

STATUS OF WOMEN IN THE STATES



KEY FINDINGS

HEALTH & WELL-BEING

TOP LINE FINDINGS

- Nationally, women’s health status has **improved in four areas** and **worsened in five**:
 - **Improved:** Women’s mortality rates from heart disease, lung cancer, and breast cancer have declined. The incidence of AIDS among females ages 13 years and older has decreased 44 percent since 2004.
 - **Worsened:** Since 2002, there has been a 49 percent increase in the incidence of diabetes and a 37 percent increase in the incidence of chlamydia for women. The suicide mortality rate, the average number of poor mental health days per month, and activities limitations due to mental or physical health status have also increased.
- Health behaviors among women **vary considerably by state**.
 - Women in **Oregon** are more likely to exercise and eat a healthy amount of fruits and vegetables than women in other states.
 - Women in **Mississippi** are the least likely to exercise and the most likely to be overweight.
 - Women in **Hawaii** are the least likely to be overweight.
 - Women are most likely to binge drink in the **District of Columbia** and least likely in West Virginia. But women in **West Virginia** are the most likely to smoke.
- Between 1996 and 2013, the national incidence of **chlamydia** among women **nearly doubled**. Between 2002 and 2012, women’s incidence of chlamydia **increased in every state** and the District of Columbia. Women in the **District of Columbia** are the most likely to have chlamydia, while women in **New Hampshire** are the least likely.
- Women’s status related to health and wellness **varies considerably by race and ethnicity**.
 - **Black women** are more than twice as likely to die from heart disease, and nearly three times as likely to die from breast cancer, as **Asian/Pacific Islander women**, the group with the lowest rates. **White women** have the highest lung cancer mortality rate and are three times more likely to die from lung cancer than **Hispanic women**, the group with the lowest rate.
 - Incidence rates of AIDS for Black women are nearly six times higher than the rate for all women, over **thirty times higher** than among Asian/Pacific Islander women, who have the lowest rate, and over **twenty times higher** than white women’s rate.
 - Black women are also **the most likely to get tested for HIV**—about 60 percent of Black women have been tested compared with only about 30 percent of Asian/Pacific Islander and White women.

BEST AND WORST STATES ON WOMEN’S HEALTH & WELL-BEING INDEX

	Rank	Grade		Rank	Grade
Minnesota	1	A-	Mississippi	51	F
Hawaii	2	B+	Alabama	50	F
North Dakota	3	B+	Louisiana	49	F
Utah	4	B	District of Columbia	48	F
Nebraska	5	B	Arkansas	47	D-



- The best ten states for women’s health are all in the **Western, Northeastern, or Midwestern** parts of the country. In addition to Minnesota, the best-ranking states include Colorado, Connecticut, Hawaii, Iowa, Massachusetts, Nebraska, North Dakota, Utah, and Vermont.
- The **District of Columbia** ranked #1 on the composite scores for women’s Employment & Earnings and women’s Poverty & Opportunity, but ranks 48th for women’s Health & Well-Being.
- **Southern women continue to fare worse than women in other states.** Mississippi, Louisiana, and Arkansas, in the bottom five on the Health & Well-Being composite, are also in the bottom five on the composite scores for Employment & Earnings and Poverty & Opportunity.

Chronic Disease & Sexual Health

- Coronary **heart disease** is the leading cause of death for both women and men in the United States.
 - Women in **Mississippi** are more than **twice as likely** as women in **Minnesota** to die from heart disease.
 - Mortality rates from heart disease **vary by race and ethnicity.**
 - **Black women** have the highest rate of mortality from heart disease (177.7 per 100,000) which is more than twice the rate for Asian/Pacific Islander women, the group with the lowest rate (74.9 per 100,000).
 - Though **Asian/Pacific Islander women** have the lowest rates of mortality from heart disease, it is nevertheless the second biggest killer for this group.
- **Cancer** is the second leading cause of death for all women in the United States. Lung cancer is the deadliest cancer for women, while breast cancer is the most common.
 - Since 2001, women have seen **a decline in lung cancer mortality rates** from 41.0 per 100,000 to 36.3 per 100,000. The decline is due, in part, to tobacco prevention and control efforts.
 - Half of the 10 states with the highest lung cancer mortality rates for women are in the South (Arkansas, Kentucky, Oklahoma, Tennessee and West Virginia).
 - White women have higher rates of lung cancer than the national average. Hispanic women have the lowest rates of lung cancer mortality (18.3 per 100,000).
 - Women in the **District of Columbia** are almost **twice as likely to die from breast cancer** as women in **Hawaii**. Rates of breast cancer mortality are 29.1 per 100,000 women in the District of Columbia, the worst ranked jurisdiction, compared with 14.8 per 100,000 in Hawaii, the best ranked state.
 - **Black women** have a breast cancer mortality rate (30.2 per 100,000) that is **almost three times** that of **Asian/Pacific Islander women**, who have the lowest mortality rates (11.3 per 100,000), and 1.4 times that of white women (21.2 per 100,000).
- **Black and Native American women** have the highest incidence rates of **diabetes** (15.1 and 14.9 percent, respectively). They are **twice as likely** to have diabetes as Asian/Pacific Islander women, who have the lowest incidence rates (7.5 percent), and much more likely than white women (9.0 percent) to have diabetes.
- All of the ten states with the **highest AIDS incidence rates** are in the **South and Mid-Atlantic region**. The District of Columbia has the highest AIDS rate among adolescent and adult women, at 47.6 per 100,000, which is more than three times as high as the second ranking jurisdiction, Georgia (14.8 per 100,000).
- **Incidence rates of AIDS for Black women are more than five times higher** than the average rate for women, and over **thirty times higher** than among Asian/Pacific Islander women, who have the lowest rates.
 - **Black women are also more likely to be screened for HIV** – 60.7 percent of Black women report being screened compared with 50.8 of Hispanic women, 45.0 of Native American women, 33.3 percent of Asian/Pacific Islander women, and 32.5 percent of white women.
- Between 1996 and 2013, the national incidence of **chlamydia** among women **nearly doubled.**
 - **Young women** aged 20-24 have the highest rate of chlamydia (3,621.1 per 100,000)
 - The **District of Columbia has the highest rate** of chlamydia among all women (1197.8 per 100,000), more than three times as high as the rate of the lowest-ranking state, **New Hampshire** (327.2 per 100,000).

Mental Health & Suicide

- Women are more likely than men to have anxiety, depression, and eating disorders.
- The median number of days per month on which women in the United States overall report experiencing **poor mental health increased almost 11 percent** from 3.8 to 4.2 between 2000 and 2013.
 - Since 2000, women’s mental health **has improved in only four states**: New Mexico, Virginia, Wisconsin, and the District of Columbia. Oklahoma and Alabama experienced the largest declines in women’s mental health.
- **Every state in the nation** experienced an increase in women’s **suicide mortality** rates between 2001 and 2013. Nationally, the suicide mortality rate among all women **increased 35 percent** during that time period.
 - Women in **Montana have the highest rate of suicide**. Since 2001, the state saw a near doubling in suicides, from 5.7 to 10.8 per 100,000, a rate that is more than twice the national average. Even in the District of Columbia, where women are the least likely to commit suicide, rates of suicide **more than doubled** between 2001 and 2013, from 1.3 per 100,000 to 3.1 per 100,000.
 - **Suicide rates are highest among Native American women** (7.9 per 100,000) **and white women** (7.1 per 100,000).
 - The transgender population has a high rate of attempted suicide. **Forty-two percent of transgender women** and 46 percent of transgender men report having attempted suicide at some point in their lifetime.
- Nationwide, activity limitations because of mental or physical health status **increased 31 percent** between 2000 and 2013.
- **Millennial women** report a higher number of days per month of poor mental health than Millennial men and women overall. Millennial women report having, on average, 4.9 days per month of poor mental health, compared with 3.6 days for millennial men and 4.3 days for women overall.

Preventive Care & Health Behaviors

- **Fewer than half of adult women (48.2 percent) in the United States exercise regularly**. Oregon (64.6 percent), Colorado (59.1 percent), and Vermont (59.0 percent) have the highest proportions of women who report exercising at least 150 minutes per week. The states with the smallest proportions of women who report exercising are Mississippi (33.1 percent), Tennessee (34.7 percent), and Arkansas (38.1 percent).
- **Most women in the United States are not eating enough daily servings of fruits and vegetables**. Women in Mississippi, Tennessee, and West Virginia are the least likely to consume five or more servings of fruits and vegetables daily, and women in Vermont, Oregon, and California are the most likely. Even in the highest ranking states, nearly eight in ten women do not eat at least five servings of fruits and vegetables.
- Overall, **the percentage of women in the United States who smoke has declined considerably since 2000**. In 2013, fewer than one in five women (16.7 percent) reported smoking, down from 21.2 percent in 2000. Utah has the smallest proportion of women who smoke at 9.2 percent, and West Virginia has the largest (26.5 percent).
 - Native American women are the most likely to smoke. 30 percent of Native American women report smoking at least some days—double the percentage for all women on average.
- Establishing positive health behaviors for **Millennial women** is critical to maintaining good health as they age. Twenty percent of millennial women report engaging in binge drinking, which is about twice the national average for women of all ages (11.6 percent). But 94 percent say they have had a pap test in the past three years, compared with 79.4 percent of women overall.

REPRODUCTIVE RIGHTS

TOP LINE FINDINGS

- Between the publication of the 2004 *Status of Women in the States*, women’s status with regard to reproductive rights **improved on just two indicators**:
 - 12 states now require insurance companies to provide coverage of **infertility treatments**, compared with just 9 states in 2004.
 - The percentage of **women living in counties with at least one abortion provider** increased in 24 states, declined in 22 states, and stayed the same in four states and the District of Columbia.
- Women’s status with regard to reproductive rights has **worsened or remained the same in five areas** of the composite index since 2004:
 - More states require **waiting periods for abortions**—which mandate that a physician cannot perform an abortion until a certain number of hours after the patient is notified of her options in dealing with a pregnancy—30 states require this today, up from 26 states in 2004.
 - The **share of public officials who are pro-choice** increased in 14 states and decreased in 22 states. The share of pro-choice officials stayed the same in 14 states and the District of Columbia.
 - The number of jurisdictions with laws on the books preventing minors from accessing abortion without **parental consent** or notification (43) stayed the same between 2004 and 2015.
 - The number of states (17) that provide **public funding for all or most “medically necessary” abortions**—typically defined to protect the woman’s physical or mental health—for Medicaid enrollees has remained the same between 2004 and 2015.
 - The number of jurisdictions that required schools to provide **mandatory sex education** (23) remained the same.
- Infant health **varies by race and ethnicity**.
 - **Black women** are the most likely to have low-birth weight babies (13.1 percent of babies) and have the highest rates of infant mortality (11.2 per 1,000 live births)—more than twice the rate for **white women** (5.0 per 1,000 live births) and nearly three times the rate for **Asian/Pacific Islander women** (4.1 per 1,000 live births), who had the lowest rates.

BEST AND WORST STATES ON WOMEN’S REPRODUCTIVE RIGHTS INDEX

	Rank	Grade		Rank	Grade
Oregon	1	A-	South Dakota	51	F
Vermont	2	A-	Nebraska	50	F
Maryland	3	A-	Kansas	49	F
New Jersey	4	A-	Idaho	48	F
Hawaii	5	A-	Tennessee	47	D-

- **Oregon** has the highest score on the composite Reproductive Rights index. The state’s top ranking is a substantial improvement since the 2004 *Status of Women in the States* report, when it ranked 19th.
- The worst-ranking state for reproductive rights is **South Dakota**. The state ranked second to last in 2004.
- In general, reproductive rights are **strongest in the Northeast and the West**. Northeastern states also performed well on the women’s Health & Well-Being composite index.
- The **South and Midwest fare the worst** on the reproductive rights composite index. States in the South also receive lower scores on other indices in the *Status of Women in the States: 2015* series, including Health & Well-Being and Poverty & Opportunity.

Access to Abortion

- State legislative efforts to limit access to abortion have become commonplace.
 - As of March 2015, less than half the states—17—**fund abortions for low-income women who were eligible for Medicaid** in all or most medically necessary circumstances. In 27 states and DC, state funding is available only in situations where the women’s life is in danger or the pregnancy resulted from rape or incest.
 - As of 2011, the percentage of women aged 15–44 **who lived in counties with an abortion provider varies widely across the states**. In the bottom five states, fewer than one in four women lived in counties with at least one provider. In the top eight jurisdictions more than 90 percent of women did.

Contraceptive Coverage & Affordable Care Act Eligibility Expansions

- The 2010 Patient Protection and **Affordable Care Act** (ACA) has significantly increased the proportion of women who have access to contraception at no cost. One study from the Guttmacher Institute found that since the ACA’s contraceptive coverage requirement took effect in the spring of 2014, the percentage of women paying zero dollars out of pocket for oral contraception **increased from 15 to 67 percent**.
- The ACA’s contraceptive provision also requires coverage of **emergency contraception** (commonly known as Plan B) but women **continue to encounter barriers to access**.
 - **Native American women face significant difficulties** in accessing emergency contraception due to the lack of over the counter emergency contraception available at Indian Health Service pharmacies, geographic constraints, and financial obstacles.
- The Affordable Care Act has also increased women’s access to contraception by expanding the number of people who have health insurance coverage. From 2008 to 2014, **uninsurance rates for women of all ages dropped about 18 percent**, from 13.0 percent of women lacking insurance to 10.6 percent.
- The ACA also provides states with a new pathway to expand eligibility for family planning coverage through **changes to their state Medicaid program**. As of April 2015, 28 states had extended family planning services to higher income individuals who are otherwise ineligible for Medicaid.

Other Family Planning Policies

- As of June 2014, the legislatures of 12 states had passed measures **requiring insurance companies to pay for infertility treatments**. In another two states, insurance companies had to offer at least one package with infertility coverage to their policy holders.
- In 22 states and the District of Columbia, schools are **required to provide sex education**. Eighteen states and the District of Columbia require that information about contraception be included in the curricula, and 37 states require that information regarding abstinence be included.
- As of April 2015, 37 states and the District of Columbia recognized same-sex marriage, granting **same-sex couples the same parental rights** as different-sex couples. In an additional four states, same-sex couples have access to second-parent or stepparent adoption in certain counties.
 - Seventy-one percent of same-sex married couples and 81 percent of same-sex unmarried couples raising children under the age of 18 are female.

Fertility, Natality, and Infant Health

- The **fertility rate** for women in the United States has declined in recent years. In 2013, the fertility rate was 62.5 per 1,000 live births for women aged 15–44 in the United States, down from 118.0 births per 1,000 in 1960.
 - New Hampshire has the lowest fertility rate in the nation at 50.8 live births per 1,000. Utah has the highest fertility rate in the nation at 80.9 live births per 1,000.

- Prenatal care and infant health **vary by race and ethnicity**.
 - **Black women** are the most likely to have low-birth weight babies (13.1 percent of babies) and have the highest rates of infant mortality (11.2 per 1,000 live births)—more than twice the rate for **white women** (5.0 per 1,000 live births) and nearly three times the rate for **Asian/Pacific Islander women** (4.1 per 1,000 live births), who had the lowest rates.
 - **Native American women** saw the largest increase in early prenatal care (12 percentage point gain) between 2001 and 2011, but are still the most likely to not receive care until their third trimester (11.3 percent). Native American women also have the second highest rates of infant mortality (8.4 per 1,000 live births).
- Infant health and mortality also **varies by state**. Most states with the lowest rankings are in the South.
 - **Alaska** has the lowest proportion of babies born with low birth weights at 5.8 percent, and **Mississippi** has the largest proportion, at 11.5 percent.
 - **New Hampshire** and **Massachusetts** have the lowest infant mortality rate in the nation, both at 4.2 per 1,000 live births. **Alabama** has the highest infant mortality rate in the nation, at 9.0 per 1,000 live births, more than double the rate of the two best-ranking states.

VIOLENCE & SAFETY

TOP LINE FINDINGS

- Too many women and girls experience intimate partner violence and abuse, rape and sexual assault, bullying, and other forms of harm that profoundly affect their economic security, health, civic engagement, and overall well-being.
 - Nearly **one in three women** experience physical violence perpetrated by an intimate partner at some point in their lifetime and almost **half of all women experience psychological aggression** from an intimate partner.
 - In 2015 dollars, the **costs of domestic violence** in the United States are estimated to total about **\$8.9 billion**, with approximately \$6.3 billion for direct medical and mental health services.
 - Teen girls are also at risk of experiencing intimate partner violence. **More than one in eight girls** experience physical dating violence, and **one in seven girls experience sexual dating violence**.
- **More young women than young men experience bullying**. Almost one in four girls, and one in six boys, report experiencing bullying **at school**.
 - High school girls in **Montana** and **Missouri** have the highest reported rates of bullying at school (30.5 and 30.4, respectively). The **District of Columbia** has the lowest rate of bullying at school (11.9 percent) among girls, followed by **Massachusetts** (18.0 percent) and **Hawaii** (18.4 percent).
 - **Girls are more than twice as likely as boys (21.0 percent of girls, compared with 8.5 percent of boys) to say they have been bullied through electronic means (e-mail, chat rooms, websites, instant messaging, and texting)**. High school girls in Maine are most likely to have experienced electronic bullying at 28.9 percent.
- **Bisexual women are significantly more likely to have experienced violence** than lesbian or heterosexual women. Nearly half of bisexual women (46.1 percent) report having experienced rape, 74.9 percent report having experienced sexual violence other than rape, 36.6 percent say they have been stalked, and 61.1 percent report having experienced intimate partner violence. Among lesbian and heterosexual women, the prevalence of these forms of violence is considerably lower.

Intimate Partner Violence

- Nearly one in three women experience **physical violence perpetrated by an intimate partner** at some point in their lifetime and almost half of all women experience psychological aggression from an intimate partner.
 - Experiences of intimate partner violence vary by race. **Over 60 percent of Native American women and multiracial women** have experienced psychological aggression by an intimate partner, as have **more than 50 percent of black women**. Over half of Native American and multiracial women have experienced physical violence by an intimate partner. Less than half of white women and Hispanic women, and less than 30 percent of Asian/Pacific Islander women have experienced psychological aggression by an intimate partner.
- Research finds that **15.2 percent of adult women** and 5.7 percent of adult men in the United States have been stalked at some point in their lifetimes, mostly by intimate partners.
- **Guns are the most common weapon used in cases of female intimate partner homicide**. Between 2003 and 2012, more than half (54.8 percent) of the women who were killed by intimate partners were murdered with guns.

Sexual Violence and Rape

- **Young women are especially at risk for sexual violence**. One study analyzing the 2011 National Intimate Partner and Sexual Violence Survey found that **nearly one in five women** in the United States is **raped** at some time in her life. Nearly eight in ten female rape victims were first raped before the age of 25, and about 40 percent were raped before the age of 18. One in five women experience an attempted or completed sexual assault while in college.
 - Among the 32 jurisdictions for which data are available, high school girls in **Hawaii, Nevada, and Illinois** are the most likely to report having experienced sexual dating violence (18.4, 17.1, and 16.7 percent, respectively). Girls in the **District of Columbia** (10.5 percent), **Kansas** (11.6 percent), and **Rhode Island** (12.0 percent) are the least likely.
- **Multiracial and Native American women have the highest prevalence of rape and sexual violence**. One in three multiracial women and one in four Native American women have been victims of rape. Sixty-four percent of multiracial women and 55 percent of Native American women have experienced sexual violence. One in five white women has been a victim of rape and a minority has experienced sexual violence.

Violence and Safety among Teen Girls

- **More young women than young men experience bullying and teen dating violence**.
 - Almost one fourth of girls report experiencing bullying **at school**, whereas only one in six boys report the same.
 - **More than one in eight girls experience physical dating violence**. Girls are almost **twice as likely as boys** (13.0 percent of girls, compared with 7.4 percent of boys) to say they experienced **physical dating violence** (including being hit, slammed into something, or injured on purpose).
 - **One in seven girls experience sexual dating violence**. Girls are **more than twice as likely** (14.4 percent of girls, compared with 6.2 percent of boys) to have experienced **sexual dating violence**, including kissing, touching, or being physically forced to have sexual intercourse.

- Of the states for which data are available:
 - High school girls in **Nevada** (13.2 percent) were most likely to say they did not go to school at least once in the past month because they felt unsafe; high school girls in **Kansas** (3.9 percent) were least likely.
 - High school girls in **Montana** and **Missouri** have the highest reported rates of bullying at school (30.5 and 30.4, respectively). The District of Columbia has by far the lowest rates at 11.9 percent.
 - Maine has the highest percentage of high school girls who have experienced electronic bullying at 28.9 percent, and the District of Columbia has the lowest at 9.3.
- **LGBT youth are more vulnerable to violence and discrimination.** An estimated 74.1 percent of LGBT students aged 13 to 21 were verbally harassed because of their sexual orientation and 55.2 percent because of their gender expression.

Violence and Harassment in the Workplace

- As of July 2014, **only 15 states and the District of Columbia had employment rights laws for victims of domestic violence**, some of which explicitly covered sexual violence and stalking and 33 states had laws that protect the employment rights of crime victims. Nine states did not have either a domestic violence law or a crime victim protection law: Idaho, Indiana, Kentucky, Louisiana, Nebraska, Oklahoma, South Dakota, Texas, and West Virginia.
- **Unemployment insurance laws can also support domestic violence victims.** In most states, individuals are not eligible to receive unemployment benefits if they leave their jobs without “good cause.” As of July 2014, 32 states and the District of Columbia had enacted laws that define good cause to include family violence.
- **Paid sick leave laws can also help victims of violence access services without risking their jobs.** But, as of 2015 only the District of Columbia, California, Connecticut, and Massachusetts and municipalities in Washington, Oregon, and Pennsylvania have passed a paid sick leave law that provides victims of domestic violence with “safe time” to recover from violence or seek help.
- Polling data indicates that more than one in four women, compared with one in ten men, experience **workplace sexual harassment**. Although only 7 percent of women in the United States work in the **restaurant industry**, these women reported more than 37 percent of the sexual harassment charges to the EEOC in 2014.

ABOUT THE REPORTS

Health & Well-Being, Reproductive Rights, and Violence & Safety are the third, fourth, and fifth releases of a series from the *Status of Women in the States: 2015* report. The 2015 release for Health & Well-Being and Reproductive Rights uses data from previous reports to track trends over time and analyze where states have declined, improved, or stayed the same since the last national report in 2004. Violence & Safety is new to the 2015 edition. The report and additional data are available on the website (www.statusofwomensdata.org), including additional breakdowns by race/ethnicity.

ABOUT THE STATUS OF WOMEN IN THE STATES

The *Status of Women in the States*, a project of the Institute for Women’s Policy Research since 1996, analyzes women’s status in each state and the nation overall on seven different topic areas: Employment & Earnings, Poverty & Opportunity, Violence & Safety, Health & Well-Being, Reproductive Rights, Political Participation, and Work & Family. Data on Violence & Safety and Work & Family are new additions to the 2015 edition. Since the first *Status of Women in the States* release, the reports have been used to increase community and private investment in programs and policies that improve outcomes for women throughout the United States. The project is supported by the Ford Foundation, the American Federation of Teachers, and the Women’s Funding Network, as well as other foundations and organizations.