

Connecticut General Assembly \_\_\_\_\_



**PCSW**

**Permanent Commission on the Status of Women**

*The State's leading force for women's equality*

# **2009 Agenda**

18-20 Trinity St., Hartford, CT 06106-1628  
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**PCSW Agenda  
to the  
Governor and State Legislature**

**2009  
Legislative Session**

The Permanent Commission on the Status of Women (PCSW) was created in 1973 by an act of the Connecticut General Assembly. Under Sections 46a-1 through 46a-6 of the Connecticut General Statutes, a seventeen-member Commission, staff and volunteers work to eliminate sex discrimination in Connecticut. Five Commission members are appointed by the Governor, four are appointed by the Speaker of the House, and four are appointed by the President Pro Tempore of the Senate. Co-Chairs and ranking members of the Judiciary committee also serve on the Commission.

PCSW is mandated to conduct an ongoing study of all matters concerning women and in furtherance of that responsibility shall:

- a. Inform leaders of business, education, state and local governments and communications media of the nature and scope of the problem of sex discrimination, with a view to enlisting their support in working toward improvement;
- b. Serve as a liaison between government and private interest groups concerned with services for women;
- c. Promote consideration of qualified women for all levels of government positions;
- d. Oversee coordination and assess programs and practices in all State agencies as they affect women.
- e. Annually report to the Governor and the General Assembly the results of its findings with its recommendations for the removal of such injustices it may find to exist.

For 35 years, PCSW has been providing information, research and analysis to elected officials and the public regarding issues affecting the status of women across their lifespan - from young adults to elders.

To better identify the needs of Connecticut women, PCSW convenes the Connecticut Women's Health Campaign (CWHC), which is a broad coalition of organizations committed to and working for the health and wellbeing of Connecticut women over their lifespan; and the Young Women's Leadership Program (YWLP), which highlights the concerns of women ages 18-35. PCSW also holds public hearings throughout the state to provide an opportunity for Connecticut women to talk to their legislators and community representatives about their needs and concerns.

The following agenda, legislative priorities and proposals are designed to address the inequities that exist for women, thereby benefiting all citizens of Connecticut.

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## PCSW AGENDA

There are 1,793,016 women in the state of Connecticut, which represents 51.3% of the state's population.<sup>1</sup> Of the state's female population, 80% (1,437,505) are 16 years of age or over and 15.4% (276,896) are 65 years of age or over<sup>2</sup> Women represent 47.6% of Connecticut's labor force.<sup>3</sup> Of the female population ages 20 to 64, 75.6% (1,063,307) are in the labor force, of which 66% have children under the age of 6 years old.<sup>4</sup>

In its effort to fulfill its statutory mandate to address matters concerning women, PCSW has identified three issue areas as essential to obtaining equity for women: Economic & Financial Security, Women's Health & Safety, and Discrimination. PCSW hired the Charter Oak Group, LLC to develop a Results Based Accountability (RBA) Framework for its agenda. As a result, PCSW has identified a quality-of-life result statement for each priority area with indicators and strategies to "turn the curve," and identified significant programs, agencies, and activities that contribute to the result we are striving to achieve.

### **Economic & Financial Security**

#### **RBA Results Statement**

#### ***All Connecticut Women are Economically Self-Sufficient***

According to the family economic self-sufficiency standard (FESS), 20% of Connecticut working families do not have enough income to meet their basic costs of living.<sup>5</sup> Of the 20%, female head of households represent 29% vs. 14% of male head of households.<sup>6</sup> In Connecticut, elderly women represent 58.9% of the total elderly population,<sup>7</sup> and 15.13% of the total female population in poverty.<sup>8</sup>

Many families struggle to meet basic needs such as housing and childcare. Thirty-three percent of Connecticut's population rent rather than own,<sup>9</sup> with many spending 30% of their household incomes on rent.<sup>10</sup> Of the homeowner population, 39% are people of color and 65% are females;<sup>11</sup> the average age of a first-time female homebuyer is 32.<sup>12</sup>

Most families in Connecticut spend 30% to 40% of their income on childcare.<sup>13</sup> Low-cost child care options such as relative care or parental/sibling care are the most common arrangements for low-income working mothers who have children under the age of 15; while center-based care or school-related enrichment activities are common among higher income women for this age group.<sup>14</sup> Connecticut's current capacity in licensed child care centers can accommodate about 40% of all children under the age of five.<sup>15</sup>

The levels of unprepared and unskilled workers in Connecticut are rising, as are the increasing numbers of individuals and families living in poverty.<sup>16</sup> According to the 2003 Community Audit for Southwestern Connecticut, 35% of all job openings in that region required a college degree, while 60% of job growth was in low-paying occupations.<sup>17</sup> Householders with less education are much more likely to have insufficient incomes. Nearly half (46%) of individuals with less than a high school education have incomes below the FESS. The rate drops quickly as education increases, falling to just 8% for those with a college degree or more.<sup>18</sup>

Education, job training, and asset-building are key components to ensuring economic and financial self-sufficiency for women.

#### **Education and Job Training**

Earnings increase significantly for both men and women as educational levels increase. Women who did not graduate from high school earn an average of \$19,253 a year; women who completed high school earn an average of \$26,146 a year; and women with a bachelor's degree earn an average of \$41,715 (only 29.4% of Connecticut women age 25 and older have a bachelor's degree or more).<sup>19</sup>

Investments in education and job training are recouped not only by the students, but also in social service savings. It is estimated that the Connecticut community college system saves the State \$24 million each year in social welfare costs.<sup>20</sup> Additionally, employers report increased profits and other bottom line benefits when their employees gained basic skills enabling them to work more effectively.<sup>21</sup>

### **Family-Friendly Work Policies**

Policies to support workers as they provide care for family members or take care of their own health are essential for a strong Connecticut workforce.

More than half of Connecticut workers (56%) worry about losing pay or their job if they are sick; and, 36% worry about having trouble at work because of taking time off to care for a family member.<sup>22</sup>

Nearly 40% of workers are not eligible under the Family Medical Leave Act (FMLA) because they work for businesses with fewer than 50 employees. In addition, the FMLA does not provide job protection for other important family responsibilities such as parent-teacher conferences or driving an elderly parent to the doctor.<sup>23</sup> For low-income workers, the need is especially urgent: two in five low-wage workers have no paid leave of any kind – no paid family leave, paid sick days, paid vacation or paid personal days.<sup>24</sup>

Working women have responsibilities beyond caring for sick children. One in three working women reports that she is caring for an elderly relative, for persons with disabilities, or for special needs children.<sup>25</sup> Women often lose pay when they take care of these responsibilities.

### **Asset-Building**

Women are less likely than men to have a financial cushion, due to inequities in pay, more frequently interrupted work patterns and longer lifespans. More than half of young single women age 25 to 34 report living paycheck to paycheck and spending all their earnings every month.<sup>26</sup>

Female-headed households have an average net worth of \$88,400 and households headed by people of color have an average net worth of \$6,700, as compared to male-headed households with an average net worth of \$167,700.<sup>27</sup>

### **Business Development**

While annual income decides a family's day-to-day economy, assets and investments are the foundation for long-term security. An avenue to build assets is through entrepreneurship.

In 2002 in Connecticut women-owned firms totaled 82,128, an increase of 13% from 1997, and generated \$12.3 billion in revenues. Firms owned jointly by women and men numbered 26,669 with revenues of \$9.3 billion. Women represented 30.5% of all self-employed persons in Connecticut.<sup>28</sup>

Microenterprises, which are businesses that employ five or fewer people, are dominated by women and generally start as part-time, home-based businesses. In 2005, there were 320,399 microenterprises in Connecticut, with an annual payroll of \$6.7 million.<sup>29</sup> In 2002, microenterprises grossed over \$1.9 billion.<sup>30</sup>

## **Women's Health & Safety**

### **RBA Results Statement**

#### ***All Connecticut Women Have Optimal Health and Wellness throughout the Lifespan***

As of December 2007, there were over 130,000 uninsured women ages 18-64 in Connecticut.<sup>31</sup> Of the 19- to 29-year-old population in the state, women represent almost a quarter of all uninsured women (23.8%), and men represent more than a third of all uninsured men (36.1%).<sup>32</sup>

Only one-third of low-income working mothers have employer-sponsored health insurance in their own name, while more than half of higher-income working mothers have their own employer-provided coverage.<sup>33</sup> Twenty-eight percent of low-income working mothers and five percent of higher-income working mothers lack health insurance despite the fact that they are working.<sup>34</sup>

Medicaid, the state-federal health coverage program for the poor, provides over 20 million low-income women with basic health and long-term care coverage.<sup>35</sup> While often not considered to be a women's health program, women comprise 69% of adult beneficiaries nationally,<sup>36</sup> and 71% of adult beneficiaries in Connecticut.<sup>37</sup> In 2005, 10% of all women and 22% of low-income women had health insurance through Medicaid.<sup>38</sup> For these women, Medicaid covers a wide range of health services, including reproductive healthcare, care for chronic conditions and disabilities, and long-term services.

Medicare provides a health and financial safety net for virtually all older Americans and for many people with disabilities who are under the age of 65. Because women have longer life expectancies than men, more than half (57%) of those covered by the program are women.<sup>39</sup> By the time women are 85 and older, they account for nearly three-quarters of all beneficiaries.<sup>40</sup> The security that Medicare provides through its coverage of health benefits is especially important to women because with their longer lifespans, they are more likely to have multiple chronic conditions. Medicare covers the costs associated with hospital and physician care, and other basic health services, but does not cover the outpatient prescription drugs necessary to manage their conditions. Because of their lower incomes and greater health needs, women on Medicare spend a significant share of their incomes on prescription drugs.

### **Gender Disparities in Healthcare**

Access to health insurance does not ensure accessible and adequate health services. In Connecticut, the leading causes of death for women are major cardiovascular disease, cancer, diabetes, chronic lower respiratory diseases, and HIV/AIDS.<sup>41</sup> There is a clear racial and ethnic disparity as African-American and Hispanic women are at a greater risk for these diseases than White women. The extent of the problem with Asian populations is unknown due to lack of sufficient data.

Healthcare for women should be gender appropriate, culturally competent, comprehensive and preventive, affordable and accessible, and confidential.

### **Violence Against Women**

Domestic violence and sexual assault affect the health status of many women. Domestic violence and sexual assault affect the public and private lives of individuals throughout the state, no matter their racial, ethnic, cultural and socioeconomic status.

Of those victimized by an intimate partner, 85% are women and 15% are men.<sup>42</sup> Women are most vulnerable to violence when separated from their intimate partner. The second most vulnerable group is those who are divorced.<sup>43</sup> This can discourage women from leaving their abusive partner out of fear that it will increase their risk of victimization.

In the United States, 1 in 6 women and 1 in 33 men reported experiencing an attempted or completed rape at some time in their lives.<sup>44</sup> Sexual violence causes several long-term health problems, such as chronic pain, headaches, stomach problems, sexually transmitted diseases and emotional distress. In addition, rape results in about 32,000 pregnancies each year.<sup>45</sup>

The Centers for Disease Control reports that the health care costs of intimate partner violence – psychological assault, rape and stalking – exceed \$5.8 billion each year, nearly \$4.1 billion of which is for direct medical and mental health services.<sup>46</sup>

## **Discrimination**

### **RBA Results Statement**

#### ***All Connecticut Women are Free from Sex Discrimination in All Aspects of their Lives***

Despite laws that prohibit such conduct, sexual harassment and discrimination based upon gender, race and ethnicity are prevalent in the workplace.

### **Sex Discrimination**

In the 2007-2008 fiscal years, 1,149 sex discrimination complaints were filed with the Commission on Human Rights and Opportunities (CHRO). These complaints included allegations of sex discrimination in employment, housing and public accommodations. Of the 1,814 employment discrimination cases filed with CHRO, 12.3% alleged sexual harassment.<sup>47</sup>

On a yearly basis, PCSW receives hundreds of calls and emails regarding workplace discrimination, and assists with the filing of at least 50 formal complaints with CHRO. During 2007 and 2008, PCSW provided information and referral assistance to 49 women with pregnancy and employment discrimination complaints. Through the provision of these services, we often refer matters to the Connecticut Women's Education and Legal Fund (CWEALF), which provided assistance to 53 women with sexual harassment, pregnancy discrimination, and FMLA complaints between 2007 and 2008.

PCSW also provides training to State employees at no cost to the State agencies. During 2007 and 2008, PCSW provided sexual harassment awareness and prevention workshops to approximately 3,200 State employees. During this same time period, PCSW trained 459 Affirmative Action Officers and Attorney General Designees on topics such as how to conduct internal investigations, the CHRO complaint process, sexual harassment, and sexual orientation discrimination, and transgender discrimination.

### **Pay Equity**

Since the Equal Pay Act was signed in 1963, the wage gap has been closing at a very slow rate. In 1963, women who worked full-time made 59 cents for every dollar earned by men.<sup>48</sup> In 2007, women earned 77.8 cents for every dollar earned by men.<sup>49</sup> Women of color earned significantly less with Black women earning 70 cents and Hispanic women earning 62 cents for every dollar men earned.<sup>50</sup> The median annual earnings of Connecticut women who have a four-year degree or more are \$55,000. vs. \$77,000 for men in similar circumstances.<sup>51</sup>

The Wage Project estimates that over a lifetime (47 years of full-time work) the wage gap amounts to a loss in wages for a woman of \$700,000 for a high school graduate, \$1.2 million for a college graduate, and \$2 million for a professional school graduate.<sup>52</sup>

The number of working women has risen from 18.4 million in 1950,<sup>53</sup> to 67.8 million in 2007<sup>54</sup>, and is anticipated to grow to 76 million by 2014.<sup>55</sup> Labor force participation has increased most dramatically among married women.<sup>56</sup> Today most mothers, even those with young children, participate in the labor force.<sup>57</sup> Yet, work and wage policies have not expanded to adapt to the existing and future workforce.

There is a pay gap for women due in part to their caregiving responsibilities over the lifecycle, since women take an average of thirteen years out of the workforce for family caregiving.<sup>58</sup> Studies show that working mothers suffer a wage penalty for parenting. For women under the age of 35, the wage gap between mothers and non-mothers is larger than the gap between men and women.<sup>59</sup>

However, the wage gap is not solely due to women's caregiving responsibilities; even when women work in the same occupations as men for the same amount of time, they still do not earn equal pay.

### **Workforce Development**

The current science, technology, engineering and mathematics (STEM) workforce is 82% white and 75% male, and nearing retirement.<sup>60</sup> By 2010, one in four new jobs will be "technically oriented," or involve computers. However, women still lag far behind in earning computer technology degrees and working in computer technology-related professions.<sup>61</sup>

Although women attain bachelor's degrees overall at a larger rate than men, males obtain more degrees in the male-dominated, high-paying STEM fields. Women attain 41% of science degrees, 20% of engineering degrees, and 10% of military technology degrees.<sup>62</sup>

Many girls who take advanced science courses in high school do not continue with these courses in college.<sup>63</sup> According to the National Science Foundation, most young women pursue science majors in the life sciences, and far fewer young women than men major in the physical sciences. For example, while women now earn more than half of the bachelor's degrees in the biological sciences, they earn just one-fifth of all bachelor's degrees in physics.<sup>64</sup>

This disparity is significant because women and men who majored in male-dominated subjects earn more than those who majored in female-dominated or mixed-gender fields. For example, one year after graduation, the average female education major earns only 60% of the average female engineering major.<sup>65</sup> Furthermore, nontraditional jobs in the trades and technical fields often provide better health benefits, sick leave and paid vacation than female-dominated jobs.

An opportunity exists *right now* to make significant policy decisions to change the demographics of the STEM workforce. Investments in pre-college programs incorporating hands-on activities, role models, and internships would increase women's interest in STEM careers.

## LEGISLATIVE PRIORITIES

PCSW establishes legislative priorities, recommends legislative proposals, testifies on bills and provides information, research and analysis to elected officials and the public regarding issues affecting the status of women across their lifespan – from young adults to elders. These activities fulfill its statutory mandates to: (1) inform leaders of business, education, state and local governments and communications media of the nature and scope of the problem of sex discrimination, with a view to enlisting their support in working toward improvement; (2) serve as a liaison between government and private interest groups concerned with services for women, (3) oversee coordination and assess programs and practices in all State agencies as they affect women, and; (4) make recommendations for the removal of such injustices it may find to exist. The following are the legislative priorities for the 2009 legislative session, including the recommendations from the Connecticut Women’s Health Campaign and the Young Women’s Leadership Program.

### Economic & Financial Security

**Family-Friendly Policies** – Support workplace and other policies and programs that help women and their families attain/sustain economic self-sufficiency.

**Education and Training** - Support proposals to increase adult-education programs for low-skill, low-wage workers, and occupational-skills training programs for incumbent workers and workers in vocational and technology fields.

**Asset-Building** – Support efforts to encourage women’s financial literacy and expand their access to asset-building strategies.

**Small Business** – Support efforts to define the unique needs and provide capacity-building resources to encourage growth of small businesses and microenterprises.

**Housing** – Support a coordinated approach to preventing homelessness and providing services for women who are homeless. Support programs and policies that will increase the number of affordable housing units and homeownership opportunities available to women.

**Basic Needs** – Support efforts to increase eligibility levels for subsidized housing, healthcare, childcare and financial assistance programs.

### Women’s Health & Safety

**Cancer Detection and Treatment** – Support efforts to increase funding for and expand access to early breast, cervical, ovarian, and lung cancer detection services and treatment.

**Reproductive Health** – Support efforts to ensure women’s right to access and receive comprehensive reproductive health education and services.

**Universal Health Care** – Support efforts to increase healthcare access for all state residents.

**Gender, Racial and Ethnic Disparities in Health Care** – Support efforts to address the need for effective data collection on gender, racial, and ethnic health issues in the state in order to develop appropriate interventions.

**Violence Against Women** – Support measures to increase funding for sexual assault nurse examiners, and for services and shelter staff in domestic violence programs.

### Discrimination

**Gender Discrimination** – Support measures to eliminate discrimination based on gender in the creation, interpretation, and implementation of law and policy.

**Tax Regulation** – Monitor tax proposals and work to ensure that no such proposal will disproportionately and adversely impact women.

## LEGISLATIVE PROPOSALS

In addition to the legislative priorities, PCSW urges the Governor and State Legislature to consider the following legislative proposals.

1. Amend the language that established the Commission on Health Equity to include working to eliminate disparities in health status based on gender. **Women's Health & Safety - Gender, Racial and Ethnic Disparities in Health Care**
2. Require State agencies, contractors, and grantees annually to collect and report data on occupational distribution and pay by gender, race and national origin. **Discrimination – Pay Equity**
3. Remedy discriminatory salary practices by clarifying that, under the Connecticut Fair Employment Practices Act, an unlawful practice occurs each time compensation is paid pursuant to a discriminatory compensation decision or other practice. **Discrimination – Pay Equity**

## ADMINISTRATIVE ACTIVITIES

PCSW represents the concerns of women in the State's administration of programs and services. These activities fulfill the commission's statutory mandates to: (1) serve as a liaison between government and private interest groups concerned with services for women, (2) oversee coordination and assess programs and practices in all State agencies as they affect women, and; (3) make recommendations for the removal of such injustices it may find to exist.

### Economic & Financial Security

**Career Ladder Advisory Committee:** PCSW and the Office of Workforce Competitiveness convene this committee. The purpose of this committee is to create new and enhance existing career ladder programs in occupations with a projected workforce shortage.

**Child Day Care Council:** PCSW is a statutory member. The purpose of this council is to make recommendations to the Departments of Public Health and Social Services on the planning and development of child daycare services.

**Commission for Child Support Guidelines:** PCSW is a statutory member. The purpose of this commission is to review child support guidelines every four years.

**John S. Martinez Fatherhood Initiative:** PCSW is a member participant. The purpose of this initiative is to promote the positive involvement and interaction of fathers with their children; and identify services to encourage and enhance responsible and skillful parenting and the ability of fathers to meet the financial and medical needs of their children through employment services and child support enforcement measures.

### Women's Health & Safety

**Commission on Health Equity:** PCSW is a statutory member. The purpose of this commission is to eliminate disparities in health status based on race, ethnicity, and linguistic ability and to improve the quality of health for all of the state's residents.

**Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigation:** PCSW is a statutory member. The purpose of this commission is to design a sexual assault evidence collection kit and provide it to healthcare facilities.

**HealthFirst Connecticut Authority:** PCSW is a member participant. The purpose of this authority is to examine and evaluate policy alternatives for providing quality, affordable and sustainable healthcare for all individuals residing in this state, including, but not limited to, a state-wide single payer healthcare system and employer-sponsored health plans.

**Statewide Primary Care Access Authority:** PCSW is a member participant. The purpose of this authority is to examine alternative ways to provide primary care, finance insurance coverage, contain healthcare costs, and improve healthcare quality.

**Trafficking in Persons Council:** PCSW is a statutory member and convenes and staffs. The purpose of this council is to identify criteria for providing services to trafficking victims, and develop recommendations to strengthen State and local efforts to prevent trafficking, protect and assist victims of trafficking.

**Task Force on Domestic Violence in Immigrant Communities:** PCSW is an appointed member. The purpose of this task force is to examine and make recommendations regarding current domestic violence laws, support or assistance available to domestic violence victims, and law enforcement policies and practices.

#### **Discrimination**

**Department of Corrections Sexual Harassment Monitoring:** In 2007, the Department of Corrections (DOC) voluntarily entered in to a Memorandum of Understanding (MOU) with PCSW. The MOU provides a consultant to act as an external monitor to review, oversee and audit all sexual harassment claims processed by its Affirmative Action department, and assist in developing DOC's sexual harassment policy and procedure.

**The Governor's Advisory Group on the Commission on Human Rights and Opportunities, Diversity Law & Affirmative Action in State Agencies:** PCSW participated in an advisory group convened by the Governor's Office to review and analyze the Commission on Human Rights and Opportunities ability to protect its constituents with its current resources and structure; review and assess State law on diversity; and review and assess the adequacy of resources devoted to the State's affirmative action enforcement efforts.

## RESEARCH RECOMMENDATIONS

PCSW collects and disseminates information as it conducts an ongoing study of all matters concerning women.

Many policy recommendations are hindered due to the lack of adequate data. To better define the problems facing women in Connecticut, PCSW supports a legislative proposal to require State agencies, contractors, and grantees annually to collect and report data on occupational distribution and pay by gender, race and national origin.

## ADVISORY GROUPS

To better identify the needs of Connecticut women, PCSW convenes the Connecticut Women's Health Campaign (CWHC), which is a broad coalition of organizations committed to and working for the health and well-being of Connecticut women over their lifespan; and the Young Women's Leadership Program (YWLP), which highlights the concerns of women ages 18-35. These bodies have indentified the following priorities for the 2009 Legislative Session as relevant to the populations they represent.

### Connecticut Women's Health Campaign (CWHC)

**Monitor and evaluate universal healthcare proposals** to ensure that healthcare for women is gender appropriate, culturally competent, comprehensive and preventive, universal and confidential. CWHC will scrutinize proposals to advance systemic change as well as changes to HUSKY and other public programs.

#### **Protect and monitor changes to historic CWHC priorities including:**

- Breast and cervical cancer screening and detection;
- A statewide system of Sexual Assault Nurse Examiners;
- Domestic violence services;
- Comprehensive sexuality education;
- The Connecticut Home Care Program for the Disabled;
- Women's behavioral health services; and
- The elimination of health disparities including those in gender, race and ethnicity.

### Young Women's Leadership Program (YWLP)

#### **Education and Training**

**Affordable Education-** Support proposals that address increased funding of financial aid and scholarships, proposals that address student loan forgiveness and proposals that protect students against unfair college loan interest rates.

**Financial Literacy Initiatives-** Support proposals to provide education and programming about financial literacy.

**Educational Equality-** Support proposals that encourage young women to participate in math/science/technology fields including the emerging field of nanotechnology; and increase the monetary value of certain female-dominated fields.

**Health Literacy-** Support efforts to educate young women about basic health information and services.

#### **Housing**

**Affordable Housing-** Support proposals to increase the number of affordable housing units and homeownership opportunities.

**First-Time Home Buyers-** Support proposals aimed at assisting first-time home buyers.

**Emergency Shelter-** Support proposals to provide increased access to emergency shelters.

#### **Reproductive Health**

**Reproductive Health Access-** Support efforts to ensure the right to access and receive comprehensive reproductive health services including proposals to provide SANE nurses in hospitals across Connecticut.

## Racial and Ethnic Disparities- Support efforts to address racial and ethnic disparities in reproductive health care.

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- <sup>1</sup>U.S. Census Bureau, American Fact Finder. *Connecticut Selected Economic Characteristics: 2005-2007*.
- <sup>2</sup>Ibid.
- <sup>3</sup>Ibid.
- <sup>4</sup>U.S. Census Bureau, American Fact Finder. *Connecticut Employment Status: 2005-2007*.
- <sup>5</sup>Diana M. Pearce, Ph.D. *Overlooked and Undervalued: Where Connecticut Stands*. Prepared for the Permanent Commission on the Status of Women, June 2007.
- <sup>6</sup>Ibid.
- <sup>7</sup>U.S. Census Bureau, 2006 Fact Finder.
- <sup>8</sup>U.S. Census Bureau. *Current Population Survey*, 2004.
- <sup>9</sup>Priscilla Canny, Ph.D. and Douglas Hall, Ph.D. "Housing: Home Ownership in Connecticut," *CT Voices for Children Census Connections*, Vol. 1, Issue 2, September 2003.
- <sup>10</sup>Partnership for Strong Families.
- <sup>11</sup>CFED. *Assets & Opportunity Scorecard, 2007-2008*.
- <sup>12</sup>"Profile of Home Buyers and Sellers." National Association of Realtors, 2006. Accessed December 9, 2008 <<http://www.realtor.org>>.
- <sup>13</sup>Pearce, endnote 5.
- <sup>14</sup>The Institute for Women's Policy Research. *Keeping Moms on the Job*, 2007.
- <sup>15</sup>Connecticut Voices for Children. *Do the Math: Why the Child Care Equation Does Not Add Up*, January 2007.
- <sup>16</sup>Connecticut South Central Regional Workforce Development Board. *Workforce in Peril*, 2003.
- <sup>17</sup>Ibid.
- <sup>18</sup>Pearce, endnote 5
- <sup>19</sup>The Permanent Commission on the Status of Women. *Facts Book*, 2006.
- <sup>20</sup>The Workforce Alliance. 2008. Accessed December 5, 2008 <<http://www.workforcealliance.biz>>.
- <sup>21</sup>The Conference Board. *Turning Skills into Profit: Economic Benefits of Workplace Education Programs*, 1999.
- <sup>22</sup>University of Connecticut Center for Survey Research and Analysis. *Making Ends Meet: A Worry for the Majority of Connecticut Residents*. Prepared for the Permanent Commission on the Status of Women, October 2006.
- <sup>23</sup>National Partnership for Women and Families. *Families Matter*, 2007.
- <sup>24</sup>Ibid.
- <sup>25</sup>Jody Heymann. *The Widening Gap: Why America's Working Families are in Jeopardy – and What Can Be Done About It*. Basic Books: 2000.
- <sup>26</sup>Mimi Amramovitz and Sandra Morgen. *Taxes are a Woman's Issue: Reframing the Debate*. New York: National Council for Research on Women, 2006.
- <sup>27</sup>CFED, endnote 11.
- <sup>28</sup>U.S. Dept of labor, Bureau of Labor Statistics; U.S. Dept. of Commerce Census Bureau.
- <sup>29</sup>US Census Findings, 2005.
- <sup>30</sup>Ibid.
- <sup>31</sup>"Health Insurance Coverage of Women Ages 18-64, by State, 2005-2006." The Henry J. Kaiser Family Foundation. December 2007. Accessed December 5, 2008 <[http://www.kff.org/womenshealth/upload/1613\\_07.pdf](http://www.kff.org/womenshealth/upload/1613_07.pdf)>.
- <sup>32</sup>Office of Health Care Access, *2006 Household Survey*.
- <sup>33</sup>Kaiser Family Foundation. *Medicaid's Role for Women*, 2007 Update.
- <sup>34</sup>Ibid.
- <sup>35</sup>Ibid.
- <sup>36</sup>Ibid.
- <sup>37</sup>National Women's Law Center. *Cuts to Medicaid Will Hurt Connecticut*, May 2005.
- <sup>38</sup>Kaiser, endnote 33.
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