THE FUND FOR WOMEN & GIRLS

IGNITING CHANGE IN CHESTER COUNTY

An Update to the Blueprint Report: 2021

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INTRODUCTION & METHODOLOGY

The purpose of this report is to provide a comprehensive assessment of the status of women and girls in Chester County, Pennsylvania that can be used by community leaders, stakeholders, and policymakers who want to improve the well-being of women and in the county. Data for this report was obtained from both primary and secondary sources. Primary data was gathered by the researcher through focus groups and in-depth interviews. Secondary data already exists and was gathered by someone else other than the researcher, and in this report, it came from a variety of government agencies and nonprofit organizations. National, state, and county level data were provided when possible to provide a basis of comparison for interpretation. Every effort has been made to include the most recent data available at the time this report was originally drafted.

Methodology

Both quantitative and qualitative data were gathered for this study to provide a greater understanding of the topic. The descriptive statistics presented here provide an easy basis of comparison between outcomes for women and men and for women of color. Qualitative data was gathered in the focus groups and interview to provide a deeper understanding of women's experiences and challenges in Chester County that cannot be easily quantified.

Secondary Data Analysis

A variety of national, state, and county or regional sources and databases were used in this report. Even though the secondary data presented here are available through a variety of existing sources, this report compiled all of the data into one comprehensive examination that focuses specifically on women and topics of interest to The Fund for Women and Girls. National and/or state level data was provided as a basis of comparison and to illustrate overall trends when county-level data was unavailable or when county-level data on women of color was unavailable due to small sample sizes. Data sources include, but are not limited to, the list below:

- Chester County Association of Township Officials
- Center for American Women and Politics
- Institute for Women's Policy Research
- National Conference of State Legislatures
- Pennsylvania Coalition against Domestic Violence
- Pennsylvania Department of Education
- Pennsylvania Department of Health
    - *EDDIE (Enterprise Data Dissemination Informatics)*
    - *Pennsylvania and County Health Profiles*
- Pennsylvania Department of Labor and Industry
- Pennsylvania Department of State

- National Institute of Mental Health
- Social Security Administration
- U.S. Bureau of Labor Statistics
- U.S. Census Bureau
    - *American Community Survey*
    - *Current Population Survey*
    - *Voting and Registration Supplement*
- U.S. Department of Health and Human Services
- U.S. Centers for Disease Control and Prevention
    - *Behavioral Risk Factor Surveillance System*
    - *Cancer Statistics Data Visualizations*
    - *Interactive Atlas of Heart Disease and Stroke*
    - *The National Intimate Partner and Sexual Violence Survey*
    - *NCHHSTP AtlasPlus*
    - *WISQARS (Web-Based Injury Statistics Query and Reporting System)*
- U.S. Department of Labor
    - *Women's Bureau*
    - *Bureau of Labor Statistics*
- U.S. Department of Veteran Affairs
- U.S. Office of Women's Health

Focus Groups

Focus groups allow a researcher to find out how people feel about a particular topic or issue. By conducting multiple focus groups, a researcher can assess recurring themes (Krueger and Casey 2009). The Fund for Women and Girls recruited participants from a variety of backgrounds and experiences to participate in focus groups in order to gather diverse perspectives on the resources and needs of women in Chester County. Special attention was given to demographic and geographic diversity in the composition of each focus group. In total, the Center for Social and Economic Policy research conducted five focus groups with the following populations: grandmothers as caregivers, women business owners, COVID-19, nonprofit providers, and Black women and girls. It was important to The Fund for Women and Girls to reach out specifically to women who utilize nonprofits in the county in order to learn about their perspectives. All focus groups consisted of 6-12 participants and were held via Zoom due to COVID-19 protocols. Translation was provided for participants when necessary, and a guest moderator facilitated the focus group for Black women.

In-Depth Interviews

Two in-depth interviews were conducted to gather more detailed information about vulnerable female populations that could not be fully captured in focus groups. All interviews were conducted over the phone due to COVID-19 protocols.

Intersectionality

Whenever possible, data is presented by sex and racial/ethnic group to highlight the differing experiences of women. Crenshaw (1991), who is typically credited with the first definition of intersectionality, argues that women of color experience intersecting patterns of racism and sexism. Unfortunately, not all data was available disaggregated by sex and race/ethnicity. In those instances, data is generally presented on each separately.

Chester County: An Overview

Chester County is the 28th largest county in Pennsylvania with a population of 524,989, up from 512,784 in 2014 (American Community Survey 1-Year Estimates 2019 & 2014). The population was 50.6% female and 49.4% male (American Community Survey 1-Year Estimates 2019). In 2019, the demographics of Chester County were 84.8% White, 5.9% Black, .1% American Indian and Alaska Native, 5.5% Asian, 0% Native Hawaiian or Other Pacific Islander, 1.5% some other race, 2.3% two or more races, and 7.4% Hispanic or Latino (American Community Survey 5-Year Estimates 2019). The population was comprised of 6.3% veterans and 9.6% foreign born (American Community Survey 5-Year Estimates 2019). The median age was 40.4, which was higher than the national median age of 38.1 (American Community Survey 5-Year Estimates 2019).

In 2019, the median household income was $102,016 compared to $85,373 in 2014 (American Community Survey 1-Year Estimates 2019 & 2014). The employment rate was 65.9% (American Community Survey 5-Year Estimates 2019). As of 2012, there were 48,950 firms in Chester County, with 29,578 owned by men, 13,877 owned by women, 4,119 owned by minorities, and 4,636 owned by veterans (U.S. Census Bureau Survey of Business Owners 2012).

Educational levels were higher in Chester County, with 93.6% of the population having a high school education or higher (American Community Survey 5-Year Estimates 2019). The rate of home ownership was 75%, and the median housing value was $357,100 (American Community Survey 5-Year Estimates 2019). The overall poverty rate was 6.4%, and 7.3% of children under 18 years old were living in poverty. In 2019, 5.3% of people did not have health insurance coverage (American Community Survey 5-Year Estimates 2019).

Outline of Report

Although the 19th amendment granted American women received the right to vote in 1920, racism, other legal barriers, and social norms surrounding gender limited equitable opportunities for all women. In the 1960s, women started to make substantial progress towards political, economic, and social equality. Most legal barriers have been removed, and gendered expectations have started to change. However, women today still face institutionalized barriers in various aspects of their work and home life, with women of color being greatly affected by these barriers. This report explores each of those areas systematically and is organized around the following topics related to the quality of women's lives: COVID-19,

adultification and disproportionate disciplining of Black girls, employment and earnings, work and family, poverty, health and well-being, violence and safety, political participation, and reproductive rights and fertility. Findings from focus groups and interviews are included when relevant, and each chapter ends with recommendations.

Although the basic topical framework for this report is modeled after research conducted by the Institute for Women's Policy Research, it includes additional topics and comparative data from Chester County and Pennsylvania, as well as more recent data when available. The specific subtopics explored also vary considerably. Further, this report includes primary data from focus groups and interviews in order to gather data specific to Chester County.

Language and Identity

Please note that when the researcher is using secondary data, the language being used to identify racial and ethnic groups (and capitalization patterns) reflects that of the original source so as to maintain the original meaning of the data that was collected. The choice of language for racial and ethnic groups and capitalization patterns does not necessarily reflect the preferences of the researcher or the Fund for Women and Girls.

COVID-19

Introduction

In 2020, the Coronavirus pandemic changed the world, and it disproportionately affected women in a variety of ways. Non-essential businesses closed all across the country, and millions of people lost their jobs. The pandemic has had a disproportionate effect on women's employment and wages and has been termed the "she-cession" (IWPR #Q092, 2020). Since February of 2020, 1.8 million women have left the work force, and pandemic-related job loss hit women harder than men (IWPR #Q096, 2021). Between February and April of 2020, women's unemployment rate rose by 12.8%, while men's unemployment rate rose by 9.9% (AAUW 2020).

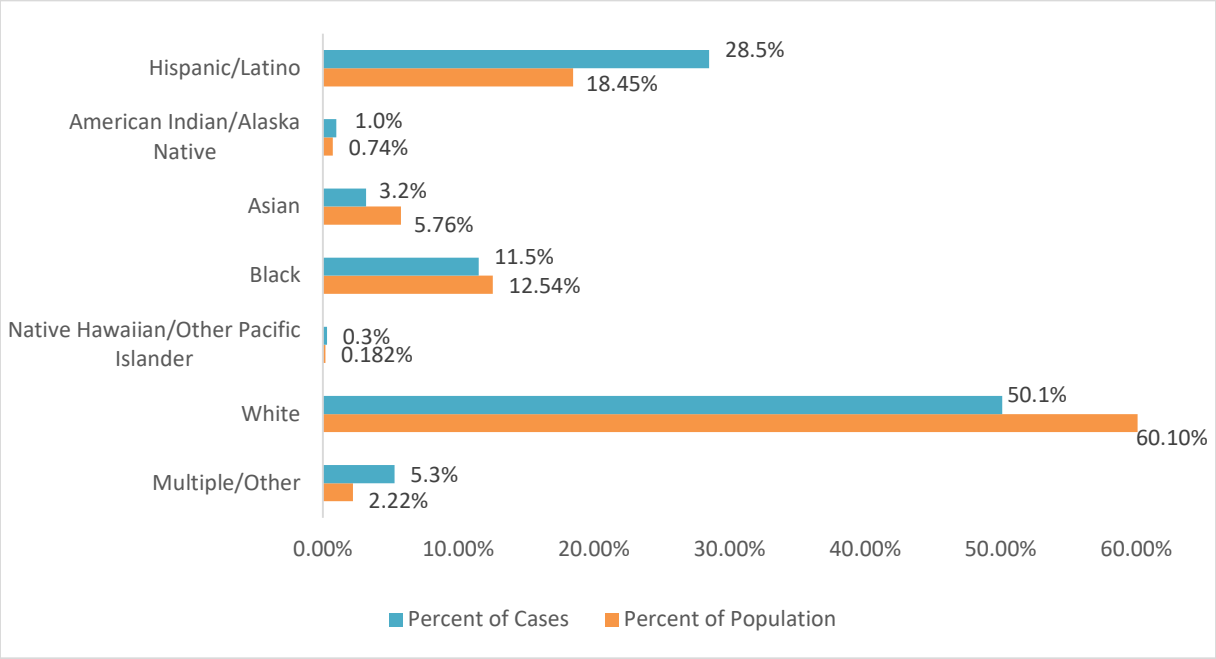
In the United States COVID-19 has killed 616,538 people as of August 2021 (John Hopkins University 2021). In Chester County, there have been 827 deaths due to COVID-19 as of August 2021, which is a rate of 157.5 per 100,000 (Pennsylvania Department of Health 2021). Of those deaths in Chester County, 485 have been in nursing homes and personal care homes (Pennsylvania Department of Health 2021).

Health and COVID-19

Race and Ethnicity

Some racial and ethnic groups have been more likely to contract COVID-19 than others due to existing health inequities, medical racism, and the likelihood of being an essential or frontline worker. Even though there is a lack of data disaggregated by both gender and race, the existing data suggests that the health of women of color has been disproportionately affected by COVID-19. Figure 2.1 shows the percent of COVID-19 cases by race and ethnicity, comparing each demographic group's cases to its population. The Hispanic/Latino population has been affected most by this. Hispanic/Latino Americans make up 28.5% of cases and only 18.45% of the population. American Indians and Alaska natives make up 1% of cases but .74% of the population. Multiracial Americans represent 5.3% of cases compared to their population of 2.22%. Black Americans make up 11.5% of cases and 12.54% of the population. Even though White people make up 60.11% of the population, they only make up 50.1% of cases.

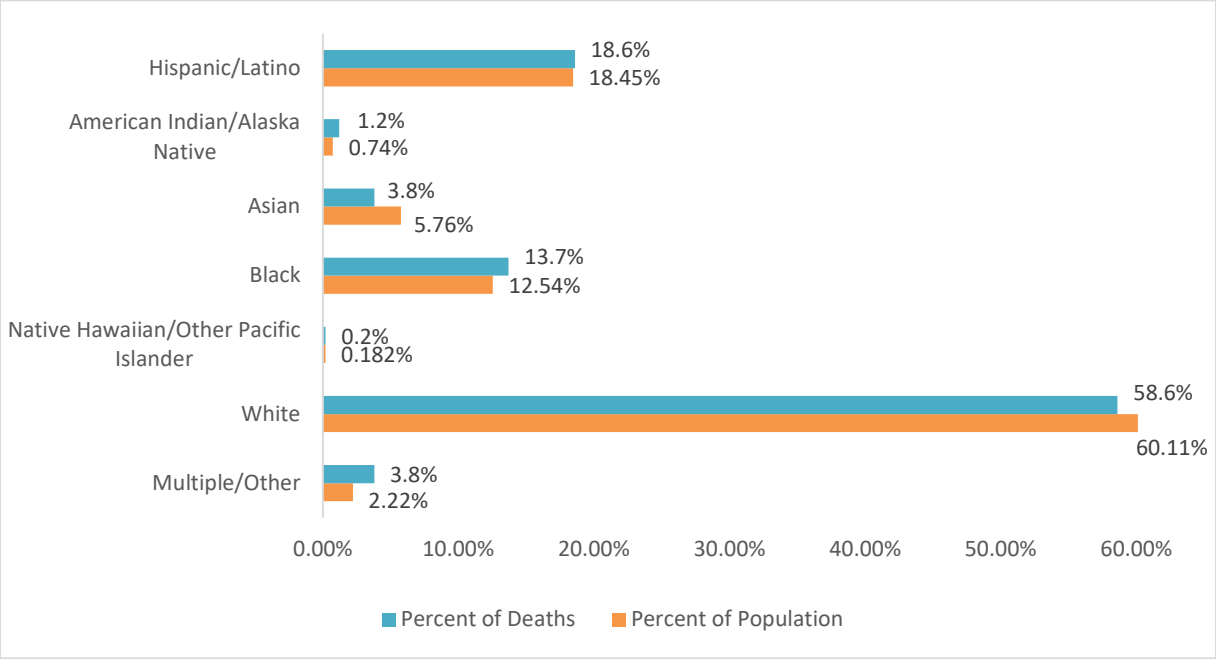
Figure 2.1. Percent of COVID-19 Cases by Race/Ethnicity Compared to Percent of Population, United States, 2021



Source: COVID Data Tracker, Centers for Disease Control and Prevention
Notes: Data current as of August 2021. The CDC is working with states to provide more information on race/ethnicity for reported cases. The percent of reported cases that include race/ethnicity data is increasing. These data only represent the geographic areas that contributed data on race/ethnicity. Every geographic area has a different racial and ethnic composition. These data are not generalizable to the entire U.S. population. If cases were distributed equally across racial and ethnic populations, one would expect to see more cases in those populations that are more highly represented in geographic areas that contributed data.

COVID-19 deaths have also affected certain racial and ethnic groups disproportionately. There are already a variety of health, social, and economic inequities that put historically marginalized groups at a greater risk of dying from COVID-19 (Centers for Disease Control and Prevention 2020). Figure 2.1 shows the percent of COVID-19 deaths in comparison to that specific racial or ethnic group's population at large. Hispanic, Black, and multi-racial people make up a larger percentage of COVID-19 deaths compared to their population. Hispanic and Latino Americans comprise 18.45% of the population, they make up 18.6% of COVID-19 deaths. Although Black Americans only comprise 12.54% of the population, they make up 13.7% of deaths. People who identify with multiple racial/ethnic identities comprise 2.22% of the population but make up 3.8% of deaths. Although White people make up 58.6% of COVID-19 deaths, they are underrepresented compared to their population of 60.11%.

Figure 2.2. Percent of COVID-19 Deaths by Race/Ethnicity Compared to Percent of Population, United States, 2021



Source: COVID Data Tracker, Centers for Disease Control and Prevention
Notes: Data current as of August 2021. The CDC is working with states to provide more information on race/ethnicity for reported cases. The percent of reported cases that include race/ethnicity data is increasing. These data only represent the geographic areas that contributed data on race/ethnicity. Every geographic area has a different racial and ethnic composition. These data are not generalizable to the entire U.S. population. If cases were distributed equally across racial and ethnic populations, one would expect to see more cases in those populations that are more highly represented in geographic areas that contributed data.

It is important to note that the data from the previous two figures is not generalizable to the entire United States because not all states are reporting race and ethnicity in their COVID-19 statistics, so the impact of COVID-19 on historically marginalized racial and ethnic groups is probably understated. Studies in specific cities and states have demonstrated a much larger burden of disproportionate COVID-19 deaths among these groups, particularly Black, Hispanic/Latino, and American Indian or Alaska Native communities (Centers for Disease Control and Prevention 2021).

People with Disabilities and COVID-19

The disabled community has also been disproportionately affected by COVID-19. More than 40% of COVID-19 deaths have been people with disabilities who live in congregate settings (American Association of People with Disabilities n.d.). Living in a congregate setting puts a disabled person at higher risk of contracting COVID-19, but so do underlying medical conditions. People with disabilities are three times more likely to have diabetes, cancer, heart disease, or a stroke as compared to those without disabilities (Centers for Disease Control and Prevention n.d.). The underlying medical conditions then put people with disabilities at a

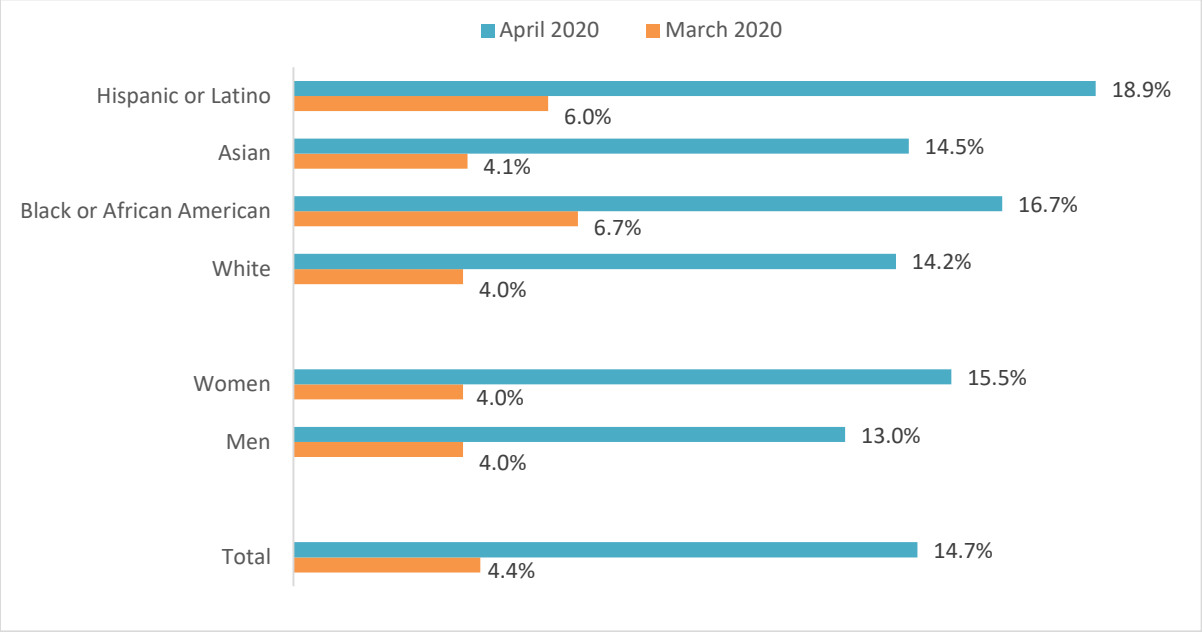
greater risk of dying or being seriously ill from COVID-19 (Centers for Disease Control and Prevention n.d.).

Work & COVID-19

Unemployment

In April 2020, the unemployment skyrocketed to 14.7% - a 10.3 percentage point increase from 4.4% in March 2020 (Bureau of Labor Statistics 2020). This is the highest unemployment rate overall and largest increase in a month since this data has been tracked beginning in 1948. Figure 2.3 shows the increase in unemployment rates from March 2020 to April 2020 by sex, race/ethnicity, and total rates in the United States. In March 2020, men and women had the same unemployment rate at 4%. In April 2020, unemployment rates increased to 13% for men and 15.5% for women. In April 2020, Hispanic or Latino people had the highest unemployment rates, which increased from 6% to 18.9%. Unemployment rates increased from 6.7% to 16.7% for Black or African Americans, 4.1% to 14.5% for Asian people, and 4% to 14.2% for White people.

Figure 2.3. Unemployment Rates by Sex and by Race/Ethnicity, United States, 2020

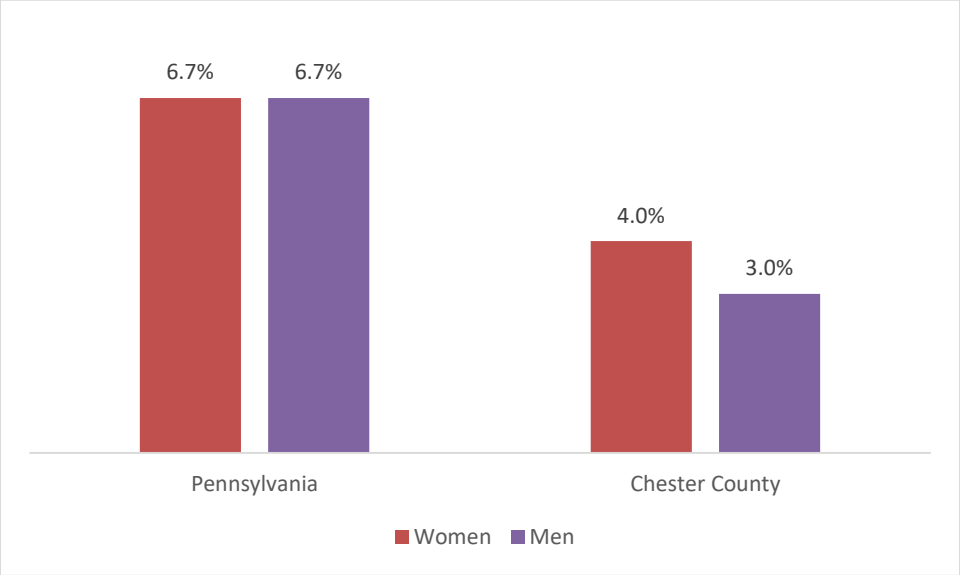


Source: U.S. Bureau of Labor Statistics
Notes: Rates are seasonally adjusted and are for adults 20 years and older.

At the height of unemployment claims during COVID-19, women were more likely than men to be unemployed. On May 2, 2020, 22.3% of female workers filed unemployment claims in Pennsylvania, compared to 19.3% of male workers (Penn State 2021). In Chester County, unemployment claims reached their peak for female workers at 17.6% on May 2, 2020, compared to 11.4% for male workers (Penn State 2020). In October 2020, unemployment claims fell to 3% for men in Chester County, compared to 5% for women (Penn State 2020).

Figure 2.4 shows unemployment claims for men and women as a percentage of workforce participants in Pennsylvania and Chester County. In January 2021, differences in unemployment claims between men and women leveled out in Pennsylvania, with 6.7% of women and 6.7% of men filing unemployment claims (Figure 2.4). However, in Chester County, unemployment claims were still higher for women with 4% of women and 3% of men filing unemployment claims (Figure 2.4). These differences are likely due to a combination of occupational segregation, the ability to work remotely, and historic discrimination (Penn State 2021).

Figure 2.4. Unemployment Claims as a Percentage of Workforce Participants (Aged 20-64) by Sex in Pennsylvania & Chester County, January 2021



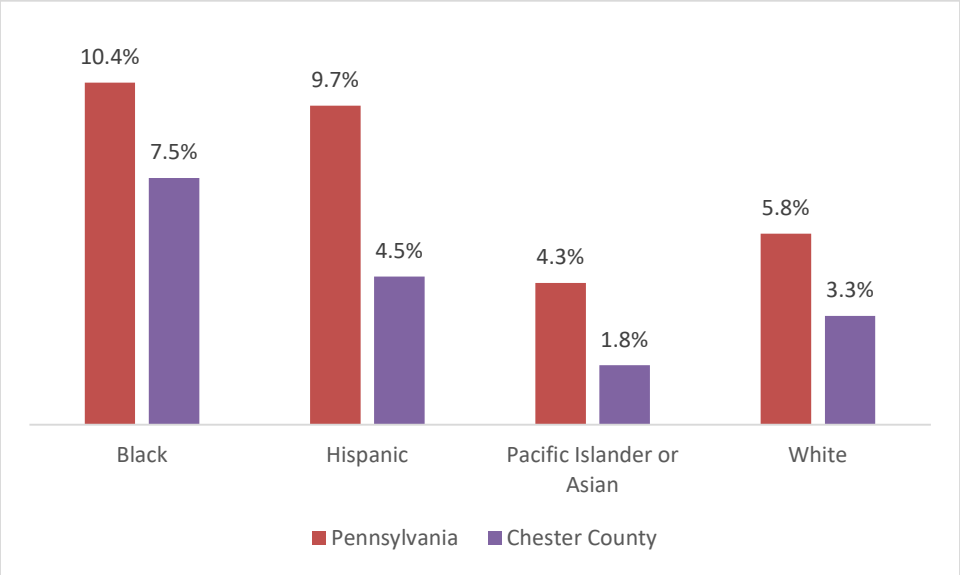
Source: Penn State Center for Economic and Community Development

Before the pandemic, unemployment for all racial and ethnic groups was less than five percent in Pennsylvania (Penn State 2021). Unemployment rose at similar rates among all racial and ethnic groups in March and April of 2020, but rates of unemployment rates have declined slower for Black, American Indian/Alaska Native, and Hispanic residents (Penn State 2021). In Pennsylvania, Black workers had the highest rate of unemployment from May to October of 2020, followed by American Indian or Alaska Native residents (Penn State 2020). On March 12, 2020 before COVID-19, unemployment claims were 1.8% for Black workers in Chester County, but rose to 16.1% in May 2020 (Penn State 2020). In comparison, unemployment claims for White workers were 1.0% in Chester County before COVID-19 and peaked at 14.2% in May 2020 (Penn State 2020). In October 2020, Black workers in Chester County had the highest level of unemployment at 8.6%, and Pacific Islander/Asian workers had the lowest unemployment rate at 2.9% (Penn State 2020).

In January 2021, unemployment claims for Black workers in Pennsylvania were 10.4%, which was 1.8 times greater than that of White workers at 5.8% (Figure 2.5). In Pennsylvania,

unemployment claims were 9.7% for Hispanic workers, 4.3% for Pacific Islander or Asian workers, and 5.8% for White workers (Figure 2.5). Although unemployment claims were considerably lower in Chester County, they demonstrated a similar pattern with the highest number of unemployment claims for Black workers at 7.5%, followed by 4.5% for Hispanic workers, 3.3% for White workers, and 1.8% for Pacific Islander or Asian workers (Figure 2.5). These differences are likely attributed to historic discrimination, racial employment patterns, and the ability to work remotely (Penn State 2021).

Figure 2.5. Unemployment Claims as a Percentage of Workforce Participants (Aged 20-64) by Race/Ethnicity in Pennsylvania & Chester County, January 2021



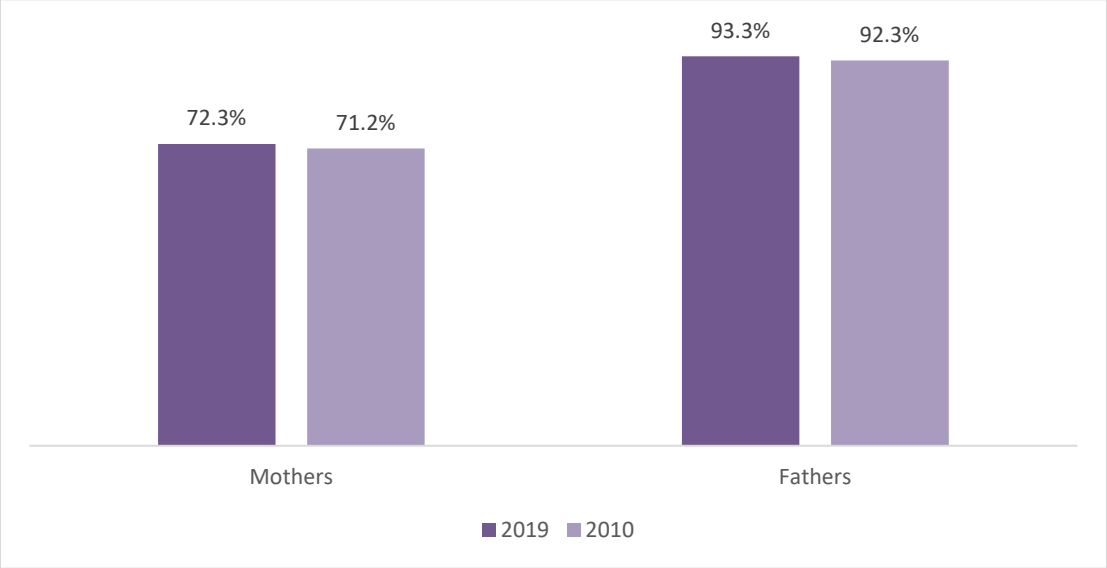
Source: Penn State Center for Economic and Community Development

Labor Force Participation for Women

COVID-19 has impacted women's economic security disproportionately (AAUW 2020). Mothers of young children (under 12) have lost their jobs at rate three times that of fathers (AAUW 2020). In July 2020, 32.1% of unemployed women between the ages of 25 and 44 were not working outside the home because of childcare, compared to 12.1% is men in the same age group (AAUW 2020). Prior to the pandemic, labor force participation rates had reached an all time high in 2019 (Shaw and Mariana 2021). Among people ages 20 to 64, women's labor force participation rates were 73.9% in the United States, 75.2% in Pennsylvania, and 76.5% in Chester County in 2019 (American Community Survey 2019).

In the United States, labor force participation for parents with children under the age of 18 decreased from 2019 to 2020. For mothers, labor force participation rates declined from 72.3% to 71.2% (Figure 2.6). For fathers, rates declined from 93.3% to 92.3%. This decline is related to job losses from the pandemic as well as childcare responsibilities when large numbers of schools transitioned to virtual delivery.

Figure 2.6. Labor Force Participation Rates for Mothers & Fathers, United States, 2019 & 2020



Source: U.S. Bureau of Labor Statistics

As of December 2020, women held the majority of unemployment insurance claims in the United States, as well as 42 individual states and Washington D.C. (IWPR #Q092, 2020). A third of all unemployed women were out of work for more than 26 weeks at the end of 2020 (IWPR #Q092, 2020). In Pennsylvania, women's share of unemployment insurance claims was 54.5% in September 2020 (IWPR #Q092, 2020). Vermont had the highest number of unemployment insurance claims for women at 66.7%, and Wyoming had the lowest number at 33% (IWPR #Q092, 2020). Nationally, women made up 51.7% of insurance claims (IWPR #Q092, 2020). Women were more likely to lose jobs in the leisure and hospitality industry, while men were more likely to lose jobs in construction, mining, and manufacturing (IWPR #Q092, 2020).

Even though women lost more jobs during the she-cession, men were more likely to be official counted as unemployed because many women gave up looking due to childcare responsibilities (IWPR #Q092, 2020). Only people who are actively looking for jobs are counted as unemployed by the federal government. In September 2020, 865,000 women were pushed out of the work force (IWPR #Q092, 2020). Between March 2020 and October 2020, 2.2 million women were pushed out of the work force, compared to 1.4 million men (IWPR #Q092, 2020).

Women comprise a majority of workers in several occupations that are considered essential. Essential categories have been identified as health care, education, telecommunications, information technology systems, food and agriculture, transportation and logistics, energy, water and wastewater, and law enforcement (Laughlin and Wisniewski 2021). Women hold 42% of essential jobs (full-time, year-round) in the United States, and make up a majority of essential workers in education, health care, personal care, sales, and office occupations (Laughlin and Wisniewski 2021).

Health care workers have been of critical importance during the pandemic. Women make up 86% of healthcare support workers and 73% of health care practitioners and technical occupations identified as essential (Laughlin and Wisniewski 2021). Eighty-seven percent of registered nurses are women, so they have borne a large burden emotionally and physically during the pandemic (Laughlin and Wisniewski 2021).

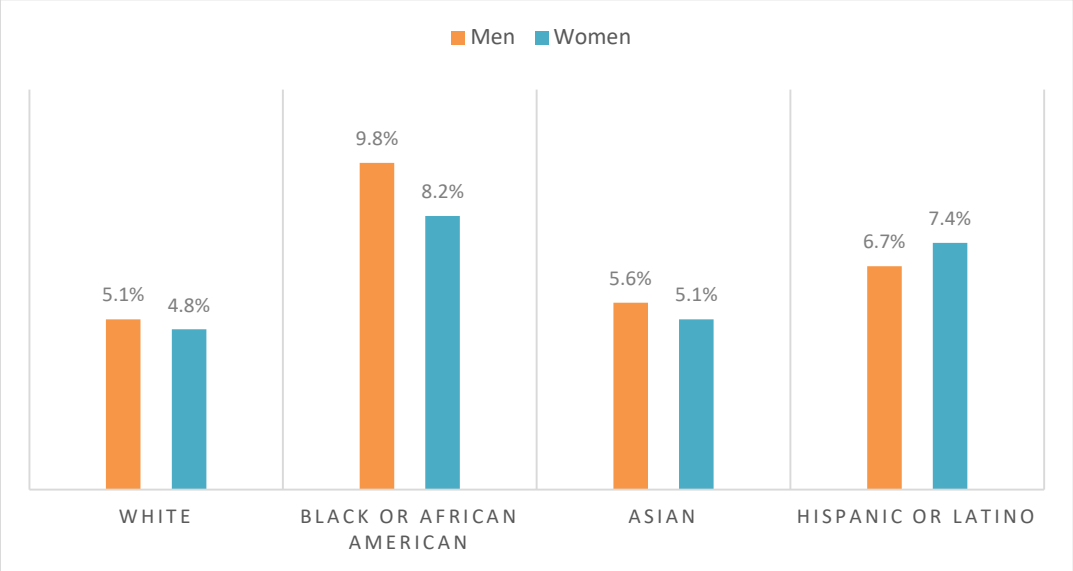
There will be long term effects from the pandemic as well. Women will likely have difficulty re-entering the workforce. Generally speaking, the longer a person is out of the workforce, the harder it is to re-enter the workforce. Women who were forced to leave the labor market will likely lose out on future opportunities of upward mobility and promotions or see those opportunities delayed (Covington et al. 2020). Leaving the labor market will also impact the trajectory of women's future earnings as they re-enter the workforce (Covington et al. 2020). The pandemic's effect on women's earnings may also impact the ability to accumulate wealth and save for retirement (Marshall 2021).

Women of Color

Unemployment rates for women of color are higher than they are for White women. From the third quarter of 2019 to the third quarter of 2020, unemployment increased from 5.4% to 12.7% for Black women, 2.5% to 11.6% for Asian women, 4.8% to 12.5% for Latinas, and 3.7% to 8.6% for White women in the United States (AAUW 2020). As of June 2021, Black women's unemployment rate was 1.7 times higher than White women's, while the rate for Hispanic/Latina women was 1.5 times higher (IWPR #Q096, 2021).

Although unemployment rates have improved dramatically since April 2020, they have recovered more quickly for White and Asian people than other racial and ethnic groups. In May 2021, the unemployment rate for White men and women in the United States was 5.1% and 4.8% respectively (Figure 2.7). Asian men and women had unemployment rates close to pre-pandemic levels at 5.6% for men and 5.1% for women. In all racial and ethnic groups, men's unemployment rates were slightly higher than women's rates with the exception of Hispanic women, who had an unemployment rate of 7.4% compared to 6.7% for Hispanic men. Black women and Hispanic women had the highest unemployment rates among women at 8.2% and 7.4% respectively.

Figure 2.7. Unemployment Rates by Sex and by Race/Ethnicity, United States, May 2021



Source: Institute for Women's Policy Research #Q096

Paid Sick Leave

Congress and several states passed emergency legislation that provided paid sick leave if employees needed to take time off of work due to COVID-19 (National Conference of State Legislatures 2020). At the federal level, Congress passed the Families First Coronavirus Response Act that required certain employers to provide paid sick leave if employees became sick, needed to quarantine, needed to care for a sick or quarantined family member, or care for a child due to school closures (National Conference of State Legislatures 2020). It creates an employer tax credit and does not apply to employers with more than 500 employees. Employers with less than 50 employees may receive an exemption (National Conference of State Legislatures 2020). Several states have also passed emergency legislation to provide sick leave for employees who have contracted COVID-19.

Childcare

COVID-19 has highlighted many of the faults with childcare in the United States. When the country shut down in March 2020, families had to find childcare solutions because childcare centers and schools closed, or family childcare arrangements became dangerous because of the virus. For most families, the burden of childcare has fallen on mothers. Even after quarantine orders ended in many parts of the country, a sizeable portion of schools opted to remain virtual. There were also health concerns about returning children to childcare centers if those centers reopened or sending them to family members like grandparents who might be at higher risk of contracting the virus. This situation has placed a disproportionate burden on mothers.

During the pandemic, parents have reported that is has been difficult to handle childcare responsibilities (Igielnik 2021). Fifty-two percent of working parents have reported it has been

difficult to handle childcare responsibilities, which was up from 38% in March 2020. However, mothers have found this more difficult than fathers. Forty-seven percent of fathers said childcare had been difficult, compared to 57% of mothers (Igielnik 2021). Mothers who have been teleworking are also about twice as likely as fathers to say they have a lot of childcare duties while working (Igielnik 2021). Working mothers have also been more likely to report that work-family balance has become more difficult. Among parents who retained the same job as before the pandemic, one third said that it has been harder to balance work and family (Igielnik 2021). Fifty-three percent say it has been the same, and 13% say it has become easier (Igielnik 2021). Working mothers also reported that they needed to reduce their work hours because of the pandemic (Igielnik 2021).

As of December 2020, about 73% of childcare centers, preschools, and other childcare related programs (not including home care) had reopened (Leonhardt 2020). Many childcare centers closed permanently due to the increased costs of remaining open. In December 2020, 56% of childcare centers said they were losing money to stay open (Leonhardt 2020). Forty-two percent reported taking on debt to stay open or putting expenses on their personal credit cards; 39% reported trying to help low-income families by using their own personal savings account; and 60% reported that they tried to reduce costs through pay cuts, layoffs, and furloughs (National Association for the Education of Young Children 2020). Only 6% of childcare business received a Paycheck Protection Program loan (National Association for the Education of Young Children 2020). The pandemic itself has also caused additional expenses in terms of cleaning supplies, personal protective equipment, and employee retention and recruitment (National Association for the Education of Young Children 2020).

In Pennsylvania, there were 8,000 regulated child care providers before the pandemic and only 6,900 as of October 2020. During 2020, 86% of child care providers closed for some length of time (Pennsylvania Partnerships for Children 2020). The estimated cost to the child care industry from March to September 2020 in Pennsylvania was $325 million (Pennsylvania Partnerships for Children 2020).

LGBTQIA+ Community

During the pandemic, LGBTQ[1] people were more likely to have their work hours cut and to feel like their personal finances are worse prior to the pandemic. Thirty percent of LGBTQ respondents had their work hours reduced, while only 22% of the general population did (Human Rights Campaign n.d.). Twenty percent of LGBTQ people said their finances were "much worse off" than they were prior to the pandemic, compared to 11% of the general population (Human Rights Campaign n.d.). Unemployment affected the general population and LGBTQ population about the same, with 14% of the general population becoming unemployed compared to 12% of the LGBTQ population (Human Rights Campaign n.d.).

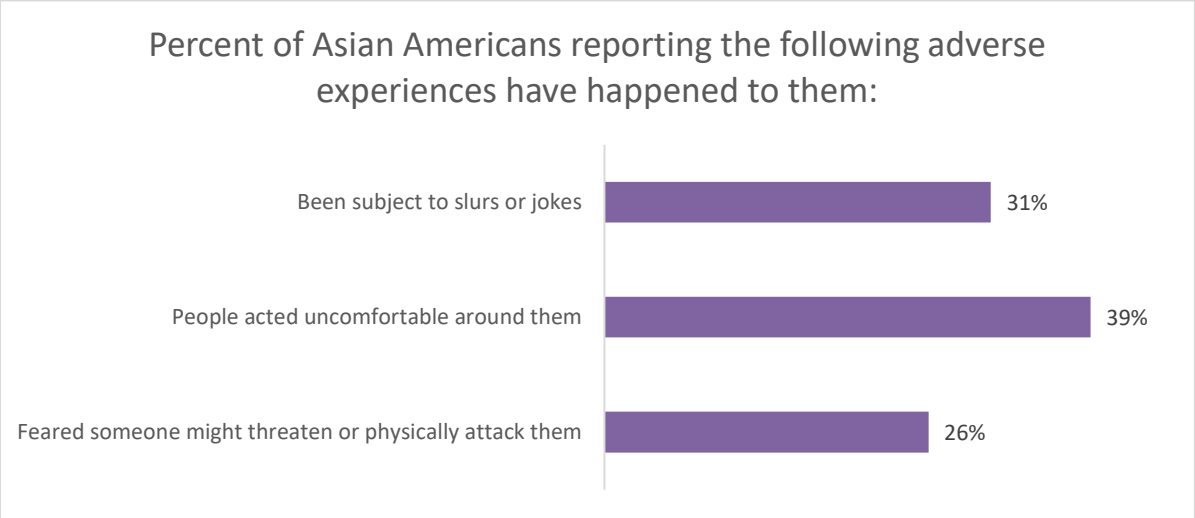
[1] The term LGBTQ has been taken directly from the source and does not necessarily reflect the preferences of the researcher or the Fund for Women and Girls.

Black LGBTQ people have been severely impacted by the pandemic because many are frontline workers. Twenty percent of janitors, food service workers, and cashiers and stockers are Black, and almost 20% of LGBTQ people work in retail, restaurants, or food service (Human Rights Campaign n.d.). Thirty-four percent of Black LGBTQ people had their works hours reduced, compared to 28% of LGBTQ respondents and 23% of Black respondents, and 15% of Black LGBTQ respondents lost their jobs, compared to 16% of LGBTQ and Black respondents. (Human Rights Campaign n.d.).

Discrimination During COVID-19

Since the COVID-19 outbreak, Asian Americans have faced more discrimination. Roughly 39% of Americans say that it is more common for people to express racist sentiments about people who are Asian than before COVID-19 (Ruiz et al. 2020). Among Asian Americans specifically, 58% reported that it is more common for people to express racist sentiments against them as compared to before COVID-19. Since the outbreak of COVID-19, 31% of Asian Americans have been subjected to slurs or jokes, 39% say people have acted uncomfortable around them, and 26% say they have feared that someone might threaten or physically attack them (Figure 2.8).

Figure 2.8. Percent of Asian Americans Experiencing Adverse Experiences Due to Ethnicity, United States, 2020



Source: Pew Research Center: Ruiz, Horowitz, and Tamir 2020

Thirty-six percent of Asian Americans reported that they worry a great deal or fair amount that other people might be suspicious of them if they wear a mask or face covering in stores or other businesses (Ruiz et al. 2020). Despite this concern, 80% of Asian Americans have worn a mask or face covering (Ruiz et al. 2020).

During the pandemic, Asian households were twice as likely as White households to report that they did not have enough to eat because they were “afraid to go or didn’t want to go out to buy food” (Perez-Lopez and Monte 2021). Generally speaking, trends in food insufficiency have been similar for Asian and White households, but the pandemic caused this to change

somewhat. While food insufficiency is much higher among Black and Hispanic households overall, it is usually because they report not being able to afford to buy more food (Perez-Lopez and Monte 2021).

Focus Group Findings: Impacts of COVID-19 on Women in Chester County

A focus group was held with women in Chester County to determine how COVID-19 has affected them personally and professionally. This group was diverse in terms of race/ethnicity, age, and socioeconomic status. There were several themes that emerged. First, most participants felt some amount of stress having to learn new technology – either for themselves and their job and/or for their children's school. Second, most participants expressed sentiments related to the unpredictably of the pandemic or the disruption of plans. This ranged from social engagements to work events to daily routines. Adapting to new circumstances was something most participants discussed. One participant noted, "I think…the lack of being able to plan anything was the biggest change for me professionally." Third, most participants expressed regret about isolation from one's extended family and/or friends. Even though some participants said their nuclear families became closer during the pandemic, they missed being able to socialize with extended family and/or friends. Fourth, the majority of participants spoke to being tired in some way. This varied according to individual circumstance, but included more work responsibilities, fatigue with the pandemic and new safety precautions in general, or a general loneliness and sadness. One participant said, "I feel like since I work virtually…I'm never off the computer, so I feel like I'm working more than ever." Another participant referred to work and family responsibilities: "I'm…married, and I have a eight year old son, who was out of school at that point homeschooling as well, so my whole 2020 is very blurry because I was on autopilot the whole year." Last, there was not consensus on whether or not the pandemic had affected women in disproportionate ways. Some participants felt it has affected men and women equally, while others felt it has affected women more because they already have the primary caregiving role in families, so this role was just exacerbated more during the pandemic with remote school and work.

Conclusion

Women's economic recovery from the pandemic has been slower as compared to the economic recovery for men. Even though women's unemployment rate has improved considerably since 2020, it has not recovered to pre-pandemic levels when it was the same as men's unemployment rate. Childcare has also been difficult to find and has affected women's ability to return to work and/or to return to work full-time.

The pandemic has affected a variety of marginalized populations disproportionately, from people with disabilities to racial and ethnic minorities to LGBTQ+ people. For women who also share these intersecting identities, it has been particularly devastating. Black, Hispanic, and American Indian/Alaska Native communities have been hit particularly hard, with all groups being more likely to contract COVID-19, to be hospitalized, or to die from the virus.

Recommendations

Support policies and programs that provide job retraining.

Support policies and programs that make childcare accessible to all who need it.

Support policies and programs that provide a living wage for workers in childcare, food service, sanitation, and retail.

Support policies and programs that provide paid sick leave to part-time and full-time employees.

Expand eligibility of unemployment insurance.

Support policies and programs that increase the federal minimum wage.

Support policies and programs to reduce health inequities that existed long before the pandemic.

Support policies and programs to reduce economic inequities that existed long before the pandemic.

Support policies and programs that provide funding to remove people with disabilities out of congregate settings.

Support policies and programs that extend the eviction moratorium.

Support policies and programs that extend student loan forbearance.

ADULTIFICATION OF BLACK GIRLS, DISPROPORTIONATE DISCIPLINE, & THE JUVENILE JUSTICE SYSTEM

Introduction

The murder of George Floyd on May 25, 2020 launched a wave of racial justice protests across the country during the midst of the Coronavirus pandemic. Although racial profiling and disproportionate policing have always been critical issues in Black communities, these protests contributed to a national dialogue on police brutality against Black people. Black children experience racism and stereotypes as early as childhood, and as a result, become subject to over-policing and stricter discipline policies while in school and with law enforcement. Often, these stereotypes influence the perceptions of them from white authority figures in schools and juvenile justice systems.

Adultification of Black Girls

In 2017, the Georgetown Law Center on Poverty and Inequality published a landmark study on the adultification of Black girls (Epstein, Blake, and Gonzalez 2017). Adultification refers to "the perception of Black girls as less innocent and more adult-like than white girls of the same age" (Epstein, Blake, and Gonzalez 2017, 1). This study revealed that survey participants perceived Black girls as needing less nurturing, less protection, less support, and less comfort while being perceived as more independent, more knowledgeable about adult topics, and more knowledgeable about sex (Epstein, Blake, and Gonzalez 2017). Epstein and her coauthors suggest that these perceptions of Black girls are one of the factors that contribute to disproportionate rates of disciplinary actions taken again them in the juvenile justice and educational systems (Epstein, Blake, and Gonzalez 2017).

In the United States, childhood is a social construct, and the Supreme Court has said that children are less responsible than adults for crime because their brains are still developing. As a result, children generally receive less harsh penalties than adults in the justice system (Epstein, Blake, and Gonzalez 2017). Since Black girls are seen as more adult-like than their non-Black peers of the same age, this has serious consequences on their experiences with school discipline and the juvenile justice system. Epstein, Blake, and Gonzalez (2017) found that Black girls were viewed as less innocent and more adult-like than white girls of the same age, especially girls between 5-14 years old. Epstein and her coauthors explored this topic based on research that showed Black boys are viewed as less innocent and more adult-like than white boys. Their findings are similar and demonstrate that both Black girls and boys are perceived as more adult-like and less innocent. Other studies have shown that police officers consistently overestimate the age of Black adolescents who are felony suspects by roughly 4.5 years and attribute great culpability to Black adolescent boys than their white peers (cited in Epstein, Blake, and Gonzalez 2017).

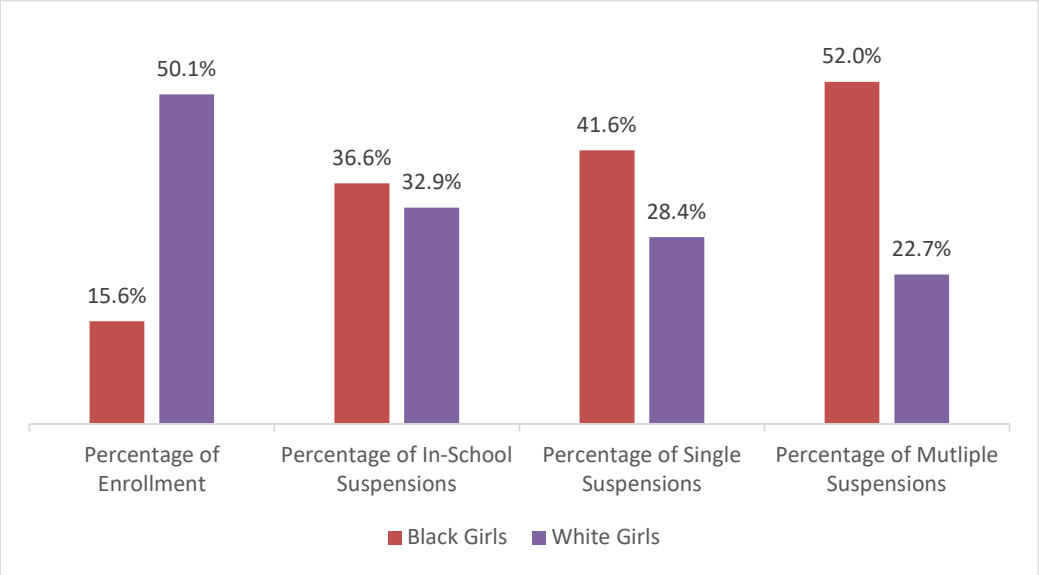
Current perceptions of Black girls and women are informed by stereotypes dating back to slavery in the United States. These stereotypes put Black girls into three categories: sapphire

(loud, angry, aggressive), jezebel (hypersexualized), and mammy (asexual, loving, nurturing). As a result, Black female students are seen as less compliant and docile and less in need of protection (cited in Epstein, Blake, and Gonzalez 2017).

Epstein, Blake, and Gonzalez (2017) found that survey respondents perceived Black girls as more adult than white girls at all ages from 0 to 19, and this perception increased a great deal starting at age five. The implications of such findings suggest that perceptions of adultification affect school discipline (Epstein, Blake, and Gonzalez 2017).

In 2013-2014, the enrollment for Black girls in K-12 schools comprised 15.6% of K-12 enrollment, but 36.6% of in-school suspensions, 41.6% of single suspensions, and 52% of multiple suspensions (Figure 3.1). In comparison, White girls made up 50.1% of the enrollment, but only comprised 32.9% of suspensions, 28.4% of single suspension, and 22.7% of multiple suspensions.

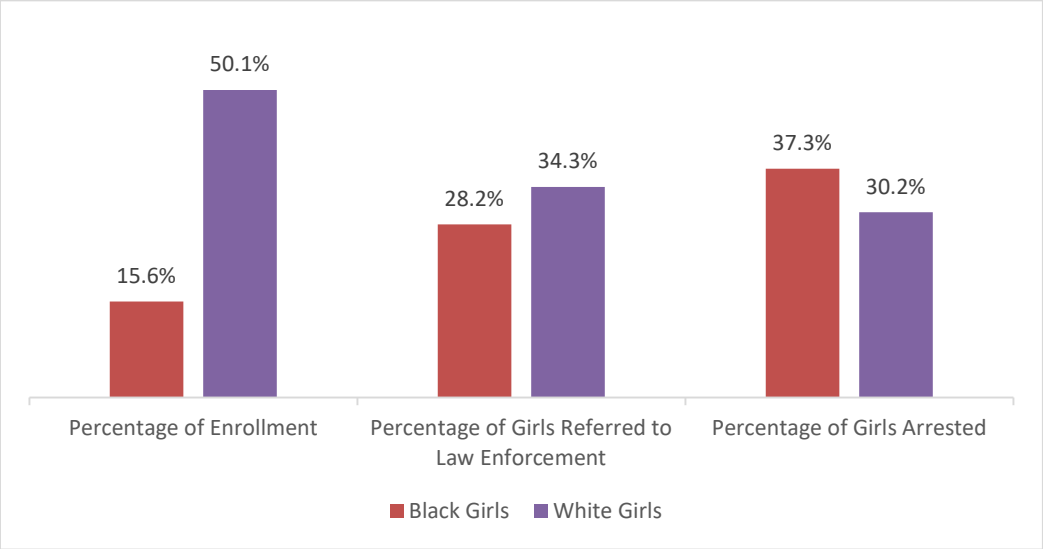
Figure 3.1. Percent of Suspensions for Girls by Race in K-12, United States, 2013-2014



Source: Epstein, Blake, and Gonzalez 2017

In 2013-2014, 28.2% of Black girls were referred out to law enforcement compared to 34.3% of white girls in the United States (Figure 3.2). Again, this is disproportionate compared to the enrollment figures of Black girls at 15.6%. Black girls were more likely than white girls (37.3% versus 30.2%) to be arrested (Figure 3.2).

Figure 3.2. Percent of Girls Referred to Law Enforcement or Arrested at School by Race in K-12, United States, 2013-2014

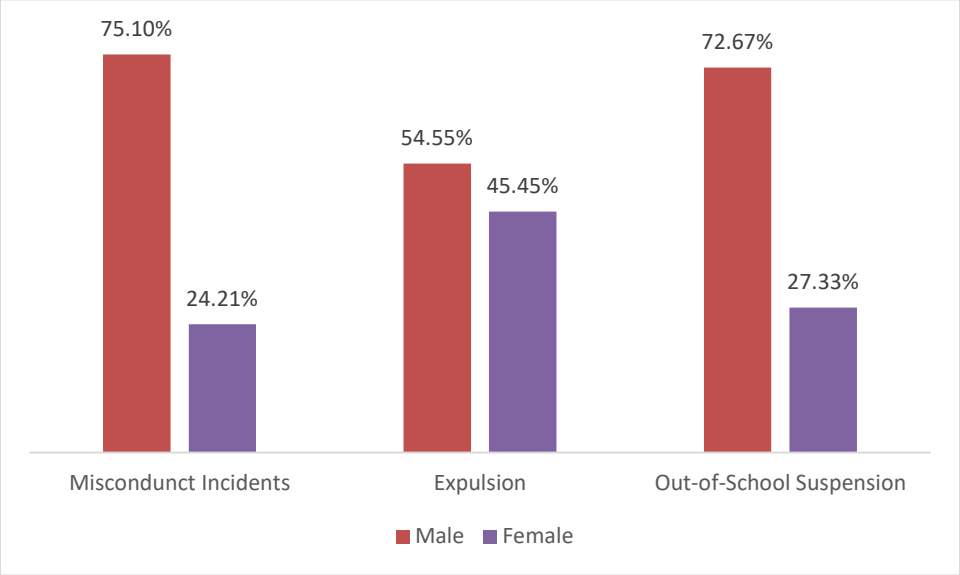


Source: Epstein, Blake, and Gonzalez 2017

K-12 School Discipline in Chester County

Figure 3.3 shows school conduct incidents and outcomes based on sex in grades K-12 for all schools in Chester County from 2018-2019. Girls comprised 24.21% of misconduct incidents compared to 75.10% for boys (Figure 3.3). Girls made up roughly the same proportion of out-of-school suspensions at 27.33% compared to 72.67% for boys. Of students who were expelled, 54.55% were boys, and 45.45% were girls.

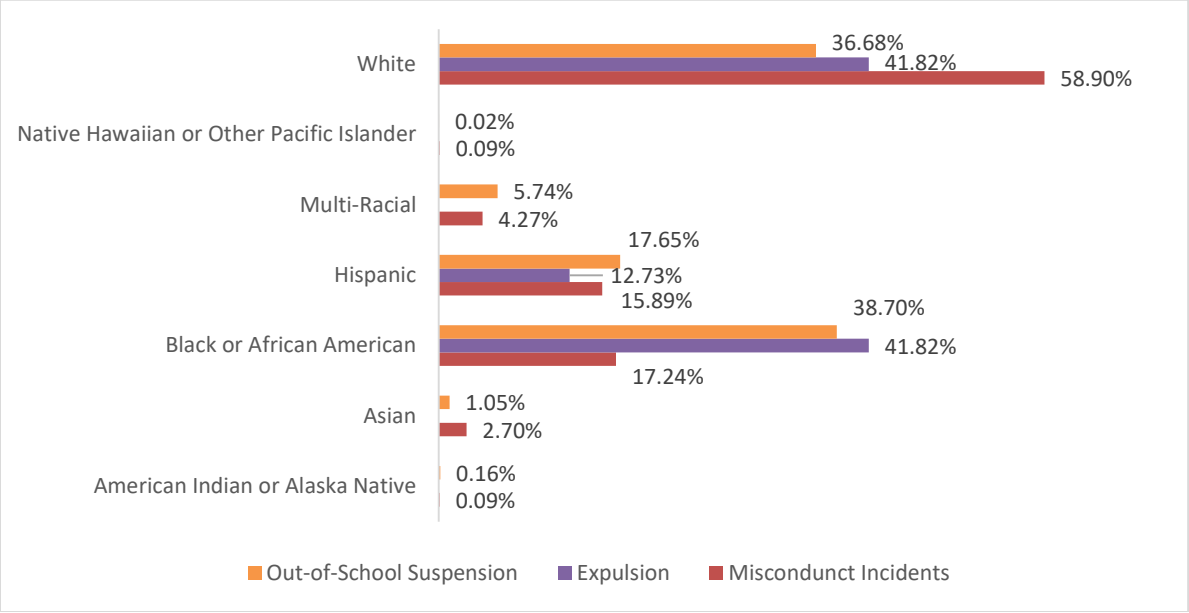
Figure 3.3. School Conduct Incidents and Outcomes by Sex for K-12, Chester County, 2018-2019



Source: Pennsylvania Safe Schools Report, Chester County

Figure 3.4 shows school conduct incidents and outcomes by race and ethnicity in all K-12 schools in Chester County for the 2018-2019 academic school year. Although the enrollment of each racial and ethnic group for the county is not provided, it is safe to say that Black children are disciplined disproportionately given that the population of Black residents is only 5.5% of Chester County's entire population. Black children comprised 17.24% of all incidents, 41.82% of expulsions, and 38.70% of out-of-school suspensions. White children make up 58.9% of all incidents, but 41.82% of expulsions and 36.68% of out-of-school suspensions (Figure 3.4). Expulsion and out-of-school suspensions number were roughly the same for Black and white students even though White students make up a much larger portion of the students enrolled.

Figure 3.4. School Conduct Incidents and Outcomes by Race/Ethnicity for K-12, Chester County, 2018-2019



Source: Pennsylvania Safe Schools Report, Chester County

Table 3.1 shows the number and percent of students with one out-of-school suspension by sex and race/ethnicity for all Chester County school districts combined. In 2017-2018, female students comprised 28.1% of students suspended, compared to 71.9% for male students (Table 3.1). Of female students suspended, 47.6% were White, 32.2% were Black, 12.8% were Hispanic, 6.2% were two races or more, 0.9% were Asian, and 0.4% were American Indian/Alaska Native. Black female students were overrepresented at 32.2% (Table 3.1) in comparison to their population in Chester County school districts since only 6% of students in Chester County are Black (Sippio-Smith et al. 2021).

Table 3.1. Number and Percent of Students with One Out-of-School Suspension by Sex and Race/Ethnicity, 2017-2018

School District	All Chester County School Districts Combined			
	Female	Percent	Male	Percent
Number of Students Suspended by Sex	**227**	**28.1%**	**580**	**71.9%**
Number of Students Suspended by Race/Ethnicity & Sex				
American Indian/ Alaska Native	1	0.4%	2	0.3%
Asian	2	0.9%	19	3.3%
Black	73	32.2%	113	19.5%
Hispanic	29	12.8%	99	17.1%
Native Hawaiian/ Pacific Islander	0	0.0%	0	0.0%
Two or More Races	14	6.2%	36	6.2%
White	108	47.6%	314	54.1%

Source: Civil Rights Data Collection, Office for Civil Rights, U.S. Department of Education

In a study examining all suspensions (as opposed to one suspension only in Table 3.1), the authors found that Black students comprised 32% of suspensions in comparison to their population of only 6% in Chester County (Sippio-Smith et al. 2021). Black students were also 5.3 times as likely to receive out-of-school suspensions in Chester County (Sippio-Smith et al. 2021). Pennsylvania has the third highest arrest rate of student arrests in the United States, and it has the second highest arrest rate of Black and Hispanic students (Sippio-Smith et al. 2021). In Chester County, 15% of Black students were involved in law enforcement incidents (Sippio-Smith et al. 2021).

Race/Ethnicity in the Criminal Justice System

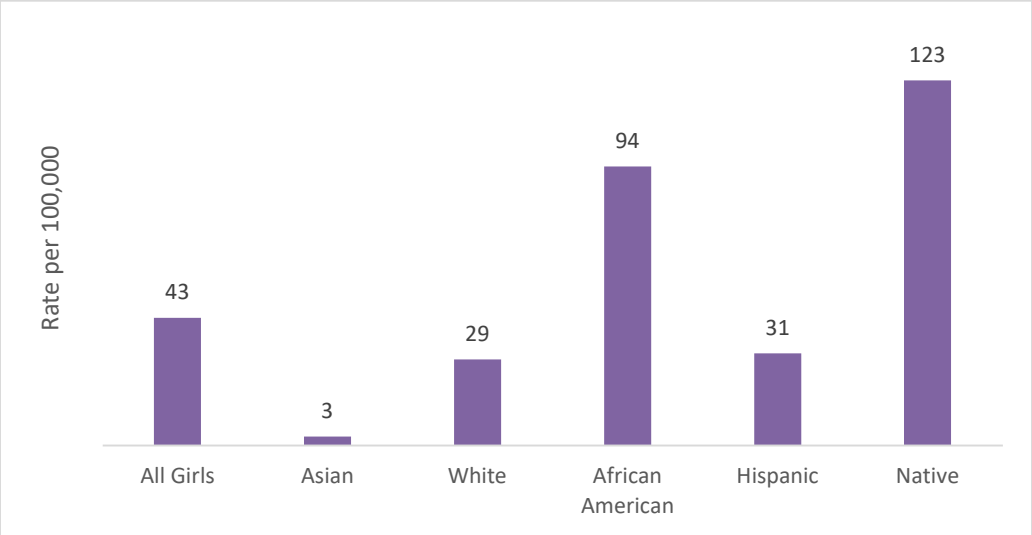
The disparate treatment of Black girls in the school system carries over to the juvenile justice system where law enforcement officers, probation officers, prosecutors, defense attorneys, and judges are likely to have the same perceptions of Black girls as less innocent and more adult-like than white girls (Epstein, Blake, and Gonzalez 2017). Research has shown that prosecutors dismiss approximately three out of every ten cases for Black girls compared to seven out of every ten cases for White girls (cited in Epstein, Blake, and Gonzalez 2017). Black girls are also less likely to be offered diversion (avoiding formal processing) and three times more likely than white girls to be removed from their homes and put into state custody in a residential or secured facility (Epstein, Blake and Gonzalez 2017).

Incarcerated Girls in the Juvenile Justice System

In 2017, there were 43,580 young people in residential placement, and 15% of those were girls (The Sentencing Project 2020). The number of girls incarcerated in residential placement settings was 15,104 in 2001, but that has declined to 6,598 in 2017 (The Sentencing Project

2020). However, African American and Native[2] girls are more likely to be incarcerated than White, Asian, and Hispanic girls (Figure 3.5). In 2017, the incarceration rate for all girls was 43 per 100,000, but the incarceration rate for African American girls and Native[3] girls was three times and four times higher than for White girls respectively. The incarceration rate was 94 per 100,000 for African American girls and 123 per 100,000 for Native[4] girls (Figure 3.5). In comparison, rates were 31 per 100,000 for Hispanic girls, 29 per 100,000 for White girls, and 3 per 100,000 for Asian girls.

Figure 3.5. Residential Placement Rates for Girls by Race and Ethnicity per 100,00, United States, 2017



Source: The Sentencing Project

Girls make up 15% of incarcerated youth, but they comprise a higher proportion of those who are incarcerated for lower level offenses (The Sentencing Project 2020). For example, 36% of young people incarcerated for status offenses like truancy and curfew violations are girls (The Sentencing Project 2020). Of youth who are incarcerated for running away, over half of them are girls (The Sentencing Project 2020).

States with the highest incarceration rates for girls are Nebraska (166), Wyoming (143), Alaska 102), West Virginia (95), and Idaho (81). States with the lowest incarceration rates are North Carolina (11), New Jersey (11), Massachusetts (9), Connecticut (7), and Vermont (0) (The Sentencing Project 2020). Girls are also increasing as a proportion of all teen arrests. Girls made up 20% of youth arrests in 1990, 26% in 2000, and 30% in 2010 (The Sentencing Project 2020). Since then, arrest rates have remained relatively stable.

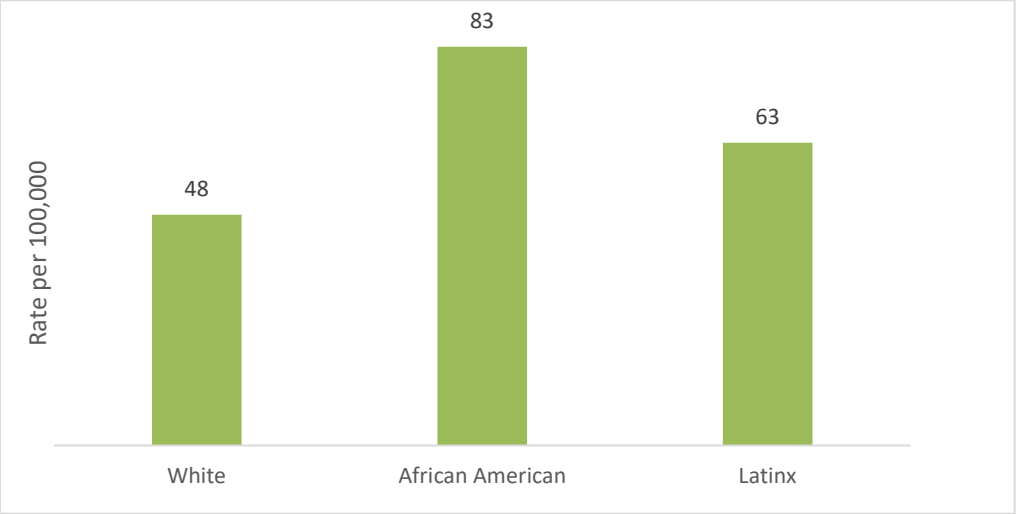
[2] This term has been taken directly from the source and does not reflect the preferences of the researcher or the Fund for Women and Girls.
[3] This term has been taken directly from the source and does not reflect the preferences of the researcher or the Fund for Women and Girls.
[4] This term has been taken directly from the source and does not reflect the preferences of the researcher or the Fund for Women and Girls.

Incarcerated Women

Even though men outnumber women in prison, the rate of growth for female imprisonment has been twice as high as men's rates since 1980 (The Sentencing Project 2020). From 1980 to 2019, the number of incarcerated women increased more than 700% (The Sentencing Project 2020). This is due to increased law enforcement efforts and stronger drug sentencing laws (The Sentencing Project 2020).

Figure 3.6 shows imprisonment rates for women in the United States by race and ethnicity in 2019. The imprisonment rate for African American women was 83 per 100,00, which was 1.7 times the rate of imprisonment for White women at 48 per 100,000. The imprisonment rate for Latinx women was 63 per 100,000, which was 1.3 times the rate of White women. Since 2000, the imprisonment for African American women has declined 60%, but it has increased 5% for Latinx women (The Sentencing Project 2020).

Figure 3.6. Imprisonment Rates for Women by Race and Ethnicity per 100,00, United States, 2019

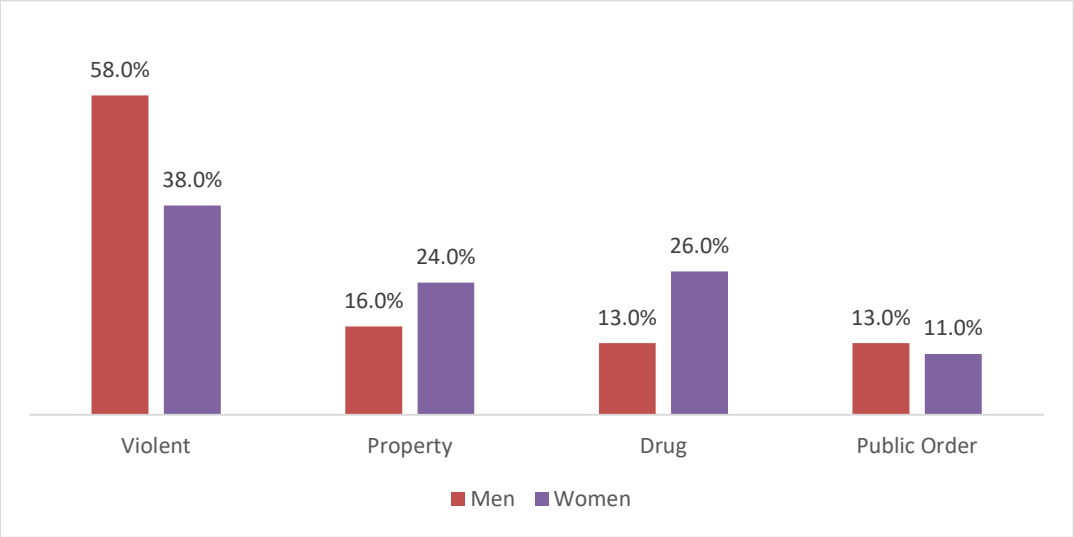


Source: The Sentencing Project from the Bureau of Justice Statistics

Women's incarceration rates vary considerably by state. The national rate in 2019 was 61 out of every 100,000 (The Sentencing Project 2020). Pennsylvania ranks in the top 20 states with the lowest female state imprisonment rate of 42 out of every 100,000. Massachusetts had the best rate at 10, and Idaho had the worst at 138 (The Sentencing Project 2020).

Women are often incarcerated for different types of offenses than men. In 2018, 58% of men were incarcerated in state prisons for violent offenses compared to 38% of women (Figure 3.7). However, 24% of women were incarcerated for property offenses compared to 16% of men, and 26% of women were incarcerated for drug offenses compared to 13% of men. Men and women had similar rates of being incarcerated for public order offenses at 13% and 11% respectively.

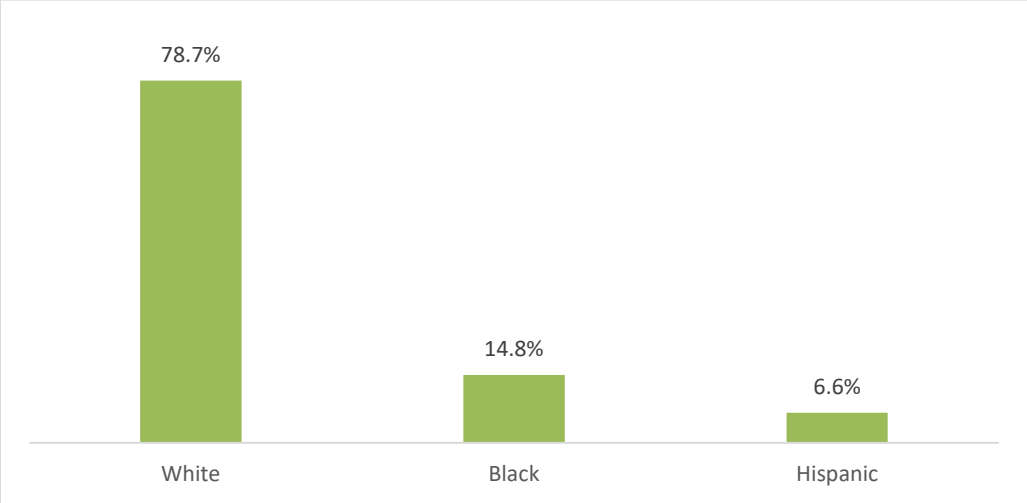
Figure 3.7. Types of Offenses for Women and Men in State Prisons, 2018



Source: The Sentencing Project from the Bureau of Justice Statistics

In Chester County, 61 women were incarcerated as of May 2021. Of those 61 women, 78.7% were White, 14.8% were Black, and 6.6% were Hispanic (Figure 3.8). Considering that non-Hispanic Black or African American people only make up 5.5% of the population in Chester County (American Community Survey 2019), this group of women is clearly overrepresented in the justice system at 14.8%. Hispanic women are slightly underrepresented in comparison to the population of Hispanic people (7.6%) in Chester County, and White women are represented in the justice system (78.7%) at almost exactly the same rate as the population (78.6%) (American Community Survey 2019).

Figure 3.8. Percent of Women Incarcerated by Race and Ethnicity, Chester County, 2021



Source: Chester County Prison

Focus Group Findings: Adultification in Chester County

To discover more about adultification of Black girls in Chester County, a guest moderator held a focus group comprised of Black women and adolescents to solicit their experiences. The group was diverse in terms of age, education, sexual orientation, and background. Some participants went to primarily Black schools while others went to primarily White schools. Most participants described situations consistent with adultification of Black girls. One participant said, "…people have always thought that I've been three to four years older than I actually am…" Although some of the participants did not recall personal experiences of being viewed as older than their age, they have seen this happen with their daughters. One participant who specifically observed her daughter being treated differently in school said "I had to be her advocate. I literally had to go to the superintendent…" Most participants felt they received less comfort in schools than their white peers, particularly if they were in schools that were primarily white and had only white teachers. Some participants described being treated differently than white girls starting in elementary schools when white girls would receive more verbal and physical support from fellow students like hugging. A participant who grew up in the South noticed a pronounced difference in the way white students were treated there but noticed less of a difference once she moved to the North. For participants who had gone to Black schools with Black teachers, they noticed differential treatment more when they went to college. They found the transition to primarily white universities challenging. Most of the participants went to majority white schools and had no Black teachers.

Conclusion

There appears to be a strong connection between public perceptions of Black girls as less innocent and more adult-like and how Black girls are treated in the school system. If people believe that Black girls are older and less innocent, then it follows that they will treat Black girls differently than girls of other races and ethnicities. In the school system, this translates to disproportionate disciplinary procedures. This, in turn, influences how Black girls are treated in the juvenile justice system.

Recommendations

Study the adultification of Black girls and its causal connection with adverse outcomes for Black girls in the education system, the juvenile justice system, and the child welfare system. Make reforms based on these findings.

Support policies and programs that provide information about disproportionate discipline and policing among communities of color.

Support policies that provide implicit bias and adultification training to teachers, school administrators, law enforcement officers, prosecutors, public defenders, probation officers, and judges.

Support policies that recruit and retain Black teachers and administrators.

Support policies and programs that provide leadership and mentorship opportunities to Black girls.

ECONOMIC SECURITY

Introduction

Despite the fact that women make up almost half of the workforce, their wages lag behind those of men. Although there was a great deal of improvement in women's wages during the 1980s, that progress slowed in the 1990s. The gender wage gap is still a concern for women nationwide. On average, women make 81.6 cents for every dollar that men make (American Community Survey 2019). Historically, women's lower educational levels contributed to the gender gap, but women have been earning college degrees at equal or higher rates than men since the 1980s. One of the biggest contributors to the gender wage gap is occupational segregation, the distribution of women and men in certain occupations where men's occupations receive higher pay regardless of the necessary education or skills (Levanon et al. 2009). Women of color are even more likely to be segregated into lower paying jobs than their white female counterparts and are likely to feel more adverse effects from the gender gap (Alonso-Villar and Otero 2013).

Employment & Earnings in the United States, Pennsylvania, & Chester County

Table 4.1 shows the population, labor force participation rate, and median earnings for women and men in the United States, Pennsylvania, and Chester County. Women comprise approximately the same percentage of the population in the U.S. (50.8%), Pennsylvania (51%), and Chester County (50.6%). The percentage of people in the labor force (aged 16 years or older) is highest in Chester County at 68.1%, compared to 62.9% in Pennsylvania and 63.6% in the United States. Among women 16 years and older, the percentage of those in the labor force is also highest in Chester County at 62.2%, compared to 58.6% in Pennsylvania and 58.8% in the United States. Median earnings for both men and women (for full-time, year-round workers) were higher in Chester County than in Pennsylvania and the United States. In Chester County, men's median earnings were $80,073 compared to women's median earnings at $59,598. Men's median earnings were only $55,221 in Pennsylvania and $52,989 in the U.S., compared to women's median earnings at $43,791 in Pennsylvania and $43,215 in the U.S.

Table 4.1. Population, Employment Status, & Median Earnings by Sex in the United States, Pennsylvania, and Chester County, 2019

	United States	Pennsylvania	Chester County
Total population	328,239,523	12,801,989	524,989
Men	49.2%	49.0%	49.4%
Women	50.8%	51.0%	50.6%
Employment status			
Population 16 years & older	263,534,161	10,474,419	421,901
In labor force	63.6%	62.9%	68.1%
Not in labor force	36.4%	37.1%	31.9%
Female 16 years & older	135,038,002	5,395,473	214,802
In labor force	58.8%	58.6%	62.2%
Employed	56.1%	56.1%	60.1%
Median earnings for full-time, year-round workers			
Men	$52,989	$55,221	$80,073
Women	$43,215	$43,791	$59,598

Source: U.S. Census, American Community Survey 1-Year Estimates, 2019

The Gender Wage Gap

The gender wage or pay gap is the difference in men's and women's earnings. It is the ratio of women's earnings as compared to that of men's earnings. It can be measured in multiple ways, including the average or median yearly earnings compared to that of men's earnings. While it can also be measured using weekly full-time earnings, this report refers to median yearly earnings in most instances. During the 1960s and 1970s, there was little improvement in the gender wage gap (IWPR #C464, 2018). From 1980 to 1990, however, the ratio of female-to-male earnings increased by over ten percentage points from 60.2% to 71.6% of men's wages (Wade 2019). During the 1990s, the wage gap increased and decreased, but netted an improvement of about two percentage points. Since 2000, the wage gap has continued to bounce around, but has improved by about eight percentage points overall (Hegewisch and Mefferd 2021 #C494). Based on the rate of change in the gender wage gap between 1960 and 2017, women would not reach pay equity until the year 2059 (AAUW 2018). The gender wage gap has lifelong financial consequences, such as higher rates of poverty for women. The wage gap also follows women into new jobs when salary histories are requested, it follows women into retirement because they receive less in retirement income and Social Security, and it affects other benefits like disability and life insurance because those benefits are based on earnings (AAUW 2018). Generally speaking, the gender wage gap is worse for women of color and mothers as these groups are already impacted by lower salaries than non-women of color and childfree women.

The gender wage gap is present in every state, in nearly every occupation, at all ages, at all levels of educational background, and across all racial and ethnic groups (AAUW 2018). The gender wage gap is due to a combination of interrelated factors including sexism, racism, gender stereotypes, discrimination, and biases that are part of the workplace. For example, gender stereotypes lead to occupational segregation that contribute to the wage gap. From birth boys and girls are socialized according to gendered expectations. These expectations create pressure for girls to conform to gender roles, which leads them down career paths that pay less (AAUW 2018). This occupational segregation has decreased since the 1970s but has not substantially improved since the early 2000s (AAUW 2018). Occupational segregation also affects Hispanic women disproportionately. Women also face motherhood penalties, and their wage gap is larger than the overall wage gap. Mothers working full-time earn 71% of what fathers earn (AAUW 2018). In Pennsylvania, it is 73%, which is a loss of $16,000 annually (National Women's Law Center). In addition to the disadvantages of temporarily leaving the workforce, mothers are also less likely to be hired than women without children and are offered a lower salary (AAUW 2018). Fathers do not face the same penalty, and sometimes receive a fatherhood bonus in terms of higher wages after having a child. Caregiving responsibilities also fall disproportionally on mothers (AAUW 2018).

Table 4.2 shows the gender wage gap in the United States, Pennsylvania, and Chester County based on yearly median earnings as measured by the American Community Survey. In 2019, the wage gap in the United States was 81.6% – meaning that women earned 81.6% of what men earned, compared to 79.2% on 2013 (Table 4.2). The gender wage gap in Pennsylvania and Chester County fared worse. In Pennsylvania, women only earned 79.3% of men's median annual earnings, compared to the national average of 81.6%. Even though women's median earnings were higher in Chester County (Table 4.2), the earnings ratio was actually less – meaning that women in Chester County only earned 74.4% of men's median annual earnings in Chester County (Table 4.2). Thus, the gender gap is actually worse in Chester County than it is in Pennsylvania or the United States. Even though the gender gap has improved at the national, state, and county level since 2013, similar patterns were present in 2019. In 2013, the gender gap was worse in Chester County (73.5%) as compared to Pennsylvania (79.1%) and the United States (79.2%).

Table 4.2. Median Annual Earnings & the Gender Wage Gap, United States, Pennsylvania, & Chester County, 2019 & 2013

	Women			Men			Ratio of Women's Earnings to Men's Earnings		
	U.S.	PA	ChesCo	U.S.	PA	ChesCo	U.S.	PA	ChesCo
2019	$43,215	$43,791	$59,598	$52,989	$55,221	$80,073	81.6%	79.3%	74.4%
2013	$38,000	$39,905	$51,872	$48,000	$50,412	$70,530	79.2%	79.1%	73.5%

Source: U.S. Census, American Community Survey 1-Year Estimates, 2019, Table S2002 and Turner 2016

Earnings and the Gender Wage Gap for Women of Color

Women's earnings vary by race and ethnicity (Table 4.3). Generally speaking, women of color earn less than men in the same demographic group and earn less that White women. In 2019, women of color earned less than their White female counterparts with one exception. Asian American women were the highest earning group among women in 2019 with median earnings of $56,001 in the United States (Table 4.3). Earning the least were Hispanic women at $32,470, American Indian and Alaska Native women at $36,577, and Black or African American women at $37,402. (Table 4.3). It is important to note that there is considerable variation within racial and ethnic groups that is not reflected in these numbers such as complexion. Darker skinned Black people make considerably less than people of the same race with lighter complexions (Goldsmith, Hamilton, and Darity 2007). In addition to facing an interracial gender wage gap, women of color are subjected to an intraracial wage gap as well. Among Asian American women, women of Indian and Chinese descent tend to make more than White men, but women of Burmese, Hmong, and Laotian descent tend to earn only about 60% or less of what White men earn (AAUW 2018).

Table 4.3. Median Annual Earnings for Women and Men Employed Full-Time, Year-Round by Race/Ethnicity, United States, 2019

	Median Annual Earnings	
Race/Ethnicity	**Women**	**Men**
White	$45,581	$57,003
Black or African American	$37,402	$41,242
American Indian & Alaska Native	$36,577	$40,623
Asian	$56,001	$70,739
Native Hawaiian & Other Pacific Islander	$38,836	$45,935
Some other race	$31,341	$37,204
Two or more races	$42,216	$50,637
Hispanic or Latino origin (of any race)	$32,470	$40,303
White, not Hispanic or Latino	$47,806	$61,233
All full-time, year-round workers 16 years & over with earnings	**$43,215.00**	**$52,989.00**

Source: U.S. Census, American Community Survey 1-Year Estimates, 2019

Table 4.4 shows the 2019 median annual earnings of men and women in the United States, Pennsylvania, and Chester County as well as the gender gap or ratio of women's earnings to men's earnings within the same racial/ethnic group. In Chester County, median annual earnings of men and women in all racial/ethnic groups were higher than earnings in the Pennsylvania and the United States. It is important to note, however, that there is no county level data for female American Indians/Alaska Natives and Native Hawaiians or other Pacific Islanders. Although median annual earnings were higher for all racial/ethnic groups, Black and Hispanic women only had slightly higher earnings compared to all other racial/ethnic groups. Black women's median annual earnings were $37,402 in the United States, $37,548 in

Pennsylvania, and $38,093 in Chester County. Hispanic women's median annual earnings were $32,479 in the United States, $31,724 in Pennsylvania, and $35,839 in Chester County.

Median annual earnings were highest for Asian men at $70,739 in the United States, $66,602 in Pennsylvania, and $120,063 in Chester County. Among women, Asian women had the highest median annual earnings at $55,601 in the United States, $51,477 in Pennsylvania, and $66,982 in Chester County (Table 4.4). Median annual earnings were lowest for Hispanic women at $32,470 in the United States, $31,724 in Pennsylvania, and $35,839 in Chester County.

When comparing the gender wage gap within racial and ethnic groups, the gender wage gap was largest for Asian women in Chester County (Table 4.4). Asian women's annual earnings were only 55.8% of Asian men's annual earnings in Chester County. The earnings ratio for White women within the same racial/ethnic group was 78.1% in the United States, 78.2% in Pennsylvania, and 75.4% in Chester County. Black and African American women fared the best within racial and ethnic groups in Pennsylvania and the United States, earning 90.7% and 92.5% of what Black men earned respectively. However, Black and African American women fared the worst in Chester County, earning only 71.6% of what Black men earned. The wage gap for Hispanic women was roughly the same at all levels – 80.6% in the United States, 81.1% in Pennsylvania, and 83% in Chester County. The wage gap within racial and ethnic groups was the best for Hispanic women in Chester County.

Table 4.4. Women & Men's Median Annual Earnings and the Gender Earnings Ratio within Racial/Ethnic Groups, United States, Pennsylvania, and Chester County, 2019

Race/ Ethnicity	Women			Men			Ratio of Women's Earnings to Men's within Racial/Ethnic Groups		
	U.S.	PA	Chester County	U.S.	PA	Chester County	U.S.	PA	Chester County
Asian	$56,001	$51,477	$66,982	$70,739	$66,602	$120,063	79.2%	77.3%	55.8%
White alone, not Hispanic	$47,806	$46,059	$62,005	$61,233	$58,920	$82,192	78.1%	78.2%	75.4%
Black	$37,402	$37,548	$38,093	$41,242	$40,598	$53,217	90.7%	92.5%	71.6%
Hispanic	$32,470	$31,724	$35,839	$40,303	$39,133	$43,155	80.6%	81.1%	83.0%
American Indian/ Alaska Native	$36,577	$36,000	--	$40,623	$38,589	--	90.0%	93.3%	--
Native Hawaiian or Other Pacific Islander	$38,386	$71,010	--	$45,935	$85,304	--	83.6%	83.24%	--
All Races/ Ethnicities	Women			Men			Ratio of Women's Earnings to Men's Earnings		
	US	PA	ChesCo	US	PA	ChesCo	US	PA	ChesCo
	$43,215	$43,791	$59,598	$52,989	$55,221	$80,073	81.6%	79.3%	74.4%

Source: U.S. Census, American Community Survey 1-Year Estimates, 2019

When the salaries of women in all racial/ethnic groups are compared to the salaries of White men, the gender gap is wider for women of color. Table 4.5 shows the ratio of women's earnings by racial/ethnic group compared to men of the same racial/ethnic group, similar to Table 4.4 above. The second column of Table 4.4 above is the same as the first column of Table 4.5 below, but more easily provides a direct comparison to the earnings of white men. The second column of Table 4.5 below contains the ratio of women's earnings by race and ethnicity compared to that of white men in 2019 and 2013. In every racial and ethnic group in the United States and Chester County, women earned less than White men in 2019. In every racial and ethnic group except for one in Pennsylvania, women earned less than white men in 2019.

The one outlier was Native Hawaiian or other Pacific Islander women in Pennsylvania. Although the American Community Survey shows Native Hawaiian or other Pacific Islander women earning $71,010 in Pennsylvania in 2019, the margin of error is large and is uncharacteristic of previous data gathered.

At the national level, Asian women fare the best in terms of the wage gap, with annual earnings that are 91.5% of White men's earnings in 2019 (Table 4.5). The wage gap is actually better for Asian women when compared to White men at 91.5% than when compared to Asian men at 79.2%. It is important to note, however, that Asian women's salaries vary considerably by subgroup. Although women who identify as Indian or Chinese make nearly as much as White men, women of Filipina, Vietnamese, and Korean ancestry are paid much less (AAUW 2020). White women fared the next best when calculating the wage gap in comparison to White men. White women's annual earnings were 78.1% of White men's annual earnings in the United States, which is slightly lower than the overall wage gap of 81.6%. In Pennsylvania, the wage gap was approximately the same at 78.2%. In Chester County, White women's annual earnings were slightly lower, with White women only earning 75.4% of White men's earnings. Although Black or African American women's earnings were 90.7% in the United States and 92.5% in Pennsylvania when compared to the earnings of Black of African American men, this is because Black men's earnings are lower. The ratio of Black women's earnings to White men's earnings was only 61.1% in the United States, 63.7% in Pennsylvania, and only 46.3% in Chester County. Hispanic women had the worst earnings ratio compared to White men's earnings at all levels. In 2019, Hispanic women's earnings were 53% of White men's earnings in the United States, 53.8% in Pennsylvania, and a mere 43.6% in Chester County.

Table 4.5. Ratio of Women's Earnings to Men's in the Same Racial/Ethnic Group and Ratio of Women's Earnings by Race/Ethnicity to White Men's Earnings, United States, Pennsylvania, and Chester County, 2019 & 2013

Race/ Ethnicity	**Ratio of Women's Earnings to Men's Earnings of the Same Racial/Ethnic Group**						**Ratio of Women's Earnings to White Men's**					
	U.S.		PA		Chester County		U.S.		PA		Chester County	
	2019	2013	2019	2013	2019	2013	2019	2013	2019	2013	2019	2013
Asian	79.2%	77.9%	77.3%	77.2%	55.8%	73.4%	91.5%	88.5%	87.4%	86.1%	81.5%	80.6%
White alone, not Hispanic	78.1%	76.9%	78.2%	77.0%	75.4%	73.1%	78.1%	76.9%	78.2%	77.0%	75.4%	73.1%
Black or African American	90.7%	90.7%	92.5%	89.3%	71.6%	85.0%	61.1%	65.4%	63.7%	63.6%	46.3%	64.0%
Hispanic	80.6%	90.6%	81.1%	90.4%	83.0%	84.7%	53.0%	53.8%	53.8%	52.4%	43.6%	53.1%
American Indian/ Alaskan Native	90.0%	83.8%	93.3%	83.0%	--	77.3%	59.7%	59.6%	61.1%	57.8%	--	60.1%
Native Hawaiian or Other Pacific Islander	83.6%		83.2%		--		62.7%		120.5%		--	

Source: U.S. Census, American Community Survey 1-Year Estimates, 2019 and Turner 2016

The wage gap for women of color is clearly wider than the overall gender wage gap, and it is also closing more slowly. At the current rate of improvement, the wage gap for Black women (as measured against White, non-Hispanic men's earnings) will not close for another 350 years in 2369. For Hispanic women, the wage gap will not close for 432 years in 2451 (AAUW 2018).

Intersectional Oppression

Discrimination in pay is intersectional in nature as evidenced above. Not only do most women of color earn less than their male counterparts within their own racial/ethnic groups and compared to white men, women of other marginalized groups also make less and have fewer legal protections in some cases. For example, Pennsylvania is the only state in the Northeast with no statewide anti-discrimination protections for LGBTQ+ individuals (Women's Law Project). Further, lesbians make less than gay or straight men; transgender women make less after they transition; and women with disabilities make less than disabled men (National Women's Law Center 2020). Lesbians are typically paid more than straight women, but not more than men. Lesbians are more likely than straight women to avoid the "motherhood penalty" since they are statistically less likely to have children, but their earnings are still less than men's earnings. For example, women in same-sex couples have a median income of $38,000, compared to $47,000 for men in same-sex couples and $48,00 for men in different-sex couples (National Women's Law Center 2020). Individuals who are bisexual also face lower earnings (AAUW 2018). Approximately 1.4 million adults in the United States identify as transgender, and more than 25% of respondents in a survey of transgender individuals reported a yearly income of less than $20,000 (AAUW 2018). While people who transition from male to female report a drop in pay, those who transition from female to male see no pay increase or a small increase (AAUW 2018). According to the National Women's Law Center, transgender people are four times as likely to earn less than $10,000 a year when compared to the average population.

For the first time in 2019, the American Community Survey provided response options for same-sex couples. An analysis of median household income showed that same-sex married couples had a higher median household income of $107,200, compared to $96,930 for opposite-sex married couples in 2019 (Glassman 2020). However, same-sex female married couples had a lower median household income ($95,720) than same-sex male married couples ($123,600) (Glassman 2020).

Workers who have a disability comprise 6% of working adults, but this increases with age (Day & Taylor 2019). Only about 4% of workers under the age of 45 have a disability, but that increases to 7% for workers ages 45-59 and to 13% for workers over age 60 (Day & Taylor 2019). In 2017, the median pay for women with disabilities in the United States was only 72% of men's earnings with a disability – meaning that women with disabilities only earned 72% of what men with disabilities did. This pay gap is considerably larger than the overall wage gap in the United States, which is 81.6%. Further, women with disabilities only made 48% of what men without a disability earned in the United States (AAUW 2018). In 2019, the employment

rate for all people with disabilities in Pennsylvania was 37.2%, compared to 78.7% for those without a disability in Pennsylvania (Institute on Disability 2019). In 2019, Cumberland County had the highest employment rate for people with disabilities at 49.2%, and Chester County was not far behind with an employment rate of 46.9% (Institute on Disability 2019). In 2018, Chester County had the highest employment rate for people with disabilities at 47.2% (Institute on Disability 2018). In 2019, the poverty rate for people with disabilities was 27.8%, compared to 9.9% for people without disabilities (Institute on Disability 2019). According to the U.S. Census, all full-time, year-round workers with a disability earn 87 cents for every dollar earned by those with no disability. This gap is reduced when comparing workers in similar occupation groups (Day and Taylor 2019). Workers with a disability are also less likely to work full-time, year-round, which means they are less likely to earn a full-time income. If part-time workers are included, the wage gap increases, and workers with a disability only earn 66 cents for every dollar compared to a non-disabled worker (Day and Taylor 2019).

The Earnings Ratio and Educational Attainment

Higher levels of education are typically associated with higher levels of income (AAUW 2018). Even though women have been earning bachelor's degrees at higher rates than men since 1981-82 (National Center for Education Statistics), the gender wage gap has persisted. In a study done by the American Association of University Women, researchers found that even within one year of graduating college, women were only paid 82% of what men were paid (Corbett and Hill 2012). In fact, the gender gap for college educated women is actually larger than the overall gender wage gap (AAUW 2018). Among workers with a bachelor's degree, women earn 74% of what men do, compared to 78% for women without a bachelor's (Day 2019).

In 2019, median earnings varied considerably when analyzed by educational attainment. Both men and women with higher levels of educational attainment earned more than their less educated counterparts. In 2019, people with a graduate or professional degree earned the most in the United States, Pennsylvania, and Chester County, and people with less than a high school degree earned the least (Table 4.6). For example, women with a bachelor's degree in the United States earned nearly twice as much ($47,895) as a high school graduate ($25,829). However, women at all educational levels earned less than their male counterparts in the United States, Pennsylvania, and Chester County in 2019. In the United States, women with a bachelor's degree only earned $47,895 compared to $69,201 for men. In Pennsylvania, women with less than a high school education earned the least of all groups at $18,646, but men without a high school degree earned $32,445. Men with a graduate or professional degree in Chester County earned the most of all groups at $127,012, compared to women with the same level of education who earned only $77,264. This difference is similar to that of 2014 when men with a graduate or professional degree in Chester County earned $109,276, compared to $66,777 for women (Turner 2016).

Table 4.6. Median Earnings in the Past 12 Months by Gender and Educational Attainment for the Unites States, Pennsylvania, and Chester County, 2019

	United States		Pennsylvania		Chester County	
Level of Education	Men	Women	Men	Women	Men	Women
Less than high school graduate	$30,725	$20,046	$32,445	$18,646	$34,417	$20,631
High school graduate (includes equivalency)	$38,906	$25,829	$40,980	$25,774	$42,068	$30,822
Some college or associate's degree	$46,610	$31,644	$46,600	$31,757	$56,282	$37,440
Bachelor's degree	$69,201	$47,895	$66,071	$47,119	$91,290	$55,119
Graduate or professional degree	$93,998	$63,912	$89,986	$65,393	$127,012	$77,264

Source: U.S. Census Bureau, American Community Survey, 2019, 1-Year Estimates
Note: Median Earnings in the Past 12 Months (in 2019 Inflation-Adjusted Dollars) by Sex by Educational Attainment for the Population 25 Years and Over

Although education increases women's earnings, it does not eliminate the gender wage gap. Table 4.7 shows women's earnings as a ratio of men's earnings in the United States, Pennsylvania, and Chester County by educational attainment. In Chester County, the gap in earnings is approximately the same for women with less than a high school graduate education and women with a graduate or professional degree at 59.9% and 60.8% respectively. Women with a high school education fare the best in Chester County with earnings approximately 73.3% of men's earnings. In Pennsylvania, women with a graduate or professional degree have the highest gender earnings ratio at 72.7%, while women with less than a high school education have the lowest ratio at 57.5%. In the United States, the gender earnings ratio has less variation than Pennsylvania and Chester County. Women with less than a high school graduate education only earn 65.2% of what their male counterparts do, while women with a bachelor's degree make the most at 69.2% of what their male counterparts earn. This data suggests that education cannot explain the gender wage gap because the wage gap often grows worse for women with the highest levels of education.

Table 4.7. Women's Earnings Ratio by Educational Attainment in the Unites States, Pennsylvania, and Chester County, 2019

	Gender Earnings Ratio		
Level of Education	**United States**	**Pennsylvania**	**Chester County**
Less than high school graduate	65.2%	57.5%	59.9%
High school graduate (includes equivalency)	66.4%	62.9%	73.3%
Some college or associate's degree	67.9%	68.1%	66.5%
Bachelor's degree	69.2%	71.3%	60.4%
Graduate or professional degree	68.0%	72.7%	60.8%

Source: U.S. Census Bureau, American Community Survey, 2019, 1-Year Estimates
Note: Median Earnings in the Past 12 Months (in 2019 Inflation-Adjusted Dollars) by Sex by Educational Attainment for the Population 25 Years and Over

Cumulative Losses from the Gender Wage Gap

Over the course of a year, the annual gender wage gap in the United States adds up to roughly $10,157 (National Partnership for Women and Families, 2020). For women of color, annual median losses are higher at $24,110 for Black women, $29,098 for Latinas, and $24,656 for Native American women (National Women's Law Center 2020). In the United States, women who are employed full-time lose a combined total of about $956 billion each year. Over the course of a lifetime, women lose a considerable sum of money due to the gender wage gap. For example, lifetime losses for a woman who works full-time year-round for 40 years add up to $406,280 based on the current wage gap (National Women's Law Center 2020). In order to make up this lifetime gap, a woman would have to work nine more years than her male counterpart. This gap also means that women's retirement income will be less than their male counterparts. In 2019, the average Social Security benefit for a retired woman 65 and older was roughly $15,846, compared to $20,153 for men (National Women's Law Center 2020). The average monthly Social Security benefit for women was $1,337, compared to $1,671 for men in 2019 (Figure 4.1).

Figure 4.1. Average Monthly Social Security Benefits per Month by Sex, United States, 2019

Source: Social Security Administration

Based on current trends of improvement in the gender wage gap, women in Pennsylvania would not see equal pay until the year 2068 (IWPR #R519, 2018). Pennsylvania ranks 20th in terms of the wage gap, meaning that 19 states have a larger wage gap (National Women's Law Center 2020).

Household Income in Chester County and Southeastern Pennsylvania

Table 4.8 shows median household income in the United States, Pennsylvania, Chester County, and other nearby counties in southeastern Pennsylvania in 2010 and 2019. In 2019, Chester County had the highest median household income in the region at $102,016 (Table 4.8). Although this was the highest income compared to the region, state, and nation, it represented the lowest percent change from 2010 to 2019 at 20.3%. Bucks County had the biggest increase in the region at 25.3%, with earnings increasing from $74,828 in 2010 to $93,767 in 2019. Nationally, median household income increased 26.5% from $51,914 in 2010 to $65,712 in 2019. In Pennsylvania, median household income saw a similar increase of 25.9% from $50,398 in 2010 to $63,463 in 2019.

Table 4.8. Comparison of Median Household Income in the United States, Pennsylvania, Chester County, & Surrounding Counties, 2010 & 2019

Geographic Region	Median Household Income in the Past 12 Months (2010)	Median Household Income in the Past 12 Months (2019)	Percent Change
United States	$51,914	$65,712	26.5%
Pennsylvania	$50,398	$63,463	25.9%
Chester County	$84,741	$102,016	20.3%
Bucks County	$74,828	$93,767	25.3%
Delaware County	$61,867	$77,339	25.0%
Montgomery County	$76,380	$92,302	20.8%

Source: Compiled from American Community Survey, 1-Year Estimates, 2019

Although the median income for Chester County is higher than the national and state median, these numbers can be somewhat misleading because the cost of living in Chester County is also high. According to the Self-Sufficiency Standard, an adult with one infant needs to earn $62,028 annually to meet basic expenses in Chester County (Self-Sufficiency Standard Tables for Chester County, 2021). One adult with one infant and one school-age child would need to earn $77,138 annually to meet basic expenses, and two adults with one infant would need to earn $72,483 annually in Chester County. The Self-Sufficiency Standard was created for the Women and Poverty Project in the mid-1990s, and it measures the income needed to meet basic needs without public subsidy or private assistance. The Self-Sufficiency Standard goes beyond the Official Poverty Measure, which only examines food costs. Instead, the Self-Sufficiency Standard calculates costs for housing, childcare, food, health care, transportation, and taxes – which helps account for regional variation.

Union Membership Advantages

Union membership offers many advantages to workers, particularly women. Because women are more likely to be paid less, women tend to receive a larger "bonus" from belonging to a union. Unions typically bargain for higher wages and increased pay transparency, all of which benefit women.

The wage gap is better for women who belong to unions, with female union members earning about 88% of men's earnings (Patrick and Heydemann 2018). For women who do not belong to a union, the wage gap is worse, with women only earning about 81.6% of what male non-union members earn (Patrick and Heydemann 2018). In 2017, the wage gap for median weekly earnings for women who belonged to unions was 12%, compared to 18% for women who did not belong to unions (Table 4.9). In 2020, the wage gap for median earnings for women who belonged to unions remained the same as 2017 at 12% for union members and 18% for non-union members.

Table 4.9. Wage Gap for Median Weekly Earnings for Union Members and Non-Union Members in the United States, 2017 & 2020

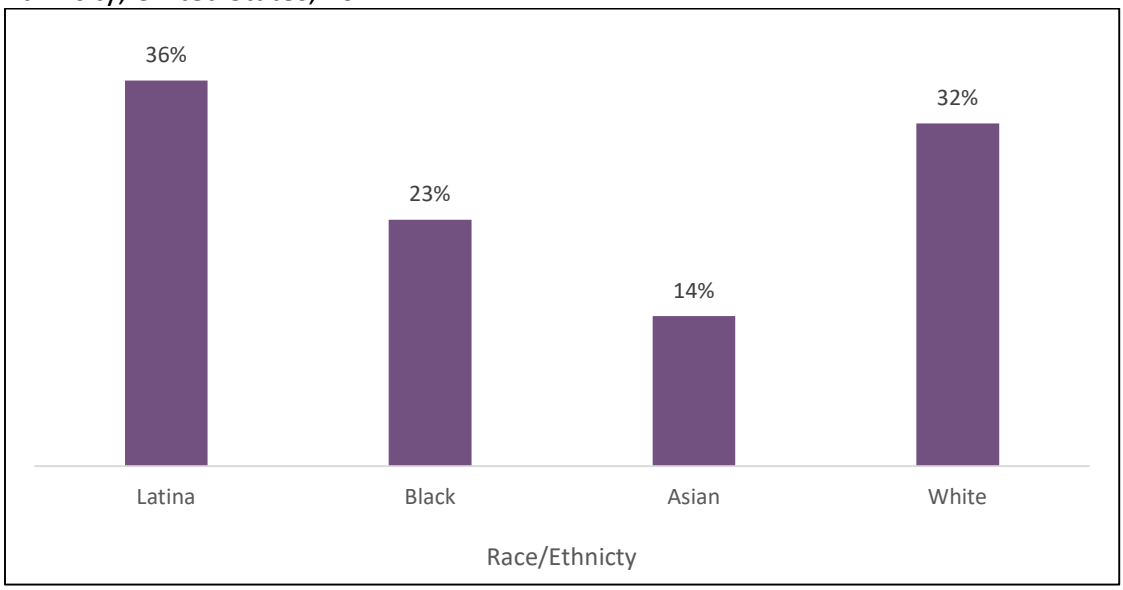
	2017		2020	
	Union Members	Non-Union Members	Union Members	Non-Union Members
Men	$1,102	$914	$1,216	$1,051
Women	$970	$746	$1,067	$862
Wage Gap	**12%**	**18%**	**12%**	**18%**

Source: Compiled from U.S. Bureau of Labor Statistics, 2020 and National Women's Law Center, 2018

Latinas are the most likely to benefit from union membership, typically earning about 36% more per week than Latina women who are not in a union (Patrick and Heydemann 2018). In 2017, Black female union members generally earned about 23% more per week than non-union

Black women (Figure 4.2). Asian women who belong to a union earned about 14% more per week than non-union Asian women. White women who belong to a union made about 32% more per week than non-union White women (Patrick and Heydemann 2018).

Figure 4.2. Percent Increase in Weekly Earnings for Female Union Members by Race & Ethnicity, United States, 2017



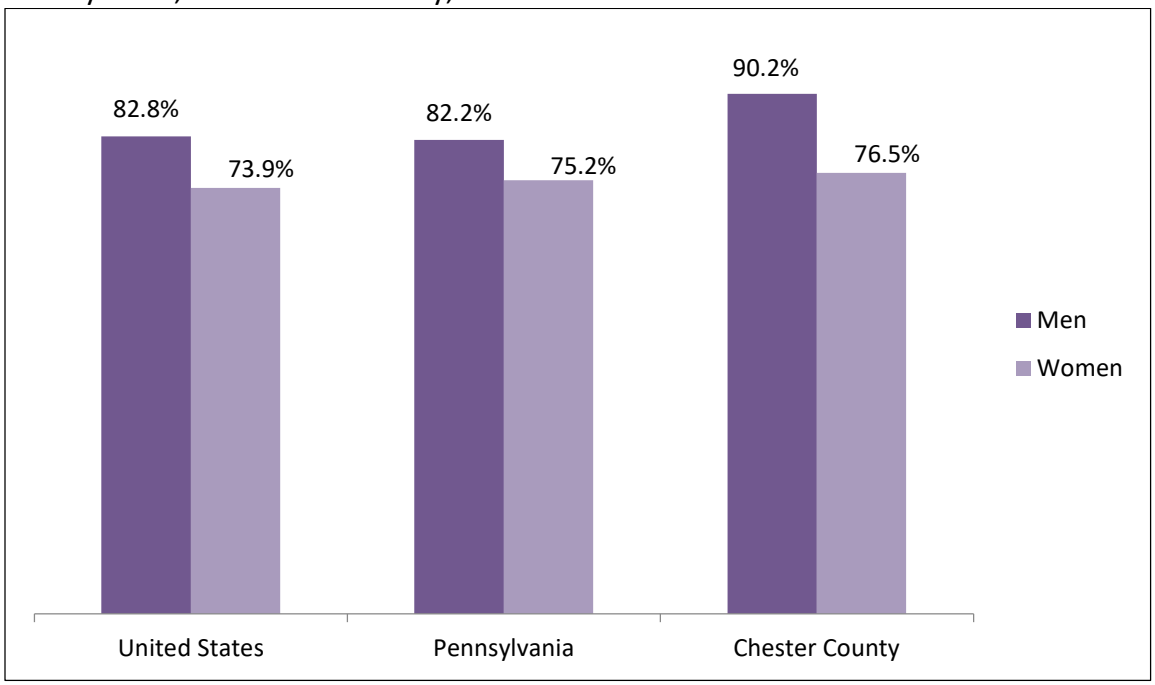
Source: Patrick and Heydemann, National Women's Law Center, 2018

Women's Labor Force Participation

Since 1950, women's participation in paid labor force has increased substantially, but it is still lower than that of men's (Hess et al. 2015). From 1960 to 1980, there was a rapid increase in women's labor force participation, and then it began to slow down in the 1990s and then decline after 2000 – hitting a low in 2015 (Bureau of Labor Statistics 2021).

Figure 4.3 shows labor force participation rates by sex for individuals ages 20 to 64 in the United States, Pennsylvania and Chester County. Labor force participation rates were somewhat higher for men than women at the national, state, and county level in 2019 – meaning that men (ages 20-64) were more likely to participate in the labor force. In Chester County, labor force participation rates were highest for both men and women at 90.2% and 76.5% respectively. Women's participations rates were lower in Pennsylvania (75.2%) than in Chester County (76.5%), but they were slightly higher than in the United States (73.9%). Men's labor force participation rates were 82.8% in the United States and 82.2% in Pennsylvania.

Figure 4.3. Labor Force Participation Rate by Sex (Ages 20-64) in the United States, Pennsylvania, and Chester County, 2019



Source: U.S. Census Bureau, 2019 American Community Survey, 1-year estimates
Note: Population 20 to 64 years

Individuals with a disability are less likely to participate in the labor force regardless of sex, and they typically have higher unemployment rates (Table 4.10). Labor force participation rates in the United States and Pennsylvania for those with a disability were roughly the same at 43.6% and 43.4% respectively, but this rate was higher in Chester County at 50.5%. Unemployment rates were also higher for those with a disability at 10.0% in the United States, 11.4% in Pennsylvania, and 8.9% in Chester County in 2019 (Table 4.10).

Table 4.10. Labor Force Participation Rates & Unemployment Rate by Disability Status for Men and Women in the United States, Pennsylvania, & Chester County, 2019

	United States		Pennsylvania		Chester County	
	Labor Force Participation Rate	Unemployment Rate	Labor Force Participation Rate	Unemployment Rate	Labor Force Participation Rate	Unemployment Rate
With Any Disability	43.6%	10.0%	43.4%	11.4%	50.5%	8.9%

Source: U.S. Census, American Community Survey 1-Year Estimates, 2019

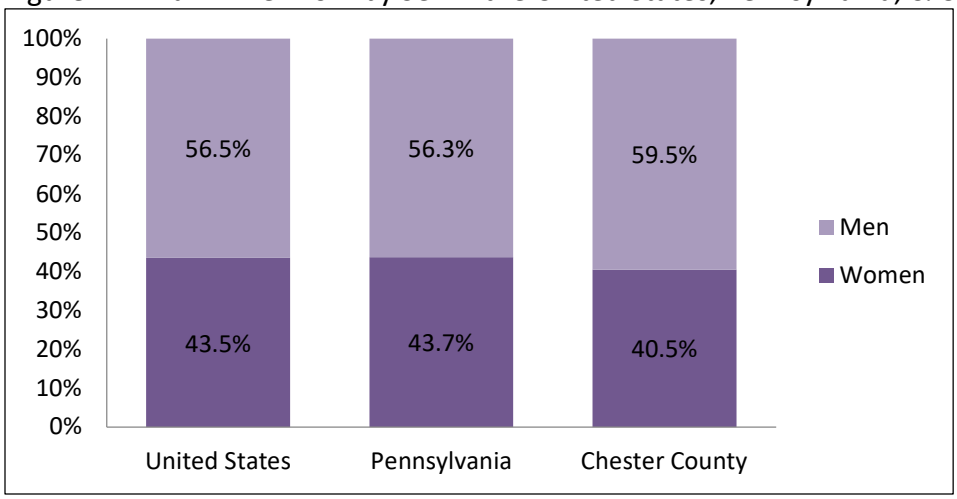
The impact of COVID-19 on labor force participation is discussed in Chapter 2.

Full-Time and Part-Time Work

Men are more likely to work full-time than women, and women are twice as likely to work part-time (Hess et al. 2015). Part-time work has several disadvantages in addition to lower earnings. Part-time workers are less likely to have benefits like health insurance, paid vacation, paid sick days or family leave, and employer contributions to retirement funds (Hess et al. 2015).

Among individuals who worked full-time in the United States in 2019, 56.5% were men, and 43.5% were women (Figure 4.4). In Pennsylvania, 56.3% of full-time workers were men, and 43.7% were women. In Chester County, men comprised a slightly higher percentage of full-time workers at 59.5%, and women comprised a slightly lower percentage of full-time workers at 40.5%.

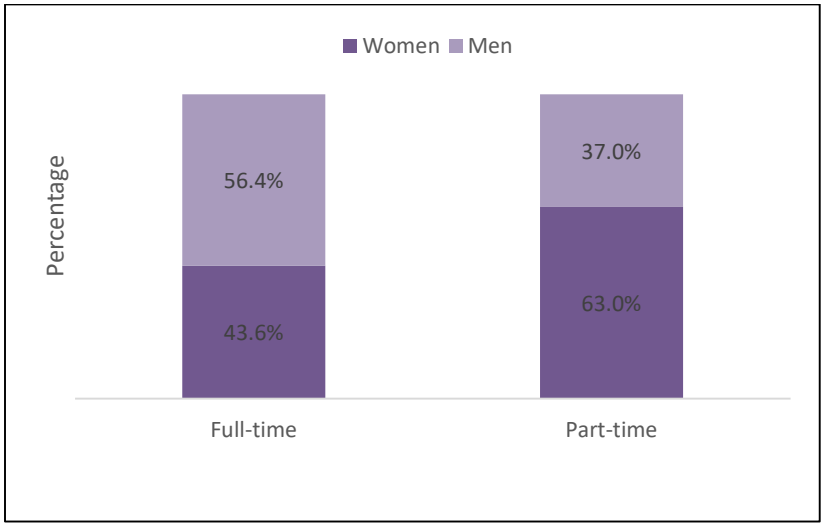
Figure 4.4. Full-Time Work by Sex in the United States, Pennsylvania, & Chester County, 2019



Source: U.S. Census Bureau, 2019 American Community Survey, 1-year estimates
Note: Full-time year-round civilian employed population, 16 years and over

Women are also typically more likely to be employed part-time than men are. In 2020, women comprised 43.6% of the full-time work force, compared to 56.4% for men in the United States. However, women comprised a larger share of the part-time work force at 63%, compared to 37% for men (Figure 4.5).

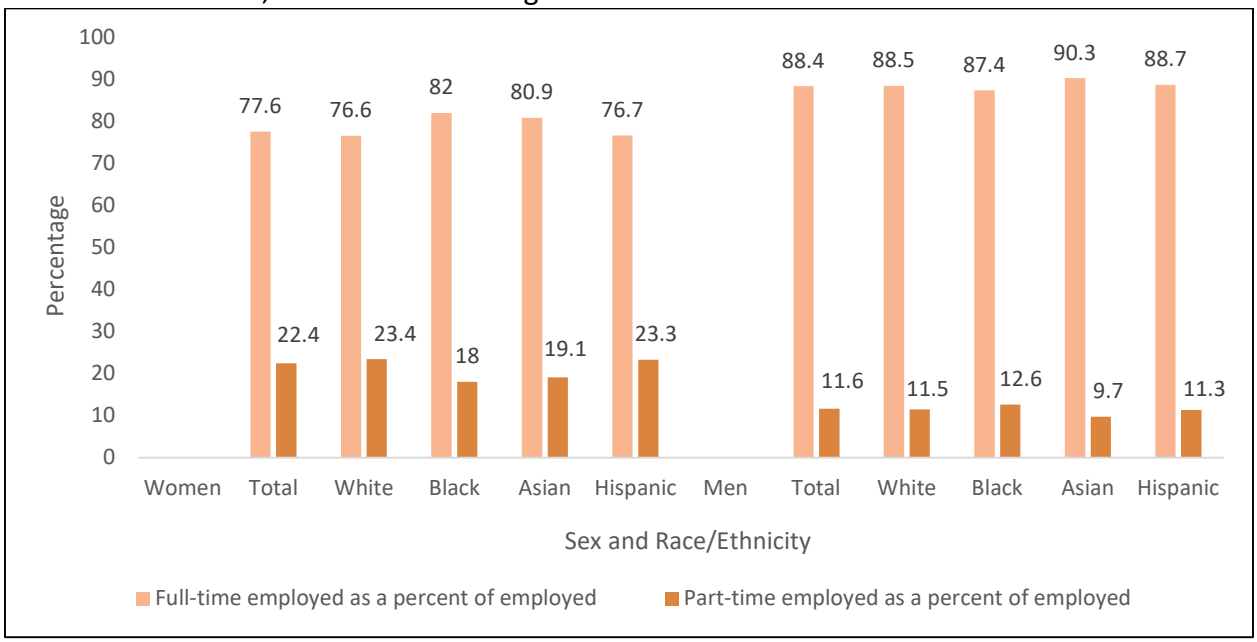
Figure 4.5. Percent Distribution of Workers Employed Full-Time and Part-Time by Sex in the United States, 2020



Source: U.S. Bureau of Labor Statistics, Current Population Survey 2020

There are no significant differences in full-time and part-time status based on race/ethnicity. Figure 4.6 shows that of people who were employed in 2020, 77.6% of women were employed full-time, compared to 88.4% of men. Black women were the most likely to be employed full time at 82%, and White women were somewhat less likely to be employed full-time at 76.6%. Among men, Asian men were the most likely to be employed full-time at 90.3%. Black men were somewhat less likely to be employed full-time at 87.4%.

Figure 4.6. Employed Workers by Full-Time and Part-Time Status, Sex, Race & Hispanic Ethnicity in the United States, 2020 Annual Averages

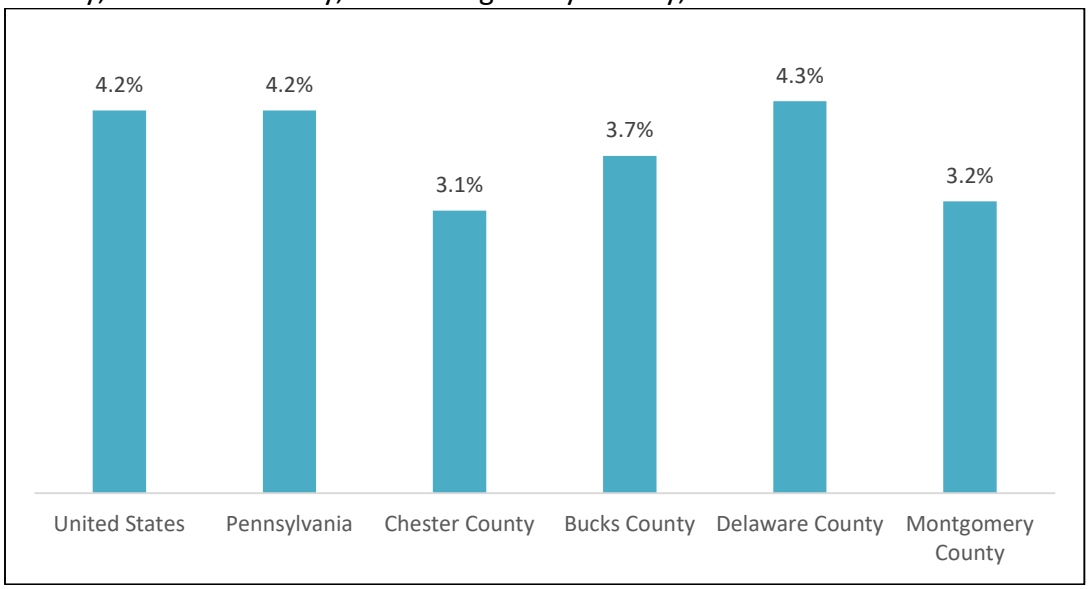


Source: 2020 Current Population Survey, U.S. Bureau of Labor Statistics
Notes: Based on persons in the civilian noninstitutional population 16 years of age and older. (1) Employed persons are classified as full- or part-time workers based on their usual weekly hours at all jobs regardless of the number of hours they are at work during the reference week. Persons absent from work also are classified according to their usual status. Full time is 35 hours or more per week; part time is less than 35 hours.
(2) Includes some persons at work 35 hours or more classified by their reason for usually working part time.

Unemployment

In 2019, the overall unemployment rate was 4.2% for workers ages 20 to 64 in the United States and Pennsylvania and 3.1% in Chester County (Figure 4.7). The unemployment for Chester County was not only lower than the United States and Pennsylvania, it was also lower than all neighboring counties. Montgomery County had nearly the same unemployment rate at 3.2%, and Bucks County had a slightly higher unemployment rate at 3.7%. The unemployment rate for Delaware County was the highest at 4.3%, compared to the nation, state, and neighboring counties.

Figure 4.7. Unemployment Rates for the United States, Pennsylvania, Chester County, Bucks County, Delaware County, and Montgomery County, 2019



Source: U.S. Census Bureau, American Community Survey, 2019
Note: Population 20 to 64 years

In 2019, the unemployment rate for men and women was roughly the same for men and women at the national, state, and county level (Table 4.11). At the national level, the unemployment rate was 4.2% for men and 4.1% for women. In Pennsylvania, the unemployment rate was 4.4% for men and 4.0% for women in 2019. In Chester County, the unemployment rates for men and women were slightly lower at 3.1% for both men and women.

Table 4.11. Unemployment Rate by Sex (Ages 20-64) for the United States, Pennsylvania, and Chester County, 2019

	United States		**Pennsylvania**		**Chester County**	
	Men	Women	Men	Women	Men	Women
Unemployment Rate	4.2%	4.1%	4.4%	4.0%	3.1%	3.1%

Source: U.S. Census Bureau, American Community Survey, 2019
Note: Population 20 to 64 years

A 2015 survey done by the National Center for Transgender Equality revealed that transgender respondents had an unemployment rate of 15%, which was three times higher than the 2015 national average of 5% (Herman, et al. 2016). This rate was as high as 35% among survey respondents of Middle Eastern descent. American Indians had the next highest rate of unemployment at 23% (Herman, et al. 2016).

The impact of COVID-19 on unemployment rates is discussed in Chapter 2.

Gender Differences in Employment

Two of the largest contributors to the wage gap is horizontal and vertical segregation. Horizontal segregation refers to the concentration of women in lower paid occupations, and vertical segregation refers to the concentration of women in lower ranks of organizations that earn less.

Women and Occupational Segregation

A gender wage gap exists in about 98% of all occupations (National Women's Law Center 2020). For example, nursing is a well-paid female-dominated occupation with women making up 88% of the workers, but there is still a wage gap. In almost all occupations, women's median earnings are lower than men's, regardless of whether or not the occupation is female-dominated, male-dominated, or a mixture. In fact, there are only five occupations where women's median weekly earnings are higher than men's. The occupation that favored women the most was "Producers and Directors," where women's median weekly earnings were $1,548 with a gender earnings ratio of 106.7% advantaging women (Hegewisch and Mefferd 2021a).

Women of color also suffer more due to occupational segregation because they are more likely to work in occupations with the lowest earnings such as service occupations. In 2020, median weekly earnings for full-time workers in service occupations were as follows: $525 for Latinas, $551 for Black women, $594 for White women, $600 for Asian women, $624 for Black men, $629 for Latinos, $706 for Asian men and $797 for White men (Hegewisch and Mefferd 2021a).

Table 4.12 illustrates how men and women are distributed across occupations in the United States, Pennsylvania, and Chester County. Although women make up a majority of Management, Business, Science, and Arts occupations in the United States, Pennsylvania, and Chester County, they are overrepresented in some subfields and underrepresented in other subfields. Women make up approximately 65% of positions in the occupational subgroup of Education, Legal, Community Service, Arts, and Media at the national, state, and county levels. Women also occupy a majority of Service positions in the United States (57.1%), Pennsylvania (59.0%), and Chester County (53.8%). However, when it comes to Natural Resources, Construction, and Maintenance, women are severely underrepresented. In 2019, women only comprised 5.1% of jobs in this occupational category in the United States, 4.1% in Pennsylvania, and 2.5% in Chester County. Women were also underrepresented in Production, Transportation, and Material Moving, but their representation was better than in Natural Resources, Construction and Maintenance. In 2019, women comprised 24.3% of Production, Transportation, and Material Moving jobs in the United States, 23.5% in Pennsylvania, and 27.5% in Chester County.

Table 4.12. Distribution of Women Across Selected Occupational Groups in the United States, Pennsylvania, & Chester County, 2019

Occupation	United States		Pennsylvania		Chester County	
	Women	Men	Women	Men	Women	Men
Management, Business, Science & Arts	52.8%	47.2%	53.5%	46.5%	48.4%	51.6%
Management, Business, & Financial	45.7%	54.3%	53.5%	55.2%	48.4%	51.6%
Education, Legal, Community Service, Arts, & Media	65.8%	34.2%	65.6%	34.4%	65.4%	34.6%
Healthcare Practitioner & Technical Occupations	75.0%	25.0%	76.5%	23.5%	79.2%	20.8%
Service	57.1%	42.9%	59.0%	41.0%	53.8%	46.2%
Sales & Office	63.1%	36.9%	63.6%	36.4%	57.5%	42.5%
Office & Administrative Support	74.5%	25.5%	75.5%	24.5%	76.3%	23.7%
Natural Resources, Construction, & Maintenance	5.1%	94.9%	4.1%	95.9%	2.5%	97.5%
Production, Transportation, & Material Moving	24.3%	75.7%	23.5%	76.5%	27.5%	72.5%

Source: U.S. Census Bureau, 2019 American Community Survey, 1-Year Estimates

Not only are women more likely to work in certain occupations, they are more likely to work in certain industries (Table 4.13). In 2019, women were most underrepresented in the construction industry, comprising only 10.3% of the industry in the United States, 8.9% in Pennsylvania, and 13.4% in Chester County. Women were also underrepresented in Agriculture, Forestry, Fishing and Hunting, and Mining in 2019. They comprised 21.0% percent of the industry in the United States and 20.8% in Pennsylvania. Women in Chester County fared slightly better at 26.3%. Women were overrepresented in the Educational Services, Health Care, and Social Assistance industry, comprising 74.3% of the industry in the United States, 74.3% in Pennsylvania, and 71.2% in Chester County.

Table 4.13. Industries by Sex in the United States, Pennsylvania, & Chester County, 2019

Industry	United States		Pennsylvania		Chester County	
	Men	Women	Men	Women	Men	Women
Agriculture, Forestry, Fishing & Hunting, & Mining	79.0%	21.0%	79.2%	20.8%	73.7%	26.3%
Construction	89.7%	10.3%	91.1%	8.9%	86.6%	13.4%
Manufacturing	70.5%	29.5%	72.4%	27.6%	69.9%	30.1%
Wholesale Trade	70.3%	29.7%	69.3%	30.7%	63.2%	36.8%
Retail Trade	51.1%	48.9%	51.2%	48.8%	55.5%	44.5%
Transportation & Warehousing and Utilities	74.8%	25.2%	74.5%	25.5%	67.8%	32.2%
Information	59.2%	40.8%	59.3%	40.7%	51.9%	48.1%
Finance & Insurance and Real Estate & Renting & Leasing	46.6%	53.4%	47.9%	52.1%	60.3%	39.7%
Professional, Scientific, Management, Administrative, & Waste Management Services	57.1%	42.9%	57.7%	42.3%	59.8%	40.2%
Educational Services, Health Care & Social Assistance	25.7%	74.3%	25.8%	74.3%	28.8%	71.2%
Arts, Entertainment, & Recreation, Accommodation & Food Services	48.3%	51.7%	46.3%	53.7%	46.0%	54.0%
Other Services, except Public Administration	46.1%	53.9%	47.6%	52.4%	47.3%	52.7%
Public Administration	54.5%	45.5%	57.2%	42.8%	57.7%	42.3%

Source: U.S. Census Bureau, 2019 American Community Survey, 1-Year Estimates

Women in Science, Technology, Engineering, Math, and Computer Occupations

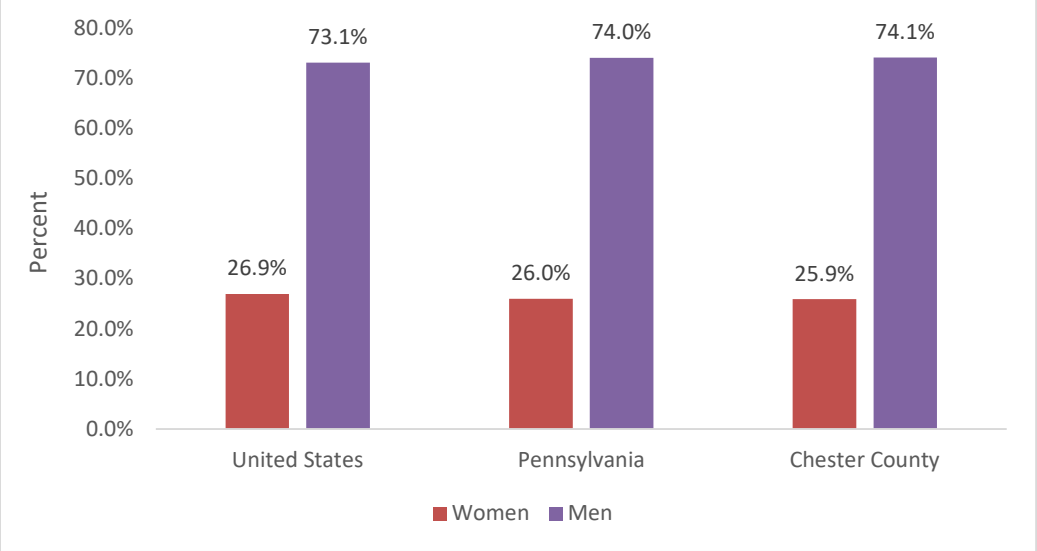
In 1970, women comprised 38% of the workforce and only 8% of STEM (science, technology, engineering, and math) occupations in the United States (Martinez and Christnacht 2021). Women are still less likely to be employed in STEM occupations. In 2019, women comprised 48% of the workforce and 26.7% of STEM occupations (Martinez and Christnacht 2021). There were 10.8 million workers in STEM occupations in 2019, and men comprised 73% of those occupations. STEM occupations include the categories of computer, mathematical, engineering, and science. Women's representation has increased in all these field since 1970, but it has increased the most in the social sciences - from 19% in 1970 to 64% in 2019.

Among STEM occupational groups, women tend to be least represented in engineering. In 1970, women only made up 3% of engineers. While women's representation has increased, women still only made up 15% of engineers in 2019. Women comprised 25.6% of computer occupations, 46.9% of mathematical science occupations, 15% of engineering occupations, 50.3% of life scientist occupations, 41.2% of physical scientist occupations, 64% of social scientist occupations, and 46.7% of life, physical, and social science technicians in 2019 (American Community Survey 2019).

Even though STEM occupations tend to be higher paying, women's earnings were only 84.1% of men's earnings in all STEM occupations in 2019 (American Community Survey 2019). Among all STEM occupations, women only earned more than men in one occupation – computer network architect; however, women only comprised 8% of this occupation (Martinez and Christnacht 2021).

Figure 4.8 shows the gender distribution in computer, engineering, and science occupations in the United States, Pennsylvania, and Chester County in 2019. In the United States, Pennsylvania, and Chester County, men made up the vast majority of computer, engineering, and science occupations. Women only comprised 26.9% of computer, engineering, and science occupations in the United States compared to 73.1% for men. In Pennsylvania, women made up 26% of computer, engineering, and science occupations compared to 74% for men. In Chester County, women only comprised 25.9% of computer, engineering, and science occupations compared to 74.1% for men.

Figure 4.8. Percent of Women & Men in Computer, Engineering, & Science Occupations in the United States, Pennsylvania, and Chester County, 2019



Source: U.S. Census Bureau, 2019 American Community Survey, 1-Year Estimates, Table S2401

Table 4.14 shows the median earnings by sex for computer, engineering and science occupations in the United States, Pennsylvania, and Chester County in 2019. Both men and women earned more in Chester County, with men earning $101,727 and women earning

$84,229 in 2019. The next highest median earnings were in the United States, with men earning $88,755 and women earning $75,030. In Pennsylvania, men's median earnings were $81,162, and women's earnings were $67,222.

Table 4.14. Median Earnings by Sex for Computer, Engineering, & Science Occupations in the United States, Pennsylvania, & Chester County, 2019

Computer, Engineering, & Science Occupations	United States		Pennsylvania		Chester County	
	Men	Women	Men	Women	Men	Women
Median Earnings	$88,755	$75,030	$81,162	$67,222	$101,727	$84,229

Source: U.S. Census Bureau, 2019 American Community Survey, 1-Year Estimates

Although women have higher median earnings in computer, science, and engineering occupations, the gender wage gap is not significantly improved. Table 4.15 compares the gender wage gap for computer, science, and engineering occupations with the overall wage gap for all occupations. In 2019, women earned 84.5% of what men did in computer, science, and engineering occupations in the United States, which was slightly better than the 81.6% in all occupations. In Pennsylvania, women earned 82.8% of what men did in computer, science, and engineering occupations, compared to 79.3% in all occupations. Women received the largest benefit in Chester County, where they earned 82.8% of what men did in computer, science, and engineering occupations, compared to 74.4% for all occupations in Chester County. Even though the overall gender gap is worse in Chester County, the gap in computer, science, and engineering occupations is on par with ratios in Pennsylvania and the United States.

Table 4.15. Women's Earnings as a Percentage of Men's Earnings in Computer, Science, & Engineering Occupations in the United States, Pennsylvania, and Chester County, 2019

Women's Earnings as a Percentage of Men's Earnings			
	United States	Pennsylvania	Chester County
Computer, Science & Engineering Occupations	84.5%	82.8%	82.8%
All Occupations	81.6%	79.3%	74.4%

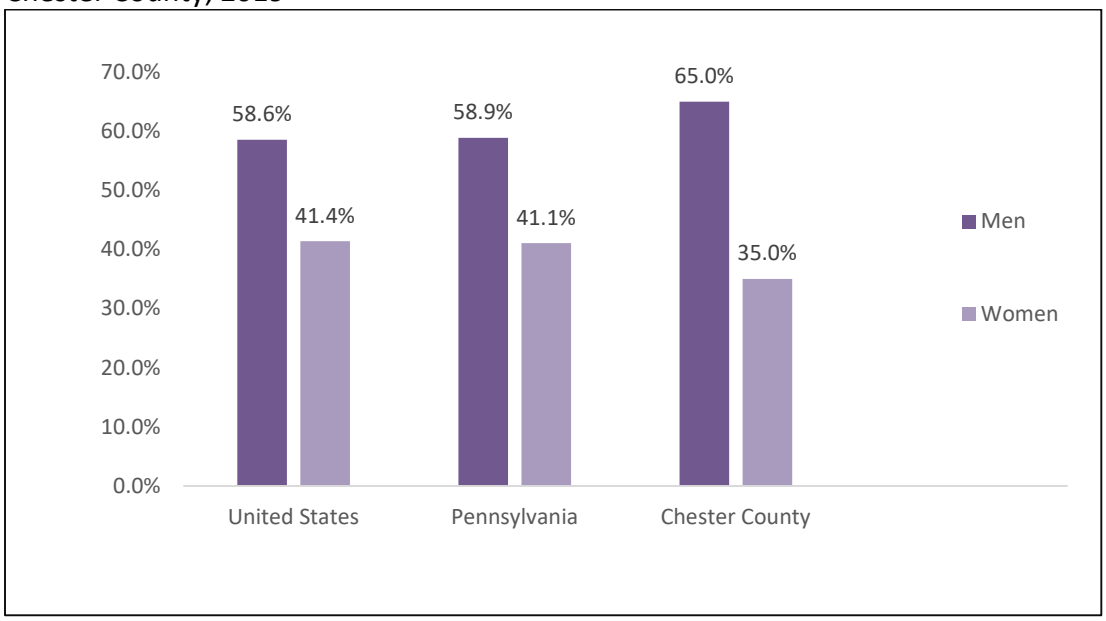
Source: U.S. Census Bureau, 2019 American Community Survey, 1-Year Estimates

Women in Management

Women are less likely to be employed in management positions, which is how vertical segregation contributes to the gender wage gap. Figure 4.9 shows the percentage of women in management positions in 2019. In the United States and Pennsylvania, the percentage of women employed in management positions is roughly the same at 41.4% and 41.1% respectively. However, the percent of women occupying management positions in Chester County is lower at 35%, compared to men who occupy 65% of management positions. Thus,

the percent of women in management in Chester County is actually worse than the national and state figures.

Figure 4.9 Percent of Women and Men in Management in the United States, Pennsylvania, & Chester County, 2019



Source: U.S. Census Bureau, American Community Survey, 2019, 1-Year Estimates

The Racial Wealth Gap

Although the words wealth and income are often used interchangeably, they are not the same thing. Wealth refers to "the total value of a person's assets minus the debts owed" (Shapiro et al. 2020). Assets include everything that a person owns that has financial value, such as homes, cars, retirement savings, checking and/or savings accounts, and stocks and bonds. Debts refer to the money a person owes, and it is subtracted from a person's assets in order to calculate net worth. Debts can include mortgages, student loans, car loans, credit card balances. Income, on the other hand, refers to "money or something of value" such as salary or wages and capital investments. Income can also come from pensions and Social Security Benefits. Having wealth provides a valuable safety net to help people when they have emergencies. In the United States, about 25% of families do not have enough assets to cover their basic living expenses for three months if they lose their job or income. Assets also allow families to be able to "take advantage of economic opportunities" (Shapiro et al. 2020). It allows people to buy homes, pay for college, make investments, and start businesses. One of the primary causes of inequality are intergenerational wealth transfers with 38% of wealth transfers going to the top 10% of earners and 56% going to the top 10% of wealth holders (Shapiro et al. 2020). In the United States, wealth is distributed unequally.

For single women less than 35, their median wealth was $1,305, compared to $10,110 for men in 2017 (Eggleston, et al. 2020). For single women, aged 35 to 54, their median wealth was

$13,730, compared to $39,260 for men. For women 55 years and over, the median wealth gap for single women lessened and was no longer statistically significant. However, wealth varies considerably according to race and ethnicity.

The racial wealth gap refers to racial disparities in net worth, which is much larger than the income gap. This gap is caused by systematic discrimination and legal policies that have disadvantaged people of color in the past and continue to disadvantage them today. The Black-White racial gap is also shaped by slavery in the United States. The top 1% of households in the United States own about 40% of the nation's wealth; 90% of households own less than 25% of the wealth; and about 25% of households have less than $10,000 in assets (Shapiro et al. 2020). According to the Pew Research Center the median wealth of a White household in 2019 was $189,100 compared to $21,100 for a Black household and $36,100 for a Latinx household (Fry, Bennett, & Barraso 2021). Segregation is one of primary causes of the racial wealth gap in the United States (Shapiro et al. 2020). Even though education, full-time employment, and marriage are associated with greater wealth, Black households do not benefit from these factors as much as White households do. Americans severely underestimate the extent of the racial wealth gap, generally by over $100,000 (Shapiro et al. 2020).

Not surprisingly, the wealth gap for women of color is much larger than the wage gap. For Black families, the wealth gap exists even when Black families have comparable incomes to those of White families. The median Black household owns about 90% less wealth than the median White household. This gap is even larger for single Black women. Since 1989, the wealth gap has ranged from about 6% to a little over 10%, meaning that the median net wealth of Black household is only about 5 to 10% of a White household (Goldman Sachs 2021). Single Black women only have a median net wealth of $7,000, compared to $85,000 for single White women and $92,000 for single White men (Goldman Sachs 2021). Married Black women have a median net wealth of $66,000, compared to $260,000 for married White women (Goldman Sachs 2021). The wealth gap for single Black women is significant because they are more likely to be the family breadwinner. Thirty-one percent of single Black women have children, compared to 28% of married Black women (Goldman Sachs 2021). Single Black women are six times less likely to own stocks than single White men, are about 50% less likely to own a home, are 24 times less likely to own a business (Goldman Sachs 2021). According to the Survey of Consumer Finance, single Black women are about four times less likely to inherit money or gifts than single White men (Goldman Sachs 2021). Single Black women are the least likely to inherit wealth or to expect to inherit wealth. Only 11% of single Black women are likely to inherit or expect to inherit wealth, compared to 24% for single Black men, 36% for single White women, and 41% for single White men (Goldman Sachs 2021). Black women are least likely to have a rainy-day fund, a checking account, or a credit card compared to Black men, White women, and White men. In addition, Black women tend to have higher unpaid credit card debt and are more likely to have used a payday loan in the past 12 months (Goldman Sachs 2021). Roughly one-third of homes occupied by Black women have quality issues such as rodents, peeling paint, leaks, or the lack of a smoke alarm according to the Centers for Disease Control and Prevention. Approximately 10% of these homes have a moderate or severe deficiency such as

plumbing, heating, or electricity – which is two times higher than for White men (Goldman Sachs 2021).

Conclusion

There are numerous causes of the gender wage gap: discrimination, pay secrecy norms, overrepresentation in lower paying jobs, devaluation of women's work, and occupational segregation (National Women's Law Center 2020). Women earn less than their male counterparts in all occupations whether occupations are dominated by women, dominated by men, or are mixed. One of the primary factors contributing to the wage gap is occupational segregation, but this does not happen in a vacuum. Gender socialization contributes to women's selection of career choice. Although the gender wage gap is typically less in the most common occupations for women, it increases in the most common occupations for men. Women are eight times more likely than men to work in occupations with poverty level wages (IWPR #C467, 2018). This gap varies even more by race and ethnicity. Black and Hispanic women are twice as likely to work in service occupations compared to White women.

Recommendations

Support the Paycheck Fairness Act, which would "prohibit employers from retaliating against employees who discuss their wages and make it easier to demonstrate that discrimination has occurred" (National Partnership for Women and Families 2020).

Support the Fair Pay Act, which tackles occupational segregation based on gender.

Support the Pennsylvania Fairness Act, which would add gender identity and expression and sexual orientation to Pennsylvania's Human Relations Act, which provides protection against discrimination based on race, color, religion, ancestry, age, sex, national origin, and disability.

Support a paid family and medical leave act.

Support an increase in the minimum wage.

Support unions.

Support comparable worth.

Support policies that ban the use of prior salary history to determine current salaries.

Attend or offer a salary negotiation workshop.

Employers should conduct pay audits.

Employers should eliminate pay secrecy norms that punish or fire employees for disclosing their salary or inquiring about the salaries of others.

WORK AND FAMILY FRIENDLY POLICIES

Introduction

Women's labor force participation increased tremendously from the 1960s through the 1980s and then slowed in the 1990s. Since 2000, women's labor participation has begun to decline, primarily because of the retirement of baby boomers (U.S. Bureau of Labor Statistics 2021). Although women's participation in the labor force has increased overall, employer practices often affect women in disproportionately negative ways because women still serve as the primary caregivers and perform the majority of unpaid household labor. Even women who do not have children are more likely to be a caregiver for a family member, so inflexible workplace policies affect all women.

Paid Leave and Paid Sick Days

Paid sick days allow an employee to take off time for illness or a medical appointment and still get paid. Paid leave can include paid parental leave or paid family leave, and it provides employees with full or partial wages if they have to take time off for the birth/adoption of a child or to take care of a seriously ill family member or child. Unfortunately, paid leave and sick days vary considerably by employer in the United States because there is no paid federal family and medical leave policy.

Although the Family and Medical Leave Act (1993) provides employees with up to 12 weeks of leave for the birth or adoption of a child, a seriously ill family member, an employee's own serious health condition, or military leave, this leave is unpaid and only applies to business with 50 or more employees (U.S. Department of Labor). To be eligible, an employee needs to have worked at the organization for 12 months and to have accumulated 1,250 hours immediately prior to the leave (U.S. Department of Labor). Only eight states and Washington D.C. currently have laws to create paid family and medical leave insurance programs: California, Connecticut, Massachusetts, New Jersey, New York, Oregon, Rhode Island, Washington, and Washington D.C (National Conference of State Legislatures 2020).

Full-time civilian workers are more likely to have paid leave and paid sick days (Table 5.1). According to the U.S. Bureau of Labor Statistics, 86% of full-time workers have paid sick leave, compared to 43% of part-time workers. There is also a union advantage, with 91% of union members having access to paid sick leave, compared to 73% of non-union members (Table 5.1). Although most full-time workers have access to paid sick leave, only 22% have access to paid leave. Only 22% of union members have access to paid family leave compared to 18% for non-union members.

Table 5.1. Leave Benefits for Civilian Workers in the United States, 2019

	Full-Time Workers	Part-Time Workers	Union Members	Non-Union members
Paid Holidays	87%	46%	81%	77%
Paid Sick Leave	86%	43%	91%	73%
Paid Vacations	87%	41%	75%	76%
Paid Personal Leave	54%	19%	63%	43%
Paid Funeral Leave	68%	25%	83%	54%
Paid Jury Duty Leave	70%	27%	84%	56%
Paid Military Leave	39%	13%	55%	29%
Paid Family Leave	22%	8%	22%	18%
Unpaid Family Leave	91%	81%	94%	88%

Source: U.S. Bureau of Labor Statistics

According to the 2018 Family and Medical Leave Act Employee Survey, women are more likely to need time off from work for a family or medical reason: 24% of women reported needing leave, compared to 17% of men (Table 5.2). Women are also more likely to take leave: 18% of women reported taking leave compared to 14% of men. Despite the fact that more women reported taking leave, they were also more likely to report an unmet need for leave (9%) than men (6%). Even though men and women reported differential rates for leave, they reported having similar reasons for leave: their own illness, to take care of a new child or a child with a serious health condition, and to take care of another person (Herr, Roy, and Klerman 2020). Not only do women take leave at higher rates than men, they also take longer leaves than men. On average, women take 34 days of leave, compared to 21 days for men. The primary driver of this difference is due to the length of leave for a new child, with women taking an average of 54 days of leave compared to 18 days for men with a new child (Herr, Roy, and Klerman 2020).

Table 5.2. Percent of Women and Men Who Need Leave, Take Leave, and Have Unmet Need for Leave, United States, 2018

	Men	Women
Need Leave	17%	24%
Take Leave	14%	18%
Unmet Need for Leave	6%	9%

Source: Herr, Roy, and Klerman 2020

Among those who reported taking leave, fewer women received full pay while on leave. Only 32% of women received full pay, compared to 55% of men (Table 5.3). Part of this is due to the fact that women were more likely to take longer leaves, but it does not explain all of the variation. When examining women who took less than 10 days of leave, 52% reported receiving full pay compared to 73% for men (Herr, Roy, and Klerman 2020). No matter how many days of leave men and women took (less than 10, 11-40, 41+), men were more likely to

receive full pay although that shrank with the length of leave. For those who took more than 41 days of leave, 20% of women received full pay, compared to 25% of men.

Table 5.3. Percentage of Women and Men Receiving Full, Partial, or No Pay, United States, 2018

	Full Pay	Partial Pay	No Pay
Women	32%	28%	41%
Men	55%	20%	25%

Source: Herr, Roy, and Klerman 2020

Women were also more likely to report that it was "much more difficult to make ends meet" than men, 36% and 26% respectively (Herr, Roy, and Klerman 2020). In order to make up for lost earnings, women were also more likely to borrow money than men (39% versus 25%), to put off paying bills (35% versus 20%), and to go onto public assistance (20% versus 7%) (Herr, Roy, and Klerman 2020).

Paid sick leave can also vary according to how much money a person earns. In 2019, 76% of civilian workers had access to paid sick leave, but this varied by income distribution. While 92% of workers in the top quarter of earnings had access to paid sick leave, only 51% had access to paid sick leave in the lowest quarter, and only 31% in the lowest-tenth had access to paid sick leave (DeSilver 2020). Unionized workers are also more likely to have paid sick leave than non-unionized workers (91% versus 73%) (DeSilver 2020).

According to the Bureau of Labor Statistics, 91% of state and local government workers, 76% of civilian workers, and 75% of private industry workers had access to paid sick leave benefits in 2019 (Table 5.4). State and local governments have consistently been more likely to offer paid sick leave from 2010-2019. The largest increase in paid sick leave benefits comes from the private industry, which has risen from 63% in 2010 to 75% in 2019 (Table 5.4).

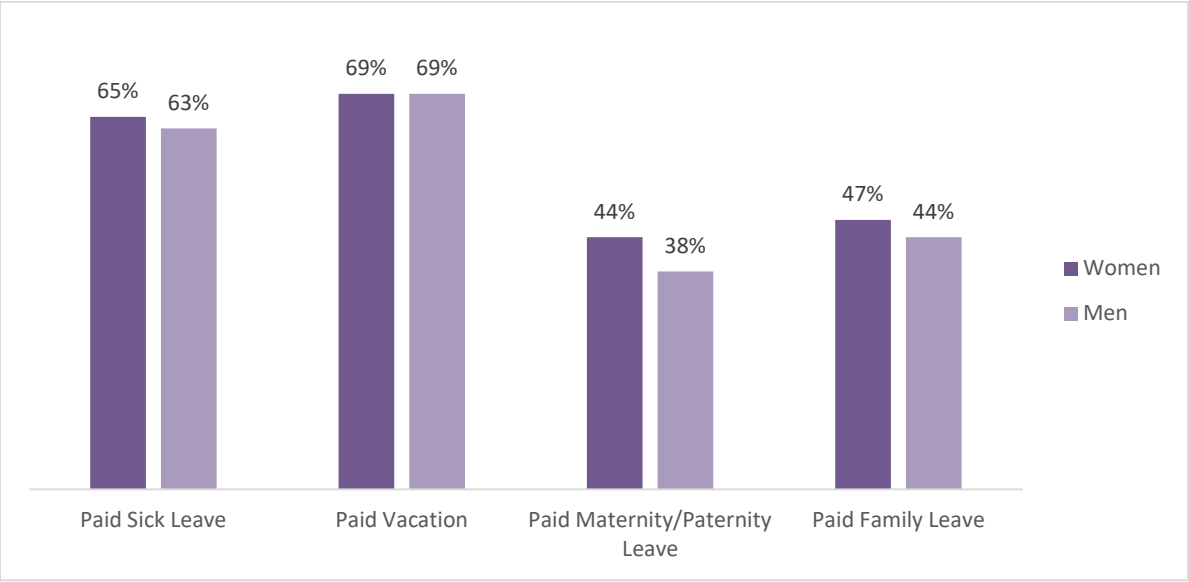
Table 5.4. Percent of Workers with Paid Sick Leave Benefits in the United States, 2010-2019

Year	Private Industry Workers	Civilian Workers	State & Local Government Workers
2010	63%	67%	89%
2011	64%	68%	89%
2012	63%	67%	89%
2013	63%	67%	89%
2014	64%	67%	89%
2015	64%	68%	90%
2016	67%	70%	90%
2017	68%	72%	91%
2018	71%	74%	91%
2019	73%	76%	91%
2020	75%	78%	91%

Source: U.S. Bureau of Labor Statistics, 2020
Note: Civilian workers refers to private industry workers and state and local government workers combined.

A Kaiser Family Foundation national survey on women's health revealed that the rates for paid leave were similar between women and men in 2017 (Gomez, et al. 2018). Roughly 65% of women and 63% of men reported having access to paid sick leave, while 47% of women and 44% of men reported having access to paid family leave (Figure 5.1). Women were more likely to report access to paid maternity leave (44%), compared to men's access to paternity leave (38%). Women and men reported the same access to paid vacation at 69%.

Figure 5.1. Rates of Paid Leave Benefits Between Women & Men, 2017



Source: Kaiser Family Foundation, 2017 Kaiser Women's Health Survey

In the same Kaiser survey, mothers were more likely to report taking their children to doctor's appointments than fathers (77% versus 24%) and to take care of a sick child (40% versus 10%) (Kaiser Family Foundation 2018). Mothers who have part-time jobs are more likely to report that they have to miss work when their child is sick than mothers who have full-time jobs (51% versus 36%).

Having access to paid sick days provides immediate benefits to workers and their families, but also provides benefits to employers and communities (IWPR #B356, 2016). The benefits of paid sick days include reduced health care costs, lower turnover costs, reduced spread of illness, and safer work environments (IWPR #B356, 2016). Thirteen states and Washington D.C. have passed laws that require employers to provide paid sick leave (National Conference of State Legislatures 2020). Currently, Pennsylvania is not one of those states. Thus, women's access to paid sick days depends on the employer in Pennsylvania. In an analysis of state access to paid or unpaid leave, the National Partnership for Women and Families gave Pennsylvania a D+ (Reddy et al. 2018). There are no state laws that provide protections beyond those of the FMLA. Commonwealth workers do have access to job-protected family and medical leave that are the same as what the FMLA provides except that the length is longer at six months. Flexible use of sick time is also allowed for Commonwealth workers (Reddy et al. 2018). Only six states

received an A or A-. Six states received a B+, B or B-, 13 states received a C+, C, or C-, 16 states received a D+, D, or D-, and nine states received an F (Reddy et al. 2018).

Racial and Ethnic Disparities in Leave Policies

Complicating the issue of paid leave even more is the fact that Black and Latino workers are less likely than White workers to have access to paid leave due to systemic racism (Coombs 2021). Women and people of color are more likely to work low-wage, part-time jobs. This means they are less likely to have access to paid leave. Among the 25% lowest-paid workers in 2020, only 9% had access to paid family leave (Coombs 2021). Between 2011 and 2015, Black women filed a disproportionate number of workplace discrimination claims for the following reasons: being fired for taking maternity leave, being denied a promotion or raise due to pregnancy, having an inadequate maternity leave allowance, and dealing with physically taxing working conditions or extreme manual labor during pregnancy (Coombs 2021). Lack of access to paid leave combined with lower wages, less wealth, and lower quality health care means that women of color are likely to suffer the most from these issues (National Partnership for Women and Families 2018).

Elder and Dependent Care

According to the 2020 Caregiving in the U.S. Report (sponsored by the National Alliance for Caregiving and the AARP), the estimated number of caregivers in the United States was 53 million – which is a significant increase of 16% from 43.5 million in 2015 (Caregiving 2020). There were 14.1 million caregivers for people 17 years of age and under, and there were 47.9 million caregivers for people aged 18 and over – with 41.8 million providing care to those over aged 50 (Caregiving 2020). The increase in caregiving is due to the following factors: the aging baby boomer generation, the limitations of the health care industry and long-term care facilities, state efforts to facilitate home care, increased identification of what constitutes caregiving, and a combination of all of these factors (Caregiving 2020).

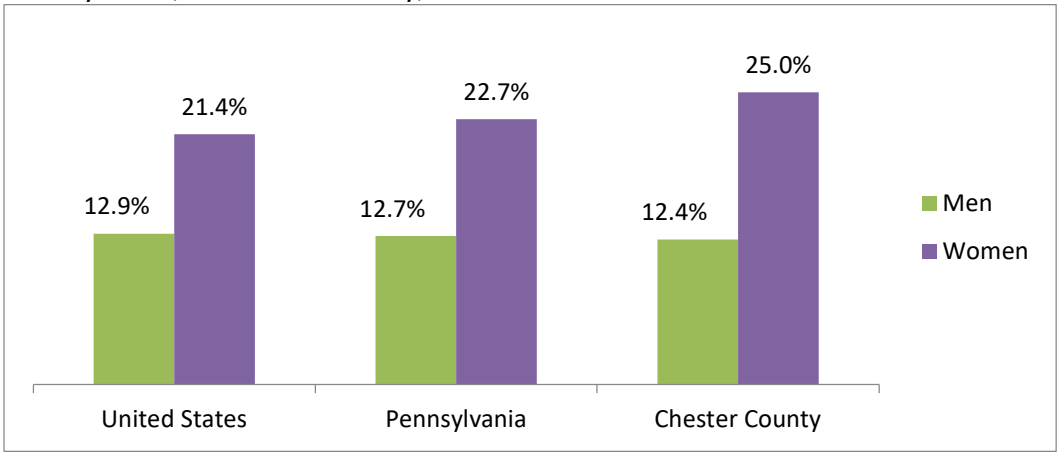
Studies have shown that caregiving falls disproportionately to women (Family Caregiver Alliance 2015). In 2020, 61% of women were caregivers, compared to 39% of men. The average age of a caregivers is 49.4 (Caregiving 2020). Roughly 34% of caregivers are baby boomers, and 29% are part of Generation X (Caregiving 2020).

In terms of the recipients, 61% are female, and 39% are male. The average recipient is 68.9 years old, and 46% of recipients are over age 75. A combined 73% of recipients are baby boomers or part of the Silent Generation. Eighty-nine percent of recipients are related to the caregiver, with 50% being a parent or in-law, 12% a spouse, 8% a grandparent or in-law, 7% a sibling, 6% an adult child, and 6% another type of relative (Caregiving 2020).

One of the reasons that women are more likely to be employed part-time is to give them flexibility for things like caregiving responsibilities. Part-time workers are generally defined as those who usually work 34 hours or less per week (Dunn 2018). The percent of men employed part-time is similar at the national, state, and county level. Five-year averages (from 2015-

2019) show that 12.9% of men (ages 16 to 64) worked part-time in the United States, 12.7% in Pennsylvania, and 12.4 in Chester County (Figure 5.2). The percentage of women who worked part-time was higher at the national, state, and county levels, but also varied more than it did for men. In the United States, 21.4% of women (ages 16 to 64) worked part-time, compared to 22.7% in Pennsylvania, and 25% in Chester County.

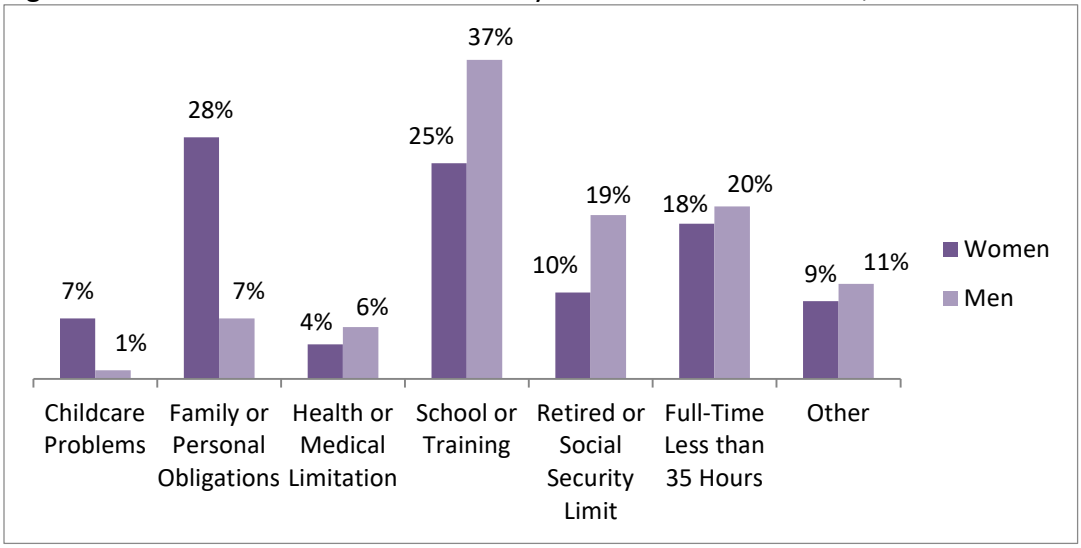
Figure 5. 2. Percent of Employed Women and Men Working Part-Time in the United States, Pennsylvania, & Chester County, 2015-2019



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019
Note: Calculated by author from Table B.23022 Sex by Work Status in the Past 12 Months by Usual Hours Worked per Week in the Past 12 Months by Weeks Worked in the Past 12 Months for the Population 16 to 64 Years

Women and men often work part-time for different reasons. In 2016, 28% of women worked part-time due to family or personal obligations, compared to only 7% of men (Figure 5.3). Men (37%) cited of men school or training as the primary reason for part-time work, compared to 25% of women (Figure 5.3).

Figure 5.3. Reason for Part-Time Work by Sex in the United States, 2016



Source: Dunn, 2018 (U.S. Bureau of Labor Statistics)

According to the Bureau of Labor Statistics, 13.5% of men and 17.4% of women specifically provided eldercare from 2017 to 2018 (U.S. Bureau of Labor Statistics 2019). In 2019, the American Time Use survey revealed that 27.3% of women reporting "caring for and helping household members," compared to 19.9% of men (U.S. Bureau of Labor Statistics 2020). Similarly, 12.3% of women reported "caring for and helping non-household members, compared to 8.7% of men (U.S. Bureau of Labor Statistics 2020).

Because women are more likely to work part-time, they make less money and have fewer benefits. Part-time workers are less likely to have health insurance, pension plans, paid sick days, and paid vacation. According to a 2011 study on caregiving by MetLife, about one-third of caregivers had to leave their work or reduce their hours (MetLife 2011). Because women are more likely to be the caregivers, these caregiving responsibilities have a disproportionate effect on women's earnings and retirement funds. Women lose approximately $142,693 in wages if they have to leave the labor force, compared to $89,107 for men (MetLife 2011). Estimated losses in Social Security benefits are $131,351 for women and $144,609 for men if they have to leave the labor force (MetLife 2011), but women rely on Social Security more heavily (Social Security Administration 2019). Elderly women are less likely to have a pension or other retirement savings than men (Social Security Administration 2019). Total losses from a reduction in wages, Social Security and pensions can lead to a loss of $323,044 for women and $283,716 for men (MetLife 2011).

The AARP (American Association of Retired Persons) produces a scorecard evaluating long-term services and supports in each state. The purpose of the scorecard is "to empower state and federal policy makers and consumers with information they need to effectively assess their state's performance across multiple dimensions and indicators, learn from other states, and improve the lives of older adults, people with physical disabilities, and their families" (AARP 2020). The scorecard evaluates: affordability and access, choice of setting and provider, quality of life and care, support for family caregivers, and effective transitions. Each dimension contains 4-7 data indicators, with a total of 26 indicators. Overall, Pennsylvania ranked 21st out of 50 states in 2020 (Table 5.5). This moved Pennsylvania up to the second quartile among states for the first time. The dimension "support for family caregivers" was the lowest ranked dimension at 36. Although this was an improvement from 2017, this dimension has consistently been one of the lowest rated dimensions since 2011. In all other dimensions, Pennsylvania improved from 2017.

Table 5.5. Pennsylvania: 2020 Long-Term Services and Supports Scorecard Results

	Pennsylvania's Rank			
Dimension	**2020**	**2017**	**2014**	**2011**
Overall	21	36	42	39
Affordability & Access	28	37	46	47
Choice of Setting & Provider	18	23	25	12
Quality of Life & Care	21	25	37	22
Support for Family Caregivers	36	43	36	46
Effective Transitions	20	28	28	n/a

Source: Compiled from AARP, State Scorecard on Long-Term Services and Supports, 2020, 2017, 2014, & 2011
Note: Data used for the Scorecard was analyzed in 2019 prior to the outbreak of COVID-19.

The State of Pennsylvania does offer an income-based Caregiver Support Program with a variety of services that includes education and counseling, caregiving assistance, and reimbursement for supplies used for providing care (PA Department of Aging 2021). Chester County also offers a Family Caregiver Support Program that provides financial support and other resources (Chester County 2021).

Laws to Support Caregivers at Work

As mentioned previously, the Family and Medical Leave Act (FMLA) of 1993 is the only federal policy that offers employees leave for family caregiving responsibilities, but the leave is unpaid. Under FMLA, employees can take up to 12 weeks of job-protected unpaid leave per year for the birth or adoption of a child, caregiving for a child, parent or spouse, or personal health reasons. The United States is the only developed country that does not have a federal family and medical leave policy that is paid.

Currently, only eight states and Washington D.C. have passed laws to create paid family and medical leave insurance programs (National Conference of State Legislatures 2020). These states include California, Connecticut, Massachusetts, New Jersey, New York, Oregon, Rhode Island, Washington, and Washington D.C. In 2002, California was the first state to pass a paid family leave law. In each of these states, an employee is allowed to take leave in order to care for a newborn or adopted child, a seriously ill family member, or their own serious health condition. Pennsylvania has not passed similar legislation. Within Pennsylvania, two cities offer a paid sick leave policy. In 2015, the City of Philadelphia passed the Promoting Health Families and Workplace Ordinance. This ordinance requires employers within the city limits to offer employees the opportunity to earn paid or unpaid sick days. It only applies to employers with ten or more employees and to full-time employees who work 40 hours a week (City of Philadelphia 2015). In 2020, the City of Pittsburgh's Paid Sick Days Act went into effect. This ordinance allows eligible employees to earn paid sick days. Employees must work at least 35 hours a week and work in Pittsburgh. It does not include contractors, federal or state workers, members of a construction union, or seasonal employees (Pittsburgh Office of Equity 2020).

Caregivers also face discrimination in the workplace for their family caregiving roles. This is called caregiver discrimination or Family Responsibilities Discrimination (FRD), and it affects employees who care for aging parents or family members with disabilities or serious medical conditions, employees who have young children, or employees who are pregnant (Calvert and Lee 2021). According to a 2016 report from the Center for WorkLife Law, there has been a 269% increase in federal caregiver discrimination claims from 2006-2016, and cases involving elder care have increased 650% (Calvert 2016). Currently, this type of discrimination falls under Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA) of 1990, and the Family and Medical Leave Act; however, these laws provide limited protection for caregiver discrimination (Calvert and Lee 2021, Calvert 2016). The Equal Employment Opportunity Commission (EEOC) has issued guidelines for prevention of caregiver discrimination (Williams et al. 2016), and some state and local laws have filled in the gap by addressing caregiver discrimination (Calvert and Lee 2021). Delaware is the only state with a law that explicitly prohibits employment discrimination against family caregivers, including employees who care for adult family members. Unfortunately, it does not cover parent-in-laws, siblings, grandparents, or people not biologically related but in family-like relationships. New Jersey has an administrative regulation that only applies to state employees. This regulation prohibits discrimination and harassment against state employees based on familial status, but it is not clear if this applies to caregivers of adult family members. Alaska, Minnesota, and New York have laws that prohibits caregiver discrimination, but these laws only apply to employees with children. There are also 191 local laws prohibiting discrimination against caregivers, but only 32 of those laws cover caregiving for adult family members (Calvert and Lee 2021). Pennsylvania has no state law, but does have a policy prohibiting employment discrimination based on familial status that is defined by living with minor children. There are 22 localities that have some sort of law addressing caregiver discrimination. Of these 22 localities, only two cover family caregiver discrimination: Philadelphia and State College.
Three of the localities offering caregiver protections are in Chester County: Kennett Square, Phoenixville, and West Chester. All three of these ordinances only apply to the caregivers of children, though.

According to the 2016 National Study of Employers, 55% of large employers were able to provide a high level of child or elder care assistance, compared to 25% of small employers (Matos et al. 2017). Nonprofit organizations were more likely than for-profit organizations to provide a high level of child or elder care assistance. Organizations that were comprised of more than 50% women and organizations that had women or racial and ethnic minorities reporting to executive leadership were also more likely to provide a high level of child or elder care assistance (Matos et al. 2017).

Rights to Request Flexible Work

No national laws address the right to request flexible work arrangements. Nonetheless, some states and municipalities have adopted laws or ordinances that give employees the right to request a flexible schedule (Hess et al. 2015). Vermont, New Hampshire, Seattle, and San Francisco offer a right to request a flexible work arrangement (National Partnership for Women

and Families 2017). This means that the employer must consider the request and cannot retaliate against the employee for asking, but employers do not have to grant the request. Nonprofit organizations are more likely to provide flexible work arrangements (Matos et al. 2016).

Predictable Work Schedules

It can also be difficult for caregivers to plan out their responsibilities if they cannot predict their work schedules. Low-wage workers are more susceptible to unfair scheduling practices, and women – particularly women of color – are more likely to have low-wage jobs. Unfair scheduling practices also disproportionately affect single mothers. As of 2018, no federal laws address predictable work schedules, but a few states and municipalities have addressed fair scheduling. The City of San Francisco passed a law in 2015 that requires large retailers to provide schedules to their employees at least two weeks in advance (Hess et al. 2015). Seattle, Washington and Emeryville, California have passed laws that require both retail and fast food employers to give workers 14 days advanced notice of their schedules. New York City also requires this, but only for fast food employers (National Partnership for Women and Families 2017). In 2017, Oregon passed the most comprehensive legislation at the state level – requiring large retail, food service, and hospitality employers to give employees: (1) a "good faith estimate" of hours to be worked weekly, (2) notice of employee schedules two weeks in advance, (3) an employee right to have input in his/her schedule, and (4) a right to a rest between consecutive shifts (National Partnership for Women and Families 2017). In 2018, the City of Philadelphia passed the Fair Workweek law, which requires employers in service, retail, and hospitality to provide a predictable work schedule to employees (City of Philadelphia 2018). It also requires that notice of schedules be given in advance. Employers are also required to give employees a nine-hour break between two shifts.

Female-Headed Households

In 2019, the percent of households with one or more people under 18 years old was 29.9% in the United States, 27.1% in Pennsylvania, and 32.5% in Chester County (Table 5.6). Compared to the United States and Pennsylvania, there are more households with children under 18 years old in Chester County. Married couple households comprised 47.5% of all households in the United States, 46.4% in Pennsylvania, and 58.2% in Chester County (Table 5.6). Again, Chester County numbers were higher, with more married couple households as compared to Pennsylvania and the United States. Married couple family households with their own children under 18 years old comprised 18% of all households in the United States, 16% in Pennsylvania, and 24.6% in Chester County. Thus, Chester County had a higher percentage of married couple family households with children compared to the United States and Pennsylvania. Female householders with no spouse or partner present comprised 27.7% of all households in the United States, 28.2% in Pennsylvania, and 23.4% in Chester County. Female householders with no spouse or partner present and their own children made up 5.1% of all households in the United States, 4.9% in Pennsylvania, and 3.7% in Chester County. In this instance, Chester

County numbers were slightly lower than those of Pennsylvania and the United States. Male householders with no spouse or partner present comprised 18.2% of all households in the United States, 18.4% in Pennsylvania, and 13.7% in Chester County. Male householders with no spouse or partner present and children under 18 years old comprised 1.3% of all households in the United States, 1.2% in Pennsylvania, and 1.2% in Chester County (Table 5.6).

Table 5.6. Distribution of Household Type, United States, Pennsylvania, Chester County, 2019

	United States		**Pennsylvania**		**Chester County**	
Total Households	122,802,852		5,119,249		193,234	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Households with 1 or More People Under 18 Years	36,700,689	29.9%	1,389,796	27.1%	62,717	32.5%
Married Couple Family Household	58,370,842	47.5%	2,373,352	46.4%	112,500	58.2%
Married Couple Family Household with Own Children Under 18	22,055,657	18.0%	816,678	16.0%	47,551	24.6%
Cohabitating Couple Household	8,056,993	6.6%	358,895	7.0%	8,993	4.7%
Cohabitating Couple Household with Own Children Under 18	2,642,092	2.2%	111,775	2.2%	2,376	1.2%
Female Householder, No Spouse/Partner Present	34,011,899	27.7%	1,444,389	28.2%	45,216	23.4%
Female Householder, No Spouse/Partner Present, with Own Children Under 18	6,254,217	5.1%	248,817	4.9%	7,099	3.7%
Female Householder with No Spouse/Partner Present & Children Under 18 as % of All Households with Children		17.0%		17.9%		11.3%
Male Householder, No Spouse/Partner Present	22,363,118	18.2%	942,613	18.4%	26,525	13.7%
Male Householder, No Spouse/Partner Present, with Own Children Under 18	1,539,850	1.3%	63,812	1.2%	2,325	1.2%
Male Householder with No Spouse/Partner Present & Children Under 18 as % of All Households with Children		4.2%		4.6%		3.7%

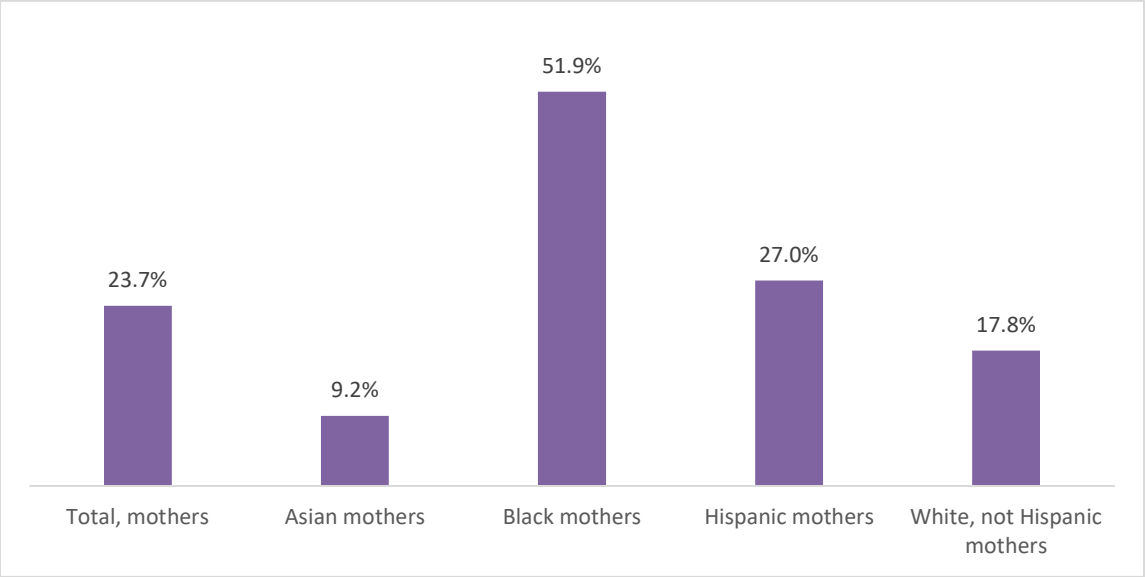
Source: U.S. Census Bureau, 2019 American Community Survey, Table DP02

When calculated as a percent of all households with children under 18 years, female households with no spouse or partner present and children comprised 17% of all households with children in the United States, 17.9% in Pennsylvania, and 11.3% in Chester County (Table

5.6). Male households with no spouse or partner present and children under 18 years old comprised 4.2% of all households with children in the United States, 4.6%% in Pennsylvania, and 3.7% in Chester County (Table 5.6).

According to the Department of Labor, 40.5% of all mothers are the equal, primary, or sole earners in their household in the United States (Women's Bureau). Of all mothers who are the equal, primary, or sole earners, 65.9% are Black, 39.3% are Hispanic, 36.4% are White, non-Hispanic, and 31.2% are Asian (Women's Bureau). Of all mothers who are equal, primary, or sole earners, 23.7% are unmarried (Figure 5.4). Among those unmarried mothers, 51.9% are Black, 27% are Hispanic, 17,8% are White, and 9.2% are Asian (Figure 5.4).

Figure 5.4. Unmarried Mothers with Children Under 18 Who Are Equal, Primary, or Sole Earners by Race in the United States, 2019



Source: U.S. Department of Labor, Women's Bureau
Notes: Original data from Decennial Census and 2019 American Community Survey.

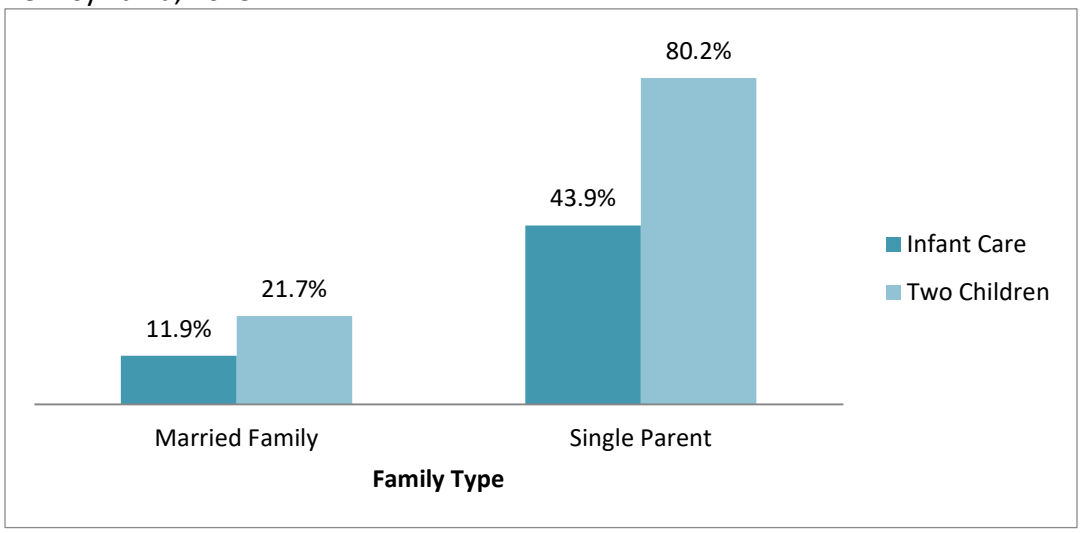
Child Care

The Cost of Early Care

Childcare is one of the largest expenses for families in the United States. The average annual cost of childcare varies according to region: $26,201 in the Northeast, $21,327 in the West, $20, 914 in the Midwest, and $18,442 in the South. In all regions but the West, childcare was the largest household expense. In all regions of the U.S., average childcare prices were great than the amount families spend on food and transportation combined (Child Care Aware 2019). If parents have access to affordable quality childcare, they are less likely to miss work. Mothers and single parents are more likely to be adversely affected by lack of reliable and affordable childcare. For a married couple, childcare comprises 11% of their income, compared to 35% for a single parent (Child Care Aware 2019).

In Pennsylvania, the average cost for an infant in center-based childcare was $11,560, compared to $14,770 for the average annual cost of tuition for a public four-year university and $17,353 for average annual mortgage payments (Child Care Aware Pennsylvania 2019). Singe parents pay 43.9% of their income for center-based infant childcare, compared to 11.9% for a married family (Figure 5.5). Thus, single parents paid a considerably higher percent of their income toward childcare. Single parents pay 80.2% of their income for center-based care for two children, compared to 21.7% for married families (Figure 5.5). Families who live below or at the poverty level are disproportionately burdened with childcare costs (Child Care Aware 2019). A married couple with two children living at the poverty line pay about 84.1% of their income on center-based childcare (Child Care Aware Pennsylvania 2019).

Figure 5.5. Percent of Income for Child Based Center Care of Infants and Two Children, Pennsylvania, 2019



Source: Child Care Aware, 2019 Report

The Center for Women's Welfare Self-Sufficiency Standard estimates child care costs based on the age of children, market rate costs by facility type, and geographic location (Center for Women's Welfare n.d.). According to the self-sufficiency standard calculated for Chester County in 2019, monthly child care is $1,386 for one infant, $1,324 for one preschooler, and $889 for one school age child (PathWays PA n.d.).

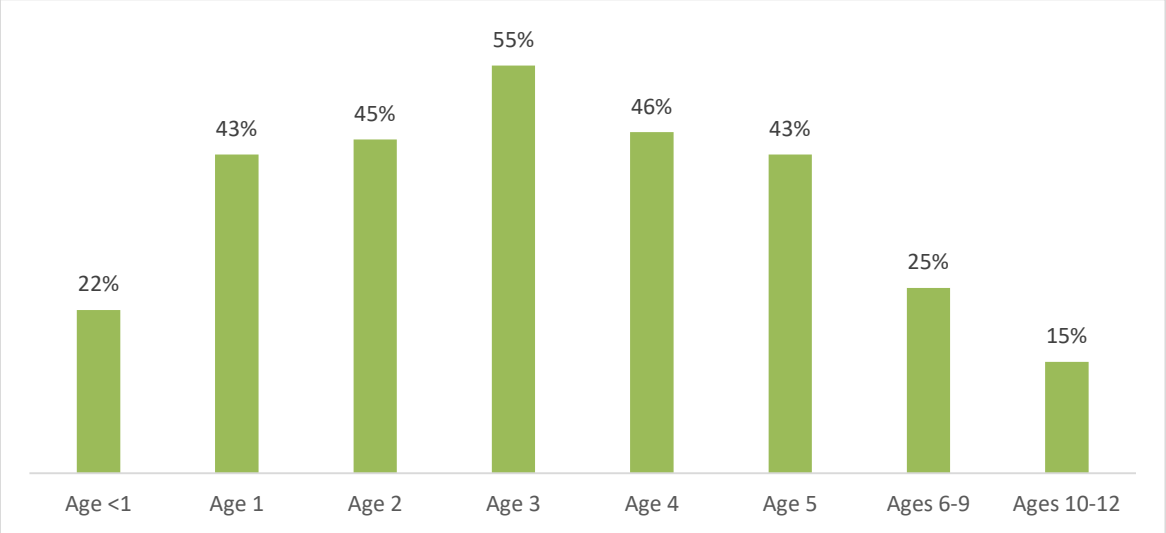
Child Care Subsidies

The U.S. Department of Health and Human Services (HHS) provides subsidies for child care to low-income working parents through two programs. About two-thirds of funding comes from the Child Care and Development Fund (CCDF) while one-third comes from the Temporary Assistance for Needy Families (TANF) program (Chien 2020). In 2017, the federal government and states spent $9.7 billion on childcare subsidies, compared to $10 billion in 2014 (Chien 2017). In an average month, about 13.5 million children were eligible for childcare subsidies under federal rules in 2017, which represents about 25% of the total 53.1 million children ages

0 to 12 (Chien 2020). Federal guidelines dictate that (1) children must be younger than 13 (or 19 if the child has special needs), (2) income must be 85% less than the state median income for a family of the same size in a given state, and (3) parents must have a job, be looking for a job, or be in school and/or training (Chien 2020). While the federal government sets broad guidelines for eligibility, states may set stricter guidelines if they wish.

In 2017, roughly 1.9 million children received subsidies through CCDF or other related government funding in an average month (Chien 2020). This is about 14% of all the children who are eligible under federal law and 22% of those children eligible under state rules (Chien 2020). Children who were poorer and ages 1-5 were more likely to receive subsidies. The figure below shows the distribution of subsidies for children living bellowing the poverty line by age (Figure 5.6). Fifty-five percent of three-year olds living below the poverty line received subsidies, compared to 46% of four-year olds and 45% of two-year olds (Figure 5.6). After age five, there is a large drop-off in the percent of children who received subsidies.

Figure 5.6. Percent of Federally Eligible Children Below the Poverty Line Receiving Child Care Subsidies by Age, United States, 2017



Source: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services

In 2019, roughly 1.4 million children and 857,700, families per month received childcare assistance in the United States (Office of Child Care 2021). Of those families served, 40% were below the poverty level, which was $21,330 for a family of three in 2019 (Office of Child Care 2021). In 2018, 58,000 families and children 99,700 children received assistance through CCDF in Pennsylvania (Office of Child Care 2021).

To be eligible for the Child Care Works subsidy program in Pennsylvania, the maximum income for a family of three was $43,920 in 2021 (Pennsylvania Department of Human Services 2021). In 2020, only 19% of eligible families with children under five received assistance, and only 15% of eligible families with children under the age of three received assistance in Pennsylvania (Pennsylvania Partnership for Children 2020). Only 41% of children under the age of five and

39% of infants and toddlers under three enrolled in Child Care Works were enrolled in programs with high quality standards (Pennsylvania Partnership for Children 2020).

The Coverage and Quality of Pre-Kindergarten Education

Pre-Kindergarten education has a variety of lifelong benefits including the development of social, academic, cognitive, and emotional skills (Diffey et al. 2017). In 2016-17, the state increased the funding it provided to Pennsylvania Pre-K Counts by 23% and to Head Start Supplemental Assistance Program by 13% (Diffey et al. 2017). Six states did not provide any funding for pre-K education: Idaho, Montana, New Hampshire, North Dakota, South Dakota, and Wyoming (Diffey et al. 2017).

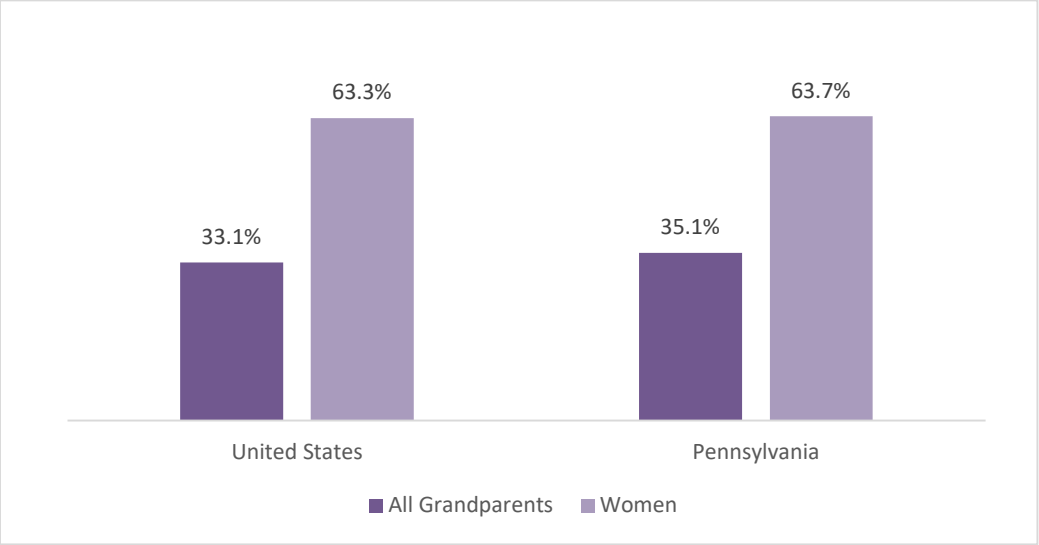
The National Institute for Early Education research ranked Pennsylvania 9th (among all 50 states) in access to pre-school for three-year olds and 30th for four-year olds (Friedman-Kraus et al. 2020). Pennsylvania received a resource ranking based on state spending of 16th and a quality standard rating of 6.6 out of 10 (Friedman et al. 2020). Pennsylvania added more than 13,000 children in 2018-2019 (Friedman-Kraus et al. 2020). From 2017-2018 to 2018-2019, Pennsylvania increased spending on preschool by more than $25 million (adjusted for inflation) (Friedman-Kraus et al. 2020). In Pennsylvania, 20% of four-year olds were enrolled in state pre-kindergarten in 2019, 10% of three-year olds, and 15% of three and four-year olds combined (Friedman-Kraus et al. 2020).

According to a report by the Pennsylvania Department of Education in 2019, Chester County had an unmet need for publicly funded pre-kindergarten of 84.6%, compared to the statewide average of 73.9% (Pennsylvania Department of Education 2019). In 2020, there were 167,469 eligible children (ages 3-4) living in Pennsylvania, and 106,720 or 64% did not have access to high-quality, publicly funded pre-k (Pre-K for PA). In 2020, there were 4,430 eligible children (ages 3-4) living in Chester County, and 3,422 eligible children or 77% did not have access to high-quality, publicly funded pre-k (Pre-K for PA 2020). These numbers reflect the impact of COVID-19 on pre-k and are a significant increase from 2015 when only 33% of 3-4 year-olds had no access to high-quality pre-k (Turner 2016).

Grandparents as Caregivers

Female grandparents are more likely to be responsible for their own grandchildren under the age of 18 than are male grandparents. In 2019, 33% of grandparents were responsible for their grandchildren in the United States and 35.1% in Pennsylvania (Figure 5.7). Of those grandparents who were responsible for their grandchildren under 18 years old, 63.3% were women in the United Sates and 63.7% in Pennsylvania.

Figure 5.7. Percent of Grandparents Responsible for Own Grandchildren Under 18 Years Old by Sex in the United States and Pennsylvania 2019



Source: 2019 American Community Survey, Table DP02

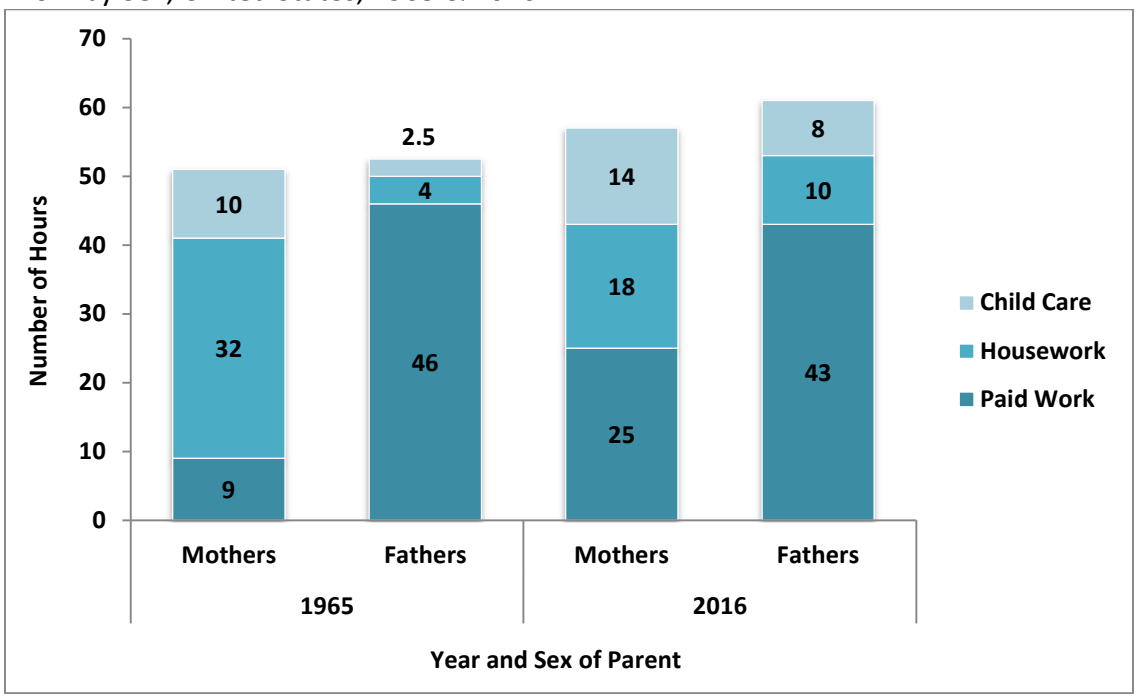
Focus Group Findings in Chester County

In Chester County, a focus group was conducted to learn about the experiences of grandmothers taking care of their own grandchildren. This focus group was diverse in terms of race/ethnicity and age. The most common challenges these grandmothers cited were financial demands, physical demands, and exposure to trauma for the children. Most participants mentioned the financial challenges of raising their grandchildren. Some participants were able get medical assistance and free and reduced lunches for their children. Getting financial assistance was often complicated by custody arrangements and interstate law. Most of the grandmothers also felt that they had difficulty with the physical demands of taking care of a young child. One participant said, "I'm feeling alone and that there's no support." Another common challenge mentioned was the mental health of the children since many had been exposed to some sort of trauma related to parental separation. In these cases, it has also been challenging for the grandmothers to get counseling for the children. One participant said, "I had two children that were crying almost every night. They couldn't sleep. I had to literally stay with them until they fell asleep." Most of the married grandmothers felt that their husbands helped out in some way, although sometimes only financially. Women in this group also frequently spoke of loss since their lives had changed so much. One participant said, "It's like an ongoing grieving process. You mourn the loss we would have had, also the life of our kids, and the life of their kids-not having their parents." This is not to say they do not enjoy their children, but their situations are much different than the retirement/pre-retirement they had planned for themselves. One participant noted, "It's just like raising children again but…you thought you were done with this…it's hard."

The Gap in Mother's and Father's Labor Force Participation

Historically, women have been more likely to care for children and perform unpaid labor inside the home. Men have been far more likely to work outside the home and have been less likely to care for children or to perform unpaid labor inside the home. According to the American Time Use Survey, fathers in the United States reported they spent more time on childcare and housework in 2016 compared to 1965. In 2016, fathers reported they spent eight hours a week on childcare, ten hours a week on housework, and 43 hours a week on paid work (Figure 5.8). In 1965, fathers reported they only spent two and half hours on childcare, four hours on housework, and 46 hours on paid work. Mothers have increased the time they spend in paid work and childcare. In 1965, mothers reported that they spent ten hours a week on childcare, compared to 14 hours a week in 2016. In 1965, mothers reported they spent nine hours a week on paid work, compared to 25 hours a week in 2016. The number of hours spent on housework has decreased from 32 hours a week in 1965 to 18 hours in 2016 (Figure 5.8).

Figure 5.8. Average Number of Hours Per Week Spent on Child Care, Housework, and Paid Work by Sex, United States, 1965 & 2016

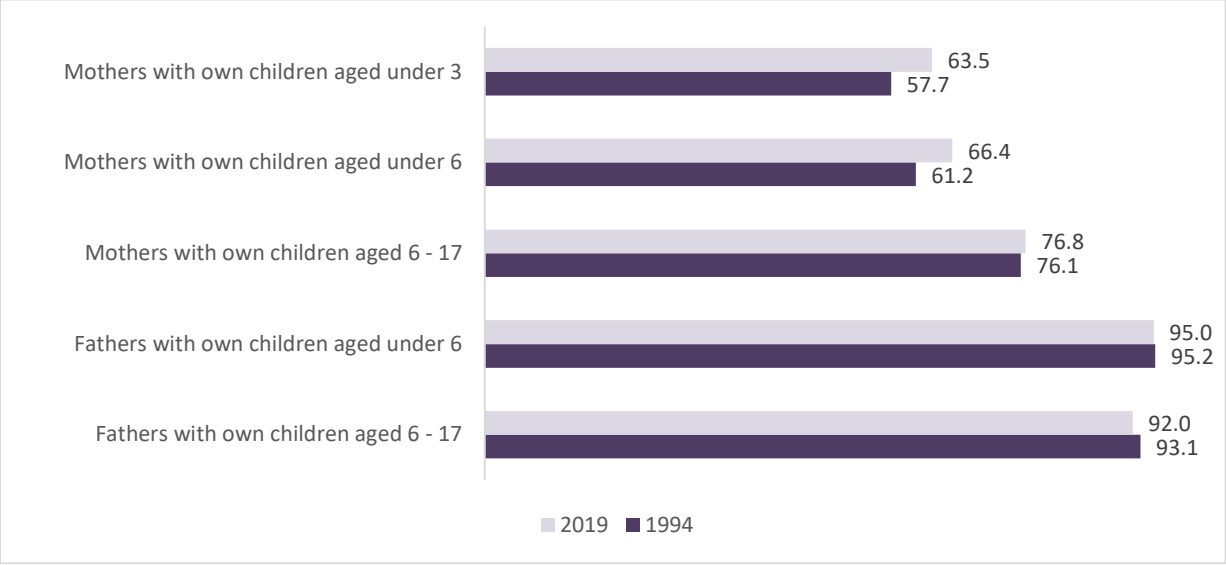


Source: Pew Research Center (Parker and Livingston) 2019

Labor force participation rates for mothers have increased over time, but father's participation rates are higher. In 2019, the labor force participation rate for mothers with children under the age of 18 was 72.3%, and for fathers was 93.3% (U.S. Bureau of Labor Statistics 2020). From 1994 to 2019, labor force participation rates for mothers with children under three increased from 57.7% to 63.5% (Figure 5.9). For mothers with children under six, participation rates increased from 61.2% in 1994 to 66.4% in 2019. Overall, father's labor force participation rates have remained nearly the same from 1994 to 2019, hovering around 95% for fathers with

children under six (Figure 5.9). Labor force participation rates for fathers with children of their own under six was 95% in 2019, compared to 66.6% for mothers.

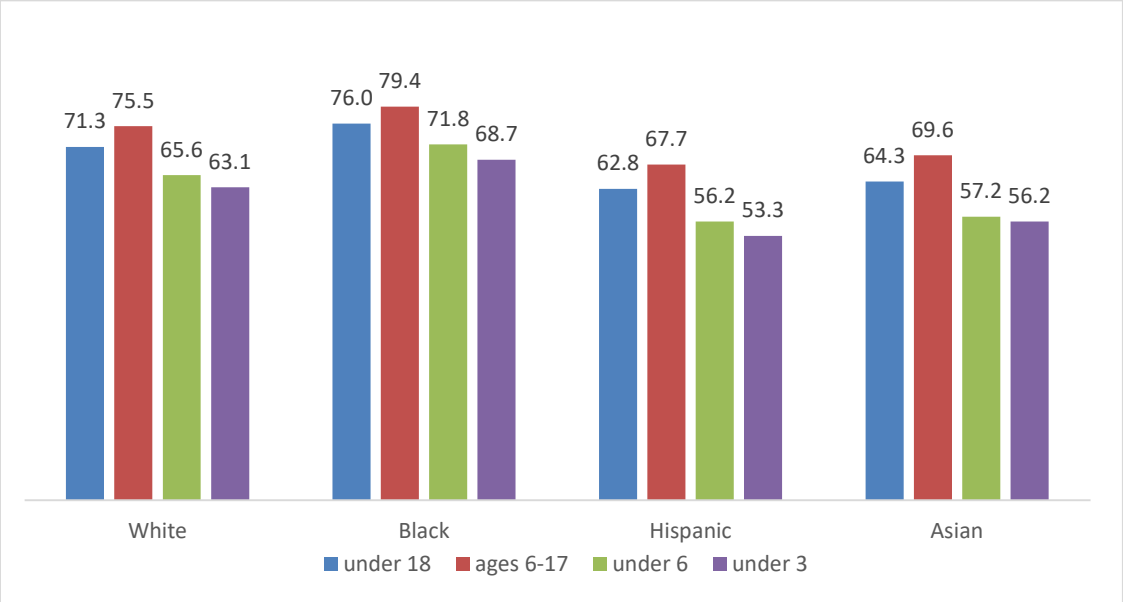
Figure 5.9. Labor Force Participation Rates of Mothers and Fathers by Age of Youngest Child, United States, 2019 & 1994



Source: Women's Bureau, U.S. Bureau of Labor Statistics, Current Population Survey, 1994-2019
Notes: Children are own children and include biological children, step-children, or adopted children. Unmarried parent may have a cohabiting partner. Estimates refer to co-residential children only.

Labor force participation rates for mothers also vary according to race and ethnicity. Overall, Black mothers with children under 18 have the highest labor force participation rates at 76%, compared to 71.3% for White mothers, 64.3% for Asian mothers, and 62.8% for Hispanic mothers in 2019 (Figure 5.10). In each age group (under 3, under 6, 6-17), Black women had the highest labor force participation rates. Hispanic mothers had the lowest labor force participation rates in all age groups and overall with children under 18 (Figure 5.10).

Figure 5.10. Labor Force Participation Rates for Mothers by Race and Ethnicity and Age of Youngest Child, United States, 2019



Source: Women's Bureau, U.S. Bureau of Labor Statistics, Current Population Survey, 2019 Annual Averages
Note: The labor force participation rate represents the proportion of the total civilian non-institutionalized population ages 16 and over that is in the labor force.

Conclusion

Women are more likely to work part-time than men or not at all because they have more caregiving and domestic household responsibilities and because many people assume that it is best for women to stay at home while children are young. A study by the Pew Research Center in 2012 showed that 33% of Americans felt the "ideal situation" was for young children to have a mother "who is not working at all," and 42% of respondents said the mother should be "working part-time" (Parker 2015). Only 16% of respondents said the "ideal situation" was a mother with young children "working full-time" (Parker 2015). An international study published in 2018 examined the relationship between a mother's employment and the employment of adult sons and daughters as well as the amount of domestic duties they perform (McGinn et al. 2018). The authors found that adult daughters were more likely to be employed and to make higher incomes if their mothers were employed, while sons were more likely to care for other family members. Even though women are still disadvantaged by the wage gap, having more equitable responsibilities at home that allow women to work full-time means women's earnings will improve. Further, having flexible work arrangements and parental leave will help not only mothers, but fathers as well.

Recommendations

Support policies that provide paid parental leave.

Support policies that provide paid leave for family caregiving responsibilities and define family as same-sex partners and spouses.

Support policies that protect against caregiving or pregnancy discrimination.

Support policies that advance breastfeeding rights.

Support The Schedules That Work Act, which would give employees a right to request schedules that work for them, to rest between shifts, to get advanced notice of work schedules, to receive predictability pay for last minute schedule changes and cancelled shifts, and to receive split shift pay.

Support policies that provide funding for childcare assistance subsidies.

Support policies that provide funding to maintain or expand preschool programs.

Employers should create, promote, and de-stigmatize flexible work programs.

Employers should train supervisors to identify and prevent family responsibilities discrimination and adopt an anti-family responsibilities discrimination policy.

Employers should create, promote, and de-stigmatize a complaint procedure for caregiving discrimination.

Employers should create and implement work coverage plans for employees who need time off for family caregiving responsibilities.

POVERTY

Introduction

A variety of factors contribute to women's economic security. These include health insurance, education, business networks, and poverty. In 2019, the poverty rate of the United States was 12.3% or roughly 39.5 million people (U.S. Census Bureau, American Community Survey 2019). In 2019, the poverty threshold for a family of 2 was $16,910 (ASPE 2021). Poverty thresholds are often not sufficient to allow people to survive, much less to increase their assets over time. Despite the fact that women's educational levels have increased over the past several decades, women are still more likely to live in poverty than men.

Health Insurance

Medical expenses can be a cause of bankruptcy, so health insurance can be particularly important to women who already make less because of the gender wage gap. According to a poll by the Kaiser Family Foundation, 26% of people (ages 18 to 64) reported that they (or someone in their household) had difficulty paying their medical bills in the past 12 months (Hamel et al. 2016). Women (29%) were also more likely than men (23%) to report having problems paying medical bills (Hamel et al. 2016). Of those who had difficulty, 70% reported that they cut household spending, and 59% used all of their savings (Hamel et al. 2016).

Most people in the United States have private health insurance coverage through their employer, but a significant portion of people have insurance through government programs such as Medicare and Medicaid (Barnett and Berchick 2020). About 68.0% of health insurance is provided through private insurers, and 34.1% is provided through the government (Barnett and Berchick 2020).

In 2010, the passage of the Patient Protection and Affordable Care Act (ACA or Affordable Care Act) changed the parameters of health insurance in the United States by providing greater access to affordable health insurance. It created state-based exchanges where people and small businesses could purchase health insurance and included an individual mandate that required people to purchase health insurance. Since the passage of the ACA, the percent of women with health insurance has increased. For example, 1 out of 5 elderly women were uninsured in 2013, compared to 1 out of 10 elderly women in 2017 (Ranji 2018). In 2013, 18% of women ages 18 to 64 were uninsured. This fell to 12% in 2017 (Ranji 2018). Health insurance rates also went up for historically excluded racial and ethnic groups after the passage of the ACA (Artiga et al. 2021).

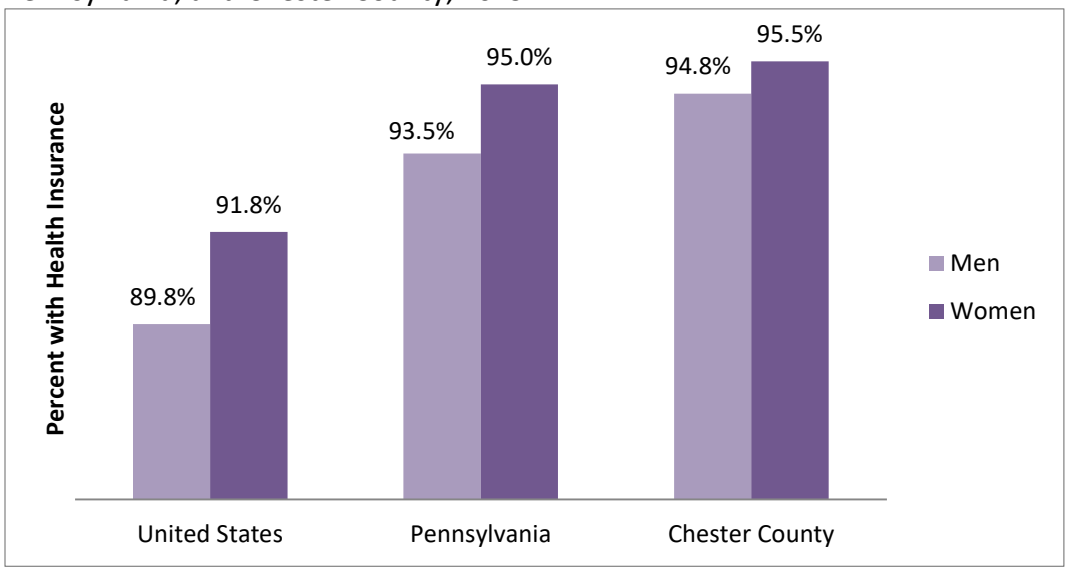
One of the more controversial components of the ACA was the individual mandate. Although the ACA has not been repealed by Congress, the individual mandate was effectively repealed by the tax reforms passed in December 2017 that eliminated the tax penalty associated with the ACA (Fiedler 2018). Analysis by the Congressional Budget Office and the Brookings Institute demonstrated that the individual mandate increased the number of people with health

insurance coverage, so it is possible the number of women with health insurance may go down again now that the tax penalty is removed.

Health Insurance by Sex and Race/Ethnicity

In 2019, health insurance was one area where women consistently fared better than men. In the United States, 89.8% of men had health insurance compared to 91.8% of women (Figure 6.1). In Pennsylvania, 93.5% of men had health insurance compared to 96% of women. In Chester County, 94.8% of men had health insurance compared to 95.5% of women. Overall, individuals in Chester County were more likely to have health insurance than in Pennsylvania and the United States. Women were more likely to have health insurance than men overall.

Figure 6.1. Percent of Men and Women Covered by Health Insurance in the United States, Pennsylvania, and Chester County, 2019



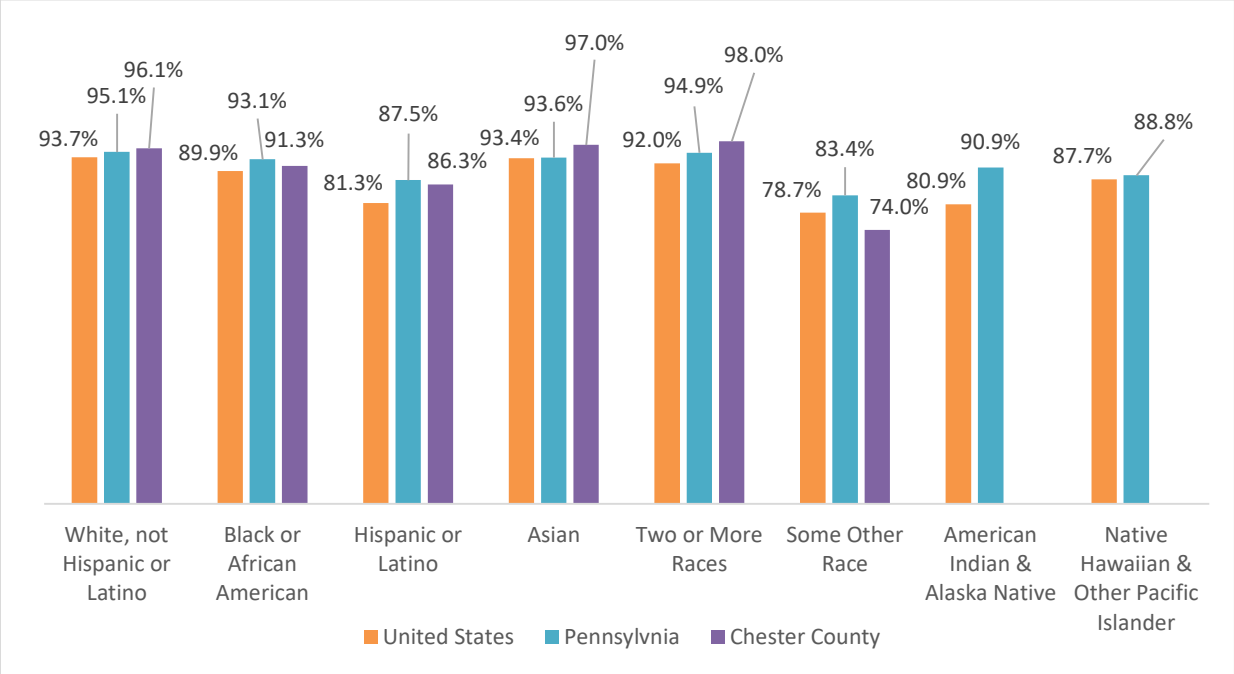
Source: U.S. Census Bureau, 2019 American Community Survey, 1-Year Estimates, Table S2701

Since 2013, the rates of health insurance coverage have improved. In Chester County, 90.2% of women and 85.8% of men were covered in 2013 (Turner 2016), compared to 95.5% of women and 94.8% of men in 2019 (Figure 6.1).

Health insurance coverage also varies by race and ethnicity. Insurance coverage was highest for White and Asian people at the national, state, and county level. Roughly 93.7% of Whites had health insurance in the United States, compared to 95.1% in Pennsylvania and 96.1% in Chester County (Figure 6.2). In the United States, 93.4% of Asian people had health insurance, compared to 93.6% in Pennsylvania and 97% in Chester County. Health insurance coverage for Black Americans was slightly lower at 89.9% in the United States, 93.1% in Pennsylvania, and 91.3% in Chester County (Figure 6.2). For Hispanic Americans, 81.3% in the United States had health insurance coverage, compared to 87.5% in Pennsylvania and 86.3% in Chester County. The lowest rate of health insurance coverage was among American Indians and Alaska Natives at 80.9% in the United States, compared to other racial and ethnic groups. In Pennsylvania,

however, only 87.5% of Hispanics had health insurance coverage. In nearly all racial and ethnic groups, health insurance coverage was higher in Pennsylvania and/or Chester County than it was in the United States.

Figure 6.2. Health Insurance Coverage by Race/Ethnicity in the United States, 2019



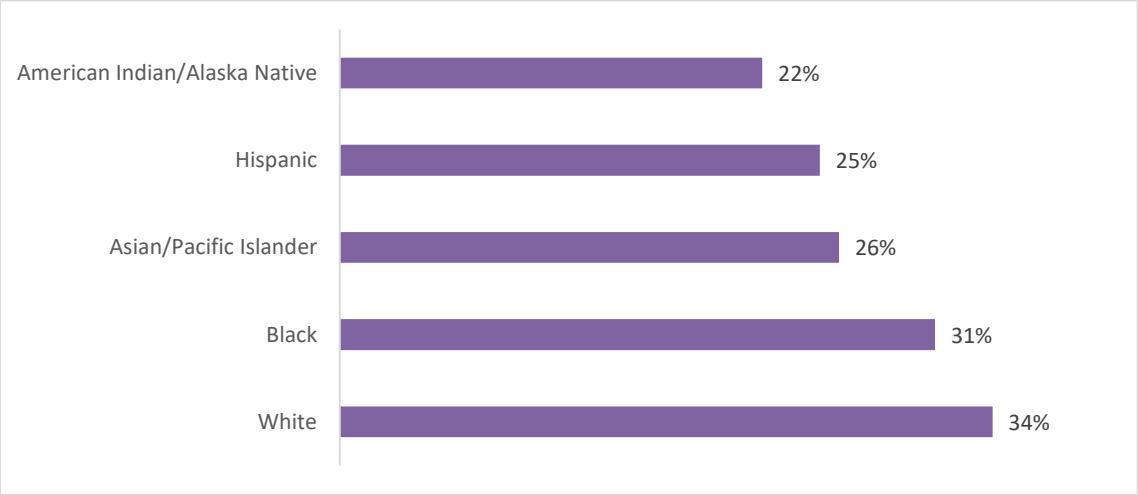
Source: U.S. Census, 2019 American Community Survey 1-Year Estimates, Table S2701

Comprehensive Coverage for Women's Preventative Care

In 2011, the Department of Health and Human Services established guidelines for Women's Preventative Services that were part of the Affordable Care Act (ACA). There was a provision within ACA that required insurance providers to provide certain women's preventative health services with no out-of-pocket costs for the patient. This included well-woman visits, contraception, counseling for sexually transmitted infections, screening for cervical cancer, screening for breast cancer, interpersonal domestic violence screening, gestational diabetes screening, and breastfeeding services and supplies (National Partnership for Women & Families 2018). In 2018, about 62 million women had access to preventative services through the ACA (National Partnership for Women & Families 2018).

Preventative services like mammograms are crucial because 99% of women diagnosed at the earliest stage live five years or more (Office of Minority Health 2021). Of Medicare beneficiaries, there are racial and ethnic disparities among those who receive mammograms. In 2018, White women had the highest screening rate at 34%, followed by Black women at 31%, Asian/Pacific Islander women at 26%, Hispanic women at 25%, and American Indian/Alaska Native women at 22% (Figure 6.3).

Figure 6.3. Percent of Female Medicare Fee-for-Service Beneficiaries Receiving Mammograms in the United States, 2018



Source: Office of Minority Health, U.S. Department of Health and Human Services

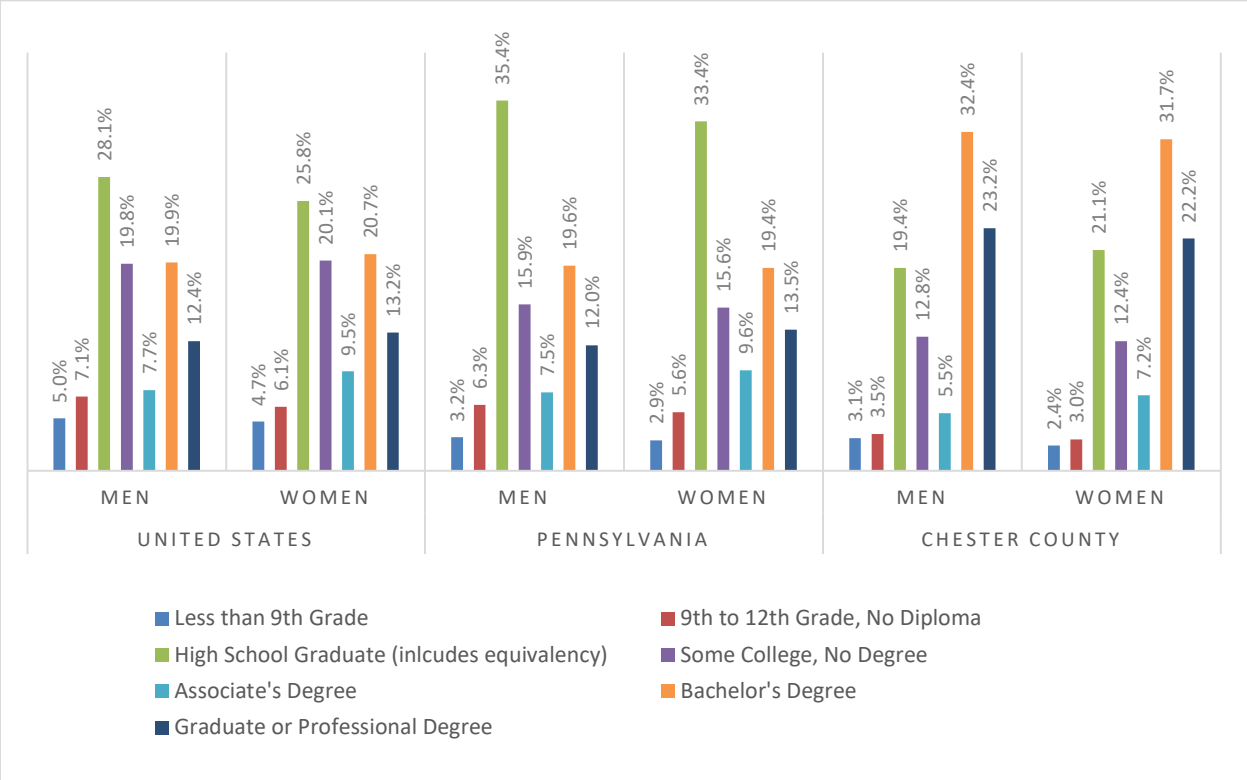
In Pennsylvania, 72% of all women (40 years old and older) had received a mammogram within the past two years in an analysis from 2014-2016 (Kaiser Family Foundation Fact Sheet 2019). Of those women, 72% were White, and 78% were Black.

Educational Attainment by Sex and Race/Ethnicity

Historically, a higher percentage of men had bachelor's degrees compared to women. For example, 13% of men held bachelor's degrees, compared to 8% of women (Ryan and Bauman 2016). Since the 1960s, the percentage of women earning bachelor's degrees has increased dramatically (Ryan and Bauman 2016). Title IX of the Educational Amendments of 1972 has been one of the contributing factors to women's rising education levels because it prohibits sex discrimination in educational institutions that receive federal funding (U.S. Department of Education 2021). Since 2020, this also includes protections for sexual orientation and gender identity per the *Bostock v. Clayton County* Supreme Court decision.

For the population 25 years and older, men and women in the United States are earning bachelor's degrees at nearly the same rate (19.9% for men versus 20.7% for women) (Figure 6.4). The same is true in Pennsylvania, where 19.6% of men and 19.4% of women have earned bachelor's degrees. Although the percentage of individuals who have earned bachelor's degrees in Chester County is considerably higher, it is nearly the same for men (32.4%) and women (31.7%). The percentage of people who have earned graduate or professional degrees is also considerably higher in Chester County, but again, the difference between men (23.2%) and women (22.2%) is negligible.

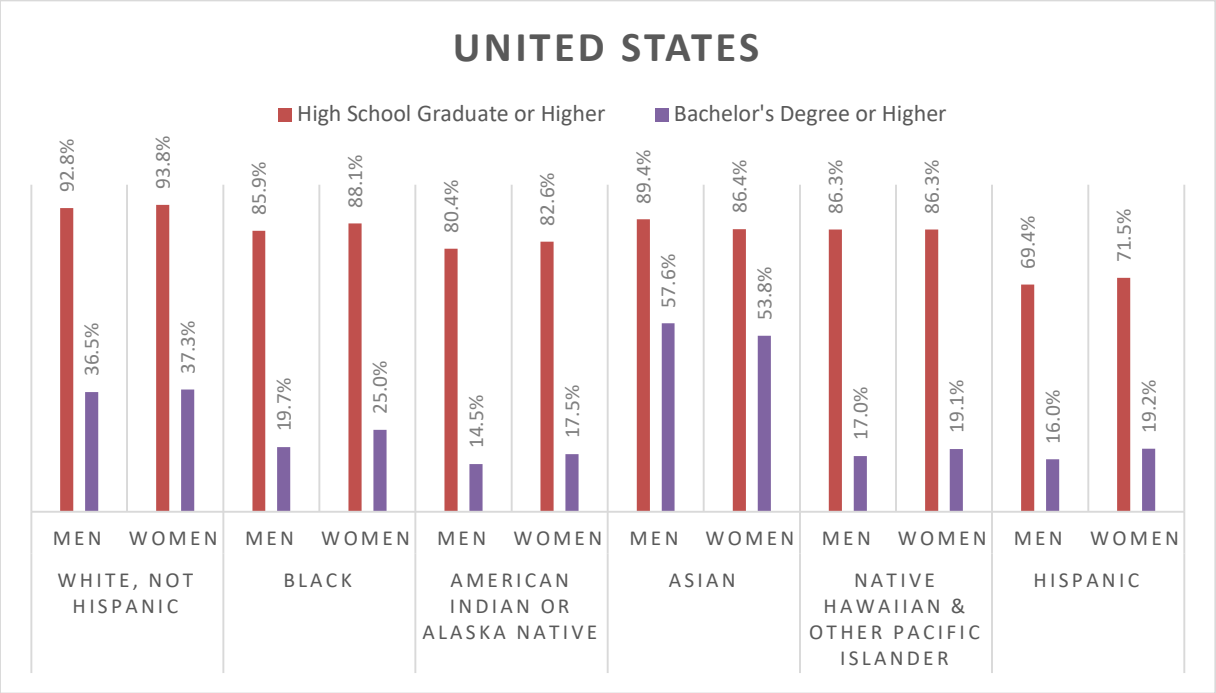
Figure 6.4. Educational Attainment (by Percent) for Men and Women in the United States, Pennsylvania, & Chester County, 2019



Source: U.S. Census Bureau, 2019 American Community Survey, 1-Year Estimates, Table S1501
Notes: Population 25 Years and Older

Educational levels vary far more by race than by sex. Figure 6.5 shows the percentage of men and women by race and ethnicity who have earned a high school diploma (or higher) and a bachelor's degree (or higher) in the United States. The highest levels of educational attainment were among Asian men and women, with 57.6% of Asian men and 53.5% of Asian women having a bachelor's degree or higher (Figure 6.5). Although considerably lower, White people had the next highest levels, with 36.5% of White men and 37.3% of White women having a bachelor's degree or higher. All other demographic groups had much lower rates of earning a bachelor's degree or higher. Only 25% of Black women and 19.7% of Black men had a bachelor's degree or higher. Only 16% of Hispanic men and 19.2% of Hispanic women had a bachelor's degree or higher. Similarly, 17% of Native Hawaiian and Other Pacific Islander men and 19.1% of women had a bachelor's degree or higher. Only 14.5% of American Indian or Alaska Native men and 17.5% of women had a bachelor's degree or higher. Asian women were the only women whose percentage was lower than men of the same racial group, but they were far more likely than any other group of women to have a bachelor's degree or higher.

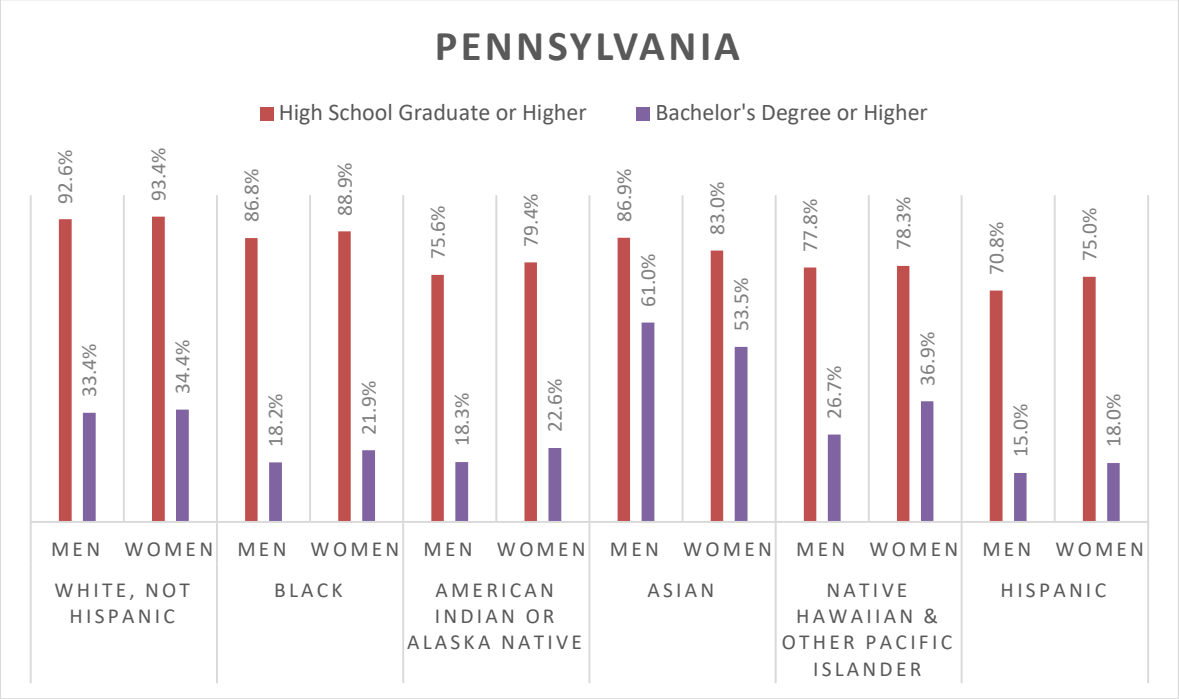
Figure 6.5. Educational Attainment (in Percent) by Sex & Race/Ethnicity in the United States, 2019



Source: U.S. Census Bureau, 2019 American Community Survey, 1-Year Estimates, Table S1501
Note: Categories are not mutually exclusive.

Figure 6.6 shows educational attainment by sex and race/ethnicity in Pennsylvania in 2019. The highest levels of educational attainment were among Asian men and women with 61% of Asian men and 53.5% of Asian women earning a bachelor's degree or higher (Figure 6.6). Native Hawaiian or Pacific Islander women were the next most likely to have a bachelor's degree or higher at 36.9%. Among White men and women, 33.4% and 34.4% respectively had earned a bachelor's degree or higher. Native Hawaiian or Pacific Islander men were next highest at 26.7%. The percentage of men and women having bachelor's degree or higher was significantly lower among American Indian/Alaska Native men (18.3%) and women (22.6%) and among Black men (18.2%) and women (21.9%). Hispanic men and women were least likely to have earned a bachelor's degree or higher at 15% and 18% respectively. In all racial and ethnic groups except for among Asian people, women reported higher levels of educational attainment.

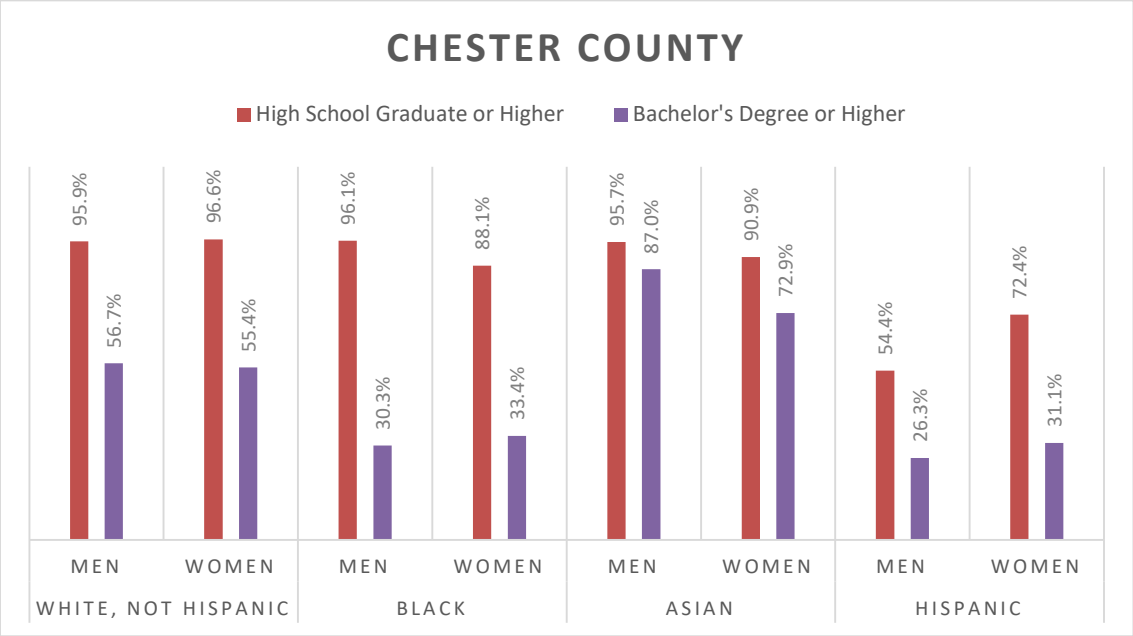
Figure 6.6. Educational Attainment (in Percent) by Sex & Race/Ethnicity in Pennsylvania, 2019



Source: U.S. Census Bureau, 2019 American Community Survey, 1-Year Estimates, Table S1501
Note: Categories are not mutually exclusive.

In Chester County, men and women in all racial and ethnic groups were more likely to have earned a bachelor's degree or higher than at the state or federal level, but Asian men (87%) and women (72.9%) reported the highest levels of educational attainment (Figure 6.7). Next were White men and women at 56.7% and 55.4% respectively. Among Black men and women, 30.3% and 33.4% respectively had earned a bachelor's degree or higher. Hispanic men (26.3%) and women (31.1%) had higher levels of educational attainment in Chester County as compared to state and national levels. Black women and Hispanic women were more likely to have a bachelor's degree or higher than men in the same racial or ethnic group, but Asian women and White women were less likely to have a bachelor's degree or higher as compared to men in the same racial or ethnic group in Chester County.

Figure 6.7. Educational Attainment (in Percent) by Sex & Race/Ethnicity in Chester County, 2019



Source: U.S. Census Bureau, 2019 American Community Survey, 1-Year Estimates, Table S1501
Note: Categories are not mutually exclusive.

LGBTQ+ people are more likely to obtain a high school diploma than non-LGBTQ+ people (41% versus 39%) (Williams Institute n.d.). They are also more likely to have some college (30% versus 29%). They are slightly less likely to have a bachelor's degree (17% versus 18%) and post-graduate degree (13% versus 14%) (Williams Institute n.d.).

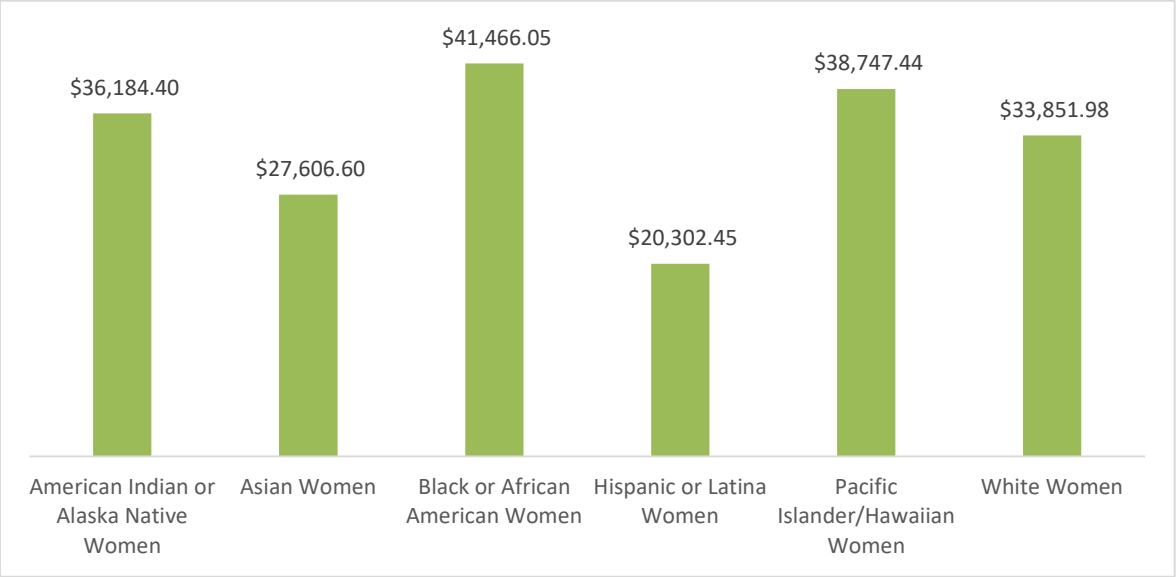
Student Loans and the Gender & Racial Wage Gap

Even though women's educational attainment has improved, female students have been disadvantaged in other ways such as student loan debt. In 2016, women comprised 56% of students enrolled in American universities and colleges, and they also took out more student loans than men did (Miller 2017). About 44% of female undergraduates took out student loans in one year, compared to 39% of male undergraduates (Miller 2017). In fact, women were more likely to take out student loans at almost every degree level and type of institution. Women's student loan balances were approximately 14% greater than men's in any given year (Miller 2017). Black women took out more student loans than any other racial/ethnic group (Miller 2017). Once women graduate, they pay their student loans back more slowly than men due to the gender wage gap. Even though the initial amount of debt that women take out compared to men is not huge, the gender and racial wage gap make it harder for women to repay their loans because of interest (AAUW 2021). The impact of the gender wage gap for Black women exaggerates the pace of payback even more.

The intersectional impact of student debt and the gender wage gap can be seen even one year after graduation. Figure 6.8 shows women's cumulative debt on undergraduate loans

(including principal and interest) one year after graduation by race and ethnicity. Black women already have cumulative debt that is greater than any other racial or ethnic group at $41,466.05 (Figures 6.8). Not far behind are Pacific Islander/Hawaiian women and American Indian or Alaska Native women, with cumulative debt of $38,747.44 and $36,184.40 respectively. White women have the fourth highest level of cumulative debt at $33,851.98. Asian women and Hispanic or Latina women have the lowest levels of cumulative debt at $27,606.60 and $20,302.45 respectively.

Figure 6.8. Cumulative Debt on Women's Undergraduate Loans (including principal & interest) One Year After Graduation by Race/Ethnicity, United States, 2021

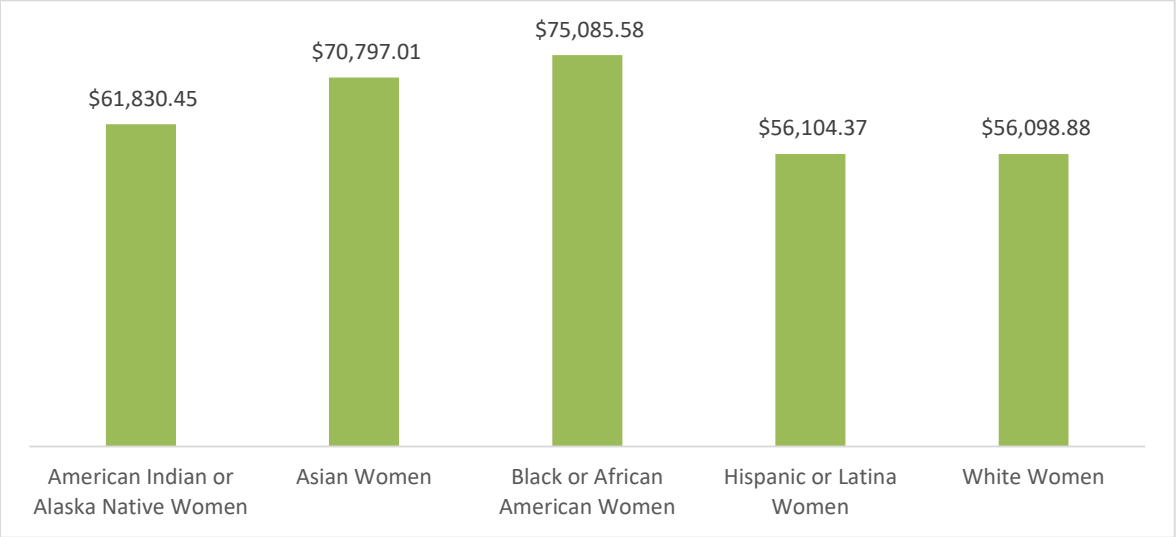


Source: American Association University of Women, Deeper in Debt 2021 Update
Notes: Data based on AAUW analysis of U.S. Department of Education, National Center for Education Statistics, & B&B:17 Baccalaureate and Beyond Longitudinal Study

Women who attend graduate school acquire even more student debt, and 74% of women say that they plan to pursue a graduate degree. On average, women borrow $51,035 for graduate school. Within one year of graduation that amounts grows to $61,626 with interest (AAUW 2021).

When examining cumulative debt on women's graduate loans, Black women again have the highest burden at $75,085.58 (Figure 6.9). Asian women have considerably more graduate debt as compared to undergraduate debt at $70,085.58. American Indian and Alaska Native women have the third highest level of cumulative graduate debt at $61,830.45. Hispanic women and White women have the lowest levels of debt at $56,104.37 and $56,98.88 respectively.

Figure 6.9. Cumulative Debt on Women's Graduate Loans (including principal & interest) One Year After Graduation by Race/Ethnicity, United States, 2021



Source: American Association University of Women, Deeper in Debt 2021 Update
Notes: Data based on AAUW analysis of U.S. Department of Education, National Center for Education Statistics, & 2015-16 National Postsecondary Student Aid Study

Gender Differences in Fields of Study

Occupational segregation is one of the leading contributors to the gender wage gap, and it can be traced back to the college majors of female and male students. Among the majors that are high paying and male-dominated are Mechanical Engineering (89% male), Civil Engineering (83% male), Physics (81% male), Computer Science and Engineering (74% male), and Electrical Engineering (74% male) (Chamberlain and Jayaraman 2017). Female students are more likely to major in the social sciences and liberal arts, which are typically much lower paying. Among the majors that are female dominated are Social Work (85% female), Healthcare Administration (84% female), Anthropology (80% female), Nursing (80% female) and Human Resources (80% female) (Chamberlain and Jayaraman 2017). Out of the ten highest paying majors, nine were male-dominated, and six out of ten of the lowest paying majors were female-dominated (Chamberlain and Jayaraman 2017). The underrepresentation of women in science, technology, engineering, and mathematics (STEM) fields has a significant impact on the earning potential of women.

Women-Owned Businesses

Over the past several decades, the number of women-owned businesses has increased considerably. The most recent Survey of Business Owners was performed by the U.S. Census in 2012. At that time, women were the majority owners (51% or more) of 9.9 million business and co-owners (equally with men) of 2.5 million businesses. Nearly all (99.9%) of women-owned businesses were small businesses (McManus 2017). Women-owned businesses were more likely to have lower profits and fewer employees than male-owned businesses, but women-

owned businesses contributed $1.4 trillion in sales to the economy and employed over 8.4 million people in 2012 (McManus 2017). In the 2012 Census Survey of Business Owners, Pennsylvania ranked 42nd in the percent of businesses owned by women at 31.2% (IWPR #R532, 2018). There are 304,804 women-owned firms and 131,512 minority-owned firms in Pennsylvania, compared to 579,400 men-owned firms (Survey of Business Owners 2012).

Women of color were more likely to own a business in their demographic group. For example, 59% of Black or African American owned businesses were owned by Black women (McManus 2017). White women owned a lower percentage of businesses (32%) in their demographic group than any other group. American Indian women owned 48% of businesses in their demographic group, compared to 39% for Asian women, 46% for Native Hawaiian women, and 44% for Hispanic or Latino women in their respective demographic groups (McManus 2017).

The Census Bureau's survey of businesses (not business owners specifically) revealed that women-owned firms only made up 19.9% of all firms in the United States in 2018 (Hait 2021). These firms reported almost $1.8 trillion in sales, receipts, revenue, or shipments and employed over 10.1 million workers with a yearly payroll of $388.1 billion (Hait 2021). The majority of women-owned firms in 2018 were in the Health Care and Social Assistance occupational group (Hait 2021). Most of these businesses are owned by White, non-Hispanic women (Hait 2021).

The 2019 State of Women-Owned Businesses Report projected that women-owned businesses have grown 21% from 2014 to 2019, compared to an overall growth rate of 9% for all businesses in the same time frame (American Express 2019). The growth rate for the number of employees in women-owned businesses was 8% from 2014 to 2019, which was also greater than the national average of 1.8% (American Express 2019). Revenues for women-owned businesses outpaced national growth rate patterns (21% versus 20%, respectively).

In 2020, there were a record setting 37 women running Fortune 500 companies (Ebrahimji 2020). This only represents 7.4% of Fortune 500 companies. Still, there has been considerable improvement since 2000 when there were only two female CEOs. Unfortunately, these female CEOs were not racially diverse. Only three of the Fortune 500 female CEOs were women of color (Ebrahimji 2020).

There are a variety of government and nonprofit organizations dedicated to assisting women entrepreneurs. At the national level, one such organization is the Office of Women's Business Ownership (OWBU) within the U.S. Small Business Administration. The OWBU supervises Women's Business Centers in numerous locations nationwide. These centers provide educational resources for female entrepreneurs (U.S. Small Business Administration 2018). Pennsylvania offers Small Business Development Centers that offer some resources specifically for female business owners. In 1998, the Amber Grant Foundation was established, and it provides grants to female entrepreneurs. The Women's Business Enterprise Council provides procurement resources and serves southeastern Pennsylvania (as well as Delaware and southern New Jersey).

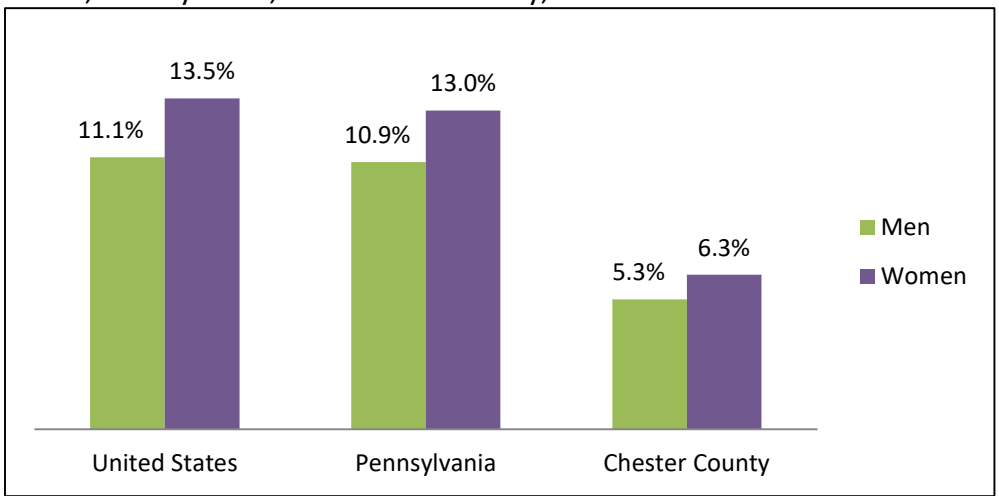
Focus Group Findings: Chester County Women Business Owners

A focus group was held with female business owners in Chester County to determine their biggest challenges. This group was diverse in terms of race/ethnicity, age, and type of business owned. The most common challenges female business owners face in Chester County were marketing, website/social media presence, and discrimination. Nearly all participants had some story of discrimination based on their sex. One woman said customers are often surprised or shocked to find out she co-owns the business with her husband, and they ask for her husband. Another participant said other male executives question her competency in English because of her name. Intersectional issues of race and sex also came up as evidenced by the following quote, "Being not just a female, but a Black female, people often ask and expect to speak with someone else – not realizing that I am the person at the top." Another woman discussed how discrimination affects her, saying "As a woman of color, it does come into play, and whether they make it known or subtle, you have to do 200% better." In addition to the prejudice and discrimination these women face, having better support for running their business would help. Through the course of this focus group, these women were able to pool their information and share some resources.

Women's Poverty & Economic Security

Women are more likely to live in poverty than men. In 2019, 13.5% of women lived in poverty in the United States, compared to 11.1% of men (Figure 6.10). In Pennsylvania, 13% of women lived in poverty, compared to 10.9% of men. In Chester County, 6.3% of women lived in poverty, compared to 5.3% of men. Even though poverty levels in Chester County were about half of those in Pennsylvania and the United States, more women lived in poverty in Chester County – though the difference between men and women narrowed at the county level (Figure 6.10).

Figure 6.10. Percent of Women and Men Living Below the Federal Poverty Line in the United States, Pennsylvania, and Chester County, 2019

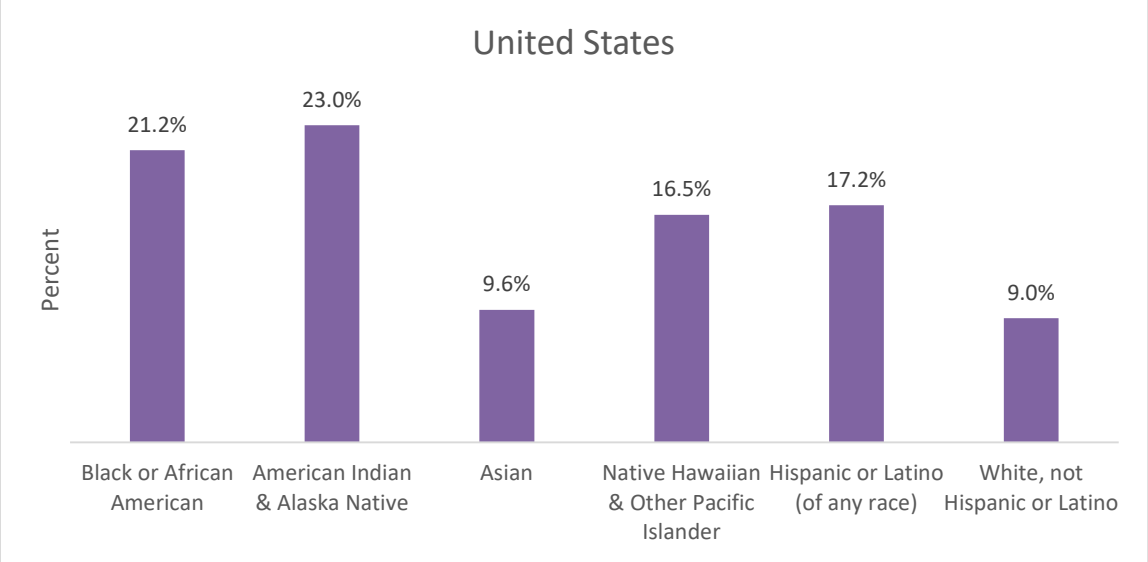


Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, Table S1701
Notes: Poverty level refers to the Federal Poverty Line.

Poverty by Race/Ethnicity

Poverty also varies according to race and ethnicity, with racially marginalized populations being more likely to live in poverty. Figure 6.11 shows the percent of both men and women living below the poverty level. In 2019, American Indians/Alaska Natives and Black or African Americans had the highest poverty levels by far, with 23% of American Indians/Alaska Natives living below the poverty level and 21.3% of Black or African Americans living below the poverty level. Next were Hispanic Americans and Native Hawaiian or Other Pacific Islanders at 17.2% and 16.5% respectively. Asian Americans and White people were the least likely to live below the poverty level at 9.6% and 9% respectively.

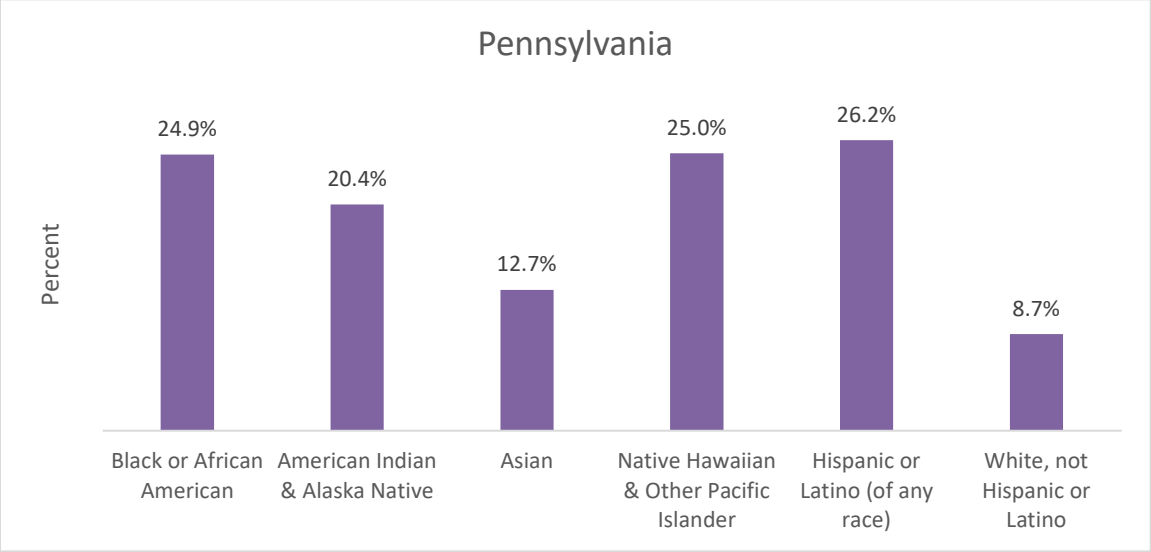
Figure 6.11. Percent Living Below Poverty Level by Race & Ethnicity in the United States, 2019



Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, Table S1701

In Pennsylvania, four different demographic groups had roughly the same percent living below the poverty level. In 2019, 26.2% of Hispanic of Latinos lived below the poverty level as did 25% of Native Hawaiian or other Pacific Islanders, 24.9% of Black or African Americans, and 20.4% of American Indians or Alaska Natives (Figure 6.12). Next were 12.7% of Asian people and 8.7% of White people living below the poverty level.

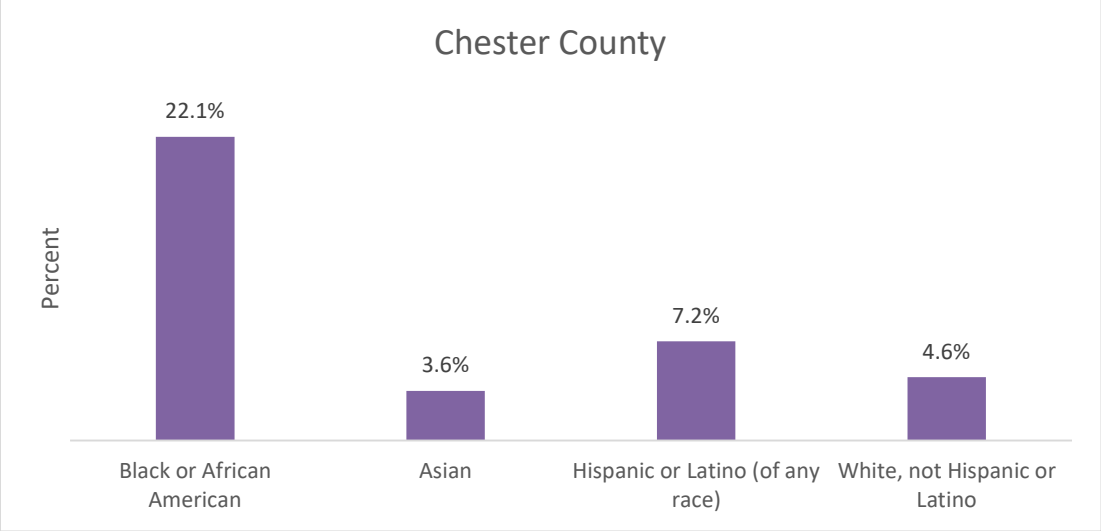
Figure 6.12. Percent Living Below Poverty Level by Race & Ethnicity in Pennsylvania, 2019



Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, Table S1701

Overall, the percent of people living below the poverty level was considerably less in Chester County. However, 22.1% of Black or African Americans lived below the poverty level in 2019 (Figure 6.13). All other demographic groups had considerably lower levels of people living below the poverty level, with 7.2 of Hispanic or Latino people, 4.6% of White people, and 3.6% of Asian people living below the poverty level (Figure 6.13).

Figure 6.13. Percent Living Below Poverty Level by Race & Ethnicity in Chester County, 2019



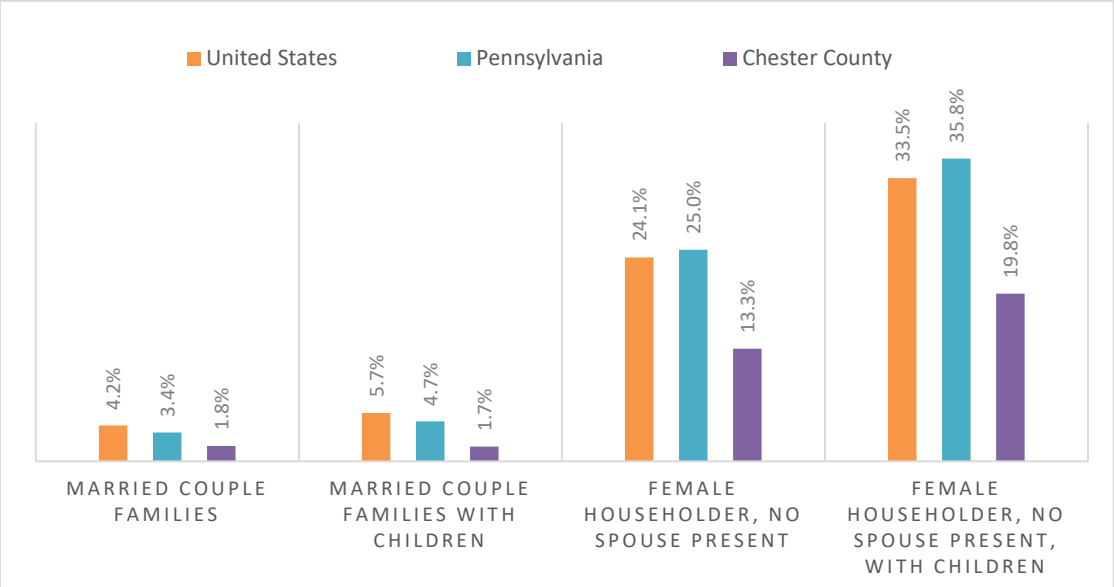
Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, Table S1701

Poverty by Household Type

Poverty rates also differ by family and household structure as well. Households headed by a single female householder with children are more likely to live below the poverty level. In

2019, 33.3% of these households in the United States lived below the poverty line, compared to 33.5% in Pennsylvania and 19.8% in Chester County (Figure 6.14). The likelihood of living below the poverty line was also higher for single female householders with no children, as compared to married couples. In 2019, 24.1% of single female householders lived below the poverty the poverty line in the United States, compared to 25% in Pennsylvania and 13.3% in Chester County. Married couples were far less likely to live below the poverty line at the national, state, and county level. Among married couples with children, 5.7% lived below the poverty line in the United States as compared to 4.7% in Pennsylvania and 1.7% in Chester County. Married couples without children fared the best when it came to poverty. Only 4.7% lived below the poverty line in the United States, 3.4% in Pennsylvania, and 1.8% in Chester County.

Figure 6.14. Percent of Families with Income Below the Poverty Line in the United States, Pennsylvania, and Chester County, 2019



Source: U.S. Census Bureau, 2019 American Community Survey, 1-Year Estimates, Table S1702
Notes: Children are under 18 years old and defined as "related children of the householder."

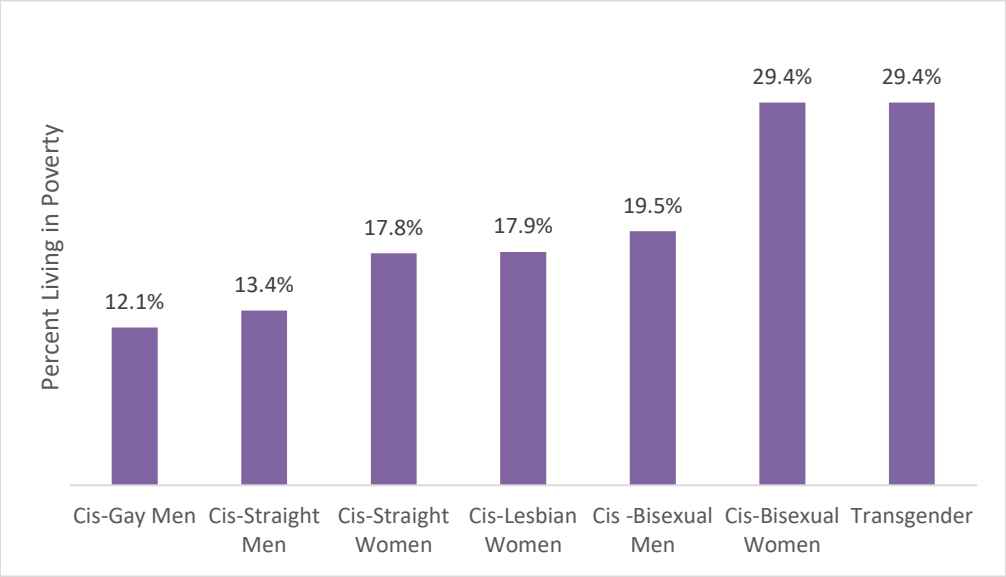
Poverty in the LGBT+ Community

According to Williams Institute, LGBT[5] people have a poverty rate of 21.6%, compared to the poverty rate among cisgender straight people of 15.7% (Badgett, Choi, and Wilson 2019). Among LGBT people, transgender people have higher rates of poverty at 29.4% (Figure 6.15). Lesbian women and cisgender straight women have higher poverty rates (17.9% and 17.8% respectively) than gay and straight cisgender men (12.1% and 13.4% respectively) (Badgett, Choi, and Wilson 2019). However, cisgender lesbian women do not have significantly different poverty rates than cisgender straight women (Badgett, Choi, and Wilson 2019). Bisexual

[5] The term LGBT comes from the original source and does not necessarily reflect the preferences of the researcher or the Fund for Women and Girls.

cisgender women have poverty rates of 29.4% compared to bisexual cisgender men at 19.5% (Badgett, Choi, and Wilson 2019).

Figure 6.15. LGBTQ+ Poverty in the United States, 2019



Source: Williams Institute, UCLA School of Law

When race and ethnicity intersect with sexual orientation and gender identity, poverty rates are even higher. Asian, Black, White, and other racial identities have significantly higher poverty rates as compared to their same-race cisgender straight counterparts. Black LGBT people have a poverty rate of 30.8%, compared to that of a Black cisgender straight person at 25.3% (Badgett, Choi, & Wilson 2019). In addition, 15% of LGBT people are uninsured, 9% are unemployed, and 27% are food insecure (Williams Institute n.d.).

Interview Findings: Elderly Women in Chester County and Fixed Incomes

Elderly women receive less monthly Social Security than men but are more likely to rely on it compared to their male counterparts. This probably has to do with the fact that elderly women are less likely than elderly men to have a source of retirement income other than Social Security. Women are also living an average of 2.4 years longer than men (Social Security Administration 2019).

Interviews with elderly women in Chester County confirmed the difficulties of living on a fixed income like Social Security. Some of the main challenges these women face are a limited budget, transportation, and food shopping. They discussed the difficulties of buying necessities with limited income and the difficulties of physically getting groceries. One woman relies on a friend to take her to the grocery store because she finds it too difficult to get groceries if she has to ride the bus. Another woman relies on a family member to help her get groceries. For all of the interviewees, the local senior center has been a valuable resource that provides lunches and dinners.

Focus Group Findings: Transportation and Housing in Chester County

A focus group was held with nonprofit and government service providers in Chester County. Transportation and housing were the primary issues discussed, and participants confirmed that these were two of the primary issues that they face when providing services to their clients. Participants pointed out that there is not enough public transportation in Chester County. One participant noted, "Transportation has been one of the top three needs for as long as I've been with [organization], so I feel like we talked about it, and we talked about it….but there's not really been a change it." Participants said that most of their clients cannot afford to buy their own automobiles and maintain them. Some of these providers have developed creative solutions such as vouchers for rideshare programs, but it has not solved the core problem of transportation. Another participant said, "I think it just hinges on the bigger issue and the elephant in the room - we need a livable minimum wage. People need to be able to earn enough to afford housing and afford transportation. It's critical." Participants also discussed the difficulty of finding affordable housing for their clients and difficulties with landlords. "I think where we all probably struggle is driving around this county…seeing all these nice luxury town homes being built and knowing that our families cannot afford that, and…we see it all over and that just kind of sends this message that you can work here, but you can't live here." Some of the housing is unsafe, and it is often most difficult to find a one-bedroom apartment or a house for larger families. Participants pointed out that their clients still face racism and discrimination when trying to rent. In addition, developers who are willing to build affordable housing often face Not-In-My-Backyard (NIMBY) syndrome, and neighbors or municipalities mobilize to stop the developments.

Social Safety Net & the Cliff Effect

Public assistance programs like the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Medicaid are particularly important for women given their more economically vulnerable position due to the gender wage gap and the greater likelihood of facing poverty.

With just a small increase in income, however, women can lose their benefits or see an unexpected decrease in benefits. This is called the cliff effect, and it can create a disincentive to work since small increase in incomes can lead to a larger loss of benefits (National Conference for State Legislatures 2019). This is also bad for business because they have to continually train new workers in entry-level positions (National Conference for State Legislatures 2019). This issue becomes even more problematic when different levels of government have different eligibility requirements. States and counties may have laws that are different than the federal government (National Conference for State Legislatures 2019). A study done by the Indiana Institute for Working Families in 2011 showed that a wage increase from $15 to $15.50 an hour would result in a 25% loss in annual net resources (National Conference for State Legislatures 2019).

Conclusion

Overall, women's economic well-being has improved in many areas of measurement including health insurance coverage, education, and women-owned businesses. Despite these advancements, however, women are still more likely to live in poverty than men – particularly women of color. This overall progress also hides the disadvantages that women face. For example, even though educational levels between men and women are much closer among younger people, women over 65 are less likely than their male counterparts to have a bachelor's degree (Hess et al. 2015). Although men and women over 65 are covered by Medicare, women have higher out-of-pocket expenses. Poverty rates are also higher for women (11.3%) over 65 than for men (7.4%) (Hess et al. 2015). Even in areas of improvement like health insurance and education, women of color have not experienced benefits at the same rate as non-Hispanic White women. This suggests that maintaining women's health insurance coverage and educational levels for all women is important for the future.

Recommendations

Support and maintain Social Security.

Cancel student loan debt in an equitable way.

Simplify the student loan repayment process.

Eliminate the gender wage gap.

Expand and increase Pell grants.

Provide mentoring and leadership programs to women.

Support the Equality Act, which would provide anti-discrimination protections for trans people.

HEALTH & WELL-BEING

Introduction

There are many facets to women's health and well-being that range from physical to mental health. Women's health can be an important part of their financial well-being and vice versa. Access to quality health care regardless of socioeconomic status is a key component to maintaining women's health. Historically, women's health has been under studied. Unfortunately, there are many health disparities in the United States for women in general and among racial and ethnic minorities, immigrant women, and the LGBTQ+ population (Centers for Disease Control and Prevention 2013). Race, ethnicity, sexual orientation, income, education, employment status, and sex are all related to health outcomes (Centers for Disease Control and Prevention 2013). It is important to study these disparities and to reduce them because some populations are facing disproportionate burdens of illness, premature death, and disability (Centers for Disease Control and Prevention 2013).

Women of color, particularly Black women, have poorer health outcomes and face higher mortality rates than White women. This is due to discrimination, violence, socioeconomic disadvantages, environmental disadvantages (Bui et al. 2019), and medical racism (Hoberman 2012). Black women are more likely to live in neighborhoods that they find unsafe and areas with more pollution. They are more likely to experience racism and violence and are less likely to have access to transportation, healthy foods, education, and job opportunities (Healthy People 2030).

Immigrant women are twice as likely as non-immigrant women to have no health insurance (NAPAWF 2020). Immigrants with permanent resident status must wait five years before they are eligible for Medicaid or the Children's Health Insurance Program (NAPAWF 2020). Undocumented immigrants are not eligible for Medicaid or Affordable Care Act health insurance exchanges (NAPAWF 2020). Further, immigrant women in detention centers have limited access to health care, and half of the deaths in detention centers are due to poor medical care. Pregnant women may be forced to give birth in shackles, and the number of miscarriages in detention centers in 2017 and 2018 doubled (NAPAWF 2020).

The LGBTQ+ population also faces significant challenges in receiving quality health care. There are several health disparities for lesbian, bisexual, and transgender women. Lesbians are less likely than straight women to receive preventive services for cancer (Office on Women's Health n.d.). Lesbian and bisexual women are more likely than straight women to be overweight or obese (Office on Women's Health n.d.). Transgender women are more likely to have no health insurance and to contract HIV or sexually transmitted infections, and they are more likely to experience violence, mental health issues, and suicide (Office on Women's Health n.d.). Bisexual women have a higher risk of facing rape, physical violence, and stalking than lesbian and heterosexual women (Office on Women's Health n.d.). Mental health in the LGBTQ+ population is of particular concern, especially for bisexual women who have higher rates of suicide and depression than lesbians or heterosexual women (American Psychiatric Association

2020). In addition, many states have recently proposed laws that would limit the rights of transgender people to access gender-affirming health care even though two-thirds of Americans are opposed to these type of laws (Loffman 2021). About 21 state legislatures have introduced laws that would prevent trans youth for accessing gender-affirming medical care (Loffman 2021). Arkansas was the first state to enact this kind of law, and it is estimated that about 1,500 children in Arkansas will lose medical care because of it (Loffman 2021).

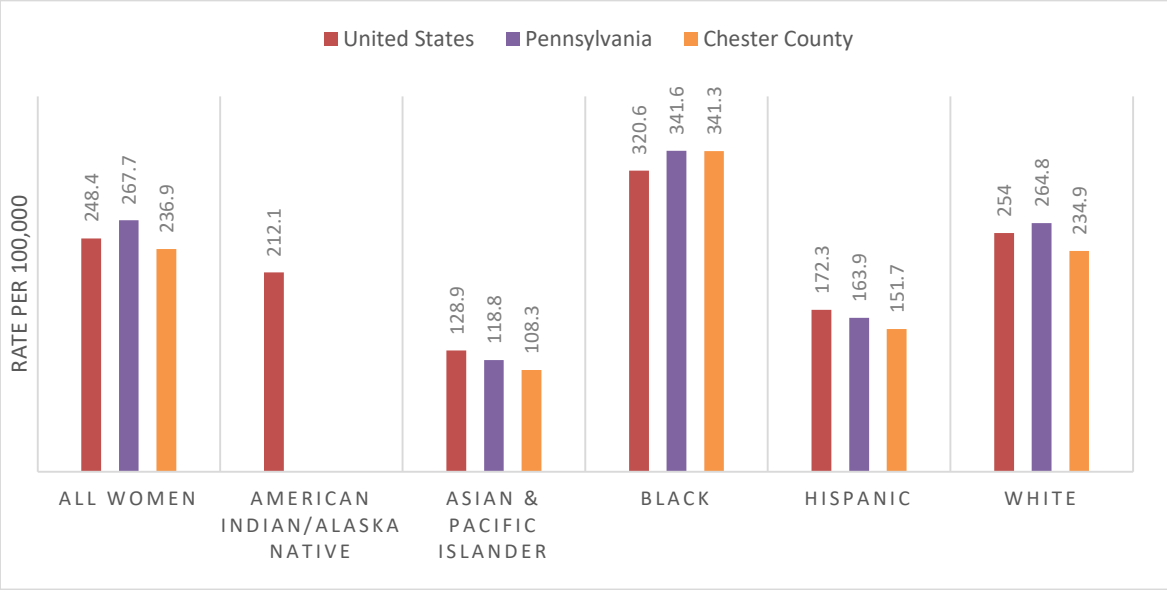
Chronic Disease

Heart Disease

In the United States, heart disease is the leading cause of death for both men and women, and it causes about one in four deaths (Centers for Disease Control and Prevention, n.d.). Heart disease is typically associated with men, and only 56% of women even realize that heart disease is their leading cause of death (Centers for Disease Control and Prevention, n.d.). Women are more likely than men to be affected by chest pain, cardiac syndrome, and broken heart syndrome (stress-induced cardiomyopathy where stress hormones stun the heart and enlarge portions of the heart, typically without leaving permanent damage) (Office of Women's Health, n.d.). In 2017, heart disease killed 299,578 women, which is about one in every five female deaths (Centers for Disease Control and Prevention, n.d.). Heart disease is the leading cause of death for both Black and White women, is tied for the leading cause of death among American Indian and Alaska Native women, and is the second cause of death for Hispanic and Asian or Pacific Islander women (Centers for Disease Control and Prevention, n.d.).

From 2017 to 2019, the death rate for all heart disease among women was 248.4 in the United States, 267.7 in Pennsylvania, and 236.9 in Chester County (Figure 7.1). Heart disease death rates were highest for Black women at all the national, state, and county level. Compared to other racial and ethnic groups, Black women had the highest heart disease death rates at 320.6 in the United States, 341.6 in Pennsylvania, and 341.3 In Chester County. White women had the second highest death rates at 254.0 in the United States, 264.8 in Pennsylvania, and 234.9 in Chester County. Asian/Pacific Islander women had the lowest death rates at 128.9 in the United States, 118.8 in Pennsylvania, and 108.3 in Chester County.

Figure 7.1. All Heart Disease Death Rates for Women by Race/Ethnicity in the United States, Pennsylvania, & Chester County, 2017-2019



Source: Centers for Disease Control and Prevention, Interactive Atlas of Heart Disease and Stroke, 2017-2019
Notes: Death rate is per 100,000 for those 35 years and older. Data not available for all demographic groups. The CDC does not present rates and counts if fewer than 16 cases (or deaths) were reported in a specific category, such as cancer type, race, and ethnicity.

Among all racial and ethnic groups of women, heart disease death rates were highest in Pennsylvania, with the United States second, and Chester County third. In almost all racial and ethnic groups, death rates were lower in Chester County than in Pennsylvania or the United States. The one exception was among Black women where death rates were slightly higher in Pennsylvania and Chester County than the United States (Figure 7.1).

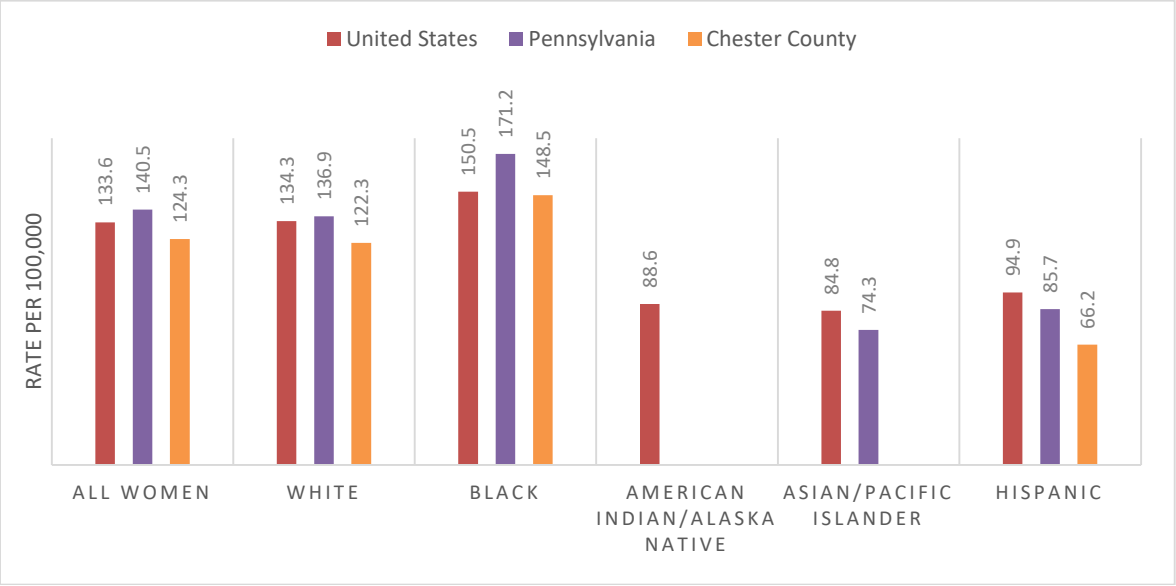
Cancer

The second leading cause of death in the United States is cancer (United States Cancer Statistics, n.d.). Approximately every one in four deaths is due to cancer (United States Cancer Statistics, n.d.). In 2018, there were 1,708,921 new cases of cancer in the United States, and 599,265 people died of cancer. Of those new cases, 845,972 were among women, and 283,718 women died of cancer.

Figure 7.2 shows cancer death rates among women by race and ethnicity in the United States, Pennsylvania, and Chester County from 2014 to 2018. Overall, cancer death rates among women were roughly the same at the national, state, and county level, with the rates being slightly lower in Chester County. Black women had the highest cancer death rates among all racial and ethnic groups of women with a rate of 150.5 in the United States, 171.2 in Pennsylvania, and 148.5 in Chester County. White women had the second highest cancer death rates at 134.3 in the United States, 136.9 in Pennsylvania, and 122.3 in Chester County. Hispanic women, Asian/Pacific Islander women, and American Indian/Alaska Native women had

lower cancer death rates as compared to Black and White women. Hispanic women's death rate was 94.9 in the United States, 85.7 in Pennsylvania, and 66.2 in Chester County. American Indian and Alaska Native women had a death rate of 88.6, but there was not enough data for Pennsylvania or Chester County. Asian women had the lowest death rates at 84.8 in the United States and 74.3 in Pennsylvania.

Figure 7.2. Cancer Death Rates for Women by Race & Ethnicity in the United States, Pennsylvania, & Chester County, 2014-2018



Source: Centers for Disease Control and Prevention, United States Cancer Statistics Data Visualization Tool and EDDIE (Enterprise Data Dissemination Informatics) Interactive Tool, Pennsylvania Department of Health.
Notes: Death rate is per 100,000 for those 35 years and older. Data not available for all demographic groups. The CDC does not present rates and counts if fewer than 16 cases (or deaths) were reported in a specific category, such as cancer type, race, and ethnicity. Some of these data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

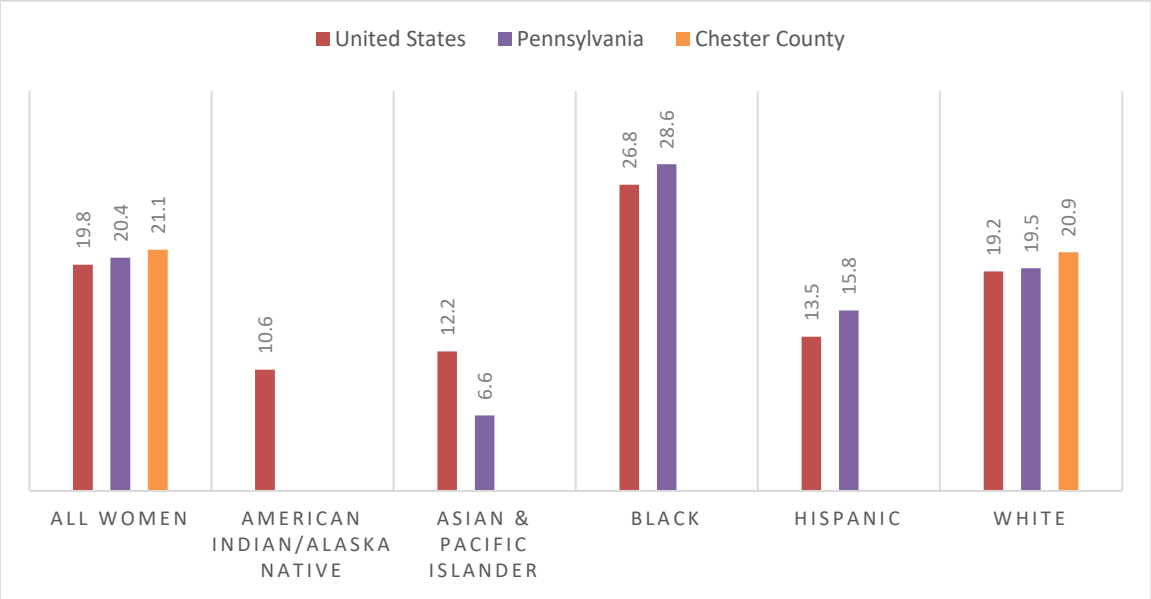
Generally speaking, cancer death rates were lower in Chester County for all racial and ethnic groups, but particularly for Hispanic women (Figure 7.2). Black women had the highest death rates in Pennsylvania as compared to the United States and Chester County, and the death rate in Chester County (148.5) was nearly the same as the United States (150.5).

In 2018, there were 254,744 new cases of female breast cancer and 42,465 deaths (United States Cancer Statistics, n.d.). Breast cancer is the second most common type of cancer death among women behind lung and bronchus, but it has the highest number of new cases (United States Cancer Statistics, n.d.). In Pennsylvania, there were 1,963 deaths due to breast cancer in 2018, and Pennsylvania ranked 31 out of 50 states and the District of Columbia for deaths (United States Cancer Statistics, n.d.).

Figure 7.3 shows the death rate for female breast cancer by race and ethnicity in the United Sates, Pennsylvania, and Chester County. In 2018, the death rates for female breast cancer among women were 19.8 in the United States, 20.4 in Pennsylvania, and 21.1 in Chester

County. Breast cancer rates were highest among Black women at 26.8 in the United States and 28.6 in Pennsylvania. These rates were much higher than the national and state averages and every other racial and ethnic group. White women had the second highest breast cancer death rates at 19.2 in the United States, 19.5 in Pennsylvania, and 20.9 in Chester County. Hispanic women third highest death rates at 13.5 in the United States and 15.8 in Pennsylvania. Death rates were lowest among American Indian/Alaska Native women and Asian/Pacific Islander women at 10.6 and 12.2 in the United States respectively.

Figure 7.3. Female Breast Cancer Death Rates by Race/Ethnicity in the United States, Pennsylvania, & Chester County, 2018



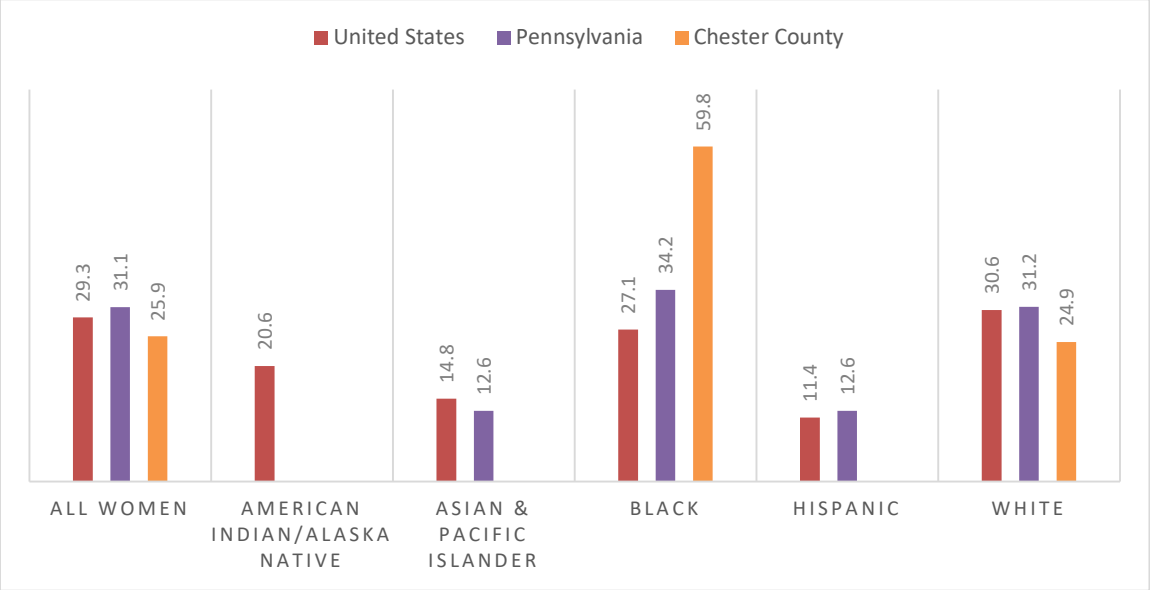
Source: Compiled from the author from the Centers for Disease Control and Prevention, United States Cancer Statistics Data Visualization Tool and EDDIE (Enterprise Data Dissemination Informatics) Interactive Tool, Pennsylvania Department of Health.
Notes: Death rate is per 100,000 for those 35 years and older. Data not available for all demographic groups. The CDC does not present rates and counts if fewer than 16 cases (or deaths) were reported in a specific category, such as cancer type, race, and ethnicity. Some of these data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Overall, female breast cancer death rates have decreased slightly from 2013 (Turner 2016). In 2013, the death rate from female breast cancer was 21.3 in the United States and 22.5 in Pennsylvania (Turner 2016), compared to 19.9 and 20.4 respectively in 2018. However, the death rate has increased in Chester County from 19.7 in 2013 (Turner 2016) to 21.1 in 2018 (Figure 7.3).

Lung and bronchus cancer have the highest death rate among women (United States Cancer Statistics, n.d.). In 2018, there were 107,511 new cases of lung and bronchus cancer among women and 65,847 deaths in the United States. In Pennsylvania, there were 3,124 deaths among women due to lung and bronchus cancer in 2018. Pennsylvania ranked 29th in lung and bronchus cancer deaths among women.

Figure 7.4 illustrates the cancer death rates for lung and bronchus cancer among women by racial and ethnic group in the United States, Pennsylvania, and Chester County. In 2018, the death rate for lung and bronchus cancer was 29.3 in the United States, 31.1 in Pennsylvania, and 25.9 in Chester County. Black women had the highest death rates among all racial and ethnic groups at 27.1 in the United States, 34.2 in Pennsylvania, and 59.8 in Chester County. In 2018, the rate of death for Black women in Chester County was nearly twice as high as the national rate for Black women and almost twice as high as the state rate for Black women. White women had the second highest death rates due to lung and bronchus cancer at 30.6 in the United States, 31.2 in Pennsylvania, and 24.9 in Chester County. Rates among Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander women were nearly half the national rates. American Indian/Alaska Native women had a death rate of 20.6 in the United States, while Asian/Pacific Islander women had a death rate of 14.8 in the United States and 12.6 in Pennsylvania. Hispanic women had the lowest national rate at 11.4 and tied for the lowest rate in Pennsylvania at 12.6.

Figure 7.4. Lung & Bronchus Cancer Death Rates by Sex & Race/Ethnicity in the United States, Pennsylvania, & Chester County, 2018



Source: Centers for Disease Control and Prevention, United States Cancer Statistics Data Visualization Tool and EDDIE (Enterprise Data Dissemination Informatics) Interactive Tool, Pennsylvania Department of Health.
Notes: Death rate is per 100,000 for those 35 years and older. Data not available for all demographic groups. Some of these data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

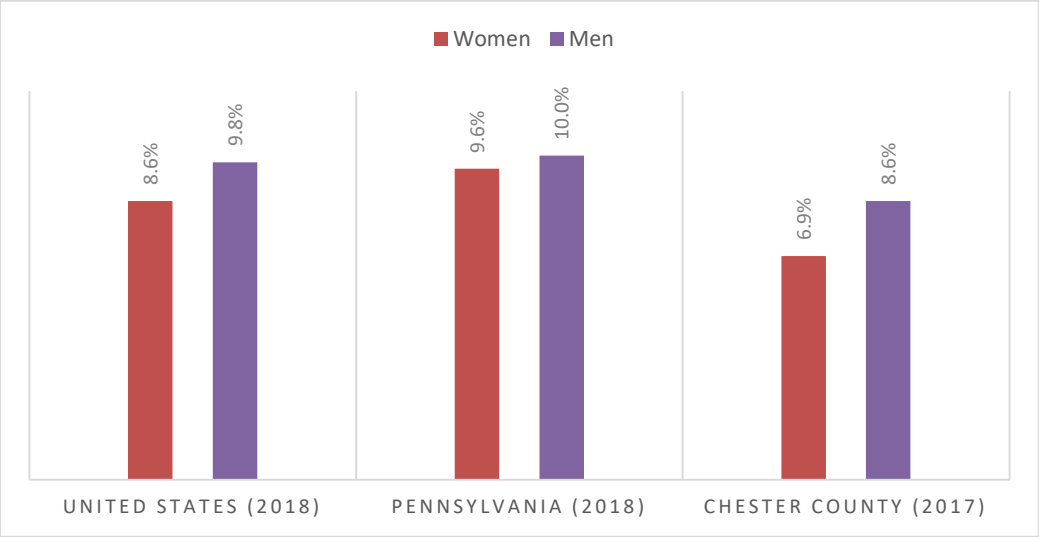
Diabetes

Roughly 15 million women in the United States have diabetes (Office of Women's Health n.d). Diabetes increases the likelihood of heart disease, stroke, kidney disease, and blindness (Office of Women's Health n.d). Overall, men and women develop diabetes at similar rates (Office of

Women's Health n.d.). Women have a higher chance of going blind from diabetes, a higher risk of developing heart disease, and a higher risk of depression (Office of Women's Health n.d.).

In 2018, 9.8% of men were diagnosed with diabetes compared to 8.6% of women (Figure 7.5). In Pennsylvania, diabetes was slightly higher with 9.6% of women being diagnosed with diabetes compared to 10% of men. Cases of diabetes were somewhat lower in Chester County. In 2017, 6.9% of women were diagnosed with diabetes compared to 8.6% of men.

Figure 7.5. Diagnosed Diabetes for Women in the United States, Pennsylvania, & Chester County, 2017 & 2018



Source: Centers for Disease Control and Prevention, United States Diabetes Interactive Surveillance System
Notes: Diagnosed diabetes means that a person has been told they have diabetes by a health care provider. Prevalence rates are age adjusted. Data for Pennsylvania and the United States is from 2018 and includes adults 18 years and older. Data for Chester County is 2017 and includes adults 20 years and older. County level estimates came from data in the CDC's Behavioral Risk Factor Surveillance System (BRFSS) and from the US Census Bureau's Population Estimates Program.

Diabetes diagnosis varies according to sex, race, and ethnicity (Figure 7.6). American Indian/Alaska Native men and women were the most likely to have been diagnosed with diabetes from 2017 to 2018, with 14.5% of men having been diagnosed and 14.8% of women (Figure 7.6). Hispanic men were the next most likely to have been diagnosed with diabetes at 13.7%. Twelve percent of Black women were diagnosed with diabetes, compared to 11.4% of Black men and 11.6% of Hispanic women. Ten percent of Asian/Pacific Islander men were next, compared to 8.5% of women. White men and women had the lowest prevalence at 8.6% of men and 6.6% of women.

Figure 7.6. Age-Adjusted Estimated Prevalence of Diagnosed Diabetes by Sex & Race/Ethnicity, United States, 2017-2018

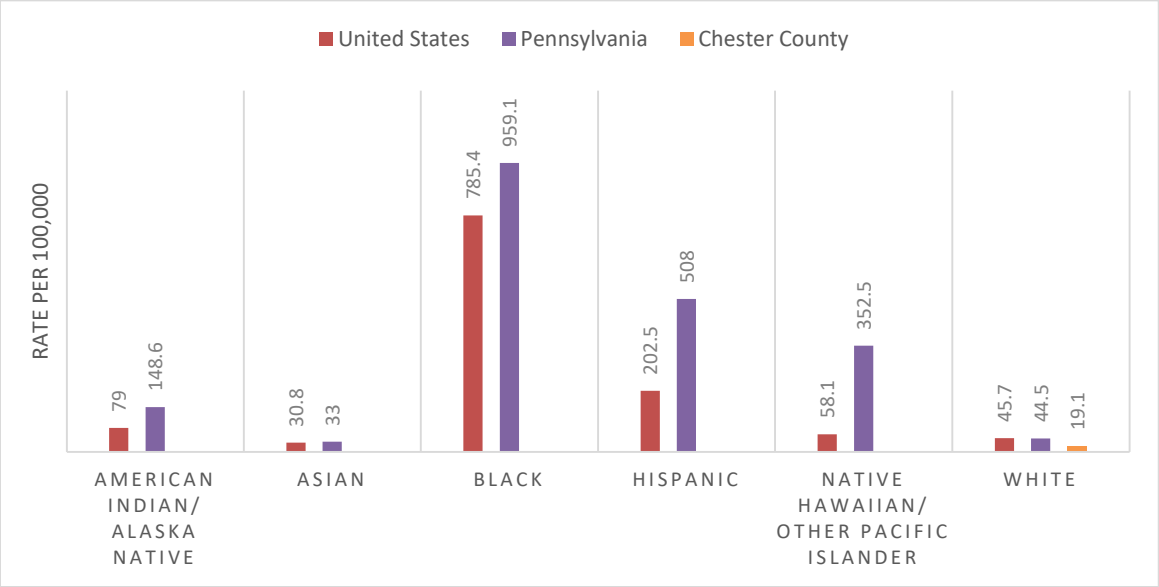
Source: National Diabetes Statistics Report: 2020, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
Note: Adults 18 years or older. Original data from National Health Interview Survey and Indian Health Service National Data Warehouse.

HIV/AIDS

It is estimated that about 1.2 million people in the United States had HIV in 2018 (Centers for Disease Control and Prevention n.d.). In Pennsylvania, there were 1,023 new cases of HIV in 2018 (Centers for Disease Control and Prevention n.d.). HIV prevalence rates are higher in men than women, but HIV rates vary a great deal among women by race and ethnicity. Women of color, particularly Black and Hispanic women, are disproportionately affected by HIV/AIDS. HIV rates are also higher among transgender women (3.4%), especially transgender women of color (Herman et al. 2016). Nineteen percent of transgender women are living with HIV, with higher rates among American Indian (4.6%) and Latina (4.4%) women (Herman et al. 2016).

In 2019, Black women had the highest rates of HIV at 785.4 in the United States and 959.1 in Pennsylvania (Figure 7.7). The second highest rates were among Hispanic women at 202.5 in the United States and 508 in Pennsylvania. For both Black and Hispanic women, the prevalence was higher in Pennsylvania than it was in the United States. The third highest rates of HIV were among Native Hawaiian/Pacific Islander women at 58.1 in the United States and 352.5 in Pennsylvania. American Indian/Alaska Native women had an HIV rate of 79 in the United States and 148.6 in Pennsylvania. Asian and White women had the lowest rates, with White women having a rate of 45.7 in the United States, 44.5 in Pennsylvania, and 19.1 in Chester County. Asian women's rates were 30.8 in the United States and 33 in Pennsylvania.

Figure 7.7. HIV Prevalence in Women by Race/Ethnicity, United States, Pennsylvania, and Chester County, 2019



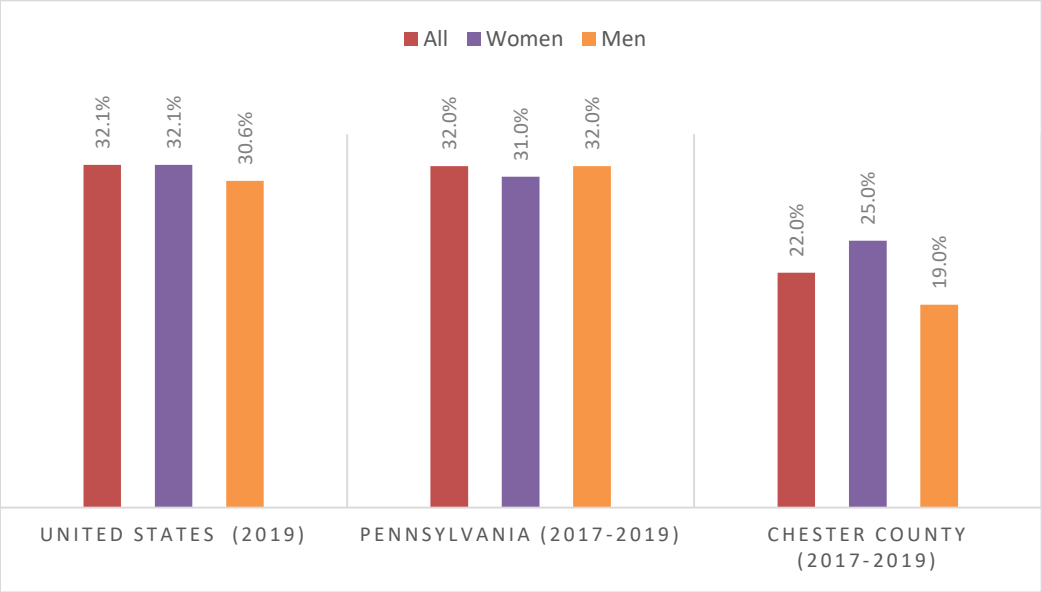
Source: Centers for Disease Control and Prevention, NCHHSTP Atlas Plus Interactive Tool
Notes: Numbers include all age groups and all transmission categories. Rate is per 100,000. Data for some demographic groups suppressed.

Obesity and Healthy Weight

From 2017 to 2018, the prevalence of obesity in the United States was 42.4% (Centers for Disease Control and Prevention n.d.). Obesity has increased from 30.5% in 1999-2000 to 42.4% in 2017-2018, and severe obesity has increased from 4.7% to 9.2% (Center for Disease Control and Prevention n.d.). Obesity is more prevalent in the Midwest and South than it is in the Northeast and the West (Centers for Disease Control and Prevention n.d.)

In 2019, 32.1% of all people were considered obese in the United States, 32% in Pennsylvania, and 22% in Chester County (Figure 7.8). In the United States, obesity levels were about the same among men and women at 30.6% and 32.1% respectively. From 2017 to 2019, 31% of women and 32% of men reported obesity in Pennsylvania. Obesity levels were lower in Chester County, with 25% of women and 19% of men reporting obesity.

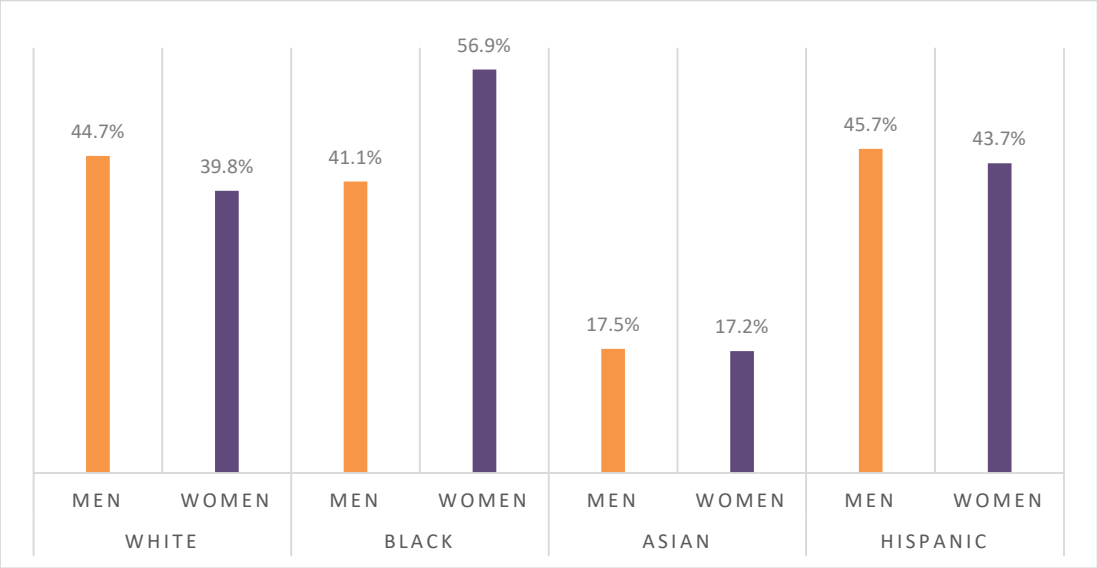
Figure 7.8. Percent of Women & Men with Obesity Aged 18 Years & Older, United States, Pennsylvania, & Chester County, 2017-2019 & 2019



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity, Data, Trends, and Maps, 2019 and EDDIE (Enterprise Data Dissemination Informatics) Interactive Tool, Pennsylvania Department of Health.
Notes: Obese is defined as body mass index (BMI) greater than or equal to 30.0; BMI was calculated from self-reported weight and height. Data for the United States is from 2019. Data for Pennsylvania and Chester County is 2017-2019. EDDIE data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Obesity varies by race and ethnicity (Figure 7.9). Black and Hispanic women were most likely to report obesity. In the United States from 2017 to 2019, 56.9% of Black women, and 43.7% of Hispanic women reported obesity. Next were White women at 39.8%. Obesity levels were considerably lower among Asian women at 17.2%. In most racial and ethnic groups, men and women had roughly the same levels of obesity. The exception was among Black women at 56.9% compared to 41.1% for Black men.

Figure 7.9. Prevalence of Obesity Among Adults Aged 20 and Over by Sex and Race/Ethnicity, United States, 2017-2018



Source: National Center for Health Statistics Data Brief "Prevalence of Obesity and Sever Obesity Among Adults: United States, 2017-2018," U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
Note: Percentages are age-adjusted.

Sexual Health

According to the Centers for Disease Control and Prevention (CDC), sexually transmitted diseases (STDs) and sexually transmitted infections (STIs) are on the rise in the U.S. STDs reached an all-time high for the sixth year in a row (Centers for Disease Control and Prevention n.d.). Since 2015, chlamydia is up 19%, gonorrhea is up 56%, and syphilis is up 74% (Centers for Disease Control and Prevention n.d.). In 2018, about 20% of the population had an STI. There were 26 million new STIs in 2018, and roughly half of those cases were among young adults between 18 and 24 years old.

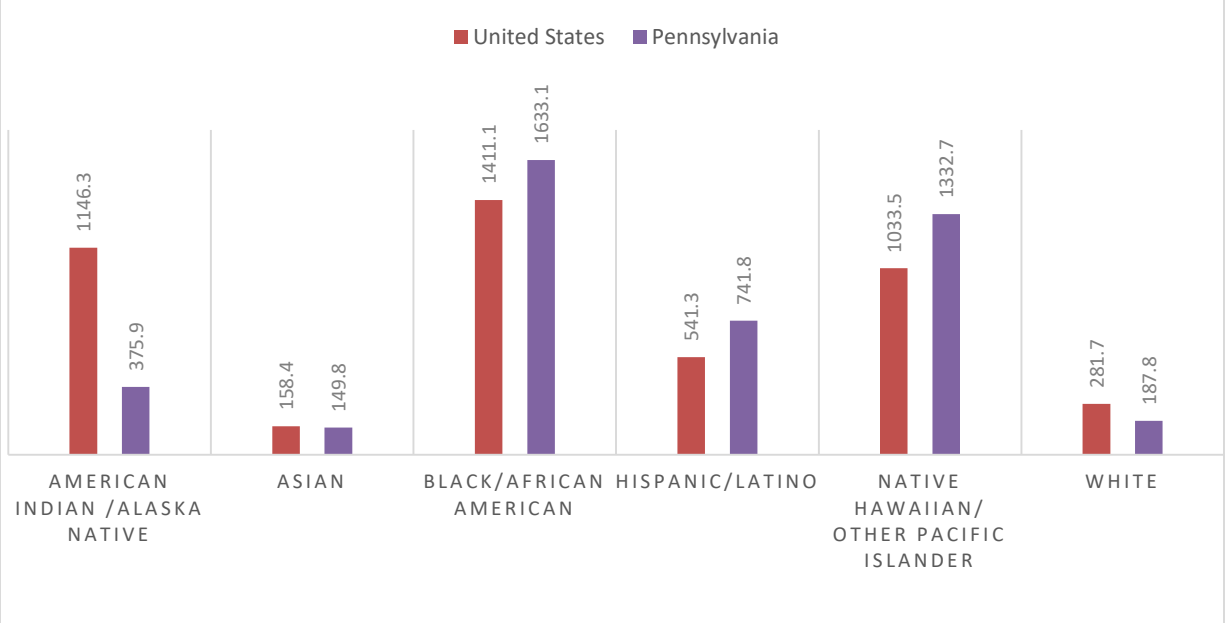
The most common STD in women is the human papillomavirus (HPV), which can cause cervical cancer. About 80% of women will contract at least one form of HPV at some point in their life (Centers for Disease Control and Prevention n.d.). Even though HPV is also common in men, most of them will not have serious health problems as a result (Centers for Disease Control and Prevention 2011).

STDs are more common in some racial and ethnic groups than others due to poverty, lower socioeconomic status, and lower educational levels (Centers for Disease Control and Prevention n.d.). It can be difficult for those in poverty to access quality sexual health services. Because of discrimination, racial and ethnic minorities may not trust the health care system to get diagnosed or treated.

Chlamydia

In 2018, rates of chlamydia were highest among Black/African American women at 1411.1 in the United States and 1633.1 in Pennsylvania (Figure 7.10). In the United States, American Indian/Alaska Native women and Native Hawaiian/Other Pacific Islander women had the next highest rates at 1146.3 and 1035.5 respectively. Hispanic women had a rate of 541.3 in the United States and 741.8 in Pennsylvania. White and Asian women had the lowest rates at 281.7 and 158.4 in the United States respectively. Rates were similar in Pennsylvania.

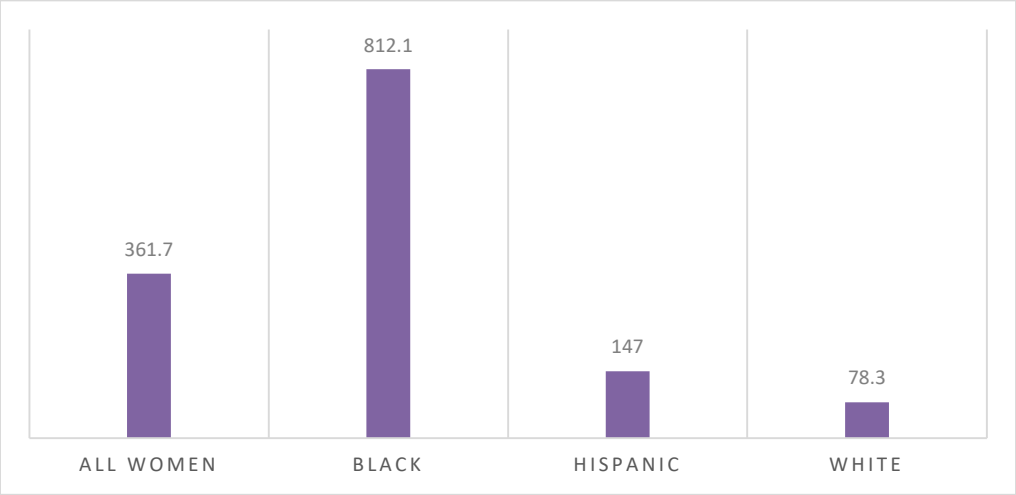
Figure 7.10. Rates of Chlamydia in Women by Race/Ethnicity in the United States & Pennsylvania, 2018



Source: Compiled by author from NCHHSTP AtlasPlus Interactive Tool, Centers for Disease Control and Prevention
Notes: numbers include all age groups and all transmission categories. Rate is per 100,000.

In Chester County, rates of chlamydia demonstrated similar patterns to national and state levels (Figure 7.11). Black women had a crude rate of chlamydia at 812.1. Hispanic women and White women had rates of 147 and 78.3 respectively.

Figure 7.11. Crude/Age-Specific Rates of Chlamydia in Women by Race/Ethnicity in Chester County, 2019



Source: Compiled from EDDIE (Enterprise Data Dissemination Informatics) Interactive Tool, Pennsylvania Department of Health.
Notes: Rate is per 100,000. These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Mental Health

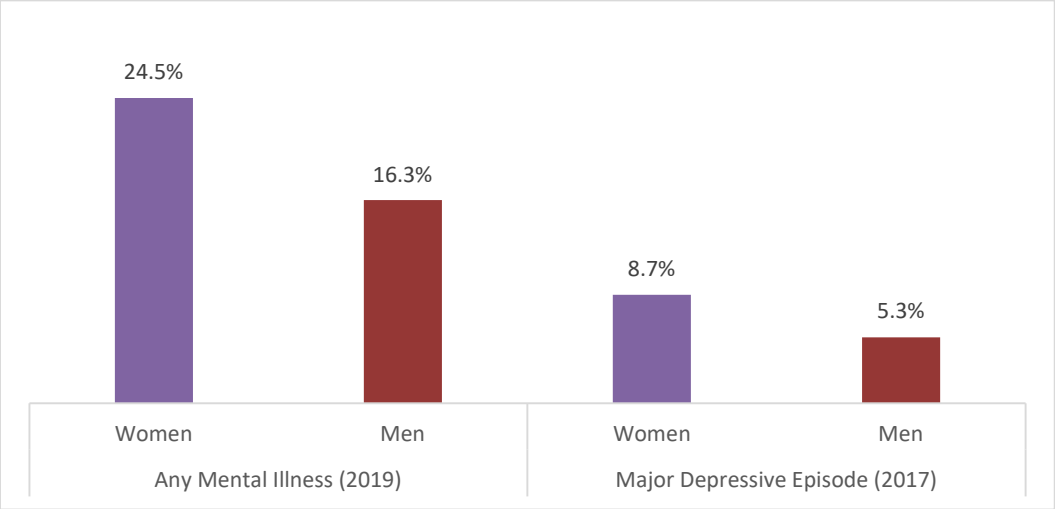
Approximately one in five adults has a mental health condition in the U.S. Overall, the rate of any mental illness has remained roughly the same from 18.19% in 2012 to 18.57% in 2017 (Reinert et al. 2020). Mental illness can affect women and men differently. Women are more prone to depression and anxiety than men. Due to hormonal changes, they may also experience perinatal depression, premenstrual dysphoric disorder, and perimenopause related depression (National Institute of Mental Health, n.d). Women from historically marginalized racial and ethnic groups are less likely to be able to access mental health care services (Office of Minority Health n.d.)

Bisexual people have higher levels of depression, suicide, and mood/anxiety disorders compared to heterosexual people. Bisexual women have a higher risk of suicide and a higher rate of depression and mood/anxiety disorders than lesbian or heterosexual women and gay, bisexual, or heterosexual men (American Psychiatric Association n.d.).

Depression

The most common mental health condition for women is depression (American Psychiatric Association 2017). In the United States, women were more likely to report any mental illness and a major depressive episode in the past five years (Figure 7.12). In 2019, 24.5% of women and 16.35 of men reported having any mental illness. In 2017, 8.7% of women and 5.4% of men reporting a major depressive episode in the past year in the United States.

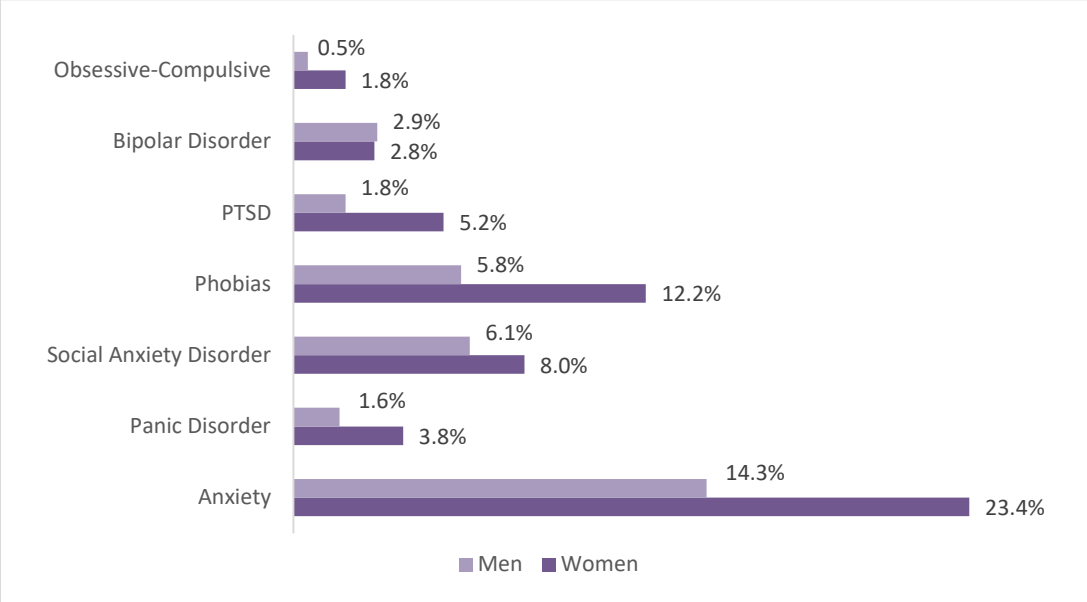
Figure 7.12. Percent Reporting Any Mental Illness or Major Depressive Episode in the Past Year in Women & Men, United States, 2017 & 2019



Source: National Survey on Drug Use and Health 2019, SAMSHA and National Institute of Mental Health
Notes: Numers include all age groups 18 years or older.

As Figure 7.13 shows, American women were more likely to experience anxiety, panic disorder, social anxiety disorder, specific phobias, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder. Women and men experience bipolar disorder and schizophrenia at about the same rates. Gender differences were most noticeable in regard to anxiety disorder, with 23.4% of women reporting anxiety compared to 14.3% of men. The percent of women who experienced some sort of phobia (12.1%) was twice the percent of men (5.8%) who experienced a phobia. In the United States, the percent of women who reported having PTSD (5.2%) was more than double that of men (1.8%) (Figure 7.12). PTSD may develop after a traumatic event or stressor. This event is frequently violent or dangerous but does not have to be. It could be triggered by a non-violent event like the sudden death of a loved one. PTSD is typically associated with military veterans but is actually more widespread in the population. Women are disproportionately exposed to specific types of trauma such as intimate partner violence and sexual violence that can lead to PTSD.

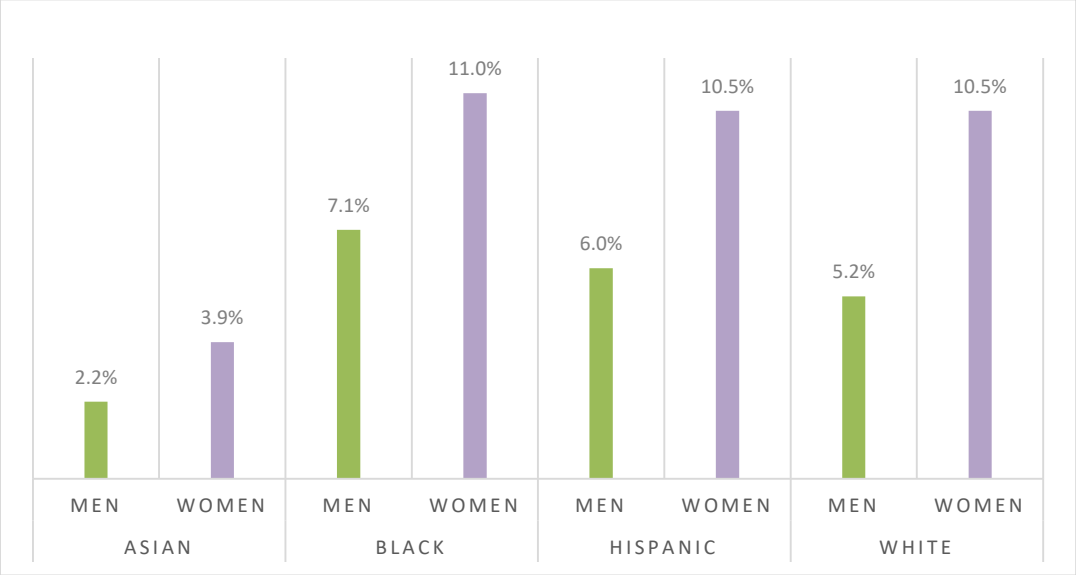
Figure 7.13. Rates of Mental Illness for Women and Men, United States, 2001-2003



Source: National Institute of Mental Health Statistics
Notes: Data from the National Institute of Mental Health was originally sourced from the National Comorbidity Survey Replication NCS-R (2001-2003).

Women were more likely than men to report depression from 2013 to 2016 (Figure 7.14.). In the United States, Black, Hispanic, and White women had similar levels of depression at 11%, 10.5%, and 10.5% respectively (Figure 7.14). Only 3.9% of Asian women reported depression. In all racial and ethnic groups, women's levels of depression were higher than those of men.

Figure 7.14. Percentage of Men and Women with Depression by Sex and Race, United States, 2013-2016



Source: U.S. Department of Health and Human Services, National Center for Health Statistics Data Brief, "Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013-2016"

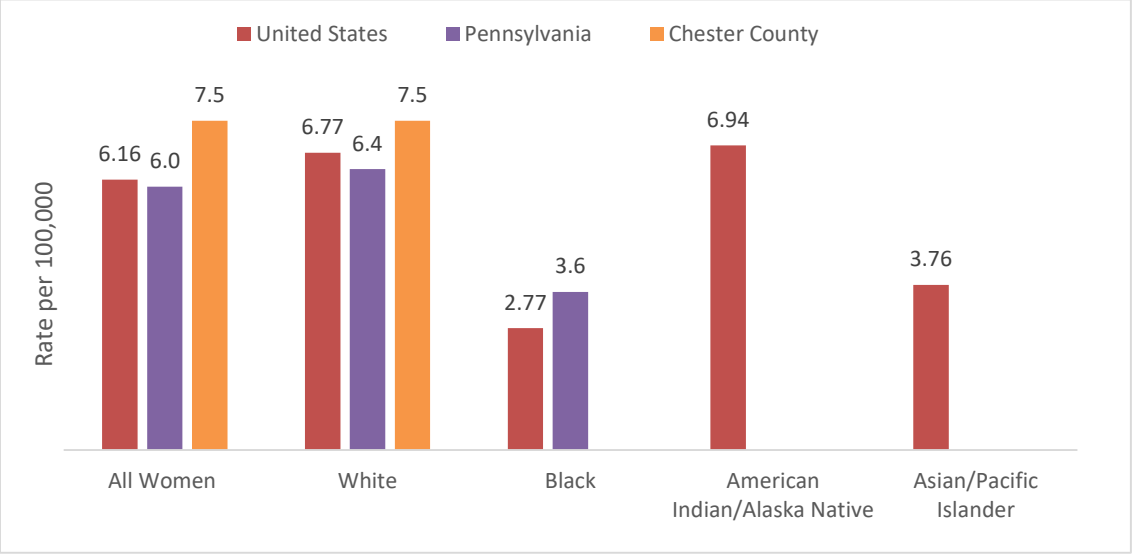
Only about 2% of the population in the United States is American Indian/Alaska Native, but they have disproportionately higher rates of depression and major depressive episodes (American Psychiatric Association n.d.)

Suicide

In 2019, suicide was the tenth leading cause of death in the United States (National Institute of Mental Health n.d.). It was the second leading cause of death for people between the ages of 10 and 34 (National Institute of Mental Health n.d.). Suicide rates are higher among men than women (National Institute of Mental Health n.d.) and higher among bisexual women than lesbians or heterosexual women (American Psychiatric Association n.d.).

Figure 7.15 shows rates of suicide for women by race and ethnicity. In 2019, suicide rates were the lowest among Black women at 2.77 in the United States and 3.6 in Pennsylvania (Figure 7.15). Rates were highest among American Indian/Alaska Native women at 6.94 in the United States. Rates were second highest among White women at 6.77 in the United States and 6.4 in Pennsylvania. Suicide rates for all women were higher in Chester County at 7.5, compared to 6.1 in the United States and 6.0 in Pennsylvania.

Figure 7.15. Suicide Injury Death Rates for Women by Race/Ethnicity, United States, 2019



Source: WISQARS (Web-based Injury Statistics Query and Reporting System) Interactive Database, Centers for Disease Control and Prevention and EDDIE (Enterprise Data Dissemination Informatics) Interactive Tool, Pennsylvania Department of Health
Notes: Rate is per 100,000, age-adjusted, and includes all age groups. Data is not available for all demographic groups.

In 2019, the second leading cause of death for American Indian/Alaska Natives between the ages of 10 and 34 was suicide (Office of Minority Health n.d.). American Indian/Alaska Native

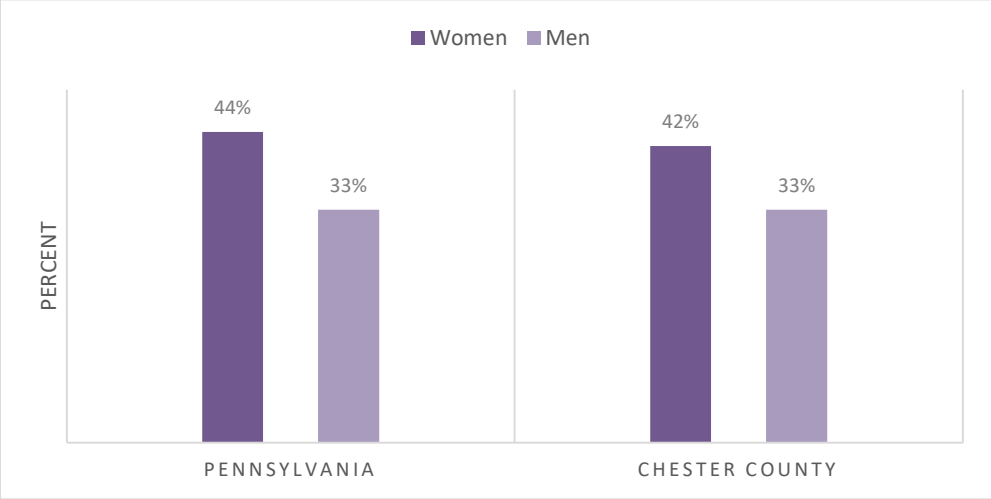
adolescent females had a suicide death rate that was five times as that of white adolescent girls (Office of Minority Health n.d.).

Effects of Poor Mental Health

Mental illness can affect a person's ability to complete day-to-day tasks. The effects vary depending on the type of mental illness, but can range from problems sleeping, to interfering with relationships and job/school performance, to disability (National Institute for Mental Health, n.d). Effects can also vary by person with the same illness because people experience mental illness differently (National Alliance on Mental Illness, n.d.). Unfortunately, mental health services can be difficult to access because of cost and a shortage of mental health care professionals (Nguyen 2018).

Figure 7.16 shows the differences in the percent of women and men who identified that their mental health was not good one or more days in the past month. From 2017 to 2019, 44% of women in Pennsylvania were more likely to experience one or more poor mental health days compared to 33% of men. In Chester County, 42% of women experienced one or more poor mental health days compared to 33% of men.

Figure 7.16. Mental Health Not Good One or More Days in the Past Month, Pennsylvania, and Chester County, 2017-2019



Source: EDDIE (Enterprise Data Dissemination Informatics) Interactive Tool, Pennsylvania Department of Health
Notes: These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Mental Illness and Insurance

Before the Affordable Care Act, millions of people in the United States did not have access to mental health services because of preexisting conditions. Although states had the authority to require individual market plans to cover mental health services, only five states required insurers to offer mental health coverage (Palanker et al. 2018). Coverage was also frequently

limited to serious medical illness or biologically based mental illness. Ten states had broad mandates that required insurers to cover mental health (Palanker et al. 2018). The Affordable Care Act does not allow insurance companies to deny coverage to individuals with preexisting conditions, which is a positive development for people seeking mental health services.

Health-Related Risk Behaviors and Preventive Services

Generally speaking, the causes of chronic diseases and mental illness are complicated and are usually a combination of genetics, environment, and behavior. Preventive care and behavioral changes can have a positive impact on overall health and well-being. Nationwide, Americans use preventive services at half of the recommended rate (U.S. Preventive Services, n.d.). Chronic disease can be prevented or treated with proper screening. Americans can be healthier if they exercise, eat healthy, avoid smoking, and have regular preventive screenings and immunizations.

As Table 7.1 shows, women in Chester County are engaging in healthy behaviors overall. Only 10% of women in Chester County smoke; only 15% binge drink, and only 3% fail to use seatbelts regularly (Table 7.1). Of women aged 40-64, 74% reported having a mammogram in the past two years. Of women aged 18 to 64, 41% received an HIV/AIDS test. According to the most current data, over half of Chester County women (52%) also engaged in healthy behaviors like physical activity for five or more days a week for 30 minutes or more a session. Thirty-four percent of women eat at least five servings of fruits and vegetables a day in Chester County.

Table 7.1. Behavioral Risk Factors for Women in Chester County

Type of Behavioral Risk	Percent
Tobacco Use (2017-2019)	
-Current Smoker (Smokes Every Day or Some Days)	10%
Physical Activity (2005-2007)	
-Engaged in moderate physical activity 5 or more days a week for 30 minutes or more a session	52%
Fruits & Vegetables (2005-2007)	
-Consume at least 5 servings of fruits/vegetables every day	34%
Alcohol Consumption (2017-2019)	
- Binge Drinkers (Females Having 4 or More Drinks on One Occasion)	15%
Women's Health (2002-2004)	
-Women Who Had a Mammogram & Clinical Breast Exam in the Past 2 Years, Ages 40-64	74%
HIV/AIDS (2017-2018)	
-Ever Tested for HIV (Except Blood Donation), Ages 18-64	41%
Injury (2017-2018)	
-Seldom or Never Uses Seatbelts When Riding in a Car	3%

Source: EDDIE (Enterprise Data Dissemination Informatics) Interactive Tool, Pennsylvania Department of Health
Notes: These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Opioid Use Disorder

Over the past twenty years, opioid use disorder has increased significantly in the United States and may be affecting women disproportionately. From 1999-2015, the rate of deaths from prescription opioid overdose increased 471% among women and 218% among men in the United States (Office on Women's Health 2017). Although men are more likely to die from prescription opioid overdose than women, women are twice as likely to be prescribed opioids compared to men (Serdarevic et al. 2017).

Women use opioids differently than men, and new evidence suggests that opioids affect women differently as well – although the causes are not well known. Women are more likely than men to experience chronic pain (Centers for Disease Control and Prevention 2017b). As a result, women are also more likely to be prescribed opioid and narcotic pain killers. Further, women are more likely to be prescribed higher doses, and they tend to use painkillers for longer periods of time than men. Some studies have shown that women become dependent on opioids more quickly and have more cravings than men (Office on Women's Health 2017). In addition, psychological and emotional distress may contribute to opioid misuse or overuse among women, but not men.

A variety of factors contribute to opioid use disorder for women, including biological and social factors, geography, demographic characteristics, and past experiences. Women's physiology may put them at greater risk for substance use disorders. Women develop lung damage more quickly than male smokers and cirrhosis more quickly than male heavy drinkers. In other studies, women have been more sensitive to cravings for cocaine and cigarettes than men. Potential reasons may have to do with women's higher proportion of body fat and lower proportion of water, but research on this aspect is lacking (Office on Women's Health 2017).

For women, psychological and emotional distress are risk factors for prescription opioid misuse. Physical and sexual abuse are correlated with substance abuse disorders for women, and studies have found that rates of childhood and adult sexual abuse are higher for women than men. This means that among all individuals with substance use disorders, a higher proportion of women have a history of trauma that frequently includes sexual and physical abuse. Childhood abuse is also associated with chronic pain later in life (Office on Women's Health 2017).

Opioid prescription rates are highest among women in the South between the ages of 15 and 44. Mortality rates from a drug overdose are higher in the rural South and Midwest and lowest in the Northeast (Office on Women's Health 2017). American Indian and Alaska Native women are at the greatest risk of dying from a prescription opioid overdose. The overdose death rate is also significantly higher among White, non-Hispanic women than other racial and ethnic groups – with the exception of American Indian or Alaska Native women. This is probably due to the lower opioid prescription rates among women of color that is likely a result of prescriber bias and medical racism.

Conclusion

Women are less likely than men to die from heart disease and cancer, but heart disease and cancer are still the leading causes of death among women (Hess et al. 2015). Heart disease and cancer also disproportionately affect Black women. Diabetes and obesity have increased as have rates of chlamydia, all of which also disproportionately affect Black women. Women of color, especially Black and American Indian/Alaska Native women, have poorer health outcomes due to discrimination and medical racism. Suicide mortality and poor mental health have also increased, which disproportionately affects bisexual women. There is also a targeted campaign in several states that would deny trans youth access to gender-affirming health care, and one state has already passed this type of law. Understanding these health disparities is important so that harmful health care policies and practices can be eliminated.

Recommendations

Support programs and policies that provide cultural competence in health care for historically marginalized racial and ethnic groups and the LGBTQ+ population.

Support the adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health care facilities and other culturally competent training for health care providers.

Support policies like the 2021 Equality Act that would protect people from discrimination based on sexual orientation and gender identity.

Support research on health care disparities in historically marginalized racial and ethnic groups and in the LGBTQ+ population.

Support policies that would guarantee access to health care coverage for lesbian, bisexual, and transgender women.

Support policies and programs that recruit and retain Black people as well as other people of color into medical school programs.

Support policies that promote equality in all facets of life since these factors are also related to health outcomes.

Support ongoing monitoring of health status indicators and outcomes to inform data-driven decision making and evaluate effectiveness of programs and policies.

VIOLENCE AND SAFETY

Introduction

According to the Centers for Disease Control and Prevention (CDC), sexual violence and intimate partner violence (or domestic violence) are common and pose a serious public health problem. Victims of sexual violence suffer both physical and psychological trauma. Being a victim of violence as a child also increases the odds of being victimized as an adult. The CDC estimates that the cost of rape is $122,461 per victim in lost wages, medical costs, and court costs (Centers for Disease Control and Prevention 2019). According to the CDC, more than one in three women have experienced sexual violence that has involved physical contact during her lifetime, and nearly one in four men have (Centers for Disease Control and Prevention 2019).

About 40% of female murder victims are killed by an intimate partner (Smith et al. 2018). In 2018, 92% of female victims knew the man who murdered them, and 11 times as many women were murdered by a man they knew (1,606) than were murdered by a male stranger (142) (Violence Policy Center 2020). Women are more likely than men to be the victims of violent crime committed by intimate partners, and women are more likely to be victimized at home (Violence Policy Center 2020). From 1996 to 2018, the rate of women murdered by men (in a single victim/single offender) incident dropped from 1.57 per 100,000 in 1996 to 1.28 per 100,000 in 2018 (Victim Policy Center 2020).

Intimate Partner Violence and Abuse

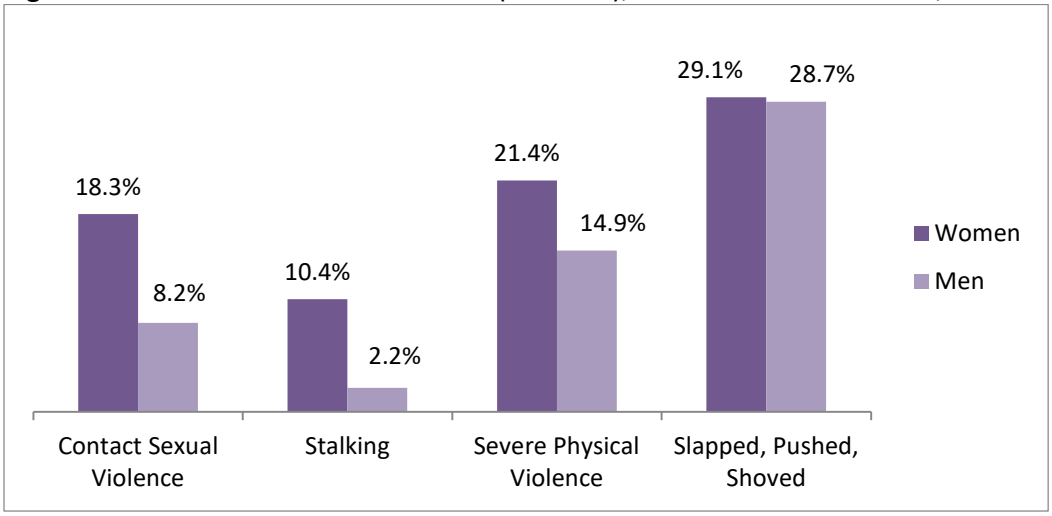
Intimate partner violence involves violence or aggression in a close relationship with a current or former dating partner or spouse. It includes sexual violence, stalking, physical violence, and psychological aggression. These categories are not mutually exclusive and can occur simultaneously. Nearly 1 in 4 women and 1 in 10 men experience some sort of intimate partner violence during the course of their lifetime (Smith et al. 2018).

Sexual violence includes the following: rape (completed or attempted), unwanted sexual contact, sexual coercion, or being made to penetrate someone else. Stalking is a pattern of unwanted threatening and/or harassing behaviors used to make victims afraid and concerned about their safety. Physical violence includes a variety of behaviors ranging from hitting and shoving to using a knife or gun on a victim. Psychological aggression can include coercive control or expressive aggression such as name calling and humiliation (Smith et al. 2018). Both women and men can be the victims of intimate partner violence, but women are more likely to face most forms of violence.

In 2015, 18.3% of women in the U.S. reported instances of contact sexual violence during their lifetime, compared to 8.2% of men (Figure 8.1). Women were much more likely to be stalked, with 10.4% of women reporting stalking behaviors, compared to 2.2% of men. Almost a quarter of women (21.4%) reported severe physical violence during their lifetime, compared to

14.9% of men. Women and men reported almost the same likelihood that they had been slapped, shoved, or pushed, with 29.1% of women and 28.7% of men reporting this.

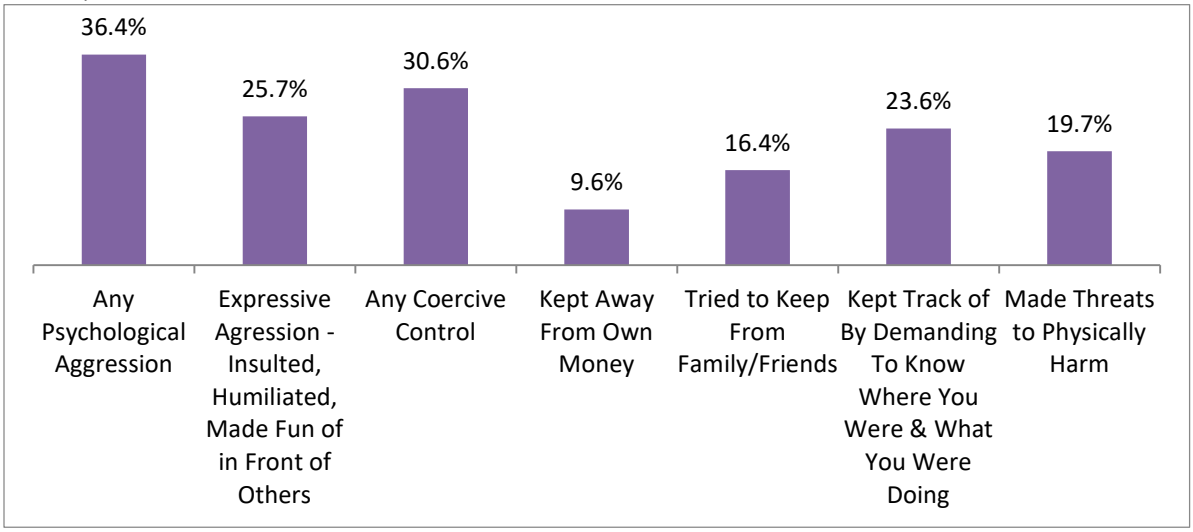
Figure 8.1. Intimate Partner Violence (Lifetime), Female & Male Victims, United States, 2015



Source: National Intimate Partner and Sexual Violence Survey: 2015 Data Brief

Psychological aggression and coercive control can be used to threaten an intimate partner. In 2015, 36.4% of women in the U.S. reported that they had experienced some form of psychological aggression, while 30.6% reported that they had experienced some form of coercive control during their lifetime (Figure 8.2). The most common form of coercive control (23.6%) was demanding to know where the intimate partner was. About 25.7% of women reported that they had been insulted, humiliated, or made fun of in front of others.

Figure 8.2. Lifetime Psychological Aggression by an Intimate Partner, Female Victims, United States, 2015



Source: National Intimate Partner and Sexual Violence Survey: 2015 Data Brief

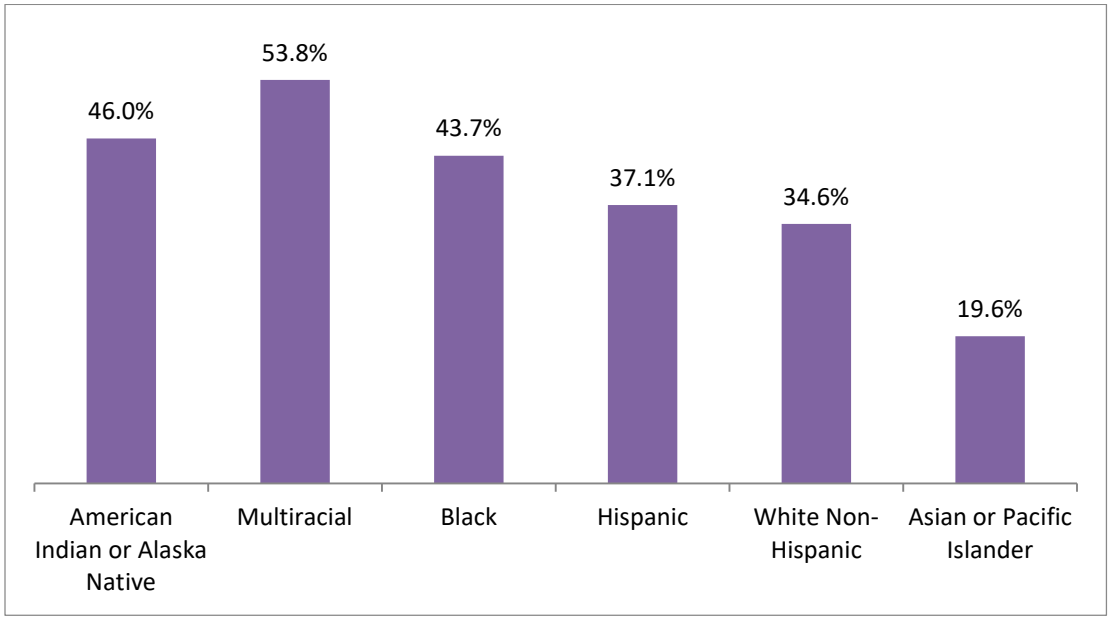
Intimate Violence by Race and Ethnicity

Intimate partner violence varies considerably by race and ethnicity. According to the Rape, Abuse, and Incest National Network (RAINN), American Indian women are the most likely to face sexual assault. Over 84% of Native women have experienced assault or domestic violence at some point during their lifetime (NCADV, n.d.). They are twice as likely as women in any other demographic group to experience rape or sexual assault (RAINN 2018). About 46% of American Indian or Alaska Native women have experienced physical violence, rape, or stalking. Over 50% of Native women have reported sexual assault specifically, and about 66% have experienced psychological abuse (NCADV, n.d.). There are over 566 Native tribes in the U.S. but only 26 shelters across the country that offer culturally specific services to Native women. Compared to other racial/ethnic groups, American Indian women experience more interracial violence than other racial/ethnic groups. About 2/3 of Native women who are sexually assaulted are attacked by non-Native men. Over half (59%) of Native women were in relationships with non-Native men (NCADV, n.d.).

Black women and multiracial women are also more likely to have been a victim of rape, physical violence, or stalking by an intimate partner. About 43.7% of Black women and 53.8% of multiracial women experienced physical violence, rape, or stalking, in comparison to 34.6% of White women and 19.6% of Asian or Pacific Islander women (Breiding et al. 2014).

Figure 8.3 shows the prevalence of rape, physical violence, or stalking by race and ethnicity in the United States in 2010. American Indian or Alaska native women (46%) and multiracial women (53.8%) were most likely to report an instance of rape, physical violence, or stalking. Black women (43.7%) and Hispanic women (37.1%) were the next most likely to experience one of these forms of intimate partner violence. In comparison, Asian or Pacific Islander women (19.6%) were the least likely to experience intimate partner violence.

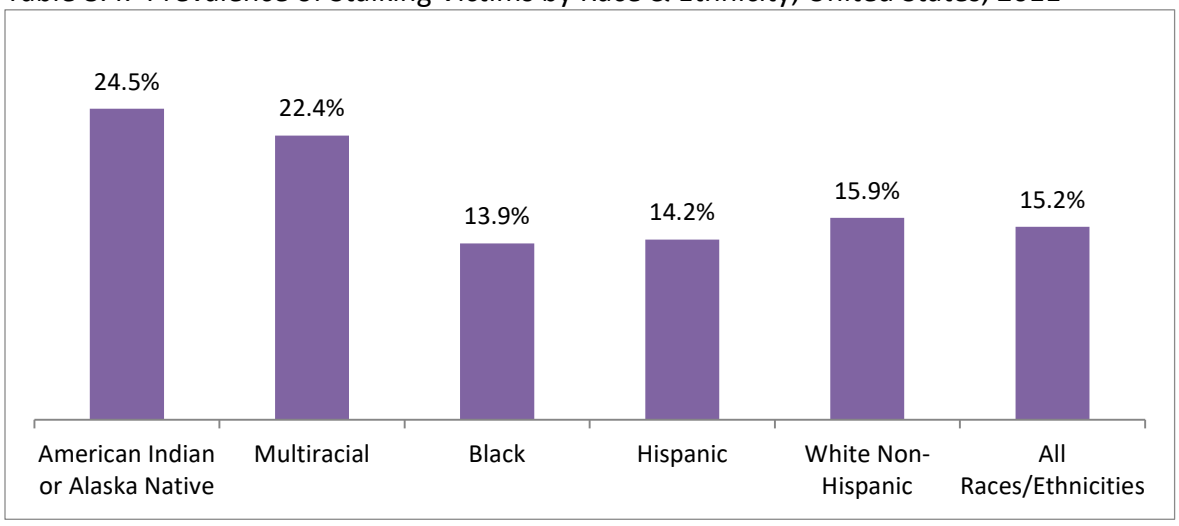
Figure 8.3. Lifetime Prevalence of Rape, Physical Violence, or Stalking by Race/Ethnicity, United States, 2010



Source: Breiding et al. 2014 (Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization-National Intimate Partner and Sexual Violence Survey, United States, 2011)

American Indian/Alaska Native women and multiracial women are also both more likely to have experienced stalking at some point in their lives. Nearly 25% of American/Alaskan women and nearly 23% of multiracial women have been stalked (Figure 8.4). In comparison, only 13.9% of Black women, 14.2% of Hispanic women, and 15.9% of White woman have been victims of stalking (Figure 8.4).

Table 8.4. Prevalence of Stalking Victims by Race & Ethnicity, United States, 2011



Source: Breiding et al. 2014 (Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization-National Intimate Partner and Sexual Violence Survey, United States, 2011)
Note: There is not enough data available on Asian/Pacific Islander women.

There are several myths surrounding intimate partner violence among Asian American and Pacific Islander (AAPI) women (Wang 2014). AAPI women face stereotypes about being the "model minority" and are believed to have either never faced intimate partner violence or that they experience it greater than statistics show, but underreport the transgressions due to cultural norms and expectations. National estimates of intimate partner violence suggest that 10.2% of AAPI women report minor violence, and 1.5% report several violence (Wang 2014). Although these estimates may be lower than those for the general population, intimate partner violence is not uncommon among AAPI women (Wang 2014). Although more research needs to be done about the context of violence among AAPI women, high levels of immigration are associated with intimate partner violence. AAPI women are also less likely to report intimate partner violence (Wang 2014).

The Cost of Intimate Partner Violence

In the U.S., the costs of physical assault, intimate partner rape, and stalking amount to over $5.8 billion a year (National Center for Injury Prevention & Control 2003). Almost $4.1 billion of that is for direct medical care and mental health care services. Other costs include about $.9 billion in lost productivity from paid work and household chores and about $.9 billion in lifetime earnings (National Center for Injury Prevention & Control 2003).

Another analysis estimates that the total lifetime cost of intimate partner violence is $3.6 trillion for all victims (Peterson et al. 2018). This includes $2.1 trillion in medical costs, $1.3 trillion in lost productivity among victims and perpetrators, $73 billion in criminal justice activities, and $62 billion on other costs like property loss or damage. Government sources pay approximately $1.3 trillion of the lifetime burden (Peterson et al. 2018).

Domestic Violence Deaths

In a study done by the CDC from 2003 to 2015, researchers discovered that over half (55.5%) of female victim homicides were instances of intimate partner violence. Male perpetrators (98.2%) were overwhelming responsible for female homicides (Petrosky et al. 2017). In 2018, the overall homicide rate of women murdered by men (in single victim/single offender incidents) was 1.28 per 100,00 (Violence Policy Center 2020). Woman were far more likely to be killed by a spouse, intimate acquaintance, or family member (Violence Policy Center 2020). A firearm was the most commonly used weapon to murder women (Violence Policy Center 2020).

Women of Color and Domestic Violence Deaths

Black women were murdered by men at a rate almost three times as high as that of White women. In 2018, the murder rate for Black women was 2.85 per 100,000, compared to 1.03 per 100,000 for White women (Violence Policy Center 2020). American Indian and Alaskan Native women had the second highest higher murder rate at 1.31 per 100,000. Asian and

Pacific Islander women had the lowest homicide rate of .52 per 100,000 (Violence Policy Center 2020).

A Black woman is much more likely to be murdered by her spouse, an intimate acquaintance, or a family member than a stranger when compared to Black men. Ninety-one percent of Black women who were killed by men (in single victim/single offender incidents) knew their killers (Violence Policy Center 2020). Eight percent of black female victims were under 18 years old, and 6% were over 65 years of (Violence Policy Center 2020).

Pennsylvania & Chester County

Roughly 1,600 victims and perpetrators have died in domestic violence-related deaths in Pennsylvania over the last ten years (PCADV 2019). In 2019, 112 victims died due to domestic violence-related causes in Pennsylvania (Figure 8.5). An additional 38 perpetrators died (PCADV 2019). In 2018, Pennsylvania's female homicide rate was 1.42 per 100,000 (Violence Policy Center 2020).

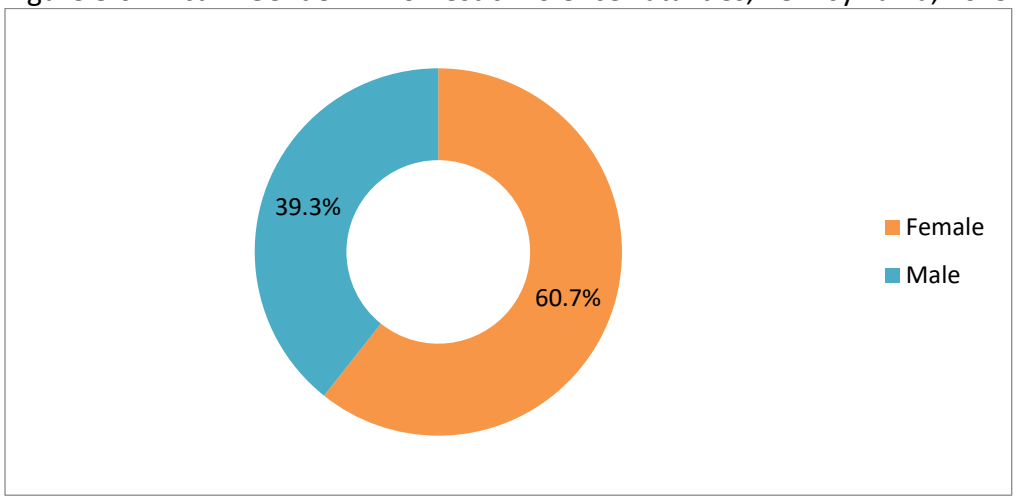
Figure 8.5. Number of Domestic Violence Victim Deaths, Pennsylvania, 2007-2019

Source: PCADV 2019 Domestic Violence Fatality Report

In 2019, 60.7% of the victims who died in domestic violence incidents were women, and 39.3% were men (Figure 8.6). There were 82 victims between the ages of 18 and 64, 15 victims over age 65, 10 victims aged 1-12, and 3 victims between the ages of 13 and 17, and one victim less than one years old (PCADV 2019). Of the 68 women who were killed, 42 were killed by a current or former intimate partner, 22 were killed by a relative, and 4 were killed in domestic violence related incidents. Of the 44 men who were killed, 9 were killed by a current or former intimate partner, 18 were killed by a relative, 13 were killed in domestic violence related incidents, and four were killed by a romantic rival (PCADV 2019). The most common method of

killing victims was with a firearm. Of the 112 victims who were killed, 64 were shot (PCADV 2017).

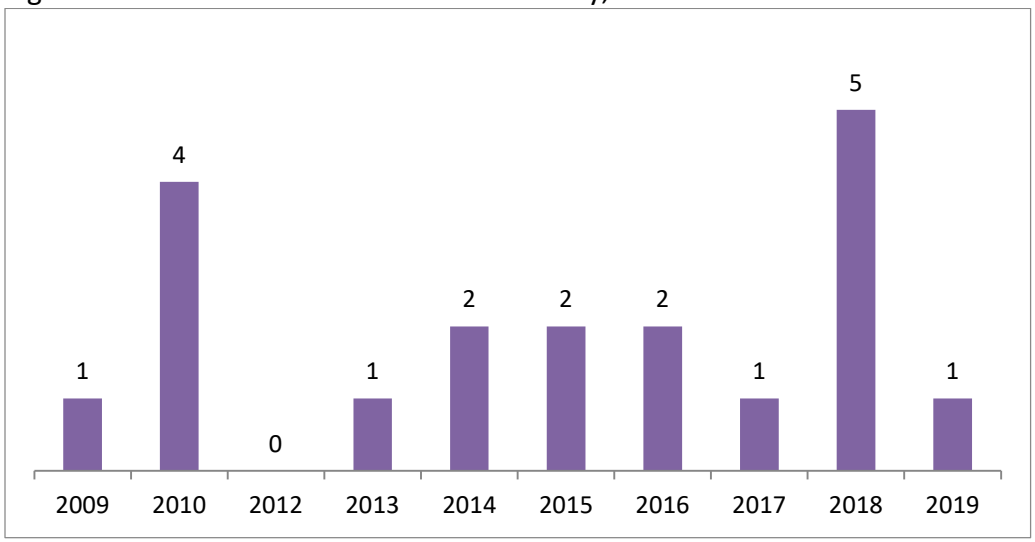
Figure 8.6. Victim Gender in Domestic Violence Fatalities, Pennsylvania, 2019



Source: PCADV 2019 Domestic Violence Fatality Report

In 2019, there was one domestic violence death in Chester County (PCADV 2019). From 2009 to 2019, there were 19 domestic violence deaths in Chester County (Figure 8.7). Chester County had its highest numbers in 2010 and 2018, with 4 and 5 deaths respectively. In most years since 2009, there have only been 1-2 victim fatalities related to domestic violence.

Figure 8.7. Victim Fatalities in Chester County, 2009-2019



Source: Compiled by author from PCADV Domestic Violence Fatality Reports, 2009-2019

Lethality Assessment Program

In 2012, Pennsylvania implemented the Lethality Assessment Program (LAP), which helps law enforcement officers respond to domestic violence calls and connects domestic violence

victims with services (PCADV 2019). As part of this program, police officers ask victims a series of screening questions to assess whether or not the victim has a high risk of being killed. Police will immediately put victims in touch with advocates from local domestic violence centers depending on the victim's answers. Pennsylvania's program is modeled after Maryland's, which is a nationally ranked evidence-based program. Because studies have shown that only 4% of victims who were killed contacted a hotline, program, or shelter prior to their death, programs like this are critical (PCADV, n.d.). From 2012 to 2017, there were 14,227 lethality assessment screenings in Pennsylvania, and 9,761 of those were deemed "high-danger" (PCADV n.d.). In 2019, Pennsylvania reached a milestone of 25,000 lethality assessment screenings, and 11,108 victims sought services (PCADV 2019). Chester County is one of the 43 counties using LAP in Pennsylvania (PCADV n.d.). In fact, Chester County was one of the first 12 counties in Pennsylvania to initially adopt LAP in 2012 (PCADV n.d.).

Domestic Violence Fatality Review Team

Because domestic violence can be fatal, domestic violence fatality review teams are important. The National Domestic Violence Fatality Review Initiative provides support to organizations and agencies that review information related to domestic violence deaths in order to understand the factors that contribute to intimate partner violence and death. The initiative is funded by the Office of Violence Against Women (OVW), which is part of the U.S. Department of Justice. Domestic violence fatality review teams are composed of relevant stakeholders from a variety of fields including education, health, social services, and criminal justice. Along with most other states, Pennsylvania has created a domestic violence fatality review team, the Pennsylvania Coalition Against Domestic Violence. The teams produce annual reports on domestic violence-related deaths and review the circumstances to see how these deaths could have been avoided (National Domestic Violence Fatality Review Initiative, n.d.).

Unmet Need for Services and Supports

Unfortunately, the demand for domestic violence services in the U.S. cannot be fully met. The National Network to End Domestic Violence has conducted a survey called the National Census of Domestic Violence Services every year since 2006. This survey provides a 24-hour snapshot of domestic violence programs in the U.S. On September 12, 2019, 88% of domestic violence programs participated in the National Census of Domestic Violence Services (National Network to End Domestic Violence 2020). On that day 77,226 adult and child victims were served, 19,159 domestic violence hotline calls were answered, and 23,278 people attended prevention and education trainings (National Network to End Domestic Violence 2020). There were also 11,336 unmet requests for services in one day (National Network to End Domestic Violence 2020). Of those requests, 68% were for housing and emergency shelter (National Network to End Domestic Violence 2020).

In Pennsylvania, 93% of the 60 domestic violence programs participated in the National Census of Domestic Violence Services in 2019 (National Network to End Domestic Violence 2020). On that day, 2,680 adult and child victims of domestic violence were served, 755 domestic violence

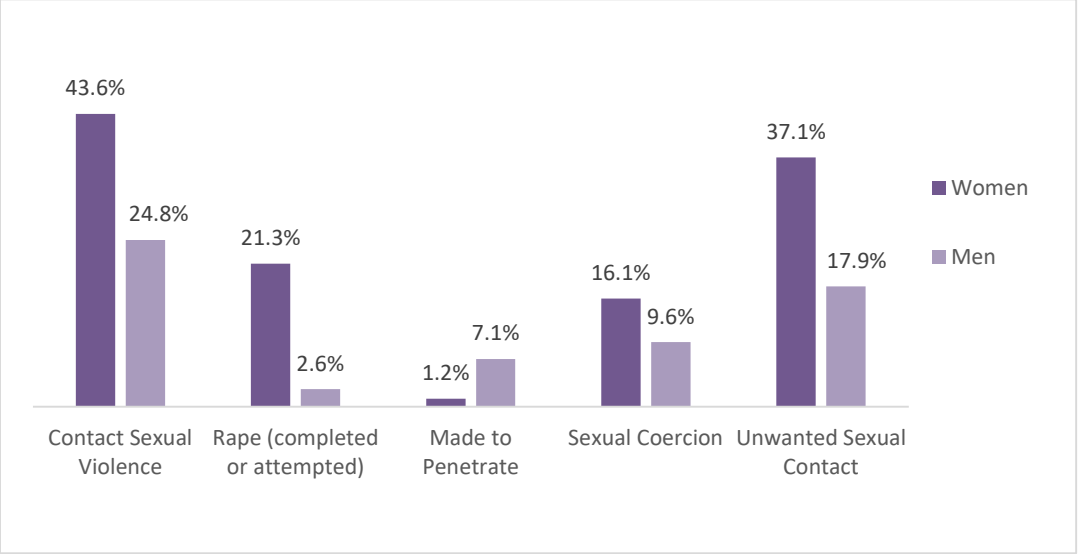
hotline calls were answered, and 1,360 people attended prevention and education trainings. There were 490 unmet requests for services, and 59% of those were for housing (National Network to End Domestic Violence 2020). In 2020, these numbers were substantially different due to COVID-19. In 2020, 90% of the 59 domestic violence programs participated in the National Census of Domestic Violence Services (National Network to End Domestic Violence 2021). On that day, 2,575 adult and child victims of domestic violence were served, 1,046 domestic violence hotline calls were answered, and 439 people attended prevention and education trainings. There were 195 unmet requests for services, and 75% of those were for housing (National Network to End Domestic Violence 2021).

Across the United States, many programs had to reduce or eliminate services in 2019. The following is a list of the number of programs and corresponding services that were reduced or eliminated: 147programs/hotel vouchers, 102 programs/transitional housing, 89 programs/representation by an attorney, 79 programs/childcare, 70 programs/transportation, 68 programs/safe exchange, 68 programs/onsite medicate services, 68 programs/therapy or counseling for adults, 63 programs/therapy counseling for children (National Network to End Domestic Violence 2020).

Rape and Sexual Violence

In 2015, 43.6% of women reported that they had experienced some sort of contact sexual violence during their lifetime (Figure 8.8). This translates to 52.2 million women across the U.S. Of those women who reported contact sexual violence, 4.7% of them reported that it had occurred in the 12 months before the survey (Smith et al. 2018). In comparison, 24.8% of men reported that they had experienced some sort of contact sexual violence (Figure 8.8). About 1 in 5 women (21.3%) reported completed or attempted rape during their lifetime. Of those women who reported completed or attempted rape, 13.5% reported forced penetration, 6.3% reported an attempt at forced penetration, and 11% reported completed alcohol or drug-facilitated penetration (Smith et al. 2018). About 1.5 million women, or 1.2%, reported that the completed or attempted rape had occurred in the 12 months before the survey. In comparison, 2.6% of men reported completed or attempted rape during their lifetime.

Figure 8.8. Prevalence of Sexual Violence Victimization (During Lifetime), United States, 2015

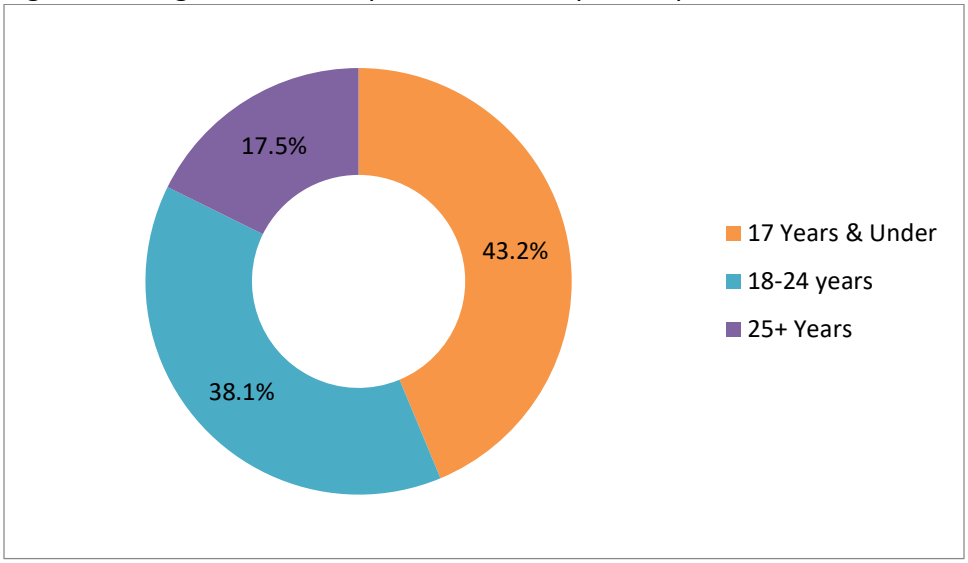


Source: National Intimate Partner and Sexual Violence Survey: 2015 Data Brief
Notes: Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

About 16.1% of women and 9.6% of men reported sexual coercion at some point in their life. Sexual coercion can be repeated requests for sex until a person gives in, or pressure from someone in a position of power or authority (Smith et al. 2018). Over a third of women (37.1%) reported unwanted sexual contact such as groping during their lifetime, while 17.9% of men reported the same. Almost 1.4 million women (1.2%) and 7.9 million men (7.1%) reported they were forced to penetrate someone else during their lifetime.

Figure 8.9 shows how old women were when they were raped (completed or attempted) for the first time. The majority of female victims (81.3%) reported completed or attempted rape before the age of 25. Almost 11 million female victims (43.2%) were under the age 18 when they were raped (completed or attempted) for the first time (Smith et al. 2018). Of those female victims under 18, 30.5% reported they were raped between the ages of 11 and 17, while 12.7% reported that they were raped at the age of 10 or younger (Smith et al. 2018).

Figure 8.9. Age at First Completed or Attempted Rape of Female Victims, United States, 2015



Source: National Intimate Partner and Sexual Violence Survey: 2015 Data Brief

Campus Sexual Assault

Sexual assault is a common problem on college campuses that frequently goes unreported. Sexual assault includes "any unwanted sexual activity, from unwanted touching to rape" (Office of Women's Health, n.d.). One in five women is sexually assaulted at some point while attending college (Krebs et al. 2016). Among graduate and undergraduate students combined, 13% have experienced sexual assault (Cantor et al. 2020). Among undergraduate students alone, 26.4% of female students have experienced rape or sexual assault (Cantor et al. 2020). Students are at a greater risk for sexual assault during the first few months at college. More than half of sexual assaults in college occur in September, October, and November (RAINN, n.d.). Eighty percent of victims knew their offender (Sinozich and Langton 2014). It is estimated that only about 20% of female student victims (aged 18-24) report the crime to law enforcement (Sinozich and Langton 2014). Sexual assault is common across all racial and ethnic groups, but it is more prevalent among female students who identify as lesbian, gay, or bisexual (Krebs et al. 2016). A study by the American Association of Universities revealed that 23.1% of transgender, genderqueer, and nonconforming college students have been sexually assaulted (Cantor et al. 2020). Alcohol and/or drugs are often involved in instances of campus rape and sexual assault. It is estimated that about 15% of female student victims were incapacitated when they were raped during their first year of college (Carey et al. 2015).

Colleges that receive federal funding are required to report crime statistics and security information per the 1990 Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act) (AAUW 2017). This information must be reported to the U.S. Department of Education every year. Statistics on rape, fondling, incest, and statutory rape are included in the annual crime statistics that must be reported. In 2013, Congress added amendments to the Clery Act when it reauthorized the Violence Against Women Act (VAWA). These amendments require schools to collect and report instances of domestic violence, dating

violence, and stalking (AAUW 2014). Title IX of the Educational Amendments of 1972 also helps to protect women against sexual assault on college campuses. Although Title IX is typically associated with sports, it also prohibits sex discrimination more broadly in any educational institution that receives federal funding (U.S. Department of Labor 1972). This applies to a variety of campus experiences from housing to sexual harassment and assault.

Table 8.1 shows the number and types of sexual assaults on college and university campuses in Chester County. All numbers were obtained from the U.S. Department of Education. Offenses included domestic violence, dating violence, stalking, rape, and fondling. These numbers only represent incidents that were reported to campus security or local police over a three-year period from 2017 to 2019. Enrollment at each of these universities also varies with West Chester having the highest number of students enrolled at 17,669 in 2019. The University of Valley Forge had the lowest enrollment at 601. Dating violence and rape had the highest number of total incidents at 85 and 45 respectively. Stalking and fondling were next with a total number of incidents at 33 and 21 respectively. Domestic violence had the lowest number of incidents at 12.

Table 8.1. Number & Type of Sexual Assault Offenses in Colleges & Universities, Chester County, 2017-2019 (3 Year Totals)

Offense	Cheyney University	Immaculata University	Lincoln University	University of Valley Forge	West Chester University
Domestic Violence	0	0	0	2	10
Dating Violence	10	1	33	3	38
Stalking	2	3	5	0	23
Rape	3	1	17	2	22
Fondling	2	2	3	3	11

Source: Campus Safety and Security Data Analysis Cutting Tool, Campus Safety and Security, U.S. Department of Education

Note: Only main campus locations and on-campus incidents are reported. Pennsylvania State University-Great Valley was not included because it does not have on-campus housing.

A study of college-age females from 1995 to 2013 found that the offender had a weapon in 1 out of 10 instances of rape and sexual assault both on and off college campuses. Female college students were less likely to report the incident than college-aged females who did not attend school. Only 16% of female student victims received any support services after the incident. Seventy-eight percent of female student victims knew their attacker. Among female student victims, 97% of the offenders were male (Sinozich and Langton 2014).

In 2011, the Obama administration issued new guidelines in regard to sexual violence cases that applied to college campuses. These new guidelines recommended that the standard for evidence be changed from a “clear and convincing standard” (it is highly probable) to a “preponderance of evidence standard” (it is more likely than not). This standard made it easier for victims to prove sexual assault. On September 22, 2017, the U.S. Department of Education

under Betsy DeVos announced that the Obama era guidelines were no longer in effect. According to the new guidelines, a school could use the "clear and convincing standard" or the "preponderance of evidence standard," but the standard had to be the same for all disciplinary cases (U.S. Department of Education 2017). No further changes have been made to these new guidelines at the time this report was written, but these rules may change in the future under the Biden administration.

Stalking

In the United States, approximately 6 to 7.5 million people are stalked in one year (Smith et al. 2018). Stalking refers to "harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns" (Smith et al. 2018). Common stalking tactics include the following (as measured by the National Intimate Partner and Sexual Violence Survey):

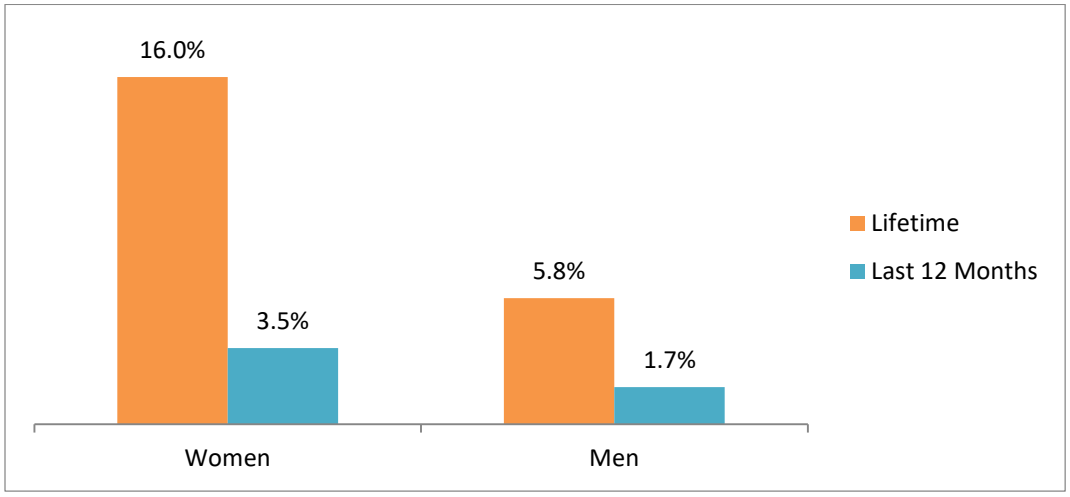
- Unwanted phone calls, voice or text messages, hang-ups
- Unwanted emails, instant messages, messages through social media
- Unwanted cards, letter, flowers, or presents
- Watching or following from a distance, spying with a listening device, camera, or global positioning system
- Approaching or showing up in places such as the victim's home, workplace, or school when it was unwanted
- Leaving strange or potentially threatening items for the victim to find
- Sneaking into victim's home or car and doing things to scare the victim or let the victim know the perpetrator had been there
- Damaged personal property or belongings, such as in their home or car
- Made threats of physical harm (Smith et al. 2018)

Women are 2.5 times more likely than men to be stalked in their lifetime (National Center for Victims of Crime 2017). According to a recent report by the National Center for Victims of Crime, 29% of survey respondents reached out to the Victims Connect Resource Center to report stalking (Ohlsen 2020). Most stalking victims are stalked by someone they know. In fact, 60.8% of female victims and 43.5% of male victims were stalked by a current or former intimate partner, and 24.9% of female victims and 31.9% of male victims were stalked by an acquaintance (National Center for Victims of Crime 2017). More than 50% of female stalking victims reported that their stalkers had made unwanted phone calls to the victim including hang-ups, left victims unwanted voice/text messages, and had approached the victim or shown up places when not wanted (National Center for Victims of Crime 2017). American Indian/Alaska Native women and multiracial women are nearly 60% more likely to be stalked than White, Black, and Hispanic women (National Center for Victims of Crime 2017).

Almost 19.1 million women or 16% reported that they had been stalked at some point during their lifetime (Figure 8.10). The female victims reported being fearful or believing they would

be harmed. About 3.5% of women reported they had been stalked in the 12 months prior to the survey. In comparison, 5.8% of men reported that they had been a victim of stalking during their lifetime, and 1.7% reported that they had been a victim of stalking in the 12 months prior to the survey.

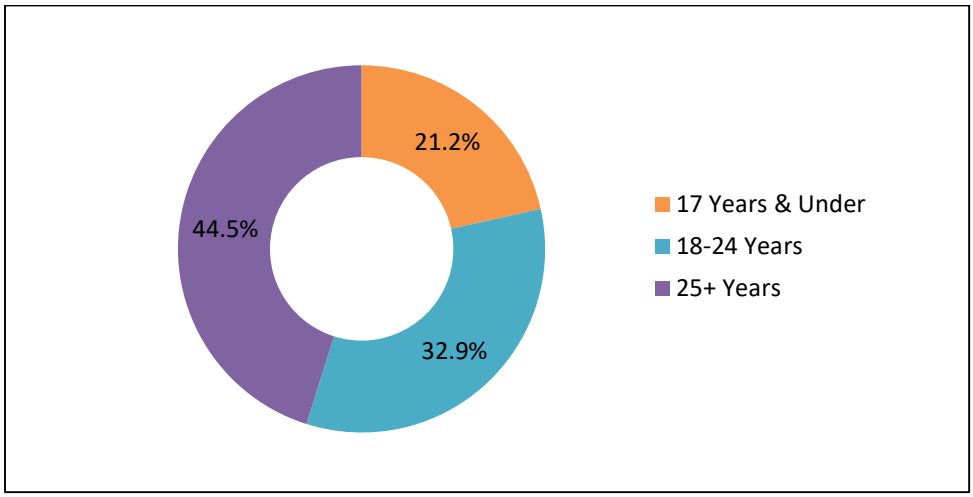
Figure 8.10. Female & Male Victims of Stalking in Lifetime & in Last 12 Months, United States, 2015



Source: National Intimate Partner and Sexual Violence Survey: 2015 Data Brief

Stalking also begins at a young age for women. Figure 8.11. shows the age of women when they were stalked for the first time. The majority (54.1%) of female stalking victims reported that they had been stalked before the age of 25 (Figure 8.11). About 21.2% of women reported they had been stalked for the first time before they turned 18 years old. About 8.5 million (44.5%) women reported that they were stalked for the first time when they were 25 years or older.

Figure 8.11. Age at Time of First Stalking Victimization for Females in Lifetime, United States, 2015



Source: National Intimate Partner and Sexual Violence Survey: 2015 Data Brief

Stalking has a variety of negative consequences. Over 60% of victims feared that they or someone close to them would be hurt or killed (National Center for Victims of Crime 2017). Twenty-five percent of victims reported that they had missed ten or more days of work because of their victimization (National Center for Victims of Crime 2017). Stalking can lead to depression, psychological distress, and post-traumatic stress disorder (PTSD) (Centers for Injury Prevention and Control 2021).

Civil Protection Orders

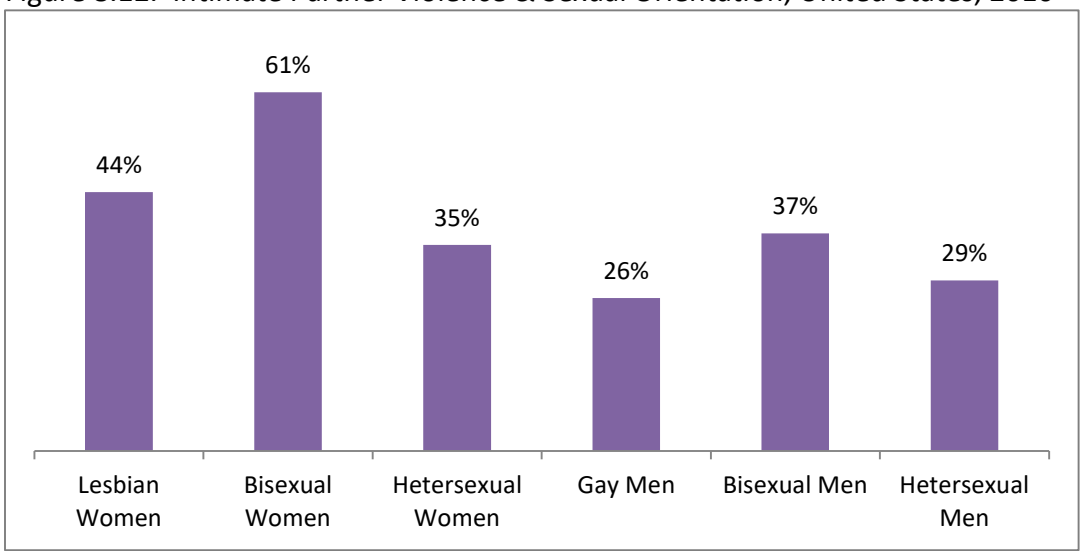
In Pennsylvania, there are three options for Civil Protection Orders: Protection from Abuse Order, Sexual Violence Protection Order, and Protection from Intimidation Order (Pennsylvania Coalition Against Rape 2017). As previously mentioned, the Protection from Abuse Order (PFA) can be filed by stalking victims. The PFA is most appropriate when there is physical, sexual, or psychological abuse involving current or former spouses or intimate partners as well as for family members. The Protection from Intimidation Order is appropriate in stalking and harassment cases when the victim and perpetrator do not currently have or have never had a family, household, or intimate partner relationship and the victim is under 18 years old, and the when perpetrator is over 18 years old. The Sexual Violence Protection Order can be filed in instances of sexual violence when the victim and perpetrator are not intimate partners or family. This could be relationships with strangers, friends, acquaintances, co-workers, and neighbors (Pennsylvania Coalition Against Rape 2017). The process to obtain these orders can be intimidating and difficult for a victim.

Violence and Safety for LGBTQ+ Women and Youth

According to the National Intimate Partner and Sexual Violence Survey (NISVS), LGBTQ+ individuals in the U.S. were more likely than heterosexual individuals to have experienced intimate partner violence, sexual violence, and stalking (NISVS 2010). The Centers for Disease Control and Prevention issued the first and only report thus far on Victimization by Sexual Orientation in 2010.

Figure 8.12 illustrates how sexual orientation interacts with reports of intimate partner violence. Among women, bisexual women (61%) reported instances of intimate partner violence in their lifetime, compared to 44% of lesbian women and 35% of heterosexual women. Among men, bisexual men also had the highest reports of intimate partner violence at 37%, compared to 26% for gay men and 29% for heterosexual men (Figure 8.12). Bisexual women experience the highest levels of intimate partner violence, but lesbian women are also more likely to experience intimate partner violence than heterosexual women.

Figure 8.12. Intimate Partner Violence & Sexual Orientation, United States, 2010



Source: NISVS: An Overview of 2010 Findings on Victimization by Sexual Orientation
Note: Intimate partner violence includes rape, physical violence, and/or stalking.

Women who identify as bisexual are disproportionately affected by intimate partner violence. About 1 in 5 bisexual women have been raped by an intimate partner, compared to 1 in 10 heterosexual women (NISVS 2013). About half of bisexual women have been raped in their lifetime, compared to 1 in 8 lesbian women and 1 in 6 heterosexual women (NISVS 2013). Of bisexual women who have been raped, 48% have experienced their first completed rape between age 11 and 17 (NISVS 2013). Thirty-seven percent of bisexual women have also been injured as a consequence of rape, stalking, or physical violence, compared to 16% of heterosexual women (NISVS 2013). Bisexual women have experienced stalking at a rate more than double the rate for heterosexual women. About 37% of bisexual women have been stalked, compared to 16% of heterosexual women (NISVS 2013). Intimate partner violence may be even higher among transgender people. Studies suggest a broad range of 31.1% to 50% of transgender people experience intimate partner violence (Brown and Herman 2015).

Military Sexual Trauma

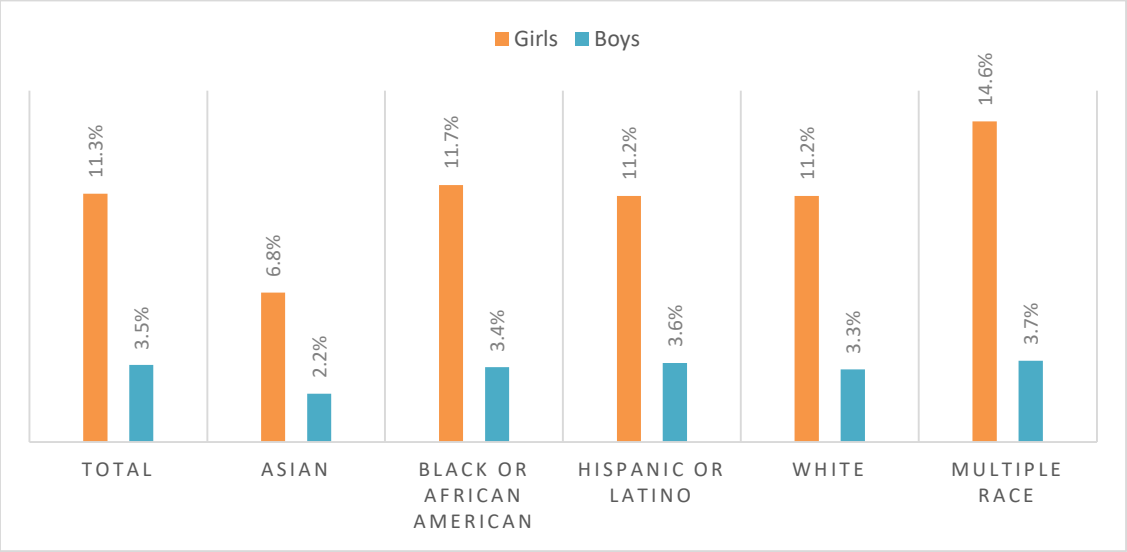
According to the U.S. Department of Veteran Affairs, the term military sexual trauma (MST) refers to sexual assault or repeated experiences of threatening sexual harassment during military service (U.S. Department of Veteran Affairs 2015). Veteran Affairs (VA) healthcare providers have implemented a screening program where they ask all of their patients if they have experienced MST. Data from this screening program reveal that 25% of women veterans seen at these healthcare providers have experienced MST, in comparison to 1% of men veterans (U.S. Department of Veteran Affairs 2015).

Violence and Safety Among Girls

Child sexual abuse is also more likely to affect girls than boys. One in 9 girls and 1 in 53 boys (under the age of 18) have experienced sexual abuse or assault (RAINN, n.d.). Of all victims, 82% are girls. Females between the ages of 16 and 19 are four times more likely than the general population to have experienced rape, attempted rape, or sexual assault (RAINN, n.d.). As a result, victims are four times more likely to abuse drugs and experience post-traumatic stress disorder (PTSD). They are also three times more likely to have major depressive episodes as adults (RAINN, n.d.).

In 2017, 11.3% of girls (grades 9-12) were physically forced to have sexual intercourse when they did not want to, compared to only 3.5% of boys (Figure 8.13). Among girls who were forced to physically have sexual intercourse, 14.6% reported being multiracial. Black, Hispanic, and White girls experienced forced sexual intercourse at about the same rates – 11.7%, 11.2%, and 11.2% respectively. Asian girls had slightly lower rates of forced sexual intercourse at 6.8%. Roughly the same percent of boys experienced forced sexual intercourse across racial and ethnic groups.

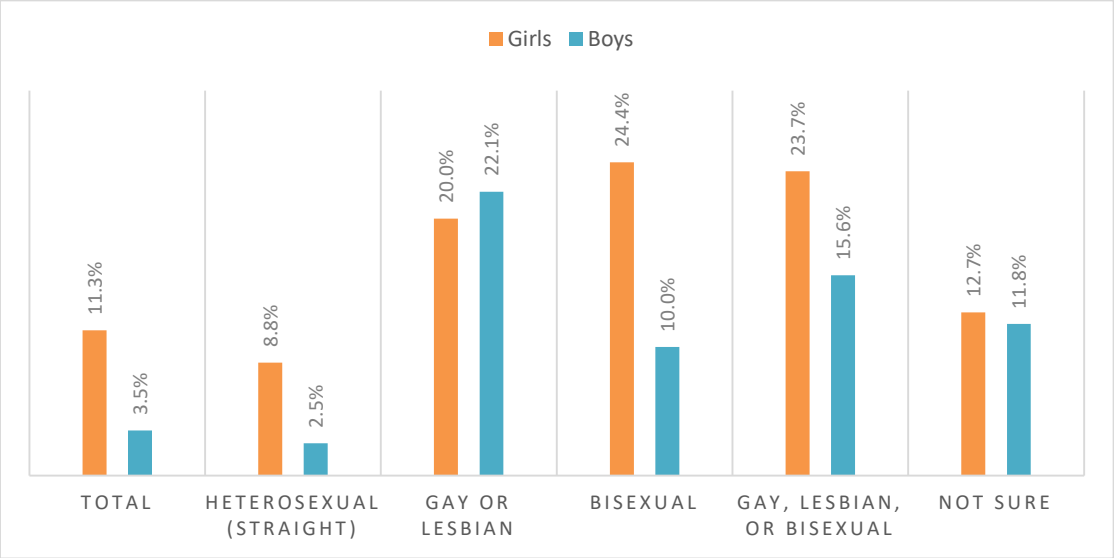
Figure 8.13. Percent of Teens Physically Forced to Have Sexual Intercourse (When They Did Not Want To) by Sex in the United States, 2017



Source: Centers for Disease Control and Prevention's 2017 Youth Risk Behavior Survey
Note: Includes grades 9-12.

In 2017, 24.4% of bisexual girls (grades 9-12) were forced to have sexual intercourse when they did not want to, compared to 10% of bisexual boys (Figure 8.14). For those teens who identified as gay, lesbian, or bisexual, 23.7% of girls reported forced sexual intercourse compared to 15.6% of boys. Among boys who identified as gay or lesbian, 22.1% reported forced sexual intercourse, compared to 20% of girls. For teens who identified as straight, 8.8% of girls and 2.5% of boys reported forced sexual intercourse.

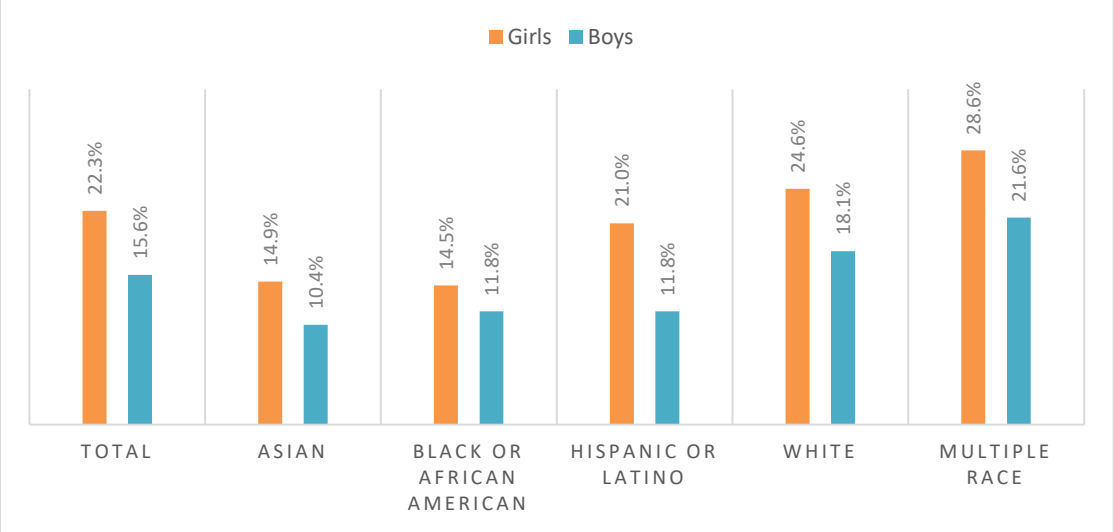
Figure 8.14. Percent of Teens Physically Forced to Have Sexual Intercourse (When They Did Not Want To) by Sexual Identity in the United States, 2017



Source: Centers for Disease Control and Prevention's 2017 Youth Risk Behavior Survey
Note: Includes grades 9-12.

Overall, girls (grades 9-12) reported being bullied on school property more than boys (22.3% versus 15.6%) (Figure 8.15). Rates of bullying were somewhat higher among Whites, Hispanics, and those who identify as multiple race at 24.6%, 21%, and 28.6% respectively. Rates of bullying were similar for Asian Americans and Black Americans at 14.9% and 14.5% respectively. In all racial/ethnic groups, girls reported experiencing more bullying.

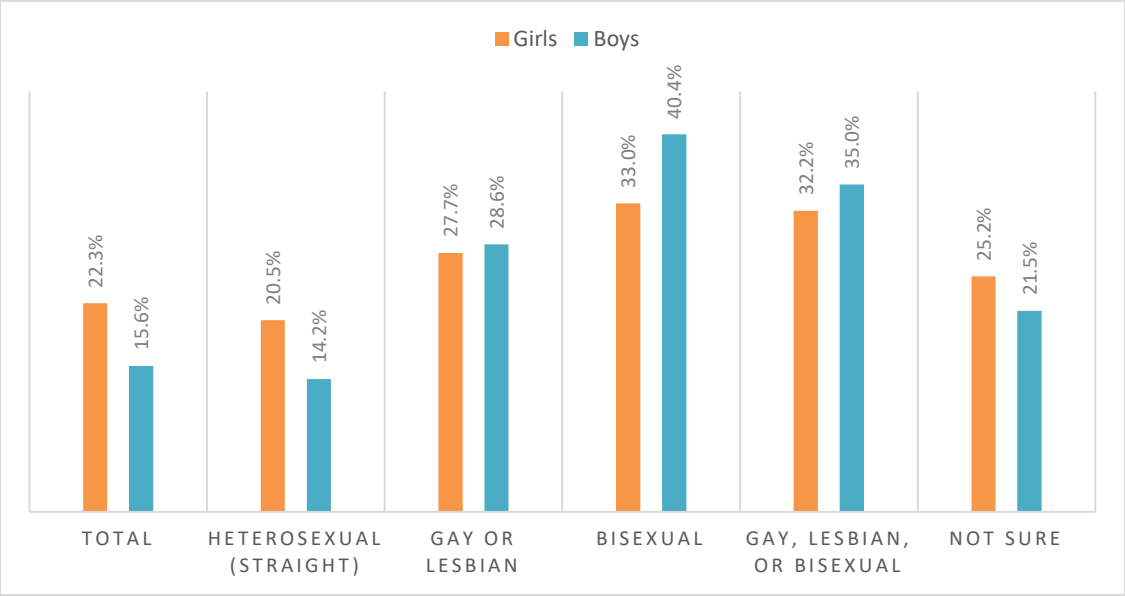
Figure 8.15. Percent of Teen Girls and Boys Bullied on School Property by Race/Ethnicity in the United States, 2017



Source: Centers for Disease Control and Prevention's 2017 Youth Risk Behavior Survey
Note: Includes grades 9-12.

In the United States, teens who identified as straight were less likely to report being bullied on school property in 2017 (Figure 8.16). Teens who identified as gay, lesbian, bisexual, or who were not sure were more likely to experience bullying. Among those teens who identified as straight, girls (20.5%) were more likely to report being bullied than boys (14.2%). Teens who identified as bisexual were the most likely to report bullying. Among teens who identified as bisexual, 33% of girls and 40.4% of boys reported being bullied. Among teens who identified as gay, lesbian, or bisexual, 32.2% of girls and 35% of boys reporting being bullied. Girls and boys who identified as gay or lesbian experienced about the same level of bullying at 22.7% and 28.6% respectively. Among teens who were unsure of their sexual identity, 25.2% of girls and 21.5% of boys reported bullying on school property.

Figure 8.16. Percent of Teens Bullied on School Property by Sexual Identity in the United States, 2017



Source: Centers for Disease Control and Prevention's 2017 Youth Risk Behavior Survey
Note: Includes grades 9-12.

Conclusion

Intimate partner violence and other sexual violence pose a serious threat to public health. The most serious threat is death, of course, but other consequences are serious as well as lifelong. Intimate partner violence and other sexual violence can cause negative physical health problems, ranging from chronic cardiovascular, gastrointestinal, reproductive, musculoskeletal, and nervous system issues (Centers for Disease Control and Prevention 2017b). There are negative mental health consequences such as depression, and posttraumatic stress disorder. Survivors are also at a greater risk of engaging in risky behaviors such as binge drinking, smoking, and HIV risk behaviors. Ways to reduce and/or stop intimate partner violence and sexual violence include providing education about healthy relationships, promoting societal norms that discourage violence, promoting healthy sexuality, and encouraging bystanders to speak up when they see something inappropriate.

Recommendations

Protect women's safety by passing laws that protect women from violence, stalking, harassment, and abuse.

Support laws to reduce sexual harassment by mandating that employers provide sexual harassment training and create policies and procedures for sexual harassment complaints.

Strengthen the Violence Against Women Act to include provisions for economic justice.

Increase funding for the Violence Against Women Act.

Expand funding for the Family Violence Prevention and Services Act.

Support policies to help survivors, including access to housing, childcare, transportation, and legal assistances.

Support intimate partner violence awareness and prevention campaigns that are inclusive of sexual orientation and identity.

Support research on sexual violence and sexual orientation and identity.

Support training among service providers to be sensitive to issues of the LGBT community.

Refer sexual assault victims and survivors to culturally appropriate services.

POLITICAL PARTICIPATION

Introduction

The year 2020 was a landmark year for women politically, with women voting in record numbers, winning a record number of political seats, and turning out to vote in record numbers. These events contributed to many firsts for women in politics, a great way to commemorate the 100-year anniversary of the 19th Amendment. For example, Alana Banks is thought to be the first Black transgender woman elected to a school board in the United States (Otwell 2020). Kamala Harris is the first woman, the first Black person, and the first South Asian person to be elected Vice President of the United States.

The passage of the 19th Amendment in 1920 was supposed to grant all women the right to vote; however, women of historically marginalized communities were purposefully excluded from voting access (Bleiweis et al. 2020). The women's suffrage movement was mired with both racism and discrimination even though several notable women of color activists still advocated for women's equality such as Ida B. Wells, Mabel Ping Hua-Lee, Francis Ellen Watkins Harper, Jovita Idar, and Susette La Flesche Tibbles (Bleweis et al. 2020). Because of violence, intimidation, and discriminatory policies (poll taxes, literacy tests, grandfather clauses, etc.) (Jones et al. 2017), Black women were only granted access to suffrage rights after the passage of the Voting Rights Act of 1965 (Bleiweis et al. 2020). Chinese American women were not able to vote until the Chinese Exclusion Act was repealed in 1943, and American Indian/Native American women were not able to vote in all states until 1948 (Bleiweis et al. 2020). The Voting Rights Act was not extended to include the translation of ballots into other languages until 1975, denying many immigrant women the right to vote.

Women are severely underrepresented in elected office at all levels: federal, state, and local. More recently, the main reason for women's lack of representation is because women are less likely to express an interest in running for political office than men, which is related to gender socialization and gender stereotypes (Fox and Lawless 2011). In fact, women's perceptions about running for office often hold them back (Fox and Lawless 2011). Women tend to think that they will lose an election even though they are just as likely as men to win (Dolan 2014). Further, women tend to think that they cannot raise enough money even though they are just as successful as men at fundraising. Women also tend to underestimate their qualifications for elected office and are less likely than men to be asked to run for office.

Voter Registration and Turnout in the United States and Pennsylvania

In the United States, 72.7% of people were registered to vote as of 2020, and 66.8% voted in the 2020 presidential election (Current Population Survey 2020). Voter turnout in the 2020 presidential election was the highest it has been since 1980 (Desilver 2021). Voting turnout was about seven percentage points higher than in 2016, and voter turnout increased in every state (Desilver 2021). Turnout increased the most in states where residents could vote entirely or mostly by mail (Desilver 2021). The number of citizens registered to vote also increased by two

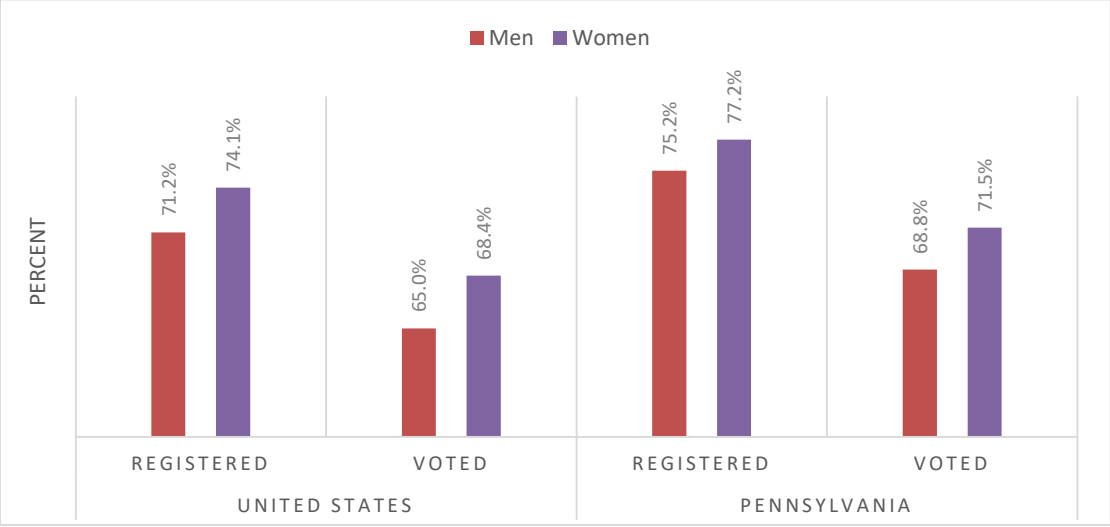
percentage points over 2016 (Fabina 2021). In 2020, voter turnout was higher among all racial and ethnic groups (Fabina 2021).

In Pennsylvania, registration rates (76.3%) and voter turnout rates (70.2%) were higher than the national average (Current Population Survey 2020). In Chester County voter turnout was considerably higher than in the United States or Pennsylvania at 82.23% in 2020 (Chester County Pennsylvania Election Results 2020).

Voter Registration, Voter Turnout, and Gender in the United States and Pennsylvania

Women tend to register to vote and turnout to vote at slightly higher rates than men. In 2020, 62.3% of men were registered to vote in the United States compared to 66% of women (Figure 9.1). In Pennsylvania, registration rates were higher than at the national level, with 72.9% of men registered and 75.2% of women. Voter turnout was somewhat lower than voter registration rates, but women also voted at slightly higher rates than men in 2020. In the United States, 59.3% of men voted compared to 63.3% of women (Figure 9.1). In Pennsylvania, voter turnout rates were lower than registration rates, but were higher than national rates. In 2020, 66.7% of men voted compared to 69.7% of women.

Figure 9.1. Voter Registration and Turnout by Gender for the November 2020 Election in the United States & Pennsylvania, 2020

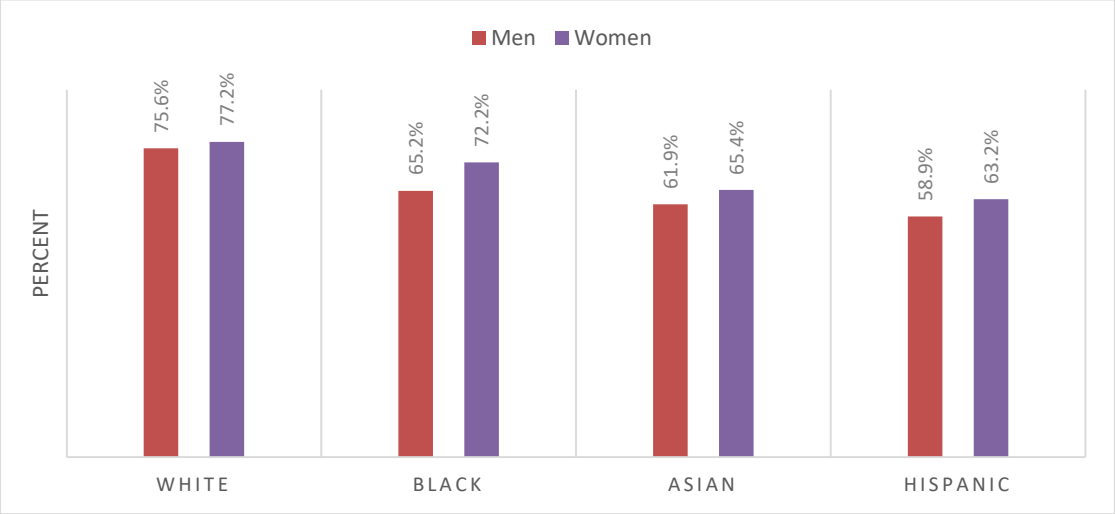


Source: U.S. Census Bureau, Current Population Survey, November 2020
Note: Percentages represent totals for 18 years and older.

Voter registration rates differ by race and ethnicity as well as sex (Figure 9.2). Women were more likely to be registered to vote than men in all respective racial and ethnic groups. White men and women were the most likely to be registered to vote (Figure 9.2) and to turnout to vote (Figure 9.2) than all other demographic groups. In 2020, 75.6% of White men and 77.2% of White women were registered to vote in the United States, compared to 65.2% of Black men and 72.2% of Black women (Figure 9.2). Among Asians, 65.4% of women were registered to

vote compared to 61.9% of men. Voter registration was lowest among Hispanic men and women, with 63.2% of women registered to vote compared to 58.9% of men.

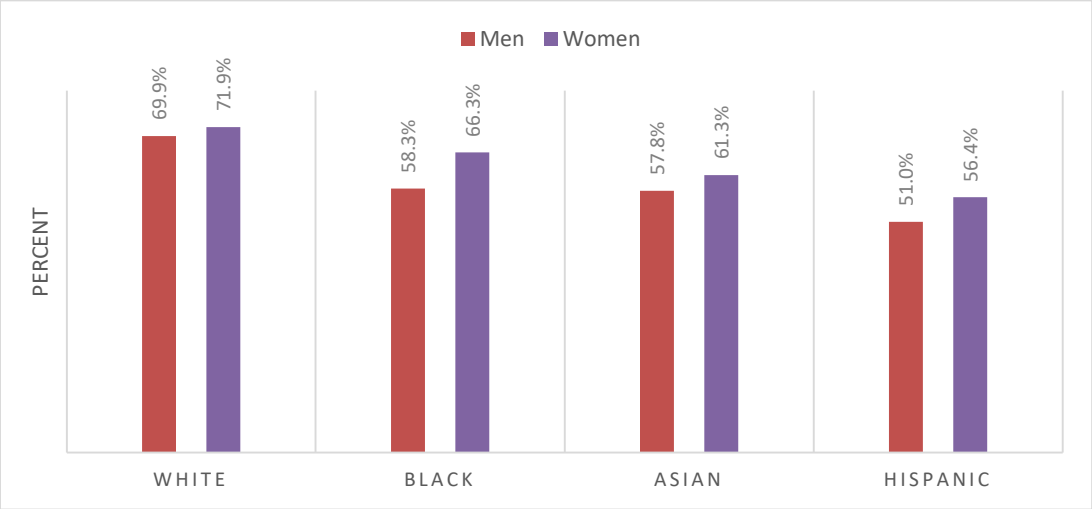
Figure 9.2. Voter Registration by Sex & Race/Ethnicity for the November 2020 Election, United States, 2020



Note: Percentages represent totals for 18 years and older. Racial categories are Non-Hispanic White Alone, Black Alone, Asian Alone, and Hispanic.

Voter turnout had similar patterns according to sex and race/ethnicity (Figure 9.3). In every demographic group, women were more likely to turnout to vote than men within the same demographic group. In 2020, White women were slightly more likely to turnout to vote at 71.9% than White men at 69.9% in the United States (Figure 9.3). Black women were the next most likely group to turnout to vote at 66.3%, compared to Black men at 58.3%. This represents the largest gap of voter turnout between men and women within a demographic group. Voter turnout among Asian women was 61.3% compared to 57.8% among Asian men. Fifty-one percent of Hispanic men turned out to vote, compared to 56.4% of Hispanic women.

Figure 9.3. Voter Turnout by Sex & Race/Ethnicity for the November 2020 Election, United States, 2020

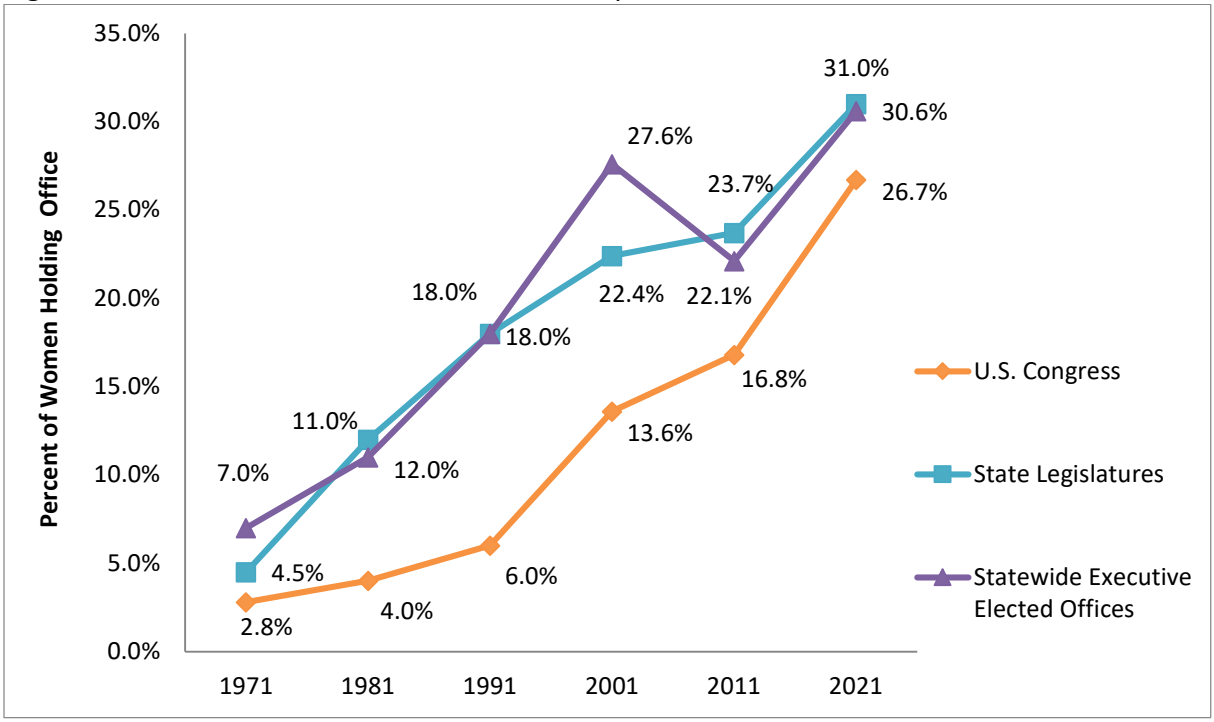


Note: Percentages represent totals for 18 years and older. Racial categories are Non-Hispanic White Alone, Black Alone, Asian Alone, and Hispanic.

Women in Political Office

Figure 9.4 shows how women's representation in U.S. Congress, state legislatures, and statewide executive elected offices have increased since 1971 in the United States. A record number of women are serving in all three capacities in 2021. Women currently make up 26.7% of the U.S. Congress, which is up about ten percentage points over the last decade. Women have the highest representation in state legislatures at 31%, which is up about seven percentage points since 2011. Women have also seen gains in statewide elected office over time, with women occupying 30.6% of statewide elected office seats. This is up about eight percentage points since 2011, but there was a large decline from 2001 at 27.6% to 22.1% in 2011. Compared to 2013, women have made significant gains from 20% in the U.S. Congress, 23% in the state legislatures, and 25% of statewide executives (Turner 2016).

Figure 9.4. Percent of Women Who Have Occupied Elected Office, United States, 1971-2021



Source: Compiled by author from the Center for American Women and Politics.

Table 9.1. shows women's representation in the U.S. Congress, statewide executive offices, and state legislatures in the United States and Pennsylvania as of 2021. Women currently make up 26.7% of U.S. Congress, 24% of the U.S. Senate, and 27.4% of the U.S. House of Representatives (Table 9.1). Women make up 30.6% of statewide executive offices. Representation for women is highest in state legislatures with women making up 31% of state legislatures across the country. Women comprise 31.9% of state houses and 28.4% of state senates. Of 350 leadership positions in state legislatures across the country, women hold 25.7% of these positions.

In Pennsylvania, women comprise four out of 20 Congressional seats or 20% (Table 9.1). Of the 18 seats allocated to Pennsylvania for the U.S. House of Representatives, women make up 22% of those seats. However, women hold no U.S. Senate seats. Currently, women hold 20% of statewide elected office seats in Pennsylvania. In the Pennsylvania General Assembly, women make up 29.6% of the seats. Women comprise 28% of the State Senate and 30% of the State House. They also hold 33.3% of leadership positions in the General Assembly.

Table 9.1. Women in U.S. Congress, Statewide Elected Executive Office, & State Legislatures, United States & Pennsylvania, 2021

U.S. Congressional Offices	Women in U.S. Congress		Women in Pennsylvania Congressional Delegation	
	Number of Women/Total Number of Seats	Percent	Number of Women/Total Number of Seats	Percent
U.S. Congress (Senate + House)	143/535	26.7%	4/20	20%
U.S. Senate	24/100	24.0%	0/2	0%
U.S. House of Representatives	119/435	27.4%	4/18	22%

Statewide Executive Offices	Women in All Statewide Executive Offices		Women in Pennsylvania Statewide Executive Offices	
Statewide Executive Office (Elected)	95/310	30.6%	1/5	20%

State Legislatures	Women in All State Legislatures		Women in Pennsylvania General Assembly	
State Legislatures (Senate + House)	2,287/7,383	31.0%	75/253	29.6%
State Senate	560/1,972	28.4%	14/50	28.0%
State House of Representatives	1,727/5,411	31.9%	61/203	30.0%
State Legislative Leaders	90/350	25.7%	2/6	33.3%

Source: Compiled by author from the Center for American Women in Politics, Pennsylvania State Senate, and Pennsylvania House of Representatives.
Note: All numbers are current as of July 2021. State legislative leaders include senate presidents (unless this position is filled by the lieutenant governor) and presidents pro tempore; house speakers and speakers pro tempore; and majority and minority leaders.

Pennsylvania has never had a female governor and is 1 of 20 states that have never had a female governor. Historically, only 11 women have served in statewide elective executive positions in Pennsylvania (CAWP 2021). In 2021, Pennsylvania was ranked 30th among 50 states for female representation in its state legislature, so it falls into the bottom half of states. In 1975, women only comprised 3.6% of Pennsylvania's state legislature. It increased to 5.1% in 1985, 11.9% in 1995, 13.4% in 2005, 19% in 2015, and then finally to 29.6% in 2021.

Women of Color and Political Office

Historically, only 88 women of color have served in the U.S. Congress (CAWP 2021). The first women of color elected to the U.S. House of Representatives was Patsy Takemota Mink, and she served from 1965-1977 and then again from 1990-2002. Shirley Chisolm was the first Black women elected to the U.S. House of Representatives, and she served from 1969-1983. Mary Rose Oakar was the first Middle Eastern/North African woman elected to the House, and she served from 1977-1993. Ilena Ros Lehtinen was the first Latina woman elected to the house, and she served from 1989-2019. In 1992, Carol Mosely Braun was the first Black woman and woman of color elected to the U.S. Senate, and she served from 1993-1999. Only four other

women of color have ever served in the Senate, and they are all currently in office except for Kamala Harris – who left when she was elected Vice President. The first Black woman elected to a state legislature was in Pennsylvania, where Crystal Dreda Bird Fauset was elected to the Pennsylvania House in 1938 (CAWP n.d.).

As of 2021, 49 women of color serve in the U.S. Congress (Table 9.2). Of the 143 women who currently serve in Congress, 34.3% are women of color. In the Senate, there are three women of color, and they comprise 12.5% of the women who serve in the Senate. In the House of Representatives, there are 46 women of color, and they make up 38.7% of women who serve in the House. There are 18 women of color who occupy some sort of statewide elected office, and they make up 18.9% of the women who serve in statewide elected office. In state legislatures, there are 605 women of color, and they make up 26.5% of the women who serve in state legislature. Across the country, there are 153 women of color in state senates and 452 in state houses. Of women who serve in state senates and state houses, women of color comprise 27.3% and 26.2% respectively. Of the 90 female state legislative leaders, women of color represent 22 of those positions, or 24.4%.

Table 9.2. Women of Color in U.S. Congress, Statewide Elected Executive Office, & State Legislatures, United States, 2021

U.S. Congressional Offices	Women of Color/ Total Number of Women	Percent
U.S. Congress (House + Senate)	49/143	34.3%
U.S. Senate	3/24	12.5%
U.S. House of Representatives	46/119	38.7%

Statewide Executive Offices	Women of Color/ Total Number of Women	Percent
Statewide Executive Office (Elected)	18/95	18.9%

State Legislatures	Women of Color/ Total Number of Women	Percent
State Legislature (House + Senate)	605/2,287	26.5%
State Senate	153/560	27.3%
State House of Representatives	452/1,727	26.2%
State Legislative Leaders	22/90	24.4%

Source: Compiled by author from the Center for American Women in Politics.
Note: All numbers are current as of July 2021. State legislative leaders include senate presidents (unless this position is filled by the lieutenant governor) and presidents pro tempore; house speakers and speakers pro tempore; and majority and minority leaders.

Local Government Office

Women comprise 30.5% of municipal officeholders as of April 2021 (CAWP 2021). This figure includes mayors, city councils, boards of aldermen, and city commissioners. Of the 1,621 mayors in cities with populations over 30,000 in the United States, 25.1% are women. Of the 100 largest cities in the United States, 32 have women mayors. Of these 32, seven are Black; three are Latina; and three are Asian Pacific Islander (CAWP 2021).

Overall, women's representation in elected positions in Chester County is better or on par with national trends. In 2021, women occupy 50% of the State Senate seats apportioned to Chester County and 55.6% of the State House of Representatives seats apportioned to Chester County (Table 9.3). Women make up 66.7% of the Chester County Commissioners, 88.9% of Chester County Row Offices, and 51% of Chester County School Boards. Women appear to struggle the most in municipal elected positions as they only make up 28% of municipal commissioners, council members, or supervisors. Women make up 20.5% of the leadership positions on municipal governing bodies.

Table 9.3. Women in Elected Office, Chester County, 2021

Chester County Elected Officials in the Pennsylvania General Assembly	Number of Women/ Total Number of Seats	Percent
Pennsylvania State Senate	2/4	50.0%
Pennsylvania House of Representatives	5/9	55.6%
Chester County Elected Officials		
County Commissioners	2/3	66.7%
County Row Offices	8/9	88.9%
Municipal Elected Governing Bodies in Chester County		
President/Chair of Board/Council	15/73	20.5%
Commissioner/Council Member/Supervisor	89/318	28.0%
Chester County School Districts		
Member of School Board	64/126	51.0%

Source: Compilation from the websites of Chester County, all municipality websites, and all school district websites.
Note: "Total School Board Members" are elected and voting members.

Women Appointed to Presidential Cabinets

Historically, only 64 women have been appointed to presidential cabinets, the first being Frances Perkins appointed by President Franklin D. Roosevelt in 1933. As of 2021, 11 women have been confirmed in the Biden administration – 6 in the cabinet and 5 cabinet level positions (CAWP 2021). President Biden has appointed more women to his cabinet than any other

president. The women appointed and the office are as follows: Katherine Tai, U.S. Trade Representative; Isabel Guzman, Administrator, Small Business Administration; Debra Haaland, Secretary of the Interior; Cecila Rouse, Chair, Council of Economic Advisor, Marcia Fudge, Secretary of Housing and Urban Development; Gina Raimonda, Secretary of Commerce; Jennifer Granholm, Secretary of Energy; Linda Thomas-Greenfield, U.N. Ambassador Janet Yellen, Secretary of the Treasury, Avril Haines, Director of National Intelligence; and Kamala Harris, Vice President. Debra Haaland is the first female American Indian/Native American appointed to a cabinet level position. President Obama had the second highest numbers of women appointed in one presential term. He appointed eight women in both of his terms. President Clinton appointed seven women in his first term and six women in his second term. President Trump appointed seven women (CAWP 2021).

Women in the Judiciary

Currently, three women serve on the Supreme Court of the United States: Sonia Sotomayor, Elena Kagan, and Amy Coney Barret. Only two other women have ever served on the Supreme Court: Ruth Bader Ginsberg and Sandra Day O'Connor. Sandra Day O'Connor was the first woman ever appointed to the Supreme Court in 1981 (CAWP n.d.).

In Pennsylvania, women comprise 42.9% of judges on the Pennsylvania Supreme Court, 55% on the Superior Courts, 70% of Commonwealth Courts, and 53.4% of Court of Common Pleas (Table 9.4). In Chester County, women make up 33.3% of judges in the Chester County Court of Common Pleas. Women also comprise 66.7% of judges in the Chester County Magisterial Districts (Table 9.4).

Table 9.4. Female Judges in Pennsylvania and Chester County, 2021

Pennsylvania Courts	Number of Women/ Total Number of Judges	Percent
Pennsylvania Supreme Court	3/7	42.9%
Pennsylvania Superior Court	11/20	55.0%
Pennsylvania Commonwealth Court	7/10	70.0%
Pennsylvania Court of Common Pleas	155/290	53.4%
Chester County Court of Common Pleas	4/12	33.3%
Chester County Magisterial Districts	2/13	66.7%

Source: Compilation from the Unified Justice System of Pennsylvania website.
Note: Vacant seats not included in counts.

Women's Institutional Resources

Because women are less likely to run for political office, having access to institutional resources can help women to run for office. Such programs work to prepare women for political campaigns and to serve a networking function to connect them to other women. Among the institutional resources for women in Pennsylvania are campaign training for women, women's political action committees, and a women's commission. However, Pennsylvania does not have a national women's political caucus state chapter. Campaign training and fundraising are critical for increasing women's pipeline to political office and for encouraging women to run for office in the first place.

The Governor of Pennsylvania created a statewide Commission for Women by executive order in 2017 (Table 9.5). The Commission is responsible for advising the Governor about legislation and policies that affect women. It also supports economic and civic opportunities for women, encourages mentoring programs for girls and young women, identifies opportunities and programs that benefit and advance women, and serves as a resource for all women in Pennsylvania (Pennsylvania Commission for Women, n.d.). Two women from Chester County serve as members of the Pennsylvania Commission for Women.

Chester County also has a Women's Commission. The Commission is composed of 18 members. The mission of the Commission is "to identify and advance the diverse needs and interests of the women of Chester County, empower them to reach their potential personally and professionally and to act as an advocate to the county Board of Commissioners" (Women's Commission n.d.).

In Pennsylvania, there are 19 different statewide resources for leadership and campaign training, but not all of these are targeted specifically to women. Table 9.5 shows the campaign and leadership training programs available specifically to women in Pennsylvania.

There are five campaign programs designed for women: Emerge Pennsylvania, Ready to Run Northeastern Pennsylvania, Ready to Run Pennsylvania, She Can Win, and the Anne Anstine Excellence in Public Service Series. Three of these are nonpartisan, while one caters to Republicans, and the other caters to Democrats (CAWP, n.d.). Emerge Pennsylvania, the state affiliate of Emerge America, recruits and trains Democratic women for elected office across the state of Pennsylvania. Each state has autonomy over its local training program. Emerge Pennsylvania has a six-month training program designed to prepare women to run for office (Emerge Pennsylvania, n.d.). The Anne Anstine Excellence in Public Service Series is an annual nine-month training leadership program for Republican women across Pennsylvania. It is designed to engage more women in the Republican Party as voters, donors, and leaders and to prepare women to become party leaders, community leaders, and elected or appointed officials (Anne Anstine Excellence in Public Service Series, n.d.). Ready to Run Pennsylvania is a part of the Ready to Run National Training Network, sponsored by the Center for Women and American Politics and Rutgers University. It is a nonpartisan training program to prepare women to run for office. There are several affiliated programs, including Ready to Run

Northeastern Pennsylvania at the University of Scranton. Although Ready to Run Pennsylvania is based at Chatham University in Pittsburgh, there are programs in both Pittsburgh and Philadelphia (Ready to Run, n.d.). She Can Win is a nonpartisan organization founded in 2013 by a woman from Pennsylvania, and it works to elect women at the local, state, and federal level. It promotes women in civic leadership through training, mentorship, and professional development programs (She Can Win, n.d.).

There are two nonpartisan leadership training programs for women in Pennsylvania: New Leadership Pennsylvania and Women in Leadership program. New Leadership Pennsylvania is a week-long residential leadership program held at Chatham University in Pittsburgh for young women. The Women in Leadership program is a 12-week, part-time leadership training program offered in the evenings in southwestern Pennsylvania (CAWP, n.d.).

There are two political action committees (PACs) that financially support women candidates: Represent! PAC and Women for the Future of Pittsburgh. Represent! PAC is a political action committee founded in 2014 and based in Philadelphia, which raises money from women donors and fundraisers in order to financially support the campaigns of progressive women candidates across Pennsylvania (Represent!, n.d). Women for the Future of Pittsburgh also fundraises for progressive women candidates, but in Western Pennsylvania specifically (Women for the Future of Pittsburgh, n.d).

Table 9.5. Political & Leadership Resources for Women, Pennsylvania and Chester County

Women's Commissions
Pennsylvania Commission for Women
Chester County Women's Commission
Campaign Training for Women
Emerge Pennsylvania
Ready to Run Northeastern Pennsylvania
Ready to Run Pennsylvania
She Can Win
The Anne Anstine Excellence in Public Service Series
Leadership Training for Women
New Leadership Pennsylvania
Women in Leadership Program
Women's PACs
Represent! PAC
Women for the Future of Pittsburgh
Organizations for Political Parity
Pennsylvania Center for Women & Politics at Chatham University
Pennsylvania Federation of Democratic Women
Pennsylvania Federation of Republican Women
Pennsylvania NOW

Source: Center for American Women and Politics

Four organizations work towards gender parity in politics in general: Pennsylvania Center for Women and Politics at Chatham University, Pennsylvania Federation of Democratic Women, Pennsylvania Federation of Republican Women, and Pennsylvania National Organizations for Women (NOW). The Pennsylvania Center for Women and Politics is housed at Chatham University in Pittsburgh and is a nonpartisan organization that supports women's leadership in public service through education and empowerment (CAWP, n.d.). Both the Pennsylvania Federation of Democratic Women and the Pennsylvania Federation of Republican Women encourage women to run in their respective political parties. Pennsylvania NOW's mission is to achieve gender equality, not only in elected office, but in public policy as well.

Conclusion

Although women have made great progress in registering to vote and turning out to vote, they have had less success in elected office. Part of that is due to women's own reluctance to run for office, which is influenced by gendered expectations at home and work. There are more institutional resources than ever for women, but the access to these resources varies according to geographic region. Typically, there are more of these resources present in the Northeast and West than in the South and Midwest.

Having active or even symbolic representation is critical in a democracy, which is why it is so important that women occupy elected political offices. Even though women of color are grossly underrepresented as candidates and officeholders, there were some important political wins for them in 2020. A record number of Black women were elected to the 117th Congress (2021-2023), and Black women were elected to Congress from two states for the first time (Higher Heights 2021). One of three Black freshman legislators was elected from a majority-white district (Higher Heights 2021).

Recommendations

Support policies that encourage voter turnout.

Encourage girls to be involved in public life and give them opportunities to meet female community leaders and politicians.

Encourage women, and women of color specifically, to run for public office.

Support campaign training for female candidates and connect women who want to run for office with campaign training programs.

Encourage women's organizations to support female candidates.

Maintain a searchable database of vacancies on county and/or municipal boards, commissions, and committees in order to motivate women in Chester County to become more involved in public life. Then recruit women to fill these vacancies. These positions could be elected or volunteer.

Support and/or create leadership programs for all women with an emphasis on women of color.

Support and encourage women's political participation at all levels even if it is not running for office. For example, encourage women to volunteer for political campaigns, work with a local party, and/or donate to political campaigns.

REPRODUCTIVE RIGHTS AND FERTILITY

Introduction

Reproductive health is an important facet of women's health and well-being. Public policy can be a valuable tool to promote women's reproductive health. According to the United Nations' (UN) Committee on the Elimination of Discrimination Against Women (CEDAW), a woman's right to health includes her reproductive and sexual health (United Nations 1995). At the Fourth World Conference on Women in Beijing, the Platform for Action acknowledges the "basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health" (United Nations 1995). In the United States, unintended pregnancies can lead to greater levels of poverty, the potential need for public assistance, and poor health outcomes for women and children (Women's Law Project 2018).

Intersectional discrimination and oppression make it more difficult for women of color and LGBTQ+ people to access sexual and reproductive health care (Dawson and Leong 2020). Unfortunately, the discrimination and bias that exists in the health care industry includes sexual and reproductive health care. Even though several hundred transgender and nonbinary people had abortions in 2017, most of these abortions were performed at health care facilities that did not provide transgender-specific health care (Dawson & Leong 2020). Although the Centers for Disease Control and Prevention have adopted guidelines that call for a person-centered approach to care, and the American College of Obstetricians and Gynecologists has adopted several statements on transgender health, reproductive health care and contraception for LGBTQ+ people are not addressed. Although all women of color face discrimination and oppression, the outcomes of this are particularly poor for Black women who are less likely to have insurance and more likely to face challenges in receiving both adequate and culturally sensitive health care during pregnancy and accessing abortion and birth control.

Access to Abortion

In 1973, the Supreme Court of the United States (SCOTUS) established a legal right to abortion in *Roe v. Wade* that falls under the right to privacy. Before *Roe v. Wade*, it was up to the individual states whether or not to allow abortion. According to *Roe*, abortion could not be restricted in the first trimester. In the second and third trimesters, however, the state could intervene. Since the *Roe* decision, many states have passed numerous restrictions on abortion. Some restrictions have been upheld by SCOTUS while others have not. In 1989, SCOTUS upheld the constitutionality of several restrictions of a Missouri law. In *Webster v. Reproductive Health Services*, SCOTUS upheld restrictions on the use of public facilities and/or public funds for abortion unless the woman's life was in danger as well as a viability test of the fetus in the 20th week of pregnancy. In *Planned Parenthood v. Casey* (1992), SCOTUS upheld the constitutionality of informed consent for minors seeking an abortion and a 24-hour waiting period requirement. SCOTUS also created a new standard for judging the constitutionality of

state restrictions on abortions called the "undue burden" standard, which means that restrictions are allowable if they do not place an undue burden on a woman trying to receive an abortion. In *Gonzales v. Carhart* (2007), SCOTUS upheld the constitutionality of a federal law that specifically bans a late term abortion procedure called dilation and extraction. In *Whole Woman's Health v. Hellerstedt* (2016), SCOTUS ruled that medical benefits must be considered when reviewing the undue burden standard. Since *Roe* was decided in 1973, states have passed nearly 2,000 restrictions on abortion (Guttmacher 2021).

- 25 states have mandatory waiting periods, usually 24 hours
- 37 states require parental consent or parental notification for minor
- 18 states require mandatory counseling
- 12 states prohibit private insurance plans from covering abortion except when the woman's life is in danger
- 45 states allow individual health care providers to refuse to perform or participate in an abortion
- 42 states allow institutions to refuse to perform abortions
- 21 states prohibit "partial-birth" abortions

In the first six months of 2021, state legislatures passed 90 restrictions on abortion (Nash and Naide 2021). Of those restrictions, 90% were passed in states already hostile toward abortion rights (Nash and Naide 2021). All of these restrictions provide financial, legal, and logistical barriers for women to access abortion. These restrictions disproportionately impact low-income and immigrant women, members of historically marginalized racial/ethnic groups, and members of the LGBTQ+ community (National LGBTQ Taskforce, n.d.). In addition to poverty, these groups face challenges related to transportation, taking time off from work, immigration status, and bias or discrimination from healthcare providers (National LGBTQ Taskforce, n.d.).

In 2014, there were 1,671 facilities that provided abortion in the United States, which was a 3% decrease from 2011 when there were 1,720 facilities. Ninety percent of U.S. counties had no clinics that provided abortions in 2014. In 2008, one-third of patients had to travel more than 25 miles to reach a facility (Guttmacher 2017).

In 2014, there were 42 facilities that provided abortions in Pennsylvania, and 20 of those were clinics. This was an 11% decline in the number of overall providers from 2011 when there were 47 facilities that provided abortions. In 2014, about 85% of the counties in Pennsylvania had no facilities that provided abortions, and 48% of women lived in those counties (Guttmacher 2017).

As of July 2021, the following restrictions on abortion were in effect in Pennsylvania:

- mandated counseling and a 24-hour waiting period before a woman can obtain an abortion (Guttmacher 2021a)
- the state health exchange under the ACA only pays for abortion if the woman's life is in jeopardy or in instances of incest or rape (Guttmacher 2017)
- minors must obtain permission from a guardian or parent (Guttmacher 2021a)

- insurance for public employees does not cover abortion except in cases of incest, rape, and if the woman's life is in danger (Guttmacher 2017)
- there is no public funding available for abortion except in cases of rape, incest, or life endangerment (Guttmacher 2021a)
- no abortions can be performed at 24 weeks or more after a woman's last menstrual period unless a woman's life or health is in danger (Guttmacher 2021a)

According to the Centers for Disease Control and Prevention, the total number of reported abortions, abortion rate, and abortion ratio decreased by 22% (Kortsmit et al. 2020). In 2018, the abortion rate was 11.3 abortions per 1,000 women aged 15-44 years old, and the abortion ratio was 189 abortions per 1,000 live births (Kortsmit et al. 2020). Half of abortions (57.7%) were performed on women in their 20s. In 2014, 75% of abortion patients had incomes below the federal poverty line or were low income (Guttmacher 2019). In Pennsylvania, there were 31,018 abortions performed in 2019, and 29.9% of those were performed on women between the ages of 25 and 29 (Pennsylvania Department of Health 2020). In Chester County, there were 809 abortions in 2019 (Pennsylvania Department of Health 2020).

Forced Sterilization and Women of Color

Historically, women of color have been sterilized against their will and have been denied the right to have children. For example, Indian Health Services sterilized 20-25% of American Indian girls and women between the ages of 15 and 44 without their consent or any knowledge of the procedures (Lawrence 2000). Another sterilization program in North Carolina from 1920-1974 sterilized 7,600 men and women and would start to specifically target the Black community in the 1950s in the wake of civil rights and desegregation (Stern 2020). The programs were informed by eugenics and increasingly began to target Black and Indigenous women in particular (Stern 2020).

More recently, there have been allegations of hysterectomies or other gynecological procedures performed without consent or with pressure from a doctor in U.S. Immigration and Customs Enforcement (ICE) detention facilities in Georgia (Southern Poverty Law Center 2021). A nurse who worked in the facility filed a whistleblower complaint, and several women filed complaints with the Georgia Composite Medical Board in 2020. The Department of Justice and Federal Bureau of Investigation (FBI) opened investigations against the doctor toward the end of 2020. A class action lawsuit has also been filed against ICE regarding the doctor in question, and more than 40 women testified against him (Southern Poverty Law Center 2021). Forced sterilization still happens in prisons as well. From 1997 to 2010, roughly 1,400 women had unwanted sterilization performed on them (Stern 2020).

The Affordable Care Act and the Future of Contraceptive Coverage

Under the Patient Protection and Affordable Care Act (ACA) of 2010, women's access to contraceptives was increased. The ACA required health insurance companies to cover contraceptive counseling and all FDA approved methods of contraception with no out-of-

pocket expenses. Since the cost of contraception can be prohibitive, this was a great victory for women and for low-income women, in particular. Before the passage of the ACA, contraceptive coverage was widespread but not universal, and there were out-of-pocket expenses. Before implementation of the ACA, approximately 30-44% of women's out-of-pocket medical expenses were on contraception (Sobel 2017a). Out-of-pocket expenses for all prescriptions were reduced significantly by the ACA, and most of that reduction was related to reduced out-of-pocket expenses for contraception (Sobel 2017a).

Beginning in 2012 when provisions about contraception under the ACA were implemented, the only employers that were exempt from the mandate were classified as a "house of worship" (Sobel et al. 2018). Several nonprofits and some businesses challenged the mandatory contraceptive coverage on religious or moral grounds. Hobby Lobby was a for-profit business that challenged mandatory contraception coverage, arguing that their first amendment rights to free exercise of religion were violated, and the case went to the Supreme Court. In a 5-4 decision, the Court ruled that Hobby Lobby could obtain an exception under the Freedom and Religious Restoration Act since they are a "closely held" corporation (*Burwell v. Hobby Lobby* 2014). Thus, any for-profit corporation that is family owned can refuse to cover women's contraception if they have sincere religious beliefs that do not support the use of contraception. Under the current ACA regulations post-*Hobby Lobby*, religiously affiliated non-profits and closely held for-profits are not exempt per se but can receive an accommodation – meaning that the employer can opt out of paying the costs of contraception. The cost shifts to the insurance company primarily and to the woman in the form of a co-payment.

Since the 2016 presidential election, many of the regulations around contraceptive coverage under the ACA changed, but these new regulations were then blocked by courts during litigation. In October 2017, the number and types of employers considered to be exempt from the contraceptive mandate increased (HHS 2017). Because the new regulations were issued without the typical notice and comment period per the Administrative Procedure Act, there were four lawsuits filed challenging the regulations under the 1st and 5th amendments. In December 2017, the new regulations were blocked by Pennsylvania and California courts pending outcomes of the litigation (Sobel et al. 2018). The regulations allow the following types of organizations to refuse contraceptive coverage to women on the basis of "religious beliefs or moral convictions": publicly traded for-profit companies, nonprofits, and private universities and colleges that provide student health plans. Basically, any employer with a religious or moral objection can claim an exemption and refuse to cover contraception. Thus, the affordability and access to contraception would vary considerably depending on the employer and state in which a woman lives (Sobel et al. 2018). In 2020, the Supreme Court ruled (7-2) that religious exemptions were allowed (Barnes 2020). As a result, the government estimates 70,000-126,000 women could lose access to free birth control (Barnes 2020). In a survey done by the Kaiser Family Foundation and the *Washington Post*, 71% of respondents said that they supported laws that required insurance plans to cover the full cost of birth control (Sobel et al. 2017b).

Title X

Title X is a federally funded family planning program that was created in 1970. It provides low-income women with preventative reproductive health services and affordable contraception. At the time it was passed, Title X received bi-partisan support. In 2016, about 4,000 clinics received Title X funding. The program serves approximately 4 million low-income, uninsured women a year (Kaiser Foundation 2018). Services include pelvic exams, pregnancy testing, contraceptive counseling and services, infertility services, health education, screening for cervical and breast cancer, high blood pressure, anemia, diabetes, sexually transmitted diseases, and HIV/AIDS (Women's Law Project 2018). Title X funds have never directly been used for abortion services, and the Hyde Amendment has expressly forbidden federal funding for abortions except in extreme cases (later defined as rape, incest, or to save the life of the mother) since 1977 when it went into effect (Salganicoff 2021). Initially, the Hyde Amendment only applied to Medicaid, but now also restricts funding that goes to the Indian Health Service, Medicare, and the Children's Health Insurance Program (Salganicoff 2021).

Women of color are more likely to be affected by the Hyde Amendment because they are more likely to be insured by Medicaid due to systematic discrimination and economic inequality (Williamson et al. 2017). Women of color comprise 52% of the women who were denied access to abortion care by the Hyde Amendment, and 18% of these women were Black (Williamson et al. 2017). Although states can use Medicaid funds to cover abortion for low-income women, 58% of women of reproductive age are enrolled in states that have specifically banned abortion as part of Medicaid coverage. Of these Medicaid enrolled, 51% are women of color (Williamson et al. 2017). Black women are also more likely to live in states where there are multiple restrictions in accessing abortion. Black residents make up 20% or more of the population in Alabama, Georgia, Louisiana, Mississippi, North Carolina, and South Carolina. In these states, there are 4-6 abortion restrictions, making it more difficult for Black women to access abortion services (Williamson et al. 2017).

In May 2018, the Trump administration issued a new rule that withheld Title X funding to any healthcare provider that provides abortion services or makes referrals to abortion clinics even though Title X funding cannot be used for abortion. The new regulations, which went into effect in March 2019, were challenged in court by Planned Parenthood and the National Family Planning and Reproductive Health Association for lack of proper rulemaking procedures (Kaiser Foundation 2018). Planned Parenthood and more than 1,000 health clinics withdrew from the Title X program once it went into effect (McCammon 2021). The 2019 rule was criticized for limiting low-income women's access to reproductive health services. On January 28, 2021, President Biden issued a memorandum calling for the repeal of the Trump 2019 Title X rule (White House 2021). Currently, the proposed rule is under review and would reinstate the 2000 regulations (Office of Population Affairs 2021). According to a poll done by the Kaiser Family Foundation in 2019, 58% of respondents opposed the Trump rule, and Republicans were almost evenly split in their opinion (McCammon 2021).

In 2017, 36% of patients who relied on Title X services used Planned Parenthood in Pennsylvania (Women's Law Project 2018). In fact, Pennsylvania had the third largest patient population that qualified for Title X funding in the United States. The unintended pregnancy rate in Pennsylvania is higher than the national average. About 53% of pregnancies are unintended in Pennsylvania, but the national average is 45%.

Emergency Contraception

Emergency contraception (EC) is a secondary form of birth control that can be taken up to several days after contraceptive failure, unprotected intercourse, or sexual assault. EC is a "concentrated dose of progestin, a hormone found in many birth control pills, which inhibits or delays ovulation" (NCLS 2012). Unlike RU-486 (which induces an abortion), EC will not work if a woman is already pregnant. Depending on the type of EC used, effectiveness rates range from 75% to 99% (for a copper intrauterine device), and it can be taken within 75 to 120 hours after intercourse or inserted within five days after unprotected intercourse in the case of the copper intrauterine device (Kaiser Foundation 2016).

Accessing EC can still be difficult for women. Before 2006, women needed a prescription to access EC. Between 2006 and 2014, women over 17 could obtain Plan B (a type of EC) and its generic counterpart without a prescription. Women under 17 still needed a prescription. In 2014, the age requirements for EC were removed by the FDA. Some forms of EC such as ella still require a prescription for all women regardless of age. Even though women can access many forms of EC without a prescription, they must pay retail price without a prescription in most states (Kaiser Foundation 2016).

Under the Affordable Care Act (ACA), most private insurance companies are required to cover contraceptive drugs and devices without a co-pay (Kaiser Foundation 2016). This would include the insertion and removal of copper IUDs. Women who receive Medicaid are entitled to family planning services – meaning that any FDA approved contraceptive is approved so long as there is a prescription.

Although there has been progress in accessing emergency contraception, challenges remain. One study has shown that EC is not always stocked consistently and may be in a locked display case or behind the counter because of the high cost. American Indian women, in particular, lack consistent access to EC through Indian Health Services (IHS). A study found that 9% of IHS clinics did not stock Plan B, 11% required a prescription, and 72% had an improper age restriction on Plan B (Kaiser Foundation 2016).

Below are laws that expand access to emergency contraception:

- 20 states and Washington D.C. require hospital emergency rooms to provide information about EC to female victims of sexual assault (Guttmacher 2022)
- 15 states and Washington D.C. require hospital emergency rooms to dispense EC upon request to sexual assault victims (Guttmacher 2022)

- 8 states allow pharmacists to prescribe EC if they are working with a physician or have had EC training (Guttmacher 2022)
- 3 states require pharmacies to fill valid prescriptions (Guttmacher 2022)
- 1 state requires pharmacists to fill all valid prescriptions (Guttmacher 2022)

Pennsylvania requires emergency rooms to provide information about EC. A hospital may refuse on religious or moral grounds, but it is required to transport the person to the closest facility that will provide the medication (Guttmacher 2022).

Other Family Planning Policies and Resources

Access to Infertility Treatments

Infertility is a term generally used after a year of regular, unprotected sexual intercourse that does not result in a pregnancy. About 10% of women in the U.S. of childbearing age have received infertility treatments, which can include insemination and hormone therapy in order to increase egg production (NCSL 2021). Assisted reproductive technology is when eggs are fertilized outside of a woman's womb and then inserted into her uterus through in vitro fertilization (IVF). In 2015, 72,913 babies were born as a result of IVF (NCSL 2021). Infertility treatments are expensive. For example, one cycle of IVF is estimated to cost between $12,000 and $17,000 (NCLS 2021). Fertility treatments are less likely to be covered by insurance, and most patients have to pay out-of-pocket (Weigel et al. 2020). As of 2021, 17 states have passed laws that either require an insurance provider to cover or offer coverage for infertility diagnosis and treatment: Arkansas, California, Connecticut, Delaware, Hawaii, Illinois, Louisiana, Maryland, Massachusetts, Montana, New Hampshire, New Jersey, New York, Ohio, Rhode Island, Texas, and West Virginia(NCSL 2021). Of those states, 15 have passed laws that offer coverage for infertility diagnosis and treatment (NCLS 2021).

Because of the cost, fertility treatments are inaccessible to many who want them. White women are the most likely to use fertility services to become pregnant. Black and Hispanic women are less likely to use fertility services because of lower average incomes and misconceptions about fertility treatments (Weigel, et al. 2020). LGBTQ+ individuals also have more difficulty and face discrimination when trying to access fertility services (Weigel et al. 2020).

Mandatory Sex Education in Schools

In 2019, 57% of 12th graders said they had sex by the time they graduated high school (Guttmacher 2021b). Sex education can provide sexual and reproductive health information and can help to prevent unplanned pregnancies and avoid sexually transmitted diseases. Sex education should be medically accurate, culturally appropriate, and LGBTQ+ inclusive (Guttmacher 2021b). As of 2021, only 39 states and the Washington D.C. mandated sex education and HIV education in public schools (Guttmacher 2021b). Of the states that mandate sex education, 20 states and Washington D.C. require information on contraception, 39 require

information on abstinence (28 require abstinence be stressed, and 11 states and Washington D.C. require it to be covered), 19 states require instruction to address the importance of marriage and sexual activity, 11 states require an inclusive view of sexual orientation, 5 states require negative information on same-sex relationships and sexual activity and/or a positive emphasis on heterosexuality, and 19 states and Washington D.C. require information about the negative outcomes of teen sex and pregnancy (Guttmacher 2021b). When HIV education is taught, 19 states require information on condoms or contraception, and 37 states and Washington D.C. require information on abstinence (Guttmacher 2021b). In Pennsylvania, only HIV education is mandated. Parents must be notified, and there is an opt-out option (Guttmacher 2021).

Same-Sex Marriage and Second-Parent Adoption

Since the 2015 Supreme Court decision in *Obergefell v. Hodges*, same-sex couples have had the right to marry anywhere in the U.S. and are entitled to same benefits as heterosexual couples. Historically, same-sex couples were often denied the right to legally adopt children. As a result of *Obergefell*, same-sex couples now have the right to stepparent adoption and joint adoption for married couples (Movement Advancement Project 2021). Some states have provided additional protections against discrimination in fostering and adoption. Twenty-seven states have passed anti-discrimination laws on the basis of sexual orientation and/or gender identity in adoption (Movement Advancement Project 2021). There are eleven states, however, that allow a religious exemption – meaning that an agency can refuse to place a child with a same-sex couple or LGBTQ[6] individual on the basis of religious beliefs (Movement Advancement Project 2021). In Pennsylvania, LGBTQ individuals comprise 4.1% of the population, and 27% of the LGBTQ population is raising children (Movement Advancement Project 2021). There are no anti-discrimination laws for same-sex couples in reference to fostering or adoption in Pennsylvania (Movement Advancement Project 2021).

Fertility Rates, Prenatal Care, Low Birth Weights, and Infant Mortality

In 2019, the general fertility rate in the United States was 58.3 per 1,000 live births for women aged 15-44 (Martin et al. 2021). The general fertility rate declined 1% from 2018 and was a record low in the United States. Since 2007, the general fertility rate declined with the exception of an increase in 2014 (Martin et al. 2021). The general fertility rate declined for all racial/ethnic groups in 2019: 3% decrease for American Indian/Alaska Native women, 2% decrease for White women, and a 1% decrease for Black, Asian, and Hispanic women (Martin et al. 2021). Among teens, ages 15-19, the birth rate was 16.7 per 1,000 live births in 2019 - a 4% decrease from 2018 and a historic low (Martin et al. 2021). Birth rates dropped or remained the same among all racial/ethnic groups for teens: 6% decrease for White teens, 5% decrease for Hispanic teens, and a 2% decrease for Black teens. For all other racial/ethnic groups, teen birth rates remained roughly the same as 2018 (Martin et al. 2021). In 2019, birth rates went

[6] The term LGBTQ has been taken directly from the source and does not necessarily reflect the preferences of the researcher or the Fund for Women and Girls.

down by 2% for women in their 20s and 1% for women in their 30s. Rates went up by 2% for women in their 20s, and the raw number of births for women over 50 increased (rates could not be determined because of the small number) (Martin et al. 2021). In 2019, the mean age of first-time mothers increased to 27 years old, a record high (Martin et al. 2021). Mean ages rose for almost all racial and ethnic groups: 25.1 for Hispanic women, 25.2 for Black women, 27.8 for White women, and 30.7 for Asian women. For American Indian/Alaska Native women and Native Hawaiian/Other Pacific Islander women, birth rates were nearly the same as 2018 (23.5 and 24.8 years respectively) (Martin et al. 2021).

In Pennsylvania, the fertility rate for women was 56.3 per 1,000 (ages 15-44) in 2019 (National Center for Health Statistics 2019). Vermont had the lowest fertility rate at 46.8, followed by New Hampshire, Rhode Island, Massachusetts, Maine, Oregon, Connecticut, Colorado, California, Washington, Illinois, and then Pennsylvania at 12th (National Center for Health Statistics 2019). States with the highest fertility rates were South Dakota, North Dakota, Alaska, Utah, and Nebraska (National Center for Health Statistics 2019). In Chester County, the general fertility rate was 56.2 (Pennsylvania Department of Health 2019).

Table 10.1. shows reported pregnancies and outcomes for all women by age group from 2015-2019. During this time period, there were 808,373 births in Pennsylvania and 30,283 in Chester County (Table 10.1). Outcomes for those pregnancies in Pennsylvania were 687,778 live births, 6,111 fetal deaths, and 114,484 induced abortions. In Chester County, there were 30,283 live births, 6,111 fetal deaths, and 3.262 induced abortions (Table 10.1). In Pennsylvania, the largest number of pregnancies (399,398) were women ages 20-29. In Chester County, women ages 30 and over had the most reported pregnancies at 18,471. The number of live births in Pennsylvania were nearly the same for women aged 20-29 (328,710) as women aged 30+ (328,436). In Chester County, live births were highest among women 30 and over (17,205). In Pennsylvania, fetal deaths were highest among women aged 30 and over (2,964). In Chester County, fetal deaths were also highest among women 30 and over at 100. Induced abortions were highest among women ages 20-29 in Pennsylvania (67,886) and Chester County (1,843).

Table 10.1. Reported Pregnancies & Outcomes by Age in Pennsylvania (PA) & Chester County, 2015-2019

			Outcome					
	Reported Pregnancies		Live Births		Fetal Deaths		Induced Abortions	
Age of Woman	PA	Chester County	PA	Chester County	PA	Chester County	PA	Chester County
All Ages	808,373	30,283	687,778	26,853	6,111	168	114,484	3,262
Under 15	603	6	308	3	8	0	287	3
15-17	10,727	182	7,801	124	108	4	2,818	54
18-19	29,467	599	22,416	397	225	6	6,826	196
20-29	399,398	11,019	328,710	9,118	2,802	58	67,886	1,843
30+	368,067	18,471	328,436	17,205	2,964	100	36,667	1,166

Source: Pennsylvania Department of Health, Pennsylvania Vital Statistics 2021

Prenatal Care, Low Birth Weight, and Infant Mortality

Prenatal care refers to the health care that a woman receives while pregnant (Office on Women's Health, n.d.). Mothers who do not receive prenatal care are three times more likely to have a low birth weight baby and five times more likely to die than mothers who do get prenatal care (Office on Women's Health, n.d). The Affordable Care Act helps pregnant women because it prohibits insurance companies from denying coverage or increasing premiums if a woman becomes pregnant (Office on Women's Health, n.d). Table 10.2 shows the percent of mothers receiving prenatal care in the first trimester of their pregnancy. In the United States, 77.6% of women received prenatal care in 2019, but this percentage was lower in Pennsylvania from 2017-2019 at 73.8%. In Chester County, there were more women receiving prenatal care than in Pennsylvania but less than the United States. From 2017-2019, 75.4% of mothers who had live births began prenatal care in their first trimester (Table 10.2).

Low birth weight refers to babies who weigh less than 5 pounds 8 ounces (Martin et al. 2021). This condition is often preventable (Office on Women's Health n.d.). Low birth weight is important because it is often a predictor of child development, child survival, and risks of non-communicable diseases (K.C. et al. 2020). Table 10.2 shows the percent of infants born at low birth weights in the United States, Pennsylvania, and Chester County. In 2019, 8.3% of infants were born at low birth weights in the United States, compared to 8.3% in Pennsylvania and 6.5% in Chester County from 2015-2019 (Table 10.2). The percent of low weight babies is considerably less in Chester County compared to the state and nation.

Infant mortality refers to the death of an infant before their first birthday (Ely and Driscoll 2020). It is an indication of a society's overall health. In 2018, most infant deaths were due to birth defects, preterm births, material pregnancy complications, sudden infant death syndrome, and injuries (Reproductive Health, n.d.). In 2018, 21,498 infants died in the United States. The infant mortality rate (measured by the number of deaths per 1,000 live births) was 5.67 in the United States in 2018 – an all-time low (Ely and Driscoll 2020).

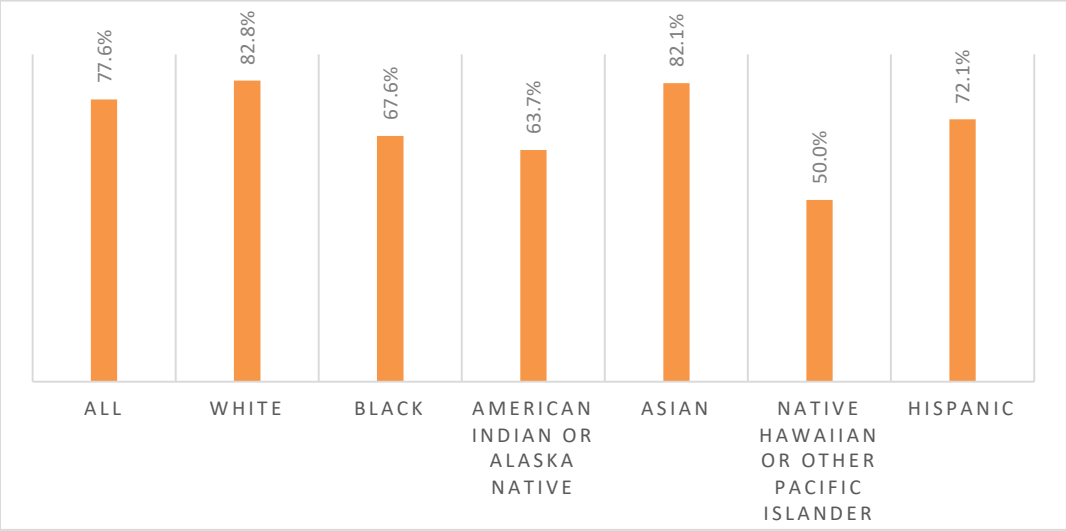
Table 10.2. Prenatal Care, Low Birth Weight, and Infant Mortality in the United States, Pennsylvania, and Chester County

	United States	Pennsylvania	Chester County
Percent of Live Births to Mothers Beginning Prenatal Care in the First Trimester	(2019) 77.6%	(2017-19) 73.8%	(2017-19) 75.4%
Percent of Infants Born at Low Birth Weight	(2019) 8.3%	(2015-19) 8.3%	(2015-19) 6.5%
Infant Mortality Rate per 1,000 Live Births	(2018) 5.67	(2015-19) 6.0	(2015-19) 4.2

Source: Compiled by author from the Pennsylvania Department of Health, Pennsylvania Health People, & the U.S. Department of Health and Human Services, National Vital Statistics Reports Volume 69, Number 7, National Vital Statistics Reports Volume 70, Number 2.
Note: Years for data are listed first in parentheses. U.S. infant mortality data is from 2018. U.S. birth data and prenatal data is from 2019. Pennsylvania and Chester County infant mortality and low birthweight data is from 2015-2019. Pennsylvania and Chester County data for prenatal care is from 2017-2019.

In 2019, 77.6% of women in the United States received prenatal care during the first trimester (Figure 10.1). However, some demographic groups were more advantaged than others. White women were the most likely to have prenatal care at 82.8%. Asian women were also more likely to have prenatal care at 82.1%. In the United States, 72.1% of Hispanic women received prenatal care, compared to 67.6% of Black women and 63.7% of American Indian or Alaska Native women. Only 50% of Native Hawaiian or Other Pacific Islander women received prenatal care in the first trimester.

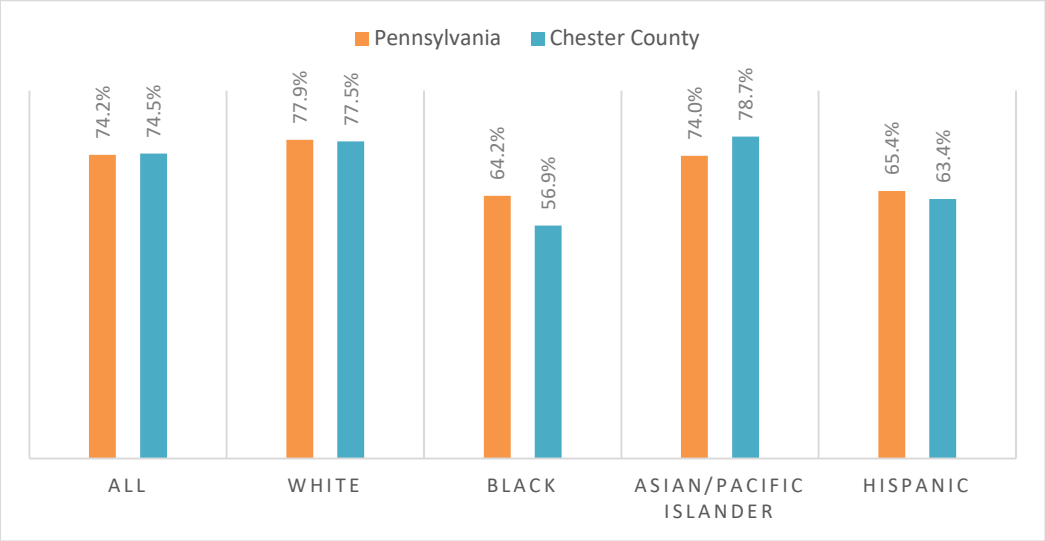
Figure 10.1. Percent of Live Births to Mothers Beginning Prenatal Care in the First Trimester in the United States, 2019



Source: U.S. Department of Health and Human Services, National Vital Statistics Reports Volume 70, Number 2

In 2019, 74.2% of women in Pennsylvania and 74.5% of women in Chester County received prenatal care during the first trimester (Figure 10.2). In Pennsylvania, 77.9% of White women, 74% of Asian/Pacific Islander women, 65.4% of Hispanic women, and 64.2% of Black women received prenatal care during the first trimester. Levels of prenatal care were similar in Chester County, with one notable exception. Only 56.9% of Black women in Chester County received prenatal care in the first trimester, compared to 78.7% of Asian/Pacific Islander women, 77.5% of White women, and 63.4% of Hispanic women. Overall, the percent of women in Chester County beginning prenatal care in the first trimester was roughly the same in 2019 (74.5%) as in 2012 (74.4%) (Turner 2016). For Black women in Chester County, there was an increase from 50.6% in 2012 (Turner 2016) to 56.9% in 2019. There was also an increase for Hispanic women from 57.8% in 2013 (Turner 2016) to 63.4% in 2019. The same percent of White women received prenatal care in 2012 and 2019 at 77.5%.

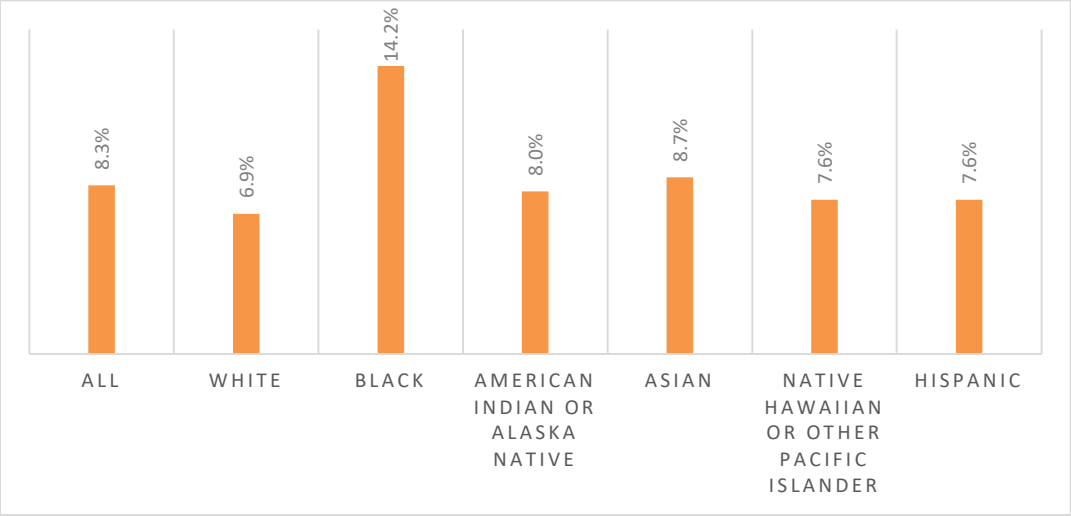
Figure 10.2. Percent of Live Births to Mothers Beginning Prenatal Care in the First Trimester, Pennsylvania & Chester County, 2019



Source: EDDIE (Enterprise Data Dissemination Informatics) Interactive Tool, Pennsylvania Department of Health
Note: These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

In 2019, the overall percent of low birth weights in the United States was 8.3% (Figure 10.3). Black babies were the most likely to be underweight at 14.2% (Figure 10.3). In 2019, 8% of American Indian or Alaska Native babies were of low birth weight, compared to 8.7% of Asian babies, 7.6% of Native Hawaiian or Other Pacific Islander babies, 7.6% of Hispanic babies, and 6.9% of White babies.

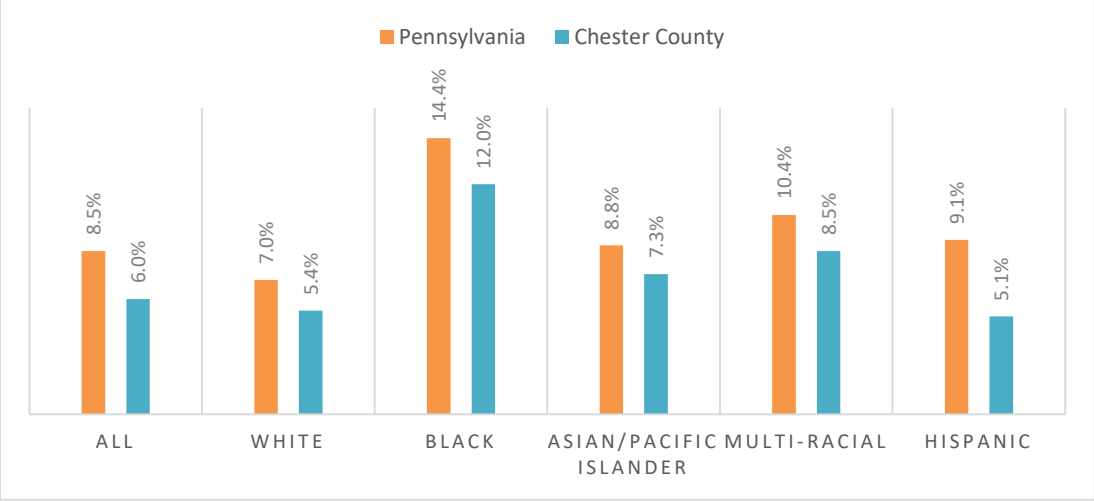
Figure 10.3. Percent of Low Birth Weight Babies by Race and Ethnicity in the United States, 2019



Source: U.S. Department of Health and Human Services, National Vital Statistics Reports Volume 70, Number 2

In Pennsylvania, 8.5% of babies were low birth weight in 2019, compared to 6% in Chester County (Table 10.4). In 2019, the percent of low birth rate babies were highest among Black babies at 14.4% in Pennsylvania and 12% in Chester County. The next highest percentage of low birth rate babies was among multi-racial babies at 10.4% in Pennsylvania and 8.5% in Chester County. In Pennsylvania, 9.1% of Hispanic babies were low birth weight, compared to 8.8% of Asian/Pacific Islander babies, and 7% of White babies. In Chester County, 7.3% of Asian babies were low birth weight, compared to 5.4% of White babies and 5.1% of Hispanic babies.

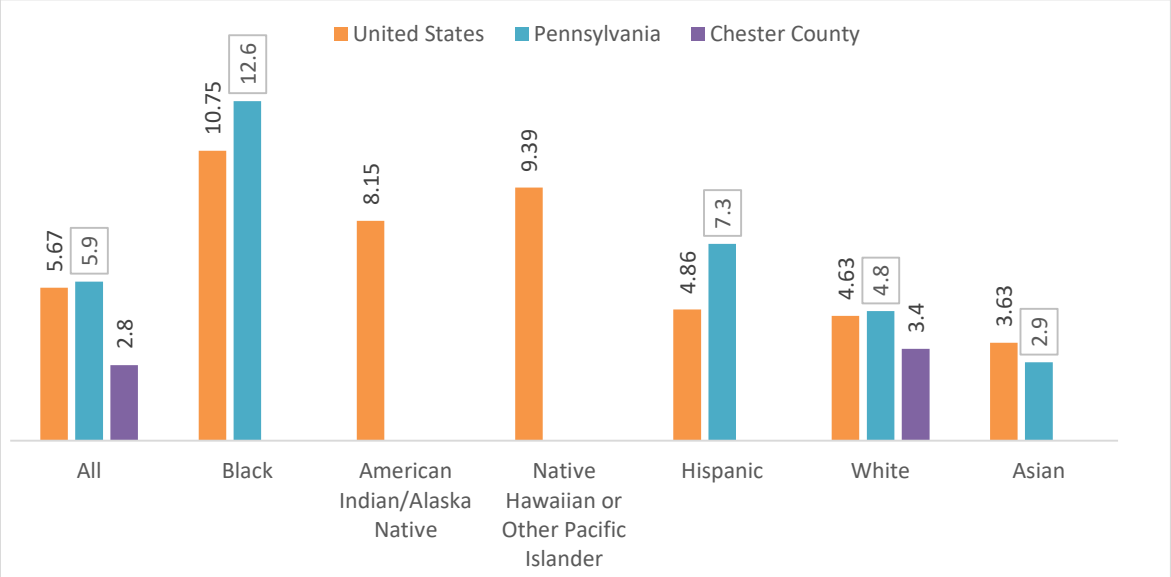
Table 10.4. Percent of Low Birth Weight Babies by Race and Ethnicity in Pennsylvania & Chester County, 2019



Source: EDDIE (Enterprise Data Dissemination Informatics) Interactive Tool, Pennsylvania Department of Health
Note: These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

In 2018, the overall infant mortality rate for all demographic groups was 5.67 in the United States (Ely and Driscoll 2020) and was slightly higher at 5.9 in Pennsylvania in 2018 (Pennsylvania Healthy People 2021). Figure 10.5 shows infant mortality rates by race and ethnicity in the United States and Pennsylvania in 2018. Infant mortality rates were highest among Black women (10.75), Native Hawaiian or other Pacific Islander women (9.39), and American Indian/Alaska Native women (8.15) in the United States. Rates were lowest among Asian women (3.6), White women (4.6), and Hispanic women (4.9). In most demographic groups for which there is data, infant mortality rates were slightly higher in Pennsylvania than in the United States. Black women in Pennsylvania had the highest infant mortality rate at 12.6. Hispanic women had the second highest infant mortality rates at 7.43, compared to 4.86 in the United States. White women had almost the same infant mortality rate at 4.8 in Pennsylvania and 4.63 in the United States. Asian women in Pennsylvania had lower infant mortality rates (2.9) than in the United States (3.63). In Chester County, the overall infant mortality rate was 2.8 in 2018, which was considerably lower than the national and state rate. For White women in Chester County, the infant mortality rate was 3.4, also lower than the national and state rates. Data was not available for other demographic groups.

Figure 10.5. Infant Mortality Rate (per 1,000 Live Births) by Race & Ethnicity in the United States, Pennsylvania, & Chester County, 2018



Source: Compiled by author from Center for Disease Control and Prevention, Infant Mortality Rates 2018 and Pennsylvania Department of Health, 2018 Maternal and Child Health Status Indicators, and EDDIE (Enterprise Data Dissemination Informatics) Interactive Tool, Pennsylvania Department of Health.
Note: Data not available for all demographic groups at the state and county level. Rates are not displayed for groups if count is less than 10. Some of the data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

A study by Rachel Hardeman at the University of Minnesota School of Public Health and co-authors found that the mortality rate of Black babies is cut in half if they are delivered by a Black doctor (Greenwood et al. 2020). In a study of 1.8 million hospital births in Florida between 1992 and 2015, mortality rates for Black babies went from 430 per 100,00 live births

to 172 per 100,000 when there was racial concordance between doctor and patient (Greenwood et al. 2020). Although the overall infant mortality rate in the United Stats has gone down considerably over time, the gap between Black and White babies has not narrowed due to medical racism (Greenwood et al. 2020).

Conclusion

Birth rates in the United States are down. Women are waiting until they are older to have children and are having fewer children. Even though infant mortality rates have improved overall, women of color have considerably higher infant mortality rates than White women. Black women are also less likely to have access to prenatal care during the first trimester and more likely to have underweight babies due to structural racism.

Although the United States has made considerable progress in terms of women's reproductive rights over the years, women's reproductive rights are under attack. Under the Affordable Care Act (ACA), women's access and use of contraception increased, but it has been undermined by the exemptions granted on the basis of religious and moral objections by any employer – religious or not. Title X funding that provides reproductive health care to low-income women received bipartisan support in 1970, but this can change due to partisan policies. Access to emergency contraception and abortion is also being restricted on a state-by-state basis.

Recommendations

Support policies and programs like the Affordable Care Act that make birth control more affordable.

Support policies that maintain access to abortion and emergency contraception.

Support policies that maintain Title X funding.

Support policies and funding for comprehensive sex education programs that are medically accurate, inclusive, and teach about healthy relationships, consent, and interpersonal violence.

Support policies that defund abstinence only programs which stigmatize LGBTQ children and have been shown not to work.

Support culturally appropriate training for reproductive health providers who can competently serve people of color and the LGBTQ+ community.

Support policies and programs that provide free or low-cost prenatal care.

Support culturally competent training for doctors of obstetrics and gynecology that informs them about bias and racism in medical care.

Support policies and programs that recruit and retain Black people as well as other members of historically marginalized racial/ethnic groups into medical school programs.

Support investment in community-based services and nonclinical, holistic approaches to improving health.

CONCLUSION

Over the past 50 years, women have made significant progress toward social equity and have gained many legal protections. Since the passage of the Civil Rights Act of 1964, sex-based discrimination has been prohibited in hiring, firing, and promotion decisions. Unfortunately, women are still the victims of sex-based discrimination and still earn less than men despite the passage of the Equal Pay Act in 1963. Economic equality has been elusive as women are also more likely to live in poverty than men. Although women's educational levels now equal and/or exceed those of men, this has not translated to greater earnings than men due to occupational segregation and family responsibilities. Since women still bear more caregiving responsibilities and a greater proportion of household tasks, they often work part-time and earn less money. COVID-19 exacerbated many of the issues related to childcare as women took on even more responsibilities for childcare during the pandemic while either losing their jobs or being forced to work virtually. Of particular concern are the health outcomes for women of color. Black women and American Indian/Alaska Native women are disproportionately affected by a number of health conditions that are often related to a lack of access to health care. Black and American Indian/Alaska Native women are more likely to be victims of rape and sexual abuse, and there are still cultural norms against women speaking up about these crimes. In the political realm, women are still underrepresented in elected office at all levels of government. While there has been considerable progress, there are still substantial challenges that need to be addressed.

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APPENDIX A

Focus Group Questions: Adultification

When you were a child in school (K-12), did white authority figures provide you with less support, encouragement, or comfort than white girls? Can you share a little about this experience(s)?

When you were a child, did white authority figures think you were older than your actual age or treat you that way? Can you share a little about this experience(s)?

When you were a child in school, did you ever feel you were disciplined more severely than a white girl who had done the same thing? Can you share a little about this experience(s)?

Is there anything else you would like to add?

Focus Group Questions: COVID-19

How has COVID19 impacted you professionally?

How has COVID19 affected your personal life?

Do you feel that women and men are facing the same challenges? What challenges are women facing that men aren't

Do you have any suggestions for how to address these issues?

Is there anything else you would like to add?

Focus Group Questions: Female Business Owners

What are some of the challenges you face as a female business owner?

Are there challenges that you face that your male counterparts don't?

What kind of policies or programs would help you meet these challenges?

Is there anything else you would like to add?

Focus Group Questions: Grandmothers & Caregiving Responsibilities

Can you tell me about your caregiving responsibilities?

What is challenging or hard for you about these responsibilities?

How do you your responsibilities as a grandmother compare with those of grandfathers that you know?

Is there anything else you would like to add?

Focus Group Questions: Nonprofit Providers

What are some of the challenges that your female clients face in terms of transportation in Chester County?

What are some of the challenges that your female clients face in terms of housing in Chester County?

Do you have any suggestions for what can be done to improve transportation or housing for your female clients in Chester County?

Is there anything else you would like to add?

Interview Questions

1. What challenges do you face as a senior?

2. Do you feel that you face more challenges as a woman?

3. What kind of financial challenges to senior women face?

4. Is there anything you would like to add?