available for mental illness are as effective as those prescribed for many other medical illnesses.***

Schizophrenia and Other Psychoses

- Schizophrenia, affecting 1% of the population, often begins in late adolescence in which psychotic features (hallucinations, delusions, and disordered thinking) and lost capabilities in social and occupational function are prominent.

- Antipsychotic medications initially may reduce psychotic symptoms in 60% of all patients with schizophrenia (and in 70-85% of those experiencing a first psychotic incident). In the 10-20% of refractory schizophrenia patients, clozapine, a new drug, has brought dramatic improvement in social and occupational functioning.

- The combination of pharmacologic and psychosocial interventions has been found to reduce the rate of relapse to under 20% at two years following initial treatment.

Major Depression

- Major depression affects 17 million Americans, twice as many women as men, and manifests with a persistent sad mood accompanied by clusters of symptoms, including medically significant changes in appetite, weight, sleep, sexual drive, self-esteem, interest in daily activities, and cognitive function.

- Short-term (12-20 sessions) depression-specific psychotherapies (i.e., cognitive/behavioral and interpersonal therapies) have been demonstrated as effective in treating less-severe and moderate forms of clinical depression.

- When used in combination with psychotherapy, antidepressants have been found effective in treating 80-85% of patients with severe depression. Research has found that social functioning is improved 2/3 times more in patients receiving this combined treatment than in patients receiving the antidepressant alone. Older patients experience much the same benefit from antidepressant medications with adjunctive psychotherapy, with a success rate of between 70-80%.

- While recurrence of severe depression at 1 year was found to be 17.9% in severely depressed patients receiving antidepressants alone and 46% in depressed patients receiving monthly psychotherapy alone, the recurrence at 1 year for those receiving *both* antidepressants and monthly interpersonal psychotherapy was 8%, a significant reduction.

Bipolar Disorder

- Bipolar disorder—manic-depressive illness—affects 1% of the population and is characterized by alternating periods of mania (highs) and depression (lows). During manic episodes, patients display euphoric or irritable mood, hyperactivity, grandiosity, paranoia, other delusions, and poor judgment. Depressive episodes in bipolar disordered patients tend to be similar to those experienced by individuals with major depression.

- Advances in diagnosis have led to the reevaluation of long-term psychiatric hospital patients as suffering not from schizophrenia, as previously believed, but from bipolar disorder. Appropriate outpatient treatment of these patients with lithium, the treatment of choice for bipolar disorder, has saved significant costs associated with unnecessary continued hospitalization.

- Lithium lessens manic symptoms within the first 10 days of illness. Patients maintained on lithium after an acute episode are 28 times less likely to relapse than those without the medication.

- Among the small minority of those with manic depressive illness for whom lithium may not be effective, carbamazepine and valproate recently have been found effective in the treatment of these lithium-resistant patients.

Panic Disorder

- Panic disorder, affecting 1-2% of all Americans and twice as many women as men, is characterized by discrete periods of intense fear or discomfort accompanied by somatic symptoms (e.g., shortness of breath or choking sensations, numbness, rapid and pounding

heart, chest pain, etc.) that occur unexpectedly and for which there is no known medical cause. Symptoms are so pronounced that such patients often are admitted to hospitals to rule out heart attack or other life-threatening physical illnesses.

- 70-90% of panic disorder patients can be treated effectively with antidepressants or antianxiety medications in the short-term; longer-term efficacy (1-2 years) is in the range of 35-50%. A new behavioral approach—panic control treatment—has demonstrated response rates comparable to the short-term effects of medications, but the effects of this therapy endures over at least a 2-year follow-up period. Over half of patients treated with this new approach attain high levels of overall functioning.

- Early detection and treatment of panic disorder results in decreased general health costs that result from unnecessary medical tests and hospitalizations due to unrecognized panic disorder.

Addictive Disorders

- Annually 5.5 million Americans need drug abuse treatment,. including nearly 400,000 youths ages 12-17 and over 100,000 pregnant women. As many as 1/3 of all those abusing substances are women; 70% of HIV in women is attributable to either individual substance abuse or a substance-abusing sexual partner. Further, nationally, the U.S. experiences a 13.5% lifetime prevalence of alcohol abuse or dependence, affecting over 15 million Americans. Prevalence rates of substance use disorders among children also are significant.

- Recruitment, retention and relapse prevention are essential elements of treatment for addictive disorders. Both alcoholism and drug addiction are chronic relapsing diseases of brain and behavior. In both cases, treatment is a long-term undertaking, rather than a brief encounter. Long term residential drug-free therapeutic communities and methadone maintenance remain the most efficacious treatments of choice for heroin abuse

- A variety of behavioral interventions (such as cognitive behavioral psychotherapy) have been found to be effective in the treatment of these disorders.

- An old medication has found a new use in the battle against alcoholism. Naltrexone, used over the past two decades to treat drug dependency, blocks brain receptors that are stimulated by the narcotics. A similar effect has been found to occur in the response to alcohol use, good news in the battle against the alcohol abuse.

PSYCHOSOCIAL INTERVENTION SAVES HEALTH CARE COSTS IN PHYSICALLY ILL PATIENTS

Psychotherapeutic interventions with patients with physical illnesses has significant benefits for both prognosis and length of hospital stay. Moreover, such interventions have been shown to reduce total medical costs by reducing costly and unneeded physical interventions.

- Highly depressed and anxious patients hospitalized for physical illnesses have a 40% longer median length of stay and 35% greater mean hospital costs than those with low levels of mental distress.

- Physically ill patients receiving psychosocial intervention experienced a decrease in utilization of other health care services by 10-33% and a reduction in inpatient care of 1.5 days.

- Psychiatric consultation to hip fracture patients consistently results in a 2-day reduction in length of hospital stay, a savings of more than 5 times the cost of the intervention itself.

- Similar savings were seen in the HMO setting. Behavioral medical interventions resulted in a 50% reduction in office visits for physical complaints during the following 6 months, with an average cost savings per study patient of $3,900 over the same period. This savings is realized after deducting the costs of the behavioral interventions.

- A recent body of research has found that both the quality and quantity of life of patients with metastic breast cancer, lymphoma, leukemia and malignant melanoma are improved with the use of psychosocial interventions.

FEDERAL RESPONSE—ACTIONS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

At the Federal level, new and increasing attention is being paid to the major diseases and conditions that rob women of good mental and physical health, and to the development of strategies to keep women healthy. Mental and addictive disorders in women -- at long last recognized as a serious public health problem -- are a focal part of this larger-scale initiative that spans the agencies of the U.S. Public Health Service.

PHS Office on Women's Health

The Public Health Service's Office on Women's Health (OWH) stimulates, coordinates, and implements a comprehensive women's health agenda for research, health care service delivery, and education across the agencies of the Public Health Service—the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA), the Agency for Health Care Policy and Research (AHCPR), the Substance Abuse and Mental Health Services Administration (SAMHSA)

and the Indian Health Service (IHS)—across the country's PHS regions, and with other government agencies, including the Department of Defense, Department of Veterans Affairs, Central Intelligence Agency, Environmental Protection Agency, and National Aeronautic and Space Administration. The OWH also fosters collaborations between government and private sector consumer, scientific, and health care professional organizations, collaborations grounded improves women's health.

The PHS Office on Women's Health sponsors a broad range of activities and programs directly related to mental and addictive disorders in women:

Domestic Violence: Research has found that victims of abuse suffer both emotionally and physically, particularly since the abuse frequently is perpetrated by a domestic partner. A history of victimization is a powerful risk factor for the development of mental illness. Five million women who have experienced an assault suffer from post-traumatic stress disorder. Survivors of rape or other forms of physical and sexual abuse are more likely than the average woman to suffer from other emotional disturbances, including major depression, anxiety disorders, alcohol and other drug abuse, eating disorders, and multiple personality disorder. Indeed, the majority (75%) of women who have been institutionalized for mental illness have experienced physical or sexual abuse at some point in their lives. Between 50-75% of women in treatment for substance abuse also have been abused.

The OWH has placed particular emphasis upon prevention of physical and sexual abuse against women, and is working in a cross-agency partnership with the Department of Justice to implement the important protections for women against violence and abuse contained in the "Violence Against Women Act" provisions of the crime bill signed into law by the President in 1994.

Eating Disorders: Eating disorders predominantly affect women and have been the subject of little rigorous study to date. The incidence of anorexia nervosa, bulimia nervosa, and compulsive eating is rising; the number of women affected by these disorders has doubled over the past two decades. Moreover, death rates from these disorders are among the highest for any mental illness. The PHS Office on Women's Health has entered into an exciting public/private partnership with the McKnight Foundation, involving women's and consumer groups, health care professional organizations, agencies of government, and the media, to initiate a nationwide public and health care professional education campaign about eating disorders. The goal of the partnership is to collaborate, to educate, and finally, to eradicate this major public health problem.

Healthy Women 2000: Behavioral and lifestyle factors -- including substance abuse, tobacco use, and issues of diet and exercise -- contribute over 50% of the causation of all ten of the leading causes of death in American women today. As many as 1 million deaths in the U.S. could be prevented if American men and women changed their health-related behaviors. The Public Health Service's Office on Women's Health health education campaign—Healthy Women 2000— is designed to provide women with the tools and knowledge they need to help them lead longer lives. As part of the first group of conferences in the series, the OWH has focused public attention on mental and

addictive disorders in women, working both to continue efforts to end the stigma attached to these disorders and to educate about the fact that these illnesses can be treated effectively.

Women's Health Curriculum: One additional area of OWH work is an activity being undertaken with the Association of American Medical Colleges, the American Medical Women's Association, the National Institutes of Health, the Health Resources and Services Administration, and a number of medical specialty societies to develop a women's health curricula for medical student education and residency/fellowship training, and continuing medical education programs.

Other PHS Agency Initiatives

Many important women's mental health initiatives are underway in the U.S. Public Health Service agencies, among them:

Within the **Substance Abuse and Mental Health Services Administration,** the Office for Women's Services has targeted six areas for special attention: physical and sexual abuse of women; women as caregivers; women with mental and addictive disorders; women with HIV infection or AIDS, sexually transmitted diseases and/or tuberculosis; older women; and women detained in the criminal justice system. The Office has programs and projects to address the problems of alcohol abuse among pregnant and postpartum women, including resource centers for the prevention of perinatal abuse of alcohol and other drugs. The Women's Resource Center for the Prevention and Treatment of Alcohol, Tobacco and Other Drug Abuse and Mental Illness in Women has been established within SAMHSA. The Center's function is to gather, synthesize, and disseminate research and demonstration findings with critical implications for women, focusing on the best range of programs and practices, the development of policy and the enhancement of community change around issues of mental illness and substance abuse in women.

The Women's Health Initiative, a $628 million, 15-year research study supported by the **National Institutes of Health** and ongoing in more than 40 centers across the country, is the largest clinical trial conducted in U.S. history. It focuses in diseases that are major causes of death and disability among women—heart disease, cancer, and osteoporosis. This multi-year initiative attempts to provide practical information to women and their physicians about the effectiveness of hormone replacement therapy, dietary patterns, and calcium supplements.

Within the NIH, the **National Institute of Mental Health** has issued a specific program announcement to broaden the full spectrum of research on issues pertinent to women's mental health. This program announcement specifically encourages basic, clinical, behavioral, and epidemiologic inquiry into gender differences in the etiology, treatment, and prevention of mental illness. Of special note, the announcement indicates an interest in research that evaluates gender differences in response to both psychosocial and pharmacological treatments for mental disorders. Moreover, the NIMH continues to support research on gender-related differences on a range of mental health issues. Intramural research is also underway on mental illness in women.

Both the **National Institute on Drug Abuse** (NIDA) and the **National Institute on Alcohol Abuse and Alcoholism** (NIAAA), also within the ***National Institutes of Health***, support women's health-related research. The NIDA is supporting targeted research initiatives on the use of substance abuse treatment services, consequences of maternal drug use, and the mechanisms of action of drug abuse. Institute-supportedresearchersare investigatingthe etiology, consequencesand behaviors associated with drug abuse in both sexes; The prevalence, consequences and prevention of drug use during pregnancy, treatment interventions, and preventive interventions related to substance abuse and AIDS. Similarly, the NIAAA is evaluating the effects of alcohol use and abuse among women, addressing neurobiologic indicators of risk, maternal and fetal effects of alcohol, treatment protocols, and reproductive health issues. Research findings demonstrate that a complex interaction among biological,, psychosocial, and environmental factors contribute to the incidence of substance abuse among women. Special emphasis is being placed on understanding the causes of addictive disorders in women and developing treatments that address their special needs.

SUMMARY

The challenge to the scientific and clinical care communities is to better understand and better respond to the of biological, environmental, and psychosocial factors that contribute to the development of mental and addictive disorders in women, given the long history of inequity in how, until recently, medicine has approached women's health. The challenge to citizens groups and professional organizations concerned with mental and addictive disorders is to better educate clinicians and citizens to the role these disorders play in the lives of too many women and to the availability of high-quality interventions that can effectively treat many of these disabling and, potentially, life-threatening conditions.

The programs and activities of the PHS Office on Women's Health, joined with initiatives across the agencies and offices of the Public Health Service are providing a solid foundation for continued Federal initiatives and unique public-private partnerships to improve the status of women's mental and physical health in this decade and beyond into the 21st century.

FOR FURTHER INFORMATION...

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Violence Statistics

CHILDREN

There is widespread willingness on the part of teenagers to take an active role in dealing with problems of crime and violence. Almost 9 in 10 youths polled say they would be willing to participate in mentoring, education or community awareness programs. *(Teens, Crime and the Community Program Poll, Louis Harris and Associates, 1996)*

According to the Justice Department, young people between 12 and 15 are the victims of crime more often than any other group. Teenagers of all ages are crime victims at twice the national average and at 10 times the rate of the elderly. *(Teens, Crime and the Community Program Poll, Louis Harris and Associates, 1996)*

Weapons offenses are the fastest growing crime among young people, and cases involving weapons violations by juveniles grew by 86% between 1988 and 1992, more than any other juvenile offense. *(U.S. Department of Justice Bureau of Justice Statistics, 1995)*

Approximately 1.3 million children are sexually abused each year. *(Gallup Organization, 1995)*

The number of children killed by abuse has increased 50 percent over the last decade. *(National Committee to Prevent Child Abuse, 1995)*

SCHOOLS

One in eight youths — and almost 2 in 5 from high crime neighborhoods — report carrying a weapon for protection. One in nine, and more than one in three in high-crime neighborhoods, say they have cut class or stayed away from school at times because of their fear. *(Teens, Crime and the Community Program Poll, Louis Harris and Associates 1996)*

The National School Safety Center reports that the proportion of large school systems employing metal detectors somewhere in their districts increased from 25 percent to 70 percent in two years. Although policy analysts and researchers still do not agree about the effectiveness of metal scanning as a deterrent to weapon carrying, the fact remains that the deployment of technologies to stem violence has changed the character of the school day for many of American's students. *(U.S. Congress, Office of Technology Assessment, Risks to Students in School, 1995)*

WOMEN

More than 700,000 women in the United States are sexually assaulted each year, or one every 45 seconds. Sexual assault is the most rapidly growing violent crime in the country. 61% of female rape victims are under age 18. Three-quarters of sexual assaults are committed by a friend, acquaintance, intimate partner or family member. *(American Medical Association, 1995)*

Each year in the U.S., two million to four million women are battered, 1,500 women are killed by intimate partners. *(American Medical Association, 1995)*

40% of girls ages 14 to 17 said they had a friend their own age who had been hit or beaten by a boyfriend. *(Gallup Organization, 1995)*

Much of the violence in women's lives occurs in the context of everyday activities and is associated with women's social and economic roles and circumstances. The fact that a large proportion of women are attacked by friends and family members distinguishes violence against women from violence against men. While only 5% of violent crimes against men involve family or friends, 33% of violent crimes against women fit this description. *(Bachman 1994 quoted in a 1995 Commonwealth Fund Background Paper on Violence Against Women in the United States)*

In a recent survey, only eight percent of the women in the Fund's survey who said they were physically abused by their domestic partners had told a doctor they were being abused, and fewer than half (43%), had told anyone at all. *(The Health of the American Woman, Conducted by Louis Harris and Associates for the Commonwealth Fund, 1993)*

As many as half of all female homicide victims are killed by intimate partners. 23% of pregnant women seeking prenatal care are battered. 22% to 35% of women who got to emergency rooms with medical complaints have symptoms which stem from violence against women. *(American Medical Association, 1992)*

MEN

More than a quarter of boys ages 14 to 17 said they had a friend who had been a victim of gang violence. Nearly 4 in 10 had a friend who had been threatened with a weapon. *(Children Now Study, Maślin, Maullin &Associates, 1995)*

In 1993, more than 6.2 million men were victims of violent crime. *(U.S. Department of Justice, 1996)*

RACISM AND HATE CRIME

2,212 incidents of anti-lesbian/gay violence were documented by tracking programs nationwide in 1995. *(New York City Gay and Lesbian Anti-Violence Project, 1996)*

Anti-lesbian/gay motivated assault (including rape and murder) increased 10% in 1995. *(New York City Gay and Lesbian Anti-Violence Project, 1996)*

In the U.S. in 1993, there were 7,587 incidents of bias-motivated hate crimes reported to the FBI by police. The majority of these (5,786) were race-related, followed by religion (1,358), sexual orientation (998) and ethnicity (845). *(U.S. Department of Justice, Federal Bureau of Investigation, Hate Crime Statistics, 1993)*

MEDIA

71% of parents believe the media contribute to violence while only 51% of students agree. *(MetLife Survey of the American Teacher 1994, Louis Harris and Associates)*

PERCEPTION OF CRIME & VIOLENCE

Americans identify crime or violence as the biggest problem facing their country today. Crime or violence (12%) was followed by the economy (11%) and unemployment or jobs (10%). *(The New York Times/CBS Poll, 1995)*

One in four teenagers, and one in two in high-crime areas, say they did not always feel safe in their own neighborhood. *(Teens, Crime and the Community Program Poll, Louis Harris and Associates, 1996)*

WORKPLACE

In 1994, there were 1,071 workplace homicides. *(U.S. Department of Justice, 1996)*

COST

Crime costs Americans at least $450 billion a year. Child abuse and domestic violence account for about 1/3 of this total cost. *(U.S. Department of Justice, 1996)*

FAMILY VIOLENCE PREVENTION FUND

DOMESTIC VIOLENCE IS A SERIOUS, WIDESPREAD SOCIAL PROBLEM IN AMERICA: THE FACTS

- According to the most recent data, in one year alone almost four million American women are physically abused by their husbands or boyfriends.[1]
- A woman is physically abused every nine seconds in this country.[2]
- Two thirds of attacks on women are committed by someone the victim knows -- often a husband or boyfriend.[3]
- Women are more often victims of domestic violence than victims of burglary, muggings or other physical crime combined.[4]
- More than one in three Americans have witnessed an incident of domestic violence.[5]
- Forty-two percent of murdered women are killed by their intimate male partners.[6]
- Nearly one in three Americans (30 percent) say they know someone who is currently a victim of domestic violence. Two in five (41 percent) intend to do something to reduce domestic violence in the next year.[7]

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REFERENCES

1. *First Comprehensive National Health Survey of American Women.* New York: The Commonwealth Fund, July 1993.

2. Based on data published by the Commonwealth Fund, stating that 3.9 million American women were victims of domestic violence in the last year alone. *First Comprehensive National Health Survey of American Women.* New York: The Commonwealth Fund, July 1993

3. *Violence Against Women: A National Crime Victimization Survey Report.* Washington, DC: U.S. Department of Justice, January, 1994.

4. Based on data published by the Commonwealth Fund in its *First Comprehensive National Health Survey of American Women.* New York: The Commonwealth Fund, July 1993.

5. Family Violence Prevention Fund. *Men Beating Women: Ending Domestic Violence, A Qualitative and Quantitative Study of Public Attitudes on Violence Against Women.* New York: Conducted by EDK Associates, 1993.

6. Analysis by the Center for the Study and Prevention of Violence, Institute of Behavioral Science, at the University of Colorado at Boulder, Colorado. The data used to calculate this percentage came from the FBI's 1988-91 Uniform Crime Reports (UCR).

7. *Domestic Violence Advertising Campaign Tracking Survey.* New York: Conducted by Lieberman Research Inc., November 1994 - February 1995.

THE HEALTH BENEFITS AND POTENTIAL SAVINGS FROM SCREENING AND INTERVENTION FOR DOMESTIC VIOLENCE

✓ Screening for domestic violence in prenatal clinics, emergency rooms, and psychiatric wards dramatically improves the identification of battered patients.

✓ Identification of victims of domestic violence and comprehensive intervention efforts can prevent new cases of abuse from becoming repeat cases.

✓ Preventing domestic violence would save between $5 billion and $10 billion a year (1992 dollars) in direct and indirect costs.

Domestic violence endangers Americans and drains health care resources:

- Battered women sometimes comprise between 19 and 30 percent of injured women seen in emergency departments, 25 percent of women who attempt suicide, 23 percent of women seeking prenatal care, and 25 percent of women utilizing psychiatric emergency services, according to studies assessing the prevalence of abused patients in medical settings (Flitcraft et al., 1992).

- The prevalence of domestic violence among female injury victims is high: 200 to 300 per 1,000. The incidence of new cases of abuse, however, is low -- about 27 per 1,000 victims (Flitcraft, 1993). These figures indicate that our current narrow medical response to battering does not succeed in preventing victims of abuse from sustaining new injuries from serial beatings (Stark and Flitcraft, 1991).

Battered patients are overlooked:

- Although abuse is likely to continue and escalate if it is undiagnosed, **most physicians are not trained to recognize and assist battered patients.** As a result, abuse often goes undetected (CEJA, AMA, 1992; Sugg and Inui, 1992).

- One study of 492 patients in an emergency room at the Henry Ford hospital in Detroit found that **only five percent of all of the domestic violence victims were identified as such by health professionals** (Goldberg and Tomlanovich, 1984).

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- **Among battered women presenting at an emergency room, most of those who had sought medical attention on at least six occasions were never identified as victims of battering and did not receive appropriate referrals**, according to a 1978 to 1983 study at New Haven hospital involving approximately 3,600 patients. This study calculated that nearly one battered women in five presenting at the emergency room had sought medical assistance on at least 11 occasions for abuse-related trauma, and another 23 percent had brought six to 10 abuse-related injuries to the attention of clinicians (CSA, AMA, 1992).

Comprehensive intervention is necessary:

- **Correct diagnosis of battering and a comprehensive intervention program in the medical setting can prevent new cases of abuse from becoming repeat cases** (Kurz and Stark, 1988).

- Effective clinical intervention includes identification of abuse, treatment of medical and mental health needs, documentation of the injuries, safety planning, and referrals to law enforcement and/or community organizations (Stark and Flitcraft, 1991).

- Appropriate resources need to be allocated to manage patients diagnosed as victims of battering and to prevent their abuse from continuing. The development of crisis assistance programs, emergency shelters, counseling, support groups, and advocacy need to be incorporated into comprehensive strategies for medical intervention (Flitcraft, 1993).

HEALTH BENEFITS OF SCREENING AND COMPREHENSIVE INTERVENTION FOR DOMESTIC VIOLENCE

Screening in prenatal clinics and other primary health care settings is effective:

- One study of prenatal clinics in Houston and Baltimore found that **a three-question abuse assessment screen detected a 17 percent prevalence of physical or sexual abuse during pregnancy,** more than double the prevalence identified without the screen (McFarlane et al., 1992).

- Identifying and assisting battered pregnant women can prevent miscarrages, placental separation, antepartum hemorrage, fetal fractures, and ruptures of the uterus, liver, and spleen (CSA, AMA, 1992).

SCREENING AND INTERVENTION CAN REDUCE ABUSE AND ITS ASSOCIATED HEALTH PROBLEMS

- Ensuring that health professionals ask patients about domestic violence increases the numbers of victims that are properly diagnosed and assisted.

- Aiding abused patients may reduce the miscarriages, broken bones, hospitalizations, and deaths that result from domestic violence.

- Reducing abuse prevents associated health problems such as substance abuse and depression.

Screening in emergency rooms is effective:

- **Over five times the number of battered women were identified as having injuries caused by battering after the introduction of a protocol to improve identification** in the emergency room at the Medical College of Pennsylvania (McLeer and Anwar, 1989). This study involved retrospectively reviewing the records of 359 patients admitted between 1976 and 1977 and comparing these files to the responses of 412 patients interviewed after the introduction of a screening protocol.

Screening in psychiatric wards is effective:

- **Ten times the number of battered psychiatric patients have their abuse histories recorded when an abuse assessment screen is implemented**, according to a 1984-1985 study that involved extensive interviews with 100 psychiatric patients at a university-affiliated hospital (Jacobson et al., 1987).

Comprehensive intervention is effective:

- A comprehensive medical response to battering can help patients get out of a harmful environment, reducing the incidence of injury and the concomitant use of medical services (Kurz and Stark, 1988).

POTENTIAL SAVINGS OF DOMESTIC VIOLENCE PREVENTION

SCREENING AND INTERVENTION STRATEGIES HAVE THE POTENTIAL TO SAVE MONEY

Asking patients if they are being abused and intervening appropriately may prevent abuse from continuing and thereby reduce associated direct and indirect costs. More research is necessary, however, before it is possible to calculate the precise cost-effectiveness of screening and intervention.

Preventing Domestic Violence would:

- **Save between $5 billion and $10 billion** a year (1992 dollars) in health care and other costs of domestic violence, such as the treatment of depression or alcoholism caused by abuse (Meyer, 1992). The cost of domestic violence was calculated using data from a number of sources including the 1985 National Family Victim Survey and 1985 U.S. Department of Justice Victim Survey.

- **Save businesses between several million and several billion dollars** in lost wages, sick leave, absenteeism, non-productivity, and other indirect costs of domestic violence (Meyer, 1992).

- **Save a single hospital $1,156,408 annually.** Preventing cases of domestic violence would save St. Luke's Medical Center in Chicago approximately $1,633 for every abuse victim and $7,300 for every elderly victim of abuse (Meyer, 1992).

This Research-in-Brief is part of IWPR's Research and Resource Kit on ***Preventive Health Services for Women: Benefits and Cost-Effectiveness***, produced by Stephanie Aaronson and Nicoletta Karam with the assistance of Ellen Cutler in August 1994. The project was funded by the Nathan Cummings Foundation, with additional funds for dissemination provided by The Ford Foundation. A related annotated bibliography is available from the Institute for Women's Policy Research, describing the studies cited in this fact sheet as well as additional studies that are of interest.

IWPR has produced eight fact sheets and annotated bibliographies on the benefits and cost-effectiveness of women's preventive health services relating to breast cancer, cervical cancer, domestic violence, family planning, mental health, prenatal care, osteoporosis, and sexually transmitted diseases. Each fact sheet/bibliography pair is available from IWPR for $5.00; the entire Kit, which includes all topics and comes in a three-ring binder, is available from IWPR for $20.00. Members of IWPR receive discounts on this kit and all publications. Please contact IWPR for information on membership and bulk order discounts.

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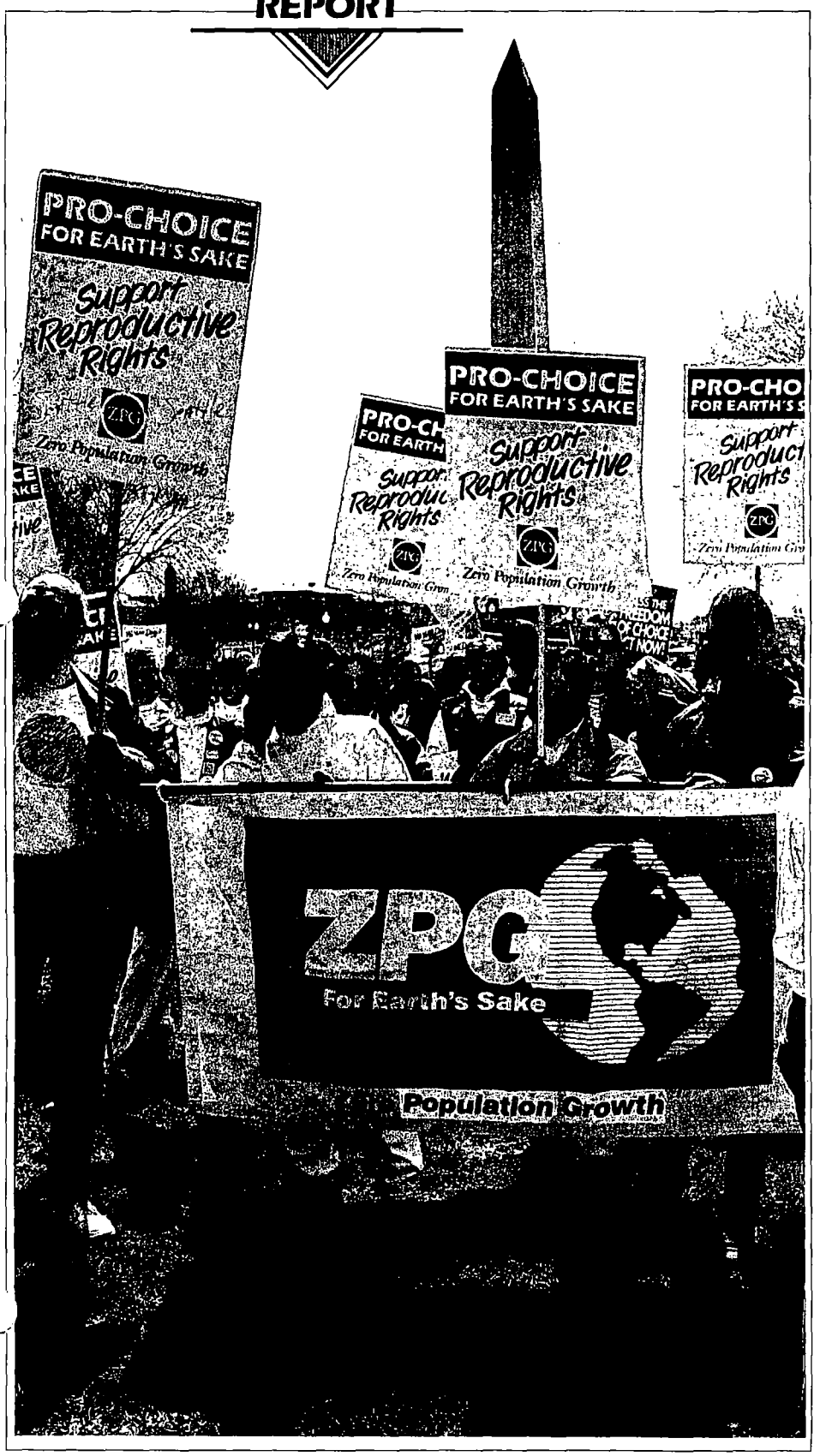
SPECIAL REPORT

ABORTION IN AMERICA



Abortion is one of the most divisive issues in America today. Its intimate connection to moral, religious and social convictions makes it a deeply personal issue, while the battle over its legality also forces it into the public arena.

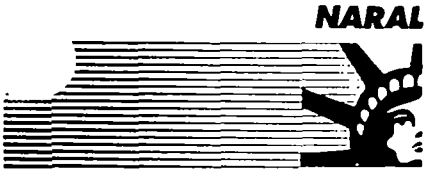
Abortion is a birth control method of last resort for one very simple reason: No method of contraception, aside from abstinence, is 100 percent effective, affordable and available. Regardless of one's personal thoughts on the matter, it is a fact that many women with unwanted pregnancies will turn to abortion, whether legal or illegal.

The decision to abort is always a difficult one that no woman takes lightly. Factors affecting this decision vary infinitely, making it impossible to generalize about when abortion is or is not an appropriate choice. The person best equipped to make this often agonizing choice is the pregnant woman herself.

Legal, safe abortion can alleviate the physical and emotional damage that often accompanies unwanted pregnancies, including those resulting from rape or incest. In many cases, legal abortion saves lives. It also helps ensure that every child is a wanted child whose parents can provide the emotional and financial support necessary to nurture a happy, healthy and productive individual.

Some Facts About Abortion

- Abortion is one of the most frequently performed and safest surgical procedures in America. The risk of death from a penicillin injection is almost twice as great as from legal abortion, and an appendectomy is 100 times riskier than legal abortion.
- In the United States, a woman giving birth is 11 times more likely to die than a woman having a safe, legal abortion.
- The United States has one of the highest unintended pregnancy and abortion rates of all developed nations. Funding cuts for low-income family planning services, fewer contraceptive choices than are available in many developing nations, and an increasing focus on abstinence-based sex education means birth control use is less prevalent and less effective in the United States than in most other industrialized nations. More than 50 percent of all pregnancies in the United States are unintended, and approximately one-half of those—or 1.6 million—are terminated through abortion each year.



Excerpts from *Who Decides?*

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National Abortion and Reproductive Rights Action League and Foundation/NARAL

One year ago, the anti-choice takeover of many state houses, Governor's offices and Congress caused grave concern that right-wing politicians would attack and erode a woman's freedom to choose. Today, those fears have been realized. In 1995, America witnessed an unprecedented increase in anti-choice legislative activity in virtually every state. In Congress, lawmakers steadily chipped away at women's access to abortion services and passed the first federal criminal ban on an abortion procedure since *Roe v. Wade* was decided in 1973.

This report by the National Abortion and Reproductive Rights Action League (NARAL) and The NARAL Foundation is the 1996 supplement to the fifth edition of *Who Decides? A State-by-State Review of Abortion and Reproductive Rights*. The new study documents that in 1995, opponents of choice dramatically escalated their assault on reproductive freedom by introducing restrictive legislation in nearly every state. In all, between 1994 and 1995 the number of anti-choice laws that were enacted increased by a stunning 260 percent and the number of states enacting such laws rose by 225 percent.

These startling and dangerous reversals for a woman's freedom to choose stem from a radically changed political landscape. In the 1994 elections, pro-choice voters, having the false impression that the right to choose was secure, did not consider reproductive choice a salient voting issue.

Aided by the effective mobilization of the radical right, voters swept anti-choice politicians into office from Washington D.C. to Washington state. Today, anti-choice forces have enough votes in nearly 90 percent of state legislative bodies to pass restrictive legislation, and 70 percent of Governors either have signed or are willing to sign some anti-choice legislation. The 1994 elections also led to an anti-choice takeover of both the U.S. Senate and House of Representatives — with serious consequences for women's reproductive health and freedom.

The unprecedented loss of pro-choice leadership at the state and federal levels is particularly devastating when combined with growing violence at reproductive health clinics, the shortage of abortion providers and a U.S. Supreme Court that has given state lawmakers increased power to restrict abortion. The assaults on reproductive choice must be seen as part of a broader attack in Congress and the state houses that has decimated programs and services for women, children, families, the poor and the elderly — effectively stripping away the safety net for the most vulnerable among us.

The NARAL Foundation and NARAL conducted this study to assess the impact of the 1994 elections on women's reproductive freedom in all 50 states. The report documents how the radical right takeover of state political institutions has had a far-reaching impact:

- Eighteen anti-choice laws were enacted in 1995, compared with five in 1994, a 260 percent increase.
- Thirteen states enacted anti-choice laws in 1995, compared with four in 1994, a 225 percent increase.
- In 1995, 171 anti-choice bills were introduced, compared with 97 in 1994, a 76 percent increase.
- In 1995, anti-choice legislation was introduced in 44 states, compared with 30 in 1994, a 47 percent increase.

The study also documents a new and frightening trend: many of the anti-choice laws enacted in 1995 were more restrictive and onerous than ever before. Mandatory waiting periods are longer, judicial bypass requirements are more stringent and "informed" consent laws are more burdensome than those enacted in previous years. This trend was evident in such states as:

- Ohio, which made it a felony for physicians to use the "dilation and extraction" abortion method, a rarely used procedure that can be necessary to protect a woman's life or health or in cases of severe fetal abnormality. This legislation, which provides no exceptions, permits a physician to escape liability or conviction only by showing, after charges are filed, that all other procedures posed a greater risk to the woman's health. The Ohio law is similar to legislation passed by both houses of Congress in 1995.

- Montana, which enacted a law prohibiting a woman from obtaining an abortion until at least 24 hours after her physician provides a state-mandated lecture that highlights risks — no matter how slight or scientifically unproven — including breast cancer, infection and potential harm to future fertility. The woman also must be told that she has a right to review state-prepared materials about abortion. If she chooses to view the materials, she may not obtain an abortion until another 24 hours after she receives them in person or 72 hours after they have been mailed. These materials must include pictures of the "unborn child" and a list of agencies, including adoption agencies, that assist women through pregnancy and childbirth.

- Louisiana, which amended its parental consent law by restricting the conditions under which a minor may obtain a judicial bypass. Before permitting an abortion, a court may require the minor to undergo a mental health evaluation and counseling session. If the court finds she is not mature enough to make her own decision and notification would be in her best interest, the court must notify the minor's parents and reconvene judicial proceedings with her parents present.

- North Carolina, which enacted a ban on the use of public funds for abortion unless the procedure is necessary to preserve the woman's life or the pregnancy is the result of rape or incest.

These state restrictions do nothing to decrease the need for abortion, yet impose onerous and sometimes dangerous obstacles in the path of women seeking reproductive health care. Ohio's criminal ban on the "dilation and extraction" abortion method, for example, poses serious risks to women. The law would jail doctors who perform the banned procedures and eliminate the abortion method that will best protect some women's ability to bear healthy children in the future. Moreover, the ban clearly violates established constitutional principles and presents a direct challenge to *Roe v. Wade*. Indeed, the Ohio ban is already the subject of a lawsuit and a court has issued a preliminary injunction prohibiting its enforcement.

Mandatory waiting periods create serious hardships and increase health risks for women. Because of the shortage of abortion providers and increasing anti-choice violence and harassment, mandatory waiting periods can force delays of days or even weeks. In Mississippi, after a waiting period law went into effect in 1992, the proportion of women who had abortions after the first trimester rose by 17 percent. The American Medical Association concluded in a recent report that "[m]andatory waiting periods . . . increase the gestational age at which the induced pregnancy termination occurs, thereby also increasing the risk associated with the procedure."

Parental notice and consent laws take a toll on teenagers' health and well-being. While doing nothing to reduce teen pregnancy, they can have a devastating effect on young women. These laws endanger adolescent health by forcing some teens to delay their abortions or seek unsafe or illegal alternatives. Most teenagers do involve their parents when facing an unplanned pregnancy, but good family communication cannot be mandated by law. When teens do not involve a parent, it is often because they fear physical or emotional abuse.

Prohibitions on public funding of abortion discriminate against poor women and endanger their health. Low-income women, who are disproportionately women of color, may be forced to delay the procedure because they don't have the ability to pay, and as a result face increased risks to their health. According to the American Medical Association, funding restrictions that deter or delay women from seeking early abortions make it more likely that women will bear unwanted children or continue a potentially health-threatening pregnancy to term.

The assaults on women's access to abortion have been as damaging in Congress as in the states. Anti-choice forces in Congress introduced at least 32 pieces of legislation to restrict or ban access to abortion in 1995. In addition to a criminal ban targeting the "dilation and extraction" abortion method, Congress passed a wide range of anti-choice laws, including:

- A ban on servicewomen and military wives and daughters living overseas from obtaining privately funded abortions at military hospitals except in cases of rape or incest or when necessary to save a woman's life. The bill became law without President Clinton's signature.

- An elimination of abortion coverage in federal employees' health insurance plans, except in cases of life endangerment or when the pregnancy is a result of rape or incest. This restriction affects more than one million women of reproductive age who rely on the federal government for their health insurance. President Clinton signed an appropriations bill, which contained this provision, into law.

- A prohibition on the use of federal prison system funds for abortions for incarcerated women.

While state legislatures and Congress work to erode a woman's right to choose, America's reproductive health crisis continues. Each year, more than three million women face unplanned pregnancies, one and a half million women have abortions, one million teenagers become pregnant and 12 million people contract a sexually transmitted disease. Our nation urgently needs leaders who will begin to solve these difficult problems, work to reduce the need for abortion and ensure that men and women have the means to make responsible, deliberate decisions about sexuality, contraception, pregnancy and childrearing.

To prevent another generation of children from facing unnecessary risks, our nation's leaders must adopt a new approach to reproductive health that will help prepare individuals to accept both the rights and responsibilities of reproduction. A comprehensive approach must include access to prenatal care, healthy childbearing, comprehensive sexuality education, child care, family planning and abortion services.

The immediate challenge for pro-choice Americans is to hold the line against assaults on reproductive choice and press for policies and programs that make abortion less necessary — not dangerous or more difficult. A more committed and active pro-choice constituency and greater determination and resolve among pro-choice officeholders will help address the serious reproductive health crisis. Pro-choice Americans must become more engaged in the political process and begin to reclaim our political institutions from the determined minority that controls them.

MANDATORY WAITING PERIODS FOR ABORTION

State	Waiting Period	Enforced	Enjoined/Not Enforced
Delaware	Min. 24 Hours		X
Idaho	Min. 24 Hours	X	
Indiana	Min. 18 Hours		X[1]
Kansas	Min. 8 Hours	X	
Kentucky	Min. 2 Hours		X
Louisiana	Min. 24 Hours	X	
Massachusetts	Min. 24 Hours		X[2]
Michigan	Min. 24 Hours		X[2]
Mississippi	Min. 24 Hours	X	
Montana	Min. 24 Hours		X[1]
Nebraska	Min. 24 Hours	X	
North Dakota	Min. 24 Hours	X	
Ohio	Min. 24 Hours	X	
Pennsylvania	Min. 24 Hours	X	
South Carolina	Min. 1 Hour	X	
South Dakota	Min. 24 Hours	X	
Tennessee	Min. 48-72 Hours[3]		X[2]
Utah	Min. 24 Hours	X	
TOTAL		11	7

Mandatory waiting periods prohibit a woman from obtaining an abortion until a state-specified period of time after receiving a mandated lecture or materials on topics such as fetal development, prenatal care and adoption.

1. A court has issued a preliminary injunction prohibiting enforcement of this law.
2. A court has ruled that this provision is unconstitutional and has issued a permanent injunction prohibiting its enforcement.
3. A woman may not obtain an abortion until the third day after her initial consultation.

NARAL *Promoting Reproductive Choices*

RESTRICTIONS ON MINORS' ACCESS TO ABORTION

STATE	ONE PARENT	TWO PARENT	CONSENT	NOTICE	WAITING PERIOD	MANDATORY COUNSELING[1]	JUDICIAL BYPASS	ENJOINED/ NOT ENFORCED	ENFORCED
AL	X		X				X		X
AK	X		X					X[2]	
AZ	X		X				X	X	
AR		X		X	X		X		X
CA	X		X				X	X[2]	
CO	X		X					X[2]	
CT						X			X
DE	X[3]			X	X		X		X
DC									
FL									
GA	X			X	X		X		X
HI									
ID	X			X	X				X
IL	X[4]			X	X		X	X[2]	
IN	X		X				X		X
IA	X[12]			X	X		X		X[13]
KS	X			X			X		X
KY	X		X				X		X
LA	X		X				X		X
ME						X[5]			X

1. These statutes require a minor to receive counseling in which the possibility of consulting her parents or an adult family member is discussed.
2. This statute has been declared unenforceable by a court or attorney general.
3. This statute also allows notice to a grandparent or to a mental health professional provided that they believe that a waiver of the parental notice requirement is in the minor's best interest.
4. This state also allows consent of a grandparent.
5. This statute offers mandatory counseling as an alternative to one-parent or adult family member consent with a judicial bypass.
6. This requirement may be waived by a physician under certain circumstances.
7. This statute also allows consent of a grandparent with whom the minor has resided during the six months preceding the abortion.
8. This statute also allows notice to a grandparent or adult sibling under limited circumstances.
9. This statute is a two-parent notice law interpreted as requiring notice to one parent.
10. This statute allows consent of an adult family member over the age of 25.
11. This statute will become effective on July 20, 1996.
12. This statute allows notification of a grandparent or an aunt or uncle over the age of 25.
13. This statute will become effective on January 1, 1997.

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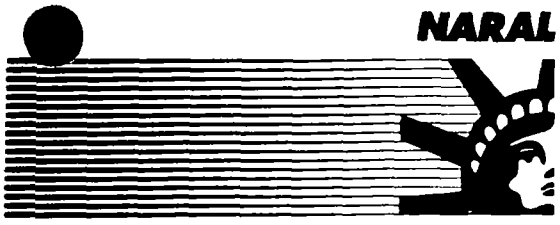
RESTRICTIONS ON MINORS' ACCESS TO ABORTION (cont.)

State	One Parent	Two Parent	Consent	Notice	Waiting Period	Mandatory Counseling[1]	Judicial Bypass	Enjoined/ Not Enforced	Enforced
MD	X			X[6]					X
MA		X	X				X		X
MI	X		X				X		X
MN		X		X	X		X		X
MS		X	X				X		X
MO	X		X				X		X
MT	X			X	X		X	X[2]	
NE	X			X	X		X		X
NV	X			X			X	X[2]	
NH									
NJ									
NM	X		X					X[2]	
NY									
NC	X[7]		X				X		X
ND		X	X				X		X
OH	X[8]			X	X		X		X
OK									
OR									
PA	X		X				X		X
RI	X		X				X		X
SC	X[4]		X				X		X
SD	X			X	X			X[2]	
TN	X		X				X	X	
TX									
UT	X[9]			X					X
VT									
VA									
WA									
WV	X			X[6]	X[6]		X		X
WI	X[10]		X				X		X
WY	X		X		X		X		X
Total	32	5	21	16	13	2	30	8	31

NARAL 7/24/96



NARAL *Promoting Reproductive Choices*

MANDATORY WAITING PERIODS FOR ABORTION

State	Waiting period	Enforced	Enjoined/Not Enforced
Delaware	Min. 24 Hours		X
Idaho	Min. 24 Hours	X	
Indiana	Min. 18 Hours		X[1]
Kansas	Min. 8 Hours	X	
Kentucky	Min. 2 Hours		X
Louisiana	Min. 24 Hours	X	
Massachusetts	Min. 24 Hours		X[2]
Michigan	Min. 24 Hours		X[3]
Mississippi	Min. 24 Hours	X	
Montana	Min. 24 Hours		X[1]
Nebraska	Min. 24 Hours	X	
North Dakota	Min. 24 Hours	X	
Ohio	Min. 24 Hours	X	
Pennsylvania	Min. 24 Hours	X	
South Carolina	Min. 1 Hour	X	
South Dakota	Min. 24 Hours	X[4]	
Tennessee	Min. 48-72 Hours[5]		X[6]
Utah	Min. 24 Hours	X	
Wisconsin	Min. 24 Hours		X[1]
Total	19	11	8

Mandatory waiting periods prohibit a woman from obtaining an abortion until a state-specified period of time after receiving a mandated lecture or materials on topics such as fetal development, prenatal care and adoption.

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NOTES

1. A court has issued a preliminary injunction or temporary restraining order prohibiting enforcement of this law.
2. A court has ruled that this provision is unconstitutional under the federal Constitution, and has issued a permanent injunction prohibiting its enforcement.
3. A court has ruled that this provision is unconstitutional under the state constitution, and has issued a permanent injunction prohibiting its enforcement.
4. A court has ruled that this provision is unconstitutional in part, and has invalidated the penalty provisions.
5. A woman may not obtain an abortion until the third day after her initial consultation.
6. A court has ruled that this provision is unconstitutional under the state and federal Constitution, and has issued a permanent injunction prohibiting its enforcement.

May 7, 1996

PUBLIC FUNDING FOR ABORTION

State	Life Endangerment Only[1]	Life,Rape, and Incest Only	Life,Rape, Incest and Limited Health Circumstances Only	All or Most Circumstances
MT				X[3]
NE		X		
NV		X		
NH		X		
NJ				X[3]
NM			X[3]	
NY				X
NC		X		
ND		X[2]		
OH		X		
OK		X[2]		
OR				X[3]
PA		X[2]		
RI		X		
SC		X		
SD	X			
TN		X		
TX		X		
UT		X[2]		
VT				X[3]
VA			X[3]	
WA				X
WV				X[3]
WI			X	
WY		X		
TOTAL	3	28	3	17

PUBLIC FUNDING FOR ABORTION

State	Life Endangerment Only[1]	Life,Rape, and Incest Only	Life,Rape, Incest and Limited Health Circumstances Only	All or Most Circumstances
AL	X			
AK				X
AZ		X		
AR		X[2]		
CA				X[3]
CO		X[2]		
CT				X[3]
DE		X		
DC				X
FL		X		
GA		X		
HI				X
ID				X[3]
IL				X[3,4]
IN		X		
IA		X[5]		
KS		X		
KY		X[2]		
LA		X[2]		
ME		X		
MD				X
MA				X[3]
MI		X[2]		
MN				X[3]
MS	X			
MO		X[2]		

1. These states are not in compliance with a federal law prohibiting participating states from excluding abortion from the Medicaid program in cases of life endangerment, rape and incest.
2. A court has ruled that this state must comply with a federal law prohibiting the exclusion of abortion from the Medicaid program in cases of life endangerment, rape and incest.
3. A court has ruled that the state constitution prohibits the state from restricting funding for abortion while providing funding for costs associated with child birth.
4. A court has ruled that the state constitution prohibits the enforcement of a state law restricting funding to the extent it bars funding for an abortion necessary to preserve the woman's health.
5. This statute also provides funding in some cases of fetal deformity.

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The Catholic Vote

and Abortion

Poll after poll shows that most Catholics are prochoice.
And as voters, they do not follow the bishops --
Catholics make up their own minds.

Number of Catholics in the United States: 60 million
Catholics as a percentage of total US population: 22
Catholics as a percentage of voters in US House races on Election Day, 1994: 29
Percentage of Catholics who say that abortion should be legal in some or all circumstances: 82
Percentage who say abortion never can be a morally acceptable choice: 13
Percentage saying Catholics can vote in good conscience for candidates who support legal abortion: 70

Catholics say abortion should be legal

• A full 82% of US Catholics say abortion should be legal either under certain circumstances or without restrictions. • This is close to the figure for all Americans: 87%. • Among Catholics, 39% say a woman should be able to get an abortion if she decides she wants one, no matter what the reason. • Another 43% say abortion should be legal under certain circumstances, such as when a woman's health is endangered or when a pregnancy results from rape. • Only 15% of Catholics agree with the bishops' position that abortion should be illegal in all circumstances.

Time/CNN nationwide poll of 1,000 adults, conducted by Yankelovich Partners, Sept. 27-28, 1995, MOE ±3%; subsample of 500 Catholics, MOE ±4.5%.

This finding holds true across polls and over time

• In 1992, 84% of Catholics -- and 84% of all Americans -- said abortion should be legal in some or all circumstances. • Only 13% of Catholics agreed with the bishops that abortion should be illegal in all circumstances.

Gallup Survey, for Catholics Speak Out, of 802 Catholics, May 5-7, 1992, MOE ±4%; and Gallup poll of 1,001 adults nationally, Jan. 16-19, 1992, MOE ±3% (data provided by the Roper Center, University of Connecticut).

• In 1990, 85% of Catholics and 90% of all Americans said abortion should be legal in at least some circumstances. • 51% of Catholics and 57% of all Americans said choices on abortion should be left up to the woman and her doctor. • Only 12% of Catholics took the bishops' position that abortion should always be illegal.

Wall Street Journal/NBC News poll of 1,555 registered voters nationwide, conducted by Peter Hart and Robert Teeter, July 6-10, 1990, MOE ±2.6%; subsample of 427 Catholics, MOE±5%.

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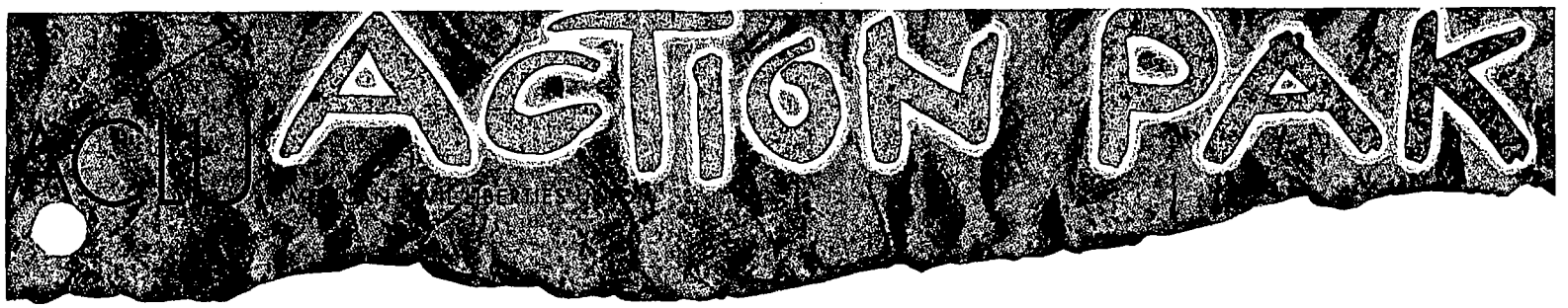

PARENTAL RIGHTS LEGISLATION

A significant new threat to reproductive rights has emerged in the form of "parental rights" legislation, which has been proposed at both the federal and state levels. The model language for this legislation, circulated by an organization called Of the People, reads: "The right of parents to direct the upbringing and education of their children shall not be infringed." This principle sounds innocuous, but, in fact, the proposed bills could have seriously detrimental effects in the areas of minors' reproductive health care, other medical care, education, safety, and work.

The ACLU has consistently defended family autonomy against unwarranted governmental intrusion and has supported Supreme Court decisions upholding rights to family privacy and family integrity. Although the ACLU takes the position that the vital role that parents play in the raising of their children is of critical importance and must be respected, we oppose parental rights bills because they are unnecessary, redundant, and dangerous. These bills would give parents such absolute control over their children's lives that, in some instances, the minors' own constitutional rights would be threatened and their health and well-being endangered.

1. The Potential Harm of Parental Rights Bills

Parental rights bills give parents grounds on which they can sue government entities, such as school boards and other state agencies, for violating their right to "direct the upbringing and education" of their children. If enacted, these bills would cause an explosion of litigation against school systems and youth-service agencies. Depending on a bill's specific provisions, parents might bring a lawsuit:

- because they were investigated by a child welfare agency for suspected child abuse;
- because a school provided sexuality education, a condom availability program, or a health clinic that gave students confidential services;
- because a school counselor talked to a troubled child without first obtaining parental permission;
- because a student encountered a subject that some political organizations or individual parents think taboo, such as "divorce," "suicide," "witchcraft," or "creative problem solving," as the result of a reading assignment -- for instance, Shakespeare's *Romeo and Juliet* (suicide) or *Macbeth* (witchcraft);
- or because a school district refused to provide parents with vouchers to finance their children's alternative education in sectarian schools or other private schools.

Although parental rights legislation threatens to undermine the rights and well-being of minors in many different ways, it particularly jeopardizes their access to sexuality education, birth control and AIDS prevention services, testing and treatment for sexually transmitted diseases (STDs), pregnancy testing, prenatal care, and abortion services. Some state bills would severely limit minors' access in these areas by requiring parental notification or consent where no such requirement is presently in effect, or in conflict with current state law. Not only do both the state and federal bills interfere with confidentiality for minors, but they also give parents a legal cause

Fact Sheet

Zero Population Growth

Teens and Title X

Family Planning Program Disputed in Congress

"Alligators...Wolves..." C-SPAN viewers must have thought they had tuned into "Wild Kingdom." In reality, they were watching a heated debate over welfare reform, in which members of Congress compared teen parents and their children to wild animals and tied each and every social ill plaguing America to young, unmarried mother.

The House of Representatives is increasingly approving punitive policies toward poor women and is debating whether to cut off aid to young women and their children. In the words of one lawmaker, "Don't feed the alligators."

Absent from the debate, so far, is any serious consideration of improving family planning, education and reproductive health services to help teens prevent pregnancy in the first place.

The United States Congress has lost the opportunity to address a trend that has serious demographic and social impacts. More than one million teenagers, 12 percent of all women ages 15 to 19, become pregnant each year.

More than one million teenagers become pregnant each year.

Currently, about one-half of all pregnant teens give birth. Studies show that the proportion of teenagers who choose to continue their pregnancies is rising and growing fastest among less educated and poor teenagers. This group accounts for 73 percent of all teenagers who get pregnant, even though they comprise only 38 percent of women in that group.

According to the Alan Guttmacher Institute, teen mothers have diminished earning capacity, are more likely to rely on public assistance than older mothers, and are less likely to graduate high school. Clearly, teen pregnancy prevention programs are crucial in helping young women avoid poverty and welfare dependency.

Furthermore, evidence shows that young people who believe they have future opportunities are more likely to use contraceptives and delay childbearing. Access to family planning services has also proven to be an important factor affecting teen pregnancy.

Preventive Measures

Title X, the main federal funding source targeted for pregnancy prevention among teens, has survived a roller coaster ride in Congress this year. Despite rhetoric that too many young women on welfare are having children, Title X funding, as part of the Labor Health and Human Services bill, barely made its way to the Senate, where it has stalled.

Title X, a vital program to help reduce teen pregnancy rates, has rolled in and out of committee, surviving funding cuts and structural provisions. Currently, Congress is considering restricting federal grants to Title X recipients, such as Planned Parenthood, incorrectly arguing that these funds are used for political advocacy.

Another controversial provision of the Labor-HHS bill impeding the passage of Title X includes an anti-choice amendment barring Medicaid reimbursement for abortions performed as a result of rape and incest. If negotiations remain stalled, Title X will continue in 1996 with a 5 percent reduction from current funding levels of $193 million.

The House of Representatives may have missed the boat when it comes to providing young people with education, job training and other incentives to delay parenthood. However, Congress, especially the Senate, still has ample opportunity to expand federal family planning initiatives.

Title X of the Public Health Services Act is the only federal program devoted to supporting family planning services. Relatively speaking, after 25 years, Title X remains underfunded. Annual funding is less than what the United States spends on subsidies for mohair.

Nevertheless, Title X is the centerpiece that binds together almost all public funding for family planning. It supports education and training of health care providers throughout the nation and sets family planning standards that are followed by clinics, regardless of whether they are funded by the program.

An Alan Guttmacher Institute survey found that Title X is the single most important source of funding for the nation's 2,614 family planning agencies. Family planning for poor women and teens often occurs at Title X-funded clinics. In 1992, nearly 40 percent of all teenagers used the services of such a clinic.

Compared with other types of family planning agencies, Title X clinics are more likely to have specific programs for teenagers, including outreach, special clinics and sexuality education. In addition, Title X family planning providers tend to charge lower fees or often waive them entirely.

Research findings confirm that programs that offer teens affordable,

(over)

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confidential contraceptive, education and family planning services have been successful in delaying sexual activity, increasing contraceptive use among teens who are already sexually active, and reducing pregnancy rates.

A Program with a Past

In 1970, President Nixon hailed the enactment of Title X as a means to address rapid population growth and the dearth of affordable, accessible family planning services. In addition to providing funding to clinics, a key feature of the new law authorized the federal government to disseminate information and educational materials on U.S. population growth.

During the 1970s, Title X remained modestly funded, but grew into the largest supporter of the nation's growing network of family planning clinics. However, Congress allowed the program's population roots to wither. Except for ZPG and several other organizations, there were few which remembered Title X's population mandate.

Support for Title X took a precipitous decline during the 1980s. Fueled by a rising conservative influence, Presidents Reagan and Bush and their Congressional followers repeatedly tried to abolish or handicap the program. Funding was drastically cut.

Family planning advocates waged a fierce battle to fend off a proposed "squeal rule" which would have required health care workers to notify parents before prescribing contraceptives to teens. Congress also tried to heap additional requirements onto Title X clinics, such as providing adoption counseling and placement services, which were unrelated to the program's core mission.

The biggest insult was the gag rule, a Reagan administration regulation that prohibited health care providers in Title X facilities from offering abortion information or referrals. Despite strong Congressional support to repeal the "gag rule" and massive lobbying efforts by ZPG and a wide range of medical, pro-choice, family planning, religious and feminist groups, Reagan vetoed the legislation.

For 10 years, family planning advocates were busy rescuing a program that was in almost perpetual crisis. There was little opportunity to focus on advocacy aimed at improving and expanding Title X. Indeed, when adjusting for inflation, Title X funding for contraceptive services decreased 72 percent between 1980 and 1992.

Because Title X quickly became a lightning rod for controversial measures, legislation to reauthorize the programs has not made it through Congress since 1985. Technically, the program has expired, although Congress has funded the program at a modest level each year for the past decade.

The Outlook for Title X

At the beginning of the Clinton administration, improvements to Title X were under way. Within days after his inauguration, President Clinton nullified the gag rule. Unlike the Reagan and Bush years, the Clinton administration openly supported the Title X program and recommended a series of funding increases.

But the 104th Congress has a different agenda. As evidenced by the recent welfare debate, congressional members have little interest in helping teens and poor men and women plan their families and climb out of poverty. Many legislators are sympathetic to claims that Title X promotes promiscuity and abortion, and in fact, the welcome mat is out again for groups that want to abolish or severely cripple Title X.

Congressional leaders have proposed that Title X be defunded, turned over to the states to administer, or hobbled with measures such as the old squeal rule that would jeopardize teens' access to and use of contraceptives.

Title X proponents are guardedly optimistic. They are seasoned from years of fighting to protect the program and ready to battle again. Capitol Hill lobbyists say that they cannot do this alone. Only an outpouring of public support can ensure that the Title X program will survive and continue to serve teens and others in need of quality, accessible and affordable family planning services.

--Nancy Hirshbein

Printed in The ZPG Reporter
June, 1995. Updated December, 1995.

Teens and Title X

Related Statistics

*** One million teenage women aged 15-19, or 117 out of every 1,000, become pregnant each year.**

*** 85 percent of teenage pregnancies are unplanned.**

*** Teenage pregnancy rates in the United States are twice as high as in England and Wales, France, and Canada.**

*** Title X funding costs each American about 75 cents a year.**

*** Family planning programs, including Title X, prevent approximately 256,000 unintended teenage pregnancies each year.**

*** Title X funds absorbed 44 percent of contraceptive expenditures in 1980. This figure dropped to only 17 percent by 1992.**

*** Teenage women give birth to 12% of all children born in the United States.**

Source: The Alan Guttmacher Institute

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FACTSFACTSFA
AT A GLANCE

January 1996

TEEN BIRTH RATE. Between 1986 and 1991, the teen birth rate rose by one-fourth. In 1992 and again in 1993, tiny declines occurred. Although the decline in the teen birth rate was small, it occurred in nearly every state. It is too soon to know whether this slight decline represents the beginning of a sustained downturn.

Teen Birth Rate (Births per 1,000 Females Aged 15-19)

All Females	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992	1993
15-19	89.1	68.3	53.0	51.0	50.2	50.6	53.0	57.3	59.9	62.1	60.7	59.6
15-17	--	38.8	32.5	31.0	30.5	31.7	33.6	36.4	37.5	38.7	37.8	37.8
18-19	--	114.7	82.1	79.6	79.6	78.5	79.9	84.2	88.6	94.4	94.5	92.1

NUMBER OF BIRTHS TO TEENS. The number of births to teens also declined slightly in 1993. However, this decline was concentrated among older teens. The number of births to adolescents 17 and younger rose slightly, reflecting an increase in the population of younger teens.

Number of Births to Females Under Age 20

Ages	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992	1993
Under 15	6,780	11,752	10,169	10,220	10,176	10,311	10,588	11,486	11,657	12,014	12,220	12,554
15-17	182,408	223,590	198,222	167,789	168,572	172,591	176,624	181,044	183,327	188,226	187,549	190,535
18-19	404,558	421,118	353,939	299,696	293,333	289,721	301,729	325,459	338,499	331,351	317,866	310,558
Under 20	593,746	656,460	562,330	477,705	472,081	472,623	488,941	517,989	533,483	531,591	517,635	513,647

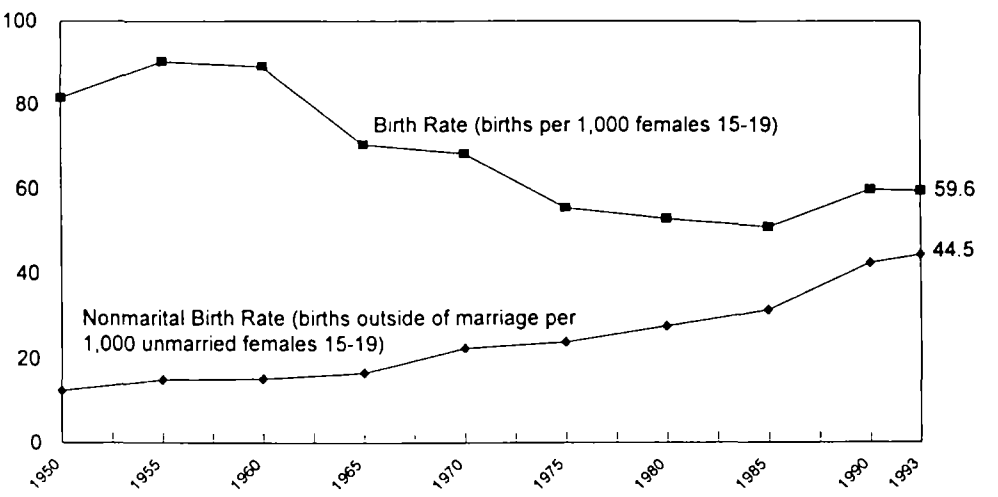
NONMARITAL BIRTHS. In 1993, the percent of teen births that occurred outside of marriage continued to increase, rising to 72%.

Percent of Births that Were Nonmarital:	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992	1993
to Mothers Under Age 20	15	30	48	59	61	64	66	67	68	69	71	72%
to Mothers Aged 20-24	5	9	19	26	29	31	33	35	37	39	41	42%

FATHERS. Among teens 15-17 who have babies, half of the fathers of the babies are age 20 or older.

TRENDS IN THE TEEN BIRTH RATE AND THE NONMARITAL TEEN BIRTH RATE, 1950-1993. Despite the rise in the teen birth rate that occurred in the late 1980s, the teen birth rate is nevertheless lower now than it was in the 1950s and 1960s.

On the other hand, the nonmarital teen birth rate has risen steadily.



In 1993, the teen birth rate dropped slightly among non-Hispanic whites and blacks, but stayed the same among Hispanic teens. The birth rate for Hispanic teens and black teens is now quite similar.

Birth Rate: Births Per 1,000 Females Aged 15-19, by Race/Ethnicity

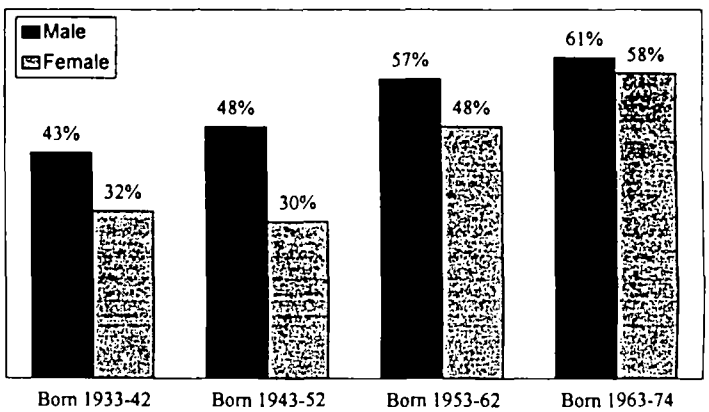
Race/Ethnicity	1980	1986	1989	1990	1991	1992	1993
Hispanics	82	80	91	100	107	107	107
Non-Hispanic Blacks	105	104	112	116	118	116	111
Non-Hispanic Whites	41	36	40	43	43	42	40

Note: 1980 data on Hispanic ethnicity are reported for 22 states, accounting for 90% of Hispanic births; 1986 data are for 23 states and DC; 1989 data are for 47 states and DC; 1990 data are for 48 states and DC; 1991 and 1992 data are for 49 states and DC; 1993 data are for all states and DC.

ABORTION AMONG U.S. TEENS. In 1991, the most recent year for which abortion data are available, U.S. teens had 858,000 pregnancies (not counting miscarriages), of which 326,000 ended in abortion, and 532,000 ended in a live birth. In the late 1980s and early 1990s, the number of abortions, the abortion rate, and the proportion of pregnancies ending in abortion all declined among teens. Comparable declines in abortion did not occur among older women.

	1973	1975	1980	1985	1990	1991
			Number of Abortions			
Age < 15	11,630	15,260	15,340	16,970	12,580	12,000
Age 15-19	231,900	326,780	444,780	399,200	350,970	314,000
			Abortion Rate (Abortions per 1,000 females 15-19)			
Age 15-19	22.8	31.2	42.8	43.5	40.3	37.6
			Abortion Ratio (Percent of births plus abortions, ending in abortion)			
Age < 15	47%	55%	60%	62%	52%	50%
Age 15-19	28%	36%	45%	46%	40%	38%

TRENDS IN AGE OF FIRST SEX. Data from several surveys confirm a trend toward earlier sex. For example, data from the National Health and Social Life Survey indicate that the proportion of teens having sex by age 18 has risen (see chart). The gap between male and female teens has narrowed. Among youth who turned 18 between 1981 and 1992, 58% of females and 61% of males had sex by age 18.



Adolescents with well-educated parents are more likely to delay having sex. For example, analyses of the National Health Interview Survey 1992 Supplement indicate that a quarter of girls whose parent had not completed high school had sex by age 15, compared to 11% of girls with a college-educated parent.

INTERVENTIONS. Appropriate interventions to prevent adolescent childbearing will vary depending on the characteristics, needs and values of the community and/or of the family. For example, advantaged teens from effective families may require little or no formal program intervention. Disadvantaged adolescents from multiple-problem families may require early and comprehensive intervention efforts.

Intervention programs need to be based on research findings. Researchers consistently find four broad factors that predict early sex, adolescent pregnancy, and nonmarital childbearing among teens:

- early school failure,
- early behavior problems,
- poverty, and
- family problems and family dysfunction.

Addressing these factors with comprehensive programs for disadvantaged children in their preschool and elementary school years represents a promising direction for intervention efforts.

TABLE 1: BIRTHS TO MOTHERS UNDER AGE 20 IN 1993

	NUMBER OF BIRTHS TO MOTHERS AGED:				Births to Mothers Under Age 20:		Hispanic Ethnicity-* Number of Births to Hispanic Females Under Age 20	Percent of Teen Births to Unmarried Mothers	Of All First Births In State, Percent to Teen Mothers
	Under 15	15-17	18-19	Total Under 20	White	Black			
ALABAMA	379	4,278	6,367	11,024	5,440	5,531	76	69%	31%
ALASKA	13	416	767	1,196	652	98	54	69%	23%
ARIZONA	186	3,868	6,384	10,438	8,716	582	4790	78%	30%
ARKANSAS	181	2,388	4,098	6,667	4,266	2,346	80	63%	35%
CALIFORNIA	1,579	26,352	42,291	70,222	58,110	8,138	42254	70%	24%
COLORADO	129	2,431	3,893	6,453	5,622	616	2359	71%	23%
CONNECTICUT	102	1,478	2,177	3,757	2,656	1,032	1248	88%	14%
DELAWARE	43	496	781	1,320	712	597	102	88%	23%
DISTRICT OF COLUMBIA	81	784	982	1,847	66	1,734	133	96%	31%
FLORIDA	772	9,729	15,308	25,809	15,105	10,488	3739	77%	24%
GEORGIA	583	6,880	10,350	17,813	8,374	9,332	506	74%	28%
HAWAII	27	633	1,327	1,987	335	61	393	77%	19%
IDAHO	25	809	1,500	2,334	2,232	10	402	54%	29%
ILLINOIS	629	9,445	14,331	24,405	13,244	11,007	4737	83%	24%
INDIANA	188	4,073	7,617	11,878	9,258	2,581	397	77%	27%
IOWA	63	1,376	2,627	4,066	3,655	332	165	79%	22%
KANSAS	77	1,615	3,152	4,844	3,880	815	471	72%	26%
KENTUCKY	222	3,222	5,470	8,914	7,574	1,310	55	58%	30%
LOUISIANA	426	5,176	7,375	12,977	4,938	7,926	122	81%	35%
MAINE	17	488	1,017	1,522	1,474	14	13	79%	19%
MARYLAND	241	2,945	4,308	7,494	2,916	4,427	280	85%	19%
MASSACHUSETTS	137	2,361	4,112	6,610	5,136	1,274	1808	89%	14%
MICHIGAN	371	6,369	10,857	17,597	10,310	7,023	914	67%	24%
MINNESOTA	98	1,861	3,355	5,314	3,982	706	310	84%	17%
'SSISSIPPI	376	3,611	5,157	9,144	3,114	5,961	16	78%	39%
SOURI	237	3,855	6,576	10,668	7,222	3,370	188	75%	27%
ONTANA	15	499	903	1,417	1,073	9	36	75%	27%
NEBRASKA	42	768	1,537	2,347	1,900	317	238	77%	21%
NEVADA	63	1,082	1,840	2,985	2,371	469	776	71%	26%
NEW HAMPSHIRE	6	302	744	1,052	1,028	17	28	82%	14%
NEW JERSEY	274	3,572	5,427	9,273	4,817	4,366	2638	88%	14%
NEW MEXICO	95	1,958	2,915	4,968	4,105	153	3066	78%	35%
NEW YORK	642	9,953	15,586	26,181	16,274	9,602	7823	86%	17%
NORTH CAROLINA	437	5,743	9,370	15,550	8,032	7,083	399	74%	27%
NORTH DAKOTA	9	242	580	831	637	8	21	77%	21%
OHIO	470	7,739	13,434	21,643	15,018	6,520	604	81%	26%
OKLAHOMA	145	2,772	5,035	7,952	5,554	1,275	454	62%	32%
OREGON	83	1,843	3,249	5,175	4,707	249	741	73%	25%
PENNSYLVANIA	393	6,303	10,205	16,901	11,196	5,547	1578	87%	20%
RHODE ISLAND	23	572	865	1,460	1,122	245	310	89%	20%
SOUTH CAROLINA	257	3,279	5,169	8,705	3,963	4,688	94	76%	29%
SOUTH DAKOTA	10	406	779	1,195	782	12	18	77%	24%
TENNESSEE	317	4,419	7,573	12,309	7,796	4,458	98	68%	29%
TEXAS	1,324	19,812	30,613	51,749	41,433	9,897	26056	36%	30%
UTAH	45	1,400	2,551	3,996	3,754	53	539	57%	24%
VERMONT	8	186	455	649	633	5	2	77%	17%
VIRGINIA	279	3,621	6,483	10,383	5,878	4,384	438	74%	20%
WASHINGTON	163	2,997	5,486	8,646	7,335	598	1480	73%	22%
WEST VIRGINIA	87	1,341	2,397	3,825	3,621	198	9	60%	31%
WISCONSIN	175	2,483	4,577	7,235	4,700	2,094	471	83%	20%
WYOMING	10	304	606	920	854	12	116	66%	30%
U.S. TOTAL	12,554	190,535	310,558	513,647	347,572	149,570	113645	72%	24%

*Hispanic persons may be of any race.

urce/Notes: Unpublished and specially tabulated data from the National Center for Health Statistics, Department of Health and Human Services; forthcoming in *Vital Statistics of the United States, 1993, Vol. 1, Natality.* The proportion of births to unmarried women in Texas appears to be too low. Nonmarital births are inferred for California, Connecticut, Michigan, Nevada, New York, and Texas from information on the birth certificate.

TABLE 2: BIRTH RATES FOR TEENS 15-19 IN 1970, 1980, 1985, AND 1990-1993 AND FOR TEENS 15-17 AND 18-19 IN 1993 AND GONORRHEA RATES FOR FEMALES AGED 15-19 IN 1992

	Birth Rates (Births per 1,000) to Teen Mothers Aged 15-19							Birth Rates (Births per 1,000)		Percent of Teen Births That are 2nd or Later Births	Gonorrhea Rates (Cases per 1,000 Females 15-19)
	1970	1980	1985	1990	1991	1992	1993	Age 15-17 1993	Age 18-19 1993	1993	1992
ALABAMA	89	68	64	71	74	73	71	48	102	24%	16.0
ALASKA	87	64	56	65	65	63	57	33	92	21%	6.7
ARIZONA	77	66	67	76	80	81	80	50	126	24%	5.2
ARKANSAS	91	75	73	80	80	76	74	46	115	23%	10.7
CALIFORNIA	65	53	53	71	74	74	73	46	112	23%	5.0
COLORADO	64	50	48	55	58	58	55	35	87	20%	8.0
CONNECTICUT	43	31	31	39	40	39	39	26	58	23%	7.8
DELAWARE	72	51	51	55	61	60	60	39	89	23%	12.8
DISTRICT OF COLUMBIA	110	62	72	93	116	117	129	102	163	35%	36.9
FLORIDA	85	59	58	69	68	66	65	42	99	25%	9.6
GEORGIA	98	72	68	76	76	75	73	49	108	27%	20.6
HAWAII	60	51	48	61	59	54	53	30	85	22%	2.4
IDAHO	65	60	47	51	54	52	51	29	83	20%	0.8
ILLINOIS	66	56	51	63	65	64	63	41	96	27%	12.1
INDIANA	73	58	52	59	61	59	59	34	94	23%	8.4
IOWA	52	43	35	41	43	41	41	23	69	18%	4.3
KANSAS	61	57	52	56	55	56	56	31	94	22%	10.1
KENTUCKY	86	72	63	68	69	65	64	40	100	22%	5.8
LOUISIANA	85	76	72	74	76	76	76	53	111	25%	11.2
MAINE	65	47	42	43	44	40	37	20	63	18%	0.3
MARYLAND	68	43	46	53	54	51	50	34	75	23%	15.4
MASSACHUSETTS	38	28	29	35	38	38	38	24	58	21%	2.1
MICHIGAN	66	45	43	59	59	57	53	33	84	24%	11.9
MINNESOTA	42	35	31	36	37	36	35	20	58	20%	4.2
MISSISSIPPI	102	84	76	81	86	84	83	58	121	27%	21.8
MISSOURI	71	58	54	63	65	63	60	37	95	24%	13.8
MONTANA	58	49	44	48	47	46	46	27	76	16%	0.8
NEBRASKA	52	45	40	42	42	41	41	23	67	20%	6.0
NEVADA	90	59	55	73	75	71	73	45	117	22%	7.2
NEW HAMPSHIRE	55	34	32	33	33	31	31	15	55	17%	0.4
NEW JERSEY	48	35	34	41	41	39	38	25	58	22%	4.2
NEW MEXICO	77	72	73	78	80	80	81	54	124	22%	3.6
NEW YORK	49	35	36	44	46	45	46	30	69	22%	7.3
NORTH CAROLINA	86	58	57	68	70	70	67	43	101	23%	17.5
NORTH DAKOTA	43	42	36	35	36	37	37	18	67	14%	0.4
OHIO	63	53	50	58	61	58	57	35	89	23%	12.8
OKLAHOMA	81	75	69	67	72	70	69	40	111	23%	11.9
OREGON	56	51	43	55	55	53	51	30	84	20%	3.8
PENNSYLVANIA	52	41	40	45	47	45	44	28	68	24%	7.4
RHODE ISLAND	45	33	36	44	45	48	50	34	73	23%	2.7
SOUTH CAROLINA	89	65	63	71	73	71	66	44	98	24%	8.6
SOUTH DAKOTA	50	53	46	47	48	48	44	25	75	19%	1.5
TENNESSEE	87	64	61	72	75	72	70	43	110	24%	15.4
TEXAS	84	74	72	75	79	78	78	51	118	24%	9.3
UTAH	54	65	50	49	48	46	44	26	74	18%	0.9
VERMONT	53	40	36	34	39	36	35	17	63	18%	0.1
VIRGINIA	72	48	46	53	53	52	50	31	77	21%	10.4
WASHINGTON	58	47	45	53	54	51	50	29	82	19%	4.9
WEST VIRGINIA	72	68	54	57	58	56	56	33	88	18%	2.0
WISCONSIN	44	40	39	43	44	42	41	24	67	25%	4.0
WYOMING	69	79	59	56	54	49	50	27	86	16%	0.8
U.S. TOTAL	66	53	51	60	62	61	60	38	92	23%	9.4

Source/Notes: The 1985-1993 rates are calculated by Child Trends. Denominators use the latest revised data from the U.S. Bureau of the Census, Population Estimates Branch. These revisions affect birth rates in some states. Birth data and rates for 1970, 1980, and 1990 are published by the National Center for Health Statistics, Department of Health and Human Services. The 1970 rate represents the average for 1969-1971. Numbers of births for 1993 are provided by special tabulations made by Stephanie Ventura of NCHS. These data will be available in the forthcoming volume *Vital Statistics of the United States, 1993, Vol. 1, Natality.* Gonorrhea rates represent reported cases of gonorrhea from the division of Adolescent and School Health, Centers for Disease Control and Prevention. Population denominators for D.C. and less populated states are small and therefore some instability in rates can occur.

TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE U.S. CITIES IN 1993

City	BIRTHS TO TEENS			*Of All Births for City, % to Mothers Under Age 20*	NUMBER OF BIRTHS TO TEENS		BIRTHS TO UNMARRIED TEEN MOTHERS			*Of all Births to Mothers Under Age 20, Percent Nonmarital*
	Total Under 20	17 and Younger	Ages 18-19		White	Black	Total Under 20	17 and Younger	Ages 18-19	
AKRON, OH	674	260	414	18%	298	375	606	245	361	90%
ALBUQUERQUE, NM	1,182	528	654	15%	1,039	62	980	484	496	83%
AMARILLO, TX	546	230	316	20%	467	71	193	102	91	35%
ANAHEIM, CA	869	311	558	12%	821	23	550	213	337	63%
ANCHORAGE, AK	495	177	318	10%	295	70	337	148	189	68%
ARLINGTON, TX	480	164	316	9%	389	77	169	72	97	35%
ATLANTA, GA	1,800	868	932	21%	145	1,647	1,692	836	856	94%
AURORA, CO	453	183	270	11%	287	142	339	164	175	75%
AUSTIN, TX	1,311	570	741	14%	990	306	481	259	222	37%
BAKERSFIELD, CA	1,257	533	724	17%	1,061	177	1,008	466	542	80%
BALTIMORE, MD	2,645	1,297	1,348	22%	383	2,249	2,419	1,205	1,214	91%
BATON ROUGE, LA	822	366	456	16%	186	631	724	349	375	88%
BIRMINGHAM, AL	969	456	513	22%	102	867	884	438	446	91%
BOSTON, MA	1,026	408	618	12%	410	589	965	400	565	94%
BRIDGEPORT, CT	502	234	268	20%	308	187	449	219	230	89%
BUFFALO, NY	1,005	451	554	17%	401	594	940	439	501	94%
CHARLOTTE, NC	900	391	509	13%	255	634	801	370	431	89%
CHATTANOOGA, TN	530	222	308	22%	197	332	463	205	258	87%
CHESAPEAKE, VA	317	128	189	11%	146	170	259	116	143	82%
CHICAGO, IL	10,973	4,922	6,051	19%	3,622	7,279	9,805	4,664	5,141	89%
CINCINNATI, OH	1,368	619	749	21%	412	953	1,282	599	683	94%
CLEVELAND, OH	2,187	981	1,206	21%	682	1,497	2,050	954	1,096	94%
COLORADO SPRINGS, CO	692	246	446	12%	559	109	459	209	250	66%
COLUMBUS, GA	626	278	348	21%	210	410	509	253	256	81%
COLUMBUS, OH	1,709	692	1,017	16%	866	816	1,498	641	857	88%
CORPUS CHRISTI, TX	881	411	470	19%	816	54	290	148	142	33%
DALLAS, TX	3,887	1,701	2,186	18%	2,177	1,669	1,983	993	990	51%
DAYTON, OH	632	287	345	19%	219	410	585	275	310	93%
DENVER, CO	1,424	610	814	16%	1,084	293	1,098	548	550	77%
DES MOINES, IA	509	204	305	14%	403	91	438	187	251	86%
DETROIT, MI	4,548	1,929	2,619	22%	462	4,055	4,262	1,864	2,398	94%
EL PASO, TX	2,426	927	1,499	17%	2,345	69	965	434	531	40%
FLINT, MI	768	341	427	22%	246	519	459	238	221	60%
FT. LAUDERDALE, FL	622	283	339	15%	142	480	561	273	288	90%
FORT WAYNE, IN	565	223	342	16%	324	233	495	214	281	88%
FORT WORTH, TX	1,568	693	875	17%	985	562	572	306	266	36%
FREMONT, CA	169	71	98	5%	137	16	108	56	52	64%
FRESNO, CA	1,892	847	1045	18%	1,291	243	1,286	594	692	68%
GARDEN GROVE, CA	330	127	203	10%	286	7	195	74	121	59%
GARLAND, TX	430	178	252	13%	329	95	172	85	87	40%
GARY, IN	621	279	342	27%	75	545	598	275	323	96%
GLENDALE, CA	176	55	121	7%	164	2	138	47	91	78%
GRAND RAPIDS, MI	591	253	338	15%	277	301	369	168	201	62%
GREENSBORO, NC	404	152	252	15%	113	281	359	143	216	89%
HARTFORD, CT	648	315	333	23%	375	257	605	296	309	93%
HIALEAH, FL	295	106	189	11%	280	15	187	74	113	63%
HONOLULU, HI	396	132	264	7%	60	20	330	121	209	83%
HOUSTON, TX	6,399	2,673	3,726	16%	3,931	2,384	3,181	1,513	1,668	50%
HUNTINGTON BEACH, CA	179	75	104	6%	169	3	116	52	64	65%
HUNTSVILLE, AL	366	148	218	15%	136	226	295	139	156	81%
INDIANAPOLIS, IN	2,201	882	1,319	16%	1,205	989	1,933	826	1,107	88%
IRVING, TX	400	145	255	13%	357	38	150	66	84	38%
JACKSON, MS	720	315	405	21%	81	638	667	306	361	93%
JACKSONVILLE, FL	1,761	711	1,050	16%	823	923	1,386	627	759	79%
JERSEY CITY, NJ	593	278	315	14%	218	353	545	268	277	92%
KANSAS CITY, KS	579	274	305	22%	296	271	513	252	261	89%
KANSAS CITY, MO	1,171	507	664	16%	419	735	1,053	481	572	90%
KNOXVILLE, TN	416	158	258	16%	262	153	304	130	174	73%
LAS VEGAS, NV	1,256	493	763	14%	941	264	944	407	537	75%
LEXINGTON-FAYETTE, KY	437	192	245	12%	274	163	332	166	166	76%
LINCOLN, NE	225	78	147	8%	180	20	182	75	107	81%
LITTLE ROCK, AR	482	209	273	16%	101	380	424	190	234	88%
LONG BEACH, CA	1,339	565	774	13%	854	364	961	436	525	72%
LOS ANGELES, CA	10,813	4,368	6,445	13%	9,013	1,662	8,431	3,616	4,815	78%
LOUISVILLE, KY	1,223	535	688	20%	610	605	1,072	499	573	88%
LUBBOCK, TX	591	240	351	18%	492	96	222	108	114	38%
MADISON, WI	202	68	134	7%	115	66	163	58	105	81%
MEMPHIS, TN	2,523	1,107	1,416	21%	336	2,179	2,312	1,071	1,241	92%
MESA, AZ	714	260	454	12%	660	23	543	227	316	76%

(continued)

TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE U.S. CITIES IN 1993 (continued)

City	BIRTHS TO TEENS			Of All Births in City, % to Mothers Under Age 20	NUMBER OF BIRTHS TO TEENS		BIRTHS TO UNMARRIED TEEN MOTHERS			Of all Births to Mothers Under Age 20, Percent Nonmarital
	Total Under 20	17 and Younger	Ages 18-19		White	Black	Total Under 20	17 and Younger	Ages 18-19	
MIAMI, FL	2,408	1,069	1,339	14%	962	1,441	2,072	987	1,085	86%
MILWAUKEE, WI	2,500	1,085	1,415	21%	678	1,720	2,318	1,041	1,277	93%
MINNEAPOLIS, MN	856	402	454	14%	255	421	786	388	398	92%
MOBILE, AL	678	314	364	18%	171	501	584	291	293	86%
MODESTO, CA	610	255	355	15%	537	21	407	186	221	67%
MONTGOMERY, AL	593	263	330	18%	126	466	512	247	265	86%
NASHV'L.-DAVIDSON, TN	1,259	548	711	15%	583	666	1,086	511	575	86%
NEWARK, NJ	1,002	446	556	19%	312	686	929	425	504	93%
NEW ORLEANS, LA	2,126	961	1,165	23%	92	2,021	2,035	950	1,085	96%
NEWPORT NEWS, VA	523	196	327	15%	220	295	377	176	201	72%
NEW YORK, NY	13,833	5,813	8,020	11%	7,447	6,216	12,195	5,449	6,746	88%
NORFOLK, VA	841	319	522	16%	279	552	632	293	339	75%
OAKLAND, CA	1,087	478	609	15%	325	670	840	376	464	77%
OKLAHOMA CITY, OK	1,293	540	753	18%	812	397	967	460	507	75%
OMAHA, NE	673	264	409	13%	371	280	603	255	348	90%
ORLANDO, FL	1,028	436	592	16%	507	509	848	405	443	82%
OXNARD, CA	590	208	382	14%	548	29	300	120	180	51%
PATERSON, NJ	576	278	298	17%	316	259	500	258	242	87%
PHILADELPHIA, PA	4,737	2,210	2,527	18%	1,460	3,190	4,534	2,178	2,356	96%
PHOENIX, AZ	3,353	1,336	2,017	16%	2,882	340	2,784	1,230	1,554	83%
PITTSBURGH, PA	804	357	447	16%	213	583	764	348	416	95%
PORTLAND, OR	875	363	512	13%	594	210	748	335	413	85%
PROVIDENCE, RI	554	246	308	18%	341	148	493	237	256	89%
RALEIGH, NC	283	122	161	8%	69	213	250	115	135	88%
RICHMOND, VA	619	294	325	18%	62	556	590	287	303	95%
RIVERSIDE, CA	902	346	556	14%	781	79	663	286	377	74%
ROCHESTER, NY	980	461	519	18%	372	599	921	452	469	94%
SACRAMENTO, CA	1,888	815	1,073	15%	1,079	489	1,269	578	691	67%
ST LOUIS, MO	1,760	853	907	23%	254	1,500	1,708	843	865	97%
ST PAUL, MN	696	301	395	14%	328	168	569	268	301	82%
ST PETERSBURG, FL	620	244	376	18%	242	366	532	228	304	86%
SALT LAKE CITY, UT	607	232	375	10%	550	17	384	180	204	63%
SAN ANTONIO, TX	3,691	1,553	2,138	18%	3,366	296	1,412	663	749	38%
SAN BERNARDINO, CA	916	395	521	17%	684	203	755	349	406	82%
SAN DIEGO, CA	2,327	938	1,389	11%	1,688	415	1,571	692	879	68%
SAN FRANCISCO, CA	672	289	383	7%	332	247	495	225	270	74%
SAN JOSE, CA	1,733	745	988	10%	1,445	107	1,300	611	689	75%
SANTA ANA, CA	1,380	536	844	13%	1,331	10	861	385	476	62%
SAVANNAH, GA	608	275	333	21%	131	476	527	257	270	87%
SEATTLE, WA	516	209	307	7%	244	163	438	199	239	85%
SHREVEPORT, LA	667	303	364	21%	145	520	578	290	288	87%
SPOKANE, WA	483	164	319	13%	426	20	333	135	198	69%
SPRINGFIELD, MA	587	261	326	22%	428	151	540	254	286	92%
SPRINGFIELD, MO	303	111	192	15%	283	17	184	88	96	61%
STOCKTON, CA	1,007	433	574	17%	587	171	708	323	385	70%
SYRACUSE, NY	588	274	314	20%	242	332	545	269	276	93%
TACOMA, WA	478	202	276	15%	324	94	401	193	208	84%
TAMPA, FL	1,243	506	737	17%	560	674	1,039	461	578	84%
TEMPE, AZ	206	84	122	11%	172	18	164	69	95	80%
TOLEDO, OH	1,101	431	670	18%	621	471	1,002	416	586	91%
TUCSON, AZ	1,347	503	844	15%	1,231	73	1,045	443	602	78%
TULSA, OK	1,002	385	617	16%	563	343	762	326	436	76%
VIRGINIA BEACH, VA	608	197	411	8%	400	192	393	164	229	65%
WARREN, MI	154	55	99	9%	148	2	82	34	48	53%
WASHINGTON, DC	1,847	865	982	17%	66	1,734	1,775	851	924	96%
WICHITA, KS	944	353	591	15%	669	233	728	315	413	77%
WINSTON-SALEM, NC	407	190	217	16%	101	304	364	180	184	89%
WORCESTER, MA	407	154	253	15%	341	52	368	144	224	90%
YONKERS, NY	308	145	163	11%	206	95	254	125	129	82%

Source/Notes: Unpublished data from the National Center for Health Statistics, Department of Health and Human Services; forthcoming in *Vital Statistics of the United States, 1993, Vol. 1, Natality.* The proportion of births to unmarried women in Texas appears to be too low. Nonmarital births are inferred for California, Connecticut, Michigan, Nevada, New York, and Texas from information on the birth certificate.

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Fact Sheet

Zero Population Growth

STRIVING FOR JUSTICE

Communities Call for Environmental Balance

Any company planning to dump its waste in Brooklyn, New York, had better watch out: the Toxic Avengers are on the prowl. By speaking out, demonstrating and organizing neighborhood coalitions, the Avengers, a group of Latino and African American youth, have effectively promoted the clean-up of toxic sites and enforcement of environmental standards in their community.

Like many grassroots groups nationwide, the Toxic Avengers know that environmental conditions are crisscrossed with racial, ethnic and class lines. They experience first-hand how particular segments of society suffer disproportionately from the by-products of industrialization and growth.

Low-income communities host a large share of the nation's toxic waste dumps, landfills and hazardous industries. People of color have the highest rates of pollution-related diseases. These groups also have less access to health care and fewer economic and political resources with which to address their grievances and problems.

The environmental justice movement aims to turn these entrenched situations around by empowering communities and shining a spotlight on the human and social costs of environmental degradation. At the same time, this process can help to achieve sustainability and to slow population growth.

"The success of communities in becoming sustainable has positive implications for addressing other complex issues, such as development, migration and population growth," says Brian Andreja of the Sierra Club's Task Force on Environmental Justice. "It forces us to recognize that we can't disconnect one problem from another."

Grounds for Complaint

Some of the most basic aspects of our lives—where we live and work, what we eat and drink—determine our health and well-being. With its roots in the workplace and in neighborhoods, the environmental justice movement has brought concern for the natural world and resources closer to home.

The concentration of low-income communities and people of color in certain locations, for example urban areas with severe air pollution, exposes them to high environmental risk. A 1987 study on toxic waste and race by the United Church of Christ's Commission for Racial Justice had shocking results: members of racial minorities are twice as likely to live in communities with hazardous waste facilities than in communities without.

A disproportionate level of exposure to environmental hazards is compounded by inadequate nutrition and access to health care services, which render disadvantaged socioeconomic and racial groups more susceptible to disease and less likely to receive proper treatment once ill. Throughout the United States, rates of lead poisoning, birth defects and cancer are directly related to income level and race.

"No one is safe from the many sources of toxic pollution that threaten our planet; however, we are not all endangered equally," writes Benjamin Goldman, author of *The Truth About Where You Live: An Atlas for Action on Toxics and Mortality.*

The employment of people of color and low-income populations is often concentrated in "dirty" economic sectors, such as manufacturing and agriculture, which entail high health risks. When these groups rely on polluters for their livelihoods, they become highly susceptible to "economic blackmail." Efforts to enforce environmental, health and safety standards can provoke business closings and relocation and, consequently, unemployment. Financial incentives may be used to force disadvantaged communities to accept the siting of polluting industries, landfills or toxic waste dumps.

In addition, environmental regulations are often applied unevenly. The *National Law Journal* reported in 1992 that penalties imposed on polluters were 46 percent higher in white communities than in communities of color. The clean-up of hazardous waste sites in these same communities was also found to be less stringent and occur later than in areas with predominantly white populations.

A particularly stark illustration of this trend is the presence of hazardous waste on Native American lands. Businesses offer millions of dollars to tribes which accept their operations. Because of the autonomous status of tribal governments, these businesses are frequently exempt from

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environmental licensing, monitoring, regulation and enforcement procedures.

As a result, Native American lands house numerous toxic waste sites, mines and landfills, often with tragic consequences. Due to the high level of uranium mining on Navajo lands, youth there have organ cancer rates 17 times the national average.

Striking a Balance

A community's knowledge that its problems have a specific source or are rooted in economic and social conditions leads to the realization that these conditions can be changed. This understanding has fostered greater involvement on the part of low-income groups and people of color in environmental protection.

"The willingness and dedication to organize stems from a concern with personal health and safety, which is then translated into a concern for community health," says Charlotte Brody of the Citizen's Clearinghouse on Hazardous Waste. "This focus eventually takes on an environmental meaning."

One of the longest battles waged against life-threatening environmental practices occurred in a predominantly African American neighborhood in West Dallas, Texas. Decades of research, hearings, media exposure and grassroots protests forced the 1984 closing of lead smelters. Residence near the smelters was linked to a nearly 40 percent increase in blood lead levels among children. Soil in local dump sites was found to have a lead content ranging from 16 to 21 times the levels deemed hazardous under federal standards.

More recently, a group of women in Madison, Maine, got together to protest the use of sludge, which is rich in dioxins and heavy metals, to fertilize farmland. Through their negotiations with the city government, an ordinance was passed requiring that companies provide insurance to local residents in case the sludge proves harmful.

"The justice perspective is a highly effective basis for mobilizing communities," says Carlos Melendrez of EDGE: The Alliance of Ethnic and Environmental Organizations. "It is predicated on the idea that environmental issues are also civil rights, human rights and quality of life issues."

The collaboration of a broad base of interest groups and community leaders has also given the environmental justice movement influence on public policy. In 1992, the Environmental Protection Agency established the Environmental Equity Workgroup to assess widespread evidence of the links among race, income and high environmental risk.

Continuing this momentum, President Clinton issued an executive order in 1994 to "direct all federal agencies with a public health or environmental mission to make environmental justice an integral part of their policies and activities."

The directive aims to further cooperation with community groups and tribal governments; to ensure that research and data collection take into account socioeconomic status, race and ethnicity; and to strengthen the equitable enforcement of policies and regulations. These steps could make government agencies on the national, state and local levels more apt to seek community-based solutions.

The weakening of both social and environmental programs by the U.S. Congress currently threatens the implementation of environmental justice strategies on a national level. For example, the 1986 Right to Know Law provides the public with information on toxic releases to air, land and water, allowing communities to wage informed campaigns against polluters. Proposed changes in environmental laws would weaken Right to Know reporting provisions, as well as reduce the number of substances defined as hazardous.

"The current backlash against the environment offers an opportunity for groups to work together," says Andreja. "The environmental and justice movements need to educate each other on ways to achieve what is essentially the same goal."

Teaming Up for Change

A 1988 survey in Detroit schools revealed striking racial differences in perceptions of the "environment." White students viewed it in terms of biodiversity, parks and open spaces. Black youth defined the environment as everything around them, including schools, houses and roads.

Mainstream environmental organizations have long been criticized for focusing on broad issues regarding the conservation of wildlife and natural resources, while neglecting community concerns such as public health and urban development. Their membership and staff have also lacked diversity.

In turn, local communities have gradually come to understand that issues such as resource depletion and population growth do indeed impact their lives and well-being, as well as those of their children and grandchildren.

"The environmental movement has tended to gravitate towards issues that aren't daily concerns of the common man or woman," says Melendrez. "Speaking in terms of justice helps people recognize that the environment is about their living conditions, how they get to work, and personal health and safety."

As the compatibility of justice concerns and environmental protection becomes increasingly apparent, civil rights, population and environmental activists are discovering new areas of common ground.

ZPG has expanded its programs and collaboration with other organizations in order to reach a greater diversity of ethnic, social and economic groups. For example, at a recent conference sponsored by the National Wildlife Federation, ZPG President Dianne Dillon-Ridgley spoke on population and environmental justice issues. Other organizations such as the Sierra Club, the Natural Resources Defense Council and Greenpeace have joined forces with local activists to wage lawsuits and legislative campaigns against polluters and developers.

"Protecting the environment can also mean protecting a sacred site, improving community health, ensuring safe working conditions or solving population problems," says Andreja.

Low-income communities and people of color face some of the strongest population-related pressures brought on by dwindling resources and inadequate infrastructures. ZPG's 1995 *Children's Environmental Index* found a strong correlation between high rates of child poverty and rates of teen pregnancy and high school drop-outs in cities nationwide. A lack of access to family planning and reproductive health services, as well as low education and employment, contribute to these trends among disadvantaged groups.

In contrast, more privileged people have greater economic and social resources with which to make life choices in areas such as health care and the size of their families. But because they purchase and consume more products and produce more waste per capita than less well-off citizens, their impact on the environment is greater.

Adequate education and social services would help people from all sectors of society pursue sustainable lifestyles. Unfortunately, achieving this goal among various sectors of society may become more difficult as the United States becomes more economically polarized. In 1979, the top 1 percent of Americans held 22 percent of the nation's wealth; by 1992, this figure had nearly doubled to 42 percent.

Many of the strategies and goals of the environmental justice movement—information, knowledge, health, economic opportunities—enhance human well-being. These same steps also help solve population-related

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Newsmaker Interview

Vernice Miller

Changing Times

Vernice Miller is the Director of the Environmental Justice Initiative of the Natural Resources Defense Council (NRDC), a national environmental organization working to protect natural resources and public health through research, advocacy and litigation. She co-founded West Harlem Environmental Action, served as Director of Development for the Center for Constitutional Rights, helped organize the First National People of Color Environmental Leadership Summit, and has facilitated the work of numerous grassroots organizations. Ms. Miller recently spoke with ZPG's Nadia Steinzor about the concept and importance of environmental justice.

Chris J. Caldwell

ZPG: What are the origins of the environmental justice movement and why has it gained such prominence in recent years?

Miller: Grassroots, community-based advocacy around issues of environment and quality of life has been growing in local communities for about 20 years. It reached a crescendo in the late 1980s, when people recognized that environmental problems were having a severe impact on communities across the country.

Indigenous communities realized that they were being targeted for the siting of nuclear and hazardous waste industries. African-Americans in urban areas found themselves hosting a disproportionate share of municipal facilities, incinerators and sewage treatment plants. The same was true in Latino, Asian and Pacific Islander communities.

In 1985, the United Church of Christ's Commission for Racial Justice launched a research project which resulted in the report *Toxic Waste and Race in the USA*. Race proved to be the most statistically significant factor in decisions about where to locate hazardous waste facilities, even more so than income, land value, per capita income or level of educational attainment.

This was clearly not a random occurrence, but an intentional pattern of practice. Many other studies have since confirmed the phenomenon. While these findings have not always caused people to mobilize, they have helped to clarify and validate local struggles.

ZPG: What are the challenges of integrating social and economic justice issues with environmental protection?

Miller: The most challenging part of my work is helping to broaden the prism through which we look at environmental issues, without changing the nature of the issues that we deem to be important. We need to expand the definition of environment from a traditional view that focuses on conservation. In a justice context, environment is not simply about natural conditions, but about how these conditions constantly intersect with one's life and influence where we live, work and play.

NRDC has always worked with urban environmental issues, but what is different now is that we don't pursue a problem without thinking through with communities what kind of policies and advocacy we can develop together. For example, we could simply talk about reducing the overall level of air pollution, which is a worthy undertaking, or we can go deeper and talk about the devastating impacts of pollution on communities of color, poor people, children and the elderly in terms of respiratory problems and premature morbidity and mortality. The big picture is very important, but there are often other kinds of connections or layers.

ZPG: How are patterns of resource use and consumption linked to socioeconomic factors?

Miller: Some people have defined environmental justice as meaning that people of color and poor people want to see a more equitable distribution of environmental hazards. But the environmental justice movement isn't about taking the waste out of our communities and putting it in somebody else's. That's not justice, that's simply not common sense. Instead, the issue is how we can develop in an environmentally sound way as an industrialized society and how we make decisions about the ways we use resources and produce goods and services. We need to focus on how we're going to move forward into the next millennium and how we're going to meet everybody's needs while reducing the amount of waste that we produce.

We can't have factories that violate environmental laws and create serious pollution problems in one part of the city and think that somehow that's not going to impact another part. We can't have some sectors of the population dropping off the map because their needs are not being met, and others whose needs are being met tenfold. If this continues to happen, we will be unable to build sustainable communities and a sustainable society.

If you help to lift the standard of living and quality of life for poor people, they will become more educated about how to manage resources and will become better caretakers of the natural environment. But the balance of environmental degradation—globally as well as locally—is really created by those of us who have more than enough to meet our needs or can never quite understand what enough means.

There are a lot of people in this country who have been taught that our mission as Americans is to consume as much as we possibly can between the time we're born and the time we die. As a society, we're completely out of control with absolutely not a clue as to how we impact the global environment in ways such as ozone depletion and deforestation.

ZPG: Mistrust has existed between environment and population organizations and communities of color and low-income groups. Is the divide being bridged?

Miller: For a long time, disadvantaged groups' understanding and appreciation of their own environment were trivialized by industry and by environmental and scientific groups. It was assumed that because local people were not "degreed," they couldn't possibly have a sophisticated understanding of what was happening in their own communities.

Mistrust has also existed because environment and population groups, for the most part, have refused to acknowledge abuses that have been visited upon communities of color and low-income communities.

Some arguments around population issues have been framed in a very racist context in the past, connected to controlling the fertility and birth rates of poor women and women of color both in this country and abroad. People of color experienced this as a serious attack on

(Continued from page 3)

their integrity as human beings and on their ability to survive as a people. Fortunately, a lot of people in the population field have become more sensitive to how programs and discourse will occur in the future.

Some environmental groups have acknowledged that the impact of environmental degradation on communities has not been a sufficiently large part of their work. Efforts are now being made to ensure that there is a greater diversity of people sitting at the decision-making table.

Things have changed on some levels, but in others the pendulum seems to be swinging back. In the current political climate, poor people are blamed for everything. All crime, social ills, illiteracy and exorbitant birth rates are considered to be a result of poverty, which poor people are accused of having brought upon themselves.

Extrapolating from this logic, poor people also cause environmental destruction. Pseudo-environmental, pseudo-population groups have become virulently involved in a campaign of immigrant bashing. They contend that a growing immigrant population is to blame for environmental problems. I've heard this phenomenon called "the greening of hate." Might not environmental problems, for example in California, have something to do with the lifestyle of well-to-do people? Or the practices of agribusiness? Or the way we have allowed industry to move forward without consideration for long-term environmental impacts, or for population growth and consumption habits?

We need to lift our voices in opposition to this trend. The particular struggle over immigration versus environmental problems presents an opportunity for population, environmental, environmental justice, and people of color groups to come together.

ZPG: A backlash against environmental protections and grassroots mobilization over environmental concerns are occurring simultaneously. How do you think this tension will play out?

Miller: The average American believes that there is a fundamental right to environmental protection and safety, and to the enjoyment of clean and uncontaminated natural resources. If you believe that everybody is entitled to a certain level of basic environmental quality, then that belief can't hold true only for middle and upper-income whites.

The environmental justice community is adamant that stronger environmental laws are needed. The regulatory framework that we currently have in place, while it's strong, somehow has not been able to protect disadvantaged communities.

Conservatives and the far right don't have a lot of takers on the argument that environmental protections aren't needed. Lawmakers have overplayed their hand. It's increasingly clear that people believe in the role of standards and law in protecting the environment. This view cuts across social and economic and gender lines, which is extremely encouraging.

ZPG: Can a justice approach to environmental problems help alleviate population pressures?

Miller: The concept of environmental justice is a transformative view which speaks to equality of opportunity, equal rights and real-life choices for all people. It can enable people to have access to basic needs and to live a healthy life, including clean air and water, an adequate food supply, a safe place to live, and an income which can support one's family.

Once you give people, particularly women, real opportunities to advance, to be able to provide for their families and to live above subsistence level, they begin to realize different kinds of goals and objectives for their own lives and tend to make different choices about family size.

Opportunities allow people to talk about doing different things from having large numbers of children. This has been proven time and time again around the world.

Environmental Justice

(Continued from page 2)

problems by enabling individuals and communities to make sound decisions regarding their resources and their futures.

"An inclusionary dialogue results in an active, involved citizenry," says Robert Collin, professor of environmental studies at the University of Oregon. "This furthers sustainability, which ultimately depends on individual choices about consumption and reproduction."

Everyone Wins

Involving communities in the events that affect their lives is key to achieving greater social equity and, ultimately, sustainability for all socioeconomic and racial sectors. This process also plays a significant role in redefining the costs of continued growth. Human, social and environmental concerns reach beyond dollar amounts and underscore the need to address the root causes of today's problems before they erupt into life-threatening symptoms.

As communities nationwide refuse to accept dangerous levels of air and water pollution, exploitative industrial practices, and the siting of toxic dumps, governments and business leaders will be forced to give human health and well-being higher priority in policymaking.

The positive implications of this process could, however, be weakened by continued population growth and degradation of the environment.

"Environmental justice is not merely the equitable distribution of environmental problems. That would mean we'd all just suffer and die together," says Melendrez. "There currently aren't enough resources to go around. To create equity, we first have to get away from overconsumption and a lifestyle that damns the Earth."

The amount of waste generated by each American has climbed steadily in recent decades and many of the nation's landfills have already reached capacity. An American child born today will produce 52 tons of garbage by the time he or she reaches age 75. And the United States is set to nearly double to half a billion people by 2050.

As population-related pressures increase, no segment of society can remain immune to their effects. Until now, a "not in my backyard" mentality has allowed the by-products of growth to end up in specific areas, often far removed from their source. Resistance to this devastating trend, coupled with a rapidly growing population, begs a vital question for the future: in whose backyard, then?

"Population growth is a fundamental problem that every culture faces," says Andreja. "Environmental justice means that we have to view it in terms of empowerment and working with the specific conditions and needs of each community, which in the long run can be a very effective approach."

—Nadia Steinzor

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Zero Population Growth, Inc., is a national, nonprofit membership organization working to slow population growth and achieve a sustainable balance between the Earth's people and its resources.

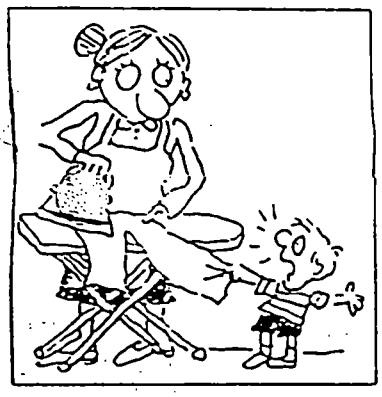
WOMEN WORKERS:
HAZARDS TO HEALTH ON THE JOB

"Accidents, injuries and sudden death occur less frequently in women's jobs," writes Canadian researcher Karen Messing, "but the wear-and-tear may be more marked....The idea that the types of jobs usually performed by women may produce certain pathologies is an idea that is absent from insurance indemnity systems and medical books."

Food Service Workers

COMMON HAZARDS
- excessive heat & cold
- lifting & prolonged standing
- safety hazards (blocked aisles, exits, poorly designed equipment)
- repetitive work

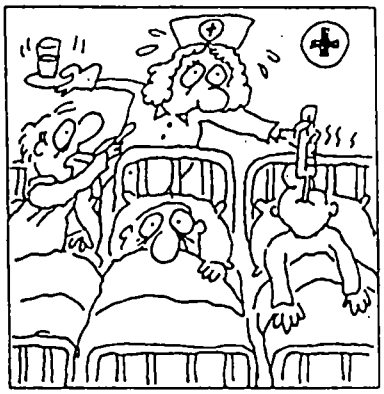
HEALTH EFFECTS
- heat fatigue, colds
- lower back pain & varicose veins
- accidents
- wrist & hand inflammation



Household and Childcare Workers

COMMON HAZARDS
- cleaning substances & pesticides
- lifting & falls
- electrical shock
- noise
- infections from children

HEALTH EFFECTS
- irritation or burns on skin, eyes or lungs
- allergies
- muscle soreness, slipped discs, torn ligaments, bursitis
- infectious diseases



Health Care and Lab Workers

COMMON HAZARDS
- lifting & falls
- radiation
- chemical hazards (anesthetic gases, drugs)
- infectious diseases, handling biological specimens or animals
- stress

HEALTH EFFECTS
- back strain, slipped discs, torn ligaments
- tissue damage, genetic changes from X-Rays
- skin & respiratory irritation, organ & nervous system damage, cancer, reproductive problems
- infection from patients, utensils, specimens
- headaches, heart disease, eyestrain, neck & back pain

Clerical Workers

COMMON HAZARDS
- stress, VDTs
- toxic substances from duplicators, correction fluids
- repetitive work
- poor air quality & ventilation
- lighting & chair design
- noise

HEALTH EFFECTS
- headaches, heart disease, eyestrain, neck & back pain
- nausea, respiratory problems
- wrist & hand inflammation
- colds, respiratory problems, eye, nose & throat irritation
- varicose veins, neck & back pain, eyestrain
- anxiety, hearing damage

Pages 40-41 excerpted from *Women's Health Journal* (4/91) as adapted from: *Our Jobs, Our Health*, Boston Women's Health Book Collective, 1983; *Turning Things Around*, National Women's Health Network, 1990.

Farm Workers

COMMON HAZARDS
- hazardous chemicals (pesticides)
- lifting, prolonged standing, squatting
- unsafe equipment
- excessive heat & cold, humidity

HEALTH EFFECTS
- damage to nervous system, reproductive organs. Contamination of breastmilk.
- lower back problems, varicose veins
- accidents
- heat fatigue, colds, skin irritations

Retail Sales Workers

COMMON HAZARDS
- standing, lifting
- stress
- safety hazards (blocked aisles, exits)
- poor ventilation
- communicable disease from customers

HEALTH EFFECTS
- leg pain, varicose veins, back & shoulder pain
- headache, irritability, high blood pressure
- accidents
- colds, respiratory problems, eye, nose & throat irritation

Beauticians

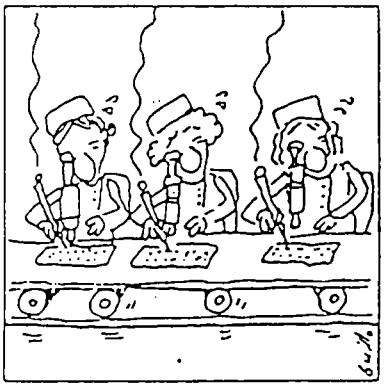
COMMON HAZARDS
- prolonged standing
- chemicals (hair sprays & dyes, aerosol sprays, cosmetics)

HEALTH EFFECTS
- lower back pain & varicose veins
- lung disease, reproductive problems, cancer, allergies, skin irritation

Textile Workers

COMMON HAZARDS
- chemicals (fabric treatment, dyes)
- synthetic fiber & cotton dust
- noise, vibration
- excessive heat & cold, inadequate ventilation
- unsafe equipment
- lifting, standing, sitting
- stress

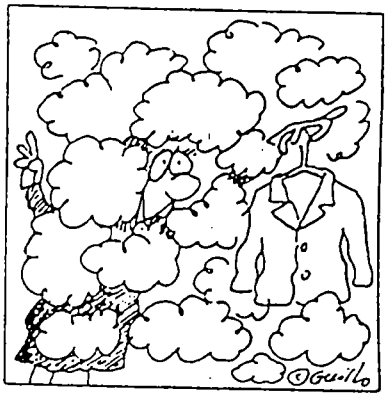
HEALTH EFFECTS
- skin & lung irritation, damage to liver, kidney & nervous system
- asthma, respiratory disease
- hearing loss
- heat fatigue, colds
- accidents, electric shock
- back & shoulder strain, varicose veins
- high blood pressure, headache, anxiety



Electronics Workers

COMMON HAZARDS
- solvents
- acids
- solder fumes, poor ventilation
- sitting & standing
- *fine work under microscope, repetitive* work
- stress

HEALTH EFFECTS
- dermatitis, dizziness, damage to organs & nervous system
- skin burns & irritation
- eye, nose & throat irritation, lung disease
- back & shoulder pain, varicose veins
- headache, eyestrain, hand & wrist inflammation
- high blood pressure, headache, anxiety



Laundry and Janitorial Workers

COMMON HAZARDS
- soaps, bleaches, acids, solvents
- lifting
- excessive heat

HEALTH EFFECTS
- eyes, nose & throat irritation, dizziness, burns & dermatitis, damage to organs, nervous system
- back injuries, strains, hernias
- heat fatigue

"New-Tech" Newspeak

A Selected Glossary of Occupational Health Terms

Carpal Tunnel Syndrome
A disabling nerve disorder caused by repetitive flexing of wrist combined with pulling and grasping with fingers. Symptoms include hand, wrist, arm and shoulder pain.

Chronic Effects
Health problems that appear a relatively long time after a person's first exposure.

Closed Building Syndrome
Build-up of indoor pollution in buildings with inadequate ventilation systems that affect the health of workers (fatigue, headaches, eye irritation, breathing difficulties).

Ergonomics
The study of the relationship between human beings and their working environments. Looks at the human factor in engineering and includes physical surroundings, tools, equipment and work organization and methods.

Fetal Protection Policies
An occupational health policy that bars pregnant and/or fertile women from holding jobs deemed to pose a hazard to their future offspring. FPPs are motivated by employers' fear of litigation rather than concern for women's reproductive health and the health of their offspring.

Multiple Chemical Sensitivity (MCS)
Also known as *Ecological Illness (EI)* and *Allergic Tension Fatigue Syndrome.* Involves damage to the immune system from intolerance to a wide range of chemicals, including such common substances as formaldehyde, pesticides, natural gas fumes, scents and solvents. Symptoms are varied, and can include generalized weakness, joint and muscle pains, mental confusion, depression, hypertension.

New Technologies
A generic term for new electronic components and the machines they go into.

Occupational Cervicobrachial Syndrome
Muscle pain in arms, neck and shoulders caused by rapid work.

Occupational Disease
Disease caused by the type of work or the conditions in which someone works (e.g. Brown Lung Disease from dust, allergies to chemicals used in production process, etc.)

Repetitive Stress Disorders
Also known as *Repetitive Stress Injury (RSI).* Produced by continuous, repetitive motion. See also *carpal tunnel syndrome, tenosynovitis.*

Reproductive Hazards
A reproductive health hazard is any agent that has a harmful effect on the adult female or male reproductive system or the developing fetus or child. This can take the form of mutation (causing miscarriage, birth defects or genetic defects), infertility, impotence or loss of sexual desire. The agent may be a chemical exposure (e.g. Pesticides), a physical exposure (such as X-rays) or work practices.

Stress
Physical and psychological stress can result from time pressures, relations with bosses and co-workers, sexual harassment and discrimination, poor equipment and office design, noise, fear of accidents, and the "double-day." Health problems include headaches, insomnia, depression, fatigue, lowered resistance to illness, eyestrain, sexual dysfunction, high blood pressure, strokes, heart disease.

Tenosynovitis
Inflammation of tendon and tendon sheaths of hand and arm. Caused by rapid repetitive motions.

Toxic Chemicals
Toxins enter the body through inhalation, skin contact and ingestion, causing damage to cells, tissues, organs. Widely used in industry, manufacturing, electronics and other sectors.

Video Display Terminals (VDTs)
A television-like screen attached to a keyboard. Linked to eyestrain, biomechanical strains, stress and low-level ionizing and non-ionizing radiation that may constitute a reproductive health hazard.

-- For more information contact: Committee for the Protection of Working Women in the Computer World, c/o Japan Women's Council, Torpo Building, 1-33-3 Hongo Bunkyo-ku, Tokyo, Japan

Note: Reprinted with permission from Women's Health Journal (p. 46), 4/91. For more information, contact the National Women's Health Network, 514 10th St., N.W., Ste. 400, Washington, D.C. 20004 (202) 347-1140.

NETWORK DIRECTORY

NATIONAL DOMESTIC VIOLENCE HOTLINE

1-800-799-SAFE
TDD: 1-800-787-3224

NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE

1-800-537-2238
FAX: 1-717-545-9456

BATTERED WOMEN'S JUSTICE PROJECT

1-800-903-0111
FAX: 1-612-824-8965

HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

1-800-313-1310
FAX: 1-415-252-8991

RESOURCE CENTER ON CHILD PROTECTION/CUSTODY

1-800-527-3223
FAX: 1-702-784-6160

Domestic Violence-Related Documents Available from the National Criminal Justice Reference Service

The following documents are available for free from the National Criminal Justice Reference Service (NCJRS). In certain instances, the documents are also available from the Internet on the NCJRS/Justice Information Center homepage, located at <http://www.ncjrs.org>. These documents are designated by the symbol "WWW." To request copies of these materials, call 800-851-3420.

Civil Protection Orders: Legislation, Current Court Practice, and Enforcement (NCJ 123263)

Criminalization of Domestic Violence: Promises and Limits (NCJ 157641) WWW

Evaluation of Family Violence Training Programs (FS000125)

Family Violence: Interventions for the Justice System (NCJ 144532)

Murder in Families (NCJ 143498)

Project to Develop a Model Anti-Stalking Code for States (NCJ 144477)

Threat Assessment: An Approach to Prevent Targeted Violence (NCJ 1555000) WWW

Violence Between Inmates: Domestic Violence (NCJ 149259) WWW

Violent Families and Youth Violence (FS009421)

Model Policy Information

The International Association of Chiefs of Police (IACP), through its National Law Enforcement Policy Center, has developed a Model Policy and Concepts and Issues Paper on domestic violence for police departments. For more information, contact: IACP National Law Enforcement Policy Center, 515 North Washington Street, Alexandria, Virginia 22314-2357 Phone: 800-843-4227

Model Training Protocols

The following is a list of domestic violence training protocols developed by state and local law enforcement authorities. These manuals are available on interlibrary loan through the National Criminal Justice Reference Service (NCJRS) at 800-851-3420.

Domestic Violence Training: Strategy and Tactics (Cambridge, Massachusetts) (NCJ 157406)

Domestic Violence Procedures Manual (New Jersey) (NCJ 157015)

Michigan Law Enforcement Response to Domestic Violence: Instructor Resource Guide (NCJ 156595)

Training Guide for Response and Investigation of Domestic Violence (Cincinnati, Ohio) (NCJ 156754)

Domestic Violence: A Training Curriculum for Law Enforcement Officers in the State of Florida (NCJ 153568)

Guidelines and Curriculum for Law Enforcement Response to Domestic Violence (California) (NCJ 151317)

North Dakota Model Strategy for a Law Enforcement Response to Family Violence (NCJ 135681)

Internet Resources

The following is a (partial) list of World Wide Web resources on domestic violence.

American Bar Association Commission on Domestic Violence
http://www.abanet.org/textonly/domviol/home.html

Domestic Abuse Page of the Nashville Police Department
http://www/nashville.net:80/ - police/abuse/

Police Departments Unresponsive to Domestic Violence Complaints
http://www.nvc.org/idir/nettex30.htm

Family Violence Prevention Fund
http://www.igc.apc.org/fund/

STATE COALITIONS AGAINST DOMESTIC VIOLENCE

STATE	GENERAL INFORMATION	VICTIM ASSISTANCE
Alabama	(205) 832-4842	
Alaska	(907) 586-3650	
Arizona	(602) 279-2900	(800) 782-6400
Arkansas	(501) 633-4668	(800) 332-4443
California	(415) 457-2464	
Colorado	(303) 573-9018	
Connecticut	(203) 524-5890	
Delaware	(302) 571-2660	
District of Columbia	(202) 783-5332	
Florida	(904) 668-6862	(800)500-1119
Georgia	(404) 524-3847	(800) 643-1212
Hawaii	(808) 595-3900	
Idaho	(208) 384-0419	
Illinois	(217) 789-2830	
Indiana	(317) 641-1912	(800) 332-7385
Iowa	(515) 281-7284	(800) 942-0333
Kansas	(913) 232-9784	(800) 727-2785
Kentucky	(502) 875-4132	
Louisiana	(504) 542-4446	
Maine	(207) 941-1194	
Maryland	(301) 942-0900	(800) 634-3577
Massachusetts	(617) 248-0992	
Michigan	(517) 484-2924	
Minnesota	(612) 646-6177	
Mississippi	(601) 981-9196	
Missouri	(314) 634-4161	
Montana	(406) 245-7990	
Nebraska	(402) 476-6256	
Nevada	(702) 358-1171	(800) 500-1556
New Hampshire	(603) 224-8893	(800) 852-3388
New Jersey	(609) 584-8107	(800) 572-7233
New Mexico	(505) 246-9240	(800) 773-3645
New York	(518) 432-4864	(800) 942-6906
North Carolina	(919) 956-9124	
North Dakota	(701) 255-6240	(800) 472-2911
Ohio	(800) 934-9840	
Oklahoma	(405) 557-1210	(800) 522-9054
Oregon	(503) 239-4486	(800) 622-3782

STATE	GENERAL INFORMATION	VICTIM ASSISTANCE
Pennsylvania	(800) 932-4632	
Rhode Island	(401) 723-3051	(800) 494-8100
South Carolina	(803) 254-3699	
South Dakota	(605) 225-5122	
Tennessee	(615) 386-9406	
Texas	(512) 794-1133	(800) 525-1978
Utah	(801) 538-4078	
Vermont	(802) 223-1302	
Virginia	(804) 221-0990	(800) 838-8238
Washington	(206) 352-4029	(800) 562-6025
West Virginia	(304) 765-2250	(800) 352-6513
Wisconsin	(608) 255-0539	(800) 236-7660 (Native American)
Wyoming	(307) 266-4334	
Puerto Rico	(809) 722-2907	

Sources:

Taking Action: A Union Guide to Ending Violence Against Women, British Columbia Federation of Labor and the Women's Research Center.

Understanding Domestic Violence: Fact Sheet, produced by The National Woman Abuse Prevention Project.

Violence—An AFSCME Guide for Union Action, produced by AFSCME.

For further information contact:
AFGE Women's/Fair Practices Departments
80 F Street, N.W., Washington, D.C. 20001
Telephone: (202) 639-6417 or 6418
TDD: (202) 639-6474

THE INSTITUTE FOR WOMEN'S POLICY RESEARCH

The Institute for Women's Policy Research is an independent, non-profit, scientific research organization founded in 1987 to meet the need for women-centered, policy-oriented research. The Institute works with policymakers, scholars, and advocacy groups around the country to design, execute, and disseminate research findings that illuminate policy issues affecting women and families, and to build a network of individuals and organizations that conduct and use women-oriented policy research.

The Institute is national and international in scope and is committed to addressing the full spectrum of issues affecting women and families, with attention to the complexities engendered by race, ethnicity, and class.

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