

Connecticut General Assembly _____



The State's leading force for women's equality

2010 Agenda

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PCSW Agenda to the Governor and State Legislature

The Permanent Commission on the Status of Women (PCSW) was created in 1973 by an act of the Connecticut General Assembly to: study all matters concerning women; inform the leaders of business, education, government and the media about the nature and scope of sex discrimination; serve as a liaison between government and private interest groups concerned with services for women; promote consideration of qualified women for all levels of government positions; and work with State agencies to assess programs and practices as they affect women.

During the 2009 legislative session, PCSW's mandate was changed to establish "parity" among the legislative commissions. Fortunately, the focus of our work did not change with the wording. We are still responsible for focusing our efforts on our three "quality of life" desired results, which are:

- All Connecticut women are economically self-sufficient;
- All Connecticut women have optimal health and wellness throughout the lifespan; and
- All Connecticut women are free from sex discrimination in all aspect of their lives.

For 36 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. The following agenda, legislative priorities and proposal 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.¹ 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.² Women represent 47.6% of Connecticut's labor force.³ Of the female population ages 20 to 64, 75.6% (1,063,307) are in the labor force, of whom 66% have children under the age of 6 years old.⁴

PCSW has identified three issue areas as essential to obtaining equity for women: Eliminating Discrimination, Economic & Financial Security, and Women's Health & Safety. PCSW has identified a Results Based Accountability (RBA) result statement for each priority area with indicators and strategies to "turn the curve," and has identified significant programs, agencies, and activities that contribute to the results we are striving to achieve.

Eliminating 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 FY 2008-2009, 539 sex discrimination complaints were filed with the Commission on Human Rights and Opportunities (CHRO), of which 96% (516 cases) were employment discrimination complaints, and the remaining were housing and public accommodations discrimination complaints.⁵ Of the 1,716 employment discrimination cases filed with CHRO, 10% (170 cases) alleged sexual harassment, and 2.9% (49 cases) alleged pregnancy discrimination.⁶

On a yearly basis, PCSW receives numerous calls and emails regarding workplace discrimination, and assists with the filing of formal complaints with CHRO. In 2009, PCSW provided information and referral assistance to 21 women with pregnancy and employment discrimination complaints, and assisted five of with the filing of their CHRO complaint. Through the provision of these services, we often refer matters to the Connecticut Women's Education and Legal Fund, which provided assistance to 29 women with sexual harassment, pregnancy discrimination, and family medical leave complaints.

In 2009, PCSW provided sexual harassment awareness and prevention training to 424 State employees. PCSW also trained 217 Affirmative Action Officers and Attorney General Designees on topics such as how to conduct internal investigations, the CHRO complaint process, sexual harassment, 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, on average, 59 cents for every dollar earned by men.⁷ In 2008, women earned 77.1 cents for every dollar earned by men.⁸ Women of color earned significantly less, with black women earning 70 cents and Hispanic women earning 67 cents for

every dollar men earned.⁹ 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.¹⁰

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.¹¹

The number of working women has risen from 18.4 million in 1950,¹² to 67.8 million in 2007,¹³ and is anticipated to grow to 76 million by 2014.¹⁴ Labor force participation has increased most dramatically among married women.¹⁵ Today most mothers, even those with young children, participate in the labor force.¹⁶ 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 13 years out of the workforce for family caregiving.¹⁷ 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.¹⁸

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.¹⁹ Today, 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.²⁰

Although women attain bachelor's degrees overall at a higher 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.²¹

Many girls who take advanced science courses in high school do not continue with these courses in college.²² 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.²³

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.²⁴ 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.

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.²⁵ Of the 20%, female head of households represent 29% vs. 14% of male head of households.²⁶ In Connecticut, elderly women represent 58.9% of the total elderly population,²⁷ and 15.13% of the total female population in poverty.²⁸

Many families struggle to meet basic needs such as housing and childcare. Thirty-three percent of Connecticut's population rent rather than own,²⁹ with many spending 30% of their household incomes on rent.³⁰ Of the homeowner population, 39% are people of color and 65% are females;³¹ the average age of a first-time female homebuyer is 32.³²

Most families in Connecticut spend 30% to 40% of their income on childcare.³³ Low-cost child care options such as relative care or dependent 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.³⁴ Connecticut's current capacity in licensed child care centers can accommodate about 40% of all children under the age of five.³⁵

The levels of unprepared and unskilled workers in Connecticut are rising, as are the increasing numbers of individuals and families living in poverty.³⁶ According to the 2006 Community Audit for Southwestern Connecticut, 48% of all new jobs in that region will require a Bachelor's degree,³⁷ this is a significant increase from the 2003 audit which identified a need of 35%.³⁸ 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.³⁹

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).⁴⁰

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.⁴¹ Additionally, employers report increased profits and other bottom line benefits when their employees gained basic skills enabling them to work more effectively.⁴²

The emerging field of green jobs presents an important opportunity for women's financial security. The average salary for women 25 years and older with some college education is \$26,869.⁴³ The

majority of green jobs require more education than high school but less than a traditional four-year degree and many offer salaries above \$40,000. This means if there is an investment in the inclusion of women in this field, many women will find more financial success than if they had pursued a traditional college route.

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.⁴⁴

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.⁴⁵ 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.⁴⁶

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.⁴⁷ 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.⁴⁸

Many women find themselves plagued by debt, making it more difficult to get ahead. Studies have shown that 47% of women ages 21 to 34 carry unpaid credit card balances at an average of \$2,000⁴⁹ and women college graduates have an average student loan debt of \$19,360.⁵⁰ Financial decisions made at a young age can have long-lasting effects on women's financial success.

Female-headed households have an average net worth of \$88,400 as compared to male-headed households with an average net worth of \$167,700.⁵¹ Households headed by persons of color have an average net worth of \$6,700.⁵²

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.⁵³

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.⁵⁴

Women's Health & Safety

RBA Results Statement

All Connecticut Women Have Optimal Health and Wellness throughout the Lifespan

As of December 2007, there were more than 130,000 uninsured women ages 18-64 in Connecticut.⁵⁵ 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%).⁵⁶

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.⁵⁷ 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.⁵⁸

In 2007, 176,000 Connecticut women who lacked access to employer sponsored health care, or who earned too much to qualify for public assistance, turned to the individual health insurance market.⁵⁹ Unfortunately, women often face higher premiums for individual health insurance plans because of the practice of "gender rating." According to the National Women's Law Center, some companies charge women up to 48% more than they charge men.⁶⁰

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.⁶¹ While often not considered to be a women's health program, women comprise 69% of adult beneficiaries nationally,⁶² and 71% of adult beneficiaries in Connecticut.⁶³ In 2005, 10% of all women and 22% of low-income women had health insurance through Medicaid.⁶⁴ 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.⁶⁵ By the time women are 85 and older, they account for nearly three-quarters of all beneficiaries.⁶⁶ 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, Racial and Ethnic 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.⁶⁷ 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 the 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 and the public and private lives of individuals throughout the state, no matter their racial, ethnic, cultural or socioeconomic status.

Of those victimized by an intimate partner, 85% are women and 15% are men.⁶⁸ Women are most vulnerable to violence when separated from their intimate partner. The second most vulnerable group is those who are divorced.⁶⁹ 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.⁷⁰ 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.⁷¹

The Centers for Disease Control reports that the health care costs of intimate partner violence – physical assault, rape and stalking – exceed \$5.8 billion each year, nearly \$4.1 billion of which is for direct medical and mental health services.⁷²

LEGISLATIVE PRIORITIES

The Permanent Commission on the Status of Women (PCSW) 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. The following are our priority issues for the 2010 legislative session.

Eliminating 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.

Economic & Financial Security

Basic Needs – Support efforts to maintain access to subsidized housing, healthcare, childcare, unemployment compensation, and financial assistance programs.

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.

Women's Health & Safety

Violence Against Women – Support measures to increase funding for services and shelter staff in domestic violence programs.

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.

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.

LEGISLATIVE PROPOSAL

In addition to the legislative priorities, PCSW urges the Governor and State Legislature to consider the following legislative proposal:

Require State agencies, contractors, and grantees annually to collect and report data on occupational distribution and pay by gender, race and national origin. **Elimination of Discrimination – Pay Equity**

ADMINISTRATIVE ACTIVITIES

PCSW represents the concerns of women in the State’s administration of programs and services. To fulfill its mandate to advise the General Assembly and governor on coordinating and administering state programs affecting women, and act as a liaison between women and government agencies, PCSW provides its leadership and expertise on 10 statutorily mandated bodies; six boards, and 13 coalitions, as follows:

Eliminating Discrimination

Task Force on Division of Administrative Hearings: PCSW is a statutory member. The purpose of this taskforce is to develop recommendations for establishing within the Commission on Human Rights and Opportunities (CHRO) a Division of Administrative Hearings that would conduct impartial hearings on contested cases brought by or before the departments of Children and Families, Transportation, and Motor Vehicles; CHRO; and the Board of Firearms Permit Examiners.

In addition to the above, PCSW represents women's interests on the following boards and coalitions that address the elimination of discrimination:

Boards

CT NOW

CT Women's Hall of Fame

Girl Scouts of CT

Coalitions

Anti-Discrimination Workgroup

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.

TANF Council: PCSW has been asked to unofficially represent the interests of women on this Council. The purpose of this council is to monitor implementation of the Temporary Assistance for Needy Family program (TANF) and the employment services program. It must submit recommendations to the Departments of Labor and Social Services regarding, but not limited to, the availability of quality child care and the provision of seamless child care services, procedures for informing parents and teenagers about family planning and pregnancy prevention, client education regarding their rights and responsibilities, the effectiveness of child support enforcement, the effect of reduced exemptions, time limits and increased sanction, the coordination with Medicaid managed care and health care reform measures and the fiscal impact of these changes.

In addition to the above, PCSW represents women’s interests on the following boards and coalitions that address economic and financial security:

Boards

Norwalk Community College Family Economic Security Program Advisory Council
Trinity Child Care Center

Coalitions

CT Employment and Training Commission
Coalition for a Working CT
Family Economic Self-Sufficiency National Policy Group
Family Law Workgroup
Financial & Economic Security Network
Kids Count Advisory Committee
Welfare Working Group

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.

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.

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.

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.

In addition to the above, PCSW represents women’s interests on the following boards and coalitions that address women’s health and safety:

Boards

Universal Healthcare Foundation

Coalitions

Coalition for Choice

Medicaid Managed Care Council
Medicaid Managed Care Women's Health Subcommittee
Medicaid/SAGA Coalition
Paid Sick Leave Campaign

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 Advisory Council (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.

YWLP has indentified the following priorities for the 2010 Legislative Session as relevant to the populations they represent:

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.

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.

Health

Affordable Health Care- Support efforts to increase access to affordable & comprehensive health care for young women in Connecticut.

Reproductive Health Access- Support efforts to ensure the right to access and receive comprehensive reproductive health services.

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

¹U.S. Census Bureau, American Fact Finder. *Connecticut Selected Economic Characteristics: 2005-2007*.

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⁴U.S. Census Bureau, American Fact Finder. *Connecticut Employment Status: 2005-2007*.

⁵The Commission on Human Rights and Opportunities. *Case Processing Report, Cumulative and Recent Data, Fiscal year 2008-2009*.

⁶Ibid.

⁷"The Wage Gap over Time: In Real Dollars Women See a Continuing Gap" National Committee on Pay Equity. Accessed December 9, 2008 <<http://www.pay-equity.org/info-time.html>>.

⁸Institute for Women's Policy Research. *The Gender Wage Gap*, 2008.

⁹National Committee on Pay Equity, endnote 48.

¹⁰"Women's Educational Gains and the Gender Earnings Gap (2008)." AAUW. Accessed December 5, 2008. <<http://www.aauw.org/research/statedata/index.cfm>>.

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¹²U.S. Department of Labor, Bureau of Labor Statistics. "Perspectives on Working Women: A Databook," Bulletin 280, 1980.

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¹⁴Mtira Toosi. "Labor Force Projections to 2014: Retiring Boomers", *Monthly Labor Review Online*. U.S. Department of Labor, Bureau of Labor Statistics, November 2005, Vol. 128, No. 11.

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²⁶Ibid.

²⁷U.S. Census Bureau, 2006 Fact Finder.

²⁸U.S. Census Bureau. *Current Population Survey*, 2004.

²⁹Priscilla 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.

³⁰Partnership for Strong Families.

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³³Pearce, endnote 5.

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³⁵Connecticut Voices for Children. *Do the Math: Why the Child Care Equation Does Not Add Up*, January 2007.

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