The Report highlights data points and focus group findings, as well as provides local, state, and national policy and program recommendations across nine areas that affect the lives of women and girls:

- COVID-19
- Educational Disparities
- Employment and Earnings
- Work and Family
- Poverty and Opportunity
- Reproductive Rights
- Health and Well-Being
- Violence and Safety
- Political Participation

Over the last few decades, many legal barriers to women’s advancement have been removed, and gender expectations have started to change. However, women today still face challenges at work and home, with women of color experiencing the greatest burden. This summary of the 2022 Blueprint Report brings these issues and trends to the forefront of awareness, advocacy, community conversations, and strategic planning. The Fund vows to tackle these challenges head on as we promote the continued advancement of women and the well-being of families and communities in Chester County and beyond.

*Please note that when the researcher is using secondary data, the language used to identify racial and ethnic groups reflects that of the original source so as to maintain the original meaning of the data collected. Language used for racial and ethnic groups does not necessarily reflect the preferences of the researcher or The Fund for Women and Girls.
Who We Are

The Fund for Women and Girls leads and unites the community through philanthropy and advocacy to ensure that women and girls have resources and opportunities to thrive.

In the past, our Blueprint Report findings have been the catalyst for community action. For example, the nonprofit organization and Fund community partner Black Women of Chester County in Action (BWCCA) was founded by a group of local women who attended a 2016 Blueprint Report presentation, heard about the disparities still impacting women of color in Chester County, and decided to take action. As you read this report, think about how you too can turn data into action.

We believe that women and girls will have equality and security, making our communities stronger and more vibrant for everyone. The Fund is seen as a vital partner and leader, known for boldness, connectivity, and creativity as it brings together and supports individuals and organizations around a shared commitment to the well-being and self-determination of women and girls.

The Fund was created in 1996 to respond to the vital needs and issues affecting women, girls and their families in Chester County. Report findings, new data, and conversations with grantees drive our grantmaking, education, and advocacy initiatives. In 2005, The Fund commissioned the Blueprint Report, which was the first and is the only comprehensive needs assessment of women and girls in Chester County. Data was compiled from more than 80 local, state and national resources. This report was updated in 2010, 2016, and again now.

Since our inception, The Fund has awarded over $4 million in grants to 86 organizations addressing critical needs of women and girls as identified in the Blueprint Report.

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Chester County Quick Facts

524,989
Total population
(up from 512,784 in 2016 Report)
50.6% female
(down from 51% in 2016 Report)

$102,016
Median household income
(up from $85,373 in 2016 Report)

Race of females
84.8% White
(81% in 2016)
5.9% Black
(6% in 2016)
5.5% Asian
(4.9% in 2016)
7.4% Hispanic or Latino
(6% in 2016)
Chester County women – alongside women in Pennsylvania and the US – suffered a disproportionate amount of the negative impacts stemming from the COVID-19 pandemic. Employment data in particular suggests that the health and economic security of women – and in particular, women of color – has been greatly impacted by the pandemic. Due to the disproportionate effect on women’s employment and wages, this period has been termed the “she-cession.” In February 2020, 1.8 million women had left the workforce, and women’s unemployment rate rose by 12.8% while men’s rose by 9.9%. Although women lost more jobs during the she-cession, men were more likely to be officially counted as unemployed because many women gave up looking for jobs due to childcare responsibilities.

Additionally, women hold 42% of essential full-time, year-round jobs in the United States. During the pandemic, women in essential roles have borne a large emotional and physical burden. For instance, the majority of essential workers in the education, health care, personal care, and sales fields are women. Eight-six percent of essential health care support workers and 73% of essential health care practitioners are women. A whopping 87% of registered nurses are women.

The pandemic has created long-term employment impacts for women as well. Women forced to leave the labor market have already lost out on or have seen their future opportunities for upward mobility and promotions delayed. Additionally, the trajectory of their future earnings upon reentering the workforce will be greatly impacted, as well as their ability to accumulate wealth and save for retirement.

### Early Covid-19 Employment Impacts on Women

#### US Unemployment Increases from the Third Quarter of 2019 to the Third Quarter of 2020

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4%</td>
<td>12.7%</td>
<td></td>
</tr>
<tr>
<td>2.5%</td>
<td>11.6%</td>
<td></td>
</tr>
<tr>
<td>4.8%</td>
<td>12.5%</td>
<td></td>
</tr>
<tr>
<td>3.7%</td>
<td>8.6%</td>
<td></td>
</tr>
</tbody>
</table>

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**.

### 2020 Unemployment Claims

<table>
<thead>
<tr>
<th>Claims</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania</td>
<td>22.3%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Chester County</td>
<td>17.6%</td>
<td>11.4%</td>
</tr>
<tr>
<td>% Unemployment related to childcare</td>
<td>32.1%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

COVID-19 has highlighted many of the faults with childcare in the United States. When the country shut down in March 2020, families struggled to find adequate childcare solutions after childcare centers and schools closed. Family childcare arrangements also put more vulnerable family members at risk because of the virus. For most families, the burden of childcare fell on mothers. The following reflects unemployment claims for women and men and highlights the disproportionate effect the pandemic has had on women.
Focus Group Findings: Impacts of COVID-19 on Women in Chester County:

“The lack of being able to plan anything was the biggest change for me professionally.”

“I feel like since I work virtually, I’m never off the computer, so I feel like I’m working more than ever.”

“I’m married and I have an 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.”

Participants felt stressed by having to learn new technology – either for themselves and their job and/or for their children’s educational needs.

Most participants felt burdened by the unpredictability of the pandemic or the disruption of plans, ranging from social engagements and work events to daily routines.

Most participants expressed regret about being isolated from their extended family and friends.

The majority of participants felt a level of fatigue related to work responsibilities and new pandemic safety precautions, or experienced general loneliness and sadness.

What Can You Do?
Support policies and programs that:

- Provide job training.
- Provide paid sick leave to part-time and full-time employees.
- Provide a living wage for workers in childcare, food service, sanitation, and retail.
- Support increasing the federal minimum wage.
- Expand eligibility of unemployment insurance.
- Extend student loan forbearance.
- Make childcare accessible to all who need it.
Historically, men have had more educational attainment than women on a national level. Since the 1960s, however, the percentage of women earning bachelor’s degrees has dramatically increased. For the population 25 years and older, men and women in the US earn bachelor’s degrees at nearly the same rate; the same is true in Pennsylvania.

The percentage of individuals who have earned bachelor’s degrees in Chester County is considerably higher than state and national figures. Women and men 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. Black women and Hispanic women were more likely to have a bachelor’s degree or higher than Black and Hispanic men, while Asian women and White women were less likely to have a bachelor’s degree or higher as compared to Asian and White men.

Although overall educational attainment for women has improved, female students still face obstacles when it comes to earnings.

For instance, while education increases women’s earnings, it does not eliminate the gender wage gap. Men with a graduate or professional degree in Chester County earned $127,012 compared to women with the same level of education who earned only $77,264. This difference is similar to 2014 data when men with a graduate or professional degree in Chester County earned $109,276 and women with the same level of education earned $66,777.

While women of all education levels in Chester County earn more than women in Pennsylvania and the US, they are still earning significantly less than men in their own communities who have the same level of education. In the US, women with less than a high school degree only earn 65.2% of what their male counterparts do, while women with a bachelor’s degree earn 69.2% of what their male counterparts earn. According to data, the wage gap often grows worse for women with the highest levels of education.

Additionally, women are saddled with larger student loan debt than men. 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. Black women took out more student loans than any other racial/ethnic group. Once women graduate, they pay their student loans back more slowly than men due to the gender wage gap. The impact of the gender wage gap for Black women exacerbates the slow pace of payback even more.

The intersectional impact of student debt and the gender wage gap can be seen even one year after graduation. Data shows the following in terms of cumulative debt by race:

### Educational Disparities

<table>
<thead>
<tr>
<th>Race</th>
<th>2013</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black women</td>
<td>$41,466</td>
<td></td>
</tr>
<tr>
<td>Pacific Islander/Hawaiian women</td>
<td>$38,747</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native women</td>
<td>$36,184</td>
<td></td>
</tr>
<tr>
<td>White women</td>
<td>$33,851</td>
<td></td>
</tr>
<tr>
<td>Asian women</td>
<td>$27,606</td>
<td></td>
</tr>
<tr>
<td>Hispanic women</td>
<td>$20,302</td>
<td></td>
</tr>
</tbody>
</table>

Female Educational Attainment, Chester County, 2019

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>2013</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school graduate</td>
<td>31%</td>
<td>9%</td>
</tr>
<tr>
<td>High school graduate</td>
<td>34%</td>
<td>39%</td>
</tr>
<tr>
<td>Some college or associate’s degree</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher</td>
<td>9%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Student Debt
In particular, Black women experience disparities in the education system as early as childhood, such as over-policing and stricter school discipline policies. Often, these stereotypes influence the perceptions of them by white authority figures in schools and juvenile justice systems. For instance, a 2017 study published by the Georgetown Law Center on Poverty and Inequality looked at the adultification of Black girls, which 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). The study revealed that Black girls are perceived as needing less nurturing, less protection, less support, and less comfort than their white counterparts. They are also seen as more independent, more knowledgeable about adult topics, and more knowledgeable about sex. Survey respondents viewed Black girls as more adult than white girls at all ages from 0 to 19, with an increase starting at age 5.

Thus, there is a strong connection between public perceptions of Black girls as less innocent and more adult-like and how Black girls are treated in schools. If people believe that Black girls are older and less innocent, then they will treat Black girls differently than girls of other races and ethnicities. In the school system, this translates to Black girls experiencing higher rates of discipline. This, in turn, influences how Black girls are treated in the juvenile justice system.

Although specific racial and ethnic group enrollment data for the county is not provided, it is clear that Black children are disciplined disproportionately to white children given that Black residents in Chester County make up 5.5% of the overall population. Expulsion and out-of-school suspension numbers were roughly the same for Black and white students even though white students make up a much larger portion of the students enrolled.

In Chester County, Black students comprised 32% of suspensions compared to their population of only 5.5% in Chester County. Black students were also 5.3 times as likely to receive out-of-school suspensions in the county.

Focus Group Findings: Adultification in Chester County

A guest moderator collected the following feedback from a diverse group of Black women and girls:

“People have always thought that I’ve been three to four years older than I actually am.”

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.

“I had to be her advocate. I literally had to go to the superintendent,” said one participant who observed her daughter being treated differently in school.

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.

In Chester County, Black students comprised 32% of suspensions compared to their population of only 5.5% in Chester County. Black students were also 5.3 times as likely to receive out-of-school suspensions in the county.

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 participants went to majority white schools and had no Black teachers.

What Can You Do?

Support policies and programs that:

☑️ 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.

☑️ Provide implicit bias and adultification training to teachers, school administrators, law enforcement officers, prosecutors, public defenders, probation officers, and judges.

☑️ Provide leadership and mentorship opportunities to Black girls.

☑️ Provide information about disproportionate discipline and policing among communities of color.

☑️ Recruit and retain Black teachers and administrators.
Gender Earnings Ratio

The national gender earnings ratio has improved in recent years. However, in every state in the nation, women – who make up half the workforce – still earn less than men. If progress continues at this pace, in the US, women will not catch up to what men earn until the year 2059; in Pennsylvania, that wage gap won’t close until 2068. In Chester County, women experience a higher discrepancy in median earnings than women in the state as a whole, so closing the gap here at home may take more time.

On average, women make 81.6 cents for every dollar that men make.

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.

Self-Sufficiency Standard*
Annual income needed to meet basic needs without public subsidy or private assistance.

$62,028
adult with one infant

$72,483
two adults with one infant

This standard takes into account costs for housing, childcare, food, health care, transportation, and taxes. Median earnings for women in Chester County are $59,598 – this falls far below the amount necessary to meet basic needs.

The Gender Wage Gap

The gender wage gap has lifelong financial consequences for women. It follows them into new jobs when salary histories are requested, impacts the amount of retirement income and Social Security that women receive, and affects other benefits like disability and life insurance that are based on earnings. Additionally, the gender wage gap is far worse for women of color and mothers.

What’s more? The gender wage gap is present in every state and nearly every occupation, at all ages and levels of education, and across all racial and ethnic groups. In Pennsylvania, the gender wage gap is 73%, which results in an annual loss of $16,000. While the gender wage gap persists, there has been slight improvement in the US, PA and Chester County ratio for women’s earnings to men’s earnings as shown below.

### Median Annual Earnings and the Gender Wage Gap, United States, Pennsylvania, and Chester County, 2019 & 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Women</th>
<th>Men</th>
<th>Ratio of Women’s Earnings to Men’s Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US</td>
<td>PA</td>
<td>Chester County</td>
</tr>
<tr>
<td>2019</td>
<td>$43,215</td>
<td>$43,791</td>
<td>$59,598</td>
</tr>
<tr>
<td>2013</td>
<td>$38,000</td>
<td>$39,905</td>
<td>$51,872</td>
</tr>
</tbody>
</table>

*pathwayspa.org/2020standard/*
In Chester County, women and men across all racial and ethnic groups earned more than women and men in Pennsylvania and the US. However, Black and Hispanic women only earned slightly more than women in other racial and ethnic groups.

Median Annual Earnings for Women by Race

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>United States</th>
<th>Pennsylvania</th>
<th>Chester County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black women</td>
<td>$37,402</td>
<td>$37,548</td>
<td>$38,093</td>
</tr>
<tr>
<td>Hispanic women</td>
<td>$32,479</td>
<td>$31,724</td>
<td>$35,839</td>
</tr>
<tr>
<td>Asian women</td>
<td>$55,601</td>
<td>$51,477</td>
<td>$66,982</td>
</tr>
<tr>
<td>White women</td>
<td>$47,806</td>
<td>$46,059</td>
<td>$62,005</td>
</tr>
</tbody>
</table>

Women’s Earnings Compared to White Men, 2019 to 2013

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Ratio of Women’s Earnings to White Men’s</th>
<th>United States</th>
<th>Pennsylvania</th>
<th>Chester County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td></td>
<td>91.5%</td>
<td>88.5%</td>
<td>87.4%</td>
</tr>
<tr>
<td>White alone, not Hispanic</td>
<td></td>
<td>78.1%</td>
<td>76.9%</td>
<td>78.2%</td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td>61.1%</td>
<td>65.4%</td>
<td>63.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>53.0%</td>
<td>53.8%</td>
<td>53.8%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td></td>
<td>59.7%</td>
<td>59.6%</td>
<td>61.1%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
<td>62.7%</td>
<td>--</td>
<td>120.5%</td>
</tr>
</tbody>
</table>

The wage gap for women of color is clearly wider than the overall gender wage gap – and is closing at a slower rate. At the current pace, the wage gap for Black women will not close until 2369. That’s another 350 years. For Hispanic women, the number is even more startling – they will not catch up to what white men earn until 2451. That’s another 432 years.

Years Until Wage Gap Between White Men and Women of Color Closes
Employment and Earnings

Women in STEM Occupations

Over the last decade, science, technology, engineering and mathematics (STEM) occupations have grown much faster than other occupations and have played a key role in the sustained growth and stability of the US economy. In the US, Pennsylvania, and Chester County, men made up the vast majority of computer, engineering, and science occupations.

Women in Management

In the US and Pennsylvania, the percentage of women in management positions is roughly the same at 41.4% and 41.1% respectively. However, the percent of women in management positions in Chester County is only 35% compared to men who hold 65% of management positions.

There is more progress needed for women to achieve equality in the workforce. The gender wage gap is caused by a number of factors, including discrimination, pay secrecy norms, overrepresentation in lower paying jobs, devaluation of women’s work, and occupational segregation. Women earn less than their male counterparts in all occupations, and are 8x more likely than men to work in low wage jobs. 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. Despite signs of progress, the gender wage gap is not expected to close for many decades.

What Can You Do?
Support policies and programs like:

- 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).
- Fair Pay Act, which tackles occupational segregation based on gender.
- Options for family court that include weekends and evenings.
- Support policies that ban the use of prior salary history to determine current salaries.
- 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.
- A paid family and medical leave act.
- Increase in wages, especially in female-dominated fields.
Mothers as Breadwinners

Whether a household is headed by a married couple or a single parent, mothers make a major contribution to their family’s income. Breadwinning mothers are the sole provider or, in married couples, contribute at least 40% of family earnings and are the equal, primary, or sole earners.

Single mothers comprise 17% of all households with children in the United States, 17.9% in Pennsylvania, and 11.3% in Chester County. The gender wage gap, when paired with breadwinning moms who rely on their income to support their families, creates a negative financial impact for families and communities as a whole.

Paid Leave and Paid Sick Days

Although women’s participation in the workforce has increased, employer practices often negatively impact women as many still serve as primary caregivers and perform the majority of unpaid household labor. Even women who do not have children are more likely to be caregivers for a family member.

Paid leave helps women remain in the workforce when faced with caregiving responsibilities – for a baby, child, parent or spouse – and can help women advance in their careers. Additionally, paid leave for men can help address the unequal division of caregiving tasks between women and men, and reduce stereotypes and discrimination against women who take paid leave.

Access to paid sick days immediately benefits workers and their families – and also positively impacts employers and communities. Some of those benefits include reduced health care costs, lower turnover costs, reduced spread of illness, and safer work environments. Currently, Pennsylvania does not have a paid sick leave policy. Thus, women’s access to paid sick days depends on their employer.

Black and Latino workers are less likely than white workers to have access to paid leave due to systemic racism. They are also more likely to work low-wage, part-time jobs that do not provide paid leave. Among the 25% lowest-paid Black and Latino workers in 2020, only 9% had access to paid family leave.

Elder and Dependent Care

Balancing both employment and caregiving responsibilities, particularly for women, leads them to experience significantly higher levels of stress. Factors contributing to this increase are the aging baby boomer generation, the limitations of the health care industry and long-term care facilities, state efforts to facilitate home care, and increased identification of what constitutes caregiving, to name a few.

Studies show that caregiving falls disproportionately to women. In 2020, 61% of women were caregivers.

The Costs of Early Care

The cost of child care can present a formidable burden to families with young children. In Pennsylvania, the average childcare cost for an infant was $11,560 in 2019. Single parents pay 43.9% of their income for infant childcare, while a married family pays 11.9%. For single parents with more than one child, a whopping 80.2% of their income goes toward paying child care costs. It’s clear that families who live below or at the poverty level are disproportionately burdened with childcare costs. Reliable and affordable child care is an important factor in enabling mothers in low-wage jobs to maintain employment and advance at work.

The Coverage and Quality of Pre-Kindergarten Education

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%.

In 2020, the estimated number of caregivers in the US was 53 million – a significant increase from 43.5 million in 2015.
Work and Family

What Can You Do?
Support policies and programs that:

- Provide paid parental leave.
- Provide paid leave for family caregiving responsibilities and include family as same-sex partners and spouses.
- Protect against caregiving or pregnancy discrimination.
- 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.
- Provide funding for childcare assistance subsidies, and funding to maintain or expand preschool programs.

Employers Should:

- Create, promote, and de-stigmatize flexible work programs, as well as a complaint procedure for caregiving discrimination.
- Train supervisors to identify and prevent discrimination based on family responsibilities.
- Create and implement work coverage plans for employees who need time off for family caregiving responsibilities.
- Establish a local legal fund to assist women who are wrongfully discriminated against for being caretakers in the workplace in Chester county.
- Advocate for permanent work from home solutions for caretakers in PA.
- Provide education outreach for Gen Xers who are caretakers or will soon become caretakers – resources they would have access to and self-care recommendations.
- Establish local fund for mental health services for children living with grandparents who have experienced trauma.
Trends in Poverty and Opportunity

The status of women in Chester County has improved in many areas since the mid 2000s. A comparison of indicators reveals progress in:

- the percent of women with a bachelor’s degree or higher
- the percent of women aged 18-64 with health insurance
- the percent of women-owned businesses
- the percent of women living above the poverty line

A variety of factors contribute to women’s economic security, including health insurance, education, business networks, and poverty. In 2019, the US poverty rate was 12.3% or roughly 39.5 million people. In 2019, the poverty threshold for a family of two was $16,910. 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.

Poverty by Race and Ethnicity

Poverty rates vary considerably among adult women from the largest racial and ethnic groups. While women in Chester County are less likely to be living in poverty than women in the United States and Pennsylvania, the poverty rate for women is higher than men across all racial and ethnic categories. Additionally, the federal poverty threshold doesn’t even come close to covering what the self-sufficiency standard calculates is necessary for families to make ends meet in Chester County.

Poverty in the LGBTQ+ Community

LGBTQ+ individuals have a poverty rate of 21.6% compared to a 15.7% poverty rate among cisgender straight people.

Data shows the following poverty rates:

- Transgender: 29.4%
- Lesbian women: 17.9%
- Cisgender straight women: 17.8%

Lesbian women and cisgender straight women have higher poverty rates of 17.9% and 17.8% respectively than gay and straight cisgender men at 12.1% and 13.4%. When race and ethnicity intersect with sexual orientation and gender identity, poverty rates are even higher. For instance, Asian, Black, White, and other racial identities have significantly higher poverty rates as compared to their same-race cisgender straight counterparts. Black LGBTQ+ people have a poverty rate of 30.8%, compared to that of a Black cisgender straight person at 25.3%. In addition, 15% of LGBTQ+ people are uninsured, 9% are unemployed, and 27% are food insecure.
Social Safety Net and 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 a small increase in income can lead to a larger loss of benefits.

Focus Group Findings: Elderly Women in Chester County and Fixed Incomes

In Chester County, elderly women receive less monthly Social Security than men, but are more likely to rely on it than their male peers. They are also less likely than elderly men to have a source of retirement income other than Social Security. According to focus group findings, the main challenges these women face are a limited budget, transportation, and food shopping. 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

In a focus group comprised of health and human service providers, participants pointed out that their clients still face racism and discrimination when trying to rent. 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. Focus group participants shared that:

“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.”

Women-owned businesses

Women-owned businesses grew by 21% from 2014 to 2019 – compared to only 9% for businesses overall during that period. Additionally, revenues for women-owned businesses outpaced the national business growth rate.

In 2020, there were a record setting 37 women running Fortune 500 companies. Although a positive development, these women represented only 7.4% of leaders at Fortune 500 companies, and only three of the 37 were women of color. Still, there has been considerable improvement since 2000 when there were only two female Fortune 500 CEOs.

Focus Group Findings: Chester County Women Business Owners

Common challenges faced were marketing, website/social media presence, and discrimination.

Nearly all participants had some story of discrimination based on their gender.

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 during business transactions.

Another participant said other male executives question her competency in English because of her name.

“This 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.”

“As a woman of color, [my race] does come into play, and whether they make it known or subtle, you have to do 200% better.”

“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.”

“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.”
Health Insurance Coverage

Health insurance gives women access to critical health services that can also contribute to well-being in other areas of their lives, such as financial well-being and employment status. In 2019, health insurance was one area where women consistently fared better than men.

Individuals in Chester County were more likely to have health insurance than in Pennsylvania and the US. Of those individuals, women were overall more likely to have health insurance than men. In nearly all racial and ethnic groups, health insurance coverage was higher in Pennsylvania and/or Chester County than in the US.

Overall, women’s economic well-being has improved in many areas, including health insurance coverage, education, and women-owned businesses. Despite these advancements, however, women are still more likely than men to live in poverty—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. 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%). 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.

Poverty and Opportunity

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

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Pennsylvania</th>
<th>Chester County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>91.8%</td>
<td>89.8%</td>
<td>95.0%</td>
</tr>
<tr>
<td>Men</td>
<td>89.8%</td>
<td>93.5%</td>
<td>95.5%</td>
</tr>
</tbody>
</table>

What Can You Do?

Support policies and programs that:

- Support and maintain Social Security.
- Cancel student loan debt in an equitable way.
- Simplify the student loan repayment process.
- Expand and increase Pell grants.
- Provide mentoring and leadership programs for women.
- Support the Equality Act, which would provide anti-discrimination protections for trans people.
Access to quality health care, regardless of socioeconomic status, is a key factor in maintaining women’s health. Throughout the US, there are many health disparities that women in general face; those disparities become even more apparent among racial and ethnic minorities, immigrant women, and the LGBTQ+ population. Race, ethnicity, sexual orientation, income, education, employment status, and gender are all related to health outcomes. It is important to study these disparities and work to reduce them for populations that face disproportionate burdens of illness, premature death, and disability.

Women of color, particularly Black women, have poorer health outcomes and face higher mortality rates than white women. Often Black women face higher levels of discrimination, violence, socioeconomic and environmental disadvantages, and medical racism that put their health at greater risk. Black women are also more likely to live in neighborhoods that they feel are unsafe and that have higher levels of pollution.

Immigrant women are twice as likely as non-immigrant women to have no health insurance. One barrier to accessing insurance is that immigrants with permanent resident status must wait five years before they are eligible for Medicaid or the Children’s Health Insurance Program (CHIP). Further, undocumented immigrants are not eligible for Medicaid or Affordable Care Act health insurance exchanges. In the US, 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.

The LGBTQ+ population also faces significant challenges in receiving quality health care.

- Lesbians are less likely than straight women to receive preventive services for cancer.
- Lesbian and bisexual women are more likely than straight women to be overweight or obese.
- Transgender women are more likely to not have health insurance, more likely to contract HIV or sexually transmitted infections, and more likely to experience violence, mental health issues, and suicide.
- Bisexual women have a higher risk of facing rape, physical violence, and stalking than lesbian and heterosexual women.

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. 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. At least 21 state legislatures have introduced laws that would prevent trans youth from accessing gender-affirming medical care. There is currently no such law in Pennsylvania, and in fact, some state representatives are poised to introduce a law that would protect trans kids and their parents from discrimination.

**Chronic Disease**

Some women’s health measures indicate signs of progress, while other women’s health indicators have worsened. For instance, women are less likely to die from heart disease, breast cancer, and lung cancer, but heart disease and cancer are still the leading causes of death among women. 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.

In the US, heart disease causes about 1 in 4 deaths for both women and men, making it the leading cause of death in the country. Heart disease death rates were highest for Black women at the national, state, and county levels. The second leading cause of death in the US is cancer; death rates among women were roughly the same at the national, state, and county levels, with rates 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 US, 171.2 in Pennsylvania, and 148.5 in Chester County.

**Heart Disease Death Rates for Women (2017-2019):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Heart Disease Death Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>248.4</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>267.7</td>
</tr>
<tr>
<td>Chester County</td>
<td>236.9</td>
</tr>
</tbody>
</table>

Rates are shown per 100,000 people
Cancer Death Rates Among Women by Race and Ethnicity in the United States, Pennsylvania, and Chester County from 2014 to 2018

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Pennsylvania</th>
<th>Chester County</th>
</tr>
</thead>
<tbody>
<tr>
<td>All women</td>
<td>113.6</td>
<td>140.5</td>
<td>124.3</td>
</tr>
<tr>
<td>White</td>
<td>134.3</td>
<td>136.9</td>
<td>122.3</td>
</tr>
<tr>
<td>Black</td>
<td>150.5</td>
<td>171.2</td>
<td>148.5</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>84.8</td>
<td>74.3</td>
<td>-</td>
</tr>
<tr>
<td>Hispanic</td>
<td>94.9</td>
<td>85.7</td>
<td>66.2</td>
</tr>
</tbody>
</table>

Female Breast Cancer Death Rates by Race and Ethnicity in the United States, Pennsylvania, and Chester County in 2018

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Pennsylvania</th>
<th>Chester County</th>
</tr>
</thead>
<tbody>
<tr>
<td>All women</td>
<td>19.8</td>
<td>20.4</td>
<td>21.1</td>
</tr>
<tr>
<td>White</td>
<td>19.2</td>
<td>19.5</td>
<td>20.9</td>
</tr>
<tr>
<td>Black</td>
<td>26.8</td>
<td>28.6</td>
<td>-</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>13.5</td>
<td>15.8</td>
<td>-</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10.6</td>
<td>12.2</td>
<td>-</td>
</tr>
</tbody>
</table>

Mental Health

One in five adults has a mental health condition in the US. Mental illness can affect women and men differently – for instance, women are more prone to depression and anxiety than men. Due to hormonal changes, they may also experience post-partum depression and depression linked to premenstrual syndrome (PMS) and menopause. Additionally, women from historically marginalized racial and ethnic groups are less likely to be able to access mental health care services.

Gender differences in mental health were most noticeable with anxiety disorder, with 23.4% of women reporting anxiety compared to 14.3% of men. Women are also disproportionately exposed to specific types of trauma such as intimate partner violence and sexual violence that can lead to post-traumatic stress disorder (PTSD).

Suicide

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.

What Can You Do?

Support policies and programs that:

- Provide culturally competent and equitable health care for historically marginalized racial and ethnic groups and the LGBTQ+ population.
- Support research on disparities in health care and health outcomes in historically marginalized racial and ethnic groups and in the LGBTQ+ population.
- Recruit and retain Black people as well as other people of color into medical school programs and healthcare professions.
- Integrate health considerations into programs and policies across sectors to promote a shared goal of improving the health of communities.
- 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.
- Protect people from discrimination based on sexual orientation and gender identity.
- Guarantee access to health care coverage for lesbian, bisexual, and transgender women.
- Promote equality in all facets of life since these factors are also related to health outcomes.
- Monitor health status indicators and outcomes to inform data-driven decision making and evaluate effectiveness of programs and policies.
More than one in three women experiences physical violence by an intimate partner at some point in her lifetime. 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. Women are also more likely than men to be the victims of violent crime committed by intimate partners, and are more likely to be victimized at home. 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.

**Intimate Violence by Race and Ethnicity**

How likely women are to report instances of rape, physical violence or stalking by race and ethnicity:

![Intimate Violence by Race and Ethnicity Graph]

The total lifetime cost of intimate partner violence is $3.6 trillion for all victims. 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.

**Domestic Violence Deaths**

In 2020, there was one domestic violence death in Chester County and 109 deaths in Pennsylvania. Overall, from 2009 to 2020, there were 20 domestic violence deaths in Chester County.

**Lethality Assessment Program (LAP)**

In 2019, Pennsylvania reached a milestone of 25,000 lethality assessment screenings, and 11,108 victims sought services. Chester County is one of the 43 counties using LAP in Pennsylvania. In fact, Chester County was one of the first 12 counties in Pennsylvania to initially adopt LAP in 2021.

### Number and Type of Sexual Assault Offenses in Colleges and Universities, Chester County, 2017-2019 (3 Year Totals)

<table>
<thead>
<tr>
<th>Offense</th>
<th>Cheyney University</th>
<th>Immaculata University</th>
<th>Lincoln University</th>
<th>University of Valley Forge</th>
<th>West Chester University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Dating Violence</td>
<td>10</td>
<td>1</td>
<td>33</td>
<td>3</td>
<td>38</td>
</tr>
<tr>
<td>Stalking</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>Rape</td>
<td>3</td>
<td>1</td>
<td>17</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>Fondling</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>11</td>
</tr>
</tbody>
</table>

### What Can You Do?

Support policies and programs that:

- Protect women’s safety by passing laws that protect women from violence, stalking, harassment, and abuse.
- Increase funding for the Violence Against Women Act and include provisions for economic justice.
- Support policies to help survivors, including access to housing, childcare, transportation, and legal assistance.
- Support research on sexual violence and sexual orientation and identity.
- Refer sexual assault victims and survivors to culturally appropriate services.
- Support laws to reduce sexual harassment by mandating that employers provide sexual harassment training and create policies and procedures for sexual harassment complaints.
- Expand funding for the Family Violence Prevention and Services Act.
- Support intimate partner violence awareness and prevention campaigns that are inclusive of sexual orientation and identity.
- Support training among service providers to be sensitive to issues of the LGBTQ+ community.
- Support and promote the Lethality Assessment Program (LAP).
The year 2020 was a landmark year for women in politics. During the 100-year anniversary of the passage of the 19th Amendment, we saw women both voting in record numbers and winning a record number of political seats.

Despite these shattered records, women are still 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 they are less likely to express an interest in running for political office than men. In fact, women’s perceptions about running for office often hold them back – women tend to think they will lose an election even though they are just as likely as men to win. Women also believe they won’t be able to raise enough money for their campaigns even though female candidates are just as successful as men at fundraising. They also tend to underestimate their qualifications for elected office and are less likely than men to be asked to run for office. Additionally, many women interested in political office are reluctant to run because of gendered expectations at home and work. Although there are more institutional resources than ever for women, access to these resources varies according to geographic region.

Women of Color and Political Office

Historically, only 88 women of color have served in the US Congress. 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.

Women of Color in Office in 2016 and 2021

<table>
<thead>
<tr>
<th>% women of color of all women who serve</th>
<th>2016</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Congress</td>
<td>6.2%</td>
<td>34.3%</td>
</tr>
<tr>
<td>US Senate</td>
<td>1%</td>
<td>12.5%</td>
</tr>
<tr>
<td>US House of Representatives</td>
<td>7.4%</td>
<td>38.7%</td>
</tr>
<tr>
<td>Statewide Office</td>
<td>2.9%</td>
<td>18.9%</td>
</tr>
<tr>
<td>State Legislatures</td>
<td>5.4%</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

Even though women of color are grossly underrepresented as candidates and officeholders, they experienced some important political wins 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.

Women tend to register to vote and turn out to vote at slightly higher rates than men. In Pennsylvania, voter turnout rates were lower than registration rates, but were higher than national rates. Women were also more likely to be registered to vote than men in all respective racial and ethnic groups. In every demographic group, women were more likely to turn out to vote than men within the same demographic group.

US Voter Registration by Race in 2020

<table>
<thead>
<tr>
<th>% Registered To Vote</th>
<th>Voter Turnout Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian women</td>
<td>65.4%</td>
</tr>
<tr>
<td>Asian men</td>
<td>61.9%</td>
</tr>
<tr>
<td>Black women</td>
<td>72.2%</td>
</tr>
<tr>
<td>Black men</td>
<td>65.2%</td>
</tr>
<tr>
<td>Hispanic women</td>
<td>63.2%</td>
</tr>
<tr>
<td>Hispanic men</td>
<td>58.9%</td>
</tr>
<tr>
<td>White women</td>
<td>77.2%</td>
</tr>
<tr>
<td>White men</td>
<td>75.6%</td>
</tr>
</tbody>
</table>

Women in Elected Office in Chester County in 2021

<table>
<thead>
<tr>
<th>Number of women/ total seats</th>
<th>% of seats held by women</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Senate</td>
<td>2/4</td>
</tr>
<tr>
<td>State House of Representatives</td>
<td>5/9</td>
</tr>
<tr>
<td>Chester County Commissioners</td>
<td>2/3</td>
</tr>
<tr>
<td>Chester County Row Offices</td>
<td>8/9</td>
</tr>
<tr>
<td>Chester County School Boards</td>
<td>64/126</td>
</tr>
<tr>
<td>Municipal Elected Office</td>
<td>89/318</td>
</tr>
<tr>
<td>Municipal Governing Bodies</td>
<td>15/73</td>
</tr>
</tbody>
</table>

Overall, women’s representation in elected positions in Chester County is better or on par with national trends. We have even improved in women’s representation since 2016, when only 16% of elected supervisors in Chester County were women. In 2021, that number grew to 28%. 
Women in the Judiciary

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. 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.

What Can You Do?

Support policies and programs that:

- 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. Recruit women to fill these vacancies, both elected or volunteer.

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

- Provide campaign training for female candidates.

- Create leadership programs for all women with an emphasis on women of color.

- Encourage women, and women of color specifically, to run for public office. Most people do not go from zero participation to running for office. Help on campaigns, knock on doors, work with a local party, or donate to campaigns.

- Encourage voter turnout.
Reproductive health is an important facet of women’s health, well-being, and economic security. In the US, unintended pregnancies can lead to greater levels of poverty, the potential need for public assistance, and poor health outcomes for women and children.

Intersectional discrimination and oppression make it more difficult for women of color and LGBTQ+ people to access sexual and reproductive health care. Although all women of color face discrimination and oppression in the health care system, Black women in particular are less likely to receive adequate and culturally sensitive health care during pregnancy and when accessing abortion and birth control services.

In the first six months of 2021, state legislatures passed 90 restrictions on abortion. Of those restrictions, 90% were passed in states already hostile toward abortion rights. All of these restrictions provide financial, legal, and logistical barriers for women to access abortion. Low-income and immigrant women are disproportionately impacted, as well as members of historically marginalized racial/ethnic groups and members of the LGBTQ+ community. In addition to poverty, these groups face challenges related to transportation, taking time off from work, immigration status, and bias or discrimination from health care providers.

As of July 2022, 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.
- State health exchange under the Affordable Care Act only pays for abortion if the woman’s life is in jeopardy or in instances of incest or rape.
- Minors must obtain permission from a guardian or parent to have an abortion.
- Insurance for public employees does not cover abortion except in cases of incest, rape, and if the woman’s life is in danger.
- No public funding available for abortion except in cases of rape, incest, or life endangerment.
- 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.

Recently, there have been allegations of hysterectomies or other gynecological procedures performed without consent or with pressure from a doctor in US Immigration and Customs Enforcement (ICE) detention facilities in Georgia.

The Affordable Care Act and the Future of Contraceptive Coverage, Title X

In 2017, 36% of patients who relied on Title X services – which provide individuals with comprehensive family planning and related preventive health services – used Planned Parenthood in Pennsylvania. In fact, Pennsylvania had the third largest patient population that qualified for Title X funding in the US.

The unintended pregnancy rate in Pennsylvania, which is higher than the national average of 45%

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

Birth rates in the US are down. On average, women are waiting longer to have children and are having fewer children overall. In 2019, there were 58.3 births for every 1,000 women ages 15-44. Among teens ages 15-19, there were 16.7 births for every 1,000 women in 2019 – a 4% decrease from 2018 and a historic low.

Additionally, the average age of first-time mothers increased in 2019 to 27 years old, a record high. These figures 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.

Prenatal care refers to the health care that a woman receives while pregnant. Women 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 women who do get prenatal care. The Affordable Care Act protects pregnant women by prohibiting insurance companies from denying coverage or increasing premiums if a woman becomes pregnant.

Percent of mothers beginning prenatal care in the 1st trimester by race and ethnicity – Pennsylvania and Chester County, 2019

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>PA</th>
<th>Chester County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>64.2%</td>
<td>56.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>65.4%</td>
<td>63.4%</td>
</tr>
<tr>
<td>White</td>
<td>77.9%</td>
<td>77.5%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>74%</td>
<td>78.7%</td>
</tr>
</tbody>
</table>

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%). However, Black women in Chester County accessed more prenatal care in 2019 (56.9%) than in 2012 (50.6%), indicating some progress on a local level to provide prenatal care to more diverse populations. There was also an increase in prenatal care for Hispanic women, from 57.8% in 2013 to 63.4% in 2019.
In 2019, 8.3% of infants were born at low birth weights in the US and Pennsylvania. In Chester County, that number was 6.5%. The infant mortality rate (measured by the number of deaths per 1,000 live births) was 5.67 in the US in 2018 – an all-time low. Most infant deaths were due to birth defects, preterm births, material pregnancy complications, sudden infant death syndrome, and injuries. In Pennsylvania, 8.5% of babies were low birth weight in 2019, compared to 6% in Chester County.

In 2018, the overall infant mortality rate for all demographic groups was 5.67 in the US and was slightly higher at 5.9 in Pennsylvania. In most demographic groups, infant mortality rates were slightly higher in Pennsylvania than in the US. In Chester County, the overall infant mortality rate was 2.8 in 2018, which was considerably lower than national and state rates.

Despite considerable progress made over the years, women’s reproductive rights are still 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 to employers on the basis of religious and moral objections. Title X funding that provides reproductive health care to low-income women may change due to partisan policies. The US Supreme Court overturned Roe v. Wade in July 2022, eroding the status of abortion and reproductive protections across the country. Access to emergency contraception and abortion is also being restricted on a state-by-state basis.

All women are vulnerable to the possible withdrawal of this primary right to bodily autonomy, but the people who will be most harmed by restrictions on reproductive health care will continue to be Black, Indigenous, and other people of color, people with disabilities, people in rural areas, young people, immigrants, and those having difficulty making ends meet — all people who face systemic barriers to care. It is important to support these communities in particular during a time when reproductive rights are under attack.

### Low birth weight babies by race in 2019

<table>
<thead>
<tr>
<th>Race</th>
<th>PA</th>
<th>Chester County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black babies</td>
<td>14.4%</td>
<td>12%</td>
</tr>
<tr>
<td>Multi-racial babies</td>
<td>10.4%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Hispanic babies</td>
<td>9.1%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Asian/Pacific Islander babies</td>
<td>8.8%</td>
<td>7.3%</td>
</tr>
<tr>
<td>White babies</td>
<td>7%</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

What Can You Do?

Support policies and programs that:

- Make birth control more affordable, like the Affordable Care Act.
- Advocate for comprehensive sex education programs that are medically accurate, inclusive, and teach about healthy relationships, consent, and interpersonal violence.
- Provide culturally appropriate training for reproductive health providers who can competently serve people of color and the LGBTQ+ community.
- Provide culturally competent training for doctors of obstetrics and gynecology that informs them about bias and racism in medical care.
- Invest in community-based services and nonclinical, holistic approaches to improving health.
- Maintain access to abortion and contraception.
- Defund abstinence-only programs which stigmatize LGBTQ+ children and have proven ineffective.
- Provide free or low-cost prenatal care.
- Recruit and retain Black people as well as other members of historically marginalized racial/ethnic groups into medical school programs.
- Oppose restrictive state legislation like SB 106 which would remove state constitutional protections for reproductive rights.
- Fully fund reproductive services, including federal Title X funding.
Mission
The Fund for Women and Girls (The Fund) leads and unites the community through philanthropy and advocacy to ensure that women and girls have resources and opportunities to thrive.

Vision
Women and girls will have equality and security, making our communities stronger and more vibrant for everyone. The Fund will be seen as a vital partner and leader, known for its boldness, connectivity, and creativity as it brings together and supports individuals and organizations around a shared commitment to the well-being and self-determination of women and girls.

Through grantmaking, education, and advocacy, The Fund has significantly impacted our community. Since 1997, we have awarded $4 million in grants to over 86 non-profit agencies throughout Chester County to strategically address the persisting health, economic, physical and emotional needs of women and girls.

What The Fund Will Do
- FUND programs and organizations addressing our community-identified priority areas.
- INFLUENCE young women through our Girls Advisory Board, GirlGov Chester County, and other youth programming.
- EDUCATE the community about the findings of our Blueprint Report through informative events, print, and social media.
- CONVENE women’s groups, organizations, community members, and other stakeholders to develop a collective plan to leverage the success of previous and current efforts to improve the lives of women and girls in Chester County.
- ADVOCATE by informing legislators how policies and programs impact the status of women and girls.

Make a contribution to support The Fund’s work.
Join the Movement

This 2022 Blueprint Report is a call to action and change in Chester County. Government, business, academic, and nonprofit leaders, as well as people who live and work here, can use this data and these recommendations to take action to improve the lives of women and girls. We ask you to take inspiration and work to raise awareness, encourage advocacy, start community conversations, and bring your newfound knowledge from this report to strategic planning and implementation processes in every area of your personal and professional life. Together, we can ensure that women and girls have the resources and opportunities to thrive.

Share
Raise awareness by sharing the Blueprint Report with family, friends and colleagues.

Vote
Select political candidates who support legislation that will improve the lives of women and girls.

Give
 Volunteer and contribute to organizations working to address the needs of women and girls.

Lead
Be a mentor or provide leadership opportunities for a woman or girl in your life.

Stay Informed
Learn more about the work of The Fund and our grantees. Subscribe to our eNewsletter and social media to remain current on issues affecting women and girls.

Take Action
Take action to support or advocate on behalf of the policies and programs outlined in this report.